

## SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><b><u>POLICY:</u></b> MEASUREMENT OF WEIGHT</p> <p><b><u>PURPOSE:</u></b> To determine patient weight if there is a clinical need, a clinical change, and as ordered by MD.</p> <p><b><u>RESPONSIBLE PARTY:</u></b> RN, LPN, HHA, PT, OT, ST</p>	<p>Original Approval: 9/99</p> <p>Revised: 10/05, 10/07, 9/12, 6/19, 8/19, 5/22</p> <p>Reviewed: 11/18, 9/19</p>
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### **EQUIPMENT:**

- Balanced scale (agency scale or patient scale)
- Soap or hand sanitizer

### **PROCEDURE:**

1. Wash hands with soap or hand sanitizer
2. Explain procedure to patient.
3. Instruct/assist patient to remove shoes, if applicable.
4. Assist patient on scale if applicable, using appropriate safety mechanism, ie., walker, human assist.
5. Instruct patient not to move.
6. Read/record results.
7. Assist patient off scale as applicable with appropriate safety mechanisms.
8. Instruct/assist patient with shoe replacement, if applicable.
9. Document:
  - a. Weight in patient record comparing against parameters if parameters ordered.
  - b. Scale used. Use the same scale if possible or patients own scale if they have one.
  - c. Weights/trends in patient log if patient is self-recording weights.
10. Report deviations of baseline weight or weight outside of parameters to MD, documenting the conversation and orders received if applicable.

### **Standards of practice:**

- Any patient who is ordered to be weighed will be weighed at every home visit unless the plan of care specifies otherwise.
- Unless the provider states otherwise, the clinician will refer to agency standard parameters of a weight gain or more than 2 pounds in 24 hours or 5 pounds in one week.
- Patients who are ordered to obtain a daily weight should be instructed to keep a log. They should also be instructed to weigh at the same time each morning in similar clothing after voiding.

- The case managing clinician shall review the weight log at each home visit and document any trends noted.
- Any pertinent findings shall be reported to the provider immediately to obtain further instruction. Such communication will be documented in the electronic medical record.
- If the patient is not or cannot weigh themselves as is ordered in the Plan of care, the provider is to be notified and the plan of care amended if necessary.