

Static positioning cushions for the full body help with decubitus prophylaxis and/or therapy. They are used to support pressure-free positioning and to change and stabilise the position of people being cared for, especially in bed. The positioning cushions cannot replace manual changes of position, but they may be able to extend the intervals between changes and facilitate positioning. The duration of the interval depends on the individual state of health of the person being cared for. To ensure the safe use of the positioning cushion, the carer must have the appropriate technical expertise or has been instructed in the use of the product by a care professional.

**Indications:**

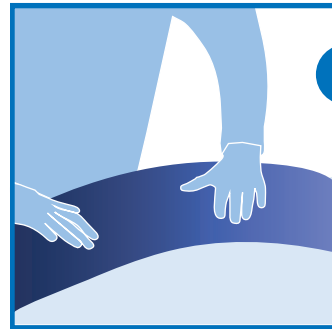
- **Decubitus prophylaxis and therapy:** Gentle positioning allows vulnerable areas of the the back of the head, shoulder blade, pelvis and especially the sacrum and coccyx.
- **Mobility restrictions and/or impaired body perception:** The positioning cushion helps to reduce the strength of pressure and shearing forces and to secure the position of people being cared for who are no longer able to change position independently.
- **Pain:** Pain relief through relieving positioning

## Positioning examples

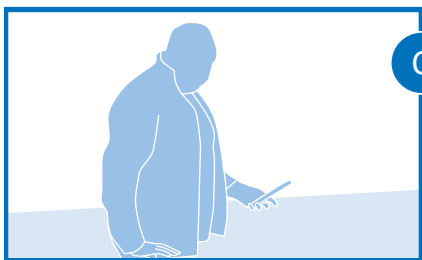
### General preparation



**A.** First check the full body positioning cushion for cleanliness and possible damages.



**B.** Please ensure that the filling is evenly distributed in the cushion during the positioning process.

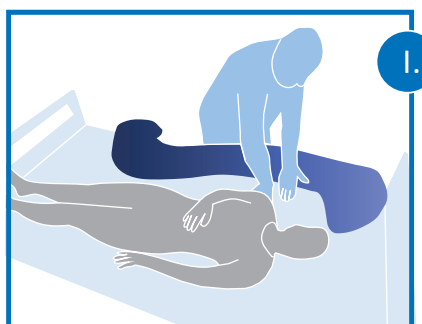


**C.** The care bed should be adjusted to the working height of the carer. The height of the carer's hip bone is used as a reference point.

If the person being cared for is responsive, they should be informed of every step. Make eye contact and, if accepted by the person being cared for, place your hand on their shoulder.

### Preparation for positioning

Bring the person to be cared for in the correct position so that the actual positioning can be carried out.



**I.** If the person being cared for is lying in the centre or on the opposite side, they must be placed near the edge of the bed where the carer is standing.

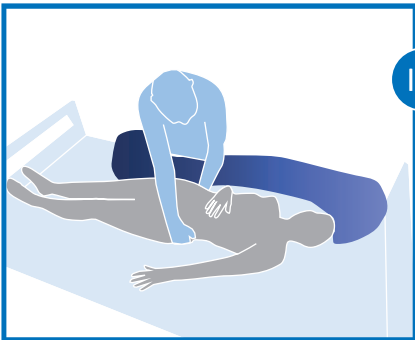
To position the person to be cared for at the edge of the bed, the carer lifts the left shoulder with the right hand and slides the left hand under the shoulder blade up to the beginning of the spine.



II.

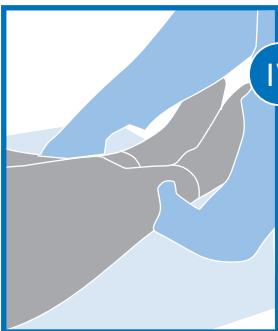
The carer's right hand then grabs the left shoulder of the person being cared for and turns it slightly so that it rests on the carer's left forearm.

When the left forearm is pulled out, the person being cared for turns onto their back and moves towards the carer. The person being cared for should now lie in front of the edge of the bed.



III.

This process is repeated with the hips according to the same principle. If the other side is positioned, this should be reversed.



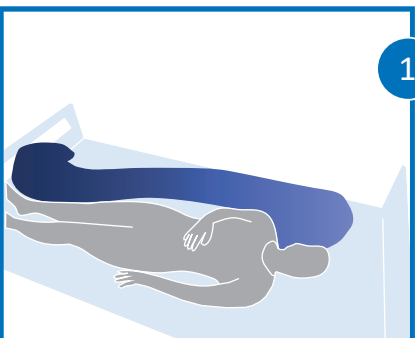
IV.

Finally, the legs are raised slightly below the knees and laid down so that the person being cared for is lying straight again.

## 30° lateral position

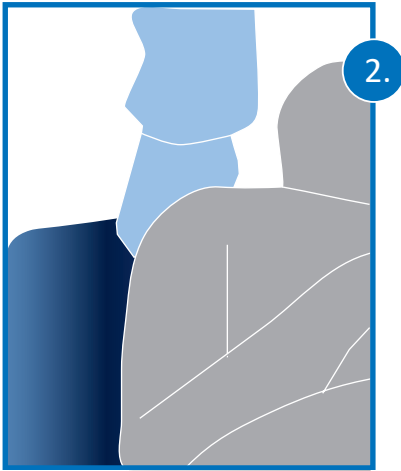
If the person to be cared for is incorrectly positioned in bed, please follow the instructions in Fig. I.–IV.

The 30° lateral position temporarily relieves pressure on vulnerable areas of the body such as the back of the head, shoulder blade, pelvis and especially the sacrum and coccyx.



1.

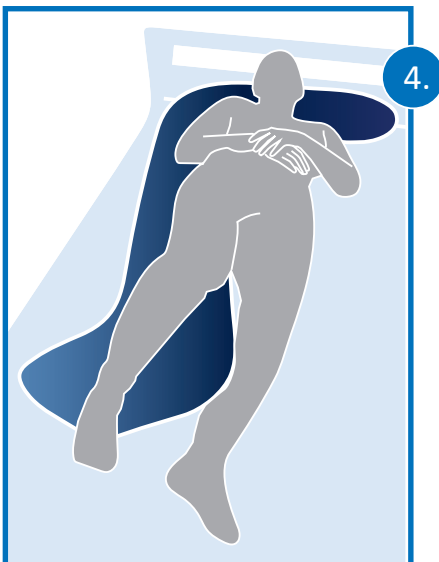
The person being cared for should be in a supine position near the edge of the bed where the carer is standing. The carer stands on the side of the person to be cared for that needs to be relieved. The Full Body Positioning Cushion is placed on the edge of the bed next to the person being cared for, between the carer and the patient.



The Full Body Positioning Cushion is positioned under one half of the body of the person being cared for. To do this, the carer lifts the left shoulder of the person to be cared for. The same procedure is now carried out with the hips.



The legs are also being supported. With careful, controlled movements, the upper leg is placed on the Full Body Positioning Cushion to rest. Please ensure that you do not grasp the joints.



If possible, make sure that the person being cared for agrees with the position and check the head and feet again to make sure they are positioned correctly.

**To bring the person being cared for back into the initial position, the following measures should be taken:**

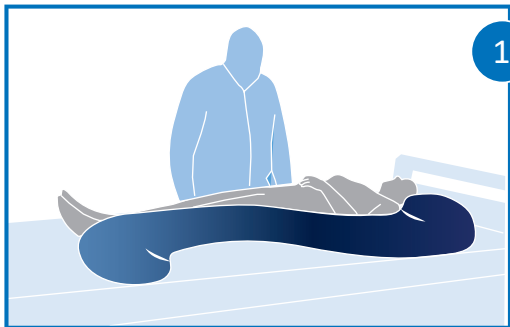
The carer grabs the shoulder blade with the right hand and carefully lifts the person to be cared for. The upper part of the cushion can now be removed with the left hand. Proceed in the same way with the pelvic area. The Full Body Positioning Cushion can now be removed. The person to be cared for should then be repositioned in the centre of the bed. The procedure is the same as in steps I-IV. Check again that the person to be cared for is lying comfortably.

## 135° lateral/prone position

Prepare the positioning process as described in picture A-C.

If the person to be cared for is incorrectly positioned in bed, please follow the instructions in Fig. I.-IV.

With 135° lateral/prone positioning, vulnerable areas of the body such as the back of the head, shoulder blade, sacrum and coccyx are temporarily relieved.



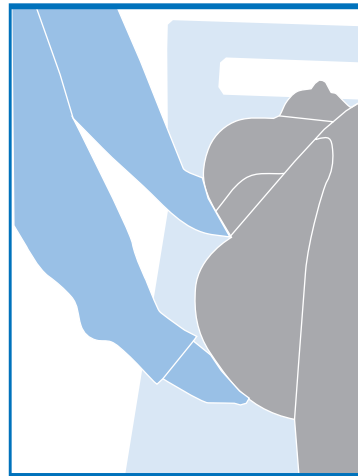
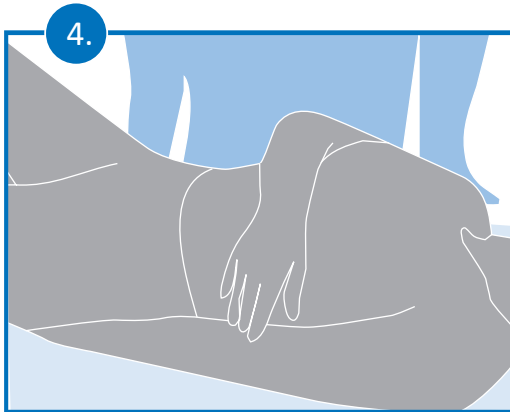
The carer stands on the side to be relieved of the person being cared for. The Full Body Positioning Cushion is placed on the opposite edge of the bed.



To secure the person being cared for, the side rails of the bed should be raised on the opposite side. The carer lifts the hip of the person to be cared for with the right hand and places the arm under the upper body with the palm of the hand facing upwards.

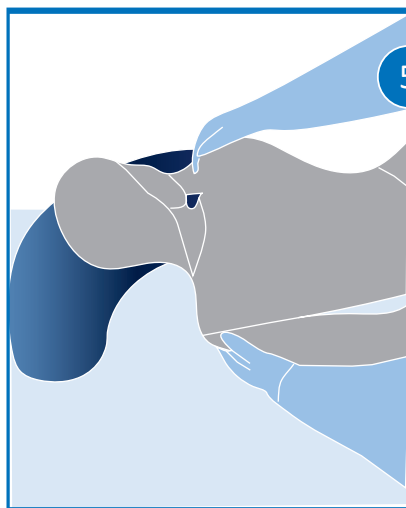


The outside leg of the person being cared for is positioned at an angle. The carer should take care not to grab the leg firmly, but only guide it with the right hand.



The carer now places one hand under the shoulder of the person to be cared for and the other hand under the sacrum. The person being cared for can now be turned towards the Full Body Positioning Cushion.

If more force is required, the knee of the person to be cared for can be used as an additional support.



If the person being cared for is in a prone position, the carer should check the position of the lower shoulder again and, if necessary, carefully pull the shoulder out backwards.



If possible, make sure that the person being cared for agrees with the position and check the head and feet again to make sure they are positioned correctly.

**To bring the person being cared for back into the initial position, the following measures should be taken:**

The carer grabs the shoulder of the person being cared for with one hand and the sacrum with the other hand. The person being cared for can be returned to the supine position by turning. Check again that the person to be cared for is lying comfortably.