

365



防癌教育协会
Cancer Prevention Society



CAREGIVER'S GUIDE

A Guide for Caregivers
of Cancer Fighters

CONTENTS

INTRODUCTION TO CAREGIVING

- 3 How Does Cancer and Its Treatment Affect My Loved One?
- 4 What is Caregiving?
- 5 Ecosystem of Resources
- 7 Legal Matters

EMOTIONAL NEEDS

- 9 What is Distress?
- 13 Signs of Distress
- 14 Effective Communication
- 17 Self-Care

NUTRITIONAL NEEDS

- 23 Importance of Good Nutrition
- 25 HPHE Diet - High Protein High Energy Diet
- 26 General Tips to Increase Energy and Protein Intake in Daily Diet

PHYSICAL NEEDS

- 30 Activities of Daily Living
- 31 Risk for Falls
- 32 Home Safety Checklist
- 32 Assistance for Transfers and Ambulation

DISCLAIMER

Please take note that the contents shared in this booklet are for general information only. Do consult your doctor for personalised and detailed medical advice.

INTRODUCTION TO CAREGIVING



From 2017 to 2021, an average of 46 Singaporeans were diagnosed with cancer daily, with 16 who died from cancer each day. These numbers might seem alarming, but with early detection and advanced treatment methods, cancer can be better managed and have improved clinical outcomes.

HOW DOES CANCER AND ITS TREATMENT AFFECT MY LOVED ONE?

The fight against cancer requires your loved one to tackle several issues, which commonly include:

1. Symptoms and side effects

Cancer and its treatment can cause uncomfortable symptoms and side effects, such as appetite loss, feeling tired and nausea/vomiting.

2. Emotional effects

It is normal to feel scared, anxious or sad during the cancer journey. However, anxiety and/or depression may develop due to worries over one's condition, making it harder to cope with the illness.

3. Social and work challenges

Most people would experience significant changes in how they manage one's relationships with friends, family and co-workers after being diagnosed with cancer. Your loved one may also be concerned about how others may treat them if they know of their condition, or their ability to continue working during or after treatment.

4. Self-image

The way that your loved one views themselves may be affected by changes in physical looks, relationships, roles, responsibilities and spirituality.



WHAT IS CAREGIVING?

Caregiving can be a fulfilling and meaningful journey. You can be prepared for this journey to care for your loved one and most importantly, care for yourself.

Often, we don't choose to be a caregiver, but the situation calls for it. Your role as a caregiver starts when your loved one has been diagnosed with a medical condition or after an incident such as a fall or a heart attack.

HOW CAN I CARE FOR MY LOVED ONE WHO HAS BEEN DIAGNOSED WITH CANCER?

Caregiving is a hard job that not only requires your time and money, but may also compromise your health and well-being if not managed properly. Nonetheless, many caregivers support their loved one for 24 hours a day over the course of months or even years.

You may have to pick up new knowledge or skills, such as:

- Learning about your loved one's cancer type and its treatment.
- Communicating with the medical team.
- Managing medications as well as the side effects of cancer and its treatment.
- Helping your loved one with daily activities of living, including moving around, showering, toileting or changing.
- Handling household chores, finances and logistics.
- Keeping other family members and friends informed of your loved one's condition.

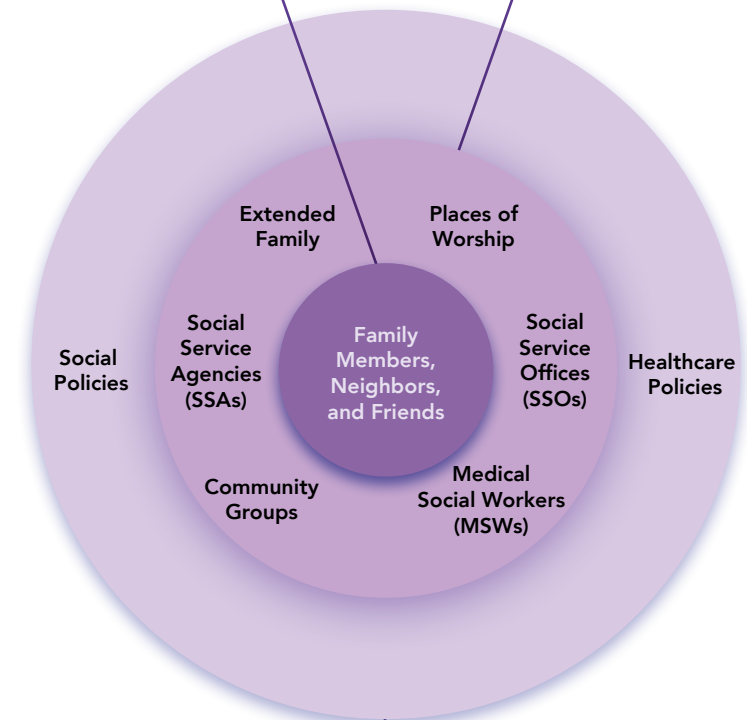


ECOSYSTEM OF RESOURCES

The ecosystem of resources helps to identify the different types of assistance that caregivers could access:

The inner circle of family members, neighbours and friends are the closest and most accessible resources who could assist you in your caregiving journey.

You could also look outwards for support from places of worship, or Social Service Agencies (SSAs) for assistance.



The outermost circle are resources that are the least accessible and furthest away from us. This includes government resources nationwide. You may also consider respite care as well.

COMMUNITY RESOURCES

Below are some areas of support for caregivers that you could tap into:

1. Support groups

Support groups could provide an avenue of emotional support with other caregivers with similar experiences.

2. Community services

Community services could provide aid to caregivers in various aspects such as assistance schemes and befriending services.

3. Respite care

When you need short-term assistance to take a break, or when existing help is temporarily unavailable, you may also consider tapping on respite care options. The type of respite service that is suitable would depend on your care recipient's health condition and duration of help required.



LEGAL MATTERS



Below are some areas to consider when managing the legal aspects of caregiving for your care recipient:

1. Advanced Care Planning (ACP)

It is a facilitated process that helps you and your loved ones to plan for future healthcare needs together, and make decisions about healthcare. By exploring this topic now, one could ensure that these choices are no longer left unspoken or unclear.

2. Lasting Power of Attorney (LPA)

It gives legal powers to make decisions for your loved ones when they can no longer do so. This includes decisions on personal welfare, property and affairs. Without an LPA, you will need a court order to administer the wishes and affairs of a loved one which is both time consuming and costly.

3. Advance Medical Directive (AMD)

It is a legal record that your loved one would not want excessive treatment just to keep them alive. It can help guide doctors to let your loved one pass on with dignity. Do note that this document is not the same as ACP.

4. Estate Planning

Documents how your loved one would like to distribute their estate (money, property, possessions) after they have passed on. Upon death, you and your family can apply to the Courts for a grant of probate to distribute the estate according to their will.

5. CPF Nomination

Money from CPF is not part of your loved one's estate. This protects the fund from creditors and allows it to go directly to your loved one's beneficiaries. CPF nomination is free of charge. Upon death, monies may be paid out via cash or cheque.

EMOTIONAL NEEDS



INTRODUCTION

Taking care of those going through their cancer journey is never an easy task. Caregivers can experience psychological distresses due to the following factors:

- Care decisions (e.g., treatment plan, medication, treatment outcome).
- Lack of relevant knowledge (e.g., coping skills, signs and symptoms, side effects, limited resources).
- Mental health concerns (e.g., stress, anxiety, low mood, helplessness).
- Physical strains (e.g., health condition, stamina, age).

Often, caregivers can be overwhelmed by their situation, leading them to feel lost on what to do. In order to take good care of our loved ones and ourselves, we can consider the following questions during the caregiving process:

- What are our loved ones going through?
- What are the signs we should look out for?
- What kinds of support do they need?
- How do we cope as a caregiver?

WHAT IS DISTRESS?

Distress is an unpleasant psychological experience (i.e., thinking, feeling) that might affect an individual's ability to cope with cancer and cancer treatment effectively.

It is normal to experience distress from time to time. It can make us feel sad, fearful, or even vulnerable. However, if left unchecked, distress can increase to levels that results in disabling feelings (e.g., anxiety, depression) that could eventually affect our daily functioning.

Hence, it is important that we identify the early signs of distress and learn how to cope with them, in order to help our loved ones through their cancer journey.

TYPES OF PSYCHOSOCIAL CONCERNS

Distress can be derived from psychosocial concerns. As a caregiver, it will be helpful to acknowledge and understand the concerns our loved ones might have. Here are five main types of psychosocial concerns and some examples:

Emotional Concern

- Anxiety
- Depression
- Stress

Social Concern

- Family
- Social interaction
- Work

Physical Concern

- Fatigue
- Nausea
- Pain

Spiritual Concern

- Faith
- Meaning in life

Practical Concern

- Children
- Finance
- Transport



INCREASED RISK FOR DISTRESS

There could also be certain occasions where an individual might be especially vulnerable to distress. It will be helpful to take note if our loved ones are already going through some of the following challenges:

Emotional

- Anger
- Anxiety, depression
- Feeling out of control
- Sadness, fear, helplessness



Physical

- Disability
- Physical frailty
- Severe comorbid illness
- Uncontrolled symptoms



Psychological

- Cognitive impairment
- History of psychiatric disorder
- Trauma

Social

- Communication barrier
- Family issues
- Financial difficulties
- Inadequate social support
- Taking care of young children



PERIODS OF INCREASED VULNERABILITY

Certain time periods can be highly stressful for our loved ones. If we take a look at a typical cancer journey, there are certain periods where our loved ones may require additional support.

Upon diagnosis

Everyone responds differently to a cancer diagnosis. Some may find it shocking and unbelievable; others may grieve; and yet others may take a longer time to process it. They can become vulnerable when dealing with some of these issues:

- Finding and investigating suspicious symptoms
- Advanced cancer diagnosis
- Shock/denial/anxiety

Awaiting treatment

Much uncertainty may be experienced when awaiting treatment. This might cause our loved ones to experience more distress due to the following factors:

- Admission to hospital
- Uncertainties
- Overwhelmed with information on treatment

During treatment

Every individual can have very different experiences during their cancer treatment. The following factors may impact our loved ones both physically and mentally:

- Treatment side-effects
- Increased symptoms
- Treatment burdens
- Change in treatment modality

After treatment

Often, we assume that the concerns of our loved ones would have stopped after completing treatment. However, they might still be troubled by the following factors:

- Medical follow-ups
- Transition into survivorship
- Relapse



Here are some signs and symptoms of distress that we can look out for. Caregivers can explore further with their loved ones if they notice the following:

SIGNS OF DISTRESS

Physical

Poor sleep, lack of appetite, fatigue.

Cognitive

Poor concentration, heightened concerns about illness and social role, frequent thoughts of illness and death.

Emotional

Anger, sadness, helplessness, anxiety, depression, feeling a loss of control.

Spiritual

Questioning of faith, purpose, and meaning in life.

SUPPORTING YOUR LOVED ONES

Although it is essential to provide practical support and solutions to our loved ones, how we communicate with them is also one of the important factors that affects their treatment experience.

EFFECTIVE COMMUNICATION

It is important to understand the needs of our loved ones and cultivate a supportive environment for their recovery. We can convey our care and concern towards them using 'E.A.R.S.', so as to communicate more effectively in an encouraging and empathetic way.

E Encourage

- Use of comforting words
- Use verbal and non-verbal expressions
- Listen actively
- Be honest and truthful

A Asking the right questions

Use open-ended questions to explore the needs of your loved ones:

- "What are the things that you would like to do?"
- "How may I help you?"
- "Can you tell me what has been affecting you?"

"Why" questions need to be used with care as it can sometimes sound confrontational.

R Reflection of feelings

Upon hearing from our loved ones about their issues, there might be the tendency to focus solely on the information and try coming up with solutions. While this can sometimes be effective, this could neglect the feelings of our loved ones. We can try acknowledging their feelings by using the following sentences:

- "It sounds like you are really frustrated about _____. "
- "It seems that you are really disappointed with _____. "

S Summarising

This involves clarifying and organising our thoughts during conversations with our loved ones in order to understand their situations better. This also helps us to condense the information gathered and have a clearer picture of what has been shared to us.

USE OF LOVE LANGUAGES

Sometimes, we can be showering lots of love on our loved ones but are reciprocated with their frustrated responses (e.g., "You don't care about me"). This might be due to the differences in how we express love to one another. Despite living together for a long time, family members can still be speaking different love languages. Hence, it is important for us to identify and communicate with our loved ones in their preferred love language.

The following are the five different languages of expressing love:

Words of affirmation

- "Great job!"
- "I really appreciate what you did!"

Physical touch

- Holding hands
- Hugging

Giving gifts

- Flowers and cards
- Presents
- Money and financial assistance

Acts of services

- Cooking
- Cleaning

Quality time

- Uninterrupted and focused conversations
- Companionship



COMMUNICATING WITH PROFESSIONALS

Accompanying our loved ones on their hospital visit is a huge form of support. Even though we may not have the medical knowledge, there will always be something that we can do within our control to support our loved ones as they go through their challenges. It would be helpful if we:

- Prepare a list of questions to ask
- Prioritise the most important things
- Clarify if you are unsure
- Ask for additional information if needed



PROVIDE SOCIAL SUPPORT

Spending time with our loved ones in their social activities is another form of encouragement to help them adjust to their current situation. It helps to motivate them to re-establish their social connections and find support within the community. Caregivers can provide social support through:

- Regular check-ins
- Attending social activities together
- Making plans together
- Encouraging participation in support groups



SELF-CARE

Self-care is a conscious act that people take in order to promote their own mental, physical, and emotional health. As a caregiver, you might be engaged in daily caregiving duties, such as attending to your loved one's daily needs, accompanying them for medical appointments, and ensuring meals are well-prepared. However, finding a balance between caregiving and personal time, as well as taking time off to focus on well-being, are also essential parts of the caregiving process.

CHALLENGES OF CAREGIVING

Here are some questions that we might want to ask to check in with ourselves:

1. Am I spending enough time with myself?
2. Am I sleeping well?
3. Am I eating well?
4. Do I know my boundaries?

With the answers to some of the above questions in mind, we may want to address the need to take good care of ourselves if we want to provide continuous support to our loved ones.

Self-care is important in building resilience and ensuring a better sense of well-being. It serves as a preventive measure against caregiver burnout as a result of daily caregiving stressors.



FIVE DIFFERENT TYPES OF SELF-CARE

Physical self-care (body)

- Have sufficient rest
- Be active
- Have a balanced diet
- Seek medical care if needed

1

Emotional self-care (feelings)

- Be aware of how you feel (e.g., use emotion wheel)
- Embrace all emotions
- Start a journal

2

Mental self-care (mind)

- Relax with deep breathing
- Reduce anxiety or stress with grounding techniques
- Increase positivity through self-affirmation
- Reframe your thoughts
- Be open to not knowing

3

Social self-care (relationships)

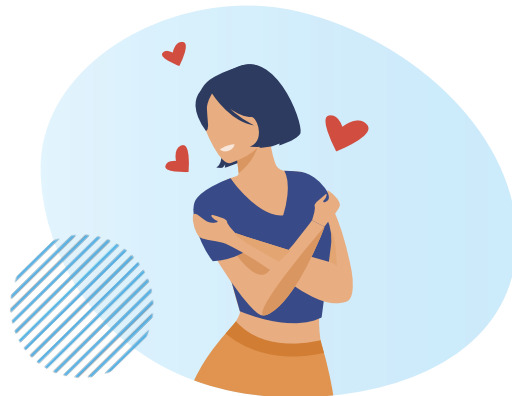
- Give yourself permission to seek help
- Spend time with yourself (e.g., allocate resting time for yourself)
- Join support groups for caregivers
- Talk to your loved ones/friends
 - Rule of three: having three people in your contact list that you can call when you need support

4

Spiritual self-care (values and purpose)

- Practice self-reflection
- Engage in gratitude journaling
- Practice forgiveness
- Create boundaries

5



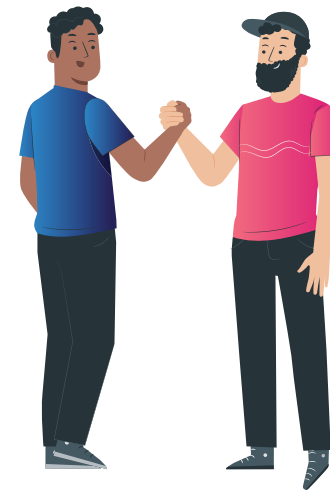
CUSTOMISING MY SELF-CARE PLAN

Every individual takes care of themselves differently. There is no universal self-care plan that works for everyone. It is important to identify your own needs and interests, and set an intention to do it for yourself. You can make your own plans on how to take care of yourself. Let us try to come up with our own self-care plan by setting SMART goals:

- S Specific**
What specific activities are you planning to do?
(E.g., Physical self-care - brisk walking)
- M Measurable**
Are you able to keep track of your progress?
(E.g., Brisk walking for 30 minutes everyday)
- A Achievable**
Is the planned activity realistic and manageable for your situation?
(E.g., "I can afford 30 minutes a day for myself.")
- R Relevant**
Is the activity helpful for you to relax?
(E.g., "I feel refreshed after physical activities.")
- T Time**
How long do you aim to carry out your plan?
(E.g., For two months)

CONCLUSION

Caregiving is a journey that should not be walked alone. You can reach out to resources around you to help you cope better through this caregiving journey. 365 Cancer Prevention Society's Counselling Department provides psychological and emotional support to those in need.



For more information, please scan the QR code to visit our microsite.



Scan the QR code to reach out to us if you are facing any challenges.

NUTRITIONAL NEEDS



Nutrition plays an essential role before and during cancer treatment. Identifying the importance of good nutrition status before and during the treatment will help to improve overall health outcomes.

IMPORTANCE OF GOOD NUTRITION - BEFORE TREATMENT

- Maintains a healthy weight
- Maintains one's energy levels and strength
- Prevents malnutrition (particularly undernutrition) before treatment

IMPORTANCE OF GOOD NUTRITION - DURING TREATMENT

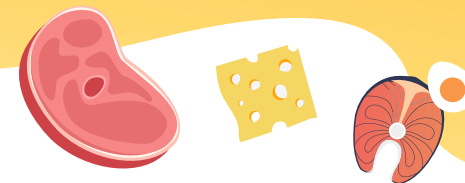
- Decreases the severity of Nutrition Impact Symptoms (NIS), which are negative impacts of cancer treatment on eating ability
- Speeds up the recovery process
- Prevents weight loss and subsequent undernutrition
- Improves treatment outcomes
- Improves quality of life

There is no single nutrient that is solely responsible for cancer care. One should focus on having a balanced diet (emphasising protein) with a correct proportion of macronutrients and micronutrients that can help to improve one's overall nutrition status.



FUNCTION OF MACRONUTRIENTS AND CORRESPONDING FOOD SOURCES

Macronutrients	Functions	Food sources
Carbohydrates	The body's primary source of energy and the brain's preferred energy source.	<ul style="list-style-type: none"> • Grain products (Rice, bread, noodles, oats) • Starchy vegetables (Corn, sweet potato, potato, pumpkin) • All types of fruits • Beans and legumes • Dairy products (Milk, yoghurt, cheese) • Simple sugar (Regular sugar, brown sugar, honey)
Protein	Maintains and rebuilds the body's lean mass (muscle), improves immunity, aids in wound healing and prevents infections.	<ul style="list-style-type: none"> • Meat and poultry • Fish and seafood • Eggs • Dairy products • Soy products • Beans and legumes
Fat	The most concentrated source of energy, it plays a role in producing hormones and building new cells, and helps the body to absorb fat-soluble vitamins.	<ul style="list-style-type: none"> • Plant-based oils • Butter • Margarine • Nuts and seeds



HPHE DIET - HIGH PROTEIN HIGH ENERGY DIET

Cancer fighters may go through different phases of operation, treatment and recovery, which impose higher energy and protein requirements. The presence of nutrition impact symptoms (NIS) caused by treatment may lead to insufficient food intake. Therefore, the HPHE diet plays an important role to provide sufficient nutrient intake among cancer fighters during their cancer journey.

A dietitian will help calculate the energy and protein requirements based on the formula below.

Energy Requirement	
Condition	Calories required
Hypermetabolism, nutritional repletion, weight gain	30-35 kcal/kg/day
Severely underweight individuals	> 35 kcal/kg/day
Normometabolic, nonambulatory, inactive	25-30 kcal/kg/day
Bedridden	20-25 kcal/kg/day
Stem cell transplant	30-35 kcal/kg/day
Obese individuals (goal: weight maintenance)	21-25 kcal/kg/day

Notes:

- Actual body weight is used for non-obese individuals
- Ideal body weight should be used for obese individuals

Protein Requirement	
Condition	Protein required
Non-stressed	1.0 to 1.2g/kg
Hypercatabolic	1.2 to 1.6g/kg
Severely stressed	1.5 to 2.5g/kg
Hematopoietic stem cell transplant	1.5 to 2.0g/kg

Notes:

- Based on actual body weight, or adjusted body weight (ABW) if greater than 125% of ideal body weight
- Please note that the energy and protein requirements will be highly individualised and differ from one individual to another

GENERAL TIPS TO INCREASE ENERGY AND PROTEIN INTAKE IN DAILY DIET

- Opt for small and frequent meals (six meals in a day instead of three main meals).
- Start your meals by eating the protein portion first.
- Replace tea, coffee or water with milk, soy milk or juice-based drinks.
- Incorporate convenience foods such as canned foods, milk powder, or pre-delivered meals.
- Enjoy meals with family or friends.
- Take oral nutrition supplement (do seek advice from a dietitian).
- Prepare meals in bulk and freeze leftovers on days when one has more energy.
- Follow tips on page 28 to manage one's NIS.
- Modify meals to increase energy and protein content based on the tips shared in the following page.



TIPS TO MODIFY MEALS BASED ON THE HPHE DIET

Food Groups	Modification
Grain Products	To add with: <ul style="list-style-type: none"> • Egg (as a whole or with oil, beaten and mixed well with porridge) • Fried tofu (diced) • Minced/blended with fish, chicken, meat (mix with sauces to cover the metallic taste) • Fried anchovies (small pieces) • Baked beans • Nuts • Coconut milk
Fruits	To combine: <ul style="list-style-type: none"> • Fruits (cut) + yoghurt + cheese + raisin + mayonnaise/salad dressing • Fruit juice + milk + sweetened jelly/honey • Fruits (diced) + ice cream + chocolate chips/nuts (flake) • Fruits (cut) + sago + coconut milk • Fruits dipped into chocolate
Milk	To add into: <ul style="list-style-type: none"> • Chocolate drink, malted drink, coffee, tea (for a variety of tastes) • Cereal, baby cereal, oats, cornflakes + raisin/ fruits, honey • Jelly, pudding
Gravy	To add with: <ul style="list-style-type: none"> • Oil and sugar • Corn flour • Milk, yoghurt, coconut milk • Mashed potato

You may consult a dietitian for individualised meal plans and advice to improve your care recipient's overall nutritional status.

Here is our e-book 'Tips to Eat Well during Cancer Treatment' to help overcome NIS.



Having evidence-based knowledge is important for identifying the best preventative methods for cancer. Here is an overview of lifestyle practices that reduce cancer risk based on current evidence.



PHYSICAL NEEDS



ACTIVITIES OF DAILY LIVING

For every effective treatment, there will be side effects. Common side effects that can affect one's ability to perform activities of daily living (ADLs) include:

- Fatigue
- Weakness
- Pain and discomfort

Cancer-related fatigue is disproportionate to activity level. One could be taking a cup of water from the kitchen and feel the need to rest when returning to their room. It results in one's inability to concentrate or perform daily tasks as well as before. However, one should avoid resting more than required as that leads to loss of strength which worsens fatigue.

Weakness is also common as muscles are not used as often as it should, especially during the treatment phase. For example, post-surgery usually entails a period of bed rest and reduced overall movement and activity. This makes ADLs like getting up from the bed, showering, preparing meals or even walking around the house challenging, and assistance is usually required from family or caregivers.

Pain is an unpleasant experience and can be caused by multiple reasons – the cancer itself, treatment effects, pathological fractures, chronic swelling, age-related joint problems, etc. Pain limits one's participation in activities and can restrict movement resulting in impaired mobility. For example, an individual with shoulder pain will find it difficult to perform overhead tasks like putting items in the overhead shelf while someone with knee pain will find it difficult to walk for long periods of time or climb a flight of stairs.



RISK FOR FALLS

Falls can happen at home or out in the community, and are common in vulnerable groups like the elderly or people with disabilities due to a chronic condition such as stroke. In the cancer population, fall risk is greater for individuals who experience neuropathy symptoms in their feet (numbness, tingling, burning sensation) due to the effects of certain chemotherapy drugs. Fall risk is also higher in cancer survivors who may be very deconditioned after treatment and in frailer older adults.

Ways to assess fall risk include:

- Fall risk assessment
- Home environment assessment
- Evaluation of one's fall history and pre-existing conditions that may predispose one to fall
- Frailty assessment (for seniors)
- Personal factors (footwear, safety awareness, cognition)

Fall risk assessments are typically conducted by physiotherapists. Examples include the Timed Up and Go (TUG) test and the Berg Balance Scale (BBS). Home environment assessments are professional assessments conducted by occupational therapists to assess the safety of the home to prevent falls. Frailty assessments are typically conducted by the family doctor or hospital doctor-in-charge. Knowing one's fall history is an important aspect of fall risk assessment as a frequent faller not only has a higher risk but also a greater fear of a recurrent fall. This fear may result in dependency and reliance on others for help.

HOME SAFETY CHECKLIST

The following lists the factors associated with increased fall risk, and tips on how to reduce fall risk and prevent falls:

- **Clutter**
 - Avoid hoarding
 - Organise and clear loose items on the floor after use
- **Slippery surfaces**
 - Use non-slip mats, especially in the bathroom and kitchen
 - Install grab bars in the bathroom or on stairs
- **Trip or slip hazards**
 - Remove carpets, rugs or mats, loose cables or wiring from electronics
- **Lighting**
 - Consider having a night light or motion-sensor lights for nighttime
- **Furniture**
 - Replace unstable furniture such as those with wheels or those that topples easily

ASSISTANCE FOR TRANSFERS AND AMBULATION

a. Understanding level of assistance

The following table describes what each level of assistance means and is often used as a form of communication between healthcare professionals and caregivers.



Level of Assistance	
Independent	<ul style="list-style-type: none"> • Does not need help or supervision at all.
Supervision - Standby	<ul style="list-style-type: none"> • May require assistance to set up walking aids or wheelchair position. • Requires close supervision for safety precaution. • No physical assistance (contact) for the patient required.
Minimal	<ul style="list-style-type: none"> • Caregiver has to set up wheelchair position or walking aid. • Requires little or some physical assistance and support (contact) from the caregiver.
Moderate	<ul style="list-style-type: none"> • Requires a modest amount of assistance from the caregiver. E.g., able to lift buttocks off but unable to stand fully to complete the transfer from bed to wheelchair.
Maximal	<ul style="list-style-type: none"> • Mostly assisted by the caregiver, but the patient is able to provide slight assistance such as maintaining sitting balance or using upper limbs to hold onto the caregiver.
Dependent	<ul style="list-style-type: none"> • Completely dependent on caregiver for assistance.

b. Transfer techniques (for minimal assistance)

Stand pivot transfers

For patients who lack independent standing ability but can support some weight on their lower limbs:

- Position the wheelchair at a 60-degree angle parallel to the bed. Make sure to lock the brakes!
- It is preferable to transfer from the patient's stronger side (if there is one) or the unaffected side.
- Help the patient to stand. If that is not possible, use a squatting position.
- The patient may hold the caregiver's shoulder girdle. Never ask the patient to hold the caregiver's neck!
- The caregiver may need to use their legs to support the patient's weaker knee in case of buckling.

Stand-step transfers

This type of transfer is suitable for patients who can comprehend instructions and are capable of standing and bearing weight on their lower limbs:

- A walking aid such as a walking frame can be utilised for this transfer.

Scout transfers

Scout transfers are designed for patients with good upper body strength who are unable to stand due to a medical condition.

- The patient must use their upper body strength to lift their hips off the chair/bed and scoot themselves to the next surface.
- Caregivers may need to assist in lifting or shifting the patient's legs during this transfer.

c. Body biomechanics for caregivers

- Assess your own ability and physical condition prior to transferring patients who need more than moderate assistance or are heavier/larger.
- Maintain proper spinal posture by keeping your back straight and engaging your core before lifting.
- Refrain from attempting transfers if you lack confidence or have a recent unresolved injury.
- Utilise available equipment or resources to support good body mechanics, such as adjusting the height of the bed or using a walking aid to provide additional support for the patient.

d. Assistive devices

Transfer belt

Recommended for patients who require maximal assistance as it allows caregivers to have better grip and maintain proper biomechanics during transfers.

Transfer board

Suitable for patients with good upper body strength such as paraplegics or amputees.

Transfer hoist

Operated by two caregivers for patients who are completely dependent on assistance.



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