Keywords:
pressure ulcer
repositioning
pressure relief devices

Introduction
Pressure ulcers are a serious and costly complication, and one of the common reasons for hospitalization. Pressure ulcer care can reduce pain and allow for an environment that can promote ulcer closure (National Pressure Ulcer Advisory Panel White Paper, 2010). Recommendations taken from the 2009 NPUAP-EPUAP Pressure Ulcer Treatment Guidelines suggested that pressure redistribution can reduce the risk of developing pressure ulcer. Improved process for pressure ulcer prevention such as repositioning and pressure reducing device may be one of the active strategies to reduce prevalence of pressure ulcers.

Objectives
The objectives were to examine the prevalence of pressure ulcers in cancer patients, and to implement improvement strategies when pressure ulcer risk is identified.

Methodology
Pressure ulcer survey data were collected on two selected days in two oncology wards and patients receiving medical follow up and home care services at hospice day hospital. The survey included patient data such as gender, age, functional status; and skin observation including pressure ulcer categories and location. All adult patients with wounds who were admitted to these units before 1600 on the 2nd day of the survey were included. Pilot program collaborated with nursing care on pressure ulcer preventive interventions, which included repositioning and pressure reducing device was implemented in one oncology ward. The importance of repositioning and the recommended frequency of the changes were taught to the selected patients, which aimed to prevent skin breakdown due to friction and shear as a result of deficits in activity. Pressure relief mats were used for patients with high risk of developing pressure ulcer while they were sitting in bed, and cushions were available at ward for
patients sit out in the chairs. Data on pressure ulcer rate and improvement strategies from OT program implemented were collected.

**Result**
In the initial survey, 84 patients were screened. Among them 23 patients had pressure ulcers, and 31 numbers of wounds were observed. Majority of pressure ulcers were category II and IV. OT improvement program was started since 1/12/2014, 116 in-patients had undergone pressure ulcer risk assessment, and 57 patients were educated on repositioning techniques. Preliminary findings from patients reported improved comfort on use of pressure relief mat on top of bed linen while sitting in bed with significant decreased in peak pressure.