



HAMMOCK (2) BED

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

Number of caregivers: Two

Weight considerations: Weight restriction (not > 145 lbs)

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 (2) 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, 6)

Positioned at the side of the bed

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

Counterbalance movement

CONSIDER

Line of Movement

As close to the horizontal as possible.

CLIENT

Horizontal 

CAREGIVER

Horizontal at an angle slightly away from bed (2, 6)

45° Counterbalance  (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 up in the bed?

CAREGIVER

Start foot faces load, end foot faces direction of move; place end foot first where the client's head will rest upon completion of the move. To maintain the counterbalance movement throughout entire transfer, move end foot away from the bed to achieve a start position of side-to-side (on the diagonal) (2). If large span of movement is required, this transfer can be done in two moves.

CONSIDER

Point of Force Application

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

CLIENT

Scapula and hips

CAREGIVER

Roll repositioning draw sheet to produce tension. 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 LOAD, 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.
- Having client push with feet, when possible.

CAREGIVER

Brace off. Set body weight as a unit in a backward direction to raise the client off the bed (5).

Next, while maintaining this brace off, initiate a **LOAD** by **PUSHING** from the end foot to the start foot.

Now, **PUSH** simultaneously through the start foot back and down to achieve a counterbalance movement and side-to-side to shift your body weight as a unit up the bed to the end foot. Make sure you maintain the counterbalance movement throughout the entire shift as this will reduce friction, causing the client to remain slightly raised off the bed throughout the move (6).

CONSIDER

Tips

CLIENT

- Bed brakes must lock or head of bed must be positioned against wall.
- Excellent for pediatrics or acute care situations (traction, monitors, ventilators, etc.).

CAREGIVER

- Be sure to maintain counterbalance throughout entire move. The end foot positioned slightly away from the bed will allow this to happen (2).
- Do not pull with arms.

CONSIDER

Contraindications

CLIENT

CAREGIVER

- Bed must be at working level, cannot be in a low position.

CONSIDER

Options

CLIENT

CAREGIVER

- Four people can execute this move by positioning two people on either side of the bed.

