Issues with moving bariatric patients

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NURS-2522 Section 14

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Student statement: By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

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Category	Satisfactory	Unsatisfactory	Student Reflection (must be typed)
Look Back (L)	 Identifies ONE relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. Describes this ONE clinical event so that the reader can gain an understanding of what occurred. Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. 	 Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. Does not provide own feelings related to the clinical experience. Identified event, experience, or learning opportunity is not relevant to clinical practice. 	During my clinical shift on September 22, I had difficulty turning my patient to clean their backside as part of their bed bath. Even with the assistance of another student and the nurse in charge of my patient, we were unable to properly turn the patient over. Because my patient was bariatric, I first got the help another student to help turn my patient. She lifted his leg because he could not turn on his own and I held my arm out so I could pull him over. This action did not work, and the patient struggled to even get to the point that he did. I felt bad because the patient was physically struggling yet did not achieve the desired result. I was still hopeful because I believed I would get better results if I had the nurse assist me; however, the same thing happened and we were unable to turn the patient enough for me to be able to clean his back and buttocks. I felt worse at this point because the patient may have thought I was incapable of carrying out my task. I was also worried about leaving the patient dirty; the risk of infection remained at the back of my mind. Although in the end I found a different way to clean my patient sufficiently, looking back I should have gotten more assists to help all at the same time. This way, the effort would be divided, and the chance of success would have been greater.
Examine Experience (E)	 Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). Briefly summarizes key ideas/findings of the article. 	 Does not incorporate a scholarly article. Summary of the key ideas/findings of the article are not included. 	The article I found discussed the gaps in care for bariatric patients seeking care. Although the article focused on issues with managing deceased obese patients, many of the points made in the text are applicable to living patients actively seeking care. Morley (2019) begins by addressing many of the issues that obese patients face in the clinical setting. Some examples he gives include difficulty gaining IV access and difficulty using scanning equipment like Xray and CT machines due to sizing differences. While customized features like larger beds and rooms are sometimes available, other, more specialized equipment like lifts are not often available in hospitals to accommodate for this population (Morley, 2019). This poses a huge risk to both the patient and the staff because the safety of the patient becomes solely reliant on the physical strength of the staff caring for them; if the

	Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.	No explanation of the author's ideas/thoughts compared/contr asted with own.	staff are not capable, they may unintentionally cause harm to patient (e.g., falls) or to themselves (e.g., strains). Morley (2019) then gives some examples of equipment that can be used to help facilitate the transfer of deceased bariatric patients: slings, lifts, kimono gowns, slide sheets, and slide boards. I agree with many of the points made in the article. Regarding accommodations, I noticed that while my patient was given a bariatric bed, there were no mechanical lifts on the floor to be able to transfer my patient. Due to the lack of equipment, I had to rely solely on physical strength and assistance to attempt to turn my patient. While neither myself nor my patient were injured, we were both physically exhausted by the attempt and were not able to accomplish our goal fully. Although the author's focus was on deceased patients because they cannot aid in moving themselves, I believe his points are still applicable to live patients because patients cannot always assist in transferring. In my case, my patient could only move his upper extremities. In these situations, patients become dead weight.
Appraise and Analyse (A)	Discusses at least two other people's ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.). **A reflection graded as excellent would also include the following: Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).	 No other perspectives are discussed. Only one other perspective is discussed 	Obese clients with medical issues may put off seeking care if they think hospitals or medical centres are unable to accommodate them. They may also feel self-conscious or embarrassed if special measures must be taken to provide care for them because it can deter their dignity. This self-awareness may even extend to family members. By asking for help because they are not able to help move the patient themselves (and they should not be moving the patients alone), family members may also feel embarrassed to ask for help. This poses a safety risk if the family members try to provide care alone. From a nursing perspective, it can be frustrating when you are not able to provide adequate care for your patient. Personally, I kept on worrying about my patient while I was on lunch break. I kept thinking about all the things I may miss if I do not turn my patient fully over: there may be pressure ulcers I cannot see and secretions that I have not been able to clean up. Knowing the importance of addressing these issues made it more frustrating because I knew how difficult achieving them was. In nursing, we try to assist all patients and look at health from a holistic point of view; however, much of the knowledge/skills we learn do not fully apply to bariatric patients. Many assessments need to be altered because of excess tissue that may impede data collection. I think this topic issues questions on whether the nursing profession is properly equipped to treat the bariatric population from a knowledge standpoint. We have already established a need for physical equipment and funding for accommodations that I mentioned previously, but I believe there may also be a cognitive gap on the nursing end. As a profession, I do not think we fully understand the mental and social implications of seeking care as an obese patient and I think that needs to be addressed.

Research	 Poses questions that should be considered due to their significance to nursing practice. Provides summary of 	Summary not	Overall, I learned that different accommodations are needed for bariatric patients.
and Revision (R)	learning from this clinical experience and from the article findings. • Identifies what they could have done differently in this clinical experience.	provided • Does not identify what they could have changed about their own role/actions/perf ormance in this clinical experience.	Oftentimes, necessary equipment is not available in the hospital to complete an ideal transfer. In these cases, we should encourage facilities to purchase lower-cost materials like slide sheets. These can be purchased in large quantities so they are readily available and can reduce some of the work needed to transfer patients. I also learned that I can be more creative and think of new ways to carry out tasks. In this case, I could have gotten more than 2 assists at the same time and had each person lift a certain body part so that the patient's weight would be evenly distributed among us.
New Perspective (N)	 Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). 	 No specific examples for implementation into future practice are incorporated. Does not identify a nursing resource to assist with learning 	An example of how I will implement this knowledge in my future practice as a nurse would be to request specialized equipment like slip sheets from the management at my workplace. I can also inquire about the different resources available to me such as the number of mechanical lifts on my floor. Knowing this information will help me alter my care. If I know there are no lifts available, I will know to take 1 or 2 nurses with me before I enter the room to move a patient. Some resources that may help me are the Mosby videos on transferring patients. These provide techniques like body positioning to help prevent injuries to the nurse when transferring. Best Practice Guidelines may also help give me tips on both transferring patients and providing therapeutic care to bariatric patients.
Concept Identificati on	Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year) (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning,	Does not identify and/or describe related curricular concepts that relate to the experience/refle ction.	Safety – transferring bariatric patients without any assistance cause be a safety risk to the nurse (can strain themselves) or to the patient (patient may fall or hit other equipment in the process. Equipment helps facilitate the process and make it safer, but is not always available in clinical settings Critical Thinking – coming up with new ways to transfer patients and finding other ways to use equipment that you already have available to you to make the task easier without compromising safety

2015_Bondy, Deshaies, & Serafimovski (Adapted from the work of S. Baxter, 2009-2010); Revised 2018; Revised June 2020

	professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics)		
References and APA Format	 Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. Title page in correct APA format Reference in correct APA format 	 Incorrect APA format throughout reflection Incorrect APA format on title page Incorrect APA format for article(s) and/or other sources. 	Morley, S. (2019). Management of the deceased bariatric/obese patient. <i>International Journal of Safe Patient Handling and Mobility</i> , <i>9</i> (1), 9-14. Retrieved from http://search.ebscohost.com.ezproxy.uwindsor.ca/login.aspx?direct=true&db=ccm&AN=135 806145&site=ehost-live
Grade:	□ Satisfactory □ Excellent	□ Unsatisfactory	