ASSESSMENT OF TOILET TRANSFER

AIM

To assess service user function and identify problems and potential solutions regarding toilet transfers.

Procedure

1. Verify that service user meets with toileting or current eligibility criteria. If not liaise with registered practitioner/team leader.

2. Check referral/case notes and confirm with service user prior to visit in order to understand their current condition, especially in relation to any recent change (e.g. mobility/falls/social situation) **ACTION if significant change or case complex liaise with registered practitioner/team leader.**

3. If appropriate arrange to visit service user at home/hospital/rehabilitation facility/care home to assess re toilet transfer.

Service User Considerations

4. Ask service user how they currently manage and where they are having problems and document on reasoning record. Check whether they have equipment already and how they use this.

5. Assess service user’s basic functioning: Observe them getting up and down from chair i.e. use of chair arms, chair height etc. If the service user needs physical assistance to stand and walk or is unwell **STOP and seek advice from registered practitioner/team leader.** If appropriate arrange alternative appointment.

6. Consider service user’s cognition and risk awareness. If they are not participating as expected **STOP and seek advice from registered practitioner/team leader.**

Environmental Considerations

7. Observe existing toileting facilities as per reasoning record. Also assess access to toilet (check for potential hazards e.g. loose mats and document these & any advice given in reasoning record). If not at home gather relevant information to support assessment (as appropriate).
Carer Considerations

8. Take into account the type of carer support (if any) that service user has. Where possible involve the carer.

9. If appropriate assess the service user getting on/off toilet. Observe their ability to manage personal hygiene (e.g. upper limb function and standing balance for cleaning and adjusting clothing).

10. Consider possible adaptive solutions and discuss with service user/carer (e.g. RTS, rails). Consider other persons who may use the facilities (e.g. could they manage with the proposed solution).

11. Also consider whether a rehabilitation programme is needed and plan accordingly.

12. If solution identified is unacceptable to service user/carer feedback to registered practitioner/team leader.

13. If the service user/carer in agreement try the preferred adaptive solution to aid toilet transfer (as per supporting competencies). If this meets their needs and is agreed, order equipment/adaptations and explain the next steps.

14. Telephone/visit service user to check whether equipment/adaptation has met need.

15. If necessary arrange check off visit.

Assessment of Toilet Transfer Reasoning Record

Date of Assessment ………………… Tenure of Property…………………………

Who Present: service user/ Informal Carer/Care Assistant/Assessor/Other

1. Service User Considerations

Current toilet transfer method/problems (reported):

Medical Conditions:

Weight:

Skin condition:

Functional Considerations

Sit-stand chair: independent/uses chair arms*/physical assistance^
(^Warning STOP & feedback to registered practitioner/team leader)
(^Warning may struggle to get on/off toilet)

Mobility: Independent/stick/frame*/physical assistance^
If safe check service user turning and stepping backwards.
(^Warning if physical assistance needed to walk STOP and feedback to registered practitioner/team leader)
(^Warning: service user likely to have leg weakness and poor balance. May struggle to control transfer onto toilet and manage hygiene).
Sitting Balance/Posture: stable/unstable*/unsafe technique* (*Warning refer back to registered practitioner/team leader).

Cognition: if service user unable to follow/retain instruction STOP and feed back to registered practitioner/team leader.

2. Environmental Considerations

Location of toilet(s) used by service user .................................................................

If toilet upstairs and service user reports problems with stair climbing may need
   a) stair climbing assessment
   b) Provision of commode

Is it in bathroom or separate? .................................................................

Are there access difficulties Y/N .................................................................

Current equipment: none/RTS/toilet frame/Sterling frame/ grab rails / drop down rail

Toilet type & shape: (e.g. wall hung, floor mounted, clos-o-mat etc)

Seat Height from floor: .................................................................

Seat Width: internal seat width measurement ...........................................................

Seat Depth: measurement of internal seat front to rear ..........................

Toilet Constraints: pipes/wall construction/toilet position/circulation space/door opening /radiator/sinks: Please sketch below

3. Carer Considerations

Informal carer how do they assist? .................................................................

Home care/formal carer is it safe for carer/service user? Y/N
None is it necessary? Y/N

Consider impact of proposed solution on other persons who access these facilities:
Toilet Transfer Assessment

If the service user is struggling to get off toilet:

1. Toilet appears too low consider RTS.
2. Service user is using other means of support on one side consider adding grab rail.
3. Service user is struggling with support on one side or using support on both sides consider toilet frame.
4. Service user is unsteady once standing for hygiene purposes consider toilet frame and grab rail(s)
   a) if able to push evenly on arms = free standing toilet frame
   b) if unable to push evenly on arms = floor fixed frame
5. If requires RTS and frame = Stirling Toilet Frame
6. Consider the need for longer term rehabilitation programme – plan this or refer on.

Which alternative solutions have been considered and excluded:

1. RTS
2. RTS + rail(s)
3. Toilet frame (free standing or fixed)
4. Toilet frame + rail(s)
5. Stirling Frame
6. Rehabilitation programme

Recommendations:
Reason for choice of Toilet Transfer Solution and plan

Name ...........................................................................................................................

Signature ....................................................................................................................

Date.............................................................................................................................