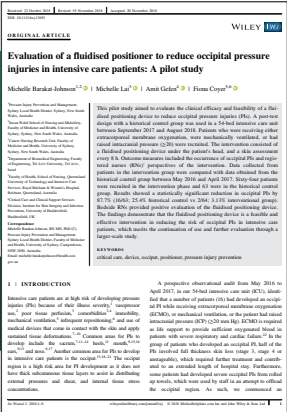


Evaluation of a fluidised positioner to reduce occipital pressure injuries in intensive care patients: A pilot study

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Study aim: To evaluate the clinical efficacy and feasibility of the Z-Flo® Fluidized Positioner in reducing the occurrence of occipital pressure injuries (PIs), in an ICU setting.

Clinical challenge:

Prevention of PIs generally involves routine skin assessment, frequent repositioning, and use of appropriate support surfaces. However, frequent off-loading and repositioning of the occiput region of patients who are receiving ECMO, or are mechanically ventilated and have limited head movements, is a challenge.



Key findings: Results showed a statistically significant reduction in occipital PIs by 87.7% (16/63; 25.4% historical control vs 2/64; 3.13% interventional group).

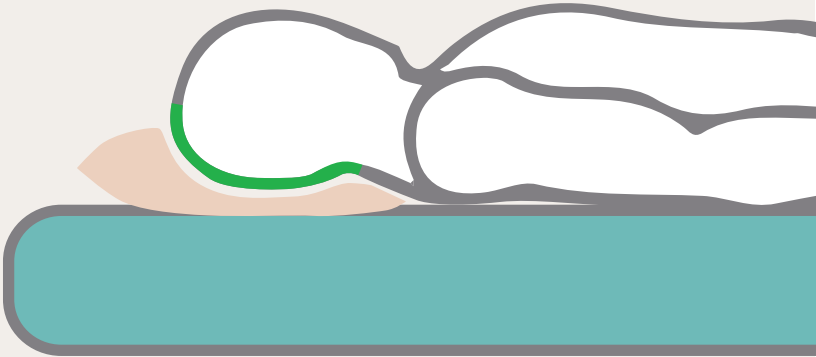
What is the mode of action by which Mölnlycke® Z-Flo® Fluidized Positioners provide this benefit? Mölnlycke® Z-Flo® Fluidized Positioners can be moulded to shape and positioned under a patient’s head to redistribute contact pressures and alleviate surface and subdermal tissue deformations at the occipital region. Divots can be formed in the positioner to provide off-loading in the occiput region or around the ears and away from tubing.

REDUCTION BY 87.7% IN OCCIPITAL PRESSURE INJURIES



‘Excellent in keeping a patient’s head in a good position away from lines and tubing and pressure off ears.’ (Participant 25)

‘Helped keep patient’s head off their side.’ (Participant 11)



Results:

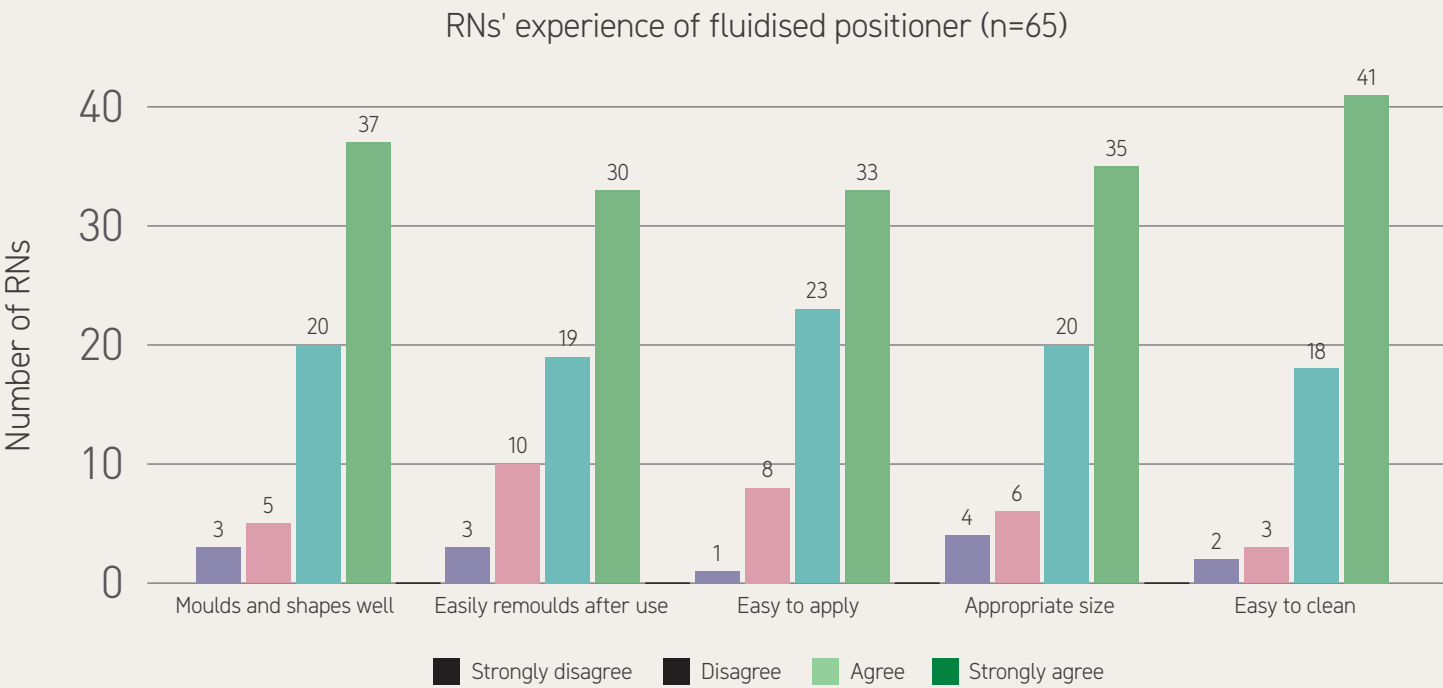
The application of the Mölnlycke® Z-Flo® in adult intensive care patients, combined with daily skin inspection, was found to be a feasible intervention that substantially reduced the occipital PI rate compared to the use of pillows.

Stage	Historical group (n=16)	Intervention group (n=2)
One	1 (6.2%)	0
Two	7 (43.8%)	0
Three	3 (18.8%)	1 (50.0)
Four	1 (6.2%)	0
Unstageable	3 (18.8%)	1 (50.0)
Missing	1 (6.2%)	0



64 patients were recruited in the intervention phase
63 were in the historical control group

Feedback from registered nurses reflected their satisfaction with the intervention as it was accepted with ease.



The author concludes:

The findings demonstrate that the fluidized positioning device is a feasible and effective intervention in reducing the risk of occipital PIs in intensive care patients.

Reference: Barakat-Johnson, M., Lai, M., Gefen, A., Coyer, F., Evaluation of a fluidised positioner to reduce occipital pressure injuries in intensive care patients: A pilot study. Int. Wound J. 2018;1:9

