

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>MOVING &amp; HANDLING PROTOCOL</b></p>	<p><b>MOVING AND HANDLING – BARIATRIC PATIENT</b></p>	<p><b>Policy 5.4.8 Protocol 6</b></p>
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## STANDARD

All Bay of Plenty District Health Board (BOPDHB) patients who meet **any one** of the following will be classed as bariatric and therefore subject to this protocol:

- A bariatric patient will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility, tissue viability and environmental access with one or more of the following area (*Ashford and St. Peters, 2009*)
- Obesity in an adult is defined as a body mass index (BMI) of 30 kg/m<sup>2</sup> or higher and morbid obesity is defined as a body weight more than (45.4 kg) heavier than a person's ideal body weight or a BMI of 40 kg/m<sup>2</sup> or higher. BMI measures weight in relation to height and correlates to direct measurements of a person's body fat performed by other methods.
- Exceeds the safe working load (SWL) and dimensions of the support surface such as a bed, chair, wheelchair, couch, Trolley, toilet, mattress. (*Ashford and St. Peters, 2009*)

Patients who are recognised as being bariatric must have weight and size appropriate equipment available for their use.

This protocol is to be used in conjunction with BOPDHB policy 5.4.8 Manual Handling and 5.4.8 protocol 2 Moving and Handling - Training.

## OBJECTIVE

To minimise or eliminate foreseeable handling risks to patients and staff by ensuring that specialist advice, equipment and aids for the bariatric patient is available within BOPDHB as soon as is reasonably practicable.

To ensure the bariatric patient is moved in a safe, comfortable and dignified manner.

## EQUIPMENT

Individual pieces of equipment must be checked for the precise Safe Working Load (SWL) before using with a bariatric patient. The patient's weight must not exceed the SWL.

## STANDARDS TO BE MET

ACTION	RATIONALE
<ul style="list-style-type: none"> <li>• Bariatric patients to be treated with dignity and respect.</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent discrimination against patient as per patient rights.</li> </ul>
<ul style="list-style-type: none"> <li>• Refer to the relevant multidisciplinary team for further assessment</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure patient has full access to all relevant disciplines</li> </ul>
<ul style="list-style-type: none"> <li>• All equipment to have sufficient SWL including their bed and mattress. If no equipment is available contact the Manager who will arrange hire of equipment. This should be made available to the patient within 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>• To prevent actual and potential injury to patient and staff.</li> <li>• To ensure comfort and dignity of patient</li> </ul>

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<p>Protocol Steward: Manual Handling &amp; Restraint Co-ordinator</p>	<p>Authorised by: Director of Nursing</p>	

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ACTION	RATIONALE
<ul style="list-style-type: none"> <li>• Patient to be nursed in either a bariatric room or have the use of two (2) bed spaces within the ward.</li> </ul>	<ul style="list-style-type: none"> <li>• To create a safe working environment for both staff and patient and allow sufficient space for bariatric equipment and furniture.</li> </ul>
<ul style="list-style-type: none"> <li>• Resuscitation – extra care MUST be taken when defibrillating bariatric patients who have a large android torso,</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure no contact with excess skin if holding defibrillating paddles.</li> </ul>
<ul style="list-style-type: none"> <li>• Discharge planning to commence on admission or on pre-admission</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure adequate time for ensuring safe transportation home and supply of necessary equipment.</li> </ul>

**See Appendix 1 for management process within BOPDHB**

### REFERENCES

- [Ashford and St. Peter's Hospitals NHS Trust \(2009\)., Bariatric Patient Policy](#)
- Dunn, D. (2005). Preventing perioperative complications in special populations. *Nursing*, 35(11), 36–43.
- Northland DHB Bariatric protocol
- Ogden, C. L., et al. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association*, 311, 806–814. Accessed March 2015 via the Web at <http://jama.jamanetwork.com/article.aspx?articleid=1832542>
- Recommended practices for positioning the patient in the perioperative practice setting. (2014). In R. Conner, et al. (Eds.), *Perioperative standards and recommended practices*. Denver, CO: AORN, Inc. (Level VII)

### ASSOCIATED DOCUMENTS

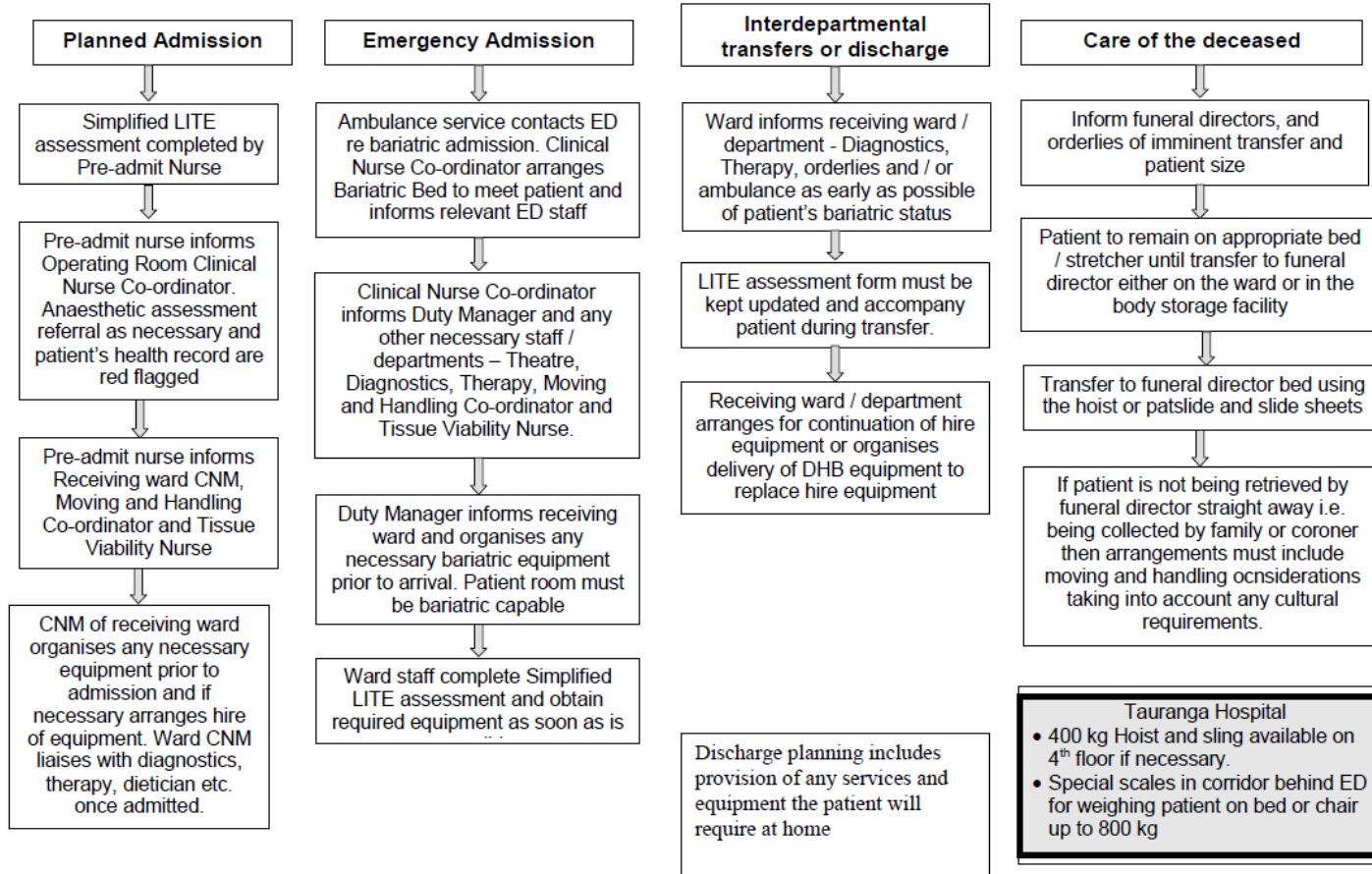
- Bay of Plenty District Health Board Policy 5.4.8 Moving and Handling
- Bay of Plenty District Health Board policy 5.4.8 Protocol 1 Moving and Handling - Reporting
- Bay of Plenty District Health Board policy 5.4.8 Protocol 2 Moving and Handling - Training
- Bay of Plenty District Health Board policy 5.4.8 Protocol 3 Moving and Handling - Equipment
- Bay of Plenty District Health Board policy 5.4.8 Protocol 4 Moving and Handling - Laundry
- Bay of Plenty District Health Board policy 5.4.8 Protocol 5 Moving and Handling - Ambulance Transfer Nurse

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**Appendix 1:**

**Management Process for bariatric or severely obese patients within BOPDHB**



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