



Bariatric care

Bariatric care is the branch of medicine that deals with the causes, prevention, and treatment of obesity, which is a rising medical problem that has a clear effect on mortality.

Obesity is typically defined by body mass index (BMI). BMI is calculated using an individual's height and weight. For most people, it correlates with their amount of body fat. Adults who have a BMI of 30 or higher are considered obese.

When caring for an obese resident, there are several factors CNAs must take into account, such as obesity-related health complications, the facility's environment, and lifting and transferring.

In addressing how to properly care for obese residents, this issue will explain the eight most **common health complications** associated with obesity and how the **facility's structure** and **equipment** play a role in **providing care**. In addition, CNAs will learn how to feel more comfortable when assisting an obese resident, while also making the resident feel comfortable. **Resident safety** is a top priority, as is **resident dignity**.

Have a good day of training, and stay tuned for next month's issue of **CNA Training Advisor**, which will cover the MDS 3.0.

Did you know?

Evidence shows that people who lose weight gradually and steadily (about 1–2 lb. per week) are more successful at keeping weight off. When caloric use is greater than caloric intake, weight loss occurs. Since 1 lb. equals 3,500 calories, intake must be reduced by 500 to 1,000 calories per day to lose 1–2 lb. per week.

PROGRAM PREP

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will learn how to:

- Care for obese residents with an understanding of obesity-related health complications
- Properly lift and transfer obese residents
- Maintain resident safety and dignity
- Establish a facility environment that is conducive to bariatric care

Preparation

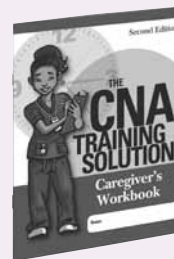
- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

Save hours of preparation time

The CNA Training Solution Caregiver's Workbook, Second Edition, is updated with new and complete lesson plans for staff trainers, interactive lessons for CNAs, and many additional activities and invaluable tools. This book gives you what you need to conduct informative, innovative training for every CNA in your facility and is packed with games, training tools, and tips that will change the way you do in-service training.



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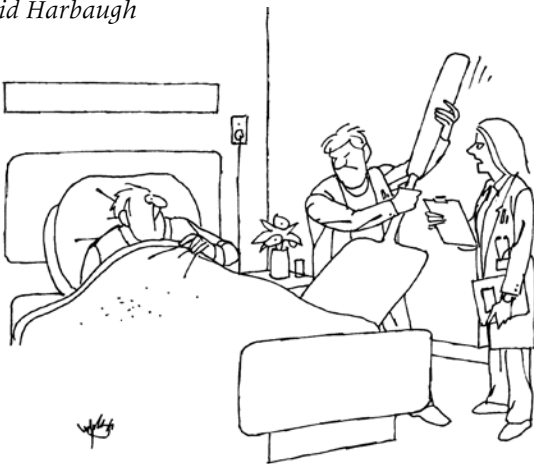
As the body ages, a loss of muscle mass occurs, which affects the metabolic rate. The metabolic rate is the amount of calories the body uses when resting. Because muscle tissue uses more energy than other body tissue, a decrease in the amount of muscle reduces the number of calories required by the body.

To avoid weight gain, the number of calories taken in must be reduced. At age 70, the average person needs 500 fewer calories each day than they did when they were 25.

Obesity is a serious and chronic illness that leads to a variety of medical complications. Education about the dangers of obesity is essential to help people modify their lifestyles. The most common obesity-related health complications include:

- ▶ **Hypertension.** Approximately 30% of people who are 30 lb. overweight have at least mild hypertension. The initial treatment for hypertension is diet. It is not necessary for a person to reach his or her ideal weight to control hypertension. Losing 10% of body weight and keeping salt intake low can reduce high blood pressure and often eliminate the need for antihypertensive medications.
- ▶ **Diabetes.** Juvenile onset, or type I diabetes, is not related to obesity. Individuals with type I diabetes almost always develop the disease before age 20. The vast majority of Americans with diabetes suffer from type II, or adult onset diabetes. These people most often develop diabetes in middle age. Obesity is the leading cause of type II diabetes. The risk of diabetes for morbidly obese people is 53 times the normal rate. For the majority of obese individuals with type II diabetes, losing as little as 10% of their body weight can eliminate or reduce the need for oral medications or insulin injections. The number of obese teenagers in the United States is resulting in an increase in the number of cases of type II diabetes in this age group.

Illustration by
David Harbaugh



"This patient isn't a pancake, and he doesn't need turning, so forget the giant spatula."

- ▶ **Cancer.** Obese females have up to a threefold increased risk of breast, uterine, cervical, and ovarian cancer. The risk of endometrial cancer is up to seven times higher for obese women. Obese men have an increased risk of colon and prostate cancer.
- ▶ **Arthritis.** Obesity also complicates osteoarthritis. The extra weight causes more wear and tear on the joints. Losing weight will result in a gradual decrease of this stress. The arthritic destruction of joints that has already occurred cannot be reversed, but less stress on the joints translates to less joint pain.
- ▶ **Elevated cholesterol.** Cholesterol levels are determined two-thirds by genetics and one-third by diet. On average, every 10 lb. of excess weight produces 10 mg of cholesterol per day. In other words, putting on 25 extra pounds is the equivalent of eating one additional egg yolk per day. Most people can reduce their cholesterol to a reasonable level by reducing their fat intake and losing weight.
- ▶ **Gallstones.** Approximately 25% of obese individuals develop gallstones. Surgery is frequently required to remove them. But if an obese person loses weight too quickly, that may also result in gallbladder complications, which could require surgery.
- ▶ **Heart attacks and strokes.** Obese individuals suffer from a greater number of heart attacks and strokes.
- ▶ **Sleep disorders.** Restful sleep can become a problem for overweight and obese people. As people gain weight, many complain that they feel tired all the time. They may also develop sleep apnea. People with sleep apnea snore and sometimes stop breathing altogether for periods of 10 seconds or more. This can happen five or more times each hour. As breathing is resumed, they often awaken, although they may not be aware of it. This leads to next-day tiredness. The cessation of breathing can cause their heart rhythms to become irregular, which can lead to a heart attack. There are some mechanical methods that help prevent sleep apnea. However, the best method of treatment is weight loss.

Structural environment

The physical structure of a facility is part of the residents' environment and plays a role in the ability of residents to function as independently as their conditions permit. The preferred environment

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encourages residents to be physically and socially active. Physical activity and a sense of independence benefit residents physically and emotionally. Structural features may include the following:

- Wide hallways
- Wide doorways
- Large shower areas
- Ramps
- Safe outdoor areas
- Elevator buttons within reach
- Handrails in hallways and elevators
- Grab-rails in bathrooms
- Rooms clearly identified by signs with large letters
- Lighting designed to compensate for diminished vision
- Carpets secure and free of tears
- Floors dry and free of spills
- Low counters at nurses' stations to allow wheelchair residents to communicate with staff members
- Tilted mirrors that allow wheelchair residents to see themselves for grooming

The environment must also support as much independence and quality of life as possible for residents with declining mental abilities. People with memory impairment must have a safe environment that allows them to walk about without fear of harm or of leaving the facility unnoticed.

The physical appearance of the facility also has an effect on the well-being of the resident. Residents will be happier in pleasant surroundings, thus improving their quality of life.

Staff by the numbers

Staff members should work in teams to transfer residents. Depending on the resident's weight and mobility, two staff members should

generally be present to safely transfer each bariatric resident from the bed to a shower gurney or wheelchair. Although only two or three staff members may need to assist in transferring a 300-lb. resident, four or five staff members should help transfer a resident who weighs between 500 and 700 lb.

One of the most challenging aspects is making sure there are enough staff members to turn and position a resident into a lift's sling. Placing the sling under an obese resident is the most involved step, whether staff members are performing a log-roll type action when a resident is lying down or shifting the weight forward when he or she is in a seated position. Whenever possible, staff should use various types of lifting and transferring equipment, such as slides, which are helpful in moving a resident up in bed. For most residents, the number of staff members needed during a transfer is determined during the initial assessment. But you'll always need at least one caregiver to handle the equipment while the others mobilize the patient.

Tips and tools for CNA training

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Equipment breakdown

When using mechanical lifts and equipment, it's important that staff members follow your facility's procedures and the equipment manual's instructions. The following are some of the types of equipment staff can use when assisting a bariatric resident:

- A mechanical lift requires two or more staff members to be present when assisting an obese resident out of a bed or gurney.
- A sit-to-stand lift allows a weight-bearing resident to move into a sitting position and stand up without staff members needing to lift the resident's entire body.
- A ceiling lift, when installed in the bath area, raises a resident into the tub. It is helpful to have either a tub that allows the resident's legs to swing over the top of it when he or she is in the lift or one with a side door.
- A trapeze allows the resident to reposition in bed with minimal or no assistance.

Prevent injuries by knowing how to properly use equipment and practice safe handling methods. Back injuries are the most common staff malady. Always call for assistance and never lift a resident alone.

Not enough assistance

When the body is pushed beyond its physical capacity, an injury is likely to occur. It is often difficult to get assistance from other staff members, and it's time-consuming to use a mechanical lift. However, the effort required to obtain assistance with a transfer is minimal in comparison to the problems that can result from injuries and lost work time. Too many people regret thinking, "I can do it by myself this time."

The don'ts of lifting and transferring

Common mistakes that are made during the transfer procedure and can lead to an injury include the following:

- Failure to predetermine whether additional help will be necessary
- Not providing the resident with clear directions about the transfer and how he or she can assist
- Not planning ahead (e.g., the chair is not in place or the resident is not wearing supportive nonslip footwear)
- Not maintaining the back in a slightly curved position during a lift or transfer
- Using twisting and jerking movements instead of smooth transitional movements
- Holding the weight away from your body
- Failing to tense abdominal muscles before and during the transfer
- Not standing with feet apart and knees slightly bent ■

Activities for bariatric residents

In pursuing leisure interests, many bariatric residents will face barriers such as mobility impairments, embarrassment related to their obesity, shortness of breath with exertion, inability to tolerate being up for prolonged periods, and general lack of energy and stamina. The care planning team must address these barriers on an individual basis.

Activities professionals should work with the therapy department, nursing department, social services, physician, mental health professional, and dietitian in developing a comprehensive care plan to meet the unique needs of bariatric residents. Activities professionals can be an element of support and can coordinate activities that promote a healthier lifestyle by offering classes on healthy cooking; serving healthy snack options at activities; setting up an exercise program that is progressive as the resident gains strength and mobility; and helping residents get to scheduled support groups as desired. Activities professionals should also encourage and assist as needed with assessed individual leisure interests, whether they involve independent, one-on-one, or group activities.

Questions? Comments? Ideas?

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Mark the correct response.

Name: _____

Date: _____

1. The initial treatment for hypertension is _____.
 - a. medication
 - b. diet
 - c. exercise
 - d. none of the above
2. Obesity is the leading cause of type II diabetes.
 - a. True
 - b. False
3. On average, every 10 lb. of excess weight produces _____ mg of cholesterol per day.
 - a. 5
 - b. 8
 - c. 10
 - d. 14
4. The best method to prevent and treat sleep apnea is _____.
 - a. exercise
 - b. sleeping in an upright position
 - c. weight loss
 - d. prescription medication
5. The preferred facility environment encourages residents to be _____.
 - a. quiet and private
 - b. physically active
 - c. socially active
 - d. both b & c
6. Whenever possible, CNAs should use various types of lifting and transferring equipment, such as slides, which are helpful in moving a resident up in bed.
 - a. True
 - b. False
7. A _____ allows an obese resident to reposition in bed with minimal or no assistance.
 - a. mechanical lift
 - b. sit-to-stand lift
 - c. ceiling lift
 - d. trapeze
8. Shoulder injuries are the most common staff malady.
 - a. True
 - b. False
9. During a transfer, CNAs should use smooth transitional movements rather than twisting and jerking motions.
 - a. True
 - b. False
10. Before lifting and transferring a resident, CNAs should _____.
 - a. inform the resident of what's going on and how he or she can help
 - b. make sure equipment is in its proper place
 - c. stand with feet apart and knees slightly bent
 - d. all of the above