

Guidelines for Placing Mattress on Low Platform

Being restricted in bed by a tie-on restraint or siderail is a source of distress and agitation, yet many residents are at risk if they attempt to get out of bed on their own. Many lack the memory or judgment to call for assistance. A successful safety intervention is placing the person's mattress on a low platform (14-18 inches from the floor). This platform may be a Hollywood-style metal bed frame with a sheet of plywood cut to fit in the frame or a wooden futon frame to support the mattress from a regular bed. Metal frames can often be obtained at secondhand stores. Be sure to round off the corners of the plywood platform so that they do not extend and create a hazard. It costs approximately \$30 to put the metal frame and plywood together; the cost of futon frames vary. Sometimes lowering the bed allows the resident better traction because the feet touch the floor. Sometimes the bed may need to be lowered so that he would not be at risk for a fall. Another reason to lower the bed is to shorten the distance if he rolls out of bed. If the floor is vinyl linoleum and the person's feet slide, a beveled-edge, rubber backed, low pile rug can be placed next to the bed to improve traction. This is also a useful intervention if the person is incontinent of urine because it ensures better footing. If the person is no longer able to stand but is at risk for rolling out of bed, in addition to lowering the bed you may "bring the floor up" and cushion the floor by placing a thick mat or foam egg crate mattress by the side of the bed. This can be slipped under the bed or rolled up out of the way when the person is not in bed.

Here are some useful questions to ask when considering lowering the bed:

1. Have all possible reasons why the person is at risk for falls been evaluated (medication, illness)?
2. Would the bed create other risks if positioned low (e.g., following hip surgery flexion greater than 90°)?
3. Have all the other ways to minimize risk that could be used in place of or in addition to placing the bed lower been considered, e.g., would the use of a position-change alarm increase the safety margin? This may be useful even when the bed is on a low platform.
4. Are there any additional interventions necessary to increase the resident's comfort and safety (e.g., rug or mat next to bed)?
5. Is the person's weight, weight-bearing status, and care needs such that a low bed will not place an undue burden on the caregivers?
6. Is any in-service required so that caregivers will be aware of how to care for and transfer the person in the safest way possible?
7. Have the person and family been consulted and have they agreed to this safety-intervention?
8. Has the assessment and intervention selection process been documented in the chart?

9. Are there other safety factors to consider in the room with the bed on the floor (e.g., need to put safety plugs in outlets or need to move bedside stand to prevent patient from pulling up on it)?

If these questions have been addressed and the assessment indicates that the person would benefit from placing the bed nearer the floor, lower the bed. Generally, caregivers have found that it is easier to utilize a low bed when it is on wheels.

Caution: this intervention may not be appropriate for people if they are very heavy, require frequent, complex care in bed, and/or are able to bear weight. Persons with some or all these characteristics may pose too great a risk of caregiver injury. This possibility would need to be included in the assessment process.

Caregivers are often very clever and creative and can find ways to care for people in low beds that are safe and convenient for them. For example, they might get the person up in a wheelchair and wash them at the sink rather than doing so in the low bed.

For the few people for whom the low bed is not appropriate, because of their weight or heavy care needs, there are high-low beds that have the capacity to be lowered for safety and raised when care is given.

Here are some useful questions to ask when considering lowering the bed:

10. Have all possible reasons why the person is at risk for falls been evaluated (medication, illness)?
11. Would the bed create other risks if positioned low (e.g., following hip surgery flexion greater than 90°)?
12. Have all the other ways to minimize risk that could be used in place of or in addition to placing the bed lower been considered, e.g., would the use of a position-change alarm increase the safety margin? This may be useful even when the bed is on a low platform.
13. Are there any additional interventions necessary to increase the resident's comfort and safety (e.g., rug or mat next to bed)?
14. Is the person's weight, weight-bearing status, and care needs such that a low bed will not place an undue burden on the caregivers?
15. Is any in-service required so that caregivers will be aware of how to care for and transfer the person in the safest way possible?
16. Have the person and family been consulted and have they agreed to this safety-intervention?
17. Has the assessment and intervention selection process been documented in the chart?

18. Are there other safety factors to consider in the room with the bed on the floor (e.g., need to put safety plugs in outlets or need to move bedside stand to prevent patient from pulling up on it)?

If these questions have been addressed and the assessment indicates that the person would benefit from placing the bed nearer the floor, lower the bed. Generally, caregivers have found that it is easier to utilize a low bed when it is on wheels.

Caution: this intervention may not be appropriate for people if they are very heavy, require frequent, complex care in bed, and/or are able to bear weight. Persons with some or all these characteristics may pose too great a risk of caregiver injury. This possibility would need to be included in the assessment process.

Caregivers are often very clever and creative and can find ways to care for people in low beds that are safe and convenient for them. For example, they might get the person up in a wheelchair and wash them at the sink rather than doing so in the low bed.

For the few people for whom the low bed is not appropriate, because of their weight or heavy care needs, there are high-low beds that have the capacity to be lowered for safety and raised when care is given.

From: Individualized Wheelchair Seating: For Older Adults, Part I: A Guide for Caregivers, Joanne Rader, RN, MN, FAAN; Debbie Jones, PT and Lois Miller, RN PhD. Shared with Quality Partner of Rhode Island.