

Essential Pieces to Complete the Puzzle for SafePatient Handling and Movement

Speakers:

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All of the speakers and presenters have signed Disclosure Statements indicating they have no Conflict of Interest or Vested Interests that conflict with their role at this conference.

Objectives

1

Identify the potential risks to the healthcare worker and patient (resident, client & consumer) if the assessment is not timely, accurate and based on the staffs' strength

2

List SPHM equipment and the criteria to use each device to eliminate high-risk handling tasks

3

Identify environmental barriers that may affect SPHM

What's the Risk...

If the assessment is:

- Not performed in a timely manner
- Accurate
- Based on the staffs' strength

Patient Assessment

3 W's:

- Who
- When
- Where

SPHM Environment

The assessment is based on the patient's:

- Cognition
- Strength
- Functional Mobility

SPHM in Different Environments

Emergency Department vs. Medical Surgical Unit:

- Acuity of the patient
- Types of repositioning and transfer tasks
- Floor layout
- Equipment

Assessment Tool

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"Right Product...

for the Right Patient...

in the Right Environment"
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Assessment Tool

000000000000000000000000000000000000000	Patient /Resident	I		Ī
Lift Type	Criteria	Contraindications	Sling Criteria	Staff
Total Mechanical Lift or Ceiling Lift	Non weight bearing Not belte to sthallance on edge of bed Non weight bearing patient needing repositioning in a non- reclining chair		Use-Hygiene sling if patient has: Good toper body control Cognitive Able to assist Transfer is for to leting/access to perined area for the sing if patient has: Poor upper body control Non cognitive Non cognitive Use - Hammock sling if patient S S M - 100 - 240 lbs L - 210 - 440 lbs L - 440 - 800 lbs.	2 - 2+ Hands on patient/res, for duration of transfer. 2 - 2+ Hands on patient/res, for duration of transfer.
• Can	Partial weight bearing in one or both legs Can hold on with one or both hands Cooperative	Abdominal, chest or back surgery (if the area of surgery would be compromised	Use - Band Harness if patient: CAN bear weight continuously	2 – 2+
Sit/Stand Mechanical Lift	Able to move supine to sit and be able to sit and be able to sit shadance on edge of bed with 1-assist and/or use of assist rail/head of bed. Partial weight bearing patient needing repositioning in a non-reclining chair.	resulting in harm to the patient/resident) Spinal or pelvic fracture (if the fracture site would be compromised resulting in harm to the patient/resident) Poor skin integrity in area of bett	Use-TT Harness if patient: CANNOT bear weight continuously Band sting is not large enough If leg straps are needed Never tighten the TT Harness leg straps	2 – 2+ Once patient //es i: seated bed side for transfer do not le ave their side. C ontact. Guard
Transfer/Gait Belt	Full weight beering and shie to ambuste with guidance or hands on cueing Partial weight beering if they can take steps and move feet Steady Cooperative	Abdominal, chest or back surgery (if the area of the surgery would be compromised resulting in harm to the patient/tesident) Spinal or pelvic fracture (if the fracture site would be comprised resulting in harm to the patient/tesident) Poor skin integrity in area of bett	None.	1 + another to handle medical equipment
	Bedrest Unable to assist with lateral transfer Needs repositioning in bed or reclining chair		None	Less than 200 lbs – 2 More than 200 lbs – 3
Non-Friction Device or Air Matt			:	2-2+
	Full weight bearing bilaterally Steady Or patient < 30 LBS		None	0-1

Complete the Puzzle

- Where are you?
- Where do you want to be?

"Fill in the pieces to the puzzle"

Questions

Thank you!