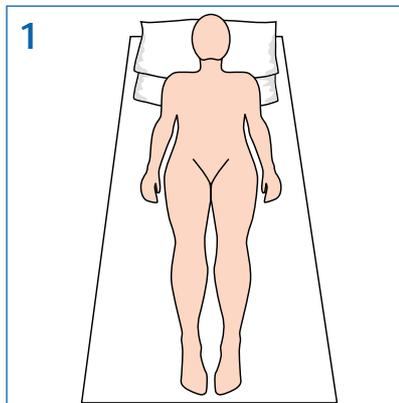
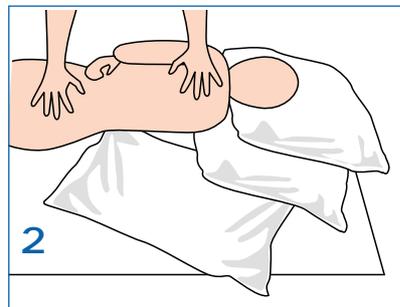


30° TILT

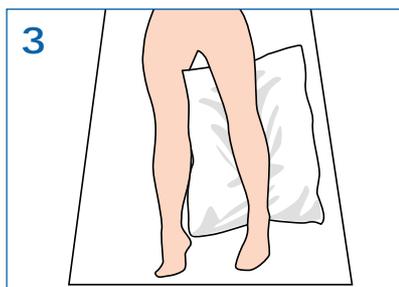
Recumbent



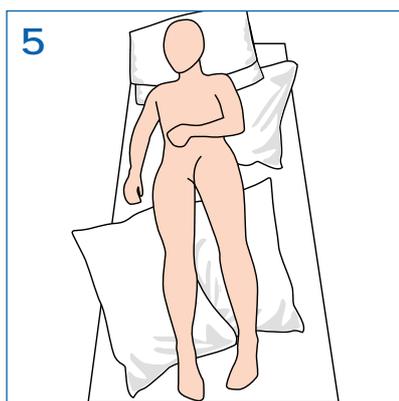
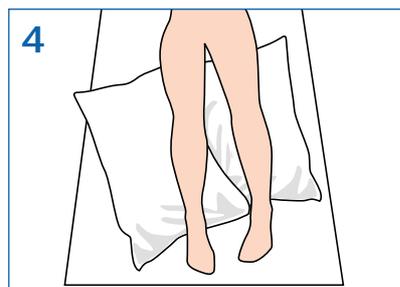
The patient should lie in the centre of the bed with adequate pillows to support the head and neck.



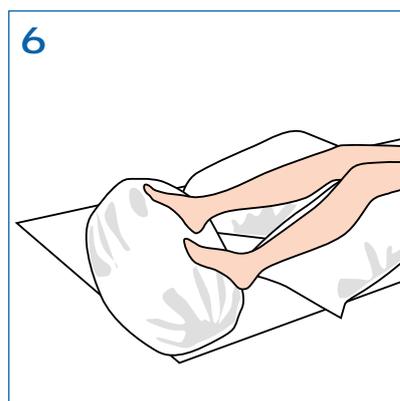
Add a pillow to give support to the lumbar region and shoulder. This 'tilts' the patient by 30° and lifts the sacrum clear of the mattress. Check with your hand that the sacrum clears the mattress.



Support both legs by placing pillows lengthways ensuring that heels are kept lifted from bed surface.



Patient in full recumbent '30° tilt' position.

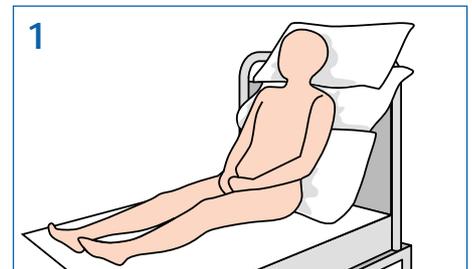


An additional pillow can be placed as shown to prevent 'foot drop'.

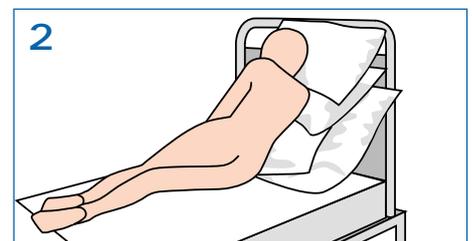
REMEMBER

1. Always explain the whole procedure to the patient, prior to repositioning, and throughout to reassure them.
2. Confirm that the patient is comfortable and check their position frequently.
3. The '30° tilt' is useful for patient comfort and pressure reduction over high risk areas. It should be used as an aid to, not in place of, an appropriate pressure reducing support surface/mattress.

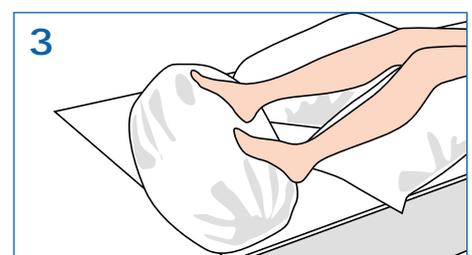
Semi-recumbent



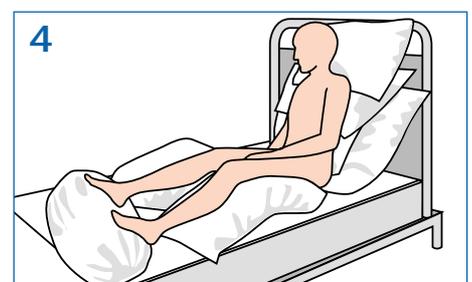
The patient's lower back should be supported with pillows. The lower pillow can be bunched or folded if necessary.



Another pillow is placed beneath the others, with the corner carefully positioned under the buttock to 'tilt' the body and lift clear the ischial tuberosities and sacrum.



The legs are again supported as in diagram 3 of 4 above. It is important that the heels are clear and the feet are in the correct position.



Patient in complete semi-recumbent '30° tilt' position.

REMEMBER

1. The use of electric profiling beds will assist in the management of patient positioning.

AT RISK AREAS

Patients are at serious risk of developing pressure damage within a very short period of time, if frequent repositioning and pressure redistribution are not employed.

THE COMBINED EFFECT OF FRICTION AND SHEAR FORCES

