What the experts say
Reduce the risk of heel pressure injury in the OR and the ICU

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear.¹

**Recommendations & guidelines**

**AORN Guidelines for Perioperative Practice 2017²**

- “In the supine position, the patient’s knees should be flexed approximately 5 degrees to 10 degrees...”
  “This intervention also helps relieve pressure on the patient’s lower back and popliteal vein compression, reducing the patient’s risk of deep vein thrombosis (DVT)”
- “…the patient’s heels should be elevated off the underlying surface using a heel-suspension device.”
  “Elevating the patient’s heels off the bed helps to increase perfusion and prevent pressure injury.”
- “…using a heel suspension divide or a wide, pressure redistributing surface.”
  “The heel suspension device... distributes the weight of the patient’s leg along the calf without placing pressure on the Achilles tendon.”

**NPUAP Guidelines 2014³**

- “Ensure the heels are free of the surface of the operating table.”
- “Position the knees in slight flexion when offloading the heels”
- Ensure that the heels are free of the surface of the bed... elevate and offload the heel in such a way as to distribute the weight of the leg along the calf without placing pressure on the Achilles tendon.

- **Stage 1 or 2:** Relieve pressure under the heel(s) with Category/Stage I or II pressure ulcers by placing legs on a pillow to “float the heels” off the bed or by using heel suspension devices.

- **Stage 3, 4, or unstageable:** Place the leg in a device that elevates the heel from the surface of the bed, completely offloading the pressure ulcer. Consider a device that also prevents footdrop.

**AHRO/AHCPR Supported Clinical Practice Guidelines 1992⁴**

Individuals in bed who are completely immobile should have a care plan that includes the use of devices that totally relieve pressure on the heels, most commonly by raising the heels off the bed.

**Published outcomes**

**Preventing Heel Pressure Ulcers and Plantar Flexion Contracture in High-Risk Sedated Patients⁵**

- 50% reduction in prevalence of abnormal heel position
- No patients developed plantar flexion contractures or new heel ulcers

**Preventing Heel Pressure Ulcers Sustained Quality Improvement Initiative in a Canadian Acute Care Facility⁶**

- 28% decrease in the incidence of facility-acquired heel pressure ulcers over a 1-year period
- 72% decrease over a 4-year period

**References:**