

# Admitting, Transferring, Moving ,positioning & Discharging Patients



# MOBILITY

- Its the ability to engage in activity and free movement, which includes walking, running, sitting, standing, lifting, pushing, pulling and performing **ADLs (Activities of Daily Living)**

# BEDREST

- **Is a therapeutic intervention that achieves:**
  - **Rest for client's who are exhausted**
  - **Decreases body's O<sub>2</sub> consumption**
  - **Reduces pain and discomfort**
- **After 48 hr of bed rest-structural changes in joints and shorten muscles occur**
- **7 days are needed to restore function lost after 1 day of bed rest**

# Patient Safety:

- **“Technically the biggest ‘safety system’ in healthcare is the minds and hearts of the workers who keep intercepting the flaws in the system and prevent patients from being hurt. They are the safety net, not the cause of injury”.**

Don Berwick



# Patient Safety #1

- A client's health and wellness depend upon safety. Safety is the number 1 priority in all aspects of care.
- Nurses need to be aware of safety. The hospital setting is complex, potentially dangerous & unfamiliar to clients.

# Ensuring Client safety:

- Reduces length of stay & cost of treatment
- Reduces frequency of treatment
- Reduces potential for law suits
- Reduces the number of work-related injuries to personnel

# Admission

- Physician must authorize; RN has primary responsibility
- Assistive personnel help as directed
- Identify patient
- Customer service important to patient and family; provide comfort and reassurance
- Admission assessment; specimen collection, document medications from home, equipment or prosthesis from home, valuables
- History and physical
- Physician's orders
- Lab/radiological reports
- Physician and multidisciplinary team notes





# Admission Anxiety...

Admission can cause anxiety and fear

Transferring from one room to the next is an example... the patient has to adjust to the new environment





# Health Care Workers

It is very important that the a health care worker makes a good first impression and makes the patient feel “at home”

Do not rush when admitting, transferring, or discharging a patient.

If patient does not know answer to a question, a relative of the person responsible for patient may provide information.

# Admitting...

- Temporary – for surgery or treatment of an acute illness.
- Permanent – no longer able to care for themselves.
- They feel no control, powerless, dependent on others, lonely

Certain procedures have to be followed...

Vital signs, height and weight measurements, and collection of a routine urine specimen

List patient's possessions... clothing, valuables, and personal items

Family members may take clothing items home

List must be checked by both health care worker and patient

At the time of transfer or discharge, list must be checked to make sure that patient has all belongings



# Equipment...

Patient and Faculty should be oriented with instructions on how to operate equipment such as

How to operate the call signal, bed controls, television remote, and other equipment provided

Also visiting hours, location of lounges, smoking regulations and other services should be explained

# Falls

- Fall risk, especially in the elderly, is growing. In hospitalized patients, 4-12 falls occur per 1,000 bed days, ranking them among the 10 most common claims presented to insurance agencies
- 30% of people 65 yrs and older (in the community) fall at least once each year.

# Transfer

- To another unit or hospital (discharge); usually dependent upon patient condition
- transfer form including assessment
- If patient to be transferred to another facility; pack all belongings. Document if belongings sent with patient or family member.
- If patient transferred to another unit, pack belongings, may have to gather medications, take medical record; document that belongings and records sent with patient



# Transfers...

Done for variety of reasons...

change in patient's condition, or patient's request

Agency policy must be followed and the reason should be explained to the patient and family.



The new room or unit must be ready to receive the patient (clothing and personal items must be transferred with patient)

An organized transfer helps prevent fear and anxiety



# Moving & Positioning

Mobility – persons ability to move about freely.

Immobility – person unable to move about freely, all body systems at risk for impairment.

- Frequent movement improves muscle tone, respiration, circulation & digestion.
- Proper positioning at rest also prevents strain on muscles, prevents pressure sores (decubitus ulcers within 24 hours) & joint contractures

# Moving & Positioning (cont.)

- Pressure Sores – tissues are compressed, decreased bld supply to area, therefore, decreased oxygen to tissue & cells die.

# Discharge

- Home, another hospital, extended care facility, funeral home
- discharge assessment and documentation
- Disposition of belongings





# Aims of discharge planning

- ✓ Teach the pt and his family about his illness and its effect on his lifestyle
- ✓ Provide instruction for home care
- ✓ Communicate dietary or activity instructions
- ✓ Explain the purpose, adverse effects and scheduling of drug treatment
- ✓ Can also include arranging for transportation
- ✓ Follow-up care if necessary
- ✓ Coordination of outpatient or home health –care services

# *Discharge teaching Goals*

Your discharge teaching should aim to ensure that the patient:

- Understands his illness
- Complies with his drug therapy
- Carefully follows his diet
- Manages his activity level
- Understands his treatment
- Recognize his need for rest
- Knows when to seek follow –up care

# **Discharge Against Medical Advice “AMA”**

- ✧ Occasionally, the pt or his family may demand discharge against medical advice "AMA". If this occurs, notify the physician immediately.
- ✧ If the physician fails to convince the pt to remain in the facility, he'll ask the pt to sign an AMA form releasing the facility from legal responsibility for any medical problems the pt may experience after discharge



# Nursing LAB

Safety; Basic Body Mechanics;  
Moving & Positioning



# Moving the patient: up in bed

Move close to the side of the bed	Back straight, knees bent, one foot forward (broad base of support)
Up in bed (1 nurse) (Patient alert & cooperative)	Encourage independence & foster self-esteem. Patient bends knees, feet firmly on the bed – grasps side rail @ shoulder level. Nurse positions hand & arms under patients hips, back straight, bend knees, feet apart, count to 3. Nurse pulls patient up in bed & pt pulls arms & pushes feet up into bed.
Up in bed (2 nurses) (heavy patient or one who cannot help)	Patient bends knees, feet firmly on bed, 1 <sup>st</sup> nurse at HOB arms under head & shoulders, face foot of bed, 2 <sup>nd</sup> nurse under hips facing foot of bed, on same side – count to 3.

# Moving the patient: lateral

From the back to the side (lateral) position

**Move the patient to the side of the bed**

**Raise rail, move to other side of bed, roll patient toward you *far ankle over near ankle, far knee over near knee*. Place one hand on client's hip and one hand on his/her shoulder and roll pt. onto side toward you. Place pillow under head & neck, bring shoulder blade forward, position both arms in slightly flexed positions (protects joints).**

**Upper arm supported by pillow. Place pillow behind patient's back & pillow under semi flexed upper leg Assess need to support feet (footboard, high top sneakers).**

# Moving the patient: prone

**From the back to the abdomen (prone)**

**Move to the extreme edge of the bed, raise rail on that side, move to other side.**

**Pillow for support under abdomen, near arm over head, turn face away, roll as above, check arm & face, continue rolling.**

**Prone - infrequently used because respirations can be compromised**

**Good position for pressure sores on hips/buttocks.**

**Arms at either sides or flexed by head, hand rolls, feet in dorsiflexion – sandbags under ankles.**

# Tips for positioning the patient

- After turning – use aids i.e. pillows, towels, washcloths, blankets, sandbags, footboards etc.
- Supine
  - Low or flat pillow (prevents neck flexion)
  - Trochanter roll (supports hip joint prevents external rotation)
  - Hand roll – used if hands are paralyzed (thumb & fingers flexed around it)
  - High top sneakers, foot board, sandbags (support feet with toes pointing upward. Prolonged plantar flexion leads to foot drop (permanent plantar flexion & inability to dorsiflex))



# Tips (cont.)

- Side lying
  - Even if paralyzed on one side a patient can be placed on that side. Take care not to pull on the affected extremity.
  - Head on low pillow, pillow along back – supports back & holds body in position, underlying arm comes forward & flexed onto pillow used for head, top arm flexed forward & resting on pillow in front of body, hand rolls if necessary, flex top leg forward & place on pillow, feet at right angles with sandbag.

THANK YOU  
FOR YOUR ATTENTION