

# Client Specific (Inpatient) Moving and Handling Risk Assessment Form

<b>Patient's name:</b>		<b>Named Nurse:</b>		<b>If Patient is totally independent, tick here and go to date box</b>		<b>Risk:</b> Low Medium High	
<b>BODY BUILD</b>			Problems with comprehension, behaviour, co-operation (specify):				
Obese		Tall					
Above average		Medium					
Average		Short					
Below average		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):					
<b>RISK OF FALLS</b>							
High		Low					
<b>Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)</b>							
<b>HOIST/STANDAID (Specify)</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>		<b>INDEPENDENT</b>	
	People: 1	2	3	Additional Information:			
	Walking aid (specify)						
<b>Toileting</b>							
<b>HOIST/STANDAID (Specify)</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>		<b>INDEPENDENT</b>	
	People: 1	2	3	Additional Information:			
	Walking aid (specify)						
<b>Move on / off bed pan</b>							
<b>HOIST (Specify)</b>		<b>MANEOUVRE</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>	<b>N / A</b>
	Roll patient			People 1	Additional Information:		
	Monkey pole			People 2			
	Patient bridges			People 3			
<b>Move up / down bed</b>							
<b>HOIST (Specify)</b>		<b>HANDLING AIDS</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>	<b>INDEPENDENT</b>
	Sliding sheet			People 1	Additional Information:		
	Monkey pole			People 2			
	Rope ladder			People 3			
<b>Transfer to / from trolley (or bed etc.)</b>							
<b>HOIST (Specify)</b>		<b>HANDLING AIDS</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>	<b>INDEPENDENT</b>
	Patslide			People 1	Additional Information:		
	Roll Board			People 2			
	Fabric sliding aid			People 3			
<b>Sit up over side of bed</b>							
<b>BED REST</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>		<b>INDEPENDENT</b>	
	People: 1	2	3	Additional Information (e.g. equipment to be used – swivel cushion):			
<b>Into Bath or Shower</b>							
<b>WHICH BATH</b>		<b>HANDLING AID</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>	<b>INDEPENDENT</b>
Shower		Hoist		People 1	Additional Information:		
Variable height bath		Ambulift		People 2			
Bed bath		Shower chair		People 3			
<b>Walking</b>							
<b>NO WALKING</b>		<b>WALKING AID (specify)</b>		<b>ASSISTANCE</b>		<b>SUPERVISION</b>	<b>INDEPENDENT</b>
				People 1	Distanced walked / Additional Information:		
				People 2			
				People 3			
<b>Other Instructions</b>							
<b>Recording Symbol:</b>	/	X	*				
<b>Date Assessed:</b>							
<b>Assessor's signature:</b>							
<b>Proposed Review date:</b>							

## Continuation Sheet

Transfers (Including To/From: Bed; Wheelchair; Commode; Toilet)										
HOIST/STANDAID (Specify)	ASSISTANCE			SUPERVISION	INDEPENDENT					
	People: 1	2	3	Additional Information:						
	Walking aid (specify)									
<b>Toileting</b>										
HOIST/STANDAID (Specify)	ASSISTANCE			SUPERVISION	INDEPENDENT					
	People: 1	2	3	Additional Information:						
	Walking aid (specify)									
<b>Move on / off bed pan</b>										
HOIST (Specify)	MANEOUVRE		ASSISTANCE		SUPERVISION	N / A				
	Roll patient		People 1		Additional Information:					
	Monkey pole		People 2							
	Patient bridges		People 3							
<b>Move up / down bed</b>										
HOIST (Specify)	HANDLING AIDS		ASSISTANCE		SUPERVISION	INDEPENDENT				
	Sliding sheet		People 1		Additional Information:					
	Monkey pole		People 2							
	Rope ladder		People 3							
<b>Transfer to / from trolley (or bed etc.)</b>										
HOIST (Specify)	HANDLING AIDS		ASSISTANCE		SUPERVISION	INDEPENDENT				
	Patslide		People 1		Additional Information:					
	Roll Board		People 2							
	Fabric sliding aid		People 3							
<b>Sit up over side of bed</b>										
BED REST	ASSISTANCE			SUPERVISION	INDEPENDENT					
	People: 1	2	3	Additional Information (e.g. equipment to be used – swivel cushion):						
<b>Into Bath or Shower</b>										
WHICH BATH	HANDLING AID		ASSISTANCE		SUPERVISION	INDEPENDENT				
Shower	Hoist		People 1		Additional Information:					
Variable height bath	Ambulift		People 2							
Bed bath	Shower chair		People 3							
<b>Walking</b>										
NO WALKING	WALKING AID (specify)		ASSISTANCE		SUPERVISION	INDEPENDENT				
			People 1		Distanced walked / Additional Information:					
			People 2							
			People 3							
<b>Other Instructions</b>										
<b>Recording Symbol:</b>		/		X			*			
<b>Date Assessed:</b>										
<b>Assessor's signature:</b>										
<b>Proposed Review date:</b>										