Sleeping in a riser recliner

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Learning outcomes

- Understand from a person's perspective their reasons for wanting to sleep in a riser recliner armchair
- Understand the functional postural implications of sleeping in a riser recliner
- Understand the tissue viability implications of sleeping in a riser recliner
- Be able to reason with service user, options for managing a situation where they want to sleep in a riser recliner.

Why do you sleep in your riser recliner?

"I have to get up so many times its easier"

"I feel trapped in bed"

"so, I can cough"

"it's easier to get to the toilet"

"I like it"

"I can't get comfortable in bed"

"it means I don't have to go upstairs"

"it's more comfortable"

"it makes it easier for my carers"

"I don't like going to bed"

"it's too difficult to get to bed"

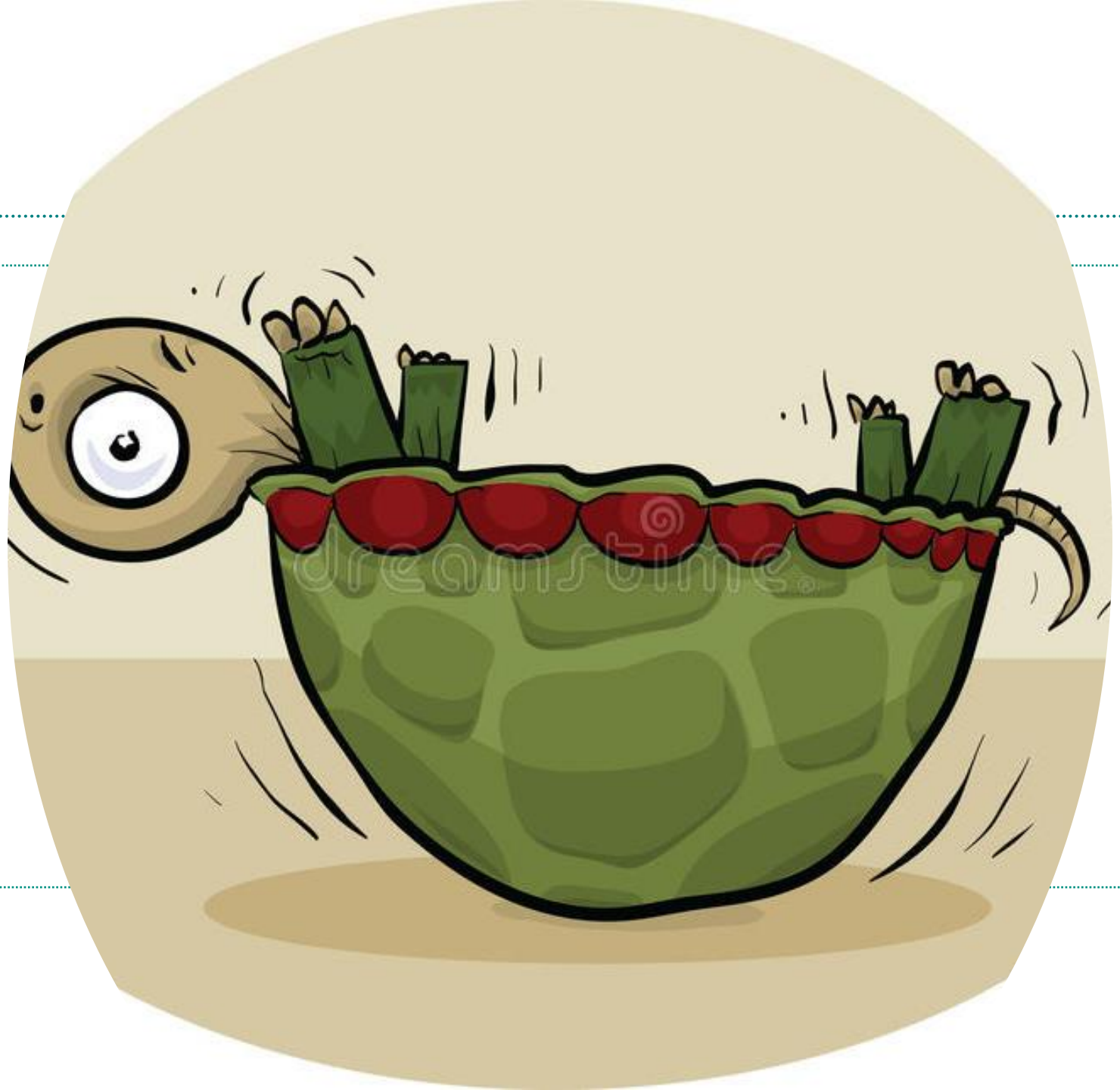
"I can't breathe in bed"

Themes

- Comfort
- Function
- Transfers
- Carers

Comfort

- Posture better supported in chair
- Able to change position better in chair
- Pain is less in chair
- Discomfort less in chair

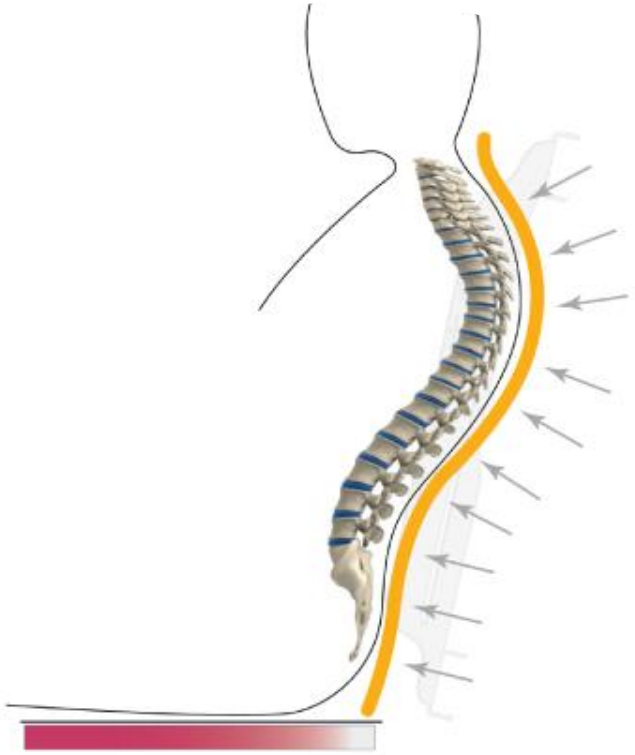


Posture

Accommodation and support of spinal shape

Prevent rolling and sliding

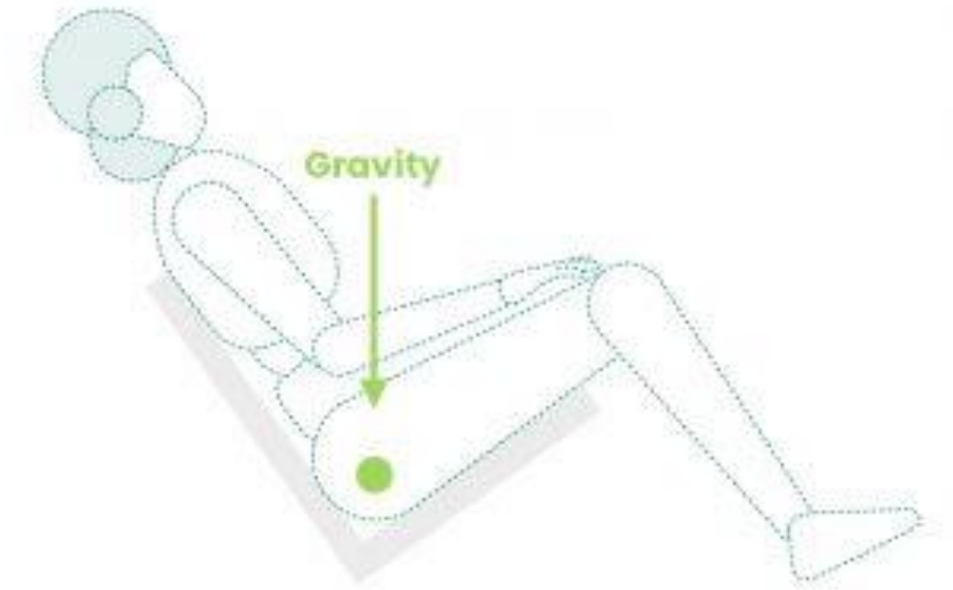
Give support to scoliosis



Tilt in space

- Prevent sliding
- Reduce shear
- Improve support of back head
- thigh support

- Variable.



Function

- Riser assist with standing
- Help with transfers
- Access toilet
- Change of position

Case study

- MND 45yr male
- Sleeping in RR
- Non-Invasive Ventilation
- Issues with secretion management
- Reduced mobility

- Presenting issues with
- cough, clearing airway
- Mobility

- Needs to semi stand to get head Into correct position to cough
- Needs to be able to bring head Forward to clear secretions
- Cannot achieve this position in a bed

Issues caused when sleeping in a chair

- No motivation / no need to move
- Reduced productive sleep
- If you don't use it, you lose it!
- Could lead to low mood

Issues caused when sleeping in a chair

- Leg oedema
  - Heavier legs – Gravity and water increases
  - More pressure on calves
  - More pressure through heels
  - Pressure on base of feet
  - Harder to mobilise due to size of legs

Issues caused when sleeping in a chair

- Pressure on vulnerable skin
  - High pressure points, small surface area to redistribute weight compared to whole of body weight helping redistribute pressure
  - Ischial Tuberosities, coccyx, elbows, heels
  - Venous stasis - 'blue bottom'

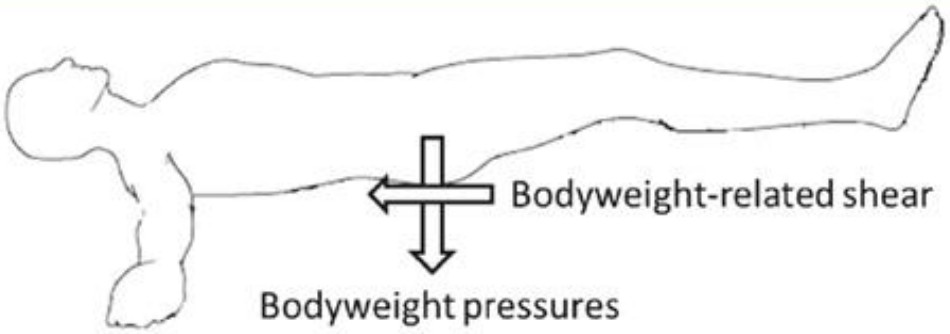
If you do not address the issue's, they can only worsen

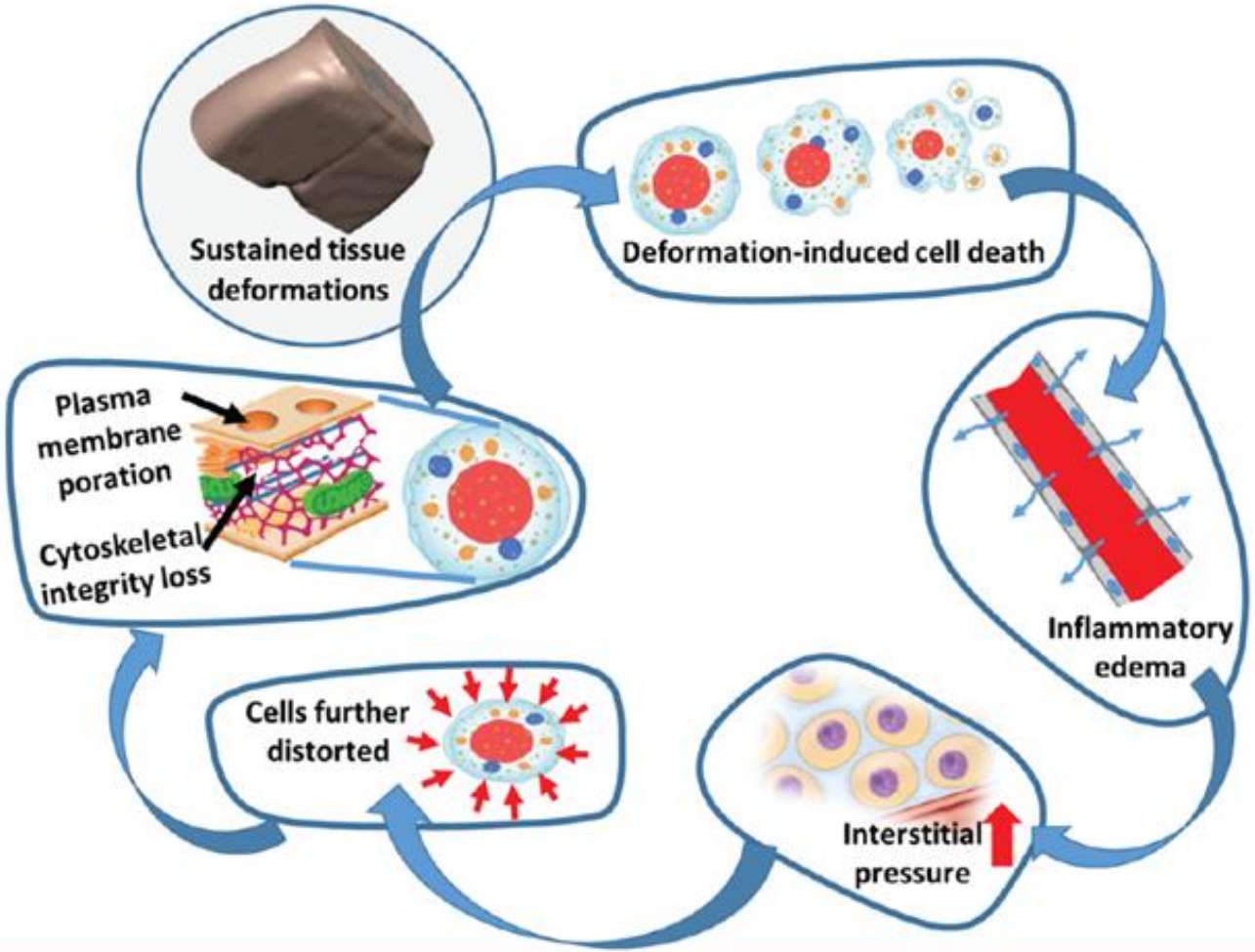
Mechanisms that lead to tissue death

1. Pressure - Between the bone and a surface
This causes the blood vessels to be squashed, and therefore the blood flow becomes restricted. Then oxygen can no longer get to the area, then cells start to start to become ischemic die.

2. Pressure – Within the cells
The cells getting squashed (as per 1) causes cell deformation. As a cell gets deformed in shape, its exterior wall can start to leak, or burst, and cell contents can spill out causing cell death.

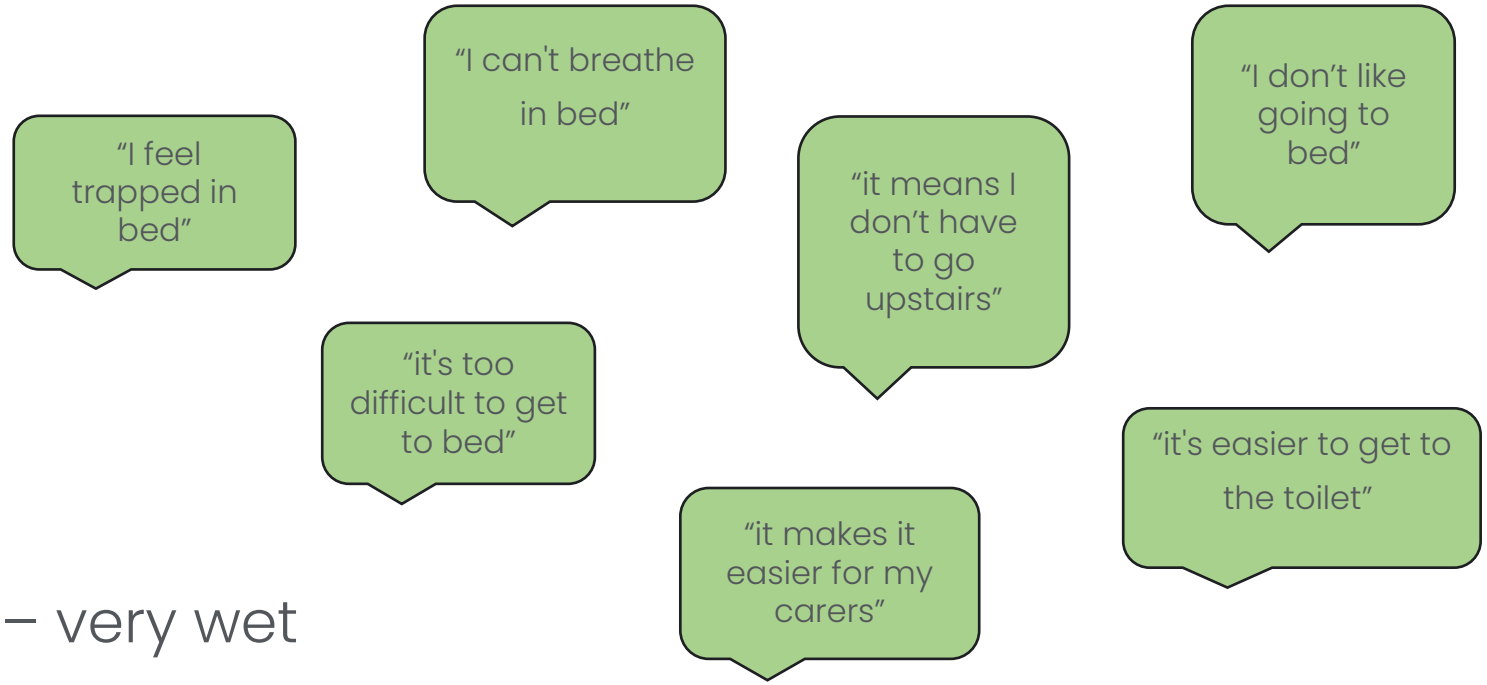
Both can lead to an inflammatory response which leads to more fluid collecting in the tissue which leads to further deformation and death of the cells.


Bodyweight-related shear
Bodyweight pressures


Sustained tissue deformations
Deformation-induced cell death
Inflammatory edema
Interstitial pressure
Cells further distorted
Plasma membrane poration
Cytoskeletal integrity loss

Case study

- 85-year-old female
- Sleeping in rise recliner
- Restricted mobility
- Carers 4 times daily



Presenting issues

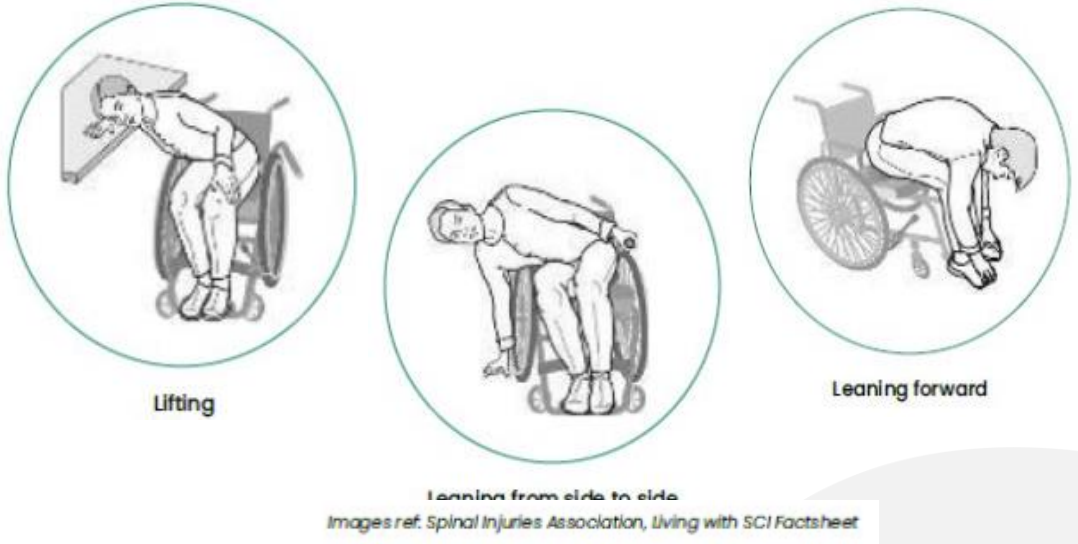
- Bilateral oedema
- Circumferential leg ulcers – very wet
- Breathlessness
- Pressure ulcers and moisture lesions to sacrum
- Main reasons not to go to bed - unable to lift legs in/out of bed and she became breathless due to weight of her legs

Case study – Outcome

- Educated patient – Worsening oedema, breathlessness, mobility, PU's, ML's
- Low bed installed and adaptions to downstairs room
- Started resting in bed during the day
- Once more confident, started to go to bed at night
- Leg oedema started reducing
- Bilateral leg ulcers dried up and legs healed
- Breathlessness improved as less weight in the legs to carry around
- Mobility improved with smaller legs and input of physio
- Due to improved mobility, PU's and moisture lesions healed
- Motivation improved
- Sleep improved
- Carers reduced to twice daily

How can you offset the risks?

- Set positioning regime within chair (use tilt in space)
- Some form of offloading (Toileting hoist, full lean offloading, stand if able)
- The highest risk surface – Alternating
- Manage incontinence and moisture
- Optimise nutrition and hydration



Images ref. Spinal Injuries Association, Living with SCI Factsheet

- Venous stasis – how can you stop this??

Options…. Consider posture….. How are these immersive? Will they prevention postural support

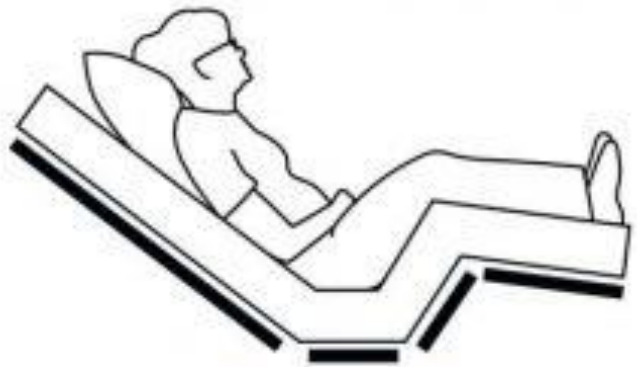
Work through the issues and what can be changed?

Carers:

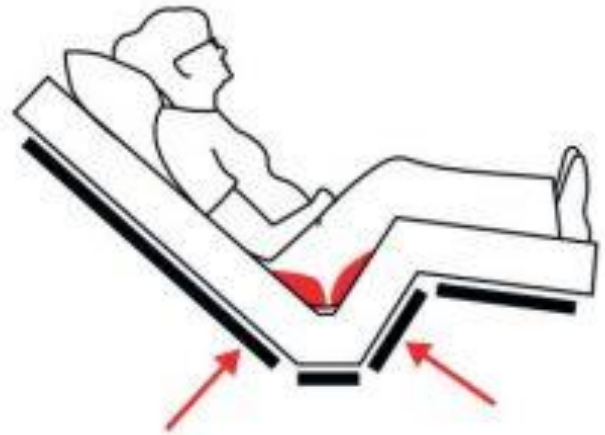
- Additional equipment:
- Slide sheets / turning aids / height adjustment
- Alternative beds – profiling, floor beds

Alternative transfers

- Hoist
- Stand aids
- Bed levers
- Height adjustment



BodyMove regression reduces friction and shear



No regression increases friction and shear

What can I try to encourage sleeping in a bed?

Comfort:

Supporting Surface

Bed positioning

Pillows under whole length of arm to support upper arm, spreading loading

Pillows supporting under shoulders to prevent them dropping back and increase base of support

Large pillow /s under knees to give flexion at hips and knees (knee break)

Pillow under calf to support whole length of leg spreading loading

Heals off mattress completely reducing pressure risk

Evidence

Nixon J, Smith I, Brown S, McGinnis E, Vargas-Palacois A, Nelson E, Coleman S, Collier H, Ferandez C, Gilberts R, Henderson V, Muir D, Stubbs N, Walker K, Wilson L, Hulme C (2019) ***Pressure Relieving Support Surfaces for Pressure Ulcer Prevention (PRESSURE 2): Clinical and Health Economic Results of a Randomised Controlled Trial.*** The Lancet 14, September 01 2019 p42-54 https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(19)30138-5/fulltext

No significant difference to pressure injury occurrence at 90 days was found between Alternating Air Mattresses and foam mattress with postural management programme implemented

What can I do to encourage sleeping in bed?

Function

Analyse the functions required - **activity analysis**
Can you replicate this position / requirements in the bed?
Do they need additional services
(respiratory team / physio/ TVN)

Think outside the box!

Thank you

Questions?

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