

## **CG58 - APPENDIX 13**

### **GUIDANCE ON THE USE OF ULTRA-LOW BEDS**

These beds are electronically operated profiling beds that can be height adjusted to a level below that of a standard hospital bed, sometimes to floor level. The beds help to prevent harm from falls particularly for patients who are at risk of falling out of bed, but who cannot be given bedrails as they might try to climb over them.

Examples of factors that that can increase the risk of a patient falling from bed include agitation and confusion combined with limited mobility or acute illness.

Ultra-low beds can be lowered to a height of below 30cms (top of mattress to the floor) and also lowered to floor level.

The use of an ultra-low bed can also help to improve safety for some patients and enable others to become more independent with their transfers on and off the bed. Patients that are short in stature often have difficulty transferring on and off a standard hospital profiling bed, especially if an air mattress is in situ and have difficulty lifting their legs on to the bed. A low rise bed can assist these patients with safe transfers on and off the bed.

Where the use of bedrails is inappropriate, consideration should be given for the use of an ultra-Low bed. However this should not be seen as a universal falls prevention solution and provided inappropriately for mobile patient's, could be deemed as restraint (RCN, 2008).

It is important to note that even when Ultra-Low beds are used correctly in the lowest position, some patients may still sustain serious injuries such as a fractured hip or intracranial injury. As a result, it is important that even falls from ultra-low beds are taken seriously (NPSA, NRLS, 2011).

#### **Before ultra-low beds are used:**

Patients should be assessed individually by a registered nurse or therapist to establish the most appropriate method of preventing potential falls from the bed.

This should include: a) Completion of the Guide to Action Tool for Falls Prevention  
b) Completion of the Bedrails risk assessment

Factors to also consider:

1. Physical illness – Some medical or nursing interventions may be difficult or impractical when using an Ultra-Low bed.

2. Psychological illness or distress – The unusual position may aggravate distress, confusion and/or agitation
3. Before using a crash mat/safety mattress which is placed at the side of the ultra-low bed, a risk assessment must be carried out and a care plan developed outlining their use. Be aware that patients are at risk of tripping over crash mats used beside ultra-low beds. (NPSA(NRLS) 2011)
4. Discomfort or pain – any unsettling stimuli such as pain can aggravate confusion and/or agitation
5. Disabilities/capabilities – the use of an ultra-low bed may affect the patients capabilities e.g. transfers and mobility.
6. The wishes of patients and/or relatives/carers
7. Any variation in status over a 24 hour period e.g. nocturnal confusion
8. Patient's weight – check the weight limit for the Ultra-Low bed available, because it may not be suitable for a patient over a certain weight.
9. Mental capacity and best interest decision making in accordance with the Mental Capacity Act 2005.

When patients are assessed for the use of an ultra-Low bed it would be deemed good practice to document in the patient's notes / falls care plan that the patient is aware of the restrictions the bed may impose on them, but have given their consent to its use to reduce the risk of further falls.

If there are concerns that the patient may not have the capacity to consent to its use, then an assessment of capacity should be made in line with the Mental Capacity Act 2005. If the assessment demonstrates that the person lacks the capacity to make this decision themselves then the multi-disciplinary team should make a best interest decision involving the patient's next of kin. This outcome of the capacity assessment should also be clearly documented in the patient's notes / falls care plan.

### **Key Points**

- The decision to use an ultra-low bed must be recorded in the nursing notes and discussed with and communicated to all members of the multi-disciplinary team.
- The patient's family and or carers should be informed of the decision.
- The use of ultra-low beds must be reviewed and documented as part of care planning and review process.

- Care must be taken to ensure the bed is not positioned close to floor level furniture or fittings, such as radiators, pipes or lockers due to the risk of injury and burns to the patient.
- Consider the risk of potential asphyxia entrapment if the patient slipped between the side of the mattress and wall if the bed is placed against the wall.
- Consider the mobility of the patient. If they are able to attempt to stand independently from an ultra-Low bed at its lowest level then this could result in a fall from height.
- When the patient is on the ultra-low bed, the bed must be returned to the lowest level to prevent a fall from height after being attended to by staff.
- The purpose of ultra-low bed is to reduce the risk of injury from bed rails or falling from a bed at normal height. Bed rails must not be used with the bed or remain down when the patient is left unattended.
- The choice of mattress will be determined by the patient's weight, skin integrity and any risks of injury or entrapment. The assessing nurse should ensure that any air flow mattress being considered is suitable for use with the Ultra-Low bed available.

## **The use of Crash mats**

### **Issues to consider before using crash mats**

**Before using the mats, the following prompts must be considered as a risk versus benefit to the patient and others.**

- Will a crash mat placed next to the bed create a hazard to patients, staff and others contributing towards trips and falls?
- Will the mat impose space restrictions to the environment?
- Will the use of the mat impose moving and handling issues?
- Where will the mat be stored if not in use?

**When using a crash mat there should always be a care plan for their use and the following actions taken:**

- Ensure the crash mat is secure and does not slip or slide

- The patient's falls risk and mobility has been reviewed
- Ensure that the patient cannot trip over the edge of the crash mat
- There needs to be a robust cleaning plan for the crash mats used
- When not in use, crash mats should be collected and stored safely.

**Ultra-Low Bed Assessment Guide**  
**Checklist for Decision Making**

If an ultra-low bed <b>is not</b> used how likely that the patient will come to harm? Consider the following:	If an ultra-low bed <b>is used</b> how likely is it that the patient will come to harm? Consider the following:
<ul style="list-style-type: none"> <li>• History of falls before and since admission, previous injuries from Falls, e.g. head injury, fracture</li> <li>• How likely is it that the patient will be injured if they roll out of bed? <b>Is the patient anti-coagulated? Consider Osteoporosis &amp; Fracture risk. Assess the environment, e.g. flooring, proximity of furniture etc.</b></li> <li>• Will the patient feel anxious if they are not near the floor? <b>Ask the patient, discuss with family/carer</b></li> <li>• Can the patient safely transfer on and off a standard hospital profiling bed?</li> </ul>	<ul style="list-style-type: none"> <li>• Will the ultra-low bed stop the patient being independent? <b>E.g. will a mobile patient be unable to take themselves to the toilet at night?</b></li> <li>• Could a mobile patient stand up unaided from an ultra- low bed?</li> <li>• Could using an ultra- low bed cause the patient distress?</li> <li>• Is the patient able to operate the hand controls for an ultra-low bed?</li> <li>• Does the patient have capacity to understand the consequences of falling from a bed not positioned at its lowest height? <b>Could the patient use the controls unsupervised? Consider removing hand controls</b></li> </ul>

**References**

1. National Patient Safety Agency (NPSA)(NRLS) (2011) The safe use of ultra-low beds
2. Royal College of Nursing(RCN) (2008) Let's talk about restra