

**Course**

Health Science

**Unit XI**

Occupationally  
Specific  
Knowledge and  
Skills

**Essential  
Question**

How does  
making a proper  
bed help prevent  
injury to the  
patient?

**TEKS**

130.204 (c) 8I

**Prior Student  
Learning**

An  
understanding of  
Safety and Body  
Mechanics and  
Equipment  
Safety

**Estimated time**

9 Hours

**Rationale**

A skill performed on a daily basis by nursing assistants is that of making beds.

**Objectives**

Upon completion of this lesson, the student will be able to:

- demonstrate guidelines to make an unoccupied and occupied bed according to the guidelines from the Texas Department of Human Services Nurse Aide Curriculum; and
- evaluate a peer using skills check.

**Engage**

Why is it important to make the client's / resident's bed properly?

The bed is one of the most important parts of the client's/resident's room, and probably one of the most used pieces of furniture in the facility. Having a clean, well made bed actually serves several beneficial functions. First, it helps to make the resident feel comfortable and safe in the facility. Sleeping in a wrinkled bed can make the client's/resident's feel that the staff does not care. It can also lead to feelings of helplessness and insecurity.

A clean, wrinkle-free bed also helps to keep the client/resident's skin intact. If the resident is laying on wrinkles or bunched-up linens, an area of pressure may be created. This could lead to skin breakdown and decubitus ulcers (bed sores). Lastly, if linens become soiled with urine or feces and are not promptly changed, infection could occur.

Show video on bedmaking.

Demonstrate procedure.

**Key Points**

- I. Types of beds
  - A. Gatch bed: A hospital bed that can be manually raised and lowered by turning cranks located at the bottom of the bed.
  - B. Electric bed: Similar to the gatch bed, but is operated electrically and can be managed by most patients/residents.
  - C. Clinitron: This is a bed available for the treatment of patients with multiple or advanced pressure ulcers, grafts, burns, and intractable pain.
    1. Bed supports the body evenly
    2. Filled with a sand-like material

3. Warm, dry air circulates through the material to maintain even temperature and support the body evenly
  - D. There are other beds available for patient use, but these are encountered most often.
  - E. If ever a bed is encountered that is unfamiliar, always ask for assistance. **THAT IS THE SAFEST BEHAVIOR – PATIENT’S SAFETY IS FOREMOST IN CARE!**
- II. Purpose of making a neat, clean bed
    - A. Helps make residents comfortable.
    - B. By keeping beds clean, dry, and wrinkle-free, making a neat, clean bed prevents skin breakdown and decubitus ulcers.
  - III. Frequency of changing bed linens
    - A. Linens are changed as needed.
    - B. Usually a full change of linens occurs on bath/shower days for residents/patients.
  - IV. Types of beds
    - A. Closed beds – one with the linens pulled to the top of the bed.
      1. The resident will not use the bed during the day
      2. The bed is ready for a new resident
    - B. Open bed – one where the linens are folded back so the resident can climb into the bed during the day as needed.
      1. Top linens are folded back
      2. The resident uses this bed throughout the day.
    - C. Occupied bed – a bed made with the resident in the bed. Toe pleats can be placed on occupied beds to reduce the pressure on the patient’s toes.
    - D. Unoccupied bed – a bed made without the resident in the bed.
    - E. Surgical bed – made so the resident/patient can be moved from a stretcher to the bed without having to struggle with linens.
      1. The bed is left at stretcher height
      2. The sheets are folded away from the side where the patient will enter.
      3. Sometimes the pillow is placed on the nightstand by the bed until the patient is safely in the bed.
      4. This procedure differs from one facility to another.
  - V. Rules for handling linens
    - A. Follow the rules of medical asepsis
      1. Wear gloves when handling soiled linen
      2. Wash hands before handling clean linen
      3. Because the uniform is considered to be dirty, the clean linens should never touch the uniform, but held away from the body.
      4. Never shake linens since this causes the spread of microorganisms.
      5. Clean linens are placed on clean surfaces.
      6. Dirty linens are never placed on the floor. Place soiled linen in the proper receptacle.

- B. Clean linens are collected in the order that they will be used
  - 1. mattress pad
  - 2. bottom sheet
  - 3. drawsheet
  - 4. bed protector
  - 5. top sheet
  - 6. blanket
  - 7. bedspread
  - 8. pillowcase(s)
- C. Place linens on the bed with the hem edges away from the patient.
- D. Any linen brought into a resident/patient's room must stay there because it is considered to be contaminated.
- E. Other linens can be collected when collecting the bed linens, i.e. towels, washcloths, gowns, bath blanket.
- F. When removing dirty linens roll them away from you. The side of the linen that touched the resident is rolled inside.
- G. Linen should always be stored in an enclosed linen cart. It should never be left uncovered on a cart in the hallway.
- H. Never apply the pillowcase by securing the pillow under the chin and sliding the pillow into the case.
- VI. General rules for making the bed
  - A. Use good body mechanics
  - B. Follow rules of medical asepsis – standard precautions
  - C. Linens must be tight and wrinkle free
  - D. Make as much of one side of the bed as possible before going to the other side. This saves time and energy.
  - E. A common element in all bedmaking is leaving the unit neat and tidy.

### **Activity**

- I. Practice Making the **Occupied Bed** and **Unoccupied Bed** utilizing Skill Checklists. (The students may form groups of four and practice the skills of making occupied and unoccupied beds. Prior to testing with the instructor, the students will perform Check 1 peer evaluation.)
- II. Test with the instructor making the Occupied and Unoccupied Bed.
- III. Complete the **Medical Terminology Review**.

### **Assessment**

Successful completion of Check 2 for **Making the Bed** and **Making the Occupied Bed**.

**Instructor's Note:** When testing the students, it is possible to test six students at one time. Use three beds; one student is the bed-maker, one is the resident/patient. Making beds is one skill where adequate testing can be done while observing more than one student at a time.)

Successful completion of all assignments related to bedmaking.

**Materials**

Hospital Beds

Fitted bottom sheets (optional)

Flat sheets

Drawsheets

Blankets

Bedspreads

Pillowcases

Gloves

Linen Cart

Soiled linen receptacle

Skill Checklists: Making the Bed, Making the Occupied Bed

Sorrentino, Sheila A. *Mosby's Textbook for Nursing Assistants, 6<sup>th</sup> edition.*

St. Louis, Mosby Year Book, 1999.

Texas Department of Human Services Nurse Aide Curriculum

Student Journals

Internet access

<http://www.dads.state.tx.us/providers/NF/credentialing/NATCEP/cna.pdf>

(Click on Nurse Aide Curriculum)

**Accommodations for Learning Differences**

For reinforcement, the students outline and practice making the occupied and unoccupied bed.

For enrichment the students will write a 2-3 page journal entry after reading the material from [www.decubitus.org/](http://www.decubitus.org/) on incidence, cost, and Medicare's impressions of decubitus ulcer formation and treatment.

**National and State Education Standards**

National Health Science Cluster Standards

HLC 10.01 Technical Skills

Healthcare workers will apply technical skills required for all career specialties. They will demonstrate skills and knowledge as appropriate.

**TEKS**

130.204(c)(8)(I) perform skills specific to a health science professional such as medical assistant, dental assistant, emergency medical technician-basic, phlebotomy technician, and pharmacy technician.

Texas College and Career Readiness Standards

English Language Arts

II. B. Understand new vocabulary and concepts and use them accurately in reading writing and speaking.

III. B. Develop effective speaking styles for both group and one on one situations.

IV. A. Apply listening skills as an individual and as a member of a group in a variety of settings.

## MEDICAL TERMINOLOGY REVIEW

Using *Taber's Medical Dictionary*, define the following terms and abbreviations and place each on a flash card. Drill the cards, then do the worksheet TERM DEFINITION.

Qid	Cutane/o
tid	Derm/o
bid	Dermat/o
BR	Sub-
CBR	Intra-
HOB	-itis
OOB	-osis
CHUX	Epi-
ac	-ology
pc	-ologist
— p	continence
— s	incontinence
— c	void
— q	micturate
	defecate
	feces
BM	intact
Organ/o	Skin Integrity
Micro-	Perfusion
Hypo-	Decubitus

## TERM DEFINITION

For each of the following, use the knowledge of prefixes, suffixes, and root words/combining forms, and write a definition. Make sure that this is your definition and not one taken out of a book. Make it short and one that YOU UNDERSTAND.

Dermatology

Dermatitis

Dermatosis

Subcutaneous

Epidermis

Microorganism

Dermatologist

Hypodermic

Intradermal

Above each of the underlined words, write the meaning of the word or definition.

**Hypodermic** injections are given **subcutaneously**. If they are given incorrectly, they can cause a **dermatitis or dermatosis**. The frequency of administering hypodermics varies. Sometimes they are given **qd** or **bid**. Sometimes they are given more frequently. If someone is to be tested for tuberculosis, they are given an **intradermal** injection.

Some antibiotics are given **qd, bid, tid, or qid**. Because each medication is unique, some are to be taken **c** meals, and some **s**. Some are to be taken **ac**, and some **pc**.

Mr. Jones had surgery today. He is to remain on **CBR** until 8 p.m. After that, he is on **BR c BRP**. Tomorrow he is to be **OOB**. Should Mr. Jones be **incontinent**,

He is to have his bed changed immediately. This is to maintain **skin integrity**, and keep his skin **intact**, preventing the formation of **decubitus ulcers**.

## NURSE AIDE SKILLS EXAM

### MAKING THE BED/Procedural Guideline #17\*\*

**(Adapted from the Texas Department of Human Resources Nurse Aide Curriculum**

\*\*NOTE: If students do not complete Check 1, peer evaluation, they will receive a 0 for the Check 2 Skill Test. The initials of the peer performing the check must appear above the Check 1 column.

POSSIBLE POINTS		CHECK 1	CHECK 2
4	1. Properly cleans hands before procedure (10-15 seconds) <ol style="list-style-type: none"> <li>a. wet</li> <li>b. apply soap</li> <li>c. time</li> <li>d. rinse</li> <li>e. drying and turning off faucet</li> </ol>	_____	_____
4	2. Assembles appropriate equipment (linen) and places in order to be used. Handles linen correctly. (Away from uniform and placing on a clean surface.) <ul style="list-style-type: none"> <li>• mattress pad</li> <li>• bottom sheet</li> <li>• drawsheet</li> <li>• bed protector</li> <li>• top sheet</li> <li>• blanket</li> <li>• bedspread</li> <li>• pillowcase(s)</li> </ul>	_____	_____
3	3. Begins with bed in flat position and elevated to appropriate height if possible.	_____	_____
4	4. REMOVES SOILED LINEN AND PLACES IT IN APPROPRIATE PLACE. <ol style="list-style-type: none"> <li>a. Wears gloves</li> <li>b. Rolls linen away</li> <li>c. Places in receptacle or chair or other surface than the floor.</li> </ol>	_____	_____
3	5. Avoids shaking and touching linens to uniform as much as possible.	_____	_____
3	6. Applies bottom sheet to clean mattress(making only half of the bed)	_____	_____

- |   |   |       |       |
|---|---|-------|-------|
|   | a. keeps straight and centered  | _____ | _____ |
|   | b. hems are placed away from patient  | _____ | _____ |
|   | c. Tucks top (or top fitted)  | _____ | _____ |
|   | d. Mitters corner at top (or bottom fitted)   | _____ | _____ |
|   | e. Drawsheet in correct position and tucked   | _____ | _____ |
| 4 | 7. APPLIES TOP LINEN (again making only half of the bed)  |       |       |
|   | a. Top sheet  | _____ | _____ |
|   | b. Bedspread  | _____ | _____ |
|   | c. Tucks bottom   | _____ | _____ |
|   | d. Mitters corner on bottom   | _____ | _____ |
| 7 | 8. MAKES REMAINDER OF BED. MAKES ALL CLEAN BOTTOM LINEN TIGHT AND FREE OF WRINKLES (UNLESS WATER BED, EGG CRATE OR AIR MATTRESS.)   |       |       |
|   | a. applies remainder of bottom sheet at top of bed  | _____ | _____ |
|   | b. applies remainder of bottom sheet (miters corners or places fitted)  | _____ | _____ |
|   | c. tighten bottom sheet and draw sheet (worth 2 points)   | _____ | _____ |
|   | d. tucks top sheet and bedspread (worth 2 points)   | _____ | _____ |
|   | e. miters corner of top covers  | _____ | _____ |
| 2 | 9. Applies clean pillowcase leaving zippers and or tags to inside of pillowcase. Places on bed, away from the doorway.  | _____ | _____ |
| 5 | 10. Leaves bed completely and neatly made according to facility policy. Lowers bed to the lowest level. Places call light on bed. Leaves patient unit area neat and clean, With wheels of bed locked. | _____ | _____ |

TOTAL POSSIBLE POINTS: 39

TOTAL POINTS EARNED: \_\_\_\_\_

## NURSE AIDE SKILLS EXAM

### MAKING THE OCCUPIED BED/Procedural Guideline #18\*\*

**Adapted from the Texas Department of Human Services Nurse Aide Curriculum.**

**\*\*NOTE:** If students do not complete Check 1, peer evaluation, they will receive a 0 for the Check 2 Skill Test. The initials of the peer performing the check must appear above the Check 1 column.

Note to Nurse Examiner: Select only residents who need side rail or simulate situation for demonstration of this skill.

**POSSIBLE**

**POINTS**

		CHECK 1	CHECK 2
4	1. Properly cleans hands before procedure (10-15 seconds) f. wet g. apply soap h. time i. rinse j. drying and turning off faucet	_____	_____
3	2. Identifies residents, explains procedure to resident and encourages resident to participate as appropriate.	_____	_____
4	3. Assembles appropriate equipment (linen) and places in order to be used. Handles linen correctly. (Away from uniform and placing on a clean surface.)  • mattress pad • bottom sheet • drawsheet • bed protector • top sheet • blanket • bedspread • pillowcase(s)	_____	_____
4	4. Provides for resident's privacy as appropriate a. closes curtains b. removes bedspread and blanket c. covers with sheet/bath blanket d. removes soiled top sheet.	_____	_____

6	5. INSURES RESIDENT'S SAFETY.	_____	_____
	a. side rails up, never turning back on resident.		
	b. wheels locked		
	c. moves resident so when turning does not fall into the side rail		
	d. wears gloves at appropriate times		
2	6. Begins with bed in flat position, if tolerated by resident, and elevated appropriate height if possible.	_____	_____
2	7. RAISES SIDE RAIL AND ASSISTS RESIDENT TO ROLL ON SIDE FACING SIDE RAIL.	_____	_____
2	8. Rolls or fanfolds soiled linen, soiled side inside, to the center of the bed.	_____	_____
2	9. Places clean bottom sheet along the center of the bed and rolls or fanfolds linen against resident's back and unfolds remaining half.	_____	_____
2	10. RAISES THE OPPOSITE SIDE RAIL AND ASSISTS THE RESIDENT TO ROLL OVER THE BOTTOM LINEN, PREVENTING TRAUMA AND AVOIDABLE PAIN TO RESIDENT	_____	_____
2	11. REMOVES SOILED LINEN AND PLACES IN APPROPRIATE PLACE.	_____	_____
2	12. Avoids shaking and touching linen to uniform as much as possible.	_____	_____
4	13. MAKES ALL CLEAN BOTTOM LINEN TIGHT AND FREE OF WRINKLES (UNLESS WATER BED, EGG CRATE, OR AIR MATTRESS).	_____	_____
5	14. APPLIES UNSOILED TOP LINEN	_____	_____
	a. places top sheet and removes bath blanket or other sheet.		

- b. places blanket and bedspread
- c. Tucks half of bottom, mitering corner (2 points)
- d. Tucks remaining half of bottom, mitering corner (2 points)

3            15. Applies clean pillowcase leaving zippers and or tags to inside of pillowcase. Places on bed, away from the doorway.

\_\_\_\_\_

5            16. Leaves bed completely and neatly made according to facility policy. Lowers bed to the lowest level. Places call light bed. Leaves patient unit area neat on and clean, With wheels of bed locked.

\_\_\_\_\_

TOTAL POSSIBLE POINTS: 51  
TOTAL POINTS EARNED: \_\_\_\_\_