Royal Hospital for Women (RHW)
BUSINESS RULE

Health
South Eastern Sydney
Local Health District

Bariatric Patient Management Plan — RHW CLIN157

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SUMMARY	To define a patient with bariatric needs and provide advice to assist the facilities/services in identifying and implementing risk controls to ensure the appropriate management of a patient and the safety of staff.
Key Words	Bariatric, manual handling. Safe workloads, risk assessments

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Patients (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term patient, this is not to exclude those who do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

Key Points

- As a NSW Health Organisation that provides care to patients with bariatric needs, we must meet work health and safety obligations and provide a high level of care and respect throughout the patient's journey.
- A patient is considered 'bariatric' if they meet one or more of the following characteristics: weight above 120kg or BMI ≥ 30.
- 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.

- Once identified, there must be timely and accurate communication regarding bariatric admissions between relevant departments.
- To ensure staff and patient safety, bariatric care requires consideration for individual needs. This may include additional staff and equipment such as Air Assisted Transfer Devices, Bed Movers, Hoists, Chairs and Commodes.
- Staff should liaise with the Workplace Health and Safety team if they have concerns regarding bariatric patient handling

1 BACKGROUND

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. The aim of this CBR is to ensure bariatric patients are:

- cared for in a safe, dignified and professional manner
- cared for by staff that have safe systems of work when delivering care
- treated and discharged with minimal delay with efficient patient flow

2 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

Department heads / Unit Managers and After-Hours Managers- are responsible for having an effective plan in place that can be activated when a bariatric patient presents to RHW.
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 minimized by ensuring staff attend Manual Handling training and bariatric care equipment is in place, maintained and used correctly. Ensuring allocation of a bariatric patient to appropriate patient room with adequate circulation space for equipment, staff and patient. Consideration should also be given to narrow corridors and doorways. Managers should also ensure that the bariatric bed can enter and exit. All incidents involving bariatric care should be investigated.

Medical, Nursing, Midwifery and Allied health – are responsible to work within the effective management plan, comply with manual handling and ergonomic safe work practices including using patient mobility/transfer equipment and assistive devices. *Attend manual handling training as required to achieve proficiency in performing high risk tasks involving manual handling of a bariatric patient, report manual handling hazards to their managers and report incidents in IMS, flagging of patients with bariatric needs on electronic medical record and communicate bariatric management requirements for patients during handovers and referrals as well as to relevant staff.*

3 DEFINITIONS

Term/Abbreviation	Explanation
Bariatrics	For patient care in NSW health, a bariatric patient may have one or more of the following characteristics: • weight ≥ 120 kg • Body Mass Index (BMI) ≥ 30 ▪ BMI based on pre-pregnancy or early pregnancy weight ○ 18.5 – 24.9 Normal Range ○ 25.0 – 29.9 Overweight No increased obstetric risk ○ 30.0 – 34.9 Obese I Mildly increased obstetric risk ○ 35.0 – 39.9 Obese II Moderately increased obstetric risk ○ 40.0 Obese III Significantly increased obstetric risk • seat width ≥ 50cm (20 inches) - Patient whose size and girth/width means that they do not fit into standard hospital equipment and furniture • Weight exceeds, or appears to exceed, the identified safe working load/weight capacity of standard hospital equipment such as electric beds, mechanical lifters, operating tables, shower chairs and wheelchairs
Super Bariatric	Patient's weight is greater than 250kg. These patients will require further consideration as they exceed the size and weight limit of standard bariatric equipment
Bariatric equipment	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 • WHS 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.

Body Mass Index	BMI is calculated using the following formula: $BMI = \frac{\text{Body weight (in kgs)}}{\text{Height2 (in metres)}}$
Safe Working Load	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.

4 PROCEDURES

4.1 Screening and Alert

- When a patient is identified as bariatric, (i.e. weight of >120kg or a BMI >30), it must be documented in the patient's medical records. This information must be disseminated to any service / department the patient may access (e.g. theatres, medical imagining, ambulance services etc).
- The patient's weight / BMI should be recorded on the following:
  - All admission forms, including theatre booking forms and nursing and midwifery admission (booking doctor's responsibility to record on theatre form)
  - For a maternity patient the weight should be noted on the antenatal card (check at each visit)
  - Operating Theatre staff, when accepting bookings for caesarean sections, (elective or emergency) should ask for the weight of the patient

4.2 Planned Admissions

- Clinical areas should develop processes for assessment and identification of a bariatric patient, ensuring an effective management plan is in place for all admissions
- Where appropriate and clinically indicated, the patient should have their height, weight and BMI recorded.
- If a patient is identified as bariatric this must be documented as an alert in the patient's medical record
- At pre-admission clinic the patient's weight, disability, mobility and medical condition needs to be documented. If identified as bariatric (as per definitions), information should be forwarded to the relevant departments in order that any equipment arrangement can be made.

- Contact with the patient may need to be made prior to admission to identify equipment used or requirement for assistance in transfers / mobility.

4.3 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.
- Height, weight and BMI to be checked on the day of admission. Either through Day Surgery or Macquarie Ward and if a discrepancy the patient will be re-weighed.

4.4 Caesarean Birth Booking Form

- All patients booked for elective caesarean section have a Pre-Admission clinic (PAC) appointment at 36 weeks gestation. The patient's weight is to document on all appropriate obstetric, anaesthetic and booking forms

4.5 Admissions via Day Surgery

- Patients admitted via the DSU will have their weight recorded at PAC. It should also be documented on the medication chart in eMR and pre-operative checklist.
- Check that the Bariatric Patient Management checklist has been completed **prior to admission**, with the anticipated equipment needs and notification to appropriate ward areas and staff

4.6 Maternity Patients

- Antenatal clinic midwives should record the weight, height and BMI of the patient in the medical record and on the antenatal card at each visit
- On admission midwives should record the patient's height and weight, only repeating measurements if requested by a dietician or medical officer.
- Refer to the Obese Maternity Patient - Pregnancy, Labour and Birth and Postnatal Care CBR for other care details

4.7 Unplanned Admissions Emergency Department, Outpatient Departments, Early Pregnancy Assessment Centre (EPAS)

- Ambulance should notify the Emergency Department, RHW Admissions, Birth Unit as soon as possible if a bariatric patient is being bought to the hospital for assessment or treatment.
- The Access Demand / Afterhours Nurse Manager (ADM / AHNM) is responsible for monitoring and reporting compliance
- Where clinically appropriate, the patient is weighed as part of their initial vital signs observations / assessment and BMI calculated.

- Consideration should be given to ensure that the following equipment is accessible:
    - Air assisted transfer device (HoverMatt no weight limit)
    - Bariatric wheelchair (for transfers)
    - Large capacity bed (SWL 250kg)
    - Maxi Mover patient lifter and transfer device

4.8 Planning Care

- Once alerted to the admission of a bariatric patient, a care plan should be initiated, including as above possible equipment requirements, related CBRs and staff training.

4.9 Perioperative Management

- Any patient identified as bariatric will be flagged in eMR and appropriate equipment sourced
- Consider:
    - Air assisted transfer device (HoverMatt required - highlight on operating list)
    - Bed Mover to be used
    - Bariatric instruments
    - Bariatric Operating Table
    - Positioning of patient
    - Bariatric Commode

4.10 Anaesthetic Management

- Elective surgery patient with a bariatric alert will be referred to the PAC clinic as per the anaesthetic preadmission guidelines and plan documented in the medical record

4.11 Bariatric Equipment

- Appendix A outlines the current equipment and furniture available, its location and weight capacity.
- In addition to Appendix A equipment, equipment and furniture can be hired to meet the care needs of the bariatric patient.
- Additional equipment needs are to be discussed with the ward / unit manager. It is their responsibility to arrange the hire and invoicing of the equipment.
    - If advice is required on equipment selection, contact the WHS partners
    - If hiring equipment, it is important to remember that adequate notice must be provided to the hire company to ensure appropriate equipment can be organised in time for patient admission.

4.12 Discharge Planning

- Identification of issues that may need to be addressed before discharge is essential.
- Access and referral to allied health (such as Dietetics and Physiotherapy) and other services can be made via the eMR referral pathway

4.13 Organisational Issues

4.14 Inter-department Transfers

- When treatment is required in another department, detailed information on the patient's weight and handling needs must be given beforehand. Especially medical Imaging, perioperative services, physiotherapy and if necessary, those involved with caring for a deceased patient.
- If possible, 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 bariatric table/trolley must be sourced.

4.15 Transfer in/out of RHW

- A bed mover or motor drive should be used for all department-to-department transfers
- Other Hospitals – a booking should be made via Patient Transport Services (PTS). This ambulance must be booked with as much notice as possible provided to NSW Ambulance Service. The local operations centre of the NSW Ambulance will assess the type of ambulance required. Planning is the key to transporting bariatric patients as only limited numbers of multi-purpose vehicles exist.

4.16 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 RHW WHS Unit if required.

5 COMPLIANCE

Compliance to this guideline 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 or pre-operative checklist
   d) Alert in eMR
2) Adverse events resulting from non-compliance with this guideline will be reviewed and recommendations will be developed to minimise recurrence.

Legislation/regulations related to this guideline:

Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2017
https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010

6 REFERENCES

1. Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2017
https://legislation.nsw.gov.au/view/html/inforce/current/act-2011-010
http://seslhdweb.seslhd.health.nsw.gov.au/HSWS/ManualHandling.asp
2. WHS: better Practice Procedures
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf
3. Management of patients with bariatric needs
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2024_001
4. The Code of Practice Hazardous Manual Tasks
Hazardous-manual-tasks-COP.pdf (nsw.gov.au)
Hazardous Manual Task – Risk Management
https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPR%20315%20-%20Hazardous%20Manual%20Task%20Risk%20Management_0.pdf

7 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander patient or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

8 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse (CALD) patient, notify the nominated cross-cultural health worker during Monday to Friday in business hours
- If the patient is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

9 NATIONAL STANDARDS

- 1 – Clinical Governance
- 5 – Comprehensive Care
- 6 – Communicating for Safety

10 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
21.7.25	1	RHW BRGC

Appendix A

Equipment in Macquarie unit:

Maxi Mover Hoist – SWL 227kgs

Shower Chair – SWL 200kgs

Luna (Ceiling Hoist) - SWL 275kgs

Recliner Chair – SWL 250kgs

Bariatric Commode – SWL 225kgs

Armchair – SWL 300kgs

Equipment can be hired through: -

Essential - support@essentialhelpcare.org

Tel:1800 909 642

https://hub.essentialhelpcare.org/seslhd