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| AMBULATION | | | | NO. | |
| Purpose: To prevent resident injuries by not using safety equipment.  Statement: It is the policy of this facility that all Nursing, Restorative, and Therapy personnel will use gait belts with residents during transfers, ambulation and gait training.  Procedure:   1. Check the resident’s orders for her level and schedule of ambulation and for required assistive devices. 2. Explain the procedure to the resident to assure his understanding and cooperation. 3. Assist the resident to sit on the edge of the bed for two minutes to assess for dizziness. 4. Assist the resident in putting on socks and well-fitting nonskid shoes. 5. Center the gait belt around the resident’s waist, and adjust the gait belt to fit so it is snug, but not uncomfortable for the resident. 6. Slide your flat hand between the gait belt and the resident to make sure it is not too tight or loose. 7. Assist the resident to a standing position by straightening your legs as you lift with the gait belt, and instruct the resident to push down with her hands on the mattress. 8. Pause to allow the resident to regain balance. 9. Walk with the resident while gripping the gait belt firmly in front of the resident’s waist and back. 10. Walk on the resident’s weaker side, and encourage the resident to hold the handrail or assistive with his strong hand. 11. Walk in the same pattern as the resident (i.e. both step with left foot at the same time). 12. Assist the resident to step forward with strong foot first. 13. Walk the resident only the distance instructed by the resident’s care plan. 14. Ask the resident how he is doing, and observe the resident closely for dizziness, unsteady gait, impaired balance, or fatigue. 15. Assist the resident to the bed or chair, and remove the gait belt. 16. If the resident loses weight –bearing ability. Pull the resident’s body into close alignment with your hip/thigh area, and use the gait belt to lower him to the floor using large muscles of your legs. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page:  1 of 1 |