

The Use of a B.A.S.E.™ SEQUENTIAL MOBILE Cushion System with a Nursing Home Resident

Fiona Collins MSc DipCOT SROT, Tissue Viability Consultancy Services Ltd.

Case Study

Mr Grant, a 79 year old gentleman who suffers from Dementia, had always preferred to sit out of bed but in recent months his physical condition had deteriorated to such an extent that he could no longer reposition himself in the chair. Mr Grant's Waterlow score (*Waterlow, 1988*) was 19 and his diet and fluid intake were poor. He was incontinent of urine and had recently been catheterised. He was unable to weight bear and required hoisting in order to transfer from bed to chair. He had two pressure ulcers at the commencement of the evaluation, a Grade 2 ulcer on the left buttock and a Grade 3 ulcer on the left heel (*EPUAP, 1999*).

Mr Grant sat in a transit wheelchair preferring not to use the footrests. He was clearly uncomfortable in the chair, tending to slump over to the left side, which accounted for the pressure ulcer over his left ischial tuberosity. Mr Grant also sat in a posterior pelvic tilt, and as a consequence his legs were outstretched, with the majority of their weight being taken by the heels. To prevent himself from sliding out of the chair completely, Mr Grant had crossed his right foot over his left, causing the pressure ulcer on his left heel to develop as a direct result.

Method

There were two main goals of equipment provision; to increase Mr Grant's sitting stability in order to prevent him from slumping down in the chair and to provide suitable pressure relief in order to assist the healing of his pressure ulcers. The B.A.S.E.™ SEQUENTIAL MOBILE

cushion was selected as it is able to provide pressure relief whilst maintaining sitting stability. Mr Grant was also encouraged to use his footrests, to enable him to remain as upright as possible within the chair.



Results

Mr Grant was able to sit out of bed for extended periods of time, and staff reported how much easier it was to feed him in a sitting position, rather than in bed. His sitting balance was improved and the properties of the cushion encouraged him to sit in a more symmetrical position, allowing the pressure damage under the left ischial tuberosity to commence healing. This improved posture, combined with his agreement to use the footrests, also allowed the pressure ulcer on the left heel to commence healing. Both pressure ulcers continue to make good progress. Mr Grant has commented on how comfortable the cushion is, and the staff have reported that they do not need to reposition him as frequently.

Conclusion

This case study highlights how the provision of a suitable pressure relieving cushion has enabled this gentleman to sit in a more symmetrical and comfortable position. The improvement in posture, combined with the benefits of alternating pressure, has created an environment in which the pressure ulcers can commence healing.