Assessing the Obese Resident Upon Admittance to a Care Facility

With obesity levels on the rise, it is becoming more important to accurately assess incoming residents with relation to their size, weight and ability to function; in particular, the extremely obese (100 lb overweight) present special problems. Extreme obesity is often complicated by medical conditions such as heart disease, diabetes, hypertension, arthritis and other joint injuries and respiratory problems. Large size also tends to compromise balance and mobility, exposing the resident to possible injury from falls.

This high weight and associated atypical body mass can expose caregivers to higher risk of injury while conducting normal tasks like transfers, repositioning, bathing or even just holding a limb during a procedure. It is very important, then, to take weight into consideration when performing task assessments to determine the resident’s abilities. The task assessment should concentrate on the individual’s weight, mental alertness, strength, mobility and medical conditions.

A good way to start is to calculate the Body Mass Index of the individual as part of the initial assessment.

Anyone with a body mass index (BMI) of 40 or greater is defined as “bariatric.” A bariatric person typically requires some medical interventions to assist in their daily living, and often require special equipment, furniture and supplies due to their size and weight. BMI is a calculation of an individual’s weight in relation to their height, and is internationally accepted as a valid measurement method. BMI is a useful tool to identify the need for special equipment or procedures. BMI’s for adults in their 20’s and older generally follow these guidelines:

<table>
<thead>
<tr>
<th>Body Mass Index</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to 24.9</td>
<td>Normal</td>
</tr>
<tr>
<td>25.0 to 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 to 39.9</td>
<td>Obese</td>
</tr>
<tr>
<td>40.0 or greater</td>
<td>Bariatric</td>
</tr>
</tbody>
</table>

The BMI index can be calculated in pounds and inches in this manner:  

\[ \text{BMI} = \frac{\text{WEIGHT in lbs} \times 703}{(\text{Height in})^2} \]

For example a 5-foot-10 male weighing 300 lb would be:  

\[ \frac{300 \times 703}{4900} = 43.0 \]

This individual would be considered bariatric and should receive special attention in developing his/her plan of care.

If the person has varying levels of ability to assist due to fatigue, medications, medical condition, etc., then an assessment should be performed before each task is performed.

Strength needs to be assessed frequently. Two important areas to cover are:
- Weight bearing capacity – for determining transfer method.
- Upper Extremity Strength – yes or no – considering the task at hand.
Levels of cooperation and comprehension must be assessed:

- Cooperative – able to follow simple commands – may need prompting
- Unpredictable – not cooperative or unable to follow simple commands. If behavior changes frequently, the person should be considered “unpredictable”.

Height and weight should be accurately measured at admittance. If weight is over 300 lb, a BMI should be calculated. This will be an important factor in choosing transfer equipment and furniture if the person is identified as “bariatric.” Medical conditions may affect task and transfer processes, and should be considered when assessing transfer methods to be used. Some conditions to identify are:

- History of falls
- Asymmetric body shape
- Respiratory problems
- Amputation
- Contractures/spasms
- Paralysis
- Severe pain, discomfort
- Unstable spine
- Severe edema
- Severe Osteoporosis
- Urinary/fecal stoma
- Wounds affecting transfer/positioning

Care plans should be developed to provide for appropriate assistance during various transfer activities such as:

- Transfer to and from: bed to chair, chair to toilet, chair to chair or chair to car.
- Lateral Transfer to and from: bed to stretcher, trolley
- Transfer to and from: Chair to stretcher, exam table
- Reposition in bed: side-to-side, up in bed
- Reposition in chair: wheelchair and dependency chair.

When developing transfer plans the same criteria should be utilized for transferring bariatric residents as the safe patient handling and mobility program clearly define. Additional considerations include the following:

- Equipment needs to be rated to handle over 350 pounds.
- Two staff must be present for all transfers.
- Friction-reducing devices and lateral transfer aids should be utilized.

“Bariatric” equipment must be used for total body and sit-to-stand lifts (most “standard” lifts are only certified up to 350 lb). There are bariatric slings that will need to be utilized as well. The care plan must specify the type of sling needed, and it is a good idea to provide each bariatric resident his or her own sling.

Many sources are available to assist in the planning and developing of care plans. One such source is available through Department of Veteran’s Affairs, Tampa, Florida’s website: [http://www.visn8.va.gov/patientsafetycenter/safepthandling/](http://www.visn8.va.gov/patientsafetycenter/safepthandling/). The site has a Technology Resource Guide that contains bariatric resources. The site also contains downloadable assessment tools, care algorithms for determining resident mobility and assistance, and a selection of bariatric equipment manufacturers.