

GUIDELINES – LEAVING SLINGS IN-SITU

It is only extreme circumstances that slings should be left in-situ

When the patient presents with:

- Complex Seating Needs
- Complex Moving & Handling Requirements
- When Removal and Insertion of Sling puts the Patient and/or Carers at Extreme Risk of Injury

ACTION	RATIONALE
Assess the needs of the patient, the environment and necessity to leave the sling in-situ.	To ensure the action is in the patient's best interest.
Assess the sling, checking for thickening of straps and seams that may come into contact with the patient's body.	To ensure patient experiences as little discomfort as is possible by using sheepskin sleeves and repositioning straps. NB – if plastic strips are removed for seating they must be replaced before any manoeuvre is undertaken.
Check that the patient is comfortable.	To evaluate the manoeuvre.
Examine pressure points at regular intervals and/or if areas of erythema noted, check for blanching.	To provide appropriate data on which to base the period of time a patient can be left with sling in-situ.
If area of non-blanching erythema noted, keep pressure off this area until it returns to normal colour.	Non-blanching erythema can be reversed if pressure is relieved. If pressure is not relieved, further breakdown will result in pressure injury and skin breakdown.
Use appropriate pressure relief device.	To reduce pressure where possible.
Use appropriate tilting and repositioning techniques, whilst maintaining safety.	To reduce pressure and maintain patients' safety and comfort.