

Safe Patient Handling - Nursing Reference

Patient Mobility Assessment Flow-Chart

Is the patient

- Cooperative
- Able to bear weight fully
- Consistent & reliable in balance
- Patient mobilizes w/out assistance safely
- May need to define environment – ie: room unit

YES

Independent

No Assistance

NO

- Cooperative, able to bear weight
- Consistent & reliable in balance but requiring some verbal reminders
- And/or some help with equipment
- Needs oversight/standby for safety

YES

Supervised

Gait Belt

NO

- Patient can perform ~ 75% of activity
- Able to bear some weight
- Able to balance somewhat, and/or
- Able to cooperate some what?
- Patient highly involved in activity
- Patient has considerable upper body strength
- Patient bears some weight
- Patient sits up well, may need some

YES

Min Assist

- 1-Person Assist
- STEDY
- Bed Features
- Pt Assist
- Gait Belt / Walker to Ambulate

NO

- Patient can perform ~ 50% of activity
- Patient follows simple directions
- Patient bears some weight
- Patient has some upper body strength
- Patient sits up with assistance
- Able to bear any weight?

YES

Mod Assist

- 2-Person Assist
- Sabina, Sara
- Bed features
- Slide sheets
- Hovermatt
- PT to Ambulate

NO

- Patient can perform ~25% of activity or No activity
- Dependent - *In other words*
- Patient unable to help
- Full staff assistance required
- Inconsistent?
- Heavy or obese?
- Limited in movement?
- Unable to bear weight?
- Unable or unwilling to cooperate?

YES

Max Assist

Total Assist

- Total lift
(Tempo, Opera, Viking or Ceiling)
- Bed features
- Slide Sheets
- Hovermatt
- No Ambulation

Equipment Descriptions/Abbreviations

| | |
|----------------------------------------------|---------|
| Liko Ceiling Lift (Likorall or Freespan) | CEILING |
| Arjo Tempo (Total Lift) | TEMPO |
| Liko Viking M (Total Lift, Floor or Ceiling) | VIKING |
| Liko Sabina (Sit-to-Stand) | SABINA |
| Arjo Sara (Sit-to-Stand) | SARA |
| Arjo Stedy (Pt. Assist) | STEDY |
| Hovermatt | HM |
| Gait Belt | GB |
| Slide/Transfer Sheets | SS |

Special Considerations

| | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Hip Replacement: | Weight bearing status specified by MD <u>THA precautions:</u> Don't cross legs Don't bend hip > 90° Don't pivot |
| Paralysis / Paresis: (ie – CVA) | Transfer toward strong side Roll → sit toward weak side Never leave alone sitting unsupported |
| Spinal Surgery: | Follow MD orders OOB with brace as ordered Follow sitting limitations – 15 minutes / episode |
| Abdominal Surgery, Open Heart Surgery, or Chest Tubes: | Consider: location of wound or tube, stage of healing May need additional covering/padding before use of Sabina May need PT Assessment |
| Total Joints: | No mechanical lifts ever |