**Transfer Pole Informed Consent Release**

I have been informed of **risks** and **benefits** of the use of a transfer pole beside my bed.

The **risks** of a transfer pole include entrapment in the following ways:

Rolling out of bed or

Falling when attempting to transfer using the pole and becoming trapped between the bed and transfer pole and

1. Getting the head or throat stuck and cutting off the airway resulting in suffocation
2. Getting the chest stuck between the mattress/bed and transfer pole, then being
3. unable to take a breath resulting in suffocation
4. Getting arms, legs or other parts of the trunk stuck resulting in bruises, abrasions,

 skin tears or lacerations

The **benefits** to me of using a transfer pole are:

1. Improved mobility getting in and out of bed. I will be able to transfer myself into and out of bed and/or to assist my caregivers with transferring me into and out of bed.

I understand that the transfer pole is to be used as a mobility aid and not as a physical restraint. I can withdraw this consent at any time. If I become unable to use the transfer pole because of illness, failing strength or understanding of the proper use of the transfer pole, the pole will be removed from the side of my bed so it is not a hazard. My physician is aware that I wish to use the transfer pole and agrees it is appropriate as a mobility aid.

Resident Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Family Representative Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Provider Representative Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Nurse or RPT Assessor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_