SUBJECT: PATIENT CARRYING METHODS

PURPOSE:
To provide the appropriate way of carrying and/or moving of a patient ensuring the patient's safety

PROCEDURE:

1. **Universal Carry** - The Universal Carry is a method of removing a patient from the stretcher onto a blanket onto the floor. It is a quick and effective method for removing a patient who is in immediate danger. This carry can be used by anyone regardless of the size of the patient.

   a. When you approach the stretcher, stay low because if there is a smoke condition, the smoke will have a tendency to rise. By staying close to the floor, you will not breathe as much of the smoke and heat.

   b. Spread the blanket, sheet, or spread on the floor. Place 1/3 of the blanket under the bed. Leave about eight (8) inches above the patient's head.

   c. Grasp the patient's ankles and move the legs until they drop over the bed at the bend in the knees.

   d. Place your hands on each shoulder of the patient. Slowly pull your hands toward you until the patient is in a sitting position.

   e. Encircle the patient with your arms to assist the patient in standing. Once patient is in a standing position, place your arms underneath the patient's armpits and lock your hands together behind the patient.

   f. Slide the patient slowly to the edge of the bed and lower to the blanket. If the bed is in a high position, allow the patient to slide down one of your legs if possible.

   g. ALWAYS protect the patient's head.

   h. Gently lower the head to the blanket.

   i. Wrap the blanket around the patient.

   j. At the patient's head, grip the blanket with your hands above each shoulder of the patient being careful not to let the patient's head snap back.

   k. Place the patient in a half-sitting position and pull the blanket toward you. The blanket should slide easily on the floor allowing you to move the patient to safety.
2. **Double Cradle Drop** - The Double Cradle Drop is recommended for two rescuers on patients who cannot sit up, or where one person cannot handle the patient.

   a. If there is smoke or heat, stay close to the floor.
   
   b. With a blanket on the floor, place 1/3 of it under the bed and leave about eight (8) inches above the patient's head.
   
   c. The person who will handle the top half of the patient will be referred to as "A" and the person who will handle the lower half of the patient will be "B".
   
   d. "A" will slide their arm under the patient's head and grasp the opposite shoulder. The other arm goes completely under the body at the waist.
   
   e. "B" will slide their arms under the legs on both sides of the patient's knees and extend through to support this half firmly.
   
   f. Do not jerk on the patient.
   
   g. Together, gently pull the patient toward you by rocking back into a sitting position and lowering to the blanket.
   
   h. ALWAYS protect the patient's head by lowering this part to the blanket last.
   
   i. Wrap the blanket around the patient.
   
   j. At the patient's head, grip the blanket with your hands above each shoulder of the patient being careful not to let the patient's head snap back.
   
   k. Leave the patient in a prone position and pull the blanket toward you.

3. **Swing Carry** - The Swing Carry is the best method for two trained people to move a patient. No blanket is needed. If the patient is lying in bed, there are different actions to know which are dependent upon the position you take. The person handling the upper part of the body will be referred to as "A" and the person handling the lower half will be referred to as "B".

   a. "B" will grasp the patient's ankles and move their legs off the bed.
   
   b. "A" will face the patient and place a hand on each of the patient's shoulders.
   
   c. "A" will pull their hands toward them until the patient is in a sitting position.
   
   d. After the patient is sitting up, "B" will continue to move the patient's legs out until they are at a right angle to the bed.
e. "A" and "B" will sit together on the bed, on each side of the patient, and take the patient's arms over "A" and "B" shoulders.

f. "A" and "B" will join arms in the back of the patient, holding onto each other, not the patient.

g. "A" and "B" will each place their shoulder under the patient's armpits.

h. "A" and "B" will join hands under the patient's knees.

i. Together, "A" and "B" will lift the patient and walk forward in a normal manner.

j. The patient may be lowered feet first when an area of safety is reached.

k. It is important to remember to ALWAYS protect the patient's head.

4. **Extremity Carry** - If a patient has a cast on the lower part of their body, the Extremity Carry can be used on most patients, providing that they are able to be placed in a sitting position. Two trained persons may employ this method. Each person has special moves to complete, therefore the person handling the upper part of the body will be referred to as "A" and the person handling the lower part will be referred to as "B".

a. "A" will place their hands on each shoulder of the patient. Pull the patient slowly into a sitting position.

b. "B" will take the patient's ankles and move the legs until one is clear of the bed. If moved further, it will be difficult for "A" to get a hold on the patient.

c. "B" will back in between the patient's legs, far enough to grasp the ankles. Place hands to the outside of the patient's legs allowing for your thumbs to stay on top.

d. "A" will move the rear of the patient, encircling him/her with your arms. Place your arms underneath the patient's armpits and lock your hands together in front.

e. Slide the patient to the edge of the bed. "A" shall maintain close contact with the patient and when in position, give the signal to move out.

f. The patient will be carried to safety.

g. It is most important for "B" to keep his/her arms straight down when carrying the patient.
5. **Chair Lift** - Emotionally disturbed patients who are not ambulatory present a special evacuation problem. The Chair Lift is a method that requires a straight-back chair and one or two rescuers.

   a. With the patient in a chair and the absence of restraining straps, use a bed sheet to anchor the patient to the chair.
   
   b. The bed sheet encircles the patient about chest high and is tied in a knot or bow in the back of the chair.
   
   c. Tuck the loose ends of the sheet between the patient's body and the sheet around him/her.
   
   d. If only one person is attempting to move the patient, the chair will be lifted and the patient will be backed out of the room to safety.
   
   e. For two trained people (referred to as "A" and "B"), "A" will face the chair in the rear of the patient.
   
   f. "B" will take a position in front of the chair, facing the patient.
   
   g. "A" put a foot against the leg of the chair and tilt the chair towards them.
   
   h. "B" will stoop down and grasp each side of the front legs.
   
   i. Together, "A" and "B" will lift the chair and walk.

6. **Side Assist Hold** - Many people in patient care facilities are medically classified as able to walk. Unfortunately, this description of a patient's condition is not true in an emergency situation. For instance, an elderly person may be able to walk at a very slow shuffle, but in an emergency, this type of patient will need assistance to be moved quickly to safety.

   a. In the Side Assist Hold, the patient is approached from the side by taking the patient's arm and placing it around you.
   
   b. Pull the patient's arm with your hand that is opposite the patient until his body is tight against you. Hold his arm securely at all times.
   
   c. Encircle the patient's body with your other arm and take his forearm. The patient will feel secure in your grasp and may be controlled easily. The patient cannot fall forward or backward.
7. **Bear-Hug Hold** - If the exit path is narrow, or the patient is disturbed emotionally, it be an advantage to use the Bear-Hug Hold on the patient.
   
a. Approach the standing patient from the rear.
b. Place your hands between the patient's body and arms.
c. Take hold of the patient's wrists, keeping your hands on top and your thumbs to the outside.
d. Fold your arms to encircle the patient around the chest, which will result in the Bear-Hug position.
e. It is most important that you keep your head to one side of the patient's head so that the patient cannot head-butt you.

8. **Infant and Children Removal** - The following procedure is recommended for removal of infants and children in the center:
   
a. Infants and children will be removed from center carried by parents or staff or if old enough may go out in a wheelchair accompanied by staff and parent to car.