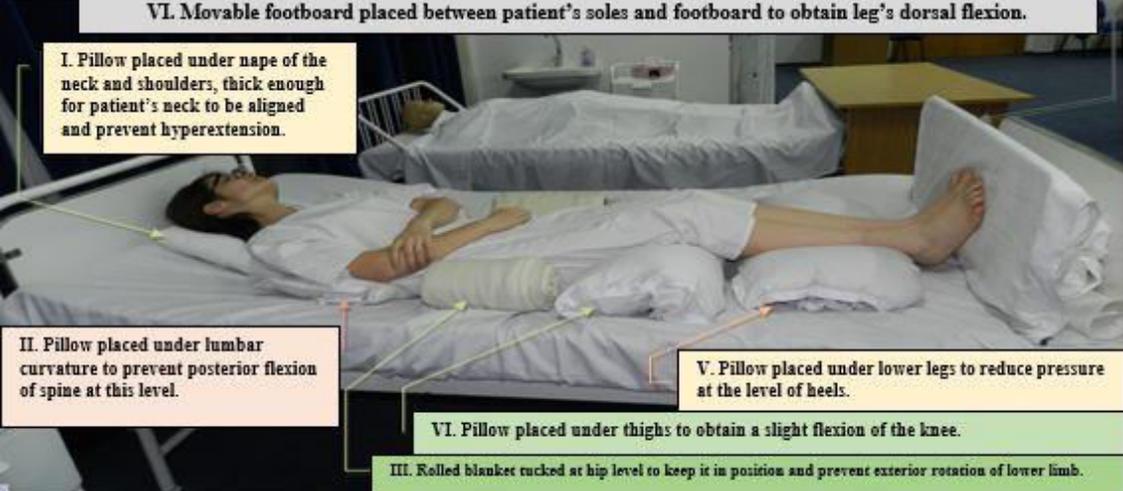


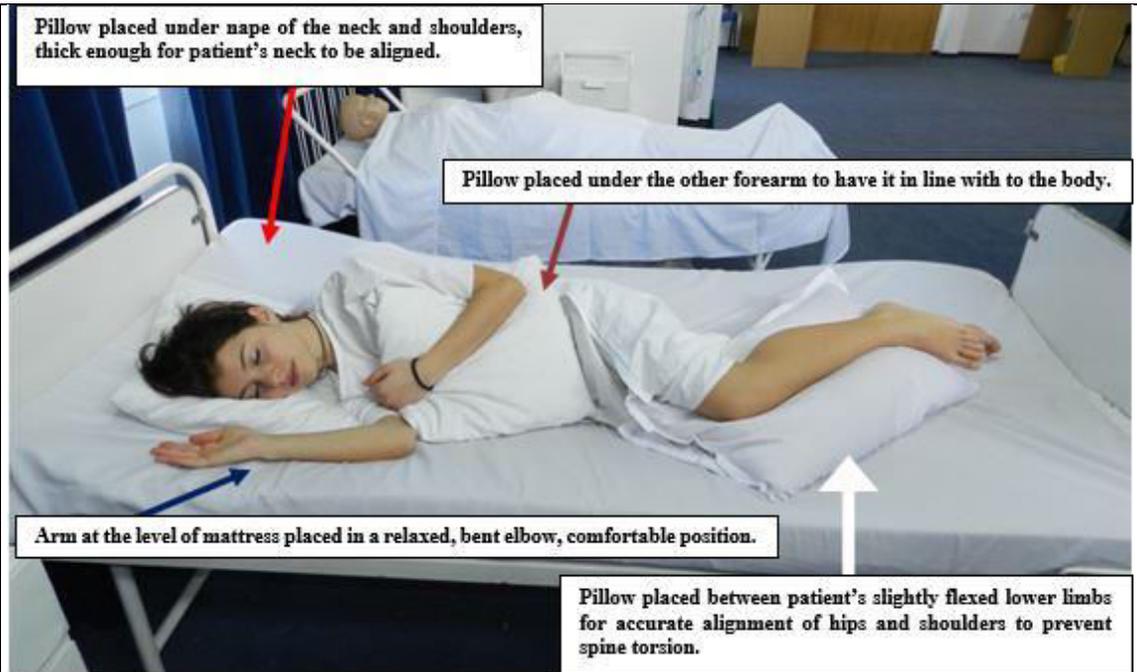
TRANSFERRING THE PATIENT FROM SUSTAINED DORSAL DECUBITUS TO SUSTAINED LATERAL DECUBITUS

For bed-ridden patients, alternating the areas compressed between body weight and bed level represents one of the most important prevention steps against the onset of bed sores (injuries to the skin and, possibly, to the subjacent structures; they occur as a consequence of interrupted blood flow and associated oxygen and nutrients, as a result of lesions caused to zonal blood vessels through prolonged, unchanged position)		○	◐	●	P
1.	Quick assessment of the presence of vital functions (<i>consciousness, movements, speech, breathing</i>) vital functions present <input type="checkbox"/> ; cardiopulmonary arrest <input type="checkbox"/> Good morning/afternoon. My name is I am your doctor / nurse and I will examine you in a short while.				0 2 5
2.	Can you tell me your name, please And your date of birth Thank you. (<i>This is done to avoid mistaking one patient for another and performing the procedure on a patient who does not have the appropriate indication. Also, questions of the type: "Are you Mr. Smith?" are to be avoided as they might generate false confirmation through a simple "Yes" from a patient who pays insufficient attention to the conversation with the medical staff</i>) <i>Double-check in the medical records for Name: <input type="checkbox"/> DOB: <input type="checkbox"/></i>	ESSENTIAL			
3.	Now I am going to help you change your position in bed, and turn you to one side. (<i>what we are going to do</i>)				0 1 3
4.	The maneuver first involves removing the pillows around you, then moving you gently with the sheet to one side of the bed and repositioning you lying on one side. We will then put the pillows back in place to sustain you in your new position in bed. No cuts, no pricking involved. (<i>what the maneuver consists of</i>)				0 1 3
5.	Please follow my instructions carefully so that neither of us gets hurt during the maneuver. If you feel any discomfort, let me know immediately and I will take the necessary steps. (<i>how the patient can contribute to performing the procedure</i>)				0 1 3
6.	Being confined to bed for a long time can aggravate your medical condition. Wounds may appear in those areas of your body that sustain your weight at the level of the bed. It is really important that you manage to reposition well. (<i>how the procedure is useful to the patient</i>)				0 1 3
7.	Is everything clear about the maneuver? Anything you would perhaps like to ask me in connection with what we are going to so?	ESSENTIAL			
8.	Are you allergic to anything? Rubber products maybe?				0 1 3
9.	Evaluating the necessary human resources and/or specific equipment for patient repositioning: <ul style="list-style-type: none"> • Checking the patient's medical records for potential <ul style="list-style-type: none"> A. diagnoses (<i>hemiplegias - e.g. stroke/cerebral vascular accident; orthopedic conditions - fractures; rheumatologic conditions - e.g. arthrosis, arthritis etc.</i>) B. medication that impedes the patient's motor capacity (<i>sedatives - e.g. Diazepam; antihistamines - e.g. Romergan; tranquilizers - e.g. Xanax etc.</i>) • General check-up to evidence possible use by the patient of orthopedic devices (<i>e.g. orthoses</i>) or marks/markers of recent surgical intervention. <i>procedure to be performed: by myself <input type="checkbox"/>; with a colleague's assistance <input type="checkbox"/>; mechanized <input type="checkbox"/></i>				0 1 6

10.	Do you have any chest pains now? YES: repositioning is postponed – NO: carry on the procedure clinical, electrocardiographic, enzymatic evaluation – <i>as per the local protocol for acute coronary syndrome management</i>					0 1 6
11.	Breathing problems?					0 1 6
12.	What is your body weight, please? How many kilos roughly? (<i>overweight patients need more than one person to assist with their ambulation</i>) <i>procedure to be performed: by myself <input type="checkbox"/>; with a colleague's assistance <input type="checkbox"/>; mechanized <input type="checkbox"/></i>					0 1 6
13.	Can you move your arms and legs easily? Show me. How about flexing/bending your knees and elbows? Show me, please. Thank you. <i>procedure to be performed: by myself <input type="checkbox"/>; with a colleague's assistance <input type="checkbox"/>; mechanized <input type="checkbox"/>;</i>					0 1 6
14.	How many days since you have been in bed? Do you feel weak, worn-out? Can you change your position in bed on your own? Can you perhaps sit up or push yourself up from the mattress? (<i>evaluating patient anamnesis concerning previous mobilisations</i>) <i>patient can move on his own or needs assistance to manage ambulation</i> <i>procedure to be performed: by myself <input type="checkbox"/>; with a colleague's assistance <input type="checkbox"/>; mechanized <input type="checkbox"/>;</i>					0 1 6
15.	Now squeeze my fingers, please. (<i>ofering fingers II and III of both hands and then pulling them back out of the patient's clenched fists – to evaluate possible existence of asymmetry in patient's muscle force</i>) Which of your arms is stronger? And which leg? How weak, how lacking in force do you feel your arm/leg is?					0 1 6
16.	Evaluating patient availability to cooperate during the procedure <i>in order to evaluate whether the procedure can be performed: by myself <input type="checkbox"/>; with a colleague's assistance <input type="checkbox"/>; mechanized <input type="checkbox"/>;</i> Do you feel any kind of pain now? (<i>and possibly administering antialgic medication</i>)					0 1 9
17.	Identify and position accordingly any medical equipment the patient is connected to (<i>e.g. tubes of blood infusion pumps or urinary catheter, cables for electrocardiographic registration, ecg and pulsoxymetric monitoring, body temperature</i>)	ESSENTIAL				
18.	Use a rubbing alcohol swab to decontaminate any furniture surfaces one comes into contact with during the manoeuvre.					0 1 3
19.	Remove previously used gloves and dispose of in the non-sharp infectious waste container. Hand wash. Put on new, clean medical gloves, as part of standard precautions.					0 1 9
20.	Raising bed to the waist level of doctor/nurse performing the procedure. (<i>to avoid overstrengthening doctor's/nurse's back muscles through prolonged bending forward toward the patient</i>) Lowering corresponding bed lateral limiters.					0 1 9
21.	Remove pillow from between footboard and patient's feet (<i>previously placed there to prevent ankylosis of (lower) leg joint through prolonged plantar flexion</i>)					0 1 3

	<p>VI. Movable footboard placed between patient's soles and footboard to obtain leg's dorsal flexion.</p>  <p>I. Pillow placed under nape of the neck and shoulders, thick enough for patient's neck to be aligned and prevent hyperextension.</p> <p>II. Pillow placed under lumbar curvature to prevent posterior flexion of spine at this level.</p> <p>III. Rolled blanket tucked at hip level to keep it in position and prevent exterior rotation of lower limb.</p> <p>IV. Pillow placed under thighs to obtain a slight flexion of the knee.</p> <p>V. Pillow placed under lower legs to reduce pressure at the level of heels.</p> <p>VI. Movable footboard placed between patient's soles and footboard to obtain leg's dorsal flexion.</p>		
22.	Remove pillow from under lower legs (<i>previously placed to reduce pressure at level of heels</i>)		0 1 3
23.	In turn, remove rollers from each hip (<i>previously placed to prevent exterior rotation of lower limb</i>)		0 1 3
24.	Remove pillow from under thighs (<i>previously placed to prevent ankylosis of knee joint due to prolonged hyperextension</i>)		0 1 3
25.	Remove pillow or roller from under lumbar curvature (<i>previously placed to prevent posterior flexion of spine</i>)		0 1 3
26.	Remove pillow from under head and nape of the neck (<i>previously placed to obtain alignment of patient's neck and prevent hyperextension, particularly with globular thorax patients</i>)		0 1 3
27.	<p>Moving the middle 1/3 of patient's body laterally in bed by means of the bed runner found between patient and bed sheet.</p> <p>(<i>positioning doctor's/nurse's legs: one leg near the bed side, toes oriented towards patient, flexed knee; the sole of second leg, perpendicular to the sole of leg near bed, at some distance from bed, knee in extension; use dual grip on the near end of runner (close to doctor/nurse), previously rolled up a couple of times to increase resistance, and apply a tractive force on runner in the direction of doctor/nurse by transferring body weight from leg near bed to leg farther away bed: through extension of knee near bed and concomitant flexion of second knee</i>)</p>		0 1 9
28.	Lifting corresponding side bed limiters.		0 1 3
29.	Doctor/nurse repositions on opposite side of bed, at the level of side bed limiters.		0 1 3
30.	Lowering corresponding side bed limiters.		0 1 3
31.	Single-hand grip at the level of patient's contralateral shoulder and hip, respectively (<i>which correspond to the two belts – scapulohumeral and coxofemoral, respectively – thus allowing for the patient to be sustained more efficiently</i>)		0 1 9

32.	<p>Rotating patient's body through a tractive movement in the direction of doctor/nurse applied at the level of both grips. <i>(positioning doctor's/nurse's legs: one leg near the bed side, toes oriented towards patient, flexed knee; the sole of second leg, perpendicular to the sole of leg near bed, at some distance from bed, knee in extension; use a single-hand grip at the level of patient's contralateral shoulder and hip, respectively, and apply a tractive force in the direction of doctor/nurse by transferring body weight from leg near bed to leg farther away bed: through extension of knee near bed and concomitant flexion of second knee – to rotate patient "on one side", facing doctor/nurse performing the procedure)</i></p>		<p style="text-align: center; font-weight: bold;">ESSENTIAL</p>
33.	<p>Stabilise patient's present position by placing a pillow at the level of patient's back</p>	<p style="text-align: right;">0 1 9</p>	
34.	<p>Lifting side bed limiters.</p>	<p style="text-align: right;">0 1 3</p>	
35.	<p>Doctor/nurse repositions on opposite side of bed, at the level of patient's back. Lowering corresponding side rail/board. Fastening pillow firmly in the space between bed and patient's back.</p>	<p style="text-align: right;">0 1 3</p>	
36.	<p>Lifting side bed limiters.</p>	<p style="text-align: right;">0 1 3</p>	
37.	<p>Doctor/nurse repositions on opposite side of bed, at the level of patient's face. Lowering corresponding side bed limiters.</p>	<p style="text-align: right;">0 1 3</p>	
38.	<p>Placing pillow under patient's head, thick enough for neck to be aligned and prevent lateral flexion and overstraining of neck muscles (<i>sternocleidomastoidian muscles</i>)</p>	<p style="text-align: right;">0 1 9</p>	
39.	<p>Placing patient's arm at the level of mattress in a relaxed, bent elbow, comfortable position.</p>	<p style="text-align: right;">0 1 9</p>	
40.	<p>Placing pillow under the other forearm to have it in line with to the body (<i>this facilitates superior amplitude of breathing movements and avoids internal rotation and shoulder adduction, which might cause subsequent functional limitations at shoulder level</i>)</p>	<p style="text-align: right;">0 1 9</p>	
41.	<p>Placing pillow between patient's slightly flexed lower limbs and checking accurate alignment of hips and shoulders to prevent spine torsion (<i>secondary to internal rotation and thigh adduction</i>)</p>	<p style="text-align: right;">0 1 9</p>	

		
42.	Filling out details of the maneuver performed, any accidents and complications, date and time in patient's medical records.	0 1 3
43.	Securing the patient (lowering bed to inferior level, lifting side rail/board), placing patient's personal belongings (e.g. mobile phone, book, crosswords etc.), glass of water, remote control for the medical calling system within easy reach. Providing details about the upcoming medical activity and the time remaining until the next visit.	0 1 3
Total score: 200		○ %
		◐ %
		● %

Legend: ○ - criterion unfulfilled; ◐ - criterion partially fulfilled; ● - criterion fulfilled completely

(score according to column P)

Selective references

1. Berman Audrey, Snyder Shirlee, Jackson Christina – Skills in clinical nursing, 6-th ed., Pearson Prentice Hall, New Jersey, 2009