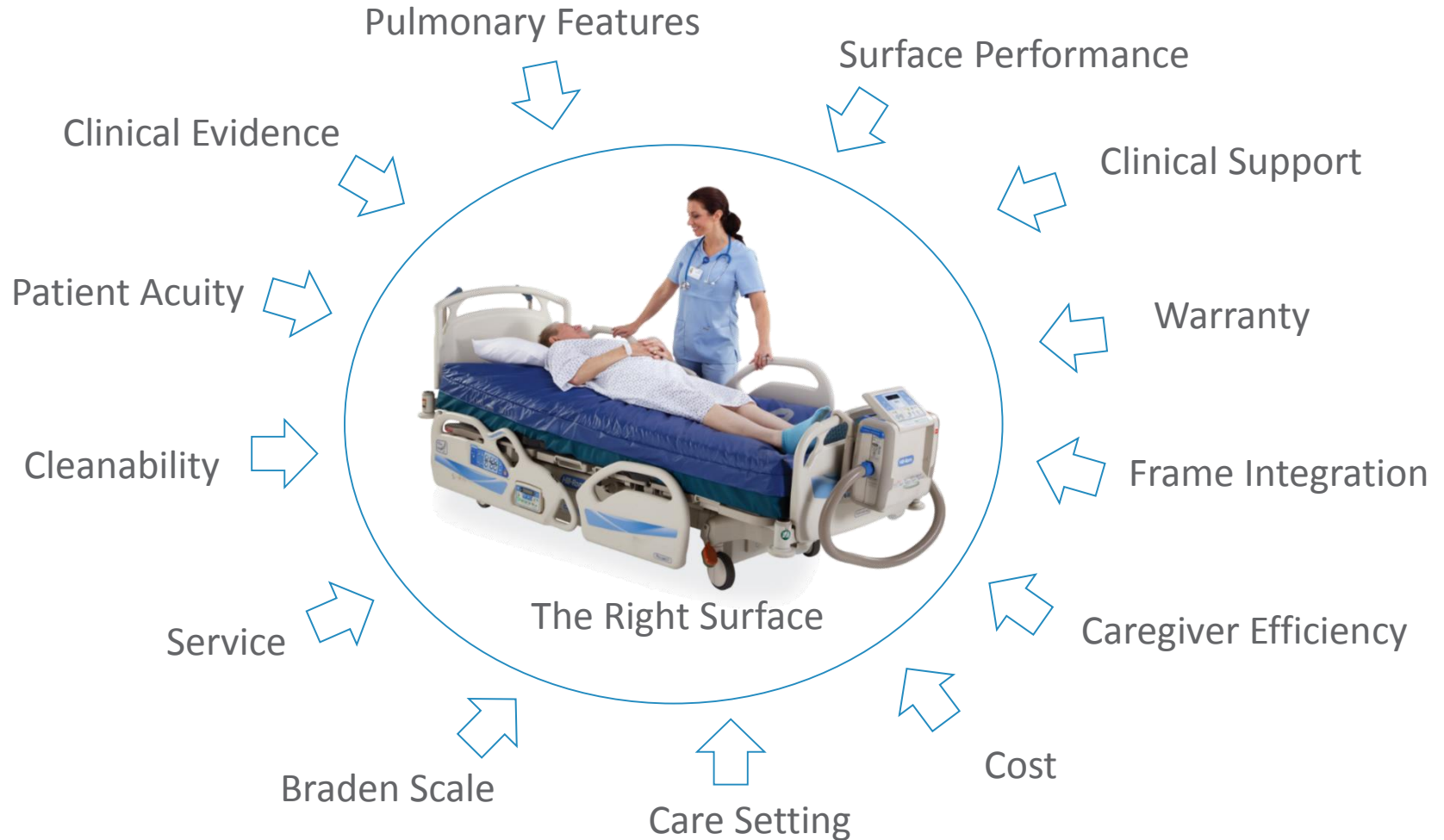


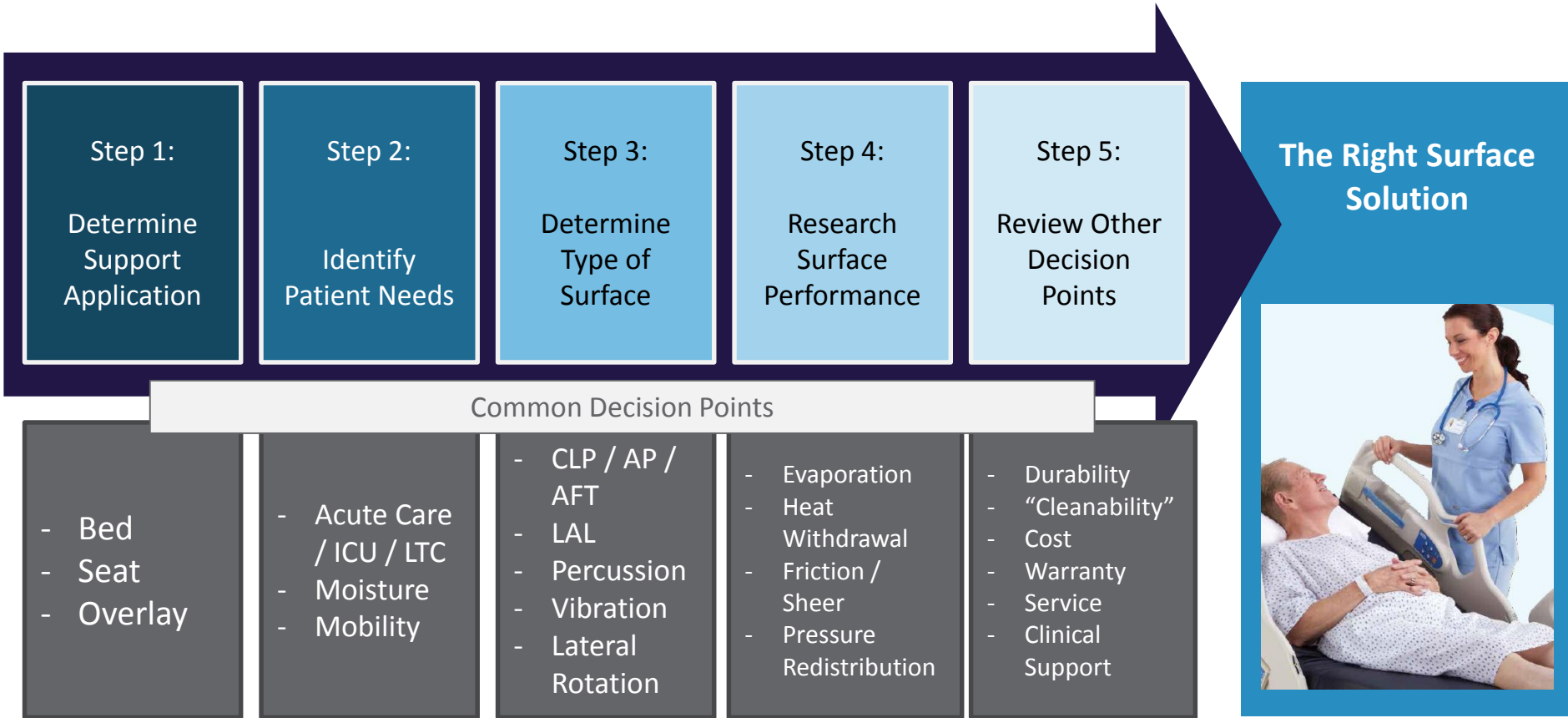
Confidence in your Surface Selection Process

5 Steps to Consider

Selecting the Right Surface has Many Variables



5-Step Surface Selection Process



Step 1 - Determine Support Application

Mattress	Integrated Bed System	Overlay	Overlay Seat Cushion	Seat Cushion
				

“Specialized devices for pressure redistribution designed for management of tissue loads micro-climate and or other therapeutic functions.”

NPUAP, S3I Terms and Definitions, 2007

Determine Support Application

Identify Patient Needs

Determine Type of Surface

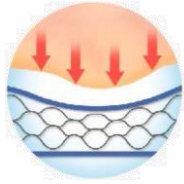
Research Surface Performance

Review Other Decision Points

Step 2 - Identify Patient Needs for a Support Surface

- Understand there are 5 “surface related” factors to skin care.
- Patient risk factors for moisture and mobility impact surface selection.
- The care setting and other patient acuities drive specific surface needs.

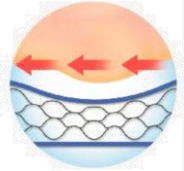
The Impact a Surface Can Have on the Skin



Pressure ^(1,2,3,15) •

Factors
Pressure compresses tissue

- Implications**
- Tissue deformed and blood flow is impeded
 - Tissue may die as a result of lack of oxygen



Shear ^(1,4,5,6,15) •

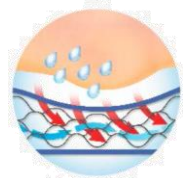
Tissue is stretched

- Tissue deformation, blood flow is impeded due to stretching and distortion of vessels

Friction ^(1,7) •

Rubbing of surface or bedding against skin

- Broken skin is more susceptible to other factors of pressure, shear, and moisture



Heat ^(1,8,9, 12,13,14)

Heat build-up can lead to perspiration

Moisture ^(1,8,9,10,11)

Excessive moisture impairs the ability of tissue to absorb oxygen and rid itself of waste

- Moist skin becomes more fragile and susceptible to forces of pressure, shear, and friction

Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Select the Right Surface Based on Risk Factors

Evidence based on WOCN® Support Surface Consensus¹⁶

		BRADEN MOBILITY SUBSCALE SCORES ^a	
BRADEN MOISTURE SUBSCALE SCORES		4 or 3 No limitation or slightly limited	2 or 1 Very limited or completely immobile
4 or 3 Rarely or occasionally moist	<ul style="list-style-type: none"> Reactive/CLP^b (air, foam, gel, fiber, or viscous fluid, or combinations) AMG sheepskin overlay (Prevention only)^c 	<ul style="list-style-type: none"> Reactive/CLP Active with AP feature 	
2 Very moist	<ul style="list-style-type: none"> Reactive/CLP Reactive/CLP with LAL feature 	<ul style="list-style-type: none"> Reactive/CLP with LAL feature 	
1 Constantly moist	<ul style="list-style-type: none"> Reactive/CLP Reactive/CLP with LAL feature 	<ul style="list-style-type: none"> Reactive/CLP with LAL feature Reactive/CLP with AF feature (Treatment only) 	

AF = air fluidized; AMG = Australian Medical grade; AP = alternating pressure; CLP = constant low pressure; LAL = low air loss.

Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Select the Right Surface Based on Care Setting

Can the Surface Assist in:

- Skin Care?
- Pulmonary Needs?
- Patient Mobility?

ICU

- Percussion and Vibration Features
- Lateral Rotation
- Frame Integration



Acute Care / LTC

- Pressure Redistribution
- Low Air Loss
- Air Fluidized Therapy
- Affordable Sleep Surface



Can the Surface Assist in:

- Moisture Management?
- Wound Healing?
- Patient Comfort?

Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

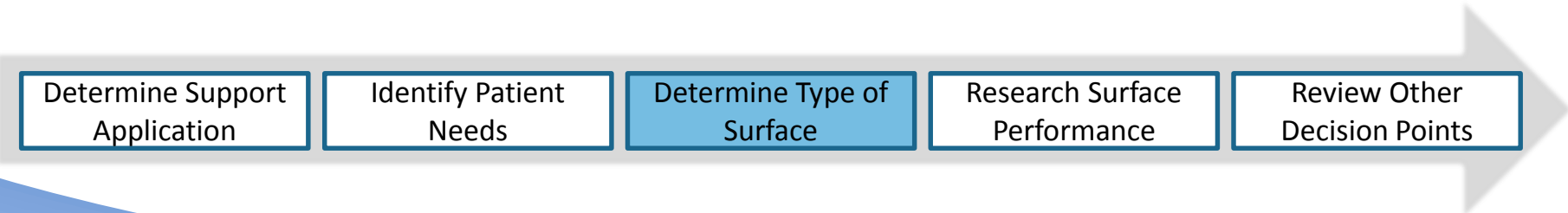
Review Other Decision Points

Step 3 - Determine the Type of Surface Needed

- Understand the NPUAP terms and definitions for a support surface.
- How each surface type works to provide therapy
- Determine therapeutic benefits of other surface features.

NPUAP Surface Definitions

NPUAP* Term ¹⁶	NPUAP Definition ¹⁶
Constant Low Pressure (CLP) or Reactive	<p>Consensus definition: A powered or non-powered support surface that provides pressure redistribution in response to an applied load (patient) through immersion and envelopment.</p> <p><i>Includes alternative, contoured, or textured foam; gel or silicone; fiber; viscous fluid; static air-, water-, or bead-filled mattresses or overlays; and Australian Medical-grade sheepskin</i></p>
Alternating Pressure (AP) or Active	<p>Provides pressure redistribution via cyclic changes in loading and unloading as characterized by frequency, duration, amplitude, and rate of change parameters.</p>
Low Air Loss (LAL)	<p>Provides a flow of air to assist in managing the heat and humidity (microclimate) of the skin.</p>
Air Fluidized (AF)	<p>Provides pressure redistribution via a fluid-like medium created by forcing air through beads as characterized by immersion and envelopment.</p>

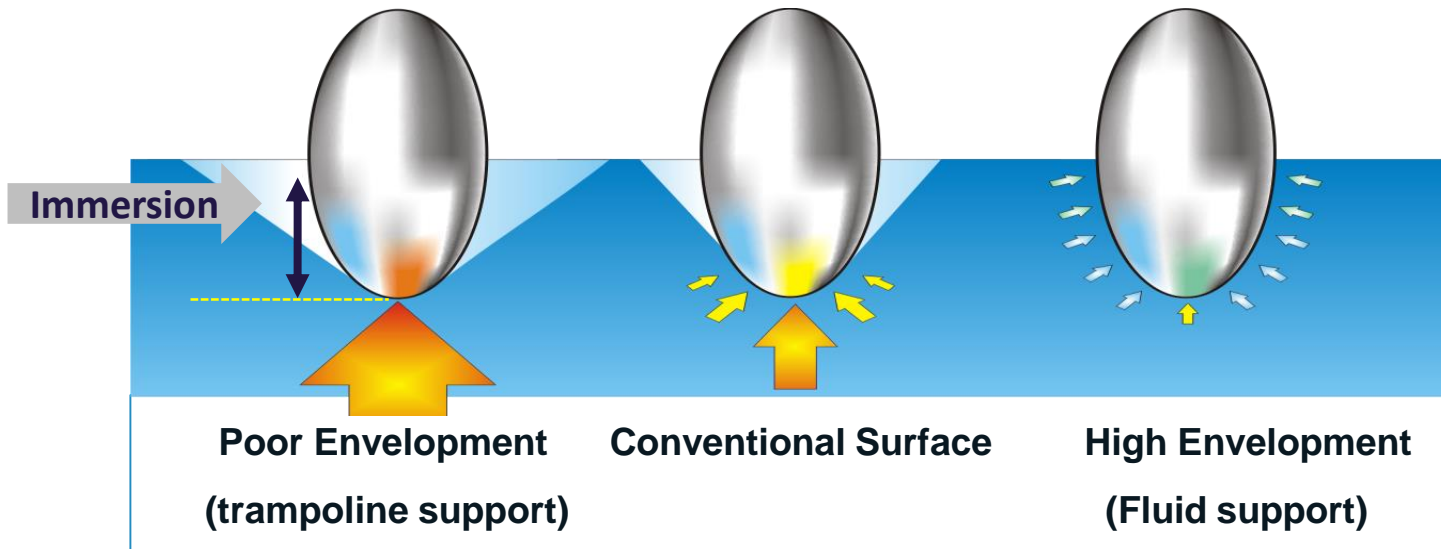


Reactive / Constant Low Pressure (CLP)

Pressure Redistribution through Immersion & Envelopment

Immersion = Depth of Penetration into Surface

Envelopment = Ability to conform to Irregularities and Contact Area for Level of Immersion



Determine Support Application

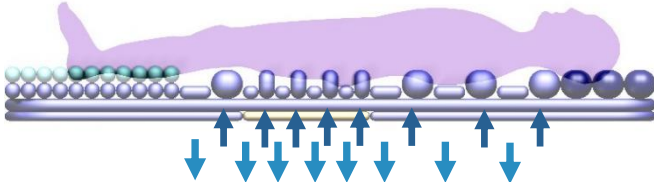
Identify Patient Needs

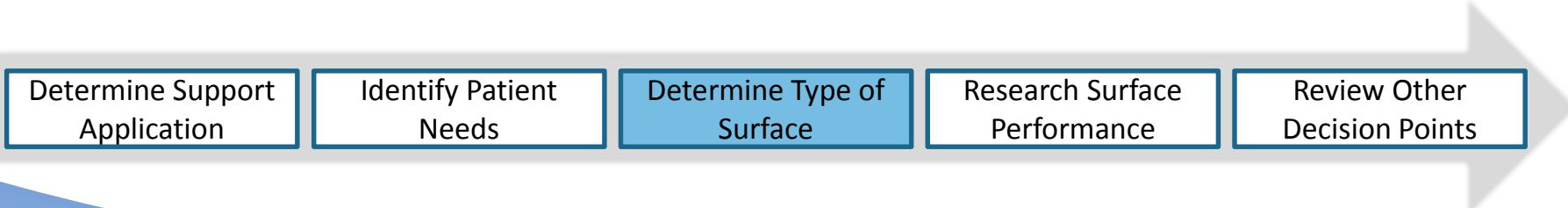
Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Alternating Pressure vs. Continuous Low Pressure

<p>Alternating Pressure (AP) (Active) (Moves w/o patient on surface)</p>	<p>Continuous Low Pressure (CLP) (Reactive) (Does Not Move w/o patient on surface)</p>	
<p>Alternating Pressure</p> 	<p>Single-Zone Foams and Gels Multi-Zone Foams and Gels Self-Adj. Technology Static Air Low Air Loss Air Fluidized Therapy</p>	
<p>Pressure management Shear management</p>	<p>Periodic Load Reduction Periodic Shear Reduction</p>	<p>Immersion & Envelopment Low Friction /Compliant Materials</p>



Low Air Loss (LAL)^{17,18}

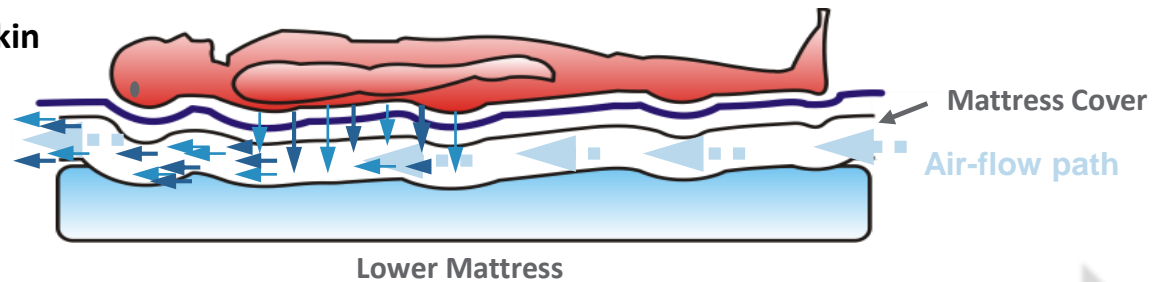
Uses the flow of air to combat the build-up of heat and humidity on skin

Mild Skin Cooling

- Cooler skin has a reduced need for nutrients, making it less vulnerable to wounds caused by unrelieved pressure
- Maintains skin temperature below threshold for local perspiration
- Normally increases comfort

Removal of Moisture

- Helps maintain strength of skin
- Reduces Friction



Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

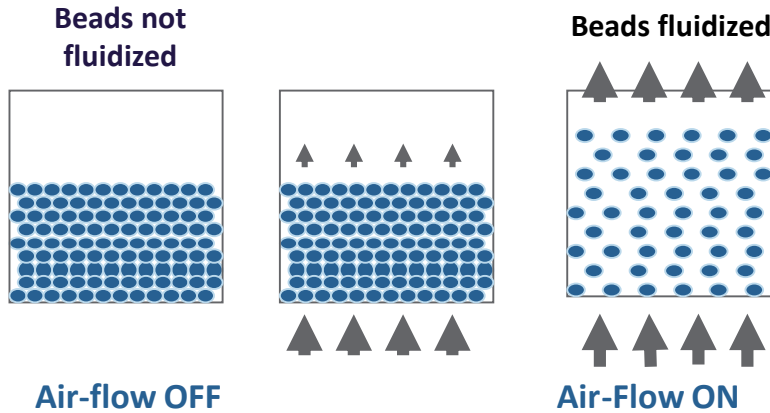
Review Other Decision Points

Air Fluidized Therapy

Air cushions between beads allow them to move independently

High Air-Flow and Fluidized Bath

- Excellent envelopment and immersion (low interface pressure)
- Low Shear
- High heat and moisture management capability (high evaporative capacity)



Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Other Features of Support Surfaces

Therapy	Feature
Patient Support	Weight-based Pressure Redistribution
	Shear Relief Features
Pulmonary	Percussion / Vibration
	Lateral Rotation
Patient Handling	Turn Assist
	Chair Egress
Patient Safety	Bed Exit Alarm
	Welded Seams / No Removable Parts

Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Step 4 – Research Surface Performance Testing and Results

- What is the NPUAP Support Surface Standards Initiative
- Understand how each test is performed and interpret the results
- Know why pressure mapping is not a valid method of measurement

Surface Performance Testing – Why do it?

- The importance of a support surface and it's impact on the skin

- The need to have a standardized method to compare surfaces to **empower the caregiver in product selection**

Determine Support Application

Identify Patient Needs

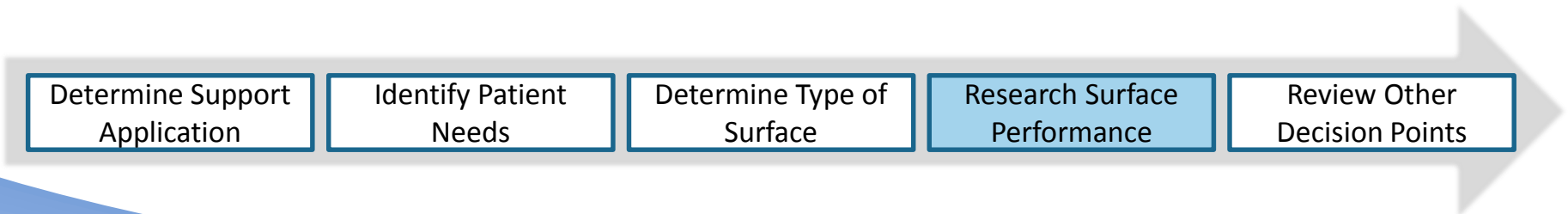
Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Support Surface Standards Initiative (S3I) - NPUAP

- The Support Surfaces Standards Initiative (S3I) was founded in 2001 by the NPUAP to develop:
 - uniform terminology
 - test methods
 - reporting standards
- These guidelines provide an objective means for evaluating and comparing support surface characteristics to make an educated surface choice.



S3I Test Methods

Test methods address key surface-related pressure ulcer risk factors:

Pressure*



Peak Sacral Pressure

measures pressure of different weightloads with a sensed Indenter.

Shear / Friction



Horizontal Stiffness

measures shear forces using an Indenter 'pulled' across the surface.

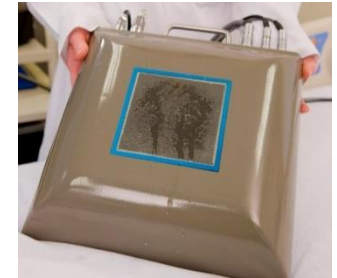
Heat



Heat Withdrawal 'Dry Flux'

measures the amount of heat withdrawn from the surface.

Moisture



Evaporative Capacity 'Wet Flux'

measures the amount of moisture removed from surface.

* Awaiting Approval

Determine Support
Application

Identify Patient
Needs

Determine Type of
Surface

Research Surface
Performance

Review Other
Decision Points

Pressure Redistribution - mmHG

Pressure



Peak Sacral Pressure Test

measures pressure of different weightloads with a sensed Indenter.

- **How is it done?** Pelvic shaped indenter attached to force and immersion measuring device. Indenter is impressed into seat section with a force appropriate for patient weight and HOB angle.
- Multiple trials conducted to spatially sample the seat region
- **How to interpret results?** Peak pressure measured in mmHG and higher numbers indicate increased risk of skin breakdown.

Determine Support Application

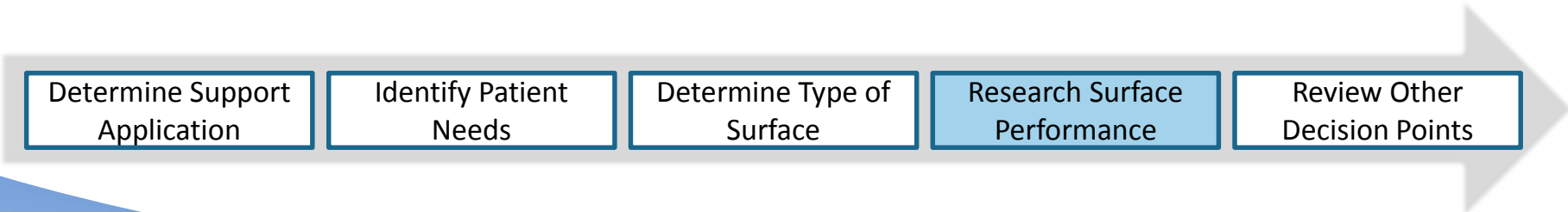
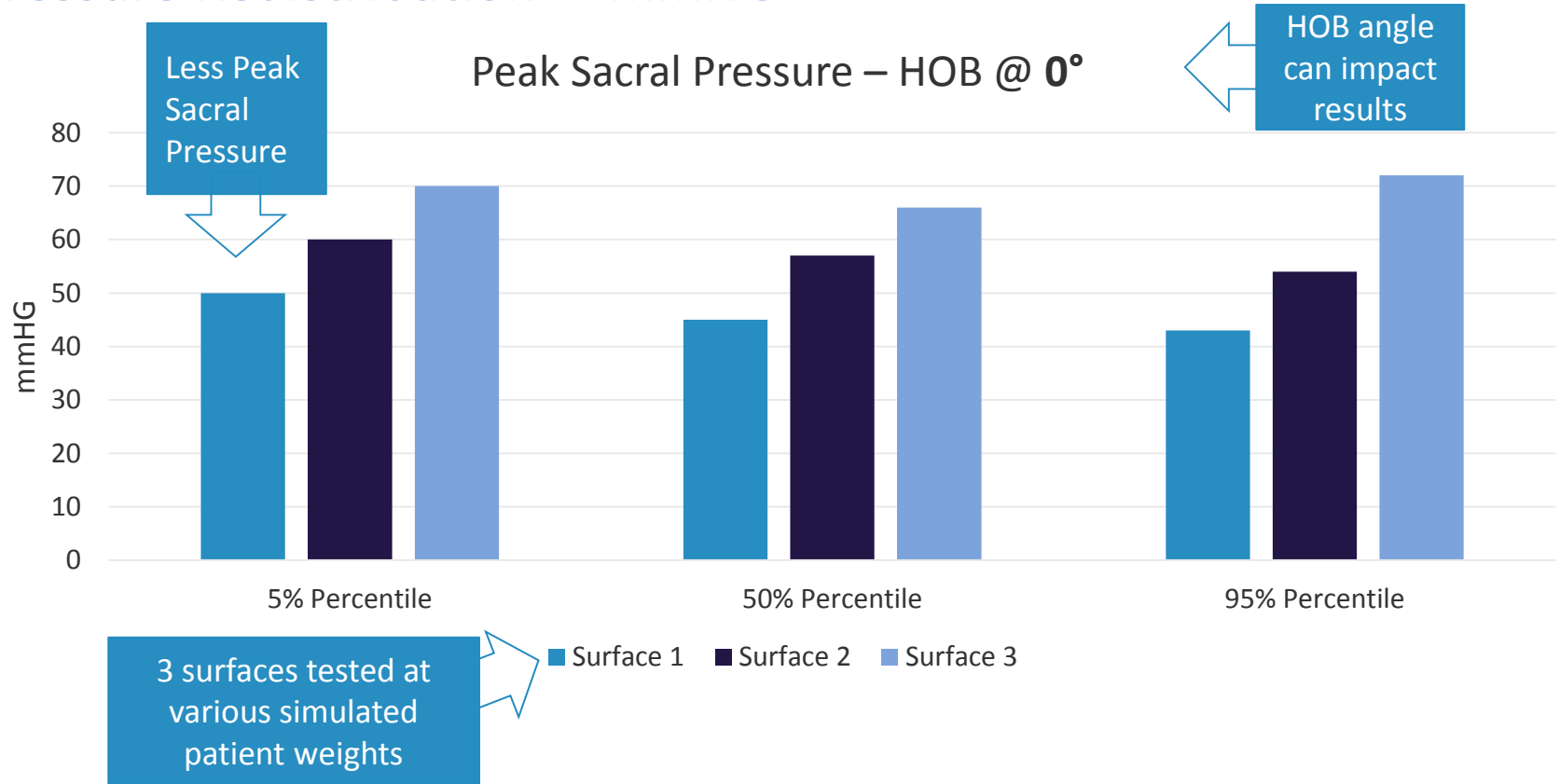
Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Pressure Redistribution - mmHG



Shear / Friction - Newtons of Pushback Force



- **How is it done?** Pelvic indenter pulled toward foot of bed 10mm by force measuring device.
- Pushback force measured every 60 seconds for 5 minutes.
- **How to interpret the results?**
 - Peak shear at 0 min indicates instantaneous maximum pushback force
 - Pushback force at 5 min indicates high sustained shear

Determine Support Application

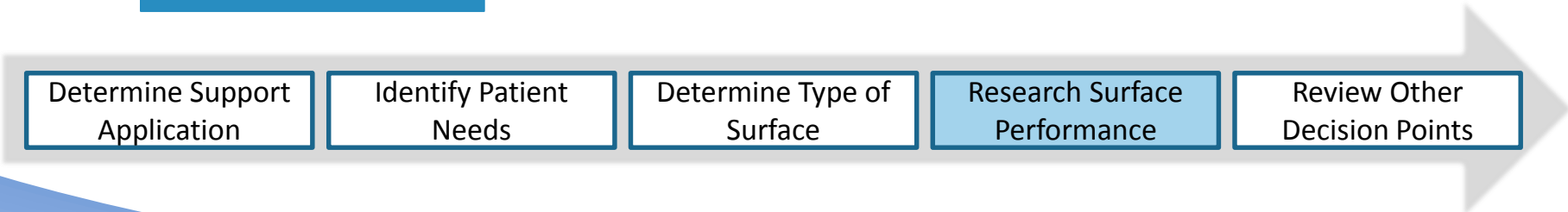
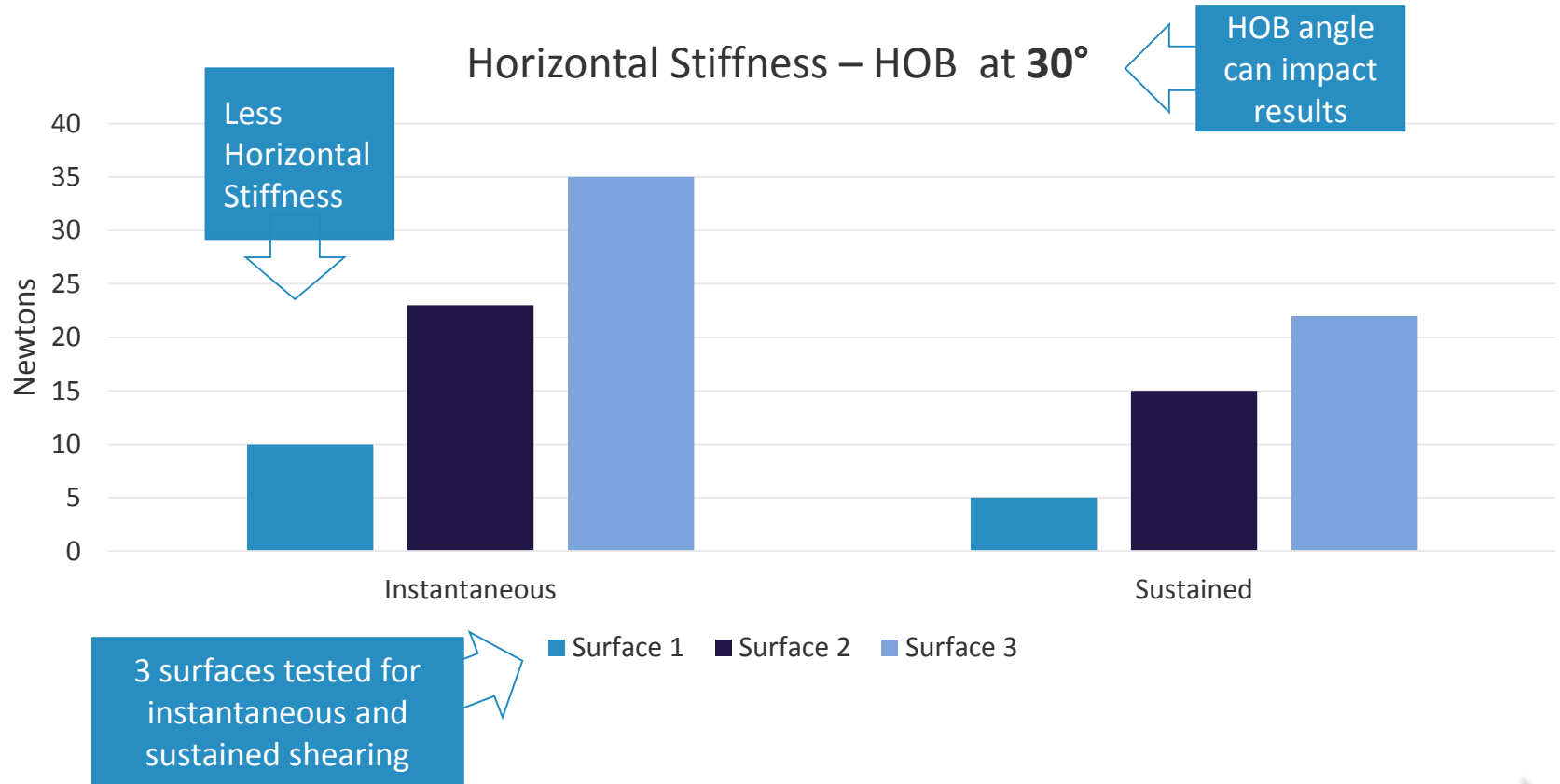
Identify Patient Needs

Determine Type of Surface

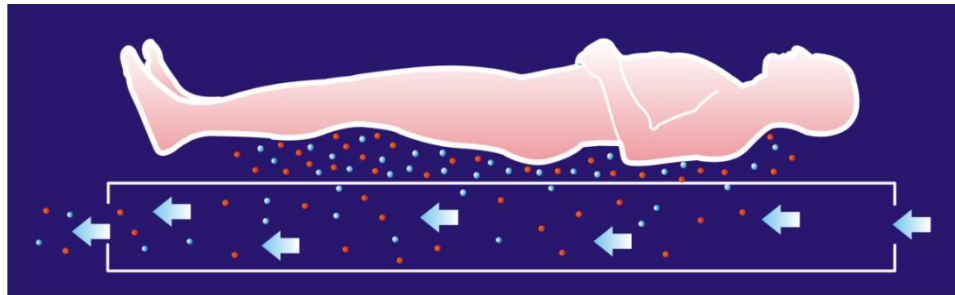
Research Surface Performance

Review Other Decision Points

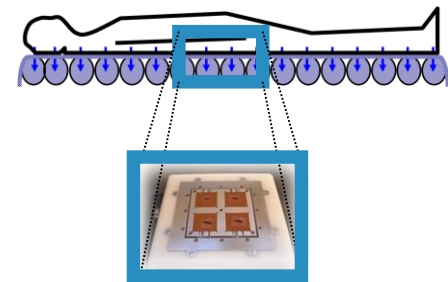
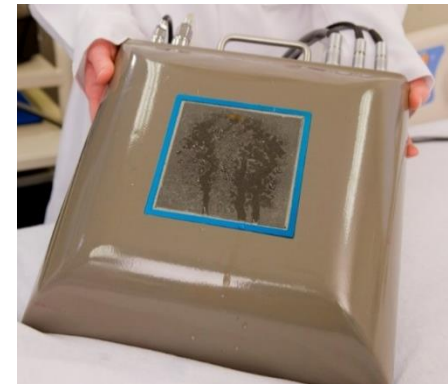
Shear / Friction - Newtons of Pushback Force



“Sweaty Butt” - Sweating Guarded Hot Plate



Measures equilibrium rates at which **heat and moisture** pass through surface.¹⁹



Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Temperature - Watts/meter² Heat



- **How is it done?** “Sweaty butt” test device placed in seat section of support surface.
- Measures heat withdrawal characteristics of the surface.
- **How to interpret the results?**
 - High levels of heat withdrawal indicate high level of skin cooling
 - Degree of skin cooling can affect patient comfort, tissue ischemia and local perspiration

Determine Support
Application

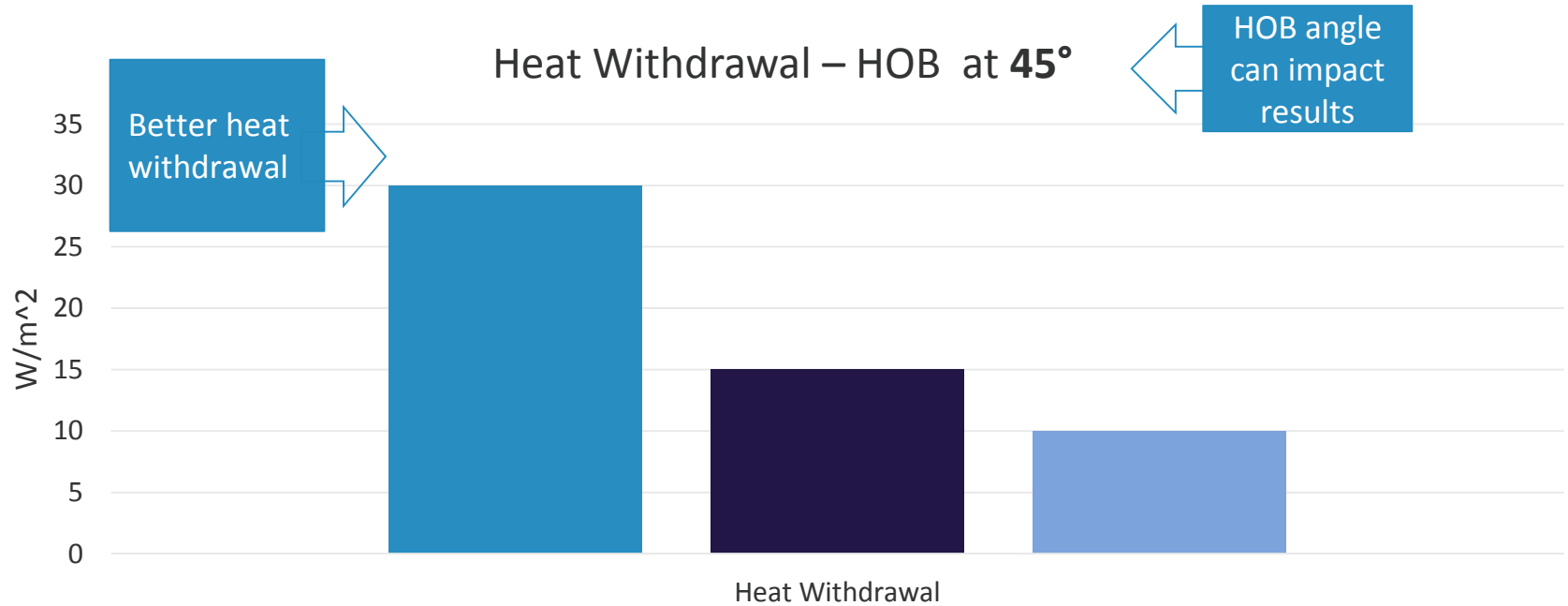
Identify Patient
Needs

Determine Type of
Surface

Research Surface
Performance

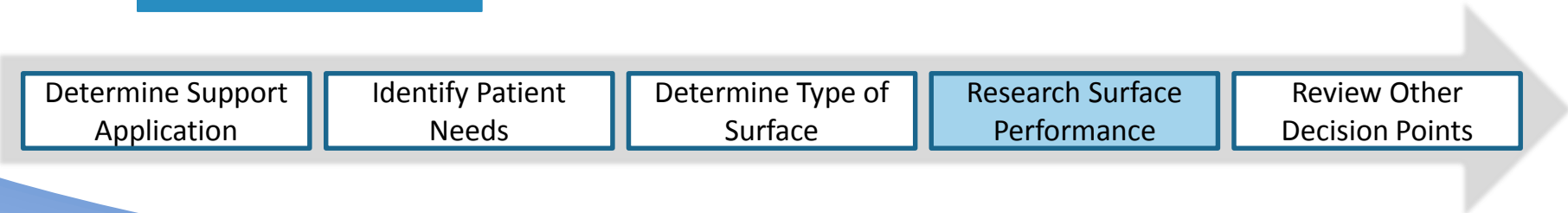
Review Other
Decision Points

Temperature - Watts/meter² Heat



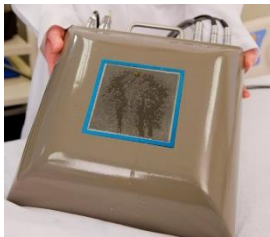
3 surfaces tested for heat withdrawal

■ Surface 1 ■ Surface 2 ■ Surface 3



Moisture - Grams/meter² H2O

Moisture



Evaporative Capacity 'Wet Flux' Test

measures the amount of moisture removal from surface with simulated 'Sweaty Butt'.

- **How is it done?** “Sweaty butt” test device placed in seat section of support surface.
- Measures moisture withdrawal characteristics of the surface.
- **How to interpret the results?**
 - High levels of moisture withdrawal indicate ability to evaporate moisture effectively
 - Effective LAL products are meant to evaporate sweat but not incontinence

Determine Support Application

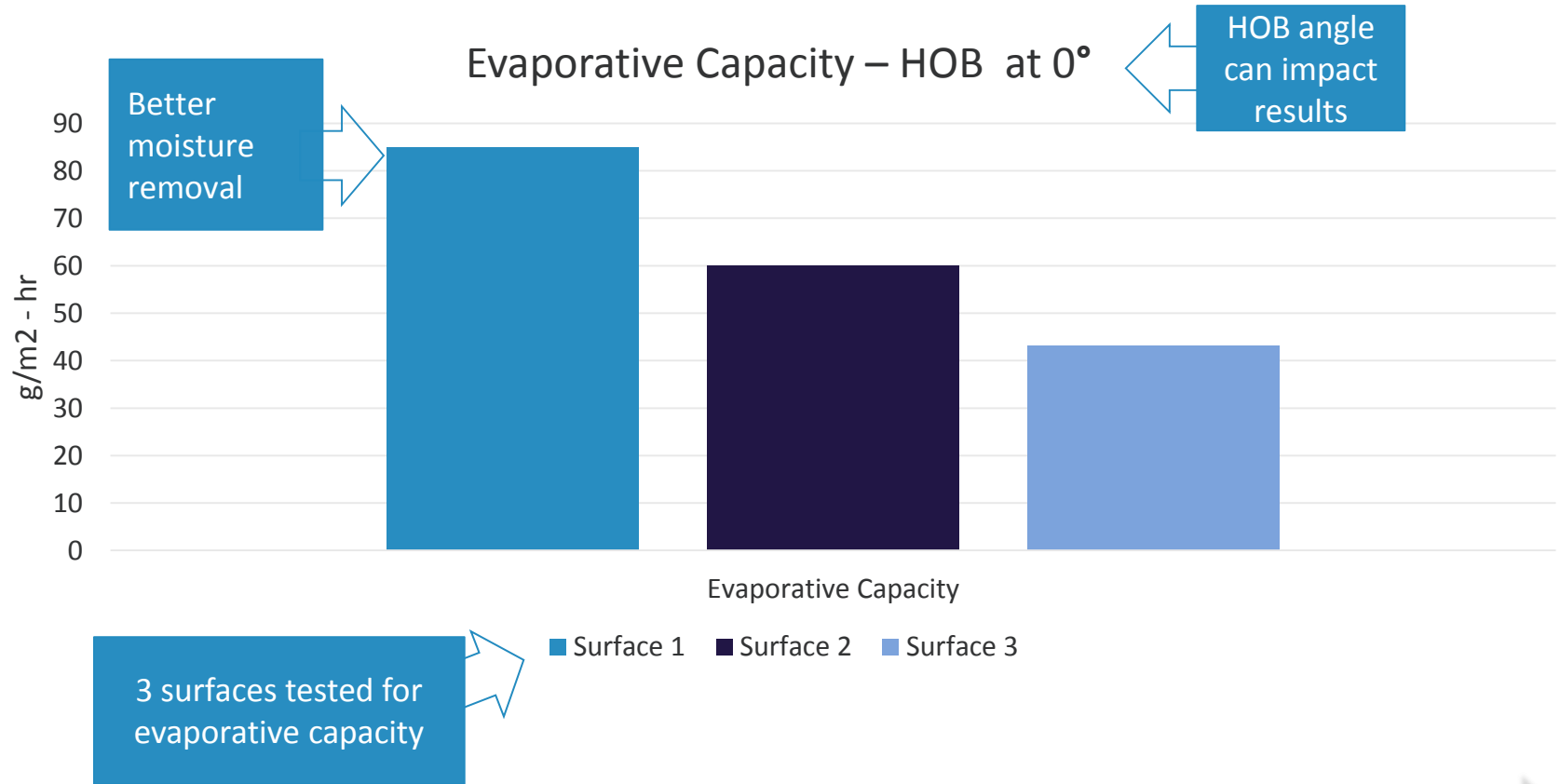
Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Moisture - Grams/meter² H₂O



Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Why not Pressure Mapping?

- **Lack of precision**

- Peak Sacral Pressure Testing results → +/- 1% variance
- Pressure Mapping Results → +/- 15% variance *(no difference between “green” and “orange”)*

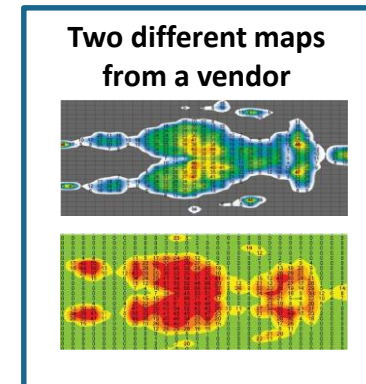
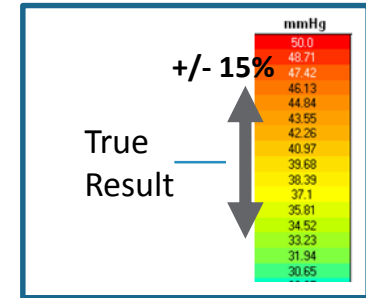
vs.

- **Pressure Mapping Pads affects surface performance**

- Thick and non-conforming to surface
- Impacts true immersion and envelopment

- **Different patients for every test = lack of comparability**

- Every test patient has different body type
- BMI, muscle mass, height, weight etc.



Determine Support Application

Identify Patient Needs

Determine Type of Surface

Research Surface Performance

Review Other Decision Points

Step 5 - Other Factors to Consider

- Durability
- “Cleanability”
- Cost
- Warranty
- Service
- Clinical Support

Determine Support
Application

Identify Patient
Needs

Determine Type of
Surface

Research Surface
Performance

Review Other
Decision Points

References

1. Agency for Health Care Policy Research (1994). Clinical Practice Guideline: Treatment of Pressure Ulcers. AHCPR Publication No. 95-0652.
2. NHS Centre for Reviews and Dissemination, University of York, Nuffield Institute for Health, University of Leeds. The Prevention and Treatment of Pressure Ulcers. *Effective Health Care*; October 1995, Volume 2, Number 1.
3. Reswick JB and Rogers JE. (1976). Experience at Rancho Los Amigos Hospital with Devices and techniques to Prevent Pressure Sores. In Kenedi RM, Cowden JM. (Eds.), *Bedsore Biomechanics*, Baltimore, MD, University Park Press, 301 – 310.
4. Bennett L, Kavner D, Lee BK and Trainor FA. (1979). Shear vs. Pressure as causative factors in Skin Blood Flow Occlusion. *Archives of Physical Medicine and Rehabilitation*. 60: 309 – 314.
5. Zhang M and Roberts V. The Effect of Shear Forces Externally Applied to the Skin Surface on Underlying Tissues. *J Biomedical Engineering*, 15(6): 451 – 6.
6. Taler G. (2005). Natural History of Pressure Ulcers and Deep Tissue Injury Pathogenesis – Tissue Tolerance. Presentation at 9th Annual National NPUAP Conference. February 25, 2005, Tampa, FL.
7. European Pressure Ulcer Advisory Panel (2006). *Pressure Ulcer Prevention Guidelines*.
8. Leyden JJ. (1984). Corn Starch, *Candida Albicans*, and Diaper Rash. *Pediatric Dermatology* (4): 322 –325.

References (cont.)

9. Leyden JJ, Katz S, Stewart R, Kligman AM. (1977). Urinary Ammonia and Ammonia-Producing Micro-Organisms in Infants with and without Diaper Dermatitis. *Archives of Dermatology* 113(12): 1678 – 1680.
10. Zimmerer RE, Lawson KE, Calvert CJ. (1986). The Effects of Wearing Diapers on Skin. *Pediatric Dermatology*. 3(2): 95 – 101.
11. Schell V. C., Wolcott L. E. (1976). Etiology, Prevention, and Management of Decubitus Ulcers. *Mo. Med.* 63: 109 – 112.
12. Kokate JY, Leland KJ, Held AM, Hansen GL, Kveen GI, Johnson BA, et al. Temperature-Modulated Pressure Ulcers: A Porcine Model. *Arch. Phys Med Rehabil.* 1995;76:666-673.
13. Patel S, Knapp CF, Donofrio JC, Salcido R. Temperature Effects on Surface Pressure-Induced Changes in Rat Skin Perfusion: Implications in Pressure Ulcer Development. *Journal of Rehabilitation Research and Development*. 1999;36(3). Landis, E. M. (1930). Micro-Injection Studies of Capillary Blood Pressure in Human Skin. *Heart* 15: 209 – 228, 1930.
14. DuBois EF. (1936). *Basil Metabolism in Health and Disease*. 3rd. Edition: Lea and Febiger.
15. Loerakker S, Stekelenburg A, Strijkers GJ, Rijpkema JJM, Baaijens FPT, Bader DL, Nicolay K & Oomens CWJ. (2010). Temporal effects of mechanical loading on deformation-induced damage in skeletal muscle tissue. *Annals of Biomedical Engineering*, 38(8), 2577-2587.
16. McNichol, et al. *J Wound Ostomy Continence Nurse*. 2015;42(1):19-37.
17. American National Standards Institute, Inc. *Requirements and Test Methods for Full Body Support Surfaces*. October 2014.
18. Lachenbruch C. *Microclimate Management...So much more than just airflow*. Hill-Rom Company, Inc. 2008.
19. Nicholson G, Scales J, Clark R, de Calcina-Goff M. A method for determining the heat transfer and water vapor permeability of patient support systems. *Med Engineer Phys*. 1999;21:701–712.