

AT A GLANCE: HEEL OFFLOADING FOR PRESSURE ULCER PREVENTION AND MANAGEMENT

Within 6 hours of admission and in accordance with OUH Pressure Ulcer Prevention Policy, lower limb dressings (including compression bandages) should be removed to enable a full skin inspection to be undertaken. A 'Touch the Toes' assessment should also be completed for **all** patients with diabetes to assess for reduction in sensation.

LOWER RISK

- Mobile
- Independent
- No previous ulceration to foot / heel
- PURPOSE-T: Green pathway

HIGH RISK OF DEVELOPING PRESSURE DAMAGE

- Diabetes
- Peripheral Vascular Disease
- Neuropathy (including epidural, spinal anaesthetic, CVA)
- Leg Ulceration
- Oedema
- PURPOSE-T: Orange pathway
- Dementia
- Lower limb casts / splints

HIGH RISK

- Pressure ulceration to heel
- Active foot disease (ulceration/infection / Charcot arthropathy / critical limb ischemia) or history of foot diseases / scarring
- Leg spasm / agitation
- PURPOSE-T: Red pathway

PILLOW OFF LOADING / REPOSE WEDGE

- Ensure heel is fully offloaded from the supporting surface
- If using a pillow, the pillow should extend the length of the calf
- If using a wedge, please ensure it is secured to the bed



REPOSE FOOT PROTECTOR PLUS

- Consider falls risk
- Consider foot / ankle deformity
- Consider agitation and comprehension
- Foot Protector not to be placed inside of a pillow case
- Ensure heel remains within the hollow of the Foot Protector



PREVALON® HEEL PROTECTOR

- Patient is known to Podiatry
- Patient is Non-Ambulatory
- Consider falls risk
- Single patient use
- Consider foot / ankle deformity



TOP TIPS:

- Continue to update PURPOSE-T scale weekly or if condition changes and record on EPR
- Continue to update 'Touch the Toes' assessment if condition changes and record on EPR
- Continue to assess skin each shift and monitor for skin changes.
- Include regular observation of the achilles area
- Ensure slight knee flexion (5-10°) is maintained to prevent development of DVT
- Consider a device that prevents foot drop (avoid the use of a leg tough)

- Consider bed profiling/tilt to assist with effective offloading
- Check Repose equipment is fully inflated each shift
- During regular repositioning, ensure correct positioning of device and ensure blue air valve (on Repose devices) is pointing away from patient's skin
- Offloading is required regardless of mattress type
- Ensure feet are not in contact with the bottom of the bed
- When using Prevalon Boots, please ensure patient is non ambulatory and continue to reassess falls risk
- To prevent skin sticking to Repose equipment, consider using appropriately sized tubular bandage

CONTINUING CARE

If a patient is admitted with an existing heel offloading device:

- Remove offloading device to complete full skin assessment and 'Touch the Toes' assessment

- Check the device offers appropriate offloading. Continue use if appropriate – if device is not appropriate use clinical judgment and offload as directed above
- Consider referral to Podiatry
- Ensure relevant information for management and chosen offloading device is provided for ongoing care on discharge

CONTINUING CARE

For further information or to refer a patient for further advice, please visit the Tissue Viability and Podiatry SharePoint pages. Contact: Podiatry email: inpatient.podiatry@ouh.nhs.uk or Tissue Viability Team email: tissueviabilityteam@ouh.nhs.uk

References: National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Quick Reference Guide. Emily Haesler (Ed.). Cambridge Media: Osborne Park, Australia; 2019.
National Institute for Health and Clinical Excellence (2014) Pressure ulcers: prevention and management. NICE guideline (CG179)