

Chapter 26

TRANSFERRING CLIENTS

What You Will Learn

- Methods used to transfer clients
- Safety measures to observe when transferring clients
- Pieces of equipment used for transfer activities
- Areas of the body that must be checked for proper body alignment
- The method of properly positioning a client in the chair
- How to perform a one-person pivot transfer from bed to chair according to proper procedures
- How to perform a one-person pivot transfer from chair to bed according to proper procedures
- How to perform a one-person transfer from bed to chair with a mechanical lift according to proper procedures
- How to assist a client to transfer using a Transfer (Slide) Board

Methods of Transfer

Some clients need assistance in moving from place to place. When you help the client it is called an active assistive transfer. Some clients are able to perform a standing transfer.



This means that the client stands and pivots or take steps to transfer. A sitting transfer means that the client remains in a sitting position when transferred. A standing or sitting transfer can be used to transfer a client from the chair to bed; bed to chair, chair to ambulation device or chair to toilet.

In a passive transfer the client does not or cannot assist with transfer.

NOTE: IF A PERSON CANNOT BEAR WEIGHT, A MECHANICAL LIFT MUST BE USED FOR THE TRANSFER.

Safety Measures

Because most clients need to get out of their beds at various times during the day, you must plan ahead and think through the steps before you start. It can be very frightening for some clients who do not get out of bed very often. They may be scared that you will

drop them or that they might fall. Take your time and encourage the client to help as much as possible.

Determine beforehand what resources and equipment are needed for the transfer. If the client is unable to bear weight use a mechanical lift. Have all equipment ready and check it for safety before beginning the procedure. All wheelchairs or geri-chairs should have wheel locks that are used during a transfer; a slight movement of the chair could cause a fall. Wheels should be unlocked after the transfer is complete. Wheelchair footrests should be up and out of the way or removed during a transfer to prevent the In-Home Aide and client from tripping or stepping on the footrests and falling.

Give the client a simple explanation of how he is to assist. Give him encouragement and praise when he assists with the transfer. The client should wear footwear with nonskid soles. The client's feet should be flat on the floor approximately 12 inches apart.

When transferring a client who has a weak side, position the chair on his strong side. For a client who is weak, you must have control of the shoulders and hips during a transfer. Never transfer a client by lifting him under the arms! This can cause nerve damage, fractures, and shoulder dislocation.

Use proper body mechanics. Never allow the client to hold you around the neck. During the transfer, you may have to move or reposition any objects on the body that may injure the client (e.g., name tags, stethoscopes, pins). When moving a client to or from a chair, be sure to check the client's hands before lifting him. You may have to loosen the client's fingers to avoid lifting both the client and the chair. Avoid twisting a client's hips during a pivot transfer. Hip fractures may occur when the client is unable to move his feet during the pivot. Always follow service plan when performing client transfers.

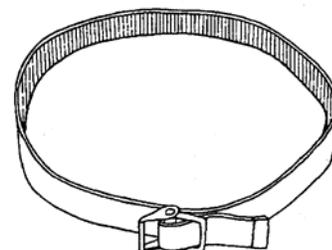
Equipment for Transfer Activities

You must be familiar with the pieces of equipment used for transfer activities. The gait belt (see Figure 26.1 and 26.2) is a special belt that is placed around the client's waist and provides the In-Home Aide with a "handle" to hold onto for those who require assistance during transfers, ambulation, or repositioning in the chair.

Figure 26.1 Using a Gait Belt



*Figure 26.2
Gait Belt*



The gait belt is a minimum of 1 ½ inches wide and is made of a durable, washable material, usually canvas, nylon, or leather, with a sturdy slide proof buckle. Although some gait belts are made of nylon, it is not recommended to use this type because buckles do not grip firmly and the belt may slip while transferring.

The In-Home Aide should not transfer or ambulate clients by grasping their upper arms or under their arms. Such a transfer could result in skin tears, damage to nerves and arteries, and possible dislocation of the shoulder. The gait belt increases the comfort and safety of the client during the transfer procedure and prevents injury to the client that could be caused by pulling on his arms, shoulders, or wrist.

The belt is to be applied snugly around the client's waist over clothing below the ribs so that the In-Home Aide's fingers may grasp the belt securely. Be aware that as the client stands, a shift in the abdominal bulk occurs, causing the belt to loosen. The belt must be applied securely to prevent the belt from sliding above the client's waist.

CAUTION: TO AVOID INJURY, DO NOT APPLY A GAIT BELT TO BARE SKIN

The tip of the belt is threaded between the hinged part of the buckle and the toothed edge. The belt is pulled snugly around the client's waist and then threaded through the stationary part of the buckle.

The In-Home Aide grasps the belt on both sides of the client's waist. Palms should be inserted between the belt and client with fingertips pointing upward.

To avoid injury to the client, check the service plan for contraindications that may cause injury to the client if he has one of the following conditions: a colostomy, an acute rib or vertebra fracture, an abdominal aneurysm, a Gastrostomy tube, or post abdominal surgery.

Remember good body mechanics when lifting. Bend knees and lift with arms and legs, not the back. Do not allow the client to grasp you around the neck. Pivot; do not twist from the waist. Set the client gently in the chair or bed.

*Figure 26.3
Mechanical Lift*



A mechanical lift is a device used to lift and move clients who are unable to do so on their own. If the client is non-weight bearing, the nurse assistant should transfer him using a mechanical lift (see Figure 26.3).

CAUTION: A MECHANICAL LIFT IS NEVER USED TO LIFT A CLIENT FROM THE FLOOR

There are many types of lifts. Follow the in-home provider's policy and the service plan regarding the use of a lift. Parts commonly found on lifts are the following:

- A sling in which the client sits.
- An arm and frame that support the sling.
- A crank or lever that raises or lowers the arm of the frame.

A sling is a device used to cradle or position an arm or hand that may be injured or paralyzed. Supporting the paralyzed extremity in a sling makes it easier for the client to balance in transfer and ambulation activities. Slings are custom designed for each client's special needs. Address any questions about the use of a sling to the supervisor/nurse.

A transfer (slide) board is used transfer clients with good upper body strength but weakness or paralysis of the lower extremities. The board is covered with a smooth finish to allow the client to slide easily over the surface when transferring.

Check for Proper Body Alignment

After transferring a client check to make sure that his body is in proper alignment (see Figure 26.4). His head should be erect; control of head is necessary to maintain an upright position. Arms should be supported with pillows.

His back should be straight against the back of the chair. Place a small pillow at the lower back for comfort and support if client's sitting balance is good. Hips and buttocks should be against the back of the chair.

The backs of the knees should be free of pressure from the edge of the chair. There should be room for two or three fingers between the back of the knees and the front of the chair.

Feet should be positioned flat on the footrests or the floor; they should not be left to dangle. The client should be wearing nonskid footwear.

The client's position still needs to be changed at least every two hours and the client must be exercised. If possible, client should stand and walk at two-hour intervals. Remind the client to shift his/her weight from one side of the buttocks to the other by leaning to the right side and then to the left side every 15-20 minutes.

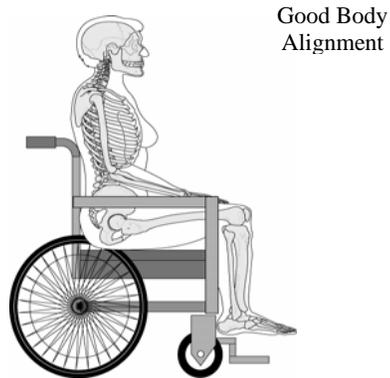


Figure 26.4
Proper Body Alignment



Points to Remember

- Position away from spastic patterns
- Encourage symmetrical postures
- Do not force uncomfortable positions
- Be sensitive to client's appearance

Adaptations for the Ambulatory Client

Positioning the Client in a Chair

The weight of the client should be supported by the upper legs and buttocks when sitting in a chair, wheelchair or Geri chair. If the client slides forward in a chair he can be repositioned in the chair using a gait belt. Standing behind the client, grasp the gait belt on each side. On the count of three, lift and move client back in the chair while he pushes with his feet and hands.

NOTE: BE AWARE OF THE POSITION OF A MALE CLIENT'S SCROTUM WHEN REPOSITIONING. THE CLIENT SHOULD NOT BE SITTING ON HIS SCROTUM.

CAUTION: AVOID TWISTING A CLIENT'S HIPS DURING A PIVOT TRANSFER. HIP FRACTURES MAY OCCUR WHEN THE CLIENT IS UNABLE TO MOVE HIS FEET DURING THE PIVOT. ALWAYS FOLLOW THE IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN WHEN PERFORMING CLIENT TRANSFERS.

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PROCEDURE FOR DEMONSTRATING A ONE PERSON PIVOT TRANSFER FROM BED TO A CHAIR OR WHEELCHAIR:

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If the client uses a hospital bed, adjust the bed height to low position. Lock brakes of bed.
6. If the client uses a hospital bed, raise head of bed to bring client to sitting position.
7. Assist client to move to within five or six inches of the edge of the bed.
8. Assist in putting on socks and nonskid shoes.
9. Position chair or commode on client's strong side if indicated; if not, position the chair as desired.
10. Place side of chair parallel to the bed. Chair should be touching the bed.
11. Lock the wheels of the chair.
12. If using a wheelchair or geri chair, cover with pressure-relieving device per service plan. Raise footrests and remove if possible. If possible, remove the armrest on the side next to the bed.
13. Position your body facing foot of bed.
14. Put one forearm under client's shoulders and the other behind the knees.
15. Bend your knees, keep your back straight, and stand with feet about 18 inches apart.
16. Straighten your hips and knees while shifting weight from front foot to back foot. At the same time, lift client's head with one arm while pulling the legs over the side of bed with other arm.
17. Apply a gait belt.

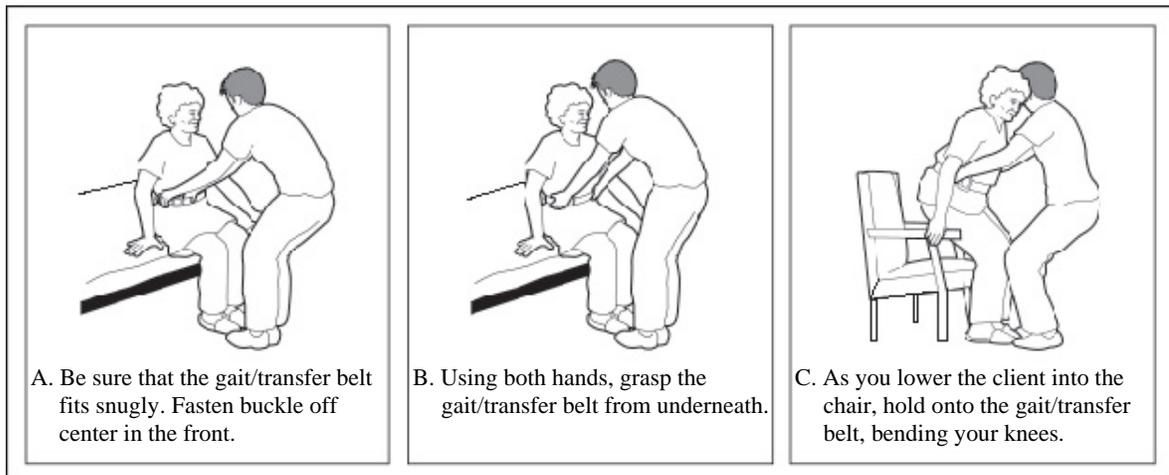
18. Allow the client time for his circulation to adjust to being in a sitting position before you proceed. Assist the client in maintaining a sitting position as needed.
19. Stand directly in front of the client; grasp the back of the belt.
20. Support the client's knees and feet with your knees and feet, either knee-to-knee or your knees on the sides of the client's knees, whatever is comfortable for you and the client.
21. Have the client lean forward while sitting on the edge of the bed.
22. On the count of three, have the client push up as much as possible while you pull him up by straightening your legs and hips and holding onto the belt.
23. Pivot your entire body as well as the client's.
24. Lower the client into the chair by bending at your knees and hips as the client sits down.
25. Adjust footrest for client; cover with a lap robe.
26. Place positioning devices for proper body alignment per service plan.
27. Make client comfortable.
28. Wash your hands.

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TRANSFERRING CLIENTS

PROCEDURE FOR PERFORMING A ONE-PERSON PIVOT TRANSFER FROM A CHAIR OR WHEELCHAIR TO BED:

Active Transfer



CAUTION: AVOID TWISTING A CLIENT'S HIPS DURING A PIVOT TRANSFER. HIP FRACTURES MAY OCCUR WHEN THE CLIENT IS UNABLE TO MOVE HIS FEET DURING THE PIVOT. ALWAYS FOLLOW THE IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN WHEN PERFORMING CLIENT TRANSFERS.

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If the client uses a hospital bed, adjust bed height to low position. Lock brakes of bed.
6. If the client uses a hospital bed, raise head of bed and make sure opposite side rail is raised.
7. Fanfold bedclothes to end of bed.
8. Position chair at side of bed, facing head of bed.
9. Lock wheels, raise footrests, and remove if possible. If possible, remove the armrest on the side next to the bed.
10. Place/assist client's feet to the floor.

11. Remove lap robe/blanket.
12. Apply a gait belt.
13. Stand in front of the client with feet about 18 inches apart.
14. Place your hands underneath the belt. If the client is able, have him place his hands on the arms of wheelchair and push. If the client is unable to push off the chair, the client may place his arms on the In-Home Aide's arms.
15. Assist client to stand.
16. Pivot your body and the client's body toward the bed.
17. Slowly lower client to sitting position on the bed.
18. Remove gait belt.
19. Position your body facing the head of the bed. One foot should be in front of the other foot.
20. Place one forearm around client's shoulders and the other behind the client's knees.
21. Swing/assist client's legs onto the bed as you pivot the client's body.
22. Lower head of bed.
23. Move/assist client to center of bed.
24. Remove slippers.
25. Cover client, position pillows and straighten bed clothes.
26. Make client comfortable. Lower opposite side rail after transfer per service plan if necessary.
27. Wash your hands.

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PROCEDURE FOR PERFORMING A ONE PERSON TRANSFER TO A WHEEL-CHAIR OR CHAIR WITH A MECHANICAL LIFT:

NOTE: THIS PROCEDURE MAY HAVE TO BE ADJUSTED FOR THE TYPE OF LIFT AVAILABLE. ADDRESS ANY QUESTIONS REGARDING THE USE OF A LIFT TO YOUR SUPERVISOR/NURSE.

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If using a hospital bed, adjust bed height to low position and lock brakes.
6. Position chair next to bed with the back of chair in line with the headboard of the bed.
7. By turning the client from side to side on the bed, you can position the sling under the client.

NOTE: MAKE SURE THE TOP OF THE SLING IS AT THE CREST OF THE SHOULDERS AND THE BOTTOM IS ABOVE THE BEND OF THE KNEES.

8. Wheel the lift into place over the client with the base beneath the bed and be sure to lock the wheels of the lift. Widen the base of the lift.

CAUTION: NEVER CLOSE THE SUPPORT LEGS WHILE TRANSPORTING A CLIENT.

9. Attach the sling to the mechanical lift with the hooks in place under the metal frame.

NOTE: BE SURE TO APPLY HOOKS WITH OPEN, SHARP ENDS AWAY FROM THE CLIENT.

10. Have the client fold both arms across chest, if possible.
11. Using the crank, lift the client until the buttocks are clear of the bed. Make sure the client is aligned in the sling and is securely suspended in a sitting position with legs dangling over the bottom of the sling.

12. Guide the client's legs over the edge of the bed and release brakes on mechanical lift.
13. Move the lift away from the bed; turn the client so that he faces you and guide the client's body toward the chair.
14. Bring the lift into position so that the client is over the seat of the chair.

CAUTION: NEVER CLOSE THE SUPPORT LEGS WHILE TRANSPORTING CLIENTS.

15. Release the control knob slowly so that the client will gradually be lowered into chair. Guide the client's hips into the chair for proper alignment.
16. Remove the hooks from the frame of the lift.
17. Cover client with lap robe or blanket.
18. Make the client comfortable.
19. Store lift properly until time to transfer client again.
20. Wash your hands.

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PROCEDURE FOR ASSISTING A CLIENT TO TRANSFER USING A TRANSFER (SLIDE) BOARD:

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If using a hospital bed, adjust bed height to low position and lock brakes.
6. Position the wheelchair next to bed with the back of chair in line with the headboard of the bed. Lock the brakes on the wheelchair.
7. Remove the wheelchair arm on the side of the chair closest to the bed.
8. Assist the client to a sitting position.
9. Place one end of the transfer (slide) board under the client's hip closest to the wheelchair. Place the other end of the transfer (slide) board on the edge of the wheelchair seat.
10. Assist the client to reach across the wheelchair and grasp the attached wheelchair arm.
11. Assist the client to slide his body across the board on to the wheelchair seat.
12. During the transfer support the client's legs and place his feet on the wheelchair foot rests.
13. Remove the transfer (slide) board and replace the wheelchair arm.
14. Make sure that the client is comfortable and that clothing is not wrinkled or bunched under him.
15. To return the client to the bed, reverse the above procedure assisting the client to grasp the overhead trapeze bar on the bed and slide from the wheelchair seat onto the bed
16. During the transfer support the client's legs and place his legs and feet on the bed.

17. Remove the transfer (slide) board and replace the wheelchair arm. Store the transfer (slide) board.
18. Make sure that the client is comfortable and that clothing is not wrinkled or bunched under him.
19. Wash your hands

Chapter Review

1. What methods are used to transfer clients?
2. What are safety measures to observe when transferring clients?
3. What pieces of equipment are used for transfer activities?
4. What areas of the body must be checked for proper body alignment?
5. What is the correct method of positioning a client in the chair?
6. How do you perform a one-person pivot transfer from bed to chair according to proper procedure?
7. How do you perform a one-person pivot transfer from chair to bed according to proper procedure?
8. How do you perform a one-person transfer from bed to chair with a mechanical lift according to proper procedure?
9. How do you assist a client to transfer using a Transfer (Slide) Board?

Student Exercise

Complete the following short-answer questions.

1. Describe two methods to transfer a client.
 - a.
 - b.
2. Name five safety measures to observe when transferring clients.
 - a.
 - b.
 - c.
 - d.
 - e.
3. Name three pieces of equipment that are used for transferring clients.
 - a.
 - b.
 - c.
4. You are caring for a client. She is sitting in a chair but has slid forward and is out of body alignment and appears to be uncomfortable. How will you reposition her?

Circle the answer that corresponds to the correct answer.

5. Which of the following best describes proper body alignment?
 - a. Back is kept two inches from back of chair.
 - b. Hips and buttocks are against the back of chair.
 - c. Feet are freely dangling on the floor.
 - d. Knees are pressed against the edge of the chair.