
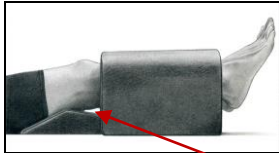




Skin and Wound Product Information Sheet

HeelZup with Thigh Support	
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 supporting the lower leg from the Achilles area up to the knee and a hinged extension to support the knee and lower thigh to protect the popliteal fossa. • The high resilient foam provides 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 with the thigh support folded under the cushion. • Do not use for clients with arterial insufficiency.
Formats & Sizes	Standard: width 30”, thickness 3.25” & 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
	
Application Directions	Rationale
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 with Thigh Support cushion such that the thigh support section is unfolded and placed under the lower thighs. Ensure both heels are suspended off the end of the cushion.	This ensures correct application to suspend the heels off the bed and to prevent damage to the popliteal artery. The thigh support section prevents any additional pressure to the knee joints by supporting the thighs and is hinged to move with the bed.
	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.
Ensure the back of the knee is positioned slightly off the cushion, protecting the popliteal artery.	
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	
If soiled, wipe the nylon cover with agency approved cleanser e.g., mattress cover cleanser; allow to air dry. Prior to storage, ensure the cushion cover is not damaged. Cleanse cushion and allow to air dry.	Do not wash by hand or launder. Cushion is then ready for next client use. If the cover is torn or punctured, the cushion needs to be discarded for infection control reasons.
Expected Outcome	
Client does not develop a heel pressure injury. Existing heel pressure injury heals.	
For further information, please contact your OT/PT/NSWOC/Wound Clinician.	