



## TWO PERSON SITTING UP IN BED

**PURPOSE:** To sit the client up in emergencies only (raising the head of the bed is the preferred method)

**Number of caregivers:** Two

**Weight considerations:** Weight ratio (upper body)

**Level of difficulty:** Transitional



## NECESSARY PROCEDURES TO ENSURE SAFE CLIENT

### BEFORE BEGINNING A LIFT OR TRANSFER

1. Check the pictogram.
2. Assess and prepare the client and the environment:
  - Has their status changed
  - Do they need preparatory help, such as clearing a pathway, placing equipment (canes, walkers, etc.) within reach, or ensuring personal articles are in place.
  - Does the client with emotional needs or cognitive or visual deficits (confusion, blindness, mental instability, aggression, etc.) need spoken instructions?
3. Assess your physical limitations (How are you feeling? Do you need a second person? Do you need to use a mechanical lift?)
4. Request assistance, if required.
5. Explain the procedure to the client and show them how to help, if possible, keeping instructions short and simple.
6. Follow the essential tips for safe and efficient body mechanics in the Employee Training Booklet.
7. After completing the technique, assess the client's comfort.



# POSITIONING AND MOVEMENT

## REPOSITIONING TRANSFER: TWO PERSON SITTING UP IN BED TRANSITIONAL

### CONSIDER

#### Direction of Movement

Front-to-back, back-to-front, side-to-side, side-to-side (on the diagonal), or side-to-side (with pivot) = 90°, upright and forward to down and back, down and back to upright and forward.

### CLIENT

Side-to-side

### CAREGIVER

Side-to-side (2, 5)

\*Point of reference for client on bed – Bed has four sides, no front or back.

### CONSIDER

#### Line of Movement

As close to the horizontal as possible.

### CLIENT

45° 

### CAREGIVER

Horizontal  (2, 5)

### CONSIDER

#### Range of Movement

The span of movement that covers the distance between the start and end of the move. Distance of caregiver's move equals client's span of move.

### CLIENT

The distance from the head to the hips.

### CAREGIVER

Start foot faces the load, end foot faces direction of move; place end foot first (at client's hips) to cover span and ensure movement will be completed within your base of support (2).

### CONSIDER

#### Point of Force Application

The point where the force is applied to the client's body.

### CLIENT

Scapula.

### CAREGIVER

The caregiver with the longer arm should choose the arm position that incorporates head support. When positioned properly, this person's inside elbow should span the client's scapula with their wrist bracing the base of the neck and their fingers splayed to cradle the skull (1). This will enable the caregiver to effectively handle the weight of the shoulder, while safely supporting the head (1). Second caregiver's inside elbow should cradle the client's shoulder with the remainder of the arm extending horizontally across the back. This will enable the caregiver to effectively handle the bulk of the upper torso weight (1). Both caregivers should place the fist of their free arm on the bed at hip level (2).

## CONSIDER

### Command and Count

Verbal command given by caregiver.

## CLIENT

## CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, **LOAD** (4) **PUSH** (5)

## CONSIDER

### Force Production

The force needed to effect movement, which is relayed from your feet, knees and/or hands through the braced body and arms to the point of force application. For example, friction and weight will dictate the amount of force required.

## CLIENT

Reduce friction and weight by:

- Using free arm (fist on bed) to apply force.
- Decreasing horizontal distance (load in towards the client).
- Packaging the client (brace elbow to body to minimize weight carried by caregiver's arm).

## CAREGIVER

Initiate a **LOAD** by **PUSHING** from the end foot to the start foot (4). To decrease the horizontal distance between you and the client, ensure you **LOAD** in toward the client (4). As you move closer to the client, brace elbow tight to your body to package the client (4).

Now, **PUSH** through your start foot and shift your body weight as a unit from side-to-side to your end foot (5). At the same time, **PUSH** through your fist on the bed. The force of the **PUSH** through your foot on the floor and fist on the bed is relayed through your braced body and arms to the client's upper body.

## CONSIDER

### Tips

## CLIENT

- Bed brakes must lock.

## CAREGIVER

- Caregiver with longer arm should choose the arm position that incorporates head support.
- Do not shift in an upward direction. Shift across a horizontal line of move.
- At the end of the move, do not move past the client as this will cause you to torso tip and move outside your base of support.

## CONSIDER

### Contraindications

## CLIENT

- Severe contractures.
- Trunk spasticity.
- Slow movement if vertigo is present.

## CAREGIVER

- This transfer is suitable in emergency situations where quick action is required (choking, etc.).
- In non-emergency situations, raising the head of the bed is the preferred method of choice.

## CONSIDER

### Options

## CLIENT

## CAREGIVER

- Bed can be at working level or in a low position.
- If bed is in a low position, the end knee should be placed on the bed, start foot placed on the floor and body positioned in exactly the same manner as when both feet are on the floor.

