



## Student Manual

# Certified In-Home Aide

2006 Edition



Missouri Department of Elementary and Secondary Education  
Division of Career Education  
Missouri Center for Career Education at Central Missouri State University

**CERTIFIED IN-HOME AIDE  
STUDENT MANUAL**

2006 Edition

Produced by the Missouri Center for Career Education  
Central Missouri State University  
Warrensburg, Missouri

Available online at <http://mcce.org/>

# CERTIFIED IN-HOME AIDE

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## TO THE STUDENT

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Welcome to the exciting world of health care! During the Certified In-Home Aide (CIHA) course you will learn the correct way to perform many different basic in-home procedures. Your role as a CIHA is vitally important to the client, the client's family, and the other members of the health care team.

In-Home Aides are vital to the operation of in-home providers. Each client you care for has individual needs and preferences. The client's Service Plan will guide you as you provide quality care for them.

Because the In-Home Aide provides care that affects the client's health and safety, state, and professional requirements regulate the training and practice of CIHAs. As an In-Home Aide you will have more one-on-one contact with the client than any other member of the team; therefore, you have a tremendous impact on their care and the quality of their life.

This text is designed to provide you with the basic information needed to become a Certified In-Home Aide in the state of Missouri. However, individual agencies may have policies and procedures that vary from the information contained in this text. As an employee of a home health care agency, you should become familiar with the policies and procedures set forth by your employer.

The information contained in each lesson provides a foundation upon which future knowledge and skills can be built if you wish to continue your education by becoming a certified nurse assistant, restorative nurse assistant, certified medication technician, or a licensed nurse.

Although this text was up-to-date when it was written, each day changes occur in technology and new discoveries are made that affect how in-home care is provided. Your instructor will provide you with additional information as it becomes available to enhance the learning process. If you have questions regarding new information, contact your instructor for clarification.

The field of health care is exciting and dynamic. Always try to remember that the most important thing about being an In-Home Aide is that you are helping people. Imagine yourself, your friends, or your family as the client receiving in-home care. This will remind you how special and important each person is and will prompt you to treat others as you wish to be treated.



## **GLOSSARY OF TERMS**

### **A**

Abandonment – leaving a client unattended if the plan of care requires constant supervision.

Abduction – away from the center (midline) of the body.

Abrasion – a scraping or rubbing off of the skin.

Abuse – the infliction of physical, sexual, or emotional injury or harm.

Active range of motion exercises – movements carried out by the client.

Activities of daily living (ADL) – any activity that is performed in one's life on a daily basis.

Acute – developing rapidly with pronounced symptoms and lasting a short time; rapid onset, short term.

Adduction – toward the center (midline) of the body.

Admission – the process of beginning health care services.

Advance directive – a document that designates the client's wishes in the event that he is unable to speak for himself.

Advocate – a person who defends someone else.

Agitation - vocal or motor behaviors such as shouting, fidgeting, pacing, screaming, or wandering.

Agnosia – loss of the ability to recognize familiar objects.

Alzheimer's disease – a progressive impairment of memory, reasoning, and judgment that is related to cellular changes within the brain and that leads to loss of independence in activities of daily living.

Ambulation – to walk.

Ambulatory – able to walk.

Anterior – toward the front.

Anti-embolism stockings – elastic hosiery used to minimize the occurrence of edema and blood clots.

Anus – outlet of the rectum.

Anxiety – an uneasy feeling in response to a stressful situation.

Aphasia – language difficulty due to brain damage, which can affect listening, speaking, reading, and writing skills; loss of the ability to use or understand language.

Arteries – blood vessels that carry blood away from the heart.

Arthritis – inflammation of a joint.

Asepsis – the absence of germs.

Aseptic – free of microorganisms.

Aspiration – to draw fluid or object into the lung when breathing in.

Assault – threat or attempt to injure another in an unlawful manner.

Assessment – an appraisal of the whole person to establish a baseline and determine the client's potential and his need for help.

Atrophy – wasting away of muscle tissue leading to weakness.

## **B**

Basic Human Needs – activities required by all people to successfully and satisfactorily live their lives.

Bacteria – single-celled organisms that can cause disease/illness.

Battery – unlawful application of force to the person of another.

Bipolar disorder – a major mental disorder characterized by manic and depressive episodes.

Bladder – a muscular sac that stores the urine in the body.

Blindness – inability to see.

Blood Pressure – the amount of force exerted against the walls of an artery by the blood.

Body mechanics – using correct techniques in performing certain functions in a manner that does not add undue strain to the body.

Body-substance precautions (standard precautions) – guidelines for preventing the spread of infection that includes handwashing and use of personal protective equipment such as gloves, gown, mask and goggles

Body temperature – the amount of heat in the body that is a balance between the amount of heat produced and the amount lost by the body.

Bowel and bladder program – a program that helps the client to regain control of bowel and bladder functioning to the extent that he is able.

Bowel movement – solid waste eliminated from the digestive tract.

Bowel obstruction – a blockage in the intestine.

Bronchi – two large branches of the trachea through which air moves in and out of the lungs.

## C

Cannula – a plastic or metal tube.

Service plan – an individual plan of care for each client.

Cataract – clouding of the lens of the eye.

Catheter – a sterile tube inserted into the bladder to drain urine.

Cheyne-Stokes – a pattern of breathing in which respirations gradually increase in rate and depth and then become shallow and slow; breathing may stop for 10 to 20 seconds.

Chronic – continuing over a long period of time or recurring frequently; chronic conditions begin insidiously, and symptoms are not as noticeable as in acute conditions; long, drawn out, long term.

Circumcision – surgical removal of the end of the foreskin of the penis.

Client – person who receives healthcare services from an in-home provider.

Coccyx – the bone at the base of the spine (tailbone).

Cognitive – dealing with the thoughts and emotions.

Colostomy – an artificial opening made in the abdominal wall to allow the passage of feces through a stoma (opening).

Combateness – physically aggressive behavior, hitting, kicking, scratching, biting.

Communication – the exchange of information accomplished by sending and receiving messages. Communication requires both a sender and receiver.

Competency – the ability to properly perform a specific task.

Condom catheter – an external catheter applied to males (Texas catheter).

Conduct – one's actions in general; behavior.

Confidential – personal; not known to others.

Confused – state of being mixed up.

Confusion – a mental state characterized by disorientation regarding time, place, or person.

Congestive heart failure (CHF) – the inability of the heart to pump an adequate quantity of blood.

Consent – permission granted voluntarily by a person in his/her (sound/clear) mind.

Constipation – the passage of unusually dry, hard stools.

Contaminated – exposed to germs.

Contracture – shortening of muscles and tendons, which causes deformity of joint and a decrease in joint motion and muscle wasting.

Contusion – an injury that does not break the skin, caused by a blow to the body and characterized by swelling, discoloration, and pain; a bruise.

Cyanotic – a bluish-gray color of the skin, lips, or nail beds due to lack of oxygen.

## **D**

Dangle – to sit on the side of the bed with the legs over the edge of the mattress.

Deafness – inability to hear.

Death – a natural part of life where all vital functions of the body cease.

Decubitus ulcer – an inflammation, sore, or lesion that develops over areas where the skin and tissue underneath are injured due to a lack of blood flow; a bed sore or pressure ulcer.

Dehydration – loss of body's normal water content, which can affect both physical and mental functions.

Dementia – severe impairment of cognitive functions such as thinking, memory, and personality, comes on slowly and worsens over time; usually irreversible, depending on the cause of the dementia.

Dentures – artificial or “false” teeth.

Dependent – unable to care for one's self.

Depression – an abnormal emotional state characterized by feelings of sadness, worthlessness and emptiness.

Diabetes – a chronic disease characterized by insufficient insulin production or inability of the body to properly utilize the insulin produced.

Diagnosis – determining what kind of disease or medical condition a person has; the nurse assistant can find out by looking in the chart; the doctor determines the problem based on tests, observations, etc.

Diarrhea – frequent passage of liquid stool.

Digestion – process by which food is broken down, mechanically and chemically, and changed to a form that can be absorbed by the body.

Disorientation – the state of mental confusion or loss of bearings in relation to the sense of person, place, or time.

Distention – the state of being inflated or enlarged.

Diversionsary – to draw attention to something else or to amuse.

Durable Power of Attorney – a document through which a patient appoints another person to act as his agent in making decisions about financial and/or healthcare matters if he is unable to do so.

## **E**

Edema – swelling due to an accumulation of watery fluid in the tissue.

Elimination – to rid the body of wastes, such as urine or stool.

Emotion – one's feelings.

Emphysema – respiratory condition in which the elasticity of the alveoli is lost, resulting in difficulty in breathing.

Employee Disqualification List (EDL) – a list of the names of any people who have been finally determined by the Department of Health and Senior Services, to have knowingly or recklessly abused or neglected a patient.

Enema – inserting a liquid solution into the rectum.

Esophagus – a tube connecting the throat to the stomach through which food passes.

Ethical – relating to a set of moral principles and values.

Ethics – the discipline that addresses what is good and bad and what is moral duty and obligation.

Evaluate – to decide if a course of action was the correct one to take.

Eversion – a turning outward.

Exploitation – illegal or improper use of a person's property or resources to the degree that substantial risk of harm exists.

Extension – to straighten; to extend.

External rotation – to move the extremity in a circular motion away from the center of the body.

Extremities – the arms, legs, hands, and feet.

## **F**

Family Care Safety Registry (FCSR) – a computerized interface between government agencies that helps ensure that persons who care for children, the elderly and the physically or mentally disabled can easily be screened.

Feces – waste products in the bowel; same as stool or BM.

Fever – elevation of body temperature above normal.

Flexion – to bend.

Flushed – reddened color of the skin.

Foot board – a piece of wood or plastic at the end of the bed for positioning the client's feet.

Foot cradle – a metal or plastic frame over the foot of the bed that lifts the weight of the sheets off of the client's feet.

Foreskin – loose skin covering the end of the penis.

Fracture – a broken bone.

## **G**

Gait belt – canvas belt placed around the client's waist to assist with ambulation and transfers.

Gangrene – death of tissue usually due to deficient or absent blood supply.

Geri-Chair – a reclining chair on wheels.

Germ – microorganism.

Glaucoma – increase of pressure within the eye, resulting in blindness if left untreated.

Grieving – physical and emotional responses to loss or separation.

## **H**

Hallucination – sensory perceptions that seem real to the person experiencing them but are not perceived by others.

Heart attack/myocardial infarction (MI) – a blockage or clot occurring in an artery in the heart, resulting in chest pain due to tissue damage.

Hemiplegia – loss of sensation or movement in one side of the body.

Hemorrhage – excessive, uncontrolled bleeding.

Hemorrhoids – varicose veins in the rectum that can become painful, itch, and bleed.

Hospice – a type of care that provides comfort for terminally ill persons.

Hospice care – care provided to meet the physical, emotional and spiritual needs of patients with terminal illnesses and their families.

Hygiene – personal cleanliness.

Hyperextension – extensive extension.

Hypochondriosis – a chronic abnormal concern about the health of the body.

## **I**

Immobility – unable to move.

Immunocompromised – an immune system weakened by disease or medication.

Impaction – hard stool that cannot pass from the rectum normally.

Incontinent – inability to control the passage of urine and/or stool.

Independent – self-reliant, able to care for oneself.

Indwelling urinary catheter (Foley <sup>TM</sup>) – a sterile tube inserted through the urethra into the bladder to drain urine; held in place by a small inflated balloon.

Infection – invasion of the body by a disease-producing (pathogenic) microorganism.

Infection control – a method of preventing the spread of infection.

Inflammation – reaction of tissue to injury of any kind.

Inhale – to breathe in.

Internal rotation – to move the extremity in a circular motion toward the center of the body.

Invasion of privacy – a civil wrong that unlawfully makes public knowledge of any private or personal information without the consent of the wronged person.

Inversion – a turning inward (feet only).

## **J**

Jaundice – yellow discoloration of skin due to bile.

## **K**

Kidneys – filtering system of the body.

## **L**

Labia – the skin folds that are on both sides of the urethra and vagina.

Laceration – wound produced by cutting or tearing the skin.

Larynx – the voice box.

Lateral – to the side.

Legal – relating to the law.

Living Will – a document that designates the client's wishes in the event that he is unable to speak for himself.

## **M**

Malpractice – improper or negligent treatment of a client or patient resulting in damage or injury.

Mental illness – a disturbance of a person's emotional state characterized by impaired function and maladaptive behavior.

Mental Retardation Developmentally Disabled (MRDD) – a disorder characterized by below normal intellectual function and impaired psychological and social functioning.

Micro – small.

Microorganism – a very small living thing (a germ) that can only be seen with a microscope.

Milliliter (mL) – a metric unit used to measure liquid volume; 30mL = 1 ounce.



Mitered corner – a method of folding linens under a mattress that gives the bed a neat appearance.

Mobility – ability to move.

Morals – one's own personal values.

Mucous membranes – tissues that secrete mucous such as those in the nose, mouth, lungs, and parts of the rectal and genital areas.

Mucus – sticky substance secreted by mucous membranes mainly in the lungs, nose, and parts of the rectal and genital areas.

## N

Neglect – failure of person(s) responsible for an individual to provide necessary services to maintain the physical and mental health of the individual when such failure presents an imminent or probable danger to the individual.

Negligence – failure to perform in a reasonably prudent manner or by acceptable health care practices.

Nonintact skin – skin that is broken, chapped, cracked, or open.

NPO – abbreviation for nothing by mouth.

Nutrient – food that supplies the body with its necessary elements.

Nutrition – the process of taking in food and producing energy from it.

## O

Obese – extremely over-weight.

Objective – way to reach a goal.

Obstruction – a blockage.

Ombudsman – one who speaks on behalf of another; a volunteer who helps clients in long term care facilities.

Orthostatic blood pressure changes – abnormally low blood pressure occurring when an individual assumes the standing posture.

Osteoporosis – a loss of minerals in the bone resulting in loss of bone density.

Ostomy – a surgical opening into the body.

Ovaries – glands in the female that produce ovum (eggs) and hormones.

Oxygen – a breathable; odorless, colorless gas.

## **P**

Pain – an unpleasant sensation caused by stimulation of the nerve endings.

Pallor – paleness.

Paralyzed – absence of movement or sensation.

Paranoia – suspiciousness inappropriate to reality – individual feels that everyone is picking on him or out to get him.

Paraplegia – paralysis of legs.

Passive range of motion exercises – exercises ordered by a doctor to prevent complications; performed by In-Home Aides whose clients cannot perform the exercises independently.

Pathogens – microbes that cause disease.

Peri care – cleaning the genital and anal areas; part of bath or shower procedure or a separate procedure.

Perineal – the genital and anal areas.

Peristalsis – rhythmic contraction of muscle that forces food through the digestive tract.

Perpetrator – person who inflicts harm.

Pharynx – the throat.

Physical – relating to body and bodily functions.

Physical restraint – any manual method or physical or manual device, material, or equipment attached or adjacent to the client's body that the individual cannot remove easily and that restricts freedom of movement of normal access to one's body.

Plaque – sticky, transparent bacterial film found on teeth.

Pneumonia – inflammation of the lungs with fluid accumulation in the affected alveoli.

Posterior – toward the back.

Postmortem – after death.

Pressure ulcer – an inflammation, sore, or lesion that develops over areas where the

skin and tissue underneath are injured due to a lack of blood flow. Also called a bedsore  
decubitus ulcer.

Priority – that which should be considered or done first.

Privileged communication – any personal or private information that is relevant to a  
client's care that the client gave to medical personnel.

Pronation – to turn downward.

Prone – lying on one's abdomen with the head turned to the side.

Prosthesis – an artificial replacement for a body part.

Psychological – associated with the thought processes of the brain.

Pulse – the beat of the heart felt at an artery as a wave of blood passes through the artery.

Pulse rate – the number of heartbeats or pulses felt in one minute.

Purulent – containing pus.

Pus – thick yellowish secretion formed in certain kinds of inflammation.

## **Q**

Quadriplegia/Tetraplegia – paralysis of arms and legs.

## **R**

Range of motion (ROM) – the extent of movement of a joint (maximum flexion to  
maximum extension).

Reality orientation – a communication technique that helps a client who is experiencing  
temporary confusion become more aware of his/her surroundings.

Rectum – last six-eight inches of the large intestine.

Rehabilitation – restoring of an ill or injured client so he will be able to help himself to  
live at his/her highest potential.

Residential care facility (RCF) I or II – a facility licensed by the state of Missouri to  
provide 24-hour room, board, and protective oversight. The facility may provide  
assistance with medications and care during recovery from short-term illness. Also  
called an assisted living facility.

Residue – what remains of something after a part is removed.

Resistance – ability to fight off.

Respirations – act of breathing in or out of the lungs (inhalation/exhalation).

Responsible party – a family member/friend of the client who the client designates in writing to handle matters and receive reports related to the client's general condition.

Restorative care – the process by which a disabled or ill person is helped to reach the highest possible level of wellness, considering his/her limitations.

Retention – inability to empty the bladder.

Rigor mortis – temporary rigidity of muscles of the body occurring after death.

Rotation – to move a joint in a circular motion.

Roughage/Fiber – indigestible fiber of fruits, vegetables, and cereal that acts as a stimulus to aid intestinal peristalsis (e.g., bran, potato skins, fruit skins).

## S

Schizophrenia – a mental disorder characterized by distortion of reality.

Scrotum – the pouch containing the testicles.

Seizure – sudden, periodic attacks of muscles contracting and relaxing.

Shearing – tissue damage that occurs when the body slides on a surface that moves the skin in one direction and the underlying bones in the opposite direction.

Slander – to make any oral defamatory false remark about another; spoken words that tend to damage the reputation of another.

Social – relating to human society; getting along with others.

Sphincter muscles – a circle of muscle fibers around the outlet of the urethra and rectum that is normally closed but can be relaxed to allow passage of urine and stool.

Sphincter stimulation – stimulation of the opening of the anus performed during a bowel movement.

Sputum – waste material (mucus) coughed up from lungs or trachea.

Sterile – free of all germs.

Stoma – an opening.

Sundowning – phenomenon when confusion becomes worse in evening.

Supination – to turn upward.

Supine – lying on one's back.

Suppository – a semisolid substance that many contain medicine that dissolves when inserted into the rectum or vagina.

## **T**

TED™ hose – elastic stockings applied to the legs to reduce inflammation of the veins and the formation of blood clots.

Temperature – measurement of heat within the body.

Tetraplegia/Quadriplegia – paralysis of arms and legs.

Toxin – a poisonous substance.

Transfer – to move.

Transient ischemic attack (TIA) – an episode of poor circulation to the brain characterized by visual disturbances, dizziness, weakness, numbness, or loss of consciousness. The attack is usually brief, lasting a few minutes.

Transmitted – transferred or spread.

Tuberculosis – an infection, primarily of the lung, from mycobacterium tuberculosis.

## **U**

Unconscious – an individual's lack of awareness.

Ureters – tubes that carry urine from the kidneys to the urinary bladder.

Urethra – the small passage from the bladder through which urine leaves the body.

Urinary catheter – a sterile tube inserted into the bladder to drain urine.

Urinate (void) – to pass urine.

Urostomy – an artificial opening made in the abdominal wall to allow the passage of urine through a stoma (opening).

## **V**

Validation therapy – a technique that creates a climate of acceptance by encouraging the client who is confused to explore personal thoughts; it helps to confirm the emotions being experienced.

Ventilate – give air to.

Void – to pass urine.

Vital signs – temperature, pulse, respirations, and blood pressure.

## **W**

Wandering – aimless walking, which may result in a client becoming lost.

## **Chapter 1**

### **BECOMING AN IN-HOME AIDE**

#### **What You Will Learn**

- The role of the In-Home Aide
- Purpose of the Family Care Safety Registry and Employee Disqualification List
- Personal qualities of a successful In-Home Aide
- Qualities of a Professional Caregiver
- Ways to organize your work
- Examples of conduct that will result in legal or disciplinary action

#### **The Role of the In-home Aide**

Welcome to the exciting world of healthcare! It takes a special person to give good care to a person who needs help because of an illness or disability. Healthcare is provided in many different places. People can be cared for in hospitals, nursing homes, clinics, and private homes. This book will focus on the role of the caregiver who gives care to a person in his own home. Most home care is provided by agencies that hire and train caregivers. These caregivers are called In-Home Aides. The In-Home Aide gives personal care to the client in his home and is an important member of the healthcare team.

The caregiver who works in the home usually does not have direct supervision. A licensed nurse is responsible for the care provided. The licensed nurse is usually not present when the care is actually given. Caring for a client in the home may also include preparing simple meals, shopping, and doing light housework and laundry.

The In-Home Aide training program teaches basic nursing care. This includes communication skills, infection control, safety and emergency procedures and basic personal care skills. The In-Home Aide may also perform household duties essential to maintaining the general health, well-being and safety of the client. These duties can include, but not be limited to, disposal of infectious waste, pest control, cleaning soiled linen, meal preparation, and general housekeeping tasks. Conditions in the homes may and will vary. The In-Home Aide may be required to adapt to environmental conditions that include temperature extremes, or working around a clients' family members or pets, smoke, dust or infectious diseases. The In-Home Aide may also be required to shop for essential items and run errands if this task is indicated on the client's service plan.

#### **The Family Care Safety Registry**

The Family Care Safety Act requires all people hired to care for children or the elderly to register within 15 days of starting work. If a person is already working in healthcare,

they are not required to register unless they change jobs. All workers hired after January 1, 2001 are required to register. Any worker may voluntarily submit his or her registration at any time.

The Family Care Safety Registry is called the FCSR and was started to encourage family and community safety. The FCSR provides access to background screening information and is available to anyone who hires a person to care for children or the elderly.

The background information is gathered by using a computer to check the:

- State criminal background
- Child abuse/neglect records maintained by the Division of Family Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services.
- Child care facility license records maintained by the Department of Health
- Foster parent, residential care facility and child placing agency licensing records maintained by the Division of Family Services
- Residential living facility and nursing home licensing records maintained by the Missouri Department of Health and Senior Services.

Employees of in-home services provider agencies that have contracts with the Missouri Department of Health and Senior Services are not required to register. They are allowed to voluntarily submit their registrations at any time.

It is the job of the worker to register. To register, the worker must complete a registration form. The form, a copy of the worker's social security card, and a \$5.00 registration fee is sent to the Department of Health. The worker will receive a copy of the results of the background check. A worker who does not register is guilty of a class B misdemeanor.

Anyone interested in hiring someone to care for a child or elderly person can request information from the FCSR. The caller will need to know the worker's name, social security number, and date of birth. The caller will be given the information while on the phone. After the call, the worker will be sent a letter telling them about the request. The letter will include the name and address of the caller and the information released.

### **Employee Disqualification List**

The Missouri Department of Health and Senior Services maintains the Employee Disqualification List (EDL). The EDL is a list of people who are not allowed to work in nursing homes, in-home care, and other healthcare settings.

People are placed on the EDL if they have abused or neglected the people they were caring for. Stealing money or property from a client will result in the person being placed on the EDL. The person who is being investigated can appeal the decision.

The information on the EDL is private. Only employers that hire staff to care for the elderly or disabled people can get the information. People who need in-home services for a child, senior, or person with a disability can get information from the EDL. The Certified Nurse Aide Registry is a list of all nursing assistants certified in the State of Missouri. If a certified Nurse Aide is found guilty of abuse, neglect, or exploitation of an



elderly client, a federal marker is placed by their name. This federal marker remains on the registry for their lifetime if they were working in a certified facility. In-Home aide providers must check the CNA registry and the EDL when hiring a new employee.

### **Personal Qualities of a Successful In-Home Aide**

The successful In-Home Aide has personal qualities that show an ability to care for others. Qualities of a *great* In-Home Aide are listed in Box 1-1.

Box 1-1: Qualities of a great In-Home Aide

- Pleasant and polite to everyone
- Treats others with respect
- Honest, truthful and genuine
- Good work ethics
- Cares about the feelings of others
- Respects people from different cultures and backgrounds
- Dependable and reliable
- Works independently
- Does the best job possible
- Patient and able to remain calm even when demands are heavy



### **Qualities of a Professional Caregiver**

Clients, families, and co-workers respect employees who behave in a professional way. Professional behaviors include how you dress, the words you use and how you treat others in the workplace. What does “professional” behavior look like? Box 1-2 lists examples of professional behavior.

Box 1-2: Examples of professional behavior

- Always identifies self by name and wearing a name tag/ID badge
- Follows agency dress code
- Wears uniform or street clothes that are clean and pressed
- Uses makeup and cologne in moderation
- Avoids the use of strong scents that can be nauseating to the client
- Shows respect for the client’s home and possessions
- Calls each client by their preferred name and explains the care that will be given
- Encourages the client to make as many choices about his care as possible
- Encourages the client to be as independent in his care as possible
- Does only the tasks assigned and that she has been trained to do
- Listens to the client and is considerate of the client’s privacy and feelings
- Provides care in a safe, competent manner
- Arrives for work on time and knows what is expected of the In-Home Aide
- Is careful with use of supplies
- Calls the agency right away if ill or cannot work according to agency policy
- Always uses body substance precautions when providing care

Professional behaviors should be practiced every day you are on the job. Soon these behaviors will become habits. Professional behavior helps your clients and their families to feel comfortable with you and to trust that you are giving good care.

### **Organizing Your Work**

Good organizational skills are not something that can be taught in a classroom. Even though organization will be covered, you will have to practice the skills each day you are on the job. Organizing your work means deciding what to do first. After getting your assignment from the supervisor, review your assignment and ask questions if you are not sure what is expected of you. Care should be individualized based on each client's needs and their plan of care.

Use your time wisely. Report to work on time and make a list of things to be done. Decide which tasks should be done first and which can wait. Rate each task in order of importance. Plan your day ahead by organizing supplies and equipment.



Being organized makes your job easier. Sometimes priorities change and you may need to adjust your schedule. Being organized also means being flexible and dealing with changes without becoming angry or frustrated.

### **Conduct that Will Result in Legal or Disciplinary Action**

Some types of behaviors are not professional. Arriving to work late or discussing your personal problems with clients or their families is considered unprofessional behavior. Some actions are so serious that they can result in legal or disciplinary action against the caregiver including being placed on the Employee Disqualification List.

#### **Box 1-3: Behaviors that result in legal or disciplinary action**

- Verbal, physical, emotional, or sexual abuse, neglect or exploitation of a client
- Being negligent in performance of duties
- Destroying property
- Stealing or taking anything from the client's home
- Disrespect to supervisors, managers and/or co-workers
- Refusal to work where assigned
- Indecent, disorderly, or immoral conduct
- Using alcoholic beverages or drugs for any purpose other than medical, in the client's home or before starting work
- Taking money or goods for personal gain from a client or family member
- Taking gifts or tips
- Having firearms or weapons at the agency or client's home
- Absence from work without notifying supervisor and/or agency
- Smoking in a client's home or while on duty
- Making personal calls on agency or client's phone
- Breach of the client's privacy and confidentiality of information and records
- Falsification of a time sheet, fraudulent documentation

Box 1-3: (Continued)

- Violence in the workplace
- Discussion of own or other's personal problems, religious or political beliefs with the client
- Use of a client's car
- Taking a client's food or drink (except water)
- Bringing other people to the client's home
- Buying any item from the client
- Taking control of the financial or personal affairs of the client or of his estate

The successful employee always does their best and delivers quality care to the clients he/she is assigned to. Remember to perform only tasks that you have been trained to do and are permitted within your job description. Even though the licensed nurse oversees the client's care, you are responsible for your own actions. If you are not sure how to do something, ask your supervisor for direction. Demonstrate professional behavior at all times. Being respectful and sensitive when providing care to your clients lets them know that you truly care about them as an individual.

**Chapter Review**

1. What is taught in the In-Home Aide training program?
2. What is the Family Care Safety Registry and who is required to register?
3. What is the purpose of the Employee Disqualification List?
4. List five personal qualities of a successful In-Home Aide.
5. What is "professional" behavior?
6. List eight examples of professional behavior the In-Home Aide should demonstrate.
7. What types of behaviors will result in disciplinary or legal actions for the In-Home Aide?

### **Student Exercise**

1. List six personal qualities that demonstrate an In-Home Aide's ability to care for others.
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
2. List eight qualities of a professional In-Home Aide.
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
  - g.
  - h.
3. List two ways an In-Home Aide can organize their work.
4. (**Circle**) the letters that represent conduct or actions by an In-Home Aide that will result in legal or disciplinary action.
  - a. Verbal, physical, or emotional abuse.
  - b. Destroying property.
  - c. Indecent, disorderly, or immoral conduct.

- d. Calling each client by their preferred name.
- e. Using body substance precautions when providing care.
- f. Possessing firearms or weapons at a client's home.
- g. Dressing appropriately for the job.
- h. Smoking in a client's home.
- i. Providing care in a safe manner
- j. Providing privacy for he client
- k. Arriving to work on time.
- l. Being negligent in performance of assigned duties.
- m. Being absent from work without notifying the supervisor.
- n. Refusing to work where assigned.
- o. Wearing a name tag or identification badge with the name of the in-home provider in plain view of the client.
- p. Falsification of a time sheet or documentation.
- q. Taking responsibility for one's own actions.

## Chapter 2

### ETHICAL AND LEGAL RESPONSIBILITIES

#### **What You Will Learn**

- Your client's rights
- Who should be notified if abuse, neglect, or exploitation is suspected
- Information needed when reporting abuse, neglect, or exploitation
- The ethical and legal responsibilities of an In-Home Aide

#### **Client Rights**

The term “legal” relates to the law. The term “ethical” relates to a person’s morals and values. When you care for clients you see their records. You are expected to keep this information private. Any violation of the client’s confidence is an illegal or unethical act.

There are certain laws that protect clients. The client signs an agreement giving consent for care. Your client has rights just as you do. Each agency has policies that explain how each client’s rights are upheld. Box 2.1 lists client's rights that you should be aware of.

#### Box 2.1: Client's Rights

All clients have the right to:

- Be treated with dignity and respect
- Refuse care.
- Have all personal and medical information kept private
- Have control over the care provided whenever possible
- Know how to make a complaint about their care without fear of punishment
- Receive care regardless of race, color, age, sex or national origin
- Receive a copy of the provider’s code of ethics

#### **Abuse, Neglect, and Exploitation Reporting**

Any person who knowingly abuses or neglects a client could be charged with a Class D felony. If found guilty, the person could be fined and serve time in jail. Clients may be abused or neglected by health care providers, family members, or friends. Exploitation is a form of financial abuse. To protect the client, there are laws that prohibit caregivers from accepting money or any item having monetary value from the client. The Missouri Department of Health and Senior Services keeps a record of the names of workers who have been found guilty of abuse or neglect. A federal marker is placed next to these

people's names. They are not allowed to work as an In-Home Aide. Box 2.2 lists some common signs of abuse or neglect that you should look for.

Box 2.2: Signs of abuse or neglect

- Burns
- Bruises
- Broken eyeglasses
- Cuts/welts/black eye
- Sudden change in behavior
- Withdrawal
- Lack of compliance
- unkempt appearance, poor hygiene
- Untrimmed nails
- Signs of dehydration, weight loss
- Pressure ulcers

**Reporting Abuse, Neglect, or Exploitation**

All healthcare workers are required by law to report abuse or neglect. If you suspect abuse or neglect, notify your supervisor. You must also notify the Missouri Department of Health and Senior Services through the hot line number (1-800-392-0210). All reports are considered private. If you do not report the abuse or neglect, you could be found guilty and fined. When reporting suspected abuse or neglect you will need to provide the following information:



- Name and address of the client
- Type of abuse or neglect
- Name of the person who harmed the client (if known)

When making a report you are not required to give your name. If you give your name during a report, it will be kept private. After receiving a report, the Department will begin an investigation within 24 hours.

**Ethical and Legal Responsibilities of an In-Home Aide**

As an employee in health care, it is important for you to be aware of your legal and ethical responsibilities. This will help to prevent any problems from developing. As an In-home Aide, you are responsible for your own actions. There is a possibility that a client or the family may sue you if you do not perform your job properly. You can prevent legal and ethical problems from developing while caring for clients by remembering the following rules:

- Remember the client is your responsibility while you are in charge of their care
- Be aware of the client's rights and avoid violating them

- Prepare all paperwork correctly
- Know that the client record is a legal document
- Know the lines of authority
- Do only those things that you have been trained to do
- Unless reporting abuse or neglect, do not discuss a client with others not involved in the client's care

### **Chapter Review**

1. What rights does the client who is receiving care have?
2. Who should be notified if abuse, neglect, or exploitation is suspected?
3. What information is needed when reporting abuse, neglect, or exploitation?
4. What are the ethical and legal responsibilities of an In-Home Aide?



### **Student Exercise**

1. List five rights that a client has under the Missouri Statement of Client's Rights.
  - a.
  - b.
  - c.
  - d.
  - e.
2. Who should be notified if abuse, neglect, or exploitation is suspected?
3. List six signs of abuse or neglect.
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
4. What are three things the In-Home Aide should provide when reporting abuse, neglect, or exploitation?
  - a.
  - b.
  - c.
5. (**Circle**) the letter that represents a legal responsibility of an In-Home Aide.
  - a. Decide what type of care the client needs and provide it.
  - b. Perform tasks the client requests even if the In-Home Aide has not been trained to do so.
  - c. Be aware of the client's rights and avoid violating them.
  - d. Discuss the client's personal matters with others not involved in the client's care.

## Chapter 3

### OBSERVATION AND REPORTING

#### What You Will Learn

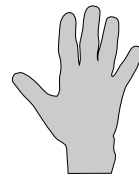
- The four methods of observation used by health care providers
- What the In-home Aide should observe about the client's appearance and behavior
- Guidelines for reporting observations to a supervisor

#### Four Methods of Observation

You use your senses for observation every day. Observation techniques must be practiced. When observing a client you will use your sense of sight, smell, hearing, and touch.



Your eyes provide you with your sense of sight. Think about what you see and what it means. Observe for anything new or unusual.



Ears are used for hearing. Listen to a sound and try to understand what it means. You may hear a cough or wheezing sound when the client breathes. Some changes like pain, nausea, or dizziness can be felt and described only by the client. Listen to what the client says. Some questions to ask your client about his pain are found in box 3.1



Box 3.1: Questions to ask your client about pain

- Where is your pain?
- How long have you had pain?
- How long does the pain last? Is it constant? Does it come and go?
- What does the pain feel like? Is it, sharp or dull, aching or knifelike?
- Have you taken pain medicine? Has it relieved the pain?

By using your sense of smell you can observe the odor of a discharge or the client's breath. Touching your client tells you if the skin is hot or cold, wet or dry. Your observations provide important information for proper care of the client.

#### What the In-Home Aide Should Observe

The In-Home Aide spends more time with the client than any other member of the health care team. Get in the habit of observing your client any time you are with him. Check your client from head to toe each visit. Look for anything unusual or out of the ordinary.

Box 3.2 lists things you should look for. Your agency will provide you with a form on which to write your observations.

**Box 3.2: Observations**

<ul style="list-style-type: none"><li>• Clean or dirty</li><li>• Alert, confused or drowsy</li><li>• Change in mental status</li><li>• Skin color and temperature</li><li>• Skin rashes or reddened areas</li><li>• Bruises</li><li>• Swelling</li><li>• Unsteady or shuffling gait</li><li>• Difficulty moving</li><li>• Loss of appetite or change in eating habits</li><li>• Difficulty swallowing</li><li>• Abnormal elimination of urine or stool</li><li>• Fatigue</li><li>• Unusual body discharge</li></ul>	<ul style="list-style-type: none"><li>• Tremors</li><li>• Grimacing or guarding can be a reaction to pain</li><li>• Seizures, generalized or limited to one part of the body</li><li>• Chills</li><li>• Accidents or injuries</li><li>• Complaints of pain or discomfort</li><li>• Mood such as angry, happy or withdrawn</li><li>• Activity of the client including dressing, bathing, eating, personal hygiene, ambulation, continence</li><li>• Use of a cane or walker</li><li>• Posture changes</li><li>• Contractures</li></ul>
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**Guidelines for Reporting Observations**

Observe for the unusual then report and document only what you observe or the client tells you. Do not make judgments or try to diagnose. When in doubt, always report your observations to the supervisor or nurse as soon as possible. When calling your supervisor be prepared to give the following information:

- Your name
- Name of the client
- Abnormal signs
- Any symptoms the client mentions
- How long the client has had the problem

Making observations is an important part of your job as an In-Home Aide. Always be alert for changes and abnormalities in the condition of each of your clients.

**Chapter Review**

1. What are the four methods of observation used by health care providers?
2. What should the In-Home Aide observe about the client's appearance and behavior?
3. What information do you need when reporting observations to a supervisor?

### **Student Exercise**

1. What are four methods of observation used when working with a client?
  - a.
  - b.
  - c.
  - d.
2. List five things an In-Home Aide should observe about a client's appearance and behavior.
  - a.
  - b.
  - c.
  - d.
  - e.

**Circle true (T) or false (F) for the following statements.**

3. T / F Observe for things that are normal and report those observations to the supervisor or nurse.
4. T / F The In-Home Aide should document only those things she observes.
5. T / F The In-Home Aide should be objective and avoid making judgments when observing a client.
6. T / F The In-Home Aide is responsible for diagnosing the client.
7. T / F Abnormal signs or symptoms should be reported to the supervisor or nurse at the end of the week.
8. T / F When in doubt; do not bother the supervisor by reporting observations.
9. T / F Making observations about a client is an important function of the In-Home Aide.
10. T / F The In-Home Aide's observations provide important information essential to the proper care of the client.

## Chapter 4

### COMMUNICATION SKILLS

#### **What You Will Learn**

- The difference between verbal and nonverbal communication
- The difference between hearing and listening
- Factors that promote effective communication
- Barriers that prevent effective communication
- The correct way to answer the telephone in a client's home
- Methods of communication for clients who have difficulty communicating

#### **Verbal and Nonverbal Communication**

Communication occurs when people share information with each other. There are two methods people use to communicate, verbal and nonverbal.



Verbal communication is getting a message across through the use of the spoken word, written information or American sign language. You use verbal communication when you talk to clients and answer the telephone.

Nonverbal communication is also called “body language.” Nonverbal communication sends a message across without the use of words. Facial expression, gestures, posture, and tone of voice and touch are examples of nonverbal communication. Nonverbal communication is used almost 100% of the time.

When verbal and nonverbal messages “match” they can help to make a message clearer. If the verbal and nonverbal messages do not match, the other person may become confused.

#### **How Hearing and Listening Differ**

Listening is an important part of communication. It is an active effort to hear the message and understand it. Listening requires concentration and attention to what is being said. Hearing is a passive awareness of sound. To be a good listener you should:

1. STOP TALKING! You cannot listen if you are talking.
2. PUT THE SPEAKER AT EASE. Help the speaker feel free to talk.
3. SHOW THE SPEAKER THAT YOU WANT TO LISTEN. Look and act interested. Do not read your mail while someone is talking. Listen to understand rather than to reply.

4. REMOVE DISTRACTIONS. Don't doodle, tap, or shuffle papers. Shut the door if it will be quieter.
5. EMPATHIZE WITH THE SPEAKER. Try to put yourself in the speaker's place so that you can see his point of view.
6. BE PATIENT. Allow plenty of time. Do not interrupt. Do not start for the door or walk away.
7. KEEP YOUR ANGER UNDER CONTROL. An angry person gets the wrong meaning from words.
8. AVOID ARGUMENTS AND CRITICISM. Do not put the speaker on the defensive. The speaker may "clam up" or get angry. Try not to argue; even if you win, you lose!
9. ASK QUESTIONS. Encourage the speaker and show you are listening. Questions also help to develop further points.
10. STOP TALKING! This is first and last because all other listening skills depend upon it. You just can't do a good listening job while you are talking.

Nature gave people two ears but only one tongue, which is a hint that listening is more important than talking! A good listener can make better decisions. Listening helps the speaker determine how well the message is being received. A good listener stimulates others to speak well. Good listening decreases misunderstandings.

### **How to Communicate Effectively**

We are constantly communicating with other people. For communication to occur there must be a sender and a receiver. It takes work to be an effective communicator. Box 4.1 lists some guidelines for effective communication.

#### **Box 4.1: Guidelines for effective communication**

- Introduce yourself when meeting a new client
- Show an interest in talking with the client
- Be patient and allow time for talking
- Ask questions that will encourage the other person to continue speaking
- Pace yourself to the speed at which the client talks
- Try to get at the client's eye level and stay within sight
- Do not talk down to the client or use words he does not understand
- Speak clearly using a normal tone of voice
- Listen to the client's stories. This allows them to feel important and that they had a meaningful life
- Use touch appropriately to convey caring

Reminiscing is a way of reviewing life. It is a method that is sometimes used when communicating with the elderly. It helps the client to increase or regain self-esteem. Reminiscing may also help the client prepare for death. Pets also aid in communication. Some people can talk to a pet when they are unable to share their feelings with another person.

Remember, when you communicate you are not only conveying words but also your attitudes and feelings about yourself and others.

### **Barriers that Limit Communication**

Sometimes a message does not get through. If communication is not taking place, explore the reasons why. A person's language, culture, or personal beliefs may affect their ability to communicate effectively. Box 4.2 lists behaviors that can be barriers to communication.

#### **Box 4.2: Barriers to communication**

- Changing the subject
- Giving your own opinion about the person and his situation without being asked
- Belittling a person's feelings
- Seeming to be too busy
- Jumping to conclusions before you know the entire story
- Giving false or inappropriate reassurances
- Interrupting
- Not waiting long enough for a reply
- Using words that sound alike or have a different meaning to the receiver than the sender intended. For example, a "plane" is a flying vehicle. A "plain" is a wide, open field.

### **Telephone Communication**

When you answer the client's telephone you represent the agency that you work for. Answer the phone by the second ring if possible. Identify yourself and the client home. For example: "Good afternoon, Belgrade residence, Sue speaking. May I help you?" Speak in a moderate tone using clear and distinct words. Smile when answering the phone. Your positive attitude will be heard by the caller. Keep paper and a pen by the phone for messages. When taking a message write down the following:



- Name of the caller
- Area code and phone number
- Date and time of the call
- The message followed by your initials

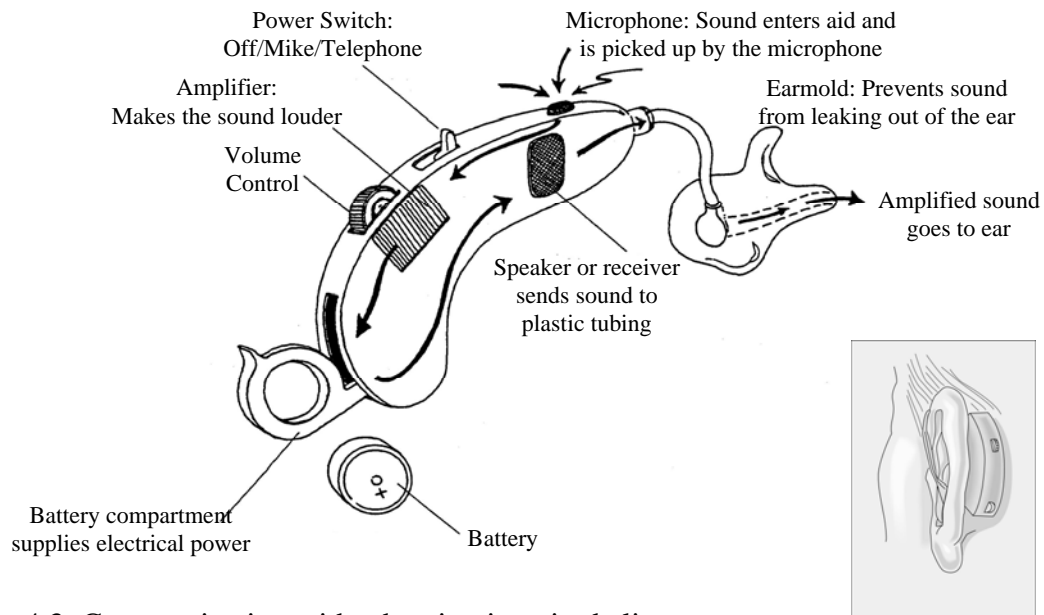
Sometimes you may have to ask the caller if he can hold. If this happens, get back to the caller as soon as possible and apologize for the wait. The In-Home Aide may not make or accept personal calls while on duty in the client's home.

### **Clients with Communication Difficulties**

Some clients may have communication difficulties. Hearing, vision, and speech disorders are common problems. A client with a hearing impairment may lose interest in group activities or what is being said to him. Ignoring directions or inappropriate

answers to questions may be seen. The hearing impaired client may attempt to lip read. When working with a client with a hearing impairment, encourage him to use a hearing aid and give him time to adjust it. Guidelines for communicating with someone who has a hearing impairment are listed in Box 4.3.

### *Common Hearing Aid*



Box 4.3: Communicating with a hearing impaired client

- Stand facing the client so that he can see you
- Get the client's attention by speaking directly to him
- Use moderate tone of voice; do not shout at the client
- Reduce background noise
- Use written communication if necessary
- Use facial expressions, gestures, and body language to express your meaning

Observe the client for signs of poor eyesight. Stumbling, falling, holding on to objects when walking and using touch to find things are signs the client may have difficulty seeing clearly. When caring for a client with vision problems, encourage the use of eyeglasses. Keep eyeglasses clean. Box 4.4 lists guidelines for caring with a person with a vision problem.

Box 4.4: Caring for a client with visual impairment

- Use verbal communication if the client can hear
- Use a normal tone of voice
- Use touch
- Identify yourself when entering or leaving a room
- Keep the client's surroundings the same. Do not rearrange personal items or furniture without asking the client.



Some clients may have speech disorders. Encourage clients to express themselves in any way possible. Continue to talk to the client and encourage others to do so also. Some clients with speech disorders also have trouble understanding the spoken word. Remember the client is an adult and treat him with respect. Box 4.5 lists guidelines for communicating with clients who have speech disorders.

**Box 4.5: Communicating with a client with a speech disorder**

- Watch the client for gestures or body movements that he may use for communication
- Be patient. Do not speak for the client. You may want to help him with words that are troublesome.
- Ask questions requiring a yes or no answer
- Use short, simple sentences, and use the same words each time when you give directions
- Speak slowly and clearly
- Use nonverbal cues, gestures, facial expressions, or pictures to augment spoken communication
- Follow service plan and instructions from the speech therapist to use alternative communication tools such as communication boards or picture books

Remember, to be helpful you must learn to communicate with your clients. If you have difficulty, try to determine the cause of the lack of communication. Review the information in this lesson often to keep yourself aware of the basic principles. Your effective communication skills are extremely valuable to both you and others.

**Chapter Review**

1. What is the difference between verbal and nonverbal communication?
2. What is the difference between hearing and listening?
3. What factors promote effective communication?
4. What are barriers that prevent effective communication?
5. What is the correct way to answer the telephone in a client's home?
6. What methods of communication can be used with clients who have difficulty communicating?

### **Student Exercise**

1. What is the difference between verbal and non-verbal communication?
2. List two examples of verbal communication.
  - a.
  - b.
3. List two examples of non-verbal communication.
  - a.
  - b.
4. **(Circle)** — Which of the following is an example of an effective communication technique?
  - a. Changing the subject.
  - b. Showing interest in the client when he is talking.
  - c. Giving a personal opinion about a person without being asked.
  - d. Jumping to conclusions without knowing the whole story.
5. What is the correct way to answer the telephone at a client's home?
6. What is the difference between hearing and listening?

**Circle an (E) if the statement represents effective communication or a (B) if the statement represents a communication barrier.**

7. E / B If communication is not taking place, explore the reasons.
8. E / B Allow time for the client to talk and express his feelings.
9. E / B Give reassurance to the client even if it is untrue.
10. E / B Argue with a client to make him understand when he is wrong.
11. E / B Ask questions to show the client you are listening.
12. E / B Talk while the client is talking.

## Chapter 5

### NEEDS AND BEHAVIORS OF CLIENTS

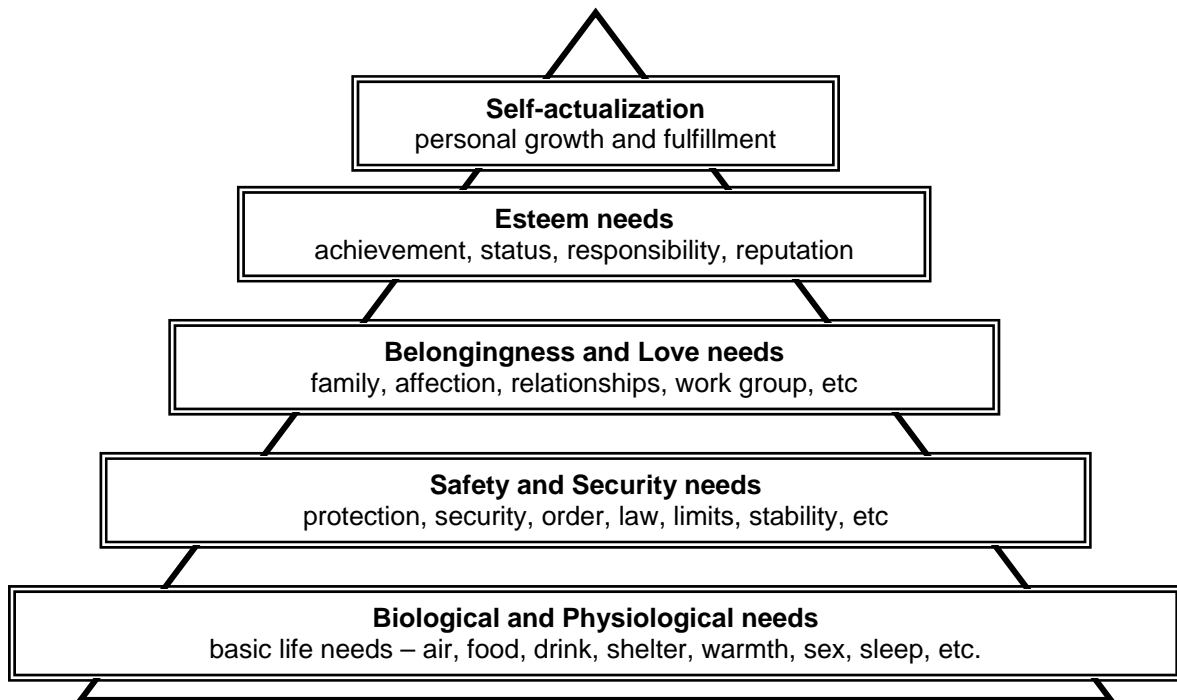
#### What You Will Learn

- How the In-Home Aide can meet the client's needs
- Losses the client may have experienced
- The challenges of aging
- Various nursing approaches to satisfy the spiritual needs of the client
- Various nursing approaches to satisfy the emotional needs of the client
- Ways in which the client may cope if emotional needs are not met

#### Meeting the Client's Needs

A need is something a person must have to survive. When caring for a client, it is important to understand their needs in order to meet them. Psychologist Abraham Maslow placed needs on a pyramid in order of their importance (see Maslow's Hierarchy of Needs). The most basic needs, physical needs, appear at the bottom. The highest level of need, self-actualization is at the top.

#### *Maslow's Hierarchy of Needs*



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Physical needs are the most basic needs. We all need food, water, and air to survive. Rest, relief of pain, personal hygiene and the ability to eliminate body waste are also physical needs. These needs must be met before the person can think about their other needs. Many of your clients will need help in meeting their physical needs.

Once physical needs are provided for, a person must have their safety and security needs met. A safe and comfortable environment becomes important to the person. The In-Home Aide is responsible for helping to prevent accidents and keep the client safe. People need to feel safe and secure before they can think about higher level needs.

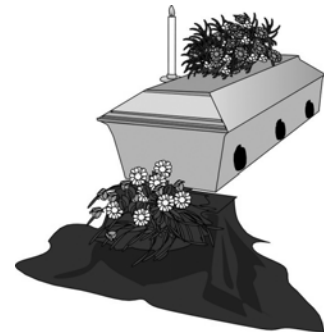
We all need to feel that we are loved and cared about. Everyone needs to have relationships with other people. Clients may be lonely and depend on the In-Home Aide to care about them. Pets can sometimes help a person to meet this need.

A person's self esteem is how he feels about himself. We all need to know that we are accepted by other people too. A person's self esteem can be affected by illness or injury. When a person is not able to take care of himself, his self esteem may be affected.

Self-actualization is the highest level need. When all of a person's other needs are met he can focus on this level. At this level the person works towards reaching his full potential through creative activities and learning.

### **Losses Experienced by the Client**

As we go through life, we all experience losses. The clients you are caring for have also experienced losses in their lives. It is common for a client to be dealing with the loss of physical or mental health. As we age, the human body wears out. The client may be irritable and grouchy due to pain. The sensory system gradually deteriorates, which may lead to confusion or withdrawal. The client who has experienced a loss of independence may have a poor self-image. A change in physical appearance can cause clients to have negative feelings about himself.



The loss of a spouse, friend, or pet can make the client feel as if he is all alone. If a client feels that no one cares about him or that he is not needed, he may become depressed.

If a person is ill or injured, he may not be able to return to work. Many people feel that their jobs are important and will have a hard time dealing with this life change. In some cases, the loss of a job also means a loss of financial security. If a client is unable to remain in his own home, he may feel a loss of independence as well as the loss of his home.

It is important to allow the client to talk about his feelings without being embarrassed.

## **Challenges Associated with Aging**

As people age, they learn to live with decreasing physical strength and health. Aging and illness are not the same. Many people are healthy into their 80's and 90's. Other people may be very ill at a young age. There are common challenges that all people face as they get older.

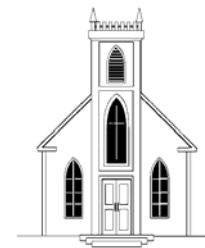
Adjusting to retirement and a reduced income can be a challenge for some older people. They may have to adjust to the death of a spouse or life partner. This means establishing new relationships within their own age group. After the death of a partner the person may need to learn to be flexible in social roles when they are no longer part of a couple.

Arranging for satisfactory physical living arrangements may also be a difficult challenge associated with aging.



## **Spiritual Needs and Care**

Meeting the spiritual needs of clients is just as important as meeting their nutritional, hydration, sleep, and safety needs. Spiritual care offers a sense of hope. It helps clients find meaning and purpose in life. This hope may affect whether a client lives or gives up and dies. Spiritual care is concerned with caring for the “whole” person. The connection of mind, body, and spirit is well known and medically accepted. The goal in giving spiritual care is to give peace of mind to the client, which helps heal the physical part of the body.



The need for spiritual care is important to all humans and especially for many of the elderly. Even though the client may have no specific religious faith, he can have a sense of spirituality that provides a meaning for being.

As a member of the health care team, the In-Home Aide shares in helping the client reach the goals in the service plan by using the approaches as outlined. Meeting the spiritual needs of the client provides them with peace and hope.

The spiritual needs of the client may be met by doing the following:

- Treating the client with respect
- Talking with and listening to the client
- Assisting clients to worship or participate in religious studies as desired
- Assisting a client to attend a religious study group
- Being a supportive presence and showing empathy for the client

## **Meeting the Client's Emotional Needs**

The In-Home Aide also helps to meet the client's emotional needs. A client may be very sweet and agreeable to work with or he may be irritable, complain about everything, use

abusive language, or strike out. The client may take out his frustrations on the nearest person and it may be the In-Home Aide.

You may not approve of client's actions, but it is important to let him know that he is cared about as a person. Never argue with a client. Accept him and his personality as he is while trying to see the positive things about him.

The client should be treated in the same manner by everyone who cares for him. Using the service plan helps provide this consistency. The client needs reassurance that he is still a functioning adult and may need someone to talk to about his fears, worries, and anxieties. Be a good listener and respect the client's dignity. Never treat an adult client as a child. Do not use such words as “diapers, bibs, etc.” The client has a right to understand what is happening to him. Give thorough explanations before a procedure. Praise the client for doing something well. Focus on the positive and be pleasant and friendly at all times. Never discuss personal problems with clients, smile often, and use humor appropriately.

It is easy to become emotionally involved with clients. Meet their needs while in their home and provide the client with the best care possible. Due to loss of family or friends, the client may lack human contact and closeness. Don't forget to smile, squeeze a hand, and give a hug. All people need affection.

### **Coping Abilities of the Elderly**

If a loss or illness happens suddenly, it may cause enough stress to make a person unable to cope with all that is happening. When a client's needs are not being met, negative behaviors may be seen. Box 5.1 lists behaviors that may be seen if a client's needs are not being met

Box 5.1: Behaviors that may be seen if a client's needs are not being met

- The client may become dependent and not want to take any responsibility for his own life.
- The client may become overly suspicious. He may not trust others and escape from reality by blaming others for his troubles.
- The client may become jealous of attention the in-home aide gives to others and want all of her attention.
- The client may become depressed due to loneliness, boredom, and losses he has experienced.
- The client may be angry at the prospect of becoming older and more dependent. This may be due to all the losses that the client has suffered.
- The client may become withdrawn possibly due to loneliness; and may withdraw to a private world.
- The client may become confused or disoriented due to decreased efficiency of their sensory system.

Always keep in mind that the client is an adult with a lifetime of knowledge and experience. Allow this adult to continue to thrive, make decisions, and participate in his

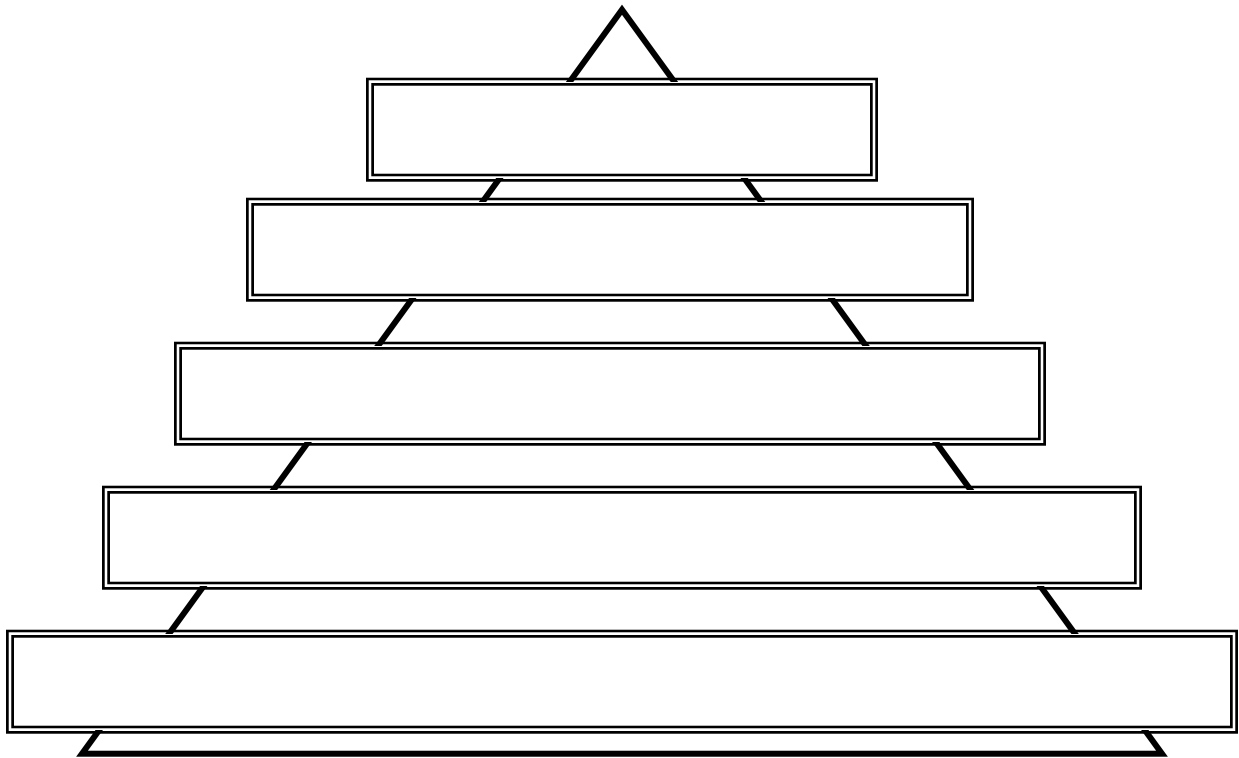
own care. This enhances self-esteem and feelings for independence. Be alert for clients whose behaviors indicate their needs are not being met.

### **Chapter Review**

1. How can the In-Home Aide meet the client's needs?
2. What are some losses the client may have experienced?
3. What are the challenges of aging that people face?
4. What can the In-Home Aide do to meet the spiritual needs of a client?
5. What can the In-Home Aide do to meet the emotional needs of a client?
6. What are ways in which the client may cope if emotional needs are not met?

### Student Exercise

1. Fill in the diagram below with each of the levels of needs as described in the text.



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2. List three examples of biological and physiological needs and describe how the In-Home Aide can meet those needs.
  - a.
  - b.
  - c.
3. List three examples of safety and security needs and describe how the In-Home Aide can meet those needs.
  - a.
  - b.
  - c.



4. List two examples of belongingness and love needs and describe how the In-Home Aide can meet those needs.
  - a.
  - b.
5. List two examples of esteem needs and describe how the In-Home Aide can meet those needs.
  - a.
  - b.
6. List three examples of self-actualization needs and describe how the In-Home Aide can meet those needs.
  - a.
  - b.
  - c.
7. What are three losses that a client may have experienced?
  - a.
  - b.
  - c.
8. **(Circle)** the statement that represents a challenge associated with aging.
  - a. Learning to live with severe medical problems.
  - b. Adjusting to retirement and increased income.
  - c. Adjusting to the death of a spouse or life partner.
  - d. Establishing new friendships with younger people.

**Circle true (T) or false (F) for the following statements.**

9. T / F Meeting the spiritual needs of a client is not as important as meeting their nutritional needs.
10. T / F Spiritual care is provided only by a member of the clergy.
11. T / F Spiritual needs are only important to people who belong to an organized religion and regularly attend services.

12. T / F When a client's needs are not being met he may become dependent, angry or withdrawn.
13. T / F The In-Home Aide should accept the client as he is and focus on the positive things about him.
14. T / F If the In-Home Aide does not approve of a client's actions, she should let him know that she does not like him and wants him to change.
15. T / F Disabled clients are childlike and should be treated like children.
16. T / F The In-Home Aide should focus on providing physical care and limit the amount of time she spends talking to the client.
17. T / F It is never appropriate to argue with a client.
18. T / F The client has a right to understand what is happening to him.
19. T / F It is acceptable for the In-Home Aide to discuss her personal problems with her client if she is asked to.
20. T / F Clients should be allowed to vent their positive and negative feelings.

## **Chapter 6**

### **CARING FOR THE CLIENT WHO IS CONFUSED OR MENTALLY ILL**

#### **What You Will Learn**

- Two general types of confusion
- Characteristics of clients who are confused
- Three causes of confusion
- Examples of the three types of responses to confusion
- The difference between delirium and dementia
- The four stages of Alzheimer's disease
- Correct methods of dealing with severe behaviors (catastrophic reaction) resulting from confusion
- Correct approaches for the client who is confused
- Other nervous system disorders
- Types of mental illness

#### **Understanding Mental Confusion**

Some of the clients you take care of are confused. It is important for In-Home Aides to understand confusion and how to care for these clients. The client who is confused may have problems with their memory of recent and past events. They may have forgotten how to perform well-learned skills such as dressing themselves. Loss of orientation to person, place, time, language problems, visual and motor problems are also common. Some clients may have trouble problem solving and use poor judgment.

#### **Characteristics of Clients who are Confused**

Clients who are confused have changes in their actions and behaviors. A common memory problem is the inability to remember recent events. A confused client may not remember that he just had breakfast. Personality changes including mood swings, suspiciousness, and delusions may be seen. Disorientation is another common symptom. The confused client may have difficulty remembering the day of the week, season, or even the time of day. They may not be able to find their way around their home or neighborhood and may not remember the names of people whom he has not seen for awhile. The confused client may stop socializing with others and neglect established friendships.

Language problems called aphasia are frequently seen in confused clients. The client with aphasia may have a hard time understanding what is said to them or following directions. They may also have problems with speaking and repeat words over and over.

Some clients have problems with judgment and may lose their social skills and make unsafe choices.

Many confused clients have problems with everyday activities. They may need help with dressing, bathing, and meals. Bowel and bladder incontinence may develop. Changes in sleep patterns are also common.

Sexually aggressive behaviors may be caused by nervous system disorders, medications, fever, and dementia. The client may confuse the In-Home Aide with his partner. Many clients are not able to control this behavior because of changes in mental function. Touch may be an attempt to get the In-Home Aide's attention and may be misconstrued as sexual. Consistent with in-home provider policy, the aide should protect herself from harm and leave the home if necessary.

### **Causes of Confusion**

Confusion may be caused by physical, sensory/emotional, or environmental factors. Table 6.1 lists examples of factors that can cause confusion.

Table 6.1: Factors that can cause confusion

<i>Physical factors</i>	<i>Sensory/emotional factors</i>	<i>Environmental factors</i>
Diseases of the central nervous system  Lack of oxygen to the brain  Fluid, electrolyte, and nutrition difficulties, dehydration  Undetected infections, temperature elevation, UTI, pneumonia  Elimination difficulties, constipation  Effects of drugs – past or present  Alcoholism  HIV	Lack of stimulation or over stimulation (sensory overload)  Misinterpretation of sensory input  Depression  Hallucinations, delusions	New surroundings  Isolation; decreased contact with other than confused people  Restraints  Misinterpretation of the environment

## **Responses to Confusion**

Some clients do not appear to be bothered by their confusion. They are pleasant and agreeable when care is being given. Other clients have a hard time dealing with their confusion. They may respond in a physical, behavioral, or functional manner. Table 6.2 lists examples of each of these types of responses.

Table 6.2: Examples of confused responses

<i>Emotional or physical responses</i>	<i>Behavioral responses</i>	<i>Functional responses</i>
Being suspicious	Having difficulty remembering how to do simple tasks or not finishing something started	Unable to dress himself
Being rude, angry or insulting	Forgetting what day it is; what time of life; who they or others are	Unable to feed himself
Being constantly restless or talkative	Losing, hiding, or misplacing things and looking all over for them	Unable to bathe, shower, or shave himself
Seeing things that are not there, hallucinating	Wandering or getting lost	Incontinent of bowel or bladder
Hearing voices from the past		
Reliving situations from the past		
Not responding to anything		

## **Delirium or Dementia**

There are two general types of confusion, delirium and dementia. Delirium is an acute form of confusion that starts suddenly. The client has fluctuating levels of alertness. Delirium may be caused by illness or medications. This type of confusion usually goes away when the medication is stopped or the illness is treated.

Dementia has a slow onset and becomes progressively worse. Dementia is usually permanent. Dementia can be the result of a stroke, brain injury, Parkinson's disease, multiple sclerosis, or AIDS. Alzheimer's disease is the most common form of dementia. The client with dementia is usually alert. Depression in an older person can mimic dementia. The emphasis in dementia care should focus on the person, not on the disorder. The In-Home Aide must view someone with dementia as a person and not just a confused client.

## **Alzheimer's Disease**

While dementia may be the result of other nervous system disorders, Alzheimer's disease is the most common form of dementia. Alzheimer's disease (AD) is one of the most common causes of chronic confusion in the elderly and is currently incurable. It is a progressive disease of brain cells in which the client loses mental and physical ability. In AD, the confusion and the loss of functional ability are caused by brain cell death (tangles) and interruption in communication of brain cells (amyloid plaques).

The symptoms and progression begin slowly and worsen in each of the four stages of the disease. Symptoms may vary in clients; some clients progress quickly through each stage, whereas others may live for years without completely deteriorating.

In Stage 1, mild dementia, the client may appear normal. He can function with minimal assistance and supervision, and usually is still living at home. Symptoms of Stage 1 include:

- Gradual short-term memory loss
- Difficulty concentrating
- Poor judgment
- Decreased interest in environment and social affairs
- Moodiness
- Blaming others for mistakes and problems

In Stage 2, moderate dementia, the client continues to be in good physical health but memory loss is apparent. Symptoms associated with this stage are:

- Obvious memory deficits, hesitation in verbal response
- Disorientation to time
- Forgetting normal routines, appointments, and significant events
- May begin wandering or pacing, very restless
- Complaining of neglect; may accuse caregivers of stealing or failing to provide care
- Losing personal belongings
- Agitation, anxiety, depression, combativeness

In Stage 3, severe dementia, the client cannot function alone and becomes increasingly more dependent on caregivers. This stage involves greater mental deterioration and decline in motor ability. Symptoms include:

- Disorientation to person, place, and time
- Inability to recognize family, friends, or staff
- Inability to read or write
- Immodesty
- Severe difficulty communicating
- Catastrophic reactions, hallucinations, delusions, and sun downing are common
- Requires assistance with all ADLs

In Stage 4, the terminal stage, the client becomes totally dependent upon others for care and develops severe physical problems. Death usually occurs due to complications of immobility or respiratory infections. Symptoms of stage 4 include:

- Incontinence
- Difficulty in swallowing
- Inability to communicate
- Sleep disturbances
- Little or no response to stimuli
- Severe weight loss
- Inability to walk
- Increased susceptibility to infection

Family members whose relatives have AD face a variety of challenges. They may have feelings of denial, anger, frustration, resentment, fear, guilt, hopelessness, depression, and loneliness. Legal challenges include the need to deal with ethical issues of life-prolonging interventions. Financial issues are also a concern to family members. They may have to pay for healthcare costs directly and handle insurance. The financial impact on the family of a client with AD can be devastating and they need to know where to go to obtain help.

Family members may need help when caring for relatives with AD. The In-Home Aide may help to meet the client's physical needs. The client may need assistance with exercise, safety, comfort, grooming, and appearance. Clients with AD also have emotional, social, and spiritual needs. They need to feel loved and cared for.

### **Communicating with the Client who is Confused**

Communicating with the client who is confused can be challenging. Validation therapy is a method of communication developed by social worker Naomi Feil. It uses empathy to help people regain dignity, reduce anxiety, and prevent withdrawal. It also assists caregivers to communicate and to avoid burnout and depression.

The foundation of **validation therapy** is based on the following beliefs:

- All people are unique and valuable
- There is a reason behind the behavior of the disoriented person
- The disoriented client cannot be forced to change his/her behavior and must be accepted non-judgmentally
- When recent memory fails, older adults restore balance to their lives by retrieving earlier memories
- When an empathetic, trusted listener validates feelings, anxiety diminishes, trust is built, and dignity is restored

Before validation therapy, most health care workers used a method of communication called reality orientation. Reality orientation was developed in 1964 by James Folsom, a psychiatrist who worked with veterans with schizophrenia and mental retardation. The goal of reality orientation was to return these individuals to the community.

**Reality Orientation** is based on the following ideas:

- Confusion can be prevented
- Therapy should begin as early as possible
- People feel better when they are oriented to the present time and place

In some situations it is more appropriate to use reality orientation to help a person to become more aware of his surroundings. This would be used successfully with the client who was previously alert and oriented and has experienced temporary confusion due to an acute illness such as pneumonia.

In working with the client who is in the more advanced stages of Alzheimer's disease or other forms of dementia, validation therapy merely confirms a client's feelings without feeding into his confusion.

Listed below is a situation and examples of responses that reflect validation therapy and reality orientation principles.

**Situation:** Glenda, a 92-year-old client with severe dementia, is wandering around the house calling for her mother. She is very distraught and wringing her hands as she looks in every room.

**Reality Orientation:** "Glenda, this is 2001 and you are 92 years old. Your mother is no longer living. This is your daughter's home where you live now and I am your In-Home Aide."

**Validation Therapy:** "Glenda, why are you looking for your mother? Can you tell me about her? Do you need someone to do something for you?"

Note that in using reality orientation, trying to reorient this client to person, place, and time will most likely be unsuccessful because she is unable to remember current information. It is very likely that this method of communicating with her will result in her becoming increasingly agitated. If she does not remember that her mother has died, this may upset her. By using validation therapy, the caregiver validates the client's need to find her mother and explores the reason she is looking for her. This method is kinder and will usually result in the client communicating his or her needs to the caregiver.

The service plan for a client should reflect the appropriate method of communicating with him. Effective communication takes practice. It is important to remember that when validating the client's feelings, you should not feed into the confusion by making statements such as "I saw your mother a few minutes ago" or "I'll help you find your mother." It is believed that the confused client may be able to realize that he is confused and by taking part in his confusion, the caregiver undermines the client's trust. Box 6.1 contains additional tips for communicating with a confused client.



### Box 6.1: Tips for communicating with a confused client

- Treat the client with dignity and respect. Respond to feelings, display empathy, interest.
- Know the client as an individual (his past, likes, and dislikes).
- Always introduce yourself, call the client by name, and explain what you are doing as you approach the client. Speak softly, in a low-pitched voice.
- Approach the client from the front, moving slowly and gently and without startling him. Establish and sustain eye contact with the client.
- Speak in short, direct statements and repeat key words to help promote understanding.
- Always get the client's attention before commenting or asking a question. As soon as eye contact is made, begin speaking because the client with Alzheimer's disease has an attention span that may last only a few seconds.
- Explain each task by providing short, one-step directions. Ensure that all tasks are simple and manageable. Show the client how to begin a specific task (e.g., brushing hair).
- Ask questions that are short and to the point. Only ask one question at a time. When repeating a question, ask it exactly the same way as you did the first time.
- Use nods, pats, gestures, and smiles, and other means of nonverbal communication. Be consistent with gestures. It only adds to the client's confusion if you use a gesture to mean one thing one time and something else at a different time.
- Provide sensory stimulation if appropriate using music or touch. Encourage clients to talk about their families and past experiences if they desire.
- Observe and report signs of infection, including an elevated temperature.
- Observe and report changes in thinking or memory.

### **Managing Severe Behaviors (Catastrophic Reactions) Resulting from Confusion**

Catastrophic reactions occur when confused clients cannot cope with the stress around them. Unable to understand what is happening and respond appropriately, the client becomes distressed and may strike out in anger or fear. During a catastrophic reaction, the client cannot control his behavior.



The best way to deal with a catastrophic reaction is to try to prevent it from happening. Look for signs that the client is getting upset. Ensure that the client is comfortable and has rest periods throughout the day. A client that is tired is more likely to become upset. Speak to the client calmly and quietly, never argue with him. Always treat the client with courtesy and respect. If the client had a previous catastrophic reaction, try to determine its cause.

If a catastrophic reaction occurs, you can help to calm the client by:

- Trying to determine the cause of the behavior. Check for physical causes, (e.g., swollen gums, sore teeth, infection, and pain).
- Remaining calm and quiet
- Trying to soothe the client
- If the client allows it, touch him and hold his hand
- Do not ask the client questions at this time
- Speak in simple, short sentences
- Slowly move the client to a quiet private place
- Using simple distractions, such as, “Let’s go get a drink”
- Feeding the client. Food was used in many homes as a sign of nurturing. Sweets may have a condition of being a special treat.

Clients usually calm down as quickly as they flare up and typically do not remember what just happened. Therefore, do not take the catastrophic reaction personally; it is a reaction to the situation, not the caregiver.

### **Other Nervous System Disorders**

A stroke (CVA, cerebrovascular accident) is due to hemorrhage or loss of blood supply in the brain. Symptoms can include loss of sensation or movement in the extremities, inability to speak, dizziness and loss of consciousness. A transient ischemic attack (TIA) has symptoms similar to those of a CVA. The symptoms may be transient, lasting for only a short period of time.

Spinal cord injuries or damage to spinal cord result in paralysis that is often permanent. Paralysis of the legs is called paraplegia. Paralysis of the arms and legs is called tetraplegia or quadriplegia.

The client with Parkinson’s disease has a disease of the brain cells that control movement. Symptoms include slow, short steps or a shuffling gait; a stooped posture, hand tremors, and a tendency to fall.

Multiple sclerosis is a progressive disease that causes degeneration in the brain, spinal cord, and nerves. Symptoms include numbness, paralysis, and incontinence and there is currently no known cure.

### **Types of Mental Illness**

A client with paranoid disorders or reactions usually has a single life theme or connected themes of being conspired against, cheated, spied upon, followed, poisoned, drugged, etc. The slightest thing may be exaggerated. Common features include resentment and anger, which may lead to violence.

There are several types of anxiety disorders, including phobic disorders (phobias or irrational fears), panic disorder (panic attacks), obsessive-compulsive disorder

(obsessions or compulsions), or generalized anxiety disorder. Although people show anxiety in a variety of ways, generally the signs are restlessness, irritability, and fear.

Mood disorders (previously called affective disorders) are a disturbance of mood accompanied by manic and/or depressive symptoms. When individuals are in the midst of an adjustment disorder, they are having difficulty coping with a stress-producing event. The stress can be single, as in having a loved one die, or it can be multiple, as in having a family member sick and work problems at the same time.

Hypochondriosis is diagnosed when the individual is overly concerned with health complaints not related to physical symptoms.

**NOTE: ALWAYS REPORT ANY OF THE ABOVE BEHAVIORS TO YOUR SUPERVISOR/NURSE.**

A confused state of mind may be very frightening and upsetting to both the client and the caregiver. Sometimes caring for the confused person is difficult and frustrating because a “cure” is not always possible, and then the confused person cannot or will not say “thank you” for your work. Although they are as vulnerable as children, the confused clients are not children and should not be treated that way. Clients may have a form of mental illness, so it becomes very important to be able to identify the basic types of this illness. Your care can make the difference between good days and bad days.

It is important for the In-Home Aide to realize that the client may feel threatened and not understand what is happening in his environment. The In-Home Aide can communicate concern, acceptance, and reassurance. This can be done both verbally and nonverbally. The confused person often responds to nonverbal communication when memory and language fail.

### **Chapter Review**

1. What are two general types of confusion?
2. What are characteristics of clients who are confused?
3. What are three causes of confusion?
4. What are the three types of responses to confusion?
5. What is the difference between delirium and dementia?
6. What are the four stages of Alzheimer’s disease?
7. What are correct methods of dealing with severe behaviors (catastrophic reaction) resulting from confusion?
8. What are correct approaches for the client who is confused?
9. What are some other nervous system disorders?
10. What are some types of mental illness?

### **Student Exercise**

1. The two general types of confusion are \_\_\_\_\_ and \_\_\_\_\_.
2. What is the difference between delirium and dementia?
3. List five possible causes of confusion.
  - a.
  - b.
  - c.
  - d.
  - e.
4. What is the most common form of dementia?
5. List four changes in behaviors and actions that indicate a client is confused.
  - a.
  - b.
  - c.
  - d.

### **Circle the correct answer.**

6. A client who is confused may respond to confusion by becoming\_\_\_\_.
  - a. suspicious
  - b. friendly
  - c. curious
  - d. affectionate
7. Disorientation to time, wandering, and combativeness are symptoms of \_\_\_\_.
  - a. Stage I AD
  - b. Stage II AD
  - c. Stage III AD
  - d. Stage IV AD

8. What method of communication is used to communicate with a client who was previously alert and oriented but has experienced temporary confusion due to an acute illness?
  - a. Validation therapy
  - b. Reality orientation
  - c. Speech pathology
  - d. Restorative care
9. Mr. Finley is experiencing some short term memory loss and difficulty concentrating. Which stage of AD are these symptoms of?
10. Why do catastrophic reactions occur in some clients who are confused?
11. List three things the In-Home Aide can do to prevent a catastrophic reaction.
  - a.
  - b.
  - c.
12. List three actions the In-Home Aide should take if a client has a catastrophic reaction.
  - a.
  - b.
  - c.
13. List five approaches the In-Home Aide can use when caring for a confused client.
  - a.
  - b.
  - c.
  - d.
  - e.

14. What causes a stroke or a CVA?
15. What is the difference between paraplegia and tetraplegia/quadruplegia?
16. What is hypochondriosis?

## **Chapter 7**

### **CULTURAL DIVERSITY**

#### **What You Will Learn**

- The effects of cultural background on a person's behavior
- Key points about customs and habits
- The responsibilities of an In-Home Aide when providing care to a diverse client population

#### **Culture and Social Behavior**

As our society becomes increasingly diverse, it becomes more important to understand cultural diversity. Respecting the beliefs and social norms of people from different cultures preserves their sense of self-worth and dignity. It is important to understand the relationship between culture and social behavior when caring for a client. Information about a client's cultural beliefs, customs, and practices is part of the service plan.

A person's culture is not genetically determined; it is socially learned. Culture is passed on from generation to generation. A person's culture can affect every aspect of their life. Personal values, attitudes, religious beliefs, responses to illness and health care, relationships, behaviors, language, identity, and dietary preferences are all affected by a person's culture.

The effect of culture on people varies with their ties to that culture and the length of time they have lived in the United States. Culture is dynamic and changing as people constantly change.

#### **Customs and Habits**

Customs and habits are determined by many different things including geography (where a person lives), race, culture, and religion. Even people who have lived their entire lives in the United States will have differences. Traditionally, people from the northern part of United States tend to eat more beef, those from southern states may eat more pork, and people who live near oceans tend to eat more seafood than those who live in the plains states.

#### **In-Home Aide's Responsibilities**

There are many cultural differences among the people in our communities. When people grow up doing something in a certain way or eating certain foods, it is normal that they are most comfortable when they can continue to do those things. Accepting and appreciating the cultural beliefs of others can be enriching experiences for everyone involved.

Try to learn as much as possible about your clients' and coworkers' customs and beliefs. Review each client's service plan for information about customs and habits. Clarify any areas of concern with the supervisor or nurse before providing care to the client. Listen with respect when clients and families share information about their cultures and beliefs.

By gaining an understanding of various cultures and customs you will be better prepared to understand and communicate with a diverse population of clients. These insights will enhance communication with coworkers, clients, and their family members.

### **Chapter Review**

1. What effect does cultural background have on a person's behavior?
2. What do you need to know about a client's customs and habits?
3. What are the responsibilities of an In-Home Aide when providing care to a diverse client population?



### **Student Exercise**

**Circle the correct answer.**

1. Culture is \_\_\_\_.
  - a. genetically determined
  - b. taught in school
  - c. passed on from generation to generation
  - d. the same for all people regardless of their background
2. List five areas of a person's life that can be affected by his culture.
  - a.
  - b.
  - c.
  - d.
  - e.

**Circle True (T) or False (F) for the following statements.**

3. T / F Customs and habits are determined by many things including geography, race, culture, and religion.
4. T / F Cultures are dynamic and changing as people constantly change.
5. T / F The effect of culture is the same on all people.
6. T / F It is not necessary for the In-Home Aide to understand the culture and beliefs of her clients.
7. T / F Culture does not affect a person's decisions about health care.
8. T / F It is important to listen with respect when other people share information about their cultures and beliefs.
9. T / F Society is becoming less culturally diverse; therefore, understanding other people's beliefs is not very important.
10. T / F When people grow up doing something in a certain way; they are most comfortable when they can continue to do those things.

## Chapter 8

### SAFETY MEASURES

#### **What You Will Learn**

- The causes of accidents
- Which clients require specific safety measures
- How the In-Home Aide can help prevent falls, fires and burns and poisoning
- Nursing care measures to ensure client's safety
- Reasons for using safety devices
- Identify safety/assistive devices
- Safety measures for a safe environment

#### **Accidents**

Accidents are usually caused by a combination of factors. Tumors and tremors can cause loss of balance. Lack of oxygen to the brain or low blood sugar can cause dizziness. Loss of balance during position changes can also cause dizziness and falls. Wet floors or other floor hazards such as extension cords or clutter can cause falls. Confusion or forgetfulness can affect a client's judgment. Changes in vision, especially depth perception, dim lighting condition, and changes in furniture arrangements can be a problem.



#### **Clients Who Require Specific Safety Measures**

Some clients are a higher risk of having accidents than others. Clients who are confused due to medication, have poor nutritional status, or diseases of brain or cardiovascular system are at a higher risk of injury. Elderly clients are also at higher risk. With aging there is a decrease in the sense. Clients are less aware of danger warning signals. Inner ear disturbances and orthostatic blood pressure changes can result in a loss of balance. Older clients have longer reaction times. The client who is sedated with drugs or is unconscious may require extra safety measures.

#### **Preventing Falls, Fires and Burns, and Poisoning**

Causes of falls include tripping, slipping, climbing, or reaching for items. Shoes that are untied, the wrong size, or on the wrong foot present a risk. Loose clothing that is too long can cause falls. Floors that are slippery because of wax or spills as well as worn, uneven rubber tips on canes



and walkers can cause falls. The bathroom and stairs are two areas where falls commonly occur.

To help prevent falls, always change the client's position slowly. This provides time for the client to gain equilibrium (balance). Make sure the client wears comfortable, well fitting shoes with broad, low heels. Bedroom slippers do not offer support. Shoelaces must be tied. Clothing should not be too long or very loose. Remove any obstacles from floors and wipe spills up immediately. When transferring a client, make certain wheelchairs, beds, and Geri chairs have their wheels locked. Use bed side rails as instructed by the nursing supervisor and/or client. The bed adjustment handle on a hospital bed should be in the "in" position when not being used. Leave adjustable beds in the lowest horizontal position when not giving care. Orient client to any change in furniture location and use gait belts properly.

Report to the supervisor/nurse if a client complains of dizziness, is prone to falling, walks with an unsteady gait, or slides out of a wheelchair. Report broken equipment (such as grab bars or wheelchair locks) immediately! Use equipment correctly. Do not use broken equipment or equipment you have not been trained to use. Immediately report any hazards such as leaks in the bathroom, burned out lights, loose grab-bars, or loose carpeting.

Fire and burns are commonly caused by smoking, especially by a confused person. Oxygen use, electrical overload, frayed wires and loose connections can all contribute to an increased risk. Because the elderly have a decreased awareness of sensations of pain and temperature, they are more likely to be burned by hot liquids or foods.

You can help to prevent fires and burns! If oxygen is in use, take special precautions. "NO SMOKING – OXYGEN IN USE" signs should be posted. Encourage the client to turn off their oxygen when it is not in use. Oxygen should not be used in areas where people are smoking or there are open flames such as near a gas stove or barbecue pit. Avoid the use of flammable substances such as nail polish, alcohol, or hair spray on client. Do not use petroleum based products on face. Explain oxygen precautions to visitors. Follow the in-home provider policies regarding oxygen use. Check the water temperature in showers and tubs. Assist clients at mealtime to prevent spilling hot liquids. Know the location of fire extinguishers and how to use them. Know the evacuation route to follow for evacuating clients in case of a fire. Immediately report any signs of electrical overload, frayed wires, or loose connections.



In case of a fire – "RACE"

R = Immediately REMOVE the client from danger.

A = Once the client is safe, ALERT EMS by calling 911 or the fire department.

C = Once the alarm is sounded, CLEAR the area and follow the evacuation plan as practiced. Also be sure to contain the fire by closing the doors.

E = If safe, attempt to EXTINGUISH the fire.

Poisoning can occur when a client mistakenly drinks a harmful liquid or takes another family member's medication. Some clients hoard medications which can result in an overdose. Visitor's or employee's purses are another potential source of poisoning from medications. To prevent poisoning make certain harmful liquids (e.g., cleaning solutions, fingernail polish remover, unauthorized medications, lighter fluid, insect spray, etc.) are not placed where a confused client might swallow them.

It is a good idea to post the local poison control center phone number by the phones in case of an emergency.

### **Additional Safety Measures for All Clients**

It is your responsibility to provide your clients with the safest environment possible. Box 8.1 lists safety measures to be used with all clients.

#### **Box 8.1: Safety Measures**

- Check eyeglasses for cleanliness and make sure the client wears his own eyeglasses.
- Check the client's hearing aid to make sure it is functioning properly and encourage him to wear it.
- **NOTE: HANDLE MECHANICAL AIDS WITH CARE. THEY CAN BE EXPENSIVE TO REPLACE IF DAMAGED.**
- When feeding clients, take precautions to avoid burns from hot food.
- Give instructions clearly to prepare client for activity.
- When bathing clients, check water temperature on the inside of your forearm to avoid burning the client.
- Correctly apply all safety/assistive devices.
- Observe client's ability to ambulate safely. Report unsteady gait, poor balance, slumped posture, or complaints of dizziness to the supervisor or nurse.
- Closely watch clients who may wander away.
- Immediately report to the supervisor/nurse if you think a client is a danger to himself or others.
- Provide proper positioning of all body parts (including breasts and scrotum) to prevent excessive pressure.

Encourage clients to sit in comfortable, well-fitted chairs. Foam, wedge-shaped seat cushions often keep the client from sliding out of chair. Be sure the thickest edge is at the FRONT of chair. Sturdy rocking chairs may help fill need for constant motion. If a client is not able to propel a wheelchair independently, he should be seated in it only for transport purposes.



Accept the fact that restless, anxious clients must be allowed to walk when able. Make the environment as safe as possible and allow them freedom to move about.

Side rails can provide security and can be used as grab bars for turning in bed. One-half or three-quarter side rails are best for preventing the necessity of climbing over rails or footboards to get out of bed. It may be necessary to pad the floor area if there is a risk of the client falling from the bed. In severe cases, consider putting the mattress on the floor.

### **Using Safety/Assistive Devices**

It is not the device but the manner in which a device is used that determines whether it is a safety/assistive device or a restraint. It is important to understand that each client is an individual with personal needs. Care must be "customized" for the client's particular situation. What works for one situation may not work for another.

Safety/assistive devices are used to help a client maintain proper body position and balance. They are also used to ensure the client's safety and keep a client who is confused from disrupting a treatment procedure, such as IV, nasogastric tube, or dressing.

Examples of safety/assistive devices include:

1. Transfer or gait belts – a canvas belt with an adjustable buckle; placed around the client's waist; used when transferring or ambulating client.
2. IV arm boards – prevents movement of a joint and disruption of IV fluids or medications.
3. Abdominal binders – to secure abdominal dressing or limit client access to a g-tube.
4. Positioning devices such as wedge cushions.
5. Devices to keep dressing in place such as a Stockinette or an arm/leg.



NOTE: NEVER USE AN ASSISTIVE DEVICE THAT YOU DO NOT KNOW HOW TO USE.

### **Safety Measures for the Environment**

The In-Home Aide is responsible to providing a safe environment for the client. This can be done by cleaning up untidy conditions in the client's room and wiping up spills promptly. Clients should be encouraged to use grab bars in the shower and bath when they are available. Examine wheelchairs, Geri-chairs, walkers, and other equipment for broken parts. If damage is found, it should be reported to the supervisor/nurse.

Keep all walkways free of hazards, such as shoes, chairs, and bed cranks. Never use electrical equipment with wet hands or near water and report any equipment that causes electrical shock when handled. Articles such as water glasses and tissues should be placed within the client's reach. Nightlights and adequate lighting should be considered. Pets and general clutter can pose safety hazards.

The In-Home Aide is responsible for providing safety for her clients. Consider these factors every minute while at work. It is extremely important because so many clients depend on the In-Home Aide to meet this basic human need.

### **Chapter Review**

1. What causes accidents?
2. Which clients require specific safety measures?
3. How can the In-Home Aide help prevent falls, fires and burns and poisoning?
4. Which nursing care measures ensure client safety?
5. Why are safety devices used?
6. What are some examples of safety/assistive devices?
7. How can you provide a safe environment?

### **Student Exercise**

**Complete the following short-answer questions.**

1. Identify five common causes of accidents.
  - a.
  - b.
  - c.
  - d.
  - e.
2. Identify two types of clients who may require specific safety measures.
  - a.
  - b.
3. Describe three safety/assistive devices.
  - a.
  - b.
  - c.
4. List four things the In-Home Aide can do to provide a safe environment for the client.
  - a.
  - b.
  - c.
  - d.

**Match the following types of accidents to measures that In-Home Aides can take to prevent accidents by writing the letter in the blank.**

- |       |   |                     |
|-------|---|---------------------|
| ___5. | Wipe up spills immediately.                       | A. Falls.           |
| ___6. | Keep harmful liquids out of the reach of clients. | B. Fires and burns. |
| ___7. | Do not use electrical equipment around oxygen.    | C. Poisoning.       |

**Complete the following short-answer question.**

8. Give three reasons for using safety devices.
- a.
  - b.
  - c.



## Chapter 9

### INFECTION CONTROL

#### **What You Will Learn**

- How organisms grow
- Ways bacteria and viruses are spread
- Symptoms of infection
- Other harmful microorganisms
- How microorganisms enter and leave the body
- Who is considered a susceptible host
- Body substance precautions
- When hand washing should be done
- Control measures that prevent the spread of infection

#### **Demonstration:**

- Washing hands according to proper procedure
- How to put on and remove non sterile gloves

#### **How Organisms Grow**

Bacteria and viruses are the most common cause of communicable diseases. Microorganisms grow best in a warm, dark, moist environment with an adequate supply of food. Microorganisms are found everywhere including things we use in daily living such as food, water, objects we touch, and on things used by others.

Bacteria are small microorganisms that can cause infection. Major bacterial infections include:

- Staphylococcus (staph)
- Streptococcus (strep)
- Mycobacterium tuberculosis (TB)
- Syphilis
- Escherischia coli (E. coli)
- Gonococcus (GC)



- Clostridium difficile (C. diff)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Vancomycin - resistant Staphylococcus aureus (VRSA)

Viruses are tiny microorganisms, much smaller than bacteria that can cause infection. Major viral infections include:

- Hepatitis
- Herpes
- Human immunodeficiency virus (HIV)
- Influenza
- Common Cold
- Measles
- Herpes zoster (chicken pox/shingles)

### **How Bacteria and Viruses Are Spread**

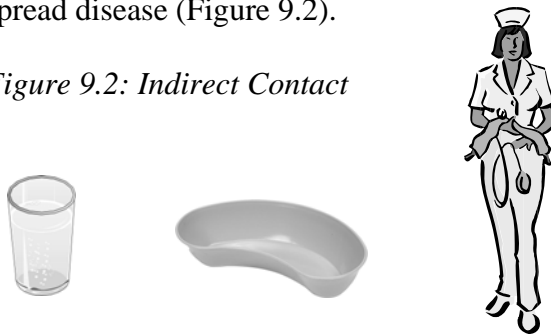
Bacteria and viruses are spread in many different ways. Direct contact (Figure 9.1) occurs when you touch the client or touch secretions, urine, or stool from a client.

*Figure 9.1: Direct Contact*



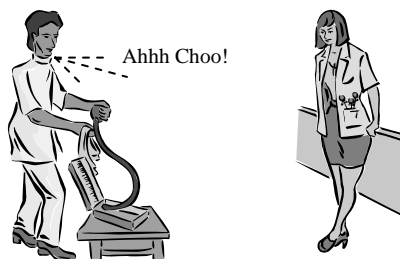
Indirect contact occurs when you touch objects that are covered with bacteria or viruses. Dishes, linens, clothing, and bedpans are examples of objects that can spread disease (Figure 9.2).

*Figure 9.2: Indirect Contact*



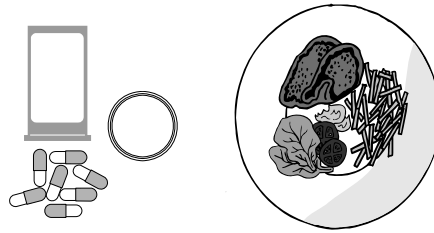
Droplet transmission occurs when sneezing, coughing or blowing bubbles with gum and popping them spreads microorganisms within three feet (Figure 9.3).

*Figure 9.3: Droplet Spread*



Vehicle contamination is a result of microorganisms in food, drugs, or water (Figure 9.4).

*Figure 9.4: Vehicle Contamination*



Airborne transmission is the spread of microorganisms on dust particles or moisture in the air.

### **Symptoms of Infection**

Symptoms of infection include:

- Drainage from wound, eyes, ears, or nose
- Reddened or inflamed area
- Increased heat in an area
- Pain
- Swelling
- Fever
- Confusion - especially in elderly clients

### **Other Harmful Microorganisms**

A yeast infection (*Candida albicans*) can affect mouth, genital tract, or skin. Scabies, head and body lice are transmitted by direct or indirect contact. They may affect head and body, especially genitals, hands, and feet. Fungal infections may also affect the skin.

### **How Microorganisms Enter and Leave the Body**

Microorganisms can enter the body through any opening in the skin or mucous membrane. Even openings too small to be seen can permit an organism such as *Staphylococci* to infect you. The respiratory tract can be infected through organisms such as the common cold. Syphilis and AIDS can enter through the genitourinary tract. *Salmonella* and hepatitis are examples of infections that enter through the gastrointestinal tract. Meningitis and malaria enter through the circulatory system.

Many microorganisms leave the body through excretions. Excretions from the respiratory and genital tracts are examples. Semen and vaginal secretions can spread sexually transmitted diseases. Urine, feces, blood, emesis and saliva can all carry infectious organisms. Drainage from wounds is another way that microorganisms can leave the body.

## **The Susceptible Host**

The susceptible host is a person with low resistance or poor immunity. The elderly or very ill client is a susceptible host. Due to the aging process, the immune system is not as effective at fighting off infection. Some diseases and conditions predispose the client to infection including:

- Diabetes mellitus
- Congestive heart failure
- Dehydration
- Malnutrition
- Immobility
- Hospitalization
- Diminished pain sensitivity symptoms
- Decreased mental ability (unable to describe illness)
- Tumors
- Some Drugs
- Physical or emotional stress

## **Body Substance Precautions (see HO 1)**

Body Substance Precautions (BSP) are measures used by all health care providers to minimize the risk of exposure to disease through contact with body fluids. Body substance precautions include good handwashing and appropriate use of personal protective equipment (PPE).

Hands should be washed before and after contact with a client, even if gloves were worn. If your hands come into contact with blood or body fluids containing blood remember to thoroughly wash your hands and report the incident to your nurse/ supervisor. Finally, wash hands before leaving for the day.

NOTE: LONG NAILS, ARTIFICIAL NAILS, CHIPPED NAIL POLISH, AND HAND JEWELRY CAN HARBOR HARMFUL MICROORGANISMS.

Use personal protective equipment (PPE) when necessary. PPE includes gloves, aprons or gowns, goggles, and masks.



Gloves should be worn when contact is likely with blood, body fluids, mucous membranes, open skin, body openings and used dressings or tissues.

Gowns or plastic aprons should be worn if blood splattering might occur. Gowns must completely cover your uniform. If wearing a uniform with long sleeves, roll sleeves above the elbows before gowning.

Goggles and masks are worn when it is likely that the eyes or mucous membranes will be splashed with blood or body fluids. Discard masks after use and place reusable goggles/face shields in a specified container for cleaning.

**NOTE: BLOOD SPILLS SHOULD BE CLEANED UP ACCORDING TO THE IN-HOME PROVIDER POLICY.**

### **Infection Control Guidelines**

The Centers for Disease Control and Prevention (CDC) located in Atlanta, Georgia, and the Missouri Department of Health issue guidelines to protect people and prevent the spread of infection.

It is important to control infection at the source. Maintain your health. Have illness and infections treated. Report all open lesions or weeping skin rashes to the supervisor/nurse before having contact with clients (HO 2). Notify the supervisor if you are ill or have an infection. Use correct handwashing techniques. Follow the in-home provider policies for disinfections.

Keep your work area neat and clean. Handle clean and dirty linens properly. Dispose of soiled disposable articles properly according to in-home provider policy.

Control infection at the transmission level by washing hands before and after caring for each client. Follow body substance precautions and wear gloves to wipe up any blood spills per in-home provider policies. Follow proper procedure for catheter care per in-home provider policies.

Control infection at the client level. Know the client and report any abnormal change in behavior or symptoms. Follow the principle of cleaning and giving care from clean to dirty. Observe clients who are receiving antibiotics for side effects and report those immediately (e.g., nausea, vomiting, diarrhea, rashes, yeast infections, thrush). Prevent pressure ulcers by giving good skin care. Work toward maintaining nutrition and activity of the client. Use gloves when doing mouth care, perineal care, skin care, and other procedures involving body fluids. Wear masks, gloves, goggles, and gown as per in-home provider's policy when caring for the client who might cough or spray mucus discharge.

### **Specific Control Measures**

Handwashing is the single most important means of preventing the spread of infection. Our hands carry germs. Good handwashing techniques prevent spread of germs. Hands should be washed for at least 15 seconds. Hands should be washed:

- When first coming on duty and before going home
- Before and after contact with each client
- Before and after glove use
- After contact with any waste or contaminated material



- Before any contact with food
- Before and after going to the bathroom, breaks or smoking
- After coughing, sneezing, or blowing nose

Wash the client's hands before meals and at other appropriate times such as after going to the bathroom to prevent the spread of infection. Use soap from a dispenser rather than bar soap. Bar soap in a dish is a good medium for germ growth. If there is no soap available, hand sanitizer, dishwashing liquid or warm water, and friction can be substituted. The water faucet is considered contaminated or dirty. Turn the faucet off with a clean, dry paper towel when possible. When washing hands, hold hands below elbows to allow water to run down the fingertips so germs do not contaminate your arms and uniform.

When handling dirty linens, keep the linens away from your uniform. Avoid shaking or fluffing linens that can cause germs to become airborne. Place used linen in a plastic bag or laundry basket at the side of the bed. NEVER put linen directly on the floor. Change linens any time they are soiled.

Transfer belts should be kept clean and washed weekly and whenever necessary. When cleaning an item or part of the body; start with the cleanest area and work toward the dirtiest area.

### **Important Factors**

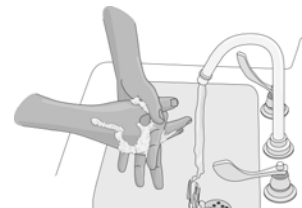
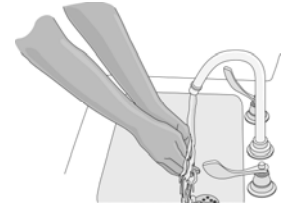
Always organize your work before going into the room. Gather all supplies and linens needed. Remember to wash hands before and after contact with the client! This is the single most important means of preventing the spread of infection. Gloves do not eliminate the need to wash your hands; they just provide a barrier between you and potentially infectious microorganisms. Never touch unnecessary articles in the room or one's face, hair, contact lens, or glasses when wearing gloves. Always wear gloves when handling or picking up any medication patch. Remove gloves BEFORE leaving the client's home. Utility gloves used for housekeeping chores should remain in the client's home and not be used for another assignment. Understanding germs and the importance of controlling them is essential for controlling infection. Handwashing is so simple but often neglected. Take time to protect everyone; yourself, your family, coworkers, and the clients.

## Chapter 9

### INFECTION CONTROL

#### PROCEDURE FOR WASHING HANDS:

1. Remove wristwatch and/or rings if necessary. Roll up your sleeves. Wash wrist-watch and rings if they come into contact with contaminated material.
2. Turn on water and adjust temperature so it is comfortable for you.
3. Wet hands thoroughly, including two to three inches above wrists. Hold hands with wrists lower than elbows and fingertips pointed downward.
4. Apply a generous amount of soap to hands.
5. Scrub hands for at least 15 seconds.
  - a. Wash palms and back of hands with at least 10 circular motions.
  - b. Wash fingers and between fingers with at least 10 circular motions.
  - c. Wash wrists with at least 10 circular motions.
  - d. Wash around and under fingernails.
6. Rinse wrists and hands well. Keep wrists lower than elbows.
7. Dry hands well with paper towel or fresh clean towel, using one for each hand if possible.
8. Turn off faucet with clean, dry paper towel if possible.
9. Discard paper towel. Be careful not to touch the part of the towel that touched the faucet.



## Chapter 9

### INFECTION CONTROL

#### PROCEDURE FOR PUTTING ON AND REMOVING NON-STERILE GLOVES:

##### Putting on gloves:

- A. Wash and dry hands according to procedure.
- B. Remove gloves from box, one at a time.
- C. Place hand through opening and pull the glove up to the wrist.
- D. Repeat with second glove.
- E. Adjust gloves to cover wrists or cuffs of gown.

CAUTION: DO NOT TOUCH ANY PART OF YOUR BODY WITH GLOVED HANDS.

- F. Complete client care.

##### Removing gloves:

- A. Grasp one glove on the inside of wrist at  $\frac{1}{2}$  inch below band of dirty side of glove without touching the skin.
- B. Pull down glove, turning it inside out, and pull hand. Hold the glove with the still-gloved hand.
- C. Insert fingers of ungloved hand under the cuff of the glove on the other hand (on inside of cuff).
- D. Pull down glove until it is inside out, drawing it over the first glove.
- E. Discard both gloves by dropping them in appropriate trash container.
- F. Wash hands.





## **Chapter Review**

1. In what environment do organisms grow?
2. How are bacteria and viruses spread?
3. What are the symptoms of infection?
4. Besides bacteria and viruses what are other harmful microorganisms?
5. How do microorganisms enter and leave the body?
6. Who is considered a susceptible host?
7. What are Body Substance Precautions?
8. When should handwashing be done?
9. What control measures prevent the spread of infection?

## **Student Exercise**

**Circle the letter of the correct answer.**

1. In what conditions do microorganisms grow best?
  - a. At a cold, dry temperature with available food and air
  - b. Where there is a lot of sunlight, warmth, air, and water
  - c. Where there is no moisture or sunlight, with food and air
  - d. In a warm, dark, moist environment with available food
2. What is a method of entry for microorganisms?
  - a. Secretions from the reproductive tract
  - b. Breaks in the skin or mucus membrane
  - c. In the client's bloodstream
  - d. Through drainage from wounds
3. Microorganisms leave the body through \_\_\_\_\_.
  - a. excessive perspiration
  - b. the circulatory system
  - c. saliva and blood
  - d. the endocrine system
4. The elderly client is considered a susceptible host for diseases because \_\_\_\_\_.
  - a. the client is constantly exposed to the In-Home Aide
  - b. infections in the elderly are more severe and cause pain
  - c. the client has a greater sensitivity to pain
  - d. the immune system is not as effective at fighting off infections
5. The best way to prevent the spread of infection is \_\_\_\_\_.
  - a. sterilize disposable items with chemicals
  - b. wash your hands after contact with each client
  - c. shake and fluff linens before placing them in a bag
  - d. use the client's bar soap to wash your hands

**Complete the following short-answer questions:**

6. List three occasions when the In-Home Aide's hands should be washed.
  - a.
  - b.
  - c.

7. List five ways bacteria and viruses are spread.
  - a.
  - b.
  - c.
  - d.
  - e.
8. Identify two harmful microorganisms other than bacteria or viruses.
  - a.
  - b.
9. List two important factors in infection control.
  - a.
  - b.

## **BODY SUBSTANCE PRECAUTIONS**

A system of infection prevention and control currently in use is called Body Substance Precautions (BSP). This system focuses on keeping all moist body substances (blood, feces, urine, wound drainage, tissues, oral secretions, and other body fluids) from the hands of personnel. This is done primarily by increased glove usage and handwashing. The Body Substance Precautions system is consistent with recommendations from the Centers for Disease Control and Prevention (CDC), the American Hospital Association, and Occupational Safety and Health Administration (OSHA) that point out the need to consider ALL blood and ALL body fluids as potentially contagious regardless of the client's diagnosis. In order to comply with the CDC policies, the following recommendations should be used. The need to use barriers must focus on the caregivers' (In-Home Aides) routine contact with the clients.

Because a medical history and examination cannot reliably identify all persons with infectious diseases, we treat ALL blood and body substances as potentially infectious rather than focus precautions only on the clients who are diagnosed with infectious diseases.

Implementing the Body Substance Precautions System includes the following elements and should be followed by ALL personnel at all times, regardless of the client's diagnosis.

### **Body Substance Precautions**

1. Wear gloves when it is likely that hands will be in contact with mucous membranes, nonintact skin, and/or any moist body substance (blood, urine, feces, wound drainage, oral secretions, sputum, vomitus, or items/surfaces soiled with these substances). Gloves should be changed and hands washed between contacts with clients. If a glove is torn or a needle stick or other injury occurs, the glove should be removed, discarded in appropriate container, hands washed, and a new glove used promptly as client safety permits.

**REMEMBER:** Gloves are not a cure-all. They reduce the likelihood of contaminating the hands, but hands should be washed after removing the gloves.

- a. Use non-sterile/disposable gloves for procedures involving contact with mucous membranes unless otherwise indicated and for other client care procedures.
- b. Change gloves and wash hands between contacts with clients.
- c. Do NOT wash or disinfect examination gloves for reuse.
- d. General-purpose utility gloves (e.g., rubber household gloves) may be used for housekeeping. These utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, discolored, or if they have punctures, tears, or other evidence of deterioration. Utility gloves should remain in the client's home.

**BODY SUBSTANCE PRECAUTIONS (*continued*)**

2. Wash hands often - always between clients'/clients' care and after any contact with body substances or contaminated materials. Focus on the areas around and under fingernails and between fingers. Always keep your hands away from your face or you may give yourself (inoculate with) the infectious microorganisms.
3. Wear masks and/or eye protection when it is likely that eyes or mucous membranes will be splashed with body substances (your supervisor/nurse will give you further directions).
4. Protect your clothing with a plastic apron or gown when it is likely that clothing will be soiled with body substances.
5. Health care workers with draining lesions or weeping dermatitis must refrain from all direct client care and from handling client care equipment until cleared by a physician. These conditions put the employee and the client at risk of infection.
6. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

**Some Examples of Situations Using the Body Substance Precautions System**

1. Follow Body Substance Precautions when caring for clients with bowel and/or bladder problems.

It is difficult to clean a client who is incontinent without getting urine and/or stool on the hands. Gloves should be worn routinely and for helping clients with toileting activities. One major risk is getting germs underneath the caregiver's fingernails. Gloves reduce this risk and make handwashing after completing the task easier and more efficient. A plastic gown may also be needed for cleaning clients/ clients who are incontinent and for changing their clothes and the bed linen. Obtain the plastic apron before beginning the tasks.

2. Wearing gloves when emptying catheter bags is a wise practice because it is difficult not to get urine on your hands.
3. When a client has a rash or skin lesions on his/her body, it could be due to any number of causes. The lesions may be due to varicella (chicken pox or zoster), herpes simplex, scabies, syphilis, impetigo, a drug reaction, or other causes. Prompt recognition of the rash, identification of the cause, prompt appropriate intervention, and proper use of gloves and handwashing can prevent transmission of microorganisms to others.

**INFECTION CONTROL**

Every in-home provider has an infection control policy. When an employee has a serious infection that may be contagious, the employee should be excluded from patient care duties to prevent the spread of infection to clients.

The nurse/supervisor should be notified anytime the following are present:

1. Temperature greater than 101° Fahrenheit (F)
2. Nausea/vomiting
3. Productive cough
4. Diarrhea
5. Sore throat
6. Chills
7. Skin eruption/rash
8. Draining wound that cannot be covered
9. Known exposure to an infectious disease that could be transmitted during the incubation period
10. Known infectious disease
11. Conjunctivitis (pink eye)

It is important that the In-Home Aide be familiar with the in-home provider policy regarding employee illnesses and follows it.

## Chapter 10

### NUTRITION

#### **What You Will Learn**

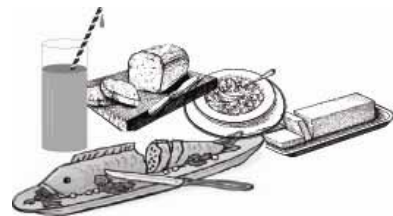
- The five categories of nutrients
- The importance of fiber and water in the diet
- Foods included in each of the food categories
- Foods from commonly seen diets
- Two methods of providing a nutritionally complete liquid diet
- The nutritional needs of the elderly client
- Age-related changes affecting the digestive system
- Age-related changes of the endocrine system
- Signs/symptoms of hyperglycemia and hypoglycemia

You need to have an understanding of the importance of diet for your clients as well as for yourself. If nutritional needs are not being met, problems will arise. Take note of the food you serve to the client and how it fits into a well-balanced diet. Also note what foods you should encourage clients to eat.

#### **Five Categories of Nutrients**

Foods are divided into Five Categories of Nutrients. Protein builds and repairs tissues, helps build blood, forms antibodies, and provides energy. If excess protein is taken in, the body changes it to fat and stores it as fat. Sources of protein include eggs, meat, fish, poultry, dairy products, nuts, and beans.

Carbohydrates provide the body with energy and roughage (fiber). Carbohydrates are broken down by the digestive process into simple sugars. The most important carbohydrate is glucose. If excess carbohydrates are taken in, the body stores them as fat. Sources of carbohydrates include breads, cereals, pasta, sugar, syrup, fruits and vegetables.



Fat is found in many foods including butter, cream, salad oil, whole milk, meat, fish, and nuts. The main function of fat is to be stored as energy for later use.

Vitamins are important for the proper breakdown and use of nutrients and the regulation of body processes. A well-balanced diet contains sufficient amounts of vitamins. Vitamins may be destroyed by overcooking or exposure to air. Vitamins are identified by letters such as A, B-complex, C, D, E, and K. Sources vary with each vitamin. For example, orange juice is a good source of vitamin C. Minerals regulate many body processes and build tissues, especially bones and teeth. Examples of minerals include calcium, phosphorus, sodium, and iron. Sources vary with each mineral. For example, milk and dairy products are a good source of calcium.

### **Water and Fiber**

Water and fiber are important parts of a diet. Water is essential to life and makes up 60% of the human body. A person can live only a few days without water. It provides minerals but no other nutrients. Average oral fluid intake for an adult is 2,000 to 3,000 mL of fluid per day, which is approximately two to three quarts. As an In-Home Aide, one of your responsibilities is to make sure your clients have enough fluids. Water is contained in fruit juice, milk, etc.

Fluid intake must match what is lost. We eliminate fluids as perspiration (450-1050 mL/day), through breathing (250-500 mL/day), through feces (50-200 mL/day), and as urine (1,500 mL/day). Fluids are also lost through vomiting, drainage from wounds, hemorrhage, and extensive burns.

The physician may restrict or encourage fluid intake. It is the nurse's responsibility to know what has been ordered and to communicate this information to the In-Home Aide. Frequent fluids means taking in more than the usual number of drinks. Fluids should be offered at least every two (2) hours.

Elderly clients may drink fewer fluids. This may be due to a diminished sense of thirst. If fluids are not readily available or the client has difficulty holding a glass he may not drink as many fluids as he needs. Many elderly people are afraid of having to get up and go to the bathroom at night or of dribbling urine. They drink less in an attempt to avoid problems.

Illness may upset water balance. Dehydration is an excessive loss of water from body tissues. Symptoms may include the following:

- Thirst, although the elderly do not get thirsty often (which is why water should be offered frequently).
- Dryness of skin and mucous membranes (inside of nose and mouth).
- Constipation.
- Little or no urination.
- Loss of tissue elasticity.
- Dizziness and mental confusion.

Fiber is the non-nutritive and indigestible part of a plant. Fiber provides bulk to the stool. The softer the stool is, the easier it is to eliminate, thus preventing constipation. Sources



of fiber include whole wheat bran, outside of corn kernel, fruit and vegetable skins, prunes.

Box 10.1 lists the warning signs that a client may be at risk for dehydration.

**Box 10.1: Warning signs of dehydration**

- Drinks less than six (6) cups of liquid per day
- Has one or more of the following:
  - Dry mouth
  - Cracked lips
  - Sunken eyes
  - Dark urine
- Needs help drinking from a cup or glass
- Has trouble swallowing liquids
- Frequent vomiting, diarrhea, or fever
- Is easily confused/tired



**CAUTION: PRESSURE ULCERS OFTEN DEVELOP IF THE CLIENT DOES NOT HAVE ADEQUATE NUTRITION OR FLUID INTAKE.**

**The Basic USDA Food Categories**

The U.S. Department of Agriculture (USDA) publishes guidelines for a balanced food intake. In 2005 a revised set of guidelines that focuses on how proper dietary habits can promote health and reduce risk for major chronic diseases was released. A healthy diet emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products. It includes lean meats, poultry, fish, beans, eggs, and nuts; and low in saturated fats, *trans* fats, cholesterol, salt (sodium), and added sugar. Foods are broken down into groups.

- Grain group – includes bread, rolls, biscuits, bagels, grits, oatmeal, rice, noodles, spaghetti, macaroni, and enriched cereals
- Vegetable group – includes dark green or yellow vegetables, leafy green or leafy yellow vegetables, asparagus, broccoli, carrots, celery, corn, eggplant, peas, pumpkin, and spinach
- Fruit group – includes apples, oranges, pears, bananas, strawberries, figs, cherries, and prunes
- Milk and dairy group – includes low fat milk, cheese, cottage cheese, and yogurt



- Meat, poultry, fish group – includes beef, eggs, lamb, veal, pork, turkey, chicken
- Nuts, seeds and legumes group – includes dried beans, dried peas, nuts, sunflower seeds and soybeans
- Fats and oils group – includes margarine, mayonnaise, salad dressings and vegetable oil
- Sweets group – includes syrups, sugar, jelly, jam, fruit-flavored gelatin, jelly beans, hard candy, fruit punch sorbet, ices



The eating plan is based on 1,600, 2,000, 2,600, and 3,100 calories. The number of daily servings in a food group varies depending on caloric needs. Handout 3 lists information based on those needs (see Handout 3).

## Diets

A client may be on a regular diet or a special diet. Special diets are used to treat some medical conditions and diseases. Some cultures and religions adhere to dietary restrictions. Check with the supervisor/nurse regarding any special needs or restrictions the client might have. Table 10.1 lists information about the most commonly used diets.

Table 10.1: Common Diets

Regular diet – well-balanced diet containing all essential nutrients and carbohydrates optimal growth and functioning. No food restrictions.
<p>Liquid diet – foods that are liquid primarily made up of water and carbohydrates. Frequently ordered for a client who has diarrhea.</p> <ul style="list-style-type: none"> <li>• Clear liquids consist mainly of dissolved sugar and flavored fluids, no milk products. Examples include coffee, tea, clear broth, gelatin, ginger ale; apple juice, grape juice, water, popsicles, and ice chips.</li> <li>• Full liquids include strained semi liquid food and any liquid including milk products. Orange juice, milk, pudding, plain ice cream, strained creamed soups, strained cereals, yogurt, and clear liquids are permitted.</li> </ul>
Soft/pureed/mechanical soft diet – foods that are easily chewed and digested such as tender chopped or ground meat and poultry, well-cooked peeled fruits and vegetables, toast, fish, cottage cheese. Fibrous, highly seasoned foods, rich pastries/desserts, raw fruits, and vegetables are eliminated from the diet.

Bland diet – foods that are nonirritating to digestive tract; usually restricts caffeine, alcohol and spicy foods.
Diabetic/no concentrated sweets (NCS) – the doctor determines the amount of carbohydrates, fats, proteins, and calories that a client should have. The calories and nutrients allowed are divided among three meals and between-meal nourishments. Individuals with diabetes must eat at regular intervals to maintain a certain blood sugar level. Meals must be served on time.
Sodium restricted, or no added salt (NAS) diet – sodium is a mineral that helps regulate the body's water balance. Salt occurs naturally in food. This diet eliminates salty foods and salt added to food. Processing may add sodium to foods that do not taste salty such as canned soups or lunch meats.
Low fat/low cholesterol diet – eliminates animal fats from diet but allows some types of vegetable fats; used for clients with heart, liver, or gallbladder disease.
Renal diet – limits intake of protein, salts, and fluids depending on individual condition.

### **Nutritionally Complete Liquid Diets**

Oral supplements such as Ensure <sup>TM</sup> are given to client by mouth to drink. Oral supplements may be a supplement to regular diet or may be the only nutrition the client takes in. Tube feedings/internal feedings are commercially prepared liquid supplements given by a tube inserted into the nose that goes down the esophagus into the stomach (NG tube) or by a tube that goes directly into the stomach (G tube). Tube feedings may be a supplement to regular diet or the only nutrition the client takes in.

### **Nutritional Needs of the Elderly Client**

Nutritional needs of the elderly are the same as for a middle-aged adult. Because the elderly client is not as physically active and has a lower metabolism, fewer calories are needed. Fats, desserts, and sweets should be served in smaller amounts to avoid excess calories. If the client's appetite is poor, offer smaller, more frequent meals.

### **The Digestive System**

The aging process affects the digestive system and can cause health problems. Loss of teeth results in decreased dietary intake and weight loss. The need for calories decreases due to decreased activity level, but nutritional needs remain the same or increase. Slower peristalsis leads to intestinal gas (flatus), constipation, and possible fecal impaction. Saliva production may diminish, which results in an increased need to alternate solids and liquids at meals to facilitate swallowing.

### **The Endocrine System**

The aging process also affects the endocrine system. Muscle weakness and decreased hormone production are two common effects of aging.

Diabetes is a disease of the endocrine system. When a person has diabetes, the pancreas does not produce enough of the hormone insulin or the body does not effectively use the insulin secreted. Insulin helps the body use sugar. If the body cannot make or use insulin, the sugar builds up in the blood and damages the blood vessels. The kidneys work hard to filter this unused sugar from the blood and remove it from the body through urine. The kidneys need water to dilute this large amount of sugar; so, thirst is the most frequent symptom. When the body cells are not nourished with sugar, fats are then broken down for energy. Acetone is a damaging by-product of fat break down. Diabetes can be controlled by diets, exercise, and medications.

People with diabetes can develop hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar). If left untreated, both conditions can lead to coma and death. Table 10.2 lists signs of high and low blood sugar.

Table 10.2: Signs of high and low blood sugar

<i>Signs of hyperglycemia (high blood sugar)</i>	<i>Signs of hypoglycemia (low blood sugar)</i>
<ul style="list-style-type: none"> <li>• Frequent urination (polyuria)</li> <li>• Weight loss</li> <li>• Headache</li> <li>• Constant hunger (polyphagia)</li> <li>• Fatigue</li> <li>• Frequent thirst (polydypsia)</li> <li>• Flushed face</li> <li>• Heavy breathing</li> <li>• Fruity breath</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Hunger</li> <li>• Weakness, shakiness</li> <li>• Sweating</li> <li>• Disorientation</li> </ul>

Hypoglycemia can begin quickly if a client who takes medications for diabetes does not eat a meal or vomits after eating. The In-Home Aide should observe the eating habits of the client with diabetes. If there is a change in eating habits, the supervisor/nurse should be notified immediately.

Clients with diabetes need special care including:

- Notify supervisor/nurse of need for toenail care
- Protect against injury to legs or feet
- Observe for signs of hyperglycemia or hypoglycemia
- Encourage client to follow prescribed diet and exercise program
- Notify supervisor/nurse if client is overeating or not eating each meal

## **Chapter Review**

1. What are the five categories of nutrients?
2. What is the importance of fiber and water in the diet?
3. What foods are included in each of the USDA food categories?
4. What are some commonly seen diets?
5. What are two methods of providing a nutritionally complete liquid diet?
6. How do the nutritional needs of the elderly client differ from those of a younger adult?
7. What age-related changes affect the digestive system?
8. What age-related changes affect the endocrine system?
9. What are signs/symptoms of hyperglycemia and hypoglycemia?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List the five categories of nutrients.
  - a.
  - b.
  - c.
  - d.
  - e.
2. Name two non-nutrients. Identify the importance of each non-nutrient.
  - a.
  - b.
3. List the UDA basic food categories and give an example from each category.
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
  - g.
  - h.
4. How do the elderly client's nutritional needs differ from those of a middle-aged adult?

5. List three items permitted on a clear liquid diet.
  - a.
  - b.
  - c.
6. List three items permitted on a full liquid diet.
  - a.
  - b.
  - c.
7. A sodium-restricted diet is low in \_\_\_\_.
8. What are two ways a nutritionally complete liquid diet can be provided?
  - a.
  - b.
9. Name two age-related changes affecting the digestive system.
  - a.
  - b.
10. Name two age-related changes affecting the endocrine system.
  - a.
  - b.
11. List three signs of hyperglycemia:
  - a.
  - b.
  - c.

12. List three signs of hypoglycemia:

a.

b.

c.

**Circle the letter of the correct answer.**

13. A chronic disease in which the pancreas does not produce sufficient insulin or the body does not effectively use the insulin secreted is called:

a. diabetes

b. hyperglycemia

c. hypoglycemia

d. peristalsis



## CALORIC INTAKE TABLE

Food Groups	1,600	2,000	2,600	3,100	Serving Sizes	Examples and Notes	Significance of Each Food Group
Grains	6 servings	7-8 servings	10-11 servings	12-13 servings	1 slice bread, 1 oz dry cereal, ½ cup cooked rice, pasta, or cereal	Whole wheat bread, English muffin, pita, bread, bagel, cereals, grits, oatmeal, crackers, unsalted pretzels, and popcorn	Major sources of energy and fiber
Vegetables	3-4 servings	4-5 servings	5-6 servings	6 servings	1 cup raw leafy vegetable ½ cup cooked vegetable, 6 oz vegetable juice	Tomatoes, potatoes, carrots, green peas, squash, broccoli, turnip greens, collards, kale, spinach, artichokes, green beans, lima beans, sweet potatoes	Rich sources of potassium, magnesium, and fiber
Fruits	4 servings	4-5 servings	5-6 servings	6 servings	6 oz fruit juice 1 medium fruit ¼ cup dried fruit ½ cup fresh, frozen, or canned fruit	Apricots, bananas, dates, grapes, oranges, orange juice, grapefruit, grapefruit juice, mangoes, melons, peaches, pineapples, prunes, raisins, strawberries, tangerines	Important sources of potassium, magnesium, and fiber
Low-factor fat-free dairy foods	2-3 servings	2-3 servings	3 servings	3-4 servings	8 oz mil, 1 cup yogurt 1½ oz cheese	Fat-free or low-fat milk, fat-free or low-fat buttermilk, fat-free or low-fat regular or frozen yogurt, low-fat and fat-free cheese	Major sources of calcium and protein
Meat, poultry, fish	1-2 servings	2 or less servings	2 servings	2-3 servings	3 oz cooked meats, poultry, or fish	Select only lean; trim away visible fats; broil, roast, or boil instead of frying; remove skin from poultry	Rich sources of protein and magnesium
Nuts, seeds, legumes	3-4 servings/week	4-5 servings/week	1 serving	1 serving	1/3 cup or 1½ oz nuts 2 Tbsp or ½ oz seeds ½ cup cooked dry beans or peas	Almonds, filberts, mixed nuts, peanuts, walnuts, sunflower seeds, kidney beans, lentils	Rich sources of energy, magnesium, potassium, protein, and fiber
Fat and oils	2 servings	2-3 servings	3 servings	4 servings	1 tsp soft margarine 1 Tbsp low-fat mayonnaise 2 Tbsp light salad dressing, 1 tsp vegetable oil	Soft margarine, low-fat mayonnaise, light salad dressing, vegetable oil (such as olive, corn, canola, or safflower)	DASH has 27 percent of calories as fat (low in saturated fat), including fat in or added to foods
Sweets	0 servings	5 servings/week	2 servings	2 servings	1 Tbsp sugar, 1 Tbsp jelly or jam, ½ oz jelly beans, 8 oz lemonade	Maple syrup, sugar, jelly, jam, fruit-flavored gelatin, jelly beans, hard candy, fruit punch sorbet, ices	Sweets should be low in fat

## **Chapter 11**

### **SERVING, FEEDING, AND MONITORING**

#### **What You Will Learn**

- Preparing clients for mealtime.
- How to serve meals.
- Assisting a client to eat.
- Feeding a client.
- Before and after-meal care for a client.
- Meeting the needs of clients with special eating problems.
- Observations to report for clients receiving feedings by tubes.
- Preventing choking.

#### **Demonstration:**

- Feed a client who is helpless according to the proper procedure.

#### **Preparing a Client for Mealtime**

Mealtime is a very important event. For many clients, it is the highlight of the day, something looked forward to. Make it an enjoyable and pleasant experience. See that the meal is served in as attractive and sanitary a manner as possible. Keep in mind all of the things that need to be done for each client before and after each meal.

#### **Before Meal Care**

Before the meal, offer the bedpan or urinal or assist/ remind the client to go to the bathroom. Wash the client's hands or remind him to wash his hands. Provide oral care before breakfast. Make sure dentures, glasses, and hearing aides are cleaned and are properly in place. Assist the client to the dining table. If the client is unable to go to the dining table assist him sit up in bed or to a chair at the bedside. If client is unable to get out of bed, elevate the upper body and position client in as near a sitting position as possible with over bed table or tray in a convenient position. Protect clothing with napkin, towel, or clothing protector. Do not refer to it as a "bib."

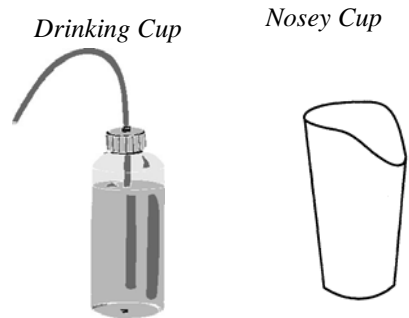
#### **Serving Meals**

Serve meals promptly so food temperature is maintained. Hot food should be served hot and cold foods served cold. See that the general appearance of the meal is appealing and

appetizing. Check to make sure any required assistive devices are on the table or tray. If client cannot eat when the meal is served, take the plate away and keep it warm. If a client is not eating, say, “I’ve noticed you’re not eating. What can I do to help you?”

### **Assisting the Client to Eat**

Place the plate on the table with main dish closest to the client. Arrange everything so the client can reach it. Open milk cartons, cereal boxes, and anything else that may be difficult for the client to manage if the client requires or requests help. Help client with cutting food, buttering bread, pouring liquids, etc. Provide a straw for the client who is unable to use a cup. Encourage clients to do as much for themselves as possible. Allow the client time to give thanks before the meal if he wishes.



Adaptive equipment such as plate guards, built-up utensils, utensil holders, covered drinking cups or nosey cups may be used to allow the client to be able to eat on his own. This information is included in the service plan.

Stay with client until you are certain he can manage independently. Observe any changes in eating habits or appetite and report your observations to the supervisor/nurse. A change may indicate mouth/tooth pain.

### **Feeding a Client**

When feeding a client, place him in an upright sitting position. Protect client and bed linens with towel, napkin, or clothing protector as needed or desired. Place the plate so client can see the food. The In-Home Aide should be in sitting position while feeding the client. Describe the meal to the client in a positive fashion. Offer butter, sugar, and seasonings to the client unless there are special diet restrictions.

Encourage the client to participate in the meal. Have him hold bread, grasp glass, etc. Use a straw for giving liquids as per the service plan, cutting the straw in half helps clients who are weaker. Serve the food in order of the client's preference. Fill the spoon half full to avoid spilling and to give manageable amounts of food. Tell the client what each bite is as offered and warn clients when offering something hot.

Give client sufficient time to chew and swallow food thoroughly, as well as time to breathe between bites. Offer liquids and solids alternately to provide moisture for chewing. Avoid rushing or hurrying the client. Keep conversation with client friendly and discuss pleasant subjects. Wipe the client's mouth as needed and when finished.

### **After-Meal Care**

When the client has finished eating remove the dishes and napkin, towel or clothing protector. Make sure the client's clothing is clean. Assist him to change his clothes if they are soiled. Assist the client to wash his hands and face. Assist with or remind the client of oral care. Note how much and what the client eats. Any changes in eating

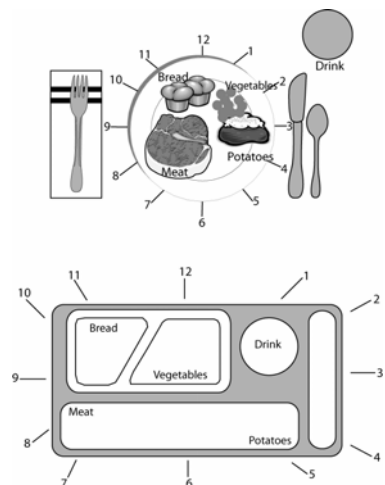
habits can signal changes in physical condition; report to supervisor/nurse. Put personal articles where client can reach them.

**CAUTION: CLIENTS SHOULD BE KEPT IN UPRIGHT POSITION FOR 1 HOUR AFTER MEALS TO MINIMIZE REFLUX INTO THE ESOPHAGUS (HEARTBURN).**

### **Clients with Special Eating Problems**

Some clients have special needs that require extra assistance at meal times. If a client has paralysis or weakness of the muscles used for eating the client should be sitting in upright position to aid swallowing. Gag and cough reflexes may be absent, making it easier for client to choke. Feed into the side of mouth that is not paralyzed. Remind the client to think about swallowing. Give small amounts of food and allow the client plenty of time to chew and swallow. With a gloved hand, clean out the paralyzed side of mouth frequently with a swab if needed.

When caring for a client who is visually impaired, identify everything on the plate. Tell the client where the utensils are. Use the face of a clock to describe the location of foods such as meat at 7:00, potatoes at 3:00. Try to keep the placement the same at each meal when possible. Warn the client which liquids are hot.



**CAUTION: IF A CLIENT IS COMATOSE, UNCONSCIOUS, OR UNRESPONSIVE, DO NOT GIVE ORAL LIQUIDS OR FOOD. UNCONSCIOUS CLIENTS OFTEN RECEIVE NUTRITION BY ANOTHER METHOD (TUBE FEEDING).**

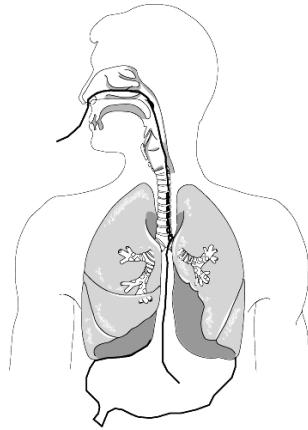
### **Feeding With Tubes**

**CAUTION: THIS PROCEDURE IS PERFORMED BY A LICENSED NURSE OR FAMILY MEMBER. THE IN-HOME AIDE'S RESPONSIBILITY IS TO OBSERVE AND REPORT ANYTHING UNUSUAL.**

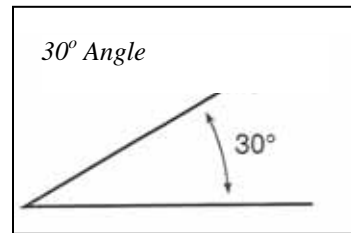
Some clients receive feedings through different types of tubes. Intravenous (IV) feedings are given through a catheter inserted into the client's vein to instill fluids, medications or nutrition. Gastrostomy (G-tube) feedings are given through a tube surgically inserted into the client's stomach to instill liquid nourishment. Nasogastric (NG) feedings are given through a tube which is passed through the client's nose and down the esophagus to the stomach to provide liquid nourishment (Figure 11.1).

It is important for you to know where the tube is and its location in the body and make certain tubes are not coiled under the client.

Figure 11.1  
Nasogastric Tube



Check that client is comfortable. Keep the head of the bed elevated 30° to prevent aspiration with NG or G tube feedings (Figure 11.1). Provide oral hygiene every 2 hours if patient is NPO.



**CAUTION: ELEVATING HOB 30° PLACES THE CLIENT AT INCREASED RISK OF PRESSURE ULCER DEVELOPMENT. MAINTAIN THE TURNING SCHEDULE PER THE SERVICE PLAN.**

The In-Home Aide also observes for problems with the feedings and reports observations to the nurse/supervisor including:

- Redness, swelling, or drainage around the site of the tube
- Any change in breathing or chest pain
- Restlessness/anxiety
- Regurgitation (return of solids or fluids to the mouth from the stomach) of tube feeding into mouth
- Any rash
- Leaks or kinks in the tube
- Wet dressing at insertion site
- Blood in tubing
- Complaints of nausea or fullness
- Diarrhea or constipation
- Choking
- 

### **Choking**

Choking can occur in clients of any age. Food, saliva, or medication can cause a blockage of the respiratory tract. Improperly fitting dentures or no dentures can make chewing difficult. Large pieces of food can easily slip down the throat. After a stroke, gag and swallowing reflexes may be diminished and muscles of the mouth and throat weakened. The elderly are at higher risk of choking.

When feeding a client, take precautions to avoid choking. Cut the food into small pieces. Do not rush the client. Allow him time to chew the food thoroughly and swallow it before giving more. Make sure dentures are in place and fit well. If choking occurs, act quickly and call 911 or EMS.

NOTE: IF THE IN-HOME AIDE HAS BEEN TRAINED TO CLEAR AN AIRWAY OBSTRUCTION IN A CONSCIOUS CLIENT, SHE MAY DO SO IF THE IN-HOME PROVIDER POLICY PERMITS.

## **Chapter 11**

### **SERVING, FEEDING, AND MONITORING**

#### **PROCEDURE FOR SERVING A MEAL:**

- A. Wash hands according to procedure.
- B. Serve meals promptly so food temperature is maintained.
3. Carry the plate at waist level, not on the shoulders next to hair.
4. See that the appearance of the table or tray is orderly and contains utensils, napkin, and condiments, as allowed.
5. If the client requires assistive feeding device(s), make sure they are on the table or tray.
6. Assist in food preparation as needed. Open milk cartons; butter the bread, cut meat, etc.
7. Encourage the client to do as much as possible.
8. Remove the dishes when client has finished eating. Note the foods and amounts eaten.
9. Wash your hands.

## **Chapter 11**

### **SERVING, FEEDING, AND MONITORING**

#### **PROCEDURE FOR FEEDING A CLIENT:**

1. Wash hands according to procedure.
2. Provide before-meal care and position the client in an upright and sitting position.
3. Wash your hands.
4. Place the meal in front of client on the table or over bed table.
5. Allow the client to give thanks if he wishes.
6. Explain that you will help the client to eat.
7. Spread a napkin, towel, or clothing protector to protect clothes and linen.
8. Sit down in a chair facing the client.
9. Prepare the food: cut up meat, butter bread, pour tea or coffee, etc.
10. Season the food as client wishes within dietary guidelines.
11. Ask client in what order he wants food served; name each mouthful of food as you offer it.
12. Encourage the client to do as much as possible.
13. Use assistive devices per service plan.
14. Use a spoon to give small bites (fill spoon half full) and feed slowly, allowing time for chewing, swallowing, and breathing.
15. Alternate liquids and solids.
16. Wipe the client's mouth as needed.
17. Warn the client when giving something hot.
18. Take the dishes away as soon as client is finished.
19. Note foods and amounts eaten.
20. Provide after-meal care.



21. Make client comfortable.
22. Wash your hands.
23. Record your observations and report anything unusual to supervisor/nurse.

### **Chapter Review**

1. What should you do to prepare clients for mealtime?
2. How do you serve meals?
3. How do you assist a client to eat?
4. How do you feed a client?
5. What is after-meal care for a client?
6. How can you meet the needs of clients with special eating problems?
7. What observations do you need to report for clients receiving feedings by tubes?
8. How can you help prevent choking?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List four considerations in preparing the client for a meal.
  - a.
  - b.
  - c.
  - d.
2. List two considerations in preparing and serving meals.
  - a.
  - b.
3. List four things an aide can do to assist the client to eat.
  - a.
  - b.
  - c.
  - d.
4. Identify four key points in feeding the client.
  - a.
  - b.
  - c.
  - d.
5. What are four things you should do after a client has finished a meal?
  - a.
  - b.
  - c.
  - d.

6. Describe how you could tell the client who is visually impaired where his food is located.
7. List three assistive devices that may help the client to be more independent at meal times.
  - a.
  - b.
  - c.
8. Why are liquids and solids alternated during the meal?

**Circle the letter of the correct answer.**

9. When feeding a client, the nurse assistant prevents a client from choking by\_\_\_\_.
  - a. cutting food in large pieces that are convenient
  - b. providing food quickly to avoid cooling and gagging
  - c. ensuring that the client's dentures are in his/her mouth
  - d. establishing a time limit for chewing and swallowing the food
10. When a client is receiving an intravenous feeding, the aide should observe and report the client's complaint of\_\_\_\_.
  - a. fatigue
  - b. pain at the site
  - c. dry skin
  - d. thirst

## **Chapter 12**

### **PERSONAL CARE FOR THE CLIENT**

#### **What You Will Learn**

- Activities that make up personal care
- Things to think about when planning personal care
- How to help clients to maintain general hygiene
- Helping with personal care
- Things to remember when giving personal care
- Adaptive measures that may be needed when giving personal care to clients with special conditions
- How to shave a client with a disposable or safety razor according to proper procedure
- How to shave a client with electric razor according to proper procedure

#### **Activities That Make Up Personal Care**

Personal care includes many different activities. Bathing, oral hygiene, hair care, nail care, and dressing are done each day. Shaving may be completed by male clients and some female clients.

#### **Planning Personal Care**

When planning a client's personal care you will need to know some basic information. Check the client's service plan for special instructions. You will need to know what your assigned clients are capable of doing.

Encourage the client to do as much as possible. Don't try to save time by doing personal care that the client is capable of doing. This can result in dependency. The client should have as much control as possible over when and how personal care is conducted. For example, asking the client what he would like to wear.

Remember you are invading the client's personal space and are a guest in his home. Treat the client with respect while assisting him. The client is not a child and cannot be treated as one.

## **General Hygiene**

Good hygiene is important to your client. It helps him to maintain a positive self-image and supports good health. Elderly or ill clients may need extra help with their personal hygiene. Activities take more effort and energy so personal hygiene may be neglected. Eyesight often becomes less sharp so clothing may be soiled and shirts may not be properly buttoned. Hands may tremble so hair may be unkempt or food may be spilled on clothing.

## **Helping with Personal Care**

Bathing is an important part of personal care. The client who is able to be up and out of bed may take a tub bath, sponge bath or shower. Clients who are very ill or are confined to bed may be given a bed bath. Taking a tub or shower bath once or twice a week may be sufficient for older clients. The skin in elderly people becomes thinner and dryer. Some clients may prefer daily baths.

A partial or sponge bath involves washing the face, hands axilla, and perineal area. Partial baths can be given more frequently or on days that the client does not take a tub bath or shower. Remember to assist the client to wash his hands after using the toilet and before meals and as needed.

A bed can be made with the client in it (occupied), or when the client is out of bed (unoccupied). It is much easier to make an unoccupied bed. Bed linens should be changed whenever they are soiled or as requested by the client or family. Bed linens are usually changed each week.

Oral hygiene is also called mouth care. Offer the client oral care before breakfast, after meals, and also at bedtime. Inspect client's mouth and report anything unusual. When dentures are out of the client's mouth, safely store them in a denture cup filled with cool water.

Most men shave their beard every day. Shaving is a good exercise; let your clients shave themselves if they are able to. Electric razors are the safest and should be used on clients with diabetes and those receiving anticoagulants (blood thinners). Many females have facial hair and may request shaving. If females ask you to shave their legs and underarms, refer to the service plan. Report to your nurse/supervisor if a female client requests that facial hair be plucked or waxed. Always apply lather or shaving cream before shaving with a disposable razor. This helps to soften the beard and



prevents skin irritation. For a comfortable and easy shave, remember to shave in the direction that hair grows, downward over the checks and chin, upward over the neck area. If you cut the skin while shaving, apply pressure with a gloved hand over the cut using a clean cloth for a minute or so until oozing stops. Notify the nurse/supervisor. Electric razors should not be used on a client receiving oxygen because there is a danger that a spark could cause a fire. When shaving with an electric razor remember that electrical cords should not come into contact with water.

When giving skin care, inspect the skin for bruises, rashes, scratches, and broken and red areas. Report skin problems immediately if observed. Apply lotion to the client's back and feet. Most clients enjoy a relaxing back rub. If the client has dry skin, you may need to apply lotion to the entire body. Avoid getting lotion between the toes. Moisture between the toes may lead to bacterial or fungal infection.

Providing hair care for the client is another way of helping the client feel good about himself. It also helps stimulate the client's scalp. Brush the hair gently from the scalp to ends. If the hair is tangled or knotted, separate the tangle from the rest of the hair. Hold the hair gently above the tangle and brush or comb the tangle out working from the end towards the scalp. When giving hair care, look for sores, dandruff, lice, and nits. Let the client care for his own hair if possible. Shampooing should be done once a week or more often if necessary or requested.

Dirt that has collected under nails is a source of infection. Clean nails daily and keep them short to prevent scratches. Soak nails in warm water for a few minutes before cutting them. NEVER cut the toenails of a person who has diabetes or is on a "blood thinning" medication (i.e., Coumadin or Plavix). Report to the nurse/supervisor if nails need cutting. Trim toenails straight across.

Clients need day clothes and night clothes. This also helps remind the client who is confused about time. When your client is dressed in regular clothing during the day, he will usually feel better. Encourage the client to select clothing appropriate for the type of weather and activity that he will be participating in that day. Layer lightweight clothing for warmth that allows the client to add or remove layers as he wishes. Respect the client's color preference. When possible, match colors appropriately so that he has a neat appearance. Even if the client selects clothing that doesn't match, remember that he has the right to dress as he desires.

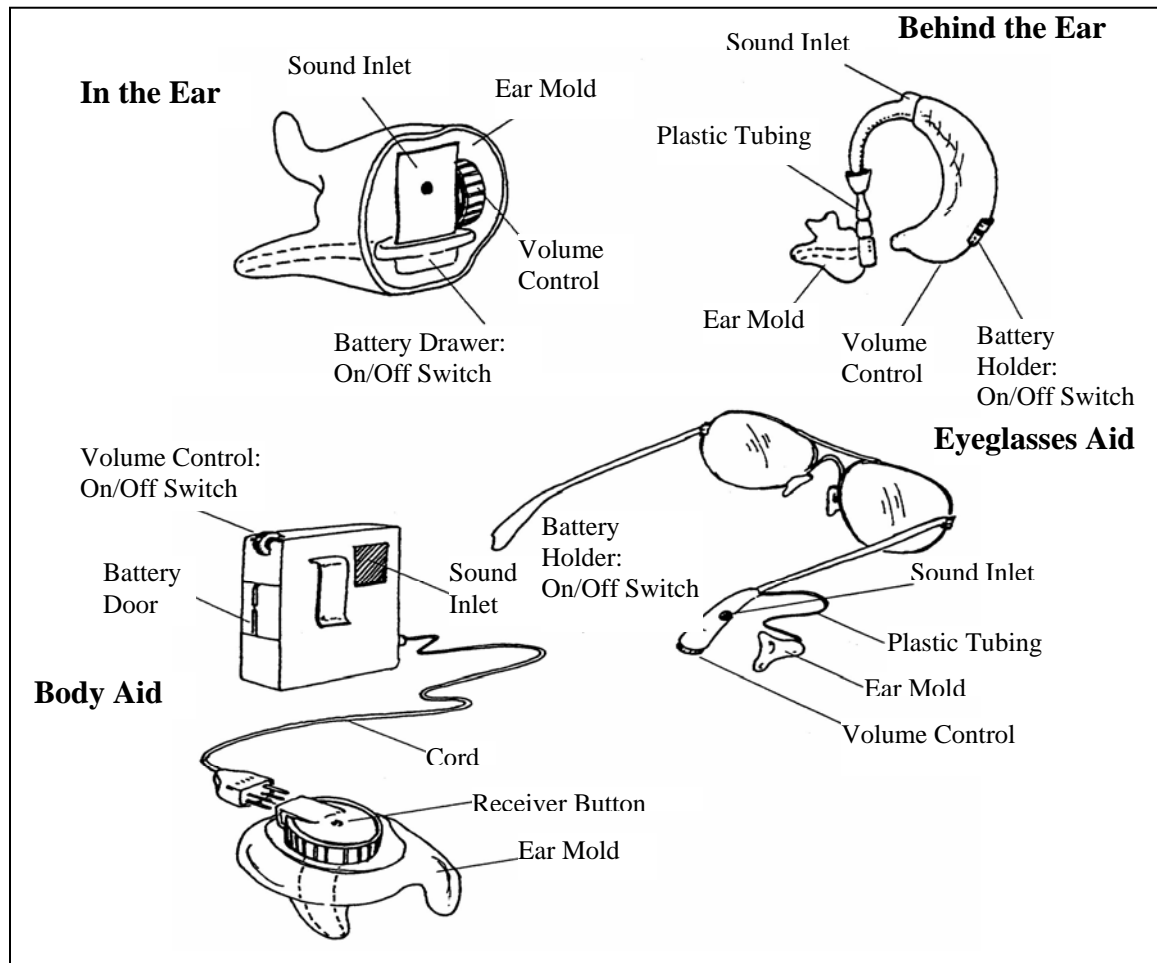
Shoes and stockings or socks should fit. Round garters and stockings or socks that roll, twist, or have tight elastic can cause poor circulation. Underclothes should provide support but should be the client's choice. For example, some men prefer boxer shorts and others prefer briefs. Some women prefer bras; others prefer undershirts, camisoles, or whole slips.

Safety is always a concern. Clothing that is too long or shoes that are untied can cause the client to fall. Pay attention to safety when helping your client with dressing and grooming.

Many clients wear hearing aids (see Figure 12.1). Hearing aids should always be handled carefully and should not be allowed to get wet. When the aid is not in use, it should be in the off position and stored in a box or hearing aid case. Before giving a hearing aid to the client to place in his ear, check to verify that the batteries are functioning properly. If needed, assist the client in adjusting the volume of the hearing aid.

Many clients wear eyeglasses. Clean eyeglasses daily and as needed with cleaning solution or water. Eyeglasses should be dried with a clean, soft cloth. Handle eyeglasses only by the frames. When eyeglasses are not in use, they should be placed in an eyeglass case.

Figure 12.1: Types of Hearing Aids



### **Things to Remember When Performing Personal Care**

- Wash your hands before and after a procedure and put on gloves as needed.
- Gather all equipment needed before starting a procedure.
- Give a thorough explanation of what you are going to do.
- Respect client's privacy by closing the door.
- Allow the client to perform any part of the procedure he is able to do. Inability to perform personal care means a loss of independence for the client.
- Use good body mechanics. Bend at the knees and use arm and leg muscles.
- Remember safety factors. Prevent falls by using a nonskid mat in the tub or shower and keeping the client's shoes on during transfer.
- Prevent burns. Always check temperature of water with the inside of your forearm or wrist before using on the client. Water temperature should be between 95° and 105° Fahrenheit because higher temperature could result in a burn.
- Lock the wheels on geri-chairs, and wheel chairs when not being used to move client.
- Provide warmth by keeping the client covered with a towel or sheet before and after bath.

- The elderly are more prone to chilling due to poor circulation. Keep the bathroom door closed to conserve heat and avoid drafts.
- Make observations during personal care. Pay attention to what you see, smell, hear and feel.

### **Adaptive Measures for Special Conditions**

Some clients have special needs. For example, the client who is unconscious cannot respond but still needs to be given an explanation. He may be able to hear and understand even though he cannot respond. To prevent choking or aspiration of fluid into the lungs during oral care, turn the unconscious client to one side.

When caring for a client who is paralyzed, handle the affected side with care and support the client's joints. Use the terms “weak” or “paralyzed,” “strong” or “un-paralyzed” side when giving care; never use the terms “bad” or “good” side. Do not leave a client lying on the affected side longer than two hours (or per service plan); this may cause pressure ulcers. Maintain proper positioning for good circulation. When dressing a client with paralysis or weakness, dress the affected side first. Check frequently for incontinence at least every two hours or as indicated in the service plan and clean when needed.

Clients with diabetes need good skin care. Observe the skin for breakdown or tears and report to the nurse/supervisor. Feet and legs are susceptible to poor circulation. Tight shoes may also cause reduced circulation. Protect the legs and feet from trauma during transfers. NEVER trim the toenails of a client who has diabetes. If the skin is nicked, it may become infected and can lead to gangrene (tissue death) and eventual amputation. Follow your in-home provider's policy regarding fingernail care for the client who has diabetes. The wounds of a client who has diabetes are more prone to infection and heal more slowly due to poor circulation. Some wounds may not heal at all.

You will spend many hours performing personal care. Remember, the In-Home Aide is with the client more than anyone else on the health care team. Make good observations and meet the client's emotional needs during the time spent with them. Do not concentrate only on the physical aspects of the care.



## Chapter 12

### PERSONAL CARE FOR THE CLIENT

#### PROCEDURE FOR SHAVING CLIENT WITH DISPOSABLE OR SAFETY RAZOR:

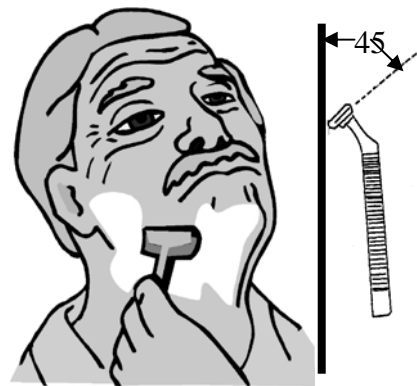
1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Position client in chair or sitting position in bed in well-lit private area such as the bedroom or bathroom.
5. Spread towel under client's chin.
6. Wet face with warm water.

NOTE: WARM WATER SOFTENS THE BEARD AND MAKES SHAVING SMOOTHER.

7. Apply shaving cream 1/8 inch thick to face.
8. Leave lather in place about 15-20 seconds.

9. Hold razor at a 45° angle to the client's skin. Start stroking downward with razor under sideburns and work downward over the cheek. Shave in the same direction that the hair grows (Figure 12.2).

*Figure 12.2, Shaving with a Disposable Razor*



10. Continue over the chin. Work upward on neck under the chin. Use short, firm strokes.
11. Rinse the razor often in water.
12. Shave area around lips carefully.

NOTE: YOU MAY HAVE TO STRETCH SKIN GENTLY TO SHAVE IN CREASES AND SENSITIVE AREAS.

13. When finished shaving, wash the face of any excess soap or lather.
14. Pat the face dry with a towel.

15. Apply aftershave lotion if the client requests it or if it is part of his usual routine.
16. Remove, clean, and store equipment. Do not recap disposable razor.
17. Remove and dispose of gloves according to in-home provider's policy. Wash hands.
18. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 12**

### **PERSONAL CARE FOR THE CLIENT**

#### **PROCEDURE FOR SHAVING CLIENT WITH ELECTRIC RAZOR:**

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Position client in chair or sitting position in bed in well-lit private area such as the bedroom or bathroom.
6. Spread towel under client's chin.
7. Wash face thoroughly with soap and water to remove dirt and oil; pat dry.
8. Apply pre-shave lotion if client requests it or if it is part of his usual routine.
9. Start shaving from sideburns, holding skin tight and using circular motions, shave neck and around mouth.
10. When finished, apply aftershave lotion if client requests it or if it is part of his usual routine.
11. Clean razor according to manufacturer's directions or instructions from client or family.
12. Remove, clean, and store equipment.
13. Remove and dispose of gloves. Wash hands.
14. Record observations and report anything unusual to nurse/supervisor.

## **Chapter Review**

1. What activities make up personal care?
2. What do you need to think about when planning personal care?
3. How can you help clients have good general hygiene?
4. How can you help with personal care?
5. What things do you need to remember when giving personal care?
6. What adaptive measures may be necessary when giving personal care to clients with special conditions?
7. How do you shave a client with a disposable or safety razor according to proper procedure?
8. How do you shave a client with electric razor according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List the six activities that make up personal care.
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
2. List four key points in planning personal care for the client.
  - a.
  - b.
  - c.
  - d.
3. List two reasons for general hygiene.
  - a.
  - b.
4. List three special conditions for which adaptive measures are necessary.
  - a.
  - b.
  - c.

**Circle the letter that corresponds to the correct answer.**

5. Key factors in choosing clothing for a client include:
  - a. the weather and client's color preference
  - b. convenience and In-Home Aide's preference
  - c. availability and colors that match
  - d. latest style and dark colors

6. Which of the following are points to remember when performing personal care?
- a. Do not allow the client to assist in the procedure
  - b. Get the equipment needed after starting the procedure
  - c. Wash your hands before and after a procedure
  - d. Personal care should only be provided by a licensed nurse
7. Shaving should be performed in the \_\_\_\_.
- a. kitchen
  - b. living room
  - c. client's bedroom/bathroom
  - d. dining room

## **Chapter 13**

### **ORAL CARE**

#### **What You Will Learn**

- Four purposes of oral care
- When clients should have oral care
- Observations the In-Home Aide can make while giving oral care
- Key points in the care of dentures
- How to assist with oral care according to proper procedure
- How to administer oral care to the client who is helpless or unconscious according to proper procedure
- How to provide denture care according to the proper procedure

#### **Purposes of Oral Care**

A clean mouth and properly functioning teeth are essential for physical and mental well-being of the client. Oral care helps prevent infections in mouth by removing food particles and plaque and stimulates the circulation of gums. Oral care eliminates bad tastes in the mouth so food is more appetizing and prevents halitosis or bad breath.

#### **When Clients Should Have Oral Care**

Oral care is usually done at least twice a day. Most dentists recommend brushing the teeth after each meal. Oral care should be offered to the client before breakfast, after meals, and also at bedtime. Some clients find the strong taste of mouthwash unpleasant. You can dilute mouthwash with water to make a 1:1 solution (1 ounce mouthwash to 1 ounce water). This is less likely to cause stinging in the mouth. Using mouthwash does not replace the need to brush teeth.

The client who is unconscious requires mouth care at least every two hours or more often per the service plan. The unconscious client usually breathes through the mouth, causing secretions to stick on surfaces of the mouth. Always keep the client's head turned to the side to allow secretions to drain from the mouth. Keeping the secretions from collecting at the back of the client's throat helps prevent choking.

Clients who are NPO, receiving tube feedings, or who are on oxygen also need oral care at least every two hours.

It is important to always wash your hands and put on gloves before giving oral care.

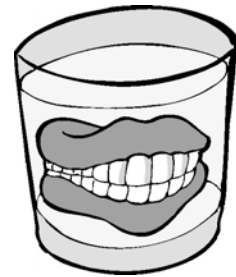
### **Observations to Make While Giving Oral Care**

Your observations are very important. Blackened teeth may be sign of tooth decay. Missing or broken teeth can make it hard for the client to eat. Red, swollen gums, sore or white patches in the mouth or on the tongue may be signs of infection.

Changes in eating habits are also important. If the client avoids foods that require a lot of chewing it may indicate mouth pain. Poorly fitting dentures also affect the client's ability to eat and can cause sores in the mouth.

### **Key Points of Denture Care**

Some of your clients may wear dentures (false teeth). Handle dentures carefully to prevent damage; they are expensive to replace. Holding dentures with a washcloth or paper towel helps to keep them from slipping out of your hand. Store dentures in clean, cool water when not in the client's mouth to prevent warping. Never use hot water to clean or store them because this could also cause warping. Soaking dentures in a denture solution does not eliminate the need for daily brushing.



Always wash your hands and put on gloves before cleaning dentures. Place a washcloth or paper towel in the sink, or fill a clean sink with 3-4 inches of water to prevent dentures from breaking if they slip out of your hand.



## **Chapter 13**

### **ORAL CARE**

#### **PROCEDURE FOR ASSISTING WITH ORAL HYGIENE:**

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Dilute mouthwash (1 ounce mouthwash to 1 ounce water).
5. Assist client to bathroom or upright sitting position.
6. Pour water over toothbrush; instruct or assist client to put a small amount of toothpaste on the toothbrush.
7. Instruct or assist client to brush along gum line then brush teeth up and down on both sides.
8. Instruct or assist the client to brush the biting surfaces of the molars (back teeth) with a back-and-forth motion.
9. Instruct or assist the client to brush the tongue gently.
10. Instruct or assist client to rinse his mouth with water.
11. Allow client to spit water into emesis basin or sink; wipe lips with towel.
12. Provide client with mouthwash (may use a straw); instruct client to swish around in mouth and spit out, cautioning client not to swallow mouthwash.
13. Allow client to spit into emesis basin or sink; wipe lips with hand towel.
14. If available, lubricate lips with lip balm.
15. Remove, clean, and store equipment.
16. Remove and dispose of gloves.
17. Wash your hands, wash client's hands.
18. Make client comfortable.
19. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 13**

### **ORAL CARE**

#### **PROCEDURE FOR PROVIDING ORAL CARE FOR A CLIENT WHO IS HELPLESS OR UNCONSCIOUS**

1. Gather necessary equipment.
2. Wash your hands and put on gloves according to procedure.
3. Explain what you are going to do.
4. Provide privacy for the client.
5. Move the client to the side of the bed nearest to you.
6. Turn the client's head to the side so that he is facing you and place towel under the client's chin.
7. Wrap a washcloth around a tongue depressor and moisten with a diluted mouthwash solution of 1 ounce mouth wash to 1 ounce water.
8. Clean the tongue and inside surfaces of the mouth with the washcloth.
9. Moisten a toothbrush with the diluted mouthwash solution.
10. Brush the teeth and with the moistened toothbrush.
11. Wipe the client's mouth with the towel. If available, lubricate the lips with lip balm.
12. Remove, clean and store equipment.
13. Remove and dispose of gloves.
14. Wash your hands.
15. Make the client comfortable.
16. Record observations and report anything unusual to the nurse/supervisor

## **Chapter 13**

### **ORAL CARE**

#### **PROCEDURE FOR PROVIDING DENTURE CARE**

1. Gather necessary equipment.
2. Wash your hands and put on gloves according to procedure.
3. Explain what you are going to do.
4. Provide privacy for the client.
5. Ask the client to remove his dentures.
6. If the client is unable to assist, run your gloved finger along the top of the upper dentures along the gum as you gently push the dentures forward and down. Remove lower dentures by running your glove finger along the lower gum line and pushing the dentures forward and up.
7. Place the dentures in a clean denture cup.
8. Provide water or a diluted mouthwash solution (1 ounce mouthwash to 1 ounce water) for the client to rinse his mouth. Allow client to spit liquid into an emesis basin or sink.
9. If desired the client may brush his gums with a soft toothbrush moistened with water or a diluted mouthwash to stimulate circulation to the gums.
10. If the client is unable to assist, provide oral care according to the procedure for providing oral care to a helpless client.
11. Wipe the client's mouth with the towel. If available, lubricate the lips with lip balm.
12. Fill a clean sink with 3-4 inches of cool water and place a clean washcloth on the bottom of the sink.
13. Rinse the dentures under cool running water.
14. Brush the dentures using a toothbrush and denture cleaner or toothpaste.
15. Rinse the dentures under cool running water.
16. Assist the client to replace the dentures in the mouth starting with the upper dentures first.

17. If the client does not wish to wear the dentures, store them in a clean denture cup filled with cool water or an appropriate solution as desired by the client.
18. Remove, clean and store equipment.
19. Remove and dispose of gloves.
20. Wash your hands.
21. Make the client comfortable.
22. Record observations and report anything unusual to the nurse/supervisor.

## **Chapter Review**

1. What are the four purposes of oral care?
2. When should clients have oral care?
3. What observations should the In-Home Aide make while giving oral care?
4. What are the key points in the care of dentures?
5. How can you assist with oral care according to proper procedure?
6. How do you administer oral care to the client who is helpless or unconscious according to proper procedure?
7. How should you provide denture care according to the proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List the four purposes of oral care.
  - a.
  - b.
  - c.
  - d.
2. When should oral care be done?
3. List three observations the In-Home Aide can make while giving oral care.
  - a.
  - b.
  - c.
4. How do dentures become warped?
5. How should dentures be cleaned?

## **Chapter 14**

### **NAIL CARE**

#### **What You Will Learn**

- The purposes of nail care
- Observations to make when giving nail care
- Specific measures related to nail care
- How to give fingernail care according to proper procedure
- How to give toenail care according to proper procedure

#### **Purposes of Nail Care**

Nail care is an important part of the client's personal care. It gives the client a neat appearance and prevents scratches from long nails. Cleaning under the nails decreases bacterial buildup that could cause infections. Good nail care plays an integral role in helping the client feel well groomed. An In-Home Aide can also use this time to talk with the client and meet the client's emotional needs as well.

#### **Observations to Make When Giving Nail Care**

As with other areas of personal care, your observations are important. When giving nail care look for:

- Cuts
- Calluses, corns
- Changes in skin color
- Complaints of tenderness or pain
- Swelling of feet, legs, or hands
- Thick or brittle nails that are hard to trim
- Changes in nail color. Nails may become black if there is a fungal infection or injury.

#### **Specific Measures Related to Nail Care**

The best time to perform nail care is after the client's bath. Nail care can also be given after soaking the hands or feet in a basin of warm water for 10-15 minutes to soften the nails. When giving nail care, make sure you have a good source of light so you can see what you are doing. Fingernails should be cleaned every day. Some clients may need their nails trimmed once a week. Others may need their nails trimmed more often.

Trim toenails straight across. Do not trim the nails too close to the flesh. Usually clippers are used rather than scissors. Trimming the nails weekly makes the job easier. Shape and smooth fingernails with an emery board after clipping. Fingernails are usually shaped with a slightly rounded edge.

When you are finished, dry thoroughly between the client's toes and fingers. Excess moisture can lead to skin break down.

A licensed nurse or podiatrist (a physician who specializes in the care of the feet) should cut the toenails of a client who is diabetic. People with diabetes may have poor circulation. Accidentally cutting the skin around the nails can lead to a serious and possibly life threatening infection. Always follow the in-home provider's policies and procedures regarding trimming client's nails.



Clients who are incontinent should have their fingernails cut short so that the feces do not collect under the nails.

Some clients may be able to clean their own fingernails with assistance (see Figure 14.1). Provide assistive devices per service plan.

*Figure 14.1: Suction Cup Fingernail Brush*





## **Chapter 14**

### **NAIL CARE**

#### **PROCEDURE FOR GIVING FINGERNAIL CARE:**

1. Gather necessary equipment.

**NOTE: WHEN NECESSARY, INCLUDE A SUPPLEMENTARY LIGHT TO PROVIDE A WELL-LIT WORKING AREA.**

2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. If client is in bed, raise the backrest. Place a towel under the hand.
5. If the client is in a chair, place a table in front and place a towel on the table.
6. Place a basin of warm, soapy water on the towel.
7. Soak the fingers in the warm, soapy water for 5-10 minutes. Soak one hand at a time or soak both at the same time.
8. Rinse hands with clear, warm water and dry with the towel. Remove basin when finished soaking.

**NOTE: IF THE CLIENT HAS JUST BEEN BATHED, STEPS 5-8 MAY BE OMITTED.**

9. Place towel under client's dried hands.
10. Gently remove dirt from around and under each fingernail with an orange stick. Use paper towel to clean orange stick.
11. Trim nails if needed.
12. Shape and smooth nails with an emery board.
13. Rub lotion on hands.
14. Repeat steps 9-13 for the other hand.
15. Have client exercise hands by alternately stretching them and making a fist.
16. Remove, clean, and store equipment.
17. Wash your hands.
18. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 14**

### **NAIL CARE**

#### **PROCEDURE FOR GIVING TOENAIL CARE:**

1. Gather necessary equipment.

**NOTE: THIS SHOULD INCLUDE A SUPPLEMENTARY LIGHT, IF NECESSARY, TO PROVIDE A WELL-LIT WORKING AREA.**

2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. If possible, assist client out of bed into a chair.
5. Place bath mat or towel on the floor.
6. Fill basin with warm, soapy water.
7. Place basin of water on bath mat or towel.
8. Assist client to place his feet in basin of warm, soapy water.
9. Soak feet 5-10 minutes to soften nails.
10. Wash feet with soap and water.

**NOTE: IF THE CLIENT HAS JUST BEEN BATHED, STEPS 6-10 MAY BE OMITTED.**

11. Rinse and dry feet, especially between the toes.
12. Gently clean toenails with an orange stick.
13. If toenails are long and need to be cut, report to nurse/supervisor or if the in-home provider policy allows, cut nails straight across top of the toe, making certain the nail does not extend beyond the toe.
14. File rough edges to prevent snagging.
15. Apply lotion to feet. Avoid area between the toes.
16. Remove, clean, and store equipment.
17. Remove your gloves and wash your hands.
18. Report reddened, irritated, callused areas, or breaks in the skin to nurse/supervisor.

## **Chapter Review**

1. What are the purposes of nail care?
2. What observations can you make when giving nail care?
3. What are specific measures related to nail care?
4. How should you give fingernail care according to proper procedure?
5. How should you give toenail care according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List three purposes of nail care.
  - a.
  - b.
  - c.
2. List four observations the In-Home Aide can make when performing nail care.
  - a.
  - b.
  - c.
  - d.

**Circle the letter of the correct answer.**

3. Which of the following statements is correct regarding nail care?
  - a. Trim toenails at an angle.
  - b. Soak the nails to make them softer.
  - c. Perform nail care in dim or low light.
  - d. Do not allow clients to assist with nail care.
4. Nail care should be done \_\_\_\_\_.
  - a. on a daily basis
  - b. on a monthly basis
  - c. if the client requests
  - d. as needed for each client

## Chapter 15

### HAIR CARE

#### **What You Will Learn**

- Three purposes of hair care
- When hair care should be done
- Observations to make when giving hair care
- Specific measures related to hair care
- How to comb/brush hair according to proper procedure
- How to give a shampoo during tub bath/shower bath according to proper procedure
- How to give a bed shampoo according to proper procedure

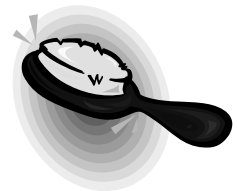
#### **Purposes of Hair Care**

Good hair care is important as a morale booster and for maintaining a clean and attractive appearance. It cleans hair of dirt particles and dead cells and prevents matting. Brushing the hair stimulates circulation of the scalp and brings nutrients to the roots.

#### **When Hair Care Should be Done**

The hair should be combed or brushed each morning and during the day as needed. Hair should be washed at least weekly and more often if indicated in the service plan. Younger clients may have their hair washed daily because their hair is oilier. Some clients are able to comb or brush their own hair using assistive devices (see Figure 15.1).

*Figure 15.1,  
Large-Handle  
Hair Brush*



#### **Observations to Make**

When giving hair care to the client observe the scalp for sores or redness. Look for swollen areas or places the client tells you are painful. A dry scalp can result in dandruff and flaking. Remember to report your observations to the nurse/supervisor.

#### **Specific Measures Related to Hair Care**

When combing or brushing the hair, place a towel around client's shoulders to prevent hair from getting onto clean clothes. Style the client's hair according to their preference. Be sure to clean comb and brush AFTER EACH USE. NEVER trim the client's hair.

When giving shampoo, the water temperature should be 105° F. In addition, the room should be free of drafts, preferably 75° to 80° F to prevent chilling. If using a nozzle to apply water to the hair, keep one finger in the stream of water to ensure correct temperature. After washing the client's hair, rinse all soap from scalp to prevent irritation and dryness.

Hair texture can range from thick and coarse to thin and silky. Clients with thick and coarse hair have special hair care needs. The hair and scalp may be oiled lightly each week per the client's or family's request. A shampoo should be given every week or two. If the hair is washed too often, it dries out and breaks off. To wash coarse, thick hair, use a good softening shampoo such as a baby shampoo or a special professional shampoo. Because the hair tangles easily, use a conditioning detangler.

After rinsing the hair, gently towel dry. Use a wide-toothed comb to comb through the hair while it is damp. Apply a hair dressing if requested by the client. If the hair is to be braided, do so while it is damp, it takes about four hours for braided hair to dry naturally. After it is braided, you can use a hair bonnet dryer or blow-dryer to dry the hair more quickly. Also, you can let the hair dry by allowing it to hang loose. However, you must constantly comb the hair to prevent tangles. Then apply a hair cream/dressing to the hair and braid.

If the client requests her hair curled, roll each section of hair on a roller. Some clients may wish you to apply a setting lotion to each section of hair before curling it. Cover the hair with a net if desired. The hair is now ready to be dried. Once dried, unroll the hair and style as desired.

Use hair dryers with extreme caution. Check the air temperature frequently. If using a handheld dryer, keep your hand under the air stream so you will know what the temperature is. Do not use a hair dryer while the client is in the tub because the dryer may come in contact with water and cause electrocution. The hair dryer should be on low setting.

Provide the client with assistive devices per the service plan to increase the client's independence.

## **Chapter 15**

### **HAIR CARE**

#### **PROCEDURE FOR COMBING/BRUSHING HAIR:**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. Place a towel across the pillow if the client is in bed. For the sitting client, place a towel around shoulders.
6. If the client wears eyeglasses, remove them and put them in a safe place. Remove hairpins, combs, etc.
7. Brush or comb hair gently using downward strokes. To remove tangles, start at the bottom of the hair and work toward the scalp.
8. Arrange hair as desired by the client.
9. Replace eyeglasses if previously removed.
10. Remove, clean, and store equipment.
11. Wash your hands.
12. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 15**

### **HAIR CARE**

#### **PROCEDURE FOR GIVING A SHAMPOO DURING TUB BATH/SHOWER BATH:**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. Adjust water temperature to 105° F.
6. Position client appropriately in tub or shower.
7. Ask client to hold folded washcloth over eyes.
8. Apply water to the hair until it is completely wet using nozzle or pitcher.
9. Apply a small amount of shampoo. Work up lather, massaging well with fingertips.
10. Rinse thoroughly, working from front to back.
11. Repeat washing and rinsing, if necessary.
12. Apply conditioner if desired. Rinse thoroughly.
13. Towel-dry the client's hair gently.
14. Encourage the client to comb his own hair to remove snarls and tangles, if able.
15. Apply rollers or set hair if this is to be done.
16. Dry hair with a hair dryer if desired.
17. If used, remove curlers when hair is dry. Comb or brush hair and arrange as client desires.
18. Make the client comfortable.
19. Remove, clean, and store equipment.
20. Wash your hands.
21. Record observations and report anything unusual to nurse/supervisor.



## **Chapter 15**

### **HAIR CARE**

#### **PROCEDURE FOR GIVING A BED SHAMPOO:**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. Raise adjustable bed to its highest horizontal position.
6. Place chair or footstool at the side of the bed near the client's head and cover with a small towel. Set basin or bucket on chair.
7. Move client to side of bed. Cover with bath blanket and fanfold top linens to foot of bed without exposing the client.
8. Remove pillow and replace with a thick towel.
9. Place one towel under client's head and one around shoulders.
10. Place shampoo trough or plastic under head to form a drain into the bucket.
11. Put a cotton ball in each ear of the client.
12. Apply water to hair until it is completely wet, using a pitcher.
13. Apply small amount of shampoo. Work up lather while massaging with fingertips.
14. Rinse thoroughly, working from front to back.
15. Repeat washing and rinsing, if necessary.
16. Apply conditioner if desired. Rinse thoroughly.
17. Squeeze excess water from hair, apply towel to hair.
18. Remove shampoo trough and place in bucket.
19. Remove cotton balls from client's ears. Use another towel to dry client's hair.
20. Encourage client to comb own hair to remove snarls and tangles if able.

21. Apply rollers or set hair if this is to be done.
22. Dry hair with a hair dryer if desired.
23. When hair is dry, remove curlers. Comb or brush hair and arrange as client desires.
24. Make the client comfortable.
25. Remove, clean, and store equipment.
26. Wash your hands.
27. Record observations and report anything unusual to nurse/supervisor.

### **Chapter Review**

1. What are the three purposes of hair care?
2. When should hair care be done?
3. What observations can you make when giving hair care?
4. What are some specific measures related to hair care?
5. How do you comb or brush hair according to proper procedure?
6. How do you give a shampoo during tub bath/shower bath according to proper procedure?
7. How do you give a bed shampoo according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List three purposes of hair care.
  - a.
  - b.
  - c.
2. When should the following hair care be done?
  - a. Combing and brushing –
  - b. Shampooing hair –

**Circle the letter of the correct answer.**

3. Which of the following are appropriate observations to make while doing hair care?
  - a. Corns and calluses
  - b. Halitosis and swollen gums
  - c. Sores and dandruff
  - d. Tooth decay and plaque
4. Which of the following statements is correct regarding hair care?
  - a. Style hair according to the client's preference.
  - b. If the client does not have a comb, borrow one.
  - c. Clean the client's comb and brush on a weekly basis.
  - d. The optimum room temperature for shampooing hair is 65 - 70° F.

## Chapter 16

### PERINEAL CARE

#### **What You Will Learn**

- The purposes of perineal care
- Specific measures to take while giving perineal care
- How to give perineal care to the male client according to proper procedure
- How to give perineal care to the female client according to proper procedure

#### **Purposes of Perineal Care**

Perineal care is usually called “peri care.” It means washing the genitals and anal area. Peri care can be done during a bath or as a separate procedure. Peri care prevents skin breakdown of perineal area, itching, burning, odor, and infections. Perineal care is very important in maintaining the clients' comfort. More frequent care is required for clients who are incontinent or for those who have an indwelling catheter. Make every effort to respect the modesty of clients and be gentle when cleansing this sensitive area.

#### **Specific Measures Related to Peri Care**

Other than soap and water, different products may be used when giving peri care. Some clients use a non-rinse peri-wash, a peri-wash that requires rinsing, skin-barrier creams, or pre-moistened wipes. Use peri care products according to the service plan and follow the manufacturer's directions for use.

Always wear gloves when giving peri care to protect yourself and the client. Offer the client a bedpan/urinal or assist him to the bathroom before starting. Warm water on the perineal area may stimulate the need to urinate. Be very gentle when washing the area. The perineal area is more sensitive to temperature than the rest of the body. The water may be more comfortable if it is slightly cooler than the temperature of bath water. Position the client in the "back-lying" and/or "side-lying" position when giving peri care. A towel or bedpan may be placed under the hips to assist in peri care.

When giving peri care to the female client, observe for odors and vaginal discharge that may indicate vaginal yeast infection. Always wash from front to back to prevent spreading fecal matter from anal area to vagina or urethra (opening to bladder).

Peri care for the male client is started at the tip of the penis. For uncircumcised males, retract the foreskin, wash the tip of penis, and then return the foreskin over the tip of penis. If the foreskin is not returned, circulation can be affected which could lead to tissue damage. Make sure to rinse thoroughly and pat dry.

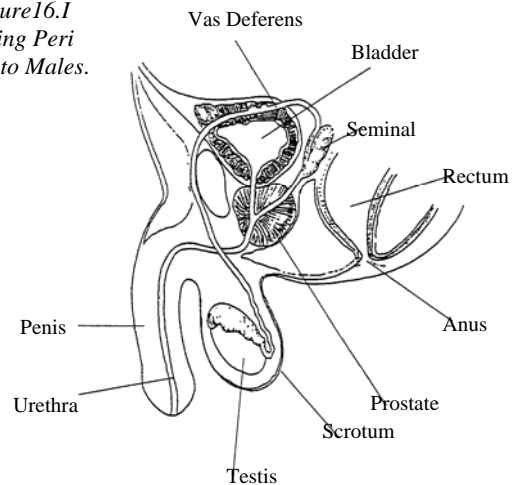
## Chapter 16

### PERINEAL CARE

#### PROCEDURE FOR GIVING PERI CARE TO THE MALE CLIENT:

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Client should be in back-lying or side-lying position; place towel or bedpan under hips.
6. Fill basin with warm water.
7. Cover client with a towel or sheet.
8. Expose perineal area. Using a circular motion, gently wash the penis by lifting it and cleaning from the tip downward. Rinse and dry. (Figure 16.1)
9. Wash and rinse the scrotum.
10. Wash and rinse other skin areas between the legs.
11. Wash and rinse the anal area.
12. Pat the peri area dry.
13. May apply a light dusting of powder under scrotum to prevent rubbing on skin (optional) as per service plan.

*Figure 16.1  
Giving Peri  
Care to Males.*



**CAUTION: AVOID SHAKING POWDER OVER THE CLIENT BECAUSE IT MAY CAUSE RESPIRATORY IRRITATION FOR THE CLIENT AND/OR IN-HOME AIDE.**

14. Remove towel or sheet.
15. Remove and dispose of gloves.
16. Remove, clean, and store equipment.
17. Wash hands.
18. Make the client comfortable.
19. Record observations and report anything unusual to nurse/supervisor.

## Chapter 16

### PERINEAL CARE

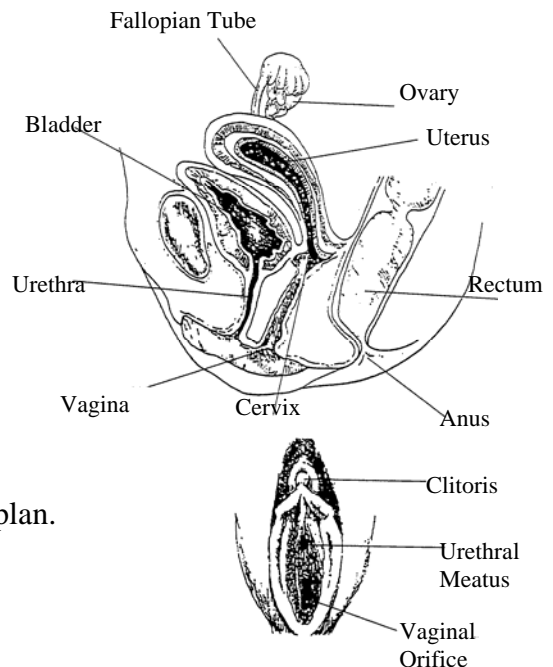
#### PROCEDURE FOR GIVING PERI CARE TO THE FEMALE CLIENT:

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Assist client to back-lying or side-lying position; place towel or bedpan under hips.
6. Cover client with a towel or sheet.
7. Expose peri area. Gently wash the inner legs and outer peri area along the outside of the labia (see Figure 16.2).

NOTE: USE A CLEAN AREA OF WASH CLOTH FOR EACH WIPE OF PERI AREA PER SERVICE PLAN.

8. Wash the outer skin folds from front to back.
9. Wash the inner labia from front to back.
10. Gently open all skin folds and wash the inner area from front to back.
11. Rinse the area well, starting with innermost area and proceeding outward.
12. Wash and rinse the anal area.
13. Pat the peri area dry.
14. May apply a light dusting of powder to outer peri area (optional) as per service plan.
15. Remove towel, bedpan, or sheet.
16. Remove and dispose of gloves.
17. Remove, clean, and store equipment.

*Figure 16.2, Giving Peri Care to Females*



18. Wash your hands.
19. Make the client comfortable.
20. Record observations and report anything unusual to nurse/supervisor.

### **Chapter Review**

1. What are the purposes of perineal care?
2. What specific measures should be taken when giving perineal care?
3. How do you give perineal care to the male client according to proper procedure?
4. How do you give perineal care to the female client according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List two purposes of giving peri care.

a.

b.

**Circle the letter that corresponds to the correct answer.**

2. Which of the following statements is correct regarding perineal care?

a. Gloves are optional during peri care.

b. Wash the peri area with soap and cold water.

c. Wash from front to back when providing peri care.

d. The client lies on his/her stomach during peri care.

3. Why is the client offered the bedpan or urinal before beginning peri care?

4. When providing peri care always wash from \_\_\_\_\_ to \_\_\_\_\_.



## Chapter 17

### DRESSING AND UNDRESSING

#### What You Will Learn

- Key points of dressing and undressing
- How to assist the client to dress according to proper procedure
- How to assist the client to undress according to proper procedure
- How to apply elastic stockings according to proper procedure

#### Key Points of Dressing and Undressing

The In-Home Aide often helps the client with dressing and undressing. Encourage appropriate dress depending upon the weather and activities planned for the day. Remember, the elderly often have poor circulation, less body fat, and tend to be less active than younger people. They may complain of feeling cold even if you are warm. Sweaters and jackets are appropriate for many clients even in the summer because they may feel colder. Clients who use a wheelchair or geri-chair may wish to have a blanket or lap robe over their legs to help them stay warm.

Dress the client with clean clothes after bathing and anytime clothing is soiled. Encourage clients who are handicapped to wear clothes that open down the front. Never put a client's clothes on backwards. Encourage the client to select his own clothing.

Complete dress depends upon the client's wishes. Some female clients wear a bra; others may prefer a camisole or undershirt. Some male clients wear boxer shorts and some prefer briefs. The important thing to remember is that the client should be dressed in the type of underwear he chooses. If the client uses a disposable protective brief for incontinence, he may wear underwear over the brief if desired.

Shoes and stockings are important both for warmth and proper support. Always put on client's shoes before he stands up. This helps keep him from slipping.

Monitor the independent client during dressing and assist as needed with buttons, zippers or hard-to-reach areas. Provide assistive devices per service plan to allow the client increased independence when dressing. Figure 17.1 illustrates a self loop fastener (Velcro) shoe closure.

*Figure 17.1*



If the client has a nonfunctioning weak side, dress the arm of the weak side first.

The client who is dependent can be completely dressed before he is transferred to a chair. Elasticized stockings, sometimes called TED hose or anti-embolism stockings reduce inflammation of the veins in the leg that can cause blood clots. They also reduce edema in the legs. If used, apply elastic stockings before getting the client out of bed. Stockings should be applied evenly and smoothly. For clients who wear stockings 24 hours a day, stockings should be removed and reapplied after 30 minutes with a.m. and p.m. care.

Check the service plan regarding whether the client should wear stockings while sleeping at night. Stockings should be washed in mild soap and hung to dry every evening per nurse/supervisor direction.

Remember the importance of allowing clients to do anything they can. However, if clients are ill or disabled, the In-Home Aide will be responsible for dressing them.

## **Chapter 17**

### **DRESSING AND UNDRESSING**

#### **PROCEDURE FOR ASSISTING A CLIENT TO DRESS:**

1. Wash your hands.
2. Gather necessary clothing.
3. Explain what you are going to do.
4. Provide privacy.
5. Provide assistive devices as per service plan.
6. Assist client in removing gown, pajamas, or soiled clothing.
7. If client is in bed, put on underclothes, stockings, and pants while lying down.
8. Bra.
  - a. Instruct client to slip arms through the shoulder straps.
  - b. Position properly and fasten.
9. Undershirt/slip.
  - a. Assist or have client put arms into undershirt/slip first.
  - b. Assist or have client put head into undershirt/slip.
  - c. Check and make sure undershirt/slip does not remain rolled up on the client's back; pull down to waist.
10. Stockings/socks.
  - a. Fold the stocking down from the opening to just beyond the heel.
  - b. Support client's ankle and slip folded stocking over the toes; position it over the heel and pull it up smoothly over the leg.
11. Underpants/pants (disposable protective briefs if worn by the client).
  - a. Put both legs in pants; slide up to hips.
  - b. Have the client lift his hips and pull pants up. If the client is unable to lift his hips, turn to one side and slip pants over hip, then turn to opposite side and pull pants over the other hip.

- c. Zip the zipper and fasten snap or button (if applicable).
- d. If the client has a catheter, leave the fly open to allow for tubing then pin the fly shut. If the client has a leg bag, make sure it is not visible when he is dressed.

12. Shoes.

- a. Always help client put on shoes before standing up from bed to avoid slipping on floor.
- b. Loose laces and pull tongue of shoe forward and up.
- c. Support client's ankle as you slide the toes, foot, and heel into the shoe.

NOTE: USE A SHOEHORN, IF AVAILABLE.

- d. If possible, have the client stand and tie his shoelaces.



13. Raise the head of the bed to a near sitting or assist client into a sitting position on side of bed or into a chair at bedside.

14. Dress/shirt.

- a. Apply arm protectors per the service plan if necessary.
- b. Assist or have client put weak arm in sleeve of garment first while there is more "give."
- c. Put other arm in next.
- d. If both arms are weak, put on dress over feet then put arms in sleeves.

15. Pullover sweater or shirt is put on like undershirt.

16. Wash your hands.

17. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 17**

### **DRESSING AND UNDRESSING**

#### **PROCEDURE FOR ASSISTING A CLIENT TO UNDRESS:**

1. Wash your hands.
2. Gather necessary clothing.
3. Explain what you are going to do.
4. Provide privacy.
5. Provide assistive devices as per service plan.
6. Assist client from chair to the bed; if he is able, have the client sit on side of bed. If the client is unable, help him to lie down.
7. Remove shoes (if client is lying down).
  - a. Loosen shoelaces and pull tongue of the shoe forward and up.
  - b. Support ankle and slide foot out of shoe.
  - c. Store shoes in closet.
8. Remove stockings.
  - a. Fold stocking down to ankle.
  - b. Support ankle and slide stocking off foot.
9. Pullover sweater or shirt.
  - a. Loosen first (unzip/unbutton) and grasp the bottom of garment at back and pull to the neck.
  - b. Pull over head.
  - c. Pull garment off the arms.
10. Dress or shirt.
  - a. Loosen and remove the sleeve of the garment from the strong arm first.
  - b. If the client is lying down, roll client and tuck the half-removed garment under client.

- c. Return the client to back; turn him slightly in the opposite direction; grasp the garment and pull out.
  - d. Remove garment from weak arm.
  - e. Follow same sequence if client is sitting up.
- 11. Pants/underpants.
  - a. Unfasten pants at waist and unzip.
  - b. Have client stand if able and pull pants down legs.
  - c. If the client is lying down, have him lift hips up and slip pants down over buttocks. If the client is unable to do this, roll client towards you, slip pants down over hip, then return client to back, roll to opposite side, and pull pants down over other hip.
- 12. Undershirt/slip is removed following the same steps as for pullover sweater/shirt.
- 13. Bra.
  - a. Unfasten bra or assist client to unfasten bra.
  - b. Slip arms out of shoulder straps.
- 14. Hang clean clothes like sweaters in closet. Place soiled garments in appropriate container.
- 15. Wash your hands.
- 16. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 17**

### **DRESSING AND UNDRESSING**

#### **PROCEDURE FOR APPLYING ELASTIC STOCKINGS:**

**NOTE: ELASTIC STOCKINGS ARE NOT THE SAME AS ELASTIC BANDAGES (ACE WRAPS) OR JOBST STOCKINGS. THE IN-HOME AIDE IS NOT PERMITTED TO APPLY EITHER OF THESE PRODUCTS.**

1. Wash your hands.
2. Gather necessary stockings.
3. Explain what you are going to do.
4. Provide privacy.
5. With the client lying down, expose one leg at a time.
6. Grasp stocking at top with both hands and fold toward toe end with raised seams on the outside.
7. Adjust over the client's toes with opening at base of toes.
8. Apply stocking by folding upward toward the body.
9. Check to be sure the stocking is applied evenly and smoothly, without wrinkles. Avoid pulling hair on the client's legs.
10. Repeat procedure on opposite leg.
11. Wash your hands.
12. To remove elastic stockings, gently slide the stocking down the legs, over the heels, and then remove. Be careful to avoid damaging the skin or pulling the client's hair. When removing elastic stockings, observe the skin on the client's legs and feet and report anything unusual to the supervisor/nurse.

**NOTE: STOCKINGS SHOULD BE WASHED IN MILD SOAP AND HUNG TO DRY PER CLIENT'S OR SUPERVISOR'S DIRECTION.**

### **Chapter Review**

1. Key points of dressing undressing.
2. How to assist the client to dress according to proper procedure.
3. How to assist the client to undress according to proper procedure.
4. How to apply elastic stockings according to proper procedure.



### **Student Exercise**

**Circle the letter that corresponds to the correct answer.**

1. Elderly clients may feel colder due to:
  - a. senility.
  - b. obesity.
  - c. poorer circulation
  - d. inadequate heating systems
2. Complete dress for the clients includes:
  - a. purse and umbrella
  - b. shoes and stockings
  - c. tie and suspenders
  - d. wrist watch and jewelry

**Complete the following short-answer questions.**

3. List four assistive devices used for dressing.
  - a.
  - b.
  - c.
  - d.
4. What is the purpose of elastic stockings?
5. How should elastic stockings be washed and when should they be washed?

## Chapter 18

### BED BATH

#### **What You Will Learn**

- The four purposes of bathing
- The difference between a complete bed bath and a partial bed bath
- Specific measures related to giving a bed bath
- How to give complete bed bath according to proper procedure

#### **Purposes of Bathing**

Bathing is an important part of personal hygiene. Bathing cleans the skin and makes the client more comfortable. It stimulates the circulation and relaxes the client. It is a good opportunity to observe the condition of the client's body as well as communicate with the client.

#### **Complete Bed Bath versus Partial Bed Bath**

A complete bed bath involves washing the entire body. A partial bed bath involves washing the face, hands, underarms and genital/perineal area.

#### **Specific Measures Related to Giving a Bed Bath**

Offer the bedpan/urinal before starting the bath.

Warm water can stimulate the urge to urinate or defecate. Water temperature is warmer for a bed bath (115° F) than a shower or tub bath because it cools quickly at the bedside. Change the water when it becomes soapy, cold or dirty. Clean, fresh water is necessary to clean the client.

*Figure 18.1, Washcloth Mitt*



Washing the farthest extremity first prevents dripping water across the part you have already cleaned. Use a washcloth mitt when washing the client. This helps you to avoid dangling the ends of the washcloth, which allows water to drip onto the client (see Figure 18.1).

Place the hands and feet in a basin of water (if client is able). This is relaxing, makes the client feel cleaner, and helps soften the nails. Nail care may be administered at this time. Do not leave soap in water. Use a soap dish or washcloth to prevent the bath water from becoming too soapy. Rinse all soap from skin to prevent it from drying the skin.

Remember to treat clients with dignity and respect during this very personal activity.

## **Chapter 18**

### **BED BATH**

#### **PROCEDURE FOR A COMPLETE BED BATH:**

**NOTE:** EQUIPMENT FOR ORAL HYGIENE, SHAVING, HAIR, AND NAIL CARE IS NEEDED ONLY IF SUCH CARE IS BEING COMPLETED AT THIS TIME.

**CAUTION:** IF NECESSARY FOR THE CLIENT (PER SERVICE PLAN), ELEVATE THE SIDE RAILS WHEN LEAVING THE BEDSIDE.

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Offer bedpan/urinal then empty, clean, and put it away.
6. Remove gloves and discard in appropriate container. Wash hands. Put on clean gloves.
7. Place client in supine position near the side of the bed nearest you.
8. Un-tuck bed linens.
9. Remove bedspread and blanket; fold and place on chair if reusing; otherwise, place in laundry basket.
10. Cover top sheet with a large towel. Ask the client to hold the towel in place; if unable, tuck under client's shoulders.
11. Remove top sheet without disturbing the towel and place in laundry basket at bedside.
12. Remove client's gown or pajamas.
13. Fill bath basin 2/3 full of warm water (115° F). Check temperature with inner aspect of arm.
14. Place a towel across the client's chest.
15. Wet washcloth and squeeze out excess water. Make a washcloth mitt.
16. Wash eyes first. Start at inner corner and work out. Use different area of washcloth for each eye. Don't dangle the ends of the washcloth.

NOTE: DO NOT USE SOAP ON OR NEAR THE CLIENT'S EYES.

17. Wash, rinse, and dry face, ears, nose, and mouth.

NOTE: ASK THE CLIENT IF HE WANTS SOAP USED ON HIS FACE.

18. Wash, rinse, and dry neck.
19. Expose arm farther from you; place towel under arm up to axilla.
20. If the client is able, place a basin of water on the bed and immerse client's hand in water and wash.
21. Wash and rinse far shoulder, axilla, arm, and hand.
22. Remove the basin and dry the client's arm, shoulder, and hand.
23. Repeat steps 21-23 with arm closer to you.
24. The In-Home Aide may perform fingernail care at this time.
25. Place towel across chest.
26. Wash and rinse chest and breasts while lifting towel.
27. Dry skin thoroughly.
28. Keep chest covered with towel.
29. Wash, rinse, and dry abdomen.
30. Change bath water in basin. Obtain a clean washcloth.
31. Expose the farther leg; flex (bend) leg and place bath towel lengthwise under the leg up to the buttocks.
32. Wash and rinse leg and foot.
33. Dry leg, foot, and in between toes.
34. Repeat steps 32-34 on leg nearer you; cover client with bath blanket.
35. May perform toenail care at this time.
36. Place the towel and washcloth in a laundry basket and get clean ones.
37. Change bath water in basin. Obtain a clean washcloth.
38. Ask or assist the client to turn on his side with back towards you.

39. Fold a towel over the client's side to expose his back and buttocks; place clean towel parallel to client's back.
40. Wash, rinse, and dry the client's back and buttocks.
41. Give backrub using warmed lotion.
42. Turn client to back; place clean towel under buttocks.
43. If client is able, provide wash cloth, soap, and towel and instruct him to wash and dry peri area.
44. If the client is unable, wash peri area from front to back.
45. Place dirty linen in appropriate container.
46. Remove and dispose of gloves. Wash hands.
47. If client did own peri care, provide fresh water for client to wash hands.
48. Apply warmed lotion and deodorant as needed.
49. Put clean clothing on client without exposing him.
50. Remove, clean, and store equipment.
51. Wash your hands.
52. Make the client comfortable.
53. Record observations and report anything unusual to nurse/supervisor.

NOTE: LINENS ARE USUALLY CHANGED WHEN THE BED BATH IS COMPLETED, USING THE PROCEDURE FOR OCCUPIED BED MAKING.

### **Chapter Review**

1. What are the four purposes of bathing?
2. What is the difference between a complete bed bath and a partial bed bath?
3. What are specific measures related to giving a bed bath?
4. How do you give a complete bed bath according to proper procedure?

## **Student Exercise**

### **Complete the following short-answer questions**

1. List the four purposes of bathing a client.
  - a.
  - b.
  - c.
  - d.
2. Explain the difference between a complete bed bath and a partial bed bath.
3. In what order should the following areas be bathed during a bed bath? Number from 1 to 11 in the correct sequence.

____ neck	____ eyes
____ arms	____ abdomen
____ back	____ genitals/peri area
____ feet	____ legs
____ face	____ buttocks
____ chest and breasts	

### **Circle the letter that corresponds to the correct answer.**

4. Which of the following statements is correct regarding a bed bath?
  - a. Water applied to the skin during a bath can make a client feel like he had to urinate.
  - b. A washcloth mitten is used as a restraint for the client's hand during a bed bath.
  - c. Water used for a bed bath should be a cooler temperature than water used for a tub bath.
  - d. Wash the extremity closest to you first to avoid bending and dripping water on the client.

## Chapter 19

### TUB BATH AND SHOWER

#### What You Will Learn

- Key points to follow while giving a tub bath
- Key points to follow while giving a shower
- Observations to be made during a tub bath or shower
- How to give a tub bath according to proper procedure
- How to give a shower according to proper procedure

#### Key Points of Giving a Tub Bath

Bathing should be a relaxing pleasurable experience for the client. Let the client choose which type of bath to take if not specified in the service plan. This is an ideal time to observe the client's skin condition and identify problem areas.

Tub baths are given to clients who can get out of bed but may not like showers. The tub bath can provide greater relaxation than a bed bath or a shower and helps some clients feel cleaner.

When giving a tub bath, pay attention to safety considerations. The tub should be filled with an adequate amount of warm water (105° F) to cleanse the client. Never fill a tub deeper than waist deep. Do not add bath oil to the water because it makes the surface of the tub slippery and can cause falls. Place a bath mat or towel on the floor outside of the tub to prevent the client from slipping on a wet floor when he steps out of the tub. Do not leave the client unattended while in the tub.

The client usually stays in the tub for 10-15 minutes. A longer period would allow the water to cool and could result in the client becoming chilled. Keep the bathroom at 75°-80° F and ensure that it is free from drafts. This helps keep the client warm during the bath.

Some clients may be able to bathe with assistance.

Provide adaptive equipment as indicated in the service plan (see Figures 19.1). Once a towel has been used to dry any area below the waist, it should not be used on any area above the waist.

If the client becomes dizzy during a tub bath, drain the water out of the tub, lower the client's head as

much as possible, and cover the client's head with a dry towel.

Fainting is caused by the warm water dilating the blood

*Figure 19.1 Wash Mitt*



*Figure 19.1; Bathing Tools;  
Long-handled spoon*



vessel in the skin. When the circulation to the skin increases, circulation to the brain decreases. This can cause the client to become dizzy or to faint.

### **Key Points of a Shower**

Clients with poor mobility or who have difficulty getting in and out of a bathtub may prefer a shower bath. Some clients prefer a shower because they feel cleaner after a shower than a tub bath.

Safety is also a concern when giving a shower. If a shower chair is used, check it for sturdiness and adjust the height as needed. Place a bath mat or towel on the floor outside of the shower to prevent the client from slipping on a wet floor when he steps out of the shower. Always stay with the client while he is in the shower.

During the shower, keep the client under warm running water to help prevent chilling. Keep the bathroom at 75°-80° F and ensure that it is free from drafts to keep the client warm. When using a handheld shower nozzle, hang it on the handrail or hook if possible. Do not allow it to rest on the bottom of the shower. The floor is always considered dirty.

Some clients may be able to bathe with assistance. Provide adaptive equipment as indicated in the service plan (see Figure 19.1). Once a towel has been used to dry any area below the waist, it should not be used on any area above the waist.

If the client becomes dizzy during a shower, turn off the water. If the client is standing, have him sit down and lower his head as much as possible. Cover the client with a dry bath towel. Fainting is caused by the warm water dilating the blood vessels in the skin. When the circulation to the skin increases, circulation to the brain decreases. This can cause the client to become dizzy or to faint.

### **Observations During a Tub Bath or Shower**

During the tub bath or shower, you have an opportunity to observe the condition of the client's skin. Look for areas of redness, rashes, open skin or complaints of pain or tenderness. Remember to report your observations to the nurse/ supervisor.



## **Chapter 19**

### **TUB BATH AND SHOWER**

#### **PROCEDURE FOR A TUB BATH:**

1. Gather necessary equipment.
2. See that the bathroom is free from drafts; preferably 75°-80° F.
3. Ensure that the bathtub and bath chair (if used) are clean. If needed, clean the tub and chair with a cleaning solution and rinse according to the in-home provider's policy.
4. Place a nonskid mat, towel, or tub chair in the bathtub.
5. Place a bathmat or towel on the floor next to the bathtub.
6. Explain what you are going to do.
7. Wash your hands and put on gloves if needed.
8. Offer toileting.
9. If the client desires to undress in his room, provide privacy and assist the client to undress and put on his robe and slippers.
10. Ambulate or transfer by wheelchair to the bathroom.
11. Fill the bathtub with 105° F water at least half-full and check water temperature on the inner surface of your forearm.
12. Assist the client to remove robe and slippers or undress if he has not already done so.
13. Assist client into the tub according to in-home provider's procedure.
14. Assist the client as needed in washing. If client is unable to help, start with eyes then wash face, ears, neck, arms, hands, chest, abdomen, and back. Ask client if he wants soap used on his face.
15. Rinse with warm water.
16. Wash legs, feet, and in between toes. Rinse with warm water and discard the washcloth in a laundry basket.
17. A shampoo may be given at this time. Cover the client's hair with a towel after shampoo is completed.

18. Ask or assist the client to turn slightly to one side. Wash peri area from front to back and discard the washcloth in a laundry basket.
19. Assist the client out of the bathtub and cover him with a towel. Place a towel around his hair if it is wet.
20. Drain the bathtub.
21. Remove and discard gloves if used.
22. Uncover the client one area at a time and pat dry with a towel.

**CAUTION: ONCE A TOWEL HAS BEEN USED TO DRY AN AREA BELOW THE WAIST, IT SHOULD NOT BE USED ON AN AREA ABOVE THE WAIST.**

23. Apply powder or lotion and deodorant if applicable.
24. Assist the client with dressing.
25. Help the client to the room of his choice and assist with any personal care such as shaving, nail care, and hair care.
26. Make the client comfortable.
27. Return to bathroom, remove soiled articles, and clean the bathtub.
28. Wash your hands.
29. Record observations and report anything unusual to nurse/supervisor.

## **Chapter 19**

### **TUB BATH AND SHOWER**

#### **PROCEDURE FOR A SHOWER BATH:**

1. Gather necessary equipment.
2. See that bathroom is free from drafts, preferably 75°-80° F.
3. If a shower chair is used, ensure that it is clean. If necessary, clean the chair with a cleaning solution and rinse according to the in-home provider's policy.
4. Place a nonskid mat in shower stall if client is standing during shower.
5. Explain what you are going to do.
6. Wash your hands and put on gloves if needed.
7. Offer toileting.
8. If the client desires to undress in his room, provide privacy and assist client to undress and put on his robe and slippers.
9. Ambulate or transfer client by wheelchair to the bathroom.
10. Assist client to remove robe and slippers or undress if he has not already done so; transfer client to shower chair.
11. Turn on the shower and adjust water temperature (95°-105° F). Direct water spray away from client while adjusting. Flow rate should be gentle. Check water temperature on inner surface of your forearm.

**NOTE: KEEP THE SHOWER SPRAY DIRECTED TOWARD THE CLIENT'S BODY SO HE WILL STAY WARM DURING THE SHOWER.**

12. Assist the client as needed in washing. If he is unable to help, start with the eyes then wash face, ears, neck, arms, hands, chest, abdomen, and back. Ask the client if he wants soap used on his face.
13. Rinse with warm water.
14. Wash legs, feet, and in between toes. Rinse well with warm water; discard washcloth in a laundry basket.
15. A shampoo may be given at this time; cover client's hair with a towel after shampoo is completed.

16. Ask or assist client to turn slightly to one side. Wash peri area from front to back and discard the washcloth in a laundry basket.

NOTE: WASH FEMALE LABIA AREA FROM FRONT OF CHAIR; WASH ANAL AREA FROM UNDER CHAIR.

17. Turn off shower and cover client with a towel; place towel around hair if wet.
18. Assist the client out of shower.
19. Remove and dispose of gloves.
20. Uncover client one area at a time and pat dry.

CAUTION: ONCE A TOWEL HAS BEEN USED TO DRY ANY AREA BELOW THE WAIST, IT SHOULD NOT BE USED ON ANY AREA ABOVE THE WAIST.

21. Apply powder, lotion, and deodorant, if applicable.
22. Assist with dressing.
23. Help the client to the room of his choice and assist with any personal care such as shaving, nail care, and hair care.
24. Make the client comfortable.
25. Return to bathroom, remove soiled articles, and clean the shower chair per in-home provider's policy.
26. Wash your hands.
27. Record observations and report anything unusual to the nurse/supervisor.

### **Chapter Review**

1. What key points should you follow while giving a tub bath?
2. What key points should you follow while giving a shower?
3. What observations can you make during a tub bath or shower?
4. How do you give a tub bath according to proper procedure?
5. How do you give a shower according to proper procedure?

## **Student Exercise**

**Complete the following short answer question.**

1. When giving a tub bath, in what order should an In-Home Aide bathe the client's body if he is unable to help?
2. Why is the shower spray directed towards the client's body during a shower?

**Circle the letter that corresponds to the correct answer.**

3. The water temperature for the tub bath should be \_\_\_\_\_.
  - a. 98° F
  - b. 100° F
  - c. 105° F
  - d. 110° F
4. The client in a shower chair should be placed \_\_\_\_\_.
  - a. facing the door of the shower stall
  - b. as close as possible to the shower nozzle
  - c. facing the inside of the shower stall
  - d. about two feet from the shower nozzle
5. Observations to make during a tub bath or shower bath include \_\_\_\_\_.
  - a. redness and rashes
  - b. halitosis and plaque
  - c. dysphagia and nausea
  - d. confusion and unsteady gait
6. Which of the following statements is correct regarding a tub bath or shower bath?
  - a. The client should remain in the tub for 20-25 minutes.
  - b. Lock the bathroom door to ensure privacy for the client.
  - c. Leave the client alone during the bath so he has privacy.
  - d. Oil added to a bathtub make the tub slippery and is a hazard.

## **Chapter 20**

### **BED MAKING**

#### **What You Will Learn**

- The difference between an occupied bed and an unoccupied bed
- Key points relating to bed making
- How to make an occupied bed according to proper procedure
- How to make an unoccupied bed according to proper procedure

#### **The Difference Between an Occupied Bed and an Unoccupied Bed**

Learning the proper procedure for making a bed helps to ensure the client's comfort and sense of well-being. The bed is an important part of the client's home environment. Some clients will spend most of their day in bed. Other clients are able to be out of bed most of the time. While a clean, wrinkle-free bed is important for all clients, it is especially important to the client who spends many hours of the day in bed. An occupied bed is made up with the client in bed. It is usually done after giving a bed bath. When the bed is made while the client is out of the bed it is called an unoccupied bed.

#### **Key Points in Bed Making**

Linens should be changed as needed to ensure cleanliness. This is usually done on the day when the client has a bath or shower. How often linens are changed depends on the needs of the client and his wishes. If a client's bed is wet or dirty from stool, urine, emesis, bleeding or perspiration it should be changed. A client who is incontinent may have a plastic lift sheet covered with a cloth lift sheet or other protective pads or briefs. The bed must be neat and wrinkle-free. Wrinkles are uncomfortable and may lead to the development of pressure sores.

Check linens for dentures, hearing aids, jewelry, glasses, face tissues, or anything else before stripping the bed. Remove soiled linens from the bed without shaking them. Be careful not to bring them into contact with your face or uniform. Linens are covered with the client's germs. Place soiled linens in a laundry basket or plastic bag; NEVER ON THE FLOOR OR NIGHTSTAND. Stacking linens in the order used saves time and excess handling. When placing a case on the pillow you pull the case over while grasping the pillow with the other hand

Use proper body mechanics when making a bed. If the mattress is close to the floor, you may have to kneel on a clean towel to prevent stooping or bending. Remember to keep bed linens off the floor. If the client has a footboard, always place top linens over the footboard to prevent pressure on the client's feet. Follow the manufacturer's directions when making a bed with a specialty mattress.

## **Chapter 20**

### **BED MAKING**

#### **PROCEDURE FOR MAKING AN OCCUPIED BED:**

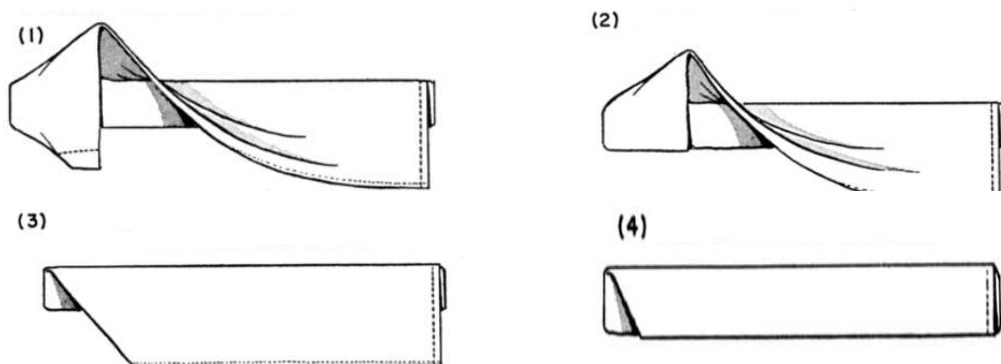
1. Gather necessary linens in the order to be used.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Raise adjustable bed to comfortable working position, side rails up unless you are working on that side.

**CAUTION: DO NOT STEP AWAY FROM THE BEDSIDE WITH THE SIDE RAILS DOWN FOR ANY REASON DURING THE PROCEDURE.**

6. Lower back and knee rest until bed is flat, if client's condition allows.
7. Loosen the top of bedding at foot of bed.
8. Remove spread; fold spread to foot of bed. Remove by grasping center and place on back of chair.
9. Remove blanket according to above procedure.
10. Place clean sheet over top sheet. Ask client to hold the clean sheet in place or tuck under client's shoulders. Remove dirty top sheet and place it in a laundry basket or plastic bag.
11. Keep pillow under client's head and turn client to side of bed you are not making.
12. Loose bottom bedding; free bottom linen and roll each piece to the client's back.
13. Place mattress pad on bed lengthwise with fold in the center.
14. Place bottom sheet lengthwise with a fold in the center.
15. Tuck fitted bottom sheet under the mattress.
16. Fanfold bottom sheet close to the client's back.
17. Center the lift sheet. Fanfold  $\frac{1}{2}$  to the client's back; tuck other end under mattress. Place pads on bed if used.
18. Raise bed side rail; assist client in turning and moving to clean side of bed.
19. Move and keep pillow under client's head.

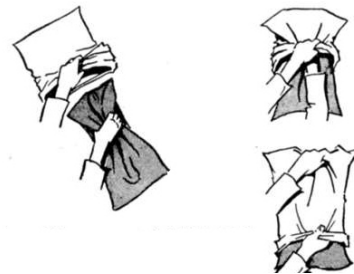
20. Go to opposite side of bed; lower bed side rail.
21. Pull through all bottom linen; remove and discard soiled linen in linen container. Do not allow the soiled linens to come in contact with your uniform.
22. Pull clean mattress pad toward edge of bed and tuck under mattress.
23. Pull clean bottom sheet toward the edge of bed and tuck it under the mattress.
24. Pull the lift sheet, tighten, and tuck it under the mattress. Smooth pads if used.
25. Assist client to the center of the bed.
26. If a blanket is used, place it over the top sheet; place the bedspread (if used) over the blanket even with the top sheet.
27. Tuck in top linens at foot of bed.
28. Tuck sheet, blanket, and bedspread at foot of bed under mattress and miter corners on each side (see Figure 20.2).

*Figure 20.2: Mitered Corner*



29. Change pillowcase and place pillow under the client's head (see Figure 20.3).
30. Lower adjustable bed and recess bed ranks.
31. Wash your hands.

*Figure 20.3, Changing a Pillowcase*





## **Chapter 20**

### **BED MAKING**

#### **PROCEDURE FOR MAKING AN UNOCCUPIED BED:**

1. Gather necessary linens in the order to be used.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Raise adjustable bed to high position; lower bed rails.

**NOTE: BED SHOULD BE IN A FLAT POSITION.**

5. Remove pillow and strip pillowcase.
6. Strip bed and place soiled linen a laundry basket or plastic bag. Do not allow the soiled linen to come in contact with your uniform.
7. Wash and dry plastic covered mattress, if soiled.
8. Remove and dispose of gloves.
9. Wash hands.
10. If used, place mattress pad on bed and pull smooth.

**NOTE: FOR FITTED BOTTOM SHEETS, TUCK IN BOTH SIDES AND MAKE SURE ALL FOUR CORNERS ARE FITTED SECURELY UNDER THE MATTRESS CORNERS.**

11. Tuck in near edge of bottom sheet, working from head to foot (see Figure 20.2).
12. If a lift sheet is used, fold the lift sheet in half and place it over the bottom sheet.
13. Place top sheet, halved, full length of bed, with hem at edge of head end of mattress.
14. Unfold the top sheet and place it level with the top edge of the head of the mattress.
15. Place blanket over top sheet centered on bed and about eight inches down from the edge of the top sheet.
16. Place bedspread (centered) over top sheet and blanket; leave enough spread to cover a pillow at top edge.

17. Miter the lower corner of sheet, blanket, and spread together on near side and allow to hang free (see Figure 20.2).
18. Gather open end of pillowcase in one hand, full length, and grasp pillow edge with same hand. With free hand, fit pillow corners into case (see Figure 20.3).
19. Place pillow on near half of bed with open end of case away from the doorway, walk to far side of bed.
20. Fold back on bed each piece of linen.
21. Pull mattress pad smooth and tuck under mattress from head to foot.
22. Tighten and tuck in lift sheet.
23. Pull top sheet, blanket, and bedspread straight; tuck under foot end of mattress.
24. Miter corner with sheet and blanket, or spread.
25. Place pillow in center of head of bed; pull bedspread over the pillow if used.
26. Lower adjustable bed and recess bed cranks.
27. Raise the bed rail on the opposite side of entry if indicated in service plan.

### **Chapter Review**

1. What is the difference between an occupied bed and an unoccupied bed?
2. What are key points relating to bed making?
3. How do you make an occupied bed according to proper procedure?
4. How do you make an unoccupied bed according to proper procedure?

### **Student Exercise**

**Complete the following short-answer question.**

1. Describe the difference between an unoccupied or occupied bed.

**Circle the letter that corresponds to the correct answer.**

2. Soiled linens should be placed \_\_\_\_\_.
  - a. on the floor
  - b. in a laundry basket
  - c. on the nightstand
  - d. on the chair
3. When making an unoccupied or occupied bed, make the \_\_\_\_\_.
  - a. far side of the bottom sheet first
  - b. near side of the entire bed first
  - c. far side of the entire bed first
  - d. entire bottom first
4. When placing a case on the pillow you should \_\_\_\_\_.
  - a. hold the pillow under your chin and insert pillow from bottom
  - b. lay the pillow on a chair and pull the case over the pillow
  - c. pull the case over while grasping the pillow with the other hand
  - d. lay the pillow on the bedside stand and pull the case over the pillow

## **Chapter 21**

### **SKIN CARE**

#### **What You Will Learn**

- Age related changes affecting the integumentary system
- Observations to make while giving skin care
- Specific measures related to skin care
- The main cause of pressure ulcers
- Pressure areas on the body
- Types of clients prone to formation of pressure ulcers
- Stages of pressure ulcers
- Ways the In-Home Aide can help prevent pressure ulcers
- Observations that should be made about a pressure ulcer
- How to give Stage I pressure ulcer care according to proper procedure

#### **Age Related Changes Affecting the Integumentary System**

As we age our skin becomes thinner and more fragile. The skin loses elasticity and wrinkles develop. Loss of subcutaneous fat causes the older person to feel cold even when you do not. Blood vessels become fragile and skin bruises more easily. Production of oil decreases resulting in dry skin. The older person perspires less and may need to bathe less often. Discoloration and spotting of the skin is common. Hair grays due to loss of pigment and nails become brittle.

#### **Purposes of Skin Care**

We sometimes get so busy feeding, bathing, and toileting our clients that we tell ourselves we don't have time to give skin care. Skin care is important to our clients. Good skin care stimulates circulation, helps prevent skin breakdown, relaxes muscles, and relieves tension.

The client who is bedridden should receive skin care to bony areas at the time of each position change. Remember that the skin of the elderly is fragile and easily damaged. Skin care given improperly can cause discomfort, so be gentle.

## **Observations to Make While Giving Skin Care**

While giving skin care you should observe the condition of the client's skin. You should observe for:

- Irritation or redness
- Rashes
- Bruises
- Swelling
- Excessive dryness
- Sores, lumps, or growths
- Cuts, abrasions, burns
- Mottled skin that is cool to touch
- Condition of skin over bony prominences

Remember to report your observations for the nurse/supervisor.

## **Specific Measures Related to Skin Care**

Treat the client's skin gently. The client must be handled with extreme gentleness to prevent bruising and skin tears. Keep the skin clean and dry at all times and apply lotion frequently. The skin of the elderly is usually dry and needs the moisturizing effect of lotion. Lotions at room temperature are 20° F colder than normal skin temperature. Before applying, warm the lotion by placing the bottle in a pan of warm water or rubbing a small amount in your palms. Apply lotion after bathing a client. To prevent skin breakdown, clients who cannot position themselves must be repositioned at least every two (2) hours; more frequently if indicated by the service plan.

Be cheerful when giving skin care. It is a chance to communicate with your client and should be a pleasant experience.

## **Causes of Pressure Ulcers**

Pressure Ulcers are also called bedsores, pressure sores, decubitus ulcers, and decubiti. A pressure ulcer is an inflammation, sore, or lesion that develops over areas where the skin and tissue underneath are injured. This is due to a lack of blood flow and oxygen supply to an area of the body. Lack of circulation usually results from continuous pressure on the skin over a bony prominence. This can be from the way or length of time a client is positioned. Other things such as heat, moisture, stool, urine, wrinkles from linen, and irritating substances, such as crumbs, can hasten the development of skin breakdown.

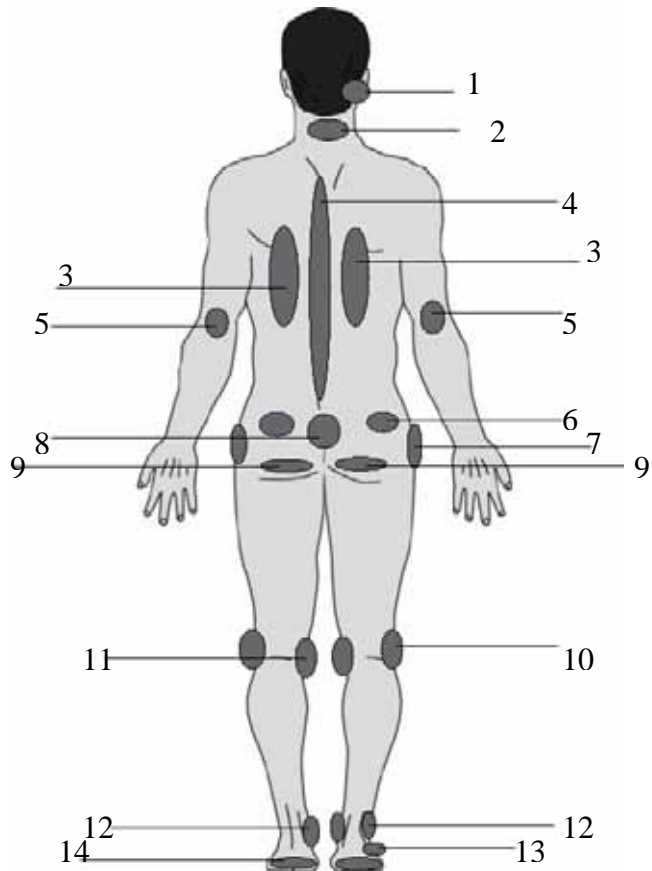
Shearing occurs when the body slides on a surface that moves the skin in one direction and the underlying bones in the opposite direction causing skin breakdown. Most pressure ulcers are preventable with appropriate nursing care.

## **Pressure Areas**

Figure 20.1 shows the areas of the body at highest risk for pressure ulcers. These areas include:

*Figure 20.1, Pressure Areas*

1. Back of the ear.
2. Back of the head.
3. Shoulder blade.
4. Backbone.
5. Elbow.
6. Crest (top) of the pelvis.
7. Hipbone.
8. Coccyx (tailbone) region.
9. Buttocks.
10. Knee Cap.
11. Inside and outside of knee.
12. Inside and outside of ankle.
13. Heel.
14. Sides of feet



### **Clients Prone to Forming Pressure Ulcers**

Some clients have a higher risk of getting pressure ulcer than others. Elderly clients may be a higher risk due to poor circulation, hydration, and nutrition. Clients who are unable to move about freely due to paralysis are a higher risk. Paralyzed clients also have a loss of sensation so they may not feel uncomfortable when there is pressure on their skin.

Clients who are thin and malnourished clients have bony prominence closer to skin's surface. Clients who are obese are at risk of skin breakdown in areas where the skin comes in contact with other skin such as underneath the breasts, between legs and under abdominal folds. Chemicals in stool and urine cause skin irritation. This makes the client who is incontinent at higher risk. Clients with chronic diseases (e.g., diabetes, renal disease, cancer) and clients who are immunocompromised also have an increased risk.

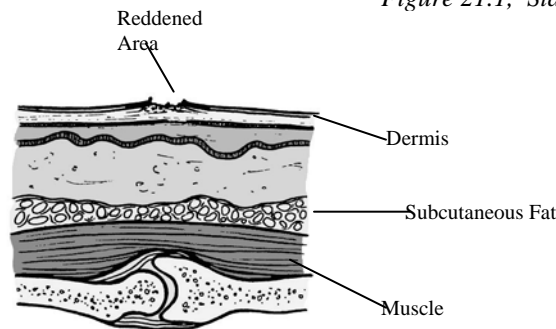
### **Stages of Pressure Ulcers**

NOTE: ALL STAGES OF PRESSURE ULCERS MUST BE REPORTED AND DOCUMENTED

Pressure ulcers develop in stages. They are classified as Stage I, II, III or IV with a Stage IV being the most severe.

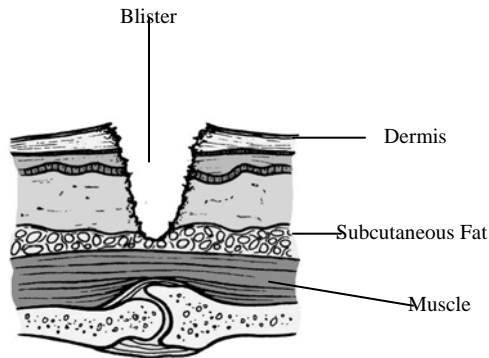
A Stage I (Figure 21.1) pressure ulcer may be superficial or a sign of deeper tissue damage. The client has non-blanchable redness of skin, warmth, redness, or swelling. Stage I pressure ulcers may be difficult to assess especially in a client with darkly pigmented skin. If pressure is reduced or removed, the stage I pressure ulcer can be prevented.

*Figure 21.1, Stage I*



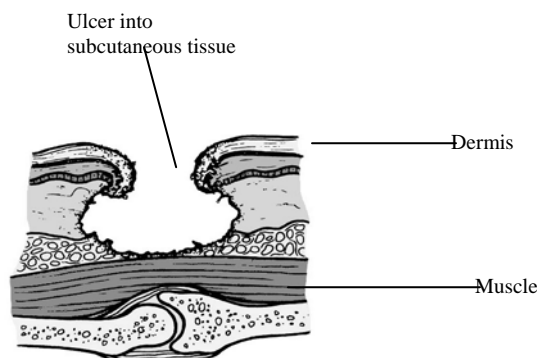
A Stage II (Figure 21.2) pressure ulcer involves partial thickness skin loss involving the epidermis, dermis, or both. It may appear as a blister, abrasion, or shallow crater.

*Figure 21.2, Stage II*



The Stage III (Figure 21.3) pressure ulcer has full thickness skin loss involving damage to or death of subcutaneous tissue that may extend down to, but not through underlying fascia (muscle or bone). It appears as a deep crater with or without undermining of adjacent tissue.

*Figure 21.3, Stage III*



A Stage IV (Figure 21.4) pressure ulcer is the most severe form. There is full thickness skin loss with extensive destruction; tissue death; damage to muscle, bone, tendons, or joints. It may include undermining or sinus tracts (tunneling).

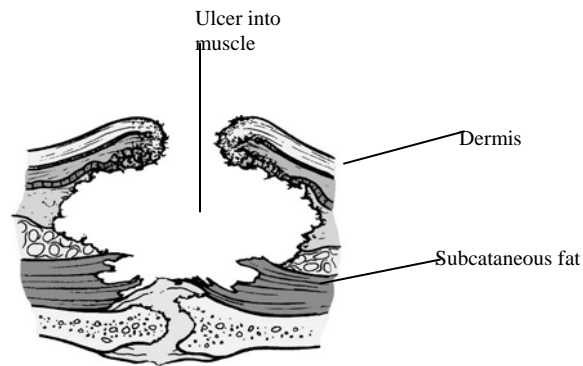


Figure 21.4: Stage IV

Dead (necrotic) tissue may be seen in stages III and IV. Dying tissue may appear black, brown, grey, or yellow and may be either moist or dry.

### **Prevention of Pressure Ulcers**

Most pressure ulcers can be prevented with good care. Check the client's skin condition at least once a day or more often if indicated in the service plan. Promote good circulation by encouraging ROM exercises. A pressure ulcer can be as stressful to the human body as major surgery. For every minute it takes to cause a pressure ulcer, it takes weeks to heal.

Prevent pressure by changing the client's position at least every two hours or more frequently if indicated in the service plan. Use a turning sheet/lift sheet to reduce friction to the skin. Do not position the paralyzed client on his affected area. Encourage clients sitting in a geri-chair or wheelchair to raise themselves every 10-15 minutes.

Use anti-pressure devices as indicated in the service plan. A waterbed distributes pressure evenly over the entire body. Alternating air pressure mattresses keep pressure off half the body at a time. They should be covered with only one sheet and lift sheet to avoid additional layers of material between client and mattress. Do not use pins or any sharp objects near mattress to avoid punctures. Mattress overlays and wheelchair pads cushion the client with foam, gel, water, or air. Pillows provide support and can help when positioning clients in bed. An overbed cradle keeps the weight of top linen off the client's feet and lower legs. Heel and elbow protectors reduce friction and rubbing against bed sheets. A foot elevator reduces pressure on heels. Keep bed linens dry and free of wrinkles and any other irritating substances. Avoid over padding the bed.

Promote good skin condition by keeping the skin clean and dry. Change wet or soiled linens immediately. Treat the skin gently during cleaning and apply lotion or moisture barrier according to the service plan. Avoid vigorous massage of bony areas which can injure the tissue. If used, apply a light dusting of powder or cornstarch. Do not use lotion and powder together. When mixed they can form a thick glue-like paste which can damage the skin.

**CAUTION: DO NOT GET POWDER ON A TILE FLOOR BECAUSE IT CAN CAUSE A SLIPPING HAZARD**



Encourage good nutrition and fluid intake. Provide nutritional supplements as ordered.

### **Observations to Make about Pressure Ulcers**

If the client develops a pressure ulcer or open area on the skin, you will need to make the following observations:

- Location of the pressure ulcer – e.g., “right inner ankle.”
- Condition of the skin – e.g., “reddened area” or “open.”
- Skin temperature – e.g., “warmer to touch than the surrounding skin.”
- Size – compare to familiar objects such as a pea, dime, quarter, or hand.
- Drainage present, amount, and color.
- Odor.

Notify the supervisor/nurse of your observations or if a dressing becomes soiled or dislodged.

## **Chapter 21**

### **SKIN CARE**

#### **PROCEDURE FOR GIVING STAGE I PRESSURE ULCER CARE:**

**NOTE: IF DRAINAGE IS PRESENT, DO NOT PROCEED. NOTIFY THE SUPERVISOR/ NURSE.**

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Observe reddened area.
5. Rub the skin around reddened areas with warmed lotion.
6. Wash skin area very gently with soap and water if soiled.
7. Place clean linen on bed if necessary.
8. Tighten linen (must be free from wrinkles).
9. Remove, clean, and store equipment.
10. Wash your hands.
11. Record observations and report anything unusual to the charge nurse.

#### **Chapter Review**

1. What age related changes affect the integumentary system?
2. What observations can you make while giving skin care?
3. What are some specific measures related to skin care?
4. What causes pressure ulcers?
5. What are the pressure areas on the body?
6. What types of clients are prone to formation of pressure ulcers?
7. What are the four stages of pressure ulcers?
8. What are some ways the In-Home Aide can help prevent pressure ulcers?

9. What observations should be made about a pressure ulcer?
11. How do you give Stage I pressure ulcer care according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List four age-related changes that occur in the integumentary system.
  - a.
  - b.
  - c.
  - d.
2. List the three purposes of skin care.
  - a.
  - b.
  - c.
3. List five observations you could make while giving skin care.
  - a.
  - b.
  - c.
  - d.
  - e.
4. What is the main cause of skin breakdown?
5. List four pressure areas.
  - a.
  - b.
  - c.
  - d.

**Mark the correct answer(s) with a check.**

6. Which of the following describes a client prone to developing pressure ulcers?

\_\_\_a. Independently ambulatory client.

\_\_\_b. Thin and malnourished client.

\_\_\_c. Paralyzed client.

\_\_\_d. Incontinent client.

\_\_\_e. Obese client.

7. What four observations should be made when caring for a client with a pressure ulcer?

a.

b.

c.

d.

**Circle the letter that corresponds to the correct answer.**

8. Which of the following is a necessary measure to prevent pressure ulcers?

a. Elevate the head of bed to 60°.

b. Promote friction on the client's skin.

c. Change the client's position frequently.

d. Avoid the use of pillows as an anti-pressure device.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **What You Will Learn**

- Age-related changes affecting the urinary system
- Factors that maintain normal urine elimination
- Characteristics of normal urine
- Conditions that may cause abnormal urine elimination
- Factors that can lead to urinary incontinence
- How to care for a client with a urinary catheter
- How to care for a client with a ureterostomy
- How to help a client use a bedpan, urinal, or bedside commode
- Observations to make about the urinary system
- How to give perineal care with catheter according to proper procedure
- How to change urinary drainage bag according to proper procedure
- How to empty urinary drainage bag according to proper procedure
- How to assist a client in using urinal according to proper procedure
- How to assist a client in using bedpan according to proper procedure
- How to care for a ureterostomy according to proper procedures
- How to care for a suprapubic catheter according to proper procedures
- How to apply and remove an external catheter according to proper procedures

#### **Age-Related Changes Affecting the Urinary System**

Aging affects all of the body systems including the urinary system. With age the bladder opening weakens which may result in urinary incontinence and dribbling. A decrease in bladder muscle tone occurs that leads to urinary retention and infections. The aging kidneys' ability to filter waste and concentrate urine decreases.

## **Factors That Maintain Normal Urine Elimination**

The body usually eliminates urine every two-three hours if fluid intake is adequate. The body needs 2,000-3,000 mL of fluid each day. Provide adequate fluids, especially water and fruit juices. It is the In-Home Aide's responsibility to determine where and how often the client usually voids. Try to follow established routines and respect the client's privacy. Assist client to the bathroom when requested; at least every two-three hours while he is awake.

## **Normal Urine Characteristics**

Normal urine is a straw yellow color and is clear and free of sediment or mucous. The usual amount voided is 200-300 mL five to six times a day; or 1,000 to 1,500 mL every 24 hours; however, this amount varies by individual. Frequency of urination depends on fluid intake. Most people void at least every three hours while awake. Certain liquids such as coffee or some medications can change the color or odor of urine.

## **Conditions That May Cause Abnormal Urine Elimination**

Several conditions can cause abnormal urine elimination. An infection of the kidneys or bladder can cause incontinence, frequency changes, a sense of urgency, and burning when urinating. Confusion is a common sign of a urinary tract infection in the elderly client. Blood tinged or cloudy foul smelling urine are also symptoms. Complaints of mid-back or pain over the bladder may occur with some infections.

Urinary retention is the inability to empty the bladder caused by poor muscle tone of bladder, obstruction of urethra, or damage to certain areas of nervous system. The client with urinary retention usually complains of difficulty passing urine and urinates in small amounts. Many clients will complain of feeling of fullness in the bladder.

Incontinence is the inability to stop or control the passage of urine. There are several types of incontinence.

- Stress incontinence is the inability to control the passage of urine when pressure is placed on the bladder when coughing, sneezing, laughing, exercising, or pressure on the lower abdomen.
- Urge incontinence occurs when the client is unable to control the passage of urine long enough to reach a bathroom after experiencing the urge to urinate. This may be seen in a client with a urinary tract infection or an elderly person who has poor muscle control in the bladder.
- Neurogenic incontinence occurs as the result of an injury or disease of the nervous system that affects the client's ability to feel the urge to urinate.
- Functional incontinence is caused by disease conditions or disabilities that create strong urges to void or bladder contractions that cannot be controlled until the client reaches the bathroom.

## **Factors That Can Lead to Incontinence**

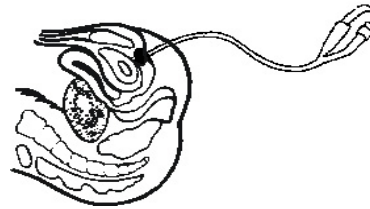
There are many causes of incontinence. If a client is confused or overmedicated he may be unable to understand where or when he is urinating. Inadequate fluid intake often causes urine to become concentrated causing irritation to the bladder wall. Sphincter muscle weakness can cause the bladder to release urine unexpectedly. Damage to nerves in the bladder prevents stimulation of a full bladder from signaling the brain. Damage to the brain, such as after a stroke, may prevent a person from feeling the urge to urinate. Irritation and reduction in the size of the bladder due to a catheter can cause dribbling after the catheter is removed. If a client has limited mobility and lacks assistance in getting to the bathroom he may become incontinent. Bladder infections and bladder spasms can also cause incontinence.

## **Caring for a Client with a Urinary Catheter**

An indwelling catheter (Foley™) is a sterile tube inserted through the urethra into the bladder to drain urine. It is held in place by a small inflated balloon (Figure 22.1).

An indwelling catheter must be ordered by a physician and is inserted only by a licensed nurse.

*Figure 22.1,  
Indwelling Catheter*



A partial obstruction in the urethra causing urinary retention requires catheterization.

When caring for a client with an indwelling catheter it is important to remember that the bladder is considered sterile. The catheter and drainage tube and bag area are not a sterile system. Do not open this system except when the catheter or bag must be changed. If the system is opened, germs may enter, which could lead to an infection.

Drainage tubing/bags must not touch the floor. Urine drains by the principle of gravity. Always hang the catheter bag from an unmovable part of the bed frame or chair. The catheter and tubing should be free of bends or kinks. Tubing should be coiled or looped instead of hanging loosely. Prevent tubing from hanging below the level of the drainage bag. The drainage bag should be below the level of the bladder. If moved above, urine could flow back into the bladder.

When the client is positioned on his back, the tubing is positioned over the top of the leg. When the client is positioned on his side, the tubing should be positioned between the client's legs toward the side he is facing.

Never pull on the catheter tubing. Secure the tubing by taping it loosely to the inner thigh or using a leg band as instructed by the nurse or client to help prevent pulling. When transferring a client from bed to chair, always move drainage bag over to the chair before moving client. Be careful not to step on the tubing.

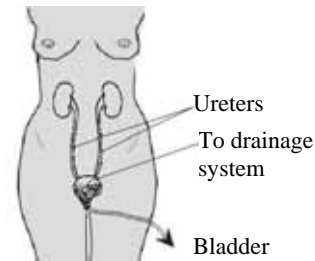
Hands must be washed and gloves must be used every time a catheter bag is emptied. The drainage tube must not touch the rim of the container; floor or left out of its pouch



after the bag is emptied. Drainage bag must be emptied when it starts getting full and before leaving the client's home.

**NOTE: IMMEDIATELY REPORT LACK OF URINE OUTPUT TO THE NURSE/SUPERVISOR**

The drainage bag is changed as directed by the Nurse/Supervisor. A Suprapubic catheter is a sterile tube is inserted into the bladder through the abdominal wall above the pubis (Figure 22.2).



*Figure 22.2,  
Suprapubic Catheter*

When caring for a client with a suprapubic catheter the In-Home Aide should:

- Observe the catheter for patency (draining properly)
- Maintain a close drainage system
- Observe for signs of urinary tract infection
- Monitor skin at insertion point and observe the dressing (if present) for drainage
- Empty the drainage bag
- If the client is on a clamp/release protocol, check with the supervisor/nurse for specific instructions
- Avoid pulling on the catheter to prevent accidental removal. If the catheter becomes dislodged, place a sterile dressing over the puncture site and notify the supervisor/nurse immediately

A Texas/external catheter is used only for male clients. A condom-type device is attached to the penis with a drainage bag (Figure 22.3).



*Figure 22.3  
External Catheter*

In-Home Aides may apply an external catheter or assist the client. This is not a sterile system; use clean techniques. Various types of external catheters are available. Follow the directions that come with external catheter for applying it. Assist the client with peri care and check the skin around the catheter for skin breakdown, secretions on the penis and the position of the tubing. An external catheter that is not correctly applied can cause a lack of circulation to the penis.

### **Caring for a client with a ureterostomy**

An ureterostomy is the surgical creation of an opening (stoma) from a ureter to the surface of the body, usually the abdomen. The ureterostomy allows urine to drain from the body into a uretostomy bag without entering the bladder. The ureterostomy bag should be changed as often as desired by the client. Some clients will have ureterostomies that are permanent. Other clients may have temporary ureterostomies.

Proper stoma care is required to maintain healthy tissue. The In-Home Aide is permitted to perform ureterostomy care on a site that is well healed and does not have open or irritated areas. You should observe the area around the stoma for redness, swelling, drainage or bleeding and report your observations to the supervisor/nurse.

## **Helping the Client Use the Bedpan, Urinal, or Bedside Commode**

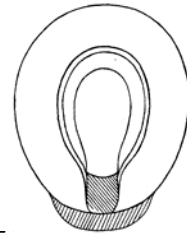
A client who is unable to get up to the bathroom may use a Bedpan (Figure 22.4) or urinal (Figure 22.5). Provide privacy for the client when using a bed pan or urinal. Keep the bedpan or urinal clean and within the client's reach. Putting powder on a bedpan prevents it from sticking to the client's skin and helps him to slide on and off more easily.

Using the bed pan or urinal is easier with the head of the bed or upper body elevated into a sitting position.

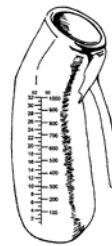
A bedside commode (Figure 22.6) may be used for a client who can be out of bed but is unable to use the bathroom. Always allow for privacy when the client is using a bedside commode. Make sure you can hear the client call for assistance when the client is on the commode. When the client has finished using the commode, remove the bucket and clean according to agency policy. Replace the seat cushion or close the cover when the commode is not in use.

After using the bedpan, urinal, or commode assist with proper hygiene of the perineal area. Provide daily washing and proper wiping from front to back.

*Figure 22.4 Bedpan*



*Figure 22.5 Urinal*



*Figure 22.6 Bedside Commode*



## **Observations to Make About the Urinary System**

The In-Home Aide should monitor the client's bladder habits, frequency, and amount of urine voided. Observations that should be reported to the nurse/supervisor immediately include:

- Fever.
- Confusion.
- Mid-back or lower abdominal pain.
- Burning sensation when urinating.
- Cloudy or bloody urine.
- Foul smelling urine.
- Frequent voiding.
- Small quantities of urine.
- Sudden onset of incontinence, which may be an indication of infection.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR GIVING PERINEAL CARE WITH CATHETER:**

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Client should be in supine position with legs apart; place towel or bed protector under buttocks.
6. Cover client with towel or blanket then remove top sheet.
7. Check catheter and drainage bag for leaks, kinks, level of bag, color and character of urine; ensure that it is securely attached to bed frame.
8. Expose the perineal area.
  - a. Separate the labia of the female client and gently wash around the opening of the urethra with soap and warm water.
  - b. If the male client is uncircumcised, gently pull back the foreskin and wash around the opening of the urethra with soap and warm water.
9. Wash the catheter tubing from the opening of the urethra outward four inches or farther if needed. Do not pull on the catheter.
10. Using a clean washcloth, continue washing and rinsing the perineal area. Dry the perineal area (follow procedure in Chapter 16 Perineal Care).
11. Remove bed protector and blanket or towels. Place soiled linens in appropriate container.
12. Remove and dispose of gloves. Wash hands.
13. Make the client comfortable.
14. Record observations and report anything unusual to the supervisor/nurse.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR CHANGING URINARY DRAINAGE BAG:**

1. Gather necessary equipment.
2. Wash your hands. Put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. If applying a reusable leg bag, swab the end to be connected with alcohol and place on sterile gauze in alcohol packet. Do not allow it to touch anything else.
6. Crimp with your fingers or clamp the catheter tubing so urine does not flow.
7. Disconnect catheter tubing from drainage bag. Apply cap over end of tubing if the drainage bag is to be reused.
8. Swab end of catheter tube with alcohol before connecting to leg bag.
9. Connect leg bag to the catheter.
10. Unclamp catheter. Check to see that urine is flowing (may take a few minutes)
11. If placing a leg bag or applying new tape, allow enough slack so catheter does not get pulled.
12. If drainage bag is to be reapplied later, remove the cap, swab the end of the connection with alcohol, and replace cap.
13. Remove and dispose of gloves. Wash hands.
14. Make the client comfortable.
15. Record observations and report anything unusual to the supervisor/nurse.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR EMPTYING URINARY DRAINAGE BAG:**

1. Gather necessary equipment.
2. Wash hands; put on gloves.
3. Explain what you are going to do.
4. Provide privacy.
5. Place container under the drain at the bottom of the bag.
6. Open the drain and allow the urine to drain into the container, making sure the drain does not touch the inside of the container or the floor. Be careful not to splash.
7. Close the drain and replace it in the holder on the bag.

**NOTE: IF YOU ACCIDENTALLY TOUCH THE INSIDE OF THE CONTAINER WITH THE TIP OF THE DRAIN, THEN CLEANSE THE TIP OF THE DRAIN WITH AN ALCOHOL SWAB AND REPLACE IT IN THE HOLDER.**

8. Note the color, clarity, and amount of urine.
9. Empty the urine into the toilet and flush (notify the supervisor/nurse of any abnormalities before emptying the urine).
10. Clean, dry, and replace the equipment.
11. Remove and dispose of gloves; wash hands.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR ASSISTING CLIENT IN USING A URINAL:**

1. Wash your hands. Put on gloves.
2. Gather necessary equipment.
3. Explain what you are going to do.
4. Provide privacy.
5. Turn back top bedding, except for top sheet. Expose the perineal area.
6. Place the client's penis in the urinal and the urinal between his legs. Make sure there is no pressure on the client's scrotum.
7. Make sure urinal is placed at an angle to keep urine from spilling out. Flat edge should be lying on bed.
8. Remove and dispose of gloves.
9. Wash your hands.
10. Leave the room and provide privacy while making sure you can hear the client if he calls for assistance.
11. Return to room promptly when client calls.
12. Wash hands. Put on gloves.
13. Remove urinal; take it to the bathroom.
14. Empty urinal into toilet.
15. Clean equipment.
16. Remove and dispose of gloves. Wash hands.
17. Store equipment.
18. Give client a clean, wet washcloth to wash his hands. Make client comfortable.
19. Record observations and report anything unusual to supervisor/nurse.

## Chapter 22

### ELIMINATION OF URINE

#### PROCEDURE FOR ASSISTING CLIENT IN USING A BEDPAN:

1. Wash your hands. Put on gloves.
2. Gather necessary equipment.
3. Explain what you are going to do.
4. Provide privacy.
5. Client should be in supine position (lying on his/her back); turn back top bedding.

NOTE: SPRINKLE POWDER ON BEDPAN TO PREVENT STICKING.

6. Client is able to assist.
  - a. Have client flex his knees and lift buttocks off mattress. Assist by slipping hand under the lower part of his back. If client is wearing pajamas or underwear, lower them to his knees.
  - b. With your other hand, slip the bedpan under the client's hips and adjust.
7. Client is unable to assist.
  - a. Turn client on his/her side away from you.
  - b. Expose buttocks and position bedpan firmly against buttocks.
  - c. Place small pillow/rolled towel at top of bedpan at the small of client's back.
  - d. Turn client toward you and onto the bedpan.
8. Raise the head of bed or upper body (if allowed) for client's comfort. Place toilet tissue within reach.
9. Remove and dispose of gloves.
10. Wash your hands and leave the room.
11. Return to room promptly when the client calls or check on him after five minutes.
12. Wash hands. Put on gloves.

13. Lower the head of bed.
14. Client is able to assist.
  - a. Place one hand under small of the back and assist client to lift his hips.
  - b. Hold bedpan with other hand.

Client is unable to assist.

  - a. Hold bedpan with one hand and roll client off pan with other hand.
  - b. This prevents contents of bedpan from spilling.
15. Remove bedpan.
16. Wipe, wash and dry perineal area from front to back.
17. Take bedpan to bathroom and empty into toilet.
18. Clean equipment.
19. Remove and dispose of gloves. Wash hands.
20. Store equipment.
21. Give the client a clean, wet washcloth to wash his hands, make client comfortable.
22. Record observations and report anything unusual to supervisor/nurse.



## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR URETEROSTOMY CARE (UNCOMPLICATED ESTABLISHED URETEROSTOMY)**

1. Gather equipment - gloves, towel or bath blanket, towel or bed protector, clean ureterostomy pouch, disposable wipes, skin barrier paste if used, scissors if needed, washcloth, basin of warm water, soap, and plastic bag.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Fold back bed linens and cover the client with a towel or bath blanket.
6. Place a towel or bed protector under the client and expose the stoma site.
7. Gently remove the ureterostomy bag by pushing the skin away from the flange.
8. Disconnect the tubing and gravity bag if attached.
9. Discard the used ureterostomy bag in a plastic bag.
10. Wipe any continual drainage from around the stoma with disposable wipes and discard the wipes in the plastic bag.
11. Cleanse the skin around the stoma with mild soap and warm water. Rinse and pat the area dry.
12. Observe the skin around the stoma for any redness, irritation or open areas in the skin.
13. If not using a precut flange, measure the stoma and cut the flange 1/8" larger than the stoma measurement with a scissors.
14. If used, apply skin barrier paste around the stoma and spread with a wet, gloved finger.
15. Remove paper backing from adhesive area on clean ureterostomy bag. Center the bag over the stoma and apply.
16. Press the adhesive firmly around the stoma to form a secure, wrinkle-free seal.
17. Attach ureterostomy appliance to tubing and gravity bag if client desires.

18. Remove gloves and wash hands.
19. Make client comfortable.
20. Report any unusual findings the supervisor/nurse.

## **Chapter 22**

### **ELIMINATION OF URINE**

#### **PROCEDURE FOR SUPRAPUBIC CATHETER CARE (UNCOMPLICATED ESTABLISHED SUPRAPUBIC CATHETER)**

1. Gather equipment-gloves, towel or bath blanket, towel or bed protector, washcloth, basin of warm water, soap.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Fold back bed linens and cover the client with a towel or bath blanket.
6. Place a towel or bed protector under the client and expose the site.
7. Cleanse the skin around the site with mild soap and warm water. Rinse and pat the area dry.
8. Observe the skin around the stoma for any redness, irritation or open areas in the skin.
9. Remove gloves and wash hands.
10. Make client comfortable.
11. Report any unusual findings to the supervisor/nurse.

## Chapter 22

### ELIMINATION OF URINE

#### PROCEDURE FOR APPLYING AND REMOVING AN EXTERNAL CATHETER

CAUTION: ALWAYS FOLLOW THE MANUFACTURER'S INSTRUCTIONS FOR APPLYING AN EXTERNAL CATHETER

1. Gather equipment-gloves, towel or bath blanket, towel or bed protector, washcloth, basin of warm water, soap, skin barrier if used, external catheter, plastic bag, urinary leg, or drainage bag.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Fold back bed linens and cover the client with a towel or bath blanket.
6. Place a towel or bed protector under the client and expose the genital area.

#### To Apply an External Catheter:

7. Provide perineal care with mild soap and warm water. Rinse and pat the area dry.
8. Observe the skin for redness, irritation or open areas.
9. If used, apply skin barrier to the shaft of the penis and allow to dry for approximately 30 seconds. Do not apply skin barrier to the head of the penis.
10. Place the external catheter over the head of the penis leaving approximately ½" between the tip of the penis and the end of the catheter sheath.
11. Gently roll the catheter sheath onto the shaft of the penis, moving pubic hair away from the sheath.
12. Press the catheter sheath with your hand to make sure it is secure.
13. Attach the catheter tubing to a urinary leg or drainage bag.
14. Remove gloves and wash hands.
15. Make client comfortable.
16. Report any unusual findings the supervisor/nurse.

### To Remove an External Catheter:

Follow steps 1-6 above and:

7. Using warm water and wash cloth wet the penis.
8. Gently roll the catheter sheath down the shaft of the penis.
9. Disconnect the catheter from the tubing and discard in a plastic bag. Set the catheter bag and tubing aside for cleaning according to agency policy.
10. Provide perineal care with mild soap and warm water. Rinse and pat the area dry.
11. Observe the skin for redness, irritation, or open areas.
12. Remove gloves and wash hands.
13. Make client comfortable.
14. Report any unusual findings the supervisor/nurse.

### **Chapter Review**

1. What age-related changes affect the urinary system?
2. What factors help maintain normal urine elimination?
3. What are characteristics of normal urine?
4. What conditions may cause abnormal urine elimination?
5. What factors can lead to urinary incontinence?
6. How do you care for a client with a urinary catheter?
7. How do you care for a client with an ureterostomy?
8. How should you help a client use a bedpan, urinal, or bedside commode?
9. What observations can you make about the urinary system?
10. How do you give perineal care with catheter according to proper procedure?
11. How do you change a urinary drainage bag according to proper procedure?
12. How do you empty a urinary drainage bag according to proper procedure?
13. How do you assist a client in using urinal according to proper procedure?

14. How do you assist a client in using bedpan according to proper procedure?
15. How do you care for an ureterostomy according to proper procedure?
16. How do you care for a suprapubic catheter according to proper procedure?
17. How do you apply and remove an external catheter according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List two factors that help to maintain urine elimination.
  - a.
  - b.
2. List two age-related changes factors that affect the urinary system.
  - a.
  - b.
3. Describe three characteristics of normal urine.
  - a.
  - b.
  - c.
4. List three conditions that may result in abnormal urinary eliminations.
  - a.
  - b.
  - c.

**Circle the letter of the correct answer.**

5. Conditions that may cause abnormal urine elimination are:
  - a. bladder infection and constipation.
  - b. incontinence and kidney infection.
  - c. excessive fluids and catheters.
  - d. voiding once daily and piles.
6. Urinary incontinence may be caused by \_\_\_\_\_.
  - a. overmedication
  - b. blood in urine
  - c. burning sensation
  - d. retention

7. When caring for the client who uses a bedpan, the In-Home Aide should:
- a. place it on the nightstand when it is not in use.
  - b. keep in on the floor in between uses.
  - c. ensure it is marked with the client's name.
  - d. empty it once per shift.



## Chapter 23

### ELIMINATION OF STOOL

#### **What You Will Learn**

- Age-related changes affecting the digestive system
- Factors that maintain normal bowel function
- Characteristics of normal and abnormal stool
- Conditions that may cause abnormal bowel function
- Factors that can lead to constipation
- The In-Home Aide's responsibilities concerning client bowel function
- Special measures for abnormal bowel function
- Colostomy care/application of a fecal ostomy pouch (uncomplicated established colostomy) according to proper procedures
- Digital stimulation as part of a prescribed bowel program
- How to give a commercially prepared enema
- How to insert a rectal suppository as part of a prescribed bowel program

#### **Age-related Changes Affecting the Digestive System**

Aging affects all of the body systems including the digestive system. As we age and slow down, the need for calories decreases, but nutritional needs remain the same or increase. Constipation occurs due to slower peristalsis.

#### **Factors That Maintain Normal Bowel Elimination**

The elimination of stool is usually a daily occurrence for each client. Remember to respect his privacy and not embarrass the client by your comments or actions.

A diet containing fiber helps to maintain normal bowel elimination. Fiber holds water in the colon and makes the stool softer. Fibrous foods are slightly irritating to the bowel and move wastes along more rapidly. You should encourage clients to eat foods high in fiber to minimize constipation. Fresh fruits, fresh vegetables, prunes, and bran are all good sources of fiber.

Adequate fluid intake makes the stool softer and increases the bulkiness of the stool. Most clients should have 2000-3000mL of fluid per day.

Physical activity, such as ambulation, produces a “massaging” action of abdominal muscles to the intestines, promoting peristalsis. Encourage the client to ambulate if possible. If the client is on bed rest or confined to a wheelchair, encourage active ROM, and change the client's position every two hours, or according to the service plan.

Habit is another part of normal bowel elimination. Most people defecate at a certain time of day, sometimes more easily after eating or drinking certain foods or fluids. Find out from the client or a family member past bowel habits – how often, time of day, and any routine assistance from suppositories/enemas/medications. Clients will usually have more success if privacy is offered when using the bathroom.

### **Characteristics of Normal and Abnormal Stool**

Normal stool is light to dark brown in color and may be soft or formed. Some people defecate three times a day while others may defecate every other day. It is important to know what is normal for your client. The amount of stool a person passes depends on their diet. A three (3)-inch circle of fecal material is as an example of a small amount of stool. A six (6)-inch circle is moderate, and a 12-inch circle is considered a large amount of stool.

Abnormal stool may smell unusual. It may be an abnormal color such as green, white, yellow or black. Black stool may be caused from bleeding in the gastrointestinal tract. Abnormal stool may be very large or small or pencil shaped. Stool that contains undigested food, blood, or mucus is considered abnormal. Stool that is liquid or very hard is also considered abnormal.

### **Conditions That Cause Abnormal Bowel Function**

Constipation is the passage of unusually dry, hard stools. When stool is in rectum for a long time, too much water is absorbed from it. The stool becomes hard and dry. An impaction occurs when a hard mass of stool that cannot be passed normally forms in the bowel. Liquid stool passes around the blockage. A client with constipation or an impaction may also have stool incontinence, pain, discomfort, and abdominal distention.

Diarrhea is the frequent passage of liquid stools. If the client has diarrhea, note the color, consistency, amount, and frequency of stool. Encourage clear fluids. If not, the client is not vomiting. It is especially important to keep perineal area clean and dry when the client has diarrhea.

Hemorrhoids are varicose veins in the rectum. Lay term for hemorrhoids is “piles.” They may protrude from the anus, be very tender, and bleed from irritation. Hemorrhoids can be aggravated by straining due to constipation.

A bowel obstruction is a blockage in the intestine that does not allow stool to pass through. It can be caused by a twisting of the bowel, a tumor, or a large impaction of stool.

Bowel incontinence is the inability to stop or control the passage of stool. Bowel incontinence can be the result of confusion, sphincter muscle weakness and damage to

nervous system that prevents messages from getting to client's brain. Limited mobility and lack of assistance in getting to the bathroom can also lead to incontinence.

### **Factors That Can Lead to Constipation**

There are many factors that can lead to constipation. The client on bed rest is inactive and may have difficulty using a bedpan due to position. It is difficult to pass stool with the legs straight out rather than being in a sitting position. Inactivity even if the client is not on bed rest can lead to constipation.

Inadequate fluid intake and lack of fiber in the diet puts the client at risk for constipation. If the client is unable to defecate at his usual time or does not have privacy he may become constipated.

Medications, especially pain medications and iron supplements, can cause constipation.

If the client is depressed, the entire body may slow down leading to constipation.

### **The In-Home Aide's Responsibilities Concerning Client Bowel Function**

When caring for a client you should monitor the frequency and consistency of stools. Maintain privacy with the client when inquiring about BMs. Notify the supervisor/nurse if a client reports that he has not had a BM for two or more days. Encourage adequate fluid intake and foods that are high in fiber to minimize constipation and impaction. Encourage the client to be active to improve peristalsis. Provide good peri care for a dependent client. Notify the supervisor/nurse if the client has any signs of abnormal bowel function as listed above.

### **Special Measures for Abnormal Bowel Function**

Some clients require special measure to treat their abnormal bowel functions. The doctor may order medications such as laxatives or suppositories to increase peristalsis and empty the bowel. An enema is the infusion of fluid into the rectum to remove stool. Some clients may have a colostomy or ileostomy. An ostomy is the creation of an artificial opening in the abdominal wall (called a stoma) and bringing a section of the colon or ileum to it. The client with an ostomy eliminates feces through a stoma. The location of the ostomy determines whether the stool is formed, soft and mushy, semi-liquid, or liquid. Depending on the consistency of the stool, the stoma may be covered with a simple dressing, a drainage pouch called an appliance, or any ostomy bag that is attached over the stoma.

Proper stoma care is required to maintain healthy tissue. If a client has an ostomy, the drainage contains digestive enzymes that are irritating to the skin.

When caring for a client with an ostomy the In-Home Aide should observe for leakage, odor, redness or skin irritation around the stoma, and bleeding.

Keep the area clean and dry and apply the fecal ostomy pouch according to the service plan.

## Chapter 23

### ELIMINATION OF STOOL

#### PROCEDURE FOR COLOSTOMY CARE/APPLICATION OF A FECAL OSTOMY POUCH (UNCOMPLICATED ESTABLISHED COLOSTOMY):

CAUTION: THE IN-HOME AIDE MAY PROVIDE CARE ONLY FOR AN ESTABLISHED COLOSTOMY; NEVER FOR A NEW COLOSTOMY. A NEW COLOSTOMY REQUIRES CARE GIVEN BY THE LICENSED NURSE.

1. Gather equipment – gloves, blanket, bed protector or towel, clean ostomy pouch, skin barrier paste if used, wash cloth, basin of warm water, soap, towel plastic bag, and commode if needed.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Raise adjustable bed to the HIGH position or assist client to toilet or commode.
6. Place blanket over the client and fold top linens down to hips.
7. Remove old pouch by pushing against skin as you pull off the pouch. Discard in plastic bag, saving the clip. Note the amount and type of drainage and feces.
8. Cleanse area around stoma with warm water and soap. Clean the skin of the stoma and rinse with gentle strokes. Pat dry (Figure 23.1).
9. Observe skin around stoma for redness or breakdown.
10. Measure stoma with measuring guide. Cut pouch 1/8 inch larger than measurement to prevent pressure to stoma.
11. If used, apply skin barrier paste to peristomal area. Wet gloved fingers and spread paste around stoma.
12. Remove paper from adhesive area on pouch. Center and apply clean pouch over stoma (Figure 23.2).
13. Press adhesive around stoma to form a wrinkle-free seal.

*Figure 23.1  
Cleaning Stoma Area*



*Figure 23.2  
Securing Pouch*



14. Secure end of pouch with plastic clip (some pouches have clips; others do not).
15. Remove gloves and wash hands.
16. Make client comfortable; return bed to low position if it was raised.

## **Chapter 23**

### **ELIMINATION OF STOOL**

#### **PROCEDURE FOR DIGITAL STIMULATION AS PART OF A PRESCRIBED BOWEL PROGRAM:**

1. Gather equipment – gloves, lubricant, blanket, bed protector or towel, and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side in bed.
6. Place blanket over client and fold top linens down to hips of client if in bed.
7. Place protective pad or towel under client's hips if in bed.
8. Apply lubricant to index finger of gloved hand.
9. Gently insert lubricated index finger gently into client's rectum.
10. Move the lubricated finger gently in a circular pattern maintaining contact with the rectal wall.
11. After completing two (2) rotations; remove the finger and clean the client's rectal area.
12. Remove gloves and wash hands.
13. Repeat procedure every 15-20 minutes up to four times, stopping when there is no further bowel movement.
14. Remove gloves and wash hands.
15. Make client comfortable.

## Chapter 23

### ELIMINATION OF STOOL

#### PROCEDURE FOR ADMINISTERING A COMMERCIALLY PREPARED ENEMA:

1. Gather equipment - commercial enema, bedpan or commode, gloves, blanket, bed protector or towel, and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side.
6. Place blanket over client and fold top linens down to hips of client
7. Place protective pad or towel under client's hips.
8. Place the bedpan near the client if using a bedpan.
9. Remove the cap from the enema.
10. Separate the buttocks so that the anus is visible.
11. Ask the client to take a deep breath. Gently insert the enema tip 3-4 inches into adult client's rectum while he exhales. For a child insert the enema tip 2-3 inches.
12. Squeeze and roll the enema container gently maintaining pressure on the container until all of the solution has entered the rectum.
13. Remove the enema tip from the rectum and place the used container back into the box tip first.
14. Encourage the client to hold the enema until the urge to defecate occurs, usually 2-5 minutes.
15. When the client feels the urge to defecate, assist him onto the bedpan, commode or into the bathroom. Place toilet tissue within reach and provide privacy.
16. Remove gloves and wash hands.
17. When the client indicates he is finished, wash hands and put on gloves.
18. Observe the amount, color, and consistency of feces.



19. Assist the client to clean the perineal area and wash his hands.
20. Remove gloves and wash hands.
21. Make the client comfortable.



## **Chapter 23**

### **ELIMINATION OF STOOL**

#### **PROCEDURE FOR ADMINISTERING A RECTAL SUPPOSITORY AS PART OF A PRESCRIBED BOWEL PROGRAM:**

1. Gather equipment – rectal suppository as ordered, lubricant, gloves, bed protector or towel, bedpan or commode if needed and toilet paper.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist client to turn onto left side.
6. Place blanket over client and fold top linens down to hips of client.
7. Place protective pad or towel under client's hips.
8. Remove suppository from wrapper and apply a small amount of lubricant to the suppository.
9. Separate the buttocks so that the anus is visible.
10. Ask the client to take a deep breath. Gently insert the suppository 2-3 inches into the rectum with your index finger. Make sure that the suppository is beyond the sphincter muscle and against the rectal wall.

**NOTE: DO NOT EMBED SUPPOSITORY INTO FECAL MATERIAL.**

11. Remove finger from rectum slowly and wipe excess lubricant from anus.
12. Encourage the client to relax and allow the medication to dissolve and take effect. This may take 30-60 minutes.
13. Remove gloves and wash hands.
14. When the client feels the urge to defecate, wash hands and put on gloves.
15. Assist client onto the bedpan, commode or into the bathroom. Place toilet tissue within reach and provide privacy.
16. Remove gloves and wash hands.
17. When the client indicates he is finished, wash hands and put on gloves.

18. Observe the amount, color, and consistency of feces.
19. Assist the client to clean the perineal area and wash his hands.
20. Remove gloves and wash hands.
21. Make the client comfortable.

### **Chapter Review**

1. What age-related changes affect the digestive system?
2. What factors maintain normal bowel function?
3. What are characteristics of normal and abnormal stool?
4. What conditions may cause abnormal bowel function?
5. What factors can lead to constipation?
6. What are the In-Home Aide's responsibilities concerning client bowel function?
7. What are some special measures for abnormal bowel function?
8. How do you perform colostomy care/application of a fecal ostomy pouch (uncomplicated established colostomy) according to proper procedure?
9. How do you perform digital stimulation as part of a prescribed bowel program?
10. How do you give a commercially prepared enema?
11. How do you insert a rectal suppository as part of a prescribed bowel program?

### **Student Exercise**

**Complete the following short answer questions.**

1. List two age-related changes affecting the digestive system.
  - a.
  - b.
2. List four factors that help a client maintain normal bowel functions.
  - a.
  - b.
  - c.
  - d.
3. What are the characteristics of normal stool?
  - a. Color –
  - b. Consistency –
  - c. Frequency –
4. List four factors that could lead to constipation.
  - a.
  - b.
  - c.
  - d.
5. List three characteristics of abnormal stool.
  - a.
  - b.
  - c.

**Circle the letter of the correct answer.**

6. Conditions that may cause abnormal bowel functions are\_\_\_\_.
- a. bladder and kidney infections
  - b. enemas and laxatives
  - c. flatus and suppositories
  - d. diarrhea and constipation
7. In the aging digestive system\_\_\_\_.
- a. peristalsis increases
  - b. nutritional needs decrease
  - c. saliva production increases
  - d. caloric needs decrease
8. Special measures for abnormal bowel functions include\_\_\_\_.
- a. ambulation
  - b. bed rest
  - c. colostomy
  - d. active ADLs
9. The In-Home Aide is responsible for which of the following duties concerning the client's bowel function?
- a. Administering laxatives as required.
  - b. Documenting BMs per in-home provider's policy.
  - c. Giving client an enema as needed.
  - d. Caring for new colostomy appliance.

## Chapter 24

### PRINCIPLES OF RESTORATIVE CARE

#### **What You Will Learn**

- Age-related changes affecting the musculoskeletal system
- Reasons for providing restorative care.
- The goals of restorative care.
- Complications of immobility that must be prevented.
- Key points of positioning clients confined to bed.
- How the goals of restorative care can be accomplished.

#### **Age-Related Changes Affecting the Musculoskeletal System**

As people age the muscles weaken and atrophy. Joints become stiffer and less flexible. Joints may become inflamed due to arthritis. Bone mass is lost and some clients develop osteoporosis or fractures. A slumped posture may develop due to deterioration of the spine. Contractures or deformities of the joints occur when the client is inactive or unable to move.

#### **Reasons for Providing Restorative care**

There are three main reasons for providing restorative care.

- Restorative care helps the client to maintain present function and keeps him functioning at his highest potential.
- Restorative care restores lost function after an illness or injury.
- Restorative care helps to prevent the complications of immobility.

#### **The Goals of Restorative Care**

When providing restorative care the goal is to keep the client functioning at the highest level possible. This is done by promoting activity so the strength of the body muscles is not lost. It also helps to prevent dependence.

#### **Complications of Immobility That Must be Prevented**

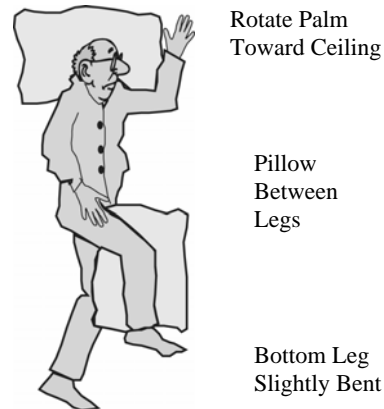
Pressure sores (decubitus ulcers, bedsores) are the destruction of skin, muscle, and surrounding tissues due to pressure that cuts off blood supply to tissues. Pressure can be relieved by regular turning and repositioning (See Chapter 21). The client's skin should be kept clean and dry. Cushions and positioning devices should be applied as indicated in the service plan.

Contractures are a shortening of muscles and tendons which cause deformity of joints and a decrease in joint motion. Contractures can be prevented by exercising the joints and repositioning the client at least every two hours. Provide support to joints with a pad/pillow (see Figure 24.1) and apply aids to prevent contractures per service plan.

*Figure 24.1*  
*Positioning on Unaffected Side*



*Figure 24.1*  
*Positioning on Affected Side*



Constipation and impaction can be caused by slowing down of peristalsis (see Chapter 23). Adequate fluids, diet high in fiber, exercise, and a bowel program may be part of the service plan.

Lung congestion or pneumonia occurs when the lungs do not inflate fully and secretions cannot be moved up and out of lungs. Accumulation of secretions can lead to an infection. Encourage deep breathing and coughing, exercise and adequate fluid intake to help prevent lung congestion or pneumonia.

Circulatory problems such as orthostatic hypotension, blood clots, and poor circulation are common in clients who are immobilized. Turning, exercise, gradually changing the position of client, and getting clients out of bed as often as possible will help to prevent circulatory problems.

### **Key Points of Positioning Clients Confined to Bed**

Some clients may be confined to their beds due to injury or illness. Some clients may lie in a curled-up or fetal position to relieve pain or keep warm. Clients should not stay in this position for very long, or he will have problems straightening out when able to get out of bed.

When positioning a client in bed, the trunk of the body should be in a straight line. The bed should support the natural curve of the spine. Legs, arms, and back should be supported to prevent strain on the joint and muscle contractures. Linens should never be tucked too tightly over the feet which could cause foot-drop. Over bed cradles may be placed over the legs and feet to raise the linens off of the lower extremities. Supportive devices may be positioned at the shoulders, arms, hands, hips, knees, and ankles to prevent strain and maintain body alignment. The client's position should be changed at least every two hours or according to the service plan (see figures 24.1, 24.2).

## **Accomplishing the Goals of Restorative Nursing**

To accomplish the goals of restorative care emphasize the client's abilities, not his disabilities. Show interest in the client.

Encourage independence when providing care. It may be faster and easier for you to do any of the activities of daily living, but remember if you do any of the activity; the client will not have the opportunity to try to do it.

Provide exercise such as range of motion (passive per service plan). Sitting with balance and standing helps body weight to rest on bones and muscles. Provide proper body positioning when in bed or sitting in a chair. Remind and assist the client to change position at least every two hours or more frequently if indicated in the service plan. If he is able, ambulate the client with assistance and encourage self-care in activities of daily living.

Deep breathing and coughing fills the lungs completely with air. Have the client take three deep breaths in through the nose (inhalation) then blow out through the mouth (exhalation) and after the third inhalation, cough with the last breath out.

Restore independence in ADLs (activities of daily living) by assisting the client to feed himself. At first, have client hold finger foods then progress as client is able. Try to provide adequate fluid intake and proper diet. Use adaptive utensils per service plan. Encourage self-dressing. Use assistive devices as identified in the service plan. Encourage self-help with toileting. Position the client properly for voiding/defecating. Establish routine for toileting.

You may apply this information to all of your clients. It is basic In-Home Aide care. If you observe a problem developing, be sure to report it to the supervisor/nurse so the entire health care team can provide the care needed and improve the quality of life for the client.

## **Chapter Review**

1. What are age-related changes affecting the musculoskeletal system?
2. What are the reasons for providing restorative care?
3. What are the goals of restorative care?
4. What are complications of immobility that must be prevented?
5. What are the key points of positioning clients confined to bed?
6. How can the goals of restorative care be accomplished?

Figure 24.2



Pillow  
Beneath  
Left  
Scapula

Pillow  
Beneath  
Left  
Hip

the

### **Student Exercise**

**Complete the following short-answer questions.**

1. List three reasons for providing restorative care.

- a.
- b.
- c.

2. List the three goals of restorative care.

- a.
- b.
- c.

**Circle the letter that corresponds to the correct answer.**

3. Which of the following are complications that can develop due to immobility?

- a. Contractures, blood clots, pressure sores, or constipation
- b. Contractures, diarrhea, pressure sores, or constipation
- c. Pressure sores, blood clots, diaphoresis, or constipation
- d. Halitosis, blood clots, pressure sores, or constipation

4. Which of the following is correct regarding positioning of the client in bed?

- a. The trunk of the body should be bent; change position at least every two hours.
- b. The trunk of the body should be straight; change position at least every two hours.
- c. The trunk of the body should be bent; change position at least every four hours.
- d. The trunk of the body should be straight; change position at least every four hours.

5. Which of the following promotes the goals of restorative care?

- a. Emphasizing the client's disabilities, not abilities.
- b. Praising the client when he has accomplished a task.
- c. Brushing the client's teeth to get the activity done quickly.
- d. Encouraging the client to depend on the In-Home Aide for all personal needs.



## **Chapter 25**

### **USING BODY MECHANICS**

#### **What You Will Learn**

- The definition of body mechanics
- Reasons why body mechanics are important
- Key points of body mechanics
- Principles of lifting and moving
- How to move a client to head of bed according to proper procedure
- How to turn client to side (3/4 turn) according to proper procedure

#### **Body Mechanics**

Body Mechanics means using correct techniques in performing certain functions in a manner that does not add undue strain to the body. As an In-Home Aide, one of your duties is moving clients. You must know how to do this without straining your back and causing injury to yourself or the client.

#### **The Importance of Body Mechanics**

Body mechanics protect you from injury by aligning body segments to each other. By standing straight, the main parts of your body (head, chest, and pelvis) are properly aligned one over the other to maintain good balance. Using good body mechanics reduces fatigue to prevent strain on the spine. They make the spine work with you to maximize body strength and make lifting, transferring, and moving objects easier. Body mechanics also provide balance and stability.

Clients often need help when moving in bed. You must observe your client carefully to determine the safest way to move him. Keep in mind the principles of body mechanics any time you are moving the client. Proper positioning of the client in the bed is necessary to maintain normal body function, prevent contractures, ensure comfort, and prevent pressure on one area of the body. Body alignment is the proper relationship of body parts to each other to avoid unnecessary strain/injury. Always look at the client when positioning him to see if his body is straight and looks comfortable. Check to make sure no bony areas are pressing/rubbing on the mattress.

#### **Key Points of Body Mechanics**

Remember your feet are your base of support. Your strongest and largest muscles are in the shoulders, upper arms, hips, and thighs. These are the muscles that we use to lift and move heavy objects.

When moving clients, be sure they know when they are going to be moved, how you plan to do it and where you are going to move them. Use verbal cues (see Figure 25.1). Determine what has to be done and how to do it safely (see Figure 25.2).

*Figure 25.1  
Informing the Client*



*Figure 25.2  
Determine Procedure Needs*

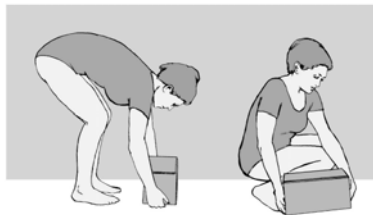


Place your feet apart (about 18 inches) with one foot slightly ahead of the other. Feet should be shoulder-width apart to give you a broad base of support (see Figure 25.3). Get close to whatever is being lifted instead of reaching for it. Move in and hold the object close to your body (see Figure 25.4). Keep your back straight; bend at the hip and knees (see Figure 25.5).

*Figure 25.3  
Feet 18" Apart*



*Figure 25.4  
Lifting Position*



*Figure 25.5  
Lifting Posture*



Straighten your legs and use your upper arm and leg muscles to lift (see Figure 25.6). Lift smoothly to avoid strain produced by jerky movements. Use verbal cues to signal when it is time to move (e.g., count one, two, and three, Stand!) (see Figure 25.7).

*Figure 25.6  
Proper Lifting*



*Figure 25.7  
Lifting as a Team (1-2-3 Lift)*



Push, pull, slide, and roll objects (not people) whenever possible, rather than lift (see Figure 25.8). Remind others to use good body mechanics (see Figure 25.9).

*Figure 25.8  
Push Objects when Possible*



*Figure 25.9  
Remind Coworkers to Use Good Techniques*



### **Principles to Remember When Lifting and Moving**

When an action requires physical effort, try to use as many muscles as possible. For example, use both hands rather than one hand to pick up a heavy piece of equipment. When you lift an object or pick something up off the floor, squatting down rather than bending over reduces strain on the spine.

Always look for any obstacles or hazards before moving a client. Change of position (lying to sitting, sitting to standing) may cause the client to become dizzy. The In-Home Aide's movements should be slow and steady. Explain to the client what you are going to do so that he will have confidence in you. If the client is able to assist with moving, give the client instructions about what to do and when to do it. For example, an In-Home Aide instructs the client to bend knees and place feet firmly on bed. On the count of three, the client pushes with his feet as the In-Home Aide moves the client up in the bed. Do not allow client to hold you around your neck when moving him.

When possible use a lift sheet to move the client. NEVER slide his skin over the sheets. A lift sheet can be used to help lift the client, which helps prevent friction on the skin. Sliding causes the client's skin to rub against the sheets which can scratch and injure the skin. Handle the client gently. Remember, skin is easily bruised and bones are easily broken. Protect all tubing when moving a client. Roll the client toward you rather than away from you whenever possible.

## **Chapter 25**

### **USING BODY MECHANICS**

#### **PROCEDURE FOR MOVING A CLIENT TO THE HEAD OF THE BED:**

1. Wash your hands.
2. Explain what you are going to do.
3. Provide privacy.
4. If the client uses a hospital bed, raise the bed to a comfortable working height; lock the wheels on bed.
5. Lower the head of the bed. If side rails are used; lower the side rail on the side where you are working.
6. If the client has any tubing coming from his body and it is pinned to the bedding, unfasten the tubing so that it will move freely with the client.
7. Move the pillow to headboard so client does not hit his head when moving up.
8. Stand facing the head of the bed with your feet shoulder width (18 inches) apart and your knees slightly bent.
9. Slip one arm under the client's shoulders and the other under his thighs. Instruct the client to bend his knees and place his feet flat against the mattress. The client will push with his feet to assist with moving up in the bed.
10. Point your feet in the direction you are moving the client; bend your knees, keep your back straight.
11. On the count of three, assist the client to move toward the head of the bed while shifting weight from your back foot to your front foot. Several small moves may be made rather than one large move to reach the head of the bed.
12. Replace the pillow.
13. Adjust the backrest for comfort.
14. If necessary, lower the bed to a safe position; raise the side rails as ordered per the service plan.
15. Make the client comfortable. Fasten tubing if unpinned while moving client; adjust bedding.
16. Wash your hands.

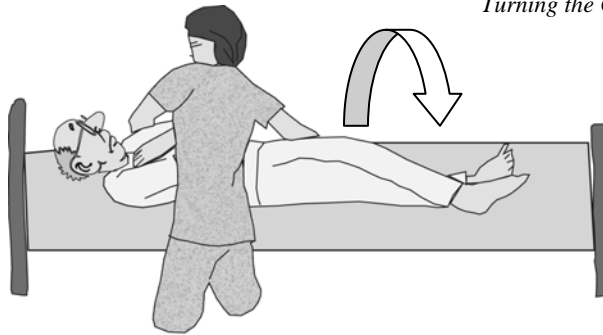
## Chapter 25

### USING BODY MECHANICS

#### PROCEDURE FOR TURNING A CLIENT ON TO HIS SIDE (3/4 TURN):

1. Wash your hands.
2. Explain what you are going to do.
3. Provide privacy.
4. If the client uses a hospital bed, raise the bed to a comfortable working height; lock the wheels on the bed.
5. Lower the head of the bed. If side rails are used, lower the rail on the side where you are working.
6. If the client has any tubing coming from his body and it is pinned to the bedding, unfasten the tubing so that it will move freely with the client.
7. Loosen the top sheets without exposing the client. Remove the pillow.
8. Cross the client's arms over his chest.
9. Cross the leg farthest from you over the leg closest to you.
10. Reach across the client and put one hand behind his far shoulder.
11. Place your other hand behind his hip and gently roll him toward you (see Figure 25.10).

*Figure 25.10*  
*Turning the Client Toward You*

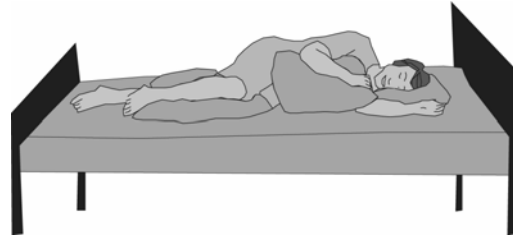


12. Fold a pillow lengthwise and place it against the client's back for support. As you face the client, pull the side of the lift sheet that is closest to you slightly toward you.
13. Support the client's head with the palm of one hand and slide a pillow under his/her head and neck with the other hand.

14. Position client's knees slightly flexed, upper leg more than the lower leg. Support the upper leg on pillow (Figure 25.11).

*Figure 25.11  
Lateral Position*

15. Support upper arm on pillow.
16. Rotate lower shoulder slightly toward you so that pressure is not on the bone.
17. Place hand-roll or rolled washcloth in clean, dry hand with thumb in opposition to fingers (per service plan).



18. Make the client comfortable, fasten tubing if unpinned while moving client, and adjust bedding.
19. If necessary, lower the bed to a position of safety; raise side rails per service plan.
20. Wash your hands.

### **Chapter Review**

1. What are body mechanics?
2. Why are body mechanics important?
3. What are the key points of body mechanics?
4. What are the principles of lifting and moving?
5. How do you move a client to head of bed according to proper procedure?
6. How do you turn a client to his side (3/4 turn) according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. Define body mechanics.
2. List five reasons why good body mechanics are important for the In-Home Aide.
  - a.
  - b.
  - c.
  - d
  - e.
3. Why does the In-Home Aide use a lift sheet to lift a dependent client rather than slide him over the sheets?

**Circle the letter that corresponds with the correct answer.**

4. A key point of good body mechanics is to stand with feet \_\_\_\_\_.
  - a. apart (about 18 inches) with one foot at a right angle
  - b. apart (about 18 inches) with one foot slightly ahead of the other
  - c. close together (about 3 inches) with one foot at a right angle
  - d. close together (about 3 inches) with one foot slightly ahead of the other
5. When lifting an object or picking something up off the floor, strain to your spine is reduced if you \_\_\_\_\_.
  - a. keep legs straight
  - b. flex your feet
  - c. squat down
  - d. bend over

## Chapter 26

### TRANSFERRING CLIENTS

#### **What You Will Learn**

- Methods used to transfer clients
- Safety measures to observe when transferring clients
- Pieces of equipment used for transfer activities
- Areas of the body that must be checked for proper body alignment
- The method of properly positioning a client in the chair
- How to perform a one-person pivot transfer from bed to chair according to proper procedures
- How to perform a one-person pivot transfer from chair to bed according to proper procedures
- How to perform a one-person transfer from bed to chair with a mechanical lift according to proper procedures
- How to assist a client to transfer using a Transfer (Slide) Board

#### **Methods of Transfer**

Some clients need assistance in moving from place to place. When you help the client it is called an active assistive transfer. Some clients are able to perform a standing transfer.



This means that the client stands and pivots or take steps to transfer. A sitting transfer means that the client remains in a sitting position when transferred. A standing or sitting transfer can be used to transfer a client from the chair to bed; bed to chair, chair to ambulation device or chair to toilet.

In a passive transfer the client does not or cannot assist with transfer.

**NOTE: IF A PERSON CANNOT BEAR WEIGHT, A MECHANICAL LIFT MUST BE USED FOR THE TRANSFER.**

#### **Safety Measures**

Because most clients need to get out of their beds at various times during the day, you must plan ahead and think through the steps before you start. It can be very frightening for some clients who do not get out of bed very often. They may be scared that you will



drop them or that they might fall. Take your time and encourage the client to help as much as possible.

Determine beforehand what resources and equipment are needed for the transfer. If the client is unable to bear weight use a mechanical lift. Have all equipment ready and check it for safety before beginning the procedure. All wheelchairs or geri-chairs should have wheel locks that are used during a transfer; a slight movement of the chair could cause a fall. Wheels should be unlocked after the transfer is complete. Wheelchair footrests should be up and out of the way or removed during a transfer to prevent the In-Home Aide and client from tripping or stepping on the footrests and falling.

Give the client a simple explanation of how he is to assist. Give him encouragement and praise when he assists with the transfer. The client should wear footwear with nonskid soles. The client's feet should be flat on the floor approximately 12 inches apart.

When transferring a client who has a weak side, position the chair on his strong side. For a client who is weak, you must have control of the shoulders and hips during a transfer. Never transfer a client by lifting him under the arms! This can cause nerve damage, fractures, and shoulder dislocation.

Use proper body mechanics. Never allow the client to hold you around the neck. During the transfer, you may have to move or reposition any objects on the body that may injure the client (e.g., name tags, stethoscopes, pins). When moving a client to or from a chair, be sure to check the client's hands before lifting him. You may have to loosen the client's fingers to avoid lifting both the client and the chair. Avoid twisting a client's hips during a pivot transfer. Hip fractures may occur when the client is unable to move his feet during the pivot. Always follow service plan when performing client transfers.

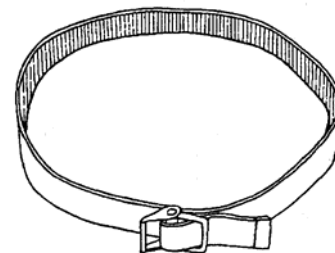
### **Equipment for Transfer Activities**

You must be familiar with the pieces of equipment used for transfer activities. The gait belt (see Figure 26.1 and 26.2) is a special belt that is placed around the client's waist and provides the In-Home Aide with a "handle" to hold onto for those who require assistance during transfers, ambulation, or repositioning in the chair.

*Figure 26.1 Using a Gait Belt*



*Figure 26.2  
Gait Belt*



The gait belt is a minimum of 1 ½ inches wide and is made of a durable, washable material, usually canvas, nylon, or leather, with a sturdy slide proof buckle. Although some gait belts are made of nylon, it is not recommended to use this type because buckles do not grip firmly and the belt may slip while transferring.

The In-Home Aide should not transfer or ambulate clients by grasping their upper arms or under their arms. Such a transfer could result in skin tears, damage to nerves and arteries, and possible dislocation of the shoulder. The gait belt increases the comfort and safety of the client during the transfer procedure and prevents injury to the client that could be caused by pulling on his arms, shoulders, or wrist.

The belt is to be applied snugly around the client's waist over clothing below the ribs so that the In-Home Aide's fingers may grasp the belt securely. Be aware that as the client stands, a shift in the abdominal bulk occurs, causing the belt to loosen. The belt must be applied securely to prevent the belt from sliding above the client's waist.

**CAUTION: TO AVOID INJURY, DO NOT APPLY A GAIT BELT TO BARE SKIN**

The tip of the belt is threaded between the hinged part of the buckle and the toothed edge. The belt is pulled snugly around the client's waist and then threaded through the stationary part of the buckle.

The In-Home Aide grasps the belt on both sides of the client's waist. Palms should be inserted between the belt and client with fingertips pointing upward.

To avoid injury to the client, check the service plan for contraindications that may cause injury to the client if he has one of the following conditions: a colostomy, an acute rib or vertebra fracture, an abdominal aneurysm, a Gastrostomy tube, or post abdominal surgery.

Remember good body mechanics when lifting. Bend knees and lift with arms and legs, not the back. Do not allow the client to grasp you around the neck. Pivot; do not twist from the waist. Set the client gently in the chair or bed.

*Figure 26.3  
Mechanical Lift*



A mechanical lift is a device used to lift and move clients who are unable to do so on their own. If the client is non-weight bearing, the nurse assistant should transfer him using a mechanical lift (see Figure 26.3).

**CAUTION: A MECHANICAL LIFT IS NEVER USED TO LIFT A CLIENT FROM THE FLOOR**

There are many types of lifts. Follow the in-home provider's policy and the service plan regarding the use of a lift. Parts commonly found on lifts are the following:

- A sling in which the client sits.
- An arm and frame that support the sling.
- A crank or lever that raises or lowers the arm of the frame.

A sling is a device used to cradle or position an arm or hand that may be injured or paralyzed. Supporting the paralyzed extremity in a sling makes it easier for the client to balance in transfer and ambulation activities. Slings are custom designed for each client's special needs. Address any questions about the use of a sling to the supervisor/nurse.

A transfer (slide) board is used transfer clients with good upper body strength but weakness or paralysis of the lower extremities. The board is covered with a smooth finish to allow the client to slide easily over the surface when transferring.

### **Check for Proper Body Alignment**

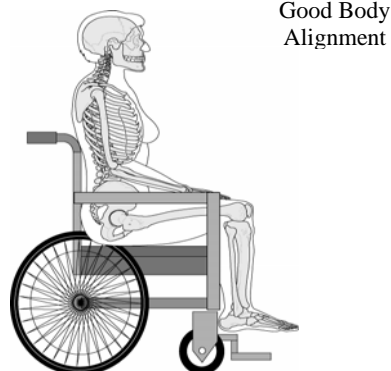
After transferring a client check to make sure that his body is in proper alignment (see Figure 26.4). His head should be erect; control of head is necessary to maintain an upright position. Arms should be supported with pillows.

His back should be straight against the back of the chair. Place a small pillow at the lower back for comfort and support if client's sitting balance is good. Hips and buttocks should be against the back of the chair.

The backs of the knees should be free of pressure from the edge of the chair. There should be room for two or three fingers between the back of the knees and the front of the chair.

Feet should be positioned flat on the footrests or the floor; they should not be left to dangle. The client should be wearing nonskid footwear.

The client's position still needs to be changed at least every two hours and the client must be exercised. If possible, client should stand and walk at two-hour intervals. Remind the client to shift his/her weight from one side of the buttocks to the other by leaning to the right side and then to the left side every 15-20 minutes.



Good Body  
Alignment

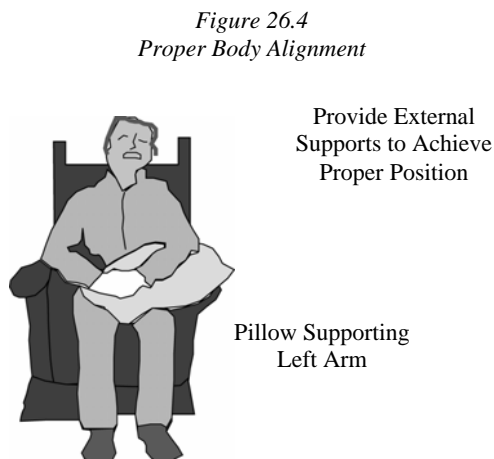


Figure 26.4  
Proper Body Alignment

Provide External  
Supports to Achieve  
Proper Position

Pillow Supporting  
Left Arm

#### Points to Remember

- Position away from spastic patterns
- Encourage symmetrical postures
- Do not force uncomfortable positions
- Be sensitive to client's appearance

Adaptations for the Ambulatory Client

### **Positioning the Client in a Chair**

The weight of the client should be supported by the upper legs and buttocks when sitting in a chair, wheelchair or Geri chair. If the client slides forward in a chair he can be repositioned in the chair using a gait belt. Standing behind the client, grasp the gait belt on each side. On the count of three, lift and move client back in the chair while he pushes with his feet and hands.

**NOTE: BE AWARE OF THE POSITION OF A MALE CLIENT'S SCROTUM WHEN REPOSITIONING. THE CLIENT SHOULD NOT BE SITTING ON HIS SCROTUM.**

**CAUTION: AVOID TWISTING A CLIENT'S HIPS DURING A PIVOT TRANSFER. HIP FRACTURES MAY OCCUR WHEN THE CLIENT IS UNABLE TO MOVE HIS FEET DURING THE PIVOT. ALWAYS FOLLOW THE IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN WHEN PERFORMING CLIENT TRANSFERS.**

## **Chapter 26**

### **TRANSFERRING CLIENTS**

#### **PROCEDURE FOR DEMONSTRATING A ONE PERSON PIVOT TRANSFER FROM BED TO A CHAIR OR WHEELCHAIR:**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If the client uses a hospital bed, adjust the bed height to low position. Lock brakes of bed.
6. If the client uses a hospital bed, raise head of bed to bring client to sitting position.
7. Assist client to move to within five or six inches of the edge of the bed.
8. Assist in putting on socks and nonskid shoes.
9. Position chair or commode on client's strong side if indicated; if not, position the chair as desired.
10. Place side of chair parallel to the bed. Chair should be touching the bed.
11. Lock the wheels of the chair.
12. If using a wheelchair or geri chair, cover with pressure-relieving device per service plan. Raise footrests and remove if possible. If possible, remove the armrest on the side next to the bed.
13. Position your body facing foot of bed.
14. Put one forearm under client's shoulders and the other behind the knees.
15. Bend your knees, keep your back straight, and stand with feet about 18 inches apart.
16. Straighten your hips and knees while shifting weight from front foot to back foot. At the same time, lift client's head with one arm while pulling the legs over the side of bed with other arm.
17. Apply a gait belt.

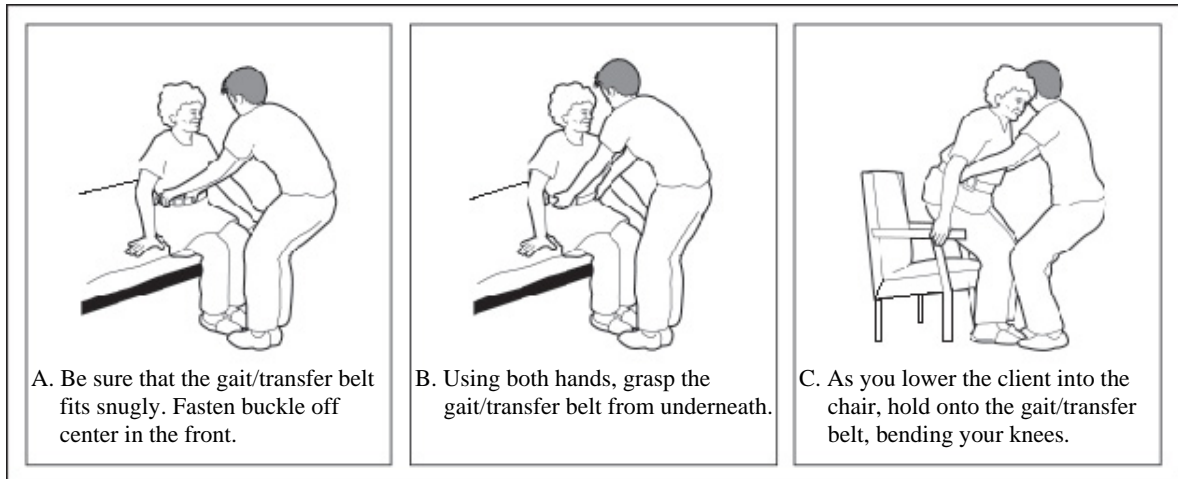
18. Allow the client time for his circulation to adjust to being in a sitting position before you proceed. Assist the client in maintaining a sitting position as needed.
19. Stand directly in front of the client; grasp the back of the belt.
20. Support the client's knees and feet with your knees and feet, either knee-to-knee or your knees on the sides of the client's knees, whatever is comfortable for you and the client.
21. Have the client lean forward while sitting on the edge of the bed.
22. On the count of three, have the client push up as much as possible while you pull him up by straightening your legs and hips and holding onto the belt.
23. Pivot your entire body as well as the client's.
24. Lower the client into the chair by bending at your knees and hips as the client sits down.
25. Adjust footrest for client; cover with a lap robe.
26. Place positioning devices for proper body alignment per service plan.
27. Make client comfortable.
28. Wash your hands.

## Chapter 26

### TRANSFERRING CLIENTS

#### PROCEDURE FOR PERFORMING A ONE-PERSON PIVOT TRANSFER FROM A CHAIR OR WHEELCHAIR TO BED:

*Active Transfer*



**CAUTION: AVOID TWISTING A CLIENT'S HIPS DURING A PIVOT TRANSFER. HIP FRACTURES MAY OCCUR WHEN THE CLIENT IS UNABLE TO MOVE HIS FEET DURING THE PIVOT. ALWAYS FOLLOW THE IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN WHEN PERFORMING CLIENT TRANSFERS.**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If the client uses a hospital bed, adjust bed height to low position. Lock brakes of bed.
6. If the client uses a hospital bed, raise head of bed and make sure opposite side rail is raised.
7. Fanfold bedclothes to end of bed.
8. Position chair at side of bed, facing head of bed.
9. Lock wheels, raise footrests, and remove if possible. If possible, remove the armrest on the side next to the bed.
10. Place/assist client's feet to the floor.

11. Remove lap robe/blanket.
12. Apply a gait belt.
13. Stand in front of the client with feet about 18 inches apart.
14. Place your hands underneath the belt. If the client is able, have him place his hands on the arms of wheelchair and push. If the client is unable to push off the chair, the client may place his arms on the In-Home Aide's arms.
15. Assist client to stand.
16. Pivot your body and the client's body toward the bed.
17. Slowly lower client to sitting position on the bed.
18. Remove gait belt.
19. Position your body facing the head of the bed. One foot should be in front of the other foot.
20. Place one forearm around client's shoulders and the other behind the client's knees.
21. Swing/assist client's legs onto the bed as you pivot the client's body.
22. Lower head of bed.
23. Move/assist client to center of bed.
24. Remove slippers.
25. Cover client, position pillows and straighten bed clothes.
26. Make client comfortable. Lower opposite side rail after transfer per service plan if necessary.
27. Wash your hands.



## **Chapter 26**

### **TRANSFERRING CLIENTS**

#### **PROCEDURE FOR PERFORMING A ONE PERSON TRANSFER TO A WHEEL-CHAIR OR CHAIR WITH A MECHANICAL LIFT:**

**NOTE: THIS PROCEDURE MAY HAVE TO BE ADJUSTED FOR THE TYPE OF LIFT AVAILABLE. ADDRESS ANY QUESTIONS REGARDING THE USE OF A LIFT TO YOUR SUPERVISOR/NURSE.**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If using a hospital bed, adjust bed height to low position and lock brakes.
6. Position chair next to bed with the back of chair in line with the headboard of the bed.
7. By turning the client from side to side on the bed, you can position the sling under the client.

**NOTE: MAKE SURE THE TOP OF THE SLING IS AT THE CREST OF THE SHOULDERS AND THE BOTTOM IS ABOVE THE BEND OF THE KNEES.**

8. Wheel the lift into place over the client with the base beneath the bed and be sure to lock the wheels of the lift. Widen the base of the lift.

**CAUTION: NEVER CLOSE THE SUPPORT LEGS WHILE TRANSPORTING A CLIENT.**

9. Attach the sling to the mechanical lift with the hooks in place under the metal frame.

**NOTE: BE SURE TO APPLY HOOKS WITH OPEN, SHARP ENDS AWAY FROM THE CLIENT.**

10. Have the client fold both arms across chest, if possible.
11. Using the crank, lift the client until the buttocks are clear of the bed. Make sure the client is aligned in the sling and is securely suspended in a sitting position with legs dangling over the bottom of the sling.

12. Guide the client's legs over the edge of the bed and release brakes on mechanical lift.
13. Move the lift away from the bed; turn the client so that he faces you and guide the client's body toward the chair.
14. Bring the lift into position so that the client is over the seat of the chair.

**CAUTION: NEVER CLOSE THE SUPPORT LEGS WHILE TRANSPORTING CLIENTS.**

15. Release the control knob slowly so that the client will gradually be lowered into chair. Guide the client's hips into the chair for proper alignment.
16. Remove the hooks from the frame of the lift.
17. Cover client with lap robe or blanket.
18. Make the client comfortable.
19. Store lift properly until time to transfer client again.
20. Wash your hands.

## **Chapter 26**

### **TRANSFERRING CLIENTS**

#### **PROCEDURE FOR ASSISTING A CLIENT TO TRANSFER USING A TRANSFER (SLIDE) BOARD:**

1. Gather necessary equipment.
2. Wash your hands.
3. Explain what you are going to do.
4. Provide privacy.
5. If using a hospital bed, adjust bed height to low position and lock brakes.
6. Position the wheelchair next to bed with the back of chair in line with the headboard of the bed. Lock the brakes on the wheelchair.
7. Remove the wheelchair arm on the side of the chair closest to the bed.
8. Assist the client to a sitting position.
9. Place one end of the transfer (slide) board under the client's hip closest to the wheelchair. Place the other end of the transfer (slide) board on the edge of the wheelchair seat.
10. Assist the client to reach across the wheelchair and grasp the attached wheelchair arm.
11. Assist the client to slide his body across the board on to the wheelchair seat.
12. During the transfer support the client's legs and place his feet on the wheelchair foot rests.
13. Remove the transfer (slide) board and replace the wheelchair arm.
14. Make sure that the client is comfortable and that clothing is not wrinkled or bunched under him.
15. To return the client to the bed, reverse the above procedure assisting the client to grasp the overhead trapeze bar on the bed and slide from the wheelchair seat onto the bed
16. During the transfer support the client's legs and place his legs and feet on the bed.

17. Remove the transfer (slide) board and replace the wheelchair arm. Store the transfer (slide) board.
18. Make sure that the client is comfortable and that clothing is not wrinkled or bunched under him.
19. Wash your hands

### **Chapter Review**

1. What methods are used to transfer clients?
2. What are safety measures to observe when transferring clients?
3. What pieces of equipment are used for transfer activities?
4. What areas of the body must be checked for proper body alignment?
5. What is the correct method of positioning a client in the chair?
6. How do you perform a one-person pivot transfer from bed to chair according to proper procedure?
7. How do you perform a one-person pivot transfer from chair to bed according to proper procedure?
8. How do you perform a one-person transfer from bed to chair with a mechanical lift according to proper procedure?
9. How do you assist a client to transfer using a Transfer (Slide) Board?

### **Student Exercise**

**Complete the following short-answer questions.**

1. Describe two methods to transfer a client.
  - a.
  - b.
2. Name five safety measures to observe when transferring clients.
  - a.
  - b.
  - c.
  - d.
  - e.
3. Name three pieces of equipment that are used for transferring clients.
  - a.
  - b.
  - c.
4. You are caring for a client. She is sitting in a chair but has slid forward and is out of body alignment and appears to be uncomfortable. How will you reposition her?

**Circle the answer that corresponds to the correct answer.**

5. Which of the following best describes proper body alignment?
  - a. Back is kept two inches from back of chair.
  - b. Hips and buttocks are against the back of chair.
  - c. Feet are freely dangling on the floor.
  - d. Knees are pressed against the edge of the chair.

## **Chapter 27**

### **AMBULATION**

#### **What You Will Learn**

- The purposes of ambulation
- Reasons the client may need assistance in ambulating
- The In-Home Aide's responsibilities when assisting the client with ambulation
- Types of equipment that may be used when assisting the client with ambulation
- How to ambulate client using a gait belt according to proper procedure
- How to ambulate client with a walker according to proper procedures
- How to ambulate client with a cane according to proper procedures

#### **Purposes of Ambulation**

The term ambulate means to walk. Ambulating the client keeps him more active and improves muscle tone and strength in his legs. It also slows loss of bone mass and density related to osteoporosis. The client who is up walking has increased peristalsis and circulation. The client also gets a sense of accomplishment and maintains greater independence.

#### **Reasons Why Clients May Need Assistance with Ambulation**

Some clients who have been ill or are recovering from an injury or surgery may need help with walking. The client may have decreased muscle strength or a change in his center of gravity or posture. Some clients need help with ambulation because of a decrease in their sensory perception or impaired balance. Confusion, medications and distractions can all affect a client's ability to walk independently.

#### **The In-Home Aide's Responsibilities when Ambulating Clients**

Be aware of safety considerations and use good body mechanics when ambulating a client. Dress the client appropriately. Clients should wear stockings or socks and nonskid shoes to prevent falls. Allow the client to sit on side of bed before ambulating to allow time for him to gain his balance.

**NOTE: ALWAYS USE A GAIT BELT PER IN-HOME PROVIDER'S POLICY AND THE SERVICE PLAN.**

Make sure objects and other people are out of the way and that there are no slippery floors. Ambulate the client in an uncluttered area. Have a chair ready for the client at the

other end or at a resting point along the way. Most of the time, you ambulate at the client's side, with your arm/hand for support, standing on the client's weaker side and slightly behind him. If the client is encouraged to use a weak leg, stand on the weak side.

Observe the client's steadiness of gait, balance, and endurance. As you walk with the client, observe for signs of fatigue such as difficulty breathing, sweating, dizziness, and rapid heart beat. If these occur, allow the client to rest. Ensure that there are rubber tips on all canes and non-rolling walkers.

If client loses weight-bearing ability, pull the client's body into close alignment with your hip/thigh area by using the gait belt and lower to floor using large muscles of your legs.

### **Equipment Used for Ambulation**

When using a transfer or gait belt, grasp the belt with both hands and use it to guide the client. Walk slowly and allow the client to set the pace. Walk with the client by placing one hand around the back of the gait belt with palms up and the other hand under the front of the gait belt (Figure 27.1). Walk on the client's weaker side and encourage him to hold the handrail, if available, with his strong arm.

*Figure 27.1  
Gait Belt*



Walkers (Figures 27.2, 27.3) are used for the client who requires some support when walking due to imbalance or weakness. The client must be able to bear weight on at least one foot, remain balanced in an upright position, and have use of hands and arms. The height of the walker should be adjusted so that the client is standing straight with elbows slightly flexed (approximately at hip height). When a walker without wheels is being moved, the client's feet should not be moving. It should never be slid along the floor or ground. Always instruct the client to move the walker forward by lifting it up.

*Figures 27.2-27.3  
Types of Walkers*

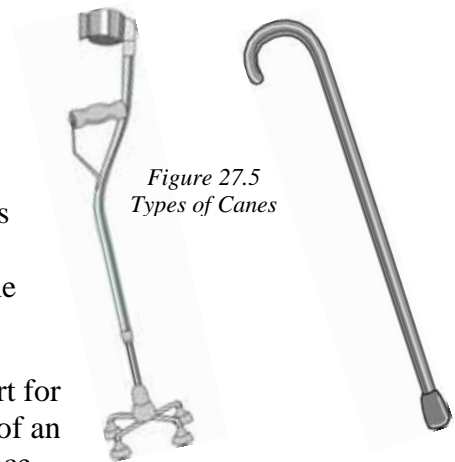


Canes (see Figure 27.5) are used by clients who have weakness or paralysis on one side of the body. It should be used on the client's stronger side to balance his weight between the cane and his weaker side.

The height of the cane should be such that the client holds it with his elbow slightly bent when walking. Three-point and four-point canes give more support than single tip canes but may be harder to move. The flat side of cane should be against the side of the leg, and extended cane legs should be away from the client's legs. The tip of the cane should be about six to ten inches to the outside of the foot. The bottom of the cane should be covered with a rubber tip to prevent sliding.

A brace is used for the client who needs specific support for weakened muscles/joints or to provide immobilization of an injured part. Check for loose screws or bolts on the brace and report them to the supervisor/nurse. Check the skin where the brace is applied for any signs of breakdown and report to the supervisor/nurse. Prop the brace when not in use. Never lay it flat because it could warp. Refer to the service plan and instructions from the supervisor/nurse for information regarding use of a brace.

Prosthesis is an artificial limb. It is used for the client who is missing an arm or leg. Observe skin on the stump for any signs of breakdown and record and report. Encourage the client to wear prosthesis as much as possible. If needed, help the client put on prosthetic according to service plan.



*Figure 27.5  
Types of Canes*



## **Chapter 27**

### **AMBULATION**

#### **PROCEDURE FOR AMBULATING CLIENT USING A GAIT BELT:**

1. Wash your hands.
2. Explain what you are going to do.
3. Assist the client to sit on the edge of the bed.
4. Pause and allow the client to sit on the edge of the bed for a few moments to regain his balance.
5. Assist the client in putting on socks and nonskid shoes.
6. Put a gait belt around the client's waist.
7. Stand in position of good body mechanics.
8. Assist the client to a standing position by straightening your legs as you lift with the gait belt and the client pushes down with his hands on the mattress.
9. Pause to allow the client to regain balance.
10. Walk with the client by placing one hand on the gait belt in front of his waist and your other hand in back under the gait belt. Walk on the weaker side and encourage the client to hold the handrail, if available, with strong arm.
11. Walk in the same pattern as the client (both step with left foot at the same time). Assist the client to step forward with strong foot first.
12. Walk the client the distance instructed by supervisor or as indicated by the service plan.

**NOTE: IF THE CLIENT LOSES WEIGHT-BEARING ABILITY, PULL THE CLIENT'S BODY INTO CLOSE ALIGNMENT WITH YOUR HIP/THIGH AREA BY USING THE GAIT BELT AND LOWER HIM TO THE FLOOR USING THE LARGE MUSCLES OF YOUR LEGS.**

13. Return the client to the bed/chair.
14. Make sure the client is comfortable.
15. Remove the gait belt.
16. Wash your hands.
17. Record observations.

## **Chapter 27**

### **AMBULATION**

#### **PROCEDURE FOR AMBULATING A CLIENT WITH A WALKER:**

1. Wash your hands.
2. Explain what you are going to do.
3. If using a hospital bed, lower the bed to lowest level.
4. Assist the client to sit on the edge of the bed.
5. Pause and allow the client to sit on the edge of the bed a few moments to regain his balance.
6. Assist the client in putting on socks and nonskid shoes.
7. Apply a gait belt.
8. Stand in a position of good body mechanics.
9. Assist the client to a standing position by straightening your legs as you lift with the gait belt and the client pushes down with his hands on the mattress.
10. Instruct the client to position his body within the frame of the walker.
11. Instruct the client to move the walker forward by lifting it up, moving it forward, and setting it down.
12. Instruct the client to take a step forward with the weak leg.
13. Instruct the client to move strong leg forward.
14. Instruct the client to take short steps and keep his head up and eyes looking forward.
15. Walk the client the distance instructed by supervisor/nurse as indicated in the service plan.
16. Return the client to bed or a chair. To ambulate backward, the client steps back with his strong foot, takes a step back with his weak foot, then walker is moved back. Have the client feel for the arm of chair or top of mattress with his hand.
17. Assist the client into the chair or bed; make sure the client is comfortable.
18. Wash your hands.
19. Record observations.

## **Chapter 27**

### **AMBULATION**

#### **PROCEDURE FOR AMBULATING A CLIENT WITH A CANE:**

1. Wash your hands.
2. Explain what you are going to do.
3. Lower the bed to lowest level; assist client to sit on edge of bed.
4. Pause and allow the client to sit on the edge of the bed a few moments to regain his balance.
5. Assist the client in putting on socks and nonskid shoes.
6. Apply a gait belt.
7. Stand in a position of good body mechanics.
8. Assist the client to a standing position by straightening your legs as you lift with the gait belt and the client pushes down with his hands on the mattress.
9. Instruct the client to move the cane forward and a little to the outside of his strong leg. Client should use the cane on his stronger side.
10. Instruct the client to take short steps and keep his head up and eyes looking forward.
11. Instruct the client to move his weak foot forward to line up evenly with the tip of the cane.
12. Instruct the client to put weight on the cane and weak foot while swinging his strong foot forward.
13. Walk in the same pattern as the client (both step with left foot at the same time).
14. Walk the client the distance instructed by supervisor/nurse as indicated in the service plan.
15. Return the client to bed/chair.
16. Make sure the client is comfortable.
17. Wash your hands.
18. Record observations.

## **Chapter Review**

1. What are the purposes of ambulation?
2. What are reasons the client may need assistance in ambulating?
3. What are the In-Home Aide's responsibilities when assisting the client with ambulation?
4. What types of equipment that may be used when assisting the client with ambulation?
5. How do you ambulate client using a gait belt according to proper procedure?
6. How do you ambulate client with a walker according to proper procedure?
7. How do you ambulate client with a cane according to proper procedure?

### **Student Exercise**

**Complete the following short-answer questions.**

1. List three purposes of ambulation.
  - a.
  - b.
  - c.
2. List three reasons a client may need assistance with ambulation.
  - a.
  - b.
  - c.
3. Name five types of equipment used to assist with ambulating a client.
  - a.
  - b.
  - c.
  - d.
  - e.

**Circle the letter that corresponds to the correct answer.**

4. The client uses a cane on \_\_\_\_\_.
  - a. either side
  - b. weaker side
  - c. both sides
  - d. stronger side
5. The In-Home Aide's responsibility in ambulating a client is to \_\_\_\_\_.
  - a. ambulate behind the client
  - b. stand on the client's stronger side
  - c. observe for signs of fatigue
  - d. guide the client toward activity area

## **Chapter 28**

### **RANGE OF MOTION EXERCISES**

#### **What You Will Learn**

- The purposes of range of motion exercises
- Types of range of motion exercises
- The In-Home Aide's responsibilities when giving range of motion exercises
- How to give range of motion exercises according to proper procedure

#### **Purposes of Range of Motion Exercises (ROM)**

The musculoskeletal system must be exercised to remain healthy. ROM exercises prevent joints from becoming stiff and contractures (deformities) from developing. ROM exercises allow clients' joints to move more freely and as a result, the clients remain more independent. They prevent the loss of minerals from bones (osteoporosis) and improve circulation. ROM exercises also prevent muscles from losing strength and shrinking (atrophy).

#### **Types of Range of Motion Exercises**

Active ROM means that the client performs the exercises alone or uses a device such as a pulley or bicycle.

Passive ROM means that the exercise is done for the client who is unable to move independently. It involves moving the client's body parts through a series of exercises.

#### **The In-Home Aide's Responsibilities When Giving Range of Motion Exercises**

Always check with the supervisor/nurse and the plan of care for instructions or limitations before starting ROM exercises. Always handle the client gently with open palms. Be aware of the normal ROM for each joint. Support each joint above and below the joint being exercised. This prevents joint pain and possible injury. Exercise as many times as ordered, usually three to five times. Never exercise or stretch a joint to the point of pain. Exercise joints only within the range of easy movement. Always stop the exercise if discomfort, pain, or spasms develop and contact the supervisor/nurse for further instructions.

In addition to regularly scheduled range of motion exercises, exercises can be incorporated into activities of daily living. Allow client to assist in procedure as much as possible.

Remember, hyperextension of the neck is not possible with the client in a supine position.

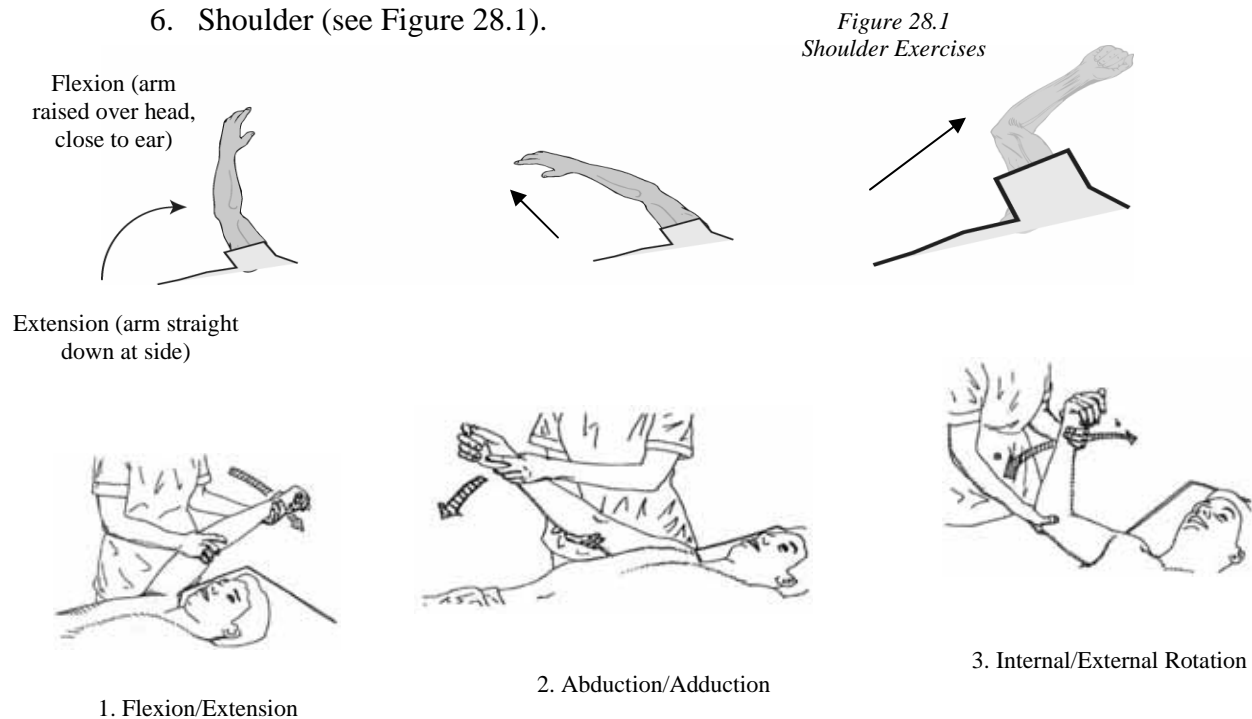
## Chapter 28

### RANGE OF MOTION EXERCISES

#### PROCEDURE FOR GIVING RANGE OF MOTION EXERCISES:

NOTE: CHECK SERVICE PLAN FOR INSTRUCTIONS BEFORE PERFORMING RANGE OF MOTION EXERCISES.

1. Wash your hands.
2. Explain what you are going to do.
3. Provide privacy. Make sure client is wearing adequate clothing.
4. Raise bed to a comfortable working height if possible.
5. Assist client into supine position.
6. Shoulder (see Figure 28.1).



- a. Flexion/extension.
  - 1) Support the arm at the wrist and elbow and lift the arm toward the ceiling. Continue lifting the arm over the client's head until you feel resistance.
  - 2) Slowly lower the arm to the client's side.
- b. Abduction/adduction.

1) Support the arm at the elbow and shoulder and move the arm out to the side. Continue moving toward client's head.

2) Slowly move the arm back toward the center of body.

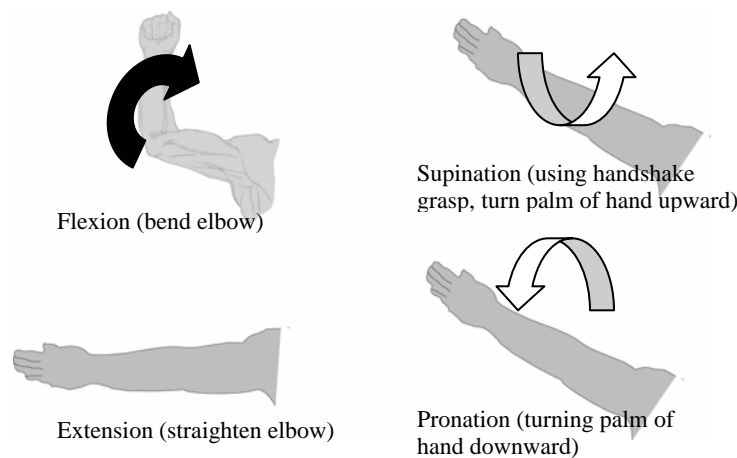
c. Internal/external rotation.

1) Move the arm away from the body to shoulder level.

2) Bring the hand forward to touch the bed and then backward to touch the bed.

7. Elbow (see Figure 28.2).

*Figure 28.2  
Elbow Exercises*



a. Flexion/extension.

1) Bend the arm at the elbow, touch the shoulder, and then straighten the arm.

2) Bend the arm at the elbow and touch the chin, then straighten the arm.

b. Supination/Pronation.

1) Hold the client's hand in a handshake position; support the arm at the elbow joint.

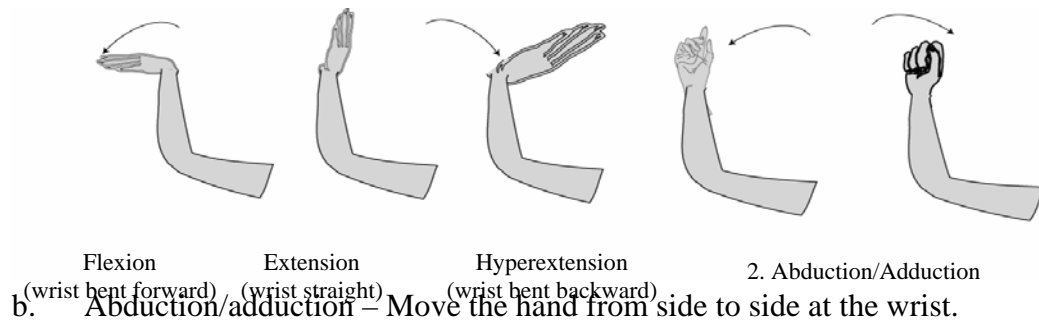
2) Turn palm of the hand toward the floor and then toward the ceiling.

8. Wrist (see Figure 28.3).

a. Flexion/extension/hyperextension – Support arm and hand; bend the wrist forward, straighten it, and then bend it backward.

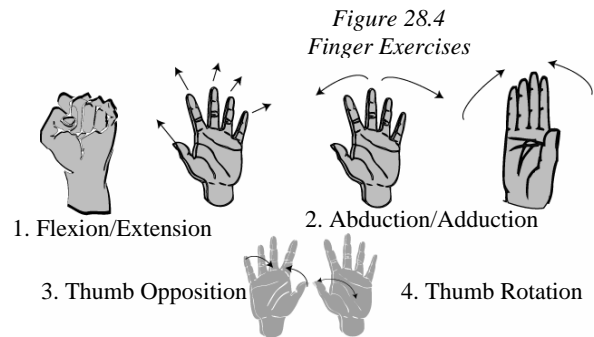


Figure 28.3  
Wrist Exercises



9. Fingers (see Figure 28.4).

- a. Flexion/extension –support the hand at the wrist. Instruct client to make a clenched fist and then relax it. Make sure that the thumb is on top of the hand fully.

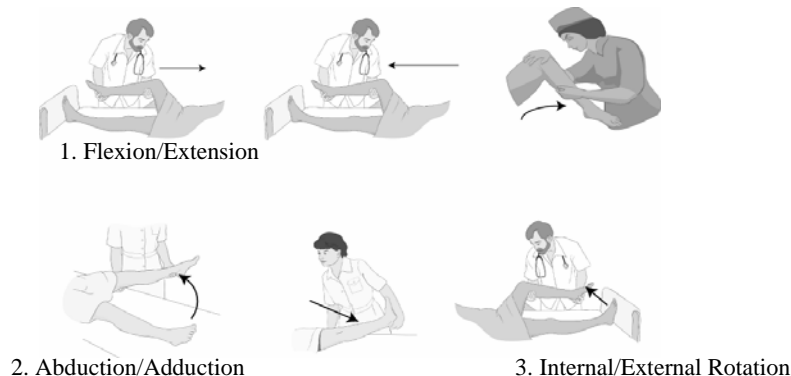


- b. Abduction/adduction – move each finger away from the nearest finger and then return it.
- c. Thumb opposition – bend the little finger toward inner hand and stretch the thumb toward the little finger and move it to the base of the little finger and back. Repeat with each finger.
- d. Thumb rotation – move the thumb in a circle one direction and then the other direction.

10. Hip and knee (see Figure 28.5).

- a. Flexion/extension
- 1) Support the leg at the knee and ankle joints and keep the knee straight. Raise and lower the leg.
  - 2) Bend the knee and move toward the chest; slowly straighten the knee.

Figure 28.5  
Hip and Knee Exercises



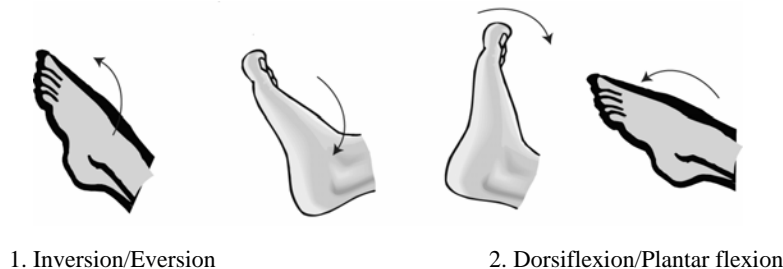
b. Abduction/adduction.

- 1) Move the leg straight out to the side of the body until you feel resistance.
- 2) Slowly move the leg back toward the center of the body.

c. Internal/external rotation – Support knee and ankle joints; move the ankle in toward the opposite leg and then outward.

11. Ankle (see Figure 28.6).

*Figure 28.6  
Ankle Exercises*

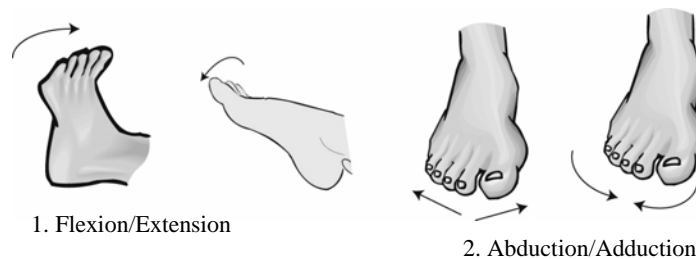


- a. Inversion/eversion – support the foot at the ankle joint and turn the foot toward the opposite foot and then away from the opposite foot.
- b. Dorsiflexion/plantar flexion – bend the foot up toward the knee then down toward the floor.

12. Toes (see Figure 28.7).

- a. Flexion/extension – Bend and then straighten the toes.
- b. Abduction/adduction – Move each toe toward the next toe and then away from the next toe.

*Figure 28.7  
Toe Exercises*



13. Lower bed to a position of safety; raise side rails as directed by service plan.

14. Make the client comfortable; place call signal within reach.

15. Wash your hands.

16. Record and report.

## **Chapter Review**

1. What are the purposes of range of motion exercises?
2. What are the types of range of motion exercises?
3. What are the In-Home Aide's responsibilities when giving range of motion exercises?
4. How do you give range of motion exercises according to proper procedure?

### **Student Exercise**

**Complete the following short answer questions.**

1. List three purposes of range of motion exercises.
  - a.
  - b.
  - c.
2. List two types of range of motion.
  - a.
  - b.
3. List five responsibilities of the In-Home Aide in giving range of motion exercises.
  - a.
  - b.
  - c.
  - d.
  - e.

**Circle the letter of the correct answer.**

4. When giving range of motion exercises, the In-Home Aide should support the joint:
  - a. at the joint with a firm grip.
  - b. below the joint.
  - c. above and below the joint.
  - d. above the joint only.

## Chapter 29

### OXYGEN THERAPY

#### What You Will Learn

- Types of oxygen containers
- Methods of administering oxygen
- Safety measures to follow when administering oxygen
- Comfort measures to follow when administering oxygen
- How to perform tracheostomy care

#### Types of Oxygen Containers

Oxygen, written as O<sub>2</sub>, is a colorless, odorless, tasteless gas that is absolutely necessary to life. Because of a disease or condition, the client may not be able to breathe in enough oxygen on his own. Clients with conditions such as pneumonia or emphysema may be placed on oxygen therapy. (Fig 29.1)



Figure 29.1  
Oxygen Tank

**Safety Note: Oxygen is considered a drug**  
**The doctor must order it to be administered.**

**The In-Home Aide is never responsible for the oxygen; however, she may be assigned to take care of client who are receiving oxygen and should be familiar with the equipment used and basic safety and comfort measures to follow.**

Oxygen can be provided in cylinders or tanks. The most common tanks are E-tanks (small) (see Figure 29.2) and H-tanks (large). Liquid Oxygen is also available in tanks (see Figure 29.3). An oxygen concentrator is a machine that removes oxygen from room air (see Figure 29.4).

Figure 29.2  
E-Tank

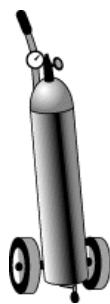


Figure 29.3  
Liquid Oxygen Tank



Figure 29.4  
Oxygen Concentrator



NOTE: THE APPEARANCE OF THE EQUIPMENT BEING USED VARIES DEPENDING ON THE MANUFACTURER OR SUPPLIER.

### **Methods of Administering Oxygen (O<sub>2</sub>)**

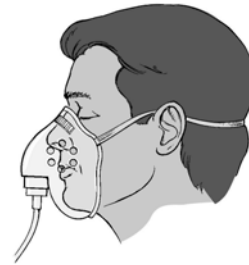
A nasal cannula (see Figure 29.5) is commonly used to administer oxygen to a client. Two prongs leading from the tubing are placed in each nostril. The tubing is placed around the ears and is secured by tightening a plastic ring under the chin. Plastic tubing connects the oxygen source container to the cannula. The client should not breathe through his mouth since the oxygen goes out the opened mouth. However, oxygen still goes to the lungs even if the client breathes through his mouth; unless the nose is congested or closed.

*Figure 29.5  
Nasal Cannula*



Nasal Cannula with  
Connected Tubing

*Figure 29.6  
Oxygen Mask*



An oxygen mask (see Figure 29.6) is a plastic mask placed over the nose and mouth, fitted to nose with metal adjuster, and held in place by an elastic strap around the head. It is used for the client who is breathing through his mouth. An oxygen mask is the most effective way of delivering oxygen at high concentrations.

### **Safety Measures**

The In-Home Aide's role in oxygen therapy is to make good observations. Clients receiving oxygen may not be a common occurrence by all in-home care providers. The In-Home Aide should understand how dangerous oxygen can be if not handled properly and what she can do to keep the client comfortable while receiving oxygen.

Oxygen speeds up combustion but does not cause a fire. Posting "No Smoking" signs (according to the client's request) outside and inside the room when oxygen is set up lets others know that oxygen is present. The client should not be near open flames (e.g., a candle, barbeque pit, gas stove) while the oxygen is in use. It is dangerous for anyone to smoke in a room that contains oxygen equipment. If the client wishes to smoke, he should be asked to turn off the oxygen, remove the nasal cannula, and move to another room. Family members or visitors should be asked to move to another room if they wish to smoke. If the client, visitor, or family member does not move into another room to smoke, the In-Home Aide should leave the client's home and notify the supervisor/nurse immediately. Check to see that portable oxygen tanks are secured with straps or collars to prevent them from falling.

Check the oxygen gauge indicating the amount of oxygen left in the tank; notify the supervisor/nurse if the supply is low. An E-tank may last less than two (2) hours at a high rate of delivery. Check the flow-meter on oxygen tank to make sure it is delivering the prescribed rate. DO NOT change the setting; report to the supervisor/nurse immediately if it is not correct. (see Figure 29.7)



*Figure 29.7  
View of  
Flowmeter and  
Gauge*

Check the tubing for kinks and disconnections. Check to see that the client is not lying on the tubing. Check the water level in the humidifier jar; it should be high enough (2/3 full) so that it bubbles as oxygen goes through it (see Figure 29.1). It should also appear clear – no particulate matter. If anything appears abnormal, report to supervisor/nurse. Remember, pure oxygen is very drying and is damaging to tissue at high concentrations.

### **Comfort Measures**

When caring for a client on oxygen, check the elastic headband or ring that secures the face mask or cannula in place to see that it is not too tight and causing pressure areas. Look for irritation from the mask or cannula around the face and ears. Pad pressure areas with cotton. Pressure ulcers can result from tubing that rubs the skin on the top of the ear. Keep the skin clean and dry under the cannula or mask.

Give frequent oral hygiene and adequate fluids to the client. Oxygen is drying to tissue, causing the client's mouth to become dry and stale tasting.

Observe the nasal cannula for mucus buildup. Assist the client or family member to replace the tubing if it is plugged per agency policy. Make sure the client is not lying on the tubing and that the tubing is not crimped or kinked. This will cut off the flow of oxygen.

Observe for any signs and symptoms that the client is not getting enough oxygen and report immediately to the supervisor/nurse.

- Client feels like he “can’t breathe”
- Restless, irritable, anxious, or frightened
- Decreased muscle coordination, slowed mental abilities, and confusion
- Dyspnea, cyanosis, or pallor (paleness)
- Change in breathing pattern
- Client complains of dizziness or faintness

## **Tracheostomy Care**

A tracheostomy is an opening through the neck into the trachea. It allows air to enter the lungs when the airway is blocked due to a tumor, swelling or foreign body. Some clients will have tracheostomies that are permanent. Other clients may have temporary tracheostomies.



Proper stoma care is required to maintain healthy tissue. Secretions from the tracheostomy can cause the area around the stoma to become moist, irritated, or infected. The In-Home Aide is permitted to perform tracheostomy care on a site that is well healed and does not have open or irritated areas. You should observe the area around the stoma for redness, swelling, drainage, or bleeding and report your observations to the supervisor/nurse.

The In-Home Aide is not permitted to suction the tracheostomy, change tracheostomy ties or remove and clean the tracheostomy cannula. It is important to avoid bumping or dislodging a tracheostomy tube when providing care to the client.



## **Chapter 29**

### **OXYGEN THERAPY**

#### **PROCEDURE FOR TRACHEOSTOMY CARE (UNCOMPLICATED ESTABLISHED TRACHEOSTOMY)**

**CAUTION: THE IN-HOME AIDE MAY PROVIDE CARE ONLY FOR AN ESTABLISHED HEALED TRACHEOSTOMY.**

1. Gather equipment-gloves, clean dry gauze sponge, precut gauze, or 4 x 4, plastic bag.
2. Provide privacy.
3. Explain what you are going to do.
4. Wash your hands and put on gloves.
5. Assist the client to a comfortable position.
6. Remove the gauze around the tracheostomy site carefully, discard in a plastic bag.
7. Observe the skin around the stoma for any redness, irritation or open areas in the skin.
8. Place a clean precut gauze sponge around the site. If a precut gauze sponge is not available, a 4 X 4 can be folded in half and the corners turned down to form a U-shape.
9. Remove gloves and wash hands.
10. Make client comfortable.
11. Report any unusual findings the supervisor/nurse.

#### **Chapter Review**

1. What are types of oxygen containers?
2. What are methods of administering oxygen?
3. What safety measures should you follow when administering oxygen?
4. What comfort measures should you follow when administering oxygen?
5. How do you to perform tracheostomy care?

### **Student Exercise**

**Complete the following short answer questions.**

1. List two types of oxygen containers.
  - a.
  - b.
2. What are the two most common methods of administering oxygen in a home setting?
  - a.
  - b.
3. List five safety measures the In-Home Aide can take when providing care to a client receiving oxygen therapy.
  - a.
  - b.
  - c.
  - d.
  - e.
4. List four comfort measures the In-Home Aide can provide for the client receiving oxygen therapy.
  - a.
  - b.
  - c.
  - d.

**Place an (X) in front of the signs or symptoms that indicate the client is not receiving enough oxygen.**

- \_\_\_\_ 5. Restless, anxious or irritable.
- \_\_\_\_ 6. Alert and oriented.
- \_\_\_\_ 7. Client complains of dizziness or faintness.

- \_\_\_\_ 8. Client complains that he is having trouble breathing.
- \_\_\_\_ 9. Decreased muscle coordination.
- \_\_\_\_ 10. Change in breathing pattern.
- \_\_\_\_ 11. Skin is pink, warm, and dry.
- \_\_\_\_ 12. Client complains of abdominal discomfort and bloating.
- \_\_\_\_ 13. Cyanosis or pallor.

## **Chapter 30**

### **ASSISTING WITH MEDICATIONS**

#### **What You Will Learn**

- The role of the basic personal care aide when assisting with medications in a home setting.
- The role of the advanced personal care aide when assisting with medications in a home setting.

NOTE: THE ADMINISTRATION OF MEDICATIONS TO CLIENTS IN THEIR HOMES BY HEALTHCARE PROVIDERS IS CONSIDERED A DUTY OF THE LICENSED NURSE. THE IN-HOME AIDE IS PERMITTED TO ASSIST THE CLIENT WITH SELF ADMINISTRATION OF NON-INJECTABLE MEDICATIONS AS PERMITTED PER IN-HOME PROVIDER'S POLICY.

#### **The Basic Personal Care Aide**

The basic personal care aide is permitted to assist the client with medications by completing the following tasks:

- Handing a client a medication bottle or container at their request.
- Assisting a client to open a medication bottle or container at their request.
- Pouring a glass of water and handing it to the client.
- Applying non-prescription topical ointments, creams, or lotions at the client's request.

#### **The Advanced Personal Care Aide**

The advanced personal care aide is permitted to assist the client with medications by completing the following tasks:

- All tasks performed by the basic personal care aide.
- Applying medicated or prescription topical ointments, creams or lotions.
- Applying dry non-sterile dressing to unbroken skin, including a Stage I pressure ulcer, using clean technique.
- Prompting the client to self administer medications including:
  - Opening medication containers or Medi-Planners filled by the licensed nurse.
  - Steadying the client's arm during the self administration of medications.

## **Chapter Review**

1. What is the role of the basic personal care aide when assisting with medications in a home setting?
2. What is the role of the advanced personal care aide when assisting with medications in a home setting?

### **Student Exercise**

**Complete the following short answer questions.**

1. List four basic personal care tasks the In-Home Aide can perform when assisting a client who is taking medications.
  - a.
  - b.
  - c.
  - d.
2. List three advanced personal care tasks the In-Home Aide can perform when assisting the client who is taking medications.
  - a.
  - b.
  - c.