

Heel and Lower Extremity Support Device Selection Guidelines

1. Complete the **Pressure Ulcer Risk Factors** (right) to determine the need for lower extremity protection.
2. **Yes** indicates additional clinical risk and **No** indicates no additional clinical risk associated with the category.
3. If *Mobilization and Ambulation* is marked **Yes** and/or one or more risk factors, proceed to the **Protocol Plan** below to determine your treatment plan. (**At Risk** or **Treatment**)
4. Utilize the **Protocol Plan** to determine the appropriate treatment device.

Pressure Ulcer Risk Factors	Yes	No
<i>Cognition</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mobilization and Ambulation</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nutrition and Hydration</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Moisture and Incontinence</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General Medical Co-morbidities (Including medication usage)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Existing Pressure Ulcers (Including Deep Tissue Injury)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Previous Pressure Ulcers (Closed Stage III, IV and Unstageable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with Medical Devices (i.e. braces, orthotics, cannulas, tubing, and/or any object in contact with the body)	<input type="checkbox"/>	<input type="checkbox"/>
Patient chooses not to accept part or all of the suggested medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>

Protocol Plan

	Ambulatory	Risk for Pressure Ulcer Development	Treatment
Level of Risk	<p>comfort and pain management</p> <p>patient is mobile and ambulates and has no existing or previous pressure ulcer</p>	<p>prevention of new pressure ulcer or recurrence of previous pressure ulcer (closed Stage III, IV or unstageable)</p> <p>patient is bed or chair bound or has limited mobility and/or ambulation with one or more pressure ulcer risk factors</p>	<p>treatment of existing pressure ulcer Stage I-IV, unstageable and deep tissue injury</p> <p>individual risk factors need to be addressed with a wound treatment plan in place</p>
Lower Extremity Protection	<p>re-evaluate lower limb protection, if there is a change in the patient's medical condition</p>	<p>Foot WAFFLE® Air Cushion WAFFLE® Heel Elevator</p> <p>WAFFLE FootHold® with/without Splint</p> <p>WAFFLE FootHold® Plus</p>	<p>Foot WAFFLE® Air Cushion WAFFLE® Heel Elevator</p> <p>WAFFLE FootHold® with/without Splint</p> <p>WAFFLE FootHold® Plus</p>

See EHOB's Support Surface Selection Guide for the appropriate treatment surface for the torso.

Level of Effectiveness (1=Least Effective; 5=Most Effective)	Protect Soft Tissue of Ankle and Foot	Maintain Skeletal Stability	Prevent Calf Distortion	Ambulates
Foot WAFFLE® Air Cushion	5	3	5	No Ambulation
WAFFLE Heel Elevator	5	3	3	No Ambulation
WAFFLE FootHold®	5	4	3	5
WAFFLE FootHold® with Splint	5	5	3	5
Folded Foot end of WAFFLE® Brand Overlay	3	1	2	No Ambulation



Foot WAFFLE® Air Cushion



WAFFLE® Heel Elevator



WAFFLE FootHold®
(optional ambulation sole)



WAFFLE FootHold®
w/ Splint (optional ambulation sole)

Folded Foot End of the



WAFFLE® Brand Overlay

Pillow - In the 1990's pillows were recommended for heel unloading. Guidelines are being revised due to the rise in the percentage of heel ulcers as well as the increase of pressure ulcers in general. The number of hospital patients with pressure sores, rose from 280,000 cases in 1993 to 455,000 cases in 2003 - a 63% increase – *Department of Health and Human Services Agency for Healthcare Research and Quality.*

To effectively prevent and treat lower extremity pressure ulcers, the following factors, in addition to selected devices must be addressed.

- Differential diagnosis: Proper diagnosis of wounds of the lower extremity is paramount (i.e., pressure ulcers, arterial, venous, neuro-pathic, trauma, surgical, etc.).
- Lower extremity hemodynamics must be considered in support surface, device, and positioning choices (i.e. peripheral vascular disease, deep vein thrombosis prevention and other medical co-morbidities).
- When the lower extremities are elevated, a flotation support surface should also be utilized due to increased pressure and shear on sacral area.
- Skin care and assessments to the foot and lower extremity must be performed on a daily basis. Support devices must be removed prior to performing these tasks. ••• Each risk factor must be addressed separately.
- Each risk factor must be addressed separately as a basis for prevention, early intervention and treatment goals relating to selection of support surfaces. See ***EHOB Support Surface Selection Guidelines.***
- Proper wound care must be addressed.
- Turning, mobilization, and range of motion schedules must be developed and followed.
- Pressure and shear relief on all surfaces must be addressed (i.e. operating room tables, wheelchairs, geri-chairs, emergency room carts, transportation carts, etc).
- Nutritional status must be addressed.
- Incontinence and moisture must be addressed.
- Any patient with previous pressure ulcer should be considered at risk for pressure ulcer development.