Planning for the Bariatric Resident in Long-Term Care Facilities

National health trend studies indicate that the number of extremely obese adults is growing at a phenomenal rate. In fact, a RAND Corporation (a nationally known research organization) study indicates that extremely obese people (more than 100 lb overweight) rose from 1 in 2,000 in 1986 to 1 in 400 in 2000.

Extreme obesity, once thought to be due to rare hormonal abnormalities, is now thought to be connected more to lifestyle factors and genetics, as well as some people’s ability to be super-efficient at storing fat. This condition brings other afflictions such as heart disease, diabetes, arthritis and others. The extremely obese are much more prone to more frequent hospitalization, and ultimately in need of long-term care due to their size and health. In fact, many extremely obese people require medical interventions to deal with quality of life issues. These people are referred to as “Bariatric.”

In order to assist in recognition of a bariatric resident at admission, the Body Mass Index can be used. 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 for the assessment of new residents to determine if special equipment or procedures may be needed to provide proper care, and at the same time protect the safety of caregivers. Anyone with a body mass index (BMI) of 40 or greater is defined as Bariatric.

BMI’s for adults in their 20s and older generally follow these guidelines:

<table>
<thead>
<tr>
<th>Body Mass Index</th>
<th>Weight Status</th>
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</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: \[
\text{WEIGHT in lbs} \times 703 = \text{BMI} \\quad \left(\text{Height in} \right)^2
\]

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

\[
300 \times 703 = 43.0
\]

\[
4900
\]

Bariatric residents can be so large as to actually overstress equipment and facilities. They need to be identified at or before admission to assist in developing care plans and obtain suitable equipment to provide care. Advance planning in these areas is crucial to provide a smooth admittance.

Review the Facility

Accessibility and accommodation must be reviewed prior to admitting the bariatric resident. Accessibility through main entrance double doors and residential wings is usually not a problem, but doorways to rooms, especially to bathrooms and other areas may need to be widened. A standard 30 inch doorway will not usually accommodate a bariatric wheelchair, which could be 48 inches wide or larger. Likewise, a standard commode will not safely take the weight of a 500 lb resident. Most are designed with a 250 lb limit.
Items to review should include:

- Entry and interior doorways width – consider double doors, 60 – 72 inches wide.
- Shower entrance width, minimum 60 inches, and wheelchair accessible.
- Shower grab handles and wall-mounted grab bars reinforced into the structure’s frame for added strength.
- Toilets – use bariatric commode chairs sized to the resident (300 lb up to 800 lb capacity). Many can be positioned over regular toilets or located in other parts of the room. Some can double as shower chairs.
- Wheelchair ramps and stairs capable of supporting the heavier resident.
- Examination tables, weight limits up to 800 lbs.
- Scales should be capable of weighing individuals over 500 lbs.
- Mechanical lifts and wheelchairs should be designed to support additional weight.

Also review evacuation plans with respect to rapid evacuation of a bariatric resident in bed or a wheelchair. Bariatric beds can be up to 60 inches wide. The path of exit must accommodate the resident and the equipment. It will take more staff to move the resident, and emergency action plans should address this.

**Determine Furniture and Equipment Needs**

Review the capabilities of the equipment needed to support the resident. Bariatric equipment can be bought or leased through various suppliers. Weight-bearing capacities vary from 300-1000 lb on many products.

Items to review can include:

- Bed for weight-bearing capacity and adjustability. Should be power-operated.
- Room furniture.
- Bedside commode and shower chairs.
- Walkers.
- Wheelchairs and recliners.
- Pressure relief devices.
- Transfer Devices, including the lift itself, slings and sit-to-stand devices. The units should be powered.
- Care supplies should be evaluated as to bariatric capability.

**Develop and Review an Individual Care Plans**

Each bariatric resident must be assessed and an individual care plan developed at admission. Health and mobility issues must be determined immediately. Due to the risk of caregiver injury, no-lift plans must be developed to suit the individual’s needs. Any transfers should be planned using appropriate equipment with several caregivers in attendance. An excellent assessment guide and a list of bariatric equipment suppliers can be found and downloaded from the Department of Veteran’s Affairs at: [http://www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp](http://www.visn8.va.gov/patientsafetycenter/safePtHandling/default.asp).

The Technology Resource Guide section contains bariatric equipment resources. The above link also provides decision-making flow charts (algorithms) to assist in developing care plans based upon health and mobility.