

Bariatric Education

SAFE MOBILIZATION OF A BARIATRIC PATIENT

SAFE MOBILIZATION CHALLENGE QUESTIONS

Challenges for the bariatric patient:

- Are they going to drop me?
- Am I going to fit on the device?
- Am I going to fall?
- Is there going to be a comment directly made concerning my weight regarding trying to lift me?

Challenges for the health care provider:

- Do we have enough team members to help & proper equipment to use?
- Are we going to be strong enough?
- Is the equipment sturdy enough to handle 200-500+ pounds?

SAFE MOBILIZATION CHALLENGE ANSWERS

- Challenge Answers for the patient:
 - The answer to all questions on the previous slide = NO
- We are equipped with the proper equipment.
- If a patient asks, “How is my transport being handled?” the HCP can simply state, “We have the proper equipment to create a smooth transition for you and make you feel safe.”

- How to use a rollator
(wrong answer edition)



- Administration



SAFE MOBILIZATION CHALLENGE ANSWERS

- Challenge Answers for the health care provider:
 - The hospital has multiple resources to help create a safe environment for you, the team, and the patient.
 - Bariatric Resource Manuals are available at each units' desk to assist your decision making.
 - Algorithms are created for each possible transportation scenario.
 - Each piece of equipment is labeled

BARIATRIC SENSITIVITY AND AWARENESS



Who influences obese patients?

- Family members
- Friends
- Spouse/Significant other
- Society
- Social Media
- News
- Physician/Healthcare Professionals (US!)

So, pretty much EVERYONE



Sticks and stones may hurt my bones... but words also hurt my feelings.

How can we influence our bariatric patients?

- "Let me get a bigger chair."
- "I need at least 2 more team members to help me. I'll be back."
- "Our machine only holds up to 350 lbs, so we need to transport you to another hospital."
- "You only ate your banana for breakfast. Aren't you hungry?"

What our bariatric patients hear?

- I'm too big/fat for this chair.
- I'm too heavy and it takes a lot of people to move me.
- I will break the machine because I am fat/big.
- Because I am big/fat/overweight, they think I need to eat everything on my tray.

Corrected Statements

- "Let me get a bigger chair." → • "I'd like to make you more comfortable. I will get a better chair than this one."
- "I need at least 2 more team members to help me. I'll be back." → • "I want to make sure you feel safe. Allow me to grab a team member to help me."
(Side note: if 3 team members arrive, the patient will feel even more relief)
- "Our machine only holds up to 350 lbs, so we need to transport you to another hospital." → • "Our physician has ordered you to go to WVU for a specific test that we cannot provide at this facility. You will return to us after this test is complete."
- "You only ate your banana for breakfast. Aren't you hungry?" → • "If you are finished eating, would you like me to remove your tray?"

Unfortunately, I'm sure all of us have heard the wrong comments listed on the previous slide.

Sensitivity is a practiced skill.

Brain teaser: How many times have you run into a cancer patient who just had a physician walk out of the room leaving them with horrible news. Family is crying, tissues are splattered all over the bed, the patient is already depressed and defeated...it's your patient. The first thoughts that comes to your head (2 hours into your shift) -- what do I do now? What do I say? How do I make things better for the time being?

I'll state it again – **Sensitivity is a practiced skill.**

And it doesn't have to be words...it can be actions for our bariatric patients.

- Preparing the room for the patient prior to their arrival. Appropriate bed, chairs, gowns, socks, venodyne boot size
- Orienting them to their room and their equipment (bed/chair) capabilities to assist them when moving/repositioning
- Not tolerating weight biased comments behind patients' backs and leading by example to be their advocate.
- Reading about the lifestyle changes that post-bariatric patients face – even psychological challenges – helps with sensitivity.



POST-OP COMPLICATIONS

AIRWAY MANAGEMENT

DEEP VEIN THROMBOSIS

PULMONARY EMBOLISM

Airway Management

- Airway Issues:
- Atelectasis
- Anesthesia
- Prolonged bed rest
- Shallow breathing
- Underlying lung disease
- These can lead to more serious respiratory complications

- Prevention:
- Early Ambulation
- Coughing and Deep Breathing
- Incentive Spirometer use
- Breathing difficulty
- Cough and Chest Pain

Deep Vein Thrombosis

- **Risk Factors:**

- History of DVT
- Older than 60
- Obesity
- Immobility
- Clotting disorders
- Injury

- **Signs and Symptoms**

- Swelling
- Pain or tenderness
- Redness
- Increased warmth

- **Treatment**

- Early Detection
- Medications:
 - Blood thinners

Pulmonary Embolism

- Risk Factors:
 - Same as DVT
- Signs and Symptoms:
 - Unexplained dyspnea
 - Chest Pain
 - Coughing or Hemoptysis
 - Arrhythmia
 - Same signs and symptoms of DVT
- Could cause:
 - Permanent Lung Damage
 - Low O2 blood levels
 - Organ damage
 - Death
- Treatment:
 - Blood Thinners