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Theme:

Pressure ulcer achievements translated to clinical guidelines



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Repositioning: the clinical perspective

Alves, Paulo¹, Neves-Amado, João¹, Vales, Lúcia²

¹ Health Sciences Institute – Oporto – Catholic University of Portugal

² Adult Emergency Department - Hospital S. João, EPE - Oporto

pjalves@porto.ucp.pt

Pressure ulcers are a major and global health problem, conducts to major burdens in healthcare systems all over the world, affecting millions of patients and inevitably high costs.

Is well acknowledged that pressure sores are primarily caused by sustained mechanical loading of the soft tissues of the body, and most evidence focuses the relationship between external pressures applied to a patient's skin and tissues not adapted to these pressures, as well as the effects of the same on the local microcirculation[1]. More than 100 risk factors are described in the literature; Age, Reduced mobility and reduced sensation are three of the most important elements in the breakdown of tissue and the development of pressure sores. The nutritional status of an individual plays a significant role in tissue perfusion and skin integrity and conditions that decrease tissue oxygenation or reduce oxygenated blood to the tissue, such as peripheral vascular disease, cardiac disorders, hypo tension, arteriosclerotic disease [2,3].

Early identification of people in risk and timely adopted preventive strategies are cost effective measures and avoid adverse health consequences of UP. Knowledge of both the aetiology and risk factors associated with pressure ulcer development are the key to successful prevention strategies. Prevention should be the main target in the management of this serious problem. The costs of treating a patient who develops a pressure ulcer far outweigh the costs of prevention.

The interventions strategies more focused in the literature are repositioning and the support surfaces. NPUAP & EPUAP[4] defines repositioning as the action that "involves the change in position in the lying and seated individual, with the purpose of relieving or redistributing pressure and enhancing comfort, undertaken at regular intervals". The most effective measures decrease the level and/or the duration of the pressure and shearing force [1].

Repositioning involves not only the act "per si", but a lot of other factors as, the patient characteristic's, the numbers of patients in relation to the number of professionals, the frequency of repositioning, the correct posture during positioning, the different support surfaces available to use and the knowledge to use it correctly.

In clinical daily practice, the only focus that nurses have is not only prevention of pressure ulcers, so they have to use their time as a scarce item, so they have to use it appropriately.

The frequency of changing position determines whether this intervention measure is effective,

conventionally the recommendation to repositioning is every 2 hours [5], 3 hours [6] or 4 hours [7].

It's important to refer that the repositioning frequency should be influenced by the individual and the support surface in use [1,4,8].

In order to make it more feasible, repositioning should be combined with pressure-reducing support surfaces, distributing the area of pressure, and also reduce the distortion of internal tissues by a limited extent [9].

The process of repositioning requires knowledge of certain principles to ensure, correct posture in the different positions in lying and seated positions, use of correct technic to health professionals without incidents and with energy needed, to assure the effectiveness of the intervention.

Suggestions will be made to be considered, such as frequency, different positions, restriction to certain positions, quantity and type of spontaneous movements, reposition schemes techniques in conjunction with others.

It is worth considering a multiple approach, and establishing precise measures of repositioning the patients. These interventions should be adjusted according to individual patient needs and available resources in services, not according to habits and institutional routines.

Repositioning is most effective measure to prevent pressure ulcers if we take on consideration all this aspects.

The repositioning, seems to be easy, but is not always easy to adapt evidence to clinical practice, this is our biggest challenge, to ensure the quality of care.

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