Appendix

Bariatric Confidence

I feel confident that I:
Can properly assess a bariatric patient.
Know the proper positioning to assess lung sounds of a bariatric patient.
Can ventilate a bariatric patient.
Know the distinct considerations in medicine administration for bariatric patients.
Understand the health risks associated with obesity.
Can identify local resources to help in emergency management of bariatric patients.
Achieve a high level of patient safety and dignity when transporting bariatric patients.

Bariatric Knowledge

Transport

1. Which of the following is true regarding spine immobilization of obese patients:
   A) Backboards may be too small to be helpful
   B) Backboards should always be used for obese patients with suspected spine injury
   C) Bariatric transport devices such as the MegaMover® provide rigid spine immobilization
   D) There are no acceptable techniques for cervical immobilization other rigid cervical collar

2. Which of the following is correct regarding the transport of obese patients:
   A) Do not call for help if it will delay transport of an acutely ill patient
   B) Rescuer's back should remain straight during all lifts
   C) Rescuer should minimize lifting with legs when possible
   D) One person assists should never be performed for uninjured fallen obese patients

3. In what position should a bariatric patient be on stretcher in ambulance?
   A) High Fowler's (head elevated to 80˚-90˚)
   B) Fowler's (head elevated to 45˚-60˚)
   C) Semi-Fowler's (head elevated to 30˚-45˚)
   D) Low Fowler's (head elevated to 15˚-30˚)

4. Which of the following describes the Stryker® bariatric cot?
   A) There is no specified weight limit in the down position.
   B) The cart is unstable without the push-pull handles installed.
   C) The maximum weight limit in the up position is 850 lbs.
   D) The cart is unsafe for loading into the ambulance without using the winch.

Access/Circulation

1. Which of the following is true regarding blood pressure monitoring in obese patients:
   A) Using a cuff that is too small can cause a falsely elevated blood pressure reading
   B) Correct cuff width to arm circumference ratio is 5:2
   C) Bladder length should be 50% of arm circumference
   D) Automatic blood pressure cuffs are never accurate on obese patients

2. Which of the following is true regarding venous access in obese patients:
   A) Intraosseous access is contraindicated
   B) Longer needles may be necessary to gain access
   C) Multiple peripheral attempts does not increase the risk of infection
   D) If access cannot be obtained ACLS medications can be given IM

3. Which of the following is **NOT** true regarding medicine administration for bariatric patients?
   A) Increased distribution of lipophilic drugs
   B) Prolonged elimination times
   C) All drugs are cleared more rapidly than anticipated
   D) Decreased serum levels

Airway

1. The best location to auscultate breath sounds on an obese patient is:
   A) Anterior Chest, above the nipple line
   B) Anterior Chest, below the nipple line
   C) Midaxillary Line
   D) Posterior, Medial to the scapula

2. Which of the following techniques can aid in intubation of an obese patient:
   A) Ramping patient
   B) Extension of the head off the end of the bed
   C) Placing patient in Trendelenburg
   D) Place patient in left lateral decubitus to shift soft tissue

3. Which of the following is an effect of obesity on the respiratory system:
   A) Increased lung capacity
   B) More rapid oxygen desaturation
   C) Obese hyperventilation syndrome
   D) Decreased risk of aspiration

4. Which of the following can aid in auscultation of obese patients' heart sounds:
   A) Placing patient in left lateral decubitus
   B) Placing patient in right lateral decubitus
   C) Having patient sit up
   D) Placing patient in prone position

Other

1. When calculating body mass index based on height and weight, a person with a BMI of 30 kg/meter^2 is considered _____.
   A) Normal size
   B) Overweight
   C) Obese
   D) Morbidly obese