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PATIENT GUIDE IN THE USE OF A HOSPITAL BED

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

Of course, hospital beds may provide several other advantages such as: making it easier and safer for the patient to get in and out of bed and reach a standing position for ambulation with crutches, walker, or cane; making transfer to and from wheelchairs or bedside commodes easier and safer; and making caregiving much easier by placing the bed at a more convenient height for providing assistance with position changes, turning, bathing, eating, and performing other bedside care.

Both patient and caregivers should be familiar with the basic operations of the bed in order to enjoy maximum benefits from its use. They should also be alert to any unusual noises during operation, or any changes, such as cranks becoming stiff or more difficult to turn, that might indicate a mechanical problem. Symptoms of this nature should be reported to Cape Medical Supply immediately.

OPERATING INSTRUCTIONS

The electric hospital bed control pendant has six buttons. Four of the buttons are the same as those described above for semi-electric beds. The two additional buttons operate the bed height. One button raises the bed, the other lowers the bed. The function of each button is indicated on the pendant. On both electric models an emergency crank is furnished. This crank can be inserted into the appropriate sockets at the foot of the bed to allow manual adjustment of all bed functions. This provides emergency back-up operation in the event of power failure or the failure of one of the motors.

Before elevating the head section, it is always wise to elevate the thighs first, by raising the foot section slightly. This prevents the patient from sliding down in the bed. Raising the thighs and flexing the knees in this manner also provides a more comfortable position for most individuals.

By raising or lowering the height of the bed, getting in and out can be made much easier. If the patient is using an ambulation aid, such as a walker or cane, the bed height can be increased to make reaching a stable standing position much safer and easier. This allows the caregiver to concentrate his or her efforts on assisting the patient rather than with struggling to lift the individual up to a standing position. For transfers to and from a wheelchair or bedside commode, the bed height can be set slightly higher for transfers out of the bed, and slightly lower for transfers back into bed. This makes transfers easier by using the assistance of gravity – making transfers downhill.

It is extremely important that the brakes be applied on the two locking casters any time the patient is entering or leaving the bed, to prevent the bed from rolling away and causing a fall. Even with these locks applied, patients who are unstable on their feet should not attempt to enter or exit the bed without assistance. The brakes are not absolutely positive, even though the wheels may not turn, the caster may slide on the floor, allowing the bed to shift, causing an accident. An attendant or caregiver should be present to assist the patient and to help stabilize the bed.

In addition to being helpful with transfers, the bed height can be raised to reduce bending or stooping by the caregiver when assisting the patient with turning or changing positions in bed. This is also helpful during bathing, feeding, and other bedside care. This feature is a great back saver for the caregiver.

When assisting a patient to turn in bed, the caregiver should first lock the caster brakes, then stand to the side of the bed toward which the individual will be turning. Side rails should be in the up and locked position and the bed set at a height that permits the caregiver to reach over the rails and roll the patient toward them. Never assist by rolling the patient toward to opposite side of the bed.

BED SIDE RAILS

A side rail is a safety device to prevent the patient from rolling out of bed. IT IS NOT A RESTRAINT. There will be a gap between the side rail and the mattress when the head spring is elevated.

OPERATING INSTRUCTIONS

The rails are lowered by pulling out on the pull buttons or plungers. Care should be exercised not to catch the patient's hands or feet in the rails as they are lowered. It is wise to hold the rail with one hand, while releasing the pull button with the other, so that it can be lowered slowly and in a controlled manner.

To raise the rail simply lift up in the center until the plungers snap into the holes in the rail. Visually check to confirm that the plungers are securely seated.

On the universal telescoping rails, the head end can be raised independently of the foot end to provide a half rail effect if desired.

When assisting a patient to turn onto their side, the rails should be in the up and locked position. The caregiver should stand on the side toward which the patient is to be turned, then reach over the rail and pull to provide the needed assistance. Providing this assistance can be made much easier by first adjusting the bed to a convenient height.

To make the bed:

- Lower the rail on one side
- Drop the linen between the rails and the mattress
- Tuck the linen and blankets
- Raise the rail to the up position
- Follow the same procedure on the opposite side.

Periodic lubrication of the sliding and telescoping parts of the rails with silicone spray will keep them operating easily and smoothly. Only silicone spray should be used for this lubrication procedure. Similar petroleum based sprays such as WD-40 will soil the bed linens.

Please keep this information available for reference. If questions arise concerning the use or operation of the hospital bed, call Cape Medical Supply.