

The Basics of Safe Patient Handling and Movement (SPHM)



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The Basics of Safe Patient Handling and Movement (SPHM)

Nurses always face a high risk when handling and moving patients. Because of the repeated lifting it requires, nursing ranks in the top 10 occupations with debilitating work-related musculoskeletal disorders. To compound matters, the vast majority of nurses in the United States are aging at the same time American obesity is proliferating. Many nurses in the workforce are becoming less able to handle high-risk patient handling maneuvers as the tasks become increasingly more dangerous. What seems like a recipe for disaster can be averted if nurses follow the basic principles of safe patient handling and movement, including manual and machinery-aided methods.

The Four Basic Principles of Safe Patient Handling and Movement

According to the Centers of Disease Control and Prevention, the four basic principles of safe patient handling and movement are as follows:

1. Keep feet wide apart to form a stable base.
2. Make sure the bed is adjusted to the proper height.
3. Keep work right in front of you to minimize spine rotation.
4. Keep the patient as close to you as possible to avoid reaching.

Steps Prior to Handling or Moving a Patient

According to “The Illustrated Guide to Safe Patient Handling and Movement” (<http://www.mtpinnacle.com/pdfs/Guide-to-Safe-Patient-Handling.pdf>), before attempting to handle a patient, nurses should assess the client and surrounding environment through the Assessment Criteria and Care Plan. This tool allows the nurse to evaluate the patient’s upper and lower body strength, body mass index, comprehension and cooperation ability, and other issues that might affect patient handling. The patient should be evaluated on her ability to follow instructions and cooperate as well as her capability to physically help during the process.

Next, a nurse should choose the correct algorithm for the task at hand. Algorithms help nurses select the safest equipment and number of personnel to move or handle a patient. While they can help standardize patient handling methods, algorithms are no replacement for a nurse’s clinical judgment. Moving a patient over a certain height or weight may require additional staff and equipment. In this case, be sure to check whether the machinery has the capacity to safely withstand the patient’s weight. If a nurse is required to lift over 35 pounds, additional handling equipment will be necessary.

Once the proper equipment and personnel have been gathered, make sure the physical environment is safe. Adjust the stretcher or

bed to the right height and lock bed or chair wheels. Double check to ensure that mobile equipment batteries are fully charged, and that any attachments (including slings) are present. Nurses should familiarize themselves with the equipment safety manuals, and locate emergency buttons and manual controls in case of equipment failure.

Remove anything that might be in the way, including chairs, bed tables, and floor-based equipment. The ability to safely maneuver the patient is critical, as is her privacy and dignity. In certain cases, nurses may have to ask visitors to leave the room. Before handling or moving a patient, inform him and other caregivers about the procedure. Make sure to don gloves in line with infection-control practices and institutional rules.

Patient-Care Slings

Patient-care slings are used in conjunction with mechanical lifting equipment to help with hygiene, limb support, ambulation and other necessary patient handling tasks. There are four types of slings - supine, seated, standing and hygiene. Supine slings help nurses make lateral transfers, such as from the bed to a stretcher or the floor to the bed if a patient has fallen. Seated slings allow nurses to lift or reposition patients to a sitting position. Standing slings let nurses make vertical transfers, dress or take patients to the toilet. Finally, nurses use mesh hygiene slings to give patients showers.

Vertical Transfers

Nurses perform vertical transfers to move patients from a seated position to supine, or supine to seated. Moving a patient from a bed to a chair puts the nurse at risk because of twisting, unusual posture, potentially heavy loads, and repetitive lifting. Patients who cannot fully bear weight may be moved using a variety of methods, including an electronic sit-to-stand lift, floor or ceiling-based patient lift, convertible bed, transfer belt, slide board or standing pole.

Floor-Based Patient Lifts

In addition to the risks a nurse faces mentioned in the Vertical Transfers section, moving a patient from bed to chair puts her at risk of falling or shearing her skin. Like ceiling-mounted patient lifts, floor-based lifts are used when patients cannot bear weight and have little or no upper arm strength. While not intended to move patients over long distances, floor-based lifts eradicate the need for nurses to lift patients, potentially preventing musculoskeletal injuries. Floor-based patient lifts have adjustable leg supports, allowing them to navigate easily under beds and around special-needs chairs or wheelchairs. Floor-based patient lifts are mobile and can be transferred between rooms. When using a floor-based lift, if a nurse uses a sling with loops during transfer to a sitting position, she should use longer loops at the hip and shorter ones at the shoulder.

Ceiling-Mounted Patient Lifts

Patients who cannot bear weight and have no strength in their upper arms can be moved using a ceiling-mounted patient lift positioned above a patient's bed. Such lifts are mounted on tracks that let the patient move to certain areas of the room, at times including the bathroom. Other possibilities include transferring the patient from bed to chair or between chairs. Ceiling-mounted patient lifts can be used along with slings to help toilet and shower patients. Certain slings are disposable to prevent the spread of infection, but others may have to be washed between patient use.

Convertible Beds

Certain beds can be adjusted into a cardiac chair position that helps the patient sit upright while taking the place of a risky patient transfer maneuver. In order to help the patient bend her knees, nurses can adjust the mattress platform to mimic the position of a chair. Convertible beds are especially recommended when a patient is too ill, disabled, or otherwise encumbered to sit in a chair for longer than short periods of time.

Sit-to-Stand Lifts

A sit-to-stand lift is ideal for cooperative patients who retain hip stability and the ability to bear some weight. Such lifts are battery-operated and easily transported. Nurses attach the patient to the lift with the proper size sling, determined by the amount

of support the patient requires, then maneuver her using the controls. Since it enables a certain amount of patient participation during transfer, a sit-to-stand lift allows the patient to retain a minimal amount of independence.

Gait Belts

Gait belts are best for cooperative patients who are able to bear some weight, position their feet on the floor, independently balance themselves while sitting, and push down with their arms while leaning forward. Nurses should place the belt around the patient's waist to minimize the risk of hurting their backs while assisting the patient. Gait belts are not meant to lift the entire weight of the patient; rather, they offer a handle so the nurse can safely hold a patient while she walks. Belts with handles are more ideal than those without, since they do not place as much stress on the nurse.

Seated Sliding Boards

Seated sliding boards have smooth surfaces that allow patients to slide from one sitting location to another. Good patient candidates for sliding boards cannot bear weight with their lower extremities, but have sufficient ability to use their arms, flex more than 90° at the knees and hips, and maintain a stable balance while sitting. Sliding boards help patients retain a sense of independence, since patients are partially responsible for the movement required.

Lateral Transfers

Lateral transfers may include moving a patient from her bed to a stretcher while she remains supine. Transferring a patient between parallel surfaces presents risks to both the nurse and patient. Nurses risk repetitive twisting motions and uncomfortable postures, while patients may twist as well, fall, shear skin, and move casts or other medical accoutrements out of place.

If the patient is unable to cooperate during the transfer and weighs over 200 pounds, three nurses may be required to assist. Certain medical conditions may require more nurses as well, including drainage tubes, a cast, neck immobilization, and others.

Friction Reducing Devices

Friction reducing devices (FRDs), or sliding sheets, are intended to reduce friction when

nurses move a patient. This relieves the nurse of some exertion and helps eliminate the risk of injury. FRDs are usually made primarily of nylon tubes or flat paired sheets. Some FRDs come with straps or handles allowing nurses to pull patients across surfaces without unnecessary stretching.

Due to the growing American obesity epidemic and the demands of the profession, nurses are increasingly at risk of musculoskeletal disorder. Without proper training, nurses may seriously injure themselves and the patients for whom they care. By following the basic principles of safe patient handling and movement, including using machinery appropriate to the task at hand, nurses can greatly reduce the risk of injury for all involved.

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