

KEY MESSAGES

Bariatric Friendly Hospital

1. 29% of adults in Alberta have obesity. (Stats Canada 2017)
2. There are numerous causes and contributing factors for obesity. (eg. Adverse childhood events, medications, genetics, societal factors)
3. Obesity is a chronic disease, and does not have a cure.
4. Many patients with obesity have tried to lose weight repeatedly. Bodies will fight to regain their highest weight.
5. Treating obesity is not as simple as eating less and exercising more. It is complex, and needs to be patient specific.
6. Weight bias (the negative stereotyping of individuals living with obesity) is prevalent in health care.
7. Patients may avoid or delay accessing health care because of weight bias they have previously experienced.
8. Patients report that they are often told that their obesity is the cause of their presenting problem or illness (when that may not be the case at all), and this can lead to a missed diagnosis.
9. It is important to use people first language with all chronic diseases. (e.g. patient with obesity versus an obese person, 400 pounder or fat person)
10. Patients should have a weight taken and documented in the electronic medical record as close to admission as possible.
11. All patients with a weight of 113 kg or greater should be assessed for bariatric care needs.
12. A patient's bariatric care needs should be communicated to the receiving area, so they can prepare prior to the patients arrival.
13. Patients with obesity have a higher risk of developing respiratory complications. (eg. atelectasis, pneumonia, obstructive sleep apnea, obesity hypoventilation syndrome)
14. Patients with obesity have over twice the risk of developing both pulmonary embolus and deep vein thrombosis.
15. A proper sized blood pressure (BP) cuff is essential for obtaining an accurate BP measurement. A BP cuff that is too small can give a falsely high reading.
16. Patients with obesity are at higher risk for skin breakdown and pressure injury.
17. Patients with obesity are at higher risk for wound dehiscence.
18. Patients with obesity can be more prone to pain.
19. Medications doses may need to be adjusted based on patients weight and or body fat distribution.
20. Staff should have access to expanded capacity equipment that is labelled with the weight capacity.
21. All units should be stocked with appropriate sized supplies for patients with obesity. (eg. gowns, bedpans, BP cuffs)
22. Size does not equal well nourished. In fact, patients with obesity can be malnourished.
23. When planning for discharge, bariatric care needs should be communicated to a receiving facility or homecare.

