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**Academy**



## To sit or not to sit? – that is the question

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Society of Tissue Viability  National Wound Care Strategy Programme

**#STOPTHEPRESSURE**  
**#LOOKING&LISTENING**  
**#4NATIONS**

ARE WE REALLY  
**LOOKING?**  
ARE WE REALLY  
**LISTENING?**

**STOP THE PRESSURE**  
18<sup>th</sup>-22<sup>nd</sup> NOVEMBER 2024

# Aims and learning objectives

In this session we will explore the critical clinical reasoning process around whether you can sit out of bed with a pressure area. To celebrate OT week and Stop the pressure week, we wish to recognise the importance of collaborative working.

The learning objectives are as follows:

- Understand 24-hour posture and positioning
- Practical advice we can pass onto clients about managing pressure and preventing further damage
- Recommendations for alternative positions and equipment
- A review of current evidence

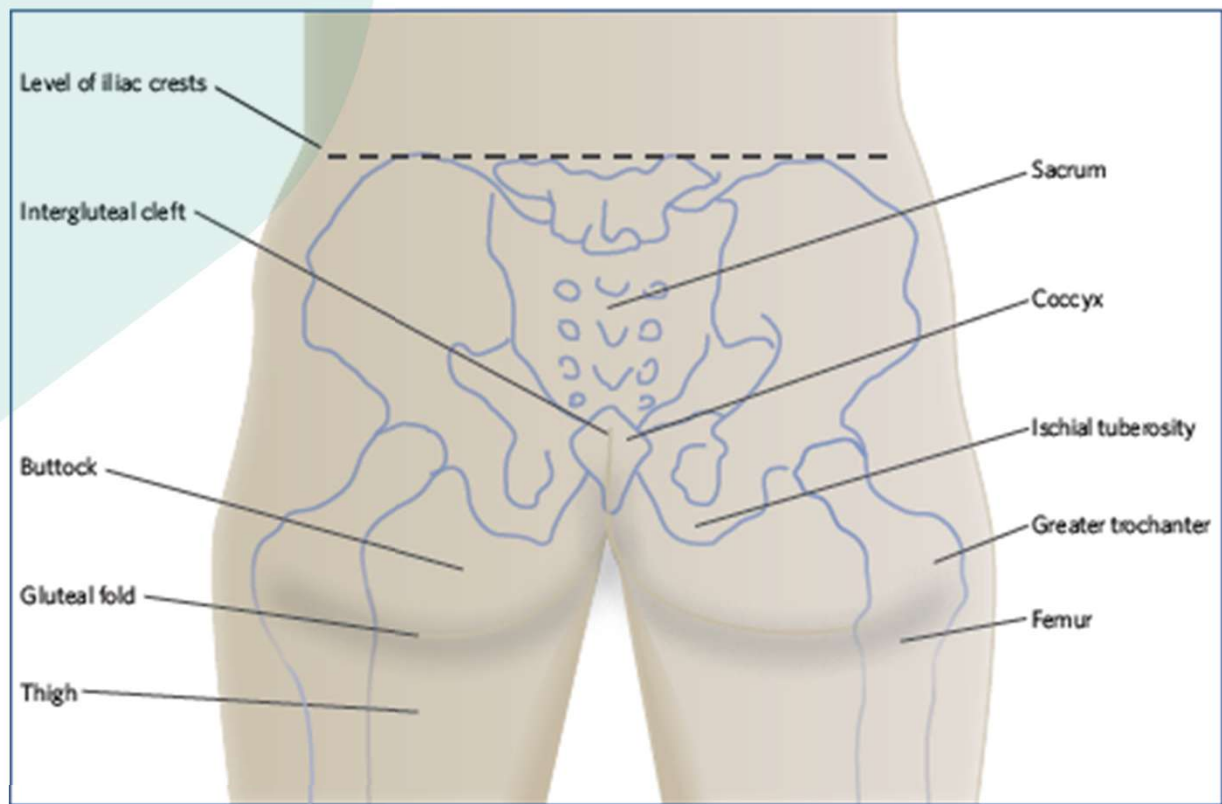


Image from Wounds UK (2018)

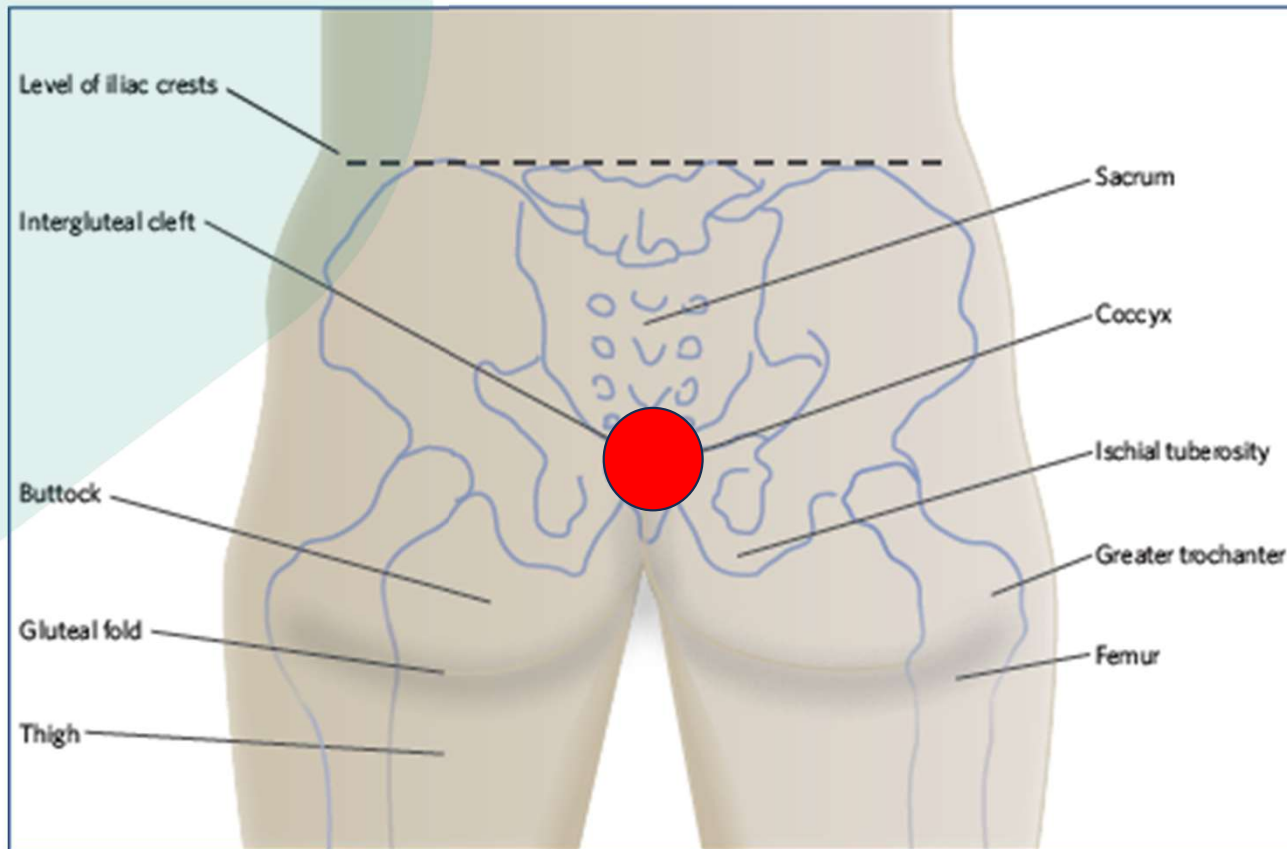


Image from Wounds UK (2018)



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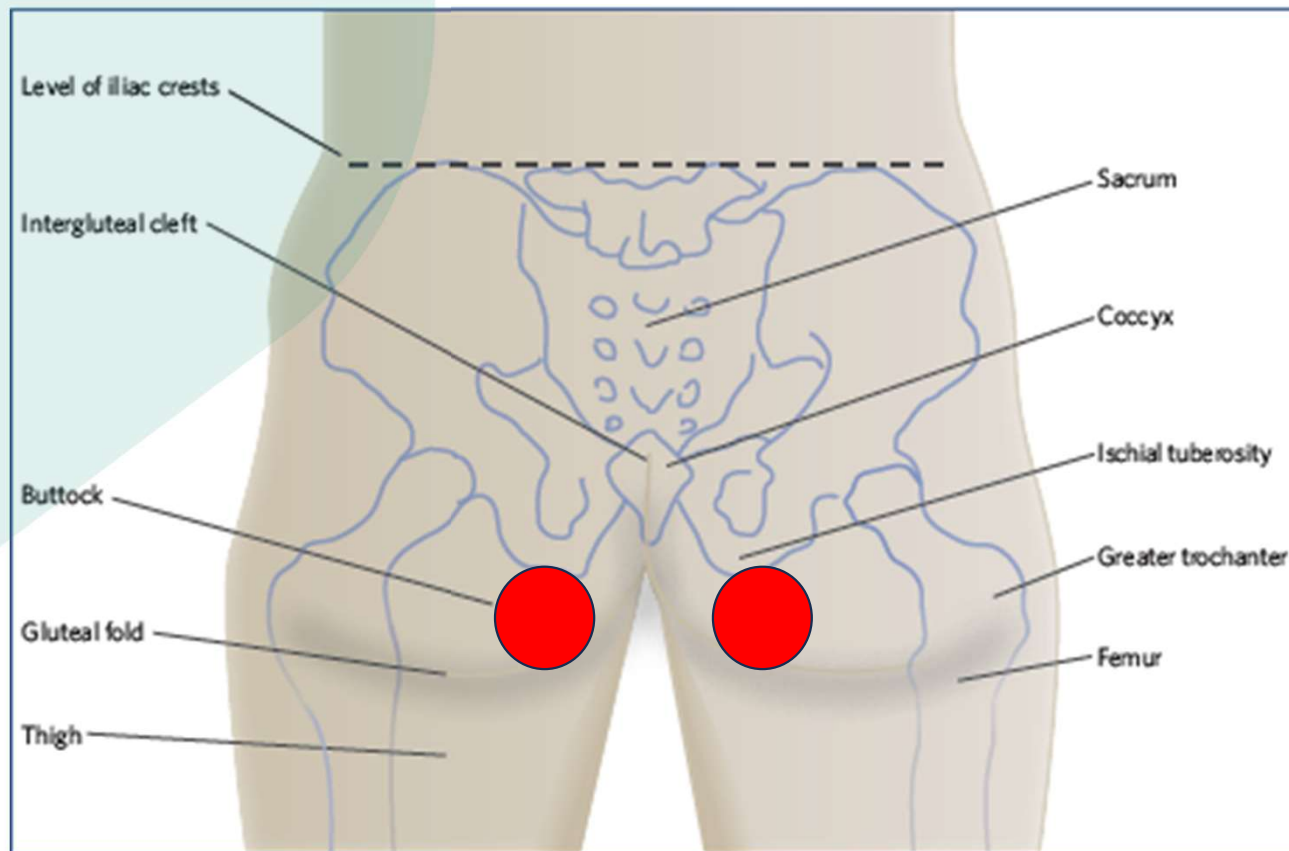
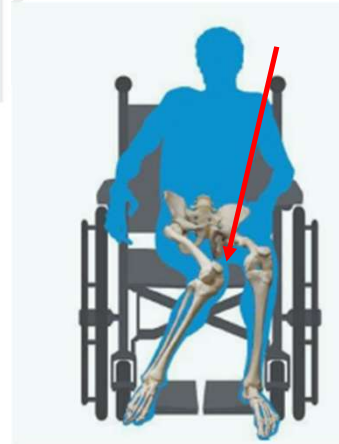
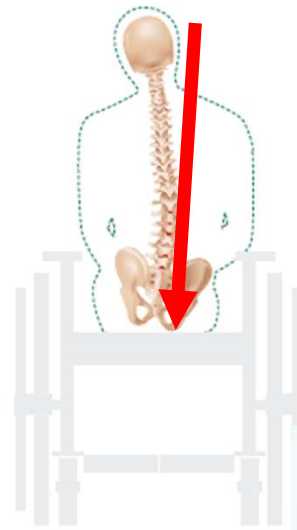
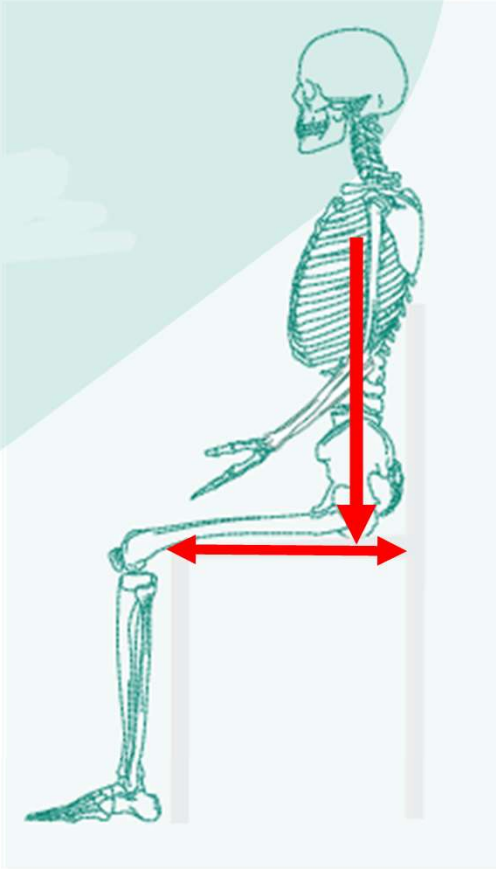


Image from Wounds UK (2018)



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**Off loading**



**To prevent & treat**

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**But not like this.....**

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## What do the guidelines tell us?

Consider the seating needs of adults who have a pressure ulcer who are sitting for prolonged periods.

Consider a high-specification foam or equivalent pressure redistributing cushion for adults who use a wheelchair or sit for prolonged periods and who have a pressure ulcer.

Encourage adults who have been assessed as being at risk of developing a pressure ulcer to change their position frequently and at least every 6 hours.

Encourage adults who have been assessed as being at high risk of developing a pressure ulcer to change their position frequently and at least every 4 hours.

(NICE, 2014)

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# What do the guidelines tell us?

- Investigate alternatives to sitting in bed (e.g., sitting out of bed for some duration or during meals or gastric feeds)
  - Limit time spent sitting out of bed for individuals at high risk of pressure ulcers
  - If sitting in a chair or wheelchair is necessary for an individual with pressure ulcers on the sacrum, coccyx or ischia, **limit sitting sessions to three times a day for durations of 60 minutes or less** (Expert opinion).
- 
- Avoid slouched positions that can increase pressure and shear on the sacrum and coccyx
  - Avoid seating an individual with an ischial pressure ulcer in a fully erect posture in bed. (A minimum tilt of 30° is needed to achieve a clinically significant reduction in pressure at the ischial tuberosities.)

But.....

(EPUAP,NPIAP,PPPIA 2019)

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## Consider the individuals.....

- preferences
- medical condition
- lifestyle
- work
- psychosocial needs

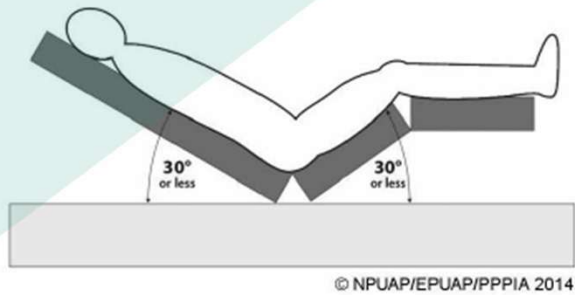
(EPUAP,NPIAP,PPPIA 2019)



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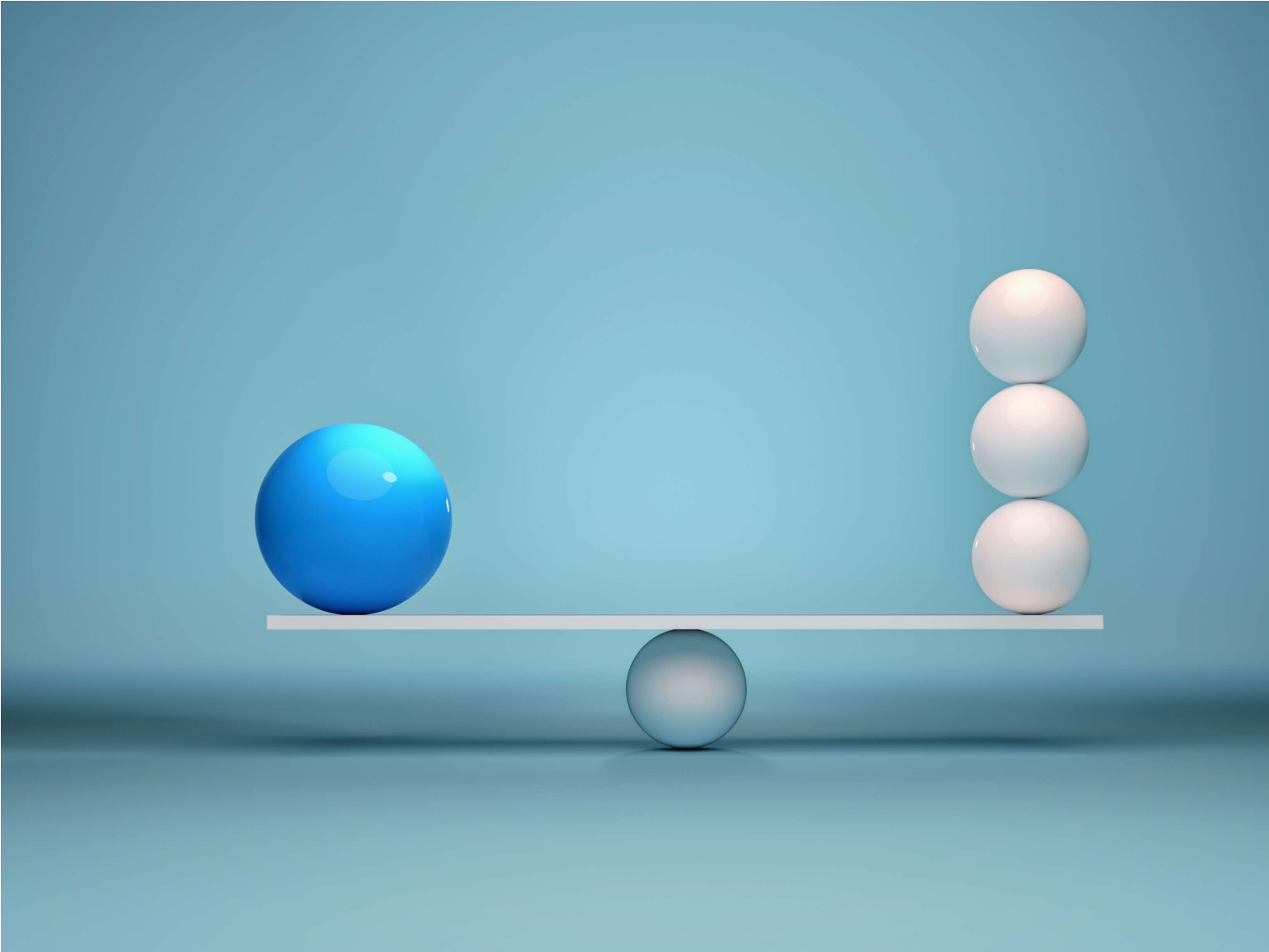


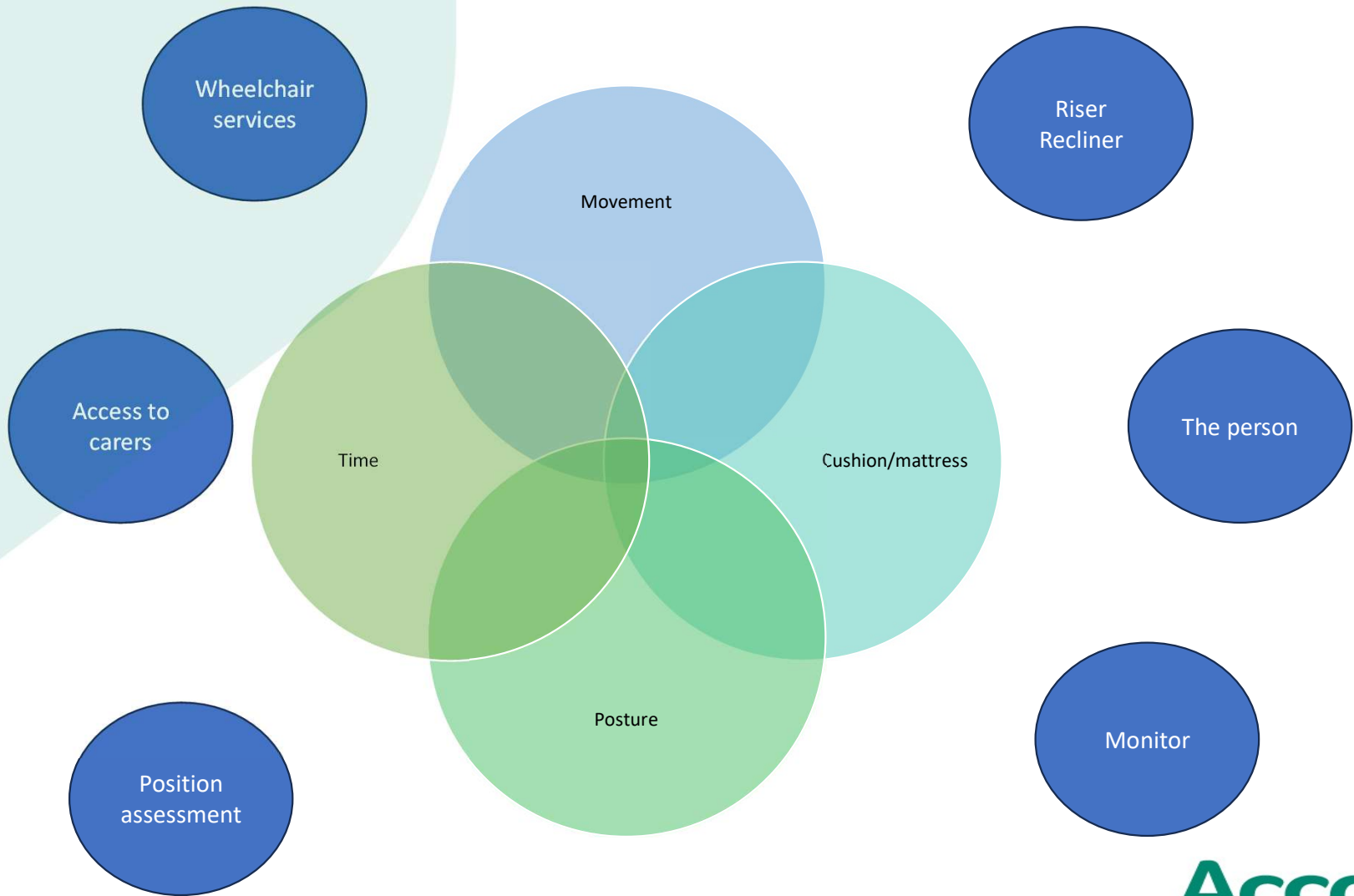
- Avoid seating an individual directly on a pressure ulcer
- Consider periods of bed rest to promote healing of ischial and sacral pressure injuries
- Modify sitting time schedules and re-evaluate the seating surface and the individual's posture if the pressure ulcer worsens or fails to improve



(EPUAP,NPIAP,PPPIA 2019)

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# Lying: pros and cons

- **Benefits:**

- Restful position
- Larger surface area to spread load
- Easier for care tasks to be completed
- Essential if acutely unwell.

- **Disadvantages**

- Not functional
- Deconditioning
- Low mood and depression
- Irregular sleep pattern
- Loss of muscle mass
- Reduced bone density
- Reduced blood flow.
- Increased risk of contractures

(Convertine et al, 1997)

# Seating: pros and cons

- **Benefits:**

- Aids digestion
- Improves communication/ social interaction
- Functional position for activities
- Improves respiration
- Access to wider community

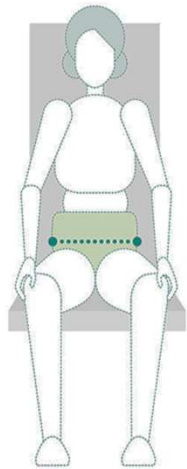
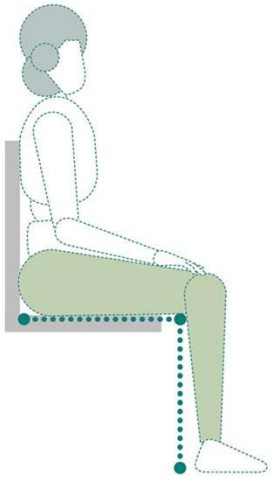
(Osborne et al, 2023)

- **Disadvantages**

- Smaller surface area to spread pressure compared to lying
- Not suitable for sleeping
- Fatigue
- Access to carers for transfer.
- In correct seating can cause injury (WHO, 2023)



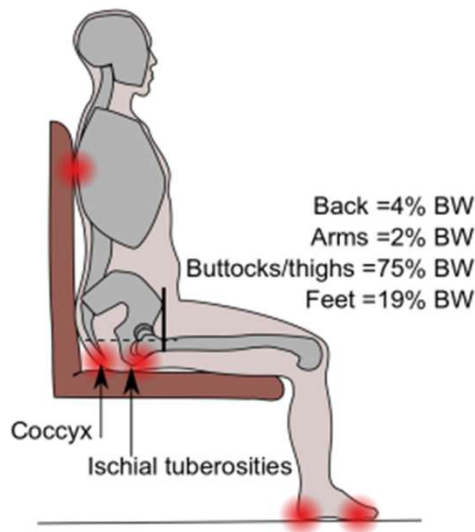
# Considerations for seating for pressure care



## Correct seating should.....

1. Allow us to function!!!!!!!
2. Be the appropriate size (seat dimensions and backrest considerations)
3. Be able to promote reposition (correct height armrests/ tilt)
4. Load the full base of support (don't forget full pelvis, feet and arms)
5. Not bottoming out, check the cushion (get a slide glove).
6. Have the appropriate surface (air/ gel/ foam).
7. Time in the chair, how long is too long?

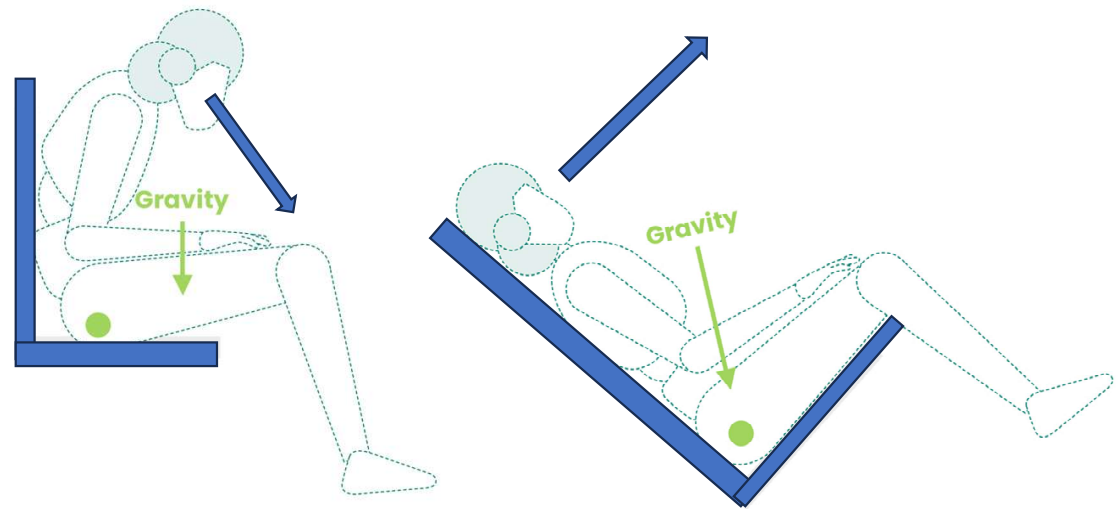
# Where the pressure goes



It is estimated that typically 75% of the body's weight is taken through the pelvis when an individual is sitting (Collins, 2001). The main contact between the pelvis and the seat surface is via the small, rounded ischial tuberosities (sitting bones of the pelvis)

**At a 90 degree upright angle.**

# Off load gravity by using tilt in space

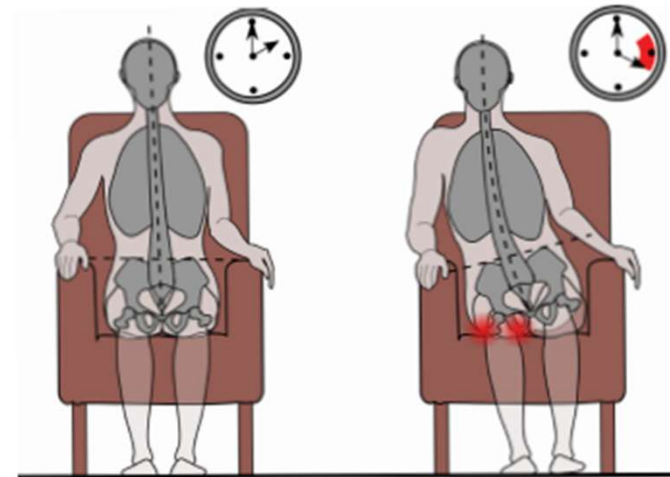
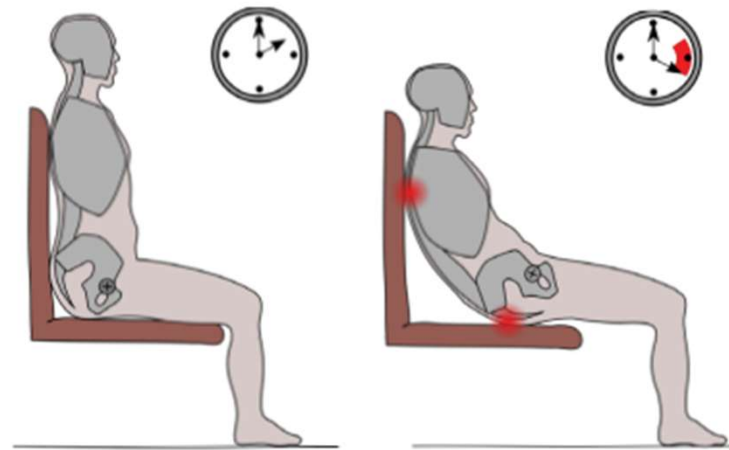


- Increase base of support
- Increase loading
- Decrease pressure
- Reduce / eliminate shear
- Allow for clients' hip range
- Consider function in both positions, where is line of sight?

# Seating and time- the importance of 24-hour positioning

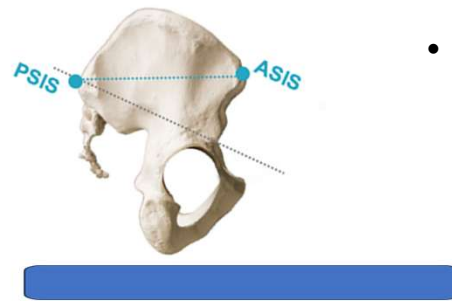
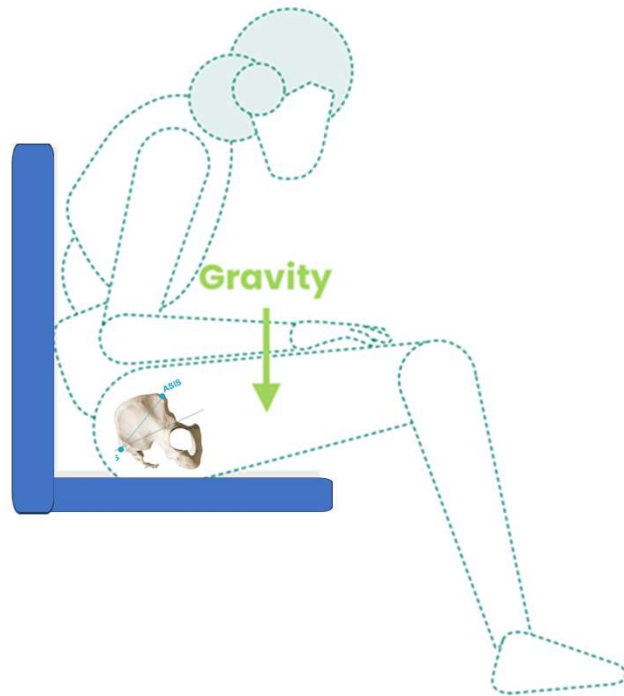
Those at risk of developing a pressure ulcer to change their position frequently and at least every 6 hours.

Those at high risk of developing a pressure ulcer to change their position frequently and at least every 4 hours. (NICE, 2014)



# What can we do...

**Case study:** Grade 1 or 2 pressure areas on sacrum- Independently mobile with 4ww but doesn't like to leave the home.



- Avoid seating an individual directly on a pressure ulcer
- Consider periods of bed rest to promote healing of ischial and sacral pressure injuries
- Modify sitting time schedules and re-evaluate the seating surface and the individual's posture if the pressure ulcer worsens or fails to improve

(EPUAP,NPIAP,PPPIA 2019)



## What will that look like in a care plan?

Evidence	Implemented
Avoid seating an individual directly on a pressure ulcer	Establish where the location is. Look. What is realistic?
Consider periods of bed rest to promote healing of ischial and sacral pressure injuries	Off load, implement a schedule. Consider 24 hour management.
Modify sitting time schedules and re-evaluate the seating surface and the individual's posture if the pressure ulcer worsens or fails to improve	Monitor and educate. Consider up-grading the cushion (remember to consider downgrading).
If sitting in a chair or wheelchair is necessary for an individual with pressure ulcers on the sacrum, coccyx or ischia, <b>limit sitting sessions to three times a day for durations of 60 minutes or less</b> (Expert opinion).	Where are they going to spend the rest of the time? 21 hours in bed. What is their bed position like?

(EPUAP,NPIAP,PPPIA 2019)

Step	Activity	Duration	Seating Day
1	Sitting on the edge of bed	10 minutes twice daily	1 to 3
2	Sitting in wheelchair with a pressure redistribution cushion	5 to 10 minutes twice daily, increasing by 5 minutes each day	4 to 7
3	Sitting in wheelchair with a pressure redistribution cushion	30 minutes twice daily, increasing by 10 minutes each day to a maximum of 60 minutes twice daily	8 to 10
4	Sitting in wheelchair with a pressure redistribution cushion	Increasing by 15 minutes each day to a maximum of 4 hours twice daily	from day 11

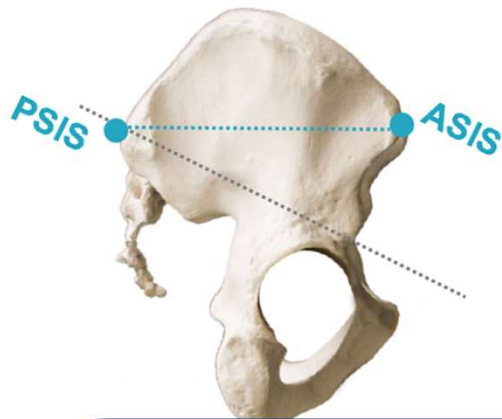
Example of a progressive seating protocol EPUAP, NPIAP, PPIIA, 2019 pg 134

# Pelvic tilt

Posterior pelvic tilt puts additional pressure on the lower back and sacrum.

Common causes from seating

- Seat depth is too long leaving a gap at the back
- Clients hamstring range is reduced, and footrest is raised (also at risk of shear), review your initial assessment.
- Hip flexion is reduced, and back angle of the chair is too small. May need to open the back angle (recline).



Grade 2 pressure area on left IT, client full time wheelchair user and works in county council office.

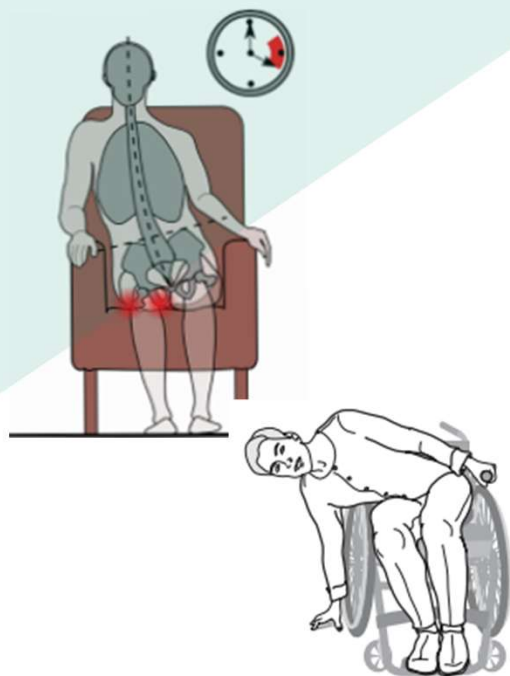


Figure 3

- Review location of pressure area with nursing colleagues (recommendations need to compliment not contradict). Make changes as needed.
- Education!
- Avoid seating an individual with an ischial pressure ulcer in a fully erect posture in bed. (A minimum tilt of 30° is needed to achieve a clinically significant reduction in pressure at the ischial tuberosities.) (EPUAP, NPIAP, PPIA, 2019)
- Implement offloading techniques as able.
- Note that tilt and recline features provide the most pressure relief when used in combination. (RESNA, 2008)
- Study compared techniques and found Dynamic option effective rather than physically off loading (Makhsous et al., 2007)

Ride Java Cushion for wheelch

1



2

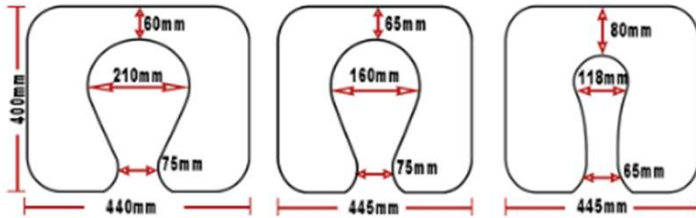


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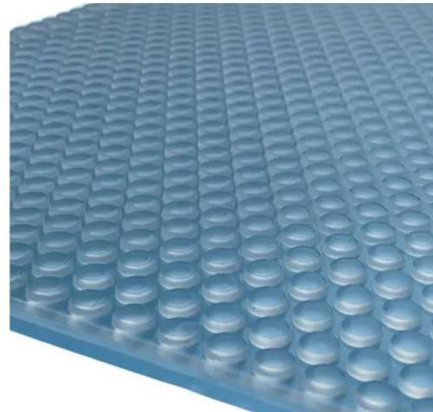


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**Padded Horseshoe Seats / Aperture Sizes**



5



6



# Summary

Evaluate the benefit of periods of bed rest in promoting healing

**VS**

Risk of new or worsening pressure ulcers

Impact on lifestyle, physical and emotional health

Backed up by clinical and user experience

Work from an evidence-based practice perspective

(Convertino, (1999) EPUAP, NPIAP, PPIA, (2019))

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**Jenny Rolfe**  
Occupational Therapist  
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Jenny is a senior OT, who has been practising since 1997, and completed her MSc in Neuro-Rehabilitation in 2007. Her expertise lies in postural management and assessment.



**Debra Dunitz**  
Occupational Therapist  
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Debra qualified as an OT in 2006, and uses her wide range of clinical knowledge and experience to inform product development, and to provide clinical training on our product range.



**Jayne Brewer**  
Occupational Therapist  
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Jayne qualified as an OT in 1996 and has a wide range of clinical experience in acute and community settings. Her recent experience has been in community equipment stores providing training and support to prescribers and commissioners.



**Mary Snow**  
Occupational Therapist  
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Mary qualified in 2006 and has held a seating/postural lead role in the county for several years, completing the 24 hr postural management course at Specialist Disability Service Oxfordshire in 2009 and 2016. Mary continues to work part-time for Oxfordshire services and is also a registered private practitioner.



**Nicky Phillips**  
Occupational Therapist  
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Nicky is a dedicated Occupational Therapist, specialising in disability, posture and seating. Her 16+ years of experience spans both inpatient and community settings, enriching her professional skills and broadening her perspective in the field.



**Heidi Sandoz**  
RN BSc Hons  
Tissue Viability Consultant

Heidi has been practising as a Tissue Viability Nurse since 2002. She has experience in both acute and community care, and her passions centre around education, improving services for patients and team development.



**Sarah Thompson**  
RN, BA Hons, Tissue  
Viability Nurse Specialist  
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Sarah has been a Tissue Viability Nurse since 2010, gaining a vast amount of experience within wound care from the primary, secondary, and private sector. She prides herself in positive patient outcomes by utilising a patient-centred approach to their care.

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Thank you for your attention

Contact [info@accora.care](mailto:info@accora.care) for a joint visit.

## Slide 32

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**NPO** Need to add the rest of the clinical team to this. We are missing Mary Snow and Nicky Phillips  
Natalie Phillips | Accora, 2024-08-16T08:28:07.485