ALLIED HEALTH BED STICK PRESCRIBER TOOL

Bed Stick Definition

Also known as a bed pole, grab bar, bed rail.
A metal tube that has a vertical extension which is positioned near to the side of the mattress and a horizontal extension which is positioned under the mattress or is clamped to the side of the bed.

Bed Stick Use

Bed sticks are designed to support a person to re-position in bed or transfer in/out of bed. This includes rolling over in bed, moving from lying to sitting on edge of bed or standing from edge of bed.

DISCLAIMER: A bed stick is **NOT** designed, nor should it be used as an aid to prevent someone from falling or rolling out of bed.

Clinical Assessment Considerations

Prior to recommending or trialling a bed stick, the clinician is to review and assess for alternative techniques such as:

- Using the edge of the bed to pull on to assist with rolling over
- Reviewing bed sheet material e.g., silk sheets
- Reviewing for aids such as a bed wedge, leg lifter, crash mats, bed ladder, over bed bar
- Raising or lowering the height of the bed
- Prescribing an electric adjustable bed
- Reviewing if it is safe and feasible for family/NOK to physically assist
- Reviewing bed mobility and transfer technique and recommending ongoing practice or modifications of this

If all of the above techniques are unsuccessful and trial/prescription of a bed stick is recommended, the clinician is to complete the **AQ HEALTH Bed Stick Risk Assessment.**

The clinician should consider that there are multiple styles of bed sticks available and should review these options on the **AQ HEALTH Bed Stick Information Sheet** prior to trial/prescription**.** The clinician needs to take into consideration the style of the product, environment, bed type and client attributes (e.g., transfer technique, impalement risk, cognition, falls history).

If safe to prescribe a bed stick, the clinician should consider the level of entrapment risk and whether immediate assistance is available should this occur. The clinician should provide education and instructions on how the bed stick should be positioned at all times, and the clinician should provide a copy of the **AQ HEALTH Bed Stick Information Handout for Clients & Carers** to the client and/or family.

If a bed stick is deemed unsafe or inappropriate for the client following the comprehensive assessment by the clinician, alternate solutions should be considered such as increased carer support.

Following this assessment, if the client and/or family would still like to proceed with purchasing, installing, or continuing to use the current bed stick against the clinician's recommendations and advice, the clinician is to provide the **AQ HEALTH Bed Stick Letter** outlining the clinical reasoning for this.

Contraindications

A bed stick should **NOT** be provided if:

- The client has a history of falling/rolling out of bed
- Medication or cognition impacts on safe use
- Regular monitoring and review of the bed stick cannot occur
- Carers are not in close proximity to provide support/assistance in an emergency
- The aid cannot be safely installed in the client's environment
- The client resides in a residential aged care facility

Caution should be used if:

- The client has an upper limb injury
- There is anticipated risk of the client falling/rolling out of bed
- The client has a neurological condition or experiences involuntary movements
- There is a catheter in situ
- The client has recently had surgery
- The client has perceptual or sensory deficits
- There are communication difficulties where a client cannot express their needs or concerns and alert for help in emergencies

Installation Considerations

- The bed stick should be positioned around waist height (when lying in bed) and should never be positioned near to the neck or head. *Please consider entrapment risk if incorrectly positioned.*
- Consider marking the bed frame once optimal position is confirmed, to decrease risk of incorrect positioning.
- There should never be a gap between the vertical component/s and the mattress. This creates an entrapment risk. The clinician should check that the bed stick or mattress cannot easily move and create a gap.
- The bed stick should **NOT** be tied or fixed to the bed or mattress unless it has been purposely designed for this.
- Ensure there is sufficient weight placed onto the mattress and bed stick to decrease risk of movement. If the mattress weight (in addition to the client's weight) is not sufficient, the bed stick may move during use.
- Bed sticks that position under the mattress are **NOT** suitable for water beds, electric elevating beds, or metal- based beds with springs. Caution should be used with air mattresses, and slatted bed frames (wooden or sprung) and non-slip matting can be used to assist with keeping the bed stick in place.
- Clamp on bed sticks should **ONLY** be used for electric adjustable beds. Clinicians are to ensure it is clamped on firmly, thus decreasing risk of movement on use.
- Considerations should be taken of positioning of other furniture in the room, e.g., bedside table, bedside commodes.
- Considerations should be taken of clutter within the bedroom.
- Review that the bed stick does not bend on use.
- Review the Safe Working Load and ensure this is appropriate for the client's needs.
- Consider other types of equipment used e.g., mobility aids or transfer aids, and how or if this will impact on safe bed mobility/transfers or increase entrapment risk.

Manual Handling Considerations

- Clinicians are to ensure safe manual handling practice when installing or re-positioning the bed stick.
- If it is unsafe to install independently (e.g., the mattress is too heavy), the clinician should request support from a 2nd person.
- Clinicians should consider education for AQ care staff during Manual Handling Training e.g., changing bed sheets and moving the bed stick out for this and replacing back in the appropriate position.

Instructions for Trial/Prescription

1. The clinician should initially demonstrate how to use the bed stick (if required/safe/ appropriate to do so).
2. The clinician should review the client using the bed stick.
3. The clinician should provide advice and education on use of the bed stick, such as entrapment risk, movement of the mattress or bed stick and how to remedy this.
4. The client and/or carer should check the bed stick **DAILY** prior to and after use to ensure a gap hasn't been created or the bed stick hasn't moved out of position.
5. *For clamp on bed sticks:* the client and/or carer should check the bed stick **DAILY** prior to and after use to ensure that this is firmly holding.
6. The clinician should remind the client and/or carer not to place items on the bed stick (e.g., blankets, face washers, handkerchiefs).

Review

All bed sticks should be reviewed every 6 months or as a client's abilities change, **OR** if a client is at an increased risk (as stated on the **AQ HEALTH Bed Stick Risk Assessment**), a review should be completed every 3 months.

Examples for reason to review following change in client abilities:

- Client's function deteriorates
- There's a change in client cognition
- A fall has occurred during bed transfers
- Client rolls or falls out of bed
- Medication changes have occurred that result in significant side effects
- A decline or change in communication, where a client can no longer communicate their needs or concerns
- An entrapment incident occurs
- Change in carers (formal or informal)
- Significant change in weight

The clinician should complete the **AQ HEALTH Bed Stick Risk Assessment** following each review and discuss these recommendations with the client and/or carer.

Adapted from the SA Government Bed Stick Clinical Considerations for Prescribers Document and the OT Australia Bed Pole Fact Sheet.