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Glossary
Chapter 1

Services

The four major types of home care services available are skilled care, personal care, hospice care, and respite care. While Medicare, private health insurance, and some long-term care insurance plans may pay for these services, the primary source of Comfort Keepers’ services are paid for by the client through private pay. State and county programs, as well as Area Agencies, may pay for medical services for low income and disabled persons.

Skilled Care

Skilled care must be ordered by the physician. Skilled care requires that a professional nurse or therapist perform some skilled function, such as changing dressings, wound care, medications, bowel and bladder training, and physical or speech therapy. Skilled care is paid for by Medicare only if the client is homebound. Homebound means that it is physically taxing or unsafe for the person to leave home. As long as skilled care is required, Medicare will also pay for a home health aide to perform personal care such as bathing or showering. The home health aide duties must be discontinued when skilled care is deemed by the client’s physician to no longer be needed.

Personal Care

Personal care is defined as services such as bathing, showering, being assisted to the bathroom, light housekeeping, and meals.

Personal care is most often an out-of-pocket expense. Some private health insurance and long-term care insurance plans have in-home care benefits that pay for this type of care. Some state health plans pay for this service.

Hospice Care

Hospice care is for people in the final stage of their life. Hospice nurses provide symptom management, emotional support, and grief counseling, working with the family as well as the client.

Hospice services must be ordered by a physician. Hospice care is covered by Medicare, some state health plans, and private insurance plans.

Respite Care
The word respite means relief, vacation, breather, pause, or time off. Respite care is necessary for all caregivers, especially family members acting as the primary caregiver.

Respite care can be in-home or outside the home. A caregiver such as a church volunteer, friend, or relative may come to the home to relieve the primary caregiver. Relief may also be provided at an adult day care or respite center when the person is taken to the center for several hours, allowing free time for the caregiver.

**Comfort Keepers – Approved Personal Care Aide Services**

A Personal Care Aide (PCA) who has been trained and shown competency may provide and assist with the following personal care and comfort measures:

- Bathing: bed, tub, shower
- Hair care, shampoos
- Shaving (no straight edge razors)
- Dressing and undressing
- Oral Hygiene and denture care
- Toileting
- Nail Care: No cutting; filing and nail color only
- Incontinence care: disposable undergarments, pads, and skin care
- Assist with use of bedpan (pontoon and fracture), urinal, and commode
- Empty urinary collection bag or ostomy bag
- Use of disposable undergarments and diapring
- Routine skin care; massage
- Prevention of pressure ulcers, positioning and turning
- Assistance with mobility; ambulation, gait belt, walking devices
- Transfers: assist client sitting, standing and chair to bed
- Meal planning, food purchasing, preparation, serving, sanitation, and storage
- Provide meals and feed clients; diabetic and low sodium diets
- Heimlich maneuver
- Maintenance of a clean and healthful environment; Universal Precautions and Infection control
- Home safety and appropriate home emergency interventions
- Care of hearing aids, glasses, prosthetic devices, and other personal equipment
- Assistance with Medications (per Comfort Keepers Policy and Procedure)

**Functions NOT approved to be performed by Comfort Keepers**

A personal care aide may **not** administer any nursing functions that must be performed by a licensed health care professional. Examples include but are not limited to invasive procedures such as:
• Perform ostomy care or change any dressings
• Insert, irrigate, or replace catheters, feeding tubes or rectal tubes
• Suctioning – orally, endotracheal, or any other type
• Perform sterile procedures such as wound dressing changes
• Administer gastrostomy or naso gastric feedings
• Give injections or administer any medications
• Administer local or topical medications associated with the treatment of eyes, ears, nose, mouth, skin, or genitourinary tract
• Post partum and/or post surgery Perineal care
• Specimen collections
• Administer oxygen
• Interpret vital signs for any condition
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Chapter 2

Infection Control

How Germs are Spread

Good hygiene prevents infections. You can avoid acquiring or transmitting many infections simply by practicing the following habits:

Make sure your vaccinations are up to date.

Cover your nose and mouth with a tissue when you sneeze or cough.

Wash your hands often, especially when you are around people with respiratory infections and/or flu symptoms, or if you shake hands frequently.

Avoid touching your eyes, mouth, or nose, which allows infectious organisms to enter the body.

Wash your hands with soap and water before preparing food or after using the bathroom.

Wash and bandage any cuts or wounds you may have.

Do not pick at healing wounds, scabs or blemishes.

Wear gloves when working with soil or dirt.

Germs are harmful microorganisms that can cause disease and infection. The goal of infection control is to limit the spread of germs and to prevent them from causing infection and disease to you and the person for whom you are caring.

**Direct Contact** - Any time you touch someone who is sick, you are in direct contact. Bathing, handling any body fluid such as sputum, urine, or stool are examples of direct contact. Colds are often spread by direct contact. When someone sneezes into his hand and later touches another person’s hand, the germ is transferred. When that person touches his/her nose, eyes, or mouth, the cold germ enters the body.

**Indirect Contact** - Indirect contact is touching objects such as dishes, bed linens, clothing, or equipment that have been in direct contact with someone who is ill.

**Airborne Contact and Droplet Transmission** - Airborne contact occurs when you breathe in germs carried by dust or droplets that are suspended in the air after someone infected sneezes, coughs or talks.
**Vehicle Spread** - Vehicle spread occurs when germs are introduced into your body through contaminated drugs, food, water, or blood products. Vomiting and diarrhea can be the result of ingesting food or water contaminated with germs.

**Vector Spread** - Vector Spread is the spread of germs from animals or insects. Fleas and rats, for instance, were carriers of the bubonic plague. Today, ticks carry Lyme’s disease and mosquitoes carry West Nile virus.

**Correct Handwashing**

Handwashing is the single most effective way to reduce the spread of germs.

It is important that you wash your hands correctly before and after giving care, to protect yourself and the person for whom you are caring.

Wash your hands before and after touching medical equipment, food, and pets. To wash your hands correctly:

1. Turn the water on and adjust it to a comfortable temperature. Allow the water to run. Angle your hands downward.
2. Avoid using bar soap. Use a mild, antiseptic soap dispensed from a pump bottle whenever possible.
3. Wet your hands and apply soap, working up a good lather.
4. Friction helps to mechanically remove germs from the hands. Use a rotating and rubbing motion.
5. Rub every part of the hand: in between the fingers, thumbs, palms, and above the wrists. Wash for at least 10-15 seconds.
6. Clean all the areas of the hands, especially around the fingertips, where we do most of our touching.
7. Wash under rings. Never remove jewelry before washing and replace it after washing. You are putting germ-contaminated jewelry right back on your clean hands. Avoid wearing ornate jewelry with grooves where germs can lodge.
8. Use a nail brush for cleaning under the nails.
9. Rinse thoroughly, holding your hands downward under the running water. Start at the wrists and rinse to the fingertips.
10. Use clean paper towels to dry your hands.
11. Use another paper towel to turn off the faucet. Avoid touching the faucet handles or sink with your clean hands.
12. Apply lotion after washing to keep your skin from becoming dry and chapped.
Protective Barriers

You can prevent germs from entering your body by wearing protective barriers, including gloves, aprons or gowns, masks, and protective eye wear.

Non-Sterile Disposable Gloves - Gloves that are used to protect us from germs are often made of latex and are intended to be used one time only. Disposable gloves are often referred to as exam gloves. Disposable gloves used as a barrier against germs come in a box similar to a tissue box.

Wear Gloves:

- When cleaning someone after a bowel movement.
- When removing soiled adult diapers or linens.
- When touching equipment that may have body fluid on it.
- When handling all body fluids.
- A good rule of thumb is: if it's wet, dirty, smells bad, wear gloves.
- Always use new gloves for each procedure.
- Keep in mind that gloves will not keep you 100% safe. Fluids can leak in over the cuff, or a glove may have a hole in it.
- Always wash your hands after you remove gloves.
- When in doubt, wear gloves.

Putting On and Removing Gloves

- Remove all jewelry from your hands.
- Keep your fingernails short.
- Wash your hands thoroughly.
- Inspect the gloves for tears or perforations.
- Pull the gloves on before providing care.
- To remove gloves, first use the right hand to remove the left glove. Put your right fingers under the left wrist cuff and pull the glove downward until it is off. The glove will be turned inside out. (Can we find illustration)
- While holding the left glove in your right hand, insert the thumb or two fingers of your left hand into the cuff of the right glove. Do not touch the outside of the glove with your bare hand.
- Pull the right glove down. It will be inside out and the left glove will be within it.
- Dispose of both gloves in an appropriate container.
- Wash your hands.
TIPS FOR REMOVING GLOVES

As you remove the gloves, avoid allowing the outside surface of the gloves to come in contact with your skin, because the outer surface may have become contaminated. Avoid letting gloves snap, as this may cause contaminants to fly into your eyes or mouth or onto your skin or other people in the area.

Remove used gloves before touching anything: Countertops, faucets, pens and pencils are often contaminated because workers wearing gloves touch them.

Step 1
Grasp one of the gloves near the cuff and pull it partway off. The glove will turn inside out. It is important to keep the first glove partially on your hand before removing the second glove. This protects you from touching the outside of either glove with your bare hands.

Step 2
Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it part of the way off. The glove will turn inside out. It is important to keep the second glove partially on your hand to protect you from touching the outside surface of the first glove with your bare hand.

Step 3
Pull off the two gloves at the same time, being careful to touch only the inside surfaces of the gloves with your bare hands.

Step 4
Dispose of gloves by placing inside out in the trash. If you have a plastic bag, put the gloves in the bag and seal it before putting it in the trash. Wash your hands thoroughly.

Warning: Some people may have or may develop an allergy to latex. The most common reaction is contact dermatitis - dry, itchy, irritated areas on the skin. In rare cases there may be a rash. If you have symptoms, seek medical advice and avoid wearing latex gloves. There are gloves made from other materials (vinyl, nitrile), or wear cotton gloves with latex gloves over them.

Gowns or Aprons - Gowns or plastic aprons are indicated if clothing is likely to be soiled with blood, body fluids, or other moist body substances. Protect your clothing and skin by wearing an apron or smock. Disposable aprons are available through home medical supply stores.

White fluid-resistant gowns should be worn whenever you anticipate soaking contact with body fluids. Yellow cloth gowns may be used when less moisture is anticipated.

If your clothes become wet with someone’s body fluid, remove them quickly, then wash in hot water. Change into clean, dry clothes.
**Masks**

- Wearing a mask will protect you from breathing airborne germs in through your nose and mouth. Various kinds of masks are available. Some have elastic that wrap around the ears, some go around the head, and some offer additional eye protection.
- The mask should cover your nose and mouth completely.
- Use a mask when you are working closely with someone who is coughing frequently.
- Use a mask whenever there is a chance of any splashing of body fluid.
- Change the mask if it becomes moist or wet.
- Remove the mask when you leave the room. Try to touch only the string tie or elastic. Pull the elastic band from the back of your head to the top. Then lift both elastic bands at the side of your head over your head and remove the mask.
- Dispose of the mask in an appropriate container.
- Wash your hands.

**Eye Protection**

- Wear eye protection when there is a chance that you could be sprayed or splashed with body fluids.
- Prescription glasses offer some eye protection.
- If you don't wear glasses, purchase an inexpensive pair of protective glasses.
- Ask your supervisor for a source of protective eye wear.

**Cleaning the Home**

- Cleaning the home creates an environment conducive to healing.
- The living area should be kept clean, orderly, and well ventilated.
- Keep the night stand and area tables free of dust. Wipe up spills immediately.
- Eating and food preparation areas should be cleaned before and after meals. Counter tops should be free of debris and spilled food. Dirty dishes should be washed and dried before putting away.
- Trash and debris should be placed in a lined garbage can and emptied as needed to eliminate odors and pests.
- To kill germs, use a disinfectant such as Lysol or PineSol. You can make your own disinfectant solution by using a mixture of one part chlorine bleach to ten parts water. Rubbing alcohol can be used to disinfect small items such as thermometers.
- When you are housecleaning, clean the bathroom last.
- Moveable medical equipment should be cleaned in the bathroom. Then clean the bathroom with a disinfectant. Never reuse a bathroom cleaning cloth or brush to clean another area of the house.
- Protect your hands by wearing rubber dishwashing gloves when cleaning. The gloves may be washed in hot, soapy water and worn again, but should be thrown away if they are peeling, cracked, discolored, or have punctures or tears.
- Wash mop heads and dust cloths once a week. Dry them separately in the clothes dryer at the “hot” setting. Dry them before storing in the closet.

Soiled Laundry

- Bed linens should be washed at least once a week.
- Remove linens from the bed by folding them into quarters to avoid shaking dust and germs into the air. Folding the top blanket into quarters will make it easier to replace without shaking.
- Soiled or wet bed linens should be changed and laundered immediately.
- Wear gloves and an apron to protect yourself when removing soiled or wet bed linens or clothing.
- If you need to carry the soiled laundry through the house, put the laundry in a plastic or cloth bag first.
- Wash the soiled or wet linens separately from other family laundry. Dry linens separately and thoroughly on the “hot” setting.
- Most laundry detergents are adequate, but for heavily soiled laundry, add a cup of bleach or Lysol to the load.
- Use hot water whenever possible. Dry the laundry on the hottest setting, or hang the washed laundry in the sun. The sun is a natural disinfectant.
- If you need to hand wash the laundry, use two tablespoons of bleach per gallon of water. Wear rubber gloves. Rinse thoroughly.

Disposal of Body Waste

Body fluids such as urine, feces, and blood may be flushed down the toilet.

Disposable items that contain infectious body fluids such as bed pads or dressings should be wrapped in newspaper first to absorb excess moisture and then placed into a leak proof plastic bag. Tie or twist-tie the bag tightly and dispose of it in the trash.
Storage of Medical Supplies

- Store medical supplies in a clean, dry, draft-free area.
- Do not store medical supplies on the floor; use a supply table.
- Keep medical supplies away from household traffic and protected from dirt, dust, heat, moisture, insects, pets, and children.
- A spare bedroom is a good place to store medical supplies. Avoid storing supplies in the bathroom or kitchen.
- Have adequate lighting in the storage areas.
- Check the expiration dates on all medical supplies routinely, and dispose of any medical supplies that are expired.
- When new supplies are brought in, bring the existing supplies forward and use them first.
- Never use medical supplies that are soiled or damaged.
- Previously opened bottles containing sterile solutions should be stored with the caps securely in place. Store them in a cool, dry place away from direct sunlight.
- Use a clean bed sheet or plastic sheet to cover stored supplies.

Signs and Symptoms of an Infection

An infection may still develop even when we follow strict infection control guidelines. If you recognize any of the following signs or symptoms of an infection, report them immediately to your supervisor:

- Temperature greater than 100 degrees for longer than 48 hours
- Fever, chills, sweating
- Sore throat
- Cough
- A change in the color or amount of sputum
- Burning or painful urination
- Diarrhea
- Nausea
- Vomiting
- Pain or tenderness
- Changes in the skin: redness, rash, hot to the touch, or swelling
- Pus or drainage with an unpleasant odor from a wound or body opening
- Unusual fatigue

Universal Precautions

Universal Precautions are those practices which are performed to prevent the spread of infection or infectious diseases. These precautions should be used when the client is
known to have an infection or when the possibility of contamination of the caregiver or client is present. The following are the standard practices for Universal Precautions, along with some explanation of proper techniques:

1. **Hand washing:** Caregivers should always wash their hands with soap and water after physical contact or touching blood, body fluids such as nasal secretions, and contaminated items such as linen, whether or not gloves are worn. Even when gloves are worn, hands should be washed immediately after the gloves are removed. To prevent cross contamination or contamination from one body area of the client to another, such as assisting with toiling and then assisting with bathing, it is necessary for the caregiver to change gloves and wash hands in between changing gloves.

2. **Gloving:** Non-sterile gloves should be worn when touching any blood, body fluids, secretions, excretions and contaminated items. Be certain to change gloves before touching non-intact skin or mucous membranes such as the client's nose, mouth, or eyes. Remove gloves and wash hands before working with any non contaminated items, such as clean linens.

3. **Masking:** Anytime there is the possibility of splashing or spraying of blood, body fluids, secretions or excretions; a mask and eye protection or face shield should be worn to protect the caregiver. When bathing a client with infection the mask should be worn to protect the caregiver’s eyes, nose, and mouth.

4. **Gowning:** Just like with wearing a mask, a clean non-sterile gown should be worn to protect the caregivers’ skin and clothing during procedures or caregiving activities which produce splashing or spraying of blood, body fluids, secretion, and excretions.

5. **Handling of client items:** Items such as linen, equipment or utensils which have blood, body fluids, secretions, and/or excretions should be handled, transported and processed in such a manner as to prevent contamination of skin, mucous membrane, clothing or other items.

When caregivers are caring for a client with any type of infection the following precautions should be taken:

1. Wash your hands with warm soap and water after any contact with the client for at least 3-5 minutes. Remember to remove rings and jewelry; and that during hand washing, the rubbing motion of the hands on the skin, the length of time used in washing and the use of warm, soapy water is of high importance to prevent infection or cross contamination. (See Handwashing Procedures)
2. To dry hands, once again use a rubbing motion on the skin to remove any bacteria. If paper towels are being utilized, discard after one use. A cloth towel should be used only once.
3. Keep the client's environment clean, especially when soiled with body fluids.
4. Use disposable gloves. If you have been in contact with any body fluids, always wash your hands after removing the gloves.
5. Linens should be kept clean and should be changed and washed if they are soiled with any body fluid.
6. It is always best to use hot, soapy water (and bleach when appropriate) when cleaning any soiled linen or equipment.
Chapter 3

Body Mechanics

Principles of Body Mechanics

Caregiving involves body movements such as lifting, reaching, and bending. You can reduce the risk of injury to your back when you apply the principles of body mechanics: a set of rules that help maintain correct body posture during any movement. Proper posture maintains the natural curves of the spine, helping to conserve energy and prevent muscle strain.

How to Protect Your Back Lifting

Think about your body’s posture and position before you begin to lift.
Lift first in your mind, and then with your body.
Whenever you can, slide, roll, or push instead of lifting. Avoid straining the back muscles by pulling.
Get as close as possible to the object or person without leaning forward.
Position your body first. Stand with your feet apart 8 to 12 inches, one foot slightly forward, to make a solid, broad base of support.
Get down on one knee or squat if necessary so that you are on the same level as the object.
Keep your back straight. Never bend from the waist.
Bend your knees when lifting.
Tighten your stomach muscles and lift, using the strong muscles of your thighs rather than your back.
Always lift in a smooth motion to prevent injury.
To change direction, never twist your body at the waist. Instead, take small steps and turn your entire body as a unit in the direction you want to face.
Set the object down slowly, bending at the knees and keeping your back straight.

Back Safety Tips

Wear comfortable, non-skid shoes to help protect the back when lifting.

Know your limits and observe them. Be aware of the maximum amount of weight you can lift or move safely.

When you must stand for long periods of time, put one foot on a foot stool and change position every 20 minutes. This will ease some of the strain on the lower back.
Avoid reaching for or lifting anything above the head. Try to get on the same level as the object, or use a reacher.

Lifting
- Maintain an arched lower back as you use your leg muscles to come to a standing position.
- As you lift, keep the object as close to your body as possible to prevent any unneeded strain on your back.
- Eliminate the combination of twisting and lifting

Carrying
- Support the load on your should when carrying for long distances.
- Carry most of the load to the front
- Pivot with your feet – don’t twist your back
- Allow for clearance of large loads
- Change direction when you are carrying an object by stepping and turning the whole body.
- Make sure pathway is clear

Pushing & Pulling
- Size up the load.
- You can safely push more weight than you can pull
- Keep back straight
- Apply push with your rear leg
- Use stable spine
- Pull with your front leg

Reaching
- Maintain low back arch.
- Don’t twist.
- Keep back as straight as possible.
- Hinge hip instead of flexing back.

Sitting Reach
- Rock forward on your pelvis.
- Keep back arched.
- Place one foot forward and one back.
- Use stable spine posture.
In the standing position, proper posture includes:

- Head Erect
- Shoulders back and relaxed
- Chest up
- Arms at sides
- Abdomen flat
- Buttocks slightly tucked in
- Knees unlocked
- Feet flat on the floor and parallel about 12 inches apart
Chapter 4

Daily Care Activities

How to Care for Someone on Bedrest

Bedrest Positions

Proper positioning in bed promotes rest and comfort and improves circulation, breathing, and overall body function. There are four basic bedrest positions: Lying on the back, lying on the side, sitting and modified sitting, and prone and modified prone.

Lying on the Back

Keep the head in line with the body.
Support the head with a pillow placed under the neck. The pillow should extend from the lower neck to the head. Do not allow the head to fall back.
Keep the knees bent by placing a pillow under them. This will relieve stress on the lower back.
A rolled washcloth or small towel placed in the hand helps the hand from contracting.
A foot board may be required for someone on long term bedrest. The foot board keeps the feet in proper position and prevents “foot drop”, a condition that results from the foot remaining in a forward position for extended periods of time.

Lying on the Side

This position helps relieve pressure on the back.

Support the top leg with a large pillow placed between the legs. Support the entire leg, including the ankle.
The arm under the body should be in front of the chest and bent upward at approximately a 90 degree angle.
Watch the arm under the body for impaired circulation. Reposition the client if they complain of numbness, pain, or tingling, if the arm is cool or discolored, or if the fingernails are blue.
Support the upper arm, forearm, and hand with a pillow. The arm should be kept in a bent position, close to the body.
Support the head with a small pillow. Keep the head in line with the spine.
Sitting and Modified Sitting

The sitting position does put pressure on the base of the spine and the heels, but can be modified to relieve pressure on those areas.

- Bed posture is important. Make sure that the head is in line with the spine and the back is straight.
- If you are using a hospital bed, the hips should be at the downward bend of the mattress.
- Support the shoulders and head with pillows. The pillows should be placed under the shoulders first. Then position additional pillows under the head.
- If you are using a conventional bed, place a small pillow under the knees.
- For a modified sitting position, the head of the bed is raised no more than 30 degrees, to reduce pressure to the lower back. A thick pad or pillow is placed under the legs from the mid-calf to the ankle. The heels are elevated slightly to eliminate pressure.

Prone (Lying on the Abdomen) and Modified Prone

The prone position can relieve pressure to the back and hip bones. Do not use this position if the client you are caring for has a cardiac disorder, respiratory distress, recent abdominal surgery, or if the client complains of discomfort. Most people find the prone position comfortable for only 15-20 minutes.

- Let the feet hang over the edge of the bed in the proper flexed position, and support the ankle joint by placing a folded towel beneath the ankle. You can also position the client with the feet remaining on the bed. In this position you need to place a pillow from the knees to the ankles so that the feet are in a flexed position. Both of these foot positions help to prevent pressure on the toes and ankles.
- Place a small pillow or folded towel under the abdomen if it increases comfort.
- Turn the head to the side and rest it on a flat pillow, folded blanket, or towel.
- The arms should be at the sides or bent at the elbows toward the head of the bed.
- For modified prone position, bring one knee up toward the chest, placing the opposite arm behind the body. A flat pillow or towel can be placed under the knee, ankle, shoulder, or abdomen if this provides more comfort.

How to Move and Position Someone in Bed

Make it a habit to pause and think about the principles of body mechanics before you begin to move or position someone. Plan your move according to what you have learned you can and cannot do.
Tell the client what you plan to do and ask for cooperation and assistance. Let the client do as much of the move as she/he is capable of.

How to Move Someone to the Edge of the Bed

Moving the client to the edge of the bed brings them closer to your center of gravity. This will make it easier to move or turn them in different positions.

- Begin with the bed in a flat position and raised to a height that is level with your elbows. If the bed is not adjustable, you need to lower your body to the level of the bed by bending your knees and keeping your back straight.
- If you are working alone, move the client in sections, starting with the upper body.
- Stand with your feet 8-12 inches apart, one foot in front of the other, as close to the bed as possible, with your knees bent to allow you to shift your weight.
- Slide your arms under the client’s shoulder so that your hand reaches to the far shoulder. Slide your other arm underneath the middle of the back until your hand reaches to the far edge of the back. Tense your abdominal and buttocks muscles. Keep your elbows as close to your body as possible.
- Count 1-2-3, and on the count of three, bring the shoulders toward you, sliding your arms along the sheet as you shift your weight from your forward foot to your back foot in a smooth motion. The client’s upper body will be on your side of the bed.
- Move the middle body in a similar way. Stand with your feet 8-12 inches apart, one foot in front of the other, close to the bed, knees bent, and slide one arm just below the waist at the hips and the other arm just below the buttocks.
- Count 1-2-3, and on the count of three, bring the middle body toward you, sliding your arms along the sheet as you shift your weight from your forward foot to your back foot in a smooth motion.
- Repeat the same procedure for the lower legs, sliding your arms underneath the thighs and the lower legs, bringing the legs and feet in line with the rest of the client’s body.
- If you have someone available to assist you, one person can slide the upper body at the same time that the other person slides the lower body toward the edge of the bed.

How to Move Someone toward the Head of the Bed

- Tell the person what you are going to do.
- Begin with the bed in a flat position. Raise the bed to a height that is level with your elbows. If you cannot raise the bed, lower your body to the level of the bed, bending your knees and keeping your back straight.
• Begin with the client lying flat on their back and remove the pillow or pillows. Place a pillow against the headboard to protect the head when moving up.
• Ask the client to bend her knees and brace her feet and hands firmly on the bed to help push.
• Stand with your feet about 12 inches apart, with the foot that is closest to the head of the bed pointing in that direction.
• Bend your knees and keep your back straight.
• Slide one arm under the shoulders and the other arm underneath the buttocks.
• Count 1-2-3, and on the third count, have the client push with her feet and hands while you help by sliding her toward the head of the bed with your arms, shifting your weight from your back leg to your front leg in a smooth motion.
• Keep in mind that you can use several small upward moves rather than a single large one to reach the head of the bed.
• Replace the pillow under the head. Check to be sure that their head is in line with the spine.

How to Use a Draw Sheet

A draw sheet is an additional sheet folded lengthwise and placed in the middle third of the bed under the client’s torso and buttocks. Using a draw sheet, one or two people can more easily slide a client toward the edge or head of the bed.

How to Move Someone Toward the Edge of the Bed Using a Draw Sheet

• The bed should be flat. Loosen the draw sheet on both sides of the mattress. Stand close to the side of the bed, with your feet 8-12 inches apart.
• Place one foot in front of the other and bend your knees.
• Roll the draw sheet up against the client’s side.
• Grasp the roll firmly, with one hand at the client’s shoulder and one hand at the hip. If the client is heavy, you can move him or her in sections. First the shoulders and chest area, then the hip area.
• Begin to pull the client toward you, using your legs, not your back, as you shift your weight from your front foot to your back foot in a smooth motion.

How to Move Someone Toward the Head of the Bed Using a Draw Sheet

• The bed should be flat. Remove the pillow from under the head. Place the pillow at the headboard to protect the head while moving.
• You will need someone to assist you. Start by standing on opposite sides of the bed.
Both you and your assistant should stand with feet 8-12 inches apart and your bodies turned slightly toward the head of the bed. The foot closest to the head of the bed should point in that direction.

Together, untuck the draw sheet from both sides of the mattress and roll the draw sheet up close to each side of the client’s body.

Bend your knees and keep your back straight. Grasp the rolled sheet.

Count 1-2-3, and on the count of three, together slide the draw sheet with the client on it smoothly toward the head of the bed, as you shift your weight from your back foot to your front foot.

After the move is complete, adjust the client’s position if necessary. Replace the pillows under the head. Be sure to smooth the draw sheet until it is free of wrinkles. Tighten it, and tuck it under the sides of the mattress.

How to Raise the Head and Shoulders

- The client should be lying flat, close to the edge of the bed, with his knees bent.
- Stand next to the client, facing the head of the bed, feet 8-12 inches apart, one foot in front of the other.
- Tell the client what you plan to do. If you need to replace a pillow, have the new pillow ready and within reach.
- Place your arm under the person’s arm closest to you and brace your hand against the back of their shoulder.
- Ask them to put their arm under your arm on the same side and wrap it around your back, bracing his hand against the back of your shoulder.
- Slide your other arm under the person’s neck and shoulders.
- When you’re ready, count 1-2-3, and on the count of 3, raise the head and shoulders from the bed as you shift your weight from your forward foot to your back foot.
- Support them at the shoulders and use your other arm to remove or readjust the pillow.
- To return the client to the lying position, continue to support them in the locked arm position, supporting the neck and shoulders as you gently lower them down.

How to Help Someone Sit Up at the Edge of the Bed

- Tell the client what you are going to do. They should be lying on their side close to the edge of the bed, facing you. If they can, ask them to place their hand flat on the bed in front of their chest and then use that hand and arm to help push themselves up.
- Stand at the edge of the bed with feet 12-18 inches apart and lower your center of gravity by bending your knees.
- Place your hand and arm under the client’s knees and slide your other arm under and around the client’s back. Assist them into a sitting position.
by bringing their knees over the side of the bed while lifting their upper body into a sitting position. Be sure to use your legs to lift, not your back.

- Remain in front of the client until they are stabilized.

How To Turn Someone on Their Side, Facing You

- Begin with the client lying on their back close to the center of the bed, so that after they are rolled toward you, there will be sufficient room for them to lie on their side.
- Stand as close to the bed as possible, feet 8-12 inches apart, with one foot in front of the other and your knees slightly bent.
- Cross the client's leg that is farthest from you over the closer leg.
- Cross their arms over their chest.
- Place your right hand on their farthest shoulder and your other hand on their farthest hip.
- Brace yourself against the side of the bed and gently roll them toward you as you shift your weight from your front foot to your back foot.
- Check the arm under the body. The arm should be in front of the chest, not underneath the body. The elbow should be bent upward at a 90 degree angle toward the head of the bed.
- Place a pillow in front of the chest to support the upper arm.
- Adjust the legs by bending the upper leg toward the chest. Support the entire upper leg, including the ankle, by placing one or more pillows between the legs.
- The back should be straight, and the head in line with the spine.
How To Turn Someone on Their Side, Facing Away From You

- If the bed has side rails, raise the rail on the side the client will be facing after the move. If there are no bed rails, place a pillow on that side to prevent the client from rolling off of the bed accidentally.
- Begin with the client on their back at the edge of the bed closest to you.
- Stand as close to the bed as possible, with your feet 8-12 inches apart, one foot in front of the other and your knees slightly bent.
- Cross the client’s arms over the chest.
- Cross the client’s closer leg over the farther leg.
- Place your hand under their near shoulder and the other underneath their buttocks.
- Bend your knees to lower your center of gravity and gently push the client away from you, rolling them onto their side.
- You may need to realign the client’s position on the center of the bed. You can do this by sliding your arms under their hips. Shift your weight as you draw the hips toward you, sliding your arms along the sheet. Stop at the center of the bed.
- Adjust the shoulders in the same manner. Place a pillow lengthwise along the back, and tuck it under snugly to keep the person from rolling back. Place a small flat pillow under the head.
- Position the body in the side bedrest position.

How To Move Someone Into the Prone Position

- Start with the client lying on their back. Remove the pillow from under the head.
- Move them to the edge of the bed.
- Next, turn them on their side, so that they face the middle of the bed.
- Stand at the side of the bed facing them. Straighten the arm that is closest to the mattress, and with their palm up, tuck the arm under their lower thigh.
- The upper arm should be bent at approximately a 90 degree angle and positioned up towards the center and head of the bed, palm down.
- Bend their upper hip and knee toward you. This will make turning easier.
- Check the head immediately to be sure that they are not face down on the bed or pillow. Move the lower arm from underneath the body and place it at their side, or place the arm toward the head of the bed with the elbow bent.
- Let their feet hang over the edge of the bed in the proper flexed position, and support the ankle joint by placing a folded towel beneath the ankle. You can also position the client with their feet remaining on the bed. In this position you need to place a pillow underneath the legs from the knees to the ankles so that the feet are in a flexed position. Both of these foot positions help to prevent pressure on the toes and ankles.
- Place a small pillow or folded towel under the abdomen if it increases comfort.
- Turn the head to the side and rest it on a flat pillow, folded blanket, or towel.
- The arms should either be at the sides or bent at the elbows, hands toward the head of the bed.
Skin Care/Prevention of Pressure Ulcers

Pressure Ulcers (Bed Sores)

A pressure ulcer is a breakdown of tissue caused by unrelieved pressure to the skin. Pressure ulcers, also known as bedsores, will occur if a person confined to a bed or wheelchair is not repositioned regularly.

The areas of the body that receive the greatest amount of pressure to the skin are called pressure points. These include the coccyx (tailbone), elbows, knees, heels, head, and buttocks. The skin begins to break down when blood flow is restricted at these pressure points or at any other part of the body.

Pressure sores may also develop from friction or shear (tear) when moving and repositioning a person. Friction occurs when the skin is rubbed against bed linens. A shear occurs when the pressure of movement pulls the skin in the opposite direction from the movement. One example of shear is when someone slides down in bed. Pressure ulcers may also be caused by inadequate bathing, the person’s inability to feel parts of their body, careless handling of the person, or moisture from urine, perspiration, or draining wounds. Nutritional factors that contribute to the development of pressure ulcers include obesity, being underweight, inadequate food intake, protein deficiency, anemia, hyperglycemia, dehydration, or atherosclerosis.

How to Recognize and Prevent Pressure Ulcers

The four stages of pressure ulcers are:

**Stage 1:** A pressure ulcer begins with a reddened or purple area of unbroken skin. The skin will remain red for more than 30 minutes after all pressure is removed. Normally, skin will turn white after it has been gently massaged. This is called blanching. On an area that is beginning to form a pressure ulcer, the reddened area of the skin does not blanch. The area may feel warmer than the surrounding skin. For dark-skinned people, this area may be darker than normal. Although the symptoms at this stage may appear insignificant, if left untreated they will quickly progress to those in Stage 2.

**Stage 2:** The pressure ulcer appears as a raw area of the skin or open cracks in the skin. A small amount of fluid may ooze from the wound.

**Stage 3:** A crater forms in the tissue, and a significant amount of fluid drains from the area. There is a higher danger of infection.

**Stage 4:** The wound deepens, reaching into muscle, tendon, or bone, accompanied by substantial fluid drainage. At this stage, pressure ulcers pose a serious threat to the person’s health, and may require hospitalization or surgery.

If you see a pressure ulcer at any of the four stages, alert your supervisor immediately. Describe the exact location, size (in inches), and condition of the
affected area. Pressure ulcers are painful and difficult to treat. The best treatment is prevention. Most pressure ulcers can be prevented.

- Check the skin daily. Bath time is the best time to examine the skin and pressure points with minimum discomfort. Check each pressure point.
- Follow up on complaints about pain, burning, or tingling in the skin. Those sensations may indicate the presence of a pressure ulcer.
- Keep the skin clean and dry. Change moisture-absorbing pads and briefs frequently.
- Never use alkaline soaps or acid deodorants. Use super-fatted soaps or emollients.
- Use soap sparingly; be gentle when bathing in order to maintain skin health.
- Avoid using hot water on the skin.
- Do not let the person sit or lie directly on a pressure ulcer. Absence of pressure is necessary to recovery.
- To help promote circulation, ask the person to wiggle their toes and flex their arms and legs often.
- If the person is unable to move themselves, you must reposition them every 2 hours. This is very important in preventing pressure ulcers. A turning chart kept near the bed can be used to chart times and bed positions for each 24 hour period. You can use a clock face to show the time for the next 2-hour position change.
- Never use a heat lamp.
- Do not massage pressure points or reddened areas.
- Make sure splints or braces are fitted and adjusted properly.
- Keep clothing loose and change clothing often.
- Bed sheets should be clean, dry, and free of wrinkles. Wrinkles can cause unnecessary pressure on the skin.
- Avoid using plastic sheets. Plastic sheets retain urine and body heat, which can cause skin breakdown.
- Remove the bedpan within 5 minutes after the person has finished it.
- Provide a well-balanced, nutritious diet. Encourage the person to drink plenty of fluids.
- Products are available that help to relieve or reduce pressure on the skin and prevent pressure ulcers. The client’s doctor, nurse, or home medical supplier can help select an appropriate product.
- Improper treatment can make a pressure ulcer worse. Never attempt to treat a pressure ulcer yourself without first consulting trained medical personnel.

**Range of Motion**

It is important to continue to exercise the joints and muscles of the body during illness, when normal physical activity may be limited. If joints do not move regularly through their natural range of motion, the surrounding muscles weaken and the joints stiffen, resulting in a condition known as contracture.
Range of motion (ROM) exercises are designed to move muscles and joints through their complete range of motion, helping to maintain strength and flexibility and to increase circulation.

Passive ROM exercises require the assistance of another person to help move the client’s limbs and body parts. To help move a person safely through a series of passive range of motion exercises, you must first receive instruction on how to perform the exercises from a physical therapist or a nurse. Active range of motion exercises can be done by the client independently.

Guidelines for Assisting with ROM

- Do not assist with ROM exercises until you have received specific instructions for your client.
- Never take a client beyond the point of pain. Pain is a warning sign and should be heeded. Report client pain to your supervisor.
- Inform your supervisor if the client is not doing their exercises.
- Report to your supervisor if the client is finding the exercises harder to do rather than easier.
- Use the flat part of your hand and fingers to hold the client’s body parts. Do not grip with your fingertips. Some people are sensitive to pressure. Some people are ticklish.
- If you forget what to do, think of your own body and how it works.
- Talk to the client. Explain what is being done and why. Even if the person does not appear to understand, the tone of your voice and touch of your hands can help you communicate.
- Better communication greatly improves your chances for client cooperation.
- Do each exercise 3-5 times or as you have been instructed.
- Follow a logical sequence during the exercises so that each joint and muscle is exercised. For example, start at the head of the bed and work down to the feet.
- Be gentle – never bend or straighten a body part farther than it will go. If you hear cracking, popping, or meet resistance, stop. Report these to your supervisor.
- Slow, steady movement of a tight muscle will help the muscle relax and increase the joint range.
- Include the family in the activity so they can learn and continue the exercises when you are not there.
Range of Motion Exercises

General Instructions:

- Ideally, these exercises should be done once per day.
- Do each exercise 10 times or move to the point of resistance and hold for 30 seconds.
- Begin exercises slowly, doing each exercise a few times only and gradually build up to more.
- Try to achieve full range of motion by moving until you feel a slight stretch, but don't force a movement.
- Move only to the point of resistance. Do not force the movement.
- Keep limbs supported throughout motion.
- Move slowly, watching the patient's face for response to ROM.

Lower Extremity Passive ROM Exercises

<table>
<thead>
<tr>
<th>Hip and Knee Flexion</th>
<th>Hip Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cradle the leg by placing one hand under the bent knee. With the other hand, grasp the heel for stabilization. Lift the knee and bend it toward the chest, with the kneecap pointed toward the ceiling.</td>
<td>Place one hand on the thigh and other hand just below the knee. Bend the knee halfway to the chest so that there is a 90 degree angle at the hip and knee. Pull the foot toward you and then push it away.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hip Abduction</th>
<th>Lumbar Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cradle the leg by placing your hand under the knee. Place the other hand under the heel. Keeping the knee straight, move the leg toward you and away from the other leg, to approximately 45 degrees.</td>
<td>Bend knees up and keeping them together, lower than to one side as far as they comfortably go. Repeat to the other side.</td>
</tr>
</tbody>
</table>
Upper Extremity Passive ROM Exercises

Elbow Flexion and Extension
Hold the upper arm with one hand and forearm with the other hand. Bend the arm at the elbow so that the hand touches the shoulder. Then straighten the arm all the way out.

Shoulder Flexion and Extension
Hold the wrist with one hand. With the other hand, grasp the elbow joint to stabilize it. Turn the palm inward, facing the body, and keep the elbow relatively straight. Move the arm from the side of the body over the head.

Shoulder Internal and External Rotation
Place one hand under the elbow. With your other hand, hold the forearm. Bring arm out to the side to shoulder level. Turn arm so that the hand points to the ceiling. Then turn arm back down so that hand points to floor.

Horizontal Shoulder Abduction
Place hands behind or above head. Gently touch elbows to bed and hold as tolerated.

Pull arm across chest. Stretch is felt in back of arm and shoulder.
Upper Extremity Passive ROM Exercises (continued)

**Neck Rotation**
Turn head slowly to look over left shoulder then turn to look over right shoulder, touching the chin to the shoulder if possible.

**Neck Flexion**
Tilt head slowly toward left shoulder and then toward the right shoulder, touching the ear to the shoulder if possible.

**Finger and Wrist Flexion and Extension**
Hold the forearm above the wrist with one hand and grasp the fingers with your other hand. Holding the hand in this way, bend the wrist back, about 90 degrees, while straightening the fingers out. Then bend the wrist the opposite direction, about 90 degrees, while curling the fingers into a fist.

**Thumb Flexion and Extension**
Move thumb to little finger. Then bend and straighten the thumb out to the side to stretch the "web space"
Personal Hygiene

Mouth Care

- Collect the supplies you will need, including a towel, toothpaste, a toothbrush, a glass of water, a moistened face cloth, a small plastic basin or bowl, and disposable gloves.
- Wash your hands and put on gloves.
- Encourage the person to clean their own teeth each morning, night, and after meals.
- If the person cannot brush their own teeth, bring them to an upright position.
- Position the towel under the chin and over the chest.
- Apply toothpaste and wet the toothbrush.
- Carefully brush the upper and lower teeth, including the top, front and back sections of each tooth. Brush the tongue.
- When you are finished, ask the person to rinse their mouth with water, spitting afterwards into the basin or bowl. Repeat rinsing until the mouth is clean. Have them rinse with mouthwash if they wish.
- Wipe the mouth with a moistened face cloth.
- Reposition the person in bed.
- Clean up, and store the supplies.
- Remove the gloves and wash your hands.

How to Clean Dentures

Clients who wear dentures (false teeth) also require oral hygiene. Dentures should be cleaned at least twice a day and after each meal. Gums should be stimulated with a soft toothbrush whenever dentures are removed.

- Gather the equipment you will need, including a soft toothbrush or foam toothette, regular toothpaste, denture toothpaste, a denture cup, a drinking glass for rinsing, a container for used rinse water, paper towels or washcloth, and disposable gloves.
- Wash your hands and put on gloves.
- Ask the person to remove their dentures and place them into the denture cup.
- If the person needs assistance, grasp the upper denture and pull it slightly downward to break the suction before gently removing it.
- Remove the bottom denture by grasping it and pulling up and then out.
- Place the dentures directly into the denture cup.
- Place a paper or cloth face towel in the sink to prevent breakage. Dentures can shatter if they are dropped even a short distance.
- Rinse the dentures under warm water. Hot water can warp dentures.
- Brush every surface of the dentures using a denture brush. At least once a day, soak the dentures in water with denture cleaning tablets for a more thorough cleaning. Overnight is a good time to soak the dentures.
- Clean the person’s mouth and stimulate the gums by gently brushing them with a very soft toothbrush. Apply a small amount of toothpaste and wet the
toothbrush or use a foam toothette. Rinse the person’s mouth with water and use mouthwash if desired.

- Return the wet dentures to the person or place in the denture cup.
- If the person needs assistance, return the upper denture to the mouth by holding the denture in one hand and raising the upper lip with the other. Insert the denture and gently press upward on the denture to make sure it is in place. Hold the lower denture in one hand and lower and lower the bottom lip with the other. Insert the denture and gently press downward to bring it in place.
- Rinse and dry the denture cup. Remove the gloves and wash your hands.

**Shaving**

A regular morning activity for most men is shaving the beard. A client is often well enough to shave his own beard or may need you to gather the equipment they need. Below are the steps for those who cannot shave themselves:

- Gather the supplies you will need: disposable gloves, razor (no straight razor), shaving cream or gel, towel, warm moist washcloth, basin of water, and after shave lotion (optional).
- If possible, raise the bed to a comfortable working height.
- Move the person into an upright or sitting position.
- Wash your hands and put on the gloves. If the person you are caring for wears dentures, make sure that they are in place.
- Place a warm washcloth on the person’s face for a few moments to soften the beard.
- Apply shaving cream and lather the area to be shaved.
- Start in front of one ear. Hold the skin taught by pressing at the cheek and pulling the skin toward the ear. Take short, even strokes in the direction the hair grows. Shave the neck by bringing the razor toward the chin. Rinse the razor between strokes in a basin of warm water.
- Areas under the nose and around the lips are sensitive. Take special care in these areas.
- Rinse the face with a warm washcloth. Pat dry with a towel. Apply after shave lotion if desired.
- Be careful not to irritate sensitive areas. If the skin has been nicked, hold a tissue or gauze pad directly over the spot, applying slight pressure for a few moments.
- Clean, rinse, dry, and store the supplies.
- Remove the gloves and wash your hands.
- Never use an electric razor if a person is receiving oxygen because of the potential for sparks that could ignite a fire.

**Nail Care**

- Consult with a podiatrist for special cases such as thick nails, poor circulation, or diabetes. Special precautions need to be taken with the nails of a diabetic. Never cut or clip the client’s fingernails or toenails. Do not perform cuticle care except to apply lotion and gently massaging the area around the nail.

- Gather the necessary supplies: soap, water, basin, nail brush, towel, and emery board or nail file.

- Wash your hands.

- The best time to file nails is after a bath or after a warm foot or hand soak. The nails are less hard and brittle after soaking.

- Brush the nails with a nail brush, cleaning under the nails. Rinse and dry the nails and hands.

- Use the nail file or emery board to file and smooth the edges of the nails.

- Paint nails if requested.

- Clean and store the equipment. Wash your hands.

**How To Shampoo Hair in Bed**

It is important to keep your client’s hair neat and clean. This prevents scalp and hair breakdown, improves the client’s appearance, improves circulation to the scalp, and improves the client’s general feeling about himself.

- Gather the supplies you will need: Waterproof sheet, shampoo, conditioner, towels, plastic shampoo tray or shampoo trough, comb and brush, a large pitcher for warm water, and a water collection bucket.

- Tell the person what you plan to do.

- Wash your hands and put on gloves. Remove the person’s hearing aids and/or eyeglasses.

- If possible, position the bed to a convenient height.

- Place a waterproof sheet underneath the person’s head and shoulders.
• Position the person so that their head is near the bed's edge.

• Place a chair at the side of the bed near the client’s head. The chair should be lower than the mattress. Place a towel on the chair. Place the water collection bucket on the towel.

• Place the shampoo tray or trough under the clients head. A trough can be made by rolling up the sides of a plastic sheet or bag. This makes a channel for the water to run into the collection bucket. Three sides must be rolled to make the channel. The top edge should be rolled around a rolled bath towel. Place the edge with the rolled towel in it under the client’s neck and head. Have the open edge hanging into the pail on the chair.

• Gently wet the hair using a large pitcher of water (about 100 degrees F). Apply shampoo and, using both hands, wash the hair and massage the scalp with your fingertips. Avoid using your fingernails as they may scratch the client's scalp.

• Rinse the hair thoroughly and wrap the hair with a large towel.

• If you use a hair dryer, adjust the temperature to the coolest setting and dry the hair.

• Clean and store the equipment. Remove gloves and wash your hands.

If a client is able to sit with their head over the sink, this procedure is preferable to a bed shampoo. It is faster and easier.

Assisting a Client to Dress and Undress

Allow a client to choose their own clothes if they wish. If a client is in his bed most of the day, bedclothes are preferred (be sure they are not wrinkled). If a client spends most of the day out of bed, encourage them to dress in street clothes.

• Assemble clean clothes.
• Wash your hands.
• If the client is able to sit on the edge of the bed, assist them into this position. Avoid exposing them. If a client must remain in bed, assist them into a flat position on their back.
• Put on underwear and skirt, trousers or pajamas. If a leg is injured, place it into underwear or pajama first, followed by the other leg.
• Ask the client to stand up, if possible, and pull the garment to their waist. If the client is in bed, have them lift their buttocks and you pull up the garment.
• To put on an over-the-head type of shirt (or other garment), place an injured arm into the shirt first. Then put the neck of the shirt over the client’s head. Finally, guide the other arm into the shirt.
• To put on a button-type shirt, place the sleeve over an injured arm first. Bring the shirt to the back of the client and guide the other arm into the sleeve.
• Assist the client with socks or stockings. Do not use round garters, or anything that might decrease circulation.
• Assist the client with shoes. Be sure they fit well and give support. Look for any blisters or red areas on the feet.
• Make the client comfortable.
• Wash your hands.

Helping a Client to Bathe

Clients at home may not need to have a complete bath each day. They may prefer to have a partial bath at times. Most people are used to bathing themselves privately. Some clients are embarrassed by having another person do this for them. Demonstrate your understanding of the client’s feelings by keeping them covered and not exposing them, and by bathing them in a professional and reassuring manner.

There are four types of baths. When you are given your assignment, your supervisor will indicate which type of bath to give:

1. The Complete Bath: This is usually given in bed. If the client is weak or unable to bathe themselves, it is your responsibility to bathe them. When you are giving the bath, the client will usually give you little or no assistance.

2. The Partial Bath: A client may be able to take care of some of his own bathing requirements. When this is the case, you will be responsible for bathing only the areas that are hard for them to reach (back, feet, or genitalia).

3. The Tub Bath: Do not give a client a tub bath until you have checked with your supervisor. Sometimes, you will be asked to help the client with a bath into which they put in medication. **Be sure that the client or their family assume the responsibility for the medicine.**

4. The shower: The client is bathed under running water.

Guidelines When Bathing A Client

• Usually, the complete bath is given as part of morning care. However, if your client enjoys their bath at another time of day, try to follow their request
• Use good body mechanics. Keep your feet separated, stand firmly, bend your knees, and keep your back straight.
• When you are using soap, keep it in the soap dish, not the basin of water.
• Use lotions and creams that the client prefers. Deodorant is used only if the client requests it and after the entire bath is completed.
• Check the client’s bedclothes for personal items before putting them in the laundry.
• Talk to the client. Tell them what you plan to do, step by step.

• The room should be warm and not drafty.
• Change the water as often as you need to so that you have warm, clean water at all times.

**The Complete Bed Bath**

- Assemble your equipment: Soap in a soap dish, wash cloth, disposable gloves, bath towels, wash basin, powder and deodorant, clean gown or pajamas, bath blanket, lotion for back rub, and comb and/or hairbrush.
- Offer the bedpan or urinal prior to bathing.
- Tell the client what you are going to do and allow them to help as much as possible.
- Wash your hands and put on gloves.
- Remove heavy blankets or bedspreads from the bed and fold them loosely over the back of a chair; leaving the client covered with the top sheet or a light blanket.
- Keep the client covered, remove their nightclothes and place in laundry bag.
- Fill the wash basin two-thirds full of water. Ask your client how they like their water – hot, warm, or cool. Test it with your whole hand. Then let them test it with the inside of their hand or wrist.
- Start with the cleanest areas of the body, such as the face, chest, arms. Wash progressively to the most soiled areas, such as feet, buttocks, and rectal area. Change the water frequently as it becomes dirty or cool.
- Use one washcloth for soap and one for rinsing. Washcloths should be wet but not dripping.
- Wash the client’s eyes from the nose to the outside of the face. Be careful not to get soap in his eyes. Rinse and dry by patting gently with the bath towel. Use the opposite end of the washcloth for the second eye. Wash and rinse the client’s ears and neck.
- Place a bath towel underneath the arm and hand to keep the bed dry. Support the arm by holding it beneath the elbow. Wash the arm upward from the wrist to the shoulder to stimulate circulation. Wash under the arm. Rinse and pat dry. Place the hand in the basin of water and let it soak for a minute. Wash, rinse, and dry the hand well. Check the nails. Use a nail brush to clean under the nails, necessary. Repeat the procedure for the other arm and hand.
- Remembering to keep your client covered at all times, wash the chest area. For females, the area under the breasts should be washed as well. Dry the areas thoroughly.
- Wash the stomach and abdomen. Be sure to wash the umbilicus (navel) and in any creases of the skin. Dry the abdominal area. Empty the dirty water, rinse the basin, and refill it.
- Ask the client to bend their knee and place a towel under their leg. Wash rinse and dry the leg. Soak the foot in a basin of water before washing. Support the foot by holding at the heel or ankle. Wash the foot, paying attention to the areas between the toes. Check the nails. Clean with a nail
brush if necessary. Repeat the procedure for the other leg and foot. Empty the dirty water, rinse the basin, and refill it.

- Turn the client on their side and place a large bath towel lengthwise along their back and buttocks. Starting at the neck, use long strokes to wash the back from the neck down to and including the buttocks. Rinse well and pat dry. Give the client a back rub (see procedure).
- Place a towel up against the buttocks and turn the person onto their back so that the buttocks are on the towel. If at all possible, let the person wash his or her own genital and anal areas. You can help by preparing washcloths and having the towel ready. Offer the client a soapy wash cloth to wash the genital area. Give them a clean wash cloth to rinse themselves well.
- If you must wash the genital area, begin by telling the client what you plan to do. Wash the genital area from front to back. Provide for privacy at all times.
- Dress the client in clean clothes. Comb or brush hair.
- Change the bed linens. Place soiled linen and towels in the laundry container.
- Discard disposable items. Clean and store other equipment.
- Remove gloves and wash your hands.

The Partial Bath

Your clients should be encouraged to take as active a part in their care as their medical condition allows. A partial bath routine must be individualized to suit the needs of your client. However, there are certain rules to always keep in mind – safety and client ability:

- Assist the client with establishing a bathing routine to save their energy.
- Allow the client to bathe as much of his body as he can safely reach.
- Take a chair into the bathroom or have the client sit on the toilet seat covered by a towel.
- Be very observant of safety while the client is bathing.
- Give the client privacy as they bathe.

The Tub Bath

Several of your clients may want a tub bath. Some houses do not have showers and your clients may be used to taking a bath.

- Assemble your equipment: Bath towels, non-skid bath mat for bathroom floor, non-skid bath mat to be used in the tub, wash cloths, disposable gloves, soap, chair for client to sit on, or use the commode, clean garments, cleaning equipment to wash the tub before and after your client’s bath.
- Check the tub. Wash if necessary.
- Wash your hands.
- Assist the client to the bathroom.
- Fill the tub half full with water. Ask your client how they like their bath water – warm, hot, or cool. Run cold water through the faucet last so it will be cool if
the client should touch it. Test the water temperature. Have the client test the water.

- Assist the client in getting undressed and into the bathtub. Let the client stay in the bathtub as long as permitted. Give them privacy as is safely permitted.
- Help the client wash as needed. Wear gloves.
- Empty the tub. It is easier to get out of an empty tub than a full one.
- Put a towel across the chair or the commode and have the client sit on it.
- Allow the client to dry as much of his body as he can. Assist him with putting on clean garments.
- Assist the client out of the bathroom and make them comfortable.
- Return to the bathroom and clean as necessary.
- Wash your hands.

Assisting A Client with a Shower

- Assemble your equipment: Bath towels, non-skid bath mat for bathroom floor, non-skid bath mat to be used in the shower, wash cloths, disposable gloves, soap, clean garments, cleaning equipment to wash the shower before and after your client’s shower.
- Check the shower. Wash it if necessary.
- Assist the client to the bathroom.
- Turn on the shower and adjust the water temperature. Ask your client how they like the temperature of the water – warm, hot, or cool.
- Assist the client into the shower.
- Give the client as much privacy as safely permitted.
- When the client is finished washing, turn off the water and assist the client out of the shower. Assist the client with washing and drying those body areas they find difficult to reach. Wear gloves when washing or drying the client.
- Help the client dress as needed. Assist the client out of the bathroom and make them comfortable.
- Return to the bathroom and clean as necessary.
- Wash your hands.

Giving a Client a Back Rub

Rubbing a client’s back refreshes them, relaxes their muscles, and stimulates circulation. Because of the pressure caused by bedclothes and lack of movement to stimulate circulation, the skin of a client who spends a great deal of time in bed needs special attention.

Back rubs are generally given as part of morning care after the client’s bath. If a client does not care to have their back rubbed, respect their wishes unless this procedure is ordered to increase circulation. At that time, discuss the issue with your supervisor.

- Assemble your equipment: Towels, disposable gloves, lotions of the client’s choice.
- Inform the client as to what you are going to do.
• Ask the client to turn on their side or abdomen.
• Warm the lotion by placing it in a basin of warm water.
• Put on gloves.
• Pour a small amount of lotion into the palm of your hand. Rub your hands together using friction to warm the lotion.
• Apply lotion to the entire back with the palm of your hands. Use firm long strokes from the top of the buttocks to the shoulders and the back of the neck to the shoulders.
• Use proper body mechanics. Keep your knees slightly bent and your back straight.
• Exert firm pressure as you stroke upward from the buttocks toward the shoulders. Use gentle pressure as you move your hands down the back. Do not lift up your hands as you massage.
• Use a circular motion on each bony area. This rhythmic rubbing motion should be continued for 1-3 minutes. Dry the clients back by patting it with a towel.
• Assist the client in putting on their garments.
• Reposition the client and make them comfortable.
• Remove your gloves and wash your hands.

How To Make an Occupied Bed

It may be necessary to make a bed with the client in it if they are unable to get out of bed.

Bed linens must be changed often, for comfort and to reduce the possibility of infection. It's important that the bed be made free of wrinkles to prevent pressure sores from developing.

• If a hospital bed is being used, raise the bed to the level of your elbows and lower the knee and head sections until the bed is flat.
• The procedure will vary slightly if you use a draw sheet or additional bed pads.
• Loosen the sheets and blankets around the entire bed.
• Remove all covers, except for the top sheet or a cotton blanket to keep the client warm.
• Roll the client onto their side toward the far side of the bed. They should be on their side, facing away from you. If the bed has side rails, raise the rails on the far side of the bed. If not, position the bed against a wall or secure the client in bed with pillows. If, the client is in a hospital bed, they may be able to assist you by grabbing on to the side rails and pulling.
• Remove the pillow from under the client’s head.
• Place the clean linen within easy reach.
• Fold or roll any bed pad or draw sheet toward the client and tuck it against the client’s back. Roll or fold the bottom sheet lengthwise up against the client’s back. Your side of the bed should now be stripped to the mattress or mattress pad and ready for clean linens.
• If you are using a flat sheet, take the sheet and fold it in half lengthwise.
• Place the folded edge of the sheet lengthwise up against the body from the top to the bottom of the bed.
• Fold or roll the top half of the clean flat sheet (the portion that will go on the other side of the bed) and tuck it under the person’s back. The half of the bed you are working on should now have the bottom sheet ready to be tuck into the mattress. Tuck the sheet in at the head of the bed, along the side, and at the foot of the bed. If you need additional bed pads or a draw sheet, follow the same procedure.
• When using a fitted sheet, place the fitted corner on the top and bottom corners of the side of the bed near you. Then smooth the sheet at the center and push the sheet against the client’s body.
• You are now ready to move the client over to the clean side of the bed. Roll them gently onto their back and over the bunched linens in the middle of the bed. If there are no side rails, stabilize the person with pillows so that they do not roll any further.
• Move to the “dirty” side of the bed. Remove the soiled linens and place them in the laundry bag. The bed should be stripped to the mattress or mattress pad on that side of the bed. Pull the clean sheet from the middle of the bed and pull it firmly to make a tight, wrinkle-free bed, tucking it in at the head, along the side, and at the foot of the bed. Pull any additional pads or draw sheet from the center, and tuck anything that hangs over the edge of the bed under the mattress.
• Change the pillow case.
• Change the top sheet. Be sure to leave room for the feet to move freely when you tuck it in at the foot of the bed. Spread a blanket over the top sheet. Sometimes the weight of the blankets on a client’s body will cause pain or discomfort. A blanket support can help. The blanket support sits on the bed and holds the blanket and sheet away from the client’s body.
• Reposition the person comfortably.
• Wash your hands.

How to Put on Elasticized Stockings

Elasticized stockings, sometimes called TED’s, are used to improve circulation and to prevent swelling or formation of blood clots in the legs. They come in a variety of sizes and lengths. The legs are measured to determine the proper stocking length.

Elasticized stockings should be changed daily after bathing.

Stockings should be removed and put on again every 8 hours to check the color and warmth of the feet and toes. When putting elastic stockings on, use the following procedure:

• Wash your hands.
• Inform the client what you are planning to do.
• With the client lying down, expose one leg at a time.
• Make sure the legs are clean and dry.
• Gather or roll the stocking down to the heel.
• Pull the stocking over the person’s foot and heel. Check that the heel is properly placed in the heel of the stocking.
• Continue to pull the stocking upward over the leg. When you have finished, the stocking should be smooth, with no wrinkles.
• Repeat the procedure for the other leg.
• Make sure the client is comfortable.
• Wash your hands.

Intake and Output

Through eating and drinking, the average healthy adult will take in about 3 ½ quarts of fluid every 24 hours. This is called fluid intake. The average adult also will eliminate about 3 ½ quarts of fluid every 24 hours. This is fluid output. The human body has several ways of keeping the amount of fluid it eliminates balanced with the amount of fluid it takes in. This balance is what allows the body to continue to function in a healthy state. When this balance is disturbed, the body is said to be in a state of fluid imbalance. In some medical conditions, fluid may be held by the body tissues. This causes swelling and is called edema. In other conditions, much fluid can be lost, and this is called dehydration. Fluids can be discharged from the body through:

• The kidneys in the form of urine
• The skin in the form of perspiration
• The lungs during breathing
• The intestinal tract

Reasons for Keeping Records of Fluid Balance

When a person is healthy, the fluid balancing system works by itself; however, when a person is ill or disabled, this system often does not function to its maximum. Accurate records of an individual’s intake and output, indicate how their fluid’s balancing system is functioning. Many things can affect the fluid balance system:

• Medication
• Emotional stress
• Exercise
• Nourishment
• Weather
• General Health, especially any chronic illness or condition such as kidney disease, high blood pressure, heart disease, or diabetes.

The amounts of intake and output (I&O) are written on a special sheet of paper called an intake and output sheet. It is usually kept near the client’s bed. After measuring intake and output, you will record that amount and indicate the time and how much the client had to drink or expelled within a 24-hour period of time.

• Ice, water, juices, pop, coffee, tea, milk, ice cream, yogurt, soup, jello, pudding, and any other food that is liquid at a room temperature is measured.
• Output measurements may include urine, liquid stools, vomit, and blood or drainage from wounds.

• Ask the client to use a urinal or bedpan at all times, so you can record the amounts. If they can use a toilet, a special plastic insert can be placed in the toilet to collect urine or stools.

• Wash your hands and put on gloves when you measure output.

• Measure and record each kind of output separately.

• Using a large measuring cup or special measuring container to measure output fluids. Pour from the bedpan, urinal, catheter collection bag, or toilet insert into the cup or container and record the output. Empty fluids into the toilet and flush.

• Clean equipment after each use.

Measurements

8 oz – 1 cup – 240 ml or cc’s  
16 oz – 1 pint – 473 ml or cc’s  
32 oz – 1 quart – 946 ml or cc’s  
64 oz – 2 quarts – 1920 ml or cc’s  
128 oz – 1 gallon – 3785 ml or cc’s

Elimination

Elimination is usually an activity that is private and one that is not openly discussed. The clients you are caring for will now have to perform this activity with varying amounts of assistance. They may be embarrassed and you may be embarrassed. Your role is to assist the client with his important and normal bodily function in a way that is both acceptable and safe.

Many products are available to help with elimination, such as female urinals, bedpans that are flatter, wider, and more comfortable, and protective briefs that are noiseless, control odors and are capable of holding large amounts of fluid without feeling wet.

How to Use a Bedpan

Using a bedpan is often a source of shame or embarrassment. Remember that preserving the client’s dignity is an important part of caregiving.

• Gather equipment and supplies: disposable gloves, bedpan, toilet paper, two moistened washcloths (optional: disposable wipes, talcum powder).
• Allow for privacy during bedpan use.
• Wash your hands.
• Always wear gloves when you are helping someone use a bedpan.
• A cold bedpan is uncomfortable. Run warm water over the bedpan immediately before use. Dry the pan thoroughly and apply talcum powder to reduce friction.
• Place a tissue or a little water or oil on the bottom of the pan before use to make cleaning easier.
• The bed should be in a flat position.
• Pull the lower garment below the knees and the upper garment above the waist.
• If the client can assist you, ask them to bend their knees and press their heels against the bed while raising his hips. Slide your hand under the lower part of the back, and gently lift the hips at the same time.
• Slide the bedpan under the hips; the buttocks should rest on the rounded shelf of the bedpan. The narrow end of the bedpan should point toward the foot of the bed.
• If the client cannot raise their hips, turn them into their side with their back facing you. Then, roll them back over the bedpan, checking to be sure the pan is in the proper position.
• Elevate the head of the bed, or assist the client into a semi-sitting position using pillows for support. For added privacy, adjust the position of the sheet to cover the client.
• Place toilet paper within reach.
• Leave a moist washcloth nearby for cleaning.
• When the client is comfortable, leave the room.

• Always remove the bedpan as soon as the client is finished using it. A bedpan left in place for more than 15 minutes can cause the first stages of skin breakdown, leading to a pressure ulcer.
• Remove the bedpan by lowering the bed or removing the pillows so that the client is lying on their back. Have them raise their hips by flexing their knees and placing their feet flat on the bed. You can help raise the hips by placing one hand under the small of the back and lifting. Gently slide the bedpan from underneath with your other hand.
• Hand them the toilet paper and allow them to clean themselves if possible. Discard the used paper in the bedpan. Follow with a moistened washcloth, so they can wash the rectal area. Use a second washcloth for washing the hands.
• If they need help to clean themselves, assist them onto their side, with their knees bent. Lift their upper buttock with one hand. With your other hand, clean the area from front to back with soap and water using a single gentle stroke. Rinse between each stroke, and repeat the process using a clean section of the washcloth each time until the area is clean. Disposable wipes can be helpful. Pat dry thoroughly.
• Reposition the client until they are comfortable.
• Empty the bedpan contents into the toilet, and clean the bedpan using warm, soapy water and a toilet brush. Rinse and dry.
• Remove and discard the disposable gloves.
• Wash your hands.
How to Use a Male Urinal

- Assemble equipment needed: Urinal and cover, Basin of water or wet washcloth, soap, towels, disposable gloves.
- Wash your hands and put on disposable gloves.
- Place the urinal between the legs, low enough so that the penis can naturally be inserted into the urinal. Provide assistance if necessary.
- Leave the client alone in the room if possible. When he lets you know that he is finished, remove and empty the urinal, measuring if necessary.
- Clean the urinal with warm soapy water. Rinse with disinfectant or water and dry.
- Wash his hands, or provide client with a moistened washcloth.
- Remove and discard the gloves and wash your hands.

Assisting the Client with a Bedside (Portable) Commode

- Assemble your equipment: bedside commode, toilet tissue, basin of water or wet washcloth, soap, towel and gloves.
- Wash your hands and put on gloves.
- Tell the client what you are going to assist them onto the commode.
- Put the commode next to the client’s bed in a safe position in which they can transfer.

- Using proper body mechanics and transfer techniques, assist the client onto the commode.
- Leave a small amount of water in the bottom of the pail. This will make cleaning it easier.
- If the client is safe, leave the room to give them privacy.
- Remove gloves and wash your hands if you are going to do another task.
- When the client signals you that they are finished, return and wash your hands. Put on gloves.
- Offer the client toilet tissue to clean themselves. If they are unable to do so, it is your responsibility to clean them. Always wipe the genital area from the front to back.
- Assist the client back to bed.
- Offer the client a basin of water or the wet washcloth to wash their hands.
- Remove the pail from the commode. Cover it and carry it to the bathroom.
- Measure the urine output if that is ordered and document.
- Empty the pail into the toilet, and clean it.
- Put the pail back into the commode.
- Remove gloves and wash your hands.

Urinary Incontinence

Urinary incontinence is an involuntary loss of urine in sufficient amounts or frequency to cause social and/or health problems.
Normal urination during daytime hours occurs no more than once every 2 hours. Going to the bathroom 1-2 times during the night is considered normal.

The four types of urinary incontinence are **Stress, Urge, Overflow, and Functional**.

- **Stress** incontinence occurs during coughing, laughing, sneezing, or physical activities such as lifting. Weak pelvic floor muscles are a common cause of stress incontinence.

- **Urg**e incontinence involves sudden loss of urine because of the urge to urinate. The person is unable to reach the bathroom in time. Urge incontinence is often seen in people who have diabetes, stroke, dementia, Parkinson’s or multiple sclerosis.

- **Overflow** incontinence involves frequent leakage of small amounts of urine. The bladder is overextended as a result of loss of bladder muscle tone or an outlet obstruction.

- **Functional** incontinence occurs when the bladder and urinary tract are healthy but the person is still unable or unwilling to use a toilet. Causes can include difficulty moving, pain, clothing, and psychological factors.

### Causes of Urinary Incontinence

Urinary incontinence may be caused by diverticulum, kidney, or bladder stones, chronic immobility, diabetes, enlarged prostate, hormonal imbalance, physical disabilities, mental confusion, or neurological disorders such as multiple sclerosis. Vaginal infection or urinary infection may also cause urinary incontinence. Diuretic substances, such as certain drugs, alcohol, and caffeine can affect bladder function. Some tranquilizers and sedatives may make the person so drowsy that he or she may sleep through the need to eliminate. If the problem is caused by medications, your doctor may be able to improve the situation by changing dosage amounts or administration times. **Do not change the timing or dosage of any medication.**

The cause of urinary incontinence, especially if it comes on quickly, should always be evaluated by a physician. Do not assume that it is a result of old age or confusion. A sudden onset of urinary incontinence can often be corrected.

### General Guidelines When Caring for Someone with Incontinence

- Avoid tight fitting clothes, which can produce pressure on the bladder.
- Provide clothing that can be easily removed.
- Avoid coffee, tea, alcohol, chocolate, carbonated beverages, spicy foods, tomatoes, and citrus, which can irritate the bladder and cause frequent urination.
- Avoid evening fluids; however, total fluid intake should not be restricted. Continue to encourage the person to drink 6-8 cups of water daily.
• Keep the skin of an incontinent client clean and dry. Urine left on skin can cause pressure ulcers and infection.
• Be alert for skin dryness or breakdown, rash, or infection. Inspect the client’s skin frequently, and make sure to report any changes immediately to your supervisor.
• Apply hypoallergenic creams or oils to protect the skin.
• Allow privacy when the person is urinating.
• Keep hallways well lighted, free of clutter and make the bathroom as accessible as possible.

Fecal Incontinence

Fecal incontinence may be caused by weakness of the anal sphincter, certain nervous system disorders, immobility, or mental confusion.

• Providing a high-fiber diet and adequate water intake is important in maintaining bowel health.
• Bowel training (offering the toilet or bedpan at regularly scheduled times) may improve continence. The best time for many people is after each meal.
• Provide privacy and make sure that your client is comfortable.
• Give your client enough time to defecate. Do not give the impression that you want them to finish in a hurry.
• Clean the incontinent person thoroughly after each bowel movement to prevent development of pressure ulcers and infections.

Adult Briefs

Adult briefs keep an incontinent person dry, reduces odors, lessens the chance of urinary infections and pressure sores, and help prevent embarrassment if there is an accident. Adult briefs come in a variety of sizes and styles, from insert pads for specially designed reusable briefs to wrap-around disposable briefs fastened with tabs.

• Follow the manufacturer’s instructions for a proper fit. It is important that the briefs fit well.
• Briefs should be checked and changed every 2 hours. Many are equipped with a strip that changes color when they need to be changed.
• Adult briefs are available at the local home medical supply store, large pharmacies, and grocery stores.

Urinary Catheters

An indwelling urinary catheter allows for constant urine drainage. Catheters are used after surgery or to manage urinary incontinence. The catheter is inserted through the urethra into the bladder by a nurse and held in place by a balloon that is inflated once it is in the bladder. This prevents the catheter from slipping out of the bladder.
The inside of the catheter and drainage system are sterile. Do not insert anything into the catheter tubing or collection bag.

The drainage bag should always be located lower than the person’s bladder to prevent backflow.

There should be no folds or kinks in the catheter tubing.

Never pull on the catheter.

If the client reports pain, burning, irritation, a full feeling in the bladder, or an ongoing urge to urinate, or the catheter comes out, report it to your supervisor immediately.

**Urinary catheter care should be limited to cleaning and positioning of external parts of the drainage system and emptying the drainage bag.**

**How to empty the Collection Bag**

- Gather the equipment you will need: disposable gloves, alcohol wipes, measuring device, towel, paper towels, or newspaper.
- Wash your hands and put on gloves.
- Tell the client what you plan to do.
- Place a towel, paper towels, or newspaper on the floor below the collection bag. Place the container on the towel, directly under the spout at the bottom of the collection bag.
- Open the drain spout and allow the urine to flow into the container. Do not allow the catheter drainage tube to touch the container.
- When the urine has drained, close the drain and wipe it with an alcohol wipe. Replace the drain into the holder on the collection bag.
- Measure and record the urine output.
- Empty the urine into the toilet and flush. Wash and rinse the container.
- Remove the gloves and wash your hands.

**Colostomy and Urostomy**

A colostomy is an opening on the abdomen where fecal waste material empties from the bowel into a bag that is secured to the abdominal skin. The urostomy is similar; however it is a surgical construction of an artificial excretory opening from the urinary tract. Each person’s ostomy management is unique to that individual. In the home setting the caregiver should only provide for emptying the ostomy bags and no other part of the care, such as attaching the bag to the skin, irrigation activities or would cleaning.
Oxygen Safety

Oxygen is considered a medication. All the rules and responsibilities that apply to you while you are assisting a client with medication apply to you while you are assisting a client with oxygen. Oxygen is prescribed by a physician. It is delivered to client’s homes by in-home oxygen companies. The tank may look like a vacuum cleaner canister or a piece of furniture. It may also look like the tanks in the hospital.

The company delivering the oxygen is responsible for refilling the tank, servicing the equipment, and teaching the client and their family how to use the equipment. The company should provide a telephone number to call in case of an emergency. If this is not the case, report it to your supervisor.

- Oxygen is the most hazardous home medical equipment. The pure oxygen in an oxygen cylinder can feed a fire’s growth very quickly.
- When oxygen is in use, NO SMOKING and OXYGEN IN USE signs should be posted in plain view at each entryway to the home and at the door of the person’s room. The no smoking rule must be strictly enforced.
- Move oxygen cylinders carefully. The cylinders should lie flat or stand secured to a fixed object.
- Keep oxygen cylinders away from combustible materials of any kind. Store them away from the sun and other heat sources.
- Avoid using electrical appliances where oxygen is in use. Any appliance that can produce a spark (such as space heaters, electric razors, and hair dryers) can cause oxygen to ignite.
- Do not use matches, lighters, candles, or open flames where oxygen is in use.
- Avoid using woolen blankets, which may cause sparks from static electricity.
- Do not handle oxygen cylinders with oily hands or gloves because of fire danger.

How to Care For Someone on Oxygen Therapy

- Oxygen is delivered through a tube that runs from the oxygen source to a face mask or nasal cannula.
- The prongs on the nasal cannula should be in the client’s nose. Some people experience irritation around the nostrils and the top of the ears when using a nasal cannula. Inspect these areas regularly and report any skin breakdown to your supervisor. Check to be sure that the straps on the cannula are secure but not too tight. Non-petroleum ointment and padding at the ears can help with irritation.
- When checking the face mask, make sure that it covers the nose and mouth and that the interior surface is dry. If the mask is wet or damp, dry it with a clean paper towel before replacing it. Check the skin where the mask touches the face for any irritation. Inform your supervisor of any irritation or broken skin.
- Elevate the person’s head to make breathing easier.
- Oxygen may dry the membranes of the nose, mouth and respiratory system, even with a humidifier. Provide frequent mouth care, apply a non-petroleum
lubricant to the outer skin of the nose and lips if necessary, and encourage the person to drink plenty of fluids.

- Do not use electric shavers or hair dryers while the oxygen is running. Keep the plugs out of the walls while the oxygen is running. If an electric plug is pulled from the outlet while the oxygen is running, a spark of electricity could cause an explosion.
- Avoid combing a client's hair while they are on oxygen. A spark of electricity from their hair could set off an explosion.
- Do not change the setting on any oxygen equipment. The setting has been chosen by the physician. Too much or too little oxygen can cause the client to change their breathing pattern, heart rate, and/or speech pattern. Call your supervisor immediately if you notice any of these signs. *Do not change the oxygen setting.*

Indication of too much oxygen are:

1. Sleepiness or difficulty waking up
2. Headache
3. Difficulty speaking
4. Slow, shallow breathing

Indications of too little oxygen are:

1. Tiredness
2. Blue fingernails and/or lips
3. Anxiety, restlessness
4. Irritability
5. Confusion
Chapter 5

Medication

Assisting With Medication
(See Comfort Keepers Policy and Procedure)

Elderly clients react to medications differently than do younger clients. Often elderly clients have several diseases and disabilities and take several medications for each one. The interaction of these medications often results in unexpected side effects. The following can also be problems:

Due to lowered metabolism, the older body retains medications at a different rate than does a younger body.

Clients may stop taking medications due to financial reason, forgetfulness, or because they read or hear some news about the drug.

The kidneys and liver of an older client remove waste products more slowly and less effectively than do those of a younger client.

Often older clients forget they have taken medications and repeat them.

Some clients may save medications that become outdated and then start taking them again.

Older clients may have several physicians, each of whom may not be aware of all the medications that have been prescribed by other physicians.

Clients may not discuss their reactions to medication with the physician because they feel the physician will be disappointed in their inability to take the drug.

Medication administration is defined very specifically. Always remember that failure to stay within guidelines set by your state can result in legal action, prison time and heavy fines.

Only the following are licensed by the state to administer medications:

- A physician prescribes the medication.
- A pharmacist dispenses the medication.
- A nurse administers the medication.

Administration of medication is defined as: to give a client medication without his assistance.
A Homemaker, Companion, PCA, and Home Health Aide are not licensed to administer medication. They can, however, assist a client with medications. Assist means that the client shares in the responsibility of taking the medication. Opening medication containers or med paks, reading labels, reminding the client are all ways of assisting without crossing the line of administering medication. Filling med paks or daily dose containers is considered dispensing medications and can only be done by a family member, nurse, pharmacist, or a physician.

Prescription drugs are prescribed by a physician and cannot be bought without a prescription. Over-the-counter drugs can be bought without a prescription. As a personal care aide, you will not administer either type of drug and will assist the client only with those drugs about which you have been instructed specifically.

Safe Medication Practices

As a caregiver, you probably will spend more time with the client than any other member of the healthcare team. During this time, you may be assigned to assist the client with their medication. To do this correctly, you will have to have certain information. Without this information, an accident could happen. Accidents involving medication are very serious because they can cause the client pain, delay their recovery, and sometimes even cause death.

Your supervisor will find out the information about your client’s medication. They will then make a plan for the client and review it with the client, the family, and you. You must be sure you have all the information you need to perform your duties to the best of your ability.

To assist your client in taking their medication, remember these Five Rights of Medications. Below are the Five Rights of Medication and must be observed every time a client takes medication:

1. The Right Client – Is this medication for the client?
2. The Right Medication – Is this the correct medication?
3. The Right Time – Is this the right time to take it?
4. The Right Route – How to take it? By mouth, apply to skin, swallow it, suck on it?
5. The Right Amount – Is this the prescribed quantity?

If you observe any side effects or abnormal behavior after your client has taken the medication, report them immediately to your supervisor. Some of the most common side effects are identified below:

- Difficulty Breathing
- Rash and Itching
- Pain
- Vomiting
- Confusion
- Irritability
As you spend time in your client’s home, you will observe many things. Here are a few of the observations you should report to your supervisor immediately:

- If your client is not taking the medication exactly as it has been prescribed.
- If your client is taking medication (prescription or over-the-counter) of which your supervisor is not aware.
- If your client does not know why he is taking his medications.
- If your client has nausea, vomiting, diarrhea, itching, difficult breathing, a rash, or hives soon after he takes his medication.
- If his orientation, concentration, memory, or mood changes soon after he takes his medication.
- If your client is confusing his medication.

Medication Storage

Each year, there are many accidents resulting from the improper storage of medication. As you make your first tour of your client’s house, observe how your client keeps their medications. If it is poorly stored, you will want to correct this. If you are unable to discuss the problem with your client directly, discuss it with your supervisor and together you will make a plan to correct the situation.

- Clients save medication, but some of it changes its chemical makeup as it stands. Clients save medication so they can medicate themselves if they have symptoms – yet the same symptoms can be caused by different physical problems. The practice of saving medication is very dangerous. Old medication should be disposed of with the client’s permission.

- Many medications have similar names and look alike. Store these separately.

- Do not assist a client with medication from an unlabeled container.

- Do not change the place your client stores his medication without his permission. People do not always read labels but take medications from the places they expect to find them.

- Keep medication out of reach of children and confused, forgetful adults.

- Keep medication away from extreme heat, cold, or light.

- Dispose of medication by flushing it down a toilet or pouring it down a drain. Dispose of old medication so that no one else can make use of it or eat it by mistake.
Chapter 6

Mobility/Ambulation/Transfers

As the elderly population continues to age, their independence and health become increasingly at risk due to the gradual decline of their ability to remain mobile. As a person gets older, their bodies become more susceptible to illness, injury and disease. All of these areas can affect their mobility. Some examples of illness that affect the elderly and are particularly devastating are arthritis and Parkinson's disease. In addition, something as simple as falling due to a lack of mobility can be potentially dangerous and even fatal to an elderly person.

Having a lack of mobility causes the elderly person to rely more on others and also raises their chances for a decline in their overall health due to an increase in sedentary lifestyle.

The invention and improvement of devices such as walking aids and wheelchairs have assisted the elderly in regaining their mobility, allowing them to become less dependent of others and continue to lead an active lifestyle well into their later life.

Ambulatory Devices for the Elderly

Canes

Canes widen a person’s base of support, and as a result, provide increased balance. A cane typically is used when only one upper extremity is required for balance or bearing weight. Cane designs include standard, offset, and multiple-legged. The term gait refers to a person’s pattern of walking. The gait pattern of a person using a cane usually involves placing the cane in the opposite hand from the leg with the most severe problem. The cane is then advanced with the opposite (deficient) leg.

Standard wooden canes are inexpensive, lightweight, and can be custom fit to the proper length. Standard aluminum canes are more expensive, but their length is easily adjusted and avoid the need for custom fitting.

Offset canes allow the person’s weight to be displaced over the shaft of cane and are usually made of aluminum. Their length is adjustable.

Multiple-legged canes, also known as quad canes, provide an increased base of support and permit more weight bearing. An advantage of these are they can stand upright on the floor when not in use, freeing the persons hand to perform other tasks. The disadvantage is all legs of the cane need to be in contact with the ground at the same time.
Walkers

Walking frames (walkers) were developed to assist elderly clients in walking from one point to another while still maintaining a sense of independence. Walkers are made for persons with lower limb weakness and provide a larger base of support. They operate by simply placing it forward one step at a time, putting all of one’s weight on the handle grips, and then taking a forward step.

Different types of walkers include Standard walkers, Front-wheeled walkers, and Four-wheeled walkers.

Standard walkers have four legs with rubber tips that should come into simultaneous contact with the floor. The standard walker is the most stable, but requires a slower gait pattern because persons using it must be able to pick the walker completely off the ground and place it forward before stepping forward.

Front-wheeled walkers are best for persons with a gait that is too fast for a standard walker or who have difficulty lifting a standard walker. Wheels permit the client to maintain a more normal gait pattern than they would with a standard walker, but they also decrease stability.

Four-wheeled walkers can be used if person require a larger base of support and do not rely on the walker to bear weight. If a client applies full body weight through the device, it could roll away, resulting in a fall. These walkers are best for higher functioning people who walk long distances and require minimal weight bearing. When needed, these walkers can be modified to provide sturdier construction, larger wheels, hand braking systems, or seats.
FIGURE 4. Multiple-legged, or "quad cane." The four points of the cane should simultaneously contact the floor.

FIGURE 5. Walk cane. Walk canes are best for patients requiring continuous weight bearing using only one hand.

FIGURE 8. Standard walker. The patient must be able to lift the standard walker off the ground.

FIGURE 9. Front-wheeled walker. The addition of wheels improves gait but decreases stability.

FIGURE 10. Four-wheeled walker. This device provides large base of support but can away if it is used for full weight bearing.
How to Help a Client Who Uses A Wheelchair

Wheelchairs were developed to help the elderly and disabled regain their independence. Initially, wheelchairs started out as a chair with four wheels that allowed one to propel themselves unassisted. In the early 1980’s, wheelchairs with motorized parts were developed to allow those persons who could not propel themselves under their own power or who fatigued easily.

Wheelchair Transfers

Moving someone from one surface area to another is called a transfer. One example of a transfer is moving someone from the bed to a wheelchair. The method used to transfer will vary depending on the weight and height of the person being transferred and the person helping to transfer. The amount of assistance varies, too. One person may need only minimal assistance to get in and out of a wheelchair, while another person may need maximum assistance. No one method is right for everyone.

- Flat shoes with a non-skid sole should be worn by you and by the person being transferred.
- Good lighting is important. Never try to move someone in the dark.
- Some pets can get underfoot. Place pets in another room before attempting a transfer.
- Allow the person to help as much as possible.
- Before attempting a transfer, always tell the person what you are planning to do.

Setting Up The Wheelchair

- At least half of the work of every wheelchair transfer is in the set up: the correct positioning of the wheelchair and the correct positioning of the person you are helping to move.
- Always begin with the wheelchair on the person’s strong side, if there is one.
- The wheelchair should be set at a 45 degree angle to the bed or whatever surface you are transferring from.
- Lock both wheels of the wheelchair.
- Swing booth foot plates up and away to the raised position or remove them.

How to Transfer Someone From a Bed to a Wheelchair Using a Stand Pivot Transfer

This method of transfer is best used for someone who needs minimal assistance to stand.

- Tell the client what you are about to do.
- Follow the instructions for setting up the wheelchair.
- Help them if necessary to sit at the edge of the bed.
- At the beginning of the transfer, they should be in a sitting position at the edge of the bed with their hips closest to the wheelchair and their knees and feet angled away from the wheelchair.
• Position your foot between their feet and your knee between their knees. Your other foot should be behind about 2 feet back, at a 45 degree angle. Your feet should be about a foot apart.
• Support them by placing your hands underneath and just past their armpits. Position your hands on the sides of their back, fingers pointing toward each other.
• Ask them to place their hands on the bed to help push up.
• Count 1-2-3 together out loud and on the count of 3, have them lean over slightly as they shift their weight forward from their buttocks to their feet and pushes up with their hands. Shift your weight onto your back leg at the same time. Keep your back straight and knees bent. Help them into a standing position with one smooth continuous move.
• When standing, support their lower back with your hands. Give them a moment to adjust in case of dizziness or imbalance.
• Continue to support them as they take small steps, slowly turning toward the wheelchair.
• Stop when they can feel the edge of the wheelchair seat on the back of both legs.
• With their knees slightly bent, have them reach back and put one hand on each armrest of the chair to guide themselves into the chair.
• Keep your back straight, bend your knees, and use your leg muscles as you help to lower them into the chair.

Gait Belt

A gait belt is a sturdy cloth strap, measuring about three inches wide and three feet long. Also known as a walking belt or transfer belt, it is a supportive aid used to help a weak or unsteady person to transfer or walk. You can hold onto the gait belt to give support when transferring a person from one position to another.

Applying and Using a Gait Belt in a Stand Pivot Transfer (Bed to Wheelchair)

The gait belt gives you more control of the person’s body. It is helpful when assisting someone who has difficulty moving into a standing position.
• Tell the person what you are about to do.
• Follow the instructions for setting up the wheelchair.
• Assist the person to a sitting position at the side of the bed.
• Place the gait belt around the hips over clothing. Some people find it easier to position the gait belt over the waist. Never place a gait belt over bare skin, drains, feeding tubes, a urostomy, or a colostomy
• Tighten the belt until it is snug but comfortable. It should not create breathing difficulties or discomfort.
• At the beginning of the transfer, they should be in a sitting position at the edge of the bed with their hips closest to the wheelchair and their knees and feet angled away from the wheelchair.
• Position your foot between their feet and your knee between their knees. Your other foot should be behind about 2 feet back at a 45 degree angle. Your feet should be about 12 inches apart.
• Ask them to place their hands on the bed to help push up.
• Hold onto the gait belt at their waste with both hands. Count 1-2-3 together and on the count of 3, have them lean over slightly as they shift their weight forward from their buttocks to their feet and pushes up with their hands. Shift your weight onto your back leg at the same time. Keep your back straight and knees bent. Help them into a standing position with one continuous movement.
• Continue to support them by holding the gait belt as they step towards the wheelchair.
• Stop when they can feel the edge of the wheelchair seat on the back of both of their legs.
• With their knees slightly bent, have them reach back and put one hand on each armrest of the chair to guide themselves into the chair.
• Keep your back straight, bend your knees, and use your leg muscles as you help to lower them into the wheelchair.

Helping Someone to Walk With or Without a Gait Belt

Walking is highly beneficial for maintaining health, independence, and a positive mood. If a person’s condition allows, walk with them several times a day, even if it is only for short distances.

• Clear obstacles from the pathway before you begin.
• If you are using a gait belt, position it around the person’s hips over the clothing. Some people find it easier to place the gait belt around the waist. Never use a gait belt over bare skin, drains, feeding tubes, or a colostomy. Tighten the belt until it is snug but comfortable. It should not create breathing difficulties or discomfort.
• Stand slightly behind and to one side of the person, holding onto the gait belt at each side of their waist. If you are walking without a gait belt, support them with one hand around their waist and the other supporting their elbow and forearm.
• Taking small steps, assist the person to walk.
• Encourage them to go a few more steps that they did during the previous walk.

How To Assist A Person Who is Falling

Whenever you assist someone to walk, there is always a possibility that they could become weak, dizzy, or could stumble or fall. Never try to catch the person or stop the fall. It is better to assist the fall by helping them to the floor.

• A good position for assisting someone who is falling is standing slightly behind and to one side of the person, supporting them at the waist.
• As they start to fall, quickly put your feet at shoulder’s width apart to provide a stable base. Keep your knees slightly bent and your back straight.
• Place your arms around the person’s waist or under their arms. If the person is wearing a gait belt, grasp the gait belt for support.
• Pulling their body to you, position one of your legs forward with your knee bent to serve as a rest for the person’s buttocks.
• Let their buttocks rest on your knee.
• Allow them to slide slowly down your leg, as you bend at the knees and hips.
• Protect the head of the person as they come to rest on the floor.
• Make the person comfortable and call for help.

**Reporting a Fall**

Falling can be a sign of a serious medical condition such as pneumonia, urinary tract infection, or heart problems. It is important to report all falls to your supervisor immediately.

Record the day, time, location of the fall, how the fall occurred, and any history of previous falls. This information can help the doctor to determine if the fall was a result of medications, Sundowner’s Syndrome, vision problems, an activity, or hazards in the home.
Glossary

**Abandonment** – to withdraw protection or support

**Abdominal thrust** – quick movement in the abdomen to remove a foreign body from the airway

**Active listening** – a communication skill used to show interest and involvement in what is being expressed. The listener pays close attention to the speaker and applies techniques such as paraphrasing, body language, and asking for explanation or more information

**Adverse reaction** – any new, unwanted, harmful, or unexpected response to a medication

**Airborne contact** – germs/microorganisms that are acquired by breathing dust particles or air droplets suspended in the air from someone sneezing, coughing, or talking

**Alzheimer's Disease** – an incurable, chronic degenerative disease characterized by memory loss and progressive mental and physical decline

**Aseptic technique** – methods used to prevent the spread of germs. Proper hand washing is an example of an aseptic technique

**Assisted listening devices** – Telephone amplifiers, infrared headsets to amplify television programs, loud doorbell ringers, and other devices

**Audiologist** – a professional trained to evaluate hearing, identify impaired hearing, and determine the need for rehabilitation. The audiologist selects and fits a hearing aid if necessary

**Auto touch lamps** – lamps that turn on when you touch any part of the lamp. They are helpful for people with arthritis or painful joints

**Bed protector** – a moisture-absorbent pad placed between the person and the bed to keep both skin and linens dry

**Blanching** – normally, skin will turn white after it has been gently pressed. This is called blanching. On an area that is beginning to form a pressure ulcer, the reddened area of the skin does not blanch

**Body language** – mannerisms, gestures, and postures that function as nonverbal communication

**Body Mechanics** – a set of rules that help maintain correct body posture during any movement. Good posture maintains the natural curves of the spine, helping to conserve energy and prevent muscle strain
**Calories** – unit for measuring the energy produced when food is oxidized in the body

**Catheter** – a rubber tubing used to drain and remove urine from the bladder

**Chronic illness** – a continuous or recurring disease

**CPR: Cardiopulmonary Resuscitation** – a method used to restore breathing after the heart has stopped by applying a rhythmic pressure on the chest and using mouth-to-mouth breathing assistance at regular intervals

**Decubitis ulcer** – see pressure ulcer

**Dementia** – progressive mental deterioration caused by brain damage or organic brain disease and characterized by irrational thoughts, communications, and behavior

**Dentures** – false teeth

**Detachment** – to maintain an air of disinterest or being aloof, routine in your care, no genuine concern, only obligation, preoccupation, indifference

**Direct contact** – germs spread by touching another person or handling body fluids

**Discharge Planner** – an individual that coordinates services for hospitalized clients in order that continuity of care and healing or health maintenance can occur outside the hospital setting (i.e. in the home).

**Disinfectant** – cleaning solutions such as Lysol, Pinesol, or a 1:10 bleach/water solution

**Double-bagging** – technique of putting contaminated material into two plastic bags for protection

**Diuretic** – A drug or other substance that causes the body to eliminate fluids by frequent urination

**Draw sheet/pull sheet** – a sheet placed in the middle third of the bed so that the person’s torso and buttocks lie on it. It is used to help move the person with minimum friction to the skin

**Drugs** – any substance that when taken into the living body may change one or more of its functions. Prescribed medication, over-the-counter medications, herbal preparations, natural remedies, alcohol, caffeine, and nicotine are all drugs

**Edema** – swelling caused by excessive accumulation of water or fluid in body tissues

**Elder Abuse** – harm caused to older people either physically, psychologically, or financially

**Expressed empathy** – the ability to feel what your client feels. A quality relationship where feelings can be freely expressed and caringly received with non-judgmental positive regard
Foot drop – a condition that results in the inability to keep the foot in normal flexed position

Foot board – a device that is placed on the bed to keep a bed bound person’s feet in an upright position. Used to prevent foot drop

Foot splint – a form made for the foot to keep the foot in the proper flexed position. Used to prevent foot drop

Friction – a rubbing of the skin against a surface. Carelessly lifting or moving someone can cause friction

Gait – the pattern of a person’s walking or running

Gait belt – a sturdy cloth strap, measuring about 3 inches wide and three feet long, placed around the waist to provide support when helping someone to walk or transfer from a wheelchair. Sometimes called a transfer belt

Geriatric Case Manager – an individual who helps to coordinate and manage the care of an elder. This often includes conducting assessments to identify problems, eligibility for assistance and need for services, coordinating medical services, and offering other appropriate referrals to community resources

Germs – microorganisms capable of causing disease and infection

Handwashing technique – the proper washing of hands. Handwashing is the most effective measure to prevent the spread of germs

Hearing Aids – electronic amplifiers available in different types, from conventional to digital. Although hearing aids may improve hearing by amplifying sounds, they do not correct or restore damaged nerves in the ears

Heimlich Maneuver – a procedure for dislodging and expelling an object that is causing someone to choke

Immune system – the body’s defense system. A weakened immune system cannot fight infections or disease as effectively as a strong immune system

Incontinence – the inability to control urination or defecation. Involuntary discharge of urine or feces

Indirect contact – germs that are spread by touching objects that have been touched by someone who is ill. Touching used dishes, soiled bed linens, soiled clothing, or used/soiled equipment are examples of indirect contact
### Medication Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>ac</td>
<td>before meals</td>
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<tr>
<td>bid</td>
<td>twice a day</td>
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<tr>
<td>gt</td>
<td>drop</td>
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<tr>
<td>hs</td>
<td>at bedtime</td>
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<td>od</td>
<td>right eye</td>
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<td>os</td>
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<td>po</td>
<td>by mouth</td>
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<td>pc</td>
<td>after meals</td>
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<td>prn</td>
<td>as needed</td>
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<tr>
<td>q3h</td>
<td>every three hours</td>
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<tr>
<td>qd</td>
<td>every day</td>
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<tr>
<td>qid</td>
<td>4 times a day</td>
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<tr>
<td>tid</td>
<td>3 times a day</td>
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### Microorganism
- a living plant or animal not visible to the naked eye

### MRDD
- agencies that assist people with Mental Retardation and Developmental Disabilities

### Mottled
- marked with spots of different colors

### Nonverbal communication
- communication without words through gestures, facial expressions, and other types of body language

### Occupational Therapist
- a licensed professional that helps people improve their ability to perform tasks in their daily living and working environments. The activities may include dressing, cooking, and eating with the goal being an independent, productive, and satisfying life

### Output
- all of the fluids lost from the body that can be measured

### Over-the-counter drugs
- medications you can buy without a doctor’s prescription

### Perineal area
- the area between the exterior genital organs and the anus

### Personal Protective Equipment (PPE)
- equipment worn when providing care that prevents germs from entering the body, also known as protective barriers. Gloves, gowns, aprons, masks, and protective eye shields are protective equipment

### Physical Therapist
- a licensed professional who can teach correct body mechanics and improve the function of moving or walking for those affected by illness, injury, surgery, or disease

### Positioning
- placing or moving a person into a position that allows and encourages functional activity and correct posture. Proper positioning should reduce the dangers of
pressure sores, impaired breathing, and the stiffening, shrinking, and atrophy of muscles and tendons

**Pressure points** – the areas of the body that receive the greatest amount of pressure when a person is lying in bed or in a wheelchair

**Pressure ulcers** – a breakdown of the skin that becomes a chronic wound. Referred to as bedsores, dermal ulcers, and decubitis ulcers and caused by prolonged pressure

**Principles of Body Mechanics** – a set of rules that help maintain the natural curves of the back during any movement

**Prone** – a position in which the person is lying on the chest, stomach, and abdomen with the head turned to one side

**Reacher** – a mechanical device with a grip and trigger at one end and pincers at the other that can be used to extend the range of a person’s reach

**Respite care** – the word respite means relief, vacation, breather, pause, or time off. Respite care can be in-home or outside the home. An informal caregiver such as a church volunteer, friend or relative, may come to the home to relieve the primary caregiver. A professional caregiver may provide relief at an adult day care, respite center, or in the home

**Shear** – a condition that occurs when the pressure of movement pulls the skin in the opposite direction from the movement

**Side effect** – a common, known response to a medication. Antihistamines, for example, are known to cause drowsiness

**Social Worker** – a licensed professional who helps people find support services to deal the best way they can in their environment, deal with their relationships, and solve personal and family problems. The clients they serve may have a life-threatening disease, serious illness, inadequate housing, or financial distress

**Speech reading** – receiving cues about what is being said through lip movements, facial expression, body postures and gestures

**Speech Therapist** – a licensed professional who helps people with speech problems speak properly

**Sputum** – material from the lungs coughed up and expelled through the mouth

**Standard precautions** – those routine activities recommended to protect healthcare workers from contamination with blood and all body fluids (except sweat)

**Sterile** – the absence of any germs/microorganisms

**Stool** – solid waster material discharged from the body through the rectum and anus. Other names include “feces,” “excreta,” “excrement,” “B.M.,” and “fecal matter”
**Sublingual medications** – below or under the tongue. Medicine that is meant to be absorbed through the lining of the mouth

**Sundowner’s Syndrome** – the experience of some elderly people of severe confusion, anxiety, agitation, irritability, and even violent tendencies that come during a certain period at the end of the day, usually when the sun goes down

**Supine** – lying on the back

**Sympathy** – feeling sorry for the client, giving sympathy, focusing on the losses experienced by the client

**Transfer** – moving someone from one surface area to another, for example, from the bed to the wheelchair

**Transfer belt** (see Gait belt)

**Urine** – the yellowish liquid containing waste products secreted by the kidneys and discharged through the urethra

**Urinating** – discharging urine from your body

**Vector spread** – disease and germs that are spread from animals or insects. Encephalitis is an example of a disease that is spread from the mosquito

**Vehicle spread** – germs that are introduced into the body through contaminated drugs, food, water or blood products

**Voiding** – the act of urinating