

# Floating Heels

## Week 6

**Objective** To focus your staff on prevention techniques that reduce the risk of heel pressure injuries and to reinforce the importance of assessment of heels during care.

**First** Ask staff how many days their unit has gone without an acquired pressure injury?

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

### Review

- a. "You're Pushin' Too Hard on Me" and "Mom, She's Squeezin' Me" ~ Need: manual blood pressure cuff and a balloon.
- b. The Pressure Points poster and each tip for pressure relief

### Ask

- a. What situations do you encounter daily that place your residents at high-risk for heel pressure injuries?
  - i. Have staff identify a few residents at high-risk and explain why.
- b. What can you do differently in your daily routine to reduce the risk of heel pressure injuries for your residents?
- c. What makes it difficult to float your residents' heels? Discuss solutions to issues identified.

**Emphasize** Heels must always be floated to prevent tissue damage that leads to pressure injuries. Assessing heels by sight (use your new mirrors) and touch is critical to the prevention of heel pressure injuries. Avoidance of pressure is the best prevention tool.

**Lesson** Floating heels is the best way to prevent heel pressure injuries.

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## Week 6: Educational Demonstration

### Between a Rock and a Hard Place

**Objective** A blood pressure cuff, partially inflated on the participant's arm, will enable the individual to experience low-intensity pressure.

- Apply a blood pressure cuff to participant's arm
- Inflate to 60 mm — this number was chosen arbitrarily to demonstrate low-intensity pressure.
- Ask the audience "How much pressure does it take to develop a pressure injury? A lot of pressure or a little bit of pressure?"
- Ask the participant "Do you feel pressure?" If yes, ask "How much...a lot or a little?" If no, ask "If the blood pressure cuff was left on for 5 more minutes, would you be uncomfortable then?"

**Lesson** Reminder that even low pressure over a long period can cause tissue damage. One way to relieve pressure is through consistent turning schedules. The turning schedule for bed bound residents is every 2 hours. Reposition chair-bound individuals every hour. Encourage these individuals to shift weight every 15 minutes, if possible.

**Objective** Pushing the stick on the balloon will create an area of high-intensity pressure and the balloon will pop (develop a wound).

- Gather a small balloon and a sharpened pencil
- Have participant apply pressure on the balloon with pencil, until it pops

**Lesson** Tissue damage can occur within a short period with high-intensity pressure. Actions that minimize pressure, such as using pillows and wedges between bony prominences, will help prevent pressure injuries.

# Daily Skin Check

## Week 6: Pressure Points

- a. ELEVATE** the heels! This is the KEY to preventing pressure injuries on the heels!
- Ensure **space** between the bed and heels (“floating”); your hand should fit between the heel and the bed/chair
  - Use pillows or positioning devices to **elevate heels** off bed surfaces and in reclining chairs
  - Keep residents’ **knees slightly bent** by placing a pillow or soft support under the knees
- b. INSPECT** by looking and touching to assess heels
- Use mirrors to **check heels** and other areas hard to visualize
  - **Check for injury** from positioning devices and splints when used for heel elevation (for example: multipodus boots, heel lifts, etc.)
  - Use a **flashlight** if lighting is not adequate
- c. TURN** frequently and use pillows or positioning devices between ankles and knees for pressure reduction
- d. MOISTURIZE** feet and legs to soften and prevent skin tears and abrasions

