Terminology #1
- Activities of Daily Living (ADL)
- Observation
- Medical terminology
- Abbreviation
- Suffix
- Prefix

Terminology #2
- Root
- Combining vowel
- Patient care plan
- Kardex
- Assessment

Senses used for evaluation
- Sight
- Touch
- Hearing
- Smell
ABC’s of observation

- Appearance
- Behavior
- Communication

Objective and subjective observations

- Objective—signs that you see, hear, smell (factual)
- Subjective—what the resident tells you (symptoms)

Types of charting documents

- Patient record and patient chart
- Kardex
- Nursing care plan
- Graphic chart
- ADL sheet
Charting procedures

- Write legibly and neatly
- Place events in proper sequence
- Chart for facility/policy standards
- Be concise
- Always use ink
- Errors—cross out with one line, do not erase

Charting procedures #2

- Include resident’s complete information
- Never skip lines
- Sign your name at end of entry
- Always date and time entries
- Chart only procedures you have performed
- Chart only true observations

Legal issues of charting

- Resident record is a legal document
- Information in chart must be kept confidential
- Information in chart should be accurate, objective, and truthful
Word elements

- Root
- Prefix
- Suffix
- Combining word

Abbreviation is a shortened form of words or phrases, and are commonly used in health care settings.

Terminology #2

- Integumentary
- Dermis
- Epidermis
- Abrasion
- Cyanosis
- Excoriation
- Decubitus ulcer
Terminology #3
- Necrosis
- Urine
- Prosthesis
- Urinal
- Urination
- Catheter

Terminology #4
- Feces
- Elimination
- Fecal impaction
- Anal incontinence
- Flatulence
- Constipation
- Diarrhea

Terminology #5
- Ostomy
- Colostomy
- Ileostomy
- Stool
- Stoma
- Defecation
Daily routine care/Early Morning
- Offer bedpan/urinal or assist to bathroom
- Wash face and hands
- Offer oral hygiene
- Straighten bed and unit
- Position resident for breakfast

Morning care after breakfast
- Oral hygiene
- Offer bedpan/urinal or assist to bathroom
- Bathing
- Shaving
- Skin care
- Dressing
- Hair care
- Change bed linens

Prepare for meals
Lunch and dinner
- Offer bedpan/urinal or assist to bathroom
- Wash hands/face
- Straighten bed/unit
- Position for meal
**Afternoon care**
- Offer bedpan/urinal or assist to bathroom
- Wash face and hands
- Oral hygiene
- Grooming as necessary
- Change soiled linen
- Straighten unit

**Evening (HS) care**
- Offer bedpan/urinal or assist to bathroom
- Wash face and hands
- Oral hygiene
- Change soiled linen
- Dress for bed
- Back massage
- Straighten unit

**Benefits of bathing**
- Cleanliness
- Reduce bacteria and germs
- Promote skin integrity
- Stimulate circulation
- Provide movement and exercise
- Relaxation
- Sense of well-being
- Opportunity for communication and observation
Body areas that require bathing

- Face
- Underarms (axilla)
- Hands
- Perineal area
- Any area where skin folds or creases

Types of baths

- Shower
- Tub/whirlpool, medicinal
- Complete bed bath
- Partial bed bath

General guidelines for bathing residents

- Check with nurse regarding type of bath
- Refer to procedure manual for special baths
- Identify skin care products to be used
- Check resident’s personal choices
- Collect necessary equipment
- Provide privacy
General guidelines for bathing residents #2

- Assure adequate comfort
- Use comfortably warm water, change it when it becomes soapy, dirty or cold
- Bathe areas soiled by fecal material or urine
- Wash from cleanest to dirtiest area
- Rinse off all soap
- Pat skin dry

Safety Guidelines for bathing

- Monitor correct water temperature
- Use safety equipment
- Stay with resident
- Use correct body mechanics

Privacy during bathing

- Close door
- Pull curtain around resident
- Only uncover area being washed
**Observations to be made during bathing/skin**
- Color
- Rashes
- Dryness
- Bruises
- Odors
- Swelling

**Observations/Fingernails, toenails, hair, eyes and Mental Status #2**
- Presence of nits
- Color of sclera
- Orientation/alertness
- Mood
- Attitude

**Observations that require reporting skin**
- Color
- New rashes
- New bruises, broken skin, bleeding
- Unusual odors
- Complaints of pain
Observations that required reporting/ Fingernails, hair
- New Yellow, thickened nails
- New significant hair loss
- Flaking
- Sore scalp
- Nits

Observations that require reporting
Eyes and Mental status
- Redness
- Yellowing of sclera
- Disorientation
- Depression
- Development of unresponsiveness

Types of medicinal baths
- Bran
- Oatmeal
- Starch
- Sodium bicarbonate
- Epsom salts
- Pine products
- Sulfur
- Salt
Purposes of medicinal baths

- Soothing sedation
- Relief of pruritus
- Relief of skin disorder (dry skin, irritation, rash)

Oral hygiene / Purpose

- Cleanliness of mouth and teeth
- Prevent mouth odor and infection
- Prevent tooth loss
- Comfort
- Pleasant taste
- Improve taste of food

Oral hygiene / When to perform

- On awakening
- After each meal
- Bed time
Oral hygiene / Special circumstances
- Unconscious
- Mouth breather
- O2
- NG tube
- Elevated temperature

Steps of oral hygiene
- Carry out procedure using standard precautions
- Examine oral cavity and report findings

Steps in cleaning and care of dentures
- Use standard precautions
- Examine oral cavity and report findings
Nurse assistant role for resident nail care
- Easier to clean after soaking in warm, soapy water
- Be cautious to prevent damage to tissues
- Report unusual conditions to nurse
- Follow facility procedure

Nurse assistant role / caring for hair
- Part of daily care
- Important for identity and self-esteem
- Accommodate resident preferences for style, hair products

Nurse assistant role / types
- Shampoo
- Shower / tub
- Sink
- Bed

Report unusual conditions to nurse
Follow facility procedure
Nurse assistant role / purpose of Medicinal Shampoo
- Eradicate lice
- Scabies
- Soothe / heal irritated skin

Shaving a resident / Guidelines
- Use either electric or safety razor
- Use appropriate safety precautions for electrical equipment
- Safety razors can cause nicks or cuts
- Use standard precautions to prevent contact with blood

Functions of the integumentary system
- Provides protective barrier against microorganisms
- Enables the body to feel pain, pressure, and temperature
- Shields body tissue from injury
- Insulates against heat and cold
- Eliminates waste products
- Produces Vitamin D for body use
How to maintain healthy skin

- Encourage well-balanced diet and fluids
- Maintain skin care
- Observe color and temperature
- Give special attention to bony prominences

Age-related changes affecting the skin

- Excessively dry areas
- Elasticity decreased, causing wrinkles
- Thinner layers

Residents at risk for skin breakdown

- Elderly residents
- Residents who have no sensation of pain
- Paralyzed residents
- Residents with edema
- Thin residents
- Diabetic, overweight, in casts
- Unconscious, sedated residents
Conditions which cause decubitus ulcers

- Pressure
- Decreased blood flow to an area
- Wet skin
- Scratches from fingernails
- Dry skin

Decubitus ulcers #2 / Signs and symptoms or stages

- Stage one
- Stage two
- Stage three

Decubitus ulcers #3 / Bony prominences

- Sacrum
- Heels
- Knees
- Shoulders
- Back of head
- Hips
- Ankles, Elbows and Ears
Decubitus ulcers / Preventive nursing care measures

- Keep skin clean and dry
- Use only small amounts of powder and lotion
- Wash after each incontinent episode
- Keep safety devices, clothing, and bedding from being too tight
- Keep edges of casts and braces from pressing against the skin

Decubitus ulcers / Preventive nursing care measures #2

- Remove crumbs
- Avoid wrinkles in bedding
- Keep tubes from pressing on the skin
- Remove residents from toilets and bedpans promptly
- Keep your nails short and smooth

Decubitus ulcers / Use of pressure-reducing devices #3

- Bed cradle
- Sheepskin
- Heel and elbow protectors
- Egg crate mattress
- Alternating pressure mattress
- Clinitron bed
- Trochanter rolls
- Flotation pads or cushions
Decubitus ulcers # 4
- Turn or change resident’s position every two hours
- Encourage circulation by gentle massage around area
- Teach resident to change position frequently
- Assist with range of motion exercises
- Apply lotion to dry skin areas

Dressing Residents / Types of Clothing
- Cardigan
- Pullover
- Pants
- Disposable brief
- Shoes and stockings
- Accessories

Physical factors that limit a resident’s ability to dress
- Lack of maturation
- Brain impairment
- Weakness
- Pain
- Fractures
- Contractures
- Paralysis
- Lack of vision
- Psychological factors
Caring for resident clothing

- Label garments
- Avoid cutting
- Do not discard
- Store in the resident’s unit
- Fold neatly or hang in closet
- Assist resident or family to choose clothing that meets physical needs

Purposes for dressing a resident

- How we look influences the way we feel about ourselves
- It encourages resident to be independent
- It discourages incontinence

Guidelines for dressing and undressing a resident

- Provide for privacy
- Encourage the resident to do as much as possible
- Allow residents to choose what to wear
- Remove clothing from the strong or good side first
- Put clothing on weak side first
Ways the body eliminates waste

- Urinary elimination (Urine)
- Bowel elimination (Feces)

Urinary Elimination

- The body excretes 1000 to 1500 ml of urine / day
- Urine consists of the wastes and excess fluids
- Residents have different urination needs
- Keep resident’s routine as normal as possible

Characteristics of normal urine

- Clear
- Amber (Medium Yellow) color
- Mild odor
Frequency of urination
- Amount of fluid ingested
- Personal habits
- Availability of toilet facilities
- Physical activities
- Illness
- Ranges from every 2-3 hours to every 8-12 hours

Observations to be made about urine
- Color
- Clarity
- Odor
- Amount

Information to report about urine
- Cloudy
- Pinkish or reddish tint
- Resident complaints burning on urination
- Difficulty in urination
- Feeling of pressure
- Frequency
- Strong Odor
Urinary incontinence
- Inability to control the passage of urine from the bladder
- Constant dribble
- Occasional dribble when laugh, cough or sneeze
- No control

Urinary incontinence / Causes
- Central nervous system
- Spinal cord injury
- Aging and confusion
- Medications
- Weak pelvic muscles
- Urinary tract infection
- Prostate problems
- Prolapse of uterus and bladder

Catheter / Definition
- Plastic or rubber tube used to drain or inject fluid through a body opening, most commonly used to drain the bladder.
Catheter Types

- Indwelling Catheters
  - Foley
  - Retention
- Straight Catheters

Catheter Purpose

- Complete loss of bladder control
- Urinary retention
- Before, during and after surgical procedures

Catheter Care

- Tubing should not be kinked
- Bag placed below level of the bladder
- Bag should be attached to the bed frame NOT the side table or side rail
- Should be secured to the inner thigh
Catheter Care #2
- Clean the perineal area and around the catheter
- Bag should be emptied and measured each shift (or more often if ordered)
- Report complaints promptly to the nurse
- Follow the rules of asepsis at all times

Bladder Training
- Goal is voluntary control of bladder
- Two basic methods:
  - Scheduled use of bedpan, urinal or toilet
  - Clamping of catheter on a schedule basis

Bowel Elimination
- The excretion of wastes from the gastrointestinal system
- Normal Stool:
  - Brown
  - Soft
  - Formed
  - Characteristic odor
**Bowel Elimination #2**

- **Pattern:** each person is different
- **Frequency:** daily to every 2-3 days
- **Time of day:** morning or evening

**Factors influencing bowel movement**

- Privacy
- Age
- Diet
- Fluids
- Activity
- Medications

**Common Problems in elimination**

- **Constipation**
  - Hard, dry stool
  - Feces that moves too slowly through the body
  - Caused by decreased fluids, diet, inactivity, ignoring the urge to defecate
Common Problems in elimination
#2
- Fecal Impaction
  - Stool is unable to pass from the rectum
  - Results from unrelieved constipation

Common Problems in elimination
#3
- Diarrhea
  - Liquid or unformed stool
  - Feces that moves rapidly through the intestines
  - Caused by infection, medications, irritating foods

Common Problems in elimination
#4
- Anal Incontinence
  - Inability to control the passage of feces and gas
  - Possible cause due to injury or diseases of the nervous system
  - May result when residents do not receive the assistance they need in a timely manner
Common Problems in elimination

#5

- Flatulence (gas)
- Excessive formation of gas in the stomach and intestines
- Caused by foods, medications, or air-swallowing

Maintaining Normal Elimination Pattern

- Provide the bedpan, urinal or commode
- Assist to get into normal position
- Cover the resident for privacy
- Remain nearby if the person is weak or frail
- Place signal light and toilet tissue nearby

Maintaining Normal Elimination Pattern #2

- Allow the resident enough time
- If resident has difficulty, ask them what kinds of things they did at home
- Provide perineal care if needed
- Offer opportunity to eliminate at regular intervals
Bowel Training
- Suppository at a regular time
- Increase fluids
- Diet
- Activity
- Privacy

Purpose of an Ostomy
- Artificial opening most commonly into colon or small intestine
- Allow healing of intestine after surgery or disease
- Can be temporary or permanent

Types of Ostomies
- Cecostomy
- Colostomy
- Ileostomy
- Jejunostomy
- Duodenostomy
- Location depends on the disease or injury
- Characteristics of stool from different ostomies
Ostomy Care

- Equipment
- Emptying the bag
- Skin care
- Odor management

Ostomy Care – Role of NA

- Assist with personal hygiene
- Provide for privacy
- Changing appliances
- Emptying ostomy bag
- Provide skin care
- Use Standard Precautions

Measuring weight and height

- On admission and as ordered
- Wears gown or pajamas
- Urinate before being weighed
- Do routine weights at the same time each day
Types of prosthetic devices / Artificial limbs

- Nursing considerations
  - Ask charge nurse for guidelines
  - Observe ability to participate in ADL's
  - Assist resident to apply brace
  - Maintain body alignment
  - Keep call bell within reach
  - ROM to affected muscles

Nursing considerations #2

- Pad brace
- Give constant praise for rehabilitative efforts
- Provide skin care
- Observe for complaint of pain, numbness, or weakness

Artificial eyes

- Daily removal are not necessary
- Special concern to prevent infection of the eye socket
- Report redness, drainage, or crusting of eyelashes
- Store the artificial eye in a container labeled with the resident's name
Hearing aids
- Check the battery
- Do not drop or try to repair the device
- Apply to the ear it is designed for
- Do not allow the device to get wet

Purposes of a hearing aid
- Restore hearing
- Always face the resident when talking
- Speak clearly

Parts of a hearing aid
- Microphone
- Amplifier
- Earmold
- Cord
- On/off switch
Placement of the hearing aid
- Turn down the volume
- It should fit tightly but comfortably
- Turn it on and adjust volume
- Check the placement if the resident complains of an unpleasant whistle
- Check the batteries

Caring for the hearing aid
- Never wash a hearing aid
- Never drop the hearing aid
- Do not expose to heat
- Do not let moisture get into the hearing aid
- Do not use any kind of hair spray

Talking to a partially deaf person
- Face the resident
- Speak slowly and clearly
- Don’t cover your mouth or chew gum
- Sit on the side of the better ear
- Use short sentences
- Repeat and rephrase statements
- Facial expressions and body language
- Reduce background noise