

12

Positioning, Transfers, and Ambulation



1. Explain positioning and describe how to safely position clients

Define the following terms:

positioning

the act of helping people into positions that promote comfort and health.

supine

position in which a person lies flat on his back.

lateral

position in which a person is lying on either side.

prone

position in which a person is lying on the stomach, or front side of the body.

1. Explain positioning and describe how to safely position clients

Define the following terms:

Fowler's

semisitting body position in which a person's head and shoulders are elevated 45 to 60 degrees.

Sims'

body position in which a person is lying on his left side with the upper knee flexed and raised toward the chest.

draw sheet

an extra sheet placed on top of the bottom sheet that is used for moving clients without causing shearing.

1. Explain positioning and describe how to safely position clients

Define the following terms:

shearing

rubbing or friction that results from the skin moving one way and the bone underneath it remaining fixed or moving in the opposite direction.

logrolling

moving a person as a unit, without disturbing the alignment of the body.

dangle

to sit up on the side of the bed with the legs hanging over the side in order to regain balance and stabilize blood pressure.

Key Material 12-1: Five Basic Positions

SUPINE



LATERAL



PRONE



FOWLER'S



SIMS'



1. Explain positioning and describe how to safely position clients

Supine Position

- Client lying flat on back
- Pillows under head and shoulders, arms, and hands. Heels should be “floating”

1. Explain positioning and describe how to safely position clients

Lateral Position

- Client lying on either side
- Pillows support head, arm, leg on upper side and back. Upper knee on pillow. Foot on pillow. Pillow between legs

1. Explain positioning and describe how to safely position clients

Prone Position

- Client lying on stomach
- Small pillow under head and legs to keep feet off bed

1. Explain positioning and describe how to safely position clients

Fowler's Position

- Semi-sitting, head and shoulders elevated
- Pillows at flexed knees, at flexed feet, and under head

1. Explain positioning and describe how to safely position clients

Sims' Position

- Variation on lateral side position, left side-lying position
- Lower arm behind the back, upper knee flexed
- Pillows under head, arms, flexed knee, and foot

Moving a client up in bed

Equipment: draw sheet or other device

When the client cannot assist, and there is no one else around to help you move her up in bed, take the following steps:

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of bed to make it flat. Move the pillow to the head of the bed.

Moving a client up in bed

6. Stand behind the head of the bed with your feet shoulder-width apart and one foot slightly in front of the other.
7. Roll and grasp the top edge of the draw sheet.
8. Bend your knees and keep your back straight. Rock your weight from the front foot to the back foot in one smooth motion, while pulling the draw sheet and client toward the head of the bed.



Moving a client up in bed

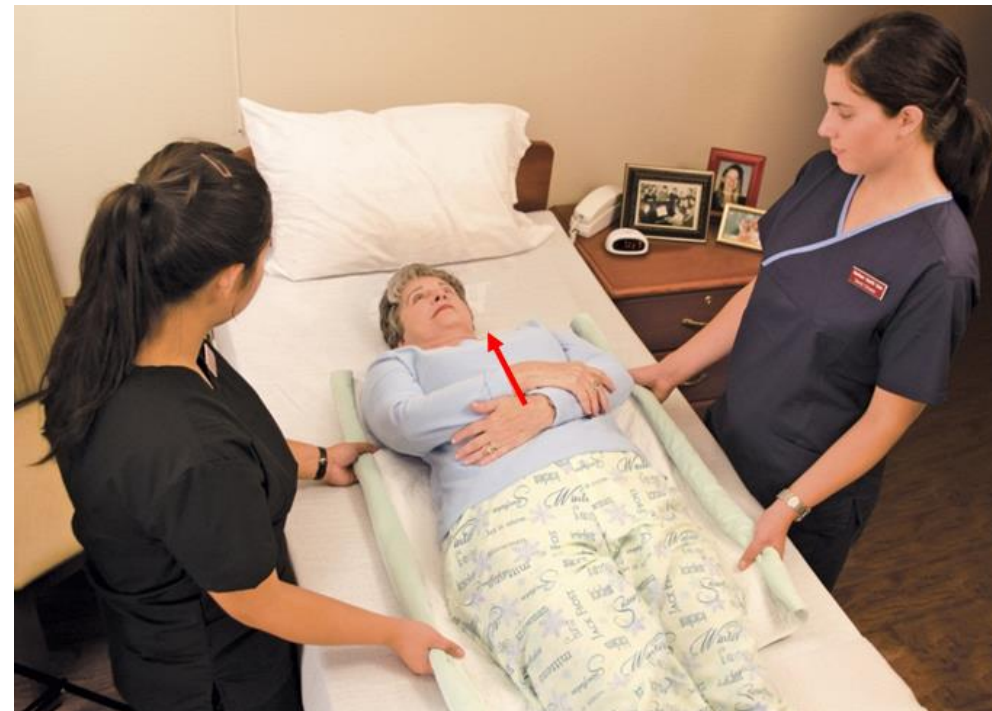
9. Put the pillow back under the client's head and arrange the blankets for her. Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it. If you raised an adjustable bed, return it to its lowest position.
10. Wash your hands.
11. Document the procedure and any observations.

When you have help from another person, you can modify the procedure as follows:

1. Follow steps 1 through 5 above.
2. Stand on the opposite side of the bed from your helper. Face the head of the bed. The foot that is closest to the head of the bed should be pointed toward the head of the bed. Your helper should be standing on the other side of the bed.

Moving a client up in bed

- Both of you should roll the draw sheet up to the client's side and grasp the sheet. One hand should be at the client's shoulders, the other about level with the client's hips. Use proper body mechanics.
- Let the client know you will be moving her on the count of three. Shift your weight to your back foot (the foot closer to the foot of the bed). Have your helper do the same. On the count of three, you and your helper both shift your weight to the forward foot. Slide the draw sheet and client toward the head of the bed.



Moving a client to the side of the bed

5. Put pillow back under client's head and arrange the blankets for her. Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it. If you raised an adjustable bed, return it to its lowest position.
6. Wash your hands.
7. Document the procedure and any observations.



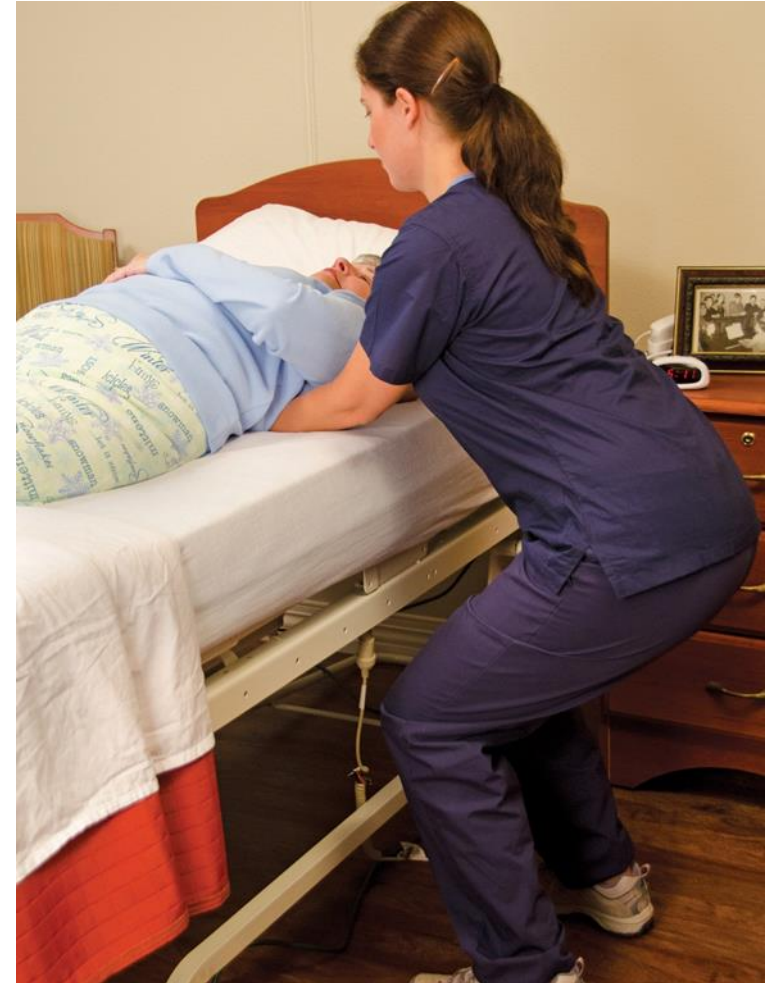
Moving a client to the side of the bed

Equipment: draw sheet

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of bed.

Moving a client to the side of the bed

6. Stand on the same side of the bed to which you are moving the client. Stand with feet shoulder-width apart. Bend your knees and keep your back straight.
7. With a draw sheet: Roll the draw sheet up to the client's side and grasp the sheet. One hand should be at the client's shoulders, and the other should be about level with the client's hips. Place one knee against the side of the bed, and lean back with your body. On the count of three, pull the draw sheet and client toward you.



Moving a client to the side of the bed

Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it.

Without a draw sheet: Gently slide your hands under the client's head and shoulders and move them toward you. Gently slide your hands under her midsection and move it toward you. Gently slide your hands under the hips and legs and move them toward you.



Positioning a client on his side

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of bed to make it flat.
6. Move the client toward the right side of the bed, using the previous procedure.
7. If the bed has side rails, raise the far side rail.

Turning a client away from you:

- a. Cross the client's right arm over his chest. Cross the near leg over the far leg.



Positioning a client on his side

- b. Stand with feet shoulder-width apart. Bend your knees.
- c. Place one hand on the client's shoulder. Place the other hand on the client's near hip.
- d. While supporting the body, gently roll the client onto his side as one unit, toward the raised side rail

If the bed does not have side rails, you may need to roll the client toward you. Follow agency policy.

Positioning a client on his side

Turning a client toward you:

- a. Cross the client's far arm over his chest. Move the arm on the side the client is being turned to out of the way. Cross the far leg over the near leg.
- b. Stand with feet shoulder-width apart. Bend your knees.
- c. Place one hand on the client's far shoulder. Place the other hand on the far hip.
- d. While supporting the body, gently roll the client onto his side as one unit, toward you. Use your body to block the client to prevent him from rolling out of bed.

Positioning a client on his side

8. Position the client properly and comfortably. Proper positioning includes the following:
 - Head supported by pillow (client's face should not be obstructed by pillow)
 - Shoulder adjusted so client is not lying on arm or hand
 - Top arm supported by pillow
 - Back supported by supportive device
 - Top knee flexed
 - Supportive device between legs with top knee flexed; knee and ankle supported
9. If you raised an adjustable bed, return it to its lowest position. Leave side rails in ordered position.
10. Wash your hands.
11. Document the procedure and any observations.

Logrolling a client

Equipment: draw sheet, second person

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
5. Lower the head of bed to make it flat.
6. Both people stand on the same side of the bed. One person stands at the client's head and shoulders. The other stands near the client's midsection.

Logrolling a client

7. Place a pillow under the client's head to support the neck during the move.
8. Place the client's arms across his chest. Place a pillow between the knees.
9. Stand with your feet shoulder-width apart. Bend your knees.
10. Grasp the draw sheet on the far side.



Logrolling a client

11. Let the client know you will be moving him. On the count of three, gently roll the client toward you. Turn the client as a unit. Use your bodies to block the client to prevent him from rolling out of bed.
12. Reposition client comfortably. Check the client's body alignment. Unroll the draw sheet and leave it in place for the next repositioning. If using another type of device (other than a draw sheet), you will need to remove it. Arrange pillows and covers for comfort. If you raised an adjustable bed, return it to its lowest position.



Logrolling a client

13. Wash your hands.
14. Document the procedure and any observations.

Assisting a client to sit up on the side of the bed: dangling

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to lowest position. If the bed is movable, lock bed wheels.

Assisting a client to sit up on the side of the bed: dangling

5. Raise the head of bed to sitting position. Fanfold (fold into pleats) the top covers to the foot of the bed. Ask the client to turn onto his side, facing you. Assist as needed (see earlier procedure).
6. Tell the client to reach across his chest with his top arm and place his hand on the edge of the bed near his opposite shoulder. Ask him to push down on that hand to raise his shoulders up while swinging his legs over the side of the bed.



Assisting a client to sit up on the side of the bed: dangling

7. Always allow the client to do all he can for himself. However, if the client needs assistance, follow these steps:
 - a. Stand with your legs shoulder-width apart. Bend your knees. Keep your back straight.
 - b. Place one arm under the client's shoulder blades. Place the other arm under the client's thighs.



Assisting a client to sit up on the side of the bed: dangling

- c. Let the client know you will be moving him on the count of three. On the count of three, slowly move the client into a sitting position with the legs dangling over the side of the bed. The weight of the client's legs hanging down from the bed helps the client sit up.
8. Ask client to sit up as straight as possible and to hold on to edge of mattress with both hands. Help the client to put on nonskid shoes or slippers if he is going to get out of bed.



Assisting a client to sit up on the side of the bed: dangling

9. Have client dangle as long as ordered. The care plan may direct you to allow the client to dangle for several minutes and then assist him to lie down again, or it may direct you to allow the client to dangle in preparation for walking or a transfer. Follow the care plan. Do not leave the client alone. If the client is dizzy for more than one minute, have him lie down again. Count his pulse and respiration rates and report to your supervisor according to your agency's policy (you will learn how to take vital signs in Chapter 14).

Assisting a client to sit up on the side of the bed: dangling

10. Remove slippers or shoes.
11. Gently assist client back into bed. Place one arm around client's shoulders and the other arm under his knees. Slowly swing client's legs onto the bed.
12. If you raised an adjustable bed, return it to its lowest position.
13. Wash your hands.
14. Document the procedure and your observations. How did the client tolerate sitting up? Did the client become dizzy?

2. Explain how to safely transfer clients

It is important to review the principles of proper body mechanics:

- Alignment
- Base of support
- Center of gravity
- Fulcrum and lever

2. Explain how to safely transfer clients

Define the following terms:

transfer belt

a belt made of canvas or other heavy material that is used to help people who are weak, unsteady, or uncoordinated to transfer or walk.

slide board

a wooden board that helps transfer people who are unable to bear weight on their legs.

2. Explain how to safely transfer clients

Remember:

Transfers should be planned so that the stronger side always moves first.

2. Explain how to safely transfer clients

HHAs should understand these guidelines for assisting a client in using a wheelchair:

- Know how to use the brake and armrests and footrests
- Always lock wheelchair before assisting client into or out of it
- Tilt the chair and press down on seat rails to open chair. Lift the center of the seat to close it
- Release arm lock to remove armrests. Pull the lever and swing footrests out toward side of chair. Lift off footrest to remove them. To reattach footrest, put it back in side position, swing to front, and it should lock into place

2. Explain how to safely transfer clients

Guidelines for assisting a client in using a wheelchair (cont'd):

- To lift or lower footrest, support leg or foot; squeeze lever and pull up or push down
- Client must use side of body that can bear weight and lift side that cannot
- Client must be wearing nonskid footwear before transferring

2. Explain how to safely transfer clients

Guidelines for assisting a client in using a wheelchair (cont'd):

- Assist client as needed by having chair close and wheels locked. Use transfer belt. Check to see if client is dizzy upon standing and sit him back down if so
- Check alignment in chair. To move client to back of chair, stand in front of the wheelchair and ask the client to grasp the armrest while feet are flat on the floor. Brace the client's knees and ask client to push his feet into the floor and move himself to the back of the chair. Reposition client at least every hour

2. Explain how to safely transfer clients

HHAs should understand these guidelines for assisting a client in using a mechanical lift:

- Be careful and have another person assist if possible
- Keep chair or wheelchair close to bed to only move client a short distance
- Make sure valves are working
- Use the correct sling for the lift
- Check sling and straps for tears or fraying. Do not use mechanical lift if there are tears or holes

2. Explain how to safely transfer clients

Guidelines for assisting a client in using a mechanical lift (cont'd):

- Open legs of stand to widest position before helping client into lift
- Pump up lift only the point where client's body clears the bed or chair
- Be aware of where the emergency release is located and how to operate this function

Transferring a client from a bed to a wheelchair

Equipment: wheelchair, transfer belt, nonskid footwear and robe or folded blanket

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client. Check the area to be certain it is uncluttered and safe.
4. Place wheelchair at the head of the bed, facing the foot of the bed, or at the foot of the bed, facing the head of the bed. The arm of the wheelchair should be almost touching the bed. Wheelchair should be facing the foot of the bed. The wheelchair should be placed on client's **stronger**, or unaffected, side.
5. Remove both wheelchair footrests close to the bed.
6. Lock wheelchair wheels.

Transferring a client from a bed to a wheelchair

7. If bed is adjustable, raise the head of the bed. Adjust the bed level to its lowest position. If bed is movable, lock the bed wheels.
8. Assist client to sitting position making sure his feet are on the floor. Adjust the bed height if needed (if possible). Let client sit for a few minutes to adjust to the change in position.
9. Put nonskid footwear on client and fasten securely.
10. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.
11. Place the transfer belt around the client's waist over clothing (not on bare skin). Tighten the buckle until it is snug. Leave enough room to insert flat fingers/hand comfortably under the belt. Check to make sure that sin or skin folds (for example, breasts) are not caught under the belt. Grasp the belt securely on both sides, with hands in an upward position.

Transferring a client from a bed to a wheelchair

12. Provide instructions to allow the client to help with transfer. Instructions may include: “When you start to stand, push with your hands against the bed.” “Once standing, if you’re able, you can take small steps in the direction of the chair.” “Once standing, reach for the chair with your stronger hand.”
13. With your legs, brace (support) client’s lower legs to prevent slipping. This can be done by placing one or both of your knees in front of the client’s knees. Or you can stand toe to toe with the client. Bend your knees and keep your back straight.



Transferring a client from a bed to a wheelchair

14. Let the client know you will be moving him on the count of three. If possible, have the client rock while counting to three. On three, with hands still grasping the transfer belt on both sides and moving upward, slowly help the client to stand.
15. Tell the client to take small steps in the direction of the chair while turning his back toward it. If more assistance is needed, help the client to pivot (turn) to stand in front of wheelchair with the back of client's legs against the wheelchair. Always allow the client to do all he can for himself.



Transferring a client from a bed to a wheelchair

16. Ask the client to put hands on wheelchair arm rests if able. When the chair is touching the back of the client's legs, help the client lower himself into the chair.
17. Reposition the client so that his hips touch the back of the wheelchair seat.
18. Attach footrests and place the client's feet on the footrests. Check that the client is in proper alignment. Gently remove the transfer belt. Place a lap robe or folded blanket over the client's lap as appropriate.
19. Wash your hands.
20. Document the procedure and your observations. How did the client feel or appear during the transfer? How much assistance was required?

When transferring back to bed from a wheelchair, the height of the bed should be equal to or slightly lower than the chair. When the client feels the bed with the back of his legs, help him sit down slowly.

Helping a client transfer using a slide board

Equipment: slide board

1. Follow steps 1 through 9 for transferring a client from a bed to a wheelchair.
2. Have the client lean away from transfer side to take the weight off her thigh. Place one end of the slide board under the buttocks and thigh. Take care not to pinch the client's skin between the bed and the board. Place the other end of the board on the surface to which the client is transferring.



Helping a client transfer using a slide board

3. If the client is able, have her push up with her hands and scoot herself across the board. Stay close so you can provide support if needed. Allow the client to do all she can for herself.
4. If the client needs assistance, stand in front of her and brace your knees against her knees to keep them from buckling during the transfer. Make sure your back is straight.

Helping a client transfer using a slide board

5. Get as close to the client as possible and have her lean into you as you grasp the transfer belt from behind. Lean back with your knees bent. Using your legs rather than your back, pull the client up slightly and toward you to help her scoot across the board.



Helping a client transfer using a slide board

6. Complete the transfer in two or three lifting and scooting movements. Never drag the client across the board. Friction from the client's skin dragging across the slide board can cause skin breakdown, which can lead to pressure injuries.
7. After the client is safely transferred, remove the slide board. Make sure the client is positioned safely and comfortably.
8. Wash your hands.
9. Document the procedure and any observations. How did the client feel or appear during the transfer? How much assistance was required?

Transferring a client using a mechanical lift

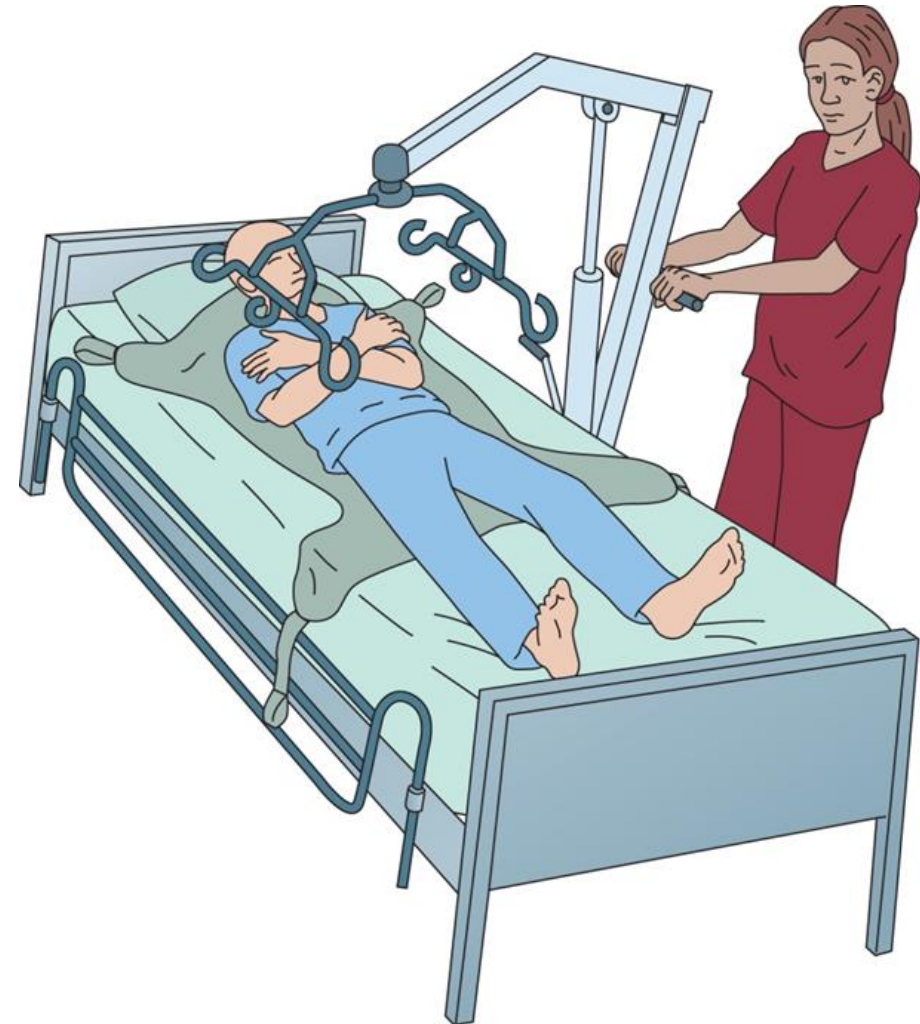
Equipment: wheelchair or chair, lifting partner (if available), mechanical or hydraulic lift

The following is a basic procedure for transferring using a mechanical lift. Ask someone to help you before starting.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If bed is movable, lock bed wheels.
5. Position the wheelchair next to the bed. Lock the brakes.
6. Help the client turn toward you, as described in earlier procedure. Go to the far side of the bed. Position the sling under the client with the edge next to the client's back. Fanfold if necessary. Adjust the bottom of the sling so that it is even with the client's knees. Help the client roll back to the middle of the bed, and then spread out the fanfolded edge of the sling.

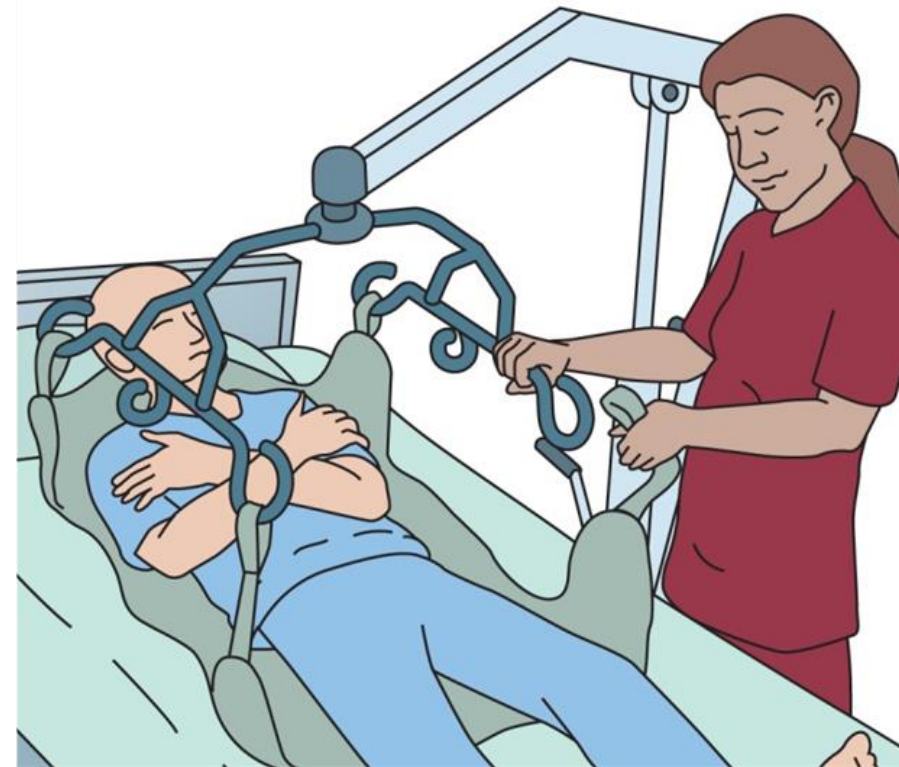
Transferring a client using a mechanical lift

7. Roll the mechanical lift to bedside. Make sure the base is opened to its widest point, and push the base of the lift under the bed.
8. Position the overhead bar directly over the client.



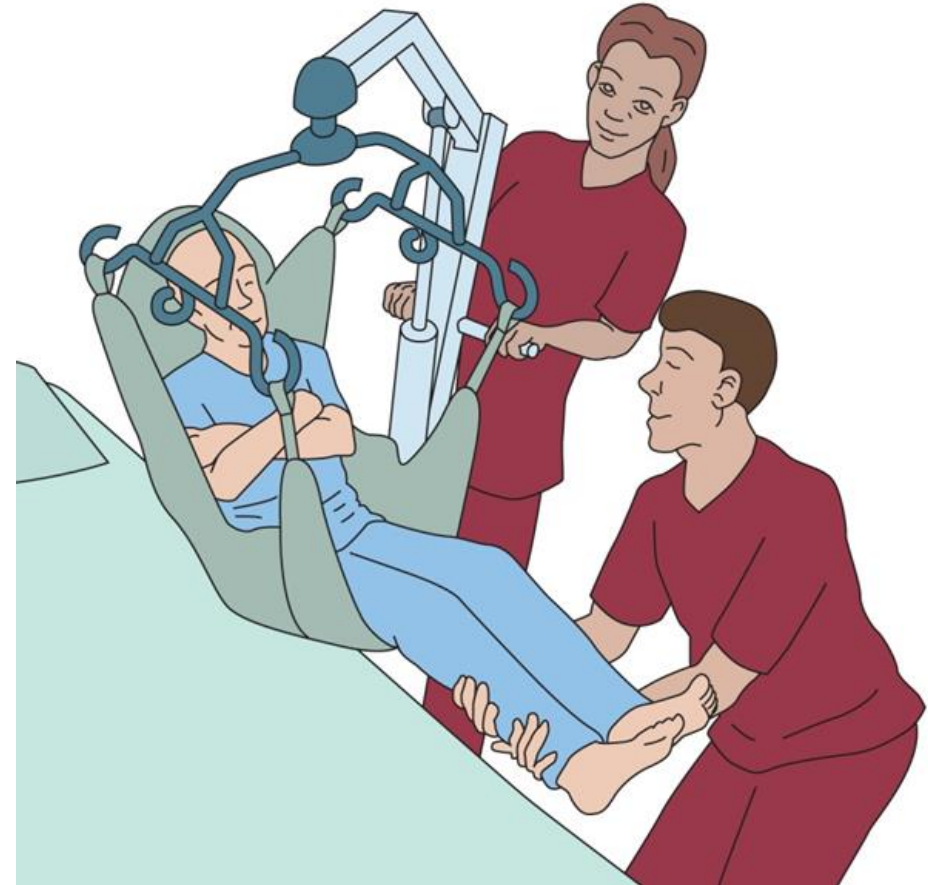
Transferring a client using a mechanical lift

9. With the client lying on his back, attach one set of straps to each side of the sling and one set of straps to the overhead bar. If available, have a lifting partner support the client at the head, shoulders, and knees while the client is being lifted. The client's arms should be folded across his chest. If the device has "S" hooks, they should face away from client. Make sure all straps are connected properly and are smooth and straight.



Transferring a client using a mechanical lift

10. Following manufacturer's instructions, raise the client two inches above the bed. Pause a moment for the client to gain balance.
11. If available, a lifting partner can help support and guide the client's body while you roll the lift so that the client is positioned over the chair or wheelchair.
12. Slowly lower the client into the chair or wheelchair. Push down gently on the client's knees to help the client into a sitting, rather than reclining, position.



Transferring a client using a mechanical lift

13. Undo the straps from the overhead bar to the sling. Remove the sling or leave in place for transfer back to bed; follow the care plan.
14. Be sure the client is seated comfortably and correctly in the chair or wheelchair.
15. Wash your hands.
16. Document the procedure and any observations. How did the client tolerate the transfer? Were there any problems? Did the equipment operate properly?

2. Explain how to safely transfer clients

HHAs should know these points about stand-up lifts:

- Used when client can bear some weight on his legs but has poor leg strength and/or balance
- Client must be able to stand and have some arm strength.
- Manual and battery-powered are different types.
- Brakes must be locked before using.
- Client in sitting position, with feet on foot plate and knees against knee pads
- Client grasps support bar and pulls himself up
- Lower sides of seat into position, adjust straps, and client lowers himself into seat while holding bars.

Handout 12-1: Transferring a client to a bed from a wheelchair

Transferring a client to bed from wheelchair

1. Wash your hands.
2. Identify yourself by name. Identify the client by name.
3. Explain procedure to client. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
4. Provide for client's privacy with curtain, screen, or door. Check the area to be certain it is uncluttered and safe.

Handout 12-1: Transferring a client to a bed from a wheelchair (cont'd)

5. Remove both wheelchair footrests close to the bed.
6. Place the wheelchair at the head of the bed, facing the foot of the bed, or at the foot of the bed, facing the head of the bed. The arm of the wheelchair should be almost touching the bed. The wheelchair should be placed on client's stronger, or unaffected, side.
7. Lock wheelchair wheels.
8. If the bed is adjustable, adjust the bed so that the height of the bed is equal to or slightly lower than the chair. If the bed is movable, lock the bed wheels.

Handout 12-1: Transferring a client to a bed from a wheelchair (cont'd)

9. Stand in front of client. Stand with feet about should-width apart. Bend your knees. Keep your back straight.
10. Place the transfer belt around the client's waist over clothing (not on bare skin). Tighten the buckle until it is snug. Grasp the belt securely on both sides, with hands in an upward position.
11. Provide instructions to allow client to help with transfer.
12. With your legs, brace (support) client's lower legs to prevent slipping. This can be done by placing one of your knees against the client's knees or by placing both of your knees against the client's knees. Or you can stand toe to toe with the client. Bend your knees and keep your back straight.
13. Count to three to alert client. On three, with hands still grasping the transfer belt on both sides and moving upward, slowly help the client to stand.

Handout 12-1: Transferring a client to a bed from a wheelchair (cont'd)

14. Tell the client to take small steps in the direction of the bed while turning her back toward the bed. If more help is needed, help the client to pivot (turn) to front of the bed with back of her legs against the bed. When she feels the bed, help her sit down on the side of the bed.
15. Make client comfortable. Gently remove the transfer belt.
16. Return bed to lowest position.
17. Wash your hands.
18. Document procedure and your observations.

3. Discuss how to safely ambulate a client

Define the following terms:

ambulation

the act of moving or walking, with or without an assistive device.

ambulatory

capable of moving or walking.

Assisting a client to ambulate

Equipment: transfer belt, nonskid shoes for the client

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed level to its lowest position. If the bed is movable, lock bed wheels.
5. Assist the client to a sitting position, making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
6. Put nonskid footwear on client and fasten securely.
7. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.
8. Place the transfer belt around the client's waist over his clothing (not on bare skin). Grasp belt securely on both sides, with hands in an upward position.

Assisting a client to ambulate

9. Always allow your client to do whatever he is able to do for himself. If the client is unable to stand without help, brace (support) the client's lower extremities. This can be done by placing one of your knees against the client's knee or it can also be done by placing both of your knees against both of the client's knees. Or you can stand toe to toe with the client. Bend your knees. Keep your back straight.



Assisting a client to ambulate

10. Hold the client close to your center of gravity. Provide instructions to allow the client to help with standing. Tell the client to lean forward, push down on the bed with his hands, and stand on the count of three. When you start to count, begin to rock. On three, with hands still grasping the transfer belt on both sides and moving upward, rock your weight onto your back foot and slowly help the client to stand.

Assisting a client to ambulate

11. Walk slightly behind and to one side of the client for the full distance, while holding on to the transfer belt. If the client has a weaker side, stand on the weaker side. Use the hand that is not holding the belt to offer support on the weak side. Ask client to look forward, not down at the floor, during ambulation.



Assisting a client to ambulate

12. Observe the client's strength while you walk together. Provide a chair if the client becomes dizzy or tired.
13. After ambulation, remove transfer belt. Return the client to the bed or chair and make the client comfortable. Leave the bed in its lowest position.
14. Wash your hands.
15. Document the procedure and your observations. How far did the client walk? How did the client appear or say he felt while walking? How much help did you give?

3. Discuss how to safely ambulate a client

Remember:

If you are helping a visually-impaired client walk, be sure to let the person walk beside and slightly behind you. Be sure to warn the client about approaching corners or steps.

Key Material 12-2: Assisting a Falling Client

- Widen your stance
- Bring client's body close to you
- Bend knees and support client as you lower her to the floor
- Drop to floor yourself if necessary.
- Do not try to stop the fall
- Call for help
- Do not get client up
- Follow agency policies and procedures



3. Discuss how to safely ambulate a client

Remember:

You will need to complete incident report if a client falls.

3. Discuss how to safely ambulate a client

Define the following terms:

C cane

a straight cane with a curved handle at the top.

functional grip cane

cane that has a straight grip handle.

quad cane

a cane that has four rubber-tipped feet and a rectangular base.

walker

a type of walking aid that is used for people who are unsteady or lack balance; usually has four rubber-tipped feet and/or wheels.

Assisting with ambulation for a client using a cane, walker, or crutches

Equipment: transfer belt, nonskid shoes for the client, cane, walker, or crutches

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed level to its lowest position. If the bed is movable, lock bed wheels.
5. Assist the client to a sitting position, making sure his feet are flat on the floor. Adjust the bed height if needed (if possible). Let the client sit for a few minutes to adjust to the change in position.
6. Put nonskid footwear on client and fasten securely.
7. Stand in front of and face the client. Stand with feet about shoulder-width apart. Bend your knees. Keep your back straight.

Assisting with ambulation for a client using a cane, walker, or crutches

8. Place the transfer belt around the client's waist over his clothing (not on bare skin). Grasp the belt securely on both sides, with hands in an upward position.
9. If the client is unable to stand without help, brace (support) the client's lower extremities. This can be done by placing one of your knees against the client's knee or it can also be done by placing both of your knees against both of the client's knees. Bend your knees. Keep your back straight.
10. Hold the client close to your center of gravity. Provide instructions to allow the client to help with standing. Tell the client to lean forward, push down on the bed with his hands, and stand on the count of three. When you start to count, begin to rock. On three, with hands still grasping the transfer belt on both sides and moving upward, rock your weight onto your back foot and slowly help the client to stand.

Assisting with ambulation for a client using a cane, walker, or crutches

11. Assist as necessary with ambulation.
 - a. **Cane:** Client places cane about six inches, comfortable distance, in front of his strong leg. He brings his weaker leg even with the cane. He then brings his stronger leg forward slightly ahead of the cane. Repeat.



Assisting with ambulation for a client using a cane, walker, or crutches

- b. Walker:** Client picks up or rolls the walker and places it about six inches, or a comfortable distance, in front of him. All four feet or wheels of the walker should be on the ground before client steps forward to the walker. The walker should not be moved again until the client has moved both feet forward and is in a steady position. The client should never put his feet ahead of the walker.



Assisting with ambulation for a client using a cane, walker, or crutches

- c. **Crutches:** Client should be fitted for crutches and taught to use them correctly by a physical therapist or a nurse. The client may use the crutches several different ways, depending on his weakness. No matter how they are used, the client's weight should be on his hands and arms. Weight should not be on the underarm area.



Assisting with ambulation for a client using a cane, walker, or crutches

12. Walk slightly behind and to one side of client for the full distance, while holding on to the transfer belt. If the client has a weaker side, stand on the weaker side.
13. Watch for obstacles in the client's path. Ask the client to look forward, not down the floor, during ambulation.
14. Encourage the client to rest if tired. Allowing a client to become too tired increases the chance of a fall. Let the client set the pace. Discuss how far he plans to go based on the care plan.
15. After ambulation, remove the transfer belt. Return the client to the bed or chair and make the client comfortable. Leave the bed in its lowest position.
16. Wash your hands.
17. Document the procedure and your observations. How did the client feel or appear while walking? How far did the client walk? How much help did the client need?

4. List ways to make clients more comfortable

HHAs can use these comfort measures to assist clients:

- Have plenty of pillows
- Use positioning devices
- Give back rubs
- Change positions frequently (at least every two hours)
- Maintain body alignment

Giving a back rub

Equipment: cotton blanket or towel, lotion

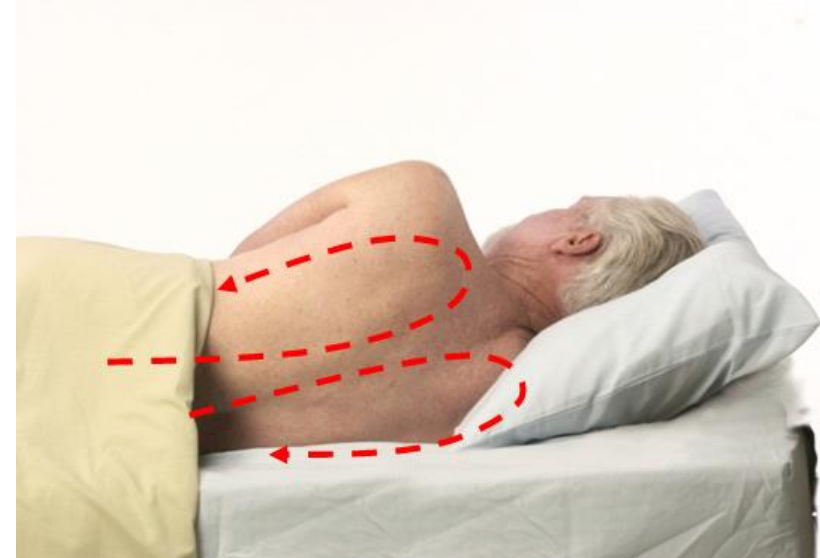
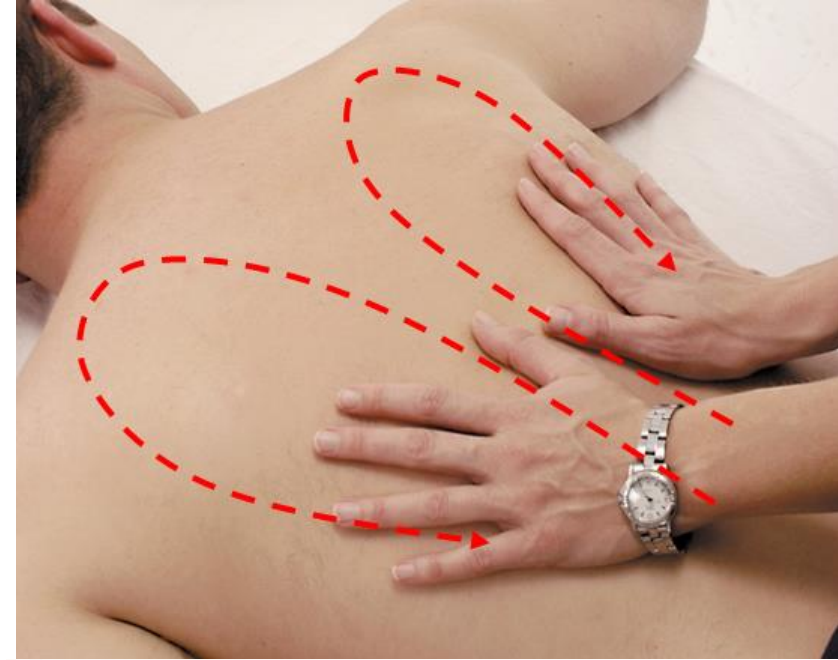
1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. Lower the head of the bed. If the bed is movable, lock bed wheels.
5. Position the client so he is lying on his side (lateral position) or his stomach (prone position). Many elderly people find that lying on their stomachs is uncomfortable. If so, have the client lie on his side. Cover the client with a cotton blanket, then fold back the bed covers. Expose the client's back to the top of the buttocks. Back rubs can also be given with the client sitting up.

Giving a back rub

6. Warm the lotion bottle in warm water for five minutes. Run your hands under warm water to warm them. Pour the lotion on your hands. Rub them together to spread it. Warn the client that the lotion may still feel cool. Always put the lotion on your hands rather than directly on the client's skin. Warn the client that the lotion may still feel cool.

Giving a back rub

7. Place your hands on each side of the upper part of the buttocks. Use the full palm of your hand. Make long, smooth upward strokes with both hands. Move along each side of the spine, up to the shoulders. Circle your hands outward. Then move back along the outer edges of the back. At the buttocks, make another circle and move your hands back up to the shoulders. Without taking your hands from the client's skin, repeat this motion for three to five minutes.



Giving a back rub

8. Knead with the first two fingers and thumb of each hand. Place them at the base of the spine. Move upward together along each side of the spine, applying gentle downward pressure with the fingers and thumbs. Follow the same direction as with the long smooth strokes, circling at shoulders and buttocks.
9. Gently massage bony areas (spine, shoulder blades, hip bones) with circular motions of your fingertips. Gentle massage stimulates circulation and helps prevent skin damage. However, if any of these areas are pale, white, or red, massage around them rather than on them. The redness indicates that the skin is already irritated and fragile.
10. Let your client know when you are almost through. Finish with some long smooth strokes, like the ones you used at the beginning of the massage.

Giving a back rub

11. Dry the back if extra lotion remains on it.
12. Remove the cotton blanket or towel.
13. Assist the client with getting dressed.
14. Help the client into a comfortable position. If you raised an adjustable bed, return it to its lowest position.
15. Store the lotion and put dirty linens in the hamper.
16. Wash your hands.
17. Document the procedure and your observations. Report any changes in the client's skin to your supervisor. Did the client appear comfortable during the back rub? Did you observe any discolored areas or broken skin?

4. List ways to make clients more comfortable

Define the following terms:

foot drop

a weakness of muscles in the feet and ankles that causes difficulty with the ability to flex the ankles and walk normally.

orthotic device or orthosis

a device applied externally that helps support and align a limb and improve its functioning.

4. List ways to make clients more comfortable

Remember:

Many positioning devices are available to make clients more comfortable. Some can be inexpensively made in the client's home. Check with your supervisor on the use of positioning devices for each client.

(Also, review the guidelines for using various positioning devices found in the textbook as Figs 12-34 to 12-37.)

4. List ways to make clients more comfortable

The following changes should be reported to protect the client's comfort and safety:

- How client tolerated positioning, transferring, and ambulation
- Any signs of skin breakdown
- Changes needed to improve comfort or safety
- Changes in client ability

Critical Thinking: Case Study

Mrs. S had a stroke and is still bedbound. You will be helping with her daily care. The care plan says to reposition her every two hours and provide careful, regular skin care to prevent breakdown. Create a schedule for Mrs. S's positions for a 24-hour period, including when the family will be doing the care.

- You must use positioning devices but must create your own. Which of those listed in this chapter would you choose and how would you create them from what is available in the home?
- Which of the procedures in this chapter would you use over your eight-hour visit period?
- What should the family caregivers be taught to do or not do?
- What type of bed linens and how many would you need if Mrs. S is able to use a bedpan and is not incontinent?
- Would a hospital bed make her care easier for everyone? Why or why not?

