Client Specific (Inpatient) Moving and Handling Intervention Plan

(For Clients with Complex Moving and Handling Requirements)

Patient's name:		Named Nurse:		Risk Level:	
				Very High	
				High	
				Medium	
				Low	

BODY BUILD				Problems with comprehension, behaviour, co-operation (specify):
Obese		Weight		
Above average		Tall		
Average		Average		
Below average		Short		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
RISK OF FALLS				
High		Low		

Systems of Care to be Implemented

This should include all activities likely to be undertaken with the client requiring assistance of staff including, personal hygiene, toileting, eating, and dressing

Remaining Control Measures Required

This may include the requirement to hire in equipment

Date Assessed:				
Assessor's signature:				
Proposed Review date:				