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Best Practices

Best Practices for Safe Handling of the Morbidly Obese Patient

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Guideline Status

These guidelines are original and developed by a task force of the National Association of Bariatric Nurses. These guidelines were presented at the 4th annual conference of the National Association of Bariatric Nurses in October 2007.

Scope

Focus was placed on patients with morbid obesity, particularly those in a health care setting.

Background and Significance

Obesity has reached epidemic proportions in the United States. The number of people classified as overweight has reached an all-time high record of 64% of the population, with as many as 30% classified as obese. The Centers for Disease Control and Prevention's Behavioral Risk Surveillance System shows that in 2005 only 4 states had obesity prevalence rates less than 20%, while 17 states had prevalence rates greater than or equal to 25%, of which three states had prevalence rates of 30% or more. Subsequently, heath care systems face increased pressure to gear up for the special needs of extremely large patients in terms of facility design, equipment planning, and patient and caregiver injury prevention. This is true even of facilities not affiliated with bariatric surgical programs. With steadily rising national averages, nurses are encountering obese patients in nearly every practice area. Both in the community and the hospital safety needs of morbidly obese patient have been recognized as challenging existing resources.

Guideline Category

Utilization of basic patient safety principles (communication, the use of protocols, education, and outline of patient flow).

Identification of factors directly impacting patient and caregiver safety.

Further research regarding patient and caregiver safety.

Clinical Specialty

Nursing

Intended Users

Nurses and healthcare workers involved in caring for the morbidly obese patient

Guideline Objectives

- Development of a scientific body of knowledge as the basis for safety best practices for the obese
- Increase caregiver knowledge
- Establish best practice safety standards

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- Serve as a safety resource for health care facilities and patients
- Identify and research solutions to critical safety issues
- Advance patient and caregiver safety;
- Make recommendations regarding areas where more nursing research is needed

Target Population

Patients suffering from morbid obesity

Interventions and Practices Considered

- Assessment
- Further Research

Major Outcomes Considered

N/A

Methods Used to Collect/Select Evidence

Searches of electronic journal databases.

Development of the Task Force

Members of the National Association of Bariatric Nurses (NABN) were sent an e-mail query to ask for volunteers to serve on a task force with the focus of "Identifying Opportunities for Safe Handling of Bariatric Patients." There were 13 people who initially expressed interest in being part of the process. Of those who submitted their names we eventually ended with 9 members who were able to commit time to regularly scheduled conference calls and e-mails to review progress. The President Elect of NABN initially chaired the committee, but solicited a cochair volunteer. One volunteer, JoAnn Bunke, offered to assist with this responsibility. Eventually the difficulties of managing time zones and work schedules led to mostly e-mail updates of information among members of the group, with the cochairs arranging time to discuss progress on weekly phone calls.

Description of Methods Used to Collect/Select Evidence

The first major activity of our committee was to research evidence-based literature and sources of authoritative information. The literature search was conducted using Medline (PubMed). Search terms included "nursing and patient safety," "nursing and bariatric patient safety," and "nursing and bariatric safety equipment/protocols." The time frame searched was not specified, leaving results open-ended. The sources reviewed, beyond web-based research, included the American Nurses Association (ANA), the Occupational Safety and Health Administration (OSHA), Joint Commission, Magnet, Institute of Medicine (IOM), and the National Institute for Occupational Safety and Health (NIOSH). We also consulted with Anita Rush, one of the world's leading authorities on safe handling of the obese patient. Over 210 articles were identified for initial review. The literature was a blend of quantitative, qualitative, meta-analysis, and case-study research. Much of the literature pertaining to primary care was directed to and from physicians. The task force recognized the differences between nursing and physician practice. However, much can be gleaned and applied to Advanced Practice Nursing, especially when providing primary care (CNS, NP, CRNA). The social sciences and psychology also contributed to the body of knowledge and was utilized when appropriate.

Number of source documents

In total 32 separate articles were selected for group review. These articles were selected based on the basic terms included in their titles. Copies of articles were made available by e-mail and the remainder were copied and distributed by mail to task force members. As a group we decided to assign each article to two members for review. Committee members were provided between three and five evidence-based articles.

Methods used to assess the quality and strength of the evidence/rating scheme for analysis of evidence

We followed the basic assumption of principles important for general patient safety, and developed an evaluation tool to consistently critique each piece of literature. The evaluation tool considered whether the literature met following criteria: determination of an evidence-based study, inclusion in a peer-reviewed journal, and research study versus expert opinion. Working as a team, members evaluated

summaries of each article to identify trends, ideas, and common themes. Finally recommendations were made based on thorough analyses of the resulting summaries.

Methods used to formulate the recommendations

Consensus of the task force.

Description of methods used to formulate the recommendations

Using the template (evaluation tool) as the basis for review, each member was asked to read and highlight the major points made in the articles assigned. The main areas of concern were noted. Recommendations were discussed and a consensus was reached after conference call discussions concluded.

Major Recommendations and Findings

Summary of evidence

Factors that were felt to impact patient and caregiver safety were identified by the task force. These factors were felt to include:

- The patient's ability to assist
- The patient's level of cooperation
- The patient's comorbidities
- The patient's ability to bear weight
- The patient's ability to assist in making body parts accessible
- The patient's level of respiratory compromise
- The patient's upper extremity strength
- The availability of proper equipment

Findings and Underlying Principles

Follow principles important for general patient safety:

- Communication
- Protocols
- Education
- Outline patient flow

Recommendations

Given the above commonly accepted variables that are likely to impact safety, the task force synthesized a group of requirements identified as important in order for the typical facility to proceed with safety-oriented initiatives. Following are the recommendations of the task force. Each recommendation includes a summary of evidence and a brief statement of what we termed "opportunities for action." These opportunities should be custom tailored to fit each individual facility's requirements and priorities.

RECOMMENDATION: Be Proactive

Summary of the evidence. Identify a process-mapping, systems-oriented approach to caring for obese patients. What are your patient's needs door to door? Identify a plan or process to address situations unique to your individual health care setting such as moving an obese patient onto an X-ray table, evacuating them from a third floor room, or getting someone out of a car in the emergency room. Caregivers must know how to access higher weight capacity equipment if necessary, either from within the facility or renting from an outside source. Think about space planning when building or renovating buildings including doorway widths, room size, and bathroom space. Proactively planning for patients needs will impact your ability to properly treat a patient of size.

RECOMMENDATION: Establish protocols

Summary of the evidence. The use of protocols, including standardized assessments and individualized care planning pathways are described and outlined in numerous articles and reference materials. While not replacing professional clinical judgment, these protocols and algorithms can assist when determining the number of people and type of equipment to safely handle or move a patient. The literature also suggests that communication is improved among caregivers when there are standardized protocols and policies.

Use information obtained during the assessment—including protocols and algorithms to formulate recommendations for proper technique, equipment, and number of staff required for performing high-risk patient handling tasks. Identify operative and postoperative needs. Employ multidisciplinary teamwork and staff involvement in development of the protocols. Standardize and publish the tools developed.

RECOMMENDATION: Develop a safe lifting policy for obese patients

Summary of the evidence. The usefulness of no-lift policies is well documented in the literature, particularly as we look to countries outside the United States. What is more accepted in the United States is the concept of a "minimal lift" policy where manual lifting is to be minimized always and eliminated where possible. Proper infrastructure must be in place before a no-lift or minimal lift policy is enforced. This infrastructure includes administrative support, availability of patient handling equipment, employee education, and a culture of safety.

To get started, a facility could utilize existing sources of tools such as those developed by the ANA or Veteran's Administration (VA) to develop a template for a safe lifting policy. Some enhancements may be needed so the policy specifically addresses caring for obese patients.

RECOMMENDATION: Insist on multidisciplinary teamwork and effective communication

Summary of the evidence. Establish a Bariatric Task Force encompassing members from all areas of the workplace. Include ancillary services as necessary such as ambulance services or long-term care facilities. Responsibilities should extend from pre-admission through hospitalization to post-discharge. Identify high risk tasks and outline solutions using an interdisciplinary approach. In acute care these high risk tasks include repositioning patients in bed and transferring patients on and off stretchers. No one person or group has all the answers. It is only through interdisciplinary collaboration that reasonable solutions will be found.

RECOMMENDATION: Adopt an effective staff education program

Summary of the evidence. Caregivers need to be knowledgeable about what technology is available that can assist with patient care. They also need to know the weight capacity of standard items such as commodes, beds, scales, and recliner chairs. In order to help minimize the risks associated with manual handling of obese individuals, staff must be properly trained and aware of what equipment is available, how to access it quickly, and how to use it with bariatric patients. Suggested opportunities for improvement might include, for example, identifying a single educator to own this initiative, encouraging staff to voice their areas of concern and requirements, and establishing periodic review sessions. One time training on equipment is not effective. There needs to be ongoing training and a response to concerns and issues raised by equipment users.

RECOMMENDATION: Utilize the proper assistive equipment

Summary of the evidence. The evidence is overwhelming that training in body mechanics alone has shown to be ineffective in reducing caregiver injury. According to Nelson and Baptiste studies, teaching manual lifting techniques have been unsuccessful in changing work practices or affecting injury rates as previously indicated. Although widely accepted that classes on body mechanics and/or training in lifting techniques prevent job-related injuries, 35 years of research reveal that these efforts have consistently failed to reduce the job-related injuries in patient care settings.

While manual handling of obese individuals has been shown to increase the risk of injuries to both patients and caregivers, use of assistive equipment and devices has been show to reduce these risks. According to the ANA Handle with Care campaign, "The development of assistive patient handling equipment and devices has essentially rendered the act of strict 'manual' patient handling unnecessary as a function of nursing care." Take every opportunity to influence organizations to address the specific safety needs of caring for the obese.

Qualifying Statements

These recommendations represent the opinions of the nurse-authors listed. They should be revised as empirical evidence is developed. They should not, obviously, override the individual nurse's expert clinical judgment in the patient care setting. However, as caregivers, we do need to challenge our paradigm of how we handle and move patients. Moving patients manually because we've always done it this way may not be in the best interest of the patient or the caregiver.

Limitations noted while searching the literature include a lack of nursing research in the area of moving morbidly obese patients, the multifactoral aspects of patient and caregiver safety, and documents related to safe patient care do not specifically address the care of the morbidly obese.

Surprisingly, while "patient safety" is a hot topic in contemporary literature, safely caring for obese patients is not. As you encounter morbidly obese patients and find ways to safely move them we encourage you to share what you learn with others in the bariatric nursing community so everyone can benefit including patients and caregivers.

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Adaptation

Guideline was not adapted from another source.

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National Association of Bariatric Nurses

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None

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