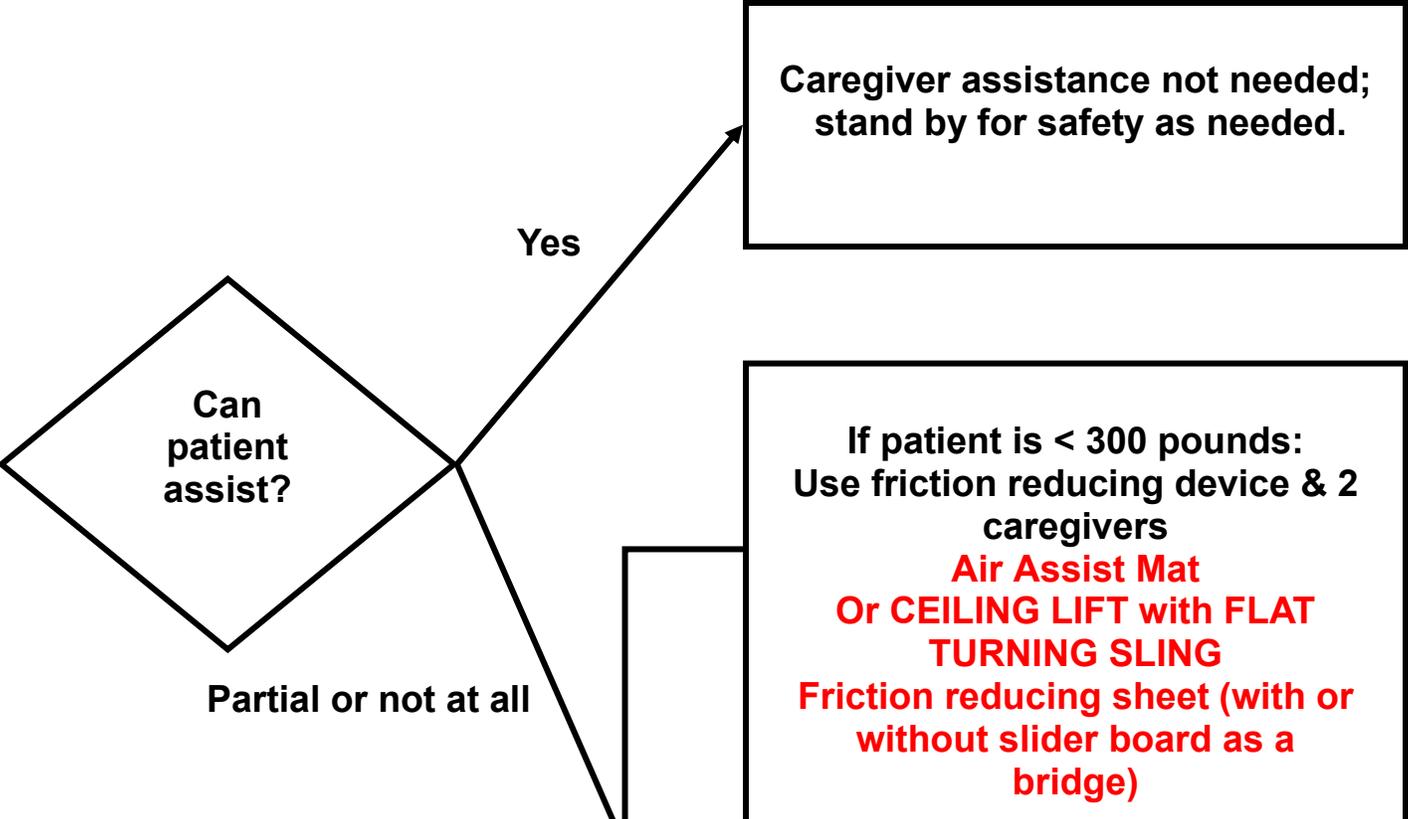


**ALGORITHM #1:
Lateral Transfer to and from: Bed to Bed, Gurney, Stretcher
(inc. Bariatric patients)**

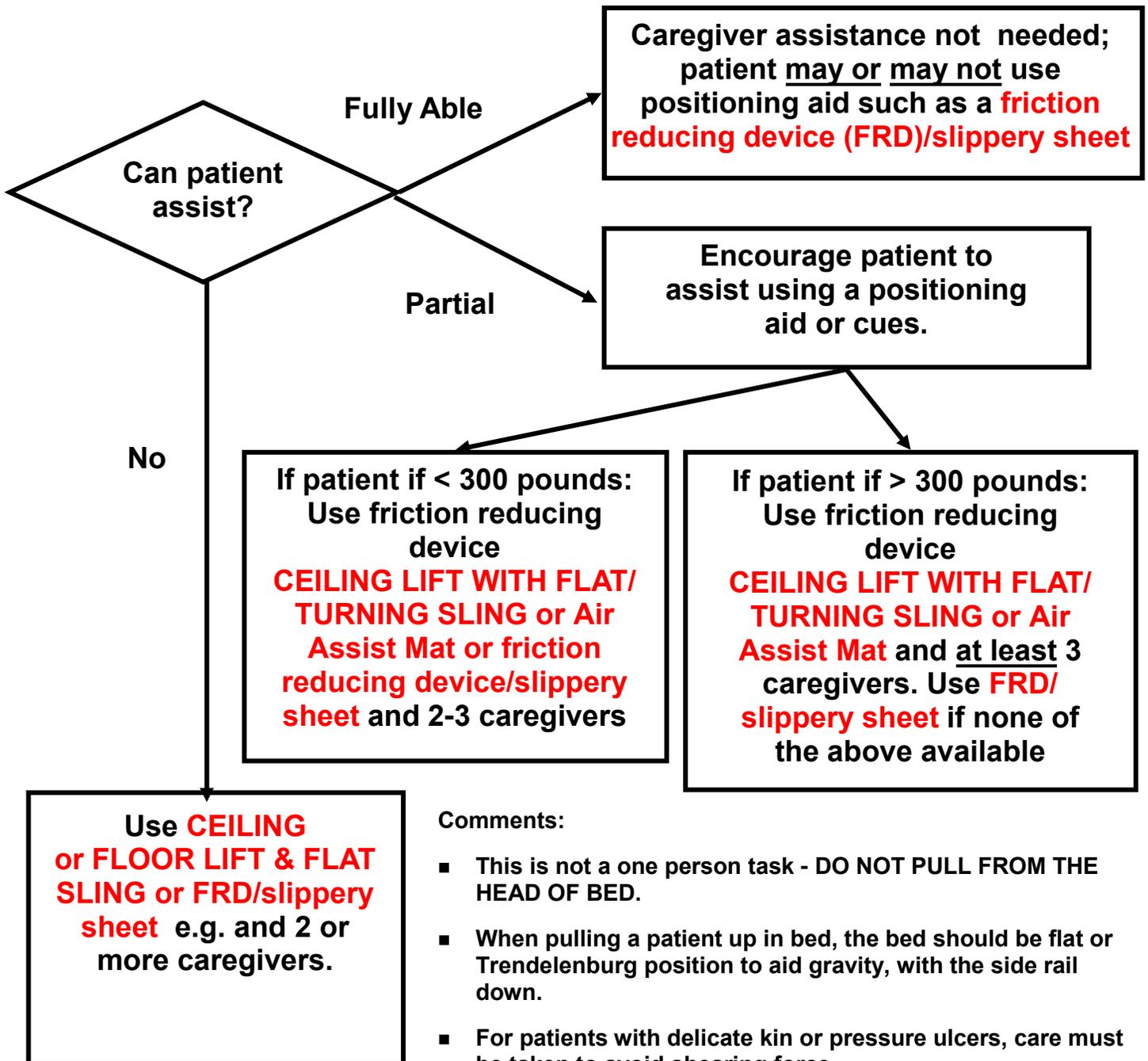


Comments:

- For Bariatric patients destination surface should be level—1/2" lower.
- Beware of and avoid shearing force during transfers.
- Confirm destination surfaces (bed, stretcher, exam table, etc.) and patient handling equipment MEET WEIGHT, WIDTH, and HEIGHT REQUIREMENTS of patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then patient should be considered to be fully dependent and assistive devices should be used for the transfer.

These Algorithms are guidelines for performing patient mobility tasks—always use clinical judgment when determining the appropriate method (equipment and # caregivers) to move or lift your patient safely.

ALGORITHM #2: Repositioning in Bed: Side to Side, Boost in Bed (inc. Bariatric patients)

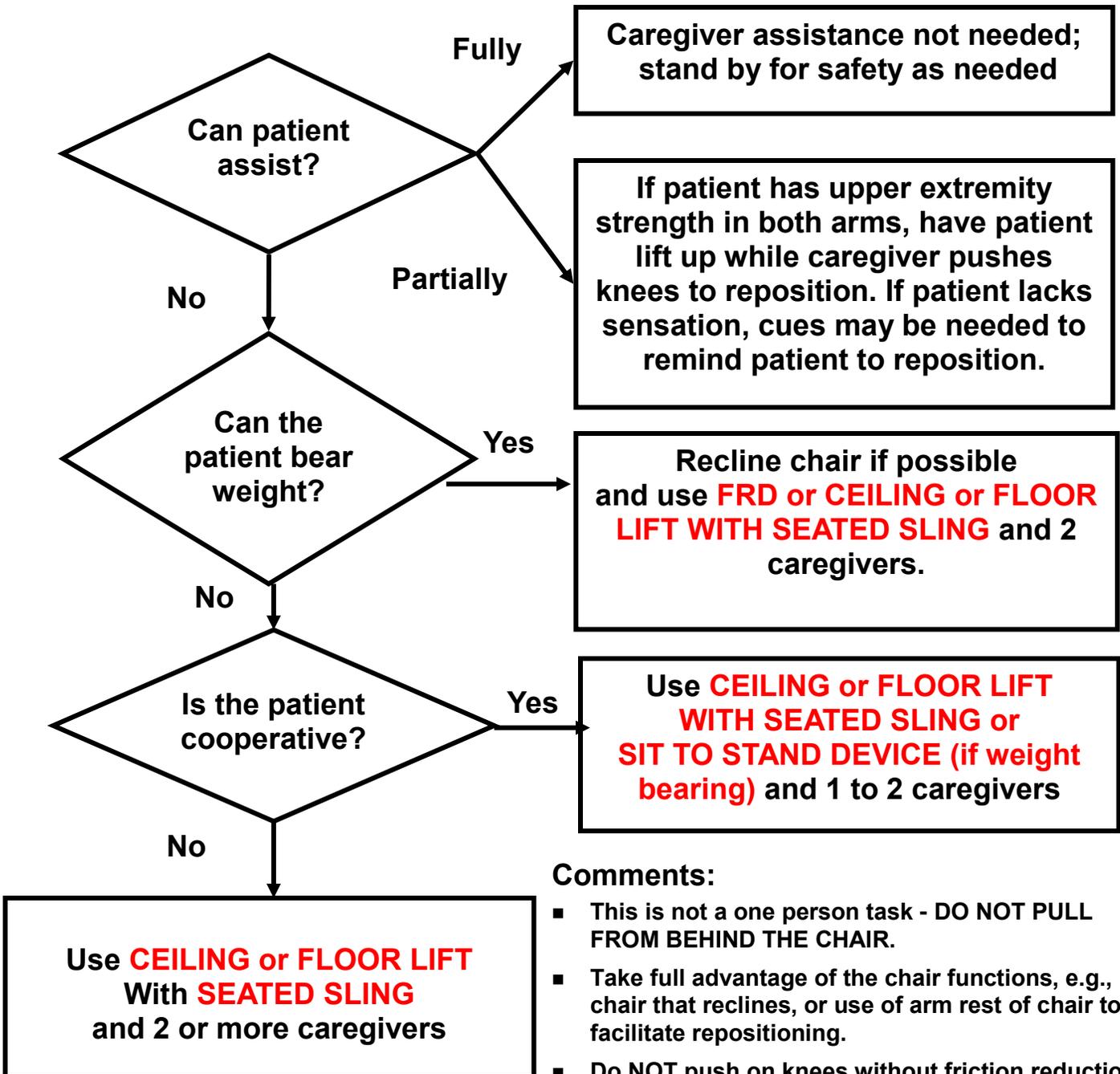


Comments:

- This is not a one person task - DO NOT PULL FROM THE HEAD OF BED.
- When pulling a patient up in bed, the bed should be flat or Trendelenburg position to aid gravity, with the side rail down.
- For patients with delicate kin or pressure ulcers, care must 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 knees and push on the count of three.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient’s weight, then patient should be considered to be fully dependent and assistive devices should be used for the transfer.

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ALGORITHM #3: Reposition in Chair: Wheelchair and Dependency Chair (inc. Bariatric patients)



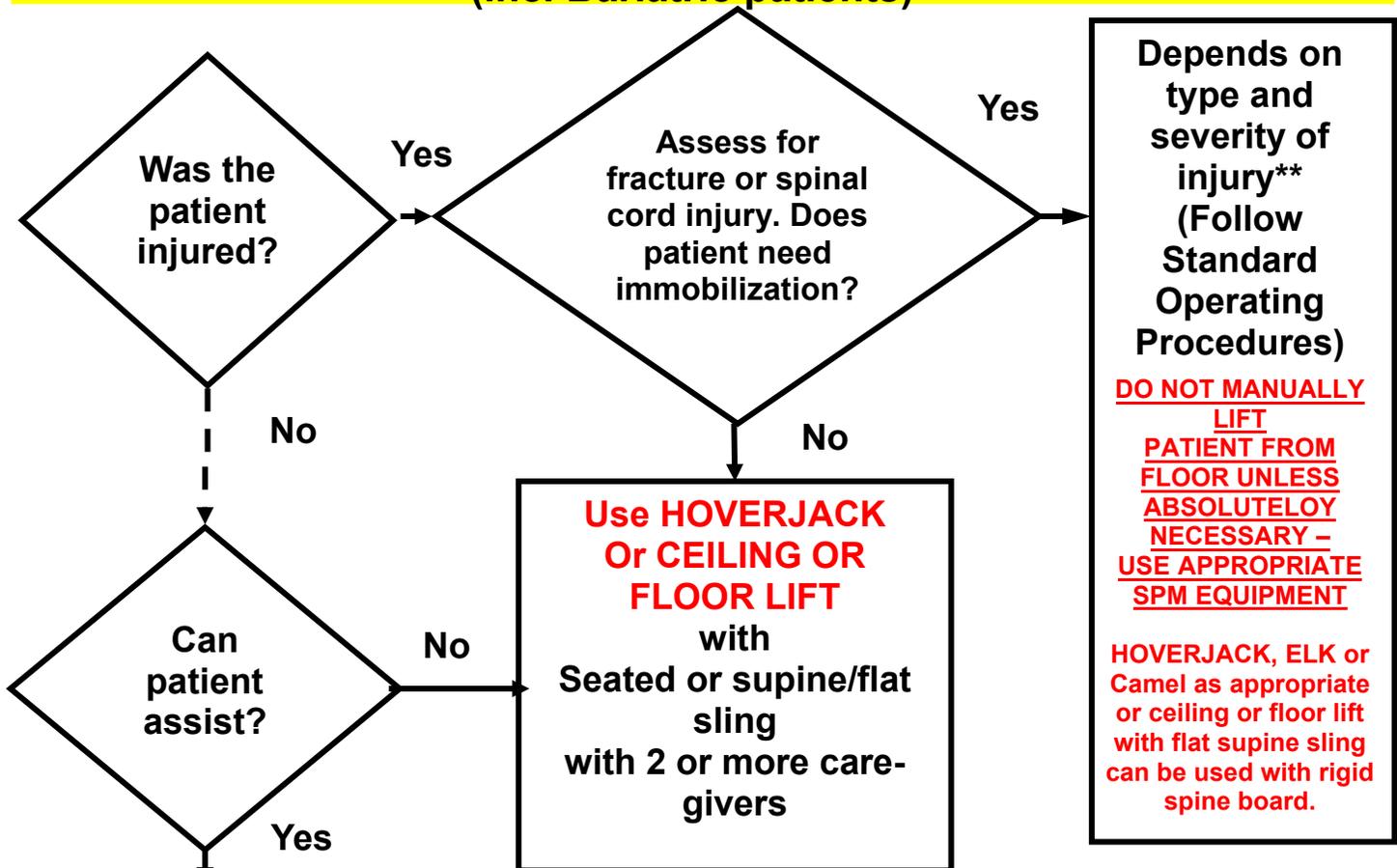
Comments:

- This is not a one person task - DO NOT PULL FROM BEHIND THE CHAIR.
- Take full advantage of the chair functions, e.g., chair that reclines, or use of arm rest of chair to facilitate repositioning.
- Do NOT push on knees without friction reduction or manually lift a patient up in a chair.
- Make sure the chair wheels are locked.
- Use sit to stand device if patient has partial weight bearing i.e. is semi-dependent.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then patient should be considered to be fully dependent and assistive devices should be used for the transfer.

These Algorithms are guidelines for performing patient mobility tasks—always use clinical judgment when determining the appropriate method (equipment and # caregivers) to move or lift your patient safely.

ALGORITHM #4

Transfer or Lift a patient from the floor/Fall Recovery (inc. Bariatric patients)



Depends on type and severity of injury (Follow Standard Operating Procedures)**

DO NOT MANUALLY LIFT PATIENT FROM FLOOR UNLESS ABSOLUTELY NECESSARY – USE APPROPRIATE SPM EQUIPMENT

HOVERJACK, ELK or Camel as appropriate or ceiling or floor lift with flat supine sling can be used with rigid spine board.

Caregiver assistance not needed; stand by for safety as needed.
If patient is over 300lbs—secure chair beside patient. Using the chair, have patient use own strength to raise self. Do not tug on or lift patient.

- If patient is in cardiac arrest initiate CPR and wait for emergency response team before moving.
- If spinal board is necessary, use friction-reducing sheets to transfer the patient onto spinal board.
- Spinal board can be used with Hover Jack or ceiling lift with flat sling.

Comments:
 Use full body sling that goes all the way down to the floor.

"Immobilization Technique" definition: use spinal precautions if can't use lift due to suspect hip, pelvic, or vertebral fractures.

During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient's weight, then patient should be considered to be fully dependent and assistive devices should be used for the transfer.

These Algorithms are guidelines for performing patient mobility tasks—always use clinical judgment when determining the appropriate method (equipment and # caregivers) to move or lift your patient safely

Bariatric Considerations

For patients > 300#, or BMI >50, extra caution needs to be taken.

- **Assign patient to room with ceiling lift with appropriate motor weight capacity**
- **Dual ceiling lift motors can be used to lift and move patients over 600lb however, also consider using dual motors for dependent bariatric patients under 600lbs to facilitate patient comfort.**
- **Ensure equipment and slings used meets patient weight requirements. (Equipment capacity should be posted on all equipment). Place the sticker so that the patient does not see it during transfer.**
- **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# of a patients weight, then the patient should be considered fully dependent and assistive devices should be used for the transfer.**
- **If patient has partial weight bearing capacity, transfer toward stronger side.**
- **Fall precautions—“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.**
- **When repositioning a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid gravity. The side rail should be down.**
- **Consider using an abdominal binder (connect 2 together if needed) if the patient’s abdomen impairs patient handling tasks.**
- **Avoid shearing force.**
- **Mobilize 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 (hovermatt) covered with a sheet, 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.**
- **Consider ordering a special bed to better accommodate the patient’s size.**

Bariatric Considerations continued

For patients > 300#, or BMI >50 extra caution needs to be taken.

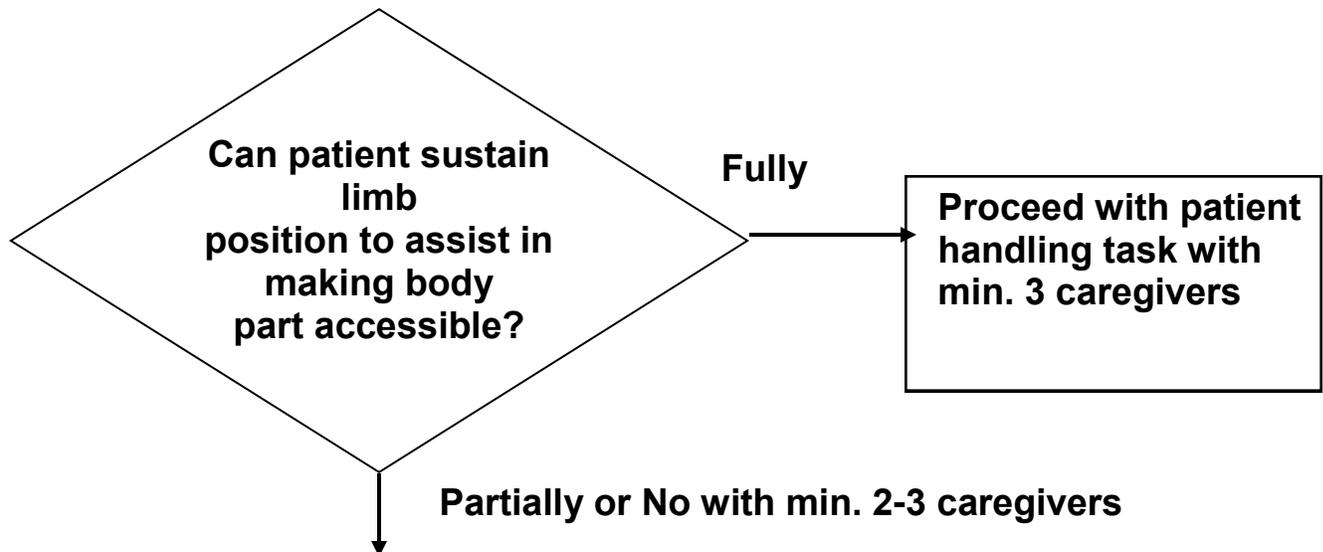
Patient Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)

If the patient cannot sustain limb position to assist in making the body part accessible, then assemble a multidisciplinary team to develop creative solutions that are safe for the patient and caregiver e.g.,

- Use limb slings with ceiling or floor lift.
- Use pannus sling with or without ceiling lift
- Use a limb sling for 2 caregivers (one per side) to elevate the abdominal mass to access the perineal area (e.g. catheterization, wound care).

Transportation using a Gurney: 2 caregivers should always transport a patient. If the patient is not cooperative, use a minimum of 3 caregivers. If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.

BARIATRIC ALGORITHM 1: Patient-Handling Tasks Requiring Access to Body Parts (Limb, Abdominal Mass, Gluteal Area)



- Assemble multidisciplinary team to develop creative solutions that are safe for patient and caregiver.
- Use limb sling to elevate limbs (with ceiling or floor lift) or to gently move pannus (manually) for bathing or wound care
- Use pannus sling with or without ceiling lift or draw sheet with handles for 2 caregivers (one per side) to elevate 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.

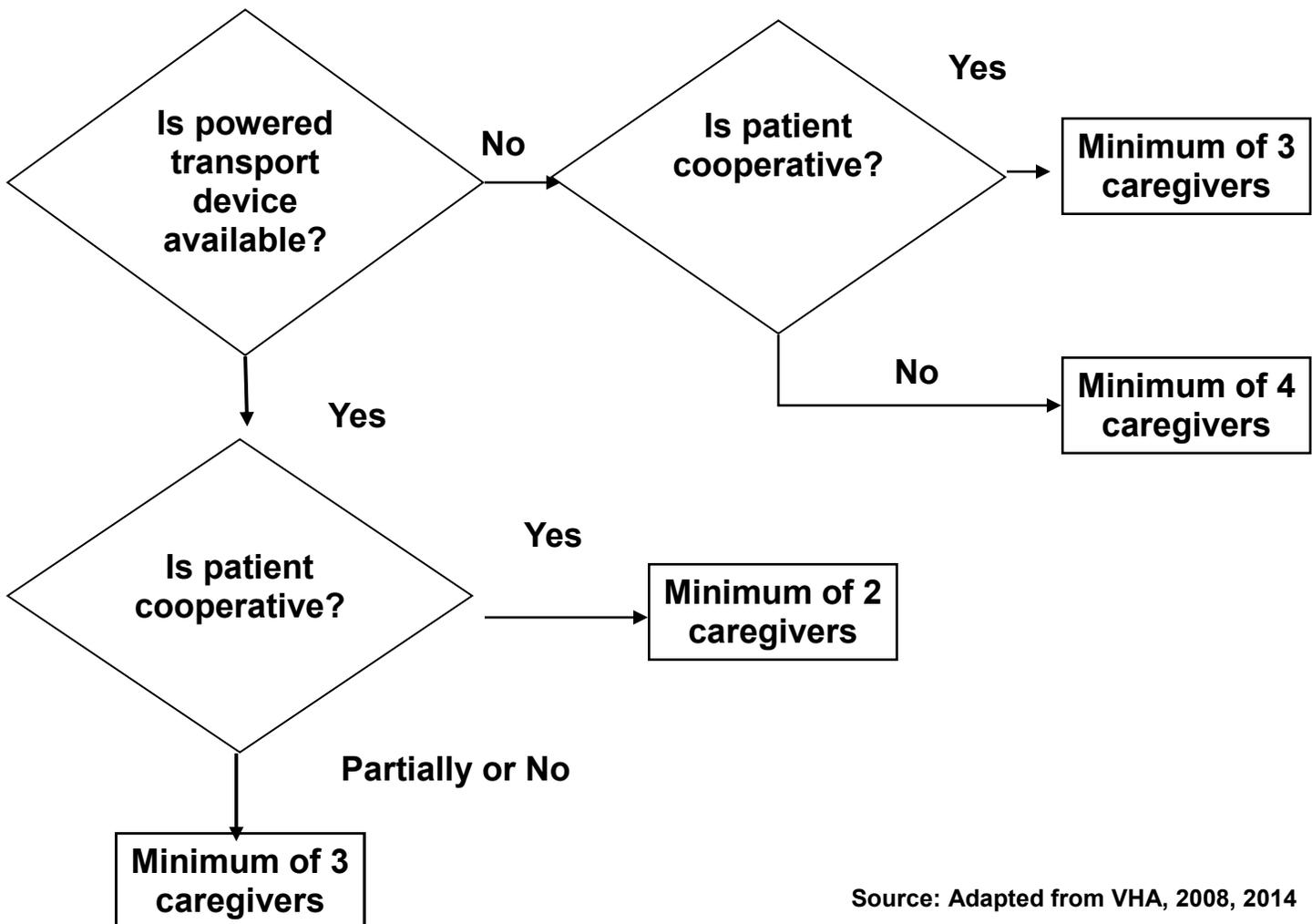
A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.

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 patient should be considered to be fully dependent and assistive devices should be used for the transfer.

These Algorithms are guidelines for performing patient mobility tasks—always use clinical judgment when determining the appropriate method (equipment and # caregivers) to move or lift your patient safely.

BARIATRIC ALGORITHM 2: Bariatric Transporting (Stretcher)



Source: Adapted from VHA, 2008, 2014

- Appropriate mode and route of transport requires information gathering prior to transport:
 - ⇒ What equipment can receiving environment accommodate? Some areas may require stretcher or chair as opposed to bed.
 - ⇒ What does receiving area require? (i.e., seated patient, patient on air device, specific bed features, etc.)
 - ⇒ Is width/length/weight capacity of devices adequate for patient?
 - ⇒ What is the easiest and safest route to transport patient (even surfaces, no inclines, etc.)?
- Plan a path to avoid obstacles, narrow doors, slopes, carpet, tight turns, or sudden stops and to ensure bed/stretcher/wheel chair can be accommodated along the pathway.
- Verify equipment is locked prior to transferring patient onto or off of transport device.
- Confirm elevator will accommodate specialty beds and expanded capacity beds/stretchers.
- If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowlers position.
- Newer equipment often is easier to propel.
- If the 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 patient should be considered to be fully dependent and assistive devices should be used for the transfer.

These Algorithms are guidelines for performing patient mobility tasks—always use clinical judgment when determining the appropriate method (equipment and # caregivers) to move or lift your patient safely.