



STEP #1

Bariatric Risk Assessment Tool

Adopted from WRHA Regional Bariatric Resource Manual

	Scoring System					
Patient Assessment]	
Parameter	1	2	3	4	Score	
Body Mass Index	BMI ≥ 50 Extreme obesity. Requires bariatric equipment. May require equipment with greater than 272kg (599 lbs) capacity.	BMI 46-50 Severe obesity. Will likely need bariatric equipment.	BMI 41-45 Significant Obesity. Standard equipment may meet requirements. Extremes in height may require bariatric equipment.	Obese. Standard equipment will likely meet requirements.		
Patient Level of	Total Dependence	Extensive	Supervised/Limited	Independent		
Assistance Level of ability to control body movement	Immobile. Unable to shift weight or assist with movement.	Assistance Able to shift weight and offer minimal assistance. Will require extensive help in mobilization	Assist Able to assist in basic movements. May need assistance in standing and walking	Able to move independently without assistance.		
Patient Width	≥ 100cm	90 – 99cm	80 – 89cm	70 – 79cm		
Widest part of body as measured from side to side while supine or measure the mattress space available on either side of the patient and subtract from the total width of the mattress.	Exceeds standard bed width. May require expanded capacity bariatric bed. Will likely require bariatric accessories.	Exceeds standard bed width. Bariatric bed needed. Will likely require bariatric accessories.	Within standard bed width. Determine weight of patient and capacity of bed frame. Consider bariatric bed for comfort. May still require bariatric accessories depending on weight distribution	Within standard bed width. Determine weight to assess need for bariatric accessories.		
Total Score						

Total Score	3-5	6-7	8-12
Bariatric Patient Handling Risk Level	High	Moderate	Low
Implement Safe Bariatric Patient Handling Guidelines	Yes	Yes	No*

^{*}Some patients with a score of 8 or more but who exceed 90cm in width may require the use of bariatric patient handling guidelines and/or equipment/accessories.





STEP #2

BARIATRIC PATIENT MOBILITY TRANSFER SCREENING GUIDELINE

Use within 24 hours of admission and upon any change in medical condition. If the patient demonstrates any of the following indicators, a consultation with Physiotherapy and/or Occupational Therapy should be arranged as soon as possible.

- Inability to lift trunk (shoulders) from HOB (head of bed) @ 45 $^{\circ}$
- Inability to move extremities against gravity
 - Patient cannot raise their arms
 - Patient cannot raise their legs
- Inability to boost up in bed independently or with minimal assistance
- Patient states or demonstrates the ability to rise from lying to sitting is HARD or VERY DIFFICULT
- Pain index rating of 7 or greater on scale of 0-10
- Has not been out of bed for the previous 72 hours
- If 3 or less staff are available to assist and transfer is unknown
- Significant changes in medical stability
- Orthostatic instability (weakness or dizziness)
- Fear, anxiety or psychological intolerance resulting in reluctance by patient