

# Seating in Critical Care

## Aims

- ▶ To increase awareness of different types of seating available within Critical care
- ▶ To gain an understanding of the key features of types of seating
- ▶ To demonstrate appropriate seating selection for different patient groups within Critical Care

# Standard Chair



- ▶ 90° angle at hips
- ▶ Unable to recline or tilt
- ▶ Suitable patients
- ▶ Good strength and sitting balance
- ▶ Able to stand with or without assistance
- ▶ Able to reposition themselves in the chair

# Recliner Chair



**Recline** (Additional Charge)  
Hip Angle Changes



- ▶ Option to recline backrest from  $90^{\circ}$  or greater (increase hip angle)
- ▶ Elevate leg rest
- ▶ Suitable patients:
  - ▶ Some degree of weakness
  - ▶ Able to reposition themselves with minimal assistance
  - ▶ Able to stand with assistance
- ▶ Can lay flat if required for medical reasons

# Tilt through space



- ▶ Tilts/moves the whole chair, keeping the hip angle at  $90^{\circ}$
- ▶ Does not recline backrest
- ▶ Option of footrest on some chairs, helping to keep patient back in the chair in a good position

## Suitable patients:

- ▶ Patients who are unable to stand and mobilise.
- ▶ Patients who require hoist transferring, who may have reduced sitting balance.
- ▶ Patients who may fatigue quickly sitting out

**Tilt-in-Space** (Standard)  
Hip Angle Stays the Same



# Specialist Seating



- ▶ Chair independently tilts through space and reclines
- ▶ Has head rest/support
- ▶ Has foot rest and calf supports
- ▶ Lap belt for safety

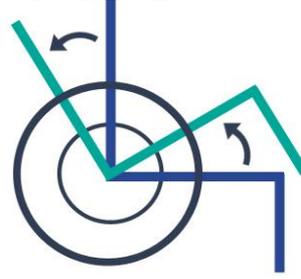
## Suitable patients:

- ▶ Patients who are unable to stand and require hoist transfer.
- ▶ Patients with reduced sitting balance - poor head / trunk control
- ▶ Patients who require a lap belt for safety

**Recline** (Additional Charge)  
Hip Angle Changes



**Tilt-in-Space** (Standard)  
Hip Angle Stays the Same



# Stretcher Chair



- ▶ Lays flat to allow patient to be transferred via sliding across from bed to stretcher chair
- ▶ Able to sit patient up gradually from supine
- ▶ Most models can tilt as well as recline
- ▶ Lap belt for patient safety

## Suitable patients:

- ▶ Patients who are immobile due to poly trauma and may be unable to be hoist transferred
- ▶ Patients who may not tolerate sitting upright and need a gradual incline
- ▶ Patients who have several lines limiting safe hoist transfer for example vascath line when on continuous haemofilter (kidney machine)

Chair		Tilt	Recline	Leg support	Hoist transfer	Able to stand	Headrest	Lap belt	Trauma unable to hoist
Standard						✓			
Recliner			✓	✓		✓			
Tilt through space		✓		✓	✓				
Stretcher chair		Depending on model ✓	✓	✓		✓		✓	✓
Azalea		✓	✓	✓	✓		✓	✓	

# Check your understanding...

## Which chair is the most suitable?

### Scenario 1

- ▶ Patient F 65 year old male, day 1 post op following CABG.
- ▶ Patient exubated and stable on 2L o2 via nasal cannula.
- ▶ Normally independently mobile with no walking aids
- ▶ Blood pressure stable at 116/72 supported by noradrenaline at 2mls per hour
- ▶ Has the potential to become dizzy / hypotensive
- ▶ You are getting the patient out of bed for the first time post op

A



B



C



# Which chair is the most suitable?

## Scenario 2

- ▶ Patient B, 36 year old female, trauma patient following pedestrian v car
- ▶ Ventilating via tracheostomy
- ▶ Pelvic external fixation - bilateral non weight bearing, can sit up as ex fix allows
- ▶ Right clavicle fracture
- ▶ Pain is an issue - managed by PCAS

A



B



C



# Which chair is the most suitable?

## Scenario 3

- ▶ Patient S, 67 year old female admitted following SAH, dense right sided weakness on assessment
- ▶ Has completed sit on the edge of the bed with maximum support at head and trunk
- ▶ Tolerated sitting up well but fatigued after short period

A



B



C



# Answers

## ▶ Scenario 1 = B

- ▶ A recliner chair is the most suitable chair as it can recline back to a near flat position. This is helpful in case the patient feels dizzy and/or drops their blood pressure, this can be common when mobilising for the first time following cardiac surgery or other surgical procedures, especially when requiring support for BP.

## ▶ Scenario 2 = A

- ▶ A stretcher chair is the most suitable chair. The patient can be slid across from the bed. This is a safe and controlled way to transfer a patient with a tracheostomy. It avoids any pelvic/lower limb weight bearing and is preferential to a hoist transfer, which could be uncomfortable around the pelvis. Some models of stretcher chair have the ability to tilt in space, which is beneficial in the early stages of rehab to provide a more supportive seated position.

## ▶ Scenario 3 = C

- ▶ An Azalea or similar style of specialist seating is the most suitable chair. This provides the greatest support for patients presenting with severe weakness. Due to this patient's lack of trunk and head control, the chair needs to provide maximum support. This chair has the ability to recline, tilt in space, with adjustable head, arm and lower limb supports which can all be customised for the patient.