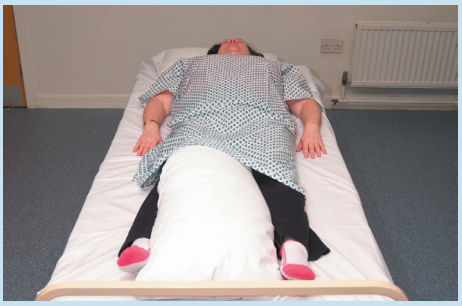
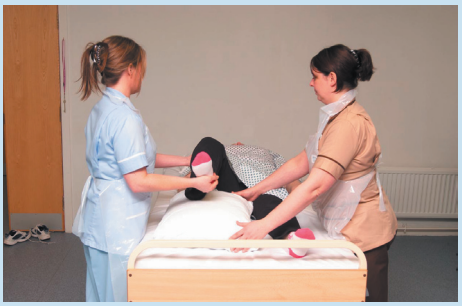
NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

Topic: Re-positioning patient with a Thoraco-lumbar injury up/down on an Egerton turning bed

	ACTION	RATIONALE	
1	Remove all supports and pillows except one between legs	Minimize amount of equipment to be moved. Keep one pillow between legs to prevent pressure	
2	Team of 4-6 nurses to reposition	Number of people required to carry out manouvre must be based on risk assessment i.e. patient height, weight, width, etc.	
3	Person nearest to patient's head should always assume the lead	To ensure all staff are aware of the order of command	
4	3 nurses position at either side of the patient evenly spaced out at patient's shoulders, hips and calves Each nurse rolls up sheet as close to patient as possible. Staff's feet should be positioned in the direction the patient is moving to	To keep distribution evenly spread and to prevent undue movement at the fracture site	
5	On lead nurse's count the patient is gently slid straight up/down the bed into the required position, maintaining spinal alignment at all times DO NOT LIFT	To keep spine straight by moving the whole body together	
6	Straighten and tuck in sheets. Insert one pillow length ways under each leg ensuring heels are free from the bed	To prevent hyperextension of the knee and to avoid pressure on the heels. To remove any creases likely to cause pressure	
7	Place pillow at foot of bed to maintain patient's feet in neutral position	To prevent drop foot.	

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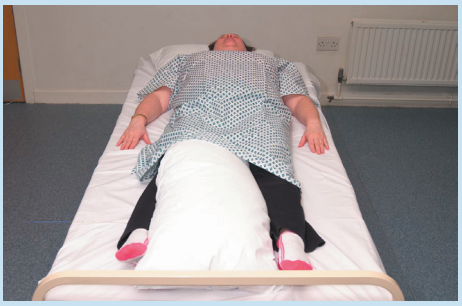
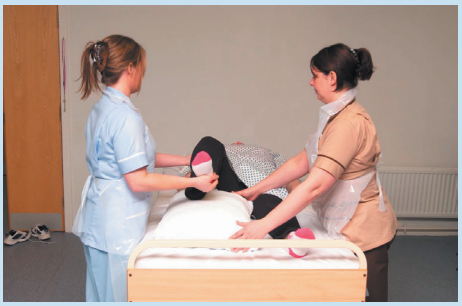
Acute Spinal Injuries Moving & Handling

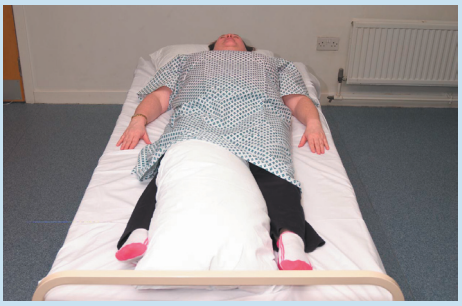
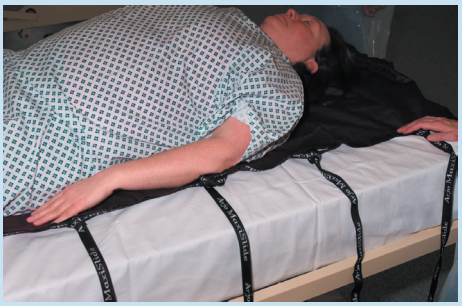
Topic: Re-positioning patient with a cervical injury up/down on an Egerton turning bed

	ACTION	RATIONALE	
1	Remove all supports and pillows except one between legs	Minimize amount of equipment to be moved. Keep one pillow between legs to prevent pressure	
2	Team of 5-7 nurses to reposition	Number of people required to carry out manouvre must be based on risk assessment i.e. patient height, weight, width, etc.	
3	Person at patient's head should always assume the lead	To ensure all staff are aware of the order of command	
4	Lead nurse maintains cervical stabilization at head of bed	To prevent undue movement at fracture site	
5	3 nurses position at either side of the patient evenly spaced out at patient's shoulders, hips and calves Each nurse rolls up sheet as close to patient as possible. Staff's feet should be positioned in the direction the patient is moving to	To keep distribution evenly spread and to prevent undue movement at the fracture site	
6	On lead nurse's count the patient is gently slid straight up/down the bed into the required position, maintaining spinal alignment at all times DO NOT LIFT	To keep spine straight by moving the whole body together	
7	Straighten and tuck in sheets. Insert one pillow length ways under each leg ensuring heels are free from the bed	To prevent hyperextension of the knee and to avoid pressure on the heels. To remove any creases likely to cause pressure	
8	Place pillow at foot of bed to maintain patient's feet in neutral position	To prevent drop foot	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

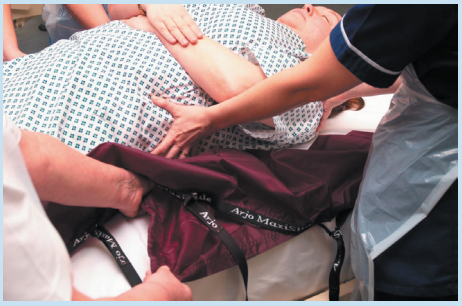
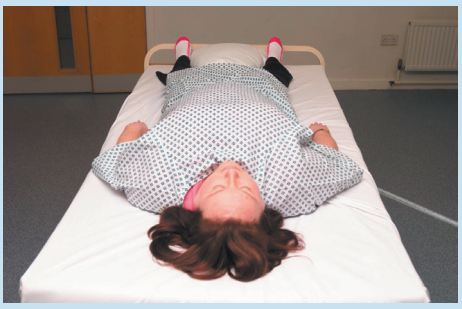
Topic: Transfer of patient with a Thoraco-lumbar injury from bed to other surface.

	ACTION	RATIONALE	
1	Remove all supports and pillows, except one between legs	Minimize amount of equipment to be moved. Keep one pillow between legs to prevent pressure.	
2	Team of 6 nurses required Team 1 - 3 nurses to log roll, remaining 3 nurses prepare and position equipment required for transfer	To maintain patient safety	
3	Team 1 - Logroll patient as per protocol onto their side. Place pat slide and 2 maxi sliding sheets under the patient. Ensure pat slides and maxi slides are placed under the patient's head, neck and shoulders Apply extension straps to top sliding sheet. Furthest away from patient	To keep surface even and ensure smooth transition from one surface to the other without any undue movement	
4	Team 2 position second surface next to bed. Never roll patient back until second surface is securely in position and brakes applied.	To ensure correct positioning of equipment	
5	Ensure the two transfer surfaces are side by side and at the same height Apply extension straps to side of patient that is the direction of transfer	To avoid transferring patient uphill or downhill. To ensure patient is slid smoothly onto the 2nd surface. To avoid staff overstretching during procedure	
6	Nurse at patient's head assumes the lead. 3 nurses position at either side of the bed evenly spaced out at patient's shoulders, hips and calves	To ensure movement is carried out evenly and that everyone is aware of the order of command	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

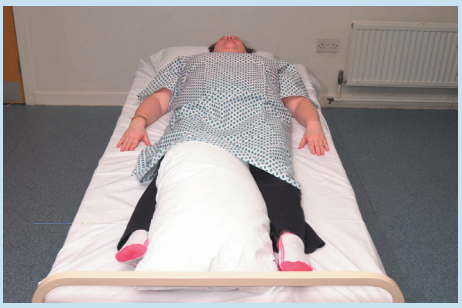
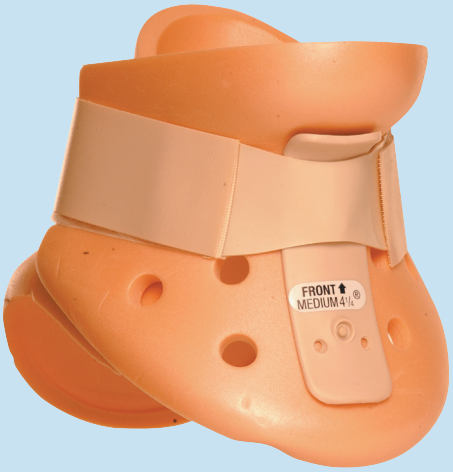
Topic: Transfer of patient with a Thoraco-lumbar injury from bed to other surface.

	ACTION	RATIONALE	
7	Lead nurse count out loud 1-2-3 on count 3 gently slide patient halfway between 2 surfaces, staff should then reposition themselves as necessary and repeat manoeuvre until safely positioned onto alternate surface. Maintain spinal alignment at all times	To keep spine straight by moving the whole body together	
8	Remove pat slide Remove maxi sliding sheets one at a time starting feet first, working up the body. Apply counter traction by supporting the fracture site from the side the maxi sliding sheet is being removed from. Always remove the maxi slide from the side that the extension straps are on.	To remove any equipment that may cause pressure and prevent undue movement whilst carrying this out. To avoid shearing of patients skin with the extension strap	
9	Check patient alignment	To ensure correct spinal alignment is being maintained.	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

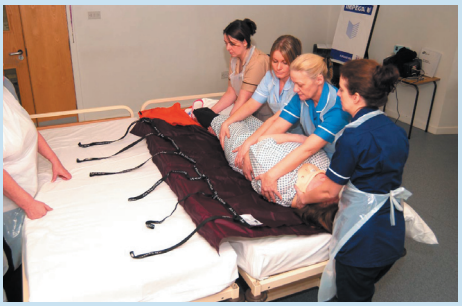
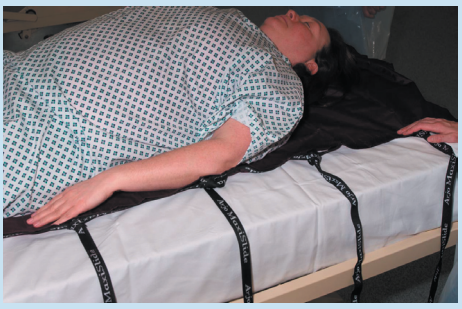
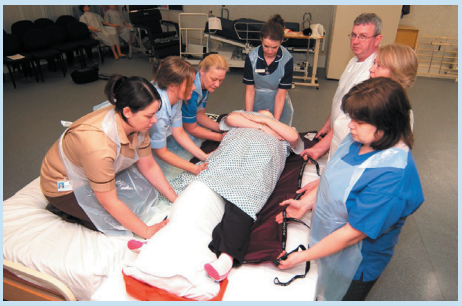
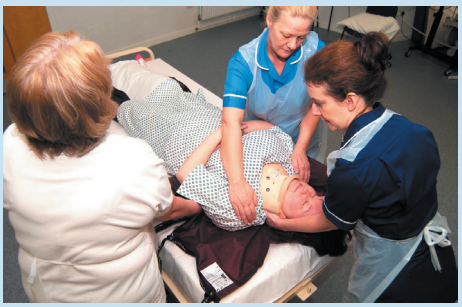
Topic: Transfer of patient with a cervical injury from bed to other surface.

	ACTION	RATIONALE	
1	Remove all supports and pillows, except one between legs	Minimize amount of equipment to be moved. Keep one pillow between legs to prevent pressure and avoid pelvic tilt.	
2	Apply Philadelphia (or stiffneck) collar	To prevent undue movement at fracture site	
3	Team of 7 nurses required Team 1 - 4 nurses to log roll, remaining 3 nurses prepare and position equipment required for transfer	To maintain patient safety	
4	Team 1 - Logroll patient as per protocol onto their side. Place pat slide and 2 maxi sliding sheets under the patient. Ensure pat slides and maxi slides are placed under the patient's head, neck and shoulders Apply extension straps to top sliding sheet. Furthest away from patient	To keep surface even and ensure smooth transition from one surface to the other without any undue movement	
5	Team 2 position second surface next to bed. Never roll patient back until second surface is securely in position and brakes applied.	To ensure correct positioning of equipment	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

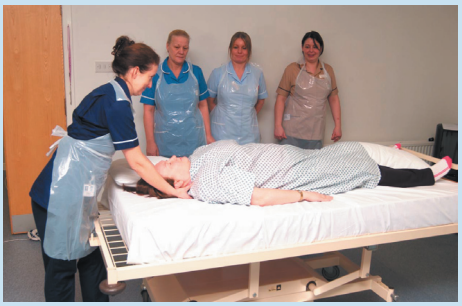
Topic: Transfer of patient with a cervical injury from bed to other surface.

	ACTION	RATIONALE	
6	Ensure the two transfer surfaces are side by side and at the same height	To avoid transferring patient uphill or downhill. To ensure patient is slid smoothly onto the 2nd surface.	
7	Apply extension straps to side of patient that is the direction of transfer Nurse at patient's head assumes the lead. 3 nurses position at either side of the bed evenly spaced out at patient's shoulders, hips and calves	To ensure movement is carried out evenly and that everyone is aware of the order of command	
8	Lead nurse counts out loud 1-2-3 on count 3 gently slide patient halfway between 2 surfaces, staff should then reposition themselves as necessary and repeat manoeuvre until safely positioned onto alternate surface. Maintain spinal alignment at all times	To keep spine straight by moving the whole body together	
9	Keeping neck support in place remove pat slide Remove maxi slide starting feet first, working up the body. Apply counter traction by one nurse supporting the head and neck and second nurse pressing gently down on shoulders. Always remove the maxi slide from the side that the extension straps are on	To remove any equipment that may cause pressure and prevent undue movement whilst carrying this out	
10	Check patient alignment	To ensure correct spinal alignment is being maintained.	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

Topic: Log-rolling patient with a cervical cord injury.

	ACTION	RATIONALE	
1	Log-roll once daily	To avoid excessive handling and possibly increasing fracture mobility. Allows skin inspection for potential breakdown.	
2	Team of 5 nurses to roll.	To maintain patient safety.	
3	Person at head should always assume the lead	To ensure all staff are aware of the order of command.	
4	Nurse at patient's head should remove neck roll and slide hand under neck to support fracture site. (whichever side the patient is rolling onto is the side the nurse should insert her hand, when they roll, the patient's side of head is supported then by the nurse's arm) maintain cervical traction with the other hand	To maintain alignment and prevent undue movement of fracture during the roll.	
5	Maintain cervical traction by holding the centre of the tongs and maintaining a steady gentle pull throughout the roll.	To maintain continuous traction, preventing loss of position at fracture site	
6	Team should roll patient towards them in unison on count of three. 1st. nurse at patient's head 2nd nurse at patient's shoulders 3rd nurse at patient's hips 4th nurse at patient's legs (pillow between) 5th nurse at opposite side of bed to carry out procedure.	To keep spine straight by moving the whole body together. To keep legs apart and stop pelvic tilt	
7	When patient lying on side nurse at patient's head should continuously check alignment is being maintained, with patient's ear in line to shoulder to greater trochanter.	To ensure that alignment is being maintained throughout the procedure.	
8	After procedure team should roll patient back in unison on the count of three	To keep spine straight by moving the whole body together.	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

Topic: Log-rolling patient with a cervical cord injury.

	ACTION	RATIONALE	
9	Nurse at patient's head is responsible for checking that traction is symmetrical with patient's nose, sternum and iliac crests.	To ensure adequate spinal alignment for healing and maintain patient comfort.	
10	If not in correct alignment, nurse at patient's head should place arms at either side of patient's head and place hands palm down over patient's shoulders and press down. Nurses at patient's shoulders and thorax can then realign.	To splint head and neck and avoiding movement, to prevent shoulders being lifted disturbing the fracture. To regain correct anatomical alignment.	
11	Insert neck roll	To support fracture site and natural spinal curvature.	
12	Insert one pillow length ways under each leg ensuring knee is supported and heels are free from the bed	To prevent hyperextension of the knee and avoid pressure on the heels	
13	Place one pillow at the patient's foot to keep in neutral position	To prevent drop foot forming	
14	When patient is being turned onto side place pillow between legs	To prevent legs sliding together and creating potential pressure problems.	

NHS Greater Glasgow and Clyde

Acute Spinal Injuries Moving & Handling

Topic: Log-rolling patient with a thoraco-lumbar injury.

	ACTION	RATIONALE	
1	Log-roll once daily	To avoid excessive handling thereby increasing fracture mobility. Allows inspection of skin for potential breakdown.	
2	Team of 4 nurses to roll.	To maintain patient safety.	
3	Person at head should always assume the lead	To ensure all staff are aware of the order of command.	
4	Team should roll patient towards them in unison on count of three. 1st. nurse at patient's shoulders 2nd nurse at patient's hips 3rd nurse at patient's legs (pillow between) 4th nurse at opposite side of bed to carry out procedure.	To keep spine straight by moving the whole body together. To keep legs apart and stop pelvic tilt	
5	After procedure team should roll patient back in unison on the count of three	To keep spine straight by moving the whole body together.	
6	Nurse at patient's head is responsible for checking symmetry. Patient in centre of bed is symmetrical with nose, sternum and iliac crests.	To ensure adequate spinal alignment for healing and maintain patient comfort.	
7	If not in correct anatomical alignment 1st nurse support fracture site by placing hands on either side of the patient's trunk at level of injury. 2nd & 3rd nurse slide patient's hips or shoulders into position. Do not lift.	To prevent undue movement at fracture site, re-align to allow union of fracture, preventing further neurological damage.	
8	1st nurse check pillow is correctly positioned under lumbar region. (if used)	To support fracture site and natural spinal curvature.	

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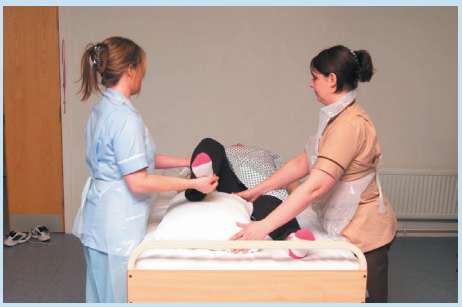
Topic: Log-rolling patient with a thoraco-lumbar injury.

	ACTION	RATIONALE	
9	Insert one pillow length ways under each leg ensuring knee is supported and heels are free from the bed	To prevent hyperextension of the knee and avoid pressure on the heels	
10	Place one pillow at the patient's foot to keep in neutral position	To prevent drop foot forming	
11	When patient is being turned onto side place pillow between legs	To prevent legs sliding together and creating potential pressure problems.