Willowmere Home Health & Hospice
88 Meadow Lane, Riverbend, ST 58024
Intake 555-0460 · Clinical after-hours 555-0461 · Equipment 555-0462
willowmerehome.example · Office hours Mon–Fri 8:00a–5:00p

SKILLS CHECKLIST

Document
Caregiver assisted-stand checklist
Owner
Rehabilitation Services / Clinical Education
Version
3.1 · Approved 03/18/2027
Competency
Must be verified in the home

Caregiver Transfer Checklist — Chair Assisted Stand

Setup, gait-belt checks, chair positioning, the stand sequence, stop conditions, and documentation — for use only after the care team verifies competency

THIS PAGE IS NOT PERMISSION TO ATTEMPT A TRANSFER

Hands-on competency must be verified by the Willowmere clinician assigned to this patient. If you have not demonstrated the sequence in front of that clinician, do not use this checklist as a how-to. Call 555-0460 and ask for a teaching visit.

PATIENT (SPECIMEN BLANK)	CAREGIVER (SPECIMEN BLANK)	CLINICIAN WHO VERIFIED	VERIFICATION DATE

BEFORE EVERY ATTEMPT — ENVIRONMENT

- ☐ Floor is dry. No loose rugs, cords, or pet bowls in the pivot path.
- ☐ Socks with traction or closed shoes are on. Bare socks on wood are a stop.
- ☐ Chair has a firm seat and armrests. Low, deep sofas are not used for this sequence.
- ☐ Chair will not roll. Wheels, if any, are locked. If they will not lock, stop.
- ☐ Destination surface (second chair, commode, or bed edge) is ready, locked, and close enough that the caregiver will not stretch.
- ☐ Gait belt, if the care team issued or approved one, is within reach. Do not improvise with a bathrobe tie.
- ☐ A second trained person is present if the care plan requires two-person assist.
- ☐ The patient can tell you they are ready, or the care plan describes the nonverbal signal.

GAIT-BELT CHECKS (ONLY IF THE CARE PLAN INCLUDES A BELT)

CHECK	PASS	FAIL — STOP
Belt itself	Willowmere-issued or clinician-approved belt, intact buckle, no fray	Improvised strap, cracked buckle, or a belt from another patient
Placement	As demonstrated in the teaching visit, over clothing, snug enough that two fingers fit	On bare skin, over a fresh abdominal incision if the care plan forbids it, or hanging loose
Caregiver grip	Underhand grip on the belt as taught — not on the patient's arms or clothing alone	Pulling the patient up by the hands, armpits, or walker
Patient comfort	Patient can speak or signal that breathing and pain are acceptable	Patient reports the belt is cutting, pins a tube, or cannot speak

If the care plan says 'no gait belt,' skip this section and follow the alternative method the clinician documented. Do not add a belt on your own.

CHAIR POSITIONING

1. Place the chair the patient will stand from so the patient's feet will land flat.
2. Scoot the hips forward on the seat using the method taught — do not yank the pelvis.
3. Feet slightly apart, as demonstrated. Do not trap the patient's feet under the chair.
4. Walker or standing aid, if ordered, is placed in front and stays still. Do not let the patient pull up on an unstable object (towel bar, rolling table, another person who is not set).
5. Caregiver stands on the side taught in the home, not wherever is convenient today.

ASSISTED-STAND SEQUENCE (AS TAUGHT — DO NOT REORDER)

1. Count together using the words from the teaching visit (specimen: 'ready, set, stand').
2. Patient leans forward as taught. Caregiver does not lift the patient's full weight.
3. Patient pushes with legs and with the chair arms if the care plan allows arm push.
4. Pause at the tall sitting / almost-stand position if that pause was taught.
5. Complete the stand only if the patient is steady. Pivot only along the path that was practiced.
6. Do not continue into a walk unless walking was part of the verified skill.

STOP CONDITIONS — FREEZE, LOWER USING THE TAUGHT METHOD, OR CALL

IF YOU NOTICE	DO THIS	THEN
Patient says stop, or the nonverbal stop signal	Stop the motion. Do not finish 'because we already started.'	Lower as taught. Recheck the plan before another attempt.
Dizziness, new chest discomfort, sudden shortness of breath, or new confusion	Stop. Lower if it is safe to do so using the taught method.	Call 555-0461, or 911 if this is an emergency. Do not 'try one more time.'
A leg gives way, a knee buckles, or you feel you must catch the full body weight	Do not improvise a lift from the floor if you were not taught a floor recovery.	Follow the fallen-patient steps in the after-hours guide. Call 555-0461.
A device (walker, chair, belt) shifts or unlocks mid-motion	Stop. Make the surface safe. Do not complete the stand on a moving base.	Document and tell the clinician before the next attempt.
You are the only person and the care plan requires two	Do not attempt.	Wait for the second person or the aide visit.
You have not been competency-verified for this patient	Do not use this checklist as a substitute.	Call 555-0460 for a teaching visit.

DOCUMENTATION AFTER EACH ASSIST (CAREGIVER LOG)

DATE / TIME	FROM → TO	BELT USED?	STOP? Y/N	WHAT YOU NOTICED	INITIALS
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			
		Y / N			

Bring this log to the next nursing or therapy visit. A blank log is still useful — it shows the skill was not used.

VERSION, APPROVAL, AND COMPETENCY RULE

ITEM	VALUE
Document number	WM-XFER-031
Approved by	Rehab Lead K. Okonkwo, PT; Clinical Manager A. Ruiz, RN
Approval date	18 March 2027
Effective	01 April 2027
Next review	October 2027
Competency	Verified in the home, on this patient, by the assigned clinician. A classroom video or this paper checklist does not equal competency.

Safety boundary: Willowmere does not authorize untrained lifting. Back injury to a caregiver is a safety event. Ask for equipment or a second person rather than forcing a stand.

FICTIONAL SPECIMEN. Willowmere Home Health & Hospice, this checklist, the count words, and the competency process are invented for demonstration only. This is not medical advice, not a universal transfer protocol, and not permission to move a real person. Follow only the instructions of the actual care team after they have verified competency.