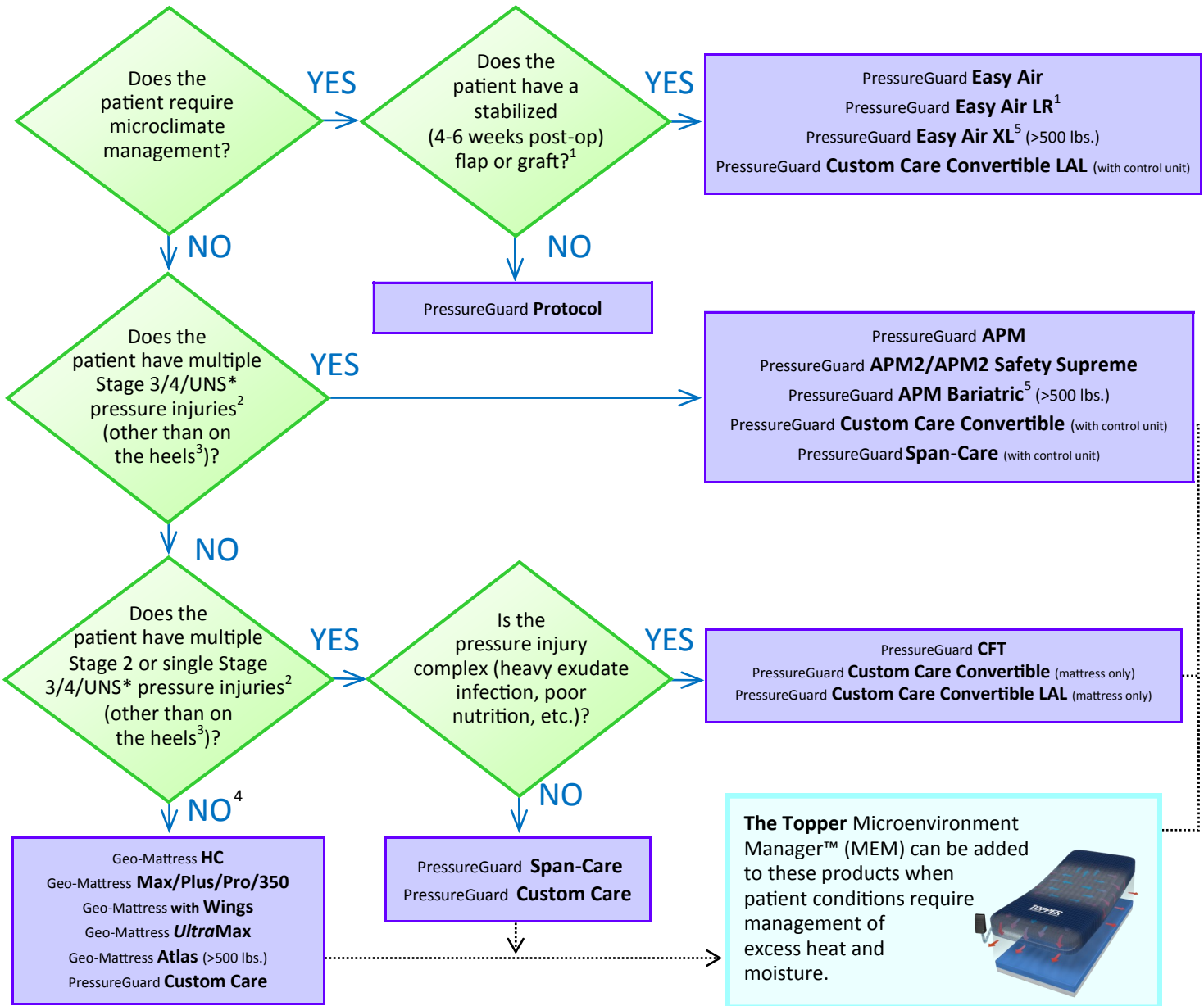


Support Surface Management ALGORITHM

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