

**DRAFT**

**FIGURE 1. Assessment Criteria and Care Plan for Safe Patient Handling and Movement**

**I. Patient's Level of Assistance:**

- Independent – Patient performs tasks safely, with or without assistive devices.
- Partial Assist – Patient requires no more help than stand-by, cueing, or coaxing, or no more than 50% physical assistance by the nurse.
- Dependent – Patient requires more than 50% assistance by nurse, or is unpredictable in the amount of assistance offered.

*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 in the transfer/repositioning.*

**II. Can the patient bear weight?**

- Yes, Full
- Yes, Partial
- No

**III. Does the patient have upper extremity strength needed to support his/her weight during transfers?**

- 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. Patient's weight: \_\_\_\_\_ height: \_\_\_\_\_**

*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.**

- Abdominal Surgery Wounds
- Bilateral Amputation
- Colostomy
- Contractures/Spasms
- Fractures
- Hip/Knee Replacements
- History of Falls
- Paralysis
- Presence of Tubes (IV, chest, etc.)
- Pressure Ulcers
- Postural Hypotension
- Severe Osteoporosis
- Splints/Traction
- Unstable Spine
- Other

Comments : \_\_\_\_\_

<b>VII. Care Plan</b>			
<b>Algorithm #</b>	<b>Task</b>	<b>Equipment/Assistive Devices</b>	<b># Staff</b>
<b>1</b>	Transfer To and From: Bed-to-Chair, Chair-to-Toilet, Chair-to-Chair, or Car-to-Chair		
<b>2</b>	Lateral Transfer to and from: Bed-to-Stretcher, Trolley.		
<b>3</b>	Transfer to and from: Chair-to-Stretcher, or Chair-to-Exam Table		
<b>4</b>	Reposition in Bed: Side-to-Side, Up in Bed		
<b>5</b>	Reposition in Chair: Wheelchair and Dependency Chair		

**Sling Type (circle choices):**      1) Standard      2) Amputation      3) Head Support      **Sling Size:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_