Knowledge Checkup – Questions

1. What factors determine the frequency of repositioning a patient?

2. What types of devices and techniques should be used to reduce risks of tissue damage?

3. What things or positions should you avoid when repositioning a patient?

4. What are support surfaces designed to do?

5. What are the different categories of support surfaces?

6. What types of support surfaces are best for moderate to high-risk patients and for full-thickness ulcers?

7. What type of support surface is best for patients with non-healing or numerous full-thickness pressure ulcers?

8. What factors need to be taken into account when selecting a support surface to meet the patient’s need?

9. What should you do if a pressure ulcer gets worse or fails to heal?

10. What types of support surfaces are most appropriate for State I/II pressure ulcers?
Knowledge Checkup – Answers

1. Patient variables; assessment of skin and comfort; support surfaces; tissue tolerance; activity and mobility; medical conditions; treatment objectives and skin condition

2. Mechanical lifts; transfer sheets; 2-4 person lifts; turn-assist features on beds

3. Medical devices, bony prominences; pressure ulcers; slouching

4. Redistribute tissue load; control microclimate; and provide other therapeutic functions

5. Static/non-powered, dynamic/powered, alternating pressure, low-air-loss, and air-fluidized

6. Alternating pressure and low-air-loss mattresses

7. Air-fluidized beds

8. Number, severity and location of pressure ulcers; risk of development of more pressure ulcers; ability to control moisture, temperature; and friction/shear

9. Re-evaluate ulcer and patient; change interventions and wound care; change support surfaces

10. Higher-specification foam; pressure-redistribution cushions on seating surfaces