

Special Considerations for Care of Obese Patients

Victoria General Hospital

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Introduction

Thank you to all WRHA sites and especially St. Boniface and Health Sciences Centre who shared their information about Bariatric Care with us so willingly.

Much of the content of this document comes from the WRHA Regional Bariatric Resource Manual found in the WRHA Safe Patient Handling and Movement Program (2008). Thank you as well to Audrey Nelson, PHD, RN, FAAN and the VISN 8 Patient Safety Center in Tampa, Florida for giving the WRHA permission to use their resource tools. These formed the basis for our current WRHA resources. Some of these resources have been retained as shared and in some cases small changes have been made to better suit our purposes, improve user friendliness or to reflect the subtle differences in practice.

Thank you to the managers and leadership of Victoria General Hospital for their ongoing support and assistance in putting this manual together. Special thanks to Heather Lytwyn RN BN MN, Director Surgery Anesthesia and Women's Health and Rayan Horswill Tees, BN RN Manager of Patient Care, Inpatient Surgery & Nursing CRT, Victoria General Hospital.

The purpose of this *Special Considerations for Care of Obese Patients* is to direct staff to appropriate steps to assess and plan safe care of the obese/ bariatric patient in their care. It includes admission algorithms, assessment, equipment selection and how to access the equipment as well as other resources to assist in the care of the obese/ bariatric patient.

A well respected model is “R-E-S-P-E-C-T: A Model for the Sensitive Treatment of the Bariatric Patient as described by Susan M. Bejclly-Spring, Ms, RN, BC, CMSSRN from the Department of Medical-Surgical Nursing, The Ohio State University Medical Center, Columbus, Ohio. This Method has been considered in the preparation of this guide and the principles included as able. According to this Model and our core values, “the bariatric patient has the right to be treated as a unique individual and receive competent healthcare and medical treatments with the same attention to quality, comfort, safety, privacy, and dignity as all other patients.”

This Method refers to

- R- Rapport
- E- Environment/ Equipment
- S- Safety
- P- Privacy
- E- Encouragement
- C- Caring/ Compassion
- T- Tact

“**Rapport** is an interpersonal relationship of connection, empathy, and understanding that helps establish a foundation for trust, confidence, and collaboration.”

Environment – “Providing adequate space and supplying appropriate equipment and furniture are basic ingredients to improving quality of care, promoting participation, mobility, and independence, and ultimately, enhancing the quality of life for the bariatric patient.”

Safety – “Focused attention to critical safety considerations addresses the understandable concern that bariatric patients and staff have and promotes the development of trust in the professional relationship.”

Privacy – “The protection of patient privacy and dignity is a hallmark of quality care that takes on a special level of relevance and importance to the bariatric patient.”

Encouragement – “Motivation and attitude can play a significant role in the success of treatment and improve the quality of life of the bariatric patient.”

Caring/ Compassion – “Together, care and compassion are important foundational qualities of sensitive, respectful care.”

Tact – “Tact is a discernment of what is proper and appropriate in dealing with others, including the ability to speak or act without offending another person. “

Our goal is to provide safe care to the obese/ bariatric patient while striving for safety of our staff. We want to do this in an environment that honors the RESPECT model core values.

Some examples would include:

- Being aware of the language you are using when communicating with patients, staff and families.
- Purchase of Bariatric weight rated and sized furniture for our waiting rooms, admitting and Bariatric clinic.
- Procurement of special bariatric beds, sit stand lifts and ceiling lifts.
- Creation of this *Special Considerations for Care of Obese Patients* to promote safety for all and improve access to equipment and resources.
- Striving to ensure that the patient is sufficiently covered at all times.
- Respecting the patient’s right to refuse treatment and continuing to offer treatment as you would with any patient.
- Refraining from speaking about heavy workloads when the patient or family may overhear these comments.

When to use this manual and it's guidelines-

1. Bariatric is often defined as referring to a patient weighing over 350lbs or with a BMI ≥ 40 . We consider all patients **≥ 250 lbs** as potentially requiring special equipment and extra attention when it comes to how staff move the patient and how many people are required for these techniques. We have therefore created this manual to guide the treatment of obese patients (i.e. patients with BMI ≥ 30).

NOTE: BMI is still the preferred method for classifying patients into categories of obesity but we acknowledge that at times, this information may not always be available when decisions about care must be made. In the absence of BMI, we are using 250lbs as the lower limit of obesity.

2. Safe patient handling should be stressed at all times. Bariatric equipment can be used if needed even for a patient under 250lbs.

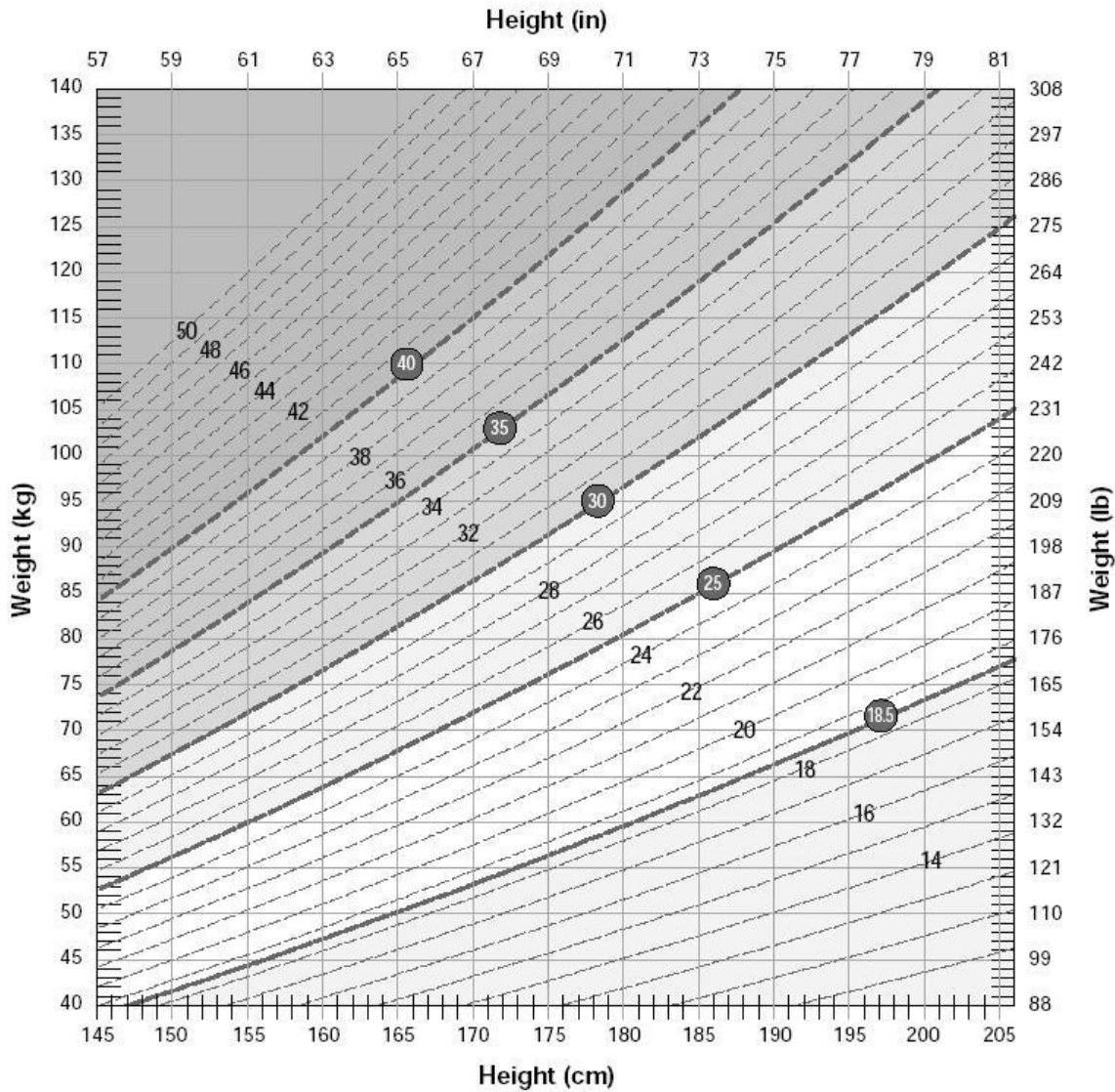
BMI Calculation -

$$\text{BMI} = \frac{\text{Weight, in kilograms}}{(\text{Height, in meters})^2}$$

Or Refer to the following Body Mass Index (BMI) Nomogram which allows you to use Imperial or Metric measurements.

Body Mass Index (BMI) Nomogram

From: Health Canada (2003) *Canadian Guidelines for Body Weight Classification in Adults*, Pub. No. 4647



Health Status	BMI	Risk of Developing Health Problems
Underweight	< 18.5	Increased Risk
Normal	18.5 – 24.9	Lowest Risk
Overweight	25 – 29.9	Increased Risk
Obese Class I	30 – 34.9	High Risk
Obese Class II	35 – 39.9	Very High Risk
Obese Class III	40 – 49.9	Extremely High Risk
Extreme Obesity	> 50	Extremely High Risk

For persons 65 years and older, the 'normal' range may begin slightly above BMI 18.5 and extend into the 'overweight' range

What to do when an Obese Patient enters your Care –

(Created by Suzanne Dyck, B.M.R.(P.T.) for Victoria General Hospital, 2013)

STEP 1- Determine if patient is Obese and Follow appropriate *OBESE PATIENT ADMISSION ALGORITHM* for your department–

Page 8 of Special Considerations for Care of Obese Patients

(Emergency Admission, Elective Admission or Upon Admission to Unit)



STEP 2- Selection of appropriate type of bed –

Page 12 - 13 of Special Considerations for Care of Obese Patients



STEP 3- Begin your assessment using algorithms and obtain transfer and bed mobility equipment –

Page 14-22 of Special Considerations for Care of Obese Patients



STEP 4- Obtain additional equipment -

Page 23-26 of Special Considerations for Care of Obese Patients

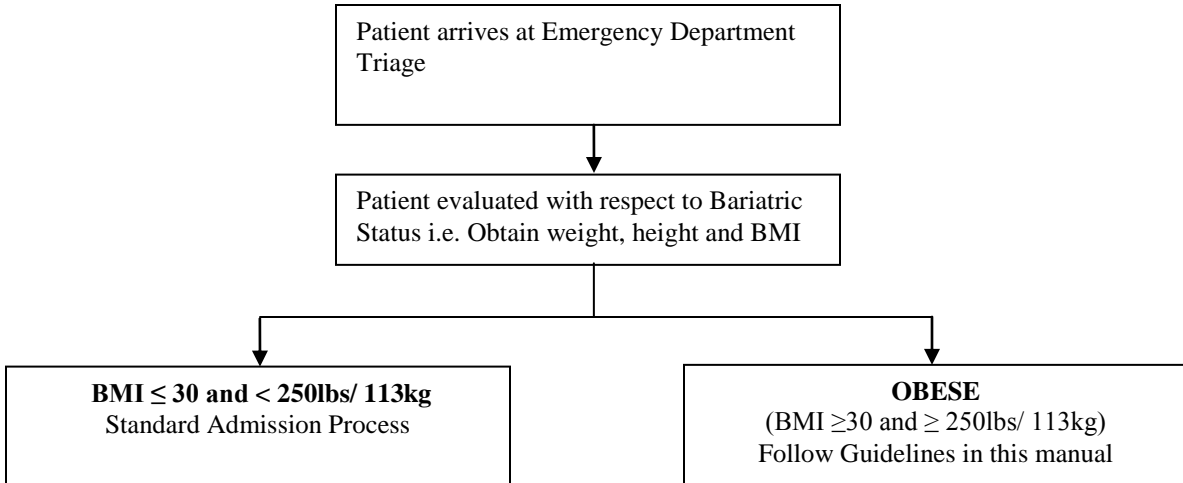
(Commode, chair/wheelchair, transfer belt, gown, fitted sheets, etc.)



STEP 5- Use Bariatric Algorithms to determine best practice for transfers/bed mobility, specific activities or for Interdepartmental Transfers and Discharge Process –

Page 27-33 of Special Considerations for Care of Obese Patients

STEP 1- Determine if patient is **OBESE** and then follow appropriate Admission Algorithm



EMERGENCY ADMISSION ALGORITHM FOR AN OBESE PATIENT

(BMI \geq 30 and \geq 250lbs/ 113 kg)

Emergency Admission

COMMUNITY NOTIFICATION

Ambulance / GP to inform Facility of intended patient arrival

EMERGENCY PRESENTATION

INITIAL ASSESSMENT

Ascertain BMI or weight

Identify appropriate equipment and training needs to be arranged

APPROPRIATE ASSESSMENT AND TREATMENT

If Admission is required – Inform the Hospital Bed Manager and choose appropriate destination.

Inform Unit / Patient Care Manager

Admitting Department Risk Assessment

Access Special Considerations for Care of Obese (BMI \geq 30) Patients
Assess patient and identify resources needed (equipment, etc.)

NOTE: Consider the following

Adequate clearance and access routes (Bed / toilet / bathroom, etc.)
Check safe working loads of the equipment (beds, mattress, lifts, slings, OR table, seating systems, walking aids, standing aids/ lifts, hygiene facilities, commodes,

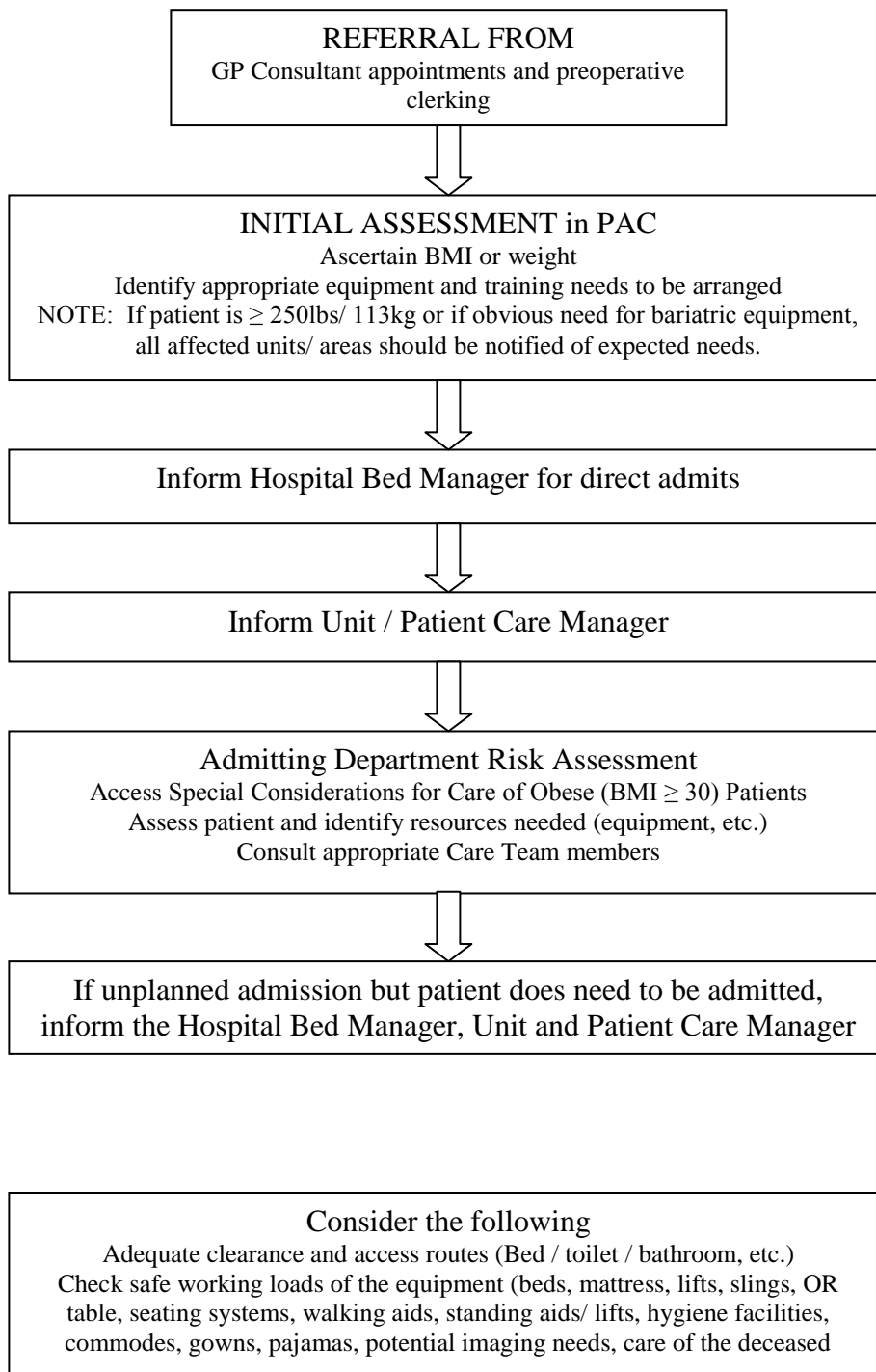
NOTE: Please use your clinical judgment to determine if Bariatric equipment or more workers will be required even in patients under 250lbs. For slider use, more workers are required above 250 lbs. even with use of proper equipment.

Resources – If unable to find sufficient information in the Special Considerations for Care of Obese (BMI \geq 30) Patients, consider consulting P.T., O.T., Suzanne Dyck (MSIP) at 3427 or Poh-Lin Lim at 3332

ELECTIVE ADMISSION ALGORITHM FOR AN OBESE PATIENT

(BMI ≥ 30 and ≥ 250 lbs/113kg)

Elective Admission



ADMISSION ALGORITHM FOR AN OBESE PATIENT UPON ADMISSION TO A UNIT (BMI \geq 30 and \geq 250lbs/ 113kg)

Upon Admission to Unit

Unit to arrange for equipment & training needs, notify appropriate resources

Consider the following:

Activities of Daily Living
Rehabilitation and Mobility
Pain Assessment
Baseline Observations
Current Medication & Side Effects
Degree of Independence prior to admission / medical event
Patient Handling Activities required
Maintaining a Safe Working Environment – peri-operative care, positioning for anesthesia, surgery, resuscitation, wound care, etc,
Fall Risk

Document Initial Care Plan within 24 hours of admission

Refer to the Multidisciplinary Team

Refer to the appropriate MDT members for further assessment – Discharge Facilitation Team, Home Care, other relevant Community Team members, Therapists, Dietitian, Nurse

Daily Review of Assessments

The documented patient handling risk assessment and safe work procedures must be reviewed every shift
Further assessment & care plan revisions may be required as the patient's health status / care needs change

NOTE: Please use your clinical judgment to **determine if Bariatric equipment or more** workers will be required even in patients under 250lbs/ 113kg. For slider use, more workers are required above 250 lbs. even with use of proper equipment.

STEP 2- Selection of appropriate type of bed

If using a stretcher, ensure proper weight limit and consider width of patient

Stretcher Type	Location	Weight Limit
Stryker Big Wheel	Emergency	700 lbs /318 kg
Hill Rom TranStar	Imaging	500 lbs./ 227kg)
Hill Rom TranStar Gentle Ride	Emergency	At least 400 lb but actual unknown
Stryker Gynnie	Emergency	500 lb/ 228kg
Hill Rom Procedural	Emergency	700 lbs /318 kg
Hill Rom GPS	SurgiCenter, OR, ER, Imaging	500 lbs./ 228kg
Barton Stretcher Chair	Imaging/ICU Hallway	400lb/ 182kg limit
Stryker Mechanized Zoom	SurgiCenter	700 lbs /318 kg

If choosing a bed, consider weight limit of surface, width of patient and access to desired mattress/ surface

- Can use a regular bed for a patient ≤500 lbs (227kg) who is comfortable in regular bed.
- Use a Bariatric bed if patient weighs more than 500 lbs (227kg) and /or has a width >35.5” (90 cm) or cannot do own bed mobility due to lack of space on bed

Bed Type	Location	Weight Limit	Mattress
Hill-Rom Versa Care		All units	Foam*
Stryker Go Bed		All units	Foam*
Carrol low bed		All units	Foam*
Excel Care ES Bariatric with Trapeze	Bariatric Storage Room 233	250lb and 995lb (113-452kg)	Excel Care® Bariatric Air Mattress System
Stryker Bari 10A Bariatric Bed with Trapeze	Bariatric Storage Room 233	250lb and 1000lb (113 - 454kg)	Stage IV Millenium Plus Air Mattress System

* Specialty air mattresses can be used for any of these beds

If using a Bariatric reclining lift chair, (Patient not able to sleep comfortably in bed, usually due to respiratory issues) or needs a comfortable location for resting during the day,

Type of chair	Location	Weight Limit
Blue Bariatric Lift Chair**	Storage behind Morgue	up to 1000lb / 454kg

** Floor based lifts cannot fit under base therefore this chair can be used for a patient who is transferring or using the ceiling lift but not the floor lift.

NOTE: The Bariatric Bed must be transported with 2 or more people whether empty or full



Hill Rom Excel Bariatric Bed



Stryker Bari 10A Bariatric Bed



Stryker Big Wheel



Hill Rom GPS



Stryker Mechanized Zoom



BartonChair/ Stretcher



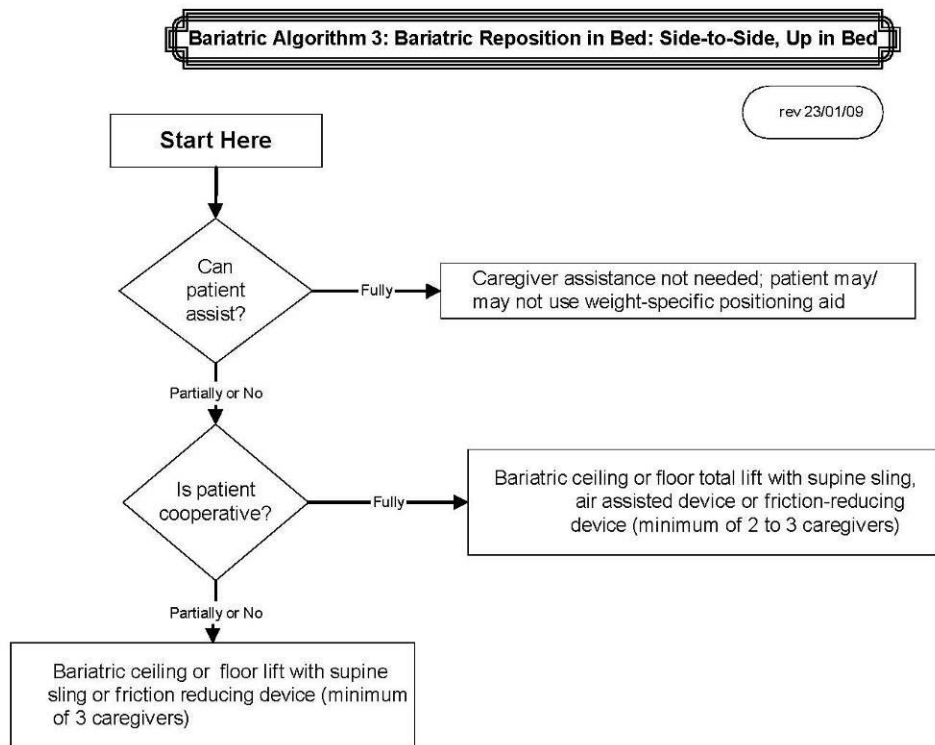
Bariatric Lift Chair

Note: If you cannot find an available Bariatric bed, please check with Managers to locate the bariatric beds and determine the greatest need for the beds.

If no bariatric bed is available during regular hours, please contact Errol or Trevor in purchasing. Our options for obtaining additional equipment are limited. During the regular hours, purchasing can attempt to rent or borrow from another site but these options are not available outside of regular hours. On weekends or after hours, please try to manage with the available equipment above to safely care for the patient until a more suitable bed can be found. Please remember that all beds are rated for 500lbs/ 227kg and all Emerg Stretchers are rated for 700lbs/ 318kg. If no solution has been found, please leave a message for Errol at 3330 or Trevor at 3243.

STEP 3- Begin your assessment and obtain equipment for transfers and bed mobility

1. Assess bed mobility using Bariatric algorithm #3 below - to determine required equipment (slider, mechanical lift, air assisted device like the Hover Mat)



- 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 repositioning sling covered with drawsheet, 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.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
 - Dycem (TM)
 - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
 - Posey-Grip (TM): Posey Grip does not hold when wet. Washable, reusable, air dry.

- 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 capability) and a space for the manufacturer's rated weight capability 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.
- 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.

(Algorithms developed by VISN 8 Patient Safety Center, Tampa, Florida, rev. 5/1/05)

Equipment list and location (For detailed description of how to use the equipment, refer to **Safe Work Procedures Binder** in department).

NOTE: When using sliders for bed repositioning, you need 1 Health Care Worker per 100lbs. of patient weight as a general rule.

1. SLIDERS:

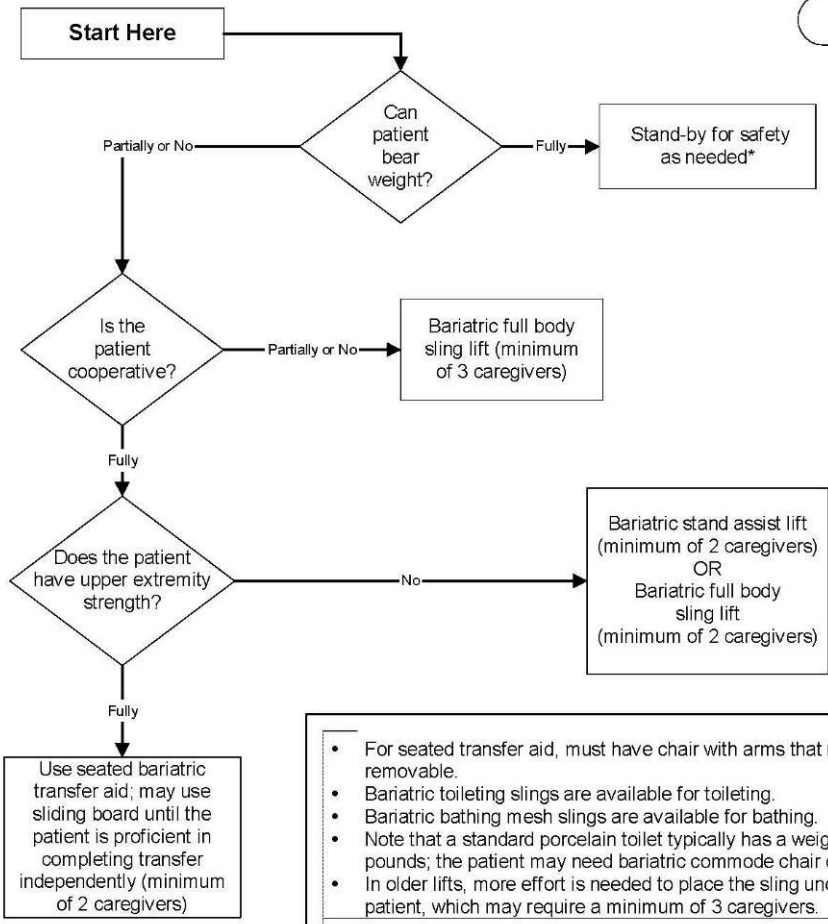
Patient weights	Sliders- used for bed repositioning and lateral transfers	location
There is no weight limit. Choose slider based on patient's body width. They are not used for lifting, only for sliding.	There are three sizes: 1. Purple sliders are regular 2. Blue sliders are 1 ½ width 3. Orange sliders are 2 x width. 4. Blue Tube sliders for lateral transfers • We also have an orange tube for under patient's shoulders (patient who can move self) but a folded blue slider or orange larger slider can be used for the bariatric patient who can move self (due to need for increased width)	In equipment storage areas of units Bariatric sizes mainly in ER



2. Assess transfer and mobility using Bariatric Transfer Algorithm #1 on next page (before initial transfer) and determine mobility equipment needs. Consult PT as needed

Bariatric Algorithm 1: Bariatric Transfer to and from: Bed/Chair, Chair/Toilet, or Chair/Chair

rev 23/03/09



- For seated transfer aid, must have chair with arms that recess or are removable.
- Bariatric toileting slings are available for toileting.
- Bariatric bathing mesh slings are available for bathing.
- Note that a standard porcelain toilet typically has a weight limit of 350 pounds; the patient may need bariatric commode chair or steel toilet.
- In older lifts, more effort is needed to place the sling under the patient, which may require a minimum of 3 caregivers.

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

- 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 capability) and a space for the manufacturer's rated weight capability for that particular equipment model.
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(Algorithms developed by VISN 8 Patient Safety Center, Tampa, Florida, rev. 5/1/05)

Equipment list and location(For detailed description of how to use the equipment, refer to **Safe Work Procedures Binder** in department).

2. BARIATRIC LIFTS:

Lift Type and Name	EC limit/ load capacity	Location
<u>Stand Assist Lifts</u>		
Sara Steady NOTE: Easy Move limit is 264lbs and is therefore NOT Bariatric	400lb/ 182kg	Units 5, 4 and 3
<u>Sit-Stand Lifts</u>		
Sabina II* Sit-Stand	440lb/ 200kg	Emergency, 5, 4 and 3
Steady Aid	700 lbs/ 318kg	Unit 2 Room 233 storage
Note: *Sabina II Sit Stand lift is rated for 440lbs but size of footplate and sling may further limit its use with larger sized patient. Please consult Physiotherapist as needed for complicated cases.		
<u>Mechanical Passive Floor Lifts</u>		
Ergolift 600 Molift	600lbs/ 270kg 561lbs/ 255kg	Units 6,5,4,2,ICU, Emergency Dept.
<u>Ceiling Lifts</u>		
Waverly Glen Ceiling Lift	625lb/ 284kg	Morgue
Waverly Glen Ceiling Lift	600lb/ 270kg	Fluoroscopy
Waverly Glen Ceiling Lift on 5S	400lb/ 182kg	5S Room 522
V4 1 Ceiling Lift	600lb/ 270kg	5N Room 514
Arjo Maxi Sky Ceiling Lift	1000lb/ 454kg	Emergency –Bariatric Rm
GH3 Guldman Ceiling lift	660lb*/ 300kg	ICU beds 1 and 6
X-Ray Ceiling Lift	700lb/ 318kg	X-ray
Guldman Ceiling Lift Unit 2	750lb/ 340kg	Unit 2 Room 218

NOTE: Any sling can be used for the Guldman and Waverly Glen lifts as these companies do not restrict use of other loop slings. The bariatric slings for the Arjo MaxiSky Ceiling lift in Emerg can be used for the Ergolift floor lifts and for the V4 1 ceiling lift on Unit 5 and the Ergolift slings can be used on the Ceiling lift in Emerg. These lifts are all made by the same company.

3. BARIATRIC SLINGS

NOTE: Limit for lifting is lower limit between sling and lift

1. BHM Slings for Ergolift –	550lb/ 250kg or 600lbs/ 270kg as labeled	1. Found on appropriate units in Clean Supply area - Two 600lb/ 270kg slings on each of Unit 5 and Unit 2
2. Molift slings	660lb/ 300kg	2. Clean Supply Emerg
3. Bariatric slings for EMERG	1000lb/ 454kg	3. Clean Supply Emerg
4. Repositioning sling can be left under the patient therefore best for immobile patient who requires frequent turns – can be used with ceiling lifts or Ergolift floor lifts	600lbs/ 272kg	4. Found in clean supply of Units 5, 4, 3, Emergency and ICU
5. There is a dark grey BHM sling with longer handles that can be used if available for lifts off the floor- the handles are longer.	550lb/ 250kg	
5. Slings for Imaging lifts	550 lb/ 250kg	6 In Imaging in drawer
6. Slings for Lift in 218	As per sling	N.B. All slings can be used even from other companies
8. Slings for Steady Aid	450lb/ 204kg or 700 lb/ 318kg As labeled	7. Unit 2 Bariatric Room 233/235
8. BHM Limb sling	275 lb/ 125kg limb	8. Unit 5
No portable lift on site for patient over 600 lbs. Emergency ceiling lift- 1000lb/ 454kg and ICU ceiling lift – 660lb/ 300kg. Must contact WRHA Bariatric Equipment Pool for Titan Lift (1000lbs/ 454kg max.) (See WRHA Bariatric Equipment Pool Loan Form in this document or Call purchasing department for rental.		

* Lift is rated for 770lbs/ 350kg but structure has been rated for 660lbs/ 300kg so 660lbs/ 300kg is the working limit depending on the sling limit. Our regular slings are rated for 550lbs/ 250kg or 600lbs/ 270kg. The 1000lb/ 454kg blue sling from Emerg can also be used because it is wider but the limit would then be 660lb/ 300kg.



Sara Steady



Sabina II Sit - Stand lift



Sling for Sabina Sit-Stand lift



Steady Aid Bariatric Sit Stand Lift



Sling for Stead Aid Lift



Ergolift



Ergolift 600

Slings for Ergolift or Ceiling Lifts in ICU or 5N or Unit 2



Sling for lift from floor



Regular Ergolift sling (BHM)



Repositioning Sling



Molift



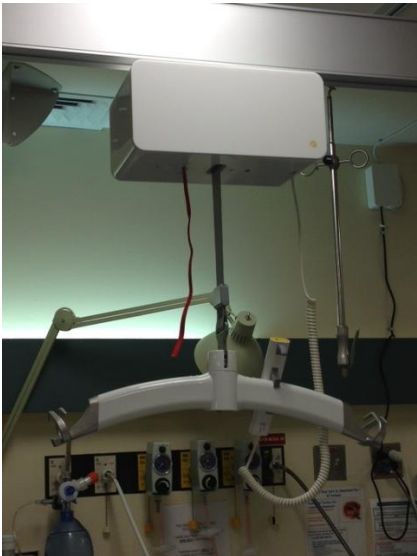
Sling for Molift



Room 514 Ceiling Lift



Emergency Ceiling Lift



ICU Ceiling Lift



5S Ceiling Lift



Bariatric Ceiling Lift Rm 218



Morgue Ceiling Lift



Fluoroscopy Ceiling Lift



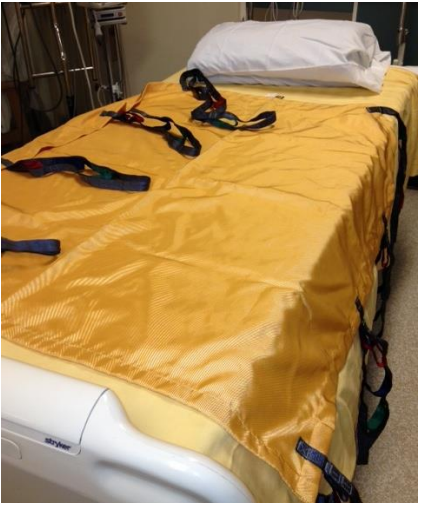
X-ray Ceiling Lift



Bariatric sling for
Emergency Ceiling lift



Fluoroscopy and X-ray sling



Repositioning sling ICU

STEP 4- Obtain additional equipment

(Commode, chair/wheelchair, Transfer belt, Scale, Stretcher Chair, Cushions, walking aids, gown, fitted sheets, etc.)

Equipment list and location (For detailed description of how to use the equipment, refer to **Safe Work Procedures** Binder in department).

1. BARIATRIC RATED COMMODES: (Note: wall mounted toilets are rated for limit of 350 lbs.)

NOTE: **Bariatric toilets** in room 217 and in Emergency Dept. rated for 1200lbs.

	Weight Limit N.B. Consult EC label	location
Bariatric commodes for up to 500lbs	500lb/ 227kg	All areas
3S commode	Adjustable height commode on 3S – up to 650lbs /295kg *As height is adjustable, can be used for <u>any</u> shorter patient under 650lbs.	Hallway outside 3S
Emergency Bariatric Commode	1000lbs	Emergency
Invacare Bariatric Commode (adjustable height)	650 lbs	U2 Bariatric Storage Rm 233

Note: If nothing is available on your unit, please refer to WRHA Bariatric equipment pool or rent through manager. If Bariatric commode required for D/C please consult OT.

Bariatric Commodes



Emergency



Tower Units



Unit 3S



Adjustable Height 650 lb.

2. BARIATRIC WHEELCHAIRS:

	Weight Limit N.B. Consult EC label	location
Medicine Bariatric W/C	450lbs/ 204kg	Near elevators on 4 or 5
Emergency Bariatric Wheelchair	700lbs / 318kg	Storage in Emergency
Super Tilt MapleLeaf	Consult O.T.	OT
Excel XW	500 lb/ 227kg	Unit 5

Note: If nothing is available on your unit, please refer to WRHA Bariatric equipment pool or rent through manager. If Bariatric wheelchair required for D/C please consult OT.

Bariatric Wheelchair- Emergency Bariatric Wheelchair for Units 4 and 5



1. BARIATRIC CHAIRS:

	Weight Limit N.B. Consult EC label	location
2 Bariatric chairs in Mature Women's	750lbs / 341 kg	Waiting room and scale area
Emergency Bariatric Bed Side chair	500 lbs/ 227kg	Storage in Emergency
Barton Stretcher Chair	400lbs/ 182kg	Hall by ICU
Patient Chairs Bariatric Clinic	500lb/ 227kg dynamic 700lb/ 318kg static	Bariatric Clinic and Classrooms
Bariatric Chairs Unit 2	500lb/ 227kg dynamic 700lb/ 318kg static	Unit 2 lobby and for patient use as needed.
Bariatric Chairs Mature Women's	500lb/ 227kg (325lb/147kg for non-Bariatric chairs in waiting room)	Waiting areas
Bariatric Chairs Admitting	500lb/ 227kg dynamic 700lb/ 318kg static	Inside Admitting
Bariatric Chairs Front Lobby	500lb/ 227kg dynamic 700lb/ 318kg static	Lobby outside Admitting Department

Note: Broda chairs, blue recliners, Champion Recliner and ACURE air bed are not for Bariatric patients.

Bariatric Sorrel bedside chair-ER



Barton Stretcher Chair in ER/ICU



Bariatric Chairs in lobby, Bariatric clinic, Unit 2 and Education Classrooms



Bariatric Physio dept chair



4. TRANSFER BELTS – Transfer belts come in 4 sizes. Green is large and Blue is extra large. Transfer belts can be joined together to create a longer belt. Crossed grip is suggested when using a front approach.



5. BARIATRIC SCALES:

	Weight Limit N.B. Consult EC label	location
Doran Stand on scale	1000 lb/ 454kg	Emergency
Doran Wheelchair scale	1000 lb/ 454kg	Emergency
Health o Meter Pro Plus	1000 lb/ 454kg	Units 4 and 5
Health o Meter Pro Plus For Wheelchair	1000 lb/ 454kg	U2 Rm 235 Bariatric Storage
Stand on Scale	1000 lb/ 454kg	Bariatric Clinic
Stand on Scale	400 lb/ 182kg	Mature Women's
Stand on Scale	750 lb/ 340kg	Outpatient Dietitian office
Detecto Stand on Scale	500lb/ 227kg	Oncology
Detecto wheelchair Scale	800lb/ 364kg	
Healthometer Pro Plus	800 lb/ 364kg	PAC
wheelchair scale	1000 lb/ 454kg	Unit 3S
Tanita Stand on Scale	440 lb/ 200kg	Unit 6



6. BARIATRIC CUSHIONS – OT should be consulted

7. BARIATRIC WALKING AIDS – Some bariatric walking aids available on each unit. Consult label to determine weight limit.

Guardian Plus 2 wheeled walker	500 lb/ 227kg	U2 Bariatric Storage Room 235
Guardian Plus standard walker	500 lb/ 227kg	U2 Bariatric Storage Room 235
Evolution 4 wheeled walker	400 lb/ 182kg	U2 Bariatric Storage Room 235
Bariatric Canes	700 lb/ 318kg	U2 Bariatric Storage Room 235

Consult PT if unavailable in your area.



Bariatric 2 wheeled walker



Evolution Walker

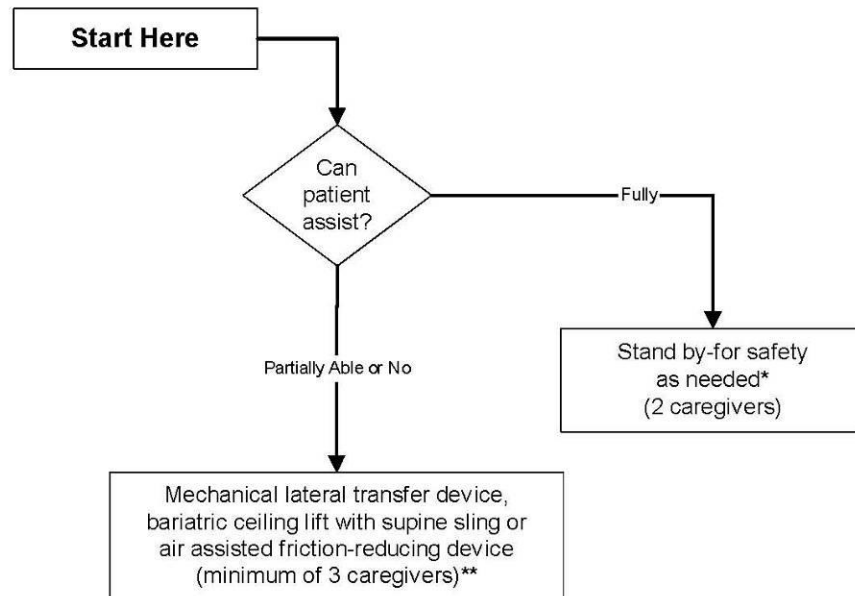
8. OTHER: Briefs, Gowns, Fitted sheets, XXL Mesh Pants and Abdominal Binders are available by special order through Patient Care Managers/Facility Manager from central supply.

STEP 5- Use Bariatric Algorithms to determine best practice for transfers/ activities

(Algorithms developed by VISN 8 Patient Safety Center, Tampa, Florida, rev. 5/1/05)

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

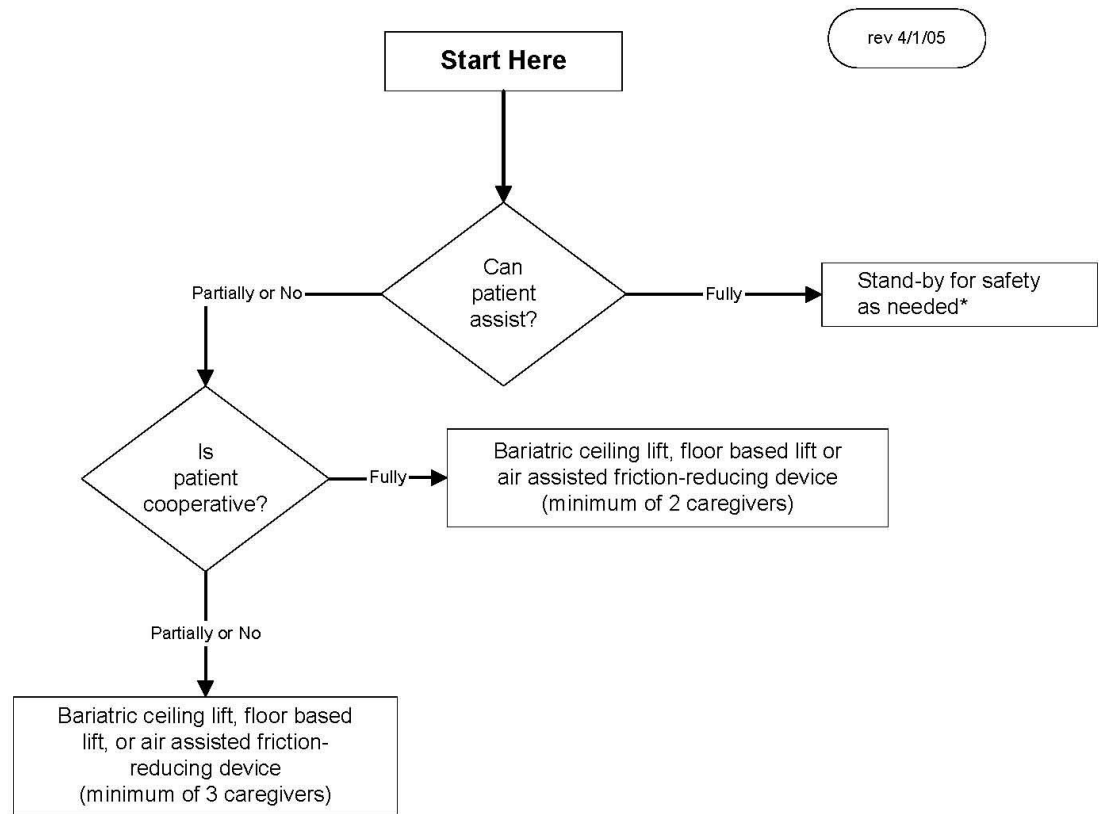
rev 5/1/05



- The destination surface should be about 1/2" lower for all lateral patient moves.
 - Avoid shearing force.
 - Make sure bed is the right width, so excessive reaching by caregiver is not required.
 - Lateral transfers should not be used with speciality beds that interfere with the transfer. In this case, use a bariatric ceiling lift with supine sling.
 - Ensure bed or stretcher doesn't move with the weight of the patient transferring.
- ** Use a bariatric stretcher or trolley if patient exceeds weight capacity of traditional equipment.

- * "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- 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 capability) and a space for the manufacturer's rated weight capability for that particular equipment model.
 - 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.
 - 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.
 - During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patients weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.

Bariatric Algorithm 4: Bariatric Reposition in Chair: Wheelchair, Chair, or Dependency Chair



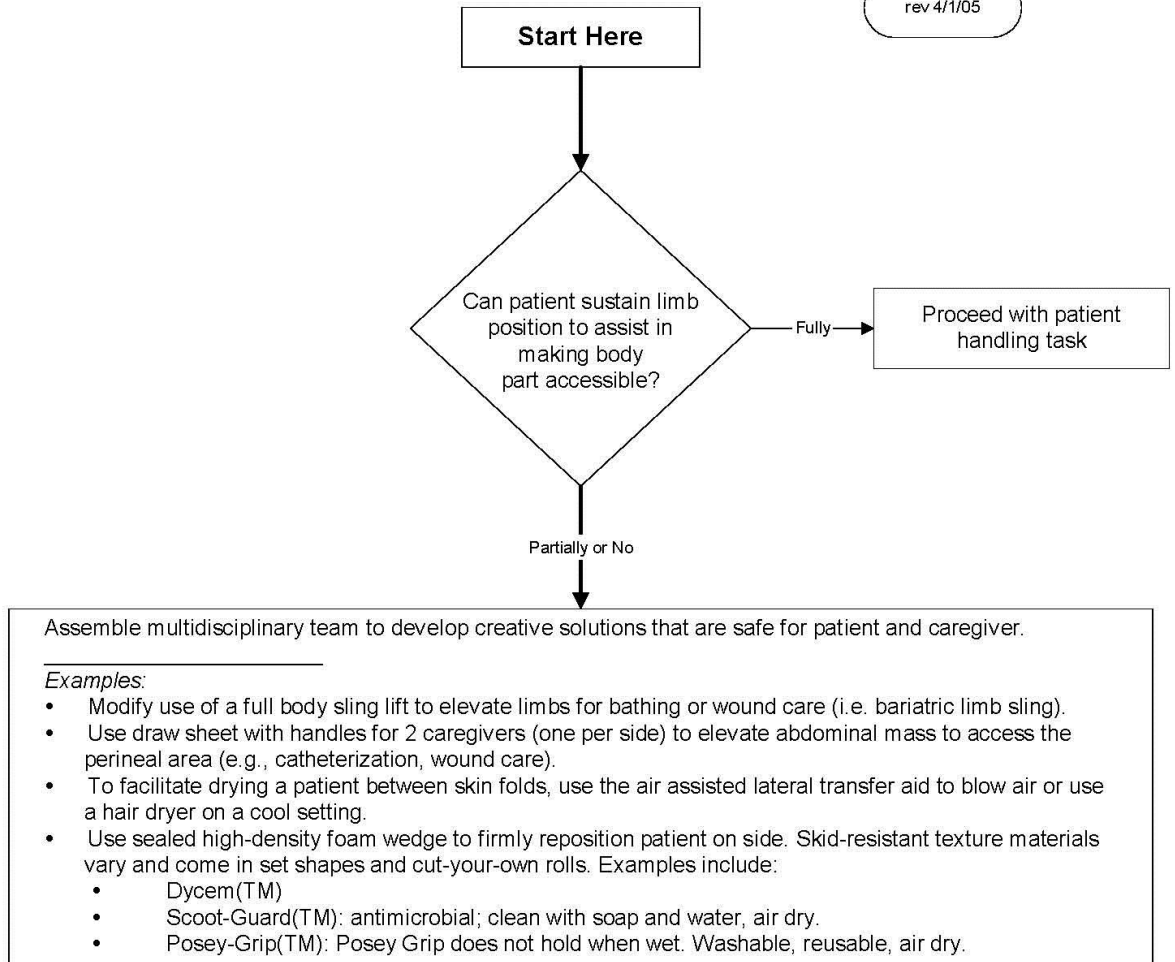
- Take full advantage of chair functions, e.g., chair that reclines, or use an arm rest of chair to facilitate repositioning.
- Make sure the chair wheels are locked.
- Consider leaving the sling under the patient at all times to minimize risk to staff during transfers after carefully considering skin risk to patient and the risk of removing/replacing the sling for subsequent moves.

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

- 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 capability) and a space for the manufacturer's rated weight capability 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.
- 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.

**Bariatric Algorithm 5: Patient Handling Tasks Requiring Access to Body Parts
(Limb, Abdominal Mass, Gluteal Area)**

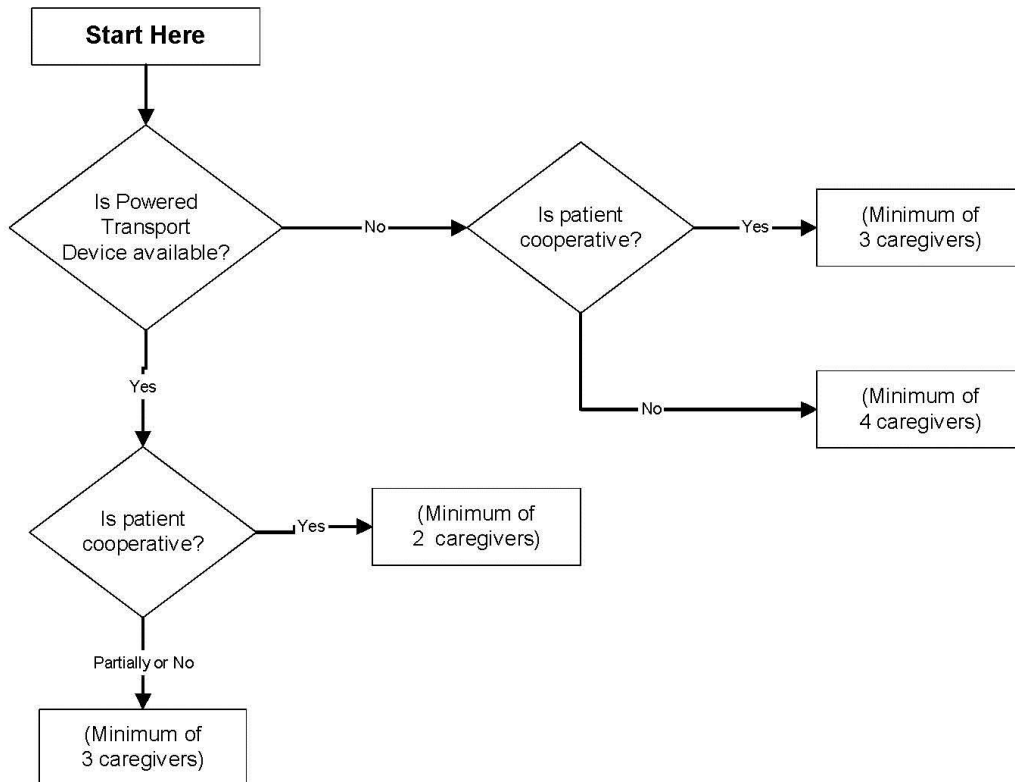
rev 4/1/05



- A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- 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.

Bariatric Algorithm 6: Bariatric Transporting (stretcher)

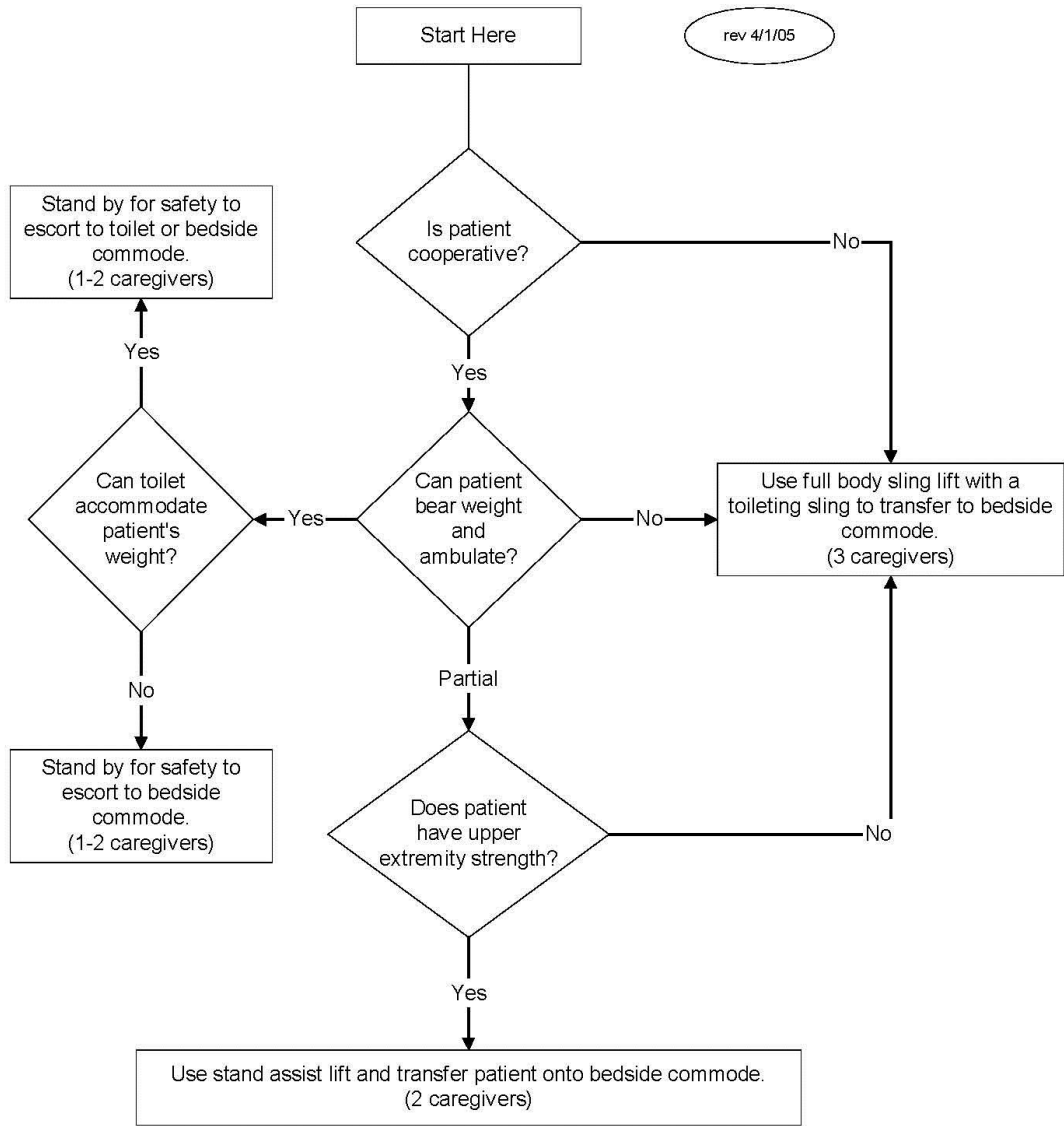
rev 5/1/05



- If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.
- Newer equipment often is easier to propel.
- If patient is uncooperative, secure patient in stretcher.
- 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.

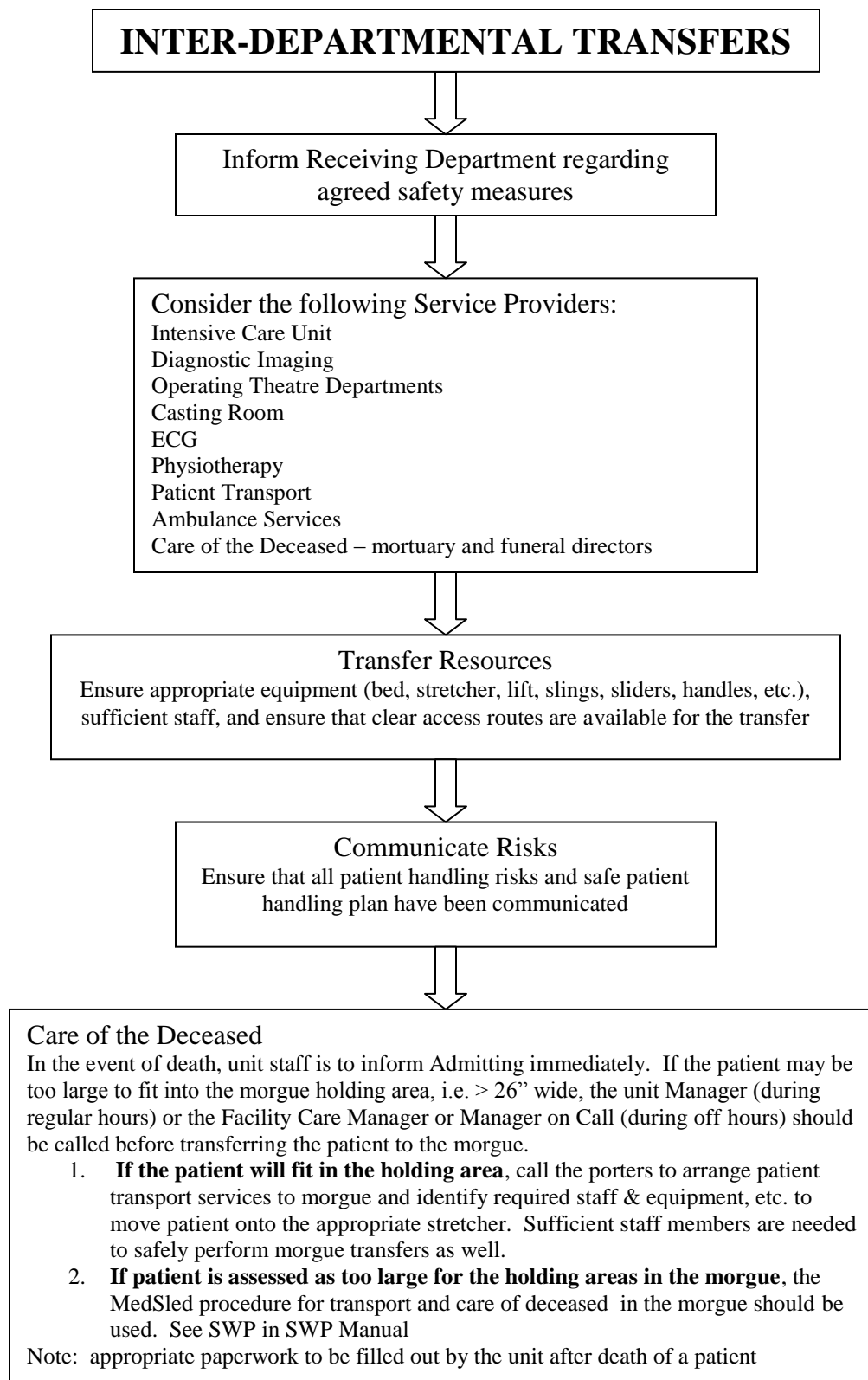
(Algorithms developed by VISN 8 Patient Safety Center, Tampa, Florida, rev. 5/1/05)

Bariatric Algorithm 7: Toileting Tasks for the Bariatric Patient



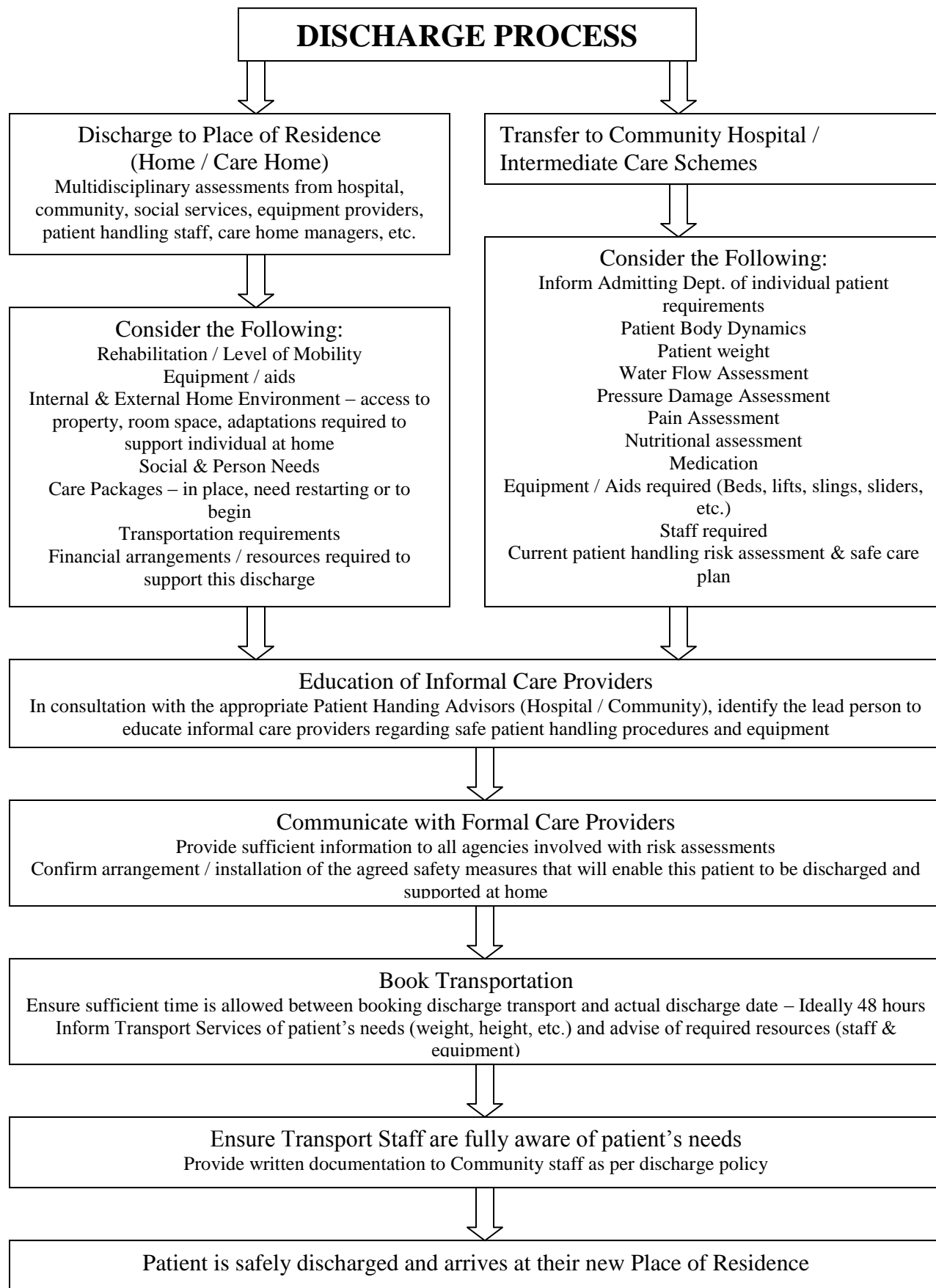
- Considerations:**
- Is bathroom doorway wide enough to accommodate entry of mechanical lift device and patient?
 - Assure equipment used meets weight requirements and is appropriately sized for patient.
 - Typically, standard toilets are rated to 350 lbs. maximum capacity.
 - During any patient transferring 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.

OBESE PATIENT ALGORITHM FOR INTERDEPARTMENTAL TRANSFERS (BMI \geq 30 and weight \geq 250lbs/ 113kg)



OBESE PATIENT ALGORITHM FOR DISCHARGE PROCESS

(BMI \geq 30 and weight \geq 250lbs/ 113kg)



(Adapted from Muir M, 2004 by Victoria General Hospital, 2013)

Hovermatts are available in the OR for lateral transfers and a **HoverJack and Matt** are available for anywhere in the hospital if needed to get a patient up off the floor. The process for getting it is to call a “25” for the porters to bring the HoverJack.

If your Patient has fallen, you can

1. Allow the patient to get up on their own if possible but no assistance should be given in this case.
2. If unable to get up on his/ her own the mechanical lift can be used preferably with the darker grey floor sling.
3. If the patient is too large for the sling to be applied or used safely, or if there is a suspected fracture, the Hover Jack and Matt can be used in combination to lift a patient back up to a bed or stretcher. If not wanting to move the patient by rolling or if contraindicated, the Hover Matt can be inserted under the patient without rolling by using 2 blue or 2 purple sliders. This equipment has a tested capacity of 1900 lbs.

For full instructions on use of HoverJack and or Matt please consult the Safe Work Procedures Manual in your department.



Hover Jack/Matt cart



Inflated Hover Jack with Hovermatt on top



Inflated HoverJack with patient on HoverMatt on receiving bed

Important Additional information

DO NOT ATTEMPT to transfer patient before doing the proper assessment using Algorithms.

1. RED FLAGS - Before all transfers, consider **red flags** before proceeding. Stop and reassess if patient shows any **new** signs such as:

Unable to lift shoulders from Head of Bed @ 45°
Patient states or demonstrates ability to rise from lying to sitting as Very Difficult or Hard
Unable to boost – independently or min. assist
Has not been out of bed for an extended period of time
Significant fear, anxiety, reluctance by patient
Unable to lift arms or legs against gravity
Significant change in medical stability
Patient reports significant weakness or dizziness
Patient reports pain level 7/10 or higher consistently and not diminished by pain medication

(WRHA Safe Patient Handling and Movement Program – May 2008)

2. Elevator Access

Bariatric bed with air mattress can clear the height of elevator in its lowest bed position and with the air mattress pump moved on to the bed surface. Remember to hang it back onto the foot of the bed frame when bed is parked.

3. Diagnostic Imaging Department Access

X-ray	600lbs (270kg)*
Ultrasound	No limit as patient can be performed with the patient on a bariatric stretcher or bed. There is a bariatric probe.
CT	450lb (204kg) limit but width must fit in 71cm/ 28" opening
Nuclear Medicine	400lb (181kg) limit but width must fit in 71cm/ 28" opening
Fluoroscopy	600lb (270kg) limit **

*If the patient requires x-rays and is over the weight limit of the x-ray machine, the patient can be imaged in a bariatric bed/stretcher either in the x-ray room or with the portable x-ray unit.

** For fluoroscopy exams, depending on the type of exam, we may be able to use the c-arm for certain exams (tube placement, etc.) as long as the bariatric bed/stretcher is radiolucent.

Stress Test Lab – Treadmill limit is 400lbs(181kg) but patient must fit in 52cm/ 20.5" wide opening between handrails to do test on treadmill

4. Morgue Access

Contact porters to arrange transport and care of the deceased. If patient is assessed as too large for the holding areas in the morgue, i.e. > 26" wide, the MedSled procedure for transport and care of deceased should be used. See SWP in SWP Manual. If the patient will fit in the holding area, identify required staff & equipment, etc. to move patient onto the appropriate stretcher. Sufficient staff members are needed to safely perform morgue transfers as well. The weight limit for the trays is not known but would be limited more by size than weight. We always try to put larger patients into the lower compartments but we do have a lift rated up to 625lb limit in the Morgue.

Common Clinical Issues Affecting Safe Bariatric Patient Handling Tasks Adapted from “Helpful Tips for Safe Patient Handling of Bariatric Patients”, VA Patient Safety Center of Inquiry, Tampa FL.

Clinical Issue	Negative Effect	Discussion
Severe pain and discomfort	Pain, inability to assist with transfer, therefore increased dependency level	Moving patient can increase pain and impede patient's ability to assist safely with transfer
Hip & knee replacements, joint instability, unstable spine, history of falls, fractures, contractures and spasms	Pain, fall risk, increased injury, extending injury to the already affected joint, ligaments or bone.	All movements put them at risk for pain. Weight bearing activities during transfers with these medical conditions put the patient at a risk for a fall, or extending injury to the already affected joint structure. If you try moving them in a lifting device, the sling position and posture required could put pressure on these affected body parts increasing pain and strain. Choose the least stressful in regards to pain, and stress to body parts that could cause injury when moving the patient.
Severe edema, wounds, diaphoresis, and poor skin integrity	Interference in healing granulation or increased skin breakdown	Interference in healing granulation or increased skin breakdown through shearing, rubbing, abrading and pressure from equipment i.e. slings during transfers.
Postural hypotension, paralysis/ paresis	Fall risk, slippage through sling, unsupported limb may be bumped, struck or caught	Full support (supine) slings would be required to avoid falls and slippage.
Unstable spine/severe osteoporosis	Pain, injury	Support spine properly during transfer
Splints traction, fractures	Misalignment and extension of injury, impedance of healing and pain.	If not properly supported, this could result in misalignment and extension of injury, impedance of healing and pain.
Respiratory/cardiac compromised	Shoulder compression and respiratory distress	Transferring patients in flat lying positions or in slings that are compressing shoulders and chest can cause respiratory distress for patients. Angina or chest pain from coronary insufficiency can result if patient is required to move self beyond their physical capability.
Amputation	Slippage and fall	If leg is affected and there is poor sling fit, this may cause slippage and falls, if patient is transferring in a standing position.
Stomas, wounds, tubes	Pain and interference with tube drainage.	Compression during transfer from slings or positioning can cause pain and interfere with tube drainage.

APPENDIX C



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé

WRHA Bariatric Equipment Pool
Phone HSC Paging 787-2071 Pager 4009
FAX # 787-3311
Health Sciences Centre, Room GD033
820 Sherbrook Street, Winnipeg, R3A 1R9

WRHA Bariatric Equipment Pool Loan Form

Item Requested: (√)

- *Bariatric Lift 454kg/1000lb capacity
- Bariatric Patient Sling 2XL 3XL
- Bariatric Stretcher 318kg/700lb 30" width
- Bariatric Stretcher 454kg/1000lb 37" width
- Bariatric Slider 1.5XL blue 2XL orange
- *Wheelchair 386kg/850lb 28"width 30"width 32" width
- *Shower Commode 320kg/705lb 30" width, w/integrated grab handles
- *Shower Commode 454kg/1000lb 30" width

* Wheelchairs and commode require an appropriate OT/PT consult before ordering to ensure the correct size is provided for the patient.

Name of Facility: _____ Patient PHIN # _____

Requested by: _____
Name Phone Number Fax Number

Physiotherapy/Occupational Therapy Contact: _____
Name Phone number

Staff Safety/OESH Contact: _____
Name Phone number

Cost Centre Number _____ Cost Centre Name _____

Loan request authorized by Manager or delegate:

Print Signature Date

- **NOTE:** If equipment is damaged or lost, payment for the repairs/replacement will be the responsibility of the facility/department to which the equipment was initially loaned. By authorizing this request you authorize payment for such loss or damages.
- This equipment has been loaned to a specific patient within your facility. Do not transfer equipment to another patient or facility.
- Inform the WRHA Bariatric Equipment Pool (Ph# 787-2071, request pager 4009) if there are any changes, problems or concerns with the equipment (Monday – Friday, 7 am – 3 pm)
- When finished, please contact the WRHA Bariatric Equipment Pool to arrange the return of the equipment.
- Equipment must be appropriately cleaned/disinfected prior to its return to the WRHA Bariatric Equipment Pool.

Loaned by: _____ Equipment KN#: _____
(WRHA Bariatric Equipment Pool Staff) (If applicable)

Date returned: _____ Received by: _____

Return Condition/Concerns _____

**** FAX COMPLETED FORM TO 787-3311 ****

WRHA Bariatric Equipment Pool Equipment List



Arjo Carmina Shower Commode

705 lb Weight capacity
30" Seat width
21" seat height
20" seat depth
20" seat back height (from seat)

** Safety Note..

Not visible in the picture are the sides of the commode which work as grab bars. These are ideal for assisting with the patients' stability when getting on or off of the commode.



Mapleleaf Wheelchairs Shower Commode

1000 lb Weight capacity
30" Seat width
21" seat height
20" seat depth
20" seat back height (from seat)
Swing-up arm rests
Removable, swing-away, elevating legrests



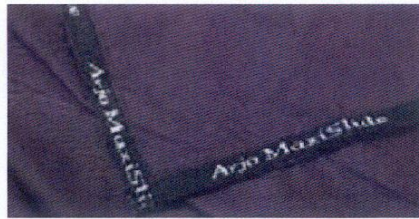
Hill-Rom P8000 Stretcher

700 lb Weight capacity
30" X 75" surface
23"-35" surface height range
5" thick comfort mattress
It will fit through a 37" door opening
Full range of positioning



Gendron Bariatric Trauma Stretcher

1000 lb Weight capacity
37" X 80" surface
20"-28" Surface height range
CPR release at head end
Electric Operation of Head, Knee,
Trend and Height (must be plugged in
when not in use)
It will fit through a 40" door opening



Arjo MaxiSlide

Available in 1.5 XL and 2XI width
There is no weight capacity on patient
sliders
Sliders should always be used in
pairs.
Sliders are single patient use only.



Gendron XL2000 Wheelchair

850 lb Weight capacity
Available in 28, 30 & 32" seat width
20" seat depth
17" seat height (from floor)
Elevating removable legrests
I.V. Pole, O2 tank holder
2 attendant push bar



T.H.E. Medical Titan X Patient Lift

1000 lb Weight capacity
2 XL and 3XL slings available
Built in battery and charger
Lift from floor capable
Must be plugged in when not in use

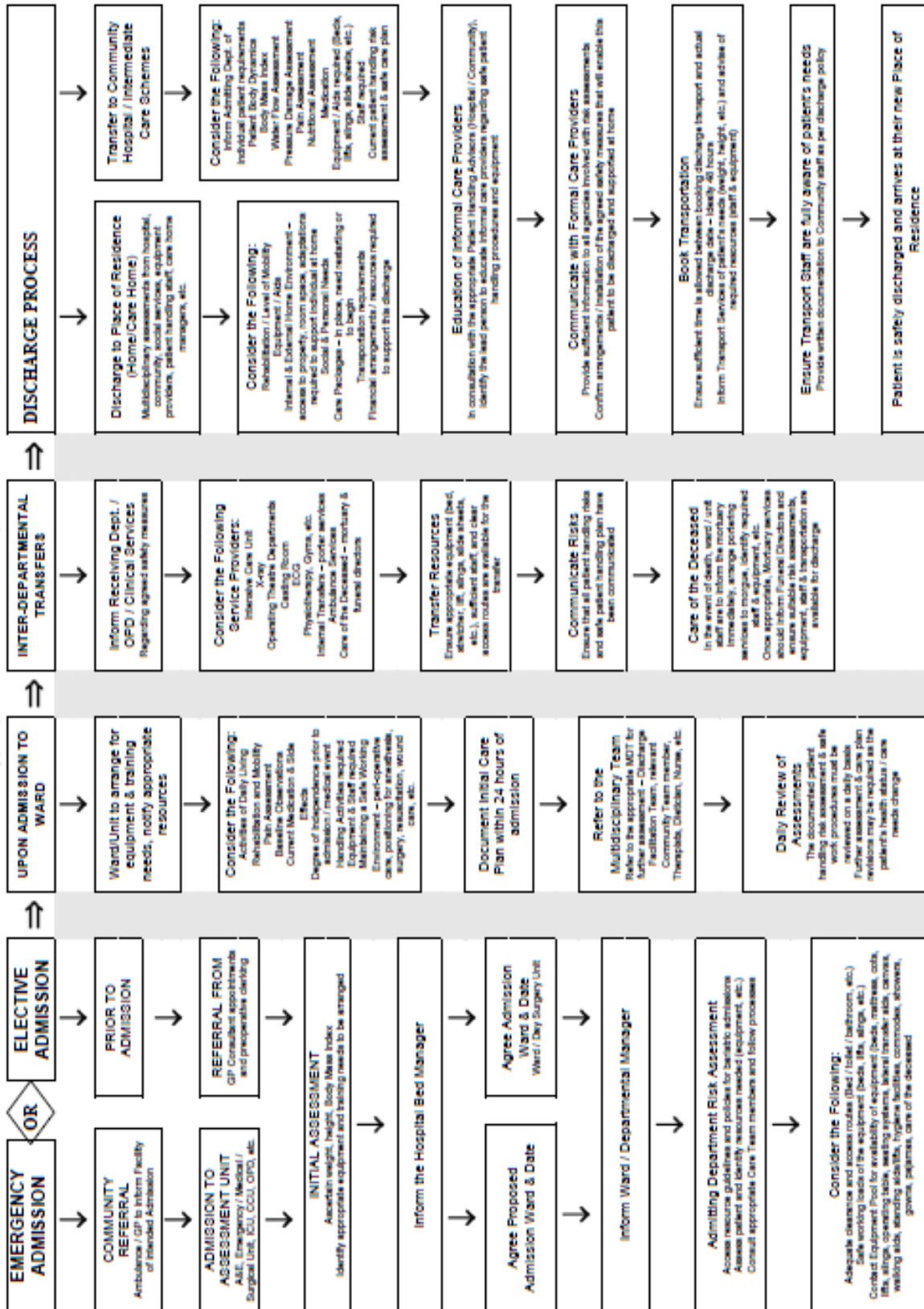
****Safety Note...**
This lift can be very difficult to manoeuvre

Updated June 30, 2010
Contact Information:
Health Sciences Centre Paging at 204-787-2071 Pager 4009
Mon – Fri 0700-1500 hrs

Additional Information from WRHA Bariatric Care Plan Manual (separated out and adapted for this manual)

SAMPLE MANAGEMENT PROCESS FOR A HOSPITAL ADMISSION AND DISCHARGE FOR A BARIATRIC PERSON

Patient > 150kg (350lbs) and/or with a BMI > 40. Flow Chart adapted from



Site Equipment Weight Limit List

Equipment Name	Type	Location	#	Limit
Passive Floor Lifts				
Ergolift 600	Floor lift	3S		600 lb/ 270 kg
Ergolift 600	Floor lift	4N	2	600 lb/ 270 kg
Ergolift 600	Floor Lift	4S		600 lb/ 270 kg
Ergolift	floor lift	5N		400 lb/ 182 kg
Ergolift 600	floor Lift	5N	2	600 lb/ 270 kg
Ergolift 600	floor lift	5S		600 lb/ 270 kg
Molift	Floor lift	ER		561 lb/ 255 kg
Ergolift 600	Floor lift	ICU		600 lb/ 270 kg
Ergolift 600	floor lift	U2		600 lb/ 270 kg
Ergolift 600	Floor Lift	U6		600 lb/ 270 kg
Ceiling Track Lifts				
V4 1	Ceiling H track	5N		600 lb/ 270 kg
Waverly Glen	Ceiling single track	5S		400 lb/ 182 kg
Maxi Sky Ceiling Lift	Ceiling single track	ER		1000 lb/ 454 kg
Waverly Glen	Ceiling single track	Fluoroscopy		600 lb/ 270 kg
Waverly Glen Ceiling Lift	Ceiling Single track	Morgue		625 lb/ 284 kg
X-ray Ceiling lift	Ceiling H track	x-ray		700 lb/ 318 kg
GH3 Guldmann	Dual track Ceiling	ICU		660 lb*/ 300 kg
Bariatric Sit-Stands				
Steady Aid	Bariatric Sit Stand	233/235 Bariatric Storage	3	700 lb/ 318 kg
Sit-Stand Lifts				
Sabina II	Sit stand lift	4N and 4S		440 lb/ 200 kg
Sabina II	Sit stand lift		5 2	440 lb/ 200 kg
Sabina II	Sit stand lift	ER		440 lb/ 200 kg
Stand Assist				
Sara Stedy	Stand Assist	3S		400 lb/ 182 kg
Sara Stedy	Stand Assist	4N and 4S		400 lb/ 182 kg
Sara Stedy	Stand Assist	5S and 5N		400 lb/ 182 kg
Bariatric Beds				
Hill Rom Excel bed	Bed	233/235 Bariatric Storage		995 lb/ 452 kg
Stryker Bed	Bed	233/235 Bariatric Storage		1000 lb/ 454 kg
Bariatric Stretchers				
Stryker Big Wheel	Bariatric Stretchers	Emergency	all	700 lb/ 318 kg
Hill Rom TranStar		Imaging		500 lbs./ 227kg)
Hill Rom TranStar Gentle Ride		Emergency		?
Stryker Gynnie		Emergency		500 lb/ 228kg
Hill Rom Procedural		Emergency		700 lbs /318 kg
Hill Rom GPS		SurgiCenter, OR, ER, DI		500lb / 228kg
Stryker Zoom Mechanized	Mechanized	SurgiCenter	2	700 lbs /318 kg
Barton Stretcher Chair		Imaging/ICU Hallway		400lb/ 182kg
Bariatric Lift Chair				
Bariatric lift chair	Lift Chair	morgue		1000 lb/ 454 kg
Stretcher Chair				
Barton Chair	Chair/ Stretcher	hall ICU	2	400 lb/ 182 kg
Hover Jack and Mats				
Hover Jack and/or Mats	Air Lift	Bariatric Storage and OR	2	1900 lb/ 863 kg

Site Equipment Weight Limit List (2)

Commodes				
Adjust. EC commode	Commode	3S		700 lb/ 318 kg
EC commodes	Commode	all units	5	500 lb/ 227 kg
EC commode	Commode	ER		1000 lb/ 454 kg
Adjust. Height bariatric	Invacare commode	233/235 Bariatric Storage	1	650 lb/ 295 kg
Wheelchairs				
EC W/C	Wheelchair	ER		700 lb/ 318 kg
EC W/C	Wheelchair	Medicine		450 lb/ 203 kg
Excel XW wheelchair	Wheelchair	5S	1	500 lb/ 227 kg
Bariatric Wheelchairs	Wheelchair	OT	1	See OT
Bariatric Walkers				
Guardian Plus walkers	Walker	233/235 Bariatric Storage	5	500 lb/ 227 kg
Evolution wide 4wh. Walker	Walker	233/235 Bariatric Storage	1	400 lb/ 182 kg
Bariatric Canes				
bariatric canes	Cane	233/235 Bariatric Storage		700 lb/ 318 kg
Bariatric Scales				
Bariatric Scale	Scale	Bariatric Clinic –		1000 lb/ 454 kg
Scale	Scale	Mature Women's		400 lb/ 182 kg
Stand on Scale	Scale	Oncology		500 lb/ 227 kg
Detecto Wheelchair/ seated Scale	Scale with seat	Oncology		800 lb/ 364 kg
Scale	Scale	Outpatient Dietitian office		750 lb/ 340 kg
Tanita Scale	Stand on Scale	U6		440 lb/ 200 kg
Doran scale	Step on scale	ER		1000 lb/ 454 kg
Health o meter Pro Plus	W/C Scale	4S		1000 lb/ 454 kg
Health o meter Pro Plus	W/C Scale	233/235 Bariatric Storage		1000 lb/ 454 kg
Doran scale	W/C Scale	ER		1000 lb/ 454 kg
SR775 scale	Wheelchair scale	3S, 4S	2	1000 lb/ 454 kg
Scale	Wheelchair Scale	PAC		800 lb/ 364 kg
Bedside Chairs				
Spec Dwight Cooper	Single Seater Chair	Mature Women's	2	750 lbs/ 340 kg
Spec Huntsville Cooper	Single Seater Chair	Physio Dept.		750 lbs/ 340 kg
Spec	Single Seater Chair	Admin office	2	750 lbs/ 340 kg
Spec Midway Medium Back	Single Seater Chair	Minor treatment lobby		750 lbs/ 340 kg
Bariatric Sorrel chair	Bed side chair	ER		500 lb/ 227 kg
Slings				
Bariatric Sling for Guldmann lifts or MaxiSky	Bariatric sling	ER	2	1000 lb/ 454 kg
BHM slings for Ergolifts	Passive lift slings	all departments with BHM Lifts i.e Ergolifts		550 or 600lb/ 250kg or 270 kg
Molift slings	Passive lift slings	ER		
Stedy Aid slings	Sit stand slings	233/235 Bariatric Storage		450 lb or 750lb/ 204 kg or 318 kg
Sabina II slings	Sit stand slings	units with Sabina lift		440lb/ 200 kg
Yellow Guldmann repositioning sling	Repositioning slings	ICU		1100lb/ 500kg
Green BHM repositioning sling	Repositioning slings	ICU, Medicine, ER, U2		600lb/ 275kg
Toilets				
Bariatric Floor mounted	Toilet**	ER and Rm 217		1200lb

* Lift rated for 770lb but functionally for 660lbs based on engineers report

**Regular wall mounted toilets good for 350lb weight limit

References

WRHA Safe Patient Handling and Movement Program – May 2008

WRHA Regional Bariatric Care Plan 2007-2008

Department of Veterans Affairs (VHA) VISN 8 Patient Safety Center of Inquiry. (2006). Safe patient handling and movement algorithms. visn8.med.va.gov/patientsafetycenter/safePtHandling/default.asp available from the Patient Care Ergonomics Resource Guide (U.S. VA, 2001/2005).

R-E-S-P-E-C-T: A Model for the Sensitive Treatment of the Bariatric Patient - Susan M. Bejclly-Spring, Ms, RN, BC, CMSSRN from the Department of Medical-Surgical Nursing, The Ohio State University Medical Center, Columbus, Ohio.

Health Canada (2003) *Canadian Guidelines for Body Weight Classification in Adults*, Pub. No. 4647

Muir M, 2004 Bariatric Flow Chart created by Mary Muir 02/02 RBBH as found in Ahford and St. Peters Hospitals - Bariatric Patient Policy of September 2006 at http://www.ashfordstpeters.nhs.uk/attachments/1205_Bariatric%20Patient%20Policy.pdf This was adapted for our use.

Other resources

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Waters, T. R. (2007). When is it safe to manually lift a patient? The Revised NIOSH Lifting Equation provides support for recommended weight limits. *American Journal of Nursing*, 107 (8), 53–58