

## **BEFUDDLED ABOUT BED SUPPORT SURFACES? BECOME AN EXPERT**

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Using the right equipment or technology on the right type of patient will affect the right clinical outcome. Everyone wins. But a one-size-fits-all approach will surely create losers.

Low air loss or alternating pressure? What is true low air loss? When and why should lateral rotation be used? Zoned, pulsation, immersion, envelopment, moisture vapor permeable, indentation load density, air fluidized, cell on cell, dynamic, reactive, bottoming out, auto firm, Fowler? This session will teach you [nearly] everything you ever wanted to know about support surfaces.

Bed support surfaces are the mainstay in pressure redistribution and pressure redistribution is paramount to preventing and treating pressure ulcers but there is little training on when to use what product. Proper use and procurement of bed support surfaces requires a multi-disciplinary approach. Knowing how and when to recommend and evaluate the clinical effectiveness and efficacy of various bed support surfaces will help Occupational Therapists, Physiotherapists, OTAs, PTAs, Advocates, Clinical Educators, ATPs and Rehab/DMEs and the health care consumer prevent pressure ulcers and help pressure ulcers heal more quickly.

Participation in this course will improve knowledge and ability to match the correct product to the patient to help in the clinical management of patients at risk for and with existing pressure ulcers. The right equipment can reduce the cost of treating pressure ulcers and equipment choices can make a difference in achieving a positive clinical outcome.

This talk also gives voice to the required practice standard that our first duty is to the patient. Ethically and professionally, our counsel should be based on the interests of the individual patient, regardless of the insurance or medical care delivery setting. Patients should decide or self-determine if he/she should forgo clinically required or recommended medical equipment, not the clinician, not the Rehab/DME provider and not the Canadian Health Care system. However, conflicts arise with these recommendations and requirements and patients frequently “do without” and develop or worsen a pressure ulcer and suffer in pain.

This presentation addresses the following key questions: Are clinicians required to inform patients about available durable medical equipment options, such as bed support surfaces regardless of finances? Why isn't every seated dependent client sitting and/or sleeping on a pressure redistributing bed support surface? Incorporating available evidence and a thorough literature review, this mindful inquiry incorporates acute and long term care, hospice, rehabilitation and home health perspectives as it relates to support surface use and practices.

Bed support surface discussions and position statements among those involved with pressure ulcers, such as the European Pressure Ulcer Advisory Panel (EPUAP), the Canadian Association of Wound Care (CAWC), the National Pressure Ulcer Advisory Panel (NPUAP), RESNA (Rehabilitation Society of North America), The Society of Wound, Ostomy, and Continence Nurses WOCN), and the American Board of Wound Specialists (ABWS) have been inconclusive and evasive. This presentation invites a discussion about what support surfaces are, how they are and should be used and how this all relates to Occupational Therapists, Physiotherapists, OTAs, PTAs, Advocates, Clinical Educators, ATPs and Rehab/DMEs and the health care consumer. Future inquiries might look at what happens to pressure ulcer incidence, prevalence and healing rates and patients' need for analgesics when wound care practitioners and other clinicians and Rehab/DME Providers are trained to match bed support surfaces to individual patients and suggest patients opt in to support surface use even when there is no financing.

Course Learner Objectives: At the conclusion of this presentation the learner will be able to:

1. Match a specific product's features to benefit a specific patient population
2. Describe how and why support surfaces address extrinsic factors
3. List at least 3 potential opportunities for support surface application
4. Examine practice standards and codes of ethics for health care professionals and ATPs (RESNA and NRRTS) and how these relate to pressure ulcers and support surfaces

**References:**

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**Speaker Bio:**

Karen is a registered nurse, wound care and rehab specialist with over 30 years of industry experience. She has extensive experience as a public speaker, educating Rehab and DME providers and clinicians on a variety of topics. Karen's speaking engagements included testifying before the US Congress on behalf of the Home Medical Equipment industry.

Since 2013, Karen has worked as part of Team Pressure Prevention at Drive DeVilbiss Medical. Prior to coming to Drive DeVilbiss and for over 10 years, Karen was VP of Clinical Services at a US based DME, responsible for Pressure Prevention, Respiratory and Rehab sales, as well as service and training. Before DME, Karen worked for a hospital equipment and support surface manufacturer.

She began her career as a critical care nurse specialist in major teaching hospitals from Florida to NJ. Karen received her undergraduate degree from Duke University and her graduate education from the University of Florida.