



USING SAFE AND EFFECTIVE TRANSFER TECHNIQUES

Key Terms

Transfer techniques

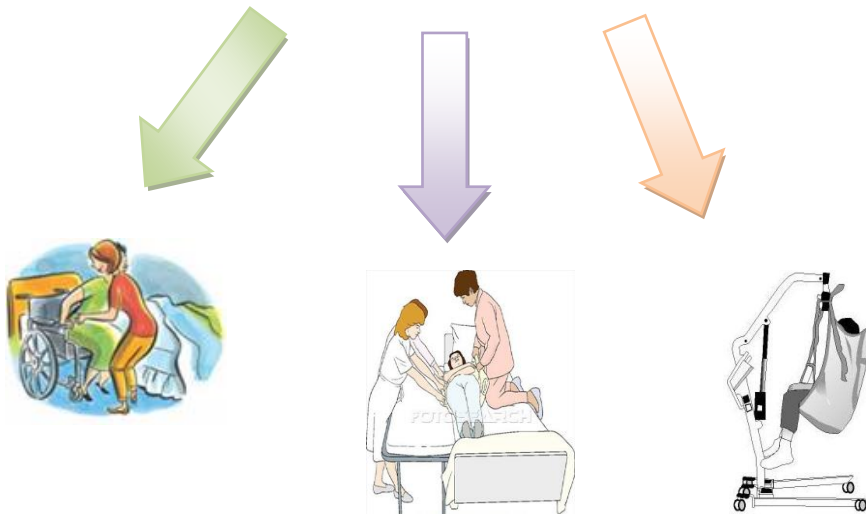
Wheel chair

Stretcher

Hoyer lift

USING SAFE AND EFFECTIVE TRANSFER TECHNIQUES**INTRODUCTION:**

Clients require various levels of assistance to move up in bed, move to the side-lying position, or sit up at the side of the bed. The nurse should always enlist the client's help to the fullest extent possible. To determine what the client is able to do alone and how many people are needed to help move the client in bed, the nurse assess the client to determine whether the illness contradicts exertion (e.g., cardiovascular disease). Next, the nurse determines whether the client comprehends what is expected. For example, a client recently medicated for postoperative pain may be too lethargic to understand instruction; thus to ensure safety, two nurses are needed to move the client in bed. The nurse then determines the comfort level of the client. The nurse also evaluates personal strength and knowledge of the procedure.

TRANSFER TECHNIQUES:**TRANSFER TECHNIQUES**

**Transfer a Client
from Bed to a
Chair**

**Transfer a Client
from Bed to a
Stretcher**

**Hoyer
(mechanical/hydraulic)
lift**

TRANSFERRING A CLIENT FROM BED TO A CHAIR:

Transfer of a client from a bed to a chair by one nurse requires assistance from the client and should not be attempted with a client who cannot help.

TRANSFERRING A CLIENT FROM A BED TO A STRETCHER:

An immobilized client who must be transferred from a bed to a stretcher or from a bed to another bed often requires a three-person carry.

PURPOSES :

- To transfer patient safely.
- To maintain proper body alignment.

EQUIPMENTS REQUIRED:

- Transfer belt,
- Sling, or lapboard (as needed),
- Nonskid shoes,
- Bath blankets,
- Pillows.

WHEEL CHAIR:

Position chair at 45-degree angle to bed, lock brakes, remove footrests, and lock bed brakes.

STRETCHER:

Position at right angle (90 degrees) to bed, lock brakes on stretcher, lock brakes on bed.

MECHANICAL/HYDRAULICLIFT: use frame, canvas strips or chains, and hammock or canvas strips.

PROCEDURE:**S.NO NURSING ACTION**

1. Assess the client for the following:

- Muscle strength (legs and upper arms)
- Joint mobility and contracture formation.
- Paralysis or paresis (spastic or flaccid)
- Orthostatic hypotension

RATIONALE

Provides information relative to the client's abilities, physical status, ability to comprehend, and the number of individuals needed to provide safe transferring.

Immobile clients have decreased muscle strength, tone, and mass. Affects ability to bear weight or raise body.

It may lead to contracture formation and immobility or inflammatory processes (e.g., arthritis) may lead to contracture formation and impaired joint mobility.

Clients with central nervous system damage may have bilateral paralysis (requiring transfer by swivel bar, sliding bar, or mechanical {Hoyer} lift) or unilateral paralysis, which requires belt transfer to 'best' side. Weakness (paresis) requires stabilization of knee while transferring. Flaccid arm must be supported with sling during transfer.

Determines risk of fainting or falling during transfer. Immobile clients may have decreased ability for autonomic

- Activity intolerance
- Level of comfort
- Vital signs

nervous system to equalize blood supply, resulting in drop of 15 mm Hg or more in blood pressure when rising from sitting position.

Determines ability of client to assist with transfer.

Pain may Reduce client's motivation and ability to be mobile. Pain relief before transfer enhances client participation.

Vital sign changes such as increased pulse and respiration may indicate activity intolerance.

2. Assess client's sensory status:

- Adequacy of central and peripheral vision
- Adequacy of hearing
- Loss of peripheral sensation

Determines influence of sensory loss on ability to make transfer. Visual field loss decreases client's ability to see in direction for transfer. Peripheral sensation loss decreases proprioception. Clients with visual and hearing losses need transfer techniques adapted to deficits. Clients with cerebrovascular accident (CVA) may lose a real of visual field, which profoundly affects vision and perception.

3. Assess client's cognitive status. Determines client's ability to follow direction and learn transfer techniques.
4. Assess client's level of motivation:
 - Client's eagerness versus unwillingness to be mobile Altered psychological state reduces client's desire to engage in activity.
 - Whether client avoids activity and offer excuses
5. Assess previous mode of transfer (if applicable). Determines mode of transfer and assistance required to provide continuity. Transfer belts should be used with all clients being transferred for the first time and thereafter as deemed necessary.
6. Assess client's specific risk of falling then transferred. Certain conditions increase client's risk of falling or potential injury. Neuromuscular deficits, motor weakness, calcium loss from long bones, cognitive and visual dysfunction, and altered balance increase the risk of Injury.
7. Assess special transfer equipment needed for home setting. Assess home environment for hazards. Transfer ability at home is greatly enhanced by prior teaching of family and support persons, assessment of home for safety risks and functionality.
8. Perform hand hygiene. Reduces transmission of microorganisms
9. Explain procedure to client. Increases the client participation
10. Transfer client.

Assist client to sitting position (bed at waist level)

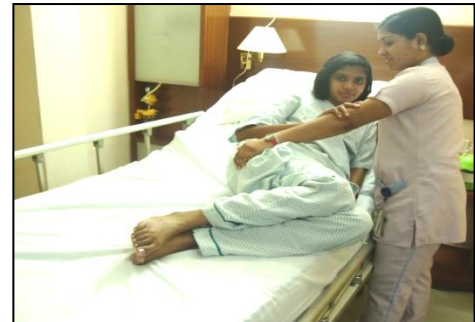
- Place client in supine position Enables you to assess client's body alignment continually and to administer additional care, such as suctioning or hygiene needs.
- Face head of bed at a 45-degree angle, and remove pillows. Proper positioning reduces twisting of your body. When moving the client. Pillows may cause interferences when the client is sitting up in bed.
- Place feet apart with foot nearer bed behind other foot, continuing at a 45-degree angle to the head of the bed. Improves balance and allows transfer of body weight as client is sitting up in the bed.
- Place hand farther from client under shoulders, supporting client's head and cervical vertebrae. Maintains alignment of head and cervical vertebrae and allows for even lifting of client's upper trunk. Provides support and balance.
- Place other hand on bed surface. Improves balance, overcomes inertia, and transfers weight in direction in which client is moved
- Raise client to sitting position by shifting weight from front to back leg. Divides activity between arms and legs and protects back from strain.
- Push against bed using arm that is placed on bed surface. By placing one hand against mattress and pushing against it as client is lifted, part of weight that would be lifted by your back muscles is transferred through your Arm onto mattress.

Assist client to sitting position on side of bed with bed in low position.

- Turn client to side, facing you on side of bed on which client will be sitting. Decreases amount of work needed by client and you to raise client to sitting position.
- With client in supine position, raise head of bed 30 degrees. Prepares client to move to side of bed and protects from falling.

**Picture-1 : Side-lying position**

- Stand opposite client's hips. Turn diagonally so you face client and far corner of foot of bed. Places your center of gravity nearer client. Reduces twisting of your body because you are facing direction of movement.
- Place feet apart with foot closer to head of bed in front of other foot.
- Place arm nearer head of bed under client's shoulders, supporting head and neck. Maintains alignment of head and neck as you bring client to sitting position.
- Place other arm over client's thighs Supports hip and prevents client from falling backward during procedure.
- Move client's lower legs and feet over side of bed. Pivot toward rear Decreases friction and resistance. Weight of client's legs when off bed

**Picture -2 : Nurse places arm over Client's thighs.**

leg, allowing client's upper legs to swing downward.

- At same time, shift weight to rear leg and elevate client. Reduces client risk for falling. Immobilized clients may experience light-headedness or dizziness when assuming a sitting position.

A. Transferring client from bed to wheelchair with bed in low position.

Assist client to sitting position on side of bed. Have chair in position at 45-degree angle to bed. Positions wheelchair within easy access for transfer.

- Apply transfer belt or other transfer aids. Transfer belt maintains stability of client during transfer and reduces risk of falling. Client's arm should be in sling if flaccid paralysis is present.
- Ensure that client has stable nonskid shoes. Weight-bearing or strong leg is placed forward, with weak foot back. Nonskid soles decrease risk of slipping during transfer. Always have client wear shoes during transfer; bare feet increase risk of falls. Client will stand on stronger, or weight-bearing, leg.
- Spread feet apart. Ensures balance with wide base of support.
- Flex hips and knees, aligning knees with client's knees. Flexion of knees and hips lowers the center of gravity to object to be raised; aligning knees with clients allows for stabilization of knees when client stands.

- Grasp transfer belt from underneath. Transfer belt is grasped at client's side to provide movement of client at center of gravity. Clients with upper extremity paralysis or paresis should never be lifted by or under arms.
- Rock client up to standing position on count of three while straightening hips and legs and keeping knees slightly flexed. Unless contraindicated, client may be instructed to use hands to push up if applicable. Rocking motion gives client's body momentum and requires less muscular effort to lift client.



Picture 3: Nurse Rocks Client to Standing Position

- Maintain stability of client's weak or paralyzed leg with knee. Ability to stand can often be maintained in paralyzed or weak limb with support of knee to stabilize.
- Pivot on foot farther from chair. Maintains support of client while allowing adequate space for client to move.
- Instruct client to use armrests on chair for support and ease into chair. Increases client stability.



Picture 4: Client Uses Armrests for Support

- Flex hips and knees while lowering client into chair. Prevents injury to nurse from poor body mechanics.



Picture 4: Nurse eases client into Chair

- Assess client for proper alignment for sitting position. Provide support for paralyzed extremities. Lapboard or sling will support flaccid arm. Stabilize leg with bath blanket or pillow. Prevents injury to client from poor body alignment.

- Praise client's progress, effort or performance. Continued support and encouragement provide incentive for client for client perseverance.

Perform three-person carry from bed to stretcher (bed at stretcher level)

- Three nurses stand side by side facing side of client's bed. Prevents twisting of nurses' bodies client's alignment is maintained.
- Each person assumes responsibility for one of three areas: head and shoulders, hips and thighs, and ankles. Distributes client's body weight evenly.
- Each person assumes wide base of support with foot closer to stretcher in front and knees slightly flexed. Increases balance and lowers center of gravity of person lifting.
- Arms of lifters are placed under client's head and shoulders, hips and thighs, and ankles, with fingers securely around other side of client's body. Distributes client's weight over forearms of lifters.
- Lifters roll client toward their chests. On count of three, client is lifted and held against nurses. Moves workload over lifters' base of support. Enables lifters to work together and safely lift client.
- On second count of three, nurses step back and pivot toward stretcher, moving forward if needed. Transfers weight toward stretcher.
- Gently lower client onto center of stretcher by flexing knees and hips until elbows are level with edge of stretcher. Maintains nurses' alignment during transfer.

- Assess client's body alignment, place safety straps across body, and raise side rails. Reduces risk of injury from poor alignment or falling.



Picture 5 : Nurses eases client into Chair

E.Use Hoyer (mechanical/hydraulic) lift to transfer client from bed to chair

- Bring lift to bedside. Ensures safe elevation of client off bed. (Before using lift, be thoroughly familiar with its operation.)
- Position chair near bed, and allow adequate space to maneuver lift. Prepares environment for safe use of lift and subsequent transfer.
- Raise bed to high position with mattress flat. Lower side rail. Maintains nurses' alignment during transfer.
- Keep bed side rail up on side opposite you.
- Roll client on side away from you.
- Place hammock or canvas strips under client to form sling. Place two canvas pieces so that lower edge fits under client's knees (wide piece), and upper edge fits under client's shoulders (narrow piece). Two types of seat are supplied with mechanical/ hydraulic lift: hammock style is better for clients who are flaccid, weak, and need support; canvas strips can be used for clients with normal muscle tone. Hooks

- Raise bed rail

• Go to opposite side and lower side rail

• Roll client to opposite side and pull hammock (strips) through.

• Roll client supine onto canvas seat

• Remove client's glasses, if appropriate.

• Place lift's horseshoe bar under side of bed (on side with chair).

• Lower horizontal bar to sling level by releasing hydraulic valve. Lock valve.

• Attach hooks on strap (chain) to holes in sling. Short chains or straps hook to top holes of sling; longer chains hook to bottom of sling.

• Elevate head of bed

• Fold client's arms over chest
- should face away from client's skin.

Place sling under client's center of gravity and greatest portion of body weight.

Maintains client safety
- Completes positioning of client on mechanical/ hydraulic sling.

Sling should extend from shoulders to knees(hammock)

Swivel bar is close to client's head and could break eye glasses.

A position lifts efficiently and promotes smooth transfer.

Positions hydraulic lift close to client. Locking valve prevents injury to client.

Secures hydraulic lift to sling
- Positions client in sitting position.

Prevents injury to paralyzed arms.
- Positions client in sitting position.
- Moves client from bed to chair.

- Roll base around chair.

Positions lift in front of the chair in which client is to be transferred.



Picture :Use of hydraulic lift to lower client into bed

- Release check valve slowly (turn to left) and lower client into chair. Safely guides client into back of chair as seat descends.
- Close check valve as soon as client is down and straps can be released. If valve is left open, boom may continue to lower and injure client.
- Remove straps and mechanical/hydraulic lift. Prevents damage to skin and underlying tissues from canvas or hooks.
- Check client's sitting alignment and correct if necessary. Prevents injury from poor posture.
- Perform hand hygiene. Reduces transmission of microorganisms.
- With each transfer evaluate client's tolerance and level of fatigue and comfort. Increased activity may result in symptoms associated with activity intolerance (e.g., increased pulse, changes in blood pressure, increased respirations, and decreased level of comfort). These clients may find transfer very fatiguing and will need

posttransfer interventions to restore their level of comfort.

- Following each transfer, evaluate client's body alignment. Prompt identification of poor alignment reduces risks to the client's skin and musculoskeletal systems.

DOCUMENTATION:

- Document the procedure
- Document the pertinent observations: weakness, ability to follow directions, weight-bearing ability, balance, ability to pivot, number of personnel needed assist, and amount of assistance (muscle strength) required.
- Inform any unusual occurrence to nurse in charge. Inform transfer ability and assistance needed to next shift or other caregivers. Inform progress of remission or rehabilitation staff.



PATIENT FAMILY EDUCATION:

Educate the patient and family regarding,

- the significance of transfer techniques
- the proper body mechanics for themselves and the client.
- the use of hospital equipment that can be used in the home setting (e.g., transfer belts, mechanical lifts) to assist in safe transfer techniques.

