



Heel Pressure Ulcer Risk Protocol

Pressure ulcers develop as a consequence of 3 factors: pressure / friction / shear. Whilst most prevention strategies and equipment will remove or lower these factors i.e. pressure relieving mattresses and slide sheets, additional strategies (Parafricta® Bootees) are required for those patients at risk of heel pressure ulcers as a direct consequence of an increased risk of shear forces and friction and or a lower tolerance to withstand these risk factors which contribute significantly to the formation of pressure ulcers.

Pressure Risk Assessment Maelor Score

RISK	EQUIPMENT	MAELOR SCORE	
LOW	PRESSURE REDUCING FOAM MATTRESS CONSIDER ROUNDING TOOL	0 - 19	
MEDIUM	DYNAMIC AIR MATTRESS CONSIDER ROUNDING TOOL	20 - 25	
HIGH	DYNAMIC AIR MATTRESS ETC: ROUNDING TOOL	25 - 36	

High Risk Groups for Heel Pressure Ulcers

1. Previous or current heel ulcer – reduced tissue tolerance.
2. Diabetes – peripheral neuropathy and numbness.
3. Stroke/ CVA – limited ability to move one or both legs and neuropathy changes.
4. Paralysis – leads to insensibility and atrophy and skin thinning.
5. Hip fracture – dragging injuries from knee replacements / digging the heel into the mattress to prevent sliding down the bed.
6. Dementia – cognitive impairment – risk of rubbing injuries.
7. Peripheral vascular disease – decrease vascular supply and reduces tolerance of mechanical forces.
8. Leg spasms/ Parkinson's / tremors – rubbing heels on the bed surfaces.
9. Agitated – heels on the bed / surfaces.
10. Leg oedema – compromised capillary flow and reduced tissue tolerance.
11. Frequently slides down bed or chair – poor posture in the chair or bed – risk of rubbing injury.

Parafricta® Bootees



Size Guide (shoe size)

X-Small	= 2 to 3½
Small	= 4 to 5½
Medium	= 6 to 8½
Large	= 9 to 10½
X-Large	= 11 to 13