**Canberra Hospital and Health Services**

**ClinicalProcedure**

**Active Management of Larger (Bariatric) Adult Patients**

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| Purpose |

* To provideconsistency in the safe manual handling of larger adult patients, including the use of appropriate equipment, to preserve dignity and reduce the risk of injury.
* To ensure that larger patients receive high quality, safe and effective evidence based care including being assessed for obesity.
* To provide guidance to staff in the safe, active management of the larger patient. Active management includes:
* Specific screening, assessment and diagnosis of obesity;
* Planning the provision of care in partnership with the patient, including consideration of co-morbidities and ensuring suitable equipment is available; and
* Non-judgemental service provision.

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| Alerts |

Larger adult patients are one of the social groups who routinely face negative attitudes from service providers. Non-judgemental service provision is fundamental to improving patient care and health outcomes1,2. Larger patients can feel particularly vulnerable while in the health system and may feel judged by staff or feel embarrassed by the need to make special arrangements for care. Any clinical actions proposed by staff should be discussed in a respectful and consultative way with patients before being taken.

It is important that staff comply with appropriate and ethical wording when referring to larger patients. It is generally agreed that person first language is used: e.g., "patients with obesity" rather than "obese patients". See <http://www.obesityaction.org/weight-bias-and-stigma/people-first-language-for-obesity> for further information.

Obesity is a chronic disease requiring specific diagnosis. Surprisingly it is frequently under diagnosed in the hospital setting. Therefore, larger patients should be assessed for obesity3.

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| Scope |

This clinical procedure applies to all ACT Health staff who provide care, equipment and/or services to larger adults.

For the purpose of this procedure, larger patients are defined as those who weigh over 120kg and/or with a body mass index (BMI) of greater than or equal to 40. Noting that 120kg has only been chosen because most standard equipment has a safe weight limit of 120kg. Larger adult (bariatric) patients are defined as anyone who has limitations in their health care due to their physical size3.

Key stakeholders in the management of larger patients include acute hospitals, aged care facilities, community based service providers, ambulance and transport service providers, fire services, and the funeral industry.

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| Roles and Responsibilities |

**All ACT Health staff should:**

* Meet the needs of larger patients promptly and with respect and dignity.
* Recognise that the management of obesity is a field with a rapidly developing evidence base, and does not belong to any one recognised clinical specialty. Given this, all clinical staff should ensure they keep up to date about the management of obesity within their own scope of practice 1,2.
* Safely move and handle larger patients to reduce the risk of injury to themselves and their patients. Correct equipment, training and staffing levels can assist in reducing this risk.
* Use their professional judgement to assess the needs of individual patients in partnership with the patient/carer. For example, some large patients may not require specific equipment or care requirements. Similarly, some patients with a lower BMI or weight may need specialised equipment due to their health status or immobility.
* In order for the Clinical Record Service to code the patient for obesity, clinical staff need to document the word “obesity” in the patient’s medical record and also document related interventions.
* If the treating team make a diagnosis of obesity and document it in the clinical record, they must also have a conversation with the patient to ensure they are aware of this diagnosis and discuss relevant information.
* Consider the needs of larger adult patients when developing or reviewing policies and procedures.

**Managers**

* Bring this procedure to the attention of their staff in staff meetings and / or clinical care discussions.
* Manage compliance with this procedure in their area and consider the requirements of larger patients when reviewing local procedures.
* Provide staff with opportunities to attend mandatory education and training relating to this procedure.
* Make sure that the correct equipment is available and used for the safe handling of larger patients.

**Manual Handling Educators**

* Provide specialist advice to staff on manual handling issues relating to caring for larger patients.

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| Section 1 – General Care of Larger Adult Patients |

1.1 Planning for admisison of a larger patient

Where possible, planning of facilities, equipment and staff expertise need to occur from admission through to discharge.

*Communication*

Communicate with managers and staff to provide accurate, timely information about the patient and their needs while respecting the patient’s confidentiality.

Communicate with the patient in a way that makes the patient feel safe, comfortable and cared for. At minimum, explain why specific equipment and procedures are used to move people, discuss treatment and rehabilitation plans.

*Admission*

* Identify risks, goals and resources to reduce risks to the patient and staff. Regular updates are required during care.
* Assess the patient’s required level of assistance, weight bearing capability and ability to assist during repositioning, transferring and ambulation. Consider conditions likely to affect repositioning such as hip and knee replacements, respiratory and cardiac conditions.
* Determine the best location to manage the patient.
* Assess corridors, hallways, patient’s room and treatment areas to ensure they are wide enough, and that the maximum capacity of any lifts is sufficient.
* Organise transport from ambulance or vehicle to admission area.
* Record the patient’s existing conditions, weight and height.
* Brief the patient and family on manual handling procedures for larger patients.
* Check suitability and availability of equipment and resources for moving and handling the patient.
* Check availability of appropriate gowns, bedpans and slide sheets.
* Where possible inform all services providing care of the patient during the admission.
* Prepare a preliminary discharge plan.

## 1.2 Weighing of patients:

All patients should have their weight measured1,4  and documented on admission unless contraindicated. Weights should be recorded in general observation charts and the Electronic Medication Management (Medchart) System. Determine an accurate weight, height, mobility level, waist circumference, and weight distribution/body type. During extended or repeated inpatient admissions, the weight of larger patients should be rechecked. The frequency will depend on their treatment regimen and clinical judgement. Any significant changes or trends should be brought to the attention of the treating medical team.

For outpatientsand home visiting services:

* It is recommended that the patients’ and staff equipment, and other needs are investigated when making the initial appointment. For home visits this may include asking for height, weight and waist circumference measurements over the phone. If the weight is verbally reported, an accurate weight should be measured as soon as practical. Community weigh scales are accessible at the Independent Living Centre (see the consumer handout ‘Community Weigh Scales’ on the ACT Health Policy Register).

**If the weighing of the patient has potential to create a manual handling risk, please go to 1.3 before proceeding.**

## 1.3 Manual handling risk assessment

All larger patients are to have a manual handling risk assessment completed by the admitting nurse/midwife or other treating clinician in partnership with the patient/carer.

Complete the ‘Manual Handling Risk Assessment Tool’ for each specific clinical environment (i.e. Canberra Hospital or Community Based Services etc).

Where a manual handling risk assessment determines there is a medium to high risk and specialist equipment is needed, equipment can be sourced as follows:

1. Canberra Hospital (CH) Central Equipment Service (CES) -during business hours 07:00 –20:00hr Mon-Fri contact the CES on 6174 7171. Outside these hours contact the wards-person Shift Supervisor through the hospital switchboard.
2. Community based services (CBS) please contact the appropriate nursing or allied health manager.
3. Place an alert on ACTPAS via Concerto by selecting the alert code as ‘Special needs and/or preferences’ and then ‘Bariatric’.

* Manual handling educators should be contacted for onsite training of staff and carers in the manual handling of immobile larger patients.
* Work Place Safety officers are also available for advice if the manual handling risk cannot be reduced to a safe level.
* Determine the best clinical location to care for the patient: Some clinical facilities have Bariatric rooms or treatment rooms available for use.

## 1.4 Developing a plan to manage manual handling

A plan should be developed based on the manual handling risk assessment. This plan should address the following5:

* Appropriate equipment minimises the need for active manual handling. For examples of equipment as well as banned hazardous manual task practices refer to *ACT Health Work Health and Safety Management System Sub-Section 7.7 Hazardous Manual Tasks and Office Ergonomics*.
* Patient independence must be encouraged whenever safely possible as this reduces the need for manual handling and provides better health outcomes. It is essential that all staff are aware of taking necessary action to maintain patients’ independence, privacy and dignity at all times.
* Staff are not to be used in place of equipment to move the patient.
* Sufficient staff must always be available for the safe manual handling of patients, for example turning the patient. Please note that additional staffing requirements are sought by following local area protocols.
* The rotation of staff caring for larger patients prevents staff from developing repetitive strain injuries and fatigue4,6.
* The manual handling care plan must be part of the overall patient care plan and have multidisciplinary input.
* The patient and their family must be involved in the care planning process and education must be provided about the equipment.

## 1.5 Encouraging Mobility

Staff need to assess the patient’s required level of assistance, weight-bearing capability and conditions likely to affect transfer or repositioning techniques, such as joint replacements, pain, respiratory and cardiac conditions.

In consultation with the patient and the multidisciplinary team a mobilisation plan is developed and updated as the patient’s condition changes.

There needs to be a balance between improving (or maintaining) the patient’s mobility and the routine use of moving and handling equipment to ensure patient and staff safety. A focus just on reducing manual handling risk without considering rehabilitation needs may result in the patient becoming dependent.

## 1.6 Equipment

Bariatric equipment is available for use across Canberra Hospital & Health Services (CHHS). This equipment must be approved by Workplace Safety and if to be used for manual handing, requires approval and sign off from the Manual Handling Trainers Unit.

Suitable clinical and other equipment must be readily available, including but not limited to large blood pressure cuffs, larger gowns, suitable dressing materials, high load capacity chairs, beds, commodes and walking aids and screens/curtains for patient privacy.

Bariatric equipment requires regular maintenance which is scheduled by the Central Equipment Store. CHHS staff must check equipment is in safe working order before use and report any maintenance requirements promptly to the owner of the equipment (e.g. Central Equipment Store).

When arranging equipment for home the following procedures can be referred to:

* CHHS Operational Procedure – ACT Equipment Loan Service
* CHHS Operational Procedure – ACT Equipment Scheme
* Commonwealth Home Support Program Equipment Scheme

## 1.7 Resuscitation

There is an increased effort involved to perform chest compressions on larger patients. Resuscitation guidelines state that one third of the chest is depressed for each compression. If a staff member feels fatigued they must seek assistance and should not exceed 2 minutes.

## 1.8 Changes in care location and discharge planning

Discharge planning should be commenced as soon as possible to ensure that a manual handling care plan, equipment and resources are in place prior to discharge. The patient should be aware of, and included in discussion of plans for change in care location or discharge.

The discharge plan must:

* Commence on admission,
* Be multidisciplinary,
* Involve the patient/carer and family,
* Be documented in the patient’s care plan,
* Identify the discharge destination (including location, equipment and staffing),
* Identify transport requirements and arrangements,
* Identify appropriate nursing and/or allied health services required to facilitate discharge and/or ongoing support in the community - including both inpatient and community based services;
* Include assessment of any home modifications required, equipment needs and where appropriate identify appropriate funding options;
* Where services are required, contact the Complex Care CNC to assist with discharge planning;
* Where nursing and/ or allied health services are required in the community, the multidisciplinary team should be involved in making this referral.

Requirements for discharge:

* Access and space in home environment,
* Equipment requirements with appropriate safe working loads,
* Home support services requirements are in place,
* Communication with other agencies and services e.g. GP, home support agencies, community nursing and community allied health.

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| Section 2 – Other Manual Handling Needs |

Safe manual handling should be planned for, including the following:

## 2.1 Transport

Transport can be for:

* Inter-departmental transfers e.g. radiography, transfer to theatre;
* Ambulance transfers and discharge transport to place of residence; or
* Ambulance transportation to short outpatient or clinic appointments.

When requesting transportation, always inform the transporting and receiving services of the patient’s weight, height and waist circumference. This information determines the response and equipment that can be safely used. Ensure the manual handling care plan accompanies the patient.

Staff must:

* Check that the receiving area and equipment dimensions are suitable to conduct the procedure,
* Inform the transporting and receiving services of the patient’s weight, height and waist circumference to assist in ensuring that appropriate equipment is used, and
* Make sure the manual handling care plan accompanies the patient.
* For long trips also consider toileting arrangements for the patient on route.
* For bariatric ambulance non emergency patient transport services and bookings contact the ACT Ambulance Service (ph 02 62004126) or NSW Ambulance Service (ph 131 233). If air transport is required contact the NSW Ambulance Aeromedical Service (ph 1300 365 333). These services require advance notice for the transport of bariatric patients.

## 2.2 Fire and other emergency evacuation

Staff should follow the standard evacuation process covered in the ACT Health Fire and Emergency training, being mindful that larger patients may be less mobile.

## 2.3 Death of a patient at the Canberra Hospital

Staff are required to follow the CHHS Operational Procedure-When Death Occurs. It is important to provide the mortuary with the weight, height and width measurements of the deceased patient because there are size limitations for storing the body of a larger adult in the mortuary. Bariatric body bags are available from ward services. Transport the patient on their bariatric bed to the mortuary.

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| Section 3 – Clinical Issues Managing Class 3 Obesity (BMI≥40) |

## 3.1 Definition of Class 3 obesity in adults

Class 3 obesity is defined as a person with a Body Mass Index (BMI) of 40 or more and is associated with a very severe risk of co-morbidities. Please refer to Table 1 for other classess of weight classification.

Table 1: Classification of weight by BMI1,7 in Adults

|  |  |  |
| --- | --- | --- |
| **BMI (Kg/m2)** | **Classification** | **Risk of co-**  **morbidities** |
| Less than 18.5 | Underweight |  |
| 18-5–24.9 | Healthy weight | Average |
| 25.0–29.9 | Pre-obese | Increased |
| 30.0–34.9 | Class 1 Obese | Moderate |
| 35.0-39.9 | Class II Obese | Severe |
| ≥40 | Class III Obese | Very severe |

## 3.2 Documentation

Class 3 obesity is a serious disease. If a patient has Class 3 obesity, it should be noted in their clinical record problem lists as ‘Obesity’ or ‘Obesity (Class 3)’. The notes should also record what measures were taken specifically because the patient has obesity.

## 3.3 Routine monitoring of BMI

All patients with obesity should be routinely weighed unless contra-indicated and their BMI (kg/m2) calculated. The frequency of this will depend on their treatment regimen and clinical judgement and any significant changes or trends should be brought to the attention of the treating medical team. For patients with Class 3 obesity please ensure the following:

* Obtain height from the clinical record – if unavailable, measure it if possible.
* If the latest weight measurement is more than one month old, weigh the patient if possible. Some services may need to weigh patients more frequently than this based on clinical need.
* Calculate BMI from the measured height and weight information according to the formula, BMI = Weight (kgs)/ Height( m2).
* BMI Calculator available at:<http://www.health.gov.au/internet/healthyactive/publishing.nsf/Content/your-bmi>

## 3.4 Weight management

The majority of adults with Class 3 obesity should consult their General Practitioner (GP) about the clinical management of their weight. The NHMRC (2013) has developed [Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia](https://www.nhmrc.gov.au/guidelines-publications/n57). These recommend a five part approach set out in Table 2 below. The five part approach is based on the 5As approach8.

Table 2: Recommendations for weight management in adults.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Establish a therapeutic relationship, communicate and provide care in a way**  **that is person-centred, culturally sensitive , nondirective and nonjudgemental** | | |
|  | **Use the body mass index(BMI) to classify overweight or obesity** | | |
|  | **BMI<25** | **BMI25.0-29.9** | **BMI 30.0-34.9 BMI 35.0-39.9 BMI ≥ 40** |
|  | **STANDARD CARE** | | **ACTIVE MANAGEMENT** |
| **Ask and Asses** | Routinely assess and monitor BMI | Routinely assess and monitor BMI  Discuss if BMI is increasing  Screen and manage comorbidities | **Routinely assess and monitor BMI**  Discuss Health Issues  Screen and manage co-morbidities Assess other factors related to health risk |
| **ADVISE** | Promote benefits of healthy lifestyle | Promote benefits of healthy lifestyle, including reduced energy intake , increased physical activity and  behavioural change | Promote benefits of healthy lifestyle, including reduced energy intake, increased physical activity and behavioural change.  **Explain benefits of weight management** |
| **ASSIST** |  | Assist in identifying local programs that may be of benefit | **Assist in setting up a weight loss program**   * Advise lifestyle interventions * Based on comorbidities, risk factors and weight history, consider adding intensive weight loss interventions \* * Tailor the approach to the individual |
| **ARRANGE** |  |  | **Review and monitor**  **Long- term weight management** |

\* *Intensive interventions include very low energy diets, weight loss medication and bariatric surgery*

Table from page xxii NHMRC Guidelines Management of Overweight and Obesity in Adults,

Adolescents and Children in Australia 20131

Clinicians should discuss weight management with their adult patients who have Class 3 obesity. Clinicians should also know how the patient is approaching it, who their primary clinical care provider is for this condition, and support the patient and correspond with the primary care provider as appropriate. If appropriate care arrangements are not in place, clinicians can suggest that the patient seeks advice from their GP. They may also provide advice themselves if this is within their scope of practice, or refer to another service as appropriate.

## 3.5 Ensure all care plans for these patients take account of their obesity

Care plans for people with Class 3 obesity should recognise and take account of their obesity. Remember that patients are used to dealing with their obesity, and clinicians should consult with them when planning their care.

Specific issues to consider when planning care may include: recognition of co-morbidities; maintaining and supporting patient mobility; manual handling and special equipment matters; and pressure injuries. There may also be specific clinical issues to do with diagnostic tests, prescription medicines and surgery (pre-op and post-op). Hospitalised patients with Class 3 obesity can have higher complication rates and longer lengths of stay than the average hospital population. Early discharge planning is essential and should be addressed as part of the care planning process. This should consider the equipment and services Class 3 obese patients will need to return home, ongoing obesity management and coordination of care.

## 3.6 Common co-morbidities of Class 3 obesity in adults

Obesity and increased central fat are associated with a number of common co-morbidities. These should be considered and addressed as appropriate in patient care. Some of the more common co-morbidities are listed in Table 3. (More information can be found at, UpToDate at: <http://www.uptodate.com/contents/health-hazards-associated-with-obesity-in-> adults?source=search\_result&search=adult+obesity&selectedTitle=5%7E150

Table 3: Common Obesity Related Morbidities and Risks in Adult Patients.

| **System** | **Common Co-morbidities** | **Other things to consider** |
| --- | --- | --- |
| **Cardiovascular** | Hypertension, Dyslipidemia, Heart failure, Coronary artery disease | ECG changes  Venous thrombosis/ DVTs |
| **Gastro- intestinal** | Gastro-oesophageal reflux disease (GORD), Gall stones, Hepatic steatosis (fatty liver) | Aspiration especially post-op |
| **Musculoskeletal** | Arthritis in weight bearing joints, Gout | Pain, muscular weakness/deconditioning,  reduced mobility |
| **Respiratory System** | Sleep apnoea, Hypo-ventilation syndrome | Reduced pulmonary function (FEV1,FVC etc) , decreased ventilatory drive, respiratory muscular weakness, post op  respiratory distress |
| **Endocrine** | Diabetes Type 2 and Gestational Diabetes | Poor peripheral circulation and sensation,  delayed wound healing. |
| **Psychological**  **function** | Depression | Prejudice, stigma and discrimination |
| **Skin** | Skin infections |  |
| **Renal** | Chronic kidney disease, Urinary  incontinence |  |

## 3.7 Pressure injuries

Class 3 obese patient’s skin integrity must be assessed and recorded in the patient’s notes. Appropriate equipment and care for pressure injuries must be included in the patient’s care plan. Refer to CHHS Pressure Injury Prevention and Management Clinical Procedure.

## 3.8 Issues with diagnostic tests

Limitations in clinical technology means that some diagnostic tests and equipment can be difficult to access or may not produce reliable results in the Class 3 obese patient. Extra fatty tissue can affect the function of a number of devices from electronic blood pressure recording machines to high tech scanners. Clinicians should discuss these issues with the relevant diagnostic service to ensure the best outcome for the patient.

## 3.9 Issues with prescribing

Pharmacy staff should be consulted about weight-based dosing, medications to avoid, and appropriate medication formulation for patients with Class 3 obesity.

## 3.10 Issues with surgery

Surgery for patients with Class 3 obesity can be associated with extra complications resulting in increased Intensive Care Unit admission rates. These complications can be reduced by proactive (pre-op) management and active (post-op) treatment. Complications in surgical patients and other critically ill patients include respiratory dysfunction, difficult intubation and extubation, venous thrombosis, hemodynamic instability, infection and sepsis, difficult vascular access, incorrect medication doses and nutrition. Poor positioning and reduced mobilisation can result in tissue breakdown, aspiration, increased peripheral oedema, respiratory difficulties deconditioning and increase length of stay. For more information refer to the UpToDate database at the ACT Health Library website and search for *management of the critically ill patient with obesity*.

## 3.11 Adult Obesity Management Service

The ACT Health adult Obesity Management Service (OMS) is located at Belconnen Health Centre. The service is medically led and the team also includes dietitians, psychologists, exercise physiologists, registered nurses and administration staff. The service prepares and supports individual Obesity Management Plans for patients focusing on self-management and improving patient risk factor profiles and wellbeing through physical activity, nutrition education and psychological and community support.

## 3.12 Public Bariatric Surgery

Public bariatric surgery commenced in late 2017. Patients who have had recent engagement with the OMS and who are deemed suitable by the Bariatric Surgery Advisory Committee, may be eligible for assessment by surgeons for a completion of the procedure.

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| Implementation |

This procedure will be made available to staff through the Policy register.

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| Related Policies, Procedures, Guidelines and Legislation |

**Legislation**

* *Work Health and Safety Act* 2011
* *Discrimination Act* 1991 (ACT)
* *Human Rights Act 2004*
* *Australian Charter of Health Care Rights* <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf>

**ACT Health Policies and Procedures**

* ACT Health Work Health and Safety Policy
* ACT Health Work Health and Safety Management System (WHSMS)
* ACT Health Electrical Safety Policy
* CHHS Clinical Procedure-Pressure Injury Prevention and Management
* CHHS Clinical Guideline- Obesity – Pregnancy Labour Birth and Postnatal Care
* CHHS Operational Procedure-Home Visiting
* CHHS OperationalProcedure - ACT Equipment Loan Service
* CHHS Clinical Procedure-Wound Management
* CHHS Operational Procedure-When Death Occurs

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| References |

1. National Health and Medical Research Council (2013) [Clinical Practice Guidelines for the Management of Overweight and Obesity for Adults, Adolescents and Children in Australia](http://www.nhmrc.gov.au/guidelines/publications/n57).
2. NICE Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Issued: December 2006 (last modified: January 2010) <http://publications.nice.org.uk/obesity-cg43/guidance#clinical-recommendations>
3. World Health Organisation. Obesity: preventing and managing the global epidemic. Report to WHO Tech Rep Ser 2000; 894(3):i-xi, 1-253
4. NSW Health: Guideline. Occupational Health & Safety Issues Associated with Management bariatric (severely obese) patients. 2005 Document number GL2005\_070
5. Hignett et al 2007. Risk assessment and process planning for bariatric patients handling pathways. Prepared by Loughborough University for the Health and Safety Executive. UK Gov. RR573 Research Report.
6. NHS 2009 Bariatric patient policy. Ashford & St Peter’s Hospital NHS Trust.
7. National Institute for Health and Clinical Excellence (2006). Obesity Guideline 43. Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. NHS ISBN 1-84629-320-0 <http://www.nice.org.uk>
8. Best Weight. A Practical Guide to Office-based Obesity Management (2010); Freedhoff Y & Sharma A. Published by Canadian Obesity Network, ISBN#978-0-9865889-0-7.

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| Definition of Terms |

**Bariatric** – can be defined as anyone who has limitations in their health care due to their physical size3.

**Bariatric equipment** – is reinforced equipment used when a patient’s weight exceeds the safe working load limit (SWL) and dimensions of the support surface of standard items, such as a bed, chair, wheelchair, couch, trolley, toilet or mattress.

**Body Mass Index (BMI)** – is a measure used to estimate body fat and associated health risks. It is based on a patients height and weight calculated as BMI= weight (kgs)/height (m2).

**Larger patient** – are defined as those who weigh over 120kg and/or with a body mass index (BMI) of greater than or equal to 40. Noting that 120kg has only been chosen because most standard equipment has a safe weight limit of 120kg.

**Multidisciplinary** – can mean allied health, medical, nursing staff, wards services, work safety officers, community based services staff and manual handling educators.

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| Search Terms |

Bariatric, Equipment, Manual Handling, Obese, Obesity, Overweight, Transport, Weigh, Weight

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*Policy Team ONLY to complete the following:*

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| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *14/03/2018* | *Complete Review* | *Girish Tatulikar, ED Medicine* | *CHHS Policy Committee* |

*This document supersedes the following:*

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| --- | --- |
| *Document Number* | *Document Name* |
| *DGD14-014* | *Larger Adult Patients - Safe Manual Handling of Larger Adult Patients SOP* |
| *DGD14-014* | *Larger (Bariatric) Adult Patients - General Care of Larger Adult Patients Factsheet* |
| *DGD14-014* | *Larger (Bariatric) Adult Patients - Clinical Issues in the Active Management* |
| *DGD14-014* | *Larger (Bariatric) Adult Patients - Active Management of Larger (Bariatric) Adult Patients Policy* |