

Immedia LeanOnMe Positioning cushions

Overview

Mrs T, a 96-year-old lady, lived with her husband Mr T for many years. They met in 1944 and Mr T refers to his wife as his “darling”. Mr T, a retired engineer, cared for Mrs T throughout their many years together. Mr and Mrs T did not have any children and lived a relatively private yet eccentric life. Over the years, Mr and Mrs T had mostly declined support from professionals and asserted their independence. During the later years, Mrs T’s health deteriorated, and Mr T continued to solely care for his wife, allowing professionals in on rare occasions. Mrs T’s diagnosis includes advanced dementia, reoccurring Urinary Tract Infections (UTIs), Decreased mobility, and suspected stroke with one side weakness. History of falls.

Reason for referral for Adult Social Care (ASC) Occupational Therapy (OT) input

The referral came through to OT due to Mrs T being at risk of falling from the bed. Several falls from the bed were reported where Mr T would assist Mrs T with getting into the profiling bed when he could or by calling the paramedics to assist Mrs T with getting back into the bed if he was unable to. It was reported that Mrs T wished to get out of bed and sit out. Mrs T would attempt to move towards the side of the bed and was very active in the bed, especially at night-time. Safeguarding concerns were coming into the team from professionals visiting Mrs T, raising concerns of bruising and reports that Mr T was tying Mrs T to the bed to prevent her from falling from the bed. It was reported that Mrs T mobilised independently prior to a recent hospital admission where Mrs T had fallen and was discharged home non-weight bearing with all care on the bed.

OT visits

OT completed several joint visits with the manager of the care agency, who recently started to provide care for Mrs T twice a day, to free up Mr T during this time. Joint visits were also completed with the community physiotherapist. During the visits, OT was able to build a relationship with Mr and Mrs T, whilst problem-solving and identifying possible solutions to the current risks.

Environment

Microenvironment with a standard profiling bed, alternating mattress and standard crash mat in place. Mr T explained that he would push the profiling bed next to the sofa on the left side of the bed, and he would lift the crash mat to place his armchair, table and stool on the right side of the bed to barricade Mrs T in at night time to prevent her from falling. Mr T said that this was his preferred way as he was able to sleep next to Mrs T whilst holding her hand throughout the night. On several occasions, Mrs T fell from the bed, although it was challenging to get a clear picture of the full details as paramedics were rarely called, and Mr T would get Mrs T back into the bed in his controversial way. In addition, Mr T used rope to tie Mrs T to the bed if he were to leave the room.

Interventions trialled

Floor bed & safety mat

Mr and Mrs T are in agreement with OT replacing the profiling bed for a floor profiling bed and replacing the standard crash mat with the higher safety mat with an integrated slide sheet. However, Mr T would continue to remove the safety mat at night to place his chair, table and stool next to the bed to sleep next to Mrs T while holding her hand. Possible suggestions of Mr T sleeping on the sofa next to the bed and/or putting a single bed next to the profiling bed were both declined by Mr T.

Bed sensor with carers alert

Mr T did not feel this was needed as he chose to sleep in his chair next to Mrs T, so he was always present during the night. Nevertheless, Mr T continued to tie Mrs T to the bed when he left the room.

Bed rails with bumpers

Mesh side rails were considered by OT but felt not appropriate due to rails potentially increasing risks. Mrs T was still strong and very active in bed. Due to cognitive decline, Mrs T would get confused, especially at night-time, which may increase the risk of injury, entrapment, and/or the rails not being used and/or used inappropriately. Mrs T continued to be at high risk of falling from the bed.

Waking night

Mr T did not see this as an option; more of an invasion of privacy. There was no doubt that Mr T cared and loved his wife dearly, just resistant to professional advice. Mr T continued to care for Mrs T in the way he knew how, without malice, but with a lack of awareness of the risks of harm and injury to himself and his wife.

LeanOnMe positioning cushions

Following a recent visit to the OT Show where Mahesh and the Etac Team demonstrated the Etac Lean on Me Positioning Cushions, OT and physio visited Mrs T to trial the LeanOnMe Log cushion and LeanOnMe Wing Cushion with Mrs T.

The log cushion was placed in a V shape, with Mrs T's head resting on the point of the 'V' with her body resting on the inside edge of the cushion. Mrs T rested her hands on the bottom edges of the cushion and plucked the cushions with her fingers. The wing cushion was placed under Mrs T's thigh and shin, long ways with the wing of the cushion placed under Mrs T's leg. Before placing the wing cushion in place, Mrs T lifted her leg up and off the bed. However, once the cushion was in place, Mrs T relaxed into the cushions and her fidgeting reduced. It was apparent that whilst the cushions were minimising the risks of Mrs T falling from the bed, they also provided sensory support and feedback, remarkably reducing Mrs T's agitation. In addition, Mr T was impressed with the cushions and was acceptant of them and did not try to remove them. On the contrary, he would ensure that they were in the correct position and Mrs T was comfortable. Furthermore, the cushions enabled Mr T to continue to sleep next to Mrs T at night-time whilst holding her hand in his preferred way.



Unfortunately, Mrs T's health deteriorated and has now passed away. However, during the time that the LeanOnMe positioning cushions were in place, Mrs T did not fall from her bed, and Mr T was able to move his chair next to the bed to sleep next to his wife whilst holding her hand without putting her at a risk of injury. Mrs T was calmer and less agitated with minimal fidgeting due to the sensory feedback provided by the cushions. The cushions proved a considerable success in managing a very complex situation whilst reducing risks and enabling Mr and Mrs T to remain at home together and sleep side by side where all other possible interventions trialled failed.

This study was a joint work between Kirsten Callander, Senior OT from the Reigate and Banstead Adult Social Care Team in Surrey County Council and Mahesh Shenoy, Area Sales Manager and Immedia Business Development Etac UK.

Related imagery does not depict our case subjects, Mr and Mrs T.