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Volume 1

2nd Edition

Principles & Practice of NURSING

Art of Nursing Procedures






As per the revised INC Syllabus

Sister Cecy Correia

JAYPEE

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CHAPTER 10

Bed Making

CHAPTER OUTLINE

- Purposes
- Principles Involved in Bed Making
- General Instructions for Bed Making
- Nursing Responsibilities in Bed Making (Open Bed)
- Types of Bed
  - Closed Bed
  - Open Bed
  - Occupied Bed
  - Operation Bed
  - Cardiac Bed
  - Fracture Bed
  - Amputation Bed
  - Blanket Bed (Renal Bed)

INTRODUCTION

As comfort, safety, rest, and sleep are all important in maintaining health and promoting recovery from diseases; special care should be taken to provide comfortable bed is the responsibility of a nurse. She should provide clean, wrinkle-free, and comfortable beds to her patients during their stay in the hospital.

Bed making is an art. It is the procedure of preparing the appropriate bed based up on the patient condition which adopts scientific principles of nursing. Bed making procedure requires the skills which promotes comfort for the patient.

PURPOSES

- To provide a clean and comfortable bed for the client.
- To give a neat and tidy appearance to the unit.
- To keep the bed ready for any emergency.
- To receive the client comfortably.
- To provide active and passive exercise to the patient.
- To establish interpersonal relationship.
- To economies the time, material, and energy.
- To teach relatives how to take care of the patient at home.
- To prevent bedsore.
- To provide rest and sleep.
- To provide cleanliness and security.

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PRINCIPLES

- **Principle of microbiology:** Microorganisms are found everywhere on the skin, on the articles used by the patient, and in the environment. The nurse must take care to prevent the transience of microorganism from the source to the new host by direct or indirect contact or prevent the multiplication of the microorganism.
- **Principle of safety:** A safe and comfortable bed will ensure rest, sleep, and prevent several complications in bedridden patients, e.g., bedsore, foot drop, etc., for safety replace call signal, raise side rails, and lower bed to low position. If electric bed be sure plug is in wall socket and cord is free of tension.
- **Principle of body mechanism:** Maintain good body mechanisms and body alignment to prevent fatigue.
- **Economy of time:** Systematic ways of functioning save time, energy, and material.

GENERAL INSTRUCTIONS FOR BED MAKING

- Wash hands before and after the procedure.
- Do not expose the patient unnecessarily.
- Protects the patient from draught.
- Do not cover the patient's face while placing the linen.
- Do not mix clean linen with soiled linen.
- Never place the woollen blanket next to the patient body except the bath blanket and never allow the patient to lie down on the mackintosh without lining.
- Do not let the linen touch your body or uniform.
- Maintain good body mechanics.
- When removing sheets from the bed lift the mattress while loosening the bed lines never pull sheets with force.
- Always fold bed linen from top to bottom.
- Turn the mattress from top to bottom or with three-fold when bed is unoccupied.
- Always arrange bed linen in correct order with closed, side away from you before making the bed. It should not touch the floor.
- While tucking bedding under the mattress, the palm of the hand should face down to protect your nails.
- Make the bed firm, smooth, and unwrinkled.
- Keep the open end of the pillow away from the entrance of the ward.
- Soiled linen should not be thrown on the floor, but it should be kept in dirty linen box.
- Arrange the bedclothes in such way that they allow freedom in the daytime but come over the shoulders at night and the top linen loose over the feet.
- The cotton matters must be turned, aired, and made free of lumps and creases.
- Make adaptations according to weather, climatic differences, individual needs, customs, and habits of the patient.

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- Practice economy of time, energy, and material
- Always get extra help to make a bed for helpless patients and prevent them from falling. The side rails may be used to prevent them falling if extra help is to be available.
- Keep a reasonable distance from the face of the patient to prevent cross infection.
- Inspect the cot, matters, and pillows daily for the presence of vermin's and destroy them if found on the bed.
- After completing the bed-making see that the locker and chair are in place and that all beds are in line.
- The nursing principles such as individuality, comfort, safety, and good workmanship should be kept in mind during the bed making.

NURSING RESPONSIBILITIES IN BED MAKING (OPEN BED)

Preliminary Assessment

- Check the doctor's order for specific precautions regarding the movement and positioning of the patient.
- Assess the patient ability for self-care.
- Check the furniture and linen available in the patients' unit.
- Assess the number of clean linens needed.
- Assess the articles needed for the comfort of the patient, e.g., blankets, backrest, etc.

Preparation of Articles

The usual articles present in the patient's unit:

- Cot
- Mattress and pillow
- Chair or stool
- Bedside table or locker
- Mackintosh blankets

Articles required for complete change of linen:

- Mattress cover
- Two sheets that is bottom and top sheets
- Draw sheet 25 cm
- Pillowcase
- Counterpane

Additional articles that may needed are:

- Laundry bag to discard the soiled linen and to be sent to the laundry
- Dusters two; one dry dusting to dust the mattress and sheets
- One dump duster to dust the furniture
- A bowl with antiseptic to carbonize bed

Preparation of the Patient and the Unit

- Explain the procedure to the patient to win the cooperation and confidence of the patient.
- Explain how the patient can assist.

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- Explain the sequence of the procedure.
  - Screen the patient to provide privacy if needed.
  - Move furniture away from the bed and move the bed away from the wall.
  - Lower the backrest, if any.
  - Place the chair at the foot end of the bed and place the clean linen on it in the reverse order of use.
  - Place the laundry bag within the reach.

Stripping and Remaking on Open Bed

Sl. No.	*Steps of procedure*	*Rationale*
1.	Wash hands	To prevent cross infection
2.	Remove the pillow and place it on the seat of the chair	
3.	Remove the top linen	
	a. Loosen the top linen. Starting from the head end and proceed to the foot end	Allow for easy removal of linen and prevent tearing of the sheet
	b. Remove the sheets one by one folding them into six. Bring the lower third over the middle third and hold at the center toward you, so that it falls in six places it over the back of the chair if it is to be reused or put in the laundry bag	Saves many steps: Folding into six prevents the sheet from dragging on the floor when placed on the chair or stool
	c. Remove the bed spread, blanket and top sheet separately, holding the open end toward the floor	The dust and the crumbs fall to the round
4.	Fold the draw sheet. Bring the opposite end to the middle of the bed and the near end over it and thus told them in three place it over the chair	
5.	Roll the mackintosh and place it over the chair	Rubber sheets should never be folded cause creases from on it
6.	Remove the bottom sheet folding it into six	
7.	Remove the mattress cover if soiled	
8.	Turn the mattress (if cotton mattress is there)	Helps to air the mattress and to remove the dust
9.	Dust the mattress with a dry duster	A dump duster can cause mildews on the mattress
10.	Clean all the surface or the furniture using a damp dipped in antiseptic lotion	Damp dusting prevents the spread of dust, at the same time loosens and removes the organisms and foreign material
	a. Dust the cleaner areas first and then the less clean area	Cleaning the area where there are few organisms before cleaning the area where there are numerous organisms minimizes the spread of organisms to the cleaner area

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Sl. No.	*Steps of procedure*	*Rationale*
11.	Pull the mattress to the top, put on the mattress cover. If it is loose on the mattress, the excess can be under the mattress	By tightening the mattress cover it enables to make the bed firm and without wrinkles
12.	Make the base of the bed/bottom linen on one side of the bed	
	a. When placing the linen on the bed and when tucking them under the matters, face in the direction of the work and move with the work rather than twisting the body and overreaching	Facing the direction of activity keeps the muscle groups in proper position and they function efficiently without strain
	b. When tucking the linen under the bed, separate the feet slightly apart (one leg forward and the other leg backward) and the flex the knees instead of the back	Flexing the knees shift the work to muscles that keep the back in good alignment
	c. Place the bottom sheet on the middle of the mattress. Making sure that the central longitudinal crease in the longitudinal crease of the bed. Unfold it and spread it straight over the mattress allowing 30–37 cm tuck under the top of the matters and leaving just enough at the foot end and to tuck it	Tucking at the head end and sides of the bed prevents slipping of the sheets and keeps the bed firm
	d. Tuck it securely at the top in the near side make a mitred corner **(Figs. 10.1A to D)**. Tuck the foot end, secure the corner as before truck the sheet along the sides	
	e. Place the mackintosh approx. 37 cm from the head end and tuck it along the side	Keeping the mackintosh at the middle of the bed prevents the bottom sheet getting soiled by the excreta of the patient
	f. Place the draw sheet over the mackintosh, keeping it about 25 cm from the top of the mattress	Draw sheet above the mackintosh protects the skin of patient from direct contact with the rubber. Rubber sheet is a poor conductor of heat, contact with the rubber sheet produces discomfort in the patient
	g. Go to the opposite side and tuck the sheet in the same manner	

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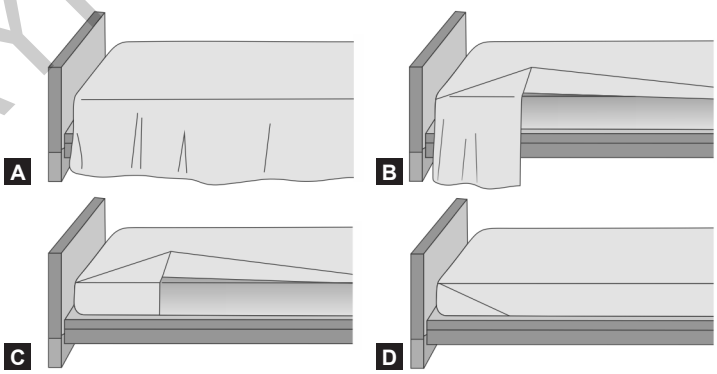
Sl. No.	*Steps of procedure*	*Rationale*
13.	Return to the side of the bed first made. Place the top sheet with the wrong side out. Unfold it with the top edge even with the top of the mattress	
14.	Place the blanket over the top sheet 15–20 cm below from the top of the mattress	
15.	If the bedspread is used, place it over the blanket with the outer side out	
16.	Make the head end of the linen cuff the bedspread under the blanket and then bring the top sheet over the spread as second cuff make sure that it will reach up to patient's chin	Gives a net appearance to the bed, prevents scattering of the linen when the patient moves on the bed. To convert it to a loosed bed, the top linen will be long enough to cover the whole bed
17.	Tuck at the foot end altogether or separately and make mitre corners allowing the sides to hand free or tucked according to the hospital routine	Tucking at the foot end keeps the linen fixed on the bed, provides warmth and security, and appears neat. It should be too tight to allow freedom for movement
18.	Put the pillowcase on the pillow and place the pillow at the head end, the open end away from the entrance. While putting on the pillowcase the pillow should not touch the nurses' uniform	



Figs. 10.1 A to D: Mitring technique (bottom sheet) at the head of bed. (A) Place bottom sheet on mattress; (B) Miter the corner; (C) Tuck the hanging corner; (D) Tuck the sheet under the mattress.

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Aftercare of the Patient, Unit, and Articles

- Help the patient to get into the bed. One corner of the top linen is folded back to let the patient in. Cover the patient with the top linen.
- Any comfort devices used by the patient should be replaced.
- See that the whole unit is clean and tidy before you leave the unit.
  - The beds in general ward should be arranged in a straight line
  - The bedpans, urinals, sputum cups, kidney trays, etc., lying in the patient's unit are to be taken away, emptied cleaned and are put back in their proper places.
  - The windows and the doors should be dust free.
  - The cupboards are to be dusted and the articles are to be arranged in order and according to use.
  - The water flasks should be washed in filled with clean water.
  - The flower vases may be arranged and replaced.
  - The washing sinks if provided in the unit, should be cleaned with some abrasive.
  - Remove all the unnecessary articles which are not in use.
- Send the laundry bag with the soiled linen to the laundry. If stains are present on the sheets, remove them by appropriate methods before it is sent to the laundry.
- If there are any blankets, put them in the sun and disinfect before they are stored in the cupboard.
- The duster is soaked in antiseptic lotion to disinfect it. Rinse it with clean water and put to dry.
- Wash hands thoroughly.
- Record in the nurse's record any observations made on the patient.

TYPES OF BED

- Closed bed
- Open bed
- Occupied bed
- Operation bed/post-anesthesia bed/recovery bed
- Cardiac bed
- Amputation bed/stump bed/ divided bed
- Blanket bed/renal bed

Closed Bed

It is an empty or unoccupied bed to receive the patient and fully covered with counterpanes to protect it from dust and dirt, on admission of the patient it is converted into open bed **(Fig. 10.2)**.



Fig. 10.2: Closed bed.

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Purpose

- To keep the bed ready for occupancies
- To provide neat and tidy appearance to the unit
- Articles are same as that of open bed.

Open Bed

Open bed is a suitable, comfortable, and appropriate for hospitalized patient. It is made as usual, and one corner of the linen is folded back to let the patient in. The top linen is fan folded to the foot end of the bed or to one side of the bed **(Fig. 10.3)**.

Occupied Bed

Occupied bed is made for a patient who cannot get out of the bed. Occupied bed is making a comfortable bed when patient is unable to get out of bed. It is usually done by two persons **(Fig. 10.4)**.

Purpose

- To make a bed with least possible discomfort to the patient
- To handle the clothes skillfully while the patience is on the bed giving least disturbance to the occupant
- To provide a neat, clean, and tidy appearance
- To provide comfort for patient whose physical condition confines to bed.
- To change the soiled bed linen.

Procedure

- Explain the procedure, assembled the equipment, and arrange the linen within easy reach.
- Remove all the pillow except one, unstuck sheet from all sides.
- Turn the patient away from you, if patient is very ill, call for assistance.
- Fanfold the draw sheet to the patient and push it as close to the patient as possible. Damp dust the rubber sheet and role it back and fold the bottom sheet to the patient.
- Dust the mattress with a dry duster and raise the mattress with one hand and clean the cot with dam duster.

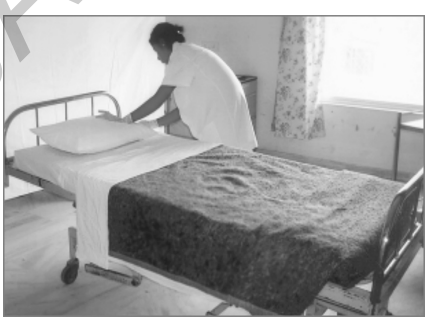

Fig. 10.3: Open bed.



Fig. 10.4: Occupied bed making.

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- Place the clean bottom sheet over the mattress making sure that middle fold is in the middle of the bed, half of the sheet is fan folded, and kept near to the patient tuck the head end. Make the corner at the top and bottom and tuck sides as in open bed.
- Bring the mackintosh back into the place and tuck it tightly under the mattress, place the clean draw sheet over the mackintosh and tuck the near end under mattress, the distal half is folded and kept near to the patient.
- Turn the patient back over the folded linen, and then toward you go to the opposite side of the bed.
- Remove the soiled linen and put them in the laundry bag straighten to the bottom sheet, rubber sheet, and draw sheet and tuck them separately and firmly.
- Turn the patient back to the middle of the bed, place a clean top sheet over the patient and remove the soiled top sheet, take care neither to expose the patient not to cover face of the patient.
- Replace the blanket and spread over the top sheet and make as in an open bed.
- Tuck the foot end and giving enough freedom for movement
- Make a pleat in the sheet and blanket across the foot end or place a cradle at the foot end.
- Put the clean pillowcases and place the pillows in position and leave the patient comfortable.

Operation Bed/Post-anesthesia Bed/Recovery Bed

The bed is prepared for a patient who is recovering from the effects of anesthesia following a surgical operation **(Fig. 10.5)**.



Fig. 10.5: Operation bed.

Purposes

- To make a bed that will be comfortable and safe for the patient who is recovering from anesthesia.
- To be prepared to meet any emergency.
- To provide warmth.
- To prevent injury.
- To prevent soiling of bed.
- To prevent shock.
- To protect the mattresses and pillows facilitate remaking the parts as necessary.

For the quick transfer of the patient from the trolley to the bed and to care for the patient without loss of time.

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Articles Required

Articles	*Purposes*
Articles for open bed	
1 small mackintosh and a towel	To protect the head end of the bed
A tray containing: ➢ Clean gauze pieces ➢ Artery forceps ➢ Mouth gag if necessary ➢ Airway, tongue forceps, and tongue depressor ➢ Temperature tray, BP apparatus, and TPR chart ➢ Saline sand and other requisites for IV administration ➢ Hot water bottles ➢ 2 bed blocks ➢ Suction apparatus and oxygen cylinder	➢ To clean the mouth off the secretions ➢ To keep the air passages, clear and to prevent the falling back of the tongue ➢ To record the vital signs frequently ➢ IV fluids may have to be continued in the ward ➢ To keep the bed warm ➢ To raise the foot end of the bed if BP falls ➢ To be used in emergency

Procedure

- Foundation of bed is same as that of an open bed.
- An extra mackintosh and draw sheet replaced at hand.
- Put the top sheet and above it put the blanket at lower level then the top sheet.
- Back fold the top sheet over the edge of the blanket to prevent irritation from direct contact with the blanket on right side.
- Perform the same on the foot end. At the foot end, it is untucked and folded back.
- Perform same on left side, after completion tuck the top sheet and blanket beneath the bed.
- Come on right side, unfold the top linen lengthwise covering two-third of the bed on the right side.
- A pillow is used to protect the patient from injury by hitting against the bars at the head end of the bed.
- Keep postanesthetic tray, bed blocks, IV stand at hand for emergency.

Cardiac Bed

A cardiac bed is used to help the patient to assume a sitting position, which can afford him the greatest amount of comfort with least strain. A cardiac bed is to relieve dyspnea caused by cardiac diseases **(Fig. 10.6)**.

Purpose

- To prepare the bed for cardiac patient
- To relieve dyspnea
- To prevent complication
- To provide comfort

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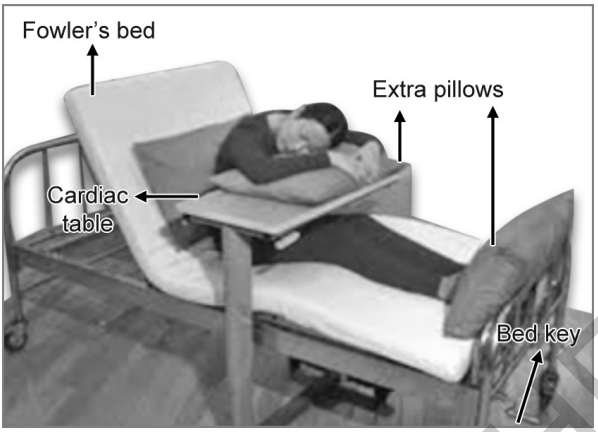

Fig. 10.6: Cardiac bed.

Requisites

Article	*Rationale*
Articles for open bed	
Backrest	To support the patient while sitting
Cardiac table	To provide support and comfort
Extra pillow	To support and give comfort
Air cushion	To relieve pressure from prominent area
Knee pillow	To provide support and comfort
Footrest	To protect foot from foot drop

Procedure

- Make the bed same as open bed
- Place backrest and arrange pillow
- Place the air cushion and knee pillow under the knees
- Adjust the cardiac table so that the patient can lean forward
- Support the foot with footrest
- Make the patient comfortable and leave the unit tidy.

Fracture Bed

It is used for a patient with fracture of the trunk/extremities, born diseases, and deformity to provide firm support using firm mattress that rest on a fracture board or bed board.

Requisites

Same as open bed in addition to fracture boards.

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Procedure

- Arrange fracture board on the cot to give support to the fractured area.
- Most fracture bed is fitted to pulleys and weights where the insertion of the bed pan is difficult or lifting the hips of patient is contraindicated same as open bed.

Amputation Bed/Stump Bed/Divided Bed

This bed is prepared for a patient with amputation of the leg to take off the weight of bedclothes off side of operation. Top linen is divided into two parts to visualize the amputated part of the lower limps without disturbing the patient in a bed.

Purpose

- To watch the stump for hemorrhage and apply tourniquet instantly
- To take the weight of the bed clothes of the patient
- To keep the stump in position
- To allow to make frequent observation and procedures without exposing patient

Requisites

Articles	*Rationale*
Article for open bed	
Extra top linen	To make divided bed
Bed cradle	To remove the weight of clothes touching stump
2 sandbags	To keep the stump in position
Tourniquet	To control hemorrhage in case of emergency
Pillow with waterproof cover	To protect stump and protect pillow
2 hot water bottles	To keep the bed warm

Procedure

- The foundation of head end is made as in open bed.
- The foot end of the top linen is folded back toward the head end at the level of the part/stump to be observed.
- Spread the second top linen starting from the level of the stump.
- When patient comes fan fold two sets of linen to one side and receives elevate stump on a pillow which is protected with waterproof cover.
- Place sandbag to avoid jerky movement.
- Place the bed cradle in position.
- Place the patient.

Blanket Bed/Renal Bed

It is made for a client with rheumatism or renal disease.

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Purpose

- To carry the weight of bed clothes off the painful joints.
- To keep the client warm
- To promote elimination through the skin.

Requisites

- Articles for open bed
- Two old woollen blankets to put immediately under and over the patient
- Bed cradle to take the weight of bed clothes off the painful joints.
- Sandbags to immobilize the painful joints
- Hot water bottles with covers to provide additional warmth

Procedure

The bed is made as open bed except the extra blankets used one is under and the other cover the patient, place the mackintosh and draw sheet just under the patient's buttocks. Cradle is used to take off the weight of top linen off the painful joints. Sandbags are used to immobilize the painful joint. The patient is dressed in woollen clothes. Additional warmth may be given by using the hot water bottles or by using electric cradle. Footboard may be used to prevent foot drop.

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Printed in India

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Medical Publishers (P) Ltd.
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Daryaganj, New Delhi - 110 002, INDIA
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