



This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Transferring Your Patient

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Patient Transfers: Goals

- Identify different types of patient transfers: stand pivot, squat pivot, sliding board, and Hoyer (mechanical)
- Identify how to determine which type of transfer is best for the patient's condition
- Identify patient and healthcare provider safety precautions for the transfer before, during, and after the transfer
- Identify criteria for using one- and two-person transfers
- Discuss floor transfers

Safety First: Survey the Situation

- The patient
 - patient size
 - cognitive ability
 - Weakness? One side weaker than another?
 - Core strength?
 - Dizziness?
 - Orthostatic hypotension?
 - nausea
 - Upper body strength?
 - Leg strength?
 - Medical precautions in place?
 - sternal
 - hip
 - weight-bearing

Safety First: Survey the Situation

- **What can the patient do for themselves? Don't do for the patient what they can do for themselves!**
- **What is the patient wearing?**

Safety First: Survey the Situation

- **What are you transferring to and from?**
 - **bed to chair/chair to bed**
 - **bed to bed**
 - **bed to bedside commode (BSC)/BSC to bed**
 - **wheelchair to bed/bed to wheelchair**
 - **wheelchair toilet/toilet to wheelchair**
 - **wheelchair to shower/shower to wheelchair**
 - **wheelchair to vehicle/vehicle to wheelchair**

Safety First: Survey the Situation

- **What equipment needs to go with the patient?**
 - IV poles/pumps
 - Foley catheter
 - oxygen tanks and tubing
 - monitors
 - cardiac
 - pulse oximeter
 - feeding tubes
 - chest tubes

Safety First: Set Up

- **Equipment**
 - move all equipment to the side of the bed/chair you will be transferring to
 - check all equipment to ensure they are locked prior to transfer
 - wheelchair
 - bed
 - BSC
 - shower chair
 - mechanical lift

Safety First: Set Up

- **Equipment**

- always position the equipment so that the patient will move **TO** his/her stronger side
- wheelchairs
 - remove or swing away arm and leg rests if possible
 - always lock the wheels prior to the transfer
 - turn the front wheels on the wheelchair forward to prevent the chair from moving to the side if it begins to slip

Safety First: Set Up

- **Equipment**

- gait belts are best used around the waist, but can be placed above chest on patients with large midsections/incisions/colostomy bags, etc.
- beds
 - should be low enough so the patient can place both feet on the ground, **BUT** not too low
 - place the bed **FLAT** (lower the head and straighten the leg elevation)

Safety First: Set Up

- **Patient**
 - non-skid shoes or socks
 - gait belt
 - proper Hoyer sling if using

Safety First: Set Up

- **How many staff are needed for a SAFE transfer?**
 - Can I safely lower this patient to the ground if he/she begins to fall during the transfer?
 - consider patient factors
 - consider your physical factors
 - always use two-person transfer if patient is “max assist” or if you are unsure of the patient’s ability

Safety First: Staff Safety

- **Always wear PPE (personal protective equipment) as appropriate**
- **Keep the patient close to you**
- **Bend at the knees if you must lift/lower a patient**
- **If you must lower a patient to the ground, guide the patient down gently using your leg as a guide**

Safety First: Staff Safety

PROTECT YOURSELF! DO NOT try to lift a patient by yourself if you do not feel safe! Improper transfer techniques lead to staff injuries!

Safety First: Patient Education

- **Education/verbal run-through**
 - introduce yourself
 - tell the patient why you are transferring/where you are going/how long you will be gone
 - verbally tell the patient what you expect from them during the transfer
 - it may be helpful to demonstrate the transfer to the patient

Safety First: Patient Education

- **Education/verbal run-through**
 - ask the patient if they have any questions/fears prior to the transfer
 - reassure the patient that you will be sure the patient is safe throughout the transfer

Safety Tips for a Good Transfer

- **Blocking/guarding joints**
 - assisting person can help a patient transfer by placing their knees in front of or beside the patient's weak knee(s) so the patient is unable to bend the knee
 - blocking can assist the patient to stay in the standing position and/or help them lower or raise easier

Safety Tips for a Good Transfer

- **Scoot to the edge of the surface the patient is transferring FROM**
- **Use “nose over the toes” to get the patient's weight off their bottom, and onto their feet!**
- **NEVER pull on a patient's arms or lift the patient by their arms**

Safety First: Contingency Plan

- **Know what you will do if something goes wrong!**
 - have the call light close by
 - know where you will go if the patient slips/legs buckle
 - if the patient begins to fall, pull the patient close to you and lower the patient to the ground
 - don't be afraid to slowly lower the patient to the ground if needed

Types of Transfers

- **Stand pivot**
- **Squat pivot**
- **Sliding board**
- **Mechanical lift, such as a Hoyer lift**
- **Lifting the patient from the floor level**

Stand Pivot

- **Patient assessment**
 - must be able to stand for a short time
 - must have adequate hip, knee, and ankle range of motion
 - must have adequate leg strength
 - must have good sitting balance

Stand Pivot

- **Equipment**
 - **MUST** have non-skid shoes
 - assistant must use gait belt
 - may be done with or without a walker

Squat Pivot

- A modification of the stand pivot transfer
- Patient must have good sitting balance and upper extremity strength
- Use the squat pivot transfer with patients who have:
 - limited trunk control
 - limited knee or hip extension strength
 - limited knee or hip extension range of motion that inhibits them from being able to maintain a standing position

Squat Pivot

- Employ the same steps as in the stand pivot transfer, except that the patient doesn't come to a full standing position; instead, he maintains a squat position while lifting the hips
- Use the upper extremities to move from one surface to another

Sliding Board Transfer

- Ideal for when patients cannot bear weight through their lower extremities or with bilateral lower extremity weakness, paralysis
- Patients should have safe trunk control and good sitting balance, especially onto/off a commode
- Board length – longer slide boards are often beneficial for *car transfers*

Sliding Board Transfer

- Friction
 - too much (e.g., skin on slide board may inhibit sliding on the board – consider using a Chux pad or a pillowcase over the slide board)
 - too little can be dangerous (e.g., slide board on top of commode seat (plastic) can shift during a slide board transfer)

Sliding Board Transfer

- Board placement is crucial – 1/3 under patient, 1/3 on the surface you are transferring to
- Pinch hazard – be sure both you and your patient do not have their fingers pinched under the slide board during transfers; one common spot this may occur is if a slide board has a cut out hole to help with maneuvering; patients like to place their hands in this hole

Mechanical Lifts

- Have two people perform the transfer (depending on the facility or local policy)
- Check the batteries
- Test the up/down lift briefly before using it
- Know where the emergency stop button is
- Remember to lock the brakes
- Check the weight limit on the lift for obese patients

Mechanical Lifts

- Use the correct size sling for your patient, orient it correctly
- Match the hooks symmetrically between left and right hooks and ensure the head is properly supported by the sling
- When lowering the lift, be careful not to lower any parts onto the client's head

Patient Falls: Floor to Chair/Bed Transfer

- When a patient falls (because they will fall)
 - stay calm
 - call for help
 - evaluate the situation, then evaluate again
 - Was the fall witnessed? ask for details
 - can the patient give details

Patient Falls: Floor to Chair/Bed Transfer

- **When a patient falls (because they will fall)**
 - stay calm
 - call for help
 - evaluate the situation, then evaluate again
 - physical exam
 - Did they patient hit his head?
 - Are they hurt/bleeding anywhere?
 - How long has the patient been on the floor?

Patient Falls: Floor to Chair/Bed Transfer

- **If the patient is HURT – if they hit their head or hurt their neck**
 - put a neck brace on the patient and use a backboard
 - roll the patient onto the backboard using a log roll method and holding the neck as still as possible
 - must have 4-6 people to lift the patient

Patient Falls: Floor to Chair/Bed Transfer

When in doubt, use a backboard/sheet lift with multiple staff. Always choose the safest way to move the patient!

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