Patient Risk Profile (Visual Aid)

<table>
<thead>
<tr>
<th>Mobility Plan:</th>
<th>SPHaM Equipment</th>
<th># Assist</th>
<th>Notes (i.e. sling size)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer bed &lt;---&gt; chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Height __5'6"____ Weight ___300 lbs__ BMI ___48.5___

Braden ___18___ /23 (Risk level: 15 -16 = mild, 13 -14 = mod, 12 or less = high)
Falls Risk Ax ___5__/33 (0-10 = low fall risk) (11-33 = High fall risk)

Special Considerations:
- Bariatric
- Orthopedic
- Cognitive Impairment
- Labour and Delivery
- Amputee
- Other ________________________________

Cognitive Ability:
- Normal
- Result of Medication
- Dementia
- Delerium
- Brain Injury
- Psychological Co-morbidities
- Other ________________________________

Notes:_________________________________________________________________________

Physical:
Notes: Cooperative, can boost in bed, can move lie to sit, can sit at EOB, cannot lift buttocks off bed.

Neck/Trunk Control Normal in lying and sitting __Weight Bearing Pt states they can WB.

Agitation/Aggression:
History of Violence:  ☐ Yes  ☐ No  If Yes, Potential Triggers: ____________________________

Notes: None.

Communication Channels:
☐ Verbal  ☐ Non-Verbal  ☐ Written

Notes: None.

Environment:
Obstacles: None.

Equipment required: To be determined.

Equipment available:  ☐ Yes  ☐ No

Notes: ______________________________________________________

Signature: ______________________________ Date: ______________________________

---

NSHA Safe Patient Handling and Mobility Frontline Participant Trainer Manual
<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repositioning patient in bed (to head of bed, side-side, roll)</td>
</tr>
<tr>
<td>Repositioning patient in chair</td>
</tr>
<tr>
<td>Transfer (chair $\leftrightarrow$ chair) (wheelchair/toilet/commode)</td>
</tr>
<tr>
<td>Transfer (bed $\leftrightarrow$ chair) (wheelchair/commode)</td>
</tr>
<tr>
<td>Transfer (bathtub $\leftrightarrow$ chair)</td>
</tr>
<tr>
<td>Transfer, Lateral (bed $\leftrightarrow$ stretcher)</td>
</tr>
<tr>
<td>Lift patient from the floor</td>
</tr>
<tr>
<td>Care activities with patient in bed (bath, change absorbent pad/bedding, dress/undress)</td>
</tr>
<tr>
<td>Weighing patient</td>
</tr>
<tr>
<td>Applying anti-embolism stockings</td>
</tr>
<tr>
<td>Transferring patients on/off unit</td>
</tr>
<tr>
<td>Undressing/dressing a patient</td>
</tr>
<tr>
<td>Feeding bedridden patient</td>
</tr>
<tr>
<td>Other task #1:</td>
</tr>
<tr>
<td>Other task #2:</td>
</tr>
<tr>
<td>Other task #3:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
</tbody>
</table>
Mobility Decision Support Tool (Adapted with permission from Interior Health (BC))

This tool is intended to guide decisions on transfers and ambulation related to daily activities of providing care. It is not intended to restrict activities for rehabilitation therapy purposes, or to override clinical judgment and resident-specific needs, as determined by the care team.

Screen the resident for safe mobilization: observer abilities to confirm and proceed as indicated.

1. Is cooperative and able to follow directions and/or physical cueing
   - Yes
   - No

2. Can boost up in bed with no/minimal physical assistance
   - Can roll onto at least one side and maintain side lying
   - Yes
   - No

3. Can move from lying to sitting on the edge of the bed with no/minimal physical assistance
   - Yes
   - No

4. Can maintain or correct his/her position in sitting with no/minimal physical assistance
   - Yes
   - No

5. With feet on floor, can lean forward and lift buttocks off surface and sit back down
   - Yes
   - No

6. Can lean forward, lift buttocks off surface and stand up
   - Yes
   - No

7. Can step from one foot to another to side or forward with no/minimal assist (may use walking aide)
   - Yes
   - No

8. Once standing, can actively walk on the spot with no/minimal assist or with walking aide
   - Yes
   - No

Document the outcome

- Don't proceed, or
  - Transfer-use full mechanical lift
  - Reposition-use full mechanical lift (or assistive devices if resident has some abilities)

- Transfer-use full mechanical lift
  - Reposition-use full mechanical lift (or assistive devices if resident has some abilities)

- Transfer-use full mechanical lift

- Transfer-use full mechanical lift

- Transfer-use full mechanical lift

- Transfer-use full mechanical lift

- Do not manually transfer or walk
  - Use Sit Stand Lift (resident must be able to actively participate, keep elbows at side and lean back to keep sling in position)

- Do not walk
  - Use stand and step transfer

- Can walk independently or with supervision (may use walking aide)