

Pressure Relieving Equipment Formulary: Adults - A guide for community clinicians

SUMMARY

The following equipment is available for clinicians to order directly form Millbrook:

CUSHIONS	Foam cushion Repose Lite pre-inflated cushion
MATTRESSES	Foam overlay mattress for single bed Premier Glide foam base mattress Repose Mattress Bariatric static foam mattress
HEEL PROTECTORS	Repose foot protectors PLUS (Magnets) Repose foot protectors HEELIFT® boots

The following equipment needs to be ordered via Tissue Viability Admin by submitting an Equipment Request Form:

CUSHIONS	Repose inflatable cushion Vicair Academy vector O2 cushion ROHO Quadtro or Bariatric cushion Starlock cushion
MATTRESSS	Premier Active mattress OSKA Series 3 dynamic mattress (Talley Quattro still in circulation) ROHO mattress OSKA Series 3 bariatric dynamic mattress

FOR DISTRICT NURSES - The above equipment is obtained by sending an Equipment Request form to the Locality Lead or ADNS for authorisation through completion of the final authorisation page. This is then submitted to the Tissue Viability Admin. Forms WITHOUT this section completed will be rejected and returned.

DNs cannot place the order on Millflow themselves – it will not go through.

Equipment Request Forms are available form www.oxfordhealth.nhs.uk/tissue-viability and found on the Contact us/Referrals Tab. Please email completed forms to tissueviabilityADMIN@oxfordhealth.nhs.uk

Key Points to consider before choosing equipment:

- If your patient needs equipment, it is the prescriber's responsibility (**that means you**) to ensure that you understand how pressure relieving equipment works.
- You need to ensure correct equipment is prescribed by using a full clinical assessment and your clinical judgement to decide which piece of equipment is suitable and effective for your patient (this is in your code of conduct if you are a nurse).
- Do not fear if you need support and assistance -read on- this guide has been done so you are aware what pressure relieving equipment is available and if this does not help then contact Oxfordshire Community Tissue Viability service (OCTVS) and we will be happy to help.
- The quickest way to contact us to ask for advice on appropriate equipment, is to complete an equipment request form, NOT ticking a piece of equipment, and email to - tissueviabilityADMIN@oxfordhealth.nhs.uk. Please specify in the title of the email if the equipment is same day or next day and urgent. Admin will pass on to a TVN to review who will contact you to discuss. Otherwise, equipment request forms are NOT reviewed by a TVN.
- The Millbrook cut off time for same day deliveries is 4.15pm. This means, if you need a same day delivery, you need to get the equipment request form to us by 4pm to give us time to place the order.
- Millbrook will not specify a time for delivery. If this is required it must be ordered specifically, for example if it needs to link with carers visits. Timed visits are not available for same day deliveries.
- Some patients have very complex needs and may require bespoke equipment. This will take longer to acquire, so you should put an interim plan in place whilst waiting.
- Order bespoke equipment on the equipment referral form and a Tissue viability nurse will contact you to discuss the patient's needs.
- It is the prescriber's responsibility to ensure that equipment has been delivered. If the patient is changing teams or services, you can hand the responsibility to the admitting team, but this must be documented.
- You need to ensure that patients are made aware that the equipment is on loan to them and must look after it. Popping it with cigarettes and letting their pets use it as a chew toy is not acceptable. This also applies to when they have finished with it. They also have a responsibility (or their family) to contact the equipment management company to arrange collection.
- Please ensure that patients are made aware that repositioning is still necessary once they have equipment. A repositioning regime should be negotiated with the patient and communicated across other services involved in their care.

Cushions

Note: The community equipment service does not provide cushions for wheelchairs. This is because putting a cushion in a wheelchair will change the ergonomics of the sitting posture which needs to be assessed and managed by the Oxfordshire wheelchair service.

Pressure relieving cushions and riser recliner chairs

Care needs to be taken when selecting a cushion for use with a riser recliner chair due to an increased risk of falls and slips.

- **All patients requiring a pressure relieving cushion in a riser recliner should be assessed to see if the cushion would contribute to an increased risk of trips and falls and mitigations put in place.**
- If a patient uses the riser function independently (without supervision) they require a full risk assessment due to the risk of the cushion slipping off the chair when elevated and causing a trip hazard.
- A Repose pressure cushion can be secured with a Repose extension strap (available via MILLBROOK) to reduce the risk of slipping. If using a pressure cushion that cannot be secured, non-slip netting (available via MILLBROOK) could be used to reduce the risk of slipping but would need careful risk assessment and a secured cushion would be safer.
- Millbrook catalogue Accora Configura Comfort riser recliner chairs have inbuilt pressure relief to medium risk for pressure damage prevention. These riser recliner chairs also have an inbuilt seating “nest” to accommodate high-risk prevention pressure cushions (e.g. ROHO, Vicair or Flowform Ultra 90), if required. Please see the following link for instructions on how to fit a cushion into a nest [Link](#).
- If a high-risk pressure cushion is required and a patient has a riser recliner chair without a seating nest, a referral to OT for a seating assessment may be required. An OT will assess whether an alternative chair is required to enable safe use of a pressure cushion. Referrals should be directed to Adult Social Care OT for patients with long-term conditions or Community Therapy Service OT if there has been a recent illness / injury / deterioration in function requiring rehabilitation. Do please discuss with senior clinician or TVS.

Foam cushion



Consideration

A foam cushion:

- Used for low-risk patients with no pressure damage and who can move their position and get up independently or may have insufficient padding on seating at home
- Comes with a washable cover
- Cushions should last for two years but should be checked regularly for cover damage, staining, foam degradation and bottoming out

Measurements:

Height - 7.5 cm (3")

Width - 43 cm (17")

Depth - 43 cm (17")

Max patient weight - 108 Kg (17 st)

Company – Invacare

Repose Lite Pre-Inflated Cushion



- Can be used for patients at high risk and/or up to category 1-2 pressure damage
- This cushion should be used on patients that have the ability to move their position with or without assistance
- Low profile pre- inflated, static air-filled cushion with integral strap
- This cushion works by air displacement. When the patient moves, the air in the cells moves, aiding immersion to provide patient to surface contact and spread
- This cushion is very good for using in shallow seat wells due to its low profile
- **Check regularly for any signs of deflation using the strap on the cushion - the width of the cushion should not exceed the markers on the strap**
- Storage in cool temperatures may give the appearance the cushion is deflated. Return to room temperature and measure as above
- Has a 12-month guarantee
- Not suitable for use as pressure relief in the back of a chair

This product replaces the previous Repose inflatable cushion (which may still be required in specific circumstances (see product description below for criteria)

Measurements:

Height - 5 cm (2")

Width - 45 cm (17¾")

Depth - 45 cm (17¾")

Max patient weight - 139 kg (22 st)

Company – Frontier

Repose inflatable cushion

Needs to be ordered via Tissue Viability Admin



As per repose Lite however, this cushion has a higher level of immersion than the Repose Lite and therefore should be used for people with a low body weight and very fragile skin

- The delivery tube doubles as the pump
- Ensure the pump is kept somewhere safe and is not thrown away
- The cushion needs topping up with air once a week. Clinicians can delegate this task to the patient or their carer's, if this is agreed and documented.
- Consider not using this cushion if the patient has cats or dogs as the cushion will puncture
- Not suitable for use as pressure relief in the back of a chair

Measurements:

Height - 7 cm (2.75")

Width - 43 cm (17")

Depth - 43 cm (17")

Max patient weight - 139 kg (22 st)

Company – Frontier

Roho cushion – standard (& bariatric)

Needs to be ordered via Tissue Viability Admin



- Used with patients who have pressure damage up to and including category 4, or patients who are at high risk, who sit for long periods of time without care or refuse to move
- A Static air cushion - works on immersion and flotation of the patient within the cushion
- Available in Bariatric size (see below)
- Cushion is 10 cm high, but patient immerses into the cushion
- It has an ISO-FLO red - green valve at the **front**. This cushion aids postural support by being divided into 4 sections which support postural alignment. This is then locked off with the valve at the front – see ROHO Quadtro set up guide
- The equipment company cannot set this cushion up. The clinician must be competent at setting this cushion up and arrange to do this – see set up guide
- Contact the Permobil Rep for training and advice.

NB - clinicians need to re-set the cushion every 6 months and the patient/carer advised to check regularly

Measurements:

Quadtro

Height – 10.5 cm (4")

Width - 43 cm (17")

Depth - 43 cm (17")

Max patient weight - no limit

Bariatric - single valve

Height – 10.5 cm (4")

Width - 68 cm (26")

Depth - 51 cm (20")

Company – Permobil

Vicair Academy Vector O2 cushion

Needs to be ordered via Tissue Viability Admin



- Used with patients who have pressure damage up to and including category 4, or patients who are at high risk, who sit for long periods of time without care or refuse to move
- Useful for patients with postural issues
- Set up ready for immediate use
- Comes with a cover which can be washed at 60 degrees or the whole cushion can be washed at 40 degrees
- Suitable for use where no clinician available to check ongoing correct set up
- Needs shaking once a week to redistribute the air cells inside

Measurements:

Height - 10 cm (4")

Width - 43 cm (17")

Depth - 43 cm (17")

Max patient weight - 250 Kg (40 st)

Company – Invacare

Starlock cushion

Needs to be ordered via Tissue Viability Admin



- Used with patients who have pressure damage up to and including category 4, to offload the area underneath the pressure damage by locking off the cells OR can also be used to aid realignment of posture problems
- Cushion is 10 cm high, but patient immerses into the cushion
- The equipment company cannot set this cushion up. The clinician must be competent at setting this cushion up and arrange to do this – see set up guide
- Contact the Helping Hands rep. for training and advice.

NB - clinicians need to check the cushion every 6 weeks if individual cells are isolated or otherwise, every 6 months.

The patient/carer should also be advised to check it regularly

Measurements:

Height - 10 cm (4")

Width - 43 cm (17")

Depth - 43 cm (17")

Max patient weight - no weight limit

Company – Helping Hands

Mattresses

Foam overlay mattress – single



Consideration

- Used for low-risk patients with no pressure damage and who can move their position independently
- This is an **overlay** so needs to be **on top** of a base mattress if the base is the same size or slightly bigger
- **This will not be needed if you have a Softform premier glide as a base mattress which is superior to this**
- This will increase the height so might cause a risk to independent transferring
- Only comes in a single bed size overlay
- 2-way stretch, waterproof, vapour permeable cover
- Does not need turning

Measurements:

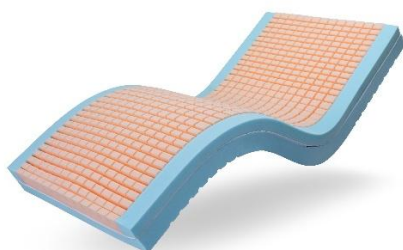
Height - 5 cm (2")

Width - 86 cm (34 ¾")

Length - 198 cm (80")

Max patient weight - 135 kg (21 st)

Foam Premier MaxiGlide



- Can be used for patients up to high risk with no pressure damage and who can move their position independently
- This is not just a standard piece of foam. Its Glide system minimises the risk of shear on a profiling bed as sections are elevated or lowered
- Mattress does not require turning
- The stability and reduced height of the mattress can aid independent transfers
- Can be used without a profiling bed as long as base of bed is sufficient size for the mattress
- **STOP: Do you really need a repose topper on this mattress? It may be enough on its own**

Measurements:

Height - 15.2 cm (6")

Length - 197 cm (77 ½")

Width - 88 cm (34 ½")

Max patient weight - 247 kg (39 st)

Company – Invacare

Repose mattress topper



- Suitable for patients at high risk up to category 2 pressure damage
- Patient's need to be able to move independently on the mattress for it to be effective
- A premier Glide (maxi glide) should be considered first in the absence of pressure damage. Step up to a Repose if:
 - the patient's skin is marking, or they are not moving themselves frequently.
- Patients who cannot move themselves at all / left for 12 hours overnight with no care should be stepped up to a Softform Premier Active
- The mattress needs topping up with air once a week. Clinicians can delegate this task to the patient or their carer's, if this is agreed and documented.
- The repose topper will increase height and may reduce stability for patient transfers
- Patients can use this on top of their own mattress including a double bed
- Has a stretchy strap at the top & bottom to secure onto mattress

Measurements:

Height - 5 cm (2")

Width - 77 cm (30")

Length - 178 cm (70")

Max patient weight - 222 kg (34.9 st) when used on a high specification foam mattress otherwise 139 kg (21.9 st)

Company – Frontier

Softform Premier Active 2 Hybrid Mattress

Needs to be ordered via Tissue Viability Admin



- This is used for patients at high risk, up to category 2 pressure damage or for patients who cannot move themselves at all / left for 12 hours overnight with no care
- This is a dynamic (powered) mattress encased in foam
- May be suited to End-of-life patients where their condition is predicted to deteriorate so they become bed bound
- May be suitable for patients with low body weight who may find full dynamic hard & uncomfortable
- Maybe patients who need a stable surface to transfer with if Premier Glide does not meet need
- Useful if regular power cuts
- Step up from this mattress would be a full dynamic – Talley Quattro
- Contact TV if support is required when prescribing this mattress

Measurements:

Height - 15 cm (6")

Width - 88 cm (34 ½")

Depth (length) - 197 cm (77 ½")

Max patient weight - 247.6 kg (39 st)

Company – Invacare

OSKA Series 3 – 1st line dynamic mattress option

Needs to be ordered via Tissue Viability Admin



Suitable for:

- Patients with category 3 or 4 pressure damage.
- Patients without pressure damage, at high risk and with multiple risk factors.
- Automatic pressure adjustment.
- Several settings – alternating mode, continuous low pressure, max firm and seat inflate.
- Not stable for independent transfers without risk assessment.
- Individual cells can be deflated to offload feet – see OSKA series 3 cell isolation for offloading feet guide on Tissue Viability Website, Equipment Tab.

Measurements:

Height - 20 cm
 Width - 88 cm
 Length - 200 cm
 Max patient weight - 200 kg (31.5 st)

Company – OSKA

Talley Quattro Plus (remain in circulation but being phased out)

May be provided as a close technical equivalent but not available to order.



Suitable for:

- Patients with category 3 or 4 pressure damage
- Patients without pressure damage, at high risk and with multiple risk factors
- Automatic pressure adjustment
- Dual mode – active or continuous low pressure; and 3 comfort settings – soft, med, hard (see further guidance on website, equipment Tab)
- Not stable for independent transfers without risk assessment
- Can be uncomfortable for those patients who have low body weight

Measurements:

Height - 18 cm (7")
 Width - 88 cm (34")
 Length - 195 cm (76 ¾")
 Max patient weight - 200 kg (31 st)

Company – Direct Healthcare Group

ROHO Mattress

Needs to be ordered via Tissue Viability Admin



- Suitable for those with multiple areas of pressure damage up to category 4 – especially those of low body weight
- Single overlay for use on a standard base mattress
- Known as 'Dry Floatation' the patient is immersed into the mattress
- Needs to be set up with the patient on it. The equipment company cannot set this up. The clinician must be competent at setting this mattress up and arrange to do this – see set up guide.
- comes in 4 sections (per overlay) which clip together and a hand inflation pump
- All 4 sections need to be set up independently

- The 4 pieces when fitted together fit a standard size single bed
- Can be used on a double bed
- Comes with an optional cover. Fitted sheets can be used instead (not both)

NB - clinicians need to re-set the mattress every 6 months and the patient/carer advised to check regularly

Measurements:

Width - 86 cm (33.75")

Length - 190.5 cm (75")

Height - 8.5 cm (3 ¼ ")

No weight limit

Company – Permobil

Bariatric Carefree foam mattress



- Foam mattress for patients up to high risk, with intact skin and able to move in bed
- For use on four-foot-wide beds
- 2-way stretch waterproof vapour permeable cover
- Reinforced side walls to assist patient support when mobilising
- step up option is the Sentinel dynamic mattress

Measurements:

Length - 198 cm (80")

Width - 122 cm (50")

Height - 20.3 cm (8")

For patients up to 318 Kg (50 st)

Company – Ultimate Healthcare

OSKA Series 3 Bariatric

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Sentinel bariatric dynamic mattress (remain in circulation but being phased out)

May be provided as a close technical equivalent but not available to order.



- For patients who are in bed for long periods of time and/ or have category 3 or 4 pressure damage
- Dynamic mattress with dual action - alternating cycle or continuous low-pressure mode
- Automatic pressure adjustment
- Comfort control adjustment
- Risk assess patients who want to independently transfer whilst on this mattress – risk of falling
- Can be put on patients own bed if the base is of a sufficient size

Measurements:

Length - 200 cm (79")

Width - 120 cm (47 ¼")

Height - 18 cm (8")

For patients up to 370 Kg (58 st)

Company – Direct Healthcare Group

Heel & Foot Protectors

Heel protectors are to be used when heels are assessed as at risk of:

- Pressure damage and require off-loading
- Clinicians should regularly check to ensure they remain in the correct place and the heel is properly off-loaded. Place your hand under the heel to check that it is not bottoming out
- If the patient is on a dynamic mattress, they should still be using an offloading boot
- Do not put foot protectors in a pillowcase as this will cause hammock effect
- If the patient has extreme foot drop, other lower leg deformities or the patient is struggling to get on with them - please contact Tissue Viability for support
- All patients with damage to the heel need to have a lower limb assessment to aid management of the heel

For those patients on an OSKA Series 3 dynamic mattress, cells in the foot region can be deflated to enable offloading – see *OSKA Series 3 Cell Isolation for Offloading Feet guide on Tissue Viability Website, Equipment Tab.*

Repose Boots

There are two versions of the repose boot:

1. Repose foot protector PLUS
2. Repose foot protector

1. Repose Foot Protector PLUS



- These are air filled boots which are filled using the tubular canister that they arrive in
- Supplied as a pair
- There is an area under the heel which totally offloads the heel.
The boot supports the leg up to the knee and has a midline channel which reduces the pressure onto the Achilles' tendon
- A magnetic strap holds the boot in place
THEY SHOULD NOT BE USED IF THE PATIENT HAS AN INTERNAL PACEMAKER – use the regular repose boots below
- NOT suitable for pressure damage to the malleolus or lateral/medial aspects of the foot where a HEELIFT® boot should be used
- Need to be checked regularly to ensure they remain inflated and the heel is still offloaded
- The boots need topping up with air once a week. Clinicians can delegate this task to the patient or their carer's, if this is agreed and documented.
- Do not be put inside a pillowcase as it causes a hammock effect which will prevent offloading
- Should be used in conjunction with pressure relieving mattresses
- Patients who have extreme foot deformities, external hip and knee rotation may not be suitable for this boot – contact Tissue viability for advice
- Patients should not stand up with a boot on – falls risk

2. Repose foot protectors



- As above
- To keep these boots on in bed you can consider using yellow line stockinette over the top. This should be washed and reused

Max patient weight - 139 kg (21 ¾ st)

HEELIFT® GLIDE boots – petite, standard, bariatric



Needs to be authorised by Tissue Viability (CDL for DNs)

The HEELIFT® GLIDE boot is an updated model with a new exterior covering and additional, optional strap over the foot. It is suitable:

- If the repose boot does not meet the patient's needs
- For patients with pressure damage to the malleolus (ankle) - the foam can be cut to aid offloading of the ankle (A HCP needs to do this)
- For patients with pressure damage to the lateral/medial aspects of the foot - you may need to remove the foot strap and/or cut the foam (A HCP needs to check the intended area is actually offloaded)
- For patients with extreme foot drop or foot/ankle deformity - They come with an extra block of foam to align the foot
- These are single use foam boots
- They are delivered as singles
- These boots should be worn in conjunction with pressure relieving mattresses
- Patients can stand and pivot only - not suitable for taking steps - falls risk

Measurements:

Petite

Calf circumference: 15 - 25 cm (6 - 10")

Standard

Calf circumference: 25 - 38 cm (10 - 15")

Bariatric

Calf measurement 38 - 58 cm (15 - 23")

The HEELIFT® offloading boot can be customized to offload other at-risk areas in addition to the back of the heel including the Achilles Tendon, Malleoli, Foot Drop, hip and/or foot rotation (See instruction leaflet supplied with the device)

Achilles Tendon



Malleoli (ankle bones)



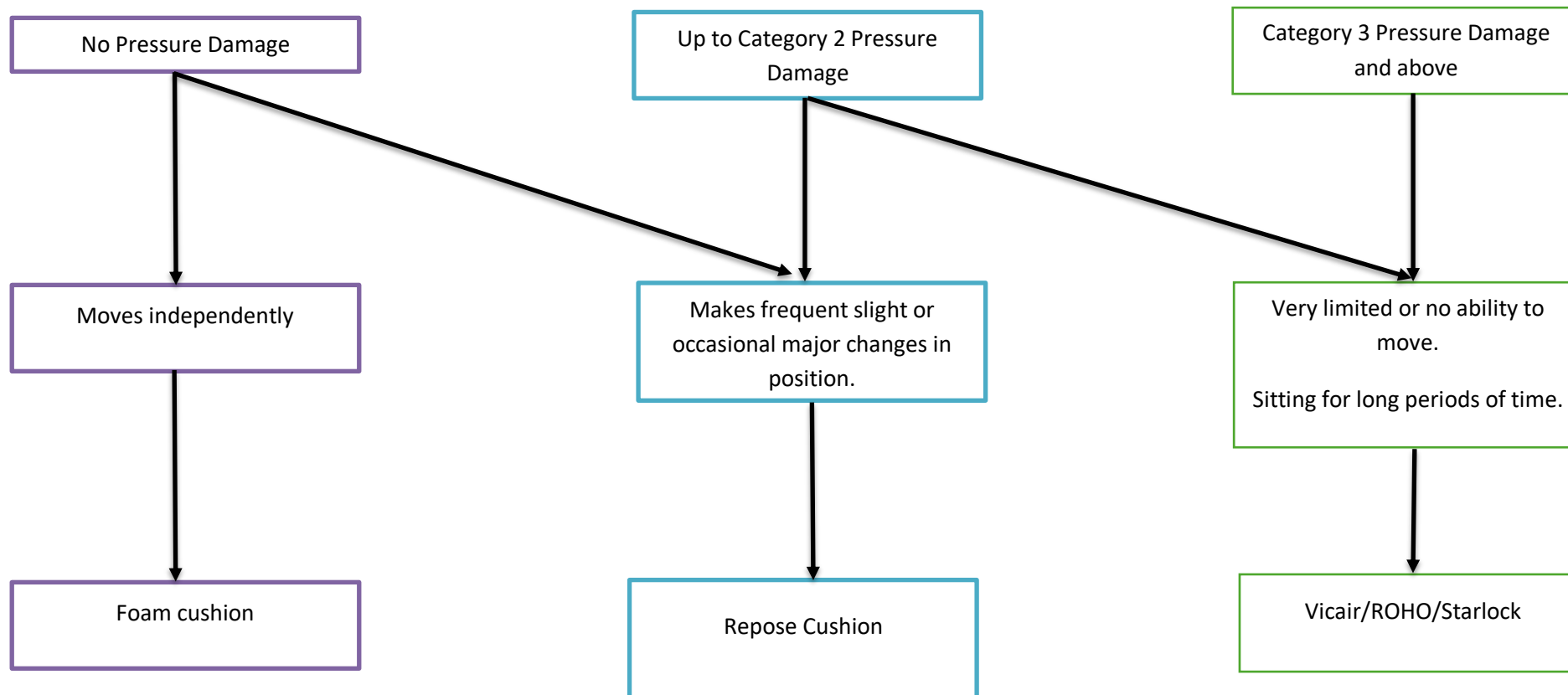
Foot Drop



Hip and/or Foot Rotation



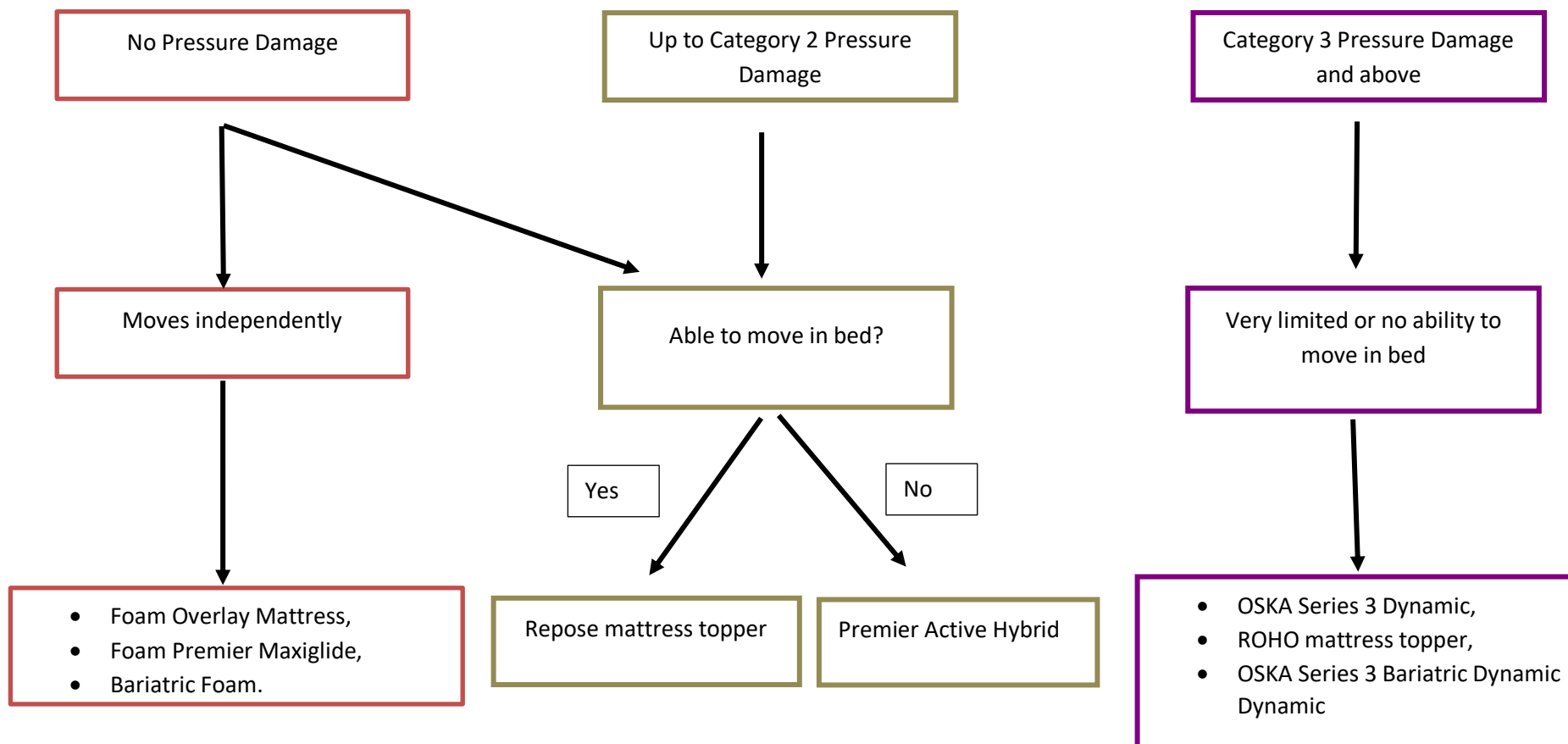
Cushion selection guide for those at risk of, or with pressure damage:



This is a guide and not definitive. Prescribers should refer to the formulary for further information on each cushion and use their clinical judgement in their final selection.

Do consider associated risks with equipment provision, e.g. falls, posture, fire, transfers, and put mitigations in place.

Mattress selection guide for those at risk of, or with pressure damage:



This is a guide and not definitive. Prescribers should refer to the formulary for further information on each mattress and use their clinical judgement in their final selection.

Do consider associated risks with equipment provision, e.g. falls, entrapment, fire, transfers, and put mitigations in place.