



The following pages contain practical tools for implementing patient-focused care practices at your facility.

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Ten Absolutes: Simplify Daily Tasks and Create Positive Interactions

Absolutely Never!



Do This Instead!

1. Argue

"You know your mother has been dead for years. You cannot wait for her to eat dinner" "You have lived in this house for 25 years, you are home"

Agree

"I haven't seen your mother today. If I see her, I will tell her you are looking for her. While we are waiting, let's have a bite to eat. I want to go home, too. While we are waiting, let's have a bite to eat."

2. Reason

"You did not take a bath today, and you need to take a bath because we have an appointment with the doctor. Then we are going to go to lunch with Jane, and then we are going to get you a new pair of shoes, and why are you walking off when I am talking to you? We have to go in here and get your bath and we have to hurry."

Divert

"Please come in here with me. Oh, I know you aren't going to take a bath. Let me help with that shoe. Oh, I know you aren't going to take a bath. Just slide this off over your arm. Oh, I know you aren't going to take a bath. How does this water feel? It seems warm enough. Oh, I know you aren't going to take a bath. Just step right in here."

3. Shame

"How can you accuse John of stealing after all he has done for us?"

Distract

"John is here to help us find your wallet. Let's have a cup of coffee and get started."

4. Lecture

"You have got to go back to bed and get some sleep. You have been up half the night and why on earth did you empty these drawers? Who is supposed to clean up this mess? I suppose tomorrow you will want to sleep all day and we won't be able to go to Carol's house and help with the children. I am just too tired to deal with this, so you have to get in bed and go to sleep right now. We can't continue like this. No one can live this way. We both have got to get some sleep."

Reassure

"I can't sleep either. Let's go to the bathroom. I need something to drink." (Offer a drink.) "Try to lie down again." (Pat the bed.) "No? How about some cookies and milk?" "Try to lie down again." (Sit beside bed and pat the bed.) "Doesn't that feel good?" (Stay until settled or asleep. Rub their hand, forehead or arm.)

5. Say "Remember"

"Do you remember who this is?" "What did you have for lunch today?" "Did Mary visit today?" "When did Jeanne come to visit?"

Reminisce

"Hi, Tom. This is Sarah. She is visiting me from Elmhurst Elementary PTA. I had the nicest lunch today. Mary is such a pleasant person and she visits often. I hoped I would get here before Jeanne's visit."

6. Say "I told you"

"I just told you that we are not going to the bank today. It is Sunday, and the bank is closed. How many times do I have to tell you we are not going to the bank. It is Sunday."

Repeat/Regroup

"Wouldn't you know it is too late for church, and we have to go to the bank tomorrow. Since it is Sunday, let's have fried chicken. Yes, we will go to the bank when it opens tomorrow."

Absolutely Never!**Do This Instead!****7. Say “You can’t”**

“You can’t wear two shirts. You can’t pick that up with your hands. You can’t eat that like that. You can’t put your sweater on your legs. You can’t put your shoe on your shoe. You can’t go outside; it’s raining. You can’t keep putting things in the wrong place. You can’t go home; you are home.”

Do What They Can

“Try this one. It looks nice. See how this spoon works. Isn’t this fun?” Try this one. Try it over here. We need to find the umbrella. This looks nice here. I want to go home, too.”

8. Command/Demand

“You have got to change your clothes. Sit down right here and stop walking around. This doesn’t belong to you. Now give it back. Why would you take those when we didn’t pay for them? You have to leave your clothes on; we’re in a public restroom. We are in a hurry. You need to do this right now.”

Ask/Model

“This is pretty. Do you want to try it on? Sit with me a minute.” (Pat the chair.) “This is nice. May I see it? Do you want to buy those? See if you will be warmer with this. How about going here?”

9. Condescend

“Did you have any problem with him today? Be sure he takes his medicine; he spit it out this morning. I hope you don’t have trouble today. It took me 20 minutes just to get him into the car. He has been looking for his mother all morning.”

Encourage/Praise

“I’m sure you were your sweet, wonderful self today. Dad will help you with his medication today; it has been hard to swallow. We are having a challenging day today, and Dad will help you a lot. He is especially interested in his mother today.”

10. Force

“Now you are going to take a bath because you haven’t had one for two weeks. These nice people are here to help us. Give that to me right now; it’s not yours. If you don’t give it back, we will have to take it from you. You may not go into this room. You must come out of this room right now.”

Reinforce

“I know you already took a bath. Come right in here. I know you don’t want a bath. Let’s take off this shoe. I know you don’t want to take a bath. This lady is helping out, and it is OK. That is really pretty. May I see it? Do you like this? Would you like to have it? Isn’t this a nice room; would you like to have a cup of coffee?”

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From: *Alzheimer’s Disease: Hope and Help* by Jo Huey
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Diez Absolutos: Simplifique las Tareas Diarias y Cree Interacciones Positivas

Absolutamente Nunca



¡Haga Esto!

1. Discuta

"Tú sabes que tu madre ha estado muerta por años. No puedes esperarla para cenar" "Has vivido en esta casa 25 años, estás en casa"

Esté de acuerdo

"No he visto a tu madre hoy. Si la veo , le diré que la estás buscando. Mientras esperamos, comamos algo. Yo también quiero ir a casa. Mientras esperamos, comamos algo."

2. Razone

"No te bañaste hoy, y necesitas bañarte porque tenemos una cita con el doctor. Luego vamos a almorzar con Jane, y luego vamos a comprarte un nuevo par de zapatos, y ¿por qué te alejas cuando te estoy hablando? Tenemos que entrar y bañarte, y tenemos que darnos prisa."

Desvíe

"Por favor entra aquí conmigo. Oh, Sé que no te vas a bañar. Déjame ayudarte con ese zapato. Oh, sé que no te vas a bañar. Desliza esto por tu brazo. Oh, sé que no te vas a bañar. ¿Cómo se siente esta agua? Parece lo suficientemente tibia. Oh, sé que no te vas a bañar. Pisa justo aquí."

3. Avergüence

"¿Cómo puedes acusar a John de robar después de todo lo que ha hecho por nosotros?"

Distraiga

"John está aquí para ayudarnos a encontrar tu billetera. Tomemos un café y empecemos."

4. Sermonee

"Tienes que volver a la cama y dormir un poco. Has estado despierto la mitad de la noche y ¿por qué vaciaste estos cajones? ¿Quién crees que va a limpiar este lío? Supongo que mañana querrás dormir todo el día y no podremos ir a la casa de Carol y ayudar con los niños. Simplemente estoy demasiado cansada para ocuparme de esto, así que tienes que ir a la cama y dormirte ahora. No podemos seguir así. Nadie puede vivir así. Ambos tenemos que dormir un poco."

Tranquiline

"Yo tampoco puedo dormir. Vamos al baño. Necesito algo de beber." (Ofrezca algo de beber.) "Trata de recostarte de nuevo." (Palmadas en la cama.) "¿No? ¿Qué te parece unas galletas y leche?" "Trata de recostarte otra vez." (Siéntese al lado de la cama y dé palmaditas en ésta) "¿No se siente rico?" (Quédese hasta que esté tranquilo o dormido. Frote su mano, frente o brazo.)

5. Diga "Recuerdas"

"¿Recuerdas quién es esta persona?" ¿Qué almorzaste hoy?" "¿Te visitó Mary hoy?" "¿Cuándo vino Jeanne de visita?"

Rememore

"Hola, Tom. Esta es Sarah. Ella me está visitando de la Asociación de Padres de Familia de Elmhurst. Tuvimos un almuerzo muy agradable hoy. Mary es una persona muy agradable y nos visita con frecuencia. Yo esperaba llegar aquí antes de la visita de Jeanne."

6. Diga "Te lo dije"

"Te acabo de decir que no vamos a ir al banco hoy. Es domingo, y el banco está cerrado. ¿Cuántas veces tengo que decirte que no vamos a ir al banco? Hoy es domingo."

Repita/Reagrupe

"No sabes que es demasiado tarde para ir a la iglesia, y tenemos que ir al banco mañana. Dado que es domingo, comamos pollo frito. Sí, iremos al banco cuando abra mañana."

Absolutely Never!



Do This Instead!

7. Diga "No Puedes"

"No puedes usar dos camisas. No puedes recoger eso con tus manos. No puedes comer así. No puedes poner tu abrigo en tus piernas. No puedes poner tu zapato en tu zapato. No puedes salir, está lloviendo. No puedes seguir poniendo cosas en el lugar equivocado. No te puedes ir a casa, estás en casa".

Haga lo que Puedan

"Pruébate esto. Se ve bien. Ve cómo funciona esta cuchara. No es divertido?" Prueba ésta. Pruébalo aquí Necesitamos encontrar el paraguas. Esto se ve bien aquí. Yo también quiero ir a casa."

8. Ordene/Demande

"Tienes que cambiarte de ropa. Siéntate aquí y deja de dar vueltas. Esto no te pertenece. Ahora devuélvelo. ¿Por qué tomaste esto cuando no lo pagamos? Tienes que dejarte la ropa puesta, estamos en un baño público. Estamos apurados. Necesitas hacer esto de inmediato.

Pregunte/Modele

"Esto es bonito. ¿Te lo quieres probar? Siéntate conmigo un minuto." (Toque la silla.) "Esto está bien. ¿Puedo verlo? ¿Quieres comprarlos? Ve si estás más abrigado con esto. ¿Qué tal si vamos aquí?"

9. Sea condescendiente

"¿Tuviste algún problema con él hoy? Asegúrate que tome su medicina; la escupió esta mañana. Espero que no tengas problemas hoy. Me tomó 20 minutos simplemente meterlo en el auto. Ha estado buscando a su madre toda la mañana".

Estimule/Alabe

"Estoy seguro que fuiste muy dulce y maravilloso hoy. Papá te ayudará con su medicina hoy, ha sido difícil de tragar. Estamos teniendo un día difícil hoy, y Papá te ayudará un montón. Está especialmente interesado en su madre hoy".

10. Fuerce

"Ahora vas a bañarte porque no te has bañado en dos semanas. Esta buena gente está aquí para ayudarnos. Dame eso de inmediato, no es tuyo. Si no lo devuelves, te lo tendré que quitar. No puedes entrar en esta habitación. Debes salir de esta habitación de inmediato".

Refuerce

"Sé que ya te bañaste. Ven aquí. Sé que no quieres bañarte. Quitemos este zapato. Sé que no quieres bañarte- Esta dama está ayudando, y está bien. Esto es muy bonito. ¿Puedo verlo? ¿Te gusta esto? ¿Te gustaría tenerlo? Qué habitación tan bonita. ¿Te gustaría una taza de café?"

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De: Enfermedad de Alzheimer: Esperanza y Ayuda, por Jo Huey.
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Incontinence Product Selection

<p>Light Slight volume of urine less than half a cup or 100cc</p> <ul style="list-style-type: none"> • Stress incontinence • Can walk with or without assistance • Urinary incontinence 	<p>Pads</p>  <p>Female</p>	<p>Liners</p> 	<p>Protective Underwear</p> 
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<p>Moderate Moderate volume of urine up to one cup or 250cc</p> <ul style="list-style-type: none"> • Stress, urge, mix or transient incontinence • Can walk with or without assistance • Dementia 	<p>Liners</p> 	<p>Protective Underwear</p> 	<p>Protective Belted Undergarments</p> 
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<p>Heavy Moderate volume of urine up to two cups or 500cc</p> <ul style="list-style-type: none"> • Urge, overflow or bowel incontinence • Bedridden • Difficulty walking or standing 	<p>Liners</p> 	<p>Briefs</p> 	<p>Protective Underwear</p> 
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<p>Heavy Plus Moderate volume of urine more than two cups or 500cc in 4 hours</p> <ul style="list-style-type: none"> • Overflow or bowel Incontinence • Contracted, bedridden • Difficulty walking or standing • Loose stool 	<p>Liners</p> 	<p>Briefs</p> 	<p>Protective Underwear High Capacity</p> 
	<p>Ultrasorbs® AP DryPad</p> 	<p>Ultrasorbs® DryPad</p> 	

FAQs

(frequently asked questions)

about “Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or “CA-UTI”).

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- o Catheters are put in only when necessary and they are removed as soon as possible.
- o Only properly trained persons insert catheters using sterile (“clean”) technique.
- o The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- o Other methods to drain the urine are sometimes used, such as
- External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
- Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- o Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- o Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- o The catheter is secured to the leg to prevent pulling on the catheter.
- o Avoid twisting or kinking the catheter.
- o Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- o Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

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*Data on file

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

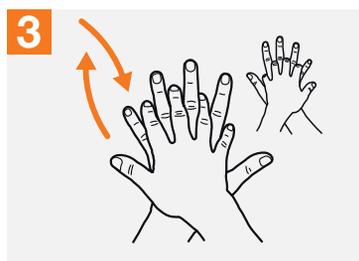
 **Duration of the entire procedure: 20-30 seconds**



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



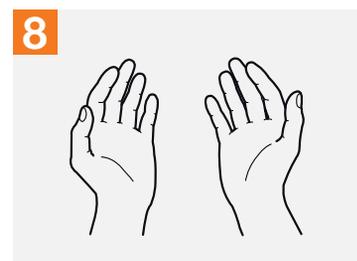
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

**SAVE LIVES
Clean Your Hands**

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009



Practice Hospital Bed Safety

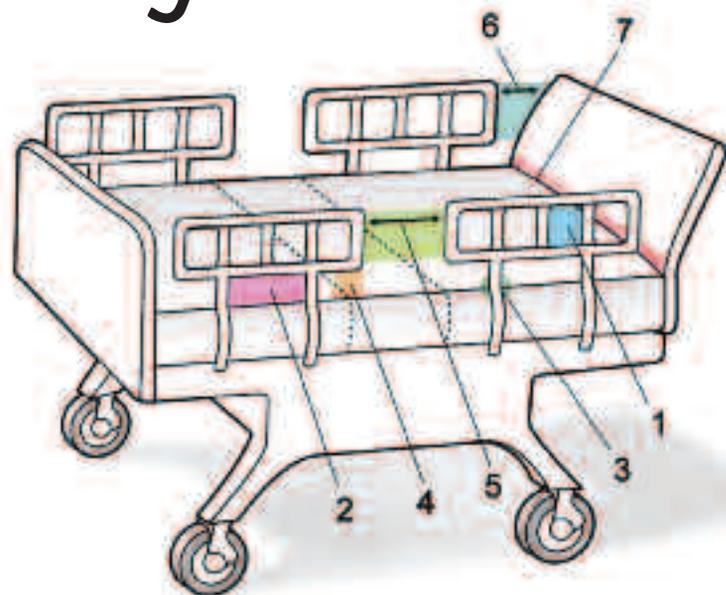
“Hospital beds are found in nearly all patient care settings or environments,” says Joan Ferlo Todd, RN, a senior nurse-consultant at the Food and Drug Administration’s (FDA) Center for Devices and Radiological Health (CDRH). “They are used not only in hospitals, but also in outpatient care centers, long-term care facilities, and in private homes.”

CDRH reports that about 2.5 million hospital beds are in use in the United States. The center regulates these beds as medical devices.

“Many of today’s hospital bed models are quite complex. Patients and health care professionals should understand how to use them properly, and manufacturers must provide adequate instructions for use,” says Todd, who works in CDRH’s Office of Surveillance and Biometrics.

Beware of Entrapment

The main risk is entrapment, which occurs when a patient is caught in spaces in or around the bed rail, mattress, or bed frame. Entrapped individuals can become strangled.



Hospital Bed Entrapment Zones

An FDA guidance characterizes the head, neck, and chest as key body parts at risk of entrapment, and identifies seven potential “zones of entrapment” where special care is required:

1. within the rail
2. under the rail, between the rail supports or next to a single rail support
3. between the rail and the mattress
4. between the rail, at the ends of the rail
5. between split bed rails
6. between the end of the rail and the side edge of the head or foot board
7. between the head or foot board and the mattress end

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- Built-in motor stop keeps the bed from applying more pressure in the event that something gets caught in the head or foot section
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26"

Alterra 1232



LOW
height of
7.25"

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It is important to view the hospital bed as a system. Not all mattresses or bed rails are suitable with any given bed frame.

"Patient entrapment is uncommon," says Todd, "but when it occurs, it's often fatal."

Between 1985 and 2009, FDA received reports of 803 incidents of patients caught, trapped, entangled, or strangled in hospital beds. The reports included 480 deaths, 138 nonfatal injuries, and 185 cases where staff intervened to prevent an injury. Most of the affected patients were frail, elderly, or confused.

"Not all patients are at risk for entrapment, and not all hospital beds pose an entrapment risk," says Todd. "But health care facilities, as well as patient caregivers, are urged to take a careful look at hospital beds. They need to determine if there are large openings that present an entrapment risk, and to take steps to minimize this risk."

Any type of rail or grab bar attached to a bed, as well as the fit of the bed mattress, should be assessed for entrapment risks, she adds. "It is important to view the hospital bed as a system," she says. "Not all mattresses or bed rails are suitable with any given bed frame."

Guidance

FDA regulates hospital beds through post-market activities such as analyzing reports of product problems and adverse events, says Todd. "Although the agency does not regulate the design of the beds, it offers safety guidance to industry."

FDA is a member of the Hospital Bed Safety Workgroup (HBSW), a partnership among the medical bed industry, national health care organi-



030 Images

zations, patient advocacy groups, and federal agencies.

In 2006, FDA with collaboration from HBSW issued "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment," recommendations for manufacturers of new hospital beds and for facilities with existing beds, including hospitals, nursing homes, and private homes.

"The guidance may also be used by health care facilities," says Jay A. Rachlin, director of CDRH's Division of Health Communication in the Office of Communication, Education, and Radiation Programs. "It offers useful information for health care facility staff."

Rachlin says the guidance, along with other educational products from

FDA and the HBSW, have improved patient safety. "Manufacturers have redesigned their bed frames and their side rails to reduce the risk of entrapment."

Entrapment Zones

The guidance characterizes the head, neck, and chest as key body parts at risk of entrapment. It also identifies these seven potential "zones of entrapment" in hospital beds:

1. within the rail
2. under the rail, between the rail supports or next to a single rail support
3. between the rail and the mattress
4. between the rail, at the ends of the rail
5. between split bed rails
6. between the end of the rail and the side edge of the head or foot board
7. between the head or foot board and the mattress end

Rachlin says that proper fitting rails can be useful. However, health care professionals and patients need to assess whether rails are necessary in each instance. "In addition to entrapment, there are other potential hazards associated with bed rail use, including serious injuries from falls when patients climb over rails, and having patients feel isolated or unnecessarily restricted," he says.

Fire Prevention

Fire is a rare safety risk associated with motorized hospital beds. "Fires are due mostly to a lack of maintenance," says Todd. "There are electri-



Some hospital beds used at home may require patient or caregiver training.

cal shorts due to frayed or strained wires, motors overheat, or dust or other materials from the hospital fall into the motor casing.”

She suggests these steps to cut the risk of fire incidents:

- Inspect the bed’s power cord for damage.
- Don’t connect the bed’s power cord to an extension cord or to a multiple-outlet strip.
- Inspect the floor beneath the bed for buildup of dust and lint, which could clog the motor.
- Inspect the bed control panel covering for signs of damage where liquids could leak in.
- Check equipment for signs of overheating or physical damage.
- Keep linens and clothes away from power sources.

Home Use

Todd says there have been very few reports of safety incidents with hospital beds used in private residences. “This may represent underreporting by consumers,” she says. “The reporting system for these incidents is set up for health care facilities, but consumers and home patients can still report medical device incidents to FDA through its MedWatch program.”

She adds that hospital beds used at patients’ homes are usually prescribed devices. “They’re not required to be prescribed, but the beds are usually very expensive to rent or buy, and most patients get them for home through health plans.”

It is important to ask that the bed meet the guidelines in the FDA guidance to reduce the risk of entrapment. Some hospital beds used at home may require patient or caregiver training,

Todd says. “It depends on the complexity of the bed.”

Safety Tips

CDRH offers the following safety tips for home use of hospital beds:

- Check the motors, especially for dust and debris.
- Ensure that each component—the bed frame, mattress, rails, and any added accessories—properly fits together. Make sure the mattress is the correct size for the bed frame so unsafe gaps are not present. If you see an opening let a health care professional know or call the manufacturer.
- When in doubt, consult the bed frame manufacturer to determine if a component or accessory is compatible with your bed frame.
- Use rails cautiously. Patients should not try to climb around or over the rails to get out of bed.

What is a Hospital Bed?

Todd says that there is no standard definition for hospital beds, a fact that consumers shopping for such a bed need to be aware of.

“A bed becomes a hospital bed when it meets the requirements for being a medical device,” she says.

CDRH defines a medical device as “an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar article that is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease.”

“There are beds sold in retail stores that don’t meet the definition of medical devices under the law, but which may have some of the characteristics of a hospital bed,” says Todd.

“These beds may have features such as height-adjustment mechanisms or adjustable positions for the back and knee, or be fitted with snap-on rails. But they’re not regulated by FDA.”

She says that such beds fall under the jurisdiction of the U.S. Consumer Product Safety Commission. “If these beds are used with any type of rail, consumers should adhere to the same safety recommendations in place for hospital beds.” [FDA](#)

This article appears on FDA’s Consumer Update page (www.fda.gov/ForConsumers/ConsumerUpdates/default.htm) which features the latest on all FDA-regulated products.

For More Information

Hospital Bed Safety
www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/MedicalToolsandSupplies/HospitalBeds/default.htm

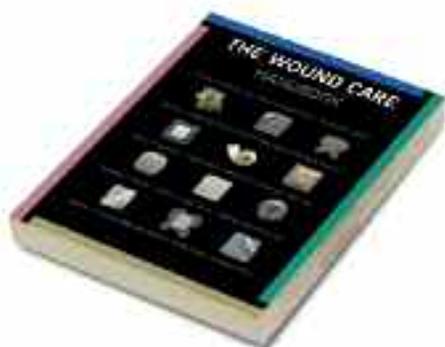
Preventing hospital bed fires
www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm062151.htm

Safety Brochure: Bed Rails in Hospitals, Nursing Homes, and Home Health Care
www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/MedicalToolsandSupplies/HospitalBeds/ucm125857.pdf

MedWatch, for reporting adverse events
www.fda.gov/Safety/MedWatch/default.htm

Beyond the product, beyond the package

Medline supports education with a comprehensive program in wound care called The Compass Program: **Wound Care Prevention & Treatment.**



The Wound Care Handbook

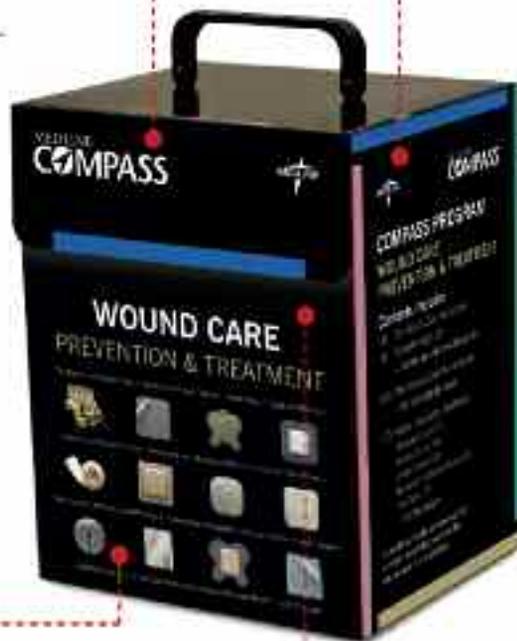
For the wound care champion to help educate the staff.

- The one book that has it all—from the basics of wound care to industry guidelines

70 Patient Education Brochures

A 2-minute course for patients on how to take care of their wounds.

- Pressure Ulcers
- Venous Ulcers
- Arterial Ulcers
- Neuropathic/Diabetic Ulcers
- Skin Tears



Wound Images CD

For educating your staff.

- 225 images sorted by wound care stages and types of wounds

The Wound Care Pocket Guide

For the clinician at the bedside who is treating wounds.

- More than 120 pages of wound care information in an easy-to-use format



PRESSURE ULCER POCKET REFERENCE CARD

Pressure Ulcer Staging

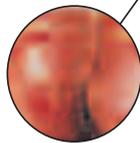
A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. These stages should only be used for pressure ulcers.



SUSPECTED Deep Tissue Injury (DTI) Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.



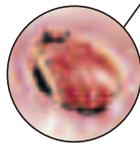
STAGE I Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.



STAGE II Partial-thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.



STAGE III Full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.



STAGE IV Full-thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.



UNSTAGEABLE Full-thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

©NPUAP 2007 Adapted from National Pressure Ulcer Advisory Panel's Pressure Ulcer Staging Classification.

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