

# Right Equipment at the Right Time: Bed Step Down Allowed Independent Mobilisation following Several Weeks of Bedrest

- ↑ Mobilising unaided from bed to chair within four days
- ↓ Skin breakdown prevented
- ↑ Increased independence and dignity

## Introduction

Miranda\* (age 52) was admitted to hospital for treatment of cellulitis with IV antibiotics. She weighed 178kg on admission, and had the following comorbidities/past medical history:

- **Hypertension**
- **Mental health illness**

Prior to admission, Miranda had been bed bound for several weeks, other than getting up to use the bathroom with the help of her partner. She had fallen several times whilst doing this.

*\*Miranda is not the patient's real name*



## Clinical Challenges

On admission, cellulitis was causing swelling and pain in Miranda's lower right leg. Her skin was intact but she was at high risk of skin breakdown, with a Waterlow score of 25.

Initially, Miranda was in a lot of pain and unable to stand or mobilise. It was important to get her mobile as soon as possible, as she'd been bed bound for several weeks at home. As she'd fallen at home, she was understandably anxious.

## Patient objectives

- **Treat cellulitis and prevent skin breakdown**
- **Pain management**
- **Mobilise unassisted without falling**

## Introduction of Medstrom's Bariatric Equipment Package

When Miranda was admitted to hospital, she was placed on a Bari10A bed with a weigh scale and a TurnCair 1000 mattress, as this was available in the Trust.

The following day, the ward contacted Medstrom and asked for an assessment to be carried out, to see if there was a better package of equipment that would help with safe mobilisation.

### Medstrom's Clinical Advisor commented:

"The Bari10A bed with weighing was suitable for Miranda when she was first admitted. It allowed her **weight to be accurately recorded** and the ability to adjust the mattress platform width meant the nurses could **care for her more safely** when she was bed bound. But we agreed she now needed a different bed to allow her to start standing and walking safely, as the objectives of being in less pain and being able to get out of bed were not being met."

Following a discussion with the multi-disciplinary team and the patient, it was agreed that the bed would be stepped down to a MMO 8000 and the TurnCair 1000 surface retained:

**MMO 8000 Bed:** This is approximately 20cm wider than a standard bed, for safer in-bed mobilisation. The low height of 21cm allows 96% of UK females to mobilise safely, with their feet flat on the floor<sup>1</sup>. The electric controls allow patients to move themselves effortlessly and a one button chair position provides excellent upright positioning.

**TurnCair 1000 Low Air Loss Surface:** This provides a high specification of support surface for pressure redistribution, plus a TurnAssist feature that enables safe and dignified handling of patients and aids respiratory management.

The TurnAssist feature ensured that Miranda was repositioned hourly when she was in bed, reducing the risk of skin breakdown and requiring less intrusive and frequent intervention from caregivers. This helped improve dignity for Miranda and reduced manual handling risks for staff.

The low air loss feature helped to keep Miranda's skin drier and cooler when she was in bed, to help prevent skin breakdown and improve skin condition overall.

**Static Bariatric Chair:** This would allow Miranda to safely sit out of bed once she was able.

**Bariatric Commode/Shower Chair:** This allowed Miranda to use the bathroom for privacy and dignity when she was unable to walk that distance.

Two days after installation of the MMO 8000 bed, Miranda was able to stand at the edge of the bed unaided.

By day four, she could walk a few steps to sit out in the chair and transfer to the commode/shower chair.



All objectives for Miranda had been met; her cellulitis had improved with no skin breakdown, her pain was much better controlled due to suitable analgesia and an improvement in the cellulitis, and she was able to mobilise unaided.



**Unaided mobilisation**



**Successful pain management**



**Skin intact**

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## Summary

After several weeks in bed at home, early mobilisation in hospital was vital for Miranda, to prevent further deconditioning and to protect her skin, which was highly vulnerable.

The MMO 8000 bed allowed Miranda to mobilise safely with the physiotherapists initially, who used the variable height to aid standing. The custom egress height was set, ensuring that Miranda was mobilising from the safest height when she started to do so independently.

The combination of the bed, support surface and accessories allowed a rapid improvement in Miranda's mobility. Pain management was also key; appropriate analgesia was provided, and sufficient time allowed for it to work prior to mobilisation.

### Miranda's physiotherapist commented:

**“Training was provided by Medstrom as soon as the bed was delivered.** This has allowed Miranda to **reposition herself in bed** and take the bed to the custom height setting before standing. The nurses are able to reduce **manual handling interventions** when providing personal care. We are now **confident to set the custom egress height** for other patients using the MMO 8000 in future.”

### References

1. Martindale D (2021). Calculating bed height for hospital patients using popliteal measurement. Nursing Times [online]; 117: 10.

**To discover more about Medstrom's range of solutions for dignified plus-size patient care and enhanced support for caregivers, contact Medstrom's Bariatric Product Specialists 24/7/365 on:**

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