

MEDICAL CONDITIONS AFFECTING SLING SELECTION

Medical Condition	Consequence	Discussion
Abdominal /Surgical Wounds	Pain and discomfort	Sling fit should allow for minimal compression on wounds site. Pressure on wounds site or painful body areas could cause interference in the healing process of the skin, and or increased pain to the patient.
Amputation	Slipping or a fall from the sling.	Specialty amputee slings may be required. Using a regular seated sling can cause a risk for the patient (especially above the knee amputations) to be improperly balanced and lead to slipping or a fall from the sling
Compromised Skin Integrity, Pressure Ulcers, Severe Edema	Skin breakdown, interference with granulation healing process	Client becomes vulnerable to skin breakdown injury, or interference in the skin granulation healing process from the sling shearing or shear forces created during sling application and use
Contractures, Spasms, Splints and Traction	Unexpected stiffness, risk of falling or slipping out of the sling	These conditions leave the patient vulnerable to unexpected stiffness and movement in the sling during the transfer.
Deceased or Comatose Patient, Paralysis and Paresis	Lack of core stability may result in risk of injury or patient fall	These patients may not have enough body core stability (ability to sit, or hold head or neck) to make the sling safe. To prevent slippage and a risk of injury or falls, a supine sling as opposed to a seated sling may be warranted
Fractures, Hip and Knee Replacement, Joint and Bone conditions, Splints and Traction (Shoulder Surgery)	Joint pain or dislocation from sling style/type and required positioning	The sling style may cause pain to joints, and affected limbs from the nature of the alignment required to fit into the sling. The slings require some positioning that may be contraindicated for the effected limb, knowledge of the allowable amount of flexion is required when assessing for the appropriate sling type.
History of Fall	Patient fall	If the patient has unpredictable intermittent weakness then a fully supportive sling (supine) sling may be required when using the patient lift. This is to prevent the patient from falling and becoming injured during the transfer

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Obese Patient	Compromised breathing, back pain, tearing of the skin	Poor sling fit can compromise breathing by compressing the thoracic cavity as when too tight or small across the shoulders. Back pain and the possibility of pain and pressure or tearing of the skin may result from poor posture positioning.
Postural Hypotension	Fainting, falls, dizziness	Postural hypotension puts the patient at risk for fainting, falls or dizziness during the transfer. We need to anticipate that the patient could become flaccid during the transfer and use a sling that can provide the added extra support to prevent a fall or hyperextension of a body part (e.g. supine sling).
Respiratory Compromise, Thoracic Injuries	Respiratory distress, Shoulder or thoracic discomfort/pain	These patients will not tolerate internal shoulder rotation or a posture in which they are not semi sitting during the transfer. Putting them in this situation can lead to further respiratory distress. A seated sling and strict seating posture may be required. A sling that is too small will compress the shoulders
Tubes, Stomas	Impedance/blockage in drainage of tube	During sling applications and use, be sure the sling fit does not put pressure on tubes sites, tubing's or stoma's sites. This may cause impedance of drainage and may result in pain.
Unstable Spine/Orthosis	Spinal instability, pain	Chosen sling needs to be appropriate to maintain the spinal restrictions. In situations that spinal precautions are in place a supine sling may need to be used in conjunction with a backboard with Dr. approval of the procedure. Other spinal problems may require that weight be shifted to different body parts to prevent pain and compression to the area. Example a seated sling used in a sitting position will not put pressure on the thoracic spine.