

# CLiP

15 minute Worksheet



## Moving the ill patient

# 1: General principles

Introductory level

Produced by  
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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, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. 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- If you think any information is wrong or out of date let us know.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 diagnosed with right sided breast cancer six years ago for which she was treated with a mastectomy, chemotherapy and radiotherapy. She subsequently developed moderate right arm lymphoedema six months ago. She was diagnosed with lumbar and pelvic bone metastases for which she received further radiotherapy.**

**She was recently admitted to an inpatient unit for symptom control, reduced mobility and social breakdown. Margaret lives with her husband John, who is in full time employment, in a three bed-roomed semi detached property, with two children. Prior to admission Margaret and John were struggling to cope in many ways.**

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## **Margaret's difficulties**

The following factors may contribute to mobility problems:

*Pain:* pelvic pain and lower back pain present most of the time but worse when walking or transferring. Reluctance to move may lead to joint stiffness and reduced muscle power. Need to be aware of the potential for pathological fractures.

*Psychological:* depression affects the person's willingness to move, so mobility reduces. Anxiety may lead to low confidence and motivation. Poor body image may also be a contributory factor to low mood.

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

*Lymphoedema:* a large, heavy limb can affect balance and impair function. Poor grip may make the use of a walking aid difficult.

*Fatigue and lethargy:* can impede mobility. This may be due to disease progression or other medical cause which will require medical investigation and treatment e.g. anaemia.

## **Plan for moving and handling**

Margaret was assessed and issued with a delta rollator which improved her balance. Her pain was less as she was able to lean on the walking aid therefore reducing the stress going through her back and pelvis. She was encouraged to mobilise little but often within her pain limits to improve confidence and stamina. Daily review of mobility by Physios.

## **Caring for Margaret**

Necessities: A moving and handling assessment leading to a care plan.  
 Multidisciplinary team approach.  
 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 staff.  
 Staff need to communicate any difficulties they have in moving Margaret.

## **Problems with poor moving and handling**

To Margaret:

- Risk of damage to fragile skin.
- Right shoulder is vulnerable to injury due to the weight of the lymphoedematous arm and compromised muscle power.
- Increased risk of falls which would further reduce confidence and potential for further injury.
- High risk of pathological fracture.

To carers:

- Back and neck injuries
- Repetitive strain and joint injuries.
- Time off work.

## **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(rotunda), 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 manually.
- 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

Ring

Think about possible causes of Margaret's reduced mobility

Pain

Lymphoedema

Fatigue

Depression

Drugs

Anaemia

Anxiety

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

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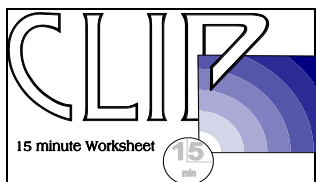
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### 15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

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