

HAPI Panel of Experts Topic of the Month – December 2019

Pressure Injury Prevention in the Obese Patient

Introduction

According to the CDC, rates of obesity in the United States increase each year.¹ In fact, rising body mass indexes have led to new classifications of obesity with the highest being Class III or super/severe/extreme obesity, which represents a BMI of 40 or higher.² Obesity is associated with many skin pathologies, including an increased risk for pressure injuries. Delivery of standard preventive measures can be challenging and there is a need for more research and innovation specific to this patient population.

*“Thou seest I
have more flesh
than another man
and therefore
more frailty.”*

*– King Henry the Fourth,
Part I, Act III, Scene III*

Pause for Reflection

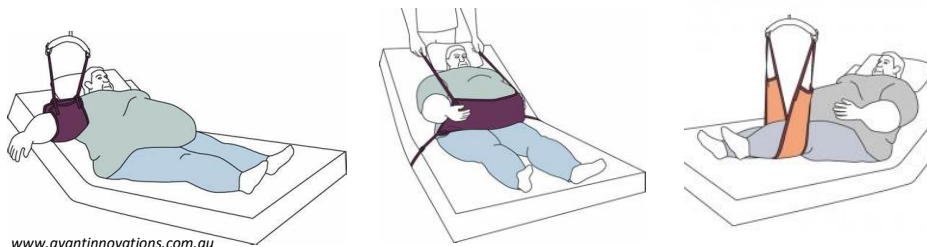
When caring for obese patients, particularly the super obese, healthcare workers may experience negative emotions. The care of obese patients can be physically strenuous and time consuming. It can be uncomfortable touching and manipulating a body that is different than “normal.” Some healthcare professionals find it difficult to care for patients whose lifestyle choices have contributed to their illness. One’s own feelings about personal or family obesity may affect perceptions of obese patients. In their article, *From Stigma to Empathy: Reframing Our View of the Bariatric Patient*, authors Pories and Rose recommend examining one’s perceptions and reframing those that are negative.³ For example, knowing that severe obesity has been linked in multiple studies to childhood trauma may help a healthcare professional feel more empathy.⁴ Imagining oneself as the patient or getting to know more about the patient personally are other ways to increase the sensitivity of the healthcare professional’s words, expressions, and actions.



Tailoring Prevention Strategies

Skin Assessment

Thorough skin assessment is very important in the obese patient. For those with large limbs or a large pannus, support lift/slings that attach to existing lift equipment can allow for improved visualization of the axilla and groin by holding away the limb or pannus. They can also be useful when providing hygiene.



Be sure to monitor the patient’s respiratory status when elevating the pannus. The patient may be willing to lift and hold their pannus, which allows them to adjust the height to tolerance. If lift/sling equipment isn’t available, ask colleagues for assistance. Mirrors and flashlights can be helpful. It is important to see the base of skin folds to assess for breakdown, intertrigo, dermatitis, or infection.

Skin Care

Needs for hygiene and moisture management should be carefully assessed in the obese patient. Sweating, incontinence, and weeping tissue may be present. Skin should be carefully washed and dried using support equipment as needed, such as limb lift/slings, long-handled bathing sponges, and extra-long gloves. Occupational or physical therapists, as well as patients or their caregivers, may be able to recommend other equipment. Barrier creams and/or wicking material such as Interdry may help prevent moisture-related skin breakdown. Because Interdry simply lays between skin folds, it can become dislodged and end up among patient linens. Check its presence and position each time the patient is repositioned and be careful not to accidentally discard it. Consult with your hospital's wound care professional or the product manufacturer with any questions.



Reducing Friction and Shear

Shear and friction are significant risk factors for the obese patient. Use of proper lift and repositioning equipment, along with appropriately-sized beds and support surfaces, is very important. A bed may meet the necessary weight requirement but be too narrow to accommodate the patient's girth; thus, a larger bed should be utilized. Consideration of patient shape is also important with bedside commodes and wheelchairs. Hanging skin, such as a very large pannus, can create friction and shear when the patient is ambulating. Support garments or similar devices may be helpful. Ask patients how they manage their skin at home, and/or consult with occupational or physical therapy for suggestions.



Nutrition

The size of an obese person does not correlate to their nutrition status. A dietary consult should occur to ensure patients receive optimal protein and nutrition intake.

Medical Devices

Medical devices such as IV lines and urinary catheters should be traced with repositioning and carefully monitored to ensure the patient's skin is not pressing on them. Care must also be taken with hanging or loose skin to ensure it does not become pinched beneath the patient with repositioning.

Mobility and Repositioning

Obese patients may resist mobility and repositioning due to effort, pain, or other concerns. Using proper equipment and assistance can increase the likelihood and safety of patient cooperation.

References

1. https://nccd.cdc.gov/ckd/AreYouAware.aspx?emailDate=March_2017#refreshPosition
2. <https://www.cdc.gov/obesity/adult/defining.html>
3. <http://bariatrictimes.com/from-stigma-to-empathy-reframing-our-view-of-the-bariatric-patient/>
4. <http://whyweightguide.org/tool-content.php>

The HAPI Panel of Experts is a group of wound care and quality professionals that represent hospitals of varying sizes and geographic regions of Tennessee. The Panel convenes monthly to discuss a topic specific to pressure injury prevention and share their practices and recommendations.

Panel of Experts

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If you would like to suggest a topic for the Panel to discuss, please email your request to Rhonda Dickman at rdickman@tha.com.