

1. Describe the home health aide's role in assisting clients with personal care

Define the following terms:

hygiene

practices used to keep bodies clean and healthy.

grooming

practices to care for oneself, such as caring for fingernails and hair.

activities of daily living (ADLs)

personal daily care tasks, such as bathing, dressing, caring for teeth and hair, eating, drinking, transferring, walking, and elimination.

perineal care

care of the genital and anal area.



Key Material 13-1: Assisting with Personal Care

- Help the client be as independent as possible
- Be aware of client preferences and routines
- Always explain what you will be doing
- Always provide privacy
- Let the client make as many decisions as possible
- Observe the client during care
- Note and report signs and symptoms
- Observe client's mental and emotional state
- Report any changes
- Leave the client's room neat and clean



1. Describe the home health aide's role in assisting clients with personal care

Critical Thinking: Conversation Starter

Why is performing the task only half the job?

What else do you think can be accomplished while providing personal care?



1. Describe the home health aide's role in assisting clients with personal care

Remember:

While providing personal care, you can obtain information about your client through asking questions and making observations.



1. Describe the home health aide's role in assisting clients with personal care

HHAs should build relationships with clients that are based on respect and trust. These kinds of relationships can be built by doing the following:

- Listening
- Being empathetic
- Being patient
- Promoting privacy
- Encouraging independence
- Giving praise
- Involving clients in your care
- By giving person-centered care



With a partner, take turns role-playing HHA and client. These questions are the kind of questions you will be asking clients as you provide personal care:

How did you sleep last night?

In what way do you feel better (or worse) than yesterday?

How did your other aide help you with your bath?

How much of your bath can you do yourself?

Can you point to exactly where your pain is located?



13

Role play activity

Will you describe the pain in your back?

On a scale from 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine, how would you rate the pain you are experiencing?

What temperature do you like the room to be?

Which medications did you take last night?



Critical Thinking: Activity

Create brief examples of observations that should be documented during personal care.



Define the following terms:

axillae

underarms.

perineum

the genital and anal area.

shower chair

a sturdy chair designed to be placed in a bathtub or shower.

ostomy

surgical creation of an opening from an area inside the body to the outside.

groin

the area from the pubis to the upper thighs.



HHAs should know these guidelines for bathing:

- Baths are for health and relaxation
- Complete baths are only necessary every other day or less frequently, and for the elderly only one to two times per week
- The face, hands, axillae, and perineum should be washed every day
- Keep room temperature comfortable



These safety rules are important when assisting with bathing:

- Make sure there are no loose rugs
- Never leave client alone
- Never use bath oils or gels
- Make sure water temperature is comfortable for the client
- Wear gloves and change gloves before giving perineal care
- Be familiar with safety and assistive devices



These assistive devices may be used when bathing a client:

- Transfer belts
- Tub chair, shower chair, bath bench
- Safety bars, grab bars



As you view the following procedure for helping a client transfer to the bathtub, keep these safety precautions in mind:

- Lock wheels on wheelchairs
- Use a transfer belt
- Use grab bars, tub chairs, slide board



Helping the client transfer to the bathtub

You may have to adapt this procedure to work with your clients' different strength levels.

Equipment: chair, transfer belt, shirt or robe to wear under transfer belt, slide board (if appropriate), tub or shower chair, bath supplies (as listed in next procedure)

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Help the client to the bathroom.





Helping the client transfer to the bathtub

- 4. Provide privacy for the client.
- 5. Seat the client in a chair facing the bathtub and centered between the grab bars. If using a wheelchair, lock brakes and remove footrests.
- 6. Ask the client to place one leg at a time over the sides of the tub.



Helping the client transfer to the bathtub

7. Have client hold on to the grab bars or the edge of the tub to bring himself to a sitting position on the edge of the tub. A slide board may also be used to help the client move from the chair to the tub.





Helping the client transfer to the bathtub

8. Help the client lower himself into the tub or onto the tub chair (bath bench) while holding on to the edge of the tub or grab bars. If necessary, assist by having him wear a transfer belt. If using a transfer belt to get in and out of the tub, the client will need to wear a shirt or robe while transferring, so the belt is not placed directly against his skin. When client is in the tub, place supplies within easy reach.





- 9. Reverse this procedure to help the client out of the tub when the bath is over. If the client has trouble getting out of the tub, help him to his hands and knees. From that position, he can use the grab bar or the edge of the tub to help pull himself up. You can also help by putting the transfer belt back on the client (over a robe).
- 10. Wash your hands.
- 11. Document the procedure and your observations.



Remember:

Providing privacy for your client is extremely important and is part of your job.



These safety measures will help protect a client from falls or other injuries during bathing:

- Rubber bath mat
- Tub or shower chair
- Nonskid bath rug
- Nonskid shoes or slippers for the client



Helping the ambulatory client take a shower or tub bath

Equipment: 2 bath towels, washcloth, soap or other cleanser, shampoo, rubber bath mat, tub or shower chair (if appropriate), table for bath supplies and bell (for clients who bathe without assistance), nonskid bath rug, deodorant, lotion and other toiletries, clean clothes or a robe, shoes or nonskid slippers, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Clean tub or shower if necessary. Place rubber mat on tub or shower floor. Set up tub or shower chair. Place nonskid bath rug on the floor next to the tub or shower.
- 4. Provide privacy for the client.



Helping the ambulatory client take a shower or tub bath

- 5. Fill the tub halfway with warm water or adjust the shower water temperature. Turn on cold water first, then add hot water. This helps reduce the risk of burns. Test the water temperature against the inside of your wrist to see if it is comfortable. Water temperature should be no higher than 105°F. Have the client test water temperature to see if it is comfortable. Adjust if necessary.
- 6. Put on gloves.
- 7. Ask the client to undress and assist as needed. Help client transfer to the tub or step into the shower.



Helping the ambulatory client take a shower or tub bath

8. If the care plan allows you to leave the client to bathe alone, place the bathing supplies on a small table within the client's reach. Place a bell or other signal on the table. Tell the client to signal when you are needed. Ask the client not to add more hot or warm water and not to remain in the tub more than 20 minutes. Do not lock the bathroom door. Check on your client every five minutes. If the client is weak, remain in the bathroom. Otherwise, you can make the client's bed while he is in the tub.





- 9. For a shower, stay with the client and assist with washing hard-to-reach areas. Observe for signs of fatigue.
- 10. If the client needs more assistance in the bath or shower, help him wash himself. Always wash from clean areas to dirty areas, so you do not spread dirt into areas that have already been washed. Make sure all soap is rinsed off so the client's skin does not become dry or irritated.
- 11. Assist the client with shampooing hair if necessary (see procedure later in chapter). Make sure all shampoo is rinsed out of hair.



26

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Helping the ambulatory client take a shower or tub bath

12. When the bath or shower is finished, help the client get out of the tub. Wrap him in a towel. Have the client sit in a chair or on the toilet seat, and provide him with another towel for drying himself. Offer assistance in drying hard-to-reach places. The client may need help applying deodorant or lotion. If necessary, help the client get dressed.



Helping the ambulatory client take a shower or tub bath

- 13. If your client is tired after the bath or shower, help him back to the bed. Other personal care, such as mouth care, can be done later or while the client is in bed.
- 14. Clean the tub and place soiled laundry (towels, washcloths, dirty clothes) in the laundry hamper.
- 15. Remove and discard gloves.
- 16. Wash your hands.
- 17. Store supplies.
- 18. Document the procedure and your observations. Did you observe any redness or whiteness on the skin? Was there any broken skin? How did the client tolerate bathing or showering? Has there been a change in the client's abilities since the last bath or shower? Talk with your supervisor if the client makes a request that is not included in the care plan.



Think about this question:

Why is checking the temperature of the bath water and having the client check the temperature so important?

13



Remember:

Keep all bathing supplies, as well as a signal device to call you if necessary, within your client's reach. Be sure to check the client every five minutes and assist with hard-to-reach places.

13



As you view the following procedure for giving a complete bed bath, keep these safety precautions in mind:

- Check water temperature and have client check it
- Keep the client covered as much as possible, for warmth and for privacy
- Change bath water as necessary, including before providing perineal care
- Discard soiled linen and bath water properly



Equipment: soft cotton blanket or large towel, bath basin, soap, 2-4 washcloths, 2-4 towels, clean gown or clothes, 2 pairs of gloves, lotion, deodorant, brush or comb, orangewood stick

When bathing, move the client's body gently and naturally. Avoid force and over-extension of limbs and joints.

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client. Be sure the room is a comfortable temperature and there are no drafts.
- 4. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.



Giving a complete bed bath

- 5. Ask client to remove his eyeglasses and jewelry and put them in a safe place. Offer a bedpan or urinal for the client to use before the bath (see procedures later in this chapter).
- 6. Place a soft cotton blanket or large towel over the client, and ask him to hold on to it as you remove or fold back the top bedding to the foot of the bed. Remove top clothing while keeping the client covered with blanket (or top sheet). Place clothing in the hamper.





Giving a complete bed bath

- 7. Fill the basin with warm water. Test water temperature against the inside of your wrist. Water temperature should be no higher than 105°F. Allow the client to check the temperature to see if it is comfortable. Adjust if necessary. The water will cool quickly. During the bath, change the water when it becomes too cool, soapy, or dirty.
- 8. Put on gloves.
- 9. Ask the client to participate in washing. Help him do this whenever needed.
- 10. Uncover only one part of the body at a time. Place a towel under the body part being washed.



Giving a complete bed bath

11. Wash, rinse, and dry one part of the body at a time. Start at the head, work down, and complete the front first. When washing, use a clean area of the washcloth for each stroke.

Eyes, Face, Ears, and Neck: Wash face with wet washcloth (no soap). Begin with the eye farther away from you. Wash inner area to outer area. Use a different area of the washcloth for each stroke. Wash the face from the middle outward using firm but gentle strokes. Wash the ears and behind the ears. Wash the neck. Rinse and pat dry.





Arms and Axillae:

Begin with the arm farther away from you. Remove one arm from under the towel. With a soapy washcloth, wash the upper arm and the underarm. Use long strokes from the shoulder down to the wrist. Rinse and pat dry. Repeat for the other arm.





Hands:

Wash the far hand including the fingers and fingernails. Clean under the nails with an orangewood stick (or a nail brush if available). Rinse and pat dry. Make sure to dry between the fingers. Give nail care (see procedure later in this chapter). Repeat for the other hand. Put lotion on the client's elbows and hands.




Chest:

Place the towel across the client's chest. Pull the blanket down to the waist. Lift the towel only enough to wash the chest, rinse it, and pat dry. For a female client, wash, rinse, and dry breasts and under breasts. Check the skin in this area for signs of irritation.

Abdomen:

Keep the towel across the chest. Fold the blanket down so that it still covers the genital area. Wash the abdomen, rinse, and pat dry. If the client has an ostomy (AH-stom-mee), or opening in the abdomen for getting rid of body wastes, provide skin care around the opening. (Chapter 14 includes more information about ostomies.) Cover with the towel. Pull the cotton blanket up to the client's chin and remove the towel.



Legs and Feet:

Expose the far leg and place a towel under it. Wash the thigh using long, downward strokes. Rinse and pat dry. Do the same from the knee to the ankle.





Place another towel under the far foot. Move the basin to the towel. Place the foot into the basin. Wash the foot and between the toes. Rinse foot and pat dry, making sure area between toes is dry. Give nail care if it has been assigned. Never clip a client's toenails. Apply lotion to the foot if ordered, especially at the heels. Do not apply lotion between the toes. Remove excess lotion (if any) with a towel. Repeat the steps for the other leg and foot.







Back:

Help the client to move to the center of the bed. If the bed has rails, raise the far rail for safety. Help the client to turn onto his side so his back is facing you. If the bed has rails, raise the rail on the far side for safety. Fold the cotton blanket away from the back. Place a towel lengthwise next to the back. Wash the neck and back with long, downward strokes. Rinse and pat dry. Apply lotion if ordered.



- 12. Place the towel under the buttocks and upper thighs. Help the client turn onto his back. If the client is able to wash his perineal area, place a basin of clean, warm water, a washcloth, and towel within reach. Hand items to the client as needed. If the client wants you to leave the room, remove and discard your gloves. Wash your hands. Leave the bed rails up (if used). Return the bed to its lowest position. Leave a call signal within reach. If the client has a urinary catheter in place, remind him not to pull it.
- 13. If the client is unable to provide perineal care, you will do so. Remove and discard your gloves. Wash your hands and put on clean gloves. Provide privacy at all times.
- 14. Perineal area and buttocks:

Change the bath water. Place a towel under the perineal area including the buttocks. Wash, rinse, and dry perineal area, working from front to back (clean to dirty).



For a female client:

Using water and a small amount of soap, wash the perineum from front to back, using single strokes. Do not wash from the back to the front, as this may cause infection. Use a clean area of the washcloth or a clean washcloth for each stroke.

Working from front to back, wipe one side of the labia majora, the outside folds of perineal skin that protect the urinary meatus and the vaginal opening. Then wipe the other side, using a clean part of the washcloth.





With your thumb and forefinger, gently separate the labia majora. Wipe from front to back on one side with a clean washcloth, using a single stroke. Using a clean area of the washcloth, wipe from front to back on the other side. Using another clean area of the washcloth, wipe from front to back down the center. Clean the perineum (area between vagina and anus) last with a front to back motion. Rinse the area thoroughly in the same way. Make sure all soap is removed. Dry entire perineal area moving from front to back, using a blotting motion with towel.

Ask client to turn on her side. Wash, rinse, and dry buttocks and anal area. Clean the anal area without contaminating the perineal area.



For a male client:

If the client is uncircumcised, pull back the foreskin first. Gently push skin toward the base of penis. Hold the penis by the shaft and wash in a circular motion from the tip down to the base. Use a clean area of washcloth or clean washcloth for each stroke.





Giving a complete bed bath

Thoroughly rinse the penis and pat dry. If the client is uncircumcised, gently return foreskin to normal position. Then wash the scrotum and groin. The groin is the area from the pubis (area around the penis and scrotum) to the upper thighs. Rinse thoroughly and pat dry. Ask the client to turn on his side. Using a clean washcloth, wash, rinse, and dry buttocks and anal area. Clean the anal area without contaminating the perineal area.

- 15. Cover the client with the cotton blanket.
- 16. Place soiled washcloths and towels in the hamper or laundry basket. Empty dirty bath water into the toilet. Rinse the basin and discard rinse water in the toilet. Flush the toilet. Dry bath basin.
- 17. Remove and discard your gloves.
- 18. Wash your hands.
- 19. If time permits, a bed bath is a good time to give the client a back rub if he wants one.



- 20. Provide the client with deodorant. Place a towel over the pillow and brush or comb the client's hair (see procedure later in this chapter). Help the client put on clean clothing and get into a comfortable position with proper body alignment. If you raised an adjustable bed, return it to its lowest position.
- 21. If the client uses a signaling device, place it within reach. Take the bath supplies away, and wash and store everything. (If you need to change bed sheets and blanket. Place used bed linens in the hamper or laundry basket.)
- 22. Wash your hands.
- 23. Document the procedure and your observations. Did you observe any redness, whiteness, or purple areas on the skin? Was there any broken skin? How did the client tolerate bathing? Did the client tell you about any symptoms? Has there been a change in the client's abilities since the last bath or shower?



Remember:

Change the bath water when it becomes too cool, soapy, or dirty.



HHAs should know these points about providing perineal care:

- You must change bath water and put on fresh gloves before performing perineal care
- Perineal care is considered a procedure and should be done as a step-by-step technique that is different for males and females
- Be sure to turn the client on his or her side and to clean the anal area to complete the procedure
- Keep body parts covered with towels and a bath blanket for privacy and warmth



Remember:

Other grooming procedures, such as nail care, shampooing the hair, and back rubs are often done at the time of the bath.

13



HHAs should remember these points about shampooing hair for clients:

- Shower technique is easiest
- Shampooing in bed is the most difficult
- Special equipment, such as a shampoo basin, can help make this procedure more comfortable for the client and easier for the HHA
- Shampooing can also be done in bed by placing a plastic garbage bag, then a towel, over the pillow and washing hair with a wet washcloth and a small amount of shampoo, then rinsing with a wet washcloth



Equipment: shampoo, hair conditioner (if requested), 2 bath towels, washcloth, pitcher or handheld shower or sink attachment, plastic cup, waterproof pad (for washing hair in bed), cotton blanket (for washing hair in bed), Shampoo basin (for washing hair in bed), chair (for washing hair in sink), large garbage bag or plastic sheet (for washing hair in sink), comb and brush, hair dryer

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client. Be sure the room is a comfortable temperature and there are no drafts.
- 4. Test water temperature against the inside of your wrist. Water temperature should be no higher than 105°F. Have client check the water temperature. Adjust if necessary.



13

Shampooing hair

- 5. Position the client and wet the client's hair.
- a. For washing hair in the sink, seat the client in a chair covered with garbage bag or plastic sheet. Use a pillow under the plastic to support the head and neck. Have the client lean her head back toward the sink. Give the client a folded washcloth to hold over her forehead or eyes. Wet hair using a plastic cup, pitcher, or a handheld sink attachment.





- **b.** For washing hair in the tub, have the client tilt her head back. Give the client a folded washcloth to hold over her forehead or eyes. Wet hair using a plastic cup, pitcher, or handheld shower attachment.
- **c.** For washing hair in the shower, have the client turn so her back is toward the showerhead. Ask the client to tilt her head backward. Direct the flow of water over the hair to wet it.
- **d.** For washing hair in bed, arrange the supplies within reach on a nearby table. Remove all pillows and place the client in a flat position. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels. Place a waterproof pad beneath the client's head and shoulders. Cover the client with the cotton blanket and fold back the top sheet and regular blankets.



Place the basin under the client's head. Place one towel across the client's shoulders. Protect the client's eyes with a dry washcloth. Using the pitcher, pour enough water on the client's hair to make it thoroughly wet.





6. Apply a small amount of shampoo to your hands and rub them together. Using both hands, massage the shampoo into a lather in the client's hair. With your fingertips (not fingernails), massage the scalp in a circular motion, from front to back. Do not scratch the scalp.





- 7. Rinse the hair until the water runs clear. Use conditioner if the client wants it. Be sure to rinse the hair thoroughly to prevent the client's scalp from getting dry and itchy.
- 8. Wrap the client's hair in a clean towel. If shampooing at the sink, return the client to an upright position. If shampooing in the bath or shower, help the client get out of the tub or shower. If shampooing in bed, remove the basin. Dry the client's face and neck with a washcloth or towel.
- 9. Remove the hair towel and gently rub scalp and hair with the towel. Comb or brush hair (see procedure later in this chapter).
- 10. If client wishes, dry hair with a hair dryer on the low setting. Style hair as the client prefers.



- 11. Wash and store equipment. Put soiled towels and washcloth in the hamper or laundry basket. If you raised an adjustable bed, return it to its lowest position.
- 12. Wash your hands.
- 13. Document the procedure and your observations. How did the client tolerate having her hair washed? Was the client able to help? Have the client's abilities changed since the last time her hair was washed?



3. Describe guidelines for assisting with grooming

Remember:

Grooming affects the way people feel about themselves and how they appear to others. When assisting clients with grooming, always let them do all they can for themselves. Let them make as many choices as possible.



3. Describe guidelines for assisting with grooming

Remember:

Some clients may be embarrassed, depressed, or anxious because they need help with grooming tasks that they have performed for themselves all their lives. Be professional, respectful, and cheerful while assisting your clients with grooming. Your attitude can help your clients maintain self-respect and feel good about themselves.



Key Material 13-2: Assisting with Grooming

- Clients should do as much for themselves as they can
- Clients should make as many choices as possible
- Work with the client to establish a routine
- Be professional, respectful, and cheerful



3. Describe guidelines for assisting with grooming

Define the following term:

pediculosis

an infestation of lice.



3. Describe guidelines for assisting with grooming

HHAs should remember these points when providing fingernail care:

- Hands and nails should be kept clean
- Nail care should be provided whenever nails are dirty or jagged, and when assigned



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Equipment: orangewood stick, emery board, small basin or bowl, soap, 2 washcloths, 2 towels, lotion, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. If client is in bed and bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Remove any rings. If necessary, remove nail polish with a cotton ball soaked in nail polish remover.



Providing fingernail care

- 6. Fill the basin halfway with warm water. Test water temperature against the inside of your wrist to ensure it is safe. Water temperature should be no higher than 105°F. Have the client check the water temperature. Adjust if necessary. Place basin at comfortable level for the client.
- 7. Put on gloves.
- 8. Soak the client's hands and nails in the basin of water. Soak all 10 fingertips for at least five minutes.
- 9. Remove hands from water. Wash hands with a soapy washcloth. Rinse. Pat hands dry with a towel, including between the fingers. Remove the hand basin.



Providing fingernail care

- 10. Place the client's hands on the towel. Gently clean under each fingernail with orangewood stick.
- 11. Wipe orangewood stick on towel after cleaning under each nail. Wash the hands again. With a clean, dry towel or washcloth, dry them thoroughly, especially between the fingers.
- 12. Shape fingernails with an emery board or nail file, moving in one direction only (not back and forth). File in a curve. Finish with nails smooth and free of rough edges.





Providing fingernail care

- 13. Apply lotion from fingertips to wrists. Remove excess. If any, with a towel or washcloth. Replace rings.
- 14. Discard the water, and rinse and dry the basin. Place the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
- 15. Remove and discard gloves.
- 16. Wash your hands.
- 17. Document procedure and any observations.



3. Describe guidelines for assisting with grooming

Remember:

When providing foot care, never cut toenails (could lead to infections or wounds).



3. Describe guidelines for assisting with grooming

When providing foot care, it is important to observe the feet and to report the following:

- Dry, flaking skin
- Non-intact or broken skin
- Discoloration of the feet
- Blisters
- Bruises
- Blood or drainage
- Long, ragged, or thickened toenails
- Ingrown nails
- Soft, fragile, or reddened heels
- Differences in temperatures of the feet



Equipment: basin, bath mat, 2 towels, washcloth, lotion, soap, bath thermometer, clean socks, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. If client is in bed, and the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Fill the basin halfway with warm water. Test water temperature against the inside of your wrist to ensure it is safe. Water temperature should be no higher than 105°F. Have the client check the water temperature. Adjust if necessary.



- 6. Place basin on a bath mat or bath towel on the floor (if the client is sitting in a chair) or on a towel at the foot of the bed (if the client is in bed). Make sure basin is in a comfortable position for the client. Support the foot and ankle throughout the procedure.
- 7. Put on gloves.



13

Providing foot care

- 8. Remove client's socks. Completely submerge the client's feet in water. Soak the feet for 10 to 20 minutes. Add warm water to the basin as necessary.
- 9. Put soap on wet washcloth. Remove one foot from water. Wash the entire foot, including between the toes and around nail beds.
- 10. Rinse entire foot, including between the toes.
- 11. With a clean, dry towel or washcloth, pat the entire foot dry, including between the toes.





Providing foot care

- 12. Repeat steps 9 through 11 for other foot.
- 13. Put lotion in one hand and warm the lotion by rubbing hands together. Massage lotion into entire foot (top and bottom), except between toes, removing excess, if any, with a towel.
- 14. Help client to put on clean socks.
- 15. Discard the water, and rinse and dry the basin. Dispose of the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
- 16. Remove and discard gloves.
- 17. Wash your hands.
- 18. Document procedure and any observations. Was there any redness, whiteness, or broken or discolored skin or nails? Were there any differences in temperature of the feet?


HHAs should keep these points in mind when assisting a client with shaving:

- Always wear gloves for shaving
- Safety razor must be sharp
- Beard must be softened with warm water before beginning
- Lather the face with shaving cream or soap and warm water before beginning
- If using an electric razor, do not use it near any water source or when oxygen is in use
- Electric razors may be needed when clients are taking anticoagulants



Equipment: razor, basin filled halfway with warm water (if using a safety or disposable razor), shaving cream or soap (if using a safety or disposable razor), 2 towels, washcloth, mirror, after-shave lotion, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. Place the equipment on a table within reach of the client if he will shave himself. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have him in an upright sitting position. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels. If the client wears dentures, be sure they are in place. Place the towel across the client's chest, under his chin.



5. Put on gloves.

Shaving using a safety or disposable razor:

6. If using a safety or disposable razor, use a blade that is sharp. A dull blade can irritate the skin. Soften the beard with a warm, wet washcloth on the face for a few minutes before shaving. Lather the face with shaving cream or soap and warm water. Warm water and lather make shaving more comfortable.



- 7. Hold skin taut. Shave in the direction of hair growth. Shave beard in short, downward, and even strokes on face and upward strokes on neck. Rinse the blade often in the basin to keep it clean and wet.
- 8. When you have finished, wash and rinse the client's face with a warm, wet washcloth. If he is able, let him use the washcloth himself. Use towel to dry the client's face. Offer a mirror to the client.





13

Shaving a client

Shaving using an electric razor:

- Use a small brush to clean the razor. Do not use an electric razor near any water source or when oxygen is in use.
- 7. Turn on razor and hold skin taut. Shave with smooth, even movements. If using a foil shaver, shave beard with back and forth motion in direction of beard growth. If using a three-head shaver, shave beard in circular motion. Shave the chin and under the chin.





8. When you have finished, offer a mirror to the client.

Final steps:

- 9. If the client wants aftershave lotion, moisten your palms with the lotion and pat it onto the client's face.
- 10. Remove the towel. Put the towel and washcloth in the hamper or laundry basket. If you raised an adjustable bed, return it to its lowest position.
- 11. Clean the equipment and store it. For safety razor, rinse the razor and store it. Follow agency policy for a safety razor. For a disposable razor, dispose of it in a biohazard container for sharps (if available). For electric razor, clean he head of the razor. Remove whiskers, recap shaving head, and return the razor to the case.
- 12. Remove and discard your gloves. Wash your hands.
- 13. Document the procedure and any observations.



HHAs should keep these points in mind when combing or brushing a client's hair:

- Handle hair gently
- Tangles are common; special products may make it easier to remove them
- Brush in two-inch sections
- Report any signs of lice immediately



Combing or brushing hair

Equipment: comb, brush, towel, mirror, hair care items requested by the client

Use hair care products that the client prefers for his or her type of hair.

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have him in an upright sitting position. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels. If the client is ambulatory, provide a chair.
- 5. Place the towel under the client's head or around the shoulders.
- 6. Remove any hairpins, hair ties, or clips.



Combing or brushing hair

- 7. If the hair is tangled, work on the tangles first. Remove tangles by dividing hair into small sections. Hold the lock of hair just above the tangle so you do not pull at the scalp, and gently comb or brush through the tangle. If client agrees, you can use a small amount of detangler or leave-in conditioner.
- 8. After tangles are removed, brush twoinch sections of hair at a time.





Combing or brushing hair

- 9. Neatly style hair in the way the client prefers. Each client may prefer different styles and different hair products. Avoid childish hairstyles. Offer a mirror to the client.
- 10. Remove the towel and shake excess hair in the wastebasket. Place the soiled towel in the hamper. Store supplies. Clean hair from brush/comb. If you raised an adjustable bed, return it to its lowest position.
- 11. Wash your hands.
- 12. Document the procedure and any observations.





Define the following terms:

affected, or involved side

term used to refer to the weaker, or affected, side of the body after a stroke or injury.



HHAs should know these terms for referring to the side of the body affected by a stroke:

- Affected
- Weaker
- Involved



Remember:

Never refer to the weaker side as the "bad side" or talk about the "bad" leg or arm.



When assisting with dressing or undressing a client, an HHA should keep these points in mind:

- Follow client preferences
- Allow client to choose clothing
- Encourage clients to dress in regular clothes in the daytime. Choose loose and comfortable clothes
- Promote independence as much as possible

13



Points to keep in mind when assisting with dressing or undressing a client (cont'd):

- Assistive devices may be used
- Provide privacy
- Roll socks and stockings for easier application
- Fasten bras in front first
- Place weaker arm or leg through garment first
- Start with the stronger arm or leg when undressing



Dressing a client

Equipment: clean clothes of client's choice, nonskid footwear

When putting on all items, move the client's body gently and naturally. Avoid force and overextension of limbs and joints.

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
- 3. Provide privacy for the client.
- 4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have her in an upright sitting position, if the bed is adjustable, adjust the bed to a safe level, usually waist high.
- 5. Ask client what she would like to wear. Dress her in the outfit she chooses.
- 6. Place a cotton blanket over the client and ask her to hold onto it as you remove or fold back the top bedding. Remove the gown or top. Keep the client covered with the blanket; do not completely expose the client. Take clothes off the stronger side first when undressing. Then remove from weaker side. Place gown or top in the hamper or laundry basket. Move the blanket down to cover the body



Dressing a client

- 6. Place a cotton blanket over the client and ask her to hold onto it as you remove or fold back the top bedding. Remove the gown or top. Keep the client covered with the blanket; do not completely expose the client. Take clothes off the stronger side first when undressing. Then remove from weaker side. Place gown or top in the hamper or laundry basket. Move the blanket down to cover the body
- 7. Help the client put on the top. If the top goes over the head, slide the top over the head first. Then place the weaker arm through the sleeve before placing the garment on the stronger arm Help the client lean forward and smooth the top down. If the top fastens in the front, slide your hand through one sleeve and grasp the client's hand on the weaker side, pulling it though. Help the client lean forward and arrange the top across the back. Pull the second sleeve onto the stronger side as you did with the first one. Fasten the top.



Dressing a client

- 8. Remove the cotton blanket and place it in the hamper or basket. Help the client put on a skirt or pants. Put the weaker side through the skirt or pants first. Then place the stronger leg through the skirt or pants. Have the client raise her buttocks or turn her front from side to side to pull the pants over her buttocks up to the waist. Fasten the pants or skirt if needed and make sure the clothing is comfortable.
- 9. Roll one sock over the weaker foot. Make sure the heel of the sock is over the heel of the foot. Make sure there are no twists or wrinkles in the sock after it is on. Repeat for the other foot.
- 10. Place bed at the lowest position. Have the client sit up on the side of the bed with his legs hanging over the side (dangle).
- 11. Starting with the weaker foot, help put on nonskid footwear. Fasten securely and then put on the other shoe.
- 12. Finish with client dressed appropriately. Make sure clothing is right-side-out and zippers and buttons are fastened.
- 13. Make sure worn clothing is in the hamper or laundry basket. Keep bed in lowest position.
- 14. Wash your hands.
- 15. Document the procedure and any observations.



Define the following terms:

oral care

the care of the mouth, teeth, and gums.

dental floss

a special kind of string used to clean between teeth.

aspiration

the inhalation of food, fluid, or foreign material into the lungs.

dentures

artificial teeth.



Oral care includes the following:

- Brushing the teeth, tongue and gums
- Flossing teeth
- Caring for lips
- Denture care



HHAs should observe the mouth for the following during oral care:

- Irritation
- Raised areas
- Coated or swollen tongue
- Ulcers
- Flaky white spots



Observe the mouth for the following (cont'd):

- Dry, cracked, bleeding, or chapped lips
- Loose, chipped, broken, or decayed teeth
- Swollen, irritated, bleeding, or whitish gums
- Bad breath or fruity breath
- Mouth pain



When providing oral care, remember these points:

- Use a towel
- Remove dentures or dental bridgework
- Clean the tongue, all surfaces of teeth, and the gumline



Providing oral care

Equipment: toothbrush, toothpaste, emesis basin, cup of water, towel or washcloth, lip moisturizer, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to place him in an upright sitting position. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Put on gloves.



Personal Care Skills

Providing oral care

- 6. Place a towel or washcloth across the client's chest.
- 7. Remove any dental bridgework or ask your client to do so. (A procedure later in this chapter explains how to remove dentures.)
- 8. Wet toothbrush and put a small amount of toothpaste on it.
- 9. Clean entire mouth, including the tongue and all surfaces of the teeth and the gumline, using gentle strokes. First brush inner, outer, and chewing surfaces of the upper teeth, then do the same with the lower teeth. Use short strokes. Brush back and forth. Brush tongue.



13

Providing oral care

- 10. Give the client the glass of water to use to rinse the mouth. Place the emesis basin under the client's chin, with the inward curve under the chin. Have client spit water into emesis basin. Wipe the client's mouth and remove the towel.
- 11. Replace any dental bridgework. (A procedure later in this chapter explains how to reinsert dentures.) Apply moisturizer to the lips if the client desires.





Providing oral care

- 12. Rinse the toothbrush and place in the proper container. Discard the water, and rinse and dry the basin. Dispose of the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
- 13. Remove and discard your gloves.
- 14. Wash your hands.
- 15. Document the procedure and any observations. Did you observe any mouth ulcers or other broken skin? What was the condition of the mucous membrane? Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.



Points to remember when providing oral care for a client who is unconscious:

- The objectives are to clean and moisturize the mouth
- Explain the procedure
- Different solutions can be used
- There is a greater risk of aspiration if the client is unconscious. Turn client's head or body to the side and use as little liquid as possible



Equipment: sponge swabs, tongue depressor, emesis basin or small bowl, towel, cup of cool water, cleaning solution (as ordered in the care plan), lip moisturizer, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible. Even clients who are unconscious may be able to hear you. Always speak to them as you would to any client.
- 3. Provide privacy for the client.
- 4. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Put on gloves.
- 6. Turn client on his side. Place a towel under his cheek and chin. Place emesis basin or bowl next to the cheek and chin so that excess fluid flows into the basin.



Providing oral care for the unconscious client

- 7. Hold mouth open with the tongue depressor.
- 8. Dip the sponge swab in the cleaning solution. Squeeze excess solution to prevent aspiration. Wipe teeth, gums, tongue, and inside surfaces of the mouth. Remove debris with the swab. Change swab often. Repeat this step until the mouth is clean.
- 9. Rinse with clean swab dipped in water. Squeeze swab first to remove excess water.





Providing oral care for the unconscious client

- 10. Remove the towel and basin. Pat lips or face dry if needed. Apply lip moisturizer.
- 11. Discard the water, and rinse and dry the basin. Dispose of the towel in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
- 12. Remove and discard gloves.
- 13. Wash your hands.
- 14. Document the procedure and your observations. Did you observe any mouth ulcers or other broken skin? What was the condition of the mucous membrane? Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.



When flossing a client's teeth, HHAs should remember these points:

- Procedure starts from the back teeth
- Offer water for rinsing the mouth when finished
- Floss location should be changed every two teeth



Flossing teeth

Equipment: dental floss, cup of water, emesis basin, towel, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. If your client is in bed, raise the head of the bed, use a backrest, or use pillows to have him in an upright sitting position. If the bed is adjustable, adjust bed to a safe level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Put on gloves.



Personal Care Skills

Flossing teeth

- 6. Wrap the ends of the floss securely around each index finger.
- 7. Starting with the back teeth, place the floss between teeth. Move it down the surface of the tooth using a gentle sawing motion.

Continue to the gum line. At the gum line, curve the floss. Slip it gently into the space between the gum and tooth, then go back up, scraping that side of the tooth. Repeat this on the side of the other tooth.







13

Flossing teeth

- 8. After every two teeth, unwind floss from your fingers and move it so you are using a clean area. Floss all teeth.
- 9. Occasionally offer water so that the client can rinse debris from the mouth into the basin.
- 10. Offer the client a towel when finished flossing all teeth.





Flossing teeth

- 11. Discard floss. Discard the water, and rinse and dry the basin. Place the towel in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
- 12. Remove and discard your gloves.
- 13. Wash your hands.
- 14. Document procedure and observations. Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.


4. Identify guidelines for oral care

When cleaning and storing dentures, HHAs should remember these points:

- Dentures are expensive and if they break, clients cannot eat
- Some clients are very sensitive and embarrassed about removing dentures
- Allow privacy and let them do it for themselves if possible
- Break the suction by giving a slight downward pull
- Carry the dentures in a cup, not in the hand
- Do not use hot water to clean or store dentures because that could warp them
- Return dentures to client after cleaning them if client wants to continue wearing them



Equipment: denture brush or toothbrush, denture cleanser or tablet, denture cup for storage, 2 towels, basin or sink, gauze squares, gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. Put on gloves.
- 5. Line the sink or a basin with one or two towels and partially fill sink with water. The towel and water will prevent the dentures from breaking if they slip from your hands and fall into the sink.



Cleaning and storing dentures

- 6. Ask the client to remove the dentures and place them in the denture cup. If the client is unable to remove them, remove them for her. Remove the lower denture first. The lower denture is easier to remove because it floats on the gumline of the lower jaw. Grasp the lower denture with a gauze square (for a good grip) and remove it. Place it in a denture cup filled with moderate/cool water.
- 7. The upper denture is sealed by suction. Firmly grasp the upper denture with a gauze square and give a slight downward pull to break the suction. Turn it at an angle to take it out of the mouth. Place it in a denture cup filled with moderate/cool water.
- 8. Take the denture cup to the sink or basin. Rinse dentures in clean, moderate/cool running water before brushing them. Do not use hot water. Hot water may warp or damage dentures.
- 9. Apply denture cleanser to toothbrush.



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Cleaning and storing dentures

- 10. Brush dentures on all surfaces. These include the inner, outer, and chewing surfaces of dentures, as well as the groove that will touch gum surfaces.
- Rinse all surfaces of dentures under clean, moderate/cool running water.
 Do not use hot water.
- 12. Rinse the denture cup before placing clean dentures in the cup.



Cleaning and storing dentures

- 13. Your client may prefer to clean the dentures with a soaking solution. Read the directions on the bottle and prepare the solution. Soak the dentures for the amount of time indicated. Rinse dentures before placing in the denture cup.
- 14. Place dentures in a clean, labeled denture cup with solution or moderate/cool water. Dentures should be completely covered with solution. Place lid on cup. To avoid accidentally throwing dentures away, always store them in a labeled denture cup when the client is not wearing them. Some clients will want to wear their dentures all of the time. They will only remove them for cleaning. If the client wants to continue wearing dentures, return them to him or her. Do not place them in the denture cup.



Cleaning and storing dentures

- 15. Rinse the toothbrush and place in the proper container. Clean, dry, and return the equipment to proper storage. Drain sink and put towels in laundry hamper.
- 16. Remove and discard gloves.
- 17. Wash your hands.
- 18. Document procedure and any observations.



Remember:

When reinserting dentures, understand the importance of using a denture cup and providing privacy for the client.



Reinserting dentures

Equipment: denture cup with dentures, denture cream or adhesive, towel, gloves

Ask if the client needs your assistance in inserting dentures.

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client.
- 4. Position client as you would for brushing teeth (help him into an upright position).
- 5. Put on gloves.
- 6. Apply denture cream or adhesive to the dentures if needed.



Reinserting dentures

- 7. Ask client to open his mouth. Insert the upper denture into the mouth by turning it at an angle. Straighten it and press it onto the upper gum line firmly and evenly.
- 8. Insert the lower denture onto the gumline of the lower jaw and press firmly.
- 9. Offer the client the towel.





- 10. Rinse and store the denture cup. Place the towel in the laundry hamper and store supplies.
- 11. Remove and discard gloves.
- 12. Wash your hands.
- 13. Document the procedure and any observations.



Define the following term:

prosthesis

a device that replaces a body part that is missing or deformed because of an accident, injury, illness, or birth defect.



Personal Care Skills

5. Explain care guidelines for prosthetic devices

The following are all types of prosthetic devices:

- Artificial limbs, such as artificial hands, arms, feet, and legs, are made to resemble the body part that they are replacing
- An artificial breast is made of a lightweight, soft, spongy material. It usually fits into a regular bra or in the pocket of a special bra, called a mastectomy bra
- A hearing aid is a small, battery-operated device that amplifies sound for persons with hearing loss. Many elderly clients have hearing aids



Types of prosthetic devices (cont'd):

- An artificial eye, or ocular prosthetic, replaces an eye that has been lost to disease or injury. It is usually made of plastic. It is held in place by suction. An ocular prosthetic does not provide vision; it can, however, improve appearance
- Dentures are artificial teeth. They may be necessary when a tooth or teeth have been damaged, lost, or must be removed. Many elderly clients have dentures



HHAs should know these guidelines for working with prosthetic devices:

- Handle them carefully
- Follow instructions for applying, removing and care of prostheses
- Respect a client's decision not to wear a prosthetic limb
- Keep prosthesis and skin clean and dry
- Apply stump sock if ordered

1 3



Guidelines for working with prosthetic devices (cont'd):

- Observe skin for signs of breakdown
- Do not try to fix a prosthesis
- Do not show negative feelings about a client's stump
- Follow manufacturer's instructions for cleaning hearing aids. Do not submerge hearing aids in water
- Do not put artificial eyes in alcohol



Define the following terms:

fracture pan

a bedpan that is flatter than a regular bedpan.

bedpan

a piece of equipment used for urination and bowel movements while in bed.

urinal

a piece of equipment used by males for urination.

portable commode

a chair with a toilet seat and a removable container underneath; also called a *bedside commode*.



Think about this question:

What are the differences between a regular bedpan and a fracture pan, and the bariatric versions?



13



HHAs should understand these points about safely assisting with toileting:

- Toilets can be fitted with raised seats to make it easier for clients to get up and down
- Hand rails can also be installed next to the toilet
- Observe and report if these assistive devices are needed but not present

13



Remember:

When clients need assistance to get to the bathroom or use the commode, offer to help often. This can avoid accidents and embarrassment. 13



When assisting a client with use of a bedpan, HHAs should keep these points in mind:

- Warm the bedpan before offering it to the client
- Provide privacy
- Protect the bed from soiling
- There are two techniques: client raising hips, and client rolling over on side
- Remove and discard gloves and wash hands before leaving the room. Upon return, put on clean gloves
- Provide perineal care
- Discard soiled toilet paper, gloves, and wipes
- Have client wash hands



Equipment: bedpan, bedpan cover (towel), disposable bed protector, cotton blanket, toilet paper, disposable wipes, 2 towels, supplies for perineal care, plastic bag, 2 pairs of gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client by closing doors and shades and using a bath blanket
- 4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. Before placing bedpan, lower the head of the bed. If the bed is movable, lock bed wheels
- 5. Put on gloves.



- 6. Warm outside of the bedpan with warm water in the bathroom and cover it when you bring it to the client. If a stool or urine sample is not needed, place a few sheets of toilet paper in the bedpan to make cleanup easier.
- 7. Cover the client with the cotton blanket and ask him to hold it while you pull down the top covers underneath it. Do not expose more of client than you have to. Keep the client covered from the chest down except when placing o r removing the bedpan.



Assisting a client with use of a bedpan

Place the bed protector under the 8. client's buttocks and hips. To do this, have the client turn toward the raised side rail. If the client cannot do this, you must turn him (see chapter 12). Be sure the client cannot roll off the bed. Place the bed protector on the empty side of the bed, on the are where the client will lie on his back. The side of the protector nearest the client should be fanfolded (folded several times into pleats) and tucked under the client.





- 8. (cont'd) Ask the client to roll back onto his back, or turn him as you did before. Unfold the rest of the bed protector so it completely covers the area under and around the client's hips.
- 9. Keeping him covered, ask the client to remove his undergarments, or help him do so.
- 10. Place the bedpan near his hips in the correct position. A **standard bedpan** should be positioned with the wider end aligned with the client's buttocks. A **fracture pan** should be positioned with handle toward foot of bed.



11. If client is able, ask him to raise hips by pushing with feet and hands at the count of three. Slide the bedpan under his hips.





Assisting a client with use of a bedpan

(cont'd) If the client cannot assist with getting on the bedpan, keep the bed flat and turn the client away from you toward the raised side rail. Place the protective pad on the area where the client will lie on his back. Place the bedpan firmly against the client's buttocks. Holding the bedpan securely, gently toll the client back onto the bedpan. Keep the bedpan centered underneath.





- 12. Remove and discard gloves. Wash your hands.
- 13. Raise the head of the bed. Prop the client into a semi-sitting position using pillows. If the bed has rails, leave them both up. Return the bed to its lowest position.
- 14. Make sure the bath blanket is still covering the client. Place toilet paper, disposable wipes, and a bell or other way to call you within the client's reach. Ask the client to clean his hands with a wipe when finished, if he is able. Tell him you will return when called. Leave the room and close the door.
- 15. When called by the client, return and wash your hands. Put on clean gloves.
- 16. Raise the bed to a safe level, and lower the head of the bed. Make sure the client is still covered. Lower the side rail (if present) on the near/working side.
- 17. Remove bedpan carefully and cover it with a towel.
- 18. Give perineal care if help is needed (see procedure earlier in the chapter). Wipe from front to back. Dry the perineal area with a towel. Remove bed protector and place it in the plastic bag. Help the client put on undergarment. Cover the client and remove the cotton blanket.



Assisting a client with use of a bedpan

- 19. Place the toilet paper and disposable wipes in the plastic bag and discard the bag. Place the cotton blanket and towel in a hamper.
- 20. If you raised an adjustable bed, return it to its lowest position.
- 21. Take the bedpan to the bathroom. Note color, odor, and consistency of contents. Empty the contents carefully into the toilet unless a specimen is needed or urine is being measured for intake/output monitoring (Chapter 14). Note color, odor, and consistency of contents before flushing. If you notice anything unusual about the stool or urine (for example, the presence of blood), do not discard it. You will need to notify your supervisor.
- 22. Turn the faucet on with a paper towel. Rinse the bedpan with cold water first and empty it into the toilet. Flush the toilet. Then clean the bedpan with hot, soapy water and store.
- 23. Remove and discard gloves.
- 24. Wash your hands.
- 25. Document the time of the elimination, the contents and any observations.



When assisting a male client with a urinal, HHAs should keep these points in mind:

- Privacy and cleanliness are important. Offer client a wipe after urination
- Remove and discard gloves and wash hands before leaving the room. Upon return, put on clean gloves
- Rinse urinal with cold water after use
- Understand how to position urinal if client is unable

12



Equipment: urinal, disposable bed protector, disposable wipes, plastic bag, 2 pairs of gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client by closing doors and shades and keeping client covered.
- 4. If the bed is adjustable, adjust bed to a safe working level, usually waist high. If the bed is movable, lock bed wheels.
- 5. Put on gloves.
- 6. Place a protective pad under the client's buttocks and hips, as in earlier procedure.



13

Assisting a male client with a urinal

- 7. Hand the urinal to the client. If the client is not able to help himself, place the urinal between his legs and position the penis inside the urinal. Replace covers.
- 8. Remove and discard gloves. Wash your hands.
- 9. Raise the head of the bed. Place disposable wipes and a bell or other way to call you within the client's reach. Ask the client to clean his hands with a wipe when finished, if he is able. Tell him you will return when called. Leave the room and close the door.





Assisting a male client with a urinal

- 10. When called by the client, return and wash your hands. Put on clean gloves.
- 11. Remove the bed protector and place it in the plastic bag. Put the disposable wipes in the plastic bag and discard the bag.
- 12. Remove the urinal or have him hand it to you. Take the urinal to the bathroom. Note color, odor, and qualities (for example, cloudiness) of contents before flushing. Empty contents into toilet unless a specimen is needed or urine is being measured for intake/output monitoring Chapter 14).
- 13. Turn the faucet on with a paper towel. Rinse the urinal with cold water and empty it into the toilet. Flush the toilet. Store the urinal.



Personal Care Skills

Assisting a male client with a urinal

- 14. Remove and discard your gloves.
- 15. Wash your hands.
- 16. Leave the bed in its lowest position.
- 17. Document the time, the amount of urine (if monitoring intake and output), and any other observations.



When assisting a client in using a portable commode or toilet, HHAs should keep these points in mind:

- Place portable commode near the bed
- Provide privacy and leave signal devices within client's reach
- Remove and discard gloves and wash hands before leaving the room. Upon return, put on clean gloves
- Understand how the waste container is removed for emptying into the toilet or to measure output



Helping a client use a portable commode or toilet

Equipment: portable commode with basin, toilet paper, disposable wipes, towel, supplies for perineal care, plastic bag, 3 pairs of gloves

- 1. Wash your hands.
- 2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-toface contact whenever possible.
- 3. Provide privacy for the client by closing doors and shades and using a bath blanket.
- 4. Lock commode wheels. If the bed is movable, adjust bed to lowest position. Lock bed wheels. Make sure client is wearing nonskid shoes and that the laces are tied. Help client out of bed and to the portable commode or bathroom.
- 5. Put on gloves.



- 6. If needed, help client remove clothing and sit comfortably on toilet seat. Put toilet paper and wipes within reach. Ask client to clean his hands with a wipe when finished if he is able.
- 7. Remove and discard gloves. Wash your hands.
- 8. Provide privacy. Give the client a bell or another way to call you. Leave the room and close the door, but do not lock it. Do not go too far away in case you are needed soon.
- 9. When called by the client, return and wash hands. Put on clean gloves. Provide perineal care if help is needed. Remember to wipe from front to back. Dry the perineal area with a towel. Help the client put on undergarment. Put disposable wipes in a plastic bag and discard the bag. Place the towel in a hamper.
- 10. Remove and discard gloves. Wash your hands.
- 11. Help the client back to bed.
- 12. Put on clean gloves.



Helping a client use a portable commode or toilet

- 13. When using a portable commode, remove waste container. Note color, odor, and consistency of contents. Empty it into the toilet unless a specimen is needed or the client's urine is being measured for intake/output monitoring.
- 14. Turn the faucet on with a paper towel. Rinse the container with cold water first and empty it into the toilet. Flush the toilet. Then clean the container with hot, soapy water and put it back in its place.
- 15. Remove gloves and discard.
- 16. Wash your hands.
- 17. Document the procedure and any observations.



7. Describe how to dispose of body wastes

It is important to remember these points about disposing of body wastes safely:

- Urine and feces are considered infectious wastes
- Discard in toilet without spilling or splashing
- Wear gloves; discard them, wash hands, and put on clean gloves if doing more care
- Wash containers thoroughly
- Washcloths used for perineal care should be washed in hot water. Gloves should be worn when handling these washcloths
- Wash client's laundry separately if possible
- Place disposable items in plastic bags first, before garbage disposal



Personal Care Skills

Critical Thinking: Case Study

Mrs. S had a stroke four weeks ago. She has right arm and leg weakness. The care plan says she should do as many personal care tasks and ADLs for herself as possible. She refuses to do any self care, demanding that the aide give her a complete bath, mouth care, shampoo, and nail care.

- How would you handle the situation?
- With what part of the procedures would you assist this client and what would you ask her to do for herself?
- What reasons would you give her to encourage her to participate in her own care?
- Would you expect her to do as much for herself today as next week?



