

Prescribing seating for cognitively impaired users: exploring the risks

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Learning objectives

- To outline clinical reasoning for chair provision to a variety of service users
- To increase awareness of risks to users with cognitive impairments/poor risk awareness when assessing and providing specialist seating.
- To outline some of the risk factors and interventions that can reduce risk to service users.

Reasons for Issuing Specialist Seating

- Enable safe and independent transfers
- Reduce the need carer intervention
- Facilitate pressure care management
- Facilitate frequent and independent repositioning
- Facilitate upper limb function
- Facilitate posture management
- To facilitate physiological functions such as:
 - respiration
 - digestion
 - circulation

(What do we mean by) Cognitively impaired

- Executive functioning
- Risk analysis
- Reasoning
- Insight



Behavioural impairments

Apathy

Aggression

Irrational

Impulsive

Confusion

Fear

Anxiety



Common presentations in those with cognitive impairments

- Shuffling forward in the seat
- Trying to get out of the chair
- Frequent repositioning
- Leaning forward
- Leaning to the side
- Agitated and distressed behaviours

Risks with seating products – likely actions....

- Using controls incorrectly
- Trapping items under the chair
- Not following given instructions about use of chair



Risks with seating products – likely actions....

- Increase in shear and friction resulting in pressure areas developing
- Requiring constant supervision/having to remain in bed
- Increased agitation/anger towards others
- Increased impact on carers
- Falls
- Injury
- Death



Possible causes of increased risk

- Anxious
- Uncomfortable
- Poor proprioception
- Inadequate support provided due to poor size and posture support.
- Poor skin integrity/pressure areas developed.
- Illness/ infection
- Poor transfer technique

Risk matrix

The diagram shows a risk matrix with 'Likelihood' on the vertical axis and 'Impact' on the horizontal axis. The vertical axis is labeled 'Likelihood' with an upward-pointing arrow. The horizontal axis is labeled 'Impact' with a rightward-pointing arrow. The matrix is a 5x5 grid. The columns are labeled 'Negligible', 'Minor', 'Moderate', 'Significant', and 'Severe'. The rows are labeled 'Very Likely', 'Likely', 'Possible', 'Unlikely', and 'Very Unlikely'. The cells contain risk levels: 'Low Med', 'Medium', 'Med Hi', 'High', and 'High' for the top row; 'Low', 'Low Med', 'Medium', 'Med Hi', and 'High' for the second row; 'Low', 'Low Med', 'Medium', 'Med Hi', and 'Med Hi' for the third row; 'Low', 'Low Med', 'Low Med', 'Medium', and 'Med Hi' for the fourth row; and 'Low', 'Low', 'Low Med', 'Medium', and 'Medium' for the bottom row. The colors transition from green (Low) to yellow (Medium) to orange (Med Hi) to red (High).

		Impact →				
		Negligible	Minor	Moderate	Significant	Severe
Likelihood ↑	Very Likely	Low Med	Medium	Med Hi	High	High
	Likely	Low	Low Med	Medium	Med Hi	High
	Possible	Low	Low Med	Medium	Med Hi	Med Hi
	Unlikely	Low	Low Med	Low Med	Medium	Med Hi
	Very Unlikely	Low	Low	Low Med	Medium	Medium

Risk assessment

- How likely it is that harm will occur?
- How serious could the harm be?
- What steps are already being taken to control the risk?
- What further action should be taken to control the risk?
- Who needs to carry out those actions?
- When the action needs to be taken by?
- What's the risk? To whom?
- How likely is harm to occur and what is the severity of harm?
- Control measures/actions required (with record of who took the action and on what date)
- Further/ongoing actions required

Risk Benefit Analysis

What are the benefits to the user:

- Improved posture
- Improved pressure care
- Improved participation in activity

“Risk is no longer an excuse to limit a person’s freedom” – (Veselinova, 2014).

“Risk is merely the likelihood of an outcome occurring. Furthermore, the value individuals put on outcomes is personal and subjective, and as such, choices that others may deem unwise may be ‘worth the risk’ to the individual” – (Field et al 2024 pp 1)

“To support client-centred practice, organisational guidelines have been developed for what has commonly been termed ‘Positive Risk Taking’ (PRT; Royal College of Occupational Therapists (RCOT), 2018) – whereby the risk taken is not necessarily seen as a positive choice, but the outcome may be” – (Field et al 2024 pp 1)

Risk benefit analysis...

How much are these benefits relevant to the user and their situation?

- User is terminally ill so posture not that relevant any more.....
- User is at low risk of pressure ulcers so no reason to implement high level pressure care measures....
- User can gain access to lounge and participate in socialising with family and friends when using a portering chair....
- User can sit more upright and is able to eat meals in new chair...
- User is able to sit in chair for periods of time to change her environment rather than being bed bound.....

Solutions

- Ensure the chair is the correct size
- Ensure transfer method and technique is appropriate
- Ensure appropriate foot placement and support
- Ensure cushions allow immersion and comfort
- Use mechanisms of the chair to increase comfort and support
 - Eg Backrest recline and tilt
- Ensure adequate postural support has been provided as necessary
- Ensure skin is intact and any poor skin integrity is managed well
- Reduce the time sat out
- Ensure time is given to allow them to relax at time of assessment to ensure the chair is set up appropriately

Safe use of a Lap strap

What is the purpose of a lap strap?

- To maintain good pelvic position
- Some will ask for a lap strap for safety reasons to reduce risk of falls from the chair during transport.

What are the risks of a lap strap?

- Strangulation
- Restraint
- Tipping forward with the chair

Summary

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Thank you for your time today.