

Summary of Care Requirements for Hospitalized Patients with Obesity

**Extracted from:
Guidelines for the Care of Hospitalized Patients with
Bariatric Care Needs**

*Standardizing and Improving
the Care of Adult Patients with Obesity
in Alberta Hospitals
(Appendix 2)*

Developed as part of the
Provincial Bariatric Friendly Hospital Initiative



Diabetes, Obesity
& Nutrition Strategic
Clinical Network™

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Need	Care Requirement
Patient's Home Regime	<ul style="list-style-type: none"> • Consult with Patient and / or Family regarding home regime (eg. CPAP, mobility equipment, compression stockings, pain management)
Equipment for Mobility and Care	<ul style="list-style-type: none"> • Bariatric Bed --When selecting a bed it is important to consider: the weight limit of the bed, the width of the patient, and the type of surface (eg. pressure reduction). Does it lower to floor? • Bariatric Commode (bedside or bathroom-depending on dimensions of bathroom)- – <i>consider weight rating, width and depth of seat</i> • Mechanical lifts / slings (including limb slings)- – <i>appropriate weight and size rated</i> • Scale to weigh patient (specialty bed / standing scale / other) • Bed trapeze appropriate for patient's weight • Bariatric wheelchair- – <i>weight rated, seat width/depth/height appropriate</i> • Grab bars in the bathroom around the toilet and shower to support patient to mobilize • Other equipment: emergency department stretcher, transport stretcher, bariatric walkers (28-40+ inches wide), bariatric room chairs • Consult Occupational Therapy or Physiotherapy to assist with equipment needs, mobilization planning, activities of daily living planning, and pain management advice. • Does the patient require a larger or private room for equipment or care needs?
Supplies	<ul style="list-style-type: none"> • Gown and pants of appropriate size (plus robe) • Appropriate sized blood pressure cuff • Other supplies: longer needles, bariatric bedpan, abdominal binders, limb sling (for dressing changes), bariatric incontinent pads, etc.
Assessment	<ul style="list-style-type: none"> • Blood Pressure cuff---appropriate size (small cuff will result in false high) • Weight-taken in a discrete area, and recorded in electronic health record, and conveyed to receiving department(s) ahead of time • Pain-may be more prone to pain <ul style="list-style-type: none"> ○ Higher incidence of arthritis and gout. Low back pain is a common due to the forward lean from the weight of the abdomen. ○ Pain management is important to promote ambulation
Respiratory	<ul style="list-style-type: none"> • May have difficulty breathing when lying flat due to increased pressure on the diaphragm from the abdomen. • Head of the bed at 30 degrees can facilitate lung expansion. • At higher risk for Atelectasis / Pneumonia <ul style="list-style-type: none"> ○ Elevate head of bed ○ Mobilize • High incidence of Obstructive Sleep Apnea <ul style="list-style-type: none"> ○ Patients that use CPAP at home should use in hospital ○ Assess oxygen saturation using oximetry, especially when patient is asleep.

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	<ul style="list-style-type: none"> ○ Hypnotic or narcotic medications should not be routinely administered, but if required, patients with OSA need to be monitored very closely. ● Obesity Hypoventilation Syndrome <ul style="list-style-type: none"> ○ Patients have decreased O₂ and increased CO₂ ○ Patients with OHS should be on BPAP when in hospital ○ Assess respiratory status frequently ○ Patients with OHS often develop heart failure characterized by leg swelling and various other related symptoms ○ Assess the need for higher level of care ● Consult pulmonary medicine and/or respiratory therapy as needed to assist with respiratory needs / challenges
Cardiovascular	<ul style="list-style-type: none"> ● At higher risk for DVT and PE <ul style="list-style-type: none"> ○ Ambulate or frequent position changes in bed ○ Lower extremity compression (graduated compression or intermittent sequential stockings), in correct size, are recommended to reduce risk ○ Prophylactic anticoagulation therapy may be considered. There are weight-based recommendations.
Skin	<ul style="list-style-type: none"> ● Adipose tissue has poor blood supply, leading to inadequate circulation and decreased oxygenation making the skin vulnerable to break down, slower healing and susceptible to infections. Potential venous insufficiency can further impair tissue oxygenation. ● Increased body size generates more heat. To maintain normal temperature – the body sweats. Excessive sweating impacts skin integrity and increases risk for bacterial or fungal infection, especially under breasts and in groin areas, and other skin folds ● At risk of pressure injury both typical over boney prominence and atypical - between skin folds. <ul style="list-style-type: none"> ○ Assess pressure injury risk ○ The Braden Scale is a validated tool used in AHS for skin risk assessments. ○ Mobilize or ensure patient is repositioned at least every 2 hours ● At risk of skin breakdown. (Excess adipose tissue does not protect from the forces of pressure and shear.) <ul style="list-style-type: none"> ○ Assess skin folds (pannus, under breasts, under the arms, inner thighs, perineum) ● Keep skin folds dry <ul style="list-style-type: none"> ○ Avoid skin-on-skin contact especially in skin folds ○ Candidiasis (yeast) love moist warm and dark environments ○ Antimicrobial powders are encouraged vs creams to address yeast and fungal infection in skin folds ○ Cornstarch powder should not be used between skin folds as it predisposes the skin to yeast infections

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	<ul style="list-style-type: none"> • Patients with obesity are prone to skin infections and wound infections. Excessive sweating, incontinence, friction and shear can all increase risk of skin infections. The presence of diabetes will further contribute to delayed healing and infections. • Hygiene may be difficult, which can lead to odour problems. Unpleasant smells can also arise from incontinence, skin infections, and wounds. Odour can be embarrassing and humiliating. Skin care products are available that can be placed in skin folds to manage odour. • Patients with obesity need to have access to bathing facilities where the skin, including deep skin folds and crevices, can be cleansed and rinsed. Long brushes, hand-held showerheads, and shower chairs can assist. • Patients who are prone to heavy perspiration require more frequent bathing • Care may require 2 or more staff to effectively clean and dry the skin • Using a textile product (eg. InterDry, Coloplast) that contains ionic silver which provides broad-spectrum antibacterial and antifungal action for up to 5 day is designed to wick away moisture and reduce skin-to-skin friction and keep skin dry. • Consider consultation to skin and wound specialist to assist with skin care. • Patients with obesity may have considerable experience in dealing with their skin issues and are often willing to share their tips on how to best manage their care
Wounds	<ul style="list-style-type: none"> • Adipose tissue has poor blood supply, leading to inadequate circulation and decreased oxygenation • At risk of delayed wound healing • Higher risk for wound dehiscence <ul style="list-style-type: none"> ○ Abdominal binder to support wound ○ Retention sutures may be used • Higher risk for infection • Adequate hydration and nutrition is important to promote wound healing • Consider consultation to skin and wound specialist early on and assess wounds frequently • The Bates Jensen Wound Assessment Tool (BWAT) is a validated tool currently in use in some zones.
Gastrointestinal	<ul style="list-style-type: none"> • At higher risk for gastroesophageal reflux (GERD), which can lead to aspiration (31) <ul style="list-style-type: none"> ○ Elevate head of bed, or assist to sit up for at least 30 minutes post meals

Need	Care Requirement
Genitourinary	<ul style="list-style-type: none"> • Higher incidence of stress incontinence in patients with obesity related to pressure of the abdomen on the bladder. • Incontinence may result from using the wrong sized bedpan, commode seat or toilet, or not being able to mobilize to the bathroom quick enough. • Bedside commode might be necessary for ease of use and convenience` • Raised toilet seat may be required to increase safety for the patient • Catheterization will require additional assistance
Nutrition	<ul style="list-style-type: none"> • Myth - It is acceptable to place patients with obesity on lower calorie diets as they have a reserve. Size does not equal well nourished • Patients with obesity can be malnourished. • Weight reduction diet may be suggested, but important for patients to consume sufficient calories for wound healing • Poor nutrition can lead to inadequate protein, vitamins, and minerals essential to wound repair. • Consider consultation to Registered Dietitian to assist with nutritional needs, or if patient is requesting information for discharge.
Mobility	<ul style="list-style-type: none"> • Important to prevent complications such as pressure ulcers, blood clots, pneumonia • Mechanical lifts are important in preventing injury to patient and provider, when patient cannot mobilize independently • General rule of thumb is that staff not manually lift any weight over 35 pounds. • Ceiling lift is the best option for transferring a patient with obesity, if they require assistance. • Mechanical lifts can also assist with limb holding during such procedures as dressing change or catheter insertion.
Medication Management	<ul style="list-style-type: none"> • Excess adipose tissue may alter drug absorption, depending on the medication. • The dosage of some medication is calculated using the patient's actual body weight, while the dosage of other medications is based on ideal body weight. Highly lipophilic drugs (those that are primarily absorbed in adipose tissue) require dose calculation based on actual weight, while minimally lipophilic drugs (those absorbed mainly in lean tissue) require dose calculation based on patient ideal weight.
IM injections	<ul style="list-style-type: none"> • May need longer needle to ensure medication is being injected into muscle and not adipose tissue (muscle is more vascular and more rapidly absorbed). • Certain medications administered into subcutaneous tissue may also create adverse effects and patient complications.