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

Comments: ____________________________________________________________________________________________
________________________________________________________________________________________________________
VII. **Appropriate Lift/Transfer Devices Needed:**

Vertical Lift:

Horizontal Lift:

Other Patient-handling Devices Needed:

<table>
<thead>
<tr>
<th>Sling Type</th>
<th>Seated</th>
<th>Seated (Amputee)</th>
<th>Standing</th>
<th>Supine</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Ambulation</th>
<th>Limb Support</th>
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<tbody>
<tr>
<td>______</td>
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</table>

**Sling Size** __________

**Signature** ___________________________  **Date** ___________________________

If patient weights 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