

## Considerations for Turning and Repositioning Bariatric Patients

Obese patients can be challenging to reposition and sometimes it may not be possible to completely offload all body tissues. Difficulty with repositioning may explain why obese patients with BMIs greater than 40 have some of the highest rates of pressure injuries<sup>1-2</sup>. Not surprisingly, in clinical studies, it's been shown that turning frequency is correlated with BMI (higher BMI is correlated with less turning).<sup>3</sup>

Although it is generally more difficult to turn obese patients, attempts should still be made to turn these high-risk patients whenever possible. No patient should be denied the benefits of repositioning due to their weight. The strategies outlined below will help you successfully and safely reposition bariatric patients.

### Appropriate Bed and Support Surface

- Most standard hospital equipment and furniture is designed for patients with normal body weight. For bariatric patients, it's important to have an appropriately sized bed and support surface to facilitate pressure ulcer prevention efforts and patient safety.
- Bariatric patients should fit comfortably on their bed and have enough room to be repositioned. When a patient is too large for their bed, side rails can become pressure points on the patient's lateral skin surfaces.
- Regular hospital beds typically have a maximum patient weight capacity between 350 to 500lbs, depending on the model. Check the weight limit of the patient's beds to ensure that the bed that can safely support the patient.
- Follow your facility protocol to obtain a bariatric bed for your patient when patient's weight – or size – exceeds the limits of the bed.

### Use Bariatric Wedges and Glide Sheets

- It is virtually impossible to maintain a lateral, pressure-offloading turn with sufficient reperfusion time unless properly sized wedges are used. A larger, more substantial wedge is needed to support the patient's position without deflation. Some bariatric patients may require the use of two wedges, in addition to multiple pillows.

- In addition to wedges and pillows, special glide sheets may facilitate turning and promote staff safety. Some manufacturers even offer inflatable repositioning sheets that make it easier to turn bariatric patients.

### Utilize a Team-Based Turning Approach

- It is generally not possible (or safe) for a single provider to turn a bariatric patient. Develop a team-based approach to turn bariatric patients. It may take as many as 5 or more caregivers to properly and safely reposition a bariatric patient.

### Stay Safe!

- Use ceiling lifts and other assist devices to ensure staff safety while handling bariatric patients.
- Make sure the bed is raised to waist-level so that caregivers can use safe body mechanics while repositioning the patient.

### Develop a Bariatric Care Plan

- Care of bariatric patients is more demanding and requires additional planning and education.<sup>4</sup> Information should be available on the unit regarding bariatric products that are available. Education on the special care needs of bariatric patients will improve staff confidence and competency when taking care of this growing patient population.

### Tips for Monitoring Bariatric Patients with Leaf

There are no BMI contraindications for the Leaf system – the system can be used on patients of any weight. Patients as heavy as 780 lbs have had their turning protocols successfully managed using the Leaf System.

However, when applying a Leaf sensor to high-risk bariatric patients, recognize that it is going to be more difficult to properly turn these patients.

- If it's not possible to deliver and maintain a full 20-30 degree turn for a bariatric patient, you may consider decreasing the Leaf's turn angle slightly (turn dose). However, whenever the turn angle is decreased, recognize that this decreases the amount of pressure offloading that is provided.
- Ensure that the Leaf sensor is properly placed on the patient's upper anterior torso, away from redundant tissue that may move irrespective of axial body movement. It is best to apply the sensor while the patient is supine.

- Ensure that no tissue (i.e. breast tissue) is on top of the Leaf sensor and blocking wireless transmission from the Leaf sensor. Sometimes this requires relocating the sensor.

## Conclusion

Although it can be difficult to turn bariatric patients, many hospitals have been able to successfully use Leaf to help protect these high-risk patients from pressure injuries. Good, timely repositioning in the bariatric population provides high dividends in terms of pressure injury reduction due to the high incidence rates in these patients.

It is important to note that bariatric patients need to be turned more than you may think based on clinical observation alone. The discrepancy between clinical observation and the Leaf turn angle measurement can at first seem dramatic in obese patients. Without Leaf however, it is difficult to know how much to turn a patient to get a good, high-quality turn.

To be successful in repositioning bariatric patients, it is important to use proper equipment, such as appropriately sized beds, wedges, glide sheets, and lifts. In addition, it is important to employ a team-based approach to turning these patients, as well as deploying a comprehensive bariatric care plan.

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  - 2 Hyun S. et al. Body Mass Index and Pressure Ulcers: Improved Predictability of Pressure Ulcers in Intensive Care Patients. *American Journal of Critical Care* 2014;23(6):494-500
  - 3 Gallagher, S. *The Challenges of Caring for the Obese Patient*. Amazon.com. June 2005. ISBN-10: 0976852608
  - 4 Muir M. Essentials of Bariatric Patient Handling Program. *The Online Journal of Issues in Nursing*. 2009;14(1) [www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No1Jan09/Bariatric](http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol142009/No1Jan09/Bariatric)