

Clinician Considerations for Bed Rest

Recommending bed rest

- Consider negative physical, social, psychological and financial considerations of bed rest
- Provide education about what bed rest involves (ie not sitting up in bed!)
- Negotiate – what can client manage in reality?

Physical Health

- Consider respiratory health
 - Is a preventative breathing exercise program required?
 - Is assistance needed for secretion clearance?
- Consider diet
 - Are supplements needed to promote healing process?
- Consider exercise
 - Is a program needed to reduce/prevent deconditioning?
- Consider skin
 - How will skin checks be done and by whom?
 - Pay attention to other bony prominences that may be under more pressure)

Positioning & Equipment

Is additional equipment needed to keep the area free from pressure/sheering? I.e. slidesheets, positioning aids, appropriate pressure redistributing mattress, hoist.

Liaison and Communication

- Consider who is involved
 - GP, Community nurses, OT, PT, Social Work, spinal specialist, spinal plastics, care agency, case management, dietician, seating service
- Consider strategies
 - Send your written plan/recommendations to all the treating team.
 - Display in clients room
 - Have a regular plan for review/case conference

Psychological Needs

- Consider clients mood
 - Do they have emotional supports?
 - Do they have 'entertainment' for when on bed rest?
 - Is home environment set up for maximum stimulation?
 - Engage formal mental health service if required.

Care & Services

- Consider care
 - Is care in place?
 - Are there sufficient hours?
 - Are carers trained in repositioning techniques to avoid skin trauma?
- Consider additional services
 - Meals on Wheels or frozen dinners, Community Nursing, domestic services

Prevention for future

- Consider
 - Ongoing education - use appropriate educational tools/mediums
 - Skin checks – how, when and by whom?
 - Care and Services
 - Appropriate equipment
 - Nutrition
 - Encourage self management

Bed Rest Survival Tips

Reality is.... it can be boring!

Manage boredom with activities. Monitor your down days.

Find someone you can talk to openly and honestly.

If you don't have informal networks such as family/friends then consider organisations such as Lifeline, Redcross, SCIA Peer Support.

Establish

- a routine for the day – have a daily timetable.
- your room set up for maximum visual stimulation and enjoyment (have blinds up, position of bed in room)

Entertainment

- Talking books, home library book delivery
- Ipad, TV, DVD, internet, music, magazines, newspapers
- Make sure all is within reach
- Use opportunity of time to do an project eg study, organise photos, research family tree
- Create a visiting roster for family and friends or arrange a volunteer visiting service
- Consider linking in to peers (eg blog etc)
- Engage in peer support groups

Family Involvement

- Set the bed up in a communal part of house
- Have family eat dinner, watch TV, do activities etc in your room
- Change location of bed at times eg garden, lounge
- Skype to maintain contact with family and friends

Care and Services

- Consider a meal delivery service
- Ensure care is in place (domestic and personal)
- Consider linen services

Household Management

- Consider installing a locked box for house keys
- Do your grocery shopping online
- Arrange for bills to be paid online/over the telephone
- Arrange for delivery of medications from chemist

Pressure Injury Management

- Be actively involved in your pressure injury management plan, ask questions if you don't understand.
- Keep informed on progress of PI, look at pictures of PI, have regular meetings with your treating team