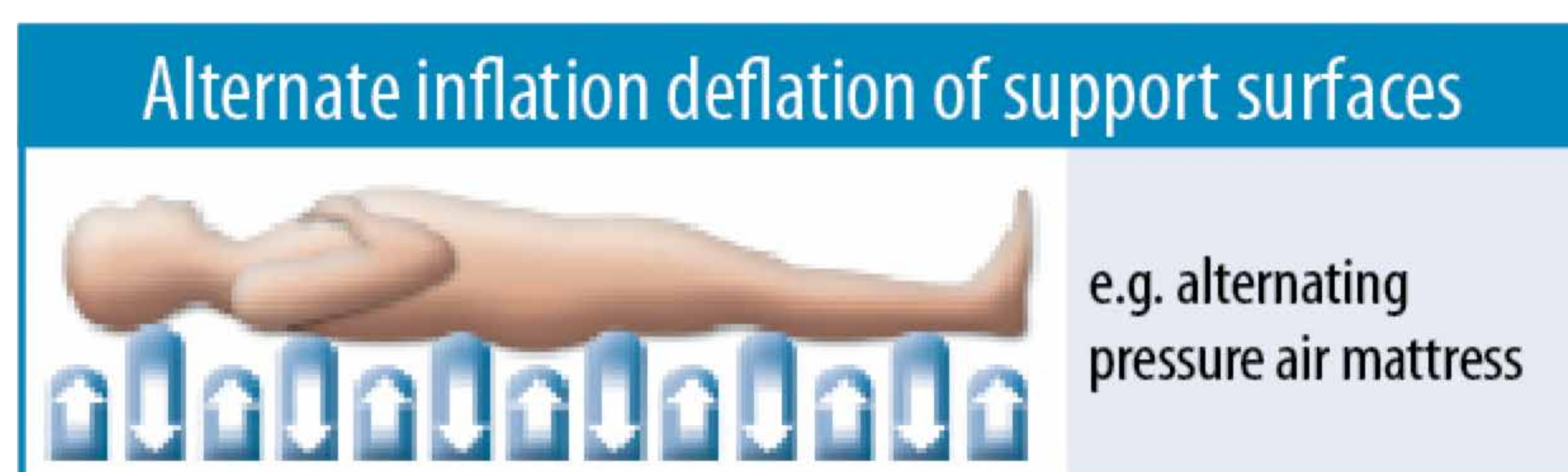
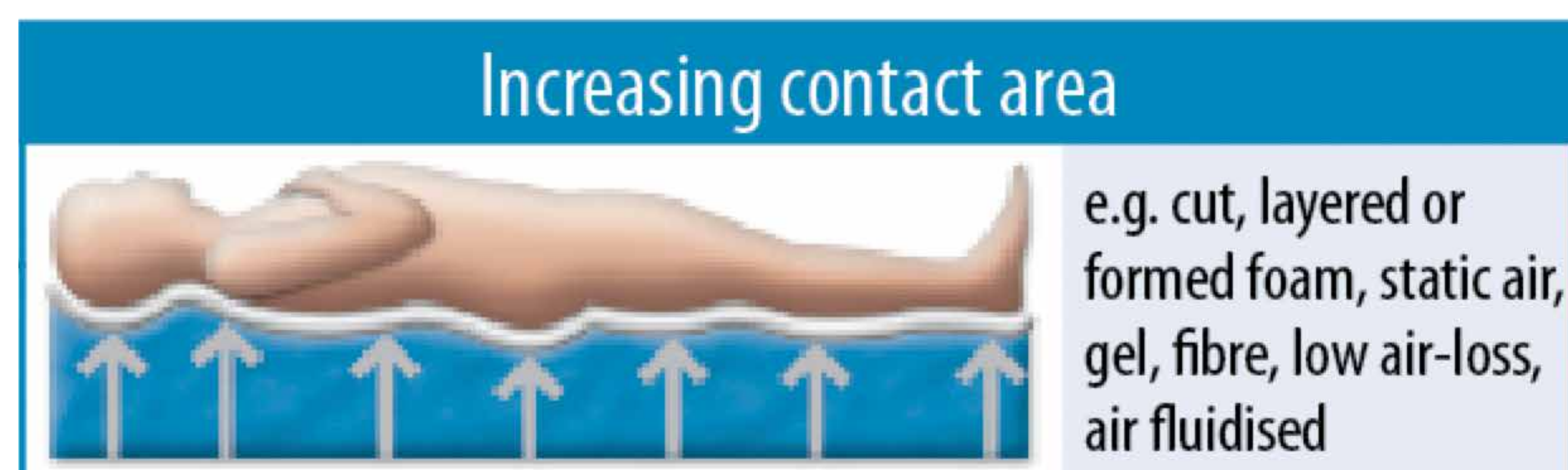


Best practice series

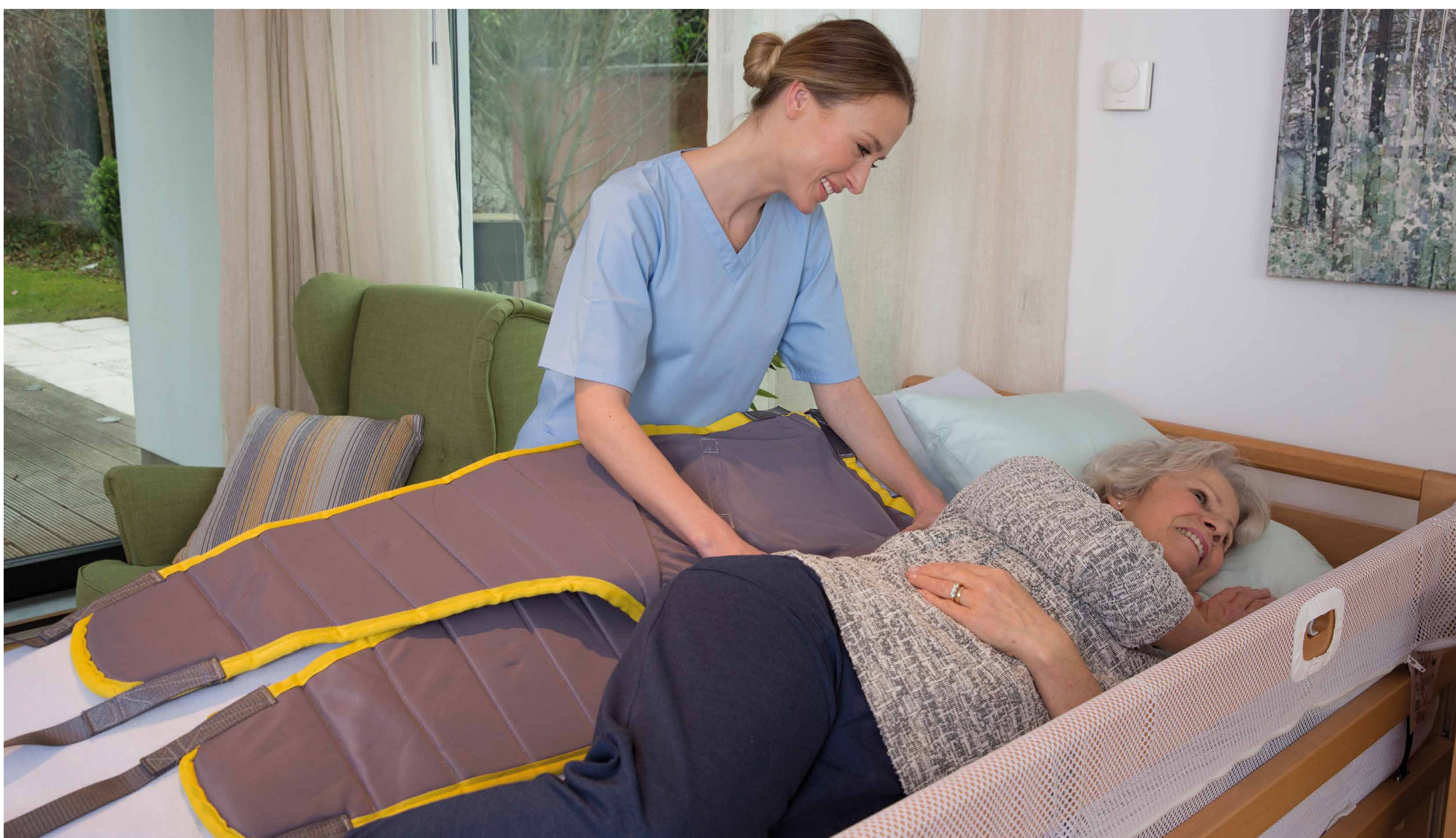
Repositioning Guidelines & Best Practice Statements

NPUAP (National Pressure Ulcer Advisory Panel), EPUAP (European Pressure Ulcer Advisory Panel) and NICE (National Institute for Health and Care Excellence) offer guidance for best practice in relation to support surfaces and repositioning. This resource combines information from all three bodies to help healthcare professionals as a reference and training support.

How pressure redistributing support surfaces are designed to work



*'Pressure redistributing support surfaces are designed to either **increase the body surface area** that comes in contact with the support surface (to reduce interface pressure) or to sequentially **alter the parts of the body that bear load**, thus reducing the duration of loading at any given anatomical site'* (EPUAP, Prevention and Treatment of pressure Ulcers, 2014: p28)



'Repositioning is still required for pressure relief and comfort when a support surface is in use. However, the frequency of repositioning may alter as a result of using a support surface'

(EPUAP, Prevention and Treatment of Pressure Ulcers, 2014: p27)

'It is important to review the effectiveness of the support surface for prevention and treatment of pressure ulcers and to take into account the impact of choice upon other aspects such as comfort and transfer abilities.' (NICE, 2014)

'Consider the **pressure redistribution support surface** in use when determining the frequency of repositioning' (EPUAP, 2014)

Determine repositioning frequency with consideration to the individual's:

- tissue tolerance
- level of activity and mobility,
- general medical condition,
- overall treatment objectives,
- skin condition, and
- comfort



'Frequent **assessment of the individual's skin** condition will help to identify the early signs of pressure damage and, as such, her/his tolerance of the **planned repositioning schedule**'

'If changes in skin condition should occur, the **repositioning care plan** needs to be re-evaluated' (EPUAP, 2014)

'The support surface should be considered in determining a repositioning schedule and not necessarily changed if the early signs of skin damage are apparent, as no support surface provides complete pressure relief' (EPUAP, 2014)

'Repositioning of an individual is undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body and to contribute to **comfort, hygiene, dignity, and functional ability**' (EPUAP, 2014)

To see more of Invacare's 'Best practice' series go to www.thinkpressurecare.co.uk