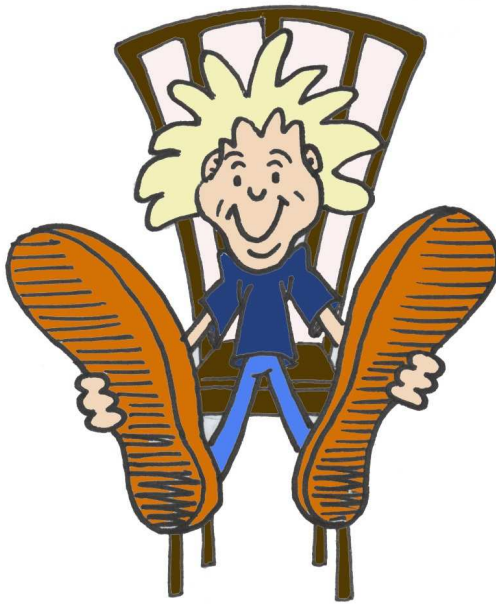


**GET DRESSED,
GET MOVING,
GET BETTER!**



DR AMELIA CRABTREE

**GET DRESSED,
GET MOVING.**



GET BETTER!

Dr Amelia Crabtree

Get Dressed, Get Moving, Get BETTER!

Written and Illustrated by
Amelia Crabtree.

A resource for those who care for patients,
those who are patients,
and those who might be patients one day.

April, 2019.

Inspired by another Dr... and my son.

A hand-drawn scribble consisting of several overlapping, curved lines in the bottom right corner of the page.

Welcome to Caulfield,
Today is the day.
To get up. To get dressed.

To **MOVE**

on your way.



You'll need shoes for your feet
And day clothes to wear.
If you don't have them,
Let us know, as we care.



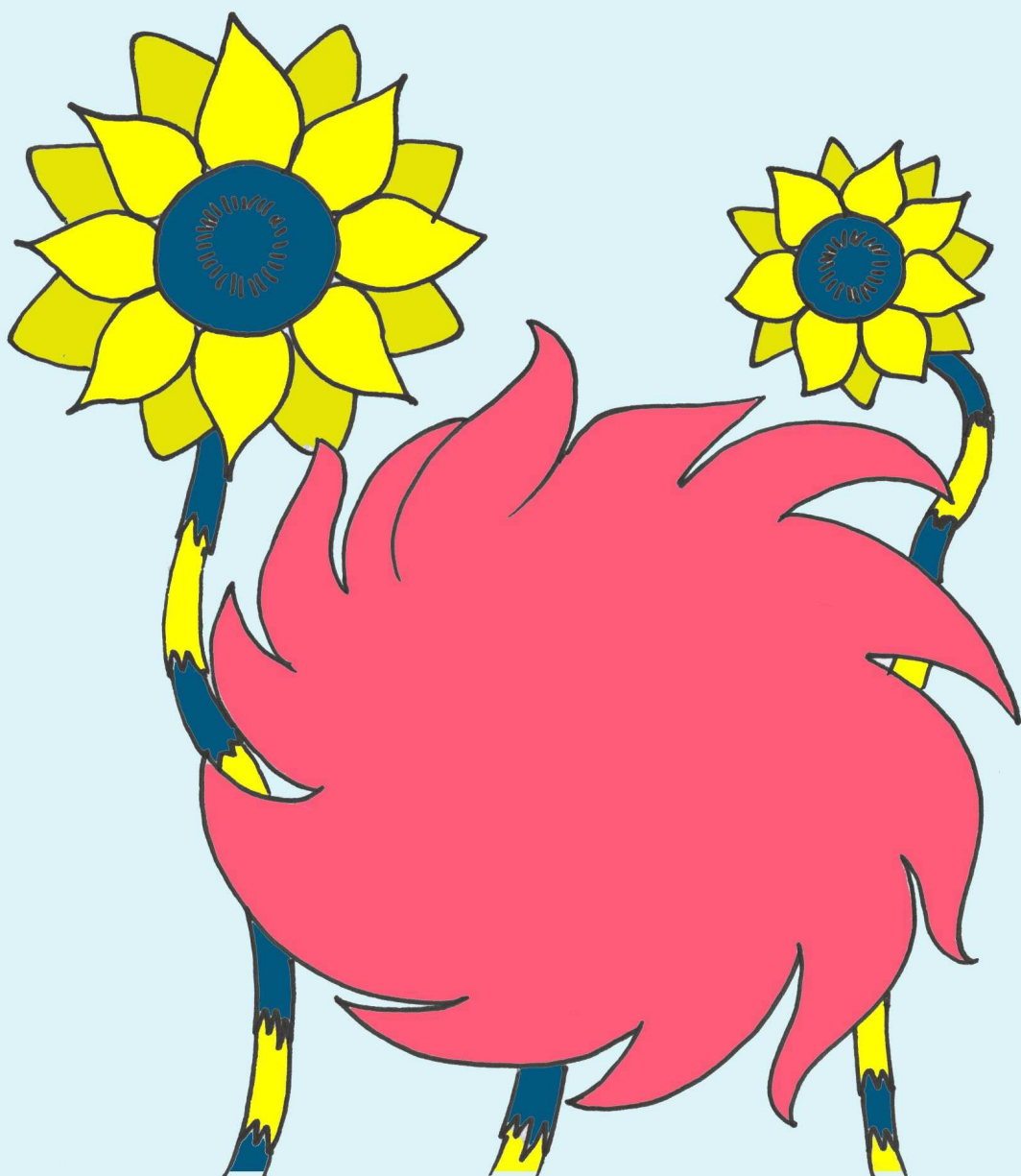


Being in hospital
Is not really fun.
SO, let's get you

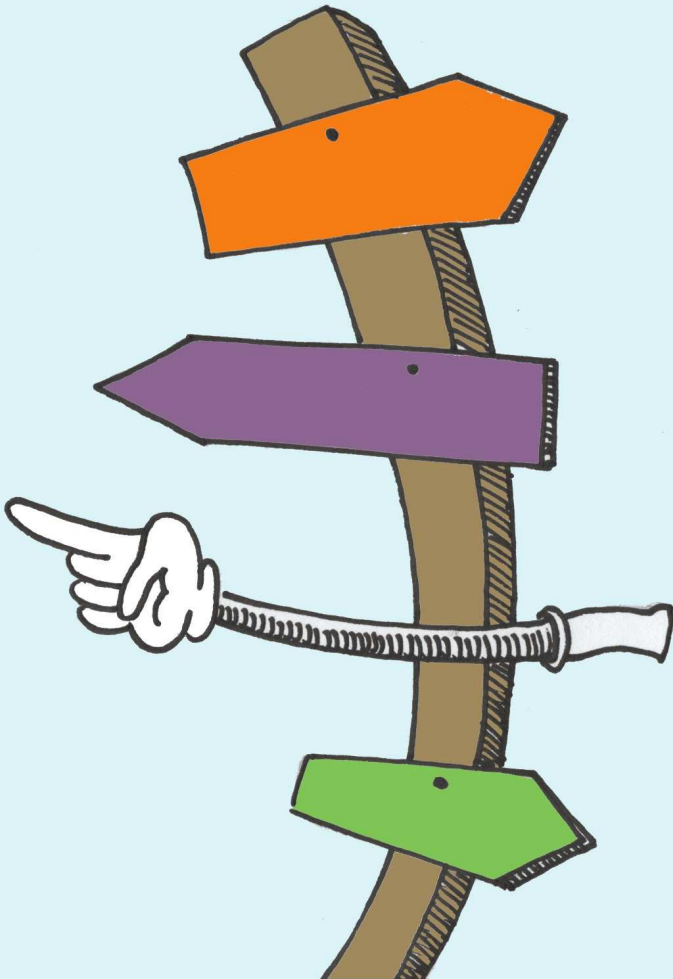
BETTER!

Get you out in the sun!

We are so curious,
To learn all about you.
What's important, what matters.
And what we can do.



To help you along,
To help you get out.
Hospital's not fun,
Of that, there's no doubt!



We think it's a good thing
To get out of bed.
It strengthens your muscles
And the brains in your head.



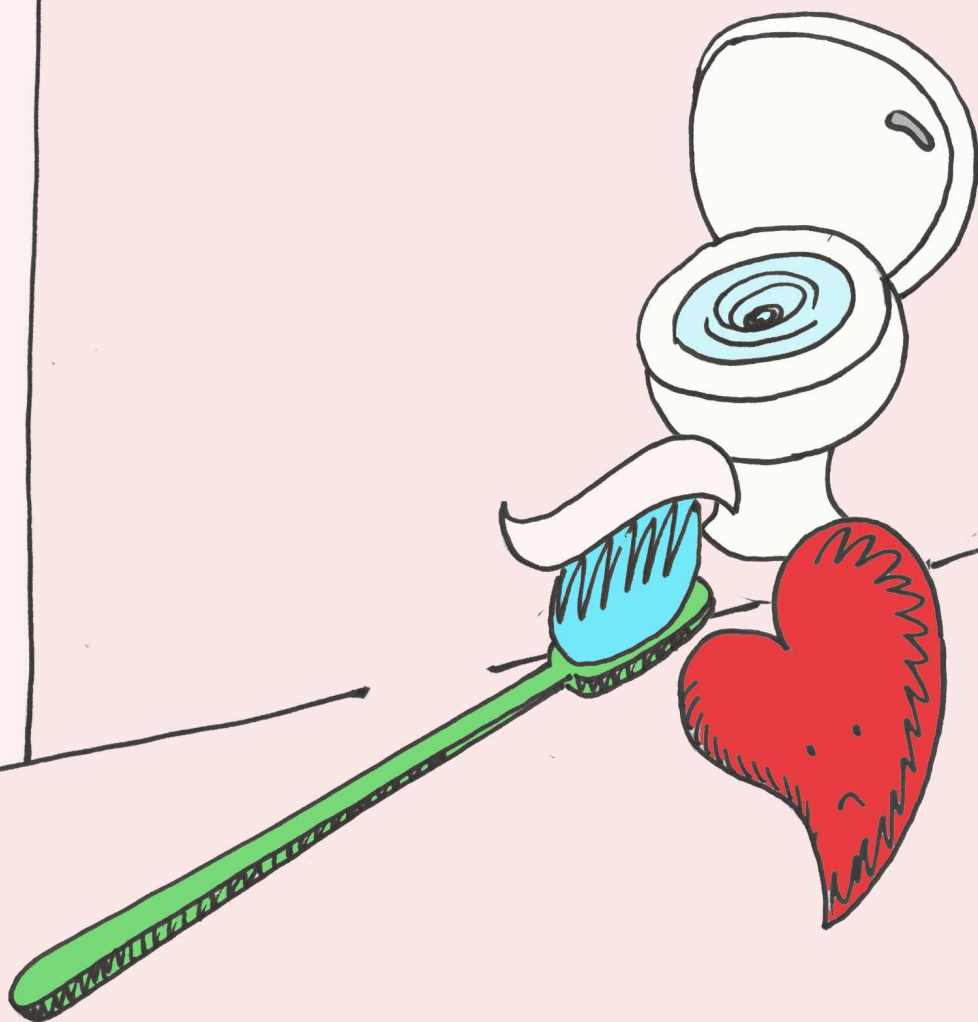


Being in bed causes problems.
It's true.
More infections, more weakness.
It's not good for you.

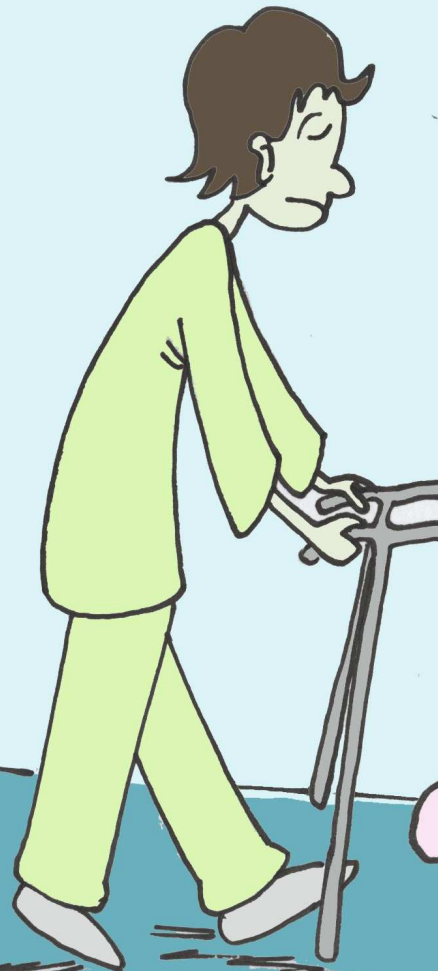
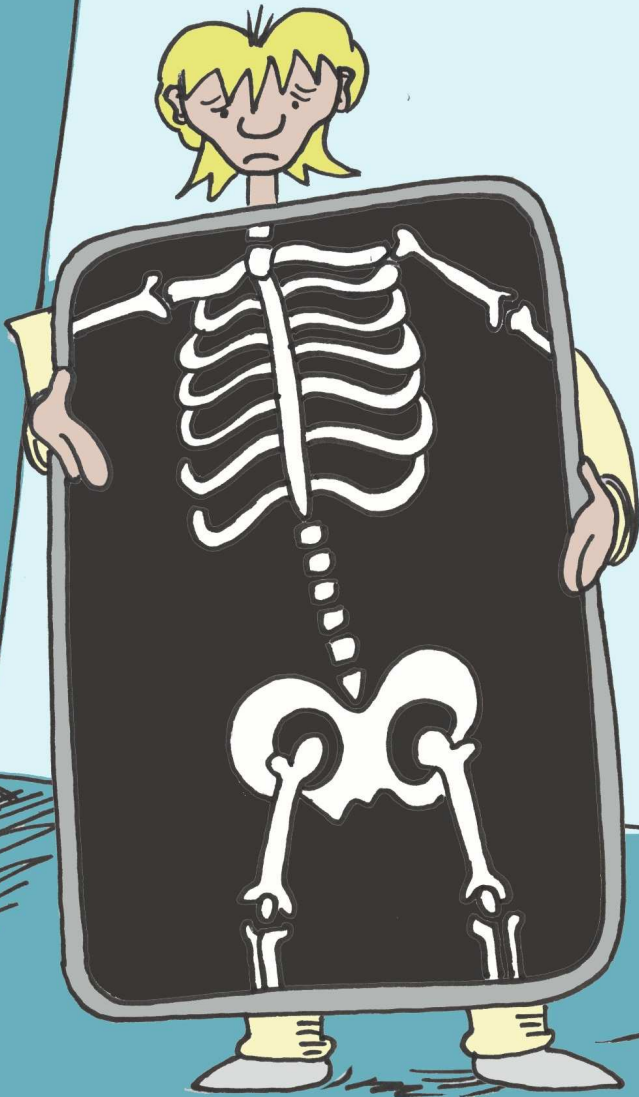
The bed is the source of
Lots that is bad.
Pressure and low mood,
It can make you feel sad.



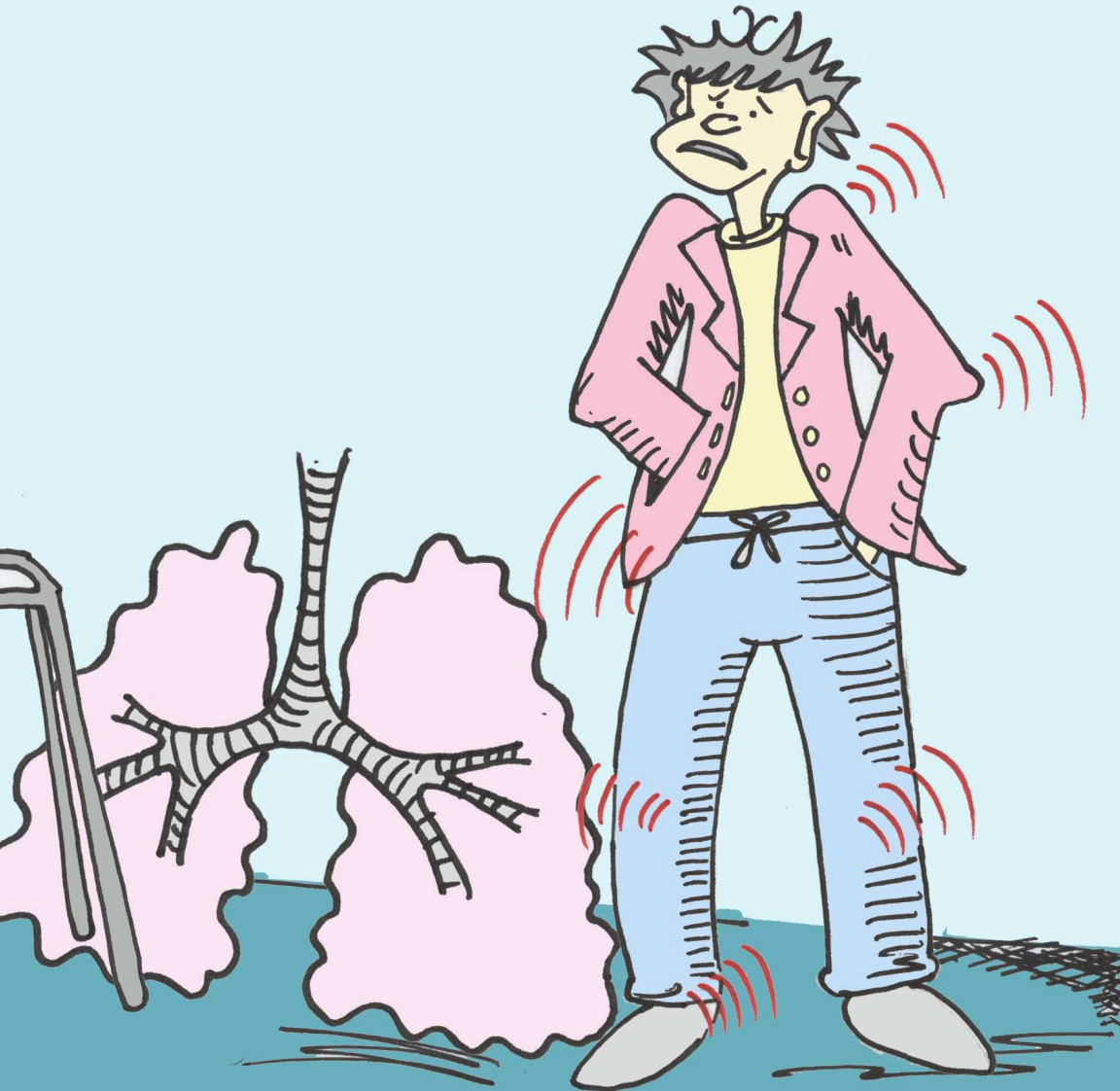
Troubles with toileting
Daily functions won't start.
A long time in bed
Also weakens your heart.



A weakening of bones.
Walking gets hard,



The lungs lose their breath.
Joints feel quite jarred.



Dizziness, dehydration,
Falling down when you stand.
It's starting to seem that
The bed ain't so grand!



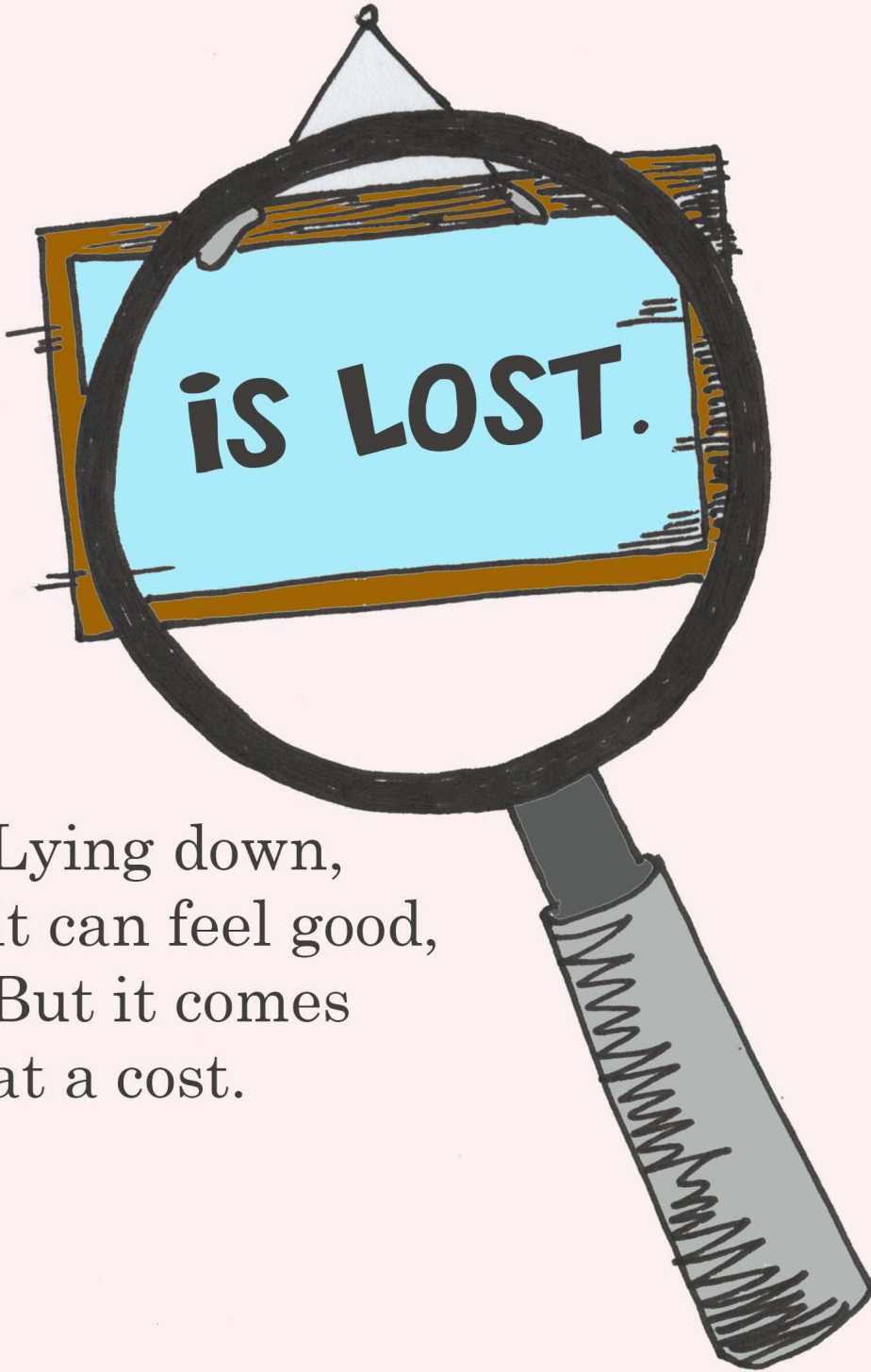
The list just goes on.
To poor sleep and blood clots
Aches, pains, loss of strength.
And slowed gut and skin spots.



From a long time in bed
Confusion can increase.
So too much lying down
Is what we need to cease.



The outcome of it all..
Independence



Lying down,
it can feel good,
But it comes
at a cost.

The

**GOOD
NEWS**

is that



You can reduce your own risk.
It doesn't take too much,
You don't need to be brisk.

To make you
feel normal,
Wear clothes in
the day.

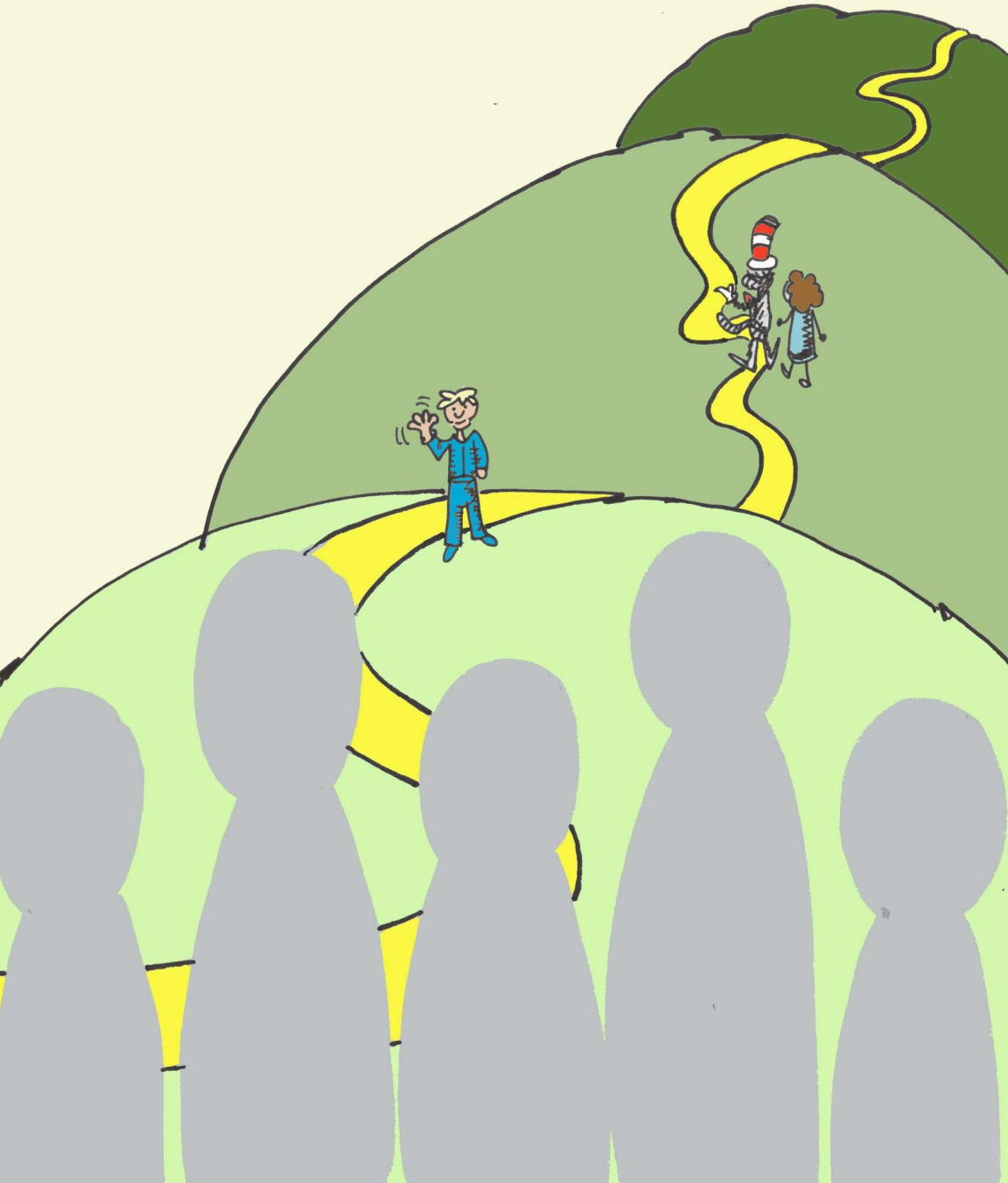


It helps you feel
better.
Sends the
cobwebs away!

Our team will help
And guide you with pace.
Ask us your questions,
We know what you face.

If you need help,
We can keep you stable.
So get up and get moving
As much as you're able.





Older adults in hospital spend of 83% of their time in bed on average. This time can be even greater if there were difficulties with walking or function prior to hospital.

Spending this much time in bed has dire consequences, both during the hospital stay and well beyond. Such consequences include:

- Reduced ability to walk (mobility)
- This results in loss of muscle mass and muscle strength
- Subsequently, people are more prone to falls (and fractures when they fall)

When people lose their mobility, they are also more likely to experience difficulties with:

- Bladder function – and develop urinary incontinence
- Bowel function – and develop constipation
- Skin Integrity – with development of pressure areas, swelling and infections
- Lung capacity – with reduced exercise tolerance and increased disposition to infections
- Reduced circulation – with increased risk of blood clots and blood pressure drops upon standing
- Controlling their own environment resulting in reduced, or altered sensory inputs, and as such have declines in vision and hearing without access to their aids.

Spending prolonged periods in bed can also result in:

- Thinking and memory difficulties with development, or worsening, of confusion (delirium)
- Weakening of bones (osteoporosis) which increases the risk of fracture if a fall occurs
- Low mood, with depression and apathy
- Reduced appetite, resulting in poor oral intake and malnutrition

All of these developments can further contribute to decreased mobility, causing cascade of worsening functional condition.

Overall this increases the likelihood that an older adult will:

- Spend longer in hospital
- Lose independence in daily activities, such as bathing, dressing and toileting, requiring added help at home
- Be more likely to be discharged to residential aged care facility rather than home
- Be more confined to home if they are discharged home
- It also means they are more likely to be readmitted to hospital

What can we do to end this problem?

The more that patients can move around the less likely they are to develop the complications and longer-term consequences of being in bed.

The first step is to think of loss of mobility as a potential problem for older adults in all care settings. Putting in place preventative measures and monitoring for mobility changes is important. This needs to be done early during the hospital stay.

Second, assist patients to get up and dressed. Patients who get dressed are more motivated to move, and less inclined to adopt a “sick-role” in which they feel like they are ill and therefore must stay in bed to recover. Talk to patients about how important it is to prevent mobility decline whilst they are inpatients and how getting dressed will make this easier for them. This can be done by all care providers. Family, friends and visitors can provide support by bringing in clothes.

The third step is to get patients moving. Patients should be encouraged to move as much as possible. All incidental walking helps to recover or maintain mobility. This means that walking should not just be confined to dedicated therapy sessions. Walks to the toilet and around the ward add to the benefit of such therapies. Everyone can help with walking patients when they are able. Families and friends can be shown how to safely mobilize with patients.

