

MOVING PATIENTS

Using Assistive Devices

Moving some patients, especially those who are immobilized, often requires that you use assistive devices. These devices can make your job easier, but to work with them safely you need to protect your back by using good body mechanics. Explain procedure before moving the patient.

DRAW SHEETS:



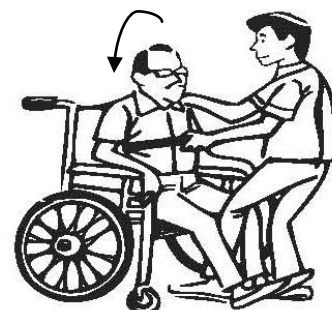
Draw sheets can help you more easily move patients in bed. It's best not to use them by yourself. Roll the draw sheet tightly under the patient on one side, or if moving the patient toward the foot or head of the bed, on both sides. Grasp the rolled sheet, palms up, near the patient's hips and shoulders. Keeping your knees bent and your back in neutral position, lift slightly and drag the sheet in the direction you want to move the patient. Ask the patient to help, if possible, by pulling on the bed rail or headboard, or by pushing with his or her feet.

SLIDE BOARDS:

Slide boards—also called transfer boards—reduce friction so patients can slide more easily. (Large plastic bags will work the same way.) Be sure to scoot enough of the board beneath the patient before you start the transfer. Bend your knees, keep your back in neutral position, avoid overextending yourself and get help when you need it.

TRANSFER BELTS, GAIT BELTS:

Transfer belts fit around a patient's waist to provide you with a firm handhold. They can be very helpful during wheelchair transfers. Remember to bend your knees as much as is comfortable, rather than making your back do all the work.



TRANSFER FROM SITTING TO STANDING POSITION; AMBULATION

When to Use:

Transferring residents who are partially dependent, have some weight-bearing capacity, and are cooperative. Transfers such as bed to chair, chair to chair, or chair to car; when repositioning residents in chairs; supporting residents during ambulation; and in some cases when guiding and controlling falls or assisting a resident after a fall.

Points to Remember:

More than one caregiver may be needed. Belts with padded handles are easier to grip and increase security and control. Always transfer to resident's strongest side. Use good body mechanics and a rocking and pulling motion rather than lifting when using a belt. Belts may not be suitable for ambulation of heavy residents or residents with recent abdominal or back surgery, abdominal aneurysm, etc. Should not be used for lifting residents. Ensure belt is securely fastened and cannot be easily undone by the resident during transfer. Ensure a layer of clothing is between residents' skin and the belt to avoid abrasion. Keep resident as close as possible to caregiver during transfer. Lower bedrails; remove arms and foot rests from chairs, and other items that may obstruct the transfer.

For use after a fall always assess the resident for injury prior to movement. If resident can regain standing position with minimal assistance, use gait or transfer belts with handles to aid resident. Keep back straight, bend legs, and stay as close to resident as possible. If resident cannot stand with minimal assistance, use a powered portable or ceiling-mounted lift device to move resident.

TRAPEZES:

A trapeze lets a patient help you move him or her in bed. Coordinating movement with a patient is easiest when you review the move first, take it slow and easy, and rest when either of you needs to.



MECHANICAL LIFTS:

You may need to use a mechanical lift to move patients who are paralyzed or extremely heavy. Practice with the lift before using it with a patient, so that there won't be any surprises for either of you.

