

Pressure injury, safe patient handling, and early mobility

Pressure injuries affect more than **2.5M** patients per year¹



A 10-year prevalence survey in the **Journal of Wound, Ostomy & Continence Nursing**, published in 2017, stated:

the overall prevalence of pressure injuries is **9.3%**²

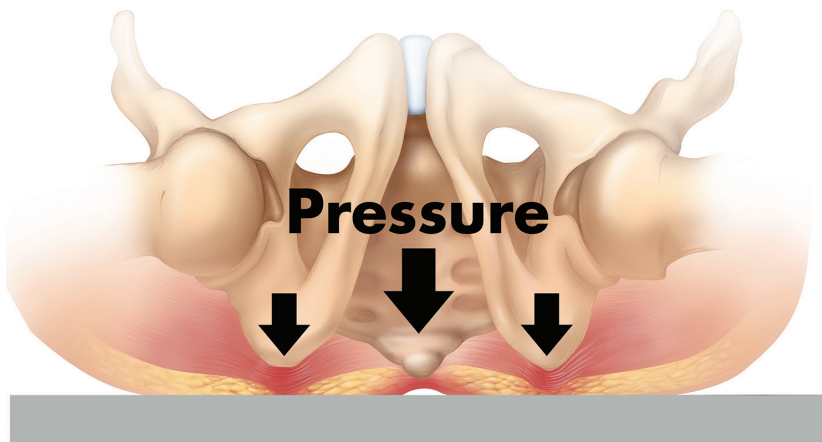


Cost to treat pressure injuries can range from

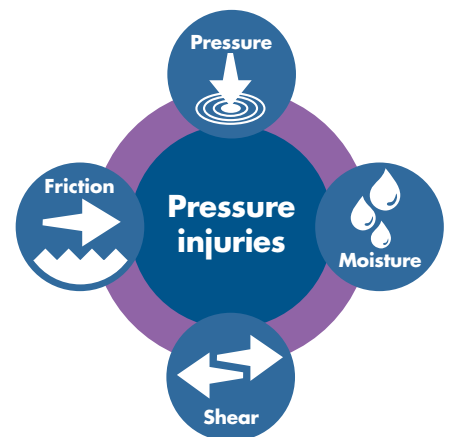
\$20,900 – \$151,700

depending on the stage of injury.¹

The **sacrum** and the **heel** are the **most common** site for pressure injury.³



Address pressure injury risk factors⁴



A review article found that **early mobility helps reduce patient length of stay** and leads to improved patient outcomes in certain patient populations.⁵



Without adequate mobilization, an individual can

lose up to **5%**

of muscle mass daily.⁵



How do we stop nurses from **becoming patients?**

Healthcare workers are more likely to be injured on the job than any other occupation—more than construction laborers, firefighters, and police officers.⁷

It's a costly problem ... that may get worse

\$37,000

Average direct cost associated with an occupational back injury of a healthcare provider⁷



Patient obesity levels are projected to increase¹⁰

The most common tasks that lead to injury are:¹³



patient lifting



patient transferring



patient repositioning

Estimates project **260,000** unfilled nursing jobs by 2025⁸



Nurses can lift a cumulative weight of up to **1.8 tons** during an 8 hour shift¹¹



Average age of nurses has risen¹⁴

\$27,000 –

\$103,000

Cost of nurse turnover⁹

\$15,800

Average compensation claim due to patient handling¹²

Healthcare worker injury

- High-frequency task
- Posture
- Exertion
- Duration of task¹⁵



Prevalon® **Seated Positioning System**

Boosting and repositioning patients in the bedside chair can put clinicians at risk for injury. The Prevalon Seated Positioning System provides an easy option 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.

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