



Tissue Viability Society Business

The Tissue Viability Society has been working to prepare a clinical guideline covering seating and pressure ulcers. This is a frequently neglected area of pressure ulcer prevention and treatment and the Society hopes that this new guidance will help emphasise the importance of correct seating and appropriate pressure redistribution to help protect people from pressure damage while seated. The guideline is presented in draft format and we encourage members to contribute to the final version of this document by sending comments, suggestion, criticisms and any other material to the following e-mail address; seat.guide@btopenworld.com. All comments are to be received by September 1st 2008 and each will be considered by the guideline development group with a revised guideline presented at the European Pressure Ulcer Advisory Panel meeting in early September. The current version of the guideline does not contain any photographs or diagrams – please let us know where illustrations would be helpful! Nor is there any system for either weighing evidence or the recommendations offered given the weak evidence base the guideline development group considered that the recommendations offered here are of the ‘expert opinion’ level – if you disagree let us know and send any supporting evidence.

Seating and Pressure Ulcers: Draft Clinical Practice Guideline for Comment

Version 1.0, June 2008.

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Background and need for the guideline.

The process of clinical practice guideline development has become centred around the

formulation of recommendations derived after exhaustive review of the available literature. However, for many issues in wound healing the available literature is scant as in the case of seating and pressure ulcers where only 4 studies were reported to examine the role of seat cushions in pressure ulcer healing ($n=2$) and prevention ($n=2$) ([1,2] MEDLINE search March 2008). The absence of evidence means that guidance may have to be pragmatic rather than fully informed by a wealth of available studies. This clinical practice guideline can therefore at best be considered to be informed by the limited primary data available upon the effect of sitting upon pressure ulcer prevention and healing. In this scenario the guidance rests primarily upon the experience and expertise of the guideline development team and the wider membership of the Tissue Viability Society.

The correlation between being seated and the presence of pressure ulcers has been reported frequently since epidemiological studies of pressure ulcer occurrence began. Jordan and Clark [3] reported the first large-scale pressure ulcer prevalence survey in the United Kingdom and noted that the highest percentage of patients with pressure ulcers involving a break to the skin occurred not among those restricted to bed (18.6%) but in the cohort who were chair fast but totally dependent upon others to mobilise them (24.8%). This group also exhibited the highest percentage of the most severe form of pressure ulcer (4.0% with Grade 4 pressure ulcers). Other surveys have also shown this association between being seated and having pressure ulcers [4,5], among others). While the correlation between being seated and the presence of pressure ulcers has often been reported in cross-sectional studies direct causal association between sitting and the development of pressure ulcers has also been reported [6] and those who are wheelchair dependent experience pressure ulcers at a relatively young age [7].

Despite the awareness that being seated has been associated with pressure ulcers little specific guidance exists to help make care optimal when considering the use of chairs and wheelchairs among people who may be prone to pressure ulcer development. Within the guidance upon pressure ulcers issued by NICE in the United Kingdom [2] the only comments upon seating covered four sentences stressing the need for qualified assessment for seating needs, the importance of correct seating positions, the need to maintain posture and support the feet when using a wheelchair and the lack of comparative data upon the effectiveness of seat cushions. This guideline seeks to extend this guidance by considering in detail the relevant processes that should be considered when attempting to prevent or heal pressure ulcers while the individual is seated out of bed.

The potential sites for pressure ulcer development when seated are the:

- Ischial tuberosities
- Sacrum
- Trochanter of femur
- Popliteal fossa (at the back of the knee)
- Bony prominences of the spine
- Scapula
- Heels

Populations and care settings covered by this guideline.

This guideline is applicable to all settings and separates people into two populations:

- *Chronically at risk:*
long-term (often life-long) risk due to effects of trauma (e.g. SCI), disability (eg spina bifida), degenerative disease (eg MS) and frailty associated with extreme old age.
- *Acutely at risk:*
short-term (usually no more than 2 weeks) risk associated with acute illness, recent trauma, surgery, intensive care sedation.

It should be noted that a period of acute risk may be followed by long-term risk (e.g. patient sustaining spinal injury) and chronic risk can become acute (e.g. paraplegic patient developing inter-current illness, for example, development of a urinary tract Infection; chest infection, etc.).

In this guideline the chronically at risk group will be referred to as the 'long-term seated' while the acutely at-risk will be described as the 'acute population'.

Considerations common to both the long-term and acute populations.

Regardless of the population there are common issues that relate to seating which will be discussed prior to the consideration of the specific needs of the long-term seated and the acute populations.

Correct seated posture.

Previous guidance upon sitting has often stressed the optimal seated posture with 90° angles between back and thighs and upper and lower legs. This guideline takes as its foundation the concept that the correct seated posture for any individual is that which does not impede their mobility or their ability to carry out all activities and functions they may wish to perform. In this model a bad or incorrect seated posture is one which would prevent an individual from achieving optimal occupational performance.

Seat dimensions and the prevention of pressure ulcers

The seating variables to consider in an attempt to prevent pressure ulcers when seated in wheelchairs or armchairs should include the adjustment of the chair with consideration given to the

- height of the seat,
- width of the seat,
- length and depth of seat,
- backrest height,
- the angle between the seat and the back of the chair,
- design of the armrests.

For the seat height

Problem

If seat is too high, the individual will slide forwards in order to place their feet on the floor to support themselves. This will result in sacral sitting and cause an increase friction, shear and increasing the risk of pressure ulceration.

- Measurement to consider

When using an armchair, ensure that the individual is able to sit with feet placed on floor – check the clearance behind the knee

For wheelchair seating – ensure that the individual can place their feet upon footplates *comfortably*, as the correct height of footplate has

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