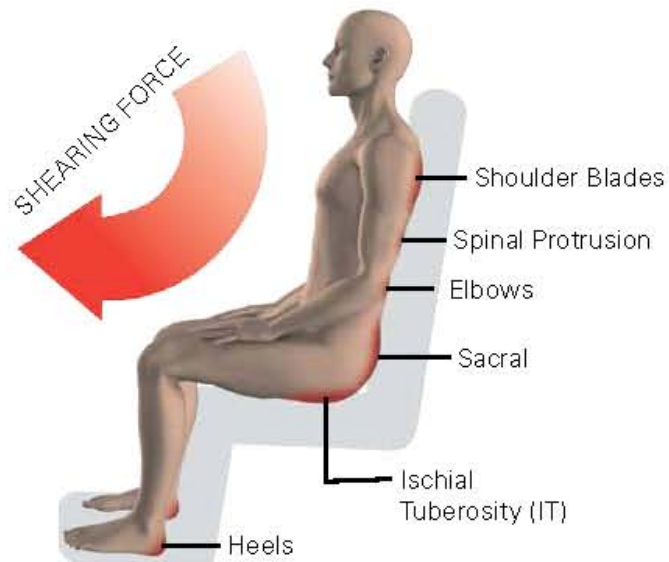


Concepts of chair nursing

PROLONGED CHAIR NURSING

May result in

- Increase in shear damage to skin and tissue.
- Can contribute to ankle or leg oedema due to impaired venous return.
- Increase in pressure at skin and/or muscle layer due to a reduction in support surface area.
- 19% of body weight should be transferred through the feet. If the chair is too high and prevents this, the extra weight will result in an increase of pressure occurring over the ischial tuberosities (IT).
- Studies have indicated that limiting chair nursing effectively reduces the risk of pressure ulcer development (The RCN* recommends two-hourly sessions, which can be repeated throughout the day)
- The RCN recommends the introduction of a repositioning schedule to assist regular position changes.



Remember

Complications of bedrest do not exist. The complications occur as a result of immobility! Chairfast patients are generally more vulnerable to pressure ulcer development than patients on bedrest.

COMMON PROBLEMS

- Seat too high or too low.



Seat too low

Difficult To Get Out

Body weight is supported on a small area. This leads to high pressure under the buttocks.

- Remember, addressing the length of time patients sit out is fundamental to pressure ulcer prevention.

*** RCN: Royal College of Nursing**

- Seat too wide or too narrow.



Seat too narrow

Difficult To Get In and Out

Allows no movement in the seat.



Seat too wide

No Support – Poor Posture

No stability may lead to fixed spinal deformities with time.



Correct arm rest height & seat width

Good Posture and Support

A correctly-sized seat provides good pressure care, good sitting posture and allows the individual to move in the seat.

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