BARIATRIC SOLUTIONS
The complete answer to your bariatric care needs

...with people in mind
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Obesity is now recognised as a global epidemic. Care environments have to rapidly adapt to the challenges of bariatric care. One of the challenges is the widespread perception among carers that bariatric care is physically and psychologically demanding. The aim of this brochure is to change that perception by showing that safe, optimum solutions for bariatric care are already available.

A complete care package is based on an individual assessment, taking into consideration factors such as weight, weight distribution, skin management, mobility and related health problems.

The principles of good care are the same in bariatric care as in any other area. Overweight, obese and morbidly obese people have a right to safe, dignified care, and carers have a right to a safe working environment.

The route to delivering quality care begins by predicting the challenges in all stages of the care process and then preparing for them. Clearly, the work-related risks in bariatric care are potentially greater – the key to carer confidence is assessing and minimising those risks to create a working environment with the required space, equipment and working techniques in place.

This brochure provides an introduction to the risk management process by covering the most common daily living activities and outlining safe, efficient solutions. Quite simply, the challenges of bariatric care can be met today using existing solutions tailored to individual needs.
ArjoHuntleigh is best placed to identify and provide optimised solutions. With the Bariatric Gallery patient assessment tool and proven policies, protocols and guidelines for care environments, ArjoHuntleigh can help minimise risks for carers and patients.

ArjoHuntleigh offer complete solutions for bariatric care and provide the support you need every step of the way – from initial consulting to adapting to future needs.

**Consulting**
ArjoHuntleigh acts as a partner in consultations to identify solutions for specific care environments. Assistance is provided on all aspects of improving the basic conditions for quality care: sufficient space, the proper mechanical aids and the correct working techniques. A tailored consulting package may include elements such as: advice on clinical management, product selection, policy development and environment design. Advice is always practical and applicable, a solutions-focused approach to improve the working environment and meet individual patient needs.

**Bariatric products and systems**
ArjoHuntleigh solutions are designed with the needs of bariatric people in mind. Full product compatibility means integrated systems can be created that are sensitively geared to the bariatric person’s complex care needs. After installation, the ArjoHuntleigh maintenance and service network keep products and systems working safely and efficiently long into the future.

**Education**
Beyond the clear operating instructions and DVD guides for efficient product operation, ArjoHuntleigh helps to embed overall solutions by providing staff training and education on safe working practices and other aspects of bariatric care.

**The future**
ArjoHuntleigh is continuously updating its knowledge on bariatric research and best practice. You can rely on ArjoHuntleigh for continued support in finding the right solutions to meet changing needs in bariatric care.
A ‘bariatric’ person can be defined as anyone who has limitations in health and social care due to physical size, health, mobility and environmental access. ArjoHuntleigh has developed the Bariatric Gallery assessment tool to help evaluate individual patient needs. In the Bariatric Gallery people are classified according to their degree of functional mobility. From the most mobile to the most dependent person, you can recognise them by their alphabetical names: Albert, Barbara, Carl, Doris and Emma.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
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</table>
| ALBERT | • Ambulatory, but may use a cane or similar for support  
• Independent, can clean and dress himself  
• Can tire quickly  
• Stimulation of abilities is very important |
| BARBARA | • Uses walking frame or similar  
• Can support herself to some degree  
• Dependent on carer who is present in demanding situations  
• Physically demanding for carer  
• Stimulation of remaining abilities (e.g. ambulation) is very important |
| CARL | • Sits in wheelchair  
• Is able to partially bear weight on at least one leg  
• Has some trunk stability  
• Dependent on carer in most situations  
• Very physically demanding for carer  
• Stimulation of remaining abilities is very important |
| DORIS | • Sits in wheelchair  
• No capacity to support herself  
• Cannot stand unsupported and unable to bear weight, even partially  
• Dependent on carer in most situations  
• Extremely physically demanding for carer  
• Stimulation of remaining abilities is very important |
| EMMA | • Passive  
• Might be almost completely bedridden  
• Often stiff, contracted joints  
• Totally dependent  
• Extremely physically demanding for carer  
• Stimulation and activation is not a primary goal |
Functional mobility levels provide a good basis for evaluating a patient’s care needs. For optimum care, all variables must be taken into consideration, inclusive of the person’s body shape and weight distribution.

Bariatric patients’ body shape and weight distribution is often described as:

- **Pear-shaped** – weight distributed unevenly with heavier lower body
- **Apple-shaped** – weight distributed around the centre or torso of the body, or
- **Proportional** – weight distributed comparable to patients of average weight

Each body shape has unique care challenges associated with it. Different body shapes mean, for instance, that hip width can vary considerably between bariatric patients of the same weight. In selecting equipment, although the safe working load might be adequate, the patient’s hips may be too wide for the equipment. This should be considered in choosing equipment such as beds, wheelchairs, commodes and shower chairs.

Recognition of body shape differences helps in understanding related problems, such as ambulation difficulties. It is also essential for providing optimum solutions, for instance in the selection of slings for mobile lifters or ceiling lifts.
The right bed and mattress can play an active role in bariatric care, providing support for safe, ergonomic bedside routines and a dynamic platform for pressure ulcer prevention and treatment.

Combating the risks associated with immobility is a vital part of bariatric care at the bed. Safe working practices are essential for repositioning, sitting up and turning the patient, as the routine-related loads are greater. For quality bariatric care procedures, carers need to feel secure that the techniques and equipment they are using are correct for the task/activity being undertaken.

Upright positioning brings a range of health benefits and this needs to be available for bariatric people in bed. With tissue viability often an issue in bariatric care, appropriate handling must be undertaken to avoid damage to the skin. As many patients in this group are highly susceptible to pressure damage, a system for prevention and treatment needs to be considered.

Selecting the bed
Choosing the right bed and mattress combination for the individual patient is the first step to quality care at the bed. An optimum bed should be chosen in accordance with a comprehensive patient assessment and meet individual needs.
The selected bed should promote good ergonomics and comfortable working heights for carers. Some beds feature integrated scales to make weighing routines easier. An electric profiling bed provides adjustability for individualised comfort and a safe transition for the patient to a sitting position in bed.

Choosing the mattress
The correct mattress can play an important, active role in the prevention or treatment of pressure ulcers. Risk assessment is vital in choosing the right mattress, along with consideration of factors such as skin condition and the patient’s prognosis.

An optimum solution for a specific patient can be chosen from a range of pressure redistribution systems offering different modes of action. Available solutions include pressure reduction mattresses that distribute body weight over as great an area as possible. Other mattresses have built-in pressure relieving devices that deflate and inflate supporting cells in an alternating sequence programmed to suit the patient’s needs.

An optimum bed and mattress ensures comfort and supports good long-term patient management. The human touch and push button-controlled patient handling aids are both essential for quality care at the bed.

OPTIMUM SOLUTIONS

Sitting up: an electric profiling bed provides the benefits of upright positioning at the press of a button, eliminating the need for manual handling.

Pressure ulcer prevention/treatment: mattresses with built-in pressure redistributing systems can be selected to suit the needs of the patient.

Repositioning and turning side to side: this procedure can be safely performed using slide sheet(s) in a multiple-carer routine. Alternatively, a low-air-loss, turn-assist mattress replacement system can be utilised to help carers move patient from side to side.
Choosing the right transfer method is essential for the safety and comfort of carers and patients. Transfer solutions for bariatric care based on individual assessments mean routines can be managed with confidence.

Carers need to feel secure that transfers can be performed safely and that any equipment used can cope easily with the task. With the high loads involved in bariatric transfers, manual lifting must be avoided. The right equipment alone is not enough to minimise risks. Carers require training both in equipment operation and handling practices to ensure a safe working environment.

Bariatric people have a right to be handled with dignity. Transfer methods should always ensure safe handling to protect the patient’s skin integrity. For less mobile patients, suitable electrically powered lifters handle transfers with ease, giving carers full handset control of the routine. If the patient requires the assistance of a passive lifter, choosing the right bariatric sling* for the patient’s size and body shape is vital for comfort and safety.
In addition to solutions for everyday transfers, the care environment should also have access to a mobile bariatric lifter to provide safe lifting for staff, patients and visitors in the event of falls.

**Selecting the right transfer method**

If an unsuitable transfer method is used, the carer and patient are exposed to greater risks. Accurate patient assessment, based on functional mobility and ability to assist, is essential to minimise risk and provide optimum support. The Bariatric Gallery, a patient assessment tool with five levels of mobility (A-E), helps to identify the best transfer method for an individual.

**OPTIMUM SOLUTIONS**

**Bed to bed and bed to chair/commode chair transfers:**

* A, B: the patient can transfer independently or, if necessary, use a standing aid with some assistance from carers.
*C: a bariatric passive lifter (mobile lifter or permanent/semi-permanent ceiling lift) is generally used, but a standing and raising aid may be appropriate to stimulate mobilisation.

**D, E:** a passive lifter is ideal. A complete solution always includes an optimum bariatric sling.

**Lying to lying transfers:** lateral transfer of supine patients is best accomplished by a sliding sheet or suitable solution to transfer to a height-adjustable bariatric stretcher/bed. The transfer chair is another option for a lateral transfer.

**Lifting from floor:** a readily available mobile bariatric passive lifter helps carers deal with unforeseen situations.

The Tenor bariatric lifter with an optimum sling is ideal for everyday transfers and emergency floor lifts. Using a Maxi Slide sliding sheet is a good solution for safe, efficient lateral transfers, for example the Lourano transfer chair using a Maxi Slide sliding sheet is a good solution for safe and efficient lateral transfers.
Bariatric care can offer safe solutions for showering and toileting with gentle and discreet handling that maintains patient dignity.

The carer needs to feel confident that hygiene routines ensure dignified handling of the bariatric person in a safe working environment. This is particularly the case in wet, potentially slippery shower facilities. Solutions must also take into account the patient’s adipose tissue, which may be a complicating factor in handling and hygiene routines.

Having access to the right resources – a bariatric commode chair or mobile shower chair – can open up possibilities to promote mobility for some patients rather than resorting to passive methods such as bedpans and bedbaths.
Toileting and showering
As with all care activities, the choice of solution depends on an assessment of the patient’s functional mobility. Recommendations for the A-E groups provide a basis for a fine-tuned personal assessment.

For toileting, a bedside commode chair, rather than a bedpan, is the best alternative for patients in the A-D categories of the Bariatric Gallery. A commode chair at the bedside promotes mobility and helps patients maintain skin integrity and normal bladder and bowel function. Sufficient space is needed around the bed for the commode chair and to allow manoeuvring of bariatric transfer aids.

A mobile bariatric shower commode chair provides a safe platform for the showering of the A-C patient groups. As the shower chair also acts as secure transport to and from showering, consideration should be given to access and available shower room space.

OPTIMUM SOLUTIONS
Toileting:
A, B, C, D: these patients can use a bedside commode chair, rather than a bedpan. The transfer method from bed to commode chair is chosen according to functional mobility level (see page 10).
E: a bedpan is generally used.

Showering:
A, B, C: a mobile bariatric shower/commode chair provides a safe comfortable solution for these patients. The A-B groups can transfer to the shower chair independently or with the help of a walking aid. Patients in the C group are generally transferred using a mobile sling lifter.
D, E: mobility restrictions mean these patients are generally washed in bed.

Carmina can be used over a standard toilet to allow access to toilets not built to support this patient group. Used as a bedside commode, Carmina provides a more beneficial alternative to the bedpan.
All patient groups benefit from time spent in a good upright position and this is especially true in bariatric care. Safe seating solutions for individual needs are available to bring these benefits within reach.

Providing safe access to comfortable seating is an important aspect of bariatric care. Sitting upright can help improve clinical outcomes in a number of areas such as lung function and blood circulation. This also has positive benefits for combating immobility and provides an opportunity for social interaction, which enhances quality of life. Safe transfer solutions to and from the chair are available for individual patient needs (see page 10), making access a simple procedure.

Sitting in the correct sized chair ensures the patient’s comfort and well-being. The optimum chair can be identified following an assessment of the patient, taking into account factors such as weight, body shape and weight distribution. The chair should offer a satisfactory safe working load and adequate seat dimensions that provide enough space for the patient’s hips and adipose tissue, as well as easy access for applying patient slings.
Good bariatric care involves the provision of suitable equipment for every aspect of the care process, including examination and treatment sessions.

Carers need to be confident that a treatment or examination couch is designed for bariatric patients. A suitable couch addresses the examination, treatment and therapy needs of a bariatric patient in a variety of care environments. The use of an electric height-adjustable couch with an electric powered backrest and a suitable safe working load of 325kg/716lbs provides the carer with a safe means of raising and repositioning the patient.

**OPTIMUM SOLUTIONS**

**Seating:** a range of bariatric chairs is available covering a wide spectrum of safe working loads. The chair selection process should also take the patient’s body shape and weight distribution into consideration (see page 14).

**Examination/Treatment couches:** a couch specifically developed for bariatric patients and offering a high safe working load will be a secure, versatile solution for many settings and requirements.
Solutions are available for bariatric care to minimise the risk of Deep Vein Thrombosis and to promote the healing of complex wounds.

**Intermittent Pneumatic Compression**
Obese people are a high-risk group for Deep Vein Thrombosis (DVT). This risk increases if the bariatric person is immobile and confined to bed. Intermittent Pneumatic Compression (IPC) can be used to complement correct positioning in bed, leg exercises and deep breathing in an effective DVT prevention programme.

Intermittent Pneumatic Compression is a non-invasive mechanical method that works by increasing the venous blood supply in the legs via a compression garment, which is pneumatically inflated by a pump. IPC is also often used to aid wound healing and reduce oedema.

**Wound Therapy**
Patient immobility also increases the risk of wounds such as pressure ulcers. Topical Negative Pressure (TNP) wound therapy has been shown to reduce the time to heal certain complex wounds. The therapy promotes an optimum wound environment, assisting in the rate of wound closure and managing wound exudate and odour.
Choosing the optimum sling is a critical factor in safe patient handling with mobile lifters and ceiling lifts. A sliding sheet is a useful accessory applicable in a number of everyday care routines.

**Bariatric slings**
Using an unsuitable sling can compromise patient safety and cause unnecessary discomfort. A broad range of slings is available for use with bariatric mobile lifters and ceiling lifts. An individual assessment covering weight, body shape and other personal factors provides the basis for choosing the right sling.

A standard sling offers good overall comfort and safety. If extra comfort and support are required a sling with reinforced stitching and additional padding may be more suitable. Another alternative is the hammock sling, available in two versions – with or without divided leg. A divided leg hammock sling is sometimes preferred for patients with a pear-shaped body type, as it offers more support for a larger abdominal area.

**Sliding sheets**
A bariatric sliding sheet can be applied in a range of common patient handling situations such as repositioning the patient in bed, sling attachment routines and performing lateral transfers.

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**OPTIMUM SOLUTIONS**

**Intermittent Pneumatic Compression:** preventive treatment for DVT is available and can be made readily accessible for bariatric people by using the appropriate sized compression garments.

**Wound Therapy:** a portable system for Topical Negative Pressure (TNP) provides a flexible wound therapy solution for all bariatric care environments.

**Bariatric sling range:** the optimum sling can be found in the broad range of bariatric loop slings for mobile lifters and ceiling lifts. Clip slings may be an alternative for mobile lifters with a SWL up to 228 kg.

**Sliding sheet:** this patient handling aid can be applied in a number of everyday care situations.

**Infection Control:** when selecting slings and accessories, consider the use of “patient specific” items which allow instant disposal following use on a patient if it were to become heavily soiled.
TOWARDS OPTIMUM BARIATRIC CARE

Positive Eight
The principles of good care are the same in bariatric care as in any other area. ArjoHuntleigh has established a dynamic model for quality care called the Positive Eight. Providing the right resources – sufficient space, the proper mechanical aids and correct working techniques – creates optimum conditions for good quality bariatric care and leads to a range of benefits for carers, patients and care facilities.

Risk assessment
The route to delivering quality care begins by predicting the challenges in all stages of the care process and then preparing for them. Thorough risk management is essential in tailoring optimum individual care packages that also ensure a safe working environment for carers. The process should identify and assess risk factors for staff and patients and lead to effective risk control with safe working practices and suitable equipment in place.

Environmental planning
Bariatric care environments should be planned to ensure sufficient space is provided for safe patient care. Space needs are determined by the individual patient’s mobility, the equipment required and the activities to be carried out in the room, which varies in settings such as intensive care, acute care and long-term care. If space is sufficient and well-planned, carers can always use the correct working techniques and operate equipment safely and efficiently.

Example for a bariatric room
# SOLUTIONS CHART

<table>
<thead>
<tr>
<th>PRODUCTS</th>
<th>SWL</th>
<th>WIDTH*</th>
<th>MOBILITY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beds</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Contoura® 1080</td>
<td>450 kg/990 lbs</td>
<td>1200mm/47¼&quot;</td>
<td>A, B, C, D, E</td>
</tr>
<tr>
<td>Enterprise® 9000</td>
<td>250 kg/551 lbs</td>
<td>890mm/35&quot;</td>
<td>A, B, C, D, E</td>
</tr>
<tr>
<td>Bari Breeze®</td>
<td>454 kg/1000 lbs</td>
<td>920mm/36&quot;</td>
<td>A, B, C, D, E</td>
</tr>
<tr>
<td>Nimbus® 3</td>
<td>250 kg/551 lbs</td>
<td>890mm/35&quot;</td>
<td>A, B, C, D, E</td>
</tr>
<tr>
<td>PentaFlex® 250</td>
<td>250 kg/551 lbs</td>
<td>890mm/35&quot;</td>
<td>A, B</td>
</tr>
<tr>
<td>Akron Bariatric couch</td>
<td>325 kg/716 lbs</td>
<td>1070mm/42&quot;</td>
<td>A, B, C, D</td>
</tr>
<tr>
<td><strong>Lifts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maxi Sky1000 (incl. Gantry)</td>
<td>454 kg/1000 lbs</td>
<td>610mm/24&quot;***</td>
<td>D, E</td>
</tr>
<tr>
<td>Tenor</td>
<td>320 kg/705 lbs</td>
<td>690mm/27&quot;***</td>
<td>D, E</td>
</tr>
<tr>
<td>Maxi Sky600</td>
<td>272 kg/600 lbs</td>
<td>510 mm/20&quot;***</td>
<td>D, E</td>
</tr>
<tr>
<td>Maxi Move</td>
<td>228 kg/500 lbs</td>
<td>700mm/**</td>
<td>D, E</td>
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<tr>
<td><strong>Hygiene</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Carmina</td>
<td>320 kg/705 lbs</td>
<td>800mm/31½&quot;</td>
<td>A, B, C</td>
</tr>
<tr>
<td>Carmina Basic</td>
<td>320 kg/705 lbs</td>
<td>800mm/31½&quot;</td>
<td>A, B, C</td>
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<tr>
<td><strong>Chairs</strong></td>
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<tr>
<td>Lourano</td>
<td>454 kg/1000 lbs</td>
<td>686-787mm/27-31&quot;</td>
<td>A, B, C, D, E</td>
</tr>
<tr>
<td>Bariatric Armchair</td>
<td>254 kg/560 lbs</td>
<td>730mm/28½&quot;</td>
<td>A, B, C</td>
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<tr>
<td><strong>Slings &amp; Accessories</strong></td>
<td></td>
<td></td>
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<tr>
<td>Bariatric Slings</td>
<td>409 kg/900 lbs</td>
<td>n/a</td>
<td>D, E</td>
</tr>
<tr>
<td>Maxi Slide</td>
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<td>1460mm/57½&quot;*</td>
<td>D, E</td>
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</tbody>
</table>

* Internal width
** Spreader bar width