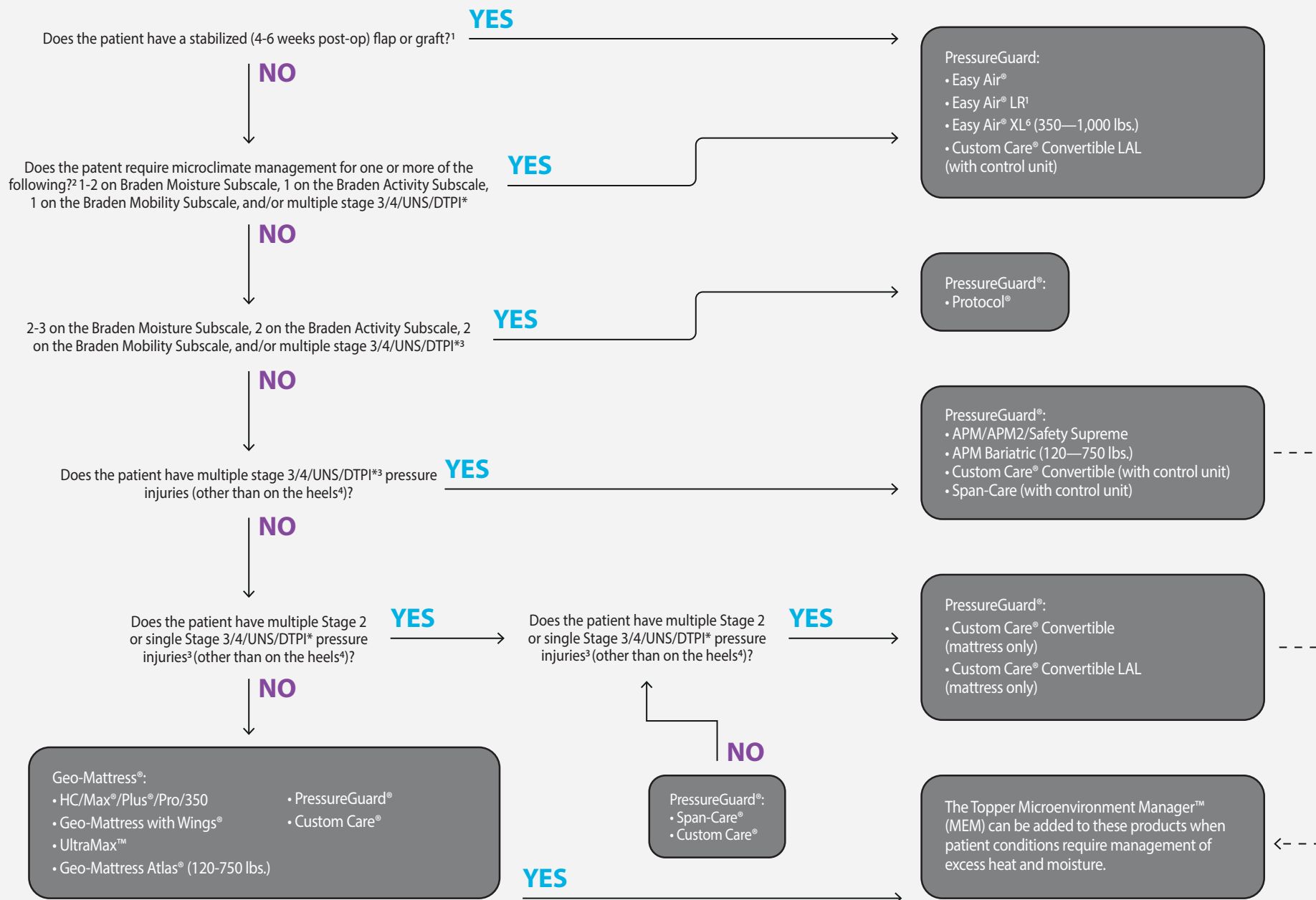


Support Surface Algorithm and Selection Guide



Notes/Clinical References:

1. If patient has a flap or graft that is less than 4 weeks post-op, total off-loading (proning) or air fluidized therapy is required. Avoid sliding patient on surface during repositioning, ADLs & transfers. Only float or alternating pressure modes (not lateral rotation) should be used when the patient is placed directly on the flap or graft. Source: Wound Care Practice. Sheffield, P. 1st edition, 2004, Chapter 17, P. 345. Other Span surfaces may be appropriate if used according to the guidelines.
 2. Patients with excessive moisture due to sweating, decreased mobility, lack the ability to reposition, be repositioned, refuses to be or stay repositioned. Patients with macerated skin due to any of the previous. Patients with increased skin or body temperature due to infection, sepsis or other conditions.
 3. Patients with multiple, complex (heavy exudate, infection, poor nutrition, etc.) pressure injuries may be placed on the Easy Air, Easy Air LR, Custom Care Convertible LAL (with control unit)
 4. Heel injuries are difficult to heal and should be elevated off of the bed. Consider using Heel Manager™ or other Span positioners.
 5. UltraMax may also be appropriate for multiple Stage 2 or single Stage 3 pressure injuries, and Max, Plus, Pro, Wings, Atlas or 350 may be appropriate for single Stage 2 pressure injuries, based on full assessment of skin status and repositioning required, according to best clinical practice and judgment.
 6. The Easy Air XL is not designed to ensure sufficient pressure redistribution and comfort for users weighing less than 350 lbs.. For these users, standard Easy Air or Easy Air LR should be selected.
- *UNS— Unstageable Pressure Injury: observed full-thickness skin and tissue loss. DTPI—Deep Tissue Pressure Injury: persistent deep red, maroon or purple discoloration. NPIAP Definitions, 2019
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