
Proper Product Utilization

Proper product utilization in the PresShear sore (pressure ulcer) arena must address not only clinical efficacy but also cost reasonableness. A “not too little” and “not too much” approach must be adopted by the caregivers in this ever-changing medical climate.

The proper selection of products cannot be based solely on hypothetical concepts, promotional materials or “the more the better” philosophy. Proper product utilization combines clinical effectiveness and reasonable cost so the product usage outcomes match the clinical and financial expectations. In short, product selection should be based on scientific and clinically substantiated outcomes utilizing the most cost-effective product, which will deliver equivalent results.

With the above as the mindset for product selection, one can address the support surface usage in a more rational fashion. The understanding of how various technologies work is of great importance. This understanding, based on scientifically proven facts of physics, chemistry, anatomy and mechanics, will help caregivers select products which meet their needs and thus match their expectations.

Defining the difference between comfort needs and PresShear sore prevention/intervention needs is very important. Comfort products deliver different outcomes than PresShear sore related products. The products used for comfort only are less expensive (i.e. egg crates, foam overlays without friction reducing covers, and contouring mattresses without pliable friction reducing covers). In the same light, usage of the expensive surface products (i.e. mechanized surfaces utilizing low air loss, alternating and fluidized technologies) makes little economic sense, when the utilization of mid cost products [static fluid (air or liquid)] can give equivalent clinical results. This demonstrates how underutilization can be clinically dangerous and overutilization can be financially foolish.

The key to success in the prevention and treatment of PresShear sores is to utilize protocols that identify product categories based on clinical outcome goals. The clinical outcome goals and corresponding product categories are as follow:

- Comfort only (convoluted foam and foam overlays without friction reducing covers)
- Minimal PresShear sore risk in the uncomplicated patient (foam overlays with pliable friction reducing covers, or static fluid system)
- Prevention and Treatment for all levels of risk and stage I, II, & shallow III PresShear sores (static fluid - air or liquid)
- Prevention and Treatment for all levels of risk and stage III, IV, eschar and non-responsive stage I & II PresShear sores (static air systems with natural temperature control properties)
- Treatment of post-flap and non-responding stage III & IV PresShear sores (low air loss and air fluidized products)

This approach of ramping up to and down from the more expensive products is simple for caregivers to follow and will give better clinical outcomes with marked cost savings.

In order to effectively prevent and treat pressure sores, the following factors, in addition to support surfaces, must be addressed:

- Complete assessments should be done at least upon admission and weekly thereafter or as per facility policy. If progress in healing is not being made within 2 weeks of product selection, advance to the next level of care. If at any time, it is noted that goals have been met, move back to the prior level of care. **Proper Product Utilization!**
 - Use of accepted risk scale is suggested as basis for prevention, early intervention, treatment goals and product selection (i.e. Braden Scale, Norton Scale)
 - A separate risk scale must be used for prevention and treatment of pressure ulcers on the ankle, foot, and heel, due to the fact that support surfaces alone cannot adequately address this problem, along with foot drop and lateral rotation.
 - Proper wound care must be addressed.
 - Turning and mobilization schedules must be developed and followed.
 - Pressure and shear relief on all surfaces must be addressed (i.e. O.R. tables, wheelchairs, geri-chairs, transportation carts, etc.)
 - Nutritional status must be addressed.
 - Incontinence and moisture must be addressed.
 - Infection control must be considered with use of forced convection therapy (i.e. Low Air Loss) where potential exists for cross contamination via airborne or droplet particles (originating from respiratory, digestive, or soft tissue) blowing into the environment.
 - Any patient with previous pressure ulcer should be considered moderate to high risk for pressure ulcer development.
 - PUSH Tool or Barbara Bates-Jensen Pressure sore status tool suggested for pressure ulcer monitoring.
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