

Medstrom Equipment Installed Following Previous Equipment Breakdown Provided a Better Patient Solution

- ↑ Early in-bed mobilisation preventing complications
- ↓ Reduced staff required for manual handling
- ↑ Early mobilisation following surgery

Introduction

Luke* (age 44) was admitted to hospital for elective repair of an umbilical hernia. His weight on admission was 197kg and had long-standing gastro-oesophageal reflux disorder (GORD).

He was mobile with a stick at home, and self-caring. His skin was intact with no damage, but would be at risk following surgery due to reduced mobility.

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

Clinical Challenges

A bed and mattress were ordered from one of the trust's suppliers prior to Luke's admission. Unfortunately, the bed broke down two weeks after admission, and the ward were unable to get a response from the supplier. This affected Luke's in-bed mobility and made everyday activities more difficult, as he was unable to sit up and didn't have a chair. It particularly affected his ability to eat and drink because of his long-standing GORD.

Luke had also found the original mattress difficult to turn on and uncomfortable, especially during the night. Four caregivers were needed to help him turn. This disturbed his sleep and was a manual handling risk for the staff.

Luke needed a bed that was wide enough for him to move and turn safely, and a mattress which could help him turn more easily. He also needed a chair so he could sit out of bed and mobilise more, to expedite his recovery.

Medstrom's Clinical Advisor commented:

"I was on the ward seeing another patient when I saw that Luke's bed was broken. The ward manager told me they had been **unable to get a replacement, so I carried out an assessment** straight away and got the Medstrom **equipment delivered on the same day.**"



Patient Objectives

- **Straightforward post-operative recovery without complications**
- **Early mobilisation to prevent complications of immobility**
- **Achieve pre-admission levels of mobility**
- **Achieve “Medically Fit for Discharge” status**

Introduction of Medstrom’s Bariatric Equipment Package

A package of equipment was selected which allowed Luke to move and turn safely in bed, and to enable him to sit out of bed. It was also selected to help reduce moving and handling risks for caregivers:

MMO 8000 Bed: This bed has a platform width of 110cm (which is approximately 20cm wider than a standard bed). This gave sufficient width for Luke to move safely and comfortably.

The customisable, programmable optimum egress height allowed safe mobilisation to and from the bed at Luke’s popliteal height¹ every time he got out of bed. This eliminates guesswork and allows safer mobilisation, reducing the risk of falls.

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

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 was put into turning mode at night. This reduced the number of caregivers needed to turn Luke and reduced the frequency of caregiver-assisted turns required. It gave Luke a less disturbed sleep and reduced moving and handling risks for staff.

Static Bariatric Chair with Apollo Dynamic Seat Cushion: The chair allowed Luke to sit comfortably out of bed and mobilise to and from the chair at a safe height with his feet flat on the floor. The alternating pressure cushion helped to prevent skin damage.

Luke also had his own walking stick which he brought in from home.



Luke’s mobility improved further once he was able to sit out in the chair. He was discharged home five days after getting the Medstrom equipment package, and was back to pre-admission levels of mobility. All objectives for him had been met:



Mobility restored



Skin intact



Complications prevented

Summary

If the staff had been unable to get a replacement bed for Luke after the original bed stopped working, he would have been at high risk of developing complications; being unable to sit upright can negatively affect the respiratory, cardiovascular, gastrointestinal, renal and musculoskeletal systems. It would have also affected Luke's ability to eat and drink, exacerbating his GORD, which could have impeded recovery.

The provision of a mattress which helped Luke to turn benefited both him and his caregivers. Providing a chair to enable him to sit out of bed and improve his mobility was also a positive and logical addition, which offered both physical and psychological benefits.

The ward manager in charge of Luke's care commented:

"We were **very happy with the service we received from Medstrom**. They stepped in at very short notice and **solved a major problem** for us. The equipment was easy to use and **Medstrom ensured we were trained** on its use."

On the day Luke was discharged home, **he commented to Medstrom's Clinical Advisor:**

"I've found the **bed and mattress very comfortable**. It also really helped to have a chair I could sit on comfortably. **I felt better** when I was able to sit on the chair and it got me **walking more**."



Improved well-being



Comfort



Better sleep

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](tel:08453711717) or info@medstrom.co.uk IRE: [01 686 9487](tel:016869487) or info@medstrom.ie

References:

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