

Chat with Pat

An expert view on issues that matter to you.



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Height Adjusting Beds

The heart-beat of the **HD Nursing** Program is to individualize the patient's fall and fall injury prevention plan of care. This individualized approach to care applies as well to bed height.

Take a moment and answer this question:

How do you make sure that each patient's bed height is positioned at the right level for each patient to safely move from a sitting position to a standing position or safely transition from standing to sitting, with or without assistance?

The reason why this question and your answer is so important is because most falls in hospitals are falls from beds or transfer from bed to chair, and the assumption is that suboptimal (too low) height is a contributing factor related to the fall (Oliver, et al, 2010).

Did you know that biomechanical research has been conducted with elderly adults, and the findings support that height of beds must be individualized height for each patient! And... low bed position as a fall prevention strategy should be reconsidered.

Remember, the purpose of the low bed is to reduce trauma when patients fall from beds, because the distance of the fall is reduced.

As you know, **HD Nursing's** interventions are evidence-based. In concurrence with this evidence, **HD Nursing** has Criteria for Low Bed Use, per HD Policy, Under Mobility Assessment, intervention 8, which specifies the use of the low bed: **ensure proper positioning of low beds when rising from and returning.**

This intervention requires that you individualize the bed height for each patient, and set-up a communication system that informs each care provider knows the patient's proper bed height position. This intervention should be the answer to the question just posed to you.

References

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I hope this information is helpful to you as we work to advance our patient safety preventions.

