

 **Manual Patient Handling (MAPO)**
Hospitalization

Task/Area:

Company/Center:

Date:

Observations:

Type

Checklist

Analytical

General

Total number of operators who perform Manual Patient Handling:

Number of operators who perform Manual Patient Handling in 24 hours (OP):

| Nurses | | | Assistants | | | Porters | | |
|--------|---|---|------------|---|---|---------|---|---|
| M | E | N | M | E | N | M | E | N |
| | | | | | | | | |

Tipología del paciente:

| Patient typology | <u>Noncooperative patients</u> (NC) | <u>Partially cooperative patients</u> (PC) | <u>Total of disabled patients</u> <u>who require MPH (D)</u> (NC+PC) |
|---------------------|--|---|--|
| | | | |

Maneuvers

| Manual Patient Handling Tasks | No. of total liftings | | | | | | No. of partial liftings | | | | | |
|--|-----------------------|---|---|-------|---|---|-------------------------|---|---|-------|---|---|
| | Manuals | | | Aided | | | Manuals | | | Aided | | |
| Working shifts | M | E | N | M | E | N | M | E | N | M | E | N |
| Moving up in bed towards the headboard | | | | | | | | | | | | |
| Bed to wheelchair/armchair | | | | | | | | | | | | |
| Wheelchair/armchair to bed | | | | | | | | | | | | |
| Bed to stretcher | | | | | | | | | | | | |
| Stretcher to bed | | | | | | | | | | | | |
| Wheelchair to toilet | | | | | | | | | | | | |
| Toilet to wheelchair | | | | | | | | | | | | |
| Turning over in bed and repositioning | | | | | | | | | | | | |
| Lifting from sitting to standing posture | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |
| Observations: | | | | | | | | | | | | |

Training

| | | | |
|--|--|--|--|
| Was there any specific TRAINING in Manual Patient Handling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | INFORMATION (use of equipment or informative brochures) | |
| If the answer is YES How many months ago? | | Was there any training in the use of equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many hours/operator? | | Were any informative brochures on Manual Patient Handling delivered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many operators? | | If the answer is YES How many operators? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was the effectiveness of the training/information verified? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Help equipment

| Equipment and help to lift disabled patients | Number |
|--|--------|
| Lift: Equipment for patient total lifting with adjustable electric mechanism | |
| Height-adjustable stretcher: stretcher whose height can be changed | |
| Height-adjustable bed (total) | |
| Height-adjustable bed: Bed which is at least adjustable in height (electric or hydraulic mechanism) and three articulation nodes | |
| Sliding sheet | |
| Sliding boards | |
| Ergonomic belt | |
| ROLLBORD | |
| Active or sit-to-stand hoist, thoracic band lift | |
| Other: | |

The following tabs should be completed **ONLY** if ANALYTICAL mode is chosen

Wheelchair

| | |
|--|---------------|
| Total number of wheelchairs | |
| Characteristics of ergonomic inadequacy | Number |
| Malfunctioning brakes | |
| Non-removable or folding armrest | |
| Inadequate backrest H >90cm; Incl. > 100° | |
| Maximun inadequate width > 70 cm | |
| Non-removable or non-folding footrest (<i>descriptive</i>) | |
| Poor maintenance (<i>descriptive</i>) | |

Bathroom

| | |
|---|---------------|
| Total number of bathrooms with shower/bath | |
| Characteristics of ergonomic inadequacy | Number |
| Free space inadequate for use of aids | |
| Door width less than 85 cm | |
| Presence of fixed obstacles | |
| Door inward opening (<i>descriptive</i>) | |
| Presence of a shower (<i>descriptive</i>) | |
| Fixed bathtub (<i>descriptive</i>) | |

WC

| | |
|---|---------------|
| Total number of toilets (WC) | |
| Characteristics of ergonomic inadequacy | Number |
| Free space insufficient to turn around a wheelchair | |
| Insufficient height of WC (below 50 cm) | |
| Absence or inadequate side grab bar in the toilet | |
| Door width less than 85 cm | |
| Space at side of WC less than 80 cm | |
| Door inward opening (<i>descriptive</i>) | |

Rooms

| | |
|---|---------------|
| Total number of rooms | |
| Characteristics of ergonomic inadequacy | Number |
| Space between beds or between bed and wall less than 90 cm | |
| Space between foot of bed and wall less than 120 cm | |
| Unsuitable bed: one section has to be manually lifted | |
| Space between bed and floor less than 15 cm | |
| Height of armchair seat less than 50 cm | |
| Presence of non-removable obstacles (<i>descriptive</i>) | |
| Fixed-height bed (<i>descriptive</i>) | |
| Inadequate side bars (they are an obstacle) (<i>descriptive</i>) | |
| Door width (<i>descriptive</i>) | |
| Bed without wheels (<i>descriptive</i>) | |