

CONNECTICUT VALLEY HOSPITAL

Physical Therapy Services

PT Equipment Procedure # 31

Re: SARA Lift

Date: March 20, 2000

Revised: October 19, 2008

Description:

A SARA Lift is a wide based assisted lifting device which utilizes an underarm strap and a foot plate to bring the patient to a semi-upright position necessary for transfers, standing and repositioning aid for toileting, bed, and wheelchair transfers. It allows patient's feet to be supported and therefore, increases their confidence in the lifting/standing process.

The SARA Lift provides a safe, quick, and comfortable means to stand, lift, and transfer patients between toilets, chairs, and beds.

Indications:

1. Can be used to lift/transfer disabled patients who cannot be safely lifted or transferred with the assist of one or two people.
2. Can be used to stand a patient to allow ease in changing patients using incontinence pads/or in changing wound dressings.
3. Can be used for standing practice accustoming the patient to the upright posture following long periods in bed or for other reasons of instability.

Contraindications:

1. May be contraindicated if painful, subluxed or otherwise compromised shoulder. Refer to physician if in doubt.
2. SARA Lift is not intended for long periods of suspension or transportation.

Procedure:

Preparation:

Before Approaching the Patient:

1. Ensure sling cords are slack.
2. Patient support arms are sufficiently raised or lowered to avoid approaching at eye level.

3. Open chassis legs if necessary to go around the chair. The chassis is opened by pressure outwards on the end of the legs whilst steadying the SARA lift (closing is the reverse procedure).
4. Explain procedure to the patient.

Using the SARA Lift:

1. Bring SARA lift carefully up to the patient placing patient's feet on the footrest and continuing forward if possible until the kneepad is just in contact with the patient's knee, or upper shin. Apply brakes.
2. Lower the patient support arms and place the sling round the patient's back so that it lies 25mm/1" or so horizontally above the waistline.
3. Help the patient's arms through the sling if they cannot manage to do this independently.
4. Tighten the cords so they are taut and the sling is firmly across the patient's back.
5. If possible, the patient should now hold onto the padded frame with one, or both, hands.
6. Encourage the patient to do all they can to get into a standing position and turn the lift handle clockwise. This will elevate the patient into a near standing position-their feet supported on the footrest. Be careful not to raise the patient too high as this could cause pressure under the arms.

Special Notes and Completing Transfer:

1. If the patient can stand sufficiently well to "lock" their knees in the normal way, their knees will come away from the reaction pad and they can just lean back into the sling.
2. If the patient is "slumped", they can still lean back into the sling and they will be kept in the raised position by the knees in contact with knee reaction pad.
3. Stroke patients who can only hold onto the lift with one hand, or patient's who cannot hold on at all, may still be lifted by the SARA lift, but a second staff person should hold the patient's arms down in front of the patient's body during the lift.
4. Patients wearing nylon nightdresses/dressing gowns are prone to be "slippery"- the sling may ride up the patient's back causing pressure under the arms. A second staff person may be needed to hold the sling in position.
5. Release brakes and transfer patient to the new location; commode, toilet, wheelchair, bed, etc. Turning the lift handle in a counter clockwise direction effects lowering.

6. While the patient is in a raised position, make any necessary adjustments to clothing, incontinence pads, etc. before lowering the patient again.
7. When the patient is seated again, slacken off the sling cords and remove the sling. NOTE – if a patient has been returned to bed using the SARA lift, a second staff person may be needed to support the patient while the sling is being removed.
8. If the SARA lift is being used for “standing” practice, accustoming the patient to the upright posture after long periods in bed, or for other reasons of instability-keep the sling sufficiently taut to give support, but without restricting movement.
9. Cleaning and Maintenance of Sara Lifts in the Physical Therapy Area:
 1. Clean Each Sara Lift as per Physical Therapy Cleaning Procedures.
 2. Each Sara Lift receives Biomedical Testing annually in January of each year.