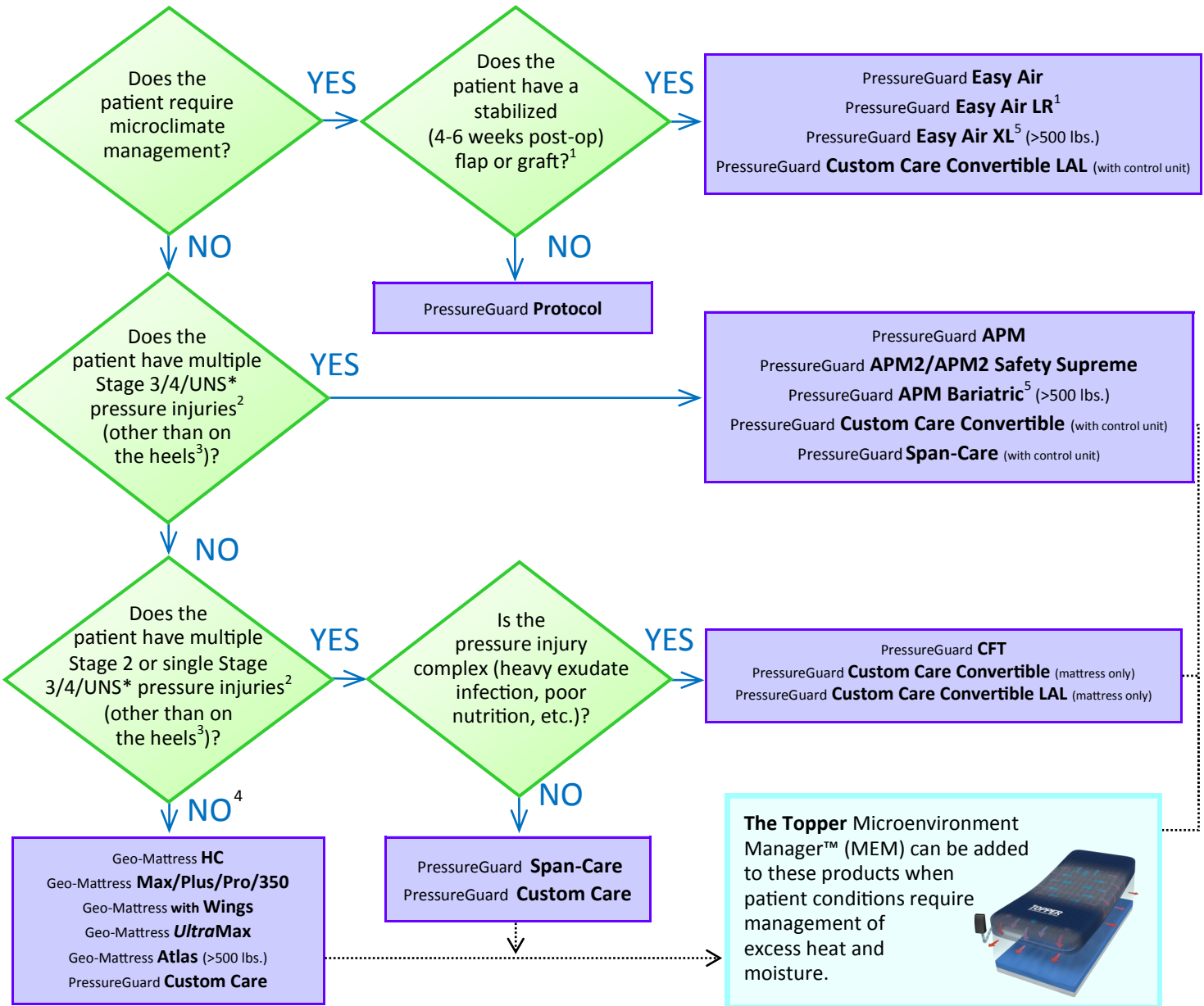


# Support Surface Management ALGORITHM

This algorithm is meant as a guide, not a substitute for clinical judgment. It should be used only as an adjunct to a full patient assessment, and **should not preclude use of any product positioned higher on the algorithm.**



**Notes/Clinical References:**

1. If patient has a flap or graft that is less than 4 weeks post-op, total off-loading (proning) or air fluidized therapy is required. Avoid sliding patient on surface during repositioning, ADLs & transfers. Only float or alternating pressure modes (not lateral rotation) should be used when the patient is placed directly on the flap or graft. *Source: Wound Care Practice. Sheffield, P. 1st edition, 2004, Chapter 17, P. 345.* Other Span surfaces may be appropriate if used according to the guidelines.
2. In situations where positioning on the pressure injury cannot be avoided (e.g. the individual has multiple injuries [ulcers] on multiple surfaces), limit the amount of time the individual is positioned on the injury. *Source: NPUAP/EPUAP Pressure Ulcer Prevention & Treatment, Clinical Practice Guideline, p. 66-67.*
3. Heel injuries are difficult to heal and should be elevated off of the bed. Consider using Heel Manager™ or other Span positioners.
4. *UltraMax* may also be appropriate for multiple Stage 2 or single Stage 3 pressure injuries, and *Max, Plus, Pro, Wings, Atlas* or *350* may be appropriate for single Stage 2 pressure injuries, based on full assessment of skin status and repositioning required, according to best clinical practice and judgment.
5. As bariatric products, the *Easy Air XL* and *APM Bariatric* are not designed to ensure sufficient pressure redistribution and comfort for users less than 500 lbs. For these users, non-bariatric *PressureGuard* models in standard (35"W) or extra-wide widths should be selected.

\*UNS— Unstageable Pressure Injury: observed full-thickness skin and tissue loss—NPUAP, 2018