





Skin and Wound Product Information Sheet

| HeelZup Supreme | |
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| Classification | Heel Suspension: Cushion |
| Key Points | <ul style="list-style-type: none"> • <u>Reusable</u> device which elevates the heels off the surface at least 2.5cm while supporting the lower leg from the Achilles area up to the knee. • The 3.25" high resilient foam base with a 1.5" thick Visco-Elastic foam provides enhanced pressure distribution; the coated nylon cover reduces friction and shear; the raised sides prevents legs from falling off the cushion and the no-slip bottom hold the cushion in place. |
| Indications | <ul style="list-style-type: none"> • To be used when pillows for heel offloading have not been effective: <ul style="list-style-type: none"> ○ To protect heels at risk for skin breakdown due to pressure or friction/shear. ○ To support healing of existing heel pressure injury. |
| Precautions | <ul style="list-style-type: none"> • Clients with contractures who 'dig' their heels into the mattress, or have wound(s) to the malleoli region or on the back of the leg(s) need a NSWOC/Wound Clinician/OT/PT assessment. • The heels must not touch the bed; if heels touch the bed, notify OT/PT/NSWOC/Wound Clinician for consideration of a different device. • Care is needed when using sharp instruments in proximity to the cushion; if the cover is punctured then the cushion needs to be discarded for infection control reasons. |
| Contraindications | <ul style="list-style-type: none"> • Do not use for clients with arterial insufficiency. |
| Formats & Sizes | Standard: width 30", thickness 4.75" & 4" raised sides <ul style="list-style-type: none"> • Petite 13" depth: up to 5'5"/150lbs & under • Standard 14" depth: 5'6- 6'/up to 300lbs • Large 15' depth: over 6'/up to 300lbs • Bariatric 14" depth: up to 6'/over 300lbs <div style="text-align: right;">  </div> |
| Application Directions | |
| Refer to the cushion's white tag to ensure that the proper size of HeelZup cushion is being used. | Proper sizing ensures that the heels will be fully suspended and popliteal fossa will be free of pressure. |
| Wash the client's lower limb with warm water and pat dry. Moisturize the skin, pat dry to remove any excess. Ensure that the spaces between the toes are dry and free from moisturizer. | To ensure healthy skin. |
| To Apply | |
| Gently raise the legs and insert the HeelZup cushion such that both heels are suspended off the end of the cushion. | This ensures correct application to suspend the heels off the bed and prevents damage to the popliteal artery. |
| <div style="text-align: center;">  </div> <p>Ensure the back of the knee is positioned slightly off the cushion to protect the popliteal artery.</p> | If the heels are touching the bed with the cushion in place, then add pillow(s) to the cushion to raise the heels. If heels are still not suspended then consider an alternate device and/or consult OT/PT or NSWOC/Wound Clinician. |
| Daily Care | |
| With each repositioning change e.g., every 2 hours: <ul style="list-style-type: none"> • ensure that the heels are not touching the bed and • check the client's skin for signs of skin irritation and pressure points. If using a heavy moisturizer or zinc-based product on the legs, protect the cushion with a small sheet/towel. | If skin irritation is present or reddened areas do not blanche, do not continue using the cushion. Use a temporary alternative method e.g., pillows, for off-loading the heel and consult OT/PT or NSWOC/Wound Clinician. |



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| Cleansing the Cushion | |
| <p>If soiled, wipe the nylon cover with agency approved cleanser e.g., mattress cover cleanser; allow to air dry.</p> <p>Prior to storage, ensure the cushion cover is not damaged. Cleanse cushion and allow to air dry.</p> | <p>Do not wash by hand or launder.</p> <p>Cushion is ready for next client use. If the cover is torn or punctured, the cushion needs to be discarded for infection control reasons.</p> |
| Expected Outcome | |
| <p>Client does not develop a heel pressure injury.</p> <p>Existing heel pressure injury heals.</p> | |
| For further information, please contact your OT/PT/NSWOC/Wound Clinician. | |