



Biala Support Services Inc

MANUAL HANDLING CARE ASSESSMENT

Department	Your name & relationship to client	Date
NCFC		

Student / Client Surname	Given Names	Date of Birth

<p style="text-align: center;">MOBILITY</p> <p>Weight bearing</p> <p>FULL Left <input type="checkbox"/> Right <input type="checkbox"/></p> <p>PARTIAL <input type="checkbox"/> <input type="checkbox"/></p> <p>MINIMAL <input type="checkbox"/> <input type="checkbox"/></p> <p>NON <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: center;">TRANSFERS – CHAIR TO CHAIR</p> <p>Independent <input type="checkbox"/></p> <p>1 Person to supervise <input type="checkbox"/></p> <p>1 Person to assist <input type="checkbox"/></p> <p>2 or more to assist <input type="checkbox"/></p> <p>Mechanical lifter <input type="checkbox"/></p>
---	--

<p>MOBILISES WITH</p> <p><input type="checkbox"/> Single point stick</p> <p><input type="checkbox"/> 4 Point stick</p> <p><input type="checkbox"/> Pick up frame</p> <p><input type="checkbox"/> Wheelie walker</p> <p><input type="checkbox"/> Forearm, Support frame</p> <p><input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Wheelchair</p> <p><input type="checkbox"/> Other (specify)</p> <p>ASSISTANCE REQUIRED</p> <p><input type="checkbox"/> Independent <input type="checkbox"/> 1 to assist</p> <p><input type="checkbox"/> Close Supervision <input type="checkbox"/> 2 to assist</p> <p><input type="checkbox"/> Contact Support</p> <p>ASSISTIVE DEVICES</p> <p><input type="checkbox"/> Johnny Belt <input type="checkbox"/> Other (specify)</p> <p><input type="checkbox"/> Transfer Belt</p>	<p>TRANSFERS – IN / OUT OF BED</p> <p>Independent <input type="checkbox"/></p> <p>1 Person to assist <input type="checkbox"/></p> <p>2 People to assist <input type="checkbox"/></p> <p>Mechanical lifter <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p> <p>ASSISTIVE DEVICES</p> <p><input type="checkbox"/> Johnny belt <input type="checkbox"/> Transfer belt</p> <p><input type="checkbox"/> Slide board <input type="checkbox"/> Turn table</p> <p><input type="checkbox"/> Slide Sheet <input type="checkbox"/> Other (specify)</p> <p>MOVING IN BED</p> <p><input type="checkbox"/> Bed Slide Sheet <input type="checkbox"/> Bed Roll Sheet</p> <p><input type="checkbox"/> Mechanical Lifter <input type="checkbox"/> Other (specify)</p>
---	--

STUDENT / CLIENT ASSESSMENT GUIDE

When carrying out a person's MANUAL HANDLING CARE ASSESSMENT always consider the following:

(a) Is the person in pain? NO YES Range (nil) 0...5...10 (worst)

(b) Does the person have a sight deficit? NO YES Range (nil) 0...5...10 (good)

(c) Does the person have a hearing deficit? NO YES Range (nil) 0...5...10 (good)

(d) Does the person have a medical condition that you need to consider for this assessment? NO YES

If so, what is it?.....

(e) Is the person on medication that could affect their physical performance or behaviour NO YES

If so, what is it?.....

(f) What is the person's mental status? Apprehensive Confused Agitated
 Co-operative Unco-operative

When assessing a person you need to consider:

Can they assist? YES NO Can they comprehend? YES NO

Are their abilities consistent? YES NO Will they co-operate? YES NO

Does the person act on impulse? YES NO

When assessing a person for transfer you need to consider:

(a) What is the person's approximate weight? Kilograms

(People assisting with the transfer should determine their own abilities to be able to complete the transfer safely for both themselves and the student / client. Consideration should always be given to a TEAM transfer or the use of a MECHANICAL LIFTER.)

(b) Does the person's pain increase on movement? YES NO If so, where?.....

(c) Does the person have fragile skin? YES NO If so, where?.....

(d) Does the person have any fractures or wounds? YES NO If so, where?.....

(e) Does the person have a neurological deficit? YES NO If so, what?.....

PHYSIO / O.T. ASSESSMENT REQUIRED? YES NO