

# **Criteria for Selection of Lifting and Transfer Devices**

- **Appropriate for the task to be accomplished**
- **Safe and stable for patient and care-giver**
- **Comfortable for the patient**
- **Can be managed with relative ease**
- **Maneuverable in confined work space**
- **Efficient in use of time**
- **Minimal maintenance needed**
- **Storage requirements reasonable**
- **Adequate numbers of device available**
- **Cost effective**

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# ASSESSMENT CRITERIA & CARE PLAN FOR SAFE

## PATIENT HANDLING & 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 standby, 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 patient 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. Bilateral 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 lbs]

*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.

### IV. 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: \_\_\_\_\_

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VII. **Appropriate Lift/Transfer Devices Needed:**

Vertical Lift:

Horizontal Lift:

Other Patient-handling Devices Needed:

**Sling Type** Seated \_\_\_\_\_ Seated (Amputee) \_\_\_\_\_ Standing \_\_\_\_\_ Supine \_\_\_\_\_  
Ambulation \_\_\_\_\_ Limb Support \_\_\_\_\_

**Sling Size** \_\_\_\_\_

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

If patient weighs more than 300 lbs, the BMI is needed. For Online BMI table and calculator see:

[http://www.nhlbi.nih.gov/guidelines/obesity/bmi\\_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm)