Support Surface Guidelines

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<th>Purpose</th>
<th>The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown.</th>
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| Preparation | 1. Review the resident’s care plan to assess for any special needs of the resident.  
2. Assemble the equipment and supplies as needed. |
| General Guidelines | 1. Pressure-reducing and pressure-relieving devices are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction.  
2. Support surfaces alone are not effective in preventing pressure ulcers, but studies indicate that the use of appropriate support surfaces with interventions such as turning, repositioning and moisture management can reduce pressure ulcer development by 50%.  
3. Support surfaces are modifiable. Individual resident needs differ.  
4. Elements of support surfaces that are critical to pressure ulcer prevention and general safety include pressure redistribution, moisture control, shear reduction, heat dissipation/ temperature control, friction control, infection control, flammability, and life expectancy.  
5. Selecting a mattress for the resident based on pressure ulcer risk is both cost-effective and clinically appropriate.  
6. Do not use donut-shaped cushions. |
| Assessment | **Guidelines for Selecting Appropriate Pressure-Relieving Devices**  
1. Any individual at risk for developing pressure ulcers should be placed on a pressure-reducing device, such as foam, static air, alternating air, gel, or water mattresses when lying in bed.  
2. Use the Braden Scale to help determine need for and appropriate type of pressure-relieving devices. Residents scoring below 9 may be appropriate for a low-air-loss mattress. Residents scoring above 9 may be further assessed to determine the most appropriate device.  
3. Assess residents who can reposition independently to determine the need for assistive devices that will help to maintain independent positioning. |
| Interventions/Care Strategies | 1. Any individual at risk for developing pressure ulcers should be placed on a pressure-reducing device, such as foam, static air, alternating air, gel, or water mattresses when lying in bed.  
2. For residents that recline and depend on staff for repositioning, change positions at least q 2 hours. If resident has a Stage I or above pressure ulcer, q 2 hour turning is inadequate.  
3. Reposition residents who are in a chair at least q 1 hour.  
4. Avoid placing resident on the greater trochanter for more than momentary placement.  
5. When residents are in a bed or chair, pillows are an effective method of redistributing pressure.  
6. Monitor for other pressure ulcer risk factors and provide interventions as indicated (see procedure entitled *Prevention of Pressure Ulcers*). |
Equipment and Supplies

The following equipment and supplies will be necessary when placing support surfaces.

1. Pressure reducing surfaces:
   a. Foam surfaces that meet the following criteria:
      (1) Thickness of 3 to 4 inches;
      (2) Density of 1.3 to 1.6 lb per cubic foot;
      (3) 25% indentation load deflection;
   b. Gel;
   c. Water and air mattresses;
   d. Alternating pressure pads;
   e. Low-air-loss, high-air-loss, and oscillating beds;
   f. Pillows; and/or
   g. Turning frames.
2. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

Steps in the Procedure

1. Explain the procedure to the resident.
2. Wash and dry hands thoroughly.
3. Ask the resident’s permission to transfer him or her to another surface (if necessary) while setting up or adjusting pressure-relieving devices.
4. Pull curtain, provide privacy and follow procedures for tasks including incontinence care, skin care, and repositioning.
5. If placing easily movable objects such as positioning devices, pillows, or cushions, check that they are being applied in accordance with the manufacturer’s material safety data sheet (MSDS) and the care plan.

Documentation

The following information should be recorded in the resident’s medical record:

1. Those specialty bed settings are appropriate and correspond with care plan or physician’s orders.
2. The date and time device placement occurred or when the specialty bed settings were checked.
3. The position in which the resident was placed.
4. The name and title of the individual who gave the care.
5. Any change in the resident’s condition.
6. How the resident tolerated the procedure or his/her ability to participate in the procedure if not just checking the bed settings.
7. Any problems or complaints made by the resident related to the procedure.
8. If the resident refused the care and the reason(s) why.
9. Observations of anything unusual exhibited by the resident.
10. The effectiveness of the pressure relief regime and steps taken if ineffective.
11. The signature and title of the person recording the data.

Reporting

1. Notify the supervisor if the resident refuses the procedure.
2. Report other information in accordance with facility policy and professional standards of practice.

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