



CLINICAL GUIDELINE

Heel Pressure Redistribution Acute Inpatients (Adults)

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Pressure Ulcer Prevention Steering Group

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Heel Pressure Redistribution Guideline
Acute Inpatients (Adults)
NHS Greater Glasgow & Clyde
January 2023

Pressure ulcers are described as “an injury that breaks down the skin and underlying tissue”. They are caused when an area of skin is placed under pressure and are sometimes known as ‘bed sores’, ‘pressure sores’¹ or pressure injury. Pressure ulcers can occur in any person who has, for example, limited mobility, cognitive impairment, palliative and end of life care needs or who is acutely ill². Other contributory factors include poorly controlled diabetes, poor bladder or bowel function, or poor nutrition and hydration.¹⁻³

Pressure ulceration including those affecting the heel has a significant impact on patient quality of life, as well as hospital length of stay and mortality rates. Hospital acquired pressure ulceration is estimated to affect 4-10% of inpatients.⁴

This guideline is intended to assist healthcare professionals in the choice of treatments. There is no robust evidence for the use of any specific pressure redistributing device however this guidance aims to reduce variation in practice and ensure that at risk patients are provided with an appropriate pressure redistribution device in a timely fashion^{4,5}. Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient. If the device that is available to ward staff for immediate application is not suitable for a patient or if their condition deteriorates despite initiation of a suitable device, **immediate referral should be made to the orthotics service via Trakcare.**

All patients with pressure ulcer damage of EUPAP grade 2 or greater on or below the level of the malleolus should be referred to podiatry via Trakcare. Red day review and DATIX will be completed by podiatry alongside a member of trained nursing staff from the ward for hospital acquired grade 2 and above pressure ulcers on the foot or ankle. **DATIX should not be initiated by ward staff prior to podiatry review and confirmation of pressure ulcer grading.** The EUPAP pressure ulcer grading tool is available at: [EUPAP Grading Tool](#)

Wound charts should be completed as required on the ward and details of any pressure redistribution in use should be documented on the PUDRA care plan. Orthotics and podiatry notes are available via the clinical notes section of Trakcare (appendix1).

Information on current recommended heel pressure redistribution devices used in NHSGG&C is available at: [Pressure Ulcer Prevention and Management](#)

A supply of these devices should be available in every ward in the various sizes to ensure immediate access to heel pressure redistribution devices for at risk patients

CONSIDERATIONS

Staff should be appropriately trained in the safe application of ward-based devices.

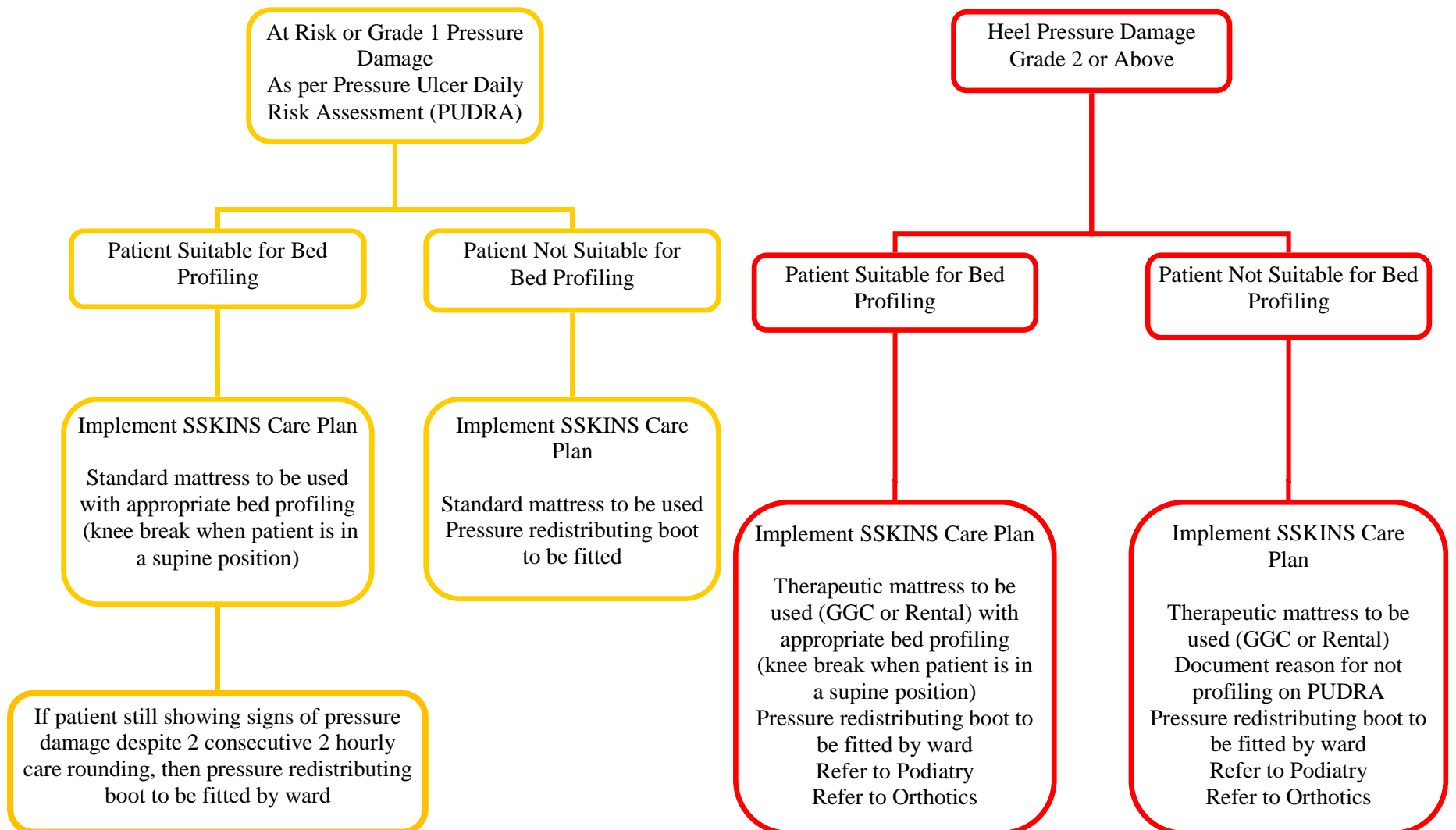
In bed heel pressure redistribution devices are NOT recommended for use when weight-bearing unless specifically assessed by an orthotist. If pressure redistribution for ambulation is required a referral to orthotics should be made.

Consider potential falls risks, particularly in those who are ambulant but cognitively impaired.

If there is ongoing pressure damage at the time of discharge or if there is deemed to be an ongoing risk of further damage, then a suitable pressure redistribution device should be provided when the patient is discharged.

REFERENCES

1. Gorecki, C., J. M. Brown, et al. (2009). "Impact of pressure ulcers on quality of life in older patients: a systematic review." *J Am Geriatric Soc* 57(7): 1175-83).
2. National Pressure Ulcer Advisory Panel. Press release March 3rd 2010.
www.npuap.org
3. Clarkson DM (2013) The role of 'care bundles' in healthcare. *Br Journal Healthcare Management*. 19(2):63-68
4. National Institute for Health and Clinical Excellence (2014) Pressure ulcers: prevention and management of pressure ulcers
5. McGinnis E., Stubbs N. (2013) Pressure-relieving devices for treating heel pressure ulcers. Cochrane Library. Available from [http://onlinelibrary.wiley.com/enhanced/doi.10.1002/14651858.CD005485.pub3]



ALL SKIN BENEATH PRESSURE REDISTRIBUTION DEVICES MUST BE CHECKED AND DOCUMENTED ACCORDING TO PATIENTS NEEDS. ENSURE DEVICE IS CORRECTLY APPLIED. REFER TO ORTHOTICS IF WARD BASED DEVICE IS NOT SUITABLE FOR PATIENT OR IF PATIENTS' EXISTING ORTHOTIC DEVICE IS DAMAGED/ REQUIRES REPLACEMENT

APPENDIX 1

1. Select PATIENT SEARCH at the top left of the Trakcare home screen
2. Select PATIENT ACTIVITY
3. Enter patient CHI number then click UPDATE
4. Identify the patients' current inpatient episode and highlight this.
5. Select the CLINICAL NOTES tab

▶ Pt Search	▶ Results Unsigned	New Request	Active Clinical Notes	Adhoc Request	▶ CS Review	Episode Outcomes	Follow Up Appt	Internal Referral	▶ Letters Discharge	▶ Letters Generic	⌵
▶ Other	▶ Other Eng	▶ Other IP	▶ Other OP/Ref	▶ Outpatients	Outstanding DS OP	▶ Referrals	Request Casenotes Popup	Request List	Specimens to be collected	▶ Urgent Man Referral	
Vet Single Patient	Ward Attenders	Wards	▶ WL Other	▶ WL Outpatients	Workbench Others	Worklist By PT	▼ Clinical Notes				

CHI: 111111111	Name: Test Test Patient	Gender: Male	DOB: 11/11/1911	Age: 111 Yrs	Phone: 01412114990					
<input type="checkbox"/>	I0003530497	29/04/2020	14:00	General Medicine	NHSLJ Consultant Hall 5	Cancel Inpatient	NHSLJ Hall 5 Ward 3	Private Residence - living alone	No	I0003530497
<input type="checkbox"/>	I0003191290	25/12/2019	08:00	Urology	Mr Graeme Conn	Cancel Inpatient	QEUH Ward 11C Urology		No	I0003191290
<input type="checkbox"/>	I0003166605	18/07/2019	10:22	Paediatrics	Dr Hilary Pearce	Cancel Inpatient		Care Home	No	I0003166605

6. Identify the relevant clinical note and click to view

CHI: 111111111	Name: Test Test Patient	Gender: Male	DOB: 11/11/1911	Age: 111 Yrs	Phone: 01412114990	
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Clinical Notes	
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▼ Clinical Notes [Across All Episodes] New
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Help

Clinical Notes List									
Edit	Date	Time	Type	Note	Entered Location	Care Provider	Care Provider Type	Status	Appointment
	05/05/2022	11:33	Outpatients Notes	Test patient for trakguide	Podiatry	Podiatrist Shelley Fairley	Podiatrist	Entered	05/05/2022
	12/10/2021	12:34	Progress Notes	progress n	Urgent Care Resource Hub	Orthotist Martin Faulkner	Orthotist/Prosthetist	Entered	