



BED CARE PREVENTION GUIDE

AIM

There are an increased number of residents who are being cared for in bed, particularly following the pandemic. This calls for more vigilance in making sure residents are not being cared for in bed unnecessarily and maintaining a routine of getting residents out of bed even if it is for short periods.

This tool is designed to guide residential and nursing home staff when deciding if a person should, or should continue to be cared for in bed.

This includes:

- **Prompts to liaise with professionals for decision making.**
- **How to explore and remove the causes of bed care.**
- **Action plan prompts to encourage residents to get out.**

The aim is to ensure residents have full access to their home environment and can engage with other residents and

CONSIDER

CP-CARE PLAN

PLEASE NOTE THAT THE PERSON'S OPINION MUST BE CONSIDERED WHERE POSSIBLE FOR ALL AREAS. PROMPTS HAVE BEEN PROVIDED FOR THE INFORMATION BOXES

MEDICAL CONCERNS

- HAS THE GP OR OTHER HEALTH PROFESSIONAL ADVISED THAT THE RESIDENT SHOULD STAY IN BED?
- THERE SHOULD BE CLEAR WRITTEN EVIDENCE AS TO WHY AND **HOW LONG** THE PERSON SHOULD BE CARED FOR IN BED IN THE CP.
- ARE THERE CONTRACTURES?- PLEASE SEE LAST SECTION 'BED

CARE'

IF IT IS FELT THAT MEDICAL ADVICE IS REQUIRED PLEASE ASK GP TO ASSESS.

MOVING AND HANDLING CONCERNS

- IS THERE DIFFIUCLTY WITH TRANSFERRING THE PERSON? PAIN, STIFFNESS, INAPPROPRIATE TRANSFER EQUIPMENT OR SEATING CAN MAKE THIS MORE DIFFICULT.

improve participation in home activities.

PREVENTION

It also aims to prevent the development of contractures which can cause more difficulties in supporting skin care and creates difficulty sitting out.

Also prevent safeguarding's being raised for residents managed in bed without substantial cause.

PLEASE LIASE WITH THE MOVING & HANDLING LEAD, OTHERWISE AN OT ASSESSMENT CAN SUPPORT THIS AND A REFERRAL CAN BE MADE TO SUPPORT THE DECISION MAKING & PROVIDE ADVICE.

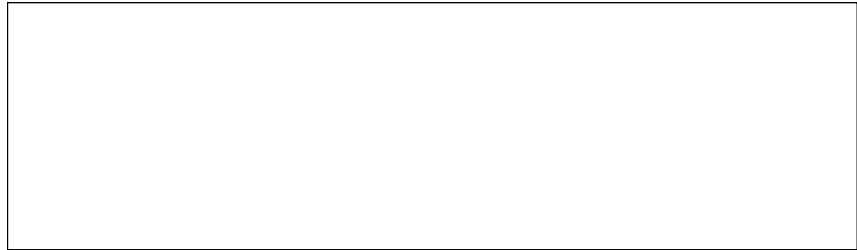
CHOICE

- A PERSON MAY STATE THEY DO NOT WANT TO GET OUT OF BED. CONSIDER WHAT HAS CAUSED THIS CHANGE
- IS IT IS RELATED TO OTHER CONDITIONS/PAIN? IS THERE A RECORD OF A HISTORY OF THE ISSUE BEFORE THIS DECISION HAS BEEN MADE?
- DO THEIR CHOICES FLUCTUATE? IS THIS EFFECTED BY OTHER FACTORS?
- HAS MOOD BEEN REVIEWED RECENTLY?
- DO THEY HAVE PURPOSE OR BEEN ENCOURAGED WITH PURPOSE TO GET OUT OF BED? E.G FOR MEALS, ACTIVITY SESSIONS OR DAY TO DAY FUNCTIONS SUCH AS TOILETING.

*ITS ADVISED THAT A RESIDENT WHO REGUARLY REFUSES SHOULD STILL BE ASKED **DAILY** IF THEY WOULD LIKE TO GET OUT OF BED. ATTEMPT TO ASK AT ALTERNATIVE TIMES OF THE DAY.*

BEHAVIOURAL CONCERNS

- HAVE THERE BEEN CHANGES IN BEHAVIOUR? IS THERE A PATTERN?
- HAS THE BEHAVIOUR CHANGE BEEN EXPLORED? ?ARE THEY TRYING TO STAND? HAVE THEIR BASIC NEEDS BEEN MET WHEN BEHAVIOUR CHANGES?
- HOW DOES THE PERSON VIEW THEIR ROOM? (SAFETY)-DO THEY REQUIRE GRADUAL INTRODUCTION TO COMMUNAL AREAS?



SOME RESIDENTS CAN LEAN FORWARD WHEN THEY ARE SITTING OUT POSING RISK TO THEMSELVES-THIS COULD BE RESOLVED WITH A SEATING ASSESSMENT (SEE FOLLOWING SECTION)

FLAG CONCERNS TO GP OR APPROPRIATE HEALTH PROFESSIONAL TO ADVISE ON MANAGING CONCERNS.

SEATING

- HAVE THEY BEEN TRIED IN A RECLINER CHAIR?-RECLINER CHAIRS ARE SIGNIFICANTLY CHEAPER THAN SPECIALIST CHAIRS SO IT WOULD BE RECOMMENDED THAT THIS CHAIR TYPE IS TRIED IF AVAILABLE AT THE HOME.
- ARE THEY SLIPPING FORWARD OR LEANING?
- IF A PERSON IS NO LONGER SAFE IN THE STANDARD ARMCHAIRS/RECLINERS PROVIDED IN THE HOME, THEY MAY REQUIRE SPECIALIST SEATING ASSESSMENT.



IF A SPECIALIST CHAIR IS NEEDED IT IS THE RESPONSIBILITY OF THE HOME TO PROVIDE THIS UNLESS THE RESIDENT IS CHC FUNDED OR FAMILY WISH TO CONTRIBUTE. SEATING ASSESSMENTS SHOULD BE DISCUSSED WITH THE PERSON.

RESIDENTS HAVE THE RIGHT TO ACCESS OTHER AREAS OF THEIR HOME ENVIRONMENT SO AN OT ASSESSMENT SHOULD BE REQUESTED TO PROVIDE ADVICE ON THE CHAIR TO BE PURCHASED.

REDUCED MOTIVATION

- IS THERE COGNITIVE DECLINE, REDUCED COMMUNICATION ABILITIES?
- HAVE THERE BEEN MOVING AND HANDLING CHANGES? LOSS OF INDEPENDENCE?

ENCOURAGE PURPOSEFUL ACTIVITY, PLEASE SEE "LIVING WELL THROUGH ACTIVITY IN CARE HOMES" TOOL (RCOT)..

BED CARE

IF THE ABOVE HAS BEEN CONSIDERED SOME RESIDENTS MIGHT NEED TO BE MANAGED IN BED.

THERE SHOULD BE A PLAN IN PLACE TO SUPPORT THIS WHICH INCLUDES:

- MONITORING SKIN INTEGRITY (TURNING, ALTERNATING MATTRESS)
- PERSONALISED ONE TO ONE ACTIVITY INVOLVEMENT & SUPPORT.

OT/PT CAN ALSO BE CONTACTED FOR SUPPORT FOR THE PREVENTION OF CONTRACTURES THROUGH STRETCHES OR POSITIONING EQUIPMENT

ALTHOUGH SITTING OUT IN A CHAIR IS THE BEST WAY TO PREVENT SPASTICITY OF THE JOINTS.

BCPG

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