

# Bariatric Care Guideline



## 1. Purpose

The Women's provides care for bariatric patients who may require specialist equipment and work practices. Bariatric is an internationally accepted term applied to patients who have a weight that far exceeds recommended norms and / or a body size that restricts their mobility, health or access to available services. This guideline is to ensure bariatric patients are identified and continue to be provided with equity of access to the services at the Women's with respectful and responsive care.

Establishing guidelines for bariatric patient care serves two purposes. Firstly, for optimal patient care and second as a risk reduction strategy for staff in terms of safe manual handling. This guideline should be read in conjunction with the Manual Handling of Patients guidelines: [Smart Move Program](#).

## 2. Definitions

**Bariatrics:** Refers to the causation, prevention and treatment of obesity. For the purpose of patient care at the Women's, a bariatric patient may have one or more of the following characteristics:

- weight  $\geq$  100 kg
- Body Mass Index (BMI)  $\geq$  35
- seat width  $\geq$  50cm (20 inches)

**Bariatric equipment:** is equipment specially designed for bariatric care to assist in areas such as:

- pressure management
- clinical management
- DVT prophylaxis
- effective weight distribution on the seating surface
- OH&S protection of employees when caring for bariatric patients

**Manual Handling:** any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any object.

**Safe Working Load:** is the safe working load/limit (SWL) of equipment, furniture, manual handling aids and lifting devices as specified by the supplier or manufacturer and denotes the maximum safe load bearing capacity of equipment. Usually the equipment will have the SWL marked on it when purchased.

**Smart Move (SM) Program:** is the program name of the Women's safe patient transfer program. Smart Move provides a practical management program aimed at reducing the risk of musculoskeletal injuries attributed to the manual handling of people.

## 3. Responsibilities

**Executive and Directors:** are responsible for ensuring the dissemination and awareness of this guideline. This includes the provision of resources, evaluation and monitoring of continued care for bariatric patients and reporting outcomes.

**Managers and Supervisors:** are responsible for having an effective plan in place that can be activated when a bariatric patient presents to the Women's. As for all patients, this plan will enable effective management of all admissions with the health needs of bariatric patients provided in a safe, dignified and professional manner. The risk of manual handling injuries should be minimised by ensuring staff attend Manual Handling (Smart Move) training and bariatric care equipment is in place. All incidents involving bariatric care should be investigated. Managers will have responsibility for evaluating compliance with this guideline. It is the department manager's responsibility to arrange for the hire and invoicing of the equipment.

**Employees:** as for all patients, employees must take reasonable care for their own safety and the safety of others in the workplace.

This includes following safe work practices in which they have been trained, reporting hazards/incidents/near-misses promptly to their manager/supervisor, using bariatric patient care equipment correctly, educating patients on how equipment is used as part of their care and attending manual handling (Smart Move) training.

**Contractors, including medical staff, students and agency staff:** are obligated to identify and control risks by following the bariatric guideline whilst working at the Women's.

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## 4. Guideline

### 4.1. Patient Care - Screening & Alert

#### Planned Admissions

Clinical areas should develop a process for the assessment and identification of bariatric patients to ensure an effective plan is in place for all admissions. Where appropriate and clinically indicated, patients should have their height, weight and BMI recorded. If a patient is identified with a weight of >100kg or a BMI >35, this must be documented on the alert sheet in the patient's medical record.

#### Elective Surgery Waiting List form

- Height, weight and BMI details should be recorded on the Elective Surgery Waiting List form at the time of referral. If these details are not completed, the Elective Surgery Triage Nurse will follow up with the patient. The Height, weight and BMI will be noted on the day of admission via Day Surgery and if a discrepancy is perceived the patient will be re-weighed.

#### Caesarean Birth Booking Form

- All women booked for caesarean section (c/s) have an Anaesthetic Assessment Clinic (AAC) appointment at 36 weeks gestation (c/s booked for 38 weeks). If the patient's weight has not been documented, the Pre Admission Clinic (PAC) Clerk weighs the patient prior to AAC appointment.

#### Admissions via Day Surgery

- Patients admitted via the Day Surgery Unit (DSU) will have their weight recorded on medication chart, minor procedure care map or pre-operative checklist.

#### Maternity Patients

- For maternity patients, antenatal clinic staff should record the weight, height and BMI of the patient in the patient record. Ward staff will note patient height and weight on admission and only repeat height and weight if requested by Dietitians/MO. See also the Maternity PGP – [Obese Maternity Women - Management](#).

#### Unplanned Admissions

##### Women's Emergency Care - Assessment Centre/Early Pregnancy Assessment Centre (EPAS)/ Emergency

- Patients are identified at Emergency triage – Emergency Department Information System (EDIS) patient flag is used to alert if a patient requires bariatric care.
- Where clinically appropriate, patients are weighed as part of their initial vital signs observations/assessment and BMI calculated.
- Particular consideration should be given to the following issues
  - HoverMatt: highlighted and flagged as a requirement;
  - Standard cubicle trolleys (approved to 227kg). Assessment Centre (approved to 180kg);
  - Transfers - Bariatric wheel chair to be used in motor drive

### 4.2. Planning Care

Once staff have been alerted to the admission of a bariatric patient, a care plan should be initiated. When planning bariatric care consideration should be given to issues such as equipment requirements (refer to Appendices 5.1 and 5.2 for current list of equipment and hire options), patient care protocols (such as falls, pressure management, DVT prophylaxis, positioning of patient), and staff training in the use of equipment and Manual Handling.

#### Perioperative management

Patients who have been identified with a bariatric alert will be flagged on ORMIS theatre information system. Consideration should be given to the equipment and staffing resources required, such as:

- HoverMatt: to be documented and highlighted on operating list
- Bed Mover to be used post-operatively to transfer patient back to the ward
- Bariatric instruments to be flagged for use
- Bariatric Operating Table
- Positioning of patient.
- Bariatric Commode

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## Anaesthetic management

Elective Surgery patients with a bariatric alert will be referred to the Anaesthetic Assessment Clinic as per the anaesthetic pre admission guidelines.

## Bariatric Equipment

Appendix 5.1 outlines the current equipment and furniture, its location and weight capacity.

In addition to the above equipment, equipment and furniture to meet the care needs of bariatric patients can be hired. This option needs to be discussed with your manager. It is the department manager's responsibility to arrange for the hire and invoicing of the equipment.

If you require any advice on equipment selection, contact the Women's OHS Unit for advice. Appendix 5.2 outlines the range of hiring options available.

If hiring equipment, it is important to remember that the more notice provided to the hire agency the more likely that the equipment can be organised in time for patient admission.

## 4.3. Discharge planning

Discharge planning identifies issues that may need to be addressed before the patient leaves hospital. Access and referral to allied health (such as Dietetics and Physiotherapy) and other services can be made via the Internal Referral Form.

## 4.4. Organisational issues

### Inter-department transfers

When a bariatric patient requires treatment in another department, detailed information on the patient's weight and handling needs must be given to that department beforehand, especially departments such as Imaging Centre, Complex Care, Perioperative Services, Physiotherapy and if necessary those involved with caring for a deceased patient.

As far as is reasonably practicable, the department must be given time to plan and arrange for appropriate equipment. There may be equipment (such as MRI) which has a set SWL that cannot be exceeded.

If procedures are not able to be carried out on standard beds, i.e. the patient's weight exceeds the SWL of equipment; a heavy-duty table/trolley must be sourced from within the hospital or hired.

### Transfer in/out the Women's

- Transfer between the Women's and the Royal Melbourne – via link corridor if possible or by Complex Patient Management Ambulance.
- A bed mover or motor drive should be used for all department to department transfers in to or out of the Women's.
- Other Hospitals - the Complex Patient Management Ambulance may be required for safe transfers between hospitals. This ambulance must be booked and as much notice as possible be provided to the Metropolitan Ambulance Service.

## Building design

The design, layout, access/egress points, floor coverings, furniture and fittings of the building can all potentially impact on the ability to effectively manage bariatric patients and/or the way in which care is delivered. Attention to access and egress points to some areas and main entry points should be considered and discussed with your manager and/or the Women's OHS Unit if required.

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### 5. Evaluation, monitoring and reporting of compliance to this guideline

Compliance to this guideline or procedure will be monitored, evaluated and reported through:

1. Audits of Height, Weight and BMI details recorded on
  - a. Elective Surgery Waiting List Form
  - b. Caesarean Birth Booking Form.
  - c. In the DSU on medication chart, minor procedure care map or pre-operative checklist
2. Adverse events resulting from non-compliance with this guideline will be reviewed and recommendations will be developed to minimise recurrence.

### 6. References

1. Australian Day Surgery Nurses Association. Best Practice Guidelines for Ambulatory Surgery and Procedures. 2009
2. WorkSafe Victoria. Transferring people safely. July 2009
3. WorkSafe Victoria. Compliance Code: Hazardous Manual Handling 2018.
4. Leen, MP, Establishing a comprehensive bariatric protocol. *Nursing Management*. May 2010: 47-50.
5. King, D.; Velmahos, G. Difficulties in managing the surgical patient who is morbidly obese. *Critical care medicine*. 2010 Vol 38 No 9.
6. Cowley, S.; Leggett, S., Manual handling risks associated with the care, transportation of bariatric patients and clients in Australia. *International Journal of Nursing Practice* 2010;16: 262-267.
7. RWH PGP – [Obese Maternity Woman - Management](#)
8. RWH PGP - [Transfer and Handling of Patients](#)

### 7. Legislation related to this guideline

- OH&S Act 2004
- OH&S Regulation 2017
- Compliance Code: Hazardous Manual Handling 2018.

### 8. Appendices

Appendix 1: [Clinical Manual Handling Equipment List 2018.07.pdf](#)

Appendix 2: [Bariatric Hire Equipment.pdf](#)

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