

Weighing and Measuring the Resident

Level II

Purpose	<p>The purposes of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident.</p>
Preparation	<ol style="list-style-type: none">1. Review the resident's care plan to assess for any special needs of the resident.2. Assemble equipment and supplies needed.3. Height is usually measured only once on admission. (Note: Height is measured in feet and inches [12 inches = 1 foot].)4. Weight is usually measured upon admission and monthly during the resident's stay. (Note: Weight is measured in pounds [16 ounces = 1 pound].)5. When weighing the resident the following guidelines will promote accurate weight assessment across time:<ol style="list-style-type: none">a. If practical, weigh at the same time of day each time.b. If the resident's condition permits, use the same scale for weighing the resident each time.c. If possible, weigh the resident with approximately the same amount of clothing on the resident each time.6. Be sure that the weight scale is calibrated (balanced to zero).
Equipment and Supplies	<p>The following equipment and supplies will be necessary when performing this procedure.</p> <ol style="list-style-type: none">1. Appropriate scale:<ol style="list-style-type: none">a. Standing scale (for ambulatory residents); orb. Mechanical lift (for bedfast residents); orc. Platform scale (for non-ambulatory residents);2. Tape measure (for measuring bedfast or non-ambulatory residents);3. Pen/pencil and paper;4. Paper towels; and5. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).
Steps in the Procedure	<ol style="list-style-type: none">1. Wash and dry your hands thoroughly before and after weighing and measuring each resident.2. Place the clean supplies on the bedside stand. Arrange the supplies so they can be easily reached.3. To measure the ambulating resident's weight using the standing scale:<ol style="list-style-type: none">a. Assist or take the resident to the scale.b. Calibrate (balance) the scale. (Note: Place both weights at zero (0) and adjust until the balance beam is centered.)c. Assist the resident onto the scale. Be sure the resident's feet are firmly positioned on the scale platform.d. Instruct the resident to stand straight and to put both hands at his or her sides.e. Adjust the weights on the upper and lower scale until the pointer stays in the middle of the metal square.f. Note and record the resident's weight.

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**Steps in the
Procedure
(continued)**

4. To measure the ambulating resident's height:
 - a. Raise the measuring rod above the resident's head.
 - b. Instruct the resident to turn around so that his or her back is against the measuring rod. Assist as necessary.
 - c. Instruct the resident to stand straight and to place his or her heels so that they touch the measuring bar.
 - d. Bring the measuring rod down until it touches the top of the resident's head.
 - e. Note and record the resident's height.
 - f. Raise the measuring rod.
 - g. Assist the resident down from the platform.
 - h. Assist the resident to his or her room as needed.
 - i. When finished with equipment, return it to the proper storage area.
5. To measure the bedfast resident's weight using the mechanical lift:
 - a. Zero the scale.
 - b. Roll resident toward you on his or her side.
 - c. Place the sling, fan-folded, along the back of the resident. (Note: Be sure the top of the sling is at the head of the resident and the bottom is at the resident's knees.)
 - d. Roll the resident to the other side and position the sling flat on the bed.
 - e. Attach the hooks to the sling. Be sure the hooks are placed so that they are facing away from the resident.
 - f. Bring the lifter into position over the resident. Be sure the arm of the lifter is in the low position.
 - g. Attach the sling to the lift. Be sure the hooks are placed so that they are facing away from the resident.
 - h. Instruct the resident to fold both arms across his or her chest, if possible.
 - i. If permitted, raise the head of the bed to a sitting position.
 - j. Using the crank, raise the resident from the bed.
 - k. Assist the resident in moving his or her legs off the bed.
 - l. Move the lifter away from the bed. Be sure that the resident is turned in such a manner that the resident is facing you. Do not pull the resident backwards.
 - m. Position the lift over the chair scale. Be sure that the resident is positioned over the seat of the chair.
 - n. Slowly lower the resident into the chair scale.
 - o. To position the resident comfortably in the chair, grasp the top of the sling with one hand and pull back on the sling while lowering the resident into the chair. (Note: You can also push gently on the resident's knees while lowering the resident into the chair.)
 - p. Be sure that the resident is comfortable.
 - q. Remove the hooks from the lift.
 - r. Remove the lifter. Secure the resident in the chair as instructed.
 - s. Adjust the scale until the pointer is balanced. (Note: Be sure to allow for the weight of the sling.)
 - t. Note and record the resident's weight.
6. To return the resident to bed after using the mechanical lift:
 - a. Attach the hooks to the sling. Be sure the hooks are facing away from the resident.
 - b. Bring the lifter into position over the resident. Be sure the lifter is in the low position.
 - c. Attach the sling to the lift. Be sure the hooks are facing away from the resident.
 - d. Instruct the resident to fold both arms over his or her chest, if possible.

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Steps in the Procedure (continued)

- e. Using the crank, raise the resident from the chair scale.
 - f. Assist the resident in guiding his or her legs.
 - g. Move the lifter away from the chair. Be sure the resident is turned in such a manner that the resident is facing you. Do not pull the resident backwards.
 - h. Position the lift over the bed.
 - i. Lower the resident into the center of the bed.
 - j. Remove the hooks from the lift.
 - k. Remove the hooks from the sling.
 - l. Remove the sling from under the resident.
 - m. Remove the lifter.
 - n. Position the resident in a comfortable position that promotes good body alignment.
7. To measure the bedfast/non-ambulatory resident's height, you should:
 - a. Lower the bed to a flat position, if not contraindicated.
 - b. Remove the pillow from the resident's head, if not contraindicated.
 - c. Place the tape measure at the top of the resident's head. Measure to the sole of the resident's feet.
 - d. Note and record the resident's height.
 - e. Replace the pillow under the resident's head.
 8. To measure the non-ambulatory resident's weight using the platform scale:
 - a. Zero the scale.
 - b. Weigh the wheelchair. Record the weight.
 - c. Assist the resident into the wheelchair.
 - d. Transport resident to platform scale.
 - e. Roll the resident onto the platform. Lock the wheels.
 - f. Adjust both weights until the balance beam is centered.
 - g. Note and record the resident's weight. (Note: Subtract the weight of the wheelchair).
 - h. Unlock the wheels. Roll resident from the platform.
 - i. Transport the resident to his or her room.
 9. Discard disposable supplies in the designated containers.
 10. Clean reusable equipment according to the manufacturer's instructions.
 11. Clean the bedside stand.
 12. Reposition the bed covers. Make the resident comfortable.
 13. Place the call light within easy reach of the resident.
 14. Wash and dry your hands thoroughly.
 15. If the resident desires, return the door and curtains to the open position and if visitors are waiting, tell them they may now enter the room.

Documentation

The following information should be recorded in the resident's medical record:

1. The date and time the procedure was performed.
2. The name and title of the individual(s) who performed the procedure.
3. The height and weight of the resident.
4. All assessment data obtained during the procedure.
5. How the resident tolerated the procedure.
6. If the resident refused the procedure, the reason(s) why and the intervention taken.
7. The signature and title of the person recording the data.

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Reporting

1. Report significant weight loss/weight gain to the nurse supervisor.
2. The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria [where *percentage of body weight loss* = $(\text{usual weight} - \text{actual weight}) / (\text{usual weight}) \times 100$]:
 - a. 1 month – 5% weight loss is significant; greater than 5% is severe.
3 months – 7.5% weight loss is significant; greater than 7.5% is severe.
6 months – 10% weight loss is significant; greater than 10% is severe.
3. Notify the Nurse Supervisor if the resident refuses the procedure.
4. Report other information in accordance with facility policy and professional standards of practice.
5. Refer to Interact protocol and guidelines for reporting purposes.

References	
MDS (RAPs)	J1(a); K2(a); K2(b); K3(a); K3(b); (12, 13)
Survey Tag Numbers	F274; F325
Related Documents	Vital Signs and Weight Record (Appendix A)
Risk of Exposure	Blood–Body Fluids–Infectious Diseases–Air Contaminants–Hazardous Chemicals
Procedure Revised	Date: <u>11-6-2015</u> By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____