

# CLiP

15 minute Worksheet



## Moving the ill patient

## 2: Equipment, Adaptations and Improving the Environment

Intermediate level

Produced by  
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### Aim of this worksheet

To consider the importance of maintaining patient/client skills while making the environment safer for both the patient and carers.

### How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

### Case study

**Margaret is a 57 year old lady diagnosed with right sided breast cancer six years ago for which she was treated with a mastectomy, chemotherapy and radiotherapy. She subsequently developed moderate right arm lymphoedema six months ago. She was diagnosed with lumbar and pelvic bone metastases for which she received further radiotherapy.**

**She was recently admitted to an inpatient unit for symptom control, reduced mobility and social breakdown. Margaret lives with her husband John, who is in full time employment, in a three bed-roomed semi detached property, with two children. Prior to admission Margaret and John were struggling to cope in many ways.**

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## **Margaret's difficulties**

The following areas of difficulty have been highlighted (some of her possible problems are underlined).

- *Lymphoedema* may cause difficulty with all personal activities of daily living such as washing, dressing, eating, toileting and activities of daily living including writing, cooking, cleaning.
- *Pain*: pelvic and lower back pain present most of the time but pain that is worse when mobilising or transferring in/out of bed/chair, on/off toilet, and bathing.
- *Drugs*: the side effects of some drugs can cause problems with drowsiness and dizziness.
- *Psychological*. low mood/ anxiety, poor body image, worried about the future, difficulty with discussing illness with husband and children. Any of these can cause reduced motivation or impaired self-confidence.
- *Fatigue*: Could be disease progression, lack of motivation or medication, and is impacting in all areas of daily living. Loss of energy can be severe for some patients.
- *Social problems*: Margaret's husband works resulting in isolation, reliance on the children for care and difficulty coping with daily tasks.
- *Environment including access*: access at home can be a problem if there is a step into property or stairs to first floor of property, especially if Margaret has difficulty mobilising on stairs because of a single banister rail.

## **Improving the situation: an action plan**

Following assessment of Margaret's current abilities, the following potential solutions need to be considered by Margaret, her family and the clinical team:

- *Lymphoedema*: once Margaret's lymphoedema has been assessed, and the appropriate treatment has been decided for her right arm lymphoedema, her other needs can be assessed including, washing and dressing techniques using small pieces of equipment to help maintain independence. A kitchen assessment will be needed using small pieces of equipment and techniques to promote independence, such as a kettle tipper, perching stool, non-slip mats, adapted cutlery, plate guards and adapted pens/pencils. The layout of the kitchen (called kitchen ergonomics) is important as part of a plan to conserve energy and fatigue manage in daily tasks.
- *Pain*: a profiling bed would allow Margaret adjust the height to assist with independence and promote good back care for carers. The profiling feature would allow Margaret to adopt a variety of positions and helps prevent sliding down the bed and increase her independence.
- *Mobility equipment*: the provision of riser/recliner chair with integral pressure care cushion would help assist with transfers. Other equipment that could help include toilet equipment including at raised toilet seat and frame, bathing equipment such as a bath lift, a shower seat, and grab-rails.
- *Psychological*: see the CLiP series on *Psychological Needs*.
- *Fatigue*: a management programme may assist with energy conservation.
- *Social issues*: consider options that offer ongoing support such as day hospice, home carers, community nurses, Marie Curie nurses or the local community palliative care team.
- *Environment*: this may include a grab rail to front step, a handrail over step, a second banister on the stairs to first floor and consideration of stair lift provision. As a further option, ground floor living may be considered however, this depends on space, and may have a significant impact on the family.

Equipment is obtained from the relevant loan equipment service. Adaptations may require funding through Social Services which may be means tested depending on ownership of the property.

## **The role of the occupational therapist in Margaret's care**

- Liaise with other Health Care Professionals to maintain Margaret's independence.
- Demonstrate prescribed equipment and or techniques to the patient and carers.
- Offer support and advice to the patient, families and carers.
- Assess for relaxation and fatigue management.

Occupational therapists do not always prescribe equipment and may sometimes suggest alternative techniques, or environmental changes, and can offer meaningful therapeutic intervention.



List some of the problems that might impact on Margaret's discharge home



What action could you take in the following areas?

Issue	Your action
Lymphoedema	
Pain	
Reduced mobility	
Fatigue	
Ensuring that Margaret and her husband have ongoing support	
Reducing risks in the home environment	

## FURTHER ACTIVITY: Equipment, Adaptations and Improving the Environment

Identify a patient with reduced mobility.

- What would be needed for this person to return home?
- How could this be funded?

## FURTHER READING: Equipment, Adaptations and Improving the Environment

Kasven-Gonzalez N, Souverain R, Miale S. Improving quality of life through rehabilitation in palliative care: case report. *Palliative & Supportive Care*. 2010; **8**(3): 359-69.

Kealey P, McIntyre I. An evaluation of the domiciliary occupational therapy service in palliative cancer care in a community trust: a patient and carers perspective. *European Journal of Cancer Care*. 2005; **14**(3): 232-43.

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Miller J, Hopkinson C. A retrospective audit exploring the use of relaxation as an intervention in oncology and palliative care. *European Journal of Cancer Care*. 2008; **17**(5): 488-91.

Pearson EJ, Todd JG, Fatcher JM. How can occupational therapists measure outcomes in palliative care? *Palliative Medicine*. 2007; **21**(6): 477-85.

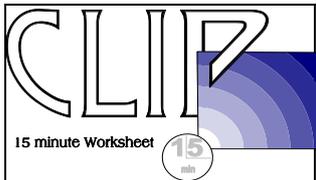
Prochnau C, Liu L, Boman J. Personal-professional connections in palliative care occupational therapy. *American Journal of Occupational Therapy*. 2003; **57**(2): 196-204.

Saarik J, Hartley J. Living with cancer-related fatigue: developing an effective management programme. *International Journal of Palliative Nursing*. 2010; **16**(1): 6, 8-12.

Schleinich MA, Warren S, Nekolaichuk C, Kaasa T, Watanabe S. Palliative care rehabilitation survey: a pilot study of patients' priorities for rehabilitation goals. *Palliative Medicine*. 2008; **22**(7): 822-30.

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### 15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

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