

Serious skin breakdown can occur in a surprisingly brief period of time. Generally speaking, residents are at greater risk for developing pressure ulcers if they become ill unless a preventative plan of care is in place.

### Risk Factors for Pressure Ulcer Development

- Having a current pressure ulcer or a history of healed pressure ulcers.
- Diabetes, peripheral vascular disease, edema of the feet or legs, or conditions such as stroke, in which extremities are paralyzed or sensation is impaired.
- Being bedfast, chairfast, or unable to move and turn independently.
- Extreme weight loss, inadequate nutrition.
- Poor fluid intake, dehydration.
- Underweight or overweight.
- Skin that is dryer or bleeds easily.
- Confusion or coma.
- Inability to communicate.
- Bowel and/or bladder incontinence
- Contractures
- Restraint use.



### Caution

Exposure to moisture, powder, friction, shearing, chemicals, secretions, excretions, and other irritants also influences pressure ulcer development. Friction and shearing occurs readily when residents are pulled up in a bed or chair and could cause minor skin tears that could rapidly turn into pressure ulcers. Pressure ulcers can also develop if clothing is constricting, pressing or rubbing on the skin.

### Prevention of Pressure Ulcers in the Wheelchair

- Encourage residents who are able to move to reposition themselves frequently to relieve pressure.
- Teach residents who are seated in chairs to shift their weight every 15 minutes, if physically able, to relieve pressure.
- Keep the skin clean and dry. Excessive moisture promotes skin breakdown.
- Keep the pressure off the skin over bony prominences by using a pressure relief cushion.
- Use facility-approved moisturizing lotions on residents who have dry skin. Skin that is supple and well hydrated will not break down as easily as dry skin.
- Provide adequate nutrition to meet the resident's calorie and protein needs. Provide adequate fluids. Provide oral nourishments, supplements, and snacks as ordered.
- Follow the directions on the care plan for preventive skin care.

The information above has been provided by: "Nursing Assisting - Essentials for Long-Term Care" by Barbara Acello (pgs.157-163, 190)



- Decubitus prevention
- Air Floatation
- Pressure relief and redistribution
- 20g Vinyl, Heat Sealed Construction
- Anti-Bacterial
- Large air valve
- Easy to adjust
- Wipe clean vinyl
- Safety straps
- Pre-inflated
- Meets CA 117



Reorder#	Description	Size	Color	Capacity	Warranty	UM
756210	Air Lift Seat Cushion only	17" x 17"	Blue	300 lbs.	1 Yr	Ea.
756211	Air Lift Seat Cushion only	17" x 17"	Blue	300 lbs.	1 Yr	12/cs
756215	Air Lift Seat Cushion w/LSII Cover	17" x 17"	Blue	300 lbs.	1 Yr	Ea.
756219	Optional Cushion Cover w/Safety Straps	17" x 17"	Blue	300 lbs.	1 Yr	Ea.
756225	Air Lift Seat Cushion only	19" x 19"	Grey	300 lbs.	1 Yr	Ea.
756226	Air Lift Seat Cushion only	19" x 19"	Grey	300 lbs.	1 Yr	12/cs
756230	Air Lift Seat Cushion w/LSII Cover	19" x 19"	Grey	300 lbs.	1 Yr	Ea.
756234	Optional Cushion Cover w/Safety Straps	19" x 19"	Grey	300 lbs.	1 Yr	Ea.
756235	Air Lift Seat Cushion only	22" x 28"	Green	700 lbs.	6 Mo.	Ea.
756236	Air Lift Seat Cushion only	22" x 28"	Green	700 lbs.	6 Mo.	6/cs
756237	Air Lift Seat Cushion w/LSII Cover	22" x 28"	Green	700 lbs.	6 Mo.	Ea.
756239	Optional Cushion Cover w/Safety Straps	22" x 28"	Green	700 lbs.	6 Mo.	Ea.
751580	Optional Hand Pump	Universal	Purple	N/A	6 Mo.	Ea.

### Indication for use:

Comfort, prevention and healing therapy through stage IV pressure ulcers. Deep tissue injury protection (see page 3 for multiple uses of this product). This product is a pressure relief and redistribution cushion.

### Inspection, Inflation and Deflation:

1. A properly inflated cushion will appear to be half full.
2. Place the individual on the cushion in his/her normal sitting position.
3. Slide your hand between the cushion and surface of the chair, and feel for the lowest bony prominence.
4. If the bony prominence is felt, remove the patient and add air as needed.
5. If the bony prominence isn't felt no action is required.
6. Optional air pump; open valve, place pump inside valve and use pump action to inflate. Remove pump and close valve cover.
7. To deflate cushion, open valve cover and squeeze air out by pressing on upper surface. Close valve cover when finished.

**Note:** These cushions are pre-filled with air but can be adjusted by the user

**Note:** Skil-Care Corp. has determined the proper fill height by carefully testing the product with several individuals of varying stature. It should be noted that once the product leaves the factory the inflation will vary with the weather, temperature and atmospheric pressure. On occasion it may be necessary to adjust the air level.

### Installation:

1. Place cushion on wheelchair, valve side down, with tie straps towards back of wheelchair and secure cushion to back of wheelchair with straps.
2. Optional cover; open zipper, place cushion inside cushion cover with flange toward the back of the cover and with the valve facing the bottom (Cover, blue side up, black side is bottom) close zipper, adjust safety straps around chair, and connect side release buckle.

### Easy Care:

1. Clean cushion with spray and wipe cleaning solution, avoid bleach. Do not launder cushion.
2. Do not launder cushion cover.



### Caution:

Keep cushion away from open flame and cigarettes and avoid sharp objects from making contact with the cushion.

### Other Uses for Skil-Care's Air Lift Cushion



Between The Legs



Under the Elbow



On the Bed



Under the Head



On the Back of a Wheelchair