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| **Developed by the BC Interprofessional Skin & Wound Committee in collaboration with Occupational Therapists, Physiotherapists, & NSWOCs/ Wound Clinicians from:**  IH-2C-vert horizontal black PHSA_log_0 com_logo/http://www.chac.ca/conference/images/providence_health_care_bc.JPG | |
| **Title** | **Guideline/Procedure: Pressure Mapping Assessment** |
| **DST**  **Indications**  **for Use** | This Decision Support Tool (DST) provides guidance on the use of pressure mapping technology to assess and visualize the pressure distribution of a client’s body in contact with their support surface(s). |
| **PracticeLevel** | * Pressure Mapping is a basic entry level to practice competency for Occupational Therapists (OT) and Physiotherapists (PT) who have gained knowledge/skills competencies related to a specific pressure mapping technology. Additional education and/or mentoring may be needed to obtain or maintain these competencies. * [Clients](#Clients) who requiring pressure mapping need an interprofessional approach to provide comprehensive, evidence-based care. This DST focuses on the OT/PT utilizing pressure mapping technology as part of this care. |
| **Background** | * Pressure mapping technology (2D/3D) is a measurement and visual reporting tool used as part of a broader pressure injury risk assessment or treatment of a pressure injury. * Pressure mapping provides a visual image and numeric value of a client’s sustained pressure on weight bearing surfaces (e.g., buttocks, hips, & heels). It serves to measure the surface interface pressure (the pressure between the client’s tissue and a support surface).Results may facilitate the informed selection of wheelchair/bed mattress/cushion(s), determination of pressure re-distribution strategies, and/or need for equipment modification. * Pressure mapping provides the client with visual cues to learn what risk they are currently at for developing a pressure injury and what prevention strategies (repositioning, weight shifts and mobilization) and support surfaces would be useful to mitigate these risks. |
| **Bookmarks** | [Indications for Use](#Indications_for_Use)  [Practice Level](#Practice_Level)  [Background](#Background)  [Assessment and Determination of the Need for Pressure Mapping Assessment](#Assessment)  Interventions  [Procedure: Equipment & Supplies](#EquipmentSupplies)  [Procedure: Set Up for the Pressure Mapping Assessment](#ProcedureSetup)  [Procedure: Conduct the Pressure Mapping Assessment](#ProcedureConduct)  [Procedure: Interpretation and Documentation of the Pressure Mapping Assessment Data](#ProcedureInterpretation)  [Documentation](#Documentation)  [Definitions](#Definitions)  [References/Bibliography](#References_Bibliography)  [Document Creation/Review](#Document_Creation_Review) |
| **Related**  **Documents** | [Guideline: Prevention of Pressure Injury in Adults & Children](https://www.clwk.ca/buddydrive/file/guideline-prevention-of-pressure-injuries-2017-november-final/) |

**Assessment and Determination of the Need for Pressure Mapping Assessment**

**Assessment**

1. Assess the client’s:
2. Risk for pressure injury; sensory, moisture, activity, moisture, nutrition, and friction/shear (Braden risk score and sub-scales), and for children consider tissue perfusion (Braden Q risk score and sub-scales).
3. Skin to determine if a pressure injury currently exist or there are areas are at risk to injury (Head-to-Toe Skin Check).
4. Presence of a pressure injury, or a recently closed wound.
5. Functional activities of daily living (ADL); sitting, lying, transfer surfaces/equipment.
   1. Living situation.
   2. Presence of a caregiver(s).
6. Conditions that may impact conducting pressure mapping, e.g., pain, spasms.
7. Post-operative surgical risk, e.g., post-flap surgery in population with spinal cord injury.
8. Ability to comprehend and participate in the assessment processes, such as being able to rest quietly during measurement of the pressure.
9. Goals of care, preferences for prevention and management of risk factors.
10. Culture and traditions to determine if they affect how the procedure will be carried out.

**Determine the Need for Pressure Mapping Assessment**

Determine the need for pressure mapping as per the assessment findings, in addition consider the following:

* Braden/Braden Q score and sub-scales.
* Postoperative phase (post-surgical flap).
* Underlying medical issues such as living with paraplegia, quadriplegia.
* Need for a comprehensive assessment including pressure mapping measurement results as a diagnostic tool.
* Requires pressure mapping documentation as part of a funding application(s) and/or prescription of a sitting or lying surface or transfer device.

**Interventions**

* + - 1. Educate the client/family regarding the pressure mapping procedure, including the:
  1. Length of time needed to collect pressure mapping measurement data.
  2. Positioning and re-positioning needed during procedure.
  3. Coordination of a wound dressing removal/reapplication, if needed.
  4. Provision of effective pain management, prior to pressure mapping procedure.
  5. Engagement of family to support the client transfers/positioning during the assessment.
  6. Develop strategies to address any lack of client participation in pressure mapping (e.g., planning of time or availability of a support person to be present during the pressure mapping).

1. Communicate with the health care team if there is a need for a 2nd person is needed to assist with transfers and/or the removal/reapplication of any dressings.
2. Ensure the availability the equipment or surfaces to be tested/assessed during pressure mapping procedure.
3. Conduct pressure mapping measurements ([see page 3](#Procedureapplication))
4. Follow the established procedure for the available pressure mapping technology being used.
5. Complete the pressure mapping assessment of the client’s presently used seating/lying/transfer support surfaces:
   * 1. Sitting: Wheelchair(s), Broda chair, Tilt chair with cushion(s); a specific wheelchair assessment tool may be completed as well as toileting devices and other sitting surfaces
     2. Lying: Bed surfaces (all types); specific bed surface/mattress assessment tool may be completed.
     3. Transfer: Transfer boards, transfer bathing chairs, transfer to automobile; A specific transfer surface assessment tool may be completed.
6. Interpret the pressure mapping results ([see page 7](#Interventions)).

**Procedure: Pressure Mapping Assessment**

**Equipment and Supplies**:

* + Pressure Mapping Documentation Worksheet (electronic or print hard copy) (See Appendix A).
  + 1 x (22” x 24”) thin clear plastic bag for wheelchair mat
  + 2 x (35” x 50”) thin clear plastic bags for torso mat
  + 1 x large plastic bag to create a clean workspace
  + 6 x alcohol swabs (70%)
  + Cleaners/disinfectant wipes
  + Alcohol-based hand sanitizer
  + Supply of disposable gloves
  + Tape to ensure the bag covering the mat is sealed
  + Disposable scissors to trim the bags as needed
  + Goniometer or phone app to accurately mark degrees of tilt or head of bed (HOB) degrees
  + Wipeable measuring tape (vinyl)

**Technology Equipment:**

* Pressure Mapping (mat) technology and appropriate template, see below
  + Interface module (if required for your system)
  + Dedicated laptop/tablet for pressure mapping technology, power cords
  + Card reader
  + Compact Flash card (to transfer data)
  + USB cable to connect interface module to laptop
  + Power bar with at least 3 outlets
  + Mouse for laptop
  + Extension cord (if using a wired system and battery)
  + Sensor mats (wheelchair and/or torso)
  + Timer or cellphone with a timer
  + Camera on tablet, if needed

**Preparation Prior to the Client Visit:**

1**.** Technology:

1. Ensure you have downloaded the most current software.
2. Download the appropriate template and **User’s Manual - Instructions for Use**
   * XSensor: <https://www.xsensor.com/>
   * BodiTrak: <https://www.boditrak.com/>
   * Tekscan: <https://www.tekscan.com/>
3. Test equipment to ensure the pressure mat ID Number matches the downloaded template. If trouble-shooting needed, see Troubleshooting the System [on page 4](#Troubleshooting).
4. If the mat is not registering high pressure when checked on a firm surface, it requires re-calibration. See manufacturers operating instructions or, contact the Vendor to discuss issue and plan a re-calibration of the equipment.
5. As the internet is not fully available in all communities, take the Instructions for Use to the client visit.
6. Client**:**

* Have available the cushion/mattress device(s) for testing at the visit.
* Ensure you have available the client’s own equipment during the pressure mapping assessment, if these devices are contributing to the issue(s).
* If there is a wound dressing, coordinate visit with a nurse to remove, re-dress the wound.
* Consider having a 2nd or 3rd person present, to assist with transfers and positioning.

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| **Procedure: Set Up for the Pressure Mapping (PM) Assessment** | |
| **Steps** | **Key Points** |
| 1. Review the chart and overall care plan:  * Review allergies/sensitivities to products. | Ensure the client understands rationale for PM, as  part of the care plan. |
| 1. Communicate with client/family:  * Obtain verbal consent for PM / photos. * Explain the procedure and time required to conduct the scan in each position. * Assess client pain/anxiety for appropriate medication(s); allow time for medication(s) to take effect. | Obtaining verbal consent from the client/family is  essential so they understand the goal of PM and  that photos may be taken.  The client undergoing PM may experience pain and  anxiety; provide pain management strategies,  medication(s), education, reassurance, and position  for comfort. |
| 1. Prepare a client ‘test protocol’ before visit:  * List the type of cushions/seats/postures and activities to be tested with the client. * For each position tested, plan a 6-8 minute rest and add time to complete the scan. * Consider the order of testing to decrease client discomfort during the process and minimize the number of transfers. * If the client has an existing wound, coordinate dressing removal/change. | To maximize client comfort and positioning during  the procedure prepare a draft order of the testing to  be undertaken.  Plan potential solutions to client positioning/  transfer/ seating issues. Plan ahead to limit  number of transfers etc. As well, consider potential solutions that you want to test.  Wound dressings may need to be removed,  adjusted or adapted prior to procedure. Decide if a  2nd or 3rd person is needed. |
| 1. Set-Up the equipment:  * Set up the laptop and mouse. * Set up the pressure mapping surface and ensure the ID number on the template matches the mat ID. * Plug in the interfaces. * Insert any card readers/Compact flash cards/ drives. | **Troubleshooting the System:**   * If mat is not sensing, turn OFF the laptop/ tablet and reboot the system. * Ensure the technology interfaces are communicating with each other. * Ensure that the mat is plugged into the correct port connection, if using a wired system. * Check that the template ID and mat ID match. |
| 1. Set-up for the procedure:  * Gather the supplies. * Perform hand hygiene, don clean gloves; if you touch the client, you need to remove gloves and perform hand hygiene each time. * Set up clean field using the large bag to layout the laptop and mouse/tablet/timer, cellphone equipment. * Wipe down the laptop/tablet, timer equipment with cleanser/disinfectant. * Cover the pressure mapping mat with a clean clear plastic bag. Cut to size if needed. Secure with tape. Do not tug on mat wires (fragile) when cover the mat. * Consider delegating one person to operate the software and one person to assist the client to move, transfer, reposition etc. * Nurse to take down and remove the current dressing, if needed. * Remove gloves, perform hand hygiene, don clean gloves, if touching a wound dressing. | Use large plastic bags to provide a clean  working surface on which to place equipment.  Wiping the laptop equipment promotes  infection control.  Cover the PM map to keep the mat clean. Tape  securely to ensure the client does not  slide during the testing process.  Avoid cross contamination between the client and  technological equipment by designating a single  person to use the software if required, and a 2nd  or 3rd person to assist with client positioning/  equipment management and to provide  reassurance.  Coordinate dressing removal with NSWOC/Wound  Clinician, or nurse. Cover wound with a thin layer  dressing during pressure mapping. |

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| **Procedure: Conduct the Pressure Mapping Assessment** | |
| **Steps** | **Key Points** |
| 1. Transfer client safely onto the pressure mat (previously covered in a clear plastic bag). Follow these tips to ensure safety of the equipment:   * Assist to lift the client onto the mat to minimize shearing of mat and the client’s skin during transfer.   + Do not use transfer boards.   + Do not pivot client while on the mat.   + Do not pull on the edges of the mat while it is resting under a client.   + Do not remove transfer slings/pads, if this is normal set-up for the client. | Have a 2nd person available to assist transferring  and positioning client with poor balance, low  muscle tone, posterior pelvic tilt and/or an open  hip angle.  The sensors on the mat can be damaged by  shearing. As well, do not tug on the mat wiring  harness.  Use caution as the clear plastic bag may  contribute to sliding on the seat. |
| 2. Conduct a pre-mapping positioning check:   * Conduct a post-transfer positioning check. * Use the goniometer or cellphone application to measure body angles, as needed. * Check the PM visual display, ensure that the mat is square and without wrinkles. | Using the goniometer or cellphone application to  measure and – re-measure angles to ensure the  client is at the correct angle to support the  assessment.  Wrinkles will reduce sensitivity of the mat sensors. |
| 3. Prepare client to rest quietly:   * Allow the client to relax and settle into the cushion/mattress for 6-8 minutes before recording data. * Initially position the tablet screen so the client can visualize the start-up process, if possible. | Consistency between tests is essential. Make sure  each seated position is consistent so you can  compare one seating surface with another.  This allows the client to engage in the process  while you are organizing the mapping. |
| 4. Re-position the Screen & Start the Mapping:   * Position the screen for the OT/PT to see the mapping. * Wait 6-8 minutes each time to allow for tissue and surface material ‘creep’ for consistency. When ready, start the timer on a laptop/ cell phone timer. | Waiting 6-8 minutes is required every time you re  assess a different cushion/ mattress. Add extra  time for the scan of each position. |
| 5. Capture the pressure mapping data:   * **Static Evaluation**: Complete by clicking scan to begin the recording / a snapshot of the image. * Take at least 3 snapshots for comparison in any one position. * **Dynamic Evaluation**: Complete by selecting record – this begins recording multiple images over time (e.g., pressure changes with self-propulsion). * Document (type) and record information above the client below each captured image before going to the next positioning scenario. | Typing pertinent information beneath each captured  image related to surface, position, posture, seating  equipment, angles, and orientation in space, or  circumstances support collection of comprehensive  client assessment.  When the document is saved, you may be able to  select ‘views’ and ‘comparison view’ to see a side  by-side comparison of all the different “snapshots”  in different positions.  Ensure images chosen to reflect the pressure  legend, mat orientation, specific client posture,  position and individual circumstances occurring  This assists in interpretation and understanding of  the PM results. |

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| **Steps** | **Key Points** |
| 6. Validate the images:   * Using hands, confirm that the areas of higher pressure shown in the mapping correlates with the client’s bony   prominence(s) being assessed. | Do not assume that the high pressure observed on  the laptop screen matches a typical bony  prominence. Lifting the client’s leg may assist to verify what is being seen on the map.  Be alert to items that could create increased  pressure points e.g., mat/clothing wrinkles, items  in pockets, rigid seams, or sensor mat creep,  hammocking, hysteresis. |
| 7. Review the findings (mapping colours) with client:   * The black tab usually represents the lead from the mat to the interface. * Blue/green (cooler colours) are areas of less pressure. * Yellow/orange/red (warm colours) are areas of higher pressure. | Position the screen out of the client’s line of sight  during pressure mapping to avoid it from affecting  the readings. For example, a screen positioned to  the right will increase loading on the right.  Explain the significance of colour gradient; that it is  like a Doppler radar weather map. |
| 1. To collect additional images/scans, repeat Steps 5, 6, and 7. |  |
| 1. Clean up the workspace:  * Remove the mat from the plastic bag. * Disinfect the mat and cords (wipe down, do not soak) and allow to dry. * Disinfect the laptop and mouse, laptop/tablet, or cellphone and allow to dry. * Store the dried mat/cord in its case. | Recycle plastic bags in appropriate container.  Clean and disinfect the mat following  manufacturers instructions to prevent cross  contamination.  Laptop cords/mouse and return to storage.  Plug the laptop/table in to charge. |

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| **Procedure: Interpretation & Documentation of the Pressure Mapping Assessment Data** | |
| **Key Points and Cautions**:   * Do not focus on the “numbers” (measurement data) at the expense of clinical judgment. * No single numeric value indicates acceptable/unacceptable levels of sustained pressure; it provides a comparative value to identify the ability of a support surface to distribute and minimize pressure. * Do not focus on a single peak pressure value; look at the pressure distribution and the relative comparisons on different surfaces. Review of points of peak pressure, they are a more reliable and comparable measure than a single maximum pressure value. * The best PM picture may not be captured during the most functional position; a PM scan alone is not used to make decisions for seating or bed surface interventions. Consider the clients’ goals, comfort, fit, postural stability, functional mobility, cushion weigh, heat/moisture, maintenance and set-up. * A high value suggests the need for careful monitoring to areas identified at risk. Ignoring evidence of tissue damage when the map suggests there is not a problem. * Be knowledge of client’s current wound location(s) in relationship to mapping results. * Consider creep, hammocking (bridging), and hysteresis that may interfere with results. * Consider moisture, microclimate, shear and friction that PM does not capture. | |
| **Steps to Interpretation of Data** | **Key Points** |
| Maximum Pressure:   * Review points of maximum pressure as areas of potential problems. |  |
| Peak Pressure Index:   * Review points of peak pressure. | A high change in values in adjacent sensors gives  an indication of poor envelopment. |
| Sensing Area:   * Review the sensing area as a comparative value, the larger the area the better. | Ask/consider, is the area of pressure  distribution reducing or increasing with the  interventions? |
| Symmetry: (comparing left to right)   * Review the shading and the numbers as they suggest if there is equal weight distribution on the surface. | Asymmetry requires increased seating evaluation.  It may be capturing pelvic/trunk deformity (e.g.,  pelvic obliquity, scoliosis), postural imbalance (e.g.,  functional lean), or poor seating set-up. |
| Regional distribution (for some systems):   * Review the percentage of the total load in each selected region, if no sub-region is selected, the regional distribution will always be 100%.   + Select an area by holding down the CTRL button, left click on a cell and drag the cursor over another area.   + Lock the area by right clicking over the contour plot and selecting Lock Regions. | The 3-D graphical view shows higher pressures as  peaks and lower pressures as rolling hills.  The appearance of a “mountain range” suggests  higher rates of change in pressure from one point  to the next. This focuses attention to possible areas  of higher risk for skin breakdown. |
| Contour /Pressure Gradient:   * Review the image to the right of the screen by the numeric scale | Gradient refers to how close the high-pressure  values are to the low-pressure values; the aim is  for the gentlest change; “the foothills are  preferable to the Rockies!” |
| Co-efficient of Variation:   * Review statistical value that shows how evenly the pressure is distributed over the surface. | The statistical value is used as a comparative  value, a smaller value is better. |
| Dispersion Index (DI):  Dispersion Index = A / A+B  Where A = pressure over the ischial tuberosity & sacralcoccyx area  Where B = pressure outside the ischial tuberosity & sacralcoccyx area | Dispersion of the contact area is best when distributed over the full buttock and thighs. It is least desirable to have pressure distributed primarily over the ischial tuberosities and sacral regions. Ideally should see a “horseshoe” shape. |

**Documentation**

1. Document the pressure mapping technology used, the findings and interpretations.
2. Revise the care plan based upon the assessment and include anticipated clinical outcomes.
3. Document client/family education and written materials discussed as applicable.

**Definitions**

**Client** - Recipients of care; patient in acute care; client in community care and resident in long term care.

**Creep (deformation):** The tendency of the pressure mat to move over time; this occurs when pressure values increase over time under the constant load of the client weight; there is cushion creep and client tissue creep.10

**Hammocking (bridging):** Occurs when support surface contours effect the pressure distribution being measured so that the pressure mat itself may affect the readings.10

**Hysteresis:** The tendency for sensors to under-read (sense) when loads are applied, and to over-read (sense) when loads are reduced.10

**Pressure**: The “force per unit exerted perpendicular to the plane of interest (National Pressure Injury Advisory Panel, NPIUP, 2019, p. 4).

**Pressure Mapping Technology**: Pressure mapping systems usually include a map for seating assessments and a torso/body map for lying assessments; both may be used as part of an assessment related to transfers and associated pressure issues.

Houghton and colleagues (2013) state pressure mapping systems are comprised of:

“sensor array in a flexible mat, measure interface pressures between the body [clients’ tissue] and support surface. The pressure sensors are connected to a laptopized system that displays the pressures measured at each sensor, using a colour-coded image and a number. These outputs display the level of pressure at each sensor, the overall amount of contact area for pressure distribution, and pressure asymmetries. Higher areas of pressure may indicate bony prominences, but manual palpation is necessary to confirm this” (p. 75).

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**Document Creation/Review**

This guideline is based on the best information available at the time of its Provincial First Read and relies on evidence, expert consensus and avoids opinion-based statements where possible. The document has undergone a provincial stakeholder review.

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| **Created By** | British Columbia Provincial Interprofessional Skin & Wound Committee in collaboration with Occupational Therapists, Physiotherapists and Nurses Specialized in Wound Ostomy Continence/Wound Clinicians |
| **Publication Date** |  |
| **Revision Date(s)** |  |
| **Review Date(s)** |  |

**Appendix A: Pressure Mapping (PM) Documentation Worksheet**

Use this worksheet to document the PM, to guide clinical thinking, and to ensure documentation in case

notes. In most PM systems, case notes can be typed in the “notes section” under each scanned image.

Ensure recording of sufficient details including the following:

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| **Prior to Visit:** | | | |
| **Complete a Technology Check:**   Test technology and power cords   Test pressure mapping mat   Check interface laptop template ID to match ID on pressure mapping equipment   Date of last calibration? | | | |
| **Client’s Equipment:**  Client regular or known equipment is available for testing.   Potential seating/lying/transfer equipment available during the pressure mapping visit.   Coordinate with equipment supplier/pharmacy. | | | |
| **During the visit, complete the following:** | **Set up #\_\_\_** | **Set up #\_\_\_** | **Set up #\_\_\_** |
| **Environment and Set Up** |  |  |  |
| * Presence of linen layers (incontinence pad, briefs, sling, bed linens) |  |  |  |
| * Presence of clothing present: (e.g., jeans person is wearing) |  |  |  |
| * Seat cushion or mattress being trialed |  |  |  |
| * Angle of back rest |  |  |  |
| * Back rest (type) |  |  |  |
| * Degrees of tilt in the chair, if tilted * Head of bed (HOB), if in bed: * Foot of bed (FOB), if in bed: |  |  |  |
| * Position of lead (front left, front right, etc.) |  |  |  |
| * Completed a total of 7 minutes to settle for creep (per position/ equipment change) |  |  |  |
| **Mapping Results** |  |  |  |
| * Location of peak pressure (bony prominence): |  |  |  |
| * Peak Pressure Index in \_\_\_\_\_ mmHg |  |  |  |
| * Average Pressure |  |  |  |
| * Total sensing area |  |  |  |
| * Comment on symmetry |  |  |  |
| * Dispersion |  |  |  |
| * Gradient |  |  |  |
| * Foot support (thigh loading) as it impacts pressure distribution (footrest height / angle changes) |  |  |  |
| * Upper extremity position as it impacts pressure distribution (e.g., armrest, back rest position changes) |  |  |  |
| Additional Comments/Observations (client reports of comfort, pain, spasms etc.) |  |  |  |