



MEETING THE NEEDS OF BARIATRIC RESIDENTS

Long-term care facilities across the country are facing an increased demand for accepting and accommodating bariatric residents.

Bariatrics is the field of medicine that specializes in treating morbid or extreme obesity, which is defined by the World Health Organization as an individual who is:

- Overweight by more than 100 pounds;
- Has a body mass index (BMI) of 40 or greater; or
- Weighs more than 300 pounds (137 kg.).

Statistics from the Centers for Disease Control (CDC) state that in 2006 all but four states had a prevalence of obesity that was at or greater than 20 percent.

A recent study by the American Geriatrics Society indicated that elderly who are moderately to severely obese are at a greater risk of needing long-term care services because of the increased risk of disabilities associated with obesity. Obesity increases the risk of the following:

- Hypertension
- Diabetes
- Heart disease
- Stroke and respiratory problems
- Mobility restrictions
- Skin breakdown.

Obesity is a complex condition that is very hard to manage.

To meet the needs of bariatric residents, providers should assess their equipment, environment, and staffing provisions to ensure the right accommodations and care can be safely delivered.

Some typical equipment needs for bariatric residents include the following¹:

<p>Bedrooms</p> <ul style="list-style-type: none"> • Armchair or stretcher chair up to 32" (105 cm) wide • Bedpans, extra-wide • Beds expandable up to 54" (135 cm) wide • Bariatric-size pressure-reduction mattresses • Bariatric-size friction-reducing devices (air-powered or slide sheets) • Trapeze bar system for over the bed <p>Bathrooms</p> <ul style="list-style-type: none"> • Commode up to 42" (105 cm) wide • Extra-capacity shower chair or shower stretcher 	<p>Clothing and Other</p> <ul style="list-style-type: none"> • Extra-capacity clothing, slippers, and incontinence pads and briefs • Slings that are appropriately designed and sized (1x, 2x, 3x) • Tape measures, appropriately scaled for measuring special medical supplies; for example, longer needles and larger blood pressure cuffs <p>Mobility Aids</p> <ul style="list-style-type: none"> • Extra capacity floor and/or ceiling lifts • Standing and raising aids (SARAs) that are extra-capacity. • Step stool with extra size and weight capacity • Stretchers: extra-wide stretcher with 1,000 lb. (455 kg.) capacity • Walkers in extra-capacity and extra-width • Wheelchairs in various widths (26", 28", and larger)
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It may be more cost-effective for providers to lease (rather than buy) some equipment if additional reimbursement is not available in their state. Providers should assess the bariatric resident's room environment to ensure that there is enough space to accommodate several pieces of equipment and up to six staff members simultaneously for various resident care tasks, such as turning, repositioning, and comfort techniques.

Additionally, providers should develop protocols and staff training on meeting the needs of bariatric residents, including the use of mechanical lifts and proper body mechanics. Each mechanical lift and sling should be clearly marked with its weight capacity and instructions for use.

Bariatric care requires an interdisciplinary approach that integrates nursing, dietary, and psychosocial care, as well as physical and/or occupational therapy. Intensive skin care management is needed to prevent breakdowns inside skin folds and other areas that residents cannot reach themselves.

A staff psychologist or social worker should be available to address self-esteem issues, as bariatric residents tend to be younger than other residents and can be isolated or chair-fast. Providers should consider having amenities, such as the Internet and DVD players, available for their use.

Finally, a lifelong habit of overeating can be extremely difficult to change; and staff should always respect the resident's right to choose to follow a prescribed diet or not. Likewise, staff can urge family and visitors not to bring food to residents, but they cannot prohibit the exchanges. Care plan conferences should be straight-forward with rationales provided as needed. Staff should provide encouragement and praise for accomplishments, and yet support the resident's right to choose without chastisement for failures.

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



¹ Source: Muir, M. & Haney, L. (2004, November). Designing space for the bariatric resident. *Nursing Homes*.