



Comfort and Dignity: The Right Bariatric Surface and Bed Helped with Early Mobilisation and Moving and Handling of a Patient Admitted Post-Collapse



Early, safe mobilisation



Reduced moving and handling risks for staff



Patient dignity and comfort achieved, with her choices respected

Introduction

Brenda* (age 67) was admitted to hospital after being found slumped and unresponsive at home. She weighed 132kg and had the following comorbidities/past medical history:

- **Atrial fibrillation**
- **Congestive cardiac failure**
- **Lymphadenectomy**

Prior to admission Brenda could mobilise with assistance from one person but could only walk short distances.

Brenda was initially nursed on a standard bed and surface, but they weren't wide enough for her to fully turn, or for staff to care for her safely.

On admission Brenda had a mixture of red and blanching areas on both buttocks, her natal cleft, sacrum and both heels.

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



Clinical Challenges

When Brenda was admitted to hospital, she was fully awake again but had no recollection of what happened to her before she became unresponsive.

It was important for Brenda to be able to mobilise both within the bed and to/from it. This was difficult with the standard bed as there was insufficient room to do so safely. It also put the caregivers at risk of manual handling injury.

Brenda's skin was vulnerable; it was important that she was turned regularly in bed for pressure redistribution. However, this would present a challenge to caregivers, who would need to find a way to be able to do this to keep both them and Brenda safe.

Medstrom's Clinical Advisor commented:

"I was asked to assess Brenda four days after she'd been admitted. The bed she was on **wasn't suitable** for her – she **needed extra width** to be able to move and mobilise safely. **The staff** also needed help to turn her, as they **were at risk** and Brenda said she didn't like being **physically handled** too much as it caused her **pain** and she **felt vulnerable**. Brenda, myself and the clinical team all agreed on **the best equipment** for her and I arranged for it to be **delivered on the same day.**"

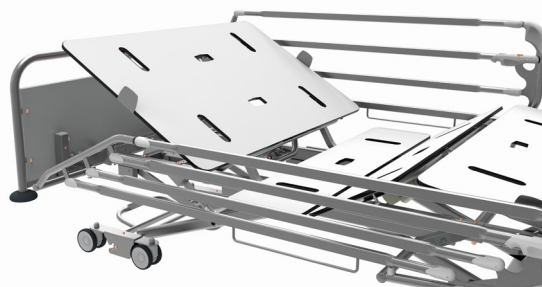
Patient objectives

- Investigate reason for collapse
- Comfort and dignity
- Prevent skin breakdown
- Safe handling
- Safe, early mobilisation

Introduction of Medstrom's Bariatric Equipment Package

A bariatric bed and surface were provided to help prevent complications of immobility, skin breakdown comfort and dignity. The equipment was selected to give as much mobility as possible both in and out of bed whilst also reducing moving and handling risks for caregivers:

MMO 8000 Bed: This bed has a platform width of 110cm (a standard bed is about 20cm narrower). A cardiac chair position is achieved with one button, with the backrest and knee section rising simultaneously. The upright chair position provides gravitational benefits to the body, helping to decrease complications of immobility.



The bed controls can be used to achieve frequent, multiple positional changes without having to perform manual handling tasks. This benefits the patient, giving in-bed early mobility. It also benefits the staff by reducing moving and handling risks.

The high height of the platform (83cm) provides a safe height for 98% of UK adults to work from without twisting or stooping, also reducing manual handling risks.¹

The bed is able to be programmed to stop at the patient's optimum egress height, with their feet flat on the floor!¹ This, along with the platform low height of 21cm and the ability to raise the bed height using the electric controls, allows more patients to safely mobilise more quickly.

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. It reduces manual handling risks and can often reduce the number of caregivers needed to turn the patient. The low air loss therapy helps to cool skin and remove excess moisture, which helps to prevent skin breakdown.

The surface has an auto-firm mode, which inflates the cells to their maximum height. This helps with mobilisation from the bed, as the patient will be sitting on the mattress rather than being enveloped in it.

A hospital-owned bariatric chair was provided for Brenda to sit out of bed.

The bed and surface combination were a great improvement for Brenda in comparison to the previous ones. The electric controls could be used for frequent positional changes, the bed width allowed for safe turning and the custom egress height allowed for safe, early mobilisation out of bed. It also reduced manual handling risks for staff.

The TurnAssist feature on the surface reduced the number of caregivers needed to turn Brenda and made it a much less physical process. This benefitted both the caregivers in terms of moving and handling risks and time savings and benefitted Brenda as it was more comfortable and dignified for her.

Three days after Brenda was given the new equipment, she was mobilising from bed to chair and back, and two days after that the ward was planning to discharge her as they felt she was now well enough to go home.

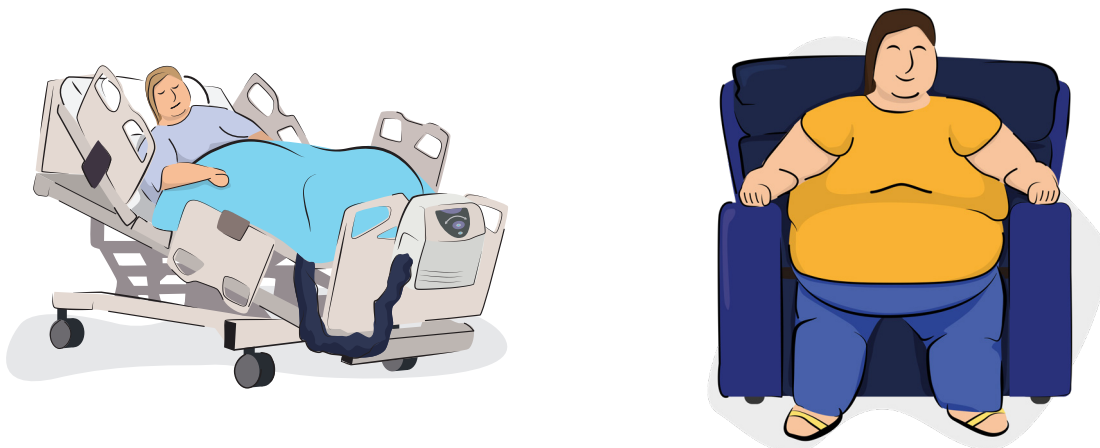
Catastrophically, on the following day Brenda suffered a rapid deterioration which the clinicians were unable to reverse, and she passed away.

Summary

Before the distressing episode which resulted in Brenda's death, her progress was very good. She was mobilising well, back to pre-admission levels and her skin remained intact. Turning in bed was more comfortable and dignified for her. The equipment provided comfort and dignity while respecting her choices as well as helping her to work towards going home.

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:

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