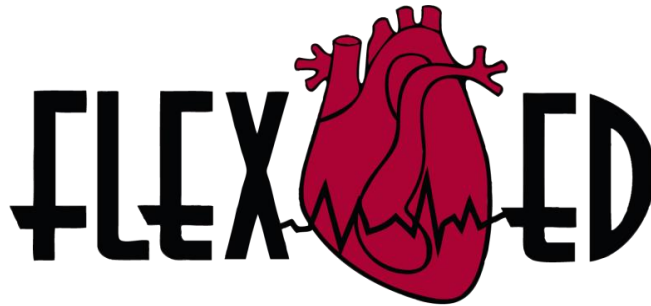


Personal Assistance Services Council

In-Home Supportive Services Day One



Comprehensive Education For Healthcare

www.FlexEd.com

Introductions and Review of Class Agenda

**Care Giving is a Difficult Job
Done Well by Special People**

Privacy of Information

- Everyone caring for consumers have the responsibility to maintain consumer confidentiality.



Your Consumer's Right to Privacy

- You can protect your consumer's rights to privacy by:
 - Not participating in or passing rumors
 - Properly handling inquiries
 - Remembering to speak in private
 - Protecting access to records
 - Obtaining consents for photographs

Consumer's Rights

- Consumers have the right to be informed about:
- Their health status
- Their rights
- Services that are available

Consumer's Rights

- Consumers have the right to personal privacy:
 - During toileting and bathing
 - During visits with whomever they wish
 - During telephone calls
 - Of mail
 - Of medical information

Consumer's Rights

- The consumer's rights to Freedom From Abuse include the rights to:
 - Be treated with consideration and respect free from mental or physical abuse
 - Be free from verbal and physical abuse

Resident/Consumer Rights

- The consumer's rights to Freedom From Abuse & Restraint include the rights to:
 - Be free from restraint except when necessary to protect the consumer or the staff from being harmed

Inappropriate Use of Physical Restraints

- Prohibited techniques (California Health and Safety Code)
 - (c) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use either of the following:*
 - (1) A physical restraint or containment technique that obstructs a person's respiratory airway or impairs the person's breathing or respiratory capacity, including techniques in which a staff member places pressure on a person's back or places his or her body weight against the person's torso or back.*
 - (2) A pillow, blanket, or other item covering the person's face as part of a physical or mechanical restraint or containment process.....*

Inappropriate Use of Physical Restraints

- Prohibited techniques (California Health and Safety Code)

(c) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use prone mechanical restraint on a person at risk for positional asphyxiation as a result of one of the following risk factors that are known to the provider:

Obesity

Pregnancy

Agitated delirium or excited delirium syndromes

Cocaine, methamphetamine, or alcohol intoxication

Exposure to pepper spray

Preexisting heart disease, including, but not limited to, an enlarged heart or other cardiovascular disorders

Respiratory conditions, including emphysema, bronchitis, or asthma



Rights

- Consumer's have the right to care that promotes maintaining a normal life:
 - In grooming and dressing according to their age and activity
 - In the way they are referred to or addressed
 - By being treated with dignity

Elder/Dependent Adult Abuse

- Abuse is any action by a person in a position of trust i.e., friend, family member, neighbor, or paid caregiver, which causes harm to a senior or an adult depending on others for care

Elder/Dependent Adult Abuse

- **Abuse comes in 4 forms**
 - Physical or sexual abuse
 - Neglect
 - Financial abuse
 - Psychological abuse

Elder/Dependent Adult Abuse- Physical

- **Physical abuse is:**
 - Causing pain or injury on purpose, or even tying someone up or punishing them, and it results in physical harm Examples are:
 - Punching
 - Shaking
 - Sexual assault
 - Restraining

Elder/Dependent Adult- Neglect

A caregiver that fails to give the adult the things they need to maintain their physical and mental health. Examples include:

- Not keeping them clean
- Not giving them attention
- Not feeding them
- Leaving them alone when they are unable to care for themselves

Abuse

There are laws now which
require that all of us report
suspected abuse

If you care for someone who you
suspect has been abused, you
should report it

Report any suspicion of abuse to
Adult Protective Services
1-800-992-1660

Abuse & The Law

- Your reported suspicions are vital in making a plan for intervention and assistance or in providing evidence in a court of law
- Your observations are critical in helping your consumers help themselves and improve the situation



Food and Fluids

- Consumers may not be eating or drinking fluid well. You must be alert for signs they are not getting enough.
- Consumers at risk for too little fluid include those who are:
 - Confused
 - Depressed
 - Sick
 - Have problems moving to get drinks themselves

Why else
might
someone not
drink enough?

- Consumers at risk for too little fluids include those who are:
 - Not hungry or thirsty
 - Taking medicine to make them urinate (pee)
 - Can't get out of bed or the chair by themselves
 - Receiving food through a tube

I don't drink
because I
don't want to
have to go to
the bathroom!

- When an adult cannot hold their urine or bowel movement and soils themselves, they may stop eating or drinking to try to prevent this. They are embarrassed.
- Also, they may just not feel thirsty or hungry and we must encourage them to eat and drink.

What happens when they don't drink?

- “Dehydration” (not enough fluid in their body) is often missed in the elderly
- Signs of serious problems may include:
 - Dryness of lips and inside their mouth
 - Swollen tongue
 - Sunken eyeballs
 - Increased temperature
 - Decreased urine (pee)
 - Constipation (can't have a bowel movement)
 - Nausea/vomiting
 - Confusion

Depression
and their
mood may
affect how
they eat and
drink

- This may include
 - Loss of mobility-they can't get around by themselves anymore
 - Decreased vision or hearing
 - Loss of spouse, friends or family
 - Loneliness, distance from family
 - Worry about themselves or about money
 - Depression over life in general
 - May turn to alcohol or drugs to make themselves feel better

When caring for
the older adult or
those that cannot
care for
themselves

- Watch for swelling
 - Ankles, Eyes, Back, Belly
- Give consistent and careful mouth care and observe for sores
- Observe for and report any changes in appetite
- Make sure fluids are available and encourage them to drink often

Assisting with Feeding

- Wash hands
- Help the consumer wash hands and face in preparation for eating. Clean the consumer's dentures if needed and give the consumer his/her glasses if appropriate
- Make sure the eating area is cleaned up
- Prop the consumer with pillows, if needed
- Cut the food, if needed
- Make sure they have the utensils they need



Assisting With Feeding

- If feeding them, sit at their level. If they have weakness on one side, sit on the good side
- Allow the consumer to make choices regarding the order food is eaten, the speed at which he/she eats and the amount
- Do not hurry the consumer through the meal

Assisting With Feeding

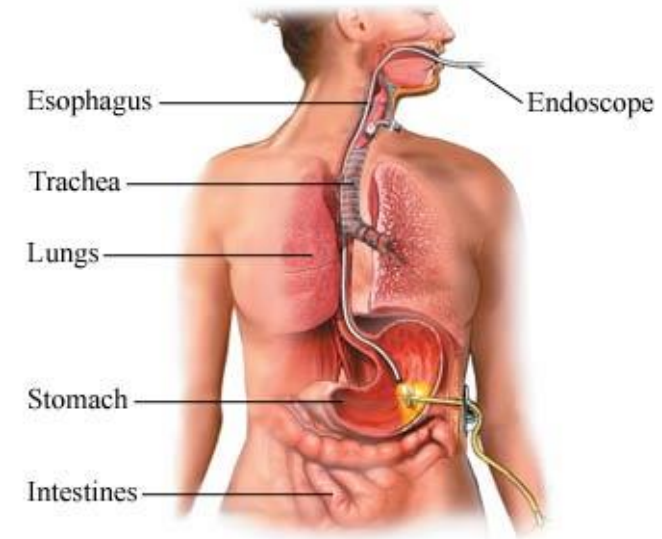
- When the consumer decides he/she is finished eating, remove the dishes
- Encourage the consumer to keep the head up and continue to sit for at least 15 minutes
- Make sure the consumer is positioned properly
- Help the consumer to clean up following the meal; help with mouth/teeth care
- Wash hands

Problems

- Be alert to signs of choking
- Prepare proper food if on special diet
- Watch how much they eat
- Watching for signs they are not getting enough food or fluids
- Encourage fluids
- Have a familiar friend present at mealtimes to make eating more social

Gastrostomy Tube

- This tube is placed by a doctor through an opening in the belly
- Once a feeding tube is in place, the consumer can have tube feedings
- Check the feeding tube site for any signs of infection (no redness)



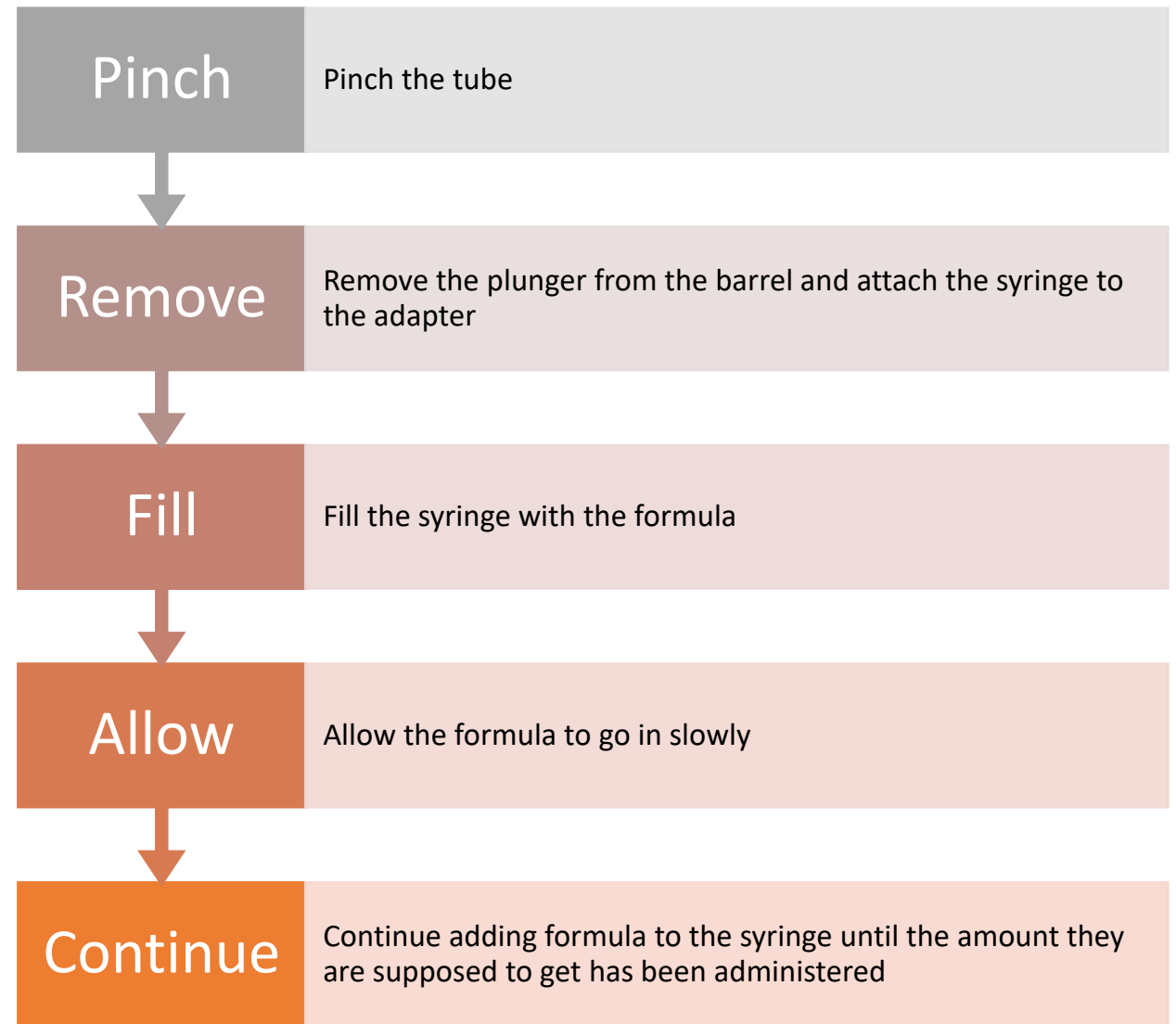
Gastrostomy Tube

- Gather the equipment:
 - Bowl
 - Syringe (that connects to the tube in the belly)
 - Wash hands and put on gloves
 - Feeding solution

Gastrostomy Tube Feedings

- Attach the syringe and pull back to see how much feeding is left from last time
- Instill the aspirated contents back into the feeding tube
- If the residual is small, go ahead and start the feeding

Gastrostomy Tube Feedings



Tube Feeding

Always check to be sure the consumer receives the right formula when they are supposed to, and that it went in by gravity slowly

Check to be sure that there are no bad signs:
(coughing, nausea, vomiting, abdomen is hard, cramping, diarrhea, or constipation)

Tube Feeding

- If you did not do a feeding because there was too much in the stomach from the feeding before, check again in a few hours
- If there is still too much formula left in the stomach, notify the doctor/family
- Keep track of any complaints: bloating, diarrhea, vomiting or constipation

Tube Feeding

Small things can cause bloating. If the bolus feeding is given too quickly or if it is too cold, the consumer's belly can become swollen and sore

If there is too much formula in the stomach left from last time, maybe the feedings are too close together

Tube Feeding

- Be sure the formula is at room temperature
- If you warm it, test it the same way as testing baby formula – on the inside of the wrist
- Make feeding a nice time for the consumer: talk to the consumer and be friendly as the formula goes in, just as if they were eating a meal

Medications





INFECTION CONTROL

#1





UNIVERSAL PRECAUTIONS

- **Use your head!! Wear gloves:**
 - When cleaning their skin after they have gone to the bathroom
 - If they have sores or are bleeding anywhere
 - When cleaning their dentures or cleaning their mouth
- **Know what you're working with**
- **Wash your hands**



Protect the consumer...protect yourself...

So why all the fuss about washing my hands

**The most common way infection
is spread is by our hands**

**We can spread sickness to our
consumers from our hands or
we can spread sickness they
might have to others if we do
not wash our hands well**

What are reasons for you to wash your hands frequently and thoroughly?

1. To remove visible soiling from hands
2. To prevent transfer of sickness from their house to yours
3. To keep your consumer from getting sick

How often do you clean your hands after touching a consumer's INTACT SKIN (when helping them move in bed or in their chair)?

1. Always
2. Often
3. Sometimes
4. Never



Which hand hygiene method is best at killing bacteria?

1. Plain soap and water
2. Antimicrobial soap and water
3. Alcohol-based hand rub

How often do you clean your hands after touching a SURFACE near a consumer (for example, a table or chair)

1. Always
2. Often
3. Sometimes
4. Never



**Every time I go near a consumer,
I must wear gloves**

1. Strongly agree
2. Agree
3. Don't know
4. Disagree
5. Strongly disagree





hand hygiene saves lives

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™

PRACTICE TIME

Gastrostomy
tubes

Tube feedings

Keeping the Consumer Clean



Keeping Them Clean

- Use gloves if you will be touching the inside of their mouth
- Assist the consumer with rinsing their mouth
- Re-position the consumer comfortably
- Wash hands

Be careful when handling and cleaning dentures and other oral appliances

Dentures can be slippery when wet and may break if dropped into the sink or onto the floor

Consumer's with special mouth pieces may have specific oral care needs

Mouth Care Tips

Perineal Care

- This area is called the perineum (perineal care) and needs to be kept clean and free from moisture and unpleasant odors
- The consumer should not experience discomfort or undue embarrassment during the care
- The perineum needs to be free of skin sores or irritation

Perineal Care

- Wash hands and wear gloves
- Provide privacy
- Position the consumer
- Place waterproof pads (if available) under the consumer in the bed or under a bedpan – if available
- Remove fecal debris with disposal paper and dispose in toilet
- Spray perineum with washing solution or plain water

Perineal Care

- Cleanse the perineum with wet washcloths (from front to back for females) changing to clean area on washcloth with each wipe; cleanse the penis on the male
- Carefully check for sores or soiled areas; rinse with clear water
- Change gloves and dry perineum with towel
- Dispose of contaminated linens
- Wash hands

Perineal Care

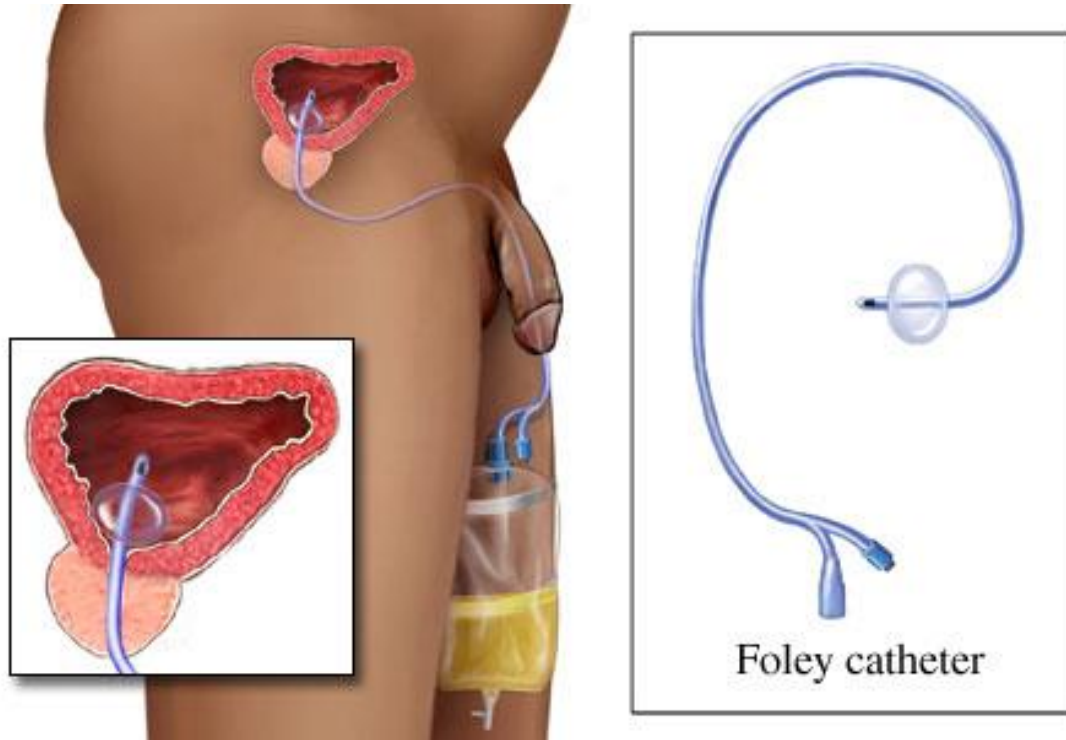
- Perineal care and bed linen changes can be performed at the same time
- When changing linen while the consumer is in bed, begin by performing perineal care, then wrap soiled linens under the consumer, place clean linens to the other side and proceed with linen change

Perineal Care

- Always wash hands after performing perineal care; gloves do not provide a flawless barrier
- When performing perineal care be sensitive to the fact that inability to perform this task for oneself can evoke feelings of embarrassment; convey respect
- Perineal care should be performed as often as necessary

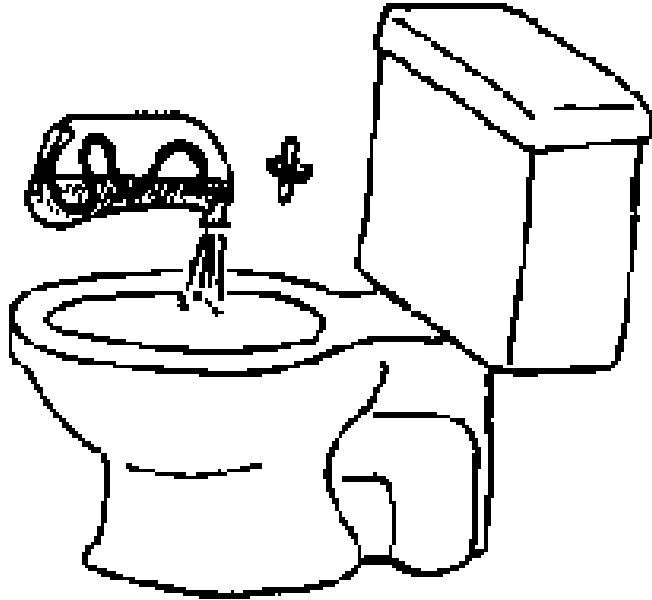
Perineal Care

- If perineal care is necessary after they urinate or have a bowel movement, do not delay; even a short delay can cause unnecessary suffering
- Cleaning under the foreskin of an uncircumcised male reduces the risk of urinary tract infections



- An indwelling catheter is often used to drain urine from the bladder
- Care must be taken to ensure that the surrounding area is clean prevent germs from getting into the bladder

Emptying a Drainage Bag



- Release the rubber tubing on the bag
- Place a collection container under the tubing and unclamp the rubber tubing
- Drain the bag; re-clamp the tubing and place it back in the holder
- Notice the amount of urine in the bag, if no output, or severely reduced, notify the family/doctor
- Discard the urine into the toilet
- Wash the container
- Remove gloves

Discussion

- The catheter may be removed if the doctor orders it
- Note if there has been no output in 8 hours after a catheter is removed
- Continue to measure output from the urinal or bedpan
- Be sure to report if the consumer does not urinate

Enemas and Suppositories

- An enema is a solution put into the rectum for the purpose of removing feces (poop) and/or gas
- A cleansing enema is probably the most common (Fleets)
- Wash hands
- Explain procedure to the consumer

Enemas

- Apply gloves
- Place an absorbent pad on the bed under the consumer
- Assist the consumer into a left side position – with right leg bent as much as possible
- Solution should be at least body temperature to prevent cramping and discomfort
- Slowly and smoothly insert the rectal tube into the rectum (7-10cm = adult)
- Squeeze the bottle and push all of the solution into the rectum

Enemas

- Have the consumer continue to lie on the left side for the prescribed length of time
- Assist the consumer to the bedside commode or to the bedpan
- If the consumer is using the bathroom, instruct not to flush toilet when finished
- When the consumer is finished expelling the enema, assist to clean the perineal area if needed
- Return the consumer to a comfortable position
- Place a clean dry protective pad under the consumer
- Remove gloves and wash hands

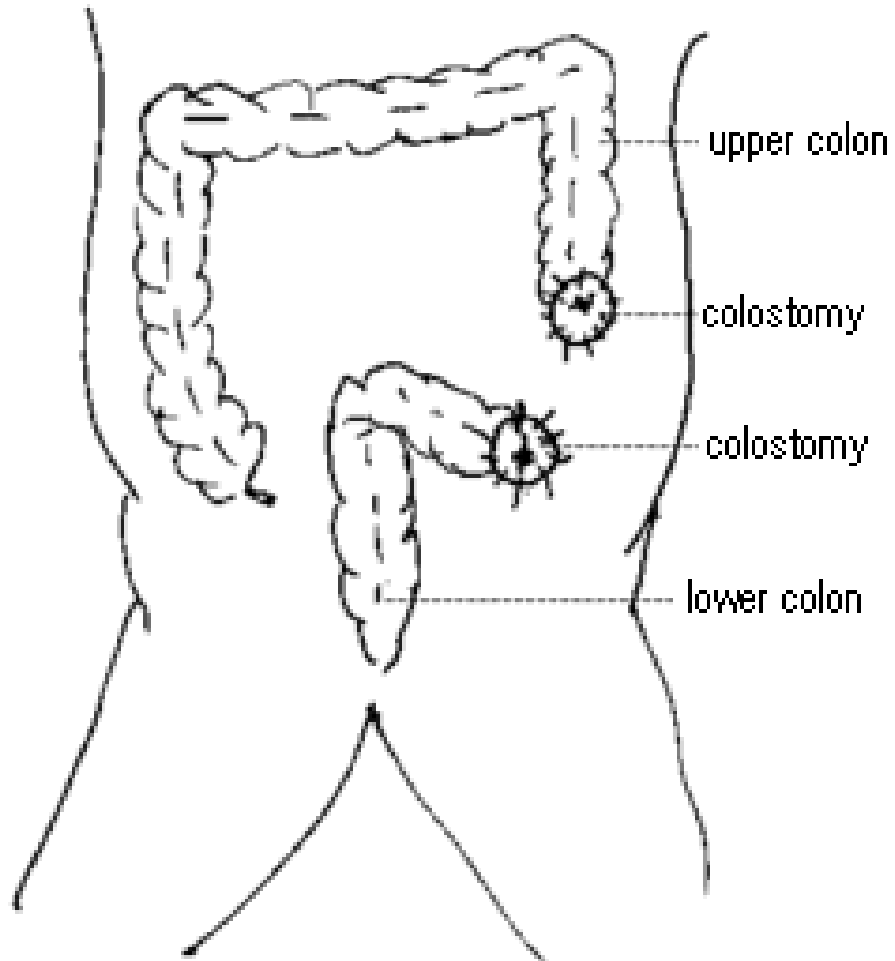
Giving a Suppository

- Wash your hands and put on gloves
- Help the consumer lie on their left side and bend the upper leg
- Lubricate the suppository and place it into the consumer's rectum about three inches
- If the suppository is to help them have a bowel movement, encourage them to hold it in place for as long as possible
- Help them to the bathroom or onto a bedpan
- If the suppository is a medication (such as Tylenol for fever or pain), it will absorb

Manually Removing Stool

Some consumers with spinal cord injury may require help to manually take out stool

- Wash hands and put on gloves
- Position consumer on left side with upper leg bent
- Place pads under the consumer
- Lubricate finger, instruct consumer to breathe short breaths in and out
- Insert finger until stool is felt. Curve finger and gently rotate around the anus, stretching the skin gently
- Push any stool that can be felt out the anal opening
- Assist the consumer to the toilet or bedpan



Colostomy Bags

- A colostomy is an opening on the belly. The feces (poop) comes through this hole into a collection bag
- Colostomies function to discharge waste to the outside of the body



Colostomy Bags

- Wash hands
- Assemble drainable pouch and wafer
- Apply clean gloves
- Remove current ostomy appliance after emptying pouch of stool, if present
- Dispose of appliance in appropriate waste container

Colostomy Bags

- Remove gloves and wash hands
- Apply clean gloves
- Cleanse the stoma and skin with warm tap water; pat dry
- Measure stoma using measuring guide for appropriate length and width of stoma at base (where skin meets the stoma)
- Place gauze pad over the orifice of stoma to wick stool while you are preparing the wafer and pouch for application

Colostomy Bags

- Trace a pattern onto the paper backing of the wafer
- Cut the wafer as traced
- Attach the clean pouch to wafer; make sure the port closure is closed
- Remove the gauze pad
- Remove the paper backing from the wafer
- Place the wafer on the skin with stoma centered in cutout opening of the wafer

Colostomy Bags

Tape	Tape the wafer edges down with medical tape
Wash	Wash hands
Recognize	Tips: recognize that all stomas are not the same

Practice



Emptying foley catheter bags



Changing colostomy bag

The Science of Moving Safely

- A basic understanding of body mechanics will help you move and relax in efficient ways that put the least amount of strain and pressure on your bones and muscles

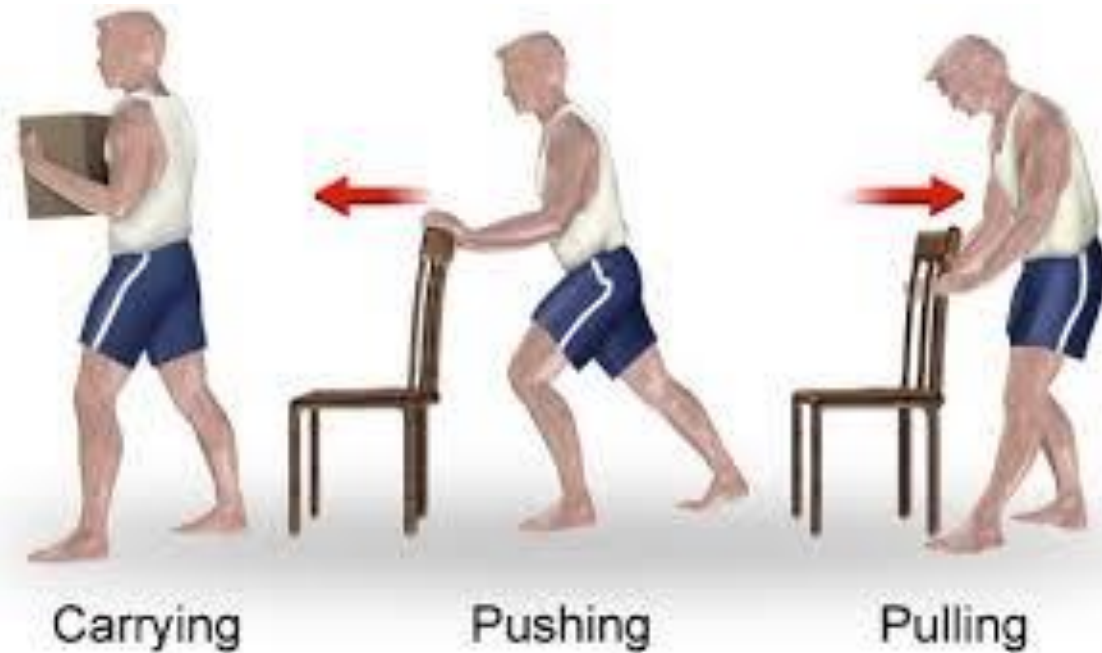




Muscles

- Our abdominal muscles play a vital role in proper body mechanics and work with back muscles to assist in supporting the torso and head
- Other muscle groups work together to move our bones

Muscles



- Using your arms when lifting, pushing, and pulling can greatly reduce the strain on your back and legs
- The use of specific groups of muscles during specific tasks is the best way to reduce and prevent injury



Posture

- Posture is the first place to practice good body mechanics because you spend so much time standing
- Maintaining proper posture will give you more energy and make you feel less fatigue

Posture



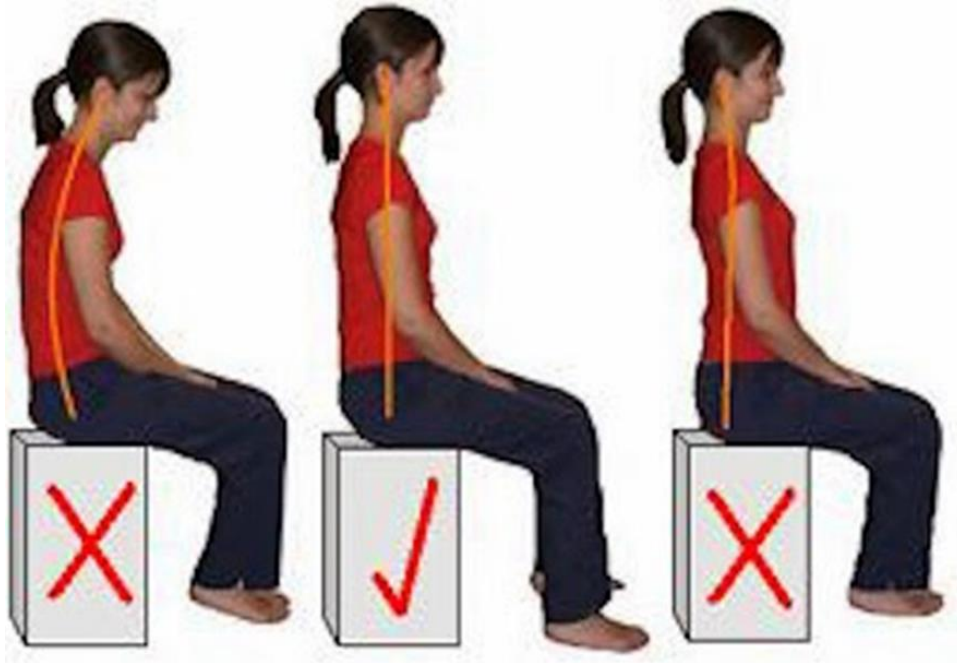
- To stand properly:
 - Hold your head squarely erect
 - Maintain the natural curves of your spine and do not lean
 - Relax your arms at your side
 - Hold your stomach up and in to help support your back



Posture

- To stand properly:
 - Keep your hips straight and bottom tight
 - Let each of your legs equally support your weight
 - Keep your knees slightly flexed forward
 - Your feet should be even and spread slightly apart about the width of your shoulders with your toes pointing forward

Body Mechanics - Sitting



- Proper alignment of your body is needed while sitting as there is continuous pressure on your lumbar spine
- Avoiding unnecessary pressure on your back will enable you to sit longer and more comfortably

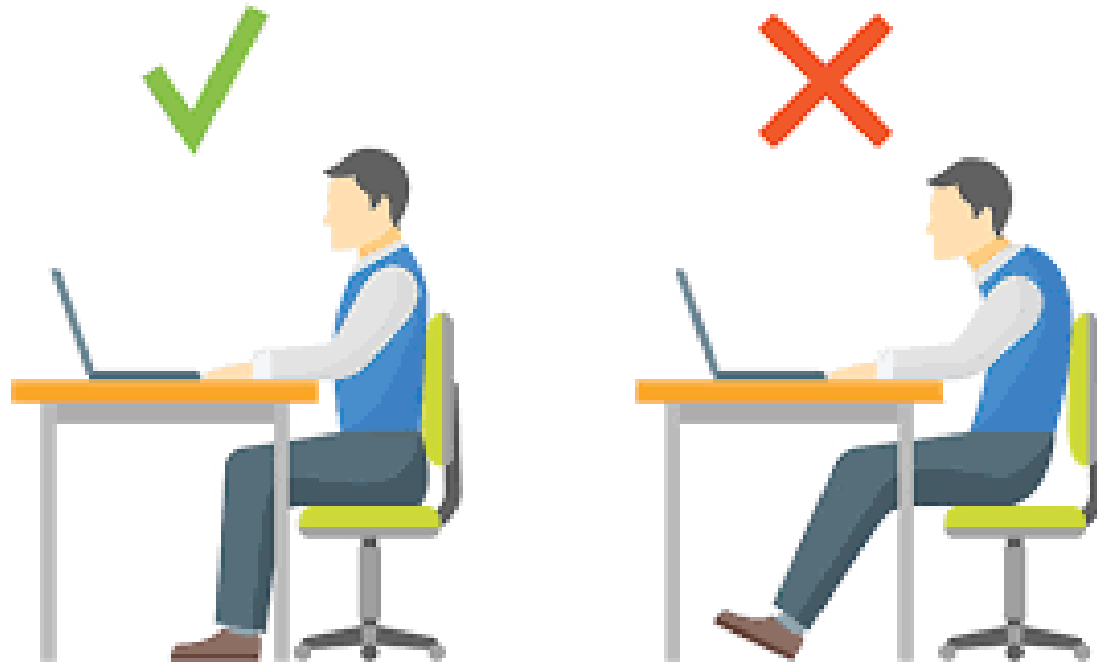
Body Mechanics - Sitting

- Proper alignment
 - Head erect
 - Spine straight
 - Body weight equally distributed on buttocks and thighs
 - Hips flexed at 90 degrees

Body Mechanics - Sitting

- Proper alignment
 - Knees flexed at 90 degrees and level with hips or slightly above them
 - Knees clear of chair to avoid pressure on nerves at the back of knees
 - Feet flat on floor to support weight of legs

Body Mechanics - Sitting



- Proper alignment
 - With back straight, sit back and let chair support your lumbar area
 - Avoid bending at waist – bring work close to you
 - Support your forearms

Body Mechanics - Lifting

8 out of 10 healthcare providers will suffer low back pain due to poor body mechanics while lifting

Few things can injure your back as quickly as lifting too much weight or lifting incorrectly can cause

Herniated or ruptured discs, and permanent back injury.



Body Mechanics - Lifting

When you lift:

- Widen stance

- Squat down to object

- Keep back straight

- Tighten abdominal muscles

- Grasp the object and bring it as close to you as possible



Body Mechanics - Lifting

When you lift:

- Use the power of your thighs and buttocks to extend your legs while lifting

- Never lift with your back muscles – they are already working to keep you erect

- The farther away an object, the greater the stress on your back

Body Mechanics - Transferring

- Limited space, limited assistance, resistance from your consumer, and the awkwardness and weight of the human form makes for easy injury
- You must use transfer techniques that apply proper body mechanics when transferring consumers

Body Mechanics - Transferring

Before you begin to transfer:

- Make sure you are wearing proper shoes

- Make sure the floor is dry and your work area is clear of obstructions

- Explain to your consumer how you will transfer and have them assist you as much as possible



Consumer Transfer Primary Factors – Physical Assessment

Evaluate your consumer's ability to move

Consider

Your consumer's weight

Your consumer's functional ability

If your consumer is very heavy and unable to move or help with the transfer, you may not be able to do the transfer without assistance.

Consumer Transfer Primary Factors – Have Them Help You



It is essential that your consumer understands the reason for and how the transfer will happen:

- Know your consumer's general orientation

- Know if they have been transferred before

- Always explain what you are doing, while you are doing it

Consumer Transfer Primary Factors – Problem Solve

Always problem solve before you start the transfer

What equipment will you need

What equipment is being used on your consumer that might interfere: Foley, space limitations

Body Mechanics - Transferring

General rules that apply when moving heavy consumers or objects:

- Always try to push or pull rather than lift
- Ask for help if there are others there to assist
- When carrying something heavy, keep it close to your body
- ALWAYS pivot, don't twist

Stand-Pivot Transfer

Used when a consumer can put partial weight on their legs

Bed to Wheelchair

Position w/c close to the bed on your consumer's strongest side at a slight angle with wheels locked

Have consumer sit on edge of bed with feet flat on floor in shoulder width stance for good base of support – Make sure your consumer is wearing proper footwear

Stand-Pivot Transfer

Bed to wheelchair

Explain what you will be doing to your consumer

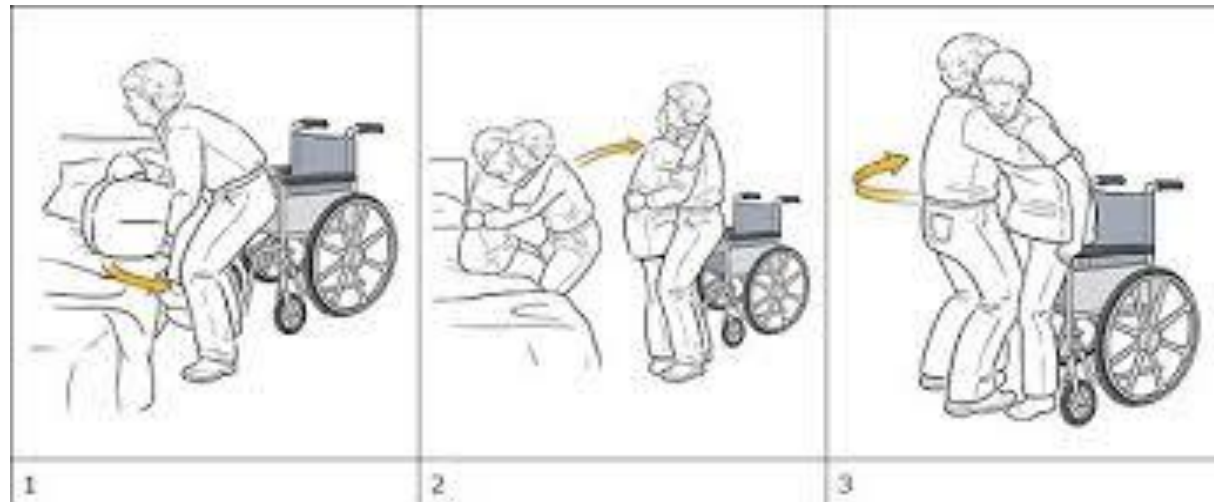
Stand in front of your consumer and block their leg closest to the w/c with your foot and leg – Have your other leg slightly behind in a stance that provides a good base of support

Stand-Pivot Transfer

Bed to wheelchair

Your consumer should lean towards you and grasp your forearms – do not allow them to hold on to your neck or shoulders

On 3 count, with your back straight, lift with your legs to bring your consumer to a standing position



Stand-Pivot Transfer

Bed to wheelchair

With consumer as close to your body as possible, pivot on the balls of your feet or side-step to position the consumer close to the wheelchair

Gently lower your consumer to the chair – remember to keep them close

Stand-Pivot Transfer

The bed to wheelchair technique is used to transfer from:

- Chair to chair

- Chair to commode

- Chair to bed

A slider board can be used to transfer from bed to chair or chair to wheelchair as well.

Consumer Transfer Primary Factors – Problem Solve



Type of equipment used in in transfer

Wheelchair – choose the easiest and
safest and always lock the brakes

Transfer belts are very helpful

Sliding boards

Mechanical lifts – practice using them
before use

Consumer Transfer Primary Factors – Problem Solve

Timing!



Do you have enough time to work with your consumer without rushing him/her

Have you considered your consumer's physical needs/restrictions when evaluating time needed to complete the transfer

Transfer Techniques

(things you haven't already learned)

Consumers requiring little assistance

Don't lift consumers using the waistband of their pants – uncomfortable and dangerous

Lower your center of gravity by bending your knees to lean into and hug consumer to assist in lifting

Use a sliding board for w/c to bed transfers

Moving the consumer up in bed

- Stand with one foot ahead of the other foot, bend your knees, and place one knee securely against the side of the bed
- Slide one arm under the consumer's shoulders and the other arm under the consumer's back. The consumer's head should be in the bend of your arm at the elbow
- Have the consumer bend their knees and place their feet on the mattress to push as you help pull them up
- Shift your weight from your back leg to your front leg as you slide them up in bed

Mechanical Lifts

Using a mechanical lift is the safest way to lift a large or difficult to lift consumer

- Center the sling under the consumer by turning them from side to side
- Place the chair at the head of the bed, even with the headboard, and about 1 foot away from the bed
- Raise the lift and position it over the consumer. Lock the wheels on the lift.
- Attach the sling to the swivel bar
- Cross the consumer's arms over the chest. They can hold the chains if desired



Mechanical Lifts

- Pump the lift high enough so the consumer is free of the bed
- Move the lift away from the bed and position it over the chair
- Lower the consumer into the chair
- Lower the swivel bar and unhook the sling

Transfer Techniques

(things you haven't already learned)

5 basic steps to ensure consumer safety during and following transfer

- Have them help you as much as they can

- Make sure your consumer understands how he will be moved and how they will be helping

- Position equipment, secure all lines and tubes

- Ensure safety

- Use teamwork between the consumer and you

- 3 count is directed by you

- Always use good body mechanics

Transfer
Techniques
(things you
haven't
already
learned

Ensure consumer safety

Once your consumer has been
moved, make sure they are
positioned correctly.

Practice



Transfers and Lifts

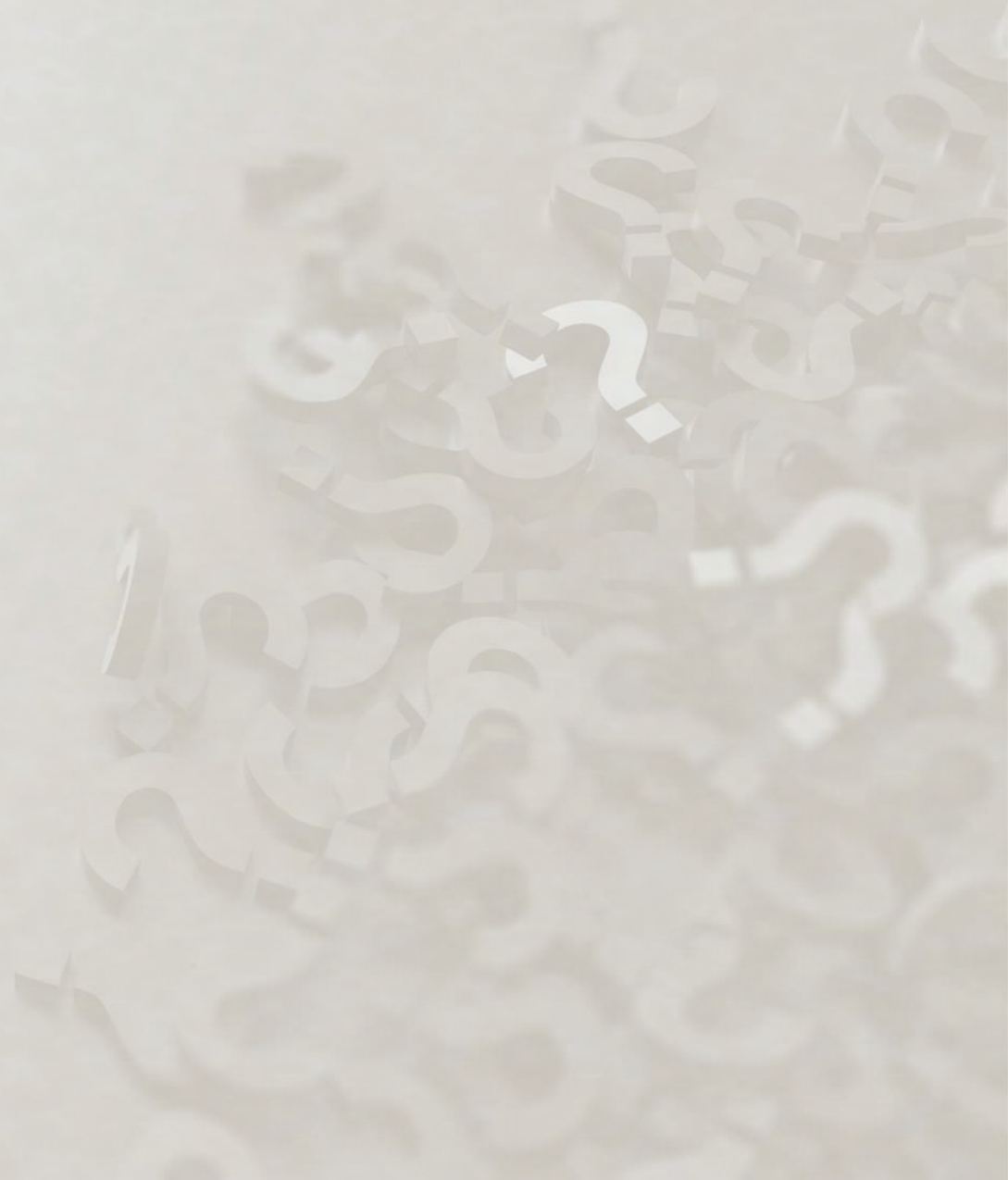


Ambulation



Wheelchairs

WRAP-UP AND QUESTIONS



Personal Assistance Services Council

In-Home Supportive Services - Day Two



Comprehensive Education For Healthcare

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Questions

Are there any questions or concerns
from the last class?

Consumers with Special Needs for Breathing

Assessing Respirations

- Respiration: breathing in and out
- Attempt to count respirations without the consumer knowing what you are doing



**Normal Respirations:
16-20 times per minute**

Abnormal Respirations



Labored: difficulty breathing



Noisy: snoring, snorting, wheezing sounds



Abdominal: using abdominal muscles to breathe



Shallow: using only upper lungs to breathe



Irregular: depth and rate changes (rise and fall of chest is not regular)



Cheyne-Stokes: first breathing is slow and shallow, then becomes faster and deeper. May stop breathing for up to 10 seconds



Dyspnea: not enough oxygen in the blood which leads to labored breathing



Apnea: periods of no breathing

What signs and symptoms
would you see if your consumer
was in respiratory distress?



Signs & Symptoms of Respiratory Distress

- Hard time breathing
- Needs to sit up to breathe
- Increased breathing
- Use of extra muscles
- Retractions
- Abdominal breathing
- Blue colored skin
- Sweaty
- Cool & clammy
- Pursed lip breathing
- Nasal flaring
- Fast heart rate
- Blood pressure changes
- Decreased oxygen saturation

How Can We Relieve Shortness of Breath?





My consumer is on Oxygen

Oxygen Safety

- **No smoking**
- **Do not use near an open flame or flammable items**
- **Oxygen cylinders should be secured so there is no danger of them falling**
- **If using liquid oxygen, be careful it does not spill**
- **Make sure tank is secured, laying flat on the floor, or in a cart**

CAUTION!

How is Oxygen Supplied?

- Oxygen Concentrator



- Oxygen Tank



Oxygen Regulators





Oxygen Delivery Devices

- *Nasal cannula*

Consumers can be on a nasal cannula at oxygen rates from 1-6 liters per minute

- ***Age specific care: The use of nasal cannulas can cause irritation to the skin of the ears of older consumers. You can relieve the irritation by putting cotton or other soft material between the tubing and the skin***



Oxygen Delivery Devices

Simple face mask

*Rates of 6-10 liters
per minute*

NEVER run a
mask at less
than 6 liters/min

***Be sure to provide good
skin care under the
mask to prevent skin
breakdown***



*Other types of
masks look like this*

Oxygen Delivery Devices

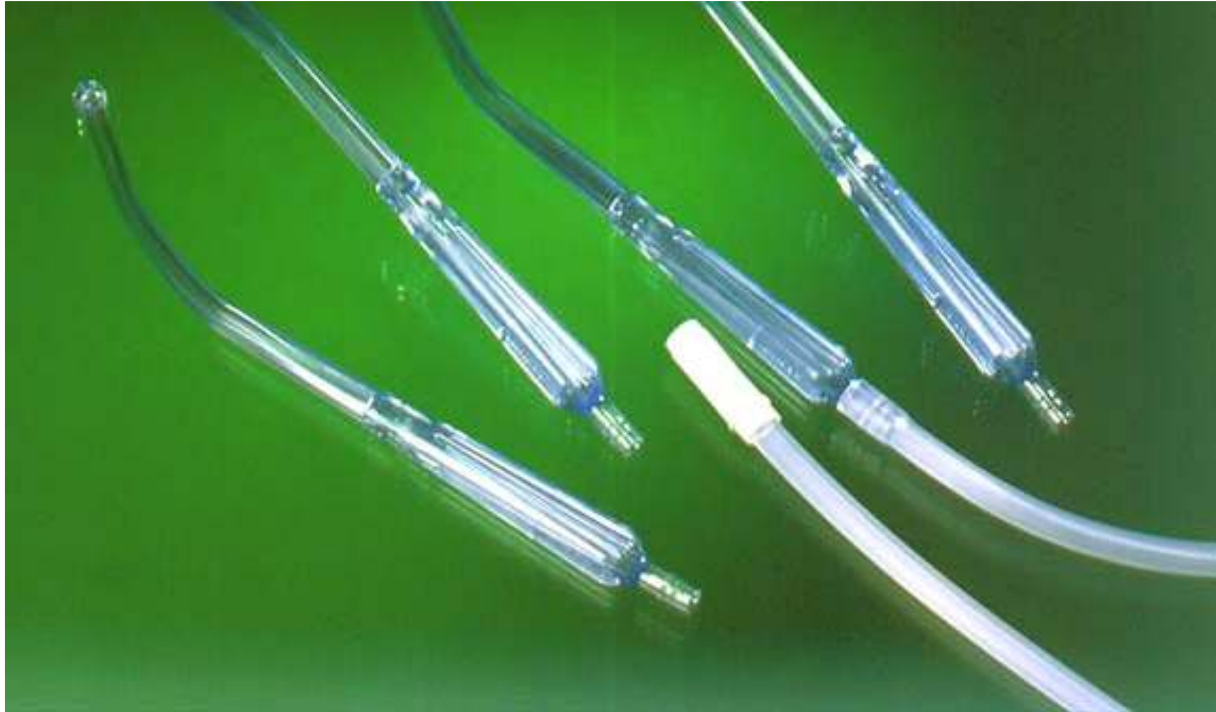
Oxygen Delivery Devices

Masks with bags

The oxygen must be turned up high enough so that the bag remains inflated

Don't ever let the bag totally deflate





Suctioning

- Consumer should be suctioned to help clear their mouth and nose from secretions
- Suctioning should be thorough to avoid necessity for repeat suctioning
- Too much suctioning, being too rough, or suctioning incorrectly can cause sores to the airway

Suctioning

- **Frequent suctioning can cause infections**
- **Wash your hands before and after, and be careful the suction catheter does not touch anything around the consumer before or after it goes into their mouth**
- **Sometimes deep suctioning can cause the consumer's heart rate to slow or become irregular**
- **If the consumer has oxygen, giving them oxygen before you suction can help them tolerate it better**

HHN (Handheld Nebulizer)

- **Used for consumers suffering from shortness of breath**
- **Dilates bronchial tubes**
- **Facilitates movement of mucus and clearing of airways**
- **Some consumers have them every few hours, some have them as needed**



HHN (Handheld Nebulizer)

- **Twist apart the container and squeeze one dose of medicine into the cup**
- **Screw the cup back together**
- **Turn on the machine and place the mouthpiece into the consumer's mouth**
- **The consumer should breathe slowly during the treatment. Lasts about 10-15 minutes**



Nebulizer Treatment



ADAM



ADAM

- Some consumers may use a mask rather than hold the cup
- Wash the cup after use and let it air dry

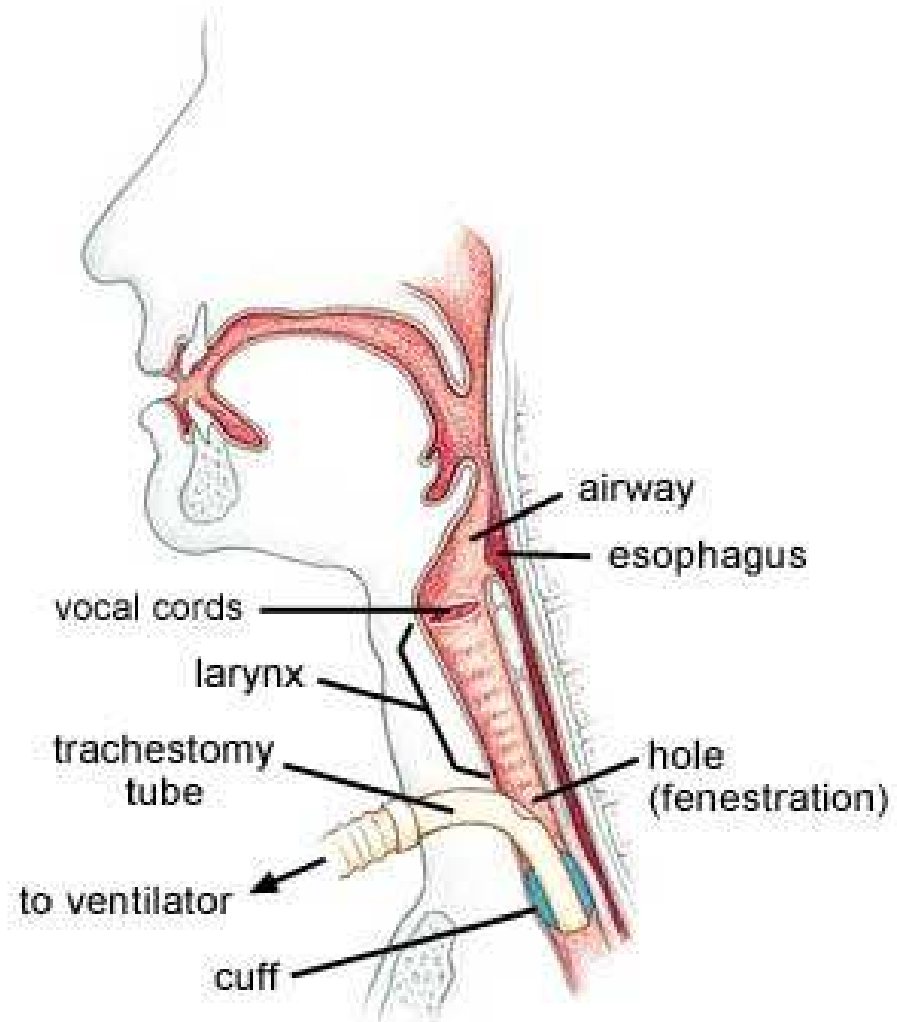


ADAM

Tracheostomy Tubes

- Some consumers may have a “trach” which is a hole in the neck with a plastic device covering it
- They can breathe through this hole
- Some connect tubing and a machine to the hole and the machine helps them breathe (ventilator)
- Some just have oxygen hooked up to the hole





Tracheostomy Tubes



Tracheostomy Tubes

- Advantages
 - **Greater consumer comfort than having a tube down the throat**
 - **Allows for eating and drinking by mouth**
 - **Can talk with special valves**
- Hazards
 - **Might have difficulty putting it back in if it comes out**
 - **Can get clogged if not suctioned and cleaned regularly**

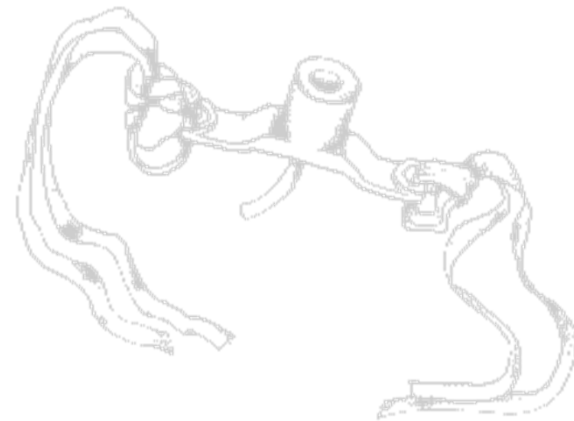


Important Components of Tracheostomy Care

- Make sure the tube does not get clogged
- Keep the area around the tube clean
- Can the consumer breathe easily?
- Notice if there are any changes in their health

What Holds the Tube in Place?

- Twill tape or trach ties
 - Keep clean and dry
 - Make sure they do not cut into the consumer's neck
- Both tape and ties require consistent monitoring for snugness. Should be able to fit two fingers between device and neck
- Be careful when turning or moving consumer
- Securing device must be checked for snugness whenever the consumer is repositioned





Tracheostomy

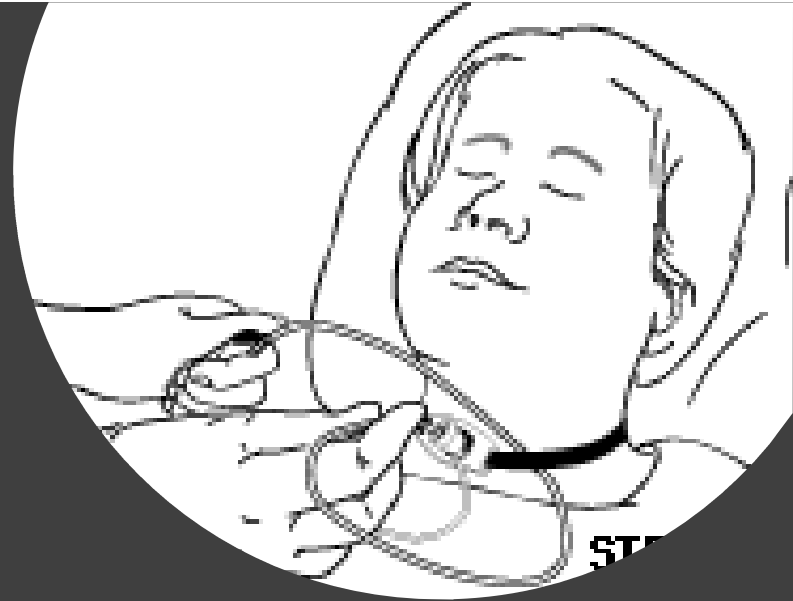


Inner Cannula



Suctioning

- Consumer should be suctioned to relieve secretions
- Suctioning may increase trauma to the consumer if done incorrectly
- Airway suctioning may increase the potential for airway infection
- Demo of technique



Suctioning

- Wear gloves
- Make sure the catheter does not touch anything around the consumer
- Suction quickly
- Watch to see how your consumer is tolerating the suctioning



Trach Care

- **Standard cleaning solutions include hydrogen peroxide and normal saline (your consumer will know what their doctor has recommended)**
- **Care should be taken to verify the cleaning agent is not allowed to enter the airway**
- **Care should also be taken to verify the trach-ties are secure post procedure**





Passy Muir Valve

- Allows for talking
- Inner cannula must be removed, and cuff deflated when PMV is utilized.
- Increases thoracic pressure so the consumer is less likely to aspirate. All feeding must be given to consumer with the PMV in place unless otherwise ordered.

Emergencies With Trach



**If your trach consumer stops breathing,
call 911**



Attempt to suction the trach



**Begin CPR by attaching the ambu bag (if
available) to the stoma**



**Push the air from the bag into the
consumer at least 12 times per minute
until help arrives**

If the Trach Falls Out

- If the trach tube comes out, deflate the cuff and take out the inner cannula
- Put in the stylet guide (should keep it in a bag by the bed)
- Lubricate the end of the tube with water soluble lubricant (K-Y jelly)
- Sit the consumer up if able
- When the consumer breathes in, push the tube in.
- If there is a problem getting the tube in, call for help. If the consumer is having difficulty breathing, cover the hole and bag the consumer by a mask on their mouth

Home Ventilators

- Many types
- A backup ventilator is there for consumer's that must be on them at all times to breathe





Cleaning and Changing Ventilator Tubing (Circuits)

- Change or clean (per the guidelines given to the consumer) every 1-2 days

Alarms

- If caring for a consumer on a ventilator, have the consumer or the family go over the machine and care so that you feel comfortable
- Ask a lot of questions
- Alarms are in place on the machine to alert you when help is needed
- Most common: alarm signals tubing is not attached, or too much pressure and suctioning is needed



- Disconnect consumer from ventilator
- Breathe for the consumer with the Ambu bag

When in Doubt of the
Alarms

Wound Care & Pressure Ulcers

Some consumers have special
needs

Today we will review....

- Positioning and pressure ulcers
- Hot and cold applications
- Dressings
- Drains

Warm Applications

We use “moist heat” when we soak or wrap a body part in warm water

Be sure that the application of heat is ordered by the doctor

The elderly can easily be hurt with applications that are too hot, so be careful

Warm the solution carefully. Do not overheat products in the microwave; they can explode and cause burns.

Warm Applications

Wear	Wear gloves if there is any drainage of the consumer's body fluids
Place	Place a waterproof pad under the body part that needs the compress
Pour	Pour the fluid into a bowl
Soak	Soak an appropriate size piece of gauze or small towel and then place it on the affected area
Check	Check the skin to see how it is tolerating the heat
Tell	Tell the consumer to report any discomfort immediately
Leave	If tolerated, leave the compress in place for 20 minutes and then remove it
Dry	Dry the affected area

Cold Applications



- Cold applications are used to decrease blood flow to an area. Cold can be used to reduce fever
- You can put ice in a plastic bag, and then cover it with a cloth. Do not apply directly to an open wound
- When putting cold applications on a consumer, make sure they do not get chilled
- Consumers often do not watch the time properly and leave the cold compress on longer than 20 minutes

When Your Consumer Has a Wound

The consumer will have directions of how to treat the wound from their doctor or nurse

Strict handwashing is important to keep the consumer from getting an infection in their wound

Wounds take time to heal and require special attention, especially in those that are older and bedridden



Why Do We Dress Wounds?

- To protect the wound site from further damage, trauma, bacteria & dirt
- To prevent loss of blood and other body fluids
- For cosmetic reasons
- To provide a clean place for the area to heal

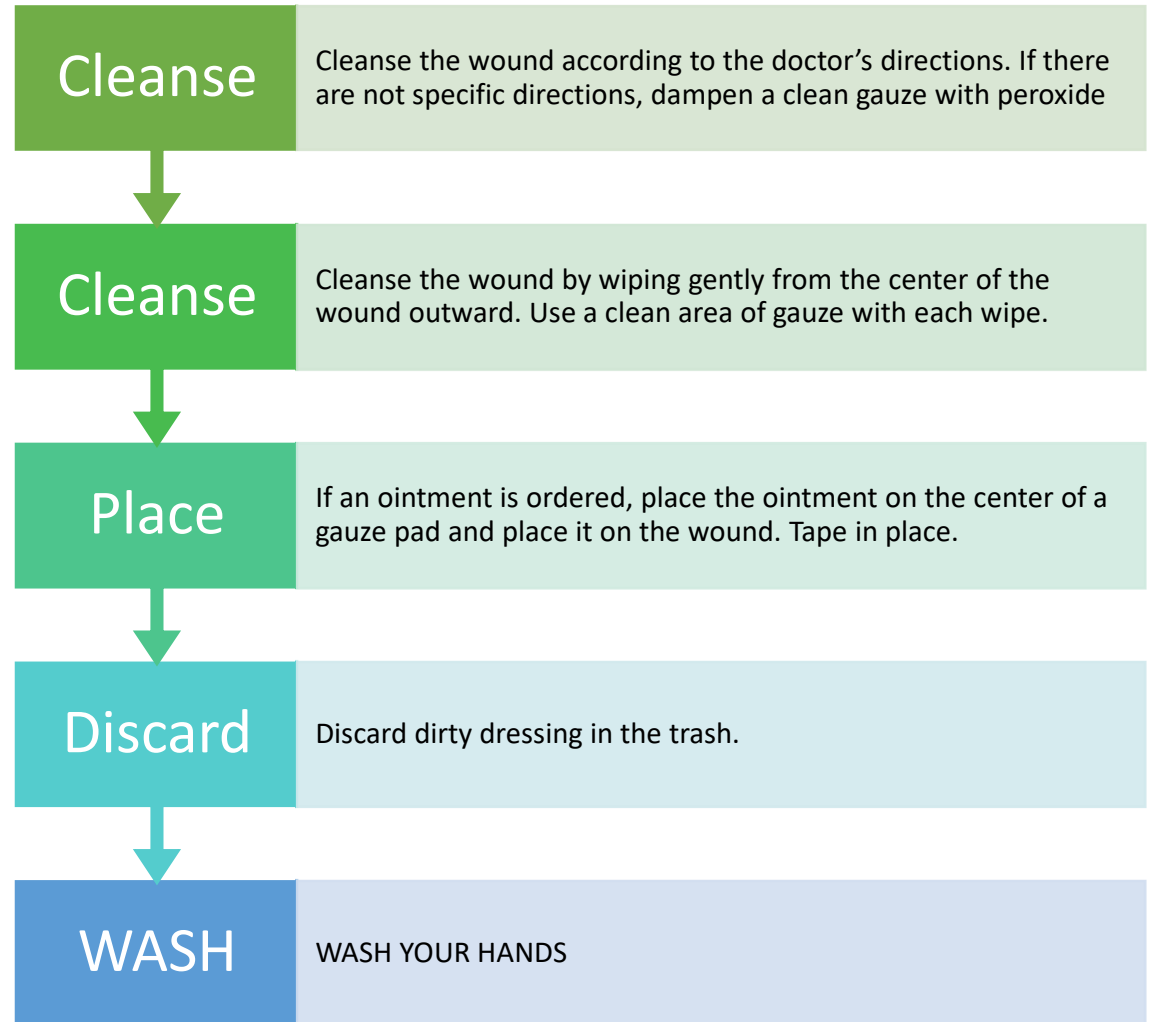
In Wound Care - The Principles of Infection Control Are Paramount



Changing a Dressing

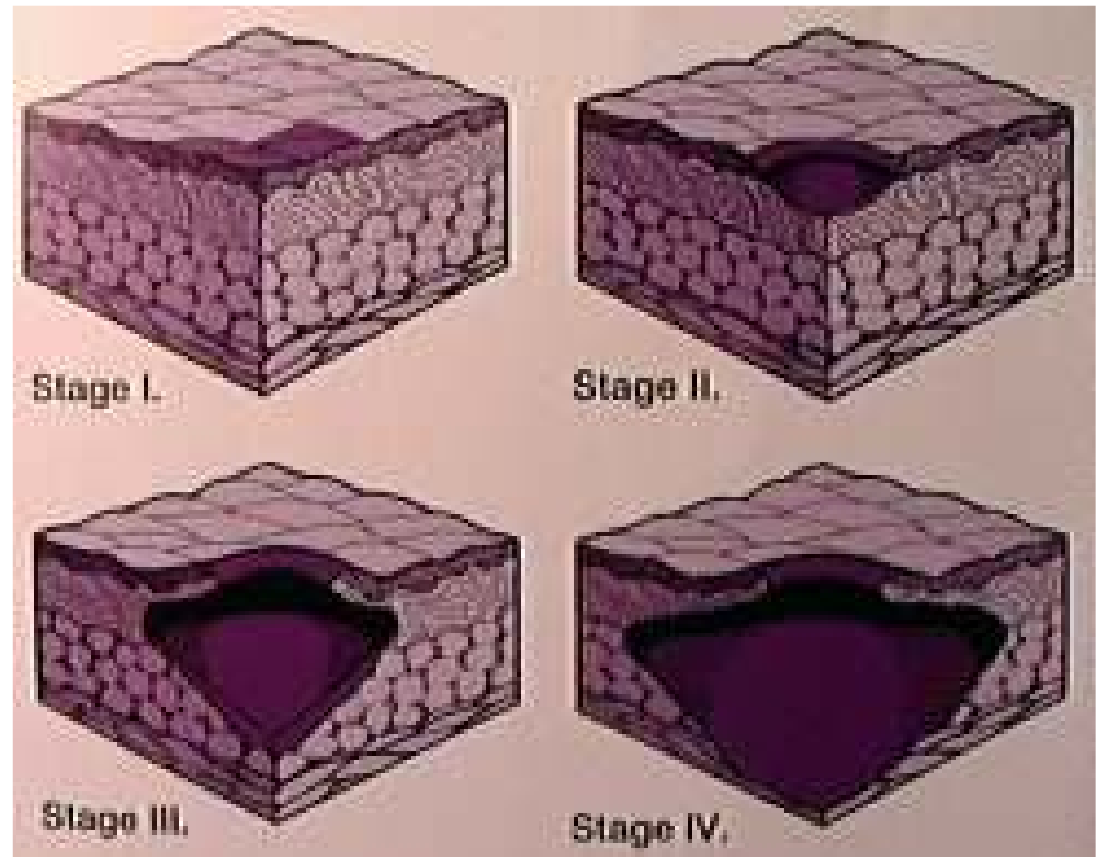
Change	Change it every day or when directed to
Gather	Gather what you need: dressing material, peroxide or cleansing agent, tape, trash can
WASH	WASH YOUR HANDS, put on gloves if available
Open	Open the gauze pads without touching the inside of the package
Remove	Remove the used dressing. Soaking the dressing may help it come off more easily

Changing a Dressing



Principles of Wound Healing

- A wound is a condition that results from tissue injury anywhere in/on the body
- Pressure ulcers develop in four stages



Pictures Courtesy of Coloplast Corp.

Stage 1



Stage II



Stage III

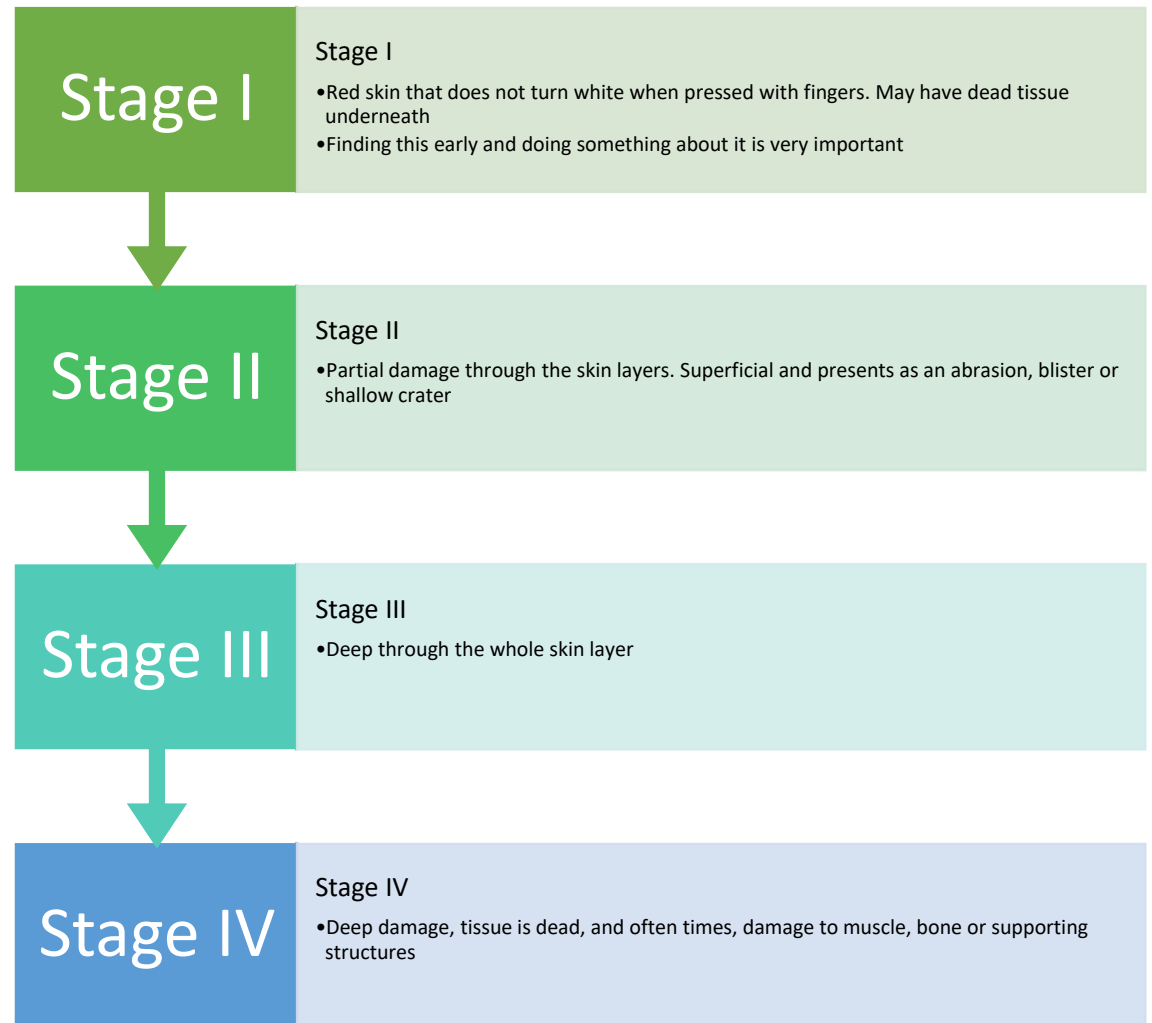


Stage IV

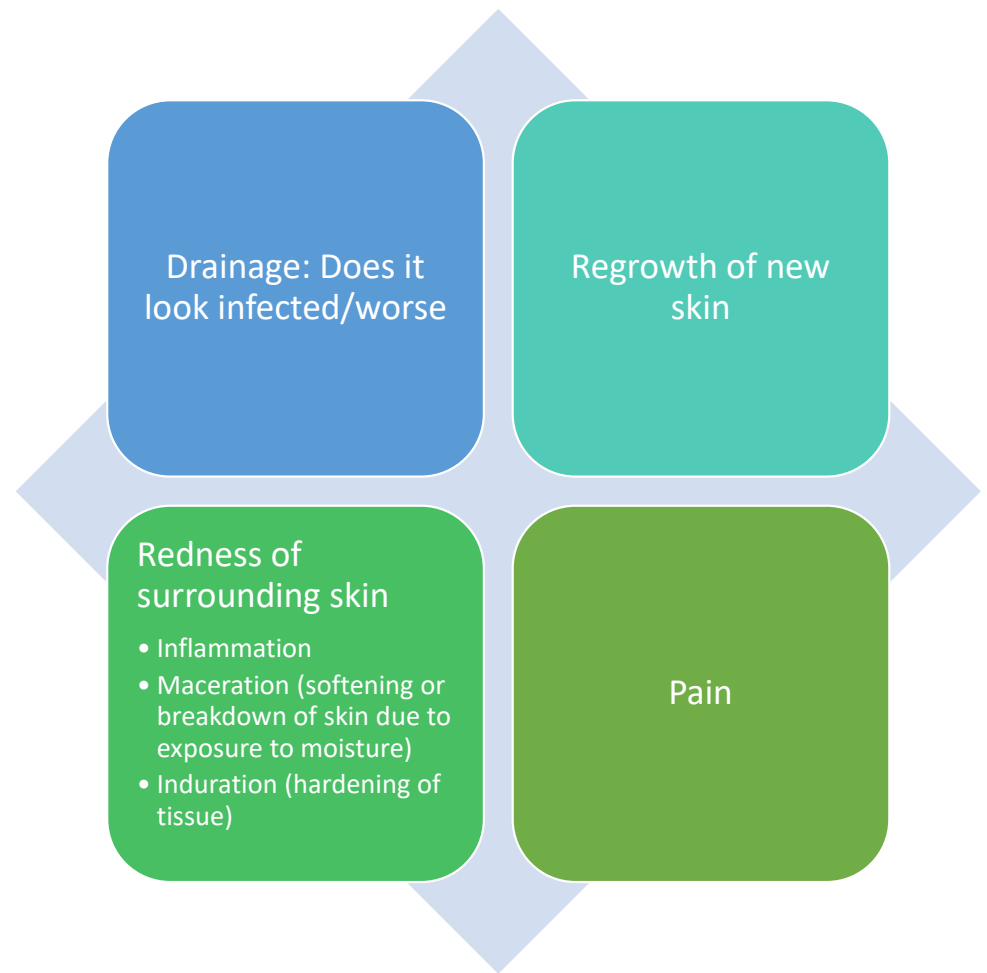


STAGING PRESSURE ULCERS

What Happens with Pressure Sores?



What to Watch For



What to Watch For

Watch for signs of deterioration such as:

Increased exudate,
size of wound,
&/or edema

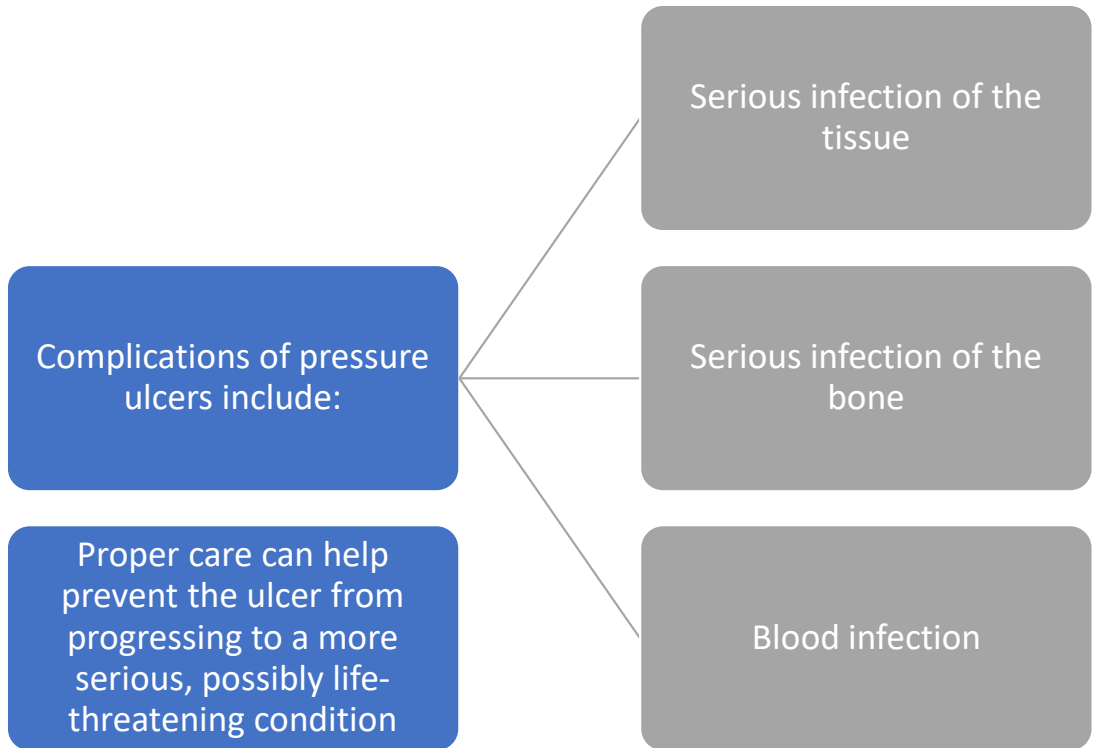
Loss of granulation
tissue

Purulent discharge



The consumer or their family needs to
be notified if a wound appears to be
getting worse

Ulcer Complications



Encourage Good Nutrition & Fluids

Pressure ulcers are strongly associated with poor nutrition



Drinking enough fluid is important in the treatment of pressure ulcers



Indications of not enough fluids include

Thirsty

Tongue dryness

Skin is dry and
lacks elasticity

Help Decrease Pain

- Assess all consumers with pressure ulcers for pain and manage pain by
 - Covering wounds
 - Adjusting support surfaces
 - Repositioning
 - Making sure they get adequate pain medication

Protecting the Skin

Minimizing exposure of the tissue to pressure is one of the most important aspects of treatment

Be careful that the consumer is well supported in bed or in the wheelchair. Be careful not to drag them along the sheets when moving them

- Avoid positioning consumers directly on their hip bones
- Use devices that totally relieve pressure on heels
- Foam pads and wedges, pillows and other devices may be used to prevent direct contact between the support surface (bed/chair) and bony prominences or ulcers

Reposition Them Frequently

Reposition
consumers with
pressure ulcers at
least every hour

When possible,
teach consumer to
shift their weight
every 15 minutes

Caring for Pressure Ulcers

Initial care of the pressure ulcer involves

- Debridement (nurse or doctor will pull or cut away dead tissue)
- Wound cleansing
- Application of dressings
- Other things as ordered by the doctor

Mechanical debridement involves the use of wet-to-dry dressings

- Moist dressings are placed on dead tissues and allowed to dry
- When dry, after 4-6 hours, the dressing is removed, taking the dead tissue with it

Wound Cleansing

Wound irrigation and soaking is also a form of mechanical debridement. The consumer may have you soak the area or pour solution over it as directed by their doctor



Wound cleansing is required after each dressing change to decrease the potential for infection

Ulcer must be cleansed gently and thoroughly

Optimal healing cannot proceed until all dead tissue and pus are removed

Wound Cleansing

- Normal saline is the preferred cleansing agent for most pressure ulcers
- When using gauze, cloth, or sponges, use minimal force to avoid trauma to the wound
- Never use undiluted skin cleansers or antiseptics such as peroxide or betadine as they are toxic to sensitive, healing tissues
- When dressing pressure ulcers consider the following: ***Wear Gloves***
 - When selecting dressings, the cardinal rule is to keep the ulcer tissues moist to promote healing and the surrounding intact skin dry
 - Dressings do not have to be sterile, but must be clean

When To Be Very Concerned

Urgent medical attention is essential for consumers with fever or sudden changes in their mental condition

Check for ulcer healing whenever you change a dressing

A clean wound with an adequate blood supply should show signs of improvement within 2-4 weeks

Consumer Transfer & Positioning

**Principles for positioning
consumers that must remain in bed**

Repositioning the Consumer That Can't Get Out of Bed

Frequent position changes for your bedridden consumers that can't get out of bed prevent them from getting sicker and help them to feel better

By changing positions frequently and positioning consumers carefully, we can help prevent problems

Problems Seen in the Bedridden Consumer

There are 5 major factors which can cause problems in the bedridden consumer

- Pressure
- Muscle tone
- Comfort
- Circulation
- Proper alignment

Problems Seen in the Bedridden Consumer

- Pressure
 - Prolonged, unrelieved pressure on skin over bony areas or the thin skin of the elderly may lead to decreased circulation and the eventual breakdown of skin
 - Skin breakdown causes pressure sores that can lead to hospitalization and pain to the consumer

Problems Seen in the Bedridden Consumer

Comfort

- Consumers deserve to be comfortable
- The correct position can help them breathe easier
- A position change helps them feel better

Muscle tone

- Consumers in bed or in the wrong position for prolonged periods of time may experience muscle wasting, weakness, stiffness, and other muscle problems

Problems Seen in the Bedridden Consumer

Circulation

- If the blood is not flowing well, there is decreased blood to the muscles, clots may develop, and it may affect blood pressure

Proper alignment

- Problems are avoided when parts of your consumer's body are at a straight line and are well supported
- Frequent changes in position and propping the legs above the heart help to stimulate the muscles and circulation.

4 Basic Positions

There are 4 basic positions in which you may place your consumer

- Supine – flat on back
- Side lying
- Prone – flat on abdomen
- Propped up in bed with knees slightly elevated

4 Basic Positions – Methods to Success

Include the use of the following to assist you and your consumer

- Folded sheets
- Log rolling
- Other mechanical assists

Ask yourself these key questions prior to making a change in position

- Is pain a factor
- Is your consumer obese
- How much will your consumer be able to assist
- Does your consumer need to be log rolled or will a draw sheet be sufficient

Positioning Consumers Safely

Gather all equipment needed to support your consumer in the desired position

- Pillows
- Folded sheets

Staff safety is of great importance

- Good body mechanics at all times
- Use wide base of support
- Use legs not back
- Push or pull
- Avoid twisting spine
- Remember center of gravity and keep things close to your body
- Use teamwork

Positioning a Consumer on Their Back

- Remove all pillows and supporting devices
- Position your consumer in the center of the bed in proper body alignment
- Flex consumer's knees slightly and elevate legs on 1 pillow for each leg
 - This increases circulation and decreases swelling
- Make sure heels are off bed and free of pressure
- Use draw sheet or slider board to move your consumer up or down in bed
- Use pillows under arms for your consumers with limited arm use
- Position head properly to maintain alignment

Side Lying Position

Log	Log rolling to side lying position <ul style="list-style-type: none">• Use a folded sheet under the consumer to help you reposition them
Remove	Remove any pillows or support equipment
Move	Move urine bags to desired turn side
Move	Move arm away from body
Cross	Cross one leg over the other <ul style="list-style-type: none">• Place pillow behind your consumer's back, tuck edge under and roll downward• Your consumer's bottom should be pulled out slightly to prevent pressure on shoulder joint

Basic Positions for Bedridden Consumers

- **Side lying**
 - Elevate upper arm on pillow making sure it is above the heart
 - Place top leg behind bottom leg to assist in the even distribution of pressure
 - The top thigh should be in a straight line
 - The knee should be flexed
 - The top leg should be placed on a pillow with the heel and ankle free
 - The bottom leg should be brought forward with the knee flexed

Basic Positions for Bedridden Consumers

- Prone position – lying on abdomen
 - When your consumer is lying on their stomach, make sure they can breathe well and that their spine is stable
 - Begin with your consumer in a side lying position
 - Place a pillow horizontally at chest, thighs, and ankles
 - 2 pillows may be placed under chest if needed

Basic Positions for Bedridden Consumers

- Prone position
 - Arms can be positioned at side, at head, or one up and one down
 - Consumers are usually more comfortable with arm at face side in the up position and arm at skull side down
 - Knees, toes, breast and scrotum should be free of pressure
 - Urinary equipment should be checked for free drainage

Sitting Up in a Chair

- This position is used to help consumer's with breathing problems, lung drainage, and for comfort
- Skin must be checked frequently as this position can cause shearing of the skin on the back
 - Pillows are placed so as to keep body in proper alignment
 - Feet are flat
 - Knees are level with or slightly above hips
 - Trunk well aligned
 - Hips and shoulders are level with trunk in a straight line between them
 - Head is supported as necessary
 - Arms are supported on pillows or arm rests
 - Chair is stable and/or wheels are locked

Principles for Positioning - Summary

Frequent position changes:

- Keep the lungs free of fluid
- Helps the blood move more freely
- Prevents muscle and bone problems
- Prevents skin sores
- Prevents fatigue
- Promotes and maintains muscle tone
- Promotes comfort and rest using proper body alignment

Diabetes Mellitus (DM)

- DM is a chronic condition that affects the way the body processes blood sugar (glucose)
- Normally, when a person eats a meal, the carbohydrates they eat turn in to blood sugar.
- With Diabetes Type 2, the body either resists the effects of insulin (a hormone that regulates the movement of sugar into your cells) or doesn't produce enough insulin to maintain normal glucose levels.

Blood Sugar Basics

- Glucose is carried by the blood to all the cells in the body to be used as energy
- As food is digested the glucose level in the blood increases
- When blood sugar rises the pancreas should release insulin to regulate the blood sugar levels
- In consumers with Diabetes this process doesn't work well, and the blood sugar builds up in the bloodstream.

Diabetes Mellitus

What is it?

- When a person has DM, there is either
 - No insulin present to signal to the cell to open its walls and let the glucose in
 - OR
 - Not enough insulin
 - OR
 - A resistance to the insulin for some reason

Diabetes Mellitus

- When there is no insulin present, a person is dependent on insulin injections to survive
- This condition is known as
 - Type I Diabetes (used to be known as Juvenile Diabetes, as it develops in childhood)
- When the amount of insulin is insufficient, or the body's cells resist the insulin it is known as:
 - Type II Diabetes

Diabetes Mellitus

Type II Diabetes usually develops in

Overweight people, especially those with a fat distribution mainly around their abdomen

Inactive people

People that are black, Hispanic, American Indian, and Asian

People over 45

Approximately 90% of all people with diabetes have Type II Diabetes

Diabetes Mellitus Complications

Complications of DM are both short (acute) & long term

Long term complications include:

- Retinopathy
- Kidney disease
- Diabetic neuropathy

Short term complications include:

- Blood sugar is very low- hypoglycemia
- Blood sugar is very high-Hyperosmolar Hyperglycemic Nonketotic Syndrome (HHNS), Diabetic Ketoacidosis (DKA)

Diabetes Mellitus Complications



As people with DM age, long term complications begin to become evident and often fully develop in residents



Cardiac
Complications

Hypertension –
high blood
pressure
Vascular disorders
Heart disease



Diabetes Mellitus Treatment

- Treatment and control of diabetes consists of a careful balance of:
 - Diet
 - Exercise
 - Medication

Nutritional Therapy Challenges

Consumers with diabetes that are tube fed have additional challenges. Complications include

- Stomach won't empty or empties too slow
- Stomach empties too fast
- Diarrhea
- Constipation

Nutritional Therapy Challenges

You should observe for and report these general signs & symptoms of GI complications

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Fecal incontinence

Diabetes Mellitus Medication & Insulin

Medicine may help keep the sugar level lower

Medication can be oral (pills) or injections (shots)

To prevent problems with blood sugar levels in diabetics it is important that medications be coordinated with meal and exercise schedules

There are several types of oral medicines used in Type 2 diabetes

Oral meds should never be mixed in with tube feedings

Diabetes Mellitus Medication & Insulin

Side effects
of some
oral
medications
include:

- Blood sugar is too low
- Nausea/vomiting
- Skin rashes

Others will
cause:

- Diarrhea
- Nausea/vomiting
- Bloating and flatulence (gas)

Diabetes Mellitus Medication & Insulin

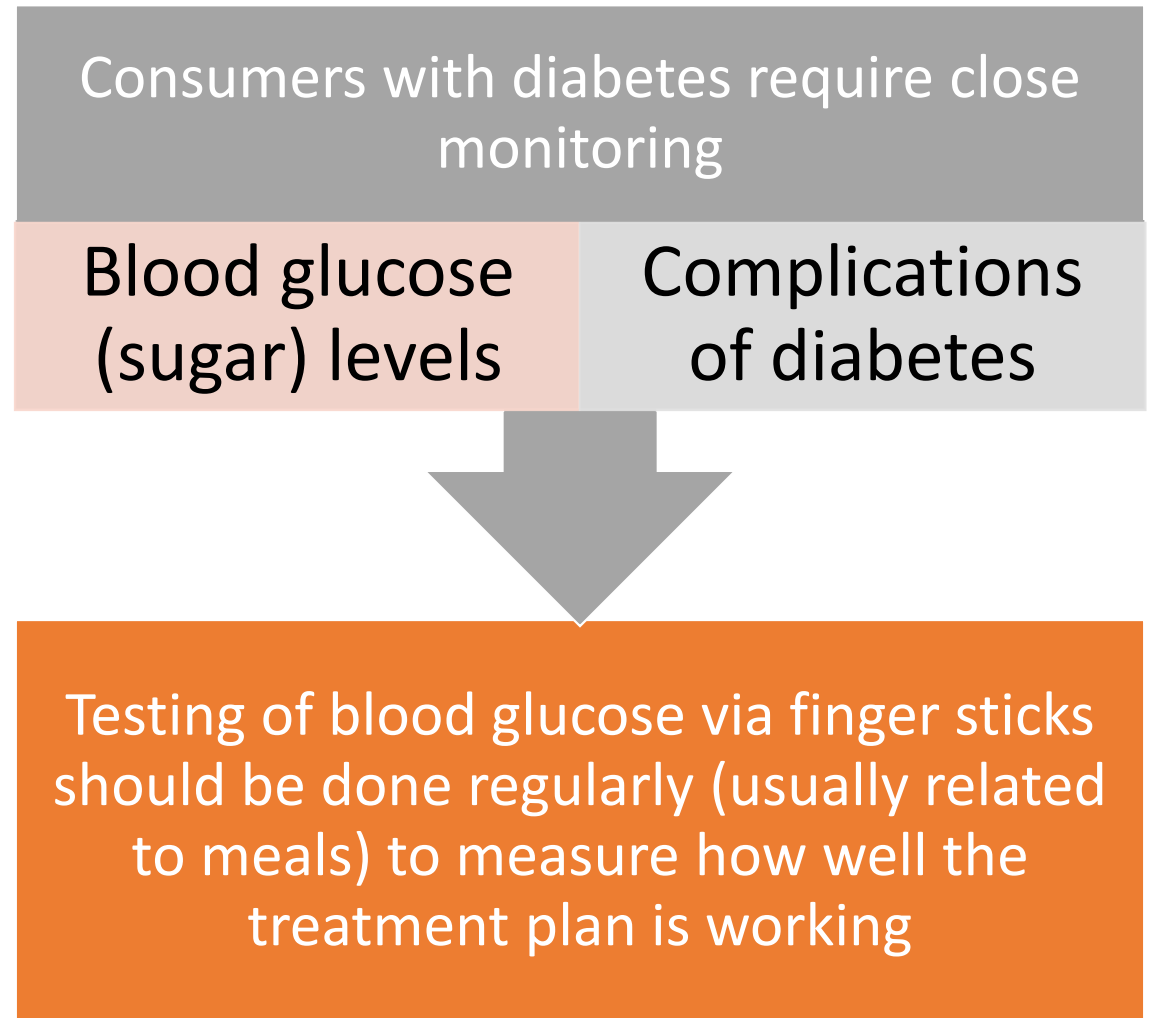
Insulin given by injection is used for consumers with Type 1 and some types of Type 2 diabetes

Insulin injections replace insulin that the body cannot produce and are used for controlling blood sugar levels

Insulin injections should be timed with meals to effectively process the glucose entering the blood.

After injections are given, consumers need to be observed for signs of low blood sugar (hypoglycemia)

Diabetes Mellitus Monitoring Consumers



Diabetes Mellitus

Monitoring Consumers

- Blood sugar that is too high or too low can be a problem, both can lead to life-threatening crisis
- Symptoms of too much sugar (hyperglycemia) include
 - Frequent urination in large amounts
 - Excessive thirst or hunger
- When these symptoms are present, a blood glucose test should be done to confirm the sugar level and the doctor should be notified if it is too high

Blood Sugar is Too High

- Very high blood sugars can be dangerous and lead to ketoacidosis, a life-threatening condition
- Symptoms of Ketoacidosis include:
 - Dry mouth
 - Dry, flushed skin
 - Fruity smelling breath
 - Hard breathing
 - Abdominal pain
 - Vomiting
 - Unconsciousness, if left untreated

Other Problems to Watch For

- Oliguria (decreased urine)
- Confusion
- Disorientation
- Drowsiness

Blood glucose should be done, and the doctor notified if at dangerous levels

If the Blood Sugar is too Low

- Hypoglycemia is the most common acute complication of diabetes and occurs in elderly consumers being treated with oral meds or insulin
- Hypoglycemia develops when there is too much insulin and blood sugar levels drop too low
- Hypoglycemia in the elderly can be life-threatening
- Effects of hypoglycemia can include
 - Chest pain
 - Stroke
 - Seizures
 - Heart attack

Diabetes Mellitus

Monitoring Consumers

- Hypoglycemia occurs if
 - Meals are not finished
 - Meals are late
 - Snacks are skipped
 - Meds are not given properly
- The importance of proper scheduling and delivery of meals, meds, and exercise cannot be over-emphasized

Monitoring Residents

- Symptoms of hypoglycemia include
 - Weakness
 - Lightheadedness
 - Shakiness
 - Nervousness
 - Sweating
 - Cold and clammy skin
 - Headaches
 - Mood swings

Diabetes Mellitus

Monitoring Residents

- Treatment includes giving food loaded with simple carbs
 - OJ (or any fruit juice) or soft drinks
 - Apple sauce
 - Glucose tablets or gel

General Signs of Health Problems

1

Change in
appetite

2

Change in ability
to perform
activities of daily
living

3

Change in ability
to respond

4

Change in
movement

Signs of Health Problems

Changes in
pain levels

Changes in
skin

Changes in
odor

Changes in
eyes, ears,
nose & mouth

Change in
respiration

Changes in
bowel &
bladder

Changes in Appetite

- Observe your consumers for changes in their appetite, especially loss
- Watch what and how much they eat/drink
- If you notice changes, find out if they like what they are being served
- Observe for excessive thirst
- Observe and report any hiccupping, belching or nausea/vomiting

Changes in Ability to Perform Daily Activities

- A decrease in your consumer's ability to participate in the activities of daily living may be a sign of a problem





Changes in Ability to Respond

- Observe your consumer carefully for:
 - Signs of confusion
 - Inability to speak clearly
 - Restlessness or agitation
 - Difficulty arousing
 - Drowsiness
 - Unsure of who or where they are
 - Trouble or inability identifying others or answering questions



Change in Movement

- Watch your consumer for changes in their ability to move
- Observe for
 - Jerky or shaky movements
 - Decreased ability to move one side
 - Pain or discomfort with movement
 - Loss of strength or coordination

Changes in Pain Levels

Because pain is subjective, self reporting is considered the gold standard and most accurate measure for pain. The PQRST method is valuable for accurately describing and assessing pain.

P-provocation/palliation

Q-Quality/Quantity

R-Region/Radiation

S-Severity Scale

T-Timing

Changes in Pain Levels

You want to know

- Location
- Duration
- Description
 - Sharp, dull, burning, aching, constant, or comes and goes

You want to know:

- Is it connected to a certain position or movement
- Is it in the abdomen
- Is it near the heart
 - This could be a sign of heart problems and should be reported immediately

Changes in Skin

- This is especially important in your bed-ridden consumers
- When you observe/touch your consumers you want to know if they
 - Are unusually dry or wet, cool or hot
 - Are pale or flushed (red)
 - Have unusual color to lips or nail beds (report blue lips immediately)



Changes in Skin

- When you observe/touch your consumers, you want to know if they have
 - Discolored areas, especially reddened areas
 - Scratches or bruises
 - Breaks in skin
 - Wounds or wound drainage



Changes in Odor

- Take note of and report any unusual odors your consumer may have
 - Breath
 - Drainage
 - Urine
 - Stool
- Signs of poor personal hygiene that could lead to infection



Changes in Eyes, Ears, Nose & Mouth

- When looking at your consumer's face, do you see
 - Drainage from eyes, ears, or nose
 - Redness in eyes
- Does your consumer complain of
 - Blurred vision, see spots, flashes, or bright lights

Changes in Bowels & Bladder

- Changes associated with your consumer's bowels and bladder can indicate serious problems

Observe and report

- Changes in frequency
- Gas or constipation
- Difficulty urinating
- Burning with urination

Changes in Bowels & Bladder

Observe and report

- Increase or decrease in amounts of urine
- Changes in color, blood, amounts of sediment, or odor of urine
- Changes in the color, consistency, odor, or appearance of blood in stool

Subjective Evaluation

- When you get a “feeling” ask questions and report impressions
 - Use your senses of sight, hearing, touch, and smell.
 - Listen - to what your consumer says & to your feelings
 - Watch for changes in behavior



When To Notify The Family Or Doctor That Something Is Wrong

- You are having difficulty waking them up
- Fever, other signs of illness
- If they refuse to eat or drink for more than a few hours
- No urine
- Severe pain
- Change in skin condition, sores
- Other signs of illness or any worsening of any conditions they have

Call 911 immediately



- If the consumer is not breathing
- If they have a seizure
- Uncontrolled bleeding
- Other emergency conditions

Congratulations!

