**Handling of the Bariatric patients to prevent falls in the OR**

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**Abstract**

There is a noticeable increase in the number of bariatric admissions to healthcare facilities. This trend presents a challenge to healthcare providers and facilities striving to provide dignified care that is effective and safe both for the patient and the provider. Many bariatric patients, due to their size and difficulty with mobility, require assistance with numerous activities of daily living. The more mobility-dependent the patient is, the greater the risk for injury for those providing the care. The additional myriad of bariatric patients' co-morbidities makes these patients especially vulnerable for health complications during their hospital stay.

**The World Health Organization defines obesity as**

Body mass index (BMI) ≥30 kg/m2, and further classifies it into 3 groups: class I (30-34.99 kg/m2), class II (35-39.99 kg/m2), and class III (≥40 kg/m2), which is morbid obesity (MO). Furthermore, there is a consensus in the Literature that BMI 50 to 59.9 kg/m2 is superobese, BMI 60 to 69.9 kg/m2 is super-superobese, and BMI >70 kg/m2 is hyper obese. Obesity is a multisystem, chronic, pro-inflammatory metabolic disorder.

**Too keep in mind**

Any patient that weights 250Lb or more should have a Hover Mat underneath before going to the OR. There is not limit of Hover Mats availability, however there is only 3 air pumps. One in PACU the other two in the OR.

As anesthesia providers we should make sure any patient that weights 250lb or more have a Hover Mat.

Never move patients without enough help. Always choose the strongest and tallest to hold the patient when rotating from side to side.

**Algorithm 2: Lateral Transfer to and from: Bed to Stretcher, Trolley**

> 250 Pounds: **Use a friction reducing device\* and 3 caregivers. Inflate HoverMat.**

< 250 Pounds: **Use a friction reducing device\*. Use and inflate HoverMat.**

**Start Here**

**Partially Able or**

**Not A**t **All Able**

**Can**

**patient assist?**

**Partially Able or**

**Not At All Able**

**Yes**

**Caregiver assistance not needed; Stand by for safety as needed.**

**Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed**

Start Here

**Can**

**Patient assist?**

**Fully**

**Caregiver assistance not needed; patient may/ may not use weight-specific positioning aid.**

**Place HoverMat over the bed before patient lays on it.**

Partially or No

**Is patient**

**Cooperative?**

**Fully**

**Bariatric ceiling lift with supine sling, air-assisted device or friction-reducing aid (minimum of 2-3 caregivers). HoverMat Air transfer system.**

Partially or No

**Bariatric ceiling lift with supine sling, air-assisted device or friction reducing aid (minimum of 3 caregivers). Place HoverMat underneath patients weighing more than 250Lb, by rotating side to side with minimum of 3 caregivers.**

* **When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.**
* **Avoid shearing force.**
* **Adjust the height of the bed to elbow height.**
* **Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.**
* **Consider leaving a friction-reducing device covered with draw sheet, under patient at all times to minimize risk to staff during transfers as long as it doesn't negate the pressure relief qualities of the mattress/overlay.**
* **Communicate with OR nurse about having a Bariatric patient so he/she can get the mattress pump in the room.**
* **The Main OR currently has 3 mattress air pumps, one is kept in the PACU.**
* **Always call for lifting help, before moving patient.**
* **Use Hover Mat Air transfer system on any patient weighing more than 250Lb, on any type of surgery. Except on prone cases. Including supine or lithotomy cases. The mat once deflated can be tucked under the patients’ buttocks.**
* **If patient has partial weight-bearing capability, transfer toward stronger side.**
* **Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.**
* **Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC"(for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.**
* **Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient. Inside the OR will be Anesthesia.**
* **During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.**

**Summary**

Each year the number of morbidly obese patients admitted to hospitals continues to rise. It is imperative that hospitals provide employees with training and guidance that specifically addresses caring for morbidly obese patients. Every one taking care of patients should be trained on policies and procedures for care of the morbidly obese and invest in equipment that makes caring for them easier and safer. These actions can help reduce avoidable injuries to healthcare providers and patients.

Use HoverMats on every patient that weight more than 250lb in the preoperative area.

Communicate among providers to have air pump ready in the room. And appropriate bed and arm slings.

Always call for lifting help. Choosing the strongest person on the sides.

Use body mechanics. And teach the ones don’t know how to move patients.

Always make sure to lock beds and stretchers, before moving patients.

Avoid rush and avoid lifting if possible, by using HoverMats, turning bed slighting to the side. Using more people to move patients.