



CLINICAL GUIDELINE

Heel Pressure Redistribution Guideline Acute Inpatients (Adults)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	5
Does this version include changes to clinical advice:	No
Date Approved:	21 st February 2022
Date of Next Review:	21 st February 2025
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Approval Group:	Tissue Viability Steering Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Heel Pressure Redistribution Guideline
Acute Inpatients (Adults)
NHS Greater Glasgow & Clyde
January 2020 – Reviewed February 2022

Pressure is the main factor in the development of pressure ulcers. Friction, moisture and shear also contribute to their development. The management of pressure ulceration including ulcers affecting the heel represents a significant cost to NHSGG&C with hospital acquired pressure ulceration estimated to affect 4-10% of hospital inpatients. This has a significant impact on patient quality of life as well as hospital length of stay and mortality rates¹.

This guideline is intended to assist healthcare professionals in the choice of treatments. There is no robust evidence for the use of any specific pressure redistributing device however this guidance aims to reduce variation in practice and ensure that at risk patients are provided with an appropriate pressure redistribution device in a timely fashion ^{1, 2}. Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient. If the device that is available to ward staff for immediate application is not suitable for a particular patient or if the patients' condition deteriorates despite initiation of a suitable device, immediate referral should be made to the orthotics service via Trakcare.

All patients with pressure ulcer damage of EUPAP grade 2 or greater on or below the level of the malleolus should be referred to podiatry and orthotics via Trakcare. Red day review and DATIX will be completed by podiatry alongside a member of trained nursing staff from the ward for hospital acquired grade 2 and above pressure ulcers on the foot or ankle. **DATIX should not be initiated by ward staff prior to podiatry review and confirmation of pressure ulcer grading.**

In bed heel pressure redistribution devices are NOT recommended for use when weight-bearing unless specifically assessed by an orthotist. If pressure redistribution for ambulation is required a referral to orthotics should be made.

Wound charts will be completed on the ward. Orthotics and podiatry notes are available via the clinical notes section of Trakcare.

Information on current recommended heel pressure redistribution devices used in NHSGG&C is available at:

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Rehab%20Assessment/Podiatry/Pages/CPRforfeet.aspx>

A supply of these devices should be available in every ward to ensure immediate access to heel pressure redistribution devices for at risk patients.

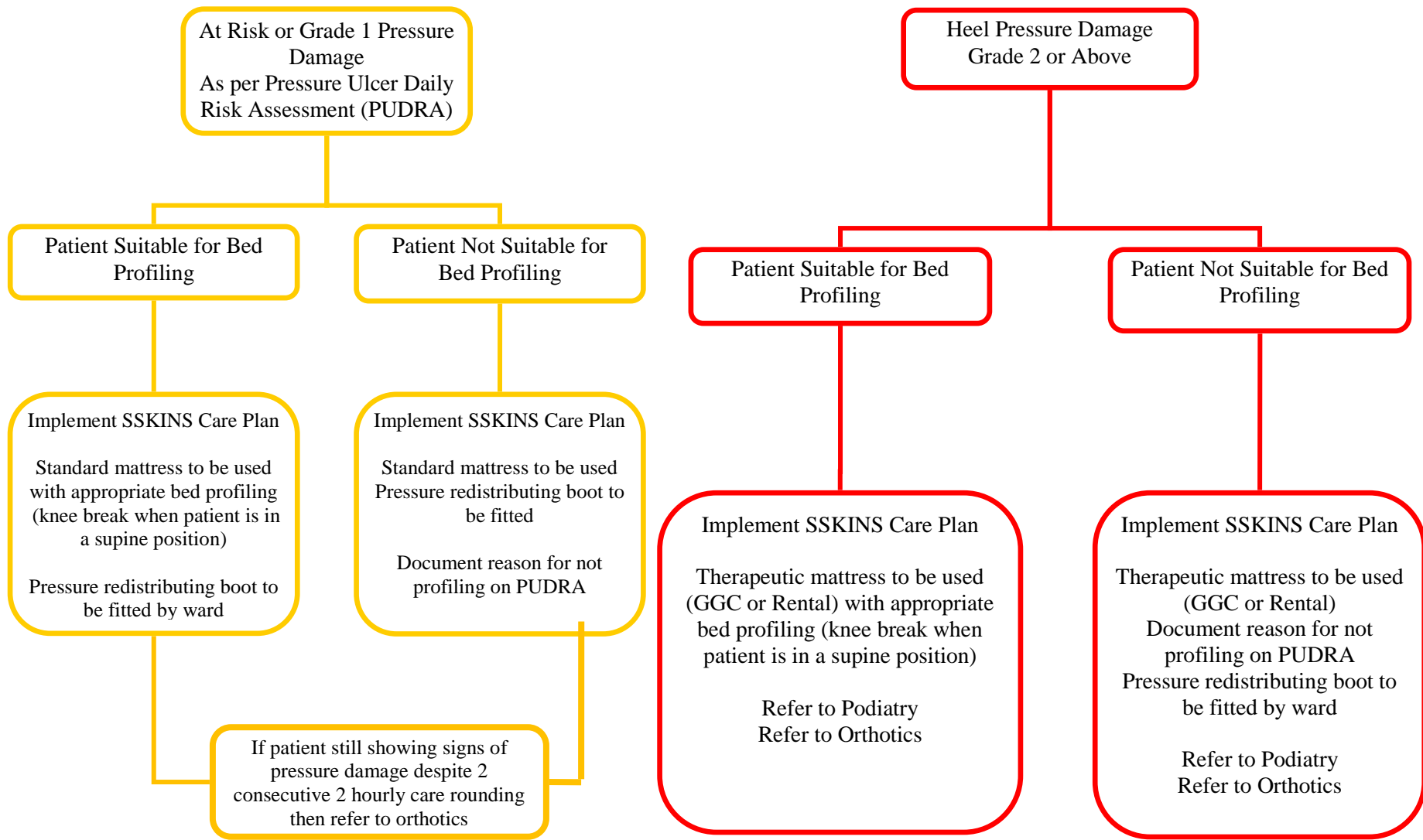
The EUPAP pressure ulcer grading tool is available at:

https://www.healthcareimprovementscotland.org/programmes/patient_safety/tissue_viability_resources/pressure_ulcer_grading_tool.aspx

References

1. National Institute for Health and Clinical Excellence (2014) Pressure ulcers: prevention and management of pressure ulcers
2. McGinnis E., Stubbs N. (2013) Pressure-relieving devices for treating heel pressure ulcers. Cochrane Library. Available from

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005485.pub3/full>



ALL SKIN BENEATH PRESSURE REDISTRIBUTION DEVICES MUST BE CHECKED AND DOCUMENTED ACCORDING TO PATIENTS NEEDS. ENSURE DEVICE IS CORRECTLY APPLIED