BE CLEAR ON S.H.E.A.R
Jacqui Fletcher, Independent Nurse Consultant
Contact: jacquifletcher64@gmail.com

Introduction
Preventing pressure ulcers remains a challenge in many clinical areas despite intensive intervention over many years. As knowledge and understanding of how pressure ulcers occur increases it is important that this information is translated into clinically relevant and easily understandable chunks that are easy to apply for front line staff.

The 2014 guidelines define a pressure ulcer as “a localized injury to the skin and/or underlying tissue, usually over a bony prominence (See figure 1), resulting from sustained pressure (including pressure associated with shear)” understanding pressure- ulcer aetiology requires understanding of internal responses to loading, not just what happens at the skin surface.

Whilst there is much information about the impact of pressure there is less available to explain the impact of shear and how to alleviate it’s impact on shear and therefore reduce a patient’s risk of developing a pressure ulcer or deep tissue injury.

“ Shear is a relatively new concept for clinicians engaged in pressure ulcer prevention”

Method
A series of resources (poster, PowerPoint presentation, pocket enabler and short MCQ test) (See figure 2) have been designed to allow the clinician to better understand what shear is and what damage it causes to both the superficial and deep tissues. These also identify how patient positioning and posture can either contribute to increased shear forces or help prevent against shear both in the bed and chair. Practical guidance is given on how to best support patients to reduce risk.

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Results
A series of clinical resources have been developed to help staff understand what shear is and how it impacts on pressure ulcer risk. They are based on the acronym SHEAR

S – Support Surface
H – Head of Bed
E – Elevate the Heels
A – Air Displacement Technology
R – Repositioning

Discussion
Producing resources that assist clinical staff understand what can be complex engineering theories is not easy and many specialist nurses spend considerable amounts of time producing posters and teaching materials which make the science of pressure ulcers accessible to often busy front line staff. Using a simple framework such as SHEAR should help to disseminate the scientific information but also make strong links to the clinicians practice so that they are able to see what they can contribute to prevention.

Conclusion
Shear is a relatively new concept for clinicians engaged in pressure ulcer prevention, in order to make it both understandable and clinically relevant resources and teaching materials must consider how to explain concepts in a way that remains meaningful but is engaging and linked to clinical practice. Information must be available in multiple forms for clinicians with different levels of background knowledge and time to review new knowledge.

References

Figure 2: Leaflet and poster resource