3.4: Immobility and Assisting Patients

When patients are recovering from illness, they may require assistance to move around in bed, to transfer from bed to wheelchair, or to ambulate. Changing patient positions in bed and mobilization are also vital to prevent contractures from immobility, maintain muscle strength, prevent pressure ulcers, and help body systems function properly for optimal health and healing (Perry et al., 2014). The amount of assistance each patient will require depends on the patient’s previous health status, age, type of illness, and length of stay (Perry et al., 2014).

Types of Assistance

At times, patients are assessed and given a “level of assistance” required for transferring. This is most common in residential care settings. The level of assistance is based on the patient’s ability to transfer and stand. The terms describing different levels of assistance are used by health care providers to communicate with each other so everyone understands what type of assistance is required. The assistance needed is usually charted on the patient’s Kardex, above the head of the bed, and/or on the patient’s chart. Table 3.4 describes different types of assistance in the hospital and community setting.

Table 3.4 Level of Assistance
<table>
<thead>
<tr>
<th>Level of Assistance</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Independent</td>
<td>The patient is able to transfer independently and safely.</td>
</tr>
<tr>
<td>Standby supervision</td>
<td>The patient requires no physical assistance but may require verbal reminder. This type of patient may also be learning to transfer independently using a wheelchair, walker, or cane.</td>
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<tr>
<td>Minimal assist</td>
<td>The patient is cooperative but needs minimal physical assistance with the transfer.</td>
</tr>
<tr>
<td>One-person standing pivot</td>
<td>The patient can bear weight on one or both legs and is cooperative and predictable. The patient also can sit with minimal support on the side of the bed.</td>
</tr>
<tr>
<td>Two-person standing pivot</td>
<td>The patient can assist with weight bearing, but may be inconsistent. The patient is cooperative and predictable.</td>
</tr>
<tr>
<td>One-person assist with transfer board</td>
<td>The patient is cooperative, follows directions, and has good trunk control. The patient can use their arms, but cannot bear weight on both legs.</td>
</tr>
<tr>
<td>Two-person assist with transfer board</td>
<td>The patient is cooperative and can follow directions. The patient can use their arms, but cannot bear weight on both legs. The patient does not have good trunk control.</td>
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The patient’s wheelchair has removable arms.

The patient may have some ability to stand, but is unreliable.

The patient may be unpredictable (due to cognitive changes, medications).

The patient is a heavy two-person transfer and requires toileting or pericare.

The patient does not have severe limb contractures or injuries where movement is medically contraindicated (e.g., spinal injury).

Use of a mechanical lift.

Data source: Winnipeg Regional Health Authority (WRHA), 2008

Special considerations:

• Assess the patient every time before a move as a patient’s condition may worsen or improve throughout the hospital stay.

• Results of assessments should be properly documented according to agency policy to ensure safe transfers for all health care providers.

• Any patient-handling injuries must be reported using the British Columbia Patient Safety and Learning System (BCPSLS), a web-based tool used to report and learn about safety events, near misses, and hazards in health care settings (BCPSLS, 2015).

If the patient is cooperative, able to bear weight, and has some balance to sit (see Checklist 24: Risk Assessment), the health care provider must decide how much assistance the patient needs. Table 3.5 provides guidelines to consider.

<table>
<thead>
<tr>
<th>Assess</th>
<th>Description</th>
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</table>
### One-person transfer with gait belt

The patient is able to perform 75% of the required activity on their own.

### Two-person transfer with a gait belt, a stander, or a two-person transfer with a slide board and a gait belt

The patient is able to perform 50% of the required activity on their own.

### Stander or a two-person transfer with a slide board and gait belt

The patient is able to perform 25% of the required activity on their own.

Data source: WRHA, 2008

### Special considerations:

- The weight, height, and general physical, mental, or emotional condition of the patient all influence the potential for injury.
- If the patient is uncooperative or unable to follow commands, there is an increased risk for injury. It is recommended that a mechanical lift or assistive device be used to prevent injury to the health care provider and patient.
- If there is any question about the patient’s ability, always reassess.

### Critical Thinking Exercises

1. A patient requires no assistance from the health care provider except for the occasional reminder to lift feet while walking. Is the patient’s level of assistance considered independent or a minimal assist?

2. A patient is assessed as a one-person pivot. As the health care provider begins the transfer, the patient suddenly becomes uncooperative. What should the health care provider do next?