3.3: Patient Risk Assessment

To prevent and minimize MSI injuries related to patient handling activities, a risk assessment must be done to determine a patient’s ability to move, the need for assistance, and the most appropriate means of assistance (Provincial Health Services Authority [PHSA], 2010). There are four important areas to assess:

- The patient
- The environment
- The health care provider
- The organization of the work

Checklist 24 outlines what to assess and how to assess a patient prior to positioning, ambulation, and transfers.

<table>
<thead>
<tr>
<th>Checklist 24: Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclaimer: Always review and follow your hospital policy regarding this specific skill.</td>
</tr>
</tbody>
</table>

Safety considerations:

- The assessment process should not override clinical judgment and patient-specific needs as determined by the health care team.
- An assessment should be performed before each handling procedure.
- Seek additional help if a procedure requires two or more persons.
- Use assistive devices (gait belts, slider boards, pillows, etc.) to perform the procedure safely.
- Assess the patient’s ability to tolerate the movement. Acute pain, shortness of breath, and inability to follow direction will place the health care provider and patient at risk for an injury.
- Always consider the principles of proper body mechanics prior to any procedure, such as raising the head of bed and tucking elbows in to help prevent injuries.
- Avoid lifting shoulders when positioning a patient.
- Never lift a patient; always use a weight shift to perform the procedure.
- When positioning a patient using a sheet, place palms of hands up. A palms-down technique increases risk for injury.
- Vision and hearing loss and language barriers may increase risk for injury.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Additional Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess your patient.</td>
<td>There are three areas to assess:</td>
</tr>
<tr>
<td></td>
<td>1. Is the patient cooperative and able to follow directions?</td>
</tr>
<tr>
<td></td>
<td>Ask patient to squeeze your hands. Is the behaviour predictable (non-aggressive, fearful, or fatigued)? Is the patient able to follow directions with cues?</td>
</tr>
<tr>
<td></td>
<td>If yes, proceed to next question.</td>
</tr>
<tr>
<td></td>
<td>If no, use a mechanical lift for transfers and/or assistive devices for repositioning in bed if patient has some abilities.</td>
</tr>
<tr>
<td></td>
<td>2. Can the patient bear weight?</td>
</tr>
<tr>
<td></td>
<td>Ask patient to lift buttocks off the bed (also known as “bridging”) and hold the position for 5 seconds. The health care provider may give cues on how to lift buttocks off the bed.</td>
</tr>
</tbody>
</table>
Bridging hips strength test

After bridging, ask the patient to perform a straight leg raise by lifting one leg up off the bed and holding it for 5 seconds while the other leg is kept bent. Repeat with the opposite leg.

Leg lift strength test

If yes, proceed to next question.

If no, use an appropriate moving technique, such as a mechanical lift and/or assistive device, to transfer a non-weight-bearing patient.

3. Can the patient sit up on the side of the bed without support? Can the patient sit forward on a chair or the edge of the bed without support?

Sit unassisted on the bed

If yes, decide on the amount of assist required (minimum, moderate, or maximum)
**Critical Thinking Exercises**

1. A patient requires repositioning in bed. After your assessment, you determine the patient is cooperative and predictable, able to weight bear, but unable to sit up unassisted. What are your two options to reposition the patient?
2. When assessing your abilities to perform a patient-handling procedure, what five things must you consider?

3. Vision and hearing impairments, along with language barriers, are risk factors when performing patient-handling procedures. What additional risk factors should be considered?