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Safe Patient Handling and Mobility Program Guide

Section 2 – Identifying Hazards and Assessing Risk

Section 2.4 - Point-of-Care Mobility Status Check (PACE)

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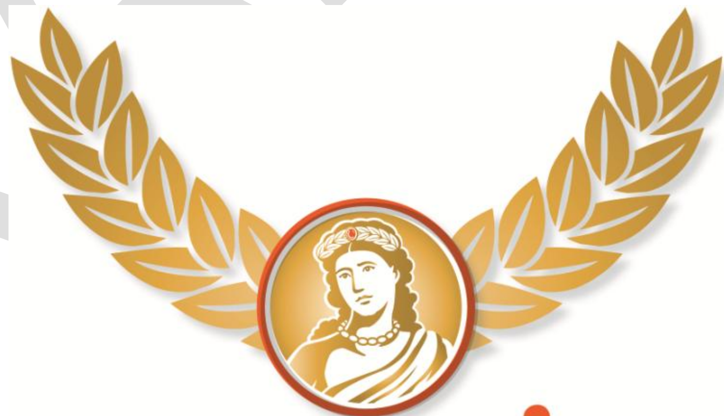

A provincial strategy for healthcare workplace musculoskeletal injury prevention.

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Section 2.4 – Point-of-Care Mobility Status Check (PACE)

Introduction

A patient's mobility status can vary significantly over time. There are numerous reasons for this including increased or decreased pain, side effects of medication, and changes in medical status. Patients requiring assistance with transfers and repositioning need a detailed patient risk profile and safe patient handling and mobility plan with controls (e.g., equipment) linked to specific high risk movement and repositioning tasks.

Due to the potential for change in a patient's mobility status, it is important that before every patient handling and/or mobility task the health care worker should complete the mobility status check to ensure no changes are required to the mobilization plan.

Who should do the Mobility Status Check?

Any health care worker who is involved in a patient transfer should perform the mobility status check or ensure that it is performed and be informed of the results. This could include doctors, nurses, care assistants, PTs/OTs, porters, diagnostic imaging, radiation technologists and others.

If more than one health care provider is assisting with the patient handling or mobility task, only one person need complete the mobility status check, but must share the results with the entire team involved in the transfer or repositioning.

When should the mobility status check be completed?

The check should be completed prior to every patient handling and/or mobility task.

How long does it take to complete?

The time to administer the mobility status check will vary based on the presentation of the patient and the environment. For example, when checking a patient who has already been identified as needing a lift, many items in the physical section will not be needed and/or appropriate to test.

How is the test structured?

The mobility status check is presented here as a series of sections to assist in learning, recalling and documenting the specific items of the mobility status check; however, it is important to note that, many

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of the items in each section can be tested simultaneously and may be observed during normal care activities.

The mobility status check is divided into four sections that health care workers need to consider prior to making the decision to engage in any patient handling and mobility activity:

Physical

Agitation/Aggression

Communication

Environment

or **PACE**

What to do with the results?

The results of the mobility status check **(PACE)** should be put into the context of the safe patient handling and mobility plan. If section items suggest a more conservative approach is appropriate (e.g., choosing a lift rather than standby assist), it is likely that further investigation may be required to identify the best approach. Health care workers should assess only within their scope and training. A different member of the health care team may be required for further investigation depending on the scope and training of the health care worker administering the mobility status check.

The **PACE** should not be used to move to less-conservative approaches for patient handling and mobility; however, it may be used to trigger a review of the patient's risk profile if it appears the patient's mobility status may have improved.

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Completing the Assessment

The steps below are presented in the order of the acronym; however, the actual administration of the **PACE** will occur in a different order. Refer to Appendix 2.4.1 for an example of the order a mobility status check usually takes.

Step/Activity	Tools
1) Check Physical Status	Appendix 2.4.1 – Sample order of PACE
2) Check Agitation/Aggression	Items Appendix 2.4.2 – Pocket Guide
3) Check Communication Ability	
4) Check Environment	
5) Analyze Results	
6) Make Changes as Needed/Complete Further Investigations	
7) Complete the Patient-handling and/or Mobility Activity	

Step 1 – Check Physical Status

Health care workers need to think about what the patient handling or mobility activity involves and what the patient's risk profile indicates.

- If the activity will never require the patient to sit up, it may be appropriate to stop the physical section after seeing if the patient can roll to their side.
- If the activity will require the patient to sit, but not stand, the PACE could end after the sitting balance item.
- If the patient handling or mobility task requires the patient to stand and/or walk, the entire physical section should be considered.

In addition, if the patient's risk profile already stipulates that they are unable to perform an activity (e.g., sitting balance), then that activity **should not** be reviewed during the PACE. The PACE should include the activities leading up to, but not including the specific activity the risk profile has determined the patient is unable to perform.

Patients may use a gait aid while performing the activities if required as indicated by a more comprehensive risk profile or as assessed by a physical therapist, occupational therapist, or registered nurse.

The physical section should be completed, from least-risky to more-risky activities. If at any point the patient is unable to safely complete an activity, the physical section should be stopped. See Table 2.4.1 How to Check Physical Status for detailed description of each item on the physical check list.

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Table 2.4.1 How to Check Physical Status[1]

Physical		
Task	**Test**	**How to Check**
Bed mobility (ie boosts)	Turn to side in bed	Ask patient to roll onto their side. Patients may have their own way of doing this, however, if cueing, ask them to: a. bend both knees so their feet are flat on the bed, b. reach to the side they are turning towards and c. roll onto their side. Repeat this procedure for the other side.
Sitting	Sit up on edge of bed	With the patient in side lying, ask them to sit up at the edge of the bed. If cueing is required, ask the patient to bring their legs over the edge of the bed while they push off of the bed with their arms to bring them into a sitting position. They may raise the head of the bed to make it easier for themselves.
Sit → Stand	Balance (sitting on the edge of the bed hands in their laps)	Patient should be able to sit upright without assistance. If they are able to hold this position, ask them to move their shoulders side to side. If the patient is able to do this safely, ask them to lean backwards and forward.

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[1] Adapted from HCHSA (2004)

Sit → Stand	Weight bearing ability while seated	Patient's feet should touch the floor. Ask the patient to place both hands on the mattress, on their respective sides. Ask the patient to slowly lean forward until their shoulders are over their knees, and push off the mattress, as if they were trying to stand. The goal is for the patient to lift their buttocks entirely off the surface, it is not necessary to come to a full standing position. See if patient can hold this position for five seconds
Stand / walk / transfer	Stand up	Face the patient and stand closely in front or slightly off to the side. While sitting at the edge of the bed, ensure the patient's feet can touch the floor. Ask the patient to lean forward until their shoulders are over their knees, and push off the mattress to come into a standing position.
Walk/transfer	Stability and weight bearing ability while standing	Once standing, ask the patient to shift their weight from side to side, or stand with one foot in front of the other and shift weight from front to back. If they are able to complete this step, ask the patient to walk on the spot. If they are unable to walk on the spot, they will require assistance to transfer. If they are able to walk on the spot they should be able to complete transfers independently.

- ❑ **INDEPENDENT:** The patient is able to complete all of the above activities (up to the functional level of the handling and mobility task to be done) **without assistance**.
- ❑ **MINIMAL ASSISTANCE:** The patient requires **minimal** assistance (each health care worker is applying **no more than** 35 lbs of lifting force) to complete all of the above activities (up to the functional level of the handling and mobility task to be done).
- ❑ **MODERATE-MAXIMUM ASSISTANCE:** The patient requires **moderate to maximum** assistance (each health care worker is applying **more than** 35 lbs of lifting force) to complete **any** of the above activities.

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In the independent category (i.e., **GREEN**), although it has been determined that the patient is able to move without assistance, it is still critical that the patient be supervised during the activity.

In the minimal health care workers can assist the patient to move if necessary. However, health care workers should never be handling more than 35 lbs. of the patient's weight. Health care workers may need to call for additional assistance or use equipment to ensure they are not handling more than this amount of the patient's weight.

If the patient is assessed as requiring moderate or maximum assistance (i.e., **RED**), this indicates that they are unable to bear enough of their own weight to be safely assisted without a mechanical lift. For more information on determining the appropriate equipment and techniques for a patient, refer to "Section 2.3 – Patient Risk Profile."

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Step 2 – Assess Agitation/Aggression[2]

Agitation/Aggression
Questions
Does the patient have clipped or angry speech?
Does the patient have a history of agitated/aggressive behaviour?
Is the patient using angry facial expressions (e.g., furrowed brow)?
Is the patient refusing to communicate?
Is the patient using threats or threatening gestures?

- ❑ **NON-AGGRESSIVE:** All agitation/aggression questions are answered with a "no". The patient does not appear agitated/aggressive, does not have a history of agitated/aggressive behaviour, and the health care worker does not expect this to change during patient handling.

- ❑ **UNPREDICTABLE:** All agitation/aggression questions are answered with a "no", except for the question pertaining to the patient having a history of agitated/aggressive behaviour. The patient does not appear agitated / aggressive; however, they have a history of agitated/aggressive behaviour, and the health care worker is unsure if the patient's behaviour will change during patient handling.

- ❑ **MODERATE**: Any of the agitation/aggression questions are answered with a "yes". The patient shows signs of aggressive behaviour at the time of assessment.

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[2] Adapted from NSW Health Department (2009)

If the patient is known to have been aggressive in the past (**UNPREDICATABLE**) health care workers should always work in a team for a patient handling activity and during the assessment.

If the patient is assessed as being agitated/aggressive (**MODERATE**), health care workers should not handle the patient without consulting existing policies in their organization that address handling agitated/aggressive patients. If such policies do not exist, health care workers should consult with other professionals to devise a plan on how to go about the patient handling activity in the safest manner. Health care workers can use the following suggestions for verbal de-escalation while waiting for assistance (from NSW Health, 2009):

- Only one health care worker should speak to the patient at a time.
- Approach the patient calmly and confidently while avoiding sudden movements.
- Keep your stance relaxed.
- Avoid holding eye contact; this can be seen as aggressive.
- Offer the patient time to share their concerns and react in a non-judgmental way.
- Offer the patient a glass of water, if appropriate.
- Do not touch the patient without their express permission to do so.

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Step 3 – Assess Communication Ability

Communication
How to Access
Communication is assessed as the health care worker interacts with the patient to complete the rest of the PACE assessment. Health care workers should pay attention to the patient's ability to: • Answer simple questions (e.g., How are you doing today?) • Follow the health care worker's instructions (e.g., Can you bend your knees for me?)
❑ **SUFFICIENT COMMUNICATION**: Patient is able to answer simple questions appropriately, they are able to follow simple instructions without difficulty, and are they able to repeat words back without mistakes. ❑ **CAN FOLLOW COMMANDS**: The patient has some difficulty communicating back to the health care worker, but is able to follow commands without difficulty. ❑ **LIMITATIONS**: The patient has limitations in their communication as a result of diminished use of a faculty (e.g., hearing is diminished, speech is impaired) or speaks a different language than health care worker. ❑ **CANNOT COMMUNICATE**: Patient is unable to communicate with health care worker or follow simple instructions.

If the patient is assessed as having **LIMITATIONS** in their communication, the health care worker should ensure the patient is provided any equipment to assist them in communicating (e.g., hearing aid) or a translator to ensure that they can follow the health care worker's instructions.

If the patient **CANNOT COMMUNICATE** or follow the health care workers' instructions, manual patient handling or mobilization should never be done. A plan for safe patient handling and mobility should be devised in collaboration with appropriate health care team members.

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Step 4 – Assess Environment[3]

Environment
Questions
Is there enough space to access the patient including use of necessary equipment (e.g., can you access three sides of patient's bed)?
Is the floor safe to transfer on (e.g., no spills or not too slippery)?
Is the mattress surface safe for the patient to perform assessment activities?
Is the environment clear of obstacles?
Is any necessary equipment present (e.g., equipment the patient uses such as a walker or braces)?
❑ **NO OBSTACLES**: All environmental questions are answered with a "yes." There is enough space to access the patient and to use required equipment, the floor is safe, required equipment is present, and the environment is clear of obstacles. ❑ **MOVEABLE OBSTACLES**: The environment can be altered for safe patient handling (e.g., obstacles can be moved, equipment can be obtained.) ❑ **OBSTACLES**: Any of the environmental questions are answered with a "no," and there is no way to alter the environment for safe patient handling and mobility.

If the environment is assessed as being appropriate for patient handling and mobility if obstacles are removed (**MOVEABLE OBSTACLES**). Health care workers should get assistance, when necessary, to move heavier obstacles.

If there are obstacles in the environment that cannot be moved (**OBSTACLES**), health care workers should consult with other professionals to devise a plan on safe patient handling and mobility.

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[3] Adapted from HCHSA (2004)

Step 5 – Analyze Results

The results of the PACE should always be compared with the current handling/mobility plan for the patient and the task to be completed.

If the results from all four PACE assessments are **GREEN**, this indicates it is very likely the plan identified in the patient risk profile is a safe approach to handle or move the patient at this time and should proceed.

If the results are all **YELLOW** or are a mixture of **YELLOW** and **GREEN** then the health care worker needs to take the appropriate action(s) to minimize their injury risk while performing the patient handling task. The health care worker should review each section, compare to the patient risk profile and consider the implications. For instance, depending on the task the health care worker may identify the need to use a more appropriate (conservative) piece of patient handling equipment to perform the task (mechanical lift rather than 2 person minimal assist).

If one or more of the section results are **RED**, the current plan identified in the patient care profile is not adequate at this time. The health care worker cannot proceed with the patient handling task until a plan is in place to minimize the risk to both the patient and the health care worker. The health care worker may be able to proceed with the task by using the correct piece of patient handling equipment (e.g., if the physical sections result is **RED** or if the patient is unable to communicate or follow instructions), following the correct protocol for treating and moving agitated/aggressive patients, or developing a plan to overcome environmental factors. In some cases this plan may already be included in the patient risk profile.

Refer to the appropriate sections of this Safe Patient Handling and Mobility Guide for more information regarding identifying and implementing appropriate controls when the results of the PACE are red.

When assessing how much physical assistance can be provided during patient handling remember,

Current best practice states that a single caregiver should never lift more than 35 lbs.

(Waters, 2007)

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Step 6 – Make Changes as Needed/Complete Further Assessment

If the results of the mobility status check indicate further assessment is required and/or changes are needed (e.g., moving obstacles in the environment), these activities should be completed. It is important to reiterate that this step may be integrated into the care and assessment process.

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Step 7 – Complete the Patient Handling and/or Mobility Activity

Patient handling and mobility tasks should be completed and the results of the assessment documented and communicated. Communicating the results are of critical importance as the need for a re-evaluation of the patients risk profile and subsequent change to the patient handling and mobility plan may be identified.

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Appendix 2.4.1 – Sample Order of PACE Items

Event	Activities	PACE Mini-Test item	Notes
Entering patient's room/approaching patient	Introduce/converse with patient/get informed consent	Communication Agitation/Aggression	These may occur simultaneously. The environment should be assessed prior to physical components and may be done while conversing with and observing the patient. This is a good time to express expectations and reiterate the safe patient handling and mobility plan with the patient and family (if present).
	Observe environment	Environment	
At bedside	Physical assessment	Physical Communication	Once bedrails are being lowered, the physical mini-mobility status check can begin. The patient's responsiveness to requests may provide insight into communication barriers as well as their physical mobility status.
Note: During activities such as personal care/wound dressing, many of the **PACE** items may be directly observed. For example, during personal care, the patient may be observed for signs of agitation/aggression and communication may be assessed. Physical components such as independently rolling from side to side may also be observed during these activities.			

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Appendix 2.4.2 – PACE Pocket Guide

P.A.C.E.

Environment

Ask yourself and observe the environment for the following questions:

- ❑ Is there enough space to access the patient including use of necessary equipment (mechanical lifts or gait aids) (e.g., can you access 3 sides of the patient's bed?)
- ❑ Is the floor safe to transfer on (e.g. no spills or not too slippery)
- ❑ Is the mattress surface safe for the patient to perform assessment activities?
- ❑ Is the environment clear of obstacles?
- ❑ Is all necessary equipment present (e.g. equipment the patient needs such as a walker or braces)?

- ❑ **NO OBSTACLES:** All environmental questions are answered with a 'yes". There is enough space to access the patient and to use required equipment, the floor is safe, required equipment is present, and the environment is clear of obstacles.
- ❑ **MOVEABLE OBSTACLES:** The environment can be altered for safe patient-handling (e.g.g obstacles can be moved, equipment can be obtained).
- ❑ **OBSTACLES:**Any of the environmental questions are answered with a "no", and there is no way to alter the environment for safe patient handling and movement.

Communication

Note: This can be completed during regular interaction and while completing the rest of the PACE assessment.

Pay attention to the patient's ability to:

- ❑ Answer simple questions (e.g., how are you doing today?)
- ❑ Follow your instructions (e.g. can you bend your knees for me?)

- ❑ **SUFFICIENT COMMUNICATION:** Patient is able to answer simple questions appropriately, they are able to follow simple instructions without difficulty, and they are able to repeat words back without mistakes.
- ❑ **Can Follow Commands:** Patient has some difficulty communicating back to the health care worker but is able to follow commands without difficulty.
- ❑ **LIMITATIONS:** Patient has some limitations in their communication as a result of diminished use of a faculty (e.g. hearing or speech is impaired) or speaks a different language than health care worker.
- ❑ **CANNOT COMMUNICATE:** Patient is unable to communicate with health care worker or follow simple instructions.

Agitation/Aggression

Answer the following five questions about the patient:

1. Does the patient have clipped or angry speech?
2. Does the patient have a history of agitated/aggressive behaviour?
3. Is the patient using angry facial expressions (e.g. furrowed brow)?
4. Is the patient refusing to communicate?
5. Is the patient using threats or threatening gestures)

- ❑ **NON-AGGRESSIVE:** All agitation/aggression questions are answered with a "no". The patient does not appear agitated/aggressive, does not have a history of agitated/aggressive behaviour, and the health care worker does not expect this to change during patient handling
- ❑ **UNPREDICTABLE:** All agitation/aggression questions are answered with a "no", except for the question pertaining to the patient having a history of agitated/aggressive behaviour. The patient does not appear agitated/aggressive, however, they have a history of agitated/aggressive behaviour, and the health care worker is unsure if the patient will change during patient handling.
- ❑ **MODERATE:** Any of the agitation/aggression questions are answered with a "yes". The patient shows signs of aggressive behaviour at the time of assessment.

Physical

1. Check the patients mobility status.
2. Consider the patient handling and movement task required.
3. Progress through the tests in order and stop when:
    a. patient has completed all tests up to and including tests required for the chosen task
    b. patient is unable to complete a test with minimal assistance from health care worker
    c. patient has reached current documented mobility status

Task	Test	Result - Was patient able to complete test?		
Bed mobility (ie boosts)	**Turn to the side in bed**	☐Yes	☐With Assistance	☐No
Sitting	**Sit up on edge of bed**	☐Yes	☐With Assistance	☐No
Sit->stand	**Balance (sitting on the edge of the bed, hands in their laps)**	☐Yes	☐With Assistance	☐No
Sit->stand	**Weight bearing ability while seated**	☐Yes	☐With Assistance	☐No
stand/walk/transfer	**Stand up**	☐Yes	☐With Assistance	☐No
walk/transfer	**Stability and weight bearing ability while standing**	☐Yes	☐With Assistance	☐No

- ❑ **INDEPENDENT:** The patient is able to complete all of the above activities (up to the functional level of the task handling and movement task to be done) **without assistance**.
- ❑ **MINIMAL ASSISTANCE:** The patient requires **minimal** assistance (each health care worker is applying **no more than** 35 lbs of lifting force) to complete all of the above activities (up to the functional level of the task handling and movement task to be done).
- ❑ **MODERATE-MAXIMUM ASSISTANCE:** The patient requires **moderate to maximum** assistance (each health care worker is applying **more than** 35 lbs of lifting force) to complete **any** of the above tested activities.

Test instructions

Turn to side in bed: Ask patient to roll onto their side. Patients may have their own way of doing this, however, if cueing, ask them to bend both knees so their feet are flat on the bed, reach to the side they are turning towards and roll onto their side.

Sit Up: With the patient in side lying, ask them to sit up at the edge of the bed. If cueing is required, ask the patient to bring their legs over the edge of the bed while they push off of the bed with their arms to bring them into a sitting position. They may raise the head of the bed to make it easier for themselves.

Balance (in sitting position): Patient should be able to sit upright without assistance. If they are able to hold this position, ask them to move their shoulders side to side. If the patient is able to do this safely, ask them to lean backwards and forward.

Weight bearing while seated: Patient's feet should touch the floor. Ask the patient to place both hands on the mattress, on their respective sides. Ask the patient to slowly lean forward until their shoulders are over their knees, and push off the mattress, as if they were trying to stand.The goal is for the patient to lift their buttocks entirely off the surface, it is not necessary to come to a full standing position. See if patient can hold this position for five seconds

Stand Up: Face the patient and stand closely in front or slightly off to the side. While sitting at the edge of the bed, ensure the patient's feet can touch the floor. Ask the patient to lean forward until their shoulders are over their knees, and push off the mattress to come into a standing position.

Stability and weight bearing in standing: Once standing, ask the patient to shift their weight from side to side, or stand with one foot in front of the other and shift weight from front to back. If they are able to complete this step, ask the patient to walk on the spot. If they are unable to walk on the spot, they will require assistance to transfer. If they are able to walk on the spot they should be able to complete transfers independently.

P.A.C.E.

Environment

Ask yourself and observe the environment for the following questions:

- ❑ Is there enough space to access the patient including use of necessary equipment (mechanical lifts or gait aids) (e.g., can you access 3 sides of the patient's bed?)
- ❑ Is the floor safe to transfer on (e.g. no spills or not too slippery)
- ❑ Is the mattress surface safe for the patient to perform assessment activities?
- ❑ Is the environment clear of obstacles?
- ❑ Is all necessary equipment present (e.g. equipment the patient needs such as a walker or braces)?

- ❑ **NO OBSTACLES:** All environmental questions are answered with a 'yes". There is enough space to access the patient and to use required equipment, the floor is safe, required equipment is present, and the environment is clear of obstacles.
- ❑ **MOVEABLE OBSTACLES:** The environment can be altered for safe patient-handling (e.g.g obstacles can be moved, equipment can be obtained).
- ❑ **OBSTACLES:** Any of the environmental questions are answered with a "no", and there is no way to alter the environment for safe patient handling and movement.

Communication

Note: This can be completed during regular interaction and while completing the rest of the PACE assessment.

Pay attention to the patient's ability to:

- ❑ Answer simple questions (e.g., how are you doing today?)
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- ❑ **SUFFICIENT COMMUNICATION:** Patient is able to answer simple questions appropriately, they are able to follow simple instructions without difficulty, and they are able to repeat words back without mistakes.
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- ❑ **NON-AGGRESSIVE:** All agitation/aggression questions are answered with a "no". The patient does not appear agitated/aggressive, does not have a history of agitated/aggressive behaviour, and the health care worker does not expect this to change during patient handling
- ❑ **UNPREDICTABLE:** All agitation/aggression questions are answered with a "no", except for the question pertaining to the patient having a history of agitated/aggressive behaviour. The patient does not appear agitated/aggressive, however, they have a history of agitated/aggressive behaviour, and the health care worker is unsure if the patient will change during patient handling.
- ❑ **MODERATE:** Any of the agitation/aggression questions are answered with a "yes". The patient shows signs of aggressive behaviour at the time of assessment.

Physical

1. Check the patients mobility status.
2. Consider the patient handling and movement task required.
3. Progress through the tests in order and stop when:
   a. patient has completed all tests up to and including tests required for the chosen task
   b. patient is unable to complete a test with minimal assistance from health care worker
   c. patient has reached current documented mobility status

Task	Test	**Result -** Was patient able to complete test?		
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Sit->stand	**Balance (sitting on the edge of the bed, hands in their laps)**	☐Yes	☐With Assistance	☐No
Sit->stand	**Weight bearing ability while seated**	☐Yes	☐With Assistance	☐No
stand/walk/transfer	**Stand up**	☐Yes	☐With Assistance	☐No
walk/transfer	**Stability and weight bearing ability while standing**	☐Yes	☐With Assistance	☐No

- ❑ **INDEPENDENT:** The patient is able to complete all of the above activities (up to the functional level of the task handling and movement task to be done) **without assistance**.
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- ❑ **MODERATE-MAXIMUM ASSISTANCE:** The patient requires **moderate to maximum** assistance (each health care worker is applying **more than** 35 lbs of lifting force) to complete **any** of the above tested activities.

Test instructions

Turn to side in bed: Ask patient to roll onto their side. Patients may have their own way of doing this, however, if cueing, ask them to bend both knees so their feet are flat on the bed, reach to the side they are turning towards and roll onto their side.

Sit Up: With the patient in side lying, ask them to sit up at the edge of the bed. If cueing is required, ask the patient to bring their legs over the edge of the bed while they push off of the bed with their arms to bring them into a sitting position. They may raise the head of the bed to make it easier for themselves.

Balance (in sitting position): Patient should be able to sit upright without assistance. If they are able to hold this position, ask them to move their shoulders side to side. If the patient is able to do this safely, ask them to lean backwards and forward.

Weight bearing while seated: Patient's feet should touch the floor. Ask the patient to place both hands on the mattress, on their respective sides. Ask the patient to slowly lean forward until their shoulders are over their knees, and push off the mattress, as if they were trying to stand.The goal is for the patient to lift their buttocks entirely off the surface, it is not necessary to come to a full standing position. See if patient can hold this position for five seconds

Stand Up: Face the patient and stand closely in front or slightly off to the side. While sitting at the edge of the bed, ensure the patient's feet can touch the floor. Ask the patient to lean forward until their shoulders are over their knees, and push off the mattress to come into a standing position.

Stability and weight bearing in standing: Once standing, ask the patient to shift their weight from side to side, or stand with one foot in front of the other and shift weight from front to back. If they are able to complete this step, ask the patient to walk on the spot. If they are unable to walk on the spot, they will require assistance to transfer. If they are able to walk on the spot they should be able to complete transfers independently.

P.A.C.E.

Environment

Ask yourself and observe the environment for the following questions:

- ❑ Is there enough space to access the patient including use of necessary equipment (mechanical lifts or gait aids) (e.g., can you access 3 sides of the patient's bed?)
- ❑ Is the floor safe to transfer on (e.g. no spills or not too slippery)
- ❑ Is the mattress surface safe for the patient to perform assessment activities?
- ❑ Is the environment clear of obstacles?
- ❑ Is all necessary equipment present (e.g. equipment the patient needs such as a walker or braces)?

- ❑ **NO OBSTACLES:** All environmental questions are answered with a 'yes". There is enough space to access the patient and to use required equipment, the floor is safe, required equipment is present, and the environment is clear of obstacles.
- ❑ **MOVEABLE OBSTACLES:** The environment can be altered for safe patient-handling (e.g.g obstacles can be moved, equipment can be obtained).
- ❑ **OBSTACLES:** Any of the environmental questions are answered with a "no", and there is no way to alter the environment for safe patient handling and movement.

Communication

Note: This can be completed during regular interaction and while completing the rest of the PACE assessment.

Pay attention to the patient's ability to:

- ❑ Answer simple questions (e.g., how are you doing today?)
- ❑ Follow your instructions (e.g. can you bend your knees for me?)

- ❑ **SUFFICIENT COMMUNICATION:** Patient is able to answer simple questions appropriately, they are able to follow simple instructions without difficulty, and they are able to repeat words back without mistakes.
- ❑ **Can Follow Commands:** Patient has some difficulty communicating back to the health care worker but is able to follow commands without difficulty.
- ❑ **LIMITATIONS:** Patient has some limitations in their communication as a result of diminished use of a faculty (e.g. hearing or speech is impaired) or speaks a different language than health care worker.
- ❑ **CANNOT COMMUNICATE:** Patient is unable to communicate with health care worker or follow simple instructions.

Agitation/Aggression

Answer the following five questions about the patient:

1. Does the patient have clipped or angry speech?
2. Does the patient have a history of agitated/aggressive behaviour?
3. Is the patient using angry facial expressions (e.g. furrowed brow)?
4. Is the patient refusing to communicate?
5. Is the patient using threats or threatening gestures)

- ❑ **NON-AGGRESSIVE:** All agitation/aggression questions are answered with a "no". The patient does not appear agitated/aggressive, does not have a history of agitated/aggressive behaviour, and the health care worker does not expect this to change during patient handling
- ❑ **UNPREDICTABLE:** All agitation/aggression questions are answered with a "no", except for the question pertaining to the patient having a history of agitated/aggressive behaviour. The patient does not appear agitated/aggressive, however, they have a history of agitated/aggressive behaviour, and the health care worker is unsure if the patient will change during patient handling.
- ❑ **MODERATE:** Any of the agitation/aggression questions are answered with a "yes". The patient shows signs of aggressive behaviour at the time of assessment.

Physical

1. Check the patients mobility status.
2. Consider the patient handling and movement task required.
3. Progress through the tests in order and stop when:
   a. patient has completed all tests up to and including tests required for the chosen task
   b. patient is unable to complete a test with minimal assistance from health care worker
   c. patient has reached current documented mobility status

Task	Test	**Result -** Was patient able to complete test?		
Bed mobility (ie boosts)	**Turn to the side in bed**	☐Yes	☐With Assistance	☐No
Sitting	**Sit up on edge of bed**	☐Yes	☐With Assistance	☐No
Sit->stand	**Balance (sitting on the edge of the bed, hands in their laps)**	☐Yes	☐With Assistance	☐No
Sit->stand	**Weight bearing ability while seated**	☐Yes	☐With Assistance	☐No
stand/walk/transfer	**Stand up**	☐Yes	☐With Assistance	☐No
walk/transfer	**Stability and weight bearing ability while standing**	☐Yes	☐With Assistance	☐No

- ❑ **INDEPENDENT:** The patient is able to complete all of the above activities (up to the functional level of the task handling and movement task to be done) **without assistance**.
- ❑ **MINIMAL ASSISTANCE:** The patient requires **minimal** assistance (each health care worker is applying **no more than** 35 lbs of lifting force) to complete all of the above activities (up to the functional level of the task handling and movement task to be done).
- ❑ **MODERATE-MAXIMUM ASSISTANCE:** The patient requires **moderate to maximum** assistance (each health care worker is applying **more than** 35 lbs of lifting force) to complete **any** of the above tested activities.

Test instructions

Turn to side in bed: Ask patient to roll onto their side. Patients may have their own way of doing this, however, if cueing, ask them to bend both knees so their feet are flat on the bed, reach to the side they are turning towards and roll onto their side.

Sit Up: With the patient in side lying, ask them to sit up at the edge of the bed. If cueing is required, ask the patient to bring their legs over the edge of the bed while they push off of the bed with their arms to bring them into a sitting position. They may raise the head of the bed to make it easier for themselves.

Balance (in sitting position): Patient should be able to sit upright without assistance. If they are able to hold this position, ask them to move their shoulders side to side. If the patient is able to do this safely, ask them to lean backwards and forward.

Weight bearing while seated: Patient's feet should touch the floor. Ask the patient to place both hands on the mattress, on their respective sides. Ask the patient to slowly lean forward until their shoulders are over their knees, and push off the mattress, as if they were trying to stand.The goal is for the patient to lift their buttocks entirely off the surface, it is not necessary to come to a full standing position. See if patient can hold this position for five seconds

Stand Up: Face the patient and stand closely in front or slightly off to the side. While sitting at the edge of the bed, ensure the patient's feet can touch the floor. Ask the patient to lean forward until their shoulders are over their knees, and push off the mattress to come into a standing position.

Stability and weight bearing in standing: Once standing, ask the patient to shift their weight from side to side, or stand with one foot in front of the other and shift weight from front to back. If they are able to complete this step, ask the patient to walk on the spot. If they are unable to walk on the spot, they will require assistance to transfer. If they are able to walk on the spot they should be able to complete transfers independently.