Placing and removing a bedpan.m4v

Today we're going to be talking about placing the patient on a bedpan. There's two different kinds. This is the regular bedpan, and this part right here goes under the buttocks. This one is called a fracture pan, and this is the part that goes under the buttocks. And so if you can't remember that, remember that the widest part goes between the legs, so that the majority of the fluid or what comes out can go there.

I also want to have tissues, gloves, a towel. I have a basin with a washcloth for cleaning the patient up afterwards. I have placed what's called a chux pad already under the patient, but a chux pad might be a blue pad with white. The blue goes against the bed and this goes against the patient, in case there's any spillage.

So I'm going to perform hand hygiene and introduce myself to the patient. Whenever you're doing this, you want to ask the patient what's their normal bowel routine. And again, you want to consider culture, family, and what their routine is with bowel movements. And normally, you want the patient to be as independent as possible, but today, Mr. Jones is going to need some help, and so we're going to place a bedpan under him.

So, Mr. Jones, can you tell me your full name and birth date? Thank you.

So I've gathered all of my supplies. I'm going to raise the bed to an appropriate working height, so as not to strain my back. And today, I'm going to use the regular bedpan. And as I said, I've already got the chux underneath the patient. I'm going to put gloves on.

And I'm going to lower the side rail. And I'm going to again maintain patient privacy. I would want to shut the door or pull the curtain for the patient.
And I'm going to take my bedpan. I'm going to roll the patient over to the side. And I'm firmly going to place this under the patient, under the buttocks. And you almost have to overemphasize going down, because when you roll the patient back over, it tends to slide a little bit.

And as you can see, this is positioned underneath and between the legs. Then I want to maintain patient privacy. I'm going to put the side rail back up, and I may raise the bed up a little bit more, if that's appropriate for the patient, to facilitate more comfort with a bowel movement.

Then I will lower the bed back down to the lowest position, make sure that two side rails are up, and make sure that the call light is within reach. I will step outside of the room temporarily to give the patient some privacy. However, you want to be careful with some patients, like cardiac patients, that you don't leave them alone for very long, because of the straining that might be involved.

Once the patient's placed their call light on and told you that they're done, you would walk back into the room. Again, you would perform hygiene and put on a new pair of gloves. You'd raise the bed up to a comfortable level. And you would explain to the patient that you were going to roll them over onto their side to remove the bedpan.

And again, maintaining patient privacy. I'm going to roll the patient. And you need to hold the bedpan as you're rolling the patient over, to minimize spillage. I'm going to take this out and set it on the floor underneath the bed. I would clean up the patient with a washcloth, tissues, or a bed/bath package, depending on what the protocol and policy is at that facility.

Once the patient's clean, I would roll them back over onto their back, cover them back up, and if there was any spillage on the chux, I would also pull the chux out from underneath of them. I would put the bed back down into the lowest position, make sure the call light is within reach.

And then I need to use what's called a hat or some sort of other measuring container that can accurately measure what is in the bedpan. And I want to do consistency, color, and amount, and I want to document that.