



Having Trouble? Nursing Tips for Managing Difficult Turns

There are many situations where positioning and supporting a person at a side turned position can be difficult. But when bedsores are an issue, it is important to be diligent about repositioning to relieve the pressure. Below is a list of useful tips that nurses use to help turn and reposition.

Universal Guidelines

- ❖ DO NOT put a standard pillowcase over The Bedsore Rescue™ positioning cushion. It makes it too slippery.
 - If you are having trouble with slipping, we offer a non-skid bottom version made for people who are resting on an air mattress. If you already have the home version, we offer a fitted cotton cover that reduces slipping.
- ❖ Put the cushion UNDER incontinence paper chux (use paper chux! DO NOT use plastic backed chux!)
- ❖ If you are using a boosting/turning/lift product, put the cushion OVER that and UNDER any paper chux.

How Often Should A Person Be Turned and Repositioned?

It is well proven that consistent turning and repositioning works to reduce pressure injuries. The Bedsore Rescue™ positioning cushion is an instrument specifically designed to help you support a person in a pressure reduced 30-degree turned position. The Bedsore Rescue™ positioning cushion will only work when *consistently* used during frequent turning and repositioning.

- ❖ Even when you get “perfect” position and pressure reduction, frequent repositioning is still necessary.
- ❖ Each person is uniquely different, so there is no single hard & fast rule for how often you need to reposition your person. The level of severity of the pressure injury risk and/or wound and how long you can maintain effective pressure relief will dictate how often you need to reposition your person.
- ❖ Generally, with stable support, good pressure reduction and good moisture control, turning can be done about every 4 hours during the day and about every 6 to 8 hours at night.
- ❖ But if you are having trouble keeping your person in a turned position and/or maintaining good pressure reduction, or if you are having trouble keeping clean & dry, turning will have to be done more frequently.
- ❖ Turning & repositioning is *hard work*. It is unreasonable for one person to keep up with turning every 2 hours all day and night. If you need to turn this often, you will need help!
- ❖ **When you are doing the best you can but your person’s bedsore is getting worse anyway, call your doctor or nurse for help. Bedsores can be dangerous and do often require advanced medical treatment.**

When Your Person Prefers Staying on His/Her Back

Often a person will not want to, or cannot, stay in a turned position. Usually, the reason is because he/she is uncomfortable or has pain when resting in the turned position.

If this is happening, try to resolve the *reason* for not wanting to turn *first*. It is also helpful to keep the focus on *how* to accomplish pressure reduction, rather than *if* you are going to accomplish pressure reduction.

- ❖ Do not ask “can we turn now?” Instead say “Lets try to get the pressure off that sore now”
- ❖ Ask *how* can the turn or resting position be as comfortable and painless as possible?
 - Does he/she need pain medications first?
 - Does the person want to figure out himself/herself what is the most comfortable turned position? Or tell you how to make him/her most comfortable in the turned position?
 - What areas of the body are uncomfortable and how can you create more comfort?
 - Encourage a spirit of trial and error until you get it right.

Once your person is in the turned position:

- ❖ Focus on whether there is relief from the wound “Does your sore/your backside feel better now?”
- ❖ If your person says “no”, try to help him/her identify exactly what is uncomfortable for them and try to fix that problem: how can we best make him/her most comfortable in the turned position?
 - Shall we put the wedge cushion higher? Lower? Closer to your body? Further away? Shall we slip it in gradually? Try slipping it in a few inches at a time; wait 10 minutes, then go back and slip in a few more inches, and so on.
 - Would a pillow under your shoulders help? Under your legs? Under your arms? Under the other side/ hip? Another pillow under your head?
- ❖ If you notice that he/she has shifted off the cushion:
 - Remind him/her that we are trying to get the pressure off their sore, so he/she needs to try to stay on the cushion
 - If they have shifted off the cushion when you were out of the room, point out that he/she is off the cushion again and so it will have to be reset. Say something like “oops you’re off the cushion again. Let’s fix that”
- ❖ If at first you don’t succeed, try, try again.
 - It may not be possible to get the issue resolved right away. But since pressure reduction is essential, keep trying!
 - Continue to talk about the wound and what will be the best strategy for getting pressure off the wound.
 - Sometimes it is helpful to talk about it during peri-care and when cleaning/dressing the wound.
 - Focus on the best way to protect & relieve the pressure from the wound, while being as comfortable as possible.

What to do if you’ve tried everything, but they still shift onto their back:

Sometimes a person simply cannot stay turned. Usually because he/she is unable to understand and/or is unable to make appropriate decisions about self-positioning. If this is your person, you can put a Bedsore Rescue™ cushion under both sides to get lift and pressure reduction while lying flat.



The Bedsore Rescue™ cushion is the only turning wedge design that can be placed on both sides of your person so that he/she can remain on the back. It helps achieve pressure reduction from sacrum/coccyx while maintaining distributed support and ergonomically correct alignment. It’s also amazingly comfortable.

Tips for Difficult Turns, aka “Heavy Turns”

It can be hard enough to support a person near a 30-degree side position. But sometimes the turning itself can be quite the challenge. There are 100’s of tips and tricks beyond the scope of this tip sheet, but there are a few universal things everyone should always do in difficult turning situations.

❖ Get full participation:

- Always have your person help with turning as much as he/she can do.
- Even if he/she can’t help at all, you should always involve him/her in the process so they “go with it”.
- Talk about each step as you go so there are no surprises for anybody.

❖ Make the turn as easy as possible:

- Pull the person toward you rather than push your person away from you. It’s easier on your back.
- Have your person bend the knees if he/she can.
- Have your person face toward the turn if possible.
- Have your person reach toward the turn and reach toward a side rail if possible.
- Once your person turns as far over as possible, go around the bed and do peri-care, and/or place the Bedsore Rescue cushion as you face his/her back.
- Be as close to the what you lift as possible. Do not reach and lift at the same time.



❖ Do not force or “muscle” through a turn:

- To minimize your risk of injury, do not pull, push, or lift more than 30lbs.
- If your person is “resisting” for whatever reason (fear, doesn’t want to, etc.) **don’t force it. STOP.** Try to address reasons and try again later.
- If you cannot turn your person easily for whatever reason, you need a second person to help, *and* you’ll probably need lift equipment.



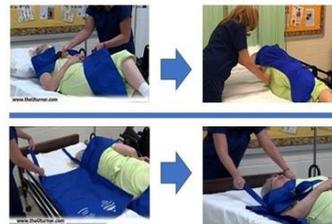
If the person pushes against the turn, stop, talk, try to resolve the reason, try again

Examples of equipment that can help with Turning and Repositioning

Contact your physical or occupational therapist or nurse for more info about equip. that is best for you.



Bedrails give the person something to pull and hold.



U Turn & U booster for single caregiver lighter turns & boosts



Hoyer Lifts - for single caregiver heavy turns

To learn more about stopping bedsores, visit our website and download our “Learn to Turn”, “3 P’s of Pressure Injury Prevention”, and view our “How to Place the Bedsore Rescue™ Cushion” video training series.

If it seems like everything you have tried has failed you, contact us for help at (650) 294-8557

www.BedsoreRescue.com or write AskaNurse@BedsoreRescue.com