

# The Wonder of Wedges

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# The Wonder of Wedges

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## Background

There is an inconsistent clinical practice with the way patients are being turned. Up to 90% of acute care patients who need assistance in repositioning do not receive manual turning as needed (Winkelman, et. al, 2010).

Many observations of these inconsistencies were noted on Trauma/Neuro ICU and Neuroscience ICU.

PICO: Does staff re-education on proper positioning (q 2 hours side to side with 2 wedges) improve compliance of floor nurses in adult critical care patients?

## Evidence

- Healthcare providers are unaware of the actual tissue-relieving effectiveness (or lack thereof) of their repositioning interventions, which may partially explain why pressure ulcer mitigation strategies are not always successful (Peterson et. al, 2013).
- A 30 degree lateral tilt is better than a 90 degree tilt related to weight on the trochanter (Winkelman et. al, 2010).
- Head elevation of post-op cranial surgery patients should be 30 degrees, optimizing cerebral blood flow. "Right and left lateral positioning is safe and recommended for these patients" (Kose & Hatipoglu, 2012).

## Implementation

- Pre-data collection period assessing current compliance with utilization of two green wedges for each turn every two hours
- Mandatory multi- unit wide education through TLC, reinforcing proper positioning technique with 2 wedges at a 30 degree lateral tilt
- Learning lab with active participation by nurses to experience position comfort and efficacy using two pillows versus two wedges
- Re-assessment period to determine if compliance has increased



## Results



## Limitations/Next Steps

- Culture of staff regarding change
- Inability to educate and survey dayshift staff
- Availability of wedges
- Patient preference
- 22% of staff did not complete TLC education

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