# Considerations for bed and mattress solutions – Assessment prompts

| Current status | Safety |
|---|---|
| • What type of bed and mattress are they currently sleeping on? Why is this not meeting their needs?<br>• Which positions do they sleep in?<br>• How much time do they spend in bed?<br>• How much time do they spend sitting in bed?<br>• How does the client perceive their quality of sleep?<br>• Do they experience pain when in bed?<br>• Have they previously slept on a bed/mattress that has met their needs?<br>• Does the solution need to be accessible to multiple carers? | • Are there any concerns of the person falling from the bed?<br>• Do they have bed rails in place?<br>• If so, why? Consider the least restrictive options first – e.g. side support rail, wider bed, ultra-low bed, sensor mat, fall mattress. |
| **Activity levels** | **Body function** |
| • What bed mobility do they have?<br>• Do they need a firm mattress surface to maintain independent bed mobility?<br>• If dependent with bed mobility, how often are they turned and re-positioned and who is supporting this?<br>• Do they need a side support rail to assist with turning or re-positioning?<br>• How do they transfer? Do they need a firm mattress edge to maintain independent transfers? | • What comorbidities impact on sleep and sleep positioning?<br>• Do they have thermoregulation issues? Or do they live in a cold or hot environment?<br>• What continence products are used in bed? |
| **Bed and mattress size** | **Assess pressure risk** |
| • Consider weight and height and note body shape.<br>• How much room do they need for bed mobility and carer assistance? Do carers need access from both sides of the bed?<br>• Do they need space for lying support cushions?<br>• What space do they have in their room for the bed and the other equipment needed? | • Do they have a current or previous pressure injury?<br>• If so, where was it and what was thought to have caused it?<br>• Consider completing one of the pressure injury risk assessments (Waterlow, Braden or Norton). |

| Personal factors |
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| • Are they co-sleeping?<br>• Are there cultural considerations that we need to be aware of? |

| | General factors to consider |
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| ☐ | Check if the ACC list equipment beds & mattresses are suitable in the first instance. |
| ☐ | Trials help to ensure equipment is safe, appropriate, meets the person's needs and is comfortable. |
| ☐ | Of note, retail beds & mattresses are:<br>• Unable to be trialled<br>• Often unable to be refurbished and reissued<br>• And subcontractors are less familiar with these items if needing repairs. |

# Factors to consider when choosing beds and mattresses:

| Type of support surface | Mattress | Considerations |
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| **Reactive**<br>Reactive support surfaces aim to redistribute pressure through immersion (body sinking into the surface) and envelopment (surface conforming to body shape).<br>By spreading pressure over a larger area, they help reduce peak pressure points.<br>However, they do not provide full offloading, so individuals may require more frequent repositioning compared to those using alternating air mattresses. | **Foam** | • Firm surface may allow the person to maintain independent bed mobility and transfers.<br>• Some types of foam that allow greater immersion can be challenging for clients to turn on, however tend to be more comfortable.<br>• Foam tends to retain body heat and be a warmer surface. |
| | **Hybrid** | • Hybrid pumps are smaller therefore tend to be quieter than air alternating pumps.<br>• Air in the mattress core may assist with temperature regulation.<br>• Hybrid mattresses may work for people with high pressure risk who are unable to tolerate air alternating. |
| | **Static air** | • Air cell structure may make bed mobility more difficult.<br>• Bed transfers can be more difficult due to the soft edges. |
| **Active**<br>Active support surfaces aim to offload pressure by continuously changing contact points between the body and the surface.<br>They achieve this through alternating inflation and deflation of air cells, creating regular periods of no pressure in specific zones. | **Air alternating** | • May be beneficial for those at risk of pressure injury.<br>• May allow for increased time between repositioning.<br>• An air cell surface can feel cold for some.<br>• Some people may find the pump too noisy.<br>• Transfers and bed mobility can be more difficult. The use of the 'static' function can help with this.<br>• If there are multiple carers, consider options which have easy to use settings.<br>• Lower weight people are likely to feel more movement on these mattresses. |

| Bed features to consider | |
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| **Trendelenburg and reverse** | Can be used to assist with respiratory symptoms or repositioning up the bed. |
| **4 section bed**<br>(elevating head & leg raise/knee break) | Allows for pressure redistribution.<br>A knee break can prevent the person from sliding down the bed and reduce heel pressure. |
| **Mattress compensation** | Head section moves up and back (slides as well as pivots), to prevent sheer and friction. |
| **Ultra low** | May make it easier for the person to get their legs onto the bed.<br>The bed can be positioned closer to the floor to reduce the impact of a fall from the bed. |
| **Under bed clearance** | If a hoist is used, ensure there is sufficient space under the bed for the legs of the hoist. |
| **Accessories** | Ensure the bed allows for the accessories a person requires, e.g. side support rail, extension kit, bed loop, cot side padding. |