

Pressure Ulcers eCourse

Knowledge Checkup Module 5.2 Handout

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Knowledge Checkup – Questions

1.	What factors determine the frequency of repositioning a patient?
2.	What types of devices and techniques should be used to reduce risks of tissue damage?
3.	What things or positions should you avoid when repositioning a patient?
4.	What are support surfaces designed to do?
5.	What are the different categories of support surfaces?
6.	What types of support surfaces are best for moderate to high-risk patients and for full-thickness ulcers?
	What type of support surface is best for patients with non-healing or numerous full-thickness pressure ulcers?
8.	What factors need to be taken into account when selecting a support surface to meet the patient's need?
9.	What should you do if a pressure ulcer gets worse or fails to heal?
10.	What types of support surfaces are most appropriate for State I/II pressure ulcers?

Knowledge Checkup – Answers

- 1. Patient variables; assessment of skin and comfort; support surfaces; tissue tolerance; activity and mobility; medical conditions; treatment objectives and skin condition
- 2. Mechanical lifts; transfer sheets; 2-4 person lifts; turn-assist features on beds
- 3. Medical devices, bony prominences; pressure ulcers; slouching
- 4. Redistribute tissue load; control microclimate; and provide other therapeutic functions
- 5. Static/non-powered, dynamic/powered, alternating pressure, low-air-loss, and air-fluidized
- 6. Alternating pressure and low-air-loss mattresses
- 7. Air-fluidized beds
- 8. Number, severity and location of pressure ulcers; risk of development of more pressure ulcers; ability to control moisture, temperature; and friction/shear
- 9. Re-evaluate ulcer and patient; change interventions and wound care; change support surfaces
- 10. Higher-specification foam; pressure-redistribution cushions on seating surfaces