



What the Experts Say

Preventing & Treating Heel Pressure Ulcers

HEEL ULCER PREVENTION

NPUAP/EPUAP Prevention Guidelines

“Ensure that the heels are free of the surface of the bed ... Heel-protection devices should elevate the heel completely (offload them) in such a way as to distribute the weight of the leg along the calf without putting pressure on the Achilles tendon.”

National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009.

AHRQ/AHCPR Supported Clinical Practice Guidelines

“Individuals in bed who are completely immobile should have a care plan that includes the use of devices that totally relieve pressure on the heels, most commonly by raising the heels off the bed.”

FAHRQ. Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline Number 3. AHCPR Publication No.92-0047. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Dept of Health and Human Svcs. May 1992.

“Pressure ulcers can develop within 2 to 6 hours. Therefore, the key to preventing pressure ulcers is to accurately identify at-risk individuals quickly, so that preventive measures may be implemented.”

Lyder C, Ayello E, “Ch 12 Pressure Ulcers: A Patient Safety Issue,” Patient Safety and Quality: An Evidence-Based Handbook for Nurses, http://www.ahrq.gov/qual/nursesdbbk/docs/LyderC_PUPSI.pdf

RISK IN THE OR

NPUAP-EPUAP Pressure Ulcer Prevention Quick Reference Guide

“Pressure ulcer incidence directly attributable to the operating room ranges between 4% and 45%. It is generally assumed that pressure ulcers that occur in the postoperative period are often caused in the intraoperative period - i.e., during surgery. ... The time between development of a pressure ulcer and the point when the ulcer becomes visible at the skin varies between several hours to three-to-five days.”

National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009.

“A prospective matched control comparison study of 323 high-risk surgical patients conducted by Scott-Williams et al reported that a combination of age >62, albumin levels <3.5, and American Society of Anesthesia (ASA) scores ≤3 was predictive of perioperative pressure ulcer development. In this two-group comparison study, the incidence of perioperative pressure ulcers was 74 (23%) and 61 (52%) of the 118 pressure ulcers that developed were located on the heels.”

Fowler E, Scott-Williams S, McGuire J. Practice recommendations for preventing heel pressure ulcers. Ostomy Wound Management 2008;54(10):42-57.

HEEL ULCER TREATMENT

NPUAP/EPUAP Treatment Guidelines

Stage 1 or 2: “Relieve pressure under the heel(s) with Category/Stage I or II pressure ulcers by placing legs on a pillow to “float the heels” off the bed or by using pressure reducing devices with heel suspension.”

Stage 3, 4, or unstageable: “Place the leg in a device that elevates the heel from the surface of the bed, completely offloading the pressure ulcer ... Ensure that the device is not too tight and does not create additional pressure damage ...”

National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. Washington DC: National Pressure Ulcer Advisory Panel; 2009.

“The estimated cost per hospital stay associated with each pressure ulcer increases with the stage of the pressure ulcer. This ranges from \$2,000 to \$30,000 for stage 1, 2, or 3 ulcers to \$70,000 for a complex full-thickness stage 4 ulcer.”

Young ZF, Evans A, Davis J, J Nurs Admin (JONA). 2003;33 (7/8):380-3.

Centers for Medicare and Medicaid Services Average Pressure Ulcer Treatment Costs (2007)

“Pressure Ulcer Stages III & IV: \$43,180/hospital stay.”

Federal Register: Department of Health and Human Services Centers for Medicare & Medicaid Services Part II, p. 48473 Tuesday, August 19, 2008.

“Heel ulcers can be prevented ...”

Fowler E, Scott-Williams S, McGuire JB, “Practice Recommendations for Preventing Heel Pressure Ulcers,” Ostomy Wound Management, October 2008 Vol. 54 Issue 10.