

## **Patient Handling Guidelines for Uncooperative Patients**

The definition of uncooperative is the patient's inability or unwillingness to assist with the transfer. There may be a variety of reasons why this might occur such as:

- Learning disabilities and cognitive impairment
- Acute mental health crisis
- Dementias or confusion disorders
- Violent or disoriented due to medications or under the effects of substance abuse
- Violent due to personality disorder
- The patient chooses not to move at that particular moment

For patients **uncooperative** and **non aggressive**, it is recommended that a total lift be used to transfer the patient. If the maneuver puts the patient or HCWs at risk for injury, further planning is required.

When the patient is **aggressive or resistant** and the use of a total lift would be deemed an unsafe technique, an alternative method should be considered. If there is a concern the patient will do any of the following, do not proceed with the lift:

- Strike or hit the HCW
- Apply resistance against the maneuver where participation is required
- Twist, flail or thrash while in the equipment causing the patient to fall or the equipment to tip

An alternative may be to laterally transfer the patient to a reclining chair using a friction reducing device (FRD) such as a slider. Additionally a lateral transfer with a repositioning sling into the reclined chair (chair must be able to go flat) may also be effective. This alternative is also a reasonable choice for patients that have increased pain with hip flexion or respond poorly to the stimulation of touch. The task reduces the risk associated with the lift or touching the patient.

### **Tips when Dealing with an Uncooperative Patient**

- **Stop and Wait:** Do not rush into or continue with the transfer unless a life threatening medical emergency is occurring. Ensure or assist the patient to feel calm. When calm, the patient is more likely to feel safe and cooperative.
- Speak to the patient in a confident tone and determine if touch would be soothing for the patient.
- Do not touch the patient if it stimulates or accelerates the behavior.
- Be aware of the verbal and physical cues you are sending to the patient. If the HCWs are nervous, this can increase the fear and aggression in the patient.

- Be careful not to crowd an anxious patient, as this may increase the negative behavior.
- Be aware that confusion and fear often accompany sensory loss and disorientation.
- Ensure the patient is oriented and is aware of their responsibilities during the transfer.
- Use clear and concise directions.
- Be aware that floor slopes and floor patterns can create an illusion to the patient and make the pathway seem unsafe. Give as much control over movements as possible when the patient is in pain or frightened.
- Do not respond to the patient's aggression or agitation with a confrontational tone as this approach may elicit further resistance from confused or scared patients.
- Understand that when scared or hurt the patient's reflex response is to move in opposite direction that they are being directed.
- Remember that patients will resist if in pain.
- Avoid gripping a confused or agitated patient's hand. Instead guide with the palm of your hand.
- Positioning yourself very close can offer security but also may trigger aggression.
- All movement and procedures should be carefully considered and planned before hand for irrational, confused patients.

### **Tips when Patient/Family Refuses Care Plan**

On occasion patients or family members that are coherent with sound judgment may refuse or resist the Care Plan written to provide safe patient handling and movement. This may be demonstrated by refusing to be moved with equipment. A patient at home may even refuse to have equipment brought in or furniture moved. When this happens, it is important to seek help from management and patient handling resource trainers.

The manager can offer an explanation or address the patient's concerns. Often these concerns are related to the patient's feelings of insecurity with HCWs or equipment capabilities. Several demonstrations using the equipment may be required to build confidence. Often the patient appreciates a demonstration with a HCW inside the lift. A patient may refuse because of pain or hurt from a previous event. If the refusal and concerns are from family members, detailed demonstrations and discussion about the benefits will need to occur. If concerns still exist, a review of alternative equipment solutions or methods should occur. Often **there is more than one solution available.**

If the patient/family member still refuses the Care Plan recommendations, management must be consulted to assess the risk of injury to the HCWs, against the risk to the patient, if the procedure is not carried out. The result may be to change an element of care (i.e. care for the patient in bed).