Know your accomplice

Authors:
Joyce Black

***Joyce Black** is Professor, College of Nursing, University of Nebraska Medical Center, Omaha, Nebraska, US*

If you would like to contribute to a future issue of the journal, please contact Adam Bushby at: abushby@omniamed.com

I like crime drama, so perhaps I lean toward thinking about crime more than you do. However, I think the bedside chair has become an accomplice to pressure injury formation. Here is what I am seeing ...

Progressive mobility has become a big focus in the critically ill and I fully support the efforts to get patients moving. Clearly, the patient improves more quickly if they can walk. There is a benefit to standing and pivoting the patient into the chair. The patient may breathe better in the chair. But being lifted in a sling or dragged over to the bedside chair for hours and hours is not doing any more than changing the patient's location in the room. I see physician orders like these:

- Get patient up in chair for 12 hours each day
- Get the patient out of bed for as long as tolerated.

I see nurses notes like these:

- Patient refuses to go back to bed
- Patient sleeping all night in chair.

I certainly see patients who prefer to sit in a chair because lying in bed is more painful, most common in patients with chest trauma or chest surgery. But these are the same patients who are too weak to reposition themselves in bed or have too much pain, so they just sit there. In addition, some bedside chairs do not recline so the patient slouches in the chair because he/she lacks postural stability. And perhaps equally important is that the cushion on the chair is thin.

How do I equate this accomplice to pressure ulcers? I am seeing more and more lower-buttocks pressure ulcers forming in patients who are seated for too long. When a pressure ulcer forms due to bedrest at a 30-degree head of bed elevation, the wound is on the sacrum. The more erect the patient sits, the more the location of the wound moves toward the lower buttock. In patients who sit erect, usually the spinal cord injured patients, the wounds are on the ischial tuberosities. Most hospital beside chairs tilt back a few degrees and, of course, the patient slouches the longer they sit in a chair. So the pressure ulcers from on the lower half of the buttocks.

How do we rid ourselves of this accomplice? I know we can't get rid of chairs because mobility is important. We need to move these patients often, every hour, have them stand if possible and then sit back down. We need to use a chair cushion, not a pillow from the bed, to reduce the magnitude of pressure. I was wondering if this applies to you? The next time you make your ward rounds, sit in the bedside chair and then imagine sitting there for hours. WINT