



SAFE PATIENT HANDLING ASSESSMENT

Patient Assessment				
Bed Mobility:	Patient able to: <input type="checkbox"/> Move Up/Down (Bridge) <input type="checkbox"/> Move Side to Side (Bridge, Independent Leg Movement) <input type="checkbox"/> Roll Onto Side <input type="checkbox"/> Lie to Sit			
Transfer:	1. Able to follow instructions/cooperative <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Lower Limb Strength/Ability to Bear Weight Right Full Partial None (Bridge/Straight Leg Raise/Leg Resistance) Left <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Upper Limb Strength Right <input type="checkbox"/> (Able to push/pull bent elbow against resistance) Left <input type="checkbox"/> 4. Able to Sit Unsupported <input type="checkbox"/> Yes <input type="checkbox"/> No (10 - 15 seconds and/or raise one limb at a time) (Maintain "nose over toes" position) 5. Able to Stand Unsupported <input type="checkbox"/> Yes <input type="checkbox"/> No (15 - 20 seconds with or without gait aid) (Ankle mobility)			
Assistance Level:				
Independent <input type="checkbox"/>	Supervised <input type="checkbox"/>	Stand By/Minimal Assist <input type="checkbox"/> 1 Assist <input type="checkbox"/> 2 Assist	Moderate Assist Sit – Stand Lift <input type="checkbox"/>	Maximum Assist Total Lift <input type="checkbox"/>
- Follows instructions, reliable, cooperative - Able to weight bear through leg(s) - Sits/stands unsupported - No verbal or physical assistance required	- Follows instructions, reliable, cooperative - Able to weight bear through leg(s) - Sits/stands unsupported - No physical assistance required - Verbal cueing and/or equipment set-up	- Follows instructions, reliable, cooperative - Able to weight bear through leg(s) - Sits/stands unsupported - Minor physical assistance, up to 35 lbs lift provided by each healthcare worker	- Follows instructions, reliable, cooperative - Able to partially weight bear through leg(s) - Sits unsupported - Able to assist with arm(s)	- Unable to follow instructions, unreliable - Unable to reliably weight bear through leg(s) - Unable to sit unsupported - Unable to assist with arm(s) - Uncooperative/aggressive (must be assessed as safe)
Recommended Transfer Method (refer to appropriate algorithm)				
Transfer Type	Number of Staff	Equipment Requirements		
<input type="checkbox"/> Bed Reposition <input type="checkbox"/> Bed Turn <input type="checkbox"/> Lateral Transfer <input type="checkbox"/> Lie to Sit <input type="checkbox"/> Sit to Lie <input type="checkbox"/> Sit to Stand <input type="checkbox"/> Ambulation	_____	<input type="checkbox"/> Gait/Transfer Belt <input type="checkbox"/> Manual Sit to Stand Device (Stedy) <input type="checkbox"/> Sit to Stand Lift <input type="checkbox"/> Total Floor Lift Sling (type): _____ <input type="checkbox"/> Ceiling Lift Sling (type): _____ <input type="checkbox"/> Friction Reducing Device Type and Size: _____	<input type="checkbox"/> Gait Aid (e.g. cane) Type: _____ <input type="checkbox"/> Other Needs: List: _____	
Communication				
<input type="checkbox"/> Bedside Communication Sign Posted		<input type="checkbox"/> Documented in Kardex/Care Plan		
<input type="checkbox"/> Consult to Physiotherapy Required/Completed				
Signature _____		Printed Name and Designation _____		Date: _____
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