Purpose
The purpose of this policy is to formalize Covenant Health’s commitment to decreasing the incidence of hospital-acquired pressure ulcers. Our goal is to prevent pressure ulcers.

Policy Statement
Covenant Health is committed to decreasing the incidence of hospital-acquired pressure ulcers by supporting the elements of risk assessment and implementation of effective intervention strategies. Risk assessments are performed on patients on admission and repeated on a daily basis or when there is a significant change in the patient’s condition.

All pressure ulcers are identified and staged using the National Pressure Ulcer Advisory Panel (NPUAP) criteria. Interdisciplinary teams shall assess the needs of the patient and contribute to intervention strategies.

Applicability
This policy applies to health-care providers working, training or volunteering in Covenant Health Edmonton Acute Care facilities or services.

Responsibility
Covenant Health patient care managers and medical leaders will ensure initiatives and practices that decrease the incidence of hospital-acquired pressure ulcers are undertaken in their area of responsibility.

Covenant Health care providers will assess patients for risk factors and medical conditions which predispose them to pressure ulcers and implement preventative measures as appropriate.
Pressure Ulcer Assessment and Prevention

Principles

Pressure ulcers pose a serious risk to an individual’s health. Decreasing the incidence of hospital-acquired pressure ulcers can be achieved by:

- Prompt identification of patients at risk,
- Implementation and documentation of an effective, evidence-based, prevention practice protocol.
- Application of appropriate devices to prevent breakdown and to provide protection from the effects of pressure, friction, and shear forces to the tissue.

Related Documents

Standards of Practice for Pressure Ulcer Prevention for Prevention of Pressure Ulcers

Covenant Health Patient Care Policy/Procedure #VII-F-15, Therapeutic and General Mobilization of Patients, Policy/Procedure

References


3) Adapted with permission from the University Health Network (UHN) Policy #3.140.003 03/06.

4) Perry & Potter, Clinical Nursing Skills and Techniques Textbook


PATIENT CARE MANUAL Procedure

NUMBER #VII-F-25
DATE June 21, 2010
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APPROVED BY: Senior Vice President, Medicine and Chief of Staff;
Vice President and Senior Operating Officer, Covenant Health, Rural
Health Services & Professional Practice Lead

CATEGORY: Body Systems; Musculoskeletal / Integumentary

TITLE: Pressure Ulcer Assessment and Prevention - Heels

PURPOSE: The purpose of this procedure is to identify specific intervention
techniques and appliances that are not covered in the nursing resources
textbook (Clinical Nursing Skills and Techniques, Perry & Potter). This
procedure specifically focuses on the prevention/intervention techniques
for heel ulcers (the most preventable type of pressure ulcer).

PROCEDURE:

1. Assess risk factors / medical conditions that could pre-dispose the patient to heel
   ulcers (per Perry & Potter, Clinical Nursing Skills and Techniques Textbook).

   If the patient has risk factors / medical conditions that pre-
   dispose him/her to heel ulcers, or existing heel ulcers:

   ✅

2. Complete a Braden Pressure Ulcer Risk Assessment on admission and every 24
   hours.

3. Reposition and mobilize patient at a minimum of every two hours.

4. Notify the attending physician or nurse practitioner and/or appropriate referral
disciplines as indicated (eg. PT/OT, dietitian, etc.) Consult to Occupational
   Therapy to assess if the patient has foot drop.

5. Consider applying heel boots if

   a) Braden score of less than or equal to 15, particularly with low subscale
      scores in the activity and mobility section of the Braden Scale.
b) The patient will be or has been immobile for six or more hours. (Long-term immobility interventions should be instituted if the patient will be or has been immobile for six or more hours. The choice of preventative measures is determined in response to additional assessments of leg and foot movement, skin assessment, the presence of foot drop due to shortening of the Achilles tendon and on-going risks. After six hours of no movement, most patients benefit from a device that suspends the heel. Such devices should definitely be used within 24 hours of no movement.)

c) Existing heel ulcer(s) at any stage (Stage I, II, III, IV, Unstageable or Deep Tissue Injury).

d) Signs and symptoms of skin breakdown in the heel area including non-blanchable redness, dryness and pain in the heel.

6. Refer to the attached appendices for application instruction, monitoring, care, and documentation on the patient care record.

7. Preserve the integrity of the skin by using lubricants and/or moisturizers, protective films or hydrocolloids. (NOTE: These dressings do not provide pressure relief.)

ONGOING CARE

1. Ensure that heel boots are to be worn on both heels while patient is sitting or lying down. For ambulation, the boots should be removed.

2. Remove heel boots every eight hours to assess the patient’s lower limbs, assess for circulation, sensation and movement (CSM), and then reapply the boots.

3. Ensure heel boots are for single patient use for infection control reasons. Heel boots remain with the patient throughout his/her hospital stay.

4. Send the heel boots along with the patient upon transfer or discharge and provide teaching to the patient or receiving institution about the plan of care for the prevention of heel pressure ulcers.

5. Communicate the prevention or management plan of care to disciplines involved in the care of the patient.
Application of SAGE Prevalon Heel Boot

1. **Putting the heel protector on the patient.**

   Start with the heel protector inside out so that the gray lining is facing out. Place the heel protector on the bed with the long side next to your patient’s leg. Make sure the gray lining is facing up, away from the mattress.

   Carefully lift the leg and position the heel over the opening. Support the knee to prevent hyperextension.

   With the heel resting in the opening, pull the heel protector’s sides up and around the foot, ankle and lower leg. Make sure each side is pulled up completely (to properly seat the heel, ankle and lower leg).

2. **Attach the stretch panels to the heel protector’s sides starting with the wide black panel, then the white panel, and then, lastly, the narrow black panel at the side of the foot.**

   Adjust the stretch panel on both sides of the patient’s foot for a secure fit. DO NOT over tighten.

   Check by looking or feeling to make sure the heel is floated in the opening at the bottom of the heel protector. If it is not, reposition the heel and readjust the stretch panels.

   Use a pillow or cushioning to support the leg(s) for additional comfort and positioning.

3. **Removing the heel protector from the patient.**

   a. Remove q-shift and inspect the patient’s skin. If the stabilizer is used, detach it before removing the heel protector.
   b. Detach the stretch panels.
   c. Remove the heel protector from your patient’s foot.
   d. Turn the heel protector inside out to air out and make reapplication easier.

4. **Cleaning the heel protector.**

   a. The heel protector can be wiped clean with a damp cloth during use.

5. **Documentation:**

   a. Document completion of the procedure on the Nursing Assessment and Care Record.

*Refer to website for additional information and video.

http://www.sageproducts.com/products/video2.cfm
Help Prevent and Treat Heel Pressure Ulcers

Guidelines for use of the Prevalon™ Pressure-Relieving Heel Protector

INDICATION:
The Prevalon Pressure-Relieving Heel Protector will be used on non-ambulatory patients with an existing heel pressure ulcer or at risk for developing heel, Achilles, malleolus, and/or foot ulcers and/or plantar flexion of the foot. The boot may be worn in the sitting position and in bed.
DO NOT USE WHEN WALKING.
PURPOSE:
To help prevent and treat pressure ulcers on the heel by maintaining heel suspension and to help prevent plantar flexion by maintaining the neutral position of the foot.

Is Patient at Risk for Heel Pressure?

How to Determine if a Prevalon™ Pressure-Relieving Heel Protector is Indicated

<table>
<thead>
<tr>
<th>1. Braden Score of ≤ 15 (includes Mobility &amp;/or Activity score 1 or 2)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Non-ambulatory patient</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Have 2 of the co-morbidities listed below:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- Diabetes Mellitus
- Peripheral Vascular Disease
- Spinal Cord/Head Injury
- Stroke
- Hemiparesis or Quadripleasis
- Decreased Sensation
- Surgery that limits motion of leg(s):
  - Hip fractures
  - Lower extremities fractures
  - Unilateral amputation
- Malnutrition: Braden Nutrition Score 1 or 2
- Leg compartment syndrome
- Unconscious/comatose
- Existing or previous heel pressure ulcer
- Comatose
- On paralytic or vasopressor meds
- Leg or other trauma
- Congestive Heart Failure
- Paraplegic and quadriplegic patients

NO
Continue to monitor patient

YES
Meets any of the above criteria order boot

INVENTORY #1503200

BOOTS ARE SINGLE PATIENT USE ONLY.
When transferring or discharging patient, boot goes with patient.

CARITAS HEALTH GROUP
USING THE SAGE HEEL PROTECTOR WITH A SEQUENTIAL COMPRESSION DEVICE

Put the sequential compression device on the patient according to your protocol.

Before attaching the stretch panels, feed the tubing through the opening in the wide black stretch panel.

Attach the stretch panels to the heel protector’s sides starting with the wide black panel, then the white panel then the narrow black panel at the side of the foot.

Make sure the tubing is not kinked or compressed against the patient’s skin. Adjust the stretch panel on both sides of the patient’s foot for a secure fit. DO NOT over tighten.

Check by looking or feeling to make sure the heel is floated in the opening at the bottom of the heel protector. If it is not, reposition the heel and readjust the stretch panels.
TITLE: Pressure Ulcer Assessment and Prevention

USING THE SAGE FOOT AND LEG STABILIZER WEDGE WITH THE HEEL PROTECTOR

a. To attach the stabilizer, secure the foam wedge to the outside of the heel protector (lateral position of the leg).

b. Lift the leg, slide the clear panel under the heel protector, and attach it to the inside (medial side of leg).

c. Make sure the stabilizer is secured on both sides of the heel protector and the foot is in the desired position.

d. Readjust if necessary.
Using Prevalon™
Pressure-Relieving
Heel Protector

1. Pull boot up around foot.

2. Wrap stretch panels around boot.
   Deep vein thrombosis (DVT) compression device compatible.
   Make sure tubing is not kinked or compressed against your patient's skin.

3. Adjust straps. Do not overtighten.
   Make sure heel is floated.

Periodically remove Prevalon™ to assess skin according to protocol.
CAUTION: For use on patient while in bed. DO NOT allow patients to stand or walk while wearing.

Cleaning instructions: Prevalon can be wiped clean with a damp cloth during use.

SAGE PRODUCTS INC
800.323.2220 | www.sageproducts.com