

## **Appropriate and safe techniques in performing and assisting with personal care: bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding. Assistance with self-administered medications**

It is important that the family caregiver knows the proper procedures when caring for a family member. The purpose of this material is to provide you with the information and skills you need to perform these tasks correctly.

### **BATHING**

There are several important reasons why one should bathe your loved one besides the obvious one of cleanliness. Bathing eliminates body odors, and it is cool, refreshing, and relaxing. It stimulates circulation and exercises parts of the body. It also allows the caregiver the opportunity to observe the care recipient's body for any unusual changes such as rashes, decubitus ulcers (pressure sores), reddened areas, etc. Last, but not least, it provides the opportunity to talk with the care recipient.

There are four types of bathing:

1. **Complete bed bath** – usually used for the care recipient who is weak or unable to bathe themselves. You will usually receive little or no help from the care recipient.
2. **Partial bed bath** – given when the care recipient can help themselves a little, but needs help with areas unable to reach. Remember in the complete and partial bed baths to expose only that part of the body you are working on. The rest of the body should be covered with a large bath blanket for warmth and privacy.
3. **Tub bath** – may need doctor's okay for tub bath. Care recipient is assisted in and out of tub.
4. **Shower** – may need doctor's okay for a shower. For the care recipient who is unsteady or weak, a chair can be used for them to sit on during shower.

**The type of bath the care recipient receives will depend on the needs of the elder.**

**These general rules need to be followed when giving any type of bath.**

1. Determine what type of skin care products should be used.
2. Collect all necessary equipment before beginning the bath.
3. Always protect your care recipient's privacy. Close doors and windows and cover up the care recipient, during or right after bathing, with towels or a bath blanket. Closing windows and doors will also help reduce drafts for more comfort.
4. Always use good body mechanics yourself and make sure the care recipient's body is in good body alignment.

5. Always make sure the water is at a good temperature. Have the care recipient test it before using the water. Change water as often as needed.
6. Make a mitten out of a washcloth to prevent dragging a wet washcloth roughly across the care recipient's body.
7. Keep soap in a dish between uses to prevent water from becoming too soapy.
8. Wash only one part of the body at a time. Wash, rinse, and pat dry each part of the body and cover immediately with the bath blanket.
9. Wash the cleanest areas first (eyes, face, etc.), then the dirtiest. Make sure all the soap is rinsed off.
10. Observe the care recipient's skin for any unusual changes. Report any changes to the care recipient's physician.
11. Encourage the care recipient to help as much as possible.
12. Bathe the skin whenever fecal material (stool) or urine is on the skin.
13. Carefully cut or trim toenails. It is best to seek professional care for a diabetic.
14. Before using skin lotion, put the bottle in some warm water while the care recipient is being bathed.
15. Apply deodorant, if requested, after bathing.
16. Allow towels and washcloths to dry before putting in a hamper if you're not washing them right away.
17. Stop the bath if you notice any signs of distress, such as tiredness or dizziness.
18. Wear gloves if care recipient has open areas on skin and for perineal care.

## **HAIR CARE**

Hair that looks and feels good can influence your loved one's appearance and psychological well-being. Clean hair prevents scalp and hair breakdown and improves circulation to the scalp.

In general, you will only need to help your care recipient with combing hair. Remember to protect the pillow and shoulders with towels, remove any eyewear, and brush or comb the hair from the scalp to the hair ends. If the hair is tangled, start at the ends of the hair and work up to the scalp to remove the tangles.

On some occasions, you may have to shampoo the care recipient's hair. This can be done either at the sink or in bed. There are several devices you can buy that can make shampooing hair easier—especially if the care recipient is in bed. Follow the care recipient's personal preferences when styling the hair or when buying shampoo and conditioner.

**The following general rules always apply:**

1. Wash the care recipient's hair as outlined in the outlined procedure below.
2. Keep the care recipient out of drafty areas.
3. Never cut or color the hair.
4. Never give a permanent.
5. Never use a hot comb or curling iron.
6. Dry and style hair as quickly as possible.

**Procedure: Giving a Shampoo in a Sink**

1. Assemble equipment
  - a. Shampoo and Conditioner
  - b. Chair
  - c. Towels
  - d. Comb or brush
  - e. Wash cloth
  - f. Cotton balls
2. Wash your hands.
3. Help care recipient to sink. Provide chair in case they become tired.
4. Place a towel around care recipient's shoulders.
5. Brush hair and inspect for lice. If present, stop procedure and inform the care recipient's physician.
6. Put cotton balls in care recipient's ears.
7. Give care recipient a washcloth to cover eyes.
8. Adjust water temperature to feel warm to your wrist.
9. Have care recipient lean forward with head over sink.
10. Wet hair thoroughly. You may need to use cup or pitcher.

11. Apply shampoo, then massage hair and scalp with both hands. Avoid using fingernails, as they may scratch the scalp.
12. Rinse out all shampoo.
13. Apply conditioner, if desired.
14. Towel dry face, ears, and hair. Finish drying the hair by allowing it to air dry or use a blow dryer at a low setting.
15. Remove cotton from ears.
16. Make care recipient comfortable.
17. Clean up sink area and return equipment.
18. Wash your hands.

**Procedure: Shampooing Hair in Bed**

1. Assemble equipment
  - a. Shampoo and Conditioner
  - b. Towels
  - c. Wash cloth
  - d. Chair
  - e. Bucket or pail
  - f. Plastic to cover chair and bed
  - g. Plastic drainable trough or plastic and towels to make one
  - h. Cotton balls
  - i. Pitcher or cup
  - j. Brush or comb
2. Tell the care recipient what you are going to do.
3. Raise the bed to a comfortable working position.
4. Wash your hands.
5. Protect the top of the mattress with plastic and a towel.

6. Brush or comb the hair. Stop procedure and report to the physician if you observe head lice.
7. Cover a chair with plastic and a towel. Place the chair at the head of bed.
8. Place a pail or bucket on the chair.
9. Help the care recipient move to the side of the bed nearest you.
10. Remove pillow, cover with plastic, and place under care recipient's upper back so that head tilts back.
11. Use plastic drainable trough or make your own: roll bath towel and place on short end of a large plastic sheet; roll three sides of sheet to form a chute.
12. Place the hose of drainable trough or the open end of chute in pail.
13. Fan-fold top bed covers to bottom of bed and cover care recipient with towel or bath blanket.
14. Cover care recipient's eyes with washcloth and put cotton in the ears.
15. Using pitcher or cup, pour water over hair until wet. Select a water temperature just warm to the wrist.
16. Apply shampoo and massage scalp and hair using both hands. Do NOT use your fingernails, as they could scratch the scalp.
17. Rinse thoroughly, having care recipient move head from side to side.
18. Apply conditioner, if desired.
19. Towel dry hair and face. Air dry or use blow dryer to finish. Make sure blow dryer setting is not too hot.
20. Remove cotton from ears.
21. Wash hands and return equipment.

Both men and women often prefer to keep various parts of their body shaven. Most males feel much better when their face is clean shaven. Some women may need to have their face shaved, as aging sometimes causes the growth of facial hair. When the care recipient cannot shave his or her own face, you may be asked to do it. Use only an electric or safety razor. Never use an electric razor when the care recipient is receiving oxygen. Do check with your care recipient to see how he wants a beard or mustache cared for.

Women may want their legs and underarms shaved, also.

### **Procedure: Shaving the care recipient**

1. Assemble equipment
  - a. Towels

- b. Wash cloth
  - c. Shaving cream
  - d. Shaver
  - e. Basin of warm water
  - f. Shaving lotion or aftershave
2. Wash your hands.
  3. Place basin of warm water by bedside.
  4. Have the care recipient in a semi-sitting position or on the back.
  5. Cover the care recipient with a bath towel.
  6. Wash the face and apply a warm, damp washcloth for 3-5 minutes to soften skin.
  7. Spread shaving cream generously over the area to be shaved.
  8. Hold the skin taut and shave skin in the direction of hair growth. Begin at sideburns, work downwards over cheeks, and down over chin. Work upward on neck under chin. Use short, firm strokes.
  9. Rinse razor often during the procedure.
  10. Rinse off any leftover shaving cream.
  11. Apply shaving lotion, if desired.
  12. Make care recipient comfortable.
  13. Clean and replace equipment.
  14. Wash your hands.

## **ORAL HYGIENE**

A clean mouth and teeth prevent mouth disorders, infections, and growth of bacteria plaques. Illness and disease may cause care recipients to have a bad taste in their mouths. In addition, some drugs have an effect on mouth odors. For these reasons, oral hygiene is important for the care recipient. It is important to the care recipient's well-being and makes food taste better. A person's food and fluid intake will be influenced by the condition of the mouth.

Oral hygiene should be given every morning and after each meal.

Some care recipients will require little help with oral hygiene. Others will need the family caregiver to perform the entire procedure. No matter how much assistance is needed, the following should be reported to the care recipient's dentist or physician:

1. Dry, cracked, or blistered lips.
2. Redness, irritation, sores, or white patches in the mouth or on the tongue.
3. Bleeding, swelling, or extreme redness to the gums.

Care recipients will have their own preference for toothpaste, mouthwash, and denture cleanser. Be sure to ask them what they prefer.

Many microorganisms are found in the mouth. Gloves can prevent the spread of infections. In general, gloves should be worn when doing any mouth care and when handling dentures.

Dentures need to be cleaned as often as natural teeth. When wet, dentures are slippery. They can easily break and chip. For these reasons, take special care when handling dentures. When they are not worn, they should be stored in a container filled with cool water. Dentures will dry out and warp if not stored in a liquid.

Don't ignore the care recipient's mouth when you remove dentures for cleaning. The mouth needs to be cleaned with a soft toothbrush or to be rinsed with mouthwash.

### **Procedure: Assisting with Oral Hygiene**

1. Assemble equipment
  - a. Water
  - b. Toothpaste
  - c. Sink or small basin
  - d. Towel
  - e. Mouthwash
  - f. Gloves
2. Wash your hands and put on gloves.
3. Explain to the care recipient what you are going to do.
4. Have the care recipient sit up or help him/her to the sink. If they use the sink, omit step 5.
5. Spread a towel across the care recipient's chest.

6. Offer the care recipient water to rinse his/her mouth.
7. Hold the basin under the care recipient's chin to spit the water into or have him/her spit into the sink.
8. Put toothpaste on the brush and wet it with water.
9. Allow the care recipient to brush own teeth if able. If they cannot, brush using a gentle motion above the gum line and going down the teeth. Repeat until you have brushed all the teeth. Include the insides of the teeth and the tongue.
10. Offer water to rinse the mouth.
11. Offer mouthwash, if desired.
12. Wipe the care recipient's mouth and make comfortable.
13. Remove gloves and wash your hands.
14. Return equipment.

**Procedure: Oral Hygiene for Dentures**

1. Assemble equipment
  - a. Denture cup
  - b. Small basin
  - c. Tissues
  - d. Denture toothpaste
  - e. Towel
  - f. Mouthwash
  - g. Denture solution or tablets
  - h. Gloves
2. Wash your hands and put on gloves.
3. Explain to the care recipient what you are going to do.
4. Spread towel across care recipient's chest.
5. Ask care recipient to remove his/her dentures. Have tissues in the basin. Assist care recipient if needed.

6. Take dentures to sink, holding them securely.
7. Place washcloth in the sink and add some water. This will cushion the dentures if they fall.
8. Clean dentures with toothpaste or denture cleanser.
9. Rinse dentures in cool water.
10. Fill denture cup with denture solution, cool water, or mouthwash and water. Some people may use cleaning tablets.
11. Place dentures in the cup and cover.
12. Help the care recipient to rinse mouth.
13. If care recipient wishes, replace the dentures. Ask if a denture adhesive is used.
14. Clean equipment and put away.
15. Remove gloves and wash your hands.

## **DRESSING**

Dressing and undressing the care recipient occurs daily and, sometimes, more often. Some love ones will need little or no help, while others will totally depend upon the family caregiver to dress them.

Allow the care recipient to choose his/her own clothes. Everyone has their own preferences. If the care recipient is in bed all day, bedclothes are preferred. However, if they spend most of the day out of bed, encourage them to wear street clothes.

### **Certain rules should be followed when dressing or undressing the client:**

1. **Remember to always provide privacy.** Never expose your care recipient. Keep them covered as much as possible.
2. **Always encourage the care recipient to do as much for self as possible.**
3. **Always place clothing on the “weak” side of the care recipient first.** If both sides have equal strength, then dress far arm and leg first.
4. **Always remove clothing from the “strong” side of the care recipient first.** If both sides have equal strength, undress near arm and leg first.

## **TOILETING**

A care recipient may need assistance with toileting. If they can't use the toilet in the bathroom, the family caregiver will need to help with the use of a bedpan or a commode. You may have to help the care recipient who can use the toilet, but is unable to do it alone.

A bedpan is used when the care recipient cannot get out of bed.

Sometimes, it is used only at night, when it is more difficult to get to the regular toilet. Women use the bedpan for urination and bowel movements, while men use the bedpan usually for a bowel movement only.

Bedpans are made of plastic or stainless steel. A stainless steel bedpan should be lightly warmed before use, by running warm water over it.

The bedpan is cleaned after each use and is stored covered. The bedpan should be cleaned immediately after it is used. This will prevent the spread of microorganisms, the development of odors, and possible spilling of the contents. Clean by emptying the contents in the toilet, rinsing in cold water, and wiping both the inside and outside with disinfectant.

When the care recipient can get out of bed, but is still unable to get to the regular toilet, a bedside commode may be used. A bedside commode is a portable chair with an open center for voiding. The collection holder may be a bedpan or pail that needs to be emptied and cleaned after use, as the bedpan is.

Good hygiene following toileting is very important in the prevention of urinary tract infections. Remember to always wipe the genital area from front to back and change the location on the washcloth with each wipe. Use soap and water or pre-moistened wipes.

### **When assisting the care recipient with toileting, follow these general rules:**

1. Help them with a toileting as soon as requested.
2. Have the care recipient assume a normal voiding position of sitting upright whenever possible.
3. Make sure the bedpan is warm.
4. Always ensure the care recipient's privacy.
5. Make sure the care recipient is covered for warmth.
6. If the care recipient is weak, provide assistance.
7. When a care recipient is strong enough to be alone, leave for 5 minutes to use the bedpan, commode, or toilet.
8. Always make sure toilet paper is within easy reach for the care recipient.

9. Provide perineal care as needed.

10. Allow the care recipient to wash his/her hands and genital area after using the bedpan, commode, or toilet. Assist when necessary.

11. Offer the opportunity for toileting regularly, as the care recipient may not ask.

## **CARING FOR INCONTINENCE**

If the care recipient does not have control of bowel and bladder functions, the family caregiver will need to assist with changing and cleaning. It is important to provide this help in such a way as to preserve the loved one's dignity as much as possible. Requiring this kind of help will probably be embarrassing to the care recipient. You can do much to alleviate those feelings.

Incontinence is defined as the lack of ability to control the bladder and/or bowels. There are a number of things that can cause such a condition, including: physical disorders, medications, immobility, distance and difficulty getting to the toilet, stress, amount and type of fluid and food intake, and changes due to aging itself.

Check the care recipient often to see if changing is needed. Every two hours is the common practice. Follow the procedure for the proper technique of changing and cleaning the care recipient. It is important to use the correct techniques to help control odors and maintain good skin condition.

When changing pads or briefs, observe the care recipient's skin condition. Report significant changes to the physician. Apply powder or lotion as directed.

NEVER show anger or disapproval when the care recipient wets or soils. Be matter-of-fact and show respect towards the care recipient.

NEVER refer to the incontinence pad or brief as a 'diaper.' You can help care recipients feel better about themselves by handling the situation properly.

## **FEED OR ASSIST WITH EATING**

Weakness, paralysis, casts, and other physical limitations may make self-feeding impossible. The family caregiver needs to handle this situation professionally.

Sometimes, it is hard for care recipients to accept the idea of not being able to feed themselves. They may feel resentful and depressed. Remember to be friendly and to encourage them to do as much as possible for themselves.

**Before serving a meal, remember the following:**

1. Offer the care recipient the opportunity to toilet.
2. Offer the care recipient oral hygiene.
3. Help the care recipient to wash hands and face.
4. Make sure the care recipient is comfortable and positioned properly (upright as much as possible).
5. If the care recipient has dentures, make sure they are in.
6. Protect the care recipient's clothing, if necessary. A towel or special protector can be used. Do NOT refer to it as a 'bib.' Instead, call it an apron, clothing protector, or cover-up.

**During a meal, follow these guidelines:**

1. Sit down beside the care recipient, at the same level.
2. Carry on a pleasant conversation with the care recipient.
3. Don't rush the care recipient. Feed slowly and carefully.
4. Pick up eating utensils by the handles.
5. Avoid touching the food if you can.
6. A spoon may be safer to use than a fork.

**After a meal, follow these guidelines:**

1. Assist the care recipient to wash hands and face.
2. Assist the care recipient with oral hygiene, if desired.
3. Assist the care recipient to a comfortable position.
4. Refrigerate leftovers and clean up eating area.
5. You may wash dishes at this time.
6. If the care recipient routinely doesn't eat well, you may want to report it to the care recipient's physician.

**Procedure: Feeding or Assisting with Eating**

1. Gather meal and supplies needed (napkin, straw, etc.)

2. Explain to the care recipient what you are going to do.
3. Wash your hands.
4. Have the care recipient wash hands.
5. Position the care recipient properly and place a napkin or towel across chest and/or under chin, if needed.
6. Tell the care recipient what kinds of food you are serving.
7. Encourage the care recipient to do as much as possible for themselves.
8. Alternate solid food with liquids. Tell the care recipient what you are giving.
9. Use a spoon to feed, for safety.
10. Use a short straw if the care recipient cannot drink from a cup or glass.
11. Wipe the care recipient's mouth with a napkin. Do this as often as needed during the meal also.
12. Wash your hands.
13. Assist the care recipient to wash hands and face, if needed.
14. Offer the care recipient oral hygiene afterwards.
15. Clean up as appropriate.

## **FINGER NAIL CARE**

The general health of the care recipient is often reflected in the nails appearance. Nails that are broken or brittle may be the result of an improper diet. However, they can also be the result of improper care.

Improperly cared for nails can be a health hazard. Nails that are broken, brittle, or have cuticles that are torn can permit microorganisms to enter the body. Dirty nails also carry germs which can spread infection when handling food or scratching the skin.

As people get older, their nails' physical appearance and growth rate changes. The older person's nails tend to be ridged, grooved, and brittle.

Nails should be cared for daily by cleaning beneath them and pushing back the cuticle. The best time to do this is right after bathing. Soap and water will loosen dirt and soften the cuticle. Extreme caution must be taken when clipping and trimming nails to prevent any damage to surrounding tissues. If the care recipient has diabetes, or circulation problems, **do not** cut the nails unless directed to do so.

## **Procedure: Giving Finger Nail Care**

1. Assemble equipment
  - a. Towel
  - b. Washbasin
  - c. Nail clipper
  - d. Orange stick
  - e. Nail file or emery board
2. Wash your hands.
3. Explain to the care recipient what you are going to do.
4. Help care recipient to a chair close to table, if possible. If in bed, raise the bed to a comfortable working height.
5. Place a towel under a half-full basin of water. Water temperature should be warm, but not too hot.
6. Soak care recipient's fingernails for 20 minutes.
7. Clean under fingernails. Push cuticles back gently. Rinse and dry fingernails.
8. Place hand on a towel. Clip finger nails straight across with clippers. Shape into an oval or rounded shape with the nail file or emery board.
9. Properly dispose of nail clippings by putting them in a sealed trash container.
10. Clean and put away equipment.
11. Wash your hands.

## **SKIN CARE**

The skin is a major body system. Its most vital body function is to provide protection. Keeping the skin intact, with no open areas, is an important task.

Decubitus ulcers, or pressure sores, are areas where the skin and tissues are broken down due to lack of blood flow. They are caused by the loss of circulation, caused in turn by pressure on a part of the body. Other factors that contribute to the decubitus ulcers are dry skin and irritation by urine and feces. Care recipients who are unable to move or to change positions are more likely to develop decubitus ulcers.

Bony areas of the body are also called pressure points. These points bear the weight of the body. Decubitus ulcers usually occur over these bony areas. Common areas include: ears, elbows, under breast, backbone,

shoulder blades, knees, ankles, heels, and toes. In obese (overweight) elders, decubitus can develop where skin is in contact with skin, such as between the legs and the folds of abdominal skin.

The first sign of a decubitus ulcer is either sore skin or a reddened area. The care recipient may complain of tingling, burning, or pain in an area. If not treated, the skin may blister, open, and a deep sore may develop, increasing the risk of an infection.

To prevent decubitus, maintain good skin care and cleanliness. It is much easier to prevent pressure sores than it is to heal them.

**The following guidelines should be observed to prevent skin breakdowns:**

**Change the care recipient's position at least every two hours.**

The care recipient should be lifted or moved slowly to prevent burns from the sheets.

**Be careful when using bedpans.** They can cause pressure and friction. Avoid spilling urine on the skin.

**Keep linens wrinkle-free and dry.**

**Remove any hard objects from the bed,** such as hairpins, food crumbs, etc.

**Use powder where skin comes together to form creases.**

**Wash and dry care recipient's skin with mild soap to remove urine or feces.**

**If the care recipient shows signs of a pressure sore, gently rub**

**around the area with non-drying lotion every two hours.** Do NOT rub directly on the reddened area as too much rubbing can cause further skin breakdown. Figure out why the area is reddened and try to correct the problem.

**Always pat the skin dry (not rub) after bathing and apply lotion to dry areas.**

**Provide a back rub when the care recipient is repositioned.** It stimulates the circulation of blood.

**Use pillows, etc. to prevent skin from contact with skin.**

**Report any observations of skin breakdown or decubitus to the care recipient's physician.**

## **SELF-ADMINISTERING MEDICATIONS**

Medications should be properly labeled so you can see the dose and time it should be taken. You can remind the care recipient to take their medication. You can assist with opening and recapping the containers.

Since a care recipient with arthritis may have trouble handling the medication bottle, you may put the medication into the cap or make it possible for them to retrieve and swallow the medication on their own.

The family caregiver can assist with proper positioning to make sure their loved one will take the medications safely. The best position is for the care recipient to sit up as much as possible. You can assist the care recipient to drink the fluid needed to swallow the medications.

Make sure that medications are stored properly. Some need to be refrigerated. Keep them out of reach of children.

Your care recipient may have a medication planner that has an entire week of medications divided into each day of the week. You can make making sure the right day of the week is opened and taken.

## **Burnout and Workplace Stress**

**Learn how to properly care for your family member.** Get training so you know how to perform skills. Correctly performing care tasks will make your job easier and safer.

**Practice healthy habits.** Eat a balanced diet, limit intake of caffeine and alcohol, don't smoke, exercise regularly, get adequate sleep, and see your doctor when necessary.

**Get help when you need it.** Don't try to do it all by yourself. Those who might help you are other family members, friends, neighbors, social workers, ministers, and church members. Arrange for some time away from your family member. Join a support group so you have contact with other people who are going through the same thing you are.

**Do something relaxing for yourself.** Go out to lunch, to church, to a movie, or even on a walk.

**It's important to take a little time to enjoy yourself.** It will rejuvenate you and you will do your caregiving job better.

**Remember that you probably can't control your situation, but you can control how you react to it.** Try to be optimistic and look for the positive in each situation. Take pride in yourself and be proud of what you do.

**Watch for signs that you are stressed:** irritability, loss of energy, weight changes, difficulty making decisions or concentrating, sleeping difficulties, loneliness, change in attitude, or drug/alcohol excess. See your doctor or a counselor to help you pinpoint the stressor and what

you can do to ease your stress level.

## **BODY MECHANICS**

Transferring, lifting, moving, and positioning care recipients can be a major safety problem unless you learn how to use good body mechanics.

'Body mechanics' involves how you stand, move, and position your body to prevent injury, avoid fatigue, and make the best use of your strength.

Understanding the principles of good body mechanics and applying them to your everyday routine, whether at home or at work, enables you to feel better and less tired at the end of the day.

### **What are the principles of body mechanics?**

Body mechanics involves using good posture, balance, and the strongest and largest muscles of the body to perform the work. You can lift and move easier, no matter what your size is. You need to be concerned with both your own body mechanics and that of the care recipient.

The major movable parts of the body are the head, trunk, arms, and legs. The way in which they are aligned with each other is known as posture or body alignment. Proper body alignment allows us to move and function efficiently and with strength whether we are standing, sitting, or lying down.

Base of support is the area upon which an object rests. In humans, this is the feet. We need a good base of support in order to maintain balance. Standing with one's feet apart gives a wider base of support and, therefore, more balance and stability.

The strongest and largest muscle groups of the body are located in the shoulders, upper arms, hips, and thighs (NOT in the back.) By using smaller and weaker muscles to move heavy objects, you strain them, causing fatigue and injury. Use the strong muscles of your thighs and hips by bending your knees and squatting to lift a heavy object. Avoid bending from the waist when lifting, as this involves the small muscles of the back. Holding objects close to the body and base of support involves using upper arm and shoulder muscles. Holding an object away from the body exerts strain on the smaller muscles of the lower arms.

### **Follow these guidelines when lifting, moving, and transferring clients:**

1. Stand close to the care recipient.
2. Create a base of support by placing your feet wide apart.
3. Make sure the area is safe for a move or a lift.
4. Bend at your hips and knees with your back straight.
5. Push up with your leg muscles to a standing position. Back injuries are not usually the result of one incident but of the constant use of smaller back muscles.

**DON'T Lift With Your Back, Lift With Your Head!!!!!!**

## **TURNING AND POSITIONING**

Care recipients who are bedridden must have their position changed often. Learn how to give proper support and how to align the body properly in order to help them maintain or recover the best possible state of health.

For instance, any open skin will heal more quickly if pressure is reduced and air is allowed to circulate around it.

The successful practice of body alignment means that all parts of the body are in their proper positions in relation to each other. For instance, the shoulders and the hips should be at the same height and angle.

Care recipients can be positioned in many different ways, depending on their diagnosis, condition, and comfort. Remember that care recipients, might not stay in the correct position for a couple of hours even though they usually cannot move without help. Check their position often.

### **Some general guidelines of positioning include the following:**

- 1. Position and support only nonfunctional parts of the body**, leaving the rest of the body to move freely so that blood can circulate. These may include: shoulder blades, hips, hands, arms/elbows, or legs. Do NOT place anything under the knees when lying on the back.
- 2. Any swollen limb should be kept higher than the heart** where possible so that gravity will help the extra fluid drain from the limb.
- 3. A rolled up washcloth makes an excellent support for the hand.** Different sizes of pillows or pieces of foam can be used to support other parts of the body.

### **Sitting Up**

When care recipients are eating, watching television, visiting, reading, or if they have a heart or respiratory disorder, they will need to be positioned in bed sitting up.

Good body alignment is very important. This involves keeping the spine straight and supporting the head with a small pillow. Place pillows elsewhere, such as under the hands, for further comfort.

When care recipients do not have a hospital bed, raise them using an arm lock and then position pillows behind the back to the desired level.

### **Positioning on the Back**

Lying on the back is called the supine position. Align the care recipient's body with the spine straight. Normally, all that is needed is a pillow under the head and, maybe, a rolled up washcloth for the hands. Be sure to loosen the top sheet and blanket to relieve pressure from the toes.

If the care recipient has nonfunctional body parts, more support will be needed. Nonfunctional means those parts of the body that cannot move due to paralysis from a stroke, resulting in a 'weak' side. This side requires more support and may include putting the following on that 'weak' side:

1. Small, folded hand towel under the shoulder blade.
2. Folded bath towel under the hip.
3. Rolled washcloth in the hand.
4. Arm and elbow on pillow so they are higher than the heart.
5. Small pillow under the calf of the leg, with the heel hanging off the mattress edge.
6. Do NOT place anything under the knee.

## **Turning**

Sometimes, to prevent complications from bed rest and to receive care, bedridden care recipients must be turned. The direction in which they are moved will depend on the specific circumstances and conditions.

### **Procedure for Turning and Positioning**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Provide privacy.
4. Raise the bed to a comfortable working height.
5. Lower the head of the bed as flat as possible.
6. Raise the side rail on the opposite side from where you are working.
7. Move the care recipient to the side of the bed near you.
8. Cross the care recipient's arms over chest and nearest leg over the farthest leg.
9. If turning away from you, stay on this side of the bed. If turning the care recipient toward you, move to the other side of the bed. Remember to pull side rail up.

10. Use good body mechanics with your feet separated, knees bent, and back straight.
11. Place one of your hands on the care recipient's shoulder and the other on the hip.
12. Gently roll care recipient toward you OR push them away from you.
13. Make sure care recipient is in good alignment.
14. Place pillows in appropriate areas for comfort and support:
  - # Against the back
  - # Under head and shoulder
  - # In front of bottom leg
  - # Top leg on a pillow in a flexed position
  - # Under care recipient's arm/hand
15. Lower the bed.
16. Wash your hands.

## **TRANSFERRING**

Some care recipients will need assistance with transferring or moving from one place to another. This may include getting into a sitting or standing position and moving from the bed to a chair and back. It is important that this is done with the least amount of stress to the care recipient and to you. Care recipients will have confidence in you when you know your strength and your capabilities and stay within those limits.

Care recipients should be allowed to do as much as possible for themselves. As they become stronger, the amount of help you provide will decrease; but, stay with them, give directions, and help where needed. Be alert for problems such as weakness or dizzy spells, which could cause them to fall. Older people often get dizzy when changing positions, so do the procedures slowly, allowing them time to adjust to the position changes.

A transfer belt, or gait belt, can help with the work of transferring, especially with heavier care recipients. A transfer belt is made out of canvas or leather and is fastened around their waist. It should be wide enough and heavy enough for the care recipient you are using it on. The belt is used by you to grasp with your hands to assist with moving or transferring.

Remember that you and the care recipient must use good body mechanics when doing these procedures to make sure they are done safely.

Have a good base of support, keep the back straight, and bend the knees.

**When helping the client to sit on a chair, first think about the type of chair you should use. Consider the following points:**

**1. Does the chair provide good support to the care recipient's back?**

A straight back chair is often the best.

**2. Which chair gives the care recipient the most independence?** One with arms is easier to get in and out of. Both a reclining chair and a low chair are difficult to get out of.

**3. What types of chairs are available?** Varieties of chairs include living room chairs, kitchen/dining room chairs, and wheelchairs.

**4. Which chair is the safest?** Chairs with arms, stable legs, loose parts, etc. are safest.

**5. Can the care recipient sit with the feet resting comfortably on the floor?** If not a shorter chair may be more appropriate.

A wheelchair can provide good support and allow the care recipient freedom to move around the house. Always remember to lock the brakes on the wheelchair when moving to or from it. Make sure moving to or from the chair will be safe by considering where the leg extenders and wheels are located.

**Procedure: Using a Transfer Belt**

1. Wash your hands.

2. Explain to the care recipient what you are going to do.

3. Assist the care recipient to a sitting position.

4. Apply the belt around the care recipient's waist over clothing. Never apply the belt over bare skin.

5. Tighten the belt so it fits snugly. Provide only enough room for your hands to fit under it. The buckle should be at the side or back of the care recipient.

6. Stand in front of the care recipient and grasp the belt from underneath and at the sides. Use good body mechanics.

7. Have the care recipient push up with hands from the bed or chair.

8. Brace your knees and feet against the care recipient's body.

9. Raise and lower the care recipient using good body mechanics.

10. Wash your hands when completed.

**Procedure: Assisting with a Standard Sit and Transfer**

1. Wash your hands.

2. Explain to the care recipient what you are going to do.
3. The care recipient should be in a sitting position with the transfer belt around the waist.
4. Have the care recipient move forward on the bed or chair and place his/her hands on the chair arms or on the bed. If going to or from a wheelchair, make sure the brakes are locked.
5. Place one of your knees between the care recipient's and the other knee bracing their knee. You should be close to the chair or bed.
6. Grasp the transfer belt and instruct the care recipient, on the count of three, to push down with hands, lean forward and stand. (If not using a transfer belt, grasp them under their arms, circling with your arms at their center of gravity.)
7. Reverse the procedure when assisting the care recipient to sit.
8. When sitting, have the care recipient feel for the bed or chair with the back of his/her legs and to reach back for the bed or chair arms.
9. Make the care recipient comfortable.
10. Wash your hands.

## **AMBULATION**

Ambulation is the action of walking for which the care recipient may need your help. The physical therapist will set up a plan for both of you to follow.

The different types of equipment used to help support people when walking include canes, crutches, and walkers. Each device is adjusted by the physical therapist for a specific elder. The place where the elder holds the walking device should be level with the hip, with the elbow slightly bent.

NEVER readjust the devices yourself.

Mobility means to move from place to place. Ambulation devices increase mobility. Sometimes, these devices are not enough to allow the care recipient mobility. A wheelchair may be needed instead.

The use of a wheelchair involves some special considerations.

Remembering to lock the brakes on the wheels when transferring the care recipient into and out of it is very important. Always push the wheelchair from behind except for in an elevator and going down a ramp when you should pull the wheelchair.

**Whatever means are used for ambulation or mobility, remember to follow these basic safety rules:**

**Always use good body mechanics and think of safety.**

**Check your care recipient's abilities and what he/she is physically able to do.**

**Know your own strength and ask for help if you need it.** Use common sense.

**Remember the importance of good communication.**

**Establish a workable routine,** using the same procedure each time you assist the care recipient.

**Realize that many procedures can relate directly to many others.** Apply your knowledge from one procedure to another. (The sitting and standing ones apply to ambulation, too.)

**Ambulation devices are NOT used to help the care recipient get up from a sitting position.**

**Never readjust the devices or use them on another person.**

**Check the devices often for safety** – rubber tips, bolts, screws, etc.

**Use safety devices where needed** – grab bars, handrails, raised toilet seat, and non-skid rugs.

**The care recipient should have shoes on with non-skid soles.**

**The care recipient's clothes should fit well.** Too long or very loose clothes can interfere with the movement of ambulation devices.

**Make sure the home is free of wet floors, or obstructive furniture or cords.**

**Follow the physical therapist's plan for ambulation.**

### **Procedure: Using a Cane**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Make sure care recipient is appropriately dressed.
4. Apply a transfer belt and help the care recipient to stand.
5. Have the care recipient grip the cane for support.
  - ⊙ Single point cane – usually held with strong side
  - ⊙ 3 – 4 point cane – usually held with weak side
6. The care recipient moves the cane forward, usually about 12”.
7. The care recipient moves the feet forward – usually weak leg first, then strong leg.
8. Assist the care recipient as needed.

9. Wash your hands after completed with procedure.

**Procedure: Using Crutches**

1. Wash your hands.

2. Explain to the care recipient what you are going to do.

3. Make sure care recipient is appropriately dressed.

4. Apply a transfer belt and help the care recipient to stand.

5. Care recipient grasps the crutches. There should be a two-finger width between the armpit and crutch arm. Their arm is slightly bent and crutches held 6 – 8” away from the heel.

6. Swing Through Gait – no weight bearing on one leg.

a. Place crutches 6 – 12” ahead

b. Lift and swing body slightly ahead of crutches

c. Bring crutches in front of body and repeat

7. Four Point Gait – can bear weight on both legs.

a. Move right crutch forward 6 – 8”

b. Move left foot forward

c. Move left crutch forward

d. Move right foot forward

e. Repeat

8. Going Down Steps

a. Put crutches down on step first

b. Bring strong leg down, then weak leg

c. Repeat until at bottom of steps

9. Going Up Steps

a. Crutches and legs on same step

b. Move up strong leg and put weight on it

- c. Move up crutches and weak leg
  - d. Repeat until at top of stairs
10. Wash your hands when completed with procedure.

**Procedure: Using a Walker**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Make sure care recipient is appropriately dressed.
4. Apply a transfer belt and help the care recipient to stand.
5. Have the care recipient hold firmly onto the side grips of the walker.
6. Lift and move the walker 8 – 12” forward, using the arms to lift, not the back. Feet should be kept still.
7. The care recipient then moves the feet forward, while holding the walker still with his/her hands. Move a weak leg first.
8. Assist the care recipient as necessary.
9. When completed with procedure, wash your hands.

**How do I prevent falls?**

Falls are usually the leading cause of injury in the home, especially with the elderly. You must be alert to hazards and work towards the prevention of falls. Following are some things to consider:

**Wipe up spills immediately** - liquids, snow, mud, sugar, salt, powder.

**Keep frequently used items easily available** – telephone, remote controls, tissues, etc.

**Make sure there is proper lighting at all times**, especially in hallways and stairs.

**Clear walkways of obstacles.**

**Install grab bars in bathrooms and hallways.** Encourage the care recipient to use them.

**Remind the care recipient to wear proper footwear with rubber soles.**

**Lock the wheels on wheelchairs when transferring.**

**Encourage exercise to maintain strength.**

**If the care recipient has pets, watch for them when walking.**

**Get rid of scatter rugs or throw rugs.** Secure them properly if they are needed.

**Make sure the furniture is the right height.** Armrests are helpful for getting in and out of chairs.

**Check stairways for clutter, handrail stability, step width, and safety.**

**Don't move any of the furniture.**

**Bathtubs and floors should have non-skid surfaces.**

**Remind the care recipient to allow enough time to get to the bathroom for toileting so he/she doesn't have to hurry.**

**Remember safety outside of the home.** Check lighting, steps, handrail stability, and for items the care recipient could trip on.

## **HOYER LIFT**

The Hoyer lift is a mechanical lift used to move the care recipient. It might also be called a hydraulic lift or mechanized bath chair. Never use this lift to transport care recipients from one place to another.

### **Guidelines for Using a Hoyer Lift**

Safety is a major issue when using the Hoyer lift, so consider these guidelines when using it:

1. Check the lift to be sure it is safe to use—containing no loose parts, working properly, etc.
2. Make sure the sling is safe with no rips, etc.
3. Use the right size of sling for your care recipient.
4. The sling should reach from the shoulders to the knees.
5. Get as many wrinkles out of the sling as possible.
6. When attaching the sling, the hooks should point away from the care recipient's body.
7. When positioning the lift in place, spread the base, or legs, for better support.
8. Lock the wheels once lift is in place and before lifting the care recipient. Be sure to relock them when lowering the care recipient.
9. Have the care recipient fold arms across the chest.
10. Check the security of the sling as you raise the lift to be sure the connections have not come loose.

11. Use care when lowering the lift to protect the skin and the feet.

**Procedure: Using Hoyer Lift**

1. Gather Equipment

2. Explain to the care recipient what you are going to do.

3. Wash your hands.

4. Place the sling under the care recipient.

5. Hook the sling to the lift.

6. Spread the base of the lift and lock the wheels.

7. Raise the care recipient slowly until clear of the bed. (Follow the safety guidelines mentioned previously).

8. Move the lift and position it over the chair.

9. Lock the wheels and lower the care recipient slowly to the chair.

10. Unhook the sling and move the lift away.

11. Make the care recipient comfortable.

12. Return equipment to the proper place.

13. Wash your hands.

**Print out** this 3 forms **fill out** and **send** us by regular mail

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