TURNING & REPOSITIONING
PRESSURE INJURY PREVENTION & MANAGEMENT

***Clinical Statement*: All patients who have limited mobility or have actual pressure injuries may require a turning & repositioning program in bed & while sitting.**

RISK FACTORS specific to implement Turning and Repositioning interventions:

- Review of Braden/Norton Plus
- Decreased level of mobility
- Inability to actively & independently move **any one extremity** or turn self
- Decreased physical activity
- Impaired sensation or cognition
- Actual Pressure injury(s)

CONSIDERATIONS for an individual Turning/Repositioning program:

- Location of any pressure injuries and tissue tolerance
- Circulation status (pulses, capillary refill, blood pressure)
- Pain with movement
- Low blood pressure, issues with cardiac or oxygen perfusion
- Type of surface on the bed AND chair
- Medical status - review comorbid conditions that may impact skin/wounds (e.g., diabetes, CVA, Parkinson's, MS, active infection) & medications (antibiotics, steroids, anticoagulants, NSAIDs, pain meds, etc.)
- Orthopedic considerations
- Cognitive status
- Lethargy
- Patient's preferences
- Recent surgeries (>3 hours) or periods of immobilization
- Use of medical devices, tubes, splints, etc.

KEY TIPS:

- Encourage patient's active participation.
- **Preceding turning & repositioning, clinicians should explain to the patient &/or representative what to expect & why the maneuver is essential.** Provide applicable verbal encouragement & emotional support.
- When providing physical assistance, be mindful of your own body mechanics to avoid injury. Avoid positioning directly on pressure injuries, if possible.
- Do not physically lift the patient. Refer to guidelines to select appropriate devices/tools to aid in safe turning/repositioning.
- Limit layers between the patient & the surface. **Do not** use items that decrease effectiveness of surfaces, such as a cloth pad/chux or bath blanket.
- When possible, do not allow the head of the bed to be >30° except for meals, use of tube feeds, swallowing issues, breathing issues, etc.
- When side-lying, position in a 30° angle; avoid positioning directly on the hip bone. **Place a pillow between the knees**.
- Minimize risk of friction/shear with positioning (e.g., do not allow heels to 'drag'; use pillow/boots to offload even during repositioning, never 'drag' during repositioning - use body mechanics along with proper devices).
- Always offload 'at risk' heels (see heel offloading guideline) **despite bed surface**. Position the knee with a 5-10° flexion with heel offloading in bed.
- Schedule: Turning schedules may vary & be more or less than two (2) hours (not to extend beyond four (4) hours) depending on the patient's individualized risk factors, surfaces, & tissue tolerance.
- Evaluate: To ensure effectiveness, evaluate & re-evaluate the patient's tissue tolerance & turning schedules on admission/re-admission, weekly x 4, quarterly, & with change in condition. Document findings.
- Document: Turning & repositioning program for each patient; document considerations & details for each patient including schedule, any special positions, any specific devices, & patient's tissue tolerance & response.
- Education: Provide education to the caregiver, patient/RP and update the care plan with the program.
- All patients receive a full skin observation weekly by a licensed nurse. This observation will assist the team in determining if the tissue tolerance is appropriate with the turning program.

PRODUCT UTILIZATION GUIDE

Mobility Risk Level	Device Instructions	Instructions	Device Photo
Independent Movement May require cues	No device A Restorative Nursing Program (RNP) may be appropriate Encourage & maximize safe mobility and activity	If cognition impaired, cues & reminders may be appropriate Educate patient, caregivers, interdisciplinary staff	N/A
Limited Movement of One Limb or Multiple Limbs	May require a device specific to the affected limb while in bed or chair (e.g., pillow, offloading boot or splint, etc.)	May require a rehab referral for positioning or product recommendations	Refer to *Heel Offloading Guidelines*
Minimal to Moderate Assistance	**Bed Pro - Textiles Performance Slider Sheet** (A6036) Requires two staff Weight: <300 lbs, Patient able to be repositioned easily with device	Remains on bed at all times Replaces the 'draw sheet' Not recommended for use with a Low Air Loss mattress	
Moderate Assistance	**'Red Glide Sheet'** positioning device #93498 small #93499 Med #93500 LG Product replaces ERGO	Must be removed from the bed surface after repositioning is completed May be preferred for use on the Low Air Loss mattress since it is removed after repositioning Patient may require additional pillows or wedges for positioning **Always provide minimum two (2) or more assist for repositioning with this device**	
Approval Required **Total Dependent/Extensive Assistance** Weight limit: 550 lbs	**Turning & Repositioning System** (order from Sage 1-800-323-2220) Glide sheet, moisture wicking pad, wedges	Single patient use Stays on bed surface at all times	
Approval Required **Dependent/Extensive Assistance AND Patient is VERY difficult for caregivers to reposition** Weight limit: 550 lbs	**Air Turning & Repositioning System** (order from Sage 1-800-323-2220): Has air pump to allow for easy repositioning & patient care	Single patient use Inflate during repositioning only Stays on bed at all times **Requires a minimum of two (2) assist for repositioning**	
Approval Required **Bariatric or Very Fragile Skin or Other Exception** Difficult to reposition due to anatomical challenges, pain, immobility, medical conditions, etc.	**Use this turning device with a weight appropriate total lift** NA25710 Hoyer Repositioning Sling, Standard NA25711 Hoyer Repositioning Sling, Bariatric	**Requires a minimum of two (2) assist**