

# Decision Tree\*

## Is Patient at Risk for Heel Pressure Injury?

**NO**

- Follow nursing guidelines for routine skin care.
- Ensure adequate position changes.

**YES**

- Follow nursing guidelines for routine skin care.
- Ensure adequate position changes.
- Institute “Pressure Ulcer Prevention – Skin Care Preventions”:
  - Elevate heels off bed
  - Reposition every 2 hours
  - Assess skin integrity every shift

**YES**

## Is Patient Ambulatory?

**NO**

- Educate patient on pressure reducing techniques.
  - Establish patient appropriateness.
- Patient **MUST**:
- 1 Have the potential to be **AMBULATORY**
  - 2 Be **AMBULATORY**
  - 3 Be recommended for off-loading heel with gait/mobility
  - 4 Referral to Physical Therapy

- Review criteria for pressure-relieving heel protector
  - Establish patient appropriateness.
- Patient **MUST**:
- 1 Be **NON-AMBULATORY**
  - 2 Have a total Braden Score of 15 or less
  - 3 Have **TWO** or more co-morbidities
    - Determine “Can the patient lift his/her leg?”
    - If patient does not meet the above criteria but the nurse has concerns about heel protection call for a wound care consult to assess.
  - 4 If a patient does not meet the above criteria but the nurse has concerns about heel protection
    - Call for a wound care consult to assess.
- EQUIPMENT NEEDED:**  
#7300 Prevalon® Pressure Relieving Heel Protector