



Clinical Case Study
Nursing Home-Rehab Department

Patient:

Our patient, Ms. L.M. is a 73-year-old female. Patient was admitted to our facility with the primary diagnosis of CHF (chronic heart failure) /respiratory failure. Secondary diagnoses: hypertension, urinary tract infection, dehydration, end stage renal disease on hemodialysis, obesity (235 pounds, patient is 5'5" tall), status post in- and extubation in the hospital. Patient was hospitalized from 02/01/09 until 03/10/09.

Medical History

Upon initial evaluation on 03/11/09, patient was found to be alert and oriented and able to follow directions. She was totally dependent in all transfers and bed mobility, unable to attempt standing, had a poor sitting balance and had 2+/5 strength in all extremities. At that time patient was found to be inappropriate for restorative therapies and was issued range of motion recommendations to be performed by floor nursing each shift.

Goals of Therapy

The re-assessment was initiated on 04/01/09 as per the interdisciplinary team decision. The objective findings remained the same. Patient was willing to participate in therapy at this time and consented to trying the Total Lift Bed as a part of her re-evaluation.

Therapy

The procedure was explained to the patient before we initiated her first treatment. Our patient was transferred to the bed with maximal assistance of 2 therapists. I used 4 straps, 1 chest and 3 straps over her lower extremities, to secure the patient in bed. I have raised the bed to 30 degrees and reviewed patient's status by using Berg's scale of perceived exertion. Patient graded her level of work as "light", I have maintained eye contact with the patient at all times and have been maintaining a continued conversation to assess any changes in her level of alertness.

Patient seemed to tolerate first elevation without any signs of distress and I continued raising the bed by about 10 degrees every 15 minutes. The entire treatment was performed bedside and took about 0.5 hours to complete. The treatment was stopped when patient graded her effort as

"somewhat hard", Berg's scale #13. At that time patient reached 50 degrees. The patient was placed on a low rehab program which consisted of physical therapy 3 times a week for 15 min treatments and 6 times a week of restorative nursing for bed mobility and controlled elevation of the patient in the Total Lift Bed as per the protocol above. The major difference between physical therapy and restorative nursing was the fact that the therapy portion of this treatment plan was used to gauge the patient's level of activity tolerance under the controlled conditions of observation. The restorative nursing was required to elevate the bed up to but not above the levels of elevation set in physical therapy, with constant monitoring of the patient's vital signs as described above.

Results

Currently (04/10/09), patient is able to tolerate full standing position using the Total Lift Bed, she is sitting at the edge of the bed with contact guard assistance, and she is able to initiate standing in the parallel bars with a maximal assistance of 1 person. Her long term goals for 8 weeks are to transfer independently and to ambulate 150 feet with a rolling walker with a contact guard level of assistance.

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