FOUNDATIONS FOR ASSISTING IN HOME CARE



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Book: Foundations for Assisting in Home Care (Lumen) 1

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Dr. Wade holds a Bachelor of Science in Biology/Medical Technology from The Catholic University of America in Washington, D.C.; and a Master of Science and Doctorate in Microbiology from the University of Notre Dame. She served as a Research Fellow at Notre Dame's LOBUND Laboratory, where her research focused on tumor and transplant immunology. Her academic teaching career began at Indiana University South Bend and at St. Mary's College in Notre Dame, Indiana. Her career transitioned to the healthcare industry, where she served in both technical and administrative roles in the clinical laboratory, advancing to the position of Clinical Laboratory Manager. Dr. Wade returned to academia at SUNY Broome Community College, eventually attaining the rank of tenured full Professor and also earning the Chancellor's Award for Excellence in Teaching. She then transitioned into higher education administration at SUNY Broome, where she held responsibility for Distance Education, Professional Development, Adult Education, and the Health Sciences Division as Associate Vice President and Dean.

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Licensing

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Introduction and How to Use This Book

Home health services are those which are provided within the comforts of the home setting to help people avoid hospitalization or skilled nursing facility placement while they recover from illness, injury, or disability. Home health care may also be provided to people who suffer from chronic illnesses, those who have cognitive or physical disabilities or those who have been diagnosed with a terminal illness. Home Health Aide and Personal Care Aide are two of the fastest growing occupations. This text will provide you with the background necessary to begin working toward a career in the home care field.

This course is intended as a self-study course for those interested in exploring a career as a Home Health Aide or Personal Care Aide. This Open Educational Resource (OER) consists of 12 chapters which provide an overview of the responsibilities of the home health care worker. It includes the concepts and skills involved in working with patients with mental illness, developmental, and physical disabilities throughout the lifespan from infancy to death. Topics covered include nutrition, food planning, budgeting, safety, infection control, basic first aid skills, the use of proper body mechanics, and the provision of personal care. The text includes reading materials, interactive games, quizzes, and videos. This text will help introduce those interested in pursuing a career in the home health field to the basic knowledge and skill competencies required of a Home Health Aide and Personal Care Aide.

This text is divided into 12 chapters. Throughout the text you will find numerous self-check activities to help you assess your understanding of course content. These activities are available in interactive and text-based formats. This resource is designed to be used as a stand-alone text book to provide you with information about home health care. It may also be used along with completion of the Foundations for Assisting in Home Care course on the Coursera website. You can read content within the Coursera course and complete self-check activities and interactive games within this OER. If you are using this OER but wish to obtain a certificate of completion, you must return to the Coursera course in order to complete the post-chapter and final course exams. This text may also be utilized in home health aide/personal care aide programs in a variety of ways. Programs may elect to have students complete the Coursera course in preparation of beginning their program to obtain a certificate of completion or may decide to use this OER as their program text or as supplemental materials for their course.

Chapter Contents

Chapter 1: This chapter focuses on what home care is, the history of home care, and who is part of the home care team. You will be introduced to the variety of tasks a Home Health Aide/Personal Care Aide may perform and the important role they play on the home care team.

Chapter 2: This chapter has three sections. The first section focuses on the physical and psychological needs of human beings, and the influence culture has on the behavior, values, and health care practices of people. In the second section, you will you will learn how to effectively communicate with and develop a positive working relationship with patients. You will also learn how to properly document care provisions. In the final section, you will learn the types of and signs of abuse and how to protect patient rights, such as the right to privacy and confidentiality.

Chapter 3: This chapter addresses the special needs facing the elderly patient. You will learn how societal attitudes about aging influences the well-being and care of elderly patients. You will also learn about the physical and psychological changes that occur as people age and how to best meet the needs of the elderly patient.

Chapter 4: This chapter focuses on the unique needs of children who receive home care services. You will learn about the physical and psychological changes that occur throughout development from infancy to adolescence. You will also learn how to help children and teens cope with stress and to develop positive coping skills.

Chapter 5: This chapter examines what mental health and mental illness are. Specific mental health issues such as anxiety, depression, and schizophrenia are addressed, with special focus on how to help the Home Health Aide/Personal Care Aide effectively work with people who have a mental illness.

Chapter 6: This chapter discusses what a developmental disability is, what some of the causes are, and how functioning is affected in the person with a developmental disability. Special attention is paid to learning about intellectual disabilities, cerebral palsy, autism, and neurological impairments. You will learn how to effectively work with patients who have a developmental disability to help them be as independent as possible.

Chapter 7: This chapter examines what a physical disability is, the various causes of physical disabilities, and the difference between a physical and developmental disability. You will learn about the special adaptations people with physical disabilities may

need to make and how the Home Health Aide/Personal Care Aide can best work with people with a physical disability.

Chapter 8: This chapter addresses the basics of nutrition. You will learn about the important role the major nutrients such as carbohydrates, protein, and fats play in people's physical well-being. You will learn how to plan nutritious meals using the USDA's ChooseMyPlate guidelines. The various diets such as low salt, low fat, vegetarian, gluten-free, and mechanical diets for people with swallowing difficulties will be covered. You will also learn food preparation techniques and about food safety.

Chapter 9: This chapter examines how the Home Health Aide/Personal Care Aide can help patients effectively manage their money and develop a budget. You will learn how to help a patient track expenses, and plan a budget based on their income and household expenditures. You will also learn guidelines for helping patients cut grocery, household, and energy costs.

Chapter 10: The focus of this chapter is on the importance of and how to perform housekeeping as a Home Health Aide/Personal Care Aide. You will learn how to use proper body mechanics to prevent injury and how to develop task lists and to prioritize tasks. You will also learn about various cleaning products and how to perform specific housekeeping tasks in each room of the home, including: the kitchen, bathroom, bedroom, living room, and how to launder clothing.

Chapter 11: This chapter examines the types of injuries that can happen in the home, including: falls, burns, cuts, poisoning, choking, and fires. You will learn guidelines for preventing these types of injuries as a Home Health Aide/Personal Care Aide. You will learn basic first aid information for handling these types of injuries. Special attention will be paid to learning how to deal with serious medical emergencies, such as heart attacks, seizures, and strokes.

Chapter 12: This chapter focuses on how to provide personal care for the home care patient. The importance of infection control and the role of the Home Health Aide/Personal Care Aide in preventing infection transmission is discussed. Tasks including bathing, teeth and mouth care, dressing and grooming, assisting with eating, toileting, transferring from a bed to a wheelchair, and assisting patients with the self-administration of medication are covered. You will also learn how to care for an infant during handling, feeding, and bathing. Numerous videos are available within this chapter to illustrate concepts discussed.

Preface

Home health services are those which are provided within the comforts of the home setting to help people avoid hospitalization or skilled nursing facility placement, while they recover from illness, injury, or disability. Home health care may also be provided to people who suffer from chronic illnesses, those who have cognitive or physical disabilities or those who have been diagnosed with a terminal illness. This text provides the background necessary to begin working toward a career in the home care field as either a Home Health Aide or Personal Care Aide, which are two of the fastest growing occupations. This text is also suitable for those who are providing care to loved ones and who would like additional information to best provide that care, or for use within Home Health Aide and Personal Care Aide programs.

Consisting of 12 chapters, this text takes you from gaining an understanding of what home care is and the tasks involved, through better understanding the physical and psychological needs of people, along with the influence of culture on behaviors, values, and healthcare practices. This text provides an in-depth exploration of the physical and psychological changes which occur throughout the lifespan, with a special emphasis on understanding the unique needs of children, the elderly, and those with mental health issues, and developmental and physical disabilities. Chapters dedicated to the basics of nutrition, budgeting, and first aid provision are included. Specific methods for providing personal and homecare, along with videos to demonstrate tasks complete this text.

CHAPTER OVERVIEW

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1.1: Introduction

Introduction

Many health care and support services may be provided outside of the traditional health care environment such as a hospital, skilled nursing facility, rehabilitation center, or long-term care environment. Receiving care within the home allows individuals to remain in the comfort of their residence, surrounded by loved ones, while their health care and daily living needs are managed. Patients who receive home health care services have a team of health care workers together help patients and their families manage their needs.

As part of this team, the Home Health Aide (HHA)/Personal Care Aide (PCA) play a vital role. Home health aides and personal care aides often spend more time with patients than any other team member. Being a home health aide/personal care aide is a very rewarding career as you have an opportunity to play a very important role in the home care team. You will meet many different people and work in a variety of settings. You will often have the chance to work with the same patients and families for a long period of time. You will have the chance to get to know your patients and families in a very personal and special way as you work with them to meet their health care and daily living needs.

Home health aide and personal care aide are two of the fastest growing occupations. There is high demand for home health aide and personal care aide workers, with many opportunities for employment. This course will provide you with the background necessary to begin working toward a career as a home health aide/personal care aide. There are many similarities between home health aides and personal care aides. They both provide assistance to patients with eating, bathing, managing a budget, cleaning, and provide personal care. However, one important difference is that personal care aides may not perform any medical related service or task as a home health aide may. For example, personal care aides may not take blood pressures or assist patients with taking their medications.

What Is Home Health Care?

Home care or home health care is supportive care that is provided in the home. Home care allows a person to remain in the comfort of their home while they are receiving services to recover from illness, injury, or disability. Home care services are also provided for people who have chronic conditions such as diabetes, HIV/AIDS, hypertension, heart failure, cancer, and chronic obstructive pulmonary disease (COPD). Home care may be provided for people who have cognitive or physical disabilities to help them complete activities of daily living. Home care may also be provided for patients who are on hospice. Hospice home care is for patients who have been diagnosed with a terminal illness (an illness that cannot be cured) and who have a prognosis of six months or less. Hospice home care allows people with a terminal illness to remain in the comfort of their homes, surrounded by familiar people and things.

People who receive home care have a variety of needs depending on their physical condition and specific disease or injury. Patients may need reminders or help to take their medications. Patients often need assistance with ambulation (walking) and transferring (moving) from a bed to a chair or wheelchair, or getting in and out of the shower. Many patients have adaptive equipment such as walkers, wheelchairs, canes, and prosthetic devices that assist them in moving about their home. Often, patients require help with activities of daily living (ADLs) such as toileting, bathing, dressing, and eating. Some patients need help with managing their budget, and with purchasing and cooking food. Patients may need assistance with changing simple dressings on wounds, making and changing their bed linens, doing laundry, and maintaining a safe and clean home.

Who Receives Home Care Services?

Home health services help people of all ages who are recovering from an illness, operation, or injury to remain in their home and avoid an unnecessary hospitalization or skilled nursing facility placement. Home health care provides support for people with physical or mental disabilities so that they may remain at home out of an institution or long-term care placement. Home health services are provided to people who are living with chronic conditions such as diabetes, obesity, HIV/AIDS, congestive heart failure, and asthma. Many chronic conditions are complex to manage and require the use of various technological devices and equipment such as a glucose meter, blood pressure monitor, and adaptive equipment such as wheelchairs. Many people have conditions that require special diets to be prepared and followed. Assisting patients who have chronic diseases to manage their conditions within the home allows them independence within the comfort of their own home.

Patients who have recently had surgery may continue to recover within the comfort of their home while receiving supportive services to manage dressings, complete a course of antibiotics, and regain their strength. Adolescents and children may also receive home care services to recover from illness or injury or to receive assistance with activities of daily living. At-risk newborns, children, and teenagers may receive home care services to avoid foster care or institutional placement. When people receive supportive services within their home, they are able to remain connected with their family, neighborhood, community, and places of worship. Remaining in the home allows a person to be as independent as possible. Patients benefit by being surrounded by the people and things they most care about. This promotes their comfort and dignity and helps to maintain the family unit.

An increasing number of people are receiving home care services. One of the reasons for this is that the cost of medical care in hospitals is rising, and patients are being discharged from hospitals sooner than they have had a chance to fully recover (National Research Council, Committee on the Role of Human Factors in Home Health Care, 2011). These patients often have complex needs and require support as they recuperate. Medically-necessary skilled home care services are often covered in full or in part by reimbursement through private or government-sponsored programs like Medicaid and Medicare. Continuing to receive skilled medical support within the home is a less expensive alternative than care received within a hospital.

There is a steady increase in the aging population within the United States, many of whom have numerous health issues and needs (National Research Council, Committee on the Role of Human Factors in Home Health Care, 2011). Family members may not always be able to provide the care these patients need. Some families may live far away, have work responsibilities, or need to care for small children. This makes providing care for a loved one difficult. Sometimes, families may be able to provide some of the care, but may benefit from respite (relief) that a home health agency can provide from the emotional and physical stress of caregiving. The United States also has a growing number of veterans returning home with disabilities (National Research Council, Committee on the Role of Human Factors in Home Health Care, 2011). Veterans with disabilities may require help with the care of injuries, completion of activities of daily living, or with the emotional support home care workers provide.

Advances in technology, medicine, and disease prevention have extended the lives of people living with chronic diseases. People living with chronic conditions require monitoring and health care interventions. Chronic illnesses are often progressive (become worse) and patients living with these types of conditions require advanced care as their disease progresses. For example, patients with heart failure or HIV/AIDS require disease-specific care to manage their numerous medications, treatments, appointments, diet, and completion of activities of daily living (ADLs). Many people want to be as independent as possible and are more comfortable at home. Providing supportive home health care services allows them to do this.

1.1.1? Self Check Activity

Patients with_____ may benefit from home health care. **Select all that apply.**

- Terminal illness
- Chronic illnesses
- Cerebral palsy
- HIV/AIDS
- Birth defects
- Kidney failure
- Multiple sclerosis
- Stroke
- Swallowing difficulties
- Physical disabilities
- Cognitive disabilities
- Dementia
- Hearing impairments
- Heart failure
- Chronic obstructive pulmonary disease
- Wounds
- Asthma
- Arthritis
- Diabetes
- Hypertension

- Vision impairments
- Cancer

Answer

If you selected all of the answer choices, you are correct. **Anyone** has the potential to need home care services. Home health care workers and personal care aides serve people of all ages, culture, ethnicity, gender, and type of disability or illness.

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1.2: History of Home Care

In 1813, the Ladies Benevolent Society, (LBS), a group of women volunteers in Charleston, South Carolina, began the first efforts at providing home care services (Buhler-Wilkerson, 2001). These untrained women were the first to provide direct care services within people's homes. The LBS visited the sick poor in their homes, helped them to obtain medicines, food, and supplies such as soap, bed linens, and blankets. They also helped to supply them with nurses, although these nurses were untrained.

According to Buhler-Wilkerson (2001), in the North, women from wealthy families volunteered with the sick poor to establish "friendships" in which to help the sick overcome disease and poverty. These women quickly realized that trained nurses were needed to help the sick poor, as establishing friendships alone could not help prevent or cure disease (Buhler-Wilkerson). They began to hire trained nurses, who they called "visiting nurses." This idea came about based on the "district nurse" model which was established in England (Buhler-Wilkerson).

The National Nursing Association for Providing Trained Nurses for the Sick Poor was created in England in 1875 (Buhler-Wilkerson, 2001). This organization trained, organized, and created standardized practices for district nurses who worked within people's homes. In addition to attending to the physical needs of their patients, these visiting nurses worked to teach the sick poor about how disease is spread and how to maintain a clean home in order to prevent the spread of infection.

Based on this model, Visiting Nurse Societies were established in major cities throughout the Northern United States (Buhler-Wilkerson, 2001). By 1890, there were 21 home care visiting nursing associations (Buhler-Wilkerson). The need for nursing care within the home continued to grow. This need grew to not only caring for the sick poor, but also to provide preventative services to babies, children, mothers, and to care for patients with infectious diseases such as tuberculosis. Although the death rate for infectious diseases had declined, there was a growing concern for prevention and good hygiene. By 1909, the Metropolitan Life Insurance Company began to send nurses into their policyholders' homes to provide nursing services (Buhler-Wilkerson). Their hope was that providing home nursing care would reduce the amount of death benefits claimed. They were the first organization to provide reimbursement for home care nursing services.

Lillian Wald, a nurse, is credited for establishing the Henry Street Settlement and with defining the term "public health nursing". The nurses who worked at the Henry Street Settlement visited the sick in their homes, and also provided social services for people throughout the city. In addition to the Henry Street Settlement house, the organization grew to include numerous nursing houses throughout the city to meet the growing need for nurses within communities. These nurses also held classes for their neighbors to teach carpentry, sewing, cooking, English, and home nursing (Buhler-Wilkerson, 2001). They established kindergartens and various social clubs to meet the needs of their neighborhoods. By the time of Lillian Wald's retirement, her nurses were making 550,000 home visits to 100,000 patients (Buhler-Wilkerson).

In the late 1920s, many of the home care agencies closed due to the poor economy and the nursing shortage during World War II (Buhler-Wilkerson, 2001). The establishment of hospitals resulted in a model where patients moved from receiving care in the homes to into hospitals. Despite experiments by The Health Insurance Plan of Greater New York and Blue Cross to include home care services, coverage for visiting home care was not universally provided at that time (Buhler-Wilkerson). By the late 1950s and early 1960s, however, it became clear that there was again a growing need for home care services. People with chronic illnesses did not necessarily need to be hospitalized. The cost of hospitalizations began to be apparent, and the long-term effects on lengthy institutionalizations began to be studied (Buhler-Wilkerson).

In the U.S., it was not until 1965, when Medicare was established for people over 65 years of age, that home care services were once again covered by insurance (Buhler-Wilkerson, 2001). Medicare is a federal health insurance program. Medicare now also pays for patients with kidney failure and certain disabilities. According to the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services (2010), patients who receive home services through Medicare must be under the care of a physician who certifies the need for skilled nursing care, physical therapy, speech-language pathology services, or occupational therapy. Patients must also be certified to be home-bound by their doctors. This means that it is either unsafe for the patients to leave their home or they have a condition that makes leaving the home difficult. Medicare provides "intermittent" home care, meaning home care is not needed on a full-time basis. While Medicare will often pay the full cost of most covered home health services, they do not pay for 24 hour a day care. Medicare may also cover up to 80% of special equipment the patient needs, such as a wheelchair or walker (U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services).

Medicaid is a joint state and federal health insurance program. Coverage for patients will vary from state to state, and states may call it different names, such as "Medi-Cal" or "Medical Assistance" (U.S. Department of Health & Human Services, Centers for

Medicare & Medicaid Services, 2010). Medicaid provides coverage for low-income patients and families. Eligibility for this program depends on income, number of people in a household, and other circumstances. It is important to remember that not everyone is eligible to receive Medicare or Medicaid, and home care services may not be covered in full. Agencies who receive reimbursement through Medicare or Medicaid must meet certain guidelines, including the requirement that HHAs receive formal training and pass certification exams. Due to the growing need for home care services, and in an effort to reduce costs to insurance programs such as Medicare, the need for home health aides (HHAs) and personal care aides (PCAs) continues to increase.

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1.3: Who is Part of the Home Health Care Team

Home health care may be provided by licensed medical personnel such as physicians, registered nurses (RNs), licensed practical nurses (LPNs), physical therapists (PTs), occupational therapists (OTs), speech language pathologists (SLPs), registered dieticians (RDs), medical social workers (MSWs), respiratory therapists (RTs), wound care specialists, and unlicensed, but certified workers such as home health aides, nursing assistants, and personal care aides. Unlicensed personnel such as home health aides and personal care aides are vital members of the home health care team. Every member of the home health care team has a role to play. When all members work together, they can achieve the goal of caring for the patient.

Roles of Health Care Professionals on the Home Health Care Team

This information is based on the *Occupational Outlook Handbook* from the U.S. Department of Labor, Bureau of Labor Statistics (2014). The information within this section is based on typical professional requirements within the United States. For requirements concerning governing laws within specific countries or states, information should be obtained from those particular countries and states.

Physician (MD or DO)

While physicians may not often provide direct health care within the home setting, they oversee patient care, diagnose and monitor conditions, and prescribe medications and treatments. Doctors have graduated from a bachelor's degree program and medical school. They have passed a licensing exam within their state. All physicians must be licensed within the state they practice. Many doctors also have specialty certifications.

Registered Nurse (RN)

Registered nurses in a home health agency coordinate and manage the patient's care. RNs perform assessments, monitor test and laboratory results, administer treatments and medications, monitor the patient's condition, and provide education to the patient and family. Registered nurses supervise LPNs, Home Health Aides, and Personal Care Aides. Registered nurses have degrees from two- or four-year nursing programs, or have graduated from a diploma program, and have passed a licensing examination in order to practice within their state. RNs may have advanced academic degrees and education/certification in specialty areas.

Licensed Practical Nurse (LPN)

Working under the supervision of an RN, a LPN may administer medications, check vital signs, provide wound care, collect samples for testing such as urine and blood, and assist with patient self-care activities. LPNs must complete a state-approved educational program and apply for a license within their state after passing an examination.

Physical Therapist (PT)

Physical therapists help patients to strengthen and restore their ability to be mobile and to prevent further injury. PTs may teach patients to use special equipment such as walkers and canes, assist patients with specific exercises to help regain mobility and strength, and administer treatments such as massage, heat, or cold to help improve patient circulation, reduce pain, prevent disability, and improve muscle and joint function. PTs must obtain a Doctor of Physical Therapy (DPT) degree and pass national and state licensure exams to practice. PTs must be licensed within their state.

Occupational Therapist (OT)

Occupational therapists work with patients to help them learn to adapt to a disability so they may function as independently as possible. OTs help patients perform activities of daily living such as dressing, eating, and bathing. An OT teaches patients how to use assistive and adaptive devices such as special forks, plates, long-handled shoe horns and sponges, and raised toilet seats. OTs usually have a master's degree in occupational therapy and have passed a national certification exam. OTs must be licensed and/or registered within their state.

Speech-Language Pathologist (SLP)

Speech-Language Pathologists or speech therapists work with patients who have communication or swallowing disorders, who have experienced strokes or accidents, or have a neurological health problem. The SLPs teach patients exercises to improve speech, to effectively communicate, and to safely swallow. They may suggest special diets to aid in swallowing, such as **mechanical diets** and **thickened liquids**. Most SLPs have a master's degree and depending on the state in which they work, must be licensed.

Registered Dietician (RD)

A registered dietician evaluates a patient's nutritional intake and orders special diets for the patient to follow. They provide education to patients and families about special diets to manage their illness and to improve their nutrition. RDs must have completed a bachelor's degree and often have a master's degree. Most states require certification or license to practice.

Medical Social Worker (MSW)

A medical social worker works with the patient and family to help them get support services such as counseling, financial assistance, and community services. An MSW provides emotional support to the family and works as an advocate to help meet the patient's needs. Social workers typically have at least a bachelor's degree. Clinical social workers must have a master's degree and two years post-masters supervised clinical experience. MSWs must be licensed within the state they practice.

Home Health Aide (HHA)

Under the supervision of a nurse, a HHA provides supportive care to patients within their homes. They work to increase or maintain independence, health, and well-being of the patient. HHAs provide or assist with self-care activities such as bathing, dressing, grooming, toileting, feeding, skin care, use of medical supplies and equipment such as walkers and wheelchairs, and assisting with light housework, laundry, and home safety. Depending on the state in which they live and if they work in a certified home health agency, home health aides (HHAs) must be certified and complete training programs.

Personal Care Aide (PCA)

Under the supervision of a nurse, a PCA provides self-care and companionship to a patient. They assist with self-care activities such as bathing, dressing, grooming, toileting, feeding, skin care, and use of assistive devices such as walkers and wheelchairs. They also assist with housekeeping tasks such as laundry, changing bed linens, washing dishes, and preparing meals. **Personal care aides may not perform any type of medical service or task, as a Home Health Aide may.** A PCA may not take vital signs or glucose meter readings. Personal Care Aides are usually trained on the job. There are no educational requirements to become a PCA, but most PCAs have a high school diploma.

Patient/Family

The patient and their family are the most important parts of the health care team. Patients have the right to make decisions about their health care. They have a right to be informed about treatments and the care they receive. They have a right to refuse treatments, medications, and services. All patients and their families are unique and have various needs, desires, cultures, and traditions. It is important that the health care team respect these individual differences and work to meet each patient's needs. Without the patient, there can be no health care team.

1.3.1 ✔ Self Check Activity

Match the team member with the role they play:

Team Member	Role
1. Home Health Aide	a. Oversees care, makes diagnoses, and prescribes medications
2. Registered Nurse	b. Most important team member, has the right to be involved in care and refuse treatments
3. Occupational Therapist	c. Assesses a patient's nutritional status and suggests special diets
4. Medical Social Worker	d. Teaches a patient to use assistive or adaptive devices so they may perform activities of daily living
5. Registered Dietician	e. Under supervision of an RN, administers medications, performs dressing changes, and monitors vital signs
6. Physician	f. Helps restore mobility and prevent injury by working with patients to perform exercises and use special equipment such as wheelchairs

7. Patient	g. Under supervision, provides and assists patients with self-care such as bathing, dressing, and feeding, and performs household tasks. They may not perform medically related tasks
8. Speech-Language Pathologist	h. Under supervision, provides and assists patients with self-care such as bathing, dressing, and feeding, performs household tasks, and may assist with medically related tasks
9. Physical Therapist	i. Connects the patient to community services and provides counseling
10. Licensed Practical Nurse	j. Helps the patient to improve speech and swallowing problems
11. Personal Care Aide	k. Coordinates patient care, supervises LPNS, HHAs, and PCAs, assesses patients, and administers medications

Solution

1. **H**
2. **K**
3. **D**
4. **I**
5. **C**
6. **A**
7. **B**
8. **J**
9. **F**
10. **E**
11. **G**

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1.4: Home Health Aide/Personal Care Aide Tasks

Home health aides typically provide assistance to people with every-day tasks so that they can be as independent as possible while remaining in their own homes. Typical tasks include bathing, dressing, and assisting a patient with using a bedpan, urinal, commode, or toilet. HHAs may also be involved with purchasing and preparing food and assisting a patient with eating during meals. Depending on the state in which they live, HHAs may also participate in health care activities such as taking vital signs (such as checking blood pressure, pulse, respiration rate, and temperature) and assisting with prescribed medications under supervision, by providing reminders to patients. Personal care aides, however, may not perform the above health care activities.

Other tasks, such as light housekeeping duties such as vacuuming, laundry, and washing dishes, help to maintain the home of the person to whom care is being provided. It is important that home health aides and personal care aides keep accurate records of the services they provide and the tasks they complete. They must document all services provided and those that were unable to be provided due to time constraints or patient refusal. Home health aides and personal care aides also keep records of their patient's progress and must report any changes in their patient's condition to their supervisor. Developing a trusting relationship and providing companionship for the person for whom they are caring for is an important aspect of being a home health aide and personal care aide. This can also be one of the most rewarding aspects of the job. Since HHAs and PCAs are providing intimate and important care to their patient, they have an opportunity to get to know him or her as a person very well.

✔ Example of Tasks Performed by HHAs and PCAs

- Bathing
- Dressing
- Toileting
- Purchasing and preparing food
- Eating
- Monitoring vital signs (for HHAs only)
- Housekeeping duties (vacuuming, laundry, dishes)
- Companionship
- Record keeping

Scope of Practice for HHAs

Scope of practice defines the tasks that health care workers are legally allowed to perform. For example, there are some procedures that HHAs may not perform because they are considered to be outside of the scope of practice. In the U.S., there are variations that exist from state to state about what a HHA can do. It is important to be aware of the rules and regulations that pertain to the state in which the HHA works. According to the New York State Department of Health (2009), the following includes a list of tasks that HHAs may not perform:

Tasks that HHAs may not perform include:

HHAs may not administer medications unless trained and allowed to do so by their state and agency. In certain situations and with special training a HHA may assist patients with self-administration of medications.

HHAs may not insert or remove tubes from a patient's body. Examples may include, but are not limited to insertion of catheters, fecal containment devices, nasogastric tubes, feeding tubes, and intravenous catheters. Insertion of a tube or object is considered an invasive procedure and may only be performed by licensed professionals.

HHAs may not perform sterile procedures. This includes changing dressings on deep, open wounds which require sterile technique. HHAs may assist a licensed professional with completion of these tasks by gathering supplies, distracting a patient, or assisting with cleanup after the procedure once the sterile area has been covered.

HHAs may not perform a task or duty that is outside of their scope of practice or that has not been assigned to them. When working as an HHA, there may be situations in which a patient or family asks the HHA to do something they are not trained or allowed to do. In these situations, the HHA should explain that they are not allowed to perform that particular task. They should then seek the assistance of their direct supervisor. It is always the right of the HHA to refuse to complete a task that is outside of their scope of practice.

Scope of Practice for PCAs

In general, PCAs may not perform any medically-related task. They may not administer or assist patients with medications under any circumstance. They may not provide assistance with dressing changes, apply medicated lotions to a patient's skin, or take vital signs.

1.4.1 Self Check Activity

Which of the following tasks may an HHA perform? **Select all that apply.**

1. Provide assistance with feeding
2. Perform a sterile dressing change
3. Assist a patient to the toilet or commode
4. Insert a urinary catheter
5. Complete records of tasks you complete
6. Perform injections
7. Vacuum
8. Help a patient bathe and dress
9. Laundry
10. Administer medications without special training
11. Apply medicated lotion to a patient's skin
12. Remind patients about taking medications
13. Brushing a patient's teeth
14. Assisting the family with budgeting and paying bills
15. Assist a nurse with a clean dressing change
16. Take and record vital signs

Solution

These are tasks that MAY be performed: 1, 3, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16

1.4.2 Self Check Activity

Scope of Practice for PCAs

Which of the following tasks may a PCA perform? Select all that apply.

1. Provide assistance with feeding
2. Perform a sterile dressing change
3. Assist a patient to the toilet or commode
4. Insert a urinary catheter
5. Complete records of tasks you complete
6. Perform injections
7. Vacuum
8. Help a patient bathe and dress
9. Laundry
10. Administer medications
11. Assist patients with taking medications
12. Apply medicated lotion to a patient's skin
13. Remind patients about taking medications
14. Brushing a patient's teeth
15. Assisting the family with budgeting and paying bills
16. Assist a nurse with a clean dressing change
17. Take and record

Solution

These are tasks that MAY be performed by a PCA: 1, 3, 5, 7, 8, 9, 13, 14

Chain of Command

Care plans, which are the prescribed treatments and services a patient will receive are developed from input from all members of the team. There may be many care plans for a patient who has many needs. For example, a physical therapist will develop a care plan for mobility needs after assessing the patient. The registered dietician will develop a care plan for nutritional guidelines for the patient to follow. The supervisor, who is often a registered nurse, will coordinate the care the patient will receive.

Home health aides and personal care aides work under the supervision of a Registered Nurse (RN). The supervisor will provide the HHA/PCA with a care plan to follow. It is important that the instructions written on the care plan are followed. This ensures that the patient receives the proper and safe health care they deserve. It also protects the HHA/PCA and the agency for which they work from liability. Liability means that the employee (the HHA/PCA) or the agency for which they work can be held legally responsible for harming a patient. For example, if the HHA/PCA did not follow what was instructed in the care plan and performed a task outside of their scope of practice, such as inserting a urinary catheter, and harm comes to the patient, the HHA/PCA and the employer (the agency) are legally liable.

Care plans are updated regularly to ensure the patient's needs are being met. They are also updated when there are changes in a patient's condition. As the person on the healthcare team who spends the most time directly with the patient, the HHA/PCA will have first-hand knowledge of the patient's condition. It is important that they immediately report any change in patient condition to their supervisor, and that these changes are documented. For example, an HHA/PCA may observe that the patient is weaker than a previous visit, which puts the patient at a greater risk for a fall. It is important that these observations are documented and reported to a supervisor. Other examples of changes that may be noticed include: a change in the patient's behavior, unexplained bruises, skin breakdown, or an unsafe situation in the home, such as cluttered hallways, which may be a trip hazard. These would be important observations to document and inform a supervisor about.

While patients always have the right to refuse treatments or assistance, it is important that the HHA/PCA document these refusals and inform their supervisor. Under an HHA/PCA's employment conditions and certification requirements, they may be legally liable to report changes in patient conditions and within patient environments. If an HHA/PCA is ever unsure of a situation or an observation, they should talk to their supervisor. It is important to follow the care plan and instructions from supervisors to protect oneself, the agency, and most importantly, the patient.

1.4.3 ✔ Self Check Activity

Which of these situations should a HHA/PCA report to their supervisor? Check all that apply.

1. A patient falls
2. The HHA/PCA notices a bruise on a patient that was not there before
3. The patient refuses to allow the HHA/PCA to perform a task on the care plan
4. The patient tells the HHA/PCA a family member has been abusive
5. The HHA/PCA notices there does not appear to be enough food in the home
6. The HHA/PCA is unable to make it to work or will be late

Solution

If you checked all of these situations, you are correct. All of these examples should be reported to a supervisor.

Qualities of Home Health Aides and Personal Care Aides

Taking care of someone requires that you have good physical health. Assisting a person to walk, transfer into a wheelchair or shower, and completing household tasks such as cleaning and cooking can be physically demanding. According to the U.S. Department of Labor, Bureau of Labor Statistics (2014), Home Health Aides and Personal Care Aides have a higher rate of injury and illness as compared to other jobs. It is important that a HHA/PCA take good care of their physical health and protect themselves against injury. Using **proper body mechanics** will help protect a person from back, muscle, joint, and other injuries. Proper body mechanics will be discussed throughout this course.

Grooming on a regular basis is important to maintain good physical health and appearance. It helps a person to feel good about oneself and shows others that they care about them. Showering or bathing daily, brushing teeth, using deodorant, and keeping hair and/or facial hair well-groomed are important tasks to help a HHA/PCA care for themselves and others. Uniforms should be freshly

laundered and appear neat, without rips, tears, or stains. Long hair should be tied or held back. Jewelry should be kept to a minimum. Makeup should be kept to a minimum, and strong cologne or perfume should be avoided, as it could be irritating to patients. Fingernails should be kept trimmed and clean. Artificial nails harbor bacteria and should be avoided. **Hand hygiene is extremely important, as it is the best way to prevent the transmission of infectious diseases.** A health care worker should always wash their hands prior to and after performing a task where patient contact is involved, and any time hands appear dirty. Gloves should be worn when providing patient care where there is possible contact with body fluids.

Working as a Home Health Aide/Personal Care Aide is very rewarding, but can also be emotionally challenging. A HHA/PCA may work with a person with a cognitive or emotional disability who may display difficult behaviors. Patients who are in pain or who do not feel well may have mood swings or display behaviors that may be challenging to work with. Throughout this course, we will discuss ways to work with people who may have difficult behaviors. The skills for developing good communication with patients will be discussed throughout this course.

Providing supportive care also requires that the HHA/PCA is dependable, organized, responsible, trustworthy, patient, caring, and compassionate. As they work with people on a daily basis, it is important to be people-oriented and enjoy working with others. Patients and families allow home care workers to come into the privacy of their homes and take care of them in very personal ways. It is important that an HHA/PCA is trustworthy, honest, and respectful. This means that the HHA/PCA must respect a patient's right to refuse a treatment or care, right to privacy, and right to practice any customs or traditions important to them.

Both the agency the HHA/PCA works for and the patient the HHA/PCA cares for relies on the HHA/PCA. An HHA/PCA should report to work on time. Home health aides/personal care aides work as part of a team, but are also required to work independently. This means that they are asked to complete tasks that have been assigned to them by their supervisor and the agency for which they work. They are also expected to document completion of these tasks. The entire health care team and especially the patient depend on home health aides/personal care aides to complete assigned tasks and to document their completion honestly. If a problem with completing a task occurs, the HHA/PCA should seek direction and assistance from their supervisor. Part of this documentation will include the time spent performing patient tasks and any travel time or mileage. Many agencies may reimburse for mileage and will have policies in place for the time spent traveling to the work site.

1.4.4 ✔ Example

Which of the following behaviors could lead a HHA/PCA to get dismissed from their position? **Check all that apply.**

1. Being on time
2. Completing a task outside the scope of practice
3. Stealing from a patient or their home
4. Falsely documenting that a task was completed
5. Providing privacy during bathing of a patient
6. Respecting a patient's right to refuse a service or medication
7. Not following agency policies and procedures
8. Repeatedly showing up late for work
9. Showing compassion for patients
10. Lying about the hours you spent working with the patient
11. Being culturally sensitive and respecting differences of others

Solution

The following could get you DISMISSED: 2, 3, 4, 7, 8, 10

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1.5: Educational and Training Requirements

Home Health Aides

According to the US Bureau of Labor Statistics Bureau of Labor Statistics (2014), in the U.S. there are no universal formal educational requirements to become a home health aide (HHA), but states and employers may require specific training, including a minimum number of hours of classroom, lab, or clinical practice. Most home health aides have a high school diploma before entering the field, but this may not be a requirement in all locations. Formal educational programs may be available at community colleges and vocational schools. According to the bureau, the job growth outlook is projected to grow 48% from 2012 to 2022 for Home Health Aide workers, making it one of the fastest growing occupations!

Home health aides who work in certified home or hospice agencies, such as those who receive reimbursement from Medicaid and Medicare, must receive a minimum level of training and pass a competency exam or become certified by the state where they live. In some cases, they may be able to take a competency exam without having formal training. Requirements will vary state to state. Some states may only require that they receive on-the-job training from their employer. States may often conduct background checks and in some cases, a physical exam. It is important to check the regulations and requirements in your state or country to make sure that you meet all qualifications before practicing as a HHA.

Personal Care Aides

According to the US Bureau of Labor Statistics, Bureau of Labor Statistics (2014), there are no universal formal educational requirements to become a personal care aide (PCA), and most PCAs receive on-the-job training. Most PCAs have a high school diploma, but this may or may not be a requirement, depending on the employer. Some states require completion of a formalized training program. Employers may require completion of a first aid and cardiopulmonary resuscitation (CPR) course, and passing of a competency evaluation. The job outlook is projected to grow 49% from 2012 to 2022 for Personal Care Aide workers, making it one of the fastest growing occupations! It is important to check the regulations and requirements in your state or country to make sure that you meet all qualifications before practicing as a PCA.

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1.6: Post-test

1.6.1 Post-Test

Post-test

1. **True or False:** People of all ages, cultures, and with different types of disabilities, injuries, or conditions may receive home health care at various points in their lives.
2. Which of these tasks should a HHA/PCA **not** perform?
    1. Help a patient wash their hair.
    2. Fold a patient's laundry.
    3. Insert a urinary catheter for an incontinent patient.
    4. Change a patient's bed linens.
3. Who coordinates and supervises care of the patient?
    1. Registered Nurse
    2. Occupational Therapist
    3. Medical Social Worker
    4. Home Health Aide
4. In which of these situations should a HHA/PCA contact a supervisor? **Select all that apply.**
    1. The patient falls getting out of the tub.
    2. Their car breaks down and they can't get to work on time.
    3. They are re-positioning a patient in bed and notice a bed sore.
    4. A patient refuses to let them in the house.
5. **True or False:** If a HHA work for an agency that accepts Medicare or Medicaid they must complete a minimum level of training and pass a competency exam or be certified in the state they live.
6. **True or False:** Hand washing is the number one way to prevent the spread of infectious diseases.
7. Which of the following are qualities a HHA/PCA should possess? **Select all that apply.**
    1. Tardiness
    2. Compassion
    3. Can work independently
    4. Is not people-oriented
    5. Is well-groomed
    6. Respectful of patient rights and cultural differences
    7. Honest
    8. Impatient
8. True or False: Scope of practice are the tasks that a HHA/PCA are legally allowed to perform.
9. Which of these behaviors could lead to a HHA/PCA getting dismissed (fired)? **Select all that apply.**
    1. Showing up late to work repeatedly
    2. Not properly documenting
    3. Performing a task outside their scope of practice
    4. Stealing items from the patient's home
10. Which of the following are benefits of receiving home care for patients? **Select all that apply.**
    1. Patient is in a familiar environment
    2. It is less expensive than a hospital or skilled nursing facility
    3. Patients may remain with their family and within their community
    4. Patients feel that they retain more of their independence than if they lived in an institutional facility.

Solution

1. True
2. C

3. A
4. A, B, C, D
5. True
6. True
7. B, C, E, F, G
8. True
9. A, B, C, D
10. A, B, C, D

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CHAPTER OVERVIEW

2: Working Effectively with Home Care Clients

All of us have unique needs and backgrounds. We look different from each other; we have different cultural backgrounds, religions, ages, social classes, financial statuses, occupations, interests, and families. We may speak different languages. We have different values, or thoughts on what is important to us. What makes each of us the same, each human being the same as the next, is that we have the same basic physical and psychological needs. This module will explore the basic physical and psychological needs of humans. It will also look at how culture influences people's behavior, values, and health care practices. You will gain some basic information about a variety of cultures and religions with whom you may work if you choose to pursue a career as a Home Health Aide/Personal Care Aide. During this module, you will learn a variety of Communication skills to use in working with patients, and how to best develop a positive working relationship with patients. We will also explore how to document observations and the work done with patients. Finally, you will learn about the different types of abuse, the signs to look for, and how to report suspicions of abuse. We will also discuss the importance of patient rights and how best to support the rights of patients.

2.1: Unit A- Human Needs, Culture and Diversity
- 2.1.1: Maslow's Hierarchy of Needs
- 2.1.2: Diversity and Culture
- 2.1.3: Cultures
- 2.1.4: Religions of the World
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2.2: Unit B- Communication Skills and Developing a Therapeutic Relationship
- 2.2.1: Communication
- 2.2.2: Barriers to effective communication
- 2.2.3: Active Listening
- 2.2.4: Therapeutic Relationship
- 2.2.5: Setting Boundaries
- 2.2.6: Documentation
- 2.2.7: Confidentiality

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- 2.3.1: Patient Rights
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- 2.3.3: Patient Responsibilities
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CHAPTER OVERVIEW

2.1: Unit A- Human Needs, Culture and Diversity

2.1.1: Maslow's Hierarchy of Needs
2.1.2: Diversity and Culture
2.1.3: Cultures
2.1.4: Religions of the World
2.1.5: Family and Diversity

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2.1.1: Maslow's Hierarchy of Needs

We all need oxygen, food, water, sleep, and a safe shelter. We all also have psychosocial needs, which involve our social, emotional, intellectual, and spiritual needs. These needs may differ from one person to the next; but we all have them. When our needs go unmet, we may react in different ways. Some people become depressed, some anxious, some afraid, and some may even become angry and lash out at the people around them. When people become stressed, their physical health also is affected, and physical problems that could lead to illness may develop.

Without meeting basic human needs, a person cannot develop to their fullest potential. Home Health Aides/Personal Care Aides are in a unique position to help the people they work with. These individuals help them to meet their physical, emotional, mental, social, and spiritual needs so that patients can live to their fullest potential.

Abraham Maslow was a researcher of human behavior. He developed the Maslow's Hierarchy of Needs. This model shows us the importance of the physical and psychosocial needs of humans. The needs are arranged in a hierarchy, which means they are arranged in order of importance. Maslow's Hierarchy of Needs is arranged in what looks like a pyramid made up of five levels of needs. Maslow believed that people must meet the needs at the bottom of the hierarchy before they can successfully meet the next higher up need.

These needs include: Physical Needs, Safety and Security Needs, Need for Love and Belonging, Need for Self-esteem, and Need for Self-actualization. Let's explore what each of these levels means and how Home Health Aides/Personal Care Aides can help their patients achieve their needs at each level of Maslow's Hierarchy of Needs.

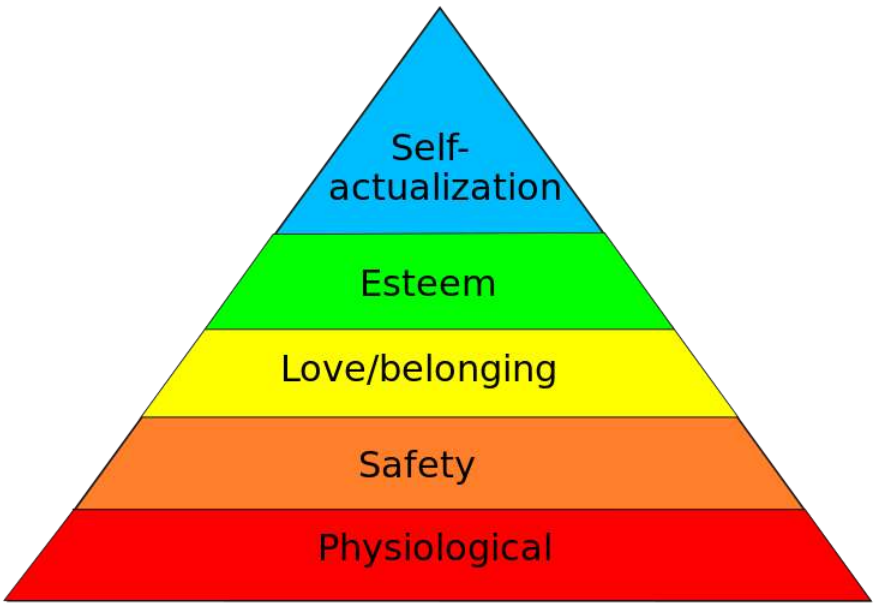


Figure 2.1.1.1: Maslow's Hierarchy of Needs. (*FireflySixtySeven [CC BY-SA 4.0], via Wikimedia Commons. Retrieved from https://commons.wikimedia.org/wiki/F...chyOfNeeds.svg*)

Physical Needs

At the most basic levels of Maslow's Hierarchy of Needs are our physical needs. These needs include oxygen, food, activity, sleep, and elimination. These are the basic needs humans must meet in order to survive. Maslow believed that these needs must be met first before a person can go on to meet other needs, such as their psychosocial needs. Home Health Aides/Personal Care Aides, work to help their patients meet their basic physical needs. They assist them in completing Activities of Daily Living (ADLs), such as eating, drinking, toileting, bathing, and grooming. Taking vital signs, shopping for and preparing food for their patient, and measuring intake and output are other important tasks that Home Health Aides/Personal Care Aides do to help patients meet their physical needs.

Safety and Security Needs

After meeting our basic physical needs, according to Maslow's Hierarchy of Needs we must have our safety and security needs met. This includes having a safe place to live and to not feeling afraid within our homes, or of the people around us. Home Health Aides/Personal Care Aides work within the patient's environment to make their home safe so that their patient feels safe. This means they will need to ensure that there are no hazards in the patient's home such as clutter or loose rugs that could cause a patient to slip, trip, or fall. Checking to ensure safety and grab bars are secure to the wall and that non-slip tub mats and shower chairs are used ensures a safe environment for their patient. Keeping the patient's home clean and free from dirt by completing tasks such as laundry, vacuuming, and cleaning, maintains a safe environment for their patient. Ensuring that their patients properly use assistive devices such as canes and walkers also ensures their safety. Helping patients to meet their safety needs also includes taking care to properly wash hands and to wear gloves as appropriate, in order to prevent the spread of infection. When people are sick or who may not be as independent as they used to often feel afraid. The job of a Home Health Aide/Personal Care Aide is to help them feel secure by reassuring them, being patient when they try to complete tasks on their own, and being competent (good) in the tasks they complete.

Need for Love and Belonging

Once people have met their physical and safety/security needs, the need for love and belonging is the next important level in Maslow's Hierarchy of Needs in order for us to grow and flourish as humans. This need includes feeling that we are loved and cared for. Humans need to feel important to other people and to feel that they are a part of something, such as a family or community.

For Home Health Aides/Personal Care Aides, the way they care for their patients demonstrates to them that they care for and about them. This means being patient, kind, compassionate, understanding, trustworthy and accepting the patient's thoughts, feelings, and uniqueness, even if they do not agree with them.Home Health Aides/Personal Care Aides can ask patients to share their memories and stories with them to help the patient recognize the importance they have in others' lives.Family is an important part of a patient's life and helps them to meet their need for love and belonging. We all have different views of what "family" means to us. Individuals must be careful not to judge who a patient considers part of their family. Family means everyone the patient sees as part of their family. Include the patient's family in their care if they wish for them to be involved.

Spirituality and religious practices may also be important parts of the patient's life. Helping patients meet their spiritual and religious needs may help them to cope with an illness or disability. Remember that each of us has our own unique spiritual and religious views. It is important not to judge the beliefs of others and to allow the patient to practice what they believe. If a patient has particular dietary restrictions due to their religious belief, a Home Health Aide/Personal Care Aide must be sure to accommodate these. They must also allow their patient to have privacy to pray, practice religious rituals, and to have time for clergy visits. If asked, they may read aloud religious materials and sit with their patient as they pray. A person does not have to believe in their particular religion in order to be respectful and to support a patient's beliefs.

Need for Self-esteem

The need for self-esteem is the next level in Maslow's Hierarchy of Needs. Self–esteem involves valuing and respecting oneself. Self-esteem comes from within us, and from interactions and feedback from other people. When people become sick, injured, or disabled, their self-esteem may be affected. They may not see themselves the way they used to.They may have concerns about their appearance or physical disability. They may feel that others do not see them as a whole person. They may worry that others see them less than they used to be or what they could be due to limitations from their physical or mental disability. A Home Health Aide/Personal Care Aide can help patients to accept physical changes by demonstrating acceptance. This means they must watch their body language while caring for patients. There may be situations where a patient has an injury or wound which may be difficult to look at. It is important to remember that the patient is watching for a reaction. Showing that they are okay with the patient's physical changes will tell the patient that they are accepted exactly the way they are.

It is important to treat each patient as a unique individual with talents and strengths. Sometimes, people forget that they still have value as a person when they are sick. Home Health Aides/Personal Care Aides should get to know their patients to find out who they are as a person. Understanding their patients will allow the Home Health Aides/Personal Care Aides to help the patients see how valued they are. Home Health Aides/Personal Care Aides can also help to increase a patient's self-esteem by allowing them to be as independent as possible, providing encouragement when they are doing a task they have difficulty with, and giving praise

when they are successful. Demonstrating that they value the patient's feelings, values, and their beliefs also helps to increase a patient's self-esteem.

Need for Self-actualization

The need for self–actualization is the highest level of Maslow's Hierarchy of Needs. Self-actualization means that we try to be the best person that we can be and try to reach our full potential. We each have different views of what being our best person means and what reaching our full potential means. It is important to remember to respect a patient's thoughts and goals. The goals that we each set often change throughout our lives and may change as a result of experiencing an injury, illness, or disability. As a Home Health Aide/Personal Care Aide, it is important to accept others the way they are. Home Health Aides/Personal Care Aides are also in a position to help their patients work to accept themselves and to set and work towards new goals.It is important to remember that what a HHA/PCA views as a good goal may be different from the goal the patient wants to set. Using good communication skills is important to help patients work towards realistic and achievable goals.

2.1.1.1 Example

Match the HHA/PCA's task to the appropriate level of Maslow's Hierarchy

Task	Level of Maslow's Hierarchy
1. Allow a patient time to pray before they eat if they want	a. Physical Needs
2. Assist with eating and dressing	b. Safety/security Needs
3. Help a patient to set and meet their goal of putting their shoes on independently	c. Love/Belonging Needs
4. Teach a patient to correctly use their walker	d. Self-esteem Needs
5, Giving praise to a patient when they can do a task such as put on their shoes, which they have not been able to do since injured	e. Self-actualization Needs

Solution

1). C

2). A

3). E

4). B

5). D

Feedback:

1. Allowing a patient time to pray before they eat helps a patient meet their Love/Belonging Needs. As humans, we all have a need to belong to a community and to feel connected to people and things outside of ourselves. Praying allows a patient to maintain a connection with their religious beliefs and community.

2. Assisting a patient with eating and dressing helps to meet basic physical needs of obtaining food and protecting their bodies with clothing. Helping patients complete ADLs is an important task of the HHA/PCA.

3. A HHA/PCA can assist a patient meet their goals by encouraging independence. Goals will vary by patient and change throughout our lives. They can be affected by illness and disability. Goals we set for ourselves can help us be the best we can be. This helps to ensure Self-actualization Needs.

4. Meeting a patient's Safety/Security Needs is an important task of the HHA/PCA. Teaching a patient how to use ambulation devices (e.g. walkers and canes) helps to ensure their safety and reduce the risk of injury to the patient.

5. Providing praise and encouragement for completion of any task, no matter how small allows the HHA/PCA to help patients meet their Self-esteem Needs.

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2.1.2: Diversity and Culture

Culture

Culture is a set of behaviors, beliefs, values, attitudes, and goals shared by a group of people. Our culture is a powerful part of what makes us who we are and how we live. Groups of people such as families, friends, religious groups, and organizations all share a culture. Rules in a culture can be expressed by spoken and unspoken ways, such as whether direct eye contact or shaking of hands is considered to be appropriate. Many characteristics make up cultures and most people belong to numerous cultures. Race, spiritual/religious beliefs, national origin (the country the person comes from), sexual orientation, and age make up various cultures. People often identify themselves or define who they are based on their cultures.It is important to remember that we often belong to a number of cultures, and one aspect of our culture does not solely define us. It is also important to remember that one culture is not better than another. Health care workers need to try to understand what cultures a patient belongs to and what customs within those cultures the person believes or practices. This helps them to better understand where their patient is coming from and to better take care of them.

Race versus Culture

Race is not the same as culture. Race is a classification of people based on physical attributes, geographic ancestry (where a person came from originally), and inherited characteristics. In the United States, for example, some races are: White American, African American, Native American and Alaska Native, Asian American, and Native Hawaiian or Pacific Islander. Some people may identify as being multi–racial, meaning they have more than one race. We often identify ourselves as being a part of a particular race, but this is not the only aspect of who we are. It is important to be careful to not judge people by their race, or what you think their race is. This is called racism. Racism is a belief that one racial group is better than another racial group, or that one member of a race is the same as all other members of that race. Racism results in prejudice against a particular race.

Ethnocentrism, Diversity, & Stereotypes

In working with others, we must be careful of ethnocentrism. Ethnocentrism is thinking that your culture and beliefs are superior to, or better than another person's. All of our cultures are equally important. No one culture is better than another. The various cultures bring diversity to our world. Diversity means including and respecting different types of cultures. We must also be careful of stereotypes. Stereotypes are when you believe that all people within a group are the same based on what you know about one individual within a group. Stereotypes can be about any characteristic of a person such as their looks, sexual orientation, weight, or behavior. We often learn stereotypes from the media and from our families as we are growing up. For example, until recently it was believed that all women should stay at home to cook, clean, and care for their children. As a result, people may have stereotypes about women, such as, "All women are good cooks", or "Women should be secretaries and men bosses." Stereotypes are very harmful to people. They can make us feel misunderstood and not respected. It is important to become aware of the stereotypes you have about others so that you do make a patient feel that they are not respected or valued.

2.1.2.1 ✔ Self Check Activity

Statement	Example of
1. "Men should not show their emotions by crying in front of others."	A. Ethnocentrism
2. "Everyone who comes to the United States should learn to speak English."	B. Stereotype
3. "I identify myself as a Native American. This is my _____."	C. Culture
4. "I am Italian. This is my_____"	D. Race
5. "The agency I work for hires people of all genders, races, ages, and cultures."	E. Racism
6. "The agency I work for will only hire Caucasians."	F. Diversity

Solution

1). B

2). A

3). D

4). C

5). F

6). E

Feedback:

1. A stereotype is the belief that all members of a group are the same. We often develop stereotypes from our family and the media. Believing that men should not cry is a stereotype.

2. Ethnocentricism is the belief that our own culture is better or superior to other cultures. The statement, “Everyone who comes to the United States should learn to speak English” suggests that living in the United States and speaking English is better than living in other countries or speaking other languages.

3. Race is a classification of people based on physical attributes, geographic ancestry (where a person came from originally), and inherited characteristics. Identifying as Native American is a type of race.

4. Culture is a set of behaviors, beliefs, values, attitudes, and goals shared by a group of people. A person may identify themselves as belonging to many cultures. Identifying as Italian indicates belonging to a specific cultural group.

5. Diversity means including and respecting different types of cultures. An agency who hires people of all genders, races, religions, and cultures demonstrates that they value differences.

6. Racism is a belief that one racial group is better than another racial group, or that one member of a race is the same as all other members of that race. If an agency only hires members of one particular race they are discriminating against others races. Racism results in prejudice against a particular race.

Self-Awareness

Take a moment to think about what makes up your culture. What groups do you consider to be important to you? What roles do you play in your life? Are you a mother, father, daughter, or grandson? Do you have religious or spiritual beliefs that you practice? Do you have traditions and rituals in your family that are important to you? How do you identify yourself? What groups do you belong to? Do you have hobbies, clubs, organizations, or a profession to which you belong to and identify with?

Your culture is a part of who you are. It has helped to shape your beliefs, values, and attitudes. You bring it everywhere with you. You bring your culture to work with you. Your culture influences how you view and interact with the world around you. It influences how you understand and care for your patients. It is important to engage in self–reflection in order to better understand how you see yourself. The more you understand your own beliefs, the better able you will be to understand and appreciate the beliefs of others and to care for patients if you pursue a career as a Home Health Aide/Personal Care Aide.

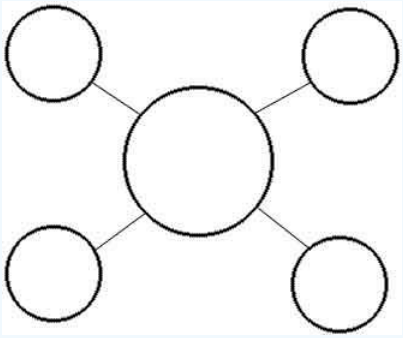
2.1.2.1 ✔ Self-Awareness Activity

This activity will help you gain a better understanding of the different ways you identify yourself. Begin by drawing a large circle in the center of a piece of paper. Then, draw lines from that center circle. Draw smaller circles at the end of each of those lines. In the center circle, write the role, identity, or culture that is most important to you and by which defines who you are. For example, it might be your name, gender, race, ethnic heritage, religion, profession, a role in your life that is crucial to your identity, or any other aspect of your identity that is the center to who you are. In each of the smaller circles, write down all the other roles or cultures to which you belong, or other aspects of your life that help identify who you are. The smaller circles may have words that describe your identity such as mother, daughter, health care aide/personal care aide, student, musician, writer, Irish, African, Catholic, Muslim, etc. The possibilities are endless.

After you complete your circles, take a moment to think about what each of the identities means to you.How do they shape how you view the world? Do you think that others could have stereotypes about any of the aspects of your identity? If so, what would this mean to you? How would you go about challenging those stereotypes to help the other person understand who you

really are? Then, think about other people you may know. What do you think would be in their circles? Do you have stereotypes of any of other roles, cultures, and important aspects of other people's identities?

This activity will help you to understand how diverse your own beliefs, customs, and roles are. It will help you to see how various roles are important in your life and how others may view your own differences. This will help you to become more understanding of the uniqueness of each patient with whom you may work if you choose to pursue a career as a Home Health Aide/Personal Care Aide.



Adapted from Circles of my Multicultural Self by Paul C. Gorski http://www.edchange.org/multicultura...lesofself.html

Cultural Awareness & Cultural Competence

Cultural awareness means how aware you are about the values and beliefs of other cultures. It is also means how much you appreciate the various aspects of the different cultures. Becoming culturally aware is a lifelong journey. It is nearly impossible to know all the customs and beliefs of every culture in the world. What is important for health care workers is to strive to learn as much as they can about the variety of cultures in our world. For each patient that they work with, they should ask them to tell them about their cultural beliefs and practices. In this way, they will always be learning about all the different cultures, and working to better understand and care for their patient!

Cultural competence goes along with cultural awareness. Cultural competence means the ability to incorporate cultural awareness into the health care practice. It means understanding and respecting a patient's cultural beliefs and working with them in a way to demonstrate that you respect and honor these beliefs. For example, if a patient likes to pray before eating meals, and the Home Health Aide/Personal Care Aide provides and supports their prayer prior to their meals, they are practicing in a culturally competent manner. The more aware they become of different cultures, and the more they learn to appreciate differences, the more culturally competent they will become.

2.1.2.2 ✔ Self Check Activity

Directions: Fill in the blank with the correct term that matches the description

1. This term means providing healthcare in a way that demonstrates you understand, honor, and respect your patient's cultural beliefs _____.

2. This term means learning about the values, beliefs, and practices cultures that are different than your own _____.

Solution

a. Cultural competence

b. Cultural awareness

Feedback:

1. Cultural competence means the ability to incorporate cultural awareness into the health care practice. Doing so demonstrates understanding, honor, and respect for a patient's cultural beliefs.

2. Cultural awareness means how aware you are about the values and beliefs of other cultures and how much you appreciate the various aspects of the different

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2.1.3: Cultures

In this next section, we will explore some common cultures. Please note that this discussion of cultures is not comprehensive, meaning that there are many more cultures than those listed here. Remember also that the information here is to be used as a guide. Each person is unique. The information here is to provide some basic knowledge about the culture. It is also not intended to mean that just because a person is from one of the cultures listed here that they necessarily share the customs and beliefs described. It is important for the Home Health Aide/Personal Care Aide to get to know their patient, their beliefs, traditions, and values. It will make all the difference in their work with them and will lead to a positive working relationship! To learn more about various cultures and healthcare practices, please visit Dimensions of Culture: Cross-cultural communications for Healthcare Professionals at: http://www.dimensionsofculture.com/

African American

Africa is a continent that has dozens of different tribes, ethnic, and cultural groups, with hundreds of different languages and dialects spoken. A person may define themselves as “African” if they live in or come from one of the African countries.The term “black” is usually defined as people who descended from an African country (Carteret, 2011b).The term “African American” can be defined as ‘blacks” who are born in the United States but who descended from the African continent (Carteret). Depending on family and cultural values and beliefs, people may prefer one term over the other as a way to identify themselves. Learn the terms a patient chooses to use to define their identity. It is important to remember that people cannot be defined by their skin color, as there are a variety of skin tones, from light to dark of people who define themselves as African American (Carteret). Remember, a shared complexion does not necessarily mean there is a shared culture. It is important to find out the terms a patient uses to define their identity.

The African American family may include extended family and people outside of the biologic family, or “fictive kin” (Carteret, 2011b). Elders are highly respected, with the woman often taking on a matriarchal role, although decision making may be done by either the mother or father. Families tend to avoid placing loved ones in long-term care facilities and instead care for their elders or disabled family members in the home (Carteret).

African Americans often have ties to a religious community, with many having a Christian faith or following Islam (Carteret, 2011). Additionally, according to Carteret, during times of illness and impending death, many African Americans often turn to their faith. It is important to find out a patient‘s’ religious or spiritual beliefs and to honor these. Carteret also writes that it is often important for extended family and friends to be present to gather around their loved one during times of imminent death (death that is likely to happen soon) and that effort to inform and allow extended family to be present should be made.

Due to the historical mistreatment of African Americans in healthcare, they may be mistrustful of healthcare providers and reluctant to participate in treatment or share personal issues (Carteret, 2011b). It is very important to work on building trust while providing health care.

2.1.3.1 Self Check Activity

True or False?

1. Many African Americans have a strong sense of family and spiritual faith. Those considered family may be outside of their family of origin and include close friends, or “fictive kin”.

2. You can use the term “black”, “African”, or “African American” to describe any person of color.

Solution

1. True

2. False

Feedback:

1. Many African Americans do have a strong sense of family and spiritual faith.

2. There are many terms that people may use to identify themselves. Remember, a shared complexion does not necessarily mean there is a shared culture. It is important to find out the terms a patient uses to define their identity.

Asians

The term Asian is a general term for many different cultures that originate in an Asian country. According to Carteret (2010a, 2010b), Asian cultures include people from various Asian countries and may be delineated by the specific Asian country from which they live or originate. People who consider themselves to be Asian may be Pacific Islanders (from Hawaii, Samoa, or Guam), Southeast Asians (from India, Vietnam, Thailand, Cambodia, Laos, Burmese, and Philippines), and East Asians (from China, Japan, and Korea). Each of these cultures has many different beliefs, norms, and traditions. It is important to not generalize from one Asian culture to the next. Get to know the patient and their beliefs and customs.

Generally speaking, Asians tend to be group and family oriented (Carteret, 2010a). This is known as a collectivist culture. Different from the typical individual oriented culture in the United States, decisions and actions are made as part of a group and with consideration to the effects on the group. Loyalty is very important to the family and family members' behaviors are a reflection of the honor and respect shown to the family. Therefore, decisions are often made with the effects on the family in mind and it is important to take care not to disgrace oneself or one's family (Carteret).

Self-control is also important; expression of intense emotion such as crying, yelling, pain, or grief may not be shown (Carteret, 2010a). Many people from Asian cultures may not be direct in conversation, and may see such directness as rude. Many Asians may smile when confused or embarrassed, which can be mistaken as a sign of pleasure or understanding (Carteret). Similarly, many Asians may also nod during conversation, which can also be mistaken as understanding during conversations about health care concerns and treatment. It is important to try to determine if a patient truly understands the situation. According to Carteret, Asian cultures typically take the context of the situation in mind. This means that they pay careful attention to nonverbal cues during conversation such as gestures, tone of voice, eye contact, and silence. It is important to remember to pay attention to the nonverbal cues you are using and to try to understand those that are being Conveyed (said) by a patient. Much of the meaning of what is being conveyed (said) can be found in the nonverbal cues rather than the verbal words in Asian patients.

Many Asians believe in fatalism, or the belief that nothing can be done about a situation or one's healthcare; it is decided by fate or karma. This may make Asian patients and families appear to be "resigned to their situation" (Carteret, 2010a). It is important to take care when discussing a health care situation or disease in how it is presented. While in the United States we often look at healthcare in terms of fighting a disease, Asian patients may not look at seeking treatment in this way. There also may be many healthcare practices outside of what Western medicine considers treatment, which are unique to each Asian culture.

Many Asian cultures focus on the holistic treatment or treating both the body and mind, while Western medicine tends to only focus on treating the body. Herbal remedies and the use of acupuncture may be health care practices of many Asian patients (Carteret, 2010b). It is important if Home Health Aides/Personal Care Aides become of aware of the use of herbals and other medicines that they report these to their supervisor. While it is important to respect and honor cultural practices of patients, it is also important that the healthcare team knows which practices are being used. There are some herbs for example that interact with Western medications. Some Asian cultures also practice a technique called cupping, in which a glass or plastic cup is pressed against the skin, creating a vacuum in order to relieve the patient of pain and to treat respiratory diseases (Carteret. If Home Health Aides/Personal Care Aides become aware of areas on their patient's body such as burns or circles, it is important to ask the patient, in a non-judgmental way to explain them and then they should discuss findings with their supervisor.

2.1.3.2 ✔ Self Check Activity

True or False

1. When working with Asian patients, it is generally important to pay attention to nonverbal cues, such as nodding, smiling, tone of voice, and gestures during conversations. _____

2. Many Asian cultures are collectivist, meaning they consider how their individual decisions will impact their whole family, so health care decisions and treatments should be focused on the family as a whole. _____

Solution

1. True

2. True

Feedback:

1. Many Asian people typically take the context of the situation in mind. This means that they pay careful attention to nonverbal cues during conversation such as gestures, tone of voice, eye contact, and silence. It is important to remember to pay attention to the nonverbal cues you are using as well as those being used by your patient in order to have the best understanding of the meaning behind what is being conveyed.

2. Generally, Asians tend to be group and family oriented which is known as belonging to a **collectivist culture**. Therefore, decisions and actions are made as part of a group and with consideration to the effects on the group. Honor and respect should be shown to the entire family.

Latinos

The term Latino means a person whose origins are from a Spanish-speaking country, such as: Caribbean, Mexico, South America, and Central America (Carteret, 2011a). Latinos often have a very deep sense of family connection, called familismo. These family members include extended members of the family and close friends whom they trust; they may be slow to trust outsiders (Carteret, 2010f; 2011a). Family members, including extended members of the family such as grandparents, aunts and uncles may be very involved in the healthcare of the patient, and want to be present to help make healthcare decisions (Carteret, 2010f). It is very important to include all members of the family during health care decision making and care provision. This will help the patient and family to trust the health care worker and be willing to work with them.

Latinos are traditionally very focused on relationships (Carteret, 2011a). As such, it is important for Home Health Aides/Personal Care Aides to take their time during the provision of care, demonstrate warmth, touch, concern, friendliness, and a sense of confidence. Latinos feel great respect for physicians and healthcare providers as they believe in the importance of respect, or respecto, so may not want to question health care providers (Carteret). This could result in not understanding healthcare treatment. Respect is very important for many Latinos. According to Carteret, Latinos may expect a “formal friendliness” from their healthcare providers. They may expect to be greeted and say goodbye with a handshake and “good morning/afternoon.”They may also prefer a more formal address, such as “Mr. or Mrs.” in conversation.The concept of hierarchy in a Latino family is another aspect that healthcare providers should be aware of to ensure they are demonstrating respect for the family.

In the presence of other family members or a husband or wife, all members should be greeted in such a way to demonstrate respect. This includes greeting family members as “Mr. or Mrs.” The oldest male of the family often has the greatest power of the family and decisions may be deferred to him (Carteret, 2011a). The concept of machismo means male Latinos are expected to be providers of the family and uphold the honor of their family. As such, female Latinos may defer decisions to their husbands or take on a more submissive role. Healthcare providers should be aware of this and ensure that healthcare decisions are also discussed with the head of the household.

Latinos may also have different concepts or health and healthcare practices from traditional healthcare practices. Latinos often believe that life is full of uncertainty and that there is not much they can do to alter the course of their life (Carteret, 2011a). This belief is called fatalism, which means there is little they can do to alter the course of their fate. This may result in delaying treatment or healthcare seeking behaviors.

Latinos may have many folk beliefs which influence their healthcare decisions and practices. Many Latinos may believe that people who suffer from physical illness do so because of an illness of emotional or spiritual origins (Carteret, 2010b). For example, some Latinos believe illness of a child may be caused by an evil eye or Mal de Ojo (Carteret). The belief is that someone who strongly admires and wants the child has placed a spell on the child, resulting in illness. It is common for parents to place an amulet, or a azabache on the child in the form of jewelry to protect them against Mal de Ojo (Carteret). Additionally, Carteret describes a practice common to Latinos where a folk healer may treat the child by passing an egg over the child and placing it under the child’s pillow at night; if the egg cooks, then the child had Mal de Ojo.

2.1.3.3 ✔ Self Check Activity

True or False

1. For many Latinos, there is a strong sense of family, or familismo, in which health care decisions and treatments involve the entire family, including extended family members. _____

2. It is important for many Latinos that healthcare providers show respect, or respect and greet all members of the family at the start and end of healthcare encounters. _____

Solution

1. True

2. True

Feedback:

1.Latinos often have a very deep sense of family connection, called familismo. Family may include extended members of the family and close friends whom they trust.

2. Due to the strong sense of family, it is to include all members of the family during health care decision making and care provision. This will help the patient and family to trust and be willing to work with the health care worker.

Middle East

Countries associated with the Middle East traditionally include: Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Palestine, Saudi Arabia, Syria, Turkey, and Yemen to name a few. People from the Middle East traditionally have a strong sense of affiliation with their family. Families and friends may be very close-knit and involved in the healthcare of the patient, with the elder member of the family expecting to be involved in health care decisions (Carteret, 2010c). Because of the close connection among those considered to be part of the patient's close-knit circle, members of the family may have "doubt about the intentions of those outside their intimate circle" (Carteret). Healthcare providers may need to provide reassurance about having their family members' needs taken care of. They must also take care to be cognizant (aware) of gender differences.

People of the Middle East may often prefer to have same-sex caregivers and have the eldest member of the family or the husband answer questions and make decisions for female patients (Carteret, 2010c). Additionally, according to Carteret, direct eye contact with members of the opposite sex is frowned upon. Middle Easterners may touch more frequently and tend to have a closer personal space during conversation than those from Western cultures (Carteret). However, take care to remember gender differences, as too-direct contact, for example between a male healthcare provider and a Middle Eastern female may be seen as a sign of sexual interest. As such, male Middle Easterners may have difficulties interacting with females who are in a position of authority, such as female physicians.

Middle Easterners generally value Western medicine but may have some folk beliefs such as illness being caused by the Evil Eye, or a person who is jealous, which causes the illness the patient is experiencing (Carteret, 2010c). Further, according to Carteret, Middle Easterners may also follow special diets and may not eat certain foods together at the same meal. Foods may be considered "hot" or "cold". People of the Middle East may resist going to the hospital as it is seen as a place where people die (Carteret). They may also be concerned that their loved one will not be cared for after death according to religious customs. Mourning for the death of a loved one is often loud and with great emotion expressed, as this is a sign of respect (Carteret).

2.1.3.4 Self Check Activity

True or False

1. When working with Middle Eastern patients, it is a good idea to check to see if there are gender preferences for whether the patient would prefer to have a male or female to provide their care. _____

2. It is not important to consider the family as part of the healthcare team when working with Middle Eastern patients. _____

Solution

1. True

2. False

Feedback:

1. True

2. False

Feedback:

1. People of the Middle East may often prefer to have same-sex caregivers. Direct eye contact with members of the opposite sex is often frowned upon. Health care workers should check with the family to determine gender preferences for caregivers.

2. People from the Middle East traditionally have a strong sense of affiliation with their family. Families and friends may be very close-knit and involved in the healthcare of the patient, with the elder member of the family expecting to be involved in health care decisions

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2.1.4: Religions of the World

There are numerous religions and spiritual beliefs throughout the world. Religious beliefs influence people's values, morals, behaviors, and traditions. Religion may be important to some people and unimportant to others. Some people consider themselves to be spiritual, but may not practice or be affiliated with a particular religion. Other people do not believe in any religion or God. Only some of the more common religions are discussed here. Remember, even if a patient practices one of the religions discussed, they may or may not adhere to the beliefs or practices described. Always ask a patient what their individual beliefs and practices are.

Agnostics and Atheists

Agnostics are people who do not know if there is a God. They do not necessarily think that God does not exist, but they feel God's existence cannot be proven.Atheism, on the other hand is the belief that there are no gods. According to American Atheists, Atheism is not a belief system or religion. They further state that Atheism is not a disbelief in God or a denial of gods, but is a lack of belief in gods and supernatural systems. For many atheists, their beliefs are as strong as those who believe in a particular religion or specific God/gods. Home Health Aides/Personal Care Aides must take care to never judge a person based on their beliefs.

Buddhism

Buddhism is based on the teachings of Siddhartha Gautama, known as Buddha (PBS, 1999). While this religion started in Asia, it is practiced worldwide. According to PBS, Buddhists believe in The Four Noble Truths: that suffering exists, that there is a cause to the suffering, there is an end to the suffering, and there is a way to bring the suffering to an end. Desiring material belongings, immortality, and pleasure leads to suffering. To end suffering, one must achieve Nirvana, which is a state of spiritual heightening in which there are no desires or suffering. To achieve this, Buddhists believe they must follow the Noble Eightfold Path which includes: Right Understanding, Right Thought, Right Speech, Right Action, Right Livelihood, Right Effort, Right Mindfulness, and Right Concentration (PBS). Practicing meditation, good moral conduct, and achieving insight are the ways to follow this path. Death is viewed as the ending of the physical body, and the spirit will live on in a new form, or rebirth occurs. After the death of a person who practices Buddhism, the body should be left alone for 3-8 hours untouched, as the Buddhists believe that the spirit lingers for some time (Carteret, 2010e).

Christianity

Christianity is the world's largest religion and is based on the teachings of Jesus Christ, who lived 2,000 years ago (BBC, 2011a). Christians believe that Jesus was the Son of God who was sent to Earth to save humans from the consequences of their sins. Important holy days include Easter and Christmas. Christians believe that Jesus gave his life on the cross (Crucifixion), which occurs on Good Friday, and that he rose on the third day (Resurrection), which is Easter day. Christmas marks the day of Jesus' birth. The Christian holy book is called The Holy Bible, which consists of the Old and the New Testaments. Most Christians worship in a church and communicate with God through prayer. Christians believe in baptism, which is the process in which a formal commitment is made to God (BBC, 2009e). There are many denominations of Christianity, each with a different set of practices. Some of these groups include Methodist, Mormon, Presbyterian, Baptist, Episcopalian, Seventh-day Adventists, Lutheran, and Roman Catholic. Religious leaders may be called priests, pastors, preachers, or deacons, depending on the denomination. Some Christians may practice dietary restrictions, such as not eating meat or fasting during the Lenten season, which is approximately 40 days prior to Easter, starting on Ash Wednesday. Mormon diet prohibits tea, cola, and coffee. Some Christians may have sacred objects in their homes or worn as jewelry, such as images of saints and holy crosses.

Hinduism

Hinduism is largely practiced in India. It is the world's oldest religion, and there is no founder. There are four sects, or divisions, of Hinduism: Shaivism, Shaktism, Vaishnavism, and Smartism (Kauai's Hindu Monastery, 2015.). Each has some different beliefs and practices, but all believe in one Supreme Being, who is the creator of all things. According to Kauai's Hindu Monastery, Hindus follow the four Vedas, which are ancient scriptures. Hindus also believe in reincarnation, which is the belief that the soul reincarnates, or returns after the physical body has died into a new body. This process is meant to help karma become resolved. Karma is the belief that consequences are caused by actions, and that people create their own destinies by their thoughts and actions. Hindus believe that all life is sacred. Many may be vegetarians. After the death of a person who practices Hinduism, the body must be bathed, massaged with oil, dressed, and cremated prior to the next sunrise (Carteret, 2010e).

Islam

Islam, the second largest religion in the world, began in Mecca, Arabia over 1400 years ago (BBC, 2009b). People who practice Islam are called Muslims. Prophets of this religion include Adam, Moses, Abraham, David, Jesus, and the final prophet to whom credit for the start of Islam is given; Muhammad (BBC, 2011d). Muslims believe in one God, called Allah. Many Muslims pray five times per day, facing Mecca, the holy city. Mosques are the places of worship for Muslims. Outside of mosques is a place for people to leave their shoes and to wash prior to entering to pray (BBC, 2009g). Prayer is done sitting on the floor and facing the direction of Mecca. Mostly men attend prayer services in mosques, and when women do, they pray in a section separate from the men. The Qur'an, which is the sacred word of God as revealed to the prophet Muhammad over 23 years is the holy book of the Islamic faith (BBC, 2011c).

Muslims believe in predestination, that Allah has knowledge of all that will happen (BBC, 2011d). However, Muslims do believe in free will, that they can make their own choices in life. Muslims also believe in the Day of Judgment, in which every human will be judged to determine if they will go to heaven or hell (BBC, 2011d). According to BBC (2009i), the most important practices of Muslims are the Five Pillars. These are obligations that every Muslim must meet within their life in order to get to heaven. They include being sincere within one's Muslim faith, praying five times per day, paying charity to the poor, fasting during Ramadan, and making a pilgrimage (a visit of faith) to Mecca once in their lifetimes (BBC, 2009i). Ramadan, a holy period, is the ninth month in the Islamic calendar (BBC, 2011b). According to BBC (2011b), during this month, adults must give up food and drink, smoking, and sexual activity during daylight hours. The month of Ramadan ends with the festival known as Eid al-Fitr, in which Muhammad is thanked for giving Muslims strength to practice self-control over the last month (BBC, 2011e). Celebrations with family and services are attended at mosques in which Muslims wear new or their best clothing (BBC, 2011e).

There are special rules regarding diet and dress that many Muslims follow. Most Muslims do not consume alcohol or pork. Women dress modestly with long skirts and shirts within the Muslim faith and may wear a hijab, a veil covering the head and chest (BBC, 2009h). Some Muslims believe all parts of a female should be covered except the eyes, while others believe all parts should be covered except the face and hands. The name for the garment which covers all of a woman except her eyes is called a burqa. It may be forbidden for members of the opposite sex to touch. It is important for healthcare workers to be aware of these dietary restrictions and any special way of dressing their patient may practice.

Judaism

Judaism originated in the Middle East over 3500 years ago and was founded by Moses, although Jews trace their history back to Abraham (BBC, 2009a). Abraham was a leader appointed by God and was the first to teach that there was only one God. The Torah, written in Hebrew, which is the oldest Jewish language, is the religious book of the Jews and consists of the 5 books of Moses (BBC, 2009e). According to BBC (2009e), Jewish people believe that God dictated the words found within the Torah to Moses on Mount Sinai, after the Jews were exiled from their slavery in Egypt. Additionally, the Torah is read in completion every year during synagogue or temple, which is where Jewish people attend services (BBC, 2009a). The Torah contains 613 commandments by which Jews live their life (BBC, 2009e). A rabbi usually conducts services within synagogues and temples, and serves as a religious leader for Jewish people.

Judaism is divided into Reform, Conservative, and Orthodox movements, all with some differences in practice and belief. In Orthodox Judaism, men and women sit separately in synagogues and services are conducted in ancient Hebrew. Some Jewish men wear a yarmulke or kippah, a small cap to cover their head. Health care providers should take care to respect religious dress and special traditions their patients may follow during prayers and religious holy days.

The holy day is called the Sabbath, which begins at nightfall on Friday and lasts until nightfall on Saturday (BBC, 2009d). The Sabbath is a time of rest and worship, in which candles may be lit, the Sabbath wine and meals with prayer shared. Hanukkah is the Jewish Festival of Lights, lasting 8 days, in which a menorah with 8 candles is lit, one each day. This holiday celebrates the Jewish people's struggle for religious freedom (BBC, 2009c). Rosh Hashanah is another holy day which lasts two days, in which the creation of the world is celebrated on this Jewish New Year (BBC, 2011f). According to BBC (2011f), this day is also known as Judgment Day, in which God reviews one's good versus bad days throughout the year. On Yom Kippur, or Day of Atonement, which is the most sacred day of the year for Jewish people, marks the day when God's judgment comes to an end (BBC, 2011g). The Book of Life, in which one's year has been reviewed closes. This determines how the course of the next year will go for each person (BBC, 2011g). During holy days and the Sabbath, special foods are shared and fasting may occur, such as in the 25 hours prior to Yom Kippur (BBC, 2009c; 2009d; 2011g). Healthcare providers should take special care to honor these dietary and fasting practices in order to best uphold their patient's religious beliefs.

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2.1.5: Family and Diversity

Families play an important part in most people's lives. It is important to keep in mind that what "family" means differs from person to person. There are many different kinds of families. This unit will explore different types of families that healthcare providers may encounter.

What makes up a family?

Nuclear families: Nuclear families include a father, mother, and at least one child. About half of all families are nuclear families (American Academy of Pediatrics, 2015).

Single–parent families: Single-parent families include one parent and one or more children. Approximately 27% of households are made up of single-parent families (American Academy of Pediatrics, 2015).

Same–sex parent families: Same-sex parent families include couples of the same sex (gay, lesbian, or bisexual) with one or more children. Approximately 2 million children in the U.S. have same-sex parents (American Academy of Pediatrics, 2015).

Unmarried couples: In families with unmarried couples, the couples may be the same-sex or opposite-sex and with or without children. About 1.5 million children in the U.S. have parents who have never married (American Academy of Pediatrics, 2015).

Couples without children: Some families include couples who are married or committed to one another, but do not have children. Couples may or may not live together, but consider their unit to be part of what makes up their family.

Extended families: In some families, parents, children, grandparents, aunts, uncles, cousins, other relatives, and even friends may be considered to be part of a patient's extended family.

Blended families: Blended families consist of divorced or widowed parents who have remarried and have children from previous relationships. They may also have children from the current marriage. About 20% of children in the U.S. live in blended families (American Academy of Pediatrics, 2015).

Grandparents as parents: In some families, one or more grandparent serves as the child/children's' parent(s). Approximately 1.3 million children in the U.S. have grandparents who serve as their parent (American Academy of Pediatrics, 2015).

Adoptive/foster families: Some families have adoptive or foster children live. About 120,000 children are adopted each year and 6.3 children out of 1,000 live in foster homes (American Academy of Pediatrics, 2015).

A patient's family may be different than that of the Home Health Aide/Personal Care Aide. Who they consider family may not be the people who you identify as family. Some people don't have any living family or their family lives far away. They may rely on neighbors and friends to help them, and consider these people part of their family. Whatever kind of family a patient has, it is important to recognize the important role they have in a patient's life. Any person within a family may help a patient to make important health-care decisions, provide daily care, drive the person to appointments, contact the health-care team on behalf of the patient, or provide emotional support to the patient. Remember, family is who the patient says is family.

Supporting Family Members

Family members must also adjust to a patient's illness or disability. They may have trouble accepting the consequences of the illness or disability. Family members have many kinds of reactions to a loved one becoming sick. They may be afraid, sad, angry, or frustrated. There are numerous reasons for this. They may be concerned with finances and how to pay for their family members' medical expenses and medicines. They may be dealing with the patient not being able to work due to their illness and disability, and are concerned with how to meet the family expenses. They may be confused with the large amount of paperwork that needs to be filled out and trying to understand medical information related to their loved one. Family members may also be physically tired from providing daily care for the patient or from frequently traveling to and from the patient's home to care for or visit them. They may also be afraid their loved one will never become well, or worse, die. Home Health Aides/Personal Care Aides play an important role in caring for their patient and their family.

Health Aides/Personal Care Aides must be sensitive to the adjustments their patient's family must make. They should perform their job well and refer any issues that they cannot competently handle to their supervisor. **Empathize** with family members. This means try to understand how they feel. If a family member comes to them with a problem, listen to their concerns. Sometimes just talking about a problem can make a person feel better about it. Be supportive and encouraging. Try not to use **cliché phrases** such as, "It

will all work out." Being able to paraphrase (summarize) what the person says and the feelings they are **conveying** (what they are trying to express) is most helpful.

If a family member or patient says, "I am scared", or "I am so stressed out", the Home Health Aide/Personal Care Aide can use **reflection** to let them know they have heard them and understand how they feel.Phrases such as: "You are feeling scared", "I can imagine how stressful this must be for you" or "You are feeling anxious about what will happen to (patient name)" lets a person know that you are listening to them. If the problem is out of their ability to handle, they should contact their supervisor for assistance.

Be respectful of family members and allow for privacy during visits. Report to the supervisor any obvious changes or problems with the patient resulting from family visits or involvement. Not every patient has good relationships with their family. For example, if a Home Health Aide/Personal Care Aide notices abusive behavior or language, it is important that they immediately report this to their supervisor. If they notice that their patient becomes depressed or their mood changes, they must document and report these findings to their supervisor immediately. These could be signs of potential abuse.

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SECTION OVERVIEW

2.2: Unit B- Communication Skills and Developing a Therapeutic Relationship

2.2.1: Communication

2.2.2: Barriers to effective communication

2.2.3: Active Listening

2.2.4: Therapeutic Relationship

2.2.5: Setting Boundaries

2.2.6: Documentation

2.2.7: Confidentiality

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2.2.1: Communication

> *"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others" –Anthony Robbins*

Communication is the process of exchanging information with others and is a means for two or more people to connect. Communication is an essential part of the job of a HHA/PCA. They must be able to communicate with their supervisor, members of the healthcare team, the patient, and family members.

Principles of effective communication: The principles (basics) of communication include the following elements:

- Sender: the person who sends the message
- Receiver: the person who receives the message
- Feedback: the receiver responds to the message in some way to let the sender know they heard and understood the message

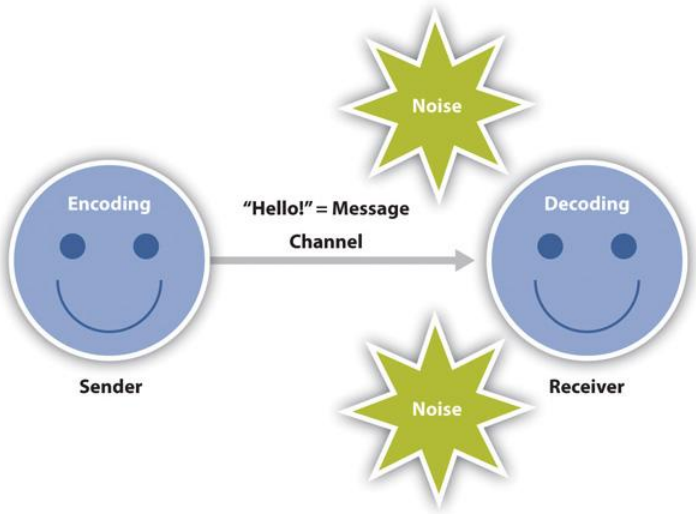


Figure 2.2.1.1: A model of communication channel showing how noise can get in the way. (*Andy Schmitz [CC BY-SA 3.0], via Wikimedia Commons. Retrieved from https://commons.wikimedia.org/wiki/F...inearmodel.jpg*)

Feedback is very important in communication. It is especially important in the work of a HHA/PCA. They must take the time to ensure that their patients understand the message you are trying to convey. During a communication, there is a repetitive cycle of sending-receiving-feedback between the communicators. During the process of communication, there are two types of important communication: verbal and nonverbal communication.

Verbal communication involves the use of words or sounds, which are either spoken or written. These are the actual spoken words that are said or written during a conversation. Nonverbal communication on the other hand is the way we communicate without using words. Shaking a head, rolling eyes, smiling, or crying are nonverbal methods of communication.

It is important to remember that the receiver of the communication (e.g. the patient) sees the nonverbal communication the sender (e.g. the healthcare worker) demonstrates in addition to hearing the spoken word. There are many aspects of nonverbal communication the Home Health Aide/Personal Care Aide should pay attention to. Tone of voice is an important nonverbal method of communication. The tone of a person's voice often reflects their mood and can convey a different meaning to a sentence. For example, you might say, "Oh, really?!" with an emphasis on the "Oh!" to convey your surprise. Take the same sentence and emphasize the "really" and it changes the meaning of the sentence to one of disbelief or sarcasm: "Oh, really?" Saying the same sentence with a different tone of voice and emphasizing certain words sends a completely different message. Body language is another form of non-verbal communication. The way we sit or stand with shoulders forward or slouched down, the way we hold our arms either crossed in front of our chest or at our sides all convey a message to the receiver. The way we use gestures, touch, and even silence also tells the receiver what we are thinking and feeling.

Sometimes, people send one message verbally and quite another non-verbally. We can often tell a person‘s true feeling with the nonverbal message they send. For Home Health Aides/Personal Care Aides it is important to be aware of these incongruous messages (where one message contradicts another message). If a patient tells them, “I feel fine,” yet they sigh and are sitting with shoulders slumped down and appear to be crying, this is a good indicator that their verbal and nonverbal messages are incongruent (do not match).Home Health Aides/Personal Care Aides’ ability to be aware of these differences will help them provide the best care possible. When they do notice these confusing messages, they should try to find out if they are correct in their thinking. Say something like, “Mrs. Martin, you say you feel fine but it looks like you have been crying. Are you sad?” This helps to clarify if they have understood the message and can help open up the lines of communication for an important and honest discussion of how Mrs. Martin is really feeling.

It is also important to be aware of the congruence of your own verbal and nonverbal messages. Does your body language match your words? Is your tone of voice upbeat or flat and uninviting? Are you making eye contact with a patient and smiling as you tell them you are glad to see them or are you looking at the floor when you say this rather than their eye? Patients will read into these mixed messages and feel that the HHA/PCA is not really glad to see them or to be taking care of them today.

The use of nonverbal communication varies from culture to culture. In some cultures, touch is an important part of communication. Yet, in other cultures, touching another person, especially if uninvited, is disrespectful. Eye contact is also another form of nonverbal communication that varies among cultures. Some cultures value eye contact while speaking, while other cultures consider eye contact while speaking rude. The proximity or closeness of how two people stand together during a conversation may also vary among cultures and personal preferences. Standing too close to someone during conversation could appear to be a threat to some people, while others value standing close to the person they are conversing with. It is important to get to know the patient and their cultural and personal preferences in order to be respectful of cultural differences. If Home Health Aides/Personal Care Aides are unsure, they should ask their patient to tell them about the values of their culture and follow their lead during conversation. If, for example, they startle when you touch their hand while talking, or pull their hand away from you, this is an indicator the person does not like to be touched while talking. It is always a good idea to make sure a patient knows that you are going to touch them in order to provide care. Permission should always be obtained from the patient.

2.2.1.1 ✔ Self Check Activity

1. Which of the following is an example of a nonverbal communication?

a). Saying, “I don’t care.”

b). Shrugging one’s shoulders

2. Which of the following is an example of a nonverbal communication?

a). Calling your dog to come to you

b). Clapping to get your dog’s attention

Solution

1. B

2. B

Feedback:

1. Verbal communication involves the use of words or sounds, which are either spoken or written. Nonverbal communication is the way we communicate without using words. It can include: shaking a head, rolling eyes, smiling, tone of voice, body language, or crying. Saying, “I don’t care” is a method of verbal communication. Shrugging shoulders is a nonverbal method of communication.

2. Calling a dog to come is a method of verbal communication as spoken words are used. Clapping one’s hands to get the attention of a dog or person is a method of nonverbal communication.

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2.2.2: Barriers to effective communication

Language Barriers

If a patient's first language is a different language than that of the HHA/PCA, speak slowly and clearly with short and simple messages. Consider using pictures or pointing to objects if it is difficult to explain or for the patient to understand certain words. For instance, if the patient is having trouble understanding when the HHA/PCA asks if he would like to use the bedpan, they could show or point to the bedpan to convey their message. If their patient does not speak their language at all, they should speak to their supervisor about using a translator to assist them and their patient to communicate while they provide care. In some instances, family members may be able to translate for the patient. A word of caution with using family members to translate is that the patient may not be able to tell them what he or she really wants or feels as they may not want to upset their family member if their wishes go against what their family wants.

Hearing Impairment

In patients who have a hearing impairment, meaning they have difficulty with hearing or are deaf, the HHA/PCA must be sure to stand directly in front of the patient so that the patient may see them during communication. If they have a hearing aid, check to make sure it is turned on, that the volume is high enough, and that the batteries are in good working order. Speak in a low, clear, and pleasant voice. Be careful not to shout or yell. Higher pitched tones such as yelling are not effective in helping a person hear. Even if the person can't hear what is being said, they will feel as if they are being yelled at by the body language they see. Be cautious to not become frustrated as a patient will pick up on all nonverbal communication.

Visual Impairment

If a patient has a visual impairment, do not forget that voice is not the only part of the conversation. It is important that they be able to see body language and facial expressions in order to understand the full effects of the message. If a patient wears glasses, be sure they are on and that the lenses are clean. In patients who are legally blind, Home Health Aides/Personal Care Aides should be careful to let them know where they are in relation to them and explain in detail any information that they could not pick up on without seeing. For example, if they are reading to a patient who is legally blind and there is a picture they cannot see, they should explain to the patient the picture in detail so that they can see it with their mind's eye. When serving meals to a patient who is legally blind, they should place eating utensils where they can reach and tell them where they are in relation to their hands. Use the clock method to let them know where their food is. For example, "Mrs. King, your mashed potatoes are at 6:00."

Aphasia/Speech Impairment

Sometimes people have speech impairments that make it difficult for them to send messages so that others can understand. Aphasia is a language disorder in which a patient has difficulty understanding or expressing language. People can develop aphasia as a result of a stroke, brain injury, or dementia. Listen very carefully to what a patient is trying to convey. Home Health Aides/Personal Care Aides should ask them for clarification if they are not sure of a word. They should not just nod and agree if they do not understand what they have said. It is just as, and perhaps even more frustrating for them to feel misunderstood or not heard as it is for Home Health Aides/Personal Care Aides to have trouble understanding their patient. In some instances, alternatives to voice may be used as effective means of communication. These can include white boards, chalk boards, and note paper so that the patient may write down what they wish to communicate. Providing these materials to the patient lets them know that the HHA/PCA cares about what they have to say and wants to ensure their needs are met.

Cognitive Impairment

If a patient has a cognitive impairment, meaning that they have difficulty processing (understanding) information, take extra time when explaining something to them. They may need a longer period of time to try to understand the message being sent. Avoid long sentences. Use shorter, simple ones. Allow time for the patient to process what was said before moving on to the next sentence or topic. Check with the patient to make sure they understand. Sometimes people will agree with someone even if they do not understand, as they may be embarrassed or do not want you to become frustrated with them. Remember to be patient and kind. Home Health Aides/Personal Care Aides must watch their tone of voice, facial expression, and body language, as these all convey their true feelings.

Yes/No Questions

Yes and no questions tend to shorten a conversation. For example, if Home Health Aides/Personal Care Aides ask a patient, “Does it hurt?” their response will be either yes or no. If they respond yes, they are still unsure about the meaning and extent of the pain. If instead they ask, “Tell me about your pain,” they are opening the lines of communication for the patient to be descriptive about their pain. This makes it more likely that they will understand how their patient feels and will be able to care for them properly. Asking a patient, “How many children do you have?” results in a shorter conversation versus, “Tell me about your children.” Try to use open–ended questions in order to allow the patient the chance to speak in more depth. Open-ended questions will show the patient that what they have to say is important. Closed–ended questions such as yes/no questions end the conversation quickly and demonstrate to the patient that their thoughts are not important.

Asking “Why?”Questions

Asking “why?” when a patient makes a statement is another way to quickly end a conversation. It also could make the person feel defensive. If a patient does not want to do something, such as take a bath, don’t simply ask, “Why?” Say something instead such as, “You usually enjoy your bath. Tell me how you are feeling today.” The patient may then be more likely to share their thoughts and feelings.

Use of Clichés

Clichés are catch phrases people use repeatedly that do not really mean anything at all. People tend to use clichés when they are unsure of what to say. The use of clichés, especially when someone is trying to convey their feelings is a sure way to end a conversation. Home Health Aides/Personal Care Aides should try to avoid using clichés such as, “Oh, it will be alright,” “Things will get better,” “I know just how you feel,” or “We are never given more than we can handle”. Phrases, or clichés, like these tend to end conversations. They can also make a person feel patronized or as if you are treating them like a child.

Using clichés conveys to the person with whom you are speaking that you do not want to explore their true feelings. You can never guarantee an outcome such as a patient getting better, so be cautious to not say that they will get better. Home Health Aides/Personal Care Aides cannot truly understand how their patient feels as they have not walked in their shoes. Instead, they should try phrases such as, “I understand that this seems scary for you. What can I do to make you feel more comfortable?” or “You seem very anxious right now. Tell me how you are feeling.” This allows their patient the room to explore their thoughts. It also demonstrates that they care about how the patient feels. Be cautious too, with using clichés as they tend to be culturally relevant, meaning they do not have the same meaning from one culture to the next.

2.2.2.1? Self Check Activity

True or False

1. To help improve communication between a HHA/PCA and a patient, ensure eyeglasses are on and hearing aides are in if the patient wears them. _____

2. It is okay to tell a patient, “Things will get better”, “Don’t worry” and “I know how you feel” to help them feel better and to cheer them up. _____

3. Using closed-ended questions such as ‘yes/no’ and ‘why’ questions will help to encourage a patient to express themselves. _____

4. Providing patients with a chalkboard or paper and a pen can be a useful way to help them express themselves if they have trouble with speech. _____

5. It is important to be patient and to watch nonverbal communication cues such as tone of voice and body language when communicating with a person with a speech or cognitive disorder.

Answer

1. True
2. False
3. False
4. True

5. True

Feedback:

1. It is important to ensure a person with a visual or hearing impairment can communicate with others as well as possible. Ensure patients who need them have glasses on and hearing aids in to best help them communicate with others.

2. Telling a patient not to worry and that “Things will get better” are uses of clichés. Clichés are catch phrases people use repeatedly that do not really mean anything at all. They discount what another person is feeling and discourage them from fully expressing their feelings and thoughts.

3. Closed-ended questions such as “yes/no” and asking many “why?” questions are ways to end conversation and discourage a patient from fully expressing their feelings and thoughts. Instead, use open-ended questions such as, “Tell me about your pain.”

4. Providing alternative forms of communication such as a chalkboard or paper and pen may help a person who has difficulty speaking communicate their needs to others.

5. People with a speech or cognitive disorder may be especially aware of body language being used by people with whom they are communicating. It is important to be aware of nonverbal messages such as tone of voice and posture that you send during communication.

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2.2.3: Active Listening

> *"Most people do not listen with the intent to understand; they listen with the intent to reply"–Stephen R. Covey*

Active listening means what it sounds like.It means that you are fully concentrating on what is being said, rather than passively listening or focusing on your reply. You are actively paying attention or listening to the other person with whom you are speaking. Active listening is an important skill for a HHA/PCA to develop. It demonstrates to their patients that they care and are interested in them. It also allows them to obtain important information about their patient's health care needs.

Active listening means giving the speaker, or sender of the message, your full attention. It means using all your senses while listening. Active listening means paying attention to the words the speaker is saying and the nonverbal messages that are also being expressed. Active listening means conveying (showing) the other person that you are interested in what they are saying. We demonstrate active listening by not only our spoken words. Unspoken words or our nonverbal messages also demonstrate that we are actively listening. Nonverbal messages, such as use of eye contact, posture, nodding of the head, touch, and facial expressions like smiling convey the powerful message that we are actively listening to the speaker.

How to Be a Good Listener:

Allow the person the opportunity to express his/her ideas completely. Concentrate on what they are saying. Do not interrupt. Avoid finishing their sentences, even if you are in a hurry, if you think you know what they are going to say, if they have told you the same thing before, or if they are having trouble communicating and are taking a long time to respond. If you find it particularly difficult to not interrupt, practice counting to ten when you feel the urge to interrupt.

Restate the message you heard the other person saying to ensure you heard them correctly. This feedback allows the other person to correct any misunderstandings and demonstrates you were listening to and heard them. For instance, you can something like, "I heard you saying that you are not happy with your new diet."

Provide feedback while you are listening to encourage the person to continue and show you are interested. Leading statements such as, "Go on," "Mmm–hmm," "Yes," and "Tell me more," encourages the person to continue and demonstrates your interest in what they have to say. Use of body language such as nodding your head helps to encourage the person to continue.

Allow for silence. Silence can be a powerful tool. Silence allows the person a chance to fully explore and express their thoughts. Often, we try to avoid silence because it makes us uncomfortable. Silence is especially important when discussing sensitive or difficult topics. Don't rush to fill in the silence with meaningless conversation or clichés.

Avoid changing the subject even if the topic makes you uncomfortable. This conveys to the patient that you are not interested in what they are saying. For example, a patient might say, "I am really afraid to die," do not say something like, "Don't think like that. Come on, let's do something to cheer you up." Instead say something like, "You are afraid you are going to die. Tell me what's on your mind."

Use your body language to demonstrate your interest in the other person. Stop other tasks you are doing and put your full attention on the person in front of you. Stand, or better yet, sit, facing them. If appropriate for the culture, make eye contact. If a patient enjoys touch as a means of communication, a HHA/PCA can touch their hand or arm while they are talking. Use facial expressions to convey your interest and attention. Smile as appropriate and appear concerned when a difficult topic is being discussed. Lean forward to convey your interest and avoid crossing your arms over your chest, which closes you off from the other person.

Be aware of cultural differences. Get to know a patient's culture and what is acceptable. Learn the words and expressions of a patient's culture to fully understand the message they are trying to convey. When in doubt, ask a patient to explain what a phrase or expression means. Do not assume you understand.

Do not talk to an elderly or disabled person as if they are a child. Talk to them as if you would anyone else. Do not call them names such as "Honey," "Sweetheart," or "Dear." Call the person by the name they wish to be called. Always ask how the person would like to be referred. Some people may find it inappropriate if you call them by their first name. They may prefer to be addressed as "Mr." or "Mrs."

Avoid fidgeting during conversation. Do not look at the clock while people are speaking as this conveys that you are in a hurry or bored. Avoid picking at your fingernails or clothing, playing with your hair, doodling, or using your cell phone while the person is speaking. Home Health Aides/Personal Care Aides should give their patient their full attention.

Use empathy. Try to put yourself in another person's shoes to understand what they are going through. Don't state, "I understand how you feel" as you cannot know exactly how they feel.

Ensure communication aides such as hearing aids, eyeglasses, and dentures are clean and in good working order. Home Health Aides/Personal Care Aides should provide them to their patient to help them communicate more effectively.

2.2.3.1? Self Check Activity

Which of these two scenarios demonstrates active listening?

1. Mrs. Pompi is in her bed and is telling her HHA that she is scared she will never walk again. The HHA is cleaning the room as Mrs. Pompi talks and periodically says, "Mhmmm" and "Okay" during the conversation. The HHA is worried that she will not get all her tasks completed before she has to leave for the day. She looks at the clock on the wall every now and then as she works and Mrs. Pompi talks. Mrs. Pompi says, "I just don't want to live the rest of my life in this bed. I'm so scared." The HHA says to her, "Don't worry about that, honey.I understand how you feel. Everything will be okay. Now, let's get you washed and dressed."

2. Mrs. Williams is in her wheelchair doing a crossword puzzle while the HHA makes her bed. Suddenly she looks up from her crossword and says, "I am so frightened that I am going to die. I don't want to die yet." The HHA stops what she is doing, pulls a chair next to Mrs. Williams and touches her hand. The HHA says, "You sound scared and worried about dying. Would you like to talk about it?"

Answer

Scenario 2 demonstrates active listening.

Feedback:

The healthcare worker stopped completion of her tasks, positioned herself so she could focus on her patient and so that her patient would know she cared about what she had to say. She also used reflection and an open-ended question, inviting Mrs. Williams to share her thoughts and feelings.

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2.2.4: Therapeutic Relationship

A therapeutic relationship means creating a positive alliance, or relationship, with a patient. Establishing a therapeutic relationship with a patient takes time, practice, and skill. It is important for a HHA/PCA to take the time to establish a good working relationship with their patient. It will make all the difference in their ability to provide good care to their patient and for their patient to feel good about the care they receive.

The relationship between a HHA/PCA and their patient/family is different from the one they have with their own family or friends. The relationship the HHA/PCA has with their own family and friends is reciprocal, or mutual, meaning both they and their family member share goals and work to meet each other's needs. The relationship they have with their patients and their families is one where they focus on their patient's needs, problems, and goals. While they may take on many roles with their patients and the patients may come to view the HHA/PCA as "family," or as a "friend", it is important to always remember that Home Health Aides/Personal Care Aides are there to care for the patient. The patients cannot work to help the HHA/PCA meet their own needs. This does not mean that Home Health Aides/Personal Care Aides are not friendly with their patients and their families. It just means that they must always focus on their patient and be aware of professional boundaries.

How to Establish a Therapeutic Relationship:

Trust: Especially during the first few interactions with a patient and their family, it is important for Home Health Aides/Personal Care Aides to demonstrate that they are trustworthy. This means showing up when they say they will, performing tasks and skills well, being honest, and demonstrating their concern for their patient's well-being.

Setting boundaries: When meeting a patient and their family, Home Health Aides/Personal Care Aides should let them know who they are and what their role is. Tell them the tasks they can and cannot perform. For instance, they can say something like, "I am Karen. I will be your HHA/PCA. If it is okay with you, I will be coming here Monday, Wednesday, and Friday to help you bathe, dress, and eat. I am also here to be a support to you and your family." If a patient/family asks a HHA/PCA to perform a task they are either not trained to do, is outside of their scope of practice, or that they are uncomfortable with, let them know, and inform their supervisor. They can say something to the effect of, "I'm sorry, I am not able to put a catheter in you. I will let your nurse know that this is something you need help with."

Confidentiality: It is important to let their patients know that they will protect their privacy. However, they should never tell a patient that they will keep something a secret, especially from their supervisor and the rest of the healthcare team. If a patient asks if they can tell their HHA/PCA a secret and that they not tell their nurse, they should politely let them know they cannot do this as their whole team is there to help care for them. They can say something like, "Mr. Thorpe, I cannot keep a secret from your nurse or doctor. They are here to help care for you. I do have to share what we do and talk about with my supervisor so that she knows you are properly being cared for. However, I will not share what you tell me with anyone outside of your health–care team if you do not wish."

Empathy: Having empathy for another person means that you understand the thoughts and feelings of the other person. Empathy is different from sympathy. With sympathy, we feel sorry for another person. Home Health Aides/Personal Care Aides should be careful not to feel sorry for their patient as this often comes across as pity, or being condescending (looking down upon a person), which most people do not like. Sympathy is also more of an expression of one's own feelings, while empathy shows one understands a patient's feelings. In expressing sympathy, we are showing agreement with the other person instead of helping them explore their feelings. Demonstrating that they are empathetic, or understanding, of their patient's thoughts and feelings shows their patient that they care for them and are there to help them.

2.2.4.1 ✔ Example

Scenario: Here is an example of the difference between sympathy and empathy. In this scenario a patient has just told their HHA/PCA that they have been diagnosed with cancer.

- *Sympathetic response:* "Oh! I am so sorry! That is terrible! I know exactly how you feel. My mother was diagnosed with cancer last year and it has been just awful." You then go on to describe the situation with your mom and how upsetting it has been to deal with her diagnosis.
- *Empathetic response:* "How upsetting this must be for you. When my mom was diagnosed with cancer last year I had so many different emotions. What are your thoughts and feelings about your diagnosis?" You then sit with the patient and allow them the time and space to explore their thoughts and feelings. Here, the focus is on the patient and not on you.

Positive regard: Positive regard is respecting another person and demonstrating that you value them as a person, regardless of your differences, and whether or not you agree with their thoughts, feelings, or behaviors. We demonstrate our positive regard for someone by our verbal and nonverbal communication. What we say, how we say it, and our body language all demonstrate our respect for another person. If a patient does something that the HHA/PCA does not approve of or says something that is in disagreement with their own beliefs, it is important for them to convey to the patient that they are not judging them. Home Health Aides/Personal Care Aides should watch their tone of voice, facial expressions, and body language. For example, a patient may tell a HHA/PCA that they have decided to stop receiving life-saving treatments. While they may not agree with their decision, they must convey an understanding of and respect for their decision. “Mr. Wahlman, that must have been a difficult decision for you to make. How are you feeling about it?” This response demonstrates that they respect their right to make a decision and are interested in understanding how they feel about it.

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2.2.5: Setting Boundaries

It is important as a HHA/PCA that boundaries are set in order to best meet the needs of the patient. According to the National Council of State Boards of Nursing (2014), certain “red flag” behaviors can indicate boundaries are being blurred. These can include: discussing personal issues with a patient, keeping secrets with or for a patient, flirting with a patient, gossiping or “bad-mouthing” co-workers and others on the treatment team, spending more time than necessary with a patient, believing you are the only one who understands or can provide proper care for the patient, showing favoritism toward a patient, and meeting with a patient or their family outside of the designated treatment areas.

Behaviors such as over-helping, controlling, and possessiveness over the patient can indicate that boundaries have become blurred. When relationships are terminated, intense emotions may arise leading the health care worker to engage in behaviors such as continuing to visit the patient, which are unprofessional and unhealthy for the patient. These are important issues to consider in order to set and maintain appropriate professional boundaries with patients.

- Over–helping: Sometimes, we want to help others so much that we take away their independence. For HHAs/PCAs, it is important that they properly care for their patient and help them with what they cannot do for themselves. It is also equally important that they work to promote their independence so the patients do not become too reliant on the HHA/PCA and not do for themselves what they are capable. Promoting independence helps to boost a person’s self-esteem and helps to avoid feelings of helplessness and worthlessness. For instance a patient who is capable of cutting their food might say, “Can you cut this for me? I am too tired.” The response can be something like, “I understand that you are feeling tired today, but it is important that you do things for yourself that you are able. One of the goals we are working on together is to help you become independent and regain your strength. I will sit with you while you cut your food.” This reminds the patient of the established goals, provides encouragement for them, and demonstrates belief in their capabilities. It also demonstrates that the HHA/PCA will be there for them even when they must complete difficult or tiresome tasks.
- Controlling: At times it may seem easier to “take over” with a patient. Home Health Aides/Personal Care Aides may feel that doing something a certain way is best and that they know what is for the patient’s “own good”.Avoid being too controlling or authoritative (bossy) with patients. Instead of telling them what to do, help them to come to their own decisions by exploring their options. Give patients choices whenever possible. For instance, a HHA/PCA knows that their tasks for the day are to bathe their patient and walk them around their living room. While they may want to do a particular task before the other, give the patient a choice. “I am here to help you bathe and take a walk today. Which one would you like to do first?” Give patients options when meal planning rather than just deciding what food is best for them and that they should eat a certain food for their “own good.” For example, a HHA/PCA could ask, “Would you like a turkey sandwich, meatloaf, or pasta for lunch today?” or “What kind of vegetable would you like with your dinner?”
- Possessiveness: As Home Health Aides/Personal Care Aides develop strong working relationships with their patients and their families, they will come to know them very well. They may come to know them better than other members of the healthcare team. Sometimes, this can lead to feelings of possessiveness over the patient/family. They may feel that they know how to best treat their patient. This leads to a breakdown in the care of the patient among members of the healthcare team. It is important to be aware of these types of feelings.

2.2.5.1 ✔ Example

Examples of feelings, thoughts, and behaviors that may indicate possessiveness over a patient include:

- Feeling angry toward other health-care team members when they make decisions that the HHA/PCA does not agree with
- Arriving to work early and leaving late to spend extra time with the patient
- Withholding information from other members of the health-care team
- Excessively disclosing personal information about yourself to the patient/family to form a close relationship
- Creating a “you and me against the world” attitude where the HHA/PCA views the patient as more than a patient and sides with their position regardless of the situation.

These types of feelings, thoughts, and behaviors are unhealthy for both the HHA/PCA and the patient. They only serve to create disconnection in the patient’s care and make the patient too reliant on the HHA/PCA. If a HHA/PCA finds that they are starting to become too possessive of their patient, they should speak with their supervisor about their feelings and how to work these out.

- Terminating the relationship: Different from your relationship with your own family or friends, there may be an end date to the relationship between a HHA/PCA and their patient and family. Some patients/families may want to continue to have a relationship with the HHA/PCA. They may ask them to call and visit. Ending a relationship with someone is often very difficult. It can awaken strong feelings in the patient and in the HHA/PCA. Patients may feel uncared for, angry, or depressed that they will no longer be working with the HHA/PCA. It is important for a HHA/PCA to remember to keep professional boundaries while also explaining to the patient how much they have enjoyed and have come to value the relationship you have with them. For example, a patient might say, "Will you come visit me even after you stop working here?" The HHA/PCA can say something like, "I have enjoyed working with you so much. I am not able to continue to come visit you once we have stopped working together. It is against my company's policy. Let's talk about how you feel about ending our relationship."

Ending a relationship with their patient may also stir up strong feelings for them. It is important for a HHA/PCA to discuss their feelings and how to handle them with their supervisor and not their patient. They must remember that they are there to care for the patient, not the other way around. The company may have specific policies about termination of relationships. This is an important issue to discuss with a supervisor.

It can be difficult to decide if a behavior is crossing the lines of professional boundaries. A helpful way to decide whether one should proceed with a behavior or not is to follow the following decision tree.

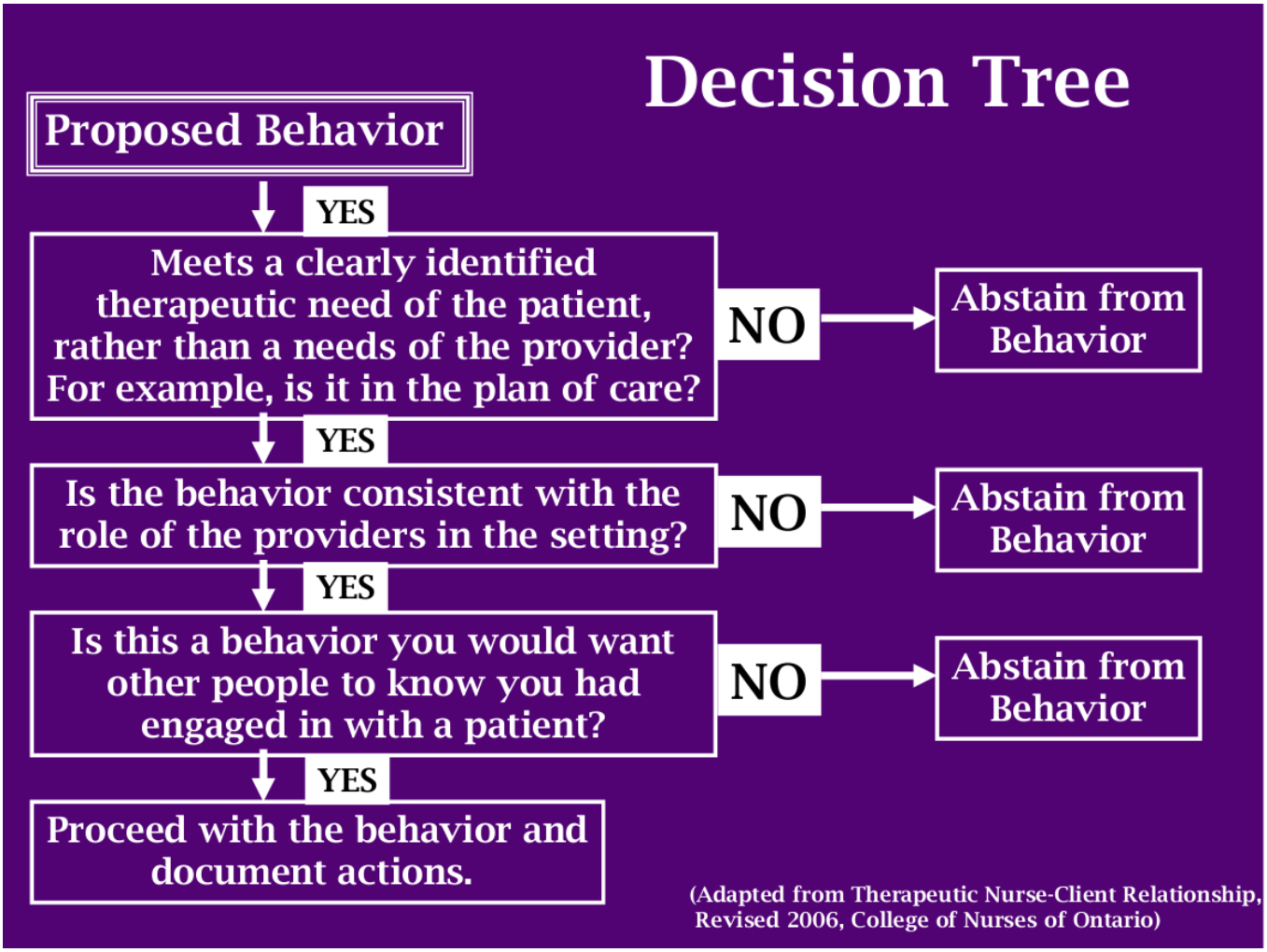


Figure 2.2.5.1: Decision tree for a behavior crossing the line (*Barton, J. W. (n.d.). Professional boundaries: Discerning the line in the sand. Retrieved from http://www.capnm.ca/Prof_Boundaries_Packet_2010.pdf*)

REMEMBER: If a Home Health Aide/Personal Care Aide comes to the realization that the behavior is not part of the care plan, and is not in the best interests of the patient/family, they should not engage in the behavior. If they realize that the behavior is outside of their scope of practice and not within their defined role as a Home Health Aide/Personal Care Aide, they should refrain

from the behavior. If they realize that the behavior is not something they would want others to know that they did, they should refrain from the behavior.

Self–check for boundaries: The following is a list of helpful questions the HHA/PCA can ask themselves when determining whether a behavior is crossing a boundary. This list is adapted from Jane W. Barton's Professional Boundaries: Discerning the Line in the Sand, which can be found at http://www.capnm.ca/Prof_Boundaries_Packet_2010.pdf

- Is this behavior or action in my patient's best interests?
- Whose needs are being served by engaging in this behavior? Mine or the patient's?
- Are my actions meant to best meet the needs of my patient or am I meeting my own needs?
- What emotions of my own are being stirred up by this patient/family and are these emotions affecting my ability to effectively make decisions and care for my patient?
- Am I treating this patient differently than other patients with whom I work?
- Will this behavior have an impact on the care I give my patient?
- How would others (healthcare team members, patient's family) view this behavior?
- Am I taking advantage of the patient?
- Am I comfortable documenting this decision or behavior in the patient's file?
- Does this decision or behavior go against my agency's policies?

2.2.5.1? Self Check Activity

Which of the following would be considered a boundary violation? Answer Yes or No.

Preparing a pureed diet by following instructions listed in the care plan. _____

Staying one hour longer past the shift to visit with the patient, making you late for the next home health care patient. _____

Taking a ten dollar tip from the patient's family. _____

Agreeing to continue to visit the patient even after their case has been closed by the agency and they are no longer receiving home health care services. _____

Providing a bed bath for a patient who requires one daily. _____

Visiting a patient when you are not scheduled to work. _____

Turning and positioning a bed bound patient every two hours. _____

Informing a supervisor about a suspicion about abuse. _____

Cooking lunch for yourself using the patient's food. _____

Not informing a supervisor about a patient's statement of wanting to die because the HHA/PCA told their patient they would keep it a secret. _____

Answer

1. No
2. Yes
3. Yes
4. Yes
5. No
6. Yes
7. No
8. No
9. Yes
10. Yes

Feedback:

1. Following directions as stated in the care plan is providing competent care. This would not be a boundary violation.

2. Staying past the time your agency/supervisor has established is considered to be a boundary violation. This can indicate possessiveness of the patient and can lead to a breakdown in the care of the patient among members of the healthcare team.

3. Taking money or gifts from a patient or their family is considered to be a boundary violation and is unprofessional behavior. Many agencies have policies prohibiting this type of behavior.

4. Continuing to visit a patient once the relationship has ended is considered to be a boundary violation. While ending a relationship can stir up various emotions, it is wise for the HHA/PCA to discuss these emotions with their supervisor rather than with the patient. Many companies have specific policies about termination of relationships.

5. Providing a bed bath as required by the care plan is an assigned task and is considered to be providing competent care, which is not a boundary violation.

6. Visiting a patient outside of working hours is considered to be a boundary violation and is unprofessional behavior. This can indicate possessiveness of the patient and can lead to a breakdown in the care of the patient among members of the healthcare team. Many agencies may have policies in place to prohibit this type of behavior.

7. Turning and positioning a patient in bed is performing competent care and is not a boundary violation.

8. Informing a supervisor about suspicions of abuse is an important aspect of a HHA/PCA's responsibilities and is not considered a boundary violation.

9. Using a patient's food for your personal use is a boundary violation and should never be done. Many agencies may have policies in place to prohibit this type of behavior.

10. Keeping a secret from the rest of the health care team is a boundary violation. It is important to always inform your supervisor about important statements patients make about their health care, especially statements indicating suicidal thoughts or abuse.

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2.2.6: Documentation

Observing, Recording, Reporting

Recording and reporting information about a patient is an important part of the job of a Home Health Aide/Personal Care Aide. It is important that they understand the types of information that should be included in reports. Information included in reports should always be based on facts.

Objective information is based on information that a person can actually see, hear, touch, or smell (Leahy, Fuzy & Grafe, 2013). It includes actions performed, care provided, and measurements such as how much food or fluid a patient took in or how much urine the patient voided. These types of information are based on fact. **Subjective information** is information which a person did not see, hear, touch, or smell. It includes statements that a patient has made to a HHA/PCA about how they feel or what they think (Leahy, Fuzy & Grafe).. When recording subjective statements, the HHA/PCA should try to include what the patient stated to them using direct quotes.

2.2.6.1? Self Check Activity

1. The patient states, “My pain is worse than it was this morning.” _____
2. A HHA/PCA notices that their patient’s right leg is more swollen today than yesterday. _____

Answer

1. Subjective
2. Objective

Feedback:

1. A patient’s report of symptoms is subjective information as it is something the health care worker did not or cannot observe.
2. Directly observing an increase in swelling of a patient’s leg is objective information as it can be measured.

Use of Your Senses

Home Health Aides/Personal Care Aides use all their senses to make observations about their patients and their conditions. Their report includes observations they made by using their senses: sight, hearing, touch, and smell (Leahy, Fuzy & Grafe, 2013).

Sight

The use of sight includes observations Home Health Aides/Personal Care Aides made using their vision. They will note their patient’s condition as they work with them. Changes in appearance, skin, swelling of the legs, weakness while ambulating, new bruises or rashes, trembling of the hands while using a fork and facial expressions are observations they make about their patient using their vision. They may also notice things in the home such as a lack of food or clean clothing for the patient. These are all observations they make through using their sense of sight.

Hearing

The use of hearing is an important sense in a Home Health Aide/Personal Care Assistant’s work with their patient. They will be listening to their patient as they converse. They may notice changes in their patient’s tone of voice, ability to use speech, rate of respiration (breathing), coughing, or gasping for breath.They may hear a patient sighing often to indicate they are tired or sad. These are all observations made through use of their hearing.

Touch

The use of touch is one Home Health Aides/Personal Care Aides will use all the time as they provide hands on care for their patient. They may notice the temperature of their patient’s skin (hot or cold), or feel for moisture if their patient has spilled a cup of water or is sweating. They will use their sense of touch when testing bath water or a bottle for feeding a baby. Their sense of touch will tell them if there are rough edges on their patient’s nails indicating they need to be filed, or wrinkles or moisture on their

patient's linen, indicating they need to be changed. The use of touch allows them to make observations about their patient's health and helps them to properly care for their patient.

Smell

The use of smell can give Home Health Aides/Personal Care Aides an indicator of the patient's health and how well they are being cared for. They may notice odors in the home coming from trash that has not been removed, soiled incontinence briefs or urine on bed linens. They may notice an odor from the patient's body or mouth, indicating they are in need of bathing or mouth care. They may smell alcohol or tobacco coming from their patient or those around their patient. When preparing food, they may notice foul food odors which could indicate that the food has spoiled. Using their nose and sense of smell gives them good information to include in their reports to their supervisor.

What Information to Include in Documentation

The information that Home Health Aides/Personal Care Aides include in their verbal or written report should be of importance and pertinent to the situation. They should avoid including things such as their own personal thoughts about the patient. They should avoid including personal opinions about the patient or their health. For example, they should not write, "I think the patient's heart failure is worse because she is more short of breath than usual." They would only record, "Patient reports an increase in shortness of breath. The patient was observed to be short of breath while eating her dinner." they also want to be careful to not use judgmental statements such as, "Mrs. Smith was very rude to me today." They do not need to include every detail about the patient or about their visit. For example, it is not necessary to state that they spoke about a favorite television show or that their patient ate soup for lunch (unless the care plan directs them to include specifically what the patient ate). In most instances, they only need to state a percentage of what the patient ate.

Documentation is an important part of their job as a Home Health Aide/Personal Care Aide. It is important to maintain current and timely documentation of tasks they completed and the patient's condition. It is the way that all members of the healthcare team communicate and become aware of potential problems or changes in the patient's condition. Documentation protects them and the agency for which they work against liability. A patient's record is a legal document that can be used in a court of law (Leahy, Fuzy & Grafe, 2013). It is also a necessity to have accurate and timely documentation for insurance and billing purposes.

Document Immediately After the Visit

Home Health Aides/Personal Care Aides should document tasks completed and observations made about their patients immediately after their visit (Leahy, Fuzy & Grafe, 2013).. It is difficult to keep track of so many observations and tasks they completed the longer they wait to document. They may see more than one patient per day. If they document immediately after their visit, they will have better accuracy of information.

If It Is Not Documented, It Did Not Happen

Home Health Aides/Personal Care Aides should also know that if something was not documented, for legal purposes, it did not happen. If they cared for a patient for two hours but forgot to document that they did so, for purposes of the patient chart, they never cared for them that day. Never document care prior to actually providing it (Leahy, Fuzy & Grafe, 2013). This is known as falsifying documents.

Fixing Errors

Use black ink or a computer to type their visit record, depending on their employer's requirements. If an error is made, never use white out to remove the error. Draw a single line through it and put initials and date next to the error. Then, write in the correct information.

Use Full Name/Title

When documentation is complete, Home Health Aides/Personal Care Aides should sign it with their full name and title.

Dating/Timing Documents

All documentation should be dated and timed. Depending on the agency, regular or military time may be used. If regular time is used, it should be indicated whether the time is AM or PM. For military time, the time is expressed as 0000 hours. From 12 midnight until 12 noon, the time is the same as it is when using regular time, except the 0000 format is used. For example, for 1:00 AM, the time is expressed as 0100 hours. After 1 pm until 11:59 pm, 12 is added to the regular time. For example, if it is 5:00 pm, add 5+12=17. The time would be expressed as 1700 hours. For 9:00 pm, add 9+12=21. The time is expressed as 2100 hours. To

change from military time to standard time, you subtract 12. For example, if it was 2330, you would subtract 12. Standard time would be expressed as 11:30.

24-Hour Conversion Table

- Standard Clock (12-Hour Clock) 24-Hour Clock Conversion
- 12:00 midnight 0000
- 1:00 am 0100
- 2:00 am 0200
- 3:00 am 0300
- 4:00 am 0400
- 5:00 am 0500
- 6:00 am 0600
- 7:00 am 0700
- 8:00 am 0800
- 9:00 am 0900
- 10:00 am 1000
- 11:00 am 1100
- 12:00 noon 1200
- 1:00 pm 1300
- 2:00 pm 1400
- 3:00 pm 1500
- 4:00 pm 1600
- 5:00 pm 1700
- 6:00 pm 1800
- 7:00 pm 1900
- 8:00 pm 2000
- 9:00 pm 2100
- 10:00 pm 2200
- 11:00 pm 2300

2.2.6.2? Self Check Activity

Convert the 12-hour time to the 24-hour time

1. 1 pm= _____

2. 6 pm=_____

3. 11:30 pm=_____

4. 3:30 am=_____

5. 12:00 am=_____

Convert the 24-hour time to the 12-hour time.

6. 2200= _____

7. 1930= _____

8. 1815= _____

9. 2330= _____

10. 1300= _____

Answer

1. 1300
2. 1800

3. 2330

4. 0330

5. 1200

6. 10:00 pm

7. 7:30 pm

8. 6:15 pm

9. 11:30 pm

10. 1:00 pm

Feedback:

1. 1 pm= 1 +12=13.The time is 1300 hours on a 24-hour clock.

2. 6pm= 6 + 12= 18. The time is 1800 hours on a 24-hour clock.

3. 11:30 pm= 11.30 + 12= 12.30. The time is 2330 on a 24-hour clock.

4. 3:30 am= 0330 on a 24-hour clock.

5. 12:00 am = 1200 on a 24-hour clock.

6. 2200= 22-12= 10:00 pm

7. 1930= 19-12=7. Add the 30= 7:30 pm

8. 1815= 18-12=6. Add the 15= 6:15 pm

9. 11:30= 23-12= 11. Add the 30= 11:30 pm

10. 1300= 13-12=1. The time on a 12-hour clock is 1:00 pm

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2.2.7: Confidentiality

Remember to always keep all information in the patient's chart confidential. It is illegal to disclose information in the patient's chart without their consent. their employer will provide them with specific training and information about the types of information they will require them to include in their site visit report.

Sample Documentation
Date: 10/30/2014
0900 Assisted with feeding
0930 Provided bed bath, oral care
1000 Assisted with dressing
1015 Changed bed linens, cleaned bedroom
__1.5 hours____ Jennifer Noble, HHA Total visit time Signature & Title

2.2.7.1? Self Check Activity

1. It is ok to use white out if you make a mistake documenting. _____

2. All documentation should end with a signed name, title, and include the date and time. _____

3. It is ok for a HHA/PCA to document that they gave the patient a bed bath before they actually did it. _____

4. It is a good idea to document a patient visit immediately after it is completed, before you moving on to the next patient. _____

5. Home Health Aides/Personal Care Aides should include subjective and objective information about the patient's condition in their documentation, but never judgmental statements or personal opinions. _____

Answer

1. False
2. True
3. False
4. True
5. True

Feedback:

1. Never use white out to fix an error. Patient charts are legal records. Draw a single line through it and put initials and date next to the error. Then, write in the correct information.

2. When documentation is complete, Home Health Aides/Personal Care Aides should sign it with their full name and title.

3. Documenting care prior to performing it is considered to be falsifying records.

4. Due to the difficulty in keeping track of observations made, care should always be documented immediately after performing it.

5. Judgmental statements or personal opinion should never be included in the patient care record. Objective observations, those that can be observed or measured and subjective information, symptoms the patient reports are types of information that should be included within the HHA/PCA's documentation.

Communicating on the Telephone

Home Health Aides/Personal Care Aides will often use the telephone to communicate with their supervisor and other health care team members. Before making a call, they should plan out what they need to say and if they have a question, think about how they want to ask it. This will help them to keep their phone call to the point to avoid wasting time. It will also help to keep them focused on the purpose of their call. They will also be less likely to forget details that they may have wanted to include during the phone conversation.

When making a call, Home Health Aides/Personal Care Aides should identify themselves and then ask to speak to the person whom they are calling. If the person they need to speak with is unavailable, Home Health Aides/Personal Care Aides should leave a brief message with their name, the phone number where and until what time they can be reached. Do not leave a very detailed message. Leave only as much information as is necessary so that the person knows what they are calling about. Do not leave detailed confidential medical/health information on a message.

Sample phone call (adapted from Leahy, Fuzy & Grafe, 2013)

–Hello, Ms. Lopez, this is Anna Price. I am calling from Mr. Davis's house. His daughter has a question about whether or not he can have tomato juice on his low sodium diet.

–Ok, so he can have tomato juice if it is the low sodium kind?

–Ok, I will let Mr. Davis's daughter know this. I will write in my visit notes that you told me to tell Mr. Davis's daughter that he can have tomato juice if it is labeled low sodium.

–Thank you for your help Ms. Lopez. Goodbye.

Sample phone message (adapted from Leahy, Fuzy & Grafe, 2013)

–Hello, Mrs. Mason , this is Karen Smith. I am a home health aide working with Mr. Chin. The telephone number here is 764-5297. I can be reached at that number until 2:00 pm.

–I am calling because Mr. Chin has a question about his breathing treatments. He would like to know how many times a day he can use his inhaler.

–Thank you very much. Goodbye.

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SECTION OVERVIEW

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2.3.1: Patient Rights

Patients have the right to receive care that is respectful, compassionate, competent, and that protects their dignity and privacy. Patients have a right to live and be cared for in a safe environment. In addition to keeping a patient's environment clean and hazard free, providing for a safe environment means that patients are not abused or neglected. Abuse means causing harm to another person. There are many forms of abuse.

Physical Abuse

Physical abuse is any harm, whether unintentional or intentional in which a patient's body is harmed. This includes slapping, punching, kicking, biting, cutting, bruising, burning, spitting at, pushing, shoving, restraining a person, or handling a person in a rough manner. Physical abuse includes forcing a patient to do something they do not want, such as eat or bathe.

Emotional Abuse

Emotional abuse is abuse that occurs through emotionally causing harm to a person. This includes name calling, yelling at, humiliating, threatening, intimidating, insulting, making fun of a person, treating a person like a child or as if they are unable to think or make their own decisions. Threatening a person in order to make them do something or to not tell on you for something you did or for threatening the patient is also considered emotional abuse. Threatening to take away a patient's belongings, time spent engaging in pleasurable activities, or to isolate a patient (such as put them in a locked room alone) are all considered emotional abuse.

Financial Abuse

Financial abuse is abuse that occurs with regard to a patient's finances. This includes stealing money or property, improperly using a person's money for things other than the intended purpose, taking advantage of a person's finances, and threatening to cause physical/emotional harm if a person does not give a person their money.

Sexual Abuse

Sexual abuse is abuse that occurs when a person is touched in a way in which they do not wish to be touched. This includes fondling, unwanted touching, and any unwanted sexual activity. Sexual abuse also includes exposing oneself to a person and showing someone pornographic materials that they do not wish to see, or taking pornographic pictures of a person without their consent.

Domestic Violence

Domestic violence is abuse that occurs by spouses, intimate partners, or family members. It can include any type of abuse discussed above, such as physical abuse, emotional abuse, financial abuse, or sexual abuse.

Neglect

Neglect is when a person is harmed by a caregiver, (whether it is a family member or a healthcare worker), when the caregiver fails to provide necessary care. This includes failing to clean a patient up who is soiled, failing to bathe a patient, failing to provide food or fluids to a patient, and failing to turn and position a bedridden patient. Neglect can be just as harmful as abuse. Remember, a patient depends on their HHA/PCA to provide them with the care they need to live.

Home Health Aides/Personal Care Aides must NEVER abuse or neglect a patient in any way. they must also work to protect their patient from abuse/neglect by others, and report ANY suspected abuse/neglect immediately to their supervisor.

Signs of Abuse and Neglect to Report:

- New or unexplained bruises
- Marks that look like they were made from belt straps, buckles, objects, or teeth
- Burns that are unexplained or that are in unusual shapes or places
- Bruises, bleeding, discharge, pain, or swelling in the genital area
- Fractures, dislocated bones, new limping or inability to put weight on a leg or use an arm
- Pressure ulcers and skin tears
- Unexplained mood changes, especially during or after visits from family

- Clothing that does not fit, is torn, dirty, or inappropriate for the weather
- Unsafe and unclean living conditions
- Weight loss, poor appetite, or if the patient appears to be hungry and not well fed
- Bedding and incontinence briefs that are always soiled and appear to have not been changed in a long while
- Rashes, pain, redness in the **perineal area** (area between the genitals and anus) from lack of cleaning the patient after they have voided
- Violence in the home that a HHA/PCA witnesses including physical or emotional abuse
- Comments made by the patient that indicate abuse or neglect, including reports of family members stealing or using the patient's money inappropriately

Remember, Home Health Aides/Personal Care Aides are legally responsible for reporting any suspected abuse/neglect. Failure to report suspected abuse/neglect, or actually engaging in any type of abuse/neglect can result in legal and criminal action against a Home Health Aide/Personal Care Aide.

They should document their observations of abuse and contact their supervisor to report their findings. They must use their senses- what did they hear, see, smell or touch that indicates abuse may be or is occurring? They should not be judgmental in their reporting and should not try to interpret what they think is going on.

If abuse is suspected or observed, a report is made by making a phone call to a local Child Protective Services or Adult Protective Services agency. When making the report, Home Health Aides/Personal Care Aides will be asked for specific information about their observations. Remain calm and report only the facts. They may also be asked to provide a written report. their agency will provide them with specific training and guidelines for reporting abuse.

2.3.1.1? Self Check Activity

Which of the following are signs of abuse or neglect?

1. Bite marks
2. Unexplained bruises
3. A family member stealing a patient's jewelry
4. Allowing a patient to lie in their feces and urine for several hours
5. Threatening to take away a patient's treasured necklace if they do not get up to bathe.
6. Pushing a forkful of food into a patient's mouth harshly when they refuse to open their mouth.
7. Yelling at the patient in a loud voice
8. Telling the patient they are lazy when they refuse to get out of bed
9. Not pureeing food for a patient who cannot chew and who is on a pureed diet so that they cannot safely eat
10. A new pressure sore appears on Monday after the patient's caregiver was supposed to take care of the patient over the weekend

Answer

ALL AnswerS ARE SIGNS OF ABUSE

Feedback:

Bite marks, unexplained bruises, observing or learning about a family member or friend stealing jewelry or money from a patient, yelling, name-calling, or using threats are all signs of abuse. Not properly cleaning a patient or turning and positioning a patient every two hours are considered to be neglect and are also forms of abuse.

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2.3.2: Patient Bill of Rights

(Adapted from the American Hospital Association, 1992).

Remember, the patient is the most important member of the health care team. They have rights that all members of the health care team must respect and uphold.

- The patient has the right to considerate and respectful care.
- The patient has the right to obtain understandable information about their diagnosis, treatment, and prognosis. They have a right to be informed about the risks and benefits of all services and treatments received. Patients also have a right to know the identity (name, license, and health care provider role) of all people involved in their care (doctors, nurses, home health aides/personal care aides).
- The patient has a right to make decisions about the plan of care before receiving treatment. The patient also has the right to refuse any treatment, and to be informed about the medical consequences of refusing treatment. If the patient refuses a specific treatment or care, they still have the right to receive other care services, or to be provided with referrals to services outside of the agency or organization. The patient has the right to participate in the planning of their healthcare and to be informed of any changes in the plan of care prior to the change being made.
- The patient has the right to have an advanced directive or to designate a health care proxy to make decisions for them if they are unable to do so themselves.
- The patient has a right to privacy.
- The patient has a right to expect that all communications and records pertaining to their health and health care will be kept confidential by their healthcare providers, except in cases of suspected abuse and public health hazards when reporting is permitted or required by law.
- The patient has a right to review their health care records and to have the information explained, except when restricted by law.
- The patient has a right to expect that within its capabilities an agency will make reasonable responses to a patient's requests for medically indicated care and services. If an organization is unable to accommodate such requests, the patient has the right to transfer to another organization which may be able to provide such requests.
- The patient has the right to ask and be informed of any business or financial relationships that exist within the organization which may influence their care.
- The patient has the right to consent or decline participation in research studies, and to be provided with a full explanation about participation in such studies.
- The patient has the right to receive continuity of care and to be informed when such care cannot be provided.
- The patient has the right to be informed of policies and procedures that relate to their care. The patient has the right to be informed of the method they should use to resolve any discrepancies, conflicts, or grievances they may have. They have the right to know the procedure for making complaints if they feel they have not been given the care they deserve. The patient has the right to make complaints without fear of discrimination or negative repercussions for doing so. The patient also has the right to be informed of any charges for services and available payment methods and insurances accepted. This includes being made aware of services not covered by Medicare and Medicaid, and what charges they may be liable for.

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2.3.3: Patient Responsibilities

(Adapted from the American Hospital Association, 1992)

As the *most important* partner in the healthcare team, the patient also has certain responsibilities.

- The patient is responsible for providing information about their health, hospitalizations, and medications, changes in symptoms or health condition. Patients should ask questions and ask for additional information about their health and treatment.
- The patient is responsible to inform their health care provider about their advanced directives and health care proxy and to provide them with a written copy. They are responsible for informing the health care provider about any changes they may make to their advanced directives or healthcare proxy.
- The patient is responsible to inform their health care providers if they expect problems with the treatment and services they are to receive. This includes informing the provider if home visits need to be changed.
- The patient is responsible for being aware of the organization's policies and procedures and to make reasonable accommodations to meet the needs of the organization.
- The patient is responsible for providing necessary insurance and financial information to the organization in order that payment may be made for services rendered, and to make payment arrangements as necessary.
- The patient is responsible for informing the health care provider of any dissatisfaction with their services.
- The patient is responsible for carrying out mutually agreed upon responsibilities.
- The patient is responsible for providing a safe environment for the health care to be provided.

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2.3.4: How a Home Health Aide/Personal Care Aide Support a Patient's Rights

(adapted from Leahy, Fuzy & Grafe, 2013)

- Never abuse a patient in any way. Complete all tasks and provide excellent care for patients. Never neglect their care.
- Report any suspected instance of abuse or neglect to a supervisor immediately.
- Keep all patient information confidential. Never discuss patient information in a public place.
- Do not gossip about a patient to friends or family. Never discuss patient information with people outside of the health care team.
- Never leave patient records unattended. If using a computer, use a protected password. Close the browser and log out of a patient's record before walking away from the computer.
- Don't leave messages with identifying patient information on voice mail messages or with people who are taking messages.
- Don't put patient identifying information in emails. Do not keep patient information on a personal computer or other personal electronic devices.
- Shred documents as the agency directs. Never throw documents with patient identifying information out in the regular garbage.
- Do not take pictures while at a patient's home. Do not take pictures of a patient with a personal camera. Do not take photos of a patient's home or belongings.
- Do not share information about a patient or their family on social networking sites. Never discuss patient names, addresses, or information with which others could identify the patient.
- Never tell or bring a family member or friend to a patient's home during or in between work hours.
- Always knock on a patient's door before entering the house or a room they are in.
- Never open or read a patient's mail.
- Call the patient by their preferred name. Don't use baby talk with adults.
- Involve the patient in the planning of their care and let them make choices and complete any task independently that they can.
- Never automatically touch a patient or complete a task without seeking permission first.
- If a patient refuses a service or treatment, respect their right to do so. Document and report the refusal.
- Do not accept gifts or money from a patient or their family.
- If you shop for groceries or other items for a patient, use the money as directed.
- Document all care provided carefully, timely, and truthfully. Be accurate with the amount of time provided care. Never document care that was not provided.

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2.3.5: Advanced Directives

Advanced Directives are legal documents that allow a person to choose the type of medical care they wish to receive should they become unable to state their choices and make decisions in the future (Leahy, Fuzy & Grafe, 2013)

An advanced directive is a legal document that tells a healthcare provider the type of treatments a patient wishes and does not wish to receive. They also allow a patient to select an individual(s) to make decisions for them should they be unable to do so. There are many types of advanced directives, which can be further explored by visiting MedlinePlus at http://www.nlm.nih.gov/medlineplus/advancedirectives.html

Living **Wills**

Living wills are a type of an advanced directive. They explain the type of medical care a patient wants and does not want to receive should they be unable in the future to make decisions for themselves.

A living will is *not* the same as a last will and testament. A *last will and testament* is a legal document that delegates a person to be an executor of their estate and explains how a person wishes to have their property and possessions disposed of after their death. A *living will* is only about medical care and treatment.

Laws about living wills vary from state to state. Examples of what a person may include in their living will might be decisions about:

- Being artificially fed through a vein or stomach
- Having a tube inserted down their throat for mechanical ventilation
- CPR
- Blood transfusions
- Dialysis

Durable P**ower of Attorney for Health Care (a.k.a. Health Care Proxy)**

A **health care proxy** is someone who the patient designates to make decisions for them in the future should they be unable to do so. A health care proxy is a type of advanced directive. *A health care proxy is not the same as an executor of a will.* A patient can have one person as the executor of their will and a completely different person designated as their health care proxy if they choose. A health care proxy can make decisions for a patient's health care if the patient is unable to do so. A health care proxy is responsible for carrying out a patient's wishes and for following a living will. If the patient has not made a living will, the health care proxy is responsible for making decisions on behalf of the patient according to what they believe is in the best interests of the patient.

Laws about health care proxies and the decisions they can make vary from state to state (Health care agents, 2014). Most states do not allow a doctor or other health care provider to be a patient's health care proxy. Home Health Aides/Personal Care Aides should *not* agree to be their patient's health care proxy. This would be a boundary violation.

Do-**Not-Resuscitate (DNR) Order**

A **Do–not–resuscitate (DNR)** is another type of advanced directive. A patient who has a DNR has made a decision to not receive **CPR** (cardiopulmonary resuscitation). **This means that should the patient's heart stop, or if the patient stops breathing, that the health care providers are not allowed to perform CPR.** A DNR order is an order that is written by a physician after the patient has discussed their wishes with their doctor (Do-not-resuscitate order, 2014). If a patient has a DNR order and a health care provider performs CPR knowing there is a DNR order, legal consequences can occur against the health care provider. It is important to know whether your patient has a DNR order in place.

Having a DNR order does not affect any other treatments the patient receives. This means that a patient can continue to receive treatments such as medications, surgeries, physical therapy, and all other medical interventions. A DNR order only applies to whether or not your patient would like CPR performed should their heart stop or if they stop breathing.

A health care proxy or family member **cannot** have a DNR order removed if it was already in place, based on the patient's wishes and discussion with their doctor. This means that even a patient's health care proxy cannot **revoke** (have removed) a DNR order if the patient had one in place before they became unable to make their own choices.

2.3.5.1 Self Check Activity

Decide whether the statement is True or False

Patients have a right to considerate and respectful care. _____

Patients have a right to review their medical records and to control who can access their records and medical information. _____

You can share medical information about your patient with any family member who wants to know how the patient is doing. _____

Patients have a right to refuse medical treatment even if you think they should have the treatment. _____

The patient has a responsibility to inform their healthcare team about who their health care proxy is and if there are any changes in their medical condition._____

A patient who has a DNR order can still continue to receive home health services, medications, and treatments. _____

A DNR order is a physician order based on the patient's wishes, which states should the patient stop breathing, or their heart stop beating, CPR will not be performed._____

If a patient has a DNR order, the patient's family can get it removed. _____

A health care proxy is someone the patient selects who can make decisions for the patient should the patient become unable to do so. _____

A health care proxy can have a DNR order removed because they know what is best for the patient. _____

Answer

1. True
2. True
3. False
4. True
5. True
6. True
7. True
8. False
9. True
10. False

Feedback:

1. According to the Patient Bill of Rights, patients have a right to considerate and respectful care.

2. According to the Patient Bill of Rights, patients have a right to request and receive a copy of their medical record. This is also a federal law under HIPAA guidelines.

3. You cannot share any information about the patient without the patient's specific consent.

4. According to the Patient Bill of Rights, patients have a right to refuse treatment.

5. According to the American Hospital Association, 1992, Patient Responsibilities include informing their healthcare team about who their health care proxy is and if there are any changes in their medical condition.

6. A patient who has a DNR order can still continue to receive home health services, medications, and treatments. A DNR order will only prohibit CPR and artificial respiration to occur should the patient choose to obtain this physician order.

7. A DNR order is a physician order based on the patient's wishes, which states should the patient stop breathing, or their heart stop beating, CPR will not be performed.

8. It is a patient decision about whether or not to have a DNR order. If the patient is conscious and oriented, the family cannot have a DNR order removed.

9. A health care proxy is someone the patient selects who can make decisions for the patient should the patient become unable to do so.

10. If the patient is conscious and oriented, it is a patient decision and not up to the family about whether or not to have a DNR order.

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2.3.6: Confidentiality

Confidentiality means keeping what is supposed to be private, private. It means not disclosing (telling) other people who do not have a right to know information about the patient. Protecting a patient's confidentiality means not sharing information with others (outside of the health care team) who the patient does not want to know the information. Home Health Aides/Personal Care Aides will come to know intimate details about their patient's body and lives. They must take every step that they can to protect this privileged information. They have an ethical and a legal responsibility for protecting the privacy of their patient. A good rule of thumb to use before sharing patient information with members outside of the healthcare team is to ask :

- Does this person have a right to know this information?
- Did the patient give me permission to share information with this person?
- Would sharing this information be harmful to the patient?
- Would I want someone to know this information if it were me?"

Health Insurance Portability and Accountability Act (HIPAA)

In 1996, the Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress. This law is designed to protect people's privacy with regard to their health and health care. This law gives people rights over the medical information, including the right to receive a copy of their medical records, the right to correct incorrect information in their medical record, and the right to control who has access to their records. You can read more about privacy rights of HIPAA at the U.S. Department of Health and Human Services website: http://www.hhs.gov/ocr/privacy/hipaa/understanding/

Legal Ramifications for HIPAA Violations

If health care workers violate a patient's privacy, they and/or their agency or the organization for which they work can be fined or imprisoned. The American Recovery and Reinvestment Act of 2009 established a penalty structure for HIPAA violations. Civil and criminal penalties can result if an individual health care worker and/or a health care agency does not comply with HIPAA.

According to the American Medical Association (n.d), fines can range from $100 per incident in a case where the worker was not aware of making a violation to $50,000 for violations which are willful (on purpose) and are not corrected within a specified time frame. Imprisonment sentences can range from one year to up to ten years. You can read more about specific fines for violations of HIPAA at: http://www.ama–assn.org/ama/pub/physician–resources/solutions–managing–your–practice/coding–billing–insurance/hipaahealth–insurance–portability–accountability–act/hipaa–violations–enforcement.page

2.3.6.1? Self Check Activity

Identify which of these scenarios is a HIPAA violation by indicating yes or no.

Telling your best friend to meet you at your patient's house to go to lunch. _____

Telling your supervisor that your patient has a wound on their buttocks. _____

Calling the nurse while you are at your patient's house to let her know the patient has run out of medications. _____

Telling your fellow co-worker details about your patient's health care while you are at the movies. _____

Telling your patient's son details about your patient's health care after your patient told you not to. _____

Answer

1. Yes
2. No
3. No
4. Yes
5. Yes

Feedback:

1. It is a HIPAA violation to tell your family and friends about a patient. Having them meet you at a patient's house violates the patient's privacy.

2. It is not a HIPAA violation to inform your supervisor about your patient's condition. Any person who is part of the patient's treatment team is allowed to have information about the patient in order to provide the best care.

3. It is not a HIPAA violation to call the nurse from your patient's home as the nurse is part of the treatment team and is allowed access to patient information.

4. It is a HIPAA violation to talk about a patient with your co-workers in a public place. Other people who are not involved in the patient's care can easily overhear your conversation. This would be a violation of the patient's privacy.

5. It is a HIPAA violation to inform anyone about the details of your patient or their care, unless the patient has given you consent to do so. This includes family members. If a patient does not want a family member to know the details of their care, that is their choice and you must uphold their confidence and privacy.

Self-Check Activity M2-17

Identify which of these scenarios is a HIPAA violation by indicating yes or no.

Telling your best friend to meet you at your patient's house to go to lunch. _____

Telling your supervisor that your patient has a wound on their buttocks. _____

Calling the nurse while you are at your patient's house to let her know the patient has run out of medications. _____

Telling your fellow co-worker details about your patient's health care while you are at the movies. _____

Telling your patient's son details about your patient's health care after your patient told you not to. _____

Check your answers!

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2.4: Post-test

2.4.1 Post Test

1. Put in order of importance, or the order in which needs should be met, the following needs from Maslow's Hierarchy of Needs:

A. Safety and Security Needs
B. Love and Belonging Needs
C. Physical Needs
D. Self-actualization Needs
E. Self-esteem Needs

2. Which of the following statements best reflects cultural competence?

A. Telling an Asian child, "You must get all A's in math because all Asians are good at math."
B. Telling a Spanish speaking patient, "You are in America now. You should learn to speak English."
C. Telling your boss, "I will only work with Caucasian patients."
D. Asking your patient who is Native American, "Tell me about your beliefs so that I can understand you more."

3. True or False: It is important to find out your patient's gender preference, preferred name, and who is considered to be part of their family to ensure health care is provided in a culturally competent manner.

4. Which of the following is NOT a cliche?

A. "It will all work out for the best."
B. "I know exactly how you feel."
C. "Hang in there. It will get better."
D. "You sound as if you are feeling scared. Would you like to talk about it?"
E. "We are never given more than we can handle."

5. Which of the following are nonverbal methods of communication? Select all that apply.

A. Nodding
B. Tone of voice
C. Crossing arms over the chest
D. Eye contact
E. Touching a shoulder
F. How near a person stands to another
G. Slouching in a seat
H. Rolling of the eyes
I. Sighing

6. Which of the following are things you can do to show you are a good listener? Select all that apply.

A. Face the person you are speaking.
B. Respect cultural differences and beliefs
C. Avoid calling patients "honey" or "dear" and use their preferred name of address.
D. Provide silence so a patient can gather their thoughts.
E. Restate what you heard the patient say and ask for clarification when you are unsure of what they are trying to express.
F. Don't finish the patient's sentences or interrupt them while they are speaking.

7. Which of the following is an effective means of communicating with a person who has a hearing impairment?

A. Shout as loud as you can.
B. Stand behind the patient while talking to them.
C. Use a high pitched and loud voice.
D. Avoid talking to the patient at all, because they can't hear you anyway.
E. Stand in front of the patient and use a clear, low voice while speaking.

8. Which of the following is an effective way to help a person with a visual impairment?

A. Ensure the patient wears their glasses.
B. Use the clock method to indicate where food is during mealtimes.
C. Ensure the patient knows the objects in their path while walking.
D. Keep the environment clutter free to avoid falls.
E. Read aloud to the patient if they are unable to do so.

9. What is the best way to establish a therapeutic relationship?

A. Don't allow patients to make choices. Tell them what to do.
B. Arrive to work on time and complete assigned tasks.
C. Do things for the patient they are able to do independently, as it is important they rely on the home care worker as much as possible.
D. Tell anyone who asks about the patient as much information as you know.

10. True or False: It is okay to continue to visit a patient once they are no longer receiving home care services from the agency.

11. Which of the following is an example of objective information that can be included in documentation?

1. "The patient was very rude to me this morning when I tried to bathe him."
2. "The patient's right leg is swollen, red, and warm to the touch."
3. "I don't think the patient should be allowed to visit with their family because she cries when they leave."
4. "I think the patient has a cold because he sneezed a lot today."

12. True or False: Documentation should be completed immediately after a home care visit once tasks have been completed, and before moving on to work with the next patient.

13. True or False: An error in documentation should have one line drawn through it with the home care worker's initials and the date next to the error.

14. True or False: It is okay to document all the tasks on the home care worker's assigned task list before they are completed.

15. True or False: Abuse that is witnessed or suspected must always be documented and reported to a supervisor immediately.

16. Which of the following are examples of abuse and/or neglect? Select all that apply.

A. Bite marks
B. Yelling at a patient
C. Violence witnessed in the home
D. Not pureeing food as directed in the Care Plan, for a patient who cannot chew
E. Harshly pushing a fork into a patient's mouth when they refuse to open their mouth
F. Allowing a patient to lie in their own urine or feces
G. Burn marks
H. Pressure ulcers

17. True or False: Patients have a right to be informed of the health care they are to receive and they have a right to refuse treatment and make decisions about their own health care.

18. Which of the following are ways to protect patient confidentiality? Select all that apply.

A. Only share information with people the patient designates can receive information.
B. Don't include identifying patient information in voicemails or emails.
C. Don't take photos of a patient, their home, or belongings.
D. Don't talk about patients in public places.
E. Don't tell family, friends, or people outside the healthcare team information about the patient.

19. True or False: A DNR order is a physician order which states the patient does not want CPR to be performed.

20. True or False: HIPPA is a law that protects a patient's right to privacy about their health care. If a HHA/PCA violates this right to privacy, it can result in monetary fines, prison sentence, and/or getting fired.

Answer

1. C, A, B, E, D
2. D
3. True
4. D
5. These are all nonverbal methods of communication
6. All are ways to show you are a good listener
7. E
8. All are effective ways to help a person with a visual impairment
9. B
10. False
11. B
12. True
13. True
14. False
15. True
16. All are signs of abuse or neglect
17. True
18. All are ways to protect patient confidentiality.
19. True
20. True

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CHAPTER OVERVIEW

3: Working with the Elderly

This module is devoted to learning about the special needs facing elderly patients. We will begin by looking at social factors that change as people age and societal attitudes about the aging process. We will then explore all the different body systems and look at how the body and mind changes as a person ages throughout the lifespan. Finally, we will look at special diseases such as cerebrovascular accidents (stroke), Alzheimer's and Parkinson's Diseases and then discuss how to work with people who suffer from these disorders.

3.1: What is Aging?
3.2: Observing and Reporting Changes
3.3: Attitudes Towards Aging
3.4: Aging and the Body
3.5: Aging and the Mind
3.6: Stress
3.7: Post-test-
3.8: References

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3.1: What is Aging?

Aging and the Individual

Aging is a normal physical and psychological process that all humans go through as they move throughout the lifespan. It includes all the changes which occur over the course of a person's life (U.S. Department of Health and Human Services, National Institutes of Health, National Institute, 2011). Lifespan means the length of time that a person or living thing can be expected to live (Oregon Department of Human Services, 2012). As people age, or get older, there are many changes that occur within their bodies (physical changes) and within their minds and behavior (psychological changes). These changes are known as human growth and development (Leahy, Fuzy & Grafe, 2013).

While all humans go through the same stages of development as they age, no two humans will have the same exact experience of development. People vary greatly in the rate and extent which their body ages (Mauk, 2008). Everyone has different experiences as they move throughout the lifespan. Psychological, environmental and social factors such as stress and financial situations impact the pattern of people's development. Biology or genetics (a person's genes) also has a strong influence on how people develop and the physical changes that will occur. Diseases such as heart disease, infections, strokes, and the use of substances such as alcohol and drugs all affect physical changes that occur in the human body.

Each person will have different experiences of development throughout their lifespan, which result in development being a unique and highly individualized process for each person. It is important to understand the general physical and psychological changes and stages of development that humans go through. And, it is even more important to understand that no two people will go through these stages in exactly the same way. Keep in mind that each person is a unique individual.

3.1.1? Self Check Activity

True or False?

1. All people have the same experience of development as they age. True or False. _____

2. Physical changes are those that occur within the body. True or False. _____

3. Psychological changes are those that occur within the mind and can include behavioral changes. True or False. _____

Answer

1. False
2. True
3. True

Feedback:

1. While all humans go through the same stages of development as they age, no two humans will have the same exact experience of development. Genetics, the environment, and diseases all influence a person's experience of development.
2. Physical changes are those which occur within the body, such as changes to skin, digestion, and bones.
3. Psychological changes are those which occur within the mind, such as changes to memory, concentration, and behaviors.

Social Factors and Aging

As people develop and change through the lifespan, there are many social factors that affect their development. Social factors include family structure and roles within the family, gender roles, and culture.

Changes in family structure and the role that one has in the family occur throughout the lifespan. While an elderly person may still be considered to be at the head of the family, their role may have changed now that they are older. For example, an elderly person may now not be able to provide for their family financially and physically. Younger members of the family may take on the role of financial provider or as caretaker. Families must make adjustments to the changes that occur throughout the lifespan. These can be emotionally and physically difficult. They can put great strain on members of the family and on the elderly patient.

The communication skills from Module Two are good tools to help people deal with new emotions. Home Health Aides/Personal Care Aides must be sensitive to the adjustments their patient's family must make. They must perform their job well and refer any issues that they cannot competently handle to their supervisor. Also, they should empathize with family members. If a family member comes to them with a problem, listen to their concerns. Sometimes just talking about a problem can make a person feel better about it. Home Health Aides/Personal Care Aides must be supportive and encouraging. Paraphrasing what the person says and summarizing the feelings they are conveying (what they are trying to express) is most helpful. They should demonstrate empathy and positive regard toward their patient and their family members.

Be aware of cultural values and differences. As discussed in Module Two, members of African American, Asian, Latino, and Middle Eastern cultures place a strong emphasis on the role of family and may be very involved with the elderly patient's care. They may prefer to take on caretaking responsibilities at home, rather than place their elderly loved one into a long-term care facility. Gender differences also exist within the various cultures. Middle Easterners may prefer to have their health care provided by a member of the same gender. As discussed in Module Two, the concept of machismo for Latinos means male members of the family feel a certain amount of responsibility to provide for other family members. When a male member of a Latino family becomes ill, it can have a heavy emotional and financial burden on that person and their family. If they were the sole bread winner, there will be a financial strain upon the family. The eldest son or the wife may need to take on employment in order to support the family. This shift in family role can be very unsettling and emotionally taxing for all family members.

Within the United States, the head of the household and primary bread winner has traditionally been the male. Even with the shift in gender roles within the United States where most women are now employed and have fulfilling careers, gender stereotypes still exist. An elderly male who can no longer provide for his family physically or financially may have a difficult time adjusting to this shift within the family. He may feel his masculinity is being questioned if he now must be cared for by another person, such as a Home Health Aide/Personal Care Aide. These psychological adjustments are difficult, but with the support and empathy of a Home Health Aide/Personal Care Aide, the patient and family can better make adjustments to developmental changes. Religious beliefs also influence how people practice health care rituals, prepare for death and care for loved ones after death. Refer back to Module Two for a review of various cultural and religious beliefs and how they impact health care a person wishes to receive.

3.1.2? Self Check Activity

Self-Check Activity M3-2

True or False?

1. Cultural beliefs and gender roles can impact how a person handles changes in physical health. True or False. _____

2. Good communication skills, listening, and empathy are ways to help families deal with changes in physical and psychological health. True or False. _____

Answer

1. True
2. True

Feedback:

1. Cultural beliefs and gender roles (such as what roles men and women take on) can affect how a person handles physical changes.

2. Using good communication skills is a way HHA/PCAs can help families adjust to changes which occur in their physical and mental health.

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3.2: Observing and Reporting Changes

As Home Health Aides/Personal Care Aides work with elderly patients, they may come to have first-hand knowledge of the physical and psychological changes that occur during the aging process. They may also come to recognize and be the first to notice signs of a new disorder or disease process that is not related to the aging process, but which can be mistaken for and disregarded as "just aging."

For example, it is not a normal part of aging to have dementia. If a patient suddenly begins to show signs of forgetfulness, difficulty concentrating, or **disorientation** (an inability to recognize themselves, where they are, what year or season it is or events that are occurring), the HHA/PCA should immediately report these signs to their supervisor. These signs are not necessarily due to "just aging". They could be signs of a stroke or dementia related to Alzheimer's or a vascular (blood vessel) problem, such as changes in oxygenation within the brain. Confusion and delirium could also be the result of side effects from medications, drug-drug interactions, dehydration, or infection (Mauk, 2008). It is important to remember that aging in and of itself is normal, and not part of a disease (Leahy, Fuzy & Grafe, 2013).

It is also not a normal part of aging for older adults to experience incontinence (loss of control of bowel or bladder). These could be signs of medication side effects, urinary tract infections or imbalances of **electrolytes** in the body (Mauk, 2008). It is also not a normal part of aging for adults to fall. Falls can be the result of medication side effects, medication interactions, or a sign of an acute (sudden) illness (Mauk).

If Home Health Aides/Personal Care Aides notice any of the following, especially if they occur suddenly, they should immediately report them to their supervisor:

- Disorientation (to self, place, time, event)
- Difficulty concentrating
- Difficulty speaking
- Difficulty chewing/swallowing
- Depression
- Suicidality (statements of wanting to die or hurt oneself)
- Mood changes or sudden shifts in mood from happy to depressed
- Insomnia (difficulty getting to or staying asleep)
- Anorexia (lack of appetite/eating)
- Inability to use a limb (arm or leg)
- Drooping of the face, either one side or both sides of the face or mouth
- Lack of balance or coordination
- Changes in grooming or self-care
- Incontinence (loss of bladder or bowel)

If something just doesn't seem "right" to them based on what they know of the patient

3.2.1? Self Check Activity

True or False?

1. Forgetfulness, disorientation, incontinence, and mood changes are signs of aging. True or False. _____

2. It is normal for older adults to fall. True or False. _____

Answer

1. False

2. False

FEEDBACK:

1. Forgetfulness, disorientation, incontinence, and mood changes are not signs of aging. They may indicate a serious underlying issue to which the health care team should be alerted.

2. It is not a normal part of aging for older adults to fall. This could be a sign of a problem with a medication or an illness.

Confidentiality

It is important for Home Health Aides/Personal Care Aides to remember to protect their patient's privacy at all times. This means providing privacy during self-care such as bathing, toileting, and dressing. It can be easy to forget to do this if they are rushed, or if family caretakers are around. But remember, Home Health Aides/Personal Care Aides are there to care for and protect their patient.

It is also important to remember to maintain confidentiality of what their patient tells them and about their health care. Only share information with family and friends whom the patient wishes to share with. Just because a patient is elderly does not mean that they do not have the right to privacy and confidentiality. Do not be dismissive of their wishes, even if they are forgetful. It is up to the Home Health Aide/Personal Care Aide to protect them.

3.2.1? Self Check Activity

True or False?

1. Even people who are forgetful have a right to confidential and respectful treatment. True or False. _____

2. It is important to protect patient privacy at all times, especially when bathing, toileting, or dressing. True or False. _____

Answer

1. True

2. True

Feedback:

1. Every person has the right to confidential and respectful treatment. Just because a person is forgetful or elderly does not mean they lose these rights.

2. It is always important to protect a patient's privacy. This is especially true when patients are vulnerable and exposed, such as times of dressing, bathing, and toileting.

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3.3: Attitudes Towards Aging

Ideas about the elderly are often based upon stereotypes and depictions of older adults in the media. Older people are often shown to be helpless, forgetful, slow, have dementia, to be incontinent (unable to hold their bladder), unable to live on their own, and to be unable to engage in physical inactivity. In actuality, research shows that the majority of older people are active and very involved in life activities.

In the media, elderly people are often referred to as "cute" with younger people calling them "honey", "dear" and "sweetheart." These terms are often **condescending** and should never be used to refer to an elderly patient. Home Health Aides/Personal Care Aides should always address their patient with their last name and title, such as Mr. or Mrs., unless they request otherwise. Speak with elderly patients with respect and allow them to make their own decisions and choices as much as possible. Do not treat them like a child. Just because they may be dependent on others for their care as a child is does not mean they are children. It just means they need a little extra help.

Magazine and television advertisements focus on youth and often equate it with beauty. Numerous products advertising their use will result in a more youthful appearance or help a person live longer is nearly an obsession in many cultures (US Department of Health and Human Services, National Institutes of Health on Aging, 2011).

This leaves the impression that young=beautiful and good, while old=ugly and bad. These stereotypes result in what is called ageism. **Racism** as we discussed in Module Two is *discrimination based on someone's race*. **Ageism** is *discrimination against someone based on their age*. Ageism is harmful to older people and can result in depression, anger, loss of employment, loss of housing, and loss of emotional support.

3.3.1? Self Check Activity

1. This term means discrimination against someone based on their age.

a). Ageism

b). Racism

c). Sexism

2. This term means discrimination based on someone's gender.

a). Ageism

b). Racism

c). Sexism

3. Calling elderly people names such as "honey", "sweetie", and "dear", "cutie" can be condescending and shows a lack of respect for the person. **True or False.** _____

Answer

1. A 2. C 3. True

Feedback:

1. Discrimination based on age is called ageism and is harmful to people.

2. Discrimination based on a person's gender (male or female) is known as sexism. This is harmful to people.

3. Using words such as "honey" or "dear" to refer to an older person rather than their given or preferred name demonstrates a lack of respect. Health care workers should never do this.[/hidden-answer]

Myths of Aging

According to Mauk (2008), by the year 2030, about 20% (71 million people) of the U.S. population will be over the age of 65. As many of the patients with whom the Home Health Aide/Personal Care Aide will be working will be elderly, it is important to learn about the aging process and to avoid engaging in ageism.

Check your stereotypes about the aging process! This activity has been adapted from the Oregon Department of Human Services' *Myths and Stereotypes of Aging* booklet, which can be found at:

http://www.oregon.gov/dhs/apd–dd–training/EQC%20Training%20Documents/Myths%20and%20Stereotypes%20of%20Aging.pdf

3.3.2? Self Check Activity

True or False?

1. The elderly are all alike. **True or False. _____**
2. Most elderly people are senile or have dementia. **True or False. _____**
3. The elderly have no worries once they retire as they can enjoy their life. **True or False. _____**
4. Elderly people no longer desire or have sexual relations. **True or False. _____**
5. Most elderly people are "set in their ways" and will not change. **True or False. _____**
6. Elderly people are unproductive and uncreative. **True or False. _____**
7. The elderly have a difficult time learning and are less intelligent than younger people. **True or False. _____**
8. Elderly people are grouchy and hard to get along with. **True or False. _____**
9. Most older people fall from time to time. **True or False. _____**
10. Most elderly people are incontinent (unable to control their bowels or bladder). **True or False. _____**

Answer

All of these statements are false

Feedback:

1. As we age, we actually become more different. This is due to our unique life experiences. As is any other age group, the elderly are a diverse group.

2. Dementia is not a normal part of aging. Signs of confusion and changes in mental status in older adults should be looked into immediately. They can be a sign of a urinary tract infection, dehydration, stroke, or medication interaction or side effect. Most elderly people do not have dementia. This is a common stereotype presented in the media.

3. Many elderly people have many worries as they age. They may face poverty, loss of social stature, loss of social connections, health problems, and loss of independence.

4. Sexual desire and relationships do not decrease with age. The media and society often believe that older people should not have sex. This could result in feelings of guilt on the elderly person's part, which could result in the elderly person not having sexual relations as they might wish. Physical problems could also result in the inability to have sexual relations in the way the elderly person used to, but research shows that the majority of elderly people still desire and continue to have sexual relations.

5. While older people may be slower to change their opinion than younger people, the majority of elderly people are open to change. In fact, they face many changes due to changes in physical health, social connections, death of loved ones, and illnesses.

6. many elderly people continue to be productive members of society. Even though many elderly people have retired, some continue to work in order to meet financial obligations or to continue to remain active. Outside of work, elderly people may volunteer within their community, be involved with their families, and serve as caretaker for grandchildren while their children are at work.

7. All age groups learn at a different rate and in different ways. In fact, older people have intelligence from life experiences that younger generations do not. They can offer valued wisdom based on their own life experiences to others around them. Research shows that while we do lose brain cells, we continue to gain new ones and to build new connections within our brain. The best way to build new brain cells is to remain active and continue learning throughout the lifespan.

8. This is another stereotype often seen in the media. People who tend to be grouchy and have a hard time getting along with others when they were younger will likely continue to do so when they are older. Happiness has nothing to do with aging, and in fact, the later years can be some of the happiest times of people's lives. They may have more freedoms than they did when they were younger and be more confident and secure in themselves than when they were younger.

9. Although fall risk does increase with age, most elderly people do not fall. If a patient falls, the cause of the fall should be investigated. The fall could be due to an infection, medication side effect, or household hazard.

10. Bladder or bowel incontinence can affect people at any age. While the risk of incontinence does increase as people age because of loss of muscle tone, people of any age can suffer from incontinence. It is a stereotype that all elderly people are incontinent. New onset of incontinence should be investigated right away as it could be a sign of a urinary tract infection, medication side effects or electrolyte imbalances.

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3.4: Aging and the Body

It is important to remember that aging is a normal process and is not a disease or a sentence that a person will end up with a disability. As Home Health Aides/Personal Care Aides will likely work with many elderly patients, it is important for them to have a general understanding of the physical and mental changes that occur during the aging process.

Immune System

The immune system becomes weaker as we age, which increases our risk for infection. This also means that it takes older people a longer time to recover from an infection. There are two parts to our immune system: the innate immune system and the adaptive immune system. As we age, changes occur in both systems. The **innate immune system** consists of barriers that protect us from infection, such as our skin, mucous membranes, and stomach acid (U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Aging (2011). The cough reflex and the ability to develop a fever are also part of the innate system. During the aging process, our skin becomes drier, thinner, and more fragile. More fragile skin may lead to skin tears and openings which allow bacteria to enter and cause infection. Drier skin also leads to an increased risk of cracks and openings from itching, which can allow bacteria to enter.

The **adaptive immune system** is more complex, and includes the spleen, thymus, tonsils, bone marrow (which makes **white blood cells**, which are needed to fight infection), circulatory and lymphatic systems (U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Aging (2011). **T cells** are a type of white blood cell that helps our bodies fight infection. As we age, our body produces fewer T cells (U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Aging). This leads to a diminished ability to fight off bacteria and viruses. Lymph nodes reduce in size and number which makes it harder for the body to develop a fever. A fever is one way our body fights infection. An older adult may not necessarily have a fever, which is the typical sign of infection. Home Health Aides/Personal Care Aides must be aware of even slight changes in temperature as this could indicate that there is an infection (Leahy, Fuzy & Grafe, 2013).

Changes in the respiratory system also lead to an increased risk of respiratory infections. As we age, our lungs have less **alveoli** which are needed for the exchange of oxygen and carbon dioxide. This leads to less oxygen in the blood, which means breathing may be compromised. If an older person is not able to breathe as well as they did when they were younger, they will be more at risk to contract a respiratory infection. The cough reflex may also be diminished and an older person may have a harder time coughing up mucus, which means it stays in the lungs, leading to more bacteria (Leahy, Fuzy & Grafe, 2013).

Home Health Aides/Personal Care Aides must always remember to practice good hand hygiene. It is the best way to prevent the spread of bacteria and viruses. They should assist their patient with practicing good hand and personal hygiene, and encourage and provide proper nutrition and help to keep their patient hydrated. They should encourage their patient to receive vaccinations such as a yearly influenza vaccination, and encourage them to talk to their nurse or doctor about the vaccinations they could receive to protect themselves from infection.

3.4.1? Self Check Activity

True or False?

1. Elderly people are more at risk to contract an infection. True or False. _____
2. Elderly people always have a fever when they have an infection. True or False. _____
3. The skin is part of our innate immune system and protects the body from bacteria entering. True or False. _____
4. Hand hygiene is an important way to prevent the spread of bacteria and viruses. True or False. _____

Answer

1. True
2. False
3. True
4. True

Feedback:

1. Due to changes in the immune system (fewer lymph nodes and T cells, fewer alveoli, and changes in skin make elderly people more at risk to contract an infection.

2. An older adult may not necessarily have a fever, which is the typical sign of infection. Even slight changes in temperature should be documented and reported.

3. The innate system consists of our skin, mucous membranes, stomach acid, fever, and inflammation.

4. Hand hygiene is the best way to prevent the spread of any infection. HHA/PCAs should always practice proper hand hygiene.

Respiratory System

As the body ages, there are less alveoli present in the lungs. **Alveoli** are small sacs at the bottom of the lungs where oxygenation takes place. The lungs take in air which contains oxygen. In the alveoli, oxygen enters the blood to oxygenate the rest of the body. Carbon dioxide, which is a waste, leaves the alveoli. Since there are less alveoli the older person has a diminished ability to remove carbon dioxide from their lungs.

Lung tissue also becomes less elastic as a person ages. This means that the lungs will not expand during breathing as well as they did when the patient was younger. The rib cage may also not expand as well as it did when the person was younger because the bones become thinner and change shape with age. The diaphragm, which is a muscle below the lungs and supports breathing also becomes weaker, so the elderly person may have a more difficult time taking deep breaths. The cough reflex may be diminished and an older person may have a harder time coughing up mucus, which means it stays in the lungs, leading to more bacteria.

When working with an older adult, Home Health Aides/Personal Care Aides should allow them to take frequent rest periods as they may become easily fatigued or short of breath. If ordered in the Care Plan, they should encourage and assist with performing deep breathing exercises. A patient may also be working with a Respiratory Therapist who will assist them with practicing deep breathing and using tools such as an **incentive spirometer**. An incentive spirometer is used by having the patient breathe in deeply into a small machine. This helps to keep the alveoli in the lungs open. If the alveoli are open, there will be better oxygenation of the body, and unwanted carbon dioxide can leave the body. It is also a great way to help prevent pneumonia in elderly and bedridden patients.

Some patients may benefit from staying in a higher sitting position, known as **Fowler's Position**. This helps people to breathe better than if they were lying down. Home Health Aides/Personal Care Aides can adjust the patient's bed if it is adjustable to help keep them sitting in a high position. Pillows may also be used propped behind the patient's back to help keep them upright. They must remember to practice proper hand washing at all times.

If Home Health Aides/Personal Care Aides are sick, they should talk to their supervisor about whether they should go to work or if a mask should be worn while working with patients. If they need to cough, cough away from others into the crook of the arm. Don't cough into the hands without washing them afterward. It is important to keep the patient away from cigarette smoke and polluted air. During cold weather, ensure the patient is warmly dressed and has a scarf to cover their nose and mouth. This helps to prevent cold air from entering the lungs.

3.4.2? Self Check Activity

True or False?

1. One way to help an older patient breathe better is to keep them in a sitting position or propped up with pillows. True or False _____

2. Oxygen enters the body and carbon dioxide leaves the body in the alveoli. True or False _____

3. Lungs become stronger as people age. True or False _____

Check your answers!

Answer

1. True

2. True

3. False

Feedback:

1. A high sitting position is known as Fowler's position and can aide a person who has difficulty breathing to breathe more comfortably. The use of pillows propped behind the back will also aide with breathing.

2. The alveoli are small sacs at the base of the lungs where oxygen and carbon dioxide are exchanged. Oxygen enters and carbon dioxide exit.

3. The lungs become less elastic, making breathing more difficult as we age.

Cardiovascular System

The **cardiovascular system** consists of the heart and all the blood vessels of the body. As we age, fatty deposits or **plaque** deposit in our blood vessels. These fatty deposits cause the blood vessels to become stiff and blood does not flow through them as well. If there is a large amount of plaque build-up, the flow of blood can become blocked. **Coronary artery disease** (narrowing of the arteries that supply blood to the heart) or heart attacks can occur due to blocked blood flow. Some people take medication to lower cholesterol levels and to prevent chest pain. Home Health Aides/Personal Care Aides should report statements of chest pain, shortness of breath, or a feeling of tightness in the chest to their supervisor immediately. The largest artery of the heart, the **aorta** also becomes thicker and stiffer with age (Aging changes in the heart and blood vessels, 2012). This results in many elderly people having a higher blood pressure. Monitor the patient's blood pressure as directed in the Care Plan and report changes.

As we age, the normal rhythm of our heart also changes. Heart rate tends to decrease as we age. It is not uncommon for an elderly person to develop an **arrhythmia**, or an abnormal heart rhythm. In many cases this can be controlled by medications. Some patients may develop **heart failure**, which means the heart can no longer pump blood through the body as effectively as it used to. Patients may become short of breath, even when walking short distances or develop **edema**, which is a swelling of a body part, often the legs due to a build-up of water.

Medications and diet changes are used to try to control the symptoms of heart failure. Home Health Aides/Personal Care Aides should report any statements made by their patient of chest pain or shortness of breath or if they notice an increase in swelling or a sudden weight gain to their supervisor immediately. These are signs that heart failure is worsening. Patients with heart failure may be told to avoid lifting heavy objects, not to engage in strenuous exercise, and to take more rest breaks while doing physical activity. Help the patient maintain as healthy a lifestyle as possible by monitoring their diet and assisting with exercise as directed in the Care Plan. Home Health Aides/Personal Care Aides should monitor for any physical changes that occur and report them to their supervisor.

3.4.3? Self Check Activity

True or False?

1. Sudden weight gain, shortness of breath or edema in the legs is a sign that heart failure is worsening.True or False _____

2. Blockages in arteries can lead to a heart attack.True or False _____

Answer

1. True

2. True

Feedback:

1. Sudden weight gain, shortness of breath that increases and edema are signs that heart failure is worsening.

2. Blockages in arteries, which prevent blood flow can lead to a heart attack.

Integumentary System (Skin)

Changes in the **integumentary** (or skin) system may be the most visible changes of aging (Aging changes in skin, 2012). Hair becomes grey and thins, and skin becomes wrinkled. Nails become harder and more brittle. The skin is the largest organ of our

body. Skin serves to protect us from bacteria entering into our bodies, helps regulate our body temperature, helps us to regulate our fluid balance, and allows us to feel sensations such as heat or touch due to the nerve receptors within the skin. As we age, our skin becomes thinner, drier, and more fragile. Changes in the blood vessels within our skin also lead to the skin becoming more easily bruised and to bleeding.

As we age, **sebaceous glands**, which produce oil, become less active (Aging changes in skin, 2012), so skin is drier, less moist, may be itchy, and is more likely to break, leading to possible infections. To protect the skin, moisture must be added, such as in the form of body lotions. It is also important to encourage older people to stay hydrated by drinking plenty of fluids. Sweat glands also become less active, so older people perspire less. They may not need a complete bath as often, but should receive a sponge bath at least daily with a complete bath about twice per week (Leahy, Fuzy, Grafe, 2013). When we sweat, it is the body's way to keep cool. Since older people will sweat less, they are more at risk for overheating or getting heat stroke.

The **subcutaneous** or fat layer of the skin also thins. This leads to more difficulty with temperature regulation. Older people may become cold faster and are more at risk for developing hypothermia (Aging changes in skin, 2012). Care should be taken to ensure they are properly clothed and kept warm. Thinning of the fatty layer of the skin also means that older people have less padding to protect them from injury (Aging changes in skin, 2012). They may have bony areas that are at higher risk for developing pressure sores (Aging changes in skin, 2012). Care should be taken to turn and position bedridden patients every two hours and to protect bony areas with pillows. In addition, it takes about 4 times longer for aging skin to heal than younger skin (Aging changes in skin, 2012). In addition to the changes that occur from aging in the skin, an older patient may also have diseases and disorders such as diabetes that also prolong (lengthen) the period of time it takes for their skin and wounds to heal (Aging changes in skin, 2012).

3.4.4? Self Check Activity

True or False?

1. You can wait about 4 hours to turn and position a bedridden patient. True or False. _____

2. Lotion helps to protect the skin from breaks, openings, and tears, which can lead to infection. True or False. _____

3. Older people don't have to worry about their fluid intake.True or False. _____

Answer

1. False
2. True
3. False

Feedback:

1. Patients who are bedridden should be turned at least once every two hours to prevent pressure ulcer development.
2. Lotion helps to protect the skin, which is part of the innate system, and which protects us from infection. Lotion helps to keep the skin supple and moist.
3. Older adults have to have adequate fluid intake just as a younger person does. HHA/PCAs should encourage fluid intake and offer fluid to bedridden patients every two hours when turning and positioning

Musculoskeletal System

The **skeleton** is made up of the bones within the body. It provides support for muscles, protection for organs, and helps people to move. **Muscles** provide strength for the body to move. **Joints** are spaces in between bones, which are cushioned by cartilage and what is called **synovial fluid**. As people age, bones lose mass and calcium. Bones may become thinner and more likely to break. The spinal column may become curved, resulting in some elderly people having a stooped or bent over appearance. The spine is made up of **vertebral disks** which have fluid in between each disk. As we age, the fluid between these disks become thinner, and some people may actually lose height as this fluid thins and the vertebrae move closer together.

As people age, their muscles also weaken and lose tone. Elderly people may not have the same strength or **range of motion or ROM** (ability to move joints in different directions) as before and may have more difficulty with movement.Joints may become

stiff, and the fluid between joints decreases, resulting in cartilage between the bones rubbing together. This makes it harder for a person to move which can be very painful.

Some people have **arthritis**, which is painful inflammation in the joints. If safe and directed in the Care Plan, Home Health Aides/Personal Care Aides should encourage patients to perform range of motion exercises and walk as much as possible. This helps to strengthen bones and muscles, which also helps to prevent osteoporosis (Leahy, Fuzy, Grafe, 2013). **Osteoporosis** results in thin and brittle bones, which increases a person's risk of fractures. Home Health Aides/Personal Care Aides can assist with range of motion (ROM) exercises as directed in the Care Plan, and can encourage patients to complete as many activities as possible to keep their muscles and bones active.

Home Health Aides/Personal Care Aides may assist with performing range of motion exercises only as directed in the Care Plan (Leahy, Fuzy, Grafe, 2013). They should never perform these types of activities without proper training and direction from their supervisor, as it could result in injury to the patient. Patient's joints should always be supported during these types of activities. Joints can be supported by holding above and below the joint. For example, when performing exercises involving the knee, the HHA/PCA can hold the area below and above the knee joint during the activity. Patients should never be forced to do exercises that hurt. Joints should be moved slowly and gently during these exercises. Any pain should be reported to the supervisor. **Remember, you must NOT perform these exercises unless you have been properly trained and directed to do so.**

Range of Motion Movements:

- **Abduction**: moving a body part away from the midline of the body. For example, abducting the leg involves moving the entire leg away from the middle of the body.
- **Adduction**: moving a body part towards the midline of the body. For example, adducting a leg means the entire leg is moved towards the middle of the body.
- **Flexion**: bending a body part. For example, flexing a bicep involves bending it as if to make a muscle.
- **Extension**: straightening a body part. For example, extending a bicep involves straightening the arm.
- **Pronation**: turning downward. For example, the forearm and hand are turned so the palm of the hand faces downward.
- **Supination**: turning upward. For example, the forearm and hand are turned so the palm of the hand faces upward.
- **Dorsiflexion**: bending backward. For example, the toes are gently pushed towards the body to stretch the foot.
- **Plantar flexion**: pressing downward. For example, the toes are gently pressed down toward the sole of the foot.
- **Opposition**: touching the thumb to each finger. In opposition, each finger of the hand is gently moved toward the thumb to provide a gentle stretch of the hand and finger joints.
- **Circumduction**: making a circle with the joint. For example, circumduction of the shoulder involves the entire arm and shoulder moving in a large circle to gently exercise the joint and improve a person's ability to move their arm and shoulder.

Many patients may be on supplements such as calcium and vitamin D, which help to support healthy muscles and bones. Be aware of fall risks by keeping items out of the patient's path of walking, using assistive devices such as canes and walkers correctly, ensuring the patient has on non-skid shoes, and is wearing glasses and hearing aids so the person can see and hear what is going on around them.

3.4.5 Self Check Activity

True or False?

1. The risk for osteoporosis can be decreased by exercise such as walking.True or False. _____

2. Removing fall risks and teaching patients to use assistive devices correctly are the best ways to prevent a fall from happening.True or False. _____

Answer

1. True

2. True

Feedback:

1. Walking and light exercises help to strengthen muscles, joints, and bones. This can help decrease the risk for osteoporosis.

2. Fall prevention is the best treatment for falls. HHA/PCAs should always be alert to fall risks and take measures to ensure their patient safety.

Sensory System

The sensory system consists of our sense of **vision** (eyes), **hearing** (ears), **smelling** (nose), **taste** (tongue), and **touch**. Changes in vision can result in an increased risk of falls. Home Health Aides/Personal Care Aides must be aware of fall hazards. They should ensure their patient wears eyeglasses and keep rooms well lit. This will also help their patient to enjoy activities in which vision is important, such as reading. There are visual aids available that can enhance a patient's reading experience such as books on tape, reading materials with large print, and magnifying glasses. They can also read to their patient if they would like.

For patients who have trouble hearing, they should speak in a low pitched voice without shouting, and ensure that they are directly in front of them when speaking. If they wear hearing aids, ensure they are in good working order with working batteries and that the patient uses them correctly. Remember, not every older patient will have vision or hearing problems.

Our sense of smell also diminishes as we age. This puts elderly people at a risk for not smelling fumes such as gas or in the case of fire, smoke. Home Health Aides/Personal Care Aides should ensure smoke detectors and carbon monoxide detectors are in good working order. As we age, we also lose taste buds. Combined with a decreased sense of smell, this can result in a poor appetite and weight loss. Provide food choices that are appealing to the patient and find out what their preferences are about favorite foods.

The sense of touch also diminishes as we age. It is important to be cautious about extreme temperatures as an elderly patient may not be able to tell if something is too hot or too cold. Home Health Aides/Personal Care Aides should always use ice packs and heating pads as directed by the Care Plan. Never leave them on for long periods of time as it could result in frostbite or burns. They must watch the temperature of foods and drinks they serve their patient and ensure they are not too hot which could result in burns and scalds. Some older people and those with special conditions such as diabetes may also have poor circulation. This can result in lack of feeling in their feet. Inspect the patient's feet on a regular basis and ensure they wear proper footwear to protect them from injury.

3.4.6? Self Check Activity

True or False?

1. Heating pads and ice packs can be left on for long periods of time because they will help decrease pain.True or False. _____

2. All elderly people have vision and hearing problems.True or False. _____

3. Smoke detectors should be checked on a regular basis.True or False. _____

Answer

1. False
2. False
3. True

Feedback:

1. The health care worker should take caution to only leave heating pads and ice packs on for the prescribed length of time as older adults have a diminished sense of touch and may not be aware that their skin is burning or freezing.
2. Not all elderly people have vision or hearing problems.
3. Smoke detectors should be checked on a regular basis as they can help alert a patient to the presence of fire, even if they do not see, hear, or smell it.

Digestive System

The **digestive system** starts with the **mouth** where we take in food and begin the process of digestion by chewing. Food moves down the **esophagus** into the **stomach**, then into the **small intestine**, then into the **large intestine**, and finally, it is eliminated

through the **anus** through **peristalsis**.

Some elderly people may have a problem with chewing or swallowing food. This could result in a safety risk if the patient chokes. If Home Health Aides/Personal Care Aides notice their patient has any difficulties with chewing or swallowing, they should report these to their supervisor. Some patients may need to be on soft or pureed diets. If a patient wears dentures, ensure they are in place prior to meals. This will help them with chewing and properly digesting their food.

The movement of food through the digestive tract may also be slowed in some older adults. This could result in constipation.

1. True

2. True

Feedback:

1. People with diabetes have high glucose levels and may not produce enough insulin to allow the body to effectively use it for energy. They often have to monitor their blood glucose levels and sugar intake.

2. Due to aldosterone release decreasing, older adults may have a drop in blood pressure when getting up from a lying or sitting position. To provide for safety, patients should be allowed to dangle their legs at the edge of the bed before standing up.

means a lack of bowel movements, or a decrease in the number of bowel movements that are normal for that particular person. It may not be uncommon for some elderly people to only have a bowel movement every couple of days.

Home Health Aides/Personal Care Aides should report the frequency of bowel movements to their supervisor. Some older people may need to be on a bowel regimen to help them have regular bowel movements. This may mean they need increased fiber, which is found in foods such as fruits, vegetables and whole grains, or even medications such as stool softeners. Fluid intake and exercise are also important to maintain good bowel health.

3.4.7? Self Check Activity

True or False?

1. Dentures help people to chew their food which makes digestion easier.True or False. _____

2. If a patient has trouble swallowing, you don't need to tell anyone. Just cut their food smaller. True or False. _____

3. Taking in more fruits, vegetables, and water can help prevent constipation.True or False. _____

Answer

1. True
2. False
3. True

Feedback:

1. Dentures are prosthetic teeth that aid in chewing and digestion of food. HHA/PCAs should ensure patients who wear dentures have them placed prior to eating.

2. Difficulty swallowing can result in a choking risk. Always document any chewing or swallowing difficulties and inform your supervisor.

3. Increasing fluid intake, exercise, and eating foods high in fiber can help prevent constipation.

Urinary System

The urinary system consists of the **kidneys** (which make urine by filtering blood), **ureters** (which are tubes that carry urine from the kidneys to the bladder), the **bladder** (which stores urine), and the **urethra** (where urine passes through to the outside of the body). As we age, our kidney's ability to filter blood decreases. **Nephrons** are the filtering units of the kidney. They filter waste material and make urine. The number of nephrons decreases with age. This means the ability to filter waste products decreases. Some older people may have problems with their kidneys and have to have their kidney function monitored.

The muscle tone of the bladder becomes weaker and some elderly people may have difficulty holding the same amount of urine as they did when they were younger. They may need to urinate more frequently and wake during the night to do so (Leahy, Fuzy & Grafe, 2013). Since the bladder is weaker, it may also not empty completely. This leads to urine remaining stagnant in the bladder, which makes the person more at risk for a urinary tract infection. Home Health Aides/Personal Care Aides should report any changes in urination, such as in frequency, incontinence, inability to start the flow of urine, and reports of pain or burning while urinating to their supervisor.

Encourage patients to drink plenty of fluids. Some elderly people hesitate to drink enough water because they fear they will have "an accident" or become incontinent. Home Health Aides/Personal Care Aides should encourage them to not do this as it will only lead to dehydration and a higher chance of getting a urinary tract infection. Remember, incontinence is not a normal part of aging. They should report incidences of incontinence to their supervisor.

3.4.8? Self Check Activity

True or False?

1. Incontinence is a normal part of the aging process. True or False. _____

2. As we age our kidneys are not able to filter blood and get rid of waste as well.True or False. _____

3. A weak bladder and not drinking enough fluid can result in a urinary tract infection. True or False. _____

Answer

1. False
2. True
3. True

Feedback:

1. Incontinence is not a normal part of the aging process. It can indicate an illness, infection, or problem with medication. Incontinence should be documented and reported to a supervisor.

2. The kidneys lose nephrons, which are the functional unit of the kidney, as we age. This means we are less able to filter blood and remove wastes from the body.

3. If the bladder is weak and unable to empty well, it will cause urine to remain in the bladder stagnant. Not drinking enough fluids will result in wastes not being efficiently removed from the body. This will increase the risk of urinary tract infections.

Endocrine System

The **endocrine system** consists of **hormones** and organs such as the thyroid, parathyroid glands pancreas, and reproductive organs (Aging changes in hormone production, 2012). The **thyroid** is important for metabolism. Metabolism begins to slow as we age, beginning around the age of 20 (Aging changes in hormone production, 2012). Some older people may develop nodules on their thyroid gland and have to take medications for a thyroid gland that is overactive or underactive. The **parathyroid glands**, which are located near the thyroid are important to help with calcium balance. As people age, parathyroid hormone release increases (Aging changes in hormone production, 2012). This results in too much calcium in the bloodstream and not enough calcium in the bones. This can result in weaker and more brittle bones such as that found in osteoporosis.

Insulin, which is produced by the pancreas, and important for **glucose** (sugar) metabolism also decreases. Older patients may need to watch their sugar intake. Some elderly patients may develop **diabetes**. This means that the body is not producing enough insulin to allow the glucose (sugar) which we get from the food we eat to be used correctly. Some symptoms of diabetes include: excessive thirst, hunger, frequent urination, weight gain, and elevated blood glucose levels. A supervisor and the Care Plan will direct Home Health Aides/Personal Care Aides as to whether their patient should be on a low sugar diet and if they need to monitor their blood glucose prior to meals.

The **adrenal glands** are located one on top of each kidney. The adrenal glands produce **cortisol**, which is the stress response hormone, and **aldosterone**, which is the hormone that regulates our fluid balance in the body. While cortisol level release decreases

as we age, the amount of the hormone stays the same in the bloodstream (Aging changes in hormone production, 2012). Elderly people are just as susceptible to stresses as any other person. High levels of stress can result in a weakened immune system and cause other physical problems, such as high blood pressure. Home Health Aides/Personal Care Aides should help their patient to eliminate stresses from their life and provide them with time to talk about what is bothering them.

As we age, aldosterone release decreases. This can result in an elderly patient having a drop in blood pressure and feeling light-headed since the body is not able to regulate its blood pressure as well (Aging changes in hormone production, 2012). Watch for signs of light headedness anytime a patient moves from a lying down to a sitting and then standing position. Allow them a few minutes to sit and dangle their legs before they stand. This will allow their body to adjust to the changes in blood pressure.

3.4.9? Self Check Activity

True or False?

1. People who have diabetes have to monitor their blood glucose levels and watch their sugar intake.True or False. _____

2. Before getting an older person out of bed, you should let them dangle their feet at the edge of the bed to allow their body to adjust to changes in blood pressure.True or False. _____

Answer

1. True
2. True

Feedback:

1. People with diabetes have high glucose levels and may not produce enough insulin to allow the body to effectively use it for energy. They often have to monitor their blood glucose levels and sugar intake.

2. Due to aldosterone release decreasing, older adults may have a drop in blood pressure when getting up from a lying or sitting position. To provide for safety, patients should be allowed to dangle their legs at the edge of the bed before standing up.

Neurological System

The **neurological system** or **nervous system** consists of the brain and spinal cord. Aging can result in memory loss and concentration difficulties. There is generally a slowing of nerve firing, which results in a slowing of processing information or performing tasks. Elderly people may not be able to think or perform tasks as quickly as they could before. Remember, this is not necessarily a part of aging that occurs for everyone, and it varies from person to person. Home Health Aides/Personal Care Aides should encourage their patient to make decisions and choices and to be as independent as possible. Encourage a patient to make lists to help them remember tasks. Home Health Aides/Personal Care Aides should provide plenty of time for their patient to process information and to complete tasks.

While the brain loses some nerve cells, brain connections do continue to develop. Encourage patients to think about good times by asking them about their life stories and to show photographs. Encourage and assist with activities to keep their minds active such as jigsaw puzzles, reading, crosswords, and other activities to stimulate their mental processes.

Some patients who have **short–term memory loss** or loss of memory about recent events can become agitated and anxious about this. Home Health Aides/Personal Care Aides should provide reassurance to them and report any changes to their supervisor so that the healthcare team is aware. If their patient shows signs of forgetfulness or confusion, they should report these to their supervisor immediately.

3.4.10? Self Check Activity

True or False?

1. All elderly people become forgetful and have short-term memory loss.True or False. _____

2. Activities such as jigsaw puzzles, crosswords, and reading can help keep the mind active.True or False. _____

Answer

1. False
2. True

Feedback:

1. Forgetfulness and short-term memory loss is not a normal part of aging and not all older adults will exhibit these symptoms.
2. Engaging older adults in stimulating activities can help keep their mind active.

Reproductive System

Changes occur in the reproductive system as people age. Changes occur in both the female and male reproductive systems.

Females

In females, a process called **menopause** occurs. During this time, hormone levels change as ovaries stop making **estrogen** and **progesterone** and stop releasing **ova** (eggs) (Aging changes in the female reproductive system, 2012). **Menstruation** (otherwise known as a monthly "period") stops during this time. This typically occurs between the ages of 45-55 (Aging changes in the female reproductive system, 2012). Women can no longer become pregnant. As the hormone levels decrease, the vagina becomes thinner, drier, and less elastic. The labia (the external genital tissue) also becomes thinner, drier, and less elastic (Aging changes in the female reproductive system, 2012). These changes may be painful for some women. If a patient complains of pain in the vaginal area, Home Health Aides/Personal Care Aides should inform their supervisor.

A loss of estrogen also leads to an increased risk of osteoporosis (Aging changes in the female reproductive system, 2012), which is a condition in which bones become more brittle and are more at risk for fractures or breaks. There may also be an increased risk for urinary tract infections due to loss of bladder muscle tone. Loss of muscle tone in the pubic area could potentially lead to prolapsed bladder, vagina, or anus (Aging changes in the female reproductive system, 2012), which is a condition in which these organs drop from their original position to the outside of the body. If Home Health Aides/Personal Care Aides notice this condition, they should inform their supervisor. She will direct them about how best to care for this particular patient.

There may be a diminished sexual drive due to changes in hormones and physical changes within the vagina, but this is not necessarily the case. Many elderly women continue to have sexual desires and engage in sexual activity.

3.4.11 Self Check Activity

True or False?

1. After menopause, women are at a greater risk for osteoporosis due to a decrease in the hormone estrogen.True or False. _____

2. Menopause is the time when menstruation stops and women can no longer become pregnant.True or False. _____

Answer

1. True
2. True

Feedback:

1. As estrogen decreases, the risk for osteoporosis increases. Estrogen decreases after menopause.
2. Menopause is the cessation of menses (a woman's period). She is unable to become pregnant after this period as ova (eggs) are no longer released.

Males

In males, testicular tissue decreases with age and there may be a decrease in **testosterone**, which is the male sex hormone (Aging changes in the male reproductive system, 2012). Testes do continue to produce sperm, but at a slower rate than before. Some men

may experience erectile dysfunction, which is an inability for the penis to obtain or maintain an erection (Aging changes in the male reproductive system, 2012).

The prostate gland becomes enlarged. The prostate gland is at the base of the bladder and around the urethra, which carries urine to the outside of the body. As it enlarges, it presses on the urethra. This can result in difficulty during urination. Men may experience dribbling, only urinating small amounts at a time, or difficulty starting or stopping the flow of urine. This is called **Benign Prostatic Hypertrophy** (BPH), which occurs in about 50% of men (Aging changes in the male reproductive system, 2012). The risk for prostate cancer increases as men age (Aging changes in the male reproductive system, 2012). In some instances, an enlarged prostate may indicate prostate cancer.

It is a good idea for men to be screened for prostate cancer yearly by their health care professional.This is done by what is called a **DRE or Digital Rectal Exam**, where the physician feels the prostate for bumps with a finger entered into the anus. Men are also screened for prostate cancer by having blood work drawn to measure levels of **PSA or prostate specific antigen**. Higher levels could indicate that a man has BPH or possibly prostate cancer. Decreases in sex drive may occur in some men, but this is not a definitive part of aging (Aging changes in the male reproductive system, 2012).

3.4.12? Self Check Activity

True or False?

1. Benign Prostatic Hypertrophy (BPH) is a very common disorder occurring in older men.True or False. _____

2. Males should have their prostate gland checked yearly.True or False. _____

Answer

1. True

2. True

Feedback:

1. About 50% of older men have BPH.

2. To detect the risk for prostate cancer, which increases with age, men should have their prostate gland checked by their physician yearly.

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3.5: Aging and the Mind

As we age there is generally a slowing of nerve firing, which results in a slowing of processing information or performing tasks. Elderly people may not be able to think or perform tasks as quickly as they could before. Older adults may show signs of forgetfulness, which can be normal. However, when there seem to be many memory problems and forgetfulness seems to increase, this may be a sign of a more significant problem.

There may be temporary changes in mental function that come about suddenly. Sudden changes in mental functioning and personality can be indicative of a disease process. Changes in mental function that may appear suddenly and which may be temporary can be the result of dehydration, a urinary tract infection, fever, brain infection such as meningitis, a head injury, stroke, low blood sugar levels, alcohol or substance use, and interactions or side effects from medications. If their patient has any sudden changes in their mental function, mood, or behavior, Home Health Aides/Personal Care Aides should immediately report these to their supervisor.

Working with Patients who have Suffered from a Stroke

Other mental function changes that are more permanent may occur in some elderly people. A **stroke**, or a **cerebrovascular accident** can occur when there is a blockage in a cerebral artery in the brain, or if a blood vessel in the brain ruptures. Signs and symptoms of a stroke include numbness or weakness in the face or in the arms or legs, especially on one side of the body, difficulty speaking, using inappropriate words such as the wrong words for objects, and blurred vision. It may be helpful to remember the acronym **FAST** (Facial drooping, Arm weakness, Speech difficulties, and Time). If Home Health Aides/Personal Care Aides notice any of these signs, they should call for emergency help and inform their supervisor immediately. Time is of the essence. Their patient may need to receive immediate medical attention.

Sometimes, the effects of a stroke are temporary and the person may regain normal functioning. In other cases, there may be permanent changes within the brain and body. Careful attention must be paid while caring for a patient after a stroke. If their patient has lost the ability to use one side of the body, they should encourage use of the stronger side by placing eating and writing utensils on the strongest side. If their patient has developed speech or swallowing problems, a Speech Therapist may become involved in the patient's care. They will evaluate the patient's ability to speak and to swallow. Home Health Aides/Personal Care Aides should be patient while communicating. If their patient has swallowing problems, a special diet will need to be followed and liquids may need to be thickened to prevent choking. A patient who has suffered a stroke may also have vision problems. They may only be able to see half of what is in their field of vision. Approach the patient from their stronger side, place items they need on the side they can see from, and ensure they always know what is in front of them, especially when walking.

Working with Patients with Alzheimer's Disease

Alzheimer's disease is a disease affecting the brain which causes permanent and progressive (continuing to get worse) changes in the brain. It is the most common cause of **dementia** (the loss of the ability to think, remember, reason, and plan tasks) in the elderly.

Symptoms of Alzheimer's start out typically with memory loss. As it progresses, the person becomes very confused and may forget their family, who they are, and become unable to care for themselves. They may lose the ability to communicate and may have personality changes such as aggression and withdrawal. A person with Alzheimer's needs special care.

It is important for Home Health Aides/Personal Care Aides to provide a safe environment. They may wander and end up in an unknown place with no memory of who they are, how they got to where they are, or how to go back home. It is also important to try to prevent things such as fires as a person with Alzheimer's may begin to cook and forget they have food on the stove. Writing lists and labeling objects throughout the house may also be helpful to remind a patient with Alzheimer's disease what the objects are. It may even be helpful to place a note on the mirror with the patient's name or a label such as "Myself" if they are at the point where they no longer remember who they themselves are. Home Health Aides/Personal Care Aides should remember to be patient and encouraging, and find the things that seem to bring the most comfort and do these things with their patient. Many patients with Alzheimer's enjoy music and Home Health Aides/Personal Care Aides can try playing some to help their patient relax and find enjoyment.

Working with Patients with Parkinson's Disease

Parkinson's disease is also a progressive and incurable disease of the mind with permanent changes. People with Parkinson's have difficulty initiating movement, such as walking and have tremors which make it difficult to perform daily tasks such as feeding and dressing themselves. Muscles will become stiff and the person may have a shuffling gait or eventually not be able to walk at all. Dementia may occur with Parkinson's as it progresses. When caring for a patient with Parkinson's, Home Health Aides/Personal Care Aides should remember to be patient and encouraging. It is frustrating for them to be unable to care for themselves. Encourage them to do as much as possible, and assist them with ADL's as needed. When preparing food, keep in mind to prepare food that is easier for the patient to handle. Using adaptive eating utensils, plates, and cups can help make the eating experience more pleasurable and successful for the patient.

3.5.1? Self Check Activity

1. Which of the following are signs of a stroke?

    a). Drooping on one side of the face

    b). Trouble speaking

    c). Numbness or inability to use a leg or arm

2. People who have Alzheimer's Disease need to be carefully monitored for safety as they may forget tasks they are doing or wander.True or False. _____

Answer

1. ALL ARE CORRECT

2. True

Feedback:

1. Remember the acronym FAST to help quickly identify a stroke and obtain help for the patient. This includes: facial drooping, arm weakness, speech difficulties, and time.

2. Patients with Alzheimer's have memory loss and may quickly forget where they are or what they are doing. It is important for the HHA/PCA to carefully monitor any patients with dementia.

Self-Check Activity M3-19

1. Which of the following are signs of a stroke?

a). Drooping on one side of the face

b). Trouble speaking

c). Numbness or inability to use a leg or arm

2. People who have Alzheimer's Disease need to be carefully monitored for safety as they may forget tasks they are doing or wander.True or False. _____

Check your answers!

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3.6: Stress

A **stressor** is anything that causes stress. Even positive life events such as the birth of a baby or a wedding can cause people stress. Life events such as weddings, divorce, death, births of children, and retirement can cause people stress. Additional stressors affecting the elderly may include financial problems, death of a spouse, family, or close friends, physical changes, pain, and loss of independence.

When we feel stress, adrenaline is released by the endocrine system. It causes our blood pressure, heart rate, and respiratory rate to increase. Stress that is not relieved can result in long-term physical problems such as high blood pressure. It can also cause anxiety, depression, aggression, and mood swings. Some people manage stress by engaging in unhealthy behaviors such as overeating, smoking, yelling at those near them, or drinking alcohol.

If Home Health Aides/Personal Care Aides observe unhealthy coping behaviors from their patient and high levels of stress, they should discuss their concerns with their supervisor and work with him or her to develop healthy coping strategies for the patient.

3.6.1? Self Check Activity

1. Which of the following events can cause stress to a person?

- a). New marriage
- b). Birth of a baby
- c). Death of a spouse
- d). Retirement
- e). Loss of income
- f). New diagnosis of heart disease
- g). Pain
- h). Losing the ability to dress oneself

Answer

All of these events can cause a person to feel stress.

Feedback:

Both positive and negative stressors can contribute to a feeling of stress and cause a person anxiety, insomnia, high blood pressure, and other health problems. Stressors include a new marriage or one that has problems, the birth of a baby, the death of a spouse or loved one, retirement, loss of income, a new diagnosis of any disease or illness, pain, and losing one's independence and ability to perform tasks independently.

How to Help a Patient Effectively Manage Stress

- Encourage and provide healthy, nutritious food
- Encourage and work with the patient on maintaining physical activity or an exercise plan
- Promote good sleep by providinga peaceful sleeping environment
- Find activities the patient enjoys such as reading, listening to music, watching movies, or spending time with friends
- Teach the patient relaxation techniques such as deep breathing
- Provide a warm bath and back massage for the patient
- Apply lotion to the patient's legs and hands
- If the patient wishes, pray with them or organize a clergy visit
- Allow the patient space to be alone for short periods to relax and think
- Provide space and time for the patient to talk and encourage them to express their thoughts and feelings

3.6.1? Self Check Activity

Which of the following are healthy ways to manage stress?

a). Smoking

b). Overeating

c). Talking to a trusted friend

d). Drinking alcohol

e). Taking a warm bath

Answer

1. C and E

Feedback:

1. Healthy ways to manage stress include talking to a trusted friend, taking a warm bath, eating nutritious food, engaging in regular exercise, praying, and taking time to relax. Smoking, overeating, and drinking alcohol excessively contribute to stress.

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3.7: Post-test-

3.7.1 Exercise

1. **True or False:** All people have the same experience as they age.
2. **True or False:** All people, even those who are forgetful or have dementia have a right to confidential and respectful health care.
3. **True or False:** Dementia is a normal part of aging. All older people have trouble remembering things and are forgetful.
4. **True or False:** Handwashing is the best way to prevent the spread of infectious disease.
5. When people have trouble breathing, which is the best position to place them?
   A. Lying flat on their back
   B. Lying on their side with their knees bent
   C. Sitting upright in a high Fowler's position
   D. Lying on their back with their knees bent
6. **True or False:** Signs of possible worsening of heart failure include increased shortness of breath, sudden weight gain, edema of the legs, and chest pain.
7. Which of the following are signs and symptoms of a cerebrovascular accident (stroke)? **Select all that apply.**
   A. Numbness in the arms or legs on 1 side of the body.
   B. Sudden inability to see or blurred vision.
   C. Sudden inability to lift or move an arm or leg.
   D. Sudden inability to speak.
   E. Facial drooping, especially on one side of the face.
8. **True or False:** Patients should be allowed to sit at the edge of the bed and rest before moving to a standing position to allow adjustment to changes in blood pressure and prevent falls.
9. **True or False:** To protect the skin and prevent skin breakdown, pressure ulcers, and skin tearing, immobile patients should be turned and positioned every two hours with pillows used to protect bony areas.
10. **True or False:** Incontinence is a normal part of aging. All older people have urinary problems.
11. Which is a way to help people control incontinence?
    A. Limit the patient's fluid intake to prevent incontinence.
    B. Instruct patients to "hold" their bladder as long as they can to help strengthen their bladder muscle tone.
    C. Offer the bedpan or use of the toilet every two hours.
    D. Delay answering patient calls for help to use the bathroom.
    E. Offer the use of the toilet or bedpan every four to six hours.
12. When working with a patient who has Alzheimer's, the HHA/PCA should do which of the following? **Select all that apply.**
    A. Allow the patient to use the stove unsupervised.
    B. Take special precautions for the safety of the patient by providing close supervision.
    C. Use notes to help the patient remember the names of objects and people.
    D. Allow the patient to go to the supermarket alone.
    E. Lock the patient in a room for their safety.

Answer

1. False
2. True
3. False
4. True
5. C
6. True

7. All are signs of a stroke
8. True
9. True
10. False
11. C
12. B and C

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CHAPTER OVERVIEW

4: Working with Children

In this module, we will be discussing the specific needs of children who receive home care services. We will discuss why children may need home care and how the Home Health Aide/Personal Care Aide can best help meet the physical and psychological needs of children and their families. We will explore children's growth and development starting from infancy and ending with adolescence. We will examine how children may react to stress and the various problems that may affect families such as domestic violence, substance abuse, and mental illness. Finally, we will discuss how to help children cope with stress and to strengthen families.

4.1: Why Children May Need Home Care
4.2: Maslow's Hierarchy of Needs Applied to Children
4.3: Child Growth and Development
4.4: Physical, Cognitive, and Social Development in Childhood
4.5: Problems Affecting the Family and How Children React to Stress
4.6: Working Effectively to Strengthen Families
4.7: Post-test
4.8: References

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4.1: Why Children May Need Home Care

Children may face a number of situations in which home care is helpful to provide temporary care to recover from a medical illness or injury, or even long-term care if the child has a chronic illness or disability. Children who have sustained wounds, burns, or injury from a trauma such as a motor vehicle or sporting accident may benefit from receiving home care services. The child may need special medical care to treat wounds, perform dressing changes and to receive medications such as i**ntravenous (IV)** antibiotics (medications that are administered through a catheter into a vein). The child is able to receive the medical attention they need within their own home, while also reducing the financial burden on parents. Hospitalizations are very expensive.

Children who are mentally or physically disabled will also benefit from services provided by a home health care team. Just as in caring for an adult with a disability, children with mental or physical disabilities can receive care from a team of physicians, nurses, social workers, respiratory therapists, nutritionists, and a home health aide/personal care aide. By receiving home care services, the child may remain in the comfort of their own home, surrounded by the people and things they love, while also receiving necessary medical care and assistance with their activities of daily living (ADLs). Home care services for children with disabilities allows them to live as normal a life as possible with their family rather than living in a long-term care facility.

Children can have chronic illnesses just as adults do.

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Children who are mentally or physically disabled will also benefit from services provided by a home health care team. Just as in caring for an adult with a disability, children with mental or physical disabilities can receive care from a team of physicians, nurses, social workers, respiratory therapists, nutritionists, and a home health aide/personal care aide. By receiving home care services, the child may remain in the comfort of their own home, surrounded by the people and things they love, while also receiving necessary medical care and assistance with their activities of daily living (ADLs). Home care services for children with disabilities allows them to live as normal a life as possible with their family rather than living in a long-term care facility.

Children can have chronic illnesses just as adults do. **Muscular dystrophy** is a progressive disease in which there is a gradual wasting away of muscle. **Cerebral palsy** is a neurological disorder which affects motor development. Children with these disorders have difficulty with using their muscles and may need assistance with self-care such as feeding, toileting, and bathing. Children who have suffered from a head or spinal cord injury that has caused permanent brain damage and/or loss of function may also need assistance with self-care. A person with **paraplegia** (inability to use the lower part of the body) or **quadriplegia** (inability to use both the upper and lower body) is not able to fully care for themselves. Children also suffer from chronic health conditions such as diabetes, heart disorders, respiratory disorders such as **cystic fibrosis** and various types of cancer, such as **leukemia**. Vision and hearing disorders also affect children. Congenital disorders such as **Down‘s Syndrome**, a genetic disorder that can result in cognitive and physical disabilities, may also affect children. Receiving home care services allows the child to receive the medical attention they need within their own home so they may be close to family and what is familiar to them. It also helps to reduce costs of hospitalizations and long-term care facilities.

Home care services may also be used to help families who have recently given birth to a child who is **premature** (born before they are fully mature in the womb), or who has a physical disability due to a **birth defect**. Mothers and fathers may be overwhelmed by the care the new baby needs and may benefit from a Home Health Aide/Personal Care Aide providing them assistance as they adjust to the care of their newborn. A new parent may need assistance with providing care for the baby such as feeding, bathing, and diapering. They may also need assistance with providing self-care to the new mother, and with basic household tasks such as laundry, cleaning, meal planning, preparation, and shopping.

Premature babies are babies who are born before 37 weeks of gestation (Leahy, Fuzy & Grafe, 2013). These babies are born too early and are not yet fully developed. Premature babies may need special care once they are released from the hospital. Special attention must be paid to helping these babies meet their nutritional needs, monitoring intake and output, weight gain and vital signs to ensure they develop in the way they should. Sometimes, mothers who have not yet given birth may be put on bed rest to

prevent complications of pregnancy. They may benefit from assistance from a home health aide/personal care aide in meeting their self-care needs and in preparing for the coming baby.

When a child has suffered from the death of a parent, they may also benefit from receiving home care services. The remaining parent or family members may be overwhelmed emotionally and unable to meet the physical and emotional needs of the child. Home Health Aides/Personal Care Aides can provide housekeeping, meal planning and preparation, and completion of activities of daily living assistance for children and families in these types of situations. Finally, there are situations in which children face domestic violence, abuse, neglect, or substance abuse by a parent within the home. The home health care team can assist the child with meeting his or her physical and emotional needs, while monitoring the safety of the child within the home, and providing care for the entire family.

4.1.1? Self Check Activity

Children with_____ may benefit from home health care. Select all that apply.

- Cancer
- Cystic Fibrosis
- Heart disorders
- Birth defects
- Cerebral palsy
- Chronic illnesses
- Physical disabilities
- Down's Syndrome
- Cognitive disabilities
- Hearing impairments
- Respiratory illnesses
- Burns
- Wounds
- Asthma
- Diabetes
- Vision impairments
- Head injury

Answer

If you selected all of the answer choices, you are correct. Children may have many different disorders, disabilities, illnesses and injuries. Children who have any of these issues may benefit from home care services.

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4.2: Maslow's Hierarchy of Needs Applied to Children

Just as adults, children go through stages of physical and psychological growth.In Module Two, we discussed Maslow's Hierarchy of Needs. Here, we will discuss the specific needs of children according to this hierarchy and how to best meet those needs as a Home Health Aide/Personal Care Aide.

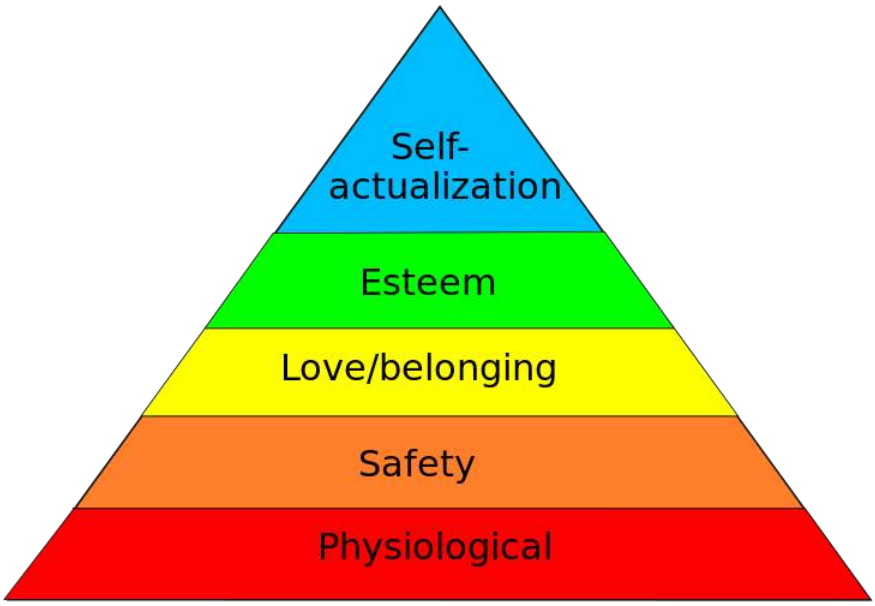


Figure 4.2.1: Maslow's hierarchy of needs. (By FireflySixtySeven [CC BY-SA 4.0], via Wikimedia Commons. Retrieved from https://commons.wikimedia.org/wiki/F...chyOfNeeds.svg)

Physical Needs

Children have the same basic physical needs as adults do. They need oxygen, food, activity, sleep, and must eliminate in order to survive. Home Health Aides/Personal Care Aides will work to help children meet their basic physical needs, just as they do with adults. They will assist them to complete Activities of Daily Living (ADLs) such as eating, drinking, toileting, bathing, and grooming. Taking vital signs, shopping for and preparing food for their patient, and measuring **intake and output** are other important tasks Home Health Aides/Personal Care Aides do to help patients meet their physical needs.

Safety and Security Needs

After meeting basic physical needs, children must have their safety and security needs met. This includes having a safe place to live and not feeling afraid within our homes, or of the people around us. Home Health Aides/Personal Care Aides work within the child's environment to make their home safe so that the child feels safe. This means they will need to ensure that there are no hazards in the patient's home such as clutter or loose rugs that could cause a patient to slip, trip, or fall.Special safety precautions for children also includes to make sure medications in the home are locked up, cleaning equipment is kept out of reach, and electrical outlets are kept covered to avoid children sticking their fingers or objects into them and risk getting electrocuted.Performing light housekeeping duties such as laundry, vacuuming, and cleaning, maintains a safe environment for the child.

Children who are sick often feel afraid. The job of a HHA/PCA is to help them feel secure by reassuring them, being patient when they try to complete tasks on their own, and being competent (good) in the tasks they complete. Home Health Aides/Personal Care Aides must also always be on the lookout for signs of abuse or domestic violence. Children need to grow in a safe environment. Home Health Aides/Personal Care Aides should document and report any signs of abuse or neglect to a supervisor immediately.

Need for Love and Belonging

Once children have met their physical and safety/security needs, the need for love and belonging is the next important level in order for a child to grow and flourish. This need includes feeling that they are loved and cared for. Children need to feel important to other people and to feel that they are a part of something, such as a family or community. Children need to feel special and loved, and that they are a valued part of their family and community. For Home Health Aides/Personal Care Aides, the way they care for the children they work with demonstrates to them that they care for and about them. This means being patient, kind, compassionate, understanding, trustworthy and accepting their patient's thoughts, feelings, and uniqueness, even if they do not agree with them.

Family is an important part of a child's life and helps them to meet their need for love and belonging. We all have different views of what "family" means to us. Home Health Aides/Personal Care Aides should be careful not to judge their patient's family or the ways they think care should be provided to the child. Include the patient's family in their care whenever possible. HHA/PCAs may also be educating parents and other caretakers in how to care for the child. The need to socialize with other children is also very strong. Children with disabilities may not have as many opportunities to socialize with other children. Home Health Aides/Personal Care Aides should provide opportunities for the child to play with other children their same age whenever possible.

Need for Self-Esteem

The need for self-esteem is the next level in Maslow's Hierarchy of Needs. Self–esteem involves valuing and respecting oneself and learning that you are a good and worthy person. **Self-esteem** comes from within us, and from interactions and feedback from other people. When people become sick, injured, or disabled, their self-esteem may be affected. Young children and adolescents are especially vulnerable when it comes to developing positive self-esteem. Being sick may affect the way they see themselves. They may have many emotions about their appearance or physical disability.Home Health Aides/Personal Care Aides can help patients to accept physical changes by demonstrating their acceptance. Showing that they are okay with their physical or mental disability will tell the child that they accept them the way they are.

It is also important for HHAs/PCAs to encourage the child to perform as many activities as they can independently. This will help their self-esteem to grow. Treat each child as unique with special talents and strengths. Find out what the child's interests and talents are and work to encourage their development. Young children need opportunities to play make believe. Home Health Aides/Personal Care Aides should provide lots of opportunities for the child to play and explore the world.This helps them to try on roles, such as learning to care for a baby by playing with a doll or cooking with their pretend food.

Children can also develop self-esteem by assisting with household chores and being given responsibilities. This helps them to feel that they are contributing to their family. While parents may have the final say in what is best for their child, it is important to remember that the child also has a voice. Allow the child to express their thoughts and feelings and give them choices whenever possible. Home Health Aides/Personal Care Aides can ask children what outfit they would prefer to wear that day or what toy or activity they would like to play with. Remember to provide lots of praise and encouragement for children as this will help their self-esteem to flourish (grow).

Need for Self-Actualization

The need for self-actualization is the highest level of Maslow's Hierarchy of Needs. Self-actualization means that we try to be the best person that we can be and try to reach our full potential. The goals that we each set often change throughout our lives and may change as a result of experiencing an injury, illness, or disability. Remember that it is important to accept others the way they are.If a child has a physical or mental disability, the goals they set may need to be broken down into smaller ones so that they are able to achieve them. An important part of development for children is that they learn to set and work towards goals. Home Health Aides/Personal Care Aides should help the children with whom they work set goals to achieve things such as learning to dress or feed themselves, completing a jigsaw puzzle, learning to read a book, or even learning to tie their shoes. Provide lots of encouragement and praise as children work towards new goals.

4.2.1? Self Check Activity

Match the HHA/PCA's task to the appropriate level of Maslow's Hierarchy

HHA/PCA's task	Maslow's Hierarchy
1. Providing opportunities for children to play with others their same age and to be actively involved with their family.	a. Physical needs

HHA/PCA‘s task	Maslow‘s Hierarchy
2. Assisting the child with bathing and dressing.	b. Safety and security needs
3. Help the child set a goal of learning how to tie their shoelaces by breaking it down into smaller steps and providing lots of praise along the way.	c. Love and belonging needs
4. Reporting a suspicion of child abuse to a supervisor.	d. Self-esteem needs
5. Giving children a responsibility in the home such as picking up their toys and praising them for doing a good job afterward.	e. Self-actualization needs

Answer

1) C

2) A

3) E

4) B

5) D

Feedback:

1. Providing opportunities for children to play with others and interact with their families are ways the HHA/PCA can help a child meet their need for Love and Belonging.

2. Assisting children with bathing, dressing, toileting, and eating are helping them meet their basic Physical Needs.

3. Encouraging a child to set goals that are within their reach and helping them achieve those goals by breaking them down into smaller pieces are ways that a HHA/PCA can help a child become the best they can be and meet their Self-actualization Needs.

4. HHA/PCAs must always be alert to any possible instances of domestic violence or child abuse/neglect. Reporting suspicions to a supervisor and the proper authorities helps children to meet their Safety and Security Needs.

5. Providing responsibilities for children in the home and praising them for their completion is an excellent way for HHA/PCAs to help children meet their Self-esteem Needs.

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4.3: Child Growth and Development

As children grow and develop, they go through many physical, cognitive, and emotional changes. These changes are known as **human growth and development**. All children will go through these stages, but they may not go through them in the same manner or rate as other children. **It is important to remember that all children are unique**.

Jean Piaget, a famous developmental psychologist developed a theory called the **Cognitive Development Theory**. It is widely used today to understand the cognitive development of children. He believed that children go through four stages as they **construct** (make and understand) meaning of the world.

Sensorimotor Stage (birth to 2 years)

Infants construct an understanding of the world as they interact with it using their senses. Infants use the sense of sight, hearing, touch, smell, and even taste to learn about the world around them. Their senses are combined with physical actions and muscle movements such as pushing, pulling, and kicking to make sense of objects around them. For example, a baby kicks a brightly colored ball and learns to understand that they can make the ball move by using their muscles. However, if the ball is out of their sight, they will no longer think about it until they develop object permanence, which occurs at the end of this stage. **Object permanence** is the understanding that something exists even though it is no longer in sight.

Preoperational Stage (2 to 7 years)

During this stage, children learn about their world beyond just senses and using motor actions. They also learn to understand the meaning of words and images. They learn about the world by looking at pictures, symbols, and books. Piaget believed that children at this stage cannot perform operations or solve problems mentally, but still focus on the physical understanding of the world. For example, a child in this stage could not say if there was the same amount of liquid in two glasses even if they saw you pouring equal amounts of liquid in two cups, with one cup tall and the other short. To a child in this stage, there appears to be more liquid in the short glass because the glass appears to be fuller. Children in this stage also believe that inanimate objects such as toys and trees have human like qualities.

Concrete Operational Stage (7 to 11 years)

In this stage, children learn to perform operations such as math and to reason logically. However, Piaget believed that children at this age can only do this with **concrete things** (things that are right in front of them). He felt they are unable to reason about **abstract things** (things we can only think about or imagine). If a child in this stage was shown the same two glasses in the example as discussed above, they would have an understanding that there was an equal amount of liquid, even though one glass is taller than the other.

Formal Operational Stage (11 years to adulthood)

At this stage, Piaget believed that people can move beyond what is concrete (or right in front of them) and think in abstract ways about things that are not right in front of them or which they can only imagine. They are able to reason and perform logical thinking about abstract things. People at this stage begin to think about the possibilities of what could be in the future.

4.3.1? Self Check Activity

Match the skill with the Cognitive Development Stage it represents.

Skill	Cognitive Development Stage
1. A baby hits the mobile with her hand and laughs when it starts to spin.	a. Sensorimotor Stage
2. A child says, “The tree is dancing” when he sees the leaves blow.	b. Preoperational Stage
3. A teenager dreams about one day becoming a police officer.	c. Concrete Operational Stage
4. A child is able to understand that liquid poured into two different shaped glasses has the same amount of liquid.	d. Formal Operational Stage

Answer

1). A

2).B

3).D

4).C

Feedback:

1. In the sensorimotor stage babies learn to explore the world around them by using their sense and physical movements such as pushing and kicking. Exploring the world in these ways helps them to learn about the environment around them and that they can have an impact upon it.

2. Children in the preoperational stage often give inanimate objects such as trees, lifelike qualities. They learn to understand the meaning of words and images. They still have trouble thinking abstractly and are unable to understand that the same amount of liquid poured into two different shaped glasses is still the same amount of liquid.

3. Teenagers are able to think abstractly about things that are in the future. Their thinking is no longer limited to what is concrete and right in front of them. This helps them to imagine what life can be like. This is the Formal Operational Stage.

4. Children who understand that the same amount of liquid poured into two different shaped glasses is still the same amount of liquid are in the Concrete Operational Stage.

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4.4: Physical, Cognitive, and Social Development in Childhood

Infancy: Birth to 12 months

Physically, infants grow very quickly. Infant growth occurs from the head down (Leahy, Fuzy & Grafe, 2013). This is the reason why an infant's head may appear bigger than their body. Infants gain control over the head and neck muscles before they gain control over their arms and legs (Santrock, 2009). It is very important to remember to always provide support for an infant's head and neck as they do not have the ability to provide this support for themselves. Never rush a baby to perform any skills they are unable to do before they are physically ready. For example, people should not rush an infant to walk if they are not yet able to stand. Infants typically crawl before they sit and sit before they stand or walk. Infants require a lot of sleep during this time period and may sleep between 10 and 21 hours per day (Santrock). Home Health Aides/Personal Care Aides should provide the baby with a safe environment in which to sleep, such as a crib. Do not put stuffed animals or too many blankets in the crib as this could potentially lead to suffocation.

Language development is also very fast at this stage. Babies move from saying a word or two at around 12 to 13 months to having a vocabulary of about 200 words by 2 years of age (Santrock, 2009)! It is important that children have plenty of interaction with others who speak with them in order to develop their language skills. Infancy is also an important time for children to begin to develop trust in others. Home Health Aides/Personal Care Aides should ensure that the baby they are working with has all their needs met such as being fed, bathed, changed when diapers are soiled, and comforted when they are crying. This helps to support positive development and trusting relationships in caretakers.

According to Piaget, a child at this stage would be in the sensorimotor stage. To support cognitive development of children at this age, Home Health Aides/Personal Care Aides should provide lots of stimulation with safe toys they can touch and move with a variety of colors and shapes. Allow babies to explore their environment in safe ways. Babies are very interested in putting things into their mouths to explore their world. Provide safe toys for a baby to do this.

4.4.1? Self Check Activity

True or False?

Babies learn to trust by having their physical and emotional needs met by their caretakers. True or False. _____

Safe and stimulating toys help babies explore their world.True or False. _____

When holding a baby a person should always support the head and neck. True or False. _____

Answer

1. True
2. True
3. True

Feedback:

1. It is important for caretakers to provide a safe and secure environment for babies in order that they learn to trust the world around them. This includes feeding when hungry, changing soiled diapers and bathing when dirty. Handling babies with care and using a calm and soothing voice when working with babies also helps them to learn trust.

2. Babies explore the world around them by putting objects into their mouth and using physical movements such as pushing and kicking. The HHA/PCA can help a child's physical and cognitive development by providing toys that are stimulating and safe for which to play.

3. A baby's head and neck should always be supported when held or as the baby is picked up. Babies do not have control over their head or neck muscles, so the HHA/PCA needs to take care to provide this support for the head and neck during handling of an infant.

Toddler: 1-3 years

Toddlers continue to grow and develop physically. This is also a time of great growth cognitively and socially. Children at this stage advance with their ability to use **gross motor skills** (activities using large muscles such as kicking a ball or walking) as well as **fine motor skills** (activities using smaller muscles such as picking up paper or drawing) (Santrock, 2009).

Toddlers have a desire to become independent as they now see themselves as separate from their parents or caretakers. Independence should be encouraged in a safe manner. For example, infants who want to climb the stairs themselves should not be allowed to do so. However, with support and careful assistance from a HHA/PCA standing behind them and providing assistance, toddlers can learn to go up the stairs one at a time safely.

Toddlers also learn to gain control over their bowel and bladders during this time. Praise should always be provided during toilet training and children should not be scolded if they have "accidents" or wet the bed. This will only damage their self-esteem.

Since this is a time of great exploration, care should always be taken to provide for a safe environment. Medications, cleaning supplies, and other hazardous chemicals and objects should be locked up and away from a toddler's reach.

Home Health Aides/Personal Care Aides should provide encouragement for a toddler to explore their environment and to play games such as make-believe. This is also an important time to develop routines and rules to follow. Toddlers may have temper tantrums when they do not get their way and scream, kick, or throw things. Home Health Aides/Personal Care Aides should remain calm and be firm yet gentle as they redirect them toward another activity.

According to Piaget, children at this stage are in the Sensorimotor to Preoperational Stages, depending on their age. Children at this age begin to represent the world using symbols, and inanimate objects can take on lifelike qualities. There is a great deal of imagination at use. Puppets, coloring, drawing, and make-believe play are good opportunities to help a child develop cognitively at this stage.Exploration of the environment around them is important. Home Health Aides/Personal Care Aides should provide lots of play opportunities for the child. Allow them to learn what they are capable of doing, such as building towers with blocks. Home Health Aides/Personal Care Aides should assist with development of language by reading to the child and pointing to objects in books as they name them.

4.4.2? Self Check Activity

True or False?

1. A person should scold and punish a child who has had an "accident" or wet his or her pants.True or False. _____

2. Safety is a major concern during the toddler years as toddlers are very curious about their environment and are trying to become independent.True or False. _____

Multiple Choice

3. Drawing is a way to help children develop this kind of motor skill:

a). Gross motor skills

b). Fine motor skills

4. These types of motor skills involve large muscles of the body and are used during walking.

a). Gross motor skills

b). Fine motor skills

Answer

1. False
2. True
3. B
4. A

Feedback:

1. A caretaker should never scold a child for having an “accident”. This would be very damaging to the child’s self-esteem. Children are just learning control over their bowels and bladders during the toddler years. The HHA/PCA should provide frequent opportunities for the child to use the bathroom and provide praise when the child has successfully used the restroom.

2. Toddlers are very curious and have a strong desire to be independent. This could lead them to get hurt. The HHA/PCA should be cautious to provide the child with opportunities to become independent and explore their world, but to do so in a safe manner and under supervision.

3. Fine motor skills are those that use smaller muscles of the body. Writing, drawing, using a fork, and picking up small items are activities that use smaller muscle groups and develop fine motor skills.

4. Gross motor skills are those skills that use large muscles of the body. Walking, running, riding on a bicycle, and swimming are activities that use large muscle groups and develop gross motor skills.

Preschool: 3-6 years

Physical development continues during the preschool years. Gross and fine motor skills continue to develop. Physical activity is important to help children develop motor skills and to maintain healthy weight. During the preschool years, children continue to gain independence and begin to form social relationships.

Vocabulary and language development is very fast. Home Health Aides/Personal Care Aides should continue to read to the child but allow them to read if they are able.Provide lots of encouragement and praise during reading to help build self-confidence. Encourage children to develop language and fine motor skills through writing and drawing activities. This is also a good time to begin to teach children right from wrong and to take on small responsibilities within the home such as cleaning up their toys or helping to set the table. This will encourage self-esteem to flourish. According to Piaget, the child continues to be in the Preoperational Stage of cognitive development. Home Health Aides/Personal Care Aides should continue to provide play opportunities and encourage imagination and exploration of the world around them.

4.4.3? Self Check Activity

True or False?

1. Make believe and games that encourage imagination are important activities for the preschool child. True or False. _____

Answer

1. True

Feedback:

1. Exploring the world through imagination is an important cognitive and social task of the preschool child. HHA/PCAs should encourage children to play make believe games and to try on new roles such as learning to care for a baby while playing with a doll and playing with pretend food.

School Age: 6-11 or 12 years

School age children continue to grow but at a more consistent and steady rate than in earlier childhood (Santrock, 2009). Children at this age become involved in many physical activities which continue to help improve their muscle coordination and balance. Children often become involved in activities such as running, bike riding, skating, and swimming. These are good activities for children and will help them to maintain a healthy weight.

The school age years are a time of great cognitive and social growth. Children enter school often for the first time and begin to develop social connections and friendships. They begin to learn **gender behaviors** (how females and males act) (Santrock, 2009). Their sense of self-esteem is developing and opportunities to encourage and praise should be sought.

School age children may need assistance with completing their homework and studying for exams. Home Health Aides/Personal Care Aides should provide opportunities for children to read by allowing them to read to them or their loved ones and to practice

writing skills. Provide lots of encouragement and praise during reading to help build self-confidence. Provide assistance when the child struggles with a word but do not take over or make them feel badly for not being able to recognize a word. Help them to sound it out. This is the time period when learning disabilities may become apparent. If Home Health Aides/Personal Care Aides notice the child appears to struggle with keeping attention, reading, writing, or with math, they should inform their supervisor. There are many support systems in place within schools to help children who struggle with learning. Specialists such as speech therapists and social workers may be added to the team to work with children who struggle with speech problems or emotional issues.

According to Piaget, children at this stage are in the Concrete Operational Stage and are better able to reason logically if there are specific and concrete situations. Support their cognitive development by working with them with games such as memory and using math and language workbooks.

4.4.4? Self Check Activity

True or False?

1. Signs of a learning disability may include trouble paying attention and difficulty reading.True or False. _____

2. Exercise and play are important activities to help children maintain a healthy weight and to socialize with their peers.True or False. _____

Answer

1. True

2. True

Feedback:

1. During the school age years when the child enters school, a learning disability may become evident. If the HHA/PCA notices the child struggling with reading, writing, math, or keeping attention and staying focused on school-work, they should inform their supervisor. Many support systems are in place to assist children who may struggle with learning. This will help them become successful in school and life.

2. The HHA/PCA should encourage and provide opportunities for children to engage in exercise through biking, swimming, and other games such as basketball and soccer. This will help them to maintain a healthy weight and to learn important social skills as they play with other children.

Adolescence: 11 years to 19 years

The adolescent years are when puberty occurs. **Puberty** is a stage of development when hormones change and secondary sex characteristics such as body hair, breast and testicular growth occurs (Leahy, Fuzy & Grafe, 2013). Teens may begin to shave for the first time. Self-care is important and opportunities to provide assistance and encouragement to maintain personal hygiene should be provided. Teenagers may suffer from oily skin and acne and care should be taken to keep the face and body cleaned. Most teens become very focused on their appearance during this time and may need encouragement and support to deal with changing moods and worries about how they look or if peers like them.

This is also a time where **peer pressure** (pressure from other children of the same age) can become intense (Santrock, 2009). Teens may experiment with romantic or sexual relationships, drugs, alcohol, or smoking. This is a good time to provide education about these topics. If Home Health Aides/Personal Care Aides have any concerns about a teen they work with using substances such as alcohol, drugs, cigarettes, or engaging in sexual activity, they should inform their supervisor.

Some teens may experience eating disorders because of concerns about their physical appearance. **Anorexia** is a disorder in which a person does not eat or exercises excessively (Leahy, Fuzy & Grafe, 2013). **Bulimia nervosa** is a disorder in which the person eats very large amounts of food and then purges (vomits) or uses laxatives to have bowel movements in order to eliminate the food. Both disorders have very serious physical and emotional consequences, and could result in malnourishment, serious physical problems such as heart disorders, and psychological problems such as depression or suicidal thoughts. Home Health Aides/Personal Care Aides should immediately inform their supervisor if they suspect the teen with whom they are working has an

eating disorder or an emotional issue such as depression or thoughts of suicide. Medical and psychological intervention, and sometimes hospitalizations and medications may be necessary to help a teen with these disorders.

According to Piaget, adolescents begin to enter the Formal Operations Stage in which they can think in abstract ways about things that are not in front of them. Adolescents begin to wonder about their future lives. Home Health Aides/Personal Care Aides should support this development by discussing with them thoughts about what they would like to do in the future and support their interests and dreams.

4.4.5? Self Check Activity

Multiple Choice

1. This eating disorder involves not eating or exercising excessively:

    a). anorexia

    b). bulimia nervosa

2. This eating disorder involves purging after eating or the use of laxatives

    a). anorexia

    b). bulimia nervosa

True or False?

3. Teens who make statements about wanting to die are at risk for suicide and a person should report this to a supervisor immediately. True or False. _____

Answer

1. A
2. B
3. True

Feedback:

1. Anorexia is an eating disorder in which the person does not eat or exercises excessively.
2. Bulimia nervosa is an eating disorder in which the person purges and vomits or uses laxatives to rid their body of food.
3. Any person, including teens who makes a statement about wanting to die are at risk for suicide. The HHA/PCA should immediately inform their supervisor to get the help the person needs.

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4.5: Problems Affecting the Family and How Children React to Stress

Types of Families

We have discussed throughout these modules that families can mean different things to different people. Support the patient's view of who constitutes their family. Some children come from homes with a single-parent, while others may have parents who are divorced, or a parent who has died. Some children live in blended families where a parent has remarried. There may or may not be children from the new parent's previous relationship or even new children from the new marriage. These adjustments may be difficult for the child to deal with. Divorce may be particularly difficult for children and they may express emotions such as anxiety, depression, sadness, and anger. Some children may even act out and have temper tantrums, start fights, and get into trouble in school. Home Health Aides/Personal Care Aides should provide support to the child by allowing them room to express their thoughts and feelings. If they have concerns about the adjustment of the child, these should be discussed with their supervisor. A social worker may be able to work with the child to assist them to adjust during stressful time periods of family change.

Guidelines for Communicating with Children about Divorce:

- Explain that the separation is not the child's fault and that they are loved by both parents and the entire family.
- Ensure the child understands that they will still be taken care of by their parents and others who love them.
- Give the child room to express their thoughts and feelings. Some children may prefer to talk about and others to draw about their feelings.
- Encourage the family to maintain routines in the home and to keep rules and traditions as consistent as possible for the child.
- Encourage the parents to explain to the child reasons for the separation in a way they will understand.

Styles of Parenting

There are different styles of parenting. Diana Baumrind is a developmental psychologist who described four types of parenting styles:

- *Authoritarian parenting*: In this style of parenting, firm limits are placed on children and parents expect children to do as told without question (Santrock, 2009). Parents may spank the child, be threatening, and enforce rules without explaining why they are in place. A typical statement by an authoritarian parent may be, "Do it because I said so or else." Children from these types of parents may be fearful, unhappy, and have poor communication skills (Santrock).
- *Authoritative parenting*: In this style of parenting, limits are placed on children but there is a verbal give and take between parent and child (Santrock, 2009). Children are encouraged to be independent within limits. Parents are nurturing and demonstrate warmth toward their children. A typical statement by an authoritative parent may be, "Let's talk about why I want you to follow this rule." Children from these types of parents often learn self-control, tend to be cooperative with others and positive (Santrock).
- *Neglectful parenting*: In this style of parenting, parents are uninvolved with the child (Santrock, 2009). The child is allowed to do whatever they want. A typical statement by a neglectful parent may be, "I don't care. Do what you want. I am busy." Children from these types of parents tend to have low self-esteem and may end up in risky situations in which they get into trouble (Santrock).
- *Indulgent parenting*: In this style of parenting, parents are very involved with their child but do not place enough limits on their children (Santrock, 2009). Children are allowed to do whatever they want, although the parent cares and is involved. A typical statement by an indulgent parent may be, "It's okay. You can do what you want. I want you to be able to control your own life." Children from these types of parents tend not to learn self-control and expect to get whatever they want (Santrock).

Authoritative parenting tends to be associated with the most positive outcomes for children (Santrock, 2009). If Home Health Aides/Personal Care Aides have concerns about parenting styles they see in the home, they should be discussed with their supervisor. She can help them develop a plan for educating parents about other ways to communicate with and set limits with children. Remember that there may be cultural differences in parenting. For example, Asian American parents tend to be authoritarian but in a less dominating way. Latino families also tend to use a more authoritarian approach but in a way that emphasizes respect and is not threatening. African American parents also tend to be more authoritarian and may use spanking. However, the use of physical punishment within this culture has been shown to have more positive outcomes within African American families (Santrock). While it is important to promote the most positive parenting style, it is also important to be aware of cultural differences and what may work best within one culture versus another.

4.5.1? Self Check Activity

1. Which of the following styles of parenting tends to be associated with the most positive outcomes for children?

    a). authoritarian

    b). authoritative

    c). neglectful

    d). indulgent

Answer

1. B

Feedback:

1. Authoritative parenting, in which limits are placed on children but there is a verbal give and take between parent and child and children are encouraged to be independent within limits tends to be associated with the most positive outcomes for children.

Socioeconomic Status

Socioeconomic status means the social and financial level of the family. Families who have low incomes may have less access to resources than families from higher incomes. They may need more support from a HHA/PCA and more assistance to find resources available to them. It is important to ensure the family has access to resources such as food, clothing, and healthcare. There are resources within communities to help families who may be struggling. Federal and state financial assistance may also be available for these families. Home Health Aides/Personal Care Aides should discuss their concerns with their supervisor and how they can best help these families.

Children from low income families may struggle in school. They may feel embarrassed if their family is unable to afford the latest trends in clothing or technology. They may struggle with schoolwork and may not be getting the help they need at home. Share any concerns with a supervisor so that these issues may be addressed within the Care Plan.

Domestic Violence

Domestic violence is abuse that occurs by spouses, intimate partners, or family members. It can include any type of abuse such as physical abuse, emotional abuse, financial abuse, or sexual abuse. Domestic violence and the different types of abuse were discussed in Module Two.

Child **neglect** or maltreatment is when a child is harmed by a caregiver, (whether it is a family member or a healthcare worker), when the caregiver fails to provide necessary care. This includes failing to provide for the basic needs of a child such as food, shelter, and clothing. Neglect can mean abandoning the child, being inattentive to the child's emotional needs, and neglecting the child's education. For example, allowing a child to miss school so they do not get an adequate education is neglect. **Neglect can be just as harmful as abuse**. In fact, child neglect occurs more often than child abuse.

Children who come from homes where domestic violence occurs may have adjustment problems. They may suffer from anxiety, depression, have trouble forming positive relationships with others, have low self-esteem, and may get into trouble or engage in risky behaviors. Children who come from abusive homes are at risk for later becoming abusive themselves, particularly for sons. Daughters are more likely to end up in an abusive relationship themselves. Problems with alcohol and drug abuse, depression, and anxiety can also occur in later life.

If Home Health Aides/Personal Care Aides ever notice any signs of domestic violence, child abuse, or neglect, they should immediately report these to their supervisor. All health care workers are required by the law and have an ethical obligation to report incidents of child abuse. Refer to the agency's policy on guidelines for reporting observed or suspected abuse to agencies, such as the local Child Protective Services. Laws may differ from state to state and country to country about how to report child abuse and neglect. Always follow your agency's rules and state/country law for reporting suspected child abuse/neglect.

In families where domestic violence is actively occurring, the abusive person may likely need to be removed from the home. In some instances, the abused family members may need to enter a domestic violence shelter or be placed in a secure and confidential

location, away from the abuser. Families where domestic violence occurs may benefit from parenting classes and in or out of the home counseling.

4.5.2? Self Check Activity

1. Which of the following would be signs of child abuse or neglect to report?

a). Unexplained bruises

b). Burn or teeth marks

c). Inadequate clothing for the weather (e.g. child has no coat in the winter)

d). Child is left home alone for two days

e). You observe a caretaker shaking an infant to stop him from crying

f). The child reports to you their uncle touched them “down there”.

g). You notice long marks, some scabbing and some seem to be new on the child’s back when you bathe them

h). You witness the father striking the mother across the face and pushing her

i). You notice there is not enough food in the home and the children are often hungry

j). You discover a parent or caregiver is intoxicated and has driven a car with their children inside

Answer

All answers are signs of abuse. If the HHA/PCA observes any of the above, they should immediately inform their supervisor and the appropriate authorities.

Special Issues of Families: Substance Abuse and Mental Health Issues

Some children may have parents that abuse alcohol or other substances or who have mental health illnesses. Substance abuse is a major factor in child abuse. According to the National Council on Child Abuse and Family Violence, more than 8 million children live with a parent who abuses substances, and between 40-80% of homes where there is substance abuse, there is also child abuse. The long-term effects of a parent abusing a substance on children include: depression, anxiety, an increased risk of the child eventually becoming a substance abuser, low self-esteem, and acting-out behaviors (National Council on Child Abuse and Family Violence).

Home Health Aides/Personal Care Aides may be the first to recognize that a parent is abusing a substance or has mental health issues. They should always report their observations to their supervisor and seek direction from them about what to do. They should also remember that if they ever feel unsafe in the home, leave immediately and call their supervisor.

Signs of Substance Abuse:

- An odor of alcohol on the breath
- The parent appears unkempt in appearance or the home is unkempt
- Children needs are not met and they may be neglected (e.g. no food, clothing, not going to school)
- The parent appears to be intoxicated (e.g. stumbling, slurring of words, abusive language)
- Blood shot eyes
- Shaky hands and irritability
- You find bottles or drugs hidden around the home
- The parent or caregiver seems forgetful, moody, or you observe sudden changes in behavior
- You notice the caregiver has insomnia or they report not sleeping for a couple of days
- You observe bizarre behaviors
- The children report they see their parent drink or use drugs
- The children seem afraid of the caregiver

Signs of Mental Illness:

- Children needs are not met and they may be neglected (e.g. no food, clothing, not going to school)
- You notice the caregiver has insomnia or they report not sleeping for a couple of days
- You observe bizarre behaviors
- The caregiver reports seeing or hearing things that are not there
- You notice the caregiver talking to themselves or what appears to be another person even though no one else is there
- The parent appears unkempt in appearance or the home is unkempt
- The children report strange behaviors of the parent
- You notice a change in behavior or mood
- You notice the parent seems withdrawn or apathetic (does not seem to care) about what is going on around them
- The children seem afraid of the caregiver

4.5.3? Self Check Activity

True or False?

1. Homes where substance abuse occurs also have higher rates of child abuse and neglect. True or False. _____

2. You should immediately report signs of substance abuse or mental health issues to your supervisor. True or False. _____

Answer

1. True

2. True

Feedback:

1. Homes in which substance abuse occur also tend to have higher rates of child abuse and neglect. If the HHA/PCA suspects substance abuse or child abuse, they should immediately inform their supervisor.

2. If the HHA/PCA suspects substance abuse or child abuse, they should immediately inform their supervisor. It is important to protect the safety and well-being for children and to get the family the help that they need.

Stress

An important aspect of child development is to learn how to cope effectively with stress. Younger children are less able to understand stressful or traumatic events. They may think that they have caused the stressful event to happen. They may become unhappy, listless, not want to play as usual, forget to do homework, get poor test scores in school, or even become aggressive and act out, getting into trouble at home or in school. Older children and adolescents are better able to understand the causes of stress and to use cognitive coping skills to deal with the stressors in their lives. They too, however, may become anxious, depressed, and hopeless, make statements of wanting to hurt themselves or die, become aggressive, and get into trouble in the home or at school. Sometimes adolescents who have stress may engage in risky behaviors such as driving recklessly, engaging in unsafe sexual activity, or beginning to use drugs or alcohol.

How to Help Children Cope with Stress

- Provide reassurance that the child is safe and protected.
- Allow the child room to talk or draw about their thoughts and feelings.
- Reassure children that it is okay to feel stress, anxiety, or depression.
- Reassure children that traumatic events are not their fault.
- Protect children from stressful situations as much as possible and avoid discussing stressful or traumatic events in front of them.
- Correct any misconceptions about the stressful or traumatic event. Explain the situation in words the child understands.
- Teach children coping techniques to use when feeling stressed such as engaging in relaxing activities. These may include listening to music, dancing, coloring, and engaging in physical activities such as running and bike riding.
- For families that practice religious or spiritual beliefs, encourage children to turn to these practices in times of stress. Provide support and be respectful of these practices. Encourage children to talk to religious leaders.
- For older children and adolescents, talk to them about the cause of their stressors and help them plan ways to overcome the stressors. Children in these age groups are able to have a better understanding of stress and can think about how the future may

be different without the stress. They are also able to think about what they could do to make changes to better deal with their stress. This helps to give them hope that things can change.

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4.6: Working Effectively to Strengthen Families

As Home Health Aides/Personal Care Aides work with children and their families, they should always keep in mind that all families are different. Families have different religious and spiritual beliefs, customs, cultures, traditions, and values. Always be respectful of the uniqueness of each family and look for the family's strengths. Even in families where substance abuse or domestic violence has been an issue, there are strengths. It is important to help the family recognize these strengths and build upon them.

Learn what family member sets the rules and is considered to be the head of the household. Be respectful of parenting rules and styles, yet be aware of any possible issues of abuse or neglect. Home Health Aides/Personal Care Aides should model positive parenting techniques with the children they work with to show parents and caregivers other methods of working with children. Keep in mind that many situations which require home care are stressful for the family and children involved. Practice good communication skills and act as a role model for how to positively communicate and handle stress.

Remember that families will all have different resources, financial situations, education levels, and lifestyles. **It is not up to a HHA/PCA to change a family's lifestyle. It is up to the HHA/PCA to find the strengths and positives in each family and to treat each family and family member with respect.** At the beginning of each home care visit, Home Health Aides/Personal Care Aides should meet with the parent or primary care provider to discuss what concerns they have and what needs they have for the day. If they demonstrate that they care about the family's needs being met, the family will be more willing to work with them and the experience will be more positive for everyone involved.

Home Health Aides/Personal Care Aides should always remember to report any incidents where they suspect a child is being maltreated or abused or if domestic violence is occurring in the home. They should report any observations they make about changes in parent or children behaviors and suspicions of alcohol or substance abuse to their supervisor, and they should inform their supervisor if they think the family could benefit from extra assistance such as parenting classes, a social worker, or community resources such as referrals to food banks, social service agencies, and healthcare facilities.

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4.7: Post-test

4.7.1 Self Check Activity

1. **True or False:** Meeting a baby's physical and emotional needs, such as feeding them when hungry, changing them when soiled, and consoling them when they cry helps babies to develop a sense of trust in their caregivers and environment.
2. Which of the following is the **correct way** to pick up an infant?
   A. Pick the infant up by one arm.
   B. Pick the infant up by her waist and allow the head to roll backwards.
   C. Pick the infant up using one hand to support the head and neck and the other to hold her bottom.
   D. Pick the infant up by grabbing both arms and allowing the head to freely tilt back so the baby can see you.
3. Which of the following are the best ways to provide a safe environment for a child? **Select all that apply.**
   A. Allow children to use the stairs unsupervised so they can explore their environment.
   B. Allow children to ride bikes, skateboard and roller skate without helmets or supervision.
   C. Lock up medications, cleaning supplies, and hazardous chemicals.
   D. Keep sharp objects such as knives and scissors out of reach of children.
   E. Teach children to hold your hand and look both ways while crossing the street.
   F. Allow children to leave shoelaces untied.
4. **True or False:** In order to promote a sense of independence and encourage exploration, children should be allowed to play with anything they want, including cleaning supplies, medications, sharp objects, and electrical outlets.
5. Which of the following are ways a HHA/PCA can support the development of self-esteem in a child? **Select all that apply.**
   A. Find out what the child's strengths and talents are and encourage growth in these areas.
   B. Allow children to explore their environment while providing supervision and ensuring safety.
   C. Encourage children to play make believe and to use their imagination during pretend play activities.
   D. Allow children to choose toys and activities during play time.
   E. Give children small responsibilities such as picking up toys and helping with household chores.
6. Which of the following are possible issues teens may face during the adolescent period of development? **Select all that apply.**
   A. Concerns about their appearance
   B. Peer pressure
   C. Experimentation with drugs, alcohol, and cigarette smoking.
   D. Eating disorders such as anorexia and bulimia
   E. Thoughts of depression or suicidality
7. Which of the following are signs of abuse or neglect that a HHA/PCA should immediately report to a supervisor? **Select all that apply.**
   A. Unexplained bruises
   B. Burn or teeth marks on the child
   C. Inadequate clothing for the weather (e.g. child has no coat in the winter)
   D. Child is left home alone for two days
   E. A caretaker is observed shaking an infant to stop him from crying
   F. The child reports their uncle touched them "down there"
   G. A father strikes the mother across the face and pushes her against a wall
   H. An inadequate supply of food is in the home and the children are often hungry
   I. A parent or caregiver is intoxicated
8. **True or False:** Homes where substance abuse occurs also have higher rates of child abuse and neglect.
9. **True or False:** You should immediately report signs of substance abuse or mental health issues from children or their parents to your supervisor.
10. Which is the best way to help children cope with life and family stresses?
    A. Change routines and rules frequently.
    B. Point out the child's flaws and how they contribute to their family problems.

C. Teach children positive coping skills and provide reassurance when they are upset.
D. Don’t allow children to express their thoughts and feelings. Children should be seen and not heard.

Answer

1. True
2. C
3. C, D, and E
4. False
5. All are ways to support self–esteem
6. All are possible issues a teen could face
7. All are signs that should be reported
8. True
9. True
10. C

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CHAPTER OVERVIEW

5: Working with People who are Mentally Ill

This module will cover the important topics of mental health and mental illness. We will start by learning what mental health is and how mentally healthy people cope with stressors in their life. We will then discuss what mental illness is, what causes it, and signs of mental illness. You will learn about specific mental health issues such as anxiety, depression, and schizophrenia. We will explore how mental illness is treated to help a person suffering from mental illness recover from their disease. Finally, we will discuss the role of a Home Health Aide/Personal Care Aide in working with patients who suffer from a mental illness.

5.1: What Is Mental Health?
5.2: What Is Mental Illness?
5.3: Treating Mental Illness
5.4: Mental Health, Mental Illness, and the Home Care Worker
5.5: Post-test
5.6: References

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5.1: What Is Mental Health?

Mental health is the ability to adjust to the changes and stressors of life. Mentally healthy people are people who are able to adapt to life changes and stressful situations in positive ways.

Mentally healthy people are able to:

- Communicate their thoughts and feelings effectively
- Accept affection and love
- Give affection and love
- Accept and give compliments and praise
- Get along with and cooperate with others
- Listen to and respect those around them
- Control their impulses
- See consequences of actions
- Tolerate a certain amount of anxiety and frustration
- Take responsibility for actions and decisions
- Not blame others for what has gone wrong
- Respect themselves and others
- Accept disappointments and understand things do not always go their way
- Use positive coping skills to deal with their stressors

Mental health is important for good physical health. Having good coping skills is helpful for people to deal with changes that occur throughout the lifespan. If a person has positive coping skills and good mental health, they will better be able to deal with changes that occur if they or a loved one experiences physical illness or disability.

Everybody becomes stressed, anxious, or depressed from time to time. Under great stress, even a mentally healthy person can exhibit (demonstrate) poor coping behaviors. This is normal. The difference for a mentally healthy person is that they already know good coping skills and will eventually begin to use them after they recover from the initial shock, grief, or stress of a situation.

Positive Coping Skills:

- Talk about feelings and thoughts with a trusted person
- Write feelings and thoughts down on paper, such as in a journal
- Engage in creative outlets such as writing poetry, working on art, creating music, cooking, building something, completing an activity, working on a hobby, or learning a new skill
- Use self-talk to help one see the positive of a situation instead of the negative
- Learn to forgive others when angry or disappointed
- Turn to one’s religious or spiritual beliefs
- Engage in physical activity or exercise
- Set goals that are achievable and planning for the future
- Practice meditation, yoga, deep breathing, and other relaxation techniques
- Pray, attend a religious service, or speak with clergy
- Look at the situation objectively in order to be more positive and realistic
- Accept responsibility for your own part in a situation and figure out how not to do those same behaviors next time
- Spend time with family and friends and meet new people

Negative Coping Skills:

- Excessively worrying or obsessing about a situation
- Blaming oneself for situations in which one has no control over
- Seeking revenge to get even with someone who caused you harm
- Withdrawing and isolating from others
- Oversleeping or not sleeping enough
- Overeating or not eating enough
- Smoking or using nicotine
- Drinking alcohol

- Using medications or illegal substances to “dull the pain” and make you “forget”
- Engaging in impulsive behaviors (such as spending a lot of money, having unsafe sex, or making big decisions without carefully considering the consequences)
- Procrastinating and hoping things get better even though you are not dealing with them

5.1.1? Self Check Activity

1. Which of the following are examples of positive coping skills?

    a. Seeking revenge

    b. Procrastination

    c. Exercising

    d. Writing poetry

    e. Drinking alcohol

    f. Talking to a friend

    g. Praying

    h. Writing in a journal

    i. Withdrawing from others

    j. Use positive self-talk

Answer

C, D, F, G, H, J

FEEDBACK:

Exercising, writing poetry or in a journal, talking with a friend or trusted clergy person, praying, attending religious services, and using positive self-talk are all positive coping skills that demonstrate mental health. These types of activities can help a person adapt to a stressful situation. Negative coping skills such as seeking revenge, procrastinating, drinking alcohol or abusing drugs, and withdrawing from others are all negative ways to deal with stress. These types of behaviors will cause further problems for the person in the long run.

Defense Mechanisms

Defense mechanisms are special mechanisms that we use to deal with stressful situations or thoughts. Oftentimes they are **unconscious** (we are not aware we are using them). Defense mechanisms are used because they can help protect us from the unpleasantness of a situation, feelings of guilt, shame, rage, or profound sadness.

At one point or another, everyone uses defense mechanisms, even mentally healthy people. However, people who are mentally ill or those with poor coping skills use defense mechanisms more often. It is not healthy to use defense mechanisms on a regular basis as doing so prevents you from truly understanding and being able to change a situation, and from effectively coping with one’s stressors. Using defense mechanisms often to cope with stress may eventually result in a person using them on a regular basis. They may become part of a person’s routine behavior and thoughts.

Defense Mechanisms: Unhealthy Coping Behaviors

- Projection: blaming others for one’s behaviors or actions or seeing behaviors or emotions in other people that are really true about ourselves. For example, a child who throws a toy at their sibling says, “She made me do it because she made me mad!”
- Rationalizing: making excuses for one’s behaviors to justify the situation. For example, a teen who steals something from the store tells her parent, “But everybody does it!”
- Regression: becoming less mature. For example, an adult has a temper tantrum, or a child who is toilet trained begins to wet the bed.
- Denial: pretending or acting as if thoughts or feelings about a situation are not real. For example, a person who is angry at their spouse pretends they are not and denies they are angry when asked.

- Repression: blocking out or “forgetting” a bad situation. For example, an adult who was sexually abused as a child “forgets” that they were sexually abused.
- Compensation: Making up for a lack in one area or having done something wrong by being good in another area. For example, a man who cheats on his wife brings her home flowers and takes her out to dinner to make up for what he did.
- Avoidance: refusing to become involved with a situation, person, or place as the person believes will be stressful or unpleasant. For example, a wife avoids going to the hospital to visit a friend because her husband passed away there recently.
- Displacement: Displacing feelings about a person or situation to another one. For example, a patient who has lost his leg is angry about that situation and takes it out on his family by yelling at them.

5.1.22? Self Check Activity

Fill in the blank: conscious or unconscious

1. A defense mechanism is an _____way we deal with stressors in our lives.

Fill in the blank with the type of defense mechanism used:

Choices: Rationalization, Regression, Denial, Compensation, Avoidance, Displacement, Repression, Projection

2. A patient just learned he has terminal cancer. He yells at the Home Health Aide and says, “You can’t do anything right!” _____

3. A patient the Home Health Aide works with is now disabled due to a motor vehicle accident. They say that they have no memory of the event that caused their disability. _____

4. A 7 year old child who has been toilet trained for several years begins to wet the bed and wants to drink from a bottle when a new baby joins the family. _____

5. A patient refuses to leave the house even though they used to enjoy walks. The last time they left the house they fell and broke their hip. _____

6. A 15 year old girl ignored her parents’ rule of not wearing makeup to school. She wore makeup to school and washed it off before she came home. She offers to set the table for the evening meal and to wash the dishes. _____

7. A patient with whom the HHA/PCA is working is sitting in a chair crying. The HHA/PCA asks the patient if they would like to talk about what they are feeling. The patient says, “I’m fine! There is nothing wrong!” _____

8. A college student does not enjoy biology and has not been doing well in the course. She dislikes her teacher and often complains about the teacher to her friends. She says, “My teacher hates me.” _____

9. A patient who has diabetes eats a lot of candy and ice cream, even though they know that this is not allowed on their diet. When the physician talks with the patient about how damaging their food choices are to their health, the patient says, “But everyone in my house eats candy!” _____

Answer

1. Unconscious
2. Displacement
3. Repression
4. Regression
5. Avoidance
6. Compensation
7. Denial
8. Projection
9. Rationalization

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5.2: What Is Mental Illness?

Similar to any physical disease, **mental illness** is a disease. Mental illness disrupts a person's thinking, feeling, mood, ability to relate to other people and to function at home, work, or school. People with a mental illness are often unable to effectively cope with stressors. Mental illness may cause inappropriate behavior. It may cause a person to be confused and disoriented towards others and events around them. Mental illness may cause people to be agitated and could cause aggressive or depressed behaviors.

It is important to remember that a person with a mental illness did not do something wrong to get the mental illness. They cannot control having the mental illness just as a person with cancer cannot control having cancer. They cannot just "get over" their disease. Mental illness does not discriminate. Mental illness affects people of all ages, cultures, religions, socioeconomic status, and gender. It is important to know that while mental illness can cause great disruption to a person's life, it is treatable. **Recovery is possible**.

Mental illness includes depression, anxiety, schizophrenia, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), phobias, and bipolar disorder. According to the National Alliance on Mental Illness (NAMI, 2013) 1 in 4 adults will experience a mental health disorder in a given year, which means about 60 million Americans! One in 17 Americans lives with a serious mental illness such as schizophrenia, bipolar or major depression (NAMI, 2013). Suicide, a serious problem related to mental illness, is the 10th leading cause of death in the United States (NAMI, 2013). As you can see, mental health disorders affect many people and can have serious consequences!

Mental health disorders are not specific to just the United States. Mental health disorders exist throughout the entire world. According to the World Health Organization (WHO, 2015), depression affects about 350 million people globally. Bipolar disorder affects about 60 million people worldwide (WHO, 2015). Schizophrenia affects about 21 million people worldwide (WHO, 2015)!

Mental health disorders can have devastating consequences. Suicide is a very real threat, particularly for those who suffer from a mental health disorder. According to the WHO (2009), 1 million people commit suicide worldwide per year, which is one death every 40 seconds. The 10-24 year old age group is the highest risk group for suicide (WHO, 2009).

Within the United States and throughout the world, there exist differences in cultural and religious beliefs, lived experiences, expression of mental health issues, and the actual treatment of mental health disorders. **Stigma**, or viewing people with a mental illness in an unfavorable or negative way, is not specific to the United States. This can lead to people with mental illness not reporting symptoms and not wanting to seek treatment.

According to the World Health Organization (2015), approximately 76% to 85% of people who suffer from a mental illness in low to middle income countries do not receive treatment, while 35% to 50% of people in high income countries do not receive treatment. Many people do not receive the treatment they need due to lack of resources, poor quality of care, lack of social support, and stigma toward people with mental health disorders. Home Health Aides/Personal Care Aides can work to treat all people with respect and learn to identify the signs of mental health disorders to assist the people with whom they work receive the care they need.

5.2.1? Self Check Activity

True or False

1. People who have a mental illness cannot recover.True or False. _____

2. A person with a mental illness can control their symptoms and try harder to "get over" it.True or False. _____

3. Mental illness is a disease.True or False. _____

4. Stigma means viewing people with a mental illness in a negative way and can result in people with mental health disorders not seeking or receiving the treatment they need. True or False. _____

Answer

1. False
2. False
3. True
4. True

FEEDBACK:

1. People with mental illness can recover with appropriate health and support and live healthy and productive lives.

2. A person with a mental illness cannot just “get over it”. Mental illness is an illness just like diabetes, heart failure, or kidney disease. It cannot be controlled by the person and they are not displaying symptoms on purpose.

3. Mental illness is an illness just like diabetes, heart failure, or kidney disease.

4. Stigmas are looking at someone in a negative way and placing stereotypes upon them. This can result in a person not seeking the help that they need.

What Causes Mental Illness?

There are many factors that contribute to mental illness. There is no one specific factor that causes mental illness. However, mental illness can be caused or made to become worse by physical factors, environmental factors, heredity, and stress (Leahy, Fuzy & Grafe, 2013).

Physical Factors

Physical illness, disability or even the aging process can cause or make mental illness worse. Substance abuse or intoxication from alcohol or other drugs may mask mental illness. This means that people who abuse alcohol or drugs on a regular basis may have a mental illness and not even know it. This is because some of the signs and symptoms of mental illness are similar to the behavior of an intoxicated person.

According to NAMI (2015), about one third of all people experiencing a mental illness and about half of people living with a severe mental illness also have a substance abuse problem. A person who has had a **traumatic brain injury (TBI)** (suffered damage to the brain from a trauma) may also end up with changes in their personality, cognition, mood, and behavior. Chemical imbalances in the brain can cause mental illness. The brain has naturally occurring chemicals called **neurotransmitters**. It is thought that changes in neurotransmitters may cause mental illness. Changes in hormone levels can also cause mental health disorders.

Environmental Factors

There has been some research indicating that exposure to certain viruses, chemicals, or alcohol in the womb may also be linked to a person having a mental illness. Traumatic life experiences such as being in combat or experiencing sexual abuse or rape may also lead to a mental illness.

Genetic Factors

Genetic factors, or genes which we inherit are also thought to have a role in mental illness. Mental illness has a strong genetic basis, which means that it tends to run in families. People are more likely to have a mental illness if their parent or close relative also has a mental illness. This does not mean that if your mother or father has a mental illness that you will also have one. It just means your chances are higher than if a person does not have a parent who has a mental illness. It is believed that environmental factors and stressors may trigger these inherited genes to result in mental illness.

Stress Factors

Mental illness may be brought about by **stressors**, such as traumatic events or poor interpersonal relationships with loved ones. A difficult break up, the death of a partner or child, or other loss such as loss of a job or pet can lead to mental illness. People may have difficulty coping during stressful situations and display signs and symptoms similar to those that people with mental illness display. In many cases after the initial reaction to the traumatic event and after the person receives help, the signs and symptoms go away.

Effects of Mental Illness

Individuals

People who suffer from mental illness experience many different effects. While there are similarities among people who experience depression or schizophrenia for example, no two people will have the exact same experience. Each person who suffers from a mental health disorder has a unique experience. People who suffer from mental illness may have: difficulty relating to others, mood

swings (go from one mood such as happy to another mood such as depressed), may have negative thoughts about themselves, hear voices or see things that are not there. They may withdraw from the people they love and no longer have an interest in doing the things they used to love to do. They may have suicidal thoughts, meaning they have thoughts about wanting to die. People who suffer from mental illness will have trouble functioning in at least one area of their life: work, school, or home.

Families

Families of people who suffer from mental illness are also greatly affected. Since people with mental illness may have difficulty relating to others or experience changes in their mood, this affects the people around them. Families may have trouble understanding why their loved one does not want to spend time with them or seems to be angry or depressed all the time. Families may feel helpless and not know how to make things better. Children of parents who suffer from a mental illness may be neglected as their parent is unable to focus on providing their care. Finances of the family may also be affected if a person with a mental illness has trouble at work and loses their job.

Types of Mental Illness

Anxiety

Anxiety disorders are a group of disorders in which people feel anxious, frightened, distressed, or terrified to an extent that is more excessive than would be considered appropriate to the situation. They can interfere with a person's life so much that the person with anxiety has trouble functioning in their everyday life. Anxiety can lead people to become depressed, have low self-esteem, abuse substances, and have suicidal thoughts. About 41 million Americans live with an anxiety disorder (NAMI, 2013). Anxiety disorders are very common and also very treatable.

Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is when people have anxiety every day for at least six months, which interferes with their ability to function in their everyday lives. They may feel constantly worried, afraid, and feel physical symptoms such as heart palpitations, trouble breathing, nausea, and headaches. Most of us worry and have anxiety at one time or another. The difference is that we can use positive coping skills to deal with our worries. People with GAD do not necessarily worry about something in particular and they are unable to use positive coping skills. GAD can lead to depression, substance abuse, loss of employment and relationships, and suicidal thoughts.

Phobias

Phobias are a type of anxiety disorder in which a person has an abnormal fear about something in particular. For example, some people may have a fear of germs, spiders, heights, being outside the home, crowds, closed in spaces, water, or animals. Most people have fears about many of those things, but the difference is that they are able to function when faced with their fear. A person with a phobia has an irrational fear, which is a fear that is not reasonable. They become unable to function in the face of these fears. In some cases, there may not be a reason for the fear, and in other cases, the person may have had a bad experience which has led to the excessive fear about the particular situation.

Obsessive-Compulsive Disorder

Obsessive–compulsive disorder (OCD) is a type of anxiety disorder in which the person has repetitive thoughts (obsessions) and repetitive behaviors (compulsions). These repetitive thoughts and behaviors impede (interfere with) the person's ability to function in their everyday life. For example, a person who has a fear of germs may obsess (think continuously) about getting germs and spend excessive amounts of time washing their hands (compulsions). They may wash their hands for hours, leading to missing work and raw and bleeding hands.

Post-Traumatic Stress Disorder

Post–traumatic stress disorder (PTSD) is a type of anxiety disorder in which the person has experienced a traumatic event such as sexual abuse, rape, a natural disaster, or combat and experiences severe distress afterward. The person may have flashbacks (replay the event in their mind) about the event, have insomnia (trouble sleeping), nightmares, and feel constantly on edge, irritable, scared, or angry. It is normal for people to experience these things right after a traumatic event. The difference is that a person with PTSD is unable to function in their everyday life, to cope with their thoughts and feelings in a positive way, and feel that no matter what they do, they cannot "get back to normal."

5.2.2? Self Check Activity

1. Anxiety is a very common and treatable mental health disorder.True or False. _____

2. People with anxiety are at risk for suicide.True or False. _____

Matching: Match the type of anxiety disorder with its symptoms

Anxiety disorder	Symptoms
3. Phobias	a. After a traumatic event, this disorder is characterized by flashbacks, nightmares, insomnia, and feeling on edge.
4. Generalized anxiety disorder	b. This anxiety disorder is diagnosed after 6 months of excessive worry which interferes with home, school, work, and other daily functions. Heart palpitations, nausea, and headaches may be experienced.
5. Post-traumatic Stress Disorder	c. This anxiety disorder is characterized by obsessions and compulsions which interfere with a person's ability to function in their everyday life.
6. Obsessive-Compulsive Disorder	d. This type of anxiety disorder is characterized by an irrational fear about something in particular, which interferes with a person's ability to function in their everyday life.

Answer

1. True
2. True
3. D
4. B
5. A
6. C

FEEDBACK:

1. Anxiety is a very common, but treatable mental health disorder. About 41 million Americans live with an anxiety disorder.

2. People who experience anxiety are at a high risk for suicide.

3. Phobias, are a special type of anxiety disorder in which a person experiences an irrational fear about something in particular, such as being in public or of germs.

4. Generalized anxiety disorder (GAD) is diagnosed after 6 months of excessive worry, often about nothing specific. The person experiences physical symptoms such as nausea, headaches, heart palpitations, and has a general feeling of dread.

5. Post-traumatic stress disorder is a special type of anxiety disorder which often occurs after experiencing a traumatic event such as rape, abuse, an accident, or serving in the military. People with PTSD may experience flashbacks, insomnia, and nightmares.

6. Obsessions (repetitive thoughts) and compulsions (repetitive behaviors) characterize Obsessive-compulsive disorder (OCD). Obsessions and compulsions interfere with a person's ability to function.

Depression

Depression is an extremely common type of mental illness. Depression may involve extreme sadness, insomnia, trouble concentrating, over or under-eating, substance abuse, guilt, and thoughts of suicide. Depression often results in a disruption of a person's ability to function normally in their life. They may have trouble getting out of bed, performing self-care, caring for their

children, or going to work. Mood disorders such as depression is the third leading cause of hospitalizations within the United States (NAMI, 2013).

Depression left untreated can result in suicide, which is the 10th leading cause of death in the United States (NAMI, 2013). In the elderly, depression is very common and is something a HHA/PCA should monitor when working with the elderly. Some people may have one episode of depression, while others experience recurrent depression, or depression that occurs periodically. It is important to assist a person with depression to seek help. Depression is a very treatable disorder with proper treatment.

5.2.3? Self Check Activity

1. Untreated depression can lead to suicide.True or False. _____

Answer

1. True

FEEDBACK:

1. Untreated depression can lead to suicide. If a person is experiencing depression, they should seek help.

Schizophrenia

Schizophrenia is a serious mental illness that impacts a person's ability to think clearly, make decisions, have relationships with others, manage stress and emotions, and function in their everyday lives. About 2.4 million Americans live with schizophrenia (NAMI, 2013). People with schizophrenia have psychoses. **Psychoses** are a loss of contact with what is real. They can include **delusions** (abnormal thoughts) or **hallucinations** (seeing or hearing things that are not real). Delusions may demonstrate **paranoia** (thinking someone is out to hurt you).

Behavior may be bizarre. For example, a person with schizophrenia may not dress appropriate to the weather, become **catatonic** (motionless and not move any muscle or body part), have **repetitive movements** of body parts and speech that is **disorganized** (does not make sense).

A person with schizophrenia may also have sleeping and eating problems, an inability to relate to others, and trouble providing self-care. People with schizophrenia are at a very high risk of suicide. Most people with schizophrenia are not dangerous to other people. With medication, support from others, and the help of a psychiatrist and therapist, a person with schizophrenia can usually be able to regain their ability to function within the community.

5.2.4? Self Check Activity

Match the term with the definition

Term	Definition
1. This means a loss of contact with reality	a. Phobia
2. These are abnormal thoughts.	b. Obsession
3. These are repetitive behaviors that interfere with functioning	c. Compulsion
4. This means seeing or hearing something not real.	d. Psychosis
5. This is an irrational fear about something specific	e. Hallucination
6. These are repetitive thoughts that interfere with functioning.	f. Delusions

Answer

1. D
2. F
3. C

4. E

5. A

6. B

FEEDBACK:

1. A psychosis is a loss of contact with reality. The person is not able to clearly understand what is going on around them and may believe that they see or hear things which are not real.

2. Delusions are abnormal thoughts, which are not based in reality. The person may think that someone is going to harm them.

3. Compulsions are repetitive behaviors, such as repeatedly washing one's hands or wiping a surface.

4. Hallucinations are seeing things that are not real. The person may believe that they see a person, bugs, or other objects that are not really there.

5. A phobia is an irrational fear about something in particular. The person believes they will be harmed by the object and avoids it at all costs. It interferes with their ability to function. For example, having a phobia of crowds can leave a person to never leave their house.

6. Obsessions are repetitive thoughts which interfere with everyday functioning. Thinking about germs obsessively can interfere with one's life.

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5.3: Treating Mental Illness

It is important to know that while mental illness can have long-term effects on a person's physical, psychological, and social functioning, many people can **recover** and lead normal lives. There are many types of treatment available. The most common types of treatment include medication and **psychotherapy** (counseling).

It is extremely important for a person with a mental illness to take their medication as prescribed. Home Health Aides/Personal Care Aides may come to observe patients who do not take their medication as prescribed. They should inform their supervisor and document their findings.

Sometimes a person who is suffering from a severe form of mental illness and who is unable to help themselves may need to be hospitalized for periods of time. Most people who suffer from a mental illness receive **outpatient treatment**, which is treatment outside of a hospital. Patients meet with a **psychiatrist** (a physician who specializes in treating mental health disorders) to discuss their thoughts and feelings and to obtain prescriptions for medications. Patients may also meet with a **mental health therapist** or **social worker** (specialists who focus on working with people with mental health issues by providing counseling) to talk about their thoughts and feelings and to learn better ways to cope with their stressors.

Some people go to **individual therapy** (therapy focused on one person) and others may go to **group therapy** (therapy where many people with similar problems meet with a therapist) to talk about and solve their problems. A common form of treatment is **c**. This treatment focuses on how a person's thoughts, feelings, and behaviors are related. Patients are taught to recognize negative self-talk (what we tell ourselves in our head) and to turn these thoughts into more positive ones. More positive thoughts will lead to improved mood and behavior.

5.3.1? Self Check Activity

1. People who suffer from mental illness can recover with proper treatment.True or False. _____

2. By recognizing how negative thoughts can affect how a person behaves and feels, people can learn to turn negative thoughts into positive ones. True or False. _____

Answer

Add texts here. Do not delete this text first.

Mental Health, Mental Illness, and the Home Care Worker

Guidelines for Observing Behavior:

- Describe the unusual behavior. When does it occur? How often does it occur? How long does it last? Does it seem to occur during certain situations?
- Does the behavior indicate a change in the patient's personality?
- Is the behavior or thought extreme (bizarre and seem abnormal)? Is the behavior or thought appropriate to the situation, or does it seem out of the ordinary and abnormal?
- Is the behavior harmful to the patient, to their loves ones, or to the Home Health Aide/Personal Care Aide?

It is important to remember not to draw conclusions about the behaviors observed. The job of a HHA/PCA is not to diagnose or interpret behaviors or thoughts the patient expresses. Their job is to observe, record, and report what they see and hear.

Role of the HHA/PHA with Mentally Ill Patients and their Families

Home Health Aides/Personal Care Aides play an important role in helping a patient with mental illness and their family function normally and safely. They assist patients with medications as allowed by their state, agency, and the Care Plan. They observe, record, and report any changes in mood, behavior, or side effects from medications. They should take note of what is happening in the home. Is the home unkempt? Is the patient's personal appearance unkempt? Are children neglected?

People who suffer from a mental illness may not be able to provide for their personal care needs or to maintain a clean and safe home. It is the responsibility of the HHA/PCA to assist them to complete their activities of daily living (ADLs). This includes assisting with bathing, dressing, toileting, and self-care. This also may include assisting with light housekeeping and helping to

plan, shop, and prepare meals. A HHA/PCA may also be asked to observe whether a patient is **compliant** (follows) their treatment plan. Do they take their medications as ordered? Do they attend psychiatric appointments?

Home Health Aides/Personal Care Aides play an important role in providing emotional support and assisting a person with mental health issues to use positive coping strategies. They also work to support the family members during the process of recovery. They must use their communication skills to listen to concerns and provide emotional support and role model healthy coping skills and effective communication skills. Be aware of including the patient in the treatment plan. Respect their confidentiality. **Just because they have a mental health issue does not mean that they lose the right for confidential and respectful treatment.** Be patient, compassionate, kind, and respectful of the patient and family. Most importantly, always offer **hope** that people with mental illness may recover.

Maintain Safety

Home Health Aides/Personal Care Aides should discuss the Care Plan with their supervisor and treatment team on a regular basis to ensure that they are always following the directions outlined in the Care Plan. This is to ensure the safety of them and their patient, and to ensure that their patient receives the proper care. In some instances, patients may require very close supervision and constant attention. These patients may be at risk to harm themselves or others. Never leave these patients alone unsupervised.

Home Health Aides/Personal Care Aides should provide observations as asked and report any concerns immediately. Maintain careful documentation and accurately record observations. Remember not to include judgments within documentation. Do not include interpretations of behaviors such as, “Mr. Alman is talking to himself today. I think he needs a higher dose of medications.” Interpreting behaviors and making diagnoses is not the responsibility of the HHA/PCA. Maintain objectivity at all times. Only report what you see, hear, smell, and can touch.

It is important to always maintain safety within the home. Never leave a patient unattended if it is required they receive constant supervision or if they have made statements to hurt or kill themselves. Help to keep the home environment clean and free of debris and pests. Provide personal care to the patient as directed in the Care Plan. People with mental illness may be unable to provide personal care for themselves and may rely on the HHA/PCA to help remind or assist them with these activities.

Observe and report noncompliance with medications and psychiatric treatment. **Noncompliance** means that a patient is not following the treatment plan or medical recommendations as directed. There may be many reasons for this. Some medications that people take to help them recover from mental illness may make them feel drowsy, not like themselves, have no energy, or even diminish their sexual drive. Patients may not like these side effects. Patients may also be non-compliant with treatment because they have difficulty remembering to take medications or to attend appointments. If Home Health Aides/Personal Care Aides notice noncompliance in their patient, they should try to ask them what may be happening to make them not want to take their medications or miss their treatment appointments. Whatever the reason may be record and report noncompliance and any reasons discovered. Without following the treatment plan, patients will be unable to recover from their mental illness and live a safe and functional life.

In the case of extreme, dangerous, or unsafe situations or behaviors, immediately call 911 or the emergency phone number in your area. Home Health Aides/Personal Care Aides should use their communication skills and appropriate telephone skills to accurately and calmly report the situation. Provide only the facts to emergency services and try to remain calm. Then, when it is safe, call a supervisor to report the situation.Never stay in a situation that is unsafe.

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5.4: Mental Health, Mental Illness, and the Home Care Worker

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Maintain Safety

Home Health Aides/Personal Care Aides should discuss the Care Plan with their supervisor and treatment team on a regular basis to ensure that they are always following the directions outlined in the Care Plan. This is to ensure the safety of them and their patient, and to ensure that their patient receives the proper care. In some instances, patients may require very close supervision and constant attention. These patients may be at risk to harm themselves or others. Never leave these patients alone unsupervised.

Home Health Aides/Personal Care Aides should provide observations as asked and report any concerns immediately. Maintain careful documentation and accurately record observations. Remember not to include judgments within documentation. Do not include interpretations of behaviors such as, "Mr. Alman is talking to himself today. I think he needs a higher dose of medications." Interpreting behaviors and making diagnoses is not the responsibility of the HHA/PCA. Maintain objectivity at all times. Only report what you see, hear, smell, and can touch.

It is important to always maintain safety within the home. Never leave a patient unattended if it is required they receive constant supervision or if they have made statements to hurt or kill themselves. Help to keep the home environment clean and free of debris and pests. Provide personal care to the patient as directed in the Care Plan. People with mental illness may be unable to provide personal care for themselves and may rely on the HHA/PCA to help remind or assist them with these activities.

Observe and report noncompliance with medications and psychiatric treatment. **Noncompliance** means that a patient is not following the treatment plan or medical recommendations as directed. There may be many reasons for this. Some medications that people take to help them recover from mental illness may make them feel drowsy, not like themselves, have no energy, or even diminish their sexual drive. Patients may not like these side effects. Patients may also be non-compliant with treatment because they have difficulty remembering to take medications or to attend appointments. If Home Health Aides/Personal Care Aides notice

noncompliance in their patient, they should try to ask them what may be happening to make them not want to take their medications or miss their treatment appointments. Whatever the reason may be record and report noncompliance and any reasons discovered. Without following the treatment plan, patients will be unable to recover from their mental illness and live a safe and functional life.

In the case of extreme, dangerous, or unsafe situations or behaviors, immediately call 911 or the emergency phone number in your area. Home Health Aides/Personal Care Aides should use their communication skills and appropriate telephone skills to accurately and calmly report the situation. Provide only the facts to emergency services and try to remain calm. Then, when it is safe, call a supervisor to report the situation.Never stay in a situation that is unsafe.

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5.5: Post-test

5.5.1 Post Test

1. Which of the following are examples of positive coping skills? **Select all that apply.**
   A. Seeking revenge
   B. Procrastination
   C. Exercising
   D. Writing poetry
   E. Drinking alcohol
   F. Talking to a friend
   G. Praying
   H. Writing in a journal
   I. Withdrawing from others
   J. Use positive self-talk
2. **True or False:** Stigma against people with a mental illness can result in people with mental health disorders not seeking or receiving the treatment they need.
3. **True or False:** Mental illness is a disease, just like hypertension, diabetes, heart failure, or COPD are diseases.
4. **True or False:** With proper treatment, people who suffer from mental illness can recover.
5. Which of the following factors can cause, or result in mental health disorders? **Select all that apply.**
   A. Substance abuse
   B. Genetics (family history of mental illness)
   C. Traumatic Brain Injury
   D. Physical illness or disability
   E. Chemical imbalances in the brain
   F. Traumatic events such as death of a loved one or war
   G. Life stresses
6. Which of the following types of mental illnesses also have a high rate of suicide risk? **Select all that apply.**
   A. Anxiety disorders
   B. Depression
   C. Schizophrenia
7. **True or False:** Home Health Aides/Personal Care Aides should always immediately report unsafe situations and behaviors to their supervisor.
8. In which ways can a Home Health Aide/Personal Care Aide help a person with mental illness? **Select all that apply.**
   A. Remind them about psychiatrist and counseling appointments.
   B. Provide personal care if the patient is unable to do so.
   C. Keep the home safe, clean, and clutter free.
   D. Report bizarre behaviors, unkempt appearances, and failure to take medications to the supervisor.
   E. Provide support, encouragement, and companionship.
   F. Provide supervision for patients who are at risk for unhealthy behaviors.
9. **True or False:** Noncompliance means patients agree to and follow treatment plan recommendations, take their medications, and attend mental health appointments.
10. **True or False:** Home care workers should accurately document behaviors observed without being judgmental, drawing conclusions, or making diagnoses about a patient. They should only report the facts and observations made.

Answer

1. C, D, F, G, H, J
2. True
3. True

4. True
5. All of these could result in mental health disorders
6. All of these disorders can result in suicide
7. True
8. All of these are ways to help a person with mental illness
9. False
10. True

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CHAPTER OVERVIEW

6: Working with People with Developmental Disabilities

In this module, we will explore how to work with people with developmental disabilities. We will discuss what it means to have a developmental disability, some of the causes of disability, and how normal functioning can be affected. We will take a closer look at some specific developmental disabilities, such as intellectual disabilities, cerebral palsy, autism, and neurological impairments. We will also talk about how to best help meet the needs of a person with a developmental disability by exploring Maslow's Hierarchy of Human Needs and how they apply to a person with a developmental disability. Finally, we will discuss what the role of a Home Health Aide/Personal Care Aide is in the home of a person with a developmental disability.

6.1: Unit A- Understanding Developmental Disabilities

6.1.1: What Is a Developmental Disability?

6.1.2: How Does Having a Developmental Disability Affect Normal Development?

6.1.3: Types of Developmental Disabilities

6.1.4: Effects of Developmental Disabilities on Growth and Development

6.1.5: How Is a Developmental Disability Different from Mental Illness?

6.2: Unit B- Developmental Disabilities and Home Care

6.2.1: Developmental Disabilities at Home

6.2.2: Expectations and Attitudes

6.2.3: Care Needs

6.2.4: Role of the Home Health Aide/Personal Care Aide

6.3: Post-test

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SECTION OVERVIEW

6.1: Unit A- Understanding Developmental Disabilities

6.1.1: What Is a Developmental Disability?

6.1.2: How Does Having a Developmental Disability Affect Normal Development?

6.1.3: Types of Developmental Disabilities

6.1.4: Effects of Developmental Disabilities on Growth and Development

6.1.5: How Is a Developmental Disability Different from Mental Illness?

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6.1.1: What Is a Developmental Disability?

A **disability** is an impairment of functioning. Functional impairments may be physical (affect the body) or cognitive (affect mental functioning). A **developmental disability** is a disability that may affect physical, cognitive, learning, language, or behavioral development (CDC, 2015c). This means that there may be a **developmental delay** in **normal development** (how a person grows and functions) or an **impairment of functioning** (the person may not be able to function according to normal developmental processes). Developmental disabilities occur across all gender, racial, ethnic, and socioeconomic groups. According to the CDC (2015c), about 1 in 6 children have a developmental disability or a developmental delay.

Developmental disabilities begin in young childhood, may impact a child's ability to function in one or more areas, and may continue throughout the person's life. Parents, caregivers, teachers, and medical professionals may notice that a child is not progressing according to normal developmental milestones. **Developmental milestones** are things that a child typically does around a certain age (CDC, 2015b). For example, around 18 months old, a child is able to walk, is beginning to feed themselves, and can say several words (CDC, 2015b). Around 5 years old, a child typically speaks clearly, can print letters and numbers, is able to toilet themselves, and can do things such as hop, skip, and jump (CDC, 2015b). When parents and caregivers notice their child is not reaching typical developmental milestones, they may express their concern to a medical professional. The medical professional can assess the child using a variety of Developmental Screening Tools.

For more information on developmental milestones, you can visit CDC.gov(www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about Developmental Milestones at: http://www.cdc.gov/ncbddd/actearly/m...nes/index.html.

6.1.1.1? Self Check Activity

1. A developmental disability means there is impairment in at least one aspect of normal development, including physical, cognitive, learning, language, or behavioral development. True or False? _____

2. Which of the following might be an example of an impairment of development? Select all that apply.

a). A 5 year old child being unable to walk.

b). An 18 month old child does not look directly at other people and does not like to be touched.

c). A 2 year old child has not yet learned to crawl.

d). A baby smiles at his mother.

e). A 7 year old child has not yet said her first words.

f). A toddler plays with blocks with her sister.

3. If a HHA/PCA notices a child with whom he or she works does not appear to be reaching developmental milestones, he or she should speak to a supervisor about these concerns. True or False?

Answer

C, D, F, G, H, J

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6.1.2: How Does Having a Developmental Disability Affect Normal Development?

Having a developmental disability can affect normal development in a variety of ways. It all depends on the type of developmental disability the person has.

Self-Care & Movement

The person may have trouble performing activities of daily living (ADLs) independently. They may be unable to perform tasks such as bathing, dressing, toileting, or feeding themselves. If the developmental disability impacts their physical functioning, the person may have trouble using their muscles. They may for example, be unable to control their muscle movements. This may affect their ability to perform ADLs, to walk, and to get from one place to another.

Communication & Social Situations

‘The person with a developmental disability may have trouble communicating with others. They may have difficulties with speaking, understanding the speech of others, writing, or reading. The person may have trouble in social situations. In addition to communication problems, they may have difficulties understanding social situations. They may have trouble understanding social cues and things such as nonverbal communication. This can be a source of great frustration for the person with a developmental disability. Having difficulties communicating with others can impact their ability to make friends and have the social support they need. This may also impact their ability to perform in school, work, and in social settings.

Financial Independence & Self-Direction

The difficulty or inability to perform in a setting such as a work setting can affect a person’s ability to provide for themselves and support themselves financially. This impacts the person’s ability to live independently. They may need to rely on others to care for them for their entire lives. If a person needs to depend on others to care for them, they may feel an inability to make choices for themselves and to control the direction of their own lives.

Coping

The person’s ability to cope with stressors may also be impacted. If a person has difficulties physically performing tasks, moving, communicating with others, being understood, supporting themselves physically and financially, they may have many different emotions. They may feel angry, frustrated, resentful, depressed, hopeless, guilty, and even embarrassed. They may also have a hard time letting others know their needs, wants, and feelings.

Families with a person with a developmental disability may also have a difficult time coping. They too may feel angry, frustrated, resentful, depressed, hopeless, guilty, and even embarrassed. Home Health Aides/Personal Care Aides can help provide the emotional support the patient and family needs in addition to providing assistance with physical tasks such as feeding and dressing.

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6.1.3: Types of Developmental Disabilities

The impact on functioning and ability to achieve developmental milestones depends on the type of developmental disability the person has. Remember, each person is unique and has different strengths, talents, and areas they need help with. This is true for all persons, including people who have a developmental disability. It is important to always remember to treat each person as a unique individual who has strengths, who is part of a family, and who can make a positive contribution to their family and community. Every person, regardless of having special needs, has the same physical and emotional needs that everyone else has. The job of a Home Health Aide/Personal Care Aide is to help the person have their physical and emotional needs met by providing self-care and emotional support.

A person with a developmental disability may have more than one type of disability. For example, they may have an intellectual and a physical disability. Their ability to function may be impacted on both cognitive and physical levels. Remember though, that just because a person has one type of disability, such as a physical disability, that they do not automatically also have an intellectual disability. They may have physical impairments, but be at the average or above average level of functioning on an intellectual level.

There are many different types of developmental disabilities. Some of the many developmental disabilities include intellectual disabilities, Down syndrome, cerebral palsy, autism spectrum disorders, ADHD, hearing and vision impairments, and learning disabilities. We will explore some of the many types of developmental disabilities.

6.1.3.1 Self Check Activity

1. All people, regardless of having a disability have the same physical and emotional needs and should be treated with respect and as unique individuals.True or False? _____

2. People with physical disabilities also have intellectual disabilities.True or False? _____

Answer

1. True

2. False

FEEDBACK:

1. All people, regardless of circumstance, illness, age, race, religion, ethnicity, or gender are unique individuals and should be treated with respect. This also includes people who have a disability.

2. Not every person with a physical disability also has an intellectual disability. In some instances this may be true, but not in all. The HHA/PCA should never assume a person with a physical disability also has an intellectual disability, and vice versa.

Intellectual Disabilities

Intellectual disabilities have been commonly known as **mental retardation**, although this term is no longer used (Leahy, Fuzy & Grafe, 2013) as it is offensive. Having an intellectual disability means the person's cognitive ability is below the average for a person at their age. People with intellectual disabilities may range from having a mild to a severe intellectual impairment (CDC, 2015d).

Physical, social, and communication problems may occur in a person who has an intellectual disability. People with an intellectual disability may have a hard time communicating with others, letting their needs be known, coping, and performing ADLs (CDC, 2015d). They may take a longer time to reach developmental milestones such as learning to crawl, walk, and speak, and may have problems learning in school (CDC, 2015d).

Intellectual disabilities can occur due to any number of reasons, all of which occur before the person is 18 years of age. It can be caused by an injury, disease, problem in the person's brain, trauma while the person is in the womb or while being born, or a genetic disorder (CDC, 2015d).

Fetal alcohol syndrome, Down syndrome, fragile X syndrome, and genetic disorders occur before birth, while the child is developing inside the womb (CDC, 2015d). This means that the cause of the disability is due to an environmental factor, such as

the ingestion of alcohol by the mother in fetal alcohol syndrome. In the case of Down syndrome or fragile X syndrome, a genetic mutation occurs while the baby is developing, and is what we call a congenital defect (a defect in the genes or chromosomes).

Fragile X syndrome is the most common intellectual disability, affecting 1 in 4,000 boys and 1 in 6,000-8,000 girls in the United States (CDC, 2015f). It occurs as a result from a genetic mutation on the X chromosome. Fragile X syndrome may result in learning disabilities, delays in speech and language, ADHD, and anxiety (CDC, 2015f). There is no cure for Fragile X syndrome, but early interventions can be of great benefit to children and families affected by this syndrome.

Down syndrome is another type of genetic disorder in which there is an extra copy of chromosome 21 instead of the typical two copies (Leahy, Fuzy & Grafe, 2013). A person with Down syndrome often has distinguishing physical characteristics such as a small skull, flattened nose, shorter fingers, a larger space between the first two digits on the hands and feet (Leahy, Fuzy & Grafe), and a larger tongue. There are varying degrees of intellectual impairment. Some people with Down syndrome are dependent on others for care, while others can be largely independent.

You can learn more about intellectual disabilities at CDC.gov(www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about intellectual disabilities at:

http://www.cdc.gov/ncbddd/actearly/p...Disability.pdf

Cerebral Palsy

Cerebral palsy is a group of disorders that affect muscle coordination. Cerebral means pertaining to the brain; palsy means weakness having to do with muscles (CDC, 2015a). Cerebral palsy occurs due to brain damage that can occur while the baby is within the womb or during birth.

The symptoms of cerebral palsy vary from person to person (CDC, 2015a). Some people have just some trouble with motor coordination (doing things like moving, walking, or controlling their hand movements). Other people with cerebral palsy may have severe impairments and be unable to walk, perform ADLs, and will rely on others for their care for the rest of their lives. While some people with cerebral palsy only have problems with their motor functioning and ability to control their muscles, some may also have intellectual, learning, vision, hearing, or speech problems (CDC, 2015a).

Some of the symptoms you might see with a person with cerebral palsy include: **spasticity** (stiff muscles), **dyskinesia** (uncontrollable muscle movements), and **ataxia** (poor balance and coordination) (CDC, 2015a). In **spastic cerebral palsy**, which, according to the CDC (2015a), affects 80% of people with cerebral palsy, people have muscle stiffness, which affects their ability to move. They may have stiffness in both legs, one side of their body, or in both their arms and legs.

In **dyskinetic cerebral palsy**, people have trouble controlling their muscle movements and their movements may be jerky and uncoordinated (CDC, 2015a). The ability to swallow and chew can even be affected.

In **ataxic cerebral palsy**, people have problems with coordination, which affects their ability to walk or perform activities easily (CDC, 2015a). They may have trouble with fine muscle movement such as writing or using a fork and knife.

All of these types of cerebral palsy can affect a person's ability to perform ADLs and to care for themselves. People with cerebral palsy may be able to live independently, or may require care throughout their lives.

You can learn more about cerebral palsy at CDC.gov(www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about cerebral palsy at: http://www.cdc.gov/ncbddd/cp/facts.html

Autism

There are a variety of types of autistic disorders which can affect a person's ability to communicate, their social interactions, and may cause behavioral problems. Autism ranges across what is called the **autism spectrum**. This means impairments may range from mild to severe. Most people with autism appear to look like anyone else and do not have any obvious disability (CDC, 2015e). People with autism can range in their ability to learn, communicate, interact socially, and behave. Some people with autism have severe learning, social, and behavioral impairments which greatly impact their functioning. Other people with autism are highly gifted and have above average IQ scores.

According to the CDC (2015e) in early childhood, parents may begin to notice things in their child such as avoidance of eye contact, not liking physical contact such as hugging, having trouble interacting with others when they speak with them, difficulty

being **empathetic** (understanding how another feels), repetition of words or actions, or seeming as if they are not interested in others around them or that they do not know how to interact with others. There may also be issues such as having a hard time adapting to changes in routines and behavioral issues such as temper tantrums when such changes occur.

One in 68 children has an autism spectrum disorder CDC (2015e). There is no known cause, but there appears to be a strong genetic link to having autism. This means if a sibling has autism, other children in the family are more at risk. According to the CDC (2015e), there is also evidence that suggests older parents, and some medications that women take while pregnant are linked to a higher risk of a child having autism.

While there is no cure for autism, early childhood interventions can greatly help a person with autism cope with social and emotional stressors, and learn to function as normally as possible (CDC, 2015e). Speech, occupational, and behavior therapies may be included in the Care Plan. Medications may also be used to help with behavioral issues. People with autism may be able to live independently, or they may be dependent on others for their care.

You can learn more about autism at CDC.gov (www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about autism by following this link: http://www.cdc.gov/ncbddd/autism/facts.html

Neurological Impairments

A **neurologic impairment** means that there is an impairment of functioning within the person's nervous system (their brain and spinal cord). Neurological impairments could impact hearing, vision, motor coordination, speech, learning abilities, behavior, and cognitive functions. This could be due to genetic problems, or environmental factors, such as brain injuries. Examples of neurological impairments include vision problems, hearing problems, Tourette's syndrome, and Attention Deficit Hyperactivity Disorder.

Tourette's syndrome is a nervous system disorder in which people have what are called "tics" (CDC, 2014a). Tics are repetitive behaviors involving the motor system (such as twitching or repetitive blinking) and vocal tics (such as grunting), which occur several times throughout the day for at least one year (CDC, 2014a). These behaviors cannot be controlled by the person. One out of approximately every 360 children in the United States has Tourette's syndrome (CDC, 2014c). A person with Tourette's syndrome may have other behavioral or developmental disorders, or they may not.

Attention Deficit Hyperactivity Disorder (ADHD) is another type of neurological condition. ADHD is a very common childhood disorder which often lasts into adulthood. It involves difficulty with **inattentiveness** (trouble paying attention), **hyperactivity** (excessive activity), and **impulsiveness** (acting without thinking) (CDC, 2015g). People with ADHD may have difficulty paying attention or functioning in school or work, have trouble with social interactions, and may have behavioral problems. A person with ADHD may or may not have other behavioral, emotional, or developmental disorders.

Behavioral interventions, medications, and support can help people with Tourette's syndrome and ADHD function as independently as possible. You can learn more about Tourette's syndrome and ADHDat CDC.gov(www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about Tourette's syndrome by following this link: http://www.cdc.gov/ncbddd/tourette/documents/tourette–fact–sheet_photo.pdf.pdf ; orADHD information at this link: http://www.cdc.gov/ncbddd/adhd/docum...eetenglish.pdf

Multiple Disabilities

When a person has multiple disabilities, it means they have more than one type of disability. They may have a physical disability plus an intellectual disability. They may have a behavioral impairment that impacts their ability to learn, but have an average or above average intelligence level. It is always important for Home Health Aides/Personal Care Aides to find out about the unique strengths and needs of the person with whom they are working. Never assume that a person with a physical disability also has an intellectual disability and vice versa.

Levels of Functioning

People who have intellectual disabilities will have an **IQ (intelligence quotient)** test performed to assess their degree of their impairment along with a variety of **Developmental Screening Tools** assessments. **Degrees of impairment** means at what level of functioning does the person have? They can range from mild to severe levels of impairment.

Mild

A person with a mild level of impairment has an IQ in the 50-69 range (Leahy, Fuze & Grafe, 2013). There may be some delays in the child achieving normal developmental milestones. They may walk or talk at a later age than other children. With early interventions and support, the child can learn social and work skills, and be able to be fairly independent and live alone or in a type of group home.

Moderate

A person with a moderate level of impairment has an IQ in the 35-49 range (Leahy, Fuze & Grafe, 2013). There are usually delays in speech, communication, and motor development. With early interventions and support, the child can learn social and work skills, and be able to be fairly independent and live alone or in a type of group home with additional support.

Severe

A person with a severe level of impairment has an IQ in the 20-34 range (Leahy, Fuze & Grafe, 2013). There are usually obvious physical and learning delays in a child who is severely impaired. They may have difficulty communicating with others, using motor skills, and being able to meet their own needs. They will likely need assistance with performing ADLs, but can learn to feed, toilet, and dress themselves with assistance.A person with a severe impairment will likely live with their family or in a facility such as a group home or special school in order to have their care needs met.

Profound

A person with a profound level of impairment has an IQ below 20 (Leahy, Fuze & Grafe, 2013). There are usually delays in most areas of development, such as communication, motor skills, learning skills, and social skills. In some cases, the person's ability to interact with their environment is very limited. A child with a profound level of impairment can learn to walk and communicate with support. They will typically need assistance with self-care for their entire lives and a lot of supervision and support. A person with a profound impairment will likely live in a special facility if they are unable to live with their family.

6.1.3.2? Self Check Activity

1. A person who has a severe or profound level of impairment will likely need to live in a long term care facility or with family to provide for their needs.True or False? _____

2. A person with a mild to moderate level of impairment may be able to live independently. True or False? _____

Answer

1. True
2. True

FEEDBACK:

1. People with severe or profound intellectual disabilities have delays in most areas of development, including physical, intellectual, and social. They will usually require supervision and extensive assistance in completing ADLs.

2. A person with a mild to moderate intellectual disability may experience delays in some areas of development including intellectual, physical, and social. However, with support and assistance, they may be able to function independently.

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6.1.4: Effects of Developmental Disabilities on Growth and Development

Developmental disabilities impact growth and development in a variety of ways. It all depends on the type of disability and the functioning level of the person. No two people are alike. One person with Down syndrome may be able to live fairly independently while another person with Down syndrome may require constant supervision.

People with intellectual disabilities may have trouble with learning and require special help to learn skills such as reading, writing, and mathematics. Learning may occur at a slower rate compared to other children of the same age.

People with cerebral palsy may have trouble with motor skills and require assistance learning how to perform ADLs independently, or may require total care. Their ability to learn motor skills such as walking and feeding may happen at a later time compared to other children of the same age.

A person who has autism may have impairments in communication and with social skills. They may need extra support and behavioral interventions to help them communicate and interact with others. Their ability to interact with others may take a longer time compared to other children of the same age.

Children and adults with neurological impairments may have trouble with their senses, such as vision and hearing. They may or may not have any other physical or intellectual disability. They may require assistance with learning how to function independently. Learning language and communicating with others for a child with a hearing or vision loss may happen at a later time compared to children of the same age.

It is important for Home Health Aides/Personal Care Aides to be familiar with the timeline for normal developmental milestones. If they notice that a child with whom they are working is not meeting developmental milestones, they should discuss their concerns with their supervisor. The health care team can further assess the child to see if special testing and additional resources and support would be helpful.

You can visit CDC.gov (www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can download a Milestone Moments booklet to use in your work with children and their parents at the CDC.gov's website at: http://www.cdc.gov/ncbddd/actearly/p...entseng508.pdf

Causes of Developmental Disabilities

Developmental disabilities can occur in several ways. Some are due to congenital defects. **Congenital defects** are problems that occur during development of the person when they are **in utero** (in the mother's womb) and due to a mutation or error in genetic coding of their genes or chromosomes. Examples of congenital defects include Down syndrome and fragile X syndrome.

Developmental disabilities can also be **acquired** (obtained after birth or as a result of something not related to genetics). They can occur from an infection that occurs during pregnancy. Pregnant women need to take special care to remain infection free and to avoid people and children who have bacterial and viral infections, such as chicken pox, rubella (German measles), and toxoplasmosis. **Toxoplasmosis** is bacteria that are ingested by eating undercooked meat or handling cat feces (such as while cleaning out a litter box).

Developmental disabilities such as cerebral palsy are often caused by brain damage (due to a loss of oxygen) during the development or delivery of the baby, or they may be caused by a birth injury or an infection. Developmental disabilities can occur due to poor **prenatal care** (care the mother receives while pregnant). If, for example, a pregnant woman drinks alcohol, smokes, uses drugs, or does not receive proper nutrition, her child could potentially have a developmental disability.

Fetal Alcohol Syndrome (FAS) can cause physical and intellectual disabilities and birth defects. Fetal Alcohol Syndrome is one type of developmental disability that can be 100% prevented by not drinking alcohol during pregnancy. When a pregnant woman drinks alcohol, the alcohol passes through the umbilical cord to the baby (CDC, 2014c). The baby ingests alcohol along with the mother. Children with FAS may have abnormal facial features such as a smooth ridge between the nose and upper lip, small head size, and a less than average height and weight (CDC, 2014b). Hyperactivity, learning disabilities, speech and language delays, low IQ, poor reasoning and judgment skills, and trouble with vision or hearing may also result due to FAS (CDC, 2014b; CDC 2014c). If Home Health Aides/Personal Care Aides observe that a pregnant woman with whom they are working drinking alcohol, they should immediately report this to their supervisor. It is important to remember and to educate pregnant women that no amount of alcohol is safe.

To learn more about Fetal Alcohol Syndrome, you can visit CDC.gov (www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can learn more information about Fetal Alcohol Syndrome by visiting this link at the CDC.gov's website: http://www.cdc.gov/ncbddd/fasd/docum...alcoholuse.pdf. A brochure called An Alcohol Free Pregnancy can be downloaded and shared with patients from the CDC website: http://www.cdc.gov/ncbddd/fasd/docum...hure_final.pdf

Pregnant women need to take special care during their pregnancies by eating a healthy diet, taking prenatal vitamins their physician prescribes, and refraining from ingesting cigarettes, alcohol, or drugs. Smoking, drinking, and using drugs while pregnant increases the risk for a baby to be premature or have low birth weight. **Premature babies** (birth that occurs before the baby is fully developed and before 37 weeks of gestation) or **low birth weight babies** (babies who are less than 5 pounds 8 ounces at birth) are also more likely to have developmental disabilities as they did not have enough time in utero to properly develop.

Lead poisoning can also lead to a child having a developmental disability. This is a type of disability that occurs after the child is born. Lead can be found in a number of sources, such as construction materials, batteries, and paint. Homes and buildings used to be built using lead materials. Children who live in older homes are the most at risk for lead poisoning as lead may be in the building materials or paint used. Children tend to put many things in their mouths. Lead poisoning can occur if a child ingests (eats) paint and other materials that have lead in them. Lead poisoning can impact a child's physical development (such as cause muscle and bone problems), cause behavioral problems or cognitive problems (such as difficulty paying attention and learning), cause anemia (low blood count), and weight loss. The good news is that people who live in older buildings can have their paint tested to check for lead. If there is a concern about this, speak to a supervisor.

6.1.4.1 Self Check Activity

1. Which of these can result in acquired developmental disabilities? Select all that apply.

    a). Lead poisoning

    b). Down syndrome

    c). Tourette syndrome

    d). Fetal alcohol syndrome

2. Which two of these is a congenital developmental disability?

    a). Lead poisoning

    b). Down syndrome

    c). Fetal alcohol syndrome

    d). Fragile X Syndrome

3. Pregnant women should avoid alcohol, smoking, and drugs. True or false

Answer

1. A & D
2. B & D
3. True

FEEDBACK:

1. Acquired developmental disabilities are those that are obtained after birth (rather than while the baby was developing within the womb). Lead poisoning occurs when a child ingests lead. Fetal alcohol syndrome

2. A congenital developmental disability is due to a defect that occurs while the baby is developing in the womb. Down syndrome and Fragile X syndrome are disorders that occur due to mutations of genes. This happens while the baby is developing.

3. Pregnant women should avoid alcohol, smoking, and drugs. These substances have been known to cause learning, physical, social, and intellectual disorders. They are very harmful to a developing baby.

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6.1.5: How Is a Developmental Disability Different from Mental Illness?

There are several differences between a person who has a developmental disability and a person who has a mental illness. Developmental disabilities are permanent, while mental illnesses may be temporary, with recovery being possible. A person is diagnosed with having a developmental disability before the age of 22, and often when they are babies. A person can have a mental illness at any point in their lifetime, from childhood to late adulthood.

A person with a developmental disability may have a mental illness. It may be evident at a young age, or it may develop later in life. Regardless of when it develops, it is important to remember that a developmental disability and a mental illness are not the same thing. They each must be treated in special ways.

For Home Health Aides/Personal Care Aides, it is important to be aware of the signs and symptoms of mental illness, as discussed in Module 5. If a person has difficulty performing everyday tasks, caring for themselves, communicating with others, and being able to be independent, they may have feelings of frustration, depression, anger, anxiety, and hopelessness. One way to support a person who has a developmental disability and a mental health issue is to help teach them positive coping strategies as we discussed in Module 5.

6.1.5.1? Self Check Activity

1. Developmental disabilities and mental illness is the same thing.True or False? _____

2. A person with a developmental disability can also have a mental illness. True or False? _____

Answer

1. False

2. True

FEEDBACK:

1. Developmental disabilities and mental illness is not the same thing, although a person may have both. A person is diagnosed with having a developmental disability before the age of 22, while a person can have a mental illness at any point in their lifetime

2. A person with a developmental disability can also have a mental illness, which can occur at any point in their lives, even though they were diagnosed with a developmental disability as a child.

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SECTION OVERVIEW

6.2: Unit B- Developmental Disabilities and Home Care

6.2.1: Developmental Disabilities at Home

6.2.2: Expectations and Attitudes

6.2.3: Care Needs

6.2.4: Role of the Home Health Aide/Personal Care Aide

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6.2.1: Developmental Disabilities at Home

In some cases, a person with a developmental disability may reside in a long-term care facility or group home. Workers in those environments help to provide care and support for the person. Other times, a family who has a member with a developmental disability may decide to care for their family member within the home. They may need to have extra help doing so. This is where the very important role of a Home Health Care Aide/Personal Care Aide comes in. They may help to provide assistance with completion of ADLs, provide supervision, teach positive coping skills to the patient and family, and serve as a source of **respite** (relief for the family) during times of high stress or high life demands. Their role is to help the family and patient in meeting their needs. They will provide emotional support in addition to completing physical care and home care tasks. **Two of the most important roles providing care within the home are to help the person be as independent as possible and to always promote self–determination (making choices and plans for oneself).**

6.2.1.1? Self Check Activity

Multiple choice:

1. Which of the following is the best explanation for what respite means?

    a). A nurse administering extra medication for the patient to help them sleep.

    b). Providing relief for the family by providing supervision and personal care for the patient so the family can rest and do other activities.

    c). Putting the patient in a room by him/herself with a TV to keep them occupied.

    d). Giving the patient extra time to put their shoes on.

Answer

1. B

FEEDBACK:

1. Providing respite for a family means providing relief and assistance for a family who cares for a patient. Respite activities may include providing assistance with completion of ADLs, light housekeeping, emotional support, and providing companionship to the patient.

Caring for a Child with a Developmental Disability

Caring for a child with a developmental disability is the same as caring for any other child in the sense that they have the same basic needs. They need food, water, safety, love, a sense of belonging within their family and community, social interaction, and to develop a sense of independence and self-determination.

Unlike other children the same age, they may require additional care. They may not achieve the same developmental milestones, or they may achieve them at a later date than other children their same age. They may need extra help in school, or have additional members on their home health care team to help meet their needs. With extra support and treatment interventions, children with developmental disabilities can lead full and productive lives, filled with joy and happiness, just like any other children.

6.2.1.2? Self Check Activity

1. Children with developmental disabilities have the same needs as other children, although they may require additional care and take longer to reach developmental milestones.True or False? _____

Answer

1. True

FEEDBACK:

1. All people, regardless of disability have similar needs: food, water, safety, love, a sense of belonging within the family and community, social interaction, and to develop a sense of independence and self-determination. While people with

developmental disabilities may need additional care, support, and time to achieve goals and to meet daily living needs, they can still lead full and productive lives.

Caring for an Adult with a Developmental Disability

Caring for an adult with a developmental disability is the same as caring for any other adult in the sense that they have the same basic needs. They need food, water, safety, love, a sense of belonging within their family and community, social interaction, and to develop a sense of independence and self-determination. Unlike other adults at the same age, they may require additional care. They may not be able to do the same things as other adults their age. For example, they may not be able to live independently, or go to work, or have a family of their own. Or, they may be able to do many of these things, but need some additional support.

It is very important to remember that just because the adult may have impairments, they are not children. Even if they need to have complete care, they should be treated as an adult. They should be provided with opportunities to socialize with other adults, to make choices, and to be as independent and self-reliant as possible. Always treat adults with developmental disabilities as adults, not children.

Another aspect of working with adults with a developmental disability is to be aware that many also have sexual desires and needs, just like any other adult. Just because a person has a disability does not mean that they are incapable of sexual or emotional intimacy. People who have physical disabilities may need to make adjustments during sexual intimacy, but this does not mean that they are not capable of having sexual relationships or they do not desire them or have sexual feelings. Never make judgments or assume you know the sexual needs or behaviors of a person with a disability. Always be respectful of times needed for privacy.

6.2.1.3? Self Check Activity

1. If an adult requires complete care, they should be treated and spoken to as one would a child. True or False? _____

2. Adults with developmental disabilities have sexual interests and needs just like any other adult. True or False? _____

Answer

1. False

2. True

FEEDBACK:

1. Regardless of the amount of care needed, all adults should be treated as adults, and not children. Home Health Aides/Personal Care Aides should take care to treat all adults, regardless of impairment as adults and provide respect for each individual.

2. While people with disabilities may need to make adjustments during sexual intimacy, this does not mean that they are not capable of sexual relationships, that they do not desire them or that they do not have sexual feelings. Always be respectful of times needed for privacy.

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6.2.2: Expectations and Attitudes

As we have discussed throughout this course, all people have different views of family, come from different cultures, and have different beliefs and values. Everyone has their own unique identities, and we all have many parts to what makes us who we are. Regardless of whether the person has a developmental disability or not, it is important to remember that all of these differences should be respected and valued.

Philosophy and Current Trends in the Field

Address the Person, Not the Disability

One other important aspect of providing home care to a person with a developmental disability to know about and to respect is in regard to the terms that people use to describe their disability. Most of us do not like to be identified by a physical feature or a problem that we have. Some people may not like the term “disabled” and prefer to use the term “ability challenged”, or another term.

Home Health Aides/Personal Care Aides should always use the term(s) that the family and patient prefer. Take cues about terms families prefer by the language they use. Be sensitive when referring to a person with a disability. Be careful not to say things like, “They are disabled” or “They are deaf”. **Never identify a person with a disability by their disability**. For example, Home Health Aides/Personal Care Aides should not say, “He/she is a blind person” or “He/she is an autistic” or say things such as, “The ADHD patient” or “The Down’s patient.” These terms are offensive and label the person as a disability rather than a person with a disability. Instead, they should say things like, “He/she has ADHD/Down syndrome/Tourette’s syndrome, etc.” or “He/she has a visual/hearing/physical etc. impairment.”

Focus on Independence, Productivity, and Integration

In working with all people, it is important to promote independence. This is no different when working with people with developmental disabilities. While they may have some limitations, such as not being physically able to walk or feed their selves, this does not mean that a person with a developmental disability is unable to be independent in all ways.

Home Health Aides/Personal Care Aides should allow their patient with a disability to do all they can for themselves. They should not take over doing something just because they may be able to do it better or more quickly. Be patient and kind. Allow time for tasks to be completed and don’t rush the patient. When people feel they are working with someone who is patient and who gives them time to complete a task, they are more willing to try to do it themselves. This will give them a sense of independence and productivity. Never push a patient to do something they may not be able. This will only lead to a sense of failure and guilt.

Another important aspect in working with people with disabilities is to promote integration. **Integration** means including and involving a person with a disability with other people who do not have a disability. Whenever possible, people who have disabilities should be included in family and community activities. Work with a supervisor and the family to plan activities to involve the patient.

Promote Self-Determination and Community Participation

Promoting **self–determination** (the ability to make one’s own choices, decisions, and plans) is important for all people. Promote self-determination with patients by giving them choices. Allow them to decide foods or clothing they prefer or the order of tasks to complete. A HHA/PCA can ask, “What would you like to do first? Take a bath or brush your teeth?” Encourage the patient to select activities they would like to do for fun and work to involve your patient with their family and community as much as possible. There are many resources within communities for families to participate in. These may include school or church events, community events such as field days or musical events, or visiting local attractions such as zoos and museums. All people have a need to be a part of something and to be involved with others around them.

6.2.2.1 Self Check Activity

True or False

1. It is okay to call a person “disabled” if they have a disability. After all, they do have a disability. True or False?

_____

Multiple Choice

2. What phrase best describes self-determination?

a). Making one's own choices, decisions, and future plans.

b). Being told what to do and when to do it.

c). Including a person with a disability with others who are not disabled.

True or False

3. It is okay to take over dressing a patient if they are taking a very long time or if they make some mistakes when tying their shoelaces. True or False? _____

Answer

1. False
2. A
3. False

FEEDBACK:

1. It is not okay to call a person disabled just because they have a disability. Always use terms the patient and family prefer. Remember, most of us do not like to be identified by a physical feature or a problem that we have.

2. Self-determination is the ability to make our own choices, decisions, and future plans. It is important for the HHA/PCA to promote self-determination with all patients.

3. It is not okay to take over a task just because a person may be taking a long time or if they make mistakes. This negatively impacts a person's self-esteem. It is important for the HHA/PCA to promote independence for all patients with whom they work. Sometimes, tasks patients do on their own may take a longer time than if you did it for them. This is okay. Remember to have patience.

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6.2.3: Care Needs

Remember that a disability is not an illness, although it may lead to increased care needs of the person. People with disabilities, whether they are physical, cognitive, learning, or social impairments of functioning have the same basic needs as other people. We discussed Maslow's Hierarchy of Needs in Module 2. Let's explore how these apply to working with patients who have a developmental disability.

Physical Needs

In working with a patient with a developmental disability, Home Health Aides/Personal Care Aides may be asked to provide or assist with self-care. This includes bathing, skin care, dressing, toileting, and feeding. Taking vital signs, shopping for and preparing food for their patient, and measuring intake and output are other important tasks Home Health Aides/Personal Care Aides do to help patients meet their patient's physical needs. Promote independence in the patient being able to meet their own physical care needs whenever possible. Home Health Aides/Personal Care Aides may have to be their patient's voice if they are unable to communicate their needs. Be aware of things you can do to promote comfort, such as provide fluids, extra pillows to support an arm the patient is not able to physically control, turn and position an immobile patient, and provide food throughout the shift. A patient depends on their HHA/PCA to meet their physical needs, even if they are unable to tell them what these needs are.

Safety and Security Needs

A person who has a developmental disability may be reliant on others, including Home Health Aides/Personal Care Aides, to protect them from harm. Keeping the patient's home clean and free from dirt by completing tasks such as laundry, vacuuming, and cleaning maintains a safe environment for the patient. Ensuring that patients properly use assistive devices such as canes, walkers, and wheelchairs also ensures their safety. Remember to always lock brakes on chairs that can roll during patient transfer. Be cautious of trip and fall hazards. Be proactive in preventing accidents.

Teach the patient to be as independent as possible within safety constraints. If something is not safe for them to do alone, Home Health Aides/Personal Care Aides should discuss this with them and help them complete the task. Maintaining good personal hygiene and washing hands is also an important part of the tasks Home Health Aides/Personal Care Aides complete to provide for the safety and security needs of their patient. Observing for signs of abuse or harm that may be going on in the home is a very important part of providing for the safety and security needs of a patient. Report any signs of abuse to a supervisor immediately.

Love and Belonging Needs

A person with a developmental disability has the same need for love and belonging as anyone else. By promoting involvement with the family and community, Home Health Aides/Personal Care Aides can help them meet this crucial need. Find opportunities for the patient to socialize with others, including people with and without disabilities. Encourage patients to be involved with spiritual and religious practices they and their family believe in. Support their belief in prayer before meals and bedtime if this is something they choose. Home Health Aides/Personal Care Aides can promote a feeling of love and belonging by being respectful, nonjudgmental, and having the attitude that everyone has strengths and can make unique contributions to their family, community, and society.

Self-Esteem Needs

It is important to help promote positive self-esteem in all patients. People who have a disability may at times feel guilty, embarrassed, or that they are not a valued part of their family or community due to having a disability. Home Health Aides/Personal Care Aides can support development of their patient's self-esteem by being nonjudgmental, helping them to find and utilize their strengths and talents, and by promoting independence. They can demonstrate to their patients that they accept them for who they are and that they are not defined by their disability.

Remember to always talk to and not about a person with a disability. Treat them with respect and use positive communication methods, taking care to be conscious of nonverbal communication. Be sensitive to their feelings and recognize that the person may have many different feelings about their situation. Never assume that you know what these are. Encourage them to talk about their feelings and thoughts and help them to develop healthy coping strategies. Always maintain the dignity of a person who has a disability, even if they are totally dependent on others for their care. They may be very vulnerable and rely on their Home Health Aides/Personal Care Aides to provide their privacy and confidentiality.

Self-Actualization Needs

To help a person with a disability meet Maslow's highest level of the Human Needs Hierarchy, self-actualization, Home Health Aides/Personal Care Aides should work with the patient to help them set goals and dreams for the future. Don't be judgmental about the goals they have for themselves. Even if the goal may seem to be unachievable to you, never make a person feel hopeless about their future or their dreams. Encourage the patient to take small steps to reach larger goals and provide praise and support along the way. Support the person in making decisions and choices whenever possible.

6.2.3.1? Self Check Activity

1. What are some of the tasks Home Health Aides/Personal Care Aides can do to help a person with a disability meet their needs? Select all that apply.

a). Help them learn to tie their shoelaces.

b). Ask their opinion about what clothes they would like to wear.

c). Calling them by the name they prefer.

d). Providing skin care.

e). Changing their bed linens.

f). Reporting suspected abuse.

g). Promoting involvement in family activities.

h). Encouraging the person to have future goals and dreams.

i). Preparing lunch for the patient.

j). Locking wheelchair brakes before transferring the patient from the wheelchair to the toilet.

k). Arranging for the patient to attend a church social.

Answer

1. All of these are tasks you can do to help a person with a disability meet their needs.

FEEDBACK: Assisting a patient to learn to tie their own shoelaces is good way to promote independence, which is an important patient need. Providing the patient with choices, using the name they prefer for which to be called, and encouraging involvement in family activities and church activities are also important ways to help a patient meet their self-esteem, love and belonging, and self-actualization needs. Providing skin care, changing bed linens, and preparing meals for a patient are ways to help patients meet physical needs. Reporting suspicions of abuse and locking wheelchair brakes are ways to help patients meet their safety needs.

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6.2.4: Role of the Home Health Aide/Personal Care Aide

The role of a Home Health Aide/Personal Care Aide will vary depending on the needs of the patient with a developmental disability and their family. For many patients, Home Health Aides/Personal Care Aides will assist with providing or assisting to provide self-care. The personal care skills covered in previous modules and in future modules in this course will all be used to work with a patient with a developmental disability. This includes bathing, skin care, and dressing, toileting, feeding, and assisting with ambulation.

Home Health Aides/Personal Care Aides will monitor their patient's health as directed by the Care Plan. They may be asked to measure intake and output. They may assist with housekeeping and meal preparation for their patient. They may provide respite for the family and assist with supervision and child care while the family is busy with another task or to allow them some respite.

As with all patients, using good communication skills is important and essential in doing their job well and meeting the needs of their patient. It will also be part of the job to help teach patients who need help learning effective communication skills. As with all patients, an important part of the job is to always be observing and documenting changes in physical, mental, emotional, or social health.

Report any issues of concern to a supervisor immediately. Always be sure to document any observations and tasks that you have completed and only once they are completed. Be watchful of issues of concern in the home such as domestic violence, substance abuse, or child abuse. Report any concerns to a supervisor immediately.

Performance Standards

Home Health Aides/Personal Care Aides will use all of the basic skills they have learned in working with people with developmental disabilities. Remember the following:

- Speak to all people respectfully and politely.
- Include the patient in conversations. Speak with and not about them. Do not assume they cannot understand what is being said about them.
- Use positive verbal and nonverbal communication skills. Avoid negative communication.
- Explain things in a way the patient will understand. Observe how they receive information and make adjustments to how you communicate based on their understanding.
- Encourage the patient to think by asking questions rather than just giving commands to them. Allow them a chance to respond and to make choices.
- Encourage independence by allowing the patient to do as much as they can rather than doing for them. Be patient and allow extra time for task completing. Give praise and encouragement. Never be negative or criticize the patient when they try to complete a task.
- Include the patient in decisions and provide choices to them whenever possible. This promotes self-determination and independence.
- Always respect differences and individual desires, needs, and values.
- Consider others' feelings and concerns, even if they are different from your own. We are all different, and will have differences in opinion and values. Never be judgmental.

Follow these basic guidelines with all patients, including those who have developmental disabilities. While Home Health Aides/Personal Care Aides may need to make adjustments in how they complete tasks or how they communicate, the basic set of skills and performance standards are required for work with every patient. Following these will allow Home Health Aides/Personal Care Aides to provide the best care they can and to allow their patient to become as independent as possible.

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6.3: Post-test

6.3.1 Post Test

1. **True or False:** All people, regardless of having a disability have the same physical and emotional needs and should be treated with respect and as unique individuals.
2. **True or False:** Developmental disabilities occur across all gender, racial, ethnic, and socioeconomic groups.
3. **True or False:** All people with physical disabilities also have impairments in intellectual functioning.
4. **True or False:** Fetal Alcohol Syndrome can be 100% prevented by a woman not drinking alcohol while pregnant. HHAs/PCAs should inform their supervisor if they see a pregnant patient drinking alcohol.
5. In which ways could a developmental disability possibly impact a person? **Select all that apply.**
   A. ability to complete activities of daily living
   B. ability to be financially independent
   C. ability to understand social cues
   D. ability to walk or use muscles
   E. ability to speak or understand speech
   F. ability to cope in positive ways
6. **True or False:** Children with developmental disabilities have the same needs as other children, although they may require additional care and take longer to reach developmental milestones.
7. **True or False:** Having a developmental disability is the same thing as having a mental illness.
8. **True or False:** Two important goals of a HHA/PCA when working with a person with a developmental disability is to work to promote independence and self-determination.
9. Which of the following is an appropriate way to refer to a person with a disability? **Select the 2 correct answers.**
   A. “The ADHD girl.”
   B. “The Down’s child.”
   C. “He has a visual impairment.”
   D. “The deaf boy.”
   E. “My patient has autism.”
10. In which ways can a HHA/PCA promote independence and self-determination when working with a patient who has a disability? **Select all that apply.**
    A. Be patient and encouraging while the patient works to complete tasks.
    B. Include the patient in family and community activities.
    C. Allow the patient to make decisions about food, clothing, activities, and goals.
    D. Don’t rush the patient or do for them what they can do for themselves.
    E. Speak with and not about the patient.
    F. Be respectful and protect the patient’s rights to confidentiality.

Answer

1. True
2. True
3. False
4. True
5. ALL are possible ways a person could be impacted.
6. True
7. False
8. True
9. C and E
10. All are ways to promote independence and self-determination.

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CHAPTER OVERVIEW

7: Working with People with Physical Disabilities

7.1: Unit A- What Is Physical Disability?

7.1.1: What Is a Physical Disability?

7.1.2: Permanent versus Temporary Disabilities

7.1.3: Impact of a Physical Disability on Quality of Life

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CHAPTER OVERVIEW

7.1: Unit A- What Is Physical Disability?

This module explores what a physical disability is. We begin by defining physical disability and discussing some of the causes of physical disabilities. Then, we examine how a physical disability is different from a developmental disability and the special adaptations people with physical disabilities may need to make. We will explore the impact of a physical disability on a person's life, taking a closer look at the special stressors a person with a physical disability may have. Finally, we will discuss how the Home Health Aide/Personal Care Aide can best work with a person with a physical disability.

7.1.1: What Is a Physical Disability?

7.1.2: Permanent versus Temporary Disabilities

7.1.3: Impact of a Physical Disability on Quality of Life

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7.1.1: What Is a Physical Disability?

A **physical disability** is a disability that impacts a person's ability to perform physical tasks or function in a physical way. A physical disability may or may not be developmentally related. Some developmental disabilities that we discussed in Module 6 may result in physical disability. For example, cerebral palsy is a developmental disorder in which someone has a physical disability. They have difficulty with motor coordination and use of their muscles. Other physical disabilities are the result of diseases, accidents, or traumatic injuries.

Causes of Physical Disabilities

An **injury–related disability** is one that is caused from an accident, injury, or trauma. For example, motor vehicle accidents can result in a spinal cord injury and cause **paraplegia** (loss of function of the lower body or legs) or **quadriplegia** (loss of the ability to use both the upper and lower part of the body or limbs). A person may also lose a limb due to an accident or as a result of a disease process. For example, due to impaired circulation, a person who has diabetes may have a foot or leg **amputated** (removal of a limb). Diseases that are **progressive** (become worse) can also result in a person having a physical disability. For example, **muscular dystrophy (MD)** is a progressive muscular disease that is inherited and which may become obvious at birth or later in life. People with MD have a gradual wasting away of their muscles and have difficulty with physically moving due to muscle twitching, stiffness, or **atrophy** (wasting away of muscle).

Musculoskeletal disorders such as arthritis can make a person become disabled. **Arthritis** means inflammation of the joints. A person with arthritis has stiffness, pain, and decreased mobility. **Osteoarthritis**, a common type of arthritis which mainly affects the elderly, occurs when there is a degeneration of the joints. It can make walking and use of one's hands difficult. **Rheumatoid arthritis** is a type of arthritis that can affect people of all ages and often progresses to the point where mobility is greatly impacted. Diseases that occur suddenly and unexpectedly such as a **cerebrovascular accident (CVA)** or **stroke** can also cause physical disability. A cerebrovascular accident is when the blood and oxygen supply to the brain is impacted either due to a blocked artery or hemorrhage in the brain. Some people who suffer from a stroke may become unable to use their hands, feet, to dress or feed themselves, or even to speak.

? Self Check Activity 7.1.1.1 ?

Add exercises

1. Which of the following are some possible causes of physical disability?

    a). Fractured arm

    b). Spinal cord injury

    c). Muscular dystrophy

    d). Motor vehicle accident

    e). Arthritis

    f). Stroke

    g). War-related injury

    h). Brain injury

    i). Cerebral palsy

    j). Work-related injury

    k). Developmental disabilities

Answer

1. All of these choices are possible causes of physical disability.

    FEEDBACK:

    Physical disabilities may be congenital, as a result of an injury such as a motor vehicle or war injury, or may be as a result of a disease.

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7.1.2: Permanent versus Temporary Disabilities

While many of these types of physical disabilities are permanent, there are also temporary disabilities. A **permanent disability** is one a person will have for their entire lives. A **temporary disability** is one a person will have for only a short period of time. A person who suffered a stroke may only lose the ability to physically function for a short period of time. With rehabilitation, the person may regain their full or nearly normal ability to function. Another example of a temporary disability would be someone who has had a joint replacement surgery on their hip or knee. A person who has suffered a fractured (broken) limb such as an arm, leg, or pelvis also has a physical disability, but it is temporary. After the period of healing and rehabilitation, people with these types of physical disabilities will likely go on to return to their normal or near normal physical functioning.

? Self Check Activity 7.1.2.1 ?

Multiple Choice:

Which of the following is an example of a temporary disability?

a). Cerebral palsy

b). Muscular Dystrophy

c). A fracture of the foot

d). An amputated arm

Answer

1. C

FEEDBACK:

A temporary disability is one that a person will have for only a short time. Fracturing (breaking) an arm or leg is an example of a temporary disability. Cerebral palsy, Muscular Dystrophy, and amputations are permanent disabilities that a person will have for their lifetime.

Unique Attributes of Physical Disabilities

A diagnosis of a physical disability is highly individual and unique. Depending on the type and cause of the physical disability, a person may be impacted in different ways. No two people with the same physical disability will necessarily have the same impairments of functioning. While some people may have difficulties with performing activities of daily living (ADLs) such as dressing and toileting, other people may be able to perform these tasks independently, but may be unable to walk or move normally.

A person with a physical disability may need to use adaptive equipment to help them get around. Some types of equipment a person with a physical disability may use are wheelchairs, walkers, and canes. For people who have lost a limb, they may have a prosthetic device, such as a leg or arm.A **prosthetic device** is a specially made and fitted artificial limb or body part. Prosthetic devices are used to help a person improve their appearance and ability to function (Leahy, Fuze & Grafe, 2013).

Some people may use **adaptive equipment** such as special shoes or boots to help them with mobility. People with vision or hearing disorders may use equipment such as glasses, hearing aids, walking canes for the visually impaired or even use guide dogs. The use of adaptive equipment such as special plates, cups, eating and writing utensils, and special furniture and supplies can help a person with a physical impairment become independent. Other members of the home health care team such as a Physical Therapist or Occupational Therapist can be very helpful in helping the patient and the HHA/PCA learn about and how to use special adaptive equipment. It is important to remember that every person is unique and will have different impairments of functioning, as well as abilities to adapt to their impairments.

It is also important to remember that adaptive equipment such as a wheelchair is a part of the person's physical space (Johns Hopkins University, n.d.). The HHA/PCA should always ask permission before touching or moving a person's wheelchair. They should take care to not lean on, touch, or push the wheelchair without permission (Johns Hopkins University, n.d.). The HHA/PCA should ensure that others also respect the patient's physical space.

? Self Check Activity 7.1.2.2 ?

1. Which of the following is an example of a prosthetic device?

a). Wheelchair

b). Walker

c). Artificial limb

d). Cane

2. Which of the following is adaptive equipment a person with a physical disability may use to be as independent as possible?

- Wheelchair
- Prosthetic device
- Glasses
- Hearing aids
- Canes
- Special walking boot
- Special eating utensils

Answer

1. C

2. All of these are examples of adaptive equipment that may be used to help a person with a physical disability be as independent as possible.

FEEDBACK:

1. An artificial limb is an example of a prosthetic device. A prosthetic device is a specially made and fitted artificial limb or body part Wheelchairs, canes, special shoes for walking, and special eating utensils are examples of adaptive equipment.

2. Adaptive equipment is special equipment to help a person be as independent as possible. It can include special shoes, eating utensils, glasses, hearing aids, wheelchairs, and canes. Prosthetic devices are also considered adaptive equipment as they help a person to function more independently in their daily lives.

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7.1.3: Impact of a Physical Disability on Quality of Life

Support System

Many people with physical disabilities are able to lead independent lives or be fairly independent with additional support. Some may require some assistance with performing ADLs, while others require extensive assistance. Many people with disabilities are able to function just as a person without a physical impairment, while making adjustments for their disability. Some people who have temporary physical impairments may only need assistance for a short period of time while they are recovering. Having a support system can be very beneficial for a person with a physical disability. A **support system** is any person or group of people who can provide support in the form of emotional or physical support, such as assisting with completing tasks. Support systems can include family, friends, and social supports such as people from work, school, church, or other groups.

Stresses and Coping Skills

Every human being faces stressors in their lives. **Stressors** are anything that can cause stress, anxiety, frustration, and even anger or depression. They can at times make us feel overwhelmed. Stressors will impact each of us in different ways, depending on our coping skills. Using positive coping skills are helpful when dealing with stressors. For Home Health Aides/Personal Care Aides, it is important to help the patient express their feelings and thoughts and to help them use positive coping skills. In Module 5, we discussed unhealthy and healthy coping skills and how to help patients use healthy skills to cope.

In addition to the many stressors people face in their everyday lives, a person with a physical disability may face special stressors due to their individual situation. They may not be able to work and support themselves financially due to their physical disability. They may be reliant on others to provide their care. For example, if they are unable to complete activities of daily living (ADLs), they may require assistance or total care from another person.

There may also be a lack of opportunities for socialization for a person with a physical disability. **Socialization** means being able to interact with other people. This may be due to physical limitations, such as not being able to engage in physical activities, limitations placed on them due to equipment such as a wheelchair, or not being able to independently get around in the community. It may also be due to feelings of embarrassment. For a person with a temporary disability, they may not be able to drive or get out of bed at this time. This is a change that takes some adjustment. It can also lead to feelings of stress. Physical limitations may also make sexual intimacy more difficult in that a person with a physical disability may need to make adjustments in order to engage in intimacy. Making adaptive changes in order to fulfill sexual intimacy needs can cause a person stress.

For a person who was not born with a physical disability, it often takes time to adjust to the emotional and physical challenges their physical disability now poses. The person may have many different feelings about their situation. They may feel frustrated or even angry that they can't perform tasks they used to. They may have anxiety about not being able to work and provide for their family while they are **recuperating** (healing). They may even become depressed and feel hopeless about their future.

For a person who was born with a physical disability, they too may have a variety of emotions about their situation. They may even go through periods of mixed or different emotions, such as become depressed for periods of time, especially during times of high stress. Families of a patient may also have all kinds of emotions as they deal with the physical care of the patient, financial burden, and unanswered questions about the future. It is important for Home Health Aides/Personal Care Aides to remember to use good communication skills and spend time listening to their patient and their families' concerns. If they ever have a concern that person has developed a mental health issue, they should inform their supervisor. A patient may benefit from professional counseling and additional support as they learn to cope with their stressors and life changes.

Not having a strong support system or positive coping skills can negatively impact how a person copes with their physical disability and the stressors they face.Home Health Aides/Personal Care Aides can make a positive impact on their patient's well-being by teaching them to use positive coping skills, listening to their concerns and feelings in an empathetic way, and using good communication skills. It may be helpful for the family of a patient to have someone such as a HHA/PCA to talk to about their worries, frustration, and concerns. If Home Health Aides/Personal Care Aides ever feel that the concerns of their patient or family are more than they can handle, or if they feel their patient would benefit from professional counseling, they should speak with their supervisor.

7.1.3.1? Self Check Activity

1. Having a strong support system can help a person with a physical disability positively cope with stressors they face and adaptations they need to make in order to be as independent as possible.**True or False? _____**

2. People with physical disabilities experience a variety of emotions, including happiness, joy, anger, depression, and frustration. **True or False? _____**

3. It is important as a Home Health Aide/Personal Care Aide to listen to a patient's feelings and to help them learn to use positive coping skills. **True or False? _____**

Answer

1. True
2. True
3. True

FEEDBACK:

1. Having a strong support system, which can include the HHA/PCA, family, friends, and people from the community can help a person with a physical disability cope with physical and emotional stressors within their lives.

2. People with physical disabilities may experience a variety of emotions, which can vary from time to time. HHA/PCAs should be observant of these changes in emotions and provide emotional support to the patient and family. If at any time, the HHA/PCA feels the patient and/or family would benefit from professional counseling, they should speak with their supervisor.

3. It is important for a HHA/PCA to always listen to a patient's feelings and to help them use positive coping skills to help them better adapt to their situation and stressors.

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SECTION OVERVIEW

7.2: Unit B- How the Home Health Aide/Personal Care Aide Can Help a Person with a Physical Disability

7.2.1: Home Care Goals for People with Physical Disabilities

7.2.2: Role of the Home Health Aide/Personal Care Aide

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7.2.1: Home Care Goals for People with Physical Disabilities

Promoting Self-Care and Independence

In working with all people, it is important to promote independence. This is no different when working with people with physical disabilities. While they may have some limitations, such as not being physically able to walk or feed their selves this does not mean that a person with a physical disability is unable to be independent in all ways. Home Health Aides/Personal Care Aides should allow their patient with a disability to do all they can for themselves. They should not take over doing something just because they may be able to do it better or more quickly. Be patient and kind. Allow time for tasks to be completed and don't rush the patient. When people feel they are working with someone who is patient and who gives them time to complete a task, they are more willing to try to do it themselves. This will give the patient a sense of independence and productivity. Never push a patient to do something they may not be able. This will only lead to a sense of failure and guilt.

Maintenance of Dignity and Self-worth

Caring for an adult with a physical disability is the same as caring for any other adult in the sense that they have the same basic needs. They need food, water, safety, love, a sense of belonging within their family and community, social interaction, and to develop a sense of independence and self-determination. Unlike other adults, they may require additional care. This care may be temporary or permanent. Due to their disability, they may not be able to do the same things as other adults, or the same things they once were able to do, such as live independently, go to work, or provide their own self-care. Or, they may be able to do many of these things, but need some additional support and to learn how to adapt with special equipment.

It is very important to remember that just because the adult may have impairments that they are not children. Even if they need to have complete care, they should be treated as an adult. Be respectful, courteous, and kind. Promote the patient's dignity by being mindful of providing privacy, respecting confidentiality, including them in decisions, respecting their rights, and valuing their differences. Respect the patient's physical space and be mindful of handling prosthetic devices carefully and seeking permission prior to pushing a person in a wheelchair. They should never be forced to go somewhere they do not want to. Remember that you are an important advocate for your patient's rights.

Preservation of Normal Life Style

It is important to always remember to provide and assist the patient in having as normal a life as possible. This means working to support the patient's physical, emotional, social, and spiritual needs. Home Health Aides/Personal Care Aides should seek ways to provide an environment in which their patient can be safely independent. Teach them to use adaptive and assistive equipment. Encourage them to complete tasks independently as much as possible. Provide encouragement and praise. Seek opportunities for the patient to socialize with others, to make choices, and to be as independent and self-reliant as possible.

Adults with physical disabilities also have sexual desires and needs, just like any other adult. Having a disability does not mean that they are incapable of sexual or emotional intimacy. People who have physical disabilities may need to make adjustments during sexual intimacy, but this does not mean that they are not capable of having sexual relationships and they do not desire them or have sexual feelings. Never make judgments or assume you know the sexual needs or behaviors of a person with a disability. Always be respectful of times needed for privacy.

7.2.1.1? Self Check Activity

True or False

1. It is okay to call a person "disabled" if they have a disability. After all, they do have a disability. True or False? _____

2. If a person needs total care or assistance with ADLs such as bathing, you should provide for privacy, especially when others are around. True or False? _____

3. It is okay to take over dressing a patient with a physical disability if they are taking a very long time or if they make some mistakes when tying their shoelaces. True or False? _____

Answer

1. False

2. True

3. False

FEEDBACK:

1. It is not okay to call a person “disabled” even if they do have a disability. Always use terms the patient and/or family prefers.

2. Patients regardless of disability or limitation should be provided with respect and privacy should always be maintained. For a person with a total disability who requires complete care, the HHA/PCA must remember that they are there to not only care for the patient, but to protect their privacy and dignity as well.

3. The HHA/PCA should encourage independence for all patients. This may mean that tasks will take longer than if the HHA/PCA completed the task on their own. It is okay to take extra time as this helps promote independence and positive self-esteem. This is an important task of the HHA/PCA.

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7.2.2: Role of the Home Health Aide/Personal Care Aide

The role of a Home Health Aide/Personal Care Aide will vary depending on the needs of the patient with a physical disability and their family. The Care Plan will direct them as to what their patient's needs are and the tasks they are required to perform. Whenever in doubt about what they should be doing for their patient, they should seek guidance from their supervisor and ask for clarification. Remember that the patient's needs and goals always come first. Help promote self-determination by encouraging them to set goals and helping them to achieve those goals.

For many patients, Home Health Aides/Personal Care Aides will assist with providing or assisting to provide self-care. The personal care skills learned in previous modules and in future modules in this course will all be used when working with a patient with a physical disability. This includes bathing, skin care and dressing, toileting, feeding, and assisting with ambulation or use of adaptive equipment.

Part of the job of a HHA/PCA while working with a person with a physical disability may be to help them learn to safely use adaptive equipment such as eating utensils and transfer devices such as wheelchairs or canes. This will help promote independence for the patient. Home Health Aides/Personal Care Aides should always keep in mind safety risks and work to provide a safe and clean environment for their patient. Ensure there are accessible routes for the patient in case of an emergency. If a patient's home requires special adaptations to provide for the patient's safety and independence, such as wheelchair ramps or safety bars in showers, speak with a supervisor about these needs.

Home Health Aides/Personal Care Aides will monitor their patient's health as directed by the Care Plan. They may be asked to measure intake and output. They may assist with shopping, housekeeping and meal preparation for their patient. They may provide respite for the family or assist with child care. Using good communication skills is important and essential in doing the job well and meeting the needs of a patient. It will also be part of the job of Home Health Aides/Personal Care Aides to help teach patients who need help learning effective coping skills. Remember skills learned in how to be a good listener and demonstrate empathy for all patients and their families. Never assume you understand their individual experience. Allow them the space and time to express themselves.

As with all patients, an important part of the job of Home Health Aides/Personal Care Aides is to always be observing and documenting changes in physical, mental, emotional, or social health. Report any issues of concern to a supervisor immediately. Always document all observations and tasks completed. Be watchful of issues of concern in the home such as domestic violence, substance abuse, or child abuse. Report any concerns to a supervisor immediately.

Social, Cultural, and Environmental Influences in Caring for People with Disabilities

As we have discussed throughout this course, all people have different views of family, come from different cultures, and have different beliefs and values. Everyone has their own unique identities and we all have many parts to what makes us who we are. Regardless of whether the person has a physical disability, it is important to remember that all of these differences should be respected and valued. It is also important to keep in mind the unique physical limitations that a patient may have and what they mean to them. Home Health Aides/Personal Care Aides should never be judgmental about what a person can or can't do. Remember to always see the person, and not the disability. Use terms the patient and family prefers when discussing physical disability and limitations. Don't say things such as "He/she is crippled" or "He/she is disabled." The patient is a person with a disability. Their disability does not define who they are. All it means is that the patient and the HHA/PCA may need to be creative in learning to adapt with any physical limitations. **Focus on the word ability in the term disability.**

Keep in mind that it may be more difficult for a person with a physical disability to access community resources due to physical limitations, and opportunities for socialization may be limited. They may also be concerned about going out in public with their disability and perhaps may be embarrassed by their physical limitations. While many people in our society are supportive of differences in others, there are some people who may make the patient uncomfortable with asking personal and intrusive questions about their disability, staring at them, or exclude them because of physical limitations. Home Health Aides/Personal Care Aides should provide support to their patient as they deal with their many emotions and help to teach others to accept differences we all have. Provide as many opportunities as possible for the person to interact with others and to remain an active member of their community.

Situations in Which People with Physical Disabilities May Require Home Care

A person with any type of physical disability, whether it is temporary or permanent, may benefit from home care. Home care services for a person with a physical disability are directed at helping the person meet their physical, emotional, and social needs. A person may have trouble performing activities of daily living (ADLs) independently. They may be unable to perform tasks such as bathing, dressing, toileting, or feeding themselves. They may be unable to transfer from a bed to a toilet or to safely get into the bath tub. A person with a physical disability may have difficulties with maintaining a clean home or shopping for and preparing food. A parent who has a physical disability may need assistance with child care for their children.

While some people may only need home care for a short time, such as while recuperating from an injury or surgery, other people may need home care throughout their lives to help them remain in their home rather than a long-term care facility. Dealing with the many stressors of everyday life, and as a result of their physical limitations, a person with a physical disability may require home care to provide the support they need. Home Health Aides/Personal Care Aides can help provide the emotional support the patient and family needs in addition to providing assistance with physical tasks such as transfers, meal preparation, household cleaning, and bathing.

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7.3: Post-test

7.3.1 Self Check Activity

1. **True or False:** Physical disabilities may not only be due to developmental causes, and can occur at any time in a person's life.
2. Which of the following are *possible* causes of physical disabilities? **Select all that apply.**
    1. Diabetes
    2. Motor vehicle accident
    3. Cerebrovascular accident (stroke)
    4. War-related injury
    5. Sports-related injury
    6. Traumatic Brain Injury
    7. Arthritis
    8. Work-related injury
3. **True or False:** Temporary disabilities are those a person only has for a short period of time until healing occurs, while permanent disabilities are those the person has throughout their entire lives.
4. **True or False:** Having a strong support system can help a person with a physical disability positively cope with stressors they face and adaptations they need to make in order to be as independent as possible.
5. **True or False:** People with physical disabilities experience a variety of emotions, including happiness, joy, anger, depression, and frustration.
6. Which of the following are adaptive equipment that a person with a physical disability can use to be as independent as possible? **Select all that apply.**
    1. Glasses
    2. Hearing aids
    3. Canes
    4. Walkers
    5. Wheelchairs
    6. Special shoes or boots
    7. Special writing and eating utensils
7. **True or False:** It is very important to remember that adults with disabilities, even those who require complete care are not children, and should be treated as an adult.
8. The HHA/PCA should keep in mind that disability does not define a person. All people should be treated as unique individuals with strengths and talents.

Answer

1. True
2. All are possible causes
3. True
4. True
5. True
6. All are adaptive equipment
7. True
8. True

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CHAPTER OVERVIEW

8: Food, Nutrition, and Meal Preparation

Proper nutrition is important for all of us. Home Health Aides/Personal Care Aides have very important roles to fill with regard to helping their patients obtain proper nutrition. This module will explore the basics of nutrition. We will discuss all the important types of food that should be in a patient's diet. We will also talk about the type of food that should be avoided. We will learn how to use the USDA's nutrition guidelines by learning how to plan meals using ChooseMyPlate guidelines. We will talk about food preparation and safe food handling. We will also explore what different types of diets mean and what foods should and should not be included in those special diets.

8.1: Unit A- The Basics of Nutrition
- 8.1.1: The Major Nutrients
- 8.1.2: Vitamins
- 8.1.3: Minerals
- 8.1.4: Water
- 8.1.5: Nutrients Work Together

8.2: Unit B- Meal Planning
- 8.2.1: Well-Balanced Diet
- 8.2.2: Food Groups
- 8.2.3: Using ChooseMyPlate in Meal Planning

8.3: Unit C- Food Preparation and Serving
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SECTION OVERVIEW

8.1: Unit A- The Basics of Nutrition

8.1.1: The Major Nutrients

8.1.2: Vitamins

8.1.3: Minerals

8.1.4: Water

8.1.5: Nutrients Work Together

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8.1.1: The Major Nutrients

All living things require nutrients in order to survive and to grow and develop normally. Nutrients are components (parts) of food that provide nourishment in order for us to survive. **Nutrients** provide our bodies with energy, help build and maintain body tissues, organs, bones, and teeth, and help regulate body functions such as **metabolism** and blood pressure (Lehman, 2014). Nutrients include protein, carbohydrates, fats, vitamins and minerals.

The Care Plan will direct a HHA/PCA as to what the patient's dietary requirements and restrictions are. Home Health Aides/Personal Care Aides should always be sure to follow these as they are in place to best promote good health for the patient. If they are ever in doubt about whether a patient can have a certain food, they should seek guidance from their supervisor.

Protein

Proteins are the essential (necessary) building blocks that our body needs in order to properly function. We need protein in order to build and repair body tissues, such as muscles, organs, and skin. Sources of protein include poultry, meat, fish, eggs, milk, cheese, nuts and nut butters, peas, dried beans, and soy products. Our bodies can also use protein as an energy source or convert it to fat (Lehman, 2014). The amount of protein that a person needs depends on their body size, age, activity level, and their general well-being (U.S. Department of Agriculture, 2015a). People who are sick, undernourished, and healing generally require higher amounts of protein in order to help the body's tissues heal.

Sources of Protein:

- Poultry (chicken, turkey)
- Beef (steak, ground beef, stew meat, hamburgers, hot dogs)
- Fish (tuna, salmon, trout, bass, cod)
- Shellfish (shrimp, lobster, crab)
- Milk
- Eggs
- Soy products (tofu, tempeh, veggie burgers)
- Legumes (beans such as white beans, kidney beans, chickpeas)
- Peas
- Nuts (almonds, pistachios, walnuts, cashews, peanuts)
- Seeds (pumpkin, sunflower, squash seeds)
- Peanut butter and other nut butters

Carbohydrates

Carbohydrates are the essential nutrients our body needs in order to provide us with energy. Carbohydrates are the major way our body gets energy in order to effectively function. Carbohydrates provide our body with sugar, starch, and fiber. **Starches** include grains, potatoes, beans, and peas. **Sugars** include fruits, vegetables, and sweeteners. Foods that have fiber in them include whole grain foods such as cereals and breads, fruits, and, vegetables. Fiber is important as it helps aid in digestion, helps to lower cholesterol, and helps us to feel fuller longer. **Fiber** is also necessary to aid with bowel elimination (Leahy, Fuze & Grafe, 2013).

There are two basic types of carbohydrates: complex and simple. **Complex carbohydrates** are found in grain products such as bread, cereal, pasta, rice, and vegetables. **Simple carbohydrates** are foods found in sugars, sweets, syrups, and jellies. Complex carbohydrates have more nutritional value than simple carbohydrates.

The body uses sugars and starches for energy. Extra carbohydrates or carbohydrates that we take in but do not need at the time, are converted to fat, which are then stored (Lehman, 2014). A diet in excess of carbohydrates can lead to **obesity** (being over the ideal weight for a person's body size).

Sources of Carbohydrates:

- Grains
- Breads of all kinds
- Potatoes
- Beans
- Peas

- Oatmeal
- Rice (white, wild, brown)
- Breakfast cereals
- Tortillas
- Grits
- Pasta, noodles
- Popcorn
- Quinoa
- Crackers (all kinds)
- Couscous
- Muesli

Fats

Fats are essential nutrients in our diets. Even though we tend to think of fats as bad for us, we do need a certain amount of fat in our diets. Fat helps to protect our organs, is necessary for all the membranes in most the cells in our body, for brain and nerve function, is used to insulate the body and help us prevent heat loss, and is a carrier for other nutrients ((Leahy, Fuze & Grafe, 2013; Lehman, 2014). Extra fat can also be used as energy for the body, or it can be stored.

While we need a certain amount of fat in our diet, caution must be taken to not eat too much fat. A diet high in fat can lead to serious complications such as high cholesterol, myocardial infarction (heart attack), coronary artery disease, and cerebrovascular accidents (strokes). Sources of fat include oils, butter, margarine, salad dressings, and animal fats found in meat, fish, and milk.

Some fats are healthier options than others. For example, choosing to eat a handful of nuts is a healthier option than choosing to eat a handful of potato chips. There are three main types of fats: monounsaturated fats, polyunsaturated fats and saturated fats (Leahy, Fuze & Grafe, 2013). **Monounsaturated fats** include vegetable fats such as olive oil and canola oil. **Polyunsaturated fats** include corn, soy, safflower, and sunflower oils, and omega-3-fatty acids. **Saturated fats** include butter, bacon, lard, coconut oil, and peanut oil. Saturated fats are less healthy options than monounsaturated and polyunsaturated fats. They should be consumed in limited quantities.

Sources of Fat:

- Oils (all kinds)
- Butter
- Milk
- Eggs
- Fish
- Meat
- Nuts and seeds
- Avocados
- Margarine
- Salad dressings
- Olives
- Peanut butter
- Animal fats found in meat

8.1.1.1? Self Check Activity

Match the nutrient with its function

Nutrient	Function in the Body
1. Protein	a. Provides a source of energy for the body, helps to prevent heat loss, protects our organs, and is needed for cell membranes.
2. Carbohydrates	b. These are the major building blocks for our body to use to repair muscle, tissue, organs, and skin.

Nutrient	Function in the Body
3. Fats	c. This is our body's major source of energy. Some sources, such as fiber, help with digestion.

Answer

1=B

2=C

3=A

FEEDBACK:

1. Protein includes meats, poultry, fish, peanut butter, eggs, and nuts. Protein is needed for our bodies to repair muscle, tissue, organs, and skin.

2. Carbohydrates provide us with our major source of energy that our body needs to function. Sources of carbohydrates include grains, vegetables, fruits, and sugars. Complex carbohydrates found in grains and vegetables compared to simple carbohydrates found in sugary foods are healthier options. Too much carbohydrate intake can result in obesity.

3. Fats also provide our bodies with energy, help us to regulate our temperature, and protect our organs. Fats can be found in butter, oil, salad dressings, and animal fats found in meat and dairy products. Some fats such as olive oil are healthier than butter or bacon.

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8.1.2: Vitamins

Vitamins are essential to help our body use other nutrients we take in, and they also help to promote tissue growth. There are several kinds of vitamins, all of which have a specific purpose and which we need every day. With the exception of Vitamin D and Vitamin K, our body needs to obtain vitamins through our diets. We make a certain amount of Vitamins D and K within our bodies. While most people who eat a well-balanced diet do not need to take vitamin supplements, other people may need a daily supplement in order to meet their nutritional needs. The patient's physician will discuss the specific vitamin supplements the patient needs, if any. If the patient has a question about a vitamin, Home Health Aides/Personal Care Aides should inform their supervisor about the patient's question.

Vitamin A is necessary to help keep the skin in good condition and also supports eye health. Vitamin A can be found in dark green, yellow, and orange vegetables.

Vitamin B is needed to help the nervous and digestive systems function properly. It also is important for protein, carbohydrate, and fat metabolism. Metabolism is the process by which the body converts (changes) what we eat and drink into usable energy. Foods high in vitamin B are those found in animal products such as meat, milk and milk products, green leafy vegetables, and fortified grain products. When foods are **fortified**, they have nutrients added to them in order to make them more nutritious. For example, many grain or bread products are fortified, or enriched with extra minerals and vitamins for extra nutrition.

Vitamin C helps to strengthen blood vessel walls and aids in the healing of wounds and bones. It also helps the body to absorb iron. Foods rich in vitamin C include fruits such as oranges, strawberries, grapefruit, and vegetables like broccoli, Brussel sprouts, and green cabbage.

Vitamin D is needed for our body to build strong bones and teeth. Sources of vitamin D include milk, butter, salmon, sardines, tuna, liver, fish liver oils, and fortified orange juice. We also synthesize (make) our own vitamin D when we get sunlight on our skin.

Vitamin E is an **antioxidant**, which is a substance used to remove potentially damaging agents called **free radicals**. This helps to promote a good immune system. Sources of vitamin E are wheat germ, fish, fruits, vegetables, cereals, and nuts.

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8.1.3: Minerals

Our bodies also require a number of minerals in order to best function. **Minerals** are compounds that our body needs in order to perform a variety of functions. There are a number of essential minerals that our bodies need. For example, we need calcium, which is a mineral, in order to help keep our bones and teeth strong. There are a number of minerals that we need to take in through eating a well-balanced diet. Calcium, potassium, chloride, sodium, phosphorus, and magnesium are known as **major minerals** (Lehman, 2014). Iron, fluoride, zinc, copper, selenium, chromium, and iodine are known as **minor minerals** (Lehman, 2014). Whether a mineral is major or minor has to do with the amount we need in our diets. We need a greater amount of calcium within our diet as compared to zinc, for example.

Calcium: is a mineral that is needed for bone and teeth strength, blood clotting, proper muscle contraction, and a healthy heart. Milk and milk products such as cheese, ice cream, yogurt, leafy green vegetables, and canned fish, such as sardines (which have soft bones) are good sources of calcium.

Potassium: helps the heart to function properly, helps muscles to contract, and is necessary for good nerve conduction. Foods high in potassium include tomatoes, potatoes, squash, dried apricots, yogurt, and bananas.

Iron: iron combines with protein to make hemoglobin, which is a part of our red blood cells that carries oxygen. Good sources of iron include red meat, chicken, pork, dark green leafy vegetables such as spinach, iron fortified cereals and grain products, and dried fruits such as raisins.

Iodine: is needed for proper functioning of the thyroid gland. The thyroid is important for our body's metabolism. Sources of iodine in the diet can include cod, shrimp, canned tuna, iodized table salt and even milk and yogurt.

Sodium: helps our body to maintain normal fluid balance. Foods high in sodium include most processed food, many canned food such as meats and soups, olives, pickles, packaged mixes, and canned foods such as vegetables. While we need sodium in our diet, we should limit the amount of sodium we take in.

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8.1.4: Water

Water is essential to all life, including human life. Without it, we cannot survive. We could only live for a few days without water. We need water for digestion, elimination, and control of our body temperature. The majority of our body is made up of water. We need about 8 glasses, or 64 ounces, of water each day to stay adequately hydrated. Liquids such as coffee, tea, juices, milk, and soda also provide us with fluid we need. However, it is healthier to select drinks such as water, milk, or juice rather than soda.

It is important to remember to keep a patient hydrated. Some patients may not be able to or may forget to ask for a drink of water. It is a good idea for Home Health Aides/Personal Care Aides to offer a drink of water at least once every two hours. When turning and positioning a bedridden patient, offer them a glass of water at that time.

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8.1.5: Nutrients Work Together

It is important to have a well-balanced diet. While each of the individual nutrients discussed above are important, it is important that a person take in a combination of all of them to make a well-balanced diet. Together they work to keep the body working at its optimum (best) level.

8.1.5.1? Self Check Activity

Select the nutrient category to which the food in the list belongs.

A. Protein B. Carbohydrate C. Fat

1. Butter
2. Tuna fish
3. Steak
4. Noodles
5. Margarine
6. Canola oil
7. Peanut butter
8. Tortillas
9. Eggs
10. Olive oil
11. Beef
12. Bread
13. Crackers
14. Hamburger
15. Shrimp
16. Mashed potatoes
17. Oatmeal
18. Rice
19. Vegetable oil
20. Chicken
21. Salad dressing
22. Hot dogs
23. Popcorn

Answer

1. C
2. A
3. A
4. B
5. C
6. C

7. A

8. B

9. A

10. C

11. A

12. B

13. B

14. A

15. A

16. B

17. B

18. B

19. C

20. A

21. C

22. A

23. B

FEEDBACK:

Protein sources include meats, poultry, fish, peanut butter, and eggs. Carbohydrate sources include pasta, rice, potatoes, popcorn, and grains. Fats include oils, butter, margarine, and salad dressings.

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SECTION OVERVIEW

8.2: Unit B- Meal Planning

8.2.1: Well-Balanced Diet

8.2.2: Food Groups

8.2.3: Using ChooseMyPlate in Meal Planning

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8.2.1: Well-Balanced Diet

A well–balanced diet means a diet in which all the nutrients our body needs for proper functioning and energy are taken in. A well-balanced diet contains a variety of foods from all the food groups, as well as all the necessary vitamins and minerals we need. It also means taking in an adequate supply of water for adequate health. A well-balanced diet can be planned by selecting healthy foods from each of the food groups.

USDA's ChooseMyPlate Dietary Guidelines

The United States Department of Agriculture (USDA) developed healthy eating guidelines for Americans to follow to help them make healthy food choices. According to the USDA, The ChooseMyPlate icon (symbol) serves as a reminder for people to help them build a healthy plate at meal times. The emphasis is on the five food groups that are necessary for good health: vegetables, fruits, grains, proteins, and low-fat dairy foods. ChooseMyPlate.gov is a scientifically based and up-to-date resource which can provide Home Health Aides/Personal Care Aides with useful information for planning meals and educating their patients about healthy food choices and physical activity. All recommended daily servings and food group sources discussed in this module are according to the guidelines set forth by the USDA and can be downloaded from www.choosemyplate.gov.

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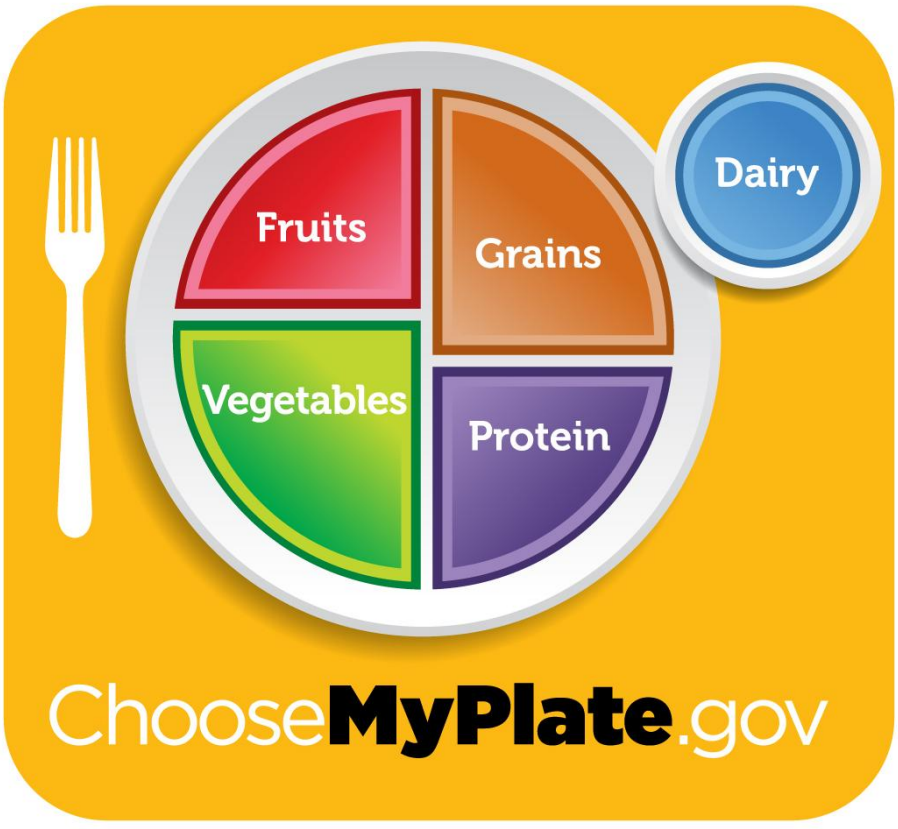


Figure 8.2.1.1: What you need for a balanced diet. (U.S. Department of Agriculture (2015a) www.choosemyplate.gov)

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8.2.2: Food Groups

Milk Group

When selecting foods included in the milk group, low fat and fat-free choices should be made to promote good health. In general, 1 cup of milk, soy milk, yogurt, and 1 ½ ounces of cheese are considered a serving size (U.S. Department of Agriculture, 2015a).

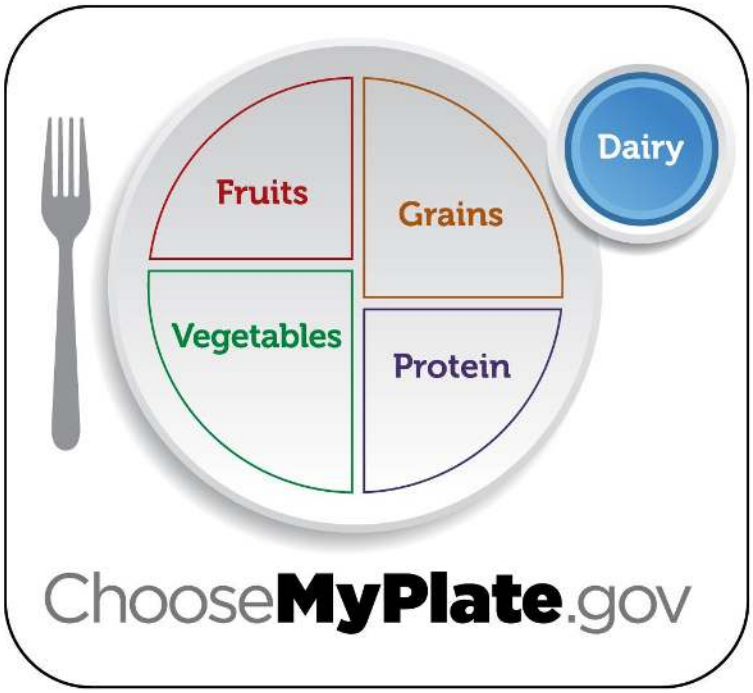


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U.S. Department of Agriculture (2015a) www.choosemyplate.gov)

Milk Sources:

- Milk (low fat, fat free, whole)
- Lactose-free and lactose-reduced milk
- Yogurt
- Pudding
- Ice cream
- Frozen yogurt
- Calcium fortified soy milk
- Hard cheeses (cheddar, mozzarella, swiss, parmesan)
- Soft cheeses (ricotta, cottage cheese)
- Calcium fortified juices and cereals

Recommended daily servings of milk products:

	Age	Daily serving
	2-3 years old	2 cups
Children	4-8 years old	2 1/2 cups
	9-18 years old	3 cups
Women	19+ years old	3 cups
Men	19+ years ole	3 cups

Source: U.S. Department of Agriculture (2015a)

Protein Foods Group

ChooseMyPlate.gov suggests selecting a variety of foods high in protein with 8 ounces of seafood per week. In general 1 ounce (oz.) of meat, ¼ cup of beans, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds are considered a serving of protein (U.S. Department of Agriculture, 2015a). You can view sources of protein by visiting choosemyplate.gov at http://www.choosemyplate.gov/foodgallery–protein–foods

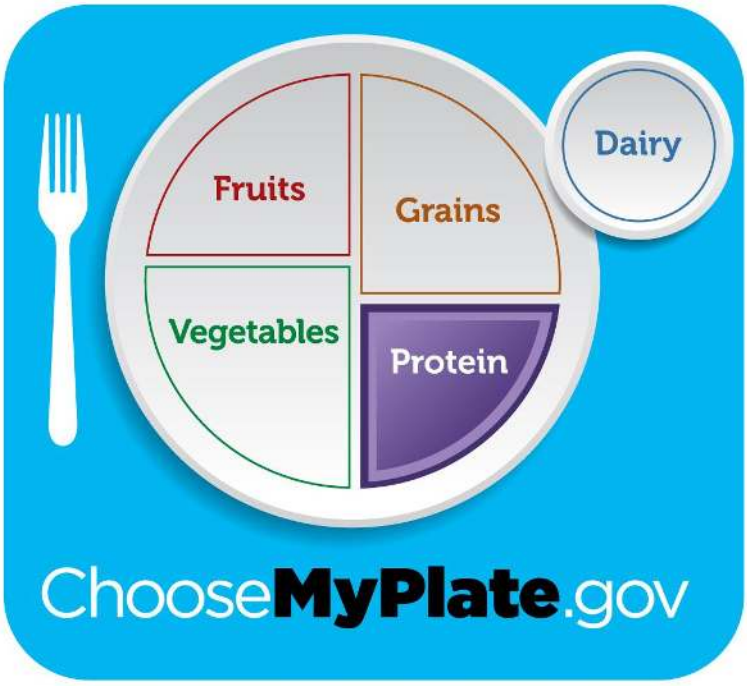


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Protein sources:

- Beef
- Pork (ham, pork chops)
- Lamb
- Veal
- Poultry (chicken, turkey)
- Beans (black, kidney, chickpeas, lentils, navy, pinto, white, soy beans, split peas)
- Eggs
- Canned fish (sardines, salmon, tuna, anchovies, clams)
- Fish (cod, tuna, sea bass, catfish, flounder, halibut, swordfish, trout, mackerel)
- Shellfish (shrimp, lobster, crab, mussels, oysters, scallops)
- Nuts (almonds, walnuts, hazelnuts, pistachios, peanuts, pecans)
- Seeds (sesame, pumpkin, squash, sunflower)

Recommended daily servings of protein:

	Age	Daily serving
Children	2-3 years old	2 ounces
Children	4-8 years old	4 ounces

	Age	Daily serving
Girls	9-18 years old	5 ounces
Boys	9-13 years old	5 ounces
Boys	14-18 years old	6 1/2 ounces
Women	19-30 years old	4 ounces
Women	31+ years old	5 ounces
Men	19-50 years old	6 ounces
Men	51+ years old	5 1/2 ounces

Source: U.S. Department of Agriculture (2015a)

Fruit Group

Most fruits are low in fat and all fruits have no cholesterol (U.S. Department of Agriculture, 2015a). Fruits are considered an important part of our diets and have many protective health benefits. Eating a diet high in fruits has been shown to reduce the risk of heart disease, some types of cancer, obesity, and type 2 diabetes (U.S. Department of Agriculture, 2015a). In general, 1 cup of fruit or fruit juices or ½ cup of dried fruit is considered a serving size from the fruit group (U.S. Department of Agriculture, 2015a).

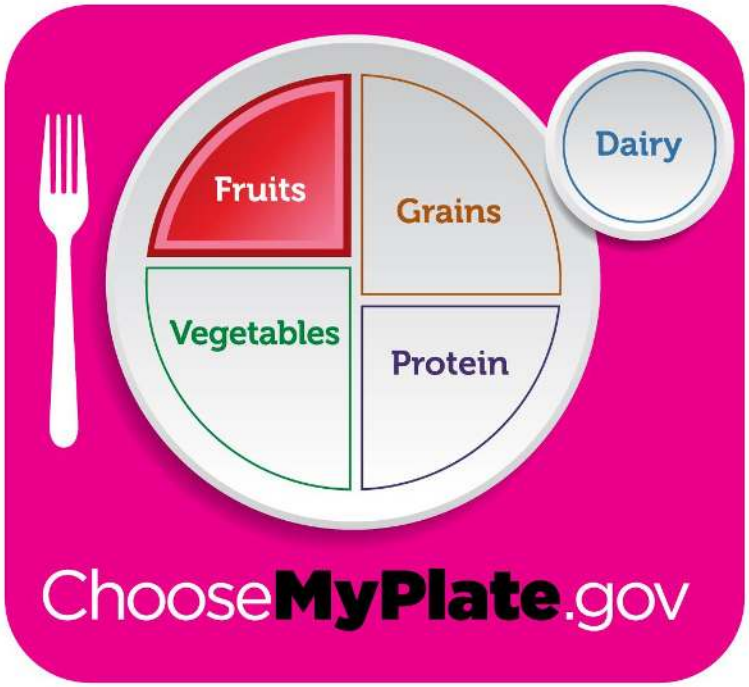


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Fruit Sources:

- Apples
- Apricots
- Bananas
- Blueberries
- Cantaloupe
- Cherries
- Fruit juices (100% fruit juice, all varieties)
- Grapefruit

- Grapes
- Kiwi
- Lemons
- Limes
- Mangoes
- Nectarines
- Oranges
- Papayas
- Peaches
- Pears
- Pineapples
- Plums
- Raisins
- Raspberries
- Strawberries
- Watermelon

Recommended daily servings of fruit:

	Age	Daily serving
Children	2-3 years old	1 cup
Children	4-8 years old	1-1 1/2 cups
Girls	9-18 years old	1 1/2 cups
Boys	9-13 years old	1 1/2 cups
Boys	14-18 years old	2 cups
Women	19-30 years old	2 cups
Women	31+ years old	2 cups
Men	19-51+ years old	2 cups

Source: U.S. Department of Agriculture (2015a)

Vegetable Group

Most vegetables are low in fat and all vegetables have no cholesterol (U.S. Department of Agriculture, 2015a). Vegetables are considered an important part of our diets and have many protective health benefits. Eating a diet high in vegetables has been shown to reduce the risk of heart disease, some types of cancer, obesity, and type 2 diabetes (U.S. Department of Agriculture, 2015a). In general, 1 cup of raw or cooked vegetables or 2 cups of leafy greens counts as one serving of vegetables (U.S. Department of Agriculture, 2015a).

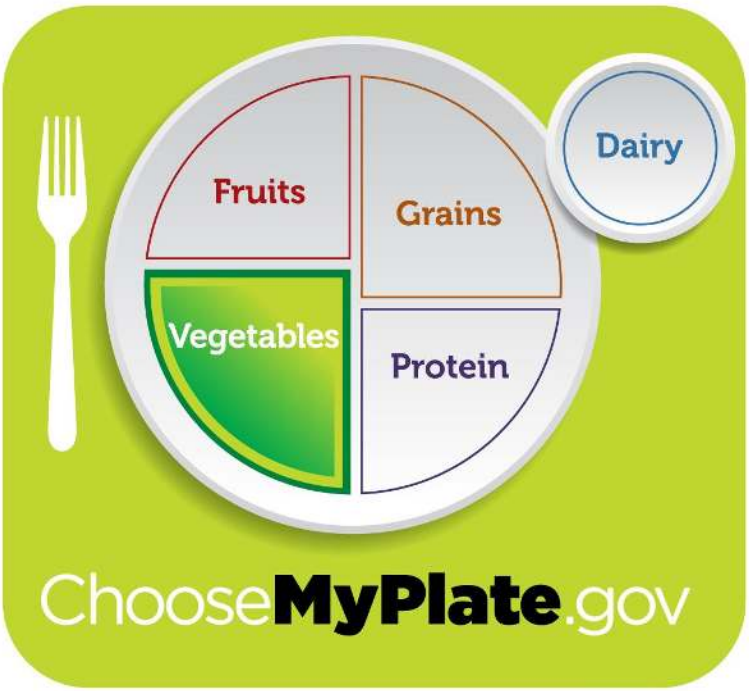


Figure 8.2.2.1: Copy and Paste Caption here. (U.S. Department of Agriculture (2015a) www.choosemyplate.gov)

Vegetable Sources:

- Artichokes
- Asparagus
- Bok choy
- Broccoli
- Celery
- Collard greens
- Corn
- Cucumbers
- Green lima beans
- Green peas
- Lettuce
- Kale
- Mushrooms
- Mustard greens
- Onions
- Peppers (green, red, orange, yellow)
- Potatoes
- Spinach
- Squash (all varieties)
- Sweet potatoes
- Taro
- Tomatoes
- Turnip greens
- Water chestnuts

Recommended daily servings of vegetables:

	Age	Daily serving
Children	2-3 years old	1 cup

	Age	Daily serving
Children	4-8 years old	1 1/2 cups
Girls	9-13 years old	2 cups
Girls	14-18 years old	2 1/2 cups
Boys	9-13 years old	2 1/2 cups
Boys	14-18 years old	3 cups
Women	19-50 years old	2 1/2 cups
Women	51+ years old	2 cups
Men	19-50 years old	3 cups
Men	51+ years old	2 1/2 cups

Source: U.S. Department of Agriculture (2015a)

Grain Group

Foods made from wheat, rice, cornmeal, rye, barley or other grains are considered grain products. Grain products are important sources of energy for our bodies. In general, 1 slice of bread, 1 cup cold cereal, ½ cup cooked cereal, rice, or pasta are considered to be a serving size of grain (U.S. Department of Agriculture, 2015a).

Diets high in whole grain foods have been shown to reduce the risk of heart disease, stroke, type 2 diabetes, colorectal cancer, inflammatory diseases, helps to maintain a healthy blood pressure (American Heart Association, 2014b) reduce constipation, and help maintain a healthy weight. Select choices from the grain group from those that are high in fiber and made with whole grains for the most health benefit. You should strive to make at least half of your grains whole grains (U.S. Department of Agriculture, 2015a). You can view sources of grains by visiting choosemyplate.gov at

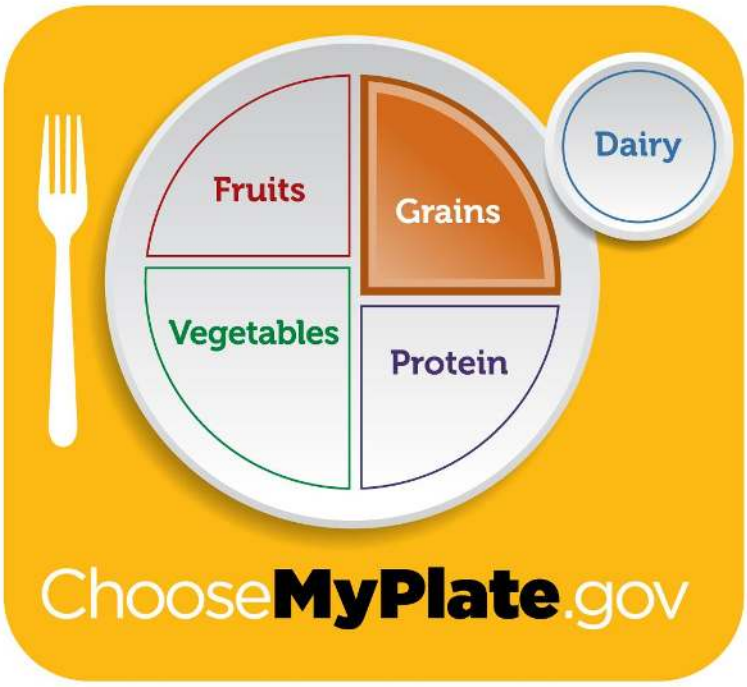


Figure 8.2.2.1: Copy and Paste Caption here. (U.S. Department of Agriculture (2015a) www.choosemyplate.gov)

Grain Sources:

- Barley
- Bread (all kinds)
- Bulgur
- Cereals (all kinds)
- Cornbread
- Cornmeal
- Couscous
- Crackers
- Millet
- Muesli
- Oatmeal
- Rice
- Pasta (including whole wheat)
- Popcorn
- Pretzels
- Tortillas

Recommended daily servings of grains:

	Age	Daily serving
Children	2-3 years old	3 ounces
Children	4-8 years old	5 ounces
Girls	9-13 years old	5 ounces
Girls	14-18 years old	6 ounces
Boys	9-13 years old	6 ounces
Boys	14-18 years old	8 ounces
Women	19-50 years old	6 ounces
Women	51+ years old	8 ounces
Men	19-50 years old	7 ounces
Men	51+ years old	6 ounces

Source: U.S. Department of Agriculture (2015a)

Oils

Oils are NOT a food group, although they provide essential nutrients we need for our body (U.S. Department of Agriculture, 2015a). Oils include items such as butter, oils, margarine, mayonnaise, salad dressings. These food items should be used sparingly. Foods such as fish, nuts, and avocados are good choices of fats. Many foods we eat, especially those that are processed, often are high in fat. This should be considered when planning meals. In general, 1 ounce of nuts, 1 tablespoon margarine, mayonnaise, or oils, and 2 tablespoons of salad dressings count for one serving of oils (U.S. Department of Agriculture, 2015a). You can view sources of oils by visiting choosemyplate.gov at http://www.choosemyplate.gov/oils

Recommended daily servings of oils:

	Age	Daily serving
Children	2-3 years old	3 tsp.
Children	4-8 years old	4 tsp.
Girls	9-18 years old	5 tsp.

	Age	Daily serving
Boys	9-13 years old	5 tsp.
Boys	14-18 years old	6 tsp.
Women	19-50 years old	6 tsp.
Women	51+ years old	5 tsp.
Men	19-30 years old	7 tsp.
Men	31+ years old	6 ounces

Source: U.S. Department of Agriculture (2015a)

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8.2.3: Using ChooseMyPlate in Meal Planning

Creating a basic menu plan involves selecting a food from each food group. To help create well-balanced meals, it is helpful to follow the ChooseMyPlate food guidelines. ChooseMyPlate.gov suggests the following key points:

- Focus on fruits
- Vary your vegetables
- Make half your plate fruits and vegetables
- Make at least half your grains whole grains
- Go lean with protein
- Get your calcium rich foods

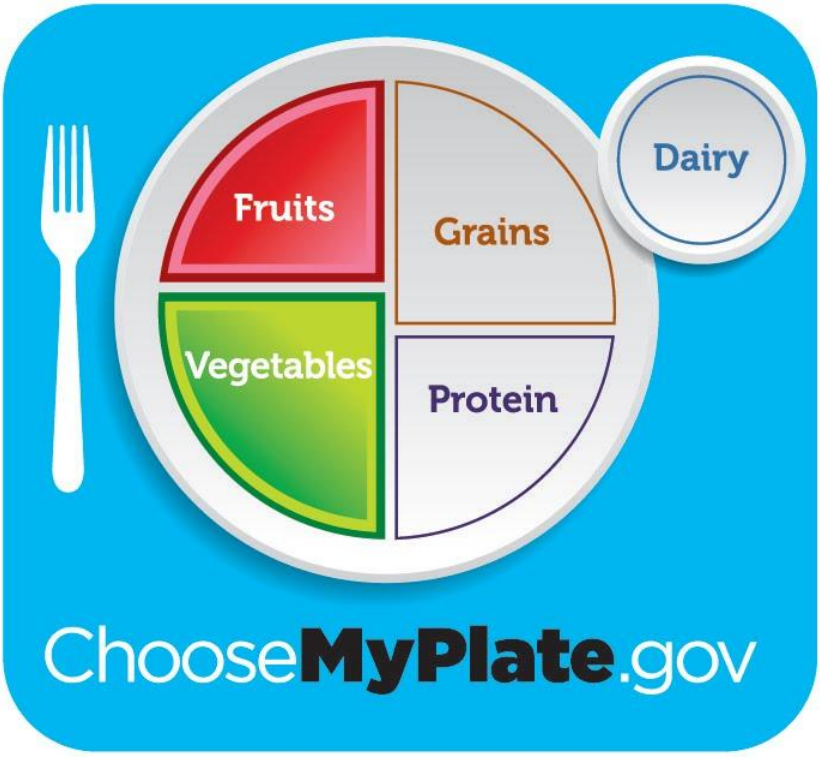


Image Source: U.S. Department of Agriculture (2015a) www.choosemyplate.gov

Dietary Guidelines

In addition to taking in well-balanced foods and creating healthy meal plans, it is important for Home Health Aides/Personal Care Aides to keep the following in mind when planning and preparing meals to serve their patients:

- Consume a variety of foods within and among the basic food groups. This ensures meals are well-balanced and interesting.
- Control caloric intake in order to maintain an optimal weight.
- Be physically active every day. Even people who have physical limitations can engage in exercise within the constraints of their limitations. For example, people who have limited mobility can do leg and arm exercises independently or with help, rock in a rocking chair, turn side to side, and do simple exercises. Follow the guidelines set forth in the Care Plan that will detail the kind of activity the patient can engage in.
- Increase daily intake of fruits, vegetables, whole grains and nonfat or low fat milk and milk products.
- Switch to fat free or low fat milk and milk products.
- Choose fats wisely.
- Choose carbohydrates wisely. Select complex carbohydrates rather than simple carbohydrates which tend to have more sugar content in them.
- Choose and prepare foods with little sodium (salt). Read labels to check for sodium content and avoid prepackaged and boxed foods.
- Switch to water and reduce consumption of sugary drinks.

- If the patient drinks alcohol, they should do so in moderation. Guidelines suggest that women should consume no more than 1 drink per day and men no more than 2 drinks per day.
- Keep foods safe to eat and follow good hygiene practices during food preparation.

Other Considerations

Home Health Aides/Personal Care Aides should involve their patients in meal planning. Use the communication skills learned throughout this course to educate patients about healthy food choices. When planning meals, they must take into consideration their patient's food preferences, cultural and or religious background, eating habits, ability to chew and digest food, convenience of preparation, and calorie and special nutrient needs. Food preferences are determined by our family, culture, religious beliefs, foods we may choose not to eat, such as animal products for vegetarians, and the area we grew up or in which we live. There may be regional or ethnic differences in food preferences. Talk to the patient about their food preferences and beliefs. Watch the types of foods they eat. Make suggestions and ask for feedback. Ask them to share the foods they most enjoy. Always also assess for any allergies to foods, as these would be items to avoid purchasing or preparing in the patient's home.

8.2.3.1? Self Check Activity

1. Home Health Aides/Personal Care Aides should ask their patient what their food preferences are and plan meals according to foods they enjoy and religious and cultural preferences.

True or False? _____

Answer

1. True

FEEDBACK:

Food preferences are determined by a variety of factors such as family, culture, religious beliefs, regional and ethnic differences, personal preference, and allergies. It is important to ask patients what their preferences are to ensure the patient's beliefs and preferences are respected, and to increase the likelihood that they will eat meals prepared.

Cost of Food

It is also important to consider the cost of food and the family's ability to afford various types of food. If Home Health Aides/Personal Care Aides have a concern that the family is not getting enough to eat, they should speak to a supervisor. Various community resources are available to help families who cannot afford enough food. Use coupons when shopping for food and look for sales. Assist patients to plan meals weekly. Use items that are on hand or that wi ll spoil sooner first. Make a shopping list and stick to it. Purchase items such as dried beans and canned fishes to help provide less expensive sources of protein. When possible, buy in bulk. Purchase produce when it is in season as it will be freshest and cheaper.

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SECTION OVERVIEW

8.3: Unit C- Food Preparation and Serving

8.3.1: Food Preparation

8.3.2: Serving Food

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8.3.1: Food Preparation

When selecting foods to plan a menu and foods to offer a patient, Home Health Aides/Personal Care Aides should use the basics of good nutrition and follow the ChooseMyPlate guidelines found at www.choosemyplate.org

- Choose a variety of foods to keep it interesting.
- Choose foods that are low in fat, low in saturated fat, and low in cholesterol
- Select lean meats, fish, and poultry. Avoid fatty cuts of meats. Remove the skin from poultry to reduce fat.
- Use sugar and salt in moderation.
- Herbs and spices can be used to help flavor food and according to the patient's preferences.
- Choose plenty of fruit, vegetable, and grain products for snacks and meals.
- Avoid frying foods as this adds extra calories, fat, and cholesterol.
- Steam vegetables to maintain the most flavor and nutrition.
- Bake, broil, or microwave foods rather than frying or sautéing in butter or oil.
- Avoid convenience foods such as those that are pre-made or prepackaged. When foods are prepared fresh, you always know the ingredients and there will be less preservatives, sodium, fat, and calories.

8.3.1.1? Self Check Activity

1. Which method of food preparation is the *least* healthy?

    a). Broiling

    b). Steaming

    c). Frying

    d). Roasting

2. Skin can be removed from meat and poultry to reduce fat. True or False? _____

Answer

1. C

2. True

FEEDBACK:

1. Frying foods is the least healthy option as this adds extra fat, cholesterol, and calories from using oils during the frying process. Broiling, steaming, and roasting methods of cooking do not add extra calories, as long as butter, margarine, and oils are not used.

2. To decrease the amount of fat and make healthier food choices, remove skin from meat and poultry, as this is where extra fat and cholesterol are. Lean cuts of meat can also be selected to decrease fat, cholesterol, and calories.

Patient Involvement

It is very important for Home Health Aides/Personal Care Aides to involve their patient in the planning and preparing of meals. Not only is the patient more likely to eat foods if they choose them, but it also helps to promote independence and self-determination. Working with a patient to plan meals and prepare foods can also help to strengthen the relationship. Share tasks of food preparation, keeping in mind any physical or cognitive limitations a patient may have.

Home Health Aides/Personal Care Aides should not allow their patient to perform unsafe tasks if they are unable to do so. For example, young children should not be allowed to use sharp knives and dangerous equipment. A person with dementia who may forget what they are doing should be closely supervised while using knives or the stove. If adaptive equipment is available, teach and encourage the patient to use it. If they can assist to provide their own care, this will help promote self-esteem and independence.

Getting involved in meal planning and preparation can also provide mental and physical stimulation, as well as relaxation and distraction. It can be a time where patients are encouraged to be creative and draw upon their strengths and talents, especially if

they enjoy cooking. Many people enjoy food, either cooking or eating it. Home Health Aides/Personal Care Aides can make this time fun and relaxing by going through cookbooks and magazines with attractive pictures to help stimulate interests in food. Make a list of items that are on hand and Home Health Aides/Personal Care Aides can even make planning a meal with on-hand ingredients a fun game.

Available Cooking Equipment

While preparing food in a patient's home, Home Health Aides/Personal Care Aides may only have access to the available equipment they have on hand. There may not be a lot of equipment to choose from. They may need to get creative in order to adequately meet their patient's nutritional needs. Discuss ideas with a supervisor about how to best do this.

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8.3.2: Serving Food

Serve Quality Food

- Purchase food that will not expire soon. Check expiration dates on all food in order to ensure it is fresh. Discard food that is past its expiration date.
- Select fresh fruits and vegetables. Don't select those that are overripe, bruised, or have brown spots.
- Cook foods only until tender, unless the patient's preferences and diets state otherwise. Overcooking foods destroys good nutrients.
- Serve food that is eye-appealing. Food that looks attractive will more likely be eaten and could help stimulate a person who has a poor appetite to eat.

Serving Meals

Mealtime is an excellent time to spend with a patient and their family. Home Health Aides/Personal Care Aides can use it as a time to talk, to learn more about their patient and to allow their patient time to socialize with them and others. Make sure to always plan for extra time during meals so the patient does not feel rushed. Sit next to or across from them whenever possible. Avoid doing other tasks while the patient is eating. Instead, use this time to socialize with them, unless they do not prefer it.

If the patient has a swallowing problem, remember *not* to ask them questions while they are trying to chew or swallow, as this could lead to choking. Plan conversation for the time in between bites. If the patient requires assistance to eat, sit next to them. This will allow Home Health Aides/Personal Care Aides to be close enough so they do not have to overextend their back while feeding the patients. Be patient as they chew and do not rush them by trying to give them another bite of food while they are still chewing the first.

Food Appearance, Texture, and Portion Size

Select nutritious foods that are contrasting colors and textures. This adds to visual and chewing appeal. Try to vary the colors of the foods being served. Avoid serving foods that are all one color. Even for people who must have a **mechanical diet**, which is a diet that is altered in texture, such as food that is pureed or finely chopped, different colored foods can be selected. For example, select a green, soft vegetable (spinach), a red, crunchy fruit (an apple), and colorful, chewy wild rice to go along with a piece of chicken and a glass of milk. This lends visual and chewing appeal as the patient can see different colors and feel different textures as they chew.

Home Health Aides/Personal Care Aides should be observant about changes in their patient's appetite, and report any significant decreases of appetite to their supervisor. A poor appetite should be investigated.

Some possible explanations of a poor appetite are:

- Illness or depression. When we do not feel well or are depressed, our appetite is diminished.
- Dissatisfaction with the food. If a patient does not like the food, they will be less likely to eat. Find out their preferences and plan meals accordingly.
- Improper mouth care. A poorly cared for mouth can lead to chewing problems.
- Loose or broken teeth or problems with the gums or tongue. This makes chewing difficult.
- Chewing difficulties. It is difficult to eat if chewing is painful.
- Improperly fitting dentures. Poorly fitting dentures makes eating difficult and painful.
- Patient fear of choking. Patients who are afraid to choke may hesitate to eat.
- Patient has confusion. Patients who are confused may forget what they are doing. They may need to be encouraged to eat.
- Side effects of medications. Some medications decrease a person's appetite.

8.3.2.1 Self Check Activity

1. Which of the following are possible causes of a poor appetite? **Select all that apply.**

    a). Poorly fitting dentures

    b). Depression

    c). Confusion or dementia

d). Broken or loose teeth

e). Medication side effects

f). Not liking the food you prepared

Answer

All are possible causes of a poor appetite.

FEEDBACK:

Poorly fitting dentures or broken teeth can make chewing and eating difficult, leading to a poor appetite. Home Health Aides/Personal Care Aides should regularly inspect their patient's mouth and teeth while performing mouth hygiene and ensure dentures are in good working order and placed in the mouth prior to eating.

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SECTION OVERVIEW

8.4: Unit D- Food Shopping, Storage, Handling, and Food Safety

8.4.1: How to Save on Food Costs

8.4.2: Food Storage

8.4.3: Safe Food Handling

8.4.4: Safe Microwave Defrosting and Cooking

8.4.5: Food Money Procedures

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8.4.1: How to Save on Food Costs

Food can be expensive. Families on a tight budget may have trouble purchasing food. If Home Health Aides/Personal Care Aides ever observe that a patient does not appear to have enough food in the house, they should discuss this concern with their supervisor.

Here are some tips for Home Health Aides/Personal Care Aides to keep in mind to help cut food costs:

- Use coupons
- Look through weekly store circulars for items on sale
- Avoid convenience foods such as those that are pre-made, pre-packaged, or that come from sections of the grocery store such as the deli, bakery, or salad bar. These items tend to be much more expensive than if you purchased the ingredients and prepared it yourself.
- Check food labels for nutritional value.
- Purchase items such as produce when it is in season. It will be less expensive and fresher.
- Purchase items in bulk, but be aware of storage space. If it can't be stored or used up before it expires, you will not be saving money.
- Plan meals for a week at a time. Make a grocery list and stick to it.
- Use meat and protein substitutes that tend to be less expensive. Canned tuna, dried beans, yogurt, and eggs are excellent sources of protein.
- When buying meat, check the expiration date to ensure you are buying the freshest meat possible. Spoiled meat is wasted money.
- When possible, buy meat in bulk as costs tend to be lower. Cutting up a whole chicken or cutting a pork roast into chops tends to be less expensive than buying individual pieces of chicken or pork.
- Always stick within the allowed food budget. Never buy more than you are told or that the patient can afford.

8.4.1.1? Self Check Activity

1. Which are ways a HHA/PCA can help reduce food costs for a patient? **Select all that apply.**

    a). Buy salad from the salad bar

    b). Check expiration dates of food

    c). Purchase bulk items even if they are not needed or there is no storage space

    d). Find protein substitutes for fresh meats

    e). Use coupons and buy sale items

Answer

1. B, D, & E

FEEDBACK:

Purchasing items from a salad bar or other self-service station in a grocery store often leads to higher prices. Whenever possible, purchase fresh fruits and vegetables from the produce aisle. This is a healthier and less expensive option. Regularly checking expiration dates helps to prevent unnecessary waste. Planning meals with items on hand and that have not expired helps the patient and their family save money. Purchasing bulk items can help to save money. However, if they are not needed and there is no storage space for them this can end up costing the patient money as food will more likely have to be thrown away. When coupons are used and sale items are purchased, this can help the patient and their family save money.

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8.4.2: Food Storage

It is important to properly store food. Food that is improperly stored can lead to illness and is also a waste of money as it will have to be thrown out. You can read more about refrigeration and food safety at the United States Department of Agriculture website: http://www.fsis.usda.gov/wps/portal/fsis/topics/food–safety–education/get–answers/food–safety–fact–sheets/safe–food–handling/refrigeration–and–food–safety/ct_index

Here are some things for Home Health Aides/Personal Care Aides to keep in mind, based on recommendations from the United States Department of Agriculture (2015b):

- Buy cold foods and get them home quickly to avoid spoilage.
- Keep eggs in their original packaging on a shelf, not the door in the refrigerator. Since the door is opened often, it risks the eggs becoming spoiled or cracked.
- Immediately refrigerate all meats, fish, poultry, eggs, milk, and milk products.
- Store dry food in covered containers. For example, dried beans, lentils, pasta, and rice should be stored in clean, closed containers such as plastic storage containers. Ensure pests cannot get to packaged food.
- Rotate stock. Use older items first. Make it a point to rotate cans and boxes before putting away newly purchased items.
- NEVER store food with cleaning supplies.
- NEVER store food beneath plumbing, such as beneath a sink.
- Eggs, milk, milk products (cheese, yogurt), salad dressings, and mayonnaise should be refrigerated.
- Always read the label to see if the product should be refrigerated once it is open. Items such as ketchup can be kept stored in a cupboard BEFORE it is opened. Once it has been opened, it must be stored in the refrigerator.
- Refrigerate fresh fruit only after it is ripe.
- Refrigerated food should always be covered or placed into a closed container and dated.
- Label items to be stored in the freezer with the name of the item and date if you repackaged it. Once food is frozen, it can be difficult to tell what it is.
- Use frozen foods within six months.
- NEVER thaw frozen food on a counter at room temperature. This allows bacteria a chance to multiply. Thaw food in a refrigerator overnight.
- Ensure refrigerators and freezers are in good working order. Keep a thermometer in each to ensure the temperature is correct. Refrigerators should be kept at or below 40 degrees F. Freezers should be kept at 0 degrees F.
- Cooked foods and leftovers should be used within 4 days.
- Raw meat, poultry, and fish should be used within 1-2 days.
- Keep refrigerator shelves clean and wipe up spills using hot soapy water immediately.
- Clean the refrigerator once per week and discard perishable items. Ensure there is enough space between items in the refrigerator so that air can circulate and keep foods properly chilled. Avoid overcrowding the refrigerator or freezer.

Appliance	Safe Temperature Range
Refrigerator	**40 degrees F or below**
Freezer	**0 degrees F**

Source: United States Department of Agriculture (2015b)

Type of Food	Days to Use Within
Cooked food & leftovers	**Use within 4 days**
Raw meat, poultry & fish	**Use within 1-2 days**

Source: United States Department of Agriculture (2015b)

8.4.2.1? Self Check Activity

True or False

1. It is okay to store food under the kitchen sink as long as it is in its original package.

True or False? _____

Multiple Choice:

2. At what temperature should refrigerated foods be kept at?

    a). 55 degrees or above

    b). 0 degrees

    c). 40 degrees or below

    d). 45 degrees

3. At what temperature should frozen foods be kept at?

    a). 55 degrees or above

    b). 0 degrees

    c). 40 degrees or below

    d). 45 degrees

Answer

1. False
2. C
3. B

FEEDBACK:

1. Food should never be stored under a sink as it risks getting contaminated. Never store food with chemicals or other cleaners. Food should be properly stored in the refrigerator or freezer, depending on the item and when it will be used. Other foods such as dried items should be stored in their original packaging or in air tight containers in a pantry.

2. Refrigerated foods should be kept at 40 degrees or below. Thermometers should be placed in the refrigerator and freezer to ensure they are in proper working order.

3. Frozen foods should always be kept at 0 degrees. Thermometers should be placed in the refrigerator and freezer to ensure they are in proper working order.

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8.4.3: Safe Food Handling

When handling food, it is important to keep safety at the forefront of food preparation. You can read more about safe food handling guidelines developed by the United States Department of Agriculture at: http://www.fsis.usda.gov/wps/wcm/connect/18cece94-747b-44ca-874f-32d69fff1f7d/Basics_for_Safe_Food_Handling.pdf?MOD=AJPERES#page=2

Home Health Aides/Personal Care Aides should follow these guidelines for safe food handling:

- ALWAYS wash your hands before and after food preparation. Follow proper hand washing guidelines. Always wear gloves when handling food.
- ALWAYS wash your hands after handling raw meat, poultry, fish, or eggs.
- Use one cutting board for raw meats, poultry, and fish. Use another one for vegetables, fruits, and foods that are ready to eat, such as bread.
- Wash cutting boards in hot soapy water or run them through the dishwasher.
- Non Porous acrylic, plastic, glass, or wood cutting boards can be safely washed in the dishwasher. Discard cutting boards that are worn or that have a lot of grooves where bacteria can hide and contaminate food.
- Immediately wipe up spills from raw meat, poultry, and fish using an antibacterial cleanser or a diluted bleach solution.
- Clean the workspace before and after food preparation using hot soapy water. Clean the workspace and wash your hands after handling raw meats, poultry, or fish before moving on to the next step in food preparation.
- Cutting boards and work surfaces can be sanitized using an antibacterial cleanser or a homemade solution of 1 tablespoon liquid chlorine bleach to 1 gallon of water. Spray solution onto surface, allow a few minutes to work, rinse, and then let air dry or pat dry with a paper towel.
- Keep raw meat, poultry, and fish separate from other items in your food cart to avoid juices contaminating other food. Place these items in plastic bags separate from other food.
- When storing raw meat, poultry, and fish in the refrigerator, place them in containers or on a dish to prevent juices from dripping on other foods. Store these items on the lowest shelf in the refrigerator to prevent dripping from higher shelves onto food stored on lower shelves.
- Your clothes and apron should always be clean.
- Avoid coughing or sneezing during food preparation. If you cough or sneeze, step away from the food preparation area and wash your hands immediately afterwards.
- Use clean dishes, bowls, pots, and dish towels.
- Use hot, soapy water to wash dishes.
- Never taste food and stir food with the same spoon. If you need to taste food, or the patient would like to taste the food during food preparation, use a clean spoon to remove some from the pot or pan, and then discard that spoon into the sink to be washed.
- Hot foods can be placed in the refrigerator immediately. Do not let them sit on the stove or counter for several hours. This encourages bacteria to multiply.
- NEVER use a damaged can or a can that is bulging or dented. It could be spoiled and you risk food poisoning.
- Do not eat raw eggs or use eggs that have cracks in them. Never undercook eggs. You risk salmonella if you do so. Store eggs in their original container in the refrigerator.
- Use a food thermometer to ensure that meat is cooked to the proper doneness.
- When using a microwave, rotate the dish while cooking to avoid cold spots where bacteria may live and multiply.
- When reheating food, bring it up to proper temperature. Sauces, gravies, and soups should be brought to a rolling boil before eating.
- NEVER use foods that are moldy or have a bad smell to them.
- Keep hot foods hot (above 140 degrees F).
- Keep cold foods cold (at or below 40 degrees F).
- Do not refreeze food that has already been frozen.
- Always use food within the recommended time and by the expiration date. When in doubt, do not use it and ask a supervisor for guidance.

Safe Temperature	
Hot Foods	**Keep at 140 degrees F or above**
Cold Foods	**Keep at 40 degrees F or below**

Source: United States Department of Agriculture (2013a)

8.4.3.1? Self Check Activity

True or False

1. You should wash your hands, cutting boards, and work surfaces immediately after handling raw meat, poultry, and fish. **True or False?** _____

2. Separate cutting boards should be used for raw meats and fresh vegetables. **True or False?** _____

3. Never eat or serve raw eggs or eggs that have cracks in them. **True or False?** _____

Answer

1. True
2. True
3. True

FEEDBACK:

1. To avoid the risk of contamination from raw meat, poultry, and fish, hands, cutting boards and work surfaces should be washed with hot soapy water after use.

2. To avoid the risk of contamination from raw meats, poultry, and fish, use separate cutting boards for meats and fruits and vegetables.

3. Raw eggs and those with cracks in their shell should not be used. They should be discarded as the risk of salmonella is high.

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8.4.4: Safe Microwave Defrosting and Cooking

Many people use a microwave to cook or reheat food. It is important for the Home Health Aide/Personal Care Aide to follow safety precautions when using a microwave for food preparation. The United States Department of Agriculture has specific guidelines for safe use of a microwave for food preparation. You can read more about the following guidelines based on the USDA (2013b) recommendations for safe microwave use at: http://www.fsis.usda.gov/wps/portal/fsis/topics/food–safety–education/get–answers/food–safety–fact–sheets/appliances–and–thermometers/cooking–safely–in–the–microwave/cooking–safely–in–the–microwave–oven

- When heating or cooking foods in a microwave, always use microwave safe dishes. Never use plastic or foam trays. These items can warp, causing harmful chemicals to spill into the food.
- Cover food with microwave safe covers. Loosen the lid slightly to allow steam to escape to prevent burns. This allows moisture to stay inside which provides for even heating. Unevenly heated or cooked foods can have areas where bacteria live.
- When defrosting, remove packaging food came in. Do not use plastic or foam trays.
- Cook food immediately after defrosting. Do not defrost and save the food to cook later.
- Cook large cuts of meat at 50% power for a longer time rather than at 100% power. This allows enough time for heat to reach the center without overcooking outer areas.
- Stir and rotate food halfway during cooking or reheating to avoid cold spots where bacteria can live.
- Always allow foods cooked in a microwave to stand for a couple of minutes to avoid being burned by steam.
- Always ensure reheated foods have reached a temperature of 165 degrees F. Use a thermometer to check for doneness.

Safe Cooking Temperatures

The USDA has guidelines about safe food cooking temperatures. To avoid food-borne illnesses, these should be followed. Home Health Aides/Personal Care Aides should **always check food for doneness with a thermometer.** Just because food appears to be cooked from the way it looks on the outside does not mean it is cooked in the center. Insert a thermometer into the thickest part of the meat or the center of the food. Do not allow the thermometer to touch bone, fat, or gristle (United States Department of Agriculture, 2011).

Type of Food	Temperature to which to reheat
Beef, pork, lamb, and veal steaks, chops, or roasts	**145 degrees F**
Ground beef, pork, lamb, veal	**160 degrees F**
Poultry	**165 degrees F**
Egg dishes	**160 degrees F**
Reheating leftovers	**165 degrees F**

Source: United States Department of Agriculture, 2011

8.4.4.1? Self Check Activity

True or False

1. If a food is brown on the outside, it is done. **True or False?** _____

Multiple Choice

2. At which temperature should poultry be cooked to?

   a). 165 degrees

   b). 145 degrees

   c). 160 degrees

   d). 155 degrees

3. At which temperature should ground beef be cooked to?

a). 165 degrees

b). 145 degrees

c). 160 degrees

d). 155 degrees

4. At which temperature should leftovers be reheated to?

a). 165 degrees

b). 145 degrees

c). 160 degrees

d). 155 degrees

5. At which temperature should steaks, chops, and roasts be cooked to?

a). 165 degrees

b). 145 degrees

c). 160 degrees

d). 155 degrees

Answer

1. False
2. A
3. C
4. A
5. B

FEEDBACK:

1. Just because food appears to be cooked from the way it looks on the outside does not mean it is cooked in the center. Use a thermometer to test for doneness.
2. Poultry should be cooked to 165 degrees.
3. Ground beef should be cooked to 160 degrees.
4. Leftovers should be reheated to 165 degrees.
5. Steaks, chops, and roasts should be cooked to 145 degrees.

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8.4.5: Food Money Procedures

If Home Health Aides/Personal Care Aides will be purchasing food for their patient and their family, they must always follow their agency's procedures about handling money. They should save all receipts and turn them in to the appropriate place, and account for all money that was spent as soon as possible after shopping. Use checks instead of cash whenever possible.

Always keep to the food budget and the grocery list. They should never purchase items for themselves or borrow money from their patient to buy something for themselves while shopping for the patient. They also cannot do their own shopping while doing a patient's grocery shopping. Not only is this stealing company time, but they risk mixing up items, receipts, and money. This could lead to trouble.

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SECTION OVERVIEW

8.5: Unit E- Modified Diets

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8.5.1: Being Specific When It Comes to the Diet

Some patients may require a **modified diet** due to health conditions, diseases, or problems with chewing, swallowing, or choking. Sometimes, certain medications may even interact with certain foods, and a patient may need to have more or less of a certain food while on that medication. Modified diets are changes made in a particular nutrient or the texture of the food. Diets may be ordered by a physician. A Registered Dietician will often be involved in planning the patient's diet in these cases.

The patient may need to have more or less of a certain nutrient. For example, they may have an order to eat foods low in potassium if they have kidney disease or low in sodium if they have heart failure. Or, they may have an order that says they should eat a diet high in protein. Home Health Aides/Personal Care Aides should always follow the diet as specified in the Care Plan. It is in place for the health and safety of their patient. When in doubt, they should seek guidance from a supervisor.

The Meaning Of "High" And "Low" Diet Orders:

- **High Diet Orders:** A diet that has the word high in it means that there should be an *increase* in a particular nutrient. Diets requiring "high" amounts should have extra of the nutrient added. Examples of diets with "high" amounts include high calorie, high protein, high residue (fiber), or high potassium.
- **Low Diet Orders:** A diet that has the word low in it means that there should be a *decrease* in a particular nutrient. There may also be a need to cut the nutrient out altogether. For example, patients who are on gluten-free diets should not have any gluten in their diet. Other examples of diets that may have "low" amounts include low sodium, low cholesterol, low fat, low calorie, low protein, low potassium, low residue (fiber), or low sugar diets.

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8.5.2: Decreasing the Intake Of Certain Foods

Low calorie foods are foods that are low in calories. Foods may be labeled as reduced calorie, low calorie, or light. Generally, these foods have fewer calories than other products of the same type. **Low fat foods** are foods that are low in fat. Foods may be labeled as nonfat, reduced fat, fat free, or light (Leahy, Fuzy & Grafe, 2013). Keep in mind that baked goods that are labeled low fat tend to have extra things like sugar in them to make them taste better without the fat (Leahy, Fuzy & Grafe, 2013). Always read the label. Patients should not reduce caloric intake without speaking to their doctor. It can be very difficult to follow a low calorie and low fat diet, especially long-term.

Low Sodium/Salt

Low sodium foods are foods that are low in sodium or salt. They may be labeled as low sodium, low salt, sodium free, very low sodium, or no salt added (Leahy, Fuzy & Grafe, 2013). Read food labels to check for the amount of sodium listed. For patients who are on low sodium diets, this is a special concern. Foods that contain a lot of sodium tend to be prepared foods, frozen dinners, canned soups and meats, and prepared boxed foods such as macaroni and cheese and pastas that are ready to eat with sauce. For patients who require a low sodium diet, Home Health Aides/Personal Care Aides should not add salt while preparing foods. Offer herbs, spices, and lemon or lime zest to improve the flavor of foods for these patients. It can take some getting used to not eating a high amount of sodium in the diet.

Sugar Free/No Sugar Added

Sugar free or no sugar added foods are those that do not have sugar in them or that do not add sugar to the ingredients. Patients who are diabetic may be on a sugar free diet and need to watch the amount of sugar they consume. Sugar free products tend to have artificial sweeteners such as saccharin or aspartame. Always read the nutrition label to check for the amount of sugar in a food. Sugar is added and hidden in many food products.

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8.5.3: Increasing the Intake of Certain Foods

For patients who require a **high protein** or **high calorie** diet, an extra amount of protein and/or calories would be added to their diet. Patients on these types of diets may need extra calories or protein to help promote healing or weight gain if they are malnourished. It is best to provide snacks throughout the day or smaller meals in order to increase the amount of calories or protein in the diet, rather than to serve larger meals with a larger amount of food. The University of Pittsburgh Medical Center (UPMC) has suggestions for increasing protein into the diet. These can be found at: http://www.upmc.com/patients–visitors/education/nutrition/Pages/tips–for–increasing–protein–in–your–diet.aspx

Here are some suggestions based on UPMC (2015) that Home Health Aides/Personal Care Aides can follow to increase calorie or protein intake for their patients:

- Add cheese slices to sandwiches, eggs, and fruit desserts.
- Grate cheese and add to soups, sauces, casseroles, mashed potatoes, rice, pasta, or cooked meats like meatloaf.
- Use milk instead of water while preparing foods such as hot cocoa, pudding, or hot cereal.
- Add cream sauces made with milk to vegetables and pasta.
- Add a tablespoon of non-fat, dry powdered milk to regular milk, mashed potatoes, and cream soups.
- Use nutritional drinks or shakes, such as drinks that have added nutrients or calories to supplement intake as directed by the Care Plan.
- Make milkshakes with ice cream.
- Use yogurt with fruit and milk to make fruit smoothies.
- Add chopped or sliced eggs to salads, sandwiches, vegetables, and casseroles.
- Add extra egg yolks to scrambled eggs, omelets, pancakes, and French toast.
- Serve hard boiled or deviled eggs as snacks.
- Add nuts, seeds, and wheat germ to salads, cereal, or yogurt.
- Use peanut butter to serve with fruits, vegetables, crackers, as a topping for ice cream, and on sandwiches.
- Add beans to meat and casserole dishes.
- Add meat to salads, on top of potato dishes, with pasta dishes, and to egg dishes.
- Serve yogurt topped with wheat germ, or with fruit for snacks.

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8.5.4: Types of Modified Diets

The type of diet the patient has been prescribed can be found in the Care Plan. There are numerous reasons why a patient may be on a modified diet. Below are some of the more common types of modified diets and food suggestions that Home Health Aides/Personal Care Aides may encounter.

Low Sodium/Low Salt Diets

Patients who have conditions such as heart disease, heart failure, high blood pressure, coronary artery disease, and kidney disease may require a diet low in sodium/salt. This is because excess sodium causes the body to retain (hold in) more water. This excess water causes the heart to pump harder. For people who have heart or kidney problems, this makes their organs have to work harder than they are able. Excess sodium in their diets can cause a progression (worsening) of their disease. The excess fluids can also lead to **edema** (swelling) in their bodies. The Care Plan will specify how much sodium the patient should have in their diet.

Here are some tips for Home Health Aides/Personal Care Aides to help people who have to be on low sodium diets:

- Always read the food label for salt or sodium amounts.
- Avoid canned soups, stews, meats, pastas, and prepared foods that are high in sodium.
- Avoid frozen and prepackaged meals that are high in sodium.
- Avoid items such as soy sauce, ketchup, barbeque sauce, and other bottled sauces and marinades, which tend to be high in sodium.
- Don’t add salt to foods during food preparation.
- Use herbs, mustard, pepper, onion, garlic, and other spices the patient enjoys to enhance the flavor of food.
- Salt substitutes can often be used to add flavor to food. Check with the Care Plan if the patient can have a salt substitute, as these often have extra nutrients such as potassium which patients with kidney disease need to avoid.

8.5.4.1? Self Check Activity

1. Which of the following foods should a person on a low sodium diet avoid? **Select all that apply.**

    a). Fresh fruit

    b). Frozen dinners

    c). Boxed dinners

    d). Vegetables

    e). Canned soups

    f). Herbs and spices

Answer

1. B, C, & E

FEEDBACK:

Low sodium diets may be required of a patient with heart or kidney disease or those with high blood pressure. Foods that are high in sodium include frozen and boxed dinners, many pre-prepared foods, and canned foods such as soups, stews, and chili.

Fluid-Restricted Diets

Patients who have heart and kidney disease may also need to watch their fluid intake. Just as in high sodium diets, excess water can make their heart and kidneys have to work harder. For patients with these types of problems, excess fluids can lead to a worsening of their disease. The excess fluids can also lead to edema (swelling) in their bodies.

Here are some tips for Home Health Aides/Personal Care Aides to help people who are on restricted fluids:

- Measure all fluids taken in accurately. Use measuring cups and document intake.
- Measure all urine output accurately. Use a graduated cylinder and document output.

- Don’t offer pitchers of water or other drinks. Instead, give one glass at a time.
- Count foods such as ice cream, sherbet, sorbet, frozen yogurt, popsicles, and soups as fluid intake. These foods have high fluid content.
- Juice, milk, coffee, tea, and soda, in addition to water, all count as fluid intake.
- Avoid foods with high sodium/salt content. They can lead to fluid retention.

High Potassium Diet

Patients who are taking medications such as **diuretics** may need to be on a high potassium diet (Leahy, Fuze & Grafe, 2013). Diuretics are medications that help the body to reduce fluid volume. Many people take diuretics to help lower blood pressure, or if they have heart disease. They help the heart to work less hard, as diuretics help remove water from the body. Too much water in the body makes the heart work harder, which weakens the heart and may cause or worsen heart failure. Some diuretics also remove potassium from the body. Other patients may have low potassium levels from other reasons such as excessive diarrhea, sweating, or vomiting and may need to eat diets higher in potassium to replace potassium that is lost. As we have discussed, potassium is necessary for a healthy body and heart. Low levels of potassium can cause an irregular heart rate, weakness, fatigue, muscle cramps, and constipation (Mayo Clinic, 2014). A list of foods high in potassium can be found at the National Kidney Foundation at: https://www.kidney.org/atoz/content/potassium

According to the National Kidney Foundation (2015), here are some foods which are high in potassium:

- Bananas
- Potatoes (white and sweet)
- Tomatoes (and tomato sauce)
- Dried or fresh apricots, figs, dates, and prunes
- Avocados
- Nuts and peanut butter
- Oranges and orange juice
- Prune juice
- Squash
- Cantaloupe
- Honeydew
- Beans and lentils
- Dark greens such as broccoli and spinach

Low Potassium Diets

Some patients need to avoid taking in extra potassium in their diets. This may be due to kidney disease or from taking certain diuretics. While many diuretics deplete (get rid of) potassium, some diuretics help the body hold onto potassium. For these patients, they may be asked to not consume extra potassium. Just as not enough potassium can lead to problems, too much potassium can also lead to problems, such as irregular heart rhythms. If potassium levels are too high in the body, the patient may feel weakness, numbness, or tingling, and too high levels of potassium can cause an irregular heart rate or heart attack (National Kidney Foundation, 2015). Diets low in potassium may be prescribed for these patients.

Instead of encouraging the foods found on the high potassium list, Home Health Aides/Personal Care Aides should teach patients to avoid these foods. Also be cautious to avoid using salt substitutes, which are high in potassium. A list of foods low in potassium can be found at the National Kidney Foundation at: https://www.kidney.org/atoz/content/potassium

8.5.4.2? Self Check Activity

1. Which of the following foods should a person on a low potassium diet avoid? **Select all that apply.**

    a). Bananas

    b). Potatoes

    c). Steak

    d). Chicken and turkey

e). Beans

f). Tomatoes

g). Peanut butter

h). Milk

i). Dried fruits

Answer

1. A, B, E, F, G, I

FEEDBACK:

Bananas, potatoes, beans, tomatoes, peanut butter, and dried fruits are some foods that are high in potassium and should be avoided on a low potassium diet.

Low Fat/Low Cholesterol

Some patients may need to limit their fat or cholesterol intake. People with heart disease, high cholesterol levels, gallbladder disease, liver disease, and some digestive problems may have to limit how much fat or cholesterol is in their diets.

Here are some tips for Home Health Aides/Personal Care Aides to help a patient on a low fat/low cholesterol diet:

- Eat only lean cuts of meats, fish, and poultry.
- Remove the skin from poultry before cooking.
- Limit the amount of egg yolks consumed. Use more egg whites when scrambling eggs or making an omelet.
- Avoid adding extra oils and butter to foods.
- Use light or diet margarine.
- Do not fry foods. Steam, bake, or roast foods.
- Use low-fat or fat-free milk and milk products.
- Eat lots of vegetables and fruit, which are low in fat and have no cholesterol.

Bland

Patients who have digestive problems such as Crohn's disease or Irritable Bowel Syndrome, or ulcers in their digestive tract may be required to be on a **bland diet**. This means that foods that are irritating to the gastric mucosa (stomach lining) need to be eliminated. This is because certain foods make the stomach produce more acid. Increased acid can lead to irritation of the stomach or other parts of the digestive tract such as the small or large intestine. Foods high in acid content can also irritate the esophagus as they are being swallowed.

Here are some foods to avoid for a bland diet:

- Alcohol
- Caffeine (tea, cola, coffee)
- Spices (peppers such as black pepper, chili pepper, cayenne pepper)
- Citrus fruits and juices (oranges, grapefruit, lemons, limes)

Gluten-Free Diet

Some people may be required to be on a **gluten–free diet**. **Gluten** is a protein in wheat, rye, and barley, and helps to hold foods together (Celiac Disease Foundation, 2015c). Gluten can also be found in foods in which it may be unexpected that gluten would be so it is important that Home Health Aides/Personal Care Aides always read food labels when preparing food for patients on a gluten-free diet. People on a gluten-free diet may have digestive problems, such as celiac disease.

Celiac disease is an autoimmune disorder in which ingestion of gluten leads to damage to the small intestine. Eating gluten leads to damage on the **villi**, which are finger-like projections lining the small intestine. These villi are important to help us absorb nutrients. When they are damaged, malabsorption (difficulty absorbing nutrients) can occur. This can lead to many health problems. According to the Celiac Disease Foundation (2015b) about 1 in 100 people around the world have Celiac disease with 2.5 million Americans undiagnosed with this potentially health-complicating disease.

Some people have a **gluten intolerance**, which does not damage the villi but causes symptoms such as abdominal pain, gas, and diarrhea (Leahy, Fuze & Grafe, 2013). Other people may just prefer to be on a gluten-free diet.

Here is a list of foods to avoid for people on a gluten–free diet:

- Wheat (found in breads, baked goods, crackers, tortillas, soups, cereals, sauces, and salad dressings)
- Barley (found in malt, food coloring, soups, and beer)
- Rye (found in breads, cereals, and rye beer)

It can be frustrating for a person who cannot have gluten to find foods they can have. As a Home Health Aide/Personal Care Aide you can assist your patient to make healthy food selections to help them be compliant with their diet. Many foods are naturally gluten-free such as fruit, vegetables, meat, poultry, dairy, beans, legumes, and nuts (Celiac Disease Foundation, 2015a).

Here is a list of items according to the Celiac Disease Foundation that a person on a gluten–free diet can have:

- Fruits
- Vegetables
- Meat, poultry, and fish
- Beans, legumes, and peas
- Milk and milk products
- Rice
- Cornmeal
- Soy
- Potato
- Quinoa
- Tapioca
- Juices, soda, sport drinks

There are many products now found on the market that make bread, cereals, and pasta without gluten in them. These items may be more expensive. It is important to always read the label. Many foods are made with wheat in them, which is often used as a thickener.

8.5.4.3? Self Check Activity

1. Which of the following foods should a person on a gluten-free diet avoid? **Select all.**

    a). Wheat cereals and breads

    b). Corn

    c). Potatoes

    d). Vegetable soup with barley

    e). Soy

    f). Rye bread

Answer

1. A, D, F

    FEEDBACK:

    Foods with wheat such as cereals and breads, foods with barley, and those containing rye should all be avoided by a person on a gluten-free diet. Gluten is a protein found in products with wheat, rye, and barley.

Vegetarian Diet

Some people may be on a vegetarian diet for health, personal, or religious reasons. There are many different types of vegetarian diets, which indicate what types of foods are avoided. According to the American Heart Association (2014a) there are several types of vegetarian diets, including lacto-vegetarian, ovo-vegetarian, vegan, and semi-vegetarian.

Lacto–vegetarian: excludes meat, fish, poultry, and eggs. This diet allows dairy products, along with fruits, vegetables, nuts, seeds, grains, legumes, lentils, and peas.

Ovo–vegetarian: excludes meat, fish, poultry, and dairy, but allows eggs, along with fruits, vegetables, nuts, seeds, grains, legumes, lentils, and peas.

Vegan: excludes all meat, fish, poultry, eggs, dairy products, and any food with these ingredients. Foods allowed include fruits, vegetables, nuts, seeds, grains, legumes, lentils, and peas.

Semi–vegetarian: excludes red meat, but may allow poultry, fish, eggs, and dairy products, along with fruits, vegetables, nuts, seeds, grains, legumes, lentils, and peas.

It is important to remember that people who eat vegetarian type diets need to consume enough nutrients in their diets for good health. While they do not get protein from meat, fish, and poultry, protein can be found in other food sources. Excellent alternatives to meat protein include soy proteins and protein from legumes, lentils, peas, and milk products.

Liquid Diet

Liquid diets are those that patients may be on for a short period of time for a specific reason. Some people may need to be on a liquid diet prior to a medical procedure, test, or surgery. Others may be on a liquid diet in order to help heal their stomach or intestines from a medical condition. Foods on a liquid diet must be in their liquid state. There are two types of liquid diets: **clear liquid** and **full liquid**. A rule of thumb for clear liquid diets is that you should be able to see through them. They may be colored, such as popsicles and jello, but you can see through these foods.

Clear liquid diet:

- Clear juices (apple, grape)
- Broth
- Gelatin
- Popsicles
- Coffee, tea (no milk or cream)
- Gelatin (jello)
- Sugar, honey
- Hard candies

Full liquid diet:

- All items on the clear liquid diet list
- All fruit and vegetable based drinks
- Cream based soups
- Milk and milk products
- Milk shakes
- Yogurt (no fruit or seeds)
- Pudding
- Ice cream, frozen yogurt
- Cream of wheat, cream of rice

8.5.4.4? Self Check Activity

1. A full liquid diet means the person can have all items on the clear liquid food list plus also items like cream of wheat, milk shakes, yogurt, and pudding. **True or False?** _____

2. Which of these items would **not** be allowed on a clear liquid diet?

   a). Beef broth

   b). Jello

   c). Frozen yogurt

   d). Apple juice

Answer

1. True

2. C

FEEDBACK:

1. A person on a full liquid diet can have all foods on a clear liquid diet plus cream of wheat, milk shakes, frozen yogurt, yogurt, and pudding.

2. Frozen yogurt would not be allowed on a clear liquid diet as it is made with dairy. A good rule of thumb is if you can't see through it, it is not allowed on a clear liquid diet. Beef broth, jello, and apple juice would be allowed on a clear liquid diet.

Soft Diet

Soft diets are used for people who may have poor **dentition**, (this refers to the strength, number of, and arrangement of teeth in the mouth) who are recovering from a gastrointestinal surgery, and people who have difficulty with chewing and swallowing. When a patient is on a soft diet, the HHA/PCA must be concerned with the consistency of the diet. Soft foods require almost no chewing. They are easy to chew and swallow. Raw fruits and vegetables, hard-to-chew meats, and dry foods that can easily be choked on such as crackers and dry toast should be avoided.

Mechanically Altered Diets

A **mechanically altered diet** is a diet in which the texture (consistency) of the food is changed to help the person chew or swallow. A mechanically altered diet is given to a person who has dysphagia. **Dysphagia** means difficulty chewing or swallowing. A dysphagia diet or mechanically altered diet makes it easier to chew and swallow food and reduces the risk of aspiration (Ohio State University Wexner Medical Center, 2013). Dysphagia can occur due to many reasons, including reflux which can eventually cause the esophagus to narrow, making food difficult to pass through, neurological disorders such as from a stroke, cerebral palsy, multiple sclerosis, Alzheimer's disease, and Parkinson's disease (Jackson, 2015). For a comprehensive list of food suggestions on mechanically altered diet as well as recipes, visit http://gicare.com/diets/dysphagia–diet/

Mechanical soft diet

A **mechanical soft diet** is a diet that consists of food that is made softer and easier to chew and swallow by changing the texture of the food. For example, by cooking chopped or diced carrots until soft, they can be mashed or pureed. Cooked foods can also be chopped, diced, or ground. This helps a person who has trouble chewing and swallowing to still take in the nutrients they need.

Preparing mechanically altered diets:

- **Chopping** food means to cut it into small pieces. Foods should be about ½ inch in size, which would be about the size of uncooked elbow macaroni or small croutons (Jackson, 2015). Food can be chopped by using a sharp knife on a cutting board.
- **Grinding food** means to cut it into even smaller pieces. Foods should be ¼ inch or less, which is about the size of a grain of rice (Jackson, 2015). Foods can be ground by cutting food that is chopped into even smaller pieces using a knife on a cutting board. Foods can also be ground in a food processor or blender. You may need to add a small amount of liquid to help the food become ground.
- **Pureed** means to put cooked and cut up foods into a blender or processor, while adding some liquid in order to make it into mashed potato-like consistency (Jackson, 2015). Foods can also be pureed by pushing soft, cooked foods through a colander or sieve with the back of a spoon.
- Meats, fish, and poultry can be cooked, finely chopped, and then ground or pureed using a food processor or blender. About an ounce of liquid such as gravy, milk, or water can be added to about 3 ounces of cooked meats to help them easily process in the blender (Jackson, 2015).
- Sauce and gravy can be added to help the person swallow, while also giving the food good taste.
- Cooked vegetables and fruits can also be blended by adding about an ounce of liquid to help them puree.
- Always cook foods such as meats prior to grinding or pureeing.
- Do not mix foods in the blender. Blend your meats, grains, vegetables, and fruits separately. Keep them separated on the serving plate just as you would for any other diet.
- Seasonings, sauces, gravies, spices, and herbs can be added for flavor, unless the Care Plan states otherwise.

Pureed diet

A diet that is pureed consists of food that is cooked and then chopped, blended, or ground into a thick paste that is the consistency of baby food or mashed potatoes. No chewing is required for this type of diet.

Mechanical soft diet food suggestions:

- Soft, moist ground or finely diced meats, poultry, fish
- Meatloaf
- Egg salad, tuna salad, chicken salad (avoid adding chopped onions or celery)
- Sloppy Joe (without the bun)
- Chili (make sure the pieces are cut or diced)
- Cottage cheese
- Scrambled and soft cooked eggs
- Moist macaroni and cheese or small pastas
- Bananas, cut into small pieces
- Soft canned or cooked chopped or diced fruits (avoid seeds and skin)
- Pancakes or French toast with syrup, cut into small pieces
- Hot cooked cereal
- Applesauce
- Soft cooked, cut up vegetables
- Yogurt
- Pudding or custard
- Jello
- Ice cream, frozen yogurt
- Cream or broth based soups (thicken according to Care Plan)

Foods to avoid:

- Dry, tough meats
- Raw fruits or vegetables
- Fruits or vegetables with skin or seeds
- Nuts, seeds
- Peanut butter
- Hard cooked eggs
- Bread and bread products
- Granola
- Popcorn, chips, or pretzels
- Crackers
- Dried fruits
- Salads
- Soups with meat, rice, corn, peas
- Gum, hard candy

8.5.4.5 Self Check Activity

1. Which of the following foods are safe to eat on a mechanical diet? **Select all that apply.**

    a). Meatloaf

    b). Applesauce

    c). Gum

    d). Popcorn

    e). Cream of wheat

    f). Yogurt

g). Granola

h). Tough meat

i). Crackers

j). Jello

k). Egg salad

l). Cottage cheese

m). Dried fruit

n). Salad

o). Pudding

Answer

1. A, B, E, F, J, K, L, & O

FEEDBACK:

Meatloaf, applesauce, cream of wheat, yogurt, jello, egg salad, cottage cheese, and pudding are safe foods for a person on a mechanical diet to eat. Dried fruit, salad, crackers, granola, tough meats, gum, and popcorn are not safe foods for a person on a mechanical diet. Always follow the Care Plan. When in doubt, ask your supervisor.

Provide nutritious and attractive mechanically altered food

When food is mechanically altered (chopped, ground, or pureed) it may lose its appeal to the patient. It looks different than the food they are used to. It is important for Home Health Aides/Personal Care Aides to remember to maintain nutritious meal planning using ChooseMyPlate guidelines, and to try to present food in an appealing way.

Important things to keep in mind when preparing mechanically altered diets:

- Use different colored foods for visual appeal.
- Put sauces and gravies on top of food as you normally would, even if it looks different.
- Keep foods separated on the serving plate. The plate should look like any other plate. It should not be a mix of all the foods into one pile.
- Tell patients what the food is as it will look different than the food they are used to. Even though it looks different, remind them that it can still taste delicious.
- Use special molds to make the food look attractive. Many food molds are on the market to make food look like what it is. For example, fish shaped molds help indicate the food is fish, even if it does not look it.
- Use food thickeners as indicated and according to package instructions.
- Encourage the use of adaptive eating equipment such as cups, plates, and eating utensils to allow independence during meal time.
- If a patient has a weak side, feed to the stronger side.
- Encourage or feed only small bites at a time. Allow the patient to chew/swallow completely before serving the next bite. If necessary, check the inside of their mouth for pocketed food.
- Be cautious about patient positioning during feeding, especially for patients who have trouble chewing or swallowing.
- Always sit a patient in an upright position to avoid choking or **aspiration** (when food enters areas of the respiratory tract such as the lungs where it does not belong, which could lead to pneumonia).
- Encourage the patient to tuck their chin down and bend their body forward while swallowing. This encourages the food to move down the esophagus.
- Keep the patient in an upright position for 30-60 minutes after eating.

8.5.4.6? Self Check Activity

True or False

1. It is very important, especially for a patient with a swallowing problem to be in an upright position during mealtime and to be kept upright for 30-60 minutes after eating to prevent choking. **True or False?** _____

2. It is okay to put all the food items together in the blender instead of blending each separately when preparing a pureed diet for a patient, as this saves time.

True or False? _____

Answer

1. True
2. False

FEEDBACK:

1. Keep patients in an upright position during a meal and for 30-60 minutes after a meal to prevent aspiration.

2. Never put all the foods together in a blender. Keep foods separately on a plate just as you would when serving any patient, whether the food is pureed or not. This helps to keep food attractive and appealing for a patient, which aids in helping them maintain good nutrition.

Follow safe food preparation and storage guidelines

Always use proper food safety and storage precautions. This applies to preparing any type of food, even foods that are mechanically altered.

Keep the following important points in mind:

- Wash your hands before preparing foods.
- Keep your preparation space clean.
- Wash equipment such as blenders and food processors thoroughly and allow to air-dry before storing.
- Use safe knife skills while chopping and grinding foods.
- Only use a sharp knife as a dull one increases your chance of getting cut.
- When leaving your preparation area, ensure knives are placed away from the counter edge to avoid someone accidentally getting cut.
- Follow proper food storage guidelines.
- Keep hot foods hot and cold foods cold.
- Refrigerate or freeze leftovers immediately to avoid spoilage.

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8.6: Post-test

8.6.1 Self Check Activity

1. These types of nutrients provide the major source of energy for our body. Examples include breads, crackers, oatmeal, rice, potatoes, peas, and pasta.
   A. Protein
   B. Carbohydrates
   C. Fats
2. These are the building blocks which the body needs to repair muscle, tissues, organs, and skin. Examples include beef, chicken, turkey, fish, peanut butter, and eggs.
   A. Protein
   B. Carbohydrates
   C. Fats
3. The body needs these to help make cell membranes, prevent heat loss, and cushion organs. Examples include butter, margarine, peanut butter, and olive oil.
   A. Protein
   B. Carbohydrates
   C. Fats
4. **True or False:** The HHA/PCA should never suggest a patient take a vitamin. All patient questions should be referred to the supervisor and diet guidelines to be followed are those stated within the Care Plan.
5. **True or False:** Unless a doctor states otherwise, patients should drink about 8 glasses of water per day for optimum health.
6. **True or False:** Sodium, which can be found in canned soups, meats, vegetables, and packaged or frozen foods causes hypertension and fluid retention and intake should be limited.
7. Diets high in fruits and vegetables have been shown to reduce the risk of which of the following? **Select all that apply.**
   A. Heart disease
   B. Certain types of cancer
   C. Pneumonia
   D. Type 2 diabetes
   E. Glaucoma
   F. Obesity
8. At what temperature should refrigerated foods be kept at?
   A. 55 degrees or above
   B. 0 degrees
   C. 40 degrees or below
   D. 45 degrees
9. At what temperature should frozen foods be kept at?
   A. 55 degrees or above
   B. 0 degrees
   C. 40 degrees or below
   D. 45 degrees
10. At which temperature should poultry be cooked to?
    A. 165 degrees
    B. 145 degrees
    C. 160 degrees
    D. 155 degrees
11. At which temperature should ground beef be cooked to?
    A. 165 degrees
    B. 145 degrees

C. 160 degrees
D. 155 degrees

12. At which temperature should leftovers be reheated to?
    A. 165 degrees
    B. 145 degrees
    C. 160 degrees
    D. 155 degrees
13. At which temperature should steaks, chops, and roasts be cooked to?
    A. 165 degrees
    B. 145 degrees
    C. 160 degrees
    D. 155 degrees
14. Which of these items would **not** be allowed on a clear liquid diet?
    A. Beef broth
    B. Jello
    C. Frozen yogurt or ice cream
    D. Apple juice
15. ChooseMyPlate guidelines include which of the following? **Select all that apply.**
    A. Well-balanced meals with selections from all food groups.
    B. Calcium rich foods with nonfat or low fat dairy products chosen over whole milk products.
    C. Lean proteins that are baked or roasted rather than fried.
    D. Plenty of fruits and vegetables.
    E. Half of all grains selected as whole grains.
16. Which of the following precautions should a HHA/PCA take for safe food handling? **Which two are correct?**
    A. Use 1 cutting board for both chopping vegetables and raw meats.
    B. Wash hands before food preparation and after handling raw meats and eggs.
    C. Leave spills from raw meats on the counter until food preparation is complete.
    D. Leave food on the counter after meals for several hours to cool before refrigerating.
    E. Never use food after the expiration date.
17. **True or False:** It is okay for the HHA/PCA to do their own shopping while grocery shopping for their patient or to borrow money from the patient to buy something for themselves.
18. In this type of diet, food is cut up, cooked, and blended to a baby food consistency.
    A. Chopped
    B. Diced
    C. Pureed
    D. Minced
19. To help prevent choking or aspiration of food, the HHA/PCA can encourage a patient to do which of the following? **Select all that apply**.
    A. Eat while sitting in an upright position.
    B. Take small bites and chew food well.
    C. Stay in an upright position during meals and afterwards for 30-60 minutes.
    D. Tuck their chin down and lean slightly forward to help food pass through the esophagus.
20. **True or False:** The HHA/PCA should always follow dietary guidelines for the patient as set forth in the Care Plan and prepare foods as the Care Plan directs.

Answer

1. B
2. A
3. C

4. True
5. True
6. True
7. A, B, D, and F
8. C
9. B
10. A
11. C
12. A
13. B
14. C
15. All of the above
16. B and E
17. False
18. C
19. All are ways to help prevent choking or aspiration of food.
20. True

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CHAPTER OVERVIEW

9: Family Spending and Budgeting

Assisting a patient and their family to effectively manage their money may be an important task for a Home Health Aide/Personal Care Aide. It is also important for the HHA/PCA who assists patients with shopping to be sure to effectively utilize a patient's money by observing cost-saving techniques. This module focuses on how to assist a patient and their family with managing their money. We will discuss how to record expenditures and how to shop effectively in order to reduce costs for the family. Home Health Aides/Personal Care Aides should remember to always follow the Care Plan to decide whether or not they should provide assistance with money management and shopping and they should keep accurate records when they do so.

9.1: Unit A- The Role Of the Home Health Aide/Personal Care Aide in Family Spending and Budgeting

9.1.1: The Home Health Aide/Personal Care Aide's Role in Family Spending and Budgeting

9.1.2: Planning a Budget

9.2: Unit B- Ways to Make the Most Effective Use of the Family's Finances

9.2.1: How to Save on Costs

9.3: Post-test

9.4: References

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SECTION OVERVIEW

9.1: Unit A- The Role Of the Home Health Aide/Personal Care Aide in Family Spending and Budgeting

9.1.1: The Home Health Aide/Personal Care Aide's Role in Family Spending and Budgeting

9.1.2: Planning a Budget

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9.1.1: The Home Health Aide/Personal Care Aide's Role in Family Spending and Budgeting

Home Health Aides/Personal Care Aides may be asked, as directed in the Care Plan, to assist their patient and their family with developing and sticking to a budget. They may also be asked to assist the patient with paying bills and running errands, such as grocery shopping or banking for their patient. It is important to remember that assisting someone with their money is a task in which accurate record keeping is paramount (very important). Home Health Aides/Personal Care Aides must always carefully and immediately document how much of the patient's money they spent and what they spent it on.

Home Health Aides/Personal Care Aides should only provide assistance with managing and handling a patient's money and budget as directed by the Care Plan. Their employer will tell them the policies and procedures for the agency they work regarding whether or not they will help with handling a patient's money and what the rules are for doing so. If Home Health Aides/Personal Care Aides are not allowed to handle money, they must **NEVER** agree to do so, as they could get into a lot of trouble and potentially lose their job. If a patient or family member ever asks a HHA/PCA to handle their money and they are not allowed to do so or do not feel comfortable doing so, they should discuss this with a supervisor and seek their guidance.

Even if part of their job is to handle a patient's money, Home Health Aides/Personal Care Aides should **NEVER** use the patient's money for their own needs, even if they are planning to pay them back (Leahy, Fuzy & Grafe, 2013). This is considered to be **stealing**. They could lose their job, get their agency into a lot of trouble, and face legal and criminal action, such as getting arrested. Document all use of the patient's money as directed by the Care Plan and the agency's policies and procedures. Use checks instead of cash whenever possible. This is the easiest way to accurately keep track of how money was spent. It is much more difficult to keep track of cash. The patient must sign the checks, which demonstrates that they intended the money to be used for the purpose they assigned.

9.1.1.1 Self Check Activity

1. It is okay to buy yourself something at the store with your patient's money. True or False? _____

2. It is okay to borrow money from your patient, as long as you promise to pay it back. True or False? _____

3. Using a patient's money in any way other than that directed in the Care Plan or for which they have specifically instructed you to do so is considered stealing and could result in losing your job or going to jail. True or False? _____

Answer

1. False
2. False
3. True

FEEDBACK:

1. It is never okay to use a patient's money for any purpose other than that directed within the Care Plan and by the patient.
2. It is never okay to borrow money from a patient or their family, even if you intend to pay it back.
3. Using a patient's money in any way than that directed in the Care Plan could be considered stealing and is punishable by loss of job, fines, and/or jail time. The agency for which the HHA/PCA works can also face serious penalty.

Income

Many people, including patients and their families may live on a fixed income. A **fixed income** means that a person lives on a set income and must plan their expenses in order to fit into the amount of money that they have coming in. People may have income from a variety of sources. **Income** is the amount of money that enters a household. Some people get a paycheck once a week or biweekly. **Biweekly** paychecks are usually paychecks that come in twice per month, or every other week. Others receive a pension from a retirement plan. Some people may receive financial assistance from state or government sources.

If Home Health Aides/Personal Care Aides will be helping their patient plan a budget, they must first know the amount of money that is coming in to the household in order to help make a plan. The patient may be sensitive about the amount of money they

make. Never be judgmental about the amount of money or the source of a patient's income. Allow a patient to manage their budget independently if they prefer, but offer assistance when needed. Some patients may require complete assistance with planning for their budget. The Care Plan will direct the HHA/PCA as to how much assistance they will provide their patient and their family with managing expenses.

9.1.1.2 Self Check Activity

1. Income is the amount of money coming in to a household, regardless of source. **True or False?** _____

2. A fixed income means a person can spend as much as they want regardless of how much money they make. **True or False?** _____

Answer

1. True

2. False

FEEDBACK:

1. The amount of money entering a household is known as income. Income can be from a variety of sources such as pension plans, employment, and financial assistance from a government.

2. When people are on fixed incomes, meaning they have a set amount of money coming in to the household, they must be watchful of how much they spend. They should not spend more than the amount of money earned from income.

Debt and Stress

Money can be a real source of stress for many people. If we are unable to buy things we need or want, it can cause great frustration, anger, or depression. When people spend more than the amount of money they have, they can incur debt. **Debt** is any money that is owed. Some people incur debt by spending more money than their income (money they earn). They may borrow money from family, friends, or lending agencies, such as banks. They may also use credit cards to purchase items they cannot afford. If a person does not pay their credit card bills on time or in the full amount due, over a relatively short period of time, a higher amount of money than what the person borrowed becomes due. This is because credit card and lending agencies charge what is called interest. **Interest** is the amount of money a person pays on top of what they borrowed. When we borrow money from lending agencies or credit card companies, we are charged interest. This is the cost of allowing us to borrow money that we do not currently have.

If a patient has a high amount of debt and is having difficulty paying their bills or loans, and would like assistance with this aspect of their life, Home Health Aides/Personal Care Aides could speak with their supervisor about what options their patient has. Many communities may have credit counseling services available to help patients and families manage their debts and plan for living expenses appropriately. If Home Health Aides/Personal Care Aides think their patient could benefit from this type of service, they should discuss their concerns with their supervisor. The home care team may be able to provide budgeting assistance and referrals to community agencies to help families with this type of need. The best way to reduce stress about money is to budget and plan for expenses.

To help your patient and family determine their debt to income ratio, a Debt to Income Ratio Calculator Worksheet can be downloaded and copied from American Consumer Credit Counseling at: http://www.consumercredit.com/media/11405/debt–to–income–ratio.pdf

9.1.1.3 Self Check Activity

1. Which of the following best describes debt?

a). The amount of money coming in to the household.

b). The expenses that a family has.

c). The amount of money in a person's savings account.

d). The amount of money a person owes after borrowing.

Answer

1. D

FEEDBACK:

Debt is the amount of money that a person owes after borrowing. Income is the amount of money coming in to a household.

Daily Expense Tracker

One way to determine where money is going in the household and to properly set up a budget is to use a **daily expense tracker** which helps to keep track of daily expenses for a period of time. This can give a patient and their HHA/PCA useful information where money needs to be **allocated** (distributed or assigned to a particular category) and where spending cuts can be made. When doing this, it is important to keep track of *every item* that is purchased, even if it seems small or insignificant. Oftentimes, people may not even realize the amount of money they spend on unnecessary items. These can be helpful places to cut back on expenses without too much hardship.

You can make a daily expense tracker in a software program such as Excel or using a word document. You can even keep track on a piece of paper with headings indicating the date, type of expense, and amount spent. Alternatively, a Daily Expense Tracker Worksheet can be downloaded from American Consumer Credit Counseling at: http://www.consumercredit.com/media/11395/daily–expense–tracker.pdf

A Daily Expense Tracker Worksheet Home Health Aides/Personal Care Aides might look like the following example.

Daily Expense Tracker Worksheet

Date	Type of Expense (What and where was the money spent on)	Amount Spent

Let's look at a sample daily expense tracker that has been filled out:

Daily Expense Tracker Worksheet

Date	Type of Expense (What and where was the money spent on)	Amount Spent
01/15/15	Gas for car-gas station	$20.00
01/16/15	Groceries-supermarket	$27.21
01/16/15	Lunch-Fast food restaurant	$5.99
01/16/15	Gum & soda-gas station	$4.51
01/17/15	Cleaning products-grocery store	$15.61

As you can see from the previous example, expenses were tracked for 3 days. Money was spent on gas, groceries, lunch, gum & soda, and cleaning products. Using a daily expense tracker such as this may be a helpful way for a person to recognize that they are spending some money on unnecessary items such as eating out or purchasing gum or soda. If they find their expenses exceed their income, eliminating unnecessary items is one way to help income meet their expenses.

9.1.1.4? Self Check Activity

1. Which of the items from the sample daily expense tracker worksheet are probably unnecessary? **Select all that apply.**

    a). Gas for car

    b). Groceries

    c). Fast food

    d). Gum and soda

Answer

1. C and D

FEEDBACK:

While some of these items are necessary, such as gas for the car, or groceries, other items such as gum and a lunch from a fast food restaurant are not necessary. These types of items can add up in the long run and are often items we forget about spending money on when we try to figure out where our money has gone!

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9.1.2: Planning a Budget

A **budget** involves planning for expenses within the limits of the amount of income (money coming in). People often find it helpful to set up categories of expenses when planning their budget. The first step is to determine all the household expenses. The second step is to determine all sources of income. Then, once all the data has been collected, a person will be able to determine if the monthly income meets, exceeds, or is less than the monthly household expenses. We will take a look at how to determine expenses and income next. A Household Budgeting Worksheet can be downloaded and copied for personal use from American Consumer Credit Counseling at: http://www.consumercredit.com/media/11393/household_budgeting_worksheet_2013.pdf

Determining Expenses

The next step in effectively managing money is to determine what the actual expenses of the household are. **Actual expenses** are expenses the patient and family have. These include rent or mortgage payments, car payments, car or health insurance payments, groceries, gas and electric bills, water bills, tuition for school, prescription medication costs, gas for the car, and clothing. Depending on the patient and their family's unique needs, types of expenses will vary. Home Health Aides/Personal Care Aides should discuss with their patient the expenses they have in order to best help them develop a budget.

Remember; never be judgmental in how a patient spends their money. People choose to spend their money in very different ways. Home Health Aides/Personal Care Aides may not agree with the way their patient spends their money, just like the patient may not agree with how a HHA/PCA spends their own money. *Remember, it is the patient's money, just like a paycheck is the HHA/PCA's money*. The job of the Home Health Aide/Personal Care Aide is to assist the patient and family with being able to plan effectively so as to reduce their stress about money, and to live independently and according to their income restrictions and preferences.

Home Health Aides/Personal Care Aides can determine **expenditures** (expenses) by writing down the cost of all the family's living expenses. They could do this in a spreadsheet, a word document, or on a piece of paper with categories. Once they have figured out all the categories of expenses and how much each costs the family on a monthly basis, they should then add up the total expenses.

A sample expenditure sheet may look like this:

Expenditure Worksheet

Expenditure	**Cost**
Rent or mortgage	
Automobile payment	
Automobile insurance	
Health and dental insurance	
Homeowner's/renter's insurance	
Life/disability insurance	
Child support/alimony	
Food	
Electricity	
Gas	
Water	
Garbage	
Education (tuition, supplies)	
Prescription medications	
Cleaning supplies	
Clothing	

Household items	
Personal care (hair, nails)	
Health club membership	
Club memberships and dues	
Entertainment	
Subscriptions	
Total Monthly Expenses	**Total:**

Determining Income

Once Home Health Aides/Personal Care Aides have figured out the expenses, they need to determine the amount of income the household has. Determining income is done by writing down all the *sources of income* and the *amount of income* from each source. An example of what this might look like is this:

Monthly Income Worksheet

Income Source	**Amount of Income**
Salary/wages (self)	
Salary/wages (spouse, significant other)	
Social security	
Unemployment	
Child support/alimony	
Financial aid/scholarships	
Pension plan/retirement	
Food stamps	
Public/government assistance	
Total Monthly Income	**Total:**

Now that they have figured out expenses and amount of income for the month, they need to figure out the balance left after expenses. To do this, subtract the **Total Monthly Expenses** from **Total Monthly Income.** This is the amount leftover. They may find that the Total Monthly Expenses **exceeds** (is more than) the Total Monthly Income. In this case, they will need to assist the family to determine where expenses can be eliminated (removed). In other cases, the Total Monthly Expenses is less than the Total Monthly Income. In this case, the family has extra money beyond their expenses.

Let's look at some examples of how to do this.

Example:

Total Monthly Income: $5,300

(-) Total Monthly Expenses: $4, 750

Amount leftover: $550

In the previous case, there is $550 leftover after accounting for all the monthly expenses. This means the family has more income than expenses. Families can decide to put this money into savings in order to build up retirement savings, pay for future college expenses, save for a more expensive item, or to save for an unexpected cost.

Example:

Total Monthly Income: $6,250

(-) Total Monthly Expenses: $7,500

Amount leftover: -$1250

In the previous case, the family is spending $1250 *more* than what their income is. Their expenses exceed their monthly income. They will need to make adjustments to their spending in order to live within their means.

9.1.2.1? Self Check Activity

In the following example, does the family have enough income to meet their expenses?

Total Monthly Income: $3,500

(-) Total Monthly Expenses: $3,750

Amount leftover: -$250

a). Yes

b). No

Answer

1. B=NO

FEEDBACK:

The amount leftover after subtracting monthly expenses from monthly income is negative, or less than what is needed. Adjustments to spending will need to be made in order to live within this person's means.

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SECTION OVERVIEW

9.2: Unit B- Ways to Make the Most Effective Use of the Family's Finances

In addition to helping the family plan and work within a budget, Home Health Aides/Personal Care Aides can also help the family cut or reduce their costs. Costs can be reduced in many ways. We often do not even realize all the little things we can do to cut our costs. Saving a little bit here and there and cutting back even just a little add up in the long run to big savings! Here are some ways Home Health Aides/Personal Care Aides can help their patient and their family cut costs and things they can think about doing to help the family save money!

The following tips will help the Home Health Aide/Personal Care Aide assist the families with whom they work to save on groceries, household costs, and energy costs. You can view these and other tips to save on groceries and household expenses by visiting American Consumer Credit Counseling at: http://www.consumercredit.com/media/90298/Save–by–Cutting–Back-2013.pdf

9.2.1: How to Save on Costs

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9.2.1: How to Save on Costs

How to Save on Grocery Costs

- Pack lunches and snacks for work, school, and trips to avoid spending money on fast food or junk food.
- Check expiration dates in the refrigerator and pantry and use items that will spoil sooner first.
- Use grocery circulars, advertisements, and coupons to select foods that are on sale to prepare for meals.
- Plan meals for the week and write a grocery list of items needed. Look through the refrigerator and pantry to see what items are on hand before buying them. Use those items to plan meals.
- Make and stick to a grocery list while shopping to avoid spending money on extra items. Don't shop on an empty stomach as you will be more likely to be unnecessary items.
- Find protein sources in less expensive items such as dried beans and eggs.
- Buy bulk items. Larger amounts tend to be cheaper, but don't buy extra if it will spoil before you can use it.
- Buy generic or store brands to cut your grocery bill.
- Shop at large supermarkets or discount grocery stores rather than convenience stores such as gas stations as you will get better prices and sales.
- Buy fresh foods when they are in season and incorporate seasonal fruits and vegetables into menu planning. Produce is cheaper when it is in season.
- Avoid processed and already prepared foods as these are not only less healthy, but tend to be more expensive than foods you must prepare.

How to Save on Household Costs

- Cancel unnecessary subscriptions to magazines, cable, and other services.
- Find cost saving plans for combining utilities such as cable, phone, and internet services.
- Pay bills on time. Many companies charge a late fee, which can add up significantly over time.
- Work with a consumer credit agency to effectively manage debts and consolidate credit card debts.
- Don't use disposable paper products, such as paper plates.
- Use cloth diapers instead of disposable diapers.
- Buy clothes when out of season when stores discount them and shop at thrift or second hand stores.
- Keep clothing in good repair to avoid having to replace it.
- Look at store advertisements and weekly circulars to purchase cleaning and other household products that are on sale.
- Take advantage of pharmacy discount programs, such as purchasing a 3 month versus a 1 month supply of regularly used medications. Oftentimes, these types of programs can help save costs on prescription medicine.
- Use the generic brand of medication and over the counter medications when appropriate and after discussing this with a physician.
- Purchase gas for your car at the least expensive gas station and when there are gas sales.

How to Save on Energy Costs

Energy can create a substantial cost to a household. The following and other energy saving tips for each room in the house can be reviewed by visiting NYSEG at: http://www.nyseg.com/UsageAndSafety/usingenergywisely/energywisechecklist/default.html

- Use electricity during off-peak hours whenever possible. It is often less expensive to do wash and run dishwashers at night during off-peak hours, when energy use is generally low.
- Lower energy bills by turning off lights in rooms when not in use or lowering or turning off the heat or AC when no one is home.
- Use a programmable thermostat to control heating and cooling costs. Set the thermostat to 65-70 degrees during the winter and 58 degrees when no one is home.
- Save energy costs by washing only full loads of clothing or dishes in washing machines and dishwashers.
- Use the cold or cool setting whenever possible when washing clothing.
- Check the lint screen in the dryer frequently. This prevents fires as well as allows the dryer to work more efficiently.
- Don't over-dry clothing in the dryer. Dry only for the amount of time necessary to get clothing dry. Whenever possible, hang clothing to dry on a clothesline.
- Using energy efficient appliances whenever possible can help reduce costs.

- Have chimneys, heating, and cooling systems inspected and maintained on a regular basis to ensure they are working efficiently.
- Replace furnace or air conditioner ducts when dirty.
- Use fans instead of air conditioners.
- Use energy saving shower heads and faucets.
- Take shorter showers.
- Do not leave water running when unnecessary. Turn off the water while brushing teeth and in between washing dishes.
- Defrost your refrigerator on a regular basis. Ice build-up increases the cost of energy as the refrigerator has to work harder to be efficient.
- Open and close refrigerator and freezer doors infrequently and quickly. Plan for what you need prior to opening the doors.

By following these cost saving suggestions, making and sticking to a budget, and reducing debt, Home Health Aides/Personal Care Aides can help their patient and their family meet their expenses without having to feel anxious. Home Health Aides/Personal Care Aides should follow the Care Plan guidelines as to what ways they are expected to help their patient budget and manage money. Always document tasks completed and money that is spent. Whenever in doubt, seek guidance from a supervisor.

For more information, you can visit a resource such as the American Consumer Credit Counseling (ACCC) by following this link: http://www.consumercredit.com/. The ACCC is a company which specializes in consumer credit counseling, and which provides free and low cost services to assist people budget and pay off debt. Budget worksheets and cost calculators are available free of charge on this website.

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9.3: Post-test

9.3.1 Post Text

1. **True or False:** Using a patient's money in any way other than that directed in the Care Plan or for which they have specifically instructed you to do so is considered stealing and could result in losing your job or going to jail.
2. Which of the following best describes income?
   A. The amount of money coming in to the household.
   B. The expenses that a family has.
   C. The amount of money in a person's savings account.
   D. The amount of money a person owes after borrowing.
3. A fixed income means which of the following?
   A. That people need to plan expenses to fit into the amount of money they make.
   B. That people can spend as much as they want regardless of how much money they make.
4. Which of the following best describes debt?
   A. The amount of money coming in to the household.
   B. The expenses that a family has.
   C. The amount of money in a person's savings account.
   D. The amount of money a person owes after borrowing.
5. **True or False:** HHA/PCAs should never be judgmental about sources of a patient's income and how they choose to spend their money.
6. Figure out if the family has enough money to meet their expenses. Total monthly income=$1200. Total monthly expenses= $1700. How much money is leftover?
   A. -$750
   B. +$750
   C. -$500
   D. +250
7. Which of the following are ways a HHA/PCA can help a family save money on groceries? **Select all that apply.**
   A. Encourage patients and families to pack lunches.
   B. Never use a grocery list when shopping.
   C. Purchase only name brand products.
   D. Buy food and supplies in bulk when space allows.
   E. Purchase processed, packaged, and foods from salad bars instead of foods that must be prepared.
   F. Use coupons.
   G. Plan meals for the week, using items that will expire soonest.
8. Which are good energy saving strategies to reduce energy costs?
   A. Turn lights off in rooms when not in use.
   B. Clean the lint trap in the dryer frequently.
   C. Wash clothing using the cold setting whenever possible.
   D. Use fans instead of air conditioners.
   E. Turn faucets off while brushing teeth.
   F. Use a programmable thermostat.
   G. Wash only full loads of clothing and line dry clothes when possible.

Answer

1. True
2. A
3. A
4. D

5. True

6. C

7. A, D, F, and G

8. All are ways to save on energy costs.

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CHAPTER OVERVIEW

10: Care of the Home and Personal Belongings

Maintaining a clean and organized home is an important task of the Home Health Aide/Personal Care Aide. It helps to provide a home free of infection and pests and promotes good hygiene and physical and psychological well-being. This module will explore the purpose of housekeeping and discuss how housekeeping in a patient's home is different than in one's own home. We will learn the importance of using proper body mechanics and how to prioritize tasks in order to be as efficient as possible. We will explore different types of cleaning products and why each are used. Finally, we will discuss important housekeeping tasks to be completed in each room of the house, as well as how to do laundry.

10.1: Unit A- Importance of Housekeeping in the Home
10.2: Unit B- Performing Housekeeping in the Home
10.3: Unit C- Ways to Be Safe and Save Energy and Time
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10.1: Unit A- Importance of Housekeeping in the Home

Housekeeping is an essential task of the Home Health Aide/Personal Care Aide. It helps to enhance a patient's quality of life. When a patient's home is clean and organized it helps them to feel better psychologically and it keeps them safer physically (Leahy, Fuzy & Grafe, 2013). During times of illness, there may be much stress, disorganization, and even chaos in the home. Becoming ill and dealing with disease, disability, or injury can be stressful. It can also occupy a great deal of the patient and family's time, which leads to requiring assistance with keeping their home clean. Helping to keep the patient's home clean and safe is one important way that Home Health Aides/Personal Care Aides can help the family during their time of need.

Having a clean home is important for infection control. Proper disinfection removes microorganisms. **Microorganisms** are bacteria, fungus, and viruses that can cause disease. Maintaining a safe and clean home also helps to prevent accidents and further injury or disability. Tidying up on a regular basis allows Home Health Aides/Personal Care Aides to prevent accidental falls.

Many people take great pride in their home. When they are sick or disabled, they may not be able to maintain their home the way they used to or would like. With assistance from a HHA/PCA, they can have a living space that reflects the pride they have in their home. Some patients may not have good knowledge of how to maintain a clean home. With the support and assistance of a HHA/PCA, they can learn proper cleaning techniques and household management skills. Having this knowledge will help to enhance a patient's independence, self-esteem, ability to feel control in their life, and comfort.

10.1.1? Self Check Activity

1. Maintaining clean home helps to prevent the spread of bacteria, viruses, and fungus. **True or False?** _____

2. Housekeeping is an essential task of the Home Health Aide/Personal Care Aide. **True or False?** _____

Answer

1. True

2. True

FEEDBACK:

1. Keeping a home clean helps prevent the spread of microorganisms and invasion of pests. This provides for a safe environment for the patient.

2. Housekeeping is an essential task of the HHA/PCA. It helps to enhance a patient's quality of life by helping them to feel better psychologically, and it keeps them safer physically. Becoming ill and dealing with disease, disability, or injury can be stressful. Helping to keep the home clean can bring a sense of organization to a patient and their family.

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10.2: Unit B- Performing Housekeeping in the Home

We all maintain our own living spaces. Each of us has preferred ways of doing things. We have specific cleaning supplies we might especially like. We may like to perform household tasks in a certain order. We may even feel very particular about other people touching our personal belongings. While Home Health Aides/Personal Care Aides use the housekeeping skills that they already use to clean their own homes, they can also learn new ones in this course.Remember, cleaning another person's home is very different than cleaning your own home!

The way Home Health Aides/Personal Care Aides do things may be very different from the way their patient does, or prefers to have them done. Remember though, that there is more than one way to complete a task. Remember also that the patient's preferences are always correct and must be respected. Home Health Aides/Personal Care Aides must always be conscious (aware) of respecting their patient's belongings, their preferences, and their cultural values and practices (Leahy, Fuzy & Grafe, 2013).

Home Health Aides/Personal Care Aides will be using equipment and cleaning supplies different from their own. They should find out how to use their patient's equipment correctly. Ask the patient to explain how to use it, read the manufacturer's instruction booklet, or seek assistance from a supervisor. They should ask their patient to tell them how they would like their home to be cleaned and the cleaning supplies they prefer them to use. Home Health Aides/Personal Care Aides must remember when completing tasks in which they must move the patient's belongings to always put them back where they were. They shouldn't take it upon themselves to rearrange their patient's belongings or furniture. Think about how you might feel if someone came into your home and started to rearrange your things because they thought their way was best! Handle the patient and family's belongings carefully. Replacing items, especially equipment, can be very expensive.

While it is important to encourage independence and support a patient's ability to perform household tasks independently, Home Health Aides/Personal Care Aides should always be sensitive to their limitations (Leahy, Fuzy & Grafe, 2013). They may not be able to physically complete a task that others may find very simple. They may also not be able to psychologically handle the extra burden or stress of cleaning or performing other household tasks. **Do not be judgmental about their abilities.** Instead, Home Health Aides/Personal Care Aides should work with them to find the tasks that they are able to do. Find creative ways to adapt tasks to their abilities. For example, a patient may not be able to stand for long periods of time. However, they may be able to very successfully perform many household tasks seated. They could fold laundry, iron clothing, prepare food, and even vacuum from a seated position!

10.2.1? Self Check Activity

True or False

1. It is okay to clean your patient's home the way you normally clean yours. After all, you know how to clean!**True or False?** _____

2. Patients should be expected to keep their own home clean, and do the majority of the cleaning tasks, even if they are physically ill or stressed. **True or False?** _____

Answer

1. False
2. False

FEEDBACK:

1. The Home Health Aide/Personal Care Aide should always be respectful of patient's preferences for how their house is cleaned, supplies used, and while handling patient's belongings. Their home is their own personal space and the HHA/PCA should be mindful of this.

2. Patients may not be physically capable of cleaning their homes due to illness, disease, or disability. It is an important task of the HHA/PCA to provide light housekeeping duties to assist the patient and their family in their time of need. Patients and family members may help within their physical capabilities. The HHA/PCA should never pressure, rush, or make a patient feel badly if they are unable to assist in taking care of their home.

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SECTION OVERVIEW

10.3: Unit C- Ways to Be Safe and Save Energy and Time

Using proper body mechanics is of utmost importance. **Proper body mechanics** means using the body in an efficient and safe way. Using proper body mechanics prevents Home Health Aides/Personal Care Aides from injuring themselves or a patient. Home Health Aides/Personal Care Aides should always be aware of performing tasks safely, and they should also encourage their patient to do the same. Show a patient safe ways of doing things and good body mechanics. Remember, using proper body mechanics helps prevent injury. This applies to both Home Health Aides/Personal Care Aides and their patients! **Review the procedure in Module 12 for how to use Proper Body Mechanics.**

10.3.1: Maintaining Proper Body Mechanics

10.3.2: Time Management

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10.3.1: Maintaining Proper Body Mechanics

- When standing, keep your feet about hip width apart (about 12 inches). This provides a strong base of support and balance for you to work.
- Always bend at your hips and knees when lifting or stooping, instead of bending at the waist and overextending your back.
- Use the larger and stronger muscles of your thighs, hips, shoulders, and upper arms while bending or lifting objects. This protects your back and smaller muscles from injury.
- Hold heavy objects close to your body when lifting or carrying them.
- Turn your entire body, including your head and legs toward the task you are doing, rather than twisting.
- Remember good posture. Keep your back and trunk straight and aligned with your hips and your head facing forward toward the direction you are working. This prevents twisting, which increases your risk of injury.
- Always raise the bed to waist height when working with a patient who is in bed, or making a bed. This prevents unnecessary bending of your back.
- When pushing, place one leg forward. When pulling, move one leg back. This provides you with a stronger and more stable base of support than if both legs were next to each other.
- Whenever possible, have another person help you with lifting, rolling, or moving patients.
- Have others help you with lifting or moving heavy objects.
- Do not perform tasks that will be physically dangerous to you, or for which you may not physically be capable.
- Keep in mind that when moving a patient, the path or direction in which you are moving must be clear of objects that could get in the way and cause potential injury.
- Always lock the brakes on the bed and wheelchair before transferring a patient. This prevents the bed or wheelchair from moving and causing potential injury to you or the patient.

10.3.1.1? Self Check Activity

1. When standing, you should have your feet about this many _____ inches apart.

a). 10 inches

b). 20 inches

c). 12 inches

d). 5 inches

2. When bending to pick up something, you should bend at the waist. **True or False?** _____

3. Wheelchair and bed brakes should always be locked before transferring a patient. **True or False?** _____

Answer

1. C
2. False
3. True

FEEDBACK:

1. When standing, lifting, or pushing, feet should be hip width apart, which is approximately 12 inches.

2. Never bend at the waist when picking up something. Always bend at the knee and lower your body closer to where the object is. Hold heavy objects close to your body as this is your center of gravity and will help prevent injury.

3. Always lock wheelchair and bed brakes before turning, positioning, or transferring a patient. It will help prevent injury to the patient and you.

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10.3.2: Time Management

Prioritizing and staying organized will help Home Health Aides/Personal Care Aides to make the most efficient use of their time and energy. In some households, Home Health Aides/Personal Care Aides may only be required to do a few household tasks. For other households, there may be several tasks for them to complete. It is often helpful to make a list of tasks that must be done. Always follow the Care Plan and perform the tasks it states. If a patient asks a HHA/PCA to perform a task in which they are not comfortable, they should use the good communication skills they learned in this course to speak with them about it. Inform a supervisor and seek guidance from him or her.

Home Health Aides/Personal Care Aides should encourage their patient to assist and perform tasks as they are able. Between both people, they may be able to perform many tasks. This will help promote their self-esteem and independence, while also efficiently using time. Document the time it takes to complete tasks on the Care Plan. Never document a task was completed before it was done.

Always remember that providing personal care to the patient is the FIRST priority of a HHA/PCA. They must never neglect or ignore a patient's needs in order to complete a household task. It is helpful, however, to learn to plan time and prioritize tasks in order to complete all that is required.

Make a Task List

On a piece of paper, Home Health Aides/Personal Care Aides should write down all the things they must complete during their time in the patient's home as the Care Plan directs. Look at all the tasks that must be completed during the week and during the month. Some items may only need to be done once per week or month.

Prioritize Tasks

Prioritizing tasks means placing the tasks in order of importance. For example, *it is more important* to focus on meeting a patient's needs such as eating and toileting than it is to do household chores such as laundry or vacuuming. This does not mean that the HHA/PCA does not complete the household chores. It means if a patient has an important need such as bathing, toileting, or eating, that those needs should be met prior to completing household tasks such as laundry or sweeping. Home Health Aides/Personal Care Aides can learn to prioritize by using several methods. Here, we will discuss the ABC method and the 1-10 method. You can view these and other helpful time management tips by visiting Planet of Success at: http://www.planetofsuccess.com/effective–time–management/

The ABC Method

Learn to prioritize by the **ABC method**.

- A: Tasks which are important and urgent at this time.
- B: Tasks which are important but not urgent at this time.
- C: Tasks which are not important and not urgent at this time.

After making a task list, go through it and mark which items should be A, B, or C. Those that are marked A should be completed today. Once those are completed, move on to complete tasks that are marked "B". Tasks that are labeled "C" can be completed as time allows. Remember though, just because a task is marked "C" does not mean it does not have to be completed. It just may have to be completed at a later time.

Example of a task list using the ABC Method:

A

- Provide patient bath
- Cook and feed breakfast
- Help patient with scheduling doctor appointment

B

- Laundry
- Make patient bed
- Mop kitchen floor

C

- Clean out refrigerator
- Organize linen closet
- Vacuum living room
- Grocery shopping

The 1-10 Method

Prioritize using the **1-10 method**. Tasks that are *most important* are ranked "1", while the *least important* tasks are ranked "10". Tasks lists can be organized by priority number or labeled with the priority number. Remember, patient needs and preference will indicate what items will need to be made a priority.

Example of task list using the 1-10 method:

- Patient bath#2
- Make patient bed#4
- Laundry#5
- Mop kitchen floor#6
- Clean out refrigerator #9
- Cook and feed breakfast#1
- Vacuum living room#8
- Grocery shopping#7
- Help patient with scheduling doctor appointment#3
- Organize linen closet#10

Tips for Efficient Use of Time

Here are some tips to help Home Health Aides/Personal Care Aides make the most efficient use of their time:

- Break down larger jobs into smaller tasks.
- Be flexible and realistic. It is not always possible to get everything done that is on your task list. Sometimes, unexpected situations come up. **Complete the highest priority tasks first.**
- Revise the task schedule as needed. Instead of going grocery shopping, which takes a longer amount of time, you may instead be able to do a task you intended to complete later in the week and which takes less time, such as laundry.
- Do two things at once whenever possible. This will help you make the most efficient use of your time. For example, you can put laundry in the washing machine and while the loads are cleaning, work on providing a patient bath or cooking a meal.
- Whenever possible, group tasks that can be done in the same place. This helps to eliminate (remove) unnecessary steps.
- After giving a patient a bath and changing the bed linens, gather up all the dirty laundry that is in the room at the same time. Use a laundry basket or hamper to help make the most efficient use of time and energy. Then, take all the clothing at one time to the laundry area, rather than making several trips.
- When cooking, make more than one meal at a time and freeze some for use at a later time.
- Instead of cooking a small batch of a meal, cook a larger quantity and freeze it into smaller portions.
- Be **economical** with patient supplies. Being economical means being mindful of waste. Use only the necessary amount of cleaners to get the job done. This avoids waste.
- Use baskets, hampers, grocery bags, and trays to help carry several items at once. This helps to reduce the number of steps you must take to complete a task. However, be careful to not overload yourself or carry too much at once.
- Keep supplies organized and in one place. For example, cleaning supplies can be stored under the kitchen sink in a secure cabinet.
- Use the proper tools for the task to be completed. Know how to use the tools correctly and in a safe way. For example, use a chef's knife instead of a steak knife for chopping food.
- Clean as you go. If something spills, wipe it up right away before it dries or stains. Cleaning stains is often time-consuming.
- While preparing food, clean during preparation to keep your space clean and clutter-free. This will keep you organized and save time in the long run.
- Remember to always use proper body mechanics. Injuries cost us pain, time, and money. Protect your body.

10.3.2.1? Self Check Activity

Use the ABC method to prioritize the following tasks by putting the tasks in order (A is 1st, B is 2nd, C is 3rd).

Tasks:

A). Provide a bed bath

B). Sweep and mop the kitchen floor

C). Wash the only set of bed linens the patient has, which are soiled.

Answer

1. A
2. C
3. B

FEEDBACK:

Using the ABC method of prioritization means following these simple rules:

- A: Tasks which are important and urgent at this time. These tasks are completed first.
- B: Tasks which are important but not urgent at this time. These tasks are completed second.
- C: Tasks which are not important and not urgent at this time. These tasks are completed as time allows.

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SECTION OVERVIEW

10.4: Unit D- How to Get the Job Done

10.4.1: Infection Control

10.4.2: Basic Supplies and Equipment Needed

10.4.3: Cleaning Tasks

10.4.3.1: Kitchen Cleaning Tasks
10.4.3.2: Bathroom Cleaning Tasks
10.4.3.3: Living Room Cleaning Tasks
10.4.3.4: Bedroom Cleaning Tasks
10.4.3.5: Washing Floors
10.4.3.6: Laundry

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10.4.1: Infection Control

Proper infection control will help to eliminate pests, bacteria, viruses, and fungi. All of these things can lead to disease.Home Health Aides/Personal Care Aides should complete proper hand washing before and after each task. This is the best way to prevent the spread of infection (CDC, 2015). If hot water and soap are not available, use an alcohol based hand sanitizer with at least 60% alcohol (CDC, 2015). Hands should be washed prior to and after contact with the patient and their belongings, prior to and after using the bathroom, prior to, during, and after preparing food, and after changing diapers, handling pets or pet waste, or after coughing or sneezing (CDC, 2015).

Use gloves as appropriate to the situation. Home Health Aides/Personal Care Aides should wear gloves whenever they will come into contact with body fluids such as blood, feces, urine, or saliva. Wear gloves when changing patients, assisting them to toilet, bathing, handling dirty linens, or preparing food. Never reuse disposable gloves. Discard them after one use. **Review the Handwashing procedure in Module 12 for proper handwashing technique.**Use rubber or household gloves when handling harsh chemicals. These gloves can be sanitized and stored for later use.

Use separate cleaning rags and towels for clean and dirty areas. Only use clean dishcloths and towels in the kitchen for handling food. Use a separate cleaning cloth and rubber gloves for the bathroom. Whenever possible, use disposable wipes or cloths for cleaning areas such as the toilet, which have many microorganisms on its surface.

Ensure food is properly stored and refrigerators and freezers are at proper temperatures. Review module 8 for proper food storage procedures. Ensure that packaged food stored in cupboards is kept closed in air tight seals which will prevent spoilage and invasion of pests. If Home Health Aides/Personal Care Aides notice evidence of pests such as roaches, lice, bed bugs, or mice, they should inform a supervisor. Additional precautions will need to be taken to rid the patient's home of infestations.

10.4.1.1? Self Check Activity

1. The best way to prevent the spread of infection is to practice proper hand washing. **True or False?** _____
2. Gloves should be used whenever you will come into contact with blood or body fluids. **True or False?** _____
3. Clean dish towels and rags should be used in the kitchen and whenever food is to be handled. **True or False?** _____

Answer

1. True
2. True
3. True

FEEDBACK:

1. According to the Centers for Disease Control, handwashing is the single best way to prevent the spread of infection.
2. Gloves should always be worn whenever you will come into contact with blood or body fluids.
3. Always use clean dish towels, rags, dishes, and cooking equipment when preparing food. This prevents contamination of food by microorganisms.

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10.4.2: Basic Supplies and Equipment Needed

To make the most efficient use of time, and to properly clean a patient's home, Home Health Aides/Personal Care Aides will need to use the appropriate cleaning supplies and equipment.

Basic Cleaning Tools

- Broom, dust pan/brush
- Mop, pail
- Toilet brush
- Rags, scrub brush
- Sponges, dish cloths or dish rags
- Vacuum cleaner, carpet sweeper
- Dust mop, dust cloths
- Cleaning products, cleaning wipes, disinfectant
- Rubber household cleaning gloves

Cleaning Products

There are many types of cleaning products on the market. The type used will depend on the surface being cleaned, the purpose of the cleaning, patient preferences, and what is available in the patient's home. Home Health Aides/Personal Care Aides should ask their patient if a cleaner is safe on a particular surface.

- *All–purpose cleaners:* are generally used for many purposes and on many surfaces. They can be used on countertops, cook ranges, walls, floors, and other surfaces. Always check the label to see what surface the cleanser can be used on. Some cleansers are not safe on surfaces such as unfinished wood. When in doubt, ask the patient and/or a supervisor.
- *Disinfectants:* are used to **disinfect** (get rid of germs) surfaces. They can be sprayed on surfaces such as faucet handles, doorknobs, light switches, phone handles, refrigerator handles, and other surfaces. Disinfectants come in many forms, such as sprays, wipes, and solutions.
- *Bleach:* can be used as a disinfectant and cleaner to clean the bathroom and surfaces such as cutting boards, and for laundering white clothing. Never use full strength bleach on surfaces. To make a cleaning solution using bleach, mix 1 teaspoon (tsp.) of bleach to 1 gallon of water (CDC, 2014). Be cautious of spilling bleach on unsafe surfaces and clothing as it will discolor the surface. **Never mix bleach with ammonia or any other cleaner** (CDC, 2014). Fumes can be toxic and **fatal.**
- *Soaps and detergents:* are used for washing dishes and laundry. Follow the manufacturer's instructions for amount of detergent required for dishwashers and washing machines. Using too much detergent can ruin the appliance.
- *Abrasive cleansers:* are used for scouring surfaces such as stainless steel sinks and stovetops. These types of cleaners should only be used on certain surfaces as they could ruin surfaces for which abrasive agents should not be used.
- *Glass cleaners:* are used for glass surfaces such as windows and mirrors.
- *Dusting spray:* is used for dusting. Dusting spray should be sprayed onto a cleaning cloth and not directly onto the surface to be cleaned.
- *Specialty cleansers:* are cleansers that are available for special purposes or surfaces. Stovetops, appliances, and electronics may require a specialty cleaner.

10.4.2.1? Self Check Activity

True or False

1. Bleach and ammonia can be mixed to make a disinfectant solution. **True or False?** _____

2. Any type of cleaner can be used on all surfaces as long as it has disinfectant in it. **True or False?** _____

Answer

1. False
2. False

FEEDBACK:

1. Never mix bleach with ammonia or any other cleaner. Fumes can be toxic and fatal.
2. The type of cleaner used will depend on the surface being cleaned. Not all cleaners are safe for all surfaces.

Safety Tips for Home Health Aides/Personal Care Aides Using Equipment and Supplies:

- **NEVER mix cleaning products.** Dangerous chemical reactions can occur that can harm you or a patient.
- NEVER mix bleach with ammonia or other cleaning products, as the fumes are toxic and can lead to your or a patient's death.
- Always follow the instructions on the label of the cleaning product and follow them exactly.
- Whenever possible, open windows while cleaning and be cautious of using chemicals such as ammonia or bleach in closed in spaces. Fumes can be toxic and deadly.
- Always find out how to use equipment by reading instruction manuals or by asking the patient or a supervisor.
- Do not overload equipment on electrical circuits.
- Never use electrical equipment near water. This could result in electrocution and death.
- Always unplug electrical appliances before cleaning.
- Never poke or repair electrical equipment with metal objects.
- Never use electrical equipment with a frayed or damaged cord. This could result in electrocution and death.
- When unplugging appliances, grasp the plug at the base to remove from the electrical outlet. Never pull from the cord as this could damage the cord.
- Keep equipment clean and in good working order. Speak to the patient and supervisor if equipment is in need of repair.

10.4.2.2? Self Check Activity

1. Bleach and ammonia can be mixed to make a cleaning solution. **True or False?** _____

2. To remove an electrical appliance such as a vacuum from an electrical outlet, you should pull at the cord.**True or False?** _____

3. It is okay to wipe down an electrical appliance using a damp sponge and soap as long as it is not plugged in.**True or False?** _____

Answer

1. False
2. False
3. True

FEEDBACK:

1. Bleach should never be mixed with ANY other type of cleaning solution, such as ammonia. The fumes can be toxic and deadly.

2. Always remove an electrical appliance by pulling at the base of the plug, never on the cord. This could potentially damage the cord and lead to electrical injuries.

3. Always unplug and electrical appliance prior to cleaning it to prevent electrocution. Once the appliance is unplugged, it can be cleaned using the appropriate type of cleaning agent and method.

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SECTION OVERVIEW

10.4.3: Cleaning Tasks

10.4.3.1: Kitchen Cleaning Tasks

10.4.3.2: Bathroom Cleaning Tasks

10.4.3.3: Living Room Cleaning Tasks

10.4.3.4: Bedroom Cleaning Tasks

10.4.3.5: Washing Floors

10.4.3.6: Laundry

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10.4.3.1: Kitchen Cleaning Tasks

The kitchen should be cleaned after every use. Home Health Aides/Personal Care Aides should encourage family members to do the same.

Kitchen tasks:

- Wash dishes immediately after use
  - Dishes should be washed in hot soapy water using dish detergent.
  - Air dry washed dishes and pots rather than using a dishtowel to save time.
  - If using a dishwasher, learn how to properly use it. Dishwashers can also be used to sterilize items. Some dishwashers require food to be scraped and plates to be rinsed before loading. Many items cannot be washed in a dishwasher, such as electrical appliances, china, crystal, and cast iron. Always check with the patient.
- Put dishes away after they have air dried.
- Clean the kitchen sink and faucet with a scouring or specialty cleaner once per day.
- Wipe and clean surfaces as you work and at least once per day.
- Take out the garbage daily before you leave for the day.
- Sweep the kitchen floor daily and mop at least once per week, or more if needed. **Ensure the floor is dry to prevent falls.**
- Stove tops should be cleaned with hot soapy water, an all-purpose or a specialty cleaner. Find out the appropriate type of cleaner to use.
- Ovens are cleaned periodically. Some ovens are self-cleaning while others require direct cleaning with a specialty oven cleaner. Be cautious to use rubber gloves and to not inhale oven cleaner as fumes can be toxic. **Ensure no children or pets are around when using oven cleaner as ingestion of the cleaner can be deadly.**
- Clean out the refrigerator once per week. Discard items that are spoiled. Wipe surfaces of spills and crumbs. Ensure food is properly spaced in the refrigerator to allow good air circulation.
- Wipe the refrigerator door and any spills inside once per day.
- Defrost the freezer when necessary. When defrosting, all food should be removed and stored in a cooler to keep it cool and prevent spoilage. Follow the manufacturer's instructions on how to defrost the specific unit a patient has.
- Clean inside cabinets, drawers, and cupboards once or twice per year, or as needed.

10.4.3.1.1? Self Check Activity

True or False

1. When using an oven cleaner, make sure you wear gloves and that no pets or children are around as the cleaner can be deadly if ingested.**True or False?** _____

Multiple Choice

2. How often should counter and stove tops be cleaned?

a). Once per week

b). Twice per week

c). Any time they are dirty and at least once per day

d). That's not my job!

Answer

1. True

2. C

FEEDBACK:

1. When using an oven cleaner gloves should always be worn. Oven cleaner should never be used when children or pets are around as the fumes and the cleaner may be toxic and could be fatal if ingested.

2. Counter and stove tops should be cleaned any time they are dirty and at least once per day. It is easier to remove spills as soon as they happen than to clean them once they have dried. This will help to save time.

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10.4.3.2: Bathroom Cleaning Tasks

The bathroom is a living space that has many bacteria present due to urine, feces, and blood. It is also a damp and moist space, which encourages many types of bacteria to grow.

Bathroom tasks:

- Wash from clean to dirty areas to prevent spreading dirt or bacteria from dirty to clean areas. The toilet should be washed last and a separate rag from other surfaces should be used for the toilet.
- Ensure the toilet is flushed each time it is used. Encourage household members to do this. Close the lid on the toilet prior to flushing after using the toilet to prevent splashing of urine and feces onto other surfaces.
- The shower and shower surfaces should be wiped down after each use. Ensure the cleaner used is safe for the surface. Scouring cleaners are not safe for use on porcelain and tile as it can scratch.
- Shower walls, tub bottom, shower curtains and doors should all be wiped down daily and thoroughly cleaned at least once per week with an all-purpose or specialty cleaner.
- Hair should be removed from drains to prevent clogs after each bath/shower.
- Used towels should be hung to dry or placed in a laundry hamper to be washed, rather than kept on the floor. This is an important safety precaution. Towels on the floor can lead to falls.
- Bath mats and rugs should be hung to dry off the floor. This will also decrease fall risk.
- The sink should be wiped down after brushing teeth, shaving, or washing to rinse the surface of toothpaste, shaving cream, and cleansers.
- Faucets should be disinfected with an all-purpose cleaner or disinfectant solution daily.
- Toiletries and personal items should be stored and kept organized.
- Mirrors and glass surfaces should be cleaned with glass cleaner and kept clean of splashes.
- Wipe the surface of the toilet lid, toilet cover, and flush handle with a disinfectant cleaner daily.
- Scrub the inside of the toilet bowl with a brush and use an all-purpose cleaner with disinfectant at least once per week. Be sure to scrub under the rim of the toilet. The toilet brush should be washed with a disinfectant solution and allowed to air dry before storing.
- Ensure handrails and safety equipment are in good working order on a daily basis. Inform a supervisor immediately if they are not.
- Vacuum or sweep the floor daily. Wet mop at least once per week. Ensure the floor is dry to prevent falls in the bathroom. Always close off access to rooms that have been mopped to prevent falls.
- Ensure hand towels and bath rugs and mats are clean and dry. Replace with clean towels daily.
- Wipe down hampers and waste baskets with a disinfectant cleanser at least once per week.

10.4.3.2.1? Self Check Activity

True or False

1. The same cleaning cloth should be used to wipe shower walls, sinks, and toilets in order to save money and time.True or False? _____

2. Bath mats and rugs should be picked up after use to prevent falls.True or False? _____

Multiple Choice

3. Which of these would be the priority task?

a). Cleaning the toilet

b). Wiping the mirror

c). Ensuring handrails in the shower and near the toilet work well.

d). Vacuuming the floor

Answer

1. False

2. True

3. C

FEEDBACK:

1. Never use the same cleaning cloth on the toilet as is used on other surfaces. Doing so could result in spreading microorganisms from urine and feces onto other surfaces.

2. Always pick up bath mats, rugs, and towels after use to prevent falls.

3. The priority task is always safety. If the HHA/PCA comes upon a safety hazard they should immediately fix it, or inform their supervisor if they are unable to fix the problem on their own.

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10.4.3.3: Living Room Cleaning Tasks

The living room is often a place family spends a great deal of time. It should always appear tidy and organized. Home Health Aides/Personal Care Aides can encourage the family to pick up after themselves by modeling this behavior.

Living room tasks:

- Pick up clutter as you see it and at least once per day. Encourage and teach family members to do the same.
- Pick up newspapers, magazines, books, and toys as needed and at least once per day.
- Organize items kept in the living room and store them in their appropriate places.
- Vacuum rugs at least once per week. If there is dirt or food crumbs on the floor, you may need to vacuum more frequently. Crumbs from food attract pests.
- Sweep tile or linoleum floors daily. Mop at least once per week and more if floors are dirty.Always ensure a floor is dry after mopping to prevent falls.
- Dust surfaces once per week or more as required. You can use disposable dust cloths, dusting spray, or rags to remove dust.
- Ensure there are no loose rugs and other trip hazards, such as cords, in order to prevent falls.
- Lamps and lighting sources should be checked for good use. Good lighting helps to prevent falls.

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10.4.3.4: Bedroom Cleaning Tasks

The bedroom is a place where many people sleep and rest. To promote good health, hygiene, and rest, the bedroom should be tidied daily.

Bedroom tasks:

- Pick up clutter as you see it and at least once per day. Encourage and teach family members to do the same.
- Beds should be made daily.
- Bed linens should be changed at least once per week or more as needed and whenever soiled or wet. Patients should never be kept in a bed with soiled or wet bed linens.
- Wastebaskets should be emptied daily and wiped down with a disinfectant at least once per week.
- Dirty linens and clothing should be picked up and stored in a hamper for laundering.
- Clean clothing should be folded and stored in their appropriate places.
- Dust surfaces once per week or more as required. You can use disposable dust cloths, dusting spray, or rags to remove dust.
- Sweep daily to remove dirt, dust, and food crumbs. Mop floors if a tile, linoleum, or vinyl surface at least once per week. Vacuum rugs at least once per week.
- Lamps and lighting sources should be checked for good use. Good lighting helps to prevent falls.
- Ensure there are no loose rugs and other trip hazards, such as cords, in order to prevent falls.

10.4.3.4.1? Self Check Activity

True or False

1. You should look for and remove trip hazards and ensure rooms are well lit on a frequent basis. **True or False?** _____

Answer

1. True

FEEDBACK:

1. The HHA/PCA should always be observant of any fall hazard that exists in the home. They should pick up clutter, ensure rugs are secure to the floor, and that rooms are well lit.

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10.4.3.5: Washing Floors

When washing floors, Home Health Aides/Personal Care Aides should always sweep or vacuum first. This helps to remove debris, food crumbs, visible dirt, and dust. Mark off the area to prevent others from entering while the floor is wet. Use the appropriate floor cleaner. Certain cleaners should be used for vinyl, linoleum, or tile and may not be safe for wood surfaces. Other types of cleaners may need to be used for wood surfaces.

10.4.3.5.1? Self Check Activity

1. The most important thing to remember about washing floors is to make sure the floor is completely dry before someone walks on it in order to prevent falls.**True or False?** _____

Answer

True

FEEDBACK:

The most important thing to remember about washing floors is to ensure no one enters a room with a wet floor. Wet floors are fall hazards and the HHA/PCA should take appropriate precautions to ensure patients are safe from all harm.

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10.4.3.6: Laundry

Always wear gloves when handling soiled laundry. Find out how to use the washing machine and dryer by reading the instruction manual, asking the patient, and/or a supervisor. Home Health Aides/Personal Care Aides should talk to their patient about their preferences about how they want their clothing laundered. Some types of clothing should only be hand washed or washed in certain temperatures and with special washing cycles. Some clothing items should not be placed in the dryer.

- Check all pockets for money and other items prior to washing. Return any money found to the appropriate person.
- Separate clothing into piles to be washed. Darks, whites, towels, and delicate items are all usually washed separately from each other.
- Only use the recommended amount and type of laundry detergent. Some machines require high-efficiency detergent. Using more or the wrong kind of detergent can ruin the washing machine.
- Some clothing requires specialty detergent. Baby clothing should only be washed with hypoallergenic and special detergent to prevent skin irritation.
- Never use bleach when washing clothing other than all-white clothing or linen. Check with the patient prior to using bleach to find out their preferences.
- Soiled or stained clothing may require pretreatment with a special cleaner prior to washing. A small amount of liquid detergent or stain treater can be applied to the stain and worked in with a scrub brush or old toothbrush. Whenever possible, treat stains immediately. They are more difficult to remove once set.
- Use the correct temperature for washing the clothing. Use cool or cold water whenever possible to save energy and money. Hot water is generally used for bed linens, towels, and whites. Cold water is generally used for darker items.
- Use the correct wash and dry settings for the clothing to be washed/dried. Normal wash and dry settings can be used for most clothing. Delicate or gentle cycles are typically used for delicate clothing, undergarments, curtains, and tablecloths. Find out the patient's preferences. Heavier items such as towels and blankets need longer drying times and will usually be set on higher temperatures.
- Use fabric softeners and dryer sheets according to patient preferences. Generally, dryer sheets are not used with towels as it prevents water absorption.
- Clean the lint filter after every use. This prevents fires and helps the dryer to work most efficiently.
- Keep the top of the washing machine and dryer clean. Wipe up laundry detergent spills immediately.
- Fold clothing once dry immediately in order to prevent wrinkling. Store clothing in the appropriate place. Fasten hooks and buttons prior to storing. Always ensure clothing is completely dry prior to storage or mildew can grow.
- When ironing, always check the clothing label for the appropriate iron temperature. Use the lowest setting if you are unsure.
- Use only distilled water in irons to prevent clothing staining from minerals in hard water. Use an ironing board or special surface while ironing to prevent burns to the surface on which you are ironing.
- Always keep the iron moving and never set it on clothing as this will burn and damage the clothing. It could also potentially cause the clothing to set on fire.
- Immediately hang or store clothes once you have finished ironing to prevent wrinkling.

10.4.3.6.1? Self Check Activity

True or False

1. Bleach can be used with any type of fabric, as it is a good disinfectant. **True or False?** _____

2. If clothing is very dirty, you can use more detergent than the instructions say. **True or False?** _____

3. Before washing, clothing should be separated by darks, whites, towels, and delicates. **True or False**? _____

Answer

1. False
2. False
3. True

FEEDBACK:

1. Bleach is not safe to use on all types of fabric. Generally bleach is only used on white linens.

2. You should not use more detergent than the instructions on the washing machine or laundry detergent label states. This could damage the washing machine.

3. Clothing should be separated prior to washing by color and type of fabric. This will help prevent clothing from becoming damaged.

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10.5: Post-test

10.5.1 Post Test

1. **True or False:** Maintaining a clean home helps to prevent the spread of bacteria, viruses, and fungus, and helps promote good mental and physical health.
2. **True or False:** Patient belongings should be carefully handled and care should be taken to put objects back where they were found. Furniture and belongings should not be rearranged unless the patient specifically asks.
3. When standing, you should have your feet about this many _____ inches apart.
   A. 10 inches
   B. 20 inches
   C. 12 inches
   D. 5 inches
4. **True or False:** Providing personal care and meeting patient needs are a priority for the HHA/PCA. However, proper planning and prioritizing tasks will allow the HHA/PCA to provide personal care and complete required household cleaning tasks.
5. Which of the following is the priority task?
   A. Laundry
   B. Preparing lunch for the patient
   C. Patient needs to be turned and positioned and offered the bed pan.
6. Which of the following demonstrate proper body mechanics? **Select all that apply.**
   A. Turn your entire body instead of twisting your back when moving objects or people.
   B. Maintain good posture.
   C. Raise beds to working height and avoid leaning over patients to perform tasks.
   D. Keep feet hip width apart to provide a strong base of support.
   E. Bend at the hips and knees instead of the waist when lifting.
7. Abrasive cleaners are appropriate for which type of surface?
   A. Stainless steel sinks and stovetops
   B. Windows
   C. Wood floors
   D. Porcelain bath tubs
8. **True or False:** It is okay to mix bleach or ammonia with other cleaners as the combined effects will make a very good disinfectant solution.
9. **True or False:** To remove an electrical appliance such as a vacuum from an electrical outlet, you should remove it by holding the base of the plug and not the cord.
10. **True or False:** Bleach can be used on any surface or type of clothing as a disinfectant.
11. **True or False:** Bath mats, rugs, and towels should be picked up immediately after use to prevent falls.
12. Which of the following is the **priority task** when performing household duties?
    A. Folding clean laundry
    B. Making the patient's bed
    C. Closing off the kitchen area from use after it has just been mopped
    D. Vacuuming the living room

Answer

1. True
2. True
3. C
4. True
5. C

6. All are proper body mechanics
7. A
8. False
9. True
10. False
11. True
12. C

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CHAPTER OVERVIEW

11: Safety and Injury Prevention

This module will explore different types of injuries that may occur in the home while a HHA/PCA is providing care for a patient. This module will teach how to prevent and provide first aid for falls, burns, cuts, poisoning, and choking. It will also cover fire safety and prevention, and what to do in case of a fire. Lastly, it will cover what to do in case of a serious medical emergency. We will pay special attention to how to handle heart attacks, seizures, and strokes.

- 11.1: Unit A- Injuries
  - 11.1.1: Types of Injuries
  - 11.1.2: Factors Contributing to Injuries
- 11.2: Unit B- Role of the Home Care Worker in Injury Prevention
  - 11.2.1: Managing the Environment
  - 11.2.2: Fire Safety
  - 11.2.3: Personal Safety
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  - 11.2.5: Transportation Safety
- 11.3: Unit C- What to Do When Injuries and Emergencies Happen
  - 11.3.1: First Aid Techniques
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  - 11.3.6: Myocardial Infarction (Heart Attack)
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  - 11.3.9: Diabetes and Low Blood Sugar
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SECTION OVERVIEW

11.1: Unit A- Injuries

11.1.1: Types of Injuries

11.1.2: Factors Contributing to Injuries

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11.1.1: Types of Injuries

The home is a common place for many unintentional injuries. **Unintentional injuries** are injuries that happen accidentally and are not on purpose. Over 11,000 people die each year in the United States from unintentional injuries, such as falls, drownings, poisonings, and fires (CDC, 2014a). The most common household injuries include: falls, burns, cuts, poisoning, and choking. We will discuss each of these common injuries and focus on how to prevent them.

Falls

A **fall** is a situation in which a person accidentally and suddenly moves from a higher to a lower position, in which injury may or may not occur (Leahy, Fuzy & Grafe, 2013). Worldwide falls are the second leading cause of accidental injury (WHO, 2012). Each year approximately 424,000 people die from a fall globally, with about 80% of these falls occurring in low to middle income countries (WHO). Falls can be caused by many different things. Poor mobility, cognitive impairment, the ingestion of alcohol or drugs, poor balance and coordination, vision loss, and unsafe environments are some of the many possible causes of falls. Side effects from medications, neurological and cardiovascular diseases, and physical disabilities are other reasons why people may fall in the home. Confusion and improperly using assistive devices, such as walkers and canes, also put people at risk for an unintentional injury from a fall.

Developmental changes that occur as children grow and as adults age are also important contributing factors for unintentional injuries from falls. Deaths from falls are highest for adults over the age of 60 years across the globe (WHO, 2012). Adults over 65 years, young adults aged 15-29 years, and children 15 years and younger have the highest **morbidity** rates across the world (WHO).

Injuries from falls can range from relatively mild (such as a bruise) to life-threatening (such as suffering from a hip fracture or brain injury). *Fall prevention strategies are the best way to prevent accidental injury from falls.* Home Health Aides/Personal Care Aides play a *crucial role* in preventing falls in the home.

Guidelines for Fall Prevention:

- Keep walkways free of clutter, throw rugs, and loose cords.
- Wipe or mop up spills immediately. Close off areas with wet floors until dry to prevent people from walking on wet areas.
- Do not use wax or use other floor cleaners which will leave the floor slippery.
- Ensure all carpeting is tacked down securely and all rugs have non-skid backing.
- Use non-skid mats in the tub.
- Ensure handrails and grab bars are installed in the shower. Home Health Aides/Personal Care Aides should teach patients how to use them.
- Use good lighting in all rooms of the home. Replace light bulbs that have dimmed or are no longer working.
- Ensure stairwells are properly lit and stairs are sturdy.
- Have patients wear non-skid shoes with tied laces.
- Ensure clothing fits and that pant or dress hems are not so long as to possibly cause the patient to trip.
- Teach patients how to properly use ambulatory devices, such as walkers and canes.
- Have patients use glasses and hearing aids in order to better see and hear what is going on in their surroundings.
- Check for **disorientation** frequently and report any concerns to a supervisor immediately.
- Allow the patient to slowly rise to a standing position by first sitting at the edge of the bed to prevent falls that result from dizziness due to rapid changes in position. This is called **orthostatic hypotension**.
- Always lock wheelchair, chair, and bed brakes before completing transfers.
- Keep beds in their lowest position and ensure side rails are up in proper position.
- Frequently ask the patient if they need to use the bathroom and stay close while they are in the restroom to quickly respond to requests for help.
- Assist the patient with muscle strengthening exercises and walking as prescribed by the Care Plan to improve balance, coordination, and strength.
- Keep the home picked up and do not allow shoes, toys, or other items to be left on the floor.
- Keep items such as tissues, the phone, remote controls, and drinks within close reach of the patient so they do not have to reach far to retrieve them.

If a fall does happen, Home Health Aides/Personal Care Aides must report it immediately to their supervisor. The patient needs to be checked for medical issues prior to helping them up from the floor. *Home Health Aides/Personal Care Aides should NOT move their patient until they have been thoroughly checked for injury and their supervisor has given them permission to move them.*

Home Health Aides/Personal Care Aides may be asked to complete an **incident report** if their patient falls. If this occurs, remember to only report the facts. Report the situation in a matter of fact manner, without being judgmental or emotional. The agency will provide with specific training as to their requirements in the event of a patient fall.

11.1.1.1 Self Check Activity

True or False:

1. It is okay for the Home Health Aide to move a patient when they have fallen. **True or False? _____**

Multiple Choice

2. Which of the following are ways to prevent a fall?

a). Keep the home clutter free

b). Ensure patient uses their walker correctly.

c). Tell patients to stand quickly when they are seated.

d). Have patients wear non-skid shoes and ensure laces are tied.

Answer

1. False

2. A, B, & D

FEEDBACK:

1. Home Health Aides/Personal Care Aids should never move a patient when they have fallen without informing a supervisor to ensure that the patient is appropriately assessed.

2. Preventing falls is an important task of the HHA/PCA. Keeping the home clutter free, ensuring ambulatory devices such as canes and walkers are used properly, and encouraging patients to wear non-skid shoes and that shoe laces are tied are ways to prevent falls. HHA/PCAs should have patients rest in a sitting position for a couple of minutes prior to standing to prevent orthostatic hypotension, which can cause a fall.

Burns

Burns are another common unintentional household injury. Burns can be caused by dry or wet heat, chemicals, or electricity. Burns from **dry heat** can occur from fire, irons, hair dryers, curling irons, and stoves (American Institute for Preventive Medicine, 2012; Leahy, Fuzy & Grafe, 2013). Burns from **wet or moist heat** occur from hot liquids, such as hot water or steam (American Institute for Preventive Medicine; Leahy, Fuzy & Grafe). These types of burns are called **scalds**. Scalds can occur within seconds and cause serious injury.**Chemical burns** occur from chemical sources and can also cause serious burns when exposed to skin, or if swallowed, whether intentionally or unintentionally. **Electrical burns** can cause very serious injury as they can burn both the outside and inside of the person's body, causing injury that cannot be seen, and which can be life threatening. Radiation burns can also occur from sources of radiation such as sunlight (American Institute for Preventive Medicine).

Types of Burns

Burns are divided into first, second, and third degree burns.

First degree burns affect only the outer layer of the skin (**epidermis**). These types of burns are the least serious as they are only on the surface of the skin. First degree burns usually appear red, dry, and slightly swollen (MedlinePlus, 2014). Blisters do not occur with this type of burn. They should heal within a couple of days (American Institute for Preventive Medicine, 2012).

Second degree burns affect the top layer of the skin and the second layer of skin underneath (**dermis**). These are more serious than first degree burns. The skin may appear very swollen, red, moist, (MedlinePlus, 2014) and may have blisters or look watery and weepy (American Institute for Preventive Medicine, 2012).

Third degree burns are the most serious burn. A third degree burn affects all layers of the skin and may affect the organs below the surface of the skin. The skin may appear white or black and charred (MedlinePlus, 2014). The person may deny pain because the nerve endings in their skin have been burned away (American Institute for Preventive Medicine, 2012). Third degree burns require *immediate* medical treatment. If Home Health Aides/Personal Care Aides suspect their patient has a third degree burn, they should immediately call 911. Emergency services should also be called anytime a patient was exposed to smoke. They need to have their airway checked for possible injury.

Chemical burns can occur anytime a liquid or powder chemical comes into contact with skin or mucous membranes that line the eyes, nose, or throat. Chemical burns may also occur if a chemical is swallowed. These burns can cause serious injury and emergency services should be contacted. If a person receives a chemical burn, the chemical should be removed from the skin by using a gloved hand to brush it off and then wash the area with plenty of cool water. Electrical burns can occur if a person has been using an electrical appliance and is exposed to water or if an electrical short occurs while using the electrical appliance. Using faulty or frayed cords on electrical appliances can result in electrical burns. Electrical burns are a serious injury. Emergency medical services (EMS) should be immediately activated.

Never use oils such as butter or vegetable oil on any type of burn as this can cause further injury. For first or second degree burns flush the area with plenty of cool (not ice cold) water for about 15 minutes or until the pain decreases and cover with a clean, dry bandage. Using ice or ice cold water can cause frostbite (American Institute for Preventive Medicine, 2012). For major burns remove any clothing that is not stuck to the skin, cover the burned area with a dry, clean cloth, and seek emergency assistance.

Guidelines to Prevent Burns:

- Never allow children or confused adults to use electrical appliances unsupervised.
- Never use electrical appliances near water sources.
- Never use electrical appliances in which the cord appears to be damaged or frayed.
- Never pull a plug from the cord. Always remove a cord from an outlet by holding the base of the plug.
- Electrical appliances should NEVER be used in the bathtub, sink, or near running or standing water.
- Cover electrical outlets with child-proof plugs. Never allow children to put anything inside an electrical outlet.
- Never place a metal object inside an electrical appliance while it is plugged in.
- Ensure stoves and other appliances are turned off when finished with them.
- Turn pot handles inward so that a person cannot accidentally bump a handle and spill hot liquids.
- Check water temperature prior to bathing or showering a patient.
- Take care that any hot liquids served are cooled to the point where a patient can safely drink them. Burns can very easily happen from spilling or drinking liquid that is too hot.
- Do not keep hot drinks, soups, or other liquids at the edges of tables or countertops.
- Always inform a patient when giving them something hot to drink or eat.
- Do not allow patients to walk with hot beverages or food in their hands. Have them seated while consuming hot liquids.
- Do not use space heaters and other personal heaters close to a patient where they could accidentally touch or fall against it.
- Check to be sure the hot water heater is not set too high. To avoid scalds from hot tap water, hot water heaters should be set to 120 degrees or less (MedlinePlus, 2014).
- Do not allow children or confused adults to use lighters or matches.
- Discourage smoking in the home, and especially in bed, where a person is at more risk of falling asleep with a lit cigarette.
- Keep chemicals and cleaning solutions securely locked and out of reach of children and confused adults.

11.1.1.2? Self Check Activity

True or False:

1. First degree burns are the worst types of burns to have. **True or False?** _____

2. It is okay to use oils on a burn to help soothe the pain. **True or False?** _____

3. If a chemical burn occurs, you should flush the area of the burn with water. **True or False?** _____

4. It is okay to stand on a wet floor and use a hair dryer, as long as it is not a big puddle. **True or False?** _____

Answer

1. False

2. False

3. True

4. False

FEEDBACK:

1. First degree burns are the least serious type of burn, although the person should always be assessed and treated if necessary as these types of burns can be serious. The HHA/PCA should always inform a supervisor for any burn that has occurred, regardless of how serious they believe the burn to be. Second degree burns are the second most serious type of burn as these burns go through the epidermis and dermis. Third degree burns are the most serious type of burn, going through all layers of the skin and affecting structures and organs below the skin.

2. Never use oil, butter, or margarine to treat a burn. These can cause further injury. Wash a burn with cool water and seek assistance from a supervisor or from emergency services, if necessary.

3. You should immediately wipe away any chemical residue and flush the area with plenty of water. Seek assistance from emergency services and inform a supervisor.

4. Never stand in any water no matter how small it appears while using an electrical appliance. This can result in electrocution which can cause serious injury and even death.

Cuts

Cuts can occur whenever a sharp object pierces through the surface of the skin. Some cuts may be minor and only pierce the surface layer of the skin. An example of a minor cut would be a paper cut. Other cuts can be so deep as to reach muscle, bone, or even an organ. These types of cuts can result in serious injury, and possibly death due to blood loss or internal injury.

Guidelines for Preventing Cuts:

- Keep sharp objects such as knives, razors, blades from kitchen appliances (such as blender or food processor blades), scissors, nail clippers, food graters, and household items that slice and prepare foods (such as a mandolin), out of reach of children and confused adults.
- Teach children how to use scissors and knives safely.
- Never hand a person a sharp object, such as scissors or a knife, with the blade pointing toward them.
- When preparing food using a knife, use a sturdy cutting board that will not slip.
- Ensure your hands are not wet or oily when using knives. Always cut with the blade facing away from you.
- Keep your fingers away from the knife's edge while chopping and cutting foods.
- Put knives toward the back of the counter when you step away from the prepping area.
- Do not throw away metal can lids, broken glass, or other sharp items without first carefully wrapping them in a container that will prevent accidental cuts.
- Never push garbage down in a garbage pail with your hands. Teach others to avoid doing the same.

Poisoning

There are many hazards in the home which put people at risk for accidental poisoning. **Poisoning** can occur any time a harmful substance is intentionally or unintentionally ingested. Poisons come in many forms including plants, cleaning supplies, spoiled food, and medications. Children, who are naturally curious and like to explore, are in particular at risk for poisoning. Adults who may be confused or who have vision problems are also at risk for accidentally ingesting a substance that could potentially be poisonous. Never allow children or confused adults to have access to potentially harmful chemicals or medications.

Guidelines to Prevent Poisoning:

- Keep all cleaning supplies and chemicals locked.
- All medications should be kept in a locked storage area, out of reach.
- Check medications periodically for expiration dates and properly dispose of expired medications. Some medications become toxic when they are past their expiration date.
- Do not tell children that medication is "candy" as this makes it look more attractive to them.
- Ensure all medications and chemicals are properly labeled. Childproof caps should be on medicine bottles.

- Ensure the patient uses visual aids, such as glasses, when taking their medications and any time they use a household cleaner or chemical.
- Check the refrigerator weekly and dispose of spoiled, moldy, or otherwise compromised food.
- Never use cans that have bulges or deep dents in them.
- Keep poisonous plants out of reach of children and pets.
- Keep the number for Poison Control near a telephone and ensure the family knows who to call in case of an emergency.

11.1.1.3? Self Check Activity

True or False

1. The best way to prevent poisoning is to keep cleaning supplies and medications locked and out of the reach of children and confused adults. **True or False?** _____

2. You should keep the phone number to Poison Control near the telephone. **True or False?** _____

Answer

1. True

2. True

FEEDBACK:

1. Keeping cleaning supplies and medications locked and out of reach of children and confused adults is the best way the HHA/PCA can prevent poisonings.

2. The number to Poison Control should be kept in an eas*ily accessible place, such as near a telephone.*

Choking

- Keep small objects out of reach of children.
- Use age appropriate toys for children. Avoid those with small pieces with young children.
- Cut

Choking can occur while a person is eating, drinking, taking medications, or if an object is put into the mouth and accidentally swallowed. Choking means the person's airway is compromised and they are unable to breathe. Some signs of choking include a bluish skin color, inability to talk, cry, or to make any sounds, a weak, ineffective cough, soft or high-pitched sounds while inhaling, ribs and chest pulling inward as the person is having difficulty breathing, and loss of consciousness if left without air (MedlinePlus, 2015). Young children and infants, who love to explore their environment, are especially prone to choking as they often place small objects in their mouth.

Guidelines to Prevent Choking:

food into bite-sized pieces for children and those with chewing or swallowing difficulties.

- Prepare food that is of appropriate consistency (such as pureed or special diets), and as according to the Care Plan.
- Ensure patients eat, drink, and take medications in a fully upright position.
- Keep patients who are at risk for choking in an upright position for 30-60 minutes after eating to prevent aspiration of food or liquids.
- Encourage patients to completely chew and swallow food and to eat slowly.
- Discourage patients from talking while eating, as this puts them at risk for choking.
- Do not allow children to play, run, or walk while eating.
- Do not let children have lollipops and other candy with sticks in their mouths while playing or while riding in a car.
- Place babies on their backs while sleeping. Do not allow excessive bedding, pillows, or any stuffed animals in the crib to prevent suffocation. Infants can die from a condition called Sudden Infant Death Syndrome (SIDS). Placing a baby on their back while asleep reduces this risk.
- Avoid food items such as popcorn, nuts, pretzels, gum, and hot dogs with small children and those with swallowing difficulties.
- Never allow children to play with plastic bags, and other small items that can easily be swallowed, like soda bottle caps, rubber bands, balloons, and paper clips.

11.1.1.4? Self Check Activity

True or False

1. It is okay to let kids have a lollipop in the car as long as you are watching them. **True or False?** _____

2. Babies should be placed face down in their crib to get the most rest. **True or False?** _____

Answer

1. False

2. False

FEEDBACK:

1. Never let children have lollipops in the car. If the car stops suddenly, the lollipop can lodge into the child's throat and cause choking. This could cause a serious injury or even death.

2. Babies should always be placed on their backs during sleep. Stuffed animals, pillows, and a lot of bedding should be removed from a crib or where the infant is sleeping. Infants can die from a condition called Sudden Infant Death Syndrome (SIDS). Placing a baby on their back while asleep reduces this risk.

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11.1.2: Factors Contributing to Injuries

Factors Contributing to Injuries among Older Adults

As people age, they may experience physical, sensory, and cognitive changes that make them more likely to suffer an injury.Adults over the age of 65 are the most likely age group to fall (WHO, 2012).Older adults tend to have more physical diseases and take more medications. The more medications a person takes, the more they are at risk for potential medication interactions and side effects. Muscle weakness, injury, disability, coordination, or balance problems also put older adults at risk for falls. Home Health Aides/Personal Care Aides should teach patients to properly use ambulatory aids such as walkers and canes. Encourage good non-skid footwear while ambulating.

Older adults who experience confusion, as a result of dementia or illness, may not be completely aware of their surroundings and may not be as cautious while moving about as they normally would. Sensory impairments, such as vision problems and hearing loss, also put older adults at risk for falls as they may not adequately see or hear what is going on in their surroundings.As we age, we also have a reduction in our ability to taste and smell. This makes us more likely to not smell smoke if there is a fire, or to eat food that is spoiled without being aware.

Factors Contributing to Injuries Involving Young Children

Children are another high risk group for falls. Their natural curiosity, and the developmental tasks they are experiencing, in which independence and risk-taking behaviors come about, makes them prone to accidents involving falls. Ensure that stairways are blocked off from small children with gates. Do not allow children to climb stairs, ladders, or other surfaces unsupervised. Teach them to tie their shoelaces and ensure they wear good non-skid shoes.

Children are also especially prone to choking as they like to put items into their mouth as they explore the world. Ensure that toys are age appropriate and that very young children are not allowed to play with toys and games with very small pieces. Keep medications and cleaning solutions locked and out of reach. Use child-proof covers for outlets, child-proof locks for cabinets which hold cleaning supplies, and child-proof caps on medications.

Children are developing their gross motor skills and may not have very good balance and coordination. Teach them to use rails when walking on stairs. Teach children to hold your hand and to look both ways when crossing a street. Supervise children while they are playing outdoors and in activities such as bike riding, skating, or skateboarding. Never allow young children to bathe or swim unsupervised in order to prevent possible drowning.

With infants, keep in mind that they must always be supervised. *Never leave a baby unattended.* Never walk away from a baby while giving a bath as they do not have the muscle development to keep their head out of water and could potentially drown. Feed babies with their heads higher than their bodies and burp them in between feedings to prevent choking. Do not keep stuffed animals and excessive bedding in a baby's crib. Keep babies on their backs while sleeping to prevent possible suffocation.

As children tend to lack a sense of fear and have a strong desire to explore their world, Home Health Aides/Personal Care Aides must always be watching for potential hazards in their environment. Keep the environment clutter free and teach children to pick up their toys and shoes.

Where Household Injuries Commonly Occur

Two areas in the home, the kitchen and the bathroom, are the places where most household injuries occur (Leahy, Fuzy & Grafe, 2013). People tend to spend a lot of time in both of these areas in the home. They are also places where many dangers lie.

In the kitchen, using appliances improperly or near water could result in electrical injury. Other hazards in the kitchen include walking on a wet or greasy floor, improperly using knives, fire hazards while using the stove, and ingesting spoiled food or dangerous chemicals.

In the bathroom, potential hazards involve slipping on a wet floor or in the bathtub, using appliances such as hair dryers near water, unsafe use of razors or scissors, and the ingestion of medications and other potentially dangerous substances.

Home Health Aides/Personal Care Aides should take special precautions in the kitchen and bathroom to ensure that floors are dry, non-skid rugs and bath mats are utilized, handrails and grab bars are available, and sharp objects are put away when not in use. Cleaning solutions, chemicals, and medications should be kept in locked cabinets and out of reach of children and confused patients.

11.1.2.1? Self Check Activity

1. Which of the following is the most common place for an injury to occur in the home?

    a). Bathroom

    b). Living room

    c). Bedroom

    d). Laundry room

2. Which of the following is a way to prevent an injury in the kitchen?

    a). Leave to go to the bathroom while you are cooking on the stove.

    b). Keep knives on the counter with the blades pointing out.

    c). Turn pot handles inward.

    d). Wait to mop up spills on the floor until you are done cooking.

Answer

1. A
2. C

FEEDBACK:

1. The kitchen and bathroom are two of the most common places for an injury to occur in the home. There are many hazards in both rooms for which the HHA/PCA should be observant to protect their patient from.

2. Turning pot handles inward helps to prevent burn injuries in the kitchen. If a pot handle is facing outward, there is a higher risk that someone could knock into it or burn their hands on the handle. This is especially true when there are children and confused adults within the home. Never leave food unattended while cooking on the stove, always keep knife blades pointing inward, and always immediately wipe up spills to prevent accidents.

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SECTION OVERVIEW

11.2: Unit B- Role of the Home Care Worker in Injury Prevention

11.2.1: Managing the Environment

11.2.2: Fire Safety

11.2.3: Personal Safety

11.2.4: Pets

11.2.5: Transportation Safety

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11.2.1: Managing the Environment

As the eyes and ears of the healthcare team, the Home Health Aide/Personal Care Aide plays a very important role in preventing patient injuries. They will be the person spending the most time in the home, and will become very knowledgeable about their patient, their family, and any changes in their condition and within their environment.

The key for Home Health Aides/Personal Care Aides in preventing injury with patients is to properly manage the environment, and to use all of their senses as they observe the patient within their environment. By completing household tasks within the home, they will be helping to keep the patient's home free from clutter, dirt, pests, and infection. By assisting their patient with daily living tasks, such as bathing, they will help to maintain their well-being and general health.

Proper Body Mechanics

The use of proper body mechanics is an important way to prevent injury to the health care worker as well as to the patient. Home Health Aides/Personal Care Aides should always keep in mind proper body mechanics during their work with patients, whether it is while bathing, ambulating, or assisting with transfers. Ensure all the equipment used with the patient is in good working order. Always keep in mind the importance of ensuring locks are braked on wheelchairs, chairs, and beds, to prevent accidental injuries.

Handwashing

To prevent the transmission of disease, proper hand washing is of utmost importance and is the number one way to prevent the spread of infection (CDC, 2014b). Home Health Aides/Personal Care Aides must wash their hands prior to and after contact with patients and their belongings. Ensure that they wash their hands after contact with body fluids such as blood, urine, feces, and vomit. Gloves should be worn whenever they come into contact with body fluids, food, or while performing household chores such as laundry in which body fluids may be present. Remember to wash hands when removing gloves and to change gloves whenever they are soiled or ripped.

Home Health Aides/Personal Care Aides have an important role in educating their patients and their families about the importance of handwashing. Encourage the patients to wash their hands after using the bathroom, before preparing food or eating, after contact with any body fluids, or whenever they are soiled. For patients who are immobile or who have difficulty with mobility, Home Health Aides/Personal Care Aides can provide them with a wet, soapy washcloth or alcohol sanitizer to use to keep their hands clean and free of germs.

11.2.1.1? Self Check Activity

True or False

1. Handwashing is the best way to prevent the spread of infection. **True or False?** _____

2. Gloves should be worn whenever the HHA/PCA may come into contact with bodily fluids and when performing household tasks such as cooking and laundry. **True or False?** _____

Answer

1. True

2. True

FEEDBACK:

1. Handwashing is the number one way to prevent the spread of infection. HHA/PCAs should take care to always wash their hands prior to and after contact with patients and their belongings. They also have an important role in educating patients and their families about the importance of handwashing.

2. Gloves should always be worn when there is a chance of contact with bodily fluids such as while performing patient care and doing laundry. Gloves should also be worn when using cleaning supplies and when preparing food for others.

1. True

2. True

FEEDBACK:

1. Handwashing is the number one way to prevent the spread of infection. HHA/PCAs should take care to always wash their hands prior to and after contact with patients and their belongings. They also have an important role in educating patients and their families about the importance of handwashing.

2. Gloves should always be worn when there is a chance of contact with bodily fluids such as while performing patient care and doing laundry. Gloves should also be worn when using cleaning supplies and when preparing food for others.

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11.2.2: Fire Safety

In addition to preventing accidental injuries from falls, burns, cuts, choking, and poisoning, Home Health Aides/Personal Care Aides also play an important role in fire prevention and fire safety. They must be aware of potential fire hazards and take steps to prevent fires.

Guidelines for Fire Prevention:

- Ensure smoke detectors and carbon monoxide detectors are present on every floor in the home, including the basement. The batteries should be changed at least once per year (CDC, 2014a). If their patient's home does not have detectors, discuss their concern with their supervisor. There may be community and agency resources available to provide these to the patient.
- Check batteries in smoke and carbon monoxide detectors several times a year to ensure they are properly working.
- Encourage and assist families to develop fire safety plans and to practice fire drills.
- Every family should have a designated safe meeting place in the event they must leave the home during a fire.
- Every bedroom should have at least two exits (CDC, 2014a).
- Teach children fire safety.
- Teach patients to stop, drop, and roll if their clothing ever catches on fire.
- Never leave unattended candles or items such as incense that have a flame where a potential burn can occur. Discourage patients to use these items if they require supervision to do so.
- Do not smoke in the home and discourage patients and family from doing so. Ensure cigarettes are fully extinguished. Prior to emptying ashtrays, ensure there are no hot ashes.
- Never leave the stove unattended while cooking.
- Pay attention that pots do not boil over.
- Take care not to splash oil while cooking to prevent grease fires.
- Empty the lint trap after every use of the dryer. Never run the dryer when you are not home.
- Never leave space heaters, electric heaters, kerosene, or gas heaters on unattended and when someone is not home. Ensure all these types of appliances are in good working order.
- Ensure fire extinguishers are in the home, that they have not expired, and that you and others in the family know how to use them.
- Do not store fire extinguishers near the stove where you may not be able to reach it if there is a fire on the stove.
- Do not wear loose clothing while working on the stove. Teach patients to roll up sleeves and to also avoid wearing loose clothing while cooking.
- Ensure hallways and exits, such as doorways and windows are not cluttered to prevent emergency exit.
- Keep emergency numbers near the phone for easy access.

How to Use a Fire Extinguisher:

When using a fire extinguisher, the acronym **PASS** should be kept in mind.

- **P:** Pull the pin
- **A:** Aim at the base of the fire
- **S:** Squeeze the handle
- **S:** Sweep back and forth at the base of the fire

In Case of Fire:

In case of fire, remember the acronym **RACE**.

- **R:** Remove patients from danger
- **A:** Activate 911
- **C:** Contain the fire if safe and possible to do so
- **E:** Extinguish fire or call the fire department to do so

Other Things to Remember in Case of a Fire:

- The first priority is to get you and the patient to safety.
- Remain calm and direct the patient and others in the home to safety.
- Never try to put out a large fire or put yourself or others in danger.

- Stay low in rooms with fire.
- Close doors and if possible, plug doorways with blankets to prevent smoke from entering.
- Place a wet towel over the patient's face and your face to decrease smoke inhalation.
- Should a person's clothing catch on fire, remember to tell them to stop, drop, and roll.
- Keep the patient and all others far away from the home once you have left.
- Wait for instruction from the fire department.
- Notify the supervisor once you have reached a safe destination.

11.2.2.1 Self Check Activity

1. Put in order how you should use a fire extinguisher:

    1). Pull the pin

    2). Sweep back and forth at the base of the fire

    3). Squeeze the handle

    4). Aim at the base of the fire

True or False

2. The first priority is to get the patient and yourself to safety. **True or False?** _____

Multiple Choice

3. Which of the following is not a way to prevent fires?

    a). Teach children fire safety

    b). Do not smoke in the home

    c). Check batteries in smoke detectors at least twice per year

    d). Turn the dryer on right before you leave the house

True or False

4. You should call the fire department if there is a fire before you call a supervisor or anyone else. **True or False?** _____

Answer

1. 1, 4, 3, and 2

2. True

3. D

4. True

FEEDBACK:

1. Remember the acronym PASS for how to use a fire extinguisher. Pull the pin, aim at the base of the fire, squeeze the handle, and sweep back and forth at the base of the fire.

2. Safety is always the first priority when dealing with a fire. Do not go back in the home or stall leaving in order to retrieve belongings. The most important thing is to get yourself and the patient to safety.

3. Home Health Aides/Personal Care Aides play an important role in preventing fires and educating patients and their families about fire prevention. Teach children and adults fire safety, do not smoke in the home, and check batteries in smoke detectors at least once per year. The dryer should never be on when leaving the house. The HHA/PCA should also be sure to empty the lint trap prior to using the dryer every time in order to prevent fires.

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11.2.3: Personal Safety

It is important that Home Health Aides/Personal Care Aides take precautions to keep themselves safe while working within the community and in the patient's home. They should follow these guidelines to protect their safety.

- Always know the route. Have maps and directions with you and know where you are going in advance. If needed, call the patient for directions or obtain them from the agency prior to leaving for the destination.
- If you have a cell phone, keep it charged and with you. Do not use it while driving.
- Do not take unsafe shortcuts while driving or walking to and from a patient's home.
- Never alter your route without telling the agency. Always inform a supervisor about your whereabouts.
- Observe surroundings at all times and remain **vigilant**. Do not become distracted by talking, music, or using a cell phone.
- Keep your eyes on the road while driving and look around at your surroundings while walking to and from a patient's home.
- Do not carry a purse, large amounts of money, or wear expensive jewelry. This makes you a target for possible thieves. If you must carry a purse or belongings, hold them securely against your body.
- Lock your car and keep valuables hidden in the trunk, out of sight.
- Carry your keys in your hand so that you can quickly unlock your door.
- Park in well-lit areas and try to park as close to the patient's home as possible to reduce walking time.
- If you ever feel unsafe, leave the area immediately and go to a safer location. Call a supervisor for assistance.

11.2.3.1? Self Check Activity

True or False

1. It is okay to use your cell phone while driving as long as it is to call a supervisor. **True or False?** _____

Multiple Choice

2. Which of the following are ways to keep safe? **Select all.**

a). Do not carry a purse.

b). Lock car doors.

c). Always inform a supervisor if there is a change in route or appointment.

d). Keep aware of your surroundings while walking or driving.

e). Park in well-lit areas.

f). Leave an area if you feel unsafe.

Answer

1. False

2. All answers are correct

FEEDBACK:

1. Never use your phone while driving, regardless of reason. Always pull into a safe location and stop driving if you must use your phone.

2. Ways the HHA/PCA can keep safe include not carrying a purse, locking car doors while driving or parked, inform others such as a supervisor if you have a change in your route, be observant of your surroundings, park in well-lit areas, and never stay in an area if you feel unsafe.

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11.2.4: Pets

Some patients may have pets in their home. Find out prior to going to a patient's home for the first visit if they have pets on the premises. Ask the patient how their pet is around strangers. If the patient says that the pets are aggressive or do not like strangers, Home Health Aides/Personal Care Aides should inform their supervisor and seek direction from him or her. Ask the patients to place their pets in a secured area during a visit. When being introduced to a pet, such as a dog, remain calm. Home Health Aides/Personal Care Aides should allow the pet to become familiar with them. Do not begin petting him or her before they become acquainted with you. Some pets are more friendly and accepting of strangers.

While walking to and from their car, Home Health Aides/Personal Care Aides should be aware of pets in the neighborhood. Should there be a loose dog, try to stay away from the dog. Do not start panicking or running. This will make it more likely that the animal will run toward you. A Home Health Aide/Personal Care Aide should cross the street or return to their car if they are concerned about their safety.

If Home Health Aides/Personal Care Aides should receive a dog bite from any dog, wash the area with water and soap for several minutes to wash away the saliva and accompanying bacteria. *Do not squeeze the site of the bite.* This pulls bacteria inside the wound. Inform the supervisor of the incident. Seek medical attention if necessary. Obtain the identifying information about the dog and vaccination records, such as rabies vaccination. If the pet is not up to date with **immunizations**, Home Health Aides/Personal Care Aides will need to get the rabies vaccination when they seek medical treatment.

11.2.4.1? Self Check Activity

True or False:

1. If you get bitten by a dog, you must see a copy of a recent rabies vaccination. **True or False?** _____

2. It is okay to pet any dog that walks up to you as long as it looks friendly. **True or False?** _____

Answer

1. True

2. False

FEEDBACK:

1. Rabies is a fatal disease if left untreated. If the HHA/PCA should get bitten by a dog, they should ask the owners to see a copy of the rabies vaccination to ensure they are up to date with their immunizations. If they are not, the HHA/PCA will need to seek immediate medical attention to receive the rabies vaccination.

2. Never pet any dog you do not know even if it appears friendly and walks right up to you. Keep your safety in your awareness at all times.

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11.2.5: Transportation Safety

It is important for Home Health Aides/Personal Care Aides to stay safe while driving to and from their patient's home. Follow these guidelines for transportation safety.

- Be familiar with the roads and stay aware of surroundings.
- Have directions and a map handy.
- Ensure there is always enough fuel in the car. This helps to prevent unwanted stops in strange areas.
- If using your personal car, ensure it stays in good operating condition. Keep up to date with your annual inspection and keep insurance and registration materials current and in the car.
- Ensure that tires are inflated to the appropriate pressure and obtain vehicle maintenance on a regular basis.
- Know how to drive in **inclement** weather.
- Drive the appropriate speed limit to prevent accidents and tickets.
- Drive with the car doors locked.
- Never use a cell phone while driving. To avoid other distractions, limit talking and music.
- Always wear a seat belt. Ensure other car occupants wear their seat belt.
- Remember that there should be no children under the age of 12 riding in the front seat.
- All children must wear seat belts in the car.
- Child safety seats must be used with children under 8 years of age. Inspect the child safety seat frequently to ensure it is in good working order. Make sure you know how to use it. If you do not, ask the patient or a supervisor for instructions.
- Never ingest alcohol or drugs prior to or during driving.

11.2.5.1? Self Check Activity

1. Which of the following are ways to keep safe while using transportation?

    a). Keep distractions to a minimum while driving.

    b). Always wear a seatbelt.

    c). All children under 8 years of age must use a car seat.

    d). Always obey the speed limit.

    e). Drive with car doors locked.

    f). Never use alcohol or drugs before or while driving.

    g). Keep your car in good working order.

    h). Always know the route to your destination.

Answer

1. All are correct

FEEDBACK:

The Home Health Aide/Personal Care Aide should follow safety precautions while driving to and from work. Keep distractions such as talking and music to a minimum. Never use a phone while driving. Always ensure you and others in the car are wearing a seatbelt. All children under the age of 8 must be in a car seat. Obey the speed limit, keep your car in good working order with a full tank of gas, and drive with the doors locked. Obey the speed limit at all times, never use alcohol or drugs prior to or while driving, and know the route to your destination to avoid stopping in unfamiliar areas.

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SECTION OVERVIEW

11.3: Unit C- What to Do When Injuries and Emergencies Happen

While Home Health Aides/Personal Care Aides work to keep their patient and their home safe, there are situations where an accident may occur. It is important that Home Health Aides/Personal Care Aides are aware of their agency's policies regarding incidents. Most agencies will have provided them with training in how to deal with emergency situations. This will include the agency's policies and procedures and an emergency contact list.If Home Health Aides/Personal Care Aides have not been informed about their agency's policies and procedures, they should speak with their supervisor to find out what the procedures are in dealing with emergencies. Whenever in doubt, call a supervisor.

11.3.1: First Aid Techniques

11.3.2: Burns

11.3.3: Choking

11.3.4: Poisoning

11.3.5: What to Do in a Serious Medical Emergency

11.3.6: Myocardial Infarction (Heart Attack)

11.3.7: Seizures

11.3.8: Cerebrovascular Accident (Stroke)

11.3.9: Diabetes and Low Blood Sugar

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11.3.1: First Aid Techniques

Falls

If a patient falls, it is important to immediately assess them and for Home Health Aides/Personal Care Aides to inform their supervisor.

- If they are trained to take vital signs, such as blood pressure, they should do so.
- Check to see if the patient has hit their head.
- Never move someone who appears to have hit their head or who may have a back injury. This could do more damage.
- Check for cuts, bleeding, and any obvious injuries.
- If there is an injury, try to determine the extent of the injury. Report any observations made to a supervisor or to emergency medical services, if there is a need for emergency help.
- If there is bleeding, put on gloves and apply pressure to the wound with a clean and dry towel.
- Note how long it takes for the blood to **saturate** the towel and report this to a supervisor and/or emergency medical services.
- If there is a need for additional towels, place another clean towel on top of current one. Do not let up pressure on the bleed.
- Never leave a patient alone who has fallen. Stay with the patient until additional help arrives.
- Document all injuries and steps taken to provide care.

Bruises

A **bruise** forms when blood vessels below the skin's surface break and blood leaks into the tissue beneath the skin (Mayo Clinic, 2014). Bruises can range from very small to quite large, covering large areas of the body. Bruises change color as they heal. Remember the acronym **RICE** when treating bruises (WebMD, 2014a).

- **R (Rest):** Encourage the patient to rest the affected area to prevent further injury and to allow it to heal.
- **I (ice):** If the skin is not broken, Home Health Aides/Personal Care Aides should immediately apply a cool cloth or ice pack (wrapped in a towel to protect the patient's skin) to the area for about 20 minutes. This can be repeated several times a day, as directed by the Care Plan. Remember to never apply ice directly on skin as this could cause injury to the skin. Do not use heat and encourage the patient to avoid hot showers and baths for the first 48 hours after injury as this will encourage swelling (WebMD, 2014a).
- **C (compression):** Wrap the area of injury with an ACE bandage, if directed by the Care Plan or a supervisor. **Compression** helps to relieve swelling and pain. Remember not to wrap the area too tightly as this could cause further injury. Signs the bandage is too tight are numbness, tingling, coolness in the affected area, increased pain, or swelling below the area that is wrapped (WebMD, 2014a).
- **E (elevate):** Elevate the bruise above the level of the person's heart if possible. This will help to decrease swelling.

Seek further guidance from a supervisor. **Remember to inform him or her of ANY injury a patient has sustained.** Document all injuries and steps taken to provide care.

If the bruise covers a large area of the body and appears to be serious, or if a **hematoma** has developed, or if skin has broken and the patient is bleeding profusely (a lot), activate emergency services. Call 911. Calmly inform EMS of the situation and the observations made. It is also important to inform EMS if the patient is on any **anticoagulants** (blood thinners). Anticoagulants cause blood to take a longer time to clot. This will result in a longer bleed time and could be potentially life threatening to the patient.

11.3.1.1? Self Check Activity

a). for a longer time

b). for a shorter time

2. The acronym RICE, which is used to treat bruises and injuries, stands for which of the following?

a). Reassure, Inquire, Cold compress, Elevate

b). Rest, Ice, Compression, Elevate

c). Rest, Ice, Cool water, Emergency

d). Reassure, Instill heat, Calm, Electricity

Answer

1. A
2. B

FEEDBACK:

1. People taking anticoagulants will bleed for a longer period of time as this type of medication is used to prevent blood clots. It can present a serious issue if an injury occurs as a person can potentially lose a lot of blood.

2. The acronym RICE is used to treat bruises. It stands for Rest, Ice, Compression, and Elevation. The person should rest the injured area, ice should be applied for 20 minutes at a time, and the area can be wrapped with a bandage, and elevated to reduce swelling.

Cuts and Scrapes

For minor cuts and scrapes, basic first aid at home may be adequate. Home Health Aides/Personal Care Aides should still inform their supervisor of the situation and seek guidance from them in caring for the wound.

- Always wash hands and apply gloves when performing first aid.
- Basic first aid for caring for cuts and scrapes includes first washing the area with cool water. The cool water will wash away any debris that may be in the wound and will help blood vessels to **constrict** (become narrow), which helps to stop bleeding. Do not use soap.
- Once the area is clean and the blood has decreased, place gentle pressure on the wound with a clean and sterile gauze pad. Add additional gauze if the first gauze saturates with blood. Do not remove the gauze pad as this could cause any clots that have begun to form to be removed and bleeding to continue.
- When the wound has stopped bleeding, dress the area with a clean bandage.
- Document all injuries and steps taken to provide care.

Dizziness/Fainting

- Should a patient report that they feel dizzy, immediately lower them to a seated or lying down position.
- Remember to always allow a patient time to sit on the edge of a bed or chair and dangle their legs before rising to a standing position. This will help prevent falls from feeling light-headed or dizzy if the patient experiences orthostatic hypotension.
- If a patient is standing or walking and reports they feel faint, Home Health Aides/Personal Care Aides should lower them to a chair or to the ground if a chair or bed is not nearby.
- If possible, Home Health Aides/Personal Care Aides can wrap their arms around the patient's waist securely, and using good body mechanics, lower them to the floor.
- Avoid having their head hit the ground or nearby objects.
- While lowering the patient to the floor, keep a wide stance to provide a strong base of support, and bend using the knees to slowly and carefully lower the patient to the floor.
- Document all injuries and instances when patients report dizziness or faintness and the steps taken to provide care.

11.3.1.2? Self Check Activity

True or False

1. If a patient feels faint, attempts should be made to lower them to a chair or the ground to prevent a fall. **True or False?** _____

2. It is important to allow a patient time to sit on the edge of the bed before standing to prevent dizziness and falls. **True or False?** _____

Answer

1. True
2. True

FEEDBACK:

1. If a patient reports feeling faint the HHA/PCA should have them sit immediately or assist with lowering them to a chair or the floor to prevent a fall.

2. To prevent orthostatic hypotension, always allow a patient to sit and dangle their legs at the edge of a bed prior to standing.

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11.3.2: Burns

Burns

The treatment of burns depends on the type of burn.

Treating Minor Burns:

1. The first step in providing first aid to a patient who has suffered a burn is to remove them from the source of the heat.
2. For first and second degree burns that are limited to a small area, apply a clean, cool towel or cloth to the area of the burn for about 15 minutes to help decrease pain.
3. Do not use ice as this could result in frostbite (American Institute for Preventive Medicine, 2012).
4. Once the pain from the burn has subsided, allow the area to dry for a few minutes, and then apply a clean, dry sterile piece of gauze to the area. Tape the edges down.
5. Never apply ointments or grease to the area of the burn. Do not use margarine, butter, or oil on the burn.
6. A supervisor should be informed and the patient should be examined with further treatment provided if necessary.
7. While the burn is healing over the next few days, keep the area clean and dry. Apply clean dressings to the area as directed by the Care Plan.
8. If blisters form, do not break them. Allow blisters to heal naturally. Until the skin is healed, avoid using lotion, soaps, and perfumes directly on the area.

Treating Third Degree or Large Burns:

1. For third degree burns, remove the person from the heat source.
2. Ensure that their airway is kept open and they continue to breathe.
3. If they stop breathing, or they can no longer feel a pulse, Home Health Aides/Personal Care Aides should perform CPR immediately **if they are trained in CPR**.
4. Stay with the patient at all times.
5. Keep the patient calm and call 911 immediately.
6. Do not remove clothing that is stuck on the person as you risk tearing skin off with the clothing.
7. Keep the area of the burn clean. Cover it with a clean bandage or sheet until help arrives.
8. Do not put pressure on the burn and protect it from friction (MedlinePlus, 2014).
9. To prevent shock if a serious burn has occurred, keep the person warm and lay them flat.
10. If they have not suffered from a head, neck, or back injury, elevate their feet and stay with them until help arrives.
11. Do not immerse the person in water as this could cause the person to go into shock.

Treating Chemical Burns:

1. If a patient is exposed to a chemical, remove the chemical from their skin immediately.
2. Activate EMS by calling 911.
3. Flush their skin with cool water for 20 minutes.
4. If their clothing has come into contact with the chemical, remove the affected clothing.

Treating Electrical Burns:

1. In the case of electrical burns, special precautions must be made.
2. NEVER touch a person who has been electrocuted with bare hands.
3. 911 should be called immediately.
4. The appliance should be unplugged if it can be done safely.
5. Do not use anything metal or wet to remove the electrical source.
6. If possible, switch off the main power supply.
7. If the appliance is standing in water, do NOT touch it.
8. Never stand in any water, even if it is a small puddle, while touching an electrical appliance.

It is important to remember that the person suffering the electrical burn should be removed from the source of electricity only if it can be done safely. If so, stand on a dry surface such as a rubber mat, pile of papers or books, and use a dry wooden object such as a broom handle to push the person away from the electricity source (WebMD, 2014b). Never use anything with metal or that is wet.

Remember, Home Health Aides/Personal Care Aides should report ANY burn to their supervisor. The patient needs to be examined and further treatment provided. Always call 911 for any serious burn, for any burn that occurs on a large area of the body, on the head, neck, hands, feet, face, genitals, for burns that occur on more than one part of the body, if smoke has been inhaled, if the person is having trouble breathing after a burn, or if an infant, child, or a very elderly person has suffered from a burn. Home Health Aides/Personal Care Aides should also call for help if the burn was caused by chemicals or electricity. Document all injuries and steps taken to provide care. An incident report will likely need to be completed.

11.3.2.3? Self Check Activity

1. You should never use any electrical appliance near or while standing in water. **True or False?** _____
2. You should first remove the heat source if a patient has received a burn. **True or False?** _____
3. You should always call 911 if a person has received an electrical burn. **True or False?** _____
4. Ice should be used instead of cool water to soothe a minor burn. **True or False?** _____
5. It is very important to keep any burn clean and covered. **True or False?** _____
6. EMS should be activated if a burn occurs on a large area, on young children or the very old, or if smoke has been inhaled. **True or False?** _____
7. It is okay to break a blister from a burn after a couple of days to help the wound heal. **True or False?** _____

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11.3.3: Choking

If a patient is choking and is unable to breathe, cough, or speak, Home Health Aides/Personal Care Aides must take **immediate action** and call 911. Permanent brain damage could occur in as little as 4-6 minutes if the person is unable to breathe (MedlinePlus, 2015a). Providing first aid quickly can save a person's life.

- Try to encourage them to cough to remove the object or food.
- Stay with them at all times while you are waiting for help.
- Use your senses of observation to determine the cause and extent of the choking. Did the person swallow an object or did the choking happen while they were eating, drinking, or taking medicine? Are they able to breathe? Are they turning blue (**cyanotic**)? Do you hear soft or high pitched sounds when they are trying to breathe?
- Are they unable to make any sound or cry? Are they unable to cough or is the cough weak and ineffective (not working)?

Heimlich Maneuver

If needed, Home Health Aides/Personal Care Aides must be prepared to perform **abdominal thrusts** to help dislodge the object from the person's airway. This method is called the **Heimlich maneuver**. Thrusts are given slightly above the belly button. Each thrust pushes air from the lungs, which can help remove an object that is blocking the airway (American Heart Association, 2011).

Remember to only do this if the person cannot breathe, cough, or speak. A person who is choking might use the choking sign (holding the neck with one or both hands (American Heart Association, 2011). Ask if they need help and if they are choking prior to performing abdominal thrusts.



Performing the Heimlich maneuver for a person who is standing or seated, according to American Heart Association (2011) guidelines:

- Ask, "Are you choking?" If the person nods or indicates yes, tell them you are going to help.
- Stand behind the person and wrap your arms around their waist so your hands are in front.
- Make a fist with one hand, and place your thumb against the person's abdomen, just above their belly button. Make sure your hand is well below the breast bone.
- With your other hand, grasp the fist that is against their abdomen and quickly thrust upward into the person's abdomen.
- Give thrusts until the object is forced out and the person can breathe, cough, or talk, or until the person stops responding.
- If the person loses consciousness, lower them to the floor and begin CPR **if trained to do so**.
- Keep the person in a lying up position so that their head is facing up.
- Ensure their airway is not blocked.

If a person is lying on their back you may also straddle a person facing their head and push your grasped fist inward and upward in a similar manner to performing abdominal thrusts on a person who is standing (MedlinePlus, 2015a).

Performing the Heimlich maneuver for a person who is pregnant or very large and you can't wrap your arms fully around the waist, according to American Heart Association (2011) guidelines:



- Follow the same steps for performing the Heimlich maneuver except for where you place your hands.
- Ask, “Are you choking?” If the person nods or indicates yes, tell them you are going to help.
- Put your arms under the person’s armpits and your hands on the lower half of the breastbone.
- Pull straight back to give chest thrusts.

Performing the Heimlich maneuver for a person who has lost consciousness, according to American Heart Association (2011) guidelines:

- If a person stops responding while you are giving abdominal thrusts, lower them gently to the ground. Ensure their airway remains free and they are in a face up position.
- Check to see if the person needs CPR. If you do not know how to give CPR, give hands-only CPR.
- Emergency medical services should be contacted immediately.
- Continue CPR until the person is able to speak, moves, or breathes, or someone with more advanced training takes over.

Performing hands-only CPR:

Your agency may provide training or require you to receive CPR certification. You should only provide CPR if you are trained to do so. For those who are not trained to provide CPR, **hands–only CPR** can be performed until someone with more advanced training arrives.Hands-only CPR has two easy steps (American Heart Association, 2014). If you see a teen or adult suddenly collapse:

- Call 911 or the emergency medical services phone number in your area.
- Push hard and fast in the center of the chest. You should push at a rate of 100 compressions per minute.



It is helpful to push following the beat to a popular disco song by the Bee Gees called, “Stayin’ Alive”. You can watch a video of Hands-only CPR published by the American Heart Association at: http://cpr.heart.org/AHAECC/CPRAndECC/Programs/HandsOnlyCPR/UCM_473196_Hands–Only–CPR.jsp

Performing abdominal thrusts on an infant is a different process than that used for adults. Choking in infants is usually caused by the infant putting something in their mouth (MedlinePlus, 2015b).

Performing the Heimlich maneuver in an infant according to American Heart Association (2011) guidelines:



- Kneel or sit with the infant in your lap.
- Lay the infant face down on your forearm, across your lap or thigh.
- Provide support to his or her head and neck by placing your one hand under their chin to hold it steady. Be sure to not compress the soft tissues of the infant's throat.
- The baby's head should be facing downward, lower than their body. This helps to provide gravity so the object can be removed.
- Using the heel of your hand (bottom part of your hand) provide 5 back slaps to the baby's back, between the shoulder blades.
- If the object becomes dislodged, you can stop.
- If the object is still stuck, turn the baby face side up. Take care to turn the baby as one unit, supporting the head and neck as you do so.
- Provide support to his or her back with your forearms, resting the baby on your lap or thigh.
- Provide support to the infant's head and neck with the palm of your hand.
- Provide 5 downward chest thrusts at a rate of 1 per second, by using 2 fingers in the center of their breastbone and quickly press down, compressing their chest about 1 ½ inches (4 cm).
- You can repeat this process until the infant expels the object or until they lose consciousness.
- Remember, 5 back slaps with the baby face down, and then 5 chest thrusts with the baby face up.

Document all instances of choking and steps taken to provide care. The supervisor should always be informed about any instances of choking. A patient who has experienced choking or has had the Heimlich maneuver performed should be assessed by a healthcare provider.

11.3.3.1? Self Check Activity

1. Put the steps of performing the Heimlich maneuver on an adult in order:

    a). Make a fist with one hand.

    b). Thrust inward and upward.

    c). Grasp the fist against the abdomen with your free hand.

    d). Place your thumb against the person's abdomen, just above their belly button.

    e). Stand behind the person.

True or False

2. When performing the Heimlich maneuver on an infant, you should provide 5 back thrusts with the baby face down and then 5 chest thrusts with the baby face up until the object is dislodged. **True or False?** _____

Answer

1. E, A, D, C, B

2. True

FEEDBACK:

1. The order of performing abdominal thrusts, otherwise known as the Heimlich maneuver are as follows: Stand behind the person; make a fist with one hand; place your thumb against the abdomen just above the belly button; grasp the fist with your other hand; and thrust inward and upward until the object is dislodged.

2. Performing abdominal thrusts on an infant is different than an adult. Five back slaps and then 5 chest compressions are performed until the object is dislodged. Care should always be taken to support the head and neck of the infant.

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11.3.4: Poisoning

If Home Health Aides/Personal Care Aides suspect or know that poisoning has occurred, they should try to determine the source of the poison. This is important information which they will need to provide to Poison Control in order for them to best help. Look for nearby medications, chemicals and cleaning solutions that the patient may have ingested.

Immediately call Poison Control and follow their directions. The treatment for poisons depends on the type of poison that was ingested. Notify a supervisor as soon as feasible. Never try to make a patient vomit, unless specifically instructed to do so. Some chemicals may cause severe harm if they come back up the esophagus (throat) during vomiting.

If the poison is a dry powder or solid substance, and you can safely do so, with a gloved hand brush off the poison and rinse the contaminated area with plenty of water for at least 20 minutes (American Heart Association, 2011).

If the poison affected the eye, the person should rinse their eye with plenty of water, making sure the eye containing the poison is the lower eye, the closest to the bottom of the sink while rinsing (American Heart Association, 2011). This will prevent the unaffected eye from getting poison in it.

If the poison is within the air, such as a chemical or if a person has experienced exposure to carbon monoxide, contact emergency medical services, and get the person out of the area and into an area with fresh air, if it is safe to do so.

Document all poisonings and steps taken to provide care. You may be asked to complete an incident report, if required by your agency. All patients who have suffered from poisoning should be assessed by their healthcare provider.

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11.3.5: What to Do in a Serious Medical Emergency

Should a serious medical emergency occur, Home Health Aides/Personal Care Aides should assess the situation using their observational senses. Note what is seen, heard, felt, and smelled. Immediately call for help. Activate emergency medical services (EMS) by dialing 911. Inform them in a calm and matter of fact way what occurred and the observations made. Never leave the victim unattended.

ABCs **of First Aid**

Keep in mind the ABCs of first aid. The **ABCs of first aid** stand for **A (Airway), B (Breathing), and C (Circulation)**. It is important to remember this acronym as any delay in treatment when a patient has a compromised airway, breathing, or circulation could result in serious injury, and possibly death.

Assessing the ABCs:

Airway

- Is the patient's airway (mouth, nose), open?
- Is there an obstruction which makes it impossible for them to breathe?
- If there is an obstruction and the person is unable to breathe, activate EMS and perform the Heimlich maneuver to try to remove the obstruction.

Breathing

- Is the person breathing?
- Can you see the chest rise and fall as they breathe?
- Can you feel air move in and out of their mouth or nose?
- If the answer is no to any of these questions, Home Health Aides/Personal Care Aides should activate EMS and begin CPR **if trained to do so**. Hands-only CPR can be performed if you are not trained in CPR.

Circulation

- Do they have a pulse?
- How is their color? Are they blue from lack of oxygen?
- Does their skin feel warm to the touch or cold? Cold skin means not enough blood is pumping through the body.
- If the person does not have a pulse, Home Health Aides/Personal Care Aides should activate EMS and perform CPR **if trained to do so**.

Take note of the ABCs of first aid. Activate emergency medical services if any of the ABCs are compromised. Report your observations to EMS. Stay with the patient. **If trained**, perform CPR.

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11.3.6: Myocardial Infarction (Heart Attack)

A myocardial infarction, also known as a heart attack, is a situation when the heart loses adequate oxygen supply. A myocardial infarction is a medical emergency and help must be obtained immediately. The first few minutes of a heart attack are the most important and treatments given during this time will be most successful (American Heart Association, 2011).

Signs of a heart attack:

- Chest pain
- Pain that **radiates** (extends) to the jaw, arm, or back
- Nausea, vomiting
- Intense chest pressure (a feeling of heaviness and pressure)
- **Diaphoresis** (intense sweating)
- The patient clutches their chest
- **Dyspnea** (difficulty breathing)
- Shortness of breath
- **Cyanosis** (blue or gray appearance of the skin)
- Indigestion or heartburn
- Cold and clammy skin
- Weak and irregular pulse
- A sense of anxiety or impending doom

What **to do:**

- Immediately call 911 or the emergency medical services number in your area to obtain help.
- Follow all instructions provided to you by emergency services.
- Loosen any clothing around the patient's neck.
- Place them in a comfortable position and encourage them to rest. Activity uses oxygen, which the heart does not have enough of during a heart attack.
- Do not give the patient anything to eat or drink.
- Observe their breathing rate and pulse. If trained to take vital signs, do so.
- If the patient stops breathing or no longer has a pulse, perform CPR **if trained to do so**. Perform hands-only CPR if you are not trained in CPR.
- Stay with the patient until help arrives.
- Inform a supervisor as soon as possible about the incident.
- Document the situation and all steps taken to provide care.

11.3.6.1 Self Check Activity

Multiple Choice

1. Which of the following are signs of a heart attack? **Select all that apply.**

    a). Diaphoresis

    b). Jaw pain

    c). Indigestion

    d). Nausea

    e). Anxiety

    f). Shortness of breath

    g). Cyanosis

    h). Left arm pain

    i). Chest pain

True or False

2. True or False: You should call 911 immediately if you suspect a person is having a heart attack. True or False? _____

Answer

1. All are signs of a heart attack.

2. True

FEEDBACK:

1. Diaphoresis (sweating), chest pain which radiates to the jaw or arm, dyspnea (shortness of breath), nausea, anxiety, cyanosis (blue-gray appearance to the skin), and indigestion are all possible signs of a heart attack. The HHA/PCA should immediately contact emergency services and remain with the patient until help arrives. Keep the patient calm, seated, and as relaxed as possible.

2. Emergency medical services (911) should be contacted immediately if the HHA/PCA suspects a heart attack. The first minutes of a heart attack are the most crucial. Help during this time could save the person's life.

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11.3.7: Seizures

A **seizure** is disorder in which there is increased electrical activity of the brain. There are a variety of causes of seizures, such as head injury, low blood sugar, a heat-related injury, medical conditions, or poisonings (American Heart Association, 2011). In some types of seizures, the person has uncontrollable muscle movements. **Tonic–clonic seizures** have two phases: tonic and clonic. In the tonic phase, the person's muscles contract and spasm. In the clonic phase, the person has repeated muscle movements, and their arms, legs, and torso may jerk violently.

Signs of a seizure:

Signs of a seizure depend on the type of seizure disorder the patient has. Home Health Aides/Personal Care Aides may notice:

- Suddenly falling or dropping from a seated or standing position
- Loss of muscle control
- Repeated blinking of the eyes, smacking of the lips, or repeated swallowing
- The person is not able to follow commands
- Inability to swallow
- Drooling
- Repeated contractions and movements of the arms, legs, or torso
- Shaking or jerking of the body
- The person stops responding

What to do:

If a patient has a seizure, it is important to obtain medical help immediately. Remember to never put anything in the person's mouth during a seizure and never try to hold them down. The Home Health Aide/Personal Care Aide's job during a seizure is to contact emergency medical services and to try to protect the patient from injury.

- Never leave a person during a seizure.
- Immediately call 911.
- Note the time the seizure began. Provide this information to 911.
- Place the patient in a comfortable position. Keep their head face up so they can breathe.
- Loosen any tight clothing.
- If possible, place a pillow, blanket, or towel under the patient's head to prevent injury.
- Clear the area of any possible hazard for which the patient could become injured.
- Never put anything, including fingers, in the patient's mouth during a seizure.
- If they begin to vomit, roll them onto their side. Make sure their mouth is not obstructed.
- Never try to hold a patient down while they are having a seizure.
- Keep the area clear of objects and people.
- Do not give the patient food or fluid.
- Note the time when the seizure is over. Check for adequate breathing and pulse.
- If the person stops breathing or no longer has a pulse, perform CPR **if trained to do so**. If not trained in CPR, perform hands-only CPR.
- Inform a supervisor as soon as possible about the incident.
- Document the seizure and all steps taken to provide care.

11.3.7.1 Self Check Activity

True or False

1. EMS should be activated if a person is having a seizure. **True or False?** _____

2. A person should never put any objects or fingers inside a person's mouth while they are having a seizure. **True or False?** _____

3. Never restrain a person during a seizure. **True or False?** _____

4. It is important to time when the seizure starts and stops. **True or False?** _____

5. All furniture and other dangerous objects should be removed from the area while a person is having a seizure to prevent any injury. **True or False?** _____

Answer

1. True
2. True
3. True
4. True
5. True

FEEDBACK:

1. Emergency medical services should be contacted as soon as a person has a seizure. The person needs medical attention.
2. Never put objects or fingers inside a person's mouth during a seizure. They will likely bite down although they will not be able to help it.
3. A person having a seizure should never be restrained. Rapid and repeated muscle contractions and jerky movements are common during a seizure. Restraining a person while they are having a seizure can cause them serious injury.
4. The HHA/PCA should time when the seizure starts and stops and provide this information to emergency medical services and the healthcare team. This will help give important information about the severity of the seizure.
5. After contacting emergency services the most important thing the HHA/PCA can do for a person during a seizure is to protect them from injury. Removing furniture, dangerous objects, and people from the area will help prevent further injury to the person having the seizure.

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11.3.8: Cerebrovascular Accident (Stroke)

A **cerebrovascular accident** is also known as a stroke. A stroke can occur when the brain loses adequate oxygen supply. A stroke is a medical emergency. Obtain help immediately by calling 911. Remember the acronym **FAST** when assessing someone for possible stroke.

FAST:

F: Facial drooping. Is one side of the face drooping down and appear uneven?

A: Arm weakness. Can the person raise one arm or is one side weak or paralyzed?

S: Speech difficulties. Is the speech slurred or difficult to understand?

T: Time. Time is critical.

If Home Health Aides/Personal Care Aides suspect a possible stroke, they should call 911 immediately!

Signs of a stroke:

- Drooping of the eye, face, or mouth
- Sudden weakness or paralysis of a hand, arm, leg, or foot. This usually occurs on one side of the body.
- Sudden inability to speak or swallow
- Tingling or numbness in an arm, hand, leg, or foot
- Sudden headache
- The patient reports suddenly having trouble seeing
- Sudden weakness
- Problems with balance, coordination
- Difficulty concentrating, remembering things
- Dizziness, fainting

What to do:

- Immediately call 911 and obtain emergency assistance.
- Keep the person in a comfortable, resting position.
- Loosen any tight clothing.
- Do not give the patient any food or liquid to drink.
- Note the time the stroke began. This is important information to provide to emergency services as it will help determine the course of treatment the person can receive.
- See if the person needs CPR. If they do, perform CPR **if trained to do so**. If not trained in CPR, perform hands-only CPR.

11.3.8.1 Self Check Activity

Multiple Choice

1. Which of the following are signs of a possible stroke? **Select all that apply.**

    a). Facial drooping

    b). Tingling or numbness in a hand or foot

    c). Difficulty speaking

    d). Sudden weakness

    e). Trouble seeing

    f). Paralysis of an arm or leg

True or False

2. If a patient has any signs of having a stroke, 911 should be called immediately. **True or False?** _____

Answer

1. All are signs of a possible stroke

2. True

FEEDBACK:

1. Signs of a stroke include: facial drooping, tingling or numbness in the hands or feet, difficulty speaking, sudden weakness or difficulty seeing, or paralysis of an arm or leg.

2. 911 or emergency medical services should be contacted at the first sign of a person having a stroke. Time is of utmost importance for a person having a stroke. The types of treatments are affected by how much time has elapsed since the stroke started. The sooner a person having a stroke receives help, the more likely they will have a better outcome.

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11.3.9: Diabetes and Low Blood Sugar

Diabetes is a condition in which the person is unable to make enough **insulin** to properly use glucose. Too much or too little **glucose** (sugar) can cause serious problems for a person. Some diabetics take insulin to manage their diabetes. In some instances they may have taken too much insulin or took their insulin but either did not eat enough or waited too long to eat or if they have been exercising too much without enough food. This can cause their blood sugar levels to drop. If a person goes for too long with too low of a blood sugar level they can have a seizure, go into a coma, and even die. It is important that the HHA/PCA act quickly and be observant for signs of low blood sugar for patients who have diabetes.

Signs of low blood sugar:

- A change in behavior such as confusion or irritability
- Sleepiness or drowsiness
- Hunger or thirst
- Weakness
- Sweating
- Pale skin color

Seizures

What to do:

- If the person can sit up and swallow, give them something that contains sugar to eat or drink.
- Allow the person to rest and sit or lie down.
- Contact emergency medical services
- Inform your supervisor and document the incident.

It is important to remember when giving someone with low blood sugar to eat or drink that the food or drink contains sugar. Foods or drinks to use include: fruit juice, soda, honey, milk, or sugar packets mixed in juice. Never give a person with low blood sugar a diet drink or food as it does not contain sugar in it. The goal is to increase their sugar levels. If in doubt whether the patient has too high or too low blood sugar, it is better to give them something with sugar to prevent seizures or coma. Too high blood sugar levels are less dangerous than too low blood sugar levels.

11.3.9.1 Self Check Activity

1. Which of the following items could be used to increase blood sugar levels of a person with low blood sugar? **Select all that apply.**

    a). salad

    b). diet soda

    c). milk

    d). orange juice

    e). sugar packets or honey

Answer

C, D, and E

FEEDBACK:

It is important to remember when giving someone with low blood sugar to eat or drink that the food or drink contains sugar. Never give a person with low blood sugar a diet drink or food as it does not contain sugar in it. Salad and diet soda does not contain sugar. Milk, orange juice, and sugar packets or honey all contain sugar.

Always inform a supervisor of **any** medical emergency. Report all injuries and incidents, no matter how insignificant (small) they seem. Always call for help for any serious medical emergency. Document all injuries and steps taken to provide care carefully and accurately. Whenever in doubt, seek guidance from a supervisor.

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11.4: Post-test

11.4.1 Post Test

1. Which of the following are ways a HHA/PCA can prevent falls? **Select all that apply.**
   A. Have patients dangle legs at the edge of the bed prior to standing.
   B. Keep living areas clutter free.
   C. Use non skid mats in the bathtub.
   D. Ensure handrails in the bathroom are in good working order.
   E. Encourage patients to put on glasses and use ambulation aids correctly.
2. **True or False:** It is okay for a HHA/PCA to immediately help a patient up who has fallen, before calling a supervisor.
3. This is the most serious type of burn, in which skin may be white or black, organs below the skin may be visible and 911 should be contacted immediately.
   A. First degree burn
   B. Second degree burn
   C. Third degree burn
4. Which is the best way to prevent a burn?
   A. Use hair dryers while brushing teeth.
   B. Pull electrical appliances from the outlet by the cord.
   C. Check temperatures of bath water and hot drinks.
   D. Keep pot handles facing outward so they can be easily reached.
5. Put in order how you should use a fire extinguisher:
   A. Sweep back and forth at the base of the fire
   B. Pull the pin
   C. Squeeze the handle
   D. Aim at the base of the fire
6. **True or False:** The best way to prevent poisoning is to keep cleaning solutions, chemicals, and medications locked and out of the reach of children and confused adults.
7. **True or False:** If a suspected or known poisoning has occurred, Poison Control should be immediately contacted and the HHA/PCA should not make the person vomit, unless specifically instructed to do so.
8. Which of the following are ways to keep children safe? **Select all that apply.**
   A. Provide age appropriate toys.
   B. Supervise outdoor play.
   C. Never leave babies or children in a bathtub unsupervised.
   D. Never leave a baby unattended.
   E. Feed babies with their heads higher than their bodies and burp often.
   F. Keep babies on their backs while sleeping and avoid placing stuffed animals and a lot of bedding in cribs.
9. Which of the following are ways to keep safe while using transportation? **Select all that apply.**
   A. Keep distractions to a minimum while driving.
   B. The driver and all passengers must wear a seatbelt.
   C. All children under 8 years of age must use a car seat.
   D. Always obey the speed limit.
   E. Drive with car doors locked.
   F. Never use alcohol or drugs before or while driving.
   G. Keep your car in good working order.
   H. Always know the route to your destination.
10. Put the steps of performing the Heimlich maneuver on an adult in order:
    A. Make a fist with one hand.
    B. Thrust inward and upward.
    C. Grasp the fist with your free hand against the abdomen.

D. Place your thumb against the person's abdomen, just above their belly button.
E. Stand behind the person.

11. **True or False:** When performing the Heimlich maneuver on an infant, you should provide 5 back thrusts with the baby face down and then 5 chest thrusts with the baby face up until the object is dislodged.
12. Which of the following is the best way to prevent an injury in the bathroom?
    A. Leave medications out on the counter for an easy reminder.
    B. Ensure handrails are installed in showers and bath mats are used.
    C. Leave towels and dirty clothing on the bathroom floor.
    D. Keep scissors and razors on the bathroom sink for easy access.
13. Which of the following are signs of a heart attack? **Select all that apply.**
    A. Diaphoresis
    B. Pain that radiates to the jaw, arm, or back
    C. Chest pain or pressure
    D. Nausea and/or vomiting
    E. Shortness of breath
    F. Patient clutches their chest
14. Which of the following are signs of a possible stroke? **Select all that apply.**
    1. Facial drooping
    2. Tingling or numbness in a hand or foot
    3. Difficulty speaking
    4. Sudden weakness
    5. Trouble seeing
    6. Paralysis of an arm or leg
15. **True or False:** If a patient has a seizure, the HHA/PCA should immediately activate EMS, remove dangerous objects from the patient's area, avoid putting objects into the patient's mouth, and time the seizure.
16. **True or False:** You should call 911 immediately if you suspect a person is having a heart attack or stroke.
17. **True or False:** The ABCs of first aid include: Airway (checking for an open airway), Breathing (checking if the patient is breathing), and Circulation (checking if the patient has a pulse and good skin color).
18. **True or False:** Gloves should always be worn whenever the HHA/PCA will come into contact with body fluids such as blood, urine, or feces.
19. **True or False:** A supervisor should be informed any time there has been an injury, no matter how insignificant the HHA/PCA thinks it was.
20. **True or False:** All injuries and steps taken to provide care for the patient after the injury should be accurately documented.

Answer

1. All are ways HHAs/PCAs can prevent falls
2. False
3. C
4. C
5. B, D, C, A
6. True
7. True
8. All are ways to keep children safe
9. All are correct
10. E, A, D, C, B
11. True
12. B

13. All are signs of a heart attack
14. All are signs of a possible stroke
15. True
16. True
17. True
18. True
19. True
20. True

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12.1: Tasks Related to Personal Care

- Bathing
- Teeth and mouth care
- Dressing/grooming
- Toileting
- Eating
- Ambulation
- Transferring
- Care of the patient's environment
- Assisting with self-administration of medication

People may require personal care for a number of reasons. Assistance with personal care may be temporary while a person is recovering from an injury or illness or may be permanent, and is required for the remainder of their lives.

Types of Patients Who May Need Personal Care Include:

- Patients who are recovering from an illness or accident
- Patients with a long term chronic condition (e.g. heart failure, diabetes, HIV/AIDS)
- Frail patients or those of advanced age
- Patients who are permanently disabled
- The dying patient
- Infants whose caretakers need assistance caring for them

Providing personal care is a priority for the Home Health Aide/Personal Care Aide. It is the most important task they do. Personal care provision demonstrates to the patient concern about their physical health and general well-being.

This module will explore the importance of providing personal care and provide instruction with performing tasks related to personal care. The importance of infection control and how Home Health Aides/Personal Care Aides can work to break the chain of infection in order to keep patients healthy is discussed. Bathing, teeth/mouth care, dressing/grooming, toileting, and eating are topics discussed with explanation on how Home Health Aides/Personal Care Aides can provide assistance with these types of personal care. Transferring patients to and from various positions, and assisting with ambulation are detailed. Care of the infant with regard to properly holding, feeding, and bathing is discussed. Finally, for Home Health Aides who will assist with the self-administration of medication, the importance of the **five rights of medication self–administration**: right patient, right medication, right dose, right route, and right time are reviewed.

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SECTION OVERVIEW

12.2: Unit A- Infection Control

Providing personal care begins with the Home Health Aide/Personal Care Aide and their ability to maintain proper **infection control**. Handwashing is the number one way to prevent the spread of infectious agents. An **infectious agent** is anything that can cause disease, such as bacteria, virus, or parasites. It is the easiest and most effective way for a Home Health Aide/Personal Care Aide to stop the chain of infection.

12.2.1: Chain of Infection

12.2.2: Procedure- Hand Washing

12.2.3: Procedure- Donning and Doffing gloves

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12.2.1: Chain of Infection

The **chain of infection** is how infection is transmitted (passed). The chain of infection consists of five parts: reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host.

1. Reservoir: A reservoir is the same thing as a host. Reservoirs include humans, animals, and the environment, such as water or soil. This is the person, animal, or place where the infectious agent lives and grows (CDC, 2012).

2. Portal of exit: This is how the infectious agent leaves its host (CDC, 2012). Portals of exit can include the respiratory system, urine, feces, and even the skin. For example, if a person has influenza (the flu), they can transmit the virus to another person when they sneeze. If a person has hepatitis B or HIV, they can transmit the virus through their blood or body secretions.

3. Mode of transmission: This is how an infectious agent is transmitted (or given) to a person. There are several modes of transmission: direct contact, droplets, airborne, vehicles, and vectors (CDC, 2012).

- *Direct Transmission:* Infectious agents are transmitted either through direct contact with a reservoir (host) or by droplet transmission.
  - **Direct Contact:** Transmission this way occurs through direct skin to skin contact, sexual intercourse, and exchange of body fluids such as while kissing. Mononucleosis, Hepatitis B, and HIV are spread via direct contact (CDC, 2012).
  - **Droplets:** Transmission this way occurs when droplets from sneezing, coughing, or talking are spread a few feet onto another person. Pertussis and meningococcal infections are spread via droplets (CDC, 2012).
- *Indirect Transmission:* Infectious agents are transmitted from a reservoir to a host through airborne droplets, inanimate objects (vehicles), or animate intermediaries (vectors) (CDC, 2012).
  - **Airborne:** Transmission this way occurs when droplets remain suspended in air and eventually contaminate a susceptible host. Measles is an example of an infection that is spread by airborne transmission (CDC, 2012).
  - **Vehicles:** Transmission by vehicles occurs through blood, water, food, and **fomites** (objects such as surgical instruments, used tissues, and dirty bedding). Hepatitis A is transmitted through a vehicle as it is carried through food or water that has been contaminated; botulism is spread via a vehicle as the bacteria are found in contaminated canned food (CDC, 2012).
  - **Vectors:** Transmission via vectors occurs through ticks, mosquitoes, and fleas. Malaria is transmitted through mosquitoes (a vector); Lyme's Disease is transmitted through ticks (a vector) (CDC, 2012).

4. Portal of entry: This is how the infectious agent enters the host or person (CDC, 2012). The portal of entry is often the same as the portal of exit. For example, influenza exits an infected person's respiratory tract and enters another person's respiratory tract (CDC, 2012).

5. Susceptible host: The susceptible host is the person or animal who contracts the infectious disease. The very young and the elderly are most at risk for contracting an infection. The immune system is not fully developed in a young child. As we age, our immune system is no longer as effective as it was when we are young. People who are already sick or **immunocompromised** (who have an immune system that is unable to fight infection) are at high risk for becoming a susceptible host.

Home Health Aides/Personal Care Aides have an important role in breaking the chain of infection. By properly washing hands, wearing gloves when coming into contact with body fluids and blood, and properly cleaning and sanitizing equipment and the home, HHAs/PCAs can help stop the chain of infection. Other ways that HHAs/PCAs can help break the chain of infection include teaching patients to sneeze or cough into a tissue and then immediately wash their hands. Teaching patients to practice proper hand hygiene before meals, after using the bathroom, and anytime hands become soiled is another important way HHAs/PCAs can help stop the chain of infection.

HHAs/PCAs should also teach patients to place used sharps from needles in designated sharps containers. Used needles should never be disposed of in the garbage or left out. This puts others at risk for contracting an infectious disease. Disposal of sharps containers will vary depending on where the HHA/PCA lives. This is an important issue that should be discussed with a supervisor.

Handwashing is the number one way to prevent the spread of infection. Hands should be washed when they are visibly dirty or soiled with blood, body fluids, and secretions. Hands should be washed before and after eating and using the restroom. Hands should be washed when arriving at and before leaving the patient's home. Wash your hands before putting on gloves and after removing them. Wash your hands before and after all patient contact, including contact with the patient's belongings.

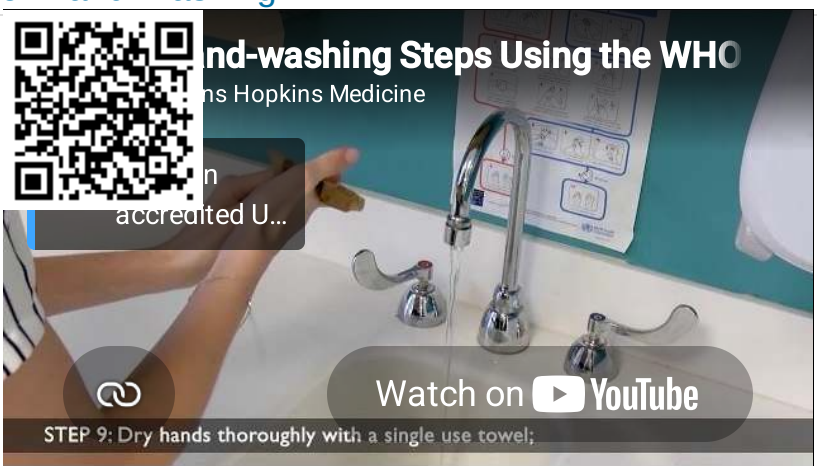
When Home Health Aides/Personal Care Aides care for patients, they should always practice proper hand hygiene and use **personal protective equipment (PPE)**. This includes the use of gloves. Gloves should be worn anytime the HHA/PCA will come

into contact with blood or body fluids, such as urine, feces, or vomit. Gloves should always be changed when they are visibly soiled or ripped.

The following procedures will discuss proper handwashing, **Donning** and **doffing** of gloves.

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12.2.2: Procedure- Hand Washing



1. Ensure all materials needed are on hand at the sink. This includes soap, paper towels and/or a cotton towel if paper towels are unavailable. Be sure the soap is within arm's length so you do not have to touch the sink to reach it.
2. Roll up your sleeves and remove your watch and jewelry. These items may hold bacteria.
3. Stand away from the sink. Do not let your hands, body, or uniform touch the sink at any time, as the sink is contaminated.
4. Wet your hands and wrists thoroughly under warm, running water.
5. Apply soap to your hands.
6. Keep your hands and forearms lower than your elbows, with your fingertips down. Your hands are dirtier than your forearms. If you allow water to run from your hands to arms, you will contaminate those areas.
7. Rub your hands together and lather all surfaces of your wrists, fingers, and hands.
8. Clean your nail beds by rubbing them in the palm of your other hand. Pay attention to knuckles and the sides of your fingers. Ensure all your fingers are washed, including thumbs and little fingers, which can easily be missed. Interlace your fingers and use a rubbing motion to ensure all surfaces of your hands and fingers are washed.
9. Use friction by rubbing your hand surfaces together for at least 20 seconds, which is the appropriate length of time to cleanse hands according to the CDC current guidelines. Humming or singing the "Happy Birthday" song twice from beginning to end is one way you can time 20 seconds.
10. Rinse all surfaces of your forearms, wrists, hands, and fingers, ensuring that you keep your hands below your elbows, and allow the water to rinse off, starting from forearms to wrists down to fingers. This prevents dirty water from your hands from running onto your forearms and contaminating those areas.
11. Be sure to not touch the sink while washing your hands.
12. Use a clean, dry paper towel or clean cotton towel to dry your hands. Dry your hands starting with your fingers, and move up to your wrists, and then forearms.
13. Dispose of the paper towel in a garbage can without touching the garbage can or other surfaces.
14. With a clean and dry paper towel, turn off the faucet. Faucets are dirty, and you risk contaminating your hands if you use your hands and not a paper towel to turn off the faucet. Use a clean and dry paper towel, rather than the wet one used to dry your hands. This prevents bacteria and other pathogens from transferring onto the paper towel and then your hands.
15. Dispose of the paper towel.
16. Apply cream or lotion to your hands as needed to prevent your skin from cracking or drying. Cracked or dried skin leads to skin breakdown. Skin breakdown leads to open areas for bacteria and other pathogens to easily enter your skin.

Use of Alcohol-Based Hand Sanitizer:



1. In the case when no running water is unavailable, you may use an alcohol-based cleanser that contains at least 60% alcohol.
2. Apply a generous amount of alcohol-based sanitizer to the palm of one hand.
3. Rub your hands together, covering all surfaces of your hands and fingers. Use friction as you would when washing your hands with soap and water by rubbing hand surfaces together.
4. Interlace your fingers and rub hands together to ensure all surfaces of your hands have been covered with the cleanser.
5. Rub the palm of one hand over the back of the other.
6. Rub the thumb of one hand in the palm of the other. Do the same with your other thumb.
7. Rub the fingers of one hand into the palm of the other to clean nail beds. Repeat to clean the nail beds of your other hand.
8. Rub hands together until the product has completely dried.
9. Remember, hand sanitizers are not as effective at removing germs as washing your hands. You should use soap and water when hands are visibly soiled or dirty.

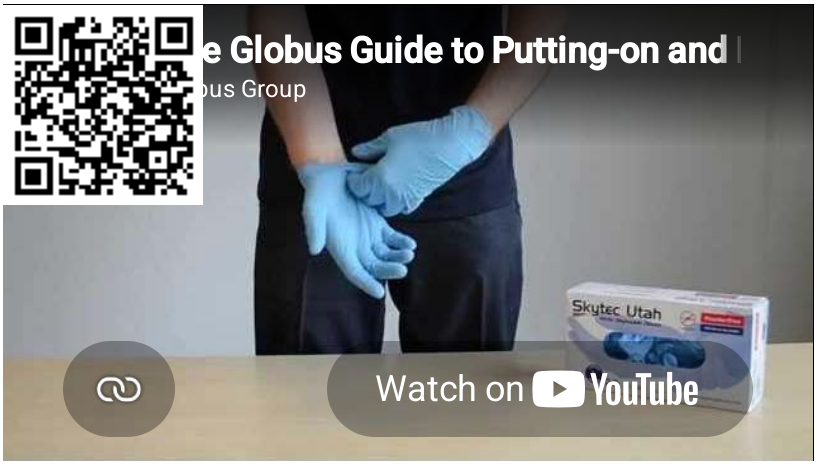
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12.2.3: Procedure- Donning and Doffing gloves

Gloves should be used any time you will come into contact with blood or body fluids including vomitus, urine, feces, or saliva. Gloves should also be worn when providing a bath, mouth care, when shaving a patient, and when disposing of soiled linens, dressings, and bed pads. Gloves should be worn anytime you have cuts or open areas on your hands in which bacteria could enter your skin. If allergic to latex Home Health Aides/Personal Care Aides should inform their employer so that appropriate latex free gloves can be provided to them. Gloves are only to be used once. Never wash or reuse them. Any time gloves become soiled, torn, or wet, replace them with new ones. Remember to perform hand hygiene prior to and after removing gloves.

Donning **(Applying) Gloves:**

1. Wash and dry your hands as outlined in the hand washing procedure.
2. If right-handed, pick up one glove with your right hand. Position glove so that the thumb side of the glove aligns with your thumb on your left hand. Slide glove onto your left hand.
3. If left-handed, pick up glove with your left hand and slide onto your right hand. Be sure not to touch anything that may be contaminated.
4. Keep hands above your waist while donning gloves to ensure you do not touch contaminated surfaces.
5. With your gloved hand, take the second glove and slide your other hand into it.
6. Be sure to replace any gloves that appear soiled, ripped, or torn.



Doffing **(Removing) Gloves:**



1. When removing gloves, touch only the outside of the glove. Do not touch your wrist or skin with contaminated gloves.
2. Grasp the outer surface of the glove below your thumb. Be careful not to touch the skin under your glove. Grasp the glove and peel the glove off, so that it is inside out. Keep the discarded glove in the remaining gloved hand.
3. With your ungloved hand, put two fingers underneath the cuff of the remaining glove, taking care not to touch the outside of the dirty glove. Peel glove off your hand in the direction towards your fingers, away from your body. As you remove the glove, turn

it inside out into the other discarded glove. This keeps the soiled gloves together with their dirty surfaces folded inside, rather than on the outside. This prevents risking contaminating your hands with the soiled gloves.

4. Discard gloves and wash your hands as outlined in the hand washing procedure.

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SECTION OVERVIEW

12.3: Unit B- Bathing, Back Rubs and Assisting with a Clean Dressing

12.3.1: Bathing, Back Rubs and Assisting with a Clean Dressing

12.3.2: Procedure- Tub or Shower Bath

12.3.3: Procedure- Bed Bath

12.3.4: Procedure- Shampoo in Bed

12.3.5: Procedure- Back Rub

12.3.6: Procedure- Assisting with Changing a Clean (Non-Sterile) Dressing

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12.3.1: Bathing, Back Rubs and Assisting with a Clean Dressing

Assisting a patient with regular bathing is important for patient health and for promoting self-esteem and healing. Patients who are recovering from an injury or illness, have a chronic condition, are permanently disabled, dying, or who are frail may require assistance with performing this essential task. This is an important part of the job of a Home Health Aide/Personal Care Aide. The Care Plan will direct the HHA/PCA as to the frequency and type of bath that should be performed. At minimum, a patient should have their face and genital areas cleansed daily in the morning. In the evening, HHAs/PCAs should offer to assist or provide the patient with evening care. This includes washing the face, brushing teeth, and any other area the patient wishes.

Providing for personal care gives Home Health Aides/Personal Care Aides an opportunity to assess a patient's skin and to communicate with patients about their thoughts and feelings. The HHA/PCA should observe the patient's skin for changes in color, temperature, swelling, new bruises, open areas, red areas, or sores. These should be documented and the supervisor informed.

Home Health Aides/Personal Care Aides should always encourage the patient to perform any personal hygiene task they are able and provide assistance as needed. Some patients may be able to bathe or shower independently, or with minimal assistance. Some patients will require **complete (or total) care**, meaning the HHA/PCA will have to provide their personal hygiene care completely. If a patient is **immobile**, weak, or frail, bed baths should be provided instead of risking a patient fall in a bath tub. Never allow a weak or frail patient to stand in a shower alone. In these types of situations, a tub or bed bath may be more appropriate. The HHA/PCA can also shampoo the patient's hair in bed by using a shampoo tray.

Patients have a right to refuse any treatment, including bathing. The Home Health Aide/Personal Care Aide should provide education to the patient about the importance of bathing. Try to find out why the patient does not want a bath. Sometimes, the patient may not want a bath at that moment but would be willing to have one at a later time. Document the reason and patient refusal and inform the supervisor.

When providing or assisting with a bath, water temperature should be checked. The temperature should be no greater than 105 degrees Fahrenheit. Allow patients to test water temperature to determine if it is comfortable for them. It is very important when providing or assisting with a bath that the patient is provided with privacy. This includes closing doors, drawing curtains, and limiting access of the area to others while the patient is bathing. Towels or bath blankets can be used to cover the patient's body, exposing only the body part being washed during bed baths.

Providing a back rub after a bath, before bed, or anytime a patient needs to relax is an important skill for the Home Health Aide/Personal Care Aide. This is an excellent way to teach a patient how to relax, assess their skin, and promote good circulation. We will discuss the proper way to give a back rub.

Instructions for providing a tub or shower bath, assisting with a **transfer** into and out of a tub, providing a bed bath, shampoo in bed, back rub, and how to assist with changing a clean dressing are provided in this section. Home Health Aides may never perform **sterile dressing changes**. They may only assist with **non–sterile** or **clean dressing changes**. Personal Care Aides may not perform any type of dressing change.

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12.3.2: Procedure- Tub or Shower Bath

1. Explain the procedure to the patient.
2. Wash and dry hands according to proper hand washing guidelines.
3. Assemble equipment needed (soap, shampoo/conditioner, wash cloths, towels).
4. Ensure that the bathroom is warm and comfortable. Take care it is not too cold or too hot.
5. Remove any fall risk hazards, such as loose rugs, from the floor.
6. Place any safety devices in the shower as needed (e.g. shower chair, rubber mats).
7. Ensure safety items such as handrails and grab bars are in good working order. Immediately inform a supervisor if they are not.
8. Turn on the water and test water temperature using a bath thermometer. Water temperature should be no higher than 105 degrees Fahrenheit. If providing a tub bath, fill the bath and test the temperature before putting the patient in the tub. Tub baths or very warm showers can lead to a person feeling faint, nauseous, or tired. Baths should not last longer than 20 minutes and should be discontinued at the first sign of patient discomfort, weakness, or complaints of feeling faint.
9. Allow the patient to test the water temperature for their comfort. Adjust as needed.
10. Wash and dry hands. Put on gloves.
11. Assist the patient to the bathroom. If the patient is ambulatory, assist the patient as needed to undress and then transfer them into the tub or shower. Undress the patient immediately before getting them into the shower or tub. This prevents them from chilling.
12. If the patient is independent, give them privacy to bathe, if they prefer. If leaving a patient unattended, check on them every 5 minutes or more frequently as needed. Ensure the patient knows how to use safety items such as shower chairs and grab bars.
13. If the patient is standing to shower, stay in the bathroom and monitor the patient's need for assistance. If they are weak, always stay with them in the bathroom, providing privacy as able.
14. Never let a weak person stand to bathe or leave them in the bath alone. You can stay in the bathroom and draw the shower curtain to provide privacy. Communicate with them frequently to let them know you are there to provide assistance.
15. Water should be turned off and the tub drained before assisting the patient to transfer out of the tub.

To Transfer the Patient into the Tub:

1. If the patient is in a wheelchair, face the patient and wheelchair toward tub, between the grab bars or safety rails.Lock the wheelchair brakes. Raise the wheelchair footrests. If using a **gait belt**, ensure it is secure and that the patient has a shirt or towel on, with the gait belt positioned over their clothing. This is to prevent skin irritation and breakdown. Instruct the patient or assist with placing their legs, one at a time, over edge of tub. Ensure feet are planted firmly onto tub floor before assisting them with transferring into the tub.
2. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub. Use a gait belt to assist the patient into position and to provide a safe transfer.
3. Bring patient to a sitting position at edge of tub. Lower the patient into the tub by holding around their waist or the gait belt. Instruct them to hold the edge of the tub or the grab bars for support and balance.
4. If using a **slide board** position the slide board onto the shower chair and under the patient's buttocks. Assist the patient to move across the slide board in small movements by lifting their bottom up and down, and moving slowly across the board until they are on the shower chair. *Never drag a patient across a slide board.*
5. Move the wheelchair away from the tub during bathing.
6. Place all supplies to be used during the shower/tub bath within your reach and the reach of the patient. This is to avoid unnecessary stretching to retrieve items. If assisting the patient during the bath, avoid bending over with your back. Position yourself to a safe working level at patient height. You may kneel on the floor using a cushioned mat to protect your knees.
7. Assist the patient to shampoo and condition hair, as necessary.
8. Assist the patient, as necessary, with washing their body. Start with the patient's eyes and then face, using a clean washcloth. Do not apply soap to the patient's eyes.
9. Assist the patient to clean their genital and anal areas. Use clean washcloths for these areas. Do not use these washcloths for other areas of the body.
10. Wash the patient's body from clean to dirty areas. This helps to avoid contaminating clean areas. Make sure all soap is rinsed off completely.
11. If the patient is ambulatory, assist them with the transfer out of the shower/tub. Cover the patient with a towel or robe during transfer to prevent them from chilling.

12. To assist the patient out of the tub if using a wheelchair, assist them to the edge of the tub. Bring the patients' legs one at a time over the outer edge of tub. Assist them back into the wheelchair. Always ensure wheelchair locks are on during transfer.
13. Help or complete the drying of the patient. Take care to carefully dry areas where there are skin folds, underneath breasts, and in the genital and anal areas. Assist them with dressing.
14. Drain and clean tub/shower area. Discard used linens.
15. Remove gloves. Wash and dry hands.
16. Document completion of the task and record any changes in condition or behavior.

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12.3.3: Procedure- Bed Bath

Assisting a patient with regular bathing is important for patient health and for promoting self-esteem and healing. Patients who are recovering from an injury or illness, have a chronic condition, are permanently disabled, dying, or who are frail may require assistance with performing this essential task. This is an important part of the job of a Home Health Aide/Personal Care Aide.

Providing for personal care gives Home Health Aides/Personal Care Aides an opportunity to assess a patient's skin and to communicate with patients about their thoughts and feelings. Home Health Aides/Personal Care Aides should always encourage the patient to perform any personal hygiene task they are able and provide assistance as needed. Some patients will require complete (or total) care. Providing a bed bath allows a patient to receive personal hygiene care with minimal movement on their part.Explain the procedure to the patient.

1. Wash and dry your hands. Put on gloves.
2. Gather equipment needed (e.g. soap, washcloths, 2 bath towels, 2 hand towels, bath blanket or clean sheet, shampoo/conditioner, basin for water, bath thermometer, lotion, patient clothing).
3. Raise the bed to a safe working height. Lock the bed brakes. Lower the railing only on the side you are working. Take care to remember to raise the railing before moving to the opposite side of the bed.
4. Provide for privacy. If in an area where others may come in, close doors and/or curtain off area as appropriate.
5. Protect bedding with towels and/or disposable pads. Place a towel under each area where you are working.
6. Remove glasses and jewelry from the patient.
7. Offer a bedpan or urinal to the patient before bathing.
8. Place a clean blanket, bath towel, or sheet over the patient to provide for privacy as you fold down bedding and remove the patient's clothing underneath the clean blanket. Only remove blankets and clothing on areas where you are working that need to be exposed. This provides for some privacy and warmth.
9. Fill a basin with water. Test the temperature of the water. Take care to not exceed 105 degrees Fahrenheit. Have the patient test the water to see if it is comfortable for them. You may need to change the water during the bed bath to ensure it stays warm as well as when it is dirty. Always re-check the water temperature each time you change it or add water to it.
10. Always encourage the patient to assist as much as possible. This promotes independence and self-esteem.
11. *To form a mitt with the washcloth:* To form a mitt with a washcloth open the washcloth on a flat surface. Place your palm facing up with four fingers on the washcloth, leaving your thumb out on the lower end of the washcloth. Fold washcloth into thirds lengthwise, around your palm. Your four fingers will be enclosed in the washcloth, with your thumb out. Straighten wrinkles. Fold the washcloth down.Tuck in the ends of the washcloth.
12. Wash and dry the patient from head to toe. Work on one part of the body at a time. Always move from cleanest area to least clean. Complete the front of the patient first before rolling them to their side to wash their backside.
13. *Eyes, face, ears, neck:* Wash the patient's face with a wet washcloth without soap (unless patient requests). If the patient requests soap, take care that it does not get into the patient's eyes. Start with the eyes and wash from the inner area of the eye (the corner closest to the nose) to the outer area (near the temple) with a corner of the washcloth. Using a different corner, clean the other eye. Ask if the patient would like soap to wash their face. Wash their face from the middle outward using gentle strokes. Wash behind the patient's ears and their neck, from the chin downward. Rinse with a clean washcloth. Pat dry.
14. *Arms and Axillae:* Start with the arm furthest from you. Remove one arm from the blanket or towel. Support the patient's wrist while washing the lower arm and hands. Support the person's arm by holding their elbow when washing upper arms. They can rest their lower arm on your forearm. Using gentle but firm strokes wash from the lower arm to the elbow area. Then wash from the elbow area to the upper arm and shoulder. Wash the **axilla**. Washing from the lower arm upwards helps to promote circulation of blood back to the patient's heart. Rinse well and pat dry. Repeat for the other arm.
15. *Hands:* Soak hands in a basin, cleaning one hand at a time. Clean nails with a nail brush or as directed in the Care Plan. Dry thoroughly. Ensure between the patient's fingers are well dried. Provide nail care as assigned.
16. *Chest and Abdomen:* Place a bath towel over the patient's chest and lower the bed blankets down to the waist, taking care to keep the pubic area covered. This provides for warmth and privacy. Lift the bath towel slightly to wash the patient's chest, keeping the patient partially covered. Wash the chest using long, firm strokes from the center out. For female patients, cleanse under each breast and dry well. Wash the abdomen using long, firm strokes from the center out. Take care to wash and dry well under abdominal folds. These moist areas can harbor bacteria and fungi. Apply powder to these areas as directed by the supervisor the Care Plan. Pull the blanket back up to the patient's chin and remove the towel. Change the water.

17. *Legs:* Expose only one leg at a time. Place a towel under the leg lengthwise so the linens under the leg remain dry. Wash from ankle to knee with long, firm strokes upward. Then wash from the knee to the upper thigh. Rinse and pat dry. Remove towel and place underneath patient's foot.
18. *Feet:* Place one foot at a time into the basin. Ensure the water in the basin is warm. Wash the foot and between toes with a washcloth. Rinse well and dry thoroughly paying special attention that the area between the toes is well dried. Moistness between the toes promotes bacterial and fungal growth. Provide nail care as assigned in the Care Plan. Change the water.
19. *Perineal area:* Place a towel underneath the patient's buttocks and upper thighs. Ask the patient if they are able to wash their own **perineal area**. If so, provide them with clean, warm, soapy water and a washcloth. Leave the room if the patient requests. If cleaning the patient's perineum area, use a clean washcloth and warm, soapy water. Only expose the perineal area, leaving the rest of the patient's body covered. Replace soiled washcloths with clean ones as needed.
    1. *For female patients:* Wash the perineum area from front to back with single strokes. Use a clean area of the washcloth for each stroke. Wipe one side, then the other of the **labia** majora. Spread the labia apart and, using a clean part of the washcloth, wipe from front to back on each side, using a clean part of the washcloth for each stroke. Wipe from top to bottom down the middle to the opening of the **vagina**. Clean the area between the vagina and **anus** last, washing from front to back. *Never move from back to front.* This puts the patient at risk for a urinary tract infection due to exposure to bacteria from the anal area into the cleaner vaginal area. Rinse thoroughly. Dry well with a blotting motion.
    2. *For male patients:* In **uncircumcised** males, gently pull back the **foreskin** toward the base of the **penis**. Hold the penis by the **shaft** and using a circular motion, wash from tip to base. Use a clean area of the washcloth for each stroke. Rinse the penis and pat dry. Be sure to replace the foreskin in uncircumcised males by gently pushing it back into its normal position. If you forget to replace the foreskin, you risk causing injury to the patient as the skin will cut off circulation to the penis, causing pain and swelling. Wash the **scrotum**, taking care to be gentle. Lift the scrotum up with one hand while gently washing the area underneath as well as the entire surface of the scrotum. Rinse and dry very well, using patting motions. Do not use the same water that has been used to clean the anal and genital areas on other parts of the body.
20. *Back:* Assist or position patient onto their side or stomach so that their back is facing you and they are in the center of the bed. Ensure side rails are up on the side they are facing toward. Place a towel so that it is slightly tucked under the patient's back to prevent bed linens from getting wet. Fold the blanket back only enough to expose the back. Wash the back of the patient's neck and back with long, firm strokes. Rinse and pat dry.
21. *Buttocks:* While the patient is on their side, wash their **buttocks**. Buttocks should be washed last, after you have washed the patient's back. Never move from buttocks to back. Always work from clean to dirty areas. Replace soiled washcloths with clean ones as needed. Discard washcloths used to clean buttocks before moving on to new areas. Change the water.
22. Remember to change the water in the basin, as needed, when it becomes too cool or dirty.
23. Ensure that all body parts are thoroughly dried.
24. Apply lotion as needed, as requested, and as ordered.
25. *Applying Incontinence Products:* Some patients who are **incontinent** may wear disposable briefs to help keep them dry. If the patient is able, they may bend their knees and lift their hips. Place the brief under the patient's buttocks. If unable, roll the patient to their side. Fanfold one side of the brief and tuck it under the patient. Check for correct placement of the brief. It should cover their buttocks and groin area. The top part of the brief will be about 1-3 inches above their buttocks. Roll the patient to the other side. Let them know they will feel a "bump" from the brief as they roll over it.Ensure the bed rails are up. Move to the other side of the bed. Pull the other half of the brief from under the patient. Assist the patient back to the supine position (patient is lying on their back with their face up). Pull the brief up between their legs. Peel tape from tabs and fold each side inward toward the front. Secure tape to the front of the brief.
26. Give a back rub if time permits and the patient requests.
27. Assist the patient with dressing.
28. Lower the bed to its lowest height. Ensure side rails are up for patient safety.
29. Clean area and put away equipment and supplies.
30. Remove your gloves. Wash and dry your hands.
31. Document completion of task and record any changes in condition or behavior. Document and report any skin issues, such as red or white areas, skin breakdown, open areas, rashes, or new bruises.

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12.3.4: Procedure- Shampoo in Bed

Washing a patient's hair helps to promote good hygiene, comfort, relaxation, and self-esteem. It also provides a chance for Home Health Aides/Personal Care Aides to assess the condition of their patient's hair, skin, and scalp. When washing a patient's hair in bed, Home Health Aides/Personal Care Aides should ensure that the bed linens and patient clothing are protected by using towels or waterproof pads under their shoulders. Always assess allergies to products being used, and style hair according to patient preference. Take care to not pull on hair, which could damage the patient's scalp. Older patients may have thinner, more fragile hair, and extra care should be taken.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Don gloves.
3. Assemble equipment (shampoo, conditioner, bath towel, hand towel, pitcher, shampooing basin, or disposable shampoo cap).
4. Ask the patient for preferences of products and ensure the patient is not allergic to products.
5. Position the patient in a supine position. Place a waterproof pad or towel under the patient's head and shoulders. Place a towel over shoulders and chest area to keep this area dry and warm. Ensure the rest of the patient's body is kept warm and covered with a blanket.
6. Protect the patient's eyes and face from getting wet. Wet hair by pouring clean, warm water using a pitcher over the patient's hair, starting from hairline at the scalp and working towards the neck.
7. Apply shampoo to your hands and rub them together. Work shampoo into a lather, working from the front of the patient's head to the ends of their hair.
8. Use your fingertips to massage shampoo against the patient's scalp, using a circular motion. Take care not to use your fingernails or scrape the patient's skin or scalp with your nails. Ensure soap and water does not get into patient's eyes or ears.
9. Rinse hair thoroughly until water runs clear and no suds are visible. Rinse from the scalp line at the patient's forehead to the ends of their hair, protecting the patient's eyes and ears.
10. If using conditioner, repeat steps 7 through 9.
11. If using a shampoo cap, follow steps 1 through 5. Apply the shampoo cap to the patient's hair, tucking in any loose hair ends so that all hair is within the cap.
12. Massage scalp so the dry shampoo is evenly distributed throughout hair. Allow 1-5 minutes for shampoo to fully saturate hair. Remove cap and discard used cap. Dry and style patient's hair as you normally would.
13. Wipe water from patient's face, head, and neck using a dry towel and a blotting motion.
14. Dry and comb hair, according to patient preferences. If using a blow dryer, ensure that the hot air and the tip of the blow dryer is not placed onto or too close to the patient's skin or you could cause a burn.
15. When working on untangling hair, hold a section of hair above the tangle. This avoids painful pulling on the scalp. Gently comb through the tangle. Conditioner or a detangler could be applied to assist with removing tangles.
16. When brushing hair, brush hair in sections, brushing from root to ends of hair. Be gentle with your strokes, taking care not to harshly scrape the patient's scalp or to yank on hair, which could cause injury to the patient's scalp.
17. Once finished with hair care, lower bed to its lowest height. Ensure side rails are up for safety.
18. Clean the area and store equipment.
19. Remove your gloves. Wash and dry your hands.
20. Document completion of task and record any changes in condition or behavior. Record any changes in condition of the patient's skin, scalp, or hair.

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12.3.5: Procedure- Back Rub

Back rubs can be given after baths, before bed time, after repositioning, and to help the patient relax. Back rubs help to relax muscles, stimulate circulation, and promote sleep. Back rubs last about 5 minutes. Always ensure that it is okay to provide a back rub. Home Health Aides/Personal Care Aides must check with their supervisor and in the Care Plan. Observe skin condition during back rubs for bruises, red, white, or open areas, and other signs of skin breakdown. Always report and record these observations and any changes in skin condition. It is helpful to use lotion during back rubs to reduce friction and moisturize skin. Lotion on skin also helps to prevent skin breakdown.

1. Explain the procedure to patient.
2. Wash and dry your hands. Apply gloves as appropriate.
3. Assemble equipment (e.g. lotion) per patient preferences.
4. Warm lotion in basin of warm water or by running bottle under warm water for a few minutes. Do not use very hot water. To apply lotion to the patient's skin, rub some between your hands rather than pouring it directly onto their skin. This serves to lubricate your hands during the back rub and to help warm the lotion so the patient does not feel too cold.
5. Position the bed to safe working level at waist height. Lower the head of the bed. Lock the brakes. Lower the bed rail nearest you.
6. Provide for privacy. Remove patient clothing from only the area you are working on to minimize exposure. Keep blankets on the patient, exposing only their back to provide warmth.
7. When working on the patient's back position the patient on their side or stomach, according to their preferences and comfort level.
8. Keep the patient covered, exposing their back only to the top of their buttocks.
9. Place a small amount of lotion in your hand and rub your palms together to warm lotion and lubricate hands. Caution the patient that the lotion may still feel cool.
10. Rub the patient's back with the appropriate pressure, according to their preferences. Rub back in a rhythmic motion in the correct direction.
11. Start at the top of the buttocks, near the lower back, and move in long, smooth upward strokes with both hands, using the palms of your hands to create gentle pressure. Move your hands upward along the spine, and across the patient's shoulders and then down their upper arms.
12. Move your hands up over upper arms, back across the shoulders, and then down along the back toward the buttocks.
13. Keep your hands in contact with the patient's skin during movement to prevent friction against the patient's skin.
14. Repeat for 3-5 minutes, or according to patient preferences. Stop the back rub if at any time the patient reports discomfort or no longer wishes you to continue.
15. If the patient wishes, you can gently knead the patient's skin or apply a gentle tapping motion upward along the patient's back to their shoulders and arms, and then back down again. To knead skin, gently grasp skin between your fingers and thumb. Move from buttocks upward, along the length of their back, across their shoulders, and then down over upper arms. Work your way back down to the buttocks using the same motion. Depending on patient preference, you can speed up or slow down your movements and pressure.
16. Be careful to only lightly massage over bony areas so as not to cause pain to the patient. Do not massage areas that are red or that have broken or irritated skin. Do not apply lotion to areas with a rash. Do not remove dressings to apply lotion. Do not massage these areas.
17. When you are almost done with the back rub, let the patient know so they are prepared for the ending of their back rub.
18. Wipe away any excess lotion. Assist the patient with dressing and position the patient for comfort.
19. Lower the bed to its lowest setting. Ensure the side rails are up.
20. Put away equipment and supplies. Dispose of any dirty linens.
21. Remove your gloves. Wash and dry your hands.
22. Document completion of the task and record any changes in condition or behavior. Report any skin conditions, red, white, or open areas, or pressure sores.

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12.3.6: Procedure- Assisting with Changing a Clean (Non-Sterile) Dressing

Home Health Aides are able to provide assistance with or perform changing of clean dressings. They may not change sterile dressings. Sterile dressings are used over new, open, or draining wounds in which sterile technique must be maintained. This is to prevent introducing bacteria and other pathogens into the wound and causing infection. Clean (non-sterile) dressings are those applied to dry, closed wounds that have less risk of getting an infection. Personal Care Aides may not provide assistance with changing any dressings, whether they are clean or sterile.

1. Explain the procedure to the patient.
2. Wash your hands.
3. Assemble all necessary equipment.
4. Provide for privacy and adequate lighting.
5. Raise the bed to waist height. Lower the side rail nearest you where you will be working.
6. Place a garbage can near the area where you will be working.
7. Remove any clothing necessary that is over the old dressing.
8. Wash your hands and don gloves.
9. Clean a table to use in which to place your dressings and supplies by using a disinfectant.
10. Remove wrappings from new dressing. Take care not to contaminate gloves by touching any surfaces. Lay new, clean dressings on a clean surface.
11. Cut tape with clean scissors. Hang tape within reach on the edge of a clean table.
12. Remove and discard old dressing. Peel off tape by pulling toward the center of the dressing.
13. Carefully lift dressing off the wound. To prevent skin tearing or injury to the patient, hold the skin underneath the tape taut while pulling the tape off.
14. Prevent the soiled dressing from touching the wound or other body parts of the patient or nearby surfaces or objects.
15. Observe the wound for odor, drainage, color, and healing/not healing characteristics. Report these to a supervisor. Document findings.
16. Remove and discard gloves. Wash your hands.
17. Put on new gloves.
18. Cleanse skin around wound, according to directions in the Care Plan and as directed by a supervisor.
19. Apply a new dressing to the wound.
20. Tape the new dressing in place. Ensure the new dressing is firmly secured.
21. Discard all waste items.
22. Remove and dispose of gloves. Wash your hands.
23. Store unused supplies and clean working area.
24. Document the procedure and any observations or changes in condition. Record and report any changes or observations of the wound.

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SECTION OVERVIEW

12.4: Unit C- Teeth and Mouth Care

Performing or assisting with mouth hygiene is an important task of the Home Health Aide/Personal Care Aide. Mouth hygiene should be performed at least twice per day, with morning and evening care. Mouth hygiene may also be performed after eating meals and any time the patient requests. Regular, daily flossing helps to remove plaque and food debris which promotes bacteria, from the patient's mouth. Unclean mouths harbor bacteria, which can cause additional health problems for the patient. Having a clean mouth promotes a sense of comfort and self-esteem for a patient.

Providing oral care also gives Home Health Aides/Personal Care Aides a chance to assess the health of their patient's teeth, gums, and tongue. Home Health Aides/Personal Care Aides should encourage their patient to perform as much mouth care independently as possible. For patients who are unable to grasp the handle of a toothbrush, special toothbrushes may be available for them. A split rubber ball or tape can be used to build up the handle of the toothbrush to make it easier for the patient to hold. An electric toothbrush may also be used.

Avoid using hydrogen peroxide or alcohol based products because they promote mouth irritation and mucosal membrane breakdown. For a patient in which using a toothbrush is unsafe, such as those who are unable to spit or who is unconscious special mouth swabs are available for use. Mouth care should be provided every two hours for patients who are unconscious or unable to drink. This helps to prevent dryness and breakdown of mouth surfaces. When finished providing mouth care, apply lip moisturizer or petroleum jelly to lips to prevent skin breakdown, chapping, and drying of the lips.

12.4.1: Procedure- Patients Who Can Brush Their Own Teeth or Need Some Assistance

12.4.2: Patients Who Are Unable to Perform Mouth Hygiene Independently, Such as an Unconscious Patient

12.4.3: Procedure- Denture Care

12.4.4: Procedure- Flossing

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12.4.1: Procedure- Patients Who Can Brush Their Own Teeth or Need Some Assistance

Procedure: Patients Who Can Brush Their Own Teeth or Need Some Assistance

1. Explain the procedure to patient. Provide for privacy.
2. Wash and dry hands. Always wear gloves when providing mouth care.
3. Assemble equipment (**emesis basin**, water, cup, toothbrush, toothpaste, mouthwash, and a towel).
4. Ensure the patient is in an upright position for safety. A high sitting position prevents choking or aspiration.
5. If the patient is able to brush their own teeth, provide equipment and assist as needed.
6. Wet toothbrush, apply a small amount of toothpaste to the bristles on the brush.
7. Hold the toothbrush at a 45 degree angle to the gum line. Brush one tooth at a time in an up and down motion. Start from the top of the gum line and work down the tooth. Start at the upper teeth and then complete the lower teeth.
8. To clean biting surfaces of teeth and the tongue, use a back and forth motion.
9. Be sure to brush all surfaces of the teeth, gums, tongue, and mouth.
10. Ensure the patient adequately rinses their mouth with clean water and dries their lips/face.
11. Offer mouthwash and lip moisturizer as needed and according to patient preferences.

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12.4.2: Patients Who Are Unable to Perform Mouth Hygiene Independently, Such as an Unconscious Patient

1. Complete hand hygiene and assemble needed equipment.
2. Put the patient in a **side–lying position** for safety. Turn their head to the side.
3. Place a towel or waterproof pad under their cheek and chin to prevent the patient or bed linens from getting wet.
4. Place an emesis basin against the side of their mouth and cheek.
5. Place a padded tongue blade on the side of their mouth to keep their mouth open. To make a padded tongue blade, place two wooden tongue blades together. Wrap gauze over the top half and tape it into place. Pull the patient's mouth apart by placing gentle pressure on their chin and upper mouth.
6. Never put your fingers inside their mouth because the patient may bite down, even if they do not mean to.
7. Brush teeth gently, using a dry toothbrush or with a mouth swab. Dip the swab in solution and squeeze excess solution from the swab. Swab all surfaces of their teeth, gums, inside their cheeks, the roof of their mouth, and tongue. Use clean swabs as necessary.
8. Rinse entire mouth with a clean swab. Ensure there are no pooled secretions. Suction excess secretions as directed in the Care Plan.
9. Ensure the patient's mouth, face, and neck are dry.
10. Apply moisturizer to lips.
11. Return the patient to a comfortable position. Lower the bed to its lowest height and raise side rails.
12. Put away equipment and supplies.
13. Remove your gloves. Wash and dry your hands.
14. Document completion of task and record any changes in condition or behavior. Report any tooth or mouth conditions observed, such as sores, open areas, or bleeding from gums, tongue, or teeth. Report any new broken or missing teeth.

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12.4.3: Procedure- Denture Care

1. Complete hand hygiene and assemble needed equipment.
2. Assist the patient to remove dentures if needed by placing a tissue, gauze pad, or washcloth underneath the patient's denture line and gently pulling forward to break the suction. You may need to gently rock the dentures from side to side or forward to break the suction.
3. Carefully place dentures in a water filled cup or container.
4. Carry the dentures to the sink using a denture cup to prevent accidental breakage.
5. Place a towel in the sink to prevent accidentally breaking dentures on the hard surface of the sink while you are washing them. Hold them firmly.
6. Clean dentures as you would teeth. Use denture cleaning products. Use warm, but not hot water. Hot water can cause dentures to warp and no longer fit the patient correctly. Rinse dentures completely.
7. Provide or assist with mouth care prior to replacing dentures. Assist the patient to brush their gums and tongue with toothpaste and a toothbrush. Ensure they rinse their mouth completely. Offer mouthwash.
8. If returning dentures to the patient's mouth, apply denture cream or adhesive, as needed.
9. Assist the patient to place dentures back in mouth. To reinsert dentures, insert at an angle, pressing firmly onto the gum line.
10. If storing dentures, store them in clean, cool water in a container with a closed top to prevent accidental breaking or misplacement. If in a facility, ensure the patient's name is on the denture cup to prevent loss.
11. Remove your gloves. Wash and dry your hands.
12. Document completion of task and record any changes in condition or behavior. Report any tooth or mouth conditions observed. Report if dentures are broken or missing.

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12.4.4: Procedure- Flossing

1. If assisting with flossing, break off about 18 inches of floss. Wind ends of floss around your pointer or middle finger. Wrap the other end of the floss around the same finger on the opposite hand.
2. Hold the floss tightly between your thumb and forefingers. Starting at the top and back of the mouth, guide the floss between two teeth. Use a gentle rubbing motion to guide the floss between the teeth. Do not quickly snap the floss between the teeth or you can cause pain or injury.
3. Once you reach the gum line, curve the floss into a C shape against one tooth. For upper teeth, move the floss away from the gum line with a gentle downward motion against the tooth. For lower teeth, use an upward motion against the tooth, away from the gum line.
4. Repeat for each tooth, using a clean section of floss for every 1-2 teeth.
5. Allow the patient to rinse and dry their mouth. Dispose of floss. Do not reuse floss.

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SECTION OVERVIEW

12.5: Unit D- Dressing and Grooming

Providing assistance with dressing and grooming is an important task of the Home Health Aide/Personal Care Aide. Maintaining a person's appearance is important especially during times of illness. It helps people to feel more like themselves and helps the patient appear familiar to family, which is important during times of stress and illness. Providing hand and foot care helps to maintain good physical health. By performing hand and foot care, the Home Health Aide/Personal Care Aide has an opportunity to assess the patient's skin and nail health. Patients, especially those with conditions such as diabetes in which there is poor circulation to the feet, should have their feet inspected daily. Any red, open, bleeding, or problematic conditions should be reported to the supervisor. This section provides instruction about how to assist with patient dressing, apply compression stockings, provide hand and foot care, and shave a patient. Complete these tasks as directed by the Care Plan. Keep in mind patient preferences and respect the patient's wishes.

12.5.1: Procedure- Assisting with Dressing

12.5.2: Procedure- Assisting with the Use of Elastic Support Stockings

12.5.3: Nail, Hand and Foot Care

12.5.4: Procedure- Shaving the Patient

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12.5.1: Procedure- Assisting with Dressing

1. Some patients may be able to independently dress. For these patients, provide assistance only as needed. Home Health Aides/Personal Care Aides should encourage their patients to do as much as possible on their own. Other patients may need extensive assistance with dressing. In order to promote self-esteem and empower in patients, allow them to select the clothing they prefer.
2. Explain the procedure to the patient.
3. Wash and dry your hands. Don gloves as needed.
4. Allow the patient to select clothing they wish to wear.
5. Assemble clothing in the order it is to be put on. Clothing for the upper body should be put on before pants/skirts, which should be put on before socks and shoes.
6. Ensure the patient's clothing is clean and in good condition. Clothing should be appropriate to the weather.
7. It may be helpful for the patient to wear clothing that is easier for them to put on independently. For example, pants without buttons or zippers can easily be pulled on; shirts with few buttons are easier to close; sneakers with Velcro versus laces and slip on shoes all may be helpful for patients who have difficulty with their fine motor coordination or finger dexterity.
8. Encourage the patient to do as much self-dressing as possible. Assist if they become fatigued,frustrated or are unable to perform the task.

For Patients Who Are Weak, Frail, or Paralyzed

1. Move the patient to the center of the bed. Use proper body mechanics. Raise the bed to waist level.
2. Remove clothing one piece at a time and replace with clean clothing before moving on to the next clothing item. For example, remove and replace the upper body clothing prior to moving on to uncovering the lower body. This provides privacy and warmth for the patient.
3. Position and cover the patient for comfort. Return bed to a safe height. Ensure side rails are up.
4. Remove your gloves. Wash and dry your hands.
5. Document completion of the task and record any changes in condition or behavior.

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12.5.2: Procedure- Assisting with the Use of Elastic Support Stockings

Some patients may be prescribed by their doctor special **elastic support stockings** or **compression stockings** to wear on their legs. These stockings are used for patients with poor circulation who are at risk for getting a blood clot. They are also used to help prevent or reduce swelling. Stockings should be placed on the patient's legs prior to them getting out of bed in the morning. Follow manufacturer instructions in applying stockings. Follow instructions written in the Care Plan for guidelines for when to apply, how long the patient should wear stockings each day, and when to remove stockings.

1. Explain the procedure to the patient. Ensure they understand the importance of wearing the elastic support stockings. Seek guidance from a supervisor as needed and report refusal to wear stockings.
2. Wash and dry your hands.
3. Assemble equipment (e.g. support stockings, lotion, shoes).
4. If the patient has been moving around out of bed, have them lie down with their legs elevated for 15 minutes before applying the stockings.
5. Make sure legs are clean and dry. Observe skin for condition and changes such as sores, swelling, and changes in color. Make note of any observed changes and any patient complaints such as numbness, pain, or tingling in the lower extremities.
6. You may use powder or lotion on the patient's legs prior to applying the stockings. This provides for comfort, ease of application of stockings, and protection for the patient's skin.
7. Raise the bed to waist height. Position patient in the **supine** (lying on back) position.
8. Apply stockings according to the Care Plan and as a supervisor directs.
9. Place your hand and arm inside one stocking and turn it inside out up to the heel of the stocking. Grasp the heel of the stocking with your fingers of the hand holding the stocking.
10. Move the stocking down over your arm so that the length of the stocking is now bunched near your hand.
11. Carefully take the patient's foot and position the opening of the stocking that is near your hand over the patient's toes.
12. Place the foot of the stocking over patient's toes, then over the foot, then over the heel. Pull the stocking up slowly as you move it upwards over the patient's leg.
13. Gently pull the top of the stocking up over the entire calf.
14. Make sure the heel of the foot is in the heel of the stocking.
15. If there are no toe openings, gently pull on the tip of the stocking by the toes to relieve pressure. For stockings with toe openings, the patient's toes should be positioned appropriately in the toe area.
16. Repeat with the other leg.
17. Always ensure there are no wrinkles in the stockings.
18. Discard gloves if wearing and wash your hands.
19. If the stockings do not appear to fit well and appear to be digging into the top of the patient's leg, inform a supervisor right away. The patient may need to be refitted for the appropriate sized stocking.
20. Stockings should be removed and skin should be cleaned, dried, and inspected at least once per day.
21. Observe for changes in skin color, temperature, swelling, sores on legs, and patient complaints.
22. Document and report any changes in condition or behavior.

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12.5.3: Nail, Hand and Foot Care

Procedure: Nail Care

Providing nail care for a patient allows Home Health Aides/Personal Care Aides an opportunity to assess the health of their patient's skin, nails, and the strength of their hands and feet. It also provides a sense of comfort and promotes self-esteem for the patient. While many patients may enjoy having their hands and feet cared for, take special care with patients who do not find this a pleasurable experience. Some patients have very sensitive feet and may be ticklish. Home Health Aides/Personal Care Aides should always tell a patient when they are going to touch their feet and inform them of what they are doing so that they expect the touch.

Make sure to follow directions from a supervisor and those written in the Care Plan for nail care performed. Never use a nail clipper to clip finger or toe nails. Use an emery board to smooth nail edges. Home Health Aides/Personal Care Aides should inform their supervisor if advanced nail care needs to be performed. Never perform toenail care on a patient who has diabetes. These patients require special care from a **podiatrist**. It is acceptable to cleanse and inspect these patient's feet, but never clip their toenails

Procedure: Hand Care

1. Explain the procedure to the patient.
2. Wash and dry your hands. Put on gloves as necessary.
3. Gather equipment and supplies as needed.
4. Use proper working height by raising the bed to waist level if the patient is bed bound. If the patient is sitting in a chair or wheelchair, Home Health Aides/Personal Care Aides may sit next to them to avoid bending their back. Keep the back straight, feet planted on the floor and face the direction you are working.
5. Soak patient's hands in warm (not hot) water. Temperature should be no greater than 105 degrees Fahrenheit. Soak hands for at least five minutes, or according to patient preferences. Clean under nails with a soft nail brush or nail stick, or do as directed in the Care Plan.
6. Remove the patient's hands from the water and wash with a soapy wash cloth. Rinse and dry well. Be sure to rinse and dry between fingers.
7. Remove basin from the patient area.
8. File nails as necessary and as requested with an emery board or nail file to keep edges smooth and free of rough edges or hangnails.
9. Massage hands with lotion.
10. Apply nail polish as the patient requests.
11. Discard the water and rinse the basin. Put away equipment and supplies.
12. Lower the bed to its lowest level and ensure side rails are up.
13. Remove your gloves. Wash and dry your hands.
14. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed.

Procedure: Foot Care

1. Fill a basin with warm water. Do not exceed 105 degrees Fahrenheit. Have the patient test the water for comfort.
2. If providing foot care in bed, soak and work with one foot at a time. Place the basin of water over a waterproof pad or towel at the foot of the patient's bed. If the patient is sitting, place the basin on the floor with a towel or waterproof pad underneath. Ensure the patient's feet and ankles are supported. Feet should be flat against the bottom of the basin.
3. Soak the patient's feet in warm (not hot) water for at least 10 minutes. Add warm water to the basin as needed. Clean under their toenails with a soft nail brush.
4. Working with one foot at a time, remove a foot from the basin and wash with a soapy wash cloth. Take care to clean between toes. Rinse their foot well. Make sure no soap is left between the toes.
5. Dry the patient's foot. Take special care to dry well in between toes.
6. Repeat for the other foot.
7. File toenails as needed. *Do not cut patient's toe nails.* Discuss any needed advanced toe nail or foot care with a supervisor.
8. If applying lotion on feet, take care to not apply lotion between the toes. Place socks and/or other footwear on patient once done.

9. Apply nail polish as the patient requests.
10. Discard the water and rinse the basin. Put away equipment and supplies.
11. Lower bed to its lowest level and ensure side rails are up.
12. Remove your gloves. Wash and dry your hands.
13. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed. Report and document any discoloration of the feet, blood, drainage, ingrown toenails, thickened toenails, reddened heels, or foot/ankle swelling.

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12.5.4: Procedure- Shaving the Patient

Shaving facial hair may help a patient feel good about themselves and helps them to maintain their appearance in the way it was prior to becoming unable to provide their own care. It also helps the patient to appear familiar to their family and friends, which can be comforting during periods of illness. Before shaving a patient, Home Health Aides/Personal Care Aides should obtain their consent. Inquire about their preferences as to products used such as shaving cream and aftershave, and the style they prefer to wear their facial hair.

Always wear gloves during shaving due to the risk of bleeding. Use the type of razor a patient prefers. Always check with a supervisor and the Care Plan to ensure that the patient can be shaved with a razor that has a blade. Some patients are on medication or have conditions that put them at a higher risk of bleeding. Their doctor may only want them to use an electric razor. Shaving cream should always be used with razor blades. Shaving cream is not to be used when using an electric razor. Never use someone else's razor on a patient. Blood borne diseases can be spread this way due to the possibility of blood on the patient's razor.

1. Explain the procedure to patient.
2. Wash and dry your hands. Always wear gloves when shaving.
3. Assemble equipment (e.g. razor/electric razor, shaving cream, wash cloths, towels, basin with water, lotion, aftershave).
4. Provide for privacy and comfort. If the patient is in a bed, adjust the bed to safe working height. Lock the brakes. If the patient is sitting in a wheelchair, ensure the brakes are on. Use proper body mechanics while shaving the patient. Never lean or bend over the patient.
5. Place a towel under patient's chin, covering his shoulders and front of his chest.
6. If the patient is able to shave independently, place all equipment and supplies within reach and provide assistance as needed. Ensure razor blades are sharp, as a dull blade can irritate the skin and increase the risk of cuts and bleeding.
7. Wash the patient's face with warm water, leaving the area to be shaved wet. You can leave a warm towel on the patient's face and neck for several minutes to help soften their hair. This helps to avoid cuts and makes for a smoother shave. If using an electric shaver, dry the patient's face after washing it.
8. Rub shaving cream into patient's beard and mustache if using a razor. The shaving cream helps to soften the skin and hair and provides a smoother shave.
9. Pull skin taut in the area to be shaved. Shave one area at a time.
10. Shave using gentle, short strokes in the same direction. Shave in the direction of hair growth.
11. Shave beards in downward strokes, and use upward strokes on the neck.
12. Rinse the razor often. Apply shaving cream as needed. Ensure the water temperature does not get too cool while shaving.
13. If using an electric razor, pull skin taut. If using a foil shaver (a single head shaver which is usually rectangular shaped), shave with smooth and even movements in an up and down direction along the line of hair growth. If using a three head shaver (a shaver with three round heads set inside a triangle), shave in a circular motion. Make sure to shave the patient's chin and neck.
14. Once shaving is complete, rinse and pat dry the patient's face. Offer a mirror so they may inspect the shave. Touch up any areas the patient requests.
15. If the patient has cuts from shaving, blot the area with a gauze pad until it stops bleeding.
16. Apply moisturizer and/or aftershave, per patient request and preferences. Avoid applying lotion or aftershave to irritated or cut skin.
17. Ensure the bed is at its lowest height and side rails are up to ensure safety.
18. Remove your gloves. Wash and dry your hands.
19. Document completion of task and record any changes in condition or behavior. Report any skin conditions observed, such as red, irritated skin, broken skin, or pimples, boils, or cuts. Inform a supervisor of any cuts the patient received during shaving.

To assist with shaving underarms and legs, follow the same procedures and guidelines as above. Shave leg hair from ankle to knee, using short, smooth strokes upward. Some women also like to shave their knee to thigh area. Ask the patient what their preference is. Apply shaving cream to legs or underarms prior to shaving. Ensure the razor used is sharp, not dull. Shave underarm hair in short, smooth strokes. Underarm hair can grow in all directions. Always shave in the direction of hair growth.

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SECTION OVERVIEW

12.6: Unit E- Assisting with Elimination

Every patient has elimination needs. There are a number of ways the Home Health Aide/Personal Care Aide can assist a patient by providing for elimination needs. Patients who are unable to get out of bed due to mobility issues or injury may benefit from using a **bedpan**. Male patients may benefit from using a **urinal** at the bedside to prevent having to walk to the bathroom. Some male patients have **condom catheters**, which are external urinary drainage systems where a condom is applied to the penis and attached to a urinary drainage bag. Other patients may have **indwelling catheters** in which the catheter is inserted into their bladder. The catheter is attached to an external urinary drainage bag.

The Home Health Aide/Personal Care Aide has an important role in providing assistance with elimination and cleansing the genital area after elimination. This section will explore how to offer a patient a bedpan or urinal, how to apply a condom catheter, and how to cleanse the genital area and catheter tubing. Instruction is provided about how to empty urinary drainage bags that are attached to condom catheters and indwelling catheters and how to properly measure urine output.

12.6.1: Procedure- Use of a Bedpan

12.6.2: Procedure- Use of a Urinal

12.6.3: Procedure- Assisting with the Use of a Condom Catheter

12.6.4: Procedure- Assisting with Cleaning the Skin and Catheter Tubing

12.6.5: Procedure- Assisting with Emptying of the Urinary Drainage Bag

12.6.6: Procedure- Measuring Urinary Output

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12.6.1: Procedure- Use of a Bedpan

Patients who are unable to get out of bed may need to use a bedpan when urinating or for bowel movements. The standard bedpan looks like a toilet seat and has a wide, high rim. These types of bedpans are placed under the patient with the widest end under their buttocks. The fracture pan has a lower, thinner rim. The smaller, flatter end is placed under the buttocks. The higher end with the handle is placed facing the patient's feet. The fracture pan should be used for patients who are unable to lift their hips for bedpan placement after back or spinal injuries or surgeries.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Always apply gloves when offering and removing a bedpan.
3. Adjust the bed to a safe working height. Lock brakes. Lower the head of the bed and position the patient in the supine position.
4. Provide privacy for the patient by closing doors and curtains.
5. Fold down top linens just enough to slide the bedpan under the patient.
6. Place a towel or disposable protective pad under the patient as needed. This helps to protect bed linens from getting urine or feces on it in case of accidental spilling of bedpan contents.
7. Assist the patient with removing pants and undergarments if they are unable to do so.
8. Home Health Aides/Personal Care Aides can dust the bedpan with talcum powder to help prevent the patient's skin from sticking to the bedpan. Check with a supervisor before doing so. Ensure the patient does not have an allergy to the powder.
9. Place bedpan near hips. Position a standard bedpan with the wider edge aligned with the buttocks. Position a fracture pan with the flatter end under the patient's buttocks and the handle toward the foot of the bed.
10. If the patient is able, they can bend their knees and lift their hips as you slide the bedpan under their buttocks. You can provide assistance for the patient as they raise their hips by placing one hand at the small of their back to help raise their buttocks.
11. If the patient is unable to lift their hips, roll them to the side facing opposite you. Position the waterproof pad under the patient's buttocks. Then, position the bedpan under their buttocks, pressing firmly but gently downward on the bedpan, against their buttocks. Hold the bedpan securely against the patient as you roll the patient back toward you. Check to ensure the bedpan is adequately underneath the patient's buttocks.
12. Ensure a blanket is covering the patient. Provide privacy. Raise the head of the bed if the patient prefers so that the patient is more closely in a sitting position. This position allows for a more natural feel for the patient to eliminate. Raise the side rails.
13. Provide the patient with toilet paper.
14. Dispose of your gloves and wash your hands.
15. When the patient has finished using the bedpan, put on clean gloves.
16. Lower the head of the bed so the patient is put into a supine position.
17. If the patient is able, ask them to lift their hips. While they do this, firmly grasp the bedpan and remove it from under them. Assist with cleaning the patient's perineum as appropriate.
18. If the patient is unable to lift their hips, assist the patient to roll to the side facing away from you. While the patient is rolling, ensure you have a firm grasp on the bedpan. You may have to have one hand on the patient's hip to assist with rolling, and use your free hand to grasp the bedpan. Remove the bedpan.
19. Clean the patient's perineum. For female patients, wipe the buttocks from front to back, away from the vaginal area. This ensures bacteria from the anal area and from feces do not enter the vaginal area and cause a possible infection.
20. Lower the bed to its lowest setting for safety. Reposition the patient for comfort. Ensure side rails are raised.
21. Dispose of the contents of the bedpan into the toilet. Rinse and clean the bedpan with hot, soapy water. Dry and put the bedpan away.
22. Measure urine as required. Document output of urine or feces as appropriate.
23. Dispose of your gloves. Wash and dry your hands.
24. Document procedure and any observations or changes in condition or behavior.

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12.6.2: Procedure- Use of a Urinal

The use of a urinal helps the male patient to privately and safely urinate without having to ambulate to the bathroom or commode. Many male patients may find it easier to urinate in a high sitting or a standing position. Assist the patient into the position they are most comfortable and can safely assume during urination. Home Health Aides/Personal Care Aides may need to assist some patients with positioning and holding the urinal while they urinate.

1. Explain the procedure to the patient.
2. Wash your hands. Don gloves.
3. Provide for privacy.
4. Adjust the bed to a safe working height. Lock bed wheels. Raise the head of the bed to put the patient in a sitting position in bed or at the side of the bed. Alternatively, assist the patient to a standing position. Refer to Procedures *"Transfer to a Sitting Position in Bed", "Helping the Patient to Sit at the Side of the Bed", and "Helping the Patient to Stand"*.
5. Place a protective pad or towel under patient's hips as needed.
6. If the patient is able, hand them the urinal.
7. If the patient requires assistance, place the urinal between the patient's legs. Position the head of the penis into the urinal, ensuring it is completely inside the container.
8. Be patient while assisting with urination. Allow for quiet during this time. Provide privacy by covering the patient with a blanket if they are in bed.
9. Provide privacy for the patient to urinate if they do not require assistance by leaving the room. Check on the patient every five minutes, knocking before entering. Provide toilet paper.
10. Discard gloves and wash your hands.
11. When the patient has finished using the urinal, wash your hands and don clean gloves.
12. Close the cap on the urinal.
13. Lower the bed to the lowest height. Ensure bed rails are raised.
14. Remove the urinal and supplies.
15. Measure urine and record output as required.
16. Dispose of urine into toilet. Flush toilet. Rinse and then store urinal. Do not store a urinal on a bedside table. Hang the urinal on a bed rail near the patient so they may easily access it.
17. Dispose of gloves. Wash your hands.
18. Document procedure and any observations or changes in condition or behavior.

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12.6.3: Procedure- Assisting with the Use of a Condom Catheter

Condom catheters are worn by some males to assist with urination. This urinary drainage system allows a patient to engage in their normal activities, while not having to be concerned about problems with urination such as incontinence. It is a less invasive urinary drainage system than an indwelling catheter and has a low risk of infection. It is important for Home Health Aides/Personal Care Aides to ensure the tubing to this urinary drainage system is not kinked or twisted, and that the drainage collection bag is worn below the level of the bladder.

1. Explain the procedure to the patient.
2. Wash your hands. Apply gloves.
3. Assemble equipment needed (soap, wash cloth, towel, condom catheter, skin protectant, drainage bag).
4. Raise bed to a safe working height. Lock the brakes. Place the patient in a supine position.
5. Maintain patient's privacy. Only expose genital area.
6. Remove the old condom catheter if one is in place by detaching it from the drainage system tubing and rolling the condom down and off the penis, starting at the base of the penis and rolling towards the tip of the penis. Dispose of the old condom catheter.
7. Wash the penis carefully with soap and warm water (temperature no greater than 105 degrees Fahrenheit). For uncircumcised males, push the foreskin down the shaft of the penis and clean the head (glans) of the penis. The glans of the penis should be washed using a circular motion from the opening of the urinary meatus outward. Wash the shaft of the penis using downward strokes. Dry well. Remember to move the foreskin back up. If the foreskin is not reduced (put back into its original place), swelling will result due to circulation of blood to the penis being cut off.
8. Observe the penis for sores, open or red areas, and broken skin.
9. Attach the condom catheter to tubing of the collection system.
10. Push pubic hair away from the shaft of the penis to prevent it from sticking to the skin protectant or condom.
11. Apply skin protectant to the shaft of the penis and allow to dry. It will be sticky.
12. Hold the base of the penis with your non-dominant hand. With your dominant hand, roll the condom catheter onto the penis, starting at the tip of the penis and then over the shaft of the penis, toward the base. Leave about 1 inch of space between the glans of the penis and the drainage tip to prevent irritation.
13. If tape is being used to secure the condom in place, apply it in a spiral manner, starting at the top of the penis, working downward.
14. Ensure that the tubing for the collection system is connected to the condom.
15. Secure the tubing to the patient's thigh with tape, a Velcro leg strap, or the method directed by the agency.
16. Ensure that the tip of the condom is not twisted. Ensure the tubing to the collection system is not kinked or twisted. The collection system tubing and drainage bag should always be kept below the level of the bladder. This ensures that urine from the drainage bag does not move back up to the penis.
17. Lower the bed to its lowest position. Ensure bed rails are raised.
18. Discard used supplies.
19. Discard gloves and wash your hands.
20. Document application of the condom catheter and any skin conditions, such as sores, swelling, red, or raw areas observed.

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12.6.4: Procedure- Assisting with Cleaning the Skin and Catheter Tubing

Providing personal hygiene care is an important part of the Home Health Aide/Personal Care Aide's job. Cleaning the catheter tubing should be completed on a daily basis when providing bathing and perineal care for the patient.

1. Explain the procedure to the patient.
2. Wash and dry your hands. Apply gloves.
3. Gather equipment and supplies needed (soap, wash cloth, towel, and waterproof pad).
4. Raise the bed to a safe working height. Lock brakes.
5. Provide for patient privacy. Expose only the genital area.
6. Position the patient on their back to expose the perineal area and catheter tubing.
7. Place a towel or disposable protective pad under the patient.
8. Wash the patient's genital area gently with soap and warm water (no greater than 105 degree Fahrenheit).
    - *For males*: start at the **meatus** (urinary opening) and clean outward in a circular motion. Clean the shaft of the penis with downward strokes. For uncircumcised males, gently push back on the foreskin to clean under this area. You should use a clean area of the washcloth with each stroke. Remember to replace the foreskin.
    - *For females:* separate the labia and using a clean part of the washcloth, wipe from front to back on each side, using a clean part of the washcloth for each stroke. Wipe from top to bottom down the middle to the opening of the vagina. Clean the area between the vagina and **anus** last, washing from front to back. Never move from back to front.
9. *Take care to not pull on the catheter at any time, as this could cause injury to the patient.* The catheter tip is inside the bladder. Pulling on the tubing could cause injury to the bladder.
10. Hold the tubing with one hand, close to the meatus, while gently cleansing the length of the tubing, starting from the point of entry (urinary opening) and moving down the tubing.
11. A warm soapy washcloth can be used, unless otherwise directed in the Care Plan. Replace with clean washcloths as needed. When done washing the tubing, use a clean, wet washcloth to rinse the tubing. Always move from the urinary opening downward. Never clean the bottom part of the tubing and move toward the urinary opening. This could introduce bacteria into the urinary system.
12. Observe the genital area around the catheter for sores, swelling, crusting, leakage, or bleeding. Document and report these observations.
13. Ensure the catheter tubing is taped or that a catheter securement device is in place, according to the Care Plan.
14. Position the patient so that the catheter tubing does not kink or pull. The urinary drainage bag should be below the level of the patient's bladder.
15. Dispose of dirty linens and water. Remove the bed protector or towel from under the patient.
16. Lower the bed to its lowest setting and ensure side rails are up for patient safety.
17. Discard gloves and wash your hands.
18. Record time of procedure and any observations or changes in behavior or condition.

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12.6.5: Procedure- Assisting with Emptying of the Urinary Drainage Bag

Drainage bags on urinary collection systems, such as those from indwelling catheters or condom catheters need to be emptied on a regular basis. Home Health Aides/Personal Care Aides should frequently check that the tubing on catheter systems is not twisted or kinked. Home Health Aides/Personal Care Aides should always ensure that drainage bags are below bladder level. Never hang them from bed rails as the bag will move when bed rails are raised or lowered.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves.
3. Assemble equipment needed (measuring pitcher or graduate cylinder).
4. Place the measuring pitcher or graduate cylinder below the drainage bag on a paper towel.
5. Release the drain from the holder.
6. Open the clamp on the drainage bag without allowing the drain to touch the measuring cylinder.
7. Allow contents to pour into measuring container.
8. Take care to prevent urine from splashing onto your face or clothing.
9. Clamp the drainage bag and clean the end of the drain with an alcohol wipe.
10. Position the clamp back into its holder.
11. Measure the amount of urine at eye level while it is sitting on a flat surface. Record this as output.
12. Dispose of urine in the toilet. Flush. Clean the measuring container and store.
13. Discard gloves and wash your hands.
14. Document procedure, output, and any observed changes in behavior or condition. Report observations about changes in urine color, odor, amount, or characteristics, such as cloudiness, mucus or blood present. Note the condition of the drainage bag and catheter tubing. Report concerns or the need to replace catheter tubing or the drainage bag to a supervisor.

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12.6.6: Procedure- Measuring Urinary Output

Fluid that is taken in must be **eliminated** from the body. Urine that is **excreted** from the body is called **output**. It is important for Home Health Aides/Personal Care Aides to measure the output of their patients to ensure optimal health. A patient may have a condition in which the healthcare provider wants to ensure that their **intake** equals their output. This helps to ensure adequate fluid balance. Fluids are usually measured using milliliters (mL). The agency will specify the unit of measurement Home Health Aides/Personal Care Aides should use.

Urinals and catheter drainage systems have measuring lines on the system. The amount of urine at the number indicates the amount of output. For patients who use a toilet, commode, or bedpan, urine contents can be emptied into a graduated or other measuring pitcher to provide an accurate measurement of output. Contents can be disposed of down the toilet once the urine has been measured.

1. Explain to the patient the importance of measuring urinary output.
2. Always wash hands and don gloves when measuring urinary output.
3. Pour urine from a bedpan, commode, urinal, or urinary drainage bag into a measuring pitcher or cylinder.
4. Place the measuring pitcher on a paper towel on a flat surface.
5. Note amount of urine at eye level. Record amount. Amount of urine should be documented in milliliters (mL).
6. Discard urine into toilet, unless the urine is needed for a specimen.
7. If you notice anything unusual about the urine, save the urine to be inspected by a supervisor.
8. Flush the toilet.
9. Rinse bedpans, commodes, urinals, and measuring pitchers that have been used.
10. Store equipment in the appropriate place.
11. Discard gloves and wash your hands.
12. Document all output. Report any observations or changes in condition or behavior.
13. Record and report changes of characteristics of urine, including color, amount, odor, blood or mucus in the urine, or if the patient has difficulty or pain while urinating.

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SECTION OVERVIEW

12.7: Unit F- Assisting with Eating

12.7.1: Introduction

12.7.2: Procedure- Assisting with Eating

12.7.3: Procedure- Measuring Intake

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12.7.1: Introduction

An important part of the job of a Home Health Aide/Personal Care Aide is to assist patients with eating. This may include planning and preparing meals, shopping for ingredients, serving food, and feeding.

Home Health Aides/Personal Care Aides can provide an atmosphere that is pleasant during meal time. Ensure there are no unpleasant odors. Empty trash cans, and remove urinals and bedpans from sight. Offer to assist the patient to the bathroom and to perform mouth care prior to eating. Ensure patients who wear dentures place them in their mouths prior to eating. This allows the patient to better chew and digest their food.

Patients should always be positioned in an upright position during mealtimes. This helps to prevent choking. For patients who have swallowing or choking problems, they should be kept in an upright position for 30-60 minutes once their meal is complete.

Patients with **visual impairments** may need to be instructed about the position of food on their plate. An easy way to do this is to use the clock method. Instruct patients about position of food using the face of a clock as a guide. For example, “The peas are at 2:00, the meatloaf is at 6:00 and the rice is at 9:00.”

Some patients may only need assistance with preparing food and are able to eat independently. Many types of adaptive equipment such as special plates, cups, and eating utensils are available to help people be as independent as possible while eating. Other patients will require complete care during eating and the Home Health Aide/Personal Care Aide will need to feed the patient. HHAs/PCAs should sit next to patients while feeding and offer to keep those who are independent eaters company. Mealtime is a good time to get to know the patient. Patients who prefer to pray or have religious or spiritual practices prior to meals should be allowed to practice these rituals. Give privacy as appropriate and requested.

Home Health Aides/Personal Care Aides should offer foods that are appealing to their patient and allow them to choose the foods they would like to eat, as appropriate. Follow ChooseMyPlate guidelines as discussed in Module 8 when selecting and preparing food to serve to patients. Follow Care Plan guidelines when preparing special diets. Refer to Module 8 for specific instruction about preparing special diets.

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12.7.2: Procedure- Assisting with Eating

1. Inform the patient that it is mealtime. Provide choices about foods.
2. Always wash and dry your hands. Always apply gloves during meal preparation and when assisting with eating.
3. Assemble equipment needed (e.g. bowl, plates, cup, eating utensils, napkins).
4. Allow the patient to select foods they prefer.
5. Prepare the patient's environment by ensuring there are no unpleasant odors or sights.
6. Offer mouth care prior to eating. Assist with applying dentures. This allows a patient to be able to effectively chew their food. Assist or encourage the patient to put on glasses so they may see their food.
7. Position the patient in a high upright sitting position. This will prevent the patient from choking or aspirating food or fluids.
8. Allow the patient time to pray before eating if they wish.
9. Arrange food attractively on the plate.
10. Encourage the patient to do as much as they are capable. Assist only as needed.
11. Cut food into small, bite-sized pieces if patient is unable to do so.
12. Place a napkin under the patient's chin. Replace soiled napkins as needed.
13. Inform the patient of food temperatures, especially for food that is hot.
14. Use forks and spoons gently when feeding the patient. Never force feed a patient.
15. Allow adequate time between bites before offering the next bite.
16. Encourage the patient to chew food well before proceeding to taking the next bite.
17. Mealtime is a good time for Home Health Aides/Personal Care Aides to get to know their patient. Make eating time a pleasurable experience. Be patient. Sit next to or facing the patient if assisting with feeding or while providing company during meal times. Allow the patient to eat alone if they prefer. Check on them every 5-10 minutes.
18. For patients who have swallowing problems, Home Health Aides/Personal Care Aides should limit their conversation while the patients are chewing. They may need to concentrate on chewing and swallowing their food appropriately.
19. Encourage, or assist, if needed, wiping of the mouth or face.
20. Use straws or training cups as appropriate to allow ease of drinking and promotion of independence.
21. Special plates with guards and padded eating utensils help to promote independence.
22. Remove uneaten food, liquid, and soiled dishes once the patient is done eating. Clean the patient's area and all used dishes.
23. If the patient has swallowing problems, keep them in an upright position for 30-60 minutes after eating to prevent choking or aspiration of food or fluids.
24. Offer hand and mouth hygiene when the patient has finished their meal.
25. Remove your gloves. Wash and dry your hands.
26. Document completion of the task and record any changes in condition or behavior. Report any chewing or swallowing problems. Report any changes in appetite. Record amount of food eaten and fluids taken in as intake.

Special **Needs**

1. If the patient has a sensory impairment, such as a vision problem, tell the patient where the food is located on the plate using a clock to inform them of food position. For example, "The mashed potatoes are at the 6:00 position, the meatloaf is at 3:00 and the green beans are at 9:00."
2. If the patient has facial weakness or arm/hand weakness or paralysis, feed the patient to their strong side and/or place eating utensils on their stronger side.
3. If the patient has a swallowing problem, allow longer periods between bites for adequate chewing. Limit the amount of conversation while the patient is chewing or swallowing. Ensure that the food is cut into bite sized pieces and that food is the appropriate consistency (e.g., pureed), according to the patient's prescribed diet.
4. Special plates, utensils, and cups are available to assist the patient who is weak or who has trouble grasping utensils. Eating utensils can be built up by using gauze taped around the handles.

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12.7.3: Procedure- Measuring Intake

To maintain adequate health, we need to take in a certain amount of fluid per day. Depending on a patient's condition, they may either be encouraged to drink fluids or limit their fluid intake. Fluid that is taken in is called intake. Fluids are usually measured using milliliters (mL). One cup of liquid is 8 ounces or 240 mL.

The amount of food that is eaten can also be measured. This can be done by weighing the food prior to serving and subtracting the amount left to get the total intake. Food intake can also be measured by determining percentage eaten. If all the meal is consumed, the intake is 100%. If none of the meal is consumed, the intake is 0%. A quarter of the meal consumed would be 25% and half the meal consumed would be 50%. The agency will specify the unit of measurement to be used.

1. Explain to the patient the importance of recording their intake. Throughout your shift, ask the patient what and how much they have had to eat or drink.
2. During food preparation, measure the amount of food or liquid that is served. Use standard measuring cups and spoons to properly measure intake. Record this in the appropriate place.
3. Once the patient has finished eating or drinking, subtract the amount they have consumed from the amount you served. Record this number as their input. Input for fluid should be recorded as milliliters (mL).
4. Record the weight or percentage of food consumed in the appropriate place.
5. Document all intake. The agency may provide Home Health Aides/Personal Care Aides with a specific intake and output (I & O) sheet. They should report any observations or changes in condition or behavior.

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12.8.1: Procedure- Proper Body Mechanics

Proper body mechanics means using your body in an efficient and safe way. Using proper body mechanics prevents Home Health Aides/Personal Care Aides from injuring themselves or their patient. Proper body mechanics involves always using good posture, keeping your back and trunk straight and aligned with your hips, and keeping your head facing forward toward the direction you are working. This prevents twisting, which increases your risk of injury. Turn your entire body, including your legs in the direction you move. Never twist the trunk or waist.

Bend your legs and not your back while working. Your feet should be about 12 inches apart to provide a strong base of support and balance for you to work. Use the larger and stronger muscles of your thighs, hips, shoulders, and upper arms while bending or lifting objects. This protects your back and smaller muscles from injury.

Keep objects close to your body when lifting or carrying them. Home Health Aides/Personal Care Aides should always raise the bed to waist height when working with a patient who is in bed or making a bed. This prevents unnecessary bending of the back. When pushing, place one leg forward. When pulling, move one leg back. This provides you with a stronger and more stable base of support. Keep in mind when moving a patient that your path, or direction in which you are moving should be clear of objects that could get in the way and cause potential injury. Home Health Aides/Personal Care Aides should always lock the brakes on the bed and wheelchair before transferring a patient. This prevents the bed or wheelchair from moving and causing potential injury to them or the patient.

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12.8.2: Procedure- Standing

1. Place your feet hip width apart (about 12 inches) with one foot in front of the other to create a firm base of support. This provides you with a stronger sense of balance than if your feet were close together.
2. Keep your back and neck straight and pelvic area aligned with your hips. Always keep your upper body aligned with your lower body to prevent injury. Alignment means that a vertical (up and down) line can be drawn from your head to your feet so that both sides of your body are equal. One side is not leaning more in one direction.
3. Face toward the direction of movement. Keep your head and neck straight and turn toward the direction in which you are working or moving. This avoids straining your neck muscles.

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12.8.3: Procedure- Lifting

1. Use a firm base of support when lifting objects. Keep your feet hip width apart and your upper and lower body aligned.
2. Use the stronger muscles of your hips and thighs to provide a center of gravity, which gives you more balance and support. Do not bend your back to lift items.
3. Bend at your knees and hips to lower yourself. Do not bend your back or lean forward to push or pull objects. Use the large muscles in your legs and hips to bend and support your weight rather than using the smaller muscles of your back.
4. When lifting an object, use the stronger muscles of your thighs and upper arms to lift the object. Do not reach for the object by stretching your back. Position yourself close enough so that you do not have to overextend your back or your arms to obtain the object.
5. Keep objects you are lifting close to your body. This keeps the weight of the objects closer to your center of gravity, which provides you with more balance and stability. Keep your legs hip width apart while lifting. Keep your back straight.
6. Pivot (turn) with your feet. Keep your upper and lower body aligned with one another when turning. Do not twist at your waist. Face objects or people you are moving to help avoid twisting at the waist.
7. When standing up, use the strength of your hip and thigh muscles to raise your body and the object. Carry the object close to your body.
8. Use a lift sheet or bed pad, placed under the patient, to assist with moving and positioning a patient in bed. Grasping the edges of the bed pad on either side of the bed pad rather than grasping the patient's body parts or clothing, to lift the patient prevents the HHA/PCA and the patient from injury. Use a partner to assist with lifting patients in bed.

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12.8.4: Procedure- Using Proper Working Height

1. When making a bed, do not lean forward over the bed. If using an adjustable bed, raise it to waist level. Lower side rails of the side in which you are working. This allows you to move as close as possible to the patient to avoid awkward movements or unnecessary bending, leaning, or twisting.
2. If making a regular bed, without an adjustable height, kneel on the bed to support yourself, with your back straight. This prevents unnecessary bending of your back.
3. Always move to the other side of the bed, rather than leaning over the bed, when you must work on the opposite side of the bed, such as during bed making.
4. Raise bed tables, if you can, to waist height. This allows materials you need to be at working height so that you do not need to bend or twist to reach them. This also prevents contamination of items when you are bathing a patient or assisting with changing dressings on wounds.
5. When assisting a patient with dressing, applying lotion, socks, or shoes, Home Health Aides/Personal Care Aides should use a firm base of support, bend using the strength of their thighs to provide balance, and position themselves at the level where they are working. Alternatively, they may kneel. Do not bend over to put lotion or shoes on a patient.

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12.8.5: Procedure- Turning and Positioning the Patient in Bed

Turning a patient in bed is an important task of the Home Health Aide/Personal Care Aide. It is very important to protect the patient's skin any time they are turned or moved. **Friction** (rubbing of two surfaces together, such as the skin rubbing against a sheet) and **shearing** (when skin sticks to a surface, such as a sheet, and the muscles underneath slide in the direction the body moves) can cause skin breakdown and injury. Friction and shearing can also occur when the patient slides down in bed. To reduce friction and shearing, use a **draw sheet or bed pad** (these are special linens placed underneath patients to help lift them in bed) when moving a patient. When lifting or moving patients in bed use at least two people to assist as often as possible. Never pull on a patient's body part to lift or turn them, as this can cause a serious injury.

Patients should be turned every two hours to prevent development of pressure ulcers. There are a number of positions in which patient can be placed. Alternate the positions used to help prevent pressure ulcers and to provide patient comfort. Position pillows under bony areas to prevent pressure ulcers. If patients prefer to stay in one particular position, a pillow should be placed under one buttock or hip to prevent pressure ulcers. This pillow can be rotated to the other side with the next position change. For example, the patient has a pillow placed under their right buttock at 10 am. With the 12 noon turn and position, the pillow can be moved to under the left buttock.

Positions:

- **Fowler's Position:** In this position the patient is placed in a sitting up or upright position.
  - This is the position patients should be placed for eating, taking medications, and if they have difficulty with swallowing or breathing.
  - Pillows may be placed behind the head, under each arm, under a hip to lift the buttock from the bed, and one under each leg with heels off the surface of the bed.
- **Supine Position:** In this position the patient is placed in a lying or reclining position with their back against the bed and their face positioned up.
  - Pillows may be placed behind the head, under a buttock, and one under each leg with heels off the surface of the bed.
- **Prone Position:** In this position the patient is placed face down with their belly against the bed. Arms should be positioned so they are not underneath the patient. Arms may be gently bent at an angle at the patient's side.
  - Pillows may be placed under calves, feet, arms, and head for comfort and to prevent pressure ulcers.
- **Lateral Position:** In this position the patient is placed on one side.
  - Pillows should be placed between their knees, under their head, under the arm that is draped over their top leg, and under the leg that is closest to the bed to keep heels off the surface of the bed.

Pillows should be placed under bony prominences to prevent pressure ulcers.

Examples of Bony Prominences That Are at Risk for Pressure Ulcers:

- Back of the head
- Heels
- Elbows
- Ankles
- Hips
- Sacrum (lower back)
- Coccyx (tailbone)

Before repositioning the patient, Home Health Aides/Personal Care Aides should also offer the use of the restroom, bedpan, or urinal. Patients should also be offered a glass of water at this time to ensure proper hydration. Ensure the patient's body is in proper alignment once you are done positioning them, and that pillows are used to support body parts.

Procedure: Turning the Patient in Bed

1. Explain the procedure to the patient.
2. Wash and dry hands. Put on gloves as needed.
3. Position yourself on the side of the bed that the patient will be turned to. Adjust the bed to waist height. Lock bed brakes. Lower the head of the bed. This allows gravity to work with, instead of against you. Lower the side rail closest to you. Use proper

body mechanics.

4. Provide privacy and warmth for the patient. Keep them covered with a blanket.
5. Ensure safety of the patient while turning. Watch position of the patient's head and extremities (arms and legs). Never let a patient's head roll backward or arms and legs to get caught in side rails.
6. *Lifting the patient toward the head of the bed:* Before turning or positioning a patient, and when patients slide down in bed, Home Health Aides/Personal Care Aides may have to lift them further up toward the head of the bed.
    - *For a patient who can assist:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Lower the side rail on the side you are standing. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. Face the patient. The foot closest to where you are moving should be slightly forward and your rear leg slightly backward. Place one arm under the patient's shoulders and the other under the patient's thighs. Instruct the patient to bend their knees and push down against the mattress with their feet and hands. You should rock back and forth to begin your motion and start to count out loud. On the count of three, shift your weight to your front leg, and assist the patient to move up in bed, while they push down on the mattress with their hands and feet.
    - *Using a draw sheet/bed pad to lift the patient with two people:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Lower the side rails. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. Point the foot closest to the head of the bed in that direction. Your other leg should be slightly behind you. Face the patient. Each person should roll the bed pad on their side and grasp it in their hands. Each person should shift their weight from front to back legs by rocking back and forth and then shift their weight toward their front foot (the direction to which they are going) and on the count of three, slide the patient and draw sheet toward the head of the bed.
    - *Using a draw sheet/bed pad to lift the patient with a one person assist:* Put the head of the bed flat and move any pillows that will be in the path you are moving toward. Stand behind the head of the bed. Use proper body mechanics: stand with your feet hip width apart and slightly bend your knees. One foot should be slightly in front of the other. Roll and grasp the top of the draw sheet/bed pad on either side of the patient's shoulders. While pulling the draw sheet up toward you, rock your weight from your front to your back foot. On the count of three, pull the bed pad up toward the head of the bed. If possible, ask the patient to assist by pushing down on the bed with their feet while you lift up.
7. *Moving the patient to the side of the bed:* Before turning a patient, and when performing procedures such as a bed bath or mouth care, you should position the patient closest to the side of the bed you are on. This prevents you from having to extend your reach, which reduces your personal injury risk. Moving the patient to the side of the bed before turning them also ensures that they will not end up too far on the edge of the other side of the bed, which increases their chance of falling off the bed.
    - *Moving the patient in segments:* To move the patient in segments, you will first move the upper part of the body, and then the trunk area, and finally the legs and feet. To move the upper part of the body, place the hand closest to the patient underneath their neck and grasp their far shoulder (the shoulder furthest from you) from underneath their body. With your other arm, place your hand under the middle of their back, near their waist area. Gently move their upper body toward you. While moving the patient, watch for proper body mechanics. Rock backward and shift your weight to your back leg. To move their torso, place one arm under their waist and one under their thigh. Rock backward, shift your weight to your rear leg, and move them toward you. To move their legs and feet, place your arms under their thighs and calves. Rock backward and shift your weight to your rear leg. Take care not to let their feet drag or get caught underneath them.
    - *Moving the patient with a draw sheet/bed pad with a 2 person assist:* To move the patient using a draw sheet/bed pad, roll up the draw sheet/bed pad on the side closest to you. This provides you with a grip with which to move the patient. Another worker should do the same on the other side. On the count of three, rock backward, placing your weight on your rear leg, and pull the patient toward you, lifting slightly so the patient does not drag across the bed.
    - *Moving the patient with a draw sheet/bed pad with one person:* To move the patient using a draw sheet/bed pad, roll up the draw sheet/bed pad on the side closest to you. This provides you with a grip with which to move the patient. One hand should have the draw sheet/bed pad near the patient's shoulders, with the other hand grasping the draw sheet near the patient's hips. On the count of three, rock backward, placing your weight on your rear leg, and pull the patient toward you, using the draw sheet/bed pad to move the patient.
8. *To turn the patient toward you:* Stand on the side of the bed to which you want to move the patient. Ensure the side rail is up on the side to which the patient is turning from. Lower the side rail on the side closest to you.Cross the patient's arms over their chest and bend/cross the patient's leg nearest you over the farthest leg. Stand with your feet about 12 inches apart, bend at the knees, and place one hand on the patient's shoulder and one on the patient's hip. Rock backward and shift your weight to your rear leg. Roll the patient toward you.

9. *To turn the patient away from you:* Stand on the side of the bed opposite of the side you want to move the patient. Ensure the side rail is up on the side to which the patient will be turning. Cross the patient's arms over their chest. Cross and slightly bend the patient's leg furthest from you over their lower leg. Stand with your feet about 12 inches apart, bend at the knees, and place one hand on the patient's shoulder with the other on their hip. Roll the patient in one smooth motion so that their entire body rolls as one. As you roll them, shift your weight from your back to your front leg. You can also use the bed pad to turn the patient toward you by gripping the bed pad near the patient's shoulder and hip and rolling the patient. Keep the patient in good alignment at all times.
10. Place the patient's head, arms, and legs correctly. The top knee should be flexed with a pillow between the legs. The ankle and foot should be supported. Support arms and legs as necessary with pillows or rolled towels or blankets. Ensure the patient is not lying on their arm by adjusting their shoulder. Position pillows underneath all bony prominences to prevent pressure ulcer development. A pillow should be placed at the small of their back to prevent them from rolling onto their back.
11. Adjust pillows and head height for comfort. Ensure the patient's body is properly aligned.
12. Ensure that the patient's mouth, face, and nose are not obstructed by pillows so they can properly breathe.
13. Return bed to proper safe height (lowest position). Ensure side rails are up for patient safety.
14. Remove your gloves. Wash and dry your hands.
15. Document completion of task and record any changes in condition or behavior. Report and record any observations made about skin condition.

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12.8.6: Procedure- Positioning the Patient

Patients who are bedbound or who are unable to turn themselves must be turned and repositioned every two hours. This helps to prevent pressure ulcers development. There are a variety of positions Home Health Aides/Personal Care Aides can choose to rotate the patient to.

On **Back (Supine Position)**

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels)
4. Center the patient in the middle of the bed.
5. Turn the patient onto their back.
6. Ensure the patient's body is in proper alignment.
7. Replace soiled or damp pillow cases with clean ones.
8. Place a pillow underneath the back of the patient's head.
9. Place a pillow underneath the small of the patient's back if they prefer.
10. Place a pillow underneath each bony prominence of the patient's hips. To do this, slightly turn the patient to one side and slide a pillow lengthwise along their hips. The pillow will be partly under their back and partly sticking out from their sides. The top of the pillow should be near their lower back, with the bottom of the pillow underneath their buttocks. This will ensure that the bony prominences of their hips are not pressing against the bed, creating a possible pressure ulcer. Repeat on the other side of the patient's hips.
11. Place one pillow underneath each leg of the patient. One pillow should be used per leg. Pillows should be placed lengthwise. Make sure that the patient's heels are not pressing against the pillow or mattress. You may slightly tuck the end of the pillow closest to the patient's feet by slightly rolling it under. This ensures that the patient's heels are floated (free from pressing against surfaces).
12. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
13. Remove your gloves. Wash your hands.
14. Record time of procedure and any observations or changes in behavior or condition. Also record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
15. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Lateral **Position (Also Called a Side-Lying Position)**

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels).
4. Center the patient in the middle of the bed.
5. Safely turn the patient to one side using one fluid motion to move their entire body. This helps to keep their body in alignment.
6. Once turned to their side, ensure that the patient's body is in proper alignment.
7. Place a pillow under the patient's head and neck.
8. Place a pillow between the patient's legs so that the knees are not pressing against each other, causing a possible pressure ulcer.
9. Place a pillow underneath the arm that is on top of the patient's hip.
10. Place a pillow underneath the patient's feet to float the heels.
11. Place a pillow at the small of the patient's back to provide support so they do not roll over. To do this, place the pillow lengthwise and then slightly roll it to tuck the ends under.
12. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
13. Remove your gloves. Wash your hands.
14. Record the time of procedure and any observations or changes in behavior or condition. Also record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
15. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Prone **Position (on Abdomen)**

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves as needed.
3. Assemble equipment (pillows, clean pillow cases, towels).
4. Move the patient to the side of the bed.
5. Gently turn/assist the patient onto their abdomen (stomach).
6. Ensure the patient's body is in proper alignment.
7. Turn the patient's head to the side and ensure it is in proper alignment. Place a pillow under the patient's head.
8. Position the patient's arms for comfort by gently bending them upward on either side of the patient so that their palms are facing down on the bed. Ensure that arms are not tucked under their body. Place pillows under the patient's arms for comfort.
9. Place a pillow underneath the patient's lower legs to elevate their heels.
10. Ensure that the patient is comfortable and appropriately covered for warmth and privacy.
11. Remove your gloves. Wash your hands.
12. Record the time of procedure and any observations or changes in behavior or condition. Record and inform a supervisor of any changes in skin condition or observations of skin breakdown or pressure ulcers.
13. Remember to turn and position the patient every two hours to prevent pressure sore formation.

Assisting Patients to Transfer to and from Different Positions

Patients may require assistance moving among positions. They may need assistance moving from a lying down to a sitting position and from a sitting upright position to moving to the edge of the bed. If the patient would like to get out of bed, the Home Health Aide/Personal Care Aide should assist them to a sitting position and allow them to sit at the edge of the bed for a few minutes prior to standing. This helps their bodies adjust to changes in blood pressure and helps prevent falls.

This section provides instruction for how to assist patients move from a lying down to a sitting position, from a sitting upright position to the edge of the bed, and finally to a standing position. Assisting with walking (ambulation) is also discussed. This is an important skill for the Home Health Aide/Personal Care Aide. Patients benefit from exercise in order to maintain and improve muscle and bone strength. Instruction is also provided for assisting patients transfer to a wheelchair, chair, toilet, commode, and shower.

Proper positioning of a patient while in a wheelchair is also discussed. Patients who spend a great deal of time in wheelchairs are at risk for pressure ulcers. They should be encouraged or assisted to turn and position every two hours. Pillows may be used to relieve pressure points.

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12.8.7: Procedure- Transfer to the Sitting Position in Bed

Patients may require instruction or assistance with sitting up in bed. Sitting up in bed allows a patient to eat, engage in visits with loved ones, or participate in other activities. Some patients may become dizzy or feel faint if they sit up too quickly. Home Health Aides/Personal Care Aides should always watch their patient for signs of dizziness and inquire as to whether they feel faint when changing positions from a lying down to a sitting position. If dizziness or faintness persists once the patient is in a sitting (Fowler's) position Home Health Aides/Personal Care Aides should , assist them back into a lying down (supine) position and inform their supervisor.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure that the locks of the bed are on.
4. Raise the height of the bed to a safe working height. Raise the head of the bed. This makes it easier for the patient to rise into a sitting position.
5. Remove any pillows that are placed underneath the patient's body. Fold back the top covers.
6. Face the head of the bed. Place your outer foot forward. Your feet should be about 12 inches apart. Keep your hips aligned and slightly bend at the knee.
7. *For an independent patient who can sit up without assistance:* Ask them to bend their knees. Instruct the patient to push down on the mattress with their hands, while also pushing down on the bed with their feet, as they boost themselves up in bed into a sitting position. Provide support and assistance as needed.
8. *For the patient who requires assistance to sit up:* Place one arm (the arm closest to the patient) behind the patient's shoulders. If it is a particularly frail patient or one who cannot control their neck or head, rest your forearm and hand behind their head. This prevents their head from rolling back. Place your other arm underneath the patient's thighs.
9. Do not hold the patient underneath their axilla (armpit) and do not pull against their clothing or other body part. You could cause them injury if you do so.
10. Use a gentle rocking motion to assist the patient to propel forward and up into a sitting position. On the count of 3 (count aloud so the patient knows when they will be moving), help to move the patient to the sitting position by slowly pushing them up. Rock forward and then backward, keeping your back aligned, and shifting your weight from your front to your rear leg. This provides a firm base of support and balance while assisting the patient into a sitting position.
11. Place a pillow or two behind the patient's back and head to keep them in an upright position. Position and cover the patient for comfort.
12. Check for any changes in the patient's condition such as dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made the patient to indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a lying down position. Immediately inform a supervisor.
13. Remove gloves if wearing, and wash your hands.
14. Place the bed back into its lowest level and ensure side rails are raised.
15. Document the procedure and any observations or changes in condition.

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12.8.8: Procedure- Helping the Patient to Sit at the Side of the Bed

It is helpful when transferring a patient or assisting with ambulation to first assist a patient from a lying down to a sitting position. Care Plans may provide instructions for Home Health Aides/Personal Care Aides to assist patients to dangle (sit at the edge of the bed) for a certain amount of time per day. Care Plans may also instruct Home Health Aides/Personal Care Aides to allow their patient to dangle at the edge of the bed prior to standing or transfer. They should always watch their patient for signs of dizziness and inquire as to whether they feel faint when changing positions from a lying down to a sitting position. If dizziness or faintness persists once the patient is in a sitting position, assist them back into a lying down position and inform a supervisor.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Face the head of the bed. Place your outer foot forward. Your feet should be about 12 inches apart. Keep your hips aligned and slightly bend at the knee.
4. Make sure the bed is in its locked position.
5. *For an independent patient who can sit up without assistance:* Ask the patient to roll onto their side toward the side of the bed that they will be sitting on. Ask them to bend their knees and turn onto their side, facing you. Instruct the patient to grasp the mattress with their lower arm (the arm closest to the edge of the bed) and to use their other hand to push themselves up by reaching across their chest and reaching down to the mattress. Instruct them to push down on the mattress while swinging their legs over the side of the bed. They may also use a side rail for support while sitting up. Provide support and assistance as needed.
6. *For the patient who requires assistance to sit up:* Place one arm (the arm closest to the patient) behind the patient's shoulders. If it is a particularly frail patient or one who cannot control their neck or head, rest your forearm and hand behind their head. This prevents their head from rolling back. Place your other arm underneath the patient's thighs.
7. Do not hold them underneath their axilla (armpit) and do not pull against their clothing or other body part. You could cause them injury if you do so.
8. Use a gentle rocking motion to assist the patient to propel forward and up into a sitting position. On the count of 3 (count aloud so the patient knows when they will be moving), help to move the patient to the sitting position by slowly turning them up and toward you. Rock forward and then backward, keeping your back aligned, and put your weight onto your rear foot to provide a firm base of support and balance while you assist the patient into a sitting position. Help position the patient's legs over the edge of the bed.
9. Place a pillow or two behind the patient's back to keep them in an upright position. Position and cover the patient for comfort.
10. Check for any changes in the patient's condition such as dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a lying down position. Immediately inform a supervisor.
11. Remove gloves if wearing and wash your hands.
12. Place the bed back into its lowest level and ensure side rails are raised.
13. The Care Plan may provide instructions for assisting a patient to dangle their legs for a specific length of time before returning them to a lying down position. Or, it may instruct the HHA/PCA to allow the patient several minutes to dangle at the side of the bed prior to standing or transfer. Follow the Care Plan accordingly.
14. Document the procedure and any observations or changes in condition.

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12.8.9: Procedure- Helping a Patient to Stand

Before ambulating a patient, Home Health Aides/Personal Care Aides should assist them to a standing position. Allow the patient to stand in place for 1-2 minutes to ensure that they are steady on their feet and to allow their body to adjust to the change in position. Many patients may become dizzy or feel faint when moving from a sitting to a standing position. If dizziness or faintness persists, Home Health Aides/Personal Care Aides should assist the patient back into a sitting position and inform their supervisor. The use of a gait belt is helpful to assist a patient during transfers. It helps to prevent falls and injury. The belt should be applied over the patient's clothing and around their waist. Never apply a gait belt to bare skin as it could cause skin breakdown.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure the bed locks are on and the bed is in its lowest position.
4. Ensure the patient has on socks and non-skid shoes.
5. Assist the patient to a sitting position as outlined in the procedure, "*Helping the Patient to Sit at the Side of the Bed*".
6. Face the patient. Place your feet about 12 inches apart, using the strength of your thigh muscles to provide the base of your support. Bend your knees slightly. Keep your hips and back aligned.
7. Instruct the patient to place their feet firmly on the floor and to push down on the bed with their arms and to lean forward. If they have one weak leg/foot, instruct them to place their strongest foot under them and to use that foot to provide the base of their support to assist them during the stand.
8. If using a gait belt ensure that the gait belt is secure and over the patient's clothing.Grasp the gait belt securely in both hands, with one hand on either side of the patient's waist as you stand in front of them.
9. If not using a gait belt, stand in front of the patient, place your arms and hands around the patient and place your hand under their shoulder blades. Hold the patient close to your center of gravity. This provides balance and stability. Reassure them as needed. Brace the patient's knees by placing the inside of your knees against the outside of their knees. If the patient has one weak leg, brace that knee by placing your inner thigh against the inside of their knee. Your other leg should be in front of the patient's knee, braced against it.
10. Gently rock the patient backward and forward to provide a propelling motion, and begin to count.
11. On the count of three (out loud), assist the patient to a standing position. As you assist the patient into a stand, shift your weight onto your rear foot for stability and support.
12. Support the patient until they are stable.
13. Stay in front of the patient to ensure they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made the patient to indicate this. If the patient remains dizzy or continues to report feeling weak, return them to a sitting and then lying down position. Immediately inform a supervisor.
14. If the patient begins to fall during assisting to a standing position, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the floor or to the bed if you can. Immediately report the near fall or any actual falls to a supervisor. If the patient has fallen, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and should seek direction from their supervisor about completing the incident report.
15. Remove gloves if wearing and wash your hands.
16. Document the procedure and any observations or changes in condition.

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12.8.10: Procedure- Helping the Patient to Ambulate (Walk)

Many patients will benefit from ambulation (walking), even for short distances. It helps to promote strength, endurance, and to improve circulation. It can also provide distraction and a sense of empowerment for a patient. Never push a patient to walk further than they feel able. Always follow the Care Plan for guidelines and instructions in ambulating a patient.

1. Explain the procedure to the patient. Ensure the patient understands the benefits for their health of ambulation. Provide reassurance and safety for the patient throughout ambulation.
2. Instruct and assist the patient to apply appropriate shoes. Shoes should be laced if they have laces and should have rubber backing with treads for safety. Socks should be worn with shoes.
3. If using a gait belt, walk slightly behind and to the side of the patient, while holding onto the gait belt with both hands. If the patient is weaker on one side, Home Health Aides/Personal Care Aides should stand on the weaker side to provide extra support.
4. If not using a gait belt, walk slightly behind and to the side of the patient, while supporting the patient's back with the arm closest to the patient. Use your other arm to provide necessary support at the patient's waist or to hold their arm at their elbow.
5. Walk slowly, taking small steps, and provide reassurance as needed. Instruct the patient to look forward, and not down, during walking. Assess the patient's strength, balance, and any signs of fatigue while you are walking.
6. If the patient has a visual impairment, provide directions and inform the patient of any obstacles in their way, steps that need to be stepped up or down on, and when corners will be turned.
7. Ensure the patient uses ambulation devices (e.g. cane, walker) safely and appropriately.
8. Walk for short distances and take the patient's response to the walking into consideration. If the patient appears fatigued, encourage and take breaks. Allow the patient to sit and rest if needed.
9. If the patient begins to fall during ambulation, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report the near fall or any actual falls immediately to a supervisor. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and they should seek direction from their supervisor about completing the incident report.
10. Observe, record, and report any changes in condition or behavior. Document the distance the patient walked and assistance needed during ambulation.
11. Procedure: Transfer to a Wheelchair, Chair, or Commode

When transferring a patient to a wheelchair, chair, or commode, Home Health Aides/Personal Care Aides should position the chair the patient is transferring to on the patient's strongest side. When transferring a patient back to the bed, wheelchair, or another chair, they should reverse the procedure, following the same safety rules. Home Health Aides/Personal Care Aides should always use proper body mechanics to ensure the safety of themselves and their patient.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure the bed locks are on and the bed is in its lowest position.
4. Angle the wheelchair, chair, or commode next to the bed. Angle it so that it is slightly turned toward the bed. If using a wheelchair, ensure the chair brakes are on and remove the footrests.
5. Assist the patient to a sitting position as outlined in the *procedure, " Helping the Patient to Sit at the Side of the Bed"*.
6. Place non-skid slippers or shoes on the patient's feet.
7. Place a gait belt on the patient, if using.
8. Stand in front of, and facing, the patient. Place your feet about 12 inches apart. Use your thigh muscles to provide a strong base of support. Keep your back aligned with your hips. Slightly bend your knees. Remember to avoid twisting your body as you move. Brace your knees against the patient's knees and block their feet with yours. Alternatively, you can place one knee and foot against the patient's weakest leg. Your other foot should be slightly behind you. You may also straddle both your legs around the patient's weakest leg.
9. Place your hands on the patient's waist, or if using a gait belt, grasp the gait belt with both hands.
10. If able, instruct the patient to push down on the bed with their hands at their sides. Instruct them that you will assist them to a stand on the count of 3. Alternatively, instruct the patient to place their hands on your hips or shoulders. Do not allow them to hold onto your face or neck.

11. With a gentle rocking back and forth motion, and on the count of three, assist the patient to a stand. If using a gait belt, follow the same procedure.
12. Assist the patient to pivot slightly toward the chair/wheelchair.
13. Instruct the patient to take small steps backward until they feel the chair/wheelchair/commode behind their knees.
14. When the patient's knees are touching the chair/wheelchair/commode, ask them to put their hands on the armrests, and gently lower them into a sitting position.
15. Stay in front of the patient and check to ensure they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this.
16. If putting a patient into a wheelchair or chair with wheels, ensure the locks are on and leg rests are positioned so that the patient's feet are resting comfortably on the footplates.
17. If the patient begins to fall during a transfer, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. Do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and should seek direction from their supervisor about completing the incident report.
18. Position and cover the patient for comfort, warmth, and privacy.
19. Remove gloves if wearing and wash your hands.
20. Document the procedure and any observations or changes in condition.

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12.8.11: Procedure- Positioning Patient in Chair or Wheelchair

Positioning a patient comfortably and safely in a chair or wheelchair is an important task of the Home Health Aide/Personal Care Aide. Just as in bed, patients need to be re-positioned every two hours when they are in a chair or wheelchair. Patients can also slide down while in a wheelchair or chair, and may require assistance to maintain a proper sitting position. Patients should sit on pressure distribution devices, such as wheelchair cushions. This helps to prevent pressure ulcer formation. If the patient is able, Home Health Aides/Personal Care Aides should instruct them to shift their weight from side to side every two hours to relieve pressure on their buttocks. Use a draw sheet/bed pad under a patient sitting in a wheelchair or chair. This will help a HHA/PCA with safely repositioning and lifting the patient.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. *If the chair reclines:* Obtain assistance from another person. Lock the wheels. Recline the chair. This allows gravity to help you move the patient up in the chair. Using a draw sheet, fold and grasp one end. Ensure you use proper body mechanics. Just as in the *procedure, "Turning the Patient in Bed"*, on the count of three, each person will lift the person up toward the head of the chair.
4. *If the patient is able to assist you with standing:* Lock the wheelchair or chair locks. Move footrests or stools out of the way. Apply a gait belt, if using. Instruct the patient to hold onto the armrests and to push down on your instruction. Stand in front of the patient and brace their legs and knees with your own. Ensure you use proper body mechanics. On the count of three, ask the person to push down against the armrests as you assist them to a stand.
5. *Once the patient is standing:* Straighten wrinkles in chair pads or draw sheets, fluff pillows, and check their skin for any reddened areas.
6. *When positioning the patient back into the wheelchair or chair:* Reverse the procedure used to assist them to a stand. Ensure patient's hips are as far back in the chair as possible. Position feet so they are in proper alignment with their body. Make sure feet are on footrests if using a wheelchair and that they are not caught behind the footrests or chair legs.
7. Check for positioning of male genitals. The patient should not be sitting on their scrotum.
8. Place a pillow behind the patient's back if they wish.
9. Position arms on arm rests or comfortably on the patient's lap. You may also use pillows for positioning the arms.
10. If the patient requests, recline their legs and feet by reclining the chair, if it reclines, or by positioning a stool or foot rest in front of them. Elevate legs and feet with pillows, ensuring the heels are floating off the pillow. This prevents pressure ulcer formation.
11. Remove gloves if wearing and wash your hands.
12. Document the procedure and any observations or changes in condition.
13. Just as in bed, reposition the patient every two hours when sitting in a wheelchair or chair.
14. Wheelchair pillows and **pressure redistribution devices** should be used with patients who will spend long periods of time in wheelchairs or chairs. These will help prevent pressure ulcers.

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12.8.12: Procedure- Transfer from Wheelchair to Toilet

When transferring a patient from a wheelchair to toilet, Home Health Aides/Personal Care Aides should position the wheelchair chair next to the toilet, or at an angle facing the toilet. When transferring a patient from the toilet to the wheelchair, reverse the procedure, following the same safety rules. Home Health Aides/Personal Care Aides should always use proper body mechanics to ensure the safety of themselves and their patient. Remember to offer toileting at least every two hours, and more frequently as needed.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves.
3. If you are required to measure the patient's output, place the measuring tool, or hat in the toilet.
4. Follow the guidelines in the *procedure "Transfer to a Wheelchair, Chair, or Commode"*.
5. Place the wheelchair at an angle, facing the toilet or commode. Alternatively, you may position the wheelchair so it is parallel (next to) the toilet.
6. Ensure wheelchair locks are on. Raise or remove footrests.
7. Stand in front of, and facing, the patient. Place your feet about 12 inches apart. Put the foot closest to the toilet in front of you, with your other leg slightly behind. Use your thigh muscles to provide a strong base of support. Keep your back aligned with your hips. Slightly bend your knees. Remember to avoid twisting your body as you move.
8. Brace your knees against the patient's knees and block their feet with yours. Alternatively, you can place one knee and foot against the patient's weakest leg. Your other foot should be slightly behind you. You may also straddle both your legs around the patient's weakest leg.
9. Assist the patient to a stand and pivot backward until the patient's back is toward the toilet or commode. Follow the procedures, *"Helping a Patient to Stand", and "Transfer to a Wheelchair, Chair, or Commode"*.
10. Place your hands on the patient's waist, or if using a gait belt, grasp the gait belt securely.
11. Instruct the patient to hold onto the grab bars near the toilet for support and balance.
12. Instruct the patient not to sit until they feel the toilet or commode at the back of their knees.
13. Instruct the patient to take small steps until they feel the toilet/commode behind their knees. If the wheelchair is parallel to the toilet, they should take small steps to the side, moving in the direction of the toilet. If the wheelchair is at an angle to the toilet, they should take small steps backwards.
14. If the patient is able, support them while they remove their pants/underwear. If unable, assist with removing pants/underwear. Have the patient hold onto the grab bars in the bathroom for support. Make sure that clothing is not caught at the patient's feet in a manner so that they could trip.
15. When the patient's knees are touching the toilet/commode, ask them to put their hands on the armrests of the commode or on the support bars of the toilet. If using a gait belt, hold onto the gait belt securely. Gently assist with or lower them into a sitting position.
16. Stay in front of the patient and check they are not experiencing dizziness, weakness, or shortness of breath. Make sure to record and report any conditions observed or statements made by the patient to indicate this.
17. Allow for privacy. If the patient is weak, or requests, you should stay with them.
18. Assist with cleaning the patient when they are done using the restroom.
19. Assist with transfer back to wheelchair/chair. Reverse the procedures used to assist the patient during transfer to the toilet. Ensure that wheelchair brake locks are on and feet are resting in the foot rests, with the leg rests appropriately positioned.
20. Teach the patient to wash their hands at the sink if able. If too weak to stand, you should provide a warm, soapy washcloth or hand sanitizer for the patient to use.
21. If the patient begins to fall during a transfer, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground.Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. Do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and should seek direction from their supervisor about completing the incident report.
22. Remove gloves if wearing and wash your hands.
23. Document the procedure and any observations or changes in condition.

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12.8.13: Procedure- Transfer from Wheelchair to Shower and Assisting with Shower

Assisting a patient who is in a wheelchair to bathe is an important task of the Home Health Aide/Personal Care Aide. A patient may be assisted into the shower from a wheelchair by using a gait belt and being guided first to sit on the edge of the tub and then to move into the shower. Home Health Aides/Personal Care Aides should always stay in the same room as patients who are weak or frail. Encourage the patient to provide as much care for themselves as possible. Provide assistance as needed.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure all equipment needed is gathered (shower chair, bathing supplies, and bath linens).
4. Fill the tub with water. Check the temperature to ensure it is no more than 105 degrees Fahrenheit.
5. Place the wheelchair at an angle, facing the shower between the grab bars or safety rails.
6. Ensure wheelchair locks are on. Raise or remove footrests.
7. If using a gait belt, ensure it is secure and that the patient has a shirt or towel on, with the gait belt positioned over their clothing. This is to prevent skin irritation and breakdown. Instruct the patient, or assist with moving to the edge of the wheelchair seat.
8. Assist the patient in placing one leg at a time over the edge of the tub.
9. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub.
10. Assist the patient into the tub by instructing or lowering the patient into the tub.They will be sitting in the tub. They may take a bath or shower depending on their preference.
11. Place toiletries and bath linens in patient's reach. Provide for privacy.
12. If the patient is weak, or requests, stay nearby and assist as needed.
13. Ensure all soap is rinsed off the patient and that their skin is thoroughly dried.
14. Assist the patient out of the shower in the reverse way that you helped them into the shower.
15. Assist with dressing as needed.
16. Put away equipment and supplies. Place soiled clothing and linens in the appropriate place. Clean shower/tub.
17. If the patient begins to fall during a transfer, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and should seek direction from their supervisor about completing the incident report.
18. Remove gloves if wearing and wash your hands.
19. Document the procedure and any observations or changes in condition.

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12.8.14: Procedure- Transfer from Wheelchair to Stool or Chair in Tub

A person may be transferred from a wheelchair into a shower chair or stool in the tub. A shower chair is water and slip resistant. If the shower chair has wheels, ensure the brakes are locked during transfers and while the patient is using it.

1. Explain the procedure to the patient.
2. Wash your hands and don gloves as needed.
3. Ensure all equipment needed is gathered (shower chair, bathing supplies, and linens).
4. Place a non-slip mat in the tub.
5. Fill the tub with warm water (not to exceed 105 degrees Fahrenheit).
6. Position the wheelchair so that it is at a slight angle facing the tub, next to the shower chair.
7. Ensure wheelchair locks are on. Raise or remove footrests.
8. If using a gait belt, ensure it is secure and that the patient has a shirt or towel on, with the gait belt positioned over their clothing. This is to prevent skin irritation and breakdown.
9. Assist or instruct the patient to move to the edge of the wheelchair seat.
10. Instruct the patient, or assist with placing their legs, one at a time, over the edge of tub.
11. Instruct the patient to grab onto the bars or the side of the tub and assist them into a sitting position on the edge of the tub.
12. Ensure wheelchair locks are on. Raise or remove footrests.
13. Assist the patient to remove clothing.
14. Assist the patient to a stand and then to a sit at the edge of the tub, following procedures above.
15. Push the wheelchair out of way.
16. Assist the patient onto chair or stool in tub.
17. Place toiletries and bath linens in patient's reach. Provide for privacy.
18. If the patient is weak, or requests, stay nearby and assist as needed.
19. Ensure all soap is rinsed off patient, and that skin is thoroughly dried.
20. Assist patient out of the shower in the reverse way that you helped them into the shower.
21. Assist the patient to the edge of the tub. Guide their legs over the edge, one at a time. Assist the patient to a stand and then pivot them into the wheelchair as in procedures above. Assist them to sit in the wheelchair.
22. If the patient begins to fall during a transfer, widen your stance. Bring the patient's body close to you to provide support. Bend your knees and using the strength of your thighs, lower the patient to the ground. Home Health Aides/Personal Care Aides should report the near fall or any actual falls immediately to their supervisor. If the patient falls, do not attempt to get the patient up alone. The agency may require the patient gets evaluated by a nurse before helping the patient back up. Report any injuries or concerns. Home Health Aides/Personal Care Aides will also likely be required to complete an incident report, and should seek direction from their supervisor about completing the incident report.
23. Assist with dressing as needed.
24. Put away equipment and supplies. Place soiled clothing and linens in the appropriate place.
25. Clean shower/tub.
26. Remove gloves if wearing and wash your hands.
27. Document the procedure and any observations or changes in condition or behavior.

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SECTION OVERVIEW

12.9: Unit H- The Patient's Environment

Beds should be made on a daily basis, usually in the morning after providing morning care. Having clean, dry sheets promotes comfort, prevents skin breakdown, and helps to promote a sense of well-being for the patient. Home Health Aides/Personal Care Aides should always ensure linens are wrinkle-free as this helps to prevent skin breakdown and pressure sore formation. Linens should be changed when they are wet, soiled, or if the patient requests. The Care Plan will direct Home Health Aides/Personal Care Aides as to how often linens should be changed.For patients who are bedridden, Home Health Aides/Personal Care Aides will have to make the bed or change the linens while the patient is in the bed. This is called "Making an Occupied Bed" and instructions are provided on how to do this in this section. While making an occupied bed, patients are turned to the opposite side the HHA/PCA is working.

12.9.1: Procedure- Making an Unoccupied Bed

12.9.2: Procedure- Making an Occupied Bed

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12.9.1: Procedure- Making an Unoccupied Bed

1. Wash and dry your hands. Always apply gloves when working with soiled linens.
2. Assemble equipment and supplies (e.g. clean linens and pillows).
3. *Assemble supplies in the order they will be used:* Bottom or fitted sheet, bed pad, top or flat sheet, blanket, bedspread, pillow cases(s). Carry linens away from your body to prevent bacteria from your clothes getting on the clean linens. Turn the pile of linens upside down and place on a clean surface which will be within your reach.
4. Raise the bed to waist level. Remember to use good body mechanics. Never lean over the bed. Work on one side of the bed at a time. Move to the other side of the bed as needed. Lower the bed rails on the side you are working.
5. Remove and fold any bedding to be re-used (such as blankets and comforters or quilts). Place them on a clean surface.
6. Remove soiled linens and place in the appropriate receptacle (e.g. hamper). Roll soiled linens away from you inside out. Do not shake linens as this will release microorganisms in the air. Discard in the appropriate container.
7. Discard gloves and wash your hands.
8. Smooth mattress pad, if using, and remove wrinkles.
9. Place the bottom or fitted sheet in the middle of the bed lengthwise. The fold/crease should be in the center of the bed.
10. Unfold ½ the sheet on the side you are working and tuck into corners under the mattress.
11. Fanfold (accordion style) the other half of the sheet and leave in the center of the bed.
12. Place the bed pad in the center of the bed. Open it on the side you are working. Fanfold it to the other side of the bed.
13. Place top sheet in center of the bed lengthwise. Fanfold it to the other side of the bed.
14. Go to the opposite side of the bed.
15. Repeat steps 8-12, opening the fitted sheet and tucking it under the edges of the bed. Unfold the remaining half of the top sheet and bed pad.
16. Add blankets and bedspreads.
17. *Miter corners of the bedding:* To miter corners, grasp the edge of the bedding about 18 inches away from the end of the bed. Bring it up to the top of the bed. Hold it taut (tight) at about a 45 degree angle. It will look to be a triangular shape. Tuck the loose sheet hanging below underneath the mattress. Pick up the triangular shaped piece you made, place it over the side of the mattress, and tuck it under.
18. Bring the top sheet and blankets down over the bedspread, forming a cuff. Smooth out any wrinkles.
19. Remove the soiled pillowcase by turning it down and placing it inside out.
20. Putting a pillowcase on a pillow: *Method 1:* Grasp the pillow in one hand and fold it in half so that it makes a V shape. Guide the pillow into the open end of the pillowcase, which is in your other hand. Smooth out the pillow inside the case. *Method 2:* Grasp the end of a pillowcase at the center of bottom seams. With your other hand, gather up the pillowcase so it is covering your hand. Grasp the pillow with the hand that is covered by the pillowcase. Pull the pillowcase down and over the pillow.
21. Lower bed to lowest height. Raise bed rails.
22. Remove and dispose of your gloves. Wash and dry your hands.
23. Document completion of task.

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12.9.2: Procedure- Making an Occupied Bed

1. Wash and dry your hands. Don gloves.
2. Assemble equipment and supplies (e.g. clean linens and pillows). Assemble supplies in the order they will be used: Bottom or fitted sheet, bed pad, top or flat sheet, blanket, bedspread, pillow cases(s). Carry linens away from your body to prevent bacteria from your clothes getting on the clean linens. Turn the pile of linens upside down and place on a clean surface which will be within your reach.
3. Raise the bed to waist level. Remember to use good body mechanics. Never lean over the bed. Work on one side of the bed at a time. Move to the other side of the bed as needed. Lower the bed rails on the side you are working.
4. Remove and fold any bedding to be re-used (such as blankets and comforters or quilts). Place them on a clean surface. Do not shake linens as this will release microorganisms in the air.
5. Loosen bedding on the side you are working. Loosen top sheet at foot and bottom or flat sheet at the foot and top of the bed. Leave top sheet or a bath blanket on the patient for warmth and privacy.
6. Leave the pillow under patient's head for comfort.
7. Turn the patient to the opposite side from which you are working. Position for safety and comfort.
8. Roll the soiled bottom sheet and bed pad toward patient. The soiled sheet and mattress pad should be rolled inward so the soiled part is not touching the patient.
9. Gently tuck the soiled sheets under the patient.
10. Position the clean bottom or fitted sheet lengthwise along the length of the patient. Tuck the clean bottom sheet next to and under the soiled sheets underneath the patient. Be sure the clean sheet is underneath the soiled sheet. This will ensure the new sheet stays clean and that it will be easy to move to the other side after you turn the patient onto their opposite side. Tuck the bottom sheet in at the head and foot, under the mattress. Smooth out any wrinkles.
11. Open ½ the bed pad on your side. Fanfold (fold it up accordion style) the remaining half. Tuck this under the patient, over the clean sheet but under the soiled sheet.
12. Turn the patient to the clean side of the bed. Let them know that they will feel a "bump" as they roll over the linens underneath them. Position the patient for safety and comfort. If the bed has rails, ensure the bed rails are positioned up before you move to the opposite side of the bed.
13. Go to the opposite side of the bed.
14. Loosen the bottom sheet at the head and foot of the bed. Roll the soiled bottom sheet and bed pad into a ball so that the soiled part of the linen is inside, and away from clean areas. Place soiled linen in the appropriate receptacle.
15. Remove your gloves and wash your hands. If you move away from the bed, ensure that the bed rails are up.
16. Roll the clean bottom sheet and bed pad out from under the patient. Tuck in corners and smooth out wrinkles.
17. Re-position the patient back to the center of the bed.
18. Remove the soiled top sheet and replace with the clean top sheet. Replace blankets and top bedding over the patient.
19. Bring the top sheet and blanket down over the top bedding to form a cuff.
20. Remove soiled pillow cases and replace with clean pillow cases as outlined in the procedure, *"Making an Unoccupied Bed."*.
21. At the foot of the bed, make a **toe pleat** by lifting all linens with pinched fingers. This allows the patient to have room to move their feet and prevents deformities of the feet from pressure made by tight linens.
22. Position the patient for comfort.
23. Lower the bed to its lowest setting. Ensure side rails are up.
24. Remove gloves, wash and dry your hands.
25. Observe, record, and report any changes in condition or behavior.

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SECTION OVERVIEW

12.10: Unit I- Special Equipment used by Home Care Patients

12.10.1: Types of Equipment

12.10.2: Procedure- Weighing a Patient

12.10.3: Procedure- Assisting with the Use of a Hydraulic Lift

12.10.4: Procedure- Slide Board Transfer Procedure

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12.10.1: Types of Equipment

Patients may have a number of special types of equipment that have been prescribed for them to use in order to be as independent as possible. Home Health Aides/Personal Care Aides should always be sure they know how to use the equipment correctly prior to using it with a patient.

Bed Equipment

Patients may be using their own bed or they may have a prescribed hospital bed. Learn how to properly use a hospital bed by practicing using the buttons to raise and lower the bed prior to using it with a patient.

Mobility Equipment

Patients may have any number of equipment to help them with mobility. Learn which types have been prescribed to the patient and how to correctly use them. An important task of the HHA/PCA is to use and teach patients how to properly use mobility devices.

Types of Mobility Equipment Include:

- Canes
- Walkers
- Wheelchairs
- Transfer/sliding board
- Hydraulic Lift (e.g. Hoyer Lift)
- Electric Lift Chair
- Gait belts
- Braces, splints, slings
- Prosthetic limbs
- Special shoes or boots

Toileting Equipment

Patients may have special equipment to use which will assist them with toileting if they have problems with mobility. These types of equipment help to meet the patient's elimination needs and maintain as much independence as possible. Remember to offer toileting at least every two hours, or more frequently if the patient requires. Use proper safety procedures for transferring a patient to a toilet or bedside commode.

Types of Toileting Equipment:

- Bedpan
- Urinal
- Bedside commode
- Catheters

Scales

One of the tasks of the Home Health Aide/Personal Care Aide may be to measure the patient's weight on a regular basis. This helps to determine if the patient is maintaining an adequate weight. Some patients may be on a special diet to lose weight, while others are prescribed diets to help them gain weight. Patients with conditions such as kidney or heart failure may have to be weighed on a daily basis in order to measure if the patient is retaining fluid. Retaining fluid can lead to a worsening of their health condition.

Accuracy is important when weighing a patient. Always ensure the scale is balanced to zero before weighing a patient. When weighing a patient, Home Health Aides/Personal Care Aides should encourage them to empty their bladder and bowels first. Weigh them first thing in the morning, and while they are wearing light clothing, such as pajamas.

Depending on the patient's mobility, they may have a bed scale, chair scale, balance scale, or bathroom scale. Learn how to properly use each type of scale. It is important to ensure the safety of the patient while weighing them. If a patient appears unsteady and unable to stand in order to be weighed, inform the supervisor.

Remember too that people may be sensitive about their weight. Never chastise (scold) or be judgmental toward a person about their weight. Maintain privacy while weighing a patient and do not disclose a patient's weight to others outside of the healthcare team,

unless the patient states it is okay.

Types of Scales:

- Bed scale (the patient is weighed while in bed)
- Chair scale (the patient sits while being weighed)
- Balance scale (the type found in a doctor's office)
- Bathroom scale (digital or standard)

This section will provide instruction about how to properly weigh a patient, use a hydraulic lift, and a slide board. The Home Health Aide/Personal Care Aide should always seek training from their agency to ensure they can correctly complete any procedure.

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12.10.2: Procedure- Weighing a Patient

1. Explain the procedure to the patient.
2. Wash your hands. Don gloves as needed.
3. Check that the scale is at “0”. Readjust if it is not.
4. Assist the patient to the scale.
5. Provide support while the patient steadies themselves.
6. Note the weight once the dial stops moving.
7. Assist the patient off the scale and safely back into a chair or bed.
8. Wash hands.
9. Record weight and any problems observed that the patient may have had getting onto or off of the scale.
10. Report any changes in condition or behavior (such as an increase or decrease in weight).
11. Store the scale in a safe place.

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12.10.3: Procedure- Assisting with the Use of a Hydraulic Lift

At least two people should assist during patient transfer with a **hydraulic lift**. This provides for patient safety. One person can operate the mechanical lift while the other ensures the patient moves on the lift safely by guiding and protecting their body as the lift moves them.

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves, as needed.
3. Provide for patient privacy. Keep the patient covered with a blanket for warmth and privacy.
4. Raise the height of the bed to a safe working height.
5. Lock bed wheels. Lower the head of the bed so that the patient is lying flat. One staff person should be on either side of the bed. Lower bed rails.
6. *To position the sling under the patient:* Have the patient turn on their side, facing away from you. Position the sling folded accordion style along the length of their body, pushing it under the patient. Repeat this process to position the other half of the sling under the patient by having them turn the opposite way. The staff person on the other side of the bed finishes unfolding the sling and smoothing any wrinkles. Reposition as necessary for proper fit.
7. Position the patient into a Semi-Fowler's position. Place wheelchair or chair to which you are transferring the patient next to the bed, about 12 inches away from the bed. Place a cushion or blanket to be used for patient comfort on the chair.
8. Position the mechanical lift next to the bed, opening the base to its widest point and push the base under the bed. Position the frame of the hydraulic lift so that it is centered over the patient.
9. Attach straps to the sling according to the manufacturer's directions.
10. Instruct the patient to cross their arms to prevent injury during the transfer.
11. Raise the patient with the hydraulic lift, following the manufacturer's instructions, about 2 inches above the bed.
12. Roll the mechanical lift to position the patient over the chair or wheelchair. The patient's back should be toward the chair. Your partner should support the patient's head and guide the patient's body.
13. Slowly lower the patient to the chair, using the mechanical lift.
14. Once the patient is in the chair, undo straps from the overhead bar to the sling. Leave the sling in place. This will allow for ease of transfer of the patient back to the bed later.
15. Move the mechanical lift away from the patient.
16. Position the patient comfortably. Ensure their body is properly aligned. Cover them with a blanket, per preference. Lock wheelchair or chair locks.
17. Safely store the mechanical lift for later use.
18. The sling can be left under the patient for ease of transfer back to the bed later.
19. Remove gloves and wash hands.
20. Document the procedure and any observations or changes in condition.

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12.10.4: Procedure- Slide Board Transfer Procedure

A slide board, or transfer board, is sometimes used to help a patient transfer to a bed, chair, or bath stool when they are unable to walk or bear weight on their legs. Home Health Aides/Personal Care Aides should always ensure that the patient has clothing on so that the slide board does not touch bare skin. Rubbing against the slide board with bare skin can cause injury to the patient's skin. A slide board should only be used for patients who have the strength to move themselves across it. Never drag a patient across the slide board. Always use a series of small movements to assist them cross the slide board.

1. Explain the procedure to the patient.
2. Wash your hands and apply gloves, as needed.
3. Place wheelchair or chair at a 20 degree angle, facing the chair to which they are moving.
4. Lock brakes on the wheelchair and remove armrest and raise footrests.
5. Place slide board like a bridge between the two chairs or between the bed and wheelchair.
6. Instruct the patient to lean away from the slide board, lifting their hip closest to the slide board slightly.
7. Gently slide the slide board under the patient's buttocks. The other end should be placed on the surface to which the patient is moving (such as on the chair).
8. Ensure the slide board is secure before proceeding.
9. Instruct the patient to place both of their hands on the slide board at their sides next to their thighs.
10. Instruct them to take a series of small push-ups across the board, or to use a scooting movement, using their hands to press down, and lifting up their buttocks, until they reach the other end of the slide board.
11. You may use a gait belt during this and assist the patient with moving along the slide board by grasping under the gait belt and helping the patient move across the slide board.
12. Remember to use proper body mechanics. Keep a wide stance with your knees slightly bent. Use the weight of your thighs and not your back to assist with pulling the patient up.
13. Once the transfer is complete clean and store the slide board.
14. Remove gloves and wash your hands.
15. Document the procedure and any observations or changes in condition.

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SECTION OVERVIEW

12.11: Unit J- Care of the Infant

12.11.1: Procedure- Handling the Infant

12.11.2: Procedure- Picking up the Infant

12.11.3: Positioning the Infant for Feeding and Feeding the Infant

12.11.4: Changing a Diaper

12.11.5: Procedure- Infant Bath

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12.11.1: Procedure- Handling the Infant

Home Health Aides/Personal Care Aides may work with families who have an infant whom they must help care for.Sometimes, a mother or other caretaker may not be available to help care for the infant. They may also have health issues which prevent them from caring for the infant at that time. Always keep in mind family, cultural, religious, and social differences. Be respectful of the family's beliefs, customs, and wishes. Remember, it is their child. The Home Health Aide/Personal Care Aide is there to provide support and to help care for the infant.

When caring for a baby, it is very important for Home Health Aides/Personal Care Aides to be conscious of ensuring they prevent the spread of bacteria. Infants do not have a fully developed immune system. They are at very high risk for getting an infection. Home Health Aides/Personal Care Aides should always wash their hands before and after handling a baby, their clothing, bottles, and equipment. Wear gloves when providing diaper and bath care.

Infants require constant supervision. They are not able to protect or care for themselves. Never leave a baby unattended, especially when providing a bath. The only safe place to leave a baby is in their crib lying on their back with their face up or with an adult holding them. Home Health Aides/Personal Care Aides should always ensure they lift and hold a baby safely. The head, neck, and back must always be supported. When traveling with a baby, the HHA/PCA must ensure the infant travels in a car seat specific to the baby's weight. The infant should be secured in the car seat prior to the car being started.

When feeding a baby, remember to keep their head higher than their body to prevent choking. Babies must be burped in between and after feedings. This helps to prevent choking and aids with digestion. Follow the feeding schedule as directed by the caretaker and Care Plan. When they are finished feeding and burping the baby, they should change his/her diaper. Concerns about the well-being or safety of the baby should be documented and brought to the attention of the supervisor.

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12.11.2: Procedure- Picking up the Infant

1. Wash your hands. Put on gloves, as needed.
2. Put one hand under the infant's buttocks.
3. Put the other hand under the head, neck, and shoulders of the baby. This provides support so that the baby's head stays stable and does not roll backward. Place the baby in the appropriate position as outlined below.
4. Wash your hands when finished handling the baby.
5. Document the procedure and any observations or changes in the baby's condition.

Cradle Hold

1. Always ensure that the baby's head and neck are cradled. Rest the baby's head and neck in the crook of your elbow. Hold the baby close to your body.
2. Support the baby's back with one or both hands. With the arm that is not cradling the baby's head and back, hold the baby's legs securely and gently close to you.

Shifting **to a "Football" Hold**

1. While supporting the baby's head, neck, and buttocks, swing the baby gently to the side of your body. The baby will be in a resting position against your hips, while your arm and hand cradle the infant, providing support.
2. To do this, hold the baby's head in one hand and support the baby's back with the forearm of the same hand supporting the head. The baby's body will lie along the side of your body. This provides protection and support to the baby.

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12.11.3: Positioning the Infant for Feeding and Feeding the Infant

1. Wash your hands.
2. Prepare the bottle and formula as directed in the Care Plan. Extra prepared bottles should be covered and kept in the refrigerator for no more than 24 hours. Always use clean bottles that have been sterilized. Bottles can be sterilized by placing the bottles, caps, and nipples in boiling water for 5-10 minutes. Some clients may have bottle sterilizers. Use them according to the manufacturer's instructions.
3. Ensure the bottle is warmed. To warm, immerse the bottle in warm tap water for several minutes. Alternatively, you can hold the bottle under warm tap water, turning it clockwise to warm the formula evenly. Some clients may have a special baby bottle warmer. Learn how to use it according to the manufacturer's instructions. **Never use a microwave to warm bottles as it can create hot spots in the liquid and could heat the plastic on the bottle, causing a possible burn to the baby.**
4. Shake the bottle well after warming to ensure contents are mixed. Shake a few drops onto the inside of your wrist to test for temperature. It should feel warm, not hot or cold. If it is too hot, allow the bottle to cool before feeding the baby. If it is too cold, continue to warm the bottle as described above.
5. Sit in a comfortable chair. Maintain good posture, keeping your back straight and aligned. Position the baby in the cradle or football hold. Always ensure the baby's neck and head are supported.
6. Stroke the baby's lips with the bottle nipple until her mouth opens. Place the bottle nipple inside the baby's mouth gently. Never force the nipple into the baby's mouth.
7. Always keep the baby's head higher than her body while feeding. This helps to prevent choking. Never put a baby in a lying down position with a bottle propped. This could cause choking. Be sure the nipple stays full of milk so that the baby does not swallow air while sucking.
8. Talk or sing to the baby in a soft, quiet voice during feeding. Create a soothing, relaxing atmosphere for the baby while feeding.

Burping a Baby

When the baby has finished feeding, or if she stops sucking, burp her. You may need to burp the baby during the feeding, periodically stopping the feeding to burp the baby. To burp the baby, lift the baby to your shoulder, supporting her head. Use a burp cloth or towel over your shoulder to catch any spit up.

Alternatively, you can hold the baby on your lap, supporting the baby's head by holding her chin with your thumb and forefinger. Ensure her head does not fall backward. You can also lay the baby down on a burp cloth positioned over your lap. The baby will be face down on their stomach. Your arm should be placed under the baby's chest, supporting the neck and hand. Pat or massage up the back with the palm of your hand. Once the baby has burped, you can return her to a safe position or continue with the feeding. Clean the baby's face with a warm, wet washcloth.

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12.11.4: Changing a Diaper

After feeding, change the baby's diaper. Always wear gloves when changing a baby's diaper. Remove and discard the soiled diaper. Do not leave the baby unattended to discard the diaper. You can set it aside and discard it later if a garbage can is not within reach. Cleanse the baby's perineal area with a warm, wet washcloth or baby wipes. Ensure the perineal area is completely clean and completely dry. Leaving urine or feces on a baby can lead to diaper rash or infection.Always wipe from front to back for female babies. Apply powder, ointment, or cream as directed in the Care Plan.

Unfold the diaper and place it flat under the baby's bottom. To place the diaper under the baby's bottom, gently grasp her feet in your hands and lift just high enough to slide the diaper under her bottom. The tabs should be toward the back of the diaper, on either side of the baby. Pull the front of the diaper up, between the baby's legs. Fold the right and left sides of the diaper toward the middle. Peel tape on the tabs open and secure diaper by gently pressing them against the front of the diaper.

Replace any soiled clothing with clean clothing. Ensure the baby is placed in a safe area, such as her crib.

Documenting the Baby's Intake and Output

Input can be measured by measuring the amount you put in the bottle and subtracting the amount of fluid left. Output is usually recorded by number of diapers for urine output and number of bowel movements. Some agencies may require that you weigh the wet diaper. Record and report any observations, such as changes in the baby's feeding habits, difficulty for the baby sucking during feeding, or an unusual amount of spit up.

- Discard any formula remaining in the bottle. Wash the bottle, nipple, and ring in hot, soapy water with a bottle brush. Rinse well. Sterilize it before using again.
- Discard gloves and wash your hands.

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12.11.5: Procedure- Infant Bath

Infant bathing is an important task for the Home Health Aide/Personal Care Aide. Infants should be bathed at least once per day, and according to the Care Plan. Never leave a baby unattended during a bath, not even for one minute. Home Health Aides/Personal Care Aides must always support the baby's head and neck with one hand, while using their other hand to wash the baby.

Remember, babies are unable to regulate their own body temperature. Home Health Aides/Personal Care Aides should always ensure they keep the baby covered whenever possible, and immediately after their bath, wrap a towel or blanket around them.

1. Wash your hands.
2. Gather all supplies needed (baby wash, baby shampoo, baby lotion, bath linens, clean basin or infant tub bath, clean diaper, powder/ointment/cream). Always have your supplies nearby. *Never leave a baby unattended during a bath.*
3. Ensure the temperature of the room is warm. Prepare the bath water to the correct temperature.
4. Wash your hands. Don gloves during diapering and bathing.
5. Bring the baby to the bath area.
6. Place the baby on a blanket or towel. Undress the baby.
7. Lower the baby gently into the water. Support the baby's head and neck at all times. One hand will always be holding the baby while you will wash the baby with the other hand.
8. With a warm, wet washcloth (do not use soap), gently wipe the baby's eyes, using a clean area of the washcloth for each eye. Clean from the inner corner of the eye (the side closest to the nose) to the outer corner (the side closest to the baby's ear). Then clean the rest of the baby's face. Pat the baby's face dry.
9. Use a warm, wet washcloth to wet the baby's hair. Be careful to not let water or shampoo get into the baby's eyes. With a small amount of baby wash or shampoo, lather the baby's hair. Rinse with a warm, wet washcloth. Pat the baby's head dry completely.
10. Wash the baby from neck to feet using a small amount of baby wash and a washcloth. When washing a female baby's genitals, wash from front to back. Rinse completely. Wash the baby's bottom thoroughly. Rinse completely.
11. Remove the baby from the bath and cover her with a towel. Pat the outside of the towel gently to dry the baby. Babies are unable to regulate their own body temperature. Always ensure the baby is kept warm and covered.
12. Apply powder, ointment, lotions, and creams as directed on the Care Plan.
13. Diaper and dress the baby.
14. Provide nail care if directed.
15. Place the baby in a safe place, such as in her crib.
16. Clean and store all equipment used. Discard dirty diapers and linens appropriately.
17. Remove gloves and wash your hands.
18. Document the procedure and any observations or changes in condition.

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SECTION OVERVIEW

12.12: Unit K- Assisting with Self-administration of Medication

12.12.1: Introduction

12.12.2: Procedure- Checking the Right Person (Patient)

12.12.3: Procedure- Checking the Right Medication

12.12.4: Procedure- Checking the Right Dose

12.12.5: Procedure- Checking the Right Time

12.12.6: Procedure- Checking the Right Route

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12.12.1: Introduction

The assistance of self-administration of medications by Home Health Aides is not allowed in every state or country. You should be specifically trained and assigned to provide assistance with medications. **Personal Care Aides are not allowed to assist with administration of medication under any circumstance.**

Assisting with self-administration of medications is different than administering medications. Only licensed providers such as physicians, nurse practitioners, registered nurses, and licensed practical nurses may **administer** medications to patients. Home Health Aides may **ASSIST** patients with self-administration of medication. **Personal Care Aides must never assist with medications in any way.**

Assisting with medications means the HHA may remind patients about taking their medications, bring the medication to the patient, and bring other equipment needed to take the medication such as an inhaler to the patient. The HHA may bring liquid such as water to the patient so they can take their medication. Home Health Aides should assist the patient into the correct position so the patient may take their medicine. For example, for medications taken by mouth the patient should be in a fully upright position. This helps to prevent choking and allows the medication to move down the esophagus into the stomach. Medication should never be crushed unless the Care Plan specifically states. Remember to always keep medications stored in a locked area.

If the Home Health Aide notices a patient taking a medication incorrectly or if the patient has a reaction to the medication the HHA should inform the supervisor.If medications are dropped or mixed up with other medications the HHA should inform the supervisor. If the HHA becomes aware of herbs, supplements, and medications the patient is taking and which they have not told the healthcare team about they should inform their supervisor.

Home Health Aides may also show the patient the medication and read the label to the patient so that the right patient, right medication, right dose, right time, and right route may be checked. Understanding and following the 5 Rights of Medications helps to avoid medication errors. The Five Rights of Medications include: The Right Patient, The Right Medication, The Right Dose, The Right Time, and the Right Route. If Home Health Aides ever have a concern about any of these rights, they should speak to their supervisor immediately. The safety and well-being of a patient depends on their Home Health Aide.

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12.12.2: Procedure- Checking the Right Person (Patient)

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the name on the label to make sure it is the same as the patient's.
4. Check the name on the label against the name on the Care Plan and against the patient's ID band if they are wearing one. If the patient can respond, ask them to tell you what their name is.
5. If the patient's name is the same as what is written on the label proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
6. If the names are not the same, STOP! Do not proceed further.
7. Contact a supervisor for further instructions.
8. Explain the reason for this to the patient. Patient safety is the number one priority. If the medication bottle does not have the patient's correct name, this puts the patient in danger of taking someone else's medication.
9. Record and report any problem about the medication in question to a supervisor.

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12.12.3: Procedure- Checking the Right Medication

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the expiration date on the medication bottle.
4. Check the name of the medication on the label to make sure it is the same as the medication listed on the Care Plan.
5. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
6. If they are not the same, or if the medication has expired, STOP! Do not proceed further.
7. Contact a supervisor for further instructions.
8. Explain the reason for this to the patient. Patient safety is the number one priority. If the medication bottle does not have the patient's correct name of the medication, this puts the patient in danger of taking someone else's medication.
9. Record and report any problem about the medication in question to a supervisor.

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12.12.4: Procedure- Checking the Right Dose

1. Wash your hands.
2. Read the container label on the medication bottle.
3. Check the dose on the label against the dose for that medication listed on the Care Plan.
4. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
5. If they are not the same, STOP! Do not proceed further.
6. Contact a supervisor for further instructions.
7. Explain the reason for this to the patient. Incorrect dose information could lead to the patient taking too much or not enough of a medication.
8. Record and report any problem about the medication in question to a supervisor.

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12.12.5: Procedure- Checking the Right Time

1. Wash hands.
2. Read the container label on the medication bottle.
3. Check the time for taking the medication listed on the bottle against the time specified in the Care Plan.
4. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
5. If they are not the same, STOP! Do not proceed further.
6. Contact a supervisor for further instructions.
7. Explain the reason for this to the patient. Taking a medication at the incorrect time could lead to potentially having too high or too low of a dose of medication in the body.
8. Record and report any problem about the medication in question to a supervisor.

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12.12.6: Procedure- Checking the Right Route

The **route for medication** means the method by which the patient will take the medication. Routes for taking medications can include the: mouth, ear, eye, rectum, inhalation, and vagina.

1. Wash hands.
2. Read the container label on the medication bottle.
3. Check the route for taking the medication listed on the bottle against the route specified in the Care Plan. If they are the same proceed to hand the bottle to the patient and/or assist with administration as trained and ordered on the Care Plan.
4. If they are not the same, STOP! Do not proceed further.
5. Contact a supervisor for further instructions.
6. Explain the reason for this to the patient. It is important to take medications the appropriate way.
7. Record and report any problem about the medication in question to a supervisor.

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12.13: Post-test

12.13.1 Post Test

1. **True or False:** Handwashing is the easiest and most important way a Home Health Aide/Personal Care Aide can prevent the spread of infection.
2. When should hands be washed? **Select all that apply.**
   A. Before and after using the bathroom
   B. When arriving and leaving a patient's home
   C. Before preparing food
   D. After handling raw meat or eggs
   E. Before and after wearing gloves
   F. When hands are visibly soiled
3. **True or False:** It is okay to place used needles (sharps) in the regular garbage.
4. Who is most at risk for infection? **Select all that apply.**
   A. The very young
   B. The very old
   C. People who are immunocompromised
5. Which of the following are ways the Home Health Aide/Personal Care Aide can break the chain of infection? **Select all that apply.**
   A. Wear gloves whenever coming into contact with blood, urine, feces, or vomit
   B. Wear gloves while preparing food
   C. Wear gloves when touching dirty linens
   D. Properly cleaning and sanitizing the home
   E. Teach patients to wash hands before meals and after using the restroom
   F. Teach patients to place used needles into sharps containers
   G. Teach patients to sneeze and cough into a tissue
6. When should gloves be changed? **Select all that apply.**
   A. When they have ripped or torn
   B. When visibly soiled
   C. When moving from a dirty to a clean area on the patient's body
   D. After handling body fluids such as blood, feces, urine, or vomit
7. Water temperature should always be checked prior to bathing a patient. Which of the following is the temperature at which water should not be above?
   A. 105 degrees Fahrenheit
   B. 200 degrees Fahrenheit
   C. 150 degrees Fahrenheit
   D. 110 degrees Fahrenheit
8. **True or False:** When bathing a patient the Home Health Aide/Personal Care Aide should move from areas that are dirty such as the genital or anal area to clean areas such as the face.
9. **True or False:** It is important to provide privacy for the patient during bathing and dressing.
10. **True or False:** It is okay to leave areas under skin folds such as under breasts or the abdomen wet after bathing. Drying the skin doesn't help prevent infection or skin breakdown.
11. **True or False:** When cleansing the genital area of a female, the Home Health Aide/Personal Care Aide should wipe from back to front.
12. Back rubs may be offered to a patient for which of the following reasons? **Select all that apply.**
    A. Stimulate circulation
    B. To help the patient relax when stressed
    C. Promote sleep
    D. Relaxation of muscles

13. Which of the following types of dressing changes may Home Health Aides perform?
    A. Sterile dressing changes
    B. Clean dressing changes
    C. No dressing changes
14. Which of the following dressing changes may Personal Care Aides can perform?
    A. Sterile dressing changes
    B. Clean dressing changes
    C. No dressing changes
15. **True or False:** When shaving a patient, the Home Health Aide/Personal Care Aide should shave in the direction of hair growth.
16. **True or False:** Gloves should be worn while shaving a patient as there is a risk of the patient bleeding.
17. **True or False:** Toenails should never be cut by a Home Health Aide/Personal Care Aide.
18. **True or False:** For patients who are unconscious or unable to drink, mouth care should be performed every two hours.
19. **True or False:** When cleaning dentures, a towel should be placed at the bottom of the sink to prevent breakage of the dentures.
20. **True or False:** When applying compression stockings it is okay to leave wrinkles in the stockings and they should be so tight that the patient complains of pain.
21. When cleaning catheter tubing, how should the Home Health Aide/Personal Care Aide clean the tubing?
    A. From the lowest part of the tubing up to the urinary opening
    B. From the urinary opening down the tubing
    C. The tubing should never be cleaned
22. **True or False:** The Home Health Aide/Personal Care Aide should hold the catheter tubing with one hand while cleaning with the other to prevent damaging the patient's bladder.
23. **True or False:** Catheter tubing should always be checked for kinks and urinary drainage bags should be kept below the level of the patient's bladder.
24. **True or False:** When using a bedpan or urinal most patients find it easier to eliminate in a sitting up position.
25. Put the steps for applying a condom catheter in order.
    A. Apply skin protectant to the shaft of the penis and let it dry
    B. Remove the old condom catheter by rolling it from the base of the penis to the tip
    C. Check the tubing for kinks and that it is securely attached to the drainage bag
    D. Roll the new condom catheter from the tip of the penis down the shaft, leaving a 1" space at the tip of the penis.
26. **True or False:** The Home Health Aide/Personal Care Aide should offer toileting and a glass of water to patients every two hours when turning and positioning.
27. Which of these areas are high-risk for development of pressure ulcers? **Select all that apply.**
    A. Back of the head
    B. Elbows
    C. Ankles
    D. Sacrum
    E. Coccyx
    F. Hip
28. **True or False:** Pillows should be placed under bony prominences after positioning a patient to help prevent pressure ulcers from developing.
29. **True or False:** To ensure patient safety, bed wheels should be locked, the bed kept at its lowest position and side rails raised.
30. **True or False:** When performing tasks such as bathing and positioning a patient, the Home Health Aide/Personal Care Aide should raise the bed to waist level to avoid having to overextend or bend their back.
31. When ambulating a patient, how should the Home Health Aide/Personal Care Aide position themselves?
    A. Behind the patient and push the patient forward
    B. Behind and to the side of the patient, supporting their back
    C. Walk in front of the patient to encourage them to walk faster

D. Take a break and let the patient ambulate independently

32. **True or False:** When assisting a patient to a standing position and during transfers, the Home Health Aide/Personal Care Aide should count aloud to 3 and use a rocking motion to inform the patient when the transfer will occur and to help give their body momentum.
33. Which of the following is the best position to place a patient for eating, drinking, and taking pills?
    A. Supine
    B. Fowler's
    C. Prone
    D. Lateral
34. **True or False:** When picking up and handling an infant, the head, neck, and back should always be supported.
35. **True or False:** Babies are good about regulating their own body temperature and care does not need to be taken to keep them warm and dry.
36. Which is the proper position to keep a baby in when placing them in their crib?
    A. Supine
    B. Prone
    C. Lateral
    D. Fowlers
37. **True or False:** It is okay to leave a baby or child in the bathtub if they are in a bath seat to answer a phone call.
38. Which of the following are rights of medication administration?
    A. Right Patient
    B. Right Medication
    C. Right Dose
    D. Right Route
    E. Right Time
39. In what way may a Home Health Aide assist with medications?
    A. Administer medications
    B. Assist with reminders, read medication labels, and provide positioning and a drink
    C. They may not assist at all
40. In what way may a Personal Care Aide Assist with medications?
    A. Administer medications
    B. Assist with reminders, read medication labels, and provide positioning and a drink
    C. They may not assist at all

Answer

1 True

2. All are times when hands should be washed

3. False

4. All

5. All are ways to break the chain of infection

6. All are times when gloves should be changed.

7. A

8. False

9. True

10. False

11. False

12. All are reasons to offer a back rub

13. B
14. C
15. True
16. True
17. True
18. True
19. True
20. False
21. B
22. True
23. True
24. True
25. B, A, D, C
26. True
27. All are areas of high risk for pressure ulcer development
28. True
29. True
30. True
31. B
32. True
33. B
34. True
35. False
36. A
37. False
38. All
39. B
40. C

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Index

Glossary

1-10 method | method of prioritization in which tasks that are most important are ranked “1”, while the least important tasks are ranked “10”.

ABC Method | method of prioritization in which tasks which are most important and urgent are labeled “A”, tasks which are important but not urgent are labeled “B”, and tasks which are not important or urgent at this time and can be completed at a later date are labeled “C”.

ABCs of first aid | stand for A (Airway), B (Breathing), and C (Circulation). This acronym is important to remember when assessing a person who is in need of first aid. Airway is assessed for an obstruction, breathing is assessed to see if the person is breathing and if they need rescue breaths, and circulation is checked by assessing a person’s skin color, temperature and pulse, to see if they need CPR.

Abdominal thrusts | also known as the Heimlich maneuver (see Heimlich maneuver).

Abduction | moving a body part away from the midline of the body. For example, abducting the leg involves moving the entire leg away from the middle of the body.

Abnormal fear | a fear or being afraid of something which is not normal, or excessive and not rational. Also known as an irrational fear. See phobias.

Abstract (things) | things that can only be thought about or imagined; not concrete. When discussing Piaget’s Cognitive Development Theory, only children in the Formal Operations Stage can think about abstract things.

Abuse | causing harm to another. Abuse may be emotional, physical, financial, sexual, and/or neglect.

Acceptance | to recognize a situation without making attempts to change it.

Acquired | to obtain something. When discussing disabilities, a disability is acquired if it is obtained after birth or as a result of something not related to genetics. For example, a disability may be acquired due to an infection of the mother during pregnancy.

Active listening | to fully concentrate on what is being said, rather than passively listening or focusing on your own reply.

Activities of Daily Living (ADLs) | activities that people perform on a daily basis in order to function and to provide self-care. These include eating, bathing, dressing, grooming, and toileting.

Actual expenses | expenses the patient and family has. These include rent, mortgage, or car payments, groceries, gas and electric bills, and costs for prescription medication.

Adapt | the ability to change the way one thinks, behaves, or feels depending on a situation in order to better cope/handle the situation.

Adaptive equipment | devices or equipment to help complete activities of daily living (feeding, dressing, toileting, bathing, other self-care activities, and mobility). They can include canes, wheelchairs, walkers, hearing aids, glasses, braille, special plates and eating utensils, and artificial limbs.

Adaptive immune system | this part of the immune system is responsible for making special cells called B cells and T cells which are used to fight infection. These cells are specific to various microorganisms and will either make antibodies or work to destroy any foreign material entering the body. Also known as the acquired immune system or specific immune system.

Adduction | to move a body part towards the midline of the body. For example, adducting a leg means the entire leg is moved towards the middle of the body.

Administer | to give, dispense, and manage (as in medications). Only licensed personnel such as doctors, nurses, and nurse practitioners may administer medications. Home health aides may assist with medications. Personal Care Aides may not assist with medications in any way.

Adrenal glands | one is located on top of each kidney. Produce cortisol, which is the stress response hormone and aldosterone, which is the hormone that regulates our fluid balance in the body.

Advanced Directives | legal documents that allow a person to choose the type of medical care they wish to receive should they become unable to state their choices and make decisions in the future.

Affiliation | belong to.

Ageism | discrimination against someone based on their age.

Aging | a normal physical and psychological process which all humans go through as they move throughout the lifespan.

Agnostics | people who do not know if there is a God.

Airborne | transmission of infection via droplets that remain suspended in the air and which eventually enter a host. Measles is an example of an infection that is spread by this method.

Aldosterone | a hormone released by the adrenal glands, which helps to regulate fluid balance in the body by stimulating the absorption of sodium by the kidneys, and hence water.

Allocate | to distribute or assign to a particular category.

Alveoli | small sacs at the bottom of the lungs where oxygen and carbon dioxide exchange take place. Oxygen enters the blood and carbon dioxide leaves the blood within the alveoli.

Alzheimer’s disease | a progressive and incurable disease which is due to loss of acetylcholine, a neurotransmitter within the brain. The most obvious symptom is dementia (loss of memory). Other symptoms include loss of thinking and reasoning skills, and emotional and behavior changes.

Ambulation | walking.

Amputated | removal of a limb usually as a result of a disease.

Amulet | a form of jewelry used to protect a person against mal de ojo (the evil eye). Also known as an azabache.

Anorexia | a disorder in which a person does not eat or exercises excessively; lack of appetite.

Anticoagulants | also known as “blood thinners”. These medications help prevent blood from clotting and will increase the amount of time a person bleeds.

Antioxidant | a substance used to remove free radicals. See free radicals.

Anus | the opening through which wastes or feces exit the body; the last part of the digestive system.

Anxiety disorders | a group of disorders in which people feel anxious, frightened, distressed, or terrified to an extent that is more excessive than would be considered appropriate to the situation. See generalized anxiety disorders, obsessive-compulsive disorder, phobias, and post-traumatic stress disorder.

Aorta | the largest artery of the heart.

Aphasia | a language disorder in which a patient has difficulty understanding or expressing (speaking) language.

Arrhythmia | an abnormal heart rhythm.

Arthritis | inflammation in the joints which can cause degenerative changes within the joints, stiffness, pain, and decreased mobility.

Aspiration | when food or liquid enters areas of the respiratory tract such as the lungs where it does not belong. It could lead to pneumonia.

Ataxia | poor balance and coordination.

Ataxic cerebral palsy | a type of cerebral palsy in which people have problems with coordination, which affects their ability to walk or perform activities easily.

Atheism | a lack of belief in gods or supernatural systems.

Atrophy | wasting away of muscle either due to disease or immobility.

Attention Deficit Hyperactivity Disorder (ADHD) | a neurological condition. Symptoms may include hyperactivity, inattentiveness, and impulsiveness. People with ADHD may have difficulty paying attention or functioning in school or work, have trouble with social interactions, and may have behavioral problems. ADHD is a very common childhood disorder which often lasts into adulthood.

Autism spectrum | impairments may range from mild to severe. Symptoms may include not liking physical contact such as hugging, having trouble interacting with others when they speak with them, difficulty being empathetic, repetition of words or actions, seeming as if they are not interested in others around them, or difficulty adapting to changes in routines.

Avoidance | a defense mechanism in which a person avoids or stays away from a situation or person which they believe will be stressful or unpleasant. For example, a wife avoids going to the hospital to visit a friend because her husband passed away there recently.

Axilla | underarm or armpit.

Azabache | see amulet.

Baptism | the process in which a formal commitment is made to God. The procedure may vary among religions, but in general it is someone’s commitment to God or their faith.

Bed pad | special linens placed underneath patients to help lift them in bed.

Bed pan | a container into which bowel and/or bladder elimination may occur. These devices are helpful for people who have mobility issues and have difficulty getting out of bed.

Benign Prostatic Hypertrophy | a condition which affects about 50% of men past the age of 50 years in which the prostate becomes enlarged and compresses on the urethra (the duct through which urine flows from the bladder to the outside of the body). This makes starting and stopping the flow of urine difficult. Other symptoms include dribbling of urine and only urinating small amounts at a time. Also known as BPH.

Birth defect | an abnormality that is present at birth. Can be due to a variety of factors including inherited factors, gene mutations, and environmental factors.

Biweekly | paychecks that come in twice per month, or every other week.

Bladder | muscular organ which stores urine.

Bland diet | a diet followed to help avoid irritating the gastric mucosa. Spicy, fried, and foods with high fiber are avoided. Foods are usually cooked, soft, and low in fiber. This type of diet is often used when the gastrointestinal tract needs to rest.

Body language | a form of non-verbal communication. Posture, the way arms are held in relation to the body, facial expression, eye movement, gestures, touch, and the use of space are all types of body language. They all convey a message to the person with whom we are speaking.

Bruise | when blood vessels below the skin's surface break and blood leaks into the tissue beneath the skin, discoloration is visible on the skin.

Budget | planning for expenses within the limits of the amount of income. There may be categories of expenses set up to allocate money in order to cover and plan for expenses.

Bulimia nervosa | a disorder in which the person eats very large amounts of food and then purges (vomits) or uses laxatives to have bowel movements in order to eliminate the food.

Burqa | the garment which covers all of a woman except her eyes. A religious garment of the Muslim faith.

Buttocks | the fleshy muscular area of a person's rear end. Also known as rump, behind, derriere, bum, or bottom.

Carbohydrates | essential nutrients our body needs in order to provide us with energy; the main way our body gets energy in order to effectively function. Carbohydrates may be in the form of sugar, starch, or fiber. Carbohydrates can be simple or complex, depending on the source of carbohydrate and how long the energy provided by the food lasts.

Cardiovascular system | a system within the body which includes the heart and all the blood vessels.

Care plans | prescribed treatments and services for a patient. They will direct the treatment team as to the types of services the patient has agreed to receive. Nutrition, nursing, physical therapy, counseling, and home care services will all be listed on the care plan.

Catatonic | to be motionless and not move any muscle or body part; to stay in one position for long periods of time. For example, a person with catatonia may keep their arm raised above their head motionless for many hours. See schizophrenia.

Celiac disease | an autoimmune disorder in which ingestion of gluten leads to damage to the small intestine. People with this disease must follow a gluten-free diet.

Cerebral | pertaining to the brain. See Cerebral palsy.

Cerebral palsy | a neurological disorder which affects motor development. Symptoms include muscle paralysis, muscle spasticity, difficulty with muscle movement, tone, balance, and coordination. It is usually caused by damage to the brain before or during birth.

Cerebrovascular accident | is also known as a stroke. A stroke can occur when the brain loses adequate oxygen supply. This can happen when there is a blockage in a cerebral artery in the brain, or if a blood vessel in the brain ruptures. Signs of a stroke include facial drooping, arm weakness, speech or concentration difficulties, sudden confusion, weakness, or difficulty with balance or coordination.

Chain of infection | how infection is transmitted. The chain of infection consists of five parts reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host.

Chemical burns | occur when a liquid or powder chemical come into contact with the skin or mucous membranes that line the eyes, nose, or throat. These types of burns can cause serious injury when exposed to skin, or if swallowed.

Choking | the airway is compromised which makes a person unable to breathe. Signs of choking include being unable to talk, cough, or breathe. Choking can occur while a person is eating, drinking, taking medications, or if an object is put into the mouth and accidentally swallowed.

Chopped food | cut into small pieces, to about ½ inch about the size of uncooked elbow macaroni.

Chronic conditions | conditions that last 6 months or more and which the person has symptoms for a long period of time. Heart failure, cancer, diabetes, and arthritis are examples of chronic conditions.

Circumduction | making a circle with the joint. For example, circumduction of the shoulder involves the entire arm and shoulder moving in a large circle.

Clarify | to make clear.

Clean dressing change | during this procedure regular gloves are worn and every attempt is made to keep the wound area clean and free of bacteria. Sterile gloves and a sterile field are not used. Also known as non-sterile technique.

Clear liquid diet | foods should be in their liquid state and clear such as gelatin, juice, and broth. Foods are easily digested and leave no residue in the gastrointestinal tract.

Cliché phrases | overused phrases such as, "It will all work out." Often used when a person does not know how to respond to another.

Clock method | a method used to inform people where their food is using the hands on a clock as an example. For example, "The mashed potatoes are at 6:00

Closed-ended questions | these types of questions have simple answers such yes or no questions. They end conversation quickly.

Cognitive Behavior Therapy | a type of treatment provided by a professional which focuses on how a person's thoughts, feelings, and behaviors are related. Patients are taught to recognize negative self-talk and to turn these thoughts into more positive ones. Also known as CBT.

Cognitive Development Theory | this theory was developed by Jean Piaget and is widely used today to understand the cognitive development of children. The theory states that children go through four stages as they construct meaning of the world. Theories include Sensorimotor Stage, Preoperational Stage, Concrete Operations Stage, and Formal Operations Stage.

Cognitive disability | a disability in which mental functioning is affected. A person with a cognitive disability has problems with mental functioning and/or ability to adapt to situations. For example, a person with a cognitive disability may have difficulty with reading, language, math, or behavior. See disability.

Cognitive impairment | difficulty processing (understanding) information.

Cognizant | to be aware.

Collectivist culture | cultures in which decisions and actions are made as part of a group and with consideration to the effects on the group rather than on just the individual person.

Communication | the process of exchanging information with others; a way for two or more people to connect.

Compensation | a type of defense mechanism in which a person tries to make up for lacking in one are or having done something wrong by being good in another area. For example, a man who cheats on his wife brings her home flowers and takes her out to dinner to make up for what he did.

Competent | to be good at what one does.

Complete care | a patient who requires all personal hygiene care to be provided for them. Patients who require complete care usually also require feeding, bathing, toileting, and transferring to be provided for them. Also known as total care.

Complex carbohydrates | are found in grain products such as bread, cereal, pasta, rice, and vegetables. Complex carbohydrates provide long lasting sources of energy and should be consumed more than simple carbohydrates. See carbohydrate.

Compliant | to follow a prescribed treatment plan. For example, a person who is compliant takes their medications as prescribed and follows all nutrition and therapy recommendations.

Compression | application of a wrapping such as an ACE bandage to put pressure on an area. Compression is used to treat edema and to reduce swelling.

Compression stockings | special stockings people wear to assist with promoting good circulation within the legs. Also known as elastic support stockings.

Compulsions | repetitive behaviors. For example, a person who has obsessions about germs may repeatedly wash their hands to the point of which it interferes with their ability to leave the house.

Concrete (things) | things which are right in front of a person; firm, solid; not abstract. When discussing Piaget's Cognitive Development Theory, children in the Concrete Operations Stage can only think about things which are concrete.

Concrete Operations Stage | according to Piaget's Cognitive Development Theory the period from 7 to 11 years children learn to perform operations such as math and to reason logically but only about concrete things. They are unable to think abstractly at this level.

Condescending | to speak down to; to treat as if a child or less than another person.

Condom catheter | an external urinary drainage system in which a condom with a special opening is applied to the penis and then attached to a urinary drainage bag which collects urine.

Confidentiality | keeping information about a person private; not disclosing (telling) other people what a patient has said.

Congenital defect | a defect in the genes or chromosomes which is present at birth. Down syndrome or fragile X syndrome are examples of congenital defects.

Constipation | a lack of, decrease in the number of, or difficulty with having bowel movements. Can be caused by insufficient water or fiber intake, lack of mobility, diseases, and side effects of medications.

Constrict | become narrow. When blood vessels constrict bleeding slows down.

Construct | to make and understand meaning of the world.

Convey | to send a message or make an idea known to another.

Coronary artery disease | a narrowing or blockage of the arteries that supply blood to the heart. This may be due to plaque or stiffening of the artery walls. Can cause a heart attack. Also known as CAD.

Cortisol | the stress response hormone released by the adrenal glands. Also known as hydrocortisone.

CPR | cardiopulmonary resuscitation. A person should be trained and certified in this technique in which chest compressions alternating with rescue breaths are performed to help a person who is not breathing and has no pulse.

Cradle hold | a hold in which an infant is placed in the crook of an adult's arm and held snugly against the adult's abdomen, while securely holding the head and neck of the infant.

Cultural awareness | to be aware about the values and beliefs of other cultures; how much a person appreciates the various aspects of the different cultures.

Cultural competence | the ability to incorporate cultural awareness into the health care practice. It means understanding and respecting a patient's cultural beliefs and working with them in a way to demonstrate that you respect and honor these beliefs.

Culturally relevant | something does not have the same meaning from one culture to the next.

Culture | a set of behaviors, beliefs, values, attitudes, and goals shared by a group of people.

Cupping | a type of alternative medicine in which a glass or plastic cup is pressed against the skin, creating a vacuum in order to relieve the patient of pain and to treat respiratory diseases.

Cuts | can occur whenever a sharp object pierces through the surface of the skin. They can range from minor cuts such as a paper cut to major cuts from knives or other sharp objects that pierce the skin and organs below the skin.

Cyanotic/cyanosis | skin turns blue or gray due to lack of oxygen to the body tissues.

Cystic fibrosis | a genetic disorder which causes abnormally thick secretions, making it difficult for a person to breathe and manage secretions, which causes many secondary infections.

Daily expense tracker | used to keep track of all daily expenses for a period of time to provide information about where money is being spent and where spending cuts can be made.

Debt | any money that is owed. Some people incur debt by spending more money than their income.

Defense mechanisms | mechanisms that we use to deal with stressful situations or thoughts which help us to cope with the stressors; they are often unconscious mechanisms.

Degrees of impairment | a range of impairment from mild to severe which impacts a person's level of functioning on physical and/or cognitive levels.

Delineated | separated.

Delusions | abnormal thoughts. See paranoia, psychoses, and schizophrenia.

Denial | a defense mechanism in which thoughts and feelings are denied or refused to be believed. For example, a person who is angry at their spouse pretends they are not and denies they are angry when asked.

Dentition | the strength, number of, and arrangement of teeth in the mouth.

Dermis | the second layer of the skin underneath the epidermis.

Developmental delay | a delay in which a person does not grow and function according to normal patterns of development. For example, a child may not develop speech until months or years after children of the same age typically develop speech abilities.

Developmental disability | a disability that may affect physical, cognitive, learning, language, or behavioral development. There may be a delay in normal development or an impairment of functioning. See cognitive disability, impairment of functioning, normal development, or physical disability.

Developmental Screening Tools | tools used to assess degree of developmental impairment in order to determine treatments and interventions.

Diabetes | a condition in which the person is unable to make enough insulin to properly use glucose.

Diaphoresis | intense sweating.

Digestive system | system of organs which are responsible for digestion, which is the process of absorbing nutrients. Food enters the mouth, moves into the esophagus and then the stomach, moves down into the small and large intestines, respectively, and then into the rectum and finally the anus, where it is excreted as feces.

Digital Rectal Exam | an examination in which the physician feels the prostate for bumps with a gloved and lubricated finger entered into the anus. Abnormal hard and irregular bumps may be an indicator of prostate cancer.

Direct Contact | transmission of infection occurs through direct skin to skin contact, sexual intercourse, or exchange of body fluids such as while kissing. Examples include mononucleosis, Hepatitis B, and HIV.

Direct Transmission | infectious agents are transmitted either through direct contact with a reservoir or by droplet transmission.

Disability | an impairment of functioning which may be either of a physical or cognitive nature. See physical disability or cognitive disability.

Disinfect | to get rid of germs by use of cleaners or bleach solution made with 1 tsp. bleach and 1 gallon water.

Disorganized | does not make sense; scattered; no organization. For example, speech that does not make sense is called disorganized speech. See schizophrenia.

Disorientation | confusion, an inability to recognize oneself or others, where they are, what year or season it is, or events that are occurring.

Displacement | a defense mechanism in which feelings about a person or situation are "displaced" or placed onto another person. For example, a patient who is angry that they are dying takes it out on his family by yelling at them.

Diuretics | medications that help the body to reduce fluid volume. People take diuretics to help lower blood pressure or if they have heart disease. They help the heart to work less hard, as diuretics help remove water from the body.

Diversity | including and respecting different types of cultures.

Do-not-resuscitate (DNR) | a type of advanced directive in which the patient has made a decision to not receive CPR or to have artificial respiration provided by intubation. A DNR is a physician order.

Doffing | to remove (e.g. gloves).

Domestic violence | abuse that occurs by spouses, intimate partners, or family members. It can include any type of abuse physical abuse, emotional abuse, financial abuse, or sexual abuse.

Donning | to put on (e.g. gloves). Also known as gloving.

Dorsiflexion | to bend backward. For example, the toes are gently pushed towards the body to stretch the foot.

Down's Syndrome | a genetic disorder due to an extra copy of chromosome 21. It can result in cognitive and physical disabilities. There are often physical characteristics such as a small skull, flattened nose, shorter fingers, a larger space between the first two digits on the hands and feet present. Also known as trisomy-21.

Draw sheet | see bed pad.

Droplets | transmission of infection occurs when droplets from sneezing, coughing, or talking are spread a few feet onto another person. Examples include pertussis and meningococcal infections.

Dry heat burns | can occur from heat that is dry, such as by irons, hair dryers, curling irons, and stoves.

Dyskinesia | uncontrollable muscle movements. May be seen in patients who are on antipsychotic medications or with diseases such as cerebral palsy.

Dyskinetic cerebral palsy | a type of cerebral palsy in which people have trouble controlling their muscle movements and their movements may be jerky and uncoordinated. The ability to swallow and chew can be affected.

Dysphagia | difficulty swallowing, usually due to a disease or illness.

Dyspnea | difficulty breathing.

Economical | being mindful of waste; using time, resources, and money efficiently.

Edema | swelling of a body part due to a build-up of water within the body which is unable to be removed due to a disease or disorder.

Elastic support stockings | see compression stockings.

Electrical burns | caused by sources of electricity such as electrical appliances that have been exposed to water or if a short occurs during use. These types of burns can cause very serious injury as they can burn both the outside and inside of the person's body, damaging skin and internal structures such as organs.

Electrolytes | important ions within the body which have either a positive or negative charge. They help to regulate body functions such as fluid balance, pH balance in the blood, and heartbeat. Sodium, potassium, calcium, and magnesium are examples of electrolytes.

Eliminated | removed.

Emesis basin | a kidney-shaped basin used for vomit, spit, and other medical waste. Is used to allow a patient who is unable to ambulate to a sink to use to spit into during mouth care.

Emotional abuse | a type of abuse that occurs through emotionally causing harm to a person. This includes name calling, yelling at, humiliating, threatening, intimidating, insulting, making fun of a person, treating a person like a child or as if they are unable to think or make their own decisions, threatening a person in order to make them do something or to not tell on you for something you did or isolating a person.

Empathize | to try to understand how another feels; to view a situation from the other person's perspective without losing your own.

Empathy | having empathy for another person means that you understand the thoughts and feelings of the other person.

Endocrine system | system within the body which consists of glands which secrete hormones and organs such as the thyroid, parathyroid glands, pancreas, and reproductive organs. It is important to control and maintain metabolic activity within the body.

Epidermis | the outer layer of the skin.

Erectile dysfunction | an inability for the penis to obtain or maintain an erection. Also known as ED.

Esophagus | muscular passageway through which food enters the stomach from the mouth.

Estrogen | a hormone which is produced by the ovaries in females and released to maintain female sexual characteristics, to produce menstruation, and to help prepare the uterus for pregnancy; present in smaller amounts in males. In males estrogen is produced by testosterone and converted to estrogen.

Ethnocentrism | thinking that your culture and beliefs are superior to, or better than another person's.

Evil Eye | the belief that someone who strongly admires another places a spell onthem which causes illness. Also known as Mal de Ojo.

Exceeds | more than.

Excreted | eliminated or removed from the body. Urine and feces are excreted.

Expenditures | expenses such as rent or mortgage, groceries, and household bills.

Extension | straightening a body part. For example, extending a bicep involves straightening the arm.

Falls | situations in which a person accidentally moves from a higher to a lower position. Falls can be harmful and even cause death.

Falsifying documents | lying about tasks performed, documenting tasks prior to completing them, or changing information.

Familismo | a very deep sense of family connection; may include extended members of the family and close friends.

FAST | the acronym to remember during a stroke. Facial drooping; Arm weakness; Speech difficulty; and Time (is critical).

Fatal | deadly.

Fatalism | the belief that nothing can be done about a situation or one's healthcare; it is decided by fate or karma.

Fats | essential nutrients in the diets, which include oils, butter, margarine, salad dressings, and animal fats found in meat, fish, and milk. Fat helps to protect organs, is necessary for cell membranes and for brain and nerve function, is used to insulate the body and help prevent heat loss, and is a carrier for other nutrients. Extra fat can also be used as energy for the body, or it can be stored. A diet high in fat can lead to serious complications. See cerebrovascular accidents, coronary artery disease, and myocardial infarction.

Feedback | the receiver responds to the message in some way to let the sender know they heard and understood the message.

Fetal Alcohol Syndrome | caused when a pregnant woman ingests alcohol; can cause physical and intellectual disabilities and birth defects. Also known as FAS.

Fiber | include whole grain foods such as cereals and breads, fruits, and, vegetables; a type of carbohydrate. Fiber is important as it helps aid in digestion, helps to lower cholesterol, and helps us to feel fuller longer. See carbohydrates.

Fictive kin | extended family or people outside the biologic family; often referred to within the African American family.

Financial abuse | is abuse that occurs with regard to a patient's finances; includes stealing money or property, improperly using a person's money for things other than the intended purpose, taking advantage of a person's finances, and threatening to cause physical/emotional harm if a person does not give a person their money.

Fine motor skills | activities using smaller muscles such as picking up paper or drawing.

First degree burns | affect only the epidermis. These are the least serious type of burn. They usually appear red, dry, and slightly swollen.

Five rights of medication self-administration | proper medication administration/assistance requires the healthcare provider keep in mind five important rights right patient, right medication, right dose, right route, and right time.

Fixed income | a person lives on a set income and must plan their expenses in order to fit into the amount of money that they have coming in.

Flashbacks | to replay an event repeatedly in one's mind. See post-traumatic stress disorder.

Flexion | bending a body part. For example, flexing a bicep involves bending it as if to make a muscle

Fomites | inanimate (non-living) objects such as surgical instruments, used tissues, and dirty bedding. These types of objects can spread infection.

Football hold | a position in which an infant is held in a resting position against the side of an adult's body, while securing the head and neck.

Foreskin | the outer skin that covers the end of the penis, which can be rolled down. This skin is removed in circumcised males.

Formal Operational Stage (11 years to adulthood) | According to Piaget's Cognitive Development theory, the period from 11 years to adulthood in which people can move beyond what is concrete (or right in front of them) and think in abstract ways about things that are not right in front of them or which they can only imagine. They are able to reason and perform logical thinking about abstract things.

Fortified | food to which nutrients are added in order to make them more nutritious. For example, many grain or bread products are fortified, or enriched with extra minerals and vitamins for extra nutrition.

Fowler's Position | in this position the patient is placed in a sitting up or upright position at a 90 degree angle. This position is used for eating, drinking, and to aid with breathing. Pillows may be placed behind the person to help keep them upright. Also known as High Fowler's. Semi-Fowler's position is when a person is at a 30-45 degree angle.

Fragile X syndrome | a common intellectual disability, which occurs as a result from a genetic mutation on the X chromosome. Fragile X syndrome may result in learning disabilities, delays in speech and language, ADHD, and anxiety.

Free radicals | potentially damaging agents. Examples include cigarette smoke and pollution.

Friction | rubbing of two surfaces together, such as the skin rubbing against a sheet. This can cause serious injury to the skin.

Full liquid diet | foods and liquids in their liquid state or which turn to liquid at room temperature such as ice cream, pudding, and cream-based soups. This type of diet helps a person move from a clear to a regular diet and is often used after gastrointestinal surgeries.

Gait belt | a special belt placed on patients over their clothing to assist with safe transfers, such as moving a patient from a bed to a wheelchair, or to assist with ambulating patients who are unsteady.

Gastric mucosa | stomach lining.

Gender behaviors | how females and males act; the behaviors people think that are specific to males or females.

Gender differences | differences that may exist between the male and female sex believed to be due to biological differences or adaptations males and females must make.

Generalized Anxiety Disorder | anxiety is present every day for at least six months, which interferes with the ability to function in one's everyday life. Symptoms include constant worry, feeling afraid and physical symptoms such as heart palpitations, trouble breathing, nausea, and headaches. Also known as GAD.

Genetic factors | part of DNA; genes which we inherit.

Genetics | a person's genes or their biology, which has a strong influence on how people develop and the physical changes they will experience.

Geographic ancestry | where a person came from originally.

Glucose | sugar. Glucose comes from carbohydrates that are eaten and is used by the body for energy.

Gluten | a protein in wheat, rye, and barley.

Gluten intolerance | when eaten foods with gluten cause symptoms such as abdominal pain, gas, and diarrhea.

Gluten-free diet | a diet free from gluten (foods containing wheat, rye, or barley).

Gross motor skills | activities using large muscles such as kicking a ball or walking.

Ground food | cut into small pieces ¼ inch or less, about the size of a grain of rice.

Group therapy | therapy where many people with similar problems meet with a therapist to talk about and solve their problems related to life issues and mental health disorders. May take place inpatient or outpatient. See inpatient treatment, mental health therapist, outpatient treatment, social worker, psychotherapy, or psychiatrist.

Hallucinations | seeing or hearing things that are not real. See psychoses and schizophrenia.

Hands-only CPR | a technique from the American Heart Association, for those who are not trained in CPR. Chest compressions are performed at a rate of 100 per minute to the beat of "Stayin' Alive" by placing hands in the center of the person's chest and pushing hard and fast. An emergency medical service (911) is immediately contacted to request more advanced help.

Health care proxy | a type of advanced directive; someone who the patient designates to make decisions for them in the future should they be unable to do so.

Hearing | one of the senses; the ability to hear sounds; the ears allow a person to hear.

Hearing impairment | difficulty with hearing or deafness.

Heart failure | the inability of the heart to pump blood through the body efficiently and effectively.

Heimlich maneuver | a technique of performing abdominal thrusts on a person who is choking. With arms wrapped around the person's abdomen, a fist is made with one hand with the thumb side of the fist slightly above the belly button. The other hand grasps the fist and quick upward thrusts are performed until the object is dislodged.

Hematoma | collection of blood. It may appear swollen and hard, like a large lump, and may be warm or hot to the touch.

Hierarchy | arranged in order of importance.

High calorie diet | extra calories are added to the diet, often in the form of protein. These types of diets help people to gain weight if malnourished or provide protein to promote healing. Also known as high protein diet.

High diet orders | a diet order that has the word high in it means that there should be an increase in a particular nutrient. Diets requiring "high" amounts should have extra of the nutrient added. Examples of diets with "high" amounts include high calorie, high protein, high residue (fiber), or high potassium.

High protein diet | extra protein is added to the diet. These types of diets help people to gain weight if malnourished or provide protein to promote healing. Also known as high calorie diet.

Holistic | to look at all the various parts of a person as a whole, including physical, mental, emotional, and social characteristics.

Holy Bible | the Christian holy book which consists of the Old and the New Testaments.

Human growth and development | the physical, cognitive, and emotional changes which occur throughout the lifespan as people age.

Hydraulic lift | a piece of equipment used to lift a patient from a bed or chair and transfer them into a bed or chair. These machines use fluid pressure to operate the lift. A person should be specially trained in their use to prevent patient harm. Also known as a mechanical lift.

Hyperactivity | excessive activity, difficulty sitting still, excessive movements. See Attention Deficit Hyperactivity Disorder.

Imminent death | death that is likely to happen soon.

Immobile | unable to walk or move independently.

Immunizations | vaccinations which provide protection against disease, such as influenza, chicken pox, and measles.

Immunocompromised | people who have an immune system that is unable to fight infection due to age, or diseases.

Impairment of functioning | an inability to function according to normal developmental processes and patterns. See developmental delay or disability.

Impulsiveness | acting without thinking. See Attention Deficit Hyperactivity Disorder.

In utero | in the mother's womb; during development of the baby.

Inattentiveness | trouble paying attention. See Attention Deficit Hyperactivity Disorder.

Incentive spirometer | a special piece of equipment which is used to help encourage a patient to breathe deeply. The patient takes a deep breath through a mouthpiece and is able to see the volume of the air they inhaled as a measuring marker moves with each breath. This helps to keep the alveoli in the lungs open and to prevent diseases such as pneumonia as well as to help improve breathing.

Incident report | a report made to document a situation, such as an accident, fall, or error which has occurred.

Inclement | unpleasant or bad weather.

Income | the amount of money that enters a household. Can come from a variety of sources.

Incongruous messages | one message contradicts another message.

Incontinence | the inability to control bowel and/or bladder functions.

Indirect Transmission | Infectious agents are transmitted from a reservoir to a host through airborne droplets, vectors, or vehicles.

Individual oriented culture | a culture that focuses on the thoughts, wishes, and actions within the individual versus focusing on how one's behaviors impacts the other people within one's family or culture. The United States tends to be an individual oriented culture.

Individual therapy | therapy which is focused on one person; a patient meets with a therapist, social worker, or psychiatrist on a one-to-one basis to help treat a mental health disorder. May be provided during inpatient or outpatient treatment. See inpatient treatment, mental health therapist, outpatient treatment, psychiatrist, psychotherapy, or social worker.

Indwelling catheter | a flexible plastic tube (catheter) is inserted into a person's urinary opening and into the bladder. An external drainage bag collects urine. Some catheters are inserted to collect urine and immediately removed (also known as straight catheterization). Indwelling catheters remain inside a person's bladder for long periods of time. They should only be inserted by specially trained healthcare staff. Also known as a "Foley".

Infection control | methods used to stop the spread of infectious agents. Hand washing, wearing gloves, using disinfectant, regularly cleaning the home, and providing personal care on a regular basis, such as bathing, dental care, and toileting assistance are methods to control infections.

Infectious agent | anything that can cause disease, such as bacteria, virus, or parasites.

Inherited characteristics | those things which are genetically determined by genes received from parents.

Injury-related disability | a disability which is not present at birth but which is caused from an accident, injury, or trauma. Can occur at any point in a person's life.

Innate immune system | this part of the immune system consists of barriers that protect us from infection, such as our skin and mucous membranes. The cough reflex, the ability to develop a fever, and inflammation are also part of the innaten the test and to the average score, which is 100. Often used to place children in grade levels or to determine proper interventions and treatments for those falling below or above the average level. Also known as IQ.

Inpatient treatment | treatment which is provided within a hospital or rehabilitative type of setting by a professional who practices counseling or psychotherapy. May be provided individually or within a group setting. See individual therapy, group therapy, mental health therapist, psychotherapy, psychiatrist, or social worker.

Insomnia | difficulty getting to or staying asleep.

Institution | a facility or organization in which a person may live due to being unable to care for themselves independently. Nursing homes, homes for developmentally disabled or mentally disabled persons are examples of institutions.

Insulin | allows glucose to enter the cells to be used by the body for energy; released by the pancreas in response to eating.

Intake | the amount that enters the body or is ingested by a person. Intake is often measured to ensure that the amount entering the body equals that which leaves the body.

Integration | to include and involve a person with a disability with other people who do not have a disability.

Integumentary | skin system. Includes skin, hair, and nails. The skin is the largest organ of the body.

Intellectual disabilities | formerly known as mental retardation; having a cognitive ability below the average level for a person similar in age.

Intelligence quotient | a number which represents a person's ability to reason and think (intelligence) on a variety of tasks; scores are compared to other people who have tak

Interest | the amount of money a person pays on top of what they borrowed.

Intravenous | within the veins. Antibiotics, fluids, and other medications may be administered through the veins by inserting a catheter into a vein through a process known as venipuncture. Also known as IV.

Irrational fear | a fear which is not reasonable. See abnormal fear and phobias.

Joints | spaces in between bones which join bones together and which are cushioned by cartilage and synovial fluid.

Karma | the belief that consequences are caused by actions and that people create their own destinies by their thoughts and actions.

Kidneys | pair of organs which regulate fluid balance in the body and filter wastes from the blood which is excreted from the body in the form of urine.

Kippah | see yarmulke.

Labia | the inner and outer folds of the vulva, on either side of the vagina. The labia majora are the outer larger folds, while the labia minora are the smaller inner folds.

Large intestine | part of the digestive system; from the small intestine food moves to this area where water is absorbed from nutrients and feces are solidified before it moves to the rectum to be excreted via the anus.

Lateral Position | in this position the patient is placed on one side. Pillows can be placed between bony areas for support.

Lead poisoning | ingestion of lead which can be found in paint, particularly from older homes, children's toys and other household items; can lead to a child having a developmental disability, cause behavioral or cognitive problems, anemia, and weight loss.

Leading statements | these are statements which encourage a person to continue speaking and which demonstrate another's interest in what is being said. Examples include, "Go on," "Mmm-hmm," "Yes," and "Tell me more."

Leukemia | a type of cancer of the bone marrow in which too many immature and abnormal white blood cells are produced.

Liability | means that the person or agency for which one works can be held legally responsible for harming a patient or other person.

Lifespan | the length of time that a person or living thing can be expected to live.

Living wills | a type of an advanced directive which explains the type of medical care a patient wants and does not want to receive should they be unable in the future to make decisions for themselves.

Low birth weight (babies) | babies who are less than 5 pounds 8 ounces at birth; increases the likelihood of having developmental delays or disability.

Low calorie foods/diets | diets that tain food which are low in calories. Foods may be labeled are reduced calorie, low calorie, or light. People with high cholesterol or who need to lose weight are often on low calorie diets.

Low diet orders | a diet that has the word low in it means that there should be a decrease in a particular nutrient or the nutrient is cut out altogether. Examples include gluten-free diets, low sodium diets, low cholesterol diets, and low protein diets.

Low fat diets | diets that contain foods low in fat. Foods may be labeled as nonfat, reduced fat, fat free, or light. People with high cholesterol or who need to lose weight are often on low fat diets.

Low sodium foods/diet | diets are low in sodium or salt. Foods may be labeled as low sodium, low salt, sodium free, very low sodium, or no salt added. People with high blood pressure, heart or kidney disease, or who are trying to lose weight may be on these types of diets.

Machismo | the belief that the male of the family is expected to provide for and uphold the honor of the family; often referred to with Latino families.

Major minerals | minerals which are needed in larger amounts as compared to minor minerals in order for the body to properly function. They include calcium, potassium, chloride, sodium, phosphorus, and magnesium.

Mal de Ojo | see Evil Eye.

Maslow's Hierarchy of Needs | a hierarchy developed by Abraham Maslow to describe the needs that people have. Basic needs at the bottom of the hierarchy must be met prior to moving up the hierarchy. The levels include Physical Needs, Safety Needs, Love & Belonging Needs, Self-esteem Needs, and Self-actualization Needs.

Matriarchal role/matriarch | a woman is head of household or has power within the family, leading the family during times of decision making.

Meatus | urinary opening.

Mechanical diet | a diet that is altered in texture, such as food that is pureed or finely chopped.

Mechanical soft diet | a diet that consists of food that is made softer and easier to chew and swallow by changing the texture of the food.

Mechanically altered diet | a diet in which the texture of the food is changed to help the person chew or swallow.

Medicaid | a joint state and federally funded health insurance program for low-income people. This health insurance program is provided to people who meet certain income requirements.

Medicare | a federally funded health insurance program provided to people who are above the age of 65, have end-stage renal failure or ALS, or have other disabilities.

Menopause | the cessation of menstruation; ova are no longer released and ovaries stop making estrogen and progesterone.

Menstruation | the process when a women discharges blood as the lining of the uterus is shed; usually occurs monthly until menopause. Also known as a monthly "period".

Mental health | the ability to adjust and adapt to the changes and stressors of life and to demonstrate healthy emotional and cognitive abilities.

Mental health therapist | a professionally trained person who possesses at least a graduate degree and license or certification to provide therapy services. Provides individual or group therapy to help patients deal with life stressors or mental health disorders. May be provided on an inpatient or outpatient basis and during individual or group sessions. See individual therapy, group therapy, inpatient treatment, outpatient treatment, or psychotherapy.

Mental illness | disruption to a person's thinking, feeling, mood, ability to relate to other people and ability to function at home, work, or school; often unable to effectively cope with stressors.

Mental retardation | a term which is no longer used to describe impairments in intellectual functioning. See intellectual disabilities.

Metabolism | how the body breaks down nutrients to use for energy and body functions.

Microorganisms | bacteria, fungus, and viruses which can cause disease.

Minerals | compounds which the body needs in order to perform a variety of functions and to work properly. Examples of minerals include calcium, potassium, sodium, and iron. See major minerals and minor minerals.

Minor minerals | minerals which are only needed in small amounts in order for the body to properly function. They include iron, fluoride, zinc, copper, selenium, chromium, and iodine.

Mode of transmission | how an infectious agent is transmitted to a person. There are several modes of transmission direct contact, droplets, airborne, vehicles, and vectors.

Modified diets | diets that have changes made in a particular nutrient or the texture of the food.

Monounsaturated fats | include vegetable fats such as olive oil and canola oil.

Mood swings | to go from one mood such as happy to another mood such as depressed quickly.

Morbidity | causing disease or sickness.

Mosques | places of worship for Muslims.

Mouth | the opening at the lower part of a person's face; begins the digestive system where we take in food and begin the process of digestion by chewing.

Multi-racial | having or belonging to more than one race.

Muscles | bands of tissue which have the ability to contract, causing movement; provide strength for the body to move.

Muscular dystrophy | a progressive genetic disease in which there is a gradual weakening and wasting away of muscle. People with this disease have difficulty with physically moving due to muscle twitching, stiffness, or atrophy. Also known as MD.

Myocardial infarction | also known as a heart attack. The heart loses adequate oxygen supply. Some signs of a heart attack include chest pain, pain that radiates to the jaw, neck, or back, sweating, difficulty breathing, nausea, anxiety, and chest pressure. This is a medical emergency and help must be obtained immediately.

Neglect | when a person is harmed by a caregiver or when the caregiver fails to provide necessary care. Examples of neglect include failing to clean a patient up who is soiled, bathe, provide food or fluids or to turn and position a bedridden patient.

Nephrons | the filtering units of the kidney which make urine.

Neurologic impairment | an impairment of functioning within the person's nervous system. Neurologic impairments could impact hearing, vision, motor coordination, speech, learning abilities, behavior, and cognitive functions. See neurological system.

Neurological system/nervous system | consists of the brain and spinal cord; impulses are transmitted to and from the nervous system to control body functions and movement.

Neurotransmitters | chemicals released by nerves which send a message; imbalances of these chemicals can cause illness such as mental illness.

Nirvana | a state of spiritual heightening in which there are no desires or suffering.

Noncompliance | a patient does not follow the treatment plan or medical recommendations as directed. For example, a patient who refuses to follow a prescribed diet or take medications their physician has ordered is noncompliant.

Nonverbal communication | the way we communicate without using words. Examples include shaking a head, rolling eyes, smiling, or crying.

Nonverbal cues | cues during conversation such as gestures, tone of voice, eye contact, and silence which indicate what message the person is trying to send or how they feel.

Normal development | set patterns for how a person should grow and function. For example, children typically are able to crawl, sit, stand, and speak at certain ages. Failure to do so according to normal development patterns is called a developmental delay.

Nutrients | parts of food that provide nourishment in order for us to survive. Examples include carbohydrates, protein, and fats.

Obesity | being over the ideal weight for a person's body size.

Object permanence | the understanding that something exists even though it is no longer in sight. According to Piaget this is developed by the end of the Sensorimotor Stage.

Objective information | information which is factual and which a person can actually see, hear, touch, or smell.

Obsessions | repetitive thoughts. For example, a person may have repeated thoughts about germs which may interfere with their ability to function.

Obsessive-compulsive disorder | a type of anxiety disorder in which the person has obsessions and compulsions which interferes with their ability to function in daily life. Also known as OCD.

Open-ended questions | questions which encourage a patient to continue speaking. They show the patient that what they have to say is important. Examples of these types of questions would be, "Tell me more about your childhood", or "What are you thinking right now?"

Opposition | touching the thumb to each finger. In opposition, each finger of the hand is gently moved toward the thumb to provide a gentle stretch of the hand and finger joints.

Orthostatic hypotension | a decrease in blood pressure that can be caused by a rapid change in position such as from a lying down to a sitting or from a sitting to a standing position.

Osteoarthritis | a common type of arthritis which mainly affects the elderly; occurs when there is a degeneration of the joints. Joint degeneration leads to inflammation. Symptoms include pain, inflammation, difficulties with ADLs and activities such as walking and using one's hands. Also known as OA.

Osteoporosis | a condition in which the bones become brittle, thin, porous (full of holes), and fragile. Osteoporosis increases a person's risk of fractures.

Outpatient treatment | treatment which is provided outside of a hospital setting by a professional who practices counseling or psychotherapy. May be provided individually or within a group setting. See individual therapy, group therapy, mental health therapist, psychotherapy, psychiatrist, or social worker.

Output | the amount of fluid or solid that is eliminated (removed) from the body. This is often measured to keep track that the amount entering the body equals the amount removed from the body.

Ova | eggs; the female reproductive cell. Ovum is the singular form of ova.

Palsy | weakness having to do with muscles. See Cerebral palsy.

Pancreas | an organ which has both endocrine (producing hormones) and exocrine (aiding in digestion by secreting enzymes) functions. The pancreas produces insulin which is important for glucose metabolism, and glucagon which is important to raise blood sugar levels in between meals.

Paranoia | thinking someone is out to hurt you. See delusions, psychoses, and schizophrenia

Paraphrase | a communication technique to show you are listening to another; to summarize what a person says.

Paraplegia | inability to use the lower part of the body due to disease or injury.

Parathyroid glands | four glands located near the thyroid and which are important to help with calcium balance by releasing parathormone. Also known as PTH. Low calcium levels cause an increase in the release of PTH while high calcium levels within the blood cause a decrease in the release of PTH.

Parkinson's Disease | a progressive, incurable disorder which affects the nervous system. It is due to decreased dopamine, a neurotransmitter within the brain. Symptoms include tremors, a shuffling gait, stiff muscles, difficulty with posture and movement, and loss of balance. Dementia may occur as it progresses.

PASS | the acronym to remember how to use a fire extinguisher. Pull the pin. Aim at the base of the fire; Squeeze the handle; and Sweep back and forth at the base of the fire.

Patronize | to treat as a child or in a way to indicate you are superior to the other.

Peer pressure | pressure from other children or adults of the same age. People may "give in" to peer pressure in order to fit in with the group.

Penis | the male genital organ through which sperm and urine pass through.

Perineal area/perineum | the genital area between the vulva and anus in a female, and the space between the scrotum and anus in a male.

Peristalsis | muscle contractions; in digestion it aids in food pushed through the GI tract.

Personal care | providing care that is related to the patient's body, appearance, hygiene, and movement.

Personal protective equipment (PPE) | types of equipment worn to protect a person from infection and bodily fluids. Examples include gloves, gowns, goggles, and masks.

Phobias | a type of anxiety disorder in which a person has an abnormal fear about something in particular. For example, some people may have a fear of germs, spiders, heights, being outside the home, crowds, closed in spaces, water, or animals.

Physical abuse | the intentional or unintentional harm to another's body. Includes slapping, punching, kicking, biting, cutting, bruising, burning, spitting at, pushing, shoving, restraining a person, handling a person in a rough manner or forcing a patient to do something they do not want, such as eat or bathe.

Physical attributes | characteristics such as facial features, hair type, and body build.

Physical changes | changes that occur within the body as people grow and develop. These include changes that can be seen (e.g. hair color, wrinkles) and those that cannot (e.g. changes in the immune system and reproductive system).

Physical disability | a disability in which the body is affected. A person with a physical disability may have problems with muscle movement, balance and coordination, and being able to perform ADLs. A physical disability may or may not be developmentally related. See disability.

Pilgrimage | a visit of faith.

Plantar flexion | pressing downward. For example, the toes are gently pressed down toward the sole of the foot.

Plaque | fatty deposits blood vessels which contribute to CAD. These fatty deposits cause the blood vessels to become stiff so that blood does not flow through them as well. Plaque is often caused by eating too high of fat and cholesterol intake.

Podiatrist | a doctor who specializes in diagnosing and treating disorders of the feet. Also known as foot doctor.

Poisoning | can occur any time a harmful substance is intentionally or unintentionally ingested.

Polyunsaturated fats | include corn, soy, safflower, and sunflower oils, and omega-3-fatty acids.

Portal of entry | how an infectious agent enters the host. It may be the same as the portal of exit. For example, influenza exits an infected person's respiratory tract and enters another person's respiratory tract

Portal of exit | how an infectious agent leaves its host. Examples of portals of exit can include the respiratory system, urine, feces, and even the skin. A person with the flu can transmit the virus to another person when they sneeze; a person with hepatitis B or HIV can transmit the virus through their blood or body secretions.

Positive regard | respecting another person and demonstrating that they are valued as a person, regardless of differences, and whether or not you agree with their thoughts, feelings, or behaviors.

Post-traumatic stress disorder | a type of anxiety disorder in which the person has experienced a traumatic event such as sexual abuse, rape, a natural disaster, or who was in combat and experiences severe distress afterward. Symptoms include flashbacks, insomnia, and nightmares. Also known as PTSD.

Predestination | the belief that Allah has knowledge of all that will happen; a belief within the Muslim faith.

Prejudice | Prejudice a preconceived opinion or bias about a person not based in fact or based in stereotypes.

Premature (babies) | born before fully mature in the womb; babies who are born before 37 weeks of gestation. These babies are born too early and are not yet fully developed.

Prenatal care | care which a mother receives while pregnant. This includes prenatal vitamins, proper nutrition, and medical care during pregnancy.

Preoperational Stage | According to Piaget's Cognitive Development theory, the period from 2 to 7 years in which children learn about their world beyond just senses and using motor actions. They learn to understand the meaning of words and images by looking at pictures, symbols, and books.

Pressure redistribution devices | Special equipment used to prevent pressure ulcer formation by distributing pressure across the surface area of the device. Examples of this type of equipment would be a cushioned wheelchair pad filled with air, gel, or foam.

Prioritizing | placing tasks in order of importance.

Processing | understanding information.

Professional boundaries | setting limits within professional or working relationships in order to maintain healthy relationships. This includes working only established hours, not contacting patients outside working hours, and working within the limits of the care plan.

Progesterone | a hormone which is released and which stimulates the uterus to prepare for pregnancy.

Prognosis | a forecast of how a disease will progress or continue.

Progressive | becoming worse; advancing.

Projection | a type of defense mechanism in which one makes excuses or blames others for one's behaviors or actions. For example, a child who throws a toy at their sibling says, "She made me do it because she made me mad!"

Pronation | turning downward. For example, the forearm and hand are turned so the palm of the hand faces downward.

Prone Position | in this position the patient is placed face down with their belly against the bed. Care should be taken to avoid arms from being placed underneath the patient.

Proper body mechanics | using the body in an efficient and safe way.

Prostate gland | located at the base of the bladder and around the urethra in males; releases prostate fluid which makes up part of semen and helps sperm to move, aiding in fertility; also helps to control release of urine.

Prostate specific antigen | a blood test performed to measure the levels of prostate antigen, which is an enzyme the prostate releases. Low levels of the antigen are found in healthy men. High levels are an indicator of BPH or prostate cancer. Also known as PSA.

Prosthetic device | a specially made and fitted artificial limb or body part.

Proteins | essential building blocks the body needs to build and repair body tissues, such as muscles, organs, and skin. Sources of protein include poultry, meat, fish, eggs, milk, cheese, nuts and nut butters, peas, dried beans, and soy products. Protein is used as an energy source or converted to fat.

Proximity | closeness or nearness.

Psychiatrist | a physician who specializes in treating mental health disorders by meeting with patients to discuss their thoughts and feelings and to provide prescriptions for medications. See psychotherapy.

Psychological changes | changes that occur within the minds and behavior of people as they grow and develop. These include changes in learning to reason and think in more logical and abstract ways.

Psychoses | a loss of contact with what is real. See delusions, hallucinations, paranoia, and schizophrenia.

Psychosocial | the way social factors interact with emotional, intellectual, and spiritual needs.

Psychotherapy | counseling provided by a professional to treat mental health disorders; may be individual or group therapy and may take place within an inpatient or outpatient setting. See individual therapy, group therapy, inpatient treatment, outpatient treatment, or psychiatrist.

Puberty | a stage of development when hormones change and secondary sex characteristics such as body hair, breast and testicular growth occurs.

Pureed | food is cooked, cut up and put into a blender or food processor, while adding some liquid in order to make it into baby food like consistency.

Quadriplegia | inability to use both the upper and lower body, due to a disease or injury.

RACE | the acronym to remind you what to do in case of a fire. Remove patients from danger; Activate 911; Contain the fire if safe and possible to do so; and Extinguish fire or call the fire department to do so.

Race | a group of people with similar genetics and physical characteristics.

Racism | discrimination based on someone's race; a belief that one racial group is better than another racial group, or that one member of a race is the same as all other members of that race just because they belong to that racial group.

Radiates | to extend to an area outside of the original source.

Range of motion | ability to move joints in different directions. Also known as ROM.

Rate of respiration | also known as rate of breathing. Normal rate of respiration for an adult is 12-20 breaths per minute. It is calculated by watching a person breath for one minute.

Rationalizing | a defense mechanism in which one tries to justify or reason one's behaviors. For example, a teen who steals something tells her parent, "But everybody does it!"

Receiver | the person who receives the message.

Reciprocal | mutual.

Recuperating/recuperate | healing; to heal/rest.

Reflection | communication technique used to let a person know you are listening to them. Examples include, "You are feeling scared", "I can imagine how stressful this must be for you" or "You are feeling anxious about what will happen to (patient name)."

Regressing/regression | a defense mechanism in which one becomes less mature or reverts back to a behavior used during a less stressful time in life. For example, an adult has a temper tantrum, or a child who is toilet trained begins to wet the bed.

Reincarnation | the belief that the soul reincarnates, or returns to a new body after the physical body has died.

Repetitive movements | movement of body parts which are repeated over and over; movements may be bizarre. See schizophrenia.

Repressing/repression | a defense mechanism used in which the person blocks out or "forgets" a bad situation. For example, an adult who was sexually abused as a child "forgets" that they were sexually abused.

Reservoir | a host; the person, animal, or place where an infectious agent lives and grows. Examples of reservoirs include humans, animals, and the environment, such as water or soil.

Respect | acceptance and appreciation of another.

Respite | to provide a break from an activity such as caregiving.

Rheumatoid arthritis | a type of arthritis that can affect people of all ages and often progresses to the point where mobility is greatly impacted. Inflammation causes degeneration of joints. Symptoms include pain, stiffness, and difficulty completing ADLs. Also known as RA.

RICE | the acronym to treat bruises. Rest; Ice; Compression; Elevat

Right dose | one of the 5 rights of medication administration in which the correct dose is checked for accuracy prior to a patient taking the medication. The dose listed on the medication label is checked against that listed on the Care Plan or Medication Record.

Right medication | one of the 5 rights of medication administration in which the correct medication name is checked for accuracy prior to a patient taking the medication. The medication listed on the medication label is checked against that listed on the Care Plan or Medication Record.

Right patient | one of the 5 rights of medication administration in which the correct patient name is checked on the medication for accuracy prior to a patient taking the medication. The patient name listed on the medication label is checked against that listed on the Care Plan or Medication Record.

Right route | one of the 5 rights of medication administration in which the correct route of administration is checked for accuracy prior to a patient taking the medication. The route listed on the medication label is checked against that listed on the Care Plan or Medication Record.

Right time | one of the 5 rights of medication administration in which the correct time the medication should be taken is checked for accuracy prior to a patient taking the medication. The time listed on the medication label is checked against that listed on the Care Plan or Medication Record.

Route of medication | the way in which the medication enters the body. Examples of routes are oral, through the eye, ear, rectum, vagina, or inhaled.

Saturate | to become soaked, such as in bleeding so much that the blood soaks through clothing or bandages.

Saturated fats | include butter, bacon, lard, coconut oil, and peanut oil. Saturated fats are less healthy options than monounsaturated and polyunsaturated fats.

Scalds | burns which occur from hot liquids. These types of burns occur within seconds and can cause serious injury.

Schizophrenia | a serious mental illness which impacts a person's ability to think clearly, make decisions, have relationships with others, manage stress and emotions, and function in their everyday lives. A person with schizophrenia may have a variety of symptoms including catatonia, delusions, disorganized behavior, hallucinations, paranoia, psychoses, or repetitive movements.

Scope of practice | the limits which are placed on a person based on their education and training.

Scrotum | the outer pouch of skin that covers and protects a male's testicles; part of the male external genitals.

Sebaceous glands | glands which produce oil.

Second degree burns | affect the epidermis and dermis. They are more serious than first degree burns. The skin may appear swollen, red, moist, and may have blisters or look watery and weepy.

Seizure | a disorder in which there is increased electrical activity of the brain. The person may have uncontrolled muscle movements, inability to follow directions, drooling, repeated blinking or other movements, and may stop responding.

Self-actualization | means to try to be the best person that we can be and to reach our full potential.

Self-awareness | becoming knowledgeable about one's strengths and weaknesses. Similar to self-reflection which is the process one uses to become self-aware.

Self-determination | the ability to make one's own choices, decisions, and plans.

Self-esteem | valuing and respecting oneself and learning that you are a good and worthy person. Self-esteem comes from within us, and from interactions and feedback from other people.

Self-reflection | a process of examining oneself in order to better understand how you see yourself and to make improvements. This process includes looking at both negative and positive qualities we possess and allows a person to become self-aware.

Semi-Fowler's position | a position in which a person is supine (lying down face up) at a 30-45 degree angle. In Fowler's position the patient is upright in a 90 degree angle.

Sender | the person who sends the message.

Sensorimotor Stage | According to Piaget's Cognitive Development theory, the period from birth to 2 years in which Infants construct an understanding of the world as they interact with it using their senses (sight, hearing, touch, smell, and taste). Senses are combined with physical actions and muscle movements such as pushing, pulling, and kicking to make sense of objects around them

Setting boundaries | the process of establishing one's professional role with patients and families with whom we work. This includes discussing tasks that can and cannot be performed, hours and days to be worked, and how to best contact the healthcare worker.

Sexual abuse | abuse that occurs when a person is touched in a way in which they do not wish to be touched; includes fondling, unwanted touching, and any unwanted sexual activity; exposing oneself to a person and showing someone pornographic materials that they do not wish to see, or taking pornographic pictures of a person without their consent.

Shaft | the long part of the penis.

Shearing | when skin sticks to a surface, such as a sheet, and the muscles underneath slide in the direction the body moves. This can cause serious injury to the skin.

Side-lying position | a position in which a patient is rolled or placed onto their side.

Simple carbohydrates | foods found in sugars, sweets, syrups, and jellies. These are made of only 1 or 2 sugar molecules which are easily broken down and digested to provide quick forms of energy for the body. These are less healthy options than complex carbohydrates as their energy source is short-lived and tend to have higher calories.

Skeleton | made up of the bones within the body and provides support for muscles, protection for organs, and helps people to move.

Slide board | a special board used to help a patient safely move during transfers. It acts as a bridge from one surface to another to help patients who are unable to use their legs safely to stand. Slide boards may be used to assist with transfers into the tub, onto a bed, or from a bed to a chair or wheelchair. A patient's skin should always be protected while using a slide board.

Small intestine | part of the digestive system which is responsible for the absorption of nutrients. The small intestine is connected to the stomach and consists of three parts duodenum, jejunum, and ileum.

Smell/smelling | one of the senses of the body; the nose and its structures allow a person to sense odors and scents.

Social worker | a professionally trained person who possesses at least a graduate degree and license; social workers strive to promote social change and development; some provide counseling services on an individual or group basis to help patients deal with life stressors or mental health disorders. May be provided on an inpatient or outpatient basis. See individual therapy, group therapy, inpatient treatment, outpatient treatment, or psychotherapy.

Socioeconomic status | a person or family's social and financial level.

Soft diet | food that is made soft in some way to allow people who have difficulty chewing, swallowing, or who are recovering from gastrointestinal surgery to eat and digest more easily.

Spastic cerebral palsy | the most common type of cerebral palsy in which people experience spasticity of muscles, and stiff and jerky movements which can make mobility and ADLs difficult.

Spasticity | stiff muscles. May be seen in people with cerebral palsy or muscular dystrophy.

Starches | include grains, potatoes, beans, and peas; the most common form of carbohydrates. Starches are often used as thickeners in food. See carbohydrate.

Stereotypes | the belief that all people within a group are the same based on what you know about one individual within a group. Stereotypes can be about any characteristic of a person such as their looks, sexual orientation, weight, or behavior.

Sterile dressing change | a procedure in which a wound has a dressing that must be changed under completely sterile (free from bacteria) conditions. Sterile gloves which are kept in a sealed package and a sterile field is set up during these dressing changes. This minimizes the risk for any bacteria entering the wound. This is also known as aseptic technique.

Stigma | to view a person in an unfavorable or negative way due to a particular characteristic or illness; to disgrace; such as the stigma of mental illness.

Stomach | the organ which is part of the digestive system and which is responsible for breaking down food by releasing gastric juices. It is connected to the esophagus and the small intestine.

Stressor | anything that causes stress. Includes both positive and negative types of stress.

Stroke | see cerebrovascular accident.

Subcutaneous | fatty layer of the skin; beneath the epidermis and dermis.

Subjective information | information which is told to a healthcare provider by a patient such as about how they feel or what they think.

Sugar free | foods that do not have sugar in them or that do not add sugar to the ingredients.

Sugars | include fruits, vegetables, and sweeteners; a type of carbohydrate. Sugars occur naturally in foods such as vegetables and fruits, and are added to other foods such as baked goods. See carbohydrates.

Suicidal thoughts | to have thoughts about wanting to die.

Suicidality | statements of or actions which indicate wanting to die or hurt oneself.

Supination | turning upward. For example, the forearm and hand are turned so the palm of the hand faces upward.

Supine position | a position in which the person is lying face upward.

Support system | any person or group of people who can provide emotional or physical support, such as assisting with completing tasks.

Susceptible host | this is the person or animal that contracts the infectious disease.

Sympathy | feeling sorry for another person. It is more an expression of one's own feelings than an understanding of another's view point as empathy is.

Synagogue | a temple or place of worship where Jewish people attend services.

T cells | a type of white blood cell that helps our bodies to fight infection. T cells are part of the adaptive immune system. They work to identify and either kill invading organisms or to stimulate the rest of the immune system to help fight the infection. Also known as T-lymphocyte.

Taste | one of the senses of the body; the ability of the tongue to perceive or sense flavor.

Terminal illness | an illness in which the person has a prognosis of less than 6 months to live.

Testosterone | the male sex hormone which is produced by the testes in males and stimulates the development of male sexual characteristics. In smaller amounts it is produced by the ovaries in females.

Therapeutic relationship | creating a positive alliance, or relationship, with a patient.

Thickened liquids | liquids that are made thicker (less thin) by adding a commercial thickener or other additive to assist a person to safely swallow. Often used for people with dysphagia to prevent aspiration.

Third degree burns | affect all layers of the skin and may affect the organs below the surface of the skin. These are the most serious type of burn. The skin may appear white or black and charred and there will be no pain as the nerve endings have been burned away.

Thyroid | a large gland in the neck which makes and releases hormones. It is important for regulating metabolism, heart rate, blood pressure, and body temperature. It is an important gland which affects every cell within the body.

Tics | repetitive behaviors involving the motor system (such as twitching or repetitive blinking) or vocal tics (such as grunting).

Toe pleat | pleats made in sheets or blankets to prevent pressure ulcers from forming on feet or toes. Toe pleats are made by pulling up at the sheets so that they are not tight against the toes and the toes have room.

Tone of voice | a nonverbal method of communication which often reflects a person's mood; the quality of sound of a person's speech.

Tonic-clonic seizures | clonic seizures have two phases tonic and clonic. In the tonic phase, the person's muscles contract and spasm. In the clonic phase, the person has repeated muscle movements, and their arms, legs, and torso may jerk violently.

Total care | See complete care.

Touch | one of the senses of the body; the ability to feel something with one's skin.

Tourette's syndrome | a nervous system disorder in which people tics. See tics.

Toxoplasmosis | a bacteria that is ingested by eating undercooked meat or handling cat feces (such as while cleaning out a litter box); can cause developmental disability in children if a pregnant woman is infected.

Transfer | to move a patient from one area to another. For example, a patient may be transferred from a bed to a wheelchair or a wheelchair to a tub.

Translator | a person who assists with communication by translating or converting words said by one person so another person can understand. They are used when a patient does not speak the same language as a health care provider. They are also used for patients with hearing impairments who speak sign language.

Traumatic brain injury | an injury to the brain from a trauma which results in damage to the brain. Also known as TBI.

Uncircumcised | a male who has not had the foreskin of his penis removed. This is often done as a religious rite or medical reason. If a male has this foreskin removed, he is said to be circumcised.

Unconscious | to be unaware of something.

Unintentional injuries | injuries that happen accidentally and are not on purpose. Examples include falls, choking, poisoning, fires, and drownings.

Ureters | tubes which carry urine from the kidneys to the bladder.

Urethra | duct through which urine passes through to the outside of the body from the bladder.

Urinal | a container or receptacle into which males urinate. Handheld urinals are available to assist patients who have mobility issues.

Vagina | a muscular tubular structure which is part of the female genital system, which allows for sexual intercourse and childbirth.

Vascular | relating to blood vessels within the body.

Vectors | transmission of infection which occurs through living organisms such as ticks, mosquitoes, and fleas. Examples include malaria which is transmitted through mosquitoes and Lyme's Disease which is transmitted through ticks.

Vedas | ancient scriptures of Hindu.

Vehicles | transmission of infection which occurs through blood, water, food, and objects such as surgical instruments, tissues, and bedding. Examples include Hepatitis A which is carried through food or water and botulism which is spread via contaminated canned food.

Verbal communication | the use of words or sounds, which are either spoken or written.

Vertebral disks | disks which make up the spine and which have fluid in between each disk which helps absorb shock to prevent damage to the spine during movement.

Vigilant | watchful, observant of surroundings.

Villi | finger-like projections lining the small intestine which are important to help the body absorb nutrients.

Vision | one of the senses of the body; consists of the eyes; the ability to see.

Visual impairment | difficulty with vision or blindness (inability to see).

Vital signs | measurements that give an indication of a patient's health, including blood pressure, respiration rate, heart rate, and temperature.

Well-balanced diet | a diet in which all the nutrients our body needs for proper functioning and energy are taken in and adequate water is consumed. Contains a variety of foods from all the food groups, as well as all the necessary vitamins and minerals we need.

Wet heat burns | can occur from hot liquids, such as hot water or steam.

White blood cells | special cells within the immune system that work to fight infection. Also known as leukocytes.

Yarmulke | a small cap. Also known as a kippah.

Yes and no questions | questions to which either yes or no can be answered. These types of questions are closed-ended questions and should only be used if a yes or no is necessary. They will not help to encourage a person to continue to talk.

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