**Introduction to Patient Assessment**

Many of the people you care for in their homes or in some facilities will be able to walk and do a number of the activities of daily living (ADL) independently. Others will need some assistance ranging from giving verbal cues to moderate assistance of a caregiver required to complete the task safely.

One of the most important—and difficult—skills for any caregiver to learn is when NOT to help. It is important that you encourage the patient to perform all, or any part of the ADL task (no matter how small it may seem to you). It may take a little longer but it is respectful of the patient’s need to be independent, and gives the patient the physical and psychological benefits of remaining active as long as possible.

Secondly, knowing how much assistance to give and how to adjust that assistance during a transfer is also important. Caregivers need to position themselves to be able to give more or less assistance depending on the patient’s abilities at the time. Using good body mechanics and being observant of the patient for any changes in ability to assist are needed to safely complete any transfer or reposition.

Introducing a no-lift approach to care requires that we design care plans that consider the patient’s ability to assist with their care, not on the caregivers’ strength or willingness to risk being injured, in order to get the tasks done quickly. We have standardized the descriptions of the important abilities the patient needs to be able to sit, stand and walk. We have defined the level of assistance that is required so that there is a common understanding of the care plan terms. The Patient Mobility and Bathing Assistance Required Plans use these terms and should encourage everyone to see the patient’s need for care from the same viewpoint.

A number of high-risk techniques are shown in this section. These techniques are unfortunately still used by many caregivers but are known to be the causes of some of our most severe injuries. For example, unless exceptional care circumstances arise, no caregiver should assist a patient using the hook-under-arm or “chicken-lift” method for any task.

New assistive devices are being trialed all the time by Interior Health. Included here are only some of the devices you may have to help with patient care. Others may be added to the list. Make sure you are trained in their use when you see them and think about patient situations where they may help. Check with the clinician.
Classification of Mobility Assistance

**Independent:** The patient does not need cues or physical assistance to perform actions.

**Supervision:** A caregiver may be needed to provide cues i.e. verbal instructions or reminders to the patient to position their body or aids for improved safety and support. Use of recommended equipment assistive / devices will promote patient independence.

**Light Assistance:** A caregiver may be needed to provide direction, encouragement or infrequent assistance to the patient to perform the transfer safely e.g. to steady occasional loss of balance or use aids effectively. Use of recommended equipment / assistive devices will improve patient safety.

**Moderate Assistance:** Physical assistance from another person is required to complete the action safely. Assistance may include giving moderate support to maintain sitting, moderate assistance to help the patient stand, positioning of one leg to assist with a pivot turn or moderate assistance to position the body into a chair when sitting down. Equipment/ assistive devices are recommended to provide safety and comfort for the patient and the caregiver.

**Maximum Assistance:** Physical assistance is required throughout the task to provide balance and position limbs. The patient is able to cooperate but may be inconsistent in their abilities. Patient may require assistance from 2 caregivers to complete some tasks. Equipment/ assistive devices are required to reduce risk of injury to caregiver.

**Dependent:** Patient is unable to perform any significant part of the task. Activity is largely performed by caregiver(s) and/or assistive equipment. Not recommended as a safe manual transfer. Mechanical lift equipment / assistive devices required to move patient safely. Care in bed is recommended until a mechanical lift is obtained.

**Note:** Lifting a patient is not recommended as a manual technique unless the patient weighs less than 16 kilograms.