Learner's Book

Module 25. Beyond Personal Care: Health-Related Responsibilities of the Home Health Aide

Activity 1. Health-Related Responsibilities—and Limitations—of the Home Health Aide

1. What Are Health-Related Tasks?

2. Health-Related Tasks That You Are Not Allowed to Do

3. Health-Related Tasks That You Can Do

4. What Do I Do? Follow the Care Plan!

Activity 2. Your Approach to Assisting with Health-Related Tasks

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Module 25. Beyond Personal Care: Health-Related Responsibilities of the Home Health Aide

1. What Are Health-Related Tasks?

Health-related tasks are nursing care tasks that can be provided by a trained home health aide.

The home health aide may assist the client directly with health-related tasks. The home health aide may also assist a nurse, physician, or rehabilitation clinician with health-related tasks.

The goals of health-related tasks are to help the client maintain as much independence as possible while functioning at the highest level that he or she can.

The care team determines which health-related tasks a client needs. These needs are explained on the client's care plan. **The home health aide assists only with those functions that are identified on the care plan.**

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2. Health-Related Tasks That You Are Not Allowed to Do

There are certain health-related tasks that you will not be allowed to perform as a home health aide. In general, the reason is that some activities must be performed by a licensed nurse or other clinician.

These activities include:

1. Giving medication.

2. Inserting tubes into a client's body or removing tubes from a client's body.

3. Performing procedures that require sterile technique.

4. Taking verbal or telephone orders from a physician.

5. Making diagnoses or prescribing treatments or medications for a client.

6. Telling a family member or a visitor a client's diagnosis, medical plans, or surgical plans.

7. Performing a task that you have not demonstrated your competence to perform.

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3. Health-Related Tasks That You Can Do

There are seven health-related tasks that home health aides can assist with. These activities are listed below.

1. Performing simple measurements and tests:
   - Temperature
   - Pulse
   - Respiration
   - Blood Pressure
   - Collecting specimens (samples) of urine, stool, or sputum

2. Assisting with complex modified diets

3. Assisting with a prescribed exercise program

4. Assisting with prescribed medical equipment, supplies, and devices

5. Assisting with special skin care:
   - Giving a back rub
   - Checking for soreness or redness and skin integrity
   - Changing position

6. Assisting with a clean dressing change

7. Assisting with ostomy care

4. What Do I Do? Follow the Care Plan!

The care plan may direct you to assist clients who require certain health-related tasks. Here are some examples of what the care plan may direct you to do:

1. Take the temperature of a client who has recently had an infection.
2. Take the pulse and blood pressure of a client who has hypertension.
3. Take the vital signs of a client who recently underwent surgery.
4. Collect a sputum specimen from a client who has chronic bronchitis.
5. Assist a client who recently had a stroke with prescribed range-of-motion exercises.
6. Check for soreness or redness on the skin of a client who uses a wheelchair.

Even though you will be trained to assist with these health-related tasks, you will not always be directed to do so. Remember to always check the care plan and perform ONLY the health-related tasks that the plan directs you to perform.

If there is a task that you have been trained to do, but it is not on the care plan and you need to do it, call your supervisor for approval. An example of this is taking the temperature of a client who is feeling feverish.

5. Your Approach Is Important!

You already know that it is part of your role as a home health aide to assist clients with certain health-related tasks. But did you know that how you approach this task can make a big difference? In other words, it's important to think not only about WHAT you are doing, but HOW you are doing it.

Promote the client's independence

Remember what you already know about **promoting the client's independence.** When assisting with health-related tasks, you promote independence when you:

- Encourage clients to do as much as they can on their own.
- Avoid assuming that a client needs your help. Instead, ask the client what assistance they want.

5. Your Approach Is Important!

Provide person-centered care

Also remember what you already know about **providing person-centered care**. When you assist with health-related tasks, you can do this in a person-centered way when you:

- Create a schedule **with** the client that fits the client's life.
- Build a strong relationship with the client.
- Make choices together.
- Provide the client with as much choice as possible about the kind of care he or she will get.
- Care as much about the client's feelings as you do about the client's health.
- Focus on the client's strengths, rather than on the client's problems.
- Remember that the workplace is where the client lives.
- Treat the client as someone with unique wants and needs.

Maintain confidentiality

And finally, remember what you know about maintaining **confidentiality**. When you assist with health-related tasks, make sure that you:

- Do not tell a family member or a visitor about a client's diagnosis, medical plans, or surgical plans.

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Module 26. Assisting with Complex Modified Diets

Activity 1. Introduction to Complex Modified Diets

1. What Are Complex Modified Diets?

2. Your Role in Assisting with Preparing a Complex Modified Diet

3. What Can Mr. Vela Eat? *(to be used with Worksheet 1)*

4. Assisting with Nutritional Supplements

Activity 2. Complex Modified Diets for Clients with Diabetes

5. Basic Information about Diabetes

6. Why Blood Sugar Is Important: Emergency Response Tips

7. Measuring Blood Sugar

8. Tools for Meal Planning for Clients with Diabetes

9. Diet Sheet for Inna Bronski

10. Basic Exchange Chart

11. Shopping and Cooking Tips for Clients with Diabetes

Module 26. Assisting with Complex Modified Diets

Activity 3. How to Approach Assisting with Complex Modified Diets

12. Learning from Maria

13. What to Observe, Record, and Report

Module 26. Assisting with Complex Modified Diets

1. What Are Complex Modified Diets?

Some illnesses or diseases may be treated with changes (modifications) to the diet. Some of these diseases are:

- Type 1 and type 2 diabetes
- Heart disease
- Kidney and liver disease

A complex modified diet usually has more than one kind of change in the diet. Here are some of the different types of complex modified diets:

- A diet that combines two or more simple modified diets
  Example: a low-salt and high-protein diet

- A diet that includes supplements that are measured and then added to the food

- A diet that adjusts the level (or balance) of protein, fat, and carbohydrates
  Examples: diet for diabetics, ketogenic diet, renal diet, cholesterol-lowering diet

2. Your Role in Assisting with Preparing a Complex Modified Diet

You **may** assist a client with preparing complex modified diets by:

- Planning meals with the client or family member
- Preparing shopping lists that are appropriate for the diet
- Buying foods that are appropriate for the diet
- Setting up equipment, utensils, and supplies that you will need to prepare meals
- Preparing meals
- Measuring and adding nutritional supplements to foods or drinks
- Serving meals
- Cleaning cooking areas, equipment, and utensils
- Storing uneaten foods properly
- Observing, recording, and reporting changes or problems in the client's eating patterns, *including when they eat out*

You **may not** assist a client by mixing medication into foods or drinks.

3. What Can Mr. Vela Eat?

Mr. Vela has heart disease. His doctor has prescribed a diet that is low in calories and low in sodium (salt). Below, you will see a list of the foods that are included in each of these diets. You will also see the foods that Mr. Vela should avoid. Read these lists with your small group, and then answer the questions on Worksheet 1.

Low-Fat Diet

Include: All food groups of MyPlate, especially skim milk, lean meat, fish and poultry, low-fat cottage cheese, fruits, and vegetables.

Avoid: Fried foods, cooking oil, cheese, butter, margarine, ice cream, salad dressings, eggs, gravies, bacon, lunch meat, and avocados.

Sodium-Restricted (Low-Salt) Diet

Include: All food groups of MyPlate, especially fresh fruits and vegetables, but limit cheese, milk, bakery bread.

Avoid: Table and cooking salts, lunch meat, bacon, canned vegetables and soups, salted butter and margarine, commercially prepared frozen dinners.

4. Assisting with Nutritional Supplements

You **may** assist a client by mixing prescribed nutritional supplements into their foods and beverages.

When you assist with nutritional supplements, be sure to:

- Mix or shake supplements thoroughly
- Follow the instructions exactly
- Make sure the client eats or drinks them at the time that is shown on the care plan
- Encourage the client to swallow the whole amount

Nutritional supplements are NOT the same as medications. Remember—you **may not** assist a client by mixing medication into foods or drinks.

5. Basic Information about Diabetes

What is diabetes?
Glucose is a sugar that travels in the bloodstream. It is normally absorbed into the body's cells and used for energy. The body needs a hormone called **insulin** (from the **pancreas**) to absorb glucose into the cells.

Without insulin, sugars can build up in the blood. This can cause problems with circulation and can damage organs. Diabetes is a disease where the pancreas does not produce enough insulin.

Too much glucose in the blood is called **high blood sugar** or **hyperglycemia**. High blood sugar is caused by having too little insulin, or eating too much. This can lead to **diabetic ketoacidosis** or diabetic coma. The client can pass out from high blood sugar and can possibly die. (See the signs and what to do in Section 6.)

Too little glucose in the blood is called **low blood sugar** or **hypoglycemia**. Low blood sugar is caused by taking too *much* insulin or not getting enough food. This can lead to **insulin shock** (also called **insulin reaction**). The client can also pass out from low blood sugar and possibly die. (See the signs and what to do in Section 6.)

What are the health risks of diabetes?

- Skin problems, such as sores and skin breakdown
- Poor circulation (can lead to amputation, especially of the feet and legs)
- Poor eyesight (can lead to blindness)
- Increased risk of getting common infections (like colds)
- Increased chance of having a heart attack, stroke, or kidney disease
- Diabetic coma
- Death

5. Basic Information about Diabetes

What is the treatment?

Diabetes has no known cure, but the symptoms can be controlled.

- **Type 1 Diabetes** usually starts in childhood or early adulthood. People with Type I Diabetes need to keep blood glucose levels within the normal range. They do this by taking insulin and monitoring (measuring) sugar in the blood. It is also important to exercise regularly, eat healthy foods, and maintain a healthy weight.

- **Type 2 Diabetes** usually starts later in life. People with Type 2 Diabetes must also modify their diet. Often, this type of diabetes is related to obesity, so eating less and getting more exercise are important parts of treatment. These clients may also take medication.

6. Why Blood Sugar Is Important: Emergency Response Tips

People with diabetes need to monitor their blood sugar. This is because it can be dangerous to have blood sugar levels that are too low or too high.

Low Blood Sugar

The signs of low blood sugar are:

- Hunger and weakness
- Feeling dizzy
- Sweating or shaking
- Cold, clammy skin
- Being nervous, irritable, or having mood changes
- Having blurred vision
- Passing out

Insulin shock is an emergency! If the client shows signs of low blood sugar:

- Give the client a quick source of sugar. Good choices are a sugar packet, orange juice, or candy.
- If the client doesn't get better, call 911 and then call your supervisor.

High Blood Sugar

The signs of high blood sugar are:

- Hunger and weakness
- Heavy breathing
- Dry skin
- Breath that smells sweet or fruity
- Passing out

Diabetic ketoacidosis is an emergency! If the client shows signs of high blood sugar:

- Assist with checking the blood glucose and call your supervisor.
- If the client does not respond, call 911 and then call your supervisor.

7. Measuring Blood Sugar

Many people with diabetes use a **glucometer** to measure their blood sugar. This is a device that requires the client to prick their finger (with a **lancet**) to get a drop of blood. Then the blood is placed on a **test strip**. The test strip goes into the glucometer for the glucose **reading**. (The test strip package will have exact instructions for what to do.)

You are permitted to assist your client in measuring their blood sugar levels with a glucometer by:

- Bringing the glucometer to your client
- Reminding your client to wash their hands before the glucose reading
- Handing the lancet to your client
- Inserting the test strip in the meter
- Reading and recording the blood sugar reading
- Handing your client a medical waste container (for "sharps") to throw away the lancet after it is used
- Reminding your client to wash their hands after the glucose reading
- Storing all supplies

You should always wear gloves when assisting your client with this procedure.

You are NOT permitted to assist your client with:

- Pricking the skin with the lancet
- Putting the used lancet in the sharps container

8. Tools for Meal Planning for Clients with Diabetes

People with diabetes use four different tools to help them plan their meals:

1. Diabetes Nutrition Guidelines
   These provide general guidelines for how to plan meals. Some examples are:
   - *The First Step in Diabetes Meal Planning* (http://www.enasco.com/product/WA23099HR)
   - *Healthy Food Choices* from the American Dietetic Association (www.eatright.org)

2. Sample Menus for People with Diabetes
   There are cookbooks for people with diabetes. The American Diabetes Association has published a number of them.

3. Carbohydrate Counting Guides
   These guides help people with diabetes know how to measure the amount of carbohydrates in the foods they eat. The American Diabetes Association has published several guides.

4. Exchange Lists
   In the exchange system, foods are grouped into basic types. Within each group, the list compares foods for the same amount of calories, carbohydrates and other nutrients. A client with diabetes can exchange one food on a list for another.

9. Diet Sheet for Inna Bronski

1500-calorie diet

TOTAL DAILY FOOD ALLOWANCES:

Meat	6 exchanges
Vegetable	2 exchanges
Starch/bread	6 exchanges
Fat	3 exchanges
Milk (whole or 2%)	2 exchanges
Fruit	3 exchanges

MEALTIME FOOD ALLOWANCES:

Breakfast		
Food	Amount	Sample
Meat	1 exchange	1 egg
Starch/ bread	2 exchanges	2 slices of toast
Fat	1 exchange	1 tsp. margarine
Milk	1 exchange	1 cup milk
Fruit	1 exchange	1 orange
Lunch		
Food	Amount	Sample
Meat	2 exchanges	2 ounces mozzarella cheese (for grilled cheese sandwich)
Starch/ bread	2 exchanges	2 slices bread (for sandwich)
Fat	1 exchange	1 tsp. margarine
Vegetable	1 exchange	½ cup cooked green beans
Milk	½ exchange	½ cup milk
Fruit	1 exchange	1/3 cantaloupe

9. Diet Sheet for Inna Bronski

Dinner		
Food	Amount	Sample
Meat	3 exchanges	3 oz. chicken breast
Vegetable	1 exchange	½ cup cooked broccoli
Starch/ bread	1 exchange	1 baked potato
Fat	1 exchange	1 tsp. margarine
Milk	½ exchange	½ cup milk
Snack		
Food	Amount	Sample
Starch/ bread	1 exchange	6 saltine crackers
Fruit	1 exchange	15 grapes

From the office of: John Roberts, M.D.

10. Basic Exchange Chart

Here are some basic foods from each of the five food groups that are equal to one "exchange." You can use this chart to offer a client with diabetes alternative foods within a food group. Any food that is listed as "one exchange" can be substituted for any other food in the same food group that is listed as "one exchange."

Food Group	One Exchange
Milk	1 cup milk ½ cup evaporated milk 6 ounces yogurt
Meat	1 ounce chicken breast (no skin) 1 ounce canned tuna (in water) ¼ cup low-fat cottage cheese 2 egg whites
Vegetable	½ cup cooked green beans ½ cup cooked collard greens 1 cup raw carrots 1 cup raw spinach
Fruit	1 small apple (4 ounces) 4 ounces applesauce (unsweetened) 15 small grapes ½ cup orange juice
Starch	1 slice of bread ½ cup of cereal ⅓ cup of rice ½ cup of starchy vegetable

11. Shopping and Cooking Tips for Clients with Diabetes

Tips for Shopping

People with diabetes may feel that they need to buy special foods that are labeled "diabetic" or "sugar free." However, these foods are not necessarily healthier for your client. For example, "sugar-free" food products do not contain sucrose, but they may contain other kinds of sugar that your client should avoid.

When you shop for your client, keep these tips in mind:

- Read the ingredients list or nutrition facts label carefully
- Buy fresh, unprocessed food

Tips for Cooking

- Avoid added fats (like butter)
- Use leaner cuts of meat or trim fat off of meats
- Do not fry food. Instead, you can bake, roast, broil, grill, or simmer.
- Avoid using coating mixes or bread crumbs on foods.

12. Learning from Maria

In the role play, you saw that Mrs. Bronski (the client) was confused about her diet. She also felt frustrated and discouraged because she is not allowed to eat the foods she likes.

Here's advice from Maria (the home health aide) about how you can support your client in following a diet:

Help your client understand the diet.

- "I explain why some foods that Mrs. Bronski likes are not good for her health, and I tell her how important her health is to me."
- "Sometimes, I also remind her about what might happen if she eats the foods that aren't good for her."

Try to make meals appetizing and pleasant.

- "I try to learn as much as I can about what Mrs. Bronski likes so that I can find ways of preparing foods that she will find appetizing."
- "Sometimes, I feel tempted to give Mrs. Bronski foods she really likes even if they are foods that she should avoid. But then I remind myself that it is very important to stick to the diet in the care plan because her diet is an important part of her teatment."
- "I also try to find ways to make mealtime pleasant for her. I make sure the food is presented nicely. Sometimes I find a flower in her garden and put it in a vase near where she eats. I try to make mealtime special."

Acknowledge feelings, and be positive.

- "When Mrs. Bronski is feeling discouraged, I let her know that I understand."
- "Then I try to focus her attention to positive things, like the foods that she still CAN eat."

13. What to Observe, Record, and Report

Diet prescriptions are part of the treatment plan, just like medications. It is important for the client to follow the directions for their diet.

It is important to report:

- Any changes in the client's eating pattern
- Any eating problems encountered by the client
- If the client is not following their diet prescription
- Any sudden changes or problems

Learner's Book

Module 27. Performing Simple Measurements and Tests

Activity 1. Introduction to Vital Signs and Specimens

1. What Are Vital Signs?

2. What Are Specimens?

3. Why Take Vital Signs and Collect Specimens?

Activity 2. Measuring Body Temperature

4. Basic Information about Body Temperature

5. Steps for Measuring a Client's Temperature

6. Different Types of Thermometers

Skills Checklist 1. Cleaning a Glass Thermometer

Skills Checklist 2. Measuring an Oral Temperature with a Glass Thermometer

Skills Checklist 3. Measuring an Oral Temperature with an Electronic Thermometer

Skills Checklist 4. Measuring an Axillary Temperature with a Glass Thermometer

Module 27. Performing Simple Measurements and Tests

1. What Are Vital Signs?

Vital signs are four basic measurements of the body's functions. Vital signs provide important information about a client's health.

The four vital signs are:

- **Temperature**
  This is the amount of heat in the body.

- **Pulse**
  This is the number of times the heart beats in one minute.

- **Respiration**
  This is the process of breathing in (inhaling) and breathing out (exhaling).

- **Blood pressure**
  This is how forcefully the blood is moving through the arteries. When you measure blood pressure, you measure both the force of the blood when the heart is pumping (systolic blood pressure) and the force of the blood when the heart is at rest (diastolic pressure).

There are a few abbreviations that you need to know related to vital signs:

- **VS** means Vital Signs
- **TPR** means Temperature, Pulse, and Respiration
- **BP** means Blood Pressure

2. What Are Specimens?

Specimens are small amounts of materials from the body. They are studied in a laboratory to make a diagnosis (to tell what kind of sickness the client may or may not have). Different types of specimens are used for different diagnostic tests.

It is very important that other materials do not get into the specimens you are collecting. If this happens, the specimen is contaminated, and is spoiled for testing.

The three specimens that you may collect are:

- **Urine**
  The liquid waste material produced by the body.

- **Stool (feces)**
  The solid waste material produced by the body and voided through the anus.

- **Sputum**
  This is a thick mucus coughed up from the lungs. People with colds or respiratory illnesses may cough up large amounts of sputum.

3. Why Take Vital Signs and Collect Specimens?

When you, a home health aide, measure a client's vital signs or collect specimens, you are playing a very important role in keeping your client as healthy as possible. That's because these measurements and specimens will help the care team make decisions about the client's condition and treatment.

Below, four home health aides share stories about why taking vital signs or collecting specimens is so important. They also talk about the role they play on the care team.

Jessica's story:

> "The doctor diagnosed Mrs. Rivers with high blood pressure two months ago. The doctor relies on me to measure her BP every day and to record and report this measurement. This is how he will know if the medication he prescribed is working. I know that high blood pressure is called "the silent killer." I don't want Mrs. Rivers to ever have a stroke! I know I can help prevent this by taking the measurements the doctor needs."

Tyrone's story:

> "Mr. Lopez had hip surgery two weeks ago. I am supposed to take his vital signs two times a day. Last night, I took his temperature and it was very high! I took his temperature a second time just to make sure I hadn't made a mistake in my measurement. Then I recorded it in the log and immediately called my supervisor, and she called the doctor. It turned out that Mr. Lopez had a dangerous staph infection! I am so glad I took his temperature like I was supposed to."

3. Why Take Vital Signs and Collect Specimens?

Carmen's story:

"Mrs. Chang has chronic bronchitis, so she is at risk of developing infections in her lungs. That's why her doctor wants me to collect specimens of her sputum. Last month, I noticed that her sputum was greenish brown. I recorded it in the log and immediately called my supervisor, and she called the doctor. I collected a specimen of the sputum for the doctor and he diagnosed her with an infection. He prescribed antibiotics for her, and she's doing much better now."

Michelle's story:

"Mrs. Hopkins has had diabetes for a long time. Diabetes is really hard on the kidneys, so her doctors need to check on her kidneys all the time. That's why I always make sure to collect a urine specimen when the care plan tells me that I should. Her doctors need the specimen to know how well her kidneys are working."

Review— It is important to measure vital signs and collect specimens because:

- They give the care team information about a client's health.
- They help the care team make decisions about treatments for a client.

4. Basic Information about Body Temperature

What is body temperature?
Temperature is a measure of the amount of heat in the body.

How do we measure body temperature?
The instrument that we use to measure body temperature is called a *thermometer*. Most home care agencies measure the client's temperature in Fahrenheit (°F).

There are four places of the body where temperature may be measured:

- *The mouth:*
  This is called an *oral* temperature.

- *The rectum* (where stool is stored in the body until elimination):
  This is called a *rectal* temperature.

- *The armpit:*
  This is called an *axillary* temperature.

- *The ear:*
  This is called a *tympanic* temperature.

Your agency will have a policy stating which method of taking the client's temperature you should use. The care plan will tell you if, for some reason, you should use an alternate method. Usually, oral temperatures are the first choice in adults because that's what clients prefer and it's the most accurate.

4. Basic Information about Body Temperature

What's a "normal" temperature? —That depends on several things!

- The normal temperature range may vary for specific adult clients.
    - Average normal body temperature is between 97.6°F and 99.6°F with an oral thermomenter.
    - A rectal temperature is .5° to 1° higher than oral.
    - An axillary temperature is .5° to 1° lower than oral.

What should I report?

- Report any *oral* temperature above 100°F or below 95°F.
- Report any *rectal* temperature above 101°F or below 96°F.
- The reason you need to do this is that too much heat and too little heat are both dangerous for the client's body. A high or low temperature may also indicate that something in the client's body is not functioning properly. A high temperature is often a sign of infection.

Remember: If you are not sure if a measurement you took is correct, take it again!

5. Steps for Taking a Client's Temperature

Here are the steps for taking a client's temperature:

1. Assemble the equipment and supplies you need.
2. Wash hands.
3. Ensure privacy.
4. Position the client for the method you intend to use to measure his or her temperature.
5. Take an oral, axillary, or rectal temperature as directed by agency policy and/or the care plan.
6. Write the temperature on your worksheet to be sure you record it accurately later.
7. Clean reusable equipment.
8. Dispose of used supplies.
9. Store reusable equipment properly.
10. Observe, record, and report.

6. Different Types of Thermometers

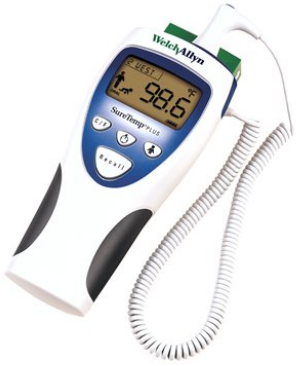
There are two kinds of thermometers that you might use:

Glass thermometers

- These thermometers have a stem end (that you hold) and a bulb end (that you insert into the body). The shape of the bulb will depend on the kind of temperature you will be measuring (oral, axillary, or rectal). Glass thermometers can break easily! Be careful not to drop the thermometer or bump it against a hard surface.

Electronic thermometers

- The pointed end of an electronic thermometer is called a probe.



There are different procedures for using different types of thermometers. It's also different depending on whether you are measuring an oral, rectal, or axillary measurement. **It is important to know the procedure for the type of thermometer and method you are using.**

7. What to Record and Report When Measuring a Client's Temperature

When measuring a client's temperature, make sure to record:

- The reading.
- If the reading was taken by mouth, rectum, or armpit.
- The date the reading was taken.
- The time the reading was taken.
- Your signature and title.

Also, keep in mind that your agency may have special guidelines about how to record body temperature measurements. Be sure to record according to these guidelines or according to the supervising nurse's instructions.

When measuring a client's temperature, make sure to report:

- Any *oral* temperature above 100˚F or below 95˚F.
- Any *rectal* temperature above 101°F or below 96°F.

8. Luisa's Story and Discussion Question

Luisa is a home health aide who has been working for three months on the job. Here is the story she tells about how she felt the first time she had to take her client's temperature.

Luisa's Story:

> "The first time I had to take my client's temperature, I was really nervous! I couldn't see the mercury in the glass thermometer at first. But you know what? I held the thermometer up to the light and then I could read the temperature just fine. And every time I had to take a temperature after that I felt a little less nervous. Now I can do it without being nervous at all!"

Question for Triad Discussion:

> What are you feeling right now about taking a client's body temperature?

9. Measuring the Pulse

What is pulse?
Pulse is the number of times the heart beats in one minute.

How do we measure pulse?

- Press two fingers on a place where an artery comes close to the skin. Count the number of beats that you feel for 15 seconds. Then multiply by four to get the number of beats per minute.

Radial pulse is measured at the radial artery in the wrist.

- This is the preferred site to take a pulse.
- Do not press too hard—you do not want to block the artery.
- Do not use your thumb to feel for the pulse. Use your first two fingers.

What's a "normal" pulse? That depends!

- For a healthy adult, the normal range is 60 to 100 beats per minute.
- The normal and abnormal pulse range may vary for specific clients. Check with the supervising nurse to find out the "normal" ranges for the clients you are working with.
- A "normal" pulse should have a regular rhythm. If the pulse feels irregular (skips beats or is thready), report this to the nurse.

Steps for measuring a client's pulse:

1. Assemble equipment and supplies: paper, pencil, and a watch or clock with a second hand.
2. Position the client for the task (sitting, with an armrest or table to rest his/her arm).
3. Take a radial pulse for 15 seconds and multiply by four to get the rate for one minute.
4. Observe, record, and report.

10. Measuring Respiration

What is respiration?
Respiration is the process of inhaling and exhaling.

How do we measure respiration?
To measure respiration, count the number of breaths per minute. There are two ways to do this:

- Watch the chest move.
- Feel the chest move.

When you measure respiration, you should also note whether the respiration is regular (there is an equal amount of time between most breaths) or irregular (the amount of time between breaths changes).

What's "normal" respiration? That depends!

- For a healthy adult, the normal range is12 to 20 breaths per minute.
- The normal and abnormal respiration range may vary for specific clients. Check with the supervising nurse to find out the ranges for the clients you are assisting so you know what readings should be reported.

Steps for measuring a client's respiration:

1. Gather the equipment and supplies: paper, pencil, and a watch or clock with a second hand.
2. Position the client for the task.
3. Count the number of respirations for one minute.
4. Observe, record, and report.

11. What to Record and Report When Measuring a Pulse

When measuring a client's pulse, make sure to record:

1. The number of heartbeats per minute.
2. Whether the heartbeat is strong or weak.
3. Whether the rhythm is regular or irregular.
4. The change in the pulse from the last time it was taken.
5. The date and time the pulse was taken.
6. Your signature and title.

Also, keep in mind that your agency may have special guidelines about how to record pulse. Be sure to record according to these guidelines or according to the supervising nurse's instructions.

When measuring a client's pulse, make sure to report:

- Any abnormalities the supervising nurse has asked you to report.
- If you cannot find a pulse, try the other wrist. If you still can't find a pulse, call the supervisor.

Remember: If you are not sure if a measurement you took is correct, take it again!

12. What to Record and Report When Measuring Respiration

When measuring a client's respiration, be sure to record:

1. The number of respirations per minute.
2. Whether the respirations are shallow or deep.
3. Whether the rhythm of the respirations is regular or irregular.
4. Any changes in respiration from the last time it was measured.
5. The date and time the respirations were measured.
6. Your signature and title.

Also, keep in mind that your agency may have special guidelines about how to record respiration. Be sure to record according to these guidelines or according to the supervising nurse's instructions.

When measuring a client's respiration, be sure to report:

- Any irregularities to the supervising nurse.
- Any changes in the client's respiration since the last time it was measured.

Remember: If you are not sure if a measurement you took is correct, take it again!

13. Basic Information about Blood Pressure

What is blood pressure?
Blood pressure is the force of the blood in the arteries when the heart is pumping and when the heart is at rest (between heartbeats).

How do we measure blood pressure?
Blood pressure is measured in the arm, with special equipment.

- Place the blood pressure cuff around the upper arm. Then listen with a stethoscope to the brachial pulse (the pulse in the bend of the elbow).
- You may take the blood pressure in either arm unless the client's condition prevents you from doing so. For example, if a client has had a stroke and one arm is paralyzed, you would take the blood pressure in the arm not affected by the stroke.

There are two readings (numbers) that make up a client's blood pressure.

- Systolic reading: this is the reading when the heart is pumping. It is the top number of the blood pressure and will be the larger of the two numbers.
- Diastolic reading: this is the reading when the heart is at rest, or between beats. It is the bottom number of the blood pressure and will be the smaller of the two numbers.

What's "normal" blood pressure? That depends!

- For a healthy adult, blood pressure above 120/80 ("120 over 80") is considered high. A blood pressure below 90/60 is low.
- The normal and abnormal blood pressure readings may vary for specific clients. Check with the supervising nurse to find out the ranges for the clients you are assisting, so that you know what readings should be reported.

14. Steps for Measuring Blood Pressure

Here are the steps for taking a client's blood pressure:

1. Assemble the equipment and supplies you need (paper, pencil, blood pressure cuff, stethoscope).

2. Explain to the client what you are doing. Position the client for the task. Ensure privacy.

3. Take the blood pressure in either arm unless otherwise specified by the care plan.

4. Clean the stethoscope.

5. Store equipment properly.

6. Observe, record, and report.

Remember: Do NOT measure blood pressure at sites other than the arm!

15. Equipment Used to Measure Blood Pressure

Stethoscope
This is a listening device. It includes several pieces:

- Two earpieces
- Tubing
- A disk (to place against the client's skin)

It is important that the stethoscope always be kept clean and in good repair.

Blood Pressure Cuff
This is a strap that you will place around the client's arm. Blood pressure cuffs come in different sizes. You will most likely use the standard adult size unless the nurse advises you otherwise. (This is also called a *sphygmomanometer.*)

Gauge
The gauge is the piece of equipment that reads the blood pressure. It is attached to the cuff with tubing. There are two types:

- **A gauge with a series of numbers along a column of mercury.** To read this kind of gauge, you compare the top of the mercury column with the numbers along the side. It is similar to reading a thermometer.
- **A gauge with a series of numbers around the face of a dial.** To read this kind of gauge, compare the pointer with the numbers around the face of the dial.

Rubber Bulb
This is the part of the equipment that you use to inflate the cuff. It is attached to the cuff with tubing. It has a valve screw to control inflating and deflating.

Remember: All of this equipment must be free of holes, cracks, tears, and kinks.

16. Special Considerations When Measuring Blood Pressure

There are some important things to keep in mind when you take a client's blood pressure:

1. Make sure the room is quiet when you are measuring the client's blood pressure. You need to be able to hear!

2. The client should be sitting or lying down, unless otherwise instructed.

3. If you are using a mercury gauge, it should be on a flat surface at eye level.

4. Do not strap the cuff over the client's clothing.

5. Do not inflate the cuff over 200 mm Hg unless otherwise instructed.

6. Do not take blood pressure in an arm that is injured. Stop and deflate cuff if client complains of pain.

17. What to Record and Report When Measuring Blood Pressure

When measuring a client's blood pressure, be sure to record:

1. The systolic and diastolic readings. These should be written as a fraction with the systolic number on top and the diastolic number on bottom (for example, 110/70).

2. The arm you used to measure the blood pressure.

3. The position of the client if he or she was not sitting.

4. Anything unusual that may have been happening for the client that may have affected the reading (like exercise, pain, anxiety).

5. The change from the last blood pressure reading.

6. The date and time the blood pressure was measured.

7. Your signature and title.

Also, keep in mind that your agency may have special guidelines about how to record blood pressure. Be sure to record according to these guidelines or according to the supervising nurse's instructions.

<u>Remember:</u> If you are not sure if a measurement you took is correct, try again! But do not take a BP measurement more than two times on the same person. If you are having trouble hearing the blood pressure accurately, report this to the nurse and he/she will assist you.

18. Peter's Story and Discussion Question

Peter is a home health aide who has been working for two years. Here is the story he tells about how he feels about measuring blood pressure.

Peter's Story:

> "I'm proud of the way I take blood pressure measurements. I know that I am doing something that is important for the health of the clients that I assist. I take this part of my job very seriously and am always careful to take accurate measurements. I do a good job!"

Question for Triad Discussion:

> What are you feeling right now about measuring blood pressure?

19. How to Approach Collecting Specimens

Most people feel that their own body wastes are private, and having another person handle these wastes may make them feel embarrassed or uncomfortable.

When you are assisting a client with the collection of a specimen of urine, stool, or sputum, try to be aware of how they might be feeling. Here are some tips from other home health aides:

Josephine's tip:

- Try not to make a big deal out of collecting specimens—think of it as just another part of your job. This will help you speak and act professionally.

Ed's tip:

- It's natural to find this task unpleasant, but don't use words that let the client know this. Also, be careful not to make faces or frown.

Lily's tip:

- If the client seems embarrassed or uncomfortable, be reassuring. Remind them that assisting them with this task is a regular part of your job. One thing I say to reassure clients is that collecting specimens doesn't bother me—the less it bothers me, the less it bothers them!

20. Special Notes for Collecting Sputum Specimens

Sputum Specimens
Sputum is mucus in the lungs. Sputum specimens may help diagnose respiratory (breathing) problems or illnesses. They can also show the effects of medications.

When assisting with a sputum specimen collection, always follow the steps described on **Skills Checklist 10**.

Here are some more things to keep in mind when taking a sputum specimen:

- Early morning is the best time to collect sputum.
- Sputum may be infectious, so do not let the client cough on you. **If the client is known (or suspected) to have an infectious disease, wear a mask when collecting sputum.** You can also stand behind the client when collecting the specimen to keep it from coming into contact with you (if the client can hold the container by himself or herself).
- The client should cough deeply and spit the sputum that comes up directly into the collection container. **To prevent the spread of infection, give the client tissues to cover his or her mouth while coughing.**
- A good specimen size for sputum is about two tablespoons.

21. Special Notes for Collecting Urine Specimens

Urine Specimens
Urine is the liquid waste produced by the body. Some clients will be able to collect their own urine specimens. Others will need your help.

When assisting with a urine specimen collection, always follow the steps described on **Skills Checklist 10**.

Here are some more things to keep in mind when taking a urine specimen:

- Assist the client to the bathroom or commode, or offer the bedpan or urinal.
- If the client is using a toilet, insert a "hat" over the toilet. (A "hat is a special container that is used to collect urine or stool.)
- Help the client clean his or her perineal area (the area between the anus and the penis or vagina) before voiding. To do this, use a towelette or gauze to clean the area around the meatus (the opening where the urine leaves the body).
    - For *females*, separate the labia (the lip-shaped skin around the opening to the vagina) and wipe from front to back along one side. Discard the towelette or gauze, then use a new towelette or gauze to wipe from front to back along the other side. Use a third towelette or gauze to wipe down the middle.
    - For *males*, clean the head of the penis using circular motions with the towelette or gauze. Clean thoroughly, changing towelette or gauze after each circular motion. If the man has not been circumcised, pull back the foreskin of the penis before cleaning and hold it back during urination. Make sure it is pulled back down after collecting the specimen.

21. Special Notes for Collecting Urine Specimens

- After the client urinates, assist in cleaning the perineal area again and in washing his or her hands.
- Pour the urine into the specimen container. (You should do this in the bathroom.) The specimen container should be at least half full.

There are three kinds of urine specimens that you may be asked to collect:

A *routine urine specimen* is collected anytime the client voids (pees). The client will void into a bedpan, urinal, commode, or "hat" (a cover put on the toilet in order to catch a specimen).

A *clean catch specimen* is a specimen that does not include the first or last urine that the client voids from the body. The purpose of this specimen is to determine if there are bacteria in the urine. When you assist with collecting a clean catch specimen, remember to:

- Ask the client to begin urinating into the bedpan, urinal, or toilet, and to stop before urination is complete, if they can.
- Place the container under the urine stream and have the client start urinating again. Fill the container at least halfway full.
- Have the client finish urinating in the bedpan, urinal, or toilet.

21. Special Notes for Collecting Urine Specimens

A *24-hour urine specimen* is a collection of all of the urine that a client voids in a 24-hour period. When you assist with collecting a 24-hour specimen, remember that:

- The collection usually begins at 7:00 AM.
- When beginning the collection, have the client completely empty his or her bladder. Discard the urine and record the exact time of this voiding. The collection will run from
- this time until the same time the next day.
- Label all containers used during the 24-hour period with the client's name, address, and the dates and times that the collection period began and ended.

22. Special Notes for Collecting Stool Specimens

Stool Specimen
Stool (feces) is the solid waste produced by the body.

When assisting with a stool specimen collection, always follow the steps described on **Skills Checklist 10**.

Here are some more things to keep in mind when taking a stool specimen:

- Ask the client not to urinate when he or she is ready to move the bowels.
- Ask the client not to put toilet paper in with the specimen. Instead, provide the client with a plastic bag for the toilet paper.
- Fit the "hat" on the toilet or provide the client with a bedpan.
- Leave the room and ask the client to call you when he or she is finished with the bowel movement.
- After the bowel movement, assist (if the client needs it) with perineal care and hand washing.
- Using wooden tongue blades, take about two tablespoons of stool and put it in the collection container. Then wrap the tongue blades in toilet paper and throw them away.
- Empty the bedpan or "hat" into the toilet. Clean and store the equipment.

23. What to Record on a Specimen Label

When collecting specimens, make sure to write the following information on the specimen container:

- The client's name
- The date and time that the collection was taken
- The type of specimen
- Your signature and title

Learner's Book

Module 28. Assisting with Prescribed Exercises

Activity 1. Your Role in Assisting with Prescribed Exercises

1. Why Do We Need Exercise?

2. Types of Exercises

3. Postural Drainage

Skills Checklist 1. Assisting with Postural Drainage

4. Four Kinds of Range-of-Motion Exercises

5. Your Role in Assisting with a Prescribed Exercise Program

6. Your Approach: Client Scenarios *(to be used with Worksheet 1)*

7. How Do You Approach Assisting with Prescribed Exercises?

Activity 2. Practice Assisting with Range-of-Motion Exercises

8. Safety Tips for Assisting with Range-of-Motion Exercises

Skills Checklist 2. Assisting with Passive Range-of-Motion Exercises

Activity 3. What to Observe, Record, and Report

9. Observe, Record, and Report

10. Assisting with a Prescribed Exercise Program: Client Scenarios *(to be used with Worksheet 2)*

Module 28. Assisting with Prescribed Exercises

1. Why Do We Need Exercise?

Exercise is important for many reasons:

- It keeps joints (such as elbows and knees) flexible. Joints are the connections between bones that make it possible for them to move.
- It keeps muscles strong.
- It improves blood circulation.
- It increases the length of time we can do activities (endurance).
- It prevents muscle stiffness that can make it hard for parts of the body to move (contractures).
- It helps clients maintain independence.
- It strengthens parts of the body that have been weakened by disease.
- It prevents and/or relieves depression.
- It speeds recovery.

Module 28. Assisting with Prescribed Exercises

2. Types of Exercises

Exercise is very important for clients. "**Prescribed exercises**" are specific exercises, for specific parts of the body, that are included in the care plan. These are assigned by a physician, nurse, or physical therapist.

Clients may have a prescribed exercise program as part of their **rehabilitation therapy** or **restorative care**. Rehabilitation therapy is for clients with injuries or disabilities—to help them return to their highest level of function.

Restorative care usually follows rehabilitation, and the goal is to keep clients functioning at their highest level.

There are three types of exercises that a client may be prescribed:

Cardiovascular Exercises

- This type of exercise uses large muscles, like the legs, and helps make the heart and lungs stronger. Many people walk as a routine exercise, but walking (ambulation) may also be prescribed for a client as part of the care plan.

Exercises for Specific Muscles

- This type of exercise is prescribed to help a specific muscle or muscle group grow stronger. This type of exercise needs to be done according to the directions provided by the clinical care team, including the doctor, nurse, or rehab clinician. It is important to know what position the client should be in for these exercises (sitting, standing, lying down).

Range-of-Motion (ROM) Exercises

- In this type of exercise, a muscle or joint is moved the fullest distance possible without pain or resistance. This helps the muscles and joints stay limber (flexible). As a result, the client is less likely to develop muscle **contractures**. A contracture is the permanent shortening of a muscle due to lack of exercise or movement. Contractures make it difficult or impossible to move a part of the body. Contractures can also cause deformity and loss of independence.

3. Postural Drainage

What is it?
A therapy that is prescribed for people with chronic lung diseases or other conditions that may cause a thick mucus to form in the lungs. Postural drainage may be prescribed for clients who:

- Have had a stroke or a mastectomy
- Have multiple sclerosis, muscular dystrophy, cerebal palsy, or cystic fibrosis.
- Are quadriplegic or paraplegic

How is the therapy performed?
The client lays in a position that helps mucus to drain from the lungs or that loosens the mucus so it can be coughed up. The care plan will indicate what position should be used during the procedure.

If the client is leaning forward during postural drainage, it is important to stand beside them, to prevent them from falling forward.

4. Four Kinds of Range-of-Motion Exercises

Range-of-motion exercises move a muscle or joint to its fullest distance without pain or resistance. This type of exercise helps keep joints flexible and prevents contractures.

There are four kinds of range-of-motion exercises. What makes them different is the different role of the home health aide in assisting the client.

Active Range-of-Motion (AROM)—Exercises that the client can do without help.

- The home health aide does not physically help the client perform AROM exercises. To do AROM exercises, the client moves his or her joints to the fullest distance possible without pain or resistance. The home health aide assists with AROM exercises by encouraging and coaching the client, ensuring the exercises are completed, and observing what happens.

Active-Assisted Range-of-Motion (AAROM)—Exercises that the client can do with some assistance.

- To do AAROM exercises, the client moves the joints to the extent he or she is able, and the home health aide offers the added physical support needed.

4. Four Kinds of Range-of-Motion Exercises

Resistive Range-of-Motion (RROM)—Exercises for building additional strength.

- In order to complete RROM exercises, the client needs to exert additional effort. To do RROM exercises, the client moves his or her joints to the fullest distance possible, while the home health aide pushes the joint in the opposite direction.

Passive Range-of-Motion (PROM)—Exercises the client is NOT able to do on his or her own.

- To assist with PROM exercises, the home health aide gently moves the joint for the client. This is often done with clients who have had a stroke or other neurological impairment, on the side or parts of their body they cannot move.

You may hear a physical therapist or other person on the client's care team use these words when they are discussing prescribed exercises:

- **Abduction**
  Gently pulling a body part away from the midline of the body.

- **Atrophy**
  When muscles get smaller and weaker from the client not getting enough physical activity.

- **Rotation**
  The act of turning a joint.

5. Your Role in Assisting with a Prescribed Exercise Program

DO THIS

To assist a client in doing prescribed exercises:

- Encourage or remind the client about doing the exercises (prompting).
- Assist the client with only the specific exercises listed on the care plan.
- Make sure that the client is in the correct position to do the exercises (sitting, standing, or lying down).
- Keep in mind that you may be assisting with different types of exercises. What you do to assist the client is different for each type.
- Use a person-centered approach to assisting with the exercises. Plan when to do the exercises *with* the client. Respect the client's independence as well as their limits.
- Observe, record, and report any problems with the exercise.

DO *NOT* DO THIS

- Do NOT continue assisting if the client feels pain.
- Do NOT push the client beyond his or her tolerance.
- Do NOT move a joint past the point where it moves freely.
- Do NOT insist on doing prescribed exercises if the client says "No."

6. Your Approach: Client Scenarios

Four home health aides share how they have approached assisting clients with their prescribed exercises. Read the scenario you are assigned by your instructor with your small group. Then answer the discussion questions on Worksheet 1 together.

Scenario 1: Maria and Mrs. Stein

Maria is the direct care-worker who is assisting Mrs. Stein with her exercises. This is Maria's story:

> "I assist Mrs. Stein with her range-of-motion exercises. She can lift her arms on her own, but she's so slow that sometimes I used to lift her arms for her. I thought I was helping her, but one day she told me I wasn't! She said she can do it on her own if I would just be more patient."

Scenario 2: Anita and Mr. Thompson

Anita is the home health aide who is assisting Mr. Thompson with his exercises. This is Anita's story:

> "I really care about Mr. Thompson. Three months ago, he had a stroke. I wanted him to recover quickly! He has a hard time doing his exercises, and at first this was hard for me to accept. I kept pushing him to try harder. After a few weeks, Mr. Thompson started to refuse to do his exercises. I asked him why, and he said he was sick of disappointing me."

6. Your Approach: Client Scenarios

Scenario 3: Leonard and Mrs. McArthur

Leonard is the home health aide who is assisting Mrs. McArthur with her exercises. This is Leonard's story:

> "When Mrs. McArthur is doing her exercises, I concentrate on what I need to observe, record, and report because these are very important things to do in my role. But it's also part of my role to encourage and support Mrs. McArthur, and I think I used to forget that. One day, when she was doing her exercises, I told her that she was doing a good job. You should have seen her smile!"

Scenario 4: Mike and Mrs. Rivera

Mike is the home health aide who is assisting Mrs. Rivera with her exercises. This is Mike's story:

> "The first time I tried to assist Mrs. Rivera with her exercises, she refused to do them! She said she was too tired to do them. The next time I tried to assist her, she refused again! When I asked her why, she said she just didn't feel like doing them. I had no idea what to do! I really needed some help!"

7. How Do You Approach Assisting with Prescribed Exercises?

Your approach to assisting clients with prescribed exercises can make a big difference in their effectiveness. It's important to think not only about WHAT you are doing, but HOW you are doing it. Here are some tips from other home health aides:

Maria's tip— Encourage independence.

"I can *really* help Mrs. Stein by encouraging her to do as much as she can on her own. This will help her stay independent."

Anita's tip— Respect the client's limits.

"I want Mr. Thompson to be as independent as he used to be! I have to remember that there are things his body can't do since he had his stroke."

Leonard's tip—Be supportive.

"When Mrs. McArthur is doing her exercises now, I always tell her that she is doing a good job. It encourages her to keep trying!"

Mike's tip— Get help when you need it.

"I called my supervisor and explained that Mrs. Rivera was refusing to do her exercises and that I wasn't sure what to do. She helped me come up with a plan."

Review—How to Approach Assisting with Exercises

- Encourage independence.
- Respect the client's limits.
- Be supportive.
- Get help when you need it.

8. Safety Tips for Assisting with Range-of-Motion Exercises

It is very important to make sure the client does range-of-motion (ROM) exercises in a way that is safe. Here are some tips.

Check the care plan—and follow it.

- The care plan will tell you which parts of the body should be exercised. It may tell you to exercise only one part or only a few parts.
- The care plan will also state which type of range-of-motion exercises the client should do.
- The care plan will also tell you how many times the client should do the exercises (or for how long).

Communicate!

- Be sure to explain what you are doing, and why.
- When you touch the client, ask if it feels comfortable.
- Your tone of voice and your touch will help you communicate.

Encourage as much independence as possible.

- The client should do their range-of-motion exercises on their own as much as possible. Follow the guidelines for the type of range-of-motion exercises he or she is doing. The home health aide should assist only when needed.

8. Safety Tips for Assisting with Range-of-Motion Exercises

Learn the right touch.

- Use the flat part of your hand to support the client. Do not grip with your fingertips!
- Remember that some people are ticklish, and some people are sensitive to pressure. You may need to adjust your touch for them.

Be steady but gentle.

- Slow, steady movement of a tight muscle will help the muscle relax. It will also increase a joint's range of motion.
- Be gentle. Never bend or extend a body part farther than it can go.

Support the joints.

- When exercising a limb (arm or leg), hold it above and below the joint and on the underside of the limb.

Know when to stop.

- Stop if a joint is red or swollen, or if the client says that there is a change in how a joint feels (for the worse).
- If the client says it hurts or shows nonverbal signs of pain (such as wincing), stop the exercise and report the pain.

9. Observe, Record, and Report

An important part of assisting a client with prescribed exercises is observing, recording, and reporting what happens.

OBSERVE

Observe the client before, during, and after prescribed exercises. Look for signs of any difficulties. For example, the client may:

- Feel pain
- Feel faint or dizzy
- Have shortness of breath
- Feel tired
- Have red or swollen joints
- Incorrectly perform an exercise

RECORD

Your next step is to record what you observed. You want to record:

1. Any difficulties that you observed.
2. What exercises were done.
3. How often the exercises were done (how many times or for how long).
4. How you assisted the client in doing the exercises.
5. If the client refused to do any of the exercises.

REPORT

If you observed any difficulties before, during, or after assisting the client with prescribed exercises, be sure to report them to your supervisor.

10. Assisting with a Prescribed Exercise Program: Client Scenarios

Client A: **Peter**

Peter is 22 years old. He has weakness in his legs. The care plan states that the home health aide should assist Peter in doing active-assisted range-of-motion (AAROM) exercises for his legs.

James, the home health aide, assists Peter with his prescribed exercises. As soon as Peter starts doing his exercises, he complains that his right leg is hurting him. He says that he hasn't felt pain like this before.

Client B: Betty

Betty is a 66-year-old woman who is recovering from a stroke that caused right-sided paralysis of her arm and leg. Her care plan states to do passive range-of-motion exercises on her right arm, wrist, and fingers two times per day.

When her home health aide Vicky assists Betty with her range-of-motion exercises, he notices that her right elbow is less flexible today than the last several times he assisted her. While the joint is less flexible, Betty is reporting no pain, and there is no redness or swelling.

10. Assisting with a Prescribed Exercise Program: Client Scenarios

Client C: Mr. Vega

Mr. Vega is a 72-year-old man who is recovering from pneumonia, which weakened him. His care plan states he should complete ten leg lifts per leg, once a day, while sitting in a straight-backed chair.

Sam is caring for Mr. Vega and assists him into the appropriate chair. Sam asks Mr. Vega to perform his leg exercises, and stays to encourage him and observe him while he does his exercises. Upon completing his ten leg lifts, Mr. Vega states that he is feeling great and is going to do a few more. Mr. Vega tells Sam he can feel his strength returning.

Client D: Mrs. Wong

Mrs. Wong is an 89-year-old woman living with depression. As a result, she has a decreased level of activity. The physician has prescribed that Mrs. Wong ambulate (or walk) three times a day, for a distance of at least 50 feet.

Sarita is assisting Mrs. Wong with her ambulation. When Mrs. Wong has walked ten feet, she begins to complain to Sarita that she is tired.

Learner's Book

Module 29. Assisting with Prescribed Medical Equipment, Supplies, and Devices

Activity 1. Introduction to Prescribed Medical Equipment, Supplies, and Devices

1. What Are Prescribed Medical Equipment, Supplies, and Devices?

2. Why Are Prescribed Medical Equipment, Supplies, and Devices Important?

Activity 2. Your Role in Assisting with the Use of ACE Bandages, Enemas, and Douches

3. Basic Information about Skin and Medical Equipment Prescribed to Prevent Skin Breakdown

Skills Checklist 1. Assisting with an ACE Bandage

4. Basic Information about Elimination and Medical Equipment Prescribed for It

Skills Checklist 2. Assisting with the Use of a Commercially Prepared Enema

Skills Checklist 3. Assisting with the Use of a Soap Solution Enema

Skills Checklist 4. Assisting with the Use of a Douche

Skills Checklist 5. Assisting with the Use of a Commercially Prepared Douche

Module 29. Assisting with Prescribed Medical Equipment, Supplies, and Devices

Activity 4. Overview of Respiratory Conditions

5. Basic Information about Asthma

6. Basic Information about COPD

7. Basic Information about Sleep Apnea

Activity 5. Introduction to the Nebulizer and CPAP Machines

8. Medication Nebulizer

Skills Checklist 6. Assisting with the Use of a Medication Nebulizer and Air Compressor

9. CPAP Machine Illustration

Skills Checklist 7. Assisting with the Use of a CPAP Machine

Activity 6. Working with Oxygen

10. Safety Precautions to Follow When Oxygen Is in Use

11. Parts of an Oxygen Tank

Skills Checklist 8. Assisting with the Use of an Oxygen Tank and Liquid Oxygen Reservoir

12. Oxygen Concentrator

Skills Checklist 9. Assisting with the Use of an Oxygen Concentrator

Module 29. Assisting with Prescribed Medical Equipment, Supplies, and Devices

Activity 9. Identifying Your Feelings about Assisting with Respiratory Equipment, Supplies, and Devices

13. Stories from Home Health Aides

Module 29. Assisting with Prescribed Medical Equipment, Supplies, and Devices

1. What Are Prescribed Medical Equipment, Supplies, and Devices?

Prescribed medical equipment, supplies, and devices assist the client with basic bodily functioning.

Medical equipment may be prescribed to assist a client in:

- Mobility (movement)
  This equipment helps the client to ambulate (walk) or to change positions. Examples:
  - Canes
  - Walkers
  - Hoyer Lift

- Preventing skin breakdown
  This equipment helps the client to regain or maintain healthy skin that is free of sores, wounds, or swelling. Examples:
  - Bandages
  - Sheepskin or lamb's wool
  - Water mattress or gel padding

- Elimination
  This equipment helps the client to eliminate waste from the body (to void urine and stool). Examples:
  - Enemas
  - Douches
  - Catheters

- Respiration
  This equipment helps the client to breathe. Examples:
  - Oxygen tanks
  - Nebulizers
  - CPAP machines

2. Why Are Prescribed Medical Equipment, Supplies, and Devices Important?

Below, three direct-care workers share stories about why prescribed medical equipment, supplies, or devices are important for the clients they assist. After you read each story, work together to answer the discussion questions.

Miguel's story:

- "Mr. Ricardo's ankles were swollen after his surgery. It was uncomfortable for him, and it made it difficult for him to walk. Mr. Ricardo was very frustrated by that. The nurse showed me how to apply ACE bandages around his ankles, and this helped the swelling go down after a few weeks. He's so happy to be up on his feet again!"

  Discussion questions:

  How was Mr. Ricardo feeling at the beginning of the story?
  What equipment, supply, or device was prescribed to help him?
  How did Mr. Ricardo feel after using this equipment, supply, or device?

Carla's story:

- "Miss Elena was on a medication for a few months that made her constipated. Once, she went two weeks without a bowel movement! She was so uncomfortable. Then her doctor prescribed an enema for her, and I assisted her with it. About ten minutes later, she was able to have a bowel movement. She felt so much better afterward!"

  Discussion questions:

  How was Miss Elena feeling at the beginning of the story?
  What equipment, supply, or device was prescribed to help her?
  How did Miss Elena feel after using this equipment, supply, or device?

2. Why Are Prescribed Medical Equipment, Supplies, and Devices Important?

Liliana's story:

- "Mrs. Sanchez has a lot of mucus that builds up in her lungs. It used to make her cough a lot, and the coughing made it hard for her to sleep. Her doctor just diagnosed her with chronic obstructive pulmonary disease (COPD), and he prescribed a nebulizer for her. This is a machine that she uses to inhale a medicine that breaks up the mucus. It really seems to help her. She doesn't cough as much now, and that means she's able to rest."

  Discussion questions:

  How was Mrs. Sanchez feeling at the beginning of the story?
  What equipment, supply, or device was prescribed to help her?
  How did Mrs.Sanchez feel after using this equipment, supply, or device?

3. Basic Information about Skin and Medical Equipment Prescribed To Prevent Skin Breakdown

What is skin?
Skin is the barrier that covers the outside of our bodies.

Why is skin important?
Skin protects the inside of the body from germs. It also helps the body maintain the right temperature and the right amount of water.

What kinds of conditions can cause skin breakdown?

- Wounds
- Pressure sores
- Edema
- Swelling due to injury

What medical equipment might be prescribed to prevent skin breakdown?

- Dressings (bandages) on wounds or sores
- Elastic bandages (ACE bandages)

What will your role be in assisting the client with this equipment?

- You may:
  - Apply an elastic bandage **UNDER SPECIAL CIRCUMSTANCES ONLY**
- You will not:
  - Apply or change dressings that need to be sterile.
  - Apply or change dressings on skin that is not stable

4. Basic Information about Elimination and Medical Equipment Prescribed for It

What is elimination?
Elimination is how the body gets rid of waste. The body eliminates liquid wastes in urine and solid wastes in stool.

Why is elimination important?
When a person eats, the cells of the body absorb the nutrients that they need in order to function. The body needs to get rid of anything that is not absorbed.

- When the body can't control the elimination of urine, this is called *urinary incontinence*. This may cause inconvenience and emotional distress. It can also contribute to skin breakdown.
- When the body can't eliminate solid waste (stool), this is called *constipation*. This may cause a person pain or discomfort.

What kinds of conditions can lead to problems with elimination?

- Aging
- Surgery
- Medications
- Cancer
- Lack of exercise

4. Basic Information about Elimination and Medical Equipment Prescribed for It

What medical equipment might be prescribed?

- *An enema*: a procedure that introduces liquids into the rectum and colon through the anus. There are different kinds of enemas. The two you may be asked to assist with are:
  - A commercially prepared enema
  - A soap solution enema
- *A douche:* a procedure that introduces liquid into the vagina in order to help keep it clean. (Also refers to the equipment used)
- *A catheter*: a thin tube inserted into the body that is used to drain urine from the body.
- *A condom catheter:* a catheter that has a covering that is placed over the penis. This kind of catheter is also called an *external catheter*.
- *A urinary drainage bag:* a bag at the end of catheter tubing that is used to collect urine.

What will your role be in assisting the client with this equipment?

- You may:
  - Assist with the use of an enema
  - Assist with the use of a douche
  - Assist with cleaning the skin around a catheter
  - Assist in cleaning catheter tubing
  - Assist with emptying a urinary drainage bag
  - Assist with the use of a condom catheter
- You may NOT:
  - Insert any tube (a catheter tube, for example) into any opening of the body.

5. Basic Information about Asthma

What is asthma?
Asthma is a disease that affects the airways that carry air to and from the lungs. In people with asthma, these airways are swollen or inflamed, and become narrow so that less air can pass through them. People with asthma tend to be very sensitive to irritants in the air (like pollen or pollution). Up to 80 percent of people with asthma have allergies to airborne irritants.

What are the symptoms of asthma?

- Wheezing (a hissing sound when breathing)
- Tightness in the chest
- Coughing
- Difficulty breathing

What is an "asthma attack"?
This is when the symptoms of asthma are worse than usual. This is often due to exposure to irritants or allergens, or because of stress or exercise. These attacks can come on suddenly, and may be mild, moderate, or severe. Very severe asthma attacks can be life threatening.

How is asthma treated?
There is no cure for asthma, but people can take medications to manage their symptoms. They can also learn what triggers their asthma attacks, so that they can avoid these triggers.

What kinds of equipment, supplies, or devices may be used by a client with asthma?

- Inhalers
- Nebulizers
- Oxygen tanks with a mask or nasal cannula
- Sterile (distilled) water

6. Basic Information about COPD

What is COPD?
COPD stands for Chronic Obstructive Pulmonary Disease, which is a term used to describe two diseases that tend to coexist: bronchitis and emphysema. These diseases cause the airways to become narrow and the lungs to become inflamed. COPD tends to be progressive, which means that the symptoms become worse over time.

What are the symptoms of COPD?

- Chronic shortness of breath
- Acute episodes, when shortness of breath becomes worse than usual

What is the cause of COPD?
One cause of COPD is smoking, but it can be caused by long-term exposure to other irritants besides cigarette smoke.

What kinds of equipment, supplies, or devices may be used by a client with COPD?

- Oxygen concentrators
- Oxygen tanks with a mask or nasal cannula
- Mechanical ventilators

7. Basic Information about Sleep Apnea

What is sleep apnea?
Sleep apnea is a condition that causes a person to stop breathing when they are asleep.

What is the cause of sleep apnea?
Sleep apnea occurs when the muscles in the back of the throat become too relaxed while the body is sleeping. This closes the airway, which leads to a shortage of oxygen in the blood. The brain responds to the oxygen shortage by waking up the body just enough to reopen the airway. People with sleep apnea may wake up hundreds of times a night without knowing it.

What are the symptoms of sleep apnea?

- Fatigue
- Poor concentration

Why is sleep apnea dangerous?

- It increases the risk of accidents (due to fatigue).
- It puts strain on the heart and lungs.
- It increases the risk for diabetes, heart disease, high blood pressure, stroke, and weight gain.

What kinds of equipment, supplies, or devices may be used by a client with sleep apnea?

- CPAP machine

8. Medication Nebulizer

[See page 421 of *Providing Home Care*[1] for a photo of a medication nebulizer.]

A medication nebulizer changes liquid medication into a mist that is inhaled through a **mouthpiece**. The medication is mixed with saline in the **nebulizer cup**. The cup and mouthpiece are connected by **tubing** to an **air compressor**.

[1] William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care,* 4th ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

9. CPAP Machine

[See page 421 of *Providing Home Care*[2] for a photo of a CPAP machine.]

CPAP stands for "Continuous Positive Airway Pressure." A CPAP machine blows air into the client's nose and throat. The air goes through the tubing and into the mask. The mask covers the client's nose and is kept in place with head straps. The air pressure is high enough to keep the client's airway open while he or she is asleep.

When assisting your client with a CPAP machine, make sure that:

- The mask is not too tight, because this can irritate the face.
- The mask is not too loose, because air will blow into their eyes.
- The air filter on the machine has air flowing around it. Make sure the machine is not against a wall or too close to the bed.

[2] William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care,* 4th ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

10. Safety Precautions to Follow When Oxygen Is in Use

Oxygen is flammable. (Flammable means that it can easily start a fire or burn quickly.) That means that you need to follow safety precautions when oxygen has been prescribed for your client.

Remove all flammable materials from the area.
Here are some flammable items that you may see in your client's home:

- Cigarettes
- Matches
- Lighters
- Candles
- Alcohol
- Nail polish or nail polish remover
- Electric shavers, hair dryers, or other electrical appliances

Post "No Smoking" or "Oxygen in Use" signs.
These signs will remind others not to smoke near your client's oxygen. Never permit smoking in the room or area where oxygen is used or stored.

Always turn the oxygen tank off in case of fire.
Never adjust the oxygen level.

11. Parts of an Oxygen Tank

An oxygen tank has several parts to it. The **regulator gauge** shows how much oxygen is left in the tank. The **tank valve** is the valve that is turned on at the beginning of treatment and off at the end of treatment.

When the tank is on, the **flow meter** shows how much oxygen is flowing (the dosage). The reading on the flow meter should be the same as the dosage that is indicated in the care plan. This dosage is measured in liters (L) per minute. For example, the care plan may say that "…the client should use the oxygen set at the rate of 2L."

Some oxygen tanks have a **humidifying bottle** attached. This humidifies the oxygen (makes it moist) so that the client's nostrils and throat do not become too dry when breathing the oxygen.

The **air tube** carries oxygen from the tank to the **nasal cannula** that is secured in the client's nostrils with **prongs**. Some clients may use an oxygen mask instead of the nasal cannula.

[See page 283 of *Providing Home Care*[3] for a photo of a person wearing a nasal cannula.]

[3] William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care*, 4th ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

12. Oxygen Concentrator

[See page 282 of *Providing Home Care*[4] for a photo of an oxygen concentrator.]

An oxygen concentrator is a machine that increases the amount of oxygen in the air that the client breathes. It affects the air in the whole room. It is turned on and off by a single switch.

The oxygen concentrator has several parts. The **air filter** cleans the air going into the machine. This filter should be brushed off every day to remove dust, and it should be washed once a week in warm soapy water. (The machine can run without the filter for a short time while the filter dries.)

The **oxygen concentrator dial** controls the flow of oxygen. This dial should be set to the position that is indicated on the care plan.

Some concentrators have a **humidifying bottle** that puts moisture into the air going through the air tube. This moisture keeps the client's nose from getting too dry.

When assisting your client with an oxygen concentrator, make sure that:

- The air filter on the machine has air flowing around it. The concentrator should not be against a wall or too close to the bed. Make sure that nothing is covering the concentrator.
- The humidifying bottle on the oxygen concentrator is filled with sterile water. You are not permitted to use tap water.

[4] William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care*, 4th ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

13. Stories from Home Health Aides

Michelle's Story:

"Mr. Jimenez has asthma. Last month, he had a really bad asthma attack. I assisted him by bringing him his nebulizer, but he still was wheezing a lot. I called the nurse, and Mr. Jimenez went to the hospital. He's okay now, but I am worried that it will happen again. It was scary to see him that way."

Peter's Story:

"Ms. Martin has COPD, so she needs to use an oxygen tank to breathe. Even with the oxygen, it's hard for her to be able to do many of the things she enjoys. I wish she didn't need oxygen! It makes me feel sad."

Janice's Story

"Mrs. Lowell started taking a new medication a month ago, and it made her constipated. Her doctor prescribed an enema. I felt kind of embarrassed about assisting her with it, but she really felt better afterwards. That made me feel good."

Question for Discussion:

- What are you feeling right now about your role in assisting with the prescribed medical equipment, supplies and devices that were discussed in this module?

Learner's Book

Module 30. Assessing with Special Skin Care

Activity 1. Introduction to Special Skin Care

1. Review of Routine Skin Care

Worksheet 1. Matching Game—Medical Terms for Special Skin Care

2. Important Terms for Special Skin Care

3. Stasis Dermatitis

4. Pressure Ulcers

Activity 2. The Role of the Home Health Aide in Assisting with Special Skin Care

5. Special Skin Care—Observe, Record, and Report

6. Special Skin Care—Your Approach Makes a Difference!

7. Special Skin Care—What You Can and Can NOT Do

Worksheet 2. Special Skin Care—Client Case Studies

Activity 3. Skills Demonstration and Practice

Skills Checklist 1. Positioning a Client on His/Her Back

Skills Checklist 2. Positioning a Client on Her/His Side

Module 30. Assisting with Special Skin Care

1. Review of Routine Skin Care

1) What is the definition of skin?

a. The outer covering of the body. The skin is also the body's largest organ.

2) What are the functions of skin?

a. Protecting the body from infection and injury
b. Eliminating body wastes through perspiration
c. Regulating body temperature
d. Sensing heat, cold, pain, and pressure

3) How can you assist a client with routine skin care?

a. Bath or shower
b. Perineal care
c. Back rub
d. Fingernail care
e. Toileting
f. Hair care
g. Changing positions
h. Applying cream/lotion

4) Why is bathing important?

a. Bathing removes dirt, bacteria, odor, and substances that cause allergies.
b. During bathing, the client and home health aide can observe rashes, infected areas, bruises, cuts, etc.

1. Review of Routine Skin Care

5) Why are nutrition and hydration important?

a. They are beneficial to every part of the body.
b. Color, texture, and the ability of skin to heal depend on good, nourishing food and adequate fluids.

6) Why is it important to be particularly gentle when touching the skin of obese, frail, elderly, or underweight clients?

a. Obese clients have skin that is less elastic and may have poor circulation. They may have folds of skin, making cleaning difficult and possibly causing irritation. Rapid weight or fluid gain can cause skin to stretch to the point of breaking open.
b. Elderly or frail clients have thin skin that tends to be dry and to tear very easily.
c. Underweight clients have poor nutrition and thin skin.
d. All these characteristics make the skin susceptible to injury.

7) Why is it important to observe, record, and report?

a. If danger signs are noted early, it can help prevent breakdown of the skin.

2. Important Terms for Special Skin Care

Bony prominences:

Places where bone comes close to the skin—for example, elbow, tailbone, heel, ankle, shoulder blades. These are places where pressure ulcers may form.

Drainage:

Any fluid or blood that leaks from a wound.

Edema:

Swelling; a condition in which the body tissue contains too much fluid.

Integrity:

A description of whether or not the client's skin is intact (or unbroken).

Phlebitis:

Inflammation of a vein; common to the veins in the legs.

Pressure ulcer:

An area of skin where pressure has destroyed the surface tissue, sometimes called a pressure sore, decubitus, or bedsore.

Stable skin surface:

Skin that may have a superficial wound (just on the surface) but it is not open, infected, or draining. (Also called "good skin integrity.")

2. Important Terms for Special Skin Care

Stasis dermatitis:

A skin condition with a rash, or a scaly, red area, or itching. It's usually caused by problems in circulation.

Stasis ulcer:

An open wound usually found on the lower leg, due to poor blood circulation. It does not affect the surrounding skin.

Topical medications:

Medications that are absorbed through the skin.

Turgor:

The normal fullness and elasticity of the skin. We test skin turgor by gently pinching a small piece of skin on the back of the hand and then letting go. If the skin stays in the pinched position, the person has poor skin turgor—this is a sign of dehydration. If the person has very tight and shiny skin, this can be a sign of edema.

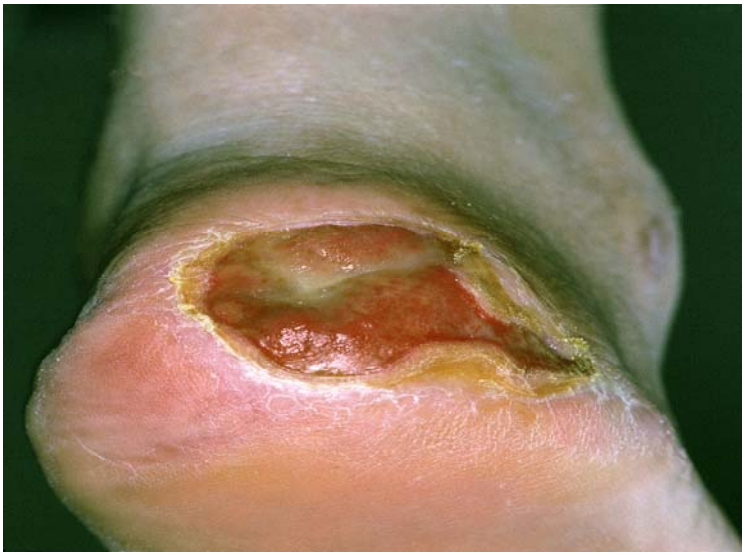
Unstable skin surface:

Area of the skin that does have a wound and it is open, infected, or draining. (Also called "poor skin integrity.")

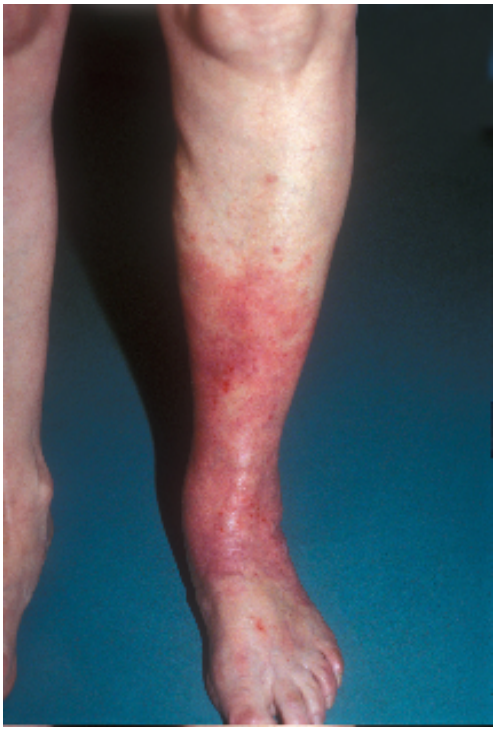
Varicose veins:

Swollen, distended, and knotted veins, visible especially in the leg. They occur most often in people who stand or sit motionless for long periods of time.

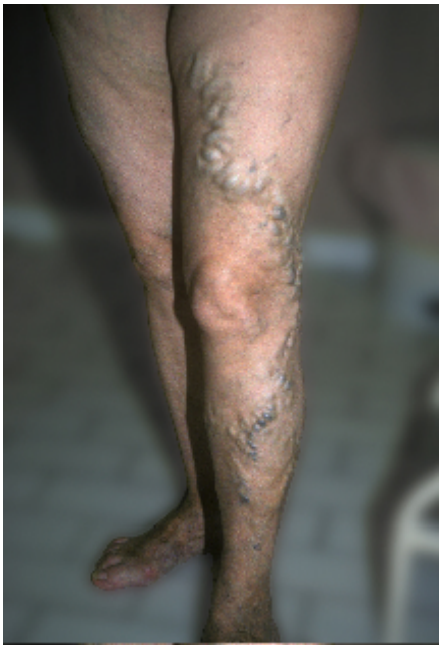
2. Important Terms for Special Skin Care



Stasis ulcer (above)

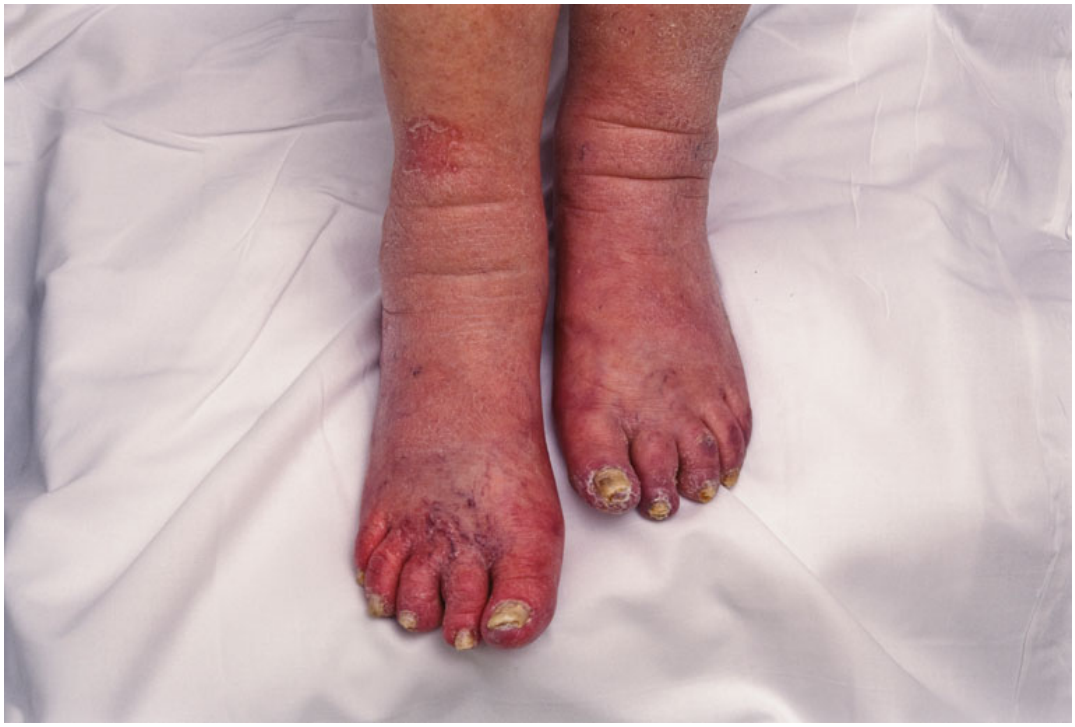


Stasis dermatitis (above)
Varicose veins (right)

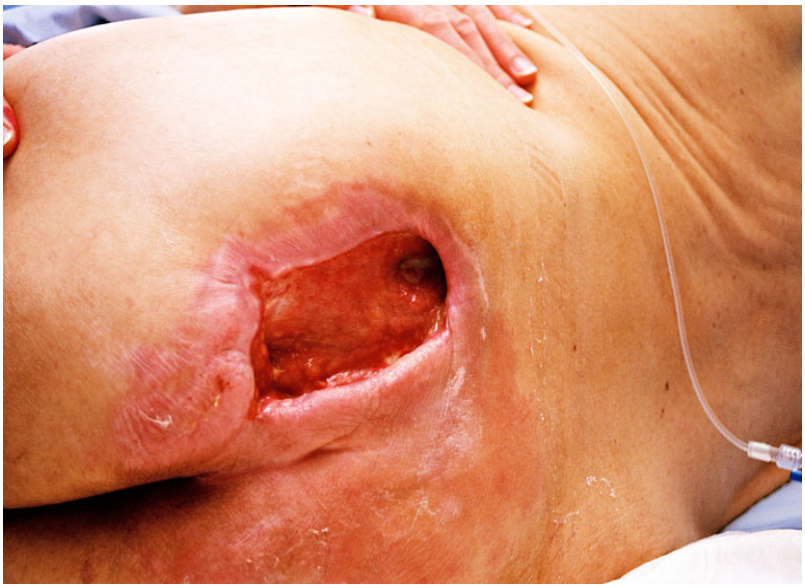


2. Important Terms for Special Skin Care

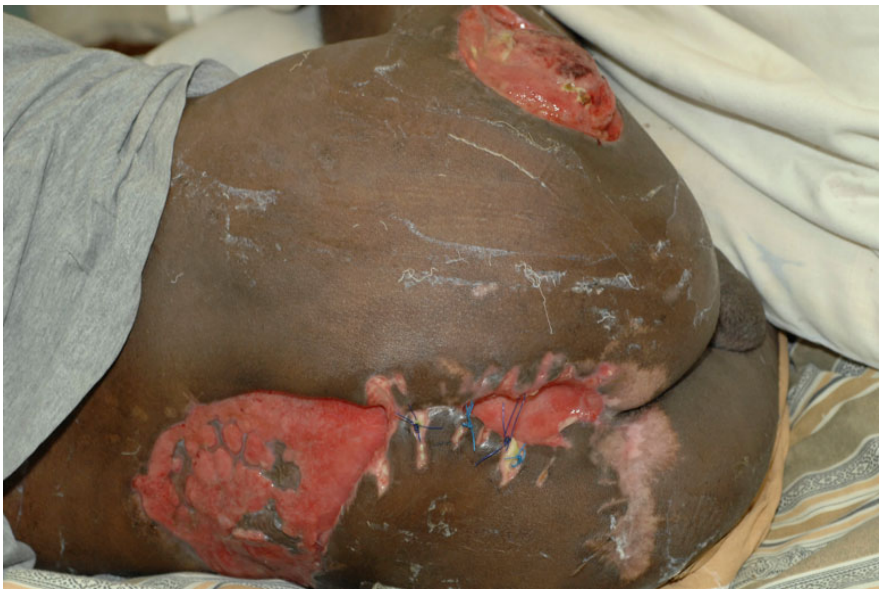
Edema (below)



2. Important Terms for Special Skin Care



Stage 4 pressure ulcers (above and below)



3. Stasis Dermatitis

This condition can occur and continue for many years without affecting the surrounding skin, or can become more severe and cause an open wound called a stasis ulcer.

The lower leg is most usually affected.

The causes of stasis dermatitis include:

- Poor circulation
- Tight stockings, shoes, casts, braces, or splints
- Injuries
- Edema
- Varicose veins
- Phlebitis
- Poorly controlled diabetes

You can help prevent stasis dermatitis by encouraging your client to:

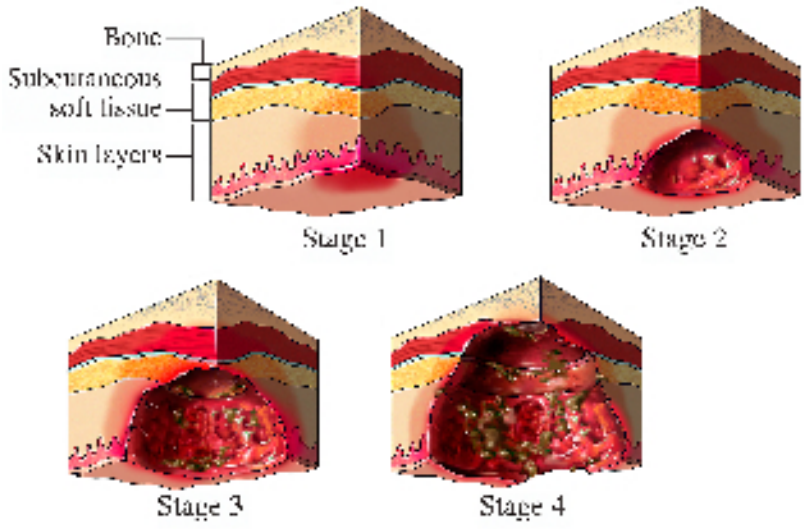
- Avoid wearing tight stockings and shoes.
- Elevate the client's leg(s) when she or he is sitting down.
- Not cross the client's legs.
- Limit salty food.
- Get exercise to encourage circulation.

You can also help with gentle handling and proper cleaning of the skin.

4. Pressure Ulcers

There are four stages in the development of pressure ulcers.

Stage 1: Inflamed skin
Stage 2: Blisters, tears in skin, or a shallow open area
Stage 3: Full skin loss, exposing damaged tissue beneath, and tissue loss
Stage 4: Full skin loss and tissue loss, exposing muscle or bone. May also include "dead" tissue that has turned black.



Pressure ulcers usually develop over bony areas (bony prominences) and pressure areas, including:

- Elbows
- Heels & ankles
- Knees
- Hips
- Tailbone (coccyx)
- Backbone
- Shoulder blades
- Toes
- Wrist
- Ears

4. Pressure Ulcers

Some causes of pressure ulcers are:

- Pressure on skin being in one position too long
- Rubbing against skin (shearing)
- Lack of fatty tissue
- Dirty and/or wet skin
- Person too overweight or too thin
- Existence of infection
- Poor nutrition and hydration
- Lack of activity/movement

You can help prevent pressure ulcers!

- Positioning:
  - Change the client's position at least every two hours
  - Encourage the client to move around.
- Use lotion on dry skin, but DO NOT apply lotion to skin that has tears or is open.
- Report if client complains of a tingling or burning feeling in the skin.
- When client is in bed:
  - Use special pressure-relieving mattresses.
  - Place cushions between bony prominences such as ankles and knees when client is on his or her side. Small pillows and sheepskin are two common options.
  - Keep linens from wrinkling.
  - Keep the client clean and dry.

5. Special Skin Care—Observe, Record, and Report

Observing and reporting changes in the client's skin is your most important role in special skin care. Noticing and reporting changes before they get really bad can make a big difference in the health and comfort of the client.

Be sure to report:

- Changes in the color of the skin
- Drainage: the type of fluid, amount, color, and odor
- Swelling (edema)
- Rash
- Dryness
- Scratching
- Pain reported by client
- Skin feeling warm or cold to the touch (more than usual)
- Integrity: are there any new openings in the skin, including tears, blisters, or cuts?

6. Special Skin Care—Your Approach Makes a Difference!

Your approach toward a client or toward a task is just as important as your skills at performing the task.

- Show a positive approach—be encouraging, accepting, and supportive.
- Provide as much privacy as possible.
- Make the client feel comfortable.
- Speak to the client while you are offering care.

7. Special Skin Care—What You Can and Can NOT Do

What You CAN Do

- Assemble equipment and supplies.
- Change client's position at least every two hours—or as prescribed in their care plan.
- Keep skin clean and dry.
- Apply nonmedicated lotions.
- Observe, record, and report.
- Clean reusable equipment.
- Store reusable supplies.
- Encourage nutrition and hydration.
- Use a person-centered care approach.

What You Can NOT Do

- Don't apply topical medications to an unstable skin surface.

Learner's Book

Module 31. Assisting with Dressing Changes

Activity 1. Introduction to Dressing Changes

1. What Are Dressings?

2. Stable and Unstable Surface Wounds; Clean and Sterile Dressings

3. Supplies for Assisting with Dressing Changes

Activity 2. Your Role in Assisting with Dressing Changes

Skills Checklist 1. Assisting with Changing a Clean Dressing

4. Your Role in Assisting with a Sterile Dressing Change

5. Abbreviations for the Timing of Dressing Changes

6. What to Observe, Record, and Report

7. Meeting the Client's Needs During Dressing Changes

Module 31. Assisting with Dressing Changes

1. What Are Dressings?

Dressings are protective materials placed on the body. Dressings have many different purposes, including:

- Protecting an area of the body from further injury
- Preventing germs from entering a wound
- Guarding against heat and cold
- Reducing swelling and bleeding
- Keeping the skin from drying out and cracking
- Absorbing drainage
- Providing a surface for applying medications

2. Stable and Unstable Surface Wounds; Clean and Sterile Dressings

Stable Surface Wounds are:

- Closed (crusted or scabbed over)
- Not draining
- Not infected

Clean dressings are applied to stable surface wounds. These dressings can be changed by the client, the family, or the home health aide.

Unstable Surface Wounds are:

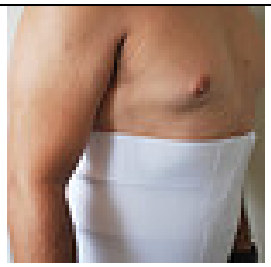
- Open (no crust or scab)
- May be infected or draining
- May be red, swollen, or hot to the touch

Sterile dressings are applied to unstable surface wounds. The equipment used for these dressings must be sterile. Sterile dressing changes must be done by a nurse, doctor, the client, or the client's family—NOT by a home health aide. However, the home health aide can assist.

3. Supplies for Assisting with Dressing Changes

Gauze Dressing		
	*Description:* plain gauze or cotton-filled gauze; standard sizes are 2 x 2, 4 x 4, and 8 x 4 inches.	*Purpose:* to cover wounds or prevent pressure sores (for example, between the toes).
Telfa Dressing		
	*Description:* special gauze with a nonstick surface.	*Purpose*: to cover wounds that are sensitive. (The non-stick surface will not stick to wounds when being removed.)
ABD's Abdominal Pad		
	*Description:* large, heavy gauze dressing.	*Purpose:* to cover small gauze dressings and hold them in place/ to provide absorbency.
Kerlix Bandages (Kling)		
	*Description:* woven gauze that can stretch and mold to a body part and hold in place.	*Purpose:* placed on bony areas, such as knees and elbows.

3. Supplies for Assisting with Dressing Changes

Binders		
	*Description:* fitted cloth or elastic fabric for a specific body part.	*Purpose:* to hold dressing in place and give support to a surgical wound.
Adhesive Tape		
	*Description:* tape with a sticky surface that is applied over the dressing and attaches to the skin.	*Purpose:* to hold gauze dressings in place.
Montgomery Straps (tie tapes)		
	*Description*: fasteners you can use instead of tape to hold bandages in place; straps are tied together instead of being taped to the skin.	*Purpose:* prevents skin irritation for clients who need frequent dressing changes.

4. Your Role in Assisting with a Sterile Dressing Change

Tasks you are **allowed to do**

You are allowed to do the tasks below ONLY if they appear on the client's care plan:

- Assemble necessary equipment and supplies
  - Make sure wrappers are not torn or wet
  - Check the expiration date
  - ***If there is any question about whether a supply is sterile, do not use it***
- Position client
- Cut tape
- Dispose of soiled dressing
- Store unused supplies properly
- Observe, record, and report

Tasks you are **allowed to do only under special circumstances**

You should do these tasks only if they appear on the client's care plan and you have been shown how to do them by the supervising nurse while you are in the client's home:

- Sterilize equipment
- Clean equipment

Tasks you are **NOT allowed to do:**

- Set up a sterile field
- Remove wrappings from new dressings
- Remove soiled dressings
- Apply prescription and/or nonprescription medication to a dressing
- Apply a new dressing

Module 31. Assisting with Dressing Changes

5. Abbreviations for the Timing of Dressing Changes

Dressings are changed as directed by the client's care plan or by the supervising nurse. The care plan may order the dressing to be changed at very specific times of the day. The care plan may indicate:

Once a day	Q.D.	q.d.	qd
Twice a day	B.I.D.	b.i.d.	bid
Three times a day	T.I.D.	t.i.d.	tid
Four times a day	Q.I.D.	q.i.d.	qid
At bedtime	H.S.	h.s.	hs
As necessary	P.R.N.	p.r.n.	prn

If the care plan says that the dressing should be changed "P.R.N.," the client will tell you when they would like their dressing changed. They will probably want it changed when:

- The surface of the dressing is soiled or loose
- Medications need to be applied
- It feels uncomfortable

Module 31. Assisting with Dressing Changes

6. What to Observe, Record, and Report

What to Record:

- The time of the dressing change
- Who changed the dressing
- Care given to the wound
- Special supplies used
- The date
- Signature and title
- Any changes observed

What to Observe and Report:

- Changes to the skin
  - Color change
  - A scab that has dislodged
  - Bleeding
  - Swelling
- Odor
- Drainage

7. Meeting the Client's Needs During Dressing Changes

- Encourage the client to do as much as he/she can
- Provide for the client's comfort and warmth
- Assure the client's privacy
- Use supplies economically (don't waste)
- Be supportive and encouraging
    - If you have difficult feelings about assisting with dressing changes, discuss your feelings with the supervising nurse

Learner's Book

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Module 32. Assisting with Ostomy Care

1. What Is an Ostomy?

An **ostomy** is a surgically formed opening in the body.

There are different types of ostomies, and they each have a different purpose:

- *Ileostomy*
  This is an opening in the small intestine that allows waste (stool) to leave the body. A client may have an ileostomy if the small or large intestine is diseased.

- *Colostomy*
  This is an opening in the large intestine that allows solid waste (stool) to leave the body. A client may have a colostomy if the large intestine is diseased or injured.

- *Urostomy*
  This is an opening in the abdominal wall that detours urine away from the bladder. A client may have a urostomy if they have an injury or disease that prevents urine from being eliminated through the bladder and urethra.

- *Tracheostomy*
  This is an opening in the trachea (windpipe). A client may have a tracheostomy if their larynx (voice box) has been injured or removed, if their trachea has been injured, or if they have difficulty breathing due to lung problems.

- *Gastrostomy*
  This is an opening into the stomach. A client may have a gastrostomy if they cannot chew adequately or swallow safely.

2. Basic Information about Digestion[1]

In order to get energy, a person needs to eat food and **digest** it. Here is how digestion works:

- Food is chewed in the *mouth*, where it is mixed with *saliva,* which helps to break it down.

- Food is swallowed and goes down the *esophagus* into the *stomach*. In the stomach, food mixes with digestive juices. These juices are very strong acids.

- Next, the food moves into the small intestine. Nutrients are absorbed into the bloodstream from the small intestine.

- Anything that cannot be absorbed into the body passes into the large intestine. Now it is called *waste*. Water is removed in the large intestine, so the waste becomes more solid. This solid waste (stool) is stored in the colon and then pushed out of the body through an opening called the *anus*.

[1] The drawing of the digestive system in the **Teaching Tools** for Module 10 (Body Systems and Common Diseases) may be used as a visual aid.

3. Basic Information about Ileostomies and Colostomies

An **ileostomy** is an opening that is surgically formed in the *small intestine.* Clients may have an ileostomy if their large or small intestine is diseased.

A **colostomy** is an opening that is surgically formed in the *large intestine*. Clients may have a colostomy if their large intestine is diseased or injured.

Ileostomies and colostomies allow waste (stool) to leave the body. How that waste looks and smells will depend on where the ostomy is located in the digestive tract. When stool comes from an ostomy that is *higher up* in the digestive tract:

- It has less odor.
- It is more liquid in consistency.
- It is eliminated more frequently from the body.

When stool comes from an ostomy that is *lower down* in the digestive tract:

- It has more odor.
- It is more solid in consistency.
- It is eliminated less frequently from the body.

The stool leaves the body through an opening called a **stoma**. A normal stoma is shiny, wet, and dark pink or red (like the inside of the mouth). Stomas are not painful.

3. Basic Information about Ileostomies and Colostomies

Not all stomas look alike:

- Stomas can extend out from the surface of the skin, be level with the skin, or indent into the skin.
- Stomas can be round (like a flower bud) or oval.
- Stomas can be located in different places on the abdomen.
- Some colostomies have two stomas (this is called a "double-barrel" stoma).

The stool is collected in a **pouch**. The pouch is designed to:

- Protect the skin.
- Contain waste and odor.
- Be comfortable.
- Allow the client to participate in daily activities.

Most clients are concerned about odor, so pouches are odor resistant or odor proof. If there is an odor, it may be because the pouch is not properly sealed or was not properly cleaned.

Some people with colostomies may also **irrigate**. (Irrigation is like an enema given through the stomach.) The purpose of irrigation is to allow the client to leave the home for a period of time without eliminating.

4. Your Role in Assisting with Ileostomies, Colostomies, and Urostomies

You may assist a client who has an ileostomy or colostomy with many different tasks. These include:

- Selecting and preparing food that is appropriate for the client
- Assisting the client to eat
- Changing a pouch
- Emptying stool or gas from a pouch
- Cleaning a reusable pouch
- Irrigating (colostomy only)
- Caring for the skin around the stoma

Under special circumstances, you may also assist a client with a urostomy. The task you may be asked to do is:

- Change or empty the urinary drainage pouch.

5. Diet for a Client with a Colostomy

Clients with **colostomies** can enjoy the same foods they ate before their surgery. Occasionally, a client may have a problem with:

- Odor
- Gas
- Constipation or blockage
- Diarrhea
- Irritation to the stoma

These problems can be avoided by paying special attention to the diet.

Foods that **produce odor**:

- Eggs
- Fish
- Asparagus
- Garlic
- Onions
- Beans

Foods that **reduce odor**:

- Lettuce
- Parsley
- Spinach
- Cranberry juice
- Yogurt
- Applesauce

Foods that **form gas**:

- Beans
- Cabbage and related vegetables
- Onions
- Carbonated drinks
- Beer
- Fresh yeast
- Sweets (in excess)

Foods that **reduce gas:**

- Cranberry juice*
- Yogurt*

* Eat these in moderation because they can also irritate the stoma

Foods that **cause constipation**:

- Boiled milk
- Dry cheese
- Chocolate
- Nuts
- Red Wine
- Celery
- Raisins

Foods that **cause diarrhea**:

- Raw fruits and vegetables
- Spinach
- Beans
- Prunes
- Beer
- Fresh milk
- Hot spices

6. Diet for a Client with an Ileostomy

Clients with **ileostomies** need to pay special attention to what they eat and how they eat. It is important for these clients to eat a well-balanced diet. In addition, these clients should:

- Chew food slowly and carefully.
- Drink a lot of fluids.
- Eat foods that are rich in potassium (bananas, tomatoes, and oranges).

Clients with ileostomies can sometimes get a large mass of undigested food in their intestine, which blocks their stool. Some foods that can cause blockage include:

- Nuts and seeds
- Popcorn
- Raw vegetables
- Cabbage family: cabbage, cauliflower, broccoli, brussels sprouts, kale, collard greens
- Celery
- String beans
- Chinese vegetables
- Coconut
- Raisins and other dried fruits
- Raw fruits, especially pineapple and citrus fruits
- Fruit skins
- Mushrooms
- Rhubarb
- Shellfish

Call your supervisor if you think your client may have blockage. The symptoms to look for are:

- No stool or watery stool
- Green, stringy stool
- Cramps
- Throwing up (in severe cases)

7. Equipment for Urinary and Bowel Care

ADHESIVES:
This enables the pouch to stick to the skin and/or faceplate. It comes in three forms—double-faced discs, spray cements, and tape.

ADHESIVE REMOVERS (SOLVENTS):
These remove the adhesive that builds up on the skin or the faceplate. They are irritating to the skin and must be used carefully. They come in many forms—liquids, sprays, and wipes.

BELTS:
These help hold a pouch in place. They attach to either side of the faceplate or pouch. They are usually made of elastic.

CONDOM CATHETER:
This is a condom that is placed over the penis in order to drain urine. It has a tube at one end that is attached to a drainage bag.

DEODORIZERS:
These control odors from the stool. They come in many forms—liquid deodorant (for washing), tablets or drops (for inside the pouch), and spray (for room odor).

FASTENERS:
These secure the bottom of an open-ended pouch. Paper clips, rubber bands, or clamps can all be used as fasteners.

GERMICIDES:
These disinfect the pouch and other equipment. They are used when soaking a used pouch or inside a fresh pouch.

IRRIGATION BELT:
This holds the faceplate of the irrigating sleeve in place.

IRRIGATION CONTAINER:
This is a container for solution, tubing, and water flow–regulating valve (clamp). It looks like an enema bag. It stores and delivers irrigating solution into the intestines.

7. Equipment for Urinary and Bowel Care

IRRIGATION SLEEVE:
This is a large plastic bag that is open at the bottom and the top. The top allows access to the stoma. The bottom allows drainage into the toilet. It is attached to the rigid faceplate.

LUBRICANT:
This is a water-soluble gel. It helps to ease the cone tip or the catheter into the stoma.

MIRROR:
This enables the client to see the stoma during care.

POUCH COVERS:
These fit over the pouch. Pouch covers make the pouch more attractive. They also prevent irritation and perspiration (sweating) under the pouch.

SKIN BARRIER:
This protects the skin around the stoma. It comes in many forms—powder, gel, ring (washer), paste, wafer, and square.

SKIN CARE PRODUCTS:
These maintain the skin and prevent problems. Skin care products come in many forms—ointments, pastes, sprays, wipes, lotions, gels, and powders.

SKIN SEALANTS:
These provide protective film over the skin. Skin sealants are used under tape, cement, or adhesives. It comes in many forms—sprays, liquids, gels, and wipes.

STOMA CAP:
This is a tiny pouch or cover that fits over the stoma. It may be used by a client who irrigates (cleans out their colostomy).

STOMA MEASURING GUIDE:
This is a pattern that is used to measure the size of a stoma. They can be used to cut out the faceplate or barrier opening. Some clients have their own specially made patterns.

8. Assisting with a Urostomy

Under special circumstances, you may assist a client with a urostomy by:

- Assembling the necessary equipment and supplies
- Positioning the client
- Removing wrappings from any disposable items
- Removing or applying a belt or pouch
- Applying a dressing
- Emptying a pouch
- Disposing of used equipment and waste materials
- Cleaning and storing reusable equipment and supplies
- Observing, recording, and reporting

The supervising nurse will show you how to do any of these activities if you are asked to assist with them. These activities will be indicated on the care plan.

9. What to Observe, Record, and Report When Assisting with Ileostomy, Colostomy, Urostomy, or Catheter Care

The best time to observe during ileostomy or colostomy care is when changing a pouch or assisting with colostomy irrigation.

What to observe when changing a pouch:

- The client
  - Is the client in pain?
  - Does the client feel full or swollen?
  - Is the client aware of any changes related to the ostomy?
- The stoma
  - Has it become larger or smaller?
  - Is it sticking out or sinking in more than usual?
  - What is the color? (It should be red and moist)
- Discharge from the stoma
  - Have there been any changes in color, amount, frequency, or odor?
  - Is there diarrhea?
  - Is there blockage (constipation)?
- Skin around the stoma
  - Does it look different from skin elsewhere on the body?
  - Is it sore, red, bleeding, or swelling? Is there discharge?
- The abdomen
  - Does it feel hard or swollen?
- The equipment (pouch and faceplate)
  - Is the pouch leaking?
  - Does the equipment fit okay?
  - Are there cracks in the pouch?

9. What to Observe, Record, and Report When Assisting with Ileostomy, Colostomy, Urostomy, or Catheter Care

What to observe during colostomy irrigation:

- Certain things are normal during irrigation:
  - There is an odor (like a bowel movement).
  - The client may feel full.
  - The client may feel cramping.
    You can try to control cramping by:
    - Expelling air from the tube
    - Using warm solution (not hot or cold)
    - Not letting the solution flow in too fast
    - Shutting off the flow valve and encouraging the client to take deep breaths

    If the cramping continues for a long time, stop irrigation and call the supervising nurse.
- There are certain things you should observe for during irrigation:
  - How much stool is expelled
    If not much stool is expelled, but the client is eating normally, it may be necessary to wear a pouch.
  - Changes in the irrigation routine
    - The time of irrigation
    - The amount or type of irrigation
    - Any increase in the time it takes to irrigate
    - Any stool that passes between irrigations
  - The client's reaction
    - Complaints
    - Acting upset or disgusted
    - Refusing to look at the equipment during irrigation
    - Asking the worker to do more than is on the care plan
    - Putting off or refusing to do care

9. What to Observe, Record, and Report When Assisting with Ileostomy, Colostomy, Urostomy, or Catheter Care

What to observe during catheter care:

The best time to observe during catheter care is when providing skin care or emptying a urinary drainage bag.

- The client
  - Is the client in pain?
  - Are there sores or raw areas on the client's skin?
  - Is there bleeding?
  - Is there leakage around the catheter?

- Urine
  - Is the urine cloudy, bloody, or strong-smelling?
  - Is there only a small amount (or no urine at all) when you are scheduled to drain the bag?

10. Basic Information about Tracheostomies[2]

A **tracheostomy** is a surgically formed opening in the windpipe.

The windpipe is the passage for air to travel to and from the lungs. (It is also called the trachea.) When we breathe, air enters the mouth and nose. It then passes over the voice box and into the trachea. From there, air enters the lungs.

Clients may have a tracheostomy if:

- The voice box (larynx) is injured.
- The larynx is removed due to a disease (like cancer).
- The client has lung problems that make breathing difficult.

Some clients may have their larynx removed. If they do, they may not speak normally. Instead, they may have an artificial larynx or communicate by signs or writing.

Clients who still have their larynx may have a voice that sounds different. They may also cover the opening in their tracheostomy with their fingers in order to make sounds.

Clients may need a scarf or high collar in cold weather. Clients with tracheostomies do not breathe all their air through the nose and mouth. Normally, air is warmed up when it enters the nose and mouth.

Clients are prone to respiratory infection. The nose and mouth keep air moist, and filter germs out of the air; the tracheostomy does not.

- Equipment must be kept very clean.
- Always wash your hands thoroughly.

Clients with tracheostomies can generally eat a normal diet.

[2] The drawing of the respiratory system in the **Teaching Tools** for Module 10 (Body Systems and Common Diseases) may be used as a visual aid.

11. Your Role in Assisting Clients with Tracheostomies

You **may** assist a client who has a tracheostomy by:

- Keeping the skin around the opening clean and dry
  - Clean with mild soap and water.
  - Dry thoroughly and gently.
  - Do **not** use commercial gauze, tissues, or a washcloth. A special gauze will be provided.
- Keeping discharge from building up around the opening
- Changing the dressing whenever it is moist or discharge builds up
- Assisting with routine tracheostomy care (by following the procedure on **Skills Checklist 9**)

You **may not** assist a client who has a tracheostomy by:

- Performing nonpermissible tasks associated with changing a dressing
- Inserting or removing the outer tube
- Caring for a tracheostomy that shows any problems (like skin irritation)

12. Safety for Clients with Tracheostomies

[See page 425 of *Providing Home Care*[3] for a photo of a tracheostomy tube.]

You will need to take certain safety precautions when assisting clients with tracheostomies:

1. Prevent infection
   - Keep tubes and equipment very clean.
   - Keep your hands clean.
   - Any piece of equipment that falls on the floor must be sterilized.
     - If the inner tube ever falls on the floor, you may not sterilize it. Instead, call the supervising nurse and use a replacement tube.

2. Ensure that nothing gets into the tracheostomy tube, because this can cause choking.
   - Be careful of things that shed or fray (like tissues or gauze).
   - Be careful of dust.
   - Be careful of water.
     - No swimming.
     - When showering, make sure the opening is covered.
     - If the client takes a tub bath, make sure the water is not too deep.
     - Be careful of shampooing or shaving.

3. Know what to do if the tube comes out of the airway.
   - This will not be a concern for some clients. Check the care plan.
   - Know the emergency procedure for your client.

[3] William Leahy, Jetta Fuzy, and Julie Grafe, *Providing Home Care,* 4th ed. (Albuquerque, NM: Hartman Publishing, Inc., 2013).

13. What to Observe, Record, and Report When Assisting with Tracheostomies

What to observe:

- The opening (stoma)
  Look for mucus or moisture that has collected, crusted, or become hard. This can plug the opening.
  Record and report any crusting or plugging.

- The skin around the opening
  This skin should look like other skin.
  Record and report any inflammation, redness, sores, or areas that look raw.

- The outer tube
  This tube should be in place at all times.
  Record and report any change in position. If the tube comes out, follow the emergency procedures.

- The type and amount of discharge coughed up
  Discharge normally looks like saliva and has no odor.
  Record and report if there is more discharge than usual, or if the discharge has an odor, is thick, yellow, or green. These may indicate an infection.

- The client's reaction
  Record and report if the client seems to feel discomfort, or complains, or seems depressed or frustrated.

The best time for making observations is when assisting with routine care.

14. What Is Tube Feeding?

There are two kinds of tube feeding that you may be asked to assist with as a home health aide:

Gastric gavage. This is when a client consumes liquid food through an opening that is surgically created in the neck, chest, stomach, or intestine (a gastrostomy).

Naso-gastric gavage. This is when a client consumes liquid food through a tube that is inserted in the nose.

All food must be liquid in consistency (like cream soup). This food can be prepared at home in a blender, or it can be purchased commercially.

15. Your Role in Assisting with Tube Feeding

You may be assigned to assist with tube feedings under special circumstances only. You may be asked to assist the nurse, a family member, or the client.

You **may** assist by:

- Assembling equipment
- Cleaning the client before and after the feeding
- Positioning the client properly for feeding
    - Client should be in a seated position.
    - Client should be in a low bed or chair.
    - The tube and the funnel or syringe should be higher than the client's stomach.
        - The higher the tube, the faster the food will flow into the stomach.
        - In order to avoid gastric distress, one 8 ounce can (240 ml) should take about 20 minutes to flow into the stomach.
        - The client should remain in a seated position for at least 30 minutes after eating.
- Handing requested items to the person who is administering the feeding
- Disposing of equipment and supplies
- Staying with the client during the feeding (as you would with any other client during mealtime)

15. Your Role in Assisting with Tube Feeding

- Cleaning reusable equipment
    - If the tubing can be removed, the tubing and the funnel or syringe should be carefully washed after every feeding.
- Storing reusable equipment and supplies in a clean place
- Observing, recording, and reporting

Also, when assisting with tube feedings, **always carefully wash your hands**.

You may <u>not</u> assist by:

- Inserting the tube
- Delivering the feeding itself (pouring it into the funnel or syringe)
- Irrigating the tubes

16. Mouth Care for Clients with Gastrostomies

Did you know that eating helps to keep your mouth healthy? Clients who can no longer chew food may experience these problems in their mouths:

- The tongue may become coated or cracked.
- The mouth lining may become dry or develop sores.
- The gums may become infected or bleed.

Clients who are no longer able to chew food need to take special care of their mouths to keep them healthy.

- Clean teeth and dentures regularly.
- Clean the tongue and the lining of the mouth.

Some clients may also chew food and spit it out or into the feeding tube. This helps the mouth stay healthy. It also stimulates digestive juices to receive the feeding. Some clients may also feel that chewing food in this way gives them some of the pleasure of eating.

17. What to Observe, Record, and Report While Assisting with Tube Feeding

What to Observe

- The stoma
  Report and record if you observe:
  - The opening has changed from when you first observed it.
  - The skin doesn't look like skin on other parts of the body.
  - The skin shows signs of irritation, like redness, sores, or bleeding.
  - There is crusting.
  - There is leakage.

- The client's eating pattern:
  Record and report if you observe:
  - A change in the client's eating pattern
  - The client refuses to eat

- The client's reaction
  Record and report if you observe:
  - The client seems sad or depressed.
  - The client seems to feel discomfort with feeding.

The best time to make observations is when assisting with routine care.

18. Share What You Know—Case Studies

In your training, you have already learned that your approach to assisting clients with medical tasks is important. Read each case study below, and then answer the questions on the worksheet for each case study. Your goal is to use what you know to help another home health aide. Write your answers on Worksheet 1.

Case Study #1: Share What You Know with Etta

"Mr. James has been my client since he was diagnosed with cancer of the esophagus. He has a feeding tube. I'm worried about him, because in the past week or so he seems to have lost interest in his feedings. When I ask him why, he just closes his eyes and tells me how much he misses the taste of his wife's home-cooked meals."

Case Study #2: Share What You Know with Dwayne

"Thomas is my new client. He's 26 years old, and he has a colostomy due to a gunshot injury. Thomas is also a student. I have always helped Thomas change his colostomy pouch before class, but yesterday he refused to let me. When I asked him why, he said he's too embarrassed by the smell. I didn't know what to say."

Case Study #3: Share What You Know with Mica

"Mrs. Miller is 69 years old. She has had a tracheostomy for five years due to cancer. Mrs. Miller has learned how to take care of her tracheostomy. However, it is difficult for people to understand what she says sometimes. When this happens, Mrs. Miller gets red in the face and crosses her arms. Then she stops talking, sometimes for the rest of the day. What should I do?"

19. Your Approach Is Important!

You already know that it's important to think about how you approach helping clients with health-related tasks. In other words, you know that it's important to think not only about WHAT you are doing, but HOW you are doing it.

Your approach is especially important when assisting clients with ostomies. Remember these key points:

Listen

- Take the time to listen.
- Paraphrase what the client says to let them know you understand.

Validate

- Let the client know that his or her feelings are okay. For example, say things like:
  - *It's okay to feel like this.*
  - *I understand why you're feeling that way.*

Encourage

- Try to communicate a positive outlook.
- Focus on what the client *can* do instead of what he or she can't do.

Be Professional

- Pay attention to your own body language and tone of voice while you are assisting a client with an ostomy.
- If you have difficult feelings, do not share them with your client.