

## Back to Baseline: The Right Equipment at the Right Time Aided Recovery, Rehabilitation and Discharge from Hospital to Home for a Patient with Complex Needs

- ↑ From bedbound to pre-admission mobility
- ↑ Skin improved
- ↑ Discharged home

### Introduction

Hannah\* (age 38) was admitted to hospital following increasing shortness of breath, worsening sleep apnoea and severe cellulitis to her abdomen and both legs.

Hannah weighed 343kg on admission. Prior to hospital admission she was able to walk short distances unaided, between her bed, chair, and commode. Other comorbidities/past medical history included:

- Oedema
- Cellulitis
- Sepsis
- Pressure ulcers

On admission, in addition to cellulitis, Hannah had an oedematous pannus with extensive moisture damage underneath. A previous open wound to her pannus left friable scar tissue after healing, at high risk of breakdown.

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

### Clinical Challenges

Hannah was initially bedbound. In-bed mobilisation was important to reduce deconditioning and prevent complications of immobility.

Hannah's skin was extremely vulnerable, compounded by severe cellulitis and moisture damage. The risk of further skin damage and breakdown was therefore very high.

It was important for Hannah to get out of bed as soon as possible, to assist with recovery and crucially get her mobility back to baseline, to enable her to go home.

### Patient Objectives

- **Early mobilisation, in, then out of bed**
- **Improve skin condition and prevent further breakdown**
- **Get mobility back to baseline**
- **Achieve 'medically fit for discharge' status**



## Introduction of Medstrom's Bariatric Equipment Package

On admission, Hannah was placed on a hospital-owned bariatric bed and mattress, but these were not suitable for her. The bed wasn't wide enough to allow her to turn safely or sit up at the edge, and the mattress didn't help with turning. Because of this, Medstrom's Clinical Advisor was asked to assess her shortly after admission to the ward.

In total, Hannah's equipment was changed a total of four times during her three month hospital stay, to reflect her changing needs and better support her rehabilitation and recovery.

### Assessment 1

**Versatech 1100 Bed:** The bed platform can be widened, to provide the extra width needed to allow Hannah to turn safely and move from lying to sitting on the bed's edge. This helped with in-bed mobilisation and improving core stability before Hannah started to get out of bed.

The bed has an ultra-low platform height of 21cm, which was sufficiently low to allow Hannah to mobilise safely, starting with her feet flat on the floor, when she was able.

The built-in Class III weighing scale on the bed allowed accurate and discreet weight monitoring, which had not been possible on the old bed.

**TurnCair 1000 Low Air Loss Surface:** The TurnCair 1000 surface provides a high level of support surface for pressure redistribution, plus a TurnAssist feature that enables safe and dignified handling of patients. The low air loss feature helps to keep the patient's skin drier and cooler, preventing further skin breakdown and helping existing damage to heal. The AutoFirm feature is useful for mobilisation as it provides a firm and stable surface to transfer the patient to and from, benefitting Hannah when she started to mobilise.



Together, the bed and mattress allowed easier repositioning and turning, which was more dignified for Hannah and reduced manual handling risks for staff. The number of staff required to turn Hannah also reduced, increasing efficiency and freeing up time.

Hannah practiced going from lying to sitting on the edge of the Versatech 1100 bed until she had built sufficient core stability to start getting out of bed. At this point, Medstrom's Clinical Advisor carried out the second assessment.

### Assessment 2

**Liko Ultra Twin Gantry Hoist and Oxford Full Back Sling:** These were introduced to move Hannah from a lying position to sitting on the edge of the bed. The rationale was that she would be less tired by the time she got to a sitting position, and therefore have more energy to stand.

**Riser-Recliner PRO Chair:** Hannah was able to be hoisted from bed to chair and back. The chair helped to achieve a comfortable position for Hannah, raising her legs to reduce oedema. It also helped her psychologically to be able to sit out of bed.

Unfortunately, Hannah developed sepsis and became bedbound again for two weeks. However, the TurnCair 1000 mattress was used successfully with the bed to turn and reposition her.

Once Hannah had recovered sufficiently, the hoist was reintroduced for sit-to-stand practice to start again. However, standing was difficult and walking had not yet been attempted because the weight of the pannus was limiting Hannah's abilities.



### Assessment 3

**Octopannus Support Belt:** To help Hannah stand and walk more easily, the Octopannus support belt was introduced. This was used to lift and support the pannus when she stood up, but was also useful during washing to lift the pannus and clean underneath. The Octopannus gave a dramatic improvement in Hannah's ability to stand, and she was ready to start walking again.

## Assessment 4

At the time of this assessment, Hannah had lost over 70kg in weight. This was an excellent achievement for her, and a testimony to her determination to get well and go home. She was now ready to start walking, so a further set of equipment was introduced:

**Bari Walking Vest:** Used with the Liko Ultra Twin Gantry, this gave Hannah extra support when she first started to walk again, and reassurance that she would not fall. This was important to help build her confidence back up, as she hadn't been walking for over two months at this point.

**Bariatric Rotunda:** This allowed Hannah to transfer between her bed and chair, then a commode/shower chair. It was only needed for a short time as Hannah started to walk soon after this latest equipment package was introduced.

**Bariatric Shower Chair/Commode:** This enabled Hannah to go into the bathroom, for dignity and psychological well-being.

With practice and determination, and as she continued to get better and stronger, Hannah became able to stand independently from her chair. The narrower chair arms (compared to standard bariatric riser-recliner chairs) were key to this; they allowed her to grip and push sufficiently to support herself to stand.

Hannah got to the point where she could transfer and walk independently between her bed, chair and commode. Her mobility was back to her pre-hospital baseline.

She was discharged home three months after admission. All objectives for her had been met; her mobility was restored, and she could now walk independently without using the Octopannus, although it was still used for personal care. The Octopannus had facilitated washing under her pannus, and all areas of skin damage had improved. (Due to the complexity of Hannah's clinical conditions, her skin had not healed completely, but it was never expected that it would).

Medstrom's Clinical Advisor commented:

"I'm not too proud to say, **I actually cried** when the physiotherapist called me to say that Hannah had **stood and taken steps**, as it was such a **monumental achievement** for her. I was **so proud of her**, and felt truly honoured that I'd been able to help her throughout her journey from hospital to home."

## Summary

The key to Hannah's brilliant recovery was a combination of her determination to get well and having the right equipment at the right time. In this case study, Medstrom's clinical expertise and support, together with the range of readily accessible equipment, helped to facilitate mobilisation, with mobility back to baseline before discharge home. It also aided hygiene which improved Hannah's skin. It is an excellent example of how 'right patient, right product, right time' can improve outcomes.



**Skin improved**



**Mobility regained**



**Discharged home**

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