

## Mobility Regained: How the Right Equipment Helped a Patient to Regain her Confidence to Mobilise Following a Fall

- ↑ Independently mobile at the time of hospital discharge
- ↑ Confidence improved
- ↓ Pain and anxiety reduced

### Introduction

Donna\* (age 52) was admitted to hospital following a fall which resulted in extensive soft tissue injury to her left leg and hip. She had blacked out prior to the fall and had no recollection of what happened, so was admitted for observation and investigations.

On admission Donna weighed 159kg. Prior to hospital admission she was fully mobile and independent.

Her past medical history/comorbidities included asthma and a thyroidectomy.

Donna was in a lot of pain due to the soft tissue injury, and was understandably very anxious about getting out of bed. She worried she may faint again and was concerned about the pain that attempting to stand up and walk might cause.

Donna's skin was intact on admission, but vulnerable, especially where the soft tissue injuries had occurred.

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

### Clinical Challenges

Donna was initially nursed on a foam mattress and standard width bed. These were unsuitable for her; they restricted her movement due to insufficient width and were uncomfortable. It was important that she was switched to a more suitable combination to help with mobilisation and improve comfort. It was also important for staff safety and reducing moving and handling risks.

It was important to get Donna mobilising as quickly as possible, both in bed and out. This would help her regain her ability to walk, assist in reducing deconditioning and help to maintain the integrity of her skin.

To encourage mobilisation, Donna's pain needed to be controlled, both by analgesia and use of the right equipment.



## Patient Objectives

- **Regain confidence to mobilise independently**
- **Early mobilisation**
- **Pain management and comfort**

## Introduction of Medstrom's Bariatric Equipment Package

**MMO 8000 Bed:** This bed has a platform width of 110cm (compared to approximately 90cm for a standard width bed). This gave more room for Donna to move and for staff to help her. It was also a lot more comfortable. She quickly learned how to use the electric controls and was able to frequently change her position in bed independently, for in-bed mobilisation.



The bed achieves an ultra-low platform height of 21cm. This allows 96% of UK females to mobilise safely from their popliteal height<sup>1</sup> with their feet flat on the floor, helping to reduce the risk of falls. A custom mobilisation height can be set for each patient by pressing a specific button on the control. Once programmed, the bed will then pause at that height every time it is raised or lowered. This removes guesswork and ensures the patient always mobilises from their safest height, again reducing falls risks.

**TurnCair 1000 Low Air Loss Surface:** This provides a high specification of support surface for pressure redistribution.

The surface also includes a TurnAssist feature that allows safe and dignified handling of the patient and can be programmed to gently turn the patient at set intervals. This helped with Donna's pain management, as repositioning and turning were less hands-on. It helped her at night to have a more restful sleep, with the associated physical and psychological benefits.

The low air loss feature helped to keep Donna's skin dry and cool, which helped to keep her skin intact.

The AutoFirm button on the surface control unit is useful for mobilisation. Inflating the cells to their maximum capacity provided a firm surface for Donna to stand from, so she was sitting on the surface rather than being enveloped in it.

**Bariatric Static Chair:** This allowed Donna to sit out of bed safely, giving both physical and psychological benefits.

In addition to the above equipment, Donna also used a Trust-owned Rotunda transfer aid, a bariatric commode/shower chair and walking frame.

Donna initially practiced sit-to-stand from the bed using the Rotunda. The bed's electric height adjustment was used to help Donna to stand. She was then transferred to the chair using the Rotunda. Appropriate analgesia was given beforehand to make this as easy as possible for her.



Ten days later, Donna had progressed to standing and walking independently using the frame. She could transfer to and from her bed, chair and the commode with minimal assistance, or sometimes just supervision depending on how strong she was feeling. She felt much less anxious about mobilising and was keen to continue working hard to improve further. She was discharged to a community hospital three weeks after admission to continue her rehabilitation.

All objectives for Donna had been met; she had regained her confidence to walk, and the bed/mattress combination helped with comfort and pain management. Early mobilisation both in and out of bed had helped her to recover, reduced deconditioning and prevented skin breakdown.

## Summary

Donna could have potentially lost her independence and ability to walk independently if she had remained bedbound for an extended period of time. The initial standard width bed and mattress she was given would have hindered early mobilisation. It could have also had a negative impact on her musculoskeletal system if she was unable to move properly due to lack of space.

It was very important to help reduce Donna's anxiety over the thought of mobilising. Together with appropriate analgesia, the equipment provided helped her to find her confidence again at a speed that was comfortable for her. This was achieved by first using the Rotunda to practice sit-to-stand, then transfer, then progress to using a frame as she felt better.



**Regained confidence**



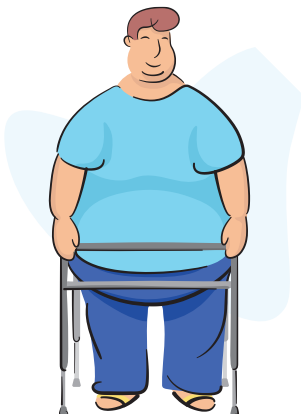
**Early mobilisation**



**Anxiety reduced**

### References

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



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