

Risk Factor	Potential Causes	Action	Rationale for Action
Decreased Tissue Perfusion	Hypotension Hypoxaemia Sepsis Inotropes Cardiac instability Raised Intracranial Pressure	Reposition patients at appropriate intervals, if medically safe to do so. In some instances may only be able to achieve minimal changes in position due to invasive monitoring and it's site i.e. temporary pacemaker, continuous renal replacement therapy, intra aortic balloon pumps and oesophageal gastric tamponade catheters. Consider use of pressure redistributing mattress	In some instances, when patients are critical and unstable repositioning the patient could be harmful to their condition <i>Clinical Practice</i>
Immobility	Unconscious Sedated Neuromuscular Blocking Agents Spinal Injury Peripheral neuropathy of the critically ill Severe Hypoxia	Reposition patient at appropriate intervals and maintain good body alignment Ensure patient is not lying on any of the monitoring cables, wound drains Rotate pulse oximeter probe on digits or ears at regular intervals Reposition endotracheal and naso/oro gastric tubes daily Ensure tracheostomy tubes are positioned correctly Ensure anti-embolic stocking fit the patient correctly and inspect lower limbs during daily hygiene. Adult and paediatric patients may be placed in the prone position to try and improve respiratory function. Paediatric patients may be placed in the prone position for 12 hours or more and the patient's head is turned at appropriate intervals.	To minimise pressure to the skin and aim to prevent pressure ulcers occurring. <i>Clinical Practice</i>
Decreased Sensory Perception	Confusion Unconscious/Sedated Spinal Injury Peripheral neuropathy of the critically ill	Reposition patient at appropriate intervals and maintain good body alignment Ensure patient is not lying on any of the monitoring cables, wound drains Rotate pulse oximeter probe on digits or ears at regular intervals Reposition endotracheal and naso/oro gastric tubes daily Ensure anti-embolic stocking fit the patient correctly and inspect lower limbs during daily hygiene.	To minimise pressure to the skin and aim to prevent pressure ulcers occurring. <i>Clinical Practice</i>
Pressure	Immobility Decreased Sensory Perception Cachexia; Obesity Morbid Obesity Endotracheal Tubes Tracheostomy Tubes Oesophageal Gastric Tamponade catheters Cables used for Haemodynamic/Intracranial monitoring Pulse oximetry probes Chest/Wound drains Orthopaedic traction Limb Splints	Reposition patient at appropriate intervals and maintain good body alignment Ensure patient is not lying on any of the monitoring cables, wound drains Rotate pulse oximeter probe on digits or ears at regular intervals Reposition endotracheal and naso/oro gastric tubes daily Ensure anti-embolic stocking fit the patient correctly and inspect lower limbs during daily hygiene. Ensure tracheostomy tubes are positioned so that they are not creating pressure at the site. Check that the Oesophageal/Gastric tamponade catheter has the correct amount of traction and inspect patient's mouth at frequent intervals. Orthopaedic traction should be inspected as per protocol. Limb splints should be inspected and rotated on and off as per protocol.	To minimise pressure to the skin and aim to prevent pressure ulcers occurring. <i>Clinical Practice</i>