



GENERAL ORDER

GENERAL ORDER 320.19

Bariatric Patient Transport

EMERGENCY SERVICES BUREAU

Issue Date: January 26, 2018

Revision Date: N/A

1 APPLICABILITY

2 All Personnel

3 POLICY

4 This order establishes a standard operating procedure for the safe and timely treatment of
5 Bariatric Patients. The Howard County Department of Fire and Rescue Services (Department) is
6 committed to providing compassionate emergency medical care in a professional manner that
7 preserves patient dignity. Management of the patient with a large or atypical body mass may
8 present challenges for both patient care, and patient/provider safety. Assessing the needs of
9 the patient, developing an action plan early in the incident, and assembling the correct
10 resources are essential for timely care and safe transport.

11 DEFINITIONS

12 ➤ **Obese Patient** – a patient with a Body Mass Index (BMI) >30 (World Health Organization
13 (WHO, 2000).

14
15 ➤ **Bariatric Patient** -The World Health Organization describes people having a BMI greater
16 than 40 as severely obese (WHO, 2000). Other definitions of bariatric include
17 overweight by more than 100-200 pounds or body weight greater then 300 pounds.
18 (Hahler, 2002). For Fire Department purposes, this includes any patient whose size or
19 weight exceeds the resources of the personnel dispatched, exceeds standard equipment
20 capacity, or poses an obstacle to safe/conventional egress.

21
22 ➤ **Bariatric Response** – A Bariatric Response assignment consists of: one ambulance, one
23 engine, one Special Service, the Medical Duty Officer, and the closest available Bariatric
24 Patient stretcher and loading system.

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Howard County Department of Fire and Rescue Services

GENERAL ORDER

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PROCEDURES

31 **CONSIDERATIONS FOR THE BARIATRIC RESPONSE:**

- 32 • Personnel are strongly encouraged to summon additional resources to the scene,
33 regardless of weight guidelines, when confronted with any patient they feel exceeds the
34 capability of the crew.
- 35 • Any patient greater than 300 lbs. with physical limitations shall have a minimum of 4
36 personnel to control the stretcher. If access issues are also present, 1-2 additional
37 personnel shall be present to assist with egress.
- 38 • A Bariatric Response should be considered if the weight limits of conventional
39 equipment are exceeded, or if the patient size, body habitus, or other circumstances
40 prohibit the proper use of standard equipment and make egress difficult or potentially
41 unsafe.
- 42 • The responding Bariatric Unit is responsible to provide equipment, assist with
43 transportation needs, and support patient handling. All patient care and transport
44 responsibility is retained by the initial responding transport unit on scene.
- 45 • The bariatric stretcher is only for use outside of the residence. Patient shall be removed
46 from the inside of the residence by either utilizing the Reeves Stretcher or the blue
47 patient transfer device. If these devices are not compatible, the OIC shall have the final
48 determination of patient transfer. While the patient is on the stretcher, it shall be
49 maintained in the lowest position and at no time should the bariatric stretcher be
50 carried up or down stairs.

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52 **INCIDENT MANAGEMENT:**

- 53 • The responding Medical Duty Officer (MDO) will make notification to the receiving
54 hospital as early as possible that they are receiving a Bariatric Patient so that they may
55 anticipate patient care requirements.
- 56 • An Incident Action Plan shall be developed by the Incident OIC that includes the
57 following considerations:
 - 58 ○ Patient Priority
 - 59 ○ Adequate size of response: call for additional resources early
 - 60 ○ Egress: size of openings, obstacles, structural stability for combined weight of
61 patient, crew and equipment, and alterations to the structure
 - 62 ○ Patient comfort and dignity
 - 63 ○ Most appropriate patient destination
- 64
- 65 • The Safety Officer shall be summoned if structural alterations are required to remove
66 the patient. Special Operations should also be considered.

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68 **MEDICAL CONSIDERATIONS:**

- 69 • Providers shall plan for the medical needs of the patient over a potentially extended on-
70 scene time. Situations may arise where online consultation may be needed to treat the
71 patient at home beyond the scope of protocol. These calls shall be marked "Exceptional
72 Call" in the Patient Care Report.



Howard County Department of Fire and Rescue Services GENERAL ORDER

- 73 • Consider appropriate hospitals for transport, the time requirements to assemble
74 additional resources, and weigh these against patient acuity. All area hospitals have CT
75 scanners with a 400-450lb weight capacity and girth capacity of 27". This is
76 approximately the width of the ambulance cot, so if the side rails cannot be locked
77 around the patient, the patient will not fit in the scanner. Larger scanners are available
78 at certain local hospitals. See Attachment A for list of additional scanners.
- 79 • To reduce the risk of respiratory compromise and aspiration in a spontaneously
80 breathing patient, the head of the stretcher should be elevated as much as possible. If
81 the patient must lie supine for a period of time, he/she must be monitored for signs of
82 respiratory exhaustion and support equipment must be staged for immediate access.
- 83 • Every effort should be made to preserve the privacy, dignity, and comfort of the patient.
84 Keep the patient informed of treatment plans, structural alterations that must be made,
85 and transport delays.
- 86 • The Medical Duty Officer should request a CAD flag on the address to expedite the
87 Bariatric Response for future incidents.

88 REFERENCES

- 89 • World Health Organization. (2000). *Preventing and managing the global epidemic; WHO*
90 *obesity technical report series 894*. Geneva, Switzerland: WHO.
- 91 • Hahler, B. (2002). *Morbid obesity: A nursing care challenge*. *Med Surg Nursing*, 11(2), 85-
92 90.

93 SUMMARY OF DOCUMENT CHANGES

94 New General Order

95 FORMS/ATTACHMENTS

- 96 • Attachment A: CT Scanner List
- 97 • Attachment B: Styer MX-PRO Stretcher Specifications

98 APPROVED

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103 John S. Butler, Fire Chief
104 Office of the Fire Chief



GENERAL ORDER

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Emergency Services Bureau



GENERAL ORDER

Attachment A

Region III CT Scanner Maximum Weights
in lbs

Hospital	CT 1	CT 2	CT 3	Comments
Anne Arundel Medical Center	450	650		650 - in the ED
BWMC	670			
Bon Secours	450			
Carroll Hospital Center	450			
Franklin Square	450			
GBMC	456	500		
Good Samaritan	450			
Harbor Hospital	400			
Harford Memorial	500			
Howard County General	450			
Johns Hopkins Adult	660			
Johns Hopkins Bayview	660	660		one of the scanners has a larger bore diameter of 78 cm
Mercy	400			
Northwest	440			
Sinai	676			no exact installation date, will be in ED
St. Agnes	450	550		
St. Joseph's	550	450	450	550 - brain, not so much for chest or body
UMMC	450			
UMMC Midtown	400			
Union Memorial	650			
Upper Chesapeake	500			



Howard County Department of Fire and Rescue Services

GENERAL ORDER

Attachment B

MX-PRO[®] bariatric transport



EMS Equipment

3800 E. Centre Ave.
Portage, MI 49002 U.S.A.
t: 269 329 2100 f: 269 329 2315
toll free: 800 784 4336

www.ems.stryker.com

Standard Features

- Transport at load height capability
- Positive action height adjustment
- Easy-to-use release handle design
- Color-coded controls
- Lap belt extensions
- High visibility powder-coated frame
- Lightweight, aluminum construction
- Scientifically optimized lift bar design
- Lower lifting bar
- Seven height positions
- Integrated bumper system
- Lift-capable safety bar
- Perforated litter surface
- One-hand release breakaway head section with safety bar
- Floor-mounted safety hook
- One-hand release, fold-down side rails
- One-hand release, infinite positioning, pneumatically assisted backrest
- Oversized wheels with sealed caster and wheel bearings
- Reflective labeling
- Sealed flat mattress
- Shock positioning
- Two lap belts and one four-point shoulder restraint

Optional Features

- Heavy duty two or three-stage IV poles (patient right or left)
- Base storage tray
- Nonpocketed head end storage
- Height limit kit¹
- Permanent or removable oxygen bottle holders (foot end)
- Rigid head and foot end push/pull handles
- Single or dual wheel lock
- X-frame guards
- Side lift handles
- Tow package

Specifications

Model Number	6083
Height²	
Position 1	13.5 in (34 cm)
Position 2	24.5 in (62.2 cm)
Position 3	27.5 in (69.9 cm)
Position 4	30 in (76.2 cm)
Position 5	32.5 in (82.6 cm)
Position 6	34.5 in (87.6 cm)
Position 7	37 in (94 cm)
Length	
Standard	80 in (203 cm)
Minimum	62 in (157 cm)
Width	29 in (74 cm)
Weight³	111 lb (50 kg)
Wheels	
Diameter	6 in (15.2 cm)
Width	2 in (5.1 cm)
Articulation	
Backrest	2– 73°
Shock Position	+14°
Maximum Weight Capacity⁴	850/1600 lb (385/725 kg)
Minimum Operator Required	
Occupied Cot	2
Unoccupied Cot	1
Recommended Fastener System	
Floor Mount	Model 6370, 6377 6378
Wall Mount	Model 6371
Recommended Loading Height	Up to 33 in (84 cm)

Warranty

- One year parts, labor and travel or two years parts
- Lifetime on all welds*

Extended warranties available.
*5-year service life.

¹ Height limit kit recommended for load heights less than 28 inches (71 cm). High height kit recommended for load heights more than 32 inches (81 cm).

² Height measured from bottom of mattress at seat section to ground level.

³ Cot is weighed without mattress and restraints.

⁴ 1600 lb capacity at the lowest position.

Stryker reserves the right to change specifications without notice.

The MX-PRO Bariatric Transport is designed to be compatible with competitive cot fastener systems.

Specifications are rounded to the nearest whole number. Conversions are calculated before rounding.

The yellow and black color scheme is a proprietary trademark of the Stryker Corporation.



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