



Dignity and Choice: The Right Bed and Surface Combination Helped a Patient to Recover Who Wished to Remain in Bed



In-bed mobilisation, reducing complications and preventing skin breakdown



Reduced moving and handling risks for staff



Patient's wishes respected

Introduction

Jeff* (age 61) was admitted to hospital for treatment of bilateral infected leg ulcers with IV antibiotics. He weighed 146kg on admission, and had the following comorbidities/past medical history:

- **Sepsis**
- **Peripheral vascular disease**
- **Bilateral leg ulcers**

Jeff had been bed bound for 14 months prior to admission. He lived at home alone with a package of care consisting of three carers visiting three times per day. His leg ulcers were monitored and dressed by the district nursing team.

On admission, Jeff had two Category III pressure ulcers – one on his sacrum and one on his natal cleft.

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

Clinical Challenges

Jeff's skin was extremely vulnerable. He was at high risk of further skin damage, particularly as he was bed bound and didn't want to get up.

Jeff was also at risk of other complications of immobility due to being bed bound. His choice was to remain in bed, so the staff had to find a way to manage his needs within the confines of the bed.

Jeff's immune system was already needing help to deal with the infected leg ulcers, and he was vulnerable to further infection including sepsis as a result. Good nutrition and hydration were important to help prevent this.

Patient objectives

- **Treat infection**
- **Prevent further skin deterioration**
- **Prevent complications of immobility**



Introduction of Medstrom's Bariatric Equipment Package

For the first five days of Jeff's hospital admission, he was nursed on a standard hospital bed and surface. This was problematic due to the width. He couldn't fully turn on his side because of the lack of space available, which made it extremely difficult for the nursing staff to access and dress the pressure ulcers on his sacrum and natal cleft. They were worried about further deterioration and potentially more skin damage developing. Turning Jeff in a bed which was too narrow also increased manual handling risks.

In addition, the bed was uncomfortable for Jeff due to the lack of space.

The ward contacted Medstrom and asked for an assessment to be carried out for a bariatric equipment package:

MMO 8000 Bed: This bed's platform is 110cm wide (a standard hospital bed is approximately 20cm narrower). The extra width gave Jeff more room, to help with in-bed mobilisation and comfort. Importantly, it also allowed him to turn fully on his side, which he could do using the side rails to help. This gave the nurses full access to his sacral area and allowed them to monitor and dress his pressure ulcers much more easily. As Jeff was able to turn himself and hold himself in place using the side rail, manual handling risks were significantly reduced.



The high height of the bed (87cm + 14cm mattress = 97cm) also reduced moving and handling risks as it allows almost everyone to work from their umbilical height, eliminating stooping.

The backrest on the bed has a 2D elliptical movement, which mimics spine elongation as a person sits up and stops them being pushed down the bed. This provided comfort for Jeff and reduced the amount of repositioning required from the caregivers, again reducing moving and handling risks.

The bed can achieve a cardiac chair position using a single button. This gives excellent upright positioning for patients who are bed bound, giving gravitational benefits for body systems and psychological benefits. Importantly for Jeff, it facilitated eating and drinking, meaning he could stay hydrated and build up his nutritional status, both of which would help his immune system.

P.R.O. Matt Plus Extra-Wide Surface: This surface can be used in non-powered mode, or powered mode with the addition of an air supply unit. It was decided to use it in powered mode for Jeff because his skin was vulnerable with existing damage. In non-powered mode, it is able to achieve a pressure profile similar to that of a dynamic air mattress. However, if the patient requires a 'step up', a control unit can be added, converting the system to powered therapy and uniquely offering both alternating and continuous low pressure.

Following the equipment installation and training on its optimal use from Medstrom, in-bed mobilisation could be carried out safely and frequently, helping to reduce deconditioning and complications.

The high height of the bed meant that staff could dress Jeff's leg ulcers and pressure ulcers without stooping or twisting, reducing moving and handling risks. He said the bed and mattress were comfortable and he was happy to remain on them for the duration of his stay.

Jeff stayed in hospital for a total of 22 days before being discharged home with the same package of care that he'd had before admission. All objectives for her had been met; his infection had been treated, his pressure ulcers were static but hadn't deteriorated and there was no further skin breakdown. Further complications had been prevented and he was back to the baseline he'd been at before the leg ulcers had become infected.



Patient choice



Comfort



Dignity

Summary

A particular challenge when caring for Jeff was respecting his wish to remain in bed whilst ensuring, as much as possible, that he didn't develop further complications as a result. Both the bed and surface helped to achieve this. They provided in-bed movement and mobilisation and protection for his skin.

The holistic, person-centred care that Jeff received respected his wishes and helped to maintain his dignity.



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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