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HEALTH & SAFETY
Safe Nurses, Safe Patients, Safe Workplace.

Mobility Assessment & Equipment Selection Exercise

In the exercise to follow, each patient's mobility has been assessed using the Banner Mobility Assessment Tool (BMAT) located in this packet. The type of Safe Patient Handling (SPH) equipment used to move the patient is based on his or her mobility assessment level.

Instructions:
Read the scenarios that follow. Use your critical thinking skills to determine what equipment is needed to safely move the patient in each scenario. You may choose more than one (1) piece of equipment.

Please choose from the SPH equipment listed below:

- ✓ Floor/mobile lift
- ✓ Ceiling lift
- ✓ Motorized sit-to-stand
- ✓ Non-motorized standing aid
- ✓ Tri-turner
- ✓ Limb-holding device
- ✓ Inflatable lifting device
- ✓ Friction-reducing sheets/boards/inflatable sliding device

See images of sample equipment on the next page.

When you have completed this exercise, please resume watching the video.

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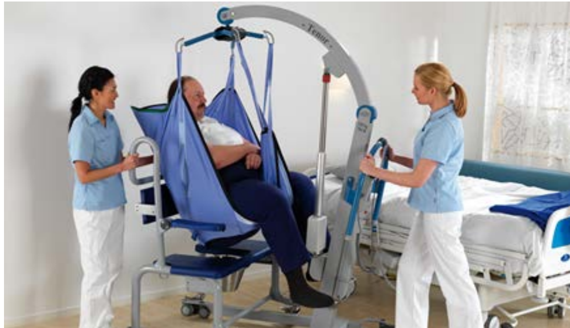
Examples of SPH Equipment


Floor/Mobile Lift

Non-Motorized Sit-To-Stand

Inflatable Lifting Device

Ceiling Lift

Tri-Turner

Friction-Reducing Device

Motorized Sit-To-Stand

Limb-Holding Device

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B.M.A.T. - Banner Mobility Assessment Tool for Nurses

Test	Task	Response	Fail = Choose Most Appropriate Equipment/Device(s)	Pass
Assessment Level 1 Assessment of: -Cognition -Trunk strength -Seated balance	**Sit and Shake**: From a semi-reclined position, ask patient to sit upright and rotate* to a seated position at the side of the bed; *may use the bedrail.* Note patient's ability to maintain bedside position. Ask patient to reach out and grab your hand and shake making sure patient reaches across his/her midline. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	**Sit:** Patient is able to follow commands, has some trunk strength; caregivers may be able to try weight-bearing if patient is able to maintain seated balance greater than two minutes (without caregiver assistance). **Shake:** Patient has significant upper body strength, awareness of body in space, and grasp strength.	**MOBILITY LEVEL 1** - Use total lift with sling and/or repositioning sheet and/or straps. - Use lateral transfer devices such as roll board, friction reducing (slide sheets/tube), or air assisted device. **NOTE:** *If patient has* ***'strict bed rest'*** *or* ***bilateral 'non-weight bearing'*** *restrictions,* ***do not proceed*** *with the assessment;* ***patient is MOBILITY LEVEL 1.***	Passed Assessment Level 1 = Proceed with Assessment Level 2.
Assessment Level 2 Assessment of : -Lower extremity strength -Stability	**Stretch and Point**: With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips. Ask patient to stretch one leg and straighten the knee, then bend the ankle/flex and point the toes. If appropriate, repeat with the other leg.	Patient exhibits lower extremity stability, strength and control. **May test only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).**	**MOBILITY LEVEL 2** - Use total lift for patient unable to weight-bear on at least one leg. - Use sit-to-stand lift for patient who can weight-bear on at least one leg.	Passed Assessment Level 2 = Proceed with Assessment Level 3.
Assessment Level 3 Assessment of: -Lower extremity strength for standing	**Stand**: Ask patient to elevate off the bed or chair (seated to standing) using an assistive device (cane, bedrail). Patient should be able to raise buttocks off bed and hold for a count of five. May repeat once. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	Patient exhibits upper and lower extremity stability and strength. **May test with weight-bearing on only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).** **If any assistive device (cane, walker, crutches) is needed, patient is Mobility Level 3.**	**MOBILITY LEVEL 3** - Use non-powered raising/stand aid; *default to powered sit-to-stand lift if no stand aid available.* - Use total lift with ambulation accessories. - Use assistive device (cane, walker, crutches). NOTE: Patient passes Assessment Level 3 **but requires assistive device** to ambulate or **cognitive assessment** indicates poor safety awareness; ***patient is MOBILITY LEVEL 3.***	Passed Assessment Level 3 **AND no assistive device needed** = Proceed with Assessment Level 4. ***Consult with Physical Therapist when needed and appropriate.***
Assessment Level 4 Assessment of: -Standing balance -Gait	**Walk:** Ask patient to march in place at bedside. Then ask patient to advance step and return each foot. Patient should display stability while performing tasks. Assess for stability and safety awareness.	Patient exhibits steady gait and good balance while marching, and when stepping forwards and backwards. Patient can maneuver necessary turns for in-room mobility. Patient exhibits safety awareness.	**MOBILITY LEVEL 3** If patient shows signs of unsteady gait or ***fails*** **Assessment Level 4,** refer back to **MOBILITY LEVEL 3; *patient is MOBILITY LEVEL 3.***	**MOBILITY LEVEL 4** MODIFIED INDEPENDENCE **Passed = No assistance needed to ambulate**; use your best clinical judgment to determine need for supervision during ambulation.

Always default to the safest lifting/transfer method (e.g., total lift) if there is any doubt in the patient's ability to perform the task.

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Scenario 1

A patient notifies an RN in the middle of the night that he needs to go to the bathroom. The patient was assessed that morning at a BMAT Level 3 and was successfully using a walker for ambulation assistance. However, the nurse notices that the patient seems significantly weaker and more tired at this time.

What equipment should be used to safely move this patient to the bathroom?

Scenario 2

An RN enters a patient room and finds the patient on the floor. The patient had been assessed at a BMAT Level 4 (fully independent) and needed no ambulation assistance. However, the patient reported that, when she stood up from a chair, she felt dizzy. The next thing she knew, she was on the floor. She reports some minor pain in her hip and wrist from the fall.

What equipment should be used to safely lift this patient off the floor?

Scenario 3

A resident in a long-term care facility with early stage dementia and hemiparesis due to a stroke has been assessed at a BMAT Level 2 and has been successfully using a motorized sit-to- stand for ambulation assistance for several months. Today, however, when the RN tries to verbally guide the patient into position for the sit-to-stand, the patient seems confused, disoriented and cannot follow instructions. The RN determines that a confusion assessment needs to be conducted, but there isn't time to do the assessment at this moment.

What equipment should be used to safely move this patient?

Scenario 4

A patient weighing approximately 350 lbs. needs to be turned and held in position for wound care. A lift team is usually used to turn and hold the patient but, because of short staffing, only 2 people are available.

What equipment should be used to safely turn and hold this patient?

Scenario 5

A car pulls up to an ED entrance. The driver gets out and asks for help getting a family member out of the car and into the ED. There is no time to do an assessment.

What equipment should be used to safely move this patient from the car to the ED?

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