

Chapter

MOVING AND POSITIONING

Helping a resident move and be comfortably positioned is one of the most important things you do as a nurse assistant. Remember that CMS Guidelines say that all long term care facilities must ensure that a resident's abilities for the activities of daily living do not diminish unless their health deteriorates. A primary activity of daily living is moving about freely. As a nurse assistant you work with the charge nurse and physical therapist to determine resident's mobility needs (Fig. 15-1). Learning to move and position residents correctly makes sure both you and residents are comfortable and safe. According the U. S. Bureau of Labor Statistics, the leading cause of injury in long term care involves incorrect body mechanics when moving and lifting, resulting in overexertion of the back. These injuries often occur because of poor planning when moving or positioning a resident.

In this chapter you will learn why moving and positioning are so important. You will learn how to determine a resident's mobility in different situations and how to help them move safely and efficiently. You will also learn how to help residents into various body positions for their comfort and safety when they cannot change positions by themselves through the day.

OBJECTIVES

- State the importance of moving and positioning residents correctly
- List at least 5 questions to consider when preparing to move or position a resident
- Demonstrate how to move a resident:
 - up in bed
 - to the side of the bed
 - onto the resident's side or back for personal care
 - into a sitting position
 - from bed to chair, wheel chair, commode, or toilet
- Demonstrate how to help a resident move from bed to chair and back with the help of a coworker (with or without a mechanical lift), and how to move a resident up in a chair
- Demonstrate how to help a resident into the supine, Fowler's side-lying, and sitting positions
- Explain what to do if a resident falls

MEDICAL TERMS

- **Supine** – lying on the back

*"Some days I'm so stiff.
But even then, your firm
yet gentle guidance always
helps me move more easily."*

PROCEDURE 15-1

Moving Up in Bed When a Resident Can Help

PROCEDURE 15-2

Moving Up in Bed When a Resident Is Unable To Help

PROCEDURE 15-3

Moving to the Side of the Bed When a Resident Can Help

PROCEDURE 15-4

Moving to the Side of the Bed When a Resident Is Unable to Help

PROCEDURE 15-5

Moving a Resident to the Side of the Bed Using a Draw Sheet

PROCEDURE 15-6

Turning a Resident from Supine to Side-Lying for Personal Care

PROCEDURE 15-7

Moving the Resident from Supine Position to Sitting

PROCEDURE 15-8

Moving the Resident from Sitting to Supine Position

PROCEDURE 15-9

The Stand Pivot Transfer

PROCEDURE 15-10

Assisted Transfer with an Assistive Device (One Person)

PROCEDURE 15-11

Transferring a Resident from a Chair to a Bed, Commode, or Toilet

PROCEDURE 15-12

Moving a Resident with a Mechanical Lift

PROCEDURE 15-13

Moving a Resident Up in a Chair

PROCEDURE 15-14

Returning a Resident to Bed Using a Mechanical Lift

PROCEDURE 15-15

Positioning a Resident on Their Back

PROCEDURE 15-16

Positioning a Resident on Their Side (Side-Lying Position)



Fig. 15-1 – You will work with many staff members to determine a resident’s mobility needs.

Did you ever fall asleep in one position, such as on your back with your arms at your sides and your legs straight, and wake up in a totally different position, such as on your stomach with your arms across the bed, and wonder how you got there?

Our bodies normally move often to stay comfortable. Sometimes we move consciously, such as when we change positions to feel more comfortable sitting on a park bench. Sometimes movement occurs without conscious thought, such as when we change position to keep the blood flowing freely to all parts and to prevent stiffness (Fig. 15-2). Movement of our **limbs** and the whole body is very important. Although residents have different physical needs and abilities, moving is important for all residents. Each resident’s need for support in moving can be different, but your goal is always to help them optimize their **mobility**. Some residents have difficulty helping with their own care because they have limited ability to move, but you still need to find ways for them to participate in their care and be as **independent** as possible.



Independent – not subject to control by others, not dependent

Limb – arm or leg

Mobility – capable of moving or being moved



Fig. 15-2 – Movement keeps the blood flowing and prevents joints from becoming stiff.

HOW MOVEMENT AFFECTS BODY SYSTEMS

The human body is designed for continual movement. Each body system is constantly changing. When a person stops moving or has restricted movement, the body **adapts** and slows down to accommodate for this. Because body systems are interconnected, even a small change in movement can affect all body systems. Because aging also slows down the functioning of body systems, long term care residents are affected even more by movement restrictions.

Someone who has been in bed for even a short time may feel stiff or weak (muscular system). They may have a decreased appetite or become constipated (digestive system). They may feel short of breath or dizzy when moving (circulatory and respiratory systems). Their skin may become red in places (integumentary system), and their

movement may slow (nervous system). Movement is essential for keeping all body systems functioning well.

Positioning is how you help residents sit, lie down, or change position when they cannot move independently. Even residents who can move by themselves may need help with positioning. They may have trouble getting comfortable or have skin problems from not changing positions often enough. The best positions for a resident depend on their body type, medical needs, equipment needs, skin condition, and comfort (Fig. 15-3).



Fig. 15-3 – Even if a resident can move by themselves, you may have to help them with positioning.

WHY MOVING AND POSITIONING ARE IMPORTANT

Certain areas of the body are more likely to get damaged from unrelieved pressure. This can result in a pressure ulcer. Usually pressure ulcers can be prevented by proper moving and position changes. Moving and positioning also help reduce swelling in an arm or leg, prevent stiffness in a limb, and keep tubes or equipment lines from being pulled. Moving and positioning also helps residents be as comfortable as possible. Moving and changing positions helps prevent pain and discomfort resulting from stiffness, pressure, and poor circulation.

Moving and positioning our bodies is also emotionally important. Without freedom of mobility, a resident has



Adapt – change to fit new conditions

Positioning – an act of placing or arranging

trouble meeting basic needs. Often a resident's self-esteem depends on at least some independence in mobility.

As with all other care, you must observe residents and work with the charge nurse and physical therapist to choose the best way to move or reposition them. For example, when positioning a resident, look for and consider these factors:

- spinal deformities (such as rounded back, forward head, leaning to one side)
- areas of skin redness
- bandaged areas, casts, or splints
- arms, legs, hands, or feet in a stiff position or swollen
- intravenous tubes or other medical lines
- oxygen being given
- Recent surgery

PREPARING TO MOVE OR POSITION A RESIDENT

Before you help move or position a resident, observe the resident's abilities and ask the charge nurse and your coworkers about their needs. Be sure you know what the doctor and charge nurse expect. Ask yourself these key questions about yourself, the resident, and the environment:

1. Think about your own capabilities and limitations:

- Can you do what's needed?
- Do you need help?
- Do you understand the doctor's orders and the charge nurse's expectations?

2. Think about the resident:

- How much help does this resident need to move?
- How large or heavy is this resident?
- Does this resident have any special needs or behaviors to consider before you start the move?
- Does this resident have any physical condition that affects moving, such as **fragile** skin or bones?
- How much weight is the resident allowed to place on the limb?
- How much limb motion is allowed?
- Does this resident use an assistive device such as walker, cane, or brace?
- Can this resident understand what you are asking them to do?
- Can this resident see and hear you, or need glasses or a hearing aid to see or hear better?
- What equipment do you need to most easily move this resident?
- Where are this resident's shoes and socks?

- What tubes or equipment is connected to this resident, such as an IV tube or oxygen line?
- Does this resident have any dressings or open wounds?
- Can this resident tolerate all positions?

3. Think about the environment:

- Could the lighting, noise level, or distractions such as family members, or ongoing nursing care of another resident affect moving and positioning?
- Are any obstacles, such as medical equipment, appliances, extra linens, personal possessions, or furniture in the way?
- Is the bed at the proper height?
- Is everything needed close at hand?
- Can you move around any tubes or equipment surrounding the resident?
- What chair or seating device does the resident use?

Know the answers to these questions before you move or position a resident.

Review Tables 13-1 and 13-2, Common Preparation and Completion Steps, before you learn each of the skills in this chapter. These tables are also found at the very end of this book.

Considering Ergonomic Principles

Remember in Chapter 10, Injury Prevention, you learned that you should use equipment to support you when moving or positioning a resident. The goal of using the equipment is to minimize the risk of injury to both you and your resident. Review Table 10-1 before you learn each of the skills in this chapter. The description will help you know what equipment to use with which skill.

When to Get Help

Before you move or position a resident, decide whether you need help. If you are not sure, then always get help. You may need help for many reasons. If you are not sure how a resident will respond to your help, if you do not know the resident well, or if you are uncomfortable lifting the resident by yourself, be safe and get help.



Fragile – easily broken or destroyed, delicate

COMMUNICATING WITH RESIDENTS

Communicating with residents and your coworkers is important. Serious injury can occur if someone does not understand how the move is to be done. Giving clear directions is important. Everyone must know what to do and when to start to do it. Be sure to talk clearly with a resident about their role. Ask them to do things “on the count of three,” such as to push off the bed to help you raise them to a standing position. For example, you might ask them to grasp the side rail while you are turning them toward you, or to lift their head up as you start to move them. Remember that the resident should be an active participant in the move. Never do for residents what they can do for themselves.

Note: *You can use the side rail of the bed during moving and positioning as long as it benefits the resident. Side rails that restrict a resident’s mobility are considered restraints and cannot be used without a doctor’s order except temporarily in moving and positioning.*

MOVING

Any move will be successful if you first consider the resident and situation. Remember to consider the questions listed earlier when preparing to move a resident. Apply what you learned in Chapter 10, Injury Prevention, about using proper body mechanics and appropriate equipment to prevent injury to residents and yourself. Box 15-1 highlights the principles of body mechanics. Follow these principles when lifting and moving the resident. Consider each situation individually and adapt your approach to meet each resident’s needs. Work closely with the charge nurse and the physical therapist to meet each resident’s own needs.

BOX 15-1. PRINCIPLES OF BODY MECHANICS

- Get help if needed.
- Keep one foot slightly in front of the other.
- Always maintain a broad base of support by keeping your feet 10-12 inches apart.
- Always bend your knees and keep your back neutral.
- Use counting as a communication tool for other helpers and the resident. The nurse assistant with the heaviest part of the resident’s body does the counting.
- Hold the resident close to your body when transferring.
- When transferring, turn your whole body as a unit. Do not lift and twist.

Note: *Never move a resident by pulling on their arm or the skin under their arm. There are many arteries, nerves, and veins under the armpit. Pulling can damage blood vessels or nerves. Many older residents also have osteoporosis or fragile joints or bones that can be easily dislocated or broken.*

If a resident is **supine** and needs help moving up, down, or to the side of the bed for personal care or repositioning, use the following procedures. Remember to first position the bed for the move. For example, put the bed in a flat position to move the resident up in bed, and raise the head of the bed when helping a resident out of bed.

Procedures 15-1 to 15-8 describe the steps for helping residents move from one position to another.

(text continues on page 274)



Supine – lying on the back

PROCEDURE 15-1. MOVING UP IN BED WHEN A RESIDENT CAN HELP

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

Then begin the skill:



1. Put the head of the bed flat if the resident can tolerate it. Move the pillows against the headboard.
2. Help the resident bend their knees up and place their feet flat on the bed. Place one arm under the resident's upper back behind the shoulders and the other under their upper thighs.

3. On the count of three, have the resident push down with their feet and lift up their buttocks (bridging) while you help move them toward the head of the bed.

Note: *You may also try having the resident help by using the side rails.*

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-2. MOVING UP IN BED WHEN A RESIDENT IS UNABLE TO HELP

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Call another staff person to assist you.
2. Put the head of the bed flat if the resident can tolerate it. Remove the pillow and place it against the headboard.
3. Help the resident to cross their hands over their chest.



4. Roll the draw sheet up from the side toward the resident until you and your helper both have a tight grip on it with both hands. Keep your palms up if that gives you more strength for moving.

Note: *You can put one knee on the bed to get as close to the resident as possible.*



5. Count aloud to 3, and you and your helper lift the resident up to the head of the bed, using good body mechanics. You can do this in stages until the resident is in position.

Note: *If the resident is able, ask them to lift their head off the bed during the move.*

6. Unroll the draw sheet and tuck it in.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-3. MOVING TO THE SIDE OF THE BED WHEN A RESIDENT CAN HELP

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Stand on the side to which you plan to move the resident.
2. Help the resident bend their knees up and place their feet on the bed.



3. Help the resident to bridge (lift up their buttocks), and move their buttocks to the side of the bed.
4. Help the resident move their legs over, and then their head and upper body, by sliding your arms under them and gliding them toward you if they need help.

5. You can do this in stages to reach the desired position.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-4. MOVING TO THE SIDE OF THE BED WHEN A RESIDENT IS UNABLE TO HELP (Do this only if you are sure you will not damage a resident's skin.)

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Stand on the side to which you plan to move the resident.
2. Ask the resident to fold their arms across their chest or do this for them if needed.



3. Slide both your hands under the resident's head, neck, and shoulders and glide them toward you on your arms.



4. Slide your arms under the residents' hips and glide them toward you.



5. Slide your arms under their legs and glide them toward you.

Note: *Keep the resident in proper body alignment.*

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-5. MOVING A RESIDENT TO THE SIDE OF THE BED USING A DRAW SHEET

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Call another staff person to help you.
2. Help the resident place their arms across their chest.
3. Both you and your helper roll up the draw sheet from the sides toward the resident until you both have a good tight grip with both hands.

Note: *The staff person who is moving the resident away may want to put one knee on the edge of the bed to prevent injury caused by reaching too far. This person also leads the count because they have the heaviest part of the move.*



5. Unroll the draw sheet and tuck it in.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

4. Count aloud to 3, and on 3 you both lift the resident to the side of the bed. You can do this in stages until the desired position is reached.

PROCEDURE 15-6. TURNING A RESIDENT FROM SUPINE TO SIDE-LYING FOR PERSONAL CARE

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.



Note: *Some residents may be more comfortable guiding the turn by holding onto the side rails.*

1. Help the resident bend their knees up one at a time and place their feet flat on the bed.
2. Place one hand on the resident's shoulder farther away from you and the other hand on the hip farther from you.
3. On the count of 3, help the resident roll toward you. Continue personal care.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-7. MOVING THE RESIDENT FROM SUPINE POSITION TO SITTING

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

IN THIS PROCEDURE THE RESIDENT BEGINS ON THEIR BACK.



1. Help the resident roll onto their side facing you, or elevate the head of the bed.



2. Reach under the resident's head and put your hand under their shoulder (using your arm closer to the head of the bed). The resident's head should be supported by and resting on your forearm.



3. With your other hand, reach over and behind the resident's knee farther from you.



4. Using your legs and arms to do the lifting, bring the resident's head and trunk up as you swing their legs down to the sitting position. Hold the resident's legs, letting their knees rest in the crook of your elbow.



Note: Your arm behind the resident's head and body must stay in contact with the resident once they are sitting up to prevent them from falling backward. Remember to stay directly in front of the resident so you can block them with your body if needed for safety.

Note: If you need a second staff person to help you assist the resident to sit up, both of you stand on the same side. One of you lifts the resident's head and body, while the other lifts their legs.

5. Help the resident get comfortable in the sitting position.

ANOTHER OPTION IS TO:

1. Help the resident roll onto their side facing you, or elevate the head of the bed.
2. Slide their feet over edge of the bed.
3. Reach under the resident's head and put your hand under their shoulder (using your arm closer to the head of the bed). The resident's head should be supported by and resting on your forearm.
4. Place your other hand on the resident's hip. As you help the resident sit up, place gentle but firm pressure on their hip (using leverage) and help raise the resident's head to a sitting position.

Note: Your arm behind the resident's head and body must stay in contact with the resident once they are sitting up to prevent them from falling backward. Remember to stay directly in front of the resident so you can block them with your body if needed for safety.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-8. MOVING THE RESIDENT FROM SITTING TO SUPINE POSITION

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

Note: Before moving a resident from sitting to the supine position, be sure they are centered in the bed with the backs of their knees against the mattress. Help them push down on the floor with their feet and down on the bed with their hands to move their body back onto the bed in a sitting position.



Note: You might want to elevate the head of the bed before helping the resident into the supine position. Once they are in bed, you can lower the head of the bed.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

1. Place one hand behind the resident's shoulder, and let their head and neck rest on your forearm. Place your other hand under their knees, and let their legs rest in the crook of your elbow. Position your arms as if you were carrying someone in front of you.
2. Use your legs to lift and breathe out as you help the resident lift their legs up onto the bed. Gently lower their trunk and head onto the bed.

(text continued from page 268)

MOVING A RESIDENT FROM ONE PLACE TO ANOTHER (TRANSFER)

When **transferring** a resident, safety is a key factor. You must make sure that both you and the resident complete the transfer safely. Many facilities require using a guard belt

Using a Guard Belt

Placing the guard belt around the resident's waist helps you move them safely and prevents injury. The belt prevents residents from straining or injuring their arms or legs. Residents feel more secure moving when a guard belt is used. Be sure you explain the use of the guard belt to the resident before you put it on.

Note: Do not use a guard belt with residents who have a broken rib, abdominal wound, an abdominal tube such as a G-tube, or an abdominal opening such as a colostomy.

Putting a Guard Belt on a Resident

1. Hold the belt with the label on the outside (most manufacturers label the outside).



2. Place the belt around the resident's waist over their clothes while they are either lying or sitting.

(also called a safety, gait, or transfer belt) and other equipment made for transferring a resident.



Transfer – moving a resident from one surface to another, such as from bed to chair, chair to toilet, bed to commode, and so on.

3. With the belt around the resident's waist, put the end through the buckle (or attach the Velcro or connect the plastic latch), and tighten the belt firmly. Do not make it so tight that you cannot get your fingers under it to hold it when transferring the resident. Be sure to tighten it again when they stand.



4. Now you are ready to continue with any of the transferring procedures.

Considerations for Transfers

Before transferring a resident, be prepared:

- A resident's wheelchair should be locked and set sideways to the bed with the arm of the chair next to the bed. The chair should be on the resident's stronger side. For example, if the resident had a stroke that weakened their left side, put the chair on their right side. If they had a hip fracture on the right side, put the chair next to their left side.
- A resident's walker or cane should be next to or in front of them.
- A resident's brace or other special equipment should be correctly in place.
- The bed usually should be at its lowest position, or raised if needed for a tall resident.
- When transferring a resident out of bed, be sure to let them dangle their legs for a few minutes while sitting on the edge of the bed before standing. This helps prevent dizziness due to sudden postural change. If the resident complains of dizziness, help them to lie down and call the charge nurse. Do not leave a resident unattended.

When starting to transfer a resident from bed to chair, watch for any problems that may occur. Here are some things that could happen:

- You lose your grip on the resident.
- The resident's legs cannot support them.
- The resident gets dizzy. Sometimes a position change causes dizziness because blood pools in the extremities, and for a moment less reaches the brain. If you wait a few minutes, the dizziness should go away. This is called postural hypotension.

These problems may also occur:

- If you are helping a resident stand, and you feel you do not have a good grip or enough leg support, help them sit down again and change your position for more support.
- If a resident's legs start to collapse or extend past your legs, put your legs in front of theirs and help them sit again. You may need to get help.
- If a resident becomes weak and unsteady, or passes out, help them sit. Then lower them to the supine position if needed, and call the charge nurse. (See the section on stopping a resident's fall on page 280.)

If any of these problems occurs, use a different technique or get help.

There are several types of transfers:

- stand pivot transfer
 - transfer with an assistive device
 - sliding board and seated transfers (less common)
 - mechanical lift transfers
 - dependent lift using 2 or more staff
- The stand pivot transfer and assisted transfer with an assistive device are the most commonly used transfer methods. Moving someone out of bed and into a chair or wheelchair uses the same method as transferring them onto a bedside commode. A chair is used in the following procedures.

Note: Before you can transfer a resident from bed to a chair, the resident first needs to sit up on the side of the bed. The resident first rolls onto their side and then sits up. Procedures 15-9 to 15-11 describe the steps for transferring residents in different situations.

Two-Person Assistive Device Transfer

If the resident cannot help with a transfer, a second staff person may be needed to help you. Decide first how this person can best help you. You may have the second person on the other side of the resident holding onto the guard belt and walker. Or this person may just hold the chair in place during the transfer and be there in case the resident gets dizzy or some other problem occurs (Fig. 15-4).



Fig. 15-4 – If the resident is unsteady, be sure you have another nurse assistant available to help.

(text continued on page 279)

PROCEDURE 15-9. THE STAND PIVOT TRANSFER

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Stand in front of the resident.



2. Place one of your legs between the resident's legs and the other close to the target you are moving toward, such as a chair. (This gives you better control over the speed and the direction of the movement.)
3. Hold onto the guard belt at the resident's back, slightly to either side. If you are not using a guard belt, put your arms around the resident's waist.



4. Ask or help the resident to push down on the bed with their hands, lean forward, and stand up. If they are not able to do this, you can have them hold your waist during the transfer. Do not let the resident hold you around your neck, which could injure you.



5. On the count of 3 help the resident stand by leaning your body back and up, thereby bringing the resident's body forward. Ask them to lean forward and stand up.



6. Once the resident is standing, keep your back neutral and body facing forward, and pivot (turn on your feet or take small steps) to turn them until the backs of their knees are against the chair.



7. Ask the resident to reach back for the arm of the chair with one or both hands if possible.



8. Help the resident bend their knees and sit.
9. Once the resident is sitting, ask or help them to push back in the chair by pushing down with their feet on the floor and their arms on the armrests.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-10. ASSISTED TRANSFER WITH AN ASSISTIVE DEVICE (ONE PERSON)

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Once the resident is sitting on the side of the bed without difficulty, place the assistive device in their hand (cane) or in front of them (walker).
2. Stand to the side of the resident on the side opposite the device.



4. For residents using a walker, after they are standing, help them put both hands on the walker.



5. Help the resident move toward the chair. Guide them with statements like these: "Turn, turn, take a step toward me, now back up."



7. When the resident is in front of the chair, ask him them to reach back and put one hand on the armrest.



3. Ask or help the resident to push down on the bed with their hands and stand on the count of 3. You can help them by pulling up and forward on the back of the guard belt with one hand while pushing down on the walker or cane to keep it stable while the resident stands. Encourage a resident using a walker to stand before grabbing onto the assistive device.

Note: Have the resident stand for a few minutes before trying to move, especially if they are dizzy.

6. Help the resident back up to the chair. Ask if they can feel the chair against the back of their legs. Explain that they should not sit until they feel this.

8. Help the resident reach back with the other hand for the arm of the chair and slowly sit down.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-11. TRANSFERRING A RESIDENT FROM A CHAIR TO A BED, COMMUNE, OR TOILET

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

Whether you are helping a resident move from a chair back to bed or to the toilet or commode, use the stand pivot transfer or assistive device transfer if they can help with the transfer. (If a resident cannot help, use the mechanical lift, as described later, or have a co-worker help with the transfer.) Follow these steps.

1. Position the chair with the resident's stronger side closer to the bed, commode, or toilet.
2. If the resident is in a wheelchair, ask them to move their feet off the footrests. Raise up the footrests.



3. Ask the resident to slide forward to the edge of the chair. This is often difficult, and the resident may need help.



4. Use either the stand pivot or assistive device transfer procedure in reverse to move the resident from the chair and into bed.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

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Mechanical Lift Transfer

If a resident cannot help with any of the transfers described above, they need to be lifted from the bed to the chair and back. You can do this with two or more staff or a mechanical lift.

There are various types of mechanical lifts. Some require more work than others. The type of lift you use will depend on availability of the lift and the ability of the resident. Used properly, all lifts keep residents safe during a transfer and reduce the stress on your own body when you move a dependent resident.

Most lifts have a base and frame on wheels that can be locked and unlocked, a sling in different sizes that you place under the resident, and an arm that attaches the sling to the lift. You control the lift with a crank, button, or lever pump control. At least 2 people are needed to transfer a resident with a mechanical lift. You need to know how the mechanical lift in your facility works. Always follow the manufacturer's instructions. Never use any piece of equipment you are not familiar with. Procedure 15-12 describes the steps for moving a resident with a mechanical lift. Procedure 15-13 describes the steps for moving a resident up in a chair after transferring them to it, and Procedure 15-14 describes the steps for returning a resident to bed using a mechanical lift.

POSITIONING

When residents cannot change positions by themselves, you need to do this for them. Make a positioning schedule that ensures the resident is comfortable and has good blood flow to all body parts. Usually you change their position every 2 hours. As you read the following sections about different positions, think about a 24-hour period and how you would reposition a resident every 2 hours. Some positions are better for some residents. Some could cause problems for some residents. For example, a resident who is short of breath may not tolerate being in a supine position (on their back with the head of the bed flat). Discuss all positions with the charge nurse to make sure they are allowed for the resident. As always, pay attention to your body mechanics when moving residents. Always use the positioning devices you have available to help avoid injuries to either you or the resident. Remove any wrinkles from the resident's clothing before positioning them because wrinkles can cause pressure ulcers.

Procedure 15-15 describes the steps for positioning a resident on their back.

Fowler's Position

Some residents have breathing problems caused by obesity, pulmonary disease, heart disease, or other causes. For these residents, the physician or charge nurse may order the Fowler's position. Fowler's position involves elevating the head of the bed between 30 degrees and 90 degrees. The most common angle of the head of the bed is about 45 degrees. Other terms for Fowler's position include semi-Fowler's and high-Fowler's. When you elevate the head of the bed, this raises the resident's head, neck, and body (Fig. 15-5). You can place the resident in Fowler's position by elevating the head of the bed or by placing pillows under their back, head, and neck. If possible, keep the resident's head and neck only slightly higher than their chest.

Use this position also when you want to feed a resident or help them with personal care procedures, or when the resident simply wants to sit in bed to read, watch television, or visit with relatives.



Fig. 15-5 – Fowler's position is often used for residents who are short of breath.

Side-Lying Position

The side-lying position may be used when a resident must be turned at least every 2 hours. Which side you position a resident on depends on the resident's comfort, their ability to hold the position, and any skin breakdowns present. Procedure 15-16 describes the steps for positioning a resident in a side-lying position.

Positioning a Resident in a Chair

Anytime you position a resident in a chair, follow these guidelines:

- Observe the resident's sitting posture throughout the day (Fig. 15-6). You can prevent skin problems and pressure ulcers by padding with sheets or pillows any areas the resident leans on, such as the elbows, calves, heels, one side of their body, the backs of their thighs, or buttocks. If a resident in a wheelchair sometimes has skin problems, such as redness or pressure ulcers on the buttocks, ask the physical therapist to assess this resident for a wheelchair cushion if one is not already being used.



Fig. 15-6 – Report to the charge nurse if the resident has any problems with posture when sitting in their chair.

- A resident's legs and feet must always be supported. In a wheelchair, put their feet on the footrests and position the calf pads of the leg rests down behind their calves. Their knees should be at the same height as their hips. Ask the maintenance department, charge nurse, or physical therapist to adjust the leg rests to the proper height if necessary.

Consider these things when positioning a resident in a chair:

- If a resident is in a regular chair and their feet do not reach the floor, put a stool or pillow under their feet to support them. Dangling feet are uncomfortable and can cause leg swelling.
- Support the resident's arms and back with the chair's armrests and chair back. If a resident has a leg cast or a swollen leg, it should be elevated. Elevate the leg rest of the wheelchair or recline the resident in a recliner chair, or prop their leg up on a stool or chair.

- If a resident has a swollen hand, place a pillow on their lap and the armrest under their forearm and hand to support the hand higher than the elbow.
- If a resident has had a hip fracture and tends to bring their knees together or cross their legs, put one or two pillows between their knees. If this does not work, discuss the situation with the charge nurse or physical therapist. This resident may need a special pillow to hold their knees apart.
- If a resident with a rounded back is sitting in a recliner, support their head with pillows so that their ears are directly above their shoulders. Sitting with the head and neck extended is very uncomfortable and may dangerously obstruct the blood supply to the brain.

STOPPING A FALL

If you are transferring or walking a resident and they start to fall, what do you do? This can be a frightening experience for both of you. Be prepared for a possible fall, and if the resident starts to fall, use these steps to help them:

1. First, try to pull up on the guard belt and ask the resident to try to stand back up.
2. If you cannot stop a resident from continuing to fall, move behind them, hold onto the guard belt with both hands or gently hold them around the chest, and support them on your knee (Fig. 15-7). Use good body mechanics. Call for help.

If you cannot hold a resident up until help arrives and they are falling to the floor:

1. Gently lower the resident to the floor as best you can and as slowly as possible to avoid injury to both of you.
2. Once the person is in a safe, stable position such as sitting or lying on the floor, call again for help. Do not leave the resident, because they are likely to be frightened and feel helpless. Always ask if they are OK and reassure them that help is on the way.
3. If you must leave a resident to get help, first ask if they are OK and help them lie down with their head supported. Explain you are going to get help and will be right back. Try to keep an eye on them as you seek help. In a busy area, be sure the person is not in anyone's path, or ask someone else to get help so you can stay with the resident.



Fig. 15-7 – Move behind a falling resident.

PROCEDURE 15-12. MOVING A RESIDENT WITH A MECHANICAL LIFT

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.



1. Adjust the head of the bed as flat as possible if the resident can tolerate it. To put the sling under the resident, first turn the resident toward you. Help the resident move toward you while your helper on the other side of the bed pushes the fan-folded sling under the resident as far as possible. Then help the resident back and toward the other side and pull the sling under them.

Note: The sling should be placed from under the resident's shoulders to the back of the knees. Have the same amount of sling material on both sides of the resident so that the resident is centered.



2. Place the lift frame facing the bed with its legs under the bed. Lock the wheels on the base.
3. Elevate the head of the bed so the resident is partially sitting up.



4. Attach the sling to the lift following the manufacturer's directions.
5. Ask the resident to cross their arms over their chest before operating the lift.

Note: If a resident cannot keep their hands in their lap or across their chest, try having them hold onto an object on their lap.



6. Follow the manufacturer's directions to raise the resident up to a sitting position with the lift. While you operate the lift, your helper should help you guide the resident.

Note Repeatedly ask the resident if they are OK. Reassure the resident because this can be a frightening experience, especially the first time.

7. Once the resident is sitting, keep raising the lift until they are 6 to 12 inches over the bed and chair height.
8. Unlock the swivel, if the lift has one, or use the steering handle to move the resident directly over the chair. You may need to guide the resident's legs.



9. Tell the resident that you are now going to lower them slowly into the chair. Your helper guides the resident into the chair by moving the sling. Press the release button to slowly lower them down.

PROCEDURE 15-12. MOVING A RESIDENT WITH A MECHANICAL LIFT (CONTINUED)

10. Once the resident is securely in the chair, unhook the sling and remove the lift frame.



Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

11. Position the resident in the chair, leaving the sling under them (unless the sling is removable) until it is time to return to bed. Pull the metal bars of the sling out so that the resident does not lean against or sit on them.

PROCEDURE 15-13. MOVING A RESIDENT UP IN A CHAIR

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

Note: *These steps are for moving a resident up in the chair after a transfer procedure to the chair. You need a helper for this procedure.*

1. Place the guard belt on the resident.
2. Standing on both sides of the resident, each of you grasps the guard belt with one hand and puts the other hand under the resident's knees. Ask the resident to cross their arms in front of their chest.



Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

3. On the count of 3, breathe out and lift the resident back in the chair. Be sure to use good body mechanics.

PROCEDURE 15-14. RETURNING A RESIDENT TO BED USING A MECHANICAL LIFT

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

The process for returning a resident to bed reverses the steps for transferring a resident from the bed.

1. Position the lift facing the chair.



2. Attach the sling to the lift following the manufacturer's directions.



3. Crank (or raise) the resident up with the lift. Your helper guides the resident by holding the sling.



4. Swing the frame of the lift over the bed and slowly lower the resident down onto the bed.



5. Unless the resident will spend only a short time in bed, roll them from side to side to remove the sling. (The sling could cause skin irritation if left under the resident .)
6. Position the resident as preferred.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-15. POSITIONING A RESIDENT ON THEIR BACK

Residents generally lie on their back when sleeping or resting in bed. Usually their arms and legs are out straight.

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.



1. First move the resident's trunk and lower body so that their spine is in a neutral position. Do the positioning from the top of the body to the bottom.



2. Position the resident's head and neck. Place a pillow under the resident's head and neck extending to the top of their shoulders. Do not elevate their head too high. Keep it as close to even with the chest as possible or as is comfortable.



3. Position the resident's arms. The backs of the shoulders and elbows are common places for pressure ulcers in residents who cannot change positions by themselves. Vary their arm positions to prevent this. Keep their arms straight and resting on the mattress away from their sides, or bend their arms slightly at the elbow with a pillow between the inner arm and their side so that their arm rests on the pillow and their hand on top of the abdomen. Always support the arms in 2 places when moving them, and move them gently.



4. Position the resident's legs. The sides of the hips, the buttocks, the sacrum and coccyx (the tip of the spine at the buttocks, or "tailbone"), and the backs of

the heels are common places for pressure ulcers. Position the resident's legs straight and slightly apart. Always support the legs in 2 places when moving them, and move them gently. For those residents who tend to keep their legs tightly together or crossed, you may place a pillow between the resident's legs.



Note: If a resident has ulcers on the sides of the hips, place a towel roll along the hip between the hip and the mattress on the affected side. If a resident has redness or ulcers under their heels, support their legs with a pillow lengthwise to raise their heels from the bed, or put a towel roll under their legs just above the heels.

Note: Support casts, splints, or swollen arms or legs by placing them on a pillow lengthwise to support the hand or foot higher than the rest of their arm or leg.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

PROCEDURE 15-16. POSITIONING A RESIDENT ON THEIR SIDE (SIDE-LYING POSITION)

Remember: Prepare yourself, the resident, and the environment by obtaining and organizing your equipment. Follow the care plan, the resident's preferences, and common preparation steps.

1. Stand on the side to which the resident will be turning.



2. Help the resident to bend their knees up.



3. Place one hand on the resident's shoulder farther from you and the other on the hip farther from you. On the count of 3, help the resident roll toward you. Position the resident comfortably with proper body alignment.



4. Position the resident's head and neck. Place the pillow under their head so that their top ear is almost level with their top shoulder.



5. Fold a pillow lengthwise and place it behind the resident's back. Gently push the top edge of the pillow under their side and hip.



6. Position the resident's arms. Gently pull the bottom arm out from under the resident's body if it is not already in front of the body. Place a pillow diagonally under the top arm between the arm and the resident's side. Bend the top arm or the elbow and shoulder to rest the arm on the pillow.



7. Position the resident's legs. Bend the top hip up and rotate it slightly forward. Place a pillow lengthwise between the resident's knees to separate their legs down to their ankles.

Note: Depending on the resident's condition, you can modify any of these positions to prevent pressure ulcers and make the resident comfortable.

Finish the skill and remember:

- Meet the resident's needs
- The common completion steps

(text continued from page 280)

If a Resident Falls and Seems Injured

If a resident seems to be hurt, or if you are unsure if they are OK, do not move them. Leave the resident on the floor until a nurse or physician examines them. Call for help. Do not leave the person alone unless absolutely necessary, such as if you feel their condition is serious and no one is

Following these steps to lift the resident if a mechanical lift or other device is not available:

1. Get at as many staff to help as needed.
2. Prepare for the lift by first moving the resident into a sitting position on the floor with their knees bent up and feet flat on the floor. Ask the resident to fold their arms across their chest.



3. Before lifting the resident, one person kneels on each side of the resident and holds onto the guard belt with one hand and puts their hands under the resident's leg. A third person puts their other hand under both the resident's legs while kneeling in front of the resident or facing the resident. A fourth person may hold the chair or stretcher.

answering your call for help.

When help arrives and it is OK to move the resident, help them back to a sitting position on the floor. If the person can walk fairly well, you and another staff person can help them stand with one of you on each side pulling up on both sides of the guard belt.

If a resident needs to be moved onto a stretcher or back into a chair, use a mechanical lift or other devices the facility has for this purpose.



4. The team leader asks if everyone has a good grip and is ready. Then the leader says, "On the count of 3, lift." Then, "Ready, 1, 2, 3, and lift." You may find do the lift in 2 steps, saying, "1, 2, 3, and lift to stand," and then "1, 2, 3, and lift into the chair" or onto the stretcher .

Note: Anytime a resident falls, report the situation to the charge nurse.

IN THIS CHAPTER YOU LEARNED:

- Importance of moving and positioning residents
- Questions to consider when preparing to move or position a resident
- How to move a resident:
 - up in bed
 - to the side of the bed
 - onto the resident's side or back for personal care
 - into a sitting position
 - from bed to chair, wheelchair, commode, or toilet
- How to help move a resident from bed to chair and back with a coworker's help (with or without a mechanical lift) and how to move a resident up in a chair
- How to help a resident into the following positions:
 - supine
 - Fowler's
 - side-lying
 - sitting
- What to do if a resident falls

SUMMARY

The information in this chapter is very important for you to learn well. Remember, at the beginning of the chapter you learned that a leading cause of injury on the job is overexertion when lifting. But if you learn to use good body mechanics and the proper equipment as described in Chapter 10, Injury Prevention, and learn the skills in this chapter, you can prevent injury to both yourself and residents.

The human body is designed for frequent movement. Movement is essential for all body systems to function well. It is your job to make sure residents move in a safe, comfortable manner. Remember the things you need to consider before beginning to move or position a resident. Determine each resident's individual needs before you decide how to continue. Once you have considered the situation, follow the steps of the procedure carefully. Each procedure is designed to move or position residents in a careful, safe fashion.

PULLING IT ALL TOGETHER

One of the residents you are caring for on the day shift is Mrs. Casey. She is an 85-year-old woman who has had several strokes and now has limited ability to move and position herself independently. Moving and positioning to prevent skin breakdowns and other problems caused by immobility are among the most important tasks in her care plan. She is one of 8 residents you are caring for. What should your plan be for moving and positioning her?

Think about this:

7:15 a.m. Check in with her to say good morning. Tell her it will soon be breakfast time and you now want to change her position to get ready for breakfast. You move her from the right side-lying position onto her back with her head elevated.

8:30 a.m. Breakfast arrives, and you help Mrs. Casey with her meal.

9 a.m. Mrs. Casey says she would like to rest before getting ready for the day. You position her on her left side.

10 a.m. You schedule another nurse assistant and the mechanical lift for 10:30.

10:30 a.m. You transfer Mrs. Casey from the bed to the wheelchair with the help of another nurse assistant using the mechanical lift.

11 a.m. Mrs. Casey attends recreational activities.

12 p.m. You walk Mrs. Casey to the bathroom using a guard belt, walker, and another nurse assistant. She returns to her wheelchair.

12:30 p.m. Mrs. Casey has lunch in the dining room.

1:30 p.m. Mrs. Casey returns to her room for a short nap. You transfer her to the bed with help from another nurse assistant. You position her on her right side.

3 p.m. You tell the next shift that Mrs. Casey's position needs to be changed by 3:30. You let them know that she did well today using the guard belt, walker, and support from a second nurse assistant.

CHECK WHAT YOU'VE LEARNED

1. Any time you are about to move a resident you should first:

- A. Check the resident's medical record.
- B. Call the family to ask about their preferences.
- C. Think about your own capabilities and limitations.
- D. Ask their roommate to leave the room.

2. When should you get help to move a resident?

- A. Always.
- B. Only if the resident weighs considerably more than you do.
- C. If you are unsure how a resident will respond.
- D. At the beginning of your shift before you've stretched your muscles.

3. Good body mechanics when moving a resident in bed should include:

- A. Keeping your feet 10-12 inches apart.
- B. Keeping your knees straight.
- C. Bending your back.
- D. Holding the resident as far from your body as you can when transferring them.

4. Which statement is true when you move a resident up in bed who is unable to help?

- A. Put the head of the bed at about 30 degrees.
- B. Put the pillow under the resident's knees during the move.
- C. Ask another staff person to help you.
- D. Slide the resident along the sheet as quickly as possible.

5. What should you consider before transferring a resident from the bed to a wheelchair?

- A. Check to see if the wheelchair is locked.
- B. Position the guard belt around the resident's shoulders.
- C. Put the wheelchair on the resident's weaker side.
- D. Ask a co-worker to help only if you are unsuccessful in your first attempt.

6. If a resident starts to feel dizzy as you help them stand up from their bed to get to their walker, you should:

- A. Move them quickly before they have a chance to fall.
- B. Help them to lie down and call for the charge nurse.
- C. Keep them standing until the dizziness passes.
- D. Have them sit on the edge of the bed while you go to talk to the charge nurse.

7. Why is it good practice to use a guard belt when transferring a resident?

- A. You never need other helpers.
- B. It supports the resident's body during the transfer.
- C. It keeps the resident's clothing in place.
- D. It makes the transfer go twice as fast.

8. Which of the following statements is true about the use of a mechanical lift?

- A. Put the sling under the resident from under the shoulders to the back of the knees.
- B. Raise the head of the bed before positioning the sling under the resident.
- C. Another staff member is needed to assist the resident out of bed so that they can sit down in the sling.
- D. Place the sling over the resident like a blanket and have them roll them over onto it.

9. Which of the following is the correct description of Fowler's position?

- A. Head and feet elevated about 45 degrees.
- B. Head elevated about 45 degrees.
- C. Head and shoulders elevated about 45 degrees.
- D. Head, neck, and trunk elevated about 45 degrees.

10. What is important when positioning a resident in a chair?

- A. Leave their legs free to dangle and swing.
- B. Their arms are supported with the armrest, their back supported by the chair back, and their legs positioned comfortably.
- C. If a resident has a leg cast or a swollen leg, strap it down to the footrest of the wheelchair.
- D. Use a lap restraint so that the resident cannot get up.

(Answers to "Check What You've Learned" are in the Instructor's Manual.)

