

DECONDITIONING

YOUR GUIDE TO
STAYING WELL IN
HOSPITAL AND
PREVENTING FALLS &
PRESSURE ULCERS



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WHAT IS DECONDITIONING?

Deconditioning is the decline in physical and mental functioning due to inactivity or bed rest. It may affect many systems in the body.

- Deconditioning may happen in hospital as we are often in bed for a lot of the time. This inactivity may cause reduced muscle strength and physical function, increased risk of falls, pressure damage and loss of motivation. This may mean a longer stay in hospital, away from home. It may lead to getting infections, losing weight, reduced mobility and even sarcopenia. Some people may become more dependent and need more care, and equipment when they leave the hospital.
- Sarcopenia is a muscle disease leading to loss of muscle mass, strength and physical function. It can make you more likely to fall, become less physically able and develop pressure sores. Getting older is the biggest cause of sarcopenia, but having multiple medical conditions, not eating and drinking well and being less active in hospital can also cause it. The great news is that sarcopenia is preventable, treatable and reversible!
- Following the advice in this leaflet can help to reduce your risk.

In Wales, there is a beautiful word: “Cwtch.” Literally, it means a hug, but in the Welsh language, it also conveys a sense of safety, warmth, and protection. It’s a cherished word, but in our hospitals, the instinct to “cwtch” our patients, especially our older, more vulnerable ones can sometimes come with unintended consequences. The result can be deconditioning.

RISKS & FACTS



WHEN YOU ARE UNWELL, FOLLOWING YOUR USUAL ROUTINES CAN BE DIFFICULT, BUT TRY AND FOLLOW THE BELOW EASY STEPS TO HELP AID YOUR RECOVERY

EAT - SLEEP - MOVE - REPEAT

EATING A WELL BALANCED, VARIED DIET CAN HELP KEEP YOUR SKIN AND BONES IN GOOD CONDITION AND LESS LIKELY TO GET DAMAGED.

WE ALL NEED TO **SLEEP** WELL TO GET BETTER AND STAY HEALTHY.

STAYING ACTIVE IN HOSPITAL, AND **MOVING** WHEN AND WHERE YOU CAN IS IMPORTANT TO PREVENT DECONDITIONING, REDUCE FALLS AND PRESSURE ULCERS.

BEING AWARE OF THE ABOVE AND **REPEATING** THESE DAILY WILL HELP YOU TO STAY HEALTHY AND GET YOU HOME QUICKER.

As we get older, we become more vulnerable. If a person over 80 years of age spends 10 days in bed, they may have 10 years of muscle ageing. Just 24 hours in bed may reduce muscle power by 2.5%. 7 days may reduce muscle power by 5-10% (NHS, 2017). However, by learning more about risk and prevention in this leaflet, our risk of deconditioning can be reduced.

WHAT ARE PRESSURE ULCERS?



Pressure ulcers are commonly known as pressure sores or bed sores. They most often affect people who are confined to bed or chair. Pressure ulcers can be superficial or deep and vary in appearance. The skin may be intact, appear as a graze or a deep opening in the skin. They usually occur over bony areas of the body, e.g. base of the spine, buttocks, heels, hips etc.

HOW ARE THEY CAUSED?

- Pressure – due to sitting or lying in one position for too long.
- Shearing (Dragging/Sliding) – caused by the body sliding down the bed or chair.
- Friction – caused by skin rubbing on the bed or chair
- Continuous use of devices such as oxygen masks

A pressure ulcer can take as little as one or two hours to form. There are many reasons why you may be at risk of getting a pressure ulcer:

- You have poor posture, have difficulty moving about, are elderly or weak, or have a serious illness or life threatening illness.
- If you are incontinent or you have trouble keeping your skin dry, your skin has lost the sense of feeling, for example because you are diabetic or have had a stroke, you have heart problems or poor circulation and most commonly if you are in bed most of the time or spend long periods in a chair.



WHERE CAN THEY OCCUR?

Pressure ulcers most often develop on skin that covers bony areas of the body such as, heels, ankles, hips, buttocks, tailbones, or areas where devices are used (such as braces, collars, masks, tubes, etc).

WHAT TO LOOK OUT FOR

SYMPTOMS INCLUDE:

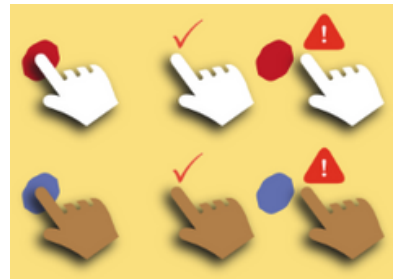
- Unusual changes in skin colour or texture
- Swelling
- Some bony prominences might seem cooler or warmer to touch than the other
- Tenderness over bony prominences
- Leaking fluid if there is a wound present

If you notice any red, purple, or blue areas on your skin, or have any parts of your body that are tender or sore to touch, be sure to tell a member of the team looking after you.

On darkly pigmented skin there may not be visible blanching, the colour may differ from the surrounding skin. The area may be painful, firm or soft. You can try a skin test to check:

Press a finger on a discoloured area of skin, then release.

- If the skin remains discoloured after the finger is released, damage may have occurred. This may soon worsen if the cause is not removed or reduced.
- If, after changing position and relieving pressure for 20 minutes, an area of redness remains, even if it still blanches this may indicate early skin damage.



FALLS AND RISKS

WHAT HAPPENS IF I FALL IN HOSPITAL

- You will be assessed by the medical and nursing team to identify how best to move you from the floor or area where you have fallen and a management plan will then be put in place to support you to move around safely.
- The medical team will assess you for any injuries, this may involve further tests such as an x-ray, scan or ECG and nursing staff will check your blood pressure, pulse and pupil reaction if required.
- We will try and establish why you fell, and if we cannot, we will refer you or signpost you to suitable services or information to help you to reduce your risk of falls where appropriate.
- We will review your care plan, which may identify further falls risk reduction interventions, or change elements of your care to prevent you falling again.
- We will complete an incident report with all the details of the fall and will inform your family or carers at the earliest available opportunity.
- If you suffer an injury as a result of your fall, we will investigate what happened to prevent future harm to patients.

Being in hospital does not mean we can completely prevent falls, but as a Health Board, we are committed to reducing the number of falls and injuries that occur as a result

While it's not possible to prevent all falls in hospital, working together we can reduce the chance of this happening. Research shows that teamwork among doctors, nurses, and therapists can reduce falls by 20-30%. You and your family can help by being aware of the risks and actions you can take.

REDUCING FALLS RISKS



Whilst in hospital, our staff will be looking out for certain things to help keep you safe, such as

- Ensuring patients can be heard if they need to call for help.
- Conducting simple vision assessments.
- Reviewing and adjusting medications if necessary.
- Providing walking aids if required.
- Measuring your lying and standing blood pressure.
- Recognising and screening for delirium and signs of cognitive impairment.
- Keeping your bedside environment clear from clutter and hazards.

WHAT CAN I DO?

- Tell any health care professional involved in your care if you've fallen in the past year.
- Use your call bell if you have one or ask a member of staff if you need help moving, especially when going to the toilet.
- Make sure your glasses are clean and used as prescribed. Ask for help if you have trouble seeing.
- Use your usual walking aid, keep it close by, and check for wear and tear.
- Never lean on hospital furniture as it's often on wheels.
- Sit upright for a few moments before standing and get up slowly.
- Do simple leg exercises before getting up to get the circulation going.
- Drink regularly and eat well. If you have a poor appetite, or need assistance with eating and drinking, be sure to let the nurse looking after you know.
- Make sure your slippers fit well and have good grip.

TOP TIPS TO PREVENT DECONDITIONING



Eat:

- Eat a varied and balanced diet.
- If you can, eat your meals sat in the chair.
- Clear your table, open a window if able, and wash your hands.
- Ask visitors to bring in snacks if they are willing.
- Tell us if you need help or have any dietary allergies, preferences or texture needs.
- Tell us whether you use different cutlery or cups. We can get you some to use.

Sleep:

- Maintain your sleep routine as best as you can.
- Avoid electronics and stimulants like caffeine before bed.
- Try meditation or music before sleeping.
- Use ear plugs.
- Turn off the bedside light.
- Move regularly in the daytime and eat a healthy diet.
- Talk to your doctor or nurse about sleep issues.

Move:

- Share your daily routine with us.
- If you are able, wash in the bathroom and dress in your own clothes.
- If able to, stand and walk around the ward or to the toilet.
- Use the patient TV / or visit the day room if available on the ward.
- Do chair or bed movements (see examples on page 10).
- Ask visitors to bring items from home: glasses, hearing aids, shoes, toiletries.
- Keep your brain active by reading, talking to others, listening to music and doing puzzles.

NUTRITION



Eat well and stay hydrated

It's important to make sure you're eating well and drinking enough fluids to provide you with energy. Eating a well balanced, varied diet can help you get all of the nutrients your body needs to stay strong and steady on your feet. Dehydration can make you feel dizzy, lightheaded and sometimes confused. Avoid consuming alcohol, as it may interfere with your medication and impair your balance and cognitive abilities.

Drink 6-8 glasses of water a day. You may need more if you are unwell or the weather is warm

If you have a poor appetite or notice you are losing weight without trying, e.g. notice your clothes getting looser, tell a member of the team who are looking after you, they can support you or refer you to a Dietitian if needed. You can also use this self-screening tool to check if you need some extra support.

 www.malnutritionselfscreening.org/self-screening.html

For more information about eating a well-balanced diet to help prevent falls visit:

 www.nhsinform.scot/healthy-living/preventing-falls

Eat calcium rich foods for more information visit:

 www.bda.uk.com/resource/calcium.html

Look after your bones

Stronger bones could make any injury you have much less serious, ensure you get enough vitamin D - It's difficult to get enough from diet and sunlight alone so consider taking a **10 micrograms** supplement.

Use a risk checker to find out more:

 www.theros.org.uk/risk-checker



EXERCISES

Staying active

As we get older our strength and balance can reduce. Exercises to improve muscle strength can decrease your risk of falling over.

Chest Stretch



Hip Marching



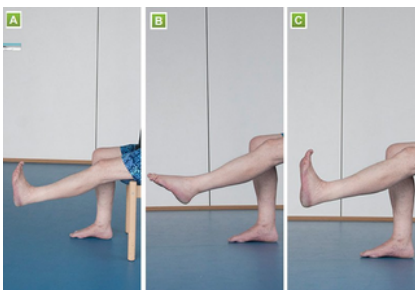
Leg Raise



Chair squat



Ankle Stretch



Upper Body stretch



Visit the NHS website for more exercises and information

 www.nhs.uk/live-well/exercise/sitting-exercises/

LET'S GET YOU HOME



We understand that no one wants to be away from home for longer than needed. The team will begin discussing getting you home from the start of your stay. This will help you and your family prepare for your return home.

There are risks associated with being in the hospital and therefore it is important for you to spend as little time as possible away from home. Sometimes your medical care or rehabilitation can be managed at home. There are community services that we may recommend referring you to who can support your recovery and rehabilitation at home.

ADVICE FOR FRIENDS, FAMILY & CARERS

- When visiting, encourage the patient to eat and drink well, move about and follow guidance from staff.
- If you feel that the staff need to know any important information about the patient, please let them know.

Help by looking out for symptoms of pressure damage:

- Red patches on light skin or blue/purple patches on dark skin over bony areas, pain or discomfort (burning/stinging) over bony areas, blisters, swollen areas or broken skin.

Help by being aware of falls risks:

- Checking the bed/seat area for obstacles, take home or move any belongings that aren't needed, report concerns about stability or behaviour changes, ensure the patient's call bell (if they have one), glasses, and walking aids are within reach.

NOTES & CHECKLISTS

GP Name and Contact

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Medication Review Date

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Next Appointment

.....

Other Useful Info.....

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Weekly Checklist:

- ✓ Clear bed area
- ✓ Exercise
- ✓ Drink water
- ✓ Healthy meals
- ✓ Foot check
- ✓ Eyes & Ears check
- ✓ Medication review
- ✓ Walking

This leaflet is available to view online here:

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