



HAMMOCK (1) BED

PURPOSE: To reposition the client to the head of the bed

Number of caregivers: Two

Weight considerations: No weight restriction

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: HAMMOCK (1) 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 (up the bed)

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

CAREGIVER

Side-to-side (on the diagonal) (1, 2, 7)

Positioned at the head of the bed

Upright and forward to back and down (4, 6, 7)

Counterbalance movement

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

45° Counterbalance  (4, 6, 7)

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 up in the bed?

CAREGIVER

Position both feet (with thighs touching the bed) in a side-to-side stance at the head of the bed; end foot should be positioned where client's head will rest upon completion of the move (1). Next, rotate start foot out to a 45° angle from the head of the bed so that the pelvis, knees and feet are aligned and facing the opposite corner of the bed (2). To achieve optimal alignment, allow the toe of the end foot to rotate inward.

CONSIDER

Point of Force Application

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

CLIENT

Scapula

CAREGIVER

At the client's shoulder level, in a wide grasp with client's shoulders positioned between caregiver's hands, roll repositioning draw sheet to produce tension and slightly raise client's shoulders off bed (grip should see the wrists neutral and palms either down or rotated slightly upward with elbows flexed) (3).

CONSIDER

Command and Count

Verbal command given by caregiver.

CLIENT

CAREGIVER

CHEST UP, BACK STRAIGHT, ARMS BRACED... BRACE OFF (5)... 1, 2, 3, PUSH (6)

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:

- Bracing off (raises client slightly off bed).
- Using a slippery repositioning draw sheet, permanently placed on bed.
- Repositioning legs by flexing knees (if possible).
- When possible, have client push with feet.

CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the bed (4, 5). Next, **PUSH** equally through both feet as a unit back and down (counterbalance movement) (6, 7). The simultaneous 45° angle counterbalance movements will cause the client to move up the bed.

CONSIDER

Tips

CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.
- Exercise control if lightweight.

CAREGIVER

- In the start position, ensure eyes, head, shoulders, hips, knees and feet are aligned at a 45° angle to the bed and body is upright and forward over the client (4).
- **PUSH** equally through both feet setting body weight back and down.
- Do not sit down, pull with arms or shift body up the bed by pushing through only the start foot.
- Your arms will move up the bed with the client, however, your body should be moving at a 45° angle away from the bed.

CONSIDER

Contraindications

CLIENT

CAREGIVER

- Do not use soaker pad as a repositioning aid.

CONSIDER

Options

CLIENT

- **Heavy clients:** Movements may be small and repeated several times to achieve entire move.

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.

