Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

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Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

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Outline

- Brief introduction to obesity and caring for bariatric patients
- A systems approach to caring for bariatric patients:
  - Needs and hazard assessment
  - Elements of an effective SPHM bariatric program
- Using SPHM equipment and processes to perform care tasks for bariatric patients
- Sacred Heart Medical Center – RiverBend: Development of a Bariatric Protocol / Order Set

Handout materials including resources & references are posted on the OCHE website (Bariatrics page) at [www.hcergo.org](http://www.hcergo.org)

Questions? Email us at hcergo@aol.com

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Find Resources at [www.hcergo.org](http://www.hcergo.org)

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OCHE webinar Dec 7, 2017
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Session Assumptions

- You know why there is no safe way to lift and move patients/residents manually (if they cannot move themselves safely)
- That there are Safe Patient Handling & Mobility (SPHM) standards, laws (in some states), & guidelines i.e.,
  - Safe Patient Handling Legislation– 11 states including WA State (ESHB 1672) but not OR.
  - Various standards & guidelines for design of healthcare facilities and safe use of slings and lift equipment – see references

Definitions:

- Obesity: having a very high amount of body fat in relation to lean body mass, or Body Mass Index (BMI) of 30 or higher.
  - “Baros” = weight    “iatrikos” = healing
- Bariatric describes the medical treatment of serious overweight
- Body Mass Index (BMI): a measure of an adult’s weight in relation to his or her height, specifically the adult’s weight in kilograms/lbs divided by the square of his or her height in meters/feet.
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

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Defining Obesity

- BMI > 25 lbs/ft² overweight
- BMI > 30 lbs/ft² obese
- BMI > 40 lbs/ft² morbidly obese
- BMI > 50 lbs/ft² super obese
- >2/3rds of all adults and 1/3rd of all children in US are now overweight; of these,
  - 34% of adults and 17% of children and adolescents are obese. (CDC, 2015)

Impact of Obesity in the US

- Obesity’s cost to the U.S. economy has doubled in the last 10 years – Cost in 2008 = $147 billion
- Predicted to cost U.S. $344B in medical expenses by 2018 and account for 21% of healthcare spending
- Health Consequences of Obesity
  - Coronary heart disease - Type 2 diabetes - Cancers (endometrial, breast, and colon) - Hypertension (high blood pressure) - Dyslipidemia (for example, high total cholesterol or high levels of triglycerides) - Stroke - Liver and Gallbladder disease - Sleep apnea and respiratory problems - Alzheimer’s disease - Depression and more
The Impact of Caring for Bariatric Patients

For Health Care Organizations
Cost of:
- Staff injuries from manual patient handling
- Additional staffing needs
- Additional staff training
- Bariatric equipment, furniture and renovation (est. 25% more)
  - The median estimated cost of all morbidly obese-related renovations is $128,000 (Novation, 2011)
- Higher charges for hospitalizations & longer length of stay

For Caregivers
- Fear of injury
- Lack of sensitivity
- Inadequate staffing
- Access to & space for use of functional equipment
- Competency to use equipment and complete care tasks
- Time

The Bariatric Patients’ Experience
- Risk of injury to patient increases with manual handling
- Negative impact on clinical outcomes from decrease in ambulation and repositioning in bed (if over 500lbs – don’t get moved - Gallagher, 2007)
- Fear of falling
- Fear of hurting staff
- Embarrassment
- Increased pain
- Fear equipment won’t support them
- Lack of motivation/depression
- Self-blame
- Stigmatization/humiliation
- Don’t believe that caregivers can really understand their perspective
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients
Go to www.hcergo.org for references and additional resources

An Approach to Caring for Bariatric Patients

- Apply systems thinking
- Use an Interdisciplinary approach
- Integrate the bariatric care program with your SPHM program
- Use current space and design standards/guidelines and other existing resources
- Consider the above within the Continuum of Care

Sustainable & Effective SPHM Programs

Culture (Behavior) Change & Program Sustainability

- Management Commitment (visible program champion)
- Employee Involvement (inc. labor)
- A Business Plan
- Program Management (program facilitator)
- Identify Patient Handling Hazards

Multifaceted programs are more effective than any single intervention

- Hazard Prevention & Control (lift equipment, safe work practices, proactive design)
- Education & Training (inc. ongoing unit based coaching)
- Disability Management (early reporting of injuries & ‘after incident’ review)
Hazard & Needs Assessment

- Form an interdisciplinary bariatric care committee
- Invite a bariatric patient(s) to join the committee
- Develop a flow map of anticipated Bariatric patient movement/travel within the facility from admission to discharge, and for emergency evacuation
  - e.g., travel to and from ED, imaging, OR/PACU, in-patient units (inc. L&D), therapy, waiting areas, treatment rooms etc.
- Include mapping movement for Out-Patient facilities and Home Health services if applicable

Determine:

- Frequency of bariatric admits, weight ranges, point of entry and discharge patterns, anticipated changes in the bariatric patient population, etc.
- How are Bariatric patients currently cared for:
  - Frequency and types of patient care and lifts & transfers performed
  - Perceived stress or difficulty of tasks
  - Organization of work and staffing
- Walkthrough observation/staff interviews
- Survey staff, patients and their families
- Analyze staff & patient injury data and associated costs
Hazard & Needs Assessment

- Evaluate the physical environment (all areas identified in mapping process) and:
  - Identify and document (take photos) weight limit, size and location of existing
    - diagnostic/treatment supplies, fixtures, lift equipment,
    - storage capacity, and
    - clearance and access
    - capacity of any other facility feature e.g. floors, entranceways, doors, etc.
  - Identify bariatric equipment, treatment supplies and fixtures (quantity, capacity) needed (include storage space needed) and immediate and potential future structural changes.
  - Determine what needs to be purchased and/or rented

Elements of a Bariatric SPHM Program

- Identify how the program will be managed, equipment, policy & procedures needed to meet care needs of Bariatric patients, staff and patient safety
- Develop your program plan including cost justification measures
- Utilize a bariatric case manager or care coordinator (if feasible)
- Develop admissions/discharge protocols and emergency evacuation path plans
- Develop communication and documentation protocols
- Address staffing needs
Elements of a Bariatric SPHM Program

- Have at least one resource who can assist staff with SPHM and rehab needs of Bariatric (e.g., unit-based and/or facility wide SPHM champions/coaches)
- Protocols for assessing all patient all care needs including Early Mobility, SPHM (e.g., mobility assessment)
  - Resources:
    - Bariatric Safe Patient Handling and Mobility Guidebook: A Resource Guide for Care of Persons of Size
      [http://www.tampavaref.org/conferences-visn8.htm](http://www.tampavaref.org/conferences-visn8.htm)
    - SAMPLE SPHM algorithms and assessment tools (mobility check) from Oregon and
    - Reference list at [www.hcergo.org](http://www.hcergo.org)

Elements of a Bariatric SPHM Program

- Develop a Bariatric equipment list:
  - Item description with picture & weight capacity
  - When and how to obtain it (24/7)
  - Tips for use as relevant
  - Where to call for assistance with SPHM

- Clearly mark equipment with weight range (not visible to patient) and identify supply storage areas
- Use equipment that is multifunctional e.g. ceiling lifts where feasible; floor lift or sit to stand with scale
- Standardize equipment and sling options when possible
- Consider an easily accessible Bariatric webpage for posting resources
Elements of a Bariatric SPHM Program

- Provide education and training that includes sensitivity training and is customized to each stakeholder group e.g., health care providers, administration, procurement, design and construction etc.
- Conduct competency based training (new hire and periodic refresher training) on proper use of SPHM equipment/devices and processes
- Incorporate SPH and Ergonomics (designing to accommodate the user) at concept stage in all renovation and new building projects (refer to references)
- Plan, implement and evaluate the program with consideration to continuity of care and available community resources

Design Considerations - Examples

- Space for Bariatric equipment (bed, chair, etc, other medical equipment and caregivers)
- Access to and clearance in toilet and shower
- Floor mounted toilet with 33” access space on either side
- Floor mount swing away grab bars (1000lbs. cap. In shower)
- Wide entrance door (60”)
- Ceiling lift track – capacity; design & location
- Wider/longer elevators
- Furniture with higher weight capacity
- Workspace around bed/treatment tables (72” for portable lift equipment)

Source: Patient Handling and Movement Assessments (PHAMA) 2010
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

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Elements of a Bariatric SPHM Program

**Bariatric SPHM Equipment**

- Have enough equipment that is easily accessible (e.g. in the patient room) and:
  - Meets the physical/cognitive/clinical needs of the patient
  - Is appropriate for the type of lift, transfer or movement to be performed
  - ‘Fits’ the physical environment (room layout, structure, dimensions, storage, etc.)
  - The number of staff available

- Equipment should be designed using ergonomic design principles i.e., be ‘User Friendly’

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**Bariatric Patient Body Types** *(Dionne, 2006)*

<table>
<thead>
<tr>
<th>Body Type</th>
<th>Mobility challenges/considerations (brief)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Ascites High waist to hip ratio</td>
<td>Poor tolerance lying supine/prone; side roll to sit</td>
</tr>
<tr>
<td>Apple Pannus High waist to hip ratio</td>
<td>Variable tolerance lying supine/prone; pannus movement when side lying can increase risk of fall; flat turn 90° in bed to sit at edge of bed (EOB)</td>
</tr>
<tr>
<td>Pear Abduction Low waist to hip ratio</td>
<td>Poor tolerance side lying; knee pain; long sit on elbows/short sit EOB; Chair width &amp; foot placement in wheelchair (W/C) challenging</td>
</tr>
<tr>
<td>Pear Adduction Low waist to hip ratio</td>
<td>Movement to EOB ability variable; foot plate in wheelchair can be too wide</td>
</tr>
<tr>
<td>Gluteal Shelf Uneven tissue mass in gluteal area</td>
<td>Poor tolerance lying supine; chronic back pain; side roll to sit; depth of commodes &amp; W/C challenging</td>
</tr>
<tr>
<td>Posterior Adipose Even tissue mass from shoulders to gluteal area</td>
<td>Poor tolerance lying supine – may need cervical support; depth of commodes &amp; W/C challenging</td>
</tr>
</tbody>
</table>

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Using SPHM equipment and processes to perform care tasks for bariatric patients

**SPHM Equipment**

- ✓ The level of injury risk reduction varies by type of equipment
- ✓ Not all interventions are created equally!
- ✓ Tare care not to create a new hazard
- ✓ Look for multifunction equipment

Admission & Discharge by Car or Ambulance

- Bariatric ambulance (e.g. AMR)
- Powered height adjustable gurneys and powered loading systems
- Ceiling Lifts (to 1000lbs)
- Specialized floor lift systems (to 500lbs)
- Powered sit to stand devices (to 800lbs)
- Non powered standing aids & transfer boards (to 600lbs)
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients
Go to www.hcergo.org for references and additional resources

**Beds, Seating & Transportation**

- Powered bed/ wheel chair pusher – to 750lbs (Tollos)
- Powered wheel chair – to 750lbs (PHS West)
- Powered Bariatric beds - to 1000lbs (Kreg Therapeutic; Sizewise; Hillrom; Arjo Huntleigh; Stryker)
- Powered chairs – to 1000lbs (Sizewise; Seating Matters)

**Repositioning in Bed**

- Ceiling Lifts
  - H-track (room covering) - 1000lbs (with breathable turning/repositioning slings)
  - Fixed (ceiling or wall mount) or gantry system or single motor & bariatric hanger bar
- Friction Reducing Devices
  - Air Assist mats (powered) - 1000lbs
- Bariatric trapeze frames
- Beds with lateral rotation therapy
Repositioning in Bed

Left - Lifting and turning 1260lbs patient using 3 ceiling lifts & a limb sling

Above – 840lbs patient with extreme fat distribution on hips/thighs

Lateral Transfers: Supine

- Ceiling Lifts (as in previous slide) - 1000lbs (with breathable turning and repositioning slings)
- Friction Reducing Devices
  - Air Assist mats (powered) - 1000lbs
- Single & reusable friction reducing sheets (will need more staff for safety)
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

Seated & Partial Standing Transfers

- **Dependent patient (inc. non-weight bearing)**
  - Ceiling Lifts (as in previous slide) - 1000lbs (with seated sling)
  - Powered floor lifts – 1000lbs (with seated/toileting sling)

- **Semi-Dependent patient (cooperative & partially weight bearing)**
  - Powered sit to stand devices (to 800lbs) *with slings/belts (single use or reusable)*
  - Non powered standing aids (to 500lbs) *with slings/belts*

Standing Transfer

- Powered sit to stand with/without harness

 Courtesy of Oregon Health and Science University (OHSU) Hospital
Ambulation & Therapy Tasks

- Ceiling lift systems & some floor lifts with walking harness/sling
- Some powered and non powered stand assist equipment (multi-function)
- Bariatric walkers (to 750lbs)
- Bariatric bed (powered) with tilt/seat function

Ambulation

- Walking vest with ceiling lift
Other Tasks

- **In bed mobility** - Bari trapeze; ceiling lift hanger bar; hanger bar with seated sling at edge of bed

- **Standing transfer and ambulation** – patients under approx. 600lb: ceiling lift with seated sling

Bathtub, Shower and Toileting Activities

- Toilet Seat lifter
- Bariatric shower/toileting chairs
- Floor mounted toilets/toilet jack
- Grab bars/stand
- Long handled tools for hygiene
Other Care Tasks

- Bed ladders; transfer poles; standing aids
- Wound care/inspection
  - Slings to lift limbs with floor or ceiling lifts
  - Pannus slings (with or without ceiling lift)
  - Seated sling (for Foley Cath too)
- Positioning wedges to hold patient in side lying position
- Weighing - ceiling/floor/sit to stand lifts with scales

Wound & Peri-Care

- Limb sling(s) with ceiling or powered floor lift

Courtesy of Oregon Health and Science University (OHSU) Hospital
Foley Cath & Peri-Care

- Universal seated sling with ceiling lift

Wound & Peri-Care

- Pannus with seated sling and ceiling lift
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to [www.hcergo.org](http://www.hcergo.org) for references and additional resources

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### Fall Recovery

- Ceiling lift with flat or seated sling
- Powered Floor Lift
- HoverJack™
- ELK & CAMEL

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### Proning

- Ceiling lift technique with 2 repositioning slings
- Hovermatt
- SLIPP

*Courtesy of Oregon Health and Science University (OHSU) Hospital*
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

Clinics - Considerations

- Transfers to and from vehicles
- Waiting room design
- Transport to and from exam room
- Weighing (privacy)
- Transfer to exam table/dental chair - ceiling and floor lifts
- Step stools to exam tables
- Exam table adjustability and capacity
- Bathroom access and toilet capacity
- Lifting from the floor
- Storage, access & clearance

Follow ADA regulations related to SPHM

Sling Choice and Management

- Safety Inspection
- Function, shape and size
- Compatibility with existing equipment
- Disposable or Reusable
- Quantity
- Laundry management system
- Storage & delivery
- Compatibility with specialty bed mattresses (repositioning slings)
- Skin considerations
- Conditions that preclude use of certain sling design

Other Considerations

- Clinical Supplies e.g.,
  - Foley catheters
  - IV supplies
  - Extra length needles
  - Hospital gowns
  - BP cuffs
  - Skin care
  - Scales

- Furniture/Equipment
  - Waiting room chairs
  - Furniture for patient rooms
  - Visitor toilets
  - Diagnostic Imaging tables
  - OR tables
  - The Morgue

Bariatric Equipment - Rent or Purchase

Consider:
- The number and frequency of bariatric admissions
- Purchase cost
- Rental cost
- Average length of stay
- Space needed when using equipment
- Space needed to store equipment
- Equipment cleaning and maintenance needs

- Sufficient equipment for multiple patients of various sizes and medical conditions
- Standardization
- 24/7 ordering, delivery & pickup process
- Vendor training resources provided
- Vendor support services
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

SPHM/Bariatric Equipment Ergo & Safety Design Features (Designing for the User)

Refer to Equipment Purchasing Guide 2014 at www.hcergo.org

- Is the equipment intuitive to use & user friendly?
- Is it designed to fit 90% of the worker population physical capabilities?
- Does it meet Safety Regulations & Codes?
- Maintenance & upgrade considerations

PeaceHealth
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients
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Sacred Heart Medical Center
RiverBend
Bariatric Protocol / Order Set

Catalyst: Weekend of June 20, 2015
Immobile patient >900# admitted to Cardiopulmonary Unit (OHVI-5) from Emergency Department

PeaceHealth

Bariatric Patient Care & Staff Safety Committee

Multidisciplinary participation with high level leadership were keys to success!
Components of the Bariatric Protocol

- Medication & Treatment Protocol per patient BMI.
- Order Set in electronic medical record.
- Bariatric Supply Carts stocked & kept in Distribution.
- Bariatric Handbook (kept on Bariatric Carts)
- Physical Therapy Safe Patient Handling Consult with Nursing Staff
- Action Response Team-Bariatric
Components of the Bariatric Protocol

Medication and Treatment Protocol per Patient BMI

Medication & Treatment Protocol
BMI 40-49

Bariatric Protocol

MEDICATION AND TREATMENT PROTOCOL

BMI 40-49
Low-Cal High Protein Drink supplement every pm
Enter order for Total Care Bariatric Plus Bed (even if patient already on bed when arriving on floor):
- Foam mattress if independently mobile
- Air loss mattress if requires assist or immobile

If unable to transfer and ambulate independently:
- Initiate Sacral Prevention dressing (Job Aid 506.387.467) and Bariatric Skin Care Policy (OR 387.37)

If patient has skin breakdown, order Wound Care Consult and Dietary Consult, Initiate Pressure Ulcer Assessment and Interventions (Job Aid OR 387.337).
Solutions to Challenges Associated with Handling and Mobilizing Bariatric Patients

Go to www.hcergo.org for references and additional resources

Medication & Treatment Protocol
BMI 50-69

If patient is a dialysis patient with BMI 50 or greater, must be on Compella bed (due to motorized ability for transport).

**BMI 50-69**
All orders in range BMI 40-50 plus:

- Dietitian consult and Wound Care Consult
- Obtain 50" x 78" gray mesh repositioning sling from distribution
- For lateral transfers may use Hovermatt
- Initiate Sacral Prevention dressing (Job Aid 505.387.467) and Bariatric Skin Care Policy (OR 387.37)

Enter order for Compella Bed (even if patient already on bed when arriving on floor):

- Compella Foam, if independently mobile
- Compella Air Loss, if requires assist or immobile

If patient is over 400 lbs, order PT consult for safe patient handling.

Medication & Treatment Protocol
BMI 70-99

BMI 70-99 (Patient should be placed in Bariatric Room: 5407, 8111, 7111, 8111).
All orders in range 50-69 plus:

- As needed, use extra-wide, custom bariatric sling (60" x 85" blue and gray), obtained from distribution.
- Turn patients every 8 hours and PRN patient comfort/tolerance
- Skin care every 8 hours
- ART Consult (Action Response Team) for Bariatric patient
- Consult Facilities to remove family bed
Medication & Treatment Protocol
BMI 100 or GREATER

BMI 100 or GREATER
All orders in 70-99 range, with the exception that ALL patients need Compella Air Loss - not Foam.
- ONLY use extra-wide, custom bariatric sling (60” x 86” blue and gray), obtained from distribution.
- Palliative Care and Ethics Consult
- Respiratory Therapy consult for Sleep Apnea assessment
- Skin care and turn patients BID and PRN patient comfort/tolerance
- Elbow-length gloves for staff

Components of the Bariatric Protocol
BMI- Specific Bariatric Supply Carts
BMI-Specific Bariatric Supply Carts

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Care and Caregiver Safety Notebook</td>
<td>1</td>
</tr>
<tr>
<td>XL Seated Sling Launderable</td>
<td>1</td>
</tr>
<tr>
<td>Gray Mesh Sling (repositioning sheet)</td>
<td>6</td>
</tr>
<tr>
<td>Long Arm Gloves SM</td>
<td>1</td>
</tr>
<tr>
<td>Long Arm Gloves MED</td>
<td>1</td>
</tr>
<tr>
<td>Long Arm Gloves LG</td>
<td>1</td>
</tr>
<tr>
<td>Long Arm Gloves XL</td>
<td>1</td>
</tr>
<tr>
<td>Hovermatt 39&quot; reusable Heat Sealed</td>
<td>1</td>
</tr>
<tr>
<td>Hovermatt Air Supply 1100W</td>
<td>1</td>
</tr>
<tr>
<td>Limb Support Sling</td>
<td>1</td>
</tr>
<tr>
<td>Pennus Sling Washable</td>
<td>1</td>
</tr>
<tr>
<td>Pennus Straps with Large Carabiners</td>
<td>1</td>
</tr>
<tr>
<td>Bariatric Gown 10X Launderable</td>
<td>5</td>
</tr>
<tr>
<td>Bariatric Slippers 4X Long Double Sided</td>
<td>6</td>
</tr>
<tr>
<td>Bariatric Bed Pan Disposable</td>
<td>2</td>
</tr>
<tr>
<td>Bariatric Bed Packs</td>
<td>4</td>
</tr>
<tr>
<td>BMI 30-69 Cart</td>
<td>1</td>
</tr>
<tr>
<td>Disposable XL Impervious Gown (L&amp;D)</td>
<td>3</td>
</tr>
</tbody>
</table>

Components of the Bariatric Protocol

Bariatric Handbook
(Staff Reference kept on Bariatric Carts)
Bariatric Handbook:
Staff References

- Job Aids for SPHM Equipment
- Equipment Guide (locations, weight capacity)
- Bariatric Skin Care Policy
- Patient Mobility Check for Nursing
- Bariatric Bed & Equipment Guidelines
- Tips for Use of Compella Bed Features
- BMI Categories Charts 40-100+

Bariatric Handbook:
BMI Categories Chart

<table>
<thead>
<tr>
<th>Mobility Status</th>
<th>Bed Mobility</th>
<th>Bed to Chair Transfer</th>
<th>Commode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green - Independent</td>
<td>Ceiling Lift/Sling (non-sterile)</td>
<td>Patient in Bed</td>
<td>Bariatric Commode</td>
</tr>
<tr>
<td>Yellow - Assist</td>
<td>Rollout with 4 staff</td>
<td>Infant Matt</td>
<td>Bariatric Commode</td>
</tr>
<tr>
<td>Red - Dependent</td>
<td>Ceiling Lift/Sling (non-sterile)</td>
<td>Rollout with 4 staff</td>
<td>Infant Matt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Placement</th>
<th>Bed/Furniture needs</th>
<th>Consults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green - Independent</td>
<td>Compella Foam Mattress</td>
<td>Wound Care: “Skin Care Recommendations”</td>
</tr>
<tr>
<td>Yellow - Assist</td>
<td>Compella Air Mattress per PT recommendations</td>
<td>Openieu Bariatric Assessment Necessity Team (BAT):</td>
</tr>
<tr>
<td>Red - Dependent</td>
<td>Pressure Ulcer/Skin Breakdown Program</td>
<td>Goal: Establish safe care plan, begin discharge planning,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incubus: PT, Wound Care, INW, Nursing, and Hospitalist, others as needed.</td>
</tr>
</tbody>
</table>

BMI Categories Chart 70 - 99

- BMI range: 70 - 99
- Consults: Wound Care: “Skin Care Recommendations”
- Mobility Assist Equipment: Green - Independent
  - Bed Mobility: Ceiling Lift/Sling
  - Bed to Chair Transfer: Patient in Bed
  - Commode: Bariatric Commode
- Skin Care: Initial Care
  - Initiate Skin Cleaning
  - Initiate Bariatric Skin Care
  - Skin care every 12 hours, turn patient every 4 hours, otherwise follow normal routine.
  - Wound and skin care as ordered by Wound Care RN.
  - Consider bedside fan
  - Consider limb sling to assist with peripheral and leg skin care
- Nutrition: Initial Bariatric Fortified Nutrition Supplement 0.4ml
- Transport: Internal: Bariatric Transport Job Aid
  - External: RN/DC consult transport for adequate width transport equipment.
  - Use BMI/Grills, not weight when arranging transport.

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Components of the Bariatric Protocol

Physical Therapy
Safe Patient Handling Consult

SAMPLE
Physical Therapy Safe Patient Handling Consult
“Yellow Sheet” posted in patient room

SAFE PATIENT HANDLING RECOMMENDATIONS

- Bed Position/Settings: Fully expanded bed width, seat deflated before sitting pt. flat
- Bed/Seat Sling: XXL Seat sling
- Ceiling Lifts: Rake lift events, one person controls both lifts
- Lamb Sling(s): Use to abduct upper leg when pt. sidelying to do per care

- Ratings: Use sheet sling with one side, hoisted to 2 lifts, or twin lifters. Help patient to use arms to assist with turn.
- Supine to Sit: Use seat sling to lift to EOB. Make sure bed has seat deflated prior to sitting. Put sling on chair, have pt. pull out.
- SIT to Supine: Use seat sling, note hip mark on bed for proper positioning
- Standing:
- Transfer to chair/commode: Seat sling to commode. Drop one arm reach of commode to accommodate pt’s hips

Comments:

PT: ____________________________ or call Local/Therapist at __________ Date: __________
Components of the Bariatric Protocol

Action Response Team – Bariatric

- Typically initiated after staff identifies difficulties caring for a bariatric patient
- Nurse Manager and Charge Nurse use email ART-B Distribution List to set up the meeting. They make sure that ART-B recommendations & plans are carried over shift to shift.
- Meetings are most helpful when run by the Staff Nurse assigned to the specific patient and when C.N.A. is also able to participate.
- Other participants include Nurse Manager, Charge Nurse, Wound Care, Biomed, Supply Chain, House Supervisors, PT, Risk, RN Care Manager, Employee Health & Safety, Facilities, D/C planning staff, House Supervisors, Hospitalists, and others as needed.
Components of the Bariatric Protocol

Coordination with Other Departments
Departments assisting nursing unit in care of bariatric patients include:

- Distribution
- Wound & Ostomy
- Imaging/In-house Transport
- Emergency Department and Ambulance Transport
- Operating Room

Summary

- Having the right equipment and procedures to provide care to bariatric patients not only reduces injuries, but also:
  - Reduces length of stay
  - Promotes skin integrity
  - Decreases pain
  - Increases patient satisfaction
  - Enhances patient safety

It takes a team approach, careful planning and communication to develop and use SPHM solutions for Bariatric patients

‘One Size Does Not Fit All!’

Apply lessons learned from each unique experience of caring for bariatric patients to continuously improve your program