MRAD 223:
Wheelchairs and Stretchers

MRT Program

Objectives

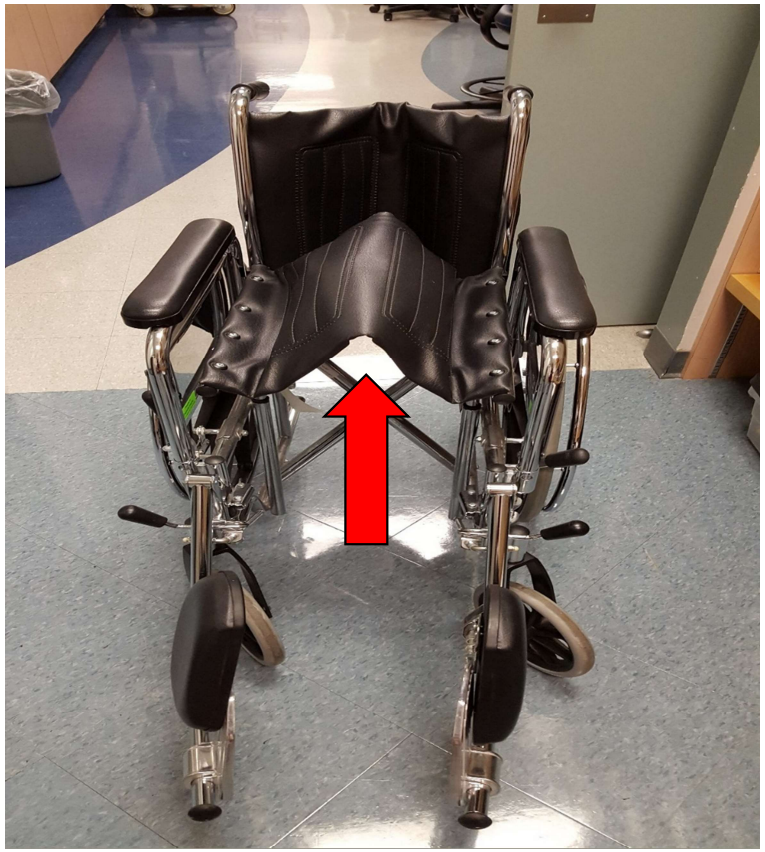
- Components of Wheelchairs (WC)
- Components of Stretchers
- Typical linen found on stretcher
- Types of transfers-a brief “snapshot”
- Review-Preventing Falls

General Rules for ALL Transfers

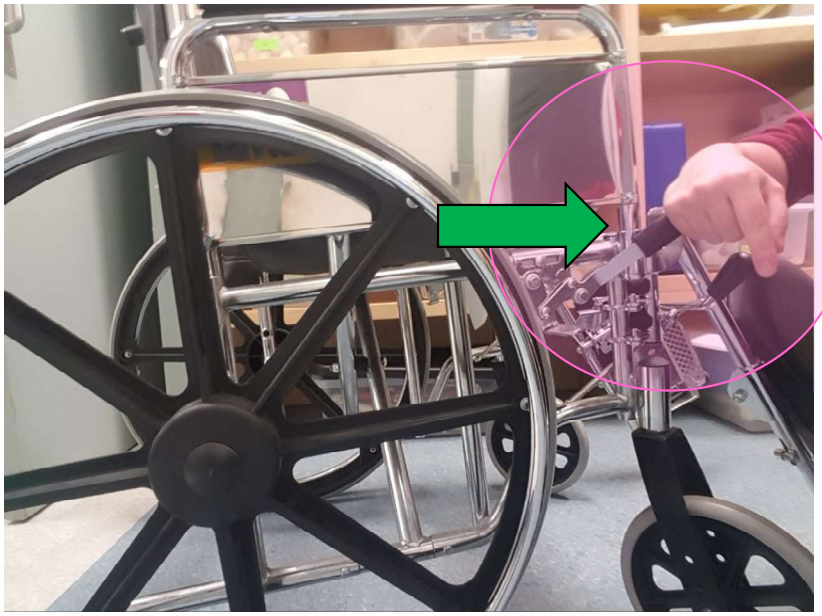
- Double ID
- Check chart and/or talk to the patient
- Room setup
  - Equipment is good to go
- Check the patient for equipment
  - IV's
  - Catheters etc.
- Inform the patient
  - Enlist their help (and build trust)
  - Explain using short, simple instructions
- Plan ahead
  - Additional staff and equipment

Wheelchair Components

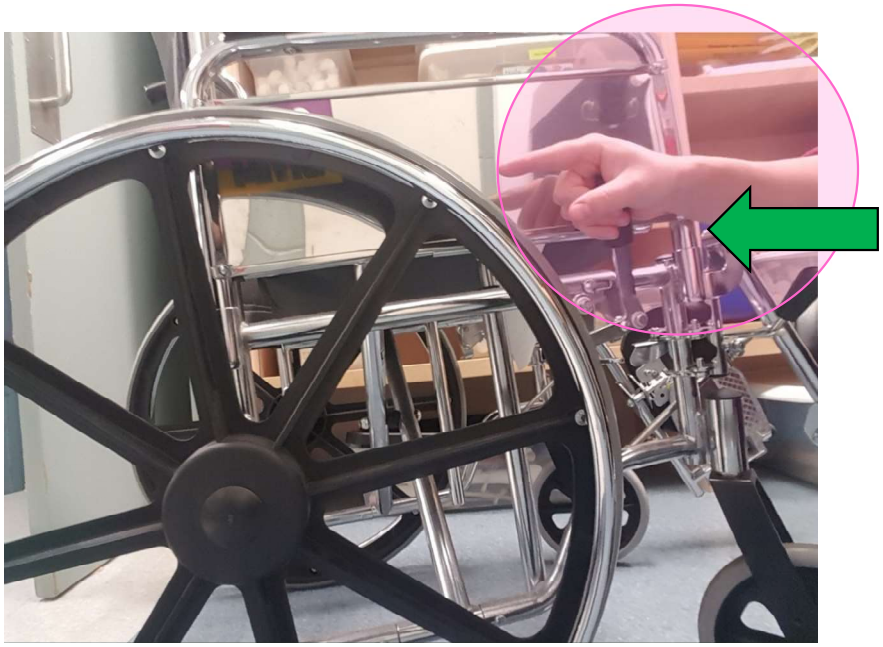




Brakes

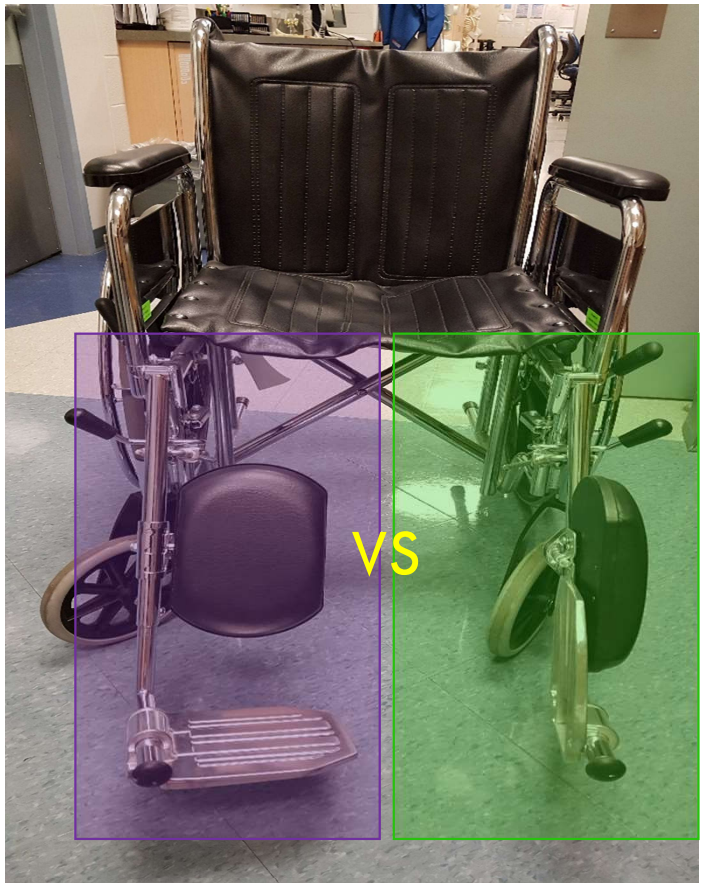


Brakes OFF



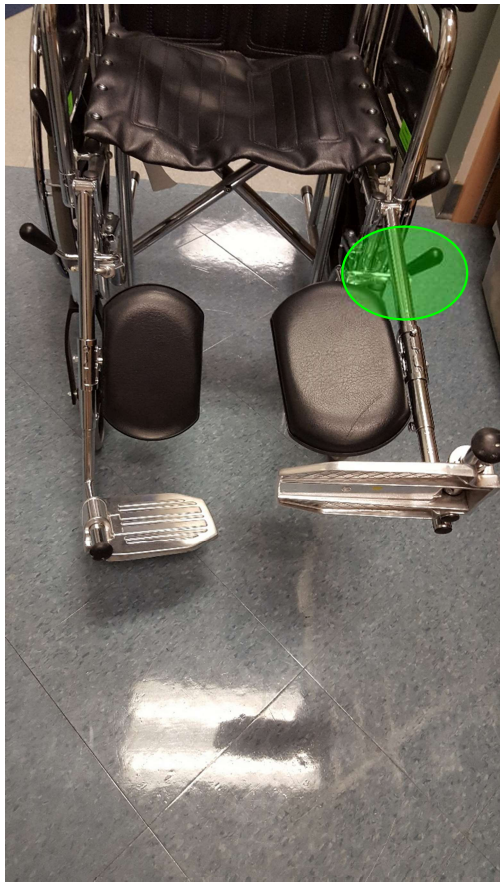
Brakes ON

Leg Rests



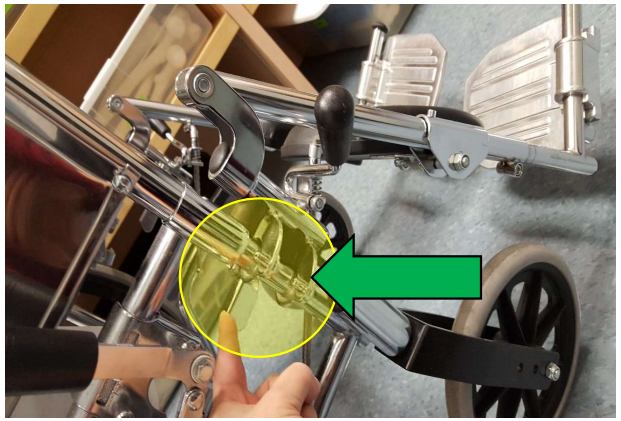


Leg Rests Continued





Removing leg rests



1. PUSH



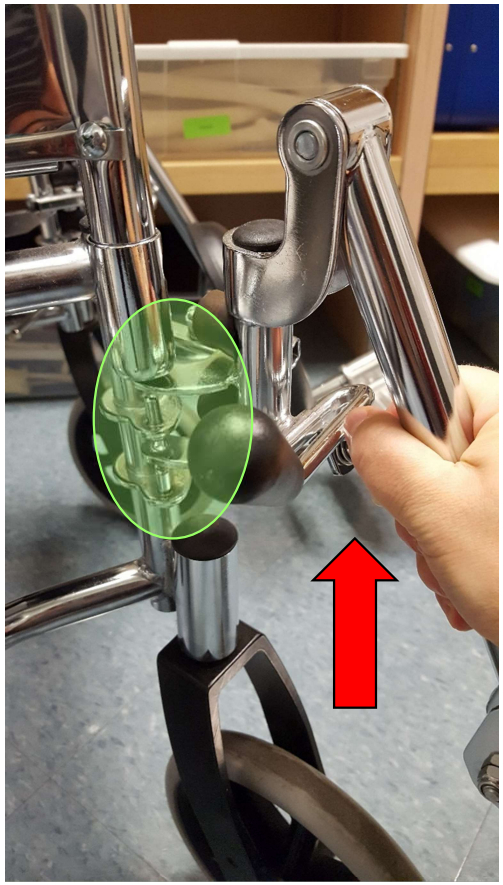
2. PIVOT



Removing leg rests Continued







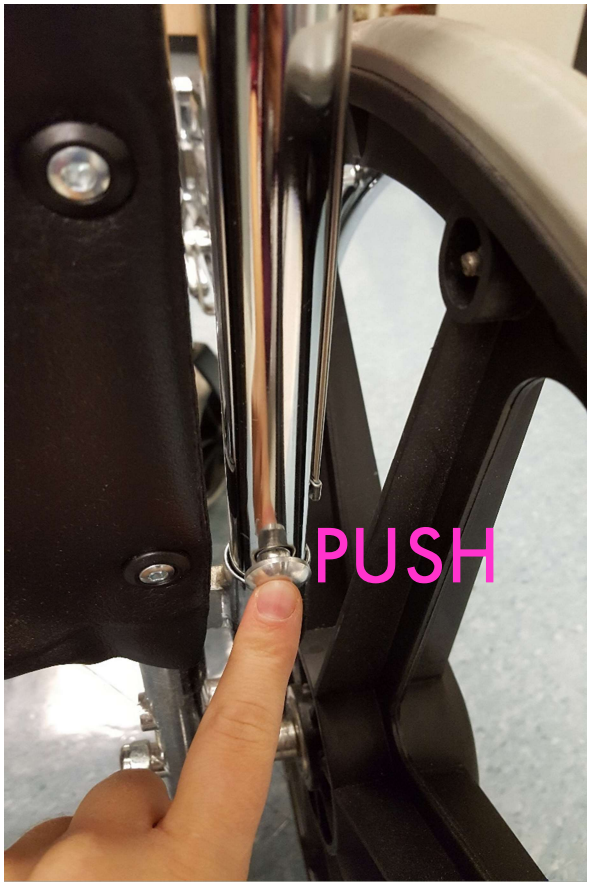
Removing Leg Rests Continued



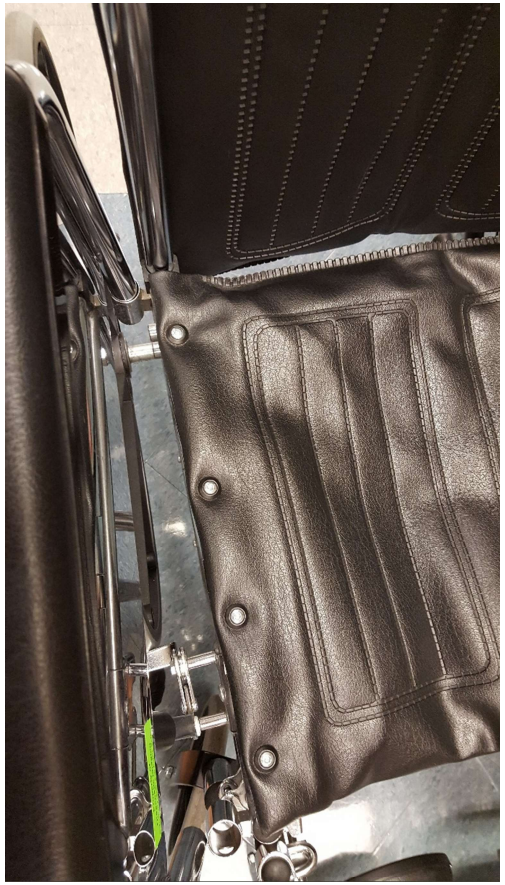


Removing Arm Rests

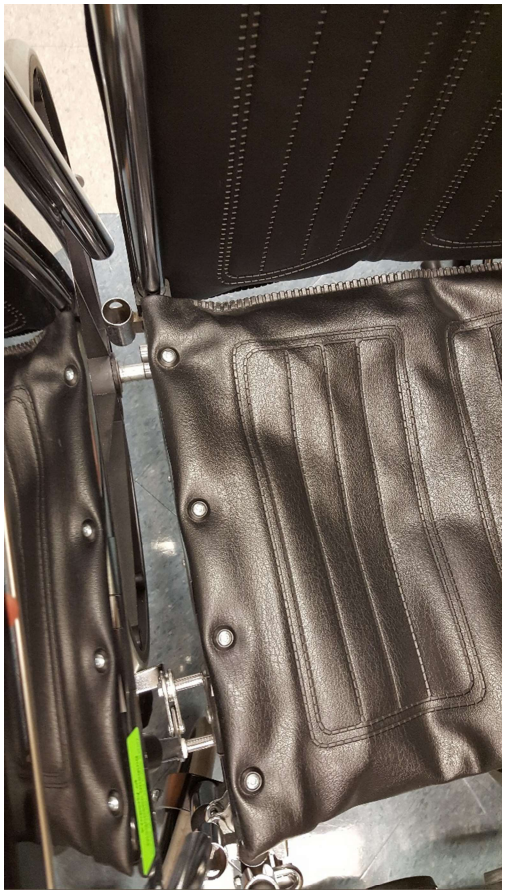




Removing Arm Rests Continued

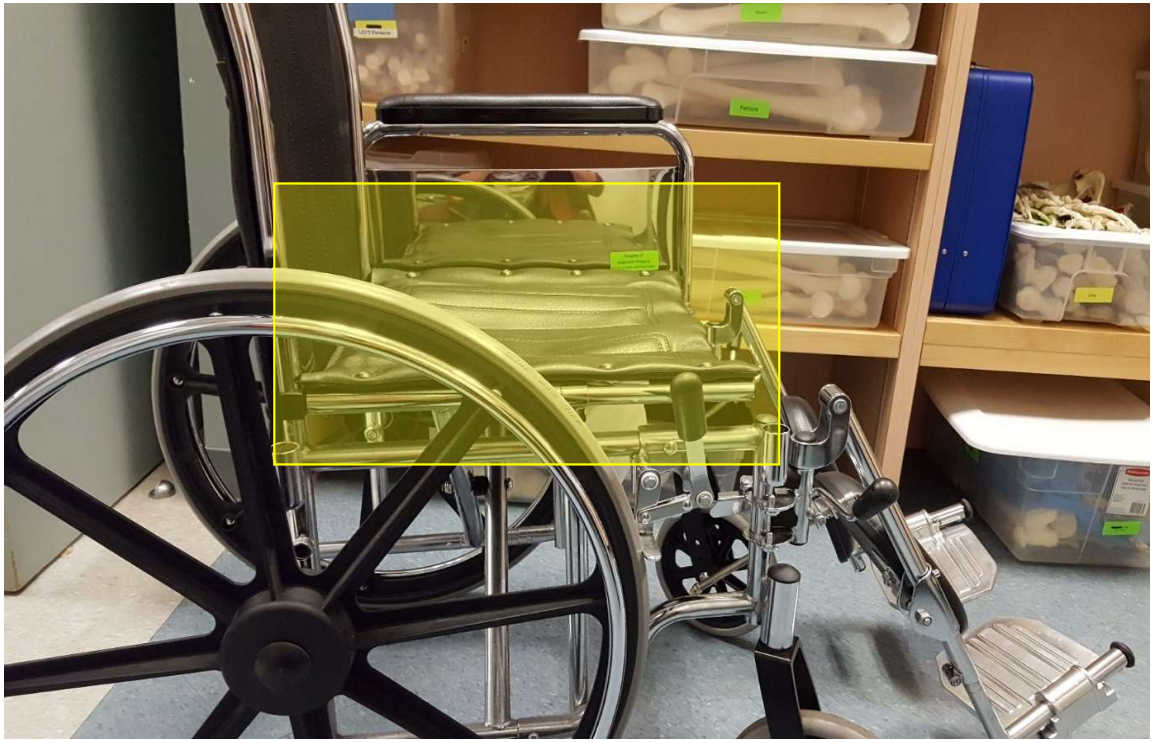


LIFT
UP



Voila! No Arm Rest





Wheelchair Transfers

The following patients should be brought to our department in a wheelchair:

- Able to sit upright
- Injury
  - To one side of the body (think stroke)
  - To a lower limb
- Unable to stand
  - Paralysis

Wheelchair Transfers -Ehrlich 9th pg.215

- Position the w/c // to the bed
  - Lock the wheels
  - Move the footrests out of the way
  - *Move arm rest out of the way if necessary*
- Adjust the height of the x-ray table
  - Should be level with the wheelchair seat
- Help the patient stand & pivot
  - Patient's back should be facing the table!
- Have patient sit on table
- Raise table height (ergonomics for you)
- Help patient lie down on table

Injured vs. Non-injured side

If the patient has an "injury" to their left side:

- *Which side should be closest to the x-ray table?*
  - RIGHT
- *Why?*
  - Patient can support their weight on non-injured side and allows patient to assist with transfer



Supplemental Equipment:

- Gait Belts can be used to help with w/c transfers
  - Provides a secure hold

Stretcher Components







Side Rails Go Up



Push up on the side rail until it "locks" into position



Side Rails Go Down



Push up on the handle &
Push the side rail down



Handle Movements



Pull Up



Handle Movements



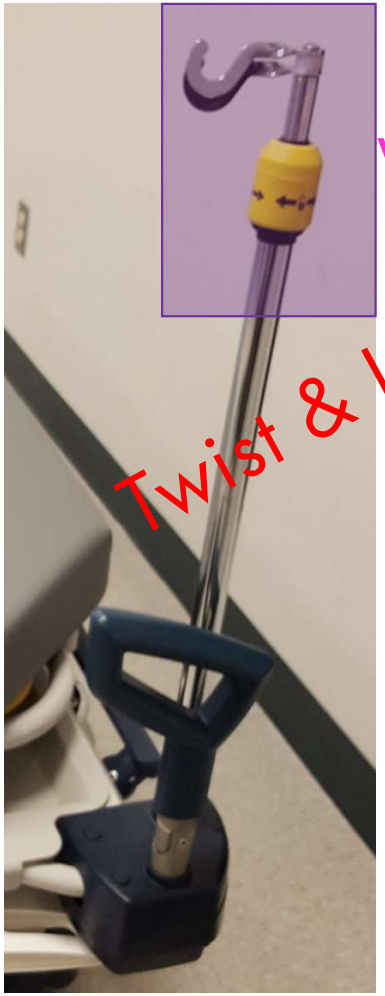
Move
Medially



IV Pole



Lift Up until IV Pole locks in upright position

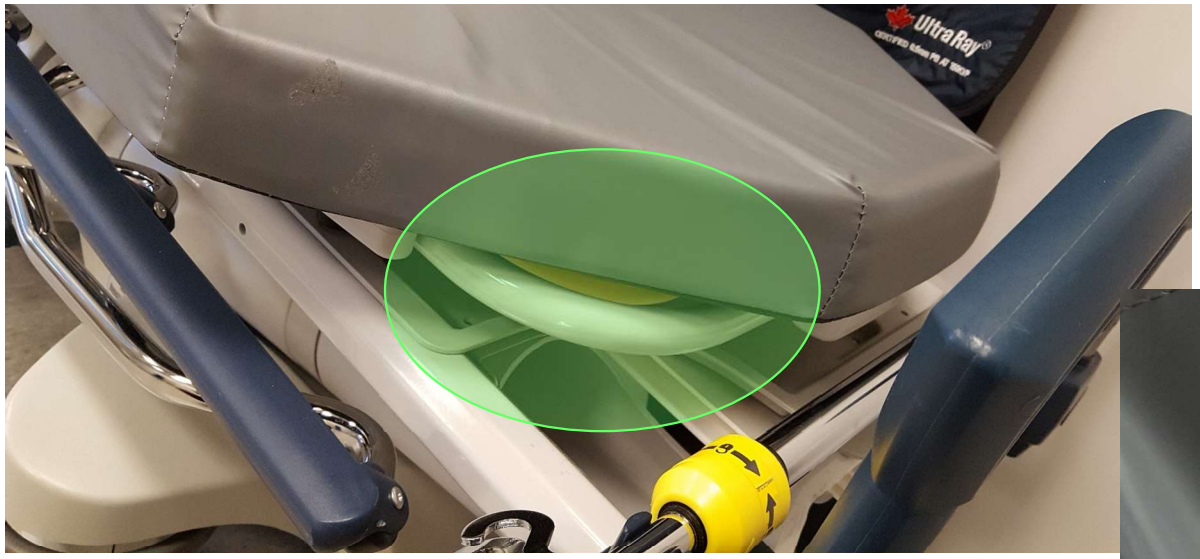


VS

Twist & Lift



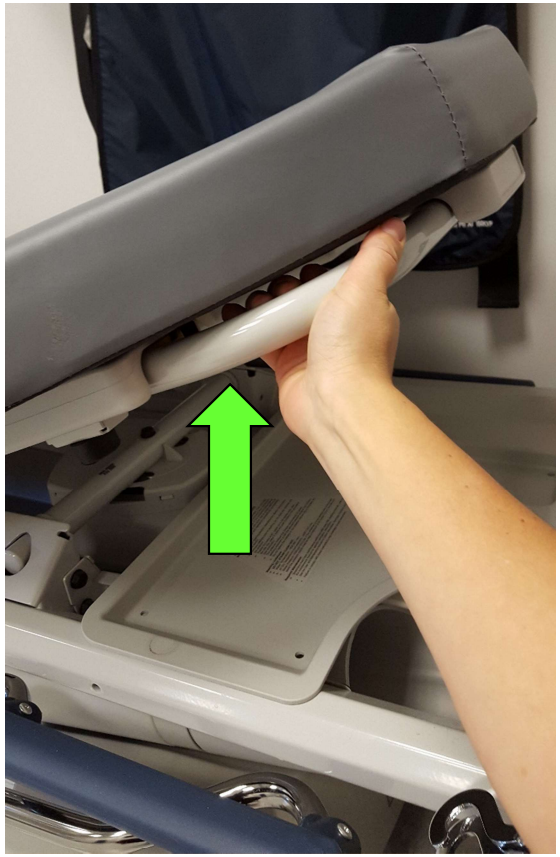
Adjusting the “Head End” of a Stretcher





Find the handle and squeeze while raising the “head end”

Adjusting the "Head End" of a Stretcher





What body position would this place the patient in?

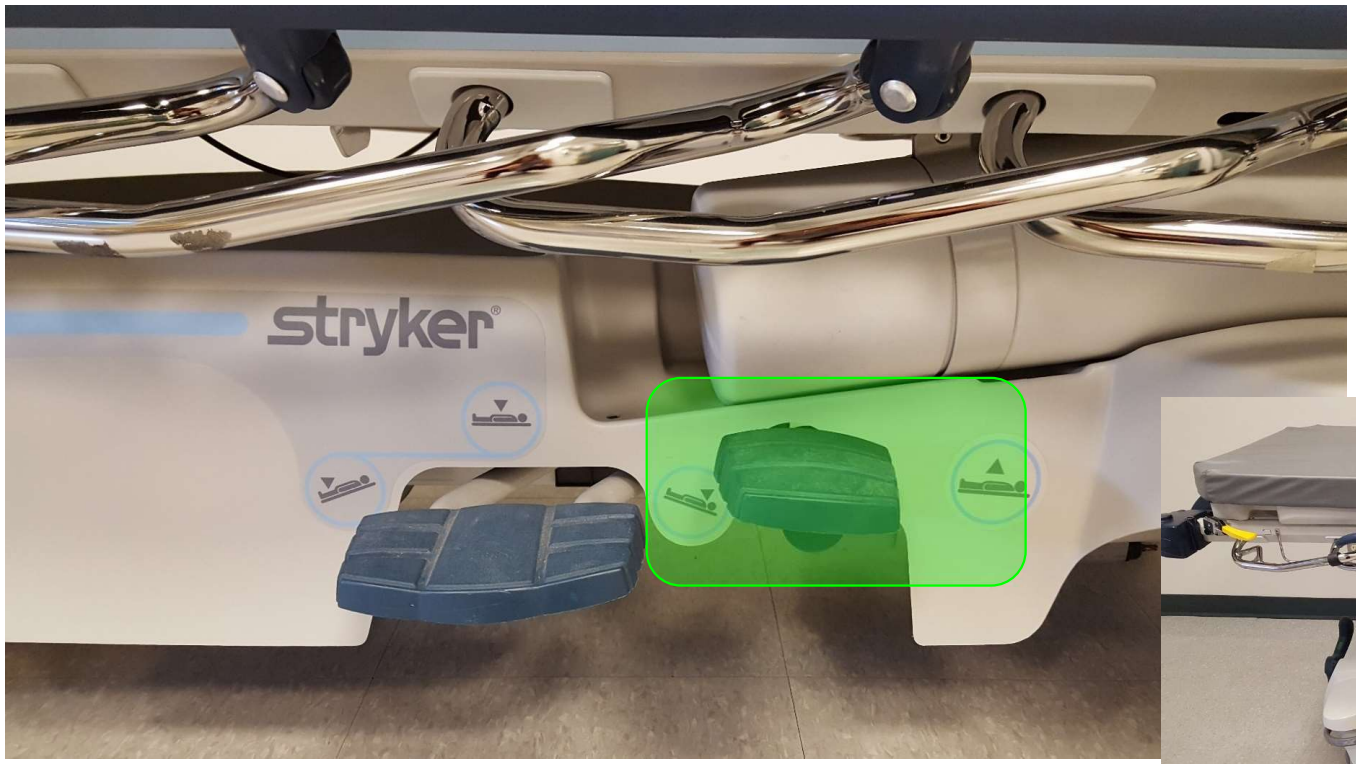
How Far Can it Go?



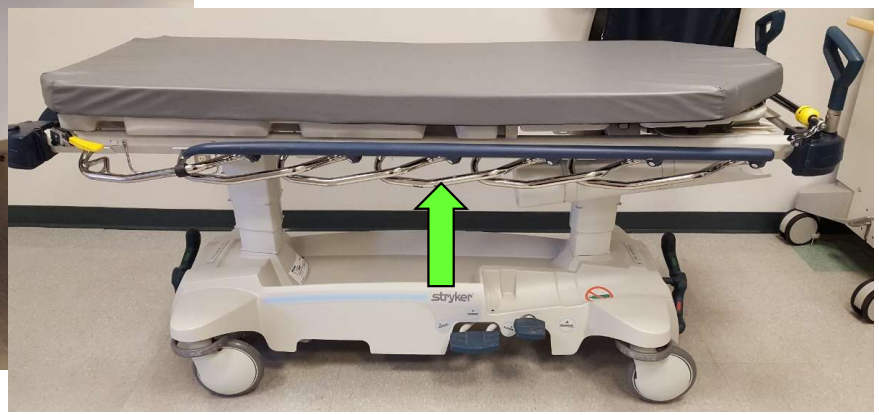
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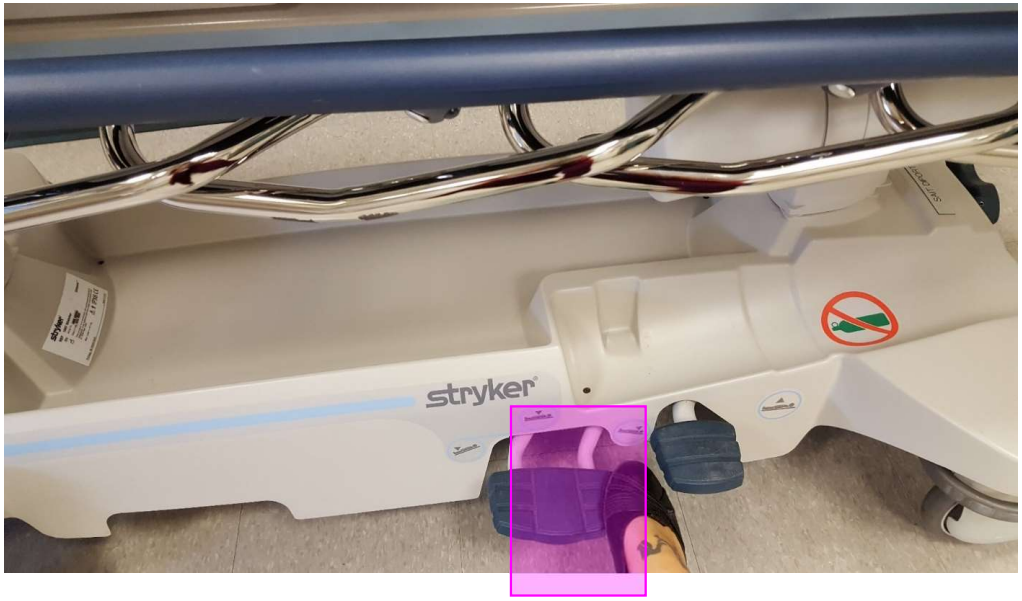
Stretcher Ergonomics



Foot Pedals



Foot Pedals Continued





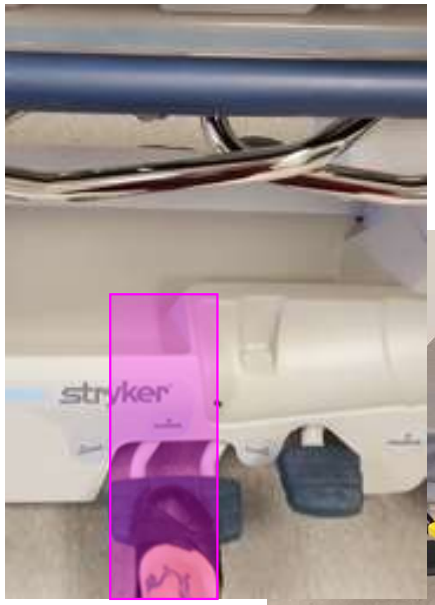
What body position would this place the patient in?

Foot Pedals Continued





Foot Pedals Continued



What body position would this place the patient in?



Driving a Stretcher





Driving a Stretcher



"Free Float"
or Neutral



Driving a stretcher





Typical linen found on a stretcher

There are typically 3 layers of linen on a stretcher.

- Elastic or “stretchy” mattress cover sheet. This sheet should NEVER be used for a transfer. High injury risk
- The middle sheet is a long, wide sheet that covers the entire mattress. This is the sheet the slider board is to be placed under. It protects slider board from coming in direct contact with body of patient. It’s strong and durable and is safe to use for transfer
- The “soaker” sheet is the smaller size, thick, quilted cover that is placed between the shoulders and hips of the patient. It has absorption qualities and provides some padding/comfort to the patient.

Conventional vs Trauma slides

- Conventional slides typically require 3 people.
- Trauma slides require 5 people.

Equipment:

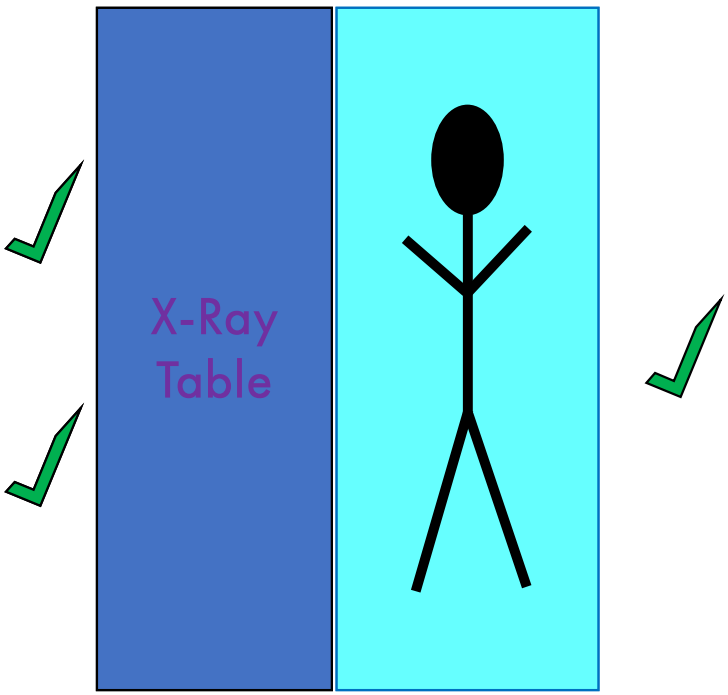
- Slider board
- Soaker sheet
- "IYM" runway sheets

The trauma patient protocol is that the patient comes to D.I dept. with the slider board ALREADY underneath them. This is because ER has the patient's history thus can safely place slider board underneath properly.

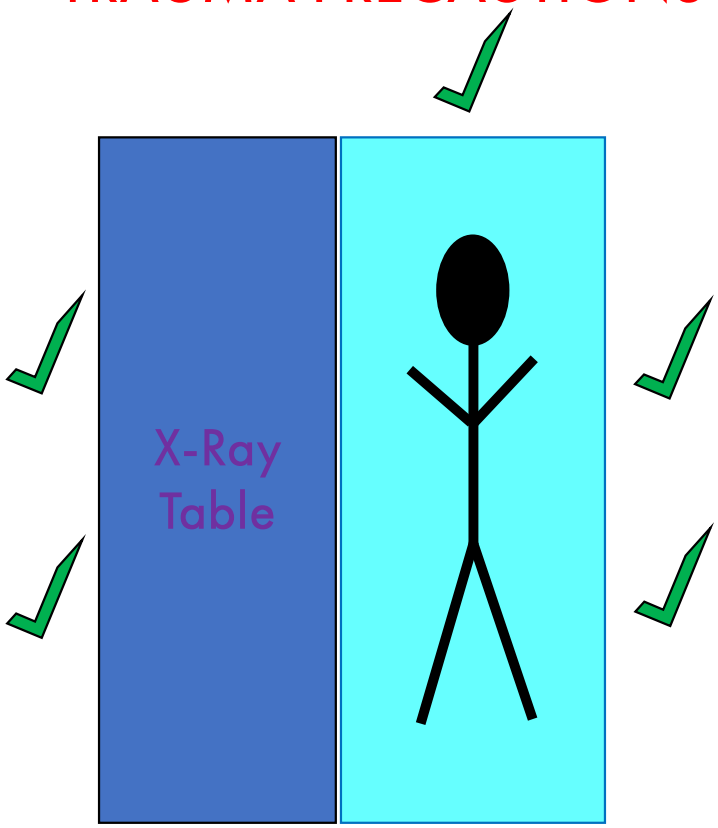


Conventional vs. Trauma Transfers

CONVENTIONAL



TRAUMA PRECAUTIONS



Stretcher Transfers-a brief "snapshot"

- Ensure the patient is lying on the bed properly
  - "Boosting" may be required
- Assess pt. mobility
  - May need to *log roll* to place slider board
  - Get help
- Position the stretcher // to the x-ray table
  - Lower the side rail closest to the x-ray table
  - Lock the wheels
  - Lower the other side rail
- Adjust the height of the x-ray table or stretcher
  - Should be level with each other. Put BRAKES on!

Log Roll-a brief "snapshot"

Procedure if pt. is NOT on spinal precautions:

- Untuck mattress cover
- Cross pt.'s arms across chest
- Create one grip over the pt.'s shoulders and one over the hips
- Count
- Turn pt. towards you
- Put slider board under the pt.
- Roll pt. down
- Slide pt. over middle of slider board if needed

Preventing Falls-Review

When is a fall most likely to occur?

- When being transferred to a w/c
    - Could miss the seat or tip the chair by sitting too near the edge
    - Avoid by locking wheels and assist pt. until they are seated securely
        - Have pt. back up until legs are touching the seat then sit

Side rails need to be up in the locked position

- Especially for impaired or unconscious pt.'s
- Anytime a pt. is left unattended or being transported

Don't transfer unless necessary

- If the pt. can move, enlist their help
- Think: does the pt. need to stand?

Preventing Falls Continued

In-Pt.'s should be transferred to our department by wheeled transport

- Walking is too risky

Pt.'s should always be assisted with transfers

- You can "test" their ability
- Keep the room clean to avoid tripping hazards
- Lock the equipment prior to transfer

Immobilization devices can help prevent falls

- Compression bands
- Safety straps