NAME:\_\_\_\_\_

#### PERFORMANCE EVALUATION #43 BODY MECHANICS

DATE: \_\_\_\_\_

## PASS FAIL

INSTRUCTOR:\_\_\_\_\_

- 1. Gather appropriate equipment (gown, slippers, gait belt, emesis basin, blue pad, draw sheet, oxygen cylinder, pulse oximeter, wheel chair, patient chart...)
- Enter room and perform "Initial Contact" (Scene & Primary Survey) \*\*
- 3. Review the patient's chart and record all pertinent information
  - a. Verify and interpret the physician's order \*\*
  - b. Are there restrictions to movement? \*\*
- 5. Upon entering the room, introduce yourself and your department
- 6. Ask for their name & birth date then also check the patient's <u>name band</u> for proper identification \*\*
- 7. Explain the following to the patient:
  - a. Why are you there?
  - b. Will it hurt?
  - c. How long will it take?
  - d. What do you expect from the patient?
- 8. Wash your hands & apply Standard and Transmission-Based precautions \*\*

# **MOVING THE PATIENT IN BED:** (for breathing treatment)

- 9. Interview the patient as appropriate
  - a. How do they feel in general (dizzy, nauseated, SOB...)?
  - b. Assess the patient's ability to move independently or help \*\* (*can they boost them self*)
  - c. Have they been out of bed recently?
- 10. Gather appropriate equipment (draw sheet)
- 11. Get assistance if needed (size up the load) \*\*
- 12. Explain the procedure and confirm patient understanding
- Prepare the bed (lock, head flat, adjust height, pillow moved, draw sheet in place under patient's trunk, side rails adjusted, lines & tubes ready...) \*\*
- 14. Instruct the patient to assist (knees bent, arms crossed, head up, push with feet...) \*\*
- 15. Instruct your assistant in body mechanics (back straight, knees bent, stay low, feet apart, stomach muscles tight, don't twist, shift weight, watch lines, use draw sheet, count of three...) \*\*
- 16. Boost the patient up \*\*
- 17. Ensure patient safety after movement \*\*
  - a. Return pillow
  - b. Head up
  - c. Side rails up (if indicated)
  - d. Lower bed
  - e. Tuck draw sheet
- 18. Knowledge/Comprehension Level (Can the student answer all oral review questions?)

0	1	2	3	NA



# MOVING THE PATIENT TO A WHEELCHAIR: (for PFT Lab)

- 19. Assembly appropriate equipment (emesis basin, gait belt, slippers, gown, blue pad, patient chart, O2, IV pole...)
- 20. Clear the path for the wheelchair as you bring it in
- 21. Interview the patient as appropriate
  - a. How do they feel in general (dizzy, nauseated, SOB...)?
  - b. Assess the patient's ability to move independently or help \*\*
  - c. Have they been out of bed recently?
- 22. Get assistance if needed
- 23. Explain the procedure and confirm patient understanding
- 24. Prepare the bed (lower bed, lock wheels, head all the way up, lines & tubes, IV pole...) \*\*
- 25. Prepare the chair (locate, lock, blue pad, foot supports removed or out of way, arm rest near patient removed if necessary) \*\*
- 26. Scoot patient to the side and sit the patient up in bed (basin, eye contact, breathing) \*\*
- 27. Prepare the patient for the chair (slippers, gown, belt, positioning yourself) \*\*
- 28. Move the patient to the chair and assure safety (rock, stand, pivot, sit) \*\*
- 29. Prepare the chair for patient movement \*\*
- 30. Knowledge/Comprehension Level (Can the student answer all oral review questions?)

# **MOVING THE PATIENT TO A GURNEY:** (for OR)

- 31. Assembly appropriate equipment (gurney, slide board, draw sheet, patient chart, O2, IV pole...)
- 32. Interview the patient as appropriate
  - a. How do they feel in general (dizzy, nauseated, SOB...)?
  - b. Assess the patient's ability to move independently or help \*\*
  - c. Have they been out of bed recently?
- 33. Get assistance
- 34. Clear the path for the gurney
- 35. Explain the procedure and confirm patient understanding
- 36. Prepare the bed (draw sheet, raise bed to gurney height, lock wheels, head down, side rail down near gurney, prepare lines & tubes, IV pole...) \*\*
- 37. Do not leave patient unattended with side rail down\*\*
- 38. Prepare the gurney (locate properly next to bed head to head, lock, side rail down near bed, slide board positioned) \*\*
- 39. Prepare the patient for the move & scoot to side of bed
- 40. Position yourself & assistant next to gurney and prepare for move
  - a. Lean against gurney
  - b. Back straight
  - c. Feet apart

0	1	2	3	NA



- d. Knees bent & stay low
- e. Contract stomach muscles
- f. Count of three
- 41. Use draw sheet & slide board to slide the patient to the edge of bed then to center of gurney (watch lines)
- 42. Complete the move
  - a. Remove slide board
  - b. Put up side rails on gurney
  - c. Position lines
  - d. Place pillow under head
  - e. Put up head of gurney
- 43. Knowledge/Comprehension Level (Can the student answer all oral review questions?)

## AMBULATING THE PATIENT WITHOUT 02:

- 44. Interview the patient as appropriate
  - a. How do they feel in general (dizzy, nauseated, SOB...)?
  - Assess the patient's ability to move independently or help \*\*
  - c. Have they been out of bed recently?
- 45. Get assistance if needed
- 46. Clear the ambulation area \*\*
- 47. Assembly appropriate equipment & (emesis basin, gait belt, gown, slippers, oxygen cylinder, pulse oximeter, chairs...)
- 48. Explain the procedure and confirm patient understanding
- 49. Prepare the bed (lower bed, head up, lock wheels, lines & tubes...) \*\*
- 50. Scoot the patient to the side and sit the patient up in bed (basin, eye contact, breathing) \*\*
- 51. Prepare the patient for ambulation (slippers, gown, gait belt, positioning yourself) \*\*
- 52. Assist the patient to a standing position \*\*
- 53. Position your self properly & begin walking \*\*
- 54. Monitor the patient during procedure \*\*
- 55. Demonstrate procedure for handling a patient fall\*\*
- 56. Return the patient to bed & assure safety \*\*
- 57. Document the ambulation session
- 58. Notify appropriate personnel of outcome
- 59. Knowledge/Comprehension Level (Can the student answer all oral review questions?)

#### Students must pass all critical steps with a score of 2 or 3

#### ORAL REVIEW QUESTIONS

- 1. What guidelines for good body mechanics apply to patient movement?
  - a. Stay in good condition
  - b. Size up load
  - c. Size up area
  - d. Check footing
  - e. Get close
  - f. Keep yourself lined up
  - g. Bend at knees

0	1	2	3	NA

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- h. Stomach muscles tight
- i. Don't jerk
- j. Don't twist
- 2. What type of patient(s) may have restrictions to movement?
  - a. Head injury
  - b. Spinal injury
  - c. Recent post-op
  - d. Stroke
  - e. Shortness of breath
- 3. What can you ask the patient to do to assist you when moving them up in bed?
  - a. Knees bent
  - b. Head up
  - c. Arms crossed
  - d. Push up with feet
- 4. What is the purpose of a draw sheet? Gives a team of health care providers the same thing to hold on to when moving patient. Supports entire trunk when lifting.
- 5. Why would an RCP place a patient in a chair or ambulate a patient? *RTs transport patients for pulmonary function testing in wheel chairs and ambulate patients with & without oxygen to assess their* O2 needs.
- 6. Why might a patient become light-headed or nauseated when sitting up? Orthostatic Hypotension
- 7. What is the purpose of a gait belt? Gives health care provider something to hold on to when moving a patient
- 8. Why is it important that the patient NOT put their arms around your neck during movement? To prevent a neck injury in case the patient begins to fall or becomes unstable.
- 9. How should you instruct the patient to focus their eyes and to breathe during movement? Look straight ahead and breath slowly & deeply
- 10. Where should the RCP position them self during ambulation? One hand on patient's shoulder, one hand on gait belt standing to side and back of patient.
- 11. What should be done if the patient begins to fall when moving to a chair or ambulating? Call for help, protect patient's head and ease them to the floor. If possible, set patient on your knee and call for help. Protect your back.
- 12. What clinical parameters should be monitored during patient movement (especially ambulation)?
  - a. Subjective response of patient
  - b. Level of consciousness (LOC)
  - c. Stability
  - d. Work of breathing
  - e. Color
  - f. Sweating (diaphoresis)
- 13. What should be documented after ambulating a patient? Distance, tolerance, oxygen needs, pulse oximetry results, plan...

 14. Who might you communicate with after ambulating a patient and why? If adverse response, inform nurse, doctor and next therapist in report. If follow-up orders needed, contact doctor.
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