

# Safe Patient Handling and Movement Algorithms

**Developed By:**

VISN 8 Patient Safety Center  
11605 N. Nebraska Avenue 673/118M  
Tampa, FL 33612-5738  
[www.patientsafetycenter.com](http://www.patientsafetycenter.com)

**Center Director:**

Audrey Nelson, PhD, RN, FAAN  
Phone: 813-558-3902  
Fax: 813-559-3991

## 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 assistive devices.
- Partial Assist — Patient requires no more help than stand-by, cueing, or coaxing, or no more than 50% physical assistance by the nurse.
- Dependent — Patient requires more than 50% assistance by nurse, or is unpredictable in the amount of assistance offered.

*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  
 No

### III. 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]<sup>1</sup>:** \_\_\_\_\_

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

**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.		
<b>Bariatric 1</b>	Bariatric Transfer To and From: Bed to Chair, Chair to Toilet, or Chair to Chair		
<b>Bariatric 2</b>	Bariatric Lateral Transfer To and From: Bed to Stretcher or Trolley		
<b>Bariatric 3</b>	Bariatric Reposition in Bed: Side-to-Side, Up in Bed		
<b>Bariatric 4</b>	Bariatric Reposition in Chair: Wheelchair, Chair or Dependency Chair		
<b>Bariatric 5</b>	Patient Handling Tasks Requiring Sustained Holding of a Limb/Access		
<b>Bariatric 6</b>	Bariatric Transporting (Stretcher, Wheelchair, Walker)		

**Sling Type (circle choice):**    Standard \_\_\_\_\_    Amputation \_\_\_\_\_    Head Support \_\_\_\_\_

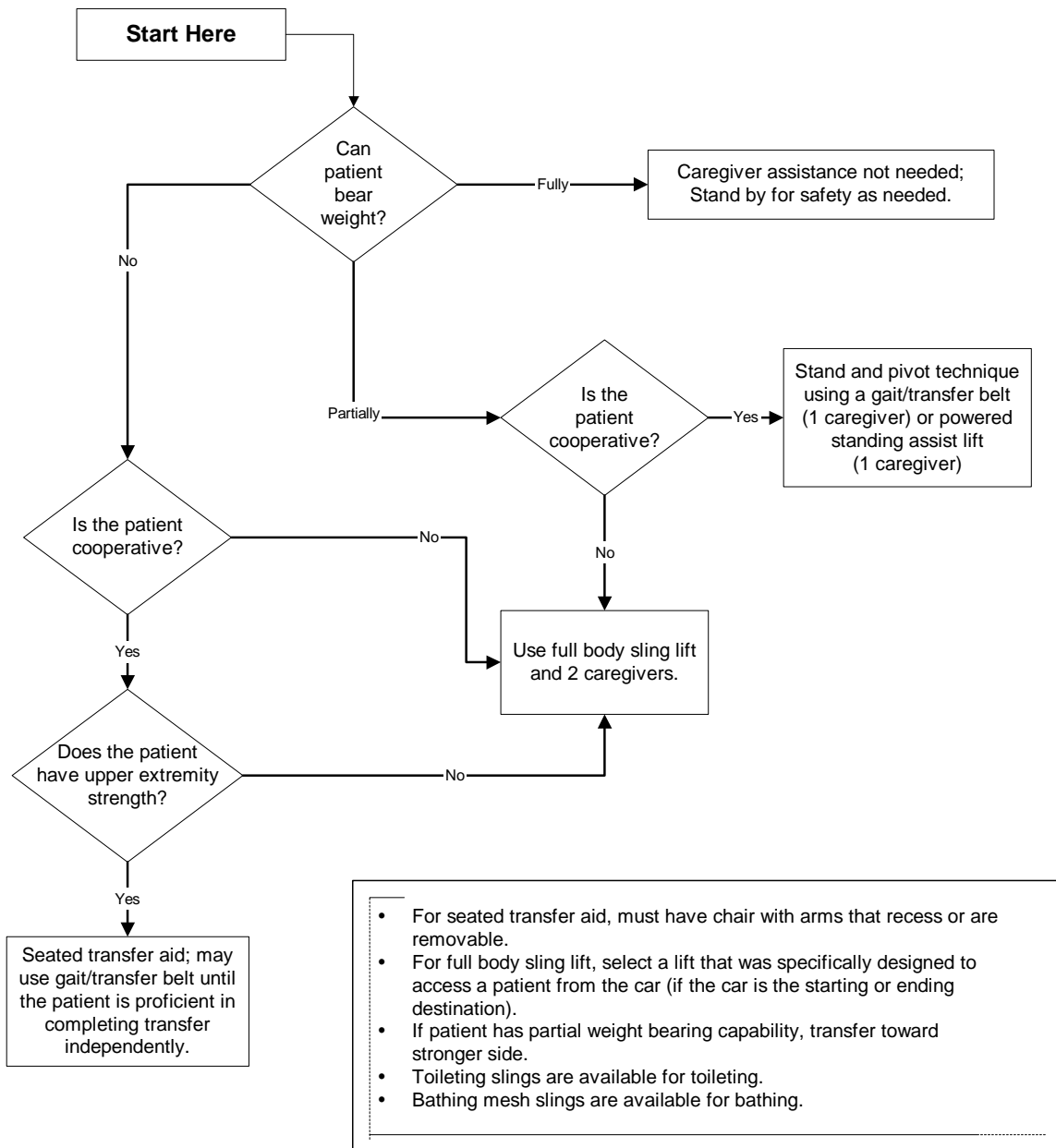
**Sling Size:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

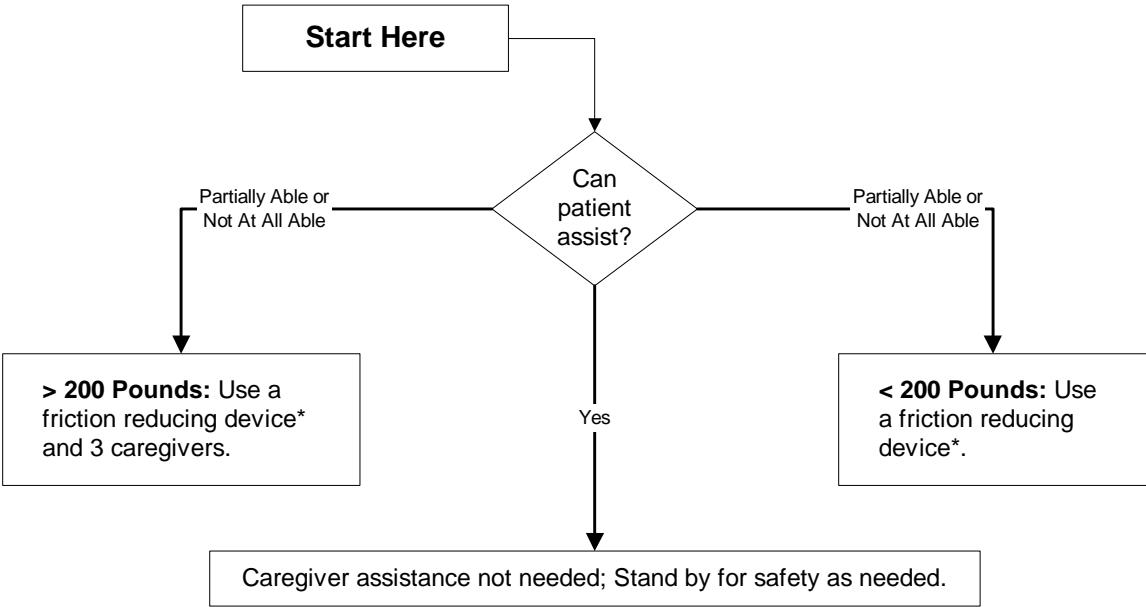
**Date:** \_\_\_\_\_

<sup>1</sup>If patient's weight is over 300 pounds, the BMI is needed. For Online calculators, see: [http://www.kcil.com/body\\_mass\\_index\\_calculator.html](http://www.kcil.com/body_mass_index_calculator.html) or <http://www.sizeviserentals.com/bmicalculator.htm>

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

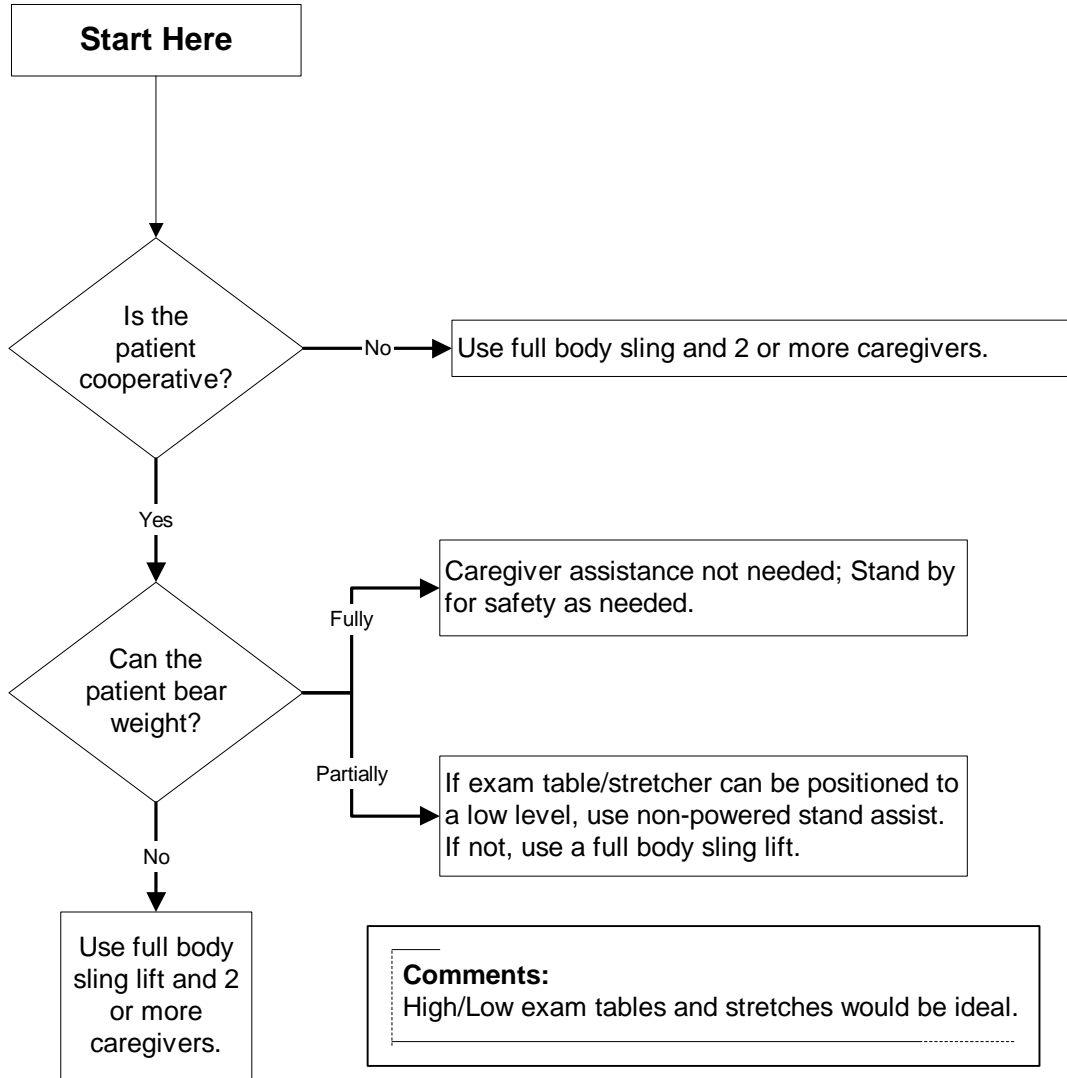


**Algorithm 2: Lateral Transfer to and from: Bed to Stretcher, Trolley**

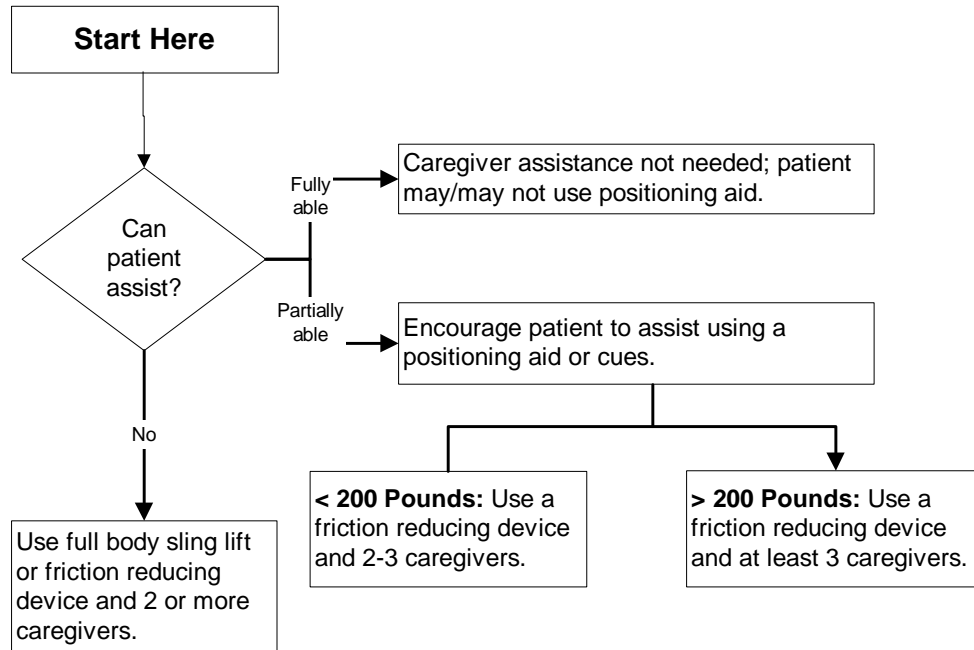


- Surfaces should be even for all lateral patient moves.
- For patients with Stage III or IV pressure ulcers, care must be taken to avoid shearing force.

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

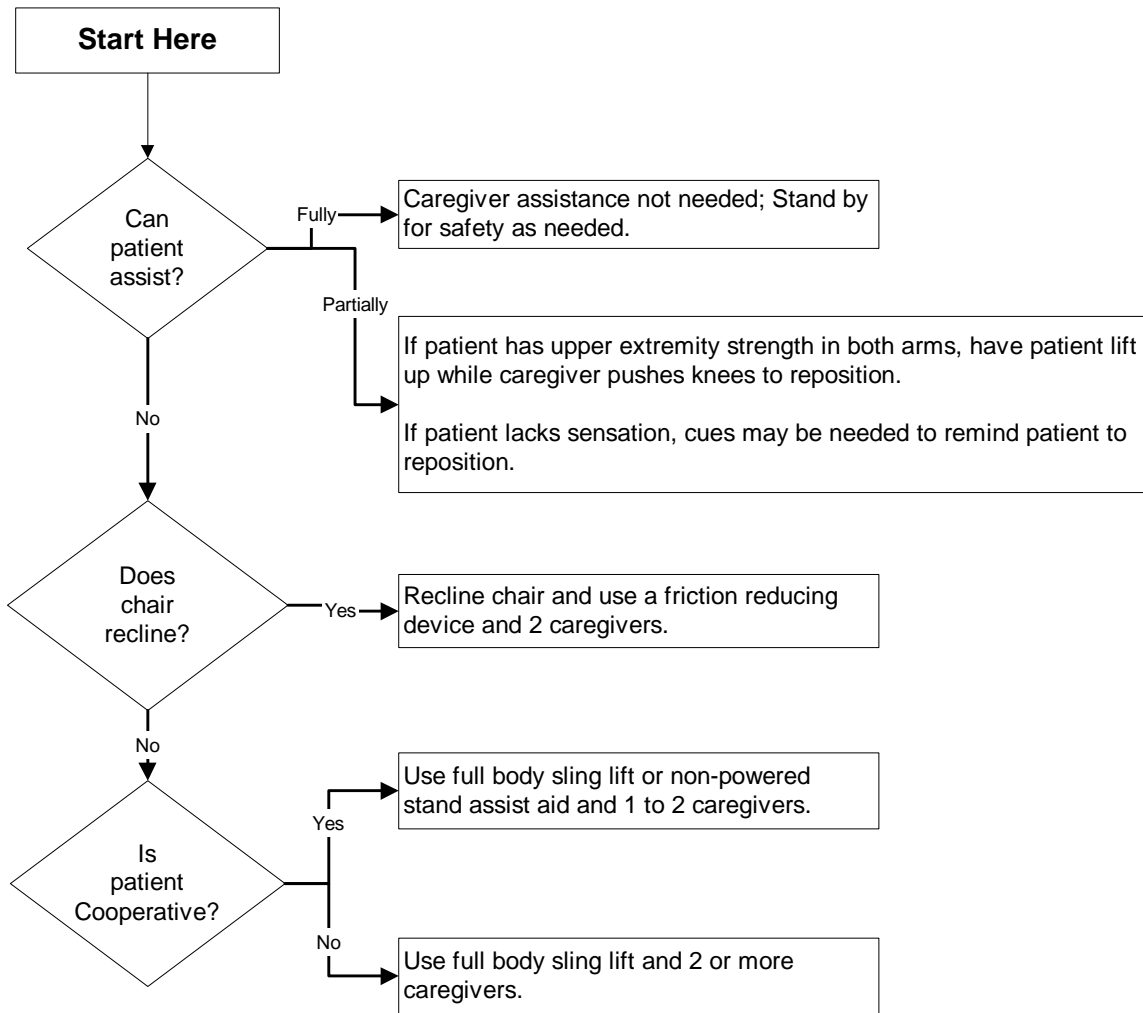


## Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed



- 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 to aid in gravity, with the side rail down.
- For patients with State 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.

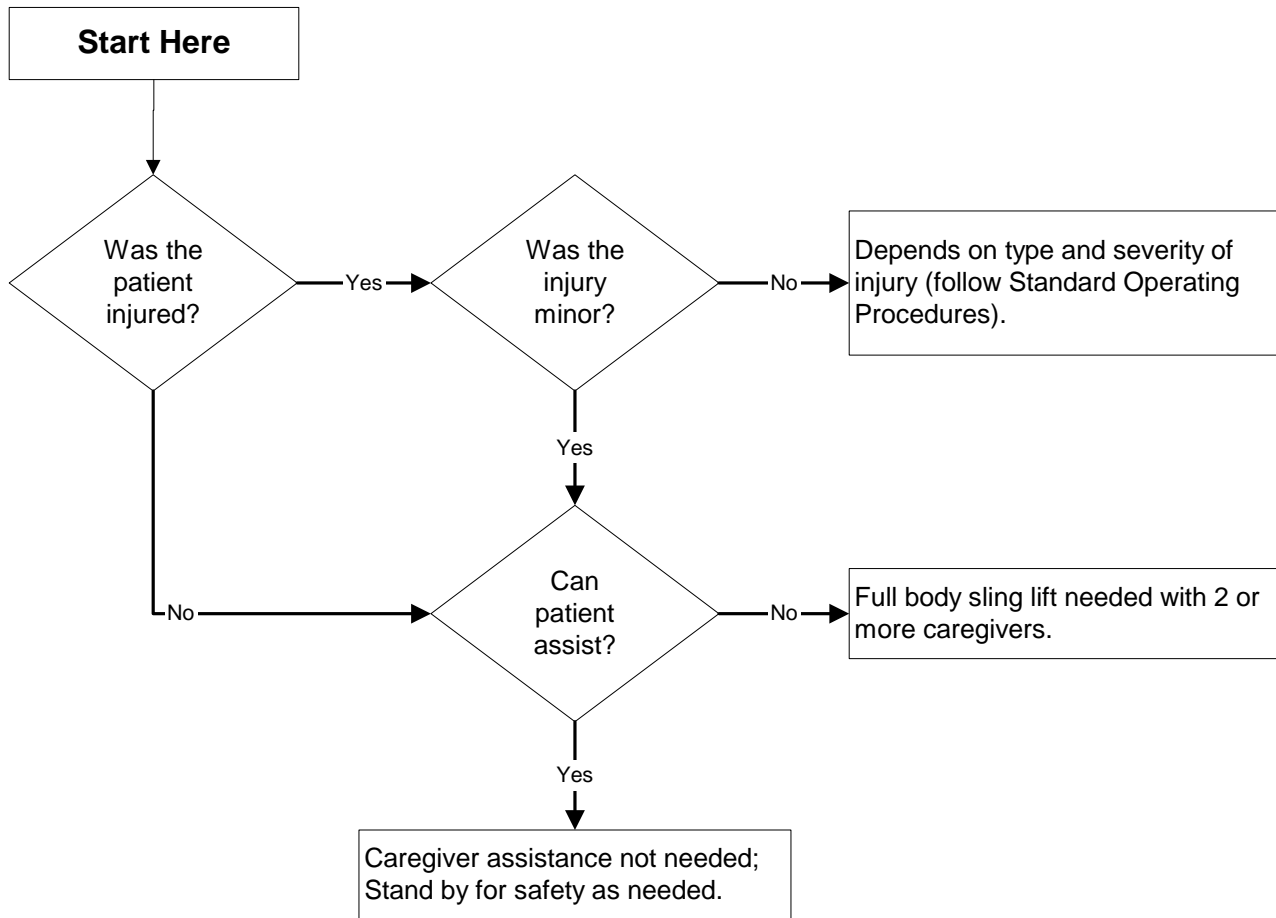
## Algorithm 5: Reposition in Chair: Wheelchair and Dependency Chair



### Comments:

- Take full advantage of chair functions, e.g., chair that reclines, or use or arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.

## Algorithm 6: Transfer a Patient Up From the Floor



### Comments:

- Use full body sling that goes all the way down to the floor (most of the newer models are capable of this).