

Assessment Criteria and Care Plan for Safe Patient Handling and Movement

I. Patient's Level of Assistance:

- Independent — Patient performs task safely, with or without assistive devices.
- Partial Assist — Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of a patient's weight.
- Dependent — Patient requires nurse to lift more than 35 lbs. of the patient's weight, or is unpredictable in the amount of assistance offered. In this case assistive devices should be used.

An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.

II. Weight Bearing Capability

- Full
- Partial
- No

III. Bi-Lateral Upper Extremity Strength

- Yes
- No

IV. Patient's level of cooperation and comprehension:

- Cooperative — may need prompting; able to follow simple commands.
- Unpredictable or varies (patient whose behavior changes frequently should be considered as "unpredictable"), not cooperative, or unable to follow simple commands.

- V. Weight:** _____ **Height:** _____
- Body Mass Index (BMI) [needed if patient's weight is over 300]':** _____
- If BMI exceeds 50, institute Bariatric Algorithms*

The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and technique needed to move the patient.

VI. Check applicable conditions likely to affect transfer/repositioning techniques.

- | | | |
|--|---|--|
| <input type="checkbox"/> Hip/Knee Replacements | <input type="checkbox"/> Postural Hypotension | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> History of Falls | <input type="checkbox"/> Severe Osteoporosis | <input type="checkbox"/> Urinary/Fecal Stoma |
| <input type="checkbox"/> Paralysis/Paresis | <input type="checkbox"/> Splints/Traction | <input type="checkbox"/> Contractures/Spasms |
| <input type="checkbox"/> Unstable Spine | <input type="checkbox"/> Fractures | <input type="checkbox"/> Tubes (IV, Chest, etc.) |
| <input type="checkbox"/> Severe Edema | <input type="checkbox"/> Respiratory/Cardiac Compromise | <input type="checkbox"/> Severe Pain, Discomfort |
| <input type="checkbox"/> Wounds Affecting Transfer/Positioning | | |

Comments: _____

VII. Care Plan:			
Algorithm	Task	Equipment/ Assistive Device	# Staff
1	Transfer To and From: Bed to Chair, Chair To Toilet, Chair to Chair, or Car to Chair.		
2	Lateral Transfer To and From: Bed to Stretcher, Trolley.		
3	Transfer To and From: Chair to Stretcher, or Chair to Exam Table.		
4	Reposition in Bed: Side-to-Side, Up in Bed.		
5	Reposition in Chair: Wheelchair and Dependency Chair.		
6	Transfer Patient Up from the Floor		
Bariatric 1	Bariatric Transfer To and From: Bed to Chair, Chair to Toilet, or Chair to Chair		
Bariatric 2	Bariatric Lateral Transfer To and From: Bed to Stretcher or Trolley		
Bariatric 3	Bariatric Reposition in Bed: Side-to-Side, Up in Bed		
Bariatric 4	Bariatric Reposition in Chair: Wheelchair, Chair or Dependency Chair		
Bariatric 5	Patient Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)		
Bariatric 6	Bariatric Transporting (Stretcher, Wheelchair, Walker)		
Bariatric 7	Bariatric Toileting Tasks		

Sling Type (circle choice): Seated _____ Seated (Amputation) _____ Standing _____ Supine _____ Ambulation _____ Limb Support _____

Sling Size: _____

Signature: _____ **Date:** _____

¹If patient's weight is over 300 pounds, the BMI is needed. For Online BMI table and calculator see: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm