



CARLING
for People Services®

Proper Patient Lifting Techniques for Nurses

When one considers the list of the most risk-prone professions, manufacturing, agriculture, and warehousing might come to mind. The truth is that without proper procedures and detailed, ongoing education, on-the-job injuries can be just as prevalent in the nursing field if not even more so. In fact, the Occupational Safety and Health Administration (OSHA) states that in 2011, U.S. hospitals reported an average of 6.8 work-related illnesses and injuries per every 100 full-time employees, a rate almost double that of the majority of private industry businesses.

When you consider injuries that cause employees to miss work, hospital workers are injured at a rate greater than even construction workers. Some 48% of those reported injuries are a result of "overexertion and bodily reaction," and 54% of sick days are caused by sprains and strains. One of the biggest possible culprits of these injuries: improper patient lifting technique.

Those in nursing careers should learn and practice the techniques for moving patients as this can be a large part of their job. Nurse leaders would benefit by giving demonstrations and hands-on training in proper lifting techniques. Helping nurses to perform this duty well will reduce injuries in the nursing staff and increase patient safety, which will reduce expenses for the facility. When performed correctly, even smaller nurses can move patients without injury.

GENERAL CONSIDERATIONS PRIOR TO ACTION:

Know the weight of your patient and consider the mode of transportation (gurney, stretcher, wheel chair).

Know your own limitations and be realistic. If you cannot safely move the patient on your own, get help.

Have a plan of action. Whether you're working alone or with a partner, know how you plan on moving the patient, what steps you'll be taking, and what you'll do if Plan A doesn't work.

Communicate, both with your colleague and with the patient. When everyone is on the same page, injuries are minimized and all efforts are more efficient. Use verbal commands, and know when to stop.

PROPER TECHNIQUE FOR GENERAL MOVEMENT

Consider your alignment. By keeping your head and neck aligned with your spine you minimize the risk for sprains and strains.

Bend and lift with the knees, not at the waist. Bending at the waist puts unnecessary stress on your lower spine.

Avoid twisting your body, especially while bending, for the same reasons as above.

Hold the patient close to your body while lifting and transferring them. The closer you hold them the easier it is to maintain your natural center of gravity and remain steady on your feet. By extending your arms, you engage weaker muscles and increase the risk of slips, falls, and possibly dropping your patient.

Maintain a stance that is shoulder-width apart whenever possible, thus helping to maintain your balance and distribute your patient's weight evenly.

REPOSITIONING A PATIENT IN BED

The longer a patient is confined to a bed the more likely it is that you will have to reposition them, both for their comfort and to avoid pressure ulcers or bed sores. This requires that there is a draw sheet already positioned under the patient, which in most cases there will be. It is recommended that this be performed as a two-person technique.

Lock the bed rails to prevent accidental falls.

Raise the bed to waist height for better spinal alignment for both you and your partner.

To roll a patient from their back to a side position, have one person grab the edge of the draw sheet while the person on the opposite side of the bed gently holds the patient's side. While one person pulls the sheet, causing the patient to begin a roll, the second person assists the roll until the patient is lying comfortably on their side.

Additionally, the patient can grab the side rail and pull themselves as the nurse or aide pulls the draw sheet behind them.

To move a patient up in the bed, such as from a prone position to a seated position with their head centered higher, start with the same two-person system. Getting as close as possible to the patient and while maintaining proper stance, both people should slide their hands under the patient's upper back and knees and lift until the patient is shifted up the bed.

PROPER TECHNIQUE FOR MOVING A PATIENT FROM A BED TO A WHEELCHAIR

Identify the patient's strongest side and position the wheelchair on that side.

Lock the wheelchair's wheels to secure its position.

Raise the bed until it's slightly higher than the wheelchair.

Do NOT pull the patient into a seated position. Instead, either use the bed's electric controls to raise the head of the bed or help them "log roll" (first onto their side facing the wheelchair and then pushing them up, first to their elbow, then their hand, until they are seated fully upright). You may help them by supporting their back and helping them swing their legs over the side of the bed.

Keeping your legs shoulder-width apart, your back straight, and your knees bent, lift the patient until they are in the standing position, otherwise known as the sit to stand lift.

Pivot the patient until they have their back to the wheelchair. Do this slowly and with conscious, continued effort – you want to guide them not push or pull, as sudden movements can unsettle their balance – and yours.

While maintaining your stance, keeping your back and neck aligned, and bending at the knees and not the waist, slowly lower the patient into the wheelchair.

This same technique can be used to help a patient from a sitting to a standing position, simply eliminate the steps with the wheelchair. It can also be used to assist a patient from a sitting to standing position from a normal chair, an examination table, or while using the bathroom.

With a little practice and the knowledge mentioned above, properly adjusting or moving a patient can be an easily accomplished, safe task.