



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

POLICY AND PROCEDURE

SUBJECT: WHEELCHAIR POSITIONING AND
PRESSURE RELIEF TECHNIQUES

Policy No.: C135.11

Effective Date: 12/1989

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Purpose of Procedure: To achieve timely optimal offloading of all bony prominences and maximum distribution of pressure while sitting in a wheelchair, by ensuring correct body alignment and posture.

Physician's Order Required: No

Performed By: RN, LVN, CMA, NA, SNW, RA, Interdisciplinary Team Members, trained family members and affiliating students under the appropriate department supervision

FREQUENCY: Pressure reliefs must be done every hour for a minimum of two full minutes. Some patients might need to do it more frequently (e.g. post-flap patients).

Procedural Steps:

POSITIONING

1. Explain procedure
2. Lock brakes
3. Using appropriate transfer method, assist patient into wheelchair, ensuring that:
 - a. Wheelchair cushion is positioned correctly
 - b. Bony prominence offloading when using a cut-out cushion
 - c. Gel cushion was massaged prior to transferring patient to wheelchair (e.g. JAY cushion).
 - d. Adequacy of air pressure was checked, (when using an air cushion like Roho cushion)
4. Assist patient to proper sitting position by ensuring:
 - a. Knees and hips positioned at right angles
 - b. Feet are positioned on foot rests
 - c. Buttocks back and centered in the seat
 - d. Pelvis horizontal (not leaning to one side or the other)
 - e. Trunk upright and following the natural curvature of the spine
 - f. Shoulders relaxed
 - g. Elbows at right angles on the arm rests and/or move freely
 - h. Head upright and midline
5. Palpate both greater trochanters simultaneously. Equal pressure should be felt between hips and wheelchair on both hands to ensure the trunk and pelvis are aligned and not leaning to one side.
6. Attach any adaptive equipment e.g., trunk support, arm rests, foot straps as needed.
7. Fasten seatbelt when indicated.

PRESSURE RELIEF, FORWARD ASSISTED

1. Ensure wheelchair brakes are locked. Turn off wheelchair seatbelt alarm, if present and loosen seatbelt.
2. Caregiver is positioned in front of the patient to prevent falls. Lock chair and place front wheels with the larger part of the wheel in the forward position.
3. Lean patient forward so that patient's chest is on or toward their knees. This maneuver decreases pressure by transferring weight to posterior thighs.
This is contraindicated for patients who have undergone rotational flap surgery until cleared by surgeon.
4. Check that the ischial tuberosity is clearly off the cushion while maintaining this position.

5. Return patient to sitting position, re-adjust clothing, and check all tubing placement, if applicable.
6. Ensure patient's wheelchair seatbelt is fastened and alarm is set, if applicable.

PRESSURE RELIEF, SIDE TO SIDE ASSISTED

1. Make sure wheelchair brakes are locked. Turn off wheelchair seat belt alarm if present and loosen seat belt.
2. Remove wheelchair armrest.
3. Place a pillow on caregiver's lap/or on the bed and lean the patient sideways onto the pillow.
4. Check that the ischial tuberosity is clearly off the cushion while maintaining this position.
5. Ensure that the patient maintains this position for a minimum of two full minutes every hour
6. Return patient to a sitting position and then repeat the procedure for the other side.
7. Adjust patient's position in the wheelchair, checking all tubing placement, as needed.
8. Adjust abdominal binder, if present.
9. Ensure patient's wheelchair seat belt is fastened and alarm is set, if applicable.

PATIENT EDUCATION:

1. Encourage patient to instruct caregivers about their individual wheelchair positioning needs.
2. Demonstrate procedure to caregivers and explain the purpose and importance of correct positioning techniques and use of adaptive equipment.
3. Teach patient the importance of pressure relief related to skin integrity.
4. Teach patient to direct others in assisting with pressure relief.
5. Educate patients/family regarding performing pressure relief for 2 minutes hourly or 1 minute every 30 minutes.

DOCUMENTATION:

1. Document amount of time in wheelchair, amount of assistance required for wheelchair positioning, adaptive/accessories equipment used and problems encountered.
2. Document all patient/family education in the electronic health record

REVISED BY: Victoria Alvarenga MSN, RN, CNS, CRRN**REFERENCES:**

Davin, K. N. (2017). Getting the Right Fit. *Rehab Management: The Interdisciplinary Journal of Rehabilitation*, 30(2), 16–20.

Freeman-Sumers, M., (2009) *Spinal Cord Injury: Functional Rehabilitation* (3rd Ed.) New York, NY: Pearson Education

Kottner, Jan., Cuddigan, J., Carville, Kerylin., Balzer, Katrin (2019). *Prevention and Treatment of Pressure Ulcer/injuries: Clinical practice Guideline. The International Guideline 2019.* (3rd Edition) pgs.115-144. International Guidelines.

Sonenblum, S. E., & Sprigle, S. H. (2018). *Some people move it, move it... for pressure injury prevention. The Journal of Spinal Cord Medicine*, 41(1), 106–110.

12/89 – Revised

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