



SAFE PATIENT HANDLING AND MOVEMENT INSTRUCTIONS.

Developed By:

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

Comments: _____

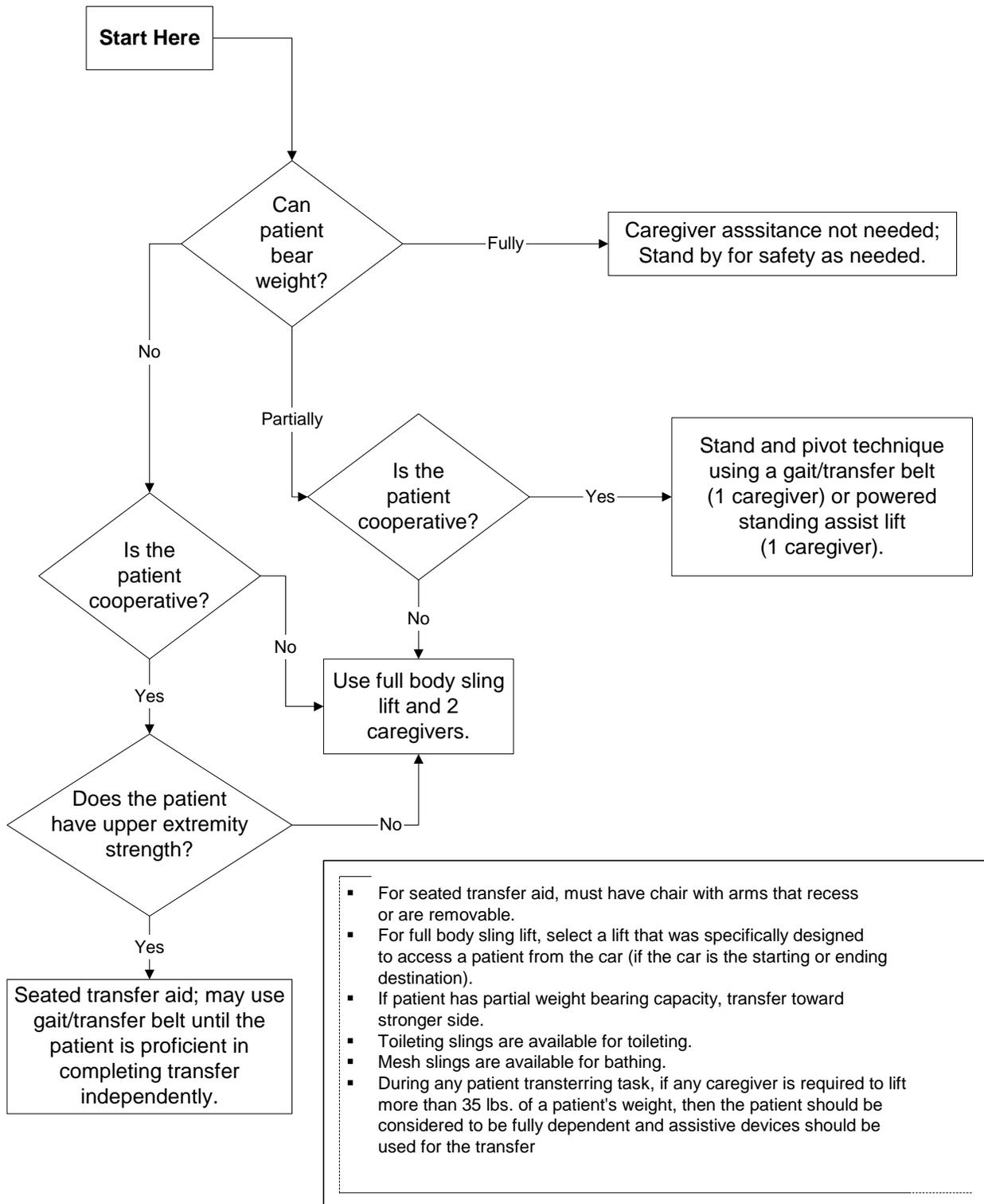
VII. Care Plan

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: _____

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

Algorithm 1: Transfer to and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
 Last rev. 8/22/06



Algorithm # 1: Transfer to and from: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair

The algorithm starts with a decision as to whether the patient can bear weight fully, partially, or not at all. If they can bear weight fully, caregiver assistance is not needed, but they should stand by for safety.

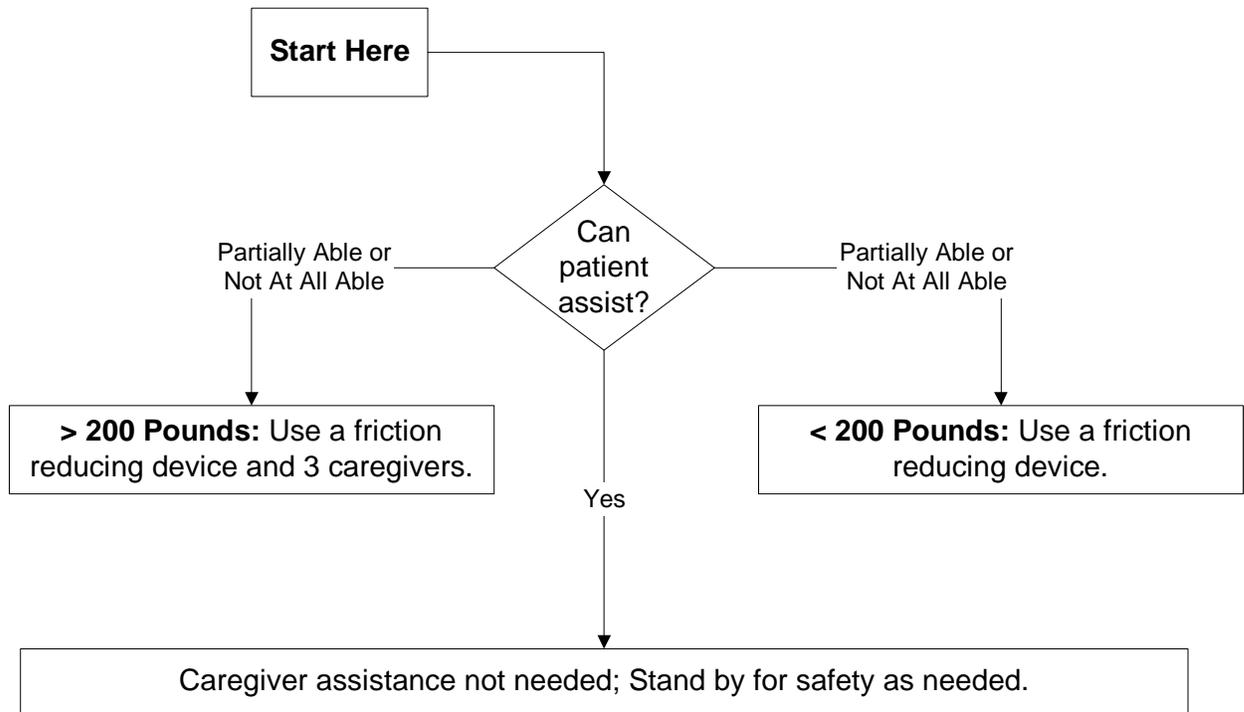
If they can bear weight partially, the next decision point is whether or not they are cooperative. If they are cooperative then the stand and pivot technique should be used with a gait/transfer belt or a powered stand assist lift (1 caregiver needed). If they are not cooperative, a fully body sling lift and 2 caregivers should be used.

If they cannot bear weight, the next decision point is whether or not they are cooperative. If they are not, a fully body sling lift and 2-3 caregivers should be used. If they are cooperative, the next decision point is whether or not they have upper extremity strength. If they do not, again a fully body sling lift and 2-3 caregivers should be used. If they do have upper body strength then a seated transfer aid should be used. A gait/transfer belt can also be used until the patient is proficient in completing the transfer independently.

General Notes:

- For seated transfer aid, must have a chair with arms that recess or are removable.
- For full body sling lift, select and lift that was specifically designed to access a patient from the car (if the car is the starting or ending destination).
- If the patient has partial weight bearing capacity, transfer toward the stronger side.
- Toileting slings are available for toileting.
- Mesh slings are available for bathing.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Algorithm 2: Lateral Transfer To and From: Bed to Stretcher, Trolley
Last rev. 4/1/05



- Surfaces should be even for all lateral patient moves.
- For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Algorithm #2: Lateral Transfer to and from: Bed to Stretcher, Trolley

The first decision point in this algorithm is whether or not the patient can assist. If they are partially able or not at all able and less than 200 pounds, use a friction reducing device. If they are partially able or not at all able and greater than 200 pounds, use a friction reducing device and 3 caregivers.

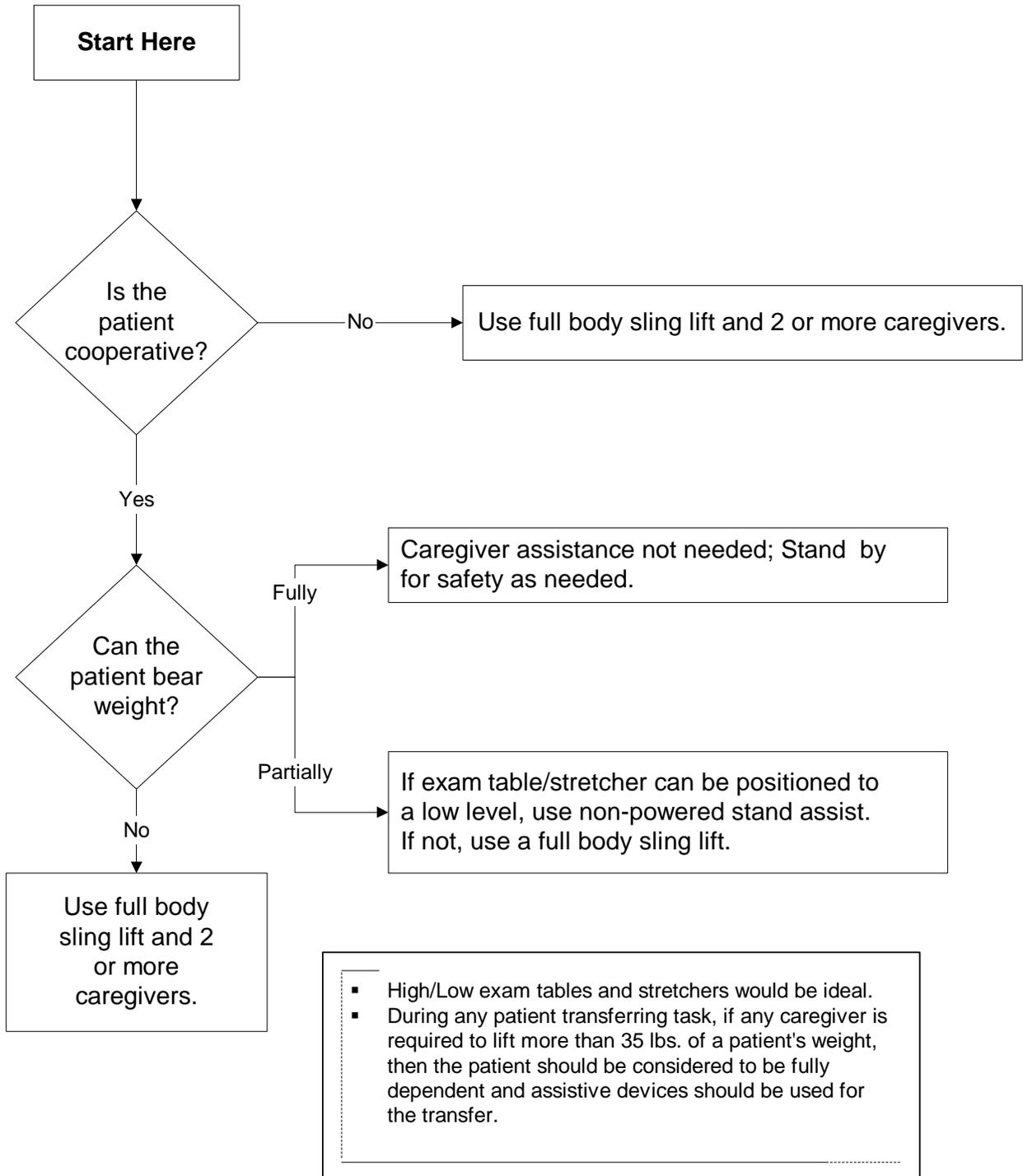
If the patient can assist, caregiver assistance is not needed, but they should stand by for safety.

General Notes:

- Surfaces should be even for all lateral patient moves.
- For patients with Stage 3 or 4 pressure ulcers, care must be taken to avoid shearing force.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Algorithm 3: Transfer To and From: Chair to Stretcher or Chair to Exam Table

Last rev. 4/1/05



Algorithm #3: Transfer to and from: Chair to Stretcher or Chair to Exam Table

The first decision point in this algorithm is whether or not the patient is cooperative. If they are not, use a full body sling lift and two or more caregivers.

If they are cooperative, the next decision is whether or not they can bear weight. If they can fully bear weight, caregiver assistance is not needed, stand by for safety. If they can partially bear weight and the exam table or stretcher can be positioned to a low level, use a non-powered stand assist. If they can partially bear weight and the exam table or stretcher cannot be repositioned, use a fully body sling lift.

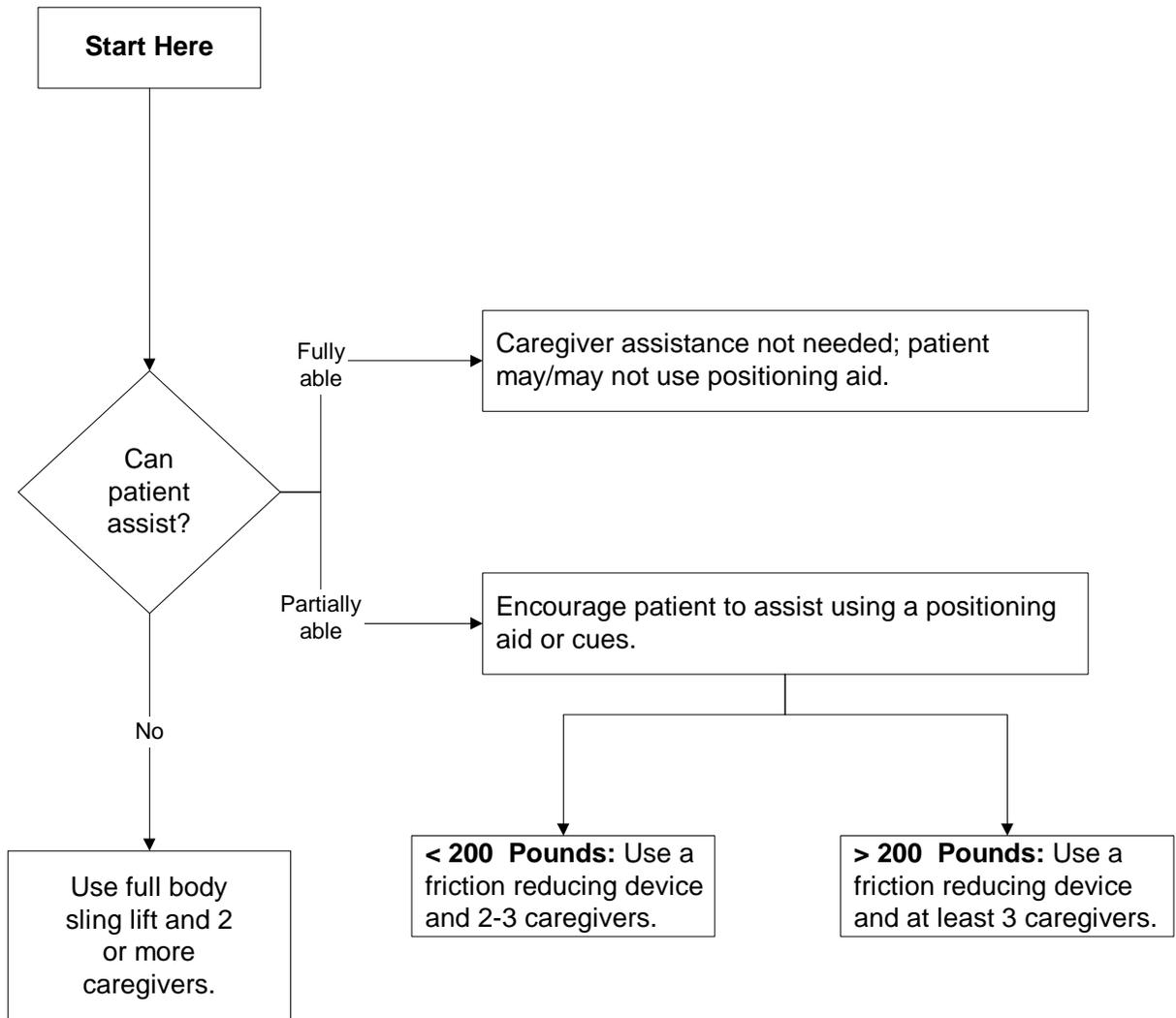
If the patient is cooperative but cannot bear weight, use a fully body sling lift and two or more caregivers.

General Notes:

- High/Low exam tables and stretchers would be ideal.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed

Last rev. 4/1/05



- This is not a one person task: **DO NOT PULL FROM HEAD OF BED.**
- When pulling a patient up in bed, the bed should be flat or in a Trendelenburg position (when tolerated) to aid in gravity, with the side rail down.
- For patients with Stage III or IV pressure ulcers, care should be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning "up in bed," ask the patient to flex the knees and push on the count of three.
- During any patient handling task, if the caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Algorithm #4: Reposition in Bed: Side-to-Side, Up in Bed

The first decision point is whether or not the patient can assist. If they are fully able, caregiver assistance is not needed, the patient may or may not use a positioning aid. If they are only partially able, encourage the patient to assist using a positioning aid or cues. If the patient is less than 200 pounds use a friction reducing device and 2 to 3 caregivers. If they are over 200 pounds use a friction reducing device and at least 3 caregivers.

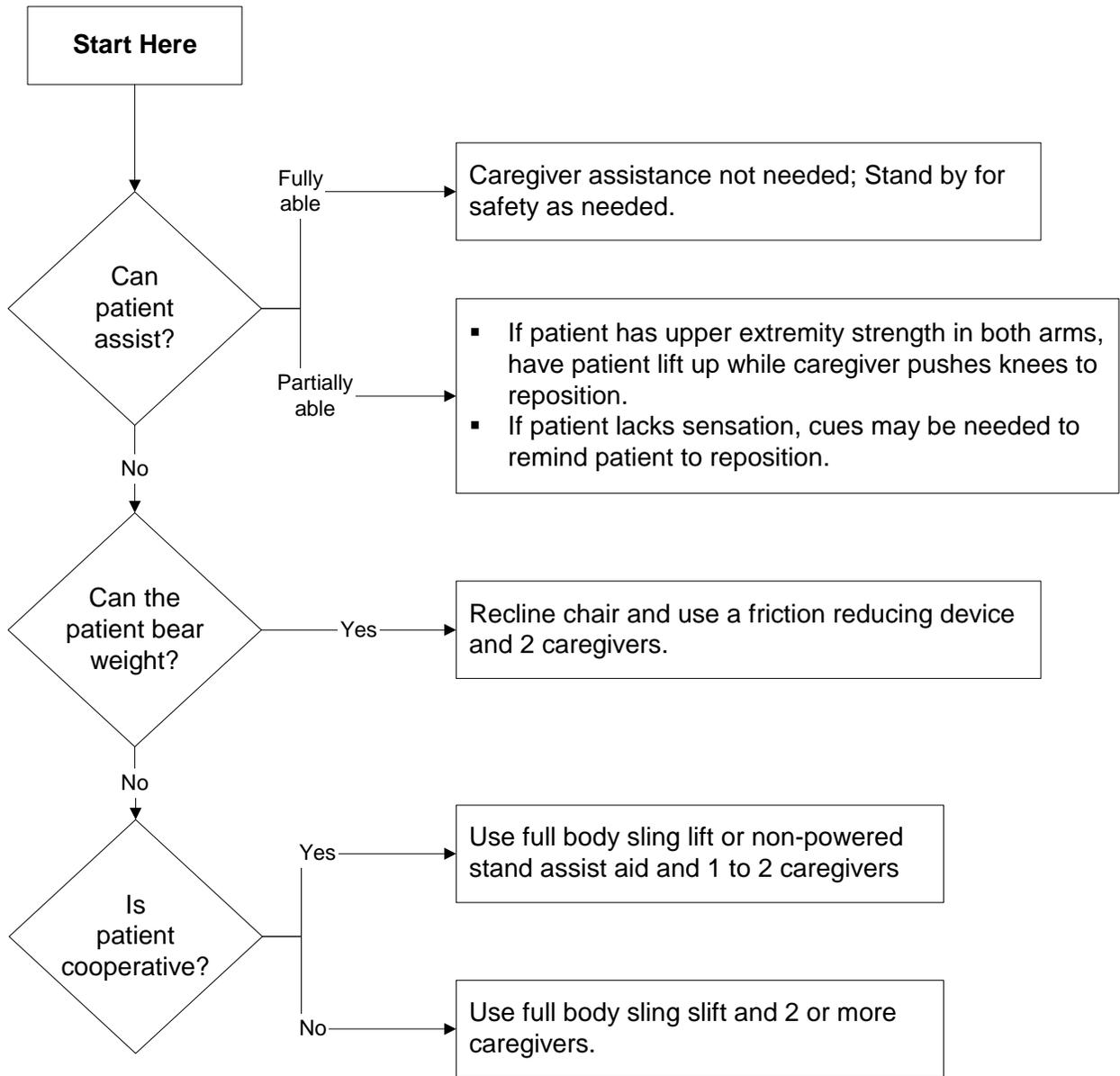
If the patient is not able to assist use a fully body sling lift and 2 or more caregivers.

General Notes:

- This is not a one person task; do not pull from the head of the bed.
- When pulling a patient up in bed, the bed should be flat or in a Trendelenburg position (when tolerated) to aid in gravity, with the side rail down.
- For patients with Stage 3 or 4 pressure ulcers, care should be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning up in bed, ask the patient to flex the knees and push on the count of three.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Algorithm 5: Reposition in Chair: Wheelchair and Dependency Chair

Last rev. 8/23/05



- Take full advantage of chair functions, e.g., chair that reclines, or use arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Algorithm #5: Reposition in Chair: Wheelchair and Dependency Chair

The first decision point in this algorithm is whether or not the patient can assist. If they are fully able to assist, caregiver assistance is not needed, stand by for safety. If they are only partially able and have upper extremity strength in both arms, have the patient lift up while the caregiver pushes the knees to reposition. If they are only partially able but lack sensation, cues may be needed to remind the patient to reposition.

If the patient cannot assist the next decision point is whether or not they can bear weight. If they can, recline the chair and use a friction reducing device and 2 caregivers.

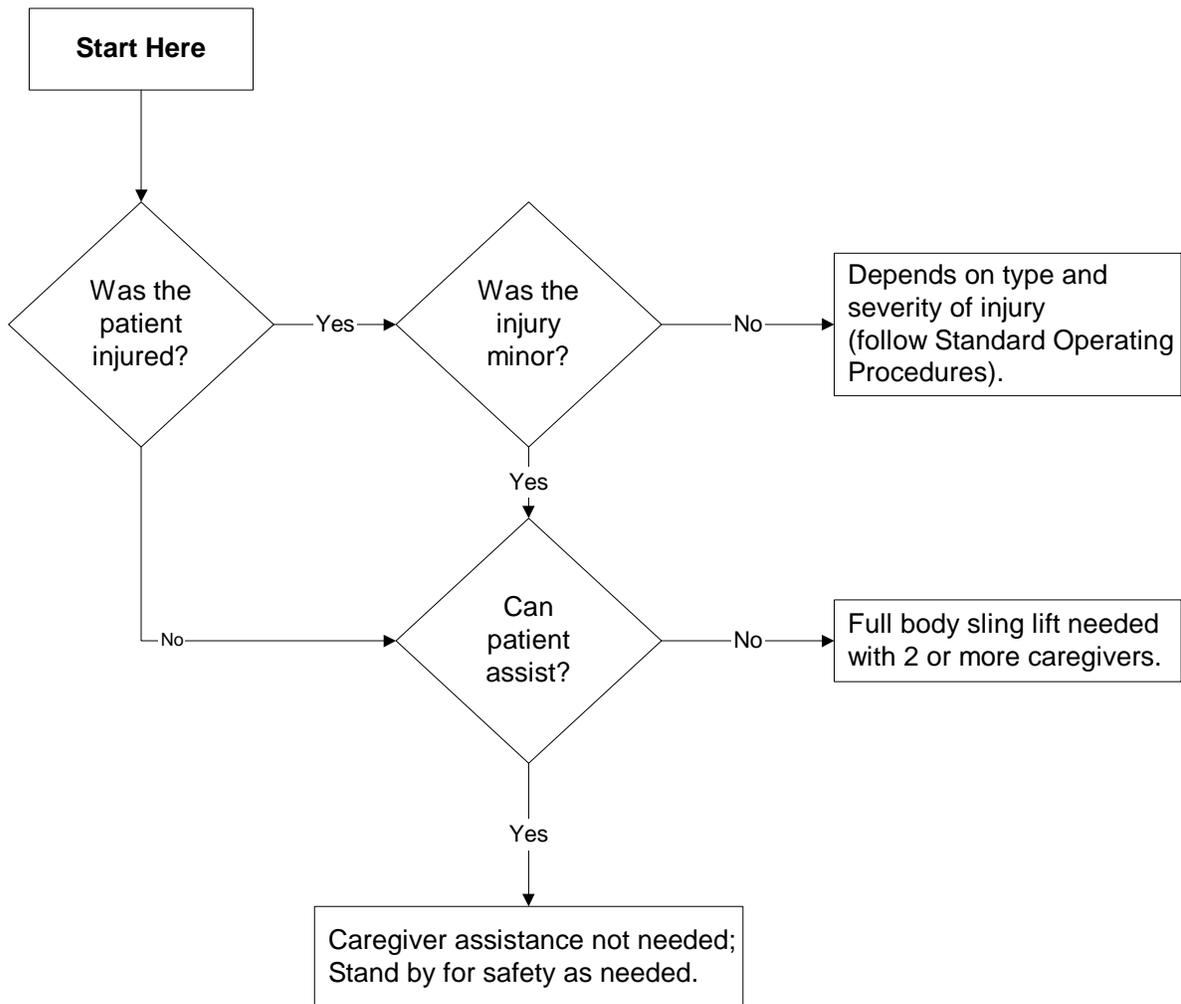
If the patient cannot assist and cannot bear weight, but they are cooperative, use a fully body sling lift or non-powered stand assist aid and 1 to 2 caregivers. If they are not cooperative, use a fully body sling lift and 2 or more caregivers.

General Notes:

- Take full advantage of chair functions, e.g. chair that reclines, or use arm rest or chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Algorithm 6: Transfer a Patient Up From the Floor

Last rev. 4/1/05



- Use full body sling lift that goes all the way down to the floor (most of the newer models are capable of this).
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight then the patient should be considered to be fully dependent and assistive devices should be used.

Algorithm 6: Transfer a Patient Up from the Floor

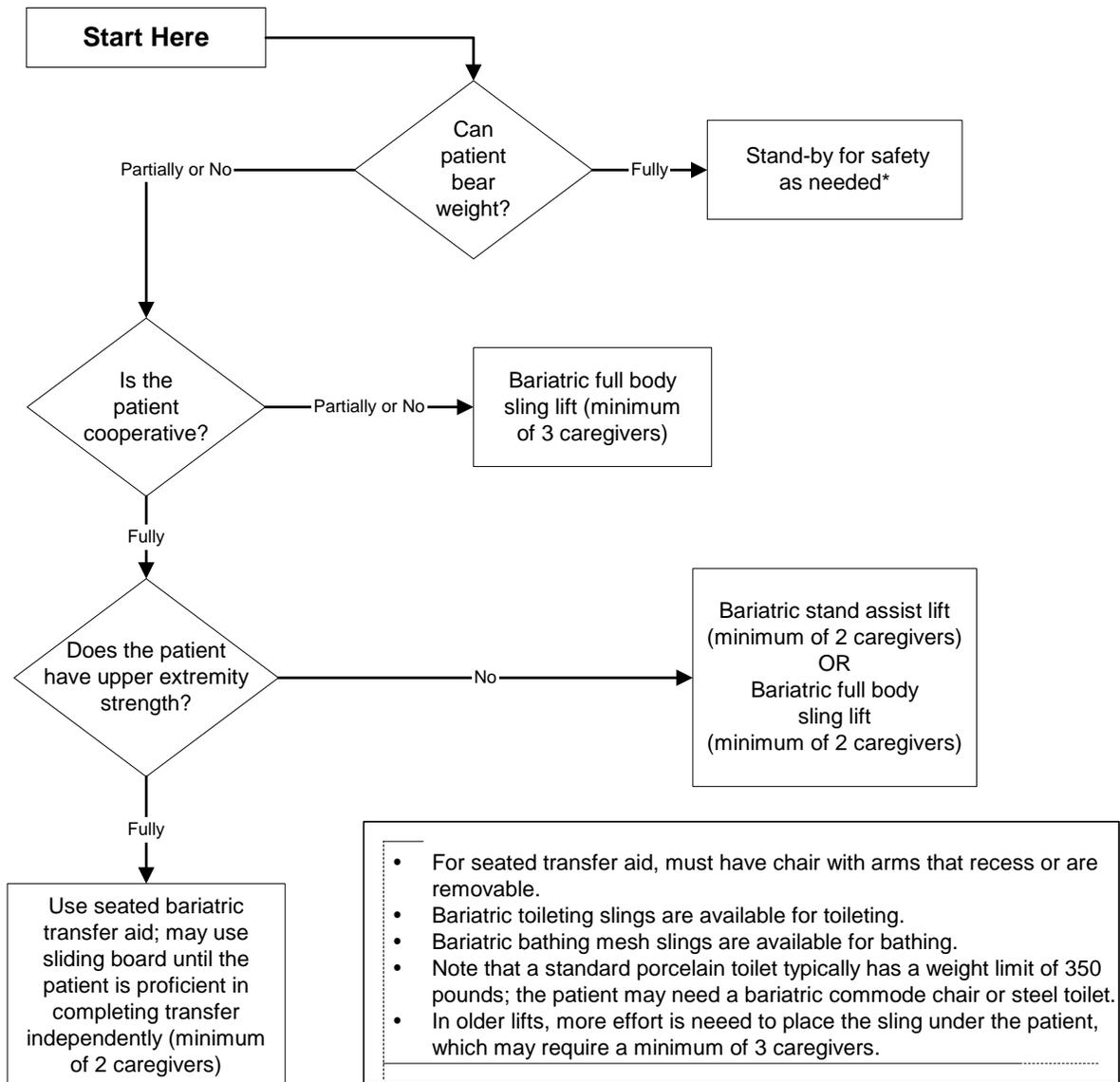
The first decision point in this algorithm is whether or not the patient was injured. If they were, and the injury is minor, decide whether or not they can assist. If they can, caregiver is not needed, stand by for safety. If they cannot assist use a fully body sling lift with 2 or more caregivers. If their injury is not minor, and depending on the type and severity of the injury, you should follow Standard Operating Procedures.

If the patient was not injured, decide if they can assist. If they can, caregiver assistance is not needed, stand by for safety. If they cannot assist, use a full body sling lift and 2 or more caregivers.

General Notes:

- Use a fully body sling lift that goes all the way down to the floor (most of the newer models are capable of this).
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 1: Bariatric Transfer To and From: Bed/Chair, Chair/Toilet, or Chair/Chair
rev. 8/23/06



* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 1: Bariatric Transfer to and from: Bed and Chair, Chair and Toilet, or Chair and Chair.

The first decision point in this algorithm is whether or not the patient can bear weight. If they can fully bear weight, stand by for safety as needed. If they can only partially or not at all bear weight, the next decision point is whether or not they are cooperative.

If they are only partially or not at all cooperative, use a bariatric full body sling lift with a minimum of 3 caregivers. If they are fully cooperative, decide if they have upper extremity strength.

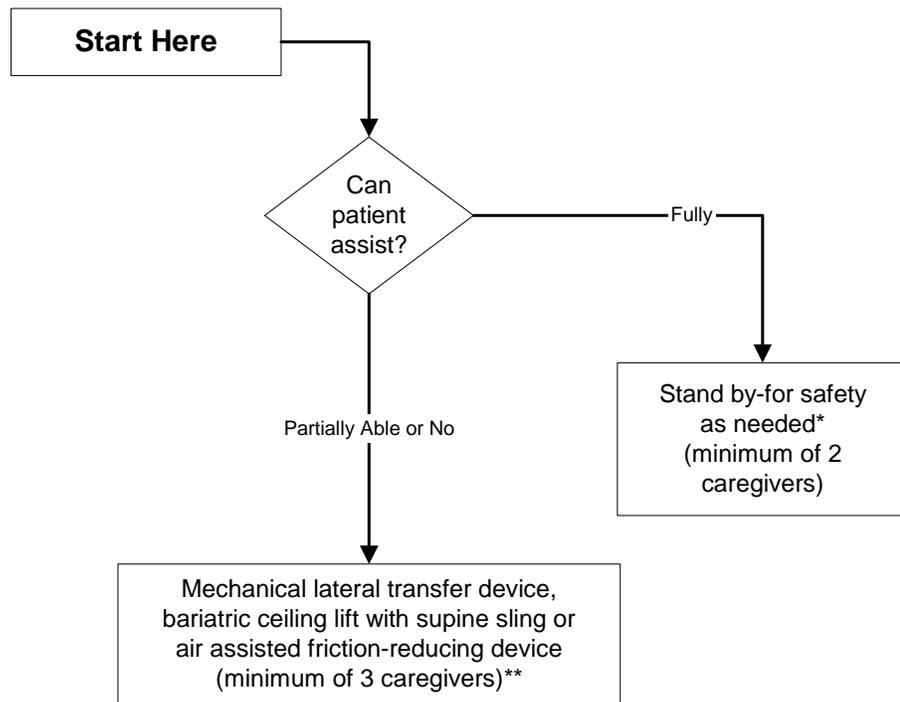
If they do not have upper extremity strength, use a bariatric stand assist lift with a minimum of 2 caregivers, or a bariatric full body sling lift with a minimum of 2 caregivers.

If they do have full upper extremity strength, use a seated bariatric transfer aid; may use a sliding board until the patient is proficient in completing a transfer independently with a minimum of 2 caregivers.

General Notes:

- Stand by for safety, in the case of the bariatric patient refers to the fact that if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- If the patient has partial weight-bearing capability, transfer toward the stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" for expanded capacity and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
- Seated transfer aids must have a chair with arms that recess or are removable.
- Bariatric toileting slings are available for toileting.
- Bariatric bathing mesh slings are available for bathing.
- Note that a standard porcelain toilet typically has a weight limit of 350 pounds; the patient may need a bariatric commode chair or steel toilet.
- In older lifts, more effort is needed to place the sling under the patient, which may require a minimum of 3 caregivers.

Bariatric Algorithm 2: Bariatric Lateral Transfer To and From: Bed/Stretcher/Trolley
 rev. 1/3/06



- The destination surface should be about 1/2" lower for all lateral patient moves.
- Avoid shearing force.
- Make sure bed is the right width, so excessive reaching by caregiver is not required.
- Lateral transfers should not be used with speciality beds that interfere with the transfer. In this case, use a bariatric ceiling lift with supine sling.
- Ensure bed or stretcher doesn't move with the weight of the patient transferring.
- ** Use a bariatric stretcher or trolley if patient exceeds weight capacity of traditional equipment.

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

* Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC"(for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 2: Bariatric Lateral Transfer to and from Bed, Stretcher or Trolley

The first decision point in this algorithm is whether or not the patient can assist. If they can fully assist, stand by for safety as needed with a minimum of 2 caregivers.

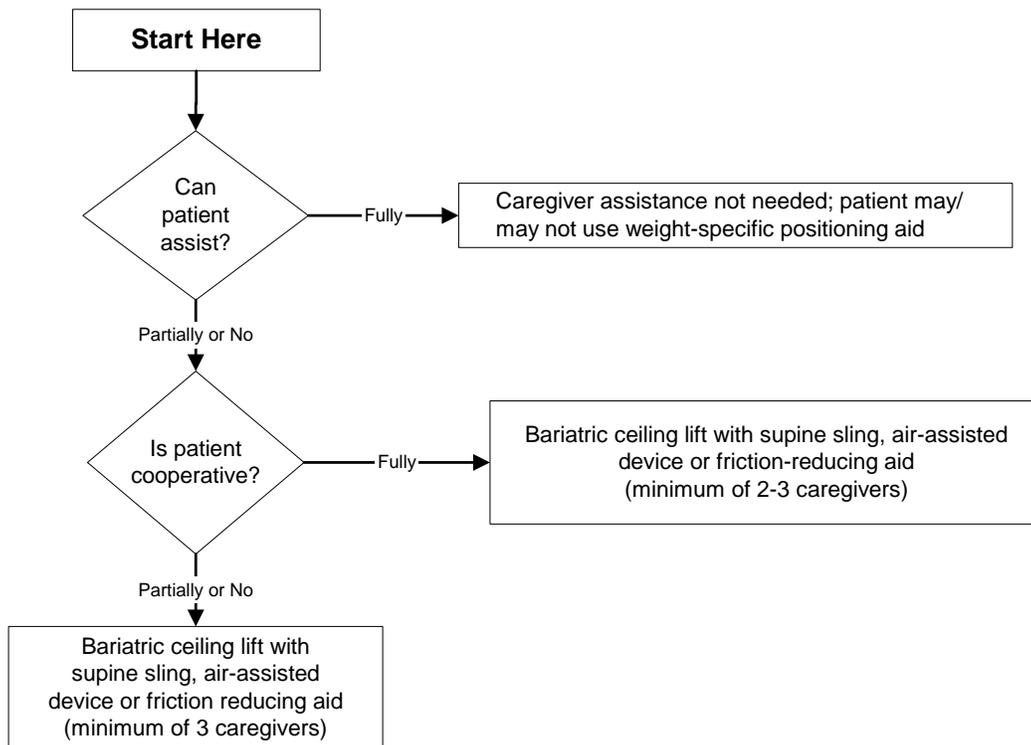
If they can only partially or not assist, use a mechanical lateral transfer device, bariatric ceiling lift with supine sling or air assisted friction reducing device with a minimum of 3 caregivers. Use a bariatric stretcher or trolley if the patient exceeds the weight capacity of traditional equipment.

General Notes:

- Stand by for safety, in the case of the bariatric patient refers to the fact that if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- If the patient has partial weight-bearing capability, transfer toward the stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" for expanded capacity and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
- The destination surface should be about ½" lower for all lateral patient moves.
- Avoid shearing force.
- Make sure the bed is the right width so that excessive reaching is not required by the caregiver.
- Lateral transfers should not be used with specialty beds that interfere with the transfer. In this case, use a bariatric ceiling lift with a supine sling.
- Ensure that the bed or stretcher doesn't move with the weight of the patient transferring.

Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed

rev. 8/23/06



- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with drawsheet, under patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
 - Dycem (TM)
 - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
 - Posey-Grip (TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient handling task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-side or Up in Bed

The first decision point in this algorithm is whether or not the patient can assist. If they can fully assist, caregiver assistance is not needed and the patient may or may not use a weight-specific positioning aid.

If they can only partially or not at all assist the next decision is whether or not they are cooperative. If they are fully cooperative, use a bariatric ceiling lift with a supine sling, air-assisted device or friction-reducing aid with a minimum of 2 to 3 caregivers.

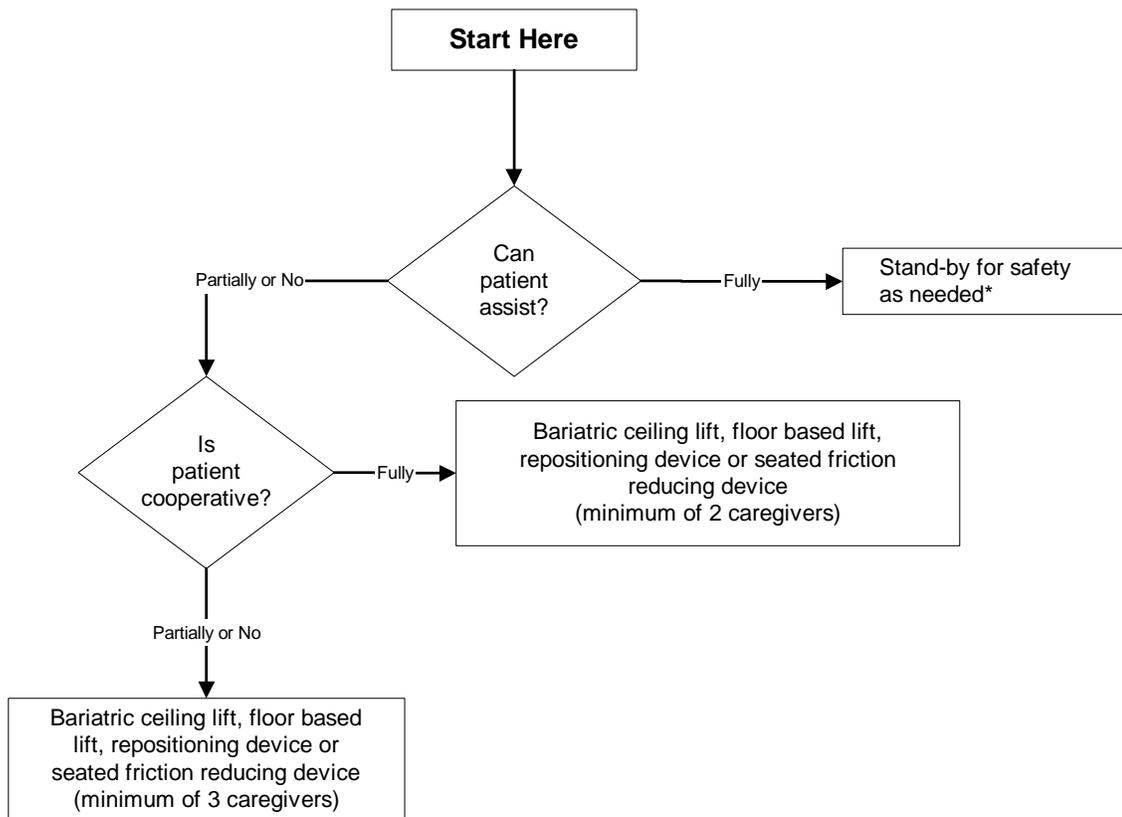
If they are only partially or not at all cooperative, use a bariatric ceiling lift with a supine sling, air-assisted device or friction reducing aid with a minimum of 3 caregivers.

General Notes:

- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with a draw sheet, under the patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density foam wedge to firmly reposition the patient on their side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
 - Dycem™
 - Scoot-Guard™ (antimicrobial: clean with soap and water, air dry).
 - Posey-Grip™ (Does not hold when wet. Washable, reusable, air dry).
- If the patient has partial weight-bearing capability, transfer toward the stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs and patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" for expanded capacity and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 4: Bariatric Reposition in Chair: Wheelchair, Chair, or Dependency Chair

rev. 1/3/06



- Take full advantage of chair functions, e.g., chair that reclines, or use an arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- Consider leaving the sling under the patient at all times to minimize risk to staff during transfers after carefully considering skin risk to patient and the risk of removing/replacing the sling for subsequent moves.

- * "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- If patient has partial weight-bearing capability, transfer toward stronger side.
 - Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
 - Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
 - Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
 - During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 4: Bariatric Reposition in Chair, Wheelchair, Chair or Dependency Chair

The first decision point in this algorithm is whether or not the patient can assist. If they can fully assist, stand by for safety as needed.

If they can only partially, or not assist at all, the next decision is whether or not they are cooperative. If they are fully cooperative, use a bariatric ceiling lift, floor-based lift, repositioning device or seated friction reducing device with a minimum of 2 caregivers.

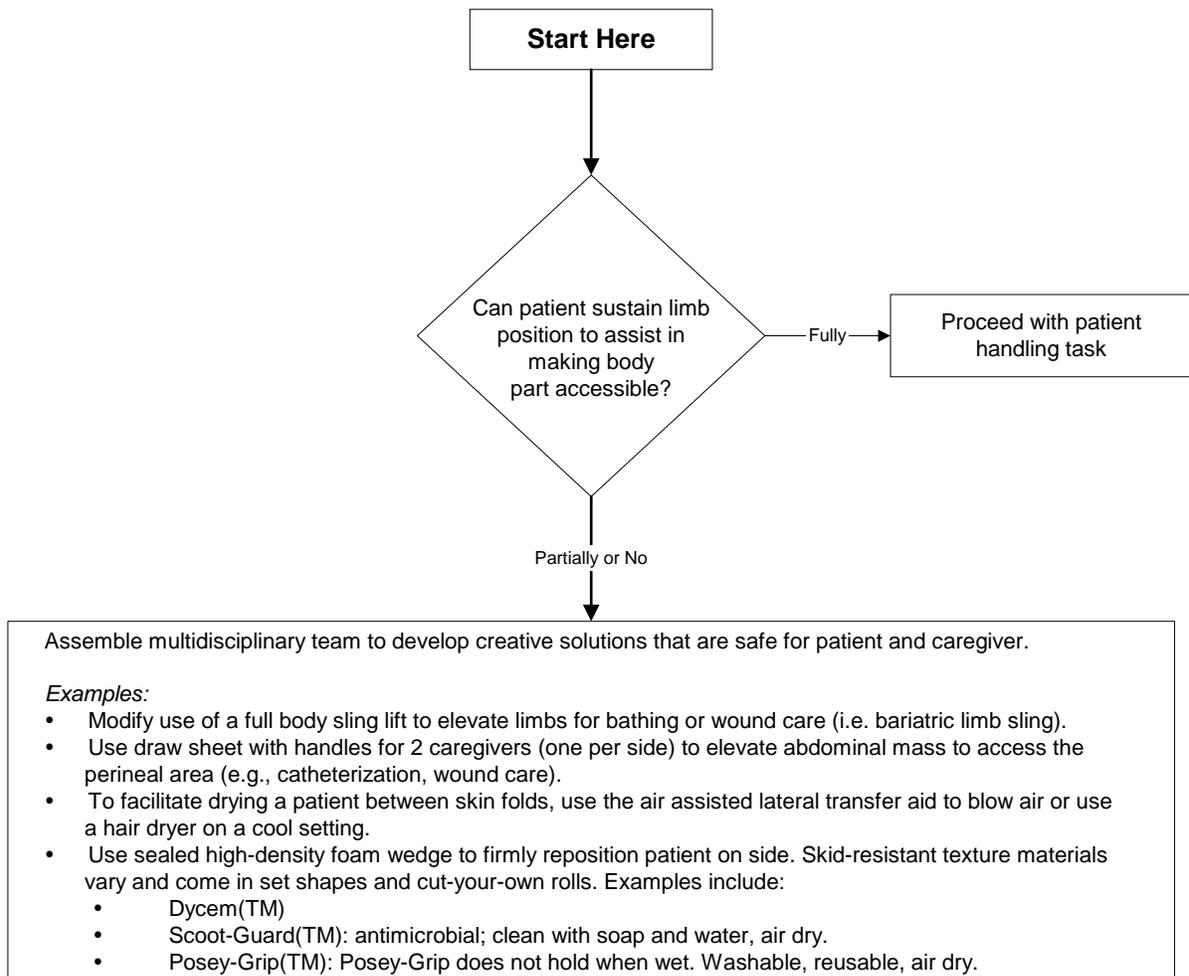
If they can only partially or not assist at all, and are only partially or not at all cooperative, use a bariatric ceiling lift, floor-based lift, repositioning device or seated friction reducing device with a minimum of 3 caregivers.

General Notes:

- Take full advantage of chair functions, for example, chair that reclines, or use an arm rest of a chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- Consider leaving the sling under the patient at all times to minimize risk to staff during transfers after carefully considering skin risk to patient and the risk of removing/replacing the sling for subsequent moves.
- Stand by for safety, in the case of the bariatric patient refers to the fact that if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- If the patient has partial weight-bearing capability, transfer toward the stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" for expanded capacity and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 5: Patient Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)

rev. 1/3/06



- A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 5: Patient Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)

The decision point in this algorithm is whether or not the patient can sustain the limb position to assist in making the body part accessible. If they are fully capable, proceed with the patient handling task.

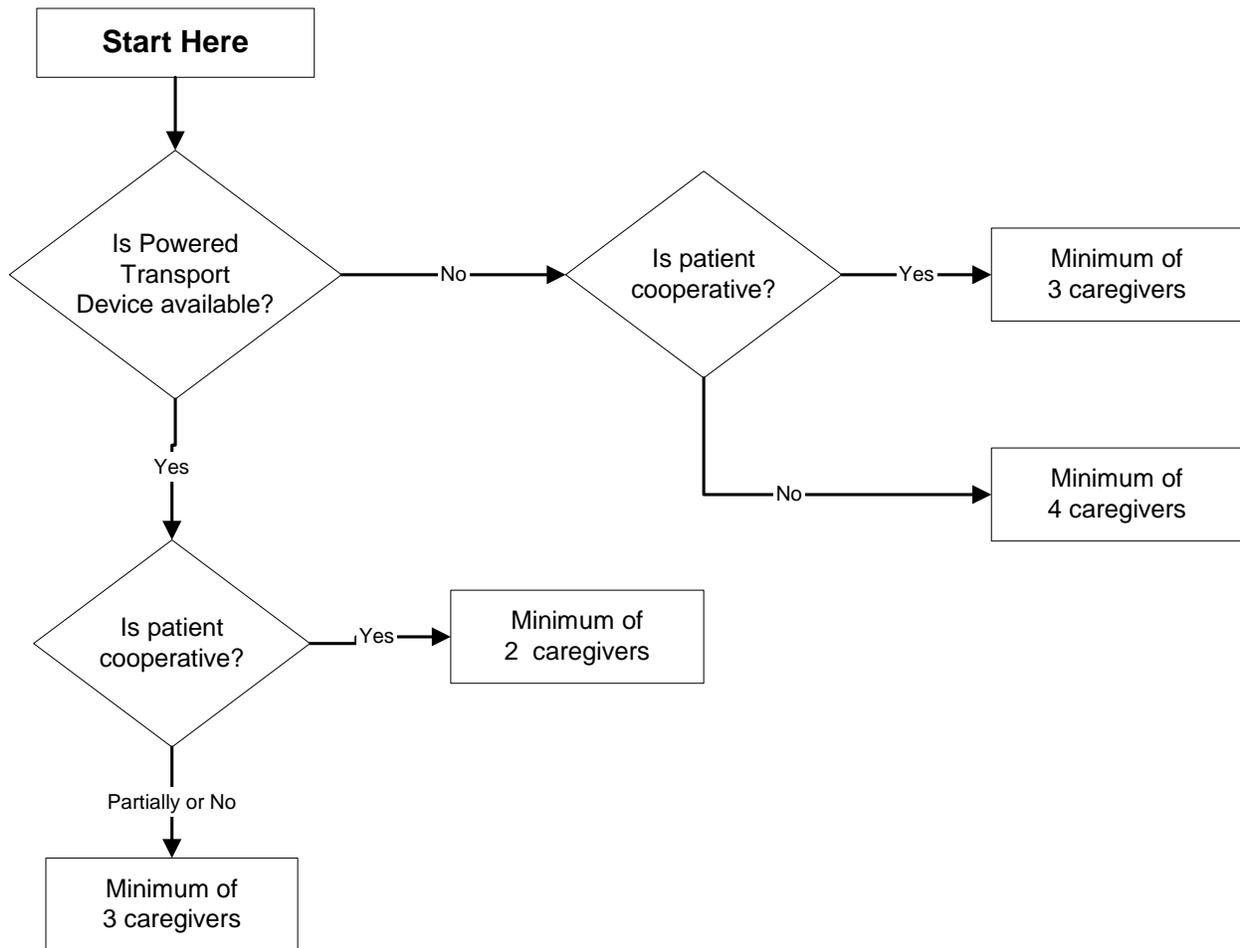
If they are only partially, or not able to sustain the position, assemble a multidisciplinary team to develop creative solutions that are safe for the patient and caregiver.

Examples:

- Modify use of a full body sling to elevate limbs for bathing or wound care (i.e. bariatric limb sling).
- Use a draw sheet with handles for 2 caregivers (one per side) to elevate the abdominal mass to access the perineal area (e.g. catheterization, wound care).
- To facilitate drying a patient between skin folds, use the air assisted lateral transfer aid to blow air or use a hair dryer on a cool setting.
- Use a sealed, high-density foam wedge to firmly reposition the patient on their side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
 - Dycem™
 - Scoot-Guard™ (antimicrobial: clean with soap and water, air dry).
 - Posey-Grip™ (Does not hold when wet. Washable, reusable, air dry).
- A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 6: Bariatric Transporting (Stretcher)

rev. 5/1/05



- If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.
- Newer equipment often is easier to propel.
- If patient is uncooperative, secure patient in stretcher.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 6: Bariatric Transporting (Stretcher)

The first decision point in this algorithm is whether or not a powered transport device is available. If yes and the patient is cooperative, use a minimum of 2 caregivers. If the patient is not cooperative, use a minimum of 3 caregivers.

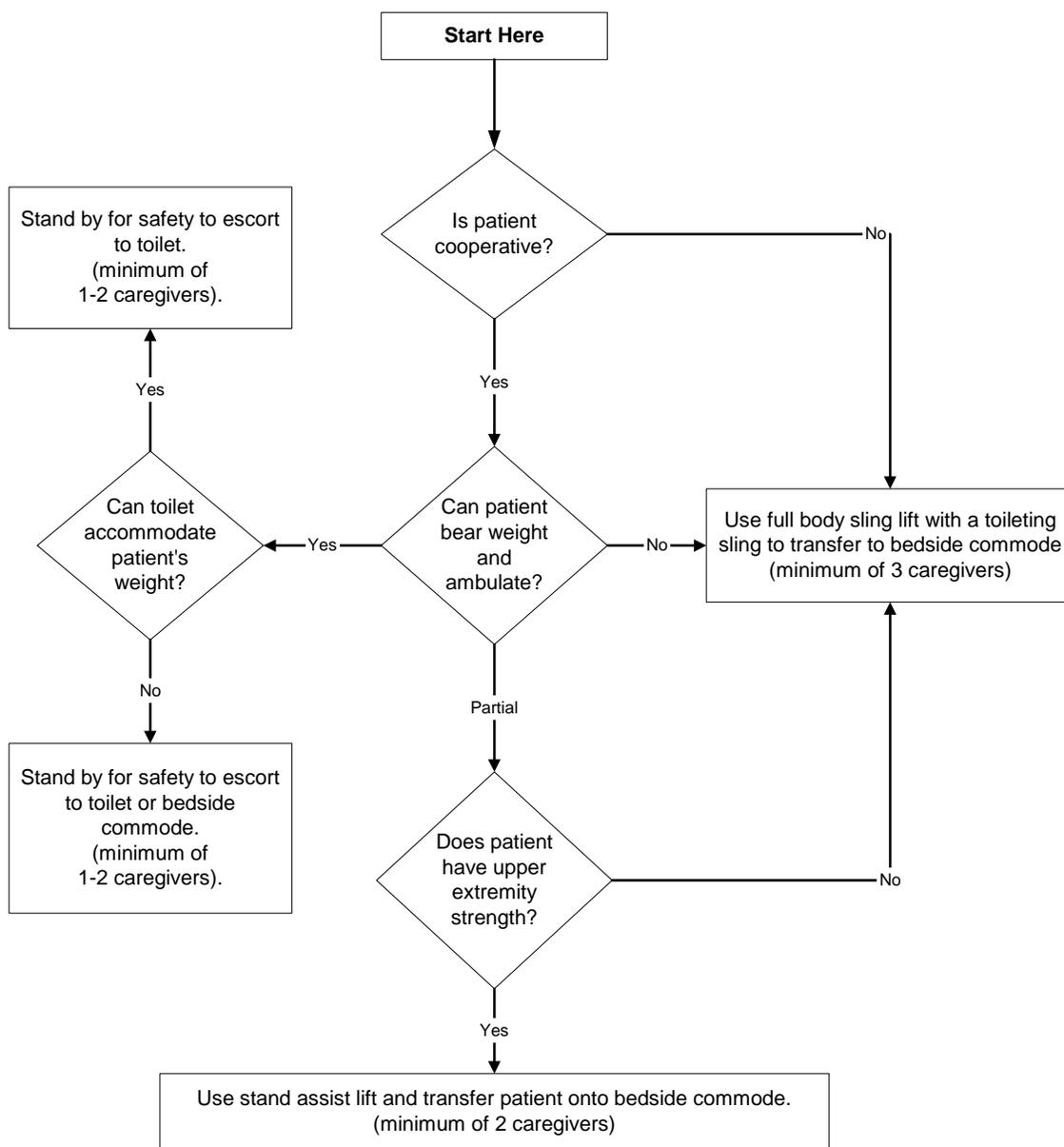
If a powered transport device is not available, assess if the patient is cooperative. If yes, use a minimum of 3 caregivers. If they are not cooperative, use a minimum of 4 caregivers.

General Notes:

- If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.
- Newer equipment often is easier to propel.
- If the patient is uncooperative, secure the patient in the stretcher.
- During any patient handling task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.

Bariatric Algorithm 7: Toileting Tasks for the Bariatric Patient

rev. 8/23/05



Considerations:

- Is bathroom doorway wide enough to accommodate entry of mechanical lift device and patient?
- Assure equipment used meets weight requirements and is appropriately sized for patient.
- Typically, standard toilets are rated to 350 lbs. maximum capacity.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 7: Toileting Tasks for the Bariatric Patient

The first decision point in this algorithm is whether or not the patient is cooperative. If they are not, use a fully body sling lift with a toileting sling to transfer to a bedside commode with a minimum of 3 caregivers.

If they are cooperative, the next decision is whether or not they can bear weight and ambulate. If they cannot, use a fully body sling lift with a toileting sling to transfer to a bedside commode with a minimum of 3 caregivers.

If they are cooperative, and can partially bear weight and ambulate, the next decision is whether or not they have upper extremity strength. If yes, use a stand assist lift and transfer the patient onto a bedside commode with a minimum of 2 caregivers. If they do not have upper extremity strength, use a fully body sling lift with a toileting sling to transfer to a bedside commode with a minimum of 3 caregivers.

If they are cooperative, can partially weight bear and ambulate, the next decision is whether or not the toilet can accommodate the patient's weight. If no, stand by for safety to escort them to the toilet or bedside commode, minimum of 1 to 2 caregivers. If the toilet can accommodate their weight, stand by for safety to escort to toilet with a minimum of 1 to 2 caregivers.

Considerations:

- Is the bathroom door wide enough to accommodate entry of mechanical lift device and patient?
- Assure equipment used meets weight requirements and is appropriately sized for patient.
- Typically, standard toilets are rated to 350 lbs. maximum capacity.
- During any patient transferring task, if any caregiver is required to lift more than 35 pounds of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.