

Support Surfaces in Prevention of Pressure Injuries

SKIN AND WOUND – QUICK REFERENCE GUIDE

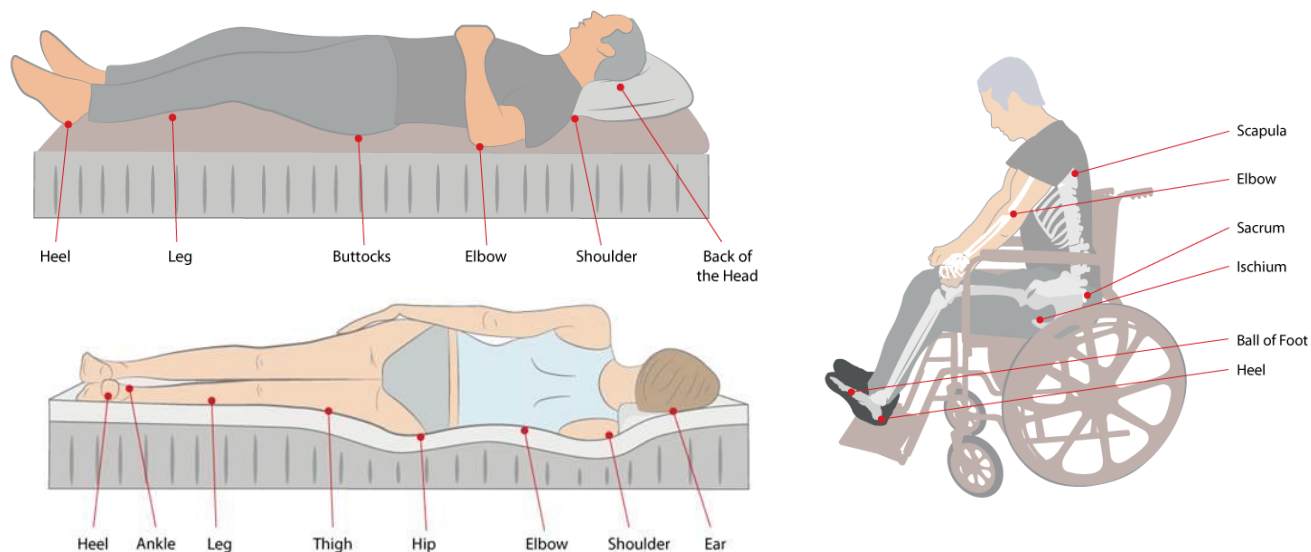
Applies to:	LPNs, NPs, OTs, PTs, RAs, and RNs.
Purpose:	To support team members in applying support surface principles and strategies with clients and their families in the prevention of pressure injuries.

Definition of a Support Surface

- A specialized device designed to prevent and promote healing of pressure injuries in the management of tissue loads, micro-climate, and/or other therapeutic functions.
- Some examples of support surfaces include: overlays; mattresses; integrated bed systems; seating cushions; backrests; and offloading devices such as foam supports and heel supports.

Support Surface Considerations to Prevent Pressure Injuries

- Support surfaces do not eliminate the need for a client to be turned and repositioned.
- The forces of pressure, shear, friction and moisture increase susceptibility to pressure injuries on skin.
- It is vital to consider the vulnerable areas of the skin and postural alignment when considering support surfaces in the prevention of pressure injuries.
- The diagrams below illustrate areas of our skin that are most vulnerable to pressure injuries.



Selecting a Support Surface

- An assessment by an Occupational Therapist or Physiotherapist helps identify the unique needs of the client, family and caregivers to select an appropriate support surface.
- A re-assessment is recommended if a client experiences a change in medical condition, mobility, continence, skin, caregiver support or other factors that impact pressure injury risk.

Support Surfaces in Prevention of Pressure Injuries

SKIN AND WOUND – QUICK REFERENCE GUIDE

Support Surface Terminology

Reactive Support Surface	A powered or non-powered support surface that provides pressure redistribution in response to the applied load of the client through immersion and envelopment.
Active Support Surface	A powered support surface with the capability to change its load distribution properties, with or without the applied load of the client.
Standard Mattress	A mattress not intended to prevent or heal pressure injuries. Commonly has closed cell foam that does not allow flow of air/gas/ liquid.
High Specification Foam	Foam with open cells for gas/air and liquid to flow that makes it permeable or breathable.
Overlay	A support surface that is placed directly on top of an existing surface, such as on top of a mattress.
Integrated Bed System	A bed frame and support surface that work together as a single unit.
Zone Feature	Refers to a segment, on a whole mattress, with single pressure redistribution capability.
Multi-zone Feature	Refers to a support surface with different segments that can have different pressure redistribution capabilities.

Assessing Effectiveness of Support Surfaces

- Assessment methods and tools vary in accordance to products and clients.
- Clinicians commonly use a “hand check” method for air mattresses, overlays and seat cushions.
 - The “Hand check” method is **not** recommended to assess inflation or the effectiveness of a mattress replacement system or integrated bed system. Instead, follow manufacturer recommendations for how to assess for proper inflation of a mattress.
- A pressure mapping system, if available, can be used by therapists to help measure immersion and pressure interface between the air mattress, overlay or air seat cushion and the client.
- Re-assessment of the effectiveness of a support surface is recommended at least every 4 years or sooner if the client’s medical condition changes.

Placing Materials on top of Support Surfaces

- Avoid using a soaker pad because it stops or significantly increases the pressure interfaces and changes the microclimate that lessens the therapeutic effect of the support surface.
- Avoid leaving handling equipment, such as a sling, under the client unless the manufacturer states the product can be left in place.
- Ultrasorb and dri-flo pads are products that are commonly used for incontinence and can be left under a client on a support surface.

Support Surfaces in Prevention of Pressure Injuries

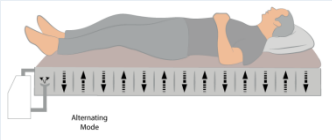
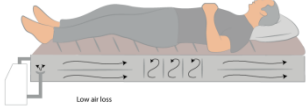
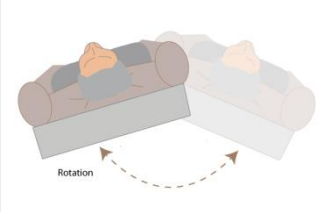
SKIN AND WOUND – QUICK REFERENCE GUIDE

Overview of Support Surfaces

Category	Type	Performance Characteristics	Applications
Reactive Commonly used for clients who: <ul style="list-style-type: none"> • Can or cannot move themselves • Can be positioned without weight bearing on the pressure injury site 	High-Specification Foam <ul style="list-style-type: none"> • Mattresses • Cushions • Other 	<ul style="list-style-type: none"> • Pressure redistribution • Routine transfers 	<ul style="list-style-type: none"> • Pressure injury prevention • To treat uncomplicated pressure Injuries (high specific foam or static floatation)
	Constant Air <ul style="list-style-type: none"> • Mattresses • Overlays • Footrest pads • Other 	<ul style="list-style-type: none"> • Pressure redistribution, shear reduction and some moisture management (via drainage holes) • Easy to clean • May impact transfers • May require patch repair due to punctures from sharp objects or sticky debris between the cells 	<ul style="list-style-type: none"> • Commonly used with clients who have Braden Mobility Subscale 1 or 2 (very limited mobility or immobile)
	Gel <ul style="list-style-type: none"> • Integrated with foam in mattresses or overlays • Cushion inserts • Other 	<ul style="list-style-type: none"> • Pressure redistribution and shear reduction • Some supports may provide cooling effect on skin • May impact transfers • A heavier surface to move • Requires kneading “up” of the gel each time client uses the surface 	<ul style="list-style-type: none"> • Potential for prevention, treatment of uncomplicated pressure injury and/or with clients who have limited mobility
	Fluid <ul style="list-style-type: none"> • Cushion inserts • Other 	<ul style="list-style-type: none"> • Pressure redistribution and shear reduction • May impact transfers • A heavier surface to move 	<ul style="list-style-type: none"> • Potential for prevention, treatment of uncomplicated pressure injury and/or with clients who have limited mobility

Support Surfaces in Prevention of Pressure Injuries

SKIN AND WOUND – QUICK REFERENCE GUIDE

Category	Type	Performance Characteristics	Applications
Active Commonly used for clients who: <ul style="list-style-type: none"> • Have limited mobility or are completely immobile (Braden Mobility Subscale 1 or 2) • High risk of pressure injury • Cannot be positioned without pressure on the pressure injury • Have pressure injury that is not healing on a reactive support surface 	Alternating Air Pressure <ul style="list-style-type: none"> • Mattress, multi-zone 	<ul style="list-style-type: none"> • Pressure and shear reduction • Greater pressure reduction than static air • Sequential inflating and deflating air cells provide alternate loading and offloading of pressure to tissues, and thus enable blood flow to the areas • Increases complexity of transfers 	<ul style="list-style-type: none"> • Pressure Injuries on multiple areas • Failure to heal on static support (e.g., Post-op pressure injury repair)
	Low Air Loss <ul style="list-style-type: none"> • Mattress • Mattress also available in combination with alternating pressure 	<ul style="list-style-type: none"> • Pressure and shear reduction • Pumps air at low interface pressure • Microclimate (heat and moisture) management • Increases complexity of transfers 	<ul style="list-style-type: none"> • Failure to heal on alternating air pressure • Useful for clients who sweat in bed and get hot, or who have moisture trapped in the skin fold
	Rotation <ul style="list-style-type: none"> • Mattress, multi-zone 	<ul style="list-style-type: none"> • Pressure and shear reduction • Rotates side to side, which is good for offloading pressures and pressure reduction for respiratory function and drainage • Increases complexity of transfers 	<ul style="list-style-type: none"> • Pressure injury treatment after flap surgery or deterioration of multiple trunk pressure injury • Support respiratory function and drainage

Support Surfaces in Prevention of Pressure Injuries

SKIN AND WOUND – QUICK REFERENCE GUIDE

References

- BC Provincial Nursing Skin and Wound Committee (2014). BC Provincial Guideline: *Prevention of skin breakdown due to pressure, friction/shear and moisture in adults & children*. Retrieved from <https://www.clwk.ca/buddydrive/file/guideline-prevention-skin-breakdown/>
- Houghton, P.E., Campbell, K.E. & CPG Panel (2013). *Canadian best practice guidelines for the prevention and management of pressure ulcers in people with spinal cord injury: a resource handbook for clinicians*. Retrieved from <http://www.onf.org>
- McNichol, L., Watts, C., Mackey, D., Beitz, J.M. & Gray, M. (2015). Identifying the right surface for the right patient at the right time: generation and content validation of an algorithm for support surface selection. *J Wound Ostomy Coninence Nurse*, 42(1), 19-37.
- National Pressure Ulcer Advisory Panel (2007). *Support surface standards initiative*. Retrieved from www.npuap.org
- National Pressure Ulcer Advisory Panel (2015). *Hand check method: is it an effective method to monitor for bottoming out? a national pressure advisory position statement*. Retrieved from www.npuap.org
- Norton, L., Coutts, P. & Sibblad, R.G. (2011). Beds: Practical pressure management for surfaces/mattresses. *Advances in Skin & Wound Care*, 24(7), 324-332.