Bariatric Patients
An overview of care

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Presenter Disclosures

- I declare that I do NOT have any financial relationships/interests with any commercial interest(s) that could pose a conflict of interest with my presentation(s).

Objectives

- Review bariatric definition & characteristics
- Describe population changes & trends
- Review obesity impact on health
- Discuss crucial health conversations
- Identify special considerations for providing safe and sensitive bariatric care
- Identify other considerations
What is Bariatric

Bariatric is derived from Greek origin and means pertaining to or treatment of weight.

Medical - BMI 30 or higher

BMI

A measure of body fat based on your weight in relation to your height.

Person's weight in kilograms divided by the square of height in meters
BMI is not enough

Why focus on bariatric patients

• Smoking & obesity = leading preventable causes of death in United States
• > 9% of all healthcare dollars spent on treatment of obesity & related complications
• Obesity is a worldwide epidemic worldwide

Each year more people:
  Are becoming obese
  Are becoming more obese

Why focus on bariatric patients

• Weight bias leads to delays in care
• Patients often lack understanding & therefore lack compliance
• Health care workers often do not address weight, address in negative way

Simple truth:
  We all pay for unmanaged/bad health
Obesity rates in the United States 1985 through 2010

Obesities Impact on Healthcare Systems

- Physiological changes increases risk for adverse events and complications
  - Increased mortality & morbidity rates
- Increase risk for health care worker injuries
  - Highest staff injury rate with borderline and super morbidly obese patients
- Time for care, special equipment/supplies
- Over all increase cost

Care Challenges

- Infrequency of bariatric admission (some facilities)
- Training & retaining information
- Staffing
- Environment
- Equipment
- Weight bias, myths & fears
- Maintaining dignified care
- Dealing with past experiences with bias
the *American Journal of Preventive Medicine* predicts 42% of Americans will be obese in 2030

**PROJECTED 2030 OBESITY RATES**
Why don’t people just lose weight?

- Complex multifactorial and multisystem disease
  - Metabolic mechanism
  - Microbiome bacteria
  - Genetics factors
  - Neurohormonal factors
  - Mental health
  - Food changes
  - Sedentary lifestyle

How to adapt

- Work on sensitivity & reducing weight bias
- Bariatric equipment & supplies
- Discretion
- Plan for more than you expect

Weight Bias

- Healthcare workers:
  - Fear of injury
  - Recognize extra time needed for the patient, negative response
  - Decrease in providing dignified patient care
  - Promote myths and fears about the population
Conversations about weight
• Ask permission
• Explain why
  – Do not just associate with general health issues,
    Connect to the individual patients health issues
• Ask about their journey
  – Without judging or making it your story
• Provide resources & consults when able
• Encourage success
• Share what you are doing to ensure comfort and privacy

Facility, Equipment, Supplies & Safety
• Know your patient population
• Have the right equipment/supplies
• Get feedback (staff & patient)
• Safety – weight capacity marking
• Examine other needs

Facilities
• Admission assessment – communicate needs
• Unique care plans
• Policies / procedures

Plan for failure – facility transfer
Criteria & transport plans
Facilities
• Entries, access, hallways & elevators
  – Special routes!
• Doorway measurements
• Space evaluation
  – Waiting areas
  – furniture
  – Need for designated room/area
• Waiting room and exam room
  – Purchase with intent to accommodating bariatric patient/resident and family/support system.

Facilities
• Grab bars, sinks, showers/tubs. All need to be rated to at least 500 lbs. or more
• Toilets should be floor mounted or have support bars

Facilities
• MRI/CT/Imaging limitations & plan for failure
• Bariatric scales - emergency department
  – 1000 lbs. & wheelchair accessible
• Provide scales with handles/grab bars
• Use dignity curtains, cover readings on walls
Weight Capacity

• Mark equipment with weight capacities
  – Get weight when purchased
• Develop process for initial & ongoing monitoring of marking
• Have a policy or process
  – What is something is not marked

Mark weights - if it bears weight mark it

Education staff & patients on the system
  Make it easy & Use discretion

Negligence Improper Equipment

Repositioning and Care

• Specialized slings
  – Turning
  – Limb support for dressing changes
  – Perineal care
  – Panniculus/pannus support sling holders
Evaluate Staff

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<thead>
<tr>
<th>Item</th>
<th>Proficient</th>
<th>Not Proficient</th>
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<tbody>
<tr>
<td>Assesses patient’s limiting and movement needs, demonstrated by selecting the correct algorithms</td>
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<tr>
<td>Indicates correct SPI and specifies number of other staff members needed to complete activity</td>
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<td>Describes or demonstrates proper operation of SPI aid prior to use with patient</td>
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<td>Positions patient correctly for use of SPI aid</td>
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<td>Assesses environment to allow use of SPI aid</td>
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<td>Applies SPI aid to patient correctly</td>
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<td>Completes SPI activity safely for self and patient</td>
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Try it on for size

- Bariatric simulations

Personal Care Items

- Wrist bands
- Gowns, robes
- Slippers
- Seat cushion/ waffle cushion for pressure ulcer management.
- PT/OT consults early on
Personal Items
• Toilets – wall mounted supports
• Commodes/bed pans
• Shower chairs
• Adaptive tools for personal cares

Venous Access
• Difficult to evaluate complications
• Consider use of ultrasound for IV placement
• Length of catheter

Venous Access
• Peripheral extended length, midline or PICC
Pulmonary considerations

- Difficult airway trays
- Best if upright or semi recumbent for procedures – special chairs (cardiac)
- Need to rest with activity – seated walkers

Other Equipment

- Blood pressure cuffs
- Trapeze bars
- C-collars
- CPR equipment
- Foot rests
- Foot stools
- Test everything you use in your facility

Consider Bariatric Task force

Goal: Safe environment for both patient and worker

Duties:
- Monitor areas to improve
- Review issues/concerns

Include:
- Administration - Nursing
- PT/OT/Rehab - Purchasing
- Care staff - Patient
What else…

• High BMI in the United States is approximately 10% for infants and toddlers
• 18% for adolescents and teenagers

Summary

• Obesity is a complex and costly disease
• Obesity is a growing epidemic
• Safe and dignified patient care requires:
  – Education
  – Planning
  – Special equipment
• Childhood obesity is also a growing problem that needs special consideration

Questions and Discussion
References:

• American Society of Metabolic and Bariatric Surgery
• Center for Disease Control and Prevention: http://www.cdc.gov/obesity/data/prevalence-maps.html