

Heel pressure injury in the ICU and OR

The heel is the second most common site for pressure injury¹

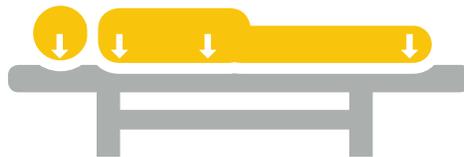


Pressure injuries affect more than

2.5M patients per year²



A 10-year prevalence survey in the **Journal of Wound, Ostomy & Continence Nursing**, published in 2017, stated: **prevalence of pressure injuries 9.3%**³



Cost to treat pressure injuries

\$20,900 – \$151,700

depending on the stage of injury.²

Professional guideline:

AORN guidelines

Positioning the patient when in the supine position: **“the patient’s heels should be elevated off the underlying surface,”**⁴ and **“the patient’s knees should be flexed approximately 5 to 10 degrees.”**⁴

Protect your patient's heels

in the ICU and OR

Address pressure injury risk factors:⁵



Pressure



Moisture



Shear



Friction

Proven results

A study published in the **Journal of Wound Ostomy Continence Nursing** assessed the effect of a heel protector intervention.⁸

- **28% decrease** in the incidence of facility-acquired heel pressure injuries over one year
- **72% decrease** in heel pressure injuries over four years

The optimal heel protector:

- Elevates the heel⁶
- Prevents foot-drop and rotation of the leg⁶
- Maintains "grip" on the foot while in place, as patients may be moving the leg⁶
- Decreases friction and/or shear⁶
- Keeps the heel visible when device is in place⁷
- Does not place pressure on the Achilles tendon⁷
- Breathes and wicks away moisture⁷
- Is able to accommodate sequential compression devices⁷
- Has straps that do not damage skin⁷
- Has an anti-rotation wedge to assist in maintaining neutral position of lower extremity⁷



Prevalon Heel Protector

The Prevalon Heel Protector was specifically designed to help reduce the risk of heel pressure injury while keeping the foot and leg in a neutral position.



Sage Heel Protector OR

Patients in surgeries lasting longer than three hours are at an increased risk for pressure injury.⁹ The Sage Heel Protector OR completely elevates the heels from the OR surface while securing the legs during procedures in the supine position.

References

1. Amlung, S.R., Miller, W.L., Bosley, L.M. (2001, November/December). The 1999 National Pressure Ulcer Prevalence Survey: a benchmarking approach. *Adv Skin Wound Care*, 14(6), 297-301.
2. Berlowitz, D., VanDeusen Lukas, C., Parker, V., et al. (content last reviewed October 2014). Preventing Pressure Ulcers in Hospitals: A Toolkit for Improving Quality of Care. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from <http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/index.html>
3. VanGilder, C., Lachenbruch, C., Algrim-Boyle, C., et al. (2017, January/February). The International Pressure Ulcer Prevalence⁷ Survey: 2006-2015: A 10-Year Pressure Injury Prevalence and Demographic Trend Analysis by Care Setting. *J Wound Ostomy Continence Nurs*, 44(1), 20-28. doi: 10.1097/WON.0000000000000292
4. Burlingame, B. (2017). Guideline Implementation: Positioning the Patient. *AORN Journal*, 106(3), 227-237.
5. National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. (2014). Prevention and Treatment for Pressure Ulcers: Quick Reference Guide. *Cambridge Media*. Osborne Park, Western Australia.
6. Lyder, C. (2010, December 6-8). *Never Events: Can The Congressional Mandate Be Met?* Poster presented at the Institute for Health Care Improvement (IHI), Orlando, FL.
7. Loehne, H.B. (2013, May 1-5). *Limited Mobility and the Foot: Plantar Flexion Contractures, Heel and Malleoli Pressure Ulcers, Peroneal Nerve Damage – How Can We Prevent Them? What Happens If We Don't?* Poster presented at the 26th Annual Symposium on Advanced Wound Care (SAWC).
8. Hanna-Bull, D. (2016, March/April) Preventing Heel Pressure Ulcers Sustained Quality Improvement Initiative in a Canadian Acute Care Facility. *J Wound Ostomy Continence Nurs*, 43(2), 129-132.
9. Engels, D., Austin, M., McNichol, L., et al. (2016) Pressure Ulcers: Factors Contributing to Their Development in the OR. *AORN Journal*, 103(3), 271-281. doi:10.1016/j.aorn.2016.01.008