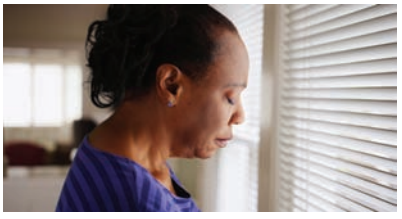
CFS gets much-needed recognition



I just wanted to thank you, not only professionally but personally, for "Chronic Fatigue Syndrome: What Nurses Need to Know" (April 2020). I've lived with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) for about 35 years, encountering many challenges and comorbidities along the way.

Just having ME/CFS recognized as a real medical issue is *huge*. I appreciate any nurse who shows affirmation and understanding for patients with ME/CFS. Thank you for introducing it to those who may not know about it.

—CYNTHIA DAINSBERG, RN, FCN
LAPORTE, MINN.

Fall prevention: Have we gone too far?

In a recent editorial, Editor-in-Chief Linda Laskowski-Jones described experiencing a distressing episode while visiting a hospitalized relative ("Fall Prevention: Have We Gone Too Far?" *Editorial*, April 2020). Although the patient was cognitively intact and able to sit safely on the side of the bed, a nurse told him he could not sit there to eat a meal because of the fall risk. Ms. Laskowski-Jones felt this was an example of the pendulum swinging too far toward restricting mobility in order to reduce fall risks. But perhaps the nurse had a valid reason for her request. I work at an Academic Medical Center, and our practice is to have patients sit in a chair instead of sitting at the side of the bed. The mattresses are very slippery, especially when they have only a sheet on top. We have had several patients slide from the bed to the floor, which counts as a fall. If sitting in a chair is not possible due to extraneous circumstances, having patients sit on top of a blanket on the side of the bed would increase friction and help prevent slips.

—EILEEN O'SHEA, BSN, RN
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Linda Laskowski-Jones responds: You make excellent points that definitely have to be considered when assessing individual risks for patient falls and planning prevention strategies. I agree that the nurse needs to explain the reason behind the safety measure. In the case of the individual I referenced in my editorial, the mattress was not slippery. Unfortunately, I was also reacting to a much broader nursing issue of "teaching to the test" by discouraging mobility as a strategy to maintain low fall *metrics*. I am absolutely not suggesting all nurses ascribe to this philosophy, but, sadly, it happens. The issue boils down to, "If I don't let you get out of bed, you're much less likely to fall."

We know mobility prevents numerous complications. I believe we have an ethical responsibility to use our nursing judgment, art, and science to partner with individual patients for the best possible outcomes. Although metrics do have their place, they always need to be considered in the proper context: As nurses, first and foremost, our duty is to care for people.

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