

Decision Support Tool

Caring for Residents with Bariatric Needs in Long-Term Care and Assisted Living

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Purpose

The purpose of this decision support tool (DST) is to provide staff working in Long-Term Care (LTC) and Assisted Living (AL) with key resources and recommendations to safely transfer, assess, and care plan for individuals with [bariatric](#) care needs using a [person- and family-centred approach](#).

Outcomes

- Care team will use appropriate tools and resources to care for residents with bariatric needs.
- Every resident with bariatric needs will have person- and family-centred approach evident in their care plans.
- Care team will recognize that weight loss may be considered for individuals with bariatric needs, however, this is an optional decision that should reside with the person in care.
 - The risks and benefits of weight loss should be carefully considered and documented.

Applicability

- This DST applies to all [staff](#) in LTC and AL settings.
- This DST provides clinical direction for the care of residents with bariatric needs. Operational requirements, including staffing, are outside the scope of this DST and must be considered for safety of resident and staff.

Practice Level and Education

All staff in LTC and AL settings will be provided with the following education on a regular basis:

- Information related to person- and family-centred approach and ethical consideration for residents with bariatric needs (refer to [Appendix G - Guiding Framework \(Bariatric\)](#))
- Information about safe use of resident specific equipment.

Assessment

1. Environmental assessment (completed prior to move in):
 - Adequate space is necessary to complete the tasks required for caring for a resident with bariatric needs and accommodating the size of bariatric equipment.
 - Prior to updating vacancy information in Strata Pathways, care community leadership assesses the physical environment as per [Appendix A - Environmental Assessment](#).
2. Equipment assessment
 - Technology (equipment, devices, and tools) is an essential element for safely handling and mobilizing of residents with bariatric needs.
 - Providing timely access to resources prior to the resident's arrival is crucial for safe resident care. Upon receipt of referral, refer to:
 - [Appendix B - Moving In Process for Residents with Bariatric Care Needs in Long-Term Care and Assisted Living](#) and [Appendix C - Readiness List for Bariatric Equipment and Sling Requirements in Long-Term Care and Assisted Living](#)
3. Resident's assessment (completed after resident has moved in)
 - Body shape and weight distribution
 - Body shape and weight distribution play an important role in a resident's ability to assist with personal care, mobilize, and in the selection of appropriate equipment. Descriptions of different body shapes and how they might affect resident care, including ambulation or moving in bed are described in [Appendix D - Body Shape and Weight Distribution](#).

- Nurse will measure the resident weight, width and girth and initiate the holistic care planning ([Appendix E - Person-Centred Bariatric Care Planning Considerations](#)) which includes, completing the initial mobility assessment and determining the equipment needs for safe client handling.
 - Occupational therapist (OT) and/or physiotherapist (PT) may be consulted for care planning and equipment needs.
 - Re-assess the care plan, including ongoing mobility assessments, as required.
- Key considerations when selecting equipment include:
 - Ensuring the equipment has the proper weight rating to support the resident.
 - Ensuring the equipment has the proper dimensions to accommodate the resident.
 - Ensuring the equipment can fit through doorways and in spaces in which the resident will be using the equipment.
- Appropriately sized supplies and personal items
 - Appropriately sized personal items such as clothing, robes, blood pressure cuffs, incontinence pad, gait, and transfer belts need to be available for residents with bariatric care needs, so they can be cared for with dignity and safety while maintaining privacy.
- Physiological and psychological assessment in residents with bariatric needs
 - The following table may assist in guiding the clinical assessment and highlights key points to consider during the assessment:

Body System	Assessment Considerations
Mental Health	<ul style="list-style-type: none"> ● Prior to resident mental health assessment <ul style="list-style-type: none"> ○ Ensure to check your own biases ○ It is a resident's choice to live at risk ● Use person-first language to have a person-centred approach and not define the individual by their condition or illness; they are a person with bariatric needs not a bariatric person ● Assess for depression or other mental health concerns ● Utilize person-centred approach to care planning with resident and explore their needs²⁰ ● Refer to Appendix G - Guiding Framework (Bariatric) ● Ensure that every attempt is made to maintain the privacy and dignity of all residents
Weight	<ul style="list-style-type: none"> ● Medication dosing due to increase lean body weight; requires accurate weight of resident ● Weight loss may not be an option in older adults as losing weight will cause loss of muscle mass ● Weight loss should not be the main focus of resident care ● Undernutrition, malnutrition, and muscle wasting can be present regardless of body size
Cardiovascular System	<ul style="list-style-type: none"> ● Increased workload on heart; larger volume of tissue requiring oxygen ● Increased incidence of Deep Vein Thrombosis (DVT); Hypertension; Coronary Artery Disease, Pulmonary Embolism, Congestive Heart Failure and Stroke¹ ● Ensure accurate size of blood pressure cuff and accurate technique^{2,3}. <ul style="list-style-type: none"> ○ A cuff that is too small can provide a falsely high reading
Respiratory System	Increased risk of: <ul style="list-style-type: none"> ● Pneumonia ● Obstructive Sleep Apnea

Gastrointestinal	<ul style="list-style-type: none"> Increased incidence of gastroesophageal reflux (GERD); hiatal hernia, and aspiration⁴ Constipation and/or fecal incontinence
Genitourinary	<ul style="list-style-type: none"> Urinary incontinence due to pressure on bladder and abdomen size
Lymphatic	<ul style="list-style-type: none"> Lymphedema and reduced immunity from lymphatic fluid buildup⁴
Musculoskeletal System	<ul style="list-style-type: none"> Muscle atrophy; joint instability; decreased balance; decreased ROM, osteoarthritis⁵ Spinal compression from excess skin and/or fat in lower abdomen area^{6,7} Increase pain due to arthritis, gout, joint compression, and alignment
Endocrine System	<ul style="list-style-type: none"> Risk for Diabetes⁸ Hypothyroidism – can be contributing factor for increased weight
Skin and Wound	<ul style="list-style-type: none"> Moisture and sweating due to impaired mobility Increased pressure from weight Increased shearing during movement

Interventions

Care planning

- The goal of bariatric care interventions should be improved quality of life rather than weight loss or weight control. As such, a person-centred approach to care should be prioritized to maximize health-related quality of life and resident and staff safety.
- Prior to implementing any interventions, the care plan should be reviewed to determine the appropriate level of intervention (e.g., “[Living at Risk](#)” and goals of care review .
- See [Appendix E - Person-Centred Bariatric Care Planning Considerations](#).

Monitoring

- Resident’s care plan will be monitored and reviewed quarterly and when resident condition significantly changes, at minimum.
- Staff (nursing and allied health) will monitor the outcome of resident care plan on an ongoing basis ensuring it is consistent and aligned with the resident’s goals of care.
- Care community leadership will monitor the employees learning needs continuously and will provide education, as needed.

Documentation

- Staff will document resident assessment and interventions in the resident’s health record.
- Staff will document a minimum of level of mobility assistance required, and any specialty equipment as it relates to bariatric care (e.g., Specialty sling in the resident [Activities of Daily Living \(ADL\) and Instrumental ADL \(IADL\) - Form](#)).
- InterRAI care plan should include documentation related to bariatric care.
- Staff will update the care plan to reflect discussions with team members, resident, and/or Substitute Decision Maker (SDM) and family, assessment parameters, monitoring intervals, and reassessment requirements.

Resident, Family, SDM Education

Staff will provide education to meet the following learning outcomes:

- Understanding the roles and expectations of the resident, family or SDM, and the interdisciplinary team.
- Understanding the goals of care, including the importance of a resident’s wish to live at risk.
- Importance of nutrition, positioning, and mobility to decrease complications (pain, skin conditions).
- Understanding and contribution of the bariatric care plan ([Appendix E - Person-Centred Bariatric Care Planning Considerations](#)).

Evaluation

- Evaluate resident's chart for documented evidence of:
 - Care plan related to providing safe bariatric care.
 - Successful transition of care.
 - Goals of care conversations documented in the advance care planning record.

Related Resources

- [Fraser Health Bariatric Resources](#)
- [Mobility - Assessment - Decision Support Tool](#)
- [Safe Handling of Patients - Corporate Policy](#) and [Mobility Algorithms](#)
- British Columbia Provincial Nursing Skin and Wound Committee Resources:
 - [Guideline: Prevention of Pressure Injury in Adults & Children](#)
 - [Guideline: Assessment, Prevention and Treatment of Moisture Associated Skin Damage \(MASD\) in Adults & Children](#)
 - [Skin IQ Microclimate Manager - Product Information Sheet](#)
 - [InterDry - Product Information Sheet](#)
 - [PHMB Gauze for Skin Folds & Contractures \(AMD Gauze\) - Product Information Sheet](#)
- [Vancouver Coastal Health - Occupational Therapy - Bariatric Care \(OT\) - Assessment and Intervention](#)
- [RAI Home Care Education](#)
- [Fraser Health Ceiling Lift Sling/Accessories Catalogue](#)

Additional Information

- Canadian statistics on obesity show a rapid progression of obesity in the past generation, increasing three-fold since 1985^{9, 10}.
- The Canadian Guidelines for Body Weight Classification identifies an obese adult as having a Body Mass Index (BMI) more than 30 and have further categorized obesity into three sub classes with Class III categorized as the highest level of obesity with a BMI more than or equal to 40¹¹.
- The World Health Organization, Canadian Medical Association, American Medical Association along with other national and international scientific societies recognize obesity as a complex chronic disease with genetic, environmental, and behavioral factors^{12, 13, 14}.
 - The characteristics of obesity are the same as other chronic diseases.
- There are many factors that can lead to weight gain including: environmental or socioeconomic, genetics, age, hormones, mental health, medications, and others.
- Many health care providers lack knowledge of the complex nature and causes of obesity; and believe that if a person simply exercises more and eats less, they can lose weight, which is not true^{12, 13, 14}.
- Obesity has a detrimental effect on almost all physiological systems and consequently obese patients' care needs are many and complex including a higher risk for complications and injury, due to inadequate environmental design, equipment, and staff competencies in their care¹⁵.
- People living with bariatric care needs have reported being treated with disrespect by health care practitioners.
 - Weight bias prevents health care providers from delivering optimal care, and negatively impacts the people's experience in health care settings. It also impacts the person's ability to build a trusting relationship with health care providers.
 - Weight bias increases a person's risk for psychological distress and delays a person in seeking future medical treatment.

Definitions

- **Bariatrics:** is the science of providing healthcare to or specializing in the treatment of obesity. The World Health Organization describes people with a Body Mass Index (BMI) greater than 30 as obese, and greater than 40 as severely obese. For the purposes of this DST, a resident with bariatric needs is defined as a resident with an actual or estimated body weight over 160 kg or 350 lb and/or BMI over 40^{16, 17} or whose weight and/or size interferes with the ability to provide safe, reasonable care^{18, 19}.
- **Living at risk:** Living in a manner where one is at risk of suffering illness, injury, or death. It happens for all of us every day. Refer to the [Supporting Residents to Live at Risk - Long-Term Care and Assisted Living - Corporate Policy](#)
- **Person- and Family-Centred Care:** see [Professional Practice Glossary term](#).
- **Staff:** see [Professional Practice Glossary term](#).

Appendices

- [Appendix A - Environmental Assessment](#)
- [Appendix B - Moving In Process for Residents with Bariatric Care Needs in Long-Term Care and Assisted Living](#)
- [Appendix C - Readiness List for Bariatric Equipment and Sling Requirements in Long-Term Care and Assisted Living](#)
- [Appendix D - Body Shape and Weight Distribution](#)
- [Appendix E - Person-Centred Bariatric Care Planning Considerations](#)
- [Appendix F - Resident with Bariatric Needs Measurement Job Aid](#)
- [Appendix G - Guiding Framework \(Bariatric\)](#)
- [Appendix H - Transition of Care for a Person with Bariatric Needs to Long-Term Care](#)

References

 See [reference list](#)

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	1.0	August 15, 2024	Initial Decision Support Tool released