

Smooth Moves Patient Handling Assessment

All assessments 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 in the transfer/repositioning.

I. Patient's level of assistance:

- Independent Performs tasks safely, with or without assistive devices.
- Partial Assist Requires no more help than stand-by- cueing or coaxing, or no more than 50% physical assistance.
- Dependent Requires more than 50% assistance, or is unpredictable in the amount of assistance offered.

II. Weight Bearing Capacity?

- Yes, Full
- Yes, 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 (changes frequently), not cooperative, or unable to follow simple commands.

V. Patient's weight:_____ height_____

Body Mass Index (BMI) if patient's weight
Is over 300 lbs:_____

***If BMI exceeds 50, or weight exceeds 350 pounds,
institute Bariatric Algorithms BMI= $\frac{Wt\ in\ Kg}{Ht\ in\ Meters^2}$***

VI. Check applicable conditions likely to affect transfer/repositioning techniques:

- | | | |
|--|--|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Tubes (IV,chest,etc) | <input type="checkbox"/> Respiratory Compromise |
| <input type="checkbox"/> Contractures/spasms | <input type="checkbox"/> Postural hypotension | <input type="checkbox"/> Unstable spine |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Severe osteoporosis | <input type="checkbox"/> Wounds affecting transfer/positioning |
| <input type="checkbox"/> Hip/Knee replacements | <input type="checkbox"/> Severe edema | <input type="checkbox"/> Other: |
| <input type="checkbox"/> History of falls | <input type="checkbox"/> Splints/traction | |
| <input type="checkbox"/> Paralysis/Paresis | <input type="checkbox"/> Severe pain, discomfort | |

VII. Please assess patients on admission and every Monday, Wednesday and Friday and with any changes in condition.

VIII. Care Plan

Algorithm #	Task	Assistive Devices	# of Staff
1	Transfer to and from: Bed-to-chair, chair-to-toilet, chair-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		
6	Picking patient up from floor		
Bariatric 1	Bariatric transfer to and from: Bed-to-chair, chair to toilet, or chair to chair		
Bariatric 2	Bariatric lateral transfer to and from: bed to stretcher or trolley		
Bariatric 3	Bariatric transfer to and from: Chair-to-Stretcher, or chair-to-exam table		
Bariatric 4	Bariatric reposition in bed: Side to side, up in bed		
Bariatric 5	Bariatric reposition in chair: wheelchair, chair or dependency chair		
Bariatric 6	Bariatric transporting (stretcher, wheelchair, walker)		

Sling Size: _____

Signature	Date	Date	Date	Date	Date