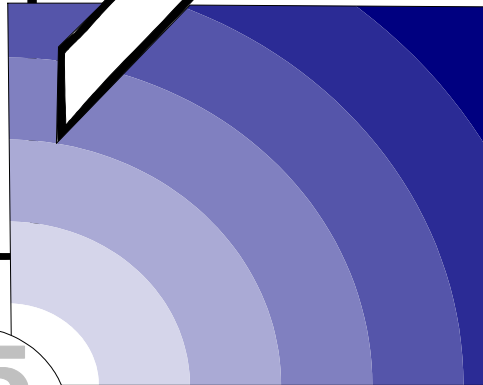
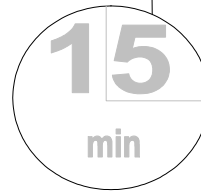


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15 minute Worksheet



Moving the ill patient

1: General principles

Introductory level

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Aim of this worksheet

To consider the general principles in moving ill patients

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

Margaret is a 57 year old lady with Down Syndrome who has recently moved into a residential home. Her behaviour is unpredictable, and her cognitive skills and mobility have deteriorated. This has resulted in Margaret becoming physically slower and stiffer in moving, compounded by her weight problem (she weighs 60kg and is 1.2m high).

Margaret's difficulties

Old age does not always cause these difficulties by itself but any of the following could cause her problems:

Joint problems: osteoarthritis or rheumatoid disease can cause stiff painful joints with loss of range of movement which can cause problems with function.

Neurological problems: motor neurone disease, Parkinson's disease or multiple sclerosis can all cause severe difficulties with movement, including muscle spasms. Alzheimer's dementia is associated with Downs syndrome and can present with a change of muscle tone plus there is a delay in stimulus of muscles from the brain causing mobility and swallowing problems.

Psychological: laziness is not a cause of reduced mobility, but lack of stimulation and encouragement will reduce mobility. Depression affects the person's willingness to move, so mobility reduces.

Drugs: the side effects of some drugs can slow movement or cause abnormal movements. Other drugs may cause drowsiness or sedation which will reduce movement.

Physical illness: general fatigue and lethargy due to many illnesses can impede mobility eg. causes of anaemia. Nerve damage due to tumours can cause muscle weakness and wasting of muscle groups.

Trauma: has Margaret fallen? Undiagnosed injury such as a hip fracture would cause mobility problems.

Obesity: is Margaret clinically overweight? This obesity would effect her mobility.

Associated problems

Margaret weight is 60kg, but she is very short (1.2m) and she has a high Body Mass Index (BMI). This is calculated as weight in kg divided by the square of the height in metres. Margaret's BMI is 42 and therefore she is clinically obese. Her behaviour is unpredictable in that some days she is able to move around her environment. With verbal and physical prompts she manages most daily living skills, but she is unable to transfer and needs maximum input from staff.

Caring for Margaret

Necessities: A moving and handling assessment leading to a care plan.
 Multidisciplinary team approach and a key-worker
 Risk assessment policy on moving and handling with moving and handling training for staff,
 Appropriate equipment for the environment.
 Agreed dates to review the care plan in view of Margaret's changing condition
 Safety at all times for Margaret and her carers
 Staff need to communicate any difficulties they have in moving Margaret

Problems with poor moving and handling

To Margaret: *Trauma:* Mild: bruising, nipping, scratching of Margaret. Major: joint dislocation, fractures, falls or dropping due to lack of awareness and education.
Shearing force: when skin is moved with force over underlying tissues causing soft tissue damage.
Friction: where skin is roughly moved over a surface.
Anxiety: If Margaret is continually moved and handled badly she will be frightened and possibly unwilling to cooperate with future situations.

To carers: back injuries, time off work, early retirement.

What to do and not do

DO

- Remember the complexity of moving and handling issues in patients with complex needs.
- Follow the moving and handling care plan and reassess at agreed times.
- Use available equipment appropriately, eg. hoists, adjustable beds, specialist baths, easy rise chairs, sliding sheets, turn tables, wheelchairs and walking aids.
- Encourage the patient's independence whenever possible and when it is safe to do so.
- Remember good posture and back care.
- Carry out your own personal risk assessment: think about the environment, make sure there is room to manoeuvre and think out the situation before you move.
- Communicate with all carers- this is essential and needs someone to lead the process.

DON'T

- Lift the patient from a chair or bed.
- Use any holds or manoeuvres which are regarded as unsafe (eg. Drag Lift, Australian Lift, Bear Hug, Lateral Transfer)
- Take any risk with yourself or Margaret.
- Grab out to save her if Margaret falls. Hard as it is you must try to lower her to the ground in a controlled fall.
- Attempt to lift a patient from the floor after a fall, you must use a hoist.

Reflect



Think about possible causes of Margaret's reduced mobility

Old age

Osteoarthritis

Alzheimer's dementia

Depression

Laziness

Drugs

Anaemia

Hip fracture

Obesity

Write

Write down the consequences of poor moving and handling

- To Margaret:

- To staff:

Write

Write a list of Do's and Don'ts in moving an ill patient

Do these

Don't do these

FURTHER ACTIVITY: Moving the ill patient- general principles

Consider a patient with moving and handling needs:

- what are the underlying problems and how can they be managed.

FURTHER READING: Moving the ill patient- general principles

National Back Association. *The guide to the handling of patients. introducing a safer handling policy, 4th ed.* Middlesex: National Back Pain Association, 1997

Walker MF. Hawkins K. Gladman JRF. Lincoln NB. Randomised controlled trial of occupational therapy at home: Results at 1 year. *Journal of Neurology, Neurosurgery & Psychiatry.* 2001; **70**(2): 267.

Smith S. Roberts P. Balmer S. Role overlap and professional boundaries: Future implications for physiotherapy and occupational therapy in the NHS: Forum. *Physiotherapy.* 2000; **86**(8): 397-400.

Ellis BE. Moving and handling patients: An evaluation of current training for physiotherapy students. *Physiotherapy.* 1993; **79**(5): 323-6.

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Current Learning In Palliative care An accessible learning programme for health care professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook. Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com