

Selecting the Correct Sling and Size  
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There are a few issues and facts to note when determining the correct sling size for a patient/resident. No matter who is responsible for assigning the sling size the facility must be diligent in communicating and documenting sling size in real time. The guide you follow that determines sling size is an important document and validates how you arrive at selecting sling size for a resident. Care Guide, Care Plan or Adult Plan of Care are all possible locations for this information to be found. Below; Care Guide will be the universal name for referring to this document.

1. Sling sizes need to be clearly defined. What that means is the manufacturer labels the sling or color codes the sling for identification of size. Use that guide.
2. Size includes 3 facts:
  - ⇒ S-M-LG and so on
  - ⇒ Weight ranges with in that size category-for example it might be a Med sling size weight ranges could be { 110 pounds to 220 pounds }
  - ⇒ Girth considerations: height and width of the patient, distribution of their body weight.

\*Important to note: Post and communicate the above information as a reference guide for staff.

3. The communication of the color code, size and weight range needs to be spelled out for all employees using or fitting slings. The C.N.A. or the PCA/ULP even though they don't assign the sling size needs to know this information as well. They need to be able to identify that they are using the correct sling. When a patient/resident condition changes the C.N.A. or PCA/ULP needs to quickly report if they believe a different size is indicated and in real time someone has to make the correct adjustment including documentation on the care guide of the correct sling size. Every care guide needs to identify the sling size to use for that patient/resident.
4. Determining correct sling size can and should be done by the licensed professionals. The facility should not rely on one group of staff members to determine sling size. All need to be well versed in selecting the correct sling size based on your inventory and style of slings.
5. The care guide needs to identify size as well as style sling if the facility has a variety of sling styles and or if 1 type of sling works better for a patient/resident than another. The care guide should identify the exact sling to be used. For example a bilateral amputee can only be transferred with a hammock sling attached cradle method or transferred with a full body sling.
6. It takes a team to get it right. The department (s) that is responsible to weigh and measure a patient/resident need to be accurate and timely with that information. The information should be easily found in the medical record. The information must be up to date.

**Sling Selection Continued:**

- 7.** The RN and nursing department can make the decision on sling size as well as the Therapy department. When therapy assess the patient/resident and determines that the patient/resident is a mechanical lift transfer it only makes sense at that time to also document what lift to use, what size sling to use and what attachment method to use if it matters. However when ever the nursing department is making a patient/resident a mechanical lift then they would do the same practice. Document everything that needs to be known about mechanically lifting the patient/ resident at the time of the assessment or determination.
  
- 8.** Proper sling size choice is determine by weight and girth. As a rule of thumb depending on the style sling there are specific makers that tell you if the fit is right or not.
  - ⇒ If the sling is designed to provide head and neck control; then while the patient/resident is supine the top of the sling should fit mid toward top of head. The patient/resident will drop down lower in to the sling when lifted.
  - ⇒ The bottom of the sling should fit at the top of the butt base of the spine; if it is a split leg style sling or seated sling. A full body sling fits to mid thigh toward knee, roughly 2-3 inches above knee.
  - ⇒ The leg of the sling should fit the patient/resident to with in 2-3 inches above the knee.
  - ⇒ From side to side on the sling a 2-3 inch space should be present from the patient/resident's body to the edge of the sling.
  - ⇒ The patient/resident must be centered in the sling to determine if the fit is correct. Centering a patient/resident in the sling should always occur before a transfer starts.
  
- 9.** Slings are designed to also fit a specific function/task-transfers, ambulation, toileting, turn and positioning and supine lateral transfers.
  
- 10.** Some slings are made to be left under the patient/resident. Applied and removed while someone is out of bed and on the sling is another feature.
  
- 11.** Slings are mesh, breathable fabric, and nylon, quilted, padded and also made of firm parts that can be plastic or metal.
  
- 12.** To transfer a bilateral amputee or an amputee with a high residual limb the facility must have either full body slings or split leg hammock style slings attached cradle method.
  
- 13.** Sling styles consist of Universal style, Seated, Hammock, Split leg, Hygiene and so on. The fit and comfort and selection based on the task to be done are all important assessment factors when choosing the correct sling. Depending on the physical presentation of the patient/resident you may choose one style sling over another. For example a patient/resident that lacks head and neck control will need a sling that is designed to provide head and neck support.