Preventing Pressure Ulcers
A review of guidelines.

A number of prevention guidelines exist for planning care for people who are at risk for pressure ulcers. To identify the major themes in preventive care, we reviewed guidelines established by the University of Iowa; the Registered Nurses’ Association of Ontario; the Wound, Ostomy, and Continence Nurses Society; and the Institute for Healthcare Improvement (IHI). Each of the following recommendations appeared in at least two of these guidelines.

**Pressure Relief**
- Reposition patients who aren’t using pressure-relieving devices every two hours. Those using pressure-relieving devices should be repositioned every two to four hours.
- Implement a positioning schedule.
- Use pillows or foam to prevent surfaces from coming into contact with bony prominences.
- Keep the head of the bed elevated to 30° or less and position the patient on her or his side at a 30° angle from supine.
- Avoid massaging bony prominences.
- Those who are confined to a wheelchair and can reposition themselves should do so every 15 minutes, or the provider should change the patient’s position every hour.
- Don’t use ring devices.
- Relieve pressure on heels.
- Use a turn or lift sheet to turn or transfer the patient.
- Ensure that chairbound patients maintain proper spinal alignment.

**Pressure-Relieving Surface**
- Place a pressure-relieving surface on beds and chairs.
- Use pressure-relieving devices in the operating room.

**Skin Moisture**
- Keep the skin dry and well lubricated.
- Cleanse the skin when the patient is incontinent.
- Use moisture barriers.
- Establish bowel and bladder programs for continence.
- Use skin barriers with incontinent patients.

**Other**
- Educate patients and caregivers.
- Supplement nutrition.

The IHI recommends flagging patient records with a particular color or a sticker to remind caregivers to do pressure ulcer risk and skin assessment on admission. It also recommends reorganizing data collection forms to include a checklist for assessing pressure ulcer risk and skin, designating a pressure ulcer “champion” on each unit, dividing the institution’s population into risk groups and addressing those at high risk first, and playing music over the public-address system at two-hour intervals to remind staff to turn patients.—Nancy A. Stotts, EdD, RN, FAAN, and Lena Gunningberg, PhD, RN

**REFERENCES**