

Long-Term Care Survey Alert

Best Practices ~ Don't Be Too Fast To Accept Residents Becoming Bedfast

These key moves will improve outcomes and quality of life.

Looking for ways to prevent pressure ulcers, depression, incontinence, weight loss and other serious problems?

Help prevent residents from becoming bedbound.

The number one thing in that regard you can do is to watch for signs that someone is losing his transfer ability and trunk control, according to **Cheryl Field, MSN, CRRN**, a restorative nursing expert and consultant with **LTCQ Inc.** in Lexington, MA. "Loss of transfer skills puts the person at risk for not getting up anymore" without depending on staff to help them get into a chair, cautions Field.

The good news: Rehab therapy and restorative programs can help the person regain or hold onto his ability to transfer out of the bed. Ask physical therapy and occupational therapy to do a screen, suggests **Katy O'Connor, MS, PT**, a consultant with **Zimmet Healthcare Services Group** in Morganville, NJ.

A restorative nursing plan can help someone regain or maintain trunk stability and quadricep strength by encouraging the person to walk in his room, says Field.

"The restorative care plan may have the person walking in the hall but the resident benefits from repetitive opportunity to practice that skill in meeting his ADL needs in the room," she notes. Transporting the person to the bathroom in a wheelchair may seem easier in some cases, Field concedes. But "it won't be easier when the person loses transfer skills and leg strength so the staff ends up having to do more for the resident." As the saying goes, "Use it or lose it," she notes.

Another risk factor: Residents with joint contractures are at risk for becoming bedfast because they are difficult to position when out of bed. Thus, there's a tendency to keep them in bed, cautions **Shehla Rooney, PT**, a consultant in Cookeville, TN. These residents can be "ideal therapy candidates," she says.

Clinical tip: **Lynn Gerard, RN**, finds that short-stay residents sometimes spend a lot of time in bed because they have unidentified or untreated comorbidities. That's not as true for long-term residents because the staff usually has time to get a handle on their comorbidities, adds Gerard, director of nursing for **Guardian Angels Care Center** in Elk River, MN.

Assess, Address These Additional Reasons for Becoming Bedfast

Other reasons residents may spend extra time in bed can include:

- **Depression and pain.** Guardian Angels Care Center identifies residents with depression on a geriatric depression scale, says Gerard. "Pain that isn't managed causes a person to not participate in rehab and also take to the bed," she says.

Get residents moving: **Benedictine Health System** has a nursing protocol where nurses gives residents their pain medication a certain amount of time before rehab sessions, says **Garry Woessner, MA, MBA, CAS**, regional director of rehabilitation for the nonprofit organization in Duluth, MN.

Read the risk factors for chronic pain: One resident with pain kept seeking her bed and always wanted to lie down, relays **Karen Russell**, regional coordinator for the **Pennsylvania Restraint Reduction Initiative/Kendal Outreach LLC**. The nursing team identified the person had risk factors for chronic pain. "And once she started a routine pain medication regimen, she woke up and wanted to get out of bed," says Russell.

- **Fear of falling or anxiety.** "Patients with COPD often times do not want to leave their recliner" because they get short of breath when they are mobile, says Rooney.

- **Conditions that embarrass the person, such as incontinence, a facial droop or oxygen.** Having "obvious devices to help do ADLs or eat can make people hesitant to be in public areas when using the devices, so they end up staying in bed more," cautions **B.J. Collard, RN**, a restorative nursing expert and principal of **CTS Consulting** in Denver.

Activities Can Help

You can find activities that encourage people who voluntarily stay in bed too much want to get up, says **Rebekah Grigsby, RN**, at **Park Place Nursing and Rehabilitation Center** in Selma, AL. If a resident feels self-conscious due to a physical difference, engage the person in a solitary activity out of the bed in the room, suggests Grigsby.

Next, ask the resident to identify someone she'd like to participate in an activity with in the room. Once the self-conscious resident gets used to one or two residents, she might feel comfortable going to a group activity with them, Grigsby suggests.

Park Place offers familiar activities such as sewing and ironing that someone can do solitarily in a group. Or residents can sit in rocking chairs on the porch.

A mega hit: Park Place implemented a group activity where residents shell peas and shuck corn together. "We tried that on a dementia unit and the residents not only liked it but they began to tell stories about how they used to shell peas or shucked corn. Many people of the generation in nursing homes did farming or had their own vegetable gardens," she notes.