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Nursing Assessment of the Turn All System from My Perspective as Head of Neurological Long-Term Rehabilitation

We used the Turn All system over a period of two years in out-of-hospital neurological long-term rehabilitation. Based on this practical experience, my overall assessment of the system is positive. We had no negative experiences during its use. At the same time, it became clear that suitability must be assessed individually. In highly agitated patients, use was sometimes not possible.

My assessment relates particularly to the care of people with severe acquired brain injuries, including severe traumatic brain injury and disorders of consciousness such as unresponsive wakefulness syndrome (UWS) or minimally conscious state (MCS). In these patients, pressure relief, body alignment, perception, well-being and the organisation of activity and rest periods must all be considered together.

I see a major practical benefit of the Turn All system in its ability to support regular lateral changes of position while patients are lying in bed. For suitable patients, this reduced the need for manual repositioning. In my view, this is a useful addition to nursing care, particularly for people who cannot change their position independently.

We had particularly positive experiences concerning well-being and undisturbed night-time rest. For some of the patients in our care, the system performed the scheduled overnight repositioning, so manual repositioning by nursing staff was unnecessary at those times. The associated bedside nursing tasks could therefore be avoided. In my view, this helped reduce night-time interruptions and enable longer, uninterrupted periods of rest.

This observation is particularly important to me in neurological long-term rehabilitation. The daily routine often includes numerous nursing, therapeutic and perception-stimulating activities. For this reason, I also attach great importance to protected rest periods. Our experience suggests that Turn All may contribute to this for individually suitable patients. However, these are our nursing observations; they do not establish an objectively measured improvement in sleep quality or a change in level of consciousness.

Assessing well-being in patients with UWS or MCS is especially challenging, as they are often unable to communicate discomfort or needs reliably. I therefore consider it necessary to assess tolerance based on individual behaviour and possible changes in facial expression, muscle tone, breathing and autonomic responses. The absence of resistance alone is not sufficient evidence of good tolerance. Appropriate pain assessment and repeated standardised follow-up evaluations are also necessary in patients with severe disorders of consciousness.

A practical limitation emerged in highly agitated patients. In some of these cases, use was not possible. From this experience, I conclude that the system is not universally suitable for all people with severe neurological impairments. Current condition, movement behaviour and individual acceptance are decisive. If safe and well-tolerated use is not possible, an alternative form of positioning must be selected.

I explicitly understand the elimination of certain manual repositioning tasks at night as a reduction in workload within an individually defined nursing care plan. This does not mean that nursing support or monitoring is generally unnecessary at night. Skin condition, body alignment and other care needs must still be considered, regardless of automated repositioning. International pressure ulcer guidelines also emphasise that actual pressure relief and support of specific body areas must be assessed individually, even when automated turning systems are used.

For rehabilitation practice, I see Turn All as an additional aid. Individually tailored positioning, for example in accordance with neutral positioning principles, targeted facilitation of movement, sitting upright and mobilisation outside the bed all retain their own importance. Automatically tilting the lying surface does not fulfil every function of neurological rehabilitation positioning.

After two years of practical use, my overall assessment is positive. I was particularly impressed by the observed contribution to the well-being of individual patients and the ability to carry out necessary position changes with fewer disruptions to night-time rest. I consider continued use beneficial for suitable patients, provided that tolerance, safety and individual nursing and rehabilitation needs are reviewed regularly. The diagnosis of a disorder of consciousness alone is not, in my opinion, a sufficient criterion for decision-making.

Kind regards,



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