

Health Trends

December 2025



Positioning to Reduce Skin Breakdown

Positioning is a frequently used term which has several associations or applications depending on what we are trying to accomplish, minimize or avoid (1).

Individuals with DD who are not able to move independently are dependent on their caregivers to reposition them **every 2-hours**, but may be more frequently (e.g. every hour, etc.) if needed (5) (4).

Repositioning is defined as completely changing an individual's body position to another part of the body and/or a full turn of the body (5) (1).

An individual in a seated position should be moved to a lying down position (horizontal) or a standing position (vertical) using a stander. An individual lying on the right side of their body, should be repositioned to the left side, back or stomach, and so on (5).

Individuals who have positional challenges and those with a history of pressure injuries should be evaluated by their primary care provider (PCP) or physical therapist (PT) to have a person-centered positioning protocol written/ordered (1).

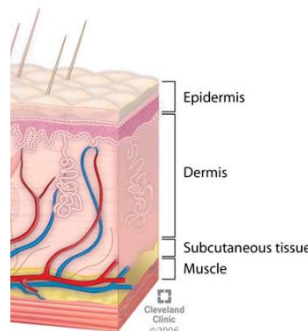
Positioning is Necessary to...

- Reduce or relieve pressure on areas of the body at risk for skin breakdown.
- Maintain muscle mass and skin integrity.
- Improve blood flow to tissue.
- Provide proper body alignment.
- Increase comfort (5).

Layers of the Skin

Knowing about the layers of the skin helps to understand how positioning effects skin breakdown.

- The epidermis is the outer most layer of the skin.
- Below the epidermis is the dermis.
- Right below the dermis are the capillary beds which supply the dermis and epidermis with blood.
- Below the capillary beds is the fatty subcutaneous tissue.
- Then the muscle and then bone (1).

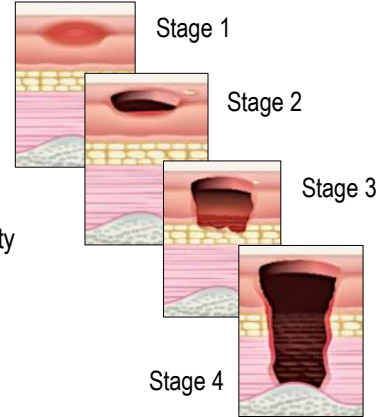


Skin Breakdown

When an individual with positional challenges is left in the same position for over 2-hours the blood flow is cut off to the tissue in that particular area causing damage to the skin.

Skin breakdown is classified by the depth of the damage to the skin layers (3).

- Stage 1 - damage to the epidermis.
- Stage 2 - damage to the epidermis and dermis.
- Stage 3 - damage to the epidermis, dermis, and fatty subcutaneous tissue.
- Stage 4 - damage to the epidermis, dermis, fatty subcutaneous tissue, and muscle.



Some skin damage is not able to be staged and is then referred to as "unstageable" (1).

Skin damage from pressure can be healed but does not return to its original state of health prior to the damage occurring. Therefore, the area is always at higher risk for becoming more seriously damaged again, in an even shorter amount of time than before (3).

Other Factors Affecting Skin Breakdown

Friction, shear and moisture increase risk for skin breakdown and damage.

- Friction injuries occur when the skin is dragged or pulled across a surface, such as when an individual is moved or slid across bed sheets. Damage due to friction can be seen on the outside of the body (1) (3).
- Shearing is the physical force which acts on an area of skin in a direction parallel to the body's surface. Shear related damage happens between the skin layers by separating tissue layers, cutting off the blood supply to the area. Damage due to shearing cannot be seen outside the body (3).
- Both friction and shearing damage can occur during positioning when two forces move in opposite directions, either inside of the body or outside. It is very important to lift an individual completely off the surface before moving them (1).
- Any type of moisture such as after a bath, or incontinence can increase risk of friction and shear related damage (1).
- Bowel and bladder incontinence start to breakdown skin on contact. The longer an individual is left sitting in stool or urine the higher the chances are for skin damage to occur (2).

References

1. Al Aboud, A. M., and Manna, B. (2020, April). Wound pressure injury management. *Stat Pearls*, 1-7.
2. Hoss, E. and Dugdale, D. C. (2024, February). Skin care and incontinence. *Medline Plus*, 1-4.
3. Kirman, C. N. and Geibel, J. (2024, January). Pressure injuries (pressure ulcers) and wound care. *Medscape*, 1-52.
4. Mannheim, J. K., and Dugdale, D. C. (2023, October). Turning patients over in bed. *Medline Plus*, 1-2.
5. National Clinical Guideline Centre (NCGC). (2014, April). Pressure ulcer prevention: The prevention and management of pressure ulcers in primary and secondary care. *The National Institute for Health and Care (NICE)*, 1-710.

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to communitynursing@dbhds.virginia.gov

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2025 GUIDELINES NEWS FROM THE AMERICAN HEART ASSOCIATION

NEW

American Heart Association (AHA) Cardiopulmonary resuscitation (CPR) Guidelines 2025

The American Heart Association (AHA) has released its 2025 CPR and Emergency Cardiovascular Care (ECC) guidelines, and there are some important updates.

Whether you're a medical professional or a concerned citizen, staying current with these changes ensures you're prepared to provide the most effective care in a life-threatening emergency.

Why Do CPR Guidelines Change?

CPR guidelines are updated every five years based on the latest research in resuscitation science. These updates reflect what has been proven to work best in real-life cardiac arrest situations. The goal is to save more lives.

Key Updates in the 2025 AHA CPR Guidelines

Here are the most important changes introduced in the 2025 AHA update:

1. New compression-to-ventilation emphasis.
2. Updated compression depth for children.
3. Infant CPR technique adjustment.
4. AED use for children now more flexible.
5. Opioid emergency response expanded.

How to Stay Updated

To ensure you're prepared:

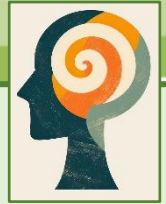
- Renew your certification every two years.
- Take a refresher course if your last CPR training was based on pre-2020 guidelines. To find the course you need near you click [here](https://cpr.heart.org/en/course-catalog-search). <https://cpr.heart.org/en/course-catalog-search>
- Download the official AHA 2025 Guidelines or review the AHA's official update summary [here](https://cpr.heart.org/en/). <https://cpr.heart.org/en/>

The 2025 AHA CPR guidelines reflect the latest science in saving lives. Don't rely on outdated techniques when every second counts.

Stay Current. Stay Confident. Stay Certified.

Reference:

1. American Heart Association (AHA). (2025). 2025 guidelines for CPR and ECC are here. [Internet].
2. Drennan, I.R., Schexnayder, S.M., Bartos, J., Del Rios, M., Mahgoub, M., Panchal, A.R., Rodriguez, A.J., Sell, J., Sasson, C., Wright, J., & the AHA Guidelines Highlights Project Team. (2025). Highlights of the 2025 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. 1-23.
3. Pulse - CPR and First Aid. (2025). Blog: New AHA CPR guidelines 2025. [Internet].



ABA Snippets ...

Behavioral Gerontology

Behavioral gerontology is the use of behavior analysis to address challenges associated with aging. It is projected that by 2030, adults aged 65 and above will comprise more than one-fifth of the U.S. population (2).

This snippet will provide a few examples of how behavior science has been applied to support older adults and to train care staff in delivering sustainable, non-pharmacological interventions that improve quality of life.

Decrease Challenging Behaviors

Baker, Hanley, and Mathews (1) trained nursing home staff to assess and address aggression in a 96-year-old woman with dementia, identifying avoidance of bathroom routines as the function and implementing a prompting and break-based intervention. This simply-implemented intervention made aggression near nonexistent.

Increasing Activity Engagement

Brenske, Rudrud, Schulze, and Rapp (4) found that descriptive prompts (e.g., "There is bingo and lemonade in the other room") were more effective than general prompts (e.g. "There is an activity and drinks in the other room") in increasing activity attendance among six nursing home residents with dementia.

Memory and Language

Bourgeois (3) used memory aids—note cards with personal details and photos—to improve conversations among six nursing home residents. These aids increased on-topic statements, reduced unintelligible speech, and enhanced turn-taking.

One can easily appreciate how meaningful it must have been for those involved in these studies to have their quality of life enhanced through behavioral gerontology. See the references if you are interested in learning more.

You may contact DBHDS at: Nick.Vanderburg@dbhds.virginia.gov with any questions or concerns regarding the ABA Snippet article.

References

1. Baker, J. C., Hanley, G. P., & Mathews, R. M. (2006). Staff-administered functional analysis and treatment of aggression by an elder with dementia. *Journal of Applied Behavior Analysis*, 39(4), 469–474.
2. Behavior Analyst Certification Board. (2023). *Behavioral gerontology: ABA subspecialty fact sheet*.
3. Bourgeois M. S. (1993). Effects of memory aids on the dyadic conversations of individuals with dementia. *Journal of Applied Behavior Analysis*, 26(1), 77–87.
4. Brenske, S., Rudrud, E. H., Schulze, K. A., & Rapp, J. T. (2008). Increasing activity attendance and engagement in individuals with dementia using descriptive prompts. *Journal of Applied Behavior Analysis*, 41(2), 273–277.

HAPPY
Holidays!