Orthopaedic Algorithm #2:

Vertical Transfer of a Post-Operative Total Hip Replacement Patient (Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair)

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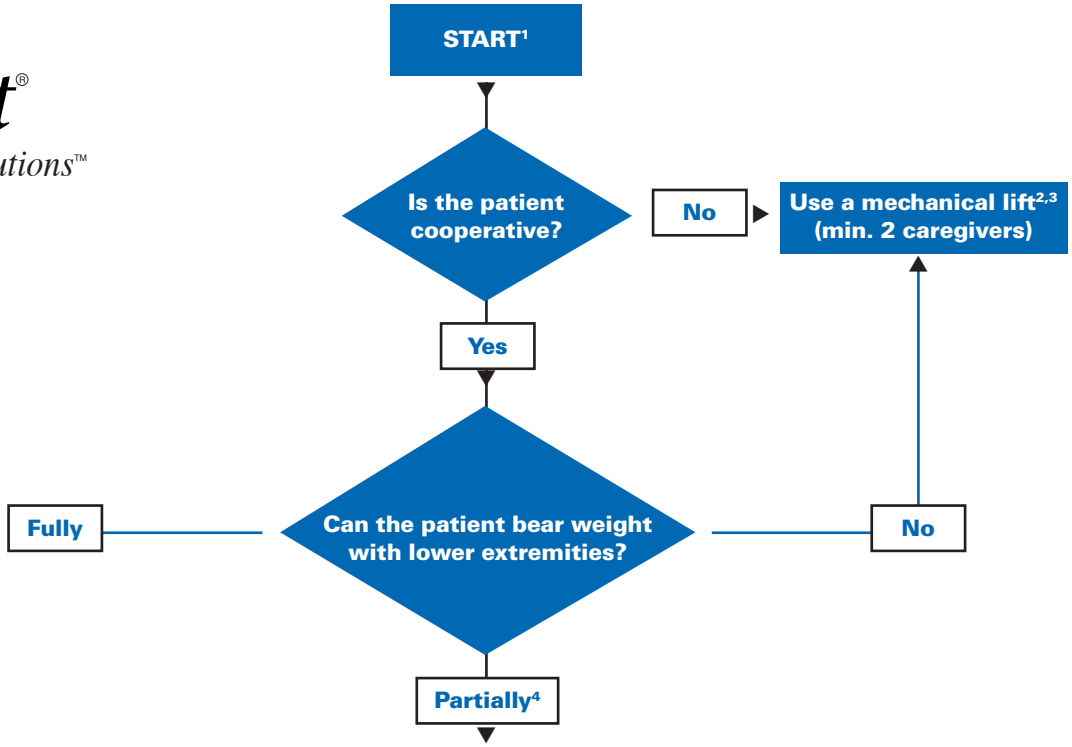

FOOTNOTES

1 See 1a, 1b, 1c, 1d below for techniques to position patient at side of bed.

1a. Moving from supine head of bed elevated to sitting at edge of bed requires: Patient's ability to shift their seated weight in a sitting position. Typically accomplished by unweighting one buttock and moving it toward the edge of the bed; repeating this in alternating fashion until patient is sitting at edge of bed.

1b. With an impaired upper or lower extremity, caregiver might need to support the limb while patient attempts #1A.

1c. If patient is unable to accomplish #1A with #1B and the amount of assistance from caregiver will exceed 35lbs., then a mechanical lift device should be used to achieve sitting position at the edge of the bed.

1d. Anti-friction sheets and seated discs might be useful when the amount of caregiver assistance is close to recommended limits; be aware of skin shearing risks. Shearing forces are caused when there are two forces moving in opposite directions adjacent to each other (like scissors).

2 Maintain orthopedic precautions as prescribed while performing this activity such as total hip, knee, shoulder, or spine precautions.

3 Select sling to meet and maintain the patient's pre-op or post-op positioning guideline/precautions for the affected limb/body part(s). For more information on sling section, see Appendix A.

4 This will include situations where the patient may be allowed: a) Limited weight bearing on one lower extremity and full weight bearing on the other extremity;

b) Partial weight bearing through both lower extremities.

GENERAL NOTES

- If patient has partial weight bearing capacity, transfer toward stronger side.
- For car transfers: a) If patient cannot tolerate a seated position when doing a car transfer use a stretcher transfer or alternative transportation may be required; b) All car transports should comply with state laws for both children and adults; c) Don't forget to use all of the features of the car (ie., adjustability of the seat) during the transfer.
- The height of the bed should be appropriate for staff safety (at elbow height).
- During any patient handling task, if the caregiver is required to fit more than 35lbs./16kg.) of a patient's weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53-59).

Orthopaedic Algorithm #3:
Vertical Transfer of a Patient with an Extremity Cast/Splint

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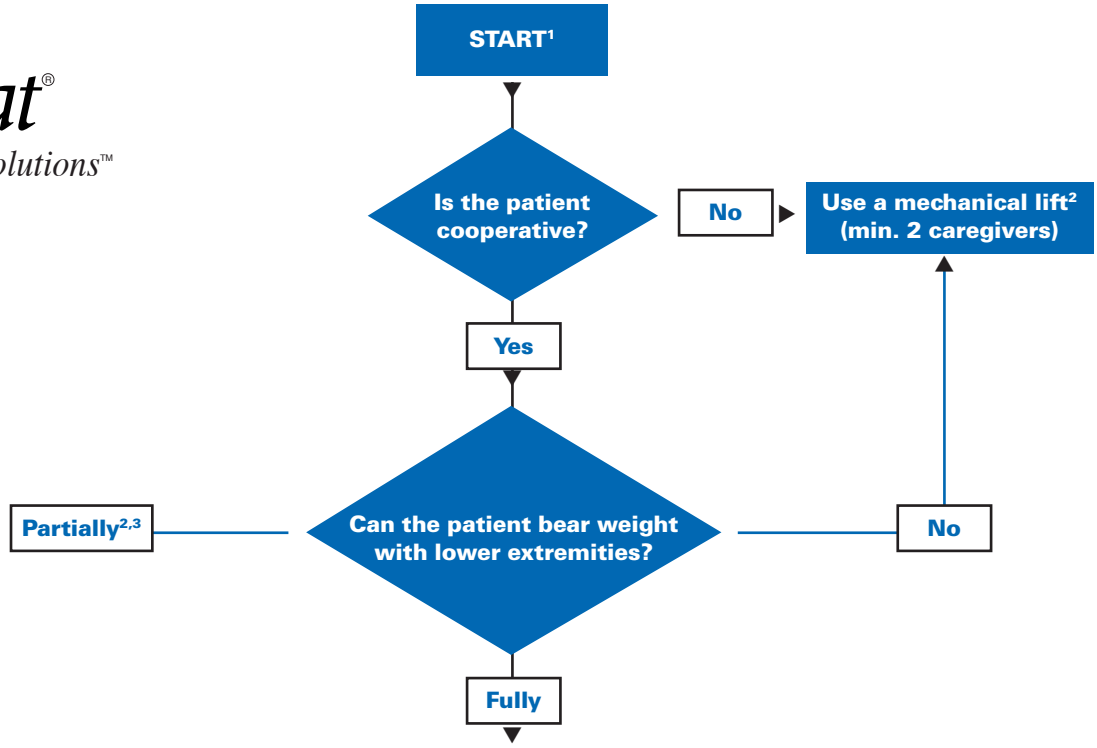

Caregiver assistance not needed; stand by for safety as needed.
Utilize mobility aids as prescribed or as determined by team (crutches, walker cane).

Consider LiftSeat powered toilet lift for toileting.

FOOTNOTES

1 Moving from supine head of bed elevated to sitting at edge of bed requires a patient's ability to shift their seated weight in a sitting position:

a. When assistance is not required, this is typically accomplished by unweighting one buttock and moving it toward the edge of the bed; repeating this in alternating fashion, until patient is sitting at the edge of the bed.

b. With an impaired upper or lower extremity:
- If the amount of assistance from caregiver does not exceed 35 lbs., caregiver may provide limb support while patient moves unassisted to side of bed (see 1a.)
- If the amount of assistance from caregiver may exceed 35 lbs., then a limb support strap/sling with a mechanical lift will provide limb support while patient moves unassisted to side of bed (see 1a.)

c. If patient is unable to accomplish a. and / or b. then utilize one of the following options:
- Mechanical lift device with a seated sling to lift patient to side of bed
- Friction-reducing device to assist staff in pulling patient to side of bed

d. Friction-reducing devices and seated discs may be useful when the amount of caregiver assistance is close to recommended limits, but be aware of skin shearing risks. Shearing is caused when there are two forces moving in opposite directions adjacent to eachother (like scissors).

2. Select sling to meet and maintain the patient's pre-op or post-op positioning guideline/precautions for the affected limb/body part(s).For more information on sling selection, see Appendix A.

3. Patient can bear weight on one leg only (e.g., weight bearing on unaffected limb or limited weight bearing on affected limb).

GENERAL NOTES

- Need to test the fit of the sling with an immobilized extremity.
- Maintain affected extremity immobilization/allignment.
- Use lift device with limb sling if applicable.
- During any patient handling task, if the caregiver is required to fit more than 35lbs./16kg.) of a patient's weight, then the patient should be considered fully dependent and an assistive device should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing*, 107(8), 53-59).