Bariatric Patients

(Revised: October 2020)

Airway		
Risk	Risk Reduction Strategy	
Increased airway pressure causes ventilation via face mask to be difficult	Use a two-handed V-E grip to maintain a good face mask seal ^(a)	
Increased difficulty in inserting the laryngoscope and aligning the airway due to truncal obesity.	Ramping ^(b) the patient to align the tragus of the ear with the sternum optimises the patient for intubation. Consider LMA instead of ETT.	
Suggested weight ranges printed on LMAs could be misleading	Select LMA size based on estimated ideal weight	
Brea	athing	
Reduced functional residual capacity and	Ramping ^(b) (30 ⁰ + head up) the patient moves	
chronic hypercapnia can result in rapid	weight off the chest and improves lung capacity	
deterioration. Further hypercapnia and	as well as airway pressures.	
hypoxia can occur if ventilation is impaired by	Avoid supine positioning at all costs.	
positioning or medications	Be wary with respiratory depressant medications	
Chest auscultation is difficult due to adipose tissue	Best chest sounds are heard while listening laterally on the axilla.	
SpO2 readings may be unreliable if the probe is placed on a finger	The ear lobe is an alternative SpO2 site	
Circulation		
Blood pressure readings are difficult to obtain	Consider alternate signs of perfusion (peripheral pulse, capillary refill and level of consciousness)	
IV access is difficult to obtain	Consider early IO in the poorly perfused patient.	
Logistics & Communication		1
Difficult extrication and transport requiring specialised equipment	Early sit-rep and activation of A501	p



(b) Ramping the patient with blankets, towels and/or by manipulating the stretcher is crucial for optimising gas exchange and facilitating airway management. Aim to position the patient's ears level with their sternum, and achieve 30^o+ head up

