























The Mobility Gallery Booklet

Mobility Gallery Booklet overview

Using the Mobility Gallery Booklet can ensure that you speak the same language related to resident/patient functional mobility and when assessing the unmet needs of the different residents, patients and caregivers. It can help you pinpoint potential solutions to make a real difference to both quality of care and quality of work.

	Albert	Barbara	Carl	Doris	Emma
Long-term care					
Acute care					
Bariatric care					
Special care					



Long term care

Albert



Albert, a kind, quiet 75-year-old single man (82 kg), had a heart attack one year ago and has lived in the care home ever since. He tires quickly and often feels lonely and depressed. Outside the care home he only has a few friends, who seldom visit him. Although he is encouraged to go out, he stays in his room most of the day and rarely ventures outside.

He washes and dresses himself, and is also independent of carers in all other ADL (Activities of Daily Living). For stability he uses a walking stick, which he takes with him wherever he goes. Although he is capable of showering himself, he rarely does. When asked about it, he says washing is good enough and that he doesn't need to shower. During intake to the care home he told the nurses he used to shower everyday and enjoyed it.

Albert is continent. Recently, the nurses noticed that he does not drink enough fluids. When offered a drink, he usually drinks only half a glass or even leaves it untouched. One of the nurses suggested that he might be reducing his fluid intake to avoid having to go to the toilet.

- Ambulatory, but may use a cane or similar for support
- Independent, can clean and dress himself
- Can tire quickly
- Stimulation of abilities is very important



Long term care

Barbara

Barbara, an 82-year-old (62 kg) widow, has lived in the care home for three years. Her partner died seven years ago. In her working life she was a primary school teacher. Her children and grandchildren live nearby and like to visit her. She seems happy in the care home.

She has a combination of medical obstacles. Due to a heart condition, she occasionally gets very dizzy, and a rheumatic disease makes her joints, especially her knees, stiff and painful. She also gets tired quickly. Because of her dizziness and knee pains she is afraid of falling. The doctor encourages her to keep moving as much as possible: "If you rest, you will rust", he says.

Some guidance and minor support are needed during daily activities such as washing and using the toilet. At times when her joints are especially painful, she requests support. Her pain level changes from time to time. She is not incontinent, but it is becoming a problem for her to get to the toilet in time. On these occasions she is exhausted and her knees hurt. Sometimes it is necessary to stay with her during these activities, just to be sure.

Barbara takes a shower every day and bathes twice a week. Showering in particular makes her very tired for the rest of the day. She takes pride in her appearance, chooses her clothes with care and spends time on doing her make-up and hair. Being able to do this gives her satisfaction, but it is also tiring.

She uses a walking frame and gets around the home regularly, especially to visit a woman she has become good friends with. When the weather is good, she likes to take a walk in the garden. This has recently become a problem for her and she can't do it anymore. Her children have suggested the use of a wheelchair, so she can go out a little more. She is against this and would rather stay inside than go out in a wheelchair. Her 12-year-old grandson was disappointed, because he does not want to stay inside all the time. "It is too hot in her room" he complains and wants to take his grandmother outside.

- Uses walking frame or similar
- Can support herself to some degree
- Dependent on carer who is present in demanding situations
- Not physically demanding for carer
- Stimulation of remaining abilities (e.g. ambulation) is very important





Long term care

Carl



Carl, an 80-year-old carpenter, used to live near the care home. He was a strong man who enjoyed life to the full. Two years ago his partner died. He seemed to cope well, but one year ago he had a stroke. After being in the hospital for one week, he stayed in a rehabilitation centre for three months. He recovered somewhat, but not enough to live independently, which is why he was admitted to the care home, where he has been for six months. Now and then he has a very difficult day.

He cannot accept his present condition. At times he lashes out aggressively, both verbally and physically, at the nurses. Some of the nurses find it difficult dealing with him, because of his aggression, strength and weight.

His children phone him regularly. They only visit him once a month, as they live a long way from the home. Carl is hemiplegic, the left side of his body is paralysed. He can stand a little on his left leg and has limited control over his left arm. Now, he does practically everything with his right hand and has adapted to this well. A physiotherapist is training him to walk again using a walking aid.

He is determined to walk again, but the physio-therapist is not sure that he will. Progress is slow and his balance and coordination are still severely affected. At the moment he gets around in his wheelchair, which he drives with his right leg and right arm.

He often bumps into people and furniture, and gets frustrated by this.

At over 90 kg, Carl is a heavy man. When he gets out of bed he needs considerable support to transfer to the wheelchair. For this reason, and for Carl's safety, a standing and raising aid is used. The nurses have to move the standing and raising aid to the right side of the bed. He gets to the side of the bed with the help of a turntable and trapeze. In the morning he goes to the toilet and is showered – on a height-adjustable shower chair – receives help with dressing and gets into his day wheelchair.

Although he is continent, sometimes he does not notice in time that he needs to go to the toilet. On these occasions he wets his trousers. He is embarrassed and worried about it. Carl spends much of his day in his chair, and is unlikely to change his position. This situation creates a high risk for pressure ulcers, therefore he may need assistance to move or stand for a short period every hour or so. When this repositioning schedule is combined with a pressure-redistributing cushion, Carl will receive greater protection from tissue injury.

Carl likes to go down to the main living room to meet other people and also goes into the village. Before leaving the home he always goes to the toilet.

- Sits in wheelchair
- Is able to partially bear weight on at least one leg
- Has some trunk stability
- Dependent on carer in most situations
- Physically demanding for carer
- Stimulation of remaining abilities is very important



Long term care

Doris



Doris, an 80-year-old woman, used to be a professional nurse. She worked until the age of 65. Doris knows and respects her limits and treasures her privacy very much. When anyone tries to get too close to her – emotionally or physically – she backs away. She likes to be on her own most of the time. Among the residents there are a few who clearly dislike her. They say she is “bossy”, “dominant” and tries to take control of their lives. On the other hand, several other residents respect her very much and like to depend on her for all sorts of things.

She weighs 90 kg, and due to her passivity, transfer are very strenuous. transfers are very strenuous. Doris is double incontinent. At present her incontinence level is maintained by using the toilet, but this is becoming a problem. She is increasingly passive and it is now more difficult to transfer her to the toilet. Some of the nurses say it is too difficult to continue using this procedure. There are also other signs that she is deteriorating; she becomes disoriented about time and place.

As she has no capacity to bear her weight, a passive lift is used for transfers. To make this passive transfer more efficient, her personal sling is left in the chair all the time. When she gets tired, she tends to slide down in her chair. She is unable to get back up into a sitting position by herself. Doris is taken to bed in the afternoon to rest for a while. She cannot sit for too long in any case, as osteoporosis makes her back hurt. Lying down also relieves pressure on the sensitive skin on her bottom.

In bed, she has difficulties turning from side to back and vice versa. She does not have the strength for this and the movement involved is also becoming painful for her. The powered adjustments of the bed helps her to get into a sitting position. Assistance is needed for her to move around in bed (turning sideways and moving up the bed). Her skin is a little red and sore in some places. The nurses have expressed their concern that pressure ulcers could develop. She now needs extra attention on her skincare and frequent assistance to ensure mobility in bed.

Doris does not consider her appearance to be important. She needs encouragement to do her hair, refuses to cut her nails, does not use makeup and wants to wear the same clothes day after day. She can wash her own face and upper body while sitting in her wheelchair. However she needs someone else to pass her a towel and soap to encourage her to wash. Assistance is required for washing her lower body. Because of her weight, passivity, incontinence and sensitive skin, it is important that she is washed properly and regularly.

Her daughter lives nearby and visits every day. Doris wants a lot of attention from her daughter, who finds it a demanding relationship. During visits, there have often been arguments between mother and daughter about trivial things. This seems to have got worse over the past few weeks. Doris has a friend on one of the other units. She goes to visit her as much as she can. They usually go down to the restaurant to have a chat and look at the people passing by.

- Sits in wheelchair
- No capacity to support herself
- Cannot stand unsupported and is unable to bear weight, even partially
- Dependent on carer in most situations
- Physically demanding for carer
- Stimulation of remaining abilities is very important



Long term care

Emma



Emma, an 86-year-old woman, used to run a small grocery shop with her partner. Her favourite hobby was gardening. She has been living in a care home for two years. At home she was not able to take care of herself anymore and began to show increasing symptoms of Alzheimers dementia. She forgot people's names and where she lived. In winter, she went outside in the bitter cold without a coat on. An additional problem was that she became double incontinent. There were no children to help her and her partner has a heart problem.

After she was admitted, her health improved slightly. She seemed to be happy, less confused and even gained a little weight. However, her condition has worsened over the past year. Emma has not communicated verbally for a few weeks and has hardly reacted to anything that happens around her. She is double incontinent, barely eats or drinks and has severe contractures. Her weight is decreasing and at the moment she weighs 42 kg. She is in bed for 22 hours a day. Because of her contractures, immobility and minimal food and drink consumption, there is a risk of developing pressure ulcers. Her skin shows the first signs, as it is red and painful. Therefore, she is being nursed on a pressure redistributing mattress.

During care routines, she cries out if the nurses attempt to move her. It has become increasingly difficult to take care of her without causing pain. She is very thin and her contractures limit proper care. There are signs on her skin of pressure ulcers and her muscles are very tight (hypertonic). To give her some stimulation, she is transported in a special, tilted chair to the central living room, where she spends two hours each day. There is a large cage with tropical birds there, and she seems to like their coloured plumage and birdsong, although it is

not certain that she does. The people that pass by also add a little variety to her day. Her partner tries to visit as often as he can, but it is demanding for him. She does not respond to his coming or going anymore.

The transfer from bed to the special chair is performed using a sling lift. Her personal sling is left in the chair and she remains on the sling in the chair. For hygienic reasons, she has a spare sling. She is not toileted anymore and no attempts are made to promote continence. Throughout the day and night she uses the highest level of incontinence pads. These are changed whenever necessary, although efforts are made in order to avoid unnecessary stress. The type of clothes she now wears permit easy dressing and undressing. In the morning she is showered on a shower trolley and her clothes and incontinence pad are changed.

Twice a week she takes a bath. Emma finds the process of undressing confusing. She does not understand where she is going and what is going to happen. Nevertheless, once she is lifted into the warm water of the bath, she relaxes quickly and seems to enjoy it. In the bathroom there is pleasant soft lighting and relaxing music. During the bathing session there are good conditions for hygienic care. It is remarkable that after the bath she remains relaxed for a while and seems to feel comfortable.

- **Passive**
- **Might be almost completely bedridden**
- **Often stiff, contracted joints**
- **Totally dependent**
- **Physically demanding for carer**
- **Stimulation and activation is not a primary goal**



Acute care

Albert



Albert, a kind, quiet 70-year-old single man (82 kg), had a heart attack one year ago and has lived in the care home ever since. He tires quickly and often feels lonely and depressed. Outside the care home he only has a few friends who seldom visit him. Although he is encouraged to go out, he stays in his room most of the day and rarely ventures outside.

He washes and dresses himself, and is also independent of carers in all other ADL (Activities of Daily Living). For stability he uses a walking stick, which he takes with him wherever he goes. Albert is continent. Recently the nurses in the care home have got the impression that he is reducing his fluid intake to avoid having to go to the toilet.

Today he is being taken to the local hospital to have a general medical check up. One of the elderly volunteers from the care home, Jenny, accompanies him, as he

feels it will be too much for him to go alone and is afraid of getting lost in the hospital. She has played a similar role before and helps him with things like the taxi, his insurance papers and the appointments. After they arrive, he uses one of the hospital's wheelchairs because several tests need to be done and long walking distances are involved. He keeps his walking stick with him in the chair.

After one of the tests he suddenly needs to go to the toilet and seems to panic a little. He says he is afraid of wetting his trousers and suddenly starts to get out of the wheelchair without using his walking stick for support. Jenny does not really know what to do and asks for help. However, it is too late and despite the efforts of a nurse to keep him on his feet, Albert falls on the floor.

- **Ambulatory, but may use a cane or similar for support**
- **Independent, can clean and dress himself**
- **Can tire quickly**
- **Stimulation of abilities is very important**



Acute care

Barbara

Barbara is 42 years old and lives with her partner and daughter. She is a primary school teacher, but due to her flare up of Rheumatoid Arthritis, she is currently on sick-leave.

She has a combination of medical obstacles. Due to a congenital heart condition, she occasionally gets very dizzy and a rheumatic disease makes her joints, especially her knees, stiff and painful. She also gets tired quickly. Because of her dizziness and knee pains she is afraid of falling. The doctor encourages her to keep moving as much as possible: "If you rest, you will rust", he says.

Some guidance and minor support are needed during daily activities such as washing and toileting. At times when her joints are especially painful, she requests support. Her pain level changes from time to time. She is not incontinent, but it is becoming a problem for her to get to the toilet in time. On these occasions she is exhausted and her knees hurt. Sometimes it is necessary to stay with her during these activities, just to be sure.

Barbara takes a shower every day and bathes twice a week. Showering in particular makes her very tired for the rest of the day.

Today, Barbara is going to the hospital to have an ultrasound test relating to her heart problem. She is a little anxious about the day. To be on the safe side, she uses a wheelchair and makes the journey in her own specially adapted vehicle. When she arrives, her partner uses Barbara's wheelchair to bring her to the ultrasound department. The next step is a transfer from the wheelchair to the examination table. She is able to stand up from the wheelchair and sit on the edge of the table. But, even though the table is height-adjustable, Barbara is having problems. She finds there is not much to hold on to and the table's surface, covered with paper for hygienic reasons, is a little slippery. She cannot get her feet up on the table and is close to the edge. After a few attempts she is getting tired and insecure. The nurse calls for assistance.

- **Uses walking frame or similar**
- **Can support herself to some degree**
- **Dependent on carer who is present in demanding situations**
- **Not physically demanding for carer**
- **Stimulation of remaining abilities (e.g. ambulation) is very important**





Acute care

Carl



Carl, 76-year old, loves walking in the countryside with his partner and dog. On a walk in the woods near his home, he blacked out and fell. He collapsed to the ground and fell down a small bank landing heavily at the bottom and hit his body on the base of a tree. He needed to be air lifted to the local hospital.

The cause of the blackout has not yet been found, but a suspected seizure is likely. As a result of the heavy fall and hitting the base of the tree, the right side of his pelvis was fractured.

After surgery and nearly three weeks in the hospital, he is now finally making progress towards recovery. The internal injuries are still causing pain and make him feel weak. Although he is very unstable and has lost a lot of strength, he is now allowed to gradually start mobilising again.

Carl seems to be slightly depressed and lacks confidence in his recovery. He often says things like: "I will never be able to hike again" and "Look what has happened to me, I really feel like an old man now." His doctor has said that in a few days Carl will be allowed to go home for further convalescence. Carl reacted negatively to the news, as he does not feel ready to return home and does not want to put extra strain on his partner if they had to care for him.

He still needs considerable support with almost every daily activity in hospital. He needs help with transfers to the toilet and to and from the wheelchair. An active lifter is used to help him, and the physiotherapist has asked the nurses to stimulate participation during these transfers. The nurses will encourage him to take weight on his own legs again and positively reinforce him while he is trying. This morning, his therapist suggested he should start using a standing aid because she considers he now has enough strength for this. However, Carl refuses as he is afraid of falling when using the standing aid. He complains that: "Everyone is pushing me, but I am not ready. I don't feel well enough yet."

As Carl is still relatively immobile and his depression makes him less inclined to move, he is vulnerable to developing a pressure ulcer. For this reason, his chair is fitted with a special pressure-redistributing cushion and his care plan includes postural repositioning and/or standing with assistance.

His partner wants to get him home as soon as possible. However, she is worried that she will not be strong enough to help him or to stimulate his mobility sufficiently.

- **Sits in wheelchair**
- **Is able to partially bear weight on at least one leg**
- **Has some trunk stability**
- **Dependent on carer in most situations**
- **Physically demanding for carer**
- **Stimulation of remaining abilities is very important**



Acute care

Doris



Doris, a 59-year-old woman, was admitted to hospital due to being involved in a road traffic accident. Whilst driving, her car was hit from behind causing her to drive into oncoming traffic. She needed to be removed from her car by emergency services and suffered multiple internal injuries to her chest, ribs and also knee and sustained pelvic injuries. Doris lives at home alone but is very close to her sister who lives nearby.

Doris has undergone surgery to stabilise her pelvic and knee fractures and is now making good recovery after spending 2 weeks in the ICU. She has now been moved to a general ward however as the fractures are on both sides of her body. Due to her other injuries, Doris has spent the last weeks in bed. Now that her fractures are more stable, she is able to sit herself into a more upright sitting position even though she tires easily and just sitting for long periods can exhaust her.

However, she is still highly vulnerable to pressure damage and her care plan includes physical repositioning every 2 hours, day and night. A care plan has been drawn up to address her needs without compromising the health of the nurses involved. The plan encourages her to use the muscles in her arms and legs, but keeps her pelvis stable.

This morning she went to the diagnostic department for an xray to establish the degree of recovery and progress. The transfer from the bed to the examination table involves a passive lift and attached horizontal stretcher. Yesterday her doctor told her she can start mobilising very carefully over the next two weeks. Her physiotherapist coaches her during this period. Doris is very happy that finally there is some progress, and is very eager to get out of bed.

In spite of these steps forward, she still has to remain in her bed for most of the day. She can start sitting up for short periods and begin standing up with partial support. Substantial support is needed if she wants to move or make a transfer, as her muscles are weakened, as she gets dizzy and is nervous of falling.

Doris's sister will be visiting this afternoon and she wants to take her down to the restaurant in a wheelchair.

- **Is able to sit in a wheelchair**
- **No capacity to support herself**
- **Cannot stand unsupported and is unable to bear weight, even partially**
- **Dependent on carer in most situations**
- **Physically demanding for carer**
- **Stimulation of remaining abilities is very important**



Acute care

Emma



Emma, a 68-year-old woman, was admitted last night to the emergency room after collapsing at home with a major heart attack. On arrival, she was transferred from the ambulance trolley to the examination table and from there to the surgical department.

She had to undergo emergency open-heart surgery in order to receive a quadruple heart bypass. The operation was carried out early this morning and she is now on her way to the ICU. The operating room alerted the unit and everything is now being prepared for her. Although the surgical procedure was successful, there were some complications, mostly due to the fact that she was in poor physical shape before the operation. She is a heavy smoker, takes no exercise and she also has high blood pressure and previously suffered minor heart attacks in the past three years requiring her to take medication and be monitored.

At the moment she has some fluid around her lungs, which was already present when she was admitted, and her heart rhythm is irregular. She also had severe blood loss and was given a blood transfusion. It was decided to

keep her sedated for the next 24 hours to see how the situation develops. Emma arrives unconscious at the ICU and is transferred to a special ICU bed. She has several tubes, control devices and a catheter attached to her and has to remain supine during the transfer. Although she is breathing on her own, she is having difficulties and receives extra oxygen. Every 24 hours an X-ray will have to be taken to check her chest and the build up or reduction of fluid.

Emma has the highest risk of pressure injury to her skin and will need to be handled very carefully to avoid friction and shear when being routinely repositioned for pressure area care. Although she has a specialist pressure redistributing mattress, she also has a repositioning schedule and is moved or turned every two hours to help her respiratory and urinary systems and help prevent pressure damage to her skin.

Her family is coming to visit her shortly.

- **Passive**
- **Might be almost completely bedridden**
- **Often stiff, contracted joints**
- **Totally dependent**
- **Physically demanding for carer**
- **Stimulation and activation is not a primary goal**



Bariatric care

Albert

Albert, a 35-year-old man, was admitted a year ago for gastric bypass surgery, necessitated by his extreme overweight (BMI > 40). Before hospitalisation, he had already lost 40 kg. After surgery he lost another 55 kg. Although Albert feels a lot better and is still losing weight, he is still overweight (BMI = 39).

Due to the weight reduction, his skin folds have gradually become too large. Last week he underwent plastic surgery to reduce the excess of skin and minimise the skin folds. The operation was a success, but the skin is still very delicate, especially in sensitive places. The stitches have been removed and he has permission to take a careful shower from now on. Painkillers are still necessary to cope with the pain. Nevertheless, he is in a good mood and happy that the last part of his treatment is over. He wants to get home and back to normal as soon as possible.

He complained of dizziness this morning. However, his blood pressure and other physical test results appear to be normal. The problem perhaps stems from a combination of late side effects of the narcotic drugs used during surgery, his extreme weight loss over the past months and side effects of the painkillers he is currently taking. He is also a mild diabetic, but his glucose level was stable.

Albert does not use a walking aid or wheelchair. Albert's caretaker Betty is asked to help him take a shower, check his skin condition and provide good skin care. Because he is still in pain, Albert also needs help to get undressed. Betty has wheeled him to the bathing area for the shower in a special mobile shower chair.

After Albert stands up, Betty notices he is slightly unsteady and looks a bit pale. Betty is prepared to step in to ensure safety and has checked to see if anything needs to be moved out of the way in the event that something happens.

- **Ambulatory, but may use a cane or similar for support**
- **Independent, can clean and dress himself**
- **Can tire quickly**
- **Stimulation of abilities is very important**



Bariatric care

Barbara



Barbara, a 27-year-old woman, works in the ticket office of a football stadium. She has been overweight since puberty. Over the past 15 years she has steadily put on weight. Occasionally she has been on a diet, only to return to her previous weight after a short while and then increase in weight again. At the moment she weighs over 300 kg.

Being overweight has severely affected her daily life. Barbara lives on her own in a house near the centre of a small town and has a very limited social network. She tends to rely on her mother to look after her and checks with her first before making any decisions. She is an attentive woman of 55, who is obviously worried about her youngest daughter. Her mother visits her daily, cleans the house and washes her clothes. For the past six months she has been off work quite frequently and this worries her. She could not find a way to address her problems even though her family urged her to seek help.

The situation worsened two weeks ago when she was in severe respiratory distress and her hands and feet started to swell considerably. She was also very anxious. It was unclear if there was a somatic reason for her breathing problems or if the stress of the whole situation became too much for her. With the support of her family, she consulted her doctor, who concluded there was an evident connection with her overweight. There did not appear to be a medical reason for her obesity, although her cholesterol levels were far too high. In addition, her basic physical condition is very poor and far below average for her age. She can barely stand up and walk, and needs considerable support from a walking frame to go to the toilet.

In consultation with Barbara, it was decided two weeks ago that it might be a good idea to put her on a special behavioural management programme to reduce weight and develop healthy eating routines. She will also need to considerably improve her physical condition. Medication has been prescribed to relieve her breathing problems and reduce the oedema. However, firstly she needs to take a full set of physical and psychological tests to rule out any additional medical problems, check her vital functions and assess her psychological state.

She was admitted this afternoon and seems very nervous and anxious. In particular, she is afraid of anything that relates to medicine or doctors. Things like needles make her extremely nervous and she becomes slightly aggressive and combative if anyone tries to carry out tests on her, such as taking a blood sample.

Perhaps as a result of this, her respiratory distress seems to be starting up again. She is transported to the radiology department sitting in a special bariatric wheelchair. When she arrives there, she suddenly needs to urinate urgently and stands up to walk to the bathroom. The nursing aide who accompanies her notices that there is only a porcelain toilet, which is usually not suitable for patients weighing over 150 kg. There is no special bariatric toilet. Barbara then begins to panic a little.

- **Uses walking frame or similar**
- **Can support herself to some degree**
- **Dependent on carer who is present in demanding situations**
- **Physically demanding for carer**
- **Stimulation of remaining abilities (e.g. ambulation) is very important**



Bariatric care

Carl



Carl, a 35-year-old man, is severely overweight and has been in the bariatric unit of a large urban hospital for one week. He was admitted because of kidney problems and needs an operation urgently. Nevertheless, due to his present condition it was decided that surgery would be more successful if it was postponed until his medical problems are more stable. More tests also need to be done.

Most parts of his body are affected by severe oedema. His heart is barely coping and shows symptoms of cardiac failure. He was put on medication to support his renal and cardiac functions and this seems to have helped. He has been a diabetic since early childhood. The combination of medication therefore needs to be balanced and effective before successful surgery can be performed.

This morning he complains of pain "everywhere". At home he had created some sort of customised bed, but at the moment he is on a special bariatric bed and mattress. Apparently, he finds this less comfortable. He uses a special abdominal binder to support his body when sitting, but this is not used in bed.

His exact weight is not yet known, but it is estimated to be over 300 kg. On admittance, his hygienic condition was poor. Apparently he could not take proper care of himself anymore.

His skin shows signs of infection, especially in the perineal area. He appears to have been double incontinent, although this is probably a result of not being able to reach the toilet in time. An active intervention is needed to keep his skin intact, clean and healthy.

Before any further activities are undertaken, it is decided to give him a full body wash on the bed. Washing him is a very strenuous activity. A special washing agent is used rather than soap and water. The bed is not put in a Trendelenburg position due to his cardiac problems.

Firstly, the abdominal binder is used to get good access to the perineal area and he is given a proper wash. After this procedure, which Carl finds very tiring, he is dressed in a special gown. A passive lift is used for transfers. The lift is specifically designed for bariatric patients and a special bariatric sling provides support. This sling is left under him, as it is too strenuous to remove it at this point and can be taken away later.

This afternoon the surgeon will visit him and the first steps of the protocol for bariatric surgery have been taken. Special precautions need to be taken to ensure that transfers and the operating table are safe for a bariatric patient like Carl.

- **Sits in wheelchair**
- **Is able to partially bear weight on at least one leg**
- **Has some trunk stability**
- **Dependent on carer in most situations**
- **Very physically demanding for carer**
- **Stimulation of remaining abilities is very important**



Bariatric care

Doris

Doris, a very obese 37-year-old woman, and weighs 254 kg. She was admitted this morning after experiencing breathing difficulties and an irregular heart rhythm. The hospital has arranged a special bariatric bed and wheelchair for her. Taking Doris to hospital posed difficult problems for the paramedics at every stage: getting her out of her home, aboard the ambulance and into the hospital. Special equipment had to be used, assistance was called in from the fire department and in total, six assistants were involved. Doris was very embarrassed by all this attention and did not want to go to the hospital. However, her medical condition was too severe to let her stay at home.

She has been living on her own since her partner and children left her five years ago. Since these events, she has suffered from depression and been neglecting herself. She gave up cooking and ate more and more takeaway junk food, which she had delivered to her home. Although she has been overweight all her life, her weight increased considerably over the last five years. Her obesity also started to cause her problems at work. Even simple activities such as walking around and talking to customers became too difficult and she did not reach her sales targets. Two months ago she was fired.

After this shock she went home, isolated herself, and has rarely left the house since then. Her ex-partner checked on her every five days or so. He brought her fresh and healthy food and urged her to see a doctor. Although she accepted the food, she did not seek medical help. This morning she was found on the floor of her living room. She could not stand up anymore. It was also noticed

that she was very dirty, as she had not washed herself for a few days or been to the toilet for a day or so. Her medication was untouched.

Now Doris is back on her medication, has taken a drink of water, so she feels a little better and is able to communicate fairly well again. She is sitting up in bed and has less trouble breathing. The doctor has given her a general examination and ordered some further tests for her heart and blood. These results will be available later in the day.

In the meantime, Doris needs to be washed. She has developed skin problems. There is red irritation in some of her deeper skin folds and the first signs of pressure ulcers are appearing. At the moment, the nursing team is discussing the best way to wash her and provide skin care. They will also have to change her bed linen, as it is soiled. One suggestion is that she should be transferred from the bed to a special wheelchair, but some of the nurses argue that it is better to carry out the care routines on the bed.

This afternoon she will be taken to have an X-ray. She will then have to be transferred to an examination table. Because of her weight, special precautions will need to be taken to ensure safety. The radiology department has already been contacted to check if the table will hold Doris's weight.



- **Sits in wheelchair**
- **No capacity to support herself**
- **Cannot stand unsupported and unable to bear weight, even partially**
- **Dependent on carer in most situations**
- **Extremely physically demanding for carer**
- **Stimulation of remaining abilities is very important**



Bariatric care

Emma



Emma, a 52-year-old woman, was admitted to the nursing home from the hospital, where she had stayed for two weeks. She has often been in hospital over the past two years. Emma is a bariatric patient who has developed serious medical problems in addition, or perhaps as a result of, her extreme overweight.

The reason for her excessive weight is not known. Emma herself stated that her whole family has always been "the strong kind". She does not seem bothered by her weight and is proud to be such a 'strong woman' herself. Despite her present very serious condition, she wants to look good and takes proper care of herself. However, last week it became evident that her condition is rapidly declining. In spite of all efforts, her heart problems mean that she will probably not survive another month. Her heart is carefully monitored and her medication is adapted accordingly. However, nothing seems to help and her condition is deteriorating.

Special wedge-shaped foam pillows are used to give her good bodily support and change her position in bed. Using these pillows reduces pressure on sensitive skin areas. Even so, her skin shows the reddish signs of pressure ulcers and some areas are extremely painful. Due to this, she may switch to a special alternating pressure mattress soon.

Emma can sense that she is approaching the end of her life, but emotionally she is not prepared and she becomes easily agitated. One moment she can be

aggressive or emotional and the next she is very sad and starts crying. Behaviour such as shouting, crying and even hitting the carer is not uncommon and these episodes have increased in frequency and duration.

Her nursing care plan contains a thorough strategy to provide good, comfortable, palliative care. Medical interventions are to be limited as much as possible, unless absolutely necessary. She now wears the highest level of incontinence pads.

The standard bariatric bed she was using has proved to be slightly too wide for the nurses to provide optimum care, so a narrower bed is brought in. Transferring her to this bed requires a horizontal transfer. Her bed linen is changed at the same time. A special passive bariatric lift is used for the transfer. The chosen method is to remove the bed from under Emma and move the new bed into place, rather than move the lift with Emma on board. Before Emma is lowered again, the opportunity is taken to provide special skin care for areas of her body that are difficult to reach. Despite the care taken to handle her gently, she is very combative.

This morning Emma hit the nurse who was taking care of her. In spite of her poor health, she can still be very strong during these brief episodes. Ten minutes later she is very sorry about what she has done and is crying in bed.

- **Passive**
- **Might be almost completely bedridden**
- **Often stiff, contracted joints**
- **Totally dependent**
- **Extremely physically demanding for carer**
- **Stimulation and activation is not a primary goal**



Special care

Albert



For the past five years, Albert has lived with five other residents at a sheltered accommodation complex in a medium-sized town. Generally speaking, Albert is a friendly, quiet man of 27, who values his freedom and modest possessions. He is mentally disabled. At times, however, he may become slightly aggressive. This mostly occurs when he thinks people are teasing him. On one such occasion he actually hit a group leader. He is always remorseful about these episodes afterwards.

Albert's parents are still alive, but they are old and frail. They don't visit often and Albert is not able to travel independently to see them. He has a partner called Elke. They enjoy listening to music, take walks together and go shopping. They live in separate houses, a few hundred metres apart, at the same complex.

Albert and Elke would like to throw a party, as it is their first anniversary of 'being together'. Elke would like to have a huge party and invite all their friends and family. Although Albert likes the idea, the more enthusiastic Elke becomes, the quieter Albert is.

It is now 10 a.m.. Elke will be visiting this afternoon. She rang fifteen minutes ago to tell Albert she has more new ideas and plans. Albert is clearly unsettled by it all. He would prefer to sit quietly in his room and listen to some music. As a rule he goes to work at 11 a.m. to the garden centre up the road.

Albert is fully ADL-independent. However, he does tend to take the easiest option. He needs to be reminded to wash in the morning or put on clean clothes, or else it won't be done. Showering is not his favourite activity and he feels once a week is more than enough. In most cases this involves getting wet for a few seconds and then quickly drying himself. He really hates it. According to Albert, he is afraid soap might get in his eyes, but everyone laughs at him when he says this. Albert should wash his hair twice a week as it looks unkempt and greasy. This subject has caused arguments in the past with Anne-Marie, his personal care assistant. They came to an agreement that he would wash his hair twice a week, but he has not done this for the past few weeks. Albert is afraid Anne-Marie will make an issue out of this. The other five residents get involved too. They know Albert has not kept to the agreement and they tease him about his "childish behaviour". Albert becomes more and more tense.

When unsuspecting Anne-Marie comes in to begin her shift at 10.30 a.m., Albert immediately confronts her. "Don't think you're the boss around here!" he shouts. "I won't do it!" He starts to pace up and down restlessly and throws around a few plates that were left on the kitchen table after breakfast.

- **Ambulatory, but may use a cane or similar for support**
- **Independent, can clean and dress himself**
- **Can tire quickly**
- **Stimulation of abilities is very important**



Special care

Barbara



Barbara, a 10-year-old girl, has been attending the Pinocchio day-care centre on a daily basis for a year. She lives with her parents and two sisters in a residential area that has lots of young children. The eldest of three children, she developed slower than other children of her age, which was a cause of concern for her mother. When she was one year old, doctors diagnosed her with a rare muscular disease. Barbara's muscles will slowly deteriorate until she will eventually pass away of her illness.

Around two years ago Barbara's mother, Anna, noticed that walking was starting to become more of a problem for Barbara. Since then, her condition has deteriorated. Barbara is no longer able to attend a normal primary school, as this became too difficult for her. She really enjoys going to the day-care centre.

Barbara knows she is ill, but she doesn't fully comprehend, or appears not to fully comprehend, the reality of her situation. However, she remains a cheerful girl who knows how to have fun. Now, Barbara is no longer able to walk distances of more than 2 metres. For this reason she always arrives in her wheelchair in the mornings. She is very proud of her brightly coloured wheelchair. In addition, Barbara has a three-wheeled bike, which she can cycle around on. The day-care centre also has several of these trikes.

At the day-care centre, Barbara spends a lot of time playing and she enjoys contact with the other children. Computers play a large part in the children's play activities. She plays well when sitting in her electric wheelchair. She has one particular friend, Marcel, who also sits in a wheelchair. They play ballgames together seated in their wheelchairs.

Recently, Barbara has become urine incontinent. This makes her very upset and she will not admit when she is wet. The group leaders have tried to help her cope with the new situation. She has now reached a stage where she will accept the use of incontinence pads. Changing these pads when Barbara goes to the toilet is rather difficult for the care staff, as she is very small and cannot stand for long. Mary, the group leader, suggested she should get onto the changing table. There is a small ladder up to the table, but Barbara, who weighs 32 kg, doesn't like the climb. Barbara is now trying to change her own incontinence pads, but this is not always successful and when the pad doesn't fit properly, it leaks. Consequently, Mary feels Barbara should make the effort to climb onto the changing table, so that she can check the pad fits correctly.

As Barbara's illness progresses there is an increasing risk that she will develop a pressure ulcer; a condition strongly linked to immobility and incontinence. It is really important right now to keep her skin as strong and healthy as possible by encouraging her to be as active as she can and by helping her to keep her incontinence pads clean and dry.

The children go swimming three times a week in the day-care centre's pool. Barbara's dressing and undressing routines at the sessions are becoming quite a problem. She doesn't want any help, but it takes her so long to get ready that she holds up the rest of the group.

Barbara has physiotherapy twice a week. This is aimed specifically at strengthening the muscles and maintaining her condition and stamina at an optimum level.

- **Uses walking frame or similar**
- **Can support herself to some degree**
- **Dependent on carer who is present in demanding situations**
- **Not physically demanding for carer**
- **Stimulation of remaining abilities (e.g. ambulation) is very important**



Special care

Carl

Carl, a 52-year-old man, is mentally and physically impaired, and has lived at a care home since his parents died three years ago. He enjoys living there, and has thrived since his arrival.

He has the mental age of a 10-year-old and suffers from a number of physical problems. Carl can't walk and is unable to stand, although he does have limited standing ability using the extensor spasms in his legs. His torso balance is good and he can sit independently, although this requires an effort.

Since his youth he has been incontinent of urine and faeces. A year ago he needed to have a colostomy, which requires particular care.

Weighing over 100 kg, Carl is a large man. The doctor has urged him to lose weight, not least because of his bowel problems. Dieting attempts have been made, but because Carl enjoys his food so much there has been no success. He can become very angry when others point out to him that he is overweight.

Although he should not eat certain types of food, he tends to ignore this. This means he frequently has bowel problems and often needs to be changed. This also complicates care relating to his colostomy. Due to his weight and restricted movement, he also suffers from high blood pressure and occasionally has difficulty breathing.

Assisting with Carl's daily care is, to put it bluntly, hard work. He can come to a semi-standing position with the support of an active lift, which is used as much as possible for transfers. The care routines for his colostomy and incontinence are also very taxing for the carers. This aspect has now been made slightly easier by using a heightadjustable shower chair with care function.

Carl sleeps in an electrically-operated, heightadjustable bed. In the morning at 11 a.m. it is time to go to occupational therapy, where he takes part in a number of activities. He is taken there in the care home's mini-van, which is adapted for wheelchair users.

Today, Carl is having a day out. He has been looking forward to it, but didn't sleep very well. After tossing and turning, he ended up at the bottom of the bed. When the group leader comes into the bedroom, Carl is angry and complains. He says he has a 'thumping headache' and wants to be left alone. It is not easy persuading him to get up. There is a lot to do – getting him out of bed, washing and changing.

- **Sits in wheelchair**
- **Is able to partially bear weight on at least one leg**
- **Has some trunk stability on carer in most situations**
- **Physically demanding for carer**
- **Stimulation of remaining abilities is very important**





Special care

Doris

Doris, a 24-year-old woman, has been both physically and mentally impaired since birth. She has the mental age of an 8-year-old. Doris lives in a house with eleven other children of a similar age.

Communication with Doris is very difficult. Outwardly, she shows hardly any emotion. There is little response and rarely a sign of pain, sadness or happiness. However, her parents and sister Brit are able to communicate with her quite well about everyday matters. Her mother visits every other day.

Virtually comprehensive ADL support is required. Doris is slowly deteriorating, especially physically, and can do less and less. In addition, she is developing a number of deformities caused by muscle spasms. Although operations have been performed, significant problems remain. The medication she has taken for years to counteract the problem has the disadvantage of making her quite drowsy. She cannot stand and must wear incontinence pads at all times.

Doris, who weighs 44 kg, is unable to eat independently, as she chokes easily and there is a considerable risk this will cause pneumonia.

Apart from horse riding, Doris also enjoys multisensory environments (Snoozling) and responds remarkably well. Ceiling lifts are used for transfers, so she can be in the ball pond or on a special mattress. When she is around the horses or involved in multi-sensory

activities, Doris appears to relax her rigid posture and passive countenance. Attempts were made to take Doris swimming, but she seemed to be afraid of the large expanse of water and became very tense.

The residential group's home is very spacious. All rooms are on the same floor, there are no thresholds, and a ceiling lift can be used to help Doris from her bedroom to the bathroom. The bathroom has a shower trolley. Doris loves having a shower and the warmth seems to relax her. Helping with daily activities such as changing, washing drying, dressing and undressing is very difficult because of Doris's muscle spasms. She is very sensitive regarding her spasms and it can cause real problems if the carer does not know the right way to approach and touch her.

Doris has a specially adapted wheelchair with a seat orthosis modified for her deformities. The very heavy wheelchair is height-adjustable and electronically steered.

At night Doris uses a bed orthosis, which has been made to measure. Getting Doris to lie in the orthosis properly is often difficult. Doris usually dislikes it, resists vehemently and can't really understand what is going on. In the morning, getting Doris out of the orthosis presents similar problems.

- **Sits in wheelchair**
- **No capacity to support herself**
- **Cannot stand unsupported and is unable to bear weight, even partially**
- **Dependent on carer in most situations**
- **Physically demanding for carer**
- **Stimulation of remaining abilities is very important**





Special care

Emma

Emma, a 42-year-old woman with Down's syndrome, has lived in a group home since she was 18. At that time it became too difficult for her ageing parents to take care of her. As she was not able to live on her own, it was decided to place her in a group home.

The home is located near the centre of a small town. Seven people live in the house and each of them has a private room. They share the use of the kitchen, bathroom and central living room.

Emma was born with a heart defect and has had operations relating to the problem on a few occasions. At the moment her heart is again causing her a lot of trouble. The doctor has stated that there is not much more that she can do for her. With some very strong medication, she hopes to keep her as comfortable as possible. She has warned the carers that they must prevent her from getting a serious infection, as she would have difficulties recovering or even die as a result.

Over the last few months it has become clear that her condition is deteriorating rapidly. Emma has noticed as well and has remarked that her "engine seems be out of petrol". Besides her heart medication, she now also takes corticosteroids (prednison) to slow down her decline.

Although the team has been very attentive, last week Emma developed an airway infection. She had a very high fever and immediately received antibiotics. Nevertheless, she still has difficulty breathing. Her lips and hands look slightly bluish, and her feet and legs are swollen. It seems that fluid retention has become a problem. The skin on her back and hips is becoming slightly red. Although she has been given a special mattress to prevent the development of pressure ulcers, it does not seem to be enough. She has not been able to leave her bed for a week and feels rather lonely in her room.

For a few days she seemed slightly confused and not very alert. She hardly moves and has to be helped to change position in bed, as it is not adjustable. As the situation seems to be worsening, her primary carer, Lilly, has ordered a wheelchair and a powered height-adjustable bed for her. She suggested taking Emma to the central living room and providing care for her there. This will give her a chance to retain contact with the other members of her group, and make it easier for the carers to tend to her. The downstairs bathroom is accessible for wheelchairs and a shower trolley, and there is more space downstairs for using a passive lift to get her out of bed.

At the moment, her new bed is in the living room. She is a little disoriented and was slightly aggressive this morning when Lilly wanted to get her out of bed. She wanted to take her to the bathroom with a mobile lift to give her a shower on the shower trolley. She did not seem to understand what was going on. However, once she was on the trolley, she seemed to enjoy the shower. Showering is also good for her skin, as she is becoming incontinent and Lilly has had problems cleaning her properly on the bed.

Due to her aggression, Lilly suggested lifting her manually tomorrow. She hopes this will be easier for her and less frightening, and says: "She will probably only live for another week or so. Why bother her with all this fuss". However, one of the other team members, Stella, disagrees and thinks she will soon get used to the mobile lift. She also proposes to help Lilly this afternoon to ensure transfers with the mobile lift can be performed in a relaxed way.

- **Passive**
- **Might be almost completely bedridden**
- **Often stiff, contracted joints**
- **Totally dependent**
- **Physically demanding for carer**
- **Stimulation and activation is not a primary goal**

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with people in mind

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