

Environment, health, and safety

Handling with care: The bariatric patient

By Marian Condon, MS, RN

THE NUMBER OF OBESE PERSONS in this country is increasing. The National Health and Nutrition Examination Survey reports that the prevalence of obesity (body mass index [BMI] greater than 30) in adults over age 20 increased from 22% in 1994 to 32% in 2004. It is time for healthcare professionals to take the special needs of this population into account for the safety of patients and caregivers.

The World Health Organization defines obesity as "...abnormal or excessive fat accumulation that may impair health." Their definition includes persons with a BMI equal to or greater than 30. The Centers for Disease Control and Prevention defines overweight and obesity as "...labels for ranges of weight that are greater than what is generally considered healthy for a given height." The Veterans Health Administration's (VHA) Patient Safety Center of Inquiry in Tampa, Florida expands the definition to include patient function: "...a bariatric patient...has limitations in health due to physical size, mobility, and environmental access." In caring for bariatric patients, this definition is most useful.

There are special challenges in meeting the needs of bariatric patients when they come into the healthcare system. Because obesity is associated with co-morbidities, these patients are overrepresented in patient populations—18% of acute care patients are obese. In addition, due to negative past experiences, obese patients may put off seeking medical treatment, so they tend to have longer hospital stays when they do come to the hospital.

Traditional facilities are not equipped to meet their needs. The physical design of the hospital is inadequate; for example, bathrooms are non-navigable, toilets are designed to accommodate only up to 350 pounds, and shower stalls are too small. There is typically a lack of appropriate equipment and no evidence-based protocols, or best practice policies. Staff is untrained in bariatric-care practices and equipment use; in frustration, they may project their own personal biases onto the patients.

Unprepared staff caring for patients with excessive weight, and doing so in tight spaces, may cause staff to adopt awkward postures. This situation poses an ergonomic risk to healthcare workers and a fall risk for the patients.

Safe handling solutions

Due to innovative research by the VHA on musculoskeletal injury prevention of healthcare workers

(HCWs)—work that has been facilitated by ANA's Handle with Care initiative—solutions now exist to help HCWs meet the needs of their bariatric patients appropriately and with sensitivity. We cannot fully detail these solutions in this short article, but we can describe them and tell you how to access them.

A good place to start is the Safe Bariatric Patient Handling Toolkit available on line from the VHA at www.visn8.med.va.gov/patientsafetycenter/safePtHandling/toolkitBariatrics.asp. The toolkit contains a CD and Power Point presentation, "Helpful Tips for Safe Patient Handling of Bariatric Patients." Also in the toolkit is a description of medical conditions affecting bariatric patients, assessment criteria, algorithms to guide planning safe patient handling and movement, a checklist of safety equipment, a policy template for facility-wide bariatric patient care, and an extensive resource guide of bariatric equipment.

The screening algorithms serve as tools to guide planning for safe patient care. They ask a series of questions about certain patient characteristics (eg, Can the patient bear weight? Is the patient cooperative?). Answers to these questions help caregivers determine standardized methods to accomplish patient care tasks safely.

The toolkit also includes seven algorithms for transferring patients to and from equipment, repositioning patients, accessing body parts for dressing changes, as well as transporting and toileting patients.

Technological advances assist all aspects of bariatric patient care. Equipment developed for such care includes special beds with a variety of features, such as built-in turning and pressure-relief systems. There is equipment to assist in ambulation, bathing, transport, and repositioning. It is important to select the right equipment for the patient and the task. Slings attached to ceiling lifts are designed for specific postural needs (such as seated lifting, supine lifting, standing, ambulation, and limb support). Equipment is designed for specific weight ranges, and should be used as such. If a bed is too small, it can lead to patient discomfort; if it is too large, the HCW may be forced to make a difficult reach and risk musculoskeletal injury.

In order to accomplish best practices in bariatric patient care, staff training, teamwork, and preplanning are essential. Just as essential is sensitive care that preserves patient dignity. A knowledgeable staff helps achieve this goal. ★

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