## Manual handling care of bariatric patients in hospital Guideline

**Classification:** Guideline  
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**Additional author(s):** N/A  
**Authors Division:** Governance  

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### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro</td>
<td></td>
</tr>
<tr>
<td>Who should read this document</td>
<td>2</td>
</tr>
<tr>
<td>Key practice points</td>
<td>2</td>
</tr>
<tr>
<td>Background/ Scope/ Definitions</td>
<td>2</td>
</tr>
<tr>
<td>What is new in this version</td>
<td>2</td>
</tr>
<tr>
<td>Policy/Procedure/Guideline</td>
<td>3</td>
</tr>
<tr>
<td>Explanation of terms</td>
<td>4</td>
</tr>
<tr>
<td>References and Supporting Documents</td>
<td>4</td>
</tr>
</tbody>
</table>

### Appendix

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY ADMISSION OF A BARIATRIC PATIENT</td>
<td>5</td>
</tr>
<tr>
<td>PLANNED ADMISSION OF BARIATRIC PATIENT</td>
<td>6</td>
</tr>
<tr>
<td>TRANSFER OR A BARIATRIC PATIENT BETWEEN HOSPITAL WARDS AND DEPARTMENTS</td>
<td>7</td>
</tr>
<tr>
<td>MOVEMENT OF A DECEASED BARIATRIC PERSON IN HOSPITAL TO THE MORTUARY</td>
<td>8</td>
</tr>
<tr>
<td>PLANNED DISCHARGE</td>
<td>9</td>
</tr>
<tr>
<td>FIRST CONTACT IN THE COMMUNITY</td>
<td>10</td>
</tr>
<tr>
<td>PLANNED DISCHARGE FROM HOSPITAL TO COMMUNITY SETTING</td>
<td>11</td>
</tr>
<tr>
<td>SCALE CONVERSION CHART</td>
<td>12</td>
</tr>
<tr>
<td>GUIDELINES FOR USE OF EQUIPMENT ACCORDING TO PATIENT WEIGHT</td>
<td>13</td>
</tr>
<tr>
<td>THERAPY AIDS GUIDELINES</td>
<td>17</td>
</tr>
<tr>
<td>INSTRUCTIONS FOR TRANSFER OUT OF BED INTO HUNTELEIGH TRANSFER CHAIR</td>
<td>18</td>
</tr>
<tr>
<td>INSTRUCTIONS FOR TRANSFER FROM HUNTELEIGH TRANSFER CHAIR INTO BED</td>
<td>19</td>
</tr>
<tr>
<td>Equipment operating instructions for the baribreeze mattress and the Contoura 1080 bed and its weigh scales</td>
<td>20</td>
</tr>
</tbody>
</table>
Who should read this document?

All hospital staff who come in contact with bariatric patients.

Key Practice Points

The manual handling of patients is recognised as an activity which can cause injury to patients and staff. To reduce the likelihood of injury to patients and staff, it is important that staff utilise the equipment provided by the Trust for the safety of all concerned.

Background/ Scope/ Definitions

Rationale for the development of this pack.

These guidelines were developed to provide staff with timely information of the equipment available to assist with the manual handling of bariatric people who access hospital services and to aid staff in decision-making with regard to safe, clean and personal care for these people within this organisation.

Whilst all patients can have complex needs, bariatric patients need to be cared for without risking their safety by the use of inappropriate equipment. Staff need to be aware of the many facets of the care of these people where the safety of the patient and themselves can be put at risk.

What is new in this version?

Amendments to flow chart relating to emergency admission
Changes to hoist availability in equipment checklist
Changes to details for slide sheet availability for bariatric sizes
Addition: Discharge planning flowchart

Alteration: Community Services: Equipment is provided through the Equipment Service at Burrows House according to patient need. The Equipment Service has
its own processes and range of equipment that staff will need to be familiar with and utilise appropriately.

Staff should also be aware that some people will be funding their own care and equipment over which this organisation has no control. However, if staff have any concerns for the safety or wellbeing of the person, this should be reported via the Incident Reporting System.

Addition: **Community Services**: When prescribing bariatric equipment for use in the home environment, it will be appropriate to consider if family members or informal carers will be using the equipment and consider their ability to fulfil this.

Addition: Transfer of a bariatric person between hospital wards and departments

Addition: Flowchart relating to first contact in the community

Addition: Flowchart relating to planned discharge from hospital to a community setting

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**Policy/ Guideline/ Protocol**

The list below should not be considered as exclusive and is provided as an aide memoire. There is no substitute for careful assessment and care planning for the movement of these patients.

- Consider weight, height and body frame/shape of patient.
- Ensure appropriate equipment is available for the movement of the patient.
- Utilise pushing mechanism for moving and handling rather than pulling mechanism.
- Assess the number of staff to perform nursing care, e.g. washing and document appropriately.
- Liaise with other departments: e.g. radiology, theatres, if the patient needs to move within the Trust. This enables a check to be made of the suitability of the equipment and informs the receiving area of the patient’s requirements.
- Co-ordinate care with movement, e.g. wash the back of the legs when the patient is turned, DO NOT TURN UNNECESSARILY.
- Group cares wherever possible.

For example: during the provision of personal hygiene for the patient, remember:

- When moving the patient’s legs, remember one leg is approximately one sixth of the patient’s body weight.
- Utilise a trolley alongside the bed to support arm during washing and pivot arms to wash underneath, rather than lifting and holding the limb.
• Utilise both hands when moving any part of the patient’s body. For example, when washing the groin area, one member of staff should hold the patient’s flesh whilst another washes the area.
• Pay particular attention to any skin folds and ensure they are completely dry after washing.

• Advice is available from Kath Briody, Back Care Advisor (64027).
• Huntleigh representative Shirley O’Hara is available for advice and support in regards to the equipment (07780955411).

**Explanation of terms**

**Definitions:**

**Bariatric person.**

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 (Loughborough University, 2008)

A bariatric person is defined by healthcare organisations as a person whose weight, body dynamics or weight distribution exceeds the safe working load and dimensions of a support surface, for example a mattress, bed frame, commode (Loughborough University, 2008).

**References and Supporting Documents**

• Transfer standards for all adult patients within Salford Royal Foundation Trust Policy

• Care after Death Policy
EMERGENCY ADMISSION OF A BARIATRIC PATIENT (TO HOSPITAL)

Has warning of incoming patient been received?

Yes
Prepare appropriate equipment. Consult guidelines for use of equipment according to patient weight.

No
Place patient on a safe surface. Be aware Emergency trolleys have a safe working load of 160Kg (25 stones) but there is one trolley with a safe working load of 250Kg (39 stones). If patient is heavier, follow next points.

Obtain suitable patient handling equipment – see list within this document

Obtain appropriate number of staff

If patient is to be transferred to another area, inform as soon as possible to give time for preparation. Particular attention to be paid to notifying Radiology as equipment issues may be found (each room has notice giving details of safe working load of equipment, discuss with radiographer).
PLANNED ADMISSION OF BARIATRIC PATIENT (TO HOSPITAL)

Inform receiving ward of patient’s needs and weight, including date recorded

Receiving ward staff to check safe working load of equipment required

- Safe working load and size appropriate
  - Safe to admit patient
  - Consider hiring appropriate equipment

- Obtain appropriate equipment from other areas
  - Obtain appropriate equipment from other areas

Complete patient manual handling assessment

Detailed care plan

Are sufficient staff available?

- No
  - Inform Matron/Lead Nurse or Site Coordinator

- Yes
  - Proceed with patient movement
TRANSFER OF A BARIATRIC PATIENT BETWEEN HOSPITAL WARDS AND DEPARTMENTS

Is the patient on a surface which is capable of supporting their weight?

No → Delay transfer of patient until the patient is on an appropriate surface

Are sufficient staff available to move this patient to the receiving area?

No → Request additional staff and delay transfer until staff are available

Has communication with the receiving area established that appropriate equipment is available?

No → Delay transfer until appropriate equipment available in the receiving area

Are there are any special instructions that need to be communicated to the receiving area, e.g. DNAR, how equipment to be used?

No → Deliver communication in writing. Ensure needs recorded in patient record.

If the patient is to transfer between wards/departments despite the arrangements not being in place, the responsible Consultant must be informed of the issues and document that they agree that the transfer can take place despite the situation.

No → Inform senior managers
MOVEMENT OF A DECEASED BARIATRIC PERSON IN HOSPITAL TO THE MORTUARY

Patient certified deceased and laying out performed as per policy

Prepare the patient to ensure a dignified journey to the mortuary as per Care after Death Policy

Request attendance of porters to transport the patient to the mortuary, including information of means of transportation so that additional staff can be assigned to the task

All patients weighing more than 159Kg (25 stones) should be transported on their bed to the mortuary. NB: staff should be aware that some patients lower in weight may also require this facility due to their body shape.

Inform Mortuary staff of impending transfer

Ensure sufficient staff available to ensure transfer performed in dignified manner, e.g. clearing corridors, ensuring lifts available

Patients on beds should be placed in the cold room facility within the mortuary for the department staff. Other patients should be placed in the appropriate size facility within the mortuary.
Planned Discharge

IT IS ESSENTIAL THAT DISCHARGE PLANNING COMMENCES AS EARLY AS POSSIBLE

Discharge planned to:

HOME:
Liaise with the patient and any carers to ensure equipment provided meets the needs of the person and fits in the environment.

INTERMEDIATE CARE:
- Provide details of patient needs
- Ensure equipment available
- Check the patient can be evacuated safely in the event of a fire.

OTHER CARE FACILITY:
Provide details of requirements as early as possible.
FIRST CONTACT IN THE COMMUNITY

Is the person obese or morbidly obese?

Does the person require any equipment to enable movement?

Does the person have suitable equipment? No → Order suitable equipment from Equipment Services

Do you know how to use the equipment? No → Access training

Consider the need to remove the person if they require a planned admission to hospital

Consider the need to remove the person from their home in the case of a medical emergency

Complete a personal evacuation plan

Complete a personal evacuation plan, document and communicate to person being cared for
PLANNED DISCHARGE FROM HOSPITAL TO COMMUNITY SETTING

Assess manual handling needs of the person prior to discharge

Document the above needs

Communicate the above needs to the caring organisation in the community

Check that appropriate equipment is available for the movement of the person

Arrange suitable transportation of the person to the community setting

Consider how to remove the person from the community setting if a planned or emergency re-admission to hospital is required
## SCALE CONVERSION CHART

Metric conversions given to nearest Kg

<table>
<thead>
<tr>
<th>Stone</th>
<th>Kgs</th>
<th>Stone</th>
<th>Kgs</th>
<th>Stone</th>
<th>Kgs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>25</td>
<td>159</td>
<td>49</td>
<td>311</td>
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<tr>
<td>2</td>
<td>13</td>
<td>26</td>
<td>165</td>
<td>50</td>
<td>318</td>
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<td>3</td>
<td>19</td>
<td>27</td>
<td>171</td>
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<td>6</td>
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<td>68</td>
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<td>152</td>
<td>48</td>
<td>305</td>
<td>72</td>
<td>457</td>
</tr>
</tbody>
</table>

Table adapted from information supplied by ArjoHuntleigh.
GUIDELINES FOR USE OF EQUIPMENT ACCORDING TO PATIENT WEIGHT

N.B. Each ward/department should be aware of the equipment within that area and its ability to support the weight of a patient. Weighing scales are available on Ward B2 – the patient needs to be able to stand on the scales. Red print signifies that the equipment has a lower safe working load than 175Kg (28 stones).

<table>
<thead>
<tr>
<th>Up to 175Kg (28 stones)</th>
<th>Over 175Kg (28 stones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bed frame</strong></td>
<td><strong>Bed frame</strong></td>
</tr>
<tr>
<td>Check safe working load of the frame (this can usually be found under the frame). List to be created and displayed locally.</td>
<td>Check safe working load of the frame (this can usually be found under the frame). Enterprise 5000 beds will support 250Kg (39 stones) Contoura 480 beds on ICU will support 267Kg (42 stones) Over 250Kg (39 stones), currently hire from Huntleigh 1080 bed.</td>
</tr>
<tr>
<td><strong>Mattress</strong></td>
<td><strong>Mattress</strong></td>
</tr>
<tr>
<td>Hospital standard – safe working load 175Kg.</td>
<td>Huntleigh mattress available on request 250Kg (39 stones) Nimbus mattress 250Kg (39 stones) Baribreeze mattress 455Kg (71 stones)</td>
</tr>
<tr>
<td><strong>Hoist</strong></td>
<td><strong>Hoist</strong></td>
</tr>
<tr>
<td>Check the safe working load of the hoist and sling.</td>
<td>SHDU – Viking L – 250Kg (39 stones) Ward B2 – Freeway 200Kg (32 stones) Ward B2 – Viking XL 300Kg (47 stones) Emergency Department -Arjo Tenor – 318Kg (50 stones) Main OPD – Arjo Tenor 318Kg (50 stones) Other hoists available with safe working loads above 175Kg in various areas. Please note if the flat weighing hoist is being used in CCU, the safe working load is 160Kg (25 stones). Sling available with a safe working load of 500Kg (79 stones). Also lift pants are available from the Respiratory Physiotherapy team with a safe working load 500Kg (79 stones). Hope Building - Ceiling track hoist system will support patients up to 272Kg (42 stones). Please ensure that a suitable weight sling is used with the system.</td>
</tr>
</tbody>
</table>

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Page 13 of 27
<table>
<thead>
<tr>
<th>Up to 175Kg (28 stones)</th>
<th>Over 175Kg (28 stones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Slide sheet</strong></td>
<td><strong>Slide sheet</strong></td>
</tr>
<tr>
<td>There is no safe working load but consideration needs to be given to access to the sheet under the patient.</td>
<td>Wider slide sheets are available. Use bariatric slide sheets available through NHS Supply Chain. Patient specific sheets VTS084, VTS184 and VTS037 flat sheets or VTS113 looped sheets. Launderable sheets are also available VTS086 (flat) or VTS103 or VTS009 looped sheets.</td>
</tr>
<tr>
<td><strong>Chair</strong></td>
<td><strong>Chair</strong></td>
</tr>
<tr>
<td>Check the safe working load of the chair. Supplies stated that most bedside chairs support 127Kg (20 stones). If unsure, ward should contact Supplies with model of chair for further information. Extra large Elite chair will support 160Kg (25 stones).</td>
<td>Chairs with a suitable safe working load are available [254Kg, 40 stones] (try B2 or Surgical HDU [SHDU]). If none available within the Trust, please hire from Huntleigh. Transfer chairs are available from Huntleigh which can be used as a chair or trolley (safe working load varies between 180kg, 300Kg and 450Kg).</td>
</tr>
<tr>
<td><strong>Commode</strong></td>
<td><strong>Commode</strong></td>
</tr>
<tr>
<td>Check the safe working load of the commode. This should be marked on the commode but may become obscured during cleaning; in which case it is essential that staff are aware of the whereabouts of the product information. Most of the standard commodes are obtained from Days Healthcare (safe working load 190Kg [30 stones] or Vernacare 159Kg [25 stones].</td>
<td>Contact SHDU for commode with weight limit of 254Kg (40 stones) or B2 for commode with weight limit of 381Kg (60 stones).</td>
</tr>
<tr>
<td><strong>Toilet</strong></td>
<td><strong>Toilet</strong></td>
</tr>
<tr>
<td>Floor mounted toilet bowls will support 380 Kg (60 stones), but toilet seat will only support 125Kg (20 stones).</td>
<td>Floor mounted toilet bowls will support 380 Kg (60 stones), but toilet seat will only support 125Kg (20 stones).</td>
</tr>
<tr>
<td><strong>Shower chair</strong></td>
<td><strong>Shower chair</strong></td>
</tr>
<tr>
<td>Check safe working load of ward shower chairs. Most of the standard shower chairs are obtained from Days Healthcare – safe working load 127Kg [20 stones].</td>
<td>Shower chair – contact B2 or SHDU for shower stool with safe working load of 254Kg (40 stones)</td>
</tr>
<tr>
<td>Up to 175Kg (28stones)</td>
<td>Over 175Kg (28stones)</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Porter Wheelchairs</strong></td>
<td><strong>Porter Wheelchairs</strong></td>
</tr>
<tr>
<td>Safe working load is 190Kg (30 stones) for Bristol Maid type chairs and 140Kg (22 stones) for the London type chair.</td>
<td>Above safe working load, consider using patient’s own wheelchair if appropriate or a trolley or bed.</td>
</tr>
<tr>
<td><strong>Trolleys</strong></td>
<td><strong>Trolleys</strong></td>
</tr>
<tr>
<td>Theatre trolleys [Anetic Aid Mk 3 and Mk4] -160Kg (25 stones)</td>
<td>A trolley capable of supporting a patient weighing 318Kg (50 stones) is available in the Emergency Department</td>
</tr>
<tr>
<td><strong>Blood pressure cuff</strong></td>
<td><strong>Blood pressure cuff</strong></td>
</tr>
<tr>
<td>Be aware that some cuffs may not have adequate circumference for some larger patients.</td>
<td>Use suitable cuff with sufficient circumference and appropriate to the device Theatres, ICU, SHDU to be contacted.</td>
</tr>
<tr>
<td><strong>Hospital gown</strong></td>
<td><strong>Hospital gown</strong></td>
</tr>
<tr>
<td>Hospital gowns are not sized by weight but by size of the patient.</td>
<td>Patient specific (disposable) gowns available from B2 or Huntleigh on non-stock requisition.</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td><strong>Radiology</strong></td>
</tr>
<tr>
<td>Check with Radiology that table or scanner has appropriate safe working load and/or girth capacity before sending patient. Each room has the safe working load displayed. For fluoroscopy, there is an issue with regard to the ability of the girth of the patient to fit between the equipment rather than a weight limit. However, the step does have a 127Kg (20 stones) safe working load. In MR scan, the patient’s girth is again the deciding factor.</td>
<td>Check with Radiology that table or scanner has appropriate safe working load and/or girth capacity before sending patient. Each room has the safe working load displayed.</td>
</tr>
<tr>
<td>Up to 175Kg (28stones)</td>
<td>Over 175Kg (28stones)</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Mortuary</strong></td>
<td><strong>Mortuary</strong></td>
</tr>
<tr>
<td>Body transfer trolley – 150Kg (24 stone) available from Porters.</td>
<td>Obese trolley – 285Kg (45 stones) – available from Porters (stored in the Mortuary)</td>
</tr>
<tr>
<td>Electric/battery trolley – 160Kg (25 stones) only used in the Mortuary</td>
<td>There is a fridge that can accommodate a bed for larger deceased patients. If the body proportion is such that the patient is as wide as the bed surface, consider moving the patient on the bed to the Mortuary.</td>
</tr>
<tr>
<td>Hoist (ceiling track) – 250Kg (39 stones) in the Mortuary</td>
<td></td>
</tr>
<tr>
<td>Post-mortem tables – 250Kg (39 stones) in the Mortuary</td>
<td></td>
</tr>
<tr>
<td><strong>Theatre tables</strong></td>
<td><strong>Theatre tables</strong></td>
</tr>
<tr>
<td>Eschmann MR table only has a safe working load of 135Kg (21 stones).</td>
<td>Eschmann T20 table will accommodate a patient up to 300Kgs (47 stones) depending on the position of the patient during surgery. Eschmann T30 table will accommodate a patient up to 300Kgs (47 stones). Maquet Alpha Maxx table will accommodate a patient up to 250 Kgs (39 stones). Maquet Alpha Star table will accommodate a patient up to 225Kg (35 stones) depending on the position of the patient during surgery.</td>
</tr>
<tr>
<td><strong>Weighing scales</strong></td>
<td><strong>Weighing scales</strong></td>
</tr>
<tr>
<td>Scales capable of weighing up to 500Kg (79 stones) are available in Pre-Op Clinic and Ward B2. The patient must be able to stand on these scales.</td>
<td></td>
</tr>
</tbody>
</table>
**THERAPY AIDS GUIDELINES**

<table>
<thead>
<tr>
<th>Up to 175Kg (28stones)</th>
<th>Over 175Kg (28stones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Walking aids</strong></td>
<td><strong>Walking aids</strong></td>
</tr>
<tr>
<td>Check the safe working load of each aid which will vary with the type and make. Common aids used in the hospital are: Fischer Walking Stick (Trulife P/N RM 494501) – 100 Kg (16 stones) Standard Wooden Walking Stick (Days Model No. 455) – 105Kg (16.5 stones) Standard Metal Walking Stick (Days Model No. 404) – 125Kg (19.5 stones) Heavy Duty Crook Handle Aluminium Adjustable Stick (Days Model No. 405) – 160 Kg (25 stones) Standard Metal Elbow Crutches (Days Model No. 121) – 160 Kg (25 stones) Standard Metal Walking Frame (Days Model No. 20ELC) – 160 Kg (25 stones) Heavy Duty Stroller (Days Model No. 110) -180 Kg (28 stones)</td>
<td>Heavy Duty Fixed Height Crutches (Trulife P/N RM 520300) 190Kg (30 stones). <strong>Please note these require cutting to the correct height by the technicians.</strong> Heavy Duty Adjustable Height Wheeled Frame (Trulife P/N RM 598580) – 223Kg (35 stones).</td>
</tr>
</tbody>
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**Benmor Medical (UK) Ltd** offer some walking aids for this patient population. Some are available to hire and some on a purchase only basis. Contact details: 023 9247 3107.

**Community Services**: Equipment is provided through the Equipment Service at Burrows House according to patient need. The Equipment Service has its own processes and range of equipment that staff will need to be familiar with and utilise appropriately.

Staff should also be aware that some people will be funding their own care and equipment over which this organisation has no control. However, if staff have any concerns for the safety or wellbeing of the person, this should be reported via the Incident Reporting System.

When prescribing bariatric equipment for use in the home environment, it will be appropriate to consider if family members or informal carers will be using the equipment and consider their ability to fulfil this.
INSTRUCTIONS FOR TRANSFER OUT OF BED INTO HUNTELEIGH TRANSFER CHAIR

- Ensure that the chair is in the flat position, adjust foot plate if necessary.
- Place bar supports in the slots provided on the opposite side of the chair to the bed.
- Place bar on the supports.
- Roll the slide sheet provided in preparation. Handles on the slide sheet should be in position to be uppermost when it has been inserted under the patient.
- Ensure wedge is in place on the safety rail on the chair side of the bed.
- Using turn assist (4/4) on the Baribreeze mattress, turn patient towards the chair.
- When the patient has stopped turning, place the slide sheet provided under the patient, with the rolled edge under the patient (roll should be nearer the mattress).
- Re-centralise the patient on the mattress.
- Ensure wedge is in place on the safety rail on the opposite side of the bed to the chair.
- Using turn assist (4/4), turn the patient away from the chair.
- Once the patient has finished turning, pull the slide sheet through.
- Place Patslide under the patient and the slide sheet.
- Recentralise patient.
- Attach the five straps to the slide sheet. Three straps should be attached at the top, middle and bottom of the bed. The remaining two straps should be attached at the midpoints between the other three.
- Push chair flat against the bed.
- Align patient’s bottom with the seat of the chair.
- Ensure brakes are applied on both the chair and the bed.
- Attach the straps across the chair to the bar.
- Ensure the straps are tight.
- One member of staff should hold and slightly raise the slide sheet at the head end (opposite side to the chair) to maintain patient comfort.
- One member of staff should hold and slightly raise the slide sheet at the foot end (opposite side to the chair) to maintain comfort and safety.
- Check that all lines, tubes and monitoring equipment will be safe during the transfer.
- One member of staff is the lead for the move using ready, steady, slide.
- A member of staff should operate the handle, protecting their back by using their legs to provide the momentum.
- Further staff may be required depending on the condition of the patient.
- When the patient is safely on the chair, undo the straps from the bar.
- Remove the slide sheet out from under the patient.
- Position chair for comfort.
- Prepare slide sheets and straps ready for use.
INSRuctions for transfer from Huntleigh Transfer Chair into bed.

- Place the bar supports in position on the opposite side of the bed to the chair.
- Place bar on the supports.
- Deflate the mattress by pressing the off button.
- Ensure the safety side is up on the side of the bed away from the chair.
- Un-tuck the bed linen from under the mattress on the chair side of the bed.
- Fold the slide sheets, ensuring that the loops will be uppermost when the slide sheet is under the patient.
- Introduce the slide sheets behind the patient’s head and trunk whilst the patient is still seated.
- Adjust the chair, so that the patient is flat. *It may be necessary to adjust the foot plate and head rest of the chair.*
- Unfold the remaining slide sheet material under the lower limbs of the patient.
- Attach the five straps to the slide sheet, one top, one bottom and one at the midpoint. The remaining two to be attached at the midpoints between those already attached.
- Place the Patslide under the patient and slide sheet at the bed side of the chair.
- Move the chair to alongside the bed, align so that the patient will have a good position in the bed.
- Apply the brakes to the bed and the chair.
- Attach the straps across the bed to the bar.
- Ensure the straps are tight.
- One person to hold and slightly raise the slide sheet at the head end on the opposite side to the bed (to maintain comfort and safety).
- One person to hold and slightly raise the slide sheet at the foot end on the opposite side to the bed (to maintain comfort and safety).
- Third person to stand opposite side of the bed to the chair to monitor and receive the patient.
- Fourth person to lead the move (ready, steady slide) and provide momentum – use legs to provide motion when turning the handle – protect your back.
- Patient arrives in bed.
- Undo Velcro straps and move chair.
- Inflate mattress by pressing on button.
- Position patient for comfort using slide sheets.
- Remove slide sheets either by turning back on themselves or by using turn assist feature of the mattress.
- Do not forget to apply knees up position prior to raising the back rest.
Equipment operating instructions for the baribreeze mattress and the Contoura 1080 bed and it’s weigh scales.

...with people in mind
EFFECTIVE PRESSURE REDISTRIBUTION FOR BARIATRIC PATIENTS

The Bari-Breeze® Low Air Loss (LAL), Turn Assist Mattress Replacement (MAR) is a support surface designed to assist clinicians with the prevention and treatment of pressure ulceration in patients up to 455kg (1000lbs) in weight. The system is designed for use with the Huntleigh Contoura® 1080 bariatric electric profiling bed frame and is available to fit a range of other manufacturers’ bariatric bed frames.

**Low Air Loss**
Using “true LAL”, the Bari-Breeze MAR system ensures the best possible outcome for bariatric patients at risk of pressure ulcers.

LAL systems perform by maintaining low pressures within the support cells in order to allow the contact surface to follow the contours of the human body. This in turn maximises the contact area over which the patient’s body weight may be distributed, and as a result, reduces interface pressure. The Bari-Breeze MAR system allows for adjustment of cell pressures to enhance patient comfort and enhance pressure redistribution.

Patient comfort and skin integrity can be severely compromised if excessive moisture is allowed to build up between the support surface and the patient. LAL creates an osmotic gradient moving vapour away from the skin, helping to keep the patient dry and comfortable.

**Pressure Redistribution**
The Bari-Breeze MAR system effectively redistributes pressure away from vulnerable areas by a process of controlled immersion and envelopment. As the cells contour closely against the body, the surface area bearing weight is increased, this enables the movement of pressure away from vulnerable areas.

The Bari-Breeze MAR system allows for adjustment of the cell pressures so that comfort and pressure redistribution can be optimised for each individual.

**Micro-climate Control**
Like ‘true LAL’ technology the Bari-Breeze MAR system exerts a direct influence on the microclimate conditions at the skin-mattress interface.

The LAL function creates a temperature and moisture gradient which serves to reduce the build up of heat and moisture beneath the patient, helping reduce the risk of tissue injury through maceration and raised metabolic demand, while enhancing comfort.

**Turn Assist**
The Bari-Breeze MAR system also provides a range of turn time and angle settings to help carers move the patient from side to side.

Lateral rotation not only assists with pressure redistribution but may have additional benefits in other physiological functions such as the respiratory, circulatory, digestive and urinary systems as well as enhanced comfort and patient choice.
The Bari-Breeze MR system features a user-friendly control panel that allows the user to select the most appropriate therapy settings.

**Control unit**
- Easy to use, soft key membrane control panel
- Panel lockout to prevent tampering
- Comfort control setting from 1 (soft) to 9 (firm)
- Power failure / low pressure alarms
- Rapid CPR deflation
- Max flow setting for initial inflation and patient movement on/off
- Compact and lightweight power unit is quiet yet powerful and has an integrated carry handle for portability

**Support surface**
The Bari-Breeze therapeutic surface is designed with both carer and patient in mind. Lightweight yet durable, it provides comfort for patients but is also designed for easy cleaning and maintenance.
- Low friction fabric for ease of repositioning and reduced shear force
- Waterproof, vapour permeable and breathable nylon top sheet
- Modular mattress design for ease of cleaning and serviceability
- Supports patient weight of up to 455kg/1000lbs
- ‘True LAL’ for improved air flow and patient comfort
- 2” convoluted safety foam base to provide additional support in the event of power failure
- Robust carry bag with carry handles and shoulder strap for portability and storage

**Lateral rotation**
A dedicated LAL turn assist system for the treatment and prevention of pressure ulcers. Featuring up to 40° lateral rotation, the Bari-Breeze MR system enables safe movement of the patient to assist nursing staff and their care regimens.
- Rotation selection – left, right, both or no rotation
- Cycle times – 10, 20, 30 and 60 minutes
- Rotation angles – ¼, ½, ¾, full up to 40° (+/- 5°)
Standby

When the pump has power but is in Standby mode, the 7 segment LED display will show a single bar.

Power/Standby

Press the Power/Standby button to turn the pump on.

Max Flow

Press \( \text{Max Flow} \) to enable maximum air flow from the pump. A blue LED on the button will indicate that Max Flow is active.

Turn Options

The \( \text{Turn Options} \) button selects the turn settings of the mattress. Each press of the button selects the next setting. For instance, to change the mattress from Lateral Turn (\( \rightarrow \)) to Static (\( \text{Z} \)) position, press the button twice until \( \text{Z} \) is selected.

In Left Turn (\( \leftarrow \)) mode the right air cushions in the mattress will be held at a constant high pressure, and the left air cushions will be held at a constant low pressure. This process is reversed for the Right Turn (\( \rightarrow \)) mode. When \( \text{Z} \) is selected, the system will alternate between left and right turn, stopping in the central position. During this time the display will show \( \text{Z} \) to indicate the system is in the centralising phase.

Turn Times

The time selected for the turn is the amount of time (in minutes) the mattress will remain in each position during the selected turn sequence.

Turn Angle

Four settings are available to select the amount of turn given to the patient. These are selected using the turn angle button \( \text{Turn Angle} \), where 4/4 is equal to approximately 40 degrees.

Comfort Control Level

These controls adjust the firmness of the mattress. Using the \( \text{Comfort Control Level} \) button reduces the pressure setting, and the \( \text{Comfort Control Level} \) button increases it. The current comfort level (1-9) will be displayed in the LED display.

Lock Out

Pump functions (including power/standby switch) can be locked out to prevent unintentional change of modality / cell pressures. To activate, press the lock button for approximately 2-3 seconds until the blue LED illuminates. To deactivate, press and hold the lock button until the LED turns off.

Power Fail

In the event of a power fail situation, the pump will alert the carer by flashing the amber Power Fail LED and sounding the buzzer. Once the power is restored to the pump the alarm will cease and the pump will return to its previous operating settings.

Low Pressure

In the event of hose disconnection, an \( \text{Low Pressure} \) LED will alternate on the LED display (representing “Low Pressure”) while the buzzer sounds to alert the carer to the alarm condition. Once the hose is reconnected, the alarm will cease and the therapy pump resume its previous therapy settings.
Installation

Before using the Bari-Breeze mattress replacement system, please remove all other mattress systems from the bed.

1. When installing the Bari-Breeze mattress, care should be taken such that the mattress is placed directly on the bed frame.

   **Note:** Make sure that the tubset end of the mattress is towards the foot end of the bed.

2. There are sixteen nylon black straps with buckles, on the base of the mattress. Loop each strap around the bed frame and fasten it securely to the bed frame using the buckle.

   **Note:** Attach the mattress to the movable parts of the bed only.

3. Open the hooks on the back of the pump and suspend the pump from the bed foot rail. If the bed you are using does not have a foot rail, place the pump on its base (not on its back where the filter is located) on a flat surface underneath the bed near the foot of the bed frame.

4. Plug the power cord into the pump and press it in place. Uncoil the power cord and plug the cord into a properly grounded AC power source.

5. Securely attach the pump connector onto the pump until it clicks, and make sure the side bolster and base air pad plug is secure.

6. If not already fitted, place the protective cover over the mattress and secure in position. Make sure the ArjoHuntleigh logo is uppermost and at the foot end of the mattress.

**Cable Management**

Make sure that the mains power cable is positioned to avoid causing a trip or other hazard, and is clear of moving bed mechanisms or other possible entrapment areas.

**Initial Power Up**

Press the power/standby button to turn the pump on. An audible beep will sound. The system will go into a start up cycle for 30 seconds, during this time the pump will rapidly inflate the mattress. During this process the 7 segment display will alternate between ‘B’ and ‘T’ to indicate bolster fill.

Once the mattress is fully inflated and with the patient in position, adjust the comfort controls to the desired level. Adjust if necessary to ensure that the patient does not sink through to the base air pad.

**Recommended Pressure Settings**

For extra firm support during patient handling or nursing procedures, it is recommended to set the mattress pressure to maximum by pressing MAX FLOW.

When the patient is to be placed in the patched position, it is recommended to press the Max Flow button to increase the pressure/comfort level accordingly to ensure the patient does not bottom out.

**Static Mode**

**Max Flow**

Pressing the Max Flow button sets the blower to maximum flow fully inflating the mattress overriding the comfort control. This feature is only available in static mode. If pressed during Turn mode, it will revert the system to Static mode and return the patient to a central position.

Max Flow inflates the mattress to maximum pressure for 15 minutes, and this will be indicated by a blue LED and an I being shown in the LED display.

To cancel Max Flow and to enter Turn mode settings, press the Max Flow button once. To continue Max Flow for more than 15 minutes, press once to cancel, and quickly again to enter Max Flow for a further 15 minutes. After 15 minutes, Max Flow is automatically cancelled.

**Turn Options**

**Uni-Lateral Turn**

To enter uni-lateral Turn mode, press the button to cycle through until 1 or 2 is indicated, this is confirmed by the illuminated blue LED.

**Bi-lateral Turn**

To enter bi-lateral Turn mode, press the button until 3 or 4 is indicated, this is confirmed by the illuminated blue LED.

**Turn Times**

To set therapy turn times, press the button until the desired time is indicated, this is confirmed by the illuminated blue LED.

**CPR Control**

**IN THE EVENT OF CARDIAC ARREST**

Located on the right hand side of the pump is a CPR device marked with an arrow. In the event of cardiac arrest, press the two quick release catches on the tubset/pump connector, and simultaneously pull the hose away from the pump.
INSTRUCTIONS FOR USE

Transport
- Whenever the bed is moved over any significant distance, it must be put into transport mode, otherwise the load cells may be damaged. To put into transport mode, turn the screws on the four corners of the bed base in a clockwise direction until fully down and finger-tight. It is not necessary to put the bed into transport mode for moving short distances round a hospital.
- When the bed is stationary and weighing is to be re-commenced, turn the screws in an anti-clockwise direction until fully up and finger-tight, and switch the mains power on. The system can then be set to zero, and weighing can be recommenced.
- The bed must be installed on a flat, level floor for weighing.

Position of Patient for Weighing
- The bed can be in any position for weighing. However, it must be free-standing – i.e. not touching any walls, lockers, curtains etc.
- The bed does not have to be in the same position for every weight reading for any given patient – e.g. the patient can be weighed in the morning completely flat, and in the evening in a chair position.
- The patient can be in any position on the bed for weighing, as long as their whole body is on top of the mattress – i.e. no arms, legs etc. dangling over the side. The patient can therefore be flat on their back, on their side etc. However, we recommend that they are positioned as centrally as possible to ensure maximum accuracy.
- During weighing, there must be no drainage bags, bottles etc. leading from the patient and resting on the floor. Any such items should be either placed on top of the mattress or be hanging from the side of the bed frame.

Accuracy
The weighing system on Contoura® 980B is accurate to ± 200 g.
Contoura® 980B will weigh up to a maximum of 250 kg (50 stones / 550 lbs.). The display shows kg only.
The weighing system on Contoura® 1080 is accurate to ± 500 g.
Contoura® 1080 will weigh up to 500 kg (78 stones / 1100 lbs.). The display shows kg only.
OPERATING INSTRUCTIONS FOR WEIGH SCALE ON CONTOURA BED

A: Resets top display to gross weight
   Resets bottom display to zero
B: ‘Enter’ button for bottom scale
C: ‘Enter’ button for top scale
D: Weight change display
E: Patient weight display
F: Green ‘ready’ light
G: Keypad to enter manual weight for a patient
K: Zero button
L: Auto compensation button
M: Hides all readings to both displays

WHEN MOVING BED REMEMBER TO USE LOCKOUT SCREWS TO STOP DAMAGE TO WEIGHScale

How to set up bed ready for patient
1. Undo all four lockout screws that are situated under frame on each corner.
2. Add mattress and linen to be used.
3. Switch on power and wait for display to read "COLD" and then disappear.
4. Press button ‘C’ and then button ‘K’.
5. Wait for green light ‘F’, then press button ‘C’ again.
6. Display should read ‘0’.
7. Repeat tasks (4) to (6) using button ‘B’.
8. Bottom scale should also read ‘0’.

How to add/remove eqpt./linen with patient on bed
1. Press either button ‘B’ or ‘C’.
2. Press button ‘L’, the adjacent display will read ‘0’.
3. Press either button ‘B’ or ‘C’ again.
4. Top display will now read ‘AUTO-COMP’ and bottom display will be blank.
5. Wait for green light to display.
6. Add/remove eqpt/ linen as required.
7. Press following buttons in this sequence – ‘C’ or ‘B’, then button ‘L’ and finally button ‘B’ or ‘C’ again.
8. Both displays will show patient’s continuous place weight again.

MRF-139