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 |
| KgBMI | 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 |
| KgBMI | 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**
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| **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**
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| **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): |
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| 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:** |  |  |  |