

Safe Handling of Bariatric Patients

BY SUSAN S. MORELLO, BSN, RN, CWOCN, CBN

We all want to do the right things to help patients recover from injury or illness as quickly as possible. Our first thoughts are focused on what we need to do: learn about their medications, approved activity levels and the diet they must follow. But we often fail to think about the safety issues that accompany patient care, especially when working with bariatric, or obese, individuals. In these situations, safety becomes an important issue for both you and your patients.

INJURY FACTS

More than 45 percent of professional health care workers suffer work-related injuries, many related to patient handling. More than 12 percent of the nurses who are injured are unable to return to work due to these injuries.

Facilities across the nation are initiating safe patient-handling programs and protocols to ensure the safety of patients and staff. As your resident population becomes heavier, safe handling becomes a major concern. Not only does the additional weight increase the risk of injury, but the uneven distribution of weight and the shifting of the center of gravity during transfers could lead to even greater harm to patients and caregivers.

It's important to use proper body mechanics when bending, stretching and performing routine tasks. However, these principles don't effectively protect caregivers who are attempting to safely turn, position and mobilize a bariatric patient. For these tasks, you must rely on assistive devices.

ASSESS YOUR NEEDS

As a caregiver you must evaluate your needs prior to engaging in activity of any type. Know your patient's abilities. Anticipate what devices you'll need and check to see if they are available in the patient's room. If not, obtain them before you begin.

Can the patient turn in bed and hold the turned position long enough for you to complete your task? If not, what assistive device do you need to accomplish this task?

Asking one or more co-workers to hold the patient in a side position may cause injury from stretching too far, pulling too hard or maintaining an awkward position for too long. If you

know that you wouldn't want to assist in this type of activity, don't ask a co-worker to do it.

Can your patient reposition herself in bed? Move up closer to the head of the bed by herself? Transfer from the bed to a chair without assistance? If not, once again, look for an assistive device.

CHOOSING ASSISTIVE DEVICES

If your patient is alert and can assist herself, a trapeze on the bed may be the perfect device. The patient can change position at will and move to a more comfortable position when needed. The patient may use the trapeze to move to the side of the bed to facilitate transfer to a chair.

When the patient is transferring from the bed to a chair, use a bariatric walker to assist with the transfer. This allows the patient to place her weight on the walker and not on you.

If your patient is unable to move by herself, consider the other assistive devices that are available, such as ceiling lifts, portable lifts, lateral transfer devices and stretcher-chairs. Using caregivers alone to move a bariatric patient increases the risk of injury to each caregiver and to the patient.

KNOW WHAT'S AVAILABLE

Know which devices are available in your facility and how to use them correctly. Don't attempt to figure out how to use a device as you are using it. If you need a specific piece of equipment and it's unavailable, postpone the task until the equipment can be obtained.

If you think there is an assistive device that would benefit the care of your patient, please tell your supervisor.

Last, but not least, if you are working with a patient who is falling or says he is falling, do not try to stop the fall or catch the patient. Support the patient, carefully assist him to the floor and immediately call for help. Wait with the patient until help arrives. Then obtain the needed assistive device to properly and safely transfer the patient from the floor to the bed or chair. [n](#)

Susan S. Morello is the clinical coordinator for Sizewise Rentals, Kansas City, Mo. Contact her at smorello@sizewise.net or (800) 814-9389, ext. 5609.

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