



Bariatric Guidelines

Procedure Number

CHC-PC-0032

Version Nos:

2

1. Purpose

The purpose of these Guidelines is to assist West Coast District Health Board (WCDHB) clinical staff, and reduce the risks when moving and handling bariatric patients. Bariatric patients should receive treatment without prejudice and discrimination, and given the respect and dignity accorded to all patients.

2. Application

These Guidelines is to be followed by all WCDHB clinical staff members.

3. Definitions

Please note that there is not a complete consensus on the criteria for classifying a person as bariatric based on weight or Body Mass Index (BMI). (BMI is calculated using the formula $BMI = \text{kg}/\text{m}^2$ where kg is a person's weight in kilograms and m is their height in Metres)

Some definitions include:

- Having a body weight greater than 140kg (Muir & Archer & Heese, 2009.)
- People with a BMI of greater than 40 (severely obese), or a BMI greater than 35 (obese) with co-morbidities, have restricted mobility, or are immobile, due to their size in terms of height and girth (Queensland Health, 2010, part B, p. 48)
- People whose weight exceeds, or appears to exceed, the identified safe working load of standard hospital equipment such as electric beds, mechanical lifters, operating tables, shower chairs and wheelchairs. (Muir & Archer & Heese, 2009.)
- In New Zealand the definition of obesity for adults aged 18 years and over is having a BMI of 30 or more for all ethnic groups.

4. Responsibilities

- All WCDHB clinical staff must ensure that these Guidelines are followed correctly.

5. Clinical Guidelines

1.00 Introduction

1.01 Bariatric patients may need help with daily living activities due to their size and lack of mobility. The more dependent a patient is, the greater the risk for both staff and patients. In addition, bariatric patients may have co-morbidities making them especially vulnerable to health complications.

1.02 Bariatric is the science of providing healthcare for those who are severely obese. The term bariatric derives from the Greek word "baros" (weight). Several criteria are used to determine if someone is classified as a bariatric patient (See Section 3 – Definitions)..



2.00 Why Special Planning Is Needed For Bariatric Patients

- 2.01 Moving and handling people is a significant hazard for health workers. Caring for a bariatric person is a crucial part of healthcare, but working with bariatric patients can accentuate the risks for both patient and carer. While lifting any patient can lead to musculoskeletal injuries, strains, sprains, and excessive spinal loading for carers, there are substantial risks associated with moving and handling bariatric patients when performing daily tasks.
- 2.02 Given the risk factors, patient safety and the safety of staff need special attention when caring for bariatric patients. Bariatric patients may face greater health risks than the general population and have complex needs. The key to managing the risks around moving and handling bariatric patients is to develop and implement a moving and handling plan before their admission to care.
- 2.03 Each time a new bariatric patient presents, some unique issues arise. This means that only a certain proportion of the bariatric care tasks are routine and some new problem solving is required to fully and safely accommodate each patient, whether it be in the form of equipment or patient transfer procedures. (Australian Safety & Compensation Council. (2009))

3.00 Health risks for Bariatric Patients

- 3.01 People who have been bariatric for a considerable time face chronic and serious health conditions. They usually have difficulty with hygiene and toileting because of their large abdomen, heavier body parts and skin folds and all these factors affect their mobility. Skin and other body conditions need to be assessed before moving and handling bariatric patients.
- 3.02 Health conditions commonly experienced by bariatric patients include:
- i) skin excoriation (where the skin can be striped), rashes, or ulcers in the deep tissue folds of the perineum, breast, legs, and abdominal areas. There is also the possibility of fungal infection.
 - ii) bodily congestion including fluid retention and poor circulation, resulting from heart and kidney failure. This congestion can cause the leaking of fluid from pores throughout the body, a state called diaphoresis, which makes the skin even more vulnerable to infections and tearing.
 - iii) diabetes and respiratory problems
 - iv) added stress to the joints that may result in osteoarthritis.

4.00 Planning for Bariatric Patients

- 4.01 In order to reduce moving and handling risks, the following key topics need consideration
- i) Admission planning
 - ii) Room preparation
 - iii) Patient assessment
 - iv) Mobilisation plan
 - v) Space and facility design
 - vi) Equipment needs
 - vii) Planning for discharge



5.00 Admission Planning For Bariatric Patients

- 5.01 The care of bariatric patients usually starts at admission; however even before they are admitted staff need to be prepared for a bariatric patient.
- 5.02 Some steps likely to be needed, beginning with the admission process, are:
- i) Provision of transport from the ambulance or other vehicle to the admission area
 - ii) Recording the patient's existing health conditions
 - iii) The patient is weighed during admission - knowledge of the patient's weight is essential for planning the moving and handling needs of that patient
 - iv) The patient's family is briefed on the hospital's moving and handling policy and this is recorded in the patient's notes.
 - v) Any equipment and other resources needed for moving and handling the bariatric patient should be confirmed as available, and checked to ensure they are suitable.
 - vi) A bariatric patient kit is made available, which includes two patient gowns, a large bedpan, 2 large sliding sheets, a bariatric cuff and other items as needed.
 - vii) All relevant departments and managers that will be providing care or services to the patient are informed of the patient's admission.
 - viii) A mobilisation plan is undertaken and documented for the patient following admission - this plan is updated at an agreed frequency or as the patient's condition changes.
 - ix) A preliminary discharge plan is prepared.
- 5.03 Before the patient is admitted it is a good idea to check the corridors and hallways that lead to the patient's room or treatment areas to ensure they are wide enough, and that the maximum capacity of any lifts (elevators) that need to be used is sufficient. If necessary, work out alternative routes to avoid potential physical obstacles.

6.00 Room Preparation

- 6.01 The following points need to be checked ensure the patient's room or ward location is appropriately furnished and equipped:
- i) Bed – is the bed area large enough to accommodate all equipment needed to manage the patient? Is there enough space around the bed area to move the patient comfortably from bed to chair or commode chair? Is a single room preferable or is it too small? Are two bed spaces required for the patient?
 - ii) Is the electric bed and the mattress of sufficient size and weight capacity?
 - iii) Equipment – ensure any required equipment is delivered to the room as part of the bariatric kit.
 - iv) Consider the space needed to move mobile equipment and space for the number of workers required to assist the patient or move the equipment. If the bed or other equipment does not have sufficient load bearing capacity, arrange for a suitable replacement from an equipment pool, or hire from an external provider.



7.00 Patient Assessment

- 7.01 Assessing a patient is the first step in the care and rehabilitation process. The purpose is to identify the risks, goals, and resources needed as part of the risk reduction process. Staff may be faced with unplanned awkward situations that can increase the risks for patient and carer. The assessment process balances the risks and needs of the patient with the available resources. It is important to begin the assessment as part of the admission and schedule regular updates.
- 7.02 It is important to assess a bariatric patient's ability to assist during repositioning, transferring, and ambulation. Identify tasks that require lifting, lowering, carrying, pulling, pushing, and supporting. Where possible, use hoists or moving and handling aids to perform moving and handling tasks. In addition to the recommended risk assessment other critical issues to assess include:
- i) the patient's required level of assistance
 - ii) weight bearing capability
 - iii) height and weight
 - iv) conditions likely to affect transfer or repositioning techniques – these may include hip or knee replacements, paralysis, amputations, contractures, osteoporosis, respiratory and cardiac conditions, skin conditions.
- 7.03 Other health professionals may need to be consulted on the patient's physical function and strength.

8.00 Mobilisation Plan

- 8.01 Mobilisation is an essential part of rehabilitation for all patients, including bariatric. Encourage self-mobilisation under supervision where feasible and ensure there is the appropriate equipment in place to support self-mobilisation. This may include walking frames and sit-to-stand aids. Carry out regular assessments of the patient's mobility and record progress in the patient notes.

9.00 Communication

- 9.01 At least two forms of communication should take place. One is the organisational communication that takes place among managers and staff within the organisation, while the other is the staff-to-patient communication that can become part of the patient's therapeutic processes.
- 9.02 Organisational communication is important in providing accurate, timely information to the relevant people about patients and their needs. Patient information gathered during admission and assessment, including their mobility status, should be documented and communicated to relevant people who have contact with the patient, respecting the patient's confidentiality where appropriate.
- 9.03 Staff-to-patient communication is also important. A therapeutic relationship begins with good communication that makes the patient feel safe, comfortable and cared for.



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- 9.04 A patient's dislike of using specific equipment or transfer techniques should not lead to the use of unsafe moving and handling practices. A patient's initial resistance can usually be overcome by carers taking time to explain why specific equipment or procedures are used to move people. As well, discuss treatment, moving and handling requirements and rehabilitation plans with the patient's family or other support people.

10.00 Space And Facility Design Considerations

- 10.01 Larger rooms are required for the care of bariatric clients to accommodate the person, the equipment and larger furniture. Staff need sufficient space to avoid using awkward postures that can put them at risk of injury. Particular areas for special attention are bathrooms and toilets. Showers should be bigger and fitted with heavy-duty grab bars, multiple handrails, larger seats, and hand-held showerheads, while larger toilet seats are recommended. For added safety, toilet fixtures and sinks should be mounted to the floor, not the wall, although take care that floor mounted sinks do not interfere with wheelchairs.
- 10.02 Bathrooms should be large enough to allow for staff assistance on two sides of the client at the toilet and shower.

11.00 Equipment

- 11.01 Many organisations do not have bariatric equipment. For smaller facilities, hiring equipment before the admission of a bariatric client is an option. Organisations intending to buy bariatric equipment should consult closely with the staff who are likely to work with bariatric clients and with suppliers to ensure they buy the right equipment for the right job. For example, the new equipment will have to fit through doorways and into lifts.
- 11.02 Equipment that is likely to be needed includes:
- i) Weighing scales, preferably at floor level with the highest available capacity, in a space allowing privacy
 - ii) Motor-driven bariatric wheelchairs, with the highest available safe working load (SWL), for moving clients between locations within a facility. Consider also seat width to accommodate wider clients.
 - iii) Interview chairs, with transportation wheels if the chair is used in multiple locations
 - iv) Walking aids with safe working load (SWL) of 250- 300kg
 - v) Hovermatts and hover jacks for vertical and lateral transfers
 - vi) A mobile hoist or ceiling hoist -ceiling hoists have been identified as the preferred choice for bariatric transfers and bed repositioning
 - vii) A mobile hoist for lifting clients off the floor in the event the client falls (if the bariatric ceiling hoist does not cover the whole area)
 - viii) Appropriate slings
 - ix) Electrical bariatric bed with pressure-reduction mattress
 - x) Bariatric stretcher (note: some stretchers may have an appropriate weight rating but are too narrow for bariatric people)



- 11.03 Other useful items of equipment for bariatric clients include:
- i) Walking frame
 - ii) Sit-Stand device
 - iii) Trapeze bar system for over the bed
 - iv) Sit to stand hoist
 - v) Electric bariatric armchair
 - vi) Footstool
 - vii) Commode
 - viii) Large bedpan
 - ix) Wash basin
 - x) Extra large sliding sheets
 - xi) Extra large gowns
 - xii) Chairs with an easily visible SWL that allow for bariatric clients or bariatric visitors to sit comfortably

12.00 Planning for Discharge

- 12.01 For discharge planning, ensure the appropriate facilities and arrangements have been made before the client is discharged so they will be expected at their destination. For a client returning home, before they are discharged assess what equipment and home help they are likely to need to function safely at home. Ensure there will be appropriate equipment and home help to support and maintain them.

13.00 Community Care For Bariatric Clients

- 13.01 Consideration should be given to a bariatric client's discharge from a facility. Poor preparation for discharge can be disastrous for the client and their family. This could result in poor recovery or a worsening of their condition, which could lead to re-hospitalisation.
- 13.02 Topics that need to be assessed and dealt with (changes made, equipment or services provided) before a client's discharge are:
- i) home environment access and space, especially if new equipment is to be installed
 - ii) what equipment is needed
 - iii) home help for the client – home helpers may require specific training before the client's discharge
 - iv) communication with other agencies and services – ensure the appropriate notification and referrals have been made before discharge, such as to the client's general practitioner, home help agency, and the community nurse.

6. References

Australian Safety & Compensation Council. (2009). *The Bariatric Journey in Australia: Hospital Case Study*. Retrieved 21 February, 2011, from www.safeworkaustralia.gov.au

Muir, M. & Archer-Heese, G., (2009). Essentials of a Bariatric Patient Handling Program. *Online Journal of Issues in Nursing*, 14(1), 5.

Queensland Health. (2010). *Think Smart Patient Handling Better Practice Guidelines* (2nd ed.) (OHSMS 2-22-1#38). Brisbane: Queensland Health, Occupational Health and Safety Management System.



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7. Related Documents

- WCDHB Health and Safety Manual
- WCDHB Clinical Procedure Manual

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