

Care of Bedridden Patient For MO





PRINCIPLES IN CARING FOR A BEDRIDDEN PATIENT

- Prevent health complication
- Promote comfort
- Build confidence
- Prevent isolation
- Improve quality of life

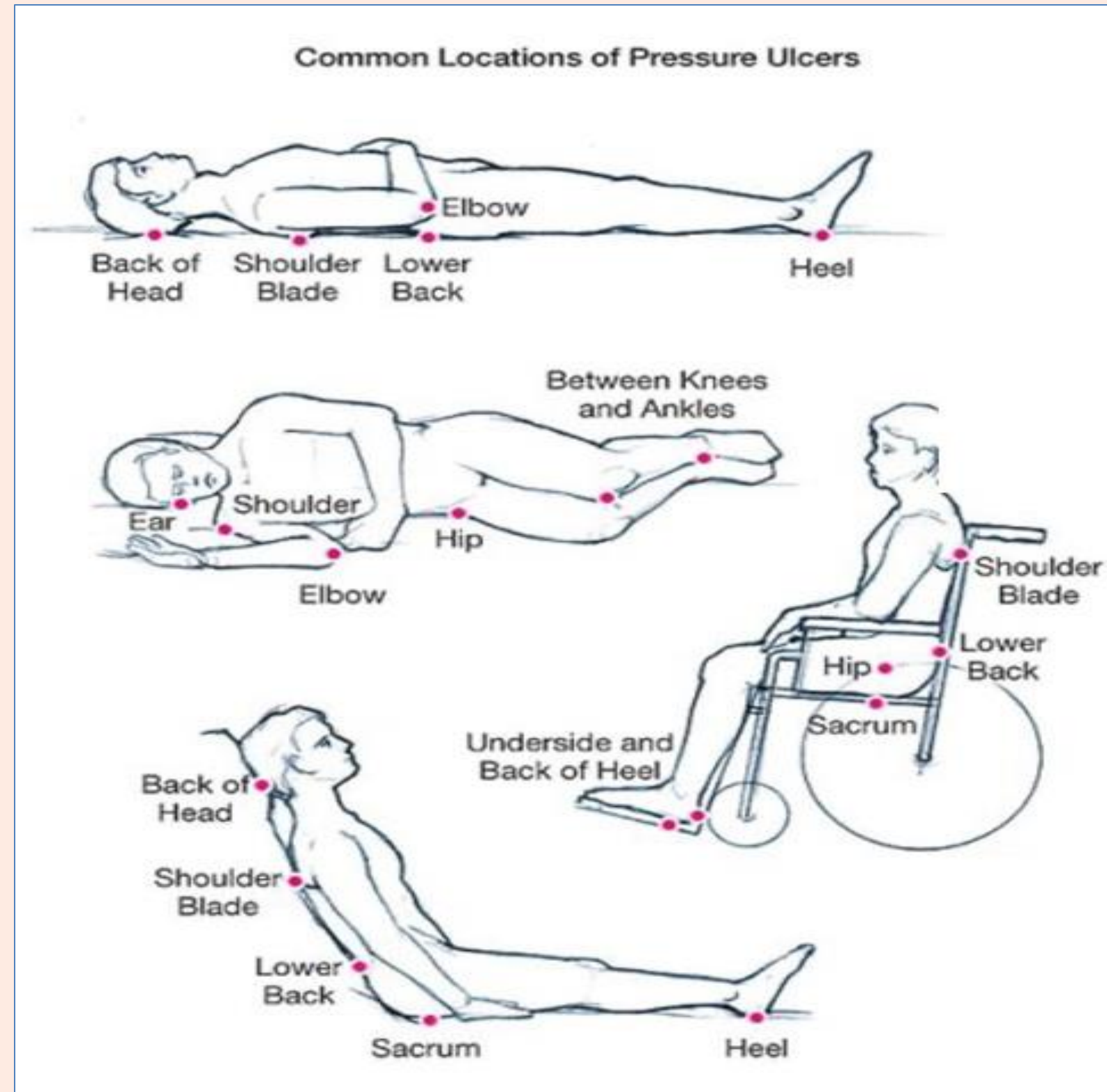
PREVENTING HEALTH COMPLICATIONS

- Pressure sore prevention
- Feeding and nutrition
- Bowel and bladder problems
- General nursing care
- Psychosocial Issues





COMMON SITES OF PRESSURE SORE





STAGES OF PRESSURE SORE

STAGE - I



STAGE - II



STAGE - III



STAGE - IV



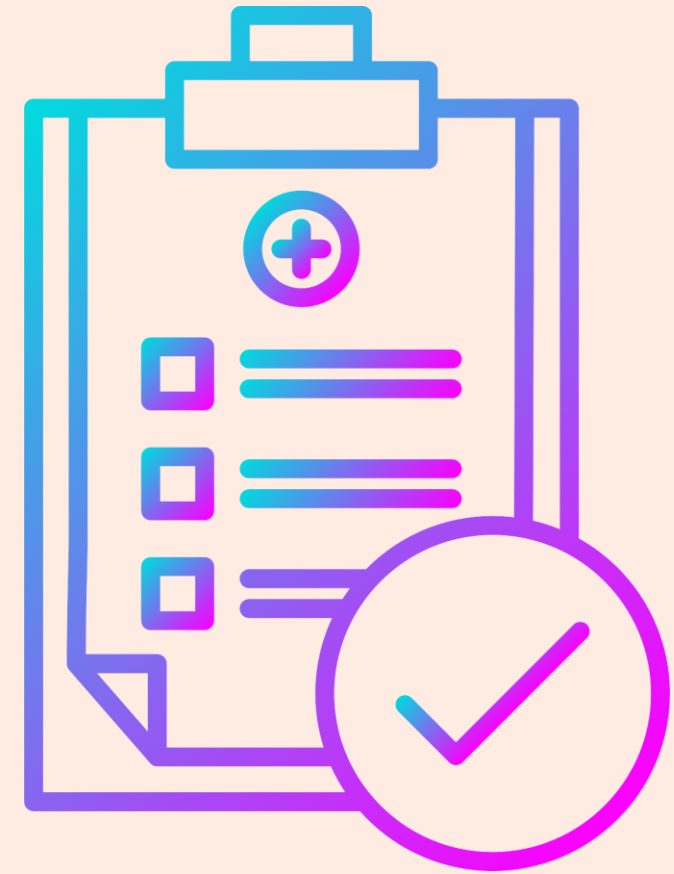
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MANAGEMENT

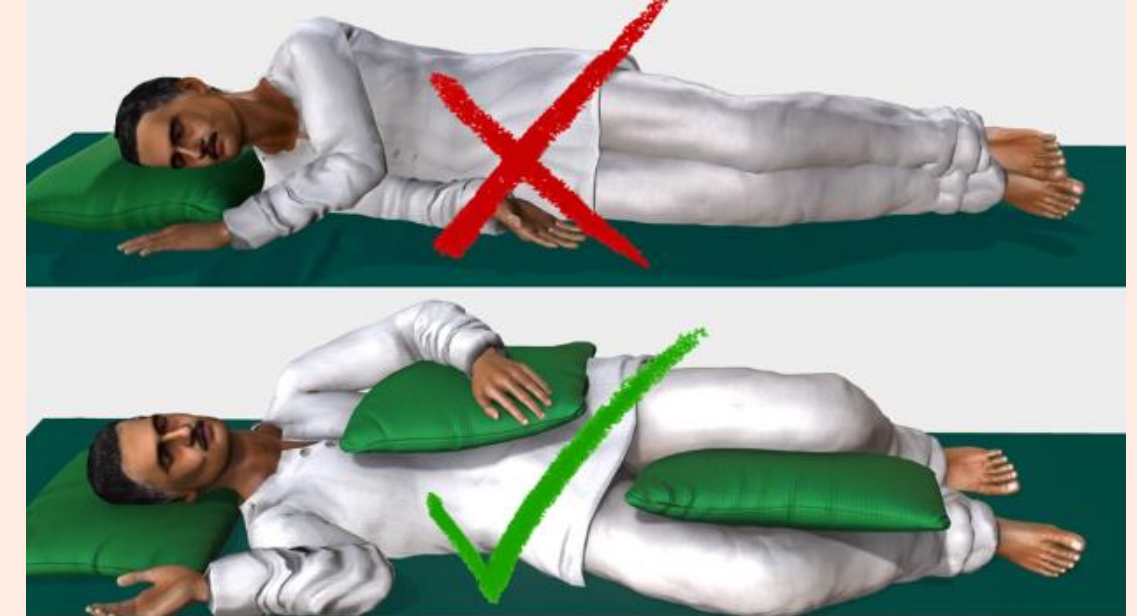
- Always medicate patient for pain before wound care
- If slough, Surgical debridement
- Use normal saline for wound cleaning (home made saline)
- If there is an odour or infection add metronidazole powder
- Charcoal under the bed will absorb odors
- Avoid hypochlorite solutions like povidone-iodine and hydrogen peroxide
- Surgery consultation





PREVENTING PRESSURE SORES

- Position change
 - Every 2 hrs for a bedbound patient
 - Every 15 minutes for a chair bound patient
 - Avoid 90° positions (30° is ideal on all sides)
- Manage incontinence
- Special surfaces
 - Air mattress
 - Water mattress
 - Pillows and cushions
- Nutrition and exercise



CASE SCENARIO 1

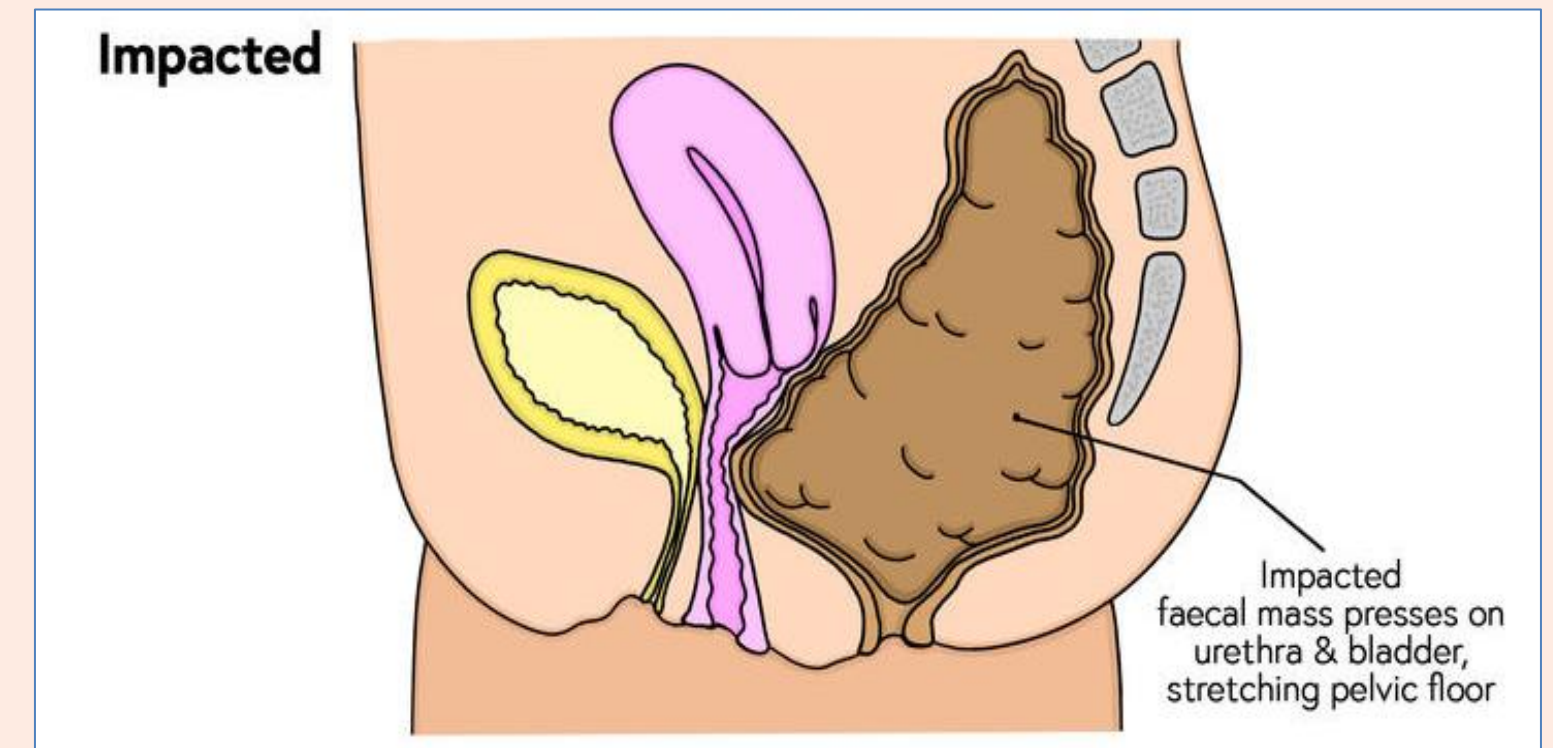
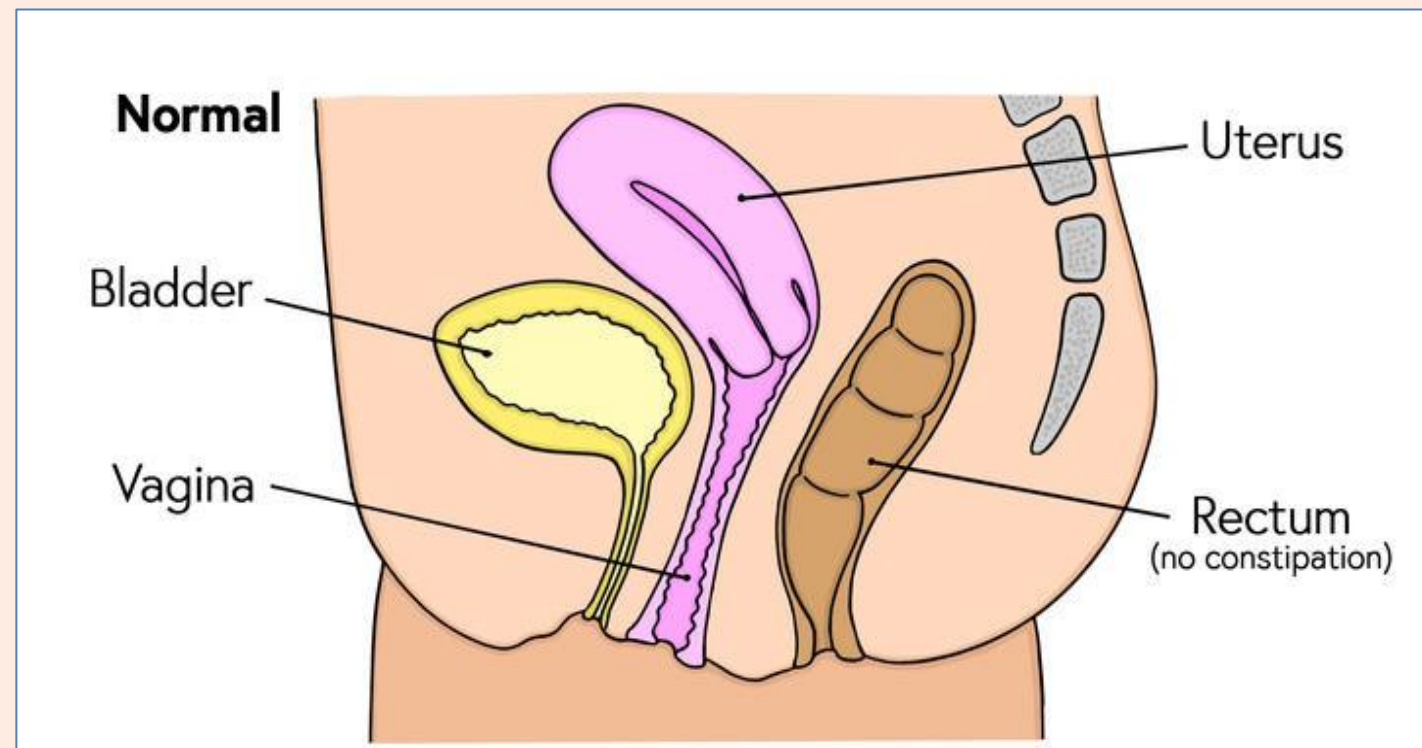
The homecare unit of the hospital made a visit and found that the patient was having peri-catheter leak. So they changed the catheter. The next day the caregiver noticed that the peri-catheter leak was still persisting. She called them again, they came and changed the catheter. Again the next day the same happened the once again the catheter was changed.

- The catheter was changed 3 times
- But the problem did not resolve



THE CLOSE INTERLINK

The loaded rectum causes urinary outflow obstruction



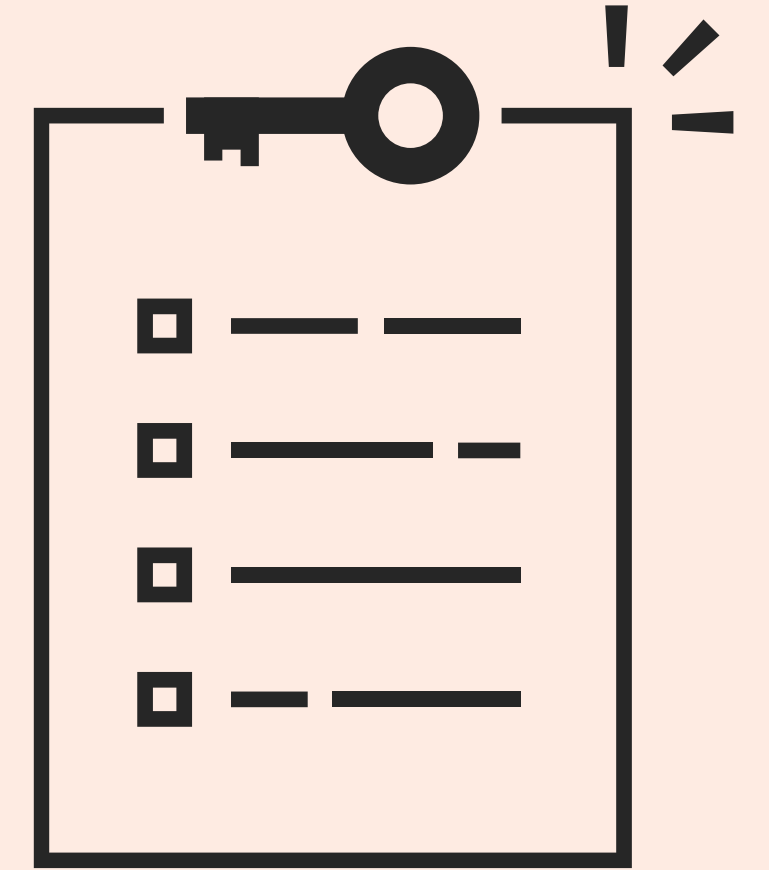


INDWELLING CATHETERIZATION

- Should be the last resort
- Even if the patient is on indwelling catheter always ask “Does this patient need to be on catheter”
- Look for ways to wean the patient off the catheter
- Once the patient is on indwelling catheter bowel management should be aggressive
- For those who can afford prefer silicon catheter over latex catheter

KEY POINTS TO REMEMBER

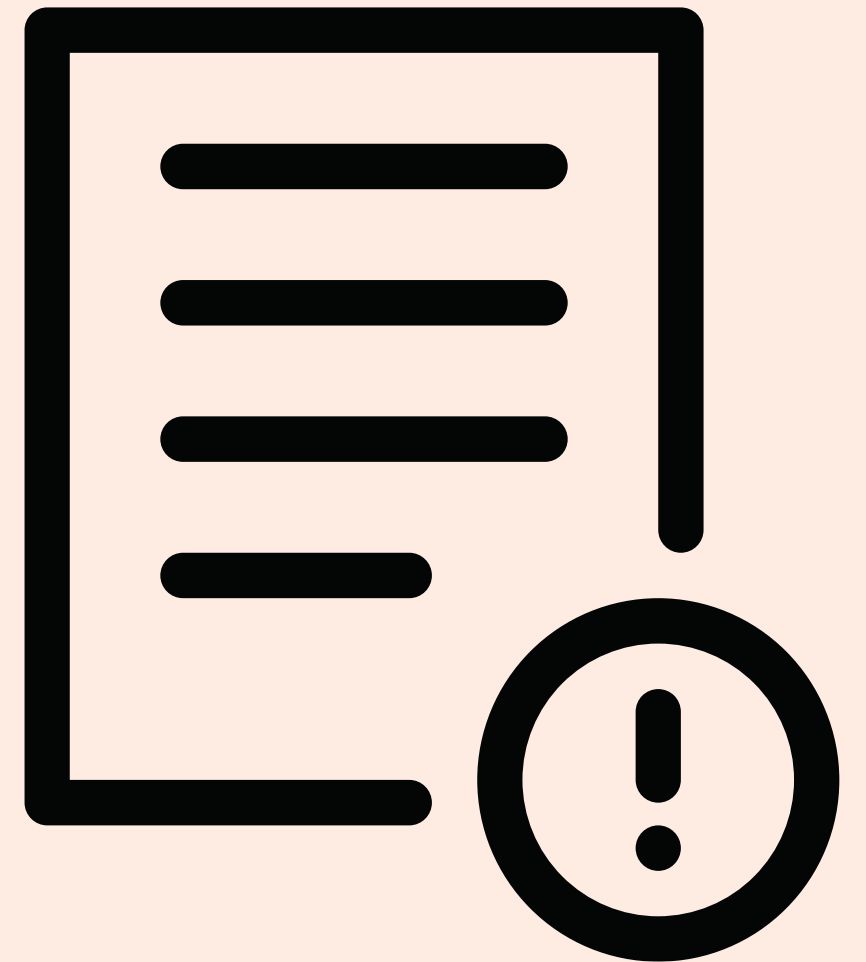
- Take all sterile precautions
- Choose the smallest size possible (14F, 16F, 18F)
- It is always safe to do PRE
- Lubricate generously and wait
- It is important to ensure that the bulb is in the bladder
- How much to inflate?
 - 10-15mL (Ideally it is better to inflate and then deflate)
 - Too much can cause bladder spasms
- Antibiotic prophylaxis for urinary catheter insertion is not recommended
- Injury while catheterization may warrant antibiotic cover





INSTRUCTIONS

- Plenty of oral fluids (2 to 3L per day)
- Anchor the bag to the sides to avoid traction
- Empty the bag when it is more than half full
- Ensure that the tube is not kinked
- Never raise the bag above the hip level
- Plan catheter change according to guidelines



CONDOM DRAINAGE

- Comes in three size
 - Small
 - Medium
 - Large
- Choose the right size to prevent leakage
- Comes with a adhesive tape or Velcro strap
- The strap should not be too tight or too loose
- Do not apply strap on the skin

FEEDING AND NUTRITION

- Malnutrition and Sarcopenia (A common presentation in long-term bedridden patients)
- Contractures results in prominent joints
- Positioning becomes difficult
- Nutritional requirement
 - 1000 Cal/day if there is no pressure sore
 - 1300 to 1500 Cal/day if there is a pressure sore
 - Protein requirement 0.8 to 1.5g/kg/day (Based on the severity of illness)



NASOGASTRIC FEEDING IN BEDRIDDEN PATIENTS

- Patient should be propped up to 30 degrees while giving NG feeds
- 30 degrees elevation should be maintained for about 30 minutes after feeds
- The daily requirement of 30mL/kg/day is given as 1kcal/mL feeds
- The feeds can be equally spaced throughout the day as every 2 hours
- Bolus feeds should never exceed 400mL
- Night time feeds should be avoided

GENERAL NURSING CARE

- Oral hygiene
 - Lateral position in unconscious patients
 - High fowlers position in conscious patients
 - Never in supine position
 - Ideally after every meal
- Eye care
 - From inner to outer canthus
 - Watch out for corneal ulcers
- Assisted bathing
- Sponge bath
- Perineal hygiene





COMMUNICATION

- Often neglected
- Plays an important role in alleviating psychological problems
- Anyone can be trained
- Active listening



Thank You

