

# Support Surface Guidelines

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| <b>Purpose</b>                       | The purpose of this procedure is to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk of skin breakdown.  |
| <b>Preparation</b>                   | <ol style="list-style-type: none"><li>1. Review the resident's care plan to assess for any special needs of the resident.</li><li>2. Assemble the equipment and supplies as needed.</li></ol>  |
| <b>General Guidelines</b>            | <ol style="list-style-type: none"><li>1. Pressure-reducing and pressure-relieving devices are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction.</li><li>2. Support surfaces alone are not effective in preventing pressure ulcers, but studies indicate that the use of appropriate support surfaces with interventions such as turning, repositioning and moisture management can reduce pressure ulcer development by 50%.</li><li>3. Support surfaces are modifiable. Individual resident needs differ.</li><li>4. Elements of support surfaces that are critical to pressure ulcer prevention and general safety include pressure redistribution, moisture control, shear reduction, heat dissipation/ temperature control, friction control, infection control, flammability, and life expectancy.</li><li>5. Selecting a mattress for the resident based on pressure ulcer risk is both cost-effective and clinically appropriate.</li><li>6. Do not use donut-shaped cushions.</li></ol> |
| <b>Assessment</b>                    | <p><b>Guidelines for Selecting Appropriate Pressure-Relieving Devices</b></p> <ol style="list-style-type: none"><li>1. Any individual at risk for developing pressure ulcers should be placed on a pressure-reducing device, such as foam, static air, or alternating air when lying in bed.</li><li>2. Use a pressure ulcer risk scale such as the Braden Scale to help determine need for and appropriate type of pressure relieving mattress. Residents scoring below 9 may be appropriate for a low-air-loss mattress. Residents scoring above 9 may be further assessed to determine the most appropriate device.</li><li>3. Assess residents who can reposition independently to determine the need for assistive devices that will help to maintain independent positioning.</li></ol>  |
| <b>Interventions/Care Strategies</b> | <ol style="list-style-type: none"><li>1. Any individual at risk for developing pressure ulcers should be placed on a pressure-reducing device, such as foam, static air, alternating air mattresses when lying in bed.</li><li>2. For residents that recline and depend on staff for repositioning, change positions at least q 2 hours.</li><li>3. Reposition residents who are in a chair at least q 1 hour.</li><li>4. Avoid placing resident on the greater trochanter for more than momentary placement.</li><li>5. When residents are in a bed or chair, pillows are an effective method of redistributing pressure.</li><li>6. Monitor for other pressure ulcer risk factors and provide interventions as indicated (see procedure entitled <i>Prevention of Pressure Ulcers</i>).</li></ol>  |

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**Documentation**

The following information should be recorded in the resident's medical record:

1. Any problems or complaints made by the resident related to the mattress.
2. If the resident was non-adherent with care and the reason(s) why.
3. Observations of anything unusual exhibited by the resident.
4. The effectiveness of the mattress and steps taken if ineffective.
5. The signature and title of the person recording the data.

**Reporting**

1. Report other information in accordance with facility policy and professional standards of practice.