

PREPARATION TO MOVE OR POSITION RESIDENT

1. Think about your own capabilities and limitations. Always get help if you are unsure. If resident unable to assist, get help.
2. Think about the resident
 - How much help does he need?
 - Any special needs
 - Any physical condition that affects moving him, i.e. fragile skin or bones
 - Does he use an assistive device, i.e. walker, or cane, or brace?
 - Does he understand what you're asking him to do?
 - Any equipment needed to move resident?
 - Where are the resident's shoes and sox?
 - Any IVs, OXYGEN, or other medical lines?
 - Does resident have any dressings or open wounds?
 - Can resident tolerate all positions?
3. Think about the environment
 - Lighting in the room
 - Any obstacles
 - Is bed at proper height?
 - Can you maneuver around tubes or equipment?
 - Any distractions? TV, radio, family members
 - What chair or seating device does this resident use?

MUST COMMUNICATE WITH RESIDENT AND COWORKERS!!!

- 6 Serious injury can occur if someone does not understand how the move is to be done
- 7 Giving clear directions is important. Everyone must know what to do & when to start.
- 8 Give resident a task to help, i.e. push off from the bed, grasp the side rail.
- 9 REMEMBER, the resident needs to help and be a vital part of the move. Never do for the resident what they can do for themselves.

POSITIONING CONSIDERATIONS:

- 10 Spinal deformities
- 11 Areas of redness
- 12 Bandaged areas, casts, splints
- 13 Arms, legs, hands, or feet in a stiff position or swollen
- 14 Intravenous tubes or other medical lines
- 15 OXYGEN being administered
- 16 Recent surgical sites

TRANSFER CONSIDERATIONS:

1. When getting resident out of bed, be sure to let him dangle his legs while sitting in the edge of the bed for a few minutes before standing. This minimizes dizziness due to sudden postural change.
2. If resident's legs start to give out or extend past your legs, block their legs with yours and help them to sit again
3. Always make sure brakes are locked on the wheelchair and bed!
4. If resident becomes floppy or passes out, help him or her sit down on bed or floor then lower to a supine position if needed then call the charge nurse

GAITBELTS:

- NEVER move a resident by pulling on or under his or her arm. Many arteries & nerves and veins run under the pit of the arm that could be damaged. Avoid lifting a resident under his or her arm when moving or walking them.
- Use a gait belt!!!

- Exception to the rule: residents with broken ribs, abdominal wounds, g-tubes, and colostomies.call the charge nurse.