

### Take Action Quickly

**Removing pressure immediately may save time later** by reducing the time you are in bed overall and any negative effects of bed rest.

Taking time off work now might pay off later ..... Asking for help now might mean less time in bed

### The Right 'Support'

Talk to your OT and Nurse about whether your **mattress** will provide enough pressure care for bedrest.

Be careful not to sit up in bed or elevate the bed head more than 30°. The knee break on an electric bed can minimise sliding.

### Limit Time on the Loo

**Avoid/ minimise using the commode/toilet/shower chair** by optimising bowel care routine, getting help for bowel care and maximising pressure care. Your nurse and OT can help.

Pros and cons of bowel care in bed must be weighed up and discussed. A physical assessment of commode use and transferring is the only way to determine the impact it may have on the pressure injury.

### Smart Set Up

**Organise your house so that everything can be done without getting up** – arrange front door access, your phone so it can be used from lying, drink system, food prepared in advance, tv and iPad mounted so they can be used from different positions, online shopping and bill payment, set up skype to stay in touch with friends, work from home if practical, investigate online courses.

### 'Take the Pressure Down'

If the red mark, graze, blister, ulcer or injury is on a part of your body which is in contact with your seat, remove pressure immediately. This will often require resting in bed, off the affected area, for the majority, if not all, of a 24 hour period each day.

**Even if pressure wasn't the cause, pressure can make it worse.**

Talk to your OT/Nurse about the amount of time in bed that you can manage.

## Bed Rest? Why? How?

### Teamwork

Use your health care team as early as possible to plan an individualised, 24-hour pressure management plan to avoid prolonged bedrest.

**Review the need for bed rest with your team every 2 weeks.**

Talk to your social worker about practical strategies and additional assistance to sustain bed rest.

### Well Equipped

Arrange to get **ALL your equipment checked** by an OT so that it provides optimal pressure care.

**Learn as much as you can** about pressure injuries and prevention strategies from reputable resources. For example the SCI-U for Healthy Living <http://www.sci-u.ca/>.

**Ask your GP** if you need to take anticoagulants (blood thinners). Arrange medical appointments so that sitting time is avoided or minimised.

### Keep Moving

Work out a '**Positioning Plan**' with your OT/Nurse/Physio to avoid more skin problems.

Ask your Physio about **preventing contractures** (muscle tightening), **breathing exercises** and maintaining **upper body strength**.

**Additional help** at home is usually required. Ask your Social Worker about some options including **increasing your care**.

### Sustain the Effort

**Access support** early to maintain **mental health** and help you sustain the effort it takes to be on bed rest. Contact a Social Worker, Psychologist or Peer Support Worker particularly if you have experienced depression, anxiety or another mental health problem previously.

### Be the Early Bird

Arrange an early **Seating Assessment**. This is so pressure over the problem area can be minimised as much as possible for those times when you need to sit.

Short periods (30 mins - 2 hours) are usually recommended instead of long periods of sitting. An early seating assessment is also recommended in preparation for gradual return to seating.

### The Evidence

**Best practice** guidelines recommend avoiding prolonged bed rest to minimise the risk of complications. The best way to do this is to maximise the effect of bed rest and work with your team of health professionals to investigate contributing factors and optimise pressure management.