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**Birzeit University**

**Faculty of Pharmacy, Nursing & health professions**

**NURS 131**

**Fundamentals of Nursing and Health Promotion 1**

**Lab Skills Manual**

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Skill 44-1🡺 Moving a client up in bed

**PURPOSE**

■ To assist clients who have slid down in bed from the Fowler’s position to move up in bed.

**ASSESSMENT**

Before moving a client, assess the following:

■ Client’s physical abilities to assist with the move (e.g., muscle strength, presence of paralysis)

■ Client’s ability to understand instructions and willingness to participate

■ Client’s degree of comfort or discomfort when moving. If needed, administer analgesics or perform other pain relief measures prior to the move

■ Client’s weight

■ The availability of equipment and other personnel to assist you.

**PLANNING**

**Equipment**

■ Assistive devices such as an overhead trapeze, friction-reducing device, or a mechanical lift

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. Listen to any suggestions made by the client or support people. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Adjust the bed and the client’s position.  • Adjust the head of the bed to a flat position or as low as the client can tolerate. *Rationale:* Moving the client upward against gravity requires more force and can cause back strain.  • Raise the bed to a height appropriate for personnel safety (i.e., at the caregiver’s elbows).  • Lock the wheels on the bed and raise the rail on the side of the bed opposite you.  • Remove all pillows, then place one against the head of the bed. *Rationale:* This pillow protects the client’s head from inadvertent injury against the top of the bed during the upward move. |  |
| 5. For the client who is able to reposition without assistance:  • Place the bed in flat or reverse Trendelenburg’s position (as tolerated by the client). Stand by and instruct the client to move self. Assess if the client is able to move without causing friction to the skin.  • Encourage the client to reach up and grasp the upper side rails with both hands, bend knees, and push off with the feet and pull up with the arms simultaneously.  • Ask if a positioning device is needed (e.g., pillow). |  |
| 6. For the client who is partially able to assist:  • For a client who weighs less than 200 pounds: Use a friction- reducing device and two assistants. *Rationale:* Moving a client up in bed is not a one-person task. During any client handling, if the caregiver is required to lift more than 35 lb of a client’s weight, then the client should be considered fully dependent and assistive devices should be used. This reduces risk of injury to the caregiver.  • For a client who weighs between 201–300 pounds: Use a friction-reducing slide sheet and four assistants OR an air transfer system and two assistants. *Rationale:* Moving a client up in bed is not a one-person task. During any client handling, if the caregiver is required to lift more than 35 lb of a client’s weight, then the client should be considered fully dependent and assistive devices should be used. This reduces risk of injury to the caregiver.  • For a client who weighs more than 300 pounds: Use an air transfer system and two assistants OR a total transfer lift.  • Ask the client to flex the hips and knees and position the feet so that they can be used effectively for pushing. *Rationale:* Flexing the hips and knees keeps the entire lower leg off the bed surface preventing friction during movement, and ensures use of the large muscle groups in the client’s legs when pushing, thus increasing the force of movement.  • Place the client’s arms across the chest. Ask the client to flex the neck during the move and keep the head off the bed surface. *Rationale:* This keeps the arms and head off the bed surface and minimizes friction during movement.  • Use the friction-reducing device and assistants to move client up in bed. Ask the client to push on the count of three. |  |
| 7. Position yourself appropriately, and move the client.  • Face the direction of the movement, and then assume a broad stance with the foot nearest the bed behind the forward foot and weight on the forward foot. Lean your trunk forward from the hips. Flex the hips, knees, and ankles.  • Tighten your gluteal, abdominal, leg, and arm muscles and rock from the back leg to the front leg and back again. Then, shift your weight to the front leg as the client pushes with the heels so that the client moves toward the head of the bed. |  |
| 8. For the client who is unable to assist:  • Use the ceiling lift with supine sling or mobile floor-based lift and two or more caregivers. Follow manufacturer’s guidelines for using the lift. *Rationale:* Moving a client up in bed is not a one-person task. During any client handling, if the caregiver is required to lift more than 35 lb of a client’s weight, then the client should be considered to be fully dependent, and assistive devices should be used. This reduces risk of injury to caregiver. |  |
| 9. Ensure client comfort.  • Elevate the head of the bed and provide appropriate support devices for the client’s new position. |  |
| 10. Document all relevant information. Record:  • Time and change of position moved from and position moved to  • Any signs of pressure areas  • Use of support devices  • Ability of client to assist in moving and turning  • Response of client to moving and turning (e.g., anxiety, discomfort, dizziness). |  |

Skill 44-2🡺 Turning a client to the lateral or prone position in bed

**PURPOSE**

■ Movement to the lateral (side-lying) position may be necessary when placing a bedpan beneath the client, when changing the client’s bed linen, or when repositioning the client.

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Position yourself and the client appropriately before performing the move. Other individual(s) stands on the opposite side of the bed.  • Adjust the head of the bed to a flat position or as low as the client can tolerate. *Rationale:* This provides a position of comfort for the client.  • Raise the bed to a height appropriate for personnel safety (i.e., at the caregiver’s elbows).  • Lock the wheels on the bed.  • Move the client closer to the side of the bed opposite the side the client will face when turned. *Rationale:* This ensures that the client will be positioned safely in the center of the bed after turning. Use a friction-reducing device or mechanical lift (depending on level of client assistance required) to pull the client to the side of the bed. Adjust the client’s head and reposition the legs appropriately.  • While standing on the side of the bed nearest the client, place the client’s near arm across the chest. Abduct the client’s far shoulder slightly from the side of the body and externally rotate the shoulder. *Rationale:* Pulling the one arm forward facilitates the turning motion. Pulling the other arm away from the body and externally rotating the shoulder prevents that arm from being caught beneath the client’s body during the roll.  • Place the client’s near ankle and foot across the far ankle and foot. *Rationale:* This facilitates the turning motion.  Making these preparations on the side of the bed closest to the client helps prevent unnecessary reaching.  • The person on the side of the bed toward which the client will turn should be positioned directly in line with the client’s waistline and as close to the bed as possible. |  |
| 5. Roll the client to the lateral position. The second person(s) standing on the opposite side of the bed helps roll the client from the other side.  • Place one hand on the client’s far hip and the other hand on the client’s far shoulder. *Rationale:* This position of the hands supports the client at the two heaviest parts of the body, providing greater control in movement during the roll.  • Position the client on his or her side with arms and legs positioned and supported properly.  **Variation: Turning the Client to a Prone Position**  To turn a client to the prone position, follow the preceding steps, with two exceptions:  • Instead of abducting the far arm, keep the client’s arm alongside the body for the client to roll over. *Rationale:* Keeping the arm alongside the body prevents it from being pinned under the client when the client is rolled.  • Roll the client completely onto the abdomen. *Rationale:* It is essential to move the client as close as possible to the edge of the bed before the turn so that the client will be lying on the center of the bed after rolling.  Never pull a client across the bed while the client is in the prone position. *Rationale:* Doing so can injure a woman’s breasts or a man’s genitals. |  |
| 6. Document all relevant information. Record:  • Time and change of position moved from and position moved to  • Any signs of pressure areas  • Use of support devices  • Ability of client to assist in moving and turning  • Response of the client to moving and turning (e.g., anxiety, discomfort, dizziness). |  |

Skill 44-3🡺 Logrolling a client

**PURPOSE**

■ Logrolling is a technique used to turn a client whose body must at all times be kept in straight alignment (like a log).

An example is the client with back surgery or a spinal injury.

Considerable care must be taken to prevent additional injury.

This technique requires two nurses or, if the client is large, three nurses. For the client who has a cervical injury, one nurse must maintain the client’s head and neck alignment.

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify theclient’s identity using agency protocol. Explain to the client whatyou are going to do, why it is necessary, and how he or she canparticipate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Position yourselves and the client appropriately before the move.  • Place the client’s arms across the chest. *Rationale:* Doing so ensures that they will not be injured or become trapped under the body when the body is turned. |  |
| 5. Pull the client to the side of the bed.  • Use a friction-reducing device to facilitate logrolling. First, with another nurse on the same side of the bed. Assume a broad stance with one foot forward, and grasp the rolled edge of the friction-reducing device. On a signal, pull the client toward both of you.  • One nurse counts: “One, two, three, go.” Then, at the same time, all staff members pull the client to the side of the bed by shifting their weight to the back foot. *Rationale:* Moving the client in unison maintains the client’s body alignment. |  |
| 6. One person moves to the other side of the bed, and places supportive devices for the client when turned.  • Place a pillow where it will support the client’s head after the turn. *Rationale:* The pillow prevents lateral flexion of the neck and ensures alignment of the cervical spine.  • Place one or two pillows between the client’s legs to support the upper leg when the client is turned. *Rationale:* This pillow prevents adduction of the upper leg and keeps the legs parallel and aligned. |  |
| 7. Roll and position the client in proper alignment.  • Go to the other side of the bed (farthest from the client), and assume a stable stance.  • Reaching over the client, grasp the friction-reducing device, and roll the client toward you.  • One nurse counts: “One, two, three, go.” Then, at the same time, all nurses roll the client to a lateral position.  • The second nurse (behind the client) helps turn the client and provides pillow supports to ensure good alignment in the lateral position.  • Support the client’s head, back, and upper and lower extremities with pillows.  • Raise the side rails and place the call bell within the client’s reach. |  |
| 8. Document all relevant information. Record:  • Time and change of position moved from and position moved to  • Any signs of pressure areas  • Use of support devices  • Ability of client to assist in moving and turning  • Response of client to moving and turning (e.g., anxiety, discomfort, dizziness). |  |

Skill 44-4🡺 Assisting a client to sit on the side of the bed (dangling)

**PURPOSE**

■ The client assumes a sitting position on the edge of the bed before walking, moving to a chair or wheelchair, eating, or performing other activities.

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Position yourself and the client appropriately before performing the move.  • Assist the client to a lateral position facing you, using an assistive device depending on client assistance needs.  • Raise the head of the bed slowly to its highest position. *Rationale:* This decreases the distance that the client needs to move to sit up on the side of the bed.  • Position the client’s feet and lower legs at the edge of the bed. *Rationale:* This enables the client’s feet to move easily off the bed during the movement, and the client is aided by gravity into a sitting position.  • Stand beside the client’s hips and face the far corner of the bottom of the bed (the angle in which movement will occur).  Assume a broad stance, placing the foot nearest the client and head of the bed forward. Lean your trunk forward from the hips. Flex your hips, knees, and ankles. |  |
| 5. Move the client to a sitting position, using an assistive device depending on client assistance needs.  • Place the arm nearest to the head of the bed under the client’s shoulders and the other arm over both of the client’s thighs near the knees. *Rationale:* Supporting the client’s shoulders prevents the client from falling backward during the movement. Supporting the client’s thighs reduces friction of the thighs against the bed surface during the move and increases the force of the movement.  • Tighten your gluteal, abdominal, leg, and arm muscles.  • Pivot on the balls of your feet in the desired direction facing the foot of the bed while pulling the client’s feet and legs off the bed. *Rationale:* Pivoting prevents twisting of the nurse’s spine. The weight of the client’s legs swinging downward increases downward movement of the lower body and helps the client’s upper body vertical.  • Keep supporting the client until the client is well balanced and comfortable. *Rationale:* This movement may cause some clients to become light-headed or dizzy.  • Assess vital signs (e.g., pulse, respirations, and blood pressure) as indicated by the client’s health status. |  |
| 6. Document all relevant information. Record:  • Ability of the client to assist in moving and turning  • Type of assistive device, if one was used  • Response of the client to moving and turning (e.g., anxiety,discomfort, dizziness). |  |

Skill 44-5🡺 Transferring between bed and chair

**PURPOSE**

■ A client may need to be transferred between the bed and a wheelchair or chair, the bed and the commode, or a wheelchair and the toilet. There are numerous variations in the technique. Which variation the nurse selects depends on factors related to the client and the environment that are assessed prior to beginning the transfer.

**ASSESSMENT**

Before transferring a client, assess the following:

■ The client’s body size

■ Ability to follow instructions

■ Ability to bear weight

■ Ability to position/reposition feet on floor

■ Ability to push down with arms and lean forward

■Ability to achieve independent sitting balance

■ Activity tolerance

■ Muscle strength

■ Joint mobility

■ Presence of paralysis

■ Level of comfort

■ Presence of orthostatic hypotension

■ The technique with which the client is familiar

■ The space in which the transfer will need to be maneuvered (bathrooms, for example, are usually cramped)

■ The number of assistants (one or two) needed to accomplish the transfer safely.

**PLANNING**

**Equipment**

■ Robe or appropriate clothing

■ Slippers or shoes with nonskid soles

■ Gait/transfer belt

■ Chair, commode, wheelchair as appropriate to client need

■ Slide board, if appropriate

■ Lift, if appropriate

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain the transfer process to the client. During the transfer, explain step by step what the client should do, for example, “Move your right foot forward.” |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Position the equipment appropriately.  • Lower the bed to its lowest position so that the client’s feet will rest flat on the floor. Lock the wheels of the bed.  • Place the wheelchair parallel to the bed and as close to the bed as possible. Put the wheelchair on the side of the bed that allows the client to move toward his or her stronger side. Lock the wheels of the wheelchair and raise the footplate. |  |
| 5. Prepare and assess the client.  • Assist the client to a sitting position on the side of the bed.  • Assess the client for orthostatic hypotension before moving the client from the bed.  • Assist the client in putting on a bathrobe and nonskid slippers or shoes.  • Place a gait/transfer belt snugly around the client’s waist. Check to be certain that the belt is securely fastened. |  |
| 6. Give explicit instructions to the client. Ask the client to:  • Move forward and sit on the edge of the bed (or surface on which the client is sitting) with feet placed flat on the floor. *Rationale:* This brings the client’s center of gravity closer to the nurse’s.  • Lean forward slightly from the hips. *Rationale:* This brings the client’s center of gravity more directly over the base of support and positions the head and trunk in the direction of the movement.  • Place the foot of the stronger leg beneath the edge of the bed (or sitting surface) and put the other foot forward. *Rationale:* In this way, the client can use the stronger leg muscles to stand and power the movement. A broader base of support makes the client more stable during the transfer.  • Place the client’s hands on the bed surface (or available stable area) so that the client can push while standing. *Rationale:* This provides additional force for the movement and reduces the potential for strain on the nurse’s back. The client should not grasp your neck for support. *Rationale:* Doing so can injure. |  |
| 7. Position yourself correctly.  • Stand directly in front of the client and to the side requiring the most support. Hold the gait/transfer belt with the nearest hand; the other hand supports the back of the client’s shoulder. Lean your trunk forward from the hips. Flex your hips, knees, and ankles. Assume a broad stance, placing one foot forward and one back. Brace the client’s feet with your feet to prevent the client from sliding forward or laterally. Mirror the placement of the client’s feet, if possible. *Rationale:* This helps prevent loss of balance during the transfer. |  |
| 8. Assist the client to stand, and then move together toward the wheelchair or sitting area to which you wish to transfer the client.  • On the count of three or the verbal instructions of “Ready– steady–stand” and on the count of three or the word “Stand,” ask the client to push down against the mattress/side of the bed while you transfer your weight from one foot to the other (while keeping your back straight) and stand upright moving the client forward (directly toward your center of gravity) into a standing position. (If the client requires more than a very small degree of pulling, even with the assistance of two nurses, a mechanical device should be obtained and used.)  • Support the client in an upright standing position for a few moments. *Rationale:* This allows the nurse and the client to extend the joints and provides the nurse with an opportunity to ensure that the client is stable before moving away from the bed.  • Together, pivot on your foot farthest from the chair, or take a few steps toward the wheelchair, bed, chair, commode, or car seat. |  |
| 9. Assist the client to sit.  • Move the wheelchair forward or have the client back up to the wheelchair (or desired seating area) and place the legs against the seat. *Rationale:* Having the client place the legs against the wheelchair seat minimizes the risk of the client falling when sitting down.  • Make sure the wheelchair brakes are on.  • Have the client reach back and feel/hold the arms of the wheelchair.  • Stand directly in front of the client. Place one foot forward and one back.  • Tighten your grasp on the transfer belt, and tighten your gluteal, abdominal, leg, and arm muscles.  • Have the client sit down while you bend your knees/hips and lower the client onto the wheelchair seat. |  |
| 10. Ensure client safety.  • Ask the client to push back into the wheelchair seat. *Rationale:* Sitting well back on the seat provides a broader base of support and greater stability and minimizes the risk of falling from the wheelchair. A wheelchair or bedside commode can topple forward when the client sits on the edge of the seat and leans far forward.  • Remove the gait/transfer belt.  • Lower the footplates, and place the client’s feet on them, if applicable. |  |
| 11. Document relevant information:  • Client’s ability to bear weight and pivot  • Number of staff needed for transfer and safety measures/ precautions used  • Length of time up in chair  • Client response to transfer and being up in chair or wheelchair. |  |

Skill 44-6🡺 Transferring between bed and stretcher

**PURPOSE**

■ The stretcher, or gurney, is used to transfer supine clients from one location to another. Whenever the client is capable of accomplishing the transfer from bed to stretcher independently, either by lifting onto it or by rolling onto it, the client should be encouraged to do so. If the client cannot move onto the stretcher independently and weighs less than 200 pounds, a friction-reducing device (i.e., slide sheet) and/or a lateral transfer\ board or an air transfer system should be used, and at least two caregivers are needed to assist with the transfer. Some friction- reducing devices have handles or long straps to avoid awkward stretching by the caregivers when pulling the client during the lateral transfer. For clients between 201 and 300 pounds, a slide sheet or transfer board and four caregivers or an air transfer system and two caregivers should be used. For clients who weigh more than 300 pounds, two caregivers and either an air transfer system or a ceiling lift with supine sling should be used. Depending on the client’s condition (e.g., neck immobilizer, IVs, drains, chest tube), additional assistants may be needed.

**ASSESSMENT**

Before transferring a client, assess the following:

■ The client’s body size and weight

■Ability to follow instructions

■ Activity tolerance

■ Level of comfort

■ The space in which the transfer is maneuvered

■ The number of assistants (one to four) needed to accomplish the transfer safely.est tube), additional assistants may be needed.

**PLANNING**

**Equipment**

■ Stretcher

■ Transfer assistive devices (e.g., slide sheet, transfer board, air transfer system, lift)

**IMPLEMENTATION**

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| --- | --- |
| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. Explain the transfer to the nursing personnel who are helping and specify who will give directions (one person needs to be in charge). |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy. |  |
| 4. Adjust the client’s bed in preparation for the transfer.  • Lower the head of the bed until it is flat or as low as the client can tolerate.  • Place the friction-reducing device under the client.  • Raise the bed so that it is slightly higher (i.e., 1/2 in.) than the surface of the stretcher. *Rationale:* It is easier for the client to move down a slant.  • Ensure that the wheels on the bed are locked.  • Place the stretcher parallel to the bed next to the client and lock the stretcher wheels.  • Fill the gap that exists between the bed and the stretcher loosely with the bath blankets (optional). |  |
| 5. Transfer the client securely to the stretcher.  • If the client can transfer independently, encourage him or her to do so and stand by for safety.  • If the client is partially able or not able to transfer:  • One caregiver needs to be at the side of the client’s bed, between the client’s shoulder and hip.  • The second and third caregivers should be at the side of the stretcher: one positioned between the client’s shoulder and hip and the other between the client’s hip and lower legs.  • All caregivers should position their feet in a walking stance.  • Ask the client to flex the neck during the move, if possible, and place the arms across the chest. *Rationale:* This prevents injury to those body parts.  • On a planned command, the caregivers at the stretcher’s side pull (shifting weight to the rear foot), and the caregiver at the bedside pushes the client toward the stretcher (shifting weight to the front foot). |  |
| 6. Ensure client comfort and safety.  • Make the client comfortable, unlock the stretcher wheels, and move the stretcher away from the bed.  • Immediately raise the stretcher side rails and/or fasten the safety straps across the client. *Rationale:* Because the stretcher is high and narrow, the client is in danger of falling unless these safety precautions are taken. |  |
| 7. Document relevant information:  • Equipment used  • Number of people needed for transfer and safety measures/ precautions used  • Destination if reason for transfer is transport from one location to another. |  |