Lifting and Moving Patients

Chapter 6
Moving and Positioning the Patient

- Take care to avoid injury whenever a patient is moved.
- Practice using equipment.
- Know that certain patient conditions call for special techniques.
Body Mechanics

- Shoulder girdle should be aligned over the pelvis.
- Lifting should be done with legs.
- Weight should be kept close to the body.
- Grasp should be made with palms up.
Performing the Power Lift

- Tighten your back in normal upright position.
- Spread your legs apart about 5".
- Grasp with arms extended down side of body.

- Adjust your orientation and position.
- Reposition feet.
- Lift by straightening legs.
Power Grip

- A power grip gets the maximum force from your hands.
- Arms and hands face palm up.
- Hands should be at least 10" apart.
- Each hand goes under the handle with the palm facing up and the thumb extended upward.
- Curl fingers and thumb tightly over the top of the handle.
- *Never* grasp a litter or backboard with the hands placed palms-down over the handle.
Power Grip
Weight and Distribution

- Patient will be heavier on head end.
- Patients on a backboard or stretcher should be diamond carried.
Diamond Carry

- Four EMT-Bs lift device while facing patient.
- EMT-B at foot end turns around to face forward.
- EMT-Bs at sides turn.
- Four EMT-Bs face same direction when walking.
One-Handed Carrying

- Face each other and use both hands.
- Lift the backboard to carrying height.
- Turn in the direction you will walk and switch to using one hand.
Carrying Backboard or Cot on Stairs

- Strap patient securely to the backboard.
- Carry patient down stairs foot end first, head end elevated.
- Carry patient up stairs head end first.
Directions and Commands

• Anticipate and understand every move.

• Moves must be coordinated.

• Orders should be given in two parts.
Additional Guidelines

• Find out how much the patient weighs.
• Know how much you can safely lift.
• Communicate with your partners.
• Do not attempt to lift a patient who weighs over 250 lbs with fewer than four rescuers.
• Avoid unnecessary lifting or carrying.
Using a Stair Chair

- Secure patient to stair chair with straps.
- Rescuers take their places: one at head, one at foot.
- Rescuer at the head gives directions.
- Third rescuer precedes.
Principles of Safe Reaching and Pulling

- Back should always be locked and straight.
- Avoid any twisting of the back.
- Avoid hyperextending the back.
- When pulling a patient on the ground, kneel to minimize the distance.
- Use a sheet or blanket if you must drag a patient across a bed.
- Unless on a backboard, transfer patient from the cot to a bed with a body drag.

• Kneel as close as possible to patient when performing a log roll.
• Elevate wheeled ambulance cot or stretcher before moving.
• Never push an object with your elbows locked.
• Do not push or pull from an overhead position.
General Considerations

- Plan the move.
- Look for options that cause the least strain
Emergency Moves

- Performed if there is some potential danger for you or the patient
- Performed if necessary to reach another patient who needs lifesaving care
- Performed if unable to properly assess patient due to location
Emergency Drags

- Clothes Drag
- Blanket Drag
- Arm Drag
- Arm to arm drag
One-Person Rapid Extrication
One-Rescuer Drags, Carries, and Lifts

- Front cradle
- Fire fighter’s drag
- One-person walking assist
- Fire fighter’s carry
- Pack strap
Urgent Moves

- Used to move a patient who has potentially unstable injuries
- Use the rapid extrication technique to move patients seated in a vehicle.
When to Use Rapid Extrication Technique

- Vehicle or scene is unsafe.
- Patient cannot be properly assessed.
- Patient requires immediate care.
- Patient’s condition requires immediate transport.
- Patient is blocking access to another seriously injured patient.
Rapid Extrication

• Provide in-line support and apply cervical collar.
• Rotate patient as a unit
• Lower patient to the backboard.
Nonurgent Moves

- Direct ground lift
- Extremity lift
Transfer Moves

- Direct Carry
- Draw sheet method
Scoop Stretcher

- Adjust stretcher length.
- Lift patient slightly and slide stretcher into place, one side at a time.
- Lock stretcher ends together.
- Secure patient and transfer to the cot.
Geriatrics

• Emotional concerns
  – Fear
• Skeletal concerns
  – Osteoporosis
  – Rigidity
  – Kyphosis
  – Spondylosis
• Pressure sores
• Use special immobilizing techniques.
• Be compassionate.
Bariatrics

- “Care of the obese”
- Increase in back injuries among EMTs
- Manufacturing of higher capacity equipment
- Use proper lifting techniques.
Wheeled Ambulance Stretcher

- Most commonly used device
- Has specific head and foot ends
- Has a folding undercarriage
- EMT-B must be familiar to specific features of cots used in the ambulance.
Loading the Wheeled Ambulance Cot

- Tilt the head of the cot upward.
  - Place it into the patient compartment.
- Release the undercarriage lock and lift.
- Roll the cot into ambulance.
- Secure the cot to ambulance clamps.