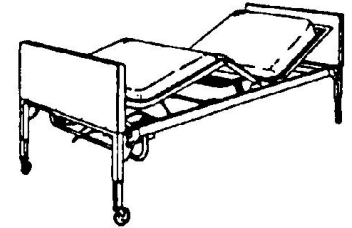


Hospital Bed

Hospital beds permit body positioning that is not feasible in a regular home bed. They also permit the attachment of other pieces of equipment that cannot be used on a regular home bed.



Always raise the foot section of the bed slightly before raising the head to help prevent the patient from sliding to the bottom of the bed.

When transferring to or from a commode or chair, if the height of the bed is adjustable, always adjust the height of the bed slightly higher than the object to be transferred to for transfers out of bed, and slightly lower for transfers into the bed.

ALWAYS make sure the castor locks on the bed are set. The bed may still slip on the floor, so an attendant should be available for assistance if the patient is unstable on their feet.

Manually Operated Bed

The left crank raises and lowers the head of the bed. The right crank raises and lowers the foot of the bed. If a center crank is present it will raise and lower the entire bed. Turning any crank clockwise raises and turning any crank counter-clockwise lowers.

Semi-Electric Bed

The pendant has four buttons. One pair of buttons operates the head section and the other pair operates the foot section. The function of each button is indicated on the pendant by up arrows and down arrows.

Full Electric Bed

The pendant has six buttons. The middle pair of buttons operate the bed height. The other buttons operate the same as the semi-electric bed. On both electric models an emergency crank is furnished and kept under the mattress at the foot of the bed. This crank can be inserted into the appropriate sockets at the foot of the bed to allow manual adjustment of all bed functions in the event of power failure or motor failure.

Cleaning

Clean the bed and frame with any household cleaner. If pendant and electric motors are present wipe with a damp cloth.

Warranty

If you have purchased the bed your warranty is for one year beginning with the date of original set-up. If you are renting the bed your warranty is for the length of the rental. Patients and caregivers should be familiar with all aspects of the bed and should be alert to any unusual noises or difficulties in operating bed that may indicate a mechanical problem. Anything unusual should be immediately reported to the company.

Benefits of Bed Rails

- Aids in turning and repositioning within the bed.
- Provides a feeling of comfort and security.
- Reduces the risk of patients falling out of bed when being transported.
- Provides easy access to bed controls and personal care items.

Potential Risks of Bed Rails

- Strangling, suffocating, bodily injury or death when a patient or part of the body is caught between rails or between the bed rails and mattress.
- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Induces agitated behavior when bed rails are used as a restraint.
- Feelings of isolation or unnecessarily restricted.
- Prevents patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something.

Bed Rail Entrapment Statistics

Today there are about 2.5 million hospital home beds in use in the United States. Between 1985 and 1999, 371 incidents of patients caught, trapped, entangled, or strangled in beds with rails were reported to the U. S. Food and Drug Administration. Of these reports, 228 people died, 87 had a nonfatal injury, and 56 were not injured because staff intervened. Most patients were frail, elderly or confused.

Safety

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe. Although not indicated for this use, bed rails are sometimes used as restraints.

Meeting Patients' Needs for Safety

Most patients can be in bed safely without bed rails. Consider the following:

- Use beds that can be raised and lowered close to the floor to accommodate both patient and health care worker needs.
- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
- Use transfer or mobility aids.
- Monitor patients frequently.
- Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. Consider the following:

- Lower one or more sections of the bed rail, such as the foot rail.
- Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
- Reduce the gaps between the mattress and side rails.