The Use of Turning and Repositioning Versus Pressure Redistributing Support Surfaces in the Prevention of Pressure Ulcers

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Pressure Ulcer Prevention: Standard Care Compared to Pressure Redistributing Support Surfaces

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PATIENT CARE ISSUE

- “An area of localized damage to skin and underlying tissue over a bony prominence, as a result of pressure, or pressure in combination with shear.”
- Pressure ulcers affect approximately 1.3 to 3 million adults in the United States alone.
- Annual cost of pressure ulcer management is approximately 11 billion dollars.
- Recent research has shown that there are various methods to prevent the occurrence of pressure ulcers.

SYNTHESIS OF EVIDENCE

- Minimal statistically significant evidence: Turning and repositioning every two to four hours is effective in preventing pressure ulcers.
- Gap still exists for further research needed.
- Turning and repositioning when coupled with pressure redistributing support surfaces is even more effective in preventing pressure ulcers.

EVIDENCE-BASED PRACTICE QUESTION

In hospitalized critically ill patients, how does turning and repositioning every two to four hours compared to the use of pressure redistributing support surfaces prevent the occurrence of pressure ulcers?

P: Hospitalized critically ill patients
I: Turning and repositioning q 2-4 hours
C: Pressure redistributing support surfaces (PRSS)
O: Prevent the occurrence of pressure ulcers

METHODS

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<td>EBSCOhost</td>
<td>Pressure ulcers</td>
<td>Hospitalized critically ill patients</td>
<td>Small sample size</td>
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<td>Alternating pressure mattresses</td>
<td>Turning and repositioning intervention</td>
<td>No relevance to specific topic</td>
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<td>Pressure ulcer prevention</td>
<td>Use of a PRSS</td>
<td>Over 5 years from current date</td>
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LIMITATIONS

- Only two interventions were explored:
- Lack of generalizability

EVIDENCE-BASED PRACTICE RECOMMENDATIONS

REFERENCES