The Prevalon family of products promote safe patient handling and help improve patient outcomes by reducing the risk of skin breakdown.
GUIDELINES FOR REPOSITIONING

EUROPEAN PRESSURE ULCER ADVISORY PANEL (EPUAP) AND NATIONAL PRESSURE ULCER ADVISORY PANEL (NPUAP)10

1.1 Repositioning should be undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body.

1.2 The use of repositioning as a prevention strategy must take into consideration the condition of the patient and the support surface in use.

3.2 Avoid subjecting the skin to pressure and shear forces.

3.6 Repositioning should be undertaken using the 30-degree tilted side-lying position (alternately, right side, back, left side) ...

WOUND OSTOMY AND CONTINENCE NURSES SOCIETY (WOCN)11

III. Interventions: Prevention

A. Reducing Risk of Developing Pressure Ulcers

B. Managing Incontinence

- Select underpads...that are absorbent to wick incontinence moisture away from the skin.

RISK FACTORS12

- Reduced mobility or immobility
- Moisture
- Friction and shear
- Acute illness
- Extremes of age
- Vascular disease
- Level of consciousness

ADDRESS PRESSURE ULCER RISK13

PREVENTION

PRESSURE

FRICTION

SACRAL PRESSURE ULCERS

MOISTURE

SHEAR


A study in a long-term acute care facility showed IAD prevalence at 22.8%.6

Studies at long-term care facilities show IAD prevalence can range from 5.6% to 50%.7

The cost to treat a pressure ulcer can range from $1,606 to $71,503 depending on the stage of the ulcer.8,9

Patients are 37.5 times more likely to develop a sacral pressure ulcer when they are immobile and incontinent.4

A multi-site acute care study revealed that 19.7% of patients were incontinent.5

- 21.7% of the incontinent patients had sacral pressure ulcers.5
- 20% of the incontinent patients had Incontinence-Associated Dermatitis (IAD).5

A study in a long-term acute care facility showed IAD prevalence at 22.8%.6

Studies at long-term care facilities show IAD prevalence can range from 5.6% to 50%.7

According to the National Pressure Ulcer Advisory Panel, hospital prevalence of pressure ulcers is 14%-17%, and incidence is 7%-9%.1 Sacral pressure ulcers are the most common, accounting for about 37% of all pressure ulcers.2

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

PREVALENCE, RISK AND COST

Facility-Acquired Prevalence by Care Setting3

Prevalence (%)

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>5.0%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Long-Term Acute Care</td>
<td>3.8%</td>
<td>4.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5.2%</td>
<td>5.9%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Rehabilitation Units</td>
<td>4.7%</td>
<td>6.1%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
GUIDELINES FOR SAFE PATIENT HANDLING

OSHA 2009, U.S. DEPARTMENT OF LABOR & STATISTICS

REPOSITION IN BED: SIDE-TO-SIDE, UP IN BED

Can patient assist?

- No

- Fully
  - Caregiver assistance not needed; patient may/may not use positioning aid.

- Partially Able
  - Encourage patient to assist using a positioning aid or cues.

If patient is <200 pounds: Use a friction-reducing device and 2-3 caregivers.

If patient is >200 pounds: Use a friction-reducing device and at least 3 caregivers.

In a survey of more than 900 clinicians, 89% said they or a co-worker have experienced a back, shoulder or wrist injury due to turning or boosting a patient. More than 80% said there is room for improvement in compliance to their facility’s turning and repositioning protocol.

REFERENCES:
IMPORTANT PROTECTION FOR PATIENTS AND STAFF

Turning and repositioning patients according to your facility’s turning schedule is crucial in preventing sacral pressure ulcers. Current methods including draw sheets and pillows have multiple challenges that present risks to patients and staff.

The Prevalon™ Turn & Position System 2.0 is an evolution in turning and positioning safety. Unlike lift slings and plastic slide sheets, the Prevalon Turn & Position System 2.0 stays under the patient at all times. It’s always ready to assist with turning, repositioning, and boosting the patient. This makes it possible for nurses and staff to achieve compliance to a q2° turning protocol while providing the best care and minimizing additional stress on the patient.

Now with enhanced microturn, the system makes it easy to comply with turning schedules while protecting staff from injury. All that is necessary to position the patient at the appropriate angle is a quick microturn, which requires 90% less exertion than traditional methods using draw sheets.¹

The newly designed Glide Sheet and Anchor Wedge System work together, creating a high-quality turn. Once placed under the patient, the wedges help to initiate patient turning.

THE PREVALON TURN & POSITION SYSTEM 2.0 REQUIRES 90% LESS EXERTION TO POSITION PATIENTS VS. DRAW SHEETS.¹

---

¹ www.sageproducts.com
PATIENT BENEFITS

- Helps prevent sacral pressure ulcers by offloading the sacrum.
- Maintains 30-degree side lying position.
- Helps prevent shear and friction forces on the patient’s skin.
- Manages moisture due to incontinence and other conditions.
- Creates an optimal microclimate for the skin.

STAFF BENEFITS

- Nurse-friendly system helps staff more easily follow best practice prevention guidelines.
- Requires fewer nurses and less time to turn.
- Reduces exertion needed to turn and boost patients. Decreases strain on staff’s hands, wrists, shoulders, and backs.
- Proven compatibility with low air loss surfaces, meaning it can remain under the patient at all times, making it easier and more convenient for nurses to comply with a q2° turning protocol.
- Minimizes the frequency of boosting and other repetitive positioning tasks.

REFERENCES:

1. Testing conducted by Sage Products LLC, data on file.
3. Hall K, Clark R, Save the butts: preventing sacral pressure ulcers by utilizing an assistive device to turn and reposition critically ill patients. Poster presented at 25th Annual Symposium on Advanced Wound Care Spring/Wound Healing Society meeting, Apr 2012.

PROVEN RESULTS: PREVENTION AND COST SAVINGS

A comparative study evaluating the Prevalon™ Turn & Position System (TAP) and the standard of care (SOC) for turning and positioning patients resulted in an 84% reduction in sacral pressure ulcers. The study also revealed 87% of nurses surveyed preferred TAP and felt that it provided a more effective means for turning patients compared to the SOC.2

Another study found that use of the Prevalon Turn & Position System to turn and reposition critically ill patients resulted in a significant decrease in incidence of hospital-acquired pressure ulcers (HAPUs). No HAPUs occurred after implementing the system and staff saw a 60% decrease in time spent repositioning patients. Thirty-five percent fewer staff members were needed to reposition patients.3

Reduction in Staff Injury and HAPUs4

<table>
<thead>
<tr>
<th>Result</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>84% Sacral Pressure Ulcer Reduction2</td>
<td></td>
</tr>
<tr>
<td>90% Less Exertion1</td>
<td></td>
</tr>
<tr>
<td>60% Less Time3</td>
<td></td>
</tr>
<tr>
<td>35% Less Staff3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>58% reduction in employee injury</td>
<td>$247,500 savings</td>
</tr>
<tr>
<td>28% reduction in HAPUs</td>
<td>$184,720 savings</td>
</tr>
</tbody>
</table>

A study demonstrated that a safe patient handling initiative including the Prevalon® Heel Protector and Prevalon™ Turn & Position System can help ensure appropriate patient repositioning for HAPU prevention, prevent caregiver injuries, and save costs associated with HAPU and healthcare worker injury.
The Low-Friction Glide Sheet works with the Anchor Wedge System to provide true friction and shear protection.

The top of the Glide Sheet has Dermasuede material, which grips the M² Microclimate Body Pad and keeps it in place.

The boost straps promote proper body mechanics and reduce the reliance on grip strength.

A quick, gentle microturn positions the patient at the appropriate angle.


View the inservice video by scanning the QR code with your smart phone, or visit: www.sageproducts.com/products/sacral-protection/video2.cfm
The M² Microclimate Body Pad protects the patient’s skin by effectively absorbing and locking in moisture while allowing air to flow through.

The Body Wedge System reduces pressure by offloading the patient’s sacrum. The system significantly reduces the exertion needed to achieve proper side lying positioning.

The Anchor Wedge helps the patient maintain a natural position when the head of the bed is raised. It also reduces the need for boosting and minimizes shear and friction.

Demonstrated to be compatible with low air loss technology¹

PREVALON™ TURN & POSITION SYSTEM 2.0
- 2 30° Body Wedges
- 1 Low-Friction Glide Sheet
- 1 M² Microclimate Body Pad
5 systems/case
Reorder #7201
Reorder #7201–WBS

M² MICROCLIMATE BODY PAD
- 30 pads/case (6 bags of 5)
Reorder #7250

STANDARD
- <40 in <102 cm
- < 550 lbs < 250 kg
The larger size Glide Sheet and M² Microclimate Body Pad accommodate bariatric patients.

The mattress cover secures to most extra-wide hospital beds and can be used in place of a fitted/flat hospital sheet to help reduce friction.

**MINIMIZE FRICTION AND SHEAR**

**REDUCE PRESSURE**

The larger size Glide Sheet and M² Microclimate Body Pad accommodate bariatric patients.

**WATCH IT IN ACTION!**

View the inservice video by scanning the QR code with your smart phone, or visit:


**REFERENCES:**
The larger size wedges redistribute pressure for bariatric patients.
Includes velcro strips that attach to Low-Friction Glide Sheet, locking Body Wedges in place under the patient.

Demonstrated to be compatible with low air loss technology.

PRODUCT DETAILS:

**PREVALON™ XL/XXL TURN & POSITION SYSTEM**

1. Mattress Cover
2. Low-Friction Glide Sheet with Anti-Shear Strap
3. Microclimate Body Pads
4. 30° Body Wedges

**XL**
- 40-44 in (102-112 cm)
- < 800 lbs (< 362 kg)
- 1 system/case
- Reorder #7220

**XXL**
- > 45 in (> 114 cm)
- < 800 lbs (< 362 kg)
- 1 system/case
- Reorder #7230

**M² MICROCLIMATE BODY PAD**

**XL**
- 20 pads/case (4 bags of 5)
- Reorder #7255

**XXL**
- 20 pads/case (4 bags of 5)
- Reorder #7260

**ADHESIVE STRIP REPLACEMENT**

- 10 strips/bag
- Reorder #7299
PREVALENCE AND COST

The heel and ankle bone are the second and fifth most common sites for pressure ulcer development. One study found 43% of hospital-acquired pressure ulcers (HAPUs) developed on the heel. But, HAPUs are largely preventable.

FINANCIAL COST:

- The Centers for Medicare and Medicaid Services (CMS) will not reimburse hospitals for Stage III or IV pressure ulcers not present on admission (POA).
- Average daily treatment costs for a Stage I/II PU is $1,606; for Stage III/IV daily treatment cost increases to $71,503, or an average cost of $6,499.

<table>
<thead>
<tr>
<th>PU Stage</th>
<th>Treatment Cost$5,8</th>
</tr>
</thead>
<tbody>
<tr>
<td>I and II</td>
<td>$1,606</td>
</tr>
<tr>
<td>III and IV</td>
<td>$71,503</td>
</tr>
<tr>
<td>Average</td>
<td>$6,499</td>
</tr>
</tbody>
</table>

HUMAN COST$4,5,6

- Pain
- Length of stay
- Infection risk
- Amputation

REFERENCES:
THE EXPERTS SUGGEST THE OPTIMAL HEEL PROTECTOR SHOULD:

- Elevate the heel off the underlying support surface.\(^1\)
- Prevent foot-drop and rotation of the leg.\(^1\)
- Maintain “grip” on the foot while in place as patients may be moving the leg.\(^1\)
- Decrease friction and/or shear, “ideally” allowing for the patient to be ambulated.\(^1\)
- Heel is visible when the device is in place.\(^2\)
- No pressure on the Achilles tendon.\(^2\)
- Breathe and wick away moisture.\(^2\)
- Ability to accommodate sequential compression devices, negative pressure wound therapy, tubing, traction and other essential devices.\(^2\)
- Has straps that do not damage skin and are loosely applied to avoid pressure on dorsum and lateral edge of foot and the lower leg.\(^2\)
- A device with an anti-rotation wedge assists in maintaining neutral position of the lower extremity in order to prevent hip external rotation and subsequent lateral knee and/or malleoli pressure ulcers and/or peroneal nerve compression.\(^2\)

HEEL PROTECTOR SYMPOSIA PRESENTATIONS

Dr. Courtney Lyder
ND, ScD(Hon), FAAN
- Dean of the UCLA School of Nursing
- Member of the National Advisory Council for Nursing Research
- Member of the committee that authored the Centers for Medicare & Medicaid Services (CMS) guidelines on prevention of pressure ulcers

Harriett Loehne
PT, DPT, CWS, FAC CMS
- Former Chair of the Association for the Advancement of Wound Care (AAWC) Public Awareness Task Force
- President of the American Physical Therapy Association (APTA)’s section on Clinical Electrophysiology and Wound Management (CEWM)
- Chairperson of the task force for Physical Therapy Specialization for Wound Management

THE FOUNDATION OF AN EFFECTIVE HEEL PROTECTOR: ITS ABILITY TO GRIP THE LIMB

PREVALON’S UNIQUE DERMASUEDE INTERIOR GENTLY GRIPS THE FOOT

Prevalon® Heel Protector was specifically designed to address the problem of patient movement and its negative effect on heel offloading. Prevalon’s unique dermasuede fabric interior gently grips the limb so it remains fully offloaded, even when the patient is moving.

Our specialized fabric and coating creates maximum grip control with the texture of fine velvet. This soft fabric contours to and cradles the leg, calf, ankle and foot to help prevent them from rotating within the boot or sliding out of the boot—maintaining effective heel offloading.

Dermasuede fabric holds the limb securely in place while preserving patient comfort. It’s also a breathable material, so the limb remains cool while inside the heel protector.

PREVALON HEEL PROTECTORS’ ENHANCED ABILITY TO GRIP THE LIMB

Testing shows significantly more force is required to dislodge the Prevalon® Heel Protector from the limb than with other heel protectors.3

REFERENCES:
1. Bill B, Pedersen J, Call E. Human cadaver testing to determine the reliability of heel boot positioning or “grip” of eight commercially available pressure-relieving heel protector boots. Poster presented at SAWC, April 2012, Atlanta, GA.

PUBLISHED STUDIES

Several published studies show that a heel protector must stay in place on the foot and maintain offloading for effective prevention of heel pressure ulcers.

- A recent poster presented at the Symposium on Advanced Wound Care concluded “as patients shift, the ability of a heel protecting boot to grip the limb and retain optimal off-loading positioning is vital to the function of the device.” Furthermore, the study found evaluation of the heel protector’s grip is necessary for determining effectiveness in reducing risk of heel pressure ulcers.1

- One article found that a heel protector was “more effective in reducing heel PrU incidence if it did not dislodge during patient movement.”2

- According to another article, clinical considerations in selecting an optimal heel protector should include the device’s ability to remain in place while the patient is moving the leg.3
THREE HEEL PROTECTORS THAT EFFECTIVELY GRIP THE LIMB

I

PREVALON® HEEL PROTECTOR
- Offloads the heel.

II

PREVALON® HEEL PROTECTOR
- Offloads the heel.
- Reduces plantar flexion contracture risk.

III

PREVALON® HEEL PROTECTOR
- Offloads the heel.
- Reduces plantar flexion contracture risk.
- Helps prevent lateral rotation, reducing risk of peroneal nerve damage.
PREVALON® HEEL PROTECTOR

FEATURES

DERMASUEDE FABRIC INTERIOR
• Gently grips limb so it remains fully offloaded even when patient is moving.

LOW-FRICTION OUTER SHELL
• Slides easily over bed sheets.
• Helps maintain patients’ freedom of movement.

CLOSURE STRAPS
• Secures Heel Protector I.

VISIBLY FLOATS HEEL FOR EASY MONITORING

SCD COMPATIBLE

PRODUCT DETAILS:

PREVALON® HEEL PROTECTOR

Recommended for patients with calf circumference of:
10in-18in (25cm-46cm)

8 packages/case Reorder #7305

www.sageproducts.com
PREVALON® HEEL PROTECTOR

**FEATURES**

**DERMASUEDE FABRIC INTERIOR**
- Gently grips limb so it remains fully offloaded even when patient is moving.

**RIP-STOP NYLON**
- Slides easily over bed sheets.
- Helps maintain patients’ freedom of movement.

**EXPANDABLE STRAPS**
- Stretches to accommodate lower limb edema.
- No sharp edges or irritating surfaces.

**CONTRACTURE STRAP**
- Helps prevent plantar flexion contracture.

**VISIBLY FLOATS HEEL FOR EASY MONITORING**

**SCD COMPATIBLE**

**PRODUCT DETAILS:**

**PREVALON® HEEL PROTECTOR**
- Recommended for patients with calf circumference of:
  10in-18in (25cm-46cm)
- 8 packages/case Reorder #7300
- 2 packages/case Reorder #7302

**FOOT AND LEG STABILIZER WEDGE**
- For use with reorder #7300 and #7302
- 10 packages/case Reorder #7350
PREVALON® HEEL PROTECTOR

FEATURES

VISIBLY FLOATS HEEL FOR EASY MONITORING

DERMASUEDE FABRIC INTERIOR
• Gently grips limb so it remains fully offloaded even when patient is moving.

EXPANDABLE STRAPS
• Stretches to accommodate lower limb edema.
• No sharp edges or irritating surfaces.

SIZING CHART:

<table>
<thead>
<tr>
<th>Calf Circumference (in.)</th>
<th>Prevalon® Heel Protector Petite</th>
<th>Prevalon® Heel Protector</th>
<th>Prevalon® Heel Protector XL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>13</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>7</td>
<td>23</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>8</td>
<td>28</td>
<td>23</td>
<td>24</td>
</tr>
<tr>
<td>9</td>
<td>32</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>10</td>
<td>36</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>11</td>
<td>40</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>12</td>
<td>44</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>13</td>
<td>48</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>14</td>
<td>52</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>15</td>
<td>56</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>16</td>
<td>60</td>
<td>46</td>
<td>45</td>
</tr>
<tr>
<td>17</td>
<td>64</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>18</td>
<td>68</td>
<td>51</td>
<td>50</td>
</tr>
<tr>
<td>19</td>
<td>72</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>20</td>
<td>76</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>21</td>
<td>80</td>
<td>58</td>
<td>57</td>
</tr>
<tr>
<td>22</td>
<td>84</td>
<td>61</td>
<td>60</td>
</tr>
<tr>
<td>23</td>
<td>88</td>
<td>63</td>
<td>62</td>
</tr>
</tbody>
</table>

SCD COMPATIBLE

www.sageproducts.com
PRODUCT DETAILS:

CONTRACTURE STRAP
• Helps prevent plantar flexion contracture.

INTEGRATED ANTI-ROTATION WEDGE
• Helps prevent lateral foot and leg rotation, reducing the risk of peroneal nerve damage.

RIP-STOP NYLON
• Slides easily over bed sheets.
• Helps maintain patients’ freedom of movement.

PETITE

PREVALON® HEEL PROTECTOR
WITH INTEGRATED WEDGE
Recommended for patients with calf circumference of:
6in-10in (15cm-25cm)
8 packages/case Reorder #7310

XL

PREVALON® HEEL PROTECTOR
WITH INTEGRATED WEDGE
Recommended for patients with calf circumference of:
18in-24in (46cm-61cm)
2 packages/case Reorder #7382

III

PREVALON® HEEL PROTECTOR
WITH INTEGRATED WEDGE
Recommended for patients with calf circumference of:
10in-18in (25cm-46cm)
8 packages/case Reorder #7355

CLINICALLY VALIDATED
Supported by more peer-reviewed studies than all other brands combined.1

REFERENCES:
PROVEN RESULTS: PREVENTION AND TREATMENT FROM THE #1 BRAND OF HEEL PROTECTION

Prevalon® brings you more proven clinical studies and financial outcomes than any other brand.

HEEL ULCER REDUCTION

- A study published in JWOCN found the use of Prevalon and a heel ulcer prevention protocol led to a 95% decrease in heel pressure ulcers.1

- Another study published in JWOCN demonstrated a 100% prevention of both heel pressure ulcers and plantar flexion contracture over a seven month period when using the heel protector device.2

- In one study, implementation of a heel pressure ulcer prevention protocol that included Prevalon Heel Protector resulted in a 28% decrease in facility-acquired heel pressure ulcers over a one-year period. Continued use of the Prevalon Heel Protector over four years coupled with in-depth education, continuous monitoring of compliance, and continual reporting of outcomes to ensure accountability, resulted in a cumulative 72% decrease in heel pressure ulcers.3

PREFERRED BY NURSES

A study comparing Prevalon to a waffle-style competitor found, in addition to achieving zero pressure ulcers, nurses ranked Prevalon at a statistically significant higher level of preference.5

This was due to:
- Comfortable interior
- Not too warm
- No hard, sharp or rough edges
- Floats the heel
- Protects heels from pressure, friction and shear
- DVT prevention compression devices compatibility

REFERENCES:
1. GHX Trend Report (Dollars), 4th Quarter, 2011 Hospital; Annualized markets based on last 4 quarters data.
A HISTORY OF INNOVATION

Sage Products has constantly improved and refined our line of Prevalon Heel Protector. From a simple engineered pillow, to the innovative and effective heel protector it is today, Prevalon has helped prevent and treat against heel pressure ulcers and plantar flexion contracture as well as increase protocol compliance.

2004
Sage’s field-based research finds pillows and other products don’t float the heel properly and don’t effectively protect against heel pressure ulcers.

2005
Sage launches the first generation Prevalon Pressure-Relieving Heel Protector.

2006
Sage launches second generation Prevalon featuring ripstop nylon outer surface, tag to help visualize proper fit, bag with printed instructions, integrated stretch panels and the Foot and Leg Stabilizer Wedge to help prevent lateral rotation.

2007
Jill Walsh publishes Evaluation of a Protocol for Prevention of Facility-Acquired Heel Pressure Ulcers in JWOCN.

2008
Sage launches Prevalon Petite for smaller patients.

2008
Decision Tree presented at 2008 SAWC Conference, clarifying when to use a heel protector.

2008

2009
NPUAP/EPUAP releases updated Pressure Ulcer Prevention & Treatment Clinical Practice Guideline.

2009
Sage launches Prevalon with Integrated Foot and Leg Stabilizer Wedge.

2009
Sage diversifies the product line with Prevalon Heel Protector I to accommodate a variety of patient needs.

2010
Sage adds additional access ports to the Standard Size Prevalon to accommodate more Intermittent Compression Devices.

REFERENCES: 1. GHX Market Intelligence Trend Report (Dollars), 3rd Quarter, 2009 Hospital Market; Annual market represents last 4 quarters of data.
**BEDSIDE CHAIR CHALLENGES**

The health benefits of sitting in a bedside chair are well documented. However, there are several challenges that make it difficult to achieve this goal. Positioning patients in the bedside chair can put clinicians and patients at risk for injury. Boosting and repositioning can put clinicians at risk for musculoskeletal disorders (MSDs) which include back pain, sciatica and rotator cuff injuries. Once patients are in the chair, they may become uncomfortable and lack the confidence to stay seated.

**REFERENCES:**

**SAFE & SECURE SITTING**

Slouching can lead to discomfort and falls. The Prevalon™ Seated Positioning System helps patients maintain a secure, seated posture. This provides stability and helps minimize the risks associated with slouched sitting.

**ADDRESS PRESSURE ULCER RISK**

*Pressure*
*Friction*
*Sacral pressure ulcers*
*Motion*
*Shear*

**BENEFITS OF MOBILITY**
- Improved muscle strength
- Reduced oxidative stress
- Reduced inflammation
- Positive mood changes
- Less fatigue

**Approximately**

1 million patients fall in hospitals each year.

Fall-related injuries increase hospital costs by an average of $13,000.
SAFELY GLIDE PATIENTS TO THE UPRIGHT POSITION

The Prevalon™ Seated Positioning System makes it easier for clinicians to safely glide patients to an optimal upright-seated position without lifting. It is uniquely engineered to keep the seated patient in place, minimizing the need for repetitive boosting and repositioning. It is also comfortable for patients, which may improve their confidence and compliance to chair sitting.

HELP IMPROVE SAFETY

- **FORCE**—Patient is glided into position, not lifted
- **REPETITION**—Secures patient to minimize repetitive boosting and repositioning
- **POSTURE**—Promotes proper ergonomics and body mechanics while making it easy for nurses to reposition patient

PROMOTE COMFORT AND CONFIDENCE

A recently published study found that nurses were more likely to use the Seated Positioning System over traditional efforts of pulling patients upright in chairs. The use of the Seated Positioning System:

- Enhanced nurses’ confidence in not hurting themselves
- Promoted greater compliance in following their facility’s repositioning and mobilizing patient protocols
- Provided a bundled approach that focused on preventing patient falls and pressure ulcers and reduced employee injuries

REFERENCES:

RECOMMENDATIONS & GUIDELINES

SAFE PATIENT HANDLING

Occupational Safety and Health Administration:¹

Turning and positioning patients puts staff at risk of musculoskeletal disorders (MSDs), including conditions such as low back pain, sciatica, rotator cuff injuries, epicondylitis and carpal tunnel syndrome.

The American Nurses Association (ANA) Safe Patient Handling and Mobility (SPHM): Interprofessional National Standards²

Safe patient handling and mobility (SPHM) programs, if properly implemented, can drastically reduce healthcare worker injuries.

Universal SPHM standards are needed to protect healthcare workers from injuries and MSDs. Addressing healthcare worker safety through SPHM will also improve the safety of healthcare patients.

PRESSURE ULCER PREVENTION

European Pressure Ulcer Advisory Panel (EPUAP) National Pressure Ulcer Advisory Panel (NPUAP)³

1.1 Repositioning should be undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body.

High pressure over bony prominences, for a short period of time, and low pressure over bony prominences, for a long period of time, are equally damaging. In order to lessen the individual’s risk of pressure ulcer development, it is important to reduce the time and the amount of pressure she/he is exposed to.

4.1 Select a posture that is acceptable for the individual and minimizes the pressures and shear exerted on the skin and soft tissues.

4.3 Limit the time an individual spends seated in a chair without pressure relief.

WOCN Guideline for Prevention and Management of Pressure Ulcers⁴

4. Position sitting patients with special attention to the individual’s anatomy, postural alignment, distribution of weight, and support of the feet.

6. Utilize support surfaces (on beds and chairs) to redistribute pressure. Pressure redistribution devices should serve as adjuncts and not replacements for repositioning protocols.

7. Individuals at risk should be placed on a pressure redistribution surface.

PRODUCT DETAILS:

PREVALON™ SEATED POSITIONING SYSTEM

1 Seated Positioning Cushion with Fastener strips
1 Microclimate Management Pad
5 systems/case
Reorder #7530

HIGH ELEVATION
(Above 3000 ft)
Reorder #7531

PREVALON™ SEATED POSITIONING SYSTEM

1 Seated Positioning Cushion with Fastener strips
5 Microclimate Management Pad
3 systems/case
Reorder #7535

HIGH ELEVATION
(Above 3000 ft)
Reorder #7536

MICROCLIMATE MANAGEMENT PAD

30 pads/case (6 bags of 5)
Reorder #7550

REFERENCES:
¹ Occupational Safety and Health Administration (OSHA), Guidelines for nursing homes: ergonomics for the prevention of musculoskeletal disorders, 2009:4,5.
² American Nurses Association (ANA), Safe Patient Handling and Mobility: Interprofessional National Standards, Published by nursesbooks.org, Silver Spring Maryland, 2013.
⁴ Wound Ostomy and Continence Nurses Society, Guideline for prevention and management of pressure ulcers, 2010:86.
VALIDATE AND CELEBRATE YOUR SUCCESS

Changing practice in healthcare involves significant effort and above all else—data. Evaluation is critical, but as a busy clinician or supply chain professional, you may not have resources to gather, analyze and report on your own.

We can help. CustomerOne is your expert resource for customized measurement and data analysis. Our exclusive team of professionals will generate comprehensive reports tailored to your specific requirements. Reports include:

- **Executive Outcome Summary**
  A true success story—it highlights a clinical intervention with a Sage product, including pre- and post-intervention data, clinical outcomes and return on investment.

- **Return on Investment Report**
  Measures the financial impact of positive clinical outcomes and the financial value in partnering with Sage.

- **Cost Analysis**
  Compares current process cost to a proposed Sage intervention while taking into account the cost of a hospital-acquired infection/wound. Includes a break even point or projected return on investment.

- **Clinical Outcome Report**
  Measures correlations of compliance to specific clinical protocols and the clinical outcomes achieved.

- **Protocol Compliance Report**
  Measures compliance to a specific clinical protocol.

CustomerOne professionals will support all of these areas and more. You’ll receive meaningful, actionable results that can be shared with core decision-makers across your facility—all to drive change.

Let us help validate your success!
To learn more about CustomerOne call 1-800-323-2220
Help your patients comfortably transition from hospital to home.
The same quality Sage products you trust in your facility are available for family caregivers and patients after they leave your care.

Receive more information at:
www.shopsageproducts.com
or call 800.323.2220