Prescription and Provision Guidelines

SLEEP/BED POSITIONING SYSTEMS	
Includes	**Eligible Prescribers**
Group 2 Night positioning system	Occupational Therapist/ Physiotherapist with > 1 yr experience + 3 previous prescriptions for group 2 equipment in this category
Group 3 Custom made night positioning systems	Occupational Therapist/ Physiotherapist • Greater than 3 years experience • 5 previous prescriptions for group 3 equipment in that category Prescriber plus one or more members of the specialist multi-disciplinary team
Excludes	
Contracts in place	Nil
Availability of equipment under other services	Nil

Identification Of Need / Clinical criteria

A sleep or bed positioning device may be funded when:

1. The use of a sleep/lying system has a functional goal **AND**
2. The use of a sleep/bed positioning device will decrease risk of aspiration **OR**
3. The use of a sleep/lying system reduces need for re-positioning during the night by family carers **OR**
4. The use of a sleep/lying system reduces pain, increases comfort and sleep **OR**
5. The consumer spends more time in bed during the day than age peers

Key information to consider or include in the Equipment Request

Consumer Factors

Provide

- A measurable functional goal
- Relevant medical information re: aspiration risks, reflux, respiratory or other medical conditions, including information from sleep study if conducted and recommendations from medical team
- Clinical assessment of functional abilities, ability to re-position self in bed, pressure care

Confirm

- Consumer's acceptance of being positioned for sleep
- Any pain or respiratory issues have been addressed by medical team and any recommendations consistent with equipment recommendations
- Pressure care issues have been addressed

Consider

- Possible growth, surgery or other factors that will result in change
- Effects of medication
- Consumer's ability to control temperature
- Risk assessment of consumer's safety in bed, with and without positioning system in place

Social/carer criteria

Confirm

- Provision of equipment will facilitate the physical care of the consumer and/or reduce strain on carers
- All carers are able to use the equipment safely, including transfers and set up
- That there is a plan in place for training the carers in the use of a positioning system and ongoing monitoring especially in the area of pressure care and pain management
- Carer or care team is in agreement with the use of the positioning system

Environmental and Equipment Factors

Provide

- Information about how the features of the positioning system have been matched to the consumer's basic needs and function

Confirm

- Positioning is compatible with other equipment and planned equipment such as bed, hoist, pressure care mattress or CPAP machine

Consider

- Adjustability as consumer's needs and/or size or weight changes
- Ease of set up and cleaning
- Whether this will be used in more than one environment eg respite care, if so that the system will be able to be transported

Trial

- A trial is required of the desired positioning or as close to the desired positioning as possible. This may be using the recommended positioning system, equivalent system or a mock up.
- Trial and consideration of alternative positioning methods including modification to present equipment, use of features of bed or use of wedges is required
- Trial in the home environment and other environments of use is highly desirable

Provide

- Information about the length and location of the trail including any limiting features of the trial (eg mock up of custom made system)
- Objective comparisons between the options considered or trialled and non- use of positioning device. Trial data should include comfort level, amount of sleep, waking and functional benefits.

Confirm

- For custom made equipment, whether a trail and adjustments are possible before final covering

Plan for delivery and evaluation

- If remeasure of equipment is required prior to ordering please note this and relevant contacts.
- Provide the name and telephone number of the consumer/carer or any clinicians who must be notified of delivery
- Equipment Evaluation Form (EEF) is required in 4 – 12 weeks of use
- Provide details of person/agency responsible for evaluation. With consumer's permission forward copy of ERF to this service.

Resources	Bed safety for Children with Disabilities Fact Sheet: retrieved from Novita Website
	Sydney West Area Health Service – Western Cluster Provision of Sleep systems policy