

# Does repositioning a patient every two hours prevent pressure ulcers?

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Pressure ulcers are a common problem in all healthcare settings. Risk factors associated with increased pressure ulcer incidence have been identified. Activity or mobility limitation, incontinence, abnormalities in nutritional status, and altered consciousness are the most consistently reported risk factors for pressure ulcers. While evidence based protocols are in place are we doing enough to prevent pressure Ulcers?

In the first Article I read, Developing a Protocol for Intensive Care Patients at High Risk for Pressure Ulcers it states That “ National Database of Nursing Quality indicators report that facility acquired pressure ulcer rates for critical care units range between 7. 14% and 14. 5%” (Critical Care Nurse June 2012 Vol 30 no. 3 77-80). The article goes on to say this number is still too high of an incidence. Before any protocol will be effective all personnel involved in direct patient care need to be trained to ensure continuity of care.

The second article I read, Does Regular Repositioning Prevent Pressure Ulcers, states that “ Despite gaps in our knowledge of optimal positions for specific patient groups, the ideal frequency of repositioning, and the complex relationships among support surfaces, repositioning practices and tissue interface pressures, contemporary clinicians and scholars continue to assert that repositioning is an essential component of a pressure ulcer prevention”. (Journal of Wound, Ostomy and Continence Nursing Nov 2008 Vo1 35 Number 6) The article goes on to say that repositioning every 4 hours along with alternating air mattresses are just as effective in preventing pressure ulcers.

The third article I read Preventing Pressure Ulcers in Hospitals: A systemic Review Of Nurse-Focused Quality Improvement Interventions stated that “ pressure Ulcer prevention may reduce overall incidence of hospital-acquired pressure ulcers”. (The Joint Commission Journal on Quality and Patient Safety June 2011 Vol 37 Number 6) The article goes on to talk about the gaps in research and the need for more studies as well as the need for documenting details (where the ulcer is, what unit the pt is in, how long they have been in the hosp., pt’s co morbidities).

Pain, infectious complications, prolonged and expensive hospitalizations, persistent open ulcers, and increased risk of death are all associated with the development of pressure ulcers. The tremendous variability in pressure ulcer prevalence and incidence in health care settings suggests that opportunities exist to improve outcomes for persons at risk for and with pressure ulcers. In doing this research I learned that even though we have made a lot of progress towards preventing pressure ulcers we still have a long way to go. I will be using the protocol of turning my patients every two hours and when they are at a higher risk I will initiate the alternating air mattress for them.