

# ELSEVIER

## MOVING A PATIENT IN BED

1. Assess the amount of weight to be lifted and assess for the amount of assistance that will be needed to ensure both patient and nurse safety.
2. Move the patient with a drawsheet:
  - a. Place the patient supine and the head of the bed flat. With one nurse on each side of the bed, adjust its height to a position that's comfortable for both nurses.
  - b. Remove the pillow beneath the patient's head and shoulders, and place it out of the way at the head of the bed. Have the patient cross his or her arms over his or her chest.
  - c. Roll the patient from side to side to place the drawsheet under him or her, extending the drawsheet from shoulder to thigh. Cross patient's one leg over the other to aid in rolling.
  - d. Return the patient to the supine position.
  - e. Stand beside the bed at the patient's hips. The nurse on the other side of the bed also stands at the patient's hips. Fanfold the drawsheet at the patient's sides. To do so, firmly grasp the drawsheet close to the patient. The nurse on the other side of the bed does so as well.
  - f. Then stand with feet apart, with the foot nearest the head of the bed in front of the other foot, keeping knees and hips flexed. The other nurse assumes the same posture. On the count of three, shift your weight from the back leg to the front leg and lift the patient with the drawsheet to the desired position in bed. Do not try to drag or pull the patient because doing so can cause shear or friction injury to the patient.
3. Move the patient with a friction-reducing device:
  - a. Position the patient as in Steps 7 A through D. Make sure that enough nurses are available to help, according to the patient's weight. Position nurses on each side of the bed and another at the foot.

- b. Place the friction-reducing device under the drawsheet by rolling the patient first to one side and then to the other, adjusting the device beneath the patient. Cross one leg over the other to aid in rolling. Return to supine position.
  - c. Have two nurses grasp the drawsheet while a nurse at the foot of the bed holds the friction-reducing device stationary. Follow Steps 7 E and F to move the patient up in bed.
  - d. Remove the device and assist patient to a comfortable position.
4. Logroll the patient (three nurses).
- a. Place a small pillow between the patient's knees.
  - b. Cross the patient's arms over his or her chest.
  - c. Position two nurses on the side toward which the patient is going to be turned and one nurse on the side on which the pillows are going to be placed.
  - d. Fanfold the drawsheet along the side toward which the patient will be turning.
  - e. On the count of three, with one nurse grasping the drawsheet at the patient's lower hips and thighs, and the other nurse grasping the drawsheet at the patient's shoulders and lower back, roll the patient as a single unit in one smooth, continuous motion.
  - f. The nurse on the opposite side of the bed places pillows along the length of the patient for support.
  - g. Gently lean the patient back toward the pillows for support

## POSITIONING

Begin with the patient lying supine. Place the bed in a good working height.

- a. Position the patient in the supported Fowler's position.
  - i. With the patient lying supine, raise the bed to a working height and elevate the head of the bed to Semi-Fowler position or as prescribed (Fowler: 60 to 90 degrees. Semi-Fowler: 30 to 60 degrees. Low Fowler: 15 to 30 degrees).

- ii. Rest the patient's head against the mattress or on a pillow.
  - iii. If needed, position a small pillow or rolled towel at the patient's lower back.
  - iv. Use pillows to support the arms and hands of the patient if he or she does not have voluntary control or use of the hands and arms.
  - v. Place a pillow or roll under the patient's thighs.
  - vi. Support the patient's calves and ankles with a pillow or roll.
  - vii. Place pillows or rolls at the feet to keep the feet aligned and maintain dorsiflexion of feet.
- b. Position the patient in the supported supine position.
- i. Lower the head of the bed so that the patient is lying flat.
  - ii. Place a small rolled towel under the lumbar area of the patient's back, if needed.
  - iii. Place a pillow behind the patient's upper shoulders, neck, or head, if needed.
  - iv. Place pillows under the patient's pronated forearms, keeping the upper arms parallel to the patient's body.
  - v. Place trochanter rolls or sandbags parallel to the lateral surface of the patient's thighs.
  - vi. Protect the patient's feet with a small trochanter roll or therapeutic boots.
  - vii. Place the fingers and thumb of each of the patient's hands around a rolled cloth. (Consider a physical therapy referral for the use of hand splints.)
- c. Position the patient in the prone position, using two nurses.
- i. Lower the head of the bed to the flat position, and remove any pillows.
  - ii. Lower the side rail and move the patient to the side of the bed opposite from the direction you will turn him or her. Move his or her upper trunk first, supporting the shoulders. Then move his or her lower trunk, supporting the patient's hips. Adjust the patient's legs and feet to maintain good body alignment.
  - iii. With healthcare personnel stationed on each side of the patient, move the patient toward the side of the bed opposite to the direction toward which he or she is to be turned.

- iv. As you roll the patient, the patient's arm on the side to be turned should be held alongside the body. Place a towel or pillow beneath the patient's abdomen, below the level of the diaphragm. For patients with hemiplegia, move the patient toward the unaffected side.
  - v. Roll the patient's body over the tucked arm, keeping the elbow straight and the hand tucked under the hip. Center the patient in the bed to maintain good body alignment.
  - vi. Turn the patient's head to one side, and support the head with a small pillow.
  - vii. Support the patient's arms in the flexed position at the level of the shoulders.
  - viii. To elevate the toes, gently wedge a pillow below his or her lower legs.
- d. Position the patient in a 30-degree lateral (side-lying) position.
- i. Raise the bed to a working height. Lower the head of the bed completely, or as far as the patient can tolerate.
  - ii. Lower the side rail, and position the patient on the side of the bed facing the opposite direction toward which he or she is going to be turned. Move the patient's upper trunk first, supporting the shoulders. Then move the lower trunk, supporting the hips.
  - iii. Raise the side rail, and go to the opposite side of the bed.
  - iv. Flex the patient's knee that will not be next to the mattress. Place one of your hands on the patient's hip and the other on his or her shoulder.
  - v. Roll the patient onto his or her side toward you.
  - vi. Place a pillow under the patient's head and neck.
  - vii. Place your hands under the dependent shoulder, and bring the shoulder blade forward.
  - viii. Position both of the patient's arms in a slightly flexed position.
  - ix. Place a small tuck-back pillow behind the patient's back. Make a tuck-back pillow by folding a pillow lengthwise. The smooth area of the pillow is slightly tucked under the patient's back.
  - x. Support the upper arm with a pillow that is level with the shoulder; the other arm will be supported by the mattress.



- The best height for vertical lifting is approximately 2 feet off the ground and close to the lifter's center of gravity.
- Know the pathological conditions that affect a patient's body alignment and mobility. Postural abnormalities affect body mechanics.
- Control factors that indirectly affect body mechanics by altering the safety of the environment.

1. Perform hand hygiene, don gloves as needed, and ensure patient privacy.
2. Introduce yourself to the patient.
3. Identify the patient using two identifiers, such as name and date of birth or name and account number, according to agency policy. Compare these identifiers with the information on the patient's identification bracelet.
4. Explain the procedure to the patient and ensure that he or she agrees to treatment.
5. Determine the number of staff required to transfer the patient safely from the bed to a stretcher using a horizontal slide board or other friction-reducing device. At least 2 assistants are needed for any type of transfer. A third assistant is recommended to support the head and neck if the patient is weak or unable to assist during the transfer.
6. Raise the bed to a comfortable height.
7. Make sure the bed brakes are locked. Lower the head of the bed as much as the patient can tolerate.
8. Support the patient's head as you remove the pillow.
9. Lower the side rails of the bed.
10. Cross the patient's arms over his or her chest.
11. On the count of three, turn the patient onto his or her side toward the two nurses.  
Turn the patient as a single unit, with a smooth, continuous motion.
12. Fanfold the draw sheet on both sides.
13. Place the slide board under the waterproof pad and draw sheet.
14. Gently roll the patient back onto the slide board.
15. Adjust the position of the patient to center his or her weight onto the slide board.
16. Line up the stretcher with the bed, setting the stretcher one half inch lower than the bed. Lock the brakes on the stretcher.

17. Two nurses position themselves on the side of the stretcher, while the third nurse is positioned on the side of the bed without the stretcher.
18. On the count of three, the two nurses pull the fan folded draw sheet, with the patient, onto the stretcher as the third nurse holds the slide board.
19. Position the patient in the center of the stretcher and remove the slide board from under the patient.
20. Raise the side rails on the stretcher. Raise the head of the stretcher if doing so is not contraindicated. Cover the patient with a blanket.

## **OSHA Training**

<https://www.osha.gov/SLTC/healthcarefacilities/safepatienthandling.html>

## **Algorithms to determine # of caregivers need to lift/transfer patient based on their physical status**

<https://www.cdc.gov/niosh/docs/2009-127/pdfs/2009-127.pdf?id=10.26616/NIOSH PUB2009127>

<https://www.cdc.gov/niosh/topics/safepatient/>

CDC NIOSH training DHHS (NIOSH) Publication No. 2012–120

<https://www.cdc.gov/niosh/docs/2012-120/pdfs/2012-120.pdf?id=10.26616/NIOSH PUB2012120>

Use proper body mechanics. Even when assistive devices are used during client care, some amount of physical exertion may still be necessary. – Move along the side of the client's bed instead of reaching while performing tasks at the bedside. – When manually moving the client, stand as close as possible to the client without twisting your back, keeping your knees bent and feet apart. To avoid twisting the spine, make sure one foot is in the direction of the move. Using gentle rocking motions can also reduce exertion. – Pulling a client up in bed is easier when the head of the bed is flat or down. Raising the client's knees and encouraging the client to push (if possible) can also help. – Apply

anti-embolism stockings by pushing them on while you are standing at the foot of the bed. You can use less force in this position than standing at the side of the bed.

<https://www.youtube.com/watch?v=Vy8T8BUAbE4>