# Bariatric Toolkit

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Overview
This educational toolkit on safe patient handling for bariatric patient population was prepared by the Bariatric Task Force organized by the VISN 8 Patient Safety Center (Department of Veterans Affairs, Veterans Health Administration), Tampa, Florida and reviewed by colleagues within the healthcare field.

The original members of this task force were: Andrea Baptiste, MA, CIE (Chair); Jan Belwood, MSN, ARNP-BC; Celinda Evitt, PT, PhD, GCS; Valerie Kelleher; Mary Matz, MSPH, IH; Lorie Menousek, MN, RN, BC, CRRN; Mary Lou Muir, RN, OHN; Audrey Nelson, PhD, RN, FAAN; Diane Sanchez, ARNP; Susan Thomason, MN, RN, APRN-BC; Dennis Werner, MS; Laurette Wright, RN, MPH, COHN-S.

The materials have not been significantly changed, other than the Bariatric Technology Resource Guide that has been updated (8/2015).

For more information, please contact the VISN 8 Patient Safety Center of Inquiry, Tampa, FL. Tatjana Bulat, MD, Director at Tatjana.Bulat@va.gov.

We hope that items in this toolkit will provide you and your staff with tips for safe patient handling of bariatric patients.

In this toolkit, you will find the following items:

- Medical Conditions Affecting Bariatric Patients
- Special Handling and Movement Challenges Related to Bariatrics
- Bariatric Equipment
- Assessment Form and Algorithms
- Equipment Safety Checklist
- Case Studies
- Policy Template
- Bariatric Technology Resource Guide
Medical Conditions Affecting Bariatric Patients During Patient Handling Tasks

Severe Pain and Discomfort: Pain and inability to assist with transfer, therefore increased dependency level. Moving the patient can increase pain and impede the patient’s ability to assist safely with the transfer.

Hip and Knee Replacements/Joint Instability/Unstable Spine/History of Falls/Fractures/Contractures/Spasms: Pain, fall risk, increased injury, extending injury to the already affected joint, ligaments or bone. All movements put them at risk for pain. Weight-bearing activities during transfers with these medical conditions put the patients at a risk for a fall, or extending injury to the already affected joint, ligaments, or bone. If you try moving them in a lifting device, the sling position and posture required could put pressure on these affected body parts increasing pain and strain. Choose the least stressful in regards to pain, and stress to the body parts that would cause injury when moving the patient.

Severe Edema/Wounds/Diaphoresis/Poor Skin Integrity: Interference in healing granulation or increased skin breakdown through shearing, rubbing, abrading and pressure from equipment (i.e. slings) during transfers.

Postural Hypotension/Paralysis/Paresis: Fall risk, slippage through sling, unsupported limb may be bumped, struck or caught. Patients are at risk for falls and slippage during transfers. Full support (supine) slings would be required to avoid falls and slippage. The unsupported limb it at risk for being bumped, struck or caught.

Unstable Spine/Severe Osteoporosis: Pain, injury. Pain and injury if not properly supported during transfer.

Splint Traction/Fractures: Misalignment and extension of injury, impedance of healing and pain. If not properly supported, this could result in misalignment and extension of injury, impedance of healing and pain.

Respiratory/Cardiac Compromised: Shoulder compression and respiratory distress. Transferring a patient in flat lying positions or in slings that are compressing shoulders and chest can cause respiratory distress for patients. Angina or chest pain from coronary insufficiency can result if patient is required to move themselves more than they are physically capable of.

Amputation: Pain and interference with tube drainage. Compression during transfer from slings or positioning can cause pain and interference with tube drainage.
Special Handling and Movement Challenges Related to Bariatics

Objectives

1) To understand what technological solutions are commercially available in the use of patient handling for bariatric patients

2) To identify when to use specialized patient handling technology

3) To understand how to implement the algorithms in equipment selection when caring for bariatric patients

4) To list important features of a bariatric policy

5) To list four factors affecting the decision to buy versus rent bariatric equipment

List of Abbreviations:
EC = expanded capacity
BMI1 = Body mass index [patient weight (kg)/ by height squared (m2)]
EMS = Emergency Management Services
ICU = Intensive Care Unit

These guidelines were designed to offer various technological solutions that can greatly assist in the care of obese patients, also called bariatric patients. Weight, combined with atypical body mass, contributes to an increased risk of injury to the caregiver and patient during patient handling and movement tasks. It is evident that there is a lack of knowledge across the healthcare environment about how to safely manage the unique needs of bariatric patients. Managing obese patients provides special challenges to healthcare professionals, e.g., turning and repositioning a patient in bed, transferring in/out of bed, holding a limb while performing patient care tasks, and other activities of daily living. Additionally, environmental concerns, such as doorway clearance, weight capacity of scales, etc., must be addressed.

Defining Obesity

Defining the term “bariatric” poses a challenge, as there are many classification systems. Internationally, bariatrics is defined as a body mass index (BMI) greater than 30. The BMI is calculated by dividing patient weight (kg) by height squared (m2). Classifications (BMI) are as follows: Underweight (8.5), Normal (18.5-24.9), Overweight (25-29.9), Obese 1 (30-34.9), Obese 2 (35-39.9) and Obese 3 (>40).

For our purposes, we have defined a bariatric patient as anyone who has limitations in health due to physical size, health, mobility and environmental access (Bushard, 2002). For the purpose of using our assessment form and bariatric algorithms, we defined bariatric as individuals exceeding standard capacity equipment (300 lbs) with a BMI of 50.

1 For online calculators, see:
http://www.kci1.com/body_mass_index_calculator.html or
http://www.sizewiserentals.com/bmicalculator.htm
http://www.nhlbisupport.com/bmi/bmicalc.htm
Most standard equipment is rated to approximately 250-300 lbs. and any individual who exceeds this capacity is a candidate for using specialized equipment. One method of assisting in the selection of equipment while caring for a bariatric person is to use an assessment form that guides the use of bariatric algorithms. This is a standardized tool and will only work provided the included equipment is procured. Prior to using these algorithms is the completion of the assessment form which captures important information about the patient (Assessment form).
Bariatric Equipment

There is a common misconception that bariatric patients can be accommodated by simply asking for equipment designed for a “large size.” Most of the attention focuses on a bed and lift to accommodate the patient. In fact, there are many aspects related to equipment that need to be considered. Knowing the weight capacity of existing equipment is critical for safety. Bariatric equipment may be indicated by using a label indicating “EC” (expanded capacity) and weight limits. In addition to patient handling/movement equipment, the weight capacity of bedside recliner chairs or toilets must be considered. A standard commode, in most hospitals, is limited to 350 pounds. Key categories of equipment that need to be evaluated and available for bariatric patients are outlined below. A checklist may be useful in evaluating your need of equipment (Checklist).

These guidelines provide information on existing bariatric technologies and manufacturers. However, they do not include bariatric accessories (such as blood pressure cuffs, scales, surgical tables, linen/gowns, and abdominal binders). Refer to the website for a complete listing of equipment. This section will highlight a few new technologies and explain how they can be helpful in caring for the obese patient.

Click here to go to the Technology Resource Guide

Three types of equipment that may prove beneficial in saving time and reducing caregiver injury are specialized bariatric bed systems, patient transport devices and bariatric turning and repositioning slings.

Bed Systems

New beds are designed to multi-task and accommodate larger weight capacities up to 1000 lbs. Special features offered are turn assist up to 20 degrees to aid in patient positioning, percussion therapy, pulsating air suspension therapy, pressure relief therapy and cardiac chair positioning. Along with newly designed bed frames, low air loss mattresses greatly assist in the prevention of pressure sores and improve patient outcomes, comfort and safety. An example of such a bed is shown below:

![Bariatric Bed](image1)

**Figure 1. Bariatric Bed**
Patient Transport Devices

There are two types of patient transport technologies available. The first type is a stand alone, detachable or independent device which attaches to either a bed, linen cart or trolley. It works by two batteries which power the unit to propel the device forward or backward by operating a lever, similar to that of a scooter. Battery life ranges and is dependent on usage time. Many of these devices can be found in our equipment guide (guide).

The second type of transport technology is one which is built into the bed and powers it by simply pressing two buttons, unplugging the bed and releasing the brakes. There is minimal force exerted to initiate movement of the bed. Use of powered transport devices such as bed and wheelchair movers and powered stretchers is becoming a popular choice as it reduces the risk of caregiver injury by reducing the push/pull forces involved, making patient transport a safer task for caregivers. This is especially important in bariatric patient care where the mass of the patient, in addition to the weight of the bed is excessive, thus demanding higher push or pull forces during patient transport.

Figure 2. Wheelchair mover

Figure 3. Bed with Integrated Power

Figure 4. Independent Bed Mover

Turning and Repositioning Slings

Two tasks which prove very challenging and place caregivers at a high risk for injury include insertion of patient care slings under bariatric patients and repositioning a patient up in bed
or turning to the side. Manufacturers have designed slings that can be left under patients who have to be moved frequently. The advantages to this are less strain on the caregivers to turn the patient to the side or log roll them to insert the sling, less time taken to perform the task of repositioning because the sling would already be there and most important, less risk and exposure to injury. Although there is little or no evidence on leaving slings under patients and patient outcomes, this decision should be carefully weighed. Questions for consideration could be:

- Is the patients’ skin compromised?
- How breathable is the sling?
- Does the sling present rough uneven edges which can cause pressure points if left underneath?
- Can the sling be left under the sheet and tucked into mattress when not in use?

Leaving a sling under a bariatric patient can be advantageous to caregiver safety but may be detrimental to the patient and clinical judgment should be used to determine the safest course of action. More research needs to be done in this area.

**Helpful Hints in Selecting Bariatric Equipment**

Empower staff nurses to lease or procure necessary equipment as soon as possible either prior to or immediately after patient admission. This option needs to be available twenty-four hours a day/ seven days a week. Delays in accessing appropriate equipment could result in patient discomfort and serious injury to the patient or caregiver. For units with bariatric patient services, equipment may be purchased; for others, leasing may be a better option.

Contact vendors that offer bariatric equipment ([guide](#)).

Know and mark weight capacities on existing equipment to assure appropriate use. This should be done in an unobtrusive manner, such as delineating “expanded capacity.” This protects the dignity of the patient. Use of terms such as “big boy beds” or the “lift for huge people” provide unnecessary dignity assaults to the patient and their family.

Body dimension is critical for determining the bed width needed. Patients experience discomfort and increased risk for skin lesions when the bed is too narrow. Staff injuries increase when the bed is too wide, necessitating staff to reach excessively when providing patient care. Several bariatric beds have the capability to contract to allow the bed to go through a doorframe. Appropriate width beds also make it easier for the patient to assist in their own care. Height can also be a key factor in selecting a bed. If the patient’s height exceeds 6’5”, a longer-than-usual-bed will be required for comfort and skin protection.

The right equipment can facilitate patient function and independence and eliminate some high-risk nursing tasks.

- Position equipment at a height appropriate to the caregiver when providing care.
- Consider motorized transportation assistance devices.
- Consider dimensions of elevator doors and size of equipment.

**Decision to Buy or Rent Bariatric Equipment**

Specialized equipment is required to move, transport, and care for the bariatric patient. As facilities deal with bariatric patients on a more frequent basis, determinations about how to acquire the necessary equipment will be a common task for many caregivers. Each facility
will need to decide whether to purchase or rent necessary equipment. The following are factors that may be considered when purchasing or renting bariatric equipment:

- Number and frequency of bariatric admissions
- Equipment purchase cost
- Rental cost
- Space demands: including fit through doorways/hallways, etc.
- Patient care needs: bedroom, bathroom
- Equipment storage needs
- Length of stay
- Equipment cleaning and maintenance needs

Summary

With the increase in bariatric patients and comorbidities, there is an apparent need for a proactive approach to caring for such a population with special needs. As caregivers are working longer at an older age, their exposure rate increases in caring for these patients, which translates into an increased risk of injury. Implementing an admission process, a bariatric policy educating staff on how to care for bariatric patients in a sensitive way prior to admission will benefit both caregiver and patient safety (policy). Procuring the proper equipment and fostering a culture of safety is key to maintaining a positive environment for caring of bariatric patients.

Staff needs to be knowledgeable of available technology that could greatly assist in patient care. This can be achieved via a bariatric resource person who communicates with vendors of bariatric technology and conducts equipment trials for staff to trial assistive devices. Inservices and just in time training must be conducted to ensure all staff is proficient with proper use of technology in patient care. Promotion of dignified care can be accomplished by using generic terms on equipment to indicate “use for patients exceeding regular capacity. This could be indicated by using “EC” which would mean “expanded capacity” on equipment.

Use of algorithms can assist in the decision making process as to type of equipment used and the number of caregivers required to safely transfer patients. It should be noted that although these provide general direction, clinical and professional judgment should be used to assure patient and staff safety.

Information provided in this chapter, although useful, may not be adequate in assisting caregivers decision making in real life situations. To better assist application and translation of the information, some case scenarios will be presented (scenarios).
Bariatric Assessment Form and Algorithms

This section provides assessment criteria to assist healthcare providers in planning the safe handling and movement of bariatric patients. The following algorithms should be used as guides when planning patient transfer and repositioning tasks. These algorithms are targeted for registered nurses, licensed practical nurses, nursing assistants, orderlies, physical/occupational therapists, radiology technicians, patient care technicians, as well as caregivers in the home.

The algorithms are designed to assist healthcare caregivers in selecting the safest equipment and techniques based on specific patient characteristics. These guidelines are prepared based on the scientific and professional information available in January 2003. We recommend that users of this guideline periodically review the material to ensure guidelines are consistent with current, reasonable clinical practice. As with any guideline, this content provides general direction, and professional judgment is needed to assure safety of patients and caregivers.
Assessment Criteria and Care Plan for Safe Patient Handling and Movement

I. Patient’s Level of Assistance:
   ____ Independent— Patient performs task safely, with or without staff assistance, with or without assistive devices.
   ____ Partial Assist— Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs.
   ____ Dependent— Patient requires nurse to lift more than 35 lbs. of the patient’s weight, or is unpredictable in the amount of assistance
   offered. In this case assistive devices should be used.

An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications,
   etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.

II. Weight Bearing Capability

III. Bi-Lateral Upper Extremity Strength

   ____ Full  ____ Yes
   ____ Partial  ____ No
   ____ None

IV. Patient’s level of cooperation and comprehension:
   ____ Cooperative — may need prompting; able to follow simple commands.
   ____ Unpredictable or varies (patient whose behavior changes frequently should be considered as “unpredictable”), not cooperative, or
   unable to follow simple commands.

V. Weight: ___________ Height: ___________

   Body Mass Index (BMI) [needed if patient’s weight is over 300]¹: ___________

   If BMI exceeds 50, institute Bariatric Algorithms

   The presence of the following conditions are likely to affect the transfer/repositioning process and should be considered when identifying
   equipment and technique needed to move the patient.

VI. Check applicable conditions likely to affect transfer/repositioning techniques.

   ____ Hip/Knee Replacements   ____ History of Falls  ____ Paralysis/Paresis  ____ Severe Edema  ____ Very Fragile Skin
   ____ Respiratory/Cardiac Compromise  ____ Wounds Affecting Transfer/Positioning  ____ Amputation  ____ Urinary/Fecal Stoma  ____ Contractures/Spasms
   ____ Fractures  ____ Splints/Traction  ____ Severe Osteoporosis  ____ Severe Pain/Discomfort  ____ Postural Hypotension
   ____ Severe Osteoporosis  ____ Splints/Traction

Comments: ____________________________________________________________________________________________

______________________________________________________________________________________________

VII. Care Plan:

   Algorithm          Task                                    Assistive Device # Staff
   1 Transfer To and From: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair
   2 Lateral Transfer To and From: Bed to Stretcher, Trolley
   3 Transfer To and From: Chair to Stretcher, or Chair to Exam Table
   4 Reposition in Bed: Side-to-Side, Up in Bed
   5 Reposition in Chair: Wheelchair and Dependency Chair
   6 Transfer Patient Up from the Floor

   Bariatric 1  Bariatric Transfer To and From: Bed to Chair, Chair to Toilet, or Chair to Chair
   Bariatric 2  Bariatric Lateral Transfer To and From: Bed to Stretcher or Trolley
   Bariatric 3:  Bariatric Reposition in Bed: Side-to-Side, Up in Bed
   Bariatric 4:  Bariatric Reposition in Chair: Wheelchair, Chair or Dependency Chair
   Bariatric 5:  Patient Handling Tasks Requiring Access to Body Parts (Limb, etc.)
   Bariatric 6:  Bariatric Transporting (Stretcher)
   Bariatric 7:  Bariatric Toileting Tasks
   Bariatric 8:  Transfer a Bariatric Patient Up From the Floor

Sling Type: Seated______ Seated (Amputation)______ Standing______ Supine______ Ambulation______ Limb Support______

Sling Size: ______________

Signature: ___________________________ Date: ______________________

If patient’s weight is over 300 pounds, the BMI is needed. For Online BMI table and calculator
see: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm
Bariatric Algorithm 1: Bariatric Transfer To and From: Bed/Chair, Chair/Toilet, or Chair/Chair

**Start Here**

- **Can patient bear weight?**
  - Fully: Stand-by for safety as needed*
  - Partially or No: Is the patient cooperative?
    - Fully: Bariatric full body sling lift (minimum of 3 caregivers)
    - Partially or No: Bariatric stand assist lift (minimum of 2 caregivers) OR Bariatric full body sling lift (minimum of 2 caregivers)

**Use seated bariatric transfer aid; may use sliding board until the patient is proficient in completing transfer independently (minimum of 2 caregivers)**

- For seated transfer aid, must have chair with arms that recess or are removable.
- Bariatric toileting slings are available for toileting.
- Bariatric bathing mesh slings are available for bathing.
- Note that a standard porcelain toilet typically has a weight limit of 350 pounds; the patient may need a bariatric commode chair or steel toilet.
- In older lifts, more effort is needed to place the sling under the patient, which may require a minimum of 3 caregivers.

*Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
Start Here

Can patient assist?

- The destination surface should be about 1/2" lower for all lateral patient moves.
- Avoid shearing force.
- Make sure bed is the right width, so excessive reaching by caregiver is not required.
- Lateral transfers should not be used with specialty beds that interfere with the transfer.
  In this case, use a bariatric ceiling lift with supine sling.
- Ensure bed or stretcher doesn't move with the weight of the patient transferring.
** Use a bariatric stretcher or trolley if patient exceeds weight capacity of traditional equipment.

Partially Able or No

- Stand by-for safety as needed* (minimum of 2 caregivers)

Mechanical lateral transfer device, bariatric ceiling lift with supine sling or air assisted friction-reducing device (minimum of 3 caregivers)**

* "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.

** Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
Bariatric Algorithm 3: Bariatric Reposition in Bed: Side-to-Side, Up in Bed
rev. 1/3/06

- When pulling a patient up in bed, place the bed flat or in a Trendelenburg position (if tolerated and not medically contraindicated) to aid in gravity; the side rail should be down.
- Avoid shearing force.
- Adjust the height of the bed to elbow height.
- Mobilize the patient as early as possible to avoid weakness resulting from bed rest. This will promote patient independence and reduce the number of high risk tasks caregivers will provide.
- Consider leaving a friction-reducing device covered with drawsheet, under patient at all times to minimize risk to staff during transfers as long as it doesn’t negate the pressure relief qualities of the mattress/overlay.
- Use a sealed, high-density, foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
  - Dycem (TM)
  - Scoot-Guard (TM): antimicrobial; clean with soap and water, air dry.
  - Posey-Grip (TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- If patient has partial weight-bearing capability, transfer toward stronger side.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
- Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
Bariatric Algorithm 4: Bariatric Reposition in Chair: Wheelchair, Chair, or Dependency Chair
rev. 1/3/06

Start Here

Can patient assist?

Stand-by for safety as needed*

Fully

Partially or No

Is patient cooperative?

Fully

Partially or No

Bariatric ceiling lift, floor based lift, repositioning device or seated friction reducing device (minimum of 2 caregivers)

Bariatric ceiling lift, floor based lift, repositioning device or seated friction reducing device (minimum of 3 caregivers)

• Take full advantage of chair functions, e.g., chair that reclines, or use an arm rest of chair to facilitate repositioning.
• Make sure the chair wheels are locked.
• Consider leaving the sling under the patient at all times to minimize risk to staff during transfers after carefully considering skin risk to patient and the risk of removing/replacing the sling for subsequent moves.

• "Stand-by for safety." In most cases, if a bariatric patient is about to fall, there is very little that the caregiver can do to prevent the fall. The caregiver should be prepared to move any items out of the way that could cause injury, try to protect the patient's head from striking any objects or the floor and seek assistance as needed once the person has fallen.
• If patient has partial weight-bearing capability, transfer toward stronger side.
• Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
• Assure equipment used meets weight requirements. Standard equipment is generally limited to 250-350 lbs. Facilities should apply a sticker to all bariatric equipment with "EC" (for expanded capacity) and a space for the manufacturer's rated weight capacity for that particular equipment model.
• Identify a leader when performing tasks with multiple caregivers. This will assure that the task is synchronized for increased safety of the healthcare provider and the patient.
• During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
Bariatric Algorithm 5: Patient Handling Tasks Requiring Access to Body Parts
(Limb, Abdominal Mass, Gluteal Area)
rev. 1/3/06

Assemble multidisciplinary team to develop creative solutions that are safe for patient and caregiver.

**Examples:**
- Modify use of a full body sling lift to elevate limbs for bathing or wound care (i.e. bariatric limb sling).
- Use draw sheet with handles for 2 caregivers (one per side) to elevate abdominal mass to access the perineal area (e.g., catheterization, wound care).
- To facilitate drying a patient between skin folds, use the air assisted lateral transfer aid to blow air or use a hair dryer on a cool setting.
- Use sealed high-density foam wedge to firmly reposition patient on side. Skid-resistant texture materials vary and come in set shapes and cut-your-own rolls. Examples include:
  - Dycem(TM)
  - Scoot-Guard(TM): antimicrobial; clean with soap and water, air dry.
  - Posey-Grip(TM): Posey-Grip does not hold when wet. Washable, reusable, air dry.

- A multidisciplinary team needs to problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.
- Consider using an abdominal binder if the patient's abdomen impairs a patient handling task.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used for the transfer.
Start Here

Is powered transport device available?

Yes

Is patient cooperative?

Yes

Minimum of 2 caregivers

No

Minimum of 3 caregivers

No

Is patient cooperative?

Yes

Minimum of 3 caregivers

No

Minimum of 4 caregivers

- If the patient has respiratory distress, the stretcher must have the capability of maintaining a high Fowler's position.
- Newer equipment often is easier to propel.
- If patient is uncooperative, secure patient in stretcher.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing, 107*(8), 53-59.)
Bariatric Algorithm 7: Toileting Tasks for the Bariatric Patient
rev. 10/01/098

Start Here

- Stand by for safety to escort to toilet. (minimum of 1-2 caregivers).
- Is patient cooperative?
  - Yes
    - Can toilet accommodate patient's weight?
      - Yes
        - Can patient bear weight and ambulate?
          - Yes
            - Use stand-assist lift and transfer patient onto bedside commode. (minimum of 2 caregivers)
          - No
            - Partial
              - Use full-body sling lift with a toileting sling to transfer to bedside commode. (minimum of 3 caregivers)
      - No
        - Stand by for safety to escort to toilet or bedside commode. (minimum of 1-2 caregivers).
  - No
    - Does patient have upper-extremity strength?
      - Yes
        - Stand by for safety to escort to toilet or bedside commode. (minimum of 1-2 caregivers).
      - No
        - Considerations:
          - Is bathroom doorway wide enough to accommodate entry of mechanical lift device and patient?
          - Assure equipment used meets weight requirements and is appropriately sized for patient.
          - Typically, standard toilets are rated to 350 lbs maximum capacity.
          - During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used.
            (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107[8], 53-59.)
Bariatric Algorithm 8: Transfer a Bariatric Patient Up From the Floor
Last rev. 10/1/08

Start Here

Was the patient injured?

Yes

Assess for fracture or spinal cord injury. Does patient need immobilization technique?

No

Can patient assist?

Yes

- Caregiver is to secure chair beside patient.
- Using the chair, have patient use own strength to raise self.
- Do not tug on patient or lift patient.

No

- If patient is in cardiac arrest initiate CPR and wait for emergency response team before moving.
- If spinal board is necessary use 2 friction-reducing sheets to transfer the patient onto spinal board.
- Obtain low stretcher.
- Lift patient on spinal board onto low-lying stretcher using 6 caregivers.
- If caregivers are familiar with scoop stretcher it may be used as an option.
- Spinal board and Hover Jack are also options.

No

- Total lift device needed using two or more caregivers.
- Hover Jack with friction-reducing sheets and 2 caregivers.

- Do not lift patient off floor.
- Do not allow patient to lean on caregiver for base of support.
- "Immobilization Technique" definition: use spinal precautions if can't use lift due to suspect hip, pelvic, or vertebral fractures.
- Use floor-based lift that goes all the way down to the floor (most of the newer models are capable of this).
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs of a patient's weight then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? American Journal of Nursing, 107[8], 53-59.)
### Bariatric Equipment Safety Checklist

**Hospital Bed**
- Weight limit ______ lbs.
- Side rail support ______ lbs.
- Bed Scale?
  - Yes _____ if yes, weight limit _____ lbs.
  - No _____
- Width of bed ______ inches.
- Bed adjustable for patient height?
  - Yes ____ No ____
- Mattress type:
  - Pressure relief____
  - Pressure reduction _____ Alternating____
  - Rotational _____
- Other ____________________________

**Wheelchair**
- Weight limit _____ lbs.
- Width _____ inches
- Seat height _____ inches
- Handle width _____ inches
- Powered? Yes _____ No _____

**Stretcher**
- Weight limit _____ lbs.
- Width _____ inches
- Length _____ inches
- Side rail support _____ lbs.
- Powered? Yes _____ No _____

**Bedside Commode/Shower Chair**
- Weight limit _____ lbs.
- Seat width _____ inches
- Adjustable height? Yes ____ No ____

**Scales**
- Weight limit _____ lbs.
- Width _____ inches

**Walker**
- Weight limit _____ lbs.
- Width _____ inches

**Bathroom**
- Doorframe width _____ inches
- Shower door width _____ inches
- Toilet weight bearing limit _____ lbs.
- Wall mounted grab bars weight limit _____ lbs.

**Patient Care Environment**
- Patient care weight limit _____ lbs. (basic seating chair not Geri/Cardiac chair)
- Patient chair width _____ inches
- Geri/Cardiac chair weight limit _____ lbs.
- Geri/Cardiac chair width _____ inches
- Geri/Cardiac seat height _____ inches
- Step stool weight limit _____ lbs.

**Transfer Devices**
- Lateral transfer devices weight limit _____ lbs.
- Lateral transfer devices width _____ inches
- Powered? Yes _____ No _____
- Full Body (sling) weight limit _____ lbs.
- Powered? Yes _____ No. _____
- Full Body (sling) goes to the floor? Yes___ No ___
- Sit to stand devices weight limit ___ lbs/
- Sit to stand devices width _____ inches
- Powered? Yes. ____ No. _____

**Ancillary Departments**
- Door widths _____ inches
- X-ray table weight limit _____ lbs.
  - width _____ inches
- CT Scan weight limit _____ lbs.
  - width _____ inches
- OR table limit _____ lbs., width _____ inches
- ER equipment weight limit _____ lbs.
  - width _____ inches
- Exam room table weight limit _____ lbs.
  - weight _____ inches
Case Scenarios

1. Mr. Jones is 550 lbs and is unable to weight bear at all. He needs to go to X-Ray and currently is in Intensive Care Unit (ICU). Which method would be most efficient and safe to accomplish this task?
   a. Transfer Mr. Jones with an air-assisted lateral transfer device to a stretcher and manually push the stretcher to X-Ray department
   b. Transfer Mr. Jones to a converta chair and push the chair to X-Ray department
   c. Leave Mr. Jones in the bed and use the powered feature of the bed to transport him
   d. Use a sit to stand lift and transfer Mr. Jones to an expanded capacity wheelchair

Let’s discuss each of these options.

First Option: Use an air assisted lateral transfer device and stretcher.

Questions that you may want to consider are the following:
1) How difficult is it to insert the lateral transfer aid under Mr. Jones?
2) Is Mr. Jones able to turn to his side to assist in inserting the device?
3) Is the air assisted lateral transfer device wide enough to use for Mr. Jones?
4) Can the stretcher safely support 550 lbs?
5) How many caregivers will it take to push Mr. Jones on the stretcher, assuming it can support 550 lbs?
6) Can the X-Ray be taken while he is on the stretcher or will another transfer have to be done in X-Ray?

Second Option: Transferring Mr. Jones to a converta chair, and then manually push the chair to transport him to X-Ray

Questions that you may want to consider are the following:
1) What equipment and method will be used to transfer Mr. Jones to a converta chair—ceiling lift, floor based lift or lateral transfer aid? How will you insert the sling if using a lift?
2) Is Mr. Jones able to turn to his side to assist in inserting the device?
3) Is the air assisted lateral transfer device wide enough to use for Mr. Jones?
4) The converta chair provides a flat surface for the transfer then can be changed into a seated position for transport. A seated posture may be preferable for Mr. Jones especially if he has breathing difficulty.
5) How many caregivers will it take to push Mr. Jones on the chair assuming it can support 550 lbs? Is it easier to push this chair or push a stretcher?
6) Can the X-Ray be taken while he is on the converta chair or will another transfer have to be done in X-Ray?
Third Option: Leave Mr. Jones in the bed and use the powered feature of the bed for transport.

Questions that you may want to consider are the following:
1) Is a powered transport device available?
2) If the bed that Mr. Jones is using has a powered feature built in, what is involved in activating this feature?
3) Is Mr. Jones cooperative?
4) Is Mr. Jones lying on a low air loss mattress?
5) By unplugging the bed to transport him, does this deflate the low air loss mattress and negate the pressure relief features?
6) How much force is required to use powered bed versus push the occupied converta chair or stretcher?
7) How many caregivers are needed to push/steer bed?
8) On arrival to X-Ray, can the X-Ray be done while Mr. Jones is in bed or is a transfer required?

Fourth Option: Use a sit to stand lift and transfer Mr. Jones to an expanded capacity wheelchair

Questions that you may want to consider are the following:
1) Can Mr. Jones use a sit-stand lift?
   ➢ No he cannot weight bear, therefore this is not an option

Task Analysis:

The decision as to which option you choose should be based on many factors, such as resources available in the facility (in-house and rental equipment), recruitment of caregivers, medical stability and sitting tolerance of the patient, weight capacity of equipment, route from bedroom to X-Ray department, size of elevator/doors, flooring (carpet vs tile), but most importantly, how much force is required for the caregiver to perform the essential tasks. Some of the transfers can be eliminated which reduces the stress on the caregivers and elimination of non-essential transfers should be the first option when possible. Essential tasks should be given first priority from non-essential tasks as this can minimize effort exerted, thus reducing exposure to risk of injury.

Directions for the Future:

While caregivers are learning to depend more on expanded capacity equipment to move and transfer bariatric patients, there are many areas which need further research and evaluation. Getting a patient out of a car and transport from the home to ambulance remains a high risk activity for EMS workers. Options for migration currently include sliding boards, air assisted devices or car lifts, similar to that of floor based lifts. Sliding boards used for bariatric patients do not typically work well due to the high friction caused from the excessive mass of the patient. Therefore, there needs to be better technological solutions available to minimize the friction between the patient and device. Use of friction reducing devices in conjunction with slide boards may prove useful. Figure 5 shows use of a handy slide for assisting patients getting out of the car.
Another challenging task for caregivers is getting a bariatric patient up off the floor. One product that may assist is called the ELK, which is an air bladder. It is inserted under the patient, then inflated to raise the patient up (see Figure 6). Two air bladders can be used with a sliding board to maintain the patient in a supine position if necessary or one air bladder should be used if patients’ balance and sitting tolerance is satisfactory.

Figure 5. Handy Slide for Car

Figure 6. ELK/Patient Booster
BARIATRIC SAFE PATIENT HANDLING AND MOVEMENT POLICY

1. **PURPOSE:** To ensure that caregivers assisting bariatric patients are protected from patient handling injuries while bariatric patients are cared for safely, this policy describes ways to ensure that employees use safe patient handling and movement techniques and equipment specific for bariatric patients. As well, this policy is set forth to provide the bariatric patient an environment of dignity and respect in a supportive caring culture.

2. **POLICY:** ____________ (Facility Name) wants to ensure that its bariatric patients/residents are cared for safely, while maintaining a safe work environment for employees. To accomplish this, a comprehensive bariatric program will be implemented to ensure appropriate and adequate provisions are identified and made for bariatric patient handling equipment, training and resources in keeping with an effective “Culture of Safety” in the work environment. Identified bariatric patient handling techniques and guidelines will be followed at all times. Additionally, mechanical lifting equipment and/or other approved patient handling aids will be used to prevent the manual lifting and handling of bariatric patients/residents. It is also the policy of this hospital to provide a supporting and respectful environment of care for all patients.

3. **DEFINITIONS:**
   a. **Bariatric Patient:** Can be defined as anyone who has limitations in health due to physical size, health, mobility, and environmental access (Bushard, 2002). For the purpose of using our assessment form and bariatric algorithms, we defined bariatric as individuals exceeding standard capacity equipment (300 lbs) with a BMI of 50.
   b. **Patient Handling:** Refers to the repositioning, lifting, turning, transferring, transporting and assisting in ambulation provided by health care workers to patients that need assistance.
   c. **High Risk Patient Handling Tasks:** Patient handling tasks that have a high risk of musculoskeletal injury for staff performing the tasks. These include but are not limited to transferring tasks, lifting tasks, repositioning tasks, bathing patients in bed, making occupied beds, dressing patients, turning patients in bed, tasks with long duration and those involving bariatric patients.
   d. **High Risk Patient/Resident Care Areas:** Inpatient hospital wards with a high proportion of dependent patients, requiring full assistance with patient handling tasks and activities of daily living and who are frequently moved in and out of bed. Designation is based on analysis of facility injury data. These units have the highest incidence and severity of injuries due to patient handling tasks. These areas include Spinal Cord Injury Units, Nursing Home Care Units, and other specified areas.
   e. **Manual Lifting:** Lifting, transferring, repositioning, and moving patients using a caregiver’s body strength without the use of lifting equipment/aids that reduce forces on the worker’s musculoskeletal structure.
   f. **Mechanical Patient Lifting Equipment:** Equipment used to mechanically lift, transfer, reposition, and move patients. Examples include floor based, sit to stand and ceiling track lifts and mechanized lateral transfer aids.
g. **Patient Handling Aids**: Equipment used to assist in the lift or transfer process. Examples include gait belts with handles, stand assist aids, sliding board and friction-reducing devices.

h. **Culture of Safety**: Describes the collective attitude of employees taking shared responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves, co-workers and patients.

4. **PROCEDURES**:

   a. **Compliance**: It is the duty of employees to take reasonable care of their own health and safety, as well as that of their co-workers and their patients during patient handling activities. Non-compliance will indicate a need for retraining.

   b. **Assessments Prior to Program Implementation**:
      Prior to performing procedures set forth in this policy, it is mandatory that two assessments must be completed: Bariatric Needs Assessment and Bariatric Risk Assessment. These facilitate development of individualized processes and facility plans and help guide management to allocate resources appropriately to prepare for bariatric patient care and admissions.

      1. **Bariatric Needs Assessment**: To identify and prevent potential barriers encountered in the admission and care processes and complete a bariatric needs assessment. This includes collection of data, identifying medical conditions, patient characteristics, weight, height, equipment use and location trends (units).

      2. **Bariatric Risk Assessment**: This assessment identifies patient and staff safety issues and risk factors for bariatric patient care. These include risks from patient transfers, patient transport, compatibility with transport equipment, room sizes, door widths, elevator size, etc. Please refer to Attachment C, Bariatric Equipment Safety Checklist. Additionally, capture information on the bariatric equipment availability/effectiveness and maintenance support. This information will help in the decision to purchase or rent bariatric equipment.

   c. **Training**:
      1. Staff will complete and document Bariatric Safe Patient Handling and Movement training initially, annually, and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.

      2. Staff will complete and document safe patient handling and movement equipment training initially and as required to correct improper use/understanding of safe patient handling and movement. Supervisors should maintain training records for three (3) years.

      3. Annual competencies will assess ability to provide appropriate bariatric patient care.

   d. **Bariatric Patient Handling Assessment**:
      1. The Bariatric Patient Handling Assessment, Care Plan and Algorithms can be accessed ________(say where) and completed by anyone preparing to handle or transfer a bariatric patient (Attachment B).

      2. Use expanded capacity/bariatric mechanical lifting devices and other approved patient handling aids in accordance with instructions and training for bariatric patient handling.

      3. Facility will list persons responsible for training and provide appropriate resources and manuals. Contact _____________ for this information.
e. Bariatric Equipment:
   1. Expanded capacity/bariatric mechanical lifting devices and other equipment/aids will be accessible to staff. See Attachment A for a listing of such equipment. Depending on facility and unit needs, other equipment may be added to this list.
   2. Equipment provisions should be varied and sufficient to care for multiple patients of various sizes and medical conditions. Choose equipment carefully based on patients’ shape, size and medical conditions (see Attachment B for Algorithms and Assessment form).
   3. Bariatric equipment may be leased or purchased. The decision to purchase or rent equipment should be determined by considering the following factors:
      - Number and frequency of bariatric admissions
      - Equipment purchase cost
      - Rental cost
      - Space demands: including fit through doorways/hallways, etc.
      - Patient care needs: bedroom, bathroom
      - Equipment storage needs
      - Length of stay
      - Equipment cleaning and maintenance needs
   4. ________ will ensure that all expanded capacity/bariatric equipment will be labeled as such using the following: “EC – _____ (weight)”. This will identify such equipment and their associated weight capacities. The weight capacity will be clearly visible.
   5. ________ will also maintain, clean and check equipment in need of servicing or repair. ________ will store expanded capacity/bariatric mechanical lifting devices and other equipment/aids conveniently and safely.
   6. ________ will also be responsible for returning rental equipment.
   7. The nurse manager will arrange for patient’s own equipment to be inspected and a safety check will be performed by the appropriate department prior to patient use.
   8. Equipment may be procured by ______________(facility must outline procedure for accessing or renting equipment).

f. Bariatric Patient Supplies:
   1. Appropriately-sized patient care items, such as gowns, slippers, robes, ID bracelets, blood pressure cuffs, linens, slings, needles, etc., shall be readily available and stored for easy accessibility. These items can be accessed by contacting the charge nurse on the specific unit.
   2. A system will be implemented that distinguishes different sizes of patient care items without stigmatizing bariatric patients.

g. Admissions Procedures:
   1. For elective admission, ______________ shall communicate the impending need for bariatric patient accommodations.
   2. For emergency admission, ______________ shall communicate the immediate need for bariatric patient accommodation.
   3. The ___________ shall assign the appropriate space to accommodate equipment for the bariatric patient (as directed by the ___________ on the admitting unit). This may include blocking a space to provide a double space for a single patient.
   4. If a bariatric suite is not available, _________ must initiate preparation, including delivery and placement of the bed and other equipment in the room.
   5. The Bariatric Patient Handling Specialist or Team _________(identify who) will be notified of elective or emergency bariatric patient admission.
   6. Patient must be weighed as soon as possible upon entry to the facility in order to confirm weight and identify appropriate equipment.
7. Consult specialist if needed (eg. wound care nurse, nurse educator).

h. **Patient Transport:**
   1. To assist in patient transport, use a powered bed/stretcher, bed mover, or powered wheelchair mover. If powered equipment is not available, then choose the least physically demanding transport vehicle.
   2. Prior to transporting a patient
      - Map out the route
      - Make sure the bed fits through doorways and into elevators
      - Make sure the transport device/bed is easy to maneuver
      - Make sure an adequate number of staff are available to assist
      - Determine how many transfers are required to accomplish the task and minimize if possible
      - Ensure patient is medically stable
      - Calculate the weight of patient plus bed to ensure elevator weight and other capacities are not exceeded

i. **Ensuring Patient Comfort and Dignity:**
   Bariatric patients have the same rights to be treated with the same comfort, dignity, respect and privacy as other residents. Health Care workers shall acknowledge the patient as a unique individual and treat them with compassion, seeing past a person’s weight and size. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment.

5. **DELEGATION OF AUTHORITY AND RESPONSIBILITY:**
   a. **FACILITY DIRECTOR** shall:
      1. Support the implementation of this policy.
      2. Support a “Culture of Safety” within this medical center.
      3. Furnish sufficient expanded capacity/bariatric lifting equipment/aids to ensure safe patient handling and movement of bariatric patients.
      4. Furnish acceptable storage locations for expanded capacity/bariatric equipment/aids.
      5. Provide staffing levels sufficient to support safe patient handling and movement of bariatric patients.
   b. **NURSE MANAGERS** shall:
      1. Ensure all bariatric patient handling tasks are assessed prior to completion and are completed safely, using appropriate mechanical lifting devices and other approved patient handling aids and appropriate techniques.
      2. Ensure appropriate and adequate numbers of expanded capacity/bariatric equipment are available either through rental agreements or through facility purchase.
      3. Ensure expanded capacity/bariatric mechanical lifting devices and other equipment/aids maintained regularly, in proper working order, and stored conveniently and safely.
      4. Ensure employees complete initial and annual bariatric patient training and additional training as required if employees show non-compliance with safe patient handling and movement or equipment use.
   c. **EMPLOYEES** shall:
      1. Comply with all parameters of this policy.
      2. Use proper techniques, mechanical lifting devices, and other approved equipment/aids during performance of bariatric patient handling tasks.
3. Notify supervisor of any injury sustained while performing patient handling tasks.
4. Notify supervisor of need for re-training in use of expanded capacity/bariatric mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Provide care in a manner that acknowledges the patient as a unique individual, treating them with compassion and respect. They shall ensure that dignity and self-worth are maintained by appropriate and professional treatment. Workers should not display negative or judgmental feelings and should attempt to see the person not the weight.

**d. BARIATRIC PATIENT HANDLING SPECIALIST OR TEAM** shall:
1. Acknowledge notification of elective or emergency bariatric patient admissions, and respond in a timely manner.
2. Act as a resource and provide ergonomic consultation and support to staff when bariatric patients are admitted.
3. Assist in monitoring effectiveness of equipment and identification of bariatric equipment needs for individual patients.

**e. UNION** shall: support bariatric program and policy in partnership with administration.
Bariatric Technology Resource Guide (rev 8/15)

Each item includes a product name, URL for the manufacturer, description and key advantage

Note: Inclusion in this guide does not constitute endorsement by the Tampa Patient Safety Center of Inquiry in Tampa or of the Veterans Health Administration. The products in this guide are merely examples of various types of equipment available in the marketplace at a particular period in time. We have no more information about particular equipment, purchasing or contracting than is presented here. Please do not request purchasing information from this office. The listings show the URL for a manufacturer’s web site. We do not provide links to those sites in this document. Many vendors offer bariatric supplies and equipment, try a search on the internet for more options.

ADL Supplies and Equipment

Amplestuff (amplesuff.com). Wide range of equipment and supplies available (hospital gowns, fanny packs, footwear, hangers, sponges on a stick, airline seat belt extenders. Capacity: plus and super-size. These items are designed to solve the unique problems of people of size.

Big John Products (bigjohnproducts.com). Toilet seats, supports and hygiene sprayer. Capacity: 1,000 lbs. Extra-wide toilet seat for bariatric and geriatric patient fits on an average toilet, toilet support mounts under toilet bowl to redistribute the weight.

Healthykin.com (healthykin.com). Wide range of equipment and supplies available. Support rails, incontinence products, slide/transfer boards, trapeze.

Medline (medline.com). Wide range of equipment and supplies available. SPH equipment, mobility, bath, personal care, furniture, linen, supplies.

NC Medical (ncmedical.com). P.T. Rail, SuperPole and more. Support rails and abdominal support binders. Hinged support rail or floor-mounted, pivoting, locking rail to assist from sit to stand.

Ambulatory/Mobility Aids

H and R Healthcare (handrhealthcare.com). Walker. 26”W x 31” to 38”H x 18”D. Capacity: 600 lbs.


**Polaris Medical** ([polarismedicalinc.com](http://polarismedicalinc.com)). Rollator King. Capacity: 650 lbs. Functional and has a light and discrete design, fits through doorways and folds easily for transport and storage in cars. Large seat, extra strong tubes, 8” tires, feather touch hand brakes.

**Polaris Medical** ([polarismedicalinc.com](http://polarismedicalinc.com)). Stand Tall. Walker that is wheeled and adjustable. Capacity: 715 lbs. Multi-functional aid, used for walking, mobilizing, includes an IV pole.

**Prinos Solutions** ([prinossolutions.com](http://prinossolutions.com)). Ambulator 1000. Walker, fixed height. Capacity: 1,000 lbs. Accommodates: IV pumps and bags, O2 cylinder, lines and tubes. Can be used as a shower chair, short distance transport, rear-mounted safety seat. Folds easily and can be hung for storage.

**Prinos Solutions** ([prinossolutions.com](http://prinossolutions.com)). Ambulator 600. Walker, fixed or adjustable height. Capacity: 600 lbs. Accommodates: IV pump and bags, O2 cylinder, lines and tubes. Can be used as a shower chair, short distance transport, rear-mounted safety seat. Folds easily and can be hung for storage.

**RecoverCare** ([recovercare.com](http://recovercare.com)). Adjustable heights, with or without wheels. Capacities: 700 and 1,000 lbs.

**Safe Patient Solutions LLC** ([resqup.com](http://resqup.com)). ResQUp Mobility Aid. Various height steps to allow a patient to raise themselves off the floor. Capacity: 300 lbs. Affordable for home and supplements lift devices at hospitals. Dimensions: 13.5”H x 30”W x 27.5”D (deployed), 10.5” (stored).

**Sizewise** ([sizewise.net](http://sizewise.net)). Bari Walker. Wheeled walker. Capacity: 750 lbs. Folds to 5” width, (2) 5.25” rubber wheels, 27” width between supports, adjustable height: 31” to 40” Also available are canes and crutches.

### Bathing/Showering/Toileting

**ArjoHuntleigh** ([arjohuntleigh.com](http://arjohuntleigh.com)). Carmina Shower Commode Chair. Capacity: 704 lbs. Transfer friendly design giving increased flexibility to handle patients with safety and security.

**Centricare** ([centicare.com](http://centicare.com)). Commode/Shower Chair. Stainless steel. Capacity: 1,000 lbs. Built to last a lifetime, customizable, variety of models, 5” casters, corrosion resistant, easily cleaned, able to be used bedside or over the toilet, entirely welded so can go through a cart cleaner set at 180 degrees. Options: drop arms, padded seat cushion, easy one and off foot rest.

**EZ Way, Inc.** ([ezlifts.com](http://ezlifts.com)). Bariatric Hygiene Chair. Seat 19”D, 26” between arms, 31”W. Capacity: 550 lbs. Corrosion proof materials, electric seat height adjustment, armrests can be flipped up, ergonomic seat, easy to clean, locking casters, swing away foot rests.

**EZ Way, Inc.** ([ezlifts.com](http://ezlifts.com)). Atlas Junior Bariatric Shower Trolley 4200. Capacity: 600 lbs. Height adjustable, Trendelenburg, lots of power, loads of space, shower, transport and changing space, side rails for safety, easy to clean.

**EZ Way, Inc.** ([ezlifts.com](http://ezlifts.com)). Atlas Bariatric Shower Trolley 400. Capacity: 1,000 lbs. Lots of power, loads of space, shower transport, and changing space, side rails for safety, easy to clean.

**FAWSsit Showers** ([cgsp.net](http://cgsp.net)). FAWSsit™ Fold-Away Wheelchair Shower (Model B5000 Bariatric). Portable shower that accommodates patients of size both in and out of a
wheelchair. Capacity: 400 lbs. Flexible rubber faucet attachments, double layer vinyl drain pan. 44"H x 46"W x 46"D.

**H and R Healthcare (handrhealthcare.com).** Commode 6438A. 31" W (seat width 23") x 19.5". 23"H x 18.5" D. Capacity: 400 lbs. Adjustable height with drop arms, complete with pail, cover, and splash shield, padded armrests, welded steel construction.


**Handicare (handicare.com).** Heavy Duty Commode Shower Chair. Capacity: 660 lbs. Freestanding or over toilet. Wider and deeper than standard chair, drop-down hand rails, soft, comfortable seat.

**Hill-Rom (hill-rom.com).** Extra Large Commode. Capacity: 1,000 lbs. Easy-to-release drop arm allows for safer lateral transfers.


**Lift Seat (liftseat.com).** LS600. Bariatric powered toilet lift. Capacity: 650 lbs. Can be used both as a bedside commode and in the bathroom over the toilet. Powered with either AC or DC, removable grab bags, swivel locking wheels.

**Medline (medline.com).** Wide range of bathing and toileting equipment available including shower bench that is height adjustable, with or without a back support, toilet seat and bedpan. Capacity: 550 lbs. Easy access and maneuverable when bathing, non-slip rubber feet, height adjustable.

**Polaris Medical (polarismedicalinc.com).** Shower Bench. Height adjustable with back and arm rests. Capacity: 715 lbs. Easy to clean, removable seat pad, armrests go beyond seat to prevent squeezing.

**Polaris Medical (polarismedicalinc.com).** Shower/Bath Commodes. Capacity: 715 lbs. Bariatric electric height adjustable and tilt models as well as standard bariatric shower and bedside commodes. Easy access, wide inside, small outside, passes through almost all modern doorways, footrests carry 220 lbs. each. Split toilet seat, 24” rear wheels optional.

**RecoverCare (recovercare.com).** Shower Chairs and Commodes. Capacity: 1,000 lbs. Adjustable height with drop arms.

**Sizewise (sizewise.net).** Bari Drop Arm Commode. 24” or 28”W, adjustable leg height of 18-22". Capacity: 600 lbs. Removable back and arm rails.

**Sizewise (sizewise.net).** Bari Drop Arm Commode 26”W with fixed leg height. Capacity: 1,000 lbs. Removable back and arm rails.

**Sizewise (sizewise.net).** Bari Shower Commode. Seat widths: 26” or 30” Capacity: 750 lbs. At bedside in slower, as transport or over toilet. Removable back and arms. Stainless steel construction, large wheels for independent use.

**Universal Hospital Services (uhs.com).** Various commodes from Gendron, Invacare, ConvaQuip, LiftSeat and Stretchair are available for rent or purchase.
**Bed Frames**

**H and R Healthcare** ([handrhealthcare.com](http://handrhealthcare.com)). Bariatric Bed Frame. 42, 48 or 54”W x 80”L. Capacity: 450 to 1,000 lbs. Available with or without scales.

**Hill-Rom** ([hill-rom.com](http://hill-rom.com)). 1039 or 1048. 39”W x 84”L or 48”W x 84”L. Capacity: 650 lbs. Fully electric frame. Affordable comfort and ease, modular design for easy assembly/disassembly and doorway clearance.

**Hill-Rom** ([hill-rom.com](http://hill-rom.com)). Excel Care® ES Bed. 44-54”W x 91-100”L x 17-29” H. Capacity: 1,000 lbs. Expandable frame, single post patient helper trapeze, integrated scale, battery backup, simple one-handed siderail release.

**Hill-Rom** ([hill-rom.com](http://hill-rom.com)). Triflex™ II. 37-54”W x 68”L x 14-28”H. Capacity: 1,000 lbs. Drop down side rails, optional integrated scale, battery backup.

**Hill-Rom** ([hill-rom.com](http://hill-rom.com)). TotalCare® Bariatric Plus Bed. 44.5W x 81.5-93.5”L x 17-29”H. Capacity: 500 lbs. Powered transport, single post patient helper trapeze, integrated scale, HOB alarm, bed exit, battery backup, point of care side rail controls.

**Invacare** ([Invacare.com](http://Invacare.com)). BAR750 Bariatric Bed. 39-48” W x 80-88”L. Capacity: 750 lbs. Heavy duty fully electric bed frame. Expands in both width and length.

**Joerns** ([joerns.com](http://joerns.com)). Bari10A. 36’48”W, 80-88”L, 18.75-33.75”H. Capacity: 1,050 lbs. Independent head and knee movement, up/down adjustments and gravity assist re-positioning, 4 DC motors provide quiet and smooth operation, easy to operate, attractive, non-bariatric style bed panels in a soft tone frame color, improved Advanced controls and integrated scale.

**Joerns** ([joerns.com](http://joerns.com)). UltraCare XT. 35-42”W x 76-80”L x 7-30”H. Capacity: 500 lbs. Advance care positioning, optional staff control, extendable sleep surface, ultra lock maximizes safety, steel frame up to 30X stronger, (4) DC motors supply quiet and smooth operation, fast hi-lo motors.

**Kreg** ([kreg.us](http://kreg.us)). EZ-Wider Chair Bed. 40-50”W x 84-90”L x 17.7-26.5”H. Capacity: 1,000 lbs. Transforms into a chair for easy egress, powered foot rails, bed/chair/stretcher all in one. Many standard and optional features.

**Kreg** ([kreg.us](http://kreg.us)). Total Lift Bed. 40-52.75”W x 88-93”L x 17.7-26.5”H. Capacity: 1,000 lbs. Mechanical CPR release for quick return to supine, 0-180° tilt, features to allow early mobilization, improved respiratory outcomes, decreased LOD, accelerated postop recovery and skin breakdown prevention.

**OnCare** ([oncaremedical.com](http://oncaremedical.com)). VitalGo Total Lift Bed. 40-52.75”W x 88-93”L x 17.7-26.5”H. Capacity: 1,000 lbs. Tilt adjust from 0-82 degrees with foot lifter to avoid shearing during vertical tilt, provides ability to gradual measure and increase weight bearing ratios for early mobilization. Improves resp. outcomes, decreases LOS, accelerates postop recovery, prevents skin breakdown.

**RecoverCare** ([recovercare.com](http://recovercare.com)). RC 750, 39.5”-56.5”W x 88”L x 17-30”H. Capacity: 750 lbs. Easily expands with pull pin system. Economical price, split frame for easy storage, padded side rails.

**RecoverCare** ([recovercare.com](http://recovercare.com)). RC 1000 Ultra. 37-54” W x 89”L x 18-30”H. Capacity: 1,000 lbs. Easily expands with pull pin system, optional (RC1000 model) split frame for easy storage, padded side rails, one-touch cardiac chair and Trendelenburg positioning, optional scale system.
RecoverCare (recovercare.com). RC Hi-Lo 850. 39-48”W x 89”L x 9.5-29”H. Capacity: 850 lbs. Expandable low bed, optional integrated scale, optional trapeze, bed exit alarm, fall mats optional.

RecoverCare (recovercare.com). STAT Bari. 39.5-56.5”W x 15.5-29.5”H. Capacity: 750 lbs. Simple adjustable frame, economical.

RecoverCare (recovercare.com). STAT Bari. 39.5-56.5”W x 15.5-29.5”H. Capacity: 1,000 lbs. Simple adjustable frame, economical.

Sizewise (sizewise.net). Bari Rehab Platform. Bed frame deck: 15-30”H x 39-48”W x 80-86”L. Capacity: 1,000 lbs. Cardiac chair, Trendelenburg and reverse Trendelenburg, integrated rest secure system option (bed exit alarm/nurse call interface/protocol timer and scale). Retractable deck, head angle indicator (VAP), removable 3-position side rails, PowerDrive available, full frame trapeze available.

Sizewise (sizewise.net). Behavioral Health Bed. 35”W x 82”L x 7.5-30”H. Capacity: 850 lbs. Footboard nursing lock-out controls accessible with universal key ensuring patient safety, quick disconnect hand control, electronic head, knee, high/lower, Trendelenburg and reverse Trendelenburg positioning. Many other available options.

Sizewise (sizewise.net). Evolution Expandable. 39-48”W x 82”L x 9-30”H. Capacity: 850 lbs. Independent lock out features, head angle indicator (VAP), cardiac chair, Trendelenburg and reverse Trendelenburg, integrate rest secure system (bed exit alarm/nurse call interface, protocol timer and scale). Full frame trapeze, safety floor pads and expandable deck options available.

Sizewise (sizewise.net). Lowboy. 35-48”W x 82”L x 7.5-30”H. Capacity: 850 lbs. Independent lock out features, cardiac chair, Trendelenburg (and reverse), full frame trapeze, safety floor pads and expandable deck options available).

Sizewise (sizewise.net). Navigator. 35”W x 80-86”L x 11-33”H. Capacity: 600 lbs. Independent patient lock out features, head angle indicator (VAP), one-touch cardiac chair, Trendelenburg/reverse, CPR feature, integrated scale with weight history, Braden Scale© assessments, BMI calculator, head side rail down data, head of bed degree data, integrated nurse protocol timer, Braden Scale© calculator & NPUAP.wound staging guidelines. Other options available.

Stryker (stryker.com). Bari 10A. 39-48”W x 84-89”L x 17.4-30.4”H. Capacity: 1,050 lbs. Expansion/retraction, patient helper (trapeze), fifth wheel for improved maneuverability and steering.

Universal Hospital Services (UHS). Various frames available up to 1,000 capacity for purchase or lease including Bari10A Bariatric Acute Care Bed with Power Assist Drive; Maxi Rest; Titan, Triflex.

Ceiling Lifts

Alpha Modalities (alphamodalities.com). Portable Gantry (freestanding and height-adjustable ceiling lift). Capacity: 600 lbs. Lift frame powder coated in white. Height ranges from 59-96”. Leg width 46”. Rail cut to custom length. Trip hazard bars can accommodate Prism C625 or C1000 Hoist, Handicare C625 Hoist, Molift Nomad. Rail can have continuous charge liner. 5 year warranty.
Alpha Modalities (alphamodalities.com). Portable Gantry (freestanding and height-adjustable ceiling lift). Capacity: 1,000 lbs. Lift frame powder coated in white. Height ranges from 59-96”. Leg width 46”. Rail cut to custom length. Trip hazard bars can accommodate Prism C625 or C1000 Hoist, Handicare C625 Hoist, Molift Nomad. Rail can have continuous charge liner. 5 year warranty.

ArjoHuntleigh (arjohuntleigh.com). Maxi Sky 1000. Capacity: 1,000 lbs. Designed to lift and transfer patients from bed to chair or commode.


Guldmann (guldmann.net). GH3+ Patient Lift System. Lift, transfer and reposition patient. Capacity: 660, 770 or 1,100 lbs. Available in straight or curved rail configuration or room covering.

Handicare (handicare.com/us/products/). BariTurn 360° turning trolley for two ceiling lift units. Capacity: 1,250 lbs. Can be used with Pollux or a permanently installed rail system for lifting of bariatric patients. Also assistive device for standing training and gait training with patients extremely large and heavy.


Hill-Rom (hill-rom.com). Ultratwin Overhead Lift. Capacity: 1,100 lbs. Twin motor design facilitates positioning between seated and recumbent. Safe, robust design, adjustable width from 100” to 116”, variety of available slings.

Joerns (joerns.com). Hoyer® 600c Fixed or Portable Ceiling Lift. Capacity: 600 lbs. Trolley design accommodates curtain track solution, manual or power traverse models, integrating safety features including slack strap cutout switch, angle detector, anti-freewheel, limit switches, overload protection, etc.

Joerns (joerns.com) Hoyerpro® 1000 Fixed Ceiling Lift. Capacity: 1,000 lbs. Trolley design accommodates curtain track solution, manual or power traverse models, integrating safety features including slack strap cutout switch, angle detector, anti-freewheel, limit switches, overload protection, etc.

Polaris Medical (polarismedicalinc.com). 220/300 Wispa Series. Capacity: 1,000 lbs. Integrates into many different manufacturer’s tracks. Portable, fixed and temporary solutions.

Surehands (surehands.com). 2500 Bariatric Series Track System. Capacity: 660 lbs. Various track options allow for access to all areas of a room or movement from room-to-room. Easily operated and maintained.

Surehands (surehands.com). 2500 Bariatric Series Motor. Capacity: 660 lbs. Various track options allow for access to all areas of a room or movement from room-to-room. Easily operated and maintained. Also designed for bathroom and pool usage.
**Chairs**

**AXtraHand (axtrahand.com).** CH-1003 Wheelchair to IV Pole Clamp. Wheelchair and IV pole connector.

**Electro Kinetic Technologies (ek-tech.com).** BREEZ 1025-G Motorized Patient Transport Chair. 22-30"W seat. Capacity: 750 lbs. Folding and removable armrests, swing out footrests, rear locking casters and front holding brakes, small footprint for tight maneuverability, easy to use controls, programmable speed limit, seat belt option, standard IV pole, warning horn, 1.8 cubic feet of cargo space (total capacity is 750 lbs. rider and 100 lbs. cargo).

**H and R Healthcare (handrhealthcare.com).** Bariatric Reclining Geri Chair 30”. 33”W x 50”H x 36”D. Overall 23.5”W x 21.5”H x 20.5 D seat. Capacity: 450 lbs. Extra wide reclining chair, gas assist recline, ergonomic armrests, side tables.

**H and R Healthcare (handrhealthcare.com).** Bariatric Reclining Geri Chair 40”. 29.24”W x 20.25”H x 19.25”D. Capacity: 850 lbs. Seat back 33”, all-purpose reclining chair, gas assist recline for caregiver, front casters swivel and lock. Affordable and easy to attach. Can be attached permanently to your existing wheelchairs, reduces strain on transport personnel. Attaches to either side of chair, accepts standard IV pole .75” to 1.25”, 240° adjustable radius, 9 adjustable locking positions. Made in the USA.

**Hill-Rom (hill-rom.com).** Art of Care® Bariatric Recliner. Manual or powered. Capacity: 660 lbs. Two options: power or manual include/recline, accessory hooks and brackets, removable arm, 30” seat width.


**Hill-Rom (hill-rom.com).** Barton® Transfer Chair. 21-25”W, 19-21”D, 74”L. Capacity: 700 lbs. Converts from a flat transfer chair to an upright mobile chair, allows a single caregiver to safely and easily transfer patients, tilt in space and Trendelenburg capability.

**SizeWise (sizewise.net).** Bari Chair 2-34” W (in 2” increments), Seat Depth: 18-22”. Capacity: 750 lbs. Provides the perfect fit for your patient. Heavy-duty elevating leg rest with wide footplates and calf pads, removable armrests. Seatbelt.

**SizeWise (sizewise.net).** Bari Mobile Bedside Recliner. Seat 30”W x 21”D. Capacity: 750 lbs. Mobile recliner with breakaway footrest and ergonomic push bar. Quick release feature allows for removable back.

**SizeWise (sizewise.net).** Shuttle B Series Advanced. Transforms from chair to stretcher. Capacity: 1,000 lbs. Power high and low adjustments, independently elevating leg rests, power tile and recline for patient comfort and caregiver safety, seat assist with support poles, wound care clinic and power drive options available.

**XXL Rehab (xxl-rehab.com).** XXL Rehab Wheelchair Cushions. Comfortable, anatomical, and plush cushions. Capacity: 335 to 717 lbs. Variety of wheelchair cushions that provide different pressure relief options.


XXL Rehab (xxl-rehab.com). XXL Rehab Lift Chair (2 position). Capacity: 595 lbs. Lift/tilt feature, smooth quiet lifting, protective cover, integrated battery backup, large side pockets, adjusts to uneven surfaces.


Examination and Procedure Tables

Dental Chair (dentalchair.co.uk). Barico Bariatric Dental Chair. A fully functioning dental chair. Capacity: 1,000 lbs. No ground fixing required, low start, height of 16”, 38” Trendelenburg/emergency position, foot or hand controls.

Diaco (diaco.co.uk). Diaco Dental Chair for Wheelchair Patients. A device to recline a patient in their own wheelchair so that dental care can be carried out. Capacity: 1,100-2,000 lbs. Accepts both manual and motorized wheelchairs, fully powered mobility, joystick control.

Midmark (midmark.com/products/). Midmark 625 Barrier-Free Power Treatment Table. 18-37"H, 28 or 32” W. Capacity: 650 lbs. Features power height and back. Unique Quick Exam™ and Motion Profiling™ control features for more efficient patient positioning.


Floor-Based/Portable Lifts


EZ Way, Inc. (ezlifts.com). EZ Way Smart Lift 1000 (portable total body lift). Capacity: 1,000 lbs. Large weight capacity. 2, 4, or 6 point hanger assembly, optional scale, backlit LCD screen for easy viewing, ergonomic handles.

EZ Way, Inc. (ezlifts.com). EZ Way Smart Stand 800 (sit-to-stand lift). Capacity: 800 lbs. Large weight capacity, doubles as ambulation aid, optional scale, backlit LCD screen for easy viewing, facilitates toileting, changing hygiene products, conducts pivot transfers for weight bearing patients.

Guldmann (guldmann.net). GL5 Mobile Lifter (portable total body lift). Capacity: 450 lbs. Wide lift range, user friendly, access to statistics on usage.
**Guldmann (guldmann.net).** GLS5 Active Lifter (sit-to-stand lift). Capacity: 450 lbs. Removable foot tray, access to statistics on usage, easily changeable battery, visual service indicator, standard and hip support slings.

**H and R Healthcare (handrhealthcare.com).** Electric Lift (portable total body lift). Capacity: 600 lbs. 6-point spreader bar with 360° rotation, tilts for comfort, ergonomic foot pedal for leg opening, large easy grip handles for easy maneuvering, emergency lowering device, optional scale.

**Handicare (handicare.com).** Eva 600EE (portable total body lift). Capacity: 600 lbs. Aluminum, light weight, mast adjustable to 3 heights, adjustable handle, low legs available, maintenance free casters, built-in charging.

**Handicare (handicare.com).** MultiLift 550 (portable total body lift with power drive). Capacity: 550 lbs. Ergonomic device requiring no physical exertion from the caregiver. Features powered moving in all directions and at adjustable speed. The large rear drive wheels and the very small turning radius make it easy to maneuver in most spaces and on all types of surfaces.

**Handicare (handicare.com).** Rino600EE (portable total body lift). Capacity: 600 lbs. Steel for strength and stability. The generous base width and the curved legs provide space for a wide wheelchair.

**Handicare (handicare.com).** RiseUp600EE (mobile sit-to-stand lift). Capacity: 600 lbs. Made of steel which makes it strong and stable. The legs are slightly curved providing more space for a wider wheelchair. Soft, comfortable, lower leg support, scratch-resistant surface.

**Hill-Rom (hill-rom.com).** Viking® XL Mobile Floor Lift (portable total body lift). Capacity: 660 lbs. Lightweight, easy to maneuver, built-in charger, battery, hand control, optional scale.

**HoverMatt (hovermatt.com).** HoverJack® Air Patient Lift (inflatable air lifting device). Capacity: 1,200 lbs. Lifts patients off the floor to a bed or stretcher without manual lifting, inflates in under a minute, firm enough to provide chest compressions, can be used with back/spine board if suspected injuries, uses same motor as HoverMatt.

**Joerns (joerns.com).** Hoyer® Calibre (portable total body lift). Capacity: 850 lbs. Sturdy and robust scale with digital display, user friendly controls.

**Joerns (joerns.com).** Hoyer®HPL700 (portable total body lift). Capacity: 700 lbs. Oversized push handle for caregiver comfort, oversized loop style cradle, one piece base, low friction casters, optional low profile digital scale. Smart Monitor records and displays vital lift utilization and service data. Optional scale.

**Joerns (joerns.com).** Hoyer®Presence (portable total body lift). Capacity: 500 lbs. Wide lift range, Smart Monitor records and displays vital lift utilization and service data. Interchangeable cradle bars (hook and loop or clip options), powered base, ergonomic footplate to assist with pushing occupied lift.

**Joerns (joerns.com).** Hoyer® Stature (portable total body lift). Capacity: 500 lbs. Straight mast enables comfortable and safe movement at a distance from the lift, scalloped base. Smart Monitor records and displays vital lift utilization and services data. Manually-operated cradle standard (powered is optional). Hoyer® Comfort style clip or loop slings, optional scale.

**Joerns (joerns.com).** Hoyer® Elevate (site-to-stand lift). Capacity: 440 lbs. Lightweight, made from aircraft quality aluminum for easier maneuverability, integrated foot pad to reduce push forces. Smart Monitor records and displays vital lift utilization and service data.
Intuitive, one-hand adjustable kneepad can be adjusted to an infinite number of settings, optional scale.


**Polaris (polarismedicalinc.com).** Count 440 (sit-to-stand lift). Capacity: 440 lbs. Transfers from bed, chair, or wheelchair.

**Sizewise (sizewise.net).** Bari Lift and Transfer (portable total body lift). Capacity: 750 or 1,000 lbs. Bedside, automatic base with adjustability, battery-powered with internal charger. Two easy lift adjustment settings. Variety of slings and scale available.

**Surehands (surehands.com).** SureHands Victor (mobile floor lift). Capacity: 500 lbs. Fast, quiet lift. Electrically-adjustable base, long battery life, durable aluminum and stainless steel construction, can be used with body support or spreader bars.

**Lateral Transfer and Repositioning Devices**

**ArjoHuntleigh (arjohuntleigh.com).** Maxi Slide (friction-reducing slide sheets). Sliding system that offers a wide range of patient handling maneuvers. Easy to place and remove from under the patient.

**Handicare (handicare.com).** OneWaySlide (sliding mat that reduces forward movement). For positioning in chair or wheelchair.

**Handicare (handicare.com).** RollerSlide (padded sliding board). Capacity: 660 lbs. Lateral transfer board bridges the gap between two horizontal surfaces, 3 models and several sizes, lightweight foldable with handles.

**Handicare (handicare.com).** EasyGlide Ovals (transfer boards). Capacity: 660 lbs. Sling placement and lateral transfer boards.

**Hill-Rom (hill-rom.com).** AIRPAL® Patient Air Lift (lateral transfer system). Capacity: 1,200 lbs. Glides patients across a frictionless air surface for a smooth transition. 39” or 50” width.

**HoverMatt (hovermatt.com).** HoverMatt® (air transfer device). 28, 34, 39 or 50”W. Capacity: 1,200 lbs. Air transfer system reduced pull force by over 85% to laterally transfer a patient. Reduces risk of friction and shear. Available in reusable or single patient use, full-length or half mattresses.

**HoverMatt (hovermatt.com).** HoverSling™ (air transfer device combined with sling). Capacity: 700 lbs. Combination air transfer and sling device simplifies product selection and reduces products required to laterally and vertically transfer a patient.


**HoverMatt (hovermatt.com).** HT-WedgeTM (inflatable positioning device). Capacity: 800 lbs. Inflatable device adjusts the head, neck and chest facilitating ear to sternal notch positioning.

**Polaris Medical (polarismedicalinc.com).** Non-motorized lateral transfer board, 16”, 18” or 20”W, 68 or 73”L. Capacity: 625 pounds. Lightweight radiolucent for x-year/MRI. Special EMS version available 2-fold or 4-fold options.
**Polaris Medical (polarismedicalinc.com).** Slides and positioning systems. Bariatric-sized one way slides and total in-bed positioning systems with fire evaluation solutions.

**Sizewise (sizewise.net).** SW Air Transfers (air transfer device). 34, 39 or 50”W. Capacity: 1,000 lbs. Ideal for patient transfer, radiolucent for x-ray/MRI.

**Stryker (stryker.com).** Glide Lateral Air Transfer System (air-assisted lateral transfer device). Capacity: 1,000 lbs. Extended pull handles, urethane-coated or braided nylon straps, lightweight blower unit, roller tote for ease of storage, thermal protection, machine-washable transfer mat, convenient caddy, wall-mount for blower.

**Surehands (surehands.com).** SureHands Handi-Slides (friction reducing slide sheets). Various sizes to facilitate positioning in bed or chair.

**Wright Products (wrightproductsinc.com).** SLIPP®. 76” x 45” 4 lbs. unit, portable, unique design lets the patient (regardless of size) literally “slip” on a comfortable surface of sealed fluid that reduces normal friction to a minimum.

**Miscellaneous**

**H and R Healthcare (handrhealthcare.com).** Trapeze. 73”H x 40”W x 50.5”L. 43-52”H bar adjustment. Capacity: 4,500 lbs. Floor-standing trapeze, adjustable, rubber bumper guards.

**Handicare (handicare.com).** Foot Stool (4” or 2”). Raises user’s knees to enable easier and safer transfer in seated position, support during toileting, or repositioning in the chair/wheelchair, non-slip bottom surface.

**RecoverCare (recovercare.com).** Trapeze. Capacity: 1,000 lbs. Floor-standing trapeze, adjustable.

**Slings**

**Alpha Modalities (alphamodalities.com).** Am-Barivest-800 (bariatric ambulation vest with figure 8 straps to assist patients of size who can ambulate, adjustable heavy-duty buckles, patient must be weight-bearing. Designed to prevent falls. Requires 4-point hanger bar, sling customization available. Requires 4-point hanger bar, sling customization. Three year warranty based upon date of first use with compliance and laundry instructions.

**Alpha Modalities (alphamodalities.com).** AM-Barivest-450 (bariatric ambulation vest with figure 8 straps to assist patients of size who can ambulate, adjustable heavy-duty buckles, patient must be weight-bearing. Designed to prevent falls. Requires 4-point hanger bar, sling customization available. Three year warranty based upon date of first use and compliance with laundry instruction.

**Alpha Modalities (alphamodalities.com).** AM-SeatSling-XXL. Reusable, polyester, breathable material with dignity strap. Can be used for toileting and with bilateral amputees. Capacity: 1,000 lbs. Reusable, seated sling made of polyester, dignity strap for more comfortable transfers minimizes pressure on the thighs, ladder straps with color-coded loops for easier hook-up, trim color indicates size. Back pocket to facilitate sling placement, back handles for easier maneuvering, sling customization available. Three year warrantee based upon date of first use and compliance with laundry instructions.

**Alpha Modalities (alphamodalities.com).** AM-TSL-TS-W-F8. Flat sling of breathable polyester. Optional wicking top sheet. Fitted to mattress with elastic security straps (ideal to log roll,
reposition, or cardiac chair transfer). Capacity: 1,000 lbs. Sling customization available. Three year warrantee based upon date of first use and compliance with laundry instructions.

**Alpha Modalities (alphamodalities.com).** A-T TurnerBari (sling that can be used to turn or logroll, can also be used as a limb holder and pannus elevator). Capacity: 660 lbs. Hour glass design sling allowing caregiver to log roll patient for back care, skin checks and peri care.

**Guldmann (guldmann.net).** Basic High Bariatric Seated Sling (whole body support including head). Capacity: 1,100 lbs. Lifting persons with little control over their head and body, lifting to and from a lying position (bed and floor etc.), lifting to and from a seated position, lifting and transfers from all patient furniture surfaces and the floor.

**Guldmann (guldmann.net).** Gait Trainer Bariatric (ambulation sling). Capacity: 1,100 lbs. Supports pelvis and pannus, will support the patient in standing position, maximizing comfort and support.

**Handicare (handicare.com).** BariSling (lifting sling). Capacity: 1,250 lbs. BariSling is available in one size for patients weighing greater than 440 lbs. Used with both mobile and/or stationary lifts, with a four-point sling bar or with BariTurn Reusable or Single Patient Use.

**Handicare (handicare.com).** BariVest (walking/standing vest sling). Capacity: 1,250 lbs. BariVest is a vest designed for patients weighing greater than 400 lbs. for rising, standing, and gait training.

**Handicare (handicare.com).** Pannus/Limb Sling. Capacity: 660 lbs. Used to lift patient pannus, arm, or leg comfortably and safely for patient and caregiver.

**Handicare (handicare.com).** Safe Handling Sheet (horizontal lifting and repositioning). Capacity: 1,250 lbs. 16 suspension points (8 on each side) range of models, connects to sling bar hooks.

**Handicare (handicare.com).** EasyGlide Ovals (sling application device). Capacity: 660 lbs. Plastic boards used to apply a sling without logrolling. Provides comfort to the patient and eliminates caregiver strain.

**Hill-Rom (hill-rom.com).** Multistrap™ Lift Aid (lifting sling). Capacity: 440 lbs. Offers multiple uses from turning, limb turning, etc.

**Hill-Rom (hill-rom.com).** Ultra RepoSheet® Lift Aide (turning/repositioning sling). Capacity: 1,100 lbs. Offers boosting in bed, turning, and short transfers.

**Hill-Rom (hill-rom.com).** UltraSlingTM Lift Aid (lifting sling). Capacity: 1,100 lbs. Used to lift sitting patients. Supports the entire back up to the shoulders and features leg supports that are attached individually on the sling bar to give the legs support and provide ample space for the stomach. The sling’s recommended use during patient transfer is with at least two caregivers. UltraSling aid is available in three sizes, in both polyester and net polyester.

**Joerns (joerns.com).** Hoyer® Bariatric Hammock Sling (with integrated head support). Capacity: 1,000 lbs. Triple-skinned breathable fabric for comfort remaining under patient for extended periods, built-in pockets for strap storage. Available in sizes XL, 2XL, 3XL, 4XL.

**Joerns (joerns.com).** Hoyer® Repositioning Sling (repositioning, turning, transfers). Capacity: 1,000 lbs. Mesh material for comfort and reduced weight. Elastic corner straps to help hold sling in place.

**Lavin Lift (lavinlift.com/products).** Lavin Lift Reusable Straps. Limb lifting straps can be used with most bariatric ceiling or portable patient lifts. Capacity: 400 lbs. Secures leg to sling, allows 1 person using straps and patent lift to change, clean and/or treat bedridden obese
incontinent patients. Also great for limb suspension for wound treatment or catheter insertion.

**Polaris Medical (polarismedicalinc.com)**. Bariatric sling. Capacity: 600 lbs. Strongly engineered; functionally designed.

**Stretchers (Frames and Surfaces)**

**SizeWise (sizewise.net)**. Envy line S Series. Non-powered stretcher pad. Capacity: 500 lbs. Top cover stain-resistant & fluid repellent, four way stretch allows patient to immerse into pad for optimal pressure relief. Heel slope designed to off-load pressure, perimeter of high density foam aids in transfer and provides additional stability while enhancing comfort and pressure relief. Velcro runs from the top of the pad to the bottom to reduce product migration when adhered to a stretcher. Custom construction is available in the S Series, including solely tri-laminate pressure redistribution foam.

**Stryker (stryker.com)**. Pioneer Pressure Management Stretcher Surface (advanced pressure redistribution surface). Capacity: 700 lbs. 5" thickness. Available in 26" and 30" width, 11 air bladders reinforced with dual-density foam support. Dartex 4-way stretcher cover, 15° sloped heel section, low ILD foam head section.

**Stryker (stryker.com)**. Prime Big Wheel Electric. Big wheel helps reduce push force by 50% and steering force by 60%. Capacity: 700 lbs. Stretcher exit system.


**Stryker (stryker.com)**. Prime Zoom Electric. Capacity: 700 lbs. Advanced zoom mobility, industry’s first stretcher exit system.

**Stryker (stryker.com)**. SofCare Stretcher Overlay. Capacity: 500 lbs. Helps treat and prevent up to stage IV pressure ulcers. Available in 26” and 30” overlays. Single patient use to help prevent cross contamination, 3-layer technology. Easily attaches to the stretcher.

**Surfaces/Mattresses**

**Dolphin (dolphinfis.com)**. Dolphin Fluid Immersion Simulation. 26-60” W. Capacity: 1,900 lbs. Fluid immersion simulation addresses both mass and surface area, resulting in proper tissue perfusion, shear and friction reduction to reduce the incidence of pressure ulcers.

**H and R Healthcare (handrhealthcare.com)**. Relief Aire True LAL. Capacity: 1,000 lbs.

**Hill-Rom (hill-rom.com)**. Excel Care® ES Bed P530 CLRT. Foam, Low air loss with turn assist, LAL with CLRT 40-50”W x 80-88”L, 8-8.5”H. Capacity: 1,000 lbs. Pressure redistribution air surface. Turn assist, or continuous lateral rotation therapy.

**Hill-Rom (hill-rom.com)**. Synergy® Air Elite. Pressure redistribution air surface (39” or 48”). Capacity: 1,000 lbs. Low air loss and alternating pressure to aid in the prevention and treatment of pressure ulcers.

**Hill-Rom (hill-rom.com)**. Triflex II Foam. 37-54”W x 86”L, x 14-28”H. Capacity: 1,000 lbs.
Hill-Rom (hill-rom.com). Triflex II Synergy Air Elite Surface. 39” or 48”W x 86”L x 10”H with two 5.5” side bolsters. Capacity: 1,000 lbs. Drop-down siderails, integrated scale, battery backup.

Hill-Rom (hill-rom.com). TotalCare® Bariatric Plus Bed. 38-40”W x 72-84”L x 7-11”H. Capacity: 500 lbs. Pressure redistributing, low air loss or low air loss with CLRT and P&V modes.

Joerns (joerns.com). Cair 1000. 48” W x 80”L x 8.5”D low air loss mattress replacement system. Microclimate management (CairRails) risk management side air bolsters. Pulsate feature increases patient comfort and pressure redistribution.

Joerns (joerns.com). FlapCair (low air loss mattress replacement system). 36”W x 80”L x 8”D. Capacity: 350 lbs. 160 cells allow customized “flotation zones” microclimate management, CairRails mitigate fall risk, lowers the interface pressures and evenly distributes the patient’s weight over the surface area.

Joerns (joerns.com). Turn 1000. 48”W x 80”L x 10”D lateral rotation, low air loss mattress. Capacity: 1,000 lbs. Continuous bilateral rotation with low air loss for patients suffering from various types of respiratory failure and requiring microclimate management.

RecoverCare (recovercare.com). RecoverAir 3000B. 39-48” x 80L x 10”h. Capacity: 1,000 lbs. Alternating pressure and low air loss top cover is vapor permeable.

RecoverCare (recovercare.com). RecoverTurn 3000B. 39” or 48” W x 80”L x 10”%. Capacity: 1,000. Lateral rotation system and low air loss, top cover is vapor permeable, pulsation and alternating pressure.


SizeWise (sizewise.net). EnvyLine G Services. 38” x 80” x 84”L. Capacity: 500 lbs. 4, 9, 12, or 25 independent conforming chambers, powered ty air (not first option); heel slant to sustainable surfaces.

SizeWise (sizewise.net). Mighty Air (alternation therapy replacement mattress). 39-48”W x 80”L. Static LAL or alternating LAL capable with multiple comfort settings, variable cycle times from 3 min to 20 min in one minute increments. Lock out controls, many other options.


Kreg (kreg.us). Stage IV® (dynamic alternating pressure. Capacity: 990 lbs. Roho technology minimizes surface tension and reduces friction and shear. Active pressure ulcer treatment technology that combines alternating pressure with direct surface air flow that reduces heat and moisture directly at the surface.
Transportation


aXtraHand (axtrahand.com). CH-6000 Universal Clamp to IV Pole System. Affordable and easy to attach and use. 240° adjustable radius ac standard IV pole diameters between 2/5” and 1 ¼”.


Hill-Rom (hill-rom.com). TotalCare® Bariatric Plus Bed. 44.5”W x 81.5”-93.5”L x 17-29”H. Capacity: 500 lbs. Powered transport, bed exit and battery backup, point of care side rail controls.

Hill-Rom (hill-rom.com). Triflex II Impulse Drive System (power drive). Capacity: 1,000 lbs. For Triflex II bed frame.

Kreg (kreg.us). EZ-Wider Chair Bed with Drive System. 40-50”W x 84-90”L x 17.7-26.5”H. Capacity: 1,000 lbs. Transforms into a chair for easy egress, powered foot rails assist patient to standing, expands in one step, reduces transfers because it is a bed, chair and a stretcher all in one. Comes with an optional Power Drive system.

RecoverCare (recovercare.com). Safe T Drive (available for RC1000, Ultra, or RC MedSurg beds. Single lever, variable speed control is easy to operate and Safe T Stop assures safety in reverse.

Recovercare (recovercare.com). Wheelchair. 26-30”W. Capacity: 1,000 lbs.

Sizewise (sizewise.net). Bari Rehab Platform. Power drive bed frame, deck height is 15-30”, 48/39”W x 80/86”L. Capacity: 1,000 lbs. Cardiac chair, Trendelenburg, Reverse Trendelenburg, Integrated Rest Secure System option (bed exit alarm, nurse call interface, protocol timer and scale.

References


