3.7: Patient Transfers

Transfers are defined as moving a patient from one flat surface to another, such as from a bed to a stretcher (Perry et al., 2014). Types of hospital transfers include bed to stretcher, bed to wheelchair, wheelchair to chair, and wheelchair to toilet, and vice versa.

Patient Transfer from Bed to Stretcher

A bed to stretcher transfer requires a minimum of three to four people, depending on the size of the patient and the size and strength of the health care providers. Patients who require this type of transfer are generally immobile or acutely ill and may be unable to assist with the transfer. Checklist 29 shows the steps for moving patients laterally from one surface to another.

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**Checklist 29: Moving a Patient from Bed to Stretcher**

*Disclaimer: Always review and follow your hospital policy regarding this specific skill.*

**Safety considerations:**

- Perform hand hygiene.
- Check room for additional precautions.
- Introduce yourself to patient.
- Confirm patient ID using two patient identifiers (e.g., name and date of birth).
- Listen and attend to patient cues.
- Ensure patient's privacy and dignity.
- Assess ABCCS/suction/oxygen/safety.
- Ensure tubes and attachments are properly placed prior to the procedure to prevent accidental removal.
- A slider board and full-size sheet or friction-reducing sheet is required for the transfer.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Always predetermine the number of staff required to safely transfer a patient horizontally.</td>
<td>Three to four health care providers are required for the transfer.</td>
</tr>
<tr>
<td>2. Explain what will happen and how the patient can help (tuck chin in, keep hands on chest). Collect supplies.</td>
<td>This step provides the patient with an opportunity to ask questions and help with the transfer.</td>
</tr>
<tr>
<td>3. Raise bed to safe working height. Lower head of bed and side rails.</td>
<td>Safe working height is at waist level for the shortest health care provider.</td>
</tr>
</tbody>
</table>
Position the patient closest to the side of the bed where the stretcher will be placed.

The patient must be positioned correctly prior to the transfer to avoid straining and reaching.

May need additional health care providers to move patient to the side of the bed.

4. Roll patient over and place slider board halfway under the patient, forming a bridge between the bed and the stretcher.

The slider board must be positioned as a bridge between both surfaces.

Place sheet on top of the slider board. The sheet is used to slide patient over to the stretcher.

The sheet must be between the patient and the slider board to decrease friction between patient and board.

The patient is returned to the supine position.

The patient's feet are positioned on the slider board.

Place slider board

Ensure all tubes and attachments are out of the way.

5. Position stretcher beside the bed on the side closest to the patient, with stretcher slightly lower. Apply brakes.

Two health care providers climb onto the stretcher and grasp the sheet. The lead person is at the head of the bed and will grasp the pillow and sheet. The other health care provider is positioned on the far side of the bed, between the chest and hips of the patient, and will grasp the sheet with palms facing up.

The position of the health care providers keeps the heaviest part of the patient near the health care providers’ centre of gravity for stability.

The two caregivers on the stretcher grasp the draw sheet using a palms up technique, sitting up tall, and keeping their elbows close to their body and backs straight.

Caregiver at the head of the bed

6. The caregiver on the other side of the bed places his or her hands under the patient’s hip and shoulder area with forearms resting on bed.
7. The designated leader will count 1, 2, 3, and start the move.

The person on the far side of the bed will push patient just to arm’s length using a back-to-front weight shift.

At the same time, the two caregivers on the stretcher will move from a sitting-up-tall position to sitting on their heels, shifting their weight from the front leg to the back, bringing the patient with them using the sheet.

Coordinating the move between health care providers prevents injury while transferring patients.

Using a weight shift from front to back uses the legs to minimize effort when moving a patient.

8. The two caregivers will climb off the stretcher and stand at the side and grasp the sheet, keeping elbows tucked in.

One of the two caregivers should be in line with the patient’s shoulders and the other should be at the hip area.

On the count of three, with back straight and knees bent, the two caregivers use a front-to-back weight shift and slide the patient into the middle of the bed.

The step allows the patient to be properly positioned in the bed and prevents back injury to health care providers.

Caregiver at the head of the bed

Weight on front leg
<table>
<thead>
<tr>
<th></th>
<th>Shift weight to back foot</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>At the same time, the caregiver on the other side slides the slider board out from under the patient.</td>
</tr>
<tr>
<td>10.</td>
<td>Replace pillow under head, ensure patient is comfortable, and cover the patient with sheets.</td>
</tr>
</tbody>
</table>

11. Lower bed and lock brakes, raise side rails as required, and ensure call bell is within reach.

Perform hand hygiene.

Placing bed and side rails in a safe position reduces the likelihood of injury to patient. Proper placement of call bell facilitates patient’s ability to ask for assistance.

Bed in lowest position, side rail up, call bell within reach

Hand hygiene reduces the spread of microorganisms.

Hand hygiene with ABHR

Data source: ATI, 2015c; Perry et al., 2014; PHSA, 2010

Take this *Lateral Transfer Sliding Board* course for more information on sliding board transfer.
Patients often need assistance when moving from a bed to a wheelchair. A patient must be cooperative and predictable, able to bear weight on both legs and take small steps. If any of these criteria are not met, a two-person transfer or mechanical lift is recommended. Always complete a patient risk assessment prior to all patient-handling activities. See Checklist 30 for the steps to transfer a patient from the bed to the wheelchair (PHSA, 2010).

Checklist 30: Bed to Wheelchair Transfer

Disclaimer: Always review and follow your hospital policy regarding this specific skill.

Safety considerations:

- Check room for additional precautions.
- Introduce yourself to patient.
- Confirm patient ID using two patient identifiers (e.g., name and date of birth).
- Listen and attend to patient cues.
- Ensure patient’s privacy and dignity.
- Assess ABCCS/suction/oxygen/safety.
- Ensure tubes and attachments are properly placed prior to the procedure to prevent accidental removal.
- A gait belt and wheelchair are required.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. One health care provider is required.</td>
<td>The patient should be assessed as a 1-person assist.</td>
</tr>
<tr>
<td>2. Perform hand hygiene. Explain what will happen during the transfer and how the patient can help. Apply proper footwear prior to ambulation</td>
<td>This step provides the patient with an opportunity to ask questions and help with the positioning.</td>
</tr>
</tbody>
</table>
3. Lower the bed and ensure that brakes are applied. Place the wheelchair next to the bed at a 45-degree angle and apply brakes. If a patient has weakness on one side, place the wheelchair on the strong side.

4. Sit patient on the side of the bed with his or her feet on the floor. Apply the gait belt snugly around the waist (if required). The patient’s feet should be in between the health care provider’s feet.
Place hands on waist to assist into a standing position

Patient position prior to standing

5. As the patient leans forward, grasp the gait belt (if required) on the side the patient, with your arms outside the patient’s arms. Position your legs on the outside of the patient’s legs. The patient’s feet should be flat on the floor.

Assist to a standing position using a gait belt

6. Count to three and, using a rocking motion, help the patient stand by shifting weight from the front foot to the back foot, keeping elbows in and back straight.
7. Once standing, have the patient take a few steps back until they can feel the wheelchair on the back of their legs. Have patient grasp the arm of the wheelchair and lean forward slightly.

Ensure the patient can feel the wheelchair on the back of the legs prior to sitting down.

Assist into the wheelchair

8. As the patient sits down, shift your weight from back to front with bent knees, with trunk straight and elbows slightly bent. Allow patient to sit in wheelchair slowly, using armrests for support.

This allows the patient to be properly positioned in the chair and prevents back injury to health care providers.

Transfer to wheelchair
Special considerations:

- Do not allow patients to place their arms around your neck. Have them place their arms around your hips.
- Avoid lifting patients. Let them stand using their own strength.
- Stay close to your patient during the transfer to keep the patient’s weight close to your centre of gravity.
- If the patient has weakness on one side of the body (e.g., due to a cerebral vascular accident — CVA — or stroke), place the wheelchair on the strong side.

Take this **Standing Step Around Transfer** course to learn the method for a bed to wheelchair transfer.

**Critical Thinking Exercises**

1. Prior to moving the patient, where should the patient’s feet be placed?
2. As you start to stand your patient, the patient gently places his arms around your neck. How do you proceed?