Developed by the British Columbia Provincial Interprofessional Skin & Wound Committee

Heel Offloading - Quick Reference Guide

Who Needs Their Heels Offloaded

Any patient/client/resident at risk for or who has, a heel pressure injury. Consider the individual who has:

- **A Braden Activity sub-score of 3 or less and/or a Mobility sub-score of 3 or less**
- Lower leg concerns: decreased circulation, decreased/absence of sensation, edema
- Wound(s) below the knee
- Had recent hip or leg surgery; or is in a cast/splint
- Contractures or spasticity of the legs/feet

If Braden Activity sub-score and/or Mobility sub-score is **2 or less**, or a **wound is present** on one/both heel(s), **consult OT/PT & NSWOC/Wound Clinician**

Do's & Don'ts: Key Points for Heel Offloading

Do:

- Always offload heels regardless of the support surface.
- Start with pillows:
  - Use as many pillows as needed to elevate the heels off the mattress.
  - Lying supine: place pillows lengthwise beneath each leg to avoid hyperextension of the knees when lying supine (see diagram#1).
  - Side lying: place pillows between the knees to support the upper leg's heel off the mattress and off the opposite knee and ankle (see diagram#2).
  - Notify Manager if unit's supply of and/or the quality of pillows is inadequate.
- If pillows are not effective, then go to your unit's next choice; offloading wedge or boot (see next page for the algorithm); follow the Product Information Sheet for the correct use of the device.
- For repositioning:
  - Lift the heels up to avoid friction/shear injury.
  - When able, teach clients to bend their knees and place feet flat on the bed when self-repositioning or assisting with repositioning/boosting up in bed.
- **Assess/check:**
  - At least every 2 hours:
    - Check that heels are still offloaded (properly positioned on the pillows, wedge or in the boot).
    - Check that there are no signs of pressure injury; non-blanchable erythema/redness, blister or wound.
  - For boots, at the start of each shift, remove the boot and check for pressure injury (non-blanchable erythema/redness, blister or wound on the foot/leg).
  - With each check do active/passive Range of Motion (ROM) for the ankles, if unable to do full ROM, then consult OT/PT.

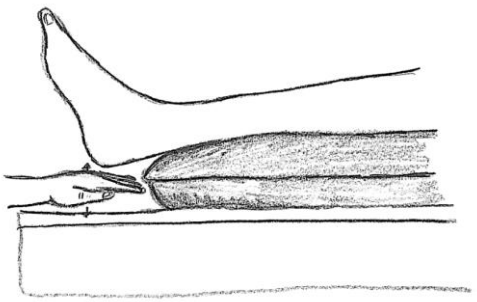
Diagram#1

Diagram#2

How to Check that Heels are Offloaded

Allow the weight of the leg to "settle" into the offloading device (pillow, wedge, boot).

Then slide your hand under the heel, if it slides easily under the heel, the heel is offloaded.



Don't use the following for offloading:

- Rolled blankets, towels or IV bags
- Sheepskins; sheepskin will reduce friction but not pressure.