



NURSING PROTOCOL  
VITALGO TOTAL LIFT BED

Assessment of Resident

The “Total Lift Bed” by Vitalgo can be used for two different patient acuity levels. The are:

- A. Ambulatory Resident
- B. Non-Ambulatory Resident.

Nursing homes shall utilize normal resident assessment protocols to determine the functional ability of the resident, clinical goals and use of the bed as part of the resident’s overall plan of care.

***Ambulatory Patients***

There are two possibilities for the resident’s first encounter with the “Total Lift Bed”, which are: the resident is already in the bed; or, the resident is in a wheelchair.

A. Resident in the Bed-

1. Explain to the resident the basic functioning of the bed and emphasize that the movement to standing is gradual and may be stopped at any time. Obtain the resident’s consent for attempting to come to a standing position.
2. Engage the stand up function and observe the foot lifter moving towards the resident’s feet. The foot lifter will stop as it encounters the bottom of the residents’ feet, but the caregiver can tap the foot lifter to begin the upward movement of the bed.
3. Tilt the patient to approximately 30 degrees and STOP. Observe any orthostatic or other changes in the patient (e.g. blood pressure, cramping, spasticity, pain, or anxiety). Allow the resident to rest in this position for a few minutes. Request permission from the before tilting them to a steeper angle.

4. Tilt patient to approximately 45 degrees and STOP. Observe if knees are buckling or if the resident is in pain or anxious. Employ hand control to bring the resident to less acute angle until resident is comfortable. Use any or all of the four straps supplied with the bed to make the resident feel safe and secure before bringing the resident to a standing position.

5. When the strap or straps are secure, continue bringing the patient to a standing position. As the patient nears vertical, place a hand on their shoulder and re-assure them that you have them secure.

6. When standing, hand them their walker and when they signify that they are comfortable, disengage straps and assist the resident to their walker.

#### B. Resident standing in a walker-(Bed in full upright position)

1. Explain to the resident the basic functioning of the bed and emphasize that the movement for entering bed is gradual and may be stopped at any time. Obtain the resident's consent for attempting to return to bed.

2. Demonstrate to resident the position they are to achieve, which is back against the mattress with hands holding lower rails. If the resident is unwilling to maneuver themselves into that position, STOP and discontinue use of the stand up function of the bed.

3. If the resident consents to entering the bed, wait for them to maneuver themselves into the proper position and wait until they signify that they are comfortable and ready to return to bed. Tell them that the first movement of the bed is to lift them and then tilt them back.

4. As you engage the bed, observe if knees are buckling or the resident is experiencing anxiety. If they are comfortable, continue the movement from a standing to lying position. If necessary, stop the movement and place a pillow beneath their head.

#### ***Non-Ambulatory Patient***

1. Obtain the resident's consent to be tilted in the bed. Inform the resident that tilting can be slight or more severe. Inform the resident that at any time the angle they are being tilted can be adjusted by the caregiver.

2. Engage the stand up function and observe the foot lifter moving towards the resident's feet. The foot lifter will stop as it encounters the bottom of the residents' feet, but the caregiver can tap the foot lifter to begin the upward movement of the bed.

3. Tilt the resident to approximately 15 degrees and STOP. Observe any orthostatic or other changes in the patient (e.g. blood pressure, cramping, spasticity, pain, or anxiety).

Allow the resident to rest in this position for a few minutes. Request permission from the resident before tilting them to a steeper angle.

4. If the resident is comfortable, tilt them to approximately 40 degrees and STOP. The resident can rest comfortably in this reverse trendelenburg position as ordered or as tolerated without the use of straps. Monitor the resident every five minutes to ensure that knees are not buckling and the resident is comfortable and free of pain or anxiety.

5. If the care plan calls for tilting the resident to a steeper angle, the resident MUST be strapped to the bed. There are three 6 inch straps and an adjustable seat belt. Find three points of support (patella, thigh and chest) and secure the resident with the straps.

6. Gradually tilt the resident and look for any evidence of knee buckling. At any time, the caregiver can reverse the process and bring the resident to a less acute angle.

7. Hold the resident at a comfortable angle (between 45 degrees and 85 degrees) as tolerated.