

RiskTopics

Safe handling of bariatric patients and residents September 2015

Introduction

As the world population average body weight continues to rise, due primarily to lifestyle choices and high caloric/fat diets, the average healthcare patient's size and weight is also increasing. There is currently a need to address how healthcare workers can provide good patient/resident care while preventing injury to the patient/resident or themselves.

Understanding what obesity and bariatrics are, the injury potentials, and available solutions to control these injuries are essential as part of an effective risk management program.

Definitions

A good understanding of the definitions of obesity and bariatrics is necessary.

- Bariatrics is the field of medicine that treats obese patients.
- Bariatric surgery is the term for operations that help promote weight loss.
- Obesity: The international definition of obesity is anyone with a body mass index (BMI) of over 30. Those with a BMI of over 40 are considered morbidly obese and may be candidates for bariatric surgical procedures. The BMI calculation considers weight divided by the height.
- Regarding the bariatric patient or resident, a more reasonable definition may include any one that has limitations in health due to his/her physical size, health, mobility and environmental access.

Hence, in today's health facility, a "bariatric patient" may be hospitalized for procedures that do not include bariatric surgery or may be a resident needing assistance in a long-term care facility.

Patient injury potential

The bariatric patient/resident will have a higher potential for injury if special action is not taken regarding patient handling. For those bariatric patients/resident in the facility for non-bariatric surgery, they may have medical conditions that may be affected during patient-handling tasks, such as:

- Severe pain and discomfort
- Hip and knee replacements, joint instability, unstable spine, history of falls
- Severe enema, poor skin integrity
- Postural hypotension, paralysis/paresis
- Unstable spine/severe osteoporosis
- Splints traction, fractures
- Respiratory/cardiac problems
- Amputations
- Stomas, wounds, tubes

Standard equipment and manual mobility and handling may be insufficient while caring for nonsurgical bariatric patients/residents with these conditions and for those hospitalized for bariatric surgical procedures. Most standard equipment (beds, side chairs, toilet, lifting aids) is rated for persons less than 250-300 pounds. If the pat person is over this weight, specialized equipment may be needed.

Employee injury potential

Historically, the healthcare industry has chosen body mechanics training as the answer to preventing injuries to patients/residents and staff during patient-handling procedures. This, by itself, has proven ineffective, particularly with patient/resident care activity involving bariatric persons. Injury may also arise due to equipment failure because of excessive strain on the equipment from exceeding weight limits. It is important to remember that:

- Training alone is not effective. Formal patient evaluation procedures, lifting aids and safe lift policies are extremely important.
- There is no evidence that back belts are effective.
- The average worker should lift no more than 51 pounds and only under controlled circumstances.
- The cost of work-related injuries generally far outweighs the cost of new equipment.
- Staff will use lift equipment when they are involved in the equipment selection process.

Solutions to both employee and patient injuries

- Use of specialized bariatric equipment designed for higher weights
- Staff training on mobility and handling procedures and use of specialized equipment

- Patient/resident assessments during the admission process and by nursing staff while in the patient care area
- Development and use of patient/resident bariatric algorithms (flow charts that guide the worker on what to do during care when handling bariatric patients)
- Mobility and handling policies specific for bariatric care

Bariatric equipment options

- Ambulation/mobility aids
- Bathing equipment
- Beds/mattresses/transportation
- Ceiling lifts
- Commode/shower chairs
- Lateral transfer aids
- Multi-use/portable lifts
- Stand assist lifts
- Transfer/geri chairs and cushions
- Wheelchairs
- Transport devices

Tips for selecting bariatric equipment

- Lease or procure ASAP after patient admission or resident initial arrival.
- Contact local vendors ahead of time to see what is readily available. Do not wait until you have a patient/resident at your door.
- Mark weight capacities on existing equipment so staff can see if special equipment is needed, which should decrease the likelihood that existing equipment will be overloaded.
- Consider body dimension needs along with weight capacity. Do not just ask for a larger size. The equipment labeled "EC" stands for expanded capacity and may sometimes be noted on specialized equipment.
- Consider elevator door (and room) size vs. equipment size to insure what you are renting or purchasing can be easily transported.
- When deciding whether to buy or rent, consider your admission frequency, pricing, employee injury rates and your storage/space demands

Conclusion

As our waistlines expand, we become larger patients/residents that need to be safely handled by healthcare staff in the hospital or long-term care facility. Healthcare facilities today must act proactively to address how to safely transport, position and lift larger individuals to prevent patient/resident and employee injury. Use of specialized procedures and equipment by staff are important factors in managing this significant risk.

References

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2015

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