



Module 7

Skin and Body Care

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Personal Care Skills Covered

Turn and Reposition a Client

Mouth Care

Clean and Store Dentures

Shaving With a Safety Razor

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Bed Bath

Assist Client with Weak Arm to Dress

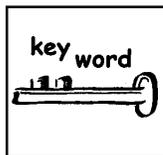
Put Knee-High Elastic Stocking on Client

Passive Range of Motion - Shoulder

Passive Range of Motion - Knee and Ankle



Icons to help guide you



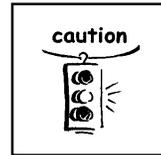
A word to remember



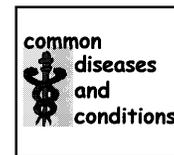
Something to report



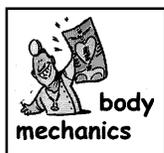
See the Resource Directory



Beware or be careful



See the Common Diseases section



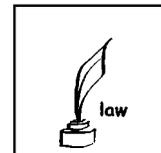
Use proper body mechanics



Observe skin



Classroom exercise



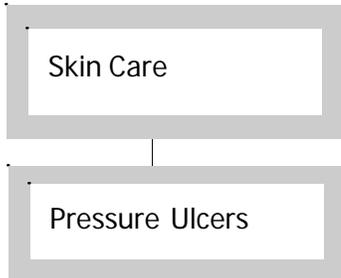
Something in the law



Be alert and respectful

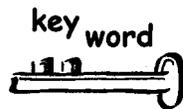
Module 7- Lesson 1

Skin Care



What you will learn in this lesson:

1. A caregiver's role in client skin care, including:
 - promoting healthy skin;
 - routinely observing a client's skin;
 - knowing the types of skin problems to look for;
 - documenting and reporting skin problems immediately.
2. What pressure ulcers are and how to help prevent them.



Definition

Nurse Delegation	When an RN delegates nursing tasks to qualified NACs or NARs
Pressure ulcers or Pressure sores	Skin breakdown or injury caused by pressure that damages the skin and underlying muscle
Pressure points	Places on the body where the bone causes the greatest pressure on the muscles and skin
Self-Directed Care	When an in-home client directs an Individual Provider to help him/her with health related tasks
Skin breakdown	Any break in the skin, creating a risk for infection and further injury
Sterile dressing	A protective, bacteria-free, covering put on an injury

The four important caregiving roles in client skin care include:

1. Promoting healthy skin.
2. Routinely observing a client's skin.
3. Knowing the types of skin problems to look for.
4. Documenting and reporting problems immediately.

Skin is the first line of defense a client has to heat, cold, and infection. Skin changes as we age and sometimes because of a chronic illness. These changes can lead to the:

- skin becoming thinner and dryer - tearing easier and not healing as easily;
- loss of the layer of fat just below the skin, decreasing the ability to stay warm;
- sweat glands losing the ability to cool in heat;
- loss of the ability to feel pain, heat, or light touch.

There are five ways to help a client keep his/her skin healthy.

1. Keep skin clean.

- Keep skin, nails, hair, and beards clean.
- Set up a routine bathing schedule.
- When bathing, use warm, **not hot**, water, and **mild** soaps. Monitor water temperature to avoid burns for any client who has lost the ability to feel heat.
- Take extra care to make sure skin folds are clean and dry for clients who are obese. Skin folds hold bacteria, dirt, and old skin cells.
- In-between baths, clean the skin as soon as you see something on it.

2. Keep the skin dry.

- Use pads or briefs that absorb urine and keep moisture away from the skin for clients with incontinence. Use a cream or ointment as further protection for the skin.
- Avoid using "blue pads" or disposable waterproof under pads that can hold moisture on the skin. A waterproof **cloth** pad that can be laundered and reused is a good alternative.

3. Use moisturizing creams and lotions.

- Gently apply lotion to dry skin regularly.

A caregiver can apply:

- non-prescribed ointments or lotions (e.g. dandruff shampoo or body lotion to prevent drying of skin);
- or change a band-aid in response to a first-aid situation.

A caregiver can **NOT**:

- change **sterile dressings**;
- apply a prescribed lotion or ointment used to treat a condition (unless under **Nurse Delegation** or **Self-Directed Care**).

Promoting Healthy Skin Care



4. **Encourage good nutrition.**

- Diet contributes a great deal to healthy skin. Encourage a client to eat a healthy, well-balanced diet and to drink plenty of fluids (unless on a fluid restriction). See pages 135-142 for more detailed information about good nutrition and page 148 for more information about getting enough water.

5. **Encourage mobility.**

- Encourage a client to stay as mobile as possible.
- Encourage activities or exercise that help increase circulation.

Skin Problems a Caregiver May See	
Type of Problem	What is it?
Pressure Ulcers <small>key word</small> (or Bed Sore) 	Skin breakdown or injury caused by pressure and/or weakened skin that damages the skin and underlying muscle.
Stasis/Venous Ulcers	A chronically open area, caused by poor circulation of the blood in the veins. Early symptoms are a rash or a scaly, red area and itching. The skin around the ulcer becomes a discolored reddish-brown. This occurs most often on the lower legs and feet.
Arterial Ulcers	Round open areas on the feet and lower leg due to lack of blood flow to the legs.
Rashes and Infections	Most rashes are raised, red, bumpy areas on the skin that are often itchy. Skin infections are a break in the skin, like a scratch, where bacteria have spread and caused an infection.
Burns	Skin that is damaged by fire, sun, chemicals, hot objects or liquids, or electricity. Burns are classified according to how deeply the skin is damaged. 1 st degree burns are when the skin is reddened and maybe swollen and tender. 2 nd degree burns usually have blisters, intense redness, pain and swelling. 3 rd degree burns are the most serious and involve all layers of the skin.
Skin Cancer/Lesions	Abnormal growth on the skin that usually doesn't spread and is treatable. A more dangerous kind of skin cancer is melanoma. Melanomas are irregularly shaped and may be described as a "strange mole" or a mole that is changing. If a client has a strange mole, encourage him/her to contact his/her doctor.

Observe a client's skin whenever you are doing personal care. Look at the client's skin at least once a day.

Observe



What to Look For

- Redness or other changes in coloring
- Swelling
- Changes in temperature (warm or cold)
- A break in skin
- Rashes, sores, or a gray or black scab over a pressure point
- Odor
- Pain



Observing any of these signs could be an indication of a skin problem and should be reported to the appropriate person in your care setting.

What causes pressure ulcers

Immobility is the number one cause of pressure ulcers. When a person sits or lies in a position too long without moving, the weight of his/her body puts pressure on the skin and muscle. The pressure can be from a bone pressing against another part of the body or from a mattress or chair. This unrelieved pressure cuts off blood supply to the skin. Without a blood supply, the skin - and eventually the muscle under it - dies and a pressure ulcer forms.

The amount of pressure needed to cause a pressure ulcer ranges from a small amount of pressure for a long time to high pressure for a short time.

Pressure ulcers can also be caused when the skin is weakened by:

- friction;
- too much moisture on the skin;
- dryness and cracking;
- age;
- irritation by urine or feces;
- lack of good nutrition and/or drinking enough fluids;
- certain chronic conditions or diseases - especially those that limit circulation.

High risk for pressure ulcers

Clients who are fully or partially immobile or with weakened skin are at high risk for getting a pressure ulcer. This includes clients:

- in wheelchairs or who spend a lot of time in a chair or bed;
- who have had a pressure ulcer in the past;
- who are paralyzed;
- who have unmanaged incontinence;
- with poor nutrition or dehydration;
- with a chronic illness, like diabetes, that decreases circulation;
- with cognitive impairments that make him/her forget to move;
- who have a decreased ability to feel sensation;
- who are obese or too thin.

Pressure Ulcers



What pressure ulcers look like

What a pressure ulcer looks like depends on how severe it is. The first signs of a pressure ulcer include:

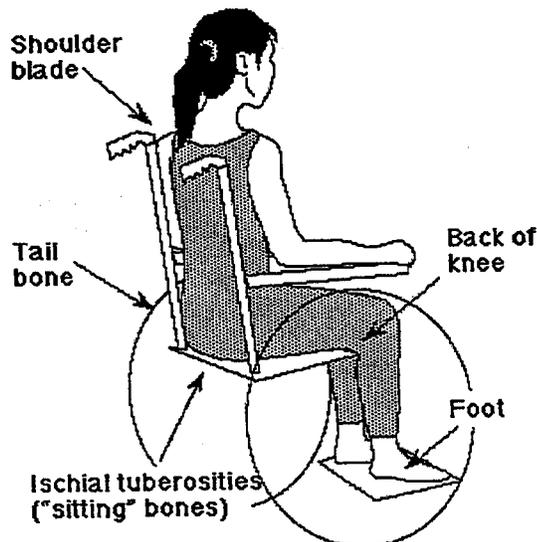
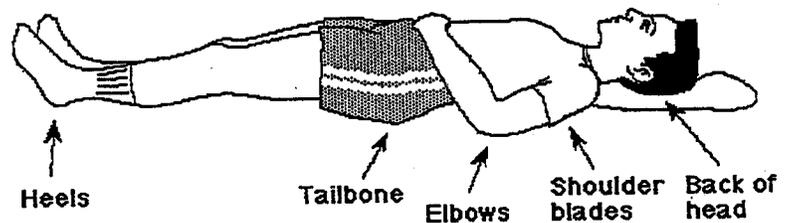
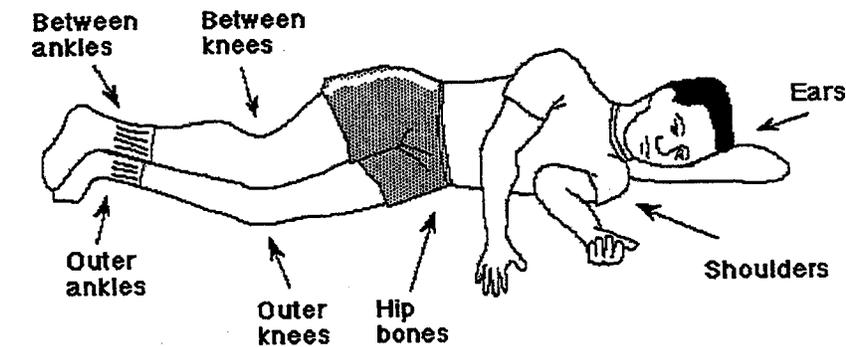
- redness on unbroken skin lasting 15-30 minutes or more in people with light skin tones. For people with darker skin tones, the ulcer may appear red, blue, or purple. If in doubt, compare the area to the other side of the client's body.
- any open area - it may be as thin as a dime and no wider than a Q-tip.
- an abrasion/scrape, blister, or shallow crater.
- texture changes - the skin feels "mushy" rather than firm to the touch.

A pressure ulcer can sometimes look like a gray or black scab. Beneath the scab is a pressure ulcer. If you notice a scab over a **pressure point**, report it to the appropriate person in your care setting. Do not remove the scab. If a pressure sore is beneath it, this could cause damage or lead to infection.



Pressure points

Pressure points are likely areas for pressure ulcers.



What to do if you see a problem

Anytime you see redness on unbroken skin or feel heat in the area lasting 15-30 minutes or more - especially at a pressure point:

- reposition the client off of the red area immediately to remove pressure from the area.
- **report it** to the appropriate person where you work. Make sure you know ahead of time who to report to about this kind of situation. Document your concerns.



Do not:

- massage the area or the skin around it.
- use a heat lamp, hair dryer, or "potions" that could dry out the skin more.

Changing a Client's Position

A client needs to change position frequently to protect his/her skin. A pressure ulcer can start in as little as one to two hours for clients in bed and unable to move. Clients who sit in chairs and can't move can get pressure ulcers in even less time because the pressure on the skin is greater.



A client confined to bed should change position **at least every 2 hours**. A person confined in a chair or wheelchair should shift his/her weight in the chair at least **every 15 minutes for 15 seconds** and change position at least **every hour**.

Preventing friction to the skin

Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure ulcer - especially for those clients with weakened skin.

Special care by a caregiver must be made when transferring and positioning a client. A client must always be:

- lifted - not dragged when transferring;
- positioned in a chair or bed correctly so he/she cannot slide down;
- positioned on smooth linen or clothing.

Skill: Turn and Reposition a Client in Bed



1. S.W.I.P.E.S.
2. Bend client's knees.
3. Before turning client, move client's body towards self.
4. Place your hands on the client's hip and shoulder and gently roll the client over on his/her side away from you.
5. Position client in proper body alignment:
 - head supported by pillow;
 - shoulder adjusted so client is not lying on arm and top arm is supported;
 - back supported by supportive device;
 - top knee flexed, top leg supported by supportive device with hip in proper alignment.
6. Cover client with top sheet.
7. Remove gloves (if used) and wash hands as final step.



The following are **general tips** to remember when **repositioning a client**.

- Make sure there is room to roll the client.
- Tell the client to look in the direction they are being rolled.
- Do not roll the client by pulling or pushing on his/her arm.



Skin care tips for positioning a client confined to a bed or chair

- A special mattress that contains foam, air, gel, or water may be used. A doctor or the case manager can help the client get special equipment. Check the mattress daily to make sure it is working properly.
- Do not use donut-shape cushions. They reduce blood flow and cause tissue to swell. This increases the risk of a client getting a pressure ulcer.
- Choose a position that spreads weight and pressure most evenly.
- Use pillows or wedges to keep knees or ankles from touching each other.
- Place pillows under the client's legs from mid-calf to ankle to keep a client's heels off the bed if a client can't move at all.
- Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots.
- Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, possibly causing a pressure ulcer. Lying flat can be a problem for clients who have difficulty breathing. If this is the case, the head of the bed should not be raised at more than a 30° angle, unless necessary for breathing.
- Avoid positioning a client directly on the hipbone when he/she is lying on their side. Tuck pillows behind a client's back when in this position.



Mr. Bernard is a 44-year-old client who had a stroke (CVA) six months ago. The results from the stroke have left Mr. Bernard depressed. He has weakness on his left side and needs help with many care tasks including positioning himself in bed. Since this morning, Mr. Bernard has refused to get out of bed and has stayed in the same position for several hours.

RESEARCH:

Review page 321 on stroke (CVA) and page 305 for depression. Review information on pages 113-117 on pressure ulcers and changing a client's position.

PROBLEM SOLVE:

1. Identify what problem(s) a caregiver needs to address in this situation.
2. Pick one problem and brainstorm ways to solve it. Pick a solution.
3. How does this impact how a caregiver provides care?

DEMONSTRATE

One group will demonstrate for the class repositioning Mr. Bernard in his bed, making sure to avoid pressure on areas at risk for skin break down.

Module 7- Lesson 2

Skin and Body Care



Personal Hygiene

Assisting a Client to Dress

What you will learn in this lesson:

1. Your role in helping a client perform personal hygiene, bathing, body care, and getting dressed.

key word



Definition

Body care

Helping the client with exercises, skin care, and changing dry bandages

Personal hygiene

Cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails

Range of motion

How much a joint can move

Personal hygiene is a very important part of helping to keep a client's skin and body healthy. Being well-groomed is also an important psychological and physical boost for most people. This lesson covers the personal hygiene tasks you may be asked to help a client do.

Personal Hygiene



Mouth care

Proper care of the mouth and teeth supports a client's overall health and helps prevent mouth pain, eating difficulties, speech problems, digestive problems, tooth decay, and gum disease.



To help prevent decay and gum disease, teeth should be brushed twice a day with fluoride toothpaste (if available). It is even better to brush after every meal. Teeth should be flossed at least once a day to clean between the teeth where the brush misses.

Watch for, document, and report any sore areas in the mouth, changes in tissue, complaints a client may have in eating comfortably, or anything unusual inside the client's mouth.



See the Resource Directory page 267 for more information on gum disease, dry mouth, and oral cancer.



Skill: Mouth Care



1. S.W.I.P.E.S.
2. Ensure client is in an up-right sitting position.
3. Put on gloves.
4. Place towel across client's chest before providing mouth care.
5. Moisten toothbrush or toothette and apply toothpaste.
6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
7. Assist client to rinse his/her mouth.
8. Hold basin to client's chin.
9. Wipe client's lips and face, and remove towel.
10. Dispose of soiled linen in soiled linen container.
11. Clean and return toothbrush, toothpaste, etc. to proper storage.
12. Remove gloves and wash hands.

The following are **general tips** when helping a client with **mouth care**.

- When assisting with brushing, use short, circular movements, gently brushing the teeth with a massaging motion around each tooth. Make sure to work in a pattern so no teeth are missed.
- A soft bristle toothbrush is recommended by dentists and should be replaced when the bristles get worn (normally every three months).
- Make sure you have good light and can see what you are doing.
- Be careful not to touch the toothbrush bristles or any oral health item to other surfaces such as the counter, the sink, your bare hands, etc.
- Do not contaminate faucets, drawer handles, or other surfaces by touching with gloves that have been in contact with the client's mouth.
- If a client has difficulty grasping a toothbrush, make the handle bigger with a sponge, rubber ball, or adhesive tape. An electric toothbrush may be easier to manage than a manual brush in this case.
- Toothettes, moistened gauze pads, or "Oral-B Brush-Ups" may not clean the teeth completely and can push food further into the spaces between the teeth. These products are useful in cleaning mouth tissues when the client has no or just a few teeth, or for a client who is unable to open his/her mouth.



The following are **general tips** when helping a client with **flossing**.

- Start with a strand approximately 18 inches long.
- Use a prethreaded flosser or floss holder (a great assistive device), or wrap the floss around the middle finger of both hands.
- Use your thumbs and forefingers to control the floss.
- Gently ease the floss between the client's teeth using a gentle back and forth motion.
- Carefully rub up and down, gently moving the floss from under the gum line to the top of the tooth. Keep the floss against the tooth so you don't injure the gums.
- If a client has not flossed before or recently, the gums may bleed when you floss. If the client has heavy deposits on his/her teeth, it may be difficult to get the floss between his/her teeth.



Denture Care

Like natural teeth, dentures must be properly cared for to last. If the client does not have any teeth or wears dentures, gums and mouth should be brushed and cleaned at least twice daily.

Watch for, document, and report any problems a client may have with dentures such as discomfort, trouble eating, speech problems, complaints of the dentures not fitting correctly, sore spots under or around the denture, or odor.



Skill: Clean and Store Dentures



1. S.W.I.P.E.S.
2. Put on gloves.
3. Line sink/basin with a towel/washcloth or by filling it with water.
4. Obtain dentures from client or gently remove them from client's mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.
5. Rinse dentures in cool running water before brushing them.
6. Apply toothpaste or denture cleanser to toothbrush.
7. Brush dentures on all surfaces.
8. Rinse all surfaces of denture under cool, running water.
9. Rinse denture cup before putting dentures in it.
10. Place dentures in clean denture cup with solution or cool water.
11. Return denture cup to proper storage.
12. Clean and return supplies and equipment to proper storage.
13. Dispose of sink liner.
14. Remove gloves and wash hands.

The following are **general tips** when helping a client with **denture care**.

- Allow dentures to soak overnight (or for several hours, depending on dentist's recommendations or the client's preference).
- Inspect dentures for cracks, chips, or broken teeth.
- Dentures can chip, crack, or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.

- Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture, or create a metallic taste in a client's mouth.
- Ask the client what denture cleaning product he/she uses. Hand soap, mild dishwashing liquid, or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.
- Don't let dentures dry out - they lose their shape.
- Never soak a dirty denture. Always brush first to remove food debris.



Skill: The Shave (With Safety Razor)

1. S.W.I.P.E.S.
2. Put on gloves.
3. Ask client if he/she wears dentures. If so, make sure they are in his/her mouth.
4. Wash face with warm, wet washcloth.
5. Apply shaving lather to the area you are going to shave.
6. Hold razor securely.
7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
9. Shave sides first, then nose and mouth.
10. Wash, rinse, and dry face.
11. Clean equipment and put away.
12. Remove gloves and put in appropriate container.
13. Wash hands as final step.

Observe



The following are **general tips** when helping a client with **shaving**.

- Do not press down hard or move the razor/shaver too fast over a client's face.
- Shave the most tender areas of the face (the neck area below the jawbone) first and then move up to the tougher areas of the face between the ears, nose, and mouth.

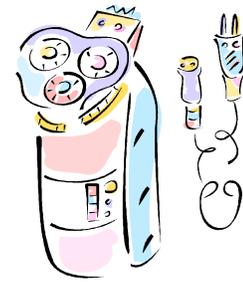


Clients taking blood thinning medication should be encouraged to use an electric razor.

Module 7 - Lesson 2

If using an electric razor,

- Clean the shaver's screen and cutter regularly. It is good to clean a shaver after every third shave, and best after every shave.
- All electric razors are not the same. It takes time for a client's face to adjust to using a different brand electric shaver.



Nail care

Nail care includes both fingernails and toenails. Nail care may be a part of the bath routine.



If a client has a circulatory problem or diabetes, **you may not cut the client's toe or fingernails.**

Skill: Fingernail Care



1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing client's fingers in water. Adjust if necessary.
4. Place water at a comfortable level for client.
5. Put client's fingers in water and allow to soak.
6. Dry client's hand including between fingers. Pat, don't rub dry.
7. Clean under nails with orange stick. Wipe orange stick on towel after each nail.
8. Groom nails with file or emery board.
9. Finish with nails smooth and free of rough edges.
10. Empty, rinse, wipe water bowl, and return to proper storage.
11. Dispose of soiled linen properly.
12. Remove gloves and wash hands.

The following are **general tips** when helping a client with **fingernail care**.

- Sawing back and forth with an emery board and going too deep into the corners can split and weaken nails. Go from side to side in one direction or file each nail tip from corner to center.
- Cuticles act as a barrier to infection. Do not clip them.
- Apply a moisturizing cream or lotion to the hands and cuticles after you are done.



Skill: Foot Care



1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing client's feet in water. Adjust if necessary.
4. Put the client's foot completely in the water.
5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.
6. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.
7. Gently clean dirt out from under nails using orange stick.
8. File or cut nails, straight across, as needed with clippers or emery board.
9. Put lotion in your hand and massage lotion on client's entire foot. Remove excess (if any) with towel.
10. Assist client to replace socks and shoes.
11. Empty, rinse, wipe bath basin, and return to proper storage.
12. Remove gloves and wash hands.

Observe



The following are **general tips** when helping a client with **foot care**.

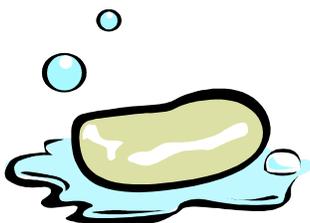
- Inspect your client's feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- Do not cut down the corners of a client's toenails or dig around the nail with a sharp instrument.
- Never cut the nails too short as this may cause ingrown toenails.
- After cutting, file the nails downwards.
- Cuticles act as a barrier to infection. Do not clip them.

Bathing

A bath leaves all of us feeling refreshed and in a more relaxed frame of mind. A bath serves other important purposes for a client, including it:

- cleans the skin;
- stimulates circulation;
- provides movement and exercise;
- provides an opportunity to observe the client's skin.

Observe



How often baths should be given depends on the client's physical condition, age, skin type, and personal wishes. Bathing can take place in a tub, shower, in a bed, or as a sponge bath. Baths given in the tub may be more enjoyable for the client if he/she is able to do so.

Older people and some people with chronic illnesses have less skin oil and perspiration. Therefore, they may not need a daily bath or may only need a sponge bath.

Bathing equipment

Ideally, the bathroom should have the following equipment:

- bath mat;
- bath bench;
- hand held shower;
- grab bars in the right places.

If the bathroom does not have these items, talk with the appropriate person where you work to find out how a client can get needed equipment.

The following are **general tips** when helping a client with a **bath**.

- When assisting with a bath, start at a client's head, work down and complete his/her front first, unless the client has another preference.
- Use less soap - too much soap increases skin dryness.
- Fragile skin requires a very gentle touch.
- Make sure the lighting is good.
- Make sure the bathroom is warm and without drafts.



Skill: Bed Bath



1. S.W.I.P.E.S.
2. Put on gloves.
3. Remove or fold back top bedding. Keep client covered with bath blanket or top sheet.
4. Remove client's gown/sleep wear.
5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at anytime it gets soapy, cool, or dirty.
6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.
7. Wash the rest of the face, ears, and neck, using soap (if the client prefers).
8. Rinse. Dry areas with a towel – pat, don't rub.
9. Expose one arm and place a towel underneath it. Support the client's arm with the palm of your hand underneath the client's elbow. Wash the client's arm, shoulder, and armpit. Rinse and pat dry.
10. Place the client's hand in the water basin. Wash the client's hand, rinse, and pat dry. Repeat with the other arm and hand.
11. Wash, rinse, and pat dry the client's chest and abdomen.
12. Uncover one of the client's legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.
13. Slide the client's foot in to the water basin. Wash the client's foot, rinse and pat dry. Repeat with the other leg and foot.
14. Assist the client to turn on his/her side, away from you. Place a bath blanket or towel along side his/her back.
15. Wash the client's back and buttocks, rinse and pat dry.
16. Assist the client to his/her back. Provide privacy and let the client perform his/her own perineal care (Assisting with this will be covered later).
17. Assist client to get dressed.
18. Assist the client to get up, or assist in a comfortable position if remaining in bed.
19. Remove bedding that may have gotten wet.
20. Empty, rinse, wipe bath basin and return to proper storage.
21. Place soiled clothing and linen in proper container.
22. Remove gloves and wash hands.

Observe



You may also be asked to help a client with a shower instead of a bath. This can include helping get the client into a shower, washing body parts a client can't reach, assisting the client out of the shower, and getting dried and dressed.

The following are **general tips** when helping a client with a shower using a bath bench.

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as he/she can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so he/she doesn't slip.
- Look for skin problems, especially at pressure points and feet.

Clients who need assistance with dressing often have difficulty doing things that require small finger movements like buttoning, zipping, putting on socks, and/or lacing up shoes.

Clients who have had a stroke or are paralyzed for other reasons are likely to have had some rehabilitation and instruction on how to dress.

Assistive devices for dressing

There are many helpful tools to assist a person to dress independently. Your job may be to assist the client in using these tools to get dressed. Examples of common tools are:

- velcro in place of buttons or shoelaces.
- zipper pulls attached to a zipper's metal tab to give the client added leverage in closing and opening the zipper. A large paper clip can also be used.
- extended shoehorns that allow the client to get on his/her shoes without bending over.

Types of clothing

Certain types of clothing also can make it easier for the client to get dressed, including:

- pants and skirts that pull on;
- items that fasten in front including front-fastening bras, blouses, shirts, and pants;
- clothes made of fabric that stretches, such as knits;
- velcro fasteners and large, flat buttons that are easier to open and close.



Observe



Assisting a Client to Dress



Client choice in clothing

Choosing clothing is a very personal statement. Clients need to choose what they want to wear. It may not be what you would choose, but if the clothing is appropriate for the weather, clean, and in good repair, do not interfere with the client's choice.



A client's clothes need to fit correctly. Clothes that are too loose or tight can be a sign of a change in the client's condition or a safety problem and should be reported to the appropriate person in your care setting.

Skill: Assist Client with Weak Arm to Dress



1. S.W.I.P.E.S.
2. Ask client what he/she would like to wear.
3. Remove client's gown/sleep wear while protecting privacy.
4. Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip.
5. Assist client to put strong arm through the correct sleeve.
6. Assist client to put on skirt, pants, shirt, or dress, and non-skid footwear.
7. Puts on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints.
8. Finish with client dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
9. Place gown in soiled linen container.
10. Wash hands.



The following are **general tips** when helping a client **get dressed**.

- Make sure the room is warm and comfortable.
- Encourage the client to do as much of the dressing as he/she can. Assist with what client is unable to do. Be very patient if it takes longer.
- Be gentle. Do not overextend a client's limbs or use force to get clothing on.
- Once the client is dressed, check and make sure his/her shoelaces are tied, buttons done, zippers up, and shirt tails tucked in.
- If your client wears dentures, eyeglasses, hearing aids, etc., make sure he/she has them.
- Wear gloves if there is a chance you will come in contact with blood or body fluids.

Elastic stockings

Clients with poor circulation to the feet or swelling due to fluid in the tissue (edema), may wear elastic stockings.

When assisting with this task, make sure to watch for any changes in skin color, temperature, swelling, or open areas on the legs. Document and report changes or abnormal skin conditions.

Observe



Skill: Put Knee-High Elastic Stocking on Client

1. S.W.I.P.E.S.
2. Have client elevate leg(s) 15 minutes.
3. Turn stocking inside out, at least to heel area.
4. Place foot of stocking over toes, foot, and heel moving client's foot and leg naturally, avoiding force and over-extension of limb and joints.
5. Pull top of stocking, over foot, heel, and leg.
6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the client's toes.
7. Wash hands.

The following are **general tips** when helping a client with **elastic stockings**.

- Encourage the client to have you assist with putting on elastic stockings first thing in the morning.
- Encourage the client to let you put the stockings on while he/she is in bed.
- Make sure that the heel of the stocking is in the correct place.
- Make sure to check the stockings frequently for wrinkles after the client is dressed. Wrinkles in the stockings can cause the client's skin to breakdown and lead to a pressure ulcer.

Observe



Passive range of motion exercises

Passive range of motion exercises help keep a client's joints flexible and strong, reduce stiffness, and/or increase the range of motion in a specific area.



Skill: Passive Range of Motion for One Shoulder



1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Support client's arm at elbow and wrist, while performing range of motion for shoulder.
4. Raise client's straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least 3 times.
5. Move client's straightened arm away from client's side of body toward head of bed, and return client's straightened arm to midline of client's body. Repeat at least 3 times.
6. Place client's flexed elbow at client's shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least 3 times.
7. Wash hands.

Skill: Passive Range of Motion for One Knee and Ankle



1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. **Knee.** Support client's leg at knee and ankle while performing range of motion for knee.
4. Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least 3 times.
5. **Ankle.** Support foot and ankle while performing range of motion for ankle.
6. Keeping the client's foot on bed, push/pull foot toward head and push/pull foot down, toes point down (as if pushing down or letting up on a gas pedal in a car).
7. Repeat at least 3 times.
8. Wash hands.



- The following are **general tips** when helping a client with **passive range of motion exercises**.
- Encourage the client to relax during the exercises.
- Perform each exercise slowly and consistently. Do not start and stop mid-range.
- If the muscle seems especially tight, slowly pull against it. Gentle, continuous stretching on a muscle will relax it.
- Stop if you see signs of pain on a client's face or the client reports feeling pain.
- Depending on where you work, additional training may be required before helping a client with full passive range of motion exercises.



1. True False Dehydration is the leading cause of pressure ulcers.
2. True False To position a client correctly in a bed, choose a position that spreads weight and pressure evenly.
3. A client confined to a bed must change position every: (circle the correct answer)
 - a. 1 hour.
 - b. 2 hours.
 - c. 3 hours.
4. Clients at high-risk for pressure ulcers are people: (circle the correct answer)
 - a. That smoke.
 - b. With unmanaged incontinence.
 - c. With food allergies.
5. To help keep a client's skin healthy, encourage him/her to: (circle the correct answer)
 - a. Use under pads that hold moisture on the skin.
 - b. Eat a well-balanced diet and drink plenty of fluids.
 - c. Take a bath daily using plenty of hot water.
6. True False Wrinkles in elastic stockings can lead to a pressure ulcer.
7. Anytime you see redness on a client's unbroken skin lasting 15-30 minutes or more - especially at a pressure point: (circle the correct answer)
 - a. Remove pressure from the area immediately.
 - b. Increase pressure to the area immediately.
 - c. Do nothing - but watch it closely for the next few hours.
8. When helping with passive range of motion exercises, move the joint gently to the point of: (circle the correct answer)
 - a. Pain.
 - b. Resistance.
 - c. Comfort.
9. To take good care of a client's dentures, always soak them in: (circle the correct answer)
 - a. Bleach.
 - b. Hot water.
 - c. Cool water.
10. True False When helping a client with a bed bath, replace the water every 2 minutes.



Mr. Stevens is a 78-year-old client living with diabetes. Today when helping him with foot care, you notice two new sores on his feet. He asks you to clip his toenails and clean and bandage the sores. He tells you not to worry about the sores, that they are just part of his diabetes.

RESEARCH:

Review page 308 about diabetes.

PROBLEM SOLVE:

1. Identify what problem(s) a caregivers needs to address in this situation.
2. Pick one problem and brainstorm ways to solve it. Pick a solution.
3. How does this impact how a caregiver provides care?

DEMONSTRATE

One group will demonstrate for the class foot care.