



## **Appendix 6: Procedure for The Safer Handling of the Heavier/Plus size Patient**

### **Introduction**

Heavy/Plus size patients are at increased risk of ill health, therefore it is foreseeable that this group of people will present at hospital for potential admission and community support thereafter. The management of heavy/plus size patients presents multiple challenges particularly in relation to suitable equipment, staffing, transportation and environmental constraints.

Patients assessed as being in excess of 125kg will be considered as 'heavy' however, weight cannot be looked at in isolation as the patient's presentation, height, shape and weight distribution are all key factors which need to be considered. See Plus Size Patient Gallery in Appendix 5.

Plus size patients are defined as any person whose weight is in excess of 160kg.

There is an increased incidence in the admission and discharge of heavy and plus size patients throughout NHS Fife. This guidance is designed to support all NHS Fife staff involved in the handling of the heavy/plus size patient and assist them to make decision(s) which will minimise the risk relating to handling this group of patients. The flow chart in Appendix 4 will assist staff in sourcing advice and guidance as well as obtaining suitable equipment for the plus size / bariatric patient.

Throughout this procedure, the term 'Heavy/ Plus Size' is used in describing the patient. However, the term 'bariatric' is used when referring to any equipment.

### **Operational Process**

All staff involved in the handling of the patient must comply with NHS Fife's Manual Handling Policy, generic risk assessment for the handling of the heavier patient, (Appendix 1), and any local procedures developed to assist with the management of the heavier/ plus size person.

At the point of admission, staff should make every effort to obtain an accurate weight where this is not available.

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## **Emergency Admissions**

Where possible the referring practitioner will inform Emergency Department/Acute Admissions that a heavy or plus size patient is to be admitted.

Where staff have been made aware that a heavy/plus size patients admission is imminent, they will make arrangements to ensure that appropriate equipment is available at the earliest opportunity.

Where required, heavy duty equipment can be obtained from the Bariatric equipment loan store, Level 8 VHK (appendix 2). Where a bed is required, an appropriate mattress should be obtained. This will come with a standard foam mattress however, you may need to select an alternative (See appendix 3)

Where the loan store does not have the required equipment, staff should consider rental (See appendix 4). **(Note: if no onsite equipment is available it can take up to 4 hours for rental delivery).**

If the patient's weight is unknown on admission, staff should make every effort to establish an accurate weight to ensure appropriate equipment is used.

Where the patient requires manual handling intervention, an individual patient handling assessment **must** be completed

Where the patient is to be transferred to another department or ward, i.e theatres, x-ray, etc. it is the responsibility of the staff caring for the patient to inform the receiving department and porters prior to the patient's transfer.

If the patient requires an x-ray, the safest method for undertaking this will be identified through the risk assessment process. Departmental/local processes may need to be put in place to facilitate this at ward level or within the Emergency Department.

## **Outpatient and Elective Admissions**

Following pre-assessment, the nurse will inform the ward and theatre of the planned date for the patient's admission. This should enable each department to make appropriate arrangements for equipment or staffing need. **(Note: where the patient does not have a date for surgery, the secretary will be notified to inform the ward and theatre when a date is issued).**

The person in charge of the department should ensure staffing levels are adequate to allow for safer handling of the person if required.

The person responsible for the patient's care on admission to the ward must make arrangements for the patient to attend or return from theatre on an electric profiling bed. Where required, a plus size bed can be obtained from the loan store or by following the hire of equipment process. (Appendices 3 & 4).

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## **Theatres**

Where information has been received that a heavy/plus size patient is to attend theatre, the person in charge of the theatres should ensure the heavy duty theatre table is available.

## **Transfers**

Transportation of the heavy/plus size patient should be kept to a minimum.

Where a patient is to be transferred permanently to another ward/department, the person currently responsible for the patient's care must inform the receiving ward/department that the patient is heavy/plus size so the receiving unit can make suitable and safe arrangements for the care of the patient. The patient's support needs and equipment must be communicated to the receiving ward/area. The equipment required to meet the needs of the patient should be transferred with the patient or confirmation must be sought that the receiving area have the appropriate equipment.

## **VHK only**

Where the patient is internally transferred with equipment from the loan store , the person responsible for the patient's care prior to transfer must inform the loan store that the patient and the equipment have been moved.

Where the patient is internally transferred with hire equipment the person responsible for the patient's care prior to transfer must inform the receiving unit that the equipment is on hire. Agreement should be made between both areas in relation to financial implications of equipment hire.

Where the patient is to be transferred using patient transport, the person responsible for the patient's care must inform ambulance control at the time of booking that the patient is heavy/plus size. Where possible an accurate weight should be provided to allow ambulance services to make suitable and safe arrangements for transfer.

## **Discharge**

Where a patient has been assessed as requiring equipment for discharge, the professional(s) should consider the following:-

- The Assessment Re-enablement Practitioner (ARP) will agree an appropriate care package and discharge date with the patient, carers and other necessary services i.e. Community Teams, Home Care Manager, Social Worker, District Nurse, Physiotherapist, Occupational Therapist and Dietician etc.

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- A home or environmental visit will be carried out to ensure suitability for required equipment.
- The ARP will inform all members of the multidisciplinary team and significant others of the expected date of discharge.
- The Nurse in Charge of the patient's care will ensure that, through communication with members of the multidisciplinary team, relevant heavy-duty equipment is in situ within the patient's home prior to discharge.
- The Nurse in Charge of the patient's care will inform ambulance control of the patient's weight and expected date of discharge, allowing at least 48 hours of notice if non-emergency.
- A current copy of the completed 'client handling risk assessment form' will accompany the patient on discharge.
- The Nurse in Charge of the patient's care will return any heavy-duty equipment to source once the patient is discharged.

### **Care of the Deceased Patient**

Where required, the person responsible for the patient's care will inform porter and mortuary staff that a heavy/plus size patient requires transfer to the mortuary.

- **Queen Margaret Hospital** - Where the patient is too large for the concealment trolley, they will be transferred to the mortuary on their bed. Staff at QMH should use the concealment frame designed for use with the Plus size bed to ensure the patient's dignity.

The patient must be transferred to the mortuary refrigerator or refrigerated room within the Mortuary; or if this is not possible, the funeral director must be contacted to arrange priority uplift.

- **Victoria Hospital Kirkcaldy** – Porter staff will follow the internal process for transferring the patient on their bed to the mortuary. The route incorporates the clinical corridor and Phase 2 lifts.
- **Cameron/ Randolph Wemyss** –Staff responsible for the patients care will contact Co-op Funeralcare direct and advise of the deceased patient.

Where the patient remains in the mortuary, mortuary staff will liaise with funeral directors and advise funeral directors of patient's status.

### **Care of In-Patient After Death:**

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- Whenever possible, the bed should be used for mortuary transfers, as the concealment trolley is much narrower it also reduces unnecessary handling, 2-3 staff are required for this task.
- Where possible and when sufficient number of staff is available (recommend 4 - 6), the Plus size deceased should be transferred on to the body elevator, using disposable bariatric slide sheets and placed in the appropriate mortuary fridge. Where this is not possible, they can be placed in the cold room, remaining on their bed.
- Where the Plus size deceased has a diagnosed infectious disease, he/she should be placed in a body bag whenever possible, as per NHS Five policy. When this is not possible, all staff handling the deceased must be informed, prior to any contact.
- The funeral directors must be informed that the patient is Plus size to allow for appropriate collection arrangements.
- On collection by the Funeral director, they must attend with a height adjustable Washington trolley and the appropriate numbers of staff. The disposable slide sheet should be used to facilitate the transfer and can be left insitu, alternatively the funeral directors can access a Bariatric hoist and lifting straps.

### **Post Mortem (PM)**

Mortuary staff will assess if the patient is a suitable size and within the safe working load for the post mortem table.

Where the patient is too large, the mortuary staff will refer the case back to the procurator fiscal

Where possible, mortuary staff will avoid performing a PM and instead undertake a non-invasive external examination known as a "view and grant".

### **Collection of the Deceased Patient**

Mortuary Staff must inform the funeral directors that the patient requiring collection is heavy/plus size. This will allow for the appropriate equipment and staff numbers to facilitate the safe collection of the patient.

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RECORD OF MANUAL HANDLING RISK ASSESSMENT (Based on HSE's Five steps to risk assessment)			
<b>Date of Assessment:</b>		<b>Assessment Reference:</b>	
<b>Department:</b>		<b>Assessment Revision:</b>	
<b>Manager Responsible:</b>			
<b>Risk Assessor(s):</b>			
<p><b>Step 1(a)- Description of Task and Environment</b></p> <p>This is a generic manual handling risk assessment for Plus size/heavy patients during their encounters with health professionals and/or health premises. Once Plus size/heavy patient status has been established, consideration must also be given to the individual's 'body type' during the assessment process.</p> <p><b>The Plus size/heavy Patient Handling Risk Assessment should be used in conjunction with the individual client assessment.</b></p> <p><b>Definition of the Plus size patient:</b></p> <p>All individuals assessed as being in excess of (160kg) are classed as Plus size and therefore are unsafe or unsuitable for the majority of NHS equipment. However, consideration should be given to all 'heavy' individuals assessed as being in excess of(125kg) as they may also be unsuitable for certain items of NHS equipment.</p> <p>There may also be specific risks or hazards within an area, which will need to be addressed in an area specific Manual Handling Risk Assessment.</p>			
<b>Step 1(b) What are the hazards</b>		<b>Step 2- Who might be harmed &amp; how</b>	<b>Step 3(a)- Current Controls</b>
LOAD			
Patient weight and other necessary information not available on admission.	<p>Staff are at risk of musculoskeletal harm due to inappropriate equipment, incorrect or poor handling techniques.</p> <p>Patients at risk of musculoskeletal harm or other significant injury due to poor handling techniques, inappropriate equipment or falling from hoist/ bed.</p>		<p>Patient weight should be measured and noted in care plan on admission.</p> <p>Countura 1080 beds and Arjo Tenor Hoist have built in scales.</p>
Complex patient co-morbidities or additional health problems.			Co-morbidities affecting patient handling and mobility should be recorded in patient notes.

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Inappropriate patient footwear .		Patient footwear to be reviewed. If inappropriate or likely to cause trip hazard, suitable footwear should be sourced.
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INDIVIDUAL CAPABILITY		
Staff unfamiliar with the patient .	<p>Staff at risk of musculoskeletal injury.</p> <p>Lack of information on patient means that appropriate equipment not in place or handling cannot be properly planned.</p> <p>Patients at risk due to compromised care/ handling activities.</p>	<p>Staff to ensure patient notes completed on admission.</p> <p>Daily care plan to be kept up to date.</p> <p>Plus size patient handling needs to be raised at ward safety huddles/ handovers.</p> <p>Patient notes to accompany patient when transferred to different ward.</p>
Staff pregnancy.	<p>Staff at risk of musculoskeletal injury due to hormonal changes affecting muscles/ tendons.</p> <p>Postural risks especially during latter stages of pregnancy which could compromise staff ability to adopt suitable posture for handling activities.</p>	<p>Staff to inform manager in writing if they are pregnant or breast feeding so that relevant New or Expectant Mother Risk Assessment can be conducted.</p> <p>New or Expectant Mother Risk Assessment to be completed for all relevant staff.</p>
Staff handling training not up to date.		<p>Managers to review staff training needs and ensure staff are booked on appropriate manual handling training course(s).</p> <p>Staff to attend training when scheduled.</p>
Staff awareness of Plus Size/ Heavy Patient handling equipment availability.	<p>Staff are at risk of musculoskeletal harm due to inappropriate equipment, incorrect or poor handling techniques.</p> <p>Patients at risk of musculoskeletal harm or other significant injury due to poor handling techniques, inappropriate equipment or falling from hoist/ bed.</p>	<p>Bariatric equipment is stored on level 8 Phase 2 VHK Ext 21042, equipment should be retrieved and returned using the teletracking system as specified in the Procedure for the Safer Handling of the Heavier/ Plus Size Patient.</p> <p>If equipment unavailable then equipment should be hired from 1<sup>st</sup> call mobility as specified in Appendix four of the Procedure for the Safer Handling of the Heavier/ Plus Size Patient.</p>
Staff familiarity in the use of equipment designed for the Plus size/heavy patient.		Rental company to provide instruction in use of equipment.

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		<p>Staff to request and read instructions before use.</p> <p>Manual handling team available to provide additional support.</p> <p>General bariatric equipment covered in manual handling training.</p>
Difficulty in adopting safe postures due to patient size.	Staff at risk of musculoskeletal harm due to compromised postures during handling activity.	<p>Use of correct manual handling techniques.</p> <p>Adequate members of staff to be available.</p> <p>Use of bariatric equipment rather than standard handling aids.</p>
Existing musculoskeletal problems/ discomfort.	Staff at risk of musculoskeletal problems/ discomfort becoming aggravated. This may be due to staff adopting unsuitable postures to compensate for existing problems or because of patient size.	<p>Staff to advise manager of any musculoskeletal discomfort.</p> <p>Any staff reporting musculoskeletal discomfort to their manager must be referred to Occupational Health either as self or management referral.</p>
<b>TASK</b>		
Poor/ inadequate planning for moving of patient.	<p>Staff are at risk of musculoskeletal harm due to inappropriate equipment, incorrect or poor handling techniques.</p> <p>Patients at risk of musculoskeletal harm or other significant injury due to poor handling techniques, inappropriate equipment or falling from hoist/ bed.</p>	<p>Communication is crucial to ensure that tasks involving Plus size patients are pre-planned and that the correct equipment and number of staff are available.</p> <p>Relevant information includes: patient size &amp; weight, equipment required and number of staff needed.</p> <p>The Safe Working Load must always be adhered to.</p> <p>Sufficient numbers of staff must be available for the task.</p>
Use of inappropriate equipment	Staff and patient are at risk of musculoskeletal harm or other significant injury due to unexpected or catastrophic failure of equipment.	Standard equipment must never be used for handling or care of Plus size/ heavy patient.

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		The Safe Working Load must always be adhered to.
The use of body bags and transportation to the mortuary may have specific issues in relation to the patient's size.	Staff are at risk of musculoskeletal injury while handling deceased patient. Staff also at risk of illness if patient has infections disease.	See guidance on 'Care of In-patient after death' in Procedure for the Safer Handling of the Heavier/ Plus Size Patient.

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ENVIRONMENT		
Space constraints within the environment (hospital).	Staff at risk of musculoskeletal injury due to difficulties in accommodating Plus size equipment or sufficient staff members.	Side room preferable for Plus size patients. If patient located in a bay, they should be allocated two bed spaces rather than 1. Minimise as far as possible other equipment (i.e. chairs, tables, etc. in side rooms and bed space.
Some properties within the community setting may not be suitable to accommodate larger equipment.		Suitable home assessment conducted before patient discharged.
Safe working load (SWL) not always known for existing fixtures/ fittings.	Staff and patient are at risk of musculoskeletal harm or other significant injury due to unexpected or catastrophic failure of equipment.	As far as possible, bariatric equipment/ aids to be used in preference to standard or existing fixtures/ fittings. Contact estates help desk if concerns regarding existing fixtures/ fittings.
Gradients on floors.	Staff at risk of musculoskeletal injury due to increased pushing/ pulling forces needed to negotiate gradients. Injury risks also with difficulties in controlling steering, speed and direction of equipment on gradients.	Whenever possible, a bed is the preferred option for internal transfers for diagnostics. Minimum of 2 members of staff for internal transfers.
Additional Controls		
<p>Controls noted under step 3(a) above are specific to the hazards identified in step 1(b).</p> <p>In addition to these controls, further general clinical controls are in place in the ward as follows:</p> <p>Manual Handling Policy and appendices, training</p> <p>The Manual Handling Team can provide advice and guidance on the safe manual handling, and equipment issues Ext: 21042.</p> <p>Individual client assessments are now part of the NHS Fife daily care plan as part of patient nursing notes.</p> <p>The Plus size Admission Questionnaire</p> <p>Any incidents which could have, or did, result in staff or patient injury must be recorded in DATX.</p>		

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Any incidents where suitable equipment cannot be obtained must be recorded in DATIX.

Any incidents where equipment has failed whether or not an injury occurs, must be recorded in DATIX.

**These additional control measures work to reduce the overall manual handling risks within the clinical environment.**

**Step 3(b) Evaluate the risks: Possible/ moderate – Possible/ major = Moderate Risk (9) – Moderate Risk (12)**

Severity Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Certain (5)	Low risk (5)	Moderate risk (10)	High risk (15)	High risk (20)	High risk (25)
Likely (4)	Low risk (4)	Moderate risk (8)	Moderate risk (12)	High risk (16)	High risk (20)
Possible (3)	Very low risk (3)	Low risk (6)	Moderate risk (9)	Moderate risk (12)	High risk (15)
Unlikely (2)	Very low risk (2)	Low risk (4)	Low risk (6)	Moderate risk (8)	Moderate risk (10)
Remote (1)	Very low risk (1)	Very low risk (2)	Very low risk (3)	Low risk (4)	Low risk (5)

**Step 3(c)- What Further Action is Necessary? Step 4- Record Your Findings and Implement Them**

Action Required	Person Responsible	Action Date	Action Taken	Completed Date

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Have the findings of this risk assessment been communicated to all relevant people?	Yes	No
Method(s) of communication		
Assessment Approved by:	[Evidence]	Date:
Service Manager Sign Off (print name & designation):		
Signature & Date		
How soon should this assessment be reviewed and how regularly afterwards?		

This assessment should be reviewed immediately following any injury or non-injury manual handling incidents or if there have been significant changes in work activity

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## Appendix 2: Bariatric Equipment Loan Processes – Victoria Hospital Only

The Bariatric equipment store is located within the manual handling training room on Level 8, Phase 2 VHK. The purpose of the store is to assist staff with location and access to equipment suitable for the heavy/ plus size patient. Staff should be aware that equipment is limited. If equipment is not available, they should refer to the Plus Size/ Heavy Patient Equipment Rental Guidance (Appendix 4) for information how to hire suitable equipment.

The Loan Store currently has:

- Contoura 1080 Plus size bed with weigh scales. **(Must only be used with a patient who has a BMI  $\geq$  40)**
- Contoura 1080 bed bumpers
- Liko Viking XL Hoist Safe working load 300kg
- Arjo Tempo Hoist Safe working load 320kg
- Armchairs
- Commodes
- Walking Frames

To access the equipment within working hours (Mon – Fri 9am-5pm) staff can contact the Manual Handling Team on Ext 21042 or 01383 428417, where access to the store will be arranged. Staff should contact porters via Tele tracking to arrange for the collection of the equipment. **Note: Two porters will be required to collect or return a bariatric bed to the Bariatric Equipment Loan store.**

To access the equipment out of hours including weekends, staff should contact the duty charge nurse or weekend coordinator who will provide access for portering staff. Contact porters via tele tracking to collect the equipment.

On accessing the equipment, staff must complete the 'log out' board located outside the training room. All fields must be completed including the patient's name, ward and department..

Departments are responsible for cleaning the equipment, ensuring it is decontaminated (form should be attached to equipment) and returned to the Bariatric loan store in good working order. Where the equipment becomes faulty during the loan period, departments are responsible for reporting the faults to estates.

### Returning Equipment

All NHS Fife Bariatric equipment must be returned to the Loan Store on Level 8 when not in use. This ensures that;

1. there is ready access to essential equipment at time of need; and
2. bariatric beds are **NOT** used for non plus size patient. Inappropriate use poses a **significant clinical risk** as patient limbs can be trapped between the bed rails and bed frame if used for other patient groups.

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The process for returning a Bariatric bed to the Bariatric equipment store is to contact the porters via tele tracking and request a normal bed from the bed store and removal of the Bariatric bed to the Bariatric equipment store. A decontamination certificate must be attached.

**How to recognise a Bariatric Rental Bed (Baros Acute Rental Bed) and NHS Fife Bariatric bed.**

The Baros Acute Rental bed will be labelled 1<sup>st</sup> Call mobility. A rental bed is charged to NHS Fife at a daily rate therefore the company **must** be notified when the bed is no longer required to avoid unnecessary charging. Tel: 01279 425 648 Rental beds or equipment should **not** be sent to the Bariatric Equipment store to await uplift. Should Bariatric equipment be hired from a source other than 1st Call Mobility the hiring ward should contact the company (contact number will be on the equipment) as soon as possible to stop the hire and arrange for uplift. Hired equipment must not be sent to the Bariatric Equipment Store.



Contura 10/80 Loan Store level 8 Mobility



Baros Acute Expandable rental 1<sup>st</sup> Call

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## Appendix 3: Mattress Selection

### Therapeutic Equipment Selection Guide

Patient at risk of pressure damage (PURA assessment)  
Skin intact or blanching erythema

Carry out positional changes/ 30 degree tilt on electric bed frame if available  
Nurse on pressure reducing foam mattress



Deteriorating skin integrity  
Up to grade three pressure damage

Carry out positional changes/ 30 degree tilt on electric bed frame if available  
Nurse on a mattress from the amber selection below



Established pressure damage up to grade 3 & 4

Carry out positional changes/ 30 degree tilt on electric bed frame if available  
Nurse on a mattress from the red selection below

Max weight	Max weight	Max weight
Softform premier (247kg) Pentaflex 250 (250kg)	Up to grade 2 damage: Repose mattress (140 kgs) Up to grade 3 damage: Softform Premier Active (248kg) (not available in all wards)	Autologic (200kg) Nimbus 4 (250kg) Cairwave (286kg) Phase 3 (250kg) Breeze low air loss system (140 kgs)

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#### **Appendix 4: Plus Size/ Heavy Patient Equipment Rental Guidance**

Where heavy duty equipment is required and current stock is not suitable or unavailable, staff should consider renting.

In order to do so they must seek authorisation from senior management.

Once approved, a purchase code can be obtained through PECOS. Once they have the code staff should phone **1<sup>st</sup> Call Mobility on 01279 425648.**

Other types of heavy duty equipment are available for specific requirements. For further information contact the Manual Handling Team on Ext 21042 or 01383 428417.

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## Appendix 5: Plus Size Patient Gallery



### Adisa

- Ambulatory, but may require stick or Zimmer aid for support
- Independent, can clean and dress herself
- Can tire quickly
- Stimulation of abilities is very important

### Equipment which may be required

- Bariatric bed with appropriate mattress
- Bariatric chair
- Bariatric commode
- Bariatric walking stick / Zimmer frame

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### **Bob**

- Uses walking frame or similar
- Can support himself to some degree
- Dependent on carers who are present in demanding situations
- Physically demanding for carers
- Stimulation of remaining abilities (e.g. ambulation) is very important

### **Equipment which may be required**

- Bariatric bed with appropriate mattress
- Bariatric chair
- Bariatric commode
- Bariatric Zimmer frame

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### **Calvin**

- Sits in wheelchair
- Is able to partially bear weight on at least one leg
- Has some trunk stability
- Dependent on carers in most situations
- Physically very demanding for carers
- Stimulation of remaining abilities is very important

### **Equipment which may be required**

- Bariatric bed with appropriate mattress
- Bariatric chair
- Bariatric commode
- Bariatric Zimmer frame
- Bariatric hoists with lifting pants or full body sling

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## **Diana**

- Sits in wheelchair
- No capacity to support herself at all
- Cannot stand unsupported and is unable to bear weight, not even partially
- Dependent on carers in most situations
- Physically extremely demanding for carers
- Stimulation of remaining abilities is very important

## **Equipment which may be required**

- Bariatric bed with appropriate mattress
- Bariatric chair
- Bariatric commode
- Bariatric hoists with full body sling

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## **Ella**

- Passive resident
- Might be almost completely bedridden
- Totally dependent
- Physically extremely demanding for carers
- Stimulation and activation is not a primary goal

## **Equipment which may be required**

- Bariatric bed with appropriate mattress
- Bariatric chair
- Bariatric commode
- Bariatric hoists with full body sling

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