Royal Hospital for Neuro-disability
A national medical charity

Shared learning

Date: 09/12/2024

Theme of the week: Unwell patient using a standing frame.

Background & Context

A patient had an episode of postural hypotension and vomiting during a gym session where they used a standing frame.

What happened?

The patient attended the gym for a standing session in a standing frame, after lunch.

The patient had been using another device to stand in previous sessions without issue. The new standing frame was being used as a progression of their treatment.

The patient stood up in the standing frame with assistance of 3 staff members present. After a few minutes they became unresponsive and were lowered to the plinth, where they also then vomited and then became responsive again.

A set of observations were completed, the ward was notified and the patient was made safe and supported back to the ward for a medical review and investigations.

The event was documented on EPR

What should have happened

It was not anticipated that an event of this nature was likely to occur with this patient as they had previous stood using a different device at the RHN, and in a previous hospital, without any known issues.

Risk management included supporting the patient in a suitably supportive device to stand with ao3 for safe patient handling.

On review, some additional factors could have contributed to the event occurring:
Session time: standing up in a session after eating lunch.
Medication: a medication had been adjusted that day that may have impacted blood pressure.

An appropriate MDT response was taken to manage the patient at the point they became unwell and on follow up.

The event should have been datixed, as well as documented in EPR, as it was an adverse event for the patient.

What changes did we make? What will we do differently

Episodes of this nature are a known risk when using a standing aid. It is not possible to remove this risk entirely but steps can be made to reduce the risks. For this patient the following actions were made:

13:30pm not to be used for PT sessions.
BP monitoring to be used for the following standing sessions
Standing sessions to not occur on the day of the next associated medication change.

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How will we stop it happening again? What can you do?

Episodes of this nature are a known risk when using a standing aid in our vulnerable hospital population. It is not possible to remove this risk entirely but steps can be made to reduce the risks:

- Initial assessment on any new equipment should have documentation of any potential risks and risk mitigation in the patient's notes. This includes consideration of past medical history, past and recent medication adjustments or changes that could impact a patients stability.
- The Blood pressure monitoring equipment available in both gym environments.
- Gym equipment updates remain a part of the physiotherapy department yearly in-service training and a part of the departmental induction for all new starters. All staff should remain familiar with devices they are using, relevant risk and contraindications. If they feel unable to meet this requirement they should ask for an update prior to using it with a patient, through their supervision channels.
- Continued adherence to all RHN mandatory training including BLS and Safeguarding and daily safety checks process in the gym area which include checks of the emergency call bell link to the wards and check of emergency equipment (e.g. red bag)

☑ I have read this:

Name	Job role	Signature
