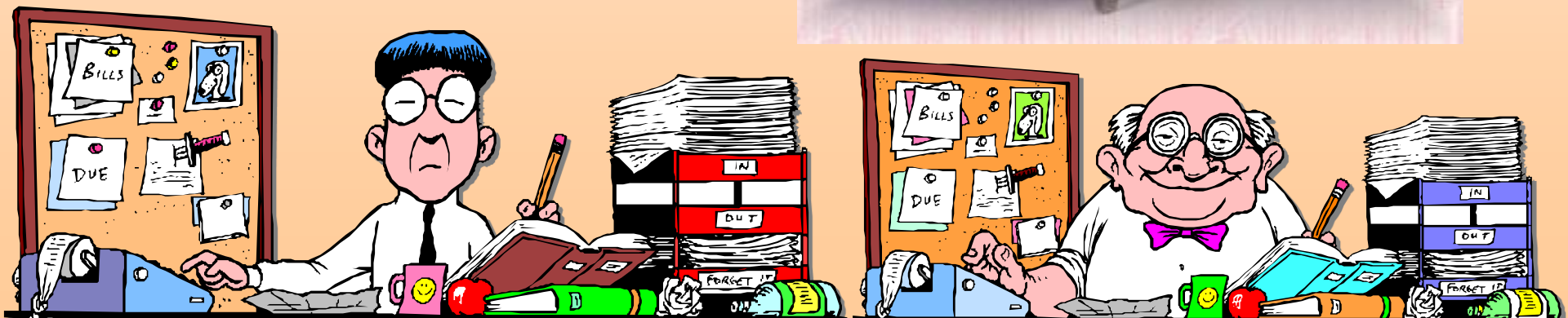
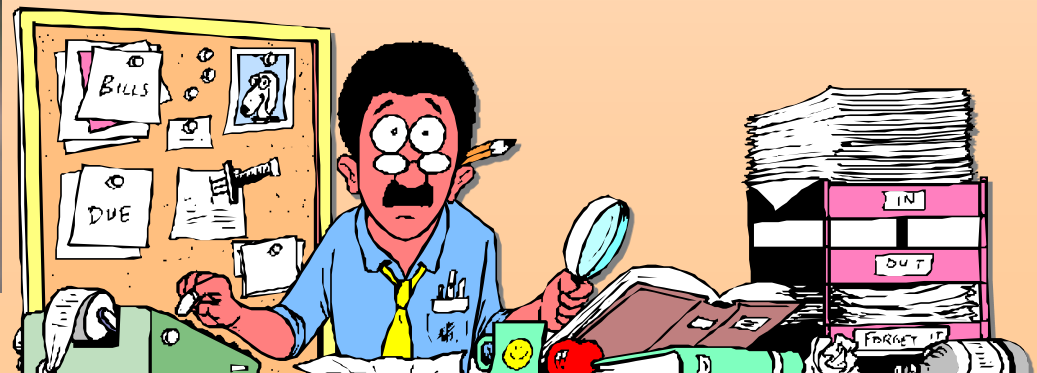


BED MAKING





The bed is one of the most important parts of the patient's environment in the health care setting.





BED MAKING

- Knowing how to make various types of beds and how to modify them for special situations is of paramount importance for the nurse. A clean, wrinkle-free bed that remains intact when a patient moves does a great deal for the patient's physical and psychological comfort.

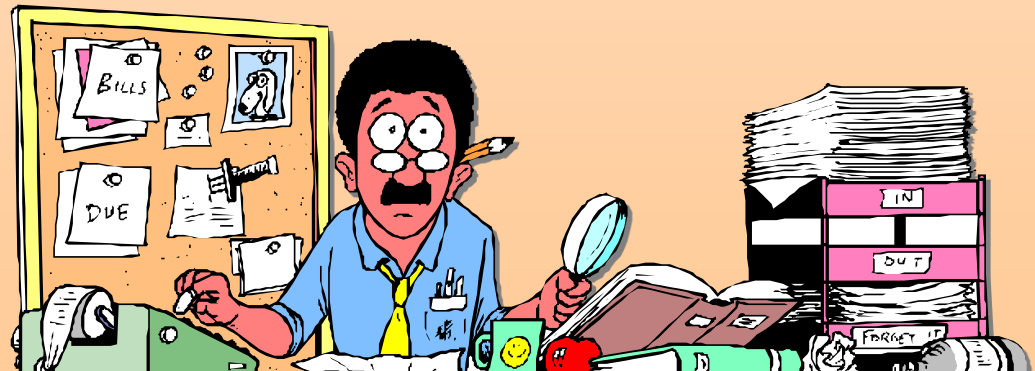


NURSING DIAGNOSIS:

● risk for impaired skin integrity

can be placed at risk because of wrinkled or soiled linen and the manner in which patients move

- food crumbs
- small articles



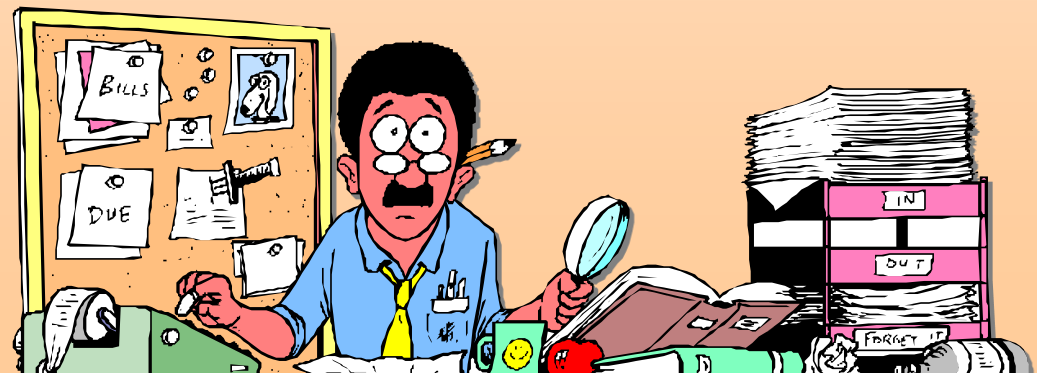
NURSING DIAGNOSIS:

● risk for infection related to linen soiled with urine, stool or wound drainage, especially in the presence of an open wound or in the case of an immunocompromised patient.



INFECTION CONTROL IN BEDMAKING:

- Microorganisms move through space on air currents; therefore handle linen carefully. Avoid shaking it or loosing it into the laundry hamper



INFECTION CONTROL IN BEDMAKING:

Microorganisms are transferred from one surface to another whenever one object touches another.

Therefore, hold both soiled and clean linen away from your uniform to prevent contamination of the clean linen and contamination of the uniform by the soiled linen.

In addition, avoid placing it on the floor to prevent the spread of any bacteria present either on the linen or on the floor.



INFECTION CONTROL IN BEDMAKING:

- Proper hand washing removes many of the microorganisms that would be transferred by the hands from one item to another. Therefore, wash your hands before you begin and after bed making.





HOSPITAL BEDS

Height= 66 cm (26 inches)

Width= 0.9 m (3 ft)

Length= 1.9 m (6.5 ft)

Narrower than the usual bed?



HOSPITAL BEDS



Narrower than the usual bed?

- so that the nurse can reach the client from either side of the bed without undue stretching



> Most hospital beds have electric motors to operate the movable joints

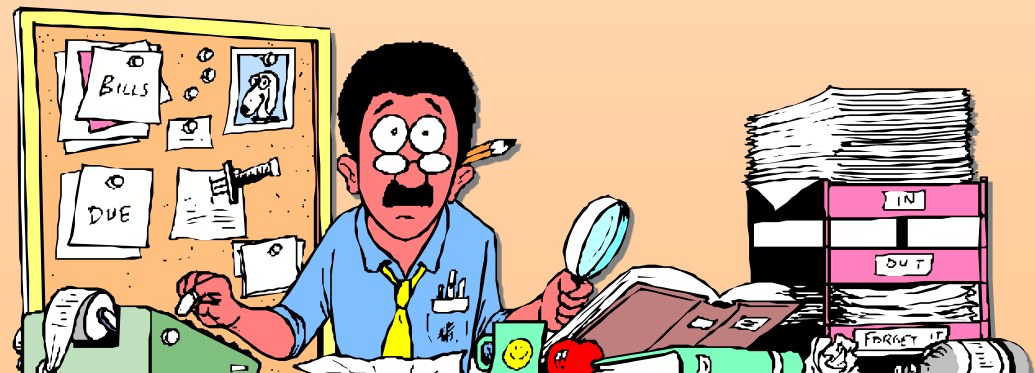


HOSPITAL BEDS

● MATTRESSES

covered with a water-repellant material that resists soiling and can be cleaned easily

***handles on the side: “lugs”



HOSPITAL BEDS

SIDE RAILS

- used both on hospital beds and stretchers
- various shapes and sizes and are usually made of metal
- serve as a safe and effective means of preventing clients from falling out of bed



HOSPITAL BEDS

● FOOTBOARD OR FOOTBOOT

used to support the immobilized client's foot in a normal right angle to the legs to prevent plantar flexion contractures



HOSPITAL BEDS

● BED CRADLES

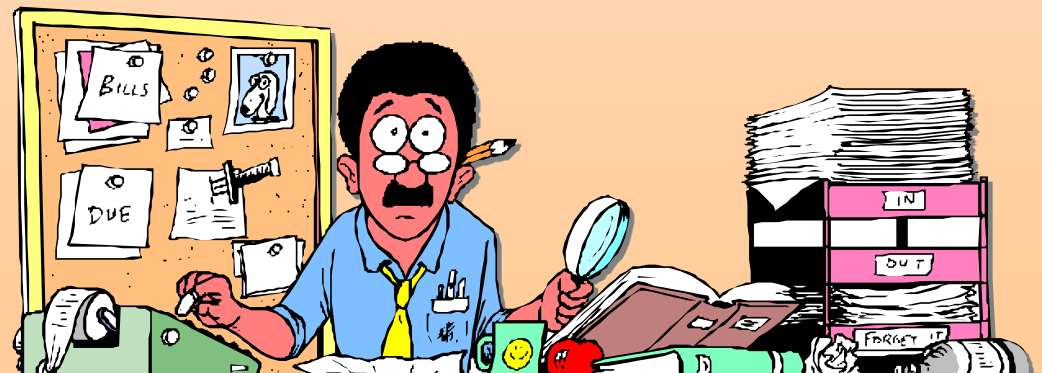
- a device designed to keep the top bed clothes off the feet, legs and even abdomen of a client



HOSPITAL BEDS

● INTRAVENOUS RODS

- (poles, stands, standards)
- usually made of metal, support Intravenous infusion containers while fluid is being administered to a patient



COMMONLY USED BED POSITIONS

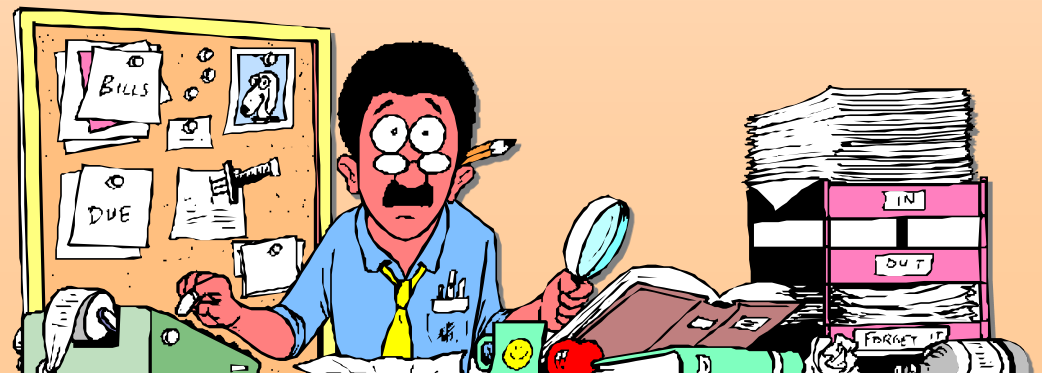
1. FLAT ON BED

- mattress is completely horizontal
- client sleeping in a variety of bed positions such as back lying, side lying and prone
- to maintain spinal alignment for clients with spinal injuries
- to assist clients to move and turn in bed
- bed making by nurse



1

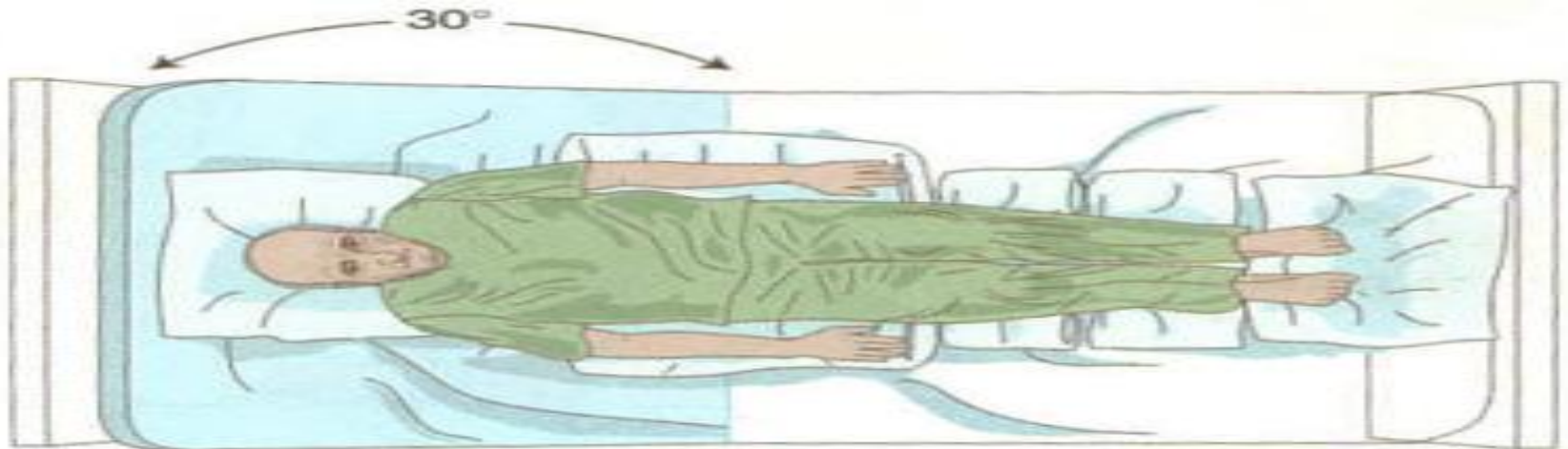
1. FLAT ON BED



COMMONLY USED BED POSITIONS

2. FOWLER'S POSITION

- semi sitting position in which head of bed is raised to angle of at least 45 degrees, knees may be flexed or horizontal

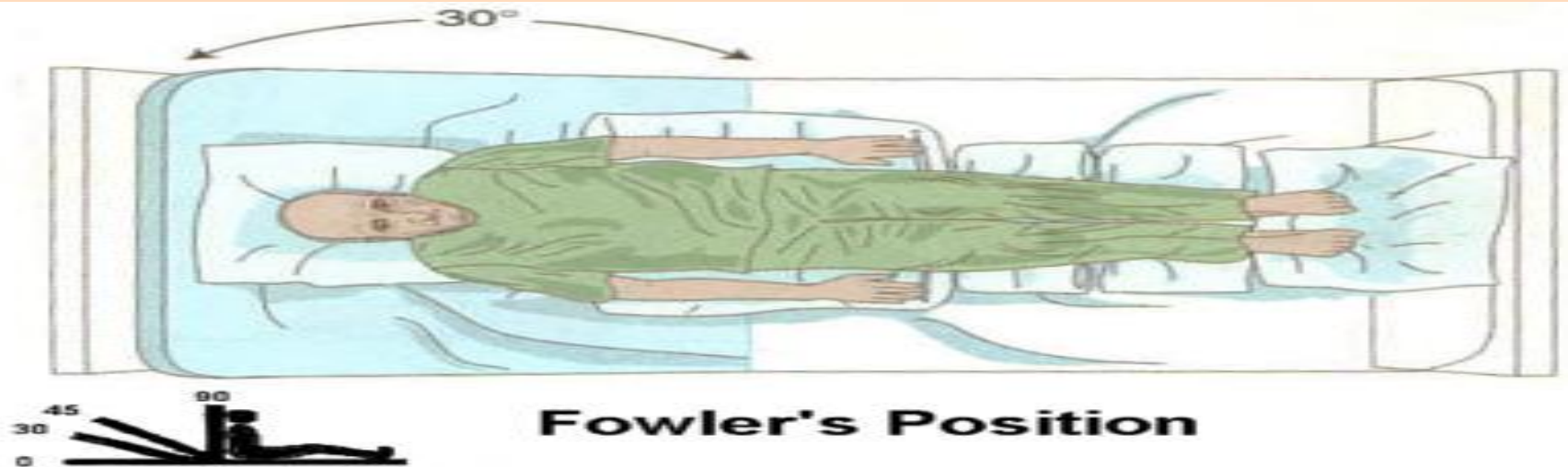


Fowler's Position

COMMONLY USED BED POSITIONS

1 3. SEMI FOWLER'S

- head of bed is raised only at 30 degrees
- relief from lying position
- promote lung expansion



COMMONLY USED BED POSITIONS

4. TRENDELENBURG POSITION

-head of bed is lowered and foot raised in a straight inclined



COMMONLY USED BED POSITIONS

5. REVERSE TRENDELENBURG

- head of bed raised and the foot lowered, straight tilt in direction opposite to trendelenburg



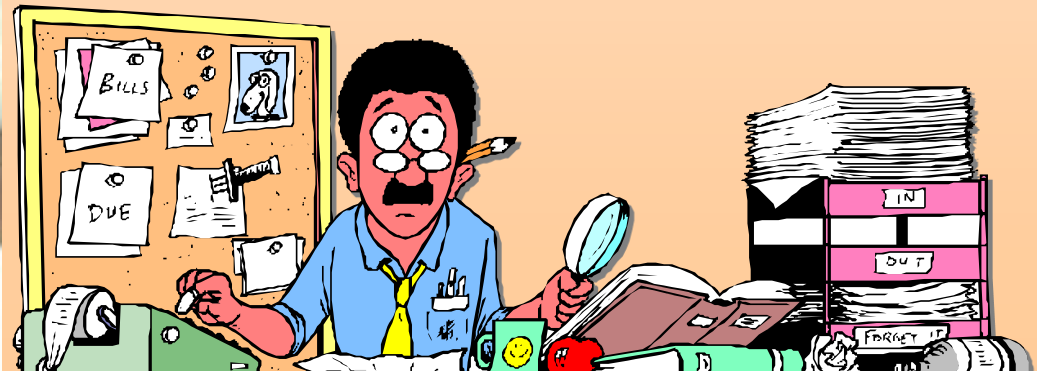
COMMONLY USED BED POSITIONS

6. ORTHOPNEIC POSITION

-client sits either in bed or on the side of the bed with an overbed table across the lap



Orthopneic position.

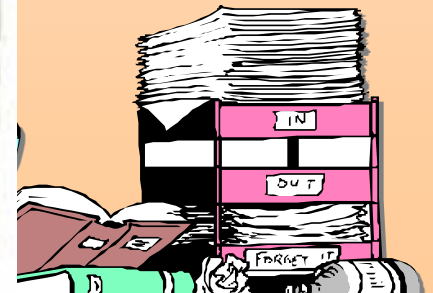
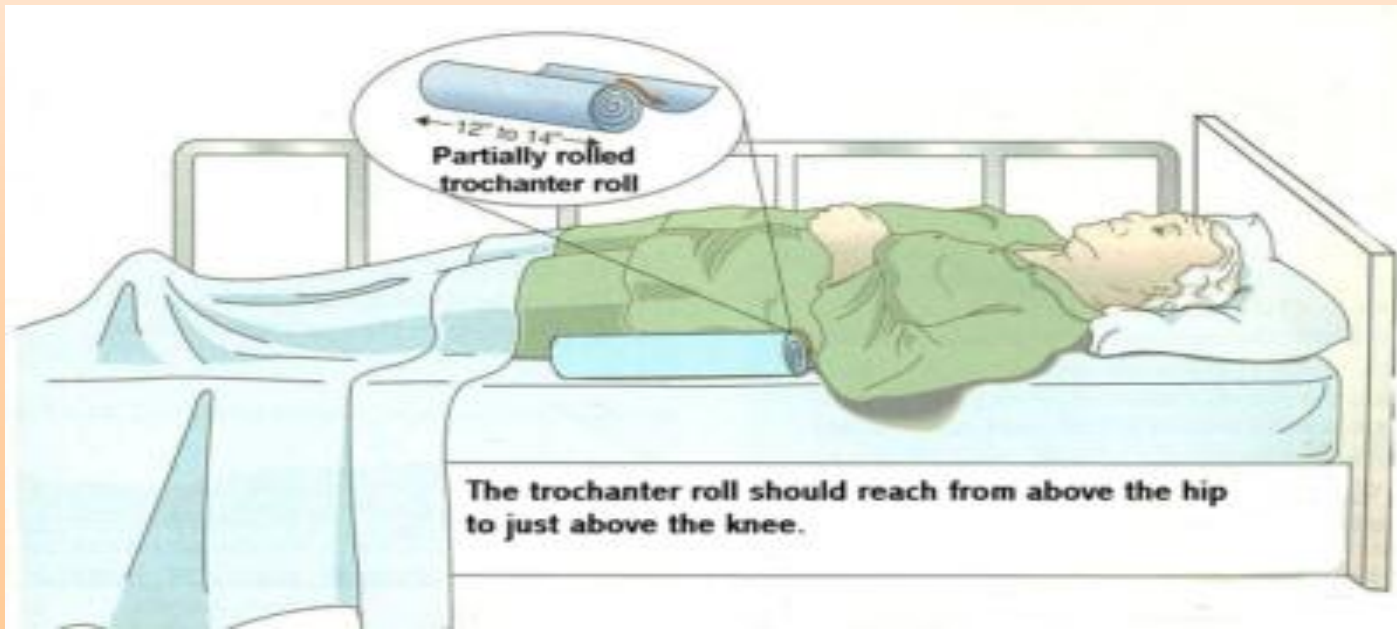


COMMONLY USED BED POSITIONS

7. DORSAL RECUMBENT

- (BACK LYING)

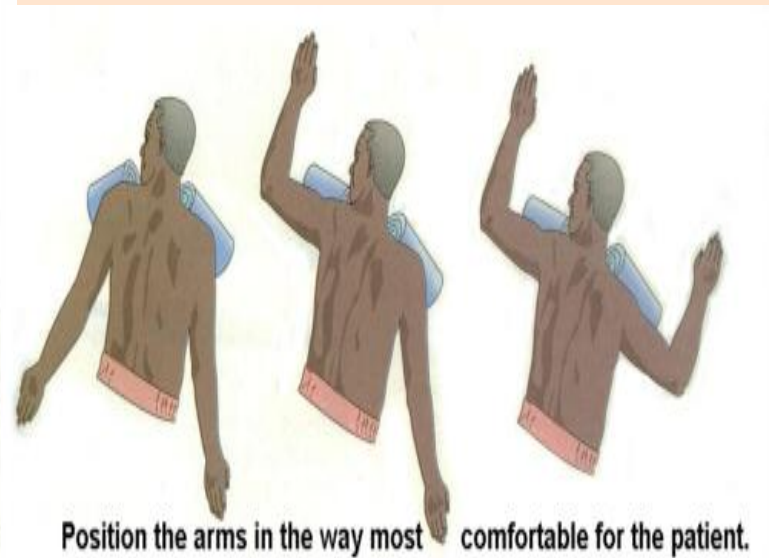
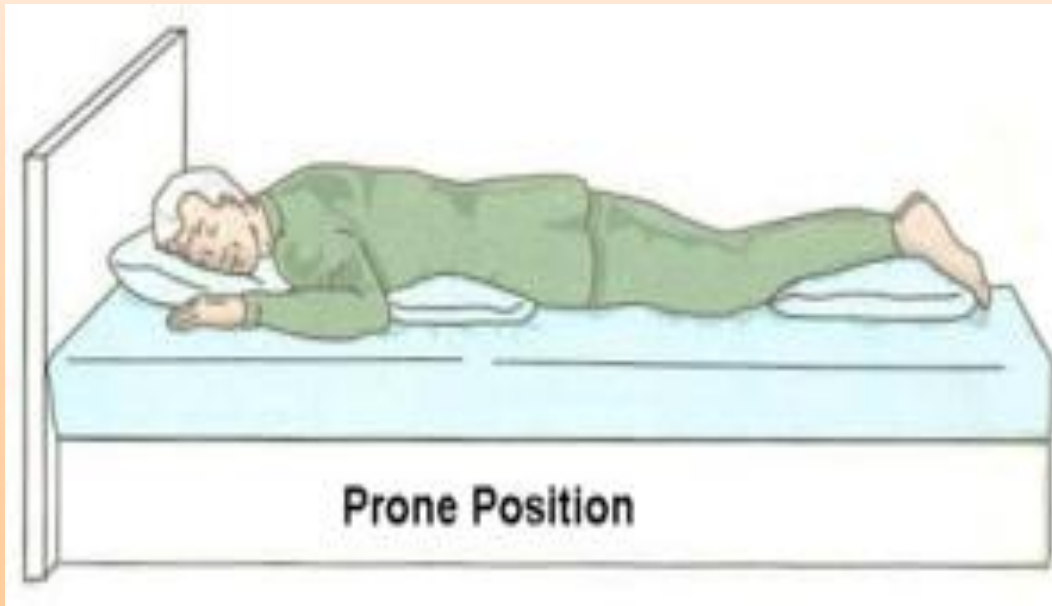
-clients head and shoulders are slightly elevated on a small pillow



COMMONLY USED BED POSITIONS

8. PRONE POSITION

- client lies on the abdomen with the head turned to one side, the hips are not flexed



COMMONLY USED BED POSITIONS

9. LATERAL POSITION

- side lying
- person lies on one side of the body



Right lateral position.

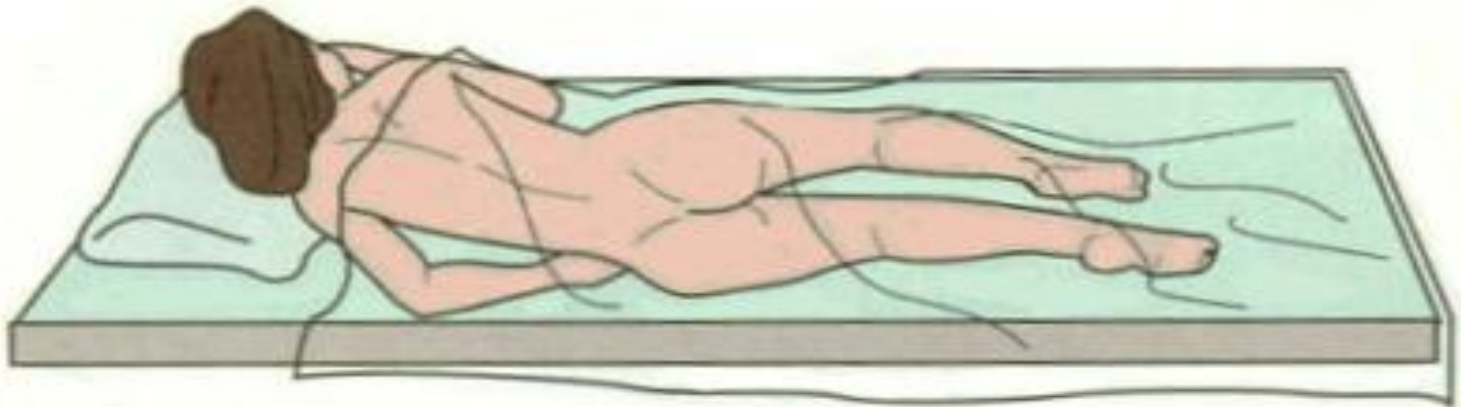


COMMONLY USED BED POSITIONS

10. SIMS' POSITION

-semi prone

- clients assume a posture halfway between the lateral and prone position



Sim's position.



USING BODY MECHANICS

BODY MECHANICS

- term used to describe efficient, coordinated and safe use of the body to move objects and carry out activities of daily living



BODY MECHANICS IN BEDMAKING:

- A person or an object is more stable if the center of gravity is close to the base of support. Therefore, when you must bend, bend your knees, not your back, to keep the center of gravity directly above and close to the base of support and to help prevent fatigue.





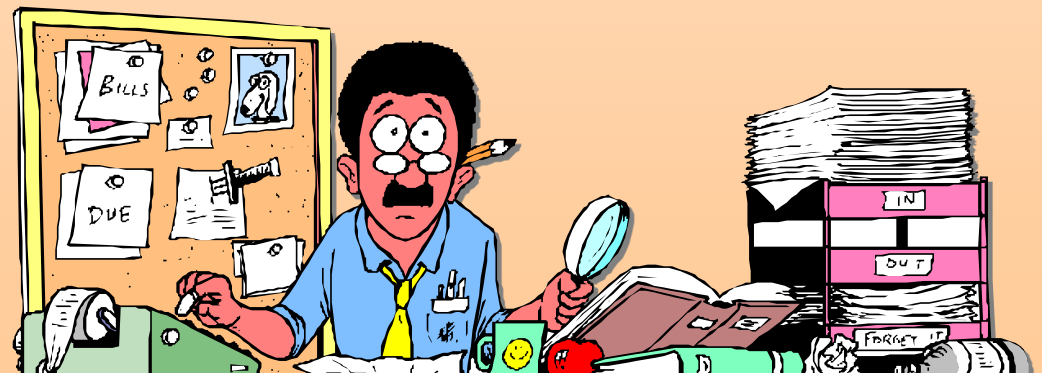
BODY MECHANICS IN BEDMAKING:

- Facing in the direction of the task to be performed and turning the entire body in one place (rather than twisting) lessens the susceptibility of the back to injury. Therefore, face your entire body in the direction that you are moving and avoid twisting to prevent back strain or injury.



BODY MECHANICS IN BEDMAKING:

- Smooth rhythmical movements at moderate speed require less energy. Therefore, organize your work. Conserve steps by making a few trips around the bed as possible.





BODY MECHANICS IN BEDMAKING:

- **It takes less energy to work on a surface at an appropriate height (usually waist level) than it does to stoop or stretch to reach the surface. Therefore, raise the bed to an appropriate height for maximum working comfort for you to prevent fatigue.**





BODY MECHANICS IN BEDMAKING:

LIFTING

- it is important to remember that nurses should not lift more than 51 pounds without assistance from proper equipment and or other person





BODY MECHANICS IN BEDMAKING:

PULLING AND PUSHING

- a person maintains balance with least effort when the base of support is enlarged in the direction in which the movement is to be produced or opposed

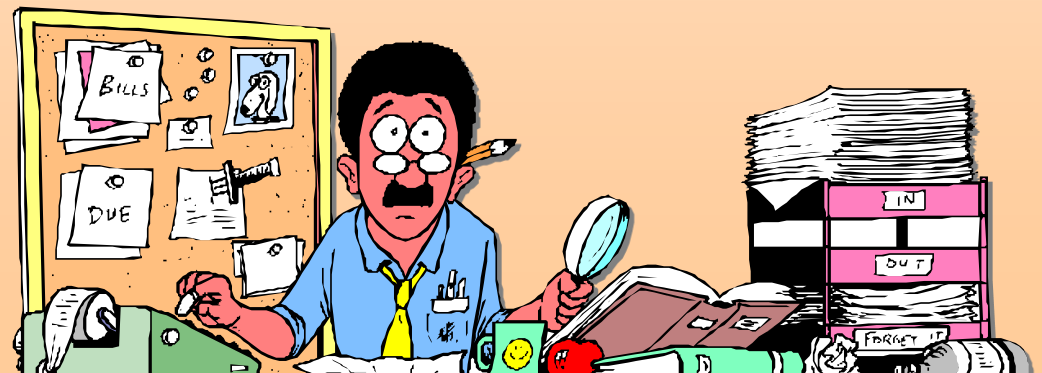




BODY MECHANICS IN BEDMAKING:

PIVOTING

a technique in which the body is turned in a way that avoids twisting of the spine

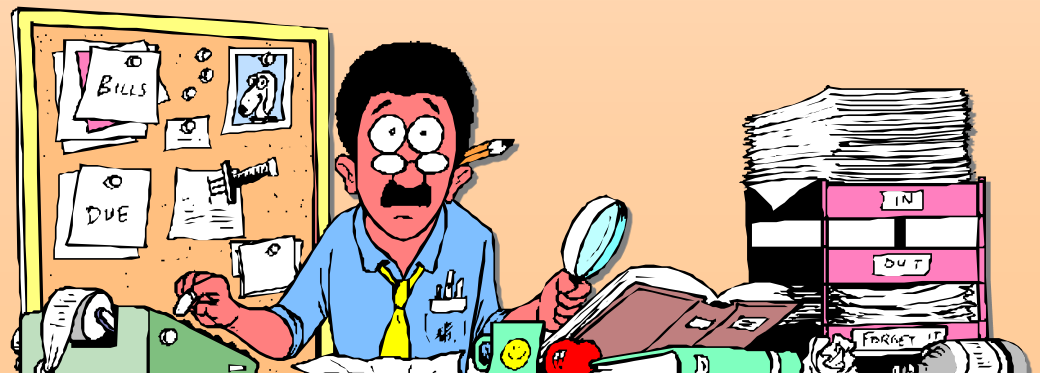


MOVING AND TURNING CLIENTS IN BED



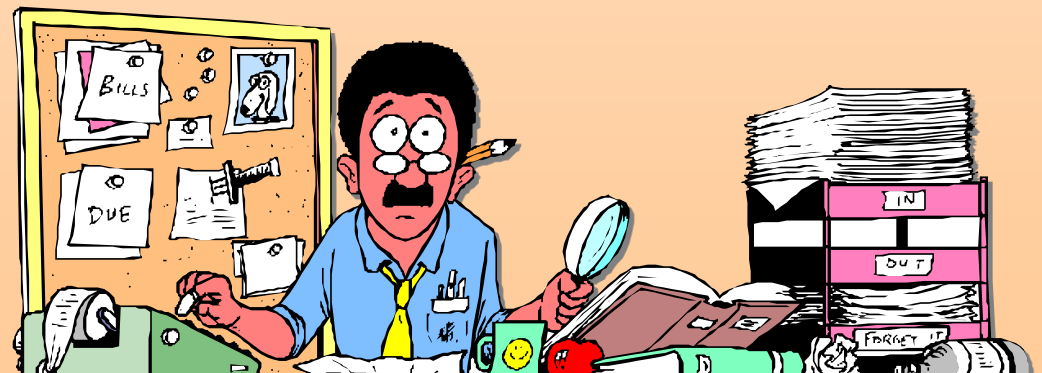
MOVING AND TURNING CLIENTS IN BED ACTIONS AND RATIONALES APPLICABLE TO MOVING LIFTING CLIENTS:

1. Before moving client, assess the degree of exertion, permitted, the clients physical abilities and ability to assist with the move, ability to understand instructions, degree of comfort or discomfort when moving



MOVING AND TURNING CLIENTS IN BED

2. If indicated, use pain relief modalities or medication prior to moving the client
3. Prepare any needed assistive devices and supportive equipment



MOVING AND TURNING CLIENTS IN BED

4. Plan around encumbrances to movement such as an IV or heavy cast
5. Be alert to the effects of any medications the client takes that may impair alertness, balance, strength or mobility



MOVING AND TURNING CLIENTS IN BED

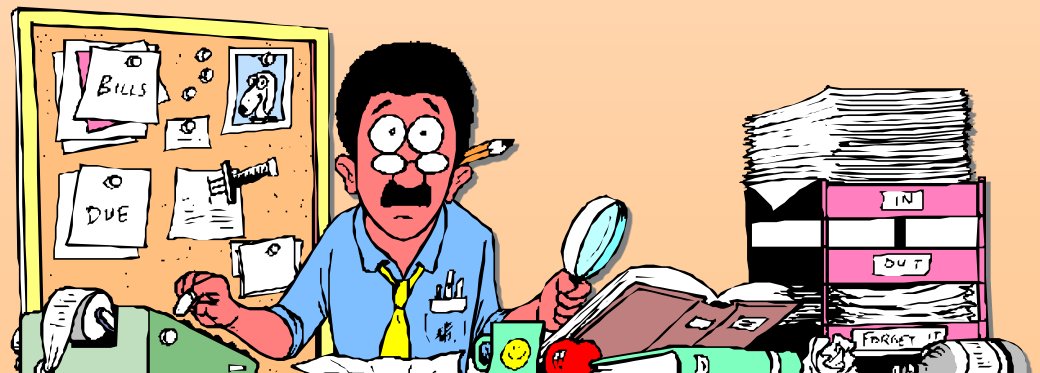
6. Obtain required assistance from other person
7. Explain the procedure to the client
8. Provide privacy
9. Wash hands



MOVING AND TURNING CLIENTS IN BED

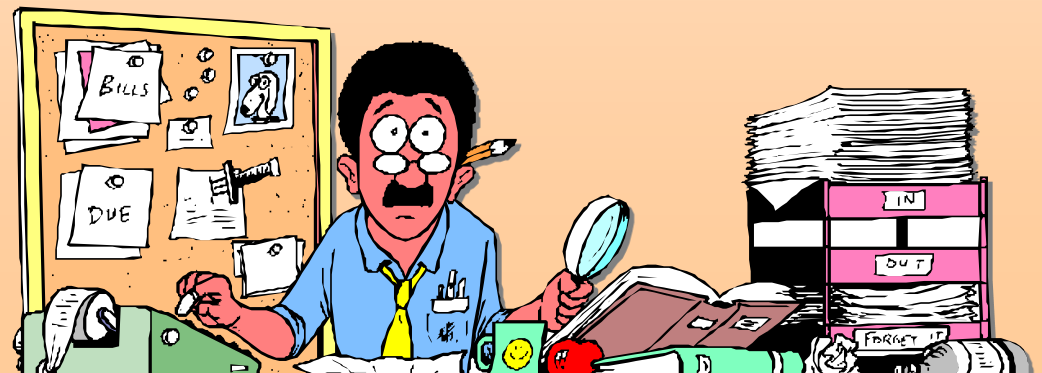
10. Raise the height of the bed to bring the client close to your center of gravity

11. Lock the wheels on the bed and raise the rail on the side of the bed opposite you to ensure client safety



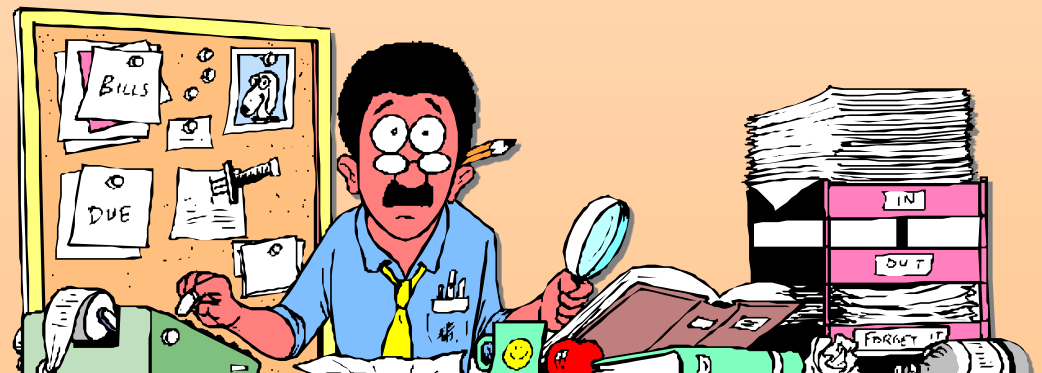
MOVING AND TURNING CLIENTS IN BED

12. Face in the direction of the movement to prevent spinal twisting
13. Assume a broad stance to increase stability and provide balance



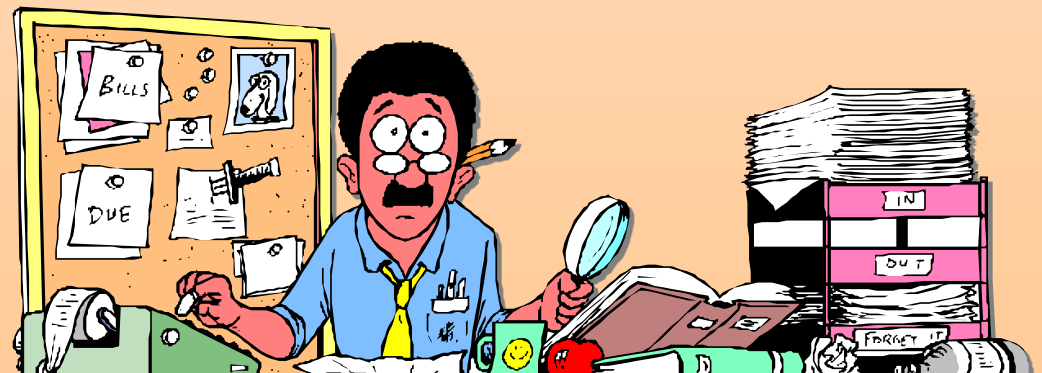
MOVING AND TURNING CLIENTS IN BED

14. Lean your trunk forward and flex your hips, knees, and ankles to lower your center of gravity, increase stability and ensure use of large muscle groups during movements



MOVING AND TURNING CLIENTS IN BED

15. Tighten your gluteal, abdominal, leg and arm muscles to prepare them for action and prevent injury



MOVING AND TURNING CLIENTS IN BED

16. Rock from the front leg to the back leg when pulling or from the back leg to the front leg when pushing to overcome inertia, counteract the client's weight and help attain a balanced, smooth motion

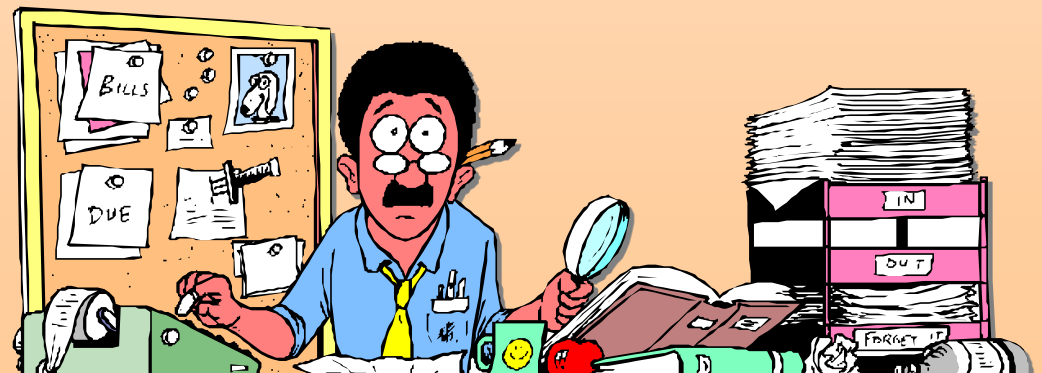


MOVING AND TURNING CLIENTS IN BED

17. After moving the client, determine and document the client's comfort, body alignment, tolerance of the activity, ability to assist, use of support devices and safety precautions



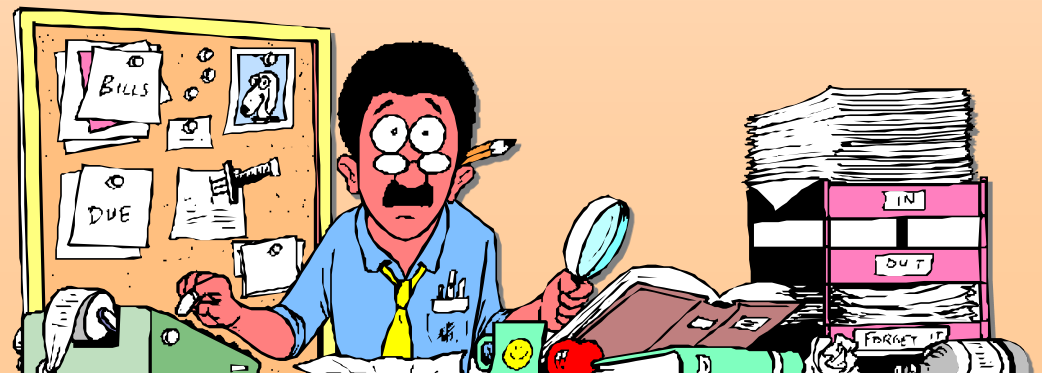
MOVING A CLIENT UP IN BED



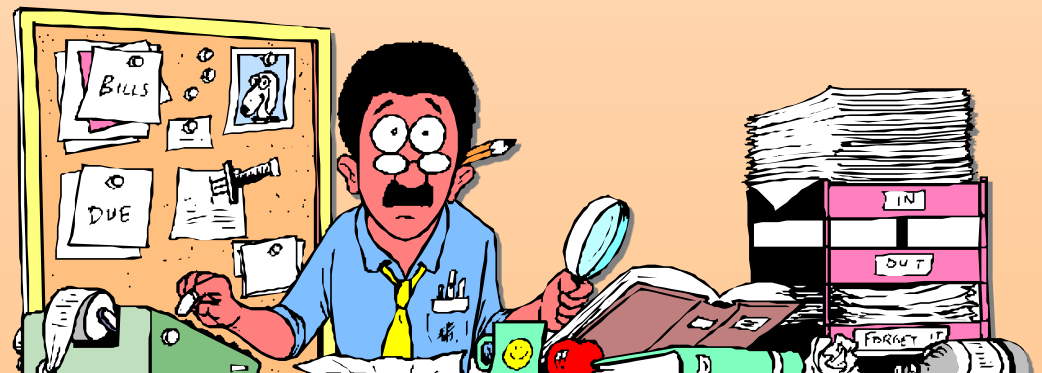
TURNING A CLIENT TO LATERAL OR PRONE POSITION IN BED



LOGROLLING A CLIENT



ASSISTING THE CLIENT TO SIT ON THE SIDE OF THE BED (DANGLING)



Types of Bed

- Unoccupied Bed
 - Closed Bed
 - Open Bed
- Occupied Bed



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

- **Assessment:**

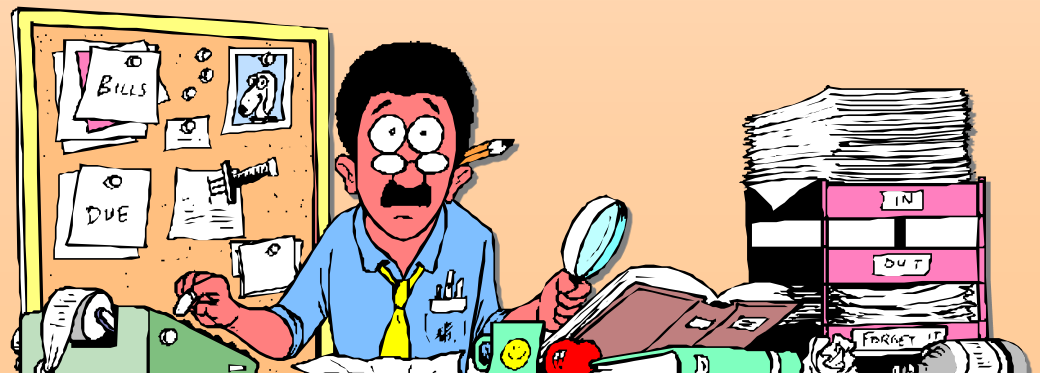
- Check the activity order for the patient to determine if it is possible for the patient to be out of the bed during the bed making procedure.
- Assess the patient to determine whether there are factors present (fatigue or pain) that might affect the patient's ability to be out of bed during the bed making procedure.
- Check the condition of the linen on the bed to determine which items need to be replaced or added to complete the bedmaking procedure.
- Check for any of the patient's special needs that might require extra linen or special equipment.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

- **Planning:**

- Wash your hands for infection control
- Obtain a laundry bag or hamper.
- Gather the linen to be used and place it in order, so that the first item to be used will be on the bottom, the second item next, and so on. You should choose only those items that need to be changed.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

– Items can include:

- Bottom sheet/cover (others use fitted sheet)
- 1 plastic or rubber draw sheet (may be optional)
- 1 Cloth draw sheet: the use of a draw sheet may be optional; use one if it is needed to assist with turning or if the patient has drainage or some other condition that may require more frequent linen changing. It is much easier to change a draw sheet than an entire bottom sheet.
- 1 top sheet
- 1 bedspread (optional)
- 1 pillow case for each pillow on the bed



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

- **Implementation:**

1. Raise the bed to an appropriate working height to help prevent fatigue. Be certain the wheels are locked to keep the bed from moving.
2. Remove attached equipment (call light, waste bag, personal items). Place side rails in the down position. Put on gloves before handling linen soiled with body secretions.
3. Remove cases from pillows and place the pillows on a chair or bedside table.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

4. Loosen the top and bottom linen from the mattress, moving around the bed from head to foot on one side and from foot to head on the opposite side.
5. Remove any clean items to be reused (spreadsheets, blankets) one at a time. Fold each in quarters and place across the back of a chair.
6. Remove the remaining linen and place it in a laundry hamper. If you put on gloves, to handle linen soiled with body secretions, remove them and wash your hands before touching any clean items.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

7. If the mattress is to be turned, do so at this point by grasping it, pulling it toward you, and turning it.
8. Move the mattress to the head of the bed.
9. Wash your hands after handling the soiled bed linens.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

10. Place a bottom sheet on the bed, with the centerfold at the center of the bed; lower the hem even with the edge of the mattress at the foot of the bed, and the seam toward the mattress. Spread the sheet, tucking it under at the head of the bed, if it is a flat sheet.
11. If your facility uses fitted sheets, first fit diagonal corners over the mattress. If your facility does not use fitted sheets, use mitered or square corners. Sheets with either mitered or square corners remain tucked better and appear neater than sheets that are simply tucked under the mattress.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

12. Tuck the remainder of the sheet under the side of the mattress all the way to the foot of the bed, pulling it tightly toward the bottom of the bed as you go to create a smooth surface.
13. If a plastic or rubber draw sheet is to be used, place it over the middle part of the bed, with the centerfold at the center. Unfold the draw sheet toward the far side of the bed. Tuck the near edge smoothly under the mattress.
14. Place the cloth draw sheet over the plastic draw sheet, and place it on the bed, making sure that the plastic draw sheet is completely covered.



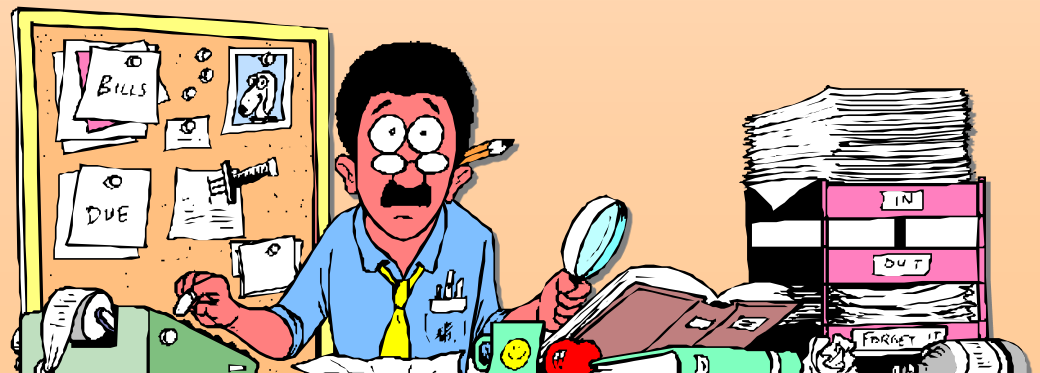
PROCEDURE FOR MAKING THE UNOCCUPIED BED:

15. Place the top sheet on the bed with the centerfold at the center of the bed, seam side up. Align the top edge of the sheet with the top edge of the mattress. Unfold it toward the far side of the bed.
16. Make a toe pleat by folding a 2-inches pleat across the sheet about 6-8 inches from the foot of the bed. Then tuck the end of the sheet under the mattress. This is more comfortable for the patient in that it prevents impingement of the top linen on the patient's toes.
17. Miter the corner of the top linen of the foot at the bed. Do not tuck in the upper portion; allow it to hang down smoothly and freely.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

18. Move to the other side of the bed. It is easier to make one entire side of the bed (both bottom and top linen) before moving to the other side to save time and energy.
19. Do the same procedures to the other side of the bed to complete the bed making.



PROCEDURE FOR MAKING THE UNOCCUPIED BED:

20. Put a pillow case on the pillow.
21. Replace the call light in an appropriate place and leave the bed in low position, ready for the patient who will be returning to bed from a chair or a walk.



PROCEDURE FOR MAKING THE OCCUPIED BED:

- **Assessment:**
 - Check activity orders to be sure that the patient must stay in bed as well as orders for any restrictions related to position. Also check for any position that must be maintained (ex. Head of the bed elevated 30 degree).
 - Assess the patient to determine whether there are any factors such as fatigue, shortness of breath, or pain, that might affect the ability of the patient to undergo the bed making activity at that time.



PROCEDURE FOR MAKING THE OCCUPIED BED:

- **Implementation:**

1. Explain what you plan to do. The patient's cooperation will greatly help you. Provide for the patient's privacy by closing the door to the room or pulling the curtain around the patient.
2. Raise the bed to an appropriate height for you to help prevent fatigue. Be certain the wheels are locked.



PROCEDURE FOR MAKING THE OCCUPIED BED:

3. Before removing the top sheet, place a bath blanket over the sheet, which will remain in place as you remove the sheet to provide privacy and warmth for the patient. Ask the patient, if able to hold the top edge of the bath blanket while you pull the sheet out from under it. Discard the top sheet if you will not be reusing it.
4. If the mattress must be moved toward the head of the bed, get assistance from another person.



PROCEDURE FOR MAKING THE OCCUPIED BED:

5. Elicit the patient's help and roll the patient to the far side of the bed, making sure that the pillow is moved also. If possible, the patient should be side-lying facing away from you. The side rail on the far side of the bed should be up for safety and comfort.
6. Loosen the foundation (bottom linen) of the bed on the near side, leaving the mattress pad in place unless it is wet or soiled.



PROCEDURE FOR MAKING THE OCCUPIED BED:

7. Fanfold each piece of linen toward the center of the bed, with the last fold toward the opposite side of the bed and tucked under the patient's back and buttocks to make it easier to reach later. If you put on gloves to handle linen soiled with body secretions, remove them and wash your hands before touching clean items.
8. Lay the bottom sheet lengthwise on the bed and unfold it so that the centerfold of the sheet is at the center of the bed, the bottom hem is at the bottom edge of the mattress, and the top hem of the sheet is over the top of the mattress. Fanfold half the sheet lengthwise toward the center of the bed, allowing the other half to drape over the side toward you.



PROCEDURE FOR MAKING THE OCCUPIED BED:

9. Place the fan folded sheet under the patient as far as possible, tucking it under the soiled bottom sheet so that it is not against the soiled upper surface.
10. Tuck the sheet under at the top, miter the top corner, and tuck it in along the side of the mattress to the foot of the bed.
11. If a plastic draw sheet is in use, unfold it at this point pull it over the unfolded bottom sheets, and tuck it in snugly and smoothly.



PROCEDURE FOR MAKING THE OCCUPIED BED:

12. If a plastic draw sheet is used, always cover it with a cloth draw sheet as well. If only a cloth draw sheet is used, place it so that the center fold is at the center of the bed.
13. Tuck the near side under the mattress. Fanfold the other half toward the center of the bed, tucking it under the patient's back and buttocks.
14. Help the patient roll over the folded linen toward you and onto the clean linen. Put up the side rail for safety and comfort.



PROCEDURE FOR MAKING THE OCCUPIED BED:

15. Move to the other side of the bed. Lower the side rail.
16. Loosen the bottom linen. Put on gloves if the linen is soiled with body secretions. Remove the soiled linen (bottom sheet and clothe draw sheet) and place it in a laundry hamper or bag. Remove gloves and wash your hands before touching any clean items.



PROCEDURE FOR MAKING THE OCCUPIED BED:

17. Straighten the mattress pad. Pull the fan folded bottom sheet, and any draw sheet (if used) out from under the patient. Straighten, pull and tuck the bottom sheet as if making an unoccupied bed. Pull the sheet tight by bracing against the bed and pulling with both hands to make the sheet smooth and tight under the patient before tucking it.
18. If a draw sheet is being used, pull and tuck it as you did previously.
19. Now move the patient to the center of the bed in a comfortable position.



PROCEDURE FOR MAKING THE OCCUPIED BED:

20. Place the top sheet on the bed over the bath blanket. Remove the bath blanket, instructing the patient to hold the sheet as you pull the blanket from the top to the bottom. Place the bath blanket in a laundry hamper or fold it and leave it in the patient's unit for the future use.
21. Add the blanket and the spread as in the procedure for making the unoccupied bed. Instead of making a toe pleat, you may have the patient point the toes up while you are tucking in the foot of the bed; this allows room for the toes after the bed has been made.



PROCEDURE FOR MAKING THE OCCUPIED BED:

22. Remove the pillow and put on a clean pillowcase.
23. Place bed in the low position, adjusting the side rails accordingly.



Good Day!!!

