

Considerations for bed and mattress solutions

Assessment prompts

Current status	Safety
<ul style="list-style-type: none"> • What type of bed and mattress are they currently sleeping on? Why is this not meeting their needs? • Which positions do they sleep in? • How much time do they spend in bed? • How much time do they spend sitting in bed? • How does the client perceive their quality of sleep? • Do they experience pain when in bed? • Have they previously slept on a bed/mattress that has met their needs? • Does the solution need to be accessible to multiple carers? 	<ul style="list-style-type: none"> • Are there any concerns of the person falling from the bed? • Do they have bed rails in place? • 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
<ul style="list-style-type: none"> • What bed mobility do they have? • Do they need a firm mattress surface to maintain independent bed mobility? • If dependent with bed mobility, how often are they turned and re-positioned and who is supporting this? • Do they need a side support rail to assist with turning or re-positioning? • How do they transfer? Do they need a firm mattress edge to maintain independent transfers? 	<ul style="list-style-type: none"> • What comorbidities impact on sleep and sleep positioning? • Do they have thermoregulation issues? Or do they live in a cold or hot environment? • What continence products are used in bed?
Bed and mattress size	Assess pressure risk
<ul style="list-style-type: none"> • Consider weight and height and note body shape. • How much room do they need for bed mobility and carer assistance? Do carers need access from both sides of the bed? • Do they need space for lying support cushions? • What space do they have in their room for the bed and the other equipment needed? 	<ul style="list-style-type: none"> • Do they have a current or previous pressure injury? • If so, where was it and what was thought to have caused it? • Consider completing one of the pressure injury risk assessments (Waterlow, Braden or Norton).
Personal factors	
<ul style="list-style-type: none"> • Are they co-sleeping? • Are there cultural considerations that we need to be aware of? 	

General factors to consider

- ☐ Check if the ACC list equipment beds & mattresses are suitable in the first instance.
- ☐ Trials help to ensure equipment is safe, appropriate, meets the persons needs and is comfortable.
- ☐ Of note, retail beds & mattresses are:
 - Unable to be trialled
 - Often unable to be refurbished and reissued
 - 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
Reactive Reactive support surfaces aim to redistribute pressure through immersion (body sinking into the surface) and envelopment (surface conforming to body shape). By spreading pressure over a larger area, they help reduce peak pressure points. However, they do not provide full offloading, so individuals may require more frequent repositioning compared to those using alternating air mattresses.	Foam	<ul style="list-style-type: none"> Firm surface may allow the person to maintain independent bed mobility and transfers. Some types of foam that allow greater immersion can be challenging for clients to turn on however tend to be more comfortable. Foam tends to retain body heat and be a warmer surface.
	Hybrid	<ul style="list-style-type: none"> Hybrid pumps are smaller therefore tend to be quieter than air alternating pumps. Air in the mattress core may assist with temperature regulation. Hybrid mattresses may work for people with high pressure risk who are unable to tolerate air alternating.
	Static air	<ul style="list-style-type: none"> Air cell structure may make bed mobility more difficult. Bed transfers can be more difficult due to the soft edges.
Active Active support surfaces aim to offload pressure by continuously changing contact points between the body and the surface. 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. May allow for increased time between repositioning. An air cell surface can feel cold for some. Some people may find the pump too noisy. Transfers and bed mobility can be more difficult. The use of the 'static' function can help with this. If there are multiple carers, consider options which have easy to use settings. Lower weight people are likely to feel more movement on these mattresses.

Bed features to consider	
Trendelenburg and reverse	Can be used to assist with respiratory symptoms or repositioning up the bed.
4 section bed (elevating head & leg raise/knee break)	Allows for pressure redistribution. Knee break can prevent the person 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. The bed can be positioned closer to the floor to reduce impact of a fall from the bed.
Under bed clearance	If a hoist is used, ensure there is sufficient space under the bed for legs of hoist.
Accessories	Ensure the bed allows for the accessories a person requires e.g. side support rail, extension kit, bed loop, cot side padding.