

**New Jersey Department of Military and Veterans Affairs (DMAVA)
Division of Veterans Healthcare Services (DVHS)**

**RESIDENT INITIAL ASSESSMENT CRITERIA and
CARE PLAN for SAFE PATIENT HANDLING and MOVEMENT**

Resident's Name: _____ Room #: _____

1. Resident's Level of Participation:

- _____ **Independent** - Resident performs task safely, without staff assistance, and with or without assistive devices.
- _____ **Partial Assist** - Resident requires only stand-by, cueing or coaxing; or staff is required to lift no more than 35 lbs. of resident's weight.
- _____ **Dependent** - Resident requires staff to lift more than 35 lbs. of the resident's weight; or resident is unpredictable in the amount of assistance required. In this case assistive devices should be used.

(An assessment should be performed prior to each task if the resident has varying levels of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the resident cannot assist with the transfer / repositioning.)

2. Weight-Bearing Capability:

- _____ Full Weight-Bearing
- _____ Partial Weight-Bearing
- _____ None – No Weight-Bearing

3. Bilateral Upper-Extremity Strength:

- _____ Yes (Has Strength)
- _____ No (Weak)

4. Resident's Level of Cooperation and Comprehension:

- _____ Cooperative – may need prompting; able to follow simple commands.
- _____ Intermittent forgetfulness; follows 1-2 step commands.
- _____ Unpredictable or varies (resident whose behavior changes frequently should be considered as unpredictable), not cooperative, or unable to follow simple commands.
- _____ Needs cueing at all times.

5. Weight: _____

Height: _____

Body Mass Index (BMI) [needed if resident's weight is over 300 lbs.]. Body Mass Index (BMI) = $\frac{\text{Weight in pounds} \times 703}{\text{Height in inches}^2 \text{ (squared)}}$
If BMI exceeds 50, institute Bariatric Algorithms -13-02-012B

The presence of the following conditions are likely to affect the transfer / repositioning process and should be considered when identifying equipment and techniques needed to move the resident:

6. Check applicable conditions that are likely to affect transfer / repositioning techniques:

- | | |
|---|---------------------------------------|
| _____ Hip / Knee / Shoulder Replacements | _____ Urinary / Fecal Stoma |
| _____ History of Falls | _____ Contractures / Spasms |
| _____ Paralysis / Paresis | _____ Tubes (Foley, IV, etc.) |
| _____ Dysfunctional / Unstable Spine | _____ Fractures (Hip, Arm, Leg, etc.) |
| _____ Severe Edema (Swelling) | _____ Splints / Traction |
| _____ Very Fragile Skin | _____ Severe Osteoporosis |
| _____ Respirator / Cardiac Compromise | _____ Severe Pain / Discomfort |
| _____ Wounds Affecting Transfer / Positioning | _____ Postural Hypotension |
| _____ Amputation | _____ Other _____ |

