

CONNECTICUT VALLEY HOSPITAL
Physical Therapy Services
PT Equipment Procedure # 45

Re: Hi-Low Bed
Date: March 16, 2005
Revised: October 19, 2008

Description: The Hi-Low Bed is an electronically or manually adjustable bed that allows for enhanced safety for patients who are at risk of falling out of bed. This bed eliminates the need for medical restraints. The Hi-Low Bed can accommodate patients up to 400 pounds.

Indications:

1. Patients who have coordination and balance problems that may impair their ability to transfer and ambulate.
2. Patients who may wander at night.
3. Patients who experience orthostatic hypotension or dizziness with sudden changes of position.
4. Patient of short stature.
5. Patient who is a moderate or high fall risk.

Contraindications and Precautions:

1. Patients who have had a total hip replacement, unless authorized by Physical Therapist and MD for use.
2. Use mattresses designated for the Hi-Low bed.
3. The fall cushion (floor mat) should always be used with the Hi-Low Bed.

Procedure:

1. Position bed near outlet with one side and the head of the bed against a wall.
2. If an IV Pole or Feeding Tube Pole is to be used with the bed, be sure that there is clearance from light fixtures, etc. in the hi and low positions.
3. The bed's hi position should be at the height where the patient's hips and knees are at right angles. This permits easier bed to standing transfers. If the patient usually uses a wheelchair, this would make the stand pivot transfer or the sliding board transfer easier.
4. The bed's low position is the lowest point that the bed will go (4 inches without casters and 7 inches with casters).
5. The patient should be assisted into the bed in the "hi" position. If the head or foot of the bed needs to be raised, it should be done at this time. The heads of some of the beds can be elevated to 50 degrees. The foot portion can be elevated to 30 degrees. Once the patient is comfortably positioned, the bed should be lowered to the lowest position. (Care should be taken when raising and lowering the bed not to catch and sever the electrical cord.)
6. Once the bed is positioned at the lowest level, the fall cushion (floor mat) should be placed along side the bed. The top should be aligned with the head of the bed and the edge of the mat should be under the bed approximately 1 inch. (Most beds have casters and the mat prevents rolling injuries.)
7. When transferring the patient out of the bed, the bed should be returned to the hi position (as referred to in #3). The mat should be removed from the floor and stored folded in the designated area.