

# Assessment Criteria and Care Plan for Safe Patient Handling and Movement

James A. Haley VA Hospital, Tampa, FL

## I. Patient's Level of Assistance:

- \_\_\_\_\_ Independent — Patient performs task safely, with or without staff assistance, 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
- \_\_\_\_\_ None

## 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]<sup>1</sup>: \_\_\_\_\_

**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.

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

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)   |                            |         |
| Bariatric 7 | Bariatric Toileting Tasks  |                            |         |

Sling Type: Seated \_\_\_\_\_ Seated (Amputation) \_\_\_\_\_ Standing \_\_\_\_\_ Supine \_\_\_\_\_ Ambulation \_\_\_\_\_ Limb Support \_\_\_\_\_

Sling Size: \_\_\_\_\_

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

<sup>1</sup>If patient's weight is over 300 pounds, the BMI is needed. For Online BMI table and calculator, see: [www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm).

Source: Bariatric Toolkit, Patient Safety Center, VISN8, James A. Haley VA Hospital, Tampa, FL; August 2007.