Person Specific (Inpatient) Moving and Handling Assessment Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person’s Name:** | | | | |  | | | | | | | | | | | | | | | | **Named Nurse:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Person is totally independent**  **(tick here and go to date box)** | | |  | | | |
| 1. **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Build | | | | | | | | | | | | | | | | Problems with comprehension, behaviour, co-operation (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight | | | | | | Height | | | | | | | | | |
| Kg  BMI | | | | | | cm | | | | | | | | | |
| Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk of Falls: Yes | | | | | | | | |  | | No | | |  | |
| 1. **Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | |  | | **Standaid** | | |  | | | **Walking Aid** | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
| Model | |  | | | | | | | | Aid Type | | |  | | | | | | | | | People: 1 | | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information / Equipment: | | | | | | | | | | |
| Sling type | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sling Size | |  | | | | | | | |
| 1. **Toileting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** |  | | **Standaid** | | | |  | | | **Walking Aid** | | | | | | |  | | | | | Assistance | | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | | see ‘sit to stand transfers’ | | | | | | | | | | | | People: 1 | | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Move on / off bed pan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | | |  | | | Manoeuvre | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | N / A | | | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | | Roll patient | | | | | | |  | | | | | People: 1 | | | | |  | | | | 2 | | | | |  | | | >3 | | |  | | Additional Information: | | | | | | | | | | |
| Monkey pole | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Independent bridging | | | | | | |  | | | | |
| Move up / down bed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | | |  | | | **Handling Aids** | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | | Sliding sheets | | | | | | |  | | | | | People: 1 | | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information: | | | | | | | | | | |
| Monkey pole | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Rope ladder | | | | | | |  | | | | |
| 1. **Lateral Transfer to / from trolley / bed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | | |  | | | **Handling Aids** | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  |  | |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | | Rigid Transfer Board | | | | | | |  | | | | | People: 1 | | | | | |  | | | | 2 | | | | |  | | | >3 | |  | | Additional Information / Equipment (eg sliding sheets): | | | | | | | | | | |
| Other (Please specify) | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. **Sit up over side of bed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Bed Rest** | | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
|  | | | | | | | | | | | | | People: 1 | | | | | |  | | | | 2 | | | |  | | | | >3 |  | | Additional Information / Equipment (eg rope ladder, swivel cushion): | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. **Into Bath or Shower** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment** | | | | | | | |  | | **Handling Aid** | | | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
| Shower | | | | | | | |  | | Shower chair | | | | | | | | |  | | | | | People: 1 | | | | |  | | | | 2 | | | |  | | | | >3 |  | | Additional Information / Equipment (eg sling lifting hoist after risk assess): | | | | | | | | | | |
| Variable / Fixed height bath | | | | | | | |  | | Shower trolley | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | |
| Bed bath | | | | | | | |  | | Bathing hoist (eg Alenti) | | | | | | | | |  | | | | |
| Walking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No Walking** | | | | | | | |  | | **Walking Aid** | | | | | | | | | |  | | | | | **Assistance** | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | | | |  | |  |
|  | | | | | | | | | | see ‘sit to stand transfers’ | | | | | | | | | | | | | | | People: 1 | | | | |  | | | | 2 | | |  | | | | >3 |  | | Additional Information / Equipment (eg hoist with walking sling, dist. Walked) | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Instructions / Observations / Equipment Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | **1st Assessment** | | | | | | | | | | | | | | | | | | | | | | | | **2nd Assessment** | | | | | | | | | | | | **3rd Assessment** | | | | | | | |
| **Recording Symbol:** | | | | | | | | | | |  | **/** | | | Forward slash | | | | | | | | | | | | | | | | | | | |  | | | **X** | | | | | Where a forward slash exists, add a back slash to make a cross | | | |  | | 🞽 | Where a slash or cross exists add slashes to make a star | | | | |
| **Date Assessed:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **Assessor’s signature:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **Proposed Review date:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |

**Continuation Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **General Information** (Only complete this section if changed from over page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Build | | | | | | | | | | | | | | | Problems with comprehension, behaviour, co-operation (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weight | | | | | Height | | | | | | | | | |
| Kg  BMI | | | | | cm | | | | | | | | | |
| Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk of Falls: Yes | | | | | | | |  | | No | | |  | |
| 1. **Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | |  | | **Standaid** | |  | | | **Walking Aid** | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
| Model | |  | | | | | | | Aid Type | | |  | | | | | | | | People: 1 | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information / Equipment: | | | | | | | | |
| Sling type | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sling Size | |  | | | | | | |
| 1. **Toileting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** |  | | **Standaid** | | |  | | | **Walking Aid** | | | | | | |  | | | | Assistance | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | see ‘sit to stand transfers’ | | | | | | | | | | | People: 1 | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Move on / off bed pan** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | |  | | | Manoeuvre | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | N / A | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | Roll patient | | | | | | |  | | | | People: 1 | | | |  | | | | 2 | | | | |  | | | >3 | | |  | | Additional Information: | | | | | | | | |
| Monkey pole | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Person bridges | | | | | | |  | | | |
| Move up / down bed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | |  | | | **Handling Aids** | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | Sliding sheets | | | | | | |  | | | | People: 1 | | | |  | | | | 2 | | | | |  | | | | >3 | |  | | Additional Information: | | | | | | | | |
| Monkey pole | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| Rope ladder | | | | | | |  | | | |
| 1. **Lateral Transfer to / from trolley / bed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hoist** | | | | | |  | | | **Handling Aids** | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  |  | |
| See No 2 Sit to Stand Transfers  for details | | | | | | | | | Rigid Transfer Board | | | | | | |  | | | | People: 1 | | | | |  | | | | 2 | | | | |  | | | >3 | |  | | Additional Information / Equipment (eg sliding sheets): | | | | | | | | |
| Other (Please specify) | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Sit up over side of bed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Bed Rest** | | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
|  | | | | | | | | | | | | People: 1 | | | | |  | | | | 2 | | | |  | | | | >3 |  | | Additional Information / Equipment (eg rope ladder, swivel cushion): | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **Into Bath or Shower** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment** | | | | | | |  | | **Handling Aid** | | | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
| Shower | | | | | | |  | | Shower chair | | | | | | | | |  | | | | People: 1 | | | |  | | | | 2 | | | |  | | | | >3 |  | | Additional Information / Equipment (eg sling lifting hoist after risk assess): | | | | | | | | |
| Variable / Fixed height bath | | | | | | |  | | Shower trolley | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
| Bed bath | | | | | | |  | | Bathing hoist (eg Alenti) | | | | | | | | |  | | | |
| Walking | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No Walking** | | | | | | |  | | **Walking Aid** | | | | | | | | | |  | | | | **Assistance** | | | | | | | | | | | | | | | |  | | **Supervision** |  | **Independent** | | | |  | |  |
|  | | | | | | | | | see ‘sit to stand transfers’ | | | | | | | | | | | | | | People: 1 | | | |  | | | | 2 | | |  | | | | >3 |  | | Additional Information / Equipment (eg hoist with walking sling, dist. Walked) | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Instructions / Observations / Equipment Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **4th Assessment** | | | | | | | | | | | | | | | | | | | | | | **5th Assessment** | | | | | | | | | | | | **6th Assessment** | | | | | |
| **Recording Symbol:** | | | | | | | | | |  | **/** | | | Forward slash | | | | | | | | | | | | | | | | | |  | | | **X** | | | | | Where a forward slash exists, add a back slash to make a cross | | | |  | 🞽 | Where a slash or cross exists add slashes to make a star | | | |
| **Date Assessed:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **Assessor’s signature:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **Proposed Review date:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |