Editorial

Paul Fulbrook - Editor

Lynne Harrison - Editor

The World of Critical Care Nursing
2009 Volume 7 Number 1

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Connect: The World of Critical Care Nursing **is the official journal of the World Federation of Critical Care Nurses and is published in association with the European federation of Critical Care Nursing associations.**

EDITORIAL

Paul Fulbrook, Professor of Nursing, National Centre for Clinical Outcomes Research, Australian Catholic University, and Nursing Director Research & Practice Development, The Prince Charles Hospital, Brisbane, Australia

BED SAFETY

Perhaps the most taken for granted piece of equipment that is used in modern health care is the hospital bed. However, in recent decades the 'humble' bed has morphed from being a basic piece of ironmongery to become a sophisticated therapeutic tool. Nowehere is this more apparent than in the critical care setting, where the bed is used not only for comfort and to position the patient effectively but often to deliver treatments such as cooling and warming, physiotherapy, and rotational therapy.

Although the hospital bed is a vital, it poses a risk to patients. In the critical care setting especially, patients are often sedated, confused and/or disorientated. Futhermore, their critical illness usually means that they are weak and, in addition, they often have muscle loss and joint stiffness. These problems may also be compounded by deteriorating sight and hearing, which are frequently found in the older population. These factors are particularly important to consider during the patient's recovery phase, when they are starting to become more mobile. At this time, they are more likely to be moved from the bed for short periods. For example, to sit in a chair as part of their rehabilitative process. As they gain strength they begin to move around in the bed more. This is a time of significant risk, when the potential for the patient to fall from the bed is greater. Vigilant nursing observation is required.

There is a growing body of evidence that highlights the risks associated with hospital beds: falls, entrapment, strangulation and even death. In this context, there are two critical factors: the height of the bed and the use of bed rails. It has been known for some time that 70-90% of falls, in the health care setting, occur as the patient tries to exit the bed for toileting purposes.

Historically, bed rails have been used as a safety measure to protect patients from falling from bed. Their use was perpetuated, in the USA especially, due to litigation payouts when patients sustained injuries from falls when bed rails were not used. However, current evidence indicates that that although patients in low, rail-less beds may fall more often, they have no greater injury rate compared to patients in high beds using half-rails or no rails. 50-90% of falls from bed in hospital occur despite bed rails being applied (Oliver, 2002). Bed rails do not prevent falls; they simply increase the height of the fall and therefore increase the extent of the injury.

The risk of strangulation and suffocation can be reduced if correct bed rails are used. International Standard 60601-2-38 governs hospital beds. It states that bed rails should not have a gap between the rungs greater than 120mm and there should be a 60mm maximum gap between the mattress and the bed rail (FDA, 2006).

In essence, the way to reduce the risk of falls and injury is simple: lower the bed and do not use bed rails. If the latter are used, then half rails are better, as they reduce the likelihood that a patient will attempt to climb over them.

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Editors
Paul Fulbrook (Australia), paul.fulbrook@acu.edu.au
Lynne Harrison (UK), lharrison2@uclan.ac.uk

Associate Editors
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Layout
Jamie Fulbrook, jamie@jnewmedia.com

Publisher
Connect: The World of Critical Care Nursing is published by Paul Fulbrook, Jamie Fulbrook, and Lynne Harrison.

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ISSN 1748-6254