

# Repositioning Week 2

**Objective** To focus your staff on repositioning as a pressure injury prevention intervention.

**First** Ask staff how many days their unit has been since they acquired a pressure injury?

- a. If zero, ask how many days in the past week have they been without an acquired pressure injury.
- b. Congratulate each successful day!
- c. Update your Pressure Free Zone tracking wipe board.

## Review

- a. The importance of repositioning residents both lying and sitting to keep acquired pressure injury at zero.
- b. The Pressure Points poster and each tip for pressure relief.
- c. The "Tip the Waiter" teaching guide to promote a new technique for shifting weight while residents are sitting. Have staff practice this technique during session.
- d. Those residents at higher risk for developing pressure injuries in the winter month.

## Ask

- a. Do you have enough positioning devices to properly position your residents?
- b. What can you do differently in your daily routine to provide frequent weight shifts in your residents? (possible answers include: "Tip the Waiter", toilet more frequently, use pillows and positioning devices, tilt chairs back, keep head of bed at 30 degrees or below, naps, etc.)

**Emphasize** Repositioning is critical in prevention of pressure injuries. Pressure on a bony prominence decreases blood supply leading to tissue damage.

**Lesson** Frequent repositioning and weight shifting are essential to preventing zero acquired pressure injuries with our residents.

# Repositioning

## Week 2: Pressure Relief Technique

### “Tip the Waiter”

Like a three-legged stool, when we sit, our weight rests on 3 bones: **the left ischial tuberosity, the right ischial tuberosity, and the coccyx**. People who sit for long periods of time, and who are unable to effectively shift their weight, such as those with severe cognitive or neurological impairment, are at risk for developing pressure injuries in these areas.

**TIP THE WAITER** is a simple repositioning technique that not only provides temporary pressure relief in these areas, but can also increase capillary blood flow to the tissue.

**TIP THE WAITER** is very easy for health care staff and family to do without fear of injury, if done correctly.

The term “**TIP THE WAITER**” can help you remember the technique. Any time a person cannot effectively reposition themselves, they are waiting to be repositioned by someone else, and thus they are the waiter. By tipping the person forward and holding them in a tipped or forward leaning position for a period of time (one to two minutes), a caregiver can provide pressure relief to the coccyx and ischial tuberosities. Caregivers should hold the person as necessary to prevent them from falling.

The caregiver may employ therapeutic touch and therapeutic communication with the patient or resident, while holding them in a tipped position. Remember this practice with **Three Ts (tip, touch, talk)**.

**TIP THE WAITER** is a simple technique that can be employed by health care staff, family and other caregivers to help relieve pressure from an area highly susceptible to pressure injuries. This technique does not replace the need for total repositioning at least every two hours.

*Note: Tip the Waiter is a recommendation to help relieve pressure, which is a method for pressure injuries prevention. Currently, there is no scientific evidence of the effectiveness of this technique in the prevention of pressure injuries.*

# Repositioning

## Week 2: Pressure Points

- 1. Turn** bed-bound residents frequently; use pillows, wedges, etc.
- 2. Reposition** chair-bound residents frequently
  - Encourage **weight shifts** – “Tip the Waiter”
  - Change** degree of tilt in reclining chairs
  - Avoid** “doughnuts” in chairs
- 3. Specialty** beds/overlays
  - Check** bed and/or overlay for function and desired settings
  - Reposition** frequently while on specialty mattresses
- 4. Refer** to Occupational Therapy (OT) for proper chair fit and positioning
- 5. Lift, do not drag,** resident during repositioning and transferring
6. Encourage **rest periods**
- 7. Float heels** in beds and in recliner chairs
8. Turn resident to **30 degrees** to remove pressure from sacrum

