



มหาวิทยาลัยราชภัฏนครปฐม



Fundamental Nursing Practicum

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CHAPTER 4

NURSING PRACTICES FOR SAFETY POSITIONING AND TRANSFERRING





Objectives



1

Describe nursing interventions that promote mobility and prevent complications due to immobility.

2

Explain patient positioning accurately.

3

Identify Equipment for transfer Patients.



Safety Positioning and Transferring for Nursing Students




Proper positioning and transferring techniques are essential for ensuring patient safety, preventing injuries, and maintaining comfort.

Nurses must follow best practices to minimize the risk of falls, pressure ulcers, and musculoskeletal strain.



Goals of Patient Positioning



- 
- 1 Provide patient **comfort** and **safety**
 - 2 Maintaining patient **dignity** and **privacy**
 - 3 Allows maximum visibility and access

Guidelines for Patient Positioning



1

Explain the procedure

2

Encourage the client to assist as much as possible

3

Get adequate help

4

Use mechanical aids

Guidelines for Patient Positioning



5

Raise the client's bed

6

Frequent position changes

7

Avoid friction and shearing



Guidelines for Patient Positioning



8

Proper body mechanics

- . Position yourself close to the client.
- . Avoid twisting your back, neck, and pelvis by keeping them aligned.
- . Flex your knees and keep your feet wide apart.
- . Use your arms and legs and not your back.
- . Tighten abdominal muscles and gluteal muscles in preparation for the move.

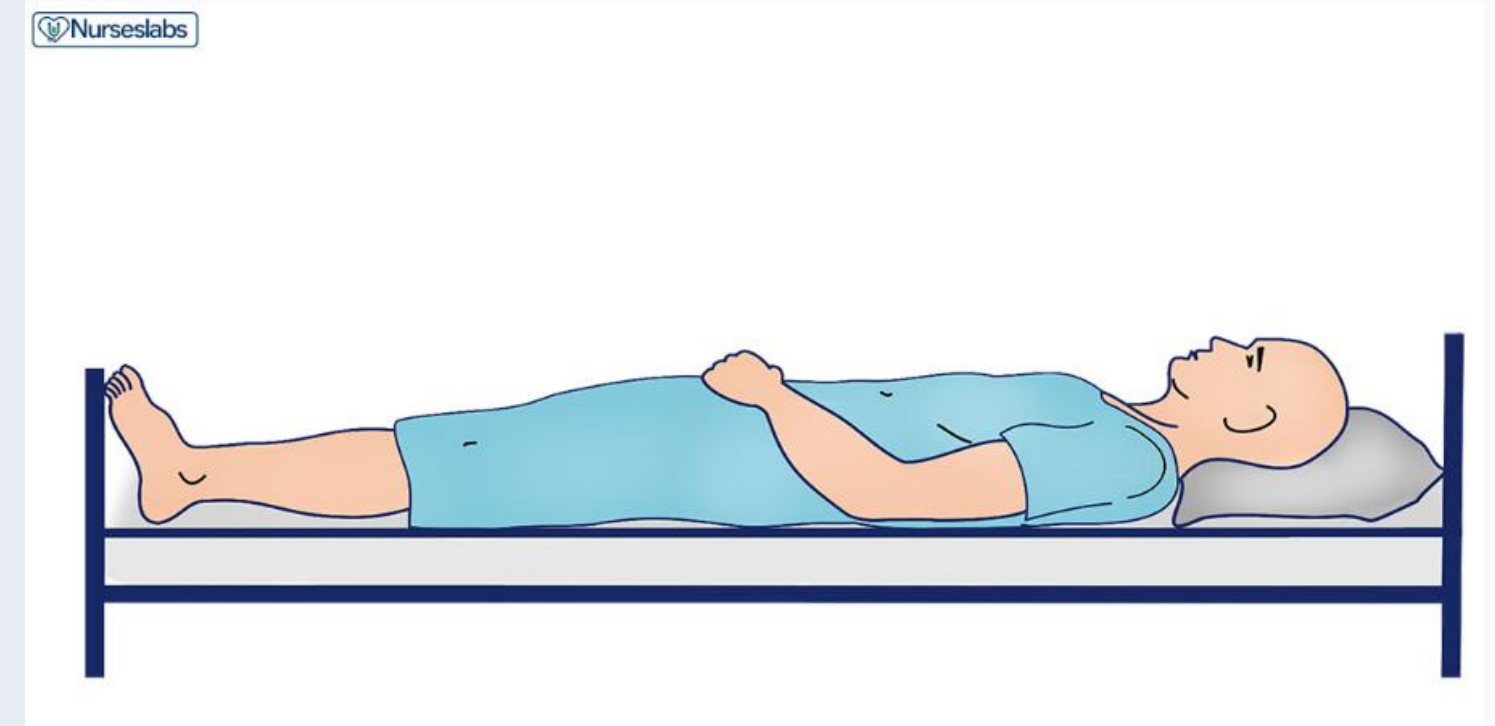




Common Patient Positions

1. Supine or Dorsal Recumbent Position

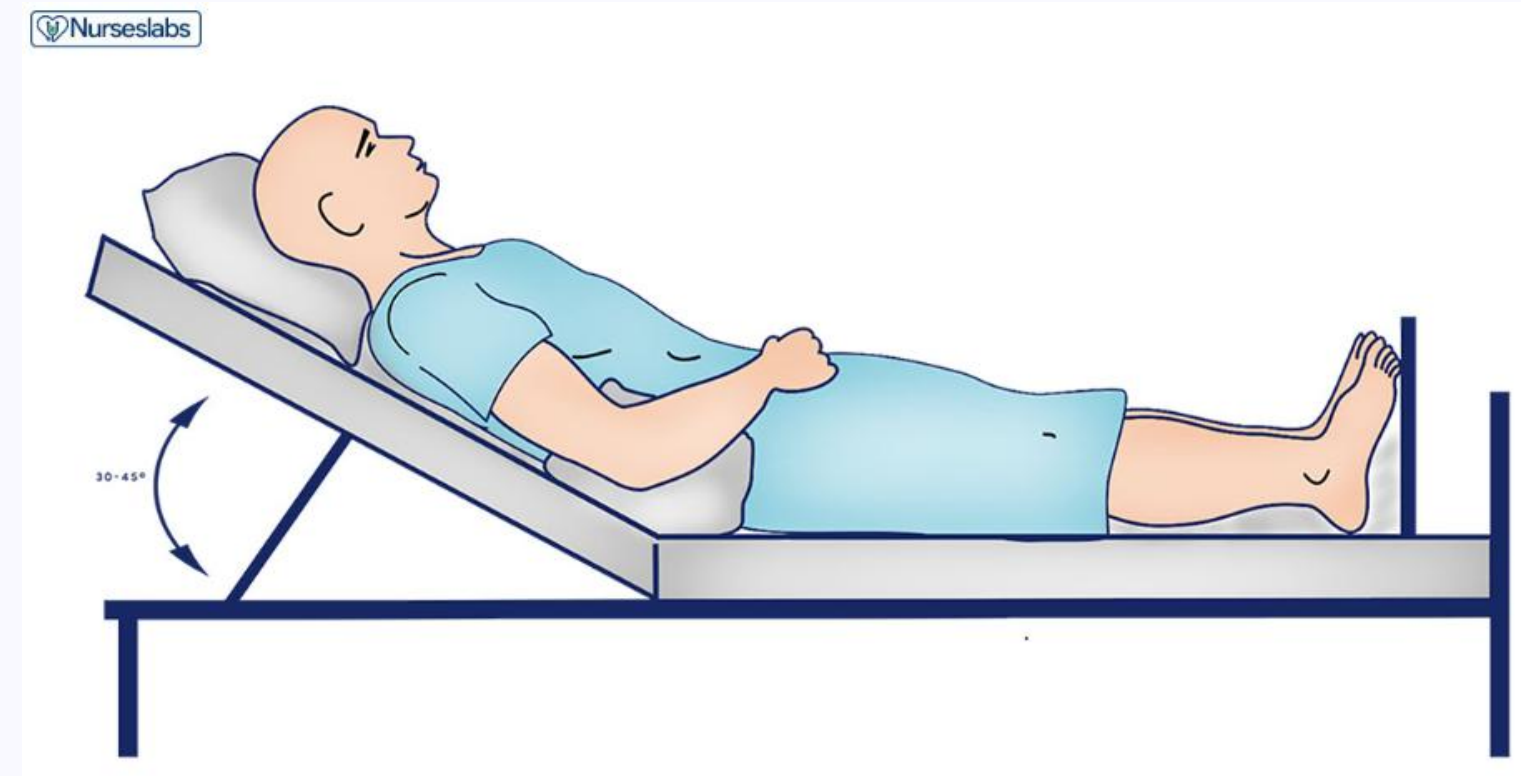
- Most commonly used position.
- Watch out for skin breakdown.
- Supine position in surgery.



Common Patient Positions

2. Fowler's Position

- Promotes lung expansion.
- Useful for NGT.

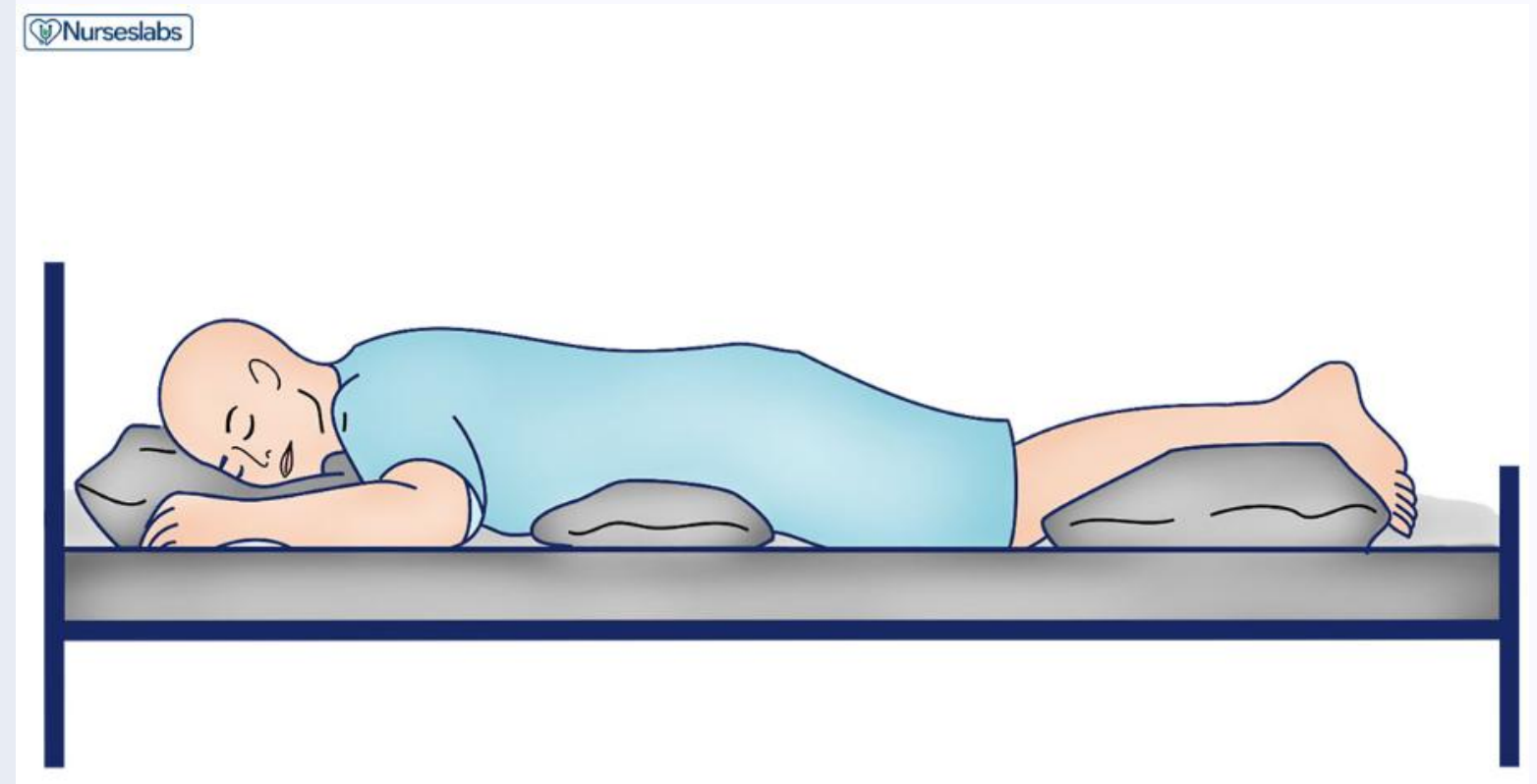




Common Patient Positions

3. Prone Position

- Extension of hips and knee joints.
- Contraindicated for spine problems.
-
- Drainage of secretions.

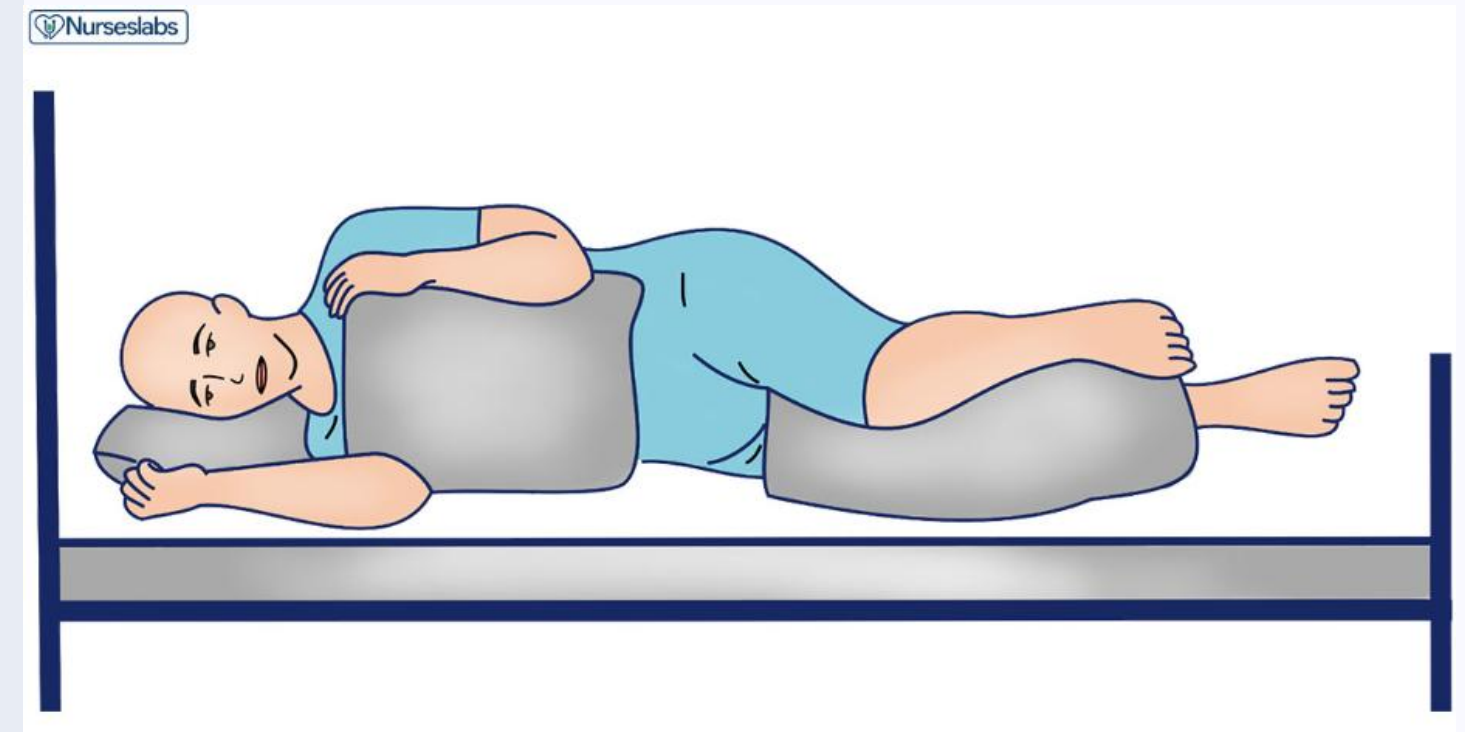




Common Patient Positions

4. Lateral Position

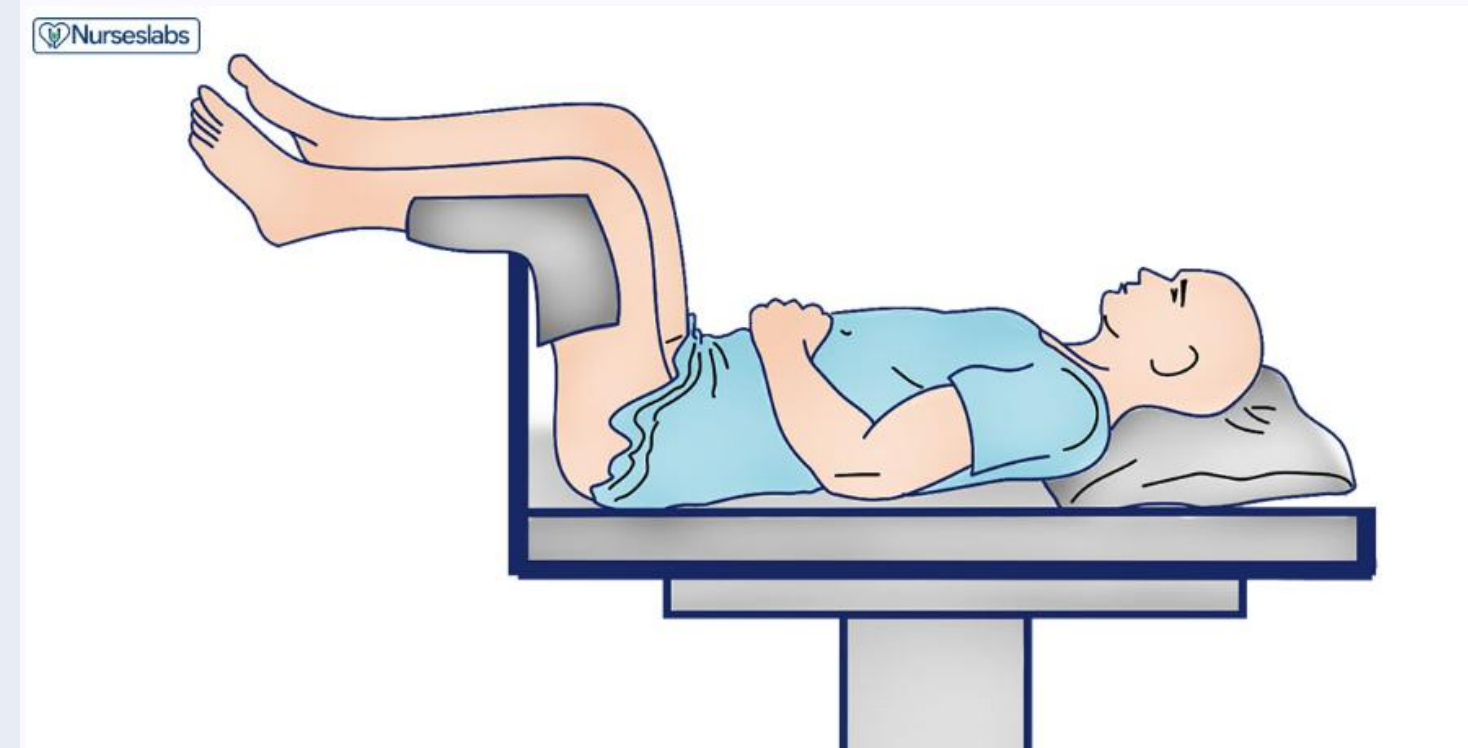
- Relieves pressure on the sacrum and heels. Lateral position helps relieve pressure on the sacrum and heels, especially for people who sit or are confined to bed rest in supine or Fowler's position.



Common Patient Positions

5. Lithotomy Position

- **Standard Lithotomy Position:** The patient's hips are flexed until the angle between the posterior surface of the patient's thighs, and the O.R. bed surface is 80 degrees to 100 degrees. The patient's lower legs are parallel with the O.R. bed.

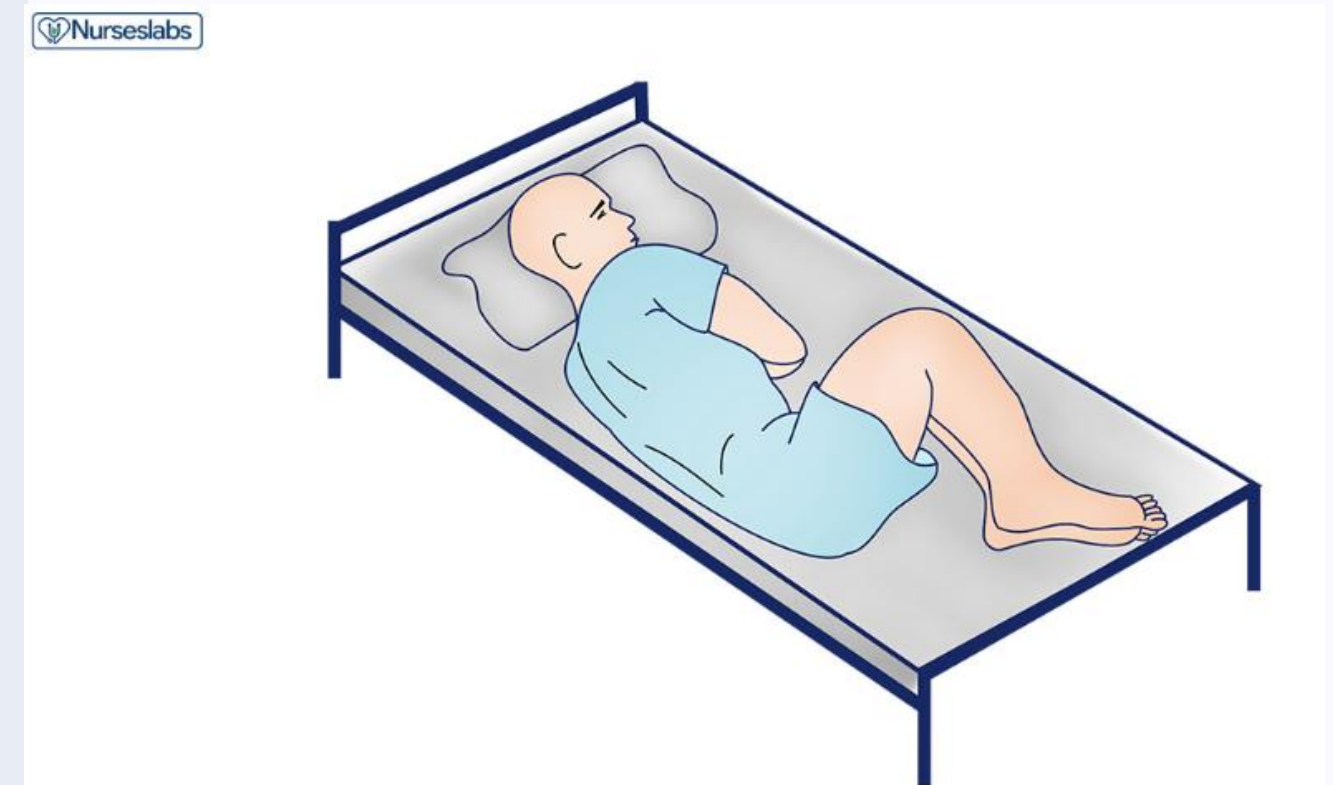




Common Patient Positions

6. Knee-Chest Position

- **Sigmoidoscopy.** Usual position adopted for sigmoidoscopy without anesthesia.
- Gynecologic and rectal examinations. Knee-chest position is assumed for a gynecologic or rectal examination.

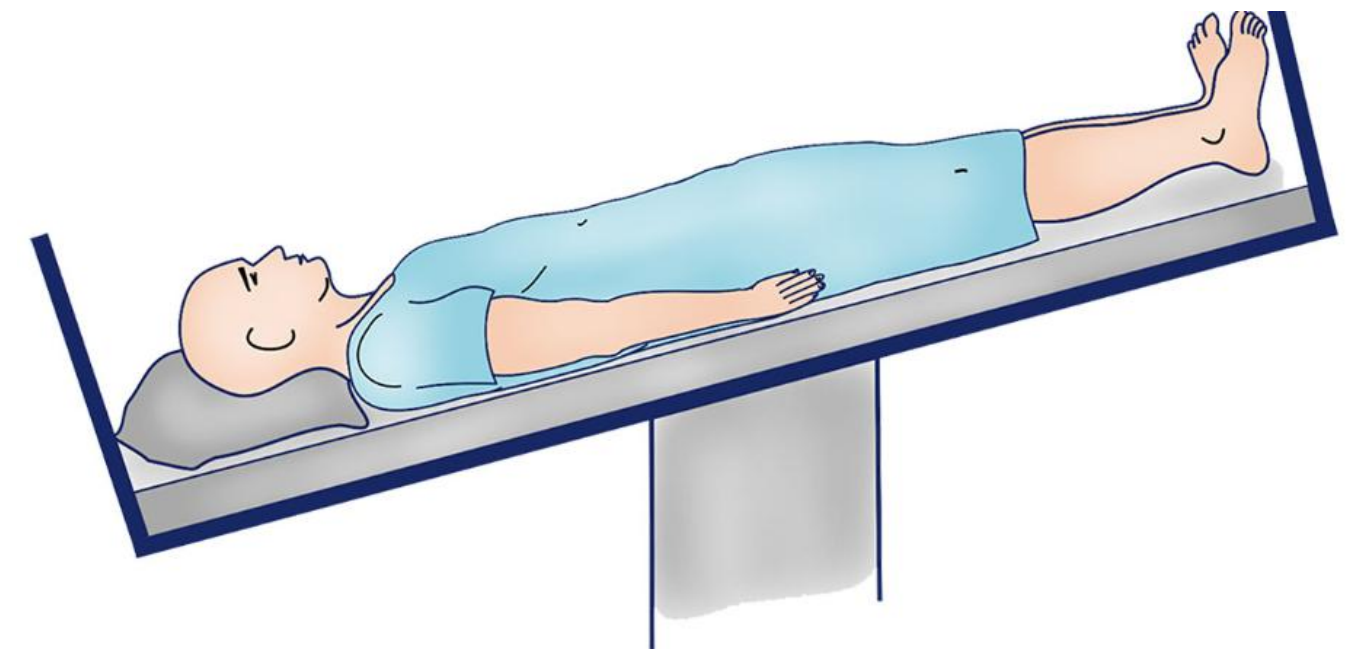




Common Patient Positions

7. Trendelenburg's Position

- **Promotes venous return.** Hypotensive patients can benefit from this position because it promotes venous return.
- **Postural drainage.** Trendelenburg's position is used to provide postural drainage of the basal lung lobes. Watch out for dyspnea, some patients may require only a moderate tilt or a shorter time in this position during postural drainage. Adjust as tolerated.



Principles of Safe Positioning



General Guidelines

- Maintain proper body alignment to **prevent pressure injuries**.
- Reposition immobile patients at least every **2 hours**.
- Use pillows, foam wedges, or specialized supports to **maintain alignment**.
- Monitor skin integrity, circulation, and comfort regularly.





Transferring Patients

Purpose of Transferring Patients from Bed to Chair or Wheelchair



1. To Strengthen the Patient Gradually
2. To Provide a Change in Position
3. To Promote Patient Mobility
4. To Enhance Psychological Well-being
5. To Facilitate Access to Services and Activities
6. To Support Hygiene and Personal Care
7. To Improve Comfort



From Mosby's Textbook for Nursing Assistants.
<https://navs.npc.edu/nursingassistantvideoskills/index.html?sectionId=3>

Equipment Used in Transferring Patients



1. Chair or Wheelchair

A stable chair or a wheelchair with locks and removable armrests (if possible). Provides a secure and comfortable place for the patient to sit. The wheelchair allows for greater mobility and access to different areas within the healthcare facility or home.

Equipment Used in Transferring Patients



2. Pillows

Soft, supportive cushions. Used to provide additional support and comfort during the transfer process. Pillows can be placed in strategic positions to support the patient's back or sides as needed.

Equipment Used in Transferring Patients



3. Transfer Belt (Gait Belt). A sturdy belt that is secured around the patient's waist. Provides caregivers with a secure hold to assist in lifting and guiding the patient during the transfer. It helps in reducing the risk of injury to both the patient and the caregiver.

Equipment Used in Transferring Patients



4. Slide Board (Transfer Board)

A smooth, flat board made of plastic or wood. Facilitates the transfer of patients who can partially bear weight but need additional support. The slide board helps in moving the patient smoothly from bed to chair or wheelchair without lifting.



Equipment Used in Transferring Patients



5. Footstool or Step Stool

A sturdy, non-slip stool. Assists patients in stepping down safely from the bed to the floor or chair. It can help patients who need a little extra height to transition smoothly.

Equipment Used in Transferring Patients



6. Walker

A **walker** is an aide that has four points of contact with the ground. Walkers provide a greater base of support, assisting in stability for balance and mobility.

Equipment Used in Transferring Patients



7. Cane

A **cane** is a singular assistive device that assists in balance when walking or helps compensate for an injury or disability.





Precautions

1

Unstable Vital Signs

2

Recent Surgical Procedures

3

Presence of Medical Devices

4

Musculoskeletal Injuries





Precautions



5

Cognitive Impairment

6

Acute Medical Conditions

7

Uncontrolled Pain

8

Risk of Falls





Procedures in Transferring Patients from Bed to Chair or Wheelchair



From Mosby's Textbook for Nursing Assistants.
<https://navs.npc.edu/nursingassistantvideoskills/index.html?sectionId=3>

1

See that the chair or wheelchair is in good condition

2

Place the chair conveniently at right angles to the bed—the back of the chair parallel to the foot of the bed and facing the head of the bed

3

Place a pillow on the seat of the chair. If using a wheelchair, line it with a blanket or sheet and arrange pillows on the seat and against the back.

4

Take the patient's pulse



Procedures in Transferring Patients from Bed to Chair or Wheelchair



5

Assist the patient to a sitting position on the bed by putting one arm under their head and shoulders and the other arm under their knees.

6

Watch the patient for a minute to detect any change in their color, pulse, and respiratory rate

7

Put on the patient's robe and slippers.

8

Stand directly in front of the patient and with a hand under each axilla, and turn around with their back to the chair



Procedures in Transferring Patients from Bed to Chair or Wheelchair



9

Adjust the pillows and wrap a blanket over the patient's lap.

10

Observe frequently for changes in color and pulse rate, dizziness, or signs of fatigue.

11

To put the patient back to bed, assist them to stand, help them turn, and stand on the stool, and guide them back to bed.

Procedures in Transferring Patients from Bed to Chair or Wheelchair



12

Draw up the bedding.

13

Take the patient's pulse after the transfer.

14

Document the transfer.



From Mosby's Textbook for Nursing Assistants.
<https://navs.npc.edu/nursingassistantvideoskills/index.html?sectionId=3>



Safe Patient Transferring Techniques

Types of Transfers

1. Bed to Wheelchair Transfer:

- Ensure the wheelchair is positioned **parallel or at a 45° angle** to the bed.
- Use a **gait belt** for support if needed.
- Instruct the patient to push off the bed while using their stronger leg.



2. Two-Person Transfer (for weak or dependent patients):

- One nurse supports the upper body, the other supports the legs.
- Use a **coordinated count (e.g., “1-2-3 lift”)** to ensure teamwork.





Safe Patient Transferring Techniques

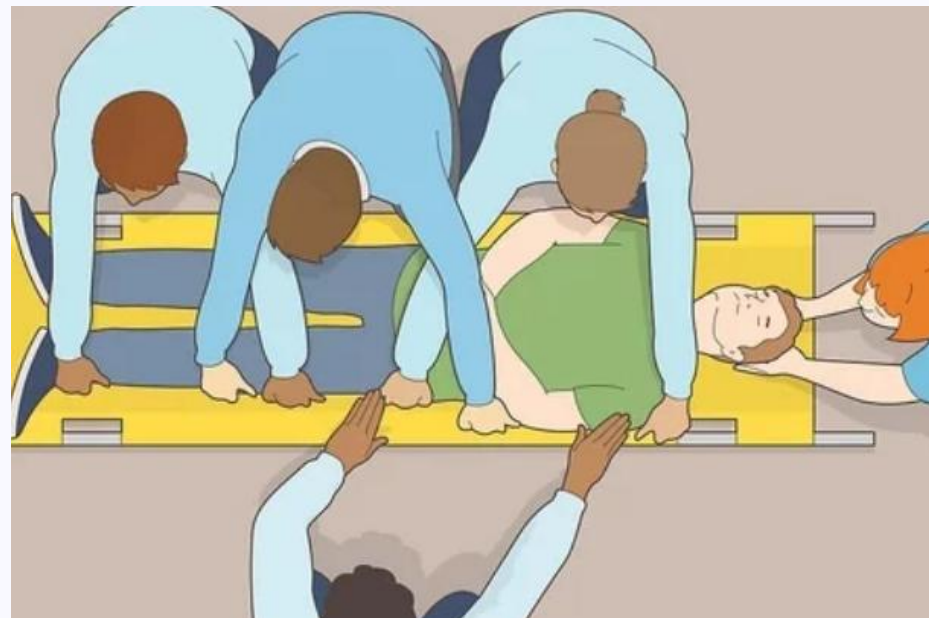
3. Mechanical Lift Transfer:

- Use when a patient is unable to bear weight.
- Secure the sling properly and ensure a smooth, slow lift.



4. Logrolling (for spinal injury patients):

- Requires **at least 2-3 nurses**.
- Keep the head, spine, and legs aligned during the turn.





KEY CONCEPTS

Nursing interventions are individualized to maximize client activity, mobility, and independence.

The need for adaptive equipment should be assessed and acquisition of equipment facilitated.

The nurse should be available to assist the client with problem solving after discharge.





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