

HAPI Panel of Experts Topic of the Month – March 2020

Preventing Chair-Related Pressure Injuries

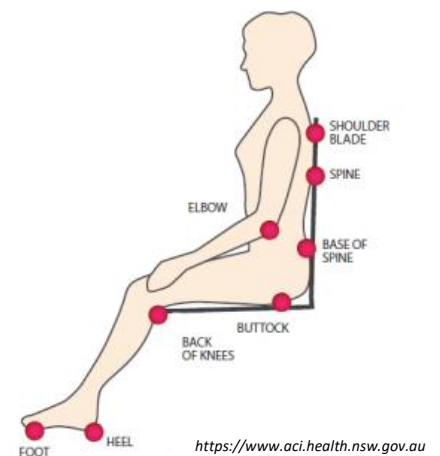
Introduction

As hospitals focus on improving patient mobility, patients may be upright in chairs or recliners for several hours each day. This creates a unique risk for pressure injury development, particularly among individuals who have difficulty remaining in proper position or who have limited ability to independently relieve pressure through position change. Care providers should consider what areas on the patient's body will have increased pressure or shear and intervene to prevent injury.

Protecting Common Sites of Injury

Areas at risk for a chair-related pressure injury include many of the same areas that are at risk with bed rest, namely the shoulder blades, vertebrae, sacrum, buttocks, elbows, and heels. Places on the body that lay against edges of seat cushions, arm rests or footrests are also at risk. This is of special concern for patients with contractures or extreme obesity. These areas can be protected in a variety of ways:

- Cover at-risk skin areas with a protective foam dressing.
- Use pillows to assist with proper body alignment and to pad arm rests or footrests.
- Use a waffle-style chair cushion for the patient to sit on. Place a pillowcase or airflow underpad over the waffle cushion to prevent its surface from being in direct contact with the patient's skin.
- Float the heels if they will be in contact with the footrest.
- If the patient has prominent vertebrae or shoulder blades, consider use of a full-length chair pad (such as the one pictured below) that attaches to the chair to avoid slipping.



<https://www.medline.com/product/Geri-Chair-Pad>

Ensuring Proper Positioning

Ensuring proper positioning is important for prevention of shear from sliding down or to one side. Use of pillows, rolled blankets, wedges, unidirectional slide sheets, and positioning devices may be helpful. Consider the spaces beside and behind the patient and assess for risk of sliding or slouching.

Assess if the devices used to support posture create undue pressure. Use a foot stool if the patient cannot place his/her feet flat on the floor. Ensure

slippery materials are not positioned where they increase the risk of sliding down. Staff should personally sit in recliners or chairs used for patients, so they are familiar with areas that may cause undue pressure. When available, a seating assessment by physical therapy is very helpful.



<https://www.corestudiostretch.com/may-2019-45-minute-sit-challenge-is-back/>

Repositioning Seated Patients

Seated patients require more frequent repositioning than patients lying in bed because pressure is distributed over a smaller portion of their body. If patients can reposition themselves, they should be encouraged to shift positions every 15 minutes. If they cannot be independent in this task, they should be repositioned hourly.¹ Panelists recommend incorporating repositioning into hourly rounding which can occur in several ways and should be tailored to a patient's unique risks and abilities:

- Use a uni-directional slide sheet or seat cushion beneath/behind the patient.
 - Consider if it would be helpful to lay the recliner flat and have the patient lift their knees and help push themselves up.
- Assist the patient in standing up for 1-2 minutes every hour.
- Use lift equipment to raise a patient back up in the chair.
- If a patient is primarily reclined, he/she can be turned slightly from side to side. Use foam wedges, waffle cushions, or small pillows to help him/her maintain the new position.
- Alternate between reclining and upright positions.



Frequently assess the patient's skin for any area of redness and note if any device or position increases redness and should be avoided or used differently in the future.

Videos

The following videos show use of different chair repositioning techniques and equipment and demonstrate how some organizations and device manufacturers are approaching this need. Most videos show the patient in a wheelchair, but the strategies apply to other types of seats. The HAPI Panel of Experts and THA do not endorse a particular product or technique but provide the videos to raise awareness of existing strategies and generate discussion.

- Example of repositioning with a lift - <https://www.youtube.com/watch?v=t8lw4T3GnNw>
- Example of a unidirectional device - https://www.youtube.com/watch?v=86rkpYII_i4
- Example of a unidirectional device - <https://www.youtube.com/watch?v=MJQeEUIAIHA>
- Body mechanics with repositioning vest - <https://www.youtube.com/watch?v=fCs4LaEQnpA>
- Body mechanics with repositioning belt - <https://www.youtube.com/watch?v=4GiW0jFgsJY>
- Body mechanics technique - <https://www.youtube.com/watch?v=kos9GIBcCwk>
- Body mechanics technique - <https://www.youtube.com/watch?v=1bLmLnjuklQ>

References

1. Maynard, J. (2015). Move every two: repositioning patients to prevent pressure injuries. *Shield Healthcare: Wound Care Community*. Available at www.shieldhealthcare.com/community/popular/2015/11/18/move-every-two-repositioning-patients-to-prevent-pressure-ulcers

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

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If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.