September

Inservice-Training

"Personal Care"

A. Basic Principles

1. Following Care and Support Plans

Individuals, their caregivers and health care providers will develop a care plan or a support place. This is part of an assessment process for DCW assistance. It is based on the needs and functional ability of the individual to perform activities. These are divided into Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (ADLs).

As has been mentioned previously, the DCW must follow the agreed upon care/support plan. If the consumer wants you to do something that is not in the care/support plan, you may be opening yourself and the agency to disciplinary and/or liability issues. Contact your supervisor if such a situation arises. Refer to the explanation of Care and Support Plans in the section on Observing, Reporting, and Documenting.

2. Activities of Daily Living (ADL's)

ADLs are considered an individual's fundamental, self-care tasks. They include the ability to:

a. Dress
b. Eat
c. Ambulate (walk)
d. Toilet
e. Take care of hygiene needs (e.g., bathing, grooming)

In addition to ADLs these the **Instrumental Activities of Daily Living (IADLs).** These activities are also important for the individual to function in the community and include the ability to:

a. Shop
b. Keep House
c. Manage personal finances
d. Prepare Food
e. Transport (e.g., driving)

The DCW's assistance in ADLs and IADLs will fill the gap between what the individual can do independently and what the individual needs help with.

This section focuses on the **personal care needs (the ADLs)** and how to provide assistance to meet those needs. Refer to other sections for information on providing assistance with IADLs.

3. Consumer Dignity and Rights

Your responsibility as a DCW is to help an individual maintain normal function or be able to compensate for or regain lost function. You must do so in a professional manner that preserves the person's dignity,

Individualizing personal care services promotes the principles of choice and respect. For example, individuals should be empowered to be bathed at the time they desire and the way they prefer. One goal of personal care service is to provide assistance with an ADL, but it is also intended to renew and uplift the person's spirit.

! Consumer rights emphasize dignity, respect, choice, and empowerment (controlling what they can control).

4. Cultural and Religious Issues

DCWs must appreciate the cultural differences between their own culture and the consumer's culture. You need to respect the person's culture and demonstrate that appreciation and respect while providing care. For instance, in the Hindu religion personal hygiene is very important. Bathing is required every day, but bathing after a meal may be viewed as injurious. Do not assume that the way you want something done is the same for the consumer, other caregivers, and your supervisor.

DCWs must first possess the core fundamental capacities of warmth, empath and genuineness. As discussed previously in the chapter on cultural competency, DCWs must have a sense of compassion and respect for people who are culturally different. Just learning the behavior is not enough. When a person has an appreciation and respect for others they can display warmth, empath, and genuineness.

5. Observing and Reporting

Proper documentation and reporting of personal care tasks is critical. Refer to the section on Documenting and Reporting for more details.

While providing care such as bathing a consumer or applying lotion to a person's feet, the DCW should be **very observant** of any changes in skin condition. If any changes are noted, they must be reported and documented immediately. **It should be documented as to who the report was given to, what action was recommended and what the outcome of that action was.**

A paid care provider is expected to contact a supervisor who will, in turn, contact the appropriate parties to get the necessary care.

Failing to contact anyone is viewed as negligence and can be grounds for an abuse investigation. Cover yourself against any liability or disciplinary action.

! Document and Report Your Observations

B. Skin Integrity

Elderly people and persons with disabilities are susceptible to skin problems because of decreased mobility. This can be due to medical conditions, pain, depression, confusion and/or injury. **Therefore, it is critical for a DCW to routinely check a consumer's skin for any changes and report any changes to his/her supervisor.** Early intervention is of utmost importance in maintaining a consumer's health and decreasing liability of a DCW and the agency.

! Contact your supervisor before proceeding with any action related to skin problems.

1. Bruises and Cuts

A **bruise** is a common skin injury that results in a discoloration of the skin. Blood from damaged blood vessels deep beneath the skin collects near the surface of the skin. This results in what we think of as a black and blue mark.

a. Unexplained bruises that occur easily or for no apparent reason may indicate a bleeding disorder, especially if the bruising is accompanied by frequent nosebleeds or bleeding gums. **Notify your Supervisor.**
b. Bruises in elderly people frequently occur because their skin has become thinner with age. The tissues that support the underlying blood vessels have become more fragile.

A **cut or laceration** refers to a skin wound. You can usually stop the bleeding by applying direct pressure over the wound with a clean cloth (or dressing). If the cut is on an extremity, that is, an arm or a leg, you can elevate the extremity. Washing the area with soap and water will help reduce the risk of infection.

2. Pressure Ulcers

Pressure ulcers (also called pressure sores or decubitus ulcers) are defined as lesions caused by unrelieved pressure resulting in damaged to underlying tissue. Pressure compresses the tissue which causes decreased circulation. This can lead to decreased oxygen and nutrients and ultimately death of the tissue. Common problem sites are bony prominences (e.g., tailbone, heels, and elbows). The most common sources of pressure that results in ulcers are:

- Sitting or lying in one position too long
- Rubbing casts, braces, or crutches
- Wrinkled bed linens and poorly fitting clothes.

1. **Stages of Skin Damage**

Stage 1: The skin is reddened and the color does not return to normal 20 minutes after the pressure is relieved. The skin remains intact. In individuals with darker skin, discoloration of the skin, warmth, edema (fluid accumulation), or a hardened area may be indicators.

Stage 2: There is partial thickness skin damage, affecting the outermost skin layer (epidermis) and the layer below it (dermis), or both. The ulcer is superficial and looks like an abrasion or blister.

Stage 3: This involves the full thickness of the skin, extending into the underlying tissues. This deeper layer of skin tissue has relatively poor blood supply and can be difficult to heal. The ulcer is a deep crater with or without undermining (tunneling) or adjacent tissue.

Stage 4: There is full thickness skin loss with extensive destruction, tissue dying (necrosis), or damage to muscle, bone, or supporting structures.

2. **Prevention**

1. **Avoid prolonged exposure:** Remind or help the individual to change position at least every 2 hours. If an area stays reddened for more than 20 minutes, reduce time for changing position by 30 minutes,
    - The person should relieve pressure on the tailbone (from sitting or lying) every 20-30 minutes by pushing p with arms, shifting from side to side, or leaning forward, feet on the floor. Make sure the consumer does not fall.
    - Encourage mild exercise and activities that do not involve sitting for long periods of time.
    - Be sure bedding and clothing under pressure areas (tailbone, elbows, and heels) are clean, dry and free of wrinkles and any objects.

It is the **DCWs responsibility** to change the person's position at least every 2 hours if the person is unable to do so (for example, an individual who has quadriplegia).

2. **Avoid skin scrapes from friction:** Consider the following to prevent these scrapes:
    - Follow safe transfer procedures. Do not drag or slide a consumer across surfaces. Get help or use a lift sheet to turn and move a consumer in bed.

- Do not elevate the head of the bed more than 30 degrees. This will prevent sliding in bed and reduce pressure on the tailbone.
- Prevent the consumer from sliding down in the wheelchair.

3. **Protect skin over protruding bones and where two skin surfaces rub together:** Protect the skin with clothing and special pads for elbows and heels.
   Cushions do not replace frequent positions changes.
4. **Protect fragile skin from being scratched:** Keep fingernails (yours and the consumer's) and toenails short. Long toenails can scratch the consumer's legs.
5. **Protect skin from moisture and irritants:** Keep skin dry. Be aware of moisture sources, including baths, rain, perspiration and spilled foods and fluids. Watch for skin irritation from detergent residues left in clothing and bedding.
6. **Watch for allergic reactions (rashes) from health and personal care products:** Some person's, for example, are allergic to incontinence pads.
7. **If you see an area is reddened,** provide a light massage around, **not on,** the reddened area, to increase circulation to the area.

3. Other Contributing Factors

1. **Friction:** Friction occurs when a person's body rubs against a surface or an object rubs against the skin. For example, sliding a consumer can scrape or scratch dry, tender skin.
2. **Moisture:** Prolonged exposure to moisture from sweating and incontinence changes the protective nature of the skin. Damp skin becomes swollen, soft and irritated, making it susceptible to sores, rashes, and fungal infections.

3. **Dehydration and Poor Diet:** Adequate fluid intake is essential to maintaining healthy skin. Water and foods rich in protein and vitamins (especially Vitamin C and zinc) help the body resist trauma, fight infection and promote healing.

4. **Body Weight:** Being particularly overweight or underweight increases the risk of skin problems.

5. **Illness:** Diabetes, heart disease and poor circulation increase the risk of pressure sores.

6. **Limited Mobility and Awareness:** Willingness and ability to engage in activities may be reduced by pain, sedation, low energy, or motor or mental deficits.

7. **Irritants:** Chemicals (including urine) and other substances (e.g., anti-bacterial soaps) can irritate and inflame the skin. Allergic reactions can produce rashes. A skin ulcer can form at the site of irritation.

8. **Injury:** The risk of skin breakdown increases at the site of an injury. A burn from a heating pad, a scratch, bruise or scrape, can develop into an ulcer if not properly treated.

9. **Smoking:** Persons who smoke have decreased circulation and heal more slowly.

C. Bathing, Dressing and Grooming

1. Skin Care

In general, skin care involves good hygiene, good nutrition, exercise, and preventive measures. It is important to regularly inspect the consumer's skin for signs of infection or breakdown. Refer to the previous section for more details on prevention of skin damage.

As mentioned before, prevention is better than treatment. A DCW needs to be observant to reduce the risk of problems later on.

Skin Care Tips: (Do not use on open skin lesions without getting supervisor approval)

1. **Aloe Vera gel** (the green gel in the first aid aisle-not lotion) is **very good** to use on minor skin irritation such as chafing that people can get between their legs, groin folds, or under their breasts—use as directed.
2. If a woman does not wear a bra and has large breasts, use a clean piece of 100% cotton material such as a man's hankie or piece of undershirt and place under the woman's breast after her shower. It will help to keep the skin dry.
3. Medicated Powder, such as Gold Bond, may also work well on minor skin irritation.
4. Use lanolin based soap instead of antibacterial or heavily scented soaps. A rinse-less soap works well also.

2. Bathing

Bathing provides many benefits:

a. Cleansing and removing wastes from the skin
b. Stimulating circulation
c. Providing passive and active exercise
d. Helping a person feel better about him/herself and his/her appearance
e. Providing an opportunity to observe the skin and an opportunity to build rapport

Some consumers may be able to bathe without help; others may need assistance occasionally, or all of the time. **Encourage as much independence as possible.**

How often a consumer bathes will probably be between you and the consumer, although a minimum of once a week is recommended. When a considering the frequency of bathing realize that every time an individual bathes he/she washes off

natural oils making the skin drier. The consumer's bathing patterns, skin type, recent activities and physical condition will all be factors.

Provide safety and comfort:

a. Be sure the room is warm and draft free.
b. If you start the bath or shower, use your inner wrist to test the temperature of the water. Water should be moderately warm (not over 105 F) because hot water dries the skin and can result in severe burns.
c. Use non-skid decals or a non-slip bath mat in the tub and shower.
d. A closed toilet seat covered with a towel can serve as a chair.
e. Be sure grab bars are installed correctly and assist the consumer in using them.
f. Use a sturdy shower chair or transfer bench.
g. **Ask if the person needs to use the toilet before bathing.** Assist the person to the toilet or commode, or offer a bedpan or urinal, if appropriate. Wear disposable gloves if you will be in contact with body fluids. Wash hands after assisting with toileting.
h. **Be ready to provide assistance.** A consumer may need help getting into and out of the tub or shower, in washing the back or hair, or in towel drying. When a person bathes independently, keep the door unlocked, and check on them about every five minutes.
i. **Explain briefly what will be done and why.** Do not let your explanation turn into an argument about the need for a bath or shower.
j. **Encourage a consumer to perform as much of the bathing routine as possible.** Bathe from top to bottom, front to back. After bathing, assist the person to the towel covered toilet seat or wheelchair and dry lower portion of body. Always be aware of the room temperature and assist in keeping the consumer warm.
k. **Provide for privacy.** Be in the room only when the person needs assistance or supervision.

l. **Examine the consumer's body for signs of skin problems.** Shoulder blades, elbows, tailbone, and heels are all prone to pressure sores. Look for reddened areas, breaks in skin or other signs of trauma or infection. Report and document your observations.

Note—Tub baths are not recommended for people with disabilities or elderly persons because it increases the risk of falls or not being able to get out of the tub.

A rule of thumb: If an individual cannot get in and out of a tub without assistance, then a shower should be done using a shower seat. This is safer for not only the consumer but the DCW as well. Notify your supervisor if this is an issue.

Procedure: The Bed Bath

If at all possible, have the person sit at the bedside to allow for a change in position. A bed bath is appropriate when a consumer is restricted to bed. The following routine is recommended for giving a bed bath.

a. **Follow a schedule that you and the consumer have agreed upon.** Be as flexible as possible. If the person seems upset or overly tired, suggest and alternative time, if feasible.
b. **Have all supplies ready.** They should include:
    - Wash basin filled with warm water (not over 105f)
    - Lanolin based soap (rinse-less soap works best)
    - Powder (non-perfumed), lotion or cream,(lanoline products that do not contain alcohol are recommended), deodorant
    - Comb or brush
    - At least four soft absorbent towels and two soft washcloths
    - Disposable gloves
c. **Raise bed to high position,** if possible, to reduce your back strain
d. **Cover consumer with two large towels,** one covering the head to waist and the other from the waist to the toes, then remove bedding underneath.
e. **Assist the consumer to remove clothing, eyeglasses, and jewelry**
f. **Talk the consumer through each step of the bath. Be careful not to overtire a consumer.** If a person becomes too tired, finish up the most important areas (Face, hands, arm pits, and genitals) and leave the rest for another day.
    - Use one washcloth for cleansing and another for rinsing (unless a rinseless soap is used). Do not scrub or rub, as this might bruise or abrade older skin.
    - Have the consumer wash his/her face or if able. Make sure the areas behind the ears get washed and dried.
    - Lift up the chest towel just enough to expose the chest and wash, rinse and pat dry the area. Re-cover the chest.
    - Lift up the towel covering the abdomen and wash the area to the groin. Rinse and pat dry the area. Replace the towel.
    - Change water before you wash the legs and back or as soon as it gets cold.

- Place towel lengthwise under the consumer's arm. Wash, rinse, and pat dry the arm, armpit, and hand (place the hands in the wash basin if possible).
- Place towel lengthwise under the consumer's leg. Wash, rinse and pat dry the leg and foot. Make sure are between the toes is dried. **Check the heels for any signs of skin problems.**
- Repeat the same process on the other side of the body.
- Turn the consumer on the side away from you. Place a towel lengthwise close to back. Beginning at shoulders and working down toward buttocks, wash, rinse and pat dry the back. **Examine area of tailbone for skin problems** (this is a common problem site)
- Turn the consumer on back. If the person cannot wash the genital area, do it for him or her, always wiping from genital to anal area (Front to back).
- Turn consumer on side. Wash the rectal area, front to back, rinse and pat dry.
- Apply moisturizer while the skin is still moist. Gently massage bony prominences (e.g., hips, tailbone, elbows) using a light circular motion. Do not massage legs—poor circulation often causes clots to form, which can be dislodged by massage.
- Care for the hair and nails, if needed.

g. Assist the consumer in dressing
h. Make the bed while the consumer is sitting in a chair if possible.

Peri-care

Peri-care is the term for cleansing the genital area. Be sure to provide for privacy and comfort. Close the door and pull the window-shade if necessary to preserve privacy. Use a towel or bath sheet to keep the consumer covered while you perform peri-care.

Female: Have the woman lie on her back with knees bent. Visualize the area and separate the labia. With a washcloth make one swipe from the front to back. Turn over the cloth and make another swipe from front to back. Continue until the area is cleansed. Rinse with water using the same procedure and pat dry.

Male: Have the man lie on his back. If the individual is uncircumcised retract the foreskin. Grasp the penis and with a circular motion cleanse from the tip of the penis to the shaft. Turn over the cloth and repeat from the head of the penis to the shaft. Wash the scrotum. Rinse with water and pat dry. **For the uncircumcised male put the foreskin back into the original position.**

For rectal area for both female and male: Have the person lie on their side away from you. If necessary separate the buttocks to visualize the anal area. Wipe from the front to the back,

turning to a new area of the washcloth after each swipe until the area is clean. Rinse with water and pat dry.

3. Hair Care

Routine hair care involves washing, combing, drying and styling. It can be a very tiring task, even for consumers who are independent in most areas. A consumer may enjoy going to a hair salon or barbershop, or having you assist. Some hairdressers will make house calls, too.

Washing, drying and styling a consumer's hair can take 30-60 minutes. Consider scheduling a shampoo on non-bath days to conserve the consumer's energy. A shampoo once a week or every two weeks is appropriate for an older person.

A shampoo can be given in the tub or shower, at the sink, or in bed. Where the hair is washed will depend on what is appropriate for, and desired by, the individual. The consumer's health, mobility, energy level and personal preference should be considered. Always consider the consumer's wishes when determining a style. It should be easy to care for and appropriate for the person. The consumer's own styling equipment (e.g., styling brush, curlers, and hairpins) should be used.

If you assist with hair care, have the needed supplies ready:

a) Shampoo, cream rinse or conditioner
b) A plastic container (for rinsing)
c) Towels
d) Comb, brush, and possibly a hair dryer

Caution: If the consumer has an eye disorder or has had recent eye surgery, consult a health care professional before proceeding with a shampoo. Moving the head into various positions might cause increased pressure on the eye. You may need to avoid this.

4. Dressing

The key to assisting with dressing, as with any of the personal hygiene and grooming tasks, is for a DCW to allow a consumer to be as independent as possible, even if the consumer dresses slowly. To assist with dressing, follow these guidelines:

Procedure: Assisting with Dressing

a) Gather the clothing first by assisting with laying out the clothing in an orderly fashion.
b) **If the consumer has a stronger and weaker side, put the clothes on the weaker arm and shoulder side first, then slide the garments onto the stronger side. When undressing, undress the stronger side first.**

c) Try to assist the consumer with dressing with the consumer in the seated position as much as possible. Put on underwear and slacks only up to the consumer's thighs. Then, with the consumer standing, pull up the underwear and slacks at one time.
d) Encourage the consumer to wear clothes with elastic waistbands and Velcro closures.

5. Shaving

For most men, shaving is a lifelong ritual, and they are able to perform this task in later life despite impairments. The act of shaving, as well as the results, usually boosts morale. A male consumer should be allowed to shave himself unless it is unsafe for him to do so. A female consumer may desire to have leg, armpit or facial hair shaved.

An electric razor is easiest and safest to use. Consumers who have diabetes or who take anticoagulants should use an electric shaver. After shaving with the electric shaver, rinse the face with warm water or place a warm wet washcloth over the face and pat dry. If the consumer desires, apply after-shave lotion.

6. Nail Care

Nail care for fingers and toes prevents infection, injury, and odors. Hangnails, ingrown nails, and nails torn away from the skin cause skin breaks. Long or broken nails can scratch the skin or snag clothing. Nails are easier to trim and clean right after soaking or bathing. Nails are trimmed with nail clippers, not scissors. **Some agencies do not allow their staff to clip nails** because using clippers can cause damage to surrounding tissue. Use the following procedure:

a) Collect the following: wash basin with warm water, nail clippers, orange stick, emery board or nail file, lotion or petroleum jelly, and paper towels.
b) Arrange items next to the consumer. Allow the person to soak nails for 10-20 minutes or do procedure after bath. Clean under the nails with an orange stick.
c) Clip nails STRAIGHT ACROSS with the nail clippers **if allowed to do so.** Shape fingernails with an emery board or nail file.
d) Apply lotion or petroleum jelly to hands and feet.
e) Clean and return equipment and supplies to their proper place, Discard disposable items.

! Contact your supervisor before clipping nails since this is such a liability risk.

Do not trim (cut or clip) nails if a person:

a) Has diabetes
b) Has decreased circulation to the legs and feet
c) Takes drugs that affect how the blood clots
d) Has very thick nails or ingrown toenails

In these cases, nails should be **filed only** to prevent possible cutting of the skin. If more care is required, a podiatrist should be consulted (usually covered by insurance for the cases listed above).

Soaking the Feet and Assisting with Foot Care

Soaking the feet can help a consumer in three ways: it promotes relaxation, provides exercise, and allows for a DCW to examine the consumer's feet. **Caution: Soaking is not advisable for all consumers.** Those with diabetes should not soak their feet. Consult your supervisor to be sure this procedure is recommended. General guidelines for soaking and caring for feet are:

a) Schedule soaks on non-bath days. The consumer can soak their feet while sitting and doing grooming tasks or while watching TV. The foot soak should not last more than 20 minutes.
b) Provide a basin of warm water and mild soap.
c) Remind the consumer to exercise feet while soaking. Give step-by-step instructions: Wiggle the toes, stretch the feet, rotate the ankles clockwise, then counterclockwise, flex and extend the toes and ankles.
d) Pat feet dry. Dry thoroughly between the toes.
e) **Examine the feet. Look carefully, especially if the consumer limps, resists walking or paces (increased friction may cause blisters or pressure sores)** If any lesions are noted contact your supervisor for further instructions.
f) Apply lotion to dry, cracking skin. Use a lotion containing lanolin or mineral oil.
g) Clean and return equipment and supplies to their proper place. Discard disposable items.

The instructions on the next page explain **foot care for people with diabetes.** However all people will benefit from healthy foot care strategies.

Wash your feet daily with lukewarm water and soap.

Dry your feet well, especially between the toes.

Keep the skin soft with a moisturizing lotion, but do not apply it between the toes.

Check your feet for blisters, cuts or sores, redness or swelling. Tell your doctor right away if you find something wrong.

Use an emery board to gently shape your toenails straight across. Do not use scissors or nail clippers.

Wear clean, soft socks that fit you.

Keep your feet warm and dry. If you can, wear special padded socks and always wear shoes that fit well.

Never walk barefoot indoors or outdoors.

Examine your shoes every day for cracks, pebbles, nails or anything that could hurt your feet.

7. Assistive Devices

Falls in the bathroom are the most common household accident. Wet, soapy tile, marble, pr porcelain surfaces in your bathroom can be very slippery. A seat designed for bath or shower and grab bars allow someone in your home to enjoy safely bathing in comfort. Seats come in different sizes and styles. In any case, look for one that is strong, stable, and has rubber caps on the legs to prevent slipping.

Bath stools

Economical and light weight, the bath stool is suitable for a person of slight to medium build. The rubber-capped legs prevent slippage and, with no backrest, allow for ready access to a person's back. The bath stool is ideal for narrow tubs and can easily be stored when not in use. However, its small base contributes to poor stability.

Bath Chair

The bath chair is good for a person with poor back strength and a bigger build (some seats support up to 400 pounds). While stability is enhanced by rubber-capped legs and a wide base, the bath chair may not fit inside a narrow tub. The backrest hinders easy access to a person's back and other parts of the body.

Transfer Bench

A bench is suitable for those who have difficulty lifting their legs in and out of a tub. The long stationary seat remains partly inside and outside the tub. A person sits down outside the tub, then moves inside by sliding the body across the seat. The suction cups on the height adjustable legs (the inside of the tub is higher than the outside) prevent slippage.

Hand Held Shower Heads

Standard shower heads can be replaced with a hand-held model. This shower head allows an individual to hold the water at the level needed in the shower.

Grab Bars

Installing grab bars in the tub and shower can help a person get in and out more easily and reduce risk of falling. Grab bars are available in a variety of colors and finished to complement the bathroom décor.

A grab bare bear the toilet can give support when sitting down and standing up. If more support is needed, there are a variety of railings that can be added to the toilet itself.

For installation of grab bar, these points should be kept in mind.

- The diameter of grab bars should be 1 ¼" to 1 1/1". 1 ¼" is more comfortable for most people.
- Textured surfaces provide easy gripping.

- The space between the wall and the grab bar should be 1 ½" to prevent your arm from being wedged between the wall and the bar.
- To give proper support grab bars must be mounted securely into wall studs.

Raised or Elevated Toilet Seats

A

B

C

Raised toilet seats assist persons who have difficulty bending or sitting by raising the height of the toilet seat to a more comfortable and convenient height. There are a variety of raised toilet seat to a more comfortable and convenient height. There are a variety of raised toilets to choose from. Some have armrests which provide a sturdy grabbing platform to help with transfers and others are specifically designs for people who are recovering from hip replacement or leg fractures. Some can be attached to the toilet (B) while others are freestanding (A and C). Type A can be tippy and requires the use of grab bars while the other two types are more stable but can hinder how a transfer is done.

When ordering, the person's body build and weight need to be carefully considered. The person must be able to have both feet float on the floor when sitting on the seat or it is too high.

D. Oral Hygiene

Soft tissues of the teeth tend to harden with the aging process. Pain perception is reduced (painful toothaches are uncommon). Gum tissues recede around the teeth. Aging dentin, tobacco smoke, food pigments and saliva salts cause discoloration of teeth, ranging from yellow to brown, that cannot be removed by surface cleansing.

Good oral hygiene prevents sores and bad breath and keeps mucous membranes from becoming dry and cracked. Poor oral hygiene can contribute to poor appetite and the bacteria in the mouth can cause pneumonia. Inflamed gums also set up an inflammatory process that puts a strain on the heart and

decreases resistance to infections. Encourage consumers to brush their teeth daily, especially at bedtime. Electric tooth brushes or brushes with larger or longer handles promote self-care.

If you assist a consumer with oral hygiene, examine the mouth on a regular basis for signs of redness, swelling or bleeding. A dentist should check any red or white spots or sores that bleed and do not go away within two weeks.

Procedure: Assisting with oral care:

1. Brushing should be done at least once a day.
2. Have all supplies at hand: Water for rinsing, towel, basin, soft toothbrush, toothpaste or powder and dental floss. You also need disposable gloves and, if the person has difficulty rinsing his or her hand, paper towels.
3. Wash hands and put on disposable gloves.
4. Place a towel under the persons chin.
5. Have the person rinse mouth water to remove food particles.
6. Brush all sides of the teeth with short, gentle strokes, paying special attention to the gum line.
7. Brush the tongue and roof of the mouth
8. Have the consumer rinse the mouth with water. If unable, wipe with paper towel.
9. Use dental floss to gently clean between teeth.
10. If requested, provide mouthwash or rinse. Mouthwashes are of questionable value. Most contain alcohol, which dries mouth tissues. Their action wears off in one-half to three hours, depending on their strength. Routinely change brands to prevent bacteria from building up resistance.

Denture Care

Dentures need to be cleaned at least once a day to prevent staining, bad breath and gum irritation. Partial dentures require the same care as full dentures. If you perform this task for the consumer, follow this recommended procedure:

1. Wash your hands before and after handling dentures, and wear disposable gloves.
2. Use a tissue or clean washcloth to lift one end, break the suction, and remove the dentures from the person's mouth
3. Observe the mouth for loose, broken teeth, sores, swelling, redness or bleeding. Any of these could indicate improper fitting dentures or a more sever mouth problem.
4. Place dentures in a container filled with cool water.
5. Clean dentures over a basin filled with ware or lined with a washcloth, to prevent breakage should dentures be dropped accidentally.
6. Cup dentures in hand. Brush the upper inside first, then the tooth and palate area. Rinse thoroughly.

7. Have the consumer rinse before replacing dentures. Provide a mouth rinse such as a saltwater (saline) solution. A warm saline rinse in the morning, after meals and at bedtime is recommended.
8. Apply denture cream or adhesive to dentures before replacing per consumer preference.
9. Store dentures in water when not in the consumer's mouth. This keeps them from warping. Dentures should soak in water for 6 to 8 hours each day (usually overnight).

E. Toileting

Your responsibility is to help consumers maintain normal function or be able to compensate for lost function. You must also do so in a professional manner that preserve's the person's dignity. Ensure privacy and comfort, and do not rush the consumer.

Problems elimination may occur due to a variety of reasons. Age-related changes, emotional stresses, and chronic diseases that disturb mental health, affect nutrition and limit activity are all possible causes. Bowel and urinary problems may be intermittent or may be constant, depending on the cause. The physical and emotional costs of bowel and bladder control problems can include:

a) Increased risk of skin breakdown and infections.
b) Feelings of anxiety, shame, embarrassment, self-reproach and frustration.
c) Decreased sense of control, dignity, and self-esteem.
d) Concern about the future.
e) Threatened image as an adult.
f) Loss of privacy to perform private functions.
g) Social isolation.

1. Urinary Incontinence

Urinary incontinence is the involuntary leakage of urine, regardless of the amount. Common bladder problems can be caused by reduced bladder capacity, a weakened bladder sphincter muscle, and decreased bladder muscle tone are all common. Other bladder control causes can be:

- **Neurology changes.** Nerve signals to the brain that the bladder is full are slowed, giving the person less time to reach the bathroom.
- **Mental impairment.** For example, memory loss can affect a person's ability to find the toilet and remember proper toileting procedures.
- **Psychological changes.** Depression, stress and fatigue can reduce the individual's motivation and ability to remain continent.
- **Infection.** Bladder infections are common among women.
- **Medications.** Diuretics increase urine output. Sedative reduce awareness of the need to urinate.
- **Alcohol.** Alcohol increases urine output and reduces awareness of a full bladder.

a. Type of incontinence- The four major types of urinary incontinence are:

- **Stress Incontinence:** Leakage of urine during exercise, coughing, sneezing or laughing.
- **Urge Incontinence:** Involuntary bladder contractions or the bladder sphincter opens with a sudden urge to urinate. The time between the brain sending the urge signal and the bladder sphincter opening is shortened leading to less time to make it to the bathroom.
- **Overflow Incontinence:** Leakage of small amounts of urine from a constantly full bladder. This commonly occurs in men who have enlarged prostate glands and people who have diabetes.
- **Functional Incontinence:** Problems with the functional or physical ability to get to the bathroom in time. It commonly occurs with conditions such as stroke, memory loss and Parkinson's disease. Persons who have normal control are not considered incontinent if a mobility disorder keeps them from reaching the toilet before urinating.

b. Control of Incontinence

- **Establish toileting schedule every two hours.** Scheduling trips to the bathroom 10-15 minutes before the typical time to incontinence usually has occurred in the recent past. Emptying the bladder before the urge allows more time to get to the bathroom.
- **Identify care you need to provide.** For example, if access to the bathroom is a contributing factor, list steps you need to take to correct the situation (e.g., provide the consumer with a urinal or commode in the room, and label the bathroom door so that a confused consumer can identify it). Additionally, include interventions that may help a consumer can identify it). Additionally, include interventions that may help a consumer (e.g., positioning increased fluid intake, and exercise). The following practices are safe in most situations.
    - **Encourage the use of a toilet or commode,** instead of bedpan.
    - **Recommend the consumer wear clothing designed for easy removal.**
    - **Remind in an appropriate manner.** For example, use words in the consumer's vocabulary. A memory-impaired person may remember childhood terms such as "potty." If such terms are used, be sure everyone understands this is not meant to demean the consumer, but rather to help.
    - **Provide plenty of fluids,** unless doctor's orders say otherwise. A full bladder sends stronger messages to the brain. Also, adequate fluids dilute urine, making it less irritating to the bladder wall. Offer a glass of prune juice at bedtime if constipation is a problem.
    - **Encourage complete emptying of bladder** before bedtime and immediately after getting up in the morning.

2. Incontinence Pads

Incontinence pads and briefs help manage bladder and bowel incontinence. They are very absorbent and protect clothing. There are many different types of pads and briefs on the market. If the consumer is unhappy with a certain type, try others before giving up. Please do not use the term diaper with adults.

In assisting with changing a pad or brief, the DCW should gather supplies (new pad, plastic bag, and cloth or disposable wipes for cleansing the skin). The DCW should put on gloves and assist in removing the old pad as necessary. Put the soiled pad into the plastic bag. Assist the consumer in cleansing the peri area (the skin needs to be cleansed of urinary and fecal enzymes that will break down skin). Place any soiled disposable wipes in the plastic bag. Assist in applying a new pad. Peel off gloves and toss into plastic bag. Tie bag and take to outside trash. Wash hands.

3. Catheter Care

a. Indwelling ("Foley") Catheter

An indwelling catheter is a long tube inserted into the bladder. It is inserted through the urethra, the normal opening of the bladder. It is important to reduce the risk of urinary tract infections. This is achieved by cleanliness in maintenance of the catheter, tubing, and drainage bags and by proper positioning of the tubing and drainage bags. **Routine catheter changes are done by a nurse, but it is the responsibility of the DCW to notify a supervisor/nurse or any changes in the urine or complaints of pain.** The guidelines for care are:

1. Make sure urine is allowed to flow freely. Tubing should not have kinks or have anything obstructing its flow.
2. Keep the drainage bag below the level of the bladder while in bed, using a walker or wheel chair. Do not attach the drainage bag to the bedrail.
3. Do not set the drainage bag on the floor as this can contaminate the system.
4. Coiling the tubing on the bed. Keep the tubing above the drainage bag.
5. Secure the catheter to the inner thigh with tape or catheter strap to reduce the friction and movement of the catheter at the insertion site.
6. Check for leakage of urine and report findings to your supervisor.
7. Cleanse the catheter insertion site when giving daily peri care and if needed after bowel movement and vaginal drainage using the procedure outlined below.
8. Drain the drainage bag in the morning and before bedtime and as needed,
9. Report any complaints of pain, burning, irritation, the feeling of a need to urinate or any changes in urine characteristics such as color, clarity, and order to your supervisor.

To cleanse the catheter at the insertions site:

Put on gloves. Separate the labia (female) or retract the foreskin (male). Check the catheter site for crusts or abnormal drainage. Holding the catheter in place with your fingers, cleanse the catheter from the meatus (urethral opening) down the catheter about four inches. Use soap and water. Avoid tugging on the catheter; pulling on the catheter can cause pain. Make sure the catheter is secured properly and continue with any peri care. Replace the foreskin on a male to the original position.

To empty the drainage bag:

1. Put on gloves

2. Get the container that is used for this purpose (can be urinal or deep plastic bowl)
3. Unhook and open the clamp over the container (be careful not to touch the clamp on the side of the container)
4. Drain the urine into the container, close the clamp, and refasten it to the urine bag.
5. Empty the contents of the container into the toilet
6. Rinse the container and pour the rinse water into the toilet and flush
7. Remove gloves and wash hands following proper procedure

B. Suprapubic Catheter

A suprapubic catheter is inserted through a permanent, surgical opening in the lower abdomen to the bladder to drain the urine. The catheter is then attached to a urinary drainage bag or leg bag. The care remains the same as for the care for an indwelling catheter listed above.

C. External Catheter

An external catheter (also referred to as a buffalo, Texas, or condom catheter) is applied like a condom to the male's penis and then attached to a urinary drainage bag or leg bag. The tip of the penis should not rub on the interior of the catheter. The catheter needs to be changed every 24 hours and the penis washed and pat dried before applying a new catheter.

4. Ostomy Care

An ostomy is a surgical opening in the abdomen through which waste material discharges when the normal function of the bowel or bladder is lost. An **ileostomy** is an opening from the small intestine (ileum portion), and a **colostomy** is an opening from the large intestine (colon). Both types discharge feces. A **urostomy** is an opening to bypass the bladder and discharge urine.

The care and management of the ostomy depends on what type it is. Typically, the person wears a plastic collection pouch. It is attached to the abdomen at all times to protect the skin and collect the output. When a new pouch is needed, the skin is cleansed with soap and water, a protective skin barrier may be applied, and a new pouch is applied (may have to be precut to fit the stoma opening). The pouch is emptied at the person's convenience. Again, how the pouch is emptied will depend on the type of ostomy and the supplies used. Some colostornies can be controlled by irrigation (enema) and only required a small gauze pad or plastic stick-on pouch to cover the stoma between irrigation.

There are different types of ostomy supplies on the market and each consumer will have individualized needs for ostomy care depending on the type of ostomy and the size of the stoma(opening) and personal preference. Notify your supervisor if ostomy care is needed.

! It is important for the DCW to wear gloves during catheter and ostomy care. Wash hands before and after removal of the gloves.

5. Skin Care after Toileting

Skin care after toileting assistance is extremely important. As has been mentioned previously, the enzymes contained in urine and fecal matter can cause skin irritation and rashes. These are similar to diaper rashes in infants. For an individual who are incontinent, a daily shower is advisable.
It may also be necessary if the person wears incontinence pad (do not use the term "diapers" unless it is an infant) to apply some type of skin protectant to the buttocks and peri area such as A&D ointment.

F. Meal Assistance

Direct Care Workers may help consumers at mealtimes. Whenever possible, the individual should eat with a minimum of assistance. If needed, adaptive equipment should be available to consumers to encourage self-feeding. Feed a consumer only if he/she is unable to do so.

1. Assisting with Setting up a Meal

a) The individual should be sitting with his/her head elevated to prevent choking.
b) Cut meat, open cartons, butter bread if assistance is needed.
c) Use clock description for a person with vision impairment (e.g., meat is at 12:00; salad is at 4:00, etc.)

Procedure: Assisting with Eating:

2. Feeding

a) Use hand on hand to assist a consumer.
b) Check temperatures of food before feeding. Feel the container and observe for steam.
c) Explain what foods are on plate. Ask the person what he/she wants to eat first.
d) Watch the individual to make sure food is swallowed before giving additional food or fluids. It may be required to remind the person to chew and swallow.

e) Offer liquids at intervals with solid foods. Use a straw for liquids if the person can sip through a straw.
f) Make pleasant conversation, but don't ask questions that take a long time to answer. Do not rush the individual as you are assisting with eating. Sitting next to the person at eye level conveys a non-rushed feeling.

3. Feeding an Individual with Dysphagia (difficulty swallowing)

a) Position the person upright in a chair to prevent choking or aspiration (inhaling liquids).
b) Keep the consumer oriented and focused on eating.
c) Help him/her control chewing and swallowing by choosing the right foods (a diet containing food with thick consistency, which is easier to swallow) such as:
    - Soft-cooked eggs, mashed potatoes and creamed cereals
    - Thickened liquids are often used
d) A variety of textures and temperature of foods stimulate swallowing; vary foods offered from the plate.
e) At times dysphagia is temporary; a consumer who is temporarily ill may have difficulty swallowing, which improves after recovery from illness.

4. Feeding a Cognitively Affected Individual

a) Avoid changes. Seat the consumer at that same place for all meals.
b) Avoid excessive stimulation. Too much activity and noise often adds to confusion and anxiety. Remove distractions, if possible, and refocus consumer.
c) Meals should be ready to eat when the consumer is seated (e.g., meat is cut, bread is buttered, etc.)
d) Avoid isolating the consumer; isolation leads to more confusion.
e) Call a consumer by a name he/she prefers. Achieve and maintain eye contact.
f) Use a calm voice; speak softly, slowly, clearly and face the consumer.
g) Keep communication simple; use simple, short instructions such as "pick up your fork," "put food on your fork," "put the fork in your mouth."
h) Use objects or hand movements to help with cueing.

5. Encouraging Intake and Appetite: Appeal to all the Senses

a) Pay attention to the presentation of food. Set the table with tablecloth and/or placemats.
b) Have a meal with a theme such as South of the Border, or Italian with the appropriate food and music.
c) Keep the table conversation positive and pleasant (Never say, "If you don't eat, won't you get dessert!")
d) Make sure eyeglasses are on and clean (increases visual appeal).
e) May need to increase spices to make food more.

6. Assisting Devices

Encouraging a person to eat as independently as possible encourages a person's self-sufficiency, self-esteem and can save time. Sometimes a consumer may need to be fed or "guided" through a meal. The following are general considerations:

a) Provide adaptive devices, such as a rocker knife which allows one-handed cutting.
b) Provide foods that do not require use of utensils (e.g., "finger" foods, soup in a mug).
c) Build up handles on utensils to make them easier to grasp.
d) Use contrasting colors in place setting.
e) Be consistent in placing food on a plate and on the table in specific order (potatoes are at 3 o'clock meat is at 9 o'clock—for visually impaired persons).
f) Maintain a simple, consistent, familiar mealtime routine.
g) Maintain a quiet, unrushed atmosphere at mealtime.
h) Serve one course at a time to reduce confusion.
i) For consumers who have had a recent stroke, and are prone to choking, encourage chewing on the unaffected side of his/her mouth. Add a thickener to liquids.

Examples of Assisting Devices for Eating

Eating utensil with elastic Strap to keep the unit Secured on the hands.

Offset spoon and rocker knife for limitede hand grasp and Dexterity and decreased wrist motion.

The scoop dish with a curved side allows you to scoop food more easily.. accommodates Individuals who have difficulty eating.

Now that you've read through the

September In-Service review, please return to

the previous page, and complete the

In-Service Training
"Personal Care"

online form for submission.