INTRODUCTION
Using a hoist to move a patient can be a hazardous manoeuvre for both nurses and patients. It is paramount that nurses undertake this procedure safely following best-practice guidelines (NMC, 2008).

PROCEDURE
The procedure described here involves using a mobile sling hoist to move a patient. It is important to receive training on how to use the hoist. For guidance on preparing for any manual-handling procedure, see part 1.

- Perform a risk assessment. Assess the patient for using a hoist – check their mobility care plan and consult colleagues. Determine how many staff (usually two) will be required and ascertain which hoist to use. Mobility care plans should document the hoist and sling type, including the sling size.
- Explain the procedure to the patient. Advise them that staff will use the hoist to lift them safely and without hurting them, and that they may be asked, if they are able, to carry out simple instructions such as holding their arms crossed over their chest.
- Ensure the environment is safe (see part 3). Wash and dry hands; don a plastic apron and gloves.
- Reassure the patient. Some patients may fear being dropped when lifted in a hoist.
- Prepare equipment. Always check the hoist before use (Fig 1). Check it has been maintained; there should be a sticker on the hoist indicating the date of the last maintenance check – this should be every six months. Check that the slings are the correct ones for the particular hoist. Inspect them for wear and tear, and the attachments. Check any maintenance stickers or labels on the slings – these should also be checked every six months. Do not use slings that are incompatible with the hoist.
- Check the hoist’s weight limit. This will be indicated on the hoist, usually on the main boom. Ensure the hoist is suitable for the patient’s height and weight.
- Select the correct sling for the patient, taking into account their body shape.
- Ensure the patient’s privacy and dignity.
- If the patient is in a chair or on a bed, ensure the brakes are on. If they are being moved to another chair or bed, check the brakes of these items are on.
- Insert the sling. If the patient is on the floor or on a bed, assist them to roll over. If they are on a bed, raise it to an acceptable height so you can roll and insert the sling under them. If the patient is on the

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This procedure should be undertaken only after approved training, supervised practice and competency assessment, and carried out in accordance with local policies and protocols.
floor, staff may be required to kneel. Insert the sling alongside the patient’s back and as far under as possible (Fig 2). It is important the bottom edge of the sling is as far as possible under the hip. Bunch the sling slightly before moving the patient on to their back, then ease the patient the other way to pull the sling through. Ensure that the leg slats are under the patient’s thighs (Fig 3). Care should be taken if they have a urinary catheter in situ.

- If the patient cannot roll, two flat slide sheets can be concertinaed and eased into position under them and the hoist sling slid between the two slide sheets.
- Attach the leg and chest attachments to the hoist’s spread bar. Some attachments are passed through each other and crossed before they are attached to the spread bar.

**Fig 4. Hoist the patient a small amount, then check attachments are secure**

- Hoist the patient up a small distance, then check the sling attachments are secure, before continuing with the full hoisting action (Fig 4). If using a sling hoist, do not have the hoist brakes on when hoisting, except when hoisting a patient on a sloped surface or from the floor. The hoist will balance and find its own centre of gravity when the brakes are off. Do not hoist patients from an angle. This may cause the hoist to tilt, especially if the patient’s weight is close to the hoist’s limit.
- Raise the patient for clearance, not to the hoist’s height capacity unless necessary (the patient may find it more fearful if raised to the highest position) (Fig 5).
- Observe the patient at all times while hoisting and provide encouragement and reassurance. Some patients may become distressed and staff should ease anxieties by talking to them and keeping close while they are in the hoist.
- Maneuvre the hoist and patient to the desired position, then lower (Fig 6).
- Once the patient is in position, unhook or unclip the attachments and move the hoist away from them. Then remove the sling.
- Ensure the patient is comfortable and has the nurse call system close by.
- Remove the hoist to its storage place.
- Ensure the hoist is clean and on charge (some hoists have battery chargers and one of these should always be on charge).
- Follow local laundry procedures for hoist slings after use.
- Wash and dry hands according to local policy (BackCare, 2005).
- Disposable (one-person slings) are useful as they can be allocated to a patient for their hospital stay and disposed of on discharge. This reduces infection risk.
- Generally, slings are not left underneath a patient. Any decision to do this must be based on assessment and documented. Staff should seek advice on choice of sling in such cases and should try to resolve reasons for leaving a sling in situ, for example by a change of chair type.

**REFERENCES**


**NEXT WEEK**

**Practical Procedures:**

Tracheostomy part 1