



STRETCHER TO BED

PURPOSE: To reposition the client from the stretcher to the bed or the bed to the stretcher

Number of caregivers: Three or more persons

Weight considerations: No weight restriction

Level of difficulty: Complex



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: STRETCHER TO BED COMPLEX

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

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

CAREGIVER

Side positions: Front-to-back

Upright and forward to back and down (2, 3, 4, 5)

Counterbalance movement

Bottom of bed position: Side-to-side (2, 3, 4, 5)

CONSIDER


Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Side positions:  45° Counterbalance (3, 4, 5)

Bottom of bed position:  Horizontal (3, 4, 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

How far do they need to be moved from the stretcher to the bed or bed to the stretcher?

CAREGIVER

Side positions: Start foot faces the load, end foot faces direction of move; place end foot first to cover span and ensure backward movement will be completed within your base of support. As this technique requires a significant reach across the bed to the stretcher, the caregiver should ensure the end leg is raised and pointing straight back (as in the golfer's lift) to counterbalance the weight of the upper body (1).

Bottom of bed position: Start foot faces the load, end foot faces direction of move; place end foot first to cover span (1).

CONSIDER

Point of Force Application

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

CLIENT

Side position #1: Scapula and hips

Side position #2: Hips and mid-calf

Bottom of bed position: Feet

CAREGIVER

Grip handles on slider. Grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed (1).

CONSIDER

Command and Count Verbal command given by caregiver.

CLIENT

CAREGIVER

Side positions: CHEST UP, BACK STRAIGHT, ARMS BRACED (2)... BRACE OFF (3)... 1, 2, 3, PUSH (4, 5)

Bottom of bed position: CHEST UP, BACK STRAIGHT, ARMS BRACED... 1, 2, LOAD, PUSH (4, 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, weight and reach by:

- Using a slider sheet with handles (preferably two slider sheets, one on top of the other).
- Grip handles to produce tension, arms slightly raised and braced, elbows flexed.

CAREGIVER

Side positions: Two caregivers positioned on the far side of the bed/stretcher (2). **Brace off** with elbows flexed, arms slightly raised and braced. This will reduce friction by keeping the client's body slightly raised off the bed/stretcher (3). **PUSH** through start foot and set your body weight as a unit back and down. The upper body should simultaneously rise as the end leg is lowered to the ground (4). Flex the end knee at the completion of move (5). The force comes from your start foot and is relayed through your braced body and arms to achieve a simultaneous front-to-back shift and counterbalance movement.

Bottom of bed position: Third caregiver positioned half way between the foot of the stretcher and the foot of the bed in a side-to-side stance (2). Initiate a **LOAD** by **PUSHING** from end foot to the start foot (3). Next **PUSH** through the start foot and shift your body weight as a unit to your end foot (4, 5). The force is relayed through your braced body and arms to the repositioning draw sheet allowing the client to slide from the stretcher to the bed or bed to the stretcher.

Tips

CLIENT

- Bed and stretcher brakes must lock.
- Bed and stretcher must be of equal height.

CAREGIVER

- **Side positions:** **PUSH** back and down, do not sit down first and do not pull with arms; keep elbows flexed, arms slightly raised and braced throughout the move.
- Remember to place end foot back far enough to ensure movement falls within base of support.
- Bed and stretcher may be moderately high but not so high so as to prevent you from reaching across comfortably or to prevent you from producing enough tension on the slider sheet to raise the client slightly.
- Your start thigh can be positioned against the mattress to prevent it from sliding off the bed and to help create momentum to begin the move.

Contraindications

CLIENT

CAREGIVER

Short caregivers: Move to the bottom of the bed position if bed and stretcher are too high.

Options

CLIENT

- A pillow can be tucked slightly under the shoulders and rolled up with the repositioning draw sheet to stabilize the head and neck.
- A pillow can be placed under the client's legs for support and/or stabilization.

CAREGIVER

Knee on method: If reach is too far across bed/stretcher, start knee can be placed on bed.

