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How to Stop Bedsores Reference Guide



*Developed by a
certified wound care nurse*

- ◆ **What to do and how to do it**
 - Techniques, equipment, & supplies you need.
 - Nurse proven methods to stop 95% of pressure related skin injuries.
- ◆ **How to get the pressure off**
 - Turning, repositioning, and support techniques that work.
- ◆ **How to protect skin & wounds**
- ◆ **How to prevent friction/shear and lift injuries**
- ◆ **Effective incontinence moisture management**

Dear Valued Caregiver,

Thank you for purchasing the Bedsore Rescue™ Positioning Wedge. You have made a wise choice.

Most bedsores are preventable and curable. **What you need to do is create an environment where the best possible prevention and healing can take place.** That means the best thing you can do for your person is support and protect his/her health and physical needs, especially to protect the skin. When a person is well supported and protected, it will reduce pain, increase his/her comfort and of course, keep pressure injury development from getting away.

We at Jewell Nursing Solutions understand how hard it can be to stop pressure sores. That's why we wrote this booklet.

There are proven methods and effective tools you can use to stop 95% of bedsores.

You just need to learn **exactly what, when, why and how to do it. And what equipment and supplies will help you, and which are not helpful. Together, we can stop pressure injuries!**

Please feel free to call us if you have any questions about how to use our cushions or if you need additional advice with making your person more comfortable, have less pain, and be pressure free.

If you would like to learn more about Jewell Nursing Solutions can help your patient(s) prevent pressure injuries, please reach out to us. We work in all healthcare settings from hospital to home!

1-650-294-8557 or **support@jewellnursingsolutions.com**

Sincerely,



Gwen Jewell, Clinical Nurse II, BSN, CWS
Founder and CEO, Jewell Nursing Solutions



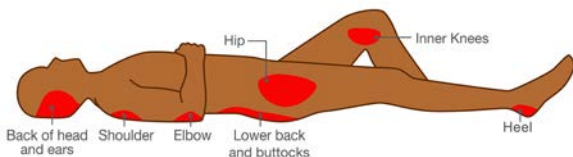
P.S. Your positive reviews are greatly appreciated. Please feel free to write your review on our product page or Amazon.com if you purchased there. We also welcome your phone call!



The 4 Usually Fixable Problems That Lead to Bedsores

People who are most vulnerable to getting a pressure injury are those that have serious health problems and that have very limited mobility. There are so many different possible combinations and circumstances that can lead to a pressure injury it's almost impossible to list. But regardless of the person's health, a pressure injury will only develop when one or more of the following conditions exist:

- ◆ **Too Much Pressure** Too much pressure for too long causes the pressure to cut off blood circulation & oxygen, then skin & tissue cells start to die. Bony parts of the body where skin is thin are especially vulnerable (the sacrum/tailbone and heel areas are most vulnerable).
- ◆ **Too Much Moisture** Usually from soiled urine and/or stool but also can be from perspiration, edema (swelling), or other fluids that make the skin soft and fragile.
- ◆ **Too Much Sliding and Sticking** Sliding movements that happen when the person slumps in the bed, is boosted up or transferred from bed to chair or vice versa. Damage can happen because the now fragile skin sticks to the surface and tears the skin open, causing a wound. This is called Friction & Shear Injury.
- ◆ **Lack of good Nutrition and/or Hydration** When the skin does not get the nutrients and fluids it needs to function properly, it becomes thin and fragile.

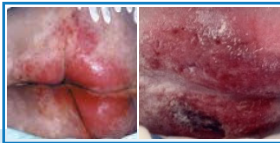


BONY PROMINENCES
VULNERABLE TO PRESSURE INJURY

What do Bedsores look like?

- ◆ Bedsores usually start with red, irritated skin.
- ◆ Can also appear as purple or black bruise-like, or a wound with sticky white, gray, green or black tissue covering it.
- ◆ If not treated with good Pressure Reduction techniques, Peri-care, and Protection, a pressure wound can go all the way to the bone. These wounds are very difficult to heal and very painful.

Stages of Bedsores Development



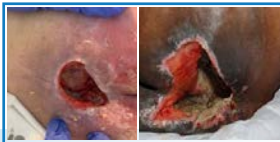
Pre-Cursors to Pressure Injury:

Incontinence Associated Dermatitis (aka diaper rash) and Moisture Associated Skin Damage (Diaper rash gone too far). Often lead to bedsores because the already damaged skin is less able to protect against pressure, friction, shear.



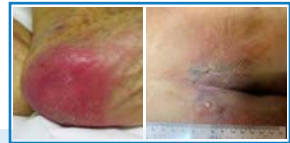
Stage 2:

Top layers of skin broken. Looks like simple abrasion or ruptured blister.



Stage 4:

Wound goes all the way to the bone. Sometimes tendons and ligaments are also visible.



Stage 1:

Red skin that stays red even after pressure is removed. Can appear as darker area in people with darker skin.



Stage 3:

Wound goes past the skin and you can see underlying tissues. Usually looks like smooth or bumpy red tissue.



Stage Unstageable.

A stage of wound where we cannot tell how deep it is because it is covered with white, gray or black gunk. Usually the depth is at least stage 3.



Stage Deep Tissue Pressure Injury.

Damage is to deeper tissues* to Damage begins at the deepest tissues and works its way to the surface.

The Difficult Part

Pressure injury development and treatment is a complicated process. There are many things that must be done to prevent and treat pressure injuries. It can be a very tricky, laborious, and time consuming effort. Sometimes things don't work out the way you want them to. It may make you feel like you're working like a mouse on a treadmill!

The Solution Part

But there is good news. No matter what your particular circumstances are, there are methodical, time efficient, and effective ways to create an environment where best possible prevention and healing of pressure injuries can take place.

WHAT to do is well defined: concentrate on 'fixing' the 4 fixable problems (too much pressure, too much moisture, too much friction & shear and not good nutrition and hydration)

HOW to do it centers around how to do everything during the Turning and Repositioning process, how to recognize when something is going wrong, and how to solve it!

Universal Interventions to Stop Bedsores

◆ Look For Skin Irritation

- Do a skin check at every turn and repositioning.
- Look for signs of skin irritation.
- Pay special attention to bony prominences and spots under a lot of pressure or moisture: especially the tailbone, sacrum, buttocks and heels.
- The sooner you recognize a problem, the easier it is to fix.

◆ PERI-CARE after incontinence

- Clean Incontinence using soaps made for peri-care, and wipe clean with soft non-abrasive wipes
- Use absorption products that prevent incontinence moisture from touching backside skin as much as possible.
- With good absorption you **can** wait until next Turn and Reposition to clean again.

◆ PROVIDE best possible nutrition & hydration

- Put in upright position without slumping to make swallowing and digestion as easy as possible.
- Reduce cane sugar and processed food products when possible (especially soda pop).
- Diets rich in proteins and vitamins are shown to improve skin in some situations* .

** Follow provide recommendations for diet*

◆ PRESSURE Reduction

- Frequent turning reduces pressure and increases blood flow.
- Reposition for best comfort and body alignment.
- Support off pressure points.

◆ PROTECT skin from environmental threats

- Cover skin that is exposed to moisture with barrier creams after cleaning.
- Put lotion on non-moisture exposed skin to prevent drying.
- Protect against friction and shear.
- Reduce slumping and sliding where possible.
- Lift, do not drag, person across surfaces to minimize drag and tear on the skin.
- Cover vulnerable areas of skin with foam pad if possible.

◆ MANAGE health conditions as best as possible

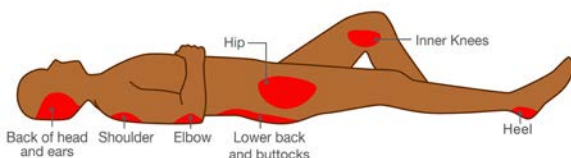
- Provide/assist with movement / mobility often through turning and repositioning, getting up in chair, moving limbs in bed.
- Follow recommendations for medicines and wound care.

1. LOOK - Check the Skin Often

- ◆ The sooner you see signs of damage, the better your chances of stopping it.
- ◆ Check for skin irritation and signs of pressure related skin damage (redness, darkened areas, broken skin) every day.
- ◆ Pay special attention to the skin over bony prominences, especially the tailbone/sacrum, buttocks and heels
- ◆ Also look where skin is thin and on areas that may be pressing against hard surfaces such as bed rails, wheelchair bars or medical devices.
- ◆ Areas with excessive moisture from secretions, sweat or feeding tubes are also vulnerable
- ◆ Refer to the section "What do bedsores look like" for reference.

Bony Prominences Where Pressure Injuries Commonly Occur

- ◆ Bony prominences are where the skin is particularly thin and close to hard bone, so more vulnerable to pressure injury
- ◆ 90% of bedsores occur over the lower back, tailbone, sit bones, and heels.
- ◆ People can also get pressure injuries where there is pressure from a hard surface like wheelchair bars and even hard shoes.



**BONY PROMINENCES
VULNERABLE TO PRESSURE INJURY**

About Pressure Reduction

Turning & Repositioning

When a person cannot move herself/himself easily and spontaneously off the pressure points, the caregiver must assist with turning and repositioning “therapy”. Turning and repositioning is THE most important, yet least explained, part of pressure injury prevention. And it's not as easy as it sounds. Here we review some of the basic and universal techniques. But there is a lot more to it. If you are having trouble, visit our website or contact us.

How to Turn

The first step to turning and repositioning for pressure reduction is turning. The trick to good turning technique is to maximize the persons participation, use handling techniques that safely leverage the movements, and yourself practice good body mechanics so you don't hurt yourself.



1. Start with person on side of bed whenever possible.



2. Encourage the person to do as much as he/she can to assist. Direct by instruction and pointing.

Even if he/she cant help much, when "going with the turn" there is less risk of lift injury for both patient and caregiver and even when he/she can't hear or understand you.



3. Always ask person to face toward turn, reach for side rails and bend knees (if possible) so body mechanics are with turn



4. Gently push hips and shoulders from back when person able to do most of turn



5. Don't try to turn a person that is crooked in the bed!



6. If on regular bed, search "Bed Rails" to get after market rails



7. Pull toward you from knees and shoulders when person needs more help

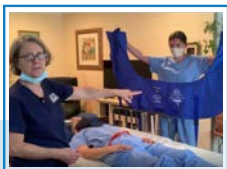
Use assistive devices when you are having a lot of difficulty because the person is very heavy, cannot help you turn, or very 'stiff'. If your person tends to push or resist against the turn, consult our website for advanced techniques. Resisting the turn is very dangerous for everyone!



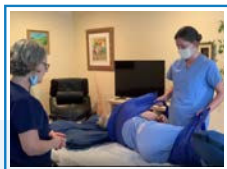
Pulling with incontinence pad or boosting sheet makes it a little easier. Always pull toward you.



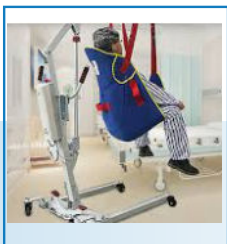
2 caregivers are necessary if you cannot turn easily by yourself. Do not strain. If you are out of breath or feel pain or soreness afterwards, you are probably straining too much. May need to get a knee on the bed to get close.



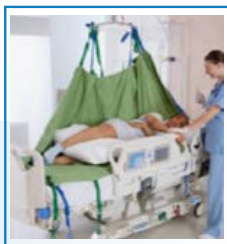
U Turner turning sheet designed to put under person without having to turn first, and provides better leverage for turn.



Full length "Patient Turn Sheets" or "Patient Draw Sheets" make it even easier. DO NOT Fold regular sheets. See "Protect from Friction and Shear" for details about products for turning and boosting



Hoyer style lift



Ceiling lift equipment

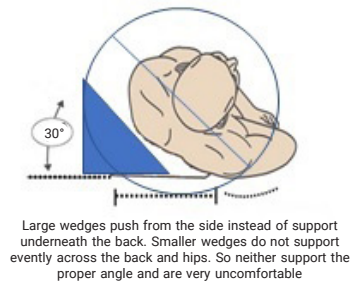
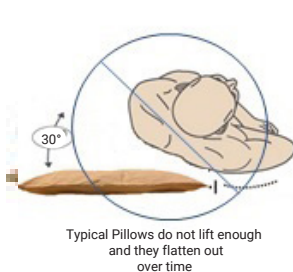
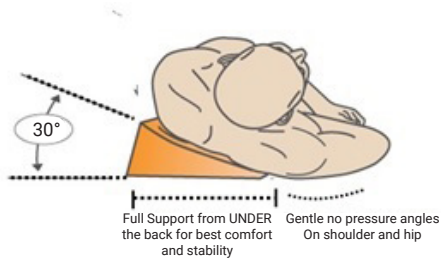
Ceiling or Hoyer lift is necessary when turning is too heavy. Consult your OT, PT or Wound Care RN for assistance with lift equipment choices.

Positioning to Keep the Pressure Off

What is more important than getting the pressure off? **Keeping** the pressure off! There is actually a middle step to Turning and Repositioning. Its called "Positioning". A person needs to be supported so that there is no direct pressure to vulneable bony prominences and sore spots.

About Supporting a Pressure Reduced Position

1. Supporting a person in a comfortable and well offloaded position for an extended period of time is hands down the most difficult part of pressure injury prevention. It is likely that most pressure injuries happen because caregiver(s) were not able to, or did not, succeed in doing this right. But hang in there! With some practice, the right equipment and a little love, it can be done! If you are having a lot of trouble, see our bonus section, where we have several tips and suggestions for problem situations.
2. The recommendation is to support a person at about 30 degree side turned angle. But there can be many problems with supporting a person at this exact angle, and with keeping that person at this angle.
 - a.) Simple pillows dont work well because they are not angled for 30 degree positioning and they usually flatten out over time. This is called bottoming out.
 - b.) Typical wedges designed for this purpose are too steep. They push from the side rather than support underneath the person. So they slip out of place or the person shifts away from it they are not well supported.
 - c.) Although the smaller 2 piece wedge sets can fit underneath a little better, they are much more firm. They do not support the whole back and hips, and they feel like rocks to most people.



Best Practice Support

The best possible support is achieved when the cushion supports evenly underneath the person while avoiding the sacrum/coccyx area.

The Bedsore Rescue cushion can achieve this balanced lift because of the patented curve and dual-angle, full-torso length design. It provides full support underneath the back and pelvis for a more accurate angled turn and cradled support. Creates long lasting comfort and better pressure relief.



The Bedsore Rescue Positioning Cushion



The All Purpose Bolster Pillow is high pile fill soft and moisture resist pillow to lift and support the legs and float the heels.



Set the cushion so that when the person lays back onto it, it is underneath her/him and there is minimal contact with sacrum/coccyx area.



Support is a gentle 30-degree angle, just enough to remove pressure off sacrum/coccyx area but not too far onto the opposite shoulder.



Always support the leg on the same side as the cushion. Curves in the All Purpose positioning pillow create open space to float heels.



Also use pillow under arms to offload elbows and support shoulders.

How to Use the Bedsore Rescue Cushion

1. Turn as far as possible to the side position.



2. Angle the cushion so the "tips" point towards bed.



3. Press Top upper tip to fit under the scapula (shoulder blade).



4. Press Bottom after placing cushion as desired, press the lower tip under buttocks.



5. Adjust to avoid sacrum/coccyx or wound area. See "Hand Check" suggestion below to achieve good support without touching wounds.



6. Roll Back on cushion. Best to hold cushion in place during roll.



7. Hand Check - Optional: Slide a hand under the cushion to assure proper placement away from pressure points/wounds. (holder blade).



Comfort Tips

Everybody is different. To find a position that can achieve maximum comfort & pressure relief, you may alternate the cushion to fit. Place above or below the wound, or set closer to the body, or further away, angle the upper tip closer than lower tip or visa-versa.

Nursing Advice

We at Jewell Nursing Solutions understand it's not always easy to turn and support a person off the bedsores properly. If you are having difficulty with turning and repositioning, see our "Learn to Turn" section for more information. Or feel free to contact us directly if you need specific nursing advice or want to learn about a few tricks of the trade!

www.BedsoreRescue.com (650) 294-8557

Bedsore Rescue™ Positioning Cushion Cleaning Instructions

Bedsore Rescue cushions and pillows must be wiped clean with disinfectant solution daily and when visibly soiled. May be rinsed with soap & water if heavily soiled. Allow to air dry prior to using again.

- * Do not launder
- * Do not Submerge



Approved disinfectants:

- Chlorohexidine based solutions
- Bleach based solutions
- Alcohol based solutions
- Hydrogen Peroxide solution
- Standard baby wipes will clean but do not disinfect.

4. Protect from Friction and Shear

Fragile skin is vulnerable to mechanical injury. This is called the forces of Friction and Shear. Friction and Shear occur when a person with fragile skin slides across a surface. There is "drag" and "stick" on the skin which can tear the skin and cause a wound.

Friction and shear happens to bedbound patients when they are boosted up in the bed, AND when they slide/slump down in the bed, move from side to side or transfer from one surface to another without lifting the behind or heels up first.

How to Boost and Prevent Slumping without Friction and Shear

- ◆ The trick to preventing friction or shear injury is to LIFT, not drag or slide.
- ◆ It's best to have the person boost or transfer themselves because they will naturally lift the body instead of dragging.
- ◆ But when the person (or the caregiver) cannot easily lift while boosting, a slider (aka booster or transfer sheet) is recommended. These sheets are slippery and prevent "sticking" during sliding.
- ◆ To minimize sliding/slumping in bed, avoid elevating the head of the bed whenever possible.

Basic Mechanical Protection



A person who can boost independently will naturally lift their hips and put their feet flat on the bed.



Bedrails or overhead trapeze are helpful. **Always** have person bend the knees and put feet flat on the bed first. Trapeze and rails home use are available for sale or rent.



Slider sheets are inexpensive and very helpful for boosting and transferring. Always remove after use because they are not breathable.



When a person cannot boost themselves, the caregiver(s) must lift using a **Boost sheet** (also called slider or turn sheet) or pad placed underneath the person.

* **Best to remove booster/sliders after boosting because they can cause the person to slide/slump more often and tend to cause perspiration moisture, which softens skin and makes it more fragile**

* **Regular sheets or wide, strong incontinence pads ok ONLY IF 2 people can lift, not drag the person. Do not leave folded "draw sheets" under a person.**

* **Never try to boost or slide a person by the arms/ armpits!**



Two caregivers are recommended for boosting. Each caregiver lifts as they boost. **Never twist your back. Use your arms!**

- ◆ Elevate the bed to above the hips so you don't have to bend your back before pulling.
- ◆ A very slippery slider sheet is highly recommended.
- ◆ Always bend the persons knees and put feet flat on the bed before boosting.



But if you don't have a second person, you'll have to boost from the head of the bed. **The person should be on a slider before doing this.**

- ◆ Take care of yourself ! If you are straining, you'll have to use a Hoyer lift.
- ◆ Do not try to boost a person by the arms or armpits.

Types of boosting sheets (aka sliders, boosters, transfer sheets)



Regular cotton sheets can be used to boost. But only when there is 2 caregivers that can lift AND the mattress surface is slippery. **No folded sheets under a person !**



DermaTherapy sheets are made for medical care. Stronger and are a little more slippery than a regular sheet.



Sally Sliders are inexpensive, easy to place and can be removed after boosting without having to turn the person again. **NEVER LEAVE UNDER PERSON !** Its all plastic.



Typical boost sheets like this No-Lift booster by Alimed make boosting easy. **Should be removed after due to:**

1. The person tends to slump back down quickly and
2. Causes skin to sweat which makes it more fragile. We recommend sliders be removed after boosting.

To reduce Slumping

- ◆ Keep the head of the bed less than 10 degrees elevated whenever possible.
- ◆ Remove slider before raising the head of the bed if possible.
- ◆ When you have to elevate the head of the bed. Do it only a few inches at a time so that there is no momentum.
- ◆ Brace slide by placing The Bedsore Rescue Cushion under the legs before raising the head of the bed.
- ◆ The Bedsore Rescue Cushion place under the legs before raising the head of the bed will help reduce sliding and is very comfortable.



Peri-Care Moisture Absorption

Keeping the skin clean and dry is a critical part of pressure injury prevention. Moisture from incontinence is caustic to the skin. When allowed to stay on skin for long, stool and urine soften and damage skin, making it much more fragile and vulnerable to wounding from pressure and friction & shear.

1. Absorb urine & stool to keep away from skin

- ◆ Use absorbency products that minimize contact of urine and stool to the **back side** skin.
- ◆ Avoid using cotton cloth-based products if possible. If not, remove asap if it gets wet.
- ◆ Avoid diapers whenever possible. **If not, clean and put on fresh asap after soiling.**
- ◆ NEVER use plastic backed or vinyl coated products under a person.

About Absorbency Products

Breathable pads are efficient at wicking moisture away from the skin.



Examples include:

- ◆ Ultrasorb by Medline
- ◆ Supersorb by Attends
- ◆ Wings Breathable Plus

* Use breathable pads under person while in bed, recliner, & couch.

* Avoid plastic or vinyl backed chux!



High absorbency "maxi" pads can prevent urine from getting onto the back and are easier to change:

- ◆ Ultimate Absorb by Poise
- ◆ Supersorb by Attends
- ◆ Discrete by Always



Quickchange by UI Medical

Male incontinence wraps are good for men who are mostly bedbound. Easy to apply and change, but pricey. May consider maxi pad style too.



Condom catheters or "male purewicks" are helpful but may be difficult to put on or **manage** to prevent leaking.



Purewick by BD for women and Primofit by Sage for men are designed to suction urinated

fluid into a canister. They are expensive but usually really effective. Primofit by Sage is fairly new so we don't have any feedback on it yet. Some may still have difficulty with leaking so you still need breathable pad under person to capture what urine gets away!



In dwelling foley catheters for urine is recommended when the person

has a very bad pressure injury on the lower back. Contact your healthcare provider if you think your person needs one.



Do NOT use diapers unless the person can and does tell you when they are soiled and you can clean **asap**



Never leave plastic backed pads under a person. They do not absorb urine and stool and cause the skin to sweat. They cause pressure injury or make one worse!

Peri-Skin Cleaning

Clean frequently with soaps designed for peri-cleaning

- ◆ Clean asap after soiling. Both urine and stool are acidic and can damage skin quickly.
- ◆ Use Perineal cleaners specifically designed to be gentle on skin and breakdown urine & stool molecules.
- ◆ Perineal Cleaners with hydrating lotion are best when there is no skin irritation.
- ◆ Cleaners without lotion are recommended when skin is weeping and/or broken.
- ◆ Use soft paper wipes or "babywipes" instead of wash cloths. **Do not scrub. Pat and wipe gently**
- ◆ Avoid harsh soaps that advertise disinfection or odor reducing properties.

About Cleaning Products



Do NOT use disinfectant or antimicrobial soaps, they are hard on skin and wounds and kill good bacteria.

Use perineal cleaners w/lotion when there is no skin irritation.



Baza Cleanse
by Coloplast



Aloe Vesta
by Convatec

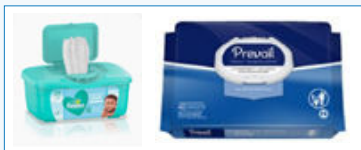
Use Perineal cleansers w/o lotion when skin is damaged to avoid retention of drainage.



No Rinse Spray
by Coloplast



Rinse free spray
by McKesson



Pre-moistened wipes (Baby wipes) are safe to use as long as they don't contain antimicrobials or disinfectants. But they are more expensive and don't handle big messes

as well as dry wash cloths. Dry paper wipes are soft on skin and more absorbent. DON'T FLUSH DRY PADS. Clogs toilets!



Dry Wipes
By Attends

Protect peri-skin from moisture

Good absorption and cleaning are great, but you still must protect the skin from the moisture that gets on skin between cleanings.

Moisture Protection Products

- ◆ Moisture Barrier creams or ointments are made to stick to skin and provide a layer of protection from urine and stool.
- ◆ Barrier creams are not for moisturizing; they are designed to provide a protective barrier layer of oil or silicone.
- ◆ Some formulas have additives, like zinc or honey, to help irritated skin heal.
- ◆ Advanced formulas have high concentrations of zinc and are medicated to soothe and boost healing.

* These are suitable to apply to most shallow wounds.

* If your person has wounds seek assistance from your medical provider. This booklet is NOT intended to instruct on wound care!

Moisture Protection Products



Sacral boarder Dressings can protect the skin from friction & shear and incontinence moisture. Can be left on for several days as long as intact and not soiled. But they don't always stay on and urine and stool can penetrate the dressing, and they are expensive. Remove if not working well. Mepilex is the best. Allevyn is good. We do not recommend any other the cheaper brands.



Use Calmoseptine

When skin is damaged/
broken due to moisture.



Desitin is NOT
recommended.
Too sticky.



Critic-Aid
by Coloplast



Secura Dimethicone
by Smith Nephew

Simple barrier creams
contain only dimethicone
or petroleum. Less expen-
sive and are fine to protect
healthy skin.



Baza Clear by
Coloplast



SensiCare
by Convatec



Remedy with Olavamine
by Medline

Some Barrier Creams contain
added lotions, vitamins and
or Zinc. Best when skin is
irritated but not broken.

Having Trouble?

Nursing Tips for Managing Difficult Support Situations

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.
- ◆ For best results, assure the person is as far turned as possible so that you can set the cushion as close to the body but around any sore spots. The person should be resting ON TOP of the cushion, not to the side of the cushion
- ◆ Put the cushion UNDER incontinence paper chux. Put cushion OVER booster/slider/lift sheet and UNDER paper chux.
- ◆ If your person does not stay in the turned position for whatever reason, see our "Having Trouble?" section "When your person prefers staying on his/her back

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 bedsores 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.

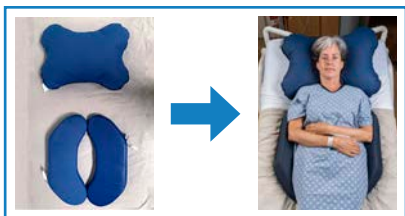
- ◆ Do not ask “can we turn now?” Instead say “Lets try to get the pressure off that sore now”.
- ◆ Ask how can the turn or resting position be as comfortable and painless as possible?
 - Does he/she need pain medications first?
 - Does the person want to figure out himself/herself what is the most comfortable 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.
- ◆ 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.

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.
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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 they 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.

We hope you found this guide helpful

To learn more about how to stop bedsores, visit us at:

www.JewellNursingSolutions.com

Call us at:

650-294-8557

Or Write us at:

support@jewellns.com



Join our Facebook group at
Jewell Nursing Solutions

About Jewell Nursing Solutions

Jewell Nursing Solutions is a nurse owned and operated company. We are dedicated to bringing effective pressure injury prevention products and services to the entire caregiving community.

Our cushions and pillows for bedrest pressure relief are the only support devices designed by a nurse to meet all best practice standards. They are fully functional in any care environment from the ICU department to the home.

Our services include education and training on proven techniques, methods, supplies, and equipment you can use to create the best possible environment for prevention and healing.

Consultation for bedsore wound and dressing management available upon request.

Call us! We can help you. Together we CAN stop bedsores!

Warranty and Satisfaction Guarantee

The Bedsore Rescue Positioning cushions and pillows are warranted for materials and construction for 6 months under normal wear and tear. For best results, the person should turn as far as possible on their side so that pillow can be placed close to the body and when the person rolls back on the cushion, they are laying on top of the cushion for full support. Do not place a standard pillowcase on the cushion.

If you are having trouble achieving comfortable and stable support, please review our "Having Trouble?" section of this pamphlet. It often takes a few tries before you find the best fit for your person. To talk to our advice nurse about your specific circumstances, call **650-294-8557**

If you are not completely satisfied that The Bedsore Rescue Cushion is the best 30-degree side support on the market, you may return the cushion within 10 days of purchase. Shipping not included.