

APPROPRIATE AND SAFE TECHNIQUES IN PERFORMING AND ASSISTING WITH PERSONAL CARE AND 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 loved 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:

- ✓ **Remember to always provide privacy.** Never expose your care recipient. Keep them covered as much as possible.
- ✓ **Always encourage the care recipient to do as much for self as possible.**
- ✓ **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.
- ✓ **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.**

Procedure: Giving Finger Nail Care

1. Assemble equipment
 - a. Towel
 - b. Washbasin
 - c. Orange stick
 - d. 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. Shape into an oval or rounded shape with the nail file or emery board.
9. Clean and put away equipment.
10. 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.