

Heel pressure injury in the ICU and OR

The heel is the second most common
site for pressure injury¹



Pressure injuries affect more than

2.5M patients
per year²



A 10-year prevalence survey
in the **Journal of Wound,
Ostomy & Continence Nursing**,
published in 2017, stated:
**prevalence of pressure
injuries 9.3%**³



Cost to treat pressure injuries

**\$20,900 –
\$151,700**

depending on the stage of injury.²

Professional guideline:

AORN guidelines

Positioning the patient when in the supine position: **“the patient’s heels should be elevated off the underlying surface,”⁴** and **“the patient’s knees should be flexed approximately 5 to 10 degrees.”⁴**

Protect your patient's heels

in the ICU and OR

Address pressure injury risk factors:⁵



Pressure



Moisture



Shear



Friction

Proven results

A study published in the **Journal of Wound Ostomy Continence Nursing** assessed the effect of a heel protector intervention.⁸

- **28% decrease** in the incidence of facility-acquired heel pressure injuries over one year
- **72% decrease** in heel pressure injuries over four years

The optimal heel protector:

- Elevates the heel⁶
- Prevents foot-drop and rotation of the leg⁶
- Maintains "grip" on the foot while in place, as patients may be moving the leg⁶
- Decreases friction and/or shear⁶
- Keeps the heel visible when device is in place⁷
- Does not place pressure on the Achilles tendon⁷
- Breathes and wicks away moisture⁷
- Is able to accommodate sequential compression devices⁷
- Has straps that do not damage skin⁷
- Has an anti-rotation wedge to assist in maintaining neutral position of lower extremity⁷



Prevalon Heel Protector

The Prevalon Heel Protector was specifically designed to help reduce the risk of heel pressure injury while keeping the foot and leg in a neutral position.



Sage Heel Protector OR

Patients in surgeries lasting longer than three hours are at an increased risk for pressure injury.⁹ The Sage Heel Protector OR completely elevates the heels from the OR surface while securing the legs during procedures in the supine position.

References

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