



The Turn Q2 Hour Rule Fact or Fiction?

How Often Should A Person Be Turned To Prevent Pressure Ulcers (Injuries)?
And Guidelines Check For Effective Turning and Repositioning

It is well proven that consistent turning and repositioning works to reduce pressure injuries.

Most people, including healthcare people, believe a person must be turned every 2 hours to prevent pressure ulcers (injuries).

The truth is, there is no law or regulation that says you have to turn every 2 hours. Nor is there any conclusive evidence that turning a person every 2 hours works better than, say, every 4 to 6 hours. In some case's you could turn a person every 15 minutes and still have to deal with a pressure ulcer.

Why? Because it does not matter how often you do it. It matters how well you do it.

But there is a rule. The rule is: **Get the pressure off** the sacrum/coccyx and or wound and support the person near 30 degrees with a wedge cushion to **keep the pressure off** as long as possible.

If you are involved in turning people often, you soon learn that sometimes you can turn a person and support him/her with simple pillows and that person will stay in the turned position for a long time.

But those are not the people who get bedsores.

The people who do get bedsores are the people who turning and staying in the turned position is difficult. There are many reasons why one would have difficulty maintaining a turned position, but it all boils down to the same basic two things; Either the person cannot/does not stay in the turned position, or the support they are resting on is not effective or tolerated to support the person in a pressure reduced position.

So instead of clock watching and doing heavy labor every two hours, focus your energy on how to position the person to best remove the pressure for the longest time.

Don't get me wrong. Even with a "perfectly" turned position, you still have to turn frequently.

But turning every 2 hours and supporting a person with simple pillows is a bit like taking a blood pressure medication that only lasts 15 minutes and taking it every two hours, instead of taking the medication that works for 6 hours. Then wondering why you got a stroke. If pillows worked for this purpose, there would not be so many pressure injuries.

So here is the updated, modern protocol: Turn and repositioning **as needed (aka PRN)** to maintain stable pressure reduction and keep the skin clean and dry.

Keep in mind the goal of turning and repositioning is to remove pressure from vulnerable areas. How much pressure reduction and for how long the pressure can be kept off will vary greatly from person to person. And since keeping the skin clean and dry is also an important goal for pressure ulcer prevention, turning should also be done when the skin is soiled from incontinence.

Generally, with stable pressure reduction and good protection from incontinence moisture, turning can be done about every 4 hours during the day and about every 6 to 8 hours at night to allow time for adequate rest and recuperation.

If you are unable to maintain stable pressure reduction and/or unable to keep the skin clean and dry, then you will need to increase the turning frequency. Or you may want to consider placing a cushion on both sides of the person to get pressure reduction in a flat position.

Follow these guidelines to help you decide when your person should be turned.

- ❖ Even when you get “perfect” position and pressure reduction, repositioning will have to be done again eventually.
- ❖ 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.
- ❖ After setting the cushion, check for adequate pressure reduction by sliding your hand under the cushion and feeling to assure there is no pressure on the sore or vulnerable spots.
- ❖ If possible, seek the feedback of the person you are repositioning to make sure he/she is as comfortable as possible, and adjust accordingly by moving cushions and pillows to achieve support and comfort where desired.
- ❖ You can see if your person is turned near 30 degrees by standing at the foot of the bed and looking. If you see that the person has shifted off the cushion, or the cushion has shifted so that the person is flat again, he/she should be repositioned.
- ❖ Use moisture management products that prevent moisture containment and products that protect the skin (download “How to Stop Bedsores” to learn about good moisture control techniques and products)
- ❖ If you are having difficulty with turning and supporting a stable pressure reduced position or keeping the skin clean and dry, see our additional support materials: “How to prevent Bedsores “How to manage difficult turns”, “How to prevent wedge slipping” at www.bedsoreRescue.com
- ❖ Turning & repositioning is *hard work* for all involved. And everybody needs extended periods of un-interrupted sleep. Even when pressure reduction cannot be maintained for a long time, you will have to allow for at least one extended sleep period of at least 6 hours in a 24 hour period.

- ❖ When very frequent repositioning is required, an advanced mattress surface (like low air loss or alternating air mattresses) may be necessary. Contact your medical professional for consultation about renting an advanced mattress.
- ❖ Other helpful materials are available online at JewellNursingSolutions.com, BedsoreRescue.com or feel free to call us at (650) 294-8557

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”

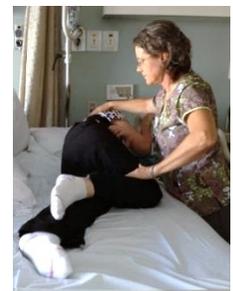
It can be hard enough to support a person near a 30-degree side position. But sometimes the turning itself can be quite the challenge. There are 100's of tips and tricks beyond the scope of this tip sheet, but there are a few universal things everyone should always do in difficult turning situations.

❖ 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

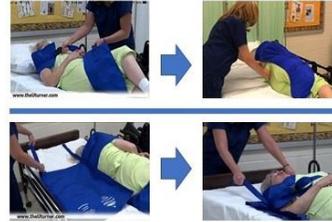
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Examples of equipment that can help with Turning and Repositioning

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