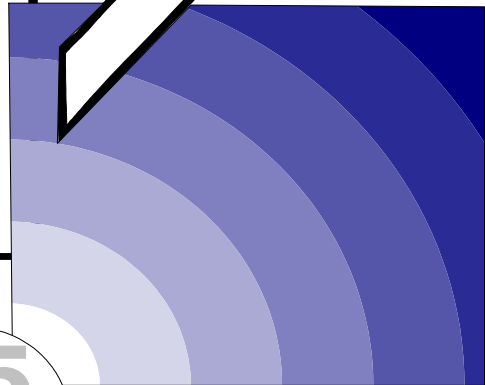
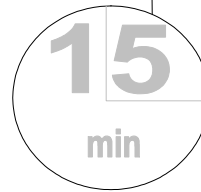


CLIP

15 minute Worksheet



Moving the ill patient

2: Equipment, Adaptations and Improving the Environment

Intermediate level

Produced by
**Coleman Education
 Centre**
St. Oswald's Hospice
 Regent Avenue
 Gosforth
 Newcastle-upon-Tyne
 NE3 1EE

Tel: 0191 285 0063
 Fax: 0191 284 8004

This version written and edited by:
Christine Armstrong
 Senior 1 Occupational Therapist
 Northgate Hospital

Claud Regnard
 Consultant in Palliative Medicine
 St. Oswald's Hospice, Newcastle
 Hospitals NHS Trust and
 Northgate&Prudhoe NHS Trust
Margaret Kindlen Head of
 Education,
 St. Oswald's Hospice

Development of this worksheet was
 supported by
**the NHS Executive
 BEACON initiative**

Northgate Palliative Care Team
 NHS Beacon site

Aim of this worksheet

To consider the importance of maintaining patient/client skills while making the environment safer for the both patient/client and staff/carers

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

Margaret is a 57 year old lady with Downs Syndrome who has been living in a residential home for just over a year. During that year she has shown a considerable decline in her cognitive skills, she has difficulty in recognising people, objects and places within the home. Margaret has lost many self care skills, and has problems feeding herself. Her behaviour can be unpredictable and she has recently become incontinent. Her mobility has reduced to the extent that she is now in a wheelchair, although she is still able to manage a standing transfer with assistance from two people. An assessment has been requested from the occupational therapist.

Margaret's difficulties

Physical problems:

Physical illness could impede mobility and cause some of Margaret's symptoms. Illness can cause general fatigue and lethargy through problems such as anaemia.

Alzheimer's Disease is associated with Down's Syndrome and causes behavioural changes, problems with memory and cognitive decline. Other features can include a change in muscle tone and a delay in stimulus of muscles from the brain causing mobility and swallowing problems.

Hypothyroidism: this occurs in 20 – 30% of people with Down's Syndrome, and can result in lethargy, functional decline, dry skin, confusion, constipation, fatigue and depression.

Trauma: A recent fall could cause a clot to form slowly between brain and skull (subdural haematoma) resulting in confusion and memory loss, and could cause some of Margaret's symptoms. A fracture would obviously limit mobility.

Drugs can cause problems with drowsiness and dizziness.

Psychological problems:

Depression: this affects self-esteem and can result in reduced motivation to move.

Anxiety can make Margaret lose her self-confidence in walking.

Social problems

A lack of support and aids may make it hard for Margaret to function with some independence.

Improving the situation: an action plan

Following assessment of Margaret's current abilities and possible future needs the residential home agreed to act on the following recommendations:

Visual clues: to reduce the demands made on Margaret use clear pictures to help identify which room she is going into e.g. picture of a bath on the door of the bathroom. Use colour to help differentiate significant rooms, colours from the top end of the spectrum such as red, orange, yellow can aid recognition and help reduce disorientation.

Bath aids: examples are a support cushion which would prevent her from sliding down the bath, make the bath surface more comfortable and assist with pressure care.

Easy chair with integral pressure care cushion: to provide Margaret an alternative option to her wheelchair.

Mealtime advice: supply a right angled built up spoon and start a feeding programme with staff using hand-on-hand techniques so that Margaret's self feeding skills can be maintained as long as possible (see CliP worksheet *Maintaining the environment for eating and drinking*).

Multi sensory environment: give advice on the layout and potential use of sound, tactile objects, lighting effects and fibreoptic lights. This additional resource to be developed by the home, an environment where staff can use sensory experience to engage with Margaret.

* *Ceiling track hoist:* to address Margaret's deteriorating mobility and future needs, make moving and handling safer for Margaret and staff. Track to be installed in Margaret's bedroom and run from her bed into her *en-suite* facilities, appropriate slings to be issued. En-suite facilities mean that when Margaret can be changed on the bed, and be hoisted in and out of the bathroom with her dignity maintained. A mobile hoist (a cheaper option) is unsafe in someone with unpredictable behaviour.

* *Adjustable height profiling bed:* this would allow Margaret to be changed on the bed by rolling, the height adjustable feature allows staff to find their right working height for in order to maintain good back care. The profiling feature allows Margaret to adopt a variety of positions and helps prevent sliding down the bed. A standard adjustable height bed (a cheaper option) with frames may help initially, but as Margaret deteriorates she will need the profiling bed.

* *Adjustable height bath:* to replace existing arrangement to allow staff to work at an appropriate height when assisting Margaret, to address present and future needs the bath has a transfer seat which can be used while Margaret can still transfer. The seat can be removed when hoisting is required.

* These are expensive items which will need funding eg. through social services.

The role of the occupational therapist in Margaret's care

To work with other Health Care Professionals to maintain Margaret's skills while making the environment safer for Margaret and staff/carers.

To demonstrate prescribed equipment and or technique/routine to staff/carers

Occupational therapists do not always prescribe equipment and may sometimes suggest alternative techniques or environmental changes.

FURTHER ACTIVITY: Equipment, Adaptations and Improving the Environment

Identify a patient with reduced mobility:

- what would be needed for this person to return home?
- how could this be funded?

FURTHER READING: Equipment, Adaptations and Improving the Environment

National Back Association. *The guide to the handling of patients. introducing a safer handling policy, 4th ed.* Middlesex: National Back Pain Association, 1997

Walker MF. Hawkins K. Gladman JRF. Lincoln NB. Randomised controlled trial of occupational therapy at home: Results at 1 year. *Journal of Neurology, Neurosurgery & Psychiatry.* 2001; **70**(2): 267.

Smith S. Roberts P. Balmer S. Role overlap and professional boundaries: Future implications for physiotherapy and occupational therapy in the NHS: Forum. *Physiotherapy.* 2000; **86**(8): 397-400.

Ellis BE. Moving and handling patients: An evaluation of current training for physiotherapy students. *Physiotherapy.* 1993; **79**(5): 323-6.

CLIP

Current Learning In Palliative care
An accessible learning programme for health care professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

© 2004

Helping the Patient with Advanced Disease: a Workbook. Regnard C. ed.
Oxford: Radcliffe Medical Press www.radcliffe-oxford.com