

Recovered and Gone Home: The Right Equipment Assisted a Patient to Recover from COVID-19 Infection in ICU and go Home

- ↑ **Early mobilisation preventing deconditioning**
- ↓ **Skin intact**
- ↑ **Improved patient dignity, comfort and outcome**

Introduction

Anita* (age 47) was admitted to hospital severely short of breath and with dangerously low blood oxygen saturation levels. She had tested positive for COVID-19 infection via lateral flow prior to admission, and this was confirmed by PCR in A&E. She weighed 226kg on admission, and had the following comorbidities:

- **Type 2 diabetes**
- **Hypertension**
- **Cardiovascular disease**

Pre-admission and prior to developing COVID-19 infection, Anita could mobilise independently using a walking frame.

On admission, Anita had a Category II pressure ulcer to her right buttock. Her skin was vulnerable due to immobility and low blood oxygen levels.

Anita was given non-invasive ventilation in A&E. The decision was made to admit her straight to intensive care due to the severity of her infection and in case further respiratory intervention was required.

**Anita is not the patient's real name*

Clinical Challenges

Anita needed to be as mobile as possible within bed whilst she was being treated for severe COVID-19 infection. There was a danger that deconditioning could severely impede her ability to mobilise, with potential long-term detriment to her independence.

She needed a bed and mattress that could safely accommodate her weight and shape. She also needed a surface that could help heal her skin, prevent any further skin breakdown and provide comfort. It was important from the staff perspective that the equipment could help them care for her in the safest way possible, to reduce risk of injury to both them and Anita.



Patient Objectives

- **Treat acute infection and stabilise**
- **Maintain mobility within the bed to prevent complications of immobility and existing comorbidities becoming worse**
- **Heal existing and prevent further skin damage**

Introduction of Medstrom's Bariatric Equipment Package

The Trust where Anita was admitted has a policy in place of placing plus-size patients on a Bari10A bed with a TurnCair 1000 mattress on admission. They then swap out or add to the equipment later if required.

Bari10A Bed: The Bari10A bed has a safe working load of 475kg and the platform sections widen individually, giving a maximum platform width of 122cm (compared to approximately 90cm for a standard hospital bed). This provides extra space for the patient, but also means caregivers can shorten a section if they want to get closer to the patient to deliver care. This, along with the bed's top height of 86cm, makes caring for the patient safer and easier, reducing injury risks. The electric controls allowed Anita to be repositioned frequently and a one-button cardiac chair enabled her to sit up, which aided respiratory management and offered psychological benefits.



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 low air loss feature helped to keep Anita's skin drier and cooler, preventing further skin breakdown and helping the existing pressure ulcer to heal.

The TurnCair 1000 surface helped considerably with turning Anita, reducing the number of staff required to help and reducing moving and handling risks. It was also more dignified and comfortable for Anita.

Anita spent a total of 10 days in ICU. She didn't need invasive ventilation and was weaned off non-invasive on to standard oxygen therapy via nasal prongs. She had started to mobilise from the bed to a chair with help and could move herself in bed using the controls. She was moved to a ward to continue her recovery.

Medstrom's Clinical Advisor commented:

"I assessed Anita in ITU shortly after admission, and we **agreed she was on the right equipment**. I also assessed her on the day she arrived on the ward. The multi-disciplinary team, Anita and I concluded that the **equipment she had was fine to continue with**. We sometimes step patients down at this stage to an MMO 8000 bed due to its low height for mobilisation, but Anita **could mobilise from the Bari10A bed** without any problems, and **she really liked it**. I felt swapping equipment at this stage would have been counterproductive for her."

Anita stayed in hospital for a total of 15 days – 10 days in ICU and 5 on the ward. Prior to discharge she was mobile from bed to chair using her walking frame, with supervision only. Considering how unwell she had been, her recovery was rapid and allowed her to get home just 5 days after being discharged from ICU.

All objectives for Anita were met; she had recovered sufficiently from COVID-19 infection to go home, the Category II pressure ulcer to her right buttock was healing and she didn't develop any further skin damage. Early mobilisation helped to prevent deconditioning and helped Anita regain her independence.



Mobility regained



Skin healing



Complications prevented

Summary

Often in a patient's journey, equipment is stepped up or down to help them at different stages. In this case, the decision was made to keep the same equipment because it was working well for both Anita and the team taking care of her. She was able to mobilise from the bed, and the surface helped staff provide care when she was in bed, with less manual intervention.

Shortly before she went home, Anita commented to Medstrom's Clinical Advisor:

"I wish I could have this at home! It has made a horrible experience **much more bearable, it's so comfy.**
Thank you for checking in on me and giving me all the information and help."

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:

UK: 0845 371 1717 or info@medstrom.co.uk IRE: 01 686 9487 or info@medstrom.ie