- A bed or chair can be made softer with flotation cushions or special foam overlays.
- Use a bed cradle to keep top sheets from rubbing the client's skin. A bed cradle is made of metal or from a cardboard box (Chapter 12).
- Clients seated in chairs or wheelchairs need to be repositioned often, too. Reposition clients at least every hour if they are in a wheelchair or chair and cannot change positions easily.

7. Describe the guidelines for caring for clients who have fractures or casts

Fractures are broken bones caused by accidents or by osteoporosis. Osteoporosis causes brittle bones that crack or break easily. Osteoporosis occurs more frequently in elderly people, particularly women. It may be due to any one or a combination of the following: a lack of calcium in the diet, the loss of estrogen, a lack of regular exercise, reduced mobility, or age. Signs and symptoms of a fracture are pain, swelling, bruising, changes in skin color at the site, and limited movement.

When bones are fractured, the sections of broken bone must be placed back into alignment so the body can heal. The body can grow new bone tissue and fuse the sections of fractured bone together. The bone must be unable to move to allow this healing to occur. This is often, although not always, accomplished by the use of a cast.

Casts are generally made of fiberglass. A fiberglass cast is lightweight and dries quickly after it is made. A cast must be completely dry before a person can bear weight on it.

Guidelines: Caring for a Client Who Has a Cast

- Elevate the extremity that is in a cast (Fig. 16-25). This helps stop swelling. Use pillows to assist with elevation. If the client is in bed, elevate the arm or leg slightly above the level of the heart.

Fig. 16-25. *To stop swelling, elevate the extremity that is in a cast.*

- Observe the affected extremity for swelling, skin discoloration, cast tightness or pressure, sores, skin that feels hot or cold, pain, burning, numbness or tingling, drainage, bleeding, or odor. Compare to the extremity that does not have a cast. Report any of these signs or symptoms to a supervisor, along with any signs of infection, such as fever or chills.
- Protect the client's skin from the rough edges of the cast. The stocking that lines the inside of the cast can be pulled up and over the edges and secured with tape. Inform your supervisor if cast edges are irritating the client's skin.
- Keep the cast dry at all times. Although fiberglass is waterproof, the padding inside the cast is not. Some fiberglass casts may have a waterproof lining, but unless instructed otherwise, keep the cast dry. Keep the cast clean.
- Do not insert or allow the client to insert anything inside the cast, even when the skin itches. Pointed or blunt objects may injure the skin, which is already dry and fragile. Skin can become infected under the cast.
- Assist the client with cane, walker, or crutches as needed (Chapter 12).
- Use bed cradles as needed to reduce pressure from bed linens.

8. List the guidelines for caring for clients who have had a hip replacement

Weakened bones make hip fractures more common. A sudden fall can result in a fractured hip that takes months to heal. Preventing falls is very important. Hip fractures can also occur because of weakened bones that fracture and then cause a fall. A hip fracture is a serious condition. The elderly heal slowly, and they are at risk for secondary illnesses and disabilities.

Most fractured hips require surgery. Total hip replacement (THR) is the surgical replacement of the head of the long bone of the leg (femur) where it joins the hip. After the surgery, the person may not be able to bear full weight on that leg while the hip heals. A physical therapist will assist after surgery. The goals of care include surgical incision healing, slowly strengthening the hip muscles, mobility and gait improvement, and increased endurance.

The client's care plan will state when the client may begin putting weight on the hip, and it will also give instructions on how much the client is able to do. The HHA should help with personal care and using assistive devices, such as walkers or canes.

Guidelines: Caring for Clients Recovering from Hip Replacements

- Keep often-used items, such as medications, phone, tissues, call signal, and water within easy reach. Avoid placing items in high places.
- Dress the affected (weaker) side first.
- Never rush the client. Use praise and encouragement often. Do this even for small tasks.
- Have the client sit to do tasks in order to save her energy.
- Follow the care plan, even if the client wants to do more than is ordered. Follow orders for weight bearing. After surgery, the doctor's order will be written as *partial weight-bearing* (*PWB*) or *non-weight-bearing* (*NWB*). **Partial weight-bearing** means the client is able to support some body weight on one or both legs. **Non-weight-bearing** means the client is unable to touch the floor or support any weight on one or both legs. Once the client can bear full weight again, the doctor's order will be written for *full weight-bearing* (*FWB*). **Full weight-bearing** means that both legs can bear 100 percent of the body weight on a step. Help as needed with cane, walker, or crutches (Chapter 12).
- Never perform ROM exercises on the operative leg unless directed by your supervisor.
- Caution the client not to sit with her legs crossed in bed or in a chair or turn her toes inward or outward. The hip cannot be bent or flexed more than 90 degrees. It cannot be turned inward or outward.
- An abduction pillow may be used for 6 to 12 weeks after surgery while the client is sleeping in bed. The abduction pillow immobilizes and positions the hips and lower extremities. The pillow is placed in between the legs. The legs are secured to the sides of the pillow using straps (Fig. 16-26). Follow instructions for application and positioning.

Fig. 16-26. *An abduction pillow is placed in between the legs to immobilize and position the hips and lower extremities.* (© MEDLINE INDUSTRIES, INC. 2020)

G When transferring from the bed, use a pillow between the thighs to keep the legs separated. Raise the head of the bed to allow the client to move her legs over the side of the bed with the thighs still separated. Stand on the side of the unaffected hip so that the strong side leads in standing, pivoting, and sitting.

G With chair or toilet transfers, the operative leg should be straightened. The stronger leg should stand first (with a walker or crutches) before bringing the foot of the affected leg back to the walking position.

Observing and Reporting: Hip Replacement

Report any of the following to your supervisor:

O/R Redness, drainage, bleeding, or warmth in the incision area

O/R An increase in pain

O/R Numbness or tingling

O/R Tenderness or swelling in the calf of the affected leg

O/R Shortening and/or external rotation of affected leg

O/R Abnormal vital signs, especially a change in temperature

O/R Client cannot use equipment properly and safely

O/R Client is not following doctor's orders for activity and exercise

O/R Any problems with appetite

O/R Any improvements, such as increased strength and improved ability to walk

A cast or traction may also be used to immobilize the hip. Traction helps to immobilize a fractured bone, relieve pressure, and lessen muscle spasms due to injury. A client in traction will require special care that will be included in the care plan. The traction assembly must never be disconnected. Careful skin care and repositioning according to the care plan are essential for all clients who are immobilized. Skin will rapidly deteriorate over pressure points. HHAs should report complaints of pain, numbness or tingling, or burning, as well as the presence of swelling, redness, bleeding, or sores.

The assignment sheet and the supervisor will explain the type of care to be provided. The HHA should only provide the care that is in the client's care plan.

9. List ways to adapt the environment for people with physical limitations

Many devices are available to assist people who are recovering from or adapting to a physical condition. Assistive equipment was first explained in Chapter 2. This equipment helps clients perform their activities of daily living. Each device is made to support a particular disability. Raised seating, for example, makes it easier for a client with weak legs to stand.

Personal care equipment includes long-handled brushes and combs. Plate guards prevent food from being pushed off the plate and make it easier to scoop food onto utensils. Reachers can help put on underwear or pants. A sock aid can pull on socks, and a long-handled shoehorn assists in putting shoes on without bending. Long-handled sponges help with bathing.

Supportive devices, such as canes, walkers, and crutches, are used to assist clients with ambulation (Chapter 12). Safety devices, such as shower chairs and transfer belts, help prevent accidents. Safety bars/grab bars are often installed in and near the tub and toilet to give the client something to hold on to while changing position.

It is important for the HHA to check for hazards that could cause weak or confused clients to trip or otherwise injure themselves. Keeping frequently used objects on low shelves may help clients avoid reaching. The items shown in Figure 16-27 can be useful as clients relearn old skills or adapt to new limitations.

Fig. 16-27. Many assistive devices are available to help residents adapt to physical changes. (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

10. Identify reasons clients lose bowel or bladder control

When people cannot control the muscles of the bowels or bladder, they are said to be **incontinent** (*in-KON-ti-nent*). Incontinence can occur in clients who are confined to bed, ill, elderly, paralyzed, have urinary tract infections, or who have circulatory or nervous system diseases or injuries. Diarrhea can also cause temporary incontinence. Incontinence is not a normal part of aging.

Clients who are incontinent need reassurance, understanding, and empathy from home health aides. It is also important for HHAs to keep clients clean, dry, and free from odor. Clients will need careful skin care as well. Urine and feces are very irritating to the skin. They should be washed off completely by bathing and proper perineal care. Absorbent pads should be placed on the bed to protect the bed.

Some clients will wear disposable incontinence pads or briefs for adults. These pads keep body wastes away from the skin (Fig. 16-28). HHAs should help clients change wet briefs immediately and then give perineal care. Incontinence pads should always be referred to as briefs or pads; they should not be called diapers. Clients are not infants and that term is disrespectful.

Fig. 16-28. A type of incontinence pad.

11. Explain the guidelines for assisting with bowel or bladder retraining

Clients who have had a disruption in their bowel and bladder routines due to illness, injury, or inactivity may need assistance in reestablishing a regular routine and normal function. The doctor may order rectal suppositories, laxatives, stool softeners, or enemas to assist the client. The Appendix at the end of this book has more information.

Problems with elimination can be embarrassing or difficult to discuss. Home health aides should be sensitive to this and always remain professional when handling incontinence or working to reestablish routines. It is hard enough for clients to handle incontinence without having to worry about caregivers' reactions.

Guidelines: Bowel or Bladder Retraining

- Follow Standard Precautions. Wear gloves when handling body wastes.
- Explain the training schedule to the client. Follow the schedule carefully.

- Keep a record of the client's bowel and bladder habits. When you see a pattern of elimination, you can predict when the client will need a bedpan or a trip to the bathroom.
- Offer a bedpan or a trip to the bathroom or commode before beginning long procedures (Fig. 16-29).

Fig. 16-29. *Offer regular trips to the bathroom.*

- Encourage the client to drink plenty of fluids. Do this even if urinary incontinence is a problem. About 30 minutes after fluids are taken, offer a trip to the bathroom or a bedpan or urinal.
- Encourage the client to eat foods that are high in fiber, as appropriate or assigned. Encourage the client to follow special diets as ordered. Chapter 22 provides more information on diet and nutrition.
- Provide privacy for elimination, both in the bedroom and in the bathroom.
- If a client has difficulty urinating, try running water in the sink. Have her lean forward slightly to put pressure on the bladder.
- Do not rush the client during urination or bowel elimination.
- Help clients with careful perineal care. This prevents skin breakdown and promotes proper hygiene. Carefully observe for skin changes.
- Discard wastes properly according to your agency's policies.
- Discard clothing protectors and incontinence briefs properly. Double-bag these items if ordered. This stops odors from collecting.
- Keep an accurate record of urination and bowel movements. This includes episodes of incontinence.
- Offer positive words for successes or even attempts to control bladder and bowels. However, do not talk to clients as if they are children.
- Never show frustration or anger toward clients who are incontinent. The problem is out of their control. Negative reactions will only make things worse. Be kind, supportive, and professional.
- When the client is incontinent or cannot use the toilet when asked, be positive. Never make the client feel like a failure. Praise and encouragement are essential for a successful program. Remember that each client has different needs and may respond to different types of encouragement. Finding out each client's needs and preferences is part of giving person-centered care. Some clients will always be incontinent. Be patient. Offer these clients extra care and attention. Skin breakdown may lead to pressure injuries without proper care. Always report changes in skin.

12. Describe the benefits of deep breathing exercises

Deep breathing exercises help expand the lungs, clearing them of mucus and preventing infections such as pneumonia. Clients who have had surgery, such as abdominal or hip replacement surgery, or who are paralyzed are often instructed to do deep breathing exercises regularly to expand the lungs. The care plan may include using a deep breathing device called an

incentive spirometer (Fig. 16-30). Incentive spirometry helps the client to take long, slow, deep breaths.

The client may need encouragement to use this device. The home health aide should encourage the client to use the device but should not insist that he do so. If the client refuses to do the procedure, the HHA should report to her supervisor.

Fig. 16-30. *Incentive spirometers are used for deep breathing exercises.*

The HHA must make sure that she understands how to assist with these exercises and should ask her supervisor for instruction if needed. The following procedure is intended as general instruction only. The client should breathe slowly and steadily.

Assisting with deep breathing exercises

Equipment: emesis basin, 2 pairs of gloves, supplies for oral care, tissues, other PPE as required (such as mask, goggles, and gown)

1. Wash your hands.
2. Explain the procedure to the client. Speak clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. Put on a gown, mask, and goggles, as indicated by Standard Precautions and the care plan. Be sure to put on an N95 mask if the client has known or suspected tuberculosis. Deep breathing exercises may stimulate the client to cough and produce mucus.
5. Put on gloves.
6. Position the client sitting upright if possible. Have him breathe in slowly and steadily, as deeply as possible through the nose. You should see the chest and then the abdomen expand and fill with air.
7. Have the client exhale through the mouth until all air is expelled.
8. Repeat this exercise five to ten times, as specified in the care plan.
9. If the client coughs or brings up mucus from the lungs during the exercise, offer the client tissues or the emesis basin to catch the mucus.
10. Dispose of the used tissues and clean and store the basin.
11. Remove gloves, goggles, gown, and mask.
12. Wash your hands.
13. Put on clean gloves.
14. Provide mouth care as desired, and help the client return to a comfortable position.

15. Remove and discard gloves.
16. Wash your hands again.
17. Document the procedure and any reactions you observe, including pain, prolonged coughing, and color or amount of mucus.

Chapter Review

1. What does rehabilitation involve?
2. In the home care rehabilitation model, who establishes the goals of care?
3. What attitude should the HHA adopt to assist clients in rehabilitation and restorative care?
4. List four things to observe and report about restorative care.
5. What is the purpose of range of motion (ROM) exercises?
6. When performing ROM exercises, where should the HHA begin? Which parts of the body should be exercised first?
7. List four guidelines an HHA should follow to help clients maintain proper alignment.
8. How often should an immobile client be repositioned?
9. How should a client's skin be massaged?
10. Why should an HHA avoid pulling the client across sheets during transfers and repositioning?
11. Why should an extremity be elevated when a person has a cast?
12. Why is a hip fracture a serious condition for an elderly person?
13. What is the difference between partial weight-bearing (PWB) and non-weight-bearing (NWB)?
14. Look at the assistive devices in Figure 16-27. Choose one and describe how it might help a client who is recovering from or adapting to a physical condition.
15. Why do clients who are incontinent need careful skin care?
16. Why should HHAs never refer to an incontinence brief as a diaper?
17. About how long after fluids are taken should the HHA offer to take a client to the bathroom?
18. Why can it be helpful to keep track of a client's bowel or bladder habits?
19. What situations may cause a client to need to do deep breathing exercises?

17 Clients with Disabilities

A **disability** is the impairment of a physical or mental function. Disability may result from a disease, a complication of pregnancy, or an injury. A disability can be temporary or it can be permanent.

Depending on the disability, a person may not be able to perform activities of daily living (ADLs). Work and social activities may be limited. People with disabilities may be more susceptible to illness. By strictly following the care plan and carefully observing and reporting, home health aides can help clients with disabilities avoid illness. Their efforts may also help clients lead more independent lives.

A person who has a disability may find it difficult to cope with the stress a disability can cause. How well a person copes depends on different factors, including the following:

- The person's general ability to cope with stress
- The specific disability (For example, is the disability severe? Does it restrict movement and function?)
- Available support (For example, does the client have family members, friends, and others who can help? Are there community, federal, state, or religious organizations that offer support?)
- Other difficulties that exist (For example, does the client have financial troubles? Is the living environment adequate?)

Families of people with disabilities may also find it difficult to cope. Family members may feel stress, resentment, disappointment, guilt, shame, anger, or frustration. Caring for someone with a disability can be a big responsibility. It affects a family's time, energy, patience, and financial resources. Home health aides can give family members a much-needed break (Fig. 17-1).

Fig. 17-1. *The time a home health aide spends with a client with disabilities may be the only break a family member receives.*

Clients and their families may need additional support, including counseling, to help deal with the disability. The HHA should tell her

supervisor if she thinks a client or family member needs additional support.

Many clients with disabilities develop strong emotional attachments to their caregivers. Clients may also become angry with caregivers. Clients may resent being dependent or they may be afraid of efforts to encourage independence. HHAs should be patient with clients. If a client's emotions are more than an HHA can handle, she can speak to her supervisor.

1. Identify common causes of disabilities

There are hundreds of diseases and disorders that may cause disability. Among them are diabetes (DM), cerebrovascular accident or stroke (CVA), muscular dystrophy (*DIS-troh-fee*) (MD), congestive heart failure (CHF), acquired immunodeficiency syndrome (AIDS), chronic obstructive pulmonary disease (COPD), Parkinson's disease (PD), rheumatoid (*ROOM-a-toyd*) arthritis (RA), osteoarthritis (*ah-stee-oh-ar-THRYE-tis*) (OA), and multiple sclerosis (*skler-OH-sis*) (MS).

Disabilities are also frequently caused by accidents. Head or spinal cord injuries can cause severe disabilities, including paralysis and brain damage. Accidents can also cause vision loss, hearing loss, or a number of other disabilities.

A person may be born with a disability due to a complication of pregnancy or childbirth, or because of an inherited gene. Cerebral palsy, which can cause mild to severe physical disability, can result from premature birth. Malnutrition or drug or alcohol abuse during pregnancy can cause lasting disabilities in babies. Down syndrome is a genetic abnormality that causes physical and mental disabilities.

2. Describe daily challenges a person with a disability may face

Which activities are challenging for a person with a disability depends on the disability. A person who has an intellectual disability will face different challenges than a person who is not ambulatory. However, any of the following activities may pose a challenge for a person with a disability:

- Getting out of bed (Fig. 17-2)
- Preparing or eating meals
- Washing, dressing, or grooming himself
- Getting to the bathroom
- Communicating with family, friends, or caregivers
- Meeting basic human needs for acceptance, belonging, and community
- Getting from one place to another
- Finding a job or functioning in a job
- Making ends meet financially

Fig. 17-2. *Even getting out of bed in the morning may pose a challenge for a person with a disability.*

Even the most basic ADLs can be challenges for a client with a disability. The HHA can help by assisting a client with a disability to meet these challenges successfully each day.

3. Define terms related to disabilities and explain why they are important

The terms used to describe people with disabilities have changed. For example, it used to be common to call a person in a wheelchair a "cripple." Now most people find that term offensive. Some find even the term "disabled" offensive,

because it may imply that they are less competent than others. The HHA must be sensitive to the terms used to describe clients.

Many people with disabilities want to be viewed and described as people first, rather than identified by their disability (using person-first terminology). Thus, someone may prefer to be called "a person who is deaf" rather than "a deaf person." Someone else may prefer the term "hearing-impaired."

To avoid using terms that may be offensive, the HHA should find out how clients refer to their disability and use those terms. Part of providing person-centered care is honoring each client's preferences about the language used to discuss her needs and care. Being sensitive when discussing a disability is important, and discussions about clients should only be held with the care team and, if appropriate, the family.

4. Identify social and emotional needs of persons with disabilities

People with disabilities have the same social and emotional needs all human beings have. However, some disabilities make it more difficult to meet those needs. The HHA can help meet these needs when appropriate. As discussed in Chapter 8, basic psychosocial needs include the following:

- Independence
- Dignity
- Acceptance
- Social interaction
- A sense of worth

The HHA should encourage self-care and encourage clients with disabilities to do all they can for themselves. Clients should be given opportunities to show what they can do. The HHA should not take over a task just because she can do it faster or better. The sense of independence, dignity, acceptance, social interaction, and self-worth are all boosted when a client is able to perform a task for himself. On the other hand, a client should not be pushed beyond his abilities. Humiliation and failure do not help fulfill social or emotional needs. All clients should be treated with respect.

5. Explain how a disability may affect sexuality and intimacy

Disability can affect sexual desires, needs, and abilities. Clients may be sensitive about how an illness or injury has affected their sexuality. Although sexual desire may not be lessened by a disability, the ability to meet sexual needs may be limited. Many people who use wheelchairs can have sexual and intimate relationships, though adjustments may need to be made. The HHA should not assume she knows what impact a physical disability has had on sexuality (Fig. 17-3). She should be sensitive to privacy needs and should not judge or make comments about any sexual behavior observed.

Fig. 17-3. *Human beings continue to have sexual needs throughout their lives. Caregivers should not assume they know the impact a disability may have had on meeting sexual needs.*

6. Identify skills that can be applied to clients with disabilities

Many of the basic skills that have already been covered or will be covered in other sections of this book apply to working with clients with disabilities:

- Communication (Chapter 4)
- Safety and body mechanics (Chapter 6)
- Safe and comfortable transfers, ambulation, and body positioning (Chapter 12)
- Assisting with ADLs (Chapter 13)
- Measuring vital signs and obtaining specimens (Chapter 14)
- Skin care (Chapter 16)
- Housekeeping and meal preparation (Chapter 21 and Chapter 23)

There are some adjustments that an HHA will need to make for each client. However, in general, working with a client who is disabled is no different than working with any client. If the HHA treats each person as an individual and with respect and provides person-centered care, she will be on her way to providing excellent care for all clients.

7. List five goals to work toward when assisting clients who have disabilities

When working with a client who is disabled, the HHA should do the following:

Promote self-care and independence. She can ask the client how much assistance she needs to perform certain tasks. The HHA should tell the client about the goals of the care plan and involve her in deciding how assigned tasks should be performed. Personal preferences should be followed (Fig. 17-4). Self-care and independence cannot be accomplished without the client.

Fig. 17-4. *By asking a client about personal preferences, the HHA will find ways to promote dignity, independence, and self-care, which is a part of providing person-centered care.*

Assure the client's safety. Being aware of accidents that commonly occur in the home helps prevent them. Most can be avoided if a person thinks ahead. Each client is an individual with special needs. The HHA should think critically about each client's abilities and disabilities. Safety concerns vary depending on the disability. For example, clutter on the floor can cause falls for clients with impaired vision. Checking the home each day for things that might be unsafe can help prevent accidents. Preventing problems before they occur is called being proactive. It is much better than being reactive, or reacting to an accident that has occurred. Being able to foresee problems is very important. Both the HHA and the client should use proper body mechanics to help avoid injury.

Promote the client's health and comfort. The HHA can help clients by maintaining nutrition and hydration and by assisting with personal care. The care plan and the assignment sheet will include instructions for this type of care. To provide further comfort, the HHA should watch and listen to the client. Thinking about how she might feel if she were in a similar situation helps the HHA better anticipate a client's needs. For example, she may notice that an extra pillow under the client's arm would help keep his shoulder from drooping. Some clients with disabilities may be unable to communicate their wishes.

Maintain the client's dignity and self-worth. The HHA should never discuss a client with anyone other than a member of the care team or, if appropriate, the client's immediate family (Chapter 3 contains more on client confidentiality). A client who is disabled should be treated with the same respect as any client. The HHA should try to recognize that a person with a disability may have many feelings about her situation and should be sensitive to these feelings. It is helpful to find ways to make clients feel good about themselves. Clients should be encouraged to direct how and when care is provided.

Maintain the stability of the client's household. Disability can disrupt the stability of a home, causing insecurity, anxiety, depression, and disorder. The HHA is in the home longer than any other member of the care team. She can help maintain the stability of the household by being punctual and dependable and by respecting the schedules of the family. The HHA should work calmly and efficiently and should act as a role model by showing acceptance and encouragement of the client.

8. Identify five qualities of excellent service needed by clients with disabilities

When asked what qualities they need and value most in home health workers, people with disabilities list the following:

1. **Punctuality**: Being on time for all scheduled visits makes a big difference to a client who needs assistance.
2. **Reliability**: Clients with disabilities may depend on help to meet basic needs, so being reliable is essential.
3. **Responsiveness to needs**: A client's needs may change, and the HHA should be willing (with the approval of a supervisor) to adapt service to be most helpful.
4. **Continuity**: Constantly changing caregivers may be disruptive or inconvenient for people with disabilities.
5. **Positive attitude**: An HHA's positive and encouraging attitude is important to clients with disabilities (Fig. 17-5).

Fig. 17-5. *Being positive and encouraging is something that is expected of home health aides.*

9. Explain how to adapt personal care procedures to meet the needs of clients with disabilities

The guidelines below will help explain the special needs clients with various disabilities may have. A home health aide's care should always be adapted to the individual client's needs. The care team works together to discover and address a client's needs. Because the HHA will be with the client more than anyone else, it is very important for him to report his observations to the supervisor.

Developmental Disabilities

Developmental disabilities are disabilities that are present at birth or emerge during childhood, up to age 22. A developmental disability is a chronic condition that restricts physical and/or mental ability. These disabilities prevent a child from developing at a normal rate. Language, mobility, learning, and the ability to perform self-care may be affected. These disabilities include intellectual disabilities, Down syndrome, cerebral palsy, spina bifida, and autism spectrum disorder.

Often, an HHA's role is to help these clients by giving family caregivers a break. Home health aides help teach clients self-care and assist with activities of daily living. They also provide a role model for families in dealing with the disability. A brief description of some developmental disabilities follows:

Intellectual disability: Intellectual disability (formerly called *mental retardation*) is the most common developmental disability. An intellectual disability is neither a disease nor a mental health disorder. People with an intellectual disability develop at a below-average rate. They have below-average mental functioning. They experience difficulty in learning, communicating, and moving, and may have problems adjusting socially. The ability to care for themselves may be affected. The potential for living independently and for achieving financial independence may be limited.

There are four different degrees of this disability: mild, moderate, severe, and profound. The level of care required for individuals with an intellectual disability can range from relatively independent living with mild intellectual disability to a need for skilled, 24-hour care for a person who has profound intellectual disability.

Clients who have an intellectual disability have the same emotional and physical needs that others have (Fig. 17-6). They experience the same emotions, such as anger, sadness, love, and joy, as others do, but their ability to express their emotions may be limited.

Fig. 17-6. *People who have an intellectual disability have the same emotional and physical needs that others do.*

For clients who have an intellectual disability, the main goal of care is to help the person have as normal a life as possible. This means an HHA should recognize the client's individuality, basic human rights, and physical and emotional needs, as well as any additional needs.

Some clients and/or their families will use the term *intellectually disabled*, while others may use *developmentally delayed*. Home health aides should respect each client's wishes about how to refer to this disability.

Parents may have strong reactions when they learn that their child has an intellectual disability. They may be depressed or feel shock, anger, guilt, or grief. They may deny that there is anything wrong. They may even feel ashamed of the child and neglect her. Any signs of adjustment difficulties should be reported to the supervisor. He may be able to recommend counseling or support groups.

Guidelines: Intellectual Disability

- Treat adult clients as adults, regardless of their intellectual abilities.
- Praise and encourage often, especially positive behavior.

- Help teach clients to perform ADLs by dividing a task into smaller units.
- Promote independence, but also assist clients with activities and motor functions that are difficult.
- Encourage social interaction.
- Repeat what you say to make sure clients understand.
- Be patient.

Down Syndrome: Down syndrome, also called Trisomy 21, is most often caused by an abnormal cell division, resulting in an extra number 21 chromosome (three copies of chromosome 21, instead of the usual two copies). People who are born with Down syndrome experience different degrees of intellectual disability, along with physical symptoms. A person with Down syndrome typically has a small skull, a flattened nose, short fingers, and a wider space between the first two fingers and the first two toes. As with some types of intellectual disabilities, a person with Down syndrome can become fairly independent.

Guidelines: Down Syndrome

- Give the same type of care and instruction that you would for any other person with an intellectual disability.
- Praise and encourage often, especially positive behavior.
- Help teach the client to perform ADLs by dividing a task into smaller units.

Cerebral Palsy: People who have cerebral palsy had brain damage either while in the uterus or during birth. They may have both physical and mental disabilities. Damage to the brain stops the development of the child or causes disorganized or abnormal development. Muscle coordination and nerves are affected. People with cerebral palsy may lack control of the head, have difficulty using the arms and hands, and have poor balance or posture. They may be either stiff or limp, and may have impaired speech. Gait and mobility may be affected. Intelligence may also be affected. With or without assistance, a person with cerebral palsy may be able to live independently.

Guidelines: Cerebral Palsy

- Allow the client to move slowly. People with cerebral palsy take longer to adjust their body position and may repeat movements several times.
- Maintain the client's body in as normal an alignment as possible.
- Talk to the client, even if she cannot speak. Be patient and listen.
- Use touch as a form of communication.
- Avoid activities that are tiring or frustrating.
- Be gentle when handling parts of the body that may be painful (Fig. 17-7).
- Promote independence and encourage socializing with friends and family.

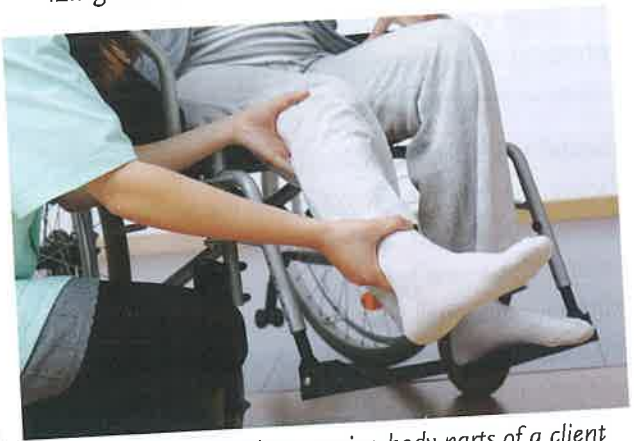

Fig. 17-7. *Be gentle when moving body parts of a client who has cerebral palsy.*

Spina Bifida (*spy-na BIF-e-da*): Spina bifida literally means "split spine." When part of the backbone is not well developed at birth, the spinal cord may bulge out of the person's back. Spina bifida can cause a range of disabilities. Some babies born with spina bifida will be able to walk and will experience no lasting disabilities.

Others may be in a wheelchair and/or may have little or no bladder or bowel control. In some cases, complications of spina bifida may cause brain damage.

Guidelines: Spina Bifida

- If the client is an adult, provide assistance with range of motion exercises and ADLs. Help perform light housecleaning duties.
- If an infant or child has spina bifida, perform tasks that help the parents manage and stabilize the home.
- Be a positive role model for the family and the client in learning to deal with the client's disabilities.

Autism Spectrum Disorder (ASD): Autism spectrum disorder is a developmental disability that affects social skills and communication. It appears in early childhood, usually by age 3. Parents may notice that a child does not engage in pretend play or has problems with communication and social interaction. A diagnosis may be made after comprehensive testing, including physical and neurological examinations, among other screening tests.

Social skills and communication issues include being unable to communicate using words, being withdrawn, and being unable to make eye contact. Intense tantrums, repetitive body movements, aggression, a short attention span, and an inability to be empathetic are also symptoms of autism spectrum disorder. Intensely focused interests (for example, learning everything about airplanes) are common.

The exact cause of autism spectrum disorder is unknown, but genetics may be a factor. Boys are more likely to have ASD.

Treatment includes many types of therapies, including behavioral, speech, and occupational therapies, along with social skills training. Nutrition management can also be beneficial. Having familiar caregivers and keeping a routine may be helpful. Ideally, treatment should be started early and must be tailored to the individual.

Community Resources for Developmental Disabilities

There are many services available to help people who have developmental disabilities. Home- and community-based waivers may be available. These pay for certain services for people who are chronically ill or disabled. Each state's department of health should have more information. Some additional resources include the following:

- American Association on Intellectual and Developmental Disabilities (aaidd.org, 202-387-1968)
- Autism Science Foundation (autismsciencefoundation.org, 914-810-9100)
- National Down Syndrome Congress (ndsccenter.org, 800-232-6372)
- Special Olympics (specialolympics.org, 800-700-8585)
- Spina Bifida Association (spinabifidaassociation.org, 800-621-3141)
- United Cerebral Palsy (ucp.org, 800-872-5827)

Physical Disabilities

Physical disabilities that are not developmentally related are the result of diseases or accidents. These clients must adjust physically, as well as mentally, to a gradual or sudden loss of ability. Chapter 9 contains more information on diseases that cause physical disabilities.

10. List important changes to report and document for a client with disabilities

Again, each client is an individual and will have different abilities. As with any client, the home health aide should report changes to the supervisor and document them. For example, if a client with some vision impairment is suddenly unable to see anything, the HHA should report this immediately.

Being very careful to observe and report changes in the skin is vital. This is particularly true for clients with disabilities that affect mobility. Pressure injury prevention is an important role of the home health aide.

Emotional changes should also be observed and reported. Clients may be at risk for depression. Any signs of depression, including moodiness, weight loss or gain, fatigue, or withdrawal should be reported.

Chapter Review

1. List four factors that affect how well a person copes with a disability.
2. List ten diseases and disorders that may cause disability.
3. Name seven activities that may pose challenges for a person with a disability.
4. Why is it important for an HHA to be aware of and sensitive to her clients' preferred terms for referring to their disabilities?
5. Why should an HHA not take over a task for a client who has a disability even if she knows she can do it better and faster?
6. What are three things that an HHA can do for a client who has a disability with regard to sexuality and intimacy?
7. List six basic skills that apply to working with clients with disabilities.
8. Describe one thing an HHA can do to promote each of the five goals outlined in Learning Objective 7.
9. Choose one of the five qualities of excellent service described in Learning Objective 8 and explain why it would be important to a client with a disability.
10. What are developmental disabilities?

Matching. For each of the following terms, write the letter of the correct definition from the list below.

11. ____ Autism Spectrum Disorder
12. ____ Cerebral Palsy
13. ____ Down Syndrome
14. ____ Intellectual Disability
15. ____ Spina Bifida

(A) A disability that results from suffering brain damage in the uterus or during birth; muscle coordination and nerves are affected.

(B) A disability that occurs when the backbone is not well developed at birth, and the spinal cord may bulge out of the person's back; it may cause brain damage.

(C) A condition that causes below-average intellectual abilities in varying degrees; children may be slow to develop.

(D) People with this disability experience different degrees of intellectual disability. They typically have a small skull, flattened nose, and short fingers.

(E) A developmental disability that affects social skills and communication; repetitive body movements and an inability to be empathetic are symptoms.

16. Why is it important for an HHA to observe a client's skin changes?
17. Why should an HHA report a client's emotional changes?

18 Mental Health and Mental Health Disorders

1. Identify seven characteristics of mental health

Mental health is the normal functioning of emotional and intellectual abilities. A person who is mentally healthy is able to:

- Get along with others (Fig. 18-1)
- Adapt to change
- Care for herself and others
- Give and accept love
- Deal with situations that cause anxiety, disappointment, and frustration
- Take responsibility for decisions, feelings, and actions
- Control and fulfill desires and impulses appropriately

Fig. 18-1. The ability to interact well with other people is a characteristic of mental health.

2. Identify four causes of mental health disorders

Although it involves the emotions and mental functions, a **mental health disorder** is like any physical disorder. It produces signs and symptoms and affects the body's ability to function. It responds to proper treatment and care. A mental health disorder disrupts a person's ability to function in the family, home, or community. It often causes inappropriate behavior. Some signs and symptoms of mental health disorders include confusion, disorientation, agitation, and anxiety.

However, signs and symptoms like those of mental health disorders can also occur when a mental health disorder is not present. A personal crisis, temporary physical changes in the brain, side effects from medications, interactions among medications, or a severe change in the environment may cause a **situation response**. In a situation response, the signs and symptoms are temporary.

Mental health disorders can be caused or made worse by chronic stress from any of these conditions:

Physical factors: Illness, disability, or aging can cause stress that may lead to a mental health disorder. Substance abuse or a chemical imbalance can also lead to a mental health disorder. Self-respect and self-worth are the building blocks of mental health. They are challenged when people

who are ill or disabled have difficulty with their activities of daily living. Such people may become fearful of the future. They may be concerned about their dependence on others.

Environmental factors: Weak interpersonal or family relationships or traumatic early life experiences (such as suffering abuse as a child) can lead to mental health disorders.

Heredity: Mental health disorders can occur repeatedly in some families. This may be due to inherited traits or family influence.

Stress: People can tolerate different levels of stress. People have different ways of coping with stress. When the amount of stress becomes too great, a person may not be able to cope with it, and a mental health disorder may arise.

3. Distinguish between fact and fallacy concerning mental health disorders

A **fallacy** (*FAL-a-see*) is a false belief. The greatest fallacy about mental health disorders is that people can control them. People who have a mental health disorder cannot simply choose to be well. It is a disorder like any physical disorder. People who are mentally healthy are usually able to control their emotions and responses. People who have a mental health disorder may not have this control.

Fact and Fallacy

Fact: A mental health disorder is like any physical illness. People who have a mental health disorder cannot control it through sheer force of will.

Fallacy: People with a mental health disorder can control it or choose to be well.

Intellectual Disability and Mental Health Disorder

Sometimes people confuse the terms intellectual disability and mental health disorder. They are not the same. Intellectual disability is a developmental disability that causes below-average mental functioning. It may affect a person's ability to care for himself, as well as to live independently. It is not a type of mental health disorder. Here are some ways that it differs from a mental health disorder:

- Intellectual disability is a permanent condition; a mental health disorder can be temporary.
- Intellectual disability is present at birth or emerges in childhood. A mental health disorder may occur at any time during a person's life.
- Intellectual disability affects mental ability. A mental health disorder may or may not affect mental ability.
- There is no cure for an intellectual disability, although persons who are intellectually disabled can be helped. Many mental health disorders can be cured with treatment such as medications and therapy.

Although they are different conditions, persons who have either condition need emotional support as well as care and treatment.

4. Explain the connection between mental and physical wellness

Mental health is important to physical health. Reducing stress can help prevent some physical illnesses (Fig. 18-2). It can help people cope if illness or disability occurs. Mental health can help protect and improve physical health. The reverse is also true. Physical illness or disability can cause or worsen a mental health disorder. The stress these conditions create takes a toll on mental health.

Fig. 18-2. *Social interaction can promote mental and physical health.*

5. List guidelines for communicating with clients who have a mental health disorder

Different types of mental health disorders will affect how well clients communicate. Home health aides should treat each client as an individual and promote person-centered care. They should tailor their approach to the situation.

Guidelines: Mental Health Disorders

- Do not talk to adults as if they were children.
- Use simple, clear statements and a normal tone of voice.
- Be sure that what you say and how you say it show respect and concern.
- Sit or stand at a normal distance from the client. Be aware of your body language.
- Be honest and direct, as you would with any client.
- Avoid arguments.
- Maintain eye contact and listen carefully (Fig. 18-3).

Fig. 18-3. Home health aides should maintain eye contact and sit at a normal distance when communicating with a client who has a mental health disorder.

6. Identify and define common defense mechanisms

Defense mechanisms are unconscious behaviors used to release tension or cope with stress. They help to block uncomfortable or threatening feelings. All people use defense mechanisms at times. However, people who have a mental health disorder use them to a greater degree. An overuse of these mechanisms prevents a person from understanding his emotional problems and behaviors. If a person is unable to recognize problems, he will not address them. The problems may get worse. Common defense mechanisms include the following:

Denial: Completely rejecting the thought or feeling—"I'm not upset with you!"

Projection: Seeing feelings in others that are really one's own—"My teacher hates me."

Displacement: Transferring a strong negative feeling to a safer situation—for example, an unhappy employee cannot yell at his boss for fear of losing his job. He later yells at his wife.

Rationalization: Making excuses to justify a situation—for example, after stealing something, saying, "Everybody does it."

Repression: Blocking unacceptable thoughts or painful feelings from the mind—for example, choosing not to think about a traumatic experience.

Regression: Going back to an old, usually immature behavior—for example, throwing a temper tantrum as an adult.

7. Describe types of mental health disorders

There are many degrees and types of mental health disorders, from mild to severe. A person with a severe mental health disorder may lose touch with reality and become unable to communicate or make decisions. Some people with a mild type, however, seem to function normally. They may sometimes become overwhelmed by stress or overly emotional. Many signs of mental health disorders are simply extreme behaviors most people occasionally experience. Being able to recognize such behavior may make it easier to understand clients who have these disorders.

Anxiety Disorders: **Anxiety** (*ang-ZYE-i-tee*) is uneasiness, worry, or fear, often about a situation or condition. When a person who is mentally healthy feels anxiety, he can usually identify the cause. The anxiety fades once the cause is removed. A person who has an anxiety disorder may feel anxious all the time. She may not know the reason for feeling anxious. Anxiety causes physical symptoms, such as shaking, muscle aches, sweating, cold and clammy hands, dizziness, chest pain, rapid heartbeat, cold or hot flashes, a choking or smothering sensation, difficulty swallowing, and a dry mouth. Some types of anxiety disorders include the following:

Generalized anxiety disorder (**GAD**) is characterized by chronic anxiety and worry, even when there is no reason for concern. A person with GAD may be excessively worried about health, finances, work, or other issues.

Panic disorder is characterized by panic attacks. A panic attack is an episode of intense fear that occurs along with physical symptoms, such as rapid heartbeat, chest pain, dizziness, and shortness of breath. A person having a panic attack may think he is having a heart attack or dying. When a person has panic disorder, he has regular panic attacks or lives with chronic anxiety about having another attack.

When a person has **social anxiety disorder** (social phobia), she has intense anxiety and extreme discomfort in social situations. A **phobia** (*FOH-bee-uh*) is an intense, irrational fear of or anxiety about an object, place, or situation, such as a fear of dogs or a fear of flying. Having social anxiety disorder is not the same as being shy. A person with this disorder is very self-conscious and may feel she is being judged or criticized by others to the point where she actively avoids social functions.

Obsessive-Compulsive and Related Disorders: **Obsessive-compulsive disorder (OCD)** is a disorder characterized by recurring intrusive behavior or thoughts that cause anxiety or stress. For example, a person may wash his hands over and over again or repeatedly check to make sure the door is locked. A person with OCD is unable to control these thoughts or actions.

Trauma and Stressor-Related Disorders: **Post-traumatic stress disorder (PTSD)** is a disorder caused by experiencing or witnessing a traumatic experience, such as being a victim of violence (e.g., sexual or physical assault, other violent crimes), being involved in combat while in the military, or surviving a car accident or terror attack. Symptoms of PTSD include reliving the trauma through flashbacks, bad dreams, or scary thoughts, as well as avoiding places or thoughts that trigger reminders. Some people who have PTSD are constantly tense, easily startled, and have trouble sleeping. Anger and irritability are other symptoms.

Depressive Disorders: **Major depressive disorder** (often called *clinical depression* or **depression**) is characterized by a loss of interest in everything a person once cared about, and may interfere with the person's ability to work, sleep, and eat. It may cause intense mental, emotional, and physical pain and disability. Depression also makes other illnesses worse. If left untreated, it may result in suicide. The National Institute of Mental Health (NIMH) lists depression as one of the most common conditions associated with suicide in older adults.

Clinical depression is not a normal reaction to stress. Sadness is only one sign of this illness. Not all people who have depression complain of sadness or appear sad. Other common symptoms of clinical depression include:

- Pain, including headaches, abdominal pain, and other body aches
- Low energy or fatigue
- **Apathy** (*A-pah-thee*), or lack of interest in activities
- Irritability
- Anxiety

- Loss of appetite or overeating
- Problems with sexual functioning and desire
- Sleeplessness, difficulty sleeping, or excessive sleeping
- Lack of attention to basic personal care tasks (e.g., bathing, combing hair, changing clothes)
- Intense feelings of despair
- Guilt
- Difficulty concentrating
- Withdrawal and isolation (Fig. 18-4)
- Repeated thoughts of suicide and death

Fig. 18-4. *Apathy and withdrawal are important changes to report.*

Depression is very common in the elderly population. It can occur in conjunction with other illnesses. Cancer, AIDS, Alzheimer's disease, diabetes, and heart attack may be associated with increased rates of depression. It can happen after the death of a loved one. Depression may be caused by abnormal levels of chemicals in the brain.

Clinical depression is an illness and must be treated as such. A person cannot simply overcome depression through sheer will. It can be treated successfully. People who suffer from depression need compassion and support. A home health aide needs to know the symptoms so that she can recognize the beginning or worsening of depression. Any suicide threat should be taken seriously and reported immediately. It should not be dismissed as an attempt to get attention.

Bipolar and Related Disorders: **Bipolar disorder** causes a person to have mood swings and changes in energy levels and the ability to function. A person may swing from periods of extreme activity or excitement (a manic episode) to periods of deep depression or sadness (a depressive episode). Characteristics of manic episodes include high energy, little sleep, big speeches, rapidly changing thoughts and moods, inflated self-esteem, overspending, and poor judgment.

Schizophrenia and Other Psychotic Disorders: **Schizophrenia** (*skit-zo-FRAY-nee-a*) is a mental health disorder that affects a person's ability to think and communicate clearly. It also affects the ability to manage emotions, make decisions, and understand reality. It affects a person's ability to interact with other people.

Hallucinations and delusions are two symptoms of schizophrenia. **Hallucinations** (*ha-loo-sin-AY-shuns*) are false or distorted sensory perceptions. A person may see someone or something that is not really there, or hear a conversation that is not real. **Delusions** (*de-LOO-zhuns*) are persistent false beliefs. For example, a person may believe that other people are controlling his thoughts.

Other symptoms of schizophrenia include disorganized thinking and speech. This makes a person unable to express logical thoughts. Disorganized behavior means a person moves slowly, repeating gestures or movements. People with schizophrenia may also show less emotion. They may seem to have less interest in the things around them and have a lack of energy.

8. Explain common treatments for mental health disorders

It is extremely important to remember that mental health disorders can be treated. Medication and therapy are common treatment methods. Medication is widely used for several disorders and can have a very positive effect. These medications affect the brain and have been successful in treating the symptoms and behaviors of many

people with mental health disorders. Medication may allow people to function more completely. Medications used to treat mental health disorders must be taken properly to promote benefits and reduce side effects. HHAs may be assigned to observe clients taking their medications.

Psychotherapy is a method of treating mental health disorders that involves talking about one's problems with mental health professionals. Individuals, groups, couples, or families meet with trained, licensed professionals to work on their problems. Therapists work with their clients to identify problems and causes. They use different techniques to help clients learn more about themselves and to teach them new ways to handle problems and be more in control of their lives.

Cognitive behavioral therapy (**CBT**) is a type of psychotherapy that is often used to treat anxiety disorders and depression. This type of therapy is usually short-term and focuses on skills and solutions that a person can use to modify negative thinking and behavior patterns.

9. Explain the home health aide's role in caring for clients who have a mental health disorder

Personal care of clients who have a mental health disorder is similar to care for any client, and as with any client, care should be provided in a way that is respectful of and responsive to each client as an individual. This is part of providing person-centered care. The care plan will contain instructions for what care to perform. There will also be some special responsibilities, including the following:

Guidelines: Caring for Clients Who Have a Mental Health Disorder

- G Observe clients carefully for changes in condition or abilities. Document and report your observations.
- G Support the client and his family. Coping with mental health disorders can be very frustrating. Your positive, professional attitude encourages the client and the family. If you need help coping with the stress of caring for someone who has a mental health disorder, speak to your supervisor.
- G Encourage clients to do as much as possible for themselves. Progress toward independence may be very slow. Be patient, supportive, and positive.
- G Help preserve the client's role and authority in the family. Remember that you are not replacing the client. You are only filling in until the client is well enough to resume his or her role in the family.

Abilities vary among people who have a mental health disorder. Clients should do as much as possible for themselves. However, a stable home environment is important in managing many forms of mental health disorders. By assisting the family with meeting their basic needs, the home health aide helps the recovery process. Even if not caring directly for the person who has a mental health disorder, the HHA's role is important. For example, knowing that their children are being well cared for can greatly assist people being treated for depression. The HHA may be assigned to provide these services:

- Food shopping, meal planning, and food preparation
- Housecleaning and laundry
- Assistance with activities of daily living and personal care, such as bathing
- Caring for children and other family members

10. Identify important observations that should be made and reported

The HHA should carefully observe clients. He should not draw conclusions about the cause of

the behavior. He should only report the facts, including what he saw or heard, how long the behavior lasted, and how frequently it occurred.

Observing and Reporting: Mental Health Disorders

- O/R Changes in ability
- O/R Positive or negative mood changes, especially withdrawal
- O/R Behavior changes, including changes in personality, extreme behavior, and behavior that does not seem appropriate to the situation
- O/R Comments, even jokes, about hurting oneself or others
- O/R Failure to take medicine or improper use of medicine
- O/R Real or imagined physical symptoms
- O/R Events, situations, or people that seem to upset or excite clients

11. List the signs of substance abuse

Substance abuse is the repeated use of legal or illegal substances in a way that is harmful to oneself or others. Many types of substances are abused, including alcohol, tobacco, legal and illegal drugs, glue, and paint.

It is not necessary for a substance to be illegal for it to be abused (Fig. 18-5). Alcohol and cigarettes are legal for adults but are often abused. Over-the-counter medications including diet aids and decongestants can be addictive and harmful. Even household substances such as paint or glue are abused, causing injury and death.

Some medications are available legally by prescription but may also be abused. Opioids are drugs used to relieve severe pain, such as from surgery, cancer, or serious injuries. They are also sometimes prescribed to treat chronic pain. They work to block pain signals to the brain and boost feelings of relaxation, happiness, and pleasure. Opioid abuse has become increasingly widespread in the United States over the last few decades.

Fig. 18-5. *Alcohol and prescription drugs are examples of legal substances that may be abused.*

Some opioids, such as oxycodone, morphine, codeine, hydrocodone, and fentanyl, are legally prescribed. Heroin and illegally made fentanyl are types of illegal opioids.

Taking prescribed opioid medication can put a person at risk for dependence on the drug and addiction. Because of the positive feeling opioids create, some people continue to want to take them and even seek illegal drugs once they can no longer obtain prescriptions from doctors. In addition, when taking prescribed opioids, a person's tolerance for the drug increases, requiring higher doses of the medication to achieve the same effects. High doses of opioids can cause breathing to slow and even stop, which can cause death. When a person overdoses on opioids, he must be given an antidote called naloxone during a certain time frame for it to reverse the potentially fatal effects.

The harm caused by substance abuse may come in many forms: damage to the abuser's health,

legal problems, damage to the abuser's relationships with family and friends, and death. When a person becomes dependent on a substance or drug, it affects him physically, mentally, and emotionally.

Like many other disorders, substance abuse can develop at any age. It is treatable but frequently requires diagnosis and care by specialists. Medication, psychotherapy, and residential treatment centers are ways to treat substance abuse.

A home health aide may be in a position to observe the signs of substance abuse in clients, their children, or other family members. The HHA should report these signs to the supervisor. Observations can be made without accusing anyone of abuse. The HHA should simply report what she sees, not what she thinks the cause may be.

Observing and Reporting: Substance Abuse

- O/R Changes in physical appearance (red eyes, dilated pupils, weight loss)
- O/R Changes in personality (moodiness, strange behavior, disruption of routines, lying)
- O/R Irritability
- O/R Smell of alcohol, cigarettes, or other substances on breath or on clothing
- O/R Diminished sense of smell
- O/R Unexplained changes in vital signs
- O/R Loss of appetite
- O/R Inability to function normally
- O/R Need for money, or money missing from the home
- O/R Confusion or forgetfulness
- O/R Blackouts or memory loss
- O/R Alcohol or cigarettes missing from the home
- O/R Frequent accidents
- O/R Problems with family or friends

Some of these same signs may also indicate other problems. Depression, dementia, medication issues, or medical conditions can also produce many of these same symptoms.

Chapter Review

1. For each of the seven characteristics of mental health in Learning Objective 1, give one example of a behavior that demonstrates the characteristic.
2. What are four possible causes of mental health disorders?
3. What is the most common fallacy about mental health disorders?
4. Why might a physical illness cause or make a mental health disorder worse?
5. At what distance should a home health aide be when communicating with a client who has a mental health disorder?
6. What are defense mechanisms?
7. What is anxiety?
8. When a person makes a suicide threat, what should the home health aide do?
9. What are hallucinations? What are delusions?
10. What are the most common treatments for mental health disorders?
11. List three care guidelines for clients who have a mental health disorder.
12. Why is assisting with home management helpful to a client who has a mental health disorder?
13. List five important observations to make about a client who has a mental health disorder.
14. List four legal substances that can be abused.
15. List ten signs and symptoms of substance abuse.

19 New Mothers, Infants, and Children

1. Explain the growth of home care for new mothers and infants

New mothers and their babies used to stay in the hospital for several days after delivery. Today, new restrictions by insurers and the popularity of natural childbirth techniques have changed that. Many new mothers and their babies are sent home as early as 24 hours after an uncomplicated delivery. Thus, new mothers today return home more tired and uncomfortable. They may be less confident feeding and handling their babies than women were in the past (Fig. 19-1).

Fig. 19-1. New mothers may be more tired and less confident than women were in the past.

Home care helps ease the transition from hospital to home. It allows the mother to rest and recover. Home health aides also assist with household management when an expectant mother is put on **bed rest** by her doctor. Bed rest is ordered if a woman shows signs of early labor, has a history of miscarriage or premature deliveries, or is extremely ill. Stopping all activity and staying in bed helps prevent the baby from being born prematurely. An expectant mother may have to stay mostly in bed for a period of a few weeks up to a few months.

2. Identify common neonatal disorders

Neonatal (*nee-oh-NAY-tal*) is the medical term for newborn. Doctors who specialize in caring for newborn babies are called **neonatologists** (*nee-o-nay-TAH-loh-jists*). A newborn baby is sometimes called a **neonate** (*NEE-oh-nayt*). While most babies are born healthy, some babies are born with diseases or disorders that require special care. Babies born prematurely or at low birth weight, or who are injured during birth, will need special care. These are some common neonatal disorders:

- Prematurity (birth more than three weeks before due date)
- Low birth weight
- Cerebral palsy
- Cystic fibrosis
- Down syndrome
- Viral or bacterial infections
- Susceptibility to sudden infant death syndrome (SIDS)

3. Explain how to provide postpartum care

Care for a new mother will be spelled out in the care plan. Each case will be different, and providing person-centered care means observing and responding to each new mother's particular situation. The care needed will depend on the mother's condition, the baby's condition, and the situation in the home. Care will depend on how much support the mother has from her spouse or partner, family, friends, and others. A new mother may need the following types of assistance:

- Basic care for the baby, such as feeding, diapering, and bathing
- Basic care for herself, such as rest, meal preparation, monitoring vital signs, and comfort measures, such as heat, ice, or sitz baths
- Light housekeeping and laundry
- Care of older children
- Meal planning and shopping for the family

The birth of a baby is a tremendous physical feat. Monitoring vital signs is important for checking the stability of a mother during her initial recovery period. Temperature, pulse, respirations, blood pressure, and changes in pain level, if any, are vital measurements that track the successful physical transition from pregnancy to motherhood. After a woman has given birth, vital signs are usually checked often. A home health aide may be asked to monitor vital signs every 15 minutes, every 30 minutes, or every hour as ordered. HHAs should check with their supervisors if they have any questions.

An HHA may be required to monitor the amount and color of the new mother's lochia (*LO-key-uh*). The lochia is the vaginal flow that occurs after giving birth. This flow comes from the uterine wall where the placenta was attached. Similar to monthly menses, the discharge is at first bright red in color. Over the next few days, the flow changes color to a duller red and then to pink. During the second week, the flow continues to change color from pink to a yellowish white and then finally disappears. The lochia may be quite heavy for a couple of days after birthing. It usually lessens gradually over the next seven to ten days. However, it can also last longer, depending upon the person. The HHA should report the number of sanitary pads a new mother uses, and should also report any changes in flow or color to her supervisor. Increased amounts of lochia or a brightening in color are signs that should not be ignored.

In some cases, special care for the mother or baby may be needed. HHAs may be asked to assist the mother in caring for a Cesarean section incision or an episiotomy. A **Cesarean** (*se-SAYR-ee-an*) **section** (often called *C-section*) is a surgical procedure in which the baby is delivered through an incision in the mother's abdomen.

An **episiotomy** (*e-pee-zee-AHT-o-mee*) is an incision sometimes made in the perineal area during vaginal delivery that enlarges the vaginal opening for the baby's head. Self-dissolving stitches are generally used to repair this incision. An HHA's job duties regarding an episiotomy include careful observation and reporting. She should observe for signs of infection, including swelling at the site, redness, radiating heat, increased pain, and any wound changes, such as discharge that is foul-smelling or yellow or green in color. An HHA may also assist with complete cleaning of the perineal area after voiding and bowel movements. It is common to use a squeeze bottle of warmed water to rinse the perineum, followed by drying from front to back. Other comfort measures HHAs may assist with are sitz baths and frequent sanitary pad changes.

If the baby is on a monitor (for pulse and respiration) or receiving oxygen, an HHA may be

asked to monitor the equipment. Sometimes a new mother needs help with breastfeeding, and an HHA should report to her supervisor if a mother is having difficulties. She may need the assistance of a breastfeeding expert, called a *lactation consultant.*

Observing and Reporting: Postpartum Care

- O/R Fever
- O/R Change in amount of vaginal flow
- O/R Odor in vaginal flow
- O/R Changes in color of vaginal flow (e.g., bright red after it had been pink)
- O/R Pain in the pelvic region
- O/R Swelling, redness, or pain in the legs
- O/R Changes in vital signs
- O/R Swelling, redness, heat, pain, or discharge at surgical site or site of episiotomy

4. List important observations to report and document

A supervisor should instruct an HHA about observations to make. The HHA may be documenting the baby's or the mother's vital signs regularly. She may also be documenting how much and how often the baby eats, how long the baby nurses, the baby's sleeping patterns, and how many diapers are changed. The HHA should document any observations that seem important and should also check the following:

The home: Is the environment clean and safe?

The family: Are older children maintaining their regular routines? Do the spouse or partner and other family members know how they can help?

The mother: Is she able to rest? Does she seem to be handling everything? Is she depressed, crying, or moody? An HHA should watch for signs of **postpartum** (after birth) **depression**, similar to signs of depression described in Chapter 18.

The baby: Is the baby eating regularly, wetting and soiling diapers, and sleeping well? Does the baby have good color?

The baby's room or space: Is there a safe place for the baby to sleep? Is the crib free of pillows, toys, and excess bedding that could cause suffocation? Is the room comfortably warm?

5. Explain guidelines for safely handling a baby

Home health aides must wash their hands thoroughly before touching a baby or any baby supplies. It is extremely important to prevent the spread of bacteria around a newborn baby. All visitors and family members should also wash their hands frequently, especially before touching or holding the baby. People with colds or signs of illness should stay away from a newborn or wear a mask to prevent transmission of disease.

Babies must be lifted and held safely. Newborn babies cannot hold their heads up without assistance. Leaving the head unsupported can cause injury. All visitors and family members must hold the baby safely.

HHAs must be careful not to leave a baby in an unsafe location or position. **The only safe place to leave a baby is in a crib or in an adult's arms.** Babies should not be left in swings, carriers, or seats, or on blankets on the floor unless they can be seen at all times. Baby seats, swings, or carriers must not be placed on tables, chairs, or countertops. Even during diaper changes, a baby should not be left on a table without one adult hand on the baby at all times. If the person lets go, even for one second, the baby can move and fall. A baby or small child should never be left alone in a bath, even for a short time.

Babies should be placed on their backs, not on their abdomens. Crib mattresses should be firm, and infants should not be placed on blankets, comforters, pillows, or sheepskin to sleep. These items can cause suffocation and may contribute to SIDS, which occurs when a baby stops breathing and dies.

Older children and pets must be watched carefully around babies. Jealousy can cause even well-behaved children and pets to harm babies. Older children may not mean to hurt a baby, but may not know how to touch or handle a baby safely.

Picking up and holding a baby

1. Wash your hands.
2. Reach one hand under the baby and behind his head and neck. Cradle the head and neck in your hand. Support the head at all times when lifting or holding a newborn.
3. With the other hand, support the baby's back and bottom.
4. There are several ways to hold a baby safely: the **cradle hold**, the **football hold**, and **upright** against your chest (Figs. 19-2 through 19-4). Always be sure the baby's head and neck are supported.

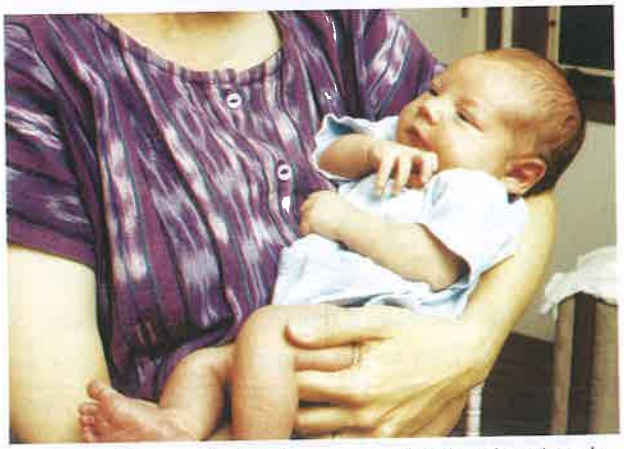

Fig. 19-2. *The cradle hold has the baby's head and neck resting in the crook of one elbow and the legs in the other arm. You must support the baby's back with one or both hands.*

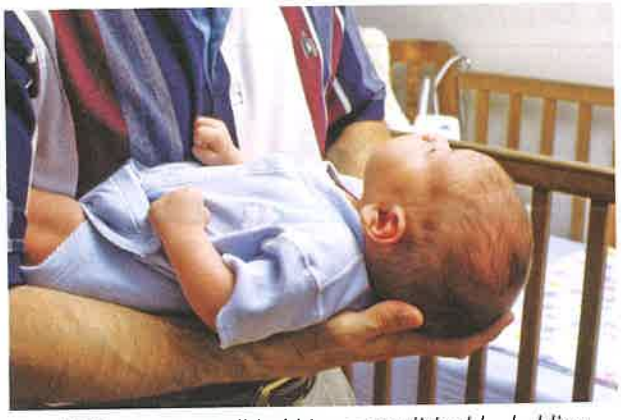

Fig. 19-3. *The football hold is accomplished by holding the baby's head in one hand and supporting the baby's back with the arm on the same side of your body. The baby's body will lie along the side of your body.*

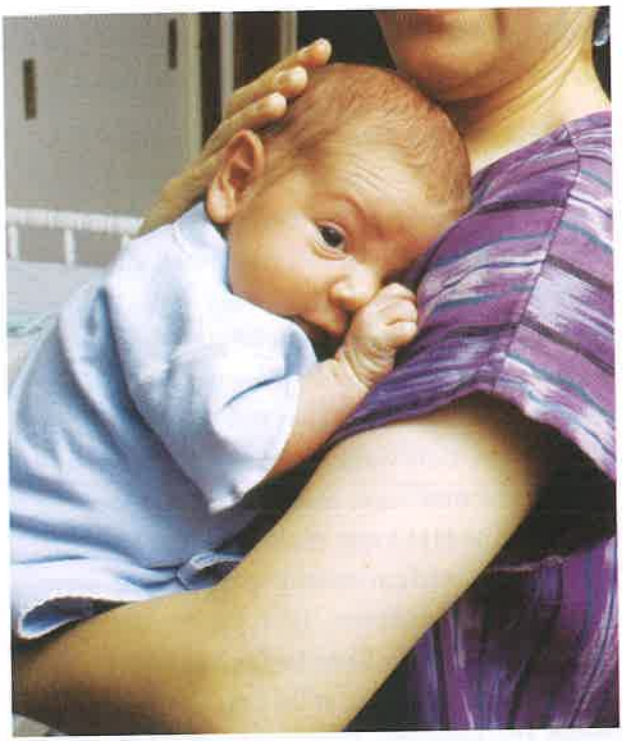

Fig. 19-4. *When holding a baby upright against your chest, you must support the baby's head, neck, and back with one hand while keeping the other arm under the baby's bottom to support his weight.*

Most infants love to be held. They are very sensitive to touch. HHAs should also talk to them while performing personal care; they respond well to stimulation. Although babies are helpless, they are sensitive to their environment. They can see, taste, hear, and smell.

6. Describe guidelines for assisting with feeding a baby

Assisting with Breastfeeding

Most pediatricians encourage mothers to breastfeed, or nurse, their babies. Breastfeeding provides the perfect nutrition for infants. The decision to breastfeed or bottle-feed is a personal one that each mother makes for herself. If a mother chooses breastfeeding, she may need support while learning how to breastfeed. Many professionals recommend that women try breastfeeding for at least two weeks before deciding whether to continue. The first two weeks may be challenging for the mother. A home health aide's support can help her get off to a good start.

An HHA should discuss with the mother how much help she wants, asking questions to determine the mother's experience with and knowledge of breastfeeding: *Did you breastfeed your other children? If yes, for how long? If no, what made you decide to do so now? Has any healthcare professional taught you about breastfeeding? Did you take any newborn classes before delivery?* The mother may only want help getting into position, or she may want coaching throughout the process. The HHA can make sure the mother knows that lactation consultants can help solve breastfeeding problems. Help for nursing mothers is also available from La Leche League International, found online at llli.org. HHAs should report any problems observed or that the client shares with them.

Mothers nursing for the first time may experience embarrassment, fear of pain, and/or lack of self-confidence. An HHA can help the new mother by remaining calm, being supportive and confident in the mother's ability to nurse, and creating an atmosphere in which the mother can comfortably nurse without interruption.

Women have different breastfeeding styles. Some are very comfortable nursing in the presence of others. Others may want more privacy while nursing. HHAs should be sensitive to individual preferences. A calm setting where the mother can relax will help her body provide the most milk for the baby.

Guidelines: Helping a Mother with Breastfeeding

- G Remind the mother to wash her hands. Help her get in position for breastfeeding, usually sitting upright in a comfortable chair or in bed supported by pillows. Provide a low footrest if possible and a pillow for the mother's lap (Fig. 19-5). Some mothers are able to breastfeed while lying down. Others, however, find this more difficult, especially with a newborn baby.

Fig. 19-5. *A new mother may prefer to nurse in an upright sitting position. Provide support with pillows and a footrest.*

- G Provide privacy. Close the door and occupy older children if necessary.
- G Change the baby's diaper if needed before bringing him to the mother. If desired, use a towel or blanket to cover the mother's breast and baby's head after baby has latched on.
- G If necessary, remind the mother how to hold the nipple and areola between the thumb and forefinger to allow baby to latch on. If the

baby does not latch on right away, have the mother stroke his cheek with her nipple.

- Proper nutrition and plenty of fluids are important for nursing mothers. Offer snacks and frequent drinks of water, juice, or milk.
- Observe the nursing baby to be sure he stays latched on properly (Fig. 19-6). If needed, the mother can use one hand to hold the breast tissue away from the baby's nose.

  There is no need to move the baby from one breast to the other until the baby stops nursing on his own. The longer the baby nurses on one side, the more of the denser, fattier "hindmilk" he receives.

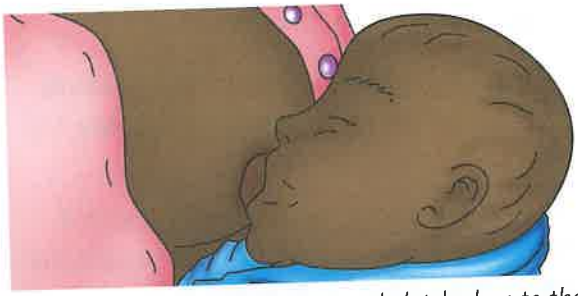

Fig. 19-6. *When the baby is properly latched on to the mother's nipple, his mouth covers much of the areola. The nipple is sucked straight out rather than at an angle. This ensures the best milk flow and prevents the nipples from becoming sore.*

- If the mother needs to reposition the baby or wishes to try for a better latch, she can break the suction by pressing down on the breast above the nipple or by gently putting her finger in the baby's mouth.
- Help the mother burp the baby when switching breasts and when finishing the feeding.
- Change the baby's diaper after the feeding. Help the mother lay the baby down safely.
- Many women find it helpful to tie a ribbon or place a pin on the side the baby last fed on. This helps them remember to start the baby's feeding on the other side next time, so the breasts will be emptied more evenly. There are also smartphone apps that track this information and more.

Assisting with Bottle-Feeding

Many women choose to bottle-feed their babies some or all of the time. Bottle-fed newborns require special formula. Infant formula is commercially prepared and provides the nutrition babies need. Regular whole milk does not supply the proper nourishment for babies and would upset their digestive systems.

There are many brands and types of formula. The three most common types are ready-to-use formula, concentrated liquid formula, and powdered formula (Fig. 19-7).

Fig. 19-7. *Baby formula is available in three forms: powdered in cans, like the two options above, ready-to-use, and concentrated liquid.*

Ready-to-use formula (also called *ready-to-feed*) is often sold in bottles. This formula is ready to use. It should not be diluted or mixed with water. The HHA can simply unscrew the cap and pour the formula into a clean bottle. Any formula remaining in the bottle after feeding should be discarded. Open containers of ready-to-use formula can usually be stored safely in the refrigerator, covered, for up to 48 hours. Ready-to-use formula is the most convenient to use. It is also the most expensive.

Concentrated formula is sold in cans or bottles. It must be mixed with tap or bottled water before using. If the care plan's instructions state to use sterile water, it can be purchased in bottles or made by bringing water to a boil and then cooling it. The HHA should open the can and pour the amount indicated in the care plan into a clean bottle. An equal amount of water should be added to the bottle. After the nipple and ring have been screwed on, the HHA should shake

the bottle to mix it well. Unused concentrate can be stored in the can, covered and refrigerated, for up to 48 hours.

Powdered formula is sold in cans of various sizes. It is carefully measured and mixed with tap or bottled water. A scoop is included in the can for measuring. The powder and water should be mixed well in a clean bottle, following directions on the container. Any formula remaining in the bottle after a feeding should be discarded. Powdered formula is the most difficult to use but is usually the cheapest to buy.

Before feeding, bottles should be warmed by immersing them in or holding them under warm tap water for several minutes (Fig. 19-8). Bottles of formula just out of the refrigerator will take longer to warm. A microwave oven should never be used to warm bottles. This can create hot spots in the liquid that can burn the baby. The HHA should shake the bottle after warming and shake a few drops of formula onto the inside of her wrist. It should feel warm, not hot or cold.

Fig. 19-8. *Bottles should be warmed in warm tap water—not in the microwave.*

Sterilizing bottles

Equipment: clean bottles, nipples, and rings to be sterilized (these should be washed in hot, soapy water using a bottle brush and allowed to drain), large pot filled halfway with water, tongs, clean dish or paper towels to set sterile bottles on

1. Wash your hands.
2. Bring water to a boil and put bottles, nipples, and rings in. Use tongs to push the bottles under the water.
3. Bring water to a boil again and boil for five minutes.
4. Using tongs, remove bottles, nipples, and rings, draining the water into the pot. Set everything on the clean towels. When dry, store in a clean, dry cabinet.
5. Discard the water.

Assisting with bottle-feeding

1. Wash your hands.
2. Prepare bottle and formula as directed.
3. Sit in a comfortable chair and hold the baby safely in either the cradle hold or football hold.
4. Stroke the baby's lips with the bottle nipple until he opens his mouth. Put the bottle nipple in the baby's mouth.
5. Be sure the baby's head is higher than his body during the feeding. Also make sure the nipple stays full of milk so the baby does not swallow air (Fig. 19-9).

Fig. 19-9. *The baby's head should be higher than his body during feeding.*

6. Talk or sing to the baby while feeding. Feedings are the high points of his days and should be special times.
7. When the baby is through or has stopped sucking, burp him (see procedure below). Resume feeding or, if finished, change the diaper (see procedure later in chapter). Put the baby down safely.

8. Wash your hands and document the feeding, how much was consumed, and any other observations.
9. Discard unused formula left in the bottle. Wash the bottle, nipple, and ring in hot soapy water with a bottle brush and allow to dry. Sterilize before using again.

Babies must be burped after each feeding to release air swallowed during feeding. Burping prevents babies from developing gas. Gas can be very uncomfortable for them. Burping in the middle of a feeding may allow a baby to eat more.

Burping a baby

Equipment: clean burp cloth, towel, or cloth diaper

1. Wash your hands.
2. Pick up the baby safely. There are two different positions to use for burping. Most people like to hold the baby against the shoulder to burp (Fig. 19-10). However, babies who are very small, who have breathing problems, or who tend to choke or spit up should be held on the lap with the head supported by holding the baby's chin with the thumb and forefinger (Fig. 19-11). This position allows you to watch the baby for signs of respiratory distress, especially color changes or spit-up. Whichever position you use, put the burp cloth under the baby's chin to catch any spit-up.

Fig. 19-10. *Holding a baby against the shoulder to burp is common.*

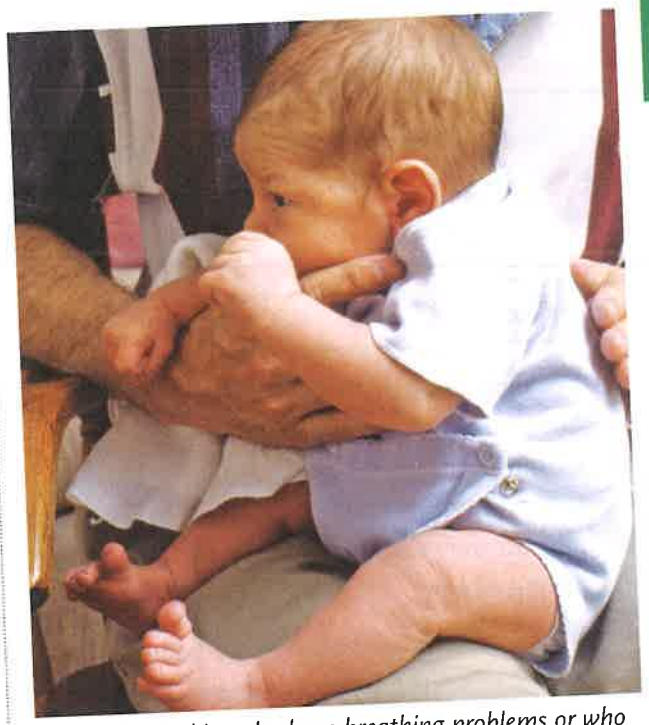

Fig. 19-11. *Babies who have breathing problems or who choke or spit up will be held on the lap with the head supported to burp.*

3. With the baby in a safe and comfortable position, pat the baby's back gently with your flat hand. Concentrate on the area between the shoulder blades. Some people like to pat up and down the baby's back. Others like to massage the back using an upward motion with the flat hand. Use any technique that works for you. The more relaxed and comfortable the baby is, the sooner the burp will come.
4. After the baby has burped, return him to a safe position or resume feeding.

Schedule and Feeding

The mother has the right to determine how to handle her new baby's schedule. For example, if a mother wants her baby to be fed whenever he cries, whether she is present or not, the home health aide should respect her wishes. It is also the mother's decision what to feed her baby. The HHA should not make judgments or express opinions on whether the mother should be breastfeeding or using formula to feed her baby. If any behavior causes concern, it should be reported to the supervisor.

7. Explain guidelines for bathing and changing a baby

Keeping a baby clean is important to his health. These guidelines describe how to safely handle a baby:

Guidelines: Bathing and Changing a Baby

- Because you could come into contact with body fluids, wear disposable gloves when bathing or changing a baby. Remember, however, that gloves can make a wet baby slippery. Be very careful when handling a baby during a bath.
- Whether bathing or changing a baby, keep one hand on the infant at all times. Have all supplies ready so you **never** have to take both hands off the baby.
- Give baths in a warm place. Close doors and windows to prevent drafts. Dry the baby's head immediately after washing his hair.
- Be very careful about bath temperature. Always test the temperature of the water on the inside of your wrist.
- Keep the baby's bottom dry. Be sure the area is thoroughly dried after a bath. Moisture contributes to diaper rash. Dry the bottom after changing a diaper. Leaving the diaper off for a few moments when changing the baby allows air to circulate and helps prevent diaper rash.
- Do not use powder. Powder can cause breathing problems and lung damage if babies inhale the particles.

Giving an infant sponge bath

Equipment: clean basin, blanket or towel to pad surface, washcloth and towel, baby wash or baby shampoo, cotton hat, lotion, cotton balls, diaper ointment (if used), clean diaper, clean clothes or sleeper, clean receiving blanket, gloves

1. Wash your hands.
2. Put on gloves. Be careful—gloves make the baby slippery.
3. Give the bath in a warm place. Use a blanket or towel to pad the surface the baby will lie on. Have all your supplies within reach. You will need to keep one hand on the baby during the entire bath. Remove the cap from the wash or shampoo to make it easier.
4. Fill the basin with warm water. Test the temperature on the inside of your wrist. Put the bottle of lotion in the warm water to warm it.
5. With the baby still dressed, hold him in the football hold. Wet the washcloth or cotton ball and gently wipe the eyes, using a clean cotton ball or clean area of the washcloth for each wipe. Clean from the inner corner to the outer (Fig. 19-12). Then clean the rest of the face. Use only warm water—no soap.

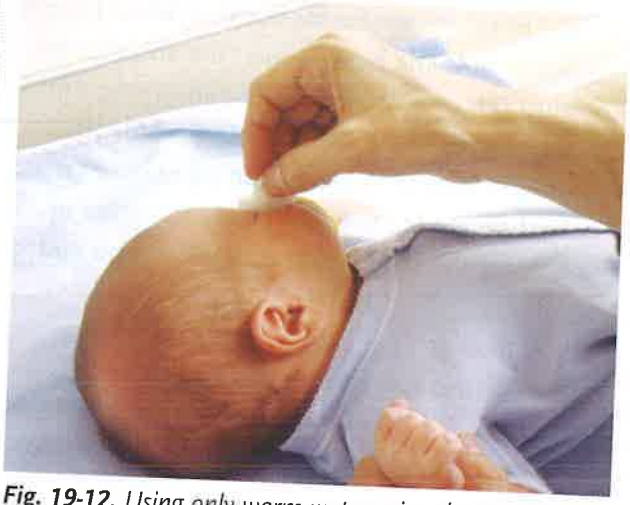

Fig. 19-12. *Using only warm water, wipe the eyes from the inner area to the outer area.*

6. To wash the hair, hold the baby in the football hold with the head over the basin. Use the washcloth to wet the hair. Using a small amount of baby wash, lather the hair (Fig. 19-13). Rinse with the washcloth. Pat the head dry immediately with the towel. Put a cotton hat over the baby's head. Body heat is lost through the head; keep the head warm.

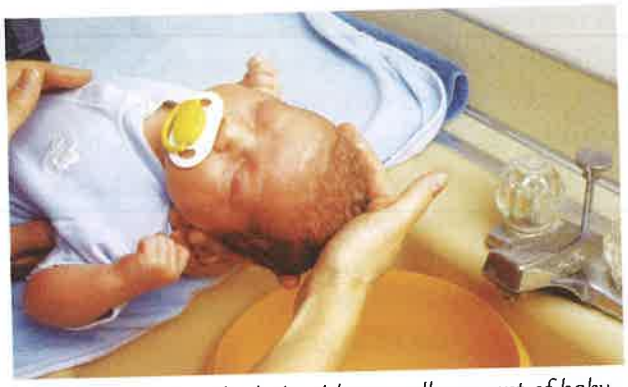

Fig. 19-13. *Lather the hair with a small amount of baby wash and immediately dry the head after rinsing.*

7. Lay the baby down on the padded surface. Always keep at least one hand on the baby.
8. Undress the upper body (Fig. 19-14). Wash the neck, chest, back, arms, and hands using the washcloth and small amounts of baby wash. Rinse using the washcloth and water from the basin. Pat dry. Cover the upper body with a towel.

Fig. 19-14. *Uncover only the area that you are washing. Keep one hand on the baby at all times.*

9. Undress the lower body, removing the diaper. Wash the baby's abdomen and legs. Rinse. Pat dry.
10. Wash the perineal area last. For a girl, wipe the perineal area from front to back. For a boy who has recently been circumcised, do not wash the area of the circumcision. Follow instructions to care for the circumcision.
11. Wash the baby's bottom thoroughly and dry the entire area completely with the towel. Moisture can contribute to diaper rash. Use diaper ointment if needed.
12. As gently and quickly as possible, rub lotion over the baby's body. Avoid the umbilical cord stump if it has not yet healed. Avoid using lotion on the baby's face unless ordered to do so. Keep the baby covered except for the part you are rubbing.
13. Diaper and dress the baby. Wrap the baby in a clean blanket and put him down safely.
14. Put used towels and washcloth in the laundry. Discard the water. Clean the basin and store. Store other supplies. Discard your gloves.
15. Wash your hands.
16. Document the bath, including any observations.

Giving an infant tub bath

In addition to the supplies listed in the procedure above for a sponge bath, you will need a large basin or baby bath tub. You may also bathe a baby in a clean sink. Follow the first six steps in the procedure for a sponge bath for preparing the bath and washing the baby's face and hair.

1. Lay the baby down on the padded surface and undress him completely. Immerse the baby in the basin. Support his head and neck above water with one hand at all times (Fig. 19-15).

Fig. 19-15. *The baby's head and neck must be supported at all times.*

2. Using the washcloth and small amounts of baby wash, wash the baby from the neck down.

3. Remove the baby from the bath and lay him down on the padded surface. Keep one hand on the baby at all times. Cover the baby with a towel and pat dry (Fig. 19-16).

Fig. 19-16. *Immediately dry and cover the baby after the bath.*

4. Apply lotion, keeping the baby covered as much as possible.

5. Diaper, dress, and wrap the baby in a clean blanket. Put the baby down safely.

6. Put used linens in the laundry. Discard the bath water. Clean and store the basin. Store all supplies. Discard your gloves.

7. Wash your hands.

8. Document the bath, including any observations.

Diapers catch the baby's urine and feces. Children wear diapers until they are toilet trained—generally between two and three years of age. Diapers are either cloth or disposable. There are different types of cloth diapers with different types of closures, like Velcro, fasteners, snaps, or pins. Most cloth diapers are used with a special waterproof cover that needs to be secured.

A newborn will need between 8 and 12 diaper changes in 24 hours. As babies get older, they use fewer diapers each day. The appearance, consistency, and smell of a baby's feces will depend on what he is fed. Some newborn babies have loose bowel movements with every feeding, as many as eight a day. Others have different schedules. Babies must be changed frequently to avoid diaper rash or irritation.

Changing cloth or disposable diapers

Equipment: clean disposable diaper or clean cloth diaper, diaper cover and closure (if needed for cloth diapers), wipes or a warm, wet washcloth, diaper ointment (if used), clean clothes if clothes are soiled or wet, gloves

1. Wash your hands.

2. Put on gloves.

3. Change the diaper in a warm place. You need a padded surface, which may be a special changing table or a countertop. Never turn your back on the baby. Keep one hand on the baby at all times. Have supplies within reach.

4. Undress the baby as necessary and remove the wet or soiled diaper. Set it aside for handling later.

5. Clean the perineal area with wipes or washcloth. Remove all traces of feces. Spread the legs to clean thoroughly. For girls, wipe from front to back and spread the labia to clean as needed.

6. Let air circulate on the bottom for a moment. Exposure to air helps prevent diaper rash. Apply ointment as directed.

7. **For disposable diapers**: Unfold the diaper and expose tapes. Place the diaper flat under the baby's bottom with the tapes in back. Bring the front of the diaper up between the baby's legs and bring the back sides around and over the front (Fig. 19-17). Peel tapes open and tape the sides of the diaper securely to the front.

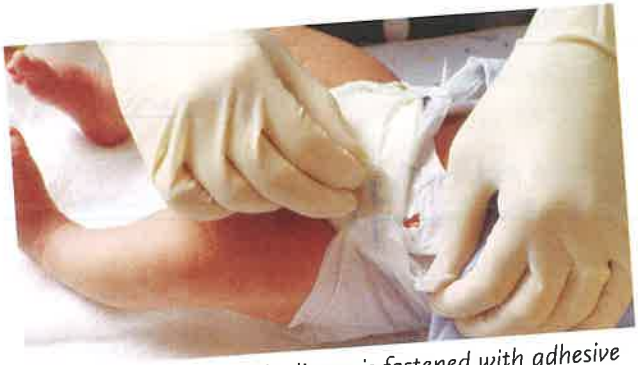

Fig. 19-17. A disposable diaper is fastened with adhesive attached to the back sides of the diaper.

For cloth diapers with a diaper cover: Fold the diaper in thirds lengthwise. Then open out the back corners about three inches (Fig. 19-18). Lay the back of the diaper inside the back of the diaper cover (the back of the diaper cover has the tabs extending from it). Place the diaper and cover underneath the baby's bottom. Bring the front of the diaper and cover up through the baby's legs. Bring the tabs around from the sides to the front of the diaper cover and use them to close the cover securely over the diaper. Check that all the edges of the diaper are tucked under the cover.

Fig. 19-18. After folding the diaper in thirds, open out the back corners about three inches.

For cloth diapers with fasteners and waterproof pants: Fold the diaper lengthwise in thirds, then open out the back corners about three inches. Place the diaper under the baby's bottom and bring the front of the diaper up between the baby's legs. Fold down the front of the diaper to the inside (next to the baby's skin) so that the diaper covers the genitals and lower abdomen. Bring the corners of the diaper around the baby's sides and fasten them to the front of the diaper. If using a stretchable fastener, hook it on the outside of the diaper, on the left, then stretch it across and hook it on the right. Stretch it down and hook the center. It should go from a "T" shape to a "Y" shape when stretched properly. When the diaper is securely fastened, put waterproof pants over the diaper to keep urine from leaking.

8. Dress the baby in clean clothes and put him down safely.
9. Dispose of the diaper properly. Disposable diapers can be rolled into a ball (dirty side in), sealed with tapes, and disposed of in a special trash bag in a sealed container to prevent odors. Cloth diapers may need to be soaked before washing or before a diaper service removes them. Check with the baby's parent or your supervisor for instructions.
10. Remove and discard your gloves.
11. Wash your hands.
12. Clean the changing area and store supplies.
13. Wash your hands again as needed.
14. Document any observations, including unusual color, consistency, or odor.

8. Identify how to measure weight and length of a baby

As part of an HHA's duties, she may be asked to measure a new baby's weight and length. Measurement of a newborn is not normally difficult, but they do tend to squirm and wiggle when naked and on a hard, flat surface. The HHA should keep one hand on the baby at all times.

The infant may need to be naked for an accurate weight. The HHA should follow instructions and should use an infant scale when measuring the baby's weight. The same infant scale should be used each time.

Measuring a baby's weight

Equipment: infant scale, clean paper or pad

1. Wash your hands.
2. Place the infant scale on a firm surface.
3. Place a clean paper or pad on the scale.
4. Start with the scale balanced at zero before weighing the baby.
5. Undress the baby.
6. Place the baby on the scale, protecting the sides so he does not roll. Keep at least one hand on the baby at all times.
7. Read and remember the weight. If possible, lock the weight into place.
8. Remove the baby and dress him. Put the baby in his crib.
9. Wash your hands.
10. Document the weight, including any observations.

A baby's length measurement can be obtained with the baby dressed.

Measuring a baby's length

Equipment: paper with inch markings on it or plain paper, tape measure, pencil

1. Wash your hands.
2. Prepare a clean, firm surface with a clean sheet of paper that has inch markings on it.
3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Place the baby's head at the beginning of the measured markings.
5. Straighten the baby's knee.
6. Make a pencil mark on the paper at the baby's heel.
7. Determine and remember the length.
8. Remove the baby and put him in his crib.
9. Wash your hands.
10. Document the length, including any observations.

When a paper with inch markings is not available, follow these steps:

1. Wash your hands.
2. Prepare a clean, firm surface with a plain sheet of paper on it. The paper must be longer than the baby.
3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Make a pencil mark on the paper at the top of the baby's head.
5. Straighten the baby's knee.
6. Make another mark at the baby's heel.
7. Remove the baby and put him in his crib.
8. With the tape measure, measure the distance between the marks. Remember the length.
9. Wash your hands.
10. Document the length, including any observations.

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9. Explain guidelines for special care

At birth, the **umbilical** (*um-BIL-i-kul*) **cord** that connected the baby to the placenta (*pla-SEN-ta*) inside the mother's uterus (*YOU-ter-us*) is cut. The stump of the cord remains attached to a newborn's navel for up to three weeks (Fig. 19-19). Proper care of the cord stump is necessary to prevent infection and allow healing.

Fig. 19-19. *The stump of an umbilical cord remains attached to the navel for up to three weeks. The stump needs to be kept clean and dry until it falls off.*

Guidelines: Umbilical Cord Care

- Keep the stump clean. It used to be common to swab the stump with alcohol after every diaper change. However, research suggests that the stump may heal faster if left alone. If the stump becomes dirty, gently wash it with mild soap and water. Make sure the area is dry after cleaning it. Use a clean, dry cloth to gently absorb any moisture, or fan it dry using a piece of paper.
- Never pull on or handle the cord. It will fall off by itself. The baby will feel no pain when the cord falls off.
- Keep diapers folded down away from the cord to allow air to circulate and prevent irritation (Fig. 19-20). Quickly change wet or soiled diapers.
- Do not give an infant a tub bath until the cord has fallen off. Until then, giving a sponge bath is best.

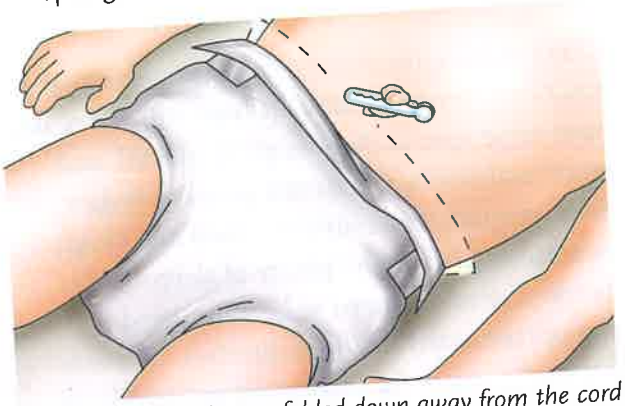

Fig. 19-20. *Keep diapers folded down away from the cord to allow air to circulate and to prevent irritation.*

Measuring an infant's axillary, tympanic, or temporal artery temperature

Equipment: digital thermometer, tympanic thermometer, temporal artery thermometer, or mercury-free thermometer, disposable probe cover (if needed)

1. Wash your hands.
2. Be sure the thermometer is clean. Put on the disposable probe cover if used. For a mercury-free thermometer, shake the thermometer down to below the lowest number.
3. **For axillary temperature**: Undress the upper body on one side. Lay the baby on a padded surface. Place the tip of the thermometer under the arm and hold the baby's arm close to his body, so the thermometer tip touches skin on all sides (Fig. 19-21). Keep the thermometer in place until a digital thermometer blinks or beeps or for three to five minutes for a mercury-free thermometer.

Fig. 19-21. *Leave the thermometer in place for three to five minutes or until it blinks or beeps.*

For tympanic temperature: Lay the baby on his side. Pull the outside of the ear gently toward the back of the head. Gently insert the thermometer tip into the ear, pointing toward the opposite eye. Be sure the ear is sealed by the thermometer. Press the button and hold the thermometer in place until the thermometer blinks or beeps.

For temporal artery temperature: Turn on the thermometer. Place the thermometer flat on the forehead, usually midway between the eyebrow and the hairline. Press and hold the scan button. Gently sweep the thermometer across the baby's forehead, keeping the thermometer in contact with the skin. Release the scan button.

4. For all methods, remove the thermometer and read the temperature. Keep one hand on the baby at all times.
5. If you measured the axillary temperature, dress the baby. Put the baby down safely.
6. Clean and store thermometer and supplies.
7. Wash your hands.
8. Document temperature.

Circumcision (*sir-kum-SI-zjun*) is the removal of part of the foreskin of the penis. It is commonly performed on male babies. Some religions require circumcision. Parents may choose to have their baby circumcised for other reasons.

Circumcision is usually performed in the hospital or at the doctor's office when the baby is only days old. Afterwards, the circumcision site needs special care to heal. This usually includes covering the tip of the penis with a gauze pad rubbed with petroleum jelly to prevent the diaper from irritating the site. However, some types of circumcision require different care. The HHA's supervisor's instructions and the care plan will explain the care required.

Some babies who need special care will have medical equipment in the home. Home health aides will probably not be responsible for operating or handling the equipment. However, it is helpful for them to be familiar with various items. HHAs should always follow their supervisor's instructions before touching any medical equipment.

Apnea monitor: **Apnea** (*AP-nee-a*) is the state of not breathing. Some babies may stop breathing for periods of time due to immaturity of the lungs or other reasons. The apnea monitor alerts parents or caregivers if breathing stops. Many apnea monitors also monitor heart rate.

Ventilator or oxygen equipment: Some babies with breathing problems need to be given oxygen. Oxygen is considered a medication. In most states it cannot be given by a home health aide. In addition, HHAs are not allowed to change the amount of oxygen being given. As always, HHAs should be careful when working around oxygen, as it is flammable, and should follow instructions carefully when working in a home where oxygen is in use. Chapter 15 has more information about oxygen and related care.

10. Identify special needs of children and describe how children respond to stress

Home health aides may have contact with children in several ways. They may be assigned to care for a client's children when the client is unable to care for them. The client may be absent, or unable to care for them due to illness, injury, or disability. In this case the HHA is a substitute for the parent. In other cases, the client may be the child who has a disease or disability that requires home care. In either case, it is important that HHAs understand some basic principles of caring for and working with children.

Children have the same basic physiological and emotional needs as adults (Chapter 8). They also have some special physiological, mental, and emotional needs. Children's growing bodies need adequate and nutritious food and fluids, exercise, fresh air, and plenty of sleep. Their developing minds need to be stimulated by age-appropriate activities, opportunities for learning, and chances for increasing independence. Emotionally, children need love and affection, reassurance, encouragement, security, and guidance. They also need consistent and constructive discipline. In addition, children need protection from injury and illness. Chapter 11 describes child development in more detail.

Children who have disabilities have the same physiological and emotional needs as other children. HHAs should remember to treat these children as children first. Disabilities may make social contact with other children difficult. However, it is important for children with disabilities

to interact with others their own age (Fig. 19-22). Chapter 17 has information about special needs.

Fig. 19-22. *Children with disabilities have the same emotional needs as other children. They should be encouraged to interact with others their own age.*

Children may experience stress due to a variety of reasons, including unmet needs, problems at school or at home, unstable families, disability, illness, and unfamiliar caregivers in the home. Many factors influence how children respond to stress, such as the age of the child, what is causing the stress, how severe the stress is, how long it lasts, and how often the stress occurs.

School-age children may react to stress by rebelling, skipping school, daydreaming, lying, cheating, or stealing. They may also feel guilty and feel that they are to blame for the family's problems. Adolescents may react to stress in negative ways too, such as staying out all night, dropping out of school, and abusing drugs or alcohol.

11. List symptoms of common childhood illnesses and the required care

Most childhood illnesses are caused by bacterial or viral infections. These include colds, flu, and various infections causing fever, diarrhea, vomiting, or coughing. Home health aides can help prevent illness by preventing the spread of infection in the home. Handwashing, cleaning, and disinfection are the best ways to prevent infection (Chapter 5). Treatments for some of the most common symptoms of childhood illnesses are described below.

Fever: Fever may indicate serious illness. An HHA should always report it to his supervisor. Rest and fluids are recommended for fevers. Treatment for a fever may also include acetaminophen or ibuprofen or a lukewarm bath or sponging. Home health aides never give any medication, including over-the-counter medications, but they can assist by making sure the family caregiver follows a doctor's dosage instructions for all medications. The strength of over-the-counter drugs varies in infant, children, and adult formulas. It is especially important to follow dosage instructions. For example, giving too much acetaminophen can cause liver damage or failure. In general, children should not be given aspirin, as it has been associated with some serious disorders.

Diarrhea: **Diarrhea**, or frequent loose or watery bowel movements, can have many causes. In children, it is often caused by a virus. Cramps and abdominal pain may accompany diarrhea. Children with diarrhea should rest and drink plenty of clear liquids, including water, broth, and diluted juices. Doctors may recommend electrolyte-replacement drinks to prevent dehydration. Although it used to be common to recommend the BRAT (bananas, rice, applesauce, and toast) diet until diarrhea subsided, doctors now recommend that kids resume their normal, well-balanced diet within 24 hours of getting sick.

Vomiting: The treatment for vomiting is similar to the treatment for diarrhea, including rest and clear liquids.

An HHA should always call his supervisor if symptoms continue and should follow instructions in the care plan or his assignment sheet.

12. Identify guidelines for working with children

The following suggestions may help a home health aide establish a trusting and honest relationship with the children in her care:

Guidelines: Working with Children

- Introduce yourself. Treat children as important members of the family who are worthy of your notice. Be friendly, tell the children your name, and explain why you are there.
- Maintain routine. As much as possible, stick with the family's regular schedule. The comfort of a routine can help ease the stress children may feel if someone in their household needs home care.
- Give comfort. Children who are hurt, angry, or sad may need a hug, a pat, or soothing words to make them feel more secure (Fig. 19-23).

Fig. 19-23. *Comforting children can make them feel more secure.*

- Offer encouragement and praise. Praise and encouragement contribute to the child's sense of self-worth and self-confidence. Word your praise so that it does not belittle other children.
- Do not make comparisons. Children should not be compared to one another.
- Use positive phrases. Children often respond better to guidance such as "Let's try it this way..." rather than "no" or "don't."
- Listen. Pay attention when children attempt to communicate. Do not interrupt them or deny their feelings. Help them to express what they are feeling by using your communication skills.
- Answer. Respond to children's questions immediately, willingly, and clearly. If you do not know the answer or are not sure you are the right person to answer it, tell the child. Take the child's question to the appropriate person.
- Do not force children to eat. Like adults, children do not always feel like eating. Do not allow a meal to become a power struggle. Children are usually motivated to eat when meals are simple but attractive and contain their favorite foods.
- Involve children in household activities. Children feel capable and responsible when they are given household tasks to perform (Fig. 19-24). Like all people, they like to feel they are making a contribution to the family.

Fig. 19-24. *Help children contribute.*

- Encourage children to play. Children need to exercise and socialize with other children (Fig. 19-25). Playing helps children express themselves and be creative. Exercise is important for their growth and health. Socialization is especially important for children who are learning social skills.

Fig. 19-25. Encourage children to play with others.

- Recognize individual needs. Not all children are the same. They have different needs for sleep, food, and exercise. They grow and develop at different paces.
- Be nonjudgmental. As with any client, treat a child who has disabilities or problems with respect.

13. List the signs of child abuse and neglect and know how to report them

Child abuse is the physical, sexual, or psychological mistreatment of a child. Children who are abused can range in age from infant to adolescent. Sexual abuse of children includes inappropriate touching of a child's body, sexual contact, penetration, or sharing sexual stories or material with children. Psychological abuse includes verbal abuse, such as name-calling, social isolation, and seclusion. **Child neglect** is the purposeful or unintentional failure to provide for the needs of a child. Children who are neglected may not receive adequate food, water, medications, supervision, or shelter.

Children should never be harmed, threatened, or made fun of. They must be treated with respect and concern. Adults must talk to children calmly and quietly and give them positive comments, praise, and encouragement.

Child abuse or neglect can come from anyone who is responsible for a child's care. This includes parents, guardians, paid caregivers, teachers, friends, or relatives. The law requires that health professionals report suspected child abuse. **If a home health aide observes or suspects abuse or neglect, or if a child reports that someone has abused or neglected her, the HHA must immediately report this to the supervisor.** It is not only the right thing to do, but the HHA and her agency can also get into trouble for not reporting suspected abuse or neglect. HHAs must follow their employer's procedures for reporting suspected abuse.

Observing and Reporting: Child Abuse

If you observe any of these signs of child abuse or neglect, or if you suspect abuse or neglect, speak to your supervisor immediately.

- O/R Child has burns, cuts, bruises, abrasions, or fractured bones
- O/R Child stares vacantly or watches intensely
- O/R Child is extremely quiet
- O/R Child avoids eye contact. In some cultures, however, it is the norm to avoid eye contact
- O/R Child is afraid of adults
- O/R Child behaves aggressively
- O/R Child exhibits excessive activity or hyperactivity (some hyperactive children, however, have a chemical imbalance that produces this behavior)
- O/R Child tells you that someone is abusing him or her

Chapter Review

1. Why are new mothers often more tired and uncomfortable when they get home than women were in the past?
2. What kind of doctor specializes in working with newborns?
3. List five tasks an HHA may do to assist a new mother.
4. What is important to report about a new mother's lochia?
5. What might an HHA be asked to routinely document in caring for a newborn and mother?
6. What should an HHA always do before touching or picking up a baby?
7. Where are the only safe places to leave a baby?
8. Why must a baby's head be supported when he is being held?
9. Why should a baby NOT be put to sleep on her stomach or on a blanket or comforter?
10. Why are women encouraged to breastfeed?
11. How should a bottle be warmed?
12. How is concentrated formula mixed?
13. For what length of time can ready-to-use formula be refrigerated?
14. How does burping help a baby?
15. Why should an HHA have all supplies ready before bathing or changing a baby?
16. How can an HHA test the temperature of a baby's bath water?
17. How many diaper changes will a newborn typically need in 24 hours?
18. What kind of scale should be used to measure an infant's weight?
19. Why should the umbilical cord stump be left alone unless it is dirty?
20. What does circumcision care generally require?
21. Why may an HHA be assigned to care for a client's children?
22. Why is it important to treat children who have disabilities as children first?
23. List five factors that influence how children respond to stress.
24. Name each of the three symptoms of illness outlined in Learning Objective 11 and describe one common treatment for each.
25. If a child asks an HHA a question and she does not know the answer, what should she do?
26. Why is maintaining routine important for children?
27. List six common signs of child abuse.

20 Dying, Death, and Hospice

1. Discuss the stages of grief

Death can occur suddenly without warning, or it can be expected. Older people or people with terminal illnesses may have time to prepare for death. A **terminal illness** is a disease or condition that will eventually cause death. Preparing for death is a process that affects the dying person's emotions and behavior.

Grief is deep distress or sorrow over a loss. It is an adaptive, or changing, process and usually involves healing. Dr. Elisabeth Kübler-Ross studied and wrote about the grief process. She theorized that dying people share a common grief process. Her book, *On Death and Dying*, describes five stages that dying people and their families or friends may experience before death. These five stages are described below. Not all people go through all the stages. Some may stay in one stage until death occurs. Others may move back and forth between stages during the process.

Denial: People in the denial stage may refuse to believe they are dying. They often believe a mistake has been made. They may talk about the future and avoid any discussion about their illnesses. They may simply act like it is not happening. This is the "No, not me" stage.

Anger: Once people start to face the possibility of their death, they may become angry. They may be angry because they think they are too young to die. They may be angry because they feel they have always lived a healthy lifestyle and have always taken care of themselves. Anger is a normal and healthy reaction. Even though it may be upsetting, the caregiver must try not to take anger personally. This is the "Why me?" stage.

Bargaining: Once people have begun to believe that they really are dying, they may make promises to God or a higher power, care providers, or others. They may somehow try to bargain for their recovery. This is the "Yes me, but..." stage.

Depression: As dying people become weaker and their symptoms get worse, they may become deeply sad or depressed (Fig. 20-1). They may cry or become withdrawn. They may be unable to perform simple activities. They need additional physical and emotional support. It is important for caregivers to listen and be understanding.

Fig. 20-1. *A person who is dying may become depressed and withdrawn. The home health aide should give extra emotional support to these clients.*

Acceptance: Peace or acceptance may or may not come before death. Some people who are dying are eventually able to accept death and prepare

for it. They may make arrangements with attorneys and accountants. They may arrange with loved ones for the care of important people or things. They may make plans for their last days or for the ceremonies that may follow their death. At this stage, people who are dying may seem emotionally detached.

These stages may not be possible for someone who dies suddenly, unexpectedly, or quickly. Caregivers cannot force anyone to move from stage to stage; they can only listen and be ready to offer any help a person needs.

2. Describe the grief process

Dealing with grief after the death of a loved one is a process as well. Grieving is an individual process. No two people will grieve in exactly the same way. Clergy, counselors, or social workers can provide help for people who are grieving. Family members or friends may have any of the following reactions to the death of a loved one:

Shock: Even when death is expected, family members and friends may still be shocked after death occurs. Many people do not know what to expect after the death of a relative or friend and may be surprised by their feelings.

Denial: It is easy to want to believe that everything will quickly return to normal after a death. Denying or refusing to believe they are grieving can help people deal with the initial hours or days after a death. But eventually it is important to face feelings. Grief can be so overwhelming that some people may take years to face their feelings. Professional help can be very valuable.

Anger: Although it is hard to admit it, many people feel angry after a death. They may be angry with themselves, at God, at the doctors, or even at the person who died. There is nothing wrong with feeling anger as a part of grief.

Guilt: It is very common for families, friends, and caregivers to feel guilty after a death. They may wish they had done more for the dying person. They may simply feel that he did not deserve to die. They may feel guilty that they are still living or that they are relieved.

Regret: Often people regret what they did or did not do for the dying person. They may regret things they said or did not say to the person who has died. Many people have regrets for years.

Relief: People may feel relieved that the person who has died is no longer suffering. They may be relieved that they no longer have a responsibility (emotional, physical, or financial) regarding care.

Sadness: It is very common to feel depressed or emotionally unstable after a death. People may suffer headaches or insomnia when they cannot express their sadness.

Loneliness: Missing someone who has died is very normal. It can bring up other feelings, such as sadness or regret. Many things may remind people of the person who died. The memories may be painful at first. With time, those who survive usually feel less lonely, and memories are less painful.

3. Discuss how feelings and attitudes about death differ

Death is a very sensitive topic. Many people find it hard to discuss death. Feelings and attitudes about death can be formed by many factors:

Experience with death: Someone who has been through other deaths may have a different understanding of death than someone who has not.

Personality type: Open, expressive people may have an easier time talking about and coping with death than those who are very reserved or quiet. Sharing feelings is one way of working through fears and concerns.

Religious beliefs: Religious practices and beliefs affect a person's experience with death. These include the process of dying, rituals at the time of death, burial or cremation practices, services

held after death, and mourning customs. For example, some Catholics do not believe in cremation. Orthodox Jews may not believe in viewing the body after death. Beliefs about what happens to people after death can also influence grieving. People who believe in an afterlife, such as heaven, may be comforted by this belief.

Cultural background: The practices people grow up with will affect how they deal with death. Cultural groups may have different practices to deal with death and grieving. Some groups have meals and other services but say very little about a person's death. In other cultures, talking about and remembering the person who has died may be a comfort to family and friends (Fig. 20-2).

Fig. 20-2. *Looking at photos and sharing stories about a person who is dying or who has died is one way family and friends may grieve.*

Learning Objective 9 in this chapter contains more information about different practices relating to death.

4. Discuss how to care for a client who is dying

Caring for a client who is dying should focus on meeting physical needs, as well as providing comfort and emotional support. Promoting independence is important.

Guidelines: Client Who Is Dying

- **Diminished senses**: Vision may begin to fail. Reduce glare and keep room lighting low. Hearing is usually the last sense to leave the body, so speak in a normal tone. Tell the client about care that is being done or what is happening in the room. Do not expect an answer. Ask few questions. Encourage the family to speak to the client but to avoid subjects that are disturbing. Observe body language to anticipate a client's needs.
- **Care of the mouth and nose**: Give mouth care frequently. If the client is unconscious, give mouth care every two hours. The lips and nostrils may be dry and cracked. Apply lubricant, such as lip balm, to lips and nose.
- **Skin care**: Give bed baths and incontinence care as needed. Bathe perspiring clients often. Skin should be kept clean and dry. Change sheets and clothes for comfort. Keep sheets wrinkle-free. Giving regular skin care and repositioning the client often is important to help prevent pressure injuries.
- **Pain control and comfort**: Clients who are dying may be in pain. Pain relief is critical; observe and report signs of pain to the supervisor immediately. Clients may be connected to a patient-controlled analgesia (PCA) device. A PCA device is a method of pain control that allows patients to administer pain medication to themselves. They press a button to give themselves a dose of pain medication. Report any complaints of pain or discomfort to your supervisor immediately. Because some clients may not be able to communicate that they are in pain, observe body language and watch for other signs (Chapter 14) (Fig. 20-3).

Fig. 20-3. *Observing body language is important to help identify when a client is in pain.*

Frequent changes of position, back massage, skin care, mouth care, and proper body alignment may help. This type of care is discussed more in Chapters 12 and 13. Body temperature usually rises. Many clients are more comfortable with light covers. However, fever may cause chills. Use extra blankets if clients need more warmth.

- **Environment**: Display favorite objects and photographs where the client can easily see them. They may provide comfort. Play music if the client requests it. Make sure the room is comfortable, appropriately lit, and well ventilated. When leaving the room, place a call signal within reach, even if the client is unaware of his surroundings.
- **Emotional and spiritual support**: Clients who are dying may be afraid of what is happening and of death. Listening may be one of the most important things you can do for a client who is dying. Pay attention to these conversations. Report any comments about fear to your supervisor.

  People who are dying may also need the quiet, reassuring, and loving presence of another person. Touch can be very important. Holding your client's hand as you sit quietly can be very comforting.

  Do not avoid the dying person or his family. Do not deny that death is approaching, and do not tell the client that anyone knows how or when it will happen. Do give accurate information in a reassuring way. No one can take away a person's fear of death. However, your supportive and reassuring presence can help.

  Some clients who are dying may also seek spiritual comfort from clergy. Provide privacy for visits from clergy and others. Do not discuss your religious or spiritual beliefs with clients or their families or make recommendations.

  Take the time to sort out your own feelings about death. If you are not comfortable with the topic, clients will feel it. Speak to your supervisor if you need resources to help you deal with your feelings.

Advance Directives and Medical Orders

Advance directives and medical orders were introduced in Chapter 3. Advance directives allow people to choose what medical care they want or do not want if they cannot make those decisions themselves. A DNR order tells medical professionals not to perform CPR. DNR orders may be written for a person who has a terminal illness, a person who almost certainly will not be saved by CPR, a person not expected to live long, and/or a person who simply wants to let nature take its course.

If a client has an advance directive in place, the HHA may be asked to continue to monitor vital signs, such as temperature, pulse, respirations, and blood pressure, and to report the readings to the supervisor. Comfort measures, such as pain medication, will continue to be used. However, depending on what the advance directive states, performing CPR or any extraordinary measures may be prohibited, no matter how the vital signs have changed or declined. Extraordinary measures are measures used to prolong life when there is no reasonable expectation of recovery. When a person with a DNR order stops breathing or the heart stops, she will die unless the heart or breathing restarts on its own. This is not likely to happen. By law, advance directives and DNR orders must be honored. Home health aides must respect each client's decisions about advance directives.

5. Explain legal rights for clients who are dying and describe ways to promote dignity

Home health aides can treat clients with dignity when they are approaching death by respecting their rights and their preferences. These are some legal rights to remember when caring for people who are dying:

The right to refuse treatment. Home health aides must remember that whether they agree or disagree with a client's decisions, the choice is not theirs. It belongs to the person involved and/or his family. HHAs should be supportive of

family members and not judge them. The family is most likely following the client's wishes.

The right to have visitors. When death is close, it is an emotional time for all those involved. Saying goodbye can be a very important part of dealing with a loved one's death. It may also be very reassuring to the person who is dying to have someone in the room, even if the person does not seem to be aware of his surroundings.

The right to privacy. Privacy is a basic right, but privacy for visiting, or even when the person is alone, may be even more important now.

Other rights of a dying person are listed below in *The Dying Person's Bill of Rights*. This was created at a workshop, *The Terminally Ill Patient and the Helping Person*, sponsored by Southwestern Michigan In-Service Education Council, and appeared in the *American Journal of Nursing*, Vol. 75, January 1975, p. 99.

I have the right to:

- Be treated as a living human being until I die.
- Maintain a sense of hopefulness, however changing its focus may be.
- Be cared for by those who can maintain a sense of hopefulness, however changing this might be.
- Express my feelings and emotions about my approaching death in my own way.
- Participate in decisions concerning my care.
- Expect continuing medical and nursing attentions even though "cure" goals must be changed to "comfort" goals.
- Not die alone.
- Be free from pain.
- Have my questions answered honestly.
- Not be deceived.
- Have help from and for my family in accepting my death.
- Die in peace and dignity.
- Retain my individuality and not be judged for my decisions, which may be contrary to the beliefs of others.
- Discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.
- Expect that the sanctity of the human body will be respected after death.
- Be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

Guidelines for how home health aides should treat dying clients and their families with dignity include the following:

Guidelines: Treating the Client Who Is Dying with Dignity

- G Respect the client's wishes in all possible ways. Communication is extremely important at this time so that everyone understands what the client's wishes are. Listen carefully for ideas on how to provide simple gestures that may be special and appreciated.
- G Do not isolate or avoid a client who is dying. Enter his room regularly.
- G Be careful not to make promises that cannot or should not be kept.
- G Continue to involve the client in his care and in any activities that are happening in the house. Be person-centered.
- G Listen if a client wants to talk but do not offer advice. Do not make judgmental comments.
- G Do not babble or be especially cheerful or sad. Be professional.
- G Keep the client as comfortable as possible. Tell your supervisor immediately if pain medication is requested. Keep the client clean and dry.

- Assure privacy when it is desired.
- Respect the privacy of the family and other visitors. They may be upset and not want to be social at this time. They may welcome a friendly smile, however, and should not be isolated either.
- Help with the family's physical comfort. If requested, get them coffee, water, chairs, blankets, etc.

6. Define the goals of a hospice program and identify guidelines for hospice work

Hospice care is the term used for the special care that a dying person needs. It is a compassionate way to care for people who are dying and their families. Hospice care emphasizes a holistic, person-centered approach. It treats the dying person's physical, emotional, spiritual, and social needs.

Hospice care can be given seven days a week, 24 hours a day. It is available with a doctor's order. Hospice care may be provided in a hospital, at a special care facility, or in the home (Fig. 20-4). A hospice can be any location where a person who is dying is treated with dignity by caregivers.

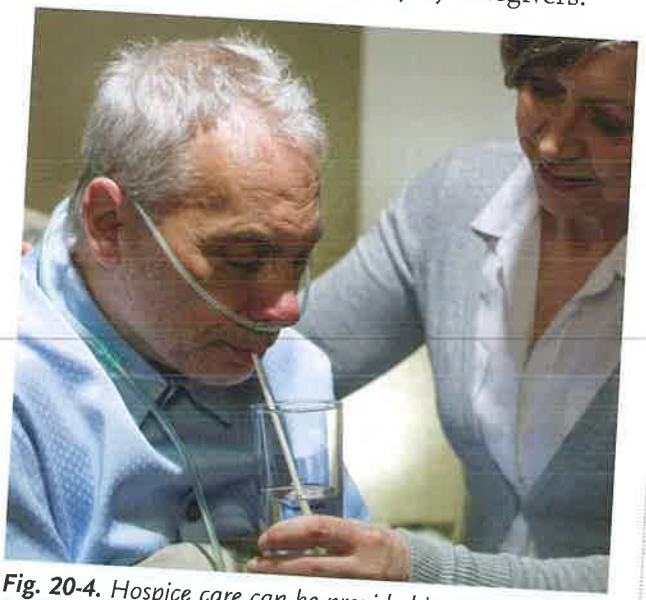

Fig. 20-4. *Hospice care can be provided in any setting where a person who is dying is treated compassionately by caregivers.*

Any caregiver may provide hospice care, but often specially trained nurses, social workers, and volunteers provide hospice care. The hospice team may include doctors, nurses, social workers, counselors, home health aides, therapists, clergy, dietitians, and volunteers.

Hospice care helps meet all needs of the client who is dying. The client, as well as family and friends, are directly involved in care decisions. The client is encouraged to participate in family life and decision-making as long as possible.

In home care, goals include a focus on the client's recovery, or on the client's ability to care for herself as much as possible. In hospice care, however, the goals of care are the comfort and dignity of the client. This type of care is called palliative care. **Palliative** (*PAL-ee-ey-tiv*) **care** is a type of care given to people who are dying that emphasizes relieving pain, controlling symptoms, and preventing side effects and complications. Palliative care is also given to people who have serious, chronic diseases, such as cancer, congestive heart failure, and AIDS.

Focusing on pain relief, comfort, and managing symptoms is different than providing regular home health care. HHAs will need to adjust their mindset when caring for clients in hospice.

Clients who are dying need to feel independent for as long as possible. Caregivers should allow clients to retain as much control over their lives as possible. Eventually, caregivers may have to meet all of the client's basic needs.

Family members or friends who are caregivers for the person who is dying will appreciate help. The home health aide is providing them with a break. This kind of care is sometimes referred to as **respite** (*RES-pit*) **care**. The HHA must be aware of the feelings of family caregivers. She can encourage them to take breaks and take care of themselves but should not insist that they do so. Many want to do all they can for their loved one during his or her last days. The HHA

should observe family caregivers for signs of excessive stress and report signs to the supervisor.

Guidelines: Hospice Care

- Be a good listener. It is hard to know what to say to someone who is dying or to her relatives and friends. Most often, people need someone to listen to them (Fig. 20-5). Review the listening skills discussed in Chapter 4. A good listener can be a great comfort. Some people, however, will not want to confide in their caregivers, and you should never push someone to talk.

Fig. 20-5. *Being a good listener can be a great help to a person who is dying.*

- Respect privacy and independence. Relatives, friends, religious leaders, or others may visit a client who is dying. Make it easy for these difficult visits to take place. Stay out of the way when you can. Do not join in the conversation unless asked to do so. Clients who are dying can have some independence even when they need total care. Let the client make choices when possible, such as when to bathe, whether to eat, or what to eat or drink.
- Be sensitive to individual needs. Different clients and families will have different needs. The more you know what is needed, the more you can help. Some clients need a quiet and calm atmosphere. Others appreciate a cheery presence and might like you to make small talk or stay close by. If you are not sure what you can do to help, ask someone.
- Be aware of your own feelings. Caring for people who are dying can be both physically and psychologically draining. Know your limits and respect them. Discuss your feelings of frustration or grief with another care team member.
- Recognize the stress. Realizing how stressful it is to work with clients who are dying is a first step toward caring for yourself. Talking with a counselor about your experiences at work can help you understand and work through your feelings. Remember, however, that specific information must be kept confidential. A supervisor may be able to make a referral to a counselor or support group.
- Take care of yourself. Eating right, exercising, and getting enough rest are ways of taking care of yourself. Remember that caring for your emotional health is important too. Talk about and acknowledge your feelings. Take time to do things for yourself, such as reading a book, taking a bubble bath, or doing another activity that you enjoy. If you are a religious or spiritual person, these needs may be met by attending religious services, reading, praying, meditating, or just taking a quiet walk (Fig. 20-6). Meeting your needs allows you to best meet other people's needs.

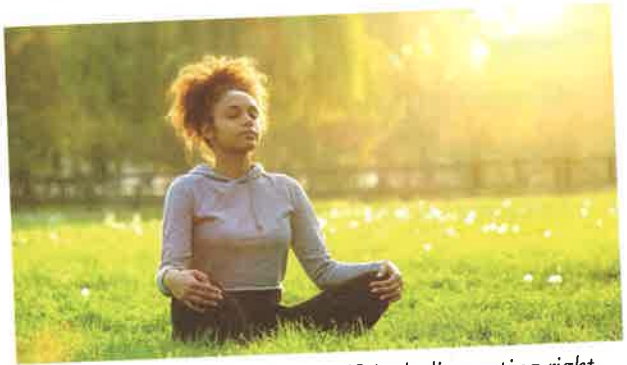

Fig. 20-6. *Taking care of yourself, including eating right, drinking plenty of water, and relaxing, is a way to help you tend to your own needs while caring for people who are dying. Exercise, meditation, prayer, and reading are also ways to meet your needs.*

- Take a break when you need to. Find 10 minutes to sit down and relax or stand up and

stretch. Doing this may be enough of a break in some situations. There may come a time when the demands of hospice care are too great. You may need to request a change of assignment from your supervisor. Do not feel guilty about doing this when you need to.

Hospice Volunteers

According to the National Hospice and Palliative Care Organization, over 1.4 million people received hospice services in 2016. Hospice volunteers go through a training program to prepare them for hospice work. The volunteers provide a variety of services. These include caring for the home or family of a dying person, driving or doing errands, and providing emotional support. The organization's website, nhpco.org, contains more information.

7. Explain common signs of approaching death

Death can be sudden or gradual. Certain physical changes occur that can be signs and symptoms of approaching death. Vital signs and skin color are often affected. Disorientation, confusion, and reduced responsiveness may occur. Vision, taste, and touch usually diminish. However, it is generally acknowledged that hearing is often present until death occurs.

Common signs of approaching death include the following:

- Blurred and failing vision
- Unfocused eyes
- Impaired speech
- Diminished sense of touch
- Loss of movement, muscle tone, and feeling
- A rising or below-normal body temperature
- Decreasing blood pressure
- Weak pulse that is abnormally slow or rapid
- Alternating periods of slow, irregular respirations and rapid, shallow respirations, along with short periods of apnea, called **Cheyne-Stokes** respirations
- A rattling or gurgling sound as the person breathes (which does not cause discomfort for the dying person)
- Cold, pale skin
- Mottling (bruised appearance), spotting, or blotching of skin caused by poor circulation
- Perspiration
- Incontinence (both urine and stool)
- Disorientation or confusion

When death occurs, the body will not have heartbeat, pulse, respiration, or blood pressure. The eyelids may remain open or partially open with the eyes in a fixed stare. The mouth may remain open. The body may be incontinent of urine and stool. Between two and six hours after death, the muscles in the body become stiff and rigid. This is a temporary condition called ***rigor mortis***, which is Latin for *stiffness of death*. Though these things are a normal part of death, they can be frightening. The home health aide should inform the supervisor immediately to help confirm the death.

8. Describe postmortem care

Postmortem care is care of the body after death. It takes place after the client has been declared dead by a nurse or doctor. Home health aides must be sensitive to the needs of the family and friends after death occurs. Family members may wish to sit by the bed to say goodbye. They may want to stay with the body for a while. They should be allowed to do these things. HHAs should be aware of religious and cultural practices that the family wants to observe. Home health agencies will also have different policies about postmortem care. HHAs should follow their agency's policies and only perform assigned tasks.

Guidelines: Postmortem Care

- After death, the muscles in the body become stiff and rigid. This may make the body difficult to move. Talk to your supervisor if you need help performing postmortem care.
- Bathe the body. Be gentle to avoid bruising. Place drainage pads where needed, most often under the head and/or under the **perineum** (*payr-i-NEE-um*) (the genital and anal area). Be sure to follow Standard Precautions.
- Check with the family about how to dress the client and whether to remove jewelry.
- Do not remove any tubes or other equipment. A nurse or someone at the funeral home will do this.
- If instructed to do so, put dentures back in the mouth and close the mouth. You may need to place a rolled towel under the chin to support the closed mouth position. If this is not possible, place dentures in a denture cup near the client's head.
- Close the eyes carefully.
- Position the body on the back with legs straight and arms folded across the abdomen. Place a small pillow under the head.
- Once the body has been removed, strip the bed.
- Open windows to air the room, as appropriate, and straighten up.
- Arrange personal items carefully so they are not lost.
- Document according to your agency's policy.
- Ask family members or friends how you can be of help. If you are working with a hospice program, you may be asked to answer the phone, make coffee or a meal, supervise children, or keep family members company. Do not leave the home until the client's body has been removed or until your supervisor says you may leave.

Organ Donation

Organ donation is the removal of organs and tissues for the purpose of transplanting into someone who needs them. Organ donors can be people who have recently died or living people. If a client has designated himself an organ donor after death, specific policies and procedures will need be followed. Some organs must be taken from the body very soon after a person dies. HHAs should follow their supervisor's instructions regarding special preparations or transport.

9. Understand and respect different postmortem practices

When caring for those who are dying, home health aides will also interact with families and will witness many different responses to the death of a loved one. Dealing with the loss of a loved one is a monumental task that people face in different ways. It is a process that may begin with the diagnosis of a terminal illness and may not end until years after the loved one's death.

There is no right or wrong way to grieve. A person's initial response to the death of a loved one may be due in part to her cultural or religious background, or it may simply be how that person deals with death. What is important is that when people respond differently than a home health aide would, it is the HHA's professional duty to respect their responses.

When a death has occurred, some people may respond quietly, with very little obvious emotion, while others may be very vocal. Depending on the preferences of the family, the body may be removed very quickly or the family may wish for the body to remain for some time while people say goodbye, pray, or perform necessary religious rituals. Many cultures forbid leaving the body of the deceased alone. In some cultures and religious traditions, the body must be buried promptly, either on the day of death or

within a certain period immediately after. An HHA should not be alarmed if this happens or judge the practices of the client's family.

A home health aide may be invited to attend a funeral or other ceremony following the death of a client. As someone who has cared for the deceased person, the HHA may be grieving as well (Fig. 20-7). If she wants to attend the service, she should check with her supervisor first to make sure it is appropriate. It is important to respect professional boundaries.

Fig. 20-7. *Home health aides should allow themselves to grieve. They will develop close relationships with some clients. It is normal for them to feel sad, angry, or lonely when clients die.*

Just as responses to death vary widely, funeral and burial practices vary from culture to culture and region to region. In some cultures, the family and friends of the deceased person hold a *wake*, or a watch over the body before burial. Traditionally the wake was held in the deceased person's home, and the body was present. Modern wakes may take place at a funeral home. There may be singing, eating, drinking, and storytelling at a wake. The mood is not necessarily sad or somber. A *viewing* is a period of time during which a deceased person's body may be visited by mourners. Viewings may be combined with a celebration of the person's life (as in a wake) or may simply be a time for mourners to pay their quiet respects.

Funerals or memorial services may also involve the display of the dead person's body. This is typically called an open casket funeral. The body will have been preserved for burial (embalmed) by a mortician (a person whose job it is to arrange for the burial or cremation of the dead) and may be dressed formally or in clothing dictated by the person's family, culture, or faith. Some cultures or religious traditions forbid the display of a dead body, and for some it is simply a preference that the body not be displayed. At a closed casket service the casket, or coffin, is present, but it is closed so that the body is not visible.

When a body is not buried in a casket, it may be cremated. Cremation is the burning of a body until it is reduced to ashes. Being cremated may be what the deceased person wanted for personal reasons, or it may be dictated by some religious traditions. An urn, or container for the ashes, may be displayed instead of a casket at a funeral or memorial service.

Natural burial (sometimes called green burial) is another option. The body is wrapped in a shroud (cloth) or put in a biodegradable casket. The body is not embalmed and is placed in the ground to allow for natural decomposition.

Funerals and memorial services may be held in a place of worship or at a funeral home. They may be held in a family home, at a park, in a restaurant, or at any location that has personal significance. Services may involve readings of religious scripture and prayers or of philosophical excerpts. Many include eulogies, or speeches made in honor of the deceased. Friends and family members may share moving, memorable, or humorous stories about the person who died. Spiritual leaders may offer words of comfort or remembrance. Some funerals are followed by a procession to the place of burial. Often only those closest to the deceased take part in the burial. In some cases, memorial services are entirely separate from the burial, and the deceased person's body is not present at all. A luncheon or reception often follows the service.

Services may incorporate elements of the dead person's religious faith and culture. If an HHA is attending a service for a client who practiced a faith different from her own or who came from a culture different from her own, she should be respectful of the client's traditions.

The same is true of attending a service for a client who was an atheist (a person who does not believe in any higher power). Such services will not involve prayers, hymns, or any religious rituals.

No matter what rituals or services take place after a person has died, home health aides should not be judgmental or make critical comments. They should be respectful and professional.

Chapter Review

1. Describe one behavior a home health aide might see at each stage of grief.
2. Describe five possible feelings/responses in the grief process.
3. How would you describe your personality type? What helps you work through difficult feelings like those associated with grief?
4. What are some of the ways an HHA might provide emotional and spiritual support for a client who is dying?
5. What measures may help a client who is in pain?
6. List three legal rights to remember when caring for the terminally ill.
7. What is the focus in palliative care? How does it differ from the usual care HHAs provide?
8. Why is it important for an HHA to be aware of her feelings as she provides hospice care?
9. What are three ways that an HHA can take care of herself when working in hospice care?
10. Which sense is generally present until death occurs?
11. What is postmortem care?
12. What is a wake?
13. What is cremation?

21 Clean, Safe, and Healthy Environments

1. Describe how housekeeping affects physical and psychological well-being

Providing a safe, clean, and orderly environment has always been an essential part of home health care. Illness and disability cause great stress. Clients feel better physically and psychologically and recover more quickly when their homes and families receive care and support. Infection and accidents are prevented. In addition, families who lack some knowledge about how to manage their homes can be taught valuable household management skills. These skills include sanitation, safety, personal hygiene, nutrition, meal planning, shopping, child care, food preparation, communication skills, and specific healthcare techniques. Home health aides can be role models for clients and their families by performing tasks efficiently and with a positive attitude.

2. List qualities needed to manage a home and describe general housekeeping guidelines

It takes efficiency, planning, knowledge, and skills to manage a household. An HHA needs to know how to use his time and energy well. Doing so allows him to focus on his primary responsibility—the personal care of the client.

The concept of person-centered care is important when caring for clients' homes, so sensitivity and respect are vital qualities as well. It is important that HHAs respect clients' customs, beliefs, and feelings. It may be helpful for an HHA to imagine how he would feel if a stranger were handling his personal items and possessions. It is not easy for a person to find himself unable to care for his own home. It is important for home health workers to remember this and treat their clients with sensitivity and respect.

Sensitivity is also necessary when asking members of the household for help with housekeeping. Knowing when and how to appropriately ask for assistance is key. Some family members may be experiencing so much stress that they are unable to help at all.

An HHA's housekeeping assignments will vary. They may include simple cleaning and organizing of the client's room or general cleaning throughout the house. Some clients require management of all household functions. An HHA may be required to dust, straighten, vacuum, sweep, wash dishes, clean the bathroom and kitchen, and do laundry. The assignments will outline the specific duties to be performed (Fig. 21-1).

Fig. 21-1. *An HHA's assignments will outline home maintenance tasks that he needs to perform.*

Assignments may list specific days on which tasks should be performed, or the HHA may be allowed to make his own schedule. Flexibility is important and makes it easier to meet the client's and family's needs. If an HHA receives requests for services that are not listed in his assignments or if there are complaints about how tasks are done, he should contact his supervisor. Chapter 25 discusses in detail how to handle feedback and complaints.

Most agencies require that aides perform light housekeeping. This usually involves dusting, straightening, vacuuming or sweeping floors and floor coverings, cleaning bathrooms and the kitchen, and disposing of trash. Light housekeeping does not involve moving heavy furniture, washing windows, taking down drapes, cleaning the attic or basement, or mowing the lawn.

Guidelines: Housekeeping

- Invite family participation. Depending on their abilities and availability, clients and family members may be asked to participate in housekeeping tasks.
- Invite family and client input when you determine the tasks that need to be done and the methods used.
- Use cleaning materials and methods that are acceptable to and approved by clients and their families. Any efforts you make toward improving the home environment should coincide with the client's choices, lifestyle, and values.
- Be organized when performing tasks. Write out detailed daily and weekly schedules. Seek feedback from your supervisor and the client and family.
- Build some flexibility into the schedule to allow for changes in the client's condition, needs, appointments, or social activities.
- Organize cleaning materials and equipment by placing them in one closet. Place cleaning materials in a pail, a carrying bin with a handle, a laundry basket, or a shopping bag (Fig. 21-2). Do not leave cleaning equipment around the home.

Fig. 21-2. *Keep cleaning materials and equipment organized.*

- Familiarize yourself with the cleaning materials and equipment. Read the labels and instruction booklets. Ask the client, family members, or your supervisor how the equipment works if you are unfamiliar with it.
- Maintain a safe environment as well as a clean one. Do not wax floors if your client is unsteady. Mop up spills immediately.
- Use housekeeping procedures and methods that promote health. Many diseases may be transmitted through improper food handling, dishwashing, and handwashing, and unclean bathrooms and kitchens. Always wash from clean areas to dirty areas, so you do not spread dirt into areas that have already been washed.
- Observe the home environment for signs of infestation by roaches, rats, mice, lice, and

fleas. These insects and animals are common carriers of disease. Controlling them is vital to family health and cleanliness.

- Use proper body mechanics when performing activities to help prevent injury. Housecleaning can require a great deal of bending, standing, stooping, and lifting. Watch your posture. Kneel instead of stooping for long periods.
- Clean up and straighten up after every activity. Clean spills as soon as they occur. Spills that have dried are difficult to remove later.
- Carry paper and a small pencil to make note of items that must be purchased or replaced. Maintain a shopping list on a refrigerator door or other convenient location, and encourage family members to use the list.
- Use your time wisely and efficiently. For example, prepare food while a load of wash is being done.

3. Describe cleaning products and equipment

Five basic types of home cleaning products are available:

1. All-purpose cleaning agents can be used for many purposes and on several types of surfaces. Surfaces include countertops, walls, floors, and baseboards.
2. Soaps and detergents are used for bathing, laundering, and dishwashing.
3. Abrasive cleansers are used mostly to scour hard-to-clean surfaces.
4. Specialty cleaners are used to clean special surfaces, such as glass, metal, or ovens.
5. Nontoxic, environmentally safe cleaning products are made without toxic chemicals. They may be fruit- or vegetable-based. Some of these products are even made at home with basic ingredients, such as baking soda, vinegar, castile soap, and water (Fig. 21-3).

Fig. 21-3. *Nontoxic cleaning products include ones made with baking soda, vinegar, and castile soap, among other items.*

All cleaning products must be used properly. Many cleaning products contain chemicals that can be irritating and can even cause burns. Some chemicals are poisonous when swallowed.

Guidelines: Using Household Cleaning Products

- Read and follow the directions on the label of every product you use. Cleaning products can harm the materials you are trying to clean.
- Wash your hands and don gloves before using cleaning products.
- Do not mix cleaning products. This can cause a dangerous chemical reaction that may harm you or others. In particular, **never mix bleach or products containing bleach with ammonia. The fumes are toxic and can be fatal.**
- Open windows when cleaning to provide fresh air. Some cleaning products have fumes that are unpleasant or even harmful if you are exposed to them for a long time.
- Do not leave cleaning products on surfaces longer than the recommended time. Do not scrub too hard on soft surfaces.
- Household bleach, diluted with four parts water, makes a strong disinfectant solution to clean bathroom surfaces. Diluted with nine parts water and stored in a labeled spray bottle, bleach makes a milder disinfectant to use on kitchen counters. Do not spill or splash undiluted bleach or bleach solutions on carpets, clothing, or other surfaces that might be discolored.

Cleaning supplies generally include two types of tools:

1. Wet mops, pails, toilet brushes, and sponges are tools for softening and removing soil that has dried and hardened on washable surfaces.
2. A vacuum cleaner and attachments, carpet sweeper, dust mop, dust cloths, broom, and brush and dustpan are for removing dry dirt and dust.

HHAs must be careful with equipment. Replacements can be expensive. HHAs should be familiar with how to use each piece of equipment and should keep it clean and in its proper place. Brushes and bags of vacuum cleaners should be checked often.

Environmentally Friendly Care

Cleaning Solution Ideas

Several types of environmentally safe, nontoxic cleaning solutions can be prepared from common household items.

- Baking soda can be used instead of scouring powder. Baking soda can also be diluted with warm water to make a solution that will eliminate odors when used to clean surfaces.
- White vinegar can be used to remove lime or other mineral deposits on sinks, toilets, or chrome fixtures. It cuts grease and removes mildew and odors. White vinegar diluted with water can be used instead of glass cleaner. Mix solution using one part white vinegar to three parts water (1:3). This solution can also be used to clean sealed wood and tile floors.
- Lemon juice, by itself or mixed with water or other ingredients, can be used to eliminate odors, clean and disinfect surfaces, and cut grease.
- Borax, or sodium borate, is a white powder that dissolves in water. Borax can be used to clean, eliminate odors, and disinfect. It is also used as an alternative insecticide. While borax is natural and is not an environmental toxin, it should not be swallowed, and it can cause skin irritation. Use care when handling borax; do not use it around food. Keep it out of reach of children and clients who are confused.

4. Describe proper cleaning methods for living areas, kitchens, bathrooms, and storage areas

Not all housekeeping tasks must be performed daily. Some tasks may be done weekly. Others only need to be done once a month or seasonally. The special tasks can be spaced out. Each cleaning job should be done properly and as efficiently as possible. Housework can be made safer by eliminating unnecessary reaching, bending, and stooping. With a little experimentation, an HHA can find the most efficient way to do a job. Cleaning can be done when a client is resting, sleeping, or doing another activity. Care of the client is the HHA's primary responsibility. However, she must not neglect housekeeping.

Guidelines: Straightening and Cleaning Living Areas

- G Clear up clutter and put objects in their correct places.
- G Pick up newspapers, magazines, and toys as needed.
- G Empty wastebaskets and ashtrays daily.
- G Make the beds each day.
- G Keep essential and frequently used items, such as eyeglasses, tissues, a wastebasket, phone, newspaper, magazines, laptop, tablet, and books, within reach. Organize them on an accessible table, magazine rack, or hanging organizer (Fig. 21-4).
- G Dust once a week or when necessary. If your client has allergies, you may need to dust daily.
- G Vacuum floors and rugs once a week or more often if indicated. When vacuuming rugs, use long strokes and go over each area repeatedly. If the home does not have a vacuum, use a broom to sweep the floors and rugs. Take care not to raise much dust.

Fig. 21-4. A hanging organizer can help reduce clutter while keeping important items handy.

- Floors covered with vinyl, ceramic tile, and linoleum may be washed. Some wood floors may not. Some floor coverings should be cleaned with water only. Check with the client or family before you begin. After removing loose dirt or crumbs with a vacuum or broom, wash floors with a cloth or mop dipped in warm, sudsy water (or proper cleaning solution). Dry the floor after you have washed it or close off the area for the time it takes for the floor to dry (Fig. 21-5). Wet or waxed floors are slippery and are frequent causes of falls in the home.

Fig. 21-5. Close off the area for the time it takes for the floor to dry.

Handling food on contaminated surfaces, improper dishwashing, and contaminated food storage areas may transmit many diseases. Roaches, rats, and mice may cause disease and allergy by contaminating food with their saliva or through their droppings. Pest control is vital to health and cleanliness. An HHA should always report pest control problems to her supervisor.

Guidelines: Cleaning the Kitchen

- Clean the kitchen after every use. Ask family members to do the same. Do not wait until the end of the day to clean up. Daily kitchen cleaning tasks include washing dishes, wiping surfaces, taking out garbage, and storing leftover food. Weekly tasks include cleaning the refrigerator and washing the floor. Cleaning cabinets, drawers, and other storage areas is usually done a few times a year.
- Wash dishes in hot, soapy water using liquid dish detergent. Rinse them in hot water. When working with clients who have an infectious disease, use boiling water for rinsing and add a tablespoon of chlorine bleach to the soapy water. The combination of heat and chlorine will kill **pathogens** (*PATH-o-jens*), or harmful microorganisms.
- Wash glasses and cups first, then silverware, plates, and bowls. Pots and pans are washed last. Rinse with hot water and dry on a rack. Air drying dishes is more sanitary than drying with a dish towel.
- If the house has a dishwasher, learn how to correctly load and start it. Dishwashers save time. They may also sterilize dishes because of the high temperature used in washing and drying. Scrape food from plates and rinse them before placing them in the dishwasher. Empty cups and glasses. Do not place dishes, cups, and flatware too close together. This keeps them from being washed thoroughly.

Place dishes, cups, and glasses so that their eating or drinking surfaces are facing the water source. Use only a dishwasher detergent. Fill the well with the amount recommended on the label.

- Do not wash the following items in the dishwasher: electrical appliances, certain plastic materials, wooden pieces or utensils, hand-painted or antique dishes, delicate china, crystal, cast iron, some pots and pans, and sharp or carbon steel knives.
- Clean the outside of the stove, the trays, and burners with hot, sudsy water or an all-purpose cleaner, and rinse. Ovens should be cleaned according to manufacturer's recommendations. Be sure to follow the directions. Do not spray the light bulb inside the oven with cleanser, or it may break. If the oven has a broiler pan, soak it immediately after use.
- The refrigerator should be completely cleaned once a week. However, you should wipe it out more frequently (Fig. 21-6). Wipe the freezer surface as well. Most freezers have a self-defrost or auto-defrost feature and only need to be wiped clean regularly.

Fig. 21-6. *The refrigerator should be completely cleaned once a week, but you should wipe it out more frequently.*

- Mix two tablespoons of baking soda in one quart of warm water. Wipe the inside walls of the refrigerator and freezer. Baking soda will remove odors. Wash the shelves and trays with warm, soapy water.
- Clean countertops, tables, and the stove each time they are used. Clean cabinet and drawer fronts and the refrigerator once a week. If a cutting board or other surface has been used to cut fresh meat, scrub the surface thoroughly with hot, soapy water. Rinse well.
- An all-purpose cleaner or a vinegar or lemon juice solution may be needed to remove grease and cooked foods that have spilled or splashed on surfaces. Clean the sink with baking soda or a scouring powder or cream.
- Never place food on soiled work or storage areas or in unclean containers. Keep food covered. Close lids of cartons and cover food storage containers to prevent contamination or infestation by insects and rodents. Place leftovers in covered containers and store them in the refrigerator immediately. Use them within two to three days.
- Vacuum, sweep, or dry mop the floor daily. Damp mop uncarpeted floors at least once a week, using hot water and a floor cleaner or vinegar solution. Rinse the floor if the label recommends it. Dry the floor or close off the area until the floor dries to prevent accidents.
- Dispose of garbage daily. To prevent odor and discourage insects and rodents, rinse out tin cans and bottles before placing them in the recycling bin or trash container. Follow the recycling procedures for your client's community. Periodically wash wastebaskets and trash cans with hot, soapy water.
- Store all cleaning materials away from food, food preparation utensils, and food preparation areas. Keep them out of reach of children and clients who are confused.

Environmentally Friendly Care

Recycling

Recycling is the process of taking materials that would have been considered waste and turning them into new products. Recycling programs help reduce waste and the need for landfills. Recycling helps

prevent pollution and saves energy, among many other benefits. Some clients will have recycling bins in their homes. Certain plastics, glass, steel, aluminum, and paper products are commonly placed in recycling bins. Other items, such as electronics and batteries, usually need to be recycled separately. The HHA should know which materials can be recycled and how to recycle in her client's community. Recyclable items may need to be rinsed and sorted into separate bins. If in doubt, the HHA should ask the client or the supervisor.

A clean, organized, and odor-free bathroom is an important part of improving a family's hygiene and safety. Because it is moist and warm, the bathroom is a reservoir for the growth of microorganisms, mold, and mildew.

Guidelines: Cleaning the Bathroom

- Involve the entire family in keeping the bathroom clean (Fig. 21-7). Remember to wash from clean areas to dirty areas.

Fig. 21-7. *Clients and family members can help by doing such things as wiping out the shower after each use.*

- Flush the toilet each time it is used.
- Clean toothbrushes and toothbrush holders.
- Scrub the tub and shower after use.
- Remove hair from drain strainers.
- Hang up all used towels to dry.
- Put away toiletries.
- Rinse the sink after brushing teeth, shaving, and washing.
- Place soiled towels in the laundry hamper after they are dry.

The bathroom is the location of many home accidents. All bathroom rugs should be nonskid, and puddles of water should be wiped up immediately. If a client has difficulty moving about in the bathroom safely and grab bars are not present, the HHA should report this to his supervisor.

Cleaning a bathroom

Equipment: approved disinfectant (a cleaning product that kills germs), scouring powder or baking soda, rags or disposable wipes, toilet brush, floor cleaner or vinegar solution, paper towels, disposable or rubber gloves

1. Put on gloves.
2. Using the disinfectant and rag/wipe, wipe all surfaces and rinse as needed. Be sure to clean the sides, walls, and curtain or door of the shower or tub; the towel racks; holders for toilet paper, toothbrushes, and soap; and window sills.
3. Use a different rag/wipe to wipe the outside of the toilet bowl, seat, and lid. As a general cleaning rule, start with the cleanest surface first, then move to dirtier areas.
4. Use a different rag/wipe to clean the bathtub, shower stall, and sink. Use scouring powder or baking soda for tile and porcelain, and disinfectant or vinegar solution on other surfaces. Remember that scouring powder can scratch. Check with the client or a family member before using it. Be sure to scrub the sides, edges, and bottoms of all these areas. Clean faucets and scrub around their bases.
5. Scrub the inside of the toilet bowl with a brush and scouring powder. Be sure to scrub under the rim. If you use a second, stronger toilet cleaner, flush the first cleaning product

down the drain to avoid possible chemical reactions. Wash the toilet brush with a disinfectant solution. Store it in holder after letting it air dry.

6. Vacuum or sweep the floor first, then wash if the floor is tile or linoleum. Use an all-purpose floor cleaner or vinegar solution in hot water. Wash the floor with a cloth or mop, taking special care to clean the areas at the base of the toilet and sink. Do not leave the floor wet. Dry it carefully to avoid accidents.
7. Clean the mirror and any glass or chrome surfaces using glass cleaner or vinegar solution and paper towels or clean rags.
8. Launder wet, soiled rags, or discard wipes. Empty the waste can into a garbage bag and dispose of the waste. Replace toilet paper and facial tissue when needed. Open the bathroom window for a short time, if possible, to air the room out. Once a week, wash out waste can and laundry hamper. Launder the bath mats and rugs.
9. Store supplies.
10. Remove and discard gloves.
11. Wash your hands.
12. Document the cleaning.

Cleaning and organizing storage areas will contribute to the order and organization of the home.

Guidelines: Cleaning and Organizing Storage Areas

- Every item in the home should have a storage place that is convenient for use. That means storage places should be as close as possible to where stored items are used (Fig. 21-8). For example, bath towels should be stored in or near the bathroom. Frequently used pots and pans and cooking utensils should be near the stove. Less frequently used items, such as popcorn poppers, should be stored in the less accessible storage places.

Fig. 21-8. Store items near where they will be used.

- Items that are frequently used should be easily seen and reached. Items that are used together should be stored near each other. Arrange food on shelves according to category to save time in searching for items. Dangerous materials such as cleaning products should be stored out of reach of children and adults who are confused.
- Some storage areas only need to be cleaned occasionally. Remove the stored items and any shelf or drawer liners. Wipe the shelves and drawers with a damp cloth and all-purpose cleaner or vinegar solution. Replace the liners or wipe them if they can be cleaned. Clean food storage areas and other storage areas that are used frequently more often.
- Do not change the client's or the family's storage arrangements without talking to them. If you think changes are needed, discuss your ideas with the family.

5. Describe how to prepare a cleaning schedule

Most housecleaning tasks should be done regularly, whether immediately, daily, weekly, monthly, or less often. The HHA will need to take into account the care plan, his assignments,

how much help is needed, and how much time he has in a particular home to prepare a cleaning schedule. The HHA may not always follow the schedule exactly, but it will guide his work and help him get essential cleaning done. Establishing a schedule for cleaning can also help the family keep a housekeeping routine after home care has ended. A sample cleaning schedule follows. In this scenario, the client is unable to assist with household tasks. Her daughter comes several times a week, but no family members live with the client.

Cleaning Schedule for Mrs. Hartman

Immediately: Wipe counters, wash dishes, store food, clean spills, put away supplies.

Daily: Straighten up: make bed, sort mail, remove clutter, empty trash, etc. Clean bathroom. (One hour)

Weekly: Wash kitchen floors, wipe refrigerator, scrub sink, vacuum other floors, dust all surfaces, scrub bathtub. (Two to three hours)

Monthly: Clean out refrigerator and freezer (defrost freezer if needed). (One hour)

Less often: Clean oven when needed. (One hour)

Cleaning schedules will be different for each client. The HHA should be flexible. Client care is the first priority, which means the schedule may need to be adapted after it is made.

6. List special housekeeping procedures to use when infection is present

Home health aides must follow Standard Precautions with every client. This is true because it is impossible to always know when infection is present (see Chapter 5). However, when a client has a known infectious disease such as influenza, or one that weakens the immune system such as cancer, the HHA should take special precautions in housecleaning:

- Use disinfectant when cleaning countertops and surfaces in the kitchen and bathroom.
- Clean the client's bathroom daily. Have other family members use a different bathroom if possible.
- Use separate dishes and utensils for the client.
- Wash dishes and utensils in the dishwasher or wash dishes in hot, soapy water with bleach. Rinse in boiling water and allow to air dry.
- Disinfect any surfaces that come into contact with body fluids, such as bedpans, urinals, and toilets.
- Frequently remove trash containing used tissues.
- Keep any specimens of urine, stool, or sputum in double bags and away from food and food preparation areas.

7. Explain how to do laundry and care for clothes

Hand or machine washing may be part of an HHA's assignments. Clean clothes, bed linens, and towels are important for hygiene and comfort.

Laundry Products and Equipment: Washing laundry requires laundry detergent, a washing machine or a basin for handwashing clothes, and a dryer or a clothesline and pins. The instructions for using washing machines are usually located on the inside of the machine.

In general, it is best to use an all-purpose detergent. Some delicate fabrics, underwear, or stockings may require a special detergent. Some clients may prefer a nondetergent soap for use on baby clothes and diapers. Bleach, color brighteners, stain removers, and fabric softeners may also be used. An HHA should ask the client and family about their preferences for laundry products.

Pretreating: Pretreating means giving special treatment to items that have heavy soil, spots,

and stains before washing them. Spots and stains should be treated immediately. The sooner they are treated, the easier they are to remove. Some oily stains harden with age and cannot be removed. Washing and ironing may set some stains, making them difficult or impossible to remove. It helps to identify the source of the stain and treat it according to a stain guide for the pretreating solution.

Bleach: Bleach is used with detergent. However, bleach cannot be used on all fabrics. The HHA should be familiar with the type of bleach and the fabric that is being washed. Two types of bleach are used in laundry: chlorine bleach and nonchlorine (called *oxygen* or *all-fabric*) bleach. Both types of bleach should be used with caution, and the instructions on the container should be read carefully.

Chlorine bleaches can come in liquid or powdered form. Liquid chlorine bleach is an excellent stain remover. It whitens clothing. However, it can be very damaging to fabric. Bleach should always be diluted in water. Water is added to the washing machine first, then the bleach is stirred in before the clothing is placed in the water. Liquid chlorine bleach must never be used on silk, spandex, wool, or any item that contains these fibers. Spraying or splashing liquid chlorine bleach can remove color or damage fabric, so it should be avoided. Powdered chlorine bleach is more gentle than liquid, but it can also damage clothing. Either type of chlorine bleach is also an excellent disinfectant. Nonchlorine bleach is used on washable fabrics, but it is most effective in hot water.

Water Temperature: The HHA should read the washing instructions for all materials and garments (Fig. 21-9). Warm water is the safest temperature for most garments. However, some must be washed in cold to prevent shrinking or colors from fading. Hot water is generally used for towels, bed linens, and white or colorfast cottons. Warm is usually used for permanent press, knit, synthetic, sheer, lace, acetate, fabric blends, and rayons. Cold water is used for brightly colored fabrics or fabrics that are not colorfast.

Fig. 21-9. A care tag gives washing and drying instructions. It can be found on most clothing.

Washing Action or Cycle: Cottons, linens, rayons, sturdy permanent press, knits, synthetics, blends, and most other items use the normal washer setting. The slow or gentle setting should be used for washable woolens, old quilts, curtains, and delicate or fragile items.

Drying Clothes: Settings on the dryer vary according to the model. The more delicate a fabric, the lower the drying temperature and the shorter the time in the dryer. Heavy items such as towels need higher temperature settings and a longer time in the dryer. The lint filter should be cleaned each time the dryer is used. If a client does not have a clothes dryer, the HHA can hang clothes on a clothesline using clothespins or on a drying rack.

Folding: Removing all clothes from the dryer immediately will reduce wrinkling. Clothes can then be folded neatly or placed on hangers. If clothes need to be ironed, they may be set aside; other clothes should be put away in drawers or in a closet.

Ironing: Special care is needed when ironing. Most care labels will indicate the best ironing temperature. If no temperature is indicated, it is best to use the lowest temperature on the iron to avoid damaging the fabric. Pile fabrics like velvet and corduroy will keep their texture better if ironed on the wrong side over a towel. Dark fabrics, silks, acetates, rayons, linens, and some

wools must be pressed on the wrong side to prevent them from becoming shiny. A pressing cloth can help protect the fabric.

Ironing fabrics lengthwise will prevent stretching. Collars, cuffs, and garment facings should be ironed first, followed by sleeves, then the front and back. As soon as clothes are ironed, they should be placed on hangers or folded. All hooks and buttons should be fastened and zippers closed. Clothes must be completely dry before they are put away.

Doing the laundry

1. Sort clothes carefully. Make separate piles of whites and colors. Check clothing labels for special washing instructions. Do not wash anything labeled Dry Clean Only. If hand washing is recommended, do not wash in the machine.
2. As you sort laundry, check pockets and remove tissues, money, pens, and other items. Remove belts with buckles, trims, and nonwashable ornaments. Close zippers, buttons, and other fasteners. Check garments for stains and areas of heavy soil.
3. Pretreat spots and stains before washing. A small amount of liquid detergent or dry detergent dissolved in water can be worked in with an old toothbrush (Fig. 21-10). Pretreat or soak clothing as soon as possible for best results. If you know something is stained, do not let it sit in the laundry hamper all week until you do the laundry.

Fig. 21-10. *Pretreating helps remove spots, stains, and areas that are heavily soiled.*

4. Use the correct water temperature: hot for whites, cold or warm for colors, and cold for delicate fabrics.
5. Use the appropriate laundry product(s). Follow the washing instructions on the container.
6. Follow written instructions or client or family instructions for using the washer. Use the correct washing cycle for the load you are laundering.
7. Dry clothes completely either in a dryer or on a clothesline. If using a dryer, follow the drying instructions on clothing labels or the client's preferences. Some fabrics require cooler temperatures.
8. Handwash items in warm or cool water, depending on the fabric and instructions. Use a mild detergent or special handwashing liquid. Line dry, place on a drying rack, or lay items flat on towels to preserve the shape of the garment.
9. Fold or hang clean laundry and sort into categories. Store in drawers or closets.

8. List special laundry precautions to use when infection is present

When a client has a known infectious disease, the HHA must take these special precautions when handling laundry:

Guidelines: Handling Laundry for Clients with an Infectious Disease

- Keep the client's laundry separate from other family members' laundry.
- Handle dirty laundry as little as possible. Do not shake it. Sort it and put it in plastic bags in the client's room or bathroom. Take it immediately to the laundry area. Do not place soiled laundry directly on the floor.

- Wear gloves and hold laundry away from your clothes and body when you are handling it (Fig. 21-11).

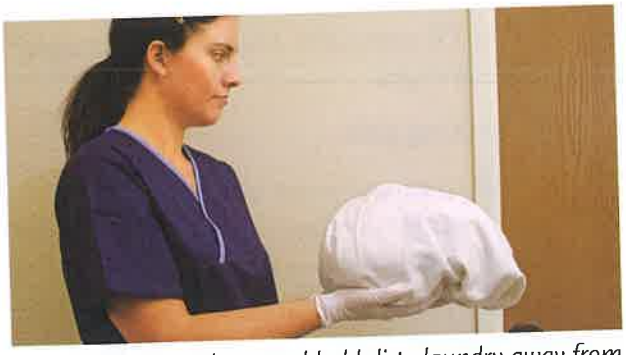

Fig. 21-11. *Wear gloves and hold dirty laundry away from your clothes.*

- Use liquid bleach when fabrics allow.
- Use agency-approved disinfectants in all loads.
- Use hot water.

9. List guidelines for teaching housekeeping skills to clients' family members

In some assignments, an HHA will be asked to teach housekeeping skills to family members. This prepares them to take over housekeeping and care when home care is discontinued. By teaching household management skills, the HHA helps families meet their daily needs and become more self-reliant.

Guidelines: Teaching Family Members

- Get to know the family before starting to teach them. Understand their needs or problems before beginning.
- Be patient. Give people time to learn new skills. Praise their efforts.
- Keep teaching sessions brief.
- Break down tasks into simple steps. Explain each step and demonstrate it.
- Answer all questions.
- Assist the person as necessary. Do not do the task for her.
- Remember that each person is an individual and will learn in different ways. Providing person-centered care means customizing your teaching to allow for these differences.

Using Proper Body Mechanics in the Home

The principles of body mechanics are located in Chapter 6. The following additional tips should be used when working in a home:

- Bend the knees, not the back, when lifting things from the floor or when kneeling to pick up objects.
- Carry heavy objects close to the body and distribute the weight evenly. For example, when carrying a basket of clothes, hold it directly in front of the body (Fig. 21-12). Do not twist at the waist.
- Stand close to the work area. When possible, raise the work area to a comfortable level so you do not have to bend your back and neck to do the work. For example, put the clothes basket on a chair before filling it (Fig. 21-13).
- Try not to lift heavy objects. If you must move heavy objects such as furniture, try pushing or rolling, using the entire body.
- Avoid lifting heavy objects from the floor.
- Stand erect when doing tasks like washing dishes. Your knees may be slightly bent.

Fig. 21-12. *Holding objects close to the body helps prevent back strain and injury.*

Fig. 21-13. By placing the basket on a chair close to her, this HHA avoids excessive bending and reaching.

10. Discuss the importance of sleep and explain why careful bedmaking is important

Sleep is a natural period of rest for the mind and body. As a person sleeps, the mind and body's energy is restored. During sleep, vital functions are performed. These include repairing and renewing cells, processing information, and organizing memory. Sleep is essential to a person's health and well-being.

Many elderly persons have sleep problems. Many things can affect sleep, such as fear, anxiety, noise, diet, medications, and illness. When a client complains that he is not sleeping well, the HHA should observe and report any of the following:

- Sleeping too much during the day
- Eating or drinking items that contain caffeine late in the day
- Wearing nightclothes during the day
- Eating heavy meals late at night
- Refusing to take medication ordered for sleep
- Taking new medications
- Having TV, computer, phone, radio, or light on late at night
- Experiencing pain

A lack of sleep causes many problems, such as decreased mental function, reduced reaction time, and irritability. Sleep deprivation also decreases immune system function. Any client complaints about a lack of sleep should be reported to the supervisor.

When clients spend much or all of their time in bed, careful bedmaking is essential to their comfort, cleanliness, and health. Linens should always be changed after personal care procedures such as bed baths or any time bedding or sheets are damp, soiled, or in need of straightening. Bed linens should be changed often for these reasons:

- Sheets that are damp, wrinkled, or bunched up under a client are uncomfortable. They may prevent the client from resting or sleeping well.
- Microorganisms thrive in moist, warm environments. Bedding that is damp or unclean encourages infection and disease.
- Clients who spend long hours in bed are at risk for pressure injuries. Sheets that do not lie flat under the client's body increase the risk of pressure injuries because they cut off circulation.

If a client cannot get out of bed, a home health aide must change the linens with the client in bed. An **occupied bed** is a bed made while the client is still in the bed. When making the bed, the HHA should use a wide stance and bend her knees to avoid injury. Bending from the waist should be avoided, especially when tucking sheets or blankets under the mattress. The height of the bed should be raised, if possible, to make the job easier and safer.

Making an occupied bed

Equipment: clean linen—mattress pad, fitted or flat bottom sheet, disposable absorbent pad (if needed), cotton draw sheet, flat top sheet, blanket(s), bedspread (if used), bath blanket, pillowcase(s), gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy if the client desires it.
4. Place clean linen on a clean surface within reach (e.g., bedside stand or chair).
5. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
6. Put on gloves.
7. Loosen top linen from the end of the bed on the working side.
8. Unfold the bath blanket over the top sheet to cover the client, and remove the top sheet. Keep the client covered at all times with the bath blanket.
9. You will make the bed one side at a time. Raise the far side rail (if bed has them). This protects the client from falling out of the bed while you are making it. Then go to the other side of the bed. Help the client turn onto her side, moving away from you, toward the raised side rail (see Chapter 12).
10. Loosen the bottom soiled linen, mattress pad, and absorbent pad, if present, on the working side.
11. Roll the bottom soiled linen toward the client, soiled side inside. Tuck it snugly against the client's back.
12. Place the mattress pad (if used) on the bed, attaching elastic at corners on the working side.
13. Place and tuck in the clean bottom linen or fitted bottom sheet, finishing with the bottom sheet free of wrinkles. If a flat sheet is used, leave enough overlap on each end to tuck under the mattress. If the sheet is only long enough to tuck in at one end, tuck it in securely at the top of the bed. Make hospital corners to keep the bottom sheet wrinkle-free (Fig. 21-14). If a fitted sheet is used, tightly pull two fitted corners on the working side.

Fig. 21-14. *Hospital corners help keep the flat sheet smooth under the client. They help prevent a client's feet from being restricted by or tangled in linen when getting in and out of bed.*

14. Smooth the bottom sheet out toward the client. Be sure there are no wrinkles in the mattress pad. Roll the extra material toward the client and tuck it under the client's body (Fig. 21-15).

Fig. 21-15. Tuck extra material under the client's body.

15. If using a disposable absorbent pad, unfold it and center it on the bed. Tuck the side near you under the mattress. Smooth it out toward the client, and tuck as you did with the sheet.

16. If using a draw sheet, place it on the bed. Tuck it in on your side, smooth, and tuck as you did with the other bedding.

17. Raise the side rail (if used) nearest you. Go to the other side of the bed and lower that side rail. Help the client roll or turn onto the clean bottom sheet, toward the raised side rail. Explain that she will be moving over a roll of linen. Protect the client from any soiled matter on the old linens.

18. Loosen the soiled linen. Check for any personal items. Roll the linen from the head to the foot of the bed. Avoid contact with your skin or clothes. Do not shake soiled linen. Soiled bed linens are full of microorganisms that should not be spread to other parts of the room. Place it in a hamper or basket. Never put it on the floor or furniture.

19. Pull the clean linen through as quickly as possible. Start with the mattress pad and wrap around corners. Pull and tuck in clean bottom linen just like the other side. Pull and tuck in disposable absorbent pad and draw sheet (if used). Make hospital corners with the bottom sheet. Finish with the bottom sheet free of wrinkles.

20. Ask client to turn onto her back, helping as needed. Keep client covered and comfortable, with a pillow under her head. Raise the side rail nearest you.

21. Unfold the top sheet. Place it over the client and center it. Ask the client to hold the top sheet. Slip the bath blanket out from underneath (Fig. 21-16). Put it in the hamper.

22. Place a blanket over the top sheet, matching the top edges. Place the bedspread over the blanket (if used), matching the top edges. Tuck the bottom edges of the top sheet, blanket, and bedspread under the foot of the bed, making hospital corners on each side. Loosen the top linens over the client's feet. This prevents pressure on the feet. At the head of the bed, fold the top sheet over the blanket about six inches.

Fig. 21-16. With the client holding on to the top sheet, pull the bath blanket out.

23. Remove the pillow. Do not hold it near your face. Remove the soiled pillowcase by turning it inside out. Place it in the hamper.

24. Remove and discard your gloves. Wash your hands.

25. With one hand, grasp the clean pillowcase at the closed end and turn it inside out over your arm. Next, using the same hand that has the pillowcase over it, grasp the center of the end of the pillow. Pull the pillowcase over it with your free hand (Fig. 21-17). Do the same for any other pillows. Place them under the client's head with the open end away from the door, or as the client desires.

Fig. 21-17. *After the pillowcase is turned inside out over your arm, grasp the center of the end of the pillow. Pull the pillowcase over the pillow.*

26. If you raised an adjustable bed, return it to its lowest position. Leave side rails in the ordered position. Put any signaling device within the client's reach. Carry the laundry hamper to the laundry area.
27. Wash your hands.
28. Document the procedure and any observations.

Mattresses can be heavy. It is easier to make an empty bed than one with a client in it. An **unoccupied bed** is a bed made while no client is in the bed. If the client can be moved temporarily to a chair or other comfortable spot, the HHA's job will be much easier.

Making an unoccupied bed

Equipment: clean linen—mattress pad, fitted or flat bottom sheet, disposable absorbent pad (if needed), cotton draw sheet, flat top sheet, blanket(s), bedspread (if used), pillowcase(s), gloves

1. Wash your hands.
2. Place clean linen on a clean surface within reach (e.g., bedside stand or chair).
3. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
4. Put on gloves.
5. Loosen soiled linen. Roll soiled linen (soiled side inside) from the head to the foot of the bed. Avoid contact with your skin or clothes. Do not shake soiled linen. Place it in a hamper or basket. Never put it on the floor or furniture. Remove pillows and pillowcases and place pillowcases in the hamper.
6. Remove and discard your gloves. Wash your hands.
7. Remake the bed. Start with the mattress pad and wrap around corners. Place clean bottom linen or fitted bottom sheet, finishing with bottom sheet free of wrinkles. If a flat sheet is used, leave enough overlap on each end to tuck under the mattress. If the sheet is only long enough to tuck in at one end, tuck it in securely at the top of the bed. Make hospital corners to keep bottom sheet wrinkle-free. If fitted sheet is used, tightly pull fitted corners over all four corners of the bed.
8. Put on disposable absorbent pad and then draw sheet if used. Place them in the center of the bed on the bottom sheet. Smooth and tightly tuck the bottom sheet and draw sheet together under the sides of the bed.
9. Place the top sheet over the bed and center it. Place the blanket over the bed and center it. Place the bedspread (if used) over the bed and center it. Tuck the bottom edges of top sheet, blanket, and bedspread under the foot of the bed, making hospital corners on each side.
10. Fold down the top sheet over the blanket about six inches. Fold both the top sheet and blanket down so client can easily get into bed. If client will not be returning to bed immediately, leave the bedding up.

11. Put on clean pillowcases (as described in procedure above). Replace the pillows.
12. If you raised an adjustable bed, return it to its lowest position. Carry the laundry hamper to the laundry area.
13. Wash your hands.
14. Document the procedure and any observations.

A **closed bed** is a bed completely made with the bedspread and blankets in place. It is made for clients who will be out of bed most of the day. A closed bed is turned into an **open bed** by folding the linen down to the foot of the bed. This makes it easier for a client to get into the bed in the afternoon for a nap or at bedtime.

11. Identify hazardous household materials

Any of the following household materials can have harmful effects:

- Household bleach
- Cleaning products
- Aerosol or spray cans
- Paint
- Chemicals such as turpentine or paint thinner
- Medicines, both prescription and over-the-counter
- Hair spray
- Nail polish remover

These products should be kept in separate cabinets with childproof latches or locks, or up out of the reach of children. If a client is confused, these cabinets should be marked with signs that indicate danger.

Chapter Review

1. What skills are important in household management?
2. What housekeeping assignments might an HHA be asked to do?
3. What are some housekeeping tasks an HHA should NOT be asked to perform?
4. List ten housekeeping guidelines.
5. Why is it important to read the directions for cleaning products?
6. Why should cleaning products not be mixed?
7. What two parts of a vacuum cleaner should an HHA check often?
8. How often should wastebaskets and ashtrays be emptied?
9. How should an HHA clean the floors if the home does not have a vacuum cleaner?
10. What should an HHA do when washing dishes for clients who have an infectious disease?
11. How frequently should the refrigerator be cleaned?
12. In what time frame should leftover food be eaten?
13. What items should not be washed in the dishwasher?
14. Ideally, where should storage places be located?
15. Describe why it is helpful to make a cleaning schedule.
16. How frequently should an HHA clean the bathroom of a client who has an infectious disease?
17. What is pretreating?
18. What is the safest washing temperature for most garments?

19. How can an HHA reduce the amount of wrinkling after clothes have been dried in the dryer?
20. For a client with an infectious disease, what washing temperature should the HHA use?
21. List five guidelines to follow when teaching family members housekeeping skills.
22. List five factors that can affect sleep.
23. What problems can a lack of sleep cause?
24. When should bed linens be changed?
25. List three reasons why it is important that bed linens be changed frequently.
26. Where should hazardous household materials be kept?

22 Clients' Nutritional Needs

1. Describe the importance of proper nutrition and list the six basic nutrients

Proper nutrition is very important. **Nutrition** is how the body uses food to maintain health. Bodies need a well-balanced diet containing essential nutrients and plenty of fluids. This helps the body grow new cells, maintain normal body function, and have energy for activities.

Proper nutrition in childhood and early adulthood helps ensure health later in life. For people who are ill or elderly, a well-balanced diet helps maintain muscle and skin tissues and prevent pressure injuries. A healthy diet promotes the healing of wounds. It also helps a person cope with physical and emotional stress.

A **nutrient** is a necessary substance that provides energy, promotes growth and health, and helps regulate metabolism. Metabolism is the process by which nutrients are broken down and transformed to be used by the body for energy, growth, and maintenance. The body needs the following six nutrients for healthy growth and development:

1. **Water** is the most essential nutrient for life; it is needed by every cell in the body. Without water, a person can only live for a few days. Water assists in the digestion and absorption of food. It helps with the elimination of waste. Through perspiration, water also helps maintain normal body temperature. Maintaining enough fluid in the body is necessary for health. More information about fluid balance may be found in Chapter 14 and later in this chapter.

The fluids a person drinks—water, juice, soda, coffee, tea, and milk—provide most of the water the body uses. Some foods are also sources of water, including soup, celery, lettuce, apples, and peaches.

2. **Carbohydrates** (*kar-boh-HIGH-drayts*) supply the body with energy and extra protein and help the body use fat efficiently. Carbohydrates also provide **fiber**, which is necessary for bowel elimination. Carbohydrates can be divided into two basic types: complex and simple. **Complex carbohydrates** are found in bread, cereal, potatoes, rice, pasta, vegetables, and fruits (Fig. 22-1). **Simple carbohydrates** are found in sugars, sweets, syrups, and jellies. Simple carbohydrates do not have the same nutritional value as complex carbohydrates.

Fig. 22-1. Some sources of complex carbohydrates.

3. **Proteins** are part of every body cell. They are essential for tissue growth and repair. Proteins also supply energy for the body. Excess proteins are excreted by the kidneys or stored as body fat. Sources of protein include seafood, poultry, meat, eggs, milk, cheese, nuts, nut butters, peas, beans or legumes, and vegetarian meat substitutes from a variety of food sources (Fig. 22-2). Whole grain cereals, pastas, rice, and breads contain some proteins, too.

Fig. 22-2. *Some sources of protein.*

4. **Fats** help the body store energy. Fats also add flavor to food and are important for the absorption of certain vitamins. Excess fat in the diet is stored as fat in the body.

Fat falls into four categories: saturated, trans, monounsaturated, and polyunsaturated. Saturated and trans fats can increase cholesterol levels and the risk of some diseases, like cardiovascular disease. Monounsaturated and polyunsaturated fats can be helpful in the diet, and can decrease the risk of cardiovascular disease and type 2 diabetes.

Some fats come from animal sources, such as butter, beef, pork, fowl, fish, and dairy products. Some fats come from plant sources, such as olives, nuts, and seeds (Fig. 22-3).

Fig. 22-3. *Some sources of fat.*

5. **Vitamins** are substances that are needed by the body to function. The body cannot make most vitamins; they can only be obtained by eating certain foods. Some vitamins are fat-soluble, which means they are carried and stored in body fat. Vitamins A, D, E, and K are examples. Other vitamins are water-soluble, meaning they are broken down by water in the body and cannot be stored. Vitamins B and C are examples of water-soluble vitamins. Excess vitamins B and C are eliminated in urine and feces.

6. **Minerals** maintain body functions. Minerals help build bones, make hormones, and help in blood formation. They provide energy and control body processes. Zinc, iron, calcium, and magnesium are examples of minerals. Minerals are found in many foods. Tables 22-1 and 22-2 on the next page contain more information about vitamins and minerals.

2. Describe the USDA's MyPlate

Most foods contain several nutrients, but no one food contains all the nutrients needed for a healthy body. That is why it is important to eat a daily diet that is well balanced. There is not one single dietary plan that is right for everyone. People have different nutritional needs depending upon their age, gender, and activity level.

In 2011, in response to increasing rates of obesity, the United States Department of Agriculture (USDA, usda.gov) developed MyPlate to help people build a healthy plate at meal times (Fig. 22-4). The MyPlate icon emphasizes vegetables, fruits, grains, protein, and low-fat dairy products.

VITAMIN	SOURCE	FUNCTION
Vitamin A	dark green and yellow vegetables, such as broccoli and turnip greens	assists with skin and eye development; keeps the skin healthy; helps the eyes adjust to dim light; helps the linings of the respiratory and digestive tracts resist infection
Vitamin C	fruits such as oranges, strawberries, grapefruit, and cantaloupe; vegetables such as broccoli, cabbage, brussels sprouts, and green peppers	assists with healing wounds and building bones and teeth; holds cells together; strengthens the walls of blood vessels; helps the body absorb iron
Vitamin B2 or riboflavin	milk, milk products, lean meat, green leafy vegetables, eggs, breads, and cereals	helps cells use oxygen, which allows them to release energy from food; important for protein and carbohydrate metabolism; needed for growth, healthy eyes, skin, and mucous membranes
Vitamin B3 or niacin	lean meat, poultry, fish, peanuts and peanut butter, whole grain breads and cereals, peas, beans, and eggs	important for protein, carbohydrate, and fat metabolism; helps maintain appetite; important for the functioning of the skin, tongue, nervous system, and digestive system; helps cells use oxygen for energy
Vitamin D	milk, butter, liver, and fish liver oils; also obtained by exposing the body to direct sunlight, which interacts with the cholesterol in the skin	responsible for the body's absorption of the minerals calcium and phosphorus and contributes to the formation of healthy bones; especially important to growing children and women who are pregnant or breastfeeding
Vitamin E	cereals, nuts, vegetable oils, wheat germ, vegetables, fish, and fruits	antioxidant that protects the body from damage from free radicals; helps boost the immune system; assists in formation of red blood cells
Thiamin	lean pork, dried beans, peas, whole grain and enriched breads and cereals, and certain types of nuts	helps the body obtain energy from foods

Table 22-1. *Sources and functions of essential vitamins.*

MINERAL	SOURCE	FUNCTION
Iron	egg yolks, green leafy vegetables, breads, cereals, and organ meats	necessary for red blood cells to carry oxygen; helps in the formation of enzymes
Sodium	almost all foods and table salt	important for maintaining fluid balance (helps the body retain water)
Calcium	milk and milk products such as cheese, yogurt, and ice cream; green leafy vegetables such as collards, kale, mustard, dandelion, and turnip greens; canned fish with soft bones, such as salmon	important for the formation of teeth and bones, the clotting of blood, muscle contraction, and heart and nerve function
Potassium	fruits and vegetables, cereals, coffee, and meats	essential for nerve and heart function and muscle contraction
Phosphorus	milk, milk products, meat, fish, poultry, nuts, and eggs	needed for the formation of bones and teeth and for nerve and heart function; important for the body's utilization of proteins, fats, and carbohydrates

Table 22-2. *Sources and functions of essential minerals.*

Fig. 22-4. To help promote healthy eating practices, the US Department of Agriculture developed the MyPlate icon and website (ChooseMyPlate.gov).

The goal of MyPlate is to guide people in making healthy food choices. The icon is based on scientific information about nutrition and health. It shows the amounts of each food group that should be on a person's plate. MyPlate gives suggestions and tools for making healthy choices; however, it does not provide specific messages about what a person should eat. The MyPlate icon includes the following food groups:

Vegetables and fruits: Fruits and vegetables should make up half of a person's plate. Vegetables include all fresh, frozen, canned, and dried vegetables, and vegetable juices. There are five subgroups within the vegetable group, organized by their nutritional content. These are dark green vegetables, red and orange vegetables, beans and peas, starchy vegetables, and other vegetables. A variety of vegetables from these subgroups should be eaten every day. Dark green, red, and orange vegetables have the best nutritional content (Fig. 22-5).

Vegetables are low in fat and calories and have no cholesterol (although sauces and seasonings may add fat, calories, and cholesterol). They are good sources of dietary fiber, potassium, vitamin A, vitamin E, and vitamin C.

Fig. 22-5. Eating a variety of vegetables every day, especially dark green, red, and orange vegetables, helps promote health.

Fruits include all fresh, frozen, canned, and dried fruits, and 100% fruit juices. Most choices should be whole, cut-up, or pureed fruit, rather than juice, for the additional dietary fiber provided. Fruit can be added as a main dish, side dish, or dessert.

Fruits, like vegetables, are naturally low in fat, sodium, and calories and have no cholesterol. They are important sources of dietary fiber and many nutrients, including folic acid, potassium, and vitamin C. Foods containing dietary fiber help provide a feeling of fullness with fewer calories. Folic acid helps the body form red blood cells. Vitamin C is important for growth and repair of body tissues.

Grains: A person should make half his grain intake whole grains. There are many different grains. Some common ones are wheat, rice, oats, cornmeal, and barley. Foods made from grains include bread, pasta, oatmeal, breakfast cereals, tortillas, and grits. Grains can be divided into two groups: whole grains and refined grains. Whole grains contain bran and germ, as well as the endosperm. Refined grains retain only the endosperm. The endosperm is the tissue within flowering plants. It surrounds and nourishes the plant embryo. Examples of whole grains include brown rice, wild rice, bulgur, oatmeal, whole-grain corn, whole oats, whole wheat, and whole rye. Consuming foods rich in fiber reduces the risk of heart disease and other diseases and may reduce constipation.

Protein: MyPlate guidelines emphasize eating a variety of protein foods every week. Meat, poultry, seafood, and eggs are animal sources of proteins. Beans, peas, soy products, vegetarian meat substitutes, nuts, and seeds are plant sources of proteins.

Seafood should be eaten twice a week in place of meat or poultry. Seafood that is higher in oils and low in mercury, such as salmon or trout, is a better choice (Fig. 22-6). Lean meats and poultry, as well as eggs and egg whites, can be eaten on a regular basis. A person should eat plant-based protein foods more often. Beans and peas, soy products (tofu, tempeh, many vegetarian products), vegetarian meat substitutes, nuts, and seeds are low in saturated fat and high in fiber. Some nuts and seeds (flax, walnuts) are excellent sources of essential fatty acids. These fatty acids may reduce the risk of cardiovascular disease. Sunflower seeds and almonds are good sources of vitamin E.

Fig. 22-6. *Fish, like this salmon, contains healthy oils and is a good source of protein.*

Dairy: All milk products and foods made from milk that retain their calcium content, such as yogurt and cheese, are part of the dairy category. Most dairy group choices should be fat-free (0%) or low-fat (1%). Fat-free or low-fat milk or yogurt should be chosen more often than cheese. Milk and yogurt contain less sodium than most cheeses.

Milk provides nutrients that are vital for the health and maintenance of the body. These nutrients include calcium, potassium, vitamin D, and protein. Fat-free or low-fat milk provides these nutrients without the extra calories and saturated fat (Fig. 22-7). Soy, almond, rice, and oat products enriched with calcium are an alternative to dairy foods.

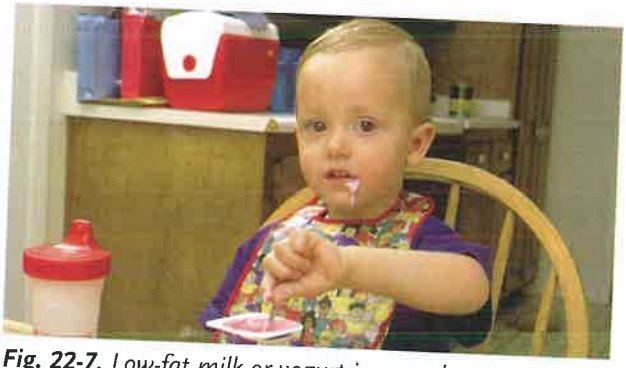

Fig. 22-7. *Low-fat milk or yogurt is a good source of calcium without the added saturated fat.*

The following guidelines provide additional tips for making healthy food choices:

Guidelines: Healthy Food Choices

- Balance calories. Calorie balance is the relationship between the calories obtained from food and fluids consumed and the calories used during normal body functions and physical activity. Proper calorie intake varies from person to person. To find the proper calorie intake, the USDA suggests visiting ChooseMyPlate.gov.
- Enjoy your food, but eat less. Eating too fast or eating without paying attention to your food can lead to overeating. Recognize when you feel hungry and when you are full. Notice what you are eating. Stop eating when you feel satisfied.
- Avoid oversized portions. Choose smaller-sized portions when eating. Portion out food before you eat it, and use smaller bowls and plates for meals. When eating out, split food with others or take part of your meal home.
- Eat these foods more often: vegetables, fruits, whole grains, and fat-free or 1% milk and low-fat dairy products. These foods have better nutrients for health.
- Eat these foods less often: foods high in solid fats, added sugars, and salt. These foods

include fatty meats (like bacon and hot dogs), cheese, fried foods, ice cream, and cookies.

G Check sodium content in foods. Read product labels to determine if they contain salt or sodium. Foods high in sodium include the following:

- Cured meats, including ham, bacon, lunch meat, sausage, salt pork, and hot dogs
- Salty or smoked fish, including herring, salted cod, sardines, anchovies, caviar, smoked salmon, and lox
- Processed cheese and some other cheeses
- Salted foods, including nuts, pretzels, potato chips, dips, and spreads, such as salted butter and margarine
- Vegetables preserved in brine, such as pickles, sauerkraut, olives, and relishes
- Sauces with high concentrations of salt, including Worcestershire, chili, steak, and soy sauces; ketchup; mustard; and mayonnaise
- Commercially prepared foods such as breads, canned soups and vegetables, and certain breakfast cereals

Select canned foods that are labeled *sodium-free*, *very low-sodium*, *low-sodium*, or *reduced sodium*.

G Drink water instead of sugary drinks. Drinking water or unsweetened beverages reduces sugar and calorie intake. Sweetened beverages, such as soda, fruit punch, and sports drinks, are a major source of sugar and calories in diets.

3. Identify ways to assist clients in maintaining fluid balance

Water is an essential nutrient for life. Proper fluid intake is important. Drinking enough water or other fluids per day can help prevent constipation and urinary incontinence. Without enough fluid, urine becomes concentrated. More concentrated urine creates a higher risk for infection. Proper fluid intake also helps to dilute wastes and flush out the urinary system. It may even help prevent confusion.

The sense of thirst can diminish as people age. Infection, fever, diarrhea, and some medications will also increase the need for fluid intake. Home health aides should remind clients to drink fluids often. Some clients will drink more fluids if they are offered them in smaller amounts, rather than in one large glassful.

Some clients may have a doctor's order to encourage fluids or restrict fluids because of medical conditions. When a client has an order to restrict fluids, he must limit the daily amount of fluid intake to a level set by the doctor. The HHA should not give the client any extra fluids unless the supervisor approves it.

The abbreviation **NPO** stands for *nothing by mouth*. This means that a client is not allowed to have anything to eat or drink. Some clients have such a severe problem with swallowing that it is unsafe to give them anything by mouth. These clients will receive nutrition through a feeding tube or intravenously. Some clients may not be able to eat or drink for a short time before a medical test or surgery. HHAs need to know this abbreviation. They should never offer any food or drink, even water, to a client with this order.

Dehydration (*dee-high-DRAY-shun*) occurs when a person does not have enough fluid in the body. Dehydration is a serious condition and a major problem among the elderly. People can become dehydrated if they do not drink enough or if they have diarrhea or are vomiting. Preventing dehydration is very important.

Guidelines: Preventing Dehydration

G Report observations and warning signs to your supervisor immediately.

G Encourage clients to drink every time you see them (Fig. 22-8).

Fig. 22-8. Encouraging your clients to drink every time you see them can help prevent dehydration.

- G Offer fresh water or other fluids often. Offer drinks that the client enjoys. Some clients may prefer water or sparkling water (seltzer water). Some clients may not like water and prefer other types of beverages, such as juice, soda, tea, or milk. Some clients do not want ice in their drinks. As always, it is important to provide person-centered care and to honor personal preferences.
- G Ice chips, frozen flavored ice sticks, and gelatin are also forms of liquids. Offer them often. Do not offer ice chips or sticks if a client has a swallowing problem.
- G If appropriate, offer sips of liquid between bites of food during meals and snacks.
- G Make sure a pitcher and cup are nearby and are light enough for a client to lift.
- G Offer assistance if a client cannot drink without help. Use assistive cups as needed.
- G Record fluid intake and output.

Observing and Reporting: Dehydration

Report any of the following to the supervisor:

- O/R Client drinks fewer than six 8-ounce glasses of liquid per day
- O/R Client drinks little or no fluids at meals
- O/R Client needs help drinking from a cup or glass
- O/R Client has trouble swallowing liquids
- O/R Client experiences frequent vomiting, diarrhea, or fever
- O/R Client is easily confused

Report if the client has any of the following:

- O/R Dry mouth
- O/R Cracked lips
- O/R Sunken eyes
- O/R Dark urine
- O/R Strong-smelling urine
- O/R Less frequent urination
- O/R Weight loss
- O/R Fatigue
- O/R Dizziness
- O/R Abdominal pain
- O/R Client says she is very thirsty

Fluid overload occurs when the body is unable to handle the amount of fluid consumed. This often affects people with heart or kidney disease.

Observing and Reporting: Fluid Overload

Report any of the following to the supervisor:

- O/R Swelling/edema of extremities (ankles, feet, fingers, hands); **edema** is swelling caused by excess fluid in body tissues
- O/R Weight gain (daily weight gain of one to two pounds)
- O/R Decreased urine output
- O/R Shortness of breath
- O/R Increased heart rate
- O/R Anxiety
- O/R Skin that appears tight, smooth, and shiny

Fluid balance is maintaining equal input and output, or taking in and eliminating equal amounts of fluid. It can be measured by

monitoring a client's intake and output. Chapter 14 describes how to do this. If dehydration or fluid overload is suspected, the HHA should contact her supervisor immediately.

4. Identify nutritional problems of the elderly or ill

Aging and illness can lead to emotional and physical problems that affect the intake of food. For example, people who are lonely or who suffer from illnesses that affect their ability to chew and swallow may have little interest in food. Weaker hands and arms due to paralysis and tremors make it hard to eat. People with illnesses that affect their ability to chew and swallow may not want to eat. Special care must be taken in meal planning and preparation to ensure proper nutrition.

Clients who have small appetites may eat more if they are fed five or six small meals a day. If an HHA is concerned that a client is not getting enough nutrients, she can talk with her supervisor about preparing high-calorie, high-protein foods and beverages and nutritional supplements.

Unintended weight loss is a serious problem for the elderly. Weight loss can mean the client has a serious medical condition. It can lead to skin breakdown, which leads to pressure injuries. It is very important for home health aides to report any weight loss, no matter how small. If a client has chronic obstructive pulmonary disease, cancer, HIV, or other diseases, he is at a greater risk for malnutrition.

Guidelines: Preventing Unintended Weight Loss

- G Report observations and warning signs to your supervisor.
- G Food should look, taste, and smell good, particularly since the client may have a poor sense of taste and smell.
- G Encourage clients to eat. Talk about food being served in a positive tone of voice, using positive words.
- G Honor clients' food likes and dislikes.
- G Offer different kinds of foods and beverages.
- G Help clients who have trouble feeding themselves.
- G Season food to clients' preferences.
- G Allow enough time for clients to finish eating.
- G Notify your supervisor if clients have trouble using utensils.
- G Record the meal/snack intake.
- G Provide oral care before and after meals and as the client requests it.
- G Position clients sitting upright for eating.
- G If a client has had a loss of appetite and/or seems sad, ask about it.

Observing and Reporting: Unintended Weight Loss

Report any of the following to the supervisor:

- O/R Client needs help eating or drinking
- O/R Client eats less than 75% of meals served
- O/R Client has mouth pain
- O/R Client has dentures that do not fit properly
- O/R Client has difficulty chewing or swallowing
- O/R Client coughs or chokes while eating
- O/R Client is sad, has crying spells, or withdraws from others
- O/R Client is confused, wanders, or paces

Certain medications and limited activity cause constipation. Constipation often interferes with appetite. Fiber, fluids, and exercise can improve this common problem. Many illnesses require restrictions of fluids, proteins, certain minerals, or calories.

In addition, clients who are ill are often fatigued, nauseated, or in pain. These clients should get plenty of rest and take prescribed medications (Fig. 22-9). Some medications must be taken with food, while others must be taken before meals. These instructions are important both for helping clients remember to take medications and for limiting nausea and upset stomach caused by medications. People who are nauseated may tolerate cold foods better than warm foods, because cold foods have less aroma. Eating small amounts of food throughout the day and eating slowly may also help.

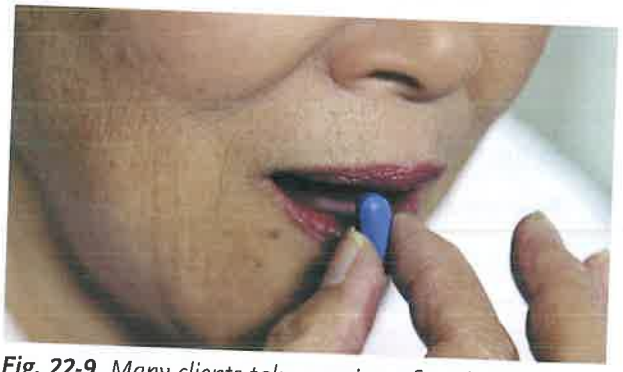

Fig. 22-9. *Many clients take a variety of medications, which can affect the way food smells and tastes.*

Clients who have had strokes may have difficulty swallowing liquids because of facial weakness or paralysis. Liquids that have been thickened may be easier to swallow. Thickening improves the ability to control fluid in the mouth and throat. Thickened liquids include milkshakes, sherbet, gelatin, thin hot cereal, cream soups, and fruit juices that have been frozen to a slushy consistency. More information about swallowing problems and thickened liquids may be found later in this chapter.

When the digestive system does not function properly, **parenteral** (*pa-REN-ter-uhl*) **nutrition (PN)** (sometimes referred to as *total parenteral nutrition* [*TPN*]) may be necessary. With parenteral nutrition, a solution of nutrients is administered directly into the bloodstream. It bypasses the digestive system. The nutrients are in their most basic forms of carbohydrates, proteins, and fats and are absorbed directly by the cells.

Home health aides are not responsible for parenteral nutrition. They may be assigned to take the client's temperature or assemble supplies. In addition, they should observe, report, and document changes in the client or problems with the feeding.

When a person is unable to swallow, he or she may be fed through a tube. A **nasogastric tube** is inserted into the nose and goes to the stomach. A tube can also be placed into the stomach through the abdominal wall. This is called a **percutaneous endoscopic gastrostomy (PEG) tube**. The surgically created opening into the stomach that allows the insertion of a tube is called a **gastrostomy** (Fig. 22-10). Tube feedings are used when clients cannot swallow but can digest food. Conditions that may prevent clients from swallowing include coma, cancer, stroke, refusal to eat, or extreme weakness. It is important to remember that clients have the right to refuse treatment, which includes the insertion of tubes.

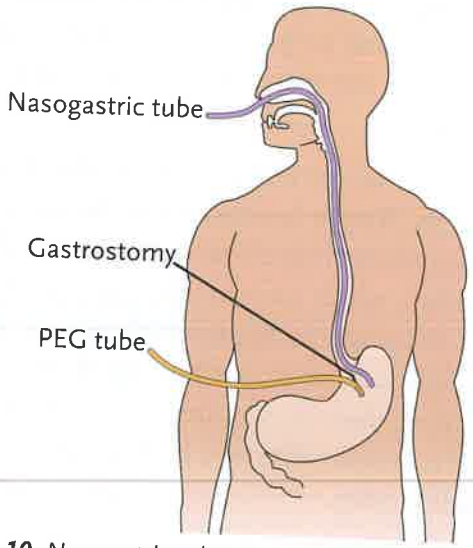

Fig. 22-10. *Nasogastric tubes are inserted through the nose, and PEG tubes are inserted through the abdominal wall into the stomach.*

Home health aides never insert or remove tubes, do the feeding, or irrigate (clean) the tubes. They may assemble equipment and supplies and hand them to the nurse. HHAs may position clients in a sitting position for feeding. They may also

discard or clean used equipment and supplies. In addition, HHAs may observe, report, and document any changes in the client or problems with the feeding.

Guidelines: Tube Feedings

- G Wash your hands before assisting with any aspect of tube feedings.
- G Make sure the tubing is not coiled or kinked or resting underneath the client.
- G Be aware if client has an order for nothing by mouth, or NPO.
- G The tube is only inserted and removed by a doctor or nurse. If it comes out, report it immediately.
- G A doctor will prescribe the type and amount of feeding. The feedings should be at room temperature and in liquid form.
- G A client with a feeding tube should always have the head of the bed elevated 30 degrees. However, during the feeding, the client should remain in a sitting position with the head of the bed elevated at least 45 degrees. This helps prevent serious problems, such as aspiration. The elderly can develop pneumonia or even die from improper positioning during tube feedings. After the feeding, keep the client upright for as long as ordered, at least 30 minutes.
- G If your client must remain in bed for long periods during feedings, give careful skin care. This helps to prevent pressure injuries on the hips and sacral area.

Observing and Reporting: Tube Feedings

Report any of the following immediately:

- O/R Redness or drainage around the opening
- O/R Skin sores or bruises
- O/R Cyanotic skin
- O/R Client mentions pain or nausea
- O/R Choking or coughing
- O/R Vomiting
- O/R Diarrhea
- O/R Swollen abdomen
- O/R Fever
- O/R Tube falls out
- O/R Problems with the equipment
- O/R Feeding pump alarm sounds
- O/R Change of client's inclined position

5. Demonstrate awareness of regional, cultural, and religious food preferences

Culture, ethnicity, income, education, religion, and geography all affect ideas about nutrition. Food preferences may be formed by what a person ate as a child, by what tastes good, or by personal beliefs about what should be eaten (Fig. 22-11). For instance, some people choose not to eat any animals or animal products, such as steak, chicken, butter, or eggs. These people are called vegetarians or vegans, depending on what they eat.

Fig. 22-11. *Food likes and dislikes are influenced by what a person ate as a child.*

The region or culture in which a person grows up often affects his food preference. For example, people from the southwestern United States may like spicy foods. Southern cooking may

include fried foods, like fried chicken or fried okra. Ethnic groups often share common foods. These may be eaten at certain times of the year or all of the time. Religious beliefs influence diet, too. For example, some Muslims and Jewish people do not eat any pork. Members of the Church of Jesus Christ of Latter-day Saints may not drink alcohol, coffee, or tea.

When planning meals and cooking for clients, home health aides should know clients' food preferences. Some of these may be listed in the care plan. HHAs will also need to find out more before planning meals. A good way for the HHA to do this is to ask the client or a family member to discuss his food preferences, or suggest some sample menus and ask for reactions. Food preferences may change while working with clients. Just as anyone may decide that she likes foods for a time and then change her mind, so may clients. Providing person-centered care means respecting each client's preferences.

Paying attention to what is eaten when meals are served is also important. If a client never finishes her chicken, it may mean that she prefers other kinds of meats. Cost may also be a factor in choosing foods. Protein-rich foods are generally the most expensive, but are also the most important for the healing process. There is more information about these aspects of meal planning in Chapter 23.

6. List and define common health claims on food labels

Food packages often make claims about the health benefits of the food they contain. Food labels are a form of advertising designed to convince shoppers to buy a product. Although some regulations exist about what labels can claim, an HHA should read health claims carefully before making a decision to buy. Key claims in food label advertising include the following:

Low-fat, nonfat, fat-free, reduced fat, or light: If a product is labeled *low-fat* or *nonfat*, it usually does not contain much fat. However, it is still important to read the label to determine the fat content of the food.

Products labeled *reduced fat* or *light* contain less fat than other versions of the same product. For example, salad dressing labeled *reduced fat* should contain 25 percent less fat than regular salad dressing, but it may still be high in fat. Salad dressing labeled *light* should contain 50 percent less fat than regular. Reading the label is the only way to determine fat content. Some foods that claim to have less fat may contain fat substitutes. In general, the best food and dollar value is found in products that do not contain these substitutes.

Cookies, cakes, and other treats labeled *fat-free* or *reduced fat* usually contain a lot of sugar and calories. All sweets should be eaten sparingly, as they provide little or no nutritional value. Extra calories, especially sugars, are quickly converted to fat by the body.

Low-sodium, very low-sodium, sodium-free, or no added salt (or no salt added): For clients who must reduce their sodium or salt intake, foods labeled *low-sodium, very low-sodium,* or *sodium-free* are important. *No added salt* or *no salt added* means that no salt was added during processing, but these products may not be sodium free. Most foods naturally contain some sodium. Foods that list salt or sodium as added ingredients should be avoided. In general, canned foods and prepared foods like soups and frozen dinners have a lot of added salt and should not be eaten regularly.

Cholesterol-free: Cholesterol-free foods may be useful for those clients who must restrict their cholesterol intake. However, the best way to limit cholesterol is to avoid foods containing animal fats, such as butter, cheese, whole milk, red meats, and organ meats.

Sugar-free or no added sugar: Clients who must lose weight or who have diabetes must be very careful about consuming sugar in any form.

Sugar-free products can be helpful, but they may contain artificial sweeteners, such as saccharin or aspartame. These have no food value and should be used sparingly. Foods sweetened with fruit juice may still contain a lot of calories. People who have diabetes may need to avoid fruit-juice-sweetened products as well as sugar-sweetened ones.

Organic: Organic food differs from conventionally produced food in the way it is grown, handled, and processed (Fig. 22-12). Organic food is produced without using most conventional pesticides, fertilizers made with synthetic ingredients or sewage sludge, bioengineering, or ionizing radiation. Organic meat, poultry, eggs, and dairy products come from animals that are given no antibiotics or growth hormones. Before a product can be labeled *organic* by the USDA, a government-approved certifier inspects the farm where the food is grown to make sure all rules are being followed to meet USDA organic standards. Companies that handle or process organic food before it gets to the supermarket or restaurant must be certified, too.

Fig. 22-12. *Foods labeled* organic *differ in the way they are grown, handled, and processed.*

Free range or free roaming: When poultry is labeled *free range* or *free roaming*, it means that the chickens producing the eggs have access to the outside each day. However, the length of time of that access is not specified.

Gluten-free: For a product to be labeled *gluten-free*, gluten must be limited to less than 20 parts per million (ppm) and should not contain any wheat, rye, barley, or crossbreeds of these grains. Foods that are naturally gluten-free like bottled water or raw fruits and vegetables can also be labeled gluten-free as long as any gluten that came in contact with the food is less than 20 ppm.

Natural, healthy, or good for you: These claims may have little or no meaning. In fact, due to consumers wanting clarification, in 2016, the US Food & Drug Administration (FDA, fda.gov) asked for information and public comment on questions related to the term *natural*. Buying whole, unprocessed grains, fresh fruits and vegetables, and lean meats, poultry, and fish is the best way to buy healthy, nutritious food. HHAs should not be swayed by the advertising on labels; they should check the facts.

There are many other food labels that are not regulated by the US government. These labels may be regulated by other organizations or not governed by any particular agency (*non-GMO, kosher, raw,* and *vegan* are examples). The HHA should follow the clients' preferences when choosing food based on labeling.

7. Explain the information on the FDA-required Nutrition Facts label

The FDA requires that all packaged foods contain a standardized nutrition label, called *Nutrition Facts*. This label contains information about the nutritional content of food (Fig. 22-13). Because the label is in the same format on all foods, it is easy to compare different products.

In 2016 major changes to the nutrition label became final. The changes make information easier to understand so that consumers can make informed decisions about what they eat. The Nutrition Facts label gives the following information:

Serving size and number of servings per container: Serving sizes aim to reflect the amount that people are actually eating, not what they should be eating. HHAs should check the size of the serving.

Calories per serving: The number of calories per serving tells how much food energy a serving contains. It does not explain how much nutritional value the food has. A candy bar is high in calories, providing quick energy, but has very few nutrients and lots of fat and sugar.

Total fat, cholesterol, sodium, total carbohydrate, and protein: The label provides information on total fat, including saturated fat and trans fat; cholesterol; sodium; total carbohydrates, including dietary fiber and total sugars; and protein. Total sugars has a subcategory of added sugars to help consumers understand how much sugar has been added to a product. Studies have shown that excessive sugar may be linked to a variety of serious conditions and diseases.

Nutrition Facts

12 servings per containter

Serving size **1 cup (28g)**

Amount per serving

Calories **103**

	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 0g	**1%**
Trans Fat 0g	
Cholesterol 0g	**0%**
Sodium 186mg	**8%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 3g	**11%**
Total Sugars 21g	
Includes 11g Added Sugars	**25%**
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Fig. 22-13. *The FDA-required Nutrition Facts label contains standard nutritional information that makes it easy to compare different products.*

Vitamins and minerals: The label lists the percentages of the recommended daily total for vitamin D, calcium, iron, and potassium. Manufacturers can voluntarily list amounts of other vitamins and minerals.

Percent daily values: The label tells a person what percent of the recommended daily total a serving contains. These recommended daily totals are based on a 2,000-calorie diet, so someone who eats fewer than 2,000 calories per day should have less each day. Someone who eats more than 2,000 calories per day can have more.

8. Explain special diets

A doctor sometimes places clients who have certain illnesses on special diets. These diets are known as **therapeutic**, **modified**, or **special diets**. Certain nutrients or fluids may be restricted or eliminated. Some medications may also interact with certain foods, which then must be restricted. Clients who do not eat enough may be placed on special supplementary diets. Diets are also prescribed for weight control and food allergies.

Home health aides will play an important role in helping clients follow their modified diets. Several types of modified diets are available for different illnesses. Some clients may be on a combination of special diets. The care plan should specify any diet the client is on (Fig. 22-14). It should also explain any eating problems that a client may have and how the client's eating habits can be improved. Therapeutic diets can only be prescribed by doctors and planned by dietitians, along with the clients. An HHA should not modify the diet. Following the client's diet plan without making judgments is important. An HHA should report observations to his supervisor.

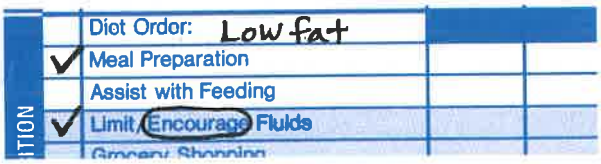

Fig. 22-14. *The care plan specifies the special diet ordered, as well as any additional dietary restrictions.*

Low-Sodium Diet: People are most familiar with sodium as one of the two components of salt. Salt is restricted first in a low-sodium diet because it is high in sodium. Excess sodium causes the body to retain more water in tissues and in the circulatory system than is necessary. This causes the heart to pump harder. This is harmful for clients who have high blood pressure, coronary artery disease, or kidney disease. A modified fluid intake may also be required for people with these conditions, because too much fluid can lead to congestive heart failure.

Recommendations vary, but the American Heart Association recommends sodium intake should be limited to less than 2,300 milligrams per day, moving toward an ideal amount of no more than 1,500 mg per day for most adults. Most people consume much more sodium than the recommended amount. Excess sodium is excreted in the urine and over the years can erode the kidneys, leading to hypertension and kidney disease.

The HHA should read product labels to determine if they contain salt or sodium in any form. A common form of sodium is **monosodium glutamate** (*GLOO-ta-mayt*), sometimes added to meat tenderizers, seasonings, and prepared foods to enhance flavor. Another common form is **sodium nitrate**, a salt used to preserve lunch meats and other cured meats. A partial list of foods high in sodium is located in Learning Objective 2 in the discussion of MyPlate.

Low-sodium meals can be made more flavorful by adding lemon, herbs, dry mustard, pepper, paprika, orange rind, onion, and garlic to recipes. The flavor of meats can also be enhanced by the addition of fruits and jellies. Salt substitutes should only be used with the approval of the client's doctor. These seasonings might be high in potassium, which can be harmful to people with certain illnesses, such as kidney disease.

Common abbreviations for this diet are *Low Na*, which means low sodium, or *NAS*, which stands for *No Added Salt*.

Fluid-Restricted Diet: The amount of fluid consumed through food and fluids must equal the amount of fluid that leaves the body through perspiration, stool, urine, and expiration. This is fluid balance. When fluid intake is greater than fluid output, body tissues become swollen with excess fluid. In addition, people with severe heart disease and kidney disease may have difficulty processing large volumes of fluid. To prevent further damage, doctors may restrict a client's fluid intake. For clients on fluid restriction, the HHA will measure and document exact amounts of fluid intake and report excesses to the supervisor. Additional fluids or foods that count as fluids, such as ice cream, puddings, gelatin, etc., should not be offered. If the client complains of thirst or requests fluids, the HHA should inform her supervisor. A common abbreviation for this diet is *RF*, which stands for *Restrict Fluids*.

High-Potassium Diet: Some clients take blood pressure medications or **diuretics** (*dye-you-RET-iks*), which are medications that reduce fluid volume. These clients may be excreting so much fluid that their bodies could be depleted of potassium. Other clients may be placed on a high-potassium diet for different reasons.

Foods high in potassium include bananas, grapefruit, oranges, orange juice, prune juice, prunes, dried apricots, figs, raisins, dates, cantaloupes, tomatoes, potatoes with skins, sweet potatoes and yams, winter squash, legumes, avocados, and unsalted nuts. *K+* is the common abbreviation for this diet.

Low-Protein Diet: People who have kidney disease may also be on a low-protein (also called *renal*) diet. Protein is restricted because it breaks down into compounds that may lead to further kidney damage. The extent of the restrictions depends on the stage of the disease and whether the client is on dialysis. Vegetables and starches, such as breads and pasta, are encouraged.

Low-Fat Diet: Eating a diet high in saturated fat may put a person at risk for heart disease. Choosing to eat unsaturated fat can reduce the risk of heart disease and improve HDL (good) cholesterol levels. People who have heart disease or who have had heart attacks are often prescribed a diet that is low in saturated fat. People with gallbladder disease, diseases that interfere with fat digestion, and liver disease are also placed on a low-fat diet. This diet limits the intake of saturated fat (trans fat should be avoided). Foods high in saturated fat include fatty meats, high-fat dairy products (especially cheese), hydrogenated oils, and desserts and baked goods. Foods that contain healthier fats include olive oil, nuts, avocado, and fatty fish like salmon (Fig. 22-15). People who have gallbladder disease or other digestive problems may be placed on a diet that restricts all fats. *Low-Fat* may be the abbreviation used for this diet, although sometimes *Cardiac Diet* is used. This means a diet that is low in sodium, fat, and cholesterol, as well as in excess sugar.

Fig. 22-15. *Healthier fats come from olive oil, nuts, avocados, and fatty fish.*

Modified Calorie Diet: Some clients may need to reduce calories to lose weight or prevent additional weight gain. Other clients may need to gain weight and increase calories because of malnutrition, surgery, illness, or fever. Common abbreviations for this diet are *Low-Cal* or *High-Cal.*

Bland Diet: Gastric and duodenal (*doo-a-DEE-nal*) ulcers can be irritated by foods that produce or increase levels of acid in the stomach, so these foods are eliminated. The bland diet is also used for people who have intestinal disorders, such as Crohn's disease or irritable bowel syndrome (IBS). The following foods and drinks should be avoided: alcohol; beverages containing caffeine, such as coffee, tea, and soft drinks; citrus juices; spicy foods; and spicy seasonings such as black pepper, cayenne, and chili pepper. Three meals or more a day are usually advised. If alcohol is allowed, it should be drunk with meals.

Diabetic Diet: People with diabetes must be very careful about what they eat. Calories and carbohydrates are carefully controlled, and protein and fats are also regulated. The types of foods and the amounts are determined by nutritional and energy needs. A dietitian and the client will make up a meal plan, taking into account the person's health status, activity levels, and lifestyle. The meal plan will include all the right types and amounts of food for each day.

The meal plan may use a counting carbohydrates approach (often called *carb counting*). After the proper amount of carbohydrates is determined by the dietitian, they need to be counted in each meal or snack. Nutrition labels need to be read, paying attention to serving size and carbohydrate content. Food portions may need to be measured.

To keep their blood glucose levels near normal, clients who have diabetes must eat the right amount of the right type of food at the right time. They must eat all that is served. This is necessary to maintain blood sugar. Home health aides should encourage them to eat all of their meals and snacks. HHAs should not offer other foods without the supervisor's approval. Any variation in eating patterns and routine must be reported to the doctor or nurse. If a client will not eat what is directed, does not finish meals or snacks, or is not following the diet, the HHA should notify her supervisor.

People who have diabetes should avoid foods that are high in sugar because sugary foods can cause problems with insulin balance. Foods and drinks high in sugar include candy, ice cream, cakes, cookies, jellies, jams, fruits canned in heavy syrup, soft drinks, sports drinks, and alcoholic beverages. Many foods are high in sugar that do not appear to be so, such as canned vegetables, many breakfast cereals, and ketchup. The HHA can read labels to determine if they contain sugar, looking for these words: sucrose, glucose, maltose, dextrose, lactose, fructose, and syrup. The American Diabetes Association's (ADA) website, diabetes.org, has more information. Additional information on diabetes may be found in Chapter 9.

Low-Residue (Low-Fiber) Diet: This diet decreases the amount of fiber, whole grains, raw fruits and vegetables, seeds, and other foods, such as dairy and coffee, in a person's diet. The low-residue diet is used for people with bowel disorders such as diverticulitis.

High-Residue (High-Fiber) Diet: High-residue diets increase the intake of fiber and whole grains, such as whole grain cereals, breads, and raw fruits and vegetables. This diet helps with problems such as constipation and bowel disorders.

Gluten-Free Diet: This diet is free of gluten, which is a protein found in wheat, rye, and barley. It is used for people with celiac disease, which is an autoimmune disease that can damage the intestines if gluten is consumed. Foods containing wheat flour, such as tortillas, crackers, breads, cakes, pasta, and cereals, are eliminated from the diet. Some sauces and dressings also have wheat in them. Other items that may contain gluten include beer, hot dogs, candy, broths, vitamins, and medications.

Unlike celiac disease, gluten intolerance is a condition that does not cause damage to the intestines. It does, however, cause unpleasant symptoms such as abdominal pain, gas, and diarrhea when products containing gluten are consumed. If a person has a gluten intolerance, eliminating gluten from the diet is usually enough to manage symptoms.

Vegetarian Diet: Health issues, such as diabetes or obesity, may cause a person to require a vegetarian diet. A person may also choose to eat a vegetarian diet for religious reasons or due to a dislike of meat, a compassion for animals, a belief in nonviolence, or financial issues. There are different types of vegetarian diets, including the following:

- A lacto-ovo vegetarian diet excludes all meats, fish, and poultry, but allows eggs and dairy products.
- A lacto-vegetarian diet eliminates poultry, meats, fish, and eggs, but allows dairy products.
- An ovo-vegetarian diet omits all meats, fish, poultry, and dairy products, but allows eggs.

Vegan Diet: A vegan diet consists of only plant-based foods and eliminates all poultry, meats, fish, eggs, and dairy products, along with foods that are derived from animals, such as gelatin and honey. Vegan diets may be ordered for people who have heart disease, diabetes, or other health issues, or a person may choose to eat a vegan diet for ethical or other reasons. Both vegetarians and vegans may need to take supplements such as iron supplements or B complex vitamins.

Limited Animal-Based Diets: A person might choose to limit his intake of animal-based foods by being a pescatarian. A pescatarian diet eliminates all meats and poultry, but allows fish and other seafood. Eggs and dairy products may be consumed.

A flexitarian diet is a diet in which plant-based foods are eaten primarily, but meats and other animal products are eaten occasionally.

Diets may also be modified in consistency:

Liquid Diet: A liquid diet is usually ordered for a short time due to a medical condition or before or after a test or surgery. It is ordered when a client needs to keep the intestinal tract free of food. A liquid diet consists of foods that are in a liquid state at body temperature. Liquid diets are usually ordered as *clear* or *full*. A clear liquid diet includes clear juices, broth, gelatin, and popsicles. A full liquid diet includes all the liquids served on a clear liquid diet with the addition of cream soups, milk, and ice cream.

Soft Diet and Mechanical Soft Diet: The soft diet is soft in texture and consists of soft or chopped foods that are easy to chew and swallow. Foods that are hard to chew and swallow, such as raw fruits and vegetables and some meats, will be restricted. High-fiber foods, fried foods, and spicy foods may also be limited to help with digestion. Doctors order this diet for clients who have trouble chewing and swallowing due to dental problems or other medical conditions. It is also ordered for people who are making the transition from a liquid diet to a regular diet.

The mechanical soft diet consists of chopped or blended foods that are easier to chew and swallow. Foods are prepared with blenders, food processors, meat grinders, or cutting utensils. Unlike the soft diet, the mechanical soft diet does not limit spices, fat, and fiber. Only the texture of foods is changed. For example, meats and poultry can be ground and moistened with sauces or water to ease swallowing. This diet is used for people recovering from surgery or who have difficulty chewing and swallowing.

Pureed Diet: To **puree** a food means to blend or grind it into a thick paste of baby food consistency. The food should be thick enough to hold its form in the mouth. This diet does not require a person to chew his food. A pureed diet is often used for people who have trouble chewing and/or swallowing more textured foods.

9. Describe guidelines for assisting with eating

Mealtime is often an important part of a client's day. This is especially true because weight loss and malnutrition issues are common among the elderly. Not only is mealtime the time for getting proper nourishment, but it is also a time for socializing. Socializing has a positive effect on eating. It can help prevent weight loss, dehydration, and malnutrition. It can also prevent loneliness and boredom. When it is practical, home health aides should plan meals so that they can sit and talk with clients while they eat. This promotes healthy eating.

Clients who must be fed are often embarrassed and depressed about their dependence on another person. Home health aides should be sensitive to this and only give assistance as specified, when necessary, or when the client requests it. They should encourage clients to do whatever they can for themselves. For example, if a client can hold and use a napkin, he should. Assistive devices are available to help clients eat and drink more independently (Fig. 22-16). More assistive devices are shown in Chapter 16.

Fig. 22-16. *This special utensil and plate are examples of assistive devices that can help with eating.* (PHOTO COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

Food Appearance, Texture, and Portion Size

The HHA should keep the color and texture of foods in mind when planning meals. For example, two types of green vegetables should not be served at the same meal. Rather than green beans and spinach, green beans and carrots may be a better option.

Serving food that is similar in texture may make the meal less interesting. For example, mashed potatoes and mashed rutabagas are similar. A boiled or baked potato could be used instead. To promote appetites, food should be attractively arranged on the plate and it should look appealing. Large portions should be avoided, unless the client normally eats larger amounts of food. Planning on smaller portions, but having enough food available in case the client requests seconds, is best. Small, frequent meals may be ordered for some clients. More information about meal planning is located in Chapter 23.

Guidelines: Assisting a Client with Eating

- Before you begin serving or helping the client, wash your hands.
- Never treat the client like a child. This is embarrassing and disrespectful. It is difficult for many people to accept help with feeding. Be supportive and encouraging.
- Sit at the client's eye level. The client should be sitting upright, at a 90-degree angle. Make eye contact with the client.
- Test the temperature of the food by putting your hand over the dish to sense the heat. Do not touch food to test its temperature. If you think the food is too hot, do not blow on it to cool it. Offer other food to give it time to cool.
- Cut foods and pour liquids as needed. Season foods to the client's preference.
- Identify the foods and fluids that are in front of the client. Call pureed foods by the correct name. For example, ask, "Would you like some green beans?" rather than referring to it as "some green stuff."
- Ask the client which food she prefers to eat first. Allow her to make the choice, even if she wants to eat dessert first.
- Do not mix foods unless the client requests it.
- Do not rush the meal. Allow time for the client to chew and swallow each bite. Be relaxed.
- Be social and friendly. Make simple conversation if the client wishes to do so. Try not to ask questions that require long answers. Use appropriate topics, such as the weather, the client's life, things the client enjoys, and food preferences. Say positive things about the food being served, such as, "This smells really good," and, "This looks really fresh."
- Give the client your full attention while she is eating.
- Alternate offering food and drink. Alternating cold and hot foods or bland foods and sweets can help increase appetite.

Assisting a client with eating

Equipment: meal and beverage; eating utensils; clothing protector (if appropriate); washcloths, wipes, or towel

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client if desired.
4. Raise the head of the bed or use pillows to make sure that the client is in an upright sitting position (at a 90-degree angle).
5. If bed is adjustable, adjust the bed height to where you will be able to sit at the client's eye level. Lock the bed wheels.
6. Place the food and drink where they can be easily seen by the client.
7. Help the client to clean her hands with a wet washcloth, wipe, or towel if she cannot do it herself.
8. Help the client put on the clothing protector if desired.

9. Sit facing the client at the client's eye level (Fig. 22-17). Sit on the stronger side if the client has one-sided weakness. Do not sit on the client's bed.

Fig. 22-17. *The client should be sitting upright and the HHA should be sitting at her eye level.*

10. Tell the client what foods and drink are there. Offer a drink of the beverage and ask what the client would like to eat first.

11. Check the temperature of the food. Using utensils, offer the food in bite-sized pieces. Tell the client the content of each bite of food offered (Fig. 22-18). Alternate types of food offered, allowing for the client's preferences. Do not feed all of one type before offering another type. Make sure the client's mouth is empty before the next bite or sip is offered.

Fig. 22-18. *Offer the food in bite-sized pieces, and direct food to the client's stronger, or unaffected, side. Tell the client the content of each bite of food.*

12. Ask the client if she is ready for the next sip of beverage. Offer sips of the beverage throughout the meal and at the end of the meal. If you are holding the cup, touch it to the client's lips before you tip it. Give small, frequent sips.

13. Talk with the client throughout the meal. It makes mealtime more enjoyable (Fig. 22-19). Do not rush the client.

Fig. 22-19. *Socializing makes mealtime more enjoyable and may increase how much the client eats and drinks.*

14. Using a washcloth, wipe, or towel, wipe food from the client's mouth and hands as needed during the meal (Fig. 22-20). Wipe again at the end of the meal.

Fig. 22-20. *Wiping food from the mouth during the meal helps to maintain the client's dignity.*

15. When the client is done eating, remove the clothing protector if used. Remove the tray or dishes.

16. Assist the client to a comfortable position. Keep the client in the upright position for at least 30 minutes. Make sure the bed is free of crumbs.

17. If you raised an adjustable bed, return it to its lowest position.
18. Wash your hands.
19. Document the client's intake, if required, and any observations. How did the client tolerate being upright for the meal? Did the client eat well? What foods did the client eat or not eat? Report any swallowing difficulties to your supervisor.

10. Describe eating and swallowing problems a client may have

Clients may have conditions that make eating or swallowing difficult. **Dysphagia** (*dis-FAY-jah*) means difficulty in swallowing. A stroke, or CVA, can cause weakness on one side of the body and paralysis. Nerve and muscle damage from head and neck cancer, multiple sclerosis, Parkinson's disease, or Alzheimer's disease can also contribute to dysphagia. If a client has trouble swallowing, soft foods and thickened liquids will be served. A special cup will help make swallowing easier.

Home health aides need to be able to recognize and report signs that a client has a swallowing problem. Signs and symptoms of swallowing problems include the following:

- Coughing during or after meals
- Choking during meals
- Dribbling saliva, food, or fluid from the mouth
- Having food residue inside the mouth or cheeks during and after meals
- Gurgling during or after meals or losing voice
- Eating slowly
- Avoiding eating
- Spitting out pieces of food
- Swallowing several times per mouthful
- Clearing the throat frequently during and after meals
- Watering eyes when eating or drinking
- Food or fluid coming up into the nose
- Making a visible effort to swallow
- Breathing rapidly or with shorter breaths while eating or drinking
- Difficulty chewing food
- Difficulty swallowing medications

Swallowing problems put clients at high risk for choking on food or drink. Inhaling food, fluid, or foreign material into the lungs is called **aspiration**. Aspiration can cause pneumonia or death. The supervisor must be notified immediately if an HHA notices any signs of swallowing problems.

Guidelines: Preventing Aspiration

- G Position clients properly for eating and drinking. They must sit upright at a 90-degree angle. Do not feed clients in a reclining position.
- G Offer small pieces of food or small spoonfuls of pureed food.
- G Feed clients slowly. Do not rush them.
- G Place food in the unaffected, or stronger, side of the mouth.
- G Make sure the mouth is empty before offering the next bite of food or sip of drink.
- G If possible, keep clients in the upright position for about 30 minutes after eating and drinking.

Clients with dysphagia or swallowing problems may be restricted to consuming only thickened liquids. Thickened liquids have a thickening powder or agent added to them, which improves the ability to control fluid in the mouth and

throat. A doctor orders the necessary thickness after the client has been evaluated by a speech-language pathologist.

If thickening is ordered, it must be used with all liquids. This means that a home health aide should not offer regular liquids, such as water or other beverages, to clients who require thickened liquids. There are three basic thickened consistencies:

1. **Nectar Thick**: This consistency is thicker than water. It is the thickness of a thick juice, such as pear nectar or tomato juice. A client can drink this from a cup.
2. **Honey Thick**: This consistency has the thickness of honey. It will pour very slowly. A client will usually use a spoon to consume it.
3. **Pudding Thick**: With this consistency, the liquids have become semisolid, much like pudding. A spoon should stand up straight in the glass when put into the middle of the drink. A client must consume these liquids with a spoon.

Chapter Review

1. List the six basic nutrients and identify which nutrient is the most essential for life.
2. According to MyPlate's suggestions, what should make up half of a person's plate?
3. List some examples of plant sources of protein foods.
4. According to MyPlate, what should most dairy group choices be?
5. Describe six ways that an HHA can help prevent dehydration.
6. What does the abbreviation *NPO* stand for?
7. Why is it important for an HHA to report any weight loss, no matter how small?
8. Name three reasons an elderly or ill client may have nutritional problems.
9. What is the proper position in which to place a client for eating?
10. What are two ways a client may be fed if he has a digestive system that does not function properly or if he cannot swallow?
11. List two factors that influence food choices.
12. What does it mean if a food is labeled *organic*?
13. What does the serving size reflect on a food label?
14. What is the first item to be restricted in a low-sodium diet?
15. Why might a client be placed on a low-fat diet?
16. What is the difference between a clear liquid diet and a full liquid diet?
17. How is the mechanical soft diet different from the soft diet?
18. Choose one of the diets listed in Learning Objective 8. Describe a meal that would be appropriate for a client on that diet.
19. How should an HHA test the temperature of food?
20. Give two examples of appropriate topics of conversation for an HHA to use with a client during mealtime.
21. List five guidelines for preventing aspiration.
22. List and briefly describe three basic thickened consistencies.

23

Meal Planning, Shopping, Preparation, and Storage

1. Explain how to prepare a basic food plan and list food shopping guidelines

Home health aides should plan meals for a week or at least several days before shopping. When planning, the client's dietary restrictions, food preferences, the number of people present at meals, and the client's budget should be taken into account. On a large sheet of paper, the HHA should write out the days for which she will shop, leaving space under each day for meals and snacks. She may end up serving the meals in a different order. However, by planning for each day, she will plan the right number of meals and buy the right amount of food (Fig. 23-1).

The HHA can fill in breakfasts, lunches, dinners, and snacks for each day. She can ask the client for ideas or look online (epicurious.com, allrecipes.com, and foodnetwork.com are a few options) or in cookbooks. A good plan will include leftovers that can be easily reheated on days the HHA will not be in the home. Nutritious snacks should be part of the plan; clients may need as many as three snacks a day. Beverages should be listed as well.

When the meal plan is complete, the HHA can make a shopping list. On another large sheet of paper, she can list categories, including produce, meats, canned goods, frozen foods, dairy, and other. She should leave space under each

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	Oatmeal w/Raisins TOAST JUICE	Scrambled eggs Orange Coffee	WAFFLES BANANAS JUICE	POACHED EGG ½ GRAPEFRUIT COFFEE	CORN FLAKES STRAWBERRIES OJ
SNACK	PEARS CHEESE	BRAN MUFFIN MILK	SLICED PEACH TOAST MILK	BRAN MUFFIN MILK	PEARS CHEESE
LUNCH	TOSSED SALAD W/ TURKEY, TOMATO, + CUCUMBER	CHICKEN SOUP SOURDOUGH BREAD ICED TEA	ROAST BEEF SANDWICH APPLESAUCE	TOMATO SOUP HAM SANDWICH	CHICKEN SALAD SANDWICH TOMATO SLICES
SNACK	BRAN MUFFIN MILK	APPLE SLICES CHEDDAR CHEESE	ENGLISH MUFFIN HOT TEA	APPLE SLICES CHEDDAR CHEESE	BANANA BREAD MILK
DINNER	ROAST BEEF POTATOES CARROTS APPLESAUCE	SMOKED HAM MASHED POTATOES GRAVY GREEN BEANS	BAKED POTATO W/ BROCCOLI AND CHEESE SOURDOUGH BREAD	BAKED CHICKEN PEAS + CARROTS CANTALOUPE	TUNA CASSEROLE SOURDOUGH BREAD PEACHES + YOGURT
SNACK	HOT COCOA ENGLISH MUFFIN	GRAHAM CRACKERS MILK	CORN MUFFIN MILK	BANANA BREAD ~~BLUEBERRY MUFFIN~~ MILK	CORN MUFFIN MILK

Fig. 23-1. A meal plan helps a home health aide know what kinds and quantities of food to buy for a week.

category to list the foods she needs to buy. Listing items by category saves time in the grocery store. The HHA can go through the plan meal by meal and write down all of the ingredients needed for each meal. Beverages should be included as well. The HHA should check the refrigerator, cabinets, and pantry for ingredients. Many needed ingredients may already be in the home. It is a good idea to keep a shopping list available so family members, clients, and caregivers can write down items they run out of during the week.

Nutritious Snacks

The client's dietary needs should be taken into account when planning snacks. For all instances of milk listed below, a nondairy alternative such as almond, soy, rice, or oat milk could be substituted.

- Low-salt pretzels and low-sodium tomato juice
- Celery with peanut butter and milk
- Graham crackers and milk
- Rice cakes with peanut butter and milk
- Cereal and milk
- Yogurt
- Baked tortilla chips with salsa
- Carrot, celery sticks, or crackers with hummus
- Gelatin with fruit
- Bran muffin and milk
- Raisins, dates, figs, prunes, or dried apricots
- Trail mix
- Smoothies made with fruit or vegetables and yogurt or milk blended together
- Fresh fruit
- Apple with peanut butter
- Apple with cheese

Meals that Make Good Leftovers

- Beef or vegetable stew
- Chili (meat or vegetable)
- Spaghetti with sauce
- Casseroles
- Red beans and rice
- Split pea soup
- Lentil soup
- Chicken soup
- Macaroni and cheese
- Lasagna (meat or vegetable)
- Meat loaf
- Pot roast

Guidelines: Shopping for Clients

- Use coupons. Check online for coupons or scan a newspaper if your client receives one. Print or clip coupons for items you have already planned to buy.
- Check store circulars for advertised specials. Compare foods by reading the unit price tags that are on the shelves in front of the product (Fig. 23-2). Store brands are usually cheaper than advertised brands.

Fig. 23-2. *Compare foods by reading the unit price tag.*

- Buy fresh foods that are in season, when they are at peak flavor and inexpensive. You may also want to buy seasonal foods for canning, freezing, or preserving. Follow your client's preferences when buying in-season foods.
- Buy in quantity. Large amounts or larger sizes are usually more economical, but do not buy more than you can store.
- Shop from your list. Do not be tempted by items that are not on your list.
- Avoid overly processed, already-mixed, or ready-made foods. They are usually more expensive and less nutritious. When time allows, buy staples, or basic items.

- Loaves of bread are generally a better buy than rolls or crackers. Day-old bread is usually sold at reduced prices. Buy whole-grain breads if the client agrees. Get different varieties from time to time.
- Milk can be bought in many forms. Choose the type that the client prefers. Skim or one percent milk has lower fat content and is usually cheaper than whole milk. Evaporated milk is useful in cooking.
- Buy a cheaper brand when appearance is not important. For example, store-brand mushroom pieces are fine to use in a casserole and cheaper than name-brand mushroom pieces.
- Read labels to be sure you are getting the kind of product and the quantity you want. Read labels for ingredients that may be harmful to your client, such as excessive sodium or sugar.
- Estimate the cost per serving before buying. Divide the total cost by the number of servings to determine the cost per serving.
- Consider the amount of waste in bones and fat when buying cheaper cuts of meat. Some cuts of less expensive meats yield only half of what leaner cuts yield per pound. For clients on low-fat diets, pick lean meats and take the skin off chicken and turkey parts. The skin holds much of the fat.

Inexpensive Meals

- Pasta dishes
- Baked stuffed potatoes
- Rice and beans
- Tuna casserole
- Chicken thighs or legs
- Hamburger casserole
- Pot roast
- Stews
- Lentil soup
- Split pea soup

When deciding what to buy, an HHA should keep these four factors in mind:

1. **Nutritional value**: Does this food contain essential nutrients, vitamins, and minerals? Is it unprocessed, without added salt or sugar?
2. **Quality**: Is this food fresh and in good condition? Fruits, vegetables, and meats should look fresh. Canned goods should not be dented, rusted, or bulging (bulging may be a sign of bacterial growth). Milk and dairy products should not have passed their expiration dates.
3. **Price**: Is this the most economical choice? If it costs more, is it worth it?
4. **Preference**: Will the client like this food? Can it be made into an appealing meal?

Environmentally Friendly Care

Organic, Local, and Sustainably Produced Foods

Planning healthy meals for clients is important. Proper nutrition is essential in improving health. More people are trying to include as much organic, local, and sustainably produced food as possible in their diets, and this may be important to some clients.

Organic food was introduced in Chapter 22. Organic food is produced without using most conventional pesticides, synthetic ingredients, bioengineering, or ionizing radiation. Organic meat, poultry, eggs, and dairy products come from animals that are given no antibiotics or growth hormones. For foods to be labeled organic they must meet certain legal standards.

The word *local* can have different meanings. Simply put, local foods are grown and produced as close to home as possible. Local foods are not necessarily organic, although they may be. One environmental benefit of buying food locally is that it is transported shorter distances, which may reduce the pollution associated with getting food to customers. Local foods may not require as much packaging or processing as foods that are shipped long distances, and that results in environmental benefits as well.

Although *sustainable* can also mean many different things, the main idea is that sustainably produced foods cause minimal or no harm to the environment or to those involved in the work of producing the food. The farming community is supported. Its workers are treated well, and the animals are treated humanely.

The HHA should buy and prepare the foods that each client wants. Organic, local, and sustainably produced foods will almost always be more expensive than other options and may not always be available. Choices should reflect the client's wishes. If unsure about exactly what the client wants, the HHA should talk to her supervisor.

2. List guidelines for safe food preparation

Foodborne illnesses affect up to 100 million people each year. Elderly people are at increased risk partly because they may not see, smell, or taste that food is spoiled. They also may not have the energy to prepare and store food safely. For people who have weakened immune systems because of AIDS or cancer, a foodborne illness can be deadly.

Guidelines: Safe Food Preparation

- Wash your hands frequently. Wash your hands thoroughly before beginning any food preparation. Wash your hands after touching non-food items and after handling raw meat, poultry, or fish.
- Keep your hair tied back or covered.
- Wear clean clothes or a clean apron.
- Wear gloves when you have a cut on your hands. Depending upon a client's illness, you may always have to wear gloves when preparing food. You may also have to wear a mask. Follow instructions in the care plan.
- Avoid coughing or sneezing around food. If you cough or sneeze, wash your hands immediately.
- Keep everything clean. Clean and disinfect countertops and other surfaces before, during (as necessary), and after food preparation.
- Handle raw meat, poultry, fish, and eggs carefully. Use an antibacterial kitchen cleaner or a dilute bleach solution to clean any countertops on which meat juices or raw eggs were spilled. Wrap paper or packaging containing meat juices in plastic and discard immediately.
- Once you have used a knife or cutting board to cut fresh meat, do not use it for anything else until it has been washed in hot, soapy water, rinsed in clear water, and allowed to air dry. Cutting boards made of plastic, glass, and nonporous acrylic can also be washed in the dishwasher. Use one cutting board for fresh produce and bread, and a separate cutting board for raw meat, poultry, and seafood (Fig. 23-3). This helps prevent contamination of food.

Fig. 23-3. *Use a separate cutting board for raw meat, poultry, and seafood. After use, wash the cutting board in hot, soapy water, rinse in clear water, and allow it to air dry.*

- Use hot, soapy water to wash utensils.
- Use clean dishcloths, sponges, and towels. Change them frequently. Wash sponges regularly in the dishwasher to disinfect them.
- Defrost frozen foods in the refrigerator, not on the countertop. Do not remove meats or dairy products from the refrigerator until just before use.
- Wash fruits and vegetables thoroughly in running water to remove pesticides and bacteria.
- Cook meats, poultry, and fish thoroughly to kill any harmful microorganisms they may contain. Heat leftovers thoroughly. Never leave food out for over two hours. Put warm foods in the refrigerator before they are cool, so that bacteria does not have a chance to

grow. Keep cold foods cold and hot foods hot. Use cooked meat, poultry, fish, and baked dishes within three to four days.

- Do not use cracked eggs. Do not consume or serve raw eggs.
- Never taste and stir with the same utensil.

3. Identify methods of food preparation

The following are basic methods of food preparation for making a variety of healthy meals:

Boiling: Food is cooked in boiling water until tender or done. This is the best method for cooking pasta, noodles, rice, and hard- or soft-boiled eggs (Fig. 23-4).

Fig. 23-4. *Boiling works well for pasta and other grains.*

Steaming: Steaming is a healthy way to prepare vegetables. A small amount of water is boiled in the bottom of a saucepan or pot, and food is set over it in a steamer basket or colander (Fig. 23-5). The pan is tightly covered to keep the steam in.

Fig. 23-5. *Steaming allows vegetables to retain their vitamins and flavor and may be done in a steamer basket or colander.*

Poaching: Fish or eggs may be cooked by poaching in barely boiling water or other liquids. Eggs are cracked and shells discarded before poaching. Fish may be poached in milk or broth, on top of the stove, or in the oven in a baking dish (Fig. 23-6).

Fig. 23-6. *Fish and eggs can both be poached.*

Roasting: Used for meats, poultry, and some vegetables, roasting is a simple way to cook. Dry heat roasting means food is roasted in an open pan in the oven. Food may be tossed with oil and spices before roasting. Meats and poultry are **basted**, or coated with juices or other liquids, during roasting (Fig. 23-7).

Fig. 23-7. *Vegetables, as well as meats and poultry, can be roasted. Meats roast well at high temperatures (450°F) but may need to be basted.*

Braising: Braising is a slow-cooking method that uses moist heat. Liquid such as broth, wine, or sauce is poured over and around meat or vegetables, and the pot is covered. The meat or vegetables are then slowly cooked at a temperature just below boiling. Braising is a good way to tenderize tough meats and vegetables, since the long cooking breaks down their fibers. Braising may be done in the oven or on the stove top.

Baking: Baking is used for many foods, including breads, poultry, fish, vegetables, and casseroles. Baking is done at moderate heat, 350°F to 400°F. Vegetables such as potatoes and winter squash bake very well (Fig. 23-8).

Fig. 23-8. *Potatoes are one type of vegetable that bakes very well.*

Broiling: Used primarily for meats, broiling involves cooking food close to the source of heat at a high temperature for a short time (Fig. 23-9). Meat must be tender to be broiled successfully; inexpensive and lean cuts are often better cooked using moist heat. The broil setting on the oven can also be used to melt cheese or brown the top of a casserole. An HHA should leave the oven door ajar when broiling and never leave the kitchen; things can burn very fast.

Fig. 23-9. *Broiling involves cooking at a very high temperature.*

Sautéing or stir-frying: These are quick cooking methods for vegetables and meats. A small amount of oil is used in a frying pan or wok over high heat (Fig. 23-10).

Fig. 23-10. *Stir-frying is quick and uses very little fat. Food must be stirred constantly to prevent it from sticking.*

Microwaving: Microwave ovens are safe to use for defrosting, reheating, and cooking. However, cold spots can occur in microwaved foods because of the irregular way the microwaves enter the oven and are absorbed by the food. If food does not cook evenly, bacteria may survive and cause foodborne illness. To minimize cold spots, foods should be stirred and rotated once or twice during cooking. Arranging foods uniformly in a covered dish and turning large foods upside down during cooking also help.

When defrosting food in the microwave, the store wrap should be removed first. Foam trays and plastic wraps may melt and cause chemicals to migrate into the food. The food should be placed in a microwave-safe dish instead. Foods being reheated in the microwave should be steaming and hot to the touch. Covering foods and stirring them from the outside in will encourage safe, even heating.

To ensure that meat is properly cooked, an HHA should use a meat thermometer to verify that the food has reached a safe temperature. She should check in several places to be sure ground beef, pork, veal, and lamb are cooked to 160°F. Fresh beef, pork, veal, and lamb should be 145°F

with a three-minute rest time. Ground or whole chicken and turkey should be 165°F. Visual signs of doneness include juices that run clear and meat that is no longer pink. Metal thermometers and other metal objects should not be placed in the microwave oven. Some clients cannot be near a microwave when it is in use.

Frying: Frying uses a lot of fat and is the least healthy way to cook. HHAs should avoid frying foods for clients (Fig. 23-11).

Fig. 23-11. *Frying foods is one of the least healthy ways to cook and should be avoided.*

Fresh, uncooked foods: Many fruits and vegetables have the most nutrients when eaten fresh, as in salads (Fig. 23-12). However, fresh fruits and vegetables may be difficult for some clients to chew or digest. Fruits and vegetables should be washed well to remove any chemicals or pesticides.

Fig. 23-12. *Many fruits and vegetables have the most nutrients when eaten uncooked and fresh.*

Preparing Mechanically Altered Diets

Information about special diets was introduced in Chapter 22. If a client has chewing or swallowing difficulties, weakness, paralysis, dental problems, or is recovering from surgery, the doctor may order a liquid, soft, mechanical soft, or pureed diet for a short time.

For soft, mechanical soft, or pureed diets, foods are prepared with blenders, food processors, meat grinders, or cutting utensils. Chopped foods are foods that have been cut up into very small pieces. When chopping food, a sharp knife and a clean cutting board (separate boards for raw meat and for vegetables and other foods) should be used. Grinding breaks the foods up into even smaller pieces. Pureed foods are cooked and then ground very fine or strained. A little liquid is added to give them the consistency of baby food. Grinding and pureeing can be done in a blender, food processor, or meat grinder. However, fruits and vegetables can also be pureed by pushing them through a colander with the back of a spoon.

All equipment used must be kept very clean to help prevent infection and illness. The blender or food processor must be taken apart after every use and each piece should be washed in hot, soapy water and rinsed thoroughly. The cutting board should be washed with soap or in the dishwasher after each use. This is especially important after chopping raw meat, poultry, and fish. Cutting boards should be allowed to air dry.

Changing the texture of food may make it lose its appeal. The HHA should season it according to the client's preferences and should talk about the food being served using positive words. Pureeing also causes nutrients to be lost, so vitamin supplements may be ordered. Constipation and dehydration are complications of a pureed diet. It is very important to follow directions exactly.

Preparing Nutritional Supplements

Illness and injury may call for nutritional supplements to be added into the client's diet. Certain medications also change the need for nutrients. For example, some medication prescribed for high blood pressure increases the need for potassium.

Nutritional supplements may come in a powdered form or liquid form. Powdered supplements need to be mixed with a liquid before being taken; the care plan will include instructions for how much liquid to add.

When preparing supplements, the supplement should be mixed thoroughly. The client should take it at the ordered time. Clients who are ill, tired, or in pain may not have much of an appetite. It may take a long time for a client to drink a large glass of a thick liquid. The HHA should be patient and encouraging. If the client does not want to drink the supplement, the HHA should not insist that he do so. However, it should be reported to the supervisor.

4. Identify four methods of low-fat food preparation

1. **Cook lean.** Boiling, steaming, broiling, roasting, and braising are all methods of cooking that require little or no added fat. Broiling also allows fats in meat to drip out before food is consumed. This lowers the fat content even more.
2. **Drain fat.** When using ground meat, an HHA should brown it first. It should then be removed with a slotted spoon and drained on paper towels or put in a colander to remove excess fat.
3. **Plan lean.** Choosing foods with lower saturated fat content to begin with will make low-fat cooking easier. Planning meals around vegetables or grains will help cut the fat content. Low-fat meals based on vegetables and grains include pasta dishes, roasted vegetables, quinoa, salads with lean plant or animal proteins, rice and beans, baked or stuffed potatoes, and soups.
4. **Substitute or cut down.** Sometimes high fat ingredients can be left out or replaced in a recipe. An HHA can leave out cheese or reduce the amount of cheese used on sandwiches or to top casseroles. Plain nonfat yogurt can be substituted for mayonnaise or sour cream. Nonfat cottage cheese can also be used on a baked potato instead of sour cream. For those who are vegan or who only need to lower their saturated fat intake, nut-based foods can be substituted for cheese and cream (cashew queso and cashew cream are two examples). Olive oil can be substituted for butter.

5. List four guidelines for safe food storage

1. **Buy cold food last; get it home fast.** After shopping, refrigerated foods should be put away first.
2. **Keep it safe; refrigerate.** The proper refrigerator temperature is between 36°F and 40°F. Freezer temperature should be 0°F. Refrigerated items that spoil easily should be kept in the rear of the refrigerator, not the door. Jars and packages will state if food requires refrigeration (Fig. 23-13). Items should not be frozen again after they have been thawed.

Fig. 23-13. Refrigeration guidelines can be found on food labels.

3. **Use small containers that seal tightly.** Foods cool more quickly when stored in smaller containers. They should be stored with enough room around them for air circulation. Foods should not be left out for more than two hours. They should be tightly covered. To prevent dry foods, such as cornmeal and flour, from becoming infested with insects, they should be stored in tightly-sealed or airtight containers. If an HHA finds items that are already infested, she should discard them and use a clean container to store a fresh supply. HHAs should check dry storage areas periodically for signs of insects and rodents.

4. **When in doubt, throw it out.** If an HHA is not sure whether food is spoiled, she must not take any chances. She should discard it. An HHA should check the expiration dates on foods, especially perishables, and check the refrigerator often for spoiled foods. Any expired foods should be discarded. Foods that have become moldy should be thrown away. Mold cannot be just scraped off.

Environmentally Friendly Care

Composting

Clients may use scraps left over from food preparation, food that was not eaten, or expired food to make compost. **Compost** is a mixture of decaying food and garden waste that is used to improve and fertilize soil. Another benefit of composting is that it reduces the amount of waste sent to landfills. Only certain items can be composted. Fruits and vegetables (including rinds and cores), egg shells, coffee grounds and filters, tea bags, old bread and crackers (and other items made from flour), grains, many types of expired boxed foods, and spices can be composted. Meats, fish, dairy products, grease, and oils cannot be composted. If a client has a compost bin, the HHA should follow instructions about what to compost, asking the client or supervisor for help when needed.

Chapter Review

1. When planning a meal for a client, what factors should the HHA take into account?
2. List 10 examples of nutritious snacks.
3. What are two reasons that an HHA should buy fresh foods that are in season?
4. Why is more expensive meat sometimes a better deal?
5. Why are overly processed or ready-made foods not as desirable as food made from scratch?
6. What is the longest period of time that cooked food can safely be left unrefrigerated?
7. What needs to happen after an HHA has used a cutting board to cut fresh meat?
8. How can pesticides be removed from fresh fruits and vegetables?
9. How can a sponge be disinfected?
10. Briefly describe each of the following food preparation methods: boiling, steaming, poaching, roasting, braising, baking, broiling, sautéing, microwaving, and frying.
11. What equipment is used to prepare soft, mechanical soft, or pureed diets?
12. An HHA has browned ground beef to make tacos for her client. What should be done before adding the seasoning to make it lower in fat?
13. Give an example of one low-fat substitution in addition to those listed in the text.
14. When is it acceptable to refreeze an item?
15. What does the phrase, "When in doubt, throw it out" mean?
16. If an HHA finds insects in the flour, what should he do?

Conversion Tables

Liquid Measures				
1 gal=	4 qt=	8 pt=	16 cups=	128 fl oz
1/2 gal=	2 qt=	4 pt=	8 cups=	64 fl oz
1/4 gal=	1 qt=	2 pt=	4 cups=	32 fl oz
	1/2 qt=	1 pt=	2 cups=	16 fl oz
	1/4 qt=	1/2 pt=	1 cup=	8 fl oz

Dry Measures			
1 cup=	8 fl oz=	16 tbsp=	48 tsp
3/4 cup=	6 fl oz=	12 tbsp=	36 tsp
2/3 cup=	5 1/3 fl oz=	10 2/3 tbsp=	32 tsp
1/2 cup=	4 fl oz=	8 tbsp=	24 tsp
1/3 cup=	2 2/3 fl oz=	5 1/3 tbsp=	16 tsp
1/4 cup=	2 fl oz=	4 tbsp=	12 tsp
1/8 cup=	1 fl oz=	2 tbsp=	6 tsp
		1 tbsp=	3 tsp

Emergency Substitutions

Emergency substitutions can sometimes be made, although it is best to use the ingredients called for in recipes.

Vegetables	
Ingredient	Substitute
1 1/3 cups cut-up fresh tomatoes, simmered 10 minutes	1 cup canned tomatoes
1/2 lb fresh mushrooms	4-oz can mushrooms
Legumes	With the exception of lentils, dried beans can be used interchangeably to suit personal preference.

Herbs, Spices, Seasonings	
Ingredient	Substitute
1 tbsp snipped fresh herbs	1 tsp same herb, dried, or 1/4 tsp powdered or ground
1 tsp dry mustard	2 tsp prepared mustard
1 tsp pumpkin pie spice	1/2 tsp cinnamon, 1/2 tsp ginger, 1/8 tsp ground allspice, 1/8 tsp nutmeg

Baking	
Ingredient	Substitute
1 tsp baking powder	1/4 tsp baking soda plus 1/2 tsp cream of tartar
1 pkg active dry yeast	2 1/4 tsp dry yeast
1 cup oil	1/2 lb butter or margarine
1 cup brown sugar	1 cup granulated sugar

Thickeners	
Ingredient	Substitute
1 tbsp cornstarch	2 tbsp flour, or 1 1/3 tbsp quick-cooking tapioca
1 tbsp flour	1/2 tbsp cornstarch, or 2 tsp quick-cooking tapioca, or two egg yolks
1 tbsp tapioca	1 1/2 tbsp flour

24 Managing Time, Energy, and Money

1. Explain three ways to work more efficiently

Taking care of the client and other family members who need assistance and support is the home health aide's most important responsibility. For this to be accomplished, an orderly and clean environment must be maintained. To balance these responsibilities, HHAs must manage their time and energy efficiently. The following are guidelines for working efficiently:

Guidelines: Working Efficiently

- **Distribute tasks.** Look at the client care plan and your assignments. Note the assigned housekeeping tasks. Divide the tasks and schedule them for the week and the month. Make sure all your assignments can be completed in the time allowed. Some tasks are best accomplished together. For example, it is most efficient to do all the laundry on one day. Then you are able to do larger loads and fold and iron all at once. Plan one morning or afternoon to do the laundry. For greater efficiency, plan other tasks to do while loads are in the washer or dryer.
- **Prioritize tasks.** Prioritizing your tasks is an important time and energy management skill. Think about the jobs you want to complete throughout the day. Which ones must be done immediately? Which ones must be done at a certain time? Which activities are not absolutely essential and could be put off? Spend time on activities that are most important first.
- **Simplify tasks.** Take time to think about how you will go about doing a task. Try to eliminate a few steps but still get the same result. For example, when baking a cake, can you mix everything in one bowl? When you clean up, can you stack everything on a tray and take it all to the sink at one time?
- **Be realistic.** You may not be able to get everything done even if you plan carefully. Reassess your schedule during the day. Have you finished what you planned or are you behind? When tasks take longer than you expected, or when unexpected tasks need to be done, be realistic about what you can do. Do not be afraid to change your plan. It is better to accomplish the highest priority tasks and let others go unfinished than to do everything halfway. The key to success is to be flexible.

Here are ways to conserve time and energy:

- **Energize.** Use proper body mechanics. Take occasional breaks to restore your energy. Alternate longer tasks with shorter tasks, and high-energy tasks with low-energy ones. Take care of yourself—eat right, exercise, and get plenty of rest.

- **Organize.** At the beginning of the day, do a mental rundown of the tasks that must be done, and rearrange your schedule if necessary. Plan what must be done and do it. Store frequently used items in convenient places near the work area. Assemble your equipment and materials before you begin a task. Keep clutter under control, and work in good light. Think about how to organize activities and equipment to avoid unnecessary work. Make and use shopping lists.
- **Economize.** Save time and energy by doing a little extra ahead of time. Use trays, baskets, or carts to carry several things at once. Prepare often used food items ahead of time and freeze them. Cook larger quantities and freeze meal-size portions. Cook more than one item in the oven at a time.
- **Minimize.** Look for ways to make tasks shorter and easier. Modify your workspace to make your work easier and more comfortable.
- **Specialize.** Use the right tool for each task. For example, a vegetable peeler is more efficient than a knife for peeling carrots. Take pride in what you are doing.
- Finally, be sure to thank family members who have picked up, cleaned up, or participated in household chores.

2. Describe how to follow an established work plan with the client and family

The client care plan and an HHA's assignments will explain the tasks that are required. The HHA can develop her own work plan. This will allow her to finish all of the assigned tasks as quickly and efficiently as possible. For each day or block of time spent in a home, the HHA can list all the tasks that need to be completed and then prioritize them. The most important should be marked *1*, and the next most important *2*, and so on. Finally, the HHA can write out a schedule for the day, filling in the highest priority tasks first. If there are tasks that must be done at a certain time, those tasks must be put on the schedule at the appropriate time.

Tasks should be distributed so that the HHA is not trying to do all the house cleaning in one afternoon. She may then end up with no time to bathe or care for a client. Simplifying tasks whenever possible will allow the HHA to accomplish more.

Following an established work plan means more can be done in less time. It will also allow clients and families to know what to expect. The HHA may even want to discuss the plan with a client or family member as she is preparing it or when it is finished (Fig. 24-1). Some people appreciate knowing what will be happening in their homes at any given time.

Fig. 24-1. *Prioritizing assignments helps a home health aide work more efficiently. The client should be included in the planning.*

3. Discuss ways to handle inappropriate requests

Occasionally, an HHA may be asked to do something that is not in the care plan or her assignments. Because each client's situation is unique, HHAs are not assigned the same tasks for every client. For example, the care plan may specify grocery shopping for Mrs. Singer, who lives alone and cannot drive. But if another client who lives with family members asks the HHA to run

to the store, the HHA has to say no if it is not in the care plan or her assignments.

Several things can help an HHA handle requests that she must refuse. First, she must explain that she is only allowed to do tasks assigned in the care plan. She can explain that nurses familiar with the client's condition give her assignments. It is helpful for the HHA to emphasize that she would like to help, but that she is limited to the tasks outlined in the care plan and her assignments. After explaining this to the client, she should contact her supervisor and discuss the request. The supervisor may add the task requested by the client to the HHA's assignments. It is possible it was left out by mistake. The HHA should document the client's request and the actions she took to address it.

Establishing a work schedule will also help an HHA handle inappropriate requests. If a client and family know what to expect, they may not be tempted to ask the HHA to do other tasks. Sharing a schedule of everything she must accomplish in a visit may help the client understand the HHA's job. If inappropriate requests continue, clients or family members should be referred to the supervisor.

4. List five money-saving homemaking tips

The home health aide can use these tips to help save the client money:

Check store circulars for advertised specials. The HHA should plan menus around foods that are a good value; for example, raw foods are less expensive than prepared ones. Chapter 23 discusses more ways to plan economical meals.

Use coupons. The HHA can check online for coupons or scan the newspaper if a client receives one.

Shop from a list. The HHA should not be tempted by items that are not on the list, even if they are on sale.

Avoid convenience stores. Shopping at large supermarkets or discount stores usually guarantees the best prices.

Plan ahead. Restocking needed items before they run out will save money. Planning will also save time and energy. For example, the HHA will not have to make a special trip when she discovers the client is out of laundry detergent.

5. List guidelines for handling a client's money

Different states and employers have different regulations and policies regarding healthcare employees handling clients' money. An HHA must find out from his employer whether he will be expected to handle a client's money. If he is not allowed to handle money, he should never agree to do so, even occasionally. He could get himself and his employer into serious trouble. If an HHA's state and his employer permit him to handle clients' money, there are several guidelines he must follow:

Guidelines: Handling a Client's Money

- Never use a client's money for your own needs, even if you plan to pay it back. This is considered stealing. You could lose your job and/or be arrested.
- Estimate the amount of money you will need before requesting it. If you are going to the grocery store, show the client your list and ask how much he is willing to spend on groceries or how much is budgeted. You may need to take things off of your list or calculate the total bill as you shop in order to stay within the budget allotted (Fig. 24-2).
- Get a receipt for every purchase. This proves how much you spent and provides a record for the client and you.
- Return receipts and change to the client or family member immediately. Do not wait

until the end of the day or week to settle up. Do it right away while everything is fresh in your mind. Forgetting to return change could be viewed by the client or a family member as stealing.

Fig. 24-2. *Using your phone's calculator in the grocery store helps you stay within the client's budget.*

- Keep a record of the money you have spent. Follow your agency's policies and procedures for documenting money issues. Write down how much you spent and where. Note any change returned to the client. The better record you have, the smaller the chance of any misunderstanding.
- Keep a client's cash separate from yours. If you use the client's cash, do not put it in your own wallet. Keep it in a separate, safe place. Do the same with change. This will prevent confusion.
- Never offer money advice to a client. Do not refer a client to others regarding financial matters.
- Remember, your clients' financial matters are private. Never discuss your clients' money matters with anyone.

Chapter Review

1. List three ways to work more efficiently.
2. What does it mean to prioritize tasks?
3. How should the HHA handle requests that are not in the care plan?
4. How might an HHA help a client and his family understand the HHA's job? How might this reduce inappropriate requests?
5. List five money-saving homemaking tips.
6. List six guidelines for handling a client's money.
7. Why is it important to get a receipt for anything purchased with a client's money?
8. When shopping for clients, how can calculating costs in the store be useful?

25
Caring for Yourself and Your Career

The first 24 chapters of this book introduce readers to the home health care setting. They cover the knowledge, skills, and qualities a person needs to work as a home health aide. This final chapter is more personal. It has to do with finding and keeping a job. This chapter addresses the reader directly. It includes a short description of job opportunities in the healthcare field, a step-by-step job-hunting guide, and useful advice about building positive relationships with employers and coworkers. It also includes helpful tips for managing stress and staying healthy.

1. Discuss different types of careers in the healthcare field

There are many different types of careers in the healthcare field. Some of these are considered *direct service*. These are the positions that serve the resident, client, or patient directly. Home health aides, nursing assistants, patient care technicians, nurses, physician assistants, and doctors all provide direct service. Professionals in therapeutic services, such as occupational, speech, and physical therapists, also offer direct service.

Some specialized technicians, such as X-ray, lab, and ultrasound technicians, work in diagnostic services, which are performed to determine a condition and/or its cause (Fig. 25-1).

Medical social workers and substance abuse counselors are part of the psychology, counseling, and social work fields. Activities directors and assistants also work in health care. Administrative and support staff, including directors or other executive staff, medical records personnel, receptionists, office managers, and billing staff are also part of the healthcare field.

Fig. 25-1. *Lab technicians may conduct tests to help diagnose a condition.*

Career opportunities in health care also include the fields of dentistry, nutrition, and pharmacy. Complementary or alternative healthcare fields include chiropractic medicine and massage therapy (Fig. 25-2).

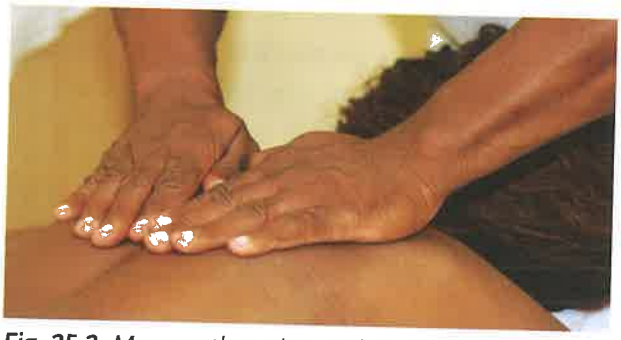

Fig. 25-2. *Massage therapists work on the body using pressure, which can help treat injuries and other problems, as well as promote circulation and relaxation.*

There are many opportunities for teachers within health care. Most of the career paths require classes before working in the field, as well as continuing education. Health educators and prevention professionals teach the general population or specific populations, such as people who have diabetes or pregnant women.

The careers listed above are only a fraction of the jobs offered in health care. Many opportunities available, depending upon a person's interests, education, and abilities. You are reading this textbook most likely because you want to become a home health aide. This position may be the best fit for you, or at some point, you may want to try something different. Speak with your supervisor, instructor, or a career counselor if you want more information about other careers in the healthcare field. Review Chapters 1 and 2 for information on the different healthcare settings and educational requirements for care team members.

2. Explain how to find a job

You may soon be looking for a job. To find a job, you must first find potential employers. Then you must contact them to learn about job opportunities. To locate potential employers, use the Internet, newspaper, or personal contacts. Try these resources:

- Check online (Fig. 25-3), trying websites such as linkedin.com, monster.com, and jobbankinfo.org. You can also visit a search engine, such as google.com. Type in *home health aide* and your city. See what employment opportunities are there. Check your local newspaper's website as well.
- Classified or employment sections of a newspaper list jobs currently available. Note the positions for which you are qualified. Make a list of names, email addresses, and phone numbers to contact.
- Call the state or local Department of Social Services or Department of Aging. Many states hire or place home health aides.
- Ask your instructor for potential employers. Some schools maintain a list of employers seeking home health aides.

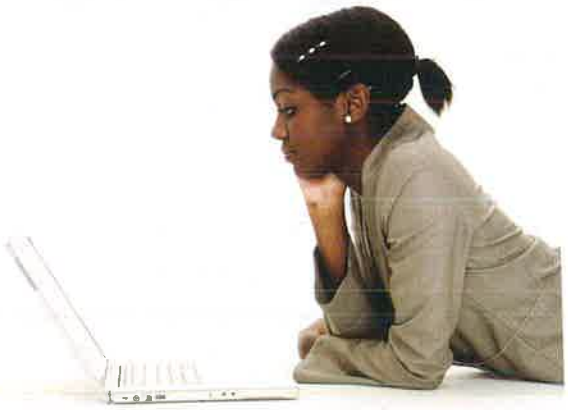

Fig. 25-3. *There are many online resources for finding a job.*

Once you have a list of potential employers, you need to contact them about job opportunities. Phoning or emailing first, unless they mention not to do so, is a good way to find out what opportunities are available. Ask how to apply for a job with each potential employer.

Making Contact with Potential Employers

When you call an employer, ask to speak to someone in the personnel or human resources department.

"Hello, I am calling about employment opportunities as a home health aide. May I speak to someone in the personnel department please?"

When you get someone in personnel, the first thing to say is who you are and why you are calling.

"Hello, my name is Gina Graham and I am a graduate of Kingston Vocational Center's home health aide training program. I am looking for work as a home health aide."

If you are calling an employer who advertised online, you know there is a job opening. After introducing yourself, you can say,

"I saw your ad online (or in the paper). Can you tell me about job opportunities available?"

If you are calling a potential employer that has not advertised a job, be more general.

"Can you tell me about job opportunities you might have?"

If there are jobs available, ask for an appointment to come in and speak to someone. Be sure to write down the time and date of the appointment. Ask where the agency is located and in what office.

If you are making contact via email, include your name, why you are contacting that person, and your contact information.

3. Identify documents that may be required when applying for a job and explain how to write a résumé

Several documents may be needed in order to apply for a job. When making an appointment, ask what information to bring with you. Make sure you have this information with you when you go. Some of these documents include the following:

- Identification, including driver's license, social security card, birth certificate, passport, or other official form of identification.
- Proof of your legal status in this country and proof that you are legally able to work, even if you are a US citizen. All employers must have files showing that all employees are legally allowed to work in this country. Do not be offended by this request.
- High school diploma or equivalency, school transcripts, and diploma or certificate from your home health aide training course. Take your instructor's name, phone number, and email address with you as well.
- References are people who can be called to recommend you as an employee. They include former employers and/or former teachers. Do not use relatives or friends as references. You can ask your references beforehand to write general letters for you, addressed "To Whom It May Concern," explaining how they know you and describing your skills, qualities, and habits. Take copies of these with you.

Some potential employers will ask you for a résumé. A **résumé** is a summary or listing of relevant job experience and education. When creating your résumé, include the following information:

- Your contact details: name, address, phone number, and email address
- Your educational experience, starting with the most current first (for example, home health aide training course, college degree, high school diploma, or GED course)
- Your work experience, starting with the most current first (include name of company or organization, your title, dates worked, and a brief summary of duties)
- Any special skills, such as knowledge of computer software, typing skills, or speaking other languages
- Any memberships in professional organizations
- Volunteer work

State at the end of your résumé that references are available upon request. Try to keep your résumé brief (one page is best) and clear. Use nice white or cream-colored paper for printing your résumé.

The cover letter is a letter included with your résumé. It should be no longer than one page. This letter briefly states your interest in the position you are seeking and why you would be the best person for the job. Emphasize skills you have that would be a good match. Include the following in a cover letter:

- Date
- Your name, address, phone number, and email address
- Recipient's name, job title, and address

- Salutation (e.g., "Dear Ms. Orozco" or "Dear Human Resources Director")
- Introduction (position you are seeking)
- Body (skills/experience that fit the job being offered)
- Closing and signature (e.g., "I look forward to hearing from you. Sincerely, Sarah Harris")

4. Demonstrate completing an effective job application

A job application may need to be completed. On one sheet of paper, write down the general information you will need to complete the application. Take this information with you, along with your résumé, if you have one. This will save time and avoid mistakes. Include this information:

- Your address, phone number, and email address
- Your birth date
- Your social security number
- Name of the school or program where you were trained and the date you completed your training, as well as your certification number if you have one
- Names, titles, addresses, phone numbers, and email addresses of your previous employers, and the dates you worked there
- Salary information from your past and current jobs, although in some states, employers are not allowed to ask for this information
- Reasons why you left each of your former jobs
- Names, addresses, phone numbers, and email addresses of your references
- Days and hours you are available to work
- A brief statement about why you are changing jobs or why you want to work as a home health aide

Fill out the application carefully and neatly. Never lie on a job application. Before you write anything, read it all the way through once. If you are not sure what is being asked, find out before filling in that space. Fill in all of the blanks. You can write N/A (not applicable) if the question does not apply to you.

Your employer may require that a criminal background check be performed on new employees. If so, you may be asked to sign a form granting the agency permission to do this. Do not take it personally; it is intended to protect patients, clients, and residents.

5. Demonstrate competence in job interview techniques

To make the best impression at a job interview, be professional and do the following:

- Shower or bathe and use deodorant.
- Brush your teeth.
- Wash your hands and clean and file your nails. Nails should be medium length or shorter. Do not wear artificial nails.
- Wear only simple makeup and jewelry or none at all.
- Your hair should be clean and out of your eyes. Wear it in a simple style (Fig. 25-4).

Fig. 25-4. *For job interviews, make sure your hair is clean and simply styled. Wear little or no makeup.*

- Shave or trim facial hair before the interview.
- Dress neatly and appropriately. Make sure clothing is clean, ironed, and has no holes in it. Do not wear jeans, shorts, or dresses or skirts shorter than knee-length. Do not wear t-shirts or anything with a logo or writing on it. Make sure your shoes are clean and polished. Do not wear sneakers or flip-flops.
- Do not wear perfume or cologne. Many people dislike or are allergic to scents.
- Do not smoke beforehand because you will smell like smoke during the interview.
- Arrive 10 or 15 minutes early.
- Do not bring children, other family members, or friends with you.
- Turn off your phone.
- Introduce yourself to the interviewer. Smile and offer to shake hands. Your handshake should be firm and confident (Fig. 25-5).

Fig. 25-5. *Smile and shake hands confidently when you arrive at a job interview.*

- Answer questions clearly and completely.
- Make eye contact during the interview to show you are sincere.
- Avoid using slang words or expressions.
- Never eat, drink, chew gum, or smoke in an interview.
- Sit up or stand up straight, and look happy to be there.
- Relax and be confident. You have worked hard to get this far. You understand the work and what is expected of you.

Be positive when answering questions. Emphasize what you enjoy or think you will enjoy about the job. Do not complain about any previous jobs you held. Make it clear that you are hard-working and willing to work with all kinds of clients.

The following are some questions you can expect to be asked:

- Why did you become a home health aide?
- What do you like about working as an aide?
- What do you not like? (If this is your first job, you may be asked what you expect to like or dislike.)
- What are your best qualities? What are your weaknesses?
- Why did you leave your last job?
- What would your last supervisor tell me about you?
- Do you prefer to work with certain kinds of clients?

Usually interviewers will ask if you have any questions. Have some prepared and written down so you do not forget things you really want to know. Questions you may want to ask include the following:

- What hours would I work? Is there any mandatory overtime I would need to work?
- What benefits does the job include? Is health insurance available? Would I get paid sick days or holidays?
- What is the average caseload for home health aides?
- How much traveling would I be expected to do? Do I need a car? Would I be paid for mileage or travel time?

- What orientation or training is provided?
- How will I contact my supervisor when I need to do so?
- Are there any policies regarding ongoing education or advancement?
- How soon will you be making a decision about this position?

Later in the interview, you may want to ask about salary or wages if you have not already been given this information. Listen carefully to the answers to your questions. Take notes if needed. At the end of the interview, you will probably be told when you can expect to hear from the employer, or you can ask when you can expect a decision to be made. Do not expect to be offered a job at the interview. When the interview is over, stand up, shake hands again, and say something like, "Thank you for taking the time to meet with me today. I look forward to hearing from you."

Send an email or a letter to the employer after the interview to say thank you and to express your continued interest in the job. If you have not heard anything from the employer within the time frame you discussed with your interviewer, call and politely ask whether the job has been filled.

6. Discuss appropriate responses to feedback

From time to time you will receive evaluations from your employer. These evaluations contain ideas to help you improve your job performance, which is often referred to as *constructive feedback*. Constructive feedback involves giving opinions about a person's work and making helpful suggestions for change. The feedback may be positive or negative, but it is given in a nonaggressive way. Here are some ideas for handling feedback and using it to your benefit:

- Listen to the message that is being sent. Try not to become upset or angry, which may prevent you from truly understanding the message.
- Hostile criticism is not the same thing as constructive feedback. Hostile criticism is angry and negative. Examples are, "You are useless!" or "You are lazy and slow." You should not receive hostile criticism from your employer or supervisor. You may experience hostile criticism from clients, family members, or others. The best response is to say something like, "I'm sorry you are so disappointed," and nothing more. Give the person a chance to calm down before trying to discuss their comments.
- Constructive feedback may come from your employer, supervisor, or other people. Constructive feedback is intended to help you improve. Examples are, "You need to be more accurate in your charting," or "You are late too often. You'll have to make more of an effort to be on time." Listening to, accepting, and acting on constructive feedback can help you be more successful in your job, so pay attention to it.
- If you are not sure how to avoid a mistake you have made, always ask the person giving feedback for suggestions on improving your performance (Fig. 25-6).
- Apologize and move on. If you have made a mistake, apologize as needed (Fig. 25-7). This may be to your supervisor, your client, or others. Learn what you can from the incident and put it behind you. Do not dwell on it or hold a grudge. Being able to respond professionally to feedback is important for success in any job.

Handling feedback may be difficult. Being able to accept it and learn from it is important in all relationships, including employment.

Fig. 25-6. *Ask for suggestions on improving your performance when receiving constructive feedback.*

Fig. 25-7. *Be willing to apologize if you have made a mistake.*

7. Identify effective ways to make a complaint to an employer or supervisor and discuss how to manage conflict

Sometimes you will need to make a complaint or voice a concern about some part of your job. Do not be afraid to do this, but do it carefully.

Think about the problem. Some major problems must be reported right away. For example, if a client, family member, or coworker threatens you, report this to your supervisor immediately. Other problems may work themselves out in time. If a new client seems rude, it is possible that he feels uncomfortable with new people or does not understand your role. You may want to wait several days or weeks to see if things improve before making a complaint. Know which problems should be reported immediately to your supervisor.

Plan what you will say. Think through and even write out what you will say to your supervisor. This will help you present your complaint clearly and completely.

HHA: *Ms. Greene, I have a concern about the daughter of my client, Mrs. Paulsen. Last week she asked me to cut her mother's toenails. I explained I was not allowed to do that procedure and she would have to wait for the nurse to come. On Monday she wanted me to take her car out and fill the gas tank while she visited with her mother. I told her that was not in the care plan. Yesterday she dropped a glass and told me to clean up my mess or she would have me fired. I cleaned up the glass, but I think this woman has a problem with me. I wanted to let you know what happened and ask if you could help me solve this problem.*

Do not get emotional. Some situations may be very upsetting. However, you will be more effective in communicating and problem-solving if you can keep your emotions out of it. Simply tell your supervisor the facts.

Do not hesitate to communicate about situations that you feel are important or that may put you or a client at risk. One common problem in home care is aides not reporting when they feel unsafe at a particular client's home. In this case, not complaining can prove dangerous for you and the client. Always report to your supervisor any situation in which you feel you or the client is at risk of harm, even if the situation involves the client's family or friends.

Everyone experiences conflict at some point in his life. For example, families may argue at

home, coworkers may disagree on the job, and so on. If conflict at work is not managed or resolved, it may affect your ability to function well. Productivity and the work environment may suffer. When conflict occurs, there is a proper time and place to address it. You may need to talk to your supervisor for help. In general, follow these guidelines for managing conflict:

Guidelines: Resolving Conflict

- Plan to discuss the issue at the right time. Do not start a conversation while you are helping clients. Wait until the supervisor has decided on the right time and place. Privacy is important. Shut the door. Limit distractions, such as the phone, television, and other conversations.
- Agree not to interrupt the person. Do not be rude or sarcastic, or name-call. Use active listening. Take turns speaking.
- Check your body language to make sure it is not tense, unwelcoming, or threatening. Maintain eye contact and use a posture that says you are listening and interested. Lean forward slightly and do not slouch.
- Keep the focus on the issue at hand. When discussing conflict, state how you feel when a behavior occurs. Use "I" statements. First describe the actual behavior. Then use "feeling" words to describe how you feel. Let the person know how the problem is affecting you. For example, "When my assignments are changed at the last minute, I feel upset because I've already created a work plan for the day."
- People involved in the conflict may need to come up with possible solutions. Think of ways that the conflict can be resolved. A solution may be chosen by a supervisor that does not satisfy everyone. In order to resolve conflict, you may have to compromise. Be prepared to do this.

8. Identify guidelines for making job changes

If you decide to change jobs, be responsible. Always give your employer at least two weeks' written notice that you will be leaving. Otherwise, assignments may be left uncovered, or other aides may have to work more until the agency fills your spot. In addition, future employers may talk with past supervisors. People who change jobs too often or who do not give notice before leaving are less likely to be hired.

9. List your state's requirements for maintaining certification

Each state has different requirements for maintaining certification. Be familiar with the requirements. Follow them exactly or you will not be able to keep working as an aide. Ask your instructor or employer for the requirements in your state. You may also be able to check online with your state's department of health, education, or another state agency. You should know how many hours of in-service education are required per year. You also need to know how long an absence from working is allowed without retraining or recertification.

Some states have a registry for home health aides (HHAs) like the ones they maintain for certified nursing assistants (CNAs). Certified nursing assistants who are included in the state registry need to work a certain number of hours in a long-term care facility to remain in the registry. Home health aides may have similar requirements. Ask your employer how best to maintain your certification.

10. Describe continuing education for home health aides

The federal government requires that home health aides have a 12-hour minimum of annual continuing education (called *in-services*). Many

states may require more. In-service continuing education courses help you keep your knowledge and skills fresh. Classes may also provide you with more information about certain conditions, challenges that you face when working with clients, or regulation changes. You need to be up-to-date on the latest that is expected of you.

If you need more instruction in a particular area, speak to your supervisor. Perhaps she can arrange for an in-service continuing education class to be offered on that topic. Your employer may be responsible for offering continuing education courses. However, you are responsible for attending and completing them. Specifically, you must do the following:

- Sign up for the course or find out where it is offered.
- Attend all class sessions.
- Pay attention and complete all the class requirements.
- Make the most of your time during in-service programs. Participate during class (Fig. 25-8).
- Keep original copies of all certificates and records of your successful attendance so you can prove you took the class.

Fig. 25-8. *Pay attention and participate during continuing education courses.*

11. Define stress and stressors and list examples

Stress is the state of being frightened, excited, confused, in danger, or irritated. It is often thought stress is bad and that only bad things cause stress. However, not all stress is bad. Stress can make you more aware, help you avoid accidents, and help you be able to respond appropriately in an emergency. Positive situations can cause stress, too. For example, getting married or having a new baby are usually positive situations. However, both can cause enormous stress because of the changes they bring to a person's life (Fig. 25-9).

Fig. 25-9. *Although having a new baby is usually a happy time, it can also be a stressful one.*

You may be thrilled when you get a new job. But starting work may also cause you stress. You may be afraid of making mistakes, excited about earning money or helping people, or confused about your new duties. Learning how to recognize stress and what causes it is helpful. Then you can master a few simple techniques for relaxing and learn to manage stress. (Related to managing stress, defense mechanisms are unconscious behaviors used to cope with stress. Chapter 18 contains more information.)

A **stressor** is something that causes stress. Anything can be a stressor if it causes you stress. Some examples include the following:

- Divorce
- Marriage
- New baby

- Parenthood
- Children growing up
- Children leaving home
- Feeling unprepared for a task
- Starting a new job
- Problems at work
- New responsibilities at work
- Feeling unsupported at work (not enough guidance and resources)
- Losing a job
- Supervisors
- Coworkers
- Clients
- Illness
- Finances

12. Explain ways to manage stress

Stress is not only an emotional response. It is also a physical response. When a person experiences stress, changes occur in the body. The endocrine system produces more of the hormone **adrenaline** (*a-DREH-na-lin*). This can increase nervous system response, heart rate, respiratory rate, and blood pressure. This is why, in stressful situations, your heart beats fast, you breathe hard, and you may feel warm or perspire.

Each of us has a different tolerance level for stress. In other words, what one person would find overwhelming might not bother another person. A person's tolerance for stress depends on his personality, life experiences, and physical health.

Guidelines: Managing Stress

To manage the stress in your life, develop healthy dietary, exercise, and lifestyle habits:

- G Eat nutritious foods.
- G Exercise regularly. You can exercise alone or with partners (Fig. 25-10).

Fig. 25-10. *Regular exercise is one healthy way to decrease stress.*

- G Get enough sleep.
- G Drink only in moderation.
- G Do not smoke.
- G Find time at least a few times a week to do something relaxing, such as reading a book, watching a movie, sewing, or any of the following:
  - Being in nature
  - Doing something artistic (painting, drawing, writing, singing, etc.)
  - Doing yoga
  - Getting a massage
  - Listening to music
  - Meditating

Not managing stress can cause many problems. Some of these problems affect how well you do your job. Signs that you are not managing stress well include the following:

- Showing anger or being abusive to clients
- Arguing with your supervisor about assignments
- Having poor relationships with coworkers and clients
- Complaining about your job and your responsibilities

- Feeling work-related burnout (burnout is a state of mental or physical exhaustion caused by prolonged stress)
- Feeling tired even when you are rested
- Having a difficult time focusing on clients and procedures

Stress can seem overwhelming when you try to handle it yourself. Often just talking about stress can help you manage it better. Sometimes another person can offer helpful suggestions for managing stress. You may be able to think of new ways to handle stress by talking it through with another person. Get help from one or more of these resources when managing stress:

- Your supervisor or another member of the care team for work-related stress
- Your family
- Your friends
- A support group (Fig. 25-11)
- Your place of worship
- Your physician
- A local mental health agency
- Any phone hotline that deals with related problems (check online)

Fig. 25-11. *Support groups can help people deal with different types of stress.*

It is not appropriate to talk to your clients or their family members about your personal or job-related stress.

13. Demonstrate two effective relaxation techniques

Sometimes a relaxation exercise can help you feel refreshed and relaxed in only a short time. The following are two simple relaxation exercises. Try them out and see if either one helps you feel more relaxed.

The body scan: Close your eyes. Pay attention to your breathing and posture. Be sure you are comfortable. Starting at the balls of your feet, concentrate on your feet. Discover any tension hidden in the feet, and try to relax and release the tension. Continue very slowly. Take a breath between each body part. Move up from the feet, focusing on and relaxing the legs, knees, thighs, hips, stomach, back, shoulders, neck, jaw, eyes, forehead, and scalp. Take a few very deep breaths and open your eyes.

The waterfall: Breathe deeply and imagine you are under a waterfall. The force of the water is washing away your tension. Imagine the tension is being washed away, one body part at a time, from the head through the soles of the feet. Visualize the tension being washed far away by the rushing water.

Either of these relaxation techniques takes only about two minutes. If you find it helpful, try it the next time you need a break, whether at work or at home.

14. Describe how to develop a personal stress management plan

One of the best ways to manage stress is to develop a plan for managing stress. The plan can include things you will do every day and things to do in stressful situations. When you think about a plan, first answer these questions:

- What are the sources of stress in my life?
- When do I most often experience stress?
- What effects of stress do I see in my life?

- What can I change to decrease the stress I feel?
- What do I have to learn to cope with because I cannot change it?

When you have answered these questions, you will have a clearer picture of the challenges you face. Then you can try to come up with strategies for managing stress. Following are some examples:

Situation #1: Anita is a home health aide and a single mother. After work, she picks up her two children at day care and heads home. She is tired, the children are hungry, and dinner is not ready. Sometimes she gets so stressed out she wants to yell at her children to get their own supper. What can she do?

Response: Planning and preparing ahead of time can make the after-work/before-dinner time go more smoothly. If Anita can plan and prepare suppers ahead of time for every night she works, she will feel less stress. Keeping made-ahead meals in the refrigerator or freezer is a good way to eliminate stress.

Situation #2: Katya is a home health aide and a mother and grandmother. Her husband, Jay, lost his job so she must support them both. Last year Katya decided she had a stress problem and started going to a home health aide support group. She feels much better since she started and would like to get more control in other areas of her life to reduce her stress level.

Response: Katya wrote a personal stress management plan for herself:

Every day:

Eat breakfast, take an apple and some nuts or other healthy snacks with me to work. Take two or three breaks to stretch, sit down, and relax for several minutes.

Monday, Wednesday, Friday:

Go for a walk after supper. Invite Jay to go with me.

Tuesday, Saturday:

Go to support group.

Sunday:

Go to church. Visit grandchildren. Plan menus for the week. Go grocery shopping.

Every week:

Do one thing I want to do, like see a movie, take a bubble bath, or read a book.

Katya's plan is a great start in managing stress. It helps her fit in all the things she wants to do each week. It includes healthy habits like eating breakfast and nutritious snacks, walking regularly, and taking breaks. She may not stick to her plan exactly every week, but it gives her goals to work toward.

15. List five guidelines for managing time

Many of the ideas for managing time on the job can be used to manage personal time as well. The following are basic strategies for managing time:

Plan ahead. Planning is the single best way to manage time better. Sometimes it is hard even to find the time to plan, but it is important to sit down and list everything that has to be done. Often just making the list will help you feel better. It will get you focused on accomplishing what you need to do.

Prioritize. Identify the most important things to get done and do those first.

Make a schedule. Write out the hours of the day and fill in what needs to be done and when. This allows for a realistic schedule. If you only have 20 minutes between getting off work and picking up your children, you will not be able to get the grocery shopping done. Schedule that activity for later.

Combine activities. Can you read while you are on the bus? Can you prepare tomorrow's dinner

while the laundry is in the dryer? Or help your son with his homework while you do the dishes? Work more efficiently whenever possible (Fig. 25-12).

Fig. 25-12. Managing time effectively may include combining activities, such as preparing food while visiting with your child.

Get help. It is not reasonable for you to do everything. If children are old enough to help, give them chores to do. If other family members are available, make a plan for who will cook or clean up each night. If you have no one to help you, give yourself a break. You cannot do everything. Some things just may not get done.

16. Demonstrate an understanding of the basics of money management

Money can be a real source of stress. Not being able to buy the things a person needs or wants, getting into debt, or facing emergencies without a cash reserve can be very difficult. Understanding a little bit about money management can help avoid money problems.

Make a budget. Making a personal or household budget is not complicated. It helps you start solving money problems. To make a budget, you need to know total income and total expenses. Expenses include rent or mortgage, transportation, utilities, insurance, debts, food, clothing, medical and dental costs, entertainment, and miscellaneous expenses. Expenses may be calculated on a weekly, monthly, or annual basis. There are several types of budget calculators online or budget-creating smartphone apps.

Reduce or avoid debt. When you owe money, whether to a bank, a mortgage company, or a credit card company, you pay interest. Interest is the money you pay for the right to use someone else's money. When you can avoid borrowing money, you avoid paying interest. Whenever you can, save the money to buy something instead of borrowing it.

Most people must borrow money for major purchases, like a house or a car. In these situations paying interest is unavoidable. But whenever you can avoid borrowing money, do so. If you have debts already, pay them off as soon as possible. Furthermore, when you apply for a loan to buy a house or a car, you will have to show that you can handle debt responsibly. If you have too much debt, you may not be able to get a loan for a house or a car.

When you apply for a mortgage or car loan, the bank or lender will check your credit report. A credit report is a document that lists all of the loans or debts you have ever had and shows how you paid them off. If you were ever late paying bills, this will appear on your credit report. You are legally entitled to see your credit report and have it corrected if it is wrong. You can often view a free credit report from the three major consumer reporting agencies: Experian (experian.com), Equifax (equifax.com), and TransUnion (transunion.com).

Credit cards can make it especially hard to manage money well. It is easy to get and use a credit card, so many people buy things they do not need or could wait and save for. The interest charged on credit card debt is often the highest interest charged on any loan. If you have trouble controlling what you buy with credit cards, consider getting rid of them altogether (Fig. 25-13).

Fig. 25-13. Credit cards can make it difficult to manage money well; getting rid of credit cards, if possible, can help you avoid excessive debt.

Save as much as you can. No matter how small your income or how great your expenses, always try to save some amount every time you get a check. Ten percent is a good savings goal, but if you can only save one percent of your check, do it. Open a savings account at your bank. When you take your check to cash or deposit it, deposit something in the savings account.

There are many advantages to saving. You can avoid debt if you save rather than borrow. Also, the bank pays you interest on the money you save while it is in the bank. The more you save, the more interest you get.

Another important reason to save is that having savings allows you to face emergencies. If your car breaks down, or you have unexpected medical bills, or your work hours are cut, having savings means you have a safety net to fall back on. Get into the habit of saving. It can mean the difference between financial independence and financial disaster.

Control miscellaneous expenses. Sometimes a person gets to the end of the week or month and wonders, "Where did all my money go?" If this happens to you, you may be spending too much on miscellaneous items. Examples include snacks, coffee, lottery tickets, unnecessary items at the grocery store, or eating out when your budget cannot support it. Debit cards make it easy to get cash, which makes it easier to spend more.

Try writing down what you spend money on each day. A cup of coffee, a pastry, and a lottery ticket can add up to more than $5. That may not seem like a lot, but if you spend that every day for five days, that is $25 a week. Can your budget support that? Consider eliminating these kinds of expenses by bringing coffee and other snacks from home and skipping the lottery tickets.

Set a cash allowance for the week and stick to it. Figure out how much cash you need in a week. Count bus fare, gas, children's lunch money, any other regular expenses, and include some emergency cash. Withdraw this amount at the beginning of the week and make it last. Use your debit card for emergencies only.

Be proud of your efforts to manage money. Very few people manage their money well. Many people have too much debt, buy more than they need, and do not save enough money. It is hard to be responsible and control expenses. If you manage your money, you and your family will be better off financially and better able to face emergencies. You can also help yourself become wealthier by saving. You can live a more comfortable life and get satisfaction from knowing that your belongings are paid for. Research shows that people who manage their money are happier than people who do not.

17. Demonstrate an understanding that money matters are emotional

Money problems are the number one cause of family and marital arguments. Money carries great meaning for most people. Money is necessary to live, but it has also come to represent value. Some people think that the more money they have, the better people they are.

People often try to make themselves feel better by buying something they cannot afford. The images shown on television, in the movies, or in magazines make people feel that they ought to have certain possessions. Many people feel they

deserve certain things, even when they really cannot afford them. All these emotions come into play whenever money matters are considered or discussed.

Money also equals security for many people. When bills cannot be paid or when debts get too high, a lot of anxiety can result. The best way to avoid this anxiety is to budget, plan, and manage money matters wisely. But in order to manage money well, most people need to spend less and save more. Look at your financial situation realistically. Decide what you will and will not spend your money on. Separating emotions from realities about money will help you make good decisions and stick to them. You can get great satisfaction from being responsible and independent.

18. List ways to remind yourself that your work is important, valuable, and meaningful

Look back over all you have learned in this program. Your work as a home health aide is very important. Every day may be different and challenging. In a hundred ways every week you will offer help that only a caring person like you can provide.

Do not forget to value the work you have chosen to do. It is important. For your clients, your work can mean the difference between living at home and living in an institution. It can mean living with independence and dignity versus living without. The difference you make is sometimes life versus death. Look in the face of each of your clients and know that you are doing important work. Look in a mirror when you get home and be proud of how you make your living (Fig. 25-14).

Being able to reflect on how you spend your time is an important life skill. Learn ways to fully appreciate that what you do has great meaning. Few jobs have the challenges and rewards of working with people who are elderly, ill, or disabled. Congratulate yourself for choosing a path that includes helping others.

Fig. 25-14. *Being proud of the work you have chosen to do is important.*

Chapter Review

1. What are direct service positions?
2. List two resources to help a person find potential employers.
3. List three documents that a person should bring with him when applying for a job.
4. What should be done before writing anything on a job application?
5. List 10 ways to show potential employers professionalism during an interview.
6. How can an HHA follow up on a job interview?
7. What is constructive feedback?
8. What kinds of statements should be used when trying to resolve conflict?
9. Why would an employer not hire a person who has changed jobs often?
10. Does your state have a registry for home health aides?
11. How many hours of continuing education does the federal government require that HHAs have each year?

12. What is stress? Give three examples of stressors you have experienced in the last year.
13. What are five resources that are appropriate for an HHA to use when trying to manage stress?
14. Try both the body scan and the waterfall exercise for relaxation. Describe how you felt after doing them.
15. Before developing a stress management plan, what are four questions that an HHA should ask herself?
16. List five guidelines for managing time.
17. List four guidelines to manage money more effectively.
18. In order to manage money well, what is a general rule most people should follow?
19. What do you think you will like best about being a home health aide?

Appendix

State laws and regulations for home health aide training vary. While most home health aides cannot perform the procedures listed below, some tasks may be able to be performed in special circumstances and/or with advanced training.

If an HHA has questions about whether or not a task is within her scope of practice, she should talk to her supervisor. An HHA should **never perform any task that is not listed in the care plan.** The agency's policies and procedures should be followed.

Postural Drainage

People who have chronic lung diseases may have thick mucus that is difficult to expel from the lungs. Postural drainage involves using different body positions to drain mucus from the lungs or to loosen it so that it can be coughed up. Generally this procedure is performed two to three times a day.

Instructions for assisting clients with postural drainage will vary. The HHA should follow the care plan; it will explain which positions should be used during the procedure. Some elderly people are not comfortable in certain positions.

Clients who use a medication nebulizer should use it before doing postural drainage because it will help them cough up mucus. A medication nebulizer is a small device that turns liquid medication into a fine mist so that it can be inhaled. Clients using oxygen should continue to use oxygen as ordered during the postural drainage treatment.

This activity should be done before meals when the stomach is empty. This helps prevent vomiting, gagging, or discomfort.

Guidelines: Postural Drainage

- Wash your hands before assisting with postural drainage.
- Wear proper personal protective equipment (PPE) while doing postural drainage. The required PPE is gloves and sometimes a mask.
- Count the client's pulse and respirations before beginning.
- Stand by the client who is leaning forward to prevent the client from falling.
- Be gentle when positioning the client. Be sure the client will not slip out of position and injure himself. If you cannot get a client into the correct position, notify your supervisor.
- Assist clients to change positions slowly during the procedure. Allow for rest periods, as elderly clients may tire easily. The client should not move from the position until he coughs up mucus. Then assist the client with getting into the next position.
- Encourage clients to do deep breathing. This consists of taking a deep breath, holding it for a few seconds, and then slowly letting the breath out.
- Encourage coughing during the procedure. Encourage the client to cough up mucus after doing postural drainage to help clear the lungs.
- Keep tissues nearby for the client to use. Discard used tissues immediately in the proper container.
- Stop the procedure and notify your supervisor if a client complains of fatigue, is feeling faint, is breathing rapidly, or has chest pain.
- The mucus should be a clear or white color. Report if mucus is any other color, such as red, green, or yellow, or is blood-tinged or has an odor.
- Assist with oral care after the activity is completed. This helps clear the mouth of mucus.

- The care plan may call for the chest to be clapped or vibrated to help loosen mucus so that it can be expelled. If you are required to perform this activity, you will be trained how to do so.
- Remove and discard gloves and wash your hands.
- Document the position used, the length of time of the procedure, the color, odor, and consistency of the mucus, and any problems the client had during the procedure.

CPAP Machine

The continuous positive airway pressure (CPAP) machine is a device that pushes air into the nose and keeps the airway open so that a person keeps breathing (Fig. A-1). This may be necessary to help a person who has sleep apnea. Sleep apnea is a condition in which a person stops breathing for a short period of time while asleep. When breathing stops, the person wakes up, and then continues breathing again. This condition creates a strain on the heart and lungs. Because of the interrupted sleep, these clients usually feel tired during the day.

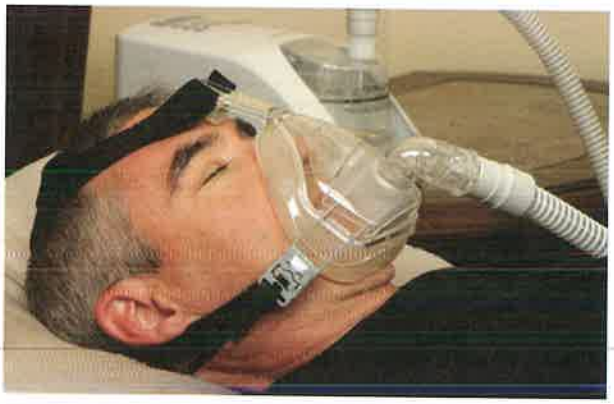

Fig. A-1. One type of CPAP machine.

Guidelines: CPAP Machine

- It is very important to prevent infection when assisting with a CPAP device. If microorganisms get into the mask, tubing, or humidifier, they can reach the client's lungs when he uses the machine. Always wash your hands before and after touching the mask, tubing, and humidifier.
- Before assisting with a CPAP device, wash your hands and don clean gloves.
- Follow the manufacturer's instructions for attaching the tubing to the machine and to the mask properly.
- Help the client to put on the mask and adjust straps as needed. Make sure that the mask is not too tight; it should not irritate the face. Check that the mask is not so loose that air blows into the eyes.
- Position the client comfortably in bed.
- The CPAP machine should have air flowing around it; make sure that it is not against the wall or too close to the bed.
- Observe the client for snoring, breathing, or sleep problems.
- Help the client to remove the mask after sleeping.
- Clean and care for the mask, tubing, and humidifier according to the manufacturer's and care plan's instructions. The humidifier may need to be emptied daily and filled with new distilled water.
- Remove and discard gloves and wash your hands.
- Document the use of the CPAP machine. Note any problems the client experienced, such as runny nose, dry throat, headache, or ear pain. Report signs of sleep apnea, such as being tired during the day, snoring, or client complaints of breathing or sleep problems.

Medication Nebulizer

A medication nebulizer is a device that turns liquid medication into a fine mist so that it can be inhaled (Fig. A-2). It is also known as an *atomizer*. This device helps clients who have lung

problems bring medication deep into the lungs. The medication loosens mucus in the lungs and helps the client cough it up.

Fig. A-2. *Different types of medication nebulizers.* (PHOTOS COURTESY OF PHILIPS, WWW.USA.PHILIPS.COM, 1-800-744-5477)

If indicated in the care plan, a home health aide may assist the client with the use of the medication nebulizer. Like with all care, the HHA should not perform any activity that is not listed in the care plan. If allowed to assist, the HHA's duties may include the following:

- Gathering the necessary equipment and supplies
- Properly positioning the client
- Putting normal saline in the nebulizer
- Turning on the equipment
- Timing the treatment
- Checking to make sure the client is using the equipment properly
- Turning off the equipment
- Cleaning and storing the equipment properly
- Documenting observations and reporting to the supervisor

With special, advanced training, an HHA may be required to put prescribed medication in the nebulizer.

Guidelines: Medication Nebulizers

- G Be very careful to prevent infection when assisting with a nebulizer. If microorganisms get into the medicine or on the mouthpiece, they can go deep into the client's lungs when he uses the nebulizer. Always wash your hands before and after touching the air hose, medication container, or medication bottle.
- G Don clean gloves.
- G Help the client get into the proper position.
- G Count the client's pulse and respirations before beginning. Continue to monitor pulse and respirations during the procedure.
- G If your client is using oxygen, it should be left on while using the medication nebulizer. Observe all oxygen safety precautions.
- G After turning on the compressor, check for a visible mist coming from the nebulizer. If it is not working properly, contact your supervisor. Do not try to repair the equipment if it is not working.
- G Remind the client to inhale slowly, hold his breath for a short time, then exhale.
- G Observe the client for the following signs that he is not getting enough oxygen while using the medication nebulizer:
  - Rapid pulse and respirations
  - Difficulty breathing
  - Cold, clammy skin
  - Blue or darkened lips, fingernails, eyelids
  - Inability to sit still
  - Lack of response when you call his name

If your client shows any of these signs, stop the procedure immediately and notify your supervisor.

- G Once the ordered time has passed, turn off the machine, and count pulse and respirations.
- G Clean and care for the nebulizer and mouthpiece according to manufacturer's and care plan's instructions. Change the tubing as ordered.
- G Remove and discard gloves and wash your hands.
- G Document the use of the nebulizer. Note signs the client was not getting enough oxygen, as well as an increase in pulse rate, or if the client will not use the device as ordered in the care plan.

Vaginal Irrigation (Douche)

Putting a solution into the vagina in order to clean the vagina, introduce medication to treat an infection or condition, or to relieve discomfort is called a vaginal irrigation, or douche. After the solution is introduced, it immediately drains out of the vagina.

Guidelines: Vaginal Irrigation

- G Provide privacy for this procedure.
- G Wash your hands before assisting with vaginal irrigation.
- G Don clean gloves.
- G Inspect the nozzle or tip for any breaks, cracks, or rough edges before use. This helps prevent injury to the vagina. If you observe any problems with the nozzle, do not use it and notify your supervisor.
- G Clean the container, tubing, and nozzle before using to prevent infection. Reusable equipment should be washed with hot, soapy water after use.
- G Follow the care plan's instructions for preparing the solution and making sure it is at the right temperature.
- G If using a commercially prepared irrigation, follow instructions on the package.
- G Unclamp the tubing to allow some of the solution to run through the tubing, to remove air before the tubing is inserted.
- G Position the client on her back and place an absorbent disposable pad under the client. You may need to place the client on a fracture pan (with the disposable pad underneath it) if tolerated and if assigned to do so. Assist the client with perineal care as needed.
- G Do not force the nozzle into the vagina if you meet resistance. If you are unable to insert the nozzle, stop and notify your supervisor.
- G The same amount of solution should return as was put into the vagina. The solution should be the same color as it was before it was inserted. It should be clear with a mild odor.
- G Discard disposable supplies and clean and store equipment.
- G Remove and discard gloves and wash your hands.
- G Document the procedure. Note amount, color, odor, consistency, and type of solution. Report fatigue or pain, as well as unusual amount, color (pink or streaked with red), or foul odor of solution, or any material in solution, such as mucus or particles. Report any problems with performing the procedure.

Enemas

Putting fluid into the rectum in order to eliminate stool or feces is called an enema. Types of enemas are as follows:

- Tap water enema (TWE): 500–1000 mL of water from a faucet (nothing added to the water)
- Soapsuds enema (SSE): 500–1000 mL water with 5 mL of mild castile soap added

- Saline enema: 500–1000 mL water with two teaspoons of salt added
- Commercially prepared enema (also called *commercial enema* or *pre-packaged enema*): 120 mL solution that may have oil or other additive

The commercially prepared enema is the type most often used in the home. It may be a chemical or oil-retention enema. The chemical enema contains a solution that promotes a bowel movement. It is often used when a client is constipated or for bowel retraining. An oil-retention enema has oil in it, such as mineral oil, to soften the stool to allow it to pass more easily. It is often used when a client has been constipated for a long time, resulting in stool that is very hard.

Guidelines: Enemas

- G Keep the bedpan nearby, or make sure that the bathroom is vacant before assisting with an enema.
- G Provide privacy for this procedure.
- G Wash your hands before assisting with enemas.
- G Don clean gloves.
- G Place an absorbent disposable pad under the client. Help the client into the Sims' (left-side-lying) position. If the person is positioned on the left side, the water does not have to flow against gravity.
- G The enema solution should be warm, not hot or cold.
- G The enema bag should not be raised to more than the height listed in the care plan.
- G The tip of the tubing should be lubricated with lubricating jelly.
- G Unclamp the tube and allow a small amount of solution to run through the tubing. Then reclamp the tube. This gets rid of air before it is inserted (the air could cause cramping).
- G The solution should flow in slowly; the client will be less likely to have cramps.
- G The client should take slow deep breaths when taking an enema to help hold the solution longer.
- G Document the use of the enema. Note appearance and amount of stool. Report any of the following to the supervisor:
  - The enema was not administered according to the directions in the care plan or there was difficulty in administering the enema.
  - The client could not tolerate the enema because of cramping.
  - The enema had no results.
  - The amount of stool was very small.
  - Stool was hard, streaked with red, very dark, or black.

Sterile Dressings

Sterile dressings are those that cover open or draining wounds. Home health aides are <u>not</u> allowed to change sterile dressings. They are only allowed to change *nonsterile* dressings that cover dry, closed wounds. However, HHAs can gather and store equipment and supplies and observe and report about the dressing site. If trained, they may be allowed to clean the equipment. Duties may also include properly positioning the client, cutting the tape, and disposing of the soiled dressing.

Supplies that may be needed for changing a sterile dressing include the following:

- Special gauze has one side that has a shiny, nonstick surface, which will not stick to wounds when removed.
- Abdominal pads (ABDs) are large, heavy gauze dressings that cover smaller gauze

dressings to help keep them in place and provide absorbency.

- Cotton bandages (sometimes called *Kerlix* or *Kling* bandages) can stretch and mold to a body part and help hold it in place; these are often placed on bony areas, such as the knees and elbows.
- Binders are stretchable pieces of fabric that can be fastened. They hold dressings in place and give support to surgical wounds. Binders can also reduce swelling and ease discomfort.
- Medical-grade adhesive tape panels (sometimes called *Montgomery Straps*) help keep frequently changed dressings in place. The adhesive is not removed with each dressing change so that skin is less likely to become irritated.

Guidelines: Sterile Dressings

- G If the wrapper on the supply is torn, it is no longer considered sterile and cannot be used.
- G The wrapper on the supply cannot be opened and closed again. Once a wrapper is opened, the supplies inside are no longer sterile.
- G If a wrapper is wet or has wrinkles or marks that indicate it was once wet, it is no longer considered sterile.
- G If the date on the supply shows it has expired, it is no longer considered sterile. All commercially prepared supplies are dated. A sterile supply that has expired should not be used.
- G If you are unsure whether a wrapper is sterile or not, do not use it.
- G Because of the way the wound and the skin around it may look, the client may feel embarrassed about having others see the area. Promote the client's comfort and dignity when assisting the nurse with a sterile dressing change by being professional. Do not express discomfort, even if you are bothered by the appearance of the client's wound or skin.
- G Observing and documenting your observations are very important parts of your job. While you are assisting with changing a sterile dressing, observe for any changes in the wound, especially the following:
  - Skin that has changed color
  - Scab that has come off
  - Bleeding
  - Swelling
  - Odor
  - Drainage
- G HHAs cannot do any of the following:
  - Set up a sterile field (a sterile field is an area free of all microorganisms)
  - Remove wrapping from a new dressing
  - Remove a soiled dressing
  - Apply prescription and/or nonprescription medication to a dressing
  - Apply a new dressing
  - Apply a reinforcement dressing

Colostomies

Information about colostomies and related care was introduced in Chapter 14. Some clients with colostomies irrigate their colostomies (Fig. A-3). Irrigation is done to stimulate the large intestine to eliminate stool. Clients usually perform an irrigation in the bathroom, seated on the toilet or portable commode, or on a chair facing the toilet or commode.

With special, advanced training, an HHA's duties may include assisting a client with a colostomy irrigation. If allowed to assist, only activities listed in the care plan should be performed. The care plan will contain instructions

on the amount and type of solution to use, as well as the correct temperature of the solution. The solution will flow into the stoma of the colostomy through a long tube. After the solution has flowed into the stoma, it drains out into the toilet or commode.

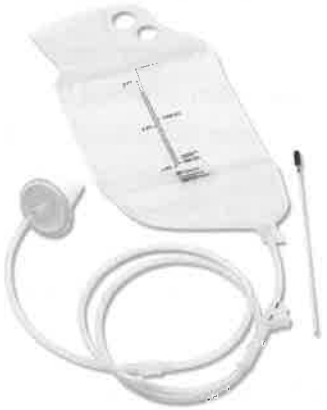

Fig. A-3. *Some colostomy irrigation supplies.* (PHOTO COURTESY OF HOLLISTER INCORPORATED, LIBERTYVILLE, ILLINOIS)

If indicated in the care plan, the HHA's duties may include the following:

- Gathering the necessary equipment and supplies
- Properly positioning the client
- Preparing the prescribed irrigation solution
- Pouring irrigation solution into the irrigation container
- Removing air from the irrigation tubing
- Connecting the tubing to the irrigation container and to the catheter tip
- Hanging or holding the irrigation container at the proper height
- Inserting the catheter or cone tip into the stoma
- Regulating the flow of irrigation solution
- Removing the catheter or cone tip from the stoma
- Cleaning and storing the equipment properly
- Documenting the irrigation and reporting any problems to the supervisor, such as client having discomfort, cramping, or pain, the inability to insert the cone tip or catheter, client's refusal to have the irrigation, not enough fluid return, or changes in the client's condition or behavior

HHAs cannot assist with irrigating a new colostomy or a colostomy that becomes unstable or shows signs of skin breakdown.

Tracheostomies

A tracheostomy is a surgically created opening through the neck into the trachea to maintain or promote breathing. A hollow tube, called a tracheostomy tube or trach tube, is inserted through this opening into the trachea. Tracheostomies may be necessary for many reasons, including the following:

- Tumors/cancer
- Infection
- Severe neck or mouth injuries
- Facial surgery and facial burns
- Long-term unconsciousness or coma
- Obstruction in the airway
- Paralysis of muscles related to breathing
- Aspiration as a result of muscle or sensory problems in the throat
- Severe allergic reaction
- Gunshot wound

This procedure is usually temporary, but it can be permanent. Some clients will have a permanent tracheostomy because they have had their larynx (vocal cords) removed due to a disease.

If the larynx is removed, the client will not be able to speak normally. In this case, the client may have an artificial larynx. Other methods of communication may help the client feel more in control, such as notepads, communication boards, or hand signals. The HHA should communicate with the client through the method that works best for him.

Most HHAs cannot assist with tracheostomy care. However, if indicated in the care plan, an HHA's duties may include the following:

- Performing allowed duties for changing a clean dressing
- Cleaning the skin around the neck opening with an applicator or gauze dipped in solution
- Changing the neck straps or ties
- Inserting or removing the inner cannula
- Cleaning the inner cannula
- Properly disposing of used equipment and waste materials
- Storing reusable equipment and supplies properly
- Documenting observations and reporting to the supervisor

HHAs cannot do any of the following:

- Perform activities that are not allowed with regard to changing a dressing
- Insert or remove the outer cannula
- Remove and/or clean inner cannula if it requires sterile technique
- Care for a new tracheostomy
- Care for a tracheostomy that shows any problems

Here are additional guidelines for tracheostomy care:

Guidelines: Tracheostomies

G It is very important to prevent infection when caring for clients with tracheostomies. They are prone to respiratory infections. Wash your hands often and wear gloves when indicated. Keep equipment clean. Anything that is dropped on the floor must be sterilized before it can be used in contact with the tubes. Great care must be taken so that nothing gets into the tube which can cause an infection in the lungs.

G Clients who use an inner and an outer cannula may remove the inner cannula on a regular basis for cleaning. It is placed in a special solution and allowed to soak for a period of time. The inside of the cannula must be allowed to air dry completely or be dried thoroughly with clean, dry gauze.

G As stated before, be very careful to prevent small objects from entering the tube. Water entering the tube can also cause problems. For this reason, showering, rather than tub bathing, may be ordered. It still may be necessary to cover the opening to prevent water from entering. Clients with tracheostomies should not swim.

G The neck ties and/or dressing around the opening should be changed whenever they are soiled or damp. The new, clean neck ties must be applied before removing the old, dirty neck ties to prevent the cannula from loosening or dislodging. The clean, dry dressing is placed between the neckplate and the skin to absorb moisture.

G Neck straps or ties may hold the outer tracheostomy tube in place. They usually are made of a sturdy material to prevent fraying.

G Document the tracheostomy care. Report any of the following to the supervisor:

- The type and amount of discharge the client coughs up through the tracheostomy (normal discharge looks like white mucus or saliva)
- Odor
- Any increase in the amount of discharge
- Discharge that is thick, yellow, green, bloody, or has an odor (this may indicate an infection or other problem in the lungs)
- Difficulty replacing the inner cannula
- Client discomfort
- Changes in the client's condition or behavior

Glossary

24-hour urine specimen: urine specimen consisting of all urine voided in a 24-hour period.

abdominal thrusts: a method of attempting to remove an object from the airway of someone who is choking.

abduction: moving a body part away from the midline of the body.

absorption: the transfer of nutrients from the intestines to the cells.

abuse: purposeful mistreatment that causes physical, mental, or emotional pain or injury to a person.

acquired immunodeficiency syndrome (AIDS): the final stage of HIV infection, in which infections, tumors, and central nervous system symptoms appear due to a weakened immune system that is unable to fight infection.

active assisted range of motion (AAROM): exercises to put a joint through its full arc of motion that are performed by a person with some help from another person.

active range of motion (AROM): exercises to put a joint through its full arc of motion that are performed by a person alone, without help.

activities of daily living (ADLs): personal daily care tasks, such as bathing, dressing, caring for teeth and hair, eating, drinking, transferring, walking, and elimination.

activity therapy: a type of therapy for people with Alzheimer's disease that uses activities to promote self-esteem and to prevent boredom and frustration.

acute care: 24-hour skilled care given in hospitals and ambulatory surgical centers for people who require short-term, immediate care for illnesses or injuries.

acute illness: an illness that has severe symptoms and is usually short-term.

adduction: moving a body part toward the midline of the body.

adrenaline: a hormone that increases nervous system response, heart rate, respiratory rate, and blood pressure.

adult day services: care for people who need some assistance or supervision during certain hours, but who do not live in the facility where care is given.

advance directives: legal documents that allow people to choose what medical care they wish to have in the event they are unable to make those decisions themselves.

affected side: term used to refer to the weaker side of the body after a stroke or injury.

ageism: prejudice toward, stereotyping of, and/or discrimination against older persons or the elderly.

agitated: the state of being excited, restless, or troubled.

agnostics: people who believe that they do not know or cannot know if God exists.

AIDS dementia complex: a group of symptoms, such as memory loss, poor coordination, paralysis, and confusion, that occur in the late stages of AIDS due to damage to the central nervous system.

Airborne Precautions: special measures used to prevent the spread of pathogens that can be transmitted through the air after being expelled.

alternative medicine: practices and treatments used instead of conventional healthcare methods.

Alzheimer's disease (AD): a progressive, incurable disease that causes tangled nerve fibers and protein deposits to form in the brain, which eventually cause dementia.

ambulation: the act of moving or walking, with or without an assistive device.

ambulatory: capable of moving or walking.

amputation: the surgical removal of some or all of a body part.

amyotrophic lateral sclerosis (ALS): a progressive disease that causes muscle atrophy and eventually leads to death; also called *Lou Gehrig's disease.*

angina pectoris: chest pain, pressure, or discomfort.

anorexia: an eating disorder in which a person does not eat or exercises excessively to lose weight.

antimicrobial: an agent that destroys, resists, or prevents the development of pathogens.

anxiety: an uneasiness, worry, or fear, often about a situation or condition.

apathy: a lack of interest in activities.

apical pulse: the pulse located on the left side of the chest, just below the nipple.

apnea: the absence of breathing.

arthritis: a general term that refers to inflammation of the joints.

aspiration: the inhalation of food, fluid, or foreign material into the lungs.

assault: a threat to harm a person, resulting in the person feeling fearful that she will be harmed.

assisted living: residences for people who do not need 24-hour skilled care, but do require some help with daily care.

asthma: a chronic inflammatory disease that makes it difficult to breathe and causes coughing and wheezing.

atheists: people who believe that there is no God.

atherosclerosis: a hardening and narrowing of the blood vessels.

atrophy: the wasting away, decreasing in size, and weakening of muscles from lack of use.

autoimmune illness: an illness in which the body's immune system attacks normal tissue in the body.

axillae: underarms.

back blows: a method of first aid for an infant who is choking in which the rescuer strikes the infant between the shoulder blades in order to try to remove an obstruction.

bacterial infections: infections caused by a type of bacteria that can cause fever, runny nose, coughing, rash, vomiting, diarrhea, or secondary infections of the sinuses or ears.

basted: coated with juices or other liquid while cooking.

battery: the intentional touching of a person without her consent.

bedpan: a piece of equipment used for urination and bowel movements while in bed.

bed rest: stopping all activity and staying in bed in order to prevent labor from starting before the baby is ready to be born.

benign prostatic hypertrophy (BPH): a disorder that can occur in men as they age, in which the prostate becomes enlarged and causes problems with urination and/or emptying the bladder.

benign tumors: tumors that are considered noncancerous.

bias: prejudice.

binge: to eat huge amounts of food or very fattening foods.

biodegradable: capable of breaking down or being decomposed by bacteria or other living organisms.

bipolar disorder: a type of mental health disorder that causes a person to swing from periods of deep depression (a depressive episode) to periods of extreme activity (a manic episode).

birth defect: physical or structural defect that affects an infant from birth.

bisexual, bi: a person whose physical, emotional, and/or romantic attraction is for people of the same gender or different gender.

bloodborne pathogens: microorganisms found in human blood that can cause infection and disease in humans.

body mechanics: the way the parts of the body work together when a person moves.

bones: rigid connective tissues that make up the skeleton, protect organs, and allow the body to move.

bony prominences: areas of the body where bone lies close to the skin.

brachial pulse: the pulse located inside the elbow, about one to one-and-a-half inches above the elbow.

bradypnea: slow respirations.

bronchitis: an irritation and inflammation of the lining of the bronchi.

bulimia: an eating disorder in which the person eats huge amounts of food or very fattening foods and then eliminates the food by vomiting, using laxatives, or exercising excessively.

cancer: general term to describe a disease in which abnormal cells grow in an uncontrolled way.

cardiopulmonary resuscitation (CPR): medical procedures used when a person's heart or lungs have stopped working.

case manager: a registered nurse that is assigned to create the basic care plan for the client and make changes when necessary.

cataract: a condition in which cloudy spots develop in the lens of the eye, causing vision loss.

catastrophic reaction: reacting to something in an unreasonable, exaggerated way.

catheter: a thin tube inserted into the body that is used to drain fluids or inject fluids.

causative agent: a pathogenic microorganism that causes disease.

C cane: a straight cane with a curved handle at the top.

cells: basic structural units of the body that divide, develop, and die, renewing tissues and organs.

Centers for Disease Control and Prevention (CDC): a federal government agency that issues information to protect and improve the health and safety of individuals and communities.

central nervous system (CNS): part of the nervous system that is composed of the brain and spinal cord.

cerebrovascular accident (CVA): a condition that occurs when blood supply to a part of the brain is blocked or a blood vessel leaks or ruptures within the brain; also called *stroke.*

Cesarean section: a birthing procedure in which the baby is delivered through an incision in the mother's abdomen.

chain of command: the line of authority within an agency or facility.

chain of infection: a way of describing how disease is transmitted from one human being to another.

chancres: open sores.

chest thrusts: a method of first aid for an infant who is choking in which the rescuer places two or three fingers in the center of the breastbone and pushes in order to try to remove an obstruction.

Cheyne-Stokes: alternating periods of slow, irregular respirations and rapid, shallow respirations, along with periods of apnea.

chickenpox: a highly contagious, viral illness that is common among children.

child abuse: physical, emotional, or sexual mistreatment of children.

child neglect: the purposeful or unintentional failure to provide for the needs of a child.

chlamydia: a sexually transmitted infection that is caused by organisms introduced into the mucous membranes of the reproductive tract.

chronic illness: a disease or condition that is long-term or long-lasting.

chronic obstructive pulmonary disease (COPD): a chronic, progressive, incurable lung disease that causes difficulty breathing.

chronic renal failure (CRF): a condition that occurs when the kidneys become unable to eliminate certain waste products from the body; also called *chronic kidney failure.*

circadian rhythm: the 24-hour day-night cycle.

circumcision: the removal of part of the foreskin of the penis.

cisgender: a person whose gender identity matches his or her birth sex (sex assigned at birth due to anatomy).

clean: in health care, a condition in which an object has not been contaminated with pathogens.

clean-catch specimen: a urine specimen that does not include the first and last urine voided.

clichés: phrases that are used repeatedly and do not really mean anything.

closed bed: a bed completely made with the bedspread and blankets in place.

***Clostridioides difficile* (*C. difficile, C. diff*):** a bacterium that is spread by spores in feces that are difficult to kill; it causes symptoms such as diarrhea and nausea and can lead to serious inflammation of the colon (colitis).

cognition: the ability to think logically and clearly.

cognitive: related to thinking and learning.

cognitive behavioral therapy (CBT): a type of psychotherapy that is usually short-term and focuses on skills and solutions that a person can use to modify negative thinking and behavior patterns; often used to treat anxiety disorders and depression.

cognitive impairment: the loss of ability to think logically and clearly; concentration and memory are affected.

colorectal cancer: cancer of the gastrointestinal tract; also known as *colon cancer.*

colostomy: surgically created opening into the large intestine to allow stool to be expelled.

combative: violent or hostile.

combustion: the process of burning.

coming out: a continual process of revealing one's sexual orientation or gender identity to others.

communication: the process of exchanging information with others.

compassionate: being caring, concerned, considerate, empathetic, and understanding.

complementary medicine: treatments that are used in addition to the conventional treatments prescribed by a doctor.

complex carbohydrates: carbohydrates that are broken down by the body into simple sugars for energy; found in foods such as bread, cereal, potatoes, rice, pasta, vegetables, and fruits.

compost: a mixture of decaying food and garden waste that is used to improve and fertilize soil.

concentrated formula: a type of formula for infants that is sold in cans or bottles and must be mixed with sterile water before using.

condom catheter: a catheter that has an attachment on the end that fits onto the penis; also called *external* or *Texas catheter.*

confidentiality: the legal and ethical principle of keeping information private.

confusion: the inability to think clearly and logically.

congestive heart failure (CHF): a condition in which the heart muscle is damaged and fails to pump effectively.

conscientious: guided by a sense of right and wrong; principled.

conscious: being mentally alert and having awareness of surroundings, sensations, and thoughts.

constipation: the inability to eliminate stool, or the infrequent, difficult, and often painful elimination of a hard, dry stool.

constrict: to narrow.

Contact Precautions: special measures used to prevent the spread of pathogens that can be transmitted by direct contact with a person or an object.

contracture: the permanent and often painful shortening of a muscle or tendon, usually due to a lack of activity.

cradle hold: a type of hold for an infant in which the baby's head and neck rest in the crook of one elbow while the legs rest in the other arm; the baby's back is supported with one hand or both hands.

cross-dresser: usually a heterosexual man who sometimes wears clothing and other items associated with women.

cultural diversity: the different groups of people with varied backgrounds and experiences who live together in the world.

culture: a system of learned beliefs and behaviors that are practiced by a group of people and are often passed on from one generation to the next.

cyanotic: blue or gray skin color.

dangle: to sit up on the side of the bed with the legs hanging over the side in order to regain balance and stabilize blood pressure.

deafness: partial or complete loss of hearing.

defense mechanisms: unconscious behaviors used to release tension or cope with stress.

degenerative: something that continually gets worse.

dehydration: a serious condition in which a person does not have enough fluid in the body.

delirium: a state of severe confusion that occurs suddenly; it is usually temporary.

delusions: persistent false beliefs.

dementia: a general term that refers to a serious, progressive loss of mental abilities such as thinking, remembering, reasoning, and communicating.

dental floss: a special kind of string used to clean between teeth.

dentures: artificial teeth.

depression: a mood disorder that causes withdrawal, lack of energy, and loss of interest in activities, as well as other symptoms.

dermatitis: a general term that refers to an inflammation of the skin.

developmental disabilities: disabilities that are present at birth or emerge during childhood, up to age 22.

diabetes: a condition in which the pancreas produces no insulin, too little insulin, or does not properly use insulin.

diabetic ketoacidosis (DKA): a complication of diabetes that is caused by having too little insulin in the body.

diagnoses: physicians' determinations of an illness.

diagnosis-related groups (DRGs): a system of billing Medicare or Medicaid (and other insurers) for medical and hospital services by classifying various diagnoses.

dialysis: an artificial means of removing the body's waste products.

diarrhea: frequent elimination of liquid or semiliquid feces.

diastole: phase when the heart relaxes or rests.

diastolic: second measurement of blood pressure; phase when the heart relaxes or rests.

dietary restrictions: rules about what and/or when individuals can eat.

digestion: the process of preparing food physically and chemically so that it can be absorbed into the cells.

dilate: to widen.

direct contact: a way of transmitting pathogens through touching the infected person or his secretions.

dirty: in health care, a condition in which an object has been contaminated with pathogens.

disability: the impairment of a physical or mental function.

disinfection: process that destroys most, but not all, pathogens; it reduces the pathogen count to a level that is considered not infectious.

disorientation: confusion about person, place, or time.

diuretics: medications that reduce fluid volume in the body.

doctor: a licensed medical professional who diagnoses disease or disability and prescribes treatment.

doff: to remove.

domestic violence: physical, sexual, or emotional abuse by spouses, intimate partners, or family members.

don: to put on.

do not hospitalize (DNH): a medical order that states that a person should not be sent to a hospital for treatment; treatment, however, is continued where the person is residing.

do not intubate (DNI): a medical order that tells medical professionals not to place a breathing tube in a person.

do not resuscitate (DNR): a medical order that tells medical professionals not to perform cardiopulmonary resuscitation.

dorsiflexion: bending backward.

draw sheet: an extra sheet placed on top of the bottom sheet that is used for moving clients without causing shearing.

Droplet Precautions: special measures to prevent the spread of pathogens that are spread by droplets in the air.

durable power of attorney for health care: a signed, dated, and witnessed legal document that appoints someone else to make the medical decisions for a person in the event he becomes unable to do so.

dysphagia: difficulty swallowing.

dyspnea: difficulty breathing.

edema: swelling caused by excess fluid in body tissues.

elimination: the process of expelling wastes (made up of the waste products of food and fluids) that are not absorbed into the cells.

elopes: in medicine, when a person with Alzheimer's disease wanders away from a protected area and does not return on his own.

emesis: the act of vomiting, or ejecting stomach contents through the mouth and/or nose.

emotional lability: inappropriate or unprovoked emotional responses, including laughing, crying, and anger.

empathize: identifying with or understanding.

empathy: identifying with the feelings of others.

emphysema: a chronic lung disease that usually develops as a result of cigarette smoking.

epilepsy: a disorder that causes recurring seizures.

episiotomy: an incision that is sometimes made in the perineal area during vaginal delivery that enlarges the vaginal opening for the baby's head.

epistaxis: a nosebleed.

ethics: the knowledge of right and wrong.

eupnea: normal respirations.

evacuation: leaving in an emergency.

expiration: the process of exhaling air out of the lungs.

expressive aphasia: slurred speech or the inability to speak.

extension: straightening a body part.

facilities: in medicine, places where health care is delivered or administered, including hospitals, long-term care facilities, and treatment centers.

fallacy: a false belief.

false imprisonment: unlawful restraint that affects a person's freedom of movement; includes both the threat of being physically restrained and actually being physically restrained.

farsightedness: the ability to see objects in the distance better than objects nearby; also called *hyperopia*.

fasting: not eating food or eating very little food.

fecal incontinence: the inability to control the bowels, leading to an involuntary passage of stool.

fiber: parts of fruits, vegetables, grains, nuts, and legumes that cannot be digested; necessary for bowel elimination.

financial abuse: the improper or illegal use of a person's money, possessions, property, or other assets.

first aid: emergency care given immediately to an injured person by the first people to respond to an emergency.

flammable: easily ignited and capable of burning quickly.

flexion: bending a body part.

fluid balance: taking in and eliminating equal amounts of fluid.

fluid overload: a condition that occurs when the body is unable to handle the amount of fluid consumed.

football hold: a type of hold for an infant in which the baby's head is held in one hand, while the back is supported with the arm on the same side of the body.

foot drop: a weakness of muscles in the feet and ankles that causes difficulty with the ability to flex the ankles and walk normally.

Fowler's: semisitting body position in which a person's head and shoulders are elevated 45 to 60 degrees.

fracture: a broken bone.

fracture pan: a bedpan that is flatter than a regular bedpan.

full weight-bearing (FWB): a doctor's order stating that a person has the ability to support full body weight (100%) on both legs.

functional grip cane: a cane that has a straight grip handle.

gastroesophageal reflux disease (GERD): a chronic condition in which the liquid contents of the stomach back up into the esophagus.

gastrostomy: a surgically created opening in the stomach and abdomen.

gay: a person whose physical, emotional, and/or romantic attraction is for people of the same sex.

gender identity: a deeply felt sense of one's gender.

genderqueer: a person whose gender identity does not fit into the category of man or woman; the person's gender may be in between those two categories or may be entirely different from them.

generalized anxiety disorder (GAD): an anxiety disorder characterized by chronic anxiety and worry, even when there is no cause for these feelings.

genital herpes: an incurable type of sexually transmitted infection that is caused by herpes simplex viruses type 1 (HSV-1) or type 2 (HSV-2).

genital HPV infection: a sexually transmitted infection caused by human papillomavirus.

geriatrics: the branch of medicine that deals with the diagnosis, treatment, and prevention of disease in older and elderly adults, as well as problems related to aging.

gerontology: the study of the aging process in people from midlife through old age.

gestational diabetes: a condition in which pregnant women who have never had diabetes develop high blood glucose levels during pregnancy.

glands: organs that produce and secrete hormones.

glaucoma: a condition in which increased pressure inside the eye causes damage that often leads to vision loss and blindness.

glucose: natural sugar.

gonads: sex glands.

gonorrhea: a sexually transmitted infection caused by bacteria; if left untreated, it can cause blindness, joint infection, sterility, and pelvic inflammatory disease.

grief: deep distress or sorrow over a loss.

groin: the area from the pubis to the upper thighs.

grooming: practices to care for oneself, such as caring for fingernails and hair.

hallucinations: false or distorted sensory perceptions.

hand hygiene: washing hands with soap and water or using alcohol-based hand rubs.

hat: in health care, a collection container that can be inserted into a toilet to collect and measure urine or stool.

health maintenance organizations (HMOs): a form of health insurance in which the cost of care is covered only when a person uses a particular doctor or group of doctors except in case of emergency; seeing specialists generally requires referrals from the primary doctor.

heartburn: a condition that results from a weakening of the sphincter muscle that joins the esophagus and the stomach.

hemiparesis: arm numbness or weakness, especially on one side.

hemiplegia: paralysis on one side of the body.

hemorrhoids: enlarged veins in the rectum or outside the anus that can cause rectal itching, burning, pain, and bleeding.

hepatitis: an inflammation of the liver caused by certain viruses and other factors, such as alcohol abuse, some medications, and trauma.

heterosexual: a person whose physical, emotional, and/or romantic attraction is for people of the opposite sex; also known as *straight*.

hoarding: collecting and putting things away in a guarded way.

holistic care: care that involves the whole person, including his or her physical, psychological, social, and spiritual needs.

home health agencies: businesses that provide health care and personal services in the home.

home health aide (HHA): an important member of the care team who performs assigned tasks and provides or assists with personal care.

homeostasis: the condition in which all of the body's systems are balanced and are working together to maintain internal stability.

hormones: chemical substances created by the body that control numerous body functions.

hospice care: holistic, compassionate care given to people who have approximately six months or less to live.

human immunodeficiency virus (HIV): a virus that attacks the body's immune system and gradually disables it; eventually can cause AIDS.

hygiene: practices used to keep bodies clean and healthy.

hypertension (HTN): high blood pressure, regularly measuring 130/80 mm Hg or higher.

hyperthyroidism: a condition in which the thyroid produces too much thyroid hormone, causing body processes to speed up and metabolism to increase.

hypoglycemia: a complication of diabetes that can result from either too much insulin or too little food; also known as *insulin reaction.*

hypotension: low blood pressure, measuring 90/60 mm Hg or lower.

hypothyroidism: a condition in which the body lacks thyroid hormone, causing the body processes to slow down.

ileostomy: surgically created opening into the end of the small intestine to allow stool to be expelled.

incentive spirometer: a deep breathing device that measures how well the lungs are filling with each breath.

incident report: a report documenting an accident or other significant event that occurs during a visit; also known as an *occurrence, accident, accident/incident,* or *event report.*

incontinence: the inability to control the bladder or bowels.

incontinent: being unable to control the muscles of the bladder or bowels.

indirect contact: a way of transmitting pathogens from touching something contaminated by the infected person.

indwelling catheter: a type of catheter that remains inside the bladder for a period of time; also called *Foley catheter.*

infection prevention: the set of methods used to prevent and control the spread of disease.

infectious: contagious.

inflammation: swelling.

input: the fluid a person consumes; also called *intake.*

inspiration: the process of inhaling air into the lungs.

insulin: a hormone that moves glucose from the blood into the cells for energy for the body.

insulin reaction: complication of diabetes that can result from either too much insulin or too little food; also known as *hypoglycemia.*

intake: the fluid a person consumes; also called *input.*

integument: a natural protective covering.

intervention: a way to change an action or development.

intravenous (IV) therapy: the delivery of medication, nutrition, or fluids through a person's vein.

involuntary seclusion: the separation of a person from others against the person's will.

involved side: term used to refer to the weaker, or affected, side of the body after a stroke or injury.

irreversible: unable to be reversed or returned to the original state.

isolate: to keep something separate, or by itself.

jaundice: a condition in which the skin, whites of the eyes, and mucous membranes appear yellow.

joint: the place at which two bones meet.

Kaposi's sarcoma: a rare form of skin cancer that appears as purple, red, or brown skin lesions.

kidney stones: stones that form when urine crystallizes in the kidneys, which can block the kidneys and ureters, causing severe pain; also called *renal calculi.*

latent TB infection (LTBI): a type of tuberculosis in which the person carries the disease but does not show symptoms and cannot infect others.

lateral: body position in which a person is lying on either side.

laws: rules set by the government to help people live peacefully together and to ensure order and safety.

lesbian: a woman whose physical, emotional, and/or romantic attraction is for other women.

leukemia: a form of cancer in which the body's white blood cells are unable to fight disease.

lever: something that moves an object by resting on a base of support, or fulcrum.

LGBT: acronym for lesbian, gay, bisexual, and transgender.

LGBTQ: acronym for lesbian, gay, bisexual, transgender, and queer.

liability: a legal term that means someone can be held responsible for harming someone else.

living will: a document that states the medical care that a person wants, or does not want, in case the person becomes unable to make those decisions.

logrolling: moving a person as a unit, without disturbing the alignment of the body.

long-term care: care given in long-term care facilities for people who need 24-hour skilled care.

low-birth-weight: babies who are born at full term but weigh less than five pounds.

lung cancer: the growth of abnormal cells or tumors in the lungs.

lymph: a clear yellowish fluid that carries lymphocytes.

lymphocytes: disease-fighting cells carried in lymph.

major depressive disorder: a type of depression that causes withdrawal, lack of energy, and loss of interest in activities, as well as other symptoms; also called *clinical depression.*

malignant tumors: tumors that are cancerous.

malpractice: professional misconduct that results in injury to a person.

managed care: a system or strategy of managing health care in a way that controls costs.

mandated reporter: people who are legally required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations.

masturbation: to touch or rub sexual organs in order to give oneself or another person sexual pleasure.

meal plan: a plan or menu that includes all the right types and amounts of food that should be eaten for each day.

Medicaid: a medical assistance program for people who have low incomes, as well as for people with disabilities.

medical asepsis: measures used to reduce and prevent the spread of pathogens.

medical social worker (MSW): a professional who determines clients' needs and helps them get support services, such as counseling, meal services, and financial assistance.

Medicare: a federal health insurance program for people who are 65 or older, are disabled, or are ill and cannot work.

menopause: the end of menstruation; occurs when a woman has not had a menstrual period for 12 months.

mental health: a general term that refers to the normal functioning of emotional and intellectual abilities.

mental health disorder: a disorder that affects a person's ability to function at a normal level in the family, home, or community and often causes inappropriate behavior.

metabolism: physical and chemical processes by which substances are broken down or transformed into energy or products for use by the body.

microorganism: a tiny living thing that is not visible to the eye without a microscope.

mode of transmission: the method of describing how a pathogen travels.

modified diets: diets for people who have certain illnesses; also called *special* or *therapeutic diets.*

monosodium glutamate: a form of sodium often added to meat tenderizers, seasonings, and prepared foods to enhance flavor.

MRSA (methicillin-resistant *Staphylococcus aureus*): bacteria (*Staphylococcus aureus*) that have developed resistance to the antibiotic methicillin.

mucous membranes: membranes that line body cavities that open to the outside of the body, such as the linings of the mouth, nose, eyes, rectum, and genitals.

multidrug-resistant organisms (MDROs): microorganisms, mostly bacteria, that are resistant to one or more antimicrobial agents that are commonly used for treatment.

multidrug-resistant TB (MDR-TB): a form of tuberculosis caused by an organism that is resistant to medication that is used to treat TB.

multiple sclerosis (MS): a progressive disease in which the myelin sheath breaks down over time; without this protective covering, nerves cannot conduct impulses to and from the brain in a normal way.

muscles: groups of tissues that provide movement of body parts, protection of organs, and creation of body heat.

muscular dystrophy: a progressive, inherited disease that causes a gradual wasting away of muscle, weakness, and deformity.

myelin sheath: the protective covering of the nerves, spinal cord, and white matter of the brain.

myocardial infarction (MI): a condition in which blood flow to the heart is blocked and muscle cells die; also called *heart attack.*

nasal cannula: an oxygen delivery device that consists of a piece of plastic tubing that fits around the face and two prongs that fit inside the nose.

nasogastric tube: a feeding tube that is inserted into the nose and goes to the stomach.

nearsightedness: the ability to see objects nearby more clearly than objects far away; also called *myopia.*

neglect: the failure to provide needed care that results in physical, mental, or emotional harm to a person.

negligence: actions, or the failure to act or to provide the proper care for a person, resulting in unintended injury.

neonatal: pertaining to a newborn infant.

neonate: a newborn baby.

neonatologists: doctors who specialize in caring for newborn babies.

neuropathy: numbness, tingling, and pain in the feet and legs.

nitroglycerin: a medication that relaxes the walls of the coronary arteries, allowing them to open and get more blood to the heart.

nonbinary: a person whose gender identity does not fit into the category of man or woman; the person's gender may be in between those two categories or may be entirely different from them.

nonspecific immunity: a type of immunity that protects the body from disease in general.

nonverbal communication: communication without using words.

non-weight-bearing (NWB): a doctor's order stating that a person is unable to touch the floor or support any body weight on one or both legs.

NPO: abbreviation for *nothing by mouth* from the Latin *nil per os*; a medical order that means a client should not have anything to eat or drink.

nutrient: a necessary substance that provides energy, promotes growth and health, and helps regulate metabolism.

nutrition: how the body uses food to maintain health.

objective information: information based on what a person sees, hears, touches, or smells; also called *signs*.

obsessive-compulsive disorder (OCD): a disorder characterized by recurring intrusive behavior or thoughts that cause anxiety or stress.

obstructed airway: a condition in which the tube through which air enters the lungs is blocked.

Occupational Safety and Health Administration (OSHA): a federal government agency that makes rules to protect workers from hazards on the job.

occupational therapist (OT): a licensed medical professional who helps people learn to adapt to disabilities and assists in training people to perform activities of daily living (ADLs).

occupied bed: a bed made while the person is in the bed.

open bed: a bed made with the linen folded down to the foot of the bed.

opportunistic infections: infections that invade the body when the immune system is weak and unable to defend itself.

opposition: touching the thumb to any other finger.

oral care: care of the mouth, teeth, and gums.

organs: structural units in the human body that perform specific functions.

orthopnea: shortness of breath when lying down that is relieved by sitting up.

orthosis: a device applied externally that helps support and align a limb and improve its functioning; also called *orthotic device*.

orthostatic hypotension: sudden drop in blood pressure that occurs when a person stands or sits up.

orthotic device: a device applied externally that helps support and align a limb and improve its functioning; also called *orthosis*.

osteoarthritis: a common type of arthritis that usually affects hips, knees, and joints of the fingers, thumbs, and spine; also called *degenerative arthritis* or *degenerative joint disease (DJD)*.

osteoporosis: a condition in which bones become porous and brittle, causing them to break easily.

ostomy: surgical creation of an opening from an area inside the body to the outside.

otitis media: an infection of the middle ear that that can cause pain, pressure, fever, and a reduced ability to hear.

output: fluid that is eliminated from the body through urine, feces, and vomitus, as well as perspiration and moisture that is exhaled into the air; also includes wound drainage.

oxygen concentrator: a box-like electrical device that changes air in the room into air with more oxygen.

oxygen therapy: the administration of oxygen to increase the supply of oxygen to the lungs.

pacing: walking back and forth in the same area.

palliative care: care that focuses on the comfort and dignity of a person who is very sick and/or dying, rather than on curing him or her.

panic disorder: a disorder in which a person has regular panic attacks or lives with chronic anxiety about having another attack.

paralysis: loss of muscle function.

paraplegia: the loss of function of the lower body and legs.

parenteral nutrition (PN): the intravenous infusion of nutrients administered directly into the bloodstream, bypassing the digestive tract.

paresis: weakness or loss of ability on one side of the body.

Parkinson's disease: a progressive, incurable disease that causes the brain to degenerate, affecting muscle function and causing stooped posture, shuffling gait, pill-rolling, and tremors.

partial weight-bearing (PWB): a doctor's order stating that a person is able to support some body weight on one or both legs.

passive range of motion (PROM): exercises to put a joint through its full arc of motion that are performed by a caregiver, without the client's help.

pathogens: microorganisms that are capable of causing infection and disease.

payers: people or organizations that pay for healthcare services.

pediculosis: an infestation of lice.

peptic ulcers: raw sores in the stomach.

percutaneous endoscopic gastrostomy (PEG) tube: a feeding tube placed through the skin directly into the stomach.

perineal care: care of the genital and anal area.

perineum: the genital and anal area.

peripheral nervous system: a part of the nervous system made up of the nerves that extend throughout the body.

peripheral vascular disease (PVD): a disease in which the legs, feet, arms, or hands do not have enough blood circulation.

peristalsis: muscular contractions that push food through the gastrointestinal tract.

perseveration: the repetition of words, phrases, questions, or actions.

personal: relating to life outside one's job, such as family, friends, and home life.

personal protective equipment (PPE): equipment that helps protect employees from serious injuries or illnesses that may result from contact with workplace hazards.

person-centered care: a type of care that places the emphasis on the person needing care and his or her individuality and capabilities.

pertinent: significant or useful.

phantom limb pain: pain in a limb (or extremity) that has been amputated.

phantom sensation: warmth, itching, or tingling from a body part that has been amputated.

phlegm: thick mucus from the respiratory passage.

phobia: an intense, irrational fear of or anxiety about an object, place, or situation.

physical abuse: intentional or unintentional treatment that causes harm to a person's body.

physical therapist (PT or DPT): a licensed medical professional who evaluates a person and then develops a treatment plan to increase movement, improve circulation, promote healing, reduce pain, prevent disability, and regain or maintain mobility.

Physician Orders for Life-Sustaining Treatment (POLST): a medical order that specifies the treatments a person wishes to receive, not what he wishes to avoid, when he is very ill; decisions are based on conversations between the patient and his healthcare providers.

physiological needs: needs that relate to the processes and activities that keep living things alive.

***Pneumocystis jirovecii* pneumonia:** a lung infection.

pneumonia: acute inflammation in the lung tissue caused by a bacterial, viral, or fungal infection.

policy: a course of action that should be taken every time a certain situation occurs.

portable commode: a chair with a toilet seat and a removable container underneath; also called *bedside commode*.

portal of entry: any body opening on an uninfected person that allows pathogens to enter.

portal of exit: any body opening on an infected person that allows pathogens to leave.

positioning: the act of helping people into positions that promote comfort and health.

postmortem care: care of the body after death.

postpartum depression: a type of depression that occurs after giving birth.

posttraumatic stress disorder (PTSD): a disorder caused by experiencing or witnessing a traumatic experience.

posture: the way a person holds and positions his body.

powdered formula: a type of formula for infants that is sold in cans and is measured and mixed with sterile water.

prediabetes: a condition that occurs when a person's blood glucose levels are above normal but not high enough for a diagnosis of type 2 diabetes.

preferred provider organizations (PPOs): a form of health insurance in which patients are encouraged to receive care from a network of approved providers, but can see other providers at an additional cost; patients can usually choose their providers, including specialists, without being referred by another doctor.

premature: babies who are born before 37 weeks gestation (more than three weeks before the due date).

pressure injuries: injuries or wounds resulting from skin deterioration and shearing; also known as *pressure ulcers, pressure sores, decubitus ulcers,* or *bed sores.*

pressure points: areas of the body that bear much of the body weight.

procedure: a method, or way, of doing something.

professional: having to do with work or a job.

professionalism: the act of behaving properly when working.

progressive: something that continually gets worse or deteriorates.

pronation: turning downward.

prone: body position in which a person is lying on the stomach, or front side of the body.

prosthesis: a device that replaces a body part that is missing or deformed because of an accident, injury, illness, or birth defect.

protected health information (PHI): information that can be used to identify a person and relates to the patient's condition, any health care that the person has had, and payment for that health care; examples include a person's name, address, telephone number, social security number, email address, and medical record number.

providers: people or organizations that provide health care, including doctors, nurses, clinics, and agencies.

psychological: relating to mental and emotional factors.

psychological abuse: emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person, or treating the person as a child.

psychosocial needs: needs that involve social interaction, emotions, intellect, and spirituality.

psychotherapy: a method of treating mental health disorders that involves talking about one's problems with a mental health professional.

puberty: the stage of growth when secondary sex characteristics, such as body hair, appear.

puree: to chop, blend, or grind food into a thick paste of baby food consistency.

purge: to eliminate food by vomiting or using laxatives, or by other behavior such as exercising excessively.

quad cane: a cane that has four rubber-tipped feet and a rectangular base.

quadriplegia: the loss of function of the legs, trunk, and arms.

queer: a term used to describe sexual orientation that is not exclusively heterosexual.

radial pulse: the pulse located on the inside of the wrist, where the radial artery runs just beneath the skin.

range of motion (ROM): exercises that put a particular joint through its full arc of motion.

ready-to-use formula: a type of formula for infants that is sold in bottles or cans and is ready to use.

receptive aphasia: the inability to understand spoken or written words.

recycling: the process of taking materials that would have been considered waste and turning them into new products.

registered dietitian (RD or RDN): a licensed medical professional who assesses nutritional status, develops treatment plans, creates special diets, and educates people about healthy nutrition.

registered nurse (RN): a licensed medical professional who coordinates, manages, and provides care; supervises and trains home health aides; and develops the plan of care.

rehabilitation: care that is given by specialists to help restore or improve function after an illness or injury.

reminiscence therapy: a type of therapy that encourages people with Alzheimer's disease to remember and talk about the past.

reproduce: to create new human life.

reservoir: a place where a pathogen lives and multiplies.

resistant: a state in which drugs no longer work to kill specific bacteria.

respiration: the process of inhaling air into the lungs (inspiration) and exhaling air out of the lungs (expiration).

respite care: a type of care that provides a temporary break from tasks associated with caregiving.

restorative care: care given after rehabilitation to maintain a person's function, improve his quality of life, and increase his independence.

résumé: a summary or listing of job experience and education.

rheumatoid arthritis: a type of arthritis in which joints become inflamed, red, swollen, and very painful, resulting in restricted movement and possible deformities.

rigor mortis: the Latin term for the temporary condition after death in which the muscles in the body become stiff and rigid.

rotation: turning a joint.

routine urine specimen: a urine specimen that is collected any time a person voids.

rummaging: going through drawers, closets, or personal items that belong to oneself or to other people.

scalds: burns caused by hot liquids.

schizophrenia: a mental health disorder that affects a person's ability to think, communicate, make decisions, and understand reality.

scope of practice: defines the tasks that healthcare providers are legally allowed to do as permitted by state or federal law.

sexual abuse: nonconsensual contact of any type.

sexual harassment: any unwelcome sexual advance or behavior that creates an intimidating, hostile, or offensive working environment.

sexual orientation: a person's physical, emotional, and/or romantic attraction to another person.

sexually transmitted infections (STIs): infections caused by sexual contact with infected people; signs and symptoms are not always apparent.

sharps: needles or other sharp objects.

shearing: rubbing or friction that results from the skin moving one way and the bone underneath it remaining fixed or moving in the opposite direction.

shock: a condition that occurs when organs and tissues in the body do not receive an adequate blood supply.

shower chair: a sturdy chair designed to be placed in a bathtub or shower.

signs and symptoms: changes in metabolic processes; also known as *objective information* (signs) and *subjective information* (symptoms).

simple carbohydrates: carbohydrates that are found in foods such as sugars, sweets, syrups, and jellies and have little nutritional value.

Sims': body position in which a person is lying on his left side with the upper knee flexed and raised toward the chest.

situation response: a temporary condition that has symptoms like those of a mental health disorder; possible causes include a personal crisis, temporary physical changes in the brain, side effects from medications, interactions among medications, and severe change in the environment.

sitz bath: a warm soak of the perineal area to clean perineal wounds and reduce inflammation and pain.

skilled care: medically necessary care given by a skilled nurse or therapist.

slide board: a wooden board that helps transfer people who are unable to bear weight on their legs.

social anxiety disorder: a disorder in which a person has excessive anxiety about social situations.

socioeconomic: relating to social and economic factors.

sodium nitrate: a salt used to preserve lunch meats and other cured meats.

special diets: diets for people who have certain illnesses; also called *therapeutic* or *modified diets.*

specific immunity: a type of immunity that protects against a particular disease that is invading the body at a given time.

specimen: a sample that is used for analysis in order to try to make a diagnosis.

speech-language pathologist (SLP): a licensed medical professional who identifies communication disorders, develops a plan of care to meet recovery goals, teaches exercises to improve or overcome speech impediments, and evaluates a person's ability to swallow food and drink.

sphincter muscle: a ring-like muscle that opens and closes an opening in the body.

sphygmomanometer: a device that measures blood pressure.

spiritual: of, or relating to, the spirit or soul.

sputum: mucus coughed up from the lungs.

Standard Precautions: a method of infection prevention in which all blood, body fluids, nonintact skin, and mucous membranes are treated as if they were infected with an infectious disease.

stasis dermatitis: skin condition that occurs due to a buildup of fluid under the skin, causing problems with circulation.

sterilization: a cleaning measure used to decrease the spread of pathogens and disease by destroying all microorganisms, including those that form spores.

stethoscope: an instrument designed to listen to sounds within the body, such as the heart beating or air moving through the lungs.

stoma: an artificial opening in the body.

stool: feces.

straight catheter: a catheter that does not remain inside the person; it is removed immediately after urine is drained or collected.

stress: the state of being frightened, excited, confused, in danger, or irritated.

stressor: something that causes stress.

subacute care: care given in hospitals or in long-term care facilities for people who need less care than for an acute (sudden onset, short-term) illness, but more care than for a chronic (long-term) illness.

subjective information: information that a person cannot or did not observe, but is based on something that a person reported that may or may not be true; also called *symptoms.*

substance abuse: the repeated use of legal or illegal drugs, cigarettes, or alcohol in a way that harms oneself or others.

sudden infant death syndrome (SIDS): a condition in which babies stop breathing and die for no known reason while asleep.

sundowning: a condition in which a person gets restless and agitated in the late afternoon, evening, or night.

supervisor: a registered nurse that is assigned to create the basic care plan for the client and to make changes when necessary.

supination: turning upward.

supine: body position in which a person lies flat on his back.

surgical asepsis: the state of being completely free of all microorganisms; also called *sterile technique.*

susceptible host: an uninfected person who could become ill.

sympathy: sharing in the feelings and difficulties of others.

syncope: loss of consciousness; also called *fainting.*

syphilis: a sexually transmitted infection caused by bacteria; if left untreated, it can cause brain damage, mental health disorders, and death.

systole: phase when the heart is at work, contracting and pushing blood out of the left ventricle.

systolic: first measurement of blood pressure; phase when the heart is at work, contracting and pushing the blood out of the left ventricle.

tachypnea: rapid respirations.

TB disease: a type of tuberculosis in which the person shows symptoms of the disease and can spread TB to others.

teenage pregnancy: pregnancy that occurs during one's teenage years.

terminal illness: a disease or condition that will eventually cause death.

therapeutic diets: diets for people who have certain illnesses; also called *special* or *modified diets.*

tissues: groups of cells that performs similar tasks.

transfer belt: a belt made of canvas or other heavy material that is used to help people who are weak, unsteady, or uncoordinated to transfer or walk.

transgender: a person whose gender identity conflicts with his or her birth sex (sex assigned at birth due to anatomy).

transient ischemic attack (TIA): a warning sign of a cerebrovascular accident that results from a temporary lack of blood supply to the brain.

transition: the process of changing genders, which can include legal procedures, medical measures, telling others, and using new pronouns.

Transmission-Based Precautions: a method of infection prevention used when caring for people who are infected or may be infected with certain infectious diseases.

trauma: severe injury.

trigger: a situation that leads to agitation.

tuberculosis (TB): a highly contagious disease caused by a bacterium, *Mycobacterium tuberculosis,* that is carried on mucous droplets suspended in the air.

tumor: a cluster of abnormally growing cells.

ulceration: the creation of a sore or a break in the skin.

ulcerative colitis: a chronic inflammatory disease of the large intestine.

umbilical cord: the cord that connects a baby to the placenta inside the mother's uterus.

unoccupied bed: a bed made while no person is in the bed.

upper respiratory infection (URI): a bacterial or viral infection of the nose, sinuses, and throat.

upright: type of hold for an infant in which the baby is against the person's chest and has his head, neck, and back supported with one hand, while keeping the other arm under the baby's bottom to support its weight.

urinal: a piece of equipment used by males for urination.

urinary catheter: a catheter that is used to drain urine from the bladder.

urinary incontinence: the inability to control the bladder, which leads to an involuntary loss of urine.

urinary tract infection (UTI): a bacterial infection of the urethra, bladder, ureter, or kidney, resulting in pain or burning during urination.

vaginitis: an infection of the vagina that may be caused by bacteria, protozoa, or a fungus.

validating: giving value to or approving.

validation therapy: a type of therapy that lets people with Alzheimer's disease believe they are living in the past or in imaginary circumstances.

vegans: people who do not eat any animals or animal products, including milk, cheese, other dairy items, or eggs; vegans may also choose to not use or wear any animal products.

ventricles: the two lower chambers of the heart.

verbal abuse: the use of spoken or written words, pictures, or gestures that threaten, embarrass, or insult a person.

verbal communication: communication involving the use of words or sounds, spoken or written.

violence: forceful actions that include attacking, hitting, or threatening someone.

viral infections: infections caused by a virus that can cause fever, runny nose, coughing, rash, vomiting, diarrhea, or secondary infections of the sinuses or ears.

visit records: progress notes, or clinical notes, that serve as a record of a home health aide's visit and the care provided; they also include observations of the client's condition, change, or progress.

vital signs: measurements—temperature, pulse, respirations, blood pressure—that monitor the functioning of the vital organs of the body.

VRE (vancomycin-resistant *Enterococcus*): bacteria (*enterococci*) that have developed resistance to the antibiotic vancomycin.

walker: a type of walking aid that is used for people who are unsteady or lack balance; usually has four rubber-tipped feet and/or wheels.

wandering: walking aimlessly around the house or neighborhood.

workplace violence: verbal, physical, or sexual abuse of staff by other staff members or clients.

wound: a type of injury to the skin.

yarmulke: a small skullcap worn by some Jewish men as a sign of their faith.

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We have divided this book into seven sections. Each colored tab contains the chapter number and title, and it is located on the side of every page.

Using a Hartman Textbook

Understanding how this book is organized and what its special features are will help you make the most of this resource!

1. List examples of legal and ethical behavior

Everything in this book, the student workbook, and the instructor's teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

Bold key terms are located throughout the text, followed by their definitions. They are also listed in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by the same black bar for easy recognition.

This icon indicates that Hartman Publishing offers a corresponding video for this skill.

Guidelines: Handwashing

Guidelines, Common Disorders, and Observing and Reporting lists are colored green for easy reference.

Chapter Review

Chapter-ending questions test your knowledge of the information found in the chapter. If you have trouble answering a question, you can return to the text and reread the material.

intravenous (*in-trah-VEE-nus*)

Need help pronouncing a word? The pronunciation is included with each new word introduced in the text.

Here are our rules for using the pronunciations:

Long vowels	Short vowels
A = AY	a = a as in "above"
E = EE	e = e as in "bet"
I = EYE	i = i as in "sip"
O = Oh or O	o = o as in "not"
U = oo or yoo	u = u as in "bud"
	oo = oo as in "Sue"
	yoo = as in "cute"
	oy = as in "oil"

There is an increasing trend throughout healthcare settings to be more environmentally friendly. In general, this term means that practices, policies, goods, products, and services do not cause harm to the environment (or cause minimal harm). Throughout this textbook, you'll see these green boxes when there is a need to explain something about the environment and ways to be greener.

Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps	
Wash your hands.	Handwashing provides for infection prevention. Nothing fights infection like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every client.
Explain procedure to client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.	Clients have a legal right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Clients are able to do more for themselves if they know what needs to happen.
Provide for the client's privacy if the client desires it.	Doing this maintains clients' right to privacy and dignity. Providing for privacy is not simply a courtesy; it is a legal right.
If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.	Locking the bed wheels is an important safety measure. It ensures that the bed will not move while you are performing care. Raising the bed helps you remember to use proper body mechanics. This helps prevent injury to you and to clients.

Ending Steps	
If you raised an adjustable bed, return it to its lowest position.	Lowering the bed provides for clients' safety.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Document the procedure and any observations.	You will often be the person who spends the most time with a client, so you are in the best position to note any changes in a client's condition. Every time you provide care, observe the client's physical and mental capabilities, as well as the condition of the client's body. For example, a change in a client's ability to dress himself may signal a greater problem. After you have finished giving care, document the care using your agency's guidelines. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.

In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

For example, the procedure for giving a back rub does not include gloves. Gloves are usually not required for a back rub. However, if the client has open sores on his back, gloves are necessary.