

Product selection guidelines

Note: In the community setting there are additional criteria that should be taken into consideration with the Braden Scale when selecting suitable pressure relieving or reducing devices. These criteria are list below

Braden Score	LOW RISK	MODERATE RISK	HIGH RISK	Points to Consider
Presence of a pressure ulcer(s) severity (stage) site	<input type="checkbox"/> intact skin	<input type="checkbox"/> persistent blanching erythema over any bony prominence (lasts > 30 minutes)	<input type="checkbox"/> Stage 1 to 4 pressure ulcer in pelvic girdle region <input type="checkbox"/> past history of stage 3 or 4 pressure ulcer in pelvic girdle region	Trialling equipment All products should be trialled and checked for: <ul style="list-style-type: none"> <input type="checkbox"/> effectiveness of pressure redistribution or pressure relief (skin testing) <input type="checkbox"/> 'bottoming out' in recumbent, lateral and sitting positions <input type="checkbox"/> impact on bed mobility, transfers and balance <input type="checkbox"/> compatibility with existing equipment <input type="checkbox"/> appropriateness of device eg <ul style="list-style-type: none"> o dynamic (powered) device for short-term therapeutic care (healing an existing pressure ulcer) o static (non powered) device for long-term maintenance Additional points: <ul style="list-style-type: none"> <input type="checkbox"/> carer education <input type="checkbox"/> environment safety checks <input type="checkbox"/> delivery & installation <input type="checkbox"/> maintenance/services of equipment Other Equipment: <ul style="list-style-type: none"> <input type="checkbox"/> silk-like sheets (assist with repositioning & transfers) <input type="checkbox"/> self-help pole or bedstick
Chronicity of illness status of chronic diseases such as: PVD, diabetes, COAD, CCF, limb paralysis, Alzheimer's Disease, Parkinson's Disease, Rheumatoid Arthritis, malnutrition	<input type="checkbox"/> short-term <input type="checkbox"/> improving	<input type="checkbox"/> stable	<input type="checkbox"/> ong-term <input type="checkbox"/> deteriorating <input type="checkbox"/> acute on chronic exacerbation	
Presence of a carer continuity of care carer health	<input type="checkbox"/> one carer <input type="checkbox"/> capable of providing full-time care	<input type="checkbox"/> coordinate care amongst limited number of carers	<input type="checkbox"/> no carer <input type="checkbox"/> intermittent and multiple carers <input type="checkbox"/> limited capacity of primary carer to deliver long-term care	
Recommended Devices	Comfort Equipment	Pressure Reducing Equipment	Pressure Relieving Equipment	
Mattresses	<input type="checkbox"/> good (well maintained) foam or innerspring domestic mattress (does not bottom out)	<input type="checkbox"/> pressure reducing foam replacement mattress eg. Oze Ultimate (MacMed) <input type="checkbox"/> Roho section within foam replacement mattress (MacRo) IAA	<input type="checkbox"/> APM replacement mattress eg Bi-wave (Pegasus), Dyna Flo 8000, NeoPro 8000 (GMS)	
Overlays	<input type="checkbox"/> comfort equipment eg medical sheepskin, convoluted foam, Silicore-fibre overlay	<input type="checkbox"/> APM overlay (minimum cell diameter 10cm) eg. Supra 500 or Dyna Best 5000 (GMS) <input type="checkbox"/> 10cm viscoelastic foam overlays <input type="checkbox"/> dry floatation air overlay eg Roho or Sofflex, Prodigy overlay	<input type="checkbox"/> APM with pressure reducing foam mattress eg Viaclin (Pegasus) and Oze Ultimate (Mac Med)	
Cushions	<input type="checkbox"/> foam cushion <input type="checkbox"/> sheepskin	<input type="checkbox"/> dry floatation air cushion (eg. Roho) <input type="checkbox"/> combination air/foam cushion (eg.	<input type="checkbox"/> alternating air cushion <input type="checkbox"/> dry floatation air cushion (eg. Roho)	
Lower limb devices	<input type="checkbox"/> booties: fibre filled, sheepskin <input type="checkbox"/> sheepskin overlays for lower limbs	<input type="checkbox"/> booties: well padded fibre filled booties (eg. Spenco) <input type="checkbox"/> foam gutters/wedges (pillow) <input type="checkbox"/> leg roll <input type="checkbox"/> bed cradle	<input type="checkbox"/> podiatry felt (ref podiatrist) <input type="checkbox"/> foot orthosis <input type="checkbox"/> PRAFO	