

STRATEGIES FOR PATIENT & FAMILY ENGAGEMENT WITH TURNING/REPOSITIONING

STATEMENTS TO AVOID:

- Is it alright to reposition you?
- May I turn you now?
- Do you want to be turned now?

USE THESE STATEMENTS INSTEAD:

- **It is time for you to be repositioned.** Can I get anything for you before we start?
- It is good that you are comfortable, but you are at (high/very high) risk to develop a pressure injury (bed sore). I want to make sure that doesn't happen.
- You agreed we could reposition in 15 mins, let's review the importance of this, or I can have the charge nurse review the plan with you.
- We have reviewed your repositioning schedule, and this is the agreed time. Prolonged pressure causes pressure injury development and **it is my job to keep you safe.**
- Frequent small positioning shifts can help prevent pressure injuries.

ESCALATION PATHWAY IF YOUR PATIENT REFUSES TURNING/REPOSITIONING:

1. **Ask** the patient why they are refusing to turn, and try to address the issues (i.e. pain, comfort)
2. **Educate** why repositioning is important to keep the patient safe and prevent pressure injury development
3. **Escalate to the Shift Leader** if patient continues to refuse
4. Use "Pressure Injury Progression" photos to **illustrate potential consequences**
5. **Escalate to NP/Physician team** (i.e. during rounds) if patient continues to refuse after trying above methods
6. **Document** each patient refusal and education/escalation interventions