“Best Practices: How Enclosure Beds Can Be An Effective Intervention In The Clinical Setting.”

Presented by
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Disclaimer

There are no conflicts of interest or other disclaimers to report. Information provided in this presentation is by actual experience of the presenters.

Objectives:

• The learner will be able to:
  – Identify and implement high risk fall prevention interventions.
  – Develop an algorithm for when to use a Posey® Enclosure Bed.
  – Identify patient behaviors that are well managed by a Posey® Enclosure Bed.
An institution’s story...

Mrs. X

- 80 year old female
- Admitted due to:
  - Urinary tract infection
  - Uncontrolled diabetes
  - Right leg ulcer
- Lives at an independent living facility
- Family present in the evening, but work during the day
- Presently confused, but typically cognitively intact

Will she fall and what are the next steps and questions?

Fall Risk

- Many great fall risk assessment tools exist
  - Hendrich II, Morse, Johns Hopkins, Get Up and Go...
- Select one that fits your environment
- Determine the frequency for when you assess your patients
  - Every shift?
  - Change in level of care?
  - After certain interventions?
- Stick with it
Reasons People Fall

• Age
• Bowel and bladder
• Medications
• Cognition
• History of falls
• Vision
• Mobility

Risk Factors

• Age: > age > risk
• Bowel and bladder issues:
  – Urgency
  – Frequency
  – Incontinence
• Medications:
  – High risk medications
  – Procedures

Medications

• Opiates
• Anticonvulsants
• Hypnotics
• Laxatives
• Sedatives
• Psychotropics
  – Anti-depressants
  – Anti-psychotics
  – Benzodiazepines
  – Anti-hypertensives
  – Diuretics
• First time dosing
• Timing
• Post procedure
Risk Factors

- Cognition:
  - Confusion vs.
  - Impulsive vs.
  - Impaired awareness
- History of Falls
- Vision:
  - Eye wear
  - Visual fields
  - Acuity
- Mobility:
  - Assistance and equipment
  - Weakness/Instability

Institutional Responsibility

- Environment:
  - Tethering
  - Room clutter
  - Flooring
  - Lighting

Lighting...
Contrasting Environment

Institutional Responsibility

- Safety Climate:
  - Administrative support and direction
  - Staff education
  - Extends beyond the clinical staff

Mrs. X – will she fall?

<table>
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<tr>
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<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Age</td>
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<td>✓</td>
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<tr>
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<tr>
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<tr>
<td>Vision</td>
<td>Need to clarify</td>
<td>-</td>
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<tr>
<td>Mobility</td>
<td>Need to clarify</td>
<td>-</td>
</tr>
<tr>
<td>Equipment</td>
<td>Positive for tethering</td>
<td>✓</td>
</tr>
</tbody>
</table>
Answers to the follow up questions:

- **Medications:**
  - IV Antibiotics
  - Beta blocker
  - Lipid lowering medication
  - Insulin dependent
  - Antidepressant
  - Narcotic

- **History of falls:**
  - Found on floor, but no prior history

- **Vision:**
  - Wears glasses for visual acuity

- **Mobility:**
  - Independent with walker prior to hospitalization

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Cognition – Algorithmic Decision Making

- Can the patient be re-directed?
  - Place directional signs

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During the day, place the patient within visual contact of staff
Provide activities for patient to stay busy

Cognition – Algorithmic Decision Making

- Contact family to see if someone can stay with the patient
- Place bed alarm on bed, chair alarm when out of bed
  - Alarm sound
  - Voice sound
  - With and without wire

Cognition – Algorithmic Decision Making

- Is the patient trying to get out of bed or falling?
  - Consider a Low Bed
    - The average hospital bed has a low resting height ranging from 18-20”
    - Low hospital beds can lower to 10” off the ground
The patient is trying to get out of the bed or falling...

- Cue unit secretary to need for rapid response to call light and bed alarm
- If have access to sitter or family willing to pay for a sitter, consider a sitter now
- Consider mats on floor next to bed
- Consider patient for least restrictive restraint
  – Roll belt (physician order required)

Did the previous measures work?

- If no, consider the Posey Enclosure Bed
- This is a restraint and will require a physician order and all the monitoring and documentation of a restraint

Patient Success Stories

- Patient can fully move around
- Patient feels secure
- Family feels secure
- Patient’s agitation decreases
- Patient does not fall!
- Family actually feeling comfortable enough to go home
Limitations

- Not for every patient
  - Some agitation patients
  - Psychiatric patients
  - Paranoid
  - Severely delusional
  - Too many tubes/lines
  - Family refuses

Family Refusal

- Mostly relates to the way described by the nurse or provider
- Frequently, nurse or provider have a personal opinion not based on experience
- Family needs a visual

Additional Features of Bed

- Don’t have to keep bed closed at all times
- Head of bed can be raised and lowered
Additional Features of Bed

- Patient can have IV's or additional lines
- Material is easy to wipe down
- Difficult to topple over

Special Populations

- Rehabilitation Unit
  - Brain injured patients
    - Specifically Rancho Level 4 patients
- Wandering patients at night time
- Always must have some form of cognitive impairment

Mrs. X’s Outcome

- Placed in Posey Bed
- Calmed down, slept at night
- Out of bed in chair or with bed open during the day
- Impaired cognition cleared as infection cleared
- Posey bed removed
- Patient discharged to assisted portion of facility until full strength returned
- No fall or injury
- Family happy!
Questions?