Nursing level III

NTQF Level III

Learning Guide # 23

Unit of Competence: Transport and AssistPatient by Safe Handling Practice

Module Title: Transporting and Assisting Patient by Safe Handling Practice

LG Code: ---HLT NUR3 M05 LO-4-LG-21
TTLM Code: ---HLT NUR3 M05 0919

LO 4:Transportclient

Instruction Sheet	Learning Guide #21

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics –

- Patient/client handling
- Client transportation
- Maneuver equipment

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to:-

- Identify principles related to safe movement of client's location in accordance with transportation requirements and organizational policy.

- Use Equipment Maneuvered to ensure client comfort and safety and minimal risk to self

Learning Instructions:

1. Read the specific objectives of this Learning Guide.

2. Follow the instructions described in number 3 to 12.

3. Read the information written in the "Information Sheets 1". Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.

4. Accomplish the "Self-check 1" in page 11.

5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).

6. If you earned a satisfactory evaluation proceed to "Information Sheet 2". However, if your rating is unsatisfactory, see your trainer for further instructions.

7. Submit your accomplished Self-check. This will form part of your training portfolio.

8. Read the information written in the "Information Sheet 2". Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.

9. Accomplish the “Self-check 2” in page 51.

10. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 2).

11. If you understand what are being discussed satisfactorily proceed to “Operation Sheet 1” in page 53. However, if you don’t understand it, see your trainer for further instructions.

12. Do the “LAP test” in page 59 (if you are ready). Request your trainer to evaluate your performance and outputs. Your trainer will give you feedback and the evaluation will be either satisfactory or unsatisfactory. If unsatisfactory, your trainer shall advice you on additional work. But if satisfactory you can proceed to Learning Guide #5.

Information Sheet-1	Transport client

4. Transport client

4.1. PATIENT/CLIENT HANDLING

Overview of moving and handling techniques

Patient handling refers to the lifting, lowering, holding, pushing or pulling of patients. The methods for patient handling may be divided into **three** categories according to the different ways of performing them

1. **Manual transfer methods**

These are carried out by one or more caregivers using their own muscular force and, wherever possible, any residual movement capacity of the patient involved

2. **Transfer methods using small patient handling aids**

These are patient handling techniques carried out by means of specific aids such as low-friction fabric sheets, ergonomic belts, rotatable footboards, a trapeze bar attached above the bed, etc

3. **Transfer methods using large patient handling aids**

These handling techniques are carried out by means of electro-mechanical lifting equipment

This section covers a number of techniques commonly used in moving and handling people. These techniques are applicable to most settings where people are moved. A key aim has been to present a generic set of moving and handling techniques that are consistent with best practice. Most of the techniques in this section have photo sequences illustrating the specific moves

There are several systems for categorizing the common types of client movement. In this section, we use four main groups of transfers: **(a) sitting and standing, (b) moving in bed, (c) lateral transfers between surfaces at similar heights and (d) using hoists**

Choosing the proper patient handling technique

Determination of the proper patient handling technique involves an assessment of the needs and abilities of the resident involved. The resident assessment should include examination of factors such as:

The level of assistance the resident requires

For example, a resident who is non-cooperative (aggressive, combative patient, a bedridden elderly person, a patient under general anesthesia or in coma, a patient resistance to mobilization, etc) needs a mechanical lift, while a resident who is able and willing to partially support his own weight may be able to move from his bed to a chair using a standing assist device

The size and weight of the resident

For example, a resident may weigh too much for the caregiver to lift without mechanical assistance

The ability and willingness of the resident to understand and cooperate Any medical conditions that may influence the choice of methods for lifting or repositioning

For example, abdominal wounds, contractures, presence of tubes, pregnancy make transfer or repositioning tasks more challenging.

It should be noticed that manual patient handling places nurses at increased risk for MSDs:

Patients' bodies have an asymmetric distribution of weight and do not possess available, stable areas to grip. Therefore it's difficult for the nurse to hold a patient's weight close to the own body

- In some occasions, patients are agitated, combative, non-responsive, or can offer limited levels of cooperation increasing the risk for injury
- The structural physical environment of care may necessitate awkward positions and postures further increasing the susceptibility of developing a musculoskeletal disorder.

Altogether, these factors merge to create an unsafe load for nurses to manage in a good manner. Even with assistance from additional staff members, it is critical to note that the exposure to the hazard persists

Therefore, **manual lifting of residents should be minimized in all cases and eliminated**

when feasible. The use of large patient handling aids should be always encouraged.

However, in some situations, manual patient handling cannot be avoided:

- Nurses may be presented with exceptional or life-threatening situations prohibiting the use of assistive patient handling equipment
- Manual patient handling may be performed if the action does not involve lifting most or all of a patient's weight
- Other exceptions include the care of pediatric (infant or small child) or other small patients and the use of therapeutic touch.

Basic principles for adequate patient handling techniques

Any kind of handling operation, even when using patient handling aids, involves several basic principles:

1. Always seek the help of assistants where necessary
Handling operations involving immobilized patients must be carried out by several caregivers (at least two) and if necessary, by means of a sheet laid out underneath the patient or even better, by using specific aids such as slide sheets.

2. Before starting any kind of handling activity, the caregiver should position himself as close as possible to the patient, also by kneeling on the patient's bed if necessary

This will enable the caregiver to avoid having to bend or stretch across the bed during patient lifting and transfer, thus making the necessary physical efforts while his back is bent or twisted

3. Before starting any kind of handling operation, explain the procedure to the patient while also encouraging him to cooperate as much as possible in the course of the handling activity

This is advantageous for both, the patient who will be able to improve his muscular tropism and the caregiver too, as the patient, being capable of moving by himself, however slightly, will then be able to carry out some operations on his own in which case the caregiver's function will be simply to direct this movement

4. Keep a correct posture during patient handling operations

More specifically, before starting the patient lifting or transfer, the caregiver should position himself with his legs slightly apart and with one foot placed a little bit forward in order to ensure a wider base of support. During patient lifting, leg and hip muscles should be used instead of using the upper body muscles, first bending and then slowly straightening the knees while lifting the patient. The spinal column should be kept in a position following its natural curve, taking care to avoid overloading it when stretching or bending. Moreover, the caregiver should always try to shift his weight according to the direction of the movement he is performing.

5. Get a good grip during patient handling operations

Never grasp a patient only with fingers but always use the whole hand instead and try to identify the areas allowing a secure grip. Grasp the patient around the pelvic area, waist, shoulder blades and never grasp the patient's arms or legs. For a better grip, some caregivers might require handling patients by grasping their pajama trousers or, even better, by using specific aids such as belts with handles.

6. Wear suitable footwear and clothing

It is important to use footwear with a good grip, therefore high-heeled shoes, clogs or slippers are not recommended. Clothing should not restrict the caregiver's movements.

Examples of adequate patient handling techniques for different transfers

In the following part, different patient handling techniques (manual, small and large aids) for the different transfers are illustrated.

It is important to note that:

- Any kind of handling operation, even when using patient handling aids, involves the basic principles described above
- Determination of the proper patient handling technique involves an assessment of the needs and abilities of the resident involved as mentioned above
- Manual lifting of residents should be minimized in all cases and eliminated when feasible.

Preparations for moving and handling people

There are several types of preparation to take into account before moving clients. In this section, preparations for caregivers are covered first. This is followed by: assessment of client mobility, risk assessment, preparation for a specific transfer, communication among carers during the transfer, communication with clients, cultural and religious considerations and the post-transfer assessment.

Preparations for caregivers

Pre-maneuver

• Make sure clothing and footwear is appropriate for the task.

• Clothes should allow free movement and shoes should be non-slip, supportive and stable

• Choose a lead carer: If more than one carer is involved when moving or handling a client, identify who should be the lead carer during the move by giving instructions (e.g. 'ready, steady, move'). The lead carer checks the client profile and coordinates the move

• If there is to be a change of position for the client, decide what it is before approaching them.

General practice

- Know your limits: Know your own capabilities and do not exceed them. Tell your manager if you need training in the technique to be used
- Seek advice: Talk to your manager or the moving and handling adviser if you need advice on the techniques and equipment you should be using.

Preparation for a specific transfer

Prior to moving a person, check the following aspects of the planned transfer:

• Check the client profile and carry out a pre-movement risk assessment (see 'Pre-movement risk assessment'

• Plan the movement, including the order of specific tasks and who will carry out each task

• Get equipment ready: If equipment is to be used, ensure the equipment is available in

good order with any required accessories in place and ready to use

• Prepare the environment: Position furniture, check that route and access ways are clear and that the destination is ready

• Prepare the client: Tell the client what will happen, gain their permission, and let them know what they are expected to do. Ensure that the client's clothes and footwear are appropriate for the task, and that they have any aids they need.

Communication among carers during the transfer

Ensure that all instructions and commands used are consistent throughout the organisation.

For example, use a clear command such as, 'Ready, steady, stand'. One reason for accidents is the lack of coordination between carers, and a lack of shared understanding within an organisation or facility of what terms or phrases mean when moving clients. Consistent, clear commands help to coordinate carers and minimise risks for these tasks.

Carers making eye contact with each other is key to synchronising when more than one carer is involved. Ending the instruction with a word that the client understands ('ready, steady, stand') will also facilitate client confidence in and understanding of what is about to happen.

Communication with clients

Effective communication between carer and client is part of moving and handling. Plan to inform clients and their families about your organization's moving and handling policy on admission.

A client may be resistant to being moved or handled in a particular way if they have not been consulted.

- ✓ Explain to the client what you are about to do, and ask their permission.
- ✓ If they have any concerns about things like safety, modesty issues and gender and religious considerations, address them.
- ✓ Tell them of the benefits of the procedure to be used. As they are being moved, talk them through the steps and ask if they are okay.
- ✓ Ask them how they feel after the transfer, as client feedback is useful to verify that

they were comfortable with the move, or whether improvements could be made.

- ✓ Some clients may resist being lifted using a sling and hoist, because they feel their dignity and safety may be compromised.
- ✓ Communicating the benefits for the client – particularly in safety and dignity – may allay those fears and increase client confidence.
- ✓ Besides noting if a client has hearing difficulties or cognitive impairment, you may need to take into account language and accent issues.
- ✓ Often someone may say 'Yes' simply to give an answer, or 'Yes' meaning 'I hear you but don't understand or want to do it that way'.
- ✓ One way to get agreement to or an understanding of what is to be done with the client is to ensure that what you say is simple language and not health jargon.
- ✓ Alternatively, demonstrate the move with another person reassuring the client and seeking their agreement at the same time.
- ✓ Also, speak slowly (not louder unless the client has a hearing problem) if the client has difficulty understanding your accent.

Cultural and religious considerations

- ✓ Client moving and handling requires nurses and carers to touch clients even when mechanical aids are used. Some techniques also necessitate close body contact.
- ✓ In some cultures and religions, it is considered inappropriate to touch a person or have physical contact between men and women.
- ✓ When presented with such cultural or religious issues, communication is essential to overcome these barriers to moving and handling.
- ✓ Explain to the client how you are going to move them, emphasizing that it is for their safety. Look for solutions to any individual issues, and if you are unable to fix them, try to compromise.
- ✓ Ask them if they have any questions. It may also be useful to provide an explanation

of the move to family members who are present. Alternatively, seek advice from local experts.

Post-transfer assessment

• Assess how well the transfer technique worked. Could the transfer have been done better? Add your comments to the client profile.

• Is the client's dependency status accurate? Are any changes or qualifications needed on the client profile?

• If you identify issues that affect client handling, report them to your manager and add them to the workplace plan for moving and handling clients. This will provide evidence for changes that are needed and may benefit all carers and clients in the organisation.

Self-Check 1	Written Test

Directions: Answer all the questions listed below. Use the Answer sheet provided in the next page:

1, List out the six Basic principles for adequate patient handling techniques (12 points)

2, Write the four types of Preparations for moving and handling people (8 points)

3, Patient handling refers to the lifting, lowering, holding, pushing or pulling of patients (2 points)

A. Definitely True B. Definitely False

Note: Satisfactory rating - 16points Unsatisfactory - below 16 points

You can ask you trainer for the copy of the correct answers.

Answer Sheet

Score = _____
Rating: _____

Name: _____ Date: _____

1. _____
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Transporting and Assisting Patient by Safe Handling Version: 1 Revision : 0	Author: Ferhan Abubaker(BSC,MPH) & Eskender Birhanu(BSC) : Harar Health Science College , Harar Ethiopia	Date : September 2019

4.2. Client transportation
Lifting a patient in bed

_____
_____

3. ____

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Purpose

a. To assist patient whois unable to move himself
b. To prevent fatigue and injury
c. To maintain good body alignment
d. To stimulate circulation

A. GENERALS RULLES FOR LIFTEING

- ✓ Assist lifting - situation: always try to finds lifting partners if possible, even in an emergency
- ✓ Choose suitable lift:- Agree method of lifting with partner and decide who will lead the lift.
- ✓ Explain lift to patient - Tell him how he will assist in the lift (patient participation helper's lifters)
- ✓ Remove all obstacles- Lifting path must be clear so that lifter moves freely.
- ✓ Wait for signal- To lift- leading lifter gives signal so that lifter move together.
- ✓ When lifting completed make sure patient is comfortable

B. LIFTING A HELPLESS PATIENT UP IN BED

EQUIPMENT;- according to procedure being performed

PROCEDURE

a. Explain procedure to the patient
b. Remove all pillows air rings etc…
c. Lower the head of the bed and back bedding from the side that it will interfere with lifting.
d. Flex the patient's knees.
e. Lifter ''A'' and one arm under the head and shoulders and one arm under patient's back
f. Lifter ''B'' slips one arm blows lifter ''A'' and one arm under the thighs
g. Lifter ''A'' gives direction to lift and both lift at the same time
h. The patient may slip his arms around the lifters shoulders.

C. ASSISTING A PATIENT UP IN BED

a. Have patient flex his knees
b. Patient puts one hand on one of the lifter's shoulders
c. Lifters put the arm under patient's shoulder and one under his own weight on to your forward foot.
d. Roll blanket over the patient so as not to be in the way
e. The first lifter places hands and arms under patient's head and shoulder.
f. The second places on arm under black and the other under patients buttocks
g. The third place one arm under the upper part of the legs and the other under the lower legs.
h. Bring patient in union to the edge of the bed the first should give command when ready to lift.
i. Lift in union, holding the patient towards you and resting him against the chest.
j. Together walk along the bed and stretcher/bed to proper place
k. Lower patient gently and gradually
l. One lifter covers the patient while the other two remove the stretcher or be.

N.B:- The stretcher/bed may beplaced parallel and next to the bed and the lifters must grasp the sheet which is under the patient and together draw him across. There should be at least three person for this procedure and preferably four one person at head and at the foot and one on either side of stretcher/be the patient should be lifted very gently especially if unconscious. The procedure .is preferable if the sheet under the patient is strong

D. ASSISTING THE NEW SURGICAL PATIENT OUT OF BED

a. Check the pulse turn the patient on the sides that his knees extend slightly over the edge of the bed
b. Have patient place hand or upper arm on bed never waist instruct him to push with his

hand and ties to sitting position when instructed to do so

c. Extend feel over edge of bed
d. The nurse place one hand under lower shoulder and the other hand is the upper axils and gently lifts the patient to a sitting position as he lightly pushes with him hand on the bed
e. Steady him in the sitting position check his pulse
f. If pulse is not too greatly increased after a movement place one of your feet between the patient's feet and your other foot back will. For balance place your hands under the axillae
g. Lift patient to a standing. Position and turn him with his back towards the chair
h. Sit him down gently
i. Check pulse again after a few moment
j. The condition of the patient determines how long he should sit up the radiant should be assisted back to be at once if he shows any sing n of fawning or fatigue of if his pulse is markedly increased
k. To put the patient back to be reverse the procedure.
l. Check pulse again make patient comfortable in bed

E. Moving a patient from bed to stretcher and from stretcher to bed

Transferring a patient from a bed to a stretcher may be necessary. Preventing injury to the patient or healthcare provider is essential. The use of a transfer board eases the transfer of the patient and reduces the risk of injury to the healthcare provider.

Equipment:

- ✓ Stretcher
- ✓ Transfer board.

1. Raise bed to same level as stretcher and lower side rails and lock wheels.
   - ✓ Makes transfer easier and decreases risk of injury.
2. Determine how much assistance is needed based on patient's weight. Have personnel on

side of bed with stretcher and on side of bed without stretcher. Make sure patient's head and feet are protected.

- ✓ Provides for patient and nurse safety

3. Loosen draw sheet on both sides of bed.
   - ✓ Assists in transferring patient.
4. Have personnel grasp the sheet under the patient's shoulders, hips, and legs on both sides of patient.
5. On the count of three, have personnel on stretcher side lift and pull patient onto stretcher. Personnel on the opposite side of bed should provide minimal assistance.
   - ✓ Pushing can cause injury.
6. Using a transfer board:
   - ✓ Personnel on side of bed slides transfer board under draw sheet and under patient's buttocks and back while patient is turned to a lateral position.
   - ✓ Helps slide patient. It is not necessary to have the stretcher at the bedside until slide board is underneath patient.
7. Slide patient onto transfer board in supine position. Place patient's arms across the chest.
   - ✓ Prevents injury to arms.
8. Slide patient onto stretcher on count of three.
   - ✓ Provides smooth motion.
9. Turn patient slightly onto side and pull board out from under patient.
10. Lock up side rails on side of stretcher. Move stretcher away from bed.
    - ✓ Ensures patient safety.

F. Moving a patient from bed to chair and from chair to bed

Purpose: To get a helpless patient out of bed and into a chair with as little exertion as possible and make him comfortable

Equipment

- ✓ Chair (preferably with arms for support)
- ✓ Blankets or two pillows
- ✓ Patients robe and slippers

Procedure

a. Explain what you are going to do to patient
b. Place shear on convent side of bed with the black of the chair parallel to the foot of the bed if wheel chair is used see that the foot rest is up and that the wheels are locked
c. Place blanket in seat of the chair top edge even with back of chair
d. If pillows are used place one standing against back of chair and one pillow on seat chair.
e. Check patients pulse
f. Bring patient to edge of bed
g. Fold bedding to foot of bed and flax patients knees
h. With right arm under patients head & shoulders & with lift arm under the thighs lift patient up and at the same time swing him around in to a sitting position with feet hanging over edge of the bed
i. Slip on robe
j. Steady him for a few seconds
k. Put on slippers or shoes
l. Standing directly in front of him with one hand in each axial slip the patient to his feet and at the same time turn him gently and place him in the chair
m. Watch patient constantly and note patients pulse after he has been in chair for a few minut
n. Never leave the patients in chair without some way to call for if he needs it.

Positioning a patient

Introduction: Encouraging clients to move in bed, get out of bed, or walk serves several positive purposes. Prolonged immobility can cause a number of disorders, among which are pressure ulcer, constipation, and muscle weakness, pneumonia and joint deformities. By

assisting clients to maintain or regain mobility, you promote self-care practices and help to prevent deformities.

Moving and positioning promote comfort, restore body function, prevent deformities, relieving pressure, prevent muscle strain, and stimulate proper respiration and circulation.

Purpose:

- ✓ To increase muscle strength and social mobility
- ✓ To prevent some potential problems of immobility
- ✓ To stimulate circulation
- ✓ To increase the patient sense of independence and selfesteem
- ✓ To assist a patient who is unable to move by himself
- ✓ To prevent fatigue and injury
- ✓ To maintain good body alignment

Practice Guideline

- ✓ Maintain functional client body alignment. (Alignment is similar whether client is standing or in bed.)
- ✓ Maintain client safety.
- ✓ Reassure the client to promote comfort and cooperation.
- ✓ Properly handle the client's body to prevent pain or injury.
- ✓ Follow proper body mechanics.
- ✓ Obtain assistance, if needed, to move heavy or immobile clients.
- ✓ Follow specific physician orders.
- ✓ Do not use special devices (e.g. splints, traction unless ordered)

A. Turning the Patient to a Side-lying Position

Supplies and Equipment

- ✓ Pillows
- ✓ Side rails
- ✓ Cotton blanket or towels, rolled for support

Procedure/Steps

1. Wash your hands
2. Explain the procedure to the client
3. Adjust the bed to a comfortable height
4. Lower the client's head to as flat a position as he or she can tolerate, and lower the side rail.
5. Move the client to the far side of the bed. Raise the side rail.
6. Ask the client to reach for the side rail
7. Assume a broad stance, tensing your abdominal and gluteal muscles. Roll the client toward you.
8. Position the client's legs comfortably.
    a. Flex his or her lower knee and hip slightly.
    b. Bring his or her upper leg forward and place a pillow between legs.
9. Adjust the client's arms
    a. Shift his or her lower shoulder to ward you slightly
    b. Support his or her upper arm on a pillow
10. Wedge a pillow behind the client's back. Use rolled blankets or towels as needed for support.
11. Lower the bed, elevate the head of the bed as the client can tolerate, and raise the side rail.
12. Wash your hands.

B. Joint Mobility and Range of Motion

Everybody joint has a specific but limited opening and closing motion that is called its range of motion (ROM). The limit of the joint's range is between the points of resistance at which the joint will neither open nor close any further. Generally all people have a similar ROM for their major joints.

C. Performing Passive Range of Motion

If a client is unable to move, the nurse helps by performing passive range of motion (PROM) exercise.

Procedure

1. Wash hands
2. Explain the procedure to the client
3. Adjust the bed to a comfortable height. Select one side of the bed to begin PROM exercises.
4. Uncover only the limb to be exercised.
5. Support all joints during exercise activity.
6. Use slow, gentle movements when performing exercises. Repeat each exercise three times. Stop if the client complains of pain or discomfort.
7. Begin exercise with the client's neck and work down ward.
8. Flex, extend and rotate the client's neck. Support his or her head with your hands.
9. Exercise the client's shoulder and elbow

a) Support the client's elbow with one hand and grasp the client's wrist with your other hand.
b) Raise the client's arm from the side to above the head.
c) Perform internal rotation by moving the client's arm across his or her chest.
d) Externally rotate the client's shoulder by moving the arm away from the client.
e) Flex and extend the client's elbow.

10. Perform all exercises on the client's wrist and fingers

a) Flex and extend the wrist.
b) Abduct and adduct the wrist.
c) Rotate and pronate the wrist.
d) Flex and extend the client's fingers.
e) Abduct and adduct the fingers.
f) Rotate the thumb.

11. Exercise the client's hip and leg.
    a) Flex and extend the hip and knee while supporting the leg.
    b) Abduct and adduct the hip by moving the client's straightened leg toward you and then back to median position.
    c) Perform internal and external rotation of the hip joint by turning the leg inward and then outward.
12. Perform exercises on ankle and foot
    a) Dorsiflex and plantar flex the foot
    b) Abduct and adduct the toes
    c) Evert and invert the foot
13. Move to the other side of the bed and repeat exercise.
14. Position and cover the client. Return the bed to low position.
15. Wash your hands.
16. Document completion of PROM exercise.

D. Body Positioning

Positioning client in various positions is done for diagnostic and therapeutic purposes. Some of the reasons include promoting comfort, restoring body function, preventing deformities, relieving pressure, preventing muscle strain, restoring proper respiration and circulation and giving nursing treatment.

Guideline for Positioning the Client Positioning the Client for Comfort

- ✓ Maintain functional client body alignment. (Alignment is similar whether the client is standing or in bed.)
- ✓ Maintain client safety.
- ✓ Reassure the client to promote comfort and cooperation.
- ✓ Properly handle the client's body to prevent pain or injury.
- ✓ Follow proper body mechanics.
- ✓ Obtain assistance, if needed to move heavy or immobile clients.

- ✓ Follow specific orders.
- ✓ Do not use special devices (e.g. Splints, traction) unless ordered client positioning for examination and treatment.

Client Positioning for Examination and Treatment

1. **dorsal recumbent position**

- ✓ The client lies on the back, with the knees flexed and the soles of the feet flat on the bed using one pillow under the head & foot hoard (rest) for the foot.
- ✓ Keep the client covered as much as possible

Figure 4.1Dorsal recumbent position

- ✓ Dorsal recumbent position is used for variety of examinations and procedures.

Disadvantage:-

- ✓ Restricts chest expansion
- ✓ Difficult to use toilet utensil
- ✓ Loss of in dependence in daily living ex-eating

2. **Prone position:-**

- ✓ Anterior recumbent position)
- ✓ Prone Position is used to examine the spine and back. The client lies on the abdomen with one pillow under head & head turned to the side for comfort and other under the ankles, to maintain slight flexion of back & legs.
- ✓ The arms are held above the head or alongside the body.

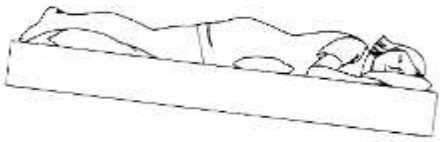

Figure4.2 Prone position

Advantage:-

- ✓ Relieves pressure on the posterior surface of the body.
- ✓ To relieves pressure on the damaged area of the back.
- ✓ To make easy for posterior examination
- ✓ To promote drainage from respiratory tract when foot of bed is raised.

Disadvantage:-

- ✓ Restrict chest expansion-lung congestion
- ✓ Difficulty in performing activity of living
- ✓ Depression from loss of independence

Caution: Unconscious clients, pregnant women, clients with abdominal incisions, and clients with breathing difficulties cannot lie in this position.

3. **SupinePosition**

- ✓ This position is required for most of the physical examinations.
- ✓ The client lies on the back with the legs extended.
- ✓ The arms are placed, folded on the chest, or alongside the body.
- ✓ One small pillow may be used. Cover the client with bath blanket for privacy.
- ✓ Caution: This position may be uncomfortable for a person with a back problem

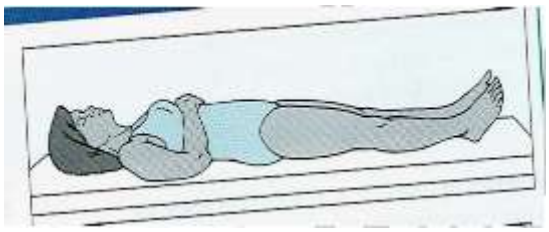

Figure4.3Supine position

4. **Knee chest position:-**

- ✓ The client is on the knees with the chest resting on the bed and the elbow rested on the bed, or with the arms above the head, the client's head is turned to the side.
- ✓ The thighs are straight up and down, and the lower legs are flat on the bed.
- ✓ Caution: The client may become dizzy or faint and fall. Do not leave the client alone.

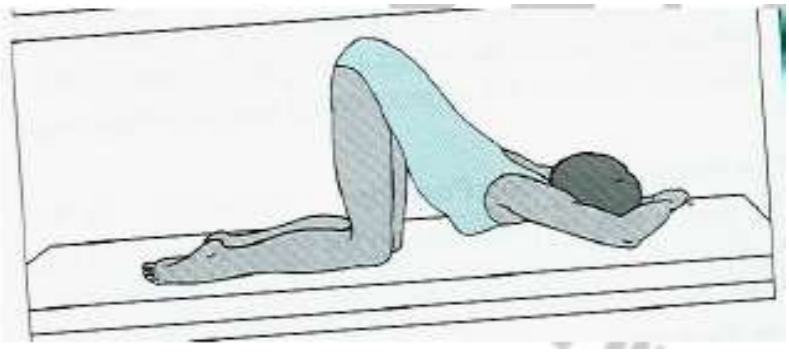

Fig 4.4knee – chest position

Indication:-

- ✓ Rectal & vaginal examination
- ✓ During cord prolapsed
- ✓ Treatment to bring the uterus into normal position.

5. **Lateral position:-**

- ✓ Side lying position, head supported by pillow , arms on front of body flexed & supported by pillow legs extended or flexed, may supported by pillow , along the back to facilitate maintenance of position.
- ✓ Left lateral position: the client lying side with the left, legs flexed & draw towards the abdomen.
- ✓ **Purpose:-**
  - ✓ Rectal & vaginal examination

- ✓ Administration of enema & suppositories
- ✓ During lumber puncture both knees are flexed to the chest to increase the space b/n vertebral.
- ✓ To nurse unconscious patient.
- ✓ Prevent tongue falling back & cause obstruction, promote drainage of secretion & clear air way.
- ✓ To prevent aspiration.

6. **Sim's position:-**

- ✓ The client rests on the left side, usually with a small pillow under the head. The right knee is flexed against the abdomen, the left knee is flexed slightly, the left arm is behind the body, and the right arm is in a comfortable position.
- ✓ Sims' Position is used for rectal examination. Cover the client with a bath blanket. Caution:
- ✓ The client with leg injuries or arthritis often cannot assume this position

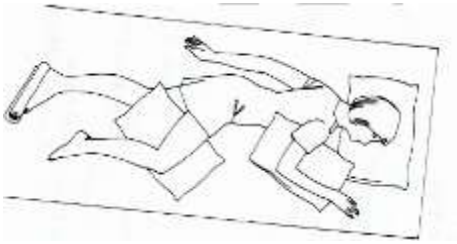

Figure4.6 sim's position

Indication

- ✓ For vaginal examination as it facilitates insertion of speculum and visualization of vaginal canal and cervix.

7. **Coma position:-** Sim's position without pillow under the head which promote clear air way head turn one side .

Indication

- ✓ Un consciousness (fainting)
  - ☞ Prevent tongue fall on the trachea & entrance of secretion.

- ✓ Prolonged use may leads to
  - ☞ Restricted chest expansion, secretion accumulate in the lungs – lung congestion

***8.*Dorsal position**

- ✓ The patient lie on the back, with knees flexed & apart & soles of foot flat on the bed, head supported with pillow & arms are comfortably

Indication:-

- ✓ Introduction of catheter in urinary bladder
- ✓ Vaginal examination & treatment
- ✓ Insertion of vaginal ointment
- ✓ Administration of enema & suppository if the patient is unable to assume lateral position

9.Lithotomic position:-

- ✓ It is similar to dorsal recumbent position, except that the client's legs are well separated and the knees are a cutely flexed.
- ✓ Keep the client covered as much as possible for privacy.
- ✓ Dorsal Lithotomy Position is used for examination of pelvic organs, during gynecological surgery & birth of a baby.

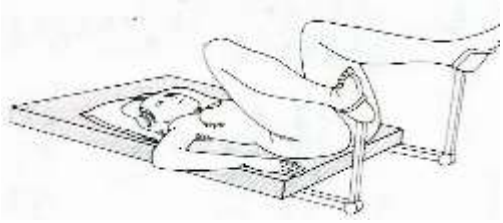

Fig 4.9.Lithotomy Position

10.Trendelenburgposition:

- ✓ The bed or table us raised at the foot so that the head is low, on the operating table, the table is broken at the knees so that the legs are low to keep patient from slipping. Shoulder braces are also applied to serve same purpose as above.

Purposes:-

- ✍ For shock patient, pelvic surgery, Mother in uterine hemorrhage.

Figure; 4.10 Trendelenburg position

Technique 1 Supervised repositioning in a chair

For this technique the chair should be of suitable height (not too low), and have armrests.

A slide sheet can also be used to assist repositioning in a chair.

Ask the client to:

1. Put their feet flat on the floor with their feet apart and tucked slightly under the chair – the chair height must allow the client to place their feet firmly on the ground
2. Keep their hips and legs at a right angle
3. Lean forward so their upper body is over their knees
4. Stand up and move as far back into the seat as possible, or
5. Slide back into the seat by pushing back using the armrests and their feet.

1. Put feet flat on floor, slightly apart	2. Lean forward so upper body over knees	3. Slide back in seat by pushing back using armrests and feet
		

Figure4.11Supervised repositioning in a chair (Technique 1)

Technique 2a Sit to stand with one carer

Before helping the client to stand, check there is enough space around the chair for the carer.

1. Ask the client to put their hands on the armrests of the chair
2. Ask the client to lean forward in the chair and move towards the front of the seat
3. Ask the client to put their feet flat on the floor. The feet should be hip width apart and under their knees
4. Ask the client to lean forward while still sitting, so their upper body is above and over the tops of their knees
5. Carer to stand in the lunge position, facing forward at the side of and behind the client
6. Outside hand is flat on the front of the client's shoulder, inside arm across lower back around the hips, not the waist
7. With weight on the carer's back foot, rock forward with client, same verbal cues ('ready, steady and stand'), stand up with client and bring inside leg through to step in tight to client's side. The carer's hip should be touching the client's side
8. Check client's arms are free and in front of them.

From standing to sitting

1. Ask the client to feel for the chair (or bed) with the backs of their legs, reach for the arms of the chair and gently lower themselves.

2. Encourage the client to bend forward at the hips to facilitate a better position for sitting. Either say ‘lean forward and bend at your hips’ or place the carer’s hand in front of the client’s hip.

1. Client has hands on armrests and looking straight ahead	2. Carer standing in the lunge position, inside arm on client’s hip
	
3. Ask client to lean forward so upper body is above knees	4. Rock forward with client, on ‘ready, steady and stand’
	
5. Client stands	6. Back view of client standing with carer
	

Figure 4.12Sit to stand with one carer

Technique 2b Sit to stand with two carers

1. Before helping the client to stand, check there is enough space around the chair for the carers

2. Ask the client to put their hands on the armrests of the chair

3. Ask the client to lean forward in the chair and move towards the front of the seat

4. Ask the client to put their feet flat on the floor. The feet should be hip width apart and under their knees

5. Ask the client to lean forward while still sitting, so their upper body is above and over the tops of their knees

6. Both carers to stand in the lunge position, facing forward at the side of and behind the client

7. Each carer's outside hand is flat on the front of the client's shoulder, inside arms across lower back around the hips, not the waist

8. With weight on their back feet, both carers rock forward with client, with lead carer using the verbal cues ('ready, steady and stand'), stand up with client and bring inside legs through to step in tight to client's side. Each carer's hip should be touching the client's side

9. Check client's arms are free and in front of them

Figure 4.12 Sit to stand with two carers (Technique 2b)

MOVING PEOPLE IN BED

The techniques in this section cover movements related to moving or repositioning a client when they are in a bed.

It is important to preserve the pressure-relieving properties of mattresses by minimising unnecessary layers underneath the client.

There are a number of ways to help eliminate or reduce the amount of client handling. If repositioning in bed is needed, here are some things to consider:

- The easiest way to reposition a client in bed, if they are able, is to get them up and off the bed, move along the bed and get back in
- Profiling beds reduce the repositioning of clients in bed because these beds can be adjusted easily. Use the knee brace position. It can reduce the likelihood of the client sliding down the bed
- Position the client in an appropriate bed to avoid the need for frequent handling
- Use pillows to support and prop the client and to help stop them becoming uncomfortable
- Encourage the client to move up the bed by 'hip hitching'.

Technique 3Supervised turning or rolling

Encourage the client to turn using verbal prompts.

Ask them to:

1. Turn their head in the direction of the turn or roll
2. Move their inside arm out from the side of their body or place it across their chest to stop them rolling onto it. Flex their outside knee so they are ready to push off with their foot in the direction of the roll

Note: *If they cannot bend their knee, they probably need more than supervision*

3. Put their outside arm across their chest in the direction of the roll, so they are ready to reach over or hold on to the edge of the mattress (or hold on to a bed lever, bed pole or cot sides if available)

4. Roll over by pushing off with their outside foot and reaching across their body with their outside hand (or by pulling on the lever, rail or pole with their outside hand).

Turning 4 or rolling in bed

Repositioning clients in bed is a high-risk activity for carers. Any client requiring repositioning should be on an electric profiling bed or a bed that is height adjustable. Perform all client handling tasks on a bed with the bed positioned to the correct working height. The mattress should be at the carer's hip level so that the carer's knuckles can rest easily on the bed (see Figure 4.13). If a bed is not height adjustable, some of the techniques may need modification.

Before rolling the client, check the client's condition. Consider extra measures if they:

- Are confused, agitated or uncooperative
- Have multiple injuries or pathology
- Are attached to medical equipment
- Have frail shoulder, hip or knee joints
- Have had recent hip surgery (if so, immobilize the hip joint with strategically placed pillows)
- Are obese.

Always turn the client towards you. Direct the turn or roll with your hands on the client's outside shoulder and hip. These are the key points of contact. Make sure the client is not too close to the edge of the bed before turning.

1. Ask client to turn head in direction of roll

2. Client flexes outside knee

3. Client puts outside arm across their chest in direction of the roll

4. Client rolls over, pushing with outside foot and reaching across body

5. Client completes roll

Figure 4.13 Supervised turning or rolling

Technique 5aTurning with one carer

This technique can be conducted with one carer, but only if it is appropriate for the client and a risk assessment has been conducted.

1. Adjust bed height for shortest carer; carer's knuckles should easily reach the mattress
2. Stand on the side of the bed towards which the client will turn
3. Turn the client's head in the direction of the roll if they are unable to turn their head without assistance
4. Position the client's inside arm out from the side of their body or put it across their chest to stop them rolling on to it
5. Help the client to flex their outside knee
6. If the client can't flex their knee, cross their legs at ankle level
7. Place hands on client's shoulder and hip and get into a lunge position with all weight on carer's front foot:

—'Ready' – 'Steady' – verbal prompts to prepare the client

—'Roll' – transfer weight on to back foot, maintaining straight arms so that carer is using their lower body and not arms to roll client over.

1. Client crosses arms	2. Client flexes outside knee
	
3. Carer in lunge position and places hands on client's hip and shoulder	4. Carer rolls client on to their side
	

Figure 4.14

Turning with one carer (Technique 5a)

Technique 5b Turning with two carers

Two carers may be required because of the client's size and condition (Figure 4.15). Bed linen or a repositioning sheet may be used if the client is too large to reach their hips and shoulder. Keep your movements slow and smooth to reassure the client. Where three carers are required, the second carer stands beside the first, placing their hands farther past the shoulder and hip with their left arm crossing over or under the first carer's right arm

1. Client flexes outside knee	2. Carer in lunge position and gives oral prompts – 'ready, steady, roll'
	
3. Carer rolls client	4. Client rolled awaiting pillows
	
5. Second carer places pillows	6. Pillows applied and maximising comfort and pressure relief
	

Figure 4.15 Turning with two carers (Technique 5b)

Technique 6 Sitting to sitting transfer using walking frame

In this technique the carer assists the client to move from one seated position to another with the client using a walking frame.

Wheelchairs and chairs with movable armrests should have the appropriate armrest moved out of the client's way to assist the manoeuvre. Make sure the seat to which the client is moving is as close as possible and at right angles to the client's starting position. The walking frame should be positioned directly in front of the client.

1. Ask the client to position themselves with their arms on the armrests and their feet flat on the floor, shoulder width apart
2. Ask the client to lean forward in the chair and slide their bottom towards the front of the seat
3. Carer helps them lean forward so their upper body is over their feet
4. Stand on 'ready, steady, stand'
5. Carer assists client to stand and client transfers hands to walking frame
6. Carer guides client while they use the walking frame to move into position with their bottom facing the chair to which they are moving
7. Client sits down.

1. With client sitting forward in chair, carer rocks forward with 'ready, steady, stand'	2. Client stands and transfers hands to walking frame
	
3. Client holds on to walking frame, guided by carer	4. Client moves around to other chair while holding on to walking frame
	
5. Client positioned in front of chair	6. Client sits down, first placing hands on armrests
	

Figure 4.16. Sitting to sitting transfer using walking frame

Lateral transfer using a transfer board and slide sheets

You can use a full-length transfer board (e.g. a PAT slide) with slide sheets for this technique. You will need at least four carers: two to use the slide sheets, one to manage the head and one to manage the feet. Other carers may be needed to manage any attached medical equipment or if the client is very large.

Check that the transfer surfaces are at a similar height. Using a transfer board can be unsafe if the height difference is too great. The manoeuvre should be done in two stages if it is bed to bed because of the longer distance than bed to trolley or stretcher. First, move to halfway, reposition carers then move the client straight across. Use one manoeuvre if the distance is short enough not to require the carers to climb onto the bed.

1. One carer rolls client on to side facing away from direction of transfer
2. Two carers position transfer board with two slide sheets underneath bed sheet
3. Client rolled back on to transfer board
4. Move second bed or stretcher up against first bed, ensuring the head will end up in the right position by lining up beds accordingly
5. With bed brakes on, have height of bed transferring on to slightly lower than original bed to use gravity to help
6. Two additional carers assist with head and feet
7. Kneel up on bed (if necessary) and carers cross their inside arms, sit back onto heels to slide client across part of the way
8. Slide client holding bed sheet and top slide sheet
9. Have a leader and stop halfway if necessary
10. The two main carers reposition themselves off the bed, lunge then slide the rest of the way.

1. One carer rolls client on to side facing away from direction of transfer

2. Two carers position two slide sheets on transfer board underneath a bed sheet

3. Move second bed against first bed and bridge with transfer board

4. Two carers kneel up on bed and cross their inside arms, slide client halfway

5. Stop halfway and carers reposition into lunge stance

6. Slide client across to second bed

7. When move completed, remove transfer board and slide sheets

Figure 4.16. Lateral transfer using a transfer board and slide sheets

USING HOISTS

The techniques in this section cover client movements where hoists are used. The information about fitting slings covered in the first four techniques in this section is essential for all client movements where hoists are used.

As noted for the previous techniques, there should be a risk assessment prior to moving and handling that includes the client's current mobility and any other factors that affect the safety of the planned movement of the client. The risk assessment must also take into account how many carers are required to complete the task. This is particularly important in the community, where carers may be working in isolation.

If the risk assessment or client profile indicates that more than one person is required to hoist, that is what must happen. A robust risk assessment is essential and carers must use moving and handling techniques consistent with the risk assessment.

POINTS TO CONSIDER WITH SLINGS

- All slings must be checked prior to each use for rips or tears
- Check the safe working load, usually displayed as SWL, which must be written on the sling (SWL indicates the load to which the hoist will work)
- Check due date displayed for next maintenance check. Do not use if out of date
- Size – measure the length and width or girth of client. For length, move from the base of the spine upwards to check that the sling is long enough. For width/girth, check that the sling will reach past the client's arms to enclose them safely
- Once the sling size is known, write this in the relevant client notes and care plan

• For most sling types, the lower sling loops should be positioned so they cross over between the client's legs, which also helps to maintain the client's dignity

• Get the client to put their hands across their chest to reduce the risk of injury

• A disposable sling can be used many times with the same client before it is disposed of

• A shower sling can get wet

• If moving a bilateral above-knee amputee in a sling, use a specific amputee sling.

Standard slings

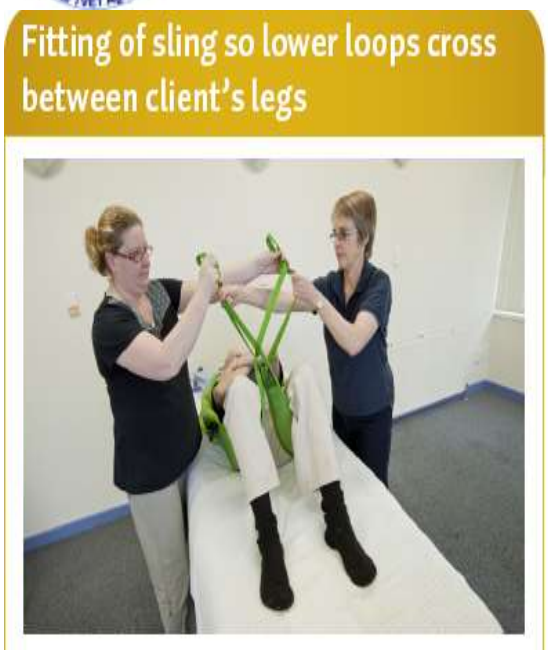

Figure 4.17

TECHNIQUE APPLYING A SLING USING TWO ROLLS

1. Place a pillow under the client's head
2. Select the correct sling; for example, the client's head may need supporting
3. Roll the client on to their side, roll the same half of the sling and place along spine lengthwise behind them, position from base of the spine upwards
4. Roll the client back the other way, so now they are on one half of the sling
5. Unroll the rest of the sling, and then roll the client back on to their back
6. Check that the client is correctly positioned on the sling, ready for hoisting
7. You may need to adjust the head support for comfort.

1. Roll client on to their side and position sling	2. With top half of sling rolled into position, roll client on to their back
	
3. Prepare client to roll on to other side	4. Roll on to side so client is on top of sling
	
5. Second carer pulls through rolled half of sling	6. Sling straightened ready to roll client on to back
	
7. Client rolled on to back	8. Sling loops attached to hoist sling bar
	

Figure 4.18 Applying a sling using two rolls (Technique)

TECHNIQUE APPLYING A SLING USING ONE ROLL

1. Roll the client on to their side
2. Fold sling in half with labels and handles on the outside
3. Position sling from the base of the spine upwards
4. If the sling has a neck seam, align seam with base of client's neck
5. There should be a gap between the sling and the client's body so that when they roll back their spine is in the middle of the sling
6. Take upper leg strap and feed the loop under the client's neck
7. Fold the upper shoulder loop/clip into the sling and roll entire upper portion of sling into space behind client's back. Roll client on to back
8. Take the loop or clip from under client's neck and pull smoothly towards you and down in the direction of the legs using a lunge; the sling should unroll underneath the client
9. Both carers pull the sling towards themselves to remove the creases
10. You may need to adjust the head support for comfort. (see-Figure 4.19)

1. Roll client on to their side and fold sling	2. Position sling from base of spine upwards, feed upper leg strap under client's neck
	
3. Fold the upper shoulder loop/clip into sling and roll upper portion of sling into space behind client's back	4. Flatten roll and turn client on to their back
	
5. Locate loop from under client's neck	6. Take the loop and pull smoothly towards you using a lunge
	
7. Both carers pull the sling towards themselves to remove the creases	8. Complete sling positioning, crossing leg loops between legs
	

Figure 4.19Applying a sling using one roll (Technique)

TECHNIQUE APPLYING A SLING TO A CLIENT IN A CHAIR

1. Instruct the client to lean forward in the chair
2. Slide the sling down the back of the chair with the handles facing the back of the chair
3. If client cannot lean forward or is in a moulded chair, slide one slide sheet down their back and slide the sling in behind that to reduce friction and any damage to the skin
4. Ensure the bottom of the sling reaches the base of the spine. Remove slide sheets once the sling is in place. Do not have the client sit on the sling as they will drop lower during hoisting, which can be frightening and unsafe. Some slings have a pocket on the lower back that allows the carer to place a flat hand in it and position the sling appropriately
5. Put the leg straps under each leg one at a time. If the client is unable to lift their leg, either use a slide sheet to help slide the strap under or kneel in front of the client and place their foot on your thigh – this should ease the strap application
6. Bring hoist to the client, adjusting hoist legs to widen around the chair, and attach the sling to the sling bar preferably at sternum (chest) level
7. Ensure the sling bar is held and watched continuously so that it does not swing into the client's face
8. Hoist the client just high enough to be off the chair and encourage them to move slightly – this will alert the carer to any discomfort and enhance the client's confidence in the hoist. Check sling loops again at this point to ensure they are all on safely
9. Complete the hoisting process.(**Figure 4.20**)

1. Ask the client to lean forward in the chair	2. Place the sling behind the client
	
3. Ensure the bottom of the sling reaches the base of the spine	4. Check that the sling is positioned correctly
	
5. Put the leg straps under each leg one at a time	6. Bring hoist to the client
	

Figure 4.20 Applying a sling to a client in a chair (Technique)

USING A MOBILE HOIST

Mobile hoists are described in more detail in the 'Equipment for moving and handling people' section. Always check the manufacturer's or supplier's instructions for the specific hoist being used.

BOX 4.4

Parts of a mobile hoist

- **Boom** (goes up and down)
- **Sling bar**, spreader bar or yoke.
- **Legs** (move in and out)
- **Mast** – upright part of hoist
- **Handles** – for manoeuvring the hoist
- **Brakes** – only to be used for storage. Do not use brakes when hoist is in use as the hoist needs to find its own centre of gravity, otherwise it may tip over
- **Emergency stop button** (if hoist is not working, check it is not pushed in)
- **Emergency lower buttons** (you may need extra pressure to come down on older hoists)
- **Weight limit** (SWL)
- **Maintenance alert** – do not use if out of date.

Hoist brakes: Do not use the brakes on a mobile hoist at any point in a moving procedure, as the hoist needs to be able to move as a client is being hoisted, otherwise it may tip over.

Technique Sitting up in bed using a hoist

To use a hoist to sit a client, select the appropriate sling for the client and the task (e.g. mesh sling for bathing).

1. Apply the sling as described in Technique 22 or 23
2. Position the hoist over the bed and lower it so the sling bar is just above the client's chest
3. Attach the shoulder straps on the shortest position and the leg straps on the longest position (this may vary depending on the client's size and how upright they can sit)
4. Hoist the client to sit them up
5. Raise the back of the bed and position the client on the bed
6. Remove the sling.

1. Apply sling and position hoist bar over client's chest	2. Attach sling to hoist bar
	
3. Raise the client so they are off the mattress	4. Raise the back of the bed
	
5. Position client on bed	6. Lower client and remove sling from hoist bar and client
	

Figure 4.21 Sitting up in bed using a hoist (Technique)

TECHNIQUE HOISTING A CLIENT FROM BED TO CHAIR

1. Lie client as flat as can be tolerated
2. Apply sling, and record the size and type selected in the client's care plan
3. Ensure the path to chair is clear
4. Lower the sling bar to client's chest area; the sling bar must be managed at all times during the procedure to minimise the risk of the bar swinging into the client
5. Attach sling to the sling bar and slowly hoist the client just above the surface on which they are lying
6. Encourage the client to move around in the sling and get comfortable; this will facilitate confidence and comfort – check sling loops again at this point to ensure they are all on safely
7. Move the hoist over to the chair
8. When lowering, place one hand underneath the sling bar to protect the client from it. If the client is unable to reposition themselves in the chair, a second person must assist in positioning the chair while the client is being lowered
9. Remove the sling from the sling bar and take the hoist away before removing the sling
10. To remove the sling, reverse the steps in Technique 25. The sling must be removed to protect the client's skin integrity.

1. Lower sling bar above client's chest	2. Attach sling to bar. Using hoist, slowly raise the client above the surface on which they are lying
	
3. Hoist client off mattress	4. Move hoist so client is over chair
	
5. Keep a hand on the sling bar whilst lowering the client	6. Remove the sling from sling bar and move before removing the sling from the client
	

Figure 4.22. Hoisting a client from bed to chair (Technique)

Self-Check 2	Written Test

1. Discuss the principle underlying proper body mechanics and relate a nursing consideration (5points)
2. Describe the purposes of lifting a patient into a bed and positioning the patient(5points)
3. What are the effects of prolonged immobilization of the person (4points)
4. What is Passive Range of Motion (4points)
5. Describe the patient body alignment and purposes or indication of the following positions(21 points)
    A. Supine (dorsal recumbent position)(3 points)
    B. Prone position (3 points)
    C. Sim's position (3 points)
    D. Coma position (3 points)
    E. Dorsal position (3 points)
    F. Lithotomic position (3 points)
    G. Trendelenburgposition (3 points)

Note: **Satisfactory rating - 30 points Unsatisfactory - below 30 points**
You can ask you trainer for the copy of the correct answers.

Answer Sheet

Score = _____

Rating: _____

Name: _____ Date: _____

1. _____
_____
_____ _____
_____
_____
2. _____
_____
_____
_____
3. _____
_____

_____
_____
4. _____
_____
_____
5. A

B

C

D

E

F

G

Operation Sheet	Procedures for Client transportation

A. LIFTING A HELPLESS PATIENT UP IN BED

PROCEDURE

a. Explain procedure to the patient
b. Remove all pillows air rings etc…
c. Lower the head of the bed and back bedding from the side that it will interfere with lifting.
d. Flex the patient's knees.
e. Lifter ''A'' and one arm under the head and shoulders and one arm under patient's back
f. Lifter ''B'' slips one arm blows lifter ''A'' and one arm under the thighs
g. Lifter ''A'' gives direction to lift and both lift at the same time
h. The patient may slip his arms around the lifters shoulders.

B. ASSISTING A PATIENT UP IN BED

a. Have patient flex his knees
b. Patient puts one hand on one of the lifter's shoulders
c. Lifters put the arm under patient's shoulder and one under his own weight on to your forward foot.
d. Roll blanket over the patient so as not to be in the way
e. The first lifter places hands and arms under patient's head and shoulder.
f. The second places on arm under black and the other under patients buttocks
g. The third place one arm under the upper part of the legs and the other under the lower legs.
h. Bring patient in union to the edge of the bed the first should give command when ready to lift.
i. Lift in union, holding the patient towards you and resting him against the chest.
j. Together walk along the bed and stretcher/bed to proper place

k. Lower patient gently and gradually

l. One lifter covers the patient while the other two remove the stretcher or be.

N.B:- The stretcher/bed may beplaced parallel and next to the bed and the lifters must grasp the sheet which is under the patient and together draw him across. There should be at least three person for this procedure and preferably four one person at head and at the foot and one on either side of stretcher/be the patient should be lifted very gently especially if unconscious. The procedure .is preferable if the sheet under the patient is strong

C. ASSISTING THE NEW SURGICAL PATIENT OUT OF BED

a. Check the pulse turn the patient on the sides that his knees extend slightly over the edge of the bed

b. Have patient place hand or upper arm on bed never waist instruct him to push with his hand and ties to sitting position when instructed to do so

c. Extend feel over edge of bed

d. The nurse place one hand under lower shoulder and the other hand is the upper axils and gently lifts the patient to a sitting position as he lightly pushes with him hand on the bed

e. Steady him in the sitting position check his pulse

f. If pulse is not too greatly increased after a movement place one of your feet between the patient's feet and your other foot back will. For balance place your hands under the axillae

g. Lift patient to a standing. Position and turn him with his back towards the chair

h. Sit him down gently

i. Check pulse again after a few moment

j. The condition of the patient determines how long he should sit up the radiant should be assisted back to be at once if he shows any sing n of fawning or fatigue of if his pulse is markedly increased

k. To put the patient back to be reverse the procedure.

l. Check pulse again make patient comfortable in bed

D. Moving a patient from bed to stretcher and from stretcher to bed

Transferring a patient from a bed to a stretcher may be necessary. Preventing injury to the patient or healthcare provider is essential. The use of a transfer board eases the transfer of the patient and reduces the risk of injury to the healthcare provider.

Equipment:

- ✓ Stretcher
- ✓ Transfer board.

1. Raise bed to same level as stretcher and lower side rails and lock wheels.
   - ✓ Makes transfer easier and decreases risk of injury.
2. Determine how much assistance is needed based on patient's weight. Have personnel on side of bed with stretcher and on side of bed without stretcher. Make sure patient's head and feet are protected.
   - ✓ Provides for patient and nurse safety
3. Loosen draw sheet on both sides of bed.
   - ✓ Assists in transferring patient.
4. Have personnel grasp the sheet under the patient's shoulders, hips, and legs on both sides of patient.
5. On the count of three, have personnel on stretcher side lift and pull patient onto stretcher. Personnel on the opposite side of bed should provide minimal assistance.
   - ✓ Pushing can cause injury.
6. Using a transfer board:
   - ✓ Personnel on side of bed slides transfer board under draw sheet and under patient's buttocks and back while patient is turned to a lateral position.
   - ✓ Helps slide patient. It is not necessary to have the stretcher at the bedside until slide board is underneath patient.
7. Slide patient onto transfer board in supine position. Place patient's arms across the chest.
   - ✓ Prevents injury to arms.
8. Slide patient onto stretcher on count of three.
   - ✓ Provides smooth motion.
9. Turn patient slightly onto side and pull board out from under patient.

10. Lock up side rails on side of stretcher. Move stretcher away from bed.
    - ✓ Ensures patient safety.

E. Moving a patient from bed to chair and from chair to bed

A. Explain what you are going to do to patient
B. Place shear on convent side of bed with the black of the chair parallel to the foot of the bed if wheel chair is used see that the foot rest is up and that the wheels are locked
C. Place blanket in seat of the chair top edge even with back of chair
D. If pillows are used place one standing against back of chair and one pillow on seat chair.
E. Check patients pulse
F. Bring patient to edge of bed
G. Fold bedding to foot of bed and flax patients knees
H. With right arm under patients head & shoulders & with lift arm under the thighs lift patient up and at the same time swing him around in to a sitting position with feet hanging over edge of the bed
I. Slip on robe
J. Steady him for a few seconds
K. Put on slippers or shoes
L. Standing directly in front of him with one hand in each axial slip the patient to his feet and at the same time turn him gently and place him in the chair
M. Watch patient constantly and note patients pulse after he has been in chair for a few minutes
N. Never leave the patients in chair without some way to call for if he needs it.

F. Turning the Patient to a Side-lying Position

Procedure/Steps

1. Wash your hands
2. Explain the procedure to the client
3. Adjust the bed to a comfortable height
4. Lower the client's head to as flat a position as he or she can tolerate, and lower the side rail.
5. Move the client to the far side of the bed. Raise the side rail.
6. Ask the client to reach for the side rail

7. Assume a broad stance, tensing your abdominal and gluteal muscles. Roll the client toward you.
8. Position the client's legs comfortably.
    a. Flex his or her lower knee and hip slightly.
    b. Bring his or her upper leg forward and place a pillow between legs.
9. Adjust the client's arms
    a. Shift his or her lower shoulder to ward you slightly
    b. Support his or her upper arm on a pillow
10. Wedge a pillow behind the client's back. Use rolled blankets or towels as needed for support.
11. Lower the bed, elevate the head of the bed as the client can tolerate, and raise the side rail.
12. Wash your hands.

G. Performing Passive Range of Motion

Procedure

1. Wash hands
2. Explain the procedure to the client
3. Adjust the bed to a comfortable height. Select one side of the bed to begin PROM exercises.
4. Uncover only the limb to be exercised.
5. Support all joints during exercise activity.
6. Use slow, gentle movements when performing exercises. Repeat each exercise three times. Stop if the client complains of pain or discomfort.
7. Begin exercise with the client's neck and work down ward.
8. Flex, extend and rotate the client's neck. Support his or her head with your hands.
9. Exercise the client's shoulder and elbow
    a) Support the client's elbow with one hand and grasp the client's wrist with your other hand.

b) Raise the client's arm from the side to above the head.
c) Perform internal rotation by moving the client's arm across his or her chest.
d) Externally rotate the client's shoulder by moving the arm away from the client.
e) Flex and extend the client's elbow.

10. Perform all exercises on the client's wrist and fingers
    a) Flex and extend the wrist.
    b) Abduct and adduct the wrist.
    c) Rotate and pronate the wrist.
    d) Flex and extend the client's fingers.
    e) Abduct and aduct the fingers.
    f) Rotate the thumb.
11. Exercise the client's hip and leg.
    a) Flex and extend the hip and knee while supporting the leg.
    b) Abduct and adduct the hip by moving the client's straightened leg toward you and then back to median position.
    c) Perform internal and external rotation of the hip joint by turning the leg inward and then outward.
12. Perform exercises on ankle and foot
    a) Dorsiflex and plantar flex the foot
    b) Abduct and adduct the toes
    c) Evert and invert the foot
13. Move to the other side of the bed and repeat exercise.
14. Position and cover the client. Return the bed to low position.
15. Wash your hands.
16. Document completion of PROM exercise.

LAP Test	**Practical Demonstration**

Name: _____ Date: _____

Time started: _____ Time finished: _____

Instructions: Given necessary templates, workshop, tools and materials you are required to perform the following tasks within ---hours.

Task 1: Perform lifting a helpless Patient up in Bed

Task 2: Perform assisting a patient up in bed

Task 3: Perform assisting the new surgical patient out of bed

Task 4: Performmoving a patient from bed to stretcher and from stretcher to bed

Task 5: Perform moving a patient from bed to chair and from chair to bed

Task 6: Perform Turning the Patient to a Side-lying Position

Task 7: performing passive range of motion

List of Reference Materials

1, Brooks, A. & Orchard, S. (2011). Core person handling skills. In J. Smith, (Ed.). *The Guide to the Handling of People: A systems approach* (6th ed.) (See walking, pp. 164-167). Middlesex, UK: BackCare.

2, Craven, R.F & Hirnle, G.J. (1996) Fundamentals of Nursing : Human Health and Functions. 2nd Edition. Hippincott. Philadelphia.

3, Collins, J. W., Nelson, A., & Sublet, V. (2006). *Safe Lifting and Movement of Nursing Home Residents* (NIOSH Publication No. 2006-117). Cincinnati, Ohio: National Institute for Occupational Safety and Health (NIOSH). Retrieved from www.cdc.gov/niosh.

4, FMOH,Ethiopia Infection Prevention And Patient Safety Reference Manual, June 2010

5, National Patient Safety Agency. (2011). *Rapid Response Report NPSA/2011/RRR001: Essential care after an inpatient fall*. UK: National Patient Safety Agency. Retrieved 20 June 2011 from www.nrls.npsa.nhs.uk/resources/?EntryId45=94033.

6, Occupational Health and Safety Agency for Healthcare in British Columbia (OHSAH). (2000). *Safe Patient and Resident Handling: Acute and long term care sectors handbook*. Vancouver, BC: OHSAH. Retrieved from: www.ohsah.bc.ca

7, Queensland Health. (2010). *Think Smart Patient Handling Better Practice Guidelines* (2nd ed.) (OHSMS 2-22-1#38). Brisbane: Queensland Health, Occupational Health and Safety Management System.

8, Resuscitation Council. (2009). *Guidance for Safer Handling During Resuscitation in Healthcare Settings*. Retrieved 17 March 2011 from www.resus.org.uk.

9, Smith, J. (2011). (Ed.) *The Guide to the Handling of People: A systems approach* (6th ed.) Middlesex, UK: BackCare.

10, Sturman, M. (2011). A systems approach to the prevention and management of falls. In J. Smith, (Ed.). *The Guide to the Handling of People: A systems approach* (6th ed.) (pp. 233-249). Middlesex, UK: BackCare.

11, Thomas, Y. L., & Thomas, D. R. (2007). *Evaluation of the Patient Handling Guidelines Liten Up Training Programme*. Auckland: University of Auckland: Report on contract research for the Accident Compensation Corporation. Retrieved 15 November 2010 from www.ohsig.org.nz/documents/library/PHG_training_evaluation_report_v7_June07%20FINAL.pdf.

12, Thomas, D. R. & Thomas, Y. L. (2010). *Survey of Users of the New Zealand Patient Handling Guidelines*. Wellington: ACC.