

## BARIATRIC BED EVALUATIONS – THINGS TO CONSIDER

March 14, 2013

BED EVALUATED: State Make & Model Number

	THINGS TO CONSIDER
Weight Capacity bed	<ul style="list-style-type: none"> <li>• List weight. Does it meet your patient population needs?</li> </ul>
Weight Capacity Sleep Surface	<ul style="list-style-type: none"> <li>• List weight capacity.</li> <li>• What type of sleep surface is it? Will it meet your needs?</li> <li>• Low air loss suitable for complex, little to no mobility patient with skin/wound involvement. How quiet is the low air loss pump?</li> <li>• Foam surface suitable for patient that still has some mobility and little to no skin/wound concerns.</li> <li>• Is the surface proprietary to the bed or are there other surfaces that are less expensive?</li> <li>• If expandable, does it have Velcro – not generally approved by IP&amp;C.</li> <li>• Does the cover require laundry services? If yes, ensure the laundry can accommodate.</li> <li>• Can the manufacturer of the cover provide a fabric sample for testing by IP&amp;C?</li> <li>• What is the price of additional covers? Recommend purchasing at least 2 covers for each low air loss sleep surface.</li> <li>• If the cover has zippers are they well protected and will IP&amp;C approve?</li> <li>• Most covers can be wiped down. Is your hospital approved cleaner approved by manufacturer?</li> </ul>
Width of bed/sleep surface	<ul style="list-style-type: none"> <li>• Standard hospital bed is approx. 39 inches with a 36 inch surface with an overall frame width of 39-40.5" and have a weight capacity of 500 lbs. however many patients under this weight have a girth that will not allow them to move or be cared for in a regular bed.</li> <li>• Does the width meet your patient's needs?</li> <li>• Will the bed with frame fit through your doorways and elevators? If not, do you have a plan to address this? i.e. have a bariatric stretcher available at all times.</li> <li>• Does the bed expand and contract in width and length? Most doorways are 41 ¾" wide. Bariatric beds are often 48" -54" wide, 80-88" long</li> </ul>
In Bed Weigh Scale	<ul style="list-style-type: none"> <li>• This is very important when caring for patients in Critical Care areas, especially if medications &amp;/or treatments are weight based or if the patient is not mobile. This is less critical if the patient has some mobility and or can be safely weighed when up in a lift (assuming your lift has the capacity to weigh).</li> </ul>
Turn Assist Feature	<ul style="list-style-type: none"> <li>• Available with some low air loss sleep surfaces and high</li> </ul>

	<p>end beds. A significant advantage in Critical Care areas or for those very large patients with no mobility. Turn assist does not replace staff. They still need to actively reposition patients on a regular basis.</p>
Exit Alert	<ul style="list-style-type: none"> <li>• Does the bed have a patient exit alert system?</li> <li>• If yes, does it have various sensitivity settings?</li> </ul>
Height range of bed frame with sleep surface from floor (lowest to highest positions)	<ul style="list-style-type: none"> <li>• Is this at a comfortable working height for staff?</li> <li>• Is the low height comfortable for patients who might be able to get on &amp; off the bed independently?</li> <li>• Will the lowest height help to prevent injuries from falls?</li> <li>• Is the headboard high enough for good positioning by staff when pushing?</li> </ul>
Bed frame from floor	<ul style="list-style-type: none"> <li>• Does the bed frame allow for your patient lift to get under the frame? Note: A lift does not have to get under the bed when in its lowest position. However, it does need to fit under the bed when elevated</li> </ul>
Easy to move the patient on & off the bed	<ul style="list-style-type: none"> <li>• Do the side rails obstruct the patient transfer?</li> <li>• Is the patient able to get themselves on &amp; off the bed without causing friction injuries to the back of their legs &amp; buttocks?</li> <li>• Can the patient egress from the foot of the bed?</li> </ul>
- are side rails sturdy	<ul style="list-style-type: none"> <li>• Many patients use the side rails to help leverage their turning &amp; positioning. They need to be extremely sturdy.</li> <li>• Do the side rails &amp; other parts of the bed have unnecessary gaps, crevasses or cracks that may allow bacteria, viruses or dirt to accumulate?</li> <li>• Is there a protection system available to contain a large pannus?</li> </ul>
- are side rails easily raised and lowered	<ul style="list-style-type: none"> <li>• Staff safety feature. Must be easy to operate.</li> </ul>
- maintain position	<ul style="list-style-type: none"> <li>• Many patients use the side rails to help leverage their turning &amp; positioning. They need to be extremely sturdy</li> <li>• Staff pushing at the head of the bed grasps the side rails. They need to be sturdy enough to allow force along their long axis.</li> </ul>
- allow transfer of patient by minimizing distance between bed and stretcher	<ul style="list-style-type: none"> <li>• What is the gap between the bed and stretcher?</li> <li>• Are the side rails in the way or increasing the gap?</li> </ul>
Trapeze	<ul style="list-style-type: none"> <li>• Is the bed equipped to attach a trapeze for the patient to use in self-positioning?</li> <li>• If the trapeze is attached, how does the bed frame articulate with the trapeze? i.e. how does the bed frame articulate if the head of the bed is raised/lowered?</li> <li>• Can this system be moved out of the way while the patient is in the bed so as to not interfere with lift systems?</li> </ul>
- trendelenberg	
- reverse	<ul style="list-style-type: none"> <li>• It is extremely unlikely that a bariatric patient could</li> </ul>

trendelenberg	tolerate this position, even in an emergent situation so this feature is not really critical to decision making.
- fowlers	<ul style="list-style-type: none"> <li>• Some high end beds have integrated alarm systems (to nurse call systems) that will alert the nurse to having the head of the bed lowered. Most bariatric patients have difficulty breathing in a flat position so this might be very important, especially in a critical care setting.</li> <li>• We looked at a bed several years ago that when the bed brakes were in the locked position it was not recommended you raise the head of the bed. If you tried, you eventually burned out the motor and created big gouges in the flooring.</li> </ul>
- The mechanism for raising the head of the bed is user friendly (one person can raise the head)	<ul style="list-style-type: none"> <li>• Can the bed be put into a “chair” position? This is important for patients that you are getting ready to ambulate.</li> <li>• If the bed can be “chaired” can the patient easily get out of the chair position &amp; onto the floor without the fear of falling?</li> </ul>
- knee gatch; knee’s flexed	<ul style="list-style-type: none"> <li>• The knee gatch feature will assist the bariatric patient with positioning, reduce the incidence of slipping off the foot of the bed, and provide better low back comfort</li> </ul>
- patient pendant controlled and lockout	<ul style="list-style-type: none"> <li>• Easy to use?</li> <li>• No unnecessary gaps, crevasses or creases for bacteria, viruses or dirt to accumulate?</li> </ul>
Can the bed be transported easily with two staff?	<ul style="list-style-type: none"> <li>• Some beds now come with an onboard power assist drive. If yes, what type of steering mechanism is it? Does it allow for turning corners and negotiating the way out of rooms and into hallways?</li> <li>• If the bed has power assist what is the battery life/distance?</li> <li>• What type of charging mechanism is required?</li> <li>• Can you kick it into manual if the power assist fails?</li> <li>• What is the weight of the bed with sleep surface without the patient?</li> <li>• With patient in bed is this a safe weight that can easily be transported by 2 staff?</li> </ul>
The brake & steer system is safe and secure	<ul style="list-style-type: none"> <li>• The bed should not move at all with the brakes on.</li> </ul>
Brakes are easy to use	<ul style="list-style-type: none"> <li>• Should be easy to reach and take minimal staff effort to activate.</li> </ul>
Brakes are accessible from both sides of the bed	<ul style="list-style-type: none"> <li>• Should be easy to reach and take minimal staff effort to activate.</li> </ul>
Does it have a CPR release?	<ul style="list-style-type: none"> <li>• CPR release needs to be hydraulic or some other controlled lowering. We looked at a bed some years ago that would chop your arm off if caught under the head of</li> </ul>

	<p>the bed as it was not a controlled drop.</p> <ul style="list-style-type: none"> <li>• How easy is it to operate the CPR release?</li> <li>• Is the CPR release easily accessible?</li> <li>• If the bed has a low air loss surface does the bed deflate when the CPR release is activated?</li> </ul>
Wheels	<ul style="list-style-type: none"> <li>• Size of the wheels should be considered to prevent them from falling into the gap when entering or exiting elevators.</li> </ul>
Infection Prevention & Control	<ul style="list-style-type: none"> <li>• IP&amp;C need to be involved in the evaluation process.</li> <li>• Can the manufacturer of the cover provide a fabric sample for testing by IP&amp;C? This applies to foam sleep surface covers as well as low air loss covers.</li> <li>• Are there exposed screws, gaps, crevasses where dirt, bacteria &amp; viruses can grow?</li> </ul>
Housekeeping Considerations	<ul style="list-style-type: none"> <li>• Housekeeping needs to be involved in the evaluation process.</li> <li>• If the sleep surface needs to be removed from the deck of the bed for cleaning purposes, what is the weight of the sleep surface and how many people does this require?</li> <li>• Are the mechanisms encased to allow for easy cleaning?</li> <li>• Currently home care uses a bed with multiple slats. This bed meets their needs as it is used by the same patient for a long period of time. This bed was not acceptable to the acute care settings as the detailed cleaning required with the interlaced slats and multiple cleanings required as the bed moves from patient to patient was deemed unacceptable to Housekeeping in the acute care setting.</li> </ul>
Maintenance Considerations	<ul style="list-style-type: none"> <li>• Maintenance needs to be involved in the evaluation process.</li> </ul>

Other Comments

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Form completed by: (state name, position, site, if applicable)

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Date Completed: \_\_\_\_\_

Draft Submitted by: Ingrid Olson, HSC

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