



Competency Based Learning Materials (CBLMs)

Caregiving for Elderly Persons

Level-3

Module: Providing Care to Elderly People

Code: CBLM-IS-CEP-01-L3-EN-V1



National Skills Development Authority
Prime Minister's Office
Government of the People's Republic of Bangladesh

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The CBLM on “Provide care to elderly people” is developed based on NSDA approved Competency Standards and Competency Based Curriculum under caregiving for elderly persons Level-3 Occupation. It contains the information required to implement the caregiving for elderly persons Level-3 standard.

This document has been prepared by NSDA with the help of relevant experts, trainers/professionals.

All Government-Private-NGO training institutes in the country accredited by NSDA can use this CBLM to implement skill-based training of caregiving for elderly persons Level-3 course.

How to use this Competency Based Learning Materials (CBLMs)

The module, Maintaining and enhancing professional & technical competency contains training materials and activities for you to complete. These activities may be completed as part of structured classroom activities, or you may be required you to work at your own pace. These activities will ask you to complete associated learning and practice activities in order to gain knowledge and skills you need to achieve the learning outcomes.

1. Review the **Learning Activity** page to understand the sequence of learning activities you will undergo. This page will serve as your road map towards the achievement of competence.
2. Read the **Information Sheets**. This will give you an understanding of the jobs or tasks you are going to learn how to do. Once you have finished reading the **Information Sheets** complete the questions in the **Self-Check**.
3. **Self-Checks** are found after each **Information Sheet**. **Self-Checks** are designed to help you know how you are progressing. If you are unable to answer the questions in the **Self-Check** you will need to re-read the relevant **Information Sheet**. Once you have completed all the questions check your answers by reading the relevant **Answer Keys** found at the end of this module.
4. Next move on to the **Job Sheets**. **Job Sheets** provide detailed information about *how to do the job* you are being trained in. Some **Job Sheets** will also have a series of **Activity Sheets**. These sheets have been designed to introduce you to the job step by step. This is where you will apply the new knowledge you gained by reading the Information Sheets. This is your opportunity to practise the job. You may need to practise the job or activity several times before you become competent.
5. Specification **sheets**, specifying the details of the job to be performed will be provided where appropriate.
6. A review of competency is provided on the last page to help remind if all the required assessment criteria have been met. This record is for your own information and guidance and is not an official record of competency.

When working through this Module always be aware of your safety and the safety of others in the training room. Should you require assistance or clarification please consult your trainer or facilitator.

When you have satisfactorily completed all the Jobs and/or Activities outlined in this module, an assessment event will be scheduled to assess if you have achieved competency in the specified learning outcomes. You will then be ready to move onto the next Unit of Competency or Module

Approved by
----- Authority Meeting of NSDA
Held on 2023

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Module Content

Unit Title: Provide care to elderly people

Unit Code: OU- INF-ECP-01-L3-V1

Module Title: Providing care to elderly people

Module Descriptor: This unit covers the knowledge, skills and attitudes required to provide care to elderly people. This includes monitoring and recording vital signs of client assisting client in fluids and dietary requirements, assisting client in urine and bowel elimination, assisting client with bathing, perineal/genital care, skin care, preparing and maintaining client's bed, and assisting client in safe movement and transfer.

Nominal Hours: 50 Hours

Learning Outcomes:

Upon completion of this module the trainees must be able to:

1. Monitor and record vital signs of client.
2. Assist client in fluids and dietary requirements.
3. Assist client in urine and bowel elimination.
4. Assist client with bathing/ showering.
5. Assist client in perineal/genital care.
6. Assist client in oral care.
7. Assist the client in skin care.
8. Assist client in safe movement and transfer.

Assessment Criteria:

1. Vital signs instruments are prepared and cleansed based on established procedures.
2. Factors affecting vital signs of client are determined, documented and reported based on established standards.
3. Vital signs are monitored and recorded in accordance with the standard procedures.
4. Hygiene and cleanliness are observed in accordance with established standards.
5. Feeding tools, materials, and equipment are prepared and used in an appropriate and safe manner in accordance with care plan.
6. Well-balanced diet is followed and prepared according to dietary requirements.
7. Feeding is done as per standard feeding procedure.
8. Aspiration and regurgitation signs and symptoms, and precautions are observed as per standard procedure.
9. Storage and disposal of left-over food are handled in accordance with established procedures.
10. The client's bladder and bowel functioning are checked according to care plan.

11. Required processes, toileting equipment, aids, and appliances. are prepared and used in an appropriate and safe manner.
12. Infection control procedures are ensured as per standard procedure.
13. The client is positioned before elimination as per standard procedure and in consideration of client's comfort and privacy.
14. The client is assisted in using the urinal, bedpan, commode and other assistive devices according to requirements.
15. Urinary and bowel elimination problems (if any) are identified and recorded.
16. The client is assisted in cleaning herself/himself.
17. Wastes used diapers and wipes are properly disposed following standard industry practice.
18. Assistive devices are cleaned, sanitized and stored after use.
19. Verbal and non-verbal therapeutic communication is applied based on established procedure.
20. Bathing equipment aids and appliances are prepared according to established standard.
21. The environment is modified or adapted to ensure maximum comfort and safety.
22. The client is prepared using appropriate dressing and undressing techniques.
23. The client is checked for skin rashes and / or sores following standard infection control practices.
24. The client is assisted in bathing/showering maintaining the client's sense of control.
25. The client is assisted in dressing following client preference and comfort.
26. Therapeutic communication techniques are used based on established Standard.
27. Perineal/genital care equipment are prepared maintaining infection control security and standard.
28. Privacy, comfort, and safety of the client is maintained as per established standard.
29. The client is assisted in perineal/genital care maintaining the client's sense of control.
30. Activities are documented and reported following established standard.
31. The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools.
32. Tools, equipment and materials are prepared and used in an appropriate and safe manner in accordance with care plan.
33. Principles of infection control is practiced based on established procedure.
34. Client is assisted in the proper way to practice oral hygiene according to established procedure.
35. Client is assisted in the proper way to clean dentures according to established procedure.
36. Ways to give oral hygiene to conscious/ unconscious clients are applied as per standard procedure.
37. Documentation of oral care is maintained as per standard procedure.
38. Consent is taken from client before starting the procedure.
39. Tools, equipment, materials are prepared and used in an appropriate and safe manner in accordance with established procedures.

40. Skin conditions and breakdowns are assessed ensuring privacy and safety and documented based on established standard.
41. Client is assisted in performing skin care ensuring nutrition and hydration practices as per standard care procedures.
42. Client is assisted with physical movement and range of motion exercises as per standard procedures.
43. The area for bed making is cleaned and ready as per standard procedure.
44. Bed, equipment and aids for bed making are prepared based on established Standard.
45. Comfort and safety of the client is recognized when doing occupied bed making as per standard procedure.
46. Bed is prepared considering client's body mechanics.
47. Damaged and/or faulty beds, equipment, mattresses, pillows, and linen are reported to appropriate persons following standard procedure.
48. Dirty linen is sent to washing house.
49. Waste is disposed as per standard procedures.
50. Mobility/transfer equipments are prepared and used in an appropriate and safe manner in accordance with care plan based on established standard procedures.
51. Client is assisted with movement to regain independence in accordance with established standard procedures.
52. Client is given positive reinforcement during movement based on established standard procedures.
53. Client's progress is recorded and reported to responsible persons.

Learning Outcome: 1 Monitor and Record Vital Signs of Client

Assessment Criteria	<ol style="list-style-type: none"> 1. Vital signs instruments are prepared and cleansed based on established procedures. 2. Factors affecting vital signs of client are determined, documented and reported based on established standards. 3. Vital signs are monitored and recorded in accordance with the standard procedures.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Vital signs 2 Equipment to measure vital signs. 3 Determination of factors affecting vital signs 4 Measure and record vital signs
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience-1: Monitor and Record Vital Signs of Client

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly people.	1. Instructor will provide the learning materials Monitor and record vital signs of client.
2. Read the Information sheet/s	2. Information Sheet-1: Monitor and record vital signs of client.
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No. 1: Monitor and record vital signs of client. Answer key No. 1: Monitor and record vital signs of client.
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Task Sheet No:1-1: Measure body temperture Task Sheet No:1-2: Assess a peripheral pulse by palpation Task Sheet No:1-3: Assess respiration Task Sheet No:1-4: Assess brachial artery blood pressure

Information Sheet 1: Monitor and Record Vital Signs of Client

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 1.1 Vital Signs
- 1.2 Equipment to measure vital signs.
- 1.3 Determination of factors affecting vital signs
- 1.4 Measure and record vital signs.

1.1 Vital Signs

- Vital signs are objective measurements of key physiological parameters that provide valuable information about a person's basic body functions. Caregivers play a crucial role in monitoring and assessing these vital signs to ensure the well-being of the elderly individuals under their care.



- Vital signs typically include Temperature, Pulse, Respiration, and Blood Pressure, among other possible inclusions. These are commonly measured and monitored to assess a person's overall health and well-being.
- Based on specific situations, there may be other vital signs or measurements that are also considered important and included in the assessment. These additional vital signs may include oxygen saturation levels, pain assessment, or specific assessments related to the individual's condition or medical needs.
- It is important for caregivers to familiarize themselves with the specific vital signs relevant to their practice and to follow established protocols for measurement, recording, and interpretation.

1.1.1 Temperature

Temperature reflects the body's balance between heat production and heat loss. Measuring temperature helps assess if an individual has a fever (elevated body temperature) or hypothermia (low body temperature). Key points to remember here:

- Body temperature indicates the amount of heat produced by the body.

- It is regulated by a special area in the brain to maintain a constant temperature within the normal range.
- Factors like time of day, activity level, emotions, and surrounding air temperature can cause slight fluctuations in body temperature.

1.1.2 Fever: Fever is a common response to infection and is characterized by a temperature above the normal range. It is also known as hyperthermia. It is important to monitor and manage fever, as it can be a sign of illness or infection. High fever can be dangerous and may require medical attention. (See the figure beside for some common symptoms of heat exhaustion due to hyperthermia.)



1.1.3 Hypothermia: Hypothermia is a condition where the body temperature falls below the normal range. It can occur in cold environments or because of prolonged exposure to cold temperatures. Severe hypothermia can be life-threatening and requires immediate medical intervention.

1.1.4 Sites for Temperature Measurement:

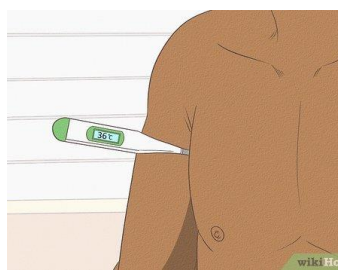
Common sites for measuring body temperature include:

- Mouth (oral),
- Rectum (rectal),
- Ear (tympanic), and
- Armpit (axillary).

It is essential to note the site of measurement when recording temperature to ensure accuracy and consistency.



Oral



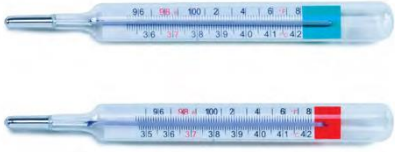



Axillary



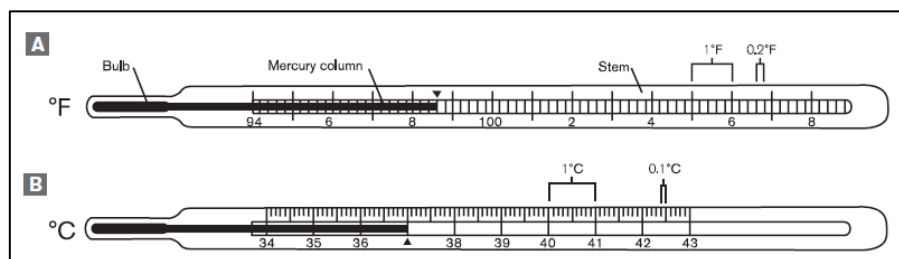
Tympanic

Common Sites to Measure Body Temperature

1.2 Equipment to measure temperature:

<p>Glass Thermometer: Traditional thermometer with a glass tube containing mercury or colored alcohol. When the temperature changes, the liquid expands or contracts, indicating the temperature on the scale.</p>	
<p>Electronic Thermometer: Uses electronic sensors to measure temperature. It displays the reading digitally, often providing quicker results than glass thermometers.</p>	
<p>Tympanic Thermometer: Also known as ear thermometer, it measures body temperature by detecting infrared heat from the eardrum. It is non-invasive and commonly used for children.</p>	
<p>Infrared (IR) Thermometer: A non-contact thermometer that measures temperature by detecting infrared energy emitted by the body or object. It's commonly used in medical settings and provides rapid readings without physical contact.</p>	

Temperature Scale: The column on a glass thermometer is marked with a series of long and short lines extending from 94° to 108° Fahrenheit, or from 34° to 43° Celsius. On a Fahrenheit thermometer (A), each long line on the thermometer represents 1 degree, and each of the four shorter lines between the long lines represents 0.2 degree. On a Celsius thermometer (B), each long line represents 1 degree, but each shorter line in between represents 0.1 degree.



Calibration of Glass Thermometer

1.2.1 Pulse:

Each time the heart beats, it pushes blood through the arteries, vessels that carry blood away from the heart and throughout the body. The heartbeat creates a wave of blood, which you can feel pass through the artery if you put your fingers over certain places on the body where the artery lies close to the surface of the skin. Between beats, the heart rests. Then it beats again, causing another wave that you can feel. The wave that you can feel is called the pulse.

1.2.2 Normal and abnormal pulse rate:

The normal pulse rate, which refers to the number of heartbeats per minute, varies depending on factors like age, fitness level, and overall health. For the general adult population, a normal resting pulse rate typically falls within the range of 60 to 100 beats per minute (BPM). Athletes and individuals with high fitness levels may have lower resting pulse rates, often around 40 to 60 BPM, as their hearts are more efficient. Children generally have higher pulse rates than adults, with the average resting pulse rate ranging from 70 to 100 BPM for infants and 70 to 120 BPM for older children.

- **Tachycardia** a pulse rate above 100 BPM in adults and may be caused by factors such as fever, anxiety, dehydration, or certain medical conditions.
- **Bradycardia** is a pulse rate below 60 BPM in adults and can be a result of certain medications, heart conditions, or high levels of physical fitness.

Tachycardia: <ul style="list-style-type: none">• Heart rate usually above 100 BPM• Fast heart rate, where the heart beats too quickly.• May cause palpitations (awareness of a rapid or irregular heartbeat).• Often accompanied by shortness of breath and dizziness.• Can be a result of stress, anxiety, or fever.	Bradycardia: <ul style="list-style-type: none">• Heart rate usually below 60 BPM• Slow heart rate, where the heart beats too slowly.• Can lead to fatigue, weakness, and fainting.• Sometimes seen in athletes due to their well-conditioned hearts.• May be caused by certain medications or a malfunction in the heart's electrical system.
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It's essential to consider an individual's specific circumstances, medical history, and any associated symptoms when evaluating deviations from the normal pulse rate. Rapid or irregular pulse rates should be carefully monitored and may require medical attention to determine the underlying cause and appropriate management.

1.2.3 Equipment to measure pulse rate:

<ul style="list-style-type: none"> • Stethoscope: A stethoscope can be used to listen to the heart's sounds and count the beats to determine the pulse rate. This method is often used by healthcare professionals. 	
<ul style="list-style-type: none"> • Digital Pulse Oximeter: A digital pulse oximeter is a handheld device that clips onto a fingertip, earlobe, or toe. It uses infrared light to measure both pulse rate and oxygen saturation in the blood. 	
<ul style="list-style-type: none"> • Blood Pressure Monitor: Many modern digital BP monitors also have a built-in pulse rate measurement feature. These devices use a cuff placed around the upper arm and are commonly used at home or in clinical settings. 	
<ul style="list-style-type: none"> • Wrist or Finger Pulse Monitor: These portable devices are designed to be worn on the wrist like a watch or clipped to a finger. They provide a quick and convenient way to measure pulse rate on-the-go. 	
<ul style="list-style-type: none"> • Manual method: The manual method for measuring pulse rate involves using your fingers to feel the pulse at specific pulse points in the body. This is the most practiced and readily available method of measuring pulse rates. 	

1.2.4 Respirations

Respiration is the process of breathing. When we breathe, we take oxygen into the body and expel carbon dioxide (a waste product) from the body. Both functions are vital to life.

Ensuring accuracy when evaluating respirations

Respiration is a vital function that we can influence to some extent. Although breathing happens automatically, we have control over its depth, speed, and interruptions like holding our breath. When evaluating someone's respiration, it's best to do it discreetly, as awareness of being observed can alter their breathing pattern.



Typically, respiration is assessed after the pulse, and by keeping your fingers on their wrist, the person may not realize you are evaluating their breaths, leading to a more accurate count. Count the person's respirations for one minute, noting one chest rise and fall for each breath.

1.2.5 Blood Pressure:

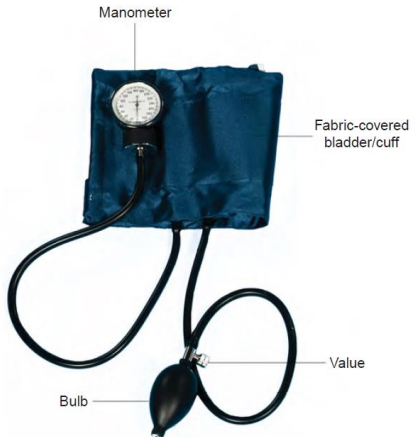

Blood pressure measures the pressure of the circulating blood on the walls of the arteries. Each time the heart beats, it pumps blood into the arteries. The pressure of the blood against the walls of the arteries when the heart pumps is called the systolic pressure. The pressure of the blood against the walls when the heart relaxes is called the diastolic pressure. The systolic pressure is always higher than the diastolic pressure. A blood pressure reading consists of these two numbers, which are written like a fraction. The larger systolic reading goes on the top, and the smaller diastolic reading goes on the bottom. For example, in the reading 118/78 mm Hg, 118 is the systolic pressure, and 78 is the diastolic pressure. Blood pressure is measured in “millimeters of mercury,” or mm Hg.

In adults, the healthy range for blood pressure is less than 120/80 mm Hg. Hypotension is the word used to describe low blood pressure, and hypertension is the word used to describe high blood pressure. A blood pressure that remains high over time can damage the arteries and place strain on the heart.

1.2.6 Equipment used to measure blood pressure:

The traditional way of measuring a person's blood pressure is with a stethoscope and a sphygmomanometer. The sphygmomanometer has three parts:

- a cuff that is placed around the person's arm,
- a bulb that is squeezed to fill the cuff with air, and
- a manometer, a gauge for measuring the blood pressure.

<p>Analogue machine:</p> <p>The fabric cuff with a rubber bladder and connected tubing to the bulb allows control of air flow. Pumping air into the cuff stops blood flow in the brachial artery, then deflating it releases pressure. The first pulse sound heard through the stethoscope indicates the systolic pressure, while the last sound before pulse sounds fade away represents the diastolic pressure.</p>	
<p>Electronic sphygmomanometer:</p> <p>Measures & displays the person's blood pressure automatically after you place the cuff on the person's arm. Some electronic models are completely automatic, while others require you to inflate the cuff. It is not necessary to use a stethoscope with an electronic sphygmomanometer.</p>	

There might be some other associate materials needed to accomplish tasks, such as:

- cotton ball,
- alcohol solution or alcoholpad,
- equipment tray with lid,
- kidney tray,
- gallipot,
- lifter
- tissue etc.

1.3 Determination of factors affecting vital signs

The table below outlines the factors that can influence vital signs, such as temperature, pulse, respiration, and blood pressure, offering a comprehensive overview of the many factors that may impact these critical health indicators.

Vital Sign	Affecting Factors
Temperature	<ul style="list-style-type: none"> ▪ Time of day ▪ Physical activity ▪ Emotional state ▪ Surrounding air temperature ▪ Infection or illness ▪ Age (higher in newborns, lower in older adults) ▪ Medications or hormonal changes ▪ Medical conditions such as hypothyroidism or fever ▪ Exposure to extreme temperatures (e.g., hypothermia)
Pulse	<ul style="list-style-type: none"> ▪ Physical activity ▪ Emotions or stress ▪ Fever or infection ▪ Medications or drugs ▪ Age (higher in children, lower in highly trained athletes) ▪ Cardiovascular conditions or heart rhythm disorders ▪ Dehydration or shock
Respiration	<ul style="list-style-type: none"> ▪ Physical activity ▪ Emotional state ▪ Respiratory conditions (e.g., asthma, pneumonia) ▪ Pain or discomfort ▪ Medications or drugs ▪ Age (higher in infants and younger children) ▪ Lung or chest-related injuries
Blood Pressure	<ul style="list-style-type: none"> ▪ Physical activity ▪ Emotional state ▪ Caffeine or stimulant use ▪ Smoking or alcohol consumption ▪ Stress or anxiety ▪ Medications or drugs ▪ Age (blood pressure tends to increase with age) ▪ Underlying medical conditions (e.g., hypertension) ▪ Dehydration or blood volume changes

1.4 Measure and record vital signs:

Measuring vital signs require a systematic approach as precisely mentioned below:

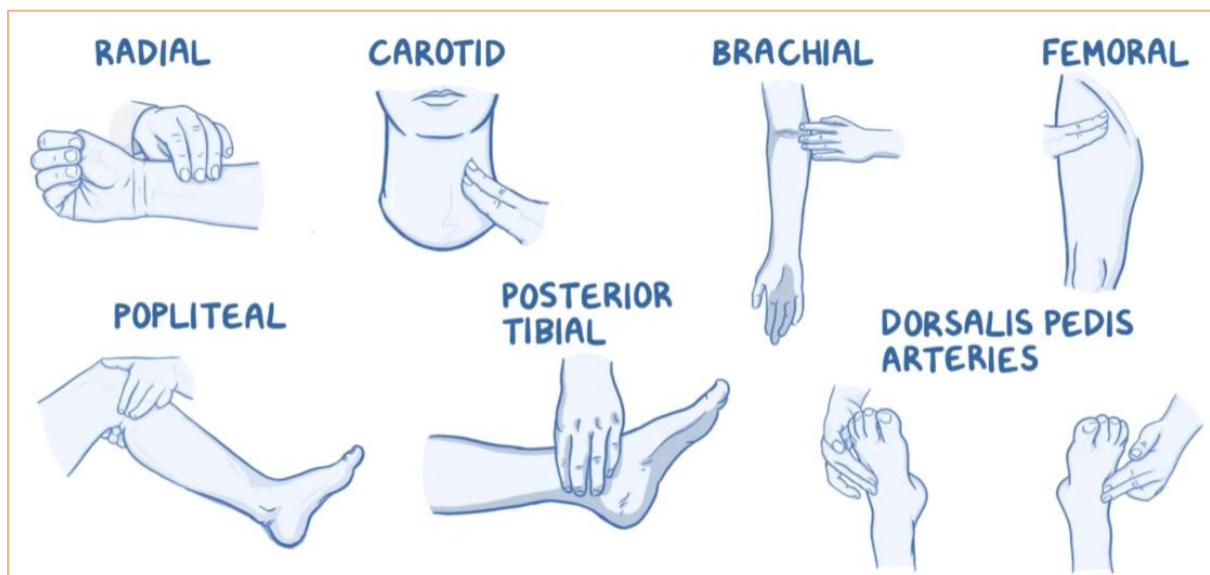
1.4.1 Temperature Measurement Checklist:

- Gather the necessary equipment: Thermometer (digital or glass), probe covers (if applicable), and alcohol wipes (if using a reusable thermometer).
- Wash hands thoroughly with soap and water or use hand sanitizer before starting.
- Explain the procedure to the patient and ensure their comfort and cooperation.

- Choose the appropriate site for temperature measurement (e.g., oral, rectal, ear, or axillary) based on the patient's age, condition, and medical history.
- Prepare the thermometer according to the manufacturer's instructions (e.g., inserting probe covers or cleaning the thermometer if reusable).
- Position the patient appropriately for the chosen measurement site.
- Place the thermometer as directed (e.g., under the tongue, in the ear canal, or in the armpit).
- Wait for the thermometer to complete the measurement and display the reading.
- Record the temperature, along with the site of measurement, and any relevant notes (e.g., if the patient had just consumed hot/cold liquids).
- Clean the thermometer according to the manufacturer's instructions or discard the probe cover if using disposable covers.

1.4.2 Pulse Measurement Checklist:

- Wash hands thoroughly with soap and water or use hand sanitizer before starting.
- Explain the procedure to the patient and ensure their comfort and cooperation.
- Choose the appropriate pulse point for measurement (e.g., radial on the wrist or carotid on the neck).
- Position the patient comfortably and ensure their arm or neck is supported.
- Place the fingertips on the chosen pulse point using gentle pressure, without pressing too hard.
- Count the number of beats felt for 60 seconds (or 15 seconds and multiply by 4 to get BPM).
- Record the pulse rate, along with any notes (e.g., irregular rhythm or strength of the pulse).
- If the pulse is irregular or concerning, consult a healthcare professional for further evaluation.



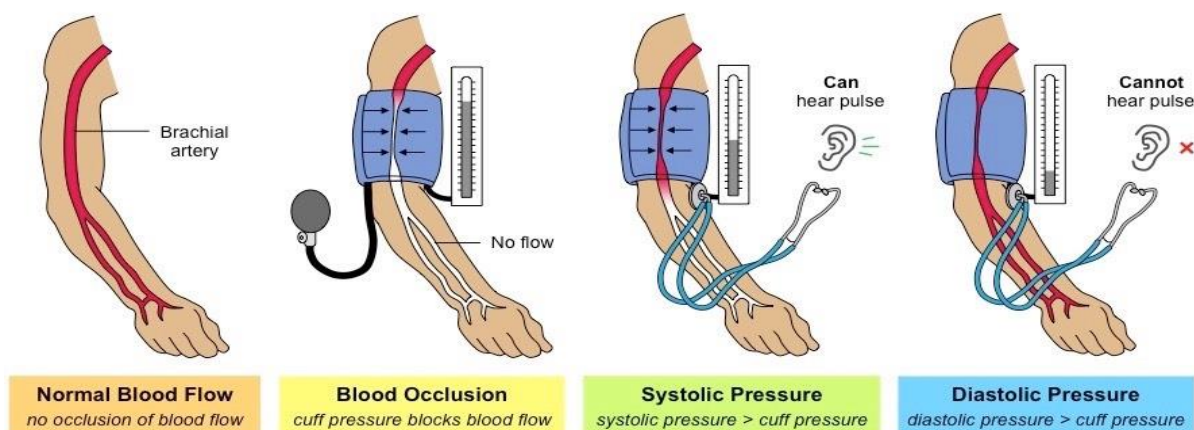
Different ways to measure pulse rates

1.4.3 Respiration Measurement Checklist:

- Wash hands thoroughly with soap and water or use hand sanitizer before starting.
- Explain the procedure to the patient and ensure their comfort and cooperation.
- Choose the appropriate time to measure respiration when the patient is at rest and not aware of being monitored.
- Visually observe the rise and fall of the patient's chest or abdomen for one full minute.
- Count the number of breaths the patient takes in 60 seconds.
- Record the respiration rate, along with any notes (e.g., shallow or labored breathing).
- If the respiration rate is abnormal or concerning, consult a healthcare professional for further evaluation.

1.4.4 Blood Pressure Measurement Checklist:

- Wash hands thoroughly with soap and water or use hand sanitizer before starting.
- Explain the procedure to the patient and ensure their comfort and cooperation.
- Choose the appropriate blood pressure cuff size based on the patient's arm circumference.
- Position the patient comfortably, with their arm supported at heart level.
- Palpate the brachial artery to locate the pulse for proper cuff placement.
- Wrap the blood pressure cuff snugly around the upper arm and align the artery marker with the brachial artery.
- Inflate the cuff to approximately 30 mmHg above the point where the pulse disappears (palpation method) or follow the device's automatic inflation.
- Gradually deflate the cuff while listening for the Korotkoff sounds (phase I for systolic and phase V for diastolic).
- Record the blood pressure reading (e.g., 120/80 mmHg), along with any notes (e.g., arm position, use of different-sized cuffs).
- If the blood pressure reading is abnormal or concerning, consult a healthcare professional for further evaluation.



Measuring Blood Pressure accurately

Self-Check Sheet - 1: Monitor and Record Vital Signs of Client

Questionnaire:

1. What are vital signs, and why are they important to monitor?

Answer:

2. Name the four main vital signs typically measured by caregivers.

Answer:

3. What is the primary goal of first aid?

Answer:

4. What does fever indicate, and how is it defined?

Answer:

5. How is hypothermia defined, and what can cause it?

Answer:

6. Mention three common sites for measuring body temperature.

Answer:

7. How does age influence body temperature?

Answer:

8. What is the normal range for adult pulse rate at rest?

Answer:

9. What is the medical term for difficult or labored breathing?

Answer:

10. Which device is commonly used to listen to heart sounds and count pulse rate?

Answer:

Answer Key - 1: Monitor and Record Vital Signs of Client

1. What are vital signs, and why are they important to monitor?

Answer: Vital signs are objective measurements of key physiological parameters that indicate a person's basic body functions. They are crucial for assessing overall health and well-being.

2. Name the four main vital signs typically measured by caregivers.

Answer: The four main vital signs are temperature, pulse, respiration, and blood pressure.

3. What is the primary goal of first aid?

Answer: The primary goal of first aid is to preserve life and prevent further harm.

4. What does fever indicate, and how is it defined?

Answer: Fever indicates an elevated body temperature above the normal range. It is also known as hyperthermia.

5. How is hypothermia defined, and what can cause it?

Answer: Hypothermia is a condition where the body temperature falls below the normal range. It can occur in cold environments or due to prolonged exposure to cold temperatures.

6. Mention three common sites for measuring body temperature.

Answer: The common sites for measuring body temperature are oral, rectal, and axillary (armpit).

7. How does age influence body temperature?

Answer: Body temperature is usually higher in newborns and lower in older adults.

8. What is the normal range for adult pulse rate at rest?

Answer: The normal range for adult pulse rate at rest is typically between 60 to 100 beats per minute (BPM).

9. What is the medical term for difficult or labored breathing?

Answer: The medical term for difficult or labored breathing is dyspnea.

10. Which device is commonly used to listen to heart sounds and count pulse rate?

Answer: A stethoscope is commonly used to listen to heart sounds and count pulse rate.

Task Sheet-1.1: Measure Body Temperature

Task Name: Measure Body Temperature

Objectives: The patient's temperature is assessed accurately without injury and the patient experiences only minimal discomfort.

Working Procedure:

1. Check medical order or nursing care plan for frequency of measurement and route. More frequent temperature measurement may be appropriate based on nursing judgment. Bring necessary equipment to the bedside stand or overbed table.
2. Perform hand hygiene and put on PPE, if indicated.
3. Identify the patient.
4. Close curtains around bed and close the door to the room, if possible. Discuss the procedure with patient and assess the patient's ability to assist with the procedure.
5. Ensure the electronic or digital thermometer is in working condition.
6. Put on gloves, if appropriate or indicated.
7. Select the appropriate site based on previous assessment data.
8. Follow the steps as outlined below for the appropriate type of thermometer.
9. When measurement is completed, remove gloves, if worn. Remove additional PPE, if used. Perform hand hygiene.

Assessing Oral Temperature

10. Remove the electronic unit from the charging unit and remove the probe from within the recording unit.
11. Cover thermometer probe with disposable probe cover and slide it on until it snaps into place.
12. Place the probe beneath the patient's tongue in the posterior sublingual pocket. Ask the patient to close his or her lips around the probe.
13. Continue to hold the probe until you hear a beep. Note the temperature reading.
14. Remove the probe from the patient's mouth. Dispose of the probe cover by holding the probe over an appropriate receptacle and pressing the probe release button.
15. Return the thermometer probe to the storage place within the unit. Return the electronic unit to the charging unit, if appropriate.

Task Sheet-1.2: Assess a Peripheral Pulse by Palpation

Task Name: Measure Peripheral Pulse by Palpation

Objectives: The patient's pulse is assessed accurately without injury and the patient experiences only minimal discomfort.

Working Procedure:

1. Check medical order or nursing care plan for frequency of pulse assessment. More frequent pulse measurement may be appropriate based on nursing judgment.
2. Perform hand hygiene and put on PPE, if indicated.
3. Identify the patient.
4. Close curtains around bed and close the door to the room, if possible. Discuss the procedure with patient and assess the patient's ability to assist with the procedure.
5. Put on gloves, as appropriate.
6. Select the appropriate peripheral site based on assessment data.
7. Move the patient's clothing to expose only the site chosen.
8. Place your first, second, and third fingers over the artery. Lightly compress the artery so pulsations can be felt and counted.
9. Using a watch with a second hand, count the number of pulsations felt for 30 seconds. Multiply this number by 2 to calculate the rate for 1 minute. If the rate, rhythm, or amplitude of the pulse is abnormal in any way, palpate and count the pulse for 1 minute.
10. Note the rhythm and amplitude of the pulse.
11. When measurement is completed, remove gloves, if worn. Cover the patient and help him or her to a position of comfort.
12. Remove additional PPE, if used. Perform hand hygiene.

Task Sheet-1.3: Assess Respiration

Task Name: Assessing Respiration

Objectives: The patient's respirations are assessed accurately without injury and the patient experiences only minimal discomfort.

Working Procedure:

1. While your fingers are still in place for the pulse measurement, after counting the pulse rate, observe the patient's respirations.
2. Note the rise and fall of the patient's chest.
3. Using a watch with a second hand, count the number of respirations for 30 seconds. Multiply this number by 2 to calculate the respiratory rate per minute.
4. If respirations are abnormal in any way, count the respirations for at least 1 full minute.
5. Note the depth and rhythm of the respirations.
6. When measurement is completed, remove gloves, if worn.
7. Cover the patient and help him or her to a position of comfort.
8. Remove additional PPE, if used. Perform hand hygiene.

Task Sheet-1.4: Assess Brachial Artery Blood Pressure

Task Name: Assess Brachial Artery Blood Pressure

Objectives: The patient's blood pressure is measured accurately with minimal discomfort to the patient.

Working Procedure:

1. Check physician's order or nursing care plan for frequency of blood pressure measurement. More frequent measurement may be appropriate based on nursing judgment.
2. Perform hand hygiene and put on PPE, if indicated.
3. Identify the patient.
4. Close curtains around bed and close the door to the room, if possible. Discuss procedure with patient and assess patient's ability to assist with the procedure. Validate that the patient has relaxed for several minutes.
5. Put on gloves, if appropriate or indicated.
6. Select the appropriate arm for application of the cuff.
7. Have the patient assume a comfortable lying or sitting position with the forearm supported at the level of the heart and the palm of the hand upward. If the measurement is taken in the supine position, support the arm with a pillow. In the sitting position, support the arm yourself or by using the bedside table. If the patient is sitting, have the patient sit back in the chair so that the chair supports his or her back. In addition, make sure the patient keeps the legs uncrossed.
8. Expose the brachial artery by removing garments, or move a sleeve, if it is not too tight, above the area where the cuff will be placed.
9. Palpate the location of the brachial artery. Center the bladder of the cuff over the brachial artery, about midway on the arm, so that the lower edge of the cuff is about 2.5 to 5 cm (1 to 2 inches) above the inner aspect of the elbow. Line the artery marking on the cuff up with the patient's brachial artery. The tubing should extend from the edge of the cuff nearer the patient's elbow.
10. Wrap the cuff around the arm smoothly and snugly and fasten it. Do not allow any clothing to interfere with the proper placement of the cuff.
11. Check that the needle on the aneroid gauge is within the zero mark. If using a mercury manometer, check to see that the manometer is in the vertical position and that the mercury is within the zero level with the gauge at eye level.

Learning Outcome-2: Assist Client with Fluids and Dietary Requirements

Assessment Criteria	<ol style="list-style-type: none"> 1. Hygiene and cleanliness are observed in accordance with established standards. 2. Feeding tools, materials, and equipment are prepared and used in an appropriate and safe manner in accordance with care plan. 3. A well-balanced diet is followed and prepared according to dietary requirements. 4. Feeding is done as per the standard feeding procedure. 5. Aspiration and regurgitation signs and symptoms, and precautions are observed as per standard procedure. 6. Storage and disposal of left-over food are handled in accordance with established procedures.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Hygiene and cleanliness 2 Feeding Tools and Equipment 3 Prepare and serve balanced meals. 4 Method of feeding 5 Signs and symptoms of aspiration and regurgitation 6 Food storage and waste management
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience: 2 Assist Client with Fluids and Dietary Requirements

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly	1. Instructor will provide the learning materials Assist client with fluids and dietary requirements.
2. Read the Information sheet/s	2. Information Sheet No:2 Assist client with fluids and dietary requirements.
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 2 Assist clients with fluids and dietary requirements. Answer key No. 2 Assist client with fluids and dietary requirements.
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 2-Assist client with fluids and diratary requirements. Specification Sheet: 2-Assist client with fluids and diratary requirements.

Information Sheet 2: Assist Client with Fluids and Dietary Requirements

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 2.1 Hygiene and cleanliness
- 2.2 Feeding Tools and Equipment
- 2.3 Prepare and serve balanced meals.
- 2.4 Method of feeding
- 2.5 Signs and symptoms of aspiration and regurgitation
- 2.6 Food storage and waste management

2.1 Hygiene and cleanliness

Hygiene and cleanliness are essential aspects of assisting clients with their fluids and dietary requirements. Proper hygiene practices not only promote the client's health and well-being but also prevent the spread of infections and foodborne illnesses. Here are some key points to consider when addressing hygiene and cleanliness in this context:

- **Personal Hygiene:** As a caregiver or support professional, always ensure that you maintain excellent personal hygiene. Wash your hands thoroughly with soap and water before handling any food, beverages, or feeding equipment. Properly drying your hands with a clean towel is also crucial.
- **Client's Hygiene:** Assist the client with their personal hygiene before meals, ensuring their hands and face are clean. If necessary, help with oral care to remove any food particles and maintain oral health.
- **Cleaning Eating Area:** Before each meal, clean the eating area, such as the table or tray, to ensure it is free from dirt, crumbs, or any potential contaminants. Use a suitable cleaning agent to sanitize the surface effectively.



- **Feeding Utensils:** Regularly clean and sanitize all feeding utensils, including bowls, plates, cups, spoons, and forks, before and after use. Avoid cross-contamination between different foods.



- **Food Preparation Area:** If you are involved in food preparation, maintain a clean and sanitary food preparation area. Wash all fruits and vegetables thoroughly, and store perishable items at the appropriate temperatures to prevent spoilage.



- **Proper Waste Disposal:** Dispose of any food waste and used feeding equipment in a hygienic manner, following local regulations and guidelines.







- **Handwashing for Clients:** Encourage clients to wash their hands before eating or drinking, if possible. If they need assistance, support them with handwashing or provide appropriate alternatives, such as alcohol-based hand sanitizers.
- **Managing Incontinence:** If the client experiences incontinence, promptly and appropriately manage it to prevent any contamination during mealtimes.
- **Use of Gloves:** Depending on the situation and specific requirements, consider using disposable gloves when handling food, especially for clients with compromised immune systems or open wounds.
- **Food Allergies and Dietary Restrictions:** Pay attention to the client's food allergies or dietary restrictions. Avoid cross-contamination between different foods and take necessary precautions to prevent any allergic reactions.
- **Regular Cleaning Schedule:** Establish a regular cleaning schedule for the client's living area and dining space. This will help maintain a clean environment and minimize the risk of foodborne illnesses.

By prioritizing hygiene and cleanliness, caregivers can create a safe and comfortable environment for clients, ensuring they receive the best possible assistance with their fluids and dietary requirements. Remember to adapt your approach based on each client's specific needs and abilities, and always communicate openly and respectfully with the individuals you are assisting.

2.2 Feeding Tools and Equipment

<p>Bowls and plates with high rims: High-rimmed bowls and plates are designed to assist caregivers in feeding clients with limited hand dexterity or motor control, preventing spills and making it easier for clients to scoop their food.</p>	
<p>Bowls and plates with partitions: These specialized dishes aid caregivers in serving meals for clients with different dietary requirements, keeping food items separate and accommodating individual preferences.</p>	
<p>Insulated bowls and plates: Caregivers can use insulated bowls and plates to maintain the temperature of hot or cold foods, ensuring the client's comfort during mealtimes.</p>	
<p>Slip-resistant bowls and plates: These non-slip dishes provide stability during feeding, reducing the risk of accidents and making eating more manageable for clients with mobility challenges.</p>	
<p>Mugs and cups with straws: Caregivers can offer mugs and cups with straws to clients who may have difficulty holding regular cups or require assistance with drinking fluids.</p>	
<p>Lap tray: Lap trays offer a stable surface for clients to eat comfortably, especially when seated in a wheelchair or a bed.</p>	

<p>Strip-resistant tray liner: Caregivers can use strip-resistant tray liners to prevent bowls and plates from sliding or tipping, ensuring a secure and stress-free mealtime experience for clients.</p>	
<p>Non-metallic/patterned protective clothing (aprons, bibs, neckerchiefs, spoons, and forks): These items help caregivers protect clients' clothing and promote independence during meals, with non-metallic or patterned surfaces providing a better grip for utensils.</p>	
<p>Nosey cups: These are used for clients with limited neck mobility. The nosey cup allows them to drink all of the fluid in the cup without tipping their head back. The cut-out portion of the cup fits around the person's nose so it can be tilted up to finish the fluid.</p>	
<p>Swivel spoons rotate so if the resident's hand shakes, the spoon doesn't move, and the food remains on the utensil.</p>	

2.3 Prepare and serve balanced meals:

Preparing and serving balanced meals is crucial for ensuring the overall health and well-being of clients.

- **Understand Dietary Needs:** Familiarize yourself with the client's dietary restrictions, food allergies, and any specific nutritional requirements prescribed by healthcare professionals.
- **Balanced Meal Components:** Aim to include a variety of food groups in each meal, such as proteins, carbohydrates, vegetables, fruits, and healthy fats, to provide essential nutrients.
- **Portion Control:** Serve appropriate portion sizes based on the client's age, weight, and activity level, avoiding overfeeding or underfeeding.

- **Offer Hydration:** Remember to offer fluids throughout the day to maintain proper hydration levels, especially for clients who may have difficulty drinking independently.
- **Fresh Ingredients:** Use fresh and wholesome ingredients to maximize nutritional value and enhance the taste of meals.
- **Adapt to Preferences:** Incorporate client preferences when planning meals, ensuring they enjoy the dining experience and are more likely to consume balanced meals.
- **Consider Texture:** Adjust the texture of food as needed, depending on the client's ability to chew and swallow comfortably.
- **Meal Timing:** Stick to regular meal timings to establish a routine and promote a healthy eating pattern.
- **Snack Options:** Offer nutritious snacks between meals to keep energy levels stable and satisfy hunger.
- **Mind Special Diets:** Be attentive to special diets, such as vegetarian, vegan, or low-sodium options, as required.
- **Monitor Intake:** Keep track of the client's food intake and monitor any changes in appetite or eating habits.
- **Encourage Independence:** Promote independence during meals, allowing clients to participate in food choices and self-feeding whenever possible.
- **Food Safety:** Follow proper food safety guidelines during meal preparation and storage to prevent foodborne illnesses.
- **Serve with Care:** Present meals attractively and with care, considering the client's preferences and cultural norms.

Consult with Professionals: When in doubt or dealing with complex dietary needs, consult with dietitians or healthcare experts for personalized guidance.

2.4 Method of feeding

Elderly persons with chronic illness and impaired mobility may suffer from various degrees of feeding problems. It is therefore important for carers to provide appropriate assistance according to elderly persons' individual needs. This can resume elderly's confidence in self-feeding. Caring with patience and love are especially important for those who are totally feeding-dependent to enhance their joy of eating.



- **Preparation before Feeding: Environment**
Ensure that the dining area is well-ventilated, with adequate lighting and free from distractions to enhance the elderly persons' concentration.

- **Feeding Utensils:** Ensure the utensils are clean. Use a non-slip mat to fix utensils on the table for easier feeding. Check functions of the utensils and replace broken items promptly.
 - Choose appropriate feeding utensils. e.g. fork or spoon instead of chopsticks
 - Use smaller spoons to control feeding amount and minimise the risk of choking
 - Consult occupational therapist if necessary for advice on the choice of feeding devices, e.g. spoon and fork with enlarged handles, adapted chopsticks, a bowl with a raised curved lip which enhances scooping of the food, specially designed cups.
- **The carer**
 - A warm and caring attitude is always important. Explain to the elderly persons what you are doing and try to gain their cooperation.
 - Good personal hygiene should be observed, perform hand hygiene with liquid soap and water before feeding.
 - Assist the elderly persons in hand washing before mealtime. If needed, perform oral care such as rinsing the mouth before meals to stimulate appetite.
 - Assess the elderly persons' chewing and swallowing abilities. Give appropriate assistance if required.
 - Communicate with the elderly persons before feeding, e.g. discuss the menu with persons with dementia to enhance their cognition and stimulate their interest. For those with visual impairment, guide them along by informing them the food types and position of the food and utensils. Ensure all food and necessary feeding aids are within their easy reach.
- **Choice of food**
 - Individual's food preference, religion and health status should be taken into consideration during preparation of meals, e.g. Diabetic, low salt and vegetarian diet etc.
 - Choose nutritious food which are easy and safe to swallow. Change menus regularly to stimulate appetite and ensure adequate nutrition.
 - Prepare food according to individual's chewing and swallowing abilities, e.g. puree, porridge or fluid diet. Remove the bones and skin of meat, and chop up the food / vegetables into smaller pieces for easy chewing and to prevent the risk of choking.
 - Avoid foods which are too hard, too slippery or sticky, e.g. nuts, jelly, whole piece of grape, sweet/glutinous dumplings etc., cut these food into smaller pieces and advise to eat carefully so as to prevent choking.
- **The elderly persons**
 - Assist the elderly persons in wearing dentures if required.
 - Proper position is especially important to ensure swallowing and eating safely. Ensure the elderly persons sitting comfortably in an upright position to facilitate safe swallowing. The seat should be adjusted to a suitable height.
- **Safety Tips on Feeding**
 - Ensure that the elderly persons are fully alert during feeding.
 - Ensure proper positioning of the elderly persons. Sitting with head slightly flexed and chin down which reduces the risk of choking.

- Serve food at the right temperature, e.g. not too hot to prevent scald
- Observe during feeding, provide assistance accordingly and do not rush.
- During the feeding process, don't give too much food or give too fast at one time. Continue to feed until the elderly persons finish chewing and swallowing the food. If they refuse to eat, try to find out the reason.
- Observe for any signs of swallowing difficulties, e.g. cough, drooling, aspiration of food back into the nose, etc. or need to swallow several times
- Observe closely during feeding, in case of choking or aspiration, keep calm and handle promptly. Send the elderly to the Accident and Emergency Department if necessary.
- **Signs and symptoms of choking or aspiration are:**
 - Not able to speak or with breathing difficulty.
 - Hands grasp around the neck.
 - Engorged face and neck veins
 - Face or lips turning blue, loss of consciousness in severe cases.
 - Ensure adequate fluid intake for those who cannot feed themselves so as to prevent dehydration.
- **After Care**
 - After feeding, check the elderly's mouth for any food debris to prevent aspiration. Assist the elderly to maintain good personal hygiene: rinse mouth, cleanse the denture or perform oral care, and to wipe the mouth with wet towel if necessary.
 - Remove the utensils, apron and serviettes. Let the elderly persons rest comfortably.
 - Avoid lying down right after feeding. Remain sitting in an upright position for at least 20-30 minutes to prevent aspiration.
 - For those who are particularly frail, observe their mental state after feeding and monitor for signs of aspiration and choking.

Things to observe for and report during feeding include the following:

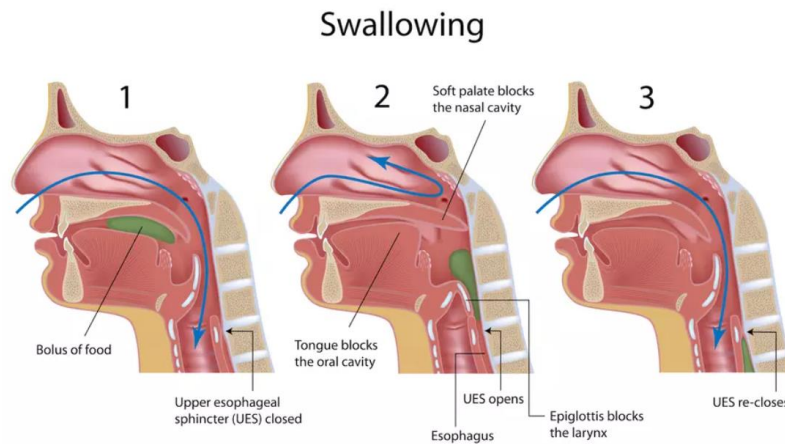
- Coughing or frequent clearing of the throat while eating. This may be a sign of aspiration.
- A wet voice, meaning vocalization with sounds as if food or fluids remain in the mouth or throat.
- Difficulty swallowing.
- Pain with chewing or swallowing.
- Broken or cracked teeth or dentures that don't fit properly.
- Changes in appetite.

2.5 Signs and symptoms of aspiration and regurgitation

Aspiration:

- Definition: Aspiration occurs when food, fluids, or other substances enter the airway and reach the lungs instead of going down the esophagus into the stomach during swallowing.

- Causes: Aspiration can be caused by weakened swallowing muscles, neurological disorders, reduced consciousness, or problems with the epiglottis (a flap-like structure that covers the windpipe during swallowing).



- Signs and Symptoms: Common signs of aspiration include coughing, choking, wheezing, difficulty breathing, fever, and increased respiratory rate.
- Risks: Aspiration can lead to aspiration pneumonia, a lung infection caused by the presence of foreign material in the lungs. It can be particularly dangerous for elderly individuals or those with compromised immune systems.

Regurgitation:

- Definition: Regurgitation is the backward flow of food or stomach contents from the stomach back into the mouth, often without any warning or control.
- Causes: Regurgitation can be a result of gastroesophageal reflux disease (GERD), hiatal hernia, or weak lower esophageal sphincter (the valve that separates the stomach from the esophagus).
- Signs and Symptoms: Regurgitation is typically characterized by a sudden expulsion of undigested food, stomach acid, or bile into the mouth.
- Risks: While regurgitation itself may not be as immediately hazardous as aspiration, chronic regurgitation can cause damage to the esophagus and lead to various symptoms like heartburn, chest pain, and bad breath.

Managing Aspiration and Regurgitation:

- Individuals at risk for aspiration or regurgitation should be closely monitored during meals.
- Caregivers and healthcare professionals may modify food textures and consistencies to reduce the risk of aspiration.
- Elevating the head of the bed or using specialized feeding positions can aid in preventing aspiration or regurgitation.
- Thickening liquids can help individuals with swallowing difficulties manage aspiration risk during drinking.
- In severe cases, feeding tubes or other medical interventions may be necessary to ensure proper nutrition and prevent complications.

2.6 Food storage and waste management

Food storage and waste management are essential aspects of maintaining food safety and promoting environmental sustainability. Here are some key points to consider when it comes to food storage and waste management:

▪ Proper Food Storage:

- Follow guidelines: Adhere to recommended guidelines for storing different types of food, including perishable items, to prevent spoilage and maintain food safety.
- Temperature control: Store perishable foods, such as meat, dairy, and prepared meals, at the appropriate temperatures to inhibit bacterial growth. Use refrigeration or freezing as needed.



- Labeling: Clearly label containers or packages with the date of storage to ensure that older items are used first and to track expiration dates.
 - Avoid cross-contamination: Store raw meat, poultry, and seafood separately from ready-to-eat foods to prevent the spread of bacteria.
 - Use airtight containers: Utilize sealed containers to keep food fresh and protect it from potential contaminants.
- ### ▪ Waste Reduction:
- Plan meals and portion sizes: By planning meals in advance and considering the appropriate portion sizes, you can reduce the amount of leftover food that may go to waste.
 - Donate excess food: If you have surplus food that is still safe to eat, consider donating it to local food banks or charitable organizations to help those in need.
 - Composting: Establish a composting system for food scraps and non-edible organic waste. Composting can help reduce the amount of waste sent to landfills while creating nutrient-rich soil for gardening or farming.
 - Recycling: Dispose of packaging materials, such as cans, bottles, and cardboard, through proper recycling channels to minimize environmental impact.
- ### ▪ Proper Waste Disposal:
- Separate waste streams: Separate food waste, recyclables, and non-recyclable waste into designated containers for appropriate disposal.

- Follow local regulations: Adhere to local waste management regulations and guidelines for disposal methods, recycling practices, and collection schedules.



- Hygienic waste handling: Ensure that waste containers are cleaned regularly and that food waste is properly bagged and sealed to prevent odors and potential pest infestations.

By practicing proper food storage and waste management, caregivers can minimize food waste, maintain food safety, and contribute to environmental sustainability. These practices not only benefit the individuals being cared for but also have a positive impact on the broader community and ecosystem.

Self-Check Sheet - 2: Assist Client with Fluids and Dietary Requirements

Questionnaire:

1. Why is hygiene and cleanliness important in assisting clients with their fluids and dietary requirements?

Answer:

2. What should caregivers do before handle food or feeding equipment?

Answer:

3. How can caregivers assist with the client's personal hygiene before meals?

Answer:

4. Why is it crucial to clean the eating area before each meal?

Answer:

5. What should caregivers do with feeding utensils before and after use?

Answer:

6. Why is it important to follow proper food storage guidelines?

Answer:

7. How can caregivers assist clients with handwashing before eating?

Answer:

8. What can caregivers do to minimize food waste during meal preparation?

Answer:

9. Why is it essential to consider individual dietary needs when preparing meals?

Answer:

10. What is regurgitation, and what can it lead to if not managed properly?

Answer:

Answer Key - 2: Assist Client with Fluids and Dietary Requirements

1. Why is hygiene and cleanliness important in assisting clients with their fluids and dietary requirements?
Answer: Hygiene and cleanliness promote the client's health, prevent infections, and ensure food safety.
2. What should caregivers do before handling food or feeding equipment?
Answer: Caregivers should wash their hands thoroughly with soap and water.
3. How can caregivers assist with the client's personal hygiene before meals?
Answer: Caregivers can help ensure the client's hands and face are clean and provide oral care if needed.
4. Why is it crucial to clean the eating area before each meal?
Answer: Cleaning the eating area ensures it is free from contaminants and maintains a hygienic environment for mealtime.
5. What should caregivers do with feeding utensils before and after use?
Answer: Caregivers should regularly clean and sanitize feeding utensils to avoid cross-contamination between different foods.
6. Why is it important to follow proper food storage guidelines?
Answer: Proper food storage prevents spoilage and maintains food safety.
7. How can caregivers assist clients with handwashing before eating?
Answer: Caregivers can encourage clients to wash their hands or provide alternative options like alcohol-based hand sanitizers.
8. What can caregivers do to minimize food waste during meal preparation?
Answer: Caregivers can plan meals and portion sizes to reduce leftovers.
9. Why is it essential to consider individual dietary needs when preparing meals?
Answer: Considering dietary needs ensures clients receive appropriate nutrition and accommodates their preferences and health conditions.
10. What is regurgitation, and what can it lead to if not managed properly?
Answer: Regurgitation is the backward flow of food or stomach contents into the mouth. Chronic regurgitation can cause esophageal damage and symptoms like heartburn.

Job Sheet-2: Assist Client with Fluids and Dietary Requirements

Job Name: Assist client with fluids and dietary requirements.

Working Procedure:

1. Gather Supplies: Clothing protector, meal, diet card, eating utensils, sanitizer or soapy and wet washcloths.
2. Routine Pre-Procedure Steps:
 - Knock on the resident's door unless they are in the dining room.
 - Perform hand hygiene.
 - Maintain respectful, courteous, and professional communication at all times.
 - Introduce yourself and identify the resident.
 - Explain the procedure to the resident.
3. Procedure Steps:
 - Verify the name on the diet card matches the resident.
 - Verify the diet, diet texture, and liquid consistency matches the diet card.
 - Position the resident in an upright position, at least 45 degrees.
 - Place a clothing protector on the resident if desired (e.g., a paper or cloth towel or a large napkin).
 - Ask the resident if they would like oral care before eating.
 - Assist the resident to clean their hands before feeding using sanitizer or soapy and wet washcloths.
 - Position yourself at eye level facing the resident.
 - Describe the foods and fluids being offered to the resident.
 - Offer small amounts of food at a reasonable rate.
 - Offer fluids frequently.
 - Allow the resident time to chew and swallow.
 - Wipe the resident's face whenever necessary.
 - Continue to alternate foods and fluids until the resident indicates they are full.
 - Clean the resident's face and hands.
 - Ask the resident if they would like oral care.
 - Leave the resident with their head elevated at least 30 degrees.
4. Post-Procedure Steps:
 - Perform hand hygiene.
 - Record the intake as a percentage of total solid food eaten.
 - Record the sum of estimated fluid intakes in mL or cc.
 - Check for resident comfort and ask if anything else is needed.
 - If in the resident's room, ensure the bed is low and locked. Check the brakes.
 - Place the call light or signaling device within reach of the resident.
 - Open the door and privacy curtain.
 - Perform hand hygiene.
 - Document and report any feeding issues or changes noted with the resident.

Specification Sheet-2 Assist Client with Fluids and Dietary Requirements

Specific Instructions:

- Ensure all tools and equipment are clean and sanitized before use.
- Use the appropriate PPE to maintain hygiene standards during food preparation.
- Follow specific dietary requirements and fluid intake guidelines provided by the client or their healthcare professional.
- Take note of any food allergies or intolerances and avoid cross-contamination.
- Monitor fluid intake and dietary adherence according to the client's needs and goals.
- Communicate clearly and respectfully with the client during the process and address any questions or concerns they may have.

Necessary Personal Protective Equipment (PPE)

Sl. No	Name of PPE	Unit	Quantity
1	Apron	No.	01
2	Disposable Gloves	No.	01
3	Hairnet or Cap	No.	01
4	Face Mask	No.	01

Necessary tools and equipment

Sl. No	Name of Tools & Equipment	Unit	Quantity
1	Bowls and plates with high sides	No.	01
2	Bowls and plates with partition	No.	01
3	Insulated bowls and plates	No.	01
4	Slip resistant bowls and plates	No.	01
5	Mugs and cups with straws	No.	01
6	Lap trays	No.	01
7	Strip resistant tray liners	No.	01

Necessary materials

Sl. No	Name of Tools & Equipment	Unit	Quantity
1	Liquid, solid and/or semisolid food	.	As Required

Learning Outcome:3 Assist Client in Urine and Bowel Elimination

Assessment Criteria	<ol style="list-style-type: none"> 1. The client’s bladder and bowel functioning are checked according to care plan. 2. Required processes, toileting equipment, aids and appliances are prepared and used. 3. Infection control procedures are ensured as per standard procedure. 4. Client is positioned before elimination considering client’s comfort and privacy. 5. Client is assisted in using urinal, bedpan, commode, and other assistive devices. 6. Urinary and bowel elimination problems (if any) are identified and recorded. 7. The client is assisted in cleaning herself/himself. 8. Used diapers and wipes are properly disposed following standard industry practice. 9. Assistive devices are cleaned, sanitized, and stored after use.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Bladder and bowel function check 2 Prepare and use procedures and equipment necessary to assist the client in toileting: 3 Inconsistency Aids and Devices: 4 Infection Prevention and Control Procedures 5 Correct positioning for toileting 6 Use of urinals, bed pans, commodes and other assistive devices 7 Client's problems with toileting 8 Cleanliness of Client 9 Used Diapers, Wipes and Waste Management 10 Cleaning, sterilization, and storage of used auxiliary equipment (devices).

Training Methods	<ol style="list-style-type: none">1. Discussion2. Presentation3. Demonstration4. Guided Practice5. Individual Practice6. Project Work7. Problem Solving8. Brainstorming
Assessment Methods	<ol style="list-style-type: none">1. Written Test2. Demonstration3. Oral Questioning

Learning Experience: 3 Assist Client in Urine and Bowel Elimination

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly	1. Instructor will provide the learning materials Assist client in urine and bowel elimination
2. Read the Information sheet/s	2. Information Sheet No:3 Assist client in urine and bowel elimination
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 3 Assist client in urine and bowel elimination Answer key No. 3 Assist client in urine and bowel elimination
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Task Sheet-3.1: Assist client with a bedpan. Task Sheet-3.2: Assist client with a with a urinal

Information Sheet 3: Assist Client in Urine and Bowel Elimination

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 3.1 Bladder and bowel function check
- 3.2 Prepare and use procedures and equipment necessary to assist the client in toileting:
- 3.3 Inconsistency Aids and Devices:
- 3.4 Infection Prevention and Control Procedures
- 3.5 Correct positioning for toileting
- 3.6 Use of urinals, bed pans, commodes and other assistive devices
- 3.7 Client's problems with toileting
- 3.8 Cleanliness of Client
- 3.9 Used Diapers, Wipes and Waste Management
- 3.10 Cleaning, sterilization, and storage of used auxiliary equipment (devices)

3.1 Bladder and bowel function check

Normal urine ranges in color from pale to deep yellow and has a slight odor. It is clear, not cloudy. The color of urine is darker in the morning due to increased concentration from decreased fluid intake at night. Throughout the day, urine becomes lighter in color and the odor lessens as the person drinks more fluids, leading to more diluted urine. Feces are normally brown, soft, and formed, with a distinctive odor. Elimination patterns vary from person to person, with some having bowel movements daily and others every 2 to 3 days. Understanding client's elimination pattern is important for maintaining it and recognizing any changes.

To learn about a person's elimination pattern, ask these questions:

- How often do you urinate?



- Is there anything special about your urination habits that I should know?
- How often do you have a bowel movement?
- What time of day do you usually have a bowel movement?
- Is there anything special about your bowel movement habits that I should know?

If the person cannot provide the information, ask the person’s family members, or check the person’s chart to determine a pattern. Normal elimination is important for the person’s health and comfort.

Characteristic	Normal Observation	Abnormal Observation	Documentation Terminology
Color	Amber (like a stoplight) or straw-colored	Dark amber or possibly root beer or cola-colored	Amber or cola
Odor	Acidic	Noticeably stronger odor than usual	Strong
Clarity	Clear	Cloudy	Cloudy
Sediment	None present	Particles present	Sediment noted
Amount	Generally 250-350 cc	More or less than usual amount	Amount in milliliters or cubic centimeters. Minimal amount may be described as scant

Table: Urine Characteristics

Regularly monitor the client's bladder and bowel function, noting the frequency and appearance of urine, as well as the timing and consistency of bowel movements. Encourage adequate fluid intake to maintain well-hydrated, diluted urine during the day. Promote a balanced diet rich in fiber to support regular bowel movements. Ensure timely toileting assistance as needed and maintain a hygienic environment to prevent infections. Communicate any changes or concerns in bladder or bowel function to the healthcare team for prompt evaluation and intervention.

3.2 Prepare and use procedures and equipment necessary to assist the client in toileting:


Process of toileting

The process of toileting involves assisting a person with their bathroom needs, ensuring comfort, hygiene, and safety. Here's a brief overview of the process:



- **Preparation:** Ensure that the bathroom is clean, well-lit, and equipped with necessary items like toilet paper, handrails, and hygiene supplies. Prepare the person for toileting by helping them remove any clothing that may obstruct the process.
- **Assistance:** Provide physical support and guidance as needed for the person to reach the bathroom, particularly for those with mobility challenges. Use assistive devices like walkers or canes if necessary.
- **Privacy and Dignity:** Respect the person's privacy and dignity throughout the process. Close the bathroom door or draw curtains as needed and allow them enough time to complete the task without feeling rushed.
- **Proper Positioning:** Assist the person in safely sitting on the toilet, ensuring they are comfortable and stable. For individuals with mobility issues, consider using raised toilet seats or commodes for easier access.
- **Monitoring:** Observe the person for any signs of discomfort, difficulty, or potential issues during toileting. Be attentive to any indications that they may need assistance or have finished.
- **Hygiene:** After toileting, ensure that the person's hygiene needs are met. Provide them with the necessary supplies to clean themselves properly and assist if required.
- **Handwashing:** Encourage and assist the person in washing their hands thoroughly after toileting to maintain proper hygiene and prevent the spread of germs.
- **Documentation:** Keep a record of the person's toileting habits, noting the frequency, consistency, and any specific concerns. This information can be helpful in monitoring their health and identifying potential issues.
- **Communication:** Maintain open communication with the person about their toileting needs and preferences. Encourage them to express any discomfort or changes they may experience.

Adaptation and Support: Be flexible and understanding, adjusting the toileting process based on the person's individual abilities and needs. Provide emotional support and encouragement, especially for those who may feel embarrassed or anxious about toileting.

3.2.1 Necessary equipment for toileting

Equipment	Description
<p>Raised Toilet Seats: Elevated seats for easier and more accessible use of the toilet, particularly for individuals with mobility challenges.</p>	



<p>Commode Chair: Portable chair with a toilet seat and receptacle, suitable for individuals who have difficulty reaching the bathroom.</p>	
<p>Toilet Backrest: Supportive backrest that can be attached to the toilet for added comfort and stability during use.</p>	
<p>Toilet Rail: Secure handrails installed beside the toilet to assist with sitting down and standing up.</p>	
<p>Female Urinal: Designed for women, providing a convenient option for urination while in a seated or lying position.</p>	
<p>Male Urinal: Designed for men, providing a convenient option for urination while in a seated or lying position.</p>	



<p>Bedpan: Shallow, portable container used for toileting when a person is bedridden or unable to access the bathroom.</p>	
<p>Bed Rail: Safety rail installed alongside the bed to assist with repositioning or transferring to a commode or wheelchair.</p>	

3.3 Inconsistency Aids and Devices:

Disposable pads, nappies, pull-on style pads and all-in-one pads

Disposable pads, nappies, pull-on style pads, and all-in-one pads are essential products used for managing urinary and fecal incontinence in both children and adults:


<ul style="list-style-type: none"> ▪ Disposable Pads: Thin, absorbent pads designed to be worn in regular underwear or in specially designed mesh pants. They offer discreet protection against small leaks and can be easily replaced when needed. 	
<ul style="list-style-type: none"> ▪ Nappies: Typically used for infants and toddlers, nappies (also known as diapers) are highly absorbent and feature a secure fastening system, suitable for managing both urinary and fecal incontinence. It can be disposable or washable. 	

<ul style="list-style-type: none"> ▪ Pull-On Style Pads: Similar to regular underwear, pull-on style pads are designed for more active individuals who can independently manage their incontinence. They have an elastic waistband and leg openings for a secure fit and easy removal. 	
<ul style="list-style-type: none"> ▪ All-in-One Pads: These are highly absorbent pads with adhesive strips that can be attached to the inner lining of regular underwear or specially designed fixation pants. They provide complete protection against both urinary and fecal incontinence. 	

These products play a crucial role in maintaining comfort and dignity for individuals with incontinence, allowing them to lead active lives while effectively managing their bladder and bowel function. Caregivers and healthcare professionals often recommend and use these products as part of a comprehensive care plan.

Leg and night drainage bags

Leg and night drainage bags are additional essential equipment used for individuals who require urinary catheterization or have specific urinary needs:

<ul style="list-style-type: none"> ▪ Leg Drainage Bag: A small, portable bag designed to attach to the leg or thigh, allowing discreet and mobile collection of urine for individuals who are ambulatory or semi-ambulatory. ▪ Night Drainage Bag: A larger capacity bag intended to be used at night, usually hung by the bedside or on a bed frame. It can accommodate a higher volume of urine output, reducing the need for frequent emptying during sleep. 	
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Both types of drainage bags are essential for managing urinary incontinence or when individuals are unable to empty their bladder conventionally. They help maintain hygiene, convenience, and comfort for the person while also assisting caregivers in providing appropriate care.

3.4 Infection Prevention and Control Procedures

Infection prevention and control procedures during toileting are critical to minimize the spread of infections. Here are some essential measures to follow:

- **Hand Hygiene:** Practice thorough handwashing with soap and water before and after assisting the individual with toileting. Use alcohol-based hand sanitizer if soap and water are not readily available.
- **Personal Protective Equipment (PPE):** Wear disposable gloves and, if necessary, a gown or apron when providing personal care, particularly when handling bodily fluids.
- **Proper Technique:** Use proper technique when assisting with toileting, ensuring minimal contact with bodily fluids and using disposable wipes or washcloths for cleansing.
- **Environmental Cleaning:** Regularly clean and disinfect the toilet, toilet seat, and surrounding surfaces, especially after each use, to maintain a hygienic environment.
- **Waste Disposal:** Dispose of used disposable pads, nappies, or other personal care items in lined waste bins with lids to prevent contamination and maintain a sanitary space.

- **Maintain Privacy:** Respect the individual's privacy during toileting and ensure that the bathroom door is closed, or curtains are drawn for confidentiality and comfort.
- **Avoid Cross-Contamination:** Use separate and designated toileting equipment for everyone whenever possible and ensure proper cleaning and disinfection between uses if sharing is necessary.
- **Educate and Encourage:** Educate the individual about proper handwashing techniques and encourage them to practice hand hygiene after toileting to reduce the risk of self-contamination.
- **Monitoring and Reporting:** Continuously monitor the individual's hygiene and toileting needs, promptly addressing any signs of infection, discomfort, or changes in bowel or urinary habits. Report any concerns to the healthcare team for assessment and appropriate management.

By adhering to these infection prevention and control procedures during toileting, caregivers can help protect the individual's health and well-being, as well as their own, by reducing the risk of infections and promoting a clean and safe environment.

3.5 Correct positioning for toileting

Correct positioning for toileting is essential to ensure the comfort, safety, and effectiveness of the process. The proper positioning depends on the individual's

physical abilities and any mobility challenges they may have. Here are some general guidelines for correct positioning during toileting:

- **Sitting Position (Regular Toilet):**

Ensure that the individual is facing the toilet bowl with their back to the flush tank. The feet should be flat on the floor or a footrest, with knees slightly higher than the hips to promote proper bowel movement and reduce strain. Use toilet seat risers or raised toilet seats for individuals who need extra height or support.

- **Standing Position (Urinals):** For male individuals using a urinal, ensure they stand facing the urinal with feet shoulder-width apart. Adjust the height of the urinal to match the person's comfort level and maintain balance.



- **Transfer Assistance:** For individuals with mobility challenges or those using a commode chair, assist them in safely transferring from their wheelchair or bed to the commode. Use transfer aids such as transfer belts or sliding boards to facilitate safe and smooth transfers.
- **Pull-On Style Pads:** Ensure that pull-on style pads are worn in the correct position, fitting snugly around the waist and legs for effective protection against leaks.
- **Bedpan or Commode Chair:** For individuals who are bedridden or have limited mobility, assist them into a comfortable position on the bedpan or commode chair. Ensure their back is supported, and their knees are slightly elevated to aid in bowel movement.

Always communicate with the individual during the positioning process and respect their preferences and comfort. If the person has specific positioning requirements due to medical conditions or physical limitations, follow any guidance provided by healthcare professionals.

Additionally, consider using assistive devices such as grab bars, handrails, or commode chairs to provide extra support and stability during toileting, especially for those with reduced mobility or balance issues.

3.6 Use of urinals, bed pans, commodes, and other assistive devices

The use of urinals, bed pans, commodes, and other assistive devices is essential for individuals who have difficulty accessing the bathroom or require assistance with toileting. Here's a brief overview of each device:

3.6.1 Using Urinals:

- Position the urinal correctly: Place the urinal between the legs for males while lying down or seated, ensuring a proper fit and seal.
- Aim into the urinal: For males, direct the urine stream into the urinal, holding it securely against the body to prevent spills.
- Empty the urinal: After use, carefully empty the contents into the toilet or designated receptacle. Clean the urinal thoroughly with soap and water or a disinfectant.

3.6.2 Using Bed Pans:

- Position the bed pan: Assist the individual into a comfortable lying position with the bed pan positioned correctly beneath them.
- Assist with toileting: Support the individual as needed during the process, and provide privacy and dignity.
- Remove and clean the bed pan: Carefully remove the bed pan after use, empty its contents into the toilet, and clean it thoroughly with soap and water or a disinfectant.

3.6.3 Using Commodes:

- Position the commode: Place the commode near the individual's bed or in a convenient location, ensuring it is stable and secure.
- Assist with seating: Help the individual sit on the commode, using armrests or handrails for support if available.
- Toileting on the commode: Allow the individual to use the commode comfortably while providing any necessary assistance and privacy.
- Clean and empty the commode: After use, empty the contents of the commode into the toilet, and clean it thoroughly with soap and water or a disinfectant.

3.6.4 Using Raised Toilet Seats, Toilet Safety Frames, and Toilet Seat Risers:

- Install the device: Securely attach the raised toilet seat, toilet safety frame, or toilet seat riser to the existing toilet bowl following the manufacturer's instructions.
- Assist with seating: Help the individual sit on the raised seat or frame, ensuring they are comfortable and stable.
- Toileting on the device: Allow the individual to use the raised seat or frame with proper support and assistance as needed.
- Remove and clean the device: After use, detach the device, and clean it thoroughly with soap and water or a disinfectant.

Always prioritize the individual's comfort, privacy, and safety when using these assistive devices. Provide appropriate guidance and support and ensure proper hygiene measures are followed for both the individual and the equipment after each use.

3.7 Client's problems with toileting

Identifying and recording clients' problems with toileting is crucial for providing effective care. Here are steps to follow and necessary measures to take:

Identification of Problems:

- Observe and communicate with the client to identify any challenges or issues they may face during toileting.
- Common problems may include difficulty reaching the bathroom, incontinence, pain or discomfort, fear or anxiety related to toileting, or changes in bowel or urinary habits.

Recording the Problems:

- Document all identified problems accurately and clearly in the client's care plan or medical records.
- Include details such as the type and frequency of problems, any associated symptoms, and any triggers or patterns observed.

Taking Necessary Measures:

- Address each problem based on its specific nature. Here are some measures for common toileting problems:
- **Difficulty Reaching the Bathroom:**
- Consider the use of assistive devices like commodes or bedpans for clients with mobility challenges.
- Position commodes or bedside commodes near the client's bed for easy access.

Incontinence:

- Use appropriate disposable pads or protective underwear to manage urinary or fecal incontinence.
- Ensure timely toileting assistance to prevent accidents and promote hygiene.
- Evaluate and address any underlying medical conditions contributing to incontinence.

Pain or Discomfort:

- Assess for any physical discomfort during toileting and provide adequate support and positioning.
- Consult with healthcare professionals to identify and manage the source of pain or discomfort.

Fear or Anxiety:

- Offer reassurance and emotional support during toileting, respecting the client's privacy and dignity.

- Create a calm and safe environment and address any fears or concerns the client may have.

Changes in Bowel or Urinary Habits:

- Record and report any sudden or significant changes in bowel or urinary patterns to the healthcare team.
- Be alert for signs of potential urinary tract infections or gastrointestinal issues and seek appropriate medical attention.
- Regularly review and update the care plan as needed, ensuring that any changes in toileting problems or interventions are accurately documented and communicated with the healthcare team.

By systematically identifying, recording, and addressing clients' toileting problems, caregivers can provide tailored and effective care, promoting the client's well-being and comfort while maintaining their dignity and independence.

3.8 Cleanliness of Client

Cleanliness of the client during toileting is crucial to prevent infections and maintain their dignity and comfort. Here are important considerations for ensuring cleanliness during toileting:

- **Hand Hygiene:** Always perform handwashing with soap and water or use alcohol-based hand sanitizer before and after assisting the client with toileting.
- **Personal Protective Equipment (PPE):** Use disposable gloves and aprons when providing personal care to minimize direct contact with bodily fluids.
- **Proper Positioning:** Assist the client in assuming a comfortable and stable position during toileting to prevent spills and accidents.
- **Gentle Cleansing:** Use disposable wipes, washcloths, or moistened tissues to gently clean the perineal area after toileting. Wipe from front to back for females to avoid contamination.
- **Thorough Cleaning:** Ensure that the entire perineal area is thoroughly cleaned and dried to prevent skin irritation and infections.
- **Incontinence Management:** If the client experiences urinary or fecal incontinence, promptly change disposable pads or nappies to maintain cleanliness and prevent skin breakdown.
- **Privacy and Dignity:** Respect the client's privacy during toileting by closing the bathroom door or drawing curtains. Use appropriate draping or clothing to preserve their dignity.
- **Prompt Disposal:** Dispose of used disposable pads or nappies in lined waste bins with lids to prevent contamination and maintain a hygienic environment.
- **Environmental Cleaning:** Regularly clean and disinfect the toilet, toilet seat, and surrounding surfaces to minimize the risk of infection.

- **Assistance with Handwashing:** Encourage the client to wash their hands thoroughly after toileting to maintain proper hygiene and prevent the spread of germs.
- **Monitoring and Prompt Care:** Continuously monitor the client's cleanliness and hygiene needs, promptly addressing any issues or discomfort.
- **Communication:** Communicate with the client about their preferences and comfort during toileting. Be attentive to any signs of discomfort or changes in their toileting habits.

By adhering to these cleanliness practices during toileting, caregivers can create a clean and sanitary environment, promoting the client's health and well-being while respecting their dignity and privacy.

3.9 Used Diapers, Wipes and Waste Management

Proper management of used diapers, wipes, and waste is essential to maintain a clean and hygienic environment and prevent the spread of infections. Here are important considerations for waste management in the context of diapering and toileting:

Diaper Disposal:

- Used diapers should be promptly removed and placed in a dedicated, lined waste bin with a tight-fitting lid. This helps contain odors and prevents the spread of germs.
- Ensure that the waste bin is located away from food preparation and consumption areas to avoid cross-contamination.

Wipe Disposal:

- Used wipes, whether for diaper changing or perineal cleansing, should be disposed of in the same dedicated waste bin as the diapers.
- Avoid flushing wipes down the toilet, as they can cause blockages in plumbing systems.

Proper Bagging:

- If disposing of diapers and wipes in the regular trash, ensure they are securely wrapped or bagged before placing them in the waste bin.
- Consider using biodegradable or scented disposal bags to further contain odors and reduce environmental impact.

Frequent Waste Removal:

- Regularly empty the waste bin containing used diapers and wipes to prevent overflowing and maintain cleanliness.
- Follow the waste disposal guidelines set by the local waste management authorities.

Hygiene Measures:

- After disposing of diapers and wipes, perform hand hygiene using soap and water or alcohol-based hand sanitizer to minimize the risk of contamination.

Diaper Pail or Liner System:

- For large-scale diaper disposal, consider using a diaper pail or liner system designed for sanitary and odor-controlled waste management.

Incontinence Products Waste:

- If managing incontinence products for adult care, follow similar waste disposal procedures for used pads or pull-on style pads.
- Disposal bags specifically designed for adult incontinence products can be used for discreet and hygienic waste management.

By implementing proper waste management practices for used diapers, wipes, and incontinence products, caregivers can maintain a clean and safe environment while minimizing the risk of infections and promoting the well-being of the individuals in their care.

3.10 Cleaning, sterilization, and storage of used auxiliary equipment (devices)

Cleaning, sterilization, and storage of used auxiliary equipment (devices) during elderly toileting are essential to maintain hygiene and prevent infections. Here are the important considerations for each process:

Cleaning:

- Immediately after use, remove any bodily fluids or waste from the auxiliary equipment using disposable wipes or washcloths.
- Wash the equipment thoroughly with warm water and mild soap or use a designated cleaning agent to ensure effective cleaning.
- Pay special attention to crevices and hard-to-reach areas where bacteria or contaminants may accumulate.

Sterilization or Disinfection:

- For reusable auxiliary equipment, such as bedpans or commodes, follow appropriate sterilization or disinfection protocols.
- Use hospital-grade disinfectants or sterilizing solutions recommended by healthcare guidelines or the equipment manufacturer.

- Ensure the contact time specified for the disinfectant is adhered to for proper elimination of pathogens.

Drying:

- After cleaning and disinfection, allow the auxiliary equipment to air-dry thoroughly to prevent the growth of bacteria or mold.
- Use clean and dry cloths or towels to wipe off excess moisture if needed.

Storage:

- Store the cleaned and disinfected auxiliary equipment in a designated, clean, and well-ventilated area.
- Ensure the storage area is protected from direct sunlight, extreme temperatures, and excessive humidity.
- Use individual storage containers or bags for each piece of equipment to avoid cross-contamination.

Disposable Equipment Disposal:

- If using disposable auxiliary equipment, such as single-use bedpans or urinals, ensure proper disposal in lined waste bins with lids.
- Use disposable gloves when handling used disposable equipment and discard them properly after use.

Regular Inspection and Maintenance:

- Regularly inspect the auxiliary equipment for signs of wear, damage, or deterioration.
- Replace any damaged or worn-out equipment promptly to maintain hygiene and safety.

By following these cleaning, sterilization, and storage practices for auxiliary equipment during elderly toileting, caregivers can create a clean and safe environment, reducing the risk of infections and promoting the comfort and health of elderly individuals in their care.

Self-Check Sheet - 3: Assist Client in Urine and Bowel Elimination

Questionnaire:

1. What is the normal range of urine color and odor?

Answer:

2. Why does urine become darker in the morning and lighter throughout the day?

Answer:

3. How often should you monitor a client's bladder and bowel function?

Answer:

4. What is some necessary equipment for toileting?

Answer:

5. How can you maintain client comfort and privacy during toileting?

Answer:

6. What steps should you follow when using a bedpan?

Answer:

7. How can you identify and record a client's problems with toileting?

Answer:

8. What are the important considerations for maintaining the cleanliness of a client during toileting?

Answer:

9. How should you dispose of used diapers and wipes properly?

Answer:

10. What are the steps for cleaning, sterilization, and storage of used auxiliary equipment during elderly toileting?

Answer:

Answer Key - 3: Assist Client in Urine and Bowel Elimination

1. What is the normal range of urine color and odor?
Answer: The normal urine color ranges from pale to deep yellow, and it has a slight odor.
2. Why does urine become darker in the morning and lighter throughout the day?
Answer: Urine becomes darker in the morning due to increased concentration from decreased fluid intake at night. Throughout the day, as the person drinks more fluids, urine becomes lighter in color and the odor lessens.
3. How often should you monitor a client's bladder and bowel function?
Answer: You should regularly monitor a client's bladder and bowel function, noting the frequency and appearance of urine and the timing and consistency of bowel movements.
4. What is some necessary equipment for toileting?
Answer: Some necessary equipment for toileting includes raised toilet seats, commode chairs, toilet backrests, toilet rails, female and male urinals, bedpans, and bed rails.
5. How can you maintain client comfort and privacy during toileting?
Answer: To maintain client comfort and privacy during toileting, ensure a private environment, use appropriate draping or clothing, aid and support as needed, and respect the client's preferences and dignity.
6. What steps should you follow when using a bedpan?
Answer: The steps for using a bedpan include positioning the bedpan correctly beneath the client, assisting with toileting, and carefully removing the bedpan, emptying its contents, and cleaning it thoroughly.
7. How can you identify and record a client's problems with toileting?
Answer: To identify and record a client's problems with toileting, observe and communicate with the client about any challenges or issues they may face. Document these problems accurately and clearly in the client's care plan or medical records.
8. What are the important considerations for maintaining the cleanliness of a client during toileting?
Answer: Important considerations for maintaining the cleanliness of a client during toileting include performing hand hygiene, using disposable wipes for gentle cleansing, and providing prompt disposal of used disposable pads or nappies in lined waste bins.
9. How should you dispose of used diapers and wipes properly?
Answer: Used diapers and wipes should be promptly removed and placed in a dedicated, lined waste bin with a tight-fitting lid. Avoid flushing wipes down the toilet.
10. What are the steps for cleaning, sterilization, and storage of used auxiliary equipment during elderly toileting?
Answer: The steps for cleaning, sterilization, and storage of used auxiliary equipment during elderly toileting involve immediate removal of bodily fluids, thorough cleaning with soap and water, disinfection or sterilization as needed, air-drying, and proper storage in a clean and ventilated area.

Task Sheet-3.1: Assist Client with a Bedpan

Task Name: Assist client with a bedpan.

Working Procedure:

1. Gather Supplies: Gloves, bedpan, barrier, and toilet tissue.
2. Routine Pre-Procedure Steps:
 - Knock on the client's door.
 - Perform hand hygiene.
 - Maintain respectful, courteous, and professional communication at all times.
 - Introduce yourself and identify the resident.
 - Provide for privacy.
 - Explain the procedure to the client.
3. Procedure Steps:
 - Put on gloves.
 - Turn the resident or raise their hips and place a barrier (e.g., a towel, waterproof soaker pad, disposable pad) under their buttocks.
 - Position the resident on the bedpan/fracture pan correctly. The deeper portion of the bedpan should be directed toward their toes, and the resident should be centered on the bedpan. For fracture bedpans, the handle should be directed toward their toes.
 - Raise the head of the bed to a comfortable level.
 - Cover the resident with linens or a bath blanket.
 - Leave toilet tissue within reach of the resident.
 - Leave the call light within reach of the resident.
 - Wait nearby allowing for resident privacy.
 - When the resident signals, return and assist the resident to perform hand hygiene.
 - Discard the soiled linen in the designated laundry hamper.
 - Gently remove the bedpan/fracture pan.
 - Assist with perineal care.
 - Empty the bedpan into the toilet or into a graduated cylinder if output is being recorded. Note the amount and characteristics (i.e., color, clarity, sediment, or unusual odor) of the urine. Empty the urine from the graduated cylinder used into the toilet.
 - Rinse the equipment used and empty the rinse water into the toilet.
 - Remove the gloves, turning them inside out.
4. Post-Procedure Steps:
 - Perform hand hygiene.
 - Check for resident comfort and ask if anything else is needed.
 - Ensure the bed is low and locked. Check the brakes.
 - Place the call light or signaling device within reach of the resident.
 - Open the door and privacy curtain.
 - Perform hand hygiene.
 - Document urinary output in mL and report any issues or changes noted with the resident.

Task Sheet-3.2: Assist Client with a With a Urinal

Task Name: Assist client with a with a urinal.

Working Procedure:

1. Gather Supplies: Gloves, urinal, and barrier.
2. Routine Pre-Procedure Steps:
 - Knock on the resident's door.
 - Perform hand hygiene.
 - Maintain respectful, courteous, and professional communication at all times.
 - Introduce yourself and identify the resident.
 - Provide for privacy.
 - Explain the procedure to the resident.
3. Procedure Steps:
 - Put on gloves.
 - Assist the resident to their preferred position of comfort and mobility status (e.g., seated on the side of the bed, lying in bed, or standing).
 - Place the urinal with the shaft of the penis well within the opening. Keep the urinal level to prevent urine spillage while the resident is urinating. If the resident has discomfort, a washcloth can be placed around the rim of the urinal to prevent skin issues.
 - Provide privacy while the resident voids.
 - Place a barrier on a flat surface.
 - Place the urinal on the barrier.
 - With the urinal at eye level, read the amount of urine and note its characteristics (i.e., color, clarity, sediment, or unusual odor).
 - Empty the urinal into the toilet.
 - Rinse the urinal and empty the rinse water into the toilet.
 - Return the urinal to storage.
 - Remove the gloves, turning them inside out.
4. Post-Procedure Steps:
 - Perform hand hygiene.
 - Check for resident comfort and ask if anything else is needed.
 - Ensure the bed is low and locked. Check the brakes.
 - Place the call light or signaling device within reach of the resident.
 - Open the door and privacy curtain.
 - Perform hand hygiene.
 - Document urinary output in mL and report any skin issues or changes noted with the resident.

Learning Outcome: 4 Assist Client with Bathing /Showering

Assessment Criteria	<ol style="list-style-type: none"> 1. The client's bladder and bowel functioning are checked according to care plan. 2. Required processes, toileting equipment, aids and appliances 3. are prepared and used in an appropriate and safe manner. 4. Infection control procedures are ensured as per standard procedure. 5. The client is positioned before elimination as per standard procedure and in consideration of client's comfort and privacy. 6. The client is assisted in using the urinal, bedpan, commode and other assistive devices according to requirements. 7. Urinary and bowel elimination problems (if any) are identified and recorded. 8. The client is assisted in cleaning herself/himself. 9. Wastes, used diapers and wipes are properly disposed following standard industry practice. 10. Assistive devices are cleaned, sanitized and stored after use.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Bathing and its types 2 Therapeutic communication skills 3 Necessary equipment for bathing 4 Changing or adapting the bathing environment 5 Appropriate clothes and changes for the client 6 Skin rash or pressure sores 7 Implementation of 'Infection Prevention and Control Procedures' 8 Assist the client with bathing 9 Assist the client in dressing
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work

	<ol style="list-style-type: none">7. Problem Solving8. Brainstorming
Assessment Methods	<ol style="list-style-type: none">1. Written Test2. Demonstration3. Oral Questioning

Learning Experience: 4 Assist Client with Bathing /Showering

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly	1. Instructor will provide the learning materials Assist client with bathing /Showering
2. Read the Information sheet/s	2. Information Sheet No: 4 Assist clients with bathing /Showering
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 4 Assist clients with bathing /Showering Answer key No. 4 Assist client with bathing /Showering
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Task Sheet No: 4 Assist clients with bathing /Showering

Information Sheet 4: Assist Client with Bathing /Showering

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 4.1 Bathing and its types
- 4.2 Therapeutic communication skills
- 4.3 Necessary equipment for bathing
- 4.4 Changing or adapting the bathing environment
- 4.5 Appropriate clothes and changes for the client
- 4.6 Skin rash or pressure sores
- 4.7 Implementation of 'Infection Prevention and Control Procedures'
- 4.8 Assist the client with bathing.
- 4.9 Assist the client in dressing.



4.1 Bathing and its types

Partial Bath:

- A partial bath involves cleaning only specific areas of the body that need attention, such as the face, hands, underarms, and genital area.
- It is suitable for clients who may have difficulty with mobility or specific hygiene needs but do not require a full-body bath.
- Caregivers can use a basin of warm, soapy water and a washcloth or cleansing wipes to clean the targeted areas.

Shower:

- A shower involves standing under a continuous stream of water from a showerhead to cleanse the entire body.
- It is a quick and efficient way to bathe, making it suitable for clients who have good mobility and can stand safely.
- Showers are often preferred for daily cleansing and refreshing.

Tub Bath:

- A tub bath is a traditional bath taken in a bathtub filled with water, allowing the client to immerse their entire body.

- It is ideal for clients who can sit safely in a bathtub and prefer a more relaxing and immersive bathing experience.
- Caregivers can assist with getting in and out of the tub and provide support during the bath if needed.

Full Bed Bath:

- A full bed bath is given to clients who are unable to get out of bed or have limited mobility.
- Caregivers use warm, soapy water and towels to cleanse the client's entire body while they remain in bed.
- Full bed baths are common in hospitals, nursing homes, and home care settings for clients who require complete assistance with bathing.

Bedside Sponge Bath:

- Like a full bed bath, but instead of using a basin of water, a sponge bath is given at the bedside using moistened washcloths or sponge wipes.
- It is suitable for clients who are bedridden or have limited mobility and cannot be moved to a bathing area.

Towel Bath or Towel Wash:

- A towel bath involves using moistened towels or washcloths to cleanse the body, particularly when a full bath or shower is not possible or practical.
- Caregivers apply soap and water to the towels and gently wipe the client's skin clean.

Therapeutic Baths:

- Therapeutic baths are designed to provide specific health benefits, such as relaxation, pain relief, or skin treatment.
- Examples include aromatherapy baths using essential oils, Epsom salt baths for muscle relaxation, or oatmeal baths for soothing irritated skin.


When providing any type of bath, it's essential to prioritize the client's comfort, privacy, and dignity. Proper communication with the client is crucial to understand their preferences and ensure the bathing experience meets their needs. Caregivers should also consider safety measures, such as using non-slip mats, grab bars, and proper lifting techniques when assisting clients with mobility challenges. Additionally, using mild and gentle bathing products is recommended to prevent skin irritation.





4.2 Therapeutic communication skills during the assist



- Be empathetic. Loss of control over bodily functions due to physical illness or aging is a major stressor. So, try to handle the situation patiently and tactfully to ease your clients' anxiety. It will also help reduce your own stress.
- Take a realistic or speculative approach. Use reliable and simple methods to reduce feelings of embarrassment. Reassure the client if he is in an uncomfortable situation.
- Maintain as much privacy as possible during the client's bath. If you feel uncomfortable about this, you should first do this in the presence of someone else in the family. Soon you will be able to do it yourself very naturally.

- Clear communication is essential. Before any action, use short sentences to explain the next step so that it is easy for your client to understand. And give them enough time to do what you want them to do.

Necessary equipment for bathing

<p>Shower Chair or Transfer Bench:</p> <ul style="list-style-type: none"> ▪ Provides a stable and secure seating option for individuals who have difficulty standing in the shower. ▪ Allows for safe transfers in and out of the bathing area. 	
<p>Grab Bars and Handrails:</p> <ul style="list-style-type: none"> ▪ Installed near the shower, bathtub, and toilet to provide support and prevent slips and falls. ▪ Essential for maintaining balance during transfers and movements. 	
<p>Non-Slip Mats or Adhesive Strips:</p> <ul style="list-style-type: none"> ▪ Placed in the bathtub or shower to reduce the risk of slipping on wet surfaces. ▪ Helps prevent accidents and ensures better traction. 	
<p>Handheld Showerhead:</p> <ul style="list-style-type: none"> ▪ Allows for more control during bathing and assists caregivers in reaching all areas of the body. ▪ Beneficial for individuals who prefer seated bathing. 	

<p>Bath Lift or Shower Chair with Wheels:</p> <ul style="list-style-type: none"> ▪ Helps lower and raise individuals safely in and out of the bathtub or shower. ▪ Wheelchair-style shower chairs enable easier movement within the bathroom. 	
<p>Long-Handled Bath Sponge or Brush:</p> <ul style="list-style-type: none"> ▪ Enables individuals to reach and clean their back and lower body without straining. ▪ Reduces the need for excessive bending or stretching. 	
<p>Water Thermometer:</p> <ul style="list-style-type: none"> ▪ Ensures the water temperature is comfortable and safe, preventing scalding or discomfort. ▪ Helps maintain a consistent water temperature. 	
<p>Towel Warmer or Heated Towel Rail:</p> <ul style="list-style-type: none"> ▪ Provides warm and cozy towels for comfort during and after bathing. ▪ Helps keep the elderly person warm and relaxed. 	
<p>Personal Care Products:</p> <ul style="list-style-type: none"> ▪ Gentle soap, shampoo, and conditioner suitable for elderly skin and hair. ▪ Moisturizing lotion to prevent dryness and maintain skin health. 	

<p>Disposable Gloves:</p> <ul style="list-style-type: none"> ▪ For caregivers, wearing disposable gloves ensures hygiene and reduces the risk of infection transmission. 	
<p>Comfortable Bathrobe and Slippers:</p> <ul style="list-style-type: none"> ▪ Comfortable and warm attire to wear after bathing. ▪ Helps prevent chilling and maintain comfort. 	

It's crucial to consider the specific needs and mobility level of the elderly individual when choosing bathing equipment. Adapt the bathroom setup and equipment based on the person's preferences and abilities to ensure a safe and enjoyable bathing experience. Additionally, always prioritize their privacy, dignity, and comfort throughout the bathing process.

4.3 Changing or adapting the bathing environment

Adapting to the bathing environment is essential to ensure the safety, comfort, and accessibility of elderly individuals during their bathing routine. Here are some tips for changing or adapting the bathing environment:

- **Install Grab Bars:**
 - Install sturdy grab bars near the shower, bathtub, and toilet to provide support and stability during transfers and movements.
 - Ensure the bars are properly anchored to the wall to withstand weight-bearing.
- **Non-Slip Surfaces:**
 - Use non-slip mats or adhesive strips in the bathtub, shower area, and bathroom floor to prevent slipping and reduce the risk of falls.
 - Consider adding non-slip coatings to tiles or surfaces that tend to become slippery when wet.
- **Shower Chair or Transfer Bench:**
 - Place a shower chair or transfer bench in the shower area to provide a safe and comfortable seating option.
 - Ensure it is stable and has rubber tips to prevent sliding.
- **Handheld Showerhead:**
 - Replace a fixed showerhead with a handheld showerhead to provide better control during bathing.
 - This allows caregivers to reach all areas of the body and enables seated bathing.

- **Adjust Water Temperature:**
 - Set the water heater to a safe and comfortable temperature to prevent scalding or chilling during bathing.
 - Consider using anti-scald devices or thermostatic mixing valves for added safety.
- **Lower Sink Height:**
 - Lower the sink height to accommodate individuals who use a wheelchair or have difficulty standing for extended periods.
 - Install lever-style faucets for easier use.
- **Bath Lift or Transfer System:**
 - Use a bath lift or transfer system to assist individuals in safely getting in and out of the bathtub.
 - These devices reduce the risk of accidents during transfers.
- **Consider Shower Curtains or Doors:**
 - Use shower curtains or doors to prevent water from splashing outside the shower area and creating slippery floors.
 - Ensure the curtain or door is easy to open and close.
- **Proper Lighting:**
 - Ensure the bathroom is well-lit to prevent tripping hazards and make the environment more visible and safer.
 - Use nightlights for better visibility during nighttime bathroom visits.
- **Easy-to-Reach Storage:**
 - Place bathing supplies, towels, and personal care products within easy reach.
 - Use wall-mounted shelves or caddies to keep items organized and accessible.
- **Ensure Adequate Ventilation:**
 - Install proper ventilation, such as an exhaust fan, to reduce humidity and prevent mold and mildew growth.
- **Consider Flooring:**
 - Choose flooring materials that are slip-resistant, such as textured tiles or vinyl flooring with good traction.

By making these changes and adaptations to the bathing environment, you can create a safer, more accessible, and comfortable space for elderly individuals during their bathing routine. Regularly reassess their needs and preferences to ensure the environment remains suitable as their requirements may change over time.

4.4 Appropriate clothes and changes for the client

When dressing elderly clients, it's important to prioritize their comfort, safety, and individual preferences. Here are some tips for choosing appropriate clothes and making changes as needed for the client:

- **Comfortable and Easy-to-Wear Clothing:**
 - Choose clothing made from soft and breathable fabrics that are gentle on the skin.

- Opt for garments with loose or stretchy waistbands and easy-to-use closures, such as Velcro, snaps, or elastic, to make dressing and undressing more manageable.
- **Adaptive Clothing:**
 - Consider using adaptive clothing specifically designed for elderly individuals or those with limited mobility.
 - Adaptive clothing may have features like open-back designs, side zippers, or magnetic closures, making it easier to put on and take off.
- **Layering Options:**
 - Dress the client in layers so that they can adjust their clothing according to their comfort and the surrounding temperature.
 - This allows for easy modification to stay warm or cool as needed.
- **Open-Front Tops or Shirts:**
 - Choose tops or shirts with open fronts or wide necklines to facilitate dressing and avoid unnecessary bending of arms.
- **Elastic Shoelaces:**
 - Replace traditional shoelaces with elastic ones that don't need tying, making it easier for the client to put on and remove their shoes.
- **Anti-Slip Socks or Shoes:**
 - Ensure that the client wears socks or shoes with non-slip soles to prevent slipping accidents, especially if they have mobility challenges.
- **Assistive Devices:**
 - Use dressing aids like dressing sticks, sock aids, or button hooks to help the client with limited hand dexterity.
- **Easy Access to Clothes:**
 - Organize the client's clothes so that the most frequently worn items are easily accessible.
 - Use color-coded hangers or labels to help identify outfits.
- **Regular Assessment of Clothing Needs:**
 - Periodically review the client's clothing needs as their abilities and preferences may change over time.
 - Be attentive to any discomfort or difficulty they may experience while dressing and adjust clothing accordingly.
- **Dignity and Style:**
 - Choose clothing that aligns with the client's personal style and preferences, allowing them to maintain their dignity and feel good about themselves.
- **Seasonal Adjustments:**
 - Make appropriate clothing changes based on the weather and season to ensure the client's comfort.
- **Comfortable Undergarments:**
 - Select undergarments that are soft, well-fitted, and non-binding to avoid discomfort.

Remember to involve the client in the dressing process as much as possible, respecting their autonomy and choices. Being attentive to their needs and preferences can help create a positive dressing experience and enhance their overall well-being.

4.5 Skin rash or pressure sores

Skin rashes and pressure sores are two different conditions that can affect the skin, particularly in elderly individuals or those with limited mobility. Let's briefly explain each condition:

➤ **Skin Rash:**

- A skin rash refers to any change in the skin's appearance, such as redness, inflammation, itching, or the development of small bumps or blisters.
- Rashes can have various causes, including allergic reactions, infections, skin conditions (e.g., eczema, psoriasis), contact with irritants, or certain medications.
- Proper hygiene, using mild soaps, keeping the affected area clean and dry, and avoiding potential irritants are essential for managing and preventing skin rashes.
- If a rash persists, worsens, or becomes painful, it's important to seek medical attention for a proper diagnosis and appropriate treatment.

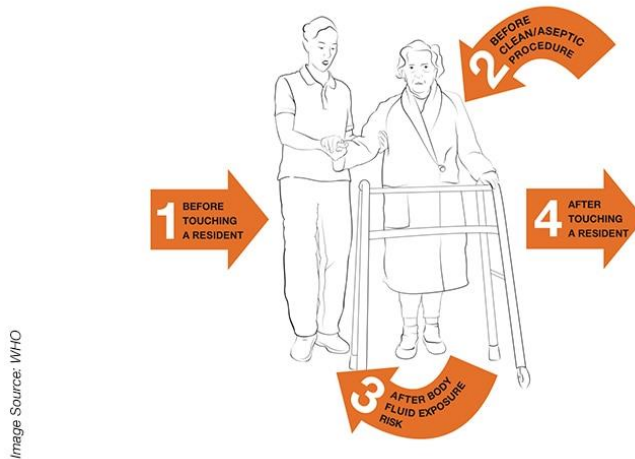
➤ **Pressure Sores (Pressure Ulcers or Bedsores):**

- Pressure sores are areas of damaged skin and tissue that develop due to prolonged pressure on certain body parts, often over bony prominences like heels, hips, tailbone, and shoulders.
- Individuals who are bedridden, use wheelchairs, or have difficulty changing positions are at higher risk for pressure sores.
- The constant pressure restricts blood flow to the affected area, leading to tissue damage and the development of sores.
- Prevention is crucial and includes regularly changing positions, using pressure-relieving devices (e.g., cushions, mattresses), and maintaining good skin hygiene.
- If pressure sores do develop, early intervention is essential to prevent further complications. Treatment may involve keeping the area clean, applying appropriate dressings, and relieving pressure on the affected site.

Both skin rashes and pressure sores require attention and care. If you or someone you know experiences these conditions, it's best to seek advice from a healthcare professional or a healthcare provider to determine the underlying cause and receive appropriate treatment and preventive measures. Early detection and intervention are essential for managing these skin-related issues effectively.

4.6 Implementation of Infection Prevention and Control Procedures

Implementing infection prevention and control procedures during assisting the elderly in bathing is crucial to maintain their health and prevent the spread of infections. Here are some important steps to follow:



- **Hand Hygiene:**
 - Before and after assisting with bathing, always perform thorough handwashing with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
 - Hand hygiene helps prevent the transfer of germs and pathogens.
- **Personal Protective Equipment (PPE):**
 - Wear appropriate PPE, such as disposable gloves and aprons, especially when meeting bodily fluids or skin that may have open wounds.
 - Change gloves between clients and after any potential contamination.
- **Clean and Disinfect Bathing Area:**
 - Ensure that the bathing area, including bathtubs, shower chairs, and grab bars, is cleaned and disinfected regularly using appropriate disinfectants.
 - Disinfect high-touch surfaces before and after each use.
- **Use Fresh Towels and Linens:**
 - Use clean and fresh towels, washcloths, and bedding for each client.
 - Avoid sharing towels or personal items among clients.
- **Safe Handling of Personal Care Items:**
 - Store personal care items (such as soap, shampoo, and lotion) for each client separately and avoid cross-contamination.
 - Use pump bottles or single-use containers to minimize the risk of contamination.
- **Avoid Mixing of Items:**
 - Ensure that bathing water and personal care items are used only for the specific client and not shared among multiple individuals.
- **Encourage Proper Respiratory Hygiene:**

- Encourage clients to cover their mouth and nose with a tissue or elbow when coughing or sneezing.
- Dispose of used tissues in a lined waste bin and perform hand hygiene immediately.
- **Monitor and Report:**
 - Monitor clients for any signs of infections, such as fever, redness, or pus at wound sites.
 - Report any concerns or suspected infections to appropriate healthcare professionals.
- **Respect Privacy and Dignity:**
 - Always respect the privacy and dignity of the elderly individual during bathing.
 - Communicate effectively with the client to ensure their consent and comfort throughout the process.

By following these infection prevention and control procedures, you can create a safe and hygienic environment while assisting the elderly in bathing. Regularly update and reinforce these protocols to stay current with infection control guidelines and recommendations.

4.7 Assist the client with bathing

- **Partial Bath:**
 - Gather the necessary supplies, such as a basin of warm water, soap or cleansing wipes, washcloth, and towels.
 - Have the client sit comfortably in a chair or on the edge of the bed, exposing the areas that need cleaning (face, hands, underarms, and genital area).
 - Use the washcloth or cleansing wipes to gently clean each area, being mindful of the client's comfort and privacy.
 - Pat the areas dry with a soft towel after cleaning.
 - Help the client put on fresh clothes or assist with changing as needed.
- **Shower Bathing:**
 - Assist the client in reaching the shower area safely, considering the use of mobility aids if necessary.
 - Adjust the water temperature to a comfortable level, and help the client get under the showerhead.
 - Provide them with a handheld showerhead if available, so they can cleanse their body independently or assist as needed.
 - Ensure they have a non-slip surface to stand on during the shower.
 - After showering, help the client dry off with a towel, and assist with dressing or changing clothes if required.
- **Tub Bath:**
 - Prepare the bathtub with warm water at a comfortable temperature.
 - Assist the client in getting into the tub safely, using a transfer bench or other aids if necessary.

- Allow the client to relax in the warm water and wash themselves using soap or cleansing products.
 - Be available to help with hard-to-reach areas if needed.
 - Once bathing is complete, assist the client in getting out of the tub safely, using the appropriate transfer equipment if required.
 - Dry them off with a towel and help them dress or change clothes as necessary.
- **Full Bed Bath:**
- Prepare all the supplies, including a basin of warm water, soap or cleansing wipes, washcloths, and towels.
 - Have the client lie comfortably in bed, and start by washing their face and hands.
 - Work methodically from the top of their body to the bottom, washing and drying each area thoroughly while keeping them covered with a towel for warmth and privacy.
 - Use clean washcloths for different body areas to prevent cross-contamination.
 - Assist the client in putting on fresh clothes or changing as needed after the bed bath.

Throughout the bathing process, communicate with the client to ensure their comfort, respect their privacy, and maintain their dignity. Be mindful of any special needs or considerations they may have and adapt the process accordingly.

4.8 Assist the client in dressing

Assisting the client in dressing requires a considerate and respectful approach, taking into account their preferences and abilities. Here's a step-by-step guide on how to assist the client in dressing:

- **Prepare the Clothing:**
 - Lay out the client's clothing choices in a neat and organized manner.
 - Ensure that all clothing items are clean, comfortable, and appropriate for the client's needs and the weather.
- **Communicate and Obtain Consent:**
 - Engage in clear communication with the client and explain each step of the dressing process.
 - Obtain their consent and involve them in decision-making whenever possible.
- **Create a Comfortable Environment:**
 - Choose a private and well-lit area for dressing to maintain the client's privacy and dignity.
 - Ensure the room temperature is comfortable.
- **Assist with Undressing:**
 - If the client is already dressed, help them remove clothing items one by one.



- Be gentle and patient, allowing the client to move at their own pace.
- **Dressing the Upper Body:**
 - Start with the upper body, such as putting on a shirt or blouse.
 - Assist with putting arms through sleeves and fastening buttons or zippers as needed.
- **Dressing the Lower Body:**
 - Help the client put on pants, shorts, or skirts.
 - If they have mobility challenges, consider using adaptive clothing with easy closures.
- **Footwear:**
 - Assist the client in putting on socks and shoes or slippers.
 - Use elastic shoelaces or slip-on shoes if they have difficulty tying shoelaces.
- **Accessories:**
 - Help the client with any additional items, such as belts, scarves, or jewelry, as desired.
- **Adjustment and Comfort:**
 - Ensure that all clothing items are comfortable and properly adjusted to avoid any tightness or discomfort.
- **Personal Care:**
 - Encourage the client to perform personal care tasks independently when possible, such as grooming and personal hygiene.
 - Provide assistance with personal care tasks as needed and based on their preferences.
- **Encourage Independence:**
 - If the client is capable, allow them to participate as much as possible in the dressing process to maintain their sense of independence.
- **Final Check:**
 - Before concluding the dressing process, check to ensure all clothing items are correctly worn and secured.
- **Positive Reinforcement:**
 - Offer positive reinforcement and praise to the client for their efforts and cooperation during the dressing process.

Self-Check Sheet – 4: Assist Client with Bathing /Showering

Questionnaire:

1. What are the four basic types of baths provided based on clients' needs and preferences?

Answer:

2. Explain the difference between a partial bath and a full bed bath.

Answer:

3. What equipment is necessary for bathing elderly individuals?

Answer:

4. How can you adapt the bathing environment to ensure safety and comfort for the elderly?

Answer:

5. What are the essential considerations when assisting a client with dressing?

Answer:

6. How can you prevent skin rashes and pressure sores during bathing an adult?

Answer:

7. What are the main infection prevention and control procedures during assisting the elderly in bathing?

Answer:

8. Describe the steps to assist a client with a shower bath.

Answer:

9. How can adaptive clothing help elderly clients during the dressing process?

Answer:

10. What are the benefits of therapeutic baths, and give some examples?

Answer:

Answer Key – 4: Assist Client with Bathing /Showering

1. What are the four basic types of baths provided based on clients' needs and preferences?
Answer: The four basic types of baths provided are partial bath, shower, tub bath, and full bed bath.
2. Explain the difference between a partial bath and a full bed bath.
Answer: A partial bath involves cleaning specific areas of the body that need attention, such as the face, hands, underarms, and genital area. In contrast, a full bed bath is given to clients who cannot get out of bed and involves washing their entire body while they remain in bed.
3. What equipment is necessary for bathing elderly individuals?
Answer: Necessary equipment includes a shower chair or transfer bench, grab bars and handrails, non-slip mats or adhesive strips, handheld showerhead, bath lift or shower chair with wheels, long-handled bath sponge or brush, water thermometer, towel warmer or heated towel rail, personal care products, disposable gloves, incontinence supplies (if applicable), personal emergency call system, comfortable bathrobe and slippers.
4. How can you adapt the bathing environment to ensure safety and comfort for the elderly?
Answer: To adapt the bathing environment, install grab bars, use non-slip surfaces, provide a shower chair or transfer bench, adjust water temperature, lower sink height, consider shower curtains or doors, ensure proper lighting, offer easy-to-reach storage, and maintain good ventilation.
5. What are the essential considerations when assisting a client with dressing?
Answer: Essential considerations include preparing the clothing, communicating and obtaining consent, creating a comfortable environment, assisting with undressing, dressing the upper and lower body, helping with footwear and accessories, ensuring adjustment and comfort, encouraging independence, conducting a final check, and providing positive reinforcement.
6. How can you prevent skin rashes and pressure sores during bathing an adult?
Answer: To prevent skin rashes and pressure sores, use gentle cleansing with mild soaps, thoroughly dry the skin, moisturize, inspect the skin regularly, redistribute pressure by repositioning, use proper clothing, avoid prolonged immersion, use skin-friendly bathing products, maintain good hygiene, and promote a healthy lifestyle.
7. What are the main infection prevention and control procedures during assisting the elderly in bathing?

Answer: Main infection prevention and control procedures include hand hygiene, wearing appropriate PPE (personal protective equipment), cleaning and disinfecting the bathing area, using fresh towels and linens, safe handling of personal care items, avoiding mixing of items, promoting proper respiratory hygiene, monitoring and reporting any concerns, and respecting privacy and dignity.

8. Describe the steps to assist a client with a shower bath.

Answer: To assist a client with a shower bath, help them reach the shower area safely, adjust the water temperature, provide a handheld showerhead if available, ensure a non-slip surface, and assist with showering and drying off with a towel.

9. How can adaptive clothing help elderly clients during the dressing process?

Answer: Adaptive clothing is specifically designed to be easier to put on and take off, making the dressing process more manageable for elderly clients with limited mobility or dexterity. It may include open-back designs, side zippers, magnetic closures, and other features for convenience.

10. What are the benefits of therapeutic baths, and give some examples?

Answer: Therapeutic baths provide specific health benefits such as relaxation, pain relief, and skin treatment. Examples include aromatherapy baths using essential oils, Epsom salt baths for muscle relaxation, and oatmeal baths for soothing irritated skin.

Task Sheet-4: Assist Client with Bathing and Showering

Task Name: Assist client with Partial Bath

Working Procedure:

Routine Pre-Procedure Steps:

1. Gather required supplies.
2. Knock on the client's door.
3. Perform hand hygiene.
4. Introduce yourself and identify the resident.
5. Maintain respectful, courteous, and professional communication at all times.
6. Provide privacy.
7. Explain the procedure to the client.

Procedure Steps:

1. Put on gloves.
2. Prepare the bathing area (basin or shower) with warm water and a barrier.
3. Keep the resident covered as much as possible for comfort and privacy.
4. Start by washing the client's face using water only.
5. Proceed to wash specific body parts based on the type of bath being performed:
 - a. For partial bath:
 - Wash one arm and hand, then the other.
 - Perform perineal care if needed.
 - b. For full bed bath:
 - Wash one leg and foot, then the other.
 - Assist the resident to roll on their side for washing the back.
 - Perform perineal care using clean linens.
 - c. For shower or tub bath:
 - Assist the resident to the shower/tub per facility protocol.
 - Wash the upper body, legs, and perform perineal care.
6. Rinse the washed areas thoroughly.
7. Pat dries the washed areas.
8. Offer lotion application (wear gloves when applying lotion).
9. Assist the resident to put on clean clothes or gown.
10. Empty and rinse the equipment used during the bath.
11. Dispose of soiled linen and gown in the designated hamper.
12. Remove gloves, turning them inside out.
13. Perform hand hygiene.

Post-Procedure Steps:

1. Check for resident comfort and ask if anything else is needed.
2. Ensure the bed or surface is low and locked, and check the brakes.
3. Place the call light or signaling device within reach of the resident.
4. Open the door and privacy curtain.
5. Perform hand hygiene.
6. Document and report any skin issues or changes noted with the resident.

Learning Outcome: 5 Assist Client with Perineal /Genital care

Assessment Criteria	<ol style="list-style-type: none"> 1. Therapeutic communication techniques are used based on established Standard. 2. Perennial/genital care equipment are prepared maintaining infection control security and standard. 3. Privacy, comfort, and safety of the client is maintained as per established standard. 4. The client is assisted in perineal/genital care maintaining the client's sense of control. 5. Activities are documented and reported following established standard.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Perinieal/gental care 2 Therapeutic communication 3 Perineal/genital care 4 Preparation of necessary equipment 5 Environmental modification or adaptation to ensure maximum client comfort and safety 6 Skin rash 'Infection prevention and control methods' 7 Recording and reporting the entire work
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience: 5 Assist Client with Perineal /Genital care

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide to care elderly people	1. Instructor will provide the learning materials Assist client with perineal /genital care
2. Read the Information sheet/s	2. Information Sheet No:5- Assist client with perineal /genital care
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 5- Assist client with perineal /genital care Answer key No. 5- Assist client with perineal /genital care
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 5- Assist client with perineal /genital care Specification Sheet: 5- Assist client with perineal /genital care

Information Sheet 5: Assist Client with Perineal /Genital care

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 5.1 Perineal/genital care
- 5.2 Therapeutic communication
- 5.3 Preparation of necessary equipment
- 5.4 Environmental modification or adaptation to ensure maximum client comfort and safety
- 5.5 Skin rash 'Infection prevention and control methods'
- 5.6 Recording and reporting the entire work

5.1 Perineal/Genital Care



Perineal/genital care involves the hygienic cleaning of the perineal and genital areas of a person. This procedure is essential for maintaining personal hygiene, preventing infections, and promoting overall comfort and well-being. Male and female perineal/genital care may involve slight differences due to anatomical variations. Here are some considerations specific to each gender:

Female Perineal/Genital Care:

- a. Female anatomy includes the vulva, which consists of the labia majora, labia minora, clitoris, urethra, and vaginal opening.
- b. When cleaning the female genital area, it is essential to wipe from front to back (urethra to anus) to prevent the spread of bacteria and reduce the risk of urinary tract infections (UTIs).
- c. Be gentle and use separate areas of the washcloth for each wipe to prevent cross-contamination.
- d. For menstruating individuals, extra care should be taken during their periods to ensure thorough cleaning and hygiene.

Male Perineal/Genital Care:

- a. Male anatomy includes the penis and scrotum, which house the urethra and testicles, respectively.
- b. When cleaning the male genital area, ensure proper cleaning of the penis and scrotum, paying attention to skin folds and crevices.
- c. For uncircumcised males, gently retract the foreskin to clean underneath and then return it to its natural position.
- d. Like with females, wipe from front to back to maintain hygiene and reduce the risk of infections.

In both cases, maintain open communication, respect the person's privacy, and use appropriate and gentle techniques during perineal/genital care. Always be attentive to the person's needs and preferences, ensuring their comfort and dignity throughout the procedure.

5.2 Therapeutic communication

Therapeutic communication is essential when assisting a client with perineal/genital care. This type of care can be sensitive and personal, so using appropriate communication techniques is crucial to maintain the client's dignity, comfort, and emotional well-being. Here are some key principles of therapeutic communication for this particular procedure:

- **Establish Trust:** Begin by introducing yourself and explaining the procedure clearly to the client. Address any concerns or questions they may have. This helps build trust and ensures the client feels comfortable during the process.
- **Respect Privacy and Dignity:** Provide as much privacy as possible during the procedure. Use curtains or barriers to shield the client from unnecessary exposure. Always knock on the door and wait for permission before entering the client's room.
- **Use Empathy and Active Listening:** Be empathetic and understanding towards the client's feelings and emotions. If the client expresses discomfort or anxiety, actively listen to their concerns and respond with compassion.
- **Maintain Professionalism:** Use appropriate and respectful language throughout the procedure. Avoid making judgments or inappropriate comments. Always maintain a professional demeanor to create a safe and supportive environment.
- **Encourage Client Participation:** If the client is physically able and willing, involve them in the process. Let them participate in the perineal/genital care as much as they can, providing them with a sense of control over their care.
- **Be Attentive to Non-Verbal Cues:** Pay attention to the client's non-verbal cues, such as facial expressions and body language. These cues can help you gauge their comfort level and address any discomfort they may be experiencing.
- **Use Open-Ended Questions:** When appropriate, use open-ended questions to encourage the client to share their thoughts and feelings. This can help them express any concerns they might have or provide insights into their preferences for care.

- **Provide Emotional Support:** Some clients may feel vulnerable or embarrassed during perineal/genital care. Offer reassurance and emotional support throughout the procedure to alleviate their anxiety.
- **Maintain Confidentiality:** Respect the client's right to confidentiality. Avoid discussing the details of the care provided with other staff members or individuals not directly involved in the client's care.
- **Offer Comfort Measures:** If the client experiences discomfort during the procedure, offer comfort measures such as adjusting the position or providing warm blankets to enhance their comfort.

Remember that every client is unique, and their needs and preferences may differ. Adapting your communication style to suit each individual's requirements is crucial for providing effective and compassionate care during perineal/genital care. Always prioritize the client's well-being and emotional state while maintaining professionalism and respect.

5.3 Preparation of necessary equipment

The following equipment and supplies will be necessary when performing this procedure:

- a. Wash basin;
- b. Towels;
- c. Washcloth or approved wipes;
- d. Soap (or other authorized cleansing agent); and
- e. Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed).

5.4 Environmental modification or adaptation to ensure maximum client comfort and safety

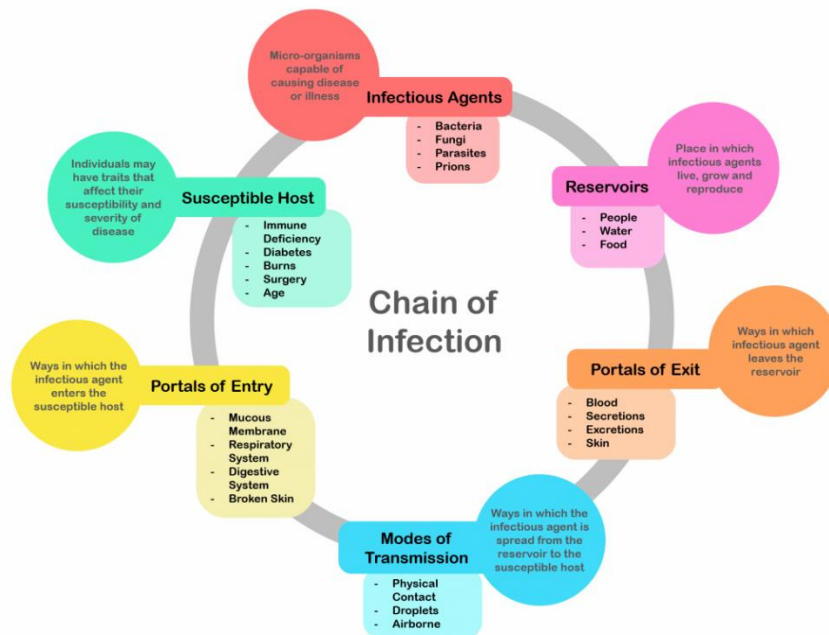
Environmental modification or adaptation is essential to ensure maximum client comfort and safety during perineal care. Here are some key considerations to create a suitable environment for this procedure:

- a. **Privacy:** Always provide a private space for the client during perineal care. Close curtains, doors, or use privacy screens to create a secluded area. Respect the client's dignity and ensure that only essential personnel are present during the procedure.
- b. **Room Temperature:** Maintain a comfortable room temperature to prevent the client from feeling too hot or too cold during the procedure. This is especially important as exposure can make the client feel more vulnerable.
- c. **Lighting:** Ensure adequate lighting in the room to facilitate proper visualization and avoid any potential mishaps during the procedure. Dim lighting may hinder the caregiver's ability to perform the task effectively.
- d. **Safety Measures:** Keep the floor dry and free from any spills to prevent accidents. If the client has mobility issues, use appropriate mobility aids to assist them in turning or positioning during the procedure. Use bed rails if necessary, but ensure that they are used correctly and that the client's safety is not compromised.

- e. **Comfortable Bed Height:** Adjust the bed height to a suitable level for the caregiver, reducing the strain on their back during the procedure. A suitable height also ensures that the caregiver can perform the task effectively without compromising client comfort.
- f. **Availability of Supplies:** Organize all required supplies and equipment within easy reach of the caregiver. This helps to maintain a smooth flow during the procedure and minimizes disruptions.
- g. **Communication:** Effective communication with the client is crucial for gaining their cooperation and keeping them informed about the procedure. Always explain the steps and seek their consent before proceeding.
- h. **Use of Warm Water:** Ensure that the water used for perineal care is warm, not hot, to avoid scalding the client's delicate skin.
- i. **Posture and Body Mechanics:** Caregivers should be trained in proper body mechanics to avoid strain or injury during the procedure. Correct posture and body positioning are crucial for both client and caregiver safety.
- j. **Respect and Empathy:** Always treat the client with respect, empathy, and kindness throughout the procedure. Understanding the client's feelings and concerns can help create a more comfortable environment for them.

By implementing these environmental modifications or adaptations, the caregiver can ensure that the client's comfort and safety are prioritized during perineal care, while also maintaining the client's dignity and promoting a positive care experience.

5.5 Skin rash 'Infection prevention and control methods



Infection prevention and control methods are crucial when dealing with skin rashes during perineal care. To prevent the spread of infection and promote healing, follow these specific guidelines:

- a. **Hand Hygiene:** Before and after providing perineal care to a client with a skin rash, perform proper hand hygiene using soap and water or alcohol-based hand sanitizer.
- b. **Personal Protective Equipment (PPE):** Use appropriate PPE, such as gloves and a gown, when handling a client with a skin rash to protect yourself and prevent cross-contamination.
- c. **Isolation Precautions:** If the client has an infectious skin rash, follow the facility's isolation precautions to prevent the spread of infection to other clients and healthcare workers.
- d. **Use of Separate Equipment:** Use separate and dedicated equipment (washcloths, towels, etc.) for the client with the skin rash to avoid spreading the infection to other body parts or clients.
- e. **Avoid Aggravating Irritants:** Be mindful of any potential irritants that could worsen the skin rash. Avoid using harsh soaps or products with fragrances or allergens during perineal care.
- f. **Gentle Cleansing:** During perineal care, use gentle cleansing techniques to avoid further irritating the skin rash. Pat the area dry instead of rubbing, which can cause friction and worsen the condition.
- g. **Skin Barrier Protection:** If appropriate, apply a barrier cream or ointment recommended by a healthcare professional to protect the skin and promote healing.
- h. **Monitoring and Reporting:** Regularly assess the skin rash for any signs of infection, such as increased redness, warmth, swelling, or pus. Report any concerning changes to the healthcare team promptly.
- i. **Proper Disposal:** Dispose of any used supplies, including gloves and contaminated materials, in the appropriate waste containers to prevent the spread of infection.
- j. **Cleaning and Disinfection:** Clean and disinfect any surfaces or equipment that came into contact with the client's skin rash according to facility protocols to prevent cross-contamination.

By following these specific infection prevention and control methods during perineal care for a client with a skin rash, you can help minimize the risk of spreading infection, promote healing, and ensure the client's overall well-being.

5.6 Documentation and reporting

The following information should be recorded in the resident's medical record:

- The date and time that perineal care was given.
- The name and title of the individual(s) giving the perineal care.
- Any discharge, odor, bleeding, skin care problems or irritation, complaints of pain or discomfort.
- Any problems noted at the catheter-urethral junction during perineal care such as drainage, redness, bleeding, irritation, crusting, or pain.

- How the resident tolerated the procedure or any changes in the resident's ability to participate in the procedure.
- If the resident refused the procedure, the reason(s) why and the intervention taken.
- The signature and title of the person recording the data.

Reporting

- Notify the supervisor if the resident refuses the perineal care.
- Report other information in accordance with facility policy and professional standards of practice.

Self-Check Sheet - 5: Assist Client with Perineal /Genital care

Questionnaire:

1. What does perineal/genital care involve, and why is it essential?

Answer:

2. What are the anatomical differences between male and female perineal/genital areas, and how does this impact the care procedure?

Answer:

3. List five key principles of therapeutic communication during perineal/genital care.

Answer:

4. Name five necessary equipment and supplies for performing perineal/genital care.

Answer:

5. What are some environmental modifications or adaptations to ensure maximum client comfort and safety during perineal care?

Answer:

6. Provide three infection prevention and control methods when dealing with skin rashes during perineal care.

Answer:

Answer Key - 5: Assist Client with Perineal /Genital care

1. What does perineal/genital care involve, and why is it essential?

Answer: Perineal/genital care involves the hygienic cleaning of the perineal and genital areas of a person. It is essential for maintaining personal hygiene, preventing infections, and promoting overall comfort and well-being.

2. What are the anatomical differences between male and female perineal/genital areas, and how does this impact the care procedure?

Answer: Female anatomy includes the vulva, which consists of the labia majora, labia minora, clitoris, urethra, and vaginal opening. Male anatomy includes the penis and scrotum, which house the urethra and testicles, respectively. The care procedure may differ slightly for each gender due to these anatomical variations.

3. List five key principles of therapeutic communication during perineal/genital care.

Answer:

- Establishing trust
- Respecting privacy and dignity
- Using empathy and active listening
- Maintaining professionalism
- Encouraging client participation

4. Name five necessary equipment and supplies for performing perineal/genital care.

Answer:

- Wash basin
- Towels
- Washcloth or approved wipes
- Soap (or other authorized cleansing agent)
- Personal protective equipment (e.g., gowns, gloves, mask, etc., as needed)

5. What are some environmental modifications or adaptations to ensure maximum client comfort and safety during perineal care?

Answer:

- Ensuring privacy
- Maintaining a comfortable room temperature
- Providing adequate lighting
- Implementing safety measures (dry floors, proper bed height, etc.)
- Making supplies easily accessible

6. Provide three infection prevention and control methods when dealing with skin rashes during perineal care.

Answer:

- Performing proper hand hygiene before and after care
- Using appropriate personal protective equipment (gloves, gown, etc.)
- Avoiding cross-contamination by using separate equipment for the affected area

Task Sheet-5: Assist Client with Perineal /Genital care

Task Name: Assist client with perineal /genital care.

Working Procedure:

1. Place equipment on the bedside stand for easy access.
2. Wash and dry hands thoroughly.
3. Fill wash basin half-full with warm water.
4. Fold bedspread or blanket toward the foot of the bed.
5. Fold the sheet down to the lower body, covering the upper torso.
6. Raise gown or lower pajamas, avoiding unnecessary exposure.
7. Put on gloves.
8. Instruct the resident to bend knees and place feet flat on the mattress, assisting if necessary.
9. For a female resident: a. Wet washcloth/wipes with soap or cleansing agent. b. Clean perineal area from front to back, separating labia and washing downward. c. Turn the resident on her side, clean rectal area from the base of the labia to the buttocks. d. Rinse and dry the perineal area thoroughly.
10. For a male resident: a. Wet washcloth/wipes with soap or cleansing agent. b. Wash perineal area starting from urethra and working outward. c. Turn the resident on his side, clean rectal area, including the area under the scrotum, anus, and buttocks. d. Rinse and dry the perineal area thoroughly.
11. Discard disposable items.
12. Remove gloves, wash hands.
13. Reposition the bed covers and make the resident comfortable.
14. Place the call light within easy reach of the resident.
15. Clean wash basin and bedside stand.
16. Wash hands.
17. If desired, open the door and curtains for visitors.

Documentation:

1. Record date and time of perineal care.
2. Note the names and titles of individuals providing care.
3. Document any discharge, odor, bleeding, skin problems, or discomfort.
4. Report any issues observed at the catheter-urethral junction during perineal care.
5. Describe the resident's tolerance of the procedure and any changes in their ability to participate.
6. Note reasons if the resident refused the procedure.
7. Sign and record the data.

Reporting:

1. Inform the supervisor if the resident refuses perineal care.
2. Follow facility policies and professional standards for reporting other relevant information.

Learning Outcome: 6 Assist Client in Oral Care

Assessment Criteria	<ol style="list-style-type: none"> 1. The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools. 2. Tools, equipment and materials are prepared and used in an appropriate and safe manner in accordance with care plan. 3. Principles of infection control is practiced based on established procedure. 4. Client is assisted in the proper way to practice oral hygiene according to established procedure. 5. Client is assisted in the proper way to clean dentures according to established procedure. 6. Ways to give oral hygiene to conscious/ unconscious clients are applied as per standard procedure. 7. Documentation of oral care is maintained as per standard procedure.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Explaining the purpose and scope of activities through therapeutic communication 2 Preparing and preparing the necessary equipment for oral care 3 Infection prevention and control procedures 4 Client's oral hygiene 5 Client's Denture 6 Oral care of conscious/unconscious client
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Project Work 5. Problem Solving 6. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience: 6 Assist Client in Oral Care

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly people	1. Instructor will provide the learning materials Assist client in oral care
2. Read the Information sheet/s	2. Information Sheet No:6- Assist client in oral care
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 6- Assist client in oral care Answer key No. 6- Assist client in oral care
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Task Sheet No: 6 Assist clients in oral care

Information Sheet 6: Assist Client in Oral Care

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 6.1 Explaining the purpose and scope of activities through therapeutic communication
- 6.2 Preparing and preparing the necessary equipment for oral care
- 6.3 Infection prevention and control procedures
- 6.4 Client's oral hygiene
- 6.5 Client's Denture
- 6.6 Oral care of conscious/unconscious client

6.1 Explaining the purpose and scope of activities through therapeutic communication



In oral care, therapeutic communication plays a vital role in establishing trust, understanding the individual's needs, and ensuring their comfort throughout the process. When explaining the purpose and scope of activities, use clear and empathetic communication to engage the person in their oral care routine. Here's how to effectively communicate the purpose and scope of activities:

- a. **Establish rapport:** Begin by introducing yourself and creating a friendly and welcoming atmosphere. Use a warm tone of voice and maintain good eye contact to build trust and make the person feel at ease.
- b. **Explain the importance of oral care:** Clearly communicate the significance of maintaining good oral hygiene. Emphasize that oral care is essential for overall health, as poor oral health can lead to various problems like tooth decay, gum disease, and even impact one's general well-being.
- c. **Address specific concerns:** If the individual has any specific oral health issues or fears related to oral care, take the time to listen to their concerns and reassure them. Tailor your communication to address their unique needs and worries.
- d. **Describe the steps involved:** Walk the person through each step of the oral care routine, including brushing, flossing, and using mouthwash (if applicable). Use simple and clear language to ensure understanding.

- e. **Highlight the benefits:** Emphasize the positive outcomes of regular oral care, such as a healthier mouth, fresher breath, and a more confident smile. Reinforce that consistent oral care can prevent dental problems and reduce the need for more extensive treatments.
- f. **Respect autonomy:** While explaining the activities, ensure the person feels in control of their oral care routine. Offer choices where possible, such as letting them choose their toothbrush color or the flavor of toothpaste.
- g. **Demonstration:** If appropriate, demonstrate the proper brushing and flossing techniques, so the person can observe the correct way to perform oral care.
- h. **Encourage questions:** Encourage the person to ask any questions they may have about their oral care routine or any concerns they might be experiencing. Be patient and provide clear answers.
- i. **Reassurance:** Offer encouragement and praise for their efforts in maintaining good oral hygiene. Reinforce that their well-being is a priority, and you are there to support them in their oral care journey.
- j. **Follow-up:** After completing the oral care activities, inquire about how they feel and if they have any feedback. Let them know that you are available for further assistance or questions in the future.

6.2 Preparing and preparing the necessary equipment for oral care

Preparing the necessary equipment for oral care is essential to ensure a smooth and effective oral hygiene routine. Here's a step-by-step guide on how to prepare and gather the required equipment:

- a. **Gather the equipment:**
 - Soft-bristled toothbrush: Choose a toothbrush with soft bristles to avoid damaging the gums and tooth enamel. Depending on the person's preference and needs, you may use a manual or electric toothbrush.
 - Fluoride toothpaste: Select a toothpaste that contains fluoride, as it helps strengthen the teeth and prevent cavities.
 - Dental floss: Use dental floss to clean between the teeth and remove plaque and food particles that a toothbrush cannot reach.
 - Mouthwash (optional): If the person prefers to use mouthwash, select an alcohol-free, fluoride-containing mouthwash for additional freshness and protection against cavities.
 - Denture brush and denture cleaner (if applicable): If the person wears dentures, have a soft denture brush and denture cleaner ready for cleaning the dentures.
- b. **Check the equipment condition:** Before starting the oral care routine, inspect the toothbrush, dental floss, and any other tools to ensure they are in good condition. Replace the toothbrush every three to four months or sooner if the bristles are worn out or frayed.

- c. **Wash hands:** Always wash your hands thoroughly with soap and water before handling any oral care equipment. This step helps prevent the transfer of germs or bacteria into the mouth.
- d. **Organize the setup:**
 - Lay out all the equipment on a clean and flat surface, such as a countertop or a tray. Organizing the items in a sequence will make it easier to access them during the oral care routine.
 - If using a toothbrush cover or holder, make sure it is clean and dry to keep the toothbrush protected when not in use.
- e. **Adapt for individual needs:** Consider any specific requirements or preferences the person may have. For example, if they have sensitive teeth or difficulty gripping objects, you might choose a toothbrush with a larger handle or provide a toothpaste specially formulated for sensitivity.
- f. **Review the oral care plan:** If the person has a specific oral care plan prescribed by a dentist or healthcare professional, review it to ensure you are following the recommended routine and using any specialized products as needed.

6.3 Infection prevention and control procedures

Infection prevention and control procedures are crucial in oral care to minimize the risk of spreading infections and maintaining a safe and hygienic environment. Here are some key infection prevention and control measures to follow during oral care:

- a. **Hand hygiene:** Before and after providing oral care, healthcare providers and caregivers should thoroughly wash their hands with soap and water or use alcohol-based hand sanitizer. This helps prevent the transmission of bacteria and viruses.
- b. **Personal protective equipment (PPE):** Healthcare providers and caregivers should wear appropriate PPE, such as disposable gloves, masks, and protective eyewear, when performing oral care procedures. PPE helps protect both the caregiver and the individual from potential exposure to infectious agents.
- c. **Disinfection of equipment:** Ensure that all oral care equipment, such as toothbrushes, dental floss, and denture brushes, are cleaned and disinfected between uses. Use proper disinfectants as recommended by healthcare guidelines.
- d. **Isolation precautions:** If the individual has an infectious disease or is suspected to have one, consider implementing isolation precautions to prevent the spread of the infection to others. Follow specific isolation guidelines recommended for the particular infectious agent.
- e. **Aseptic technique:** Adhere to aseptic techniques during oral care procedures, especially if any invasive dental procedures are required. Maintain a sterile environment to prevent the introduction of microorganisms that could cause infections.
- f. **Safe handling of sharps:** If sharp instruments are used during oral care, such as needles or scalars, ensure safe handling, disposal, and proper sharps containers to prevent accidental injuries and potential transmission of infections.

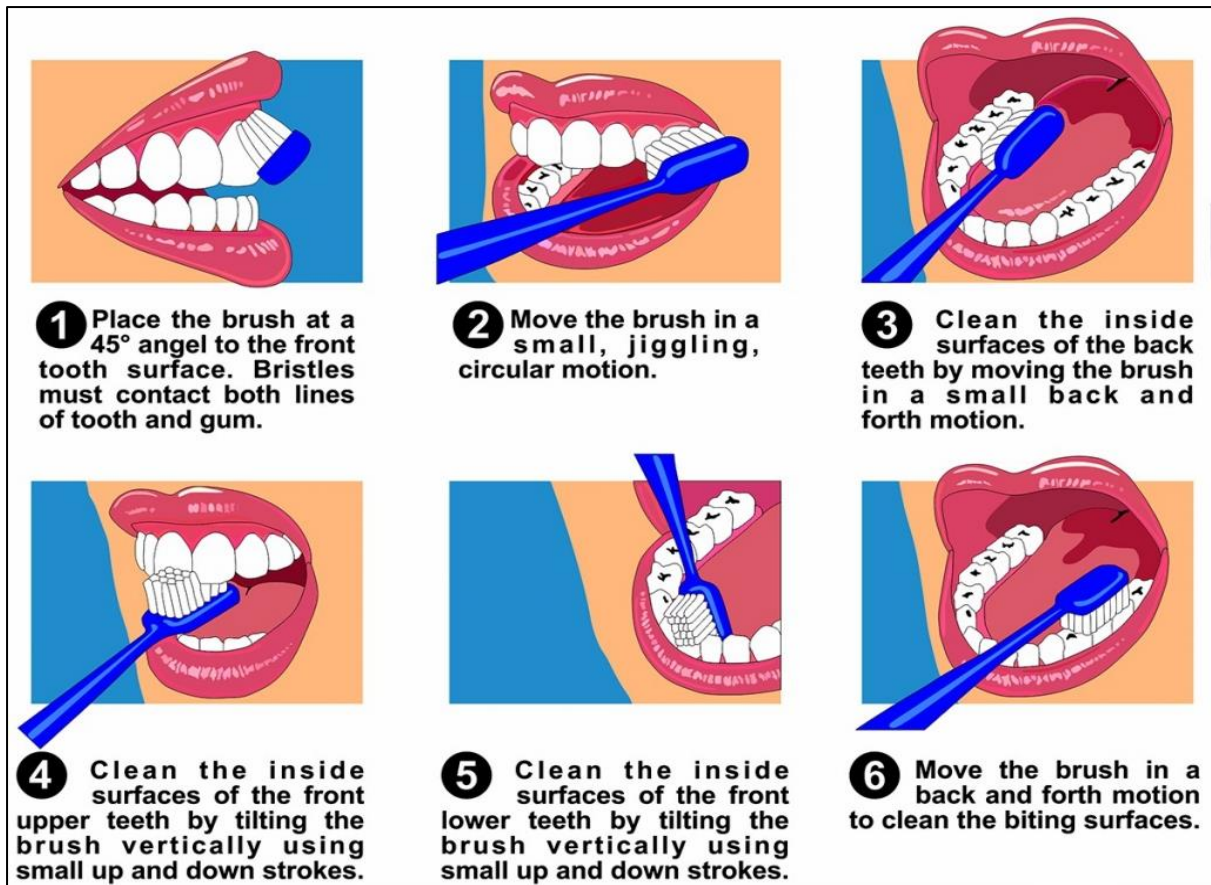
- g. **Cleaning and disinfection of the environment:** Regularly clean and disinfect the surfaces and areas where oral care is provided. Pay close attention to high-touch surfaces and areas where infectious agents may linger.
- h. **Education and training:** Healthcare providers, caregivers, and individuals receiving care should be educated about proper infection prevention and control procedures. This includes hand hygiene, PPE usage, and other specific precautions related to oral care.
- i. **Immunizations:** Ensure that healthcare providers and caregivers are up-to-date with their vaccinations, such as hepatitis B, to protect against potential infectious diseases.

6.4 Client's oral hygiene

Client's oral hygiene refers to the maintenance and care of the individual's mouth, teeth, gums, and related structures to promote optimal oral health. It involves regular practices such as brushing, flossing, and using mouthwash, as well as routine dental check-ups.

Advantages of Good Oral Hygiene:

- a. **Prevention of Dental Problems:** Regular oral hygiene practices can prevent common dental issues such as tooth decay, gum disease, and bad breath.
- b. **Improved Overall Health:** Oral health is closely linked to general health. Good oral hygiene can reduce the risk of systemic conditions like heart disease and diabetes.
- c. **Preservation of Natural Teeth:** Proper oral care can help preserve natural teeth, avoiding the need for costly and invasive dental treatments like extractions or dental implants.
- d. **Enhanced Self-Confidence:** Maintaining a healthy and attractive smile can boost self-esteem and confidence in social interactions.
- e. **Prevention of Tooth Loss:** Good oral hygiene helps prevent tooth loss due to decay or gum disease, allowing individuals to retain their natural teeth for longer.
- f. **Cost Savings:** Preventive oral care is more cost-effective than treating dental problems that arise from neglect.
- g. **Fresh Breath:** Regular brushing and flossing help maintain fresh breath, contributing to improved social interactions and relationships.

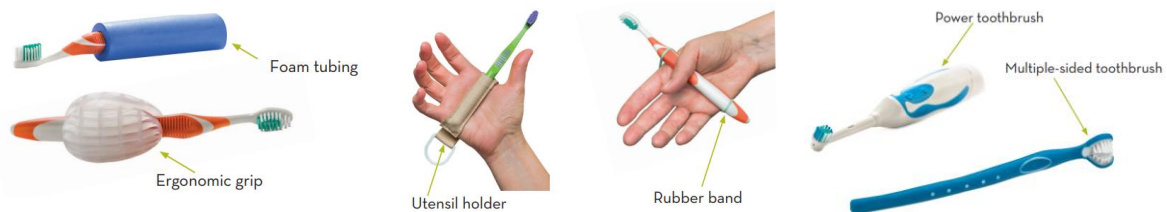


Components of Oral Care:

Oral hygiene comprises various practices aimed at maintaining the health of the mouth, teeth, and gums. There are several types of oral hygiene techniques that individuals can incorporate into their daily routine. Here are the main types of oral hygiene:

- a. **Brushing:** Brushing the teeth is one of the fundamental aspects of oral hygiene. It involves using a toothbrush with fluoride toothpaste to clean the surfaces of the teeth, removing plaque, food particles, and bacteria.
- b. **Flossing:** Flossing is the process of cleaning between the teeth and along the gum line using dental floss or interdental brushes. It helps remove debris and plaque from areas that a toothbrush cannot reach.
- c. **Mouthwash:** Using mouthwash, or oral rinses, can be a complementary step in oral hygiene. Mouthwash can help reduce bacteria in the mouth, freshen breath, and provide additional protection against cavities and gum disease.
- d. **Tongue Cleaning:** Cleaning the tongue can help remove bacteria and debris from its surface, contributing to fresher breath and improved oral hygiene.
- e. **Gum Care:** Proper gum care involves gentle brushing along the gum line and avoiding aggressive brushing, which can cause gum irritation and recession.
- f. **Denture Care:** For individuals with dentures, specific oral hygiene practices involve cleaning and maintaining the dentures to prevent oral health issues and ensure their longevity.

- g. **Regular Dental Check-ups:** Routine dental check-ups are essential for maintaining good oral health. Regular visits to the dentist allow for professional cleaning, early detection of dental problems, and personalized oral care recommendations.
- h. **Orthodontic Care:** Individuals with orthodontic appliances, such as braces or aligners, require special oral hygiene techniques to clean around the brackets and wires effectively.
- i. **Specialized Care:** Certain individuals may require specialized oral hygiene practices due to specific dental conditions or medical concerns. This may include individuals with dry mouth (xerostomia) or those undergoing cancer treatments.
- j. **Nutrition and Diet:** A well-balanced diet that limits sugary and acidic foods can contribute to better oral health.



Some specially designed toothbrush types for elderly

Each person's oral hygiene needs may differ based on factors such as age, dental health status, and specific conditions. Dentists and dental hygienists can provide personalized recommendations to help individuals maintain optimal oral hygiene and prevent dental problems. Regular and consistent oral hygiene practices, coupled with professional dental care, can help individuals achieve and maintain a healthy smile.

6.5 Client's Denture

A denture, also known as false teeth, is a removable dental appliance used to replace missing teeth and surrounding tissues. It is custom-made to fit the individual's mouth and is typically composed of acrylic or a combination of materials to mimic the appearance of natural teeth and gums.

Why Dentures are Used:

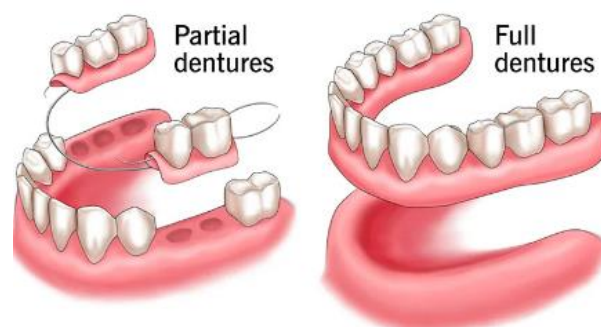
Dentures are used when a person has lost some or all of their natural teeth due to various reasons, including:

- a. **Tooth Loss:** Severe tooth decay, gum disease, or dental trauma can result in the loss of one or more teeth.
- b. **Age-related Tooth Loss:** As people age, tooth loss can become more common due to wear and tear, leading to the need for dentures.
- c. **Enhanced Functionality:** Dentures help individuals chew food properly, improving their ability to eat and digest.
- d. **Aesthetics:** Dentures restore the appearance of a natural smile, which can boost confidence and self-esteem for those missing teeth.
- e. **Speech Improvement:** Missing teeth can affect speech, and dentures can help improve pronunciation and clarity of speech.

- f. **Support Facial Structure:** Dentures help support the facial muscles, preventing the sunken appearance that can occur with missing teeth.

In the elderly population, there are several common types of dentures that are frequently used to replace missing teeth and restore oral function and aesthetics. The types of dentures commonly used in elderly individuals include:

- a. **Complete Dentures (Full Dentures):** Complete dentures are used when all the natural teeth in the upper or lower jaw are missing. They consist of a full set of replacement teeth set in an acrylic base that matches the color of the gums. Complete dentures rest on the gums and are held in place through suction or the use of denture adhesive.
- b. **Partial Dentures:** Partial dentures are used when some natural teeth remain in the mouth. They are designed to fill the gaps created by missing teeth and are held in place by clasps that attach to adjacent natural teeth. Partial dentures can be made from acrylic or a combination of metal and acrylic materials.
- c. **Implant-Supported Dentures:** Implant-supported dentures are a more advanced option that provides enhanced stability and retention. These dentures are anchored to dental implants surgically placed in the jawbone. Implant-supported dentures offer a more secure fit, better chewing function, and prevent bone loss in the jaw.
- d. **Overdentures:** Overdentures are another type of denture that utilizes remaining natural teeth or dental implants to provide support and stability. The denture fits over the remaining teeth or implants, improving retention and oral function.
- e. **Immediate Dentures:** Immediate dentures are placed immediately after the extraction of remaining natural teeth. These dentures help avoid the need to be without teeth during the healing period but may require adjustments as the gums and bone change shape during the healing process.
- f. **Snap-In Dentures:** Snap-in dentures are a type of overdenture that snaps onto dental implants. They offer better stability compared to conventional dentures and can be easily removed for cleaning.
- g. **Economy Dentures:** Economy dentures are more affordable options for individuals with budget constraints. They are typically made from less expensive materials but still provide functional replacement of missing teeth.



Dentures

It's important for elderly individuals to consult with a dentist or prosthodontist to determine the most suitable type of dentures based on their specific oral health, jawbone condition, and preferences. Properly fitted dentures can significantly improve the quality of life for the elderly, enabling them to eat, speak, and smile with confidence and comfort. Regular dental check-ups and maintenance are essential for the longevity and proper function of dentures in elderly individuals.

6.6 Oral care of conscious/unconscious client

Providing oral care for both conscious and unconscious clients is essential for maintaining their oral health and preventing complications such as oral infections or aspiration pneumonia. The approach and techniques may vary depending on the client's level of consciousness and ability to participate in the oral care process. Here are some guidelines for oral care for conscious and unconscious clients:

Oral Care for Conscious Clients:

- a. **Communication:** Explain the oral care procedure to the conscious client, and obtain their consent before proceeding. Communicate with them throughout the process, addressing any concerns they may have.
- b. **Hand hygiene:** Wash your hands thoroughly with soap and water or use alcohol-based hand sanitizer before providing oral care.
- c. **Positioning:** Assist the client to sit in an upright position or use a bed with an adjustable headrest for easier access during oral care.
- d. **Toothbrushing:** Use a soft-bristled toothbrush and fluoride toothpaste to brush the client's teeth gently. Encourage them to spit out excess toothpaste and rinse their mouth with water.
- e. **Flossing:** If the client is capable, assist them with dental flossing or using interdental brushes to clean between their teeth.
- f. **Mouthwash:** Offer the client the option to use an alcohol-free mouthwash if desired for added freshness.
- g. **Denture Care (if applicable):** If the client wears dentures, remove them and clean them thoroughly with a soft denture brush and denture cleaner. Make sure to follow the manufacturer's instructions for cleaning and storage.
- h. **Oral Assessment:** Regularly check the client's mouth for any signs of oral health issues, such as redness, swelling, or sores.

Oral Care for Unconscious Clients:

- a. **Communication and Consent:** Even though the client is unconscious, speak to them in a calm and reassuring tone as if they can hear you. Obtain consent from the client's family or designated decision-maker for oral care.

- b. **Positioning:** Turn the client's head to the side (recovery position) to prevent aspiration while providing oral care. Place a towel or disposable pad under their head to catch any fluids.
- c. **Suctioning (if necessary):** Use a suction device to clear the mouth of any secretions or fluids, especially if the client is unable to swallow.
- d. **Moistening Lips and Mouth:** Use a swab moistened with water or a lubricating gel to keep the client's lips and mouth moist and prevent dryness.
- e. **Oral Swabs:** Gently clean the client's mouth, tongue, and gums with oral swabs or foam sponges to remove debris and maintain oral hygiene.
- f. **Oral Moisturizing Spray (if necessary):** For clients with severely dry mouths, consider using an oral moisturizing spray as directed.
- g. **Regular Repositioning:** If the client remains unconscious for an extended period, regularly reposition them to prevent pressure ulcers and promote comfort.

Self-Check Sheet – 6: Assist Client in Oral Care

Questionnaire:

1. What is the purpose of therapeutic communication during oral care?

Answer:

2. Name three pieces of equipment needed for oral care preparation.

Answer:

3. How can hand hygiene contribute to infection prevention during oral care?

Answer:

4. List two advantages of good oral hygiene.

Answer:

5. What is a denture, and why is it used?

Answer:

6. Provide one key difference in oral care for conscious and unconscious clients.

Answer:

Answer Key – 6: Assist Client in Oral Care

1. What is the purpose of therapeutic communication during oral care?

Answer: The purpose of therapeutic communication during oral care is to establish trust, engage the individual in their oral care routine, and ensure their comfort throughout the process.

2. Name three pieces of equipment needed for oral care preparation.

Answer: Three pieces of equipment needed for oral care preparation are gloves, toothbrush, and toothpaste.

3. How can hand hygiene contribute to infection prevention during oral care?

Answer: Proper hand hygiene, such as washing hands with soap and water or using alcohol-based hand sanitizer, helps prevent the transmission of bacteria and viruses, reducing the risk of infection during oral care.

4. List two advantages of good oral hygiene.

Answer: Two advantages of good oral hygiene are prevention of dental problems (e.g., tooth decay, gum disease) and improved overall health, as oral health is connected to general health.

5. What is a denture, and why is it used?

Answer: A denture is a removable dental appliance used to replace missing teeth and surrounding tissues. It is used when a person has lost some or all their natural teeth due to reasons like tooth decay, gum disease, or age-related tooth loss.

6. Provide one key difference in oral care for conscious and unconscious clients.

Answer: For conscious clients, you can communicate and obtain consent, while for unconscious clients, consent is obtained from family or designated decision-makers. Additionally, positioning is crucial for unconscious clients to prevent aspiration during oral care.

Task Sheet-6: Assist Client in Oral Care

Task Name: Assist client in oral care

Working Procedure:

Preparation:

1. Gather Supplies:

Routine Pre-Procedure Steps:

1. Knock on the resident's door.
2. Perform hand hygiene.
3. Maintain respectful, courteous, and professional communication at all times.
4. Introduce yourself and identify the resident.
5. Provide for privacy.
6. Explain the procedure to the resident.

Oral Care Procedure Steps:

1. Put on gloves.
2. Place all supplies for oral care on a barrier.
3. If the resident is in bed, elevate the head of the bed if permissible per the care plan.
4. Cover the resident's chest with a towel to keep their clothing or gown clean.
5. Wet the toothbrush in the sink or in a cup of water.
6. Apply a small amount of toothpaste to the toothbrush.
7. Brush the resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.
8. After each quadrant of the mouth, allow the resident to rinse with water and spit into an emesis basin if needed.
9. Clean the resident's tongue being careful not to cause the resident to gag.
10. Assist the resident in rinsing their mouth.
11. Wipe the resident's mouth with the towel on their chest.
12. Remove the towel and place it in a linen bag.
13. Empty the emesis basin.
14. Rinse the emesis basin.
15. Dry the emesis basin.
16. Rinse the toothbrush.
17. Return the equipment to storage.
18. Remove the gloves, turning them inside out.
19. Dispose of the gloves in an appropriate container.

Denture Care Procedure Steps:

1. Put on gloves.
2. Place all supplies for denture care on a barrier.
3. Place a clothing protector on the resident.
4. Line the sink with a washcloth or paper towel.
5. Remove dentures from the cup or remove them from the resident's mouth and place them in the denture cup or emesis basin.

6. Handle the dentures carefully to avoid damage or contamination.
7. Wet the denture brush and apply denture toothpaste if available. Water alone is acceptable to clean dentures if toothpaste is not available.
8. Thoroughly brush the inner, outer, and chewing surfaces of each denture.
9. Rinse the dentures using clean, cool water and place them on a clean barrier or in an emesis basin.
10. Rinse the denture cup.
11. Place the dentures in a rinsed cup.
12. Wet an oral swab and gently clean all surfaces of the resident's gums and tongue.
13. Allow the resident to rinse and spit into the emesis basin.
14. Place the dentures in the resident's mouth if desired.
15. Wipe the resident's mouth and remove the clothing protector, placing it in an appropriate container.
16. In the evening, place the dentures in the denture cup and add cool, clean water to the denture cup to cover the dentures.
17. Put a denture cleansing tablet in the cup, if desired.
18. Rinse the equipment (denture brush and emesis basin).
19. Return the equipment to storage.
20. Discard the protective lining in an appropriate container.
21. Remove the gloves, turning them inside out.

Post-Procedure Steps:

1. Perform hand hygiene.
2. Check for resident comfort and ask if anything else is needed.
3. Ensure the bed is low and locked. Check the brakes.
4. Place the call light or signaling device within reach of the resident.
5. Open the door and privacy curtain.
6. Perform hand hygiene.
7. Document and report any oral issues or changes noted with the resident.

Learning Outcome: 7 Assist the Client in Skin Care

Assessment Criteria	<ol style="list-style-type: none"> 1. Consent is taken from client before starting the procedure. 2. Tools, equipment, materials are prepared and used in an appropriate and safe manner in accordance with established procedures. 3. Skin conditions and breakdowns are assessed ensuring privacy and safety and documented based on established standard. 4. Client is assisted in performing skin care ensuring nutrition and hydration practices as per standard care procedures. 5. Client is assisted with physical movement and range of motion exercises as per standard procedures.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Obtaining consent from the client 2 Essential tools for skin care 3 Prepare and use in an appropriate and safe manner 4 Checking and recording the overall condition of the client's skin 5 Maintain confidentiality 6 Maintain security 7 Client skin care 8 Skin nourishment 9 Skin moisture 10 Physical movement 11 Range of motion exercises
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Project Work 5. Problem Solving 6. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience: 7 Assist the Client in Skin Care

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about provide care to elderly people	1. Instructor will provide the learning materials Assist the client in skin care.
2. Read the Information sheet/s	2. Information Sheet No. 7 Assist the client in skin care.
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 7 Assist the client in skin care. Answer key No. 7 Assist the client in skin care.
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Task Sheet No:7 Assist the client in skin care

Information Sheet 7: Assist the Client in Skin Care

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 7.1 Skin care
- 7.2 Obtaining consent from the client
- 7.3 Essential tools for skin care
- 7.4 Prepare and use in an appropriate and safe manner
- 7.5 Checking and recording the overall condition of the client's skin
- 7.6 Maintain confidentiality
- 7.7 Maintain security
- 7.8 Client skin care
- 7.9 Skin nourishment
- 7.10 Skin moisture
- 7.11 Physical movement
- 7.12 Range of motion exercises

7.1 Skin care

Skin care is the practice of maintaining the health, cleanliness, and appearance of the skin through various techniques and products. It involves a range of routines and products tailored to address specific skin concerns and maintain overall skin health.

For the elderly, skin care becomes even more crucial due to the natural aging process, which leads to changes in the skin. Elderly individuals may experience issues such as dryness, thinning of the skin, reduced elasticity, and increased vulnerability to skin injuries and infections. Proper skin care for the elderly involves gentle cleansing, regular moisturizing, and the use of products that address age-related concerns, such as wrinkles and age spots. Sun protection is also vital to prevent further damage. Consulting with a dermatologist or healthcare professional can help tailor a skin care routine to meet specific needs and concerns in this age group. Skin changes that accompany aging include:

- Roughened or dry skin
- Benign growths such as seborrheic keratoses and cherry angiomas
- Loose facial skin, especially around the eyes, cheeks, and jowls (jawline)
- Transparent or thinned skin
- Bruising easily from less elasticity



7.2 Obtaining consent from the client

Obtaining consent from the client for skin care is a fundamental ethical and legal requirement. It involves informing the client about the proposed skin care procedures, potential risks, benefits, and any alternative options available. The client must fully understand the information provided and voluntarily agree to proceed with the recommended skin care treatment.

To obtain consent:

- a. Clearly explain the purpose and nature of the skin care procedure to the client.
- b. Provide information about any potential risks or side effects associated with the treatment.
- c. Discuss the expected benefits and outcomes of the skin care procedure.
- d. Present any alternative options available, along with their potential benefits and risks.
- e. Give the client adequate time to ask questions and seek clarification about the procedure.
- f. Ensure the client is of sound mind and capable of making an informed decision.
- g. Document the client's consent in writing, including the details of the discussion and the client's agreement, if needed.

Remember, obtaining informed consent is essential to respect the client's autonomy and ensure they are actively involved in their skin care decisions.

7.3 Essential tools for skin care

There are several essential tools commonly used in skin care routines to ensure proper cleansing, exfoliation, and application of skincare products. Here are some of them:

- a. Cleansing tools:
 - Facial Cleansing Brush: Electric or manual brushes designed to remove dirt, oil, and makeup effectively.
 - Face Cloth/Washcloth: Soft, gentle cloth used to wipe away cleansers and exfoliants.
- b. Exfoliation tools:
 - Exfoliating Scrub/Gentle Exfoliator: Products containing small particles to remove dead skin cells.
 - Exfoliating Brush/Glove: Tools designed to slough off dead skin and promote cell turnover.
- c. Application tools:
 - Cotton Pads: Used to apply toners, essences, and other liquid products to the skin.
 - Makeup Sponges: For applying foundation and blending makeup products.
 - Facial Rollers/Massagers: Helps improve circulation and product absorption.
- d. Hydration tools:
 - Facial Mist Spray: To refresh and hydrate the skin throughout the day.

- Sheet Masks: Pre-cut masks soaked in beneficial serums for deep hydration.
- e. Sun protection:
 - Broad-Spectrum Sunscreen: Essential for protecting the skin from harmful UV rays.
- f. Miscellaneous tools:
 - Magnifying Mirror: Helps with a close-up view during skincare routines.
 - Blackhead Extractor: For safely removing blackheads and whiteheads.

Keep in mind that while these tools can be helpful, not everyone needs every item listed. The essential tools may vary based on individual skin care needs and preferences. Always choose tools that are appropriate for your skin type and consult with a dermatologist or skincare professional if you have specific concerns.

We may also use following items in specific situations as per need:

- Mattress, bed and special cushions
- Gentle cleanser
- Saltwater (saline) solution
- Non-steroidal anti-inflammatory drugs
- Gauze Bandage

7.4 Prepare and use in an appropriate and safe manner.

- Type or Structure: Observe the overall skin condition for any signs of rashes, lesions, ulcers, or other abnormalities.
- Size: Measure the dimensions of any skin conditions present, such as the size of a rash or ulcer, in millimeters or centimeters.
- Shape: Note the form or outline of skin conditions, whether they appear round, oval, irregular, or any other distinct shape.
- Texture: Assess the surface feel of the skin, looking for smoothness, roughness, scaliness, or raised areas.
- Color: Observe the hue or pigmentation of the skin condition, noting if it appears red, pink, brown, black, or other colors.
- Distribution: Check the pattern or area of the body where skin conditions are present or spread, and whether they are localized or widespread.
- Configuration: Examine how the individual skin lesions are arranged or grouped together, such as in clusters, lines, or circular patterns.

7.5 Checking and recording the overall condition of the client's skin

Checking and recording the overall condition of the client's skin is an important part of providing proper care. Here's how to do it:

- a. **Visual Inspection:** Begin by visually examining the client's skin thoroughly. Check all areas of the body, including exposed and hidden areas, for any abnormalities, rashes, lesions, discoloration, or other skin conditions.
- b. **Note Skin Color:** Observe the skin color, looking for any changes or variations from the client's usual skin tone. Pay attention to areas of redness, pallor, or skin darkening.
- c. **Inspect Texture:** Assess the skin texture by gently feeling it with your hands. Note any areas that feel rough, dry, scaly, or have unusual textures.
- d. **Check for Lesions:** Look for any wounds, cuts, bruises, or sores. Note the size, shape, and location of any skin lesions.
- e. **Evaluate Moisture Level:** Assess the skin's moisture level. Skin that is excessively dry or overly moist may indicate certain conditions or issues.
- f. **Document Findings:** Record your observations in detail. Use clear and accurate descriptions, noting the location and characteristics of any skin concerns.
- g. **Photographs (if allowed):** If permitted and appropriate, take photographs of the areas with skin conditions. These can be useful for documentation and monitoring changes over time.

Assessment	What to look for
Colour	<p>What is normal for the patient?</p> <p>What colours can you see e.g. red, purple, unusual pigmentation of the lower limbs and gaiter regions (brownish) or blue/grey hues of distal limbs (lower limbs and feet)?</p> <p>Is there any bruising present? Or purpura?</p>
Temperature	<p>Does the skin feel cool to touch (possibly due to poor peripheral perfusion) or hot due to fever or infection?</p>
Texture	<p>Does the skin feel dry or moist, papery, thin or leathery?</p>
Moisture	<p>Is moisture due to excessive sweating, urine or leakage from a wound or drain? Is the skin becoming macerated (white appearance)? Is oedema present?</p>
Integrity	<p>Are there any broken areas? Presence of skin tears, blisters, wounds, pressure injuries or epidermal stripping due to adhesive tapes or dressings?</p>
Location	<p>If there is a failure in skin integrity identify and document the anatomical location i.e. sacrum, heels or toes, gaiter region of lower legs, dorsal/plantar surface of foot, groin or under skin folds and so on.</p>
Adapted from: Holloway & Jones, 2005, p. 1175 4	

Assessing Client's skin

7.6 Maintain confidentiality and security

Maintaining confidentiality is crucial when dealing with the client's personal and medical information, including their skin condition. It involves ensuring that any sensitive data or observations about the client's skin are kept private and only shared with authorized individuals involved in the client's care. Caregivers and healthcare professionals should follow privacy regulations and guidelines to protect the client's right to confidentiality and prevent any unauthorized access or disclosure of their information.

Maintaining security involves implementing measures to safeguard the client's personal and medical data from unauthorized access, theft, or breaches. This includes securely storing any physical records or documents related to the client's skin condition and using secure electronic systems to store digital information. Regularly update passwords, limit access to sensitive data only to those who need it for providing care, and follow best practices for data protection to ensure the client's information remains secure and protected from potential threats.

7.7 Client skin care

- a. **Regular Skin Assessment:** Conduct regular skin assessments to monitor any changes in the client's skin condition. Document and communicate any concerns to healthcare professionals for appropriate evaluation and intervention.
- b. **Gentle Cleansing:** Use a mild, pH-balanced cleanser to clean the skin without causing irritation or dryness. Avoid harsh soaps and excessive scrubbing.
- c. **Moisturize:** Apply a suitable moisturizer to keep the skin hydrated and prevent dryness. Choose products that match the client's skin type and consider using emollient-rich creams for elderly individuals with drier skin.
- d. **Sun Protection:** Encourage the use of broad-spectrum sunscreen with SPF 30 or higher when the client goes outdoors. Sunscreen helps protect the skin from harmful UV rays, which can contribute to skin aging and increase the risk of skin cancer.
- e. **Hydration:** Ensure the client stays well-hydrated by drinking an adequate amount of water daily. Proper hydration is essential for maintaining skin health.
- f. **Pressure Relief:** For clients who are bedridden or have limited mobility, use special cushions or foam to redistribute pressure and prevent pressure ulcers or bedsores.
- g. **Avoid Harsh Chemicals:** Use products that are free from harsh chemicals, fragrances, and potential allergens that could irritate the skin.
- h. **Maintain Cleanliness:** Keep the client's skin clean and dry, paying attention to skin folds and areas prone to moisture buildup.
- i. **Encourage a Balanced Diet:** Encourage a balanced diet with essential nutrients, vitamins, and antioxidants that support skin health.
- j. **Promote Physical Activity:** Encourage gentle physical activity to improve blood circulation and promote overall skin health.

- k. **Seek Professional Advice:** If the client has specific skin concerns or conditions, consult with a dermatologist or healthcare professional for personalized care and treatment.
- l. **Be Observant:** Monitor the client's skin for any signs of irritation, infection, or pressure injuries, and take appropriate action if needed.

7.8 Skin nourishment

Skin nourishment means providing the skin with the essential nutrients, hydration, and protection it needs to stay healthy, soft, and radiant. This can be achieved through a balanced diet, proper hydration, gentle skincare products, sun protection, and good hygiene practices. Skin nourishment helps maintain the skin's natural functions and prevents issues like dryness, irritation, and premature aging.

Skin nourishment is essential for maintaining healthy skin. Here's how caregivers can help:

- a. **Hydration:** Make sure the client drinks plenty of water to keep their skin hydrated and prevent dryness.
- b. **Healthy Diet:** Encourage a balanced diet with fruits, vegetables, and whole grains to provide essential nutrients for the skin.
- c. **Moisturize:** Apply a gentle moisturizer regularly to keep the skin soft and prevent dryness.
- d. **Sun Protection:** Encourage the use of sunscreen when going outdoors to protect the skin from the sun's harmful rays.
- e. **Avoid Harsh Chemicals:** Use mild soaps and skincare products without harsh chemicals to avoid skin irritation.
- f. **Keep Clean:** Help the client maintain good hygiene by keeping the skin clean and dry.
- g. **Protect from Extreme Weather:** During cold weather, keep the skin warm and protected. In hot weather, stay in the shade and wear protective clothing.
- h. **Regular Checkups:** If there are any skin concerns, encourage the client to see a healthcare professional for proper evaluation and care.

7.9 Skin moisture

Skin moisture refers to keeping the skin properly hydrated and balanced with the right amount of water. It involves using moisturizers or other products to prevent dryness and maintain skin health.

Advantages of skin moisture:

- a. **Soft and Supple Skin:** Properly moisturized skin feels soft, smooth, and more comfortable.
- b. **Prevents Dryness:** Moisturizing helps prevent dry, flaky, and itchy skin.
- c. **Maintains Skin Barrier:** It supports the skin's natural protective barrier, keeping it strong and resilient.

- d. **Anti-Aging:** Moisturized skin can look plumper and more youthful, reducing the appearance of fine lines and wrinkles.
- e. **Comfort:** Well-moisturized skin feels more comfortable and less tight or irritated.

7.10 Physical movement

Physical movement refers to bodily activities that involve the use of muscles and joints, promoting mobility and overall physical health.

Types of Physical Movement:

- a. **Aerobic Exercises:** Activities that increase heart rate and breathing, such as walking, swimming, or dancing.
- b. **Strength Training:** Exercises that target muscle strength and endurance, like weight lifting or resistance band exercises.
- c. **Flexibility Exercises:** Activities that improve joint flexibility and range of motion, such as stretching or yoga.
- d. **Balance and Stability Exercises:** Workouts to enhance balance and reduce the risk of falls, like tai chi or balance training.

Benefits of Physical Movement for Elderly:

- a. **Improved Mobility:** Regular movement helps maintain flexibility and ease of movement in daily activities.
- b. **Enhanced Strength:** Strength training can improve muscle strength, making it easier to perform daily tasks.
- c. **Cardiovascular Health:** Aerobic exercises promote a healthy heart and better circulation.
- d. **Bone Health:** Weight-bearing exercises help maintain bone density and reduce the risk of osteoporosis.
- e. **Mood and Mental Well-being:** Physical activity can boost mood, reduce stress, and enhance cognitive function.
- f. **Fall Prevention:** Balance and stability exercises reduce the risk of falls and related injuries.
- g. **Social Interaction:** Group activities encourage socialization and combat feelings of isolation.

Ways Caregivers Can Assist Elderly with Physical Movement:

- a. **Encourage and Motivate:** Provide positive reinforcement to keep the elderly individual engaged in physical activities.
- b. **Safety First:** Prioritize safety during exercises. Assist with balance or provide support as needed.

- c. **Consult Healthcare Professionals:** Before starting any new exercise program, seek medical advice to ensure it suits the individual's health condition.
- d. **Adaptability:** Modify exercises to accommodate physical limitations or health conditions.
- e. **Consistency:** Encourage regular physical activity, even if it's in short sessions throughout the day.
- f. **Keep It Fun:** Incorporate enjoyable activities to make physical movement more appealing.
- g. **Assistive Devices:** Use appropriate assistive devices, like canes or walkers, to facilitate movement if necessary.
- h. **Track Progress:** Monitor improvements and celebrate achievements to maintain motivation.

7.11 Range of motion exercises

Range of motion (ROM) exercises are movements designed to improve and maintain joint flexibility and mobility. They are beneficial for elderly individuals to help maintain their ability to perform daily activities and prevent stiffness or joint immobility. Here's an overview of range of motion exercises:

Types of Range of Motion Exercises:

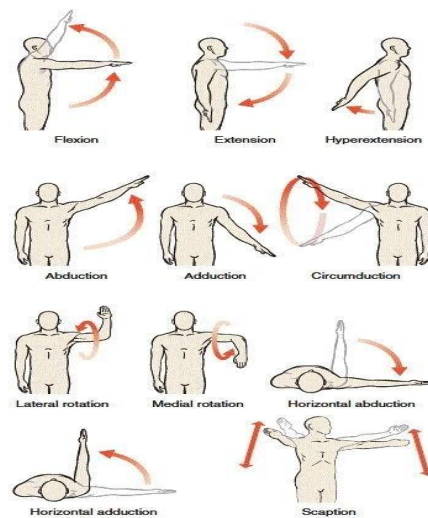
- a. **Passive Range of Motion (PROM):** In PROM exercises, the caregiver or therapist moves the person's joints through a full range of motion without any effort from the individual.
- b. **Active Range of Motion (AROM):** In AROM exercises, the individual actively moves their joints through the full range of motion without assistance.
- c. **Active-Assisted Range of Motion (AAROM):** AAROM exercises involve the individual performing movements with some assistance from the caregiver or therapist.
- d. **Resistive Range of Motion (RROM):** RROM exercises include resistance against the movement to strengthen muscles.

Benefits of Range of Motion Exercises for Elderly:

- a. **Maintain Flexibility:** Regular ROM exercises help prevent joint stiffness and maintain joint flexibility.
- b. **Enhance Mobility:** Improved range of motion allows the elderly to perform daily activities with greater ease.
- c. **Reduce Muscle Tension:** ROM exercises can help reduce muscle tension and discomfort.
- d. **Prevent Contractures:** ROM exercises prevent the shortening and tightening of muscles, reducing the risk of contractures.
- e. **Improve Circulation:** Movement stimulates blood flow, benefiting joint and tissue health.

Examples of Range of Motion Exercises:

- Neck Rotation:** Gently turn the head to the right and left.
- Shoulder Flexion:** Raise the arms forward and upward.
- Ankle Circles:** Rotate the ankles in circular motions.
- Hip Abduction:** Lift the leg out to the side while lying down or sitting.
- Wrist Flexion and Extension:** Bend the wrist up and down.
- Knee Extension:** Straighten the leg while seated or lying down.

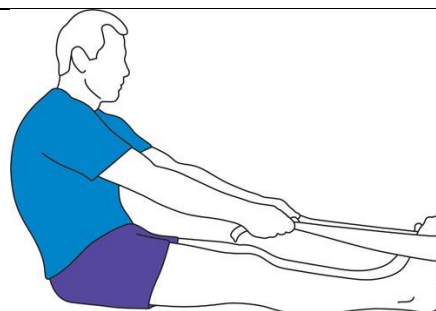


Assisting Elderly with Range of Motion Exercises:

- Be Gentle:** Move the joints slowly and gently, avoiding force or causing pain.
- Communicate:** Ensure the individual is comfortable during exercises, and communicate throughout the process.
- Support:** Provide support or use pillows to help the individual maintain a comfortable position during ROM exercises.
- Encourage:** Offer positive reinforcement and encouragement to keep the individual motivated.
- Range Limitations:** Respect any range limitations and avoid pushing the joints beyond their comfort zone.

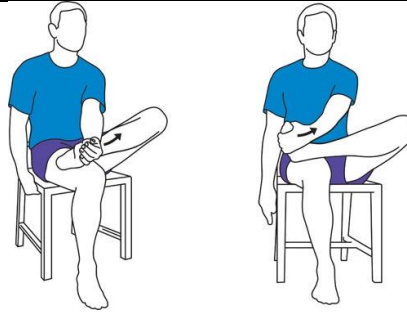
Achilles tendon and plantar fascia stretch:

Loop a towel around the ball of your foot and pull your toes towards your body, keeping your knee straight. Hold for 30 seconds. Repeat three times on each foot.



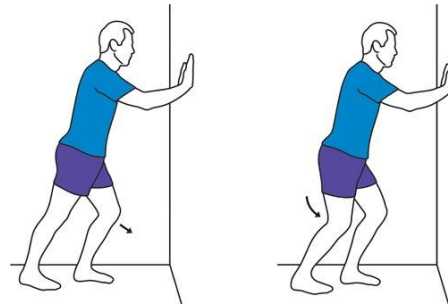
Sitting plantar fascia stretch:

Sit down and cross one foot over your knee. Grab the base of your toes and pull them back towards your body, until you feel a comfortable stretch. Hold for 15-20 seconds. Repeat this three times.



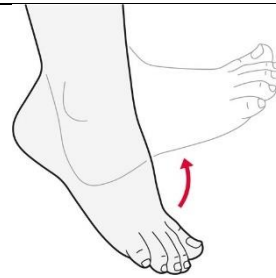
Wall Push:

(a) Facing a wall, put both hands on the wall at shoulder height and place one foot in front of the other. The front foot should be around 30cm (12 inches) from the wall. With the front knee bent and the back knee straight, bend the front knee towards the wall, until the calf in your back leg feels tight. Relax and repeat 10 times.



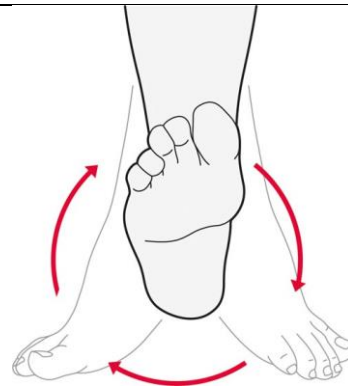
Ankle range of motion:

Bend your ankle up towards your body as far as possible, then point your toes away from your body. Repeat this 10 times.



Ankle rotation:

Move your ankle around slowly in a circle. Do this 10 times one way, then repeat in the opposite direction.



Self-Check Sheet -7: Assist the Client in Skin Care

Questionnaire:

1. What is the primary goal of obtaining consent from the client before providing skin care?

Answer:

2. Name three essential tools commonly used in skin care routines.

Answer:

3. How can caregivers assist the elderly in maintaining skin nourishment?

Answer:

4. Why is skin moisture important for skin health?

Answer:

5. What are the potential benefits of physical movement for elderly individuals?

Answer:

6. Mention three types of range of motion exercises and their purposes.

Answer:

7. How can caregivers maintain confidentiality and security when providing skin care to clients?

Answer:

Answer Key-7: Assist the Client in Skin Care

1. What is the primary goal of obtaining consent from the client before providing skin care?

Answer: The primary goal of obtaining consent is to ensure that the client is fully informed about the proposed skin care procedures, risks, benefits, and alternatives, and voluntarily agrees to proceed with the treatment.

2. Name three essential tools commonly used in skin care routines.

Answer: Three essential tools in skin care routines are facial cleansing brushes, exfoliating scrubs, and cotton pads for product application.

3. How can caregivers assist the elderly in maintaining skin nourishment?

Answer: Caregivers can assist the elderly in maintaining skin nourishment by ensuring they stay well-hydrated, follow a balanced diet, apply moisturizers regularly, and use sunscreen for sun protection.

4. Why is skin moisture important for skin health?

Answer: Skin moisture is important for skin health because it helps keep the skin soft, supple, and prevents dryness, which can lead to irritation and other skin issues.

5. What are the potential benefits of physical movement for elderly individuals?

Answer: The potential benefits of physical movement for elderly individuals include improved mobility, enhanced strength, cardiovascular health, bone health, better mood, and reduced risk of falls.

6. Mention three types of range of motion exercises and their purposes.

Answer: Three types of range of motion exercises are:

- Passive Range of Motion (PROM): To move the joints without any effort from the individual.
- Active Range of Motion (AROM): To move the joints actively without assistance.
- Active-Assisted Range of Motion (AAROM): To move the joints actively with some assistance from the caregiver or therapist.

7. How can caregivers maintain confidentiality and security when providing skin care to clients?

Answer: Caregivers can maintain confidentiality and security by keeping the client's personal and medical information private, only sharing it with authorized individuals involved in their care, and using secure storage and electronic systems for data protection.

Task Sheet-7.1: Assist the Client in Skin Care

Task Name: Assist the client in skin care

Working Procedure:

1. Gather Supplies: Gloves and lotion
2. Routine Pre-Procedure Steps:
 - Knock on the resident's door.
 - Perform hand hygiene and put on gloves.
 - Maintain respectful, courteous, and professional communication at all times.
 - Introduce yourself and identify the resident.
 - Provide for privacy.
 - Explain the procedure to the resident.
3. Procedure Steps:
 - Position the resident as needed and only expose the skin that will be moisturized.
 - Put on gloves.
 - Place a quarter-sized circle of lotion on one palm.
 - Rub the hands together to warm the lotion.
 - Apply the lotion to dry skin but avoid getting lotion between the toes.
 - Use additional lotion, warming between your hands as needed, until all dry skin has been moisturized.
 - Wipe off any excess lotion gently with a dry towel.
 - Remove the gloves, turning them inside out.
4. Post-Procedure Steps:
 - Perform hand hygiene.
 - Check for resident comfort and ask if anything else is needed.
 - Ensure the bed is low and locked. Check the brakes.
 - Place the call light or signaling device within reach of the resident.
 - Open the door and privacy curtain.
 - Perform hand hygiene.
 - Document and report any skin issues or changes noted with the resident.

Learning Outcome: 8 Prepare and maintain client's bed

Contents:

Cleaning and preparing the bed making area

- Preparation and use of bedding and other necessary equipment
- Occupied bed prepared
- Client comfort
- Client Security
- Making the client's bed
- Report on damaged/defective beds and other equipment
- Mattresses, pillows, bed sheets etc
- Appropriate authorities
- Sending used linen for washing
- Waste management

Assessment Criteria:

- The area for bed making is cleaned and ready as per standard procedure.
- Bed, equipment and aids for bed making are prepared based on established Standard.
- Comfort and safety of the client is recognized when doing occupied bed making as per standard procedure.
- Bed is prepared considering client's body mechanics.
- Damaged and/or faulty beds, equipment, mattresses, pillows and linen are reported to appropriate persons following standard procedure.
- Dirty linen is sent to washing house.
- Waste is disposed as per standard procedures.

Conditions:

Students/trainees must be provided with the following:

- Applicable tools, utensil and equipment as prescribed by competency standard
- Supply materials
- Relevant ingredients
- CBLM related with the learning out come
- Instructions, job sheets, activity sheet and standard operating procedures
- Personal protective equipment
- Module/reference

Learning Materials:

- CBLM
- Handouts
- Books, Manuals
- Module/ Reference
- Paper
- Pen

Learning Experience 8: Prepare and maintain client's bed.

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about Prepare and maintain client's bed.	1. Instructor will provide the learning materials Prepare and maintain client's bed.
2. Read the Information sheet/s	2. Information Sheet No:8 Prepare and maintain client's bed.
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 8 Prepare and maintain client's bed. Answer key No. Prepare and maintain client's bed.
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 8 Prepare and maintain client's bed. Specification Sheet: 8 Prepare and maintain client's bed.

Information Sheet 8: Prepare and maintain client's bed.

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- Cleaning and preparing the bed making area
- Preparation and use of bedding and other necessary equipment
- Occupied bed prepared
- Client comfort
- Client Security
- Making the client's bed
- Report on damaged/defective beds and other equipment
- Mattresses, pillows, bed sheets etc
- Appropriate authorities
- Sending used linen for washing
- Waste management



8.1 Bed Making

Bed making is a technique in which different types of beds are prepared to make a client or patient comfortable according to the situations and procedures. It is an essential procedure in caregiving in which **caregivers prepare and arrange** different types of beds for the client's comfort across a variety of settings including old home, hospital, clinic or in home care.

Caregivers play a vital role in ensuring that the bed is properly made, taking into consideration the specific needs and preferences of the person they are caring for. Bedmaking is an integral part of daily caregiving tasks and is crucial for promoting the well-being and comfort of the individual.

Purposes Of Bed Making -

- To provide a safe and comfortable bed to the clients or patients.
- To organize a specific ward.
- To be prepared for any critical or emergency condition.
- To prevent bedsores.
- To promote neat appearance and cleanliness.
- To teach the relatives to take care of the sick at home.

Key Aspects of Bedmaking for Caregivers:

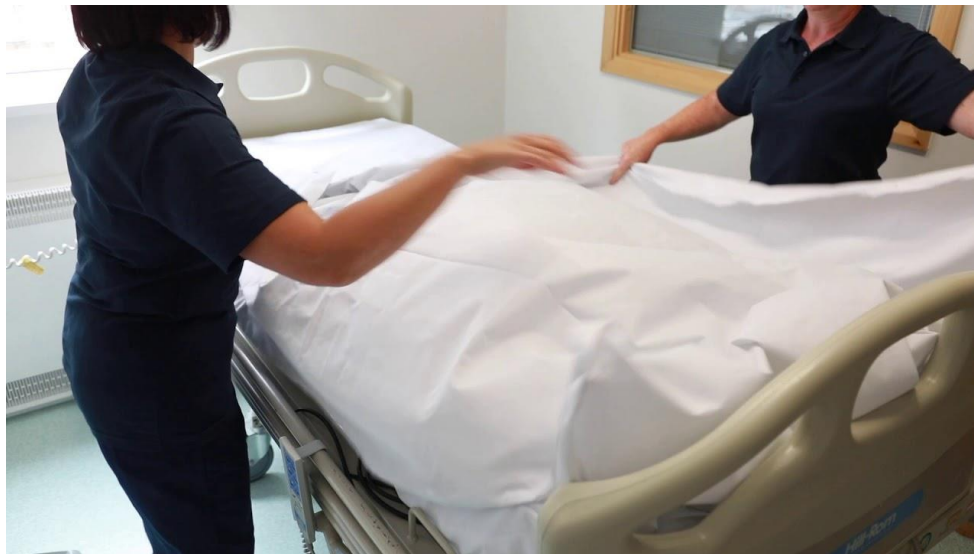
1. **Comfort:** Caregivers prioritize the comfort of the person they are caring for. They choose appropriate beddings, pillows, and positioning aids to enhance the individual's comfort and support.
2. **Hygiene:** Maintaining cleanliness and hygiene is crucial to prevent infections and promote overall health. Caregivers change bed linens regularly and keep the bed area clean and free from debris.
3. **Pressure Relief:** For bedridden or immobile individuals, caregivers use positioning techniques and aids to relieve pressure on specific body areas, reducing the risk of pressure ulcers.
4. **Incontinence Management:** If the person has incontinence issues, caregivers use protective layers like waterproof mattress pads and incontinence pads to keep the bedding clean and dry.
5. **Safety:** Caregivers consider safety measures, such as adjusting bed height and using bed rails if necessary, to prevent falls and ensure the person's security.
6. **Communication:** Caregivers communicate with the individual to understand their preferences and needs regarding bedding materials, pillow types, and sleep routines.
7. **Observation and Reporting:** Caregivers regularly observe the individual's skin for any signs of redness, irritation, or discomfort, and promptly report any concerns to healthcare professionals.
8. **Flexibility and Empathy:** Each individual may have unique requirements and preferences. Caregivers remain flexible and empathetic, tailoring the bedmaking process to suit the person's specific needs.
9. **Team Collaboration:** Caregivers work collaboratively with healthcare professionals, family members, and other caregivers to ensure coordinated care and address the individual's overall well-being.
10. **Respect for Dignity:** Caregivers approach bedmaking with respect for the individual's privacy and dignity, making sure they feel comfortable and supported during the process.

Bedmaking is not just a practical task but also an opportunity for caregivers to provide compassionate care and contribute to the overall comfort and contentment of the person they are looking after.

Infection control guidelines when making beds:

- Never allow linens to touch your uniform.
- Do not transfer linens from one room to another.
- Do not place soiled linens on the floor.
- If linens touch the floor, they should be placed in the soiled laundry for cleaning and not used.
- Do not shake linens because it can spread airborne pathogens.
- Store clean linens in a closed closet or a covered cart.

8.2 Cleaning and preparing the bed making area



Cleaning and preparing the bed making area is an essential step to ensure a hygienic and organized environment for the bedmaking process. Proper cleaning and preparation help maintain a clean and comfortable space for the individual under the caregiver's care.

1. **Comfort:** Caregivers prioritize the comfort of the person they are caring for. They choose appropriate beddings, pillows, and positioning aids to enhance the individual's comfort and support.
2. **Hygiene:** Maintaining cleanliness and hygiene is crucial to prevent infections and promote overall health. Caregivers change bed linens regularly and keep the bed area clean and free from debris.
3. **Pressure Relief:** For bedridden or immobile individuals, caregivers use positioning techniques and aids to relieve pressure on specific body areas, reducing the risk of pressure ulcers.
4. **Incontinence Management:** If the person has incontinence issues, caregivers use protective layers like waterproof mattress pads and incontinence pads to keep the bedding clean and dry.
5. **Safety:** Caregivers consider safety measures, such as adjusting bed height and using bed rails if necessary, to prevent falls and ensure the person's security.

6. **Communication:** Caregivers communicate with the individual to understand their preferences and needs regarding bedding materials, pillow types, and sleep routines.
7. **Observation and Reporting:** Caregivers regularly observe the individual's skin for any signs of redness, irritation, or discomfort, and promptly report any concerns to healthcare professionals.
8. **Flexibility and Empathy:** Each individual may have unique requirements and preferences. Caregivers remain flexible and empathetic, tailoring the bedmaking process to suit the person's specific needs.
9. **Team Collaboration:** Caregivers work collaboratively with healthcare professionals, family members, and other caregivers to ensure coordinated care and address the individual's overall well-being.
10. **Respect for Dignity:** Caregivers approach bedmaking with respect for the individual's privacy and dignity, making sure they feel comfortable and supported during the process.

Bedmaking is not just a practical task but also an opportunity for caregivers to provide compassionate care and contribute to the overall comfort and contentment of the person they are looking after.

8.3 Preparation and use of bedding and other necessary equipment

We need several equipment to make the bed for the client. Such as:

- **Hospital Bed with Side Rails:** A hospital bed with side rails is an adjustable and specialized bed used in healthcare settings. The side rails provide safety and support, preventing patients from accidentally falling out of bed.
- **Linens:** Linens refer to the various fabrics used on the bed, including sheets, blankets, and pillowcases. They provide comfort and cleanliness for the patient.
- **Bottom Sheet:** The bottom sheet, also known as the fitted sheet, is a sheet with elastic corners that securely fits around the mattress to keep it in place.
- **Top Sheet:** The top sheet is a flat sheet that goes on top of the fitted sheet and provides an extra layer of comfort and warmth.
- **Under Pads:** Under pads, also known as disposable bed pads or chux, are absorbent pads placed on the bed to protect the mattress from spills and incontinence.
- **Pillowcase:** A pillowcase is a cover for the pillow, providing a clean and hygienic surface for the patient's head.
- **Pillow:** A pillow is a soft cushion for supporting the head and neck during sleep or rest.
- **Over Bed Tables:** Over bed tables are adjustable tables that can be placed over the hospital bed, providing a convenient surface for eating, reading, or other activities.
- **Bed Wedge:** A bed wedge is a triangular-shaped cushion placed under the mattress to elevate the upper body, helpful for patients with respiratory issues or acid reflux.
- **Slide Sheet:** A slide sheet is a thin and slippery fabric used to help reposition patients in bed without straining or causing discomfort.
- **Foot Stool:** A foot stool is a small step platform used to assist patients in getting into and out of bed or for reaching higher objects.
- **Hamper:** A hamper is a container used to collect used linens and other items for laundry and proper disposal.
- **Linen Trolley:** A linen trolley is a wheeled cart used for transporting clean and dirty linens throughout the healthcare facility, promoting efficient bed-making and laundry processes.

Having access to these essential items and equipment is crucial for caregivers in providing proper care, comfort, and support to patients, especially in healthcare settings like hospitals and nursing homes. They contribute to maintaining a clean, organized, and comfortable environment for the well-being of those under their care.

8.4 Types of Bed

Bed Making Type	Description
Closed Bed	All bedding is fully made up with sheets, blankets, and pillows arranged neatly. It is prepared for a new patient or when the patient is discharged and the bed remains unoccupied.
Open Bed	The top linens are fan-folded to the foot of the bed, leaving the mattress exposed. The bed is ready for a new patient to get into.
Admission Bed	The bed is prepared for a newly admitted patient. It includes clean linens, pillows, and necessary items for the patient's arrival.
Occupied Bed	Changing the linens while the patient remains in bed. This bed-making is done for patients who cannot get out of bed due to illness or injury.
Operation Bed/Post-Anaesthetic Bed	Prepared for patients returning from surgery or anesthesia. Extra care is taken to ensure their comfort and safety during the recovery period.
Cardiac Bed	Bed specifically set up for patients with heart conditions. It involves raising the head of the bed to a specific angle to reduce strain on the heart.
Fracture Bed	The bed is prepared to accommodate patients with fractures, using specific positioning and supportive devices to aid in their recovery.
Amputation Bed	Designed for patients who have undergone amputation, with one half of the bed kept empty to support the residual limb.
Blanket Bed	A simple bed-making technique where a blanket is used as the top covering instead of a sheet and blanket. Useful when linens need frequent changes.

Each type of bed making serves a specific purpose and is tailored to the patient's condition and needs. Care providers follow these bed-making techniques to ensure the comfort, safety, and well-being of patients in different healthcare settings.

<p>Closed bed</p>	
<p>Open bed. Top linens are fan-folded to the foot of the bed.</p>	

<p>Occupied bed.</p>	
<p>Surgical bed.</p>	
<p>Linens: Caregiver holding away from your body and uniform.</p>	
<p>Roll used linens away from the body</p>	

8.4 1. Prepare and maintain client's bed.

1. Gather Supplies: Linens

2. Routine Pre-Procedure Steps:

- Knock on the client's door.
- Perform hand hygiene.
- Introduce yourself and identify the resident.
- Maintain respectful, courteous, and professional communication at all times.
- Provide for privacy.
- Explain the procedure to the client.

3. Procedure Steps:

Unoccupied bed

- Place a clean barrier on a flat surface. Flip the linens over and place them on the barrier so the fitted sheet is on top.
- Don gloves.
- Look for any personal belongings that may have been left in the bed and return them to their proper place.
- Untuck the corners and roll all linens together to the middle of the bed.
- Place soiled linens in a linen bag or other appropriate container according to facility policy.
- Remove gloves.
- Perform hand hygiene.
- If the bed is soiled, sanitize it or notify environmental services to sanitize it.
- After the bed has dried from sanitization, place the fitted sheet on the bed. Seams should be against the mattress and away from the resident. Smooth the sheet to prevent wrinkles that can cause injury to fragile skin. (Note: If a flat sheet is used as the bottom sheet, refer to sub-bullets below for details on making mitered corners.)
- Place the lift sheet where it is estimated the resident's shoulders to hips will be when they are in bed.
- Place a soaker pad or other waterproof barrier on top of the lift sheet.
- Place the flat sheet on top and smooth it out. Make mitered corners at the foot of the bed by doing the following:
 - Tuck the entire end of the sheet under the foot of the bed.
 - While facing the foot of the bed, create a 45-degree angle from the corner of the bed with the sheet.
 - Place the angled edge of the sheet on top of the bed and tuck in anything hanging below the bed frame.
 - Lower the angled sheet back over the edge of the bed.
- Place a bedspread or blanket on top of the sheet per the resident's preference. Make a mitered corner in the bedspread or blanket by performing the steps above.
- Lay a pillow on the bed and slide the pillowcase over the pillow.
- Put the pillow at the head of the bed with the open end of the pillowcase faced away from the door. Repeat for multiple pillows.

Occupied Bed:

- Place a clean barrier on a flat surface, flip linens over, and place them on the barrier so the fitted sheet is on top.
- Don gloves.
- Look for any personal belongings that may have been left in the bed and return them to their proper place.
- Put the side rail up.
- Move to the opposite side of the bed.
- Using the lift sheet, roll the resident towards the side rail.

- Begin rolling soiled linens to the middle of the bed and under the resident.
- Remove gloves.
- Perform hand hygiene.
- Place a fitted sheet on the half of the bed you are working on.
- Place the lift sheet and soaker pad in the same manner, fan folding them under the resident.
- Raise the side rail.
- Move to the opposite side of the bed.
- Put on gloves.
- Lower side rail on working side of the bed.
- Roll the resident to the opposite side.
- Remove the soiled linens and place them in a linen bag.
- Remove gloves.
- Perform hand hygiene.
- Pull through the fitted sheet, lift sheet, and soaker pad, ensuring there are no wrinkles.
- Assist the resident to a supine position.
- Keeping the resident covered, place a new flat sheet on top of them.
- Make mitered corners at the foot of the bed by doing the following:
 - Tuck the entire end of the sheet under the foot of the bed.
 - Facing the foot of the bed, create a 45-degree angle from the corner of the bed with the sheet.
 - Place the angled sheet on top of the bed and tuck in anything hanging below the bed frame.
 - Lower the angled sheet over the edge of the bed.
- Put a clean pillowcase on a new pillow and exchange it for the soiled pillow. Put the pillow at the head of the bed with the open end of the pillowcase faced away from the door. Repeat for multiple pillows.
- Repeat steps for any blankets or bedspreads.
- Make a toe pleat (i.e., a pleat in the sheet which allows an individual to move feet) to prevent pressure.

4. Post-Procedure Steps:

- Perform hand hygiene.
- Check on resident comfort and ask if anything else is needed.
- Ensure the bed is low and locked. Check the brakes.
- Place the call light or signaling device within reach of the resident.
- Open the door and privacy curtain.
- Perform hand hygiene.
- Report abnormal findings to the nurse.

Self-Check Sheet – 8: Prepare and maintain client’s bed.

Questionnaire:

1. What is bed making in caregiving?
Answer:
2. What are the purposes of bed making?
Answer:
3. What key aspects do caregivers consider during bedmaking?
Answer:
4. What is an open bed?
Answer:
5. What is a mitered corner in bedmaking?
Answer:
6. What are some essential equipment for bed making?
Answer:
7. What is the importance of infection control during bed making?
Answer:
8. How many people are generally required for an occupied bed making?
Answer:
9. What do caregivers prioritize during bed making?
Answer:
10. What type of bed is designed for patients with heart conditions?
Answer:

Answer Key – 8: **Prepare and maintain client's bed**

1. What is bed making in caregiving?

Answer: Preparing beds for client comfort in various settings.

2. What are the purposes of bed making?

Answer: To provide comfort, prevent bedsores, promote cleanliness, and organize specific wards.

3. What key aspects do caregivers consider during bedmaking?

Answer: Comfort, hygiene, pressure relief, safety, communication, and flexibility.

4. What is an open bed?

Answer: The top linens are fan-folded to the foot of the bed, leaving the mattress exposed.

5. What is a mitered corner in bedmaking?

Answer: A technique used to neatly fold bed linens at the foot of the bed.

6. What are some essential equipment for bed making?

Answer: Hospital bed with side rails, linens, pillows, under pads, and more.

7. What is the importance of infection control during bed making?

Answer: To prevent the spread of infections and maintain a clean environment.

8. How many people are generally required for an occupied bed making?

Answer: At least two caregivers.

9. What do caregivers prioritize during bed making?

Answer: Client comfort, safety, and maintaining hygiene.

10. What type of bed is designed for patients with heart conditions?

Answer: Cardiac Bed.

Job Sheet-7.1: Prepare and Maintain Client's Bed

Job Name: Prepare and maintain client's bed.

Working Procedure:

1. Gather Supplies: Linens

2. Routine Pre-Procedure Steps:

- Knock on the client's door.
- Perform hand hygiene.
- Introduce yourself and identify the resident.
- Maintain respectful, courteous, and professional communication at all times.
- Provide for privacy.
- Explain the procedure to the client.

2. Procedure Steps:

Unoccupied bed

- Place a clean barrier on a flat surface. Flip the linens over and place them on the barrier so the fitted sheet is on top.
- Don gloves.
- Look for any personal belongings that may have been left in the bed and return them to their proper place.
- Untuck the corners and roll all linens together to the middle of the bed.
- Place soiled linens in a linen bag or other appropriate container according to facility policy.
- Remove gloves.
- Perform hand hygiene.
- If the bed is soiled, sanitize it or notify environmental services to sanitize it.
- After the bed has dried from sanitization, place the fitted sheet on the bed. Seams should be against the mattress and away from the resident. Smooth the sheet to prevent wrinkles that can cause injury to fragile skin. (Note: If a flat sheet is used as the bottom sheet, refer to sub-bullets below for details on making mitered corners.)
- Place the lift sheet where it is estimated the resident's shoulders to hips will be when they are in bed.
- Place a soaker pad or other waterproof barrier on top of the lift sheet.
- Place the flat sheet on top and smooth it out. Make mitered corners at the foot of the bed by doing the following:
 - Tuck the entire end of the sheet under the foot of the bed.
 - While facing the foot of the bed, create a 45-degree angle from the corner of the bed with the sheet.
 - Place the angled edge of the sheet on top of the bed and tuck in anything hanging below the bed frame.
 - Lower the angled sheet back over the edge of the bed.

- Place a bedspread or blanket on top of the sheet per the resident's preference. Make a mitered corner in the bedspread or blanket by performing the steps above.
- Lay a pillow on the bed and slide the pillowcase over the pillow.
- Put the pillow at the head of the bed with the open end of the pillowcase faced away from the door. Repeat for multiple pillows.

Occupied Bed:

- Place a clean barrier on a flat surface, flip linens over, and place them on the barrier so the fitted sheet is on top.
- Don gloves.
- Look for any personal belongings that may have been left in the bed and return them to their proper place.
- Put the side rail up.
- Move to the opposite side of the bed.
- Using the lift sheet, roll the resident towards the side rail.
- Begin rolling soiled linens to the middle of the bed and under the resident.
- Remove gloves.
- Perform hand hygiene.
- Place a fitted sheet on the half of the bed you are working on.
- Place the lift sheet and soaker pad in the same manner, fan folding them under the resident.
- Raise the side rail.
- Move to the opposite side of the bed.
- Put on gloves.
- Lower side rail on working side of the bed.
- Roll the resident to the opposite side.
- Remove the soiled linens and place them in a linen bag.
- Remove gloves.
- Perform hand hygiene.
- Pull through the fitted sheet, lift sheet, and soaker pad, ensuring there are no wrinkles.
- Assist the resident to a supine position.
- Keeping the resident covered, place a new flat sheet on top of them.
- Make mitered corners at the foot of the bed by doing the following:
 - Tuck the entire end of the sheet under the foot of the bed.
 - Facing the foot of the bed, create a 45-degree angle from the corner of the bed with the sheet.
 - Place the angled sheet on top of the bed and tuck in anything hanging below the bed frame.
 - Lower the angled sheet over the edge of the bed.
- Put a clean pillowcase on a new pillow and exchange it for the soiled pillow. Put the pillow at the head of the bed with the open end of the pillowcase faced away from the door. Repeat for multiple pillows.

- Repeat steps for any blankets or bedspreads.
- Make a toe pleat (i.e., a pleat in the sheet which allows an individual to move feet) to prevent pressure.

4. Post-Procedure Steps:

- Perform hand hygiene.
- Check on resident comfort and ask if anything else is needed.
- Ensure the bed is low and locked. Check the brakes.
- Place the call light or signaling device within reach of the resident.
- Open the door and privacy curtain.
- Perform hand hygiene.
- Report abnormal findings to the nurse.

Specification Sheet-7.1: Prepare and Maintain Client's Bed

Tools and equipment: As per requirement.

Materials: As per requirement.

PPE: Gloves, gown, hair net, mask etc.

Specific Instructions:

1. Maintain privacy and effective communication
2. Explain the procedure and obtain permission

Learning Outcome 8: Assist Client in Safe Movement and Transfer

Assessment Criteria	<ol style="list-style-type: none"> 1. Mobility/transfer equipments are prepared and used in an appropriate and safe manner in accordance with care plan based on established standard procedures 2. Client is assisted with movement to regain independence in accordance with established standard procedures 3. Client is given positive reinforcement during movement based on established standard procedures 4. Client's progress is recorded and reported to responsible persons
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker
Contents	<ol style="list-style-type: none"> 1 Preparation, use of necessary equipment for transferring the client 2 Getting the client moving 3 Provide positive encouragement to the client during movement 4 Recording and reporting client progress
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Project Work 5. Problem Solving 6. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 8: Assist Client in Safe Movement and Transfer

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about Assist client in safe movement and transfer	1. Instructor will provide the learning materials Assist client in safe movement and transfer
2. Read the Information sheet/s	2. Information Sheet No: 8 Assist clients in safe movement and transfer
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 8 Assist clients in safe movement and transfer Answer key No. 8 Assist client in safe movement and transfer
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 8 Assist clients in safe movement and transfer Specification Sheet: 8 Assist clients in safe movement and transfer

Information Sheet 8: Assist Client in Safe Movement and Transfer

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 8.1 Preparation, use of necessary equipment for transferring the client.
- 8.2 Getting the client moving
- 8.3 Provide positive encouragement to the client during movement.
- 8.4 Recording and reporting client progress

8.1 Client movement and transfer

Client movement and transfer refer to the safe and proper handling of individuals who require assistance with mobility or transportation due to age, illness, disability, or other medical conditions. Caregivers are responsible for ensuring the well-being and safety of their clients during movements and transfers to prevent accidents and injuries.

Client movement and transfer can involve various activities, including:

- **Assisted Mobility:** Assisting clients in walking or moving from one place to another, such as helping them get out of bed, walk to the bathroom, or move around the house.
- **Wheelchair Transfers:** Helping clients transfer between a wheelchair and other surfaces, such as a bed, chair, or vehicle seat.
- **Bed Transfers:** Safely transferring clients from a bed to a wheelchair, commode, or other surfaces, and vice versa.
- **Bathroom Transfers:** Assisting clients in transferring to and from the toilet, shower, or bathtub.
- **Repositioning in Bed:** Turning or repositioning clients in bed to prevent pressure sores and promote comfort.
- **Lifting and Transferring:** Using proper techniques and assistive devices (e.g., transfer belts, mechanical lifts) to move clients with limited mobility from one place to another.
- **Vehicle Transfers:** Safely helping clients get in and out of vehicles, such as cars or vans, especially when using mobility aids like walkers or canes.

Safety is paramount during client movement and transfer. Caregivers should receive proper training in body mechanics, lifting techniques, and the use of assistive devices to avoid injury to both the caregiver and the client. They should also be aware of the client's physical limitations and any medical conditions that may impact the transfer process.

Additionally, caregivers should communicate effectively with their clients, ensuring they are comfortable and informed during movements and transfers. Treating clients with respect, dignity, and sensitivity is essential throughout the process.

8.2 Preparation, use of necessary equipment for transferring the client

Preparing for and using necessary equipment for transferring clients is essential to ensure their safety and the safety of caregivers. The type of equipment required for transferring clients can vary depending on the client's mobility level and the caregiver's abilities. Here are some general guidelines for preparation and equipment use during client transfers:

- **Assessment of Client's Mobility:** Before attempting any transfer, caregivers should assess the client's mobility level and their ability to bear weight on their legs. This assessment will help determine the appropriate equipment and transfer technique needed.
- **Using Assistive Devices:** Depending on the client's needs, caregivers may use various assistive devices, such as transfer belts, gait belts, slide sheets, or transfer boards. These tools help with safe and controlled movements during transfers.
- **Mechanical Lifts:** In cases where the client has limited mobility or cannot bear weight on their legs, mechanical lifts (e.g., Hoyer lift or sit-to-stand lift) may be necessary. Caregivers should receive proper training on how to operate these lifts safely.
- **Non-Slip Surfaces:** Ensure that the transfer area has non-slip surfaces to prevent slips and falls during transfers. Remove any obstacles or tripping hazards from the transfer path.
- **Clear Communication:** Establish clear and concise communication between the caregiver and the client before and during the transfer. Discuss the steps involved, and make sure the client understands their role during the process.
- **Proper Body Mechanics:** Caregivers should use proper body mechanics to protect their own health while transferring clients. This includes bending at the knees, keeping the back straight, and avoiding twisting or jerking movements.
- **Assistance from Another Caregiver:** Depending on the client's needs and weight, it may be necessary to have an additional caregiver present to assist with the transfer safely.
- **Practice and Training:** Caregivers should receive adequate training on transferring techniques and equipment use. Regular practice can help improve their skills and confidence.
- **Emergency Plan:** Have an emergency plan in place in case a transfer becomes unsafe or difficult. Caregivers should know how to call for help if needed.
- **Documenting Transfers:** Caregivers should maintain a record of client transfers, noting any difficulties or changes in the client's mobility over time.

It's important to note that each client's situation is unique, and the equipment and techniques used for transferring may vary. If unsure about the appropriate equipment or methods for a particular client, caregivers should seek guidance from healthcare professionals or physical therapists who can provide individualized recommendations.

Necessary equipment and aid:

Assistive Device	Description	Purpose
Walkers	Four-legged frames to assist with walking	Provide stability and support for individuals with balance or mobility challenges.
Canes	Single-legged sticks for support while walking	Offer additional balance and aid in weight-bearing for those with mild mobility issues.
Crutches	Devices to assist walking with arm support	Help individuals with leg injuries or disabilities to walk or bear weight on their legs.
Wheelchair	Chair on wheels for seated mobility	For individuals with limited mobility or unable to walk independently.
Trapeze	Overhead device to help with bed mobility	Assists clients in repositioning or transferring in bed using their upper body strength.
Transfer/Gait Belt	Belt worn by the caregiver to assist lifting and transferring clients	Provides a secure grip for the caregiver during transfers.
Mobility Draw Sheet	Sheet to assist with repositioning in bed	Helps caregivers move clients up or turn them while in bed.
Transfer Boards	Boards to aid in lateral transfers	Allows clients to slide between surfaces, such as bed to wheelchair, with minimal effort.
Commode Chairs	Portable chairs with a built-in toilet	Facilitates toileting for individuals who have difficulty accessing the bathroom.

Please note that the use of these assistive devices should be determined based on individual needs and abilities. It is essential to receive proper training in their use and to consult with healthcare professionals or therapists for guidance on selecting the appropriate equipment for each client.

8.3 Getting the client moving

Encouraging and getting a client moving is an important aspect of caregiving, particularly for individuals with limited mobility or those recovering from an illness or injury. Movement helps

maintain physical function, prevents complications like muscle atrophy and pressure sores, and enhances overall well-being. However, it's crucial to proceed with care and according to the client's abilities. Here are some steps to help get a client moving:

- **Assessment:** Start by assessing the client's mobility level and any restrictions or limitations they may have. Understand their medical history, any recent injuries, and consult with healthcare professionals if necessary.
- **Set Goals:** Establish realistic and achievable goals for the client's mobility. These could range from small tasks like sitting up in bed or standing with assistance to more significant objectives like taking a short walk.
- **Warm-Up Exercises:** Begin with gentle warm-up exercises to prepare the client's muscles and joints for movement. Range-of-motion exercises, such as ankle circles, shoulder rotations, and knee bends, can be helpful.
- **Assistive Devices:** If the client requires assistive devices, ensure they are properly fitted and in good condition. These devices might include canes, walkers, crutches, or wheelchairs, depending on the client's needs.
- **Proper Body Mechanics:** For caregivers assisting with the client's movement, it's essential to use proper body mechanics to avoid injury. Use the legs rather than the back when lifting or assisting the client.
- **Encouragement and Positive Reinforcement:** Provide positive encouragement throughout the process. Celebrate each milestone and progress, no matter how small it may seem.
- **Adaptive Techniques:** If the client faces challenges with certain movements, explore adaptive techniques that can make tasks easier and more achievable. For example, using a slide board for transfers or employing a rolling walker.
- **Consistency:** Consistent movement is crucial for maintaining mobility and preventing stiffness. Create a daily routine that includes regular movement and exercise tailored to the client's abilities.
- **Variety in Exercises:** Incorporate a variety of exercises to work on different muscle groups and to keep the routine engaging. This may include stretching, strength-building exercises, and balance activities.
- **Safety First:** Always prioritize safety during movement. Use non-slip surfaces, remove any hazards from the environment, and have someone nearby for support if needed.
- **Monitor and Adapt:** Continuously monitor the client's progress and adapt the exercise routine accordingly. Adjust goals and exercises based on the client's abilities and any changes in their health.



8.4 Patient Transfer:



Transfers are defined as moving a patient from one flat surface to another, such as from a bed to a stretcher (Perry et al., 2014). Types of hospital transfers include bed to stretcher, bed to wheelchair, wheelchair to chair, and wheelchair to toilet, and vice versa.




PATIENT TRANSFER FROM BED TO STRETCHER

A bed to stretcher transfer requires a minimum of three to four people, depending on the size of the patient and the size and strength of the health care providers. Patients who require this type of transfer are generally immobile or acutely ill and may be unable to assist with the transfer. Checklist 29 shows the steps for moving patients laterally from one surface to another.

MOVING A PATIENT FROM BED TO STRETCHER

<p><i>Preparatory considerations:</i></p> <ul style="list-style-type: none"> • Perform hand hygiene. • Introduce yourself to patient. • Confirm patient ID using two patient identifiers (e.g., name and date of birth). • Listen and attend to patient cues. • Ensure patient's privacy and dignity. • Ensure tubes and attachments are properly placed prior to the procedure to prevent accidental removal. • A slider board and full-size sheet or friction-reducing sheet is required for the transfer. 	
STEPS	ADDITIONAL INFORMATION
1. Always predetermine the number of staffs required to safely transfer a patient horizontally.	Three to four health care providers are required for the transfer.
2. Explain what will happen and how the patient can help (tuck chin in, keep hands on chest). Collect supplies.	<p>This step provides the patient with an opportunity to ask questions and help with the transfer.</p>  <p>Stretcher and slider board</p>  <p>Chin tucked in and arms across chest</p>
3. Raise bed to safe working height. Lower head of bed and side rails.	Safe working height is at waist level for the shortest health care provider.

<p>Position the patient closest to the side of the bed where the stretcher will be placed.</p>	<p>The patient must be positioned correctly prior to the transfer to avoid straining and reaching. May need additional health care providers to move patient to the side of the bed.</p>
<p>4. Roll patient over and place slider board halfway under the patient, forming a bridge between the bed and the stretcher. Place sheet on top of the slider board. The sheet is used to slide patient over to the stretcher. The patient is returned to the supine position. Patient's feet are positioned on the slider board.</p>	<p>The slider board must be positioned as a bridge between both surfaces. The sheet must be between the patient and the slider board to decrease friction between patient and board.</p>  <p>Place slider board Ensure all tubes and attachments are out of the way.</p>
<p>5. Position stretcher beside the bed on the side closest to the patient, with stretcher slightly lower. Apply brakes. Two health care providers climb onto the stretcher and grasp the sheet. The lead person is at the head of the bed and will grasp the pillow and sheet. The other health care provider is positioned on the far side of the bed, between the chest and hips of the patient, and will grasp the sheet with palms facing up. The two caregivers on the stretcher grasp the draw sheet using a palm up technique, sitting up tall, and keeping their elbows close to their body and backs straight.</p>	<p>The position of the health care providers keeps the heaviest part of the patient near the health care providers' centre of gravity for stability.</p>  <p>Caregiver at the head of the bed</p>
<p>6. The caregiver on the other side of the bed places his or her hands under the patient's hip and shoulder area with forearms resting on bed.</p>	
<p>7. The designated leader will count 1, 2, 3, and start the move. The person on the far side of the bed will push patient just to arm's length using a back-to-front weight shift. At the same time, the two caregivers on the stretcher will move from a sitting-up-tall</p>	<p>Coordinating the move between health care providers prevents injury while transferring patients. Using a weight shift from front to back uses the legs to minimize effort when moving a patient.</p>

<p>position to sitting on their heels, shifting their weight from the front leg to the back, bringing the patient with them using the sheet.</p>	
<p>8. The two caregivers will climb off the stretcher and stand at the side and grasp the sheet, keeping elbows tucked in. One of the two caregivers should be in line with the patient's shoulders and the other should be at the hip area. On the count of three, with back straight and knees bent, the two caregivers use a front-to-back weight shift and slide the patient into the middle of the bed.</p>	<p>The step allows the patient to be properly positioned in the bed and prevents back injury to health care providers.</p>  <p>Caregiver at the head of the bed</p>  <p>Weight on front leg</p>  <p>Shift weight to back foot</p>
<p>9. At the same time, the caregiver on the other side slides the slider board out from under the patient.</p>	<p>This step allows the patient to lie flat on the bed.</p>
<p>10. Replace pillow under head, ensure patient is comfortable, and cover the patient with sheets.</p>	<p>This promotes comfort and prevents harm to patient.</p>
<p>11. Lower bed and lock brakes, raise side rails as required, and ensure call bell is within reach. Perform hand hygiene.</p>	<p>Placing bed and side rails in a safe position reduces the likelihood of injury to patient. Proper placement of call bell facilitates patient's ability to ask for assistance.</p>



Bed in lowest position, side rail up, call bell within reach

Hand hygiene reduces the spread of microorganisms.



Hand hygiene

Self-Check Sheet-8: Assist Client in Safe Movement and Transfer

Questionnaire:

1. What is "client movement and transfer"?

Answer:

2. Provide an example of client movement and transfer.

Answer:

3. What is the purpose of using a transfer/gait belt during client movement?

Answer:

4. How many health care providers are generally required for a bed to stretcher transfer?

Answer:

5. Where should a slider board be placed for patient transfer?

Answer:

6. Name an appropriate assistive device for a client with limited mobility.

Answer:

7. Why is communication important during movement and transfer procedures?

Answer:

Answer Key - 8: Assist Client in Safe Movement and Transfer

1. What is "client movement and transfer"?

Answer: Safe handling of individuals requiring assistance with mobility.

2. Provide an example of client movement and transfer.

Answer: Assisting a client in walking to the bathroom.

3. What is the purpose of using a transfer/gait belt during client movement?

Answer: To provide a secure grip for caregivers during transfers.

4. How many health care providers are generally required for a bed to stretcher transfer?

Answer: 2.

5. Where should a slider board be placed for patient transfer?

Answer: Under the patient, forming a bridge between surfaces.

6. Name an appropriate assistive device for a client with limited mobility.

Answer: Canes.

7. Why is communication important during movement and transfer procedures?

Answer: To ensure client comfort and safety, and to coordinate the transfer effectively.

Job Sheet-8.1: Assist Client in Safe Movement and Transfer

Job Name: Assist client in safe movement and transfer.

Working Procedure:

1. Wash and dry hands thoroughly.
2. Check the client's care plan or medical records for any specific instructions or precautions related to transfers.
3. Communicate with the client, explaining the transfer process, and obtain their consent.

Transfer from Bed to Wheelchair:

1. Position the wheelchair close to the bed, ensuring it is locked in place.
2. Adjust the height of the bed to match the height of the wheelchair if possible.
3. Assist the client to sit up on the edge of the bed, with their feet flat on the floor.
4. Place one arm around the client's waist and the other under their knees or thighs.
5. Instruct the client to push with their arms and legs, assisting them to stand up.
6. Pivot the client's body to face the wheelchair while supporting them securely.
7. Lower the client gently into the wheelchair, ensuring their feet are positioned properly on the footrests.
8. Lock the wheelchair securely.

Transfer from Wheelchair to Bed:

1. Position the wheelchair alongside the bed, ensuring it is locked in place.
2. Adjust the height of the bed to match the height of the wheelchair if possible.
3. Apply the wheelchair brakes for added stability.
4. Assist the client to pivot their body to face the bed while holding them securely.
5. Instruct the client to reach back and hold the bed's side rail or mattress for support.
6. Lower the client gently onto the bed, guiding them to lie down in a comfortable position.
7. Ensure the client's head is supported by a pillow if needed.
8. Unlock the wheelchair and move it away from the bed.

General Safety Precautions:

1. Use a gait belt or transfer belt if necessary to provide extra support and stability during transfers.
2. Avoid sudden movements and ensure smooth, controlled transfers to prevent falls or injuries.
3. Ensure the client's feet are firmly placed on the floor or footrests during transfers.
4. Encourage the client to participate and use their strength during the transfer process if possible.
5. Use proper body mechanics and avoid excessive strain on your back or muscles.
6. Communicate clearly with the client throughout the transfer, asking for feedback and ensuring their comfort.
7. Always follow any special instructions provided by the healthcare team regarding the client's mobility and transfer needs.

Specification Sheet-8.1: Assist Client in Safe Movement and Transfer

Tools and equipment: Wheelchair, transfer belt.

Materials: Hand sanitizer, towel etc.

PPE: Gloves, gown, hair net, mask.

Specific Instructions:

1. Always communicate clearly with the client and obtain their consent before initiating any transfer.
2. Use proper body mechanics and safe techniques to ensure both client and caregiver safety during transfers.
3. Consider client-specific needs and review care plans to tailor the transfer approach accordingly.
4. Perform safety checks and ensure a clear transfer path to minimize potential hazards.

Review of Competency

Below is yourself assessment rating for module **Provide care to elderly people**

Assessment of performance Criteria	Yes	No
Vital signs instruments are prepared and cleansed based on established procedures.		
Factors affecting vital signs of client are determined, documented and reported based on established standards.		
Vital signs are monitored and recorded in accordance with the standard procedures.		
Hygiene and cleanliness are observed in accordance with established standards.		
Feeding tools, materials, and equipment are prepared and used in an appropriate and safe manner in accordance with care plan.		
Well-balanced diet is followed and prepared according to dietary requirements.		
Feeding is done as per standard feeding procedure.		
Aspiration and regurgitation signs and symptoms, and precautions are observed as per standard procedure.		
Storage and disposal of left-over food are handled in accordance with established procedures.		
The client's bladder and bowel functioning are checked according to care plan.		
Required processes, toileting equipment, aids, and appliances. are prepared and used in an appropriate and safe manner.		
Infection control procedures are ensured as per standard procedure.		
The client is positioned before elimination as per standard procedure and in consideration of client's comfort and privacy.		
The client is assisted in using the urinal, bedpan, commode and other assistive devices according to requirements.		
Urinary and bowel elimination problems (if any) are identified and recorded.		
The client is assisted in cleaning herself/himself.		
Wastes used diapers and wipes are properly disposed following standard industry practice.		
Assistive devices are cleaned, sanitized and stored after use.		
Verbal and non-verbal therapeutic communication is applied based on established procedure.		
Bathing equipment aids and appliances are prepared according to established standard.		

The environment is modified or adapted to ensure maximum comfort and safety.		
The client is prepared		
The client is checked for skin rashes and / or sores following standard infection control practices.		
The client is assisted in bathing/showering maintaining the client's sense of control.		
The client is assisted in dressing following client preference and comfort.		
Therapeutic communication techniques are used based on established Standard.		
Perennial/genital care equipment are prepared maintaining infection control security and standard.		
Privacy, comfort, and safety of the client is maintained as per established standard.		
The client is assisted in perineal/genital care maintaining the client's sense of control.		
Activities are documented and reported following established standard.		
The purpose and scope of the activity is explained to the client utilizing therapeutic communication tools.		
Tools, equipment and materials are prepared and used in an appropriate and safe manner in accordance with care plan.		
Principles of infection control is practiced based on established procedure.		
Client is assisted in the proper way to practice oral hygiene according to established procedure.		
Client is assisted in the proper way to clean dentures according to established procedure.		
Ways to give oral hygiene to conscious/ unconscious clients are applied as per standard procedure.		
Documentation of oral		
Consent is taken from client before starting the procedure.		
Tools, equipment, materials are prepared and used in an appropriate and safe manner in accordance with established procedures.		
Skin conditions and breakdowns are assessed ensuring privacy and safety and documented based on established standard.		
Client is assisted in performing skin care ensuring nutrition and hydration practices as per standard care procedures.		
Client is assisted with physical movement and range of motion exercises as per standard procedures.		
The area for bed making is cleaned and ready as per standard procedure.		

Bed, equipment and aids for bed making are prepared based on established Standard.		
Comfort and safety of the client is recognized when doing occupied bed making as per standard procedure.		
Bed is prepared considering client's body mechanics.		
Damaged and/or faulty beds, equipment, mattresses, pillows, and linen are reported to appropriate persons following standard procedure.		
Dirty linen is sent to washing house.		
Waste is disposed as per standard procedures.		
Mobility/transfer equipments are prepared and used in an appropriate and safe manner in accordance with care plan based on established standard procedures.		
Client is assisted with movement to regain independence in accordance with established standard procedures.		
Client is given positive reinforcement during movement based on established standard procedures.		
Client's progress is recorded and reported to responsible persons.		

I now feel ready to undertake my formal competency assessment.

Signed:

Date:

Development of CBLM:

The Competency Based Learning Material (CBLM) of ‘**Provide care to elderly people**’ (Occupation: Caregiving for Elderly Persons, Level-3) for National Skills Certificate is developed by NSDA with the assistance of SIMEC System, ECF consultancy & SIMEC Institute JV (Joint Venture Firm) in the month of June 2023 under the contract number of package SD-9A dated 07th May 2023.

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