



## COURSE OUTLINE

Terms You Should Know	2
Exploring the Essential Nutrients	3-7
Understanding the New Food Guidelines	8
Information on Serving Sizes	9
Super Foods!	10
Facts About Water	11
Meeting Your Clients' Nutritional Needs	12

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
 Expires 12/31/2023

### IMPORTANT:

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

**In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.**

## A Nutrition Module: Basic Nutrition & Hydration

### LEARNING THE BASICS!

What's so important about **nutrition**? Isn't it enough to know that there are different food groups, and that if you eat some foods from each group you'll end up with a balanced diet? Well, consider these facts from the Department of Health & Human Services:

- Only 25% of adults eat enough fruits and vegetables every day.
- Most Americans eat too much fat every day, and some eat way too much fat. This trend has contributed to an alarming statistic: nearly 65% of Americans are overweight!
- More than 85% of older adults have chronic diseases that might get better if they learned more about basic nutrition.

The foods we eat affect how we grow and how well our brains work. Also, healthy food choices help us fight off disease and keep us strong and youthful, even as senior citizens.

The more you know about basic nutrition, the more you can help your clients make healthy food choices. And, by practicing good nutrition in your own lives, you'll be stronger and have more energy for your work.



**Hydration** has to do with the amount of fluid we have in our bodies. You don't have to think about your clients' hydration status unless they have a fluid restriction or you are ordered to record intake and output, right? Wrong. As you study this inservice, remember these facts:

- Fluids are more important to our bodies than food. We can survive for *weeks* without eating food, but for only *days* without drinking water.
- Our bodies are made up of at least 50% water! It only takes a 2% drop in our body's water to trigger signs of dehydration.
- Every cell in our bodies needs water to survive and to do its job.

## Did You Know That...

**NUTRITION** is the science of food, how the body uses it, and how food keeps the body healthy.

**NUTRIENTS** are chemical substances in food that help the body grow and function. There are six *essential* nutrients that our bodies must have to be healthy. These include carbohydrates, fats, protein, vitamins, minerals and water. Nutrients have three different jobs. One job is to build and repair tissues in the body. A second job is to give the body energy. And, the third job is to help the body do its work (such as digesting food or circulating blood).

A **BALANCED DIET** means that the body is getting the right amount of each of the six important nutrients and that the body is using these nutrients effectively.



**CARBOHYDRATES** are the main source of energy for the body. They include starchy and sugary foods. Except for milk, all carbohydrates come from plants.

**PROTEIN** is used for cell and tissue growth. Most of the protein we eat comes from animal sources like meat and eggs, but protein is found in plant sources, too, such as dried beans.

Animal or plant substances that have a greasy, oily or waxy consistency and will not dissolve in water are called **FATS**. They give the body energy to use right away *and* to save for later. Our bodies need some fat storage to protect us from very hot and very cold temperatures.

**MINERALS** are inorganic elements that are part of nature—they are not “man made”. (*Inorganic* means that minerals are found in nonliving things like rocks and dirt, as well as in living things.) We need minerals in our bodies in *tiny* amounts to help us build tissues and to keep our bodies working as they should.

Our bodies need *small* amounts of organic substances called **VITAMINS** in order to grow and stay healthy. (*Organic* means vitamins are found only in living things.) Vitamins are found in small amounts in foods, but can be easily destroyed if food is cooked for a long time at a high temperature.

**FIBER** is the part of a food that is left after digestion has taken place. Fiber helps carry the digested food through the intestinal tract quickly. This exercises the intestinal muscles and helps prevent constipation.



**CHOLESTEROL** is a fat-like substance found only in animal foods like eggs and red meat. It causes a fatty layer to build up in our arteries and can cause heart disease, stroke and other major problems.



The surface of the tongue is covered with thousands of tiny mushroom-shaped bumps called papillae. There are tiny **TASTE BUDS** at the base and on the sides of the papillae. These taste buds can identify four basic tastes: salty, sweet, sour and bitter.

**WATER** is the most common nutrient in our bodies. A newborn baby is at least 77% water. Children are about 60% water. And adults are between 50 and 70% water.

**HOMEOSTASIS** is a fancy name for the balance between water and minerals. Our bodies try to stay balanced. For example, if you eat a bag of salty potato chips, your body senses that you have *too much* sodium. You are *not* in homeostasis—you are out of balance. It tries to get back in balance by holding on to *extra* water. This might make you “swell up” or feel bloated.

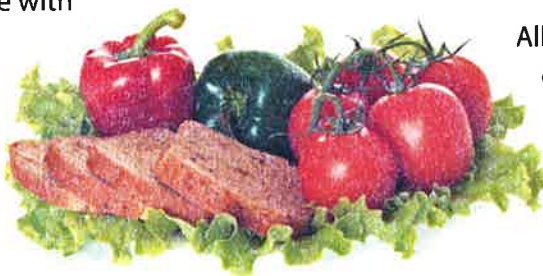


## Essential Nutrient #1: Carbohydrates

Carbohydrates are *sugars* and *starches*. There are two kinds of carbohydrates: simple and complex. Simple carbohydrates, such as a piece of candy, give only a *short burst* of energy. Complex carbohydrates, such as a piece of whole wheat toast, take longer to digest and give us energy for a longer time.

Sugars are usually simple carbohydrates. While they taste good, they tend to be “empty” calories. This means they give the body a little energy, but that’s all. Empty calories provide no vitamins, no minerals, and no fiber.

Starches can be simple or complex carbohydrates. For example, a piece of bread made with white flour is a simple carbohydrate, but a piece of bread made with whole wheat flour is a complex carbohydrate.



Carbohydrates can also be *high-fiber* or *low-fiber* foods. The healthiest choices are high-fiber complex carbohydrates such as spinach or broccoli. But, low-fiber complex carbohydrates—including bananas, tomatoes and rice—are also nutritious.

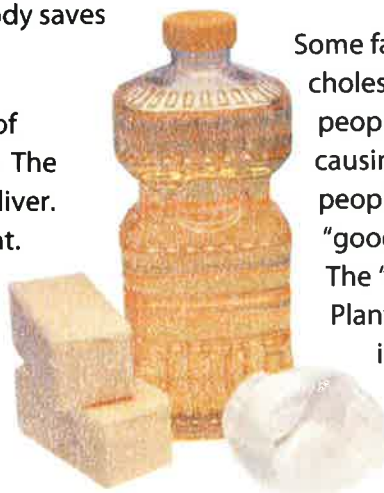
Some people say that if you want to lose weight, you shouldn’t eat starches like bread or potatoes. *These foods are not fattening by themselves.* For example, a baked potato is a healthy choice unless you add heaps of butter, sour cream, cheese and bacon! A sandwich with two pieces of whole wheat bread is a good choice unless you add layers of butter and mayonnaise!

All fruits and vegetables are also carbohydrates. When eaten fresh or lightly cooked, fruits and vegetables also provide lots of vitamins, minerals and fiber. Lots of nutrients in each bite!

## Essential Nutrient #2: Fat

Fats are a *condensed* source of energy. A teaspoon of any kind of fat provides at least twice the calories of a teaspoon of sugar. Fats are digested more slowly than carbohydrates, so after a meal, your body will use the energy from the carbohydrates first. The fat calories may not get used up right away, so your body saves them for later.

Fats provide us with this extra supply of energy—stored away until we need it. The first place that fat gets stored is in the liver. But our livers can only hold so much fat. Once the liver is full, fat gets stored throughout the rest of the body, especially under the skin. This body fat is what many people try to lose during a diet.

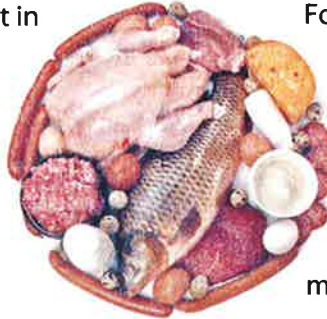


Foods that contain fat include butter, lard, cream, oil, margarine, mayonnaise, nuts, olives, meats, cheese and eggs. And, healthy foods like fish, chicken and vegetables can become high fat foods if they are cooked with a lot of fat.

Some fats contain cholesterol. A little bit of cholesterol is needed by our bodies, but many people have too much cholesterol in their blood, causing a build up in the arteries. So, you might hear people talk about “good” fats and “bad” fats. The “good” fats, like vegetable oil, are low in cholesterol. The “bad” fats, like lard, are high in cholesterol. Plants and fish are the best sources of good fat. It is essential to consume a small amount of good fat every day to maintain healthy cell function throughout the entire body.

## Essential Nutrient #3: Protein

Protein is the second most common nutrient in our bodies. All of our tissues, bones and nerves are made up of mostly protein. Protein also helps us build muscles, blood, skin, hair, nails and internal organs like the heart and the brain. Our bodies can't store protein for later, so we have to eat some every day.



Foods that contain protein include animal sources like milk, meat, fish, poultry and eggs. Plant foods that have protein include legumes (dried beans), nuts, seeds and textured vegetable protein (like "veggie" burgers). It's best to choose low fat protein sources like poultry, fish and dried beans as much as possible.

If children don't get enough protein, they may grow too slowly. If adults don't get enough protein, they may be tired, weak, slow thinking and get sick a lot. However, in America, most people get plenty of protein. In fact, many people eat *too much* protein. This causes stress on the kidneys. It may also lead to heart disease and colon cancer. If your plate is mostly covered by meat, you may be eating too much protein.

One legume that has gotten a lot of attention lately is the *soybean*, which is low in fat and about 42% protein. In fact, the soybean is the only *complete* plant protein. This means it provides all the essential "building blocks" needed by the body. In addition, soybeans contain minerals, like iron, and are rich in isoflavones—substances that may help lower cholesterol, protect against some cancers, decrease blood pressure and build bone.

## Essential Nutrient #4: Water

Water is the most common nutrient in our bodies. It is also the nutrient that we need the most—without it, we'll die in about 5 days (sooner in hot weather).

Think about this: blood is 83% water; our kidneys are 82% water; our muscles are 75% water; the brain is 74% water; and even our bones are 22% water.



Every one of our bodily functions use water. For example, water helps our bodies stay at about 98.6 degrees. If we get too hot, our sweat glands produce sweat (which is 99% water) to get rid of some body heat. Water helps the body keep our eyes, nose and mouth moist and keep our skin soft. Our bodies even use water each time we take a breath!

That's why we need to drink 8 to 10 glasses of fluid (preferably water) a day. We can also get water from the foods we eat. Fruits and vegetables are more than 90% water. Even dry foods, like bread, are 35% water.

It is possible to drink *too much* water, leading to something called "water intoxication". However, this condition is very rare since people with healthy kidneys can process fifteen quarts of fluid every day.

If you are well-hydrated, it means you have a healthy amount of water in your body. If you are *dehydrated*, it means your body needs more water to keep working properly. Children, elderly people and sick people can easily become dehydrated. **In fact, dehydration is a common cause of hospitalization for people over age 65.** Signs of dehydration include thirst, dry mouth and skin, headache, fever, fast breathing and heart rate and dizziness.



## Essential Nutrient # 5: Vitamins

Vitamins are very important to our health. Our bodies can make some vitamins themselves, but most of our vitamins need to come from the foods we eat or from vitamin pills. There are 20 vitamins that are important to our nutritional health. Here are the most common ones:

### Vitamin A

- Builds and repairs the skin. (You may notice skin creams advertising that they contain Vitamin A.)
- Protects our mucous membranes from infection.
- Helps with digestion of food.
- Keeps our eyesight strong.



#### Vitamin A is found in:

- Milk, cheese, butter and eggs.
- All meats.
- Spinach, squash, cantaloupe, broccoli, cabbage and carrots. (Have you ever heard that eating carrots will improve your eyesight? People say this because of the Vitamin A.)

### Vitamin B Complex

(8 different B vitamins)



- Gives the body energy by working with carbohydrates.
- Keeps the nervous system strong and healthy.
- Keeps the intestinal muscles strong.
- Builds strong skin, hair, eyes, mouth and liver.

### The B Vitamins are found in:

- Yeast.
- Liver and beef .
- Fish.
- Sunflower seeds.
- Whole grain breads and cereals.

### Vitamin C

- Fights off infections, including a cold or the flu.
- Builds ligaments and bones.
- Helps to heal wounds and burns.
- Builds red blood cells.



#### Vitamin C is found in:

- Citrus fruits like oranges and grapefruits.
- Broccoli and sweet peppers.
- Our bodies (we make some Vitamin C ourselves).

### Vitamin D

- Helps the nervous system and heart work properly.
- Helps the blood clot.
- Keeps bones and teeth strong. (If children don't get enough Vitamin D, their bones and teeth will not grow properly. This is why Vitamin D is added to the milk we buy.)



#### Vitamin D is found in:

- Milk and egg yolks.
- Fish.
- Liver.
- And...our bodies absorb it from sunshine.

## Essential Nutrient #5: Vitamins (continued)

### Vitamin E

- Helps with urination and can decrease edema and high blood pressure.
- Allows all our cells to use oxygen and get the nourishment they need.
- Keeps blood flowing to the heart better.
- May slow the aging process. (Have you ever seen a face cream with Vitamin E that is supposed to keep you from getting wrinkles?)

#### Vitamin E is found in:

- Whole grains.
- Vegetable oils.
- Enriched flour.
- Leafy greens and other vegetables.



### Vitamin K

- Clots the blood. (Its nickname is the “Band-Aid” because Vitamin K is needed for a scab to form on a scrape or cut. This is why people who take blood thinners shouldn’t eat foods high in Vitamin K. Doctors *don’t want* their blood to clot quickly.)



#### Vitamin K is found in:

- Leafy green vegetables, especially spinach.
- Milk and egg yolks.
- Eating yogurt helps the body make its own supply of Vitamin K.

**Remember that it is best to get vitamins from foods rather than vitamin pills. People who eat a balanced diet usually get most of the vitamins they need from their food. However, sometimes a vitamin supplement is needed. These should be taken according to the advice of a physician, a nurse or a dietician.**



## More Facts About Vitamins

- Vitamins are divided into **two** categories, according to the way the body absorbs them.



- **Fat-soluble vitamins**—such as Vitamin A, D, E and K—make up one category. These vitamins are absorbed with the help of fats in the diet. They are also stored in body fat.
- The other category is **water-soluble vitamins**. These vitamins do not need fat for them to be absorbed, but, as a result, they are not stored very long in the body. Instead, any “excess” is flushed through the body rapidly and eliminated quickly in the urine.
- Except for vitamin D, and a bit of vitamin K, the human body cannot *make* vitamins. So, if a client’s diet is lacking one or more vitamins, his or her body will feel the effects of these missing essentials.
- An *ongoing* shortage of vitamins can cause people to lose the ability to fight off disease. Severe shortages can even lead to death.



## Essential Nutrient #6: Minerals

Minerals are especially important for bones, teeth, soft tissue, muscle, blood and nerve cells. There are 17 minerals that our bodies must have, including these common ones:

### Calcium

- Keeps bones and teeth strong. (Calcium is the most common mineral in the body, with 99% of it found in our bones and teeth. Many people, especially women, benefit from taking calcium pills since it's hard for adults to get enough calcium from foods.)
- Helps muscles—including the heart—work properly.

#### Calcium is found in:

- Milk and other dairy products (except cottage cheese has very little calcium).
- Canned sardines and salmon.
- Almonds.
- Asparagus, cabbage and mustard greens.
- Molasses.
- Prunes.
- Whole wheat bread.
- You can also buy juices that have added calcium.

### Iron

- Carries oxygen in the cells, especially blood cells. (Iron is present in every living cell.)
- Builds strong blood.
- Fights off diseases.
- Gives energy.

#### Iron is found in:

- Liver.
- Oysters.
- Leafy green vegetables.
- Whole grains.
- Legumes (dried beans and peas).
- Raisins and prunes.
- Molasses.

### Potassium

- Helps regulate water balance in the body (along with sodium).
- Helps the nerves and muscles work properly.
- Keeps skin healthy.
- Helps the blood pressure remain stable.
- Because potassium helps with the body's water balance, people who take diuretics (or water pills) may need to take extra potassium pills to keep the right balance.

#### Potassium is found in:

- All vegetables.
- Orange juice.
- Whole grains.
- Poultry and legumes.
- Raisins and apricots.
- Bananas.



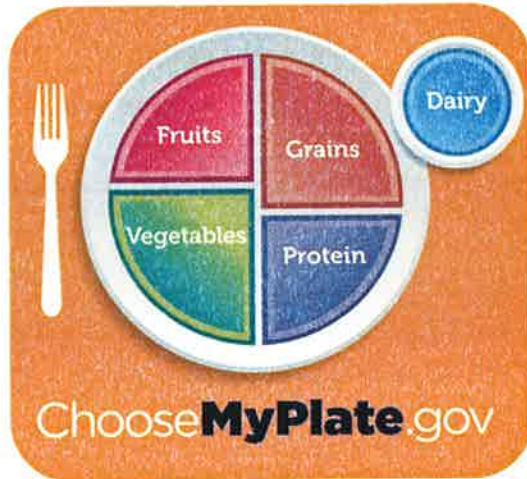
### Sodium

- Helps keep the balance of water in the body (along with potassium).
- Is found in every cell in the body.
- Keeps the lymph system healthy (including the tonsils, the spleen and the lymph glands).

#### Sodium is found in:

- Nearly all foods, and especially table salt.
- Plant foods have *less* sodium than animal foods.
- There is a lot of sodium in seafood, milk, poultry, soy sauce, baking soda and baking powder.
- Most foods already contain sodium, so if you add table salt, you are getting a "double dose" of sodium.
- Having too much sodium in your diet can make your blood pressure too high and can cause other health problems.

## Explore the My Plate Food Guidelines



- Do you remember seeing the old “food pyramid” which showed the foods that make up a healthy diet? In June, 2011, the USDA replaced that standard pyramid with the “My Plate” graphic you see to the left.
- The idea behind the graphic is to show people how to “build” a plate of healthy food at every meal. As you can see, portions of fruits and proteins should take up the same amount of space on the plate. The portions of grains and vegetables should also be the same size. The portion of dairy is smaller than the other food groups.
- The USDA offers additional guidelines on their new website: [www.choosemyplate.gov](http://www.choosemyplate.gov).

### TIP: MAKE HALF THE PLATE FRUITS AND VEGETABLES



- Go for a variety of colors when choosing fruits and vegetables—including red, orange, yellow and dark-green. For example, healthy side dishes for five lunches during the week might be tomatoes, sweet potatoes, bananas, broccoli and plums.
- Instead of snacking on candy, cookies or chips, eat fruit, vegetables or unsalted nuts when you need a little something in between meals.

### TIP: MAKE AT LEAST HALF YOUR GRAINS WHOLE-GRAIN



- Look for 100% whole-grain cereals, breads, crackers, rice and pasta.
- If you check the ingredients list on the foods you buy/serve, you can see which ones contain whole grains.

### TIP: VARY YOUR PROTEIN CHOICES



- A healthy diet should include seafood as the protein choice at least twice a week.
- Keep meat and poultry portions small and lean.
- Add beans to your menu—including chick peas, kidney beans, black-eyed peas and many more! They are a natural source of protein *and* fiber.

### TIP: SWITCH TO SKIM OR 1% MILK



- Skim milk offers the same amount of calcium and nutrients as whole milk—with less fat and calories.
- Want an alternative to dairy? Try calcium-fortified soy products like soy milk.



## Understanding Serving Sizes and Eating Right

The new USDA My Plate guidelines give daily food suggestions in terms of *ounces* or *cups* rather than number of *servings*. However, it's still good to have a general idea of how much food makes up a serving, especially since Americans tend to pile too much food on their plates. To get the right amount of nutrients—without overeating—it's may help to think about the following:

### **GRAINS**

- One serving of bread weighs about one ounce and is the size of a plastic CD case.
- Two ounces of cooked brown rice is the size of half of a tennis ball.
- Remember that if you have a sandwich with two pieces of bread, you are eating *two* servings from the Grains section.

### **VEGETABLES**

- One serving of broccoli is the size of a light bulb.
- One serving of sweet potato is the size of a computer mouse.
- Keep in mind that two cups of leafy greens counts as a “one cup” serving of vegetables.

### **FRUITS**

- One serving of fruit is the size of a tennis ball.
- If you have a cup of applesauce, you're eating *two* servings of fruit.

### **OILS**

- A teaspoon of butter or margarine is the size of a postage stamp.

### **MILK**

- A cup of milk or yogurt is about the size of your fist.
- A serving of hard cheese is the size of your thumb.

### **MEATS & BEANS**

- Three ounces of cooked meat is about the size of your palm or a deck of cards.
- Two ounces of peanut butter is about the same size



as a ping pong ball.

- **If you have a 16 ounce steak, you're eating two or three days worth of protein!**

### **GENERAL TIPS**

- Oils are fats that are *liquid* at room temperature, like the vegetable oils used in cooking. Oils come from different plants, nuts and from fish. Oils are not a food group, but they do provide essential nutrients.
- To get a balanced diet, be sure to eat the recommended amounts in each section—based on your age, gender and activity level. You can find out what the USDA recommends for you by exploring this website: **[www.choosemyplate.gov](http://www.choosemyplate.gov)**. In general, remember to fill *half* your plate with fruits and vegetables.
- Try not to eat the same foods every day. By eating different foods, you give your body a variety of the vitamins and minerals it needs.
- Try to stay at a healthy weight for you—not too heavy and not too thin.
- Watch your use of salt. Adding salt at the table is a bad habit that can affect your health.
- If you drink alcohol, stick to 2 drinks or less per day. Alcohol doesn't give your body any nutrients—just calories.
- Watch out for high fat foods. Check the label on the

## Nutritious “Super Foods”!

You may have heard people talk about “super foods”. These are foods that contain vitamins, nutrients and/or minerals that are believed to prevent disease and help us live long, healthy lives. If appropriate, you may want to encourage your clients to consume *super foods*, which include:

### Spinach

- This dark leafy green is loaded with iron and a variety of other nutrients including calcium and potassium—making it one of the healthful vegetables to eat.
- Studies have shown that eating spinach may help protect your eyesight and your cardiovascular health.



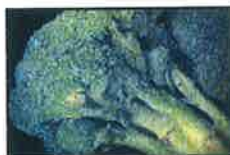
### Garlic

- While it may cause bad breath, garlic packs a powerful nutritional punch. Studies have shown that garlic may protect the body against heart disease, parasites, cancer and diabetes!
- Keep in mind that if garlic is cooked too long, it loses its nutritional benefits.



### Broccoli

- A serving of broccoli contains twice the vitamin C of an orange and almost as much calcium as a glass of whole milk. Broccoli is also a good source of fiber.
- A number of studies have shown that eating broccoli regularly may reduce the risk of breast, colon and stomach cancers.



### Salmon

- This delicious fish contains “good” fats that help fight heart disease.
- Studies have shown that salmon may help protect against many health concerns, including obesity and dementia.



### Nuts

- Nuts are a good source of protein, but remember that some people find them difficult to digest or are allergic to them.
- While nuts are “fatty”, they contain the good type of fats that help raise the HDL (the healthy cholesterol in the blood).
- Studies have shown that eating a *moderate* amount of nuts can help ward off heart disease and cancer.



### Oats

- Oat bran helps lower cholesterol and blood pressure.
- Oats are a great source of fiber and help keep the blood sugar level stable.
- When you eat oats, you’re getting protein, potassium, magnesium and a number of other nutrients—all for one low price!



### Blueberries

- This little blue fruit contains healthy substances called antioxidants which help protect against heart disease and cancer.
- Blueberries also help to ward off urinary tract infections by preventing bacteria from sticking to the wall of the bladder.



### Sweet Potatoes

- This vegetable is not related to the potato, but is actually in the same plant family as the morning glory flower.
- Each sweet potato has more than the daily requirement of vitamin A and half the daily dose of vitamin C.





## More On the Importance of Water

- Water is essential to every cell in the body. Just like a car can't run without gas, the body can't run without water. For example, water:
  - Serves as a lubricant throughout the body.
  - Provides the mouth with saliva.
  - Forms the fluids that cushion the joints.
  - Regulates body temperature.
  - Prevents constipation.
  - Maintains the metabolism.
- On top of all the "regular" jobs performed by water, it also helps prevent disease, including bladder cancer.
- Did you know that 75% of Americans have mild, *chronic* dehydration? All it takes is a 2% drop in the body's water supply to trigger mild dehydration and symptoms like fuzzy memory, trouble with basic math, difficulty reading small print and daytime fatigue.
- Water is *cheap*. On average, someone can drink 4000 glasses of city tap water for the price of a six-pack of soda.
- Speaking of soda, it is not a good replacement for water—especially if it contains caffeine. Consuming caffeine can cause dehydration because caffeine is a diuretic.
- Remember that your clients will lose more water from their bodies during warm weather. Be sure to encourage them to drink plenty of fluids during the heat of the day.
- Some prescription medications can cause dehydration as a side effect. This is especially true of diuretics (like Lasix, for example), antihistamines and steroids. If your clients take these medications, be sure to watch their hydration status.
- What's a quick way to know if your clients are well-hydrated? Check their urine. If it is clear or pale yellow, they are probably getting enough fluids. Dark yellow urine may be a sign that the body is *concentrating* the urine in order to conserve its water supply. Be sure to report incidents of concentrated urine to your supervisor.



***If you have internet access and want more information about nutrition and hydration, check out these web sites:***

**[www.choosemyplate.gov](http://www.choosemyplate.gov)**

This USDA site has all the information you could ever want about the newest recommendations for healthy eating and exercise guidelines. It is very "user friendly".

**<http://myfoodapedia.gov>**

This fun site lets you enter any food and find out its nutritional value, including the calories and which portion of your "plate" the food fits in. Try it and see!

**<http://www.hsph.harvard.edu/nutritionsource>**

The Harvard School of Public Health nutrition website offers lots of information on healthy eating. You can subscribe to email updates to receive new information about nutrition.

## Meeting the Nutrition/Hydration Needs of Your Clients

- Remember that fats and proteins take longer to digest than carbohydrates. If your client says he's hungry an hour after breakfast, ask him what he ate. If he ate a piece of toast, he'll be hungrier sooner than if he ate scrambled eggs.
- If your clients are eating poorly, try to find out why. *Is the food too hot or too cold? Are their dentures not fitting properly? Are they afraid of choking on the food? Do they prefer a big meal at noon instead of in the evening?* Remember that a poor appetite is only **one** reason someone may not be eating.
- Be sure to report any change in your clients' eating habits to your supervisor, whether or not you can figure out why it's happening.
- Your clients may eat a better meal if they are prepared first by washing their hands and face and helping them with appropriate mouth/denture care.
- Remember that fats can be **visible** in foods like butter, cream, oil and bacon. Fat can also be **invisible** in foods such as whole milk, egg yolks, pastry, nuts and olives. If your client is on a low fat diet, be sure you keep these "invisible" fats in mind.
- Without water, nutrients can't work in the body. So, if your clients aren't drinking enough water, their bodies won't get the full benefit of healthy food choices.
- Sick and/or elderly people often lose their sense of thirst. This may keep them from drinking enough fluids throughout the day. Be sure to encourage your clients to drink plenty of fluids (unless the physician has ordered a fluid restriction).
- Remember that vitamin and mineral pills should be taken as recommended by a physician or a nutritionist. However, if a client takes too many vitamin pills, it may make her sick. (Although "extra" vitamins usually get passed out in the urine. Since vitamins are expensive, this is truly money "down the drain"!)
  - Remember that people who stick to the diets prescribed by their physicians—such as a low fat diet, a low sodium diet or a diabetic diet—may get sick less often. They may also stay out of the hospital and be able to take fewer medications. If your clients have special diets ordered by the physician, be sure to help them make the right food choices.
  - Recent studies have shown that eating just 8% fewer calories can help people live longer because it reduces stress on the liver. For someone on a 2000 calorie diet, that means eating 160 calories less each day.
  - Keep in mind that many Americans eat too many calories—and too much fat, sugar, salt and alcohol. Following the government's My Plate guidelines will help improve *nearly anyone's* nutritional status.



**For additional helpful information, ask your supervisor about In the Know's inservices:**

- Understanding Commonly Prescribed Diets
- Feeding Your Clients
- Food Preparation & Safety
- Personal Wellness





**intheknow** CAREGIVER TRAINING  
 A *home care/pulse* COMPANY

*A Nutrition Module:*  
**Basic Nutrition & Hydration**

**Are you "in the know" about nutrition and hydration? Circle the best choice and then check your answers with your supervisor!**

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test in employee's personnel file.**

**1. If a person is well-hydrated, he will:**

- A. Be very thirsty.
- B. Have dry skin.
- C. Be able to use nutrients better.
- D. Have less appetite than normal.

**2. True or False**

Fiber is one of the six essential nutrients.

**3. Carbohydrates are:**

- A. A good source of energy.
- B. Fattening.
- C. Higher in calories than fats.
- D. Stored in the liver.

**4. True or False**

If you eat a big steak on Friday, your body will have enough protein to last it all weekend.

**5. The USDA's My Plate guidelines:**

- A. Are only for vegetarians.
- B. Cut out all fats.
- C. Are based on 1500 calories per day.
- D. Include exercise recommendations.

**6. Which of the following is NOT an essential nutrient:**

- A. Carbohydrates.
- B. Protein
- C. Cholesterol.
- D. Water.

**7. True or False**

The healthiest kinds of fat come from plants and fish.

**8. TRUE or FALSE**

Recent statistics show that 43% of Americans are overweight.

**9. TRUE or FALSE**

When choosing a starchy food, the healthiest choice is a simple, high-fiber carbohydrate.

**10. TRUE or FALSE**

Eating a variety of healthy foods is the best way to achieve a balanced diet.



A Client Care Module:  
**Bathing Tips**

**COURSE  
 OUTLINE**

<i>The Purposes of Bathing</i>	2
<i>Making Observations at Bath Time</i>	3
<i>Giving Different Types of Baths</i>	4
<i>Bathing Clients with Special Needs</i>	5
<i>Skin Care Products</i>	6
<i>Bath Time Tips</i>	7
<i>Hair Care Tips</i>	8
<i>Infection Control &amp; Safety</i>	9-10
<i>Tools &amp; Equipment</i>	11
<i>Q &amp; A about Bathing</i>	12

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
 Expires 12/31/2023

**IMPORTANT:**

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

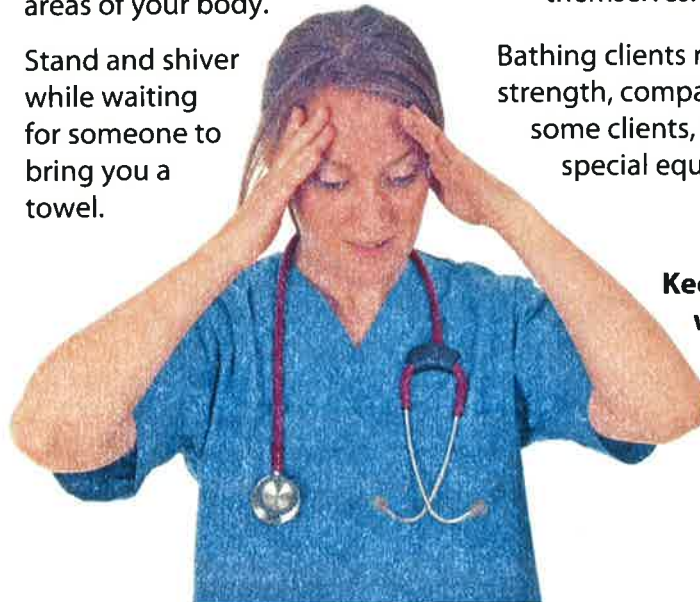
**In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.**

**THE JOYS OF BATHING!**

Imagine this: You've had a rough day at work. You're feeling sweaty and tired. You're looking forward to going home and taking a nice hot relaxing shower.

Now, imagine how it would feel if instead of being able to simply hop in the shower, your physical condition required you to:

- Take your clothes off in front of a stranger.
- Hold onto grab bars because you were afraid of falling in the shower.
- Ask for help washing the private areas of your body.
- Stand and shiver while waiting for someone to bring you a towel.



Suddenly, the idea of a nice hot shower doesn't seem so appealing, does it?

Your clients used to be able to take care of their own bathing needs. Now, many of them need your help. And, they probably aren't happy about that!

Being dependent on others for bathing probably makes them feel:

- Old and useless.
- Ashamed.
- Scared about what else they might have to give up doing for themselves.

Bathing clients requires patience, strength, compassion, and skill. For some clients, it may also require special equipment.

**Keep reading to learn ways to make bathing a safer, more efficient process for you and your clients.**



# The Purposes of Bathing

**Bathing is important because it:**

**1. Cleanses the body by removing dirt and dead skin cells.**

*New skin cells continually push older cells toward the surface of the skin. By the time skin cells reach the surface, they are made up of the same lifeless protein as your hair and nails.*

**2. Promotes comfort by cooling and refreshing the skin, and relaxing the client.**

*Most Americans consider bathing to be a source of comfort. Think of all the products that are available to make bathing a pleasant experience: bubble bath, bath oils, shower gels, etc.*

**3. Controls body odor by removing bacteria and germs from the skin.**

*Body odor is caused by a combination of sweat and bacteria. The main sources of odor are the armpit, the groin, and the feet. Some foods—such as garlic, cumin, and curry—can cause body odor to linger.*

**4. Prevents infection.**

*Skin defends the body against injury, infection, and harmful substances in the environment. But, the skin must be clean and intact to do its job. That's where bathing comes in.*

**5. Provides an opportunity for clients to move their muscles and joints.**

*By encouraging your clients to do as much as possible for themselves during a bath, you help them remain independent—and provide their muscles and joints with a bit of exercise.*

**6. Stimulates circulation.**

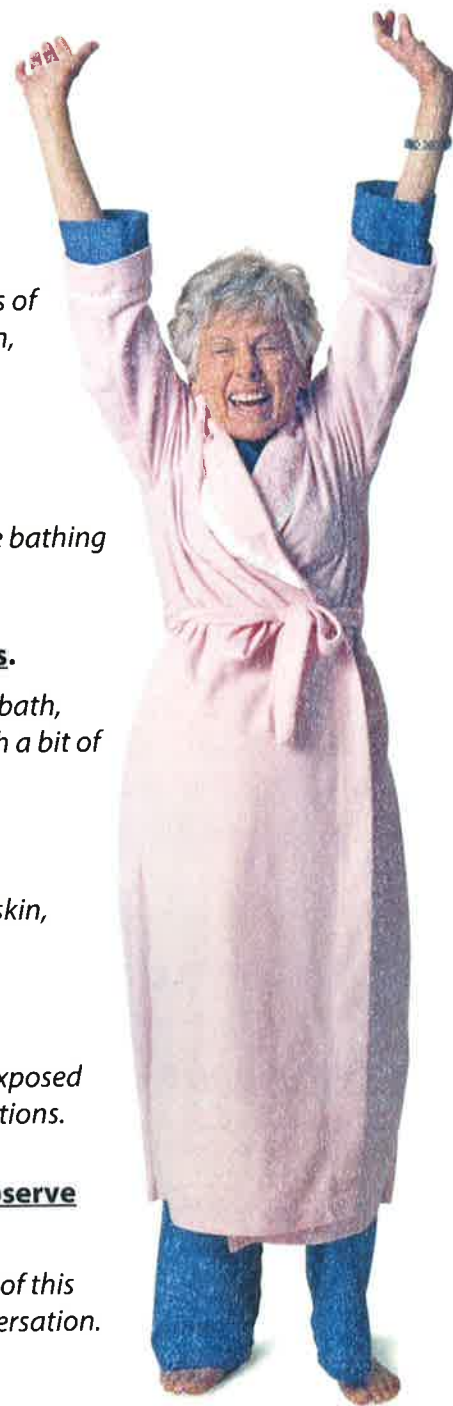
*Blood flow in the body is increased by warm water, rubbing or massaging the skin, and by moving joints and muscles during the bathing process.*

**7. Helps prevent skin breakdown.**

*It's especially important to clean the skin of incontinent clients. When skin is exposed to urine and/or stool, the risk increases for developing pressure sores and infections.*

**8. Gives you an opportunity to communicate with the client and to observe his or her body for changes.**

*Bathing is the #1 most time-consuming task for all caregivers. Make the most of this time by checking your client's body for changes and by making pleasant conversation. (If your client is unable to speak, try singing or humming instead.)*





# Making Observations at Bath Time

**Bath time gives you a terrific opportunity to observe your clients for physical changes. Keep an eye out for problems and report any changes right away.**

- Check the hair and scalp for head lice. (Lice can happen to anyone—no matter how young or old, dirty or clean, rich or poor.) Look for white lice eggs, known as “nits”. They look like small bits of dandruff, but do *not* wash or flake off. Instead, they stick *firmly* to strands of hair.
- As you comb or wash your client’s hair, observe the scalp for scaling, crusting, irritation, bruises, bleeding, lumps, or large areas of missing hair.
- Look over the whole body, making note of any areas of redness, rashes, bed sores, moles, or other changes in the skin.
- Check the entire body for puffiness or swelling, broken skin, redness, bruises, or bleeding.

- Report any unusual body odors. A strange odor may be a symptom of an illness.
- Watch out for clients who seem to sweat too much, too little, or who tend to sweat a lot at night. There are medical conditions that can cause sweating problems. (In fact, it can be *life-threatening* if a person doesn’t sweat at all.)

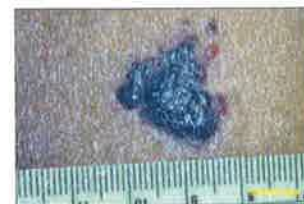


- Look for white or yellow areas on finger and toe nails. Your client may have a nail fungus.
- Check for itching, cracked skin between the toes or on the soles of the feet. These are signs of infections such as “athlete’s foot.”
- Watch for black warts on the soles of the feet.

Skin cancer is the most common form of cancer. There are one million new cases diagnosed every year. You can watch your clients for signs of skin cancer including:

- Sores that don’t heal.
- A mole that changes size and/or has irregular edges.
- A skin growth that changes color, especially if it turns red, white, or blue.
- A mole that becomes tender, itchy, or dotted with black spots.
- A skin growth that crusts over, cracks, or bleeds.

**Report any suspicious changes in a client’s skin immediately!**



# Giving Different Types of Baths

## Bed Bath

- Encourage the client to assist with the bath as much as possible.
- Gather all your supplies ahead of time and have them within reach of the bed.
- Close any doors or windows to avoid drafts.
- To ensure both warmth and privacy, cover the client with a light cotton blanket. Uncover, wash and dry only a small part of the body at a time.

## Sponge or Partial Bath

- A full bath may not be ordered for each of your clients every day. However, a person's face, underarms, buttocks and genital area should be washed daily.
- Follow each client's care plan for a partial bath. For example, Mrs. Smith may be allowed to stand at the sink for her sponge bath, but Mr. Taylor needs to sit on the edge of his bed.

## Tub Bath

- Never give a tub bath unless it is ordered in the client's care plan. Tub baths have a high risk for client falls, burns, and chills.
- Encourage clients to use the toilet *before* a bath since warm water may trigger the need to urinate.
- Don't attempt to help a client in or out of a tub unless you feel secure about your ability and/or you have the proper equipment (like a lift or slide board).
- Tub baths can dry the skin, so they shouldn't last longer than 20 minutes.

## Shower

- Never give a shower unless it is ordered in the client's care plan. Use a shower chair if ordered.
- Be sure to place a rubber mat on the shower floor—but don't cover the drain opening.

## Sitz Bath

- Remember that a sitz bath is meant for soaking the hips and buttocks only. It is often used with clients who have had surgery in the rectal area or who have bladder, prostate, or vaginal infections.
- Some clients may become dizzy after sitting in hot water. When the sitz bath is over, help them stand up and make sure they are steady before they attempt to walk.
- Pat your client's hips and buttocks dry with a soft towel.

### Did You Know?

- The early Greeks used blocks of clay or sand to clean dirt off their bodies.
- In 1400 B.C., rich Egyptian women placed a large cone of scented grease on top of their heads every morning. During the day, the grease melted and dripped down their bodies. It covered their skin with an oily shine and bathed their clothes in fragrance.
- In 300 B.C., a number of fancy public baths were built in Rome. They were a popular luxury for wealthy people.
- After the fall of Rome in 467 A.D., bathing became less and less popular, especially in Europe.
- During the Middle Ages, most people lived in filth—because they believed that bathing was dangerous to their health. These unsanitary conditions contributed to the widespread plagues that spread through Europe at that time.



# Bathing Clients with Special Needs

## Seriously Ill Clients

*Clients who are seriously ill, dying, or in pain require some extra "tender loving care" during bathing. Keep these tips in mind:*

- Help the client into a comfortable position and complete as much of the bath as possible in that position.
- Proceed slowly if the client is experiencing pain, shortness of breath, or anxiety.
- Schedule the bath for about one hour *after* pain medication has been given to the client.

## Confused Clients

*Clients with Alzheimer's disease or other conditions that cause confusion need special consideration at bath time. Remember that the confusion may make them:*

- Afraid of everyday things like running water, cold tile floors, or soap.
- Overly sensitive to temperature, such as cold drafts or hot water.
- Especially embarrassed about undressing in front of you.

*To help make bath time more enjoyable for these clients, try to:*

- Set up a routine for bathing...and stick with it.
- Give simple, clear instructions, without arguing.
- Avoid showers for clients who are afraid of running water.
- Fill the tub *before* taking the client into the bathroom.
- Keep the bath water no more than six inches deep.
- Cover the client's upper body with a towel to provide privacy during the bath.
- Play soft music or sing to the client (if he or she finds music soothing).

## Disabled Clients

*Bathing is more difficult, more time consuming, and more dangerous for people with disabilities. Clients with disabilities may have trouble:*

- Keeping their balance while bathing or transferring in and out of a tub.
- Reaching items such as grab bars, soap, or towels.
- Holding on to a bar of soap.
- Opening or closing a faucet.
- Feeling the temperature of the water.

*You can help your disabled clients by:*

- Following proper bathroom safety procedures. (See page 10.)
- Making sure there is enough light in the bathroom.
- Putting needed items within your client's reach.
- Getting assistance from a co-worker or family member when transferring a client by yourself would be dangerous.

### **Did You Know?**

- The average American takes at least seven baths or showers each week.
- Every day, Americans use 5,506,540 gallons of water for showers.
- Benjamin Franklin brought the first bathtub to the U.S. from Europe. He spent lots of time reading and writing while soaking in the tub.
- Former U.S. President William Howard Taft weighed 332 pounds. He got stuck in the White House tub the first time he used it. A larger one was installed for him!
- Three out of four people wash their bodies from top to bottom in the shower.





# Skin Care Products

## Soap

- There are many types of soap: plain, medicated, perfumed, or moisturizing. Check your client's care plan to see if a specific type of soap should be used at bath time.
- Question: *When is soap considered a drug?* Answer: *A bar of soap becomes an over-the-counter drug if the manufacturer claims the soap works against dandruff, bacteria, perspiration, or acne.*
- Use mild soap. (HINT: For clients with dry skin, apply soap only to the face, underarms, genital areas, hands, and feet. Clean the rest of the body with warm water only.)
- Rinse soap off with warm water—not hot.

## Powder

- You may be asked to apply powder to soothe and cool a client's skin. If so, use only a small amount of powder—and don't mix powder with lotion. This causes the powder to crust and cake on the skin which can irritate the skin.
- Avoid shaking powders in the air. If inhaled, the small powder particles may irritate your client's respiratory tract.

## Bath Oil

- Bath oils are used to soften the skin and to keep it from becoming dry. Some are also perfumed.
- Do not add bath oil to a tub bath. (It can make the tub even more slippery and is hard to clean off the surface of the tub.) Instead, if bath oil is desired, apply a light layer to the client's skin *after* the bath.

## Deodorant

- There are two kinds of "underarm" products. Both *deodorants* and *antiperspirants* help cover up body odor. However, *antiperspirants* also work to control

- The earliest soap was made centuries ago by mixing fat with ashes.
- During the Middle Ages, the recipe for making soap was kept top secret. Most people shared the recipe by word of mouth only. If they *had* to write it down, they used a secret code—in case the recipe got into the "wrong" hands.
- The same process used to make soap in the 1800s is used by soap manufacturers today!

sweating. Some of these products can cause skin irritation, especially if used immediately after shaving the underarm. Check your clients for rash or other signs of irritation.

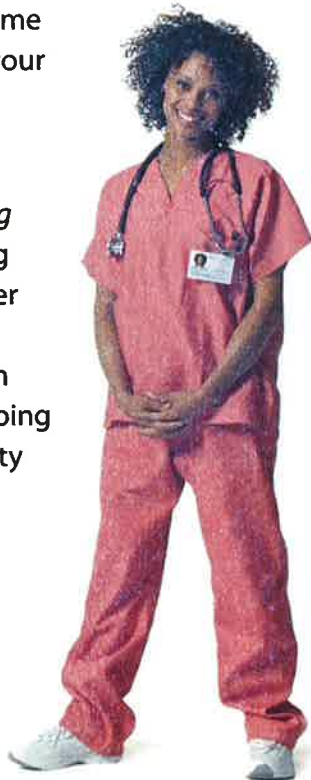
## Creams & Lotions

- Lotion or cream is used to soften skin and prevent it from drying.
- Encourage your clients to apply lotion themselves—if possible. (This gives them a chance to move their muscles and joints.)
- Before applying lotion, warm it up by rubbing it between your hands.
- Apply lotion gently, especially for elderly clients who have thin, fragile skin.



## Bath Time Tips

- Remove any eyeglasses and/or hearing aids before beginning a bath or shampoo. Put them in a safe, dry place.
- Before you start the bathing process, tell your client exactly what you are going to be doing so he or she knows what to expect.
- When working with a bed bound client, be sure to raise the bed to a comfortable working height so you don't strain your back. (Don't forget to lower it again when you are done.)
- Let your supervisor know if you feel a bath is ordered too often or too seldom for one of your clients. In addition, be sure to report if your client needs a different kind of bath. For example, a client who is getting stronger may be able to switch from a sponge bath to a shower. Or, a client who is getting weaker may need to stop taking tub baths.
- Take your clients' suggestions and feelings into consideration. As much as possible, stick to the same bathing routines that your clients had *before* they needed your help.
- Remember that *slowing* the pace of the bathing process may allow older people to do more for themselves. If you rush them, you may be robbing them of the opportunity to remain semi-independent.
- Schedule bathing at the time of day during which your client has the most energy.
- Run cold water through the tub or shower faucet last so that the metal will be cool to the touch.
- Be sure to close doors, pull curtains and pull down blinds to show respect for your client's privacy during bath time.
- If possible, ask a physical or occupational therapist to teach you techniques for making bath time safer for a particular client.
- Praise your clients when they participate in their own personal care. For example, *"Your arm seems stronger today. You were able to scrub your back by yourself."* or *"Your hair looks lovely. You did a great job brushing it."*
- Review the bathing and shampoo policies for your workplace and follow them carefully.



### Five Absolutely Vital Things to Know About Taking a Bath

- When you leave a bath to run by itself, the plug jumps just as you leave the bathroom and you return to an empty bath right when the hot water runs out.
- It is physically impossible to turn a tap on or off with your foot.
- The dirt you wash off yourself gathers on the surface of the water and then re-attaches itself to you as you rise to leave.
- A lost bar of soap is ALWAYS behind you.
- However hard you dry yourself, you are still wet when you put on your clothes.

# Hair Care Tips

Have you ever joked about having “a bad hair day”? If so, it’s because like most people, you feel better about yourself when your hair is clean, trimmed, and attractively styled.

Your clients are probably no different—regardless of their age or health status. You can boost their morale by helping them take care of their hair. Here are some tips:

- Keep your client’s hair tangle-free. (Tangled hair can cause pressure sores to develop on the scalp.)
- To remove snarls from hair *before* you shampoo, try gently combing cream rinse through the hair.
- Comb out tangles by beginning at the ends of the hair and working toward the roots.
- Don’t remove or comb out braids without your client’s permission. Some hairstyles are meant to stay in place for long periods.
- To prevent water from getting in your client’s ears, gently insert cotton balls into the outer ear. Protect their eyes from the shampoo by covering them with a washcloth.
- Don’t use bar soap to wash your client’s hair. Bar soap makes hair rough and tangled.
- You’ll get better results if you dilute shampoo with water before applying it to your client’s head.
- Warm shampoo between your palms before applying it.
- To reduce the amount of water that gets in a client’s face during rinsing, use a wet washcloth to clear shampoo out of the hair.



## Did You Know...?

- The average person has 100,000 hairs on his head!
  - In a lifetime, the average person produces nearly 600 miles worth of hair!
  - A woman from China holds the world record for the longest hair. Her hair grew to be nearly 5.627 meters long.
  - Americans can choose from over 600 kinds of shampoo! One brand, Agree, makes at least 13 different kinds of shampoo.
- 
- If you use conditioner on your client’s hair, be sure to rinse it thoroughly down the tub drain before helping the person out of the tub. (Conditioner can make a tub extra slippery.)
  - Ask your supervisor if you can use *dry* shampoo for your clients who are unable to get out of bed.
  - When shampooing a client’s hair in bed, place absorbent towels and a waterproof sheet over the client’s pillow. For best results, use a shampoo basin or an inflatable sink.
  - To avoid spreading germs and/or lice, don’t share the following items between clients: combs, brushes, hats, scarves, or hair bands.
  - Don’t cut, perm, or color your client’s hair.
  - To prevent accidental burns, don’t use a curling iron on your client’s hair.
  - Don’t forget to consult with your clients about how they want their hair styled. And, encourage them to participate in their hair care as much as possible.



## Bathing & Infection Control

- If you help a client with toileting right before bath time, don't start the bath while wearing the same pair of gloves. Throw away your dirty gloves, wash your hands, and put on a clean pair of gloves.
- When cleaning a client's eyes, wipe each eye with a different corner of a washcloth. This prevents spreading infection from one eye to the other.
- Change the bath water whenever it:
  - Gets too soapy.
  - Cools off.
  - Becomes contaminated with body secretions.
- Practice standard precautions during the bathing process. For example, wear gloves whenever:
  - Feces and/or urine is present.
  - A client has open sores.
  - You give perineal care.
- Always clean a client's perineal area from front to back to avoid spreading germs from the anal area to the urinary area. (Use a separate, clean washcloth for this part of the bath.)

- Collect soiled towels and washcloths and place them in the appropriate laundry bag or container. Be sure to keep them off the floor. (You may want to review the policy for handling dirty linens at your workplace to find out whether you are required to wear gloves when handling linens.)



### Time To Laugh!

Feeling stressed out, Jim decided to take a hot bath. Just as he'd gotten comfortable, the doorbell rang. Jim got out of the tub, put on his slippers and a large towel, wrapped his head in a smaller towel and went to the door. There stood a salesman, wanting to know if Jim needed any brushes. Slamming the door, Jim returned to his bath.

The doorbell rang again. On went the slippers and towels, and Jim headed for the door once more. He took one step, slipped on a wet spot, fell and hit his back against the hard edge of the tub.

Jim struggled into his street clothes and, in great pain, drove to the doctor. After examining him, the doctor said, "Nothing's broken. But you need to relax. Why don't you go home and take a hot bath?"

## Can You Believe It?

The following laws are real! Some of them are even still "on the books"—although they are not enforced. (At least, we hope not!)

**Arizona:** Anyone caught stealing a bar of soap must wash himself with it until it's all used up.

**California:** In Los Angeles, it's illegal to bathe two babies in the same tub at the same time.

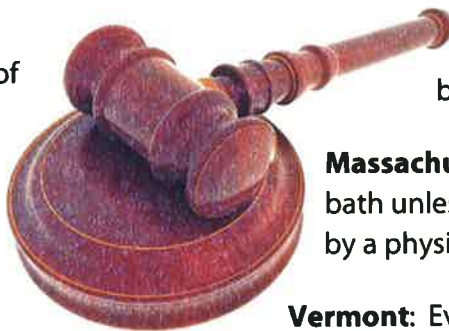
**Indiana:** Bathing in the winter is against the law.

**Kentucky:** Every citizen in Kentucky is required to take a bath at least once a year.

**Maryland:** It's illegal to scrub a bathtub no matter how dirty it gets.

**Massachusetts:** In Boston, it's illegal to take a bath unless you have been ordered to do so by a physician.

**Vermont:** Everyone in Vermont is required to take a bath once a week on Saturday night.



# Bathing & Safety

- The greatest danger in a bathroom comes when clients get in and out of the tub or shower. The risk of falling is high!
- As you assist clients in and out of the tub or shower, you are at risk for falling, too. Most of these “double” falls happen:
  - At the end of the bath when the client is tired and/or relaxed.
  - If a client’s physical condition has worsened.
  - While transferring a client out of a tub—because the client’s body, the tub, *and* the floor are wet and slippery.
- Your clients may be *physically* dependent on you for help at bath time. For example, a client with arthritis may not be able to turn the water faucets on and off. A client may also be *psychologically* dependent on you. For example, he or she may be afraid to take a bath alone for fear of falling.

**Whether the problem is physical, psychological, or both, keep each client’s safety in mind at all times. Try following these tips:**

- Wear rubber-soled shoes when assisting clients at bath time.
- If you work in clients’ homes—and have access to a cell phone—consider keeping it in the bathroom during bath time. You’ll be able to call for help if you and/or the client falls down.
- Make sure there are non-skid mats on the inside *and* the outside of the tub or shower.
- Keep the bathroom well-lit during bath time. Make sure it is well-ventilated, too, so that the room doesn’t become too hot. (You—and your client—may become faint in the heat.)
- Remember that older people are more sensitive to heat and cold. Test the temperature of the water before your elderly clients get into the tub or

shower. If you use a bath thermometer, it should read between 105 and 110 degrees F. After reading the thermometer, test the water on the inside of your wrist...and consider asking your client to do the same.

- If the bath area is equipped with an emergency call button, make sure your client knows how to use it.
- Never let a client grab onto a towel bar or a soap dish for support. These items are not meant to hold a person’s weight and could pull right out of the wall.
- Empty the tub before you help your client out of it. Getting out of an *empty* tub is easier than getting out of a filled one.



- Every year, as many as *seventy* senior citizens die after being burned by hot water in the bathtub.
- If people are exposed to 180 degree water for just one second, they will develop deep third degree burns. Water this hot can also cause someone’s skin and toenails to peel off.
- Every day, one American dies from an accident in the bathtub or shower.

# Tools & Equipment For Bath Time

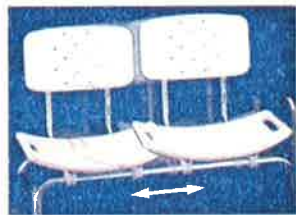
Studies have shown that most elderly people with disabilities do not have the necessary safety equipment installed in their bathrooms. For example:

- 68% do *not* have grab bars.
- 80% do *not* have a raised toilet seat.
- 46% do *not* have a non-slip bath mat.

***Be sure to notify your supervisor if you notice safety hazards in your client's bathroom!***

## Transfer Benches

- A transfer bench sits partway outside and partway inside a bathtub. Your client sits on the bench and gradually slides his body inside the tub.



- Transfer benches come in various sizes. Some can be adjusted to different heights. Some have backrests. Most transfer benches have rubberized legs so they may be positioned securely inside the tub.

## Grab Bars

- Grab bars come in various designs, including:
  - Horizontal.
  - Vertical.
  - Diagonal.
  - Wrap Around.
- They may be mounted to the wall, floor, ceiling, or tub.
- Some bars have ridges in the metal or are covered with vinyl to make them easier to grab.



- Grab bars don't do any good if they are placed too high or too low for clients to reach. Most people need bars installed in two different positions: one for use in getting in and out of the tub in a standing position; and one for lowering or raising the body from a seated position.

## Handheld Showers

- Some clients may benefit from a handheld shower. They may find it easier to clean themselves if they are able to direct the water onto "hard to reach" body parts.



## Shower Chairs

- If your clients enjoy taking a shower, but are unable to stand for long periods of time, a shower chair may be the answer.



## Other items that may make bath time safer for your clients include:

- Mechanical or hydraulic bath lifts.
- Special adapters for turning on water faucets.
- Long-handled sponges.
- Wash mitts.
- Floor-to-ceiling grab poles.
- Foam faucet protectors (to cushion fixtures in the tub).



## Questions & Answers About Bathing

### Q: What are some tips for bathing a baby?

A: Make sure you have all your supplies within reach before starting the bath—since you must never leave a baby alone in or near a bath. Use a mild soap and a soft washcloth. Avoid tub baths for a newborn until his cord stump falls off (and circumcision heals). Remember to take time during the bath to hold, cuddle, and talk to the baby.

### Q: How does the skin change as we age?

A: As people get older, the skin becomes thinner and develops fine wrinkles. Many people develop “age spots” which look like large freckles. The glands that produce oil become less active, so the skin contains less moisture. Elderly people often have dry, fragile skin that can be torn or injured easily.

### Q: Isn't bath time a good time for nail care?

A: Bath time is a great time to clean your client's nails. However, be sure to follow your workplace policy about trimming and filing nails. Some clients, especially diabetics, must have their nails trimmed by a nurse or doctor.

### Q: What if I'm ordered to give a bed bath but the client, Mr. Brown, wants to get in the tub?

A: You should explain to Mr. Brown that you need to follow your orders as written in his plan of care. Remind him that the plan of care was created with his best interests in mind. Tell Mr. Brown that you will ask your supervisor if the orders can be changed to a tub bath for next time. (Remember, though, that Mr. Brown has the right to *refuse* care. You must not force him to have a bath if he refuses. Be sure to notify your supervisor whenever a client refuses a bath.)



### Q: What's the best way to document personal care?

A: Your supervisor can tell you the forms needed to document personal care at your workplace. Many facilities use flow sheets. Home health agencies usually use visit notes. Be sure to document exactly what you did, including: the type of bath provided, the client's level of participation, and anything unusual that you observed.

### Q: What's the deal with home health clients on Medicare needing to have a bath?

A: As a home health aide, have you ever heard that you must get your Medicare client “wet” during each visit? Here's the deal: Medicare clients may receive assistance from a home health aide only when they are *acutely* ill. They must have a *temporary* medical problem causing them to need help with their personal care. This personal care must include some type of full or partial bath during every visit or Medicare will not pay for the aide's time. So, if your client refuses a bath or a family member has already done the bath when you arrive, let your supervisor know before you begin your client care. You may be asked to skip your visit that day. (NOTE: This “rule” does not apply to Medicare clients receiving *hospice* care.)



**intheknow** CAREGIVER TRAINING  
 A home care/pulse COMPANY

*A Client Care Module:*  
**Bathing Tips**

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test in employee's personnel file.**

**Are you "In the Know" about bathing your clients? Circle the best choice or fill in your answer. Then check your answers with your supervisor!**

- TRUE or FALSE**  
 If your clients have dry skin, you should add bath oil to their tub baths.
- TRUE or FALSE**  
 A client with Alzheimer's disease may be afraid of everyday things like running water or a bar of soap.
- TRUE or FALSE**  
 The most important areas to clean during a partial bath are the face, underarms, buttocks, and genital area.
- TRUE or FALSE**  
 A sitz bath is used to soak a client's feet and lower legs.
- One purpose of a bath is to:**
  - Keep the skin from becoming dry by soaking it in water.
  - Give nursing assistants something to do.
  - Remove dirt and dead skin cells from the body.
  - Decrease blood flow in the body.
- During bath time, you should observe your clients for:**
  - Moles that are changing shape.
  - White lice eggs in the hair.
  - Cracked skin between the toes.
  - All of the above.
- To avoid infection, the perineal area should be washed from \_\_\_\_\_ to \_\_\_\_\_.**
- Grab bars:**
  - May be placed horizontally, vertically, or diagonally.
  - Help clients gradually slide their bodies into a bathtub.
  - Direct water to hard-to-reach body parts.
  - Are never used in showers.
- TRUE or FALSE**  
 Brushing a client's hair too often can cause pressure sores on the scalp.
- The risk of falling is high when clients get \_\_\_\_\_ or \_\_\_\_\_ of a bathtub.**





*A Patient Rights Module:*  
**Maintaining Confidentiality**

**COURSE OUTLINE**

What Is Confidentiality?	2
How Confidentiality Is Broken	3-4
Know the Law! HIPAA and HITECH Exceptions	5
How Do You Do It?	6
Confidentiality in Small Communities	7
Q & A	8
Final Tips!	9
	10

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
 Expires 12/31/2023  
**IMPORTANT:**

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

**In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.**

**LOTTI GETS IT ALL WRONG!**

Mindy, a nursing assistant, cares for Lotti, a 79 year old woman who suffers from severe arthritis.

While providing care for Lotti one day, the supervising nurse stops by to do a routine assessment. Just before she leaves, Mindy asks the nurse for some information about another client named Phil who she is going to see next.

The nurse and Mindy step into the hallway. They assume no one can hear their conversation as they discuss Phil's condition.

When the nurse and the aide leave, Lotti calls the Pastor at the church that both she and Phil attend. She tells the Pastor that Phil is near death and that he should come for a visit right away. She doesn't tell the Pastor how she got this critical piece of information.

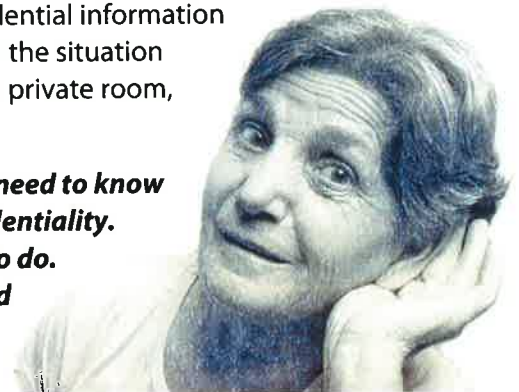
When the Pastor arrives, he offers his condolences to Phil's wife . . . who immediately becomes alarmed and confused.

It turns out that Phil is not near death. In fact his condition is improving. Lotti heard enough of the conversation to identify the client, but got the details all wrong.

The source of information was traced back to the conversation between Mindy and the nurse. Mindy and the nurse were written up and later fined \$250 each for HIPAA violations.

While Mindy and the nurse did not know Lotti could hear them, the hallway is never a secure place to exchange confidential information about clients. They could have avoided the situation entirely by having the conversation in a private room, behind a closed door.

**Keep reading to learn everything you need to know about maintaining your clients' confidentiality. You'll learn what to do and what not to do. And, you'll learn all about the laws and consequences that are in place to protect clients.**





## WHAT EXACTLY IS CONFIDENTIALITY?

As a healthcare worker, you are trusted each day with confidential information about your clients.

As a nursing assistant, you spend more time with your clients than anyone else on the healthcare team. This helps you develop a close relationship with your clients. Your clients feel safe telling you personal details about their lives and their health because they know you will keep it to yourself.

Now, be honest. Have you ever discussed a client's private information with your family or laughed about a client with a group of co-workers? Most health care workers would probably answer "yes."

Unfortunately, it is easy to break confidentiality if you're not careful. So what exactly *is* confidentiality? **Confidentiality means that:**

- Your clients and your co-workers expect you to keep their personal information to yourself—and you expect the same from them.
- You guard information about your clients ALL THE TIME, even in the privacy of your own home.
- When you keep personal information safe, your clients come to trust you. This trust is an important part of your relationship with your clients.
- Healthcare organizations must *promise* clients that their medical information will be kept safe. This promise is included in the Patient's Bill of Rights in all healthcare facilities. Be sure you understand the Patient's Bill of Rights where you work.

## CONFIDENTIALITY VS. PRIVACY

It is easy to confuse confidentiality and privacy. They are very similar, but confidentiality usually applies to medical records and ensuring that information is available only to those who are allowed to see it. For example:

- Maintaining your clients' **confidentiality** involves keeping their medical records away from anyone who does not have the right to see them and never discussing their diagnosis with someone who is not a part of their healthcare team.
- Maintaining your clients' **privacy** has to do with things like not touching their personal possessions, not listening to their private conversations with others, and not entering their rooms or personal space without their permission.



## Key Terms

- **Breach of confidentiality** is sharing verbal or written information regarding a client with someone who is *not* on the care team of the client—or who does not have signed permission from the client to have that information.
- **Informed consent** is when a resident or client acknowledges and allows the release of information to other parties. This permission is given by filling out a legal consent form, which becomes part of the resident or client's permanent record.
- Private healthcare information should be available only on a **"Need-To-Know"** basis. This means that each person on the care team should only have access to information that he or she needs to know to carry out the plan of care.

### WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!





## THEY DID WHAT?

### TRUE STORIES OF BREAKS IN CONFIDENTIALITY

- A hospital in Michigan accidentally posted the medical records of thousands of patients on the internet.
- Four hospital workers (including two nurses) in California took pictures of a dying man and posted them on Facebook.
- A children's hospital in California accidentally sent 6 faxes containing private health information to an auto mechanic's shop.
- The health insurance claims forms of thousands of patients blew out of a truck on its way to a recycling center in Connecticut.
- A patient in a Boston area hospital discovered that her medical record had been read by more than 200 of the hospital's employees.

## HOW CONFIDENTIALITY IS BROKEN

**There are a few common ways that healthcare workers breach confidentiality. See if you can spot the mistakes these nursing aides made:**

### 1. TALKING IN FRONT OF A CLIENT

A client, Mrs. Jones, had been unconscious for several weeks. Two aides, Sally and Mary, were working together to bathe Mrs. Jones. During the bath, Sally told Mary that she overheard the doctor saying Mrs. Jones will die soon.

*Never talk about your clients in their rooms, even if they are unconscious or asleep. You don't know what your clients might be able to hear.*

### 2. TALKING TO CO-WORKERS

During a lunch break with five other nursing assistants, Jim told a story about his client, Mr. Smith. Jim said Mr. Smith was very forgetful and kept trying to eat his dinner with a toothbrush instead of a fork. The whole group laughed at Jim's story.

*Even if it seems like a harmless story, avoid discussing your clients with other employees—unless they are part of the client's healthcare team. And then, do it in private, not at lunch. If Mr. Smith were your father, would you want a bunch of people laughing at him?*



### 3. TALKING TO OTHER CLIENTS

Susan's new client, Mrs. Brown, was a friend of Susan's neighbor. Susan told her neighbor that Mrs. Brown was pretty sick and would probably enjoy a visit.

*Even if you mean well, never discuss your clients with anyone outside of work, even your friends and family. They have no business knowing the names or condition of your clients.*

### 4. TALKING TO FAMILY MEMBERS

John had been caring for Mr. Carter for several weeks. Mr. Carter's daughter visited and asked John if her father's blood pressure was okay. John told her that Mr. Carter's pressure had been high recently because Mr. Carter was eating too many salty potato chips.

*If a client's family members ask you about the client's condition, it's best to suggest they get information from your supervisor or the doctor. The rule states that you can give information to a person who has a role in taking care of the patient if you believe that releasing the information is in the patient's best interest. However, it's not always easy to determine that on your own.*



## MORE WAYS CONFIDENTIALITY CAN BE BROKEN

### 5. UNSECURED ELECTRONIC MEDICAL RECORDS (EMR)

Jane works in a facility that uses computer charting. While charting at a mobile laptop station one day, Jane leaves to answer a call bell without closing the client's record and logging out of the system.

*Always close the record and log off when you leave a computer or anyone can walk up and read private information about your clients.*

### 6. MEDICAL RECORD LEFT IN PUBLIC PLACE

Sasha works in home health. Before visiting a new client, she receives a report with all the client's information, including name, age, medical condition, and care plan. Sasha makes a stop at a convenience store before going to the client's home and leaves the report in plain view on her passenger side seat.

*Never leave charts or papers out in the open where others can see. In facilities, never leave the nurses station with a chart in your hand.*

### 7. SHIFT REPORT SUMMARY THROWN IN PUBLIC TRASH CAN

Robert works in a facility where he receives a shift report summary before each shift. The summary lists the last names of the clients, their room and bed number, and any special care needs they have for the day. The policy at the facility is to shred the report at the end of the shift. One day, Robert forgets to shred it and just tosses it in a trash can in a public restroom on his way out of the facility.

*It is never appropriate to dispose of private healthcare information in a public trash can.*

### 8. MEDICAL RECORD "SNOOPING"

A local celebrity was admitted to a nursing home for rehabilitation after a stroke. After about two days in the facility, it was discovered that his electronic medical record had been accessed over 300 times. Since employees had to log in with a password, there was a record of every single person that looked at the chart. Those individuals who "snooped" were written up. The celebrity sued the facility and each individual involved.

*Information in the medical record is intended for healthcare workers who "need to know" only. If you are not caring for an individual, you have no business reading the chart.*



## TALK ABOUT IT!

You are caring for a client who has had a stroke and cannot speak. While you're feeding this client, a woman enters the room and asks how he is doing.

***What should you do? You may assume this is a family member and volunteer the information.***

- But, what if you find out later that this is a relative the family has tried to keep away from the client?
- Or, what if you learn later that this is a mentally ill person who was in the facility to visit someone else but got confused?

***How will you know if it is okay to give information about your client to this person? And, what information can you give?***

***Discuss your answers with your co-workers and supervisor and find out what they would do.***





## THE NEXT STEP!

The best way to learn a difficult concept is to learn it well enough to teach it to someone else!

***You have a client who is just being admitted. She has many papers to sign, including the HIPAA documents required by all healthcare providers.***

***She is not sure what it all means and asks you to help explain it to her.***

- On a separate sheet of paper, write a simple paragraph, with just 2 to 3 short sentences describing HIPAA to your client.

***Share your paragraph with your supervisor to make sure it is correct.***

***Ask your supervisor how he/she explains HIPAA to clients in a way that is easy to understand.***

## KNOW THE LAWS, HIPAA AND HITECH

If you've worked in healthcare longer than a minute, you've probably heard of HIPAA (which stands for **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct). HIPAA is the law which outlines the privacy rules that protect clients' medical records and information.

This law was developed by the U.S. Department of Health and Human Services and gives clients more control over how their personal medical information is used and to whom it can be given. A client must give authorization before any personal medical information can be given out.

### HIPAA guarantees clients the right to:

- Privacy.
- Receive a written Notice of Privacy Practices that describes how their information will be used.
- Access and copy their own medical records.
- Fix mistakes or information in their records that is not accurate.
- Request special instructions for how their information is sent to other places.
- Ask for limits on how their information is used and given out.
- Get a list of all non-routine times when their information may be given out.
- Complain about privacy violations to the institution and to the Department of Health and Human Services.

### The rules cover all forms of client information, like:

- Names.
- Social Security numbers.
- Addresses and phone numbers.
- Fax numbers.
- Email addresses.
- Medical record numbers.
- Dates of birth.
- Diagnoses.

### THEN CAME HITECH!

In 2009, The Department of Health and Human Services introduced The **H**ealth **I**nformation **T**echnology for **E**conomic and **C**linical **H**ealth (HITECH) Act. This Act gives HIPAA more teeth!

HITECH significantly increases the fines that may be issued for violations of the HIPAA rules and encourages quick and decisive action.

Prior to HITECH, fines were limited to \$100 for each violation or \$25,000 for all identical violations. Now there are tiered ranges of fines, with a maximum penalty of \$1.5 million and potential jail time. In addition, individuals who violate privacy laws can no longer claim they "didn't know" a violation occurred.



## EXCEPTIONS TO CONFIDENTIALITY

***Did you know that there are times when you are not required to keep a client's information confidential? Here are some examples of when you should share information:***

- You are caring for a client, Mrs. Adams. A doctor or nurse who has been treating your client asks for information about Mrs. Adams. You are allowed to share information with another healthcare provider who is treating your client.
- Your client, Mr. Johnson, has bruises that he did not have the day before. He had no injury that you know about, and when you ask him about it, Mr. Johnson gives you a suspicious reason for his injury. If you suspect your client is being abused, you should report it to your supervisor or the authorities.
- You are working in a nursing home caring for Mr. Sanders, a client with dementia. One day Mr. Sanders has an argument with another client and you hear him threaten to hit that client. If a client physically threatens to harm you, himself, or anyone else, you should report it to your supervisor.
- Your client, Mrs. Robertson, has been attempting to drive a car when she is unfit to drive. If your client is a danger to others, you should report it to your supervisor.
- You have a client, Mr. Anderson, who is having chest pains. In an emergency, you are allowed to share confidential information about your client with emergency personnel. You should report this to your supervisor and/or follow emergency procedures for your workplace.

## CONFIDENTIALITY AND MINORS

***In most states, children are considered minors until their 18th birthday. In general, while they are minors, their parents have the right to make decisions about their medical care and to be kept informed about their health and well-being. However, there are exceptions. For example, medical information may be withheld from parents:***

- When the parents agree that their child and a healthcare provider may have a confidential relationship.
- When a healthcare provider believes that a child may have been abused or neglected.
- When a child has been declared "independent" from his or her parents—either through court proceedings or by getting married.

The laws covering disclosure of information about minors to their parents vary from state to state. If you are unsure about specific laws in your state, check with your supervisor.



# GET OUT!

## THINK OUTSIDE OF THE BOX!

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a woman who was just discharged home. During a visit with your new client, a neighbor comes to visit.
- The neighbor tells you she has a friend who gets home visits from your agency. After a few minutes you realize you know her friend. She begins to ask questions about the friend's health.
- **WHAT YOU KNOW:** You know HIPAA laws require you to protect confidentiality. But, you feel this friend is just genuinely concerned.
- **GET CREATIVE:** Think of 3 creative replies you could use to (kindly) let this friend know that you are not at liberty to share any clients' personal information.
- **TALK ABOUT IT:** Ask your co-workers how they would solve this problem.





# THINK ABOUT IT!

## WHAT YOU DON'T KNOW

**Do you think you should be told if a client is HIV positive?**

- Do you believe you have the **right** to know this bit of private information—especially since you might be providing personal care to this person?

**Well, the answer is NO!**

You don't have the right to know if a particular client is HIV positive.

As healthcare workers, we protect ourselves from contagious diseases like AIDS by using Standard Precautions with EVERY client.

By treating all your clients as if they might have an infectious disease, you can protect yourself without knowing a particular client's HIV status.

## HOW DO YOU DO IT?

### CONFIDENTIAL DOCUMENTATION



**Which of the following do you think "qualifies" as confidential documentation?**

- A client's medical record.
- Your client care notes.
- A bulletin board listing each client and his or her diagnosis.
- The results of a co-worker's TB test.
- Your annual job evaluation.
- A client's address and telephone number.
- A copy of a doctor's order.

What's the right answer? **THEY ALL ARE!** Any personal information about you, your clients, or your co-workers should be kept confidential. This means keeping medical records and personnel files in locked cabinets, locked rooms, or in supervised areas.

### CONFIDENTIALLY SPEAKING

**Remember to be careful when you are talking about your clients. Before speaking, ask yourself:**

- Is what I have to say confidential information?
- Is the person I am speaking to part of the client's healthcare team?
- Am I in a private place or are there other people around me who shouldn't hear what I am saying?
- Am I sharing this information for the client's benefit? Or is it just "gossip"?

**What would you do if the following people asked you for information about your client?**

- Friends
- Partners
- Family Members

The answer is the same for all — politely ask them to speak to your supervisor. Just being a family member, partner, or friend does give someone the right to have information about your client.





## CONFIDENTIALITY IN SMALL TOWNS

***Maintaining confidentiality in a small community presents it's own unique set of problems.***

People who live in small communities are generally acquainted with everyone else in the area. When people are acquainted in this way, leaks in confidentiality can have serious consequences. For example:

- The local pastor at the church cannot afford to have his church members find out that he is suffering from a damaged liver after years of secret alcoholism.
- The second grade school teacher does not want her current or former students to know she has cancer.
- The man who owns the coffee shop would like to keep his family history of mental illness to himself.

It's important to be even more protective of your clients' confidential health information when you work in a small community.

If you grew up in a small community, you probably already know many of your clients and their families before they even need care. This can lead to a situation where boundaries can easily be crossed.

For example, you grew up with Loretta. You were friends all the way through high school. You spent the night at her house dozens of times. Now Loretta's grandmother is sick, and you are her caregiver.

You run into Loretta in the grocery store and quickly blurt out how happy you are to be able to take care of her grandmother. Loretta's aunt (whom you've never met) is with Loretta and begins asking probing questions about her mother-in-law's health. You provide information without considering confidentiality.

Later that night, you get a call from Loretta who is angry with you for talking about her grandmother to her aunt. It seems there is a family feud going on between the two women that you were not aware of, and now you're caught in the middle of it.

What's worse, you've possibly lost a friend . . . and Loretta's family could actually sue you for violating HIPAA laws.



## TIME TO LAUGH!

***Here is a quick little tip-a,***

***'Bout a law that's known as HIPAA.***

***My advice is to try,***

***Really hard to comply,***

***Or else a new one they'll rip ya!***

~ Michael Devault

\*\*\*\*\*

***What do you call someone who complains incessantly about HIPAA?***

HIPAAchondriac

***What do you call urgent HIPAA issues?***

HIPAAcritical

***What is the disease you get from too much HIPAA?***

HIPAAatitis

***What do you call someone who is delighted with HIPAA?***

HIPAA-go-lucky

~ D. Hager, Paramedic



## FIVE KEY POINTS!

### REVIEW WHAT YOU LEARNED!

1. Confidentiality involves keeping clients' medical information away from anyone who does not have the right to know it.
2. HIPAA is the law which outlines the privacy rules that protect clients' medical records and information.
3. Your clients feel safe telling you personal details about their lives and their health. They trust that you will keep it to yourself.
4. Healthcare workers who breach confidentiality can be fined, lose their license, and even be put in jail.
5. Your clients' medical information is something they own. You wouldn't take a client's clothes and pass them around to other people. So, don't pass around a client's private information either.

## CONFIDENTIALITY Q & A

### Q. Why is confidentiality such an important part of your relationship with your clients?

- A. Remember that clients have to talk to you about private things such as pain, skin rashes, bowel movements, and urination. Think of how embarrassing it would be if it was announced to everyone at work that you had three loose bowel movements today! You would never want to tell anyone about your bowels ever again. If a client believes he can trust you to keep his information confidential, he will continue telling you how he feels. If you break confidentiality, the client might stop telling you when his condition changes. That could be dangerous for the client!

### WHAT WOULD YOU DO IF . . .

#### Q. Pretend your client, Mr. Brown, tells you that he has fallen down three times in the last few days. He asks you not to tell his daughter or anyone else since he doesn't want to worry anyone. He says he knows he can trust you to keep it a secret. What would you do?

- A. You need to tell Mr. Brown that it is your duty to report any changes in his condition to your supervisor. You want him to continue trusting you, but you must tell your supervisor about the falls. Remind Mr. Brown that you want what is best for him and that his safety is your responsibility. Tell him that you will not say anything to his daughter, only to your supervisor. Report the client's condition to your supervisor, but be sure to say that you were not present when he fell. Also, let your supervisor know that Mr. Brown is worried about his daughter finding out. Your supervisor will follow up with the client according to policy.

#### Q. Let's say that a fellow employee tells you in private that she may have a drinking problem. While there have been no problems with her client care, you are afraid there might be, so you tell your supervisor what she said. Your supervisor fires the employee immediately. Have you broken confidentiality about your co-worker?

- A. This is a difficult situation, but, yes, you have broken confidentiality. Your fellow employee could sue you for not keeping the secret, saying you caused her to lose her job. However, you also have a responsibility for keeping clients safe. Instead of telling the supervisor yourself, you might try encouraging the co-worker to talk to the supervisor about her drinking problem. Some workplaces have programs to help employees with drug or drinking addictions. (NOTE TO INSTRUCTOR: Obviously, this is a complex issue. You may want to explore it further based on your workplace policies.)









*A Patient Rights Module:*  
**Maintaining Confidentiality**

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test in employee's personnel file.**

**Are you "In the Know" about confidentiality? Circle the best choice or fill in your answer. Then check your answers with your supervisor!**

- Clients have the right to confidentiality as stated in the:**
  - A. Patient Privacy Act.
  - B. Patient Bill of Confidentiality.
  - C. Patient Bill of Rights.
  - D. Insurance Agreement Act.
- Someone who breaches confidentiality may be:**
  - A. Fired.
  - B. Put in jail.
  - C. Fined.
  - D. All of the above.
- Your client is complaining of chest pains. You call 911 on his behalf. The operator begins asking you questions about his medical history, you should:**
  - A. Hang up and have your supervisor make the call.
  - B. Provide the information because it's an emergency situation.
  - C. Put the client on the phone to give consent for you to speak for him.
  - D. Politely refuse to provide your clients personal health information.
- The best place to discuss your clients with other co-workers is:**
  - A. In the hallway.
  - B. In the cafeteria.
  - C. In a private room with a closed door.
  - D. In the employee break room.
- True or False**  
 Breach of confidentiality is when a client acknowledges and allows the release of information to other parties.
- True or False**  
 You don't have the right to know if a particular client is HIV positive.
- True or False**  
 It's okay to discuss your client's health status with people who are directly involved in the client's care.
- True or False**  
 The HITECH Act of 2009 decreased the fines and penalties for HIPAA violations.
- True or False**  
 If you use a computer to chart, you should always log off before leaving the computer.
- True or False**  
 A copy of the client's care plan is considered confidential information.



**COURSE  
 OUTLINE**

<i>What Happens to the Brain?</i>	2
<i>Types of Dementia</i>	3-4
<i>Is it Dementia, Delirium or Depression?</i>	5
<i>The Stages of Dementia</i>	6
<i>Diagnosis and Treatment</i>	7
<i>Preventing Dementia</i>	8
<i>Common Challenges</i>	9-11
<i>Final Thoughts</i>	12

© 2021 In the Know

[www.knowingmore.com](http://www.knowingmore.com)

**Expires 12/31/2023**

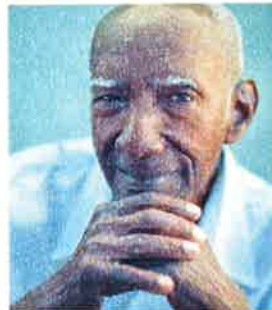
**IMPORTANT:**

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

**In accordance with industry standards, this inservice material expires on December 31, 2023.** After that date, you may purchase a current copy of the materials by calling 877-809-5515.

*A Disease Process Module:*  
**Understanding Dementia**

**IS IT OR ISN'T IT DEMENTIA?**



**Meet John.** John is a 71-year-old widower with Alzheimer's disease (AD, for short). He lives alone but his two grown sons live close by and visit often. Until recently, John's AD symptoms have been mild, mostly just minor forgetfulness.

Over the past three months, John's sons have noticed a decline in their father's abilities. He seems agitated and can't follow simple instructions. They suggest hiring an Aide to help with bathing and feeding, but John refuses.

One day, John's son receives a call from a neighbor who reports seeing John walking around the yard in just his underwear. When asked about the incident, John slurs and struggles to find the words, "I wanted to go for a walk but I couldn't find the gate to get out of the yard."

**And this is Lottie.** Lottie is an independent 83-year-old woman who lives at home with her adult granddaughter, Maria. Lottie is mentally sharp and physically strong.



One day, while fixing breakfast, Maria notices her grandmother seems quieter than usual. In fact, she doesn't even answer when Maria asks if she would like tea or coffee. She just glances at Maria, then looks away.

Later, Lottie declines to go on her usual morning walk, even though it is her favorite part of the day. And that afternoon Maria finds her grandmother sitting on the sofa, struggling to get up. She approaches her to help but Lottie shoves Maria out of the way and yells, "You're trying to kill me!"

"I'm not. It's me, Gram. I love you." Maria says. "Leave me alone!" Lottie shouts.

Maria is unsure what to do, so she phones the doctor's office and describes the situation to the nurse.

**Do you think John and Lottie are showing signs of dementia? Keep reading to learn what dementia is . . . and what it is not! In addition, you will find lots of practical information on how to best care for clients like John and Lottie when they show symptoms of dementia.**

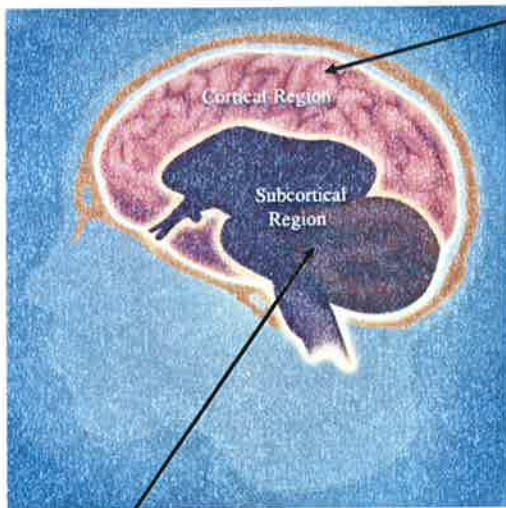


# WHAT HAPPENS TO THE BRAIN?

Dementia isn't a specific disease—it's a **group of symptoms**. Depending on the type and the underlying cause, dementia can affect the way a person thinks, functions and the way he or she interacts with others.

## What's happening in the brain of someone with dementia?

**There are two areas of the brain that, when affected, can cause dementia—the cortical region and the subcortical region.**



**Cortical Dementias** come from a disorder that affects the cerebral cortex, (the *outer* layers of the brain).

This area of the brain plays a critical role in memory and language.

People with cortical dementia typically have:

- Severe **memory loss**, and
- **Aphasia** (the inability to recall words and understand language).

**Subcortical Dementias** result from damage *deeper* in the brain. People with subcortical dementias tend to show:

- Changes in their **speed of thinking**, and
- Difficulty **starting activities**.

**Vascular Dementias** include damage to **both parts of the brain**. This type of dementia is common following a series of small strokes.

**The most common causes of dementia are Alzheimer's disease and having multiple strokes.**

## WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



## The Facts

- At least 25 percent of people over the age of 75, and 40 percent of people older than 80 years of age have some form of dementia.
- Although dementia mainly affects older people, it is **not a normal part of aging**.
- Worldwide, nearly 8 million new cases of dementia are diagnosed each year. That's one new diagnosis every four seconds!
- The number of people with dementia is expected to nearly double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050.
- Most people with dementia are cared for by loved ones in the home—and the responsibilities can be overwhelming. Caring for a loved on with dementia can be physically, emotionally and financially challenging.





## WHAT EXCITES YOU?

### WALK AWAY FROM DEMENTIA

A new study from the University of Pittsburgh found that walking about a mile a day, at least six days a week seems to protect against brain shrinkage, which in turn may slow and even prevent dementia.

#### *It shrinks? Yes, indeed!*

Brain size tends to shrink in late adulthood and can lead to the onset of dementia.

#### *Why does walking work?*

Researchers think that when people walk, their hearts pump more blood to their brains. The increased blood flow to the brain helps keep it healthy by providing nutrients and removing toxic waste products.

***So lace up those shoes and get yourself and your clients moving!***

## A CLOSER LOOK AT CORTICAL DEMENTIAS

***Alzheimer's, Pick's disease, and Creutzfeldt-Jakob disease all affect the cortical region (outer layer) of the brain and cause the characteristic problems with memory and aphasia.***

**ALZHEIMER'S DISEASE:** By far, the most common cause of dementia is Alzheimer's disease—or AD, for short. Alzheimer's disease is an irreversible disorder of the brain.

- Dementia caused by AD usually begins *gradually*. The first sign is often a decline in short term memory.
- Eventually, people with Alzheimer's disease lose the ability to take care of their personal needs—and even become unable to walk.

**PICK'S DISEASE:** Pick's disease, also called Frontal dementia, is a rare brain illness that causes dementia. The symptoms of Pick's disease are similar to Alzheimer's disease: memory loss, inability to concentrate, changes in behavior, deterioration of language skills and problems performing personal care. However, there are some major differences between Alzheimer's and Pick's disease, including:

- People usually develop Pick's disease before age 70.
- In Pick's disease, behavioral changes—including being socially and sexually inappropriate—are often an early symptom. These behavior problems occur even though the person's memory has not deteriorated.
- Another early symptom of Pick's disease is the inability to speak so that others can understand—even though the memory is intact.

**CREUTZFELDT-JAKOB DISEASE (CJD):** CJD is a rare condition, affecting about 200 Americans each year. Unfortunately, there is no treatment, and nearly all patients with CJD die within one year.

- In the early stages of CJD, people experience personality changes, impaired memory and lack of coordination. As the disease progresses, the dementia worsens rapidly. People suffering from CJD may also lose the ability to move, speak and even see.
- There is no test for diagnosing CJD, and the only way to confirm a diagnosis of CJD is by doing an autopsy after death. The disease causes the brain to develop holes where nerve tissue used to be, giving the brain a "sponge-like" appearance.



# A LOOK AT SUB-CORTICAL DEMENTIAS

**Dementias that arise from the sub-cortical region (deeper in the brain) include Parkinson's, Huntington's Disease and AIDS dementia complex. These dementias cause changes in personality and a slowing down of thought processes. Language and memory remains largely unaffected.**

**PARKINSON'S DISEASE:** People diagnosed with Parkinson's disease have a shortage of dopamine. This brain chemical controls muscle activities, emotions and thought processes.

- Without dopamine, people with dementia related to Parkinson's disease may have slow or even slurred speech. In addition, people with PD often experience "freezing" or difficulty starting an activity.

**HUNTINGTON'S DISEASE (HD):** Huntington's Disease is a progressive brain disorder caused by a defective gene.

- This disease causes changes in the central area of the brain which affect movement, mood and thinking skills.

**AIDS DEMENTIA COMPLEX (ADC):** ADC is a type of dementia that occurs in advanced stages of AIDS. HIV experts believe that dementia in the late stages of AIDS occurs when the virus itself inflames or kills nerve cells in the brain.

- Progression of ADC is different for everyone affected. Symptoms can develop quickly or slowly, but generally affect four different areas of brain function, including: 1) thinking abilities, 2) behavior, 3) coordination and movement and 4) mood.

## COMBINED CORTICAL AND SUB-CORTICAL DEMENTIA

**VASCULAR DEMENTIA, AKA MULTI-INFARCT DEMENTIA (MID):** MID is mental deterioration caused by a series of strokes in the brain. These strokes are more common among men and usually begin after age 70.

- Depending on the part of the brain affected, people may lose specific functions, such as the ability to count numbers or read. People with MID may also have more general symptoms, such as disorientation, confusion and behavioral changes.
- In general, people with MID decline in "steps". Each stroke causes more damage, but, in between strokes, they may experience periods of stability or slight improvement.
- MID is not reversible or curable, but controlling problems like high blood pressure or diabetes may prevent more strokes from happening.



## CONNECT IT!

Think about a client you care for right now who suffers from symptoms of dementia.

**What symptoms do you see? (problems with memory, thinking, speaking, following instructions, etc.)**

---



---



---

**Do you know what caused your client's dementia? If not, can you make a guess based on the symptoms you see?**

---



---



---

**Skip ahead to page 6 and see if you can determine what stage of dementia your client is in.**

---



---



---



## IS IT DEMENTIA, DELIRIUM OR DEPRESSION?

Dementia can often be mistaken for delirium or depression since the symptoms can be similar or overlapping. Unfortunately, a delayed or missed diagnosis of dementia can delay treatment. Here are some guidelines to help you distinguish between dementia, delirium and depression:

	DEMENTIA	DELIRIUM	DEPRESSION
<b>How does it start?</b>	Slowly, then get's worse over time.	Suddenly.	Suddenly, usually related to a specific event.
<b>How long does it last?</b>	Usually permanent.	A few hours to a few days.	Can come and go, or can be persistent or chronic.
<b>What time of day are symptoms worse?</b>	No change throughout the day.	Worse at night, sleep-wake cycle may be reversed.	May have insomnia.
<b>How is the person's thinking, memory and attention?</b>	Has trouble with judgment and memory. May have trouble understanding simple instructions.	Has trouble with memory and difficulty paying attention.	May complain of memory loss, forgetfulness and inability to concentrate.
<b>What is the person's activity level?</b>	Unchanged from usual behavior.	Activity levels may increase or decrease and may fluctuate throughout the day.	Lack of motivation, tired, restless or agitated.
<b>What does the person's speech sound like?</b>	May struggle to find words.	It may sound like paranoid rambling or may be confused and jumbled.	May be slow to understand and respond during conversations.
<b>How is the person's mood?</b>	Depressed, uninterested in usual activities.	Rapid mood swings, fearful, suspicious.	Extreme sadness, anxiety and irritability.
<b>Are there any delusions or hallucinations?</b>	There may be delusions, but no hallucinations.	The person may see, hear or feel things that are not really there.	The person may have delusions about worthlessness.
<b>Can it be treated?</b>	Rarely. Most dementias get worse over time. (However, treatment <u>may</u> slow down the disease.)	Yes, if the underlying cause is found and treated.	Yes, medication and therapy can help.

**WHAT DO YOU THINK?** Look back at John and Lottie from the beginning of this inservice module. Try to determine if they are suffering from dementia, delirium or depression. Pay attention to whether the symptoms are gradual or sudden. What does their speech sound like? How is their thinking or memory? Discuss your ideas with your supervisor and co-workers. Find out what they think.





# THE THREE STAGES OF DEMENTIA

**EARLY STAGE:** People in the *early* stage of dementia may show signs of a gradual decline, such as:

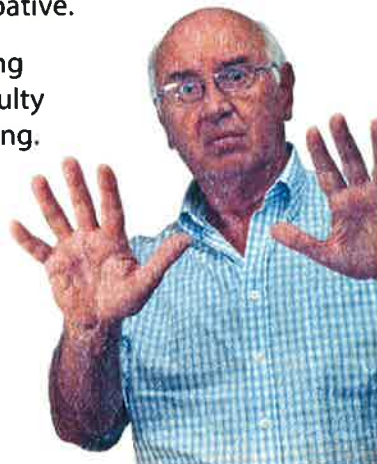
- Becoming more forgetful of details or recent events.
- Misplacing objects frequently.
- Losing interest in hobbies or activities.
- Being unwilling to try new things.
- Showing poor judgment and making poor decisions.
- Taking longer to do routine tasks.
- Repeating themselves during conversations.
- Having trouble handling money.
- Blaming other people for “stealing” from them.
- Becoming less concerned with other people’s feelings.

**MODERATE STAGE:** During the moderate stage of dementia, the problems become more obvious, such as:

- Being very forgetful of recent events.
- Becoming confused about time and place.
- Getting lost in familiar surroundings.
- Forgetting names of friends or family members.
- Seeing or hearing things that are not there.
- Neglecting personal hygiene.
- Forgetting to eat.
- Behaving inappropriately, such as going outside without clothes.
- Wandering.

**SEVERE STAGE:** People who have severe dementia are in the third stage and need total care. Their symptoms may include:

- Being unable to remember things, even for a few minutes.
- Losing their ability to understand or use speech.
- Being incontinent.
- Showing no recognition of family or friends.
- Needing help with all their personal care.
- Being restless, especially at night.
- Becoming aggressive or combative.
- Having difficulty walking.



## THINK ABOUT IT!

### DEMENTIA’S TOP 10 WARNING SIGNS

1. New or worsening memory loss.
2. Problems performing everyday jobs.
3. Forgetting simple words.
4. Confusion about time and place/getting lost in familiar locations.
5. Poor or impaired judgment.
6. Problems with abstract thinking.
7. Misplacing items.
8. Rapid mood swings.
9. Changes in personality—such as paranoia or fearfulness.
10. A loss of initiative—may become very passive and avoid social activities.

*If you notice these signs developing in your clients, report the situation to your supervisor. Your observation may help them receive an early diagnosis—and treatment—for dementia.*



## WHAT IS THE MMSE?

The Mini-Mental State Exam (MMSE) is a quick test that looks at the symptoms of dementia. **Here are a few things the MMSE tests:**

### • ORIENTATION

What is your name?

How old are you?

What day is it?

What season is it?

### • ATTENTION SPAN

"Spell a word such as "WORLD" forward, and then backward."

### • MEMORY

"I'm going to tell you three words. They are Bird, Car and Door. Can you repeat those words back to me?" Then the provide will ask for those words again after 5 minutes.

### • LANGUAGE FUNCTION

The person will be asked to read a sentence out loud, then write a sentence.

### • JUDGMENT

"If you found a driver's license on the ground, what would you do?"

## HOW IS DEMENTIA DIAGNOSED?

Currently, there is no one test that spots dementia. However, the ability to diagnose dementia has improved a lot in the past few years. Now, many physicians have enough firsthand experience to allow them to distinguish Alzheimer's disease from other similar conditions in 8 out of 10 patients.

To help them make a diagnosis of dementia, physicians will:

- Perform a thorough physical examination.
- Ask the person to complete a variety of mental status tests, such as the Mini Mental Status Exam (see side bar).
- Look for the signs and symptoms of dementia.
- Try to rule out all the conditions that mimic dementia. This may involve ordering blood work and/or other tests such as CT, PET or MRI scans.

## HOW IS DEMENTIA TREATED?

The treatment for dementia depends on what is happening in the brain to cause the symptoms of dementia. If the doctor can pinpoint the cause, the dementia can sometimes be reversed. For example, the doctor may prescribe:

- Vitamins for a B12 deficiency.
- Thyroid hormones for hypothyroidism.
- A change in medicines that are causing memory loss or confusion.
- Medicine to treat depression.

If the dementia cannot be reversed, treatment involves helping the person remain as comfortable and independent as long as possible. The treatment plan may include:

- Counseling or therapy that can teach the person new ways to remain independent.
- Medications like Aricept, Exelon or Namenda. These medicines are generally used to treat Alzheimer's disease, but can also ease some of the symptoms of dementia.
  - **Side effects** of these drugs may include dizziness, headache, confusion, nausea, vomiting and diarrhea.
- Antipsychotics or antidepressants to help control mood or behavior problems.
  - **Side effects** of these medications may include drowsiness, dizziness when changing positions, blurred vision, rapid heartbeat, sensitivity to the sun and skin rashes.

# CAN DEMENTIA BE PREVENTED? YOU BET IT CAN!

**Remember, the most common causes of dementia are Alzheimer's disease and having multiple strokes. The good news is that there are things that can be done to prevent AD and strokes! Here's what researchers know:**

## PREVENTING ALZHEIMER'S DISEASE

There are certain factors that put people at risk for developing AD that cannot be changed. For example, you cannot change your age or your genetics.

**But, there are other factors that can be controlled!**

A growing mountain of evidence now suggests that the same *lifestyle changes* doctors recommend to prevent or control diabetes, heart disease and obesity can also *delay the onset* of Alzheimer's Disease!



**HEALTHY DIET:** Eating plenty of fruits, vegetables, and whole grains, plus foods that are low in fat and sugar can reduce the risk of many chronic diseases. Now, studies are beginning to suggest this can also reduce the risk of developing AD!

**EXERCISE:** Researchers know that physical activity is good for the brain as well as the heart and the waistline! One study found that the risk of developing AD was 40 percent lower in people who exercised at least 15 minutes a day, 3 or more times a week!

## PREVENTING STROKES (CVAs)

Just like Alzheimer's disease, there are some factors that put people at risk for strokes that cannot be changed, including age, gender, genetics and having had a previous stroke.

**But, risk factors that people can control include:**

**High Blood Pressure**—High blood pressure is the most important risk factor for a stroke. Many people believe that because more and more people are being treated for high blood pressure, fewer people are dying from CVAs.

**Cigarette Smoking**—In recent years, studies have shown that cigarette smoking **DOUBLES** a person's risk for stroke. Also, the use of birth control pills *combined* with cigarette smoking greatly increases the risk of stroke.



**Diabetes**—Diabetes is a risk factor for stroke and is strongly related to high blood pressure. While diabetes is treatable, having it increases a person's risk of stroke. In addition, people with diabetes are often overweight and have high cholesterol, increasing their risk even more.

**Carotid artery disease**—There are arteries in the neck that supply blood to the brain called carotid arteries. A carotid artery that becomes blocked by a blood clot or by cholesterol can result in a stroke.

**Heart disease**—A diseased heart increases the risk of stroke. In fact people with heart problems have more than twice the risk of stroke as those with hearts that work normally. Atrial fibrillation (rapid beating of the heart's upper chambers) raises the risk for stroke. Heart attack is also the major cause of death among survivors of stroke.



## CHALLENGES FOR PEOPLE WITH DEMENTIA: DEALING WITH CATASTROPHIC REACTIONS

***Catastrophic reactions are emotional (and sometimes physical) outbursts that seem inappropriate, irrational and/or “completely out of the blue.”***

These outbursts can be triggered by a:

- Certain person.
- Memory.
- Sudden change in activity or environment.
- Task that is overwhelming.
- Difficulty expressing a feeling or communicating a need to the caregiver.

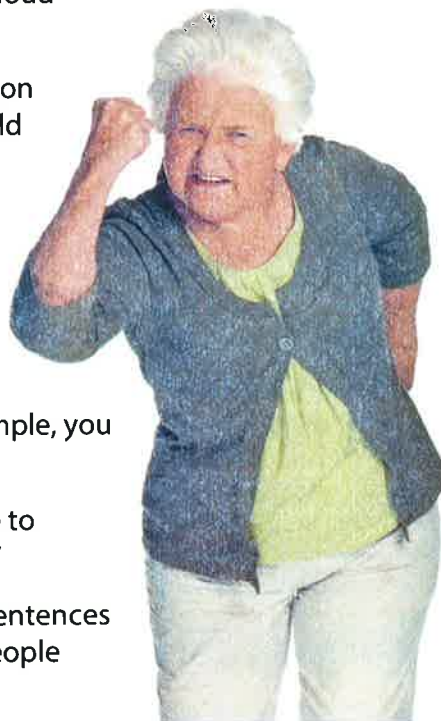
### WHY DOES IT HAPPEN?

People with dementia can easily become overwhelmed by routine activities. And making matters worse, the damage in the brain that is typical of people with dementia often leaves the person with **a limited set of emotions** to call upon when things get tough.

Panic and anger are the easiest “go-to” emotions when frustration, information overload, or trouble communicating arises.

#### ***How you can help . . .***

- Pay attention to the “who, what and where” details when catastrophic reactions occur for your client, then try to avoid those triggers.
- Keep distractors that aggravate your client to a minimum—such as televisions or radios on in other rooms, loud telephones and certain people .
- Never argue or try to reason with a person during a catastrophic reaction. This could make the situation worse.
- If your client does not present a danger to himself or to others, observe from a safe distance and allow him to settle on his own.
- Observe body language and help your clients identify their emotions. For example, you might say “*You seem angry, can I help?*”
- Provide frequent reassurance: “*I’m here to help,*” and “*Everything is going to be OK.*”
- Always speak in short uncomplicated sentences to avoid confusing or overwhelming people with dementia.



## TALK ABOUT IT!

You provide care for Jess, an 83-year-old woman with severe dementia.

When Jess’s symptoms first started, her daughter tried to take care of her at home. But the job was too much and the family decided to place Jess in your facility.

For the first few years, Jess’s daughter visited several times a week. But now that Jess doesn’t recognize her daughter anymore, she only visits once a month because it is just too sad and stressful.

***What would/could you say to Jess’s daughter to help her remain positive and supportive of her mother in this situation?***

***Talk to your supervisor, your co-workers, a social worker and even a chaplain to find out what they would say in a situation like this.***

# CHALLENGES FOR PEOPLE WITH DEMENTIA:

## PERSONAL HYGIENE AND PROBLEMS WITH SLEEP

### PERSONAL HYGIENE ACTIVITIES

***While most of us take getting bathed and dressed for granted, people with dementia can become confused by this rather complex process.***

If you think about it, there are probably one hundred small steps involved in washing, brushing your teeth, combing your hair and putting on clothes. Eventually, most people with dementia lose interest in personal hygiene. This may be because they:

- Have forgotten how to dress themselves.
- Don't like feeling out of control.
- Get anxious about being naked.
- Are afraid of getting wet.

#### ***How you can help . . .***

- Make sure the client's room is warm enough for getting dressed or undressed.
- Provide for your client's privacy.
- Try to use the same location each day for dressing and a *different* spot for undressing.
- Make sure your client's clothes fit comfortably and are not so long the client might trip.
- Simplify the dressing process by offering only a *few* clothing choices.
- If possible—and if your client seems to enjoy it—play calming music during bath time.
- Make sure the bathroom is warm and well-lit.
- Avoid mirrors if your client no longer recognizes him or herself.
- Try to schedule a bath during the time of day that your client is most relaxed.
- Let your client feel the water before getting into the bathtub or shower. Say something like, *"This water feels nice."*
- For additional tips, see the In the Know inservice entitled "Bathing Tips".

### PROBLEMS WITH SLEEP

***It is not unusual for people with dementia to have sleeping problems. These may come from:***

- Confusion about whether it's day or night.
- Frequent need to urinate during the night.
- Depression.
- Pain.
- Leg cramps or "restless legs".
- A disruption in their daily routine.
- Certain medications.
- "Sundowning," or restlessness, agitation and disorientation, usually at the end of the day.

#### ***How you can help . . .***

- Try increasing your client's level of activity during the day.
- Limit sugar and caffeine, especially late in the day.
- Keep afternoon and evening hours calm, filled with quiet activities only.
- Close the drapes and turn on the lights well *before* sunset. This cuts down on shadows which can add to confusion.
- Place a night light near the bed.
- Keep daytime clothing hidden at night. Your client may see the clothes and think that it's time to get up and get dressed.
- Some dementia clients enjoy soft music playing near their bed at night.







## FIVE KEY POINTS!

### REVIEW WHAT YOU LEARNED!

1. Dementia isn't a disease—it's a group of symptoms that can affect the way a person thinks, functions and the way he or she interacts with others.
2. The most common causes of dementia are Alzheimer's disease and having multiple strokes.
3. Dementia can often be mistaken for delirium or depression since the symptoms can be similar or overlapping.
4. There are some factors that put people at risk for developing dementia that cannot be changed. But, there are other factors like diet, exercise, diabetes and smoking that can be controlled!
5. During the early stage of dementia, it is best to focus on the person's remaining strengths . . . and not on what he or she is losing.

## CHALLENGES FOR PEOPLE WITH DEMENTIA: DIFFICULTY AT MEALTIMES

***A common problem for people with moderate to severe dementia is to have some difficulty at meal time. Why? There are a number of possible reasons, including:***

- Changes in appetite—either increased or decreased.
- Forgetting to eat.
- Being frightened by a noisy dining room.
- Confusion about how to use silverware.
- Too agitated to sit for an entire meal.
- Feeling rushed at meal time.
- Distracted by the table setting and/or environment.
- Forgetting how to chew and/or swallow.
- Confusion over too many food choices.

### ***How you can help . . .***

- Offer five to six small meals per day, rather than three larger ones.
- Remind your dementia clients that it is meal time.
- Demonstrate how to use silverware or offer foods that can be eaten easily with the fingers.
- Simplify the meal by using just one plate, one piece of silverware and just a few food choices.
- Avoid tablecloths and dishes that are patterned as they may be too distracting.
- Reduce the amount of noise in the dining area to avoid frightening your dementia clients.
- If possible, serve foods that are familiar to your client.
- Check the temperature of foods before you serve them.
- Avoid using foam cups—dementia clients may try to eat them.
- Use bowls rather than plates to make it easier to get food onto a spoon.
- Demonstrate how to chew and say “chew now” in a friendly tone of voice.
- To encourage clients to swallow, stroke them gently on the throat and say, “swallow now”.
- Encourage your clients to finish one food completely before moving on to another. (Some people get confused by a change in texture.)
- Give your dementia clients plenty of time to finish their meal.
- Be sure to report any sudden changes in appetite or other eating difficulties. There may be a medical or treatable cause for the problem.



## FINAL THOUGHTS ABOUT DEMENTIA CARE

- **Focus on strengths!** Most types of dementia cause an inevitable decline of a person’s memory, intellect and personality. However, this usually occurs only in the middle to late stages. During the early stage of dementia, it is especially important to focus on the person’s remaining strengths . . . and not on what he or she is losing.
- **Last in, first out!** For most people with dementia, the things they learned most recently are the most easily forgotten. Allow your clients to focus on what they do remember.
- **Stimulate, don’t overwhelm.** There is a fine line between providing stimulation to people with dementia and overwhelming them. Get to know each client as an individual so you know what their limits are.
- **Childlike, not childish.** People with moderate to severe dementia tend to lose the ability to care for themselves. Just like small children, they need help with eating, dressing, walking and toileting. But, remember, just because some of their needs and behaviors may be childlike, they are not children. Be sure to treat them as adults; don’t patronize or “talk down” to them.
- **Personality Plus!** Typically, dementia tends to exaggerate personality traits that already existed. For example, someone who was bossy in his younger years may be completely domineering due to dementia. Or, dementia may make a person who was always tidy become obsessed with neatness.
- **Follow the leader.** People with dementia tend to take on characteristics of their caregivers and/or family members. For example, a visit from an anxious and irritable spouse can lead to an anxious and irritable client.
- **All in the family.** When a loved one has dementia, the whole family is affected—especially if they have primary responsibility for the person’s care. Studies have shown that family members of dementia clients have a higher risk of depression, anxiety and even illness.
- **Change the environment, not the person.** Watch how your client reacts to different situations throughout their day. If you notice that a noisy dining room seems to trigger a catastrophic reaction, then serve your clients meals someplace quiet.
- **Try switching shoes!** As with all clients, try to imagine how you would like to be treated, and talked to, if you were suffering from the confusing symptoms associated with dementia.



## WHAT I KNOW NOW!

Now that you’ve read this inservice on understanding dementia, jot down a couple of things you learned that you didn’t know before.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---





**intheknow** CAREGIVER TRAINING  
 A *home care/pulse* COMPANY

*A Disease Process Module:*  
**Understanding Dementia**

EMPLOYEE NAME  
 (Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test in employee's personnel file.**

**Are you "In the Know" about dementia? Circle the best choice or fill in your answer. Then check your answers with your supervisor!**

- Dementia is a:**
  - A. Disease.
  - B. Group of symptoms.
  - C. Normal part of aging.
  - D. Virus.
- Dementia can be easily mistaken for delirium or:**
  - A. Depression.
  - B. Denial.
  - C. Diabetes.
  - D. None of these.
- Every day, around 4:30 pm, your client with dementia becomes agitated and restless. It's difficult to get him to settle down. You should:**
  - A. Limit sugar and caffeine, especially late in the day.
  - B. Close the drapes and turn on the lights before the sun begins to set.
  - C. Keep afternoon and evening hours calm, filled with quiet activities only.
  - D. All of the above.
- Your client with dementia just flew into a rage for no apparent reason, you should:**
  - A. Try to reason with him.
  - B. Apply restraints.
  - C. Reassure him (from a safe distance).
  - D. None of the above.
- True or False**  
 The most common cause of dementia is heart disease.
- True or False**  
 Dementia cannot be prevented.
- True or False**  
 You should limit clothing choices for clients with dementia.
- True or False**  
 Always feed clients with dementia in the dining room where they can participate in social interactions.
- True or False**  
 Most cases of dementia are permanent and get worse over time.
- True or False**  
 Clients with dementia tend to wander or get lost in familiar places when their dementia is in the "severe" stage.





## COURSE OUTLINE

The Anatomy of Eating	2
Identifying High Risk Clients	3
General Feeding Techniques	4-5
Feeding Clients with Specific Problems	6-8
What Should You Feed Your Clients?	9-10
Focus on Safety	11
Final Tips!	12

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
Expires 12/31/2023

### IMPORTANT:

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

**In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.**



## A Client Care Module: Feeding Your Clients

### IT'S MORE THAN JUST NUTRITION

#### ***Eat up . . . chow down . . . dig in . . . pig out . . . pack it away . . .***

However you say it, sitting down to a nice meal may seem like an ordinary event to you. It's no big deal, right? But, for many people, eating is a problem. They don't look forward to mealtime for many reasons, including:

- They have trouble swallowing.
- They're nauseated.
- They have no appetite.
- They feel too sad to eat.
- They're too tired to eat.
- They can't chew.

Whatever the reason, clients who don't eat well are at serious risk for health problems.

Food has an important role in your clients' health. People who eat a balanced diet have a better shot at avoiding new illnesses or fighting off the diseases they already have!

But, mealtime is about *more* than nutrition. For most people, meals are a pleasant time of day, spent with friends or family.



Some of your clients may still find mealtime enjoyable. Others may have lost the desire or ability to enjoy the company of others during mealtime.

Whether there is a physical problem or an emotional one, clients who eat poorly need your **time**, your **understanding**, and your **attention**.

But, be careful! Mealtime can be a little tricky! You have to juggle two very important issues.

- First, your clients need to get *enough* food to eat to stay **physically** healthy. And, without your help, they may not get the nutrition they need.
- And, second, your clients need to be as *independent* as possible to stay **emotionally** healthy. If you do too much for them, they may feel helpless and lose the desire to care for themselves.

Your goal is to *balance* these two needs for each of your clients.

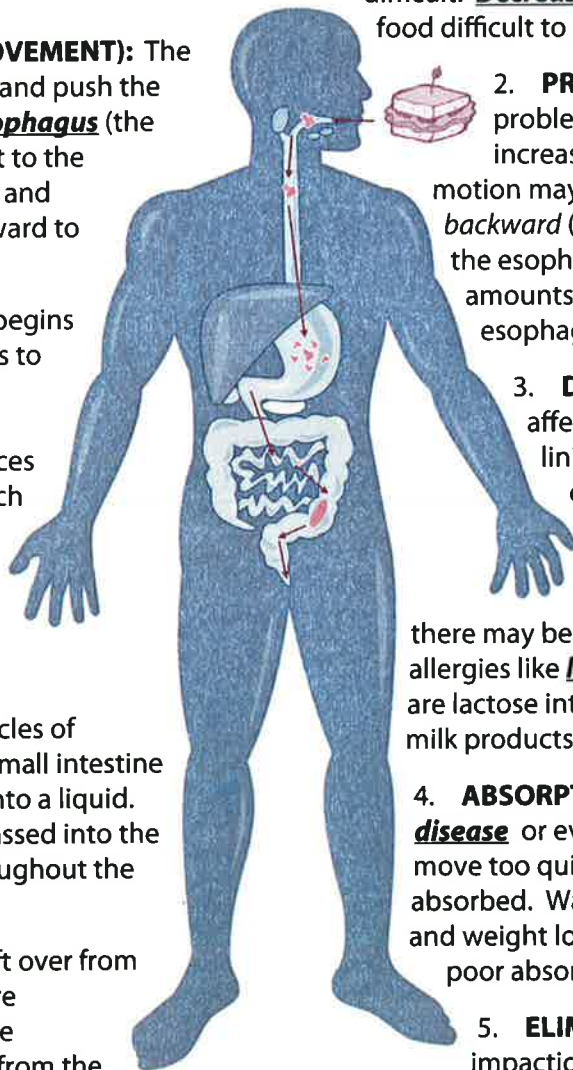
**Keep reading to learn more about eating and how to deal with common eating problems so you can help your client be as physically and emotionally healthy as possible!**

# THE ANATOMY OF EATING & DIGESTION!

You eat every day, right? Sometimes many times a day! But what's really happening when you eat? And what if things don't happen the way they are supposed to? There are five steps that need to happen for eating to be successful. Here's what happens to a bite of food as it moves through the body:

## WHAT REALLY HAPPENS?

1. **INGESTION (INTAKE):** You take a bite and begin to **chew**. Saliva is secreted to soften the bite and make it easier to **swallow**.
2. **PROPULSION (FORWARD MOVEMENT):** The muscles in the throat contract and push the food down the throat. The **esophagus** (the tube that leads from the throat to the stomach) alternately squeezes and relaxes to **propel** the food forward to the stomach.
3. **DIGESTION:** While digestion begins in the mouth when saliva helps to break down the food, most digestion takes place in the **stomach**. The stomach produces chemicals that turn the stomach juices into a strong acid. The **acid** breaks the food down further into small particles that can be used all over the body.
4. **ABSORPTION:** The small particles of digested food move into the small intestine where they turn from a solid into a liquid. Nutrients from the food are passed into the blood stream and carried throughout the body to be used for energy!
5. **ELIMINATION:** Whatever is left over from the food (after the nutrients are absorbed) moves into the large intestine and then is emptied from the body through the bowels.



## WHAT CAN GO WRONG?

1. **INTAKE:** There may be a problem with the **teeth**, gums, or tongue that prevents chewing or makes it difficult. **Decreased saliva** production can make food difficult to soften and swallow.
2. **PROPULSION:** There may be a problem with the **swallowing** reflex that increases the risk of choking. Or, forward motion may stop or slow, causing food to flow **backward** (from the stomach back up through the esophagus). A chronic back flow of small amounts of stomach contents into the esophagus is known as **acid reflux**.
3. **DIGESTION:** Digestion can be affected by **gastritis** (irritation of the lining of the stomach) which can cause nausea or vomiting. There may also be a problem with the **gallbladder** which produces a fluid that helps digest fats. And, there may be digestion problems related to food allergies like **lactose intolerance**. People who are lactose intolerant are unable to digest milk products.
4. **ABSORPTION:** Disorders like **Crohn's**, **Celiac disease** or even a **viral illness** can cause food to move too quickly through the intestines to be absorbed. Watery diarrhea, cramping, bloating, and weight loss are all symptoms of poor absorption.
5. **ELIMINATION:** **Constipation** or fecal impaction can prevent the leftover wastes from exiting the body.

# WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!





## IDENTIFY YOUR HIGH RISK CLIENTS

**Many of your clients may be at risk for eating problems. There are a number of physical and emotional factors that affect the eating process:**

- **STROKE:** Clients who have had a stroke may have weakness in their limbs and may not be able to feel one or both sides of their mouths. They may have problems with swallowing, chewing, preparing meals, and/or feeding themselves.
- **AGE-RELATED CHANGES:** Elderly clients whose sense of smell isn't as strong as it used to be may not be interested in eating—because if they can't smell their food, they probably can't taste it either. Clients with poor eyesight may have problems preparing meals and/or feeding themselves.
- **FINANCIAL ISSUES:** People who are on a tight budget may feel they can't afford healthy foods. They may not eat a balanced diet.
- **MEDICATIONS:** Some medications have side effects that change the sense of taste and decrease the appetite. The more medications your clients take, the more likely they are to change their eating habits.
- **DEPRESSION:** Clients who are depressed and/or lonely may have less appetite than usual. They may forget to eat or lose interest in meals.
- **PROBLEMS WITH THE MOUTH:** People with missing teeth, no teeth, or poorly fitting dentures will find it difficult to eat certain foods.
- **SICK OR FRAIL:** Some clients may be too sick to feed themselves. This puts them at risk for malnutrition.
- **BEDBOUND:** If you have clients who are ordered to stay in bed, you might find that they aren't used to eating while in bed. Some people don't like it and may not eat a balanced diet.
- **PHYSICAL DISABILITIES:** Some of your clients may have physical disabilities that affect their ability to eat. For example, Mr. Smith has Parkinson's disease and his hands shake so much that he can't bring a spoon up to his mouth.
- **SPECIAL DIET ORDERS:** Clients who are ordered by their physicians to eat a certain diet may not *like* the prescribed diet. This can cause problems at mealtime.
- **ALTERED MENTAL STATUS:** Many clients who have dementia are too confused to feed themselves. They may be very hungry, but they have trouble remembering how to get food into their mouths.



**Ever notice how hungry you get watching all those exciting cooking shows on television?**

- The next time you prepare a meal for your client, become your own cooking show! Let your client to be your audience and have some fun!
- You can do this even if your are only bringing a your client a tray with an already prepared meal.
- Dulling of the sense of smell, taste, vision and hearing is normal in the aging client. Help your older clients experience the food by using words to describe the aroma, the taste, or the sounds of sizzling in the pan.
- Get excited about the food! Give the meal a little "BAM!"
- Let your client help with mixing or chopping if possible.
- Arrange the food on a plate like a work of art! **Watch your client eat with gusto!**



## GENERAL FEEDING TECHNIQUES

### RIGHT CLIENT/RIGHT FOOD!

- If you work in a *facility* and are responsible for delivering trays of food, be sure to match the name on the tray with the client. Each client's meal is prepared according to doctor's orders and shouldn't be given to the wrong person.
- If you work in a *client's home*, make sure you know about any special diet ordered for your client. You want to be sure that any foods you serve the client are "allowed" on that diet. (See page 9 for more info on special diets)

### GET COMFY!

- People tend to eat better when they feel clean and refreshed—even if they are eating in bed. Helping your clients freshen their mouths and wash their hands before meals might make a big difference in their food intake!
- Encourage clients to use the bathroom, commode, or bedpan prior to mealtime so they will be relaxed while they eat.
- Eating can be painful if a client's lips are dry and cracked. If available, treat dry lips with Vaseline or other lip moisturizer.
- Position your clients so they are sitting up as straight as possible. Feeding a client who is reclining increases the risk of choking.
- For clients who eat in bed, be sure to raise the head of the bed and arrange the pillows to support good posture.
- Provide protection for clothing, in case of spills.
- Place the food, napkin, and silverware within easy reach.

### PREPARE THE FOOD!

- Remove any covers from the food and open any containers that may be difficult for the client—such as a carton of milk. Even peeling a banana may be too difficult for some clients. **Remember . . . they can't eat or drink it if they can't get to it!**
- Check to see that the foods you are serving your clients are the right temperature—not too hot and not too cold.
- Food that is too cold may *startle* clients. Hot foods may *burn* them. Test the temperature by feeling the container and/or testing a small amount against the inside of your wrist.
- Add seasoning to the food—if the client requests it and it is allowed by the care plan.
- Cut solid foods into small pieces . . . teaspoon-sized or smaller.



# TALK about it!

## Open the Discussion

Clients with diabetes have some very **specific needs** when it comes to food. Do you understand all the "rules" of a diabetic diet? Here are the guidelines:

- Limit sweets.
- Eat often.
- Eliminate bad carbs.
- Eat lots of whole-grain foods, fruits and vegetables.
- Eat healthy fats.
- Limit alcohol.

If these guidelines seem confusing, here are some questions you can ask the nurse, your supervisor, a dietitian or a nutritionist:

- ***I understand why my diabetic client has to limit sweets, but why should he also limit carbs?***
- ***What's the difference between good carbs and bad carbs?***
- ***My diabetic client is overweight. So, why is it recommended that he eat MORE frequently?***
- ***Diabetes causes my client to have trouble processing glucose (sugar) . . . so why does she also have to limit fat?***
- ***My client seems to have his diet under control but continues to drink several beers each night. Is this okay?***



## GENERAL FEEDING TIPS—CONTINUED

### TIME TO EAT!

- Sit down when you feed your clients. Standing over them makes them feel helpless and rushed.
- After setting up a meal for a self-feeding client, be sure to check back every few minutes to see if he or she needs any help.
- Remember that each client has different needs. For some, you may simply need to *talk* them through the eating process. Others may need a “loaded” fork or spoon.
- Give verbal instructions to your clients as needed—preferably step-by-step. For example, “*Mrs. Brown, remember your napkin goes in your lap. Good. Now, pick up your spoon.*” It’s very important to be patient and kind.
- Talk to your clients—even if they aren’t able to respond.
- Identify each food as you offer it to the client. For example, you might say, “*Mr. Green, here’s a bite of that chicken you enjoy.*”
- If your client uses any special equipment for eating, make sure it’s clean and ready for use. (This equipment might include a scoop plate, special silverware, cups with special handles, plate guards, and special cutting tools.)
- Fill beverage cups no more than 3/4 full to avoid spills.
- Don’t rush clients who need assistance. The more you let them do for themselves, the happier and healthier they’ll be.
- Fill a spoon about half full and feed the client with the tip of the spoon. (Never use a fork!)
- Remember that adults who need help eating may resent being fed “like a baby.” Be understanding and patient. Treat them with respect . . . the way you would want to be treated if you were in their shoes.
- Place the food on the *center* of the tongue, using a slight downward pressure.
- Allow time for your clients to chew and swallow each bite.
- Vary the foods you offer. For example, offer a spoonful of potato and then offer some meatloaf—so your client doesn’t fill up on only *one* kind of food.
- After eating, encourage your clients to use the bathroom. Help them with their oral hygiene as needed.
- Help your clients to wash their hands and faces after eating, especially if they’ve eaten with their fingers.



# CONNECT It NOW!

*Apply what you know*

### START A FOOD DIARY

A Food Diary is a daily list of all the foods offered and eaten by your client. It can be an especially useful in home health when there is more than one caregiver.

#### Here’s how to start a Food Diary:

Get a notebook just for the Food Diary. Use one page for each day. Create three columns on your sheet. Label the columns, “time,” “food and amount served,” and “amount eaten.”

- **Time:** In the time column, note the time the meal was served.
- **Food and Amount Served:** In the food column, make a note of what and how much was served.
- **Amount Eaten:** Now determine how much was actually eaten. Use these guidelines to estimate:
  - Less than half eaten 0 - 25%
  - Half eaten 50%
  - More than half eaten 75%
  - Entire amount eaten 100%

If your client requires daily weight checks, keep this information in the Food Diary as well.

Teach other caregivers and family members to keep up with the Food Diary when you are not there.

**Notify the nurse if you your client is routinely eating less than 50 percent of meals or is losing weight.**

## FEEDING CLIENTS WITH SPECIFIC PROBLEMS

### FEEDING A CLIENT WITH POOR APPETITE

**Your client, Mr. Dawson, only picks at his food. What can you do to help improve his appetite?**

- You could ask Mr. Dawson if he is able to smell and taste his food. If he can't, he may not enjoy eating—even if he's hungry. Talk to your supervisor. There are certain spices and herbs that can be safely added to most people's food to make it easier to taste.
- If possible, encourage and/or arrange for Mr. Dawson to have five or six small meals every day instead of three big ones.
- Encourage Mr. Dawson to get more exercise (if he is able). This will stimulate his appetite.
- Try to make mealtime a pleasant occasion—something Mr. Dawson will look forward to.
- Find out when Mr. Dawson is the hungriest and offer a big meal to him at that time each day.
- If you work in the client's home, let Mr. Dawson's family know which foods he is eating most often so they can plan to buy more of those foods.
- Poor appetite may be caused by constipation. Monitor bowel habits and report any signs of constipation to your supervisor.

### FEEDING THE CONFUSED CLIENT

**Another client, Sally, has Alzheimer's disease. She tends to be confused—especially at mealtime. What could you do to help?**

- Offer Sally her meals at the same time every day. This will help her remember what mealtime is all about.
- Sally may not be able to tell you when she is hungry. Be sure to encourage her to eat.
- Keep in mind that Sally may forget she has just eaten or may try to "squirrel" food away for later. Ask your supervisor if you can offer Sally snacks when she tells you she is hungry.
- Sally may forget from meal to meal how to use her silverware. Be patient, even if you have to demonstrate how to use a spoon at every meal. Or, she may not be able to use silverware. Offer foods that she can eat easily and safely with her fingers.
- Provide a quiet place to eat—without the distraction of radio or TV.
- Limit choices . . . such as only one piece of silverware. The simpler you make the meal, the easier it will be for the client and for you!
- Keep it simple. A colorful tablecloth or placemat, plus a patterned dish may distract Sally so much that she can't eat. Use plain placemats and plain dishes.
- Sally may find it easier to use a bowl rather than a plate. (It's easier to keep food in a bowl than on a plate.)



# THINK about it!

#### WHAT'S EATING LILAH?

You are caring for Lilah, a 78-year-old woman who is frail and thin. In the past, Lilah has been happy, talkative and energetic. But, recently, a family crisis has caused the family to visit less frequently and you've noticed Lilah beginning to withdraw.

She stays in her room most of the day, doesn't want to change out of her pajamas, and rejects offers from others to share meals or participate in activities.

At dinner time, you bring a tray to Lilah's room and offer to sit with her while she eats. Lilah tells you she is not hungry and asks you to remove the tray.

You check the chart and notice Lilah has not eaten in nearly three days.

**You notify the nurse, but wonder:**

- Why is Lilah refusing to eat?
- What should be done?
- Should Lilah be forced to eat?
- Should IV or tube feeding be started?
- Does Lilah have the right to refuse to eat?
- What can you do to help Lilah decide to eat?

**Discuss your thoughts with your supervisor and co-workers and find out how they feel about this situation.**



## FEEDING CLIENTS WITH SPECIFIC PROBLEMS—CONT.

### FEEDING A CLIENT WITH CHEWING PROBLEMS

*Your client, Joe, has problems controlling the muscles of his mouth and jaw. He struggles with chewing, but can swallow just fine. How can you help Joe at mealtime?*

- If Joe has trouble chewing his food because of poor muscle control, try putting **very** light pressure on his lips or under his chin to help him remember to chew.
- You can also try saying to the client, “Joe, chew your food now.” And be sure to give him plenty of time to finish chewing.
- Make sure each bite of food is small so that Joe doesn’t have to chew as much.
- Look to see that Joe has swallowed one bite before he puts the next one in his mouth. His muscles may not be strong enough to handle two bites at once.
- Avoid sticky foods . . . like peanut butter. They make the mouth muscles work too hard.
- Soak dry foods in coffee, milk, or soup until they are soft enough for Joe to chew.

### FEEDING A CLIENT WITH DYSPHAGIA

*Your client, Mr. Mitchell, has dysphagia. What’s that all about and how can you help him eat?*

- Dysphagia means “difficult swallowing.” People with this problem have trouble getting a swallow going, take a long time to swallow, and may cough when they swallow.
- The biggest risk for Mr. Mitchell is *choking*. Be sure you know how to do the **Heimlich Maneuver!**
- You might notice food building up between Mr. Mitchell’s cheeks and his teeth. He might tell you it feels like food is stuck in his chest. His voice might be weak or hoarse, and you might see food flowing back into his mouth or nose after he tries to swallow. Be sure to report any of these problems to your supervisor.
- A speech therapist can teach Mr. Mitchell special exercises that strengthen the face and throat muscles. If Mr. Mitchell has this kind of exercise program, ask the therapist what you can do to help.
- Mr. Mitchell may need his solid foods put through a blender. And, he may need his liquids thickened. (See page 9 for more info on modified consistency diets.)
- Mr. Mitchell should sit up for at least 30 minutes after eating.
- Soft, cold foods (like applesauce, yogurt, cottage cheese, or pudding) may be easiest for Mr. Mitchell to swallow.
- Be sure to report any episodes of choking to your supervisor.



### *Thinking outside the box!*

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a 92-year-old man who is recovering from a stroke. He is making great progress but is still having trouble chewing and swallowing and is on a soft diet with thickened liquids.
- Each time you serve a meal, he becomes angry and agitated. His wife tells you it’s because he wants real food, not “baby food.”
- **WHAT YOU KNOW:** You know your client’s diet is ordered by the doctor and cannot be changed without a doctor’s order.
- You also know if your client doesn’t eat, he may lose weight and his recovery could be impaired.
- **GET CREATIVE:** Think of **three creative solutions** you might try to get your client to accept his current state of recovery and understand the need for the modified diet.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

## FEEDING CLIENTS WITH SPECIFIC PROBLEMS—CONT.

### FEEDING A CLIENT WITH REFLUX

**Your client, Bob Baker, suffers from reflux. What does his condition mean and how can you help him during mealtime?**

- Reflux is short for *Gastroesophageal Reflux Disease* or *GERD*. It means that acid from the stomach is flowing back into the esophagus. This irritates the tissues of the esophagus and creates symptoms like heartburn.
- Mr. Baker's heartburn has nothing to do with his heart. It's an uncomfortable burning sensation behind his breastbone that he gets—especially after eating.
- Remember, reflux is caused by stomach acid and **any** food that Mr. Baker eats will cause his stomach to produce more acid! However, Bob's doctor may want him to avoid certain foods—like spicy foods or caffeine. Be sure you know if he has any dietary restrictions.
- Make sure you document if and when a certain food causes Bob to have heartburn. Keeping a record can help Bob learn to avoid the "danger" foods.
- Encourage Bob not to lie down after a meal—or eat before bed. At night, Bob may want to sleep with his *head* and *torso* propped up by several pillows.
- Tell Bob not to wear tight fitting clothes.
- Chewing gum after a meal may help Bob avoid heartburn.

### FEEDING A CLIENT WITH NAUSEA

**Your client, Mrs. Tucker, tends to be nauseated. How can you help her get the nutrition she needs?**

- Nausea can be caused by many things including medications, infections, migraine headaches, cancer treatment, and alcoholism.
- Offer clear, cool beverages like ginger ale, 7-Up, or apple juice. Mrs. Tucker might also tolerate clear broth, Jell-O, and Popsicles.
- Sometimes, salty foods like pretzels or crackers ease the nausea.
- Encourage Mrs. Tucker to eat small amounts of food frequently throughout the day—rather than three big meals.
- Find out when Mrs. Tucker is the least nauseous and offer her largest meal at that time.
- Have Mrs. Tucker rest in a sitting position for 1 hour after eating.
- Avoid giving Mrs. Tucker fatty foods, sweets, or foods with strong odors. These all tend to make nausea worse.
- Encourage Mrs. Tucker to sip fluids between meals, but not during meals. (She may feel bloated and not want to eat her food.)
- Make mealtime as pleasant and restful as possible for Mrs. Tucker. Some soft music may keep her from thinking about the nausea.



# DID YOU KNOW?

**Some people are unable to eat or drink and need to be fed through a special feeding tube.**

- A *temporary* feeding tube is "threaded" through a nostril, down the throat, and into the stomach.
- A *permanent* feeding tube is placed by a surgeon through the abdomen into the stomach.
- Most tube feedings are a milky liquid mixture, similar to baby formula.
- The most serious complication of a feeding tube is **aspiration**. This occurs when a person breathes in some of the formula.

**Review your workplace policy on the nursing assistant's role with feeding tubes. That way will know how you can safely help your client. Here are some tips anyone can do:**

- If the client has an *electric* feeding pump, notify your supervisor if the alarm goes off.
- Perform mouth care as ordered or at the client's request.
- Report any of the following immediately: a leaky feeding tube, fever, abdominal bloating, cramps, diarrhea, vomiting, breathing problems, choking, or a client who is trying to pull out a feeding tube.
- If a client asks for something to eat or drink, be sure you know if it's allowed.



# WHAT SHOULD YOU FEED YOUR CLIENTS?

## COMMONLY PRESCRIBED DIETS

### LOW FAT DIET

People with heart disease or high cholesterol may have an order for a low fat diet.

- Low fat foods include fruits and vegetables, lean meats, and low fat dairy products. Low fat cooking involves broiling, steaming, and grilling with healthy fats like olive oil.

### HIGH FIBER DIET

Fiber in the diet lowers cholesterol and helps with digestion and constipation.



Fruits, vegetables, whole-grain pasta and breads, and beans are good sources of fiber.

- It is recommended that all people get about 35 grams of fiber each day. Most Americans get less than half that amount.

### LOW SODIUM DIET

Clients with high blood pressure may have an order for a low sodium diet. The order may be for a specific amount of sodium, such as 1000 mg. (1 gram). Or, it might be an order for "No Added Salt" (NAS) which means the client shouldn't add any salt at the table.

- The average adult needs less than 1,500 milligrams of sodium per day. Just one teaspoon of salt contains 2,300 milligrams of sodium!

### DIABETIC DIET

A diabetic diet should consist of a variety of foods such as fresh fruits and vegetables, lean meats, and whole grain bread and pasta.

- A person on a diabetic diet should avoid sugary snacks and drinks like candy and soda as well as "bad carbs" like white bread and white rice. "Good carbs" are found in whole grain breads and crackers and brown rice.

## MODIFIED CONSISTENCY ORDERS

### LIQUID DIET

A liquid diet means only liquids (or foods that become liquid at room temperature) are allowed.

- Clear liquids include juice, water, broth, popsicles, and Jell-o.

### SOFT DIET

The soft diet may be ordered for clients who have trouble chewing or swallowing.

- Examples of soft foods are: soft breads, cooked cereal, bananas, mashed potatoes, scrambled eggs, soup, yogurt, and pudding.

### PUREED DIET

A pureed diet means all the food is blended to the consistency of baby food. This diet is usually ordered when chewing is impossible.

- Any food can be pureed. Water, broth, juice, or milk is added to food to soften and thin the food.

## MODIFIED LIQUIDS

### NECTAR THICK LIQUIDS

Nectar thick liquids are a little thicker than water and can be sipped from a cup.

- Never offer straws with modified liquid orders. There is a chance the client will suck the liquid too quickly through a straw and choke.

### HONEY THICK LIQUIDS

Honey thick liquids are the consistency of honey. They are thicker than nectar and pour very slowly.

- The client will need a spoon for these liquids.

### PUDDING THICK LIQUIDS

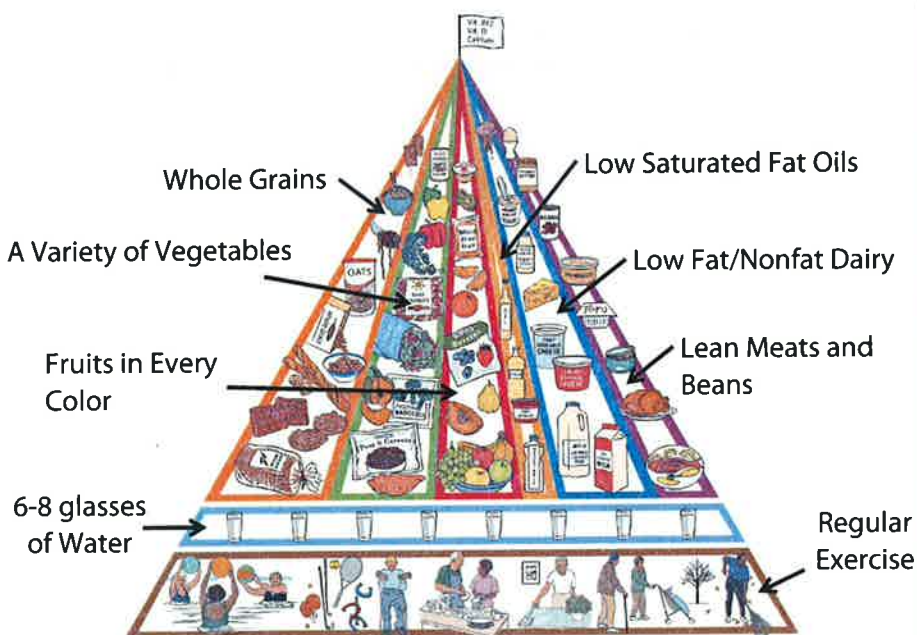
Pudding thick liquids are solid, like pudding. They will not drip when poured, and a spoon can stand up straight in the cup.

- Clients will need a spoon with these liquids.



# WHAT SHOULD YOU FEED YOUR CLIENTS? - CONT.

**THE MODIFIED FOOD PYRAMID:** When no special diet is ordered . . . look to *The Modified Pyramid* for older adults as a guideline for feeding your older clients. It addresses specific needs of the 70+ year old adult.



- WHOLE GRAINS:** Look for whole, enriched, and fortified grains and cereals such as brown rice and 100% whole wheat bread.
- VEGETABLES:** Serve brightly colored vegetables such as carrots and broccoli.
- FRUIT:** Offer deep-colored fruits such as berries and melon.
- DAIRY:** Low and non-fat dairy products such as yogurt and low-lactose milk are best.
- PROTEIN:** Prepare dry beans and nuts, fish, poultry, lean meat and eggs.
- FATS AND OILS:** Use liquid vegetable oils and soft spreads low in saturated and trans fat.
- FLUIDS:** Aim for 6-8 eight ounce glasses per day. Or, take half your client's weight (in pounds) and aim for that many ounces per day. For example, your client weighs 110 pounds, half that is 55. So, your client needs 55 ounces of fluids a day (which is roughly 7 eight ounce glasses).
- EXERCISE:** Encourage any low impact physical activity the client can comfortably do (with the doctor's or physical therapist's permission).



## THE NEXT STEP!

*Apply what you've learned!*

Think about a client for whom you currently provide care and locate the care plan or medical record.

**What is this client's diet order?**

**What types of foods are added or restricted with this diet?**

**Are there any orders to modify the consistency of the food or fluids? For example, thickened liquids or pureed foods.**

**Does this client have any food allergies? If so, what are they and what reaction will the client have if exposed to that food?**

**Ask the nurse if this client is on any medications that may react with certain foods? If so, ask what will happen if the client is exposed to that food.**



## FOCUS ON SAFETY WHEN FEEDING YOUR CLIENTS

### FOOD PREPARATION SAFETY

- Always wash your hands before handling your client's food!
- If you prepare food in the home for your client, wash all surfaces used for food preparation before and after cooking.
- Clean surfaces with a mixture of one teaspoon of chlorine bleach in one quart of water for a super effective and inexpensive bacteria buster!
- Wash ALL fruits and vegetables before preparing.
- Use two cutting boards, if possible—one for meats and one for fruits and vegetables. If separate boards are not available—clean board with bleach solution when switching between meat and fresh fruit and vegetable preparation.

### SPECIAL ORDERS

- Remember, clients with orders for modified consistency diets, like pureed foods or thickened liquids, have trouble chewing and/or swallowing. Monitor these clients closely during meals to prevent choking.
- If you are unsure about what the different consistency orders are supposed to look like, or how to prepare them, ask your supervisor for guidelines or a demonstration.
- Never serve thickened liquids with a straw!

### MEAL TIME SAFETY

- As always, sit facing the client during meals. Socialize and keep the mood relaxed. Never rush a meal.
- Place clients with trouble chewing or swallowing, in an upright, seated position before feeding. This will prevent choking or aspiration.
- Offer small bites and make sure the mouth is completely empty before offering the next bite.
- Allow client to remain sitting upright for 30 minutes after the meal, if possible. This will promote digestion and prevent choking.



## 5 KEY POINTS

### *Key Points to Remember*

1. People who eat a balanced diet have a better shot at *avoiding* new illnesses or *fighting off* the diseases they already have!
2. The five steps to successful eating and digestion are: *Intake, forward movement, digestion, absorption and elimination.*
3. Many of your clients may be at risk for developing an eating problem. Any number of physical and emotional factors can affect eating, including: stroke, certain medications, depression, anxiety, and altered mental status.
4. Making sure clients are clean, relaxed, and in a comfortable position will start a meal off right and increase the likelihood of having a successful mealtime.
5. Be sure you always know if your client has a special diet ordered and if there are orders to modify the consistency of foods or fluids. Offering clients foods that are not ordered can cause illness, injury, or even death.

# FINAL TIPS FOR FEEDING YOUR CLIENTS!

- For most clients, the goal should be to eat in the dining room of the facility (or in the dining room at home). If that’s not possible, the next best thing is to eat sitting up in a chair. Serve meals in bed only if there is no other choice . . . or on doctor’s orders.
- People with vision problems may find it easier to see food on darkly colored dishes (like black, green, and blue). And, they’ll do better if you place their silverware and drink in the *same place* every day.
- To help clients with poor vision, explain their meal to them using the “clock method.” Compare the location of the food on the plate to the numbers on a clock. For example, say, “*Your bread is at 11:00, your vegetables at 5:00 and your meat at 8:00.*” This helps encourage independent eating—reducing feelings of helplessness.
- Clients with arthritis may have trouble holding onto spoons and forks. Make utensils easier to grip by sliding a foam hair curler over the handle. (They cost about \$1.00 for ten curlers.) Slide the foam off the plastic curler and slip it onto your client’s silverware handle!
- Encourage your clients to be as independent as possible at mealtime. Don’t feed them just because it’s faster for you that way.
- Praise clients for any level of independence shown during meals.
- Offer and/or encourage your clients to eat foods from all the major food groups.
- Allow plenty of time for your clients to finish their meals. Be patient!! (A little patience today could mean that your client becomes stronger and more independent tomorrow. In the long run, you’ll *save time!*)
- Never allow one client to eat food from another client’s plate.
- A recent study by the U.S. government showed that 30% of seniors skip at least one meal every day. If you notice this happening with your clients, try to figure out **why**—and report the problem to your supervisor.
- Remember that for most people, mealtime is not just for eating, but also for socializing. Many people find it depressing to eat alone, and lose their appetite. Try to make mealtime enjoyable—even for those clients who have no one to eat with.
- **You** have the power to make each meal a *pleasant* experience for your client!



## WHAT I KNOW NOW!

Now that you’ve read this inservice on feeding your clients, take a moment to jot down a couple of things you learned that you didn’t know before.

---



---



---



---



---



---



---



---



---



---





A Client Care Module:  
**Feeding Your Clients**

EMPLOYEE NAME  
(Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test in employee's personnel file.**

**Are you "In the Know" about feeding your clients? Circle the best choice or fill in your answer. Then check your answers with your supervisor!**

- 1. The main complaint of people with acid reflux is:**  
A. Vomiting  
B. Heartburn  
C. Nausea  
D. Constipation
- 2. A client with decreased saliva production may have trouble with:**  
A. Ingestion & Propulsion  
B. Digestion  
C. Absorption  
D. Elimination
- 3. Which client is most at risk of developing an eating problem?**  
A. A man who has just turned 65.  
B. A 76-year-old widower on a tight, fixed budget.  
C. An independent and positive 86-year-old on a diabetic diet.  
D. A woman who is completely recovered from a stroke suffered one year ago.
- 4. A client on a diabetic diet should do all of the following, EXCEPT:**  
A. Limit candy and soda.  
B. Limit fatty foods.  
C. Eat smaller, more frequent meals.  
D. Limit whole grains and vegetables.
- 5. True or False**  
A client with poor appetite may be suffering from constipation.
- 6. True or False**  
A confused client may benefit from having a television turned on during meals.
- 7. True or False**  
A client with dysphagia should be offered soft foods like yogurt and applesauce.
- 8. True or False**  
A client with reflux should be encouraged to lie down after meals.
- 9. True or False**  
A client with nectar thickened liquids should be encouraged to use a straw.
- 10. Fill in the Blanks**  
Clients need to eat enough \_\_\_\_\_ in order to be *physically* healthy but should be encouraged to be \_\_\_\_\_ during meals in order to stay *emotionally* healthy.



**intheknow** CAREGIVER  
 A home care/pulse COMPANY TRAINING

A Safety Module:  
**Performing Safe Transfers**

**COURSE  
 OUTLINE**

Facts about Your Back	2
"No Lift" Policy	3
Understanding Body Mechanics	4-5
Know Your Mechanical Lifts	6-7
Other Handy Transfer Tools	8
Moving Clients Up in Bed	9
Moving Clients from Bed to Chair	10
Final Safe Transfer Tips	11

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
 Expires 12/31/2023

**IMPORTANT:**

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

**In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.**

**WILL YOU BE SIDELINED OR PLAY INJURED?**

When a professional athlete is injured during a game . . . he gets sidelined, but he still gets paid.

When a professional nursing assistant gets injured on the job . . . she often has to decide to go home without pay . . . or stay and work through the pain.

What would you do if you were injured today and could not work for several months?

How would you feed your family and pay your bills? How would you handle the chronic pain? Chronic pain often leads to feelings of depression and worthlessness. How would you handle the emotional stress?

- **According to the Bureau of Labor Statistics, nearly 80 percent of all injuries to nursing assistant are the result of lifting, pulling, pushing, holding, carrying, and turning clients.**

You use your body all day long to care for your clients. You go to work every day knowing there is a possibility of getting injured, losing work, and losing pay.

- **Every single day in the United States, 9000 healthcare workers sustain a disabling injury while performing work-related tasks.**

Can all these injuries be prevented? Fortunately, YES! There are a few simple things you can do to prevent a disabling injury.

**Keep reading to learn more about:**

- The "No Lift" workplace,
- Using proper body mechanics,
- Safe and appropriate use of mechanical lifts, and
- Making use of other handy transfer tools.



**You don't have to be another statistic. Protect your body from injury by working smarter every day! Keep reading to learn how!**



# FACTS ABOUT YOUR BACK

## FACTS ABOUT BACK INJURIES

Nurse aides are three and a half times more likely than the average worker to miss work because of a work related injury. Each year there are an estimated 67,000 back injuries among healthcare workers nationally, and most of these injuries can be prevented!

***The rate of injury in nurse aides is higher than that of freight haulers and construction workers!***

- Back, neck, and shoulder injuries are the most frequent and costly type of injuries among healthcare workers.
- Studies have shown that back injuries tend to happen to healthcare workers during the first hour on duty—before their muscles have "warmed up".
- The majority of backaches come from using the back improperly because of poor posture and weak muscles.
- Back injuries lead employees to miss 100 million workdays every year.
- Once you have injured your back, you have an 80% chance of hurting it again!
- A recent study of nursing assistants found that they were transferring clients *without* help and *without* assistive equipment 96% of the time.



## A&P REVIEW OF THE BACK

- Your spine is made up of 24 bones (vertebrae) with a *cushion*, called a disc, in between each bone. If someone has a "slipped disc", one of these cushions is out of place. This causes bone to rub on bone and/or nerves to be pinched.
- The spine is shaped sort of like an S and is held in this shape by muscles and ligaments. The abdominal and back muscles provide the most support for the spine.
- Did you know that it takes about 400 muscles and over 1000 tendons to support the back?
- Being overweight increases the risk of back problems, especially if someone has a "pot belly". A heavy belly pulls the backbone forward, putting pressure on the discs. Keep this in mind...if you are 10 pounds overweight, you're adding *100 pounds of stress* to your back! 20 pounds of extra weight adds 200 pounds of stress. And so on.

***You are most at risk for back injuries if you:***

- Bend and lift frequently during your work.
- Twist your body when lifting clients.
- Rush when you perform transfers.
- Ignore mild back pain.
- Have poor posture.
- Are overweight.
- Don't exercise.
- Smoke. (*Smoking decreases circulation to the muscles.*)

# WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



## WHAT IS A "NO LIFT" WORKPLACE?

For decades much attention was focused on preventing injuries during direct client care by using good "body mechanics." This is when you learn how to move, hold and position your body in order to lift and move heavy loads safely.

This research was promising and the new techniques were taken into the field . . . **but the injuries kept happening.**

The problem was that all the research into body mechanics was done on *mannequins*. The weight of mannequins is fixed and even. Real human bodies are much harder to move.

- **While knowing proper body mechanics is great . . . it's just NOT ENOUGH!**

In 1988, a nurse in Australia, named Elizabeth Langford, was injured while moving a patient and became unable to work. She was devastated by the lack of support she received by her employer and was told by the insurance companies to look for other work.

Instead, she got busy developing the "No Lift" method of direct patient care.

The "No Lift" method has been accepted worldwide and is now used in around 70 percent of hospitals and long term care facilities in the United States.

**So, what is a "No Lift" policy?** Well, it means your workplace has a policy that says it will evaluate every client for the ability to sit, stand and walk safely and will make recommendations to the staff on how best to handle each situation. The goal is to *minimize* the use of nurses and nursing assistants as "human lifting machines".

Those clients needing maximum assistance, meaning they cannot sit unsupported and cannot bear weight, **must be moved by mechanical lifts only.**

Clients who can sit unsupported but have trouble bearing weight must have more than one caregiver or a "stand assist" lift to transfer or walk.

For the most part, employers decide whether or not to enforce a "No Lift" policy. However, in 2005, Texas became the first state in the US to make it a law. Since then several other states have also made the "No Lift" policy a requirement for healthcare employers.



## WHAT EXCITES YOU?

All over the country Nursing Assistants are forming committees to discuss safe transfer procedures in the workplace.

These committees bring ideas to administration to make the changes nursing assistants need in order to work safer.

- In a hospital in California, a "Lift Team" was developed. This team was specially trained and equipped with mechanical lifts for all total body transfers. The rest of the staff was relieved of any lifting duties while the "Lift Team" was in place. This resulted in reducing injuries to ZERO while the "Lift Team" was on duty!
- In a Long Term Care facility in Maine, a team was established to evaluate lift equipment and make recommendations to the administration. The employer listened and the equipment was purchased. In just one year, this resulted in the number of lost work days dropping from a whopping 573 to only 12!

**If you could form a committee . . . what would your top concerns be? How would your committee make your workplace safer?**





# BODY MECHANICS AND SAFE TRANSFERS

**WHAT ARE BODY MECHANICS?** Body mechanics are the way your whole body moves to keep its balance during movement and at rest. When you practice good posture and use the right muscles to lift and/or transfer, you are performing your work with proper body mechanics. (The right muscles are usually the large muscle groups, like your shoulders, upper arms, hips and thighs.)

- If *your clients* don't use good body mechanics, they might develop backaches and contractures. If *you* don't use good body mechanics, you might get backaches, pulled muscles or even more serious back problems.



## NINE STEPS TO SAFE TRANSFERS

### STEP 1:

#### THINK BEFORE YOU ACT!

- Plan how you are going to perform the transfer. Don't just rush into it.
- If you've never transferred a particular client before, go through the *entire* transfer in your mind before you begin.
- Before you start, be sure you know if the client is physically able to participate in the transfer.
- If the client is alert, let him or her know what you plan to do—step by step. Talk about how the client can help and encourage him or her to assist as much as possible.
- Taking time to plan is worth it. Remember: It's tough to ask for help when you've got a client half in bed and half out of bed!

### STEP 2:

#### GET HELP IF YOU NEED IT!

- Be realistic about how much weight you can safely lift.
- Gather transfer equipment if the client is too heavy or too difficult for you to move yourself.
- If you work alone in a client's home, ask your supervisor how you can safely transfer the client. Sometimes there are family members who can help you, or the family may need to rent or buy some transfer equipment.
- Remember: If you are shy about asking for help, the client *and* you may both end up hurt. So when in doubt, ask for assistance!

### STEP 3:

#### SET THE STAGE!

- Make sure there are no obstacles in your way. For example, keep the path clear between the client's bed and wheelchair.
- Place your equipment where it needs to be—so that the distance you have to go is the shortest possible. For example, make sure the wheelchair is close to the bed and that the wheels are locked.
- Check that neither you nor the client has any loose clothing that might get stuck in a bedrail or a wheelchair during the transfer.



## MORE ABOUT SAFE TRANSFERS

### STEP 4:

#### BALANCE IT OUT!

- Stand so that your weight is centered over your feet. Don't put more weight on one foot than the other.
- Keep feet shoulder width apart. If you stand with your feet too close together, you might lose your balance.
- Don't "lock" your knees. Keep them loose and flexible.
- Wear shoes with non-slip soles and try to have the client do the same. A client wearing only socks could cause you both to end up on the floor!



### STEP 5:

#### TIGHTEN IT UP!

- Pull in your abdominal muscles and tighten your buttocks at the same time to create a muscle "girdle" that supports your lower back.
- Don't round your back when you tighten your buttock muscles. Instead, keep your back arched inward *slightly*.
- Work to keep your abdominal, back and buttock muscles in good shape by doing some kind of daily exercise.

### STEP 6:

#### USE YOUR BIG MUSCLES!

- If you bend over at the waist to lift or move a client, your back muscles have to lift the weight of the client and the weight of your upper body.
- When you bend at the knees, you use the *big* muscle groups in your buttocks and thighs instead.
- Bending your knees also helps you keep your balance during a transfer.
- If you need to bend forward, bend from the hips, not from the waist.



### STEP 7:

#### **DON'T DO THE TWIST!**

- Plan your transfer so that you don't have to twist your body. Twisting your lower back puts you at risk for muscle strain—or even a more serious back injury.
- To avoid twisting, think about keeping your shoulders and hips facing the same direction. Turn your feet first, and then follow with your shoulders and hips at the same time.

### STEP 8:

#### GET CLOSE!

- Keeping the client close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.
- Example: A client who weighs 100 pounds will feel like 1000 pounds if you don't hold the weight close to your body!
- Keep a secure hold on the client, but don't grip so hard that it hurts. Gait belts are one way to keep a good grip on the client. (See more about gait belts on Page 8.)

### STEP 9:

#### TAKE THE BREATH TEST!

- If you can't lift and breathe at the same time, the client is too heavy for you. Ask for help!
- Use smooth and steady movements during a lift or transfer. Try not to jerk. This can frighten the client, and it can cause injury to both you and the client.
- Don't be in a hurry! It can take only a *second* to injure your back and *years* for it to heal!





## KNOW YOUR MECHANICAL LIFTS

### SLING TYPE FULL LIFTS

You may hear this referred to as the "Hoyer Lift" or the "Sling Lift" or just as the mechanical lift.

This type of lift is used to transfer clients who are completely immobile. They cannot bear weight, and cannot sit without support.

There are as many as 20 different brands and models of this device. For that reason, it is recommended you receive training directly from the manufacturer on your specific device in order to operate it safely.

However, a few general principles apply to all makes and models:

- First, you will position the sling under the client. This usually involves turning the client from side to side until the client is centered on the sling.
- Position the device over the client and lock the wheels.
- The chains that connect the sling to the lift should be the same length on each side of the client.
- Attach the sling to the lift and push the UP button to raise the client.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.



### STAND ASSIST LIFTS

These devices may be called the "Stand EZ," the "Stella Lift" or just the stand-up lift. Like the Hoyer, there are many makes and models available. You will need official training on the specific device your workplace uses.

Stand-up lifts are used with clients who can bear weight and have some upper body strength. They are able to sit unsupported but just need a little help standing up and sitting down.

Here are a few general guidelines that apply to all stand-up lifts:

- While the client is seated, you place the sling on the client's back between the base of the shoulder blades and the bottom of the rib cage.
- Roll the device toward the client until the knees rest against the knee pad and the feet are in the foot trays, then lock the wheels.
- Attach the sling to the device and push the UP button to raise the client to the standing position.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.



**SAFETY** Alert

**A California nursing home resident fell from a Hoyer lift. She suffered a head injury and died nine days later.**

- The cause of the fall was determined as improper use of a lift. The sling was not properly placed and the Aide who was transferring the client was operating the lift alone when assistance was required.
- While mechanical lifts are designed to make client transfers safer, they can also be dangerous and even deadly if not used properly.

***Never operate a lift unless you have been properly trained!***

## MORE ABOUT MECHANICAL LIFTS

- Mechanical lifts, such as a *Hoyer Lift* and the *Stand-Up Lift*, are often made of a metal frame and a heavy canvas sling. The entire frame is usually on wheels that can easily be locked and unlocked.
- These lifts are used to lift and transfer clients who have little or no ability to move or who are too heavy for standard transfer techniques. Many times, these clients would need two to four people to transfer them *without* a lift, but can often be safely transferred by one or two people with a lift.
- You might use a mechanical lift to transfer a client to a bed, wheelchair, recliner, shower chair, bedside commode or bathtub.
- **Manual lifts** will have a handle on one side that is used to “pump” the lift to make it go up and down.
- **Power lifts** will have a rechargeable battery and will have buttons that operate the *up* and *down* functions.
- Be sure to follow the manufacturer's instructions for using the lift. Each kind of mechanical lift has specific instructions for how to position and lift the sling.
- Using a lift may need to be practiced many times before you feel comfortable doing it on your own.
- Many workplace policies prohibit care givers from operating lifts alone. Most policies require at least two caregivers be present while transferring a client with a lift.
- When operating a lift with a partner, one person should operate the lift while the second person guides the client into position.
- Be sure you know the weight limit for any mechanical lifts in your workplace.
- If slings are shared between clients, be sure to launder or disinfect on a regular basis or when visibly soiled.
- Clients on isolation precautions should *not* share slings.



# THINK about it!

**What would you do if your client became upset, angry, or refused to allow you to use a mechanical lift for transfers?** It may seem like the client is being difficult, but maybe he is just plain scared!

**Try these tips to help your clients feel more comfortable about transfers:**

- Explain everything you are going to do—**before** you do it. Do this even if you think the client can't hear or understand you.
- Provide for the client's privacy and comfort. The client may fear the mechanical lift because she's afraid that others will see up her dress or that she'll get cold.
- Make sure you are completely familiar with any transfer equipment and that you have practiced using it. If clients sense that you don't know what you are doing, they are more likely to feel scared.
- Check the equipment *before* you begin the transfer to make sure it is working properly.

**What other techniques have you used to ease your client's fears?**

**Share your experiences with your coworkers and supervisor and find out how they ease client's fears.**



## A FEW HANDY TRANSFER TOOLS

**GAIT BELTS:** Gait belts are long heavy canvas straps that can also be called *transfer belts*, or *safety belts*. They have a big loop buckle and are usually “one size fits all”. Some gait belts have hand straps or handles to help you get a better grip.

- The belt is placed around a client's waist so that you can hold the client securely without grabbing onto clothes or arms.
- It is used to help lift clients or to steady them during ambulation.
- These belts should be used according to the manufacturer's directions and should never be placed on the client too tightly or directly on the skin. It could rub the client's skin or cut off circulation.
- Check that a woman's breasts aren't caught under the gait belt.



**ROLLER BOARDS:** Roller boards are a type of transfer board. They are made of a row of round poles inside a wooden frame that is covered with vinyl or canvas.

- A roller board is used like a “conveyer belt”. The rollers turn as the client is pulled across the board from one surface to another.
- Sometimes, roller boards are used to transfer clients from a bed to a stretcher.

**DRAWSHEET:** A drawsheet can be a useful tool for moving clients up in bed or for transferring them from a bed to a stretcher.

- Your workplace may have special drawsheets, or you can make a drawsheet out of a regular sheet. *(All you do is fold the sheet in half from top to bottom. Place the folded sheet on the bed making sure the fold is toward the head of the bed.)*
- Drawsheets should be placed on the bed so that they are under the client from *neck to calves*.

**SLIDE BOARDS:** Slide boards are long, narrow boards with a smooth surface made out of wood or plastic. They are used to transfer clients by serving as a “bridge” from one sitting surface to another.

- Most commonly, slide boards are used to transfer clients who have good use of their arms since it's easier when the client is able to help.
- For example, Jim uses a slide board to help Mr. Mason transfer from his bed to his wheelchair. He places the slide board under Mr. Mason's upper thighs on the bed and then across to his wheelchair. Mr. Mason pushes with his arms and “slides” across the board from his bed to his chair.
- Be careful not to curl your fingers under the edge of the slide board to keep it steady. Your fingers could be pinched under the board as the client slides across it.

**TRAPEZE:** A trapeze is a metal bar that hangs over the client's bed from an overhead frame. It is used with clients who have enough mobility and strength in their arms to change their own position in bed.

- A trapeze is also useful for client transfers. Some clients learn to transfer themselves with a trapeze by pulling themselves up into a sitting position and then swinging themselves between a bed and chair.
- If your client has a trapeze, he or she can probably assist you during the transfer procedure.



**Ask your supervisor to review safe transfer tools and/or procedures with you any time you feel the need!**

## MOVING CLIENTS UP IN BED

### ONE PERSON, NO DRAWSHEET

Only move a client alone if the client is:

- Smaller than you,
- Predictable and can follow directions, and
- Can help in some way (pushes with feet, pulls with arms).

*Do not move a client up in bed alone unless all three conditions are met! If any of these conditions are not met, ask for help!*

#### Here is how you can do it:

- Stand alongside the bed at the client's waist, with your body facing the head of the bed. This helps prevent the twisting motions that might cause painful back injuries.
- If the bed has side rails, lower the one near you.
- Keep your feet *at least 12 inches apart* and bend your knees.
- Reach under the clients buttocks or upper thighs and shoulders *at the same time*.
- If the client is able, ask her to bend her knees and push against the mattress with her feet, or to grab the side rails, headboard or trapeze and pull with her arms to help you.
- Tighten your abdominal and buttock muscles at the same time.
- Count to three *out loud*, then lift and slide the client up in bed, *keeping your knees bent and your back slightly arched*. Shift your weight from the back foot to the front foot.
- Several small moves can be made instead of one big one.

### TWO PEOPLE, NO DRAWSHEET

- Follow the directions above, except that one person is on each side of the bed.
- Grasp each other's forearms under the client's upper thighs and shoulders.
- Lift at the count of three.

### TWO PEOPLE, WITH DRAWSHEET

- Make sure the drawsheet is placed so that it supports the client from the neck to the calves.
- One person stands on each side of the bed. Untuck the edges of the drawsheet and roll them up as close as possible to the client's body. These rolls become the "handles" for moving her.
- Make sure the client lifts her head or a third person supports her head during the move. Use proper body mechanics as described above.



# GET OUT!

## Thinking outside the box!

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a client who has not walked in months. She uses a bedpan for toileting but has been constipated recently. She thinks she could have a bowel movement if only she could sit on the bedside commode.
- **WHAT YOU KNOW:** You know it's true that sitting up on a commode can make bowel movements easier, but you are alone and your client is larger than you. She is weak and cannot bear weight. You have gotten her up to her recliner with the help of her son, but he is not home at the moment.
- **Equipment you have includes:**
  - Bedpan and Bedside commode
  - Walker and gait belt
  - Adjustable hospital-style bed
  - Shower chair with slide board
- **GET CREATIVE:** Think of **3 creative solutions** you might try with your client right now to meet her needs and keep you both safe.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.



# MOVING CLIENTS FROM BED TO CHAIR

Transferring a client from a bed to a chair can be a simple maneuver or a complex procedure. It is different for each individual client, and depends on many things including how well the client can move, how heavy the client is, and whether the client is "hooked" to equipment such as a catheter bag or an IV. Along with your supervisor, you will have to decide which method is the safest for you and for the client.

## ONE PERSON TRANSFER / CLIENT CAN STAND

- Help the client sit up in bed to adjust slowly to the change of position. Allow the legs to dangle while you help put on non-skid slippers or shoes.
- Be sure the bed is at its lowest position.
- Position the chair near the bed. If the client has a weak side, place the chair on the stronger side. If the chair has wheels, be sure to lock them. If there are footrests, put them up and out of the way.
- Now, support the client's knees by putting your knees right in front of them. And, keep the client's feet from sliding by putting your feet in front of them. **DO NOT LOCK YOUR KNEES!**
- If your policy allows, apply the gait belt. Ask the client to lean forward and push off the bed at the count of three. Or, rock the client forward to a standing position. It's okay to have a client hold onto your shoulders or waist, but never around your neck!
- Bend your knees slightly. First, pivot your feet. Then, turn your body, along with the client.
- Make sure the chair seat touches the back of the client's legs before he begins to sit. He should also reach back for the armrests, if able.
- Lower the client slowly to the chair seat without rounding your back.



## 5 KEY POINTS

### Key Points to Remember

1. Nursing assistants continue to top all other professions in the number of work related back injuries. Remember: Most of these injuries can be **PREVENTED!**
2. Good body mechanics are important in everything you do, but relying on body mechanics alone is **NOT ENOUGH** to protect you from injury.
3. Follow your workplace's "No Lift" policy even if it takes a little longer to get the job done. It only takes a moment to injure your back . . . but it can take weeks, months, or a lifetime to recover.
4. **Never** be afraid to ask for help.
5. Many healthcare workers are absolutely wonderful at taking care of others—but not so good at taking care of themselves. Don't forget to pay attention to your *own* body, including any signs of back pain or injury. **You should never accept back pain as just "part of the job".**

## TWO PERSON TRANSFER / CLIENT CANNOT STAND

- If the client cannot stand, it is best to transfer with a mechanical lift, such as a Hoyer Lift. (See page 6). If your workplace has a "No Lift" policy, this is the only way to transfer a client who cannot stand.

# FINAL TIPS FOR SAFE CLIENT TRANSFERS

- Try to stretch and loosen your muscles every day before work. Even five minutes of stretching can help save your back!
- If you must lean forward to work, support the weight of your upper body on your free hand and arm to relieve the pressure on your lower back.
- Just because a client is small doesn't mean that he or she will be easy to transfer. Be sure to think about the client's flexibility, range of motion and overall strength. All these things together affect how easy a client is to transfer.
- Always make use of assistive devices like mechanical lifts, transfer belts, sliding boards or draw sheets. It may take a few more minutes to get these devices in place . . . But it will be worth it in the long run!
- A back injury can change your life. It can keep you from being able to do your job . . . and from doing the things you love. A back injury can also give you a lifetime of chronic pain.
- If you've felt pain or discomfort while moving a particular client , then DON'T DO IT AGAIN IN THE SAME WAY! Change your technique or get help when it's time to move that client again.
- If you hurt your back during work, let your supervisor know and follow up with your family physician.
- How can you know if you have good posture? Your ears, shoulders and hips should all be in a straight line—along with the fronts of your knees and ankles. Ask a friend to check out your posture.
- You can also practice your posture by standing against a wall. Keep your heels about 2 inches away from the wall. There should be a space between your waist and the wall about as thick as your hand. Keep your chin parallel to the floor.
- As you go about your daily work, remember to push, pull or roll heavy objects rather than lifting them—whenever possible.
- Be sure to ask your supervisor if your clients have any position restrictions. For example, some clients may be ordered to lie flat or to avoid bending their knees.
- Encourage your clients to practice good posture, too. They may experience fewer aches and pains . . . and have a better quality of life!



## WHAT I KNOW NOW!

*Now that you've read this inservice on safe transfers, take a moment to jot down a couple of things you learned that you didn't know before.*

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---







# intheknow

A home care/pulse COMPANY

## CAREGIVER TRAINING

### A Safety Module: Performing Safe Transfers

**Are you "In the Know" about performing safe transfers? Circle the best choice or fill in your answer. Then check your answers with your supervisor!**

EMPLOYEE NAME  
(Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test  
in employee's  
personnel file.**

**1. True or False**

Most workplace injuries suffered by Nursing Assistants are the result of lifting, pulling, pushing, holding, carrying and turning clients.

**2. True or False**

Smoking and being overweight increase your risk of suffering a back injury.

**3. True or False**

Understanding and using good body mechanics can prevent most injuries.

**4. True or False**

It's best to tighten your abdominal muscles and hold your breath during transfers.

**5. A client who cannot bear weight or sit unsupported should transfer with:**

- A. A "Stand Assist" lift.
- B. A "Hoyer" lift.
- C. Two caregivers with arms locked under the hips and shoulders.
- D. A stretcher.

**6. True or False**

All mechanical lifts are the same. If you can work one—you can work them all.

**7. To move a client up in bed alone, all these conditions should be met, EXCEPT:**

- A. The client should be smaller than you.
- B. The client should be asleep.
- C. The client should be predictable and able to follow directions.
- D. The client should be able to help in some way.

**8. True or False**

A "No Lift" policy means you have to leave your client in bed all day.

**9. True or False**

Regular exercise, stretching and good posture can help protect you from a serious back injury.

**10. Fill in the Blanks**

Pull in your \_\_\_\_\_ muscles and tighten your \_\_\_\_\_ at the same time to create a muscle "girdle" that supports your lower back.



## COURSE OUTLINE

The Biology of	2
What Causes AD?	3
How Is AD Diagnosed?	4
How Is AD Treated?	5
The Stages of AD	6
Keeping AD Clients Safe	7
Meeting Needs	8
Nutritional Needs	9
Emotional Needs	10
Communicating with	11

© 2021 In the Know  
[www.knowingmore.com](http://www.knowingmore.com)  
Expires 12/31/2023

### IMPORTANT:

*This topic may be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited, including sharing between multiple locations and/or uploading the file or any portion thereof to the internet or to an LMS (unless a license to do so is obtained from In the Know).*

***In accordance with industry standards, this inservice material expires on December 31, 2023. After that date, you may purchase a current copy of the materials by calling 877-809-5515.***

A Disease Process Module:

## Understanding Alzheimer's Disease

### A SMALL, MESSY CLOSET IN THE BRAIN

Think about a messy closet...things are tossed in without care. Over time, it becomes unorganized, unstable, a place where things you forgot about long ago are misplaced or hidden!

The rest of the house can function normally with a messy closet . . . until you have to open the closet door to retrieve something. Then, who knows what you will find!

It's kind of like that with Alzheimer's disease (AD for short). ***In the beginning, it's like there is a small messy closet tucked away in the brain.*** The rest of the body functions normally. No one would even know about the messy closet unless the person had to open that door to access some memory or feeling or skill.

Over time, the closet gets messier and messier. Then other closets begin to clutter up. Finally, the closets are so full and messy, the doors can no longer be closed. Eventually, the messy closets spill out and take over the whole house.

Keep this picture in mind when you see a client with AD having trouble remembering people and places or how to perform routine tasks.



### So, What Is Alzheimer's Disease?

- Alzheimer's disease is progressive, meaning it gets worse over time.
- It's also degenerative, which means it causes cells to waste away and never return.
- And, it is a disease for which there is no cure.

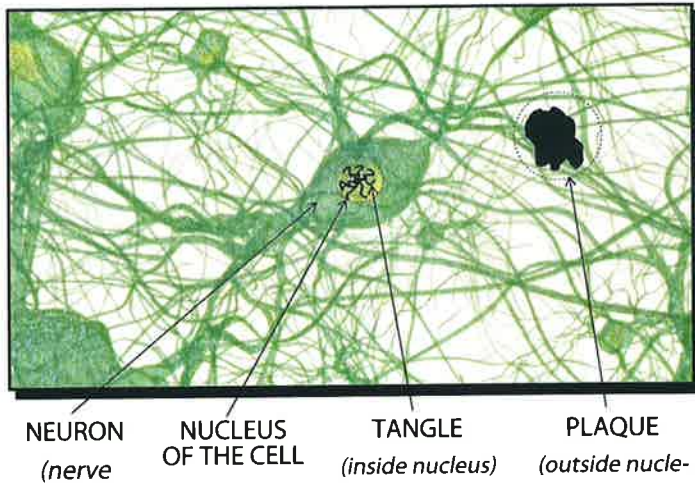
Keep reading to learn what exactly is going on in your AD client's brain. Find out how AD is diagnosed and treated and how to best care for AD clients while maintaining their sense of dignity and pride.

You'll learn that no one knows what causes AD and that there is no cure. But there are a few things *everyone* can do to prevent it!



# THE BIOLOGY OF ALZHEIMER'S DISEASE

## WHAT'S HAPPENING IN THE BRAIN?



Inside a normal brain, a complex network of nerve cells, called neurons, send and receive the messages that control everything a person feels, says, remembers and acts upon.

- With Alzheimer's disease, **plaques and tangles** block the messages and disrupt the network, preventing the person from sending and receiving messages. This leaves people with AD unable to feel, speak or remember things the way they used to.
- **Plaques** form when certain proteins in the neuron cell membrane are released in short fragments. The fragments find each other and clump together. The clumps (or plaques) become toxic (or poisonous) and begin to interfere with the transmission of messages.
- **Tangles** form when a protein that is responsible for keeping the neuron stable and working properly begins to fall apart. Strands of this protein break off and form tangles inside the neuron. This interferes with sending and receiving messages and eventually destroys the cell.
- As more and more plaques and tangles develop in the brain, neurons begin to die. Eventually the brain *shrinks* and loses all function.

## FACTS ON ALZHEIMER'S DISEASE

- More than 5 million Americans have AD. By 2050, the number is expected to increase to 15 million.
- Approximately 350,000 new cases of Alzheimer's disease are diagnosed each year.
- About 73 thousand people die each year as a result of Alzheimer's disease.
- Alzheimer's disease usually begins after age 60 and the risk increases with age. Younger people in their 30s, 40s and 50s may get Alzheimer's disease, but it is rare.
- Approximately 5 percent of all cases of Alzheimer's disease are believed to be familial (hereditary).
- Alzheimer's disease accounts for about 70 percent of all cases of dementia...making it the most common cause of dementia.
- On average, people with AD live for 8 to 10 years after diagnosis, but the disease can last as long as 20 years, or as little as 3 to 4 years if the patient is over 80 years old when diagnosed.
- Seventy percent of AD sufferers are cared for at home.
- Nearly half of all nursing home residents have AD or a related disorder.



# WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



## WHAT CAUSES ALZHEIMER'S DISEASE?

### GENETICS OR LIFESTYLE?

No one really knows what causes Alzheimer's disease. Scientists have managed to figure out **what** goes wrong in the brain, but they don't know **why** it goes wrong. If they can figure out the cause, then they may be able to find a cure.

Even though, researchers don't know why AD happens, they have a few theories as to what causes it. Some say AD is caused by a mutated gene that can be inherited and therefore seen in several generations of family members.

Scientists around the world are studying genes and trying to find a genetic origin for Alzheimer's disease.

Other researchers believe certain lifestyle choices put people at risk for developing AD. For example, scientists now know that a nutritious diet, physical activity, a rich social life and playing games or doing puzzles that exercise the brain may help *prevent* Alzheimer's disease.

### WHAT DOCTORS KNOW FOR SURE:

- Physicians *do* know that the risk for getting Alzheimer's disease increases with age.
- Alzheimer's disease does tend to run in families. This type of Alzheimer's is known as "familial" Alzheimer's disease.
- There seems to be an association between AD and other chronic conditions such as heart disease, stroke, high blood pressure, diabetes, and obesity.

**While scientists are still far away from finding the exact cause of Alzheimer's disease, their research has made huge progress over the past 30 years. Every day researchers get one step closer to being able to predict and prevent this devastating disease.**



### PREVENTION IS POSSIBLE!

There are some factors that put people at risk for developing AD that *cannot* be changed. For example, you cannot change your age or your genetics.

***But, there are other factors that can be controlled!***

A growing mountain of evidence now suggests that the same *lifestyle changes* doctors recommend to prevent or control diabetes, heart disease and obesity can also *delay the onset* of Alzheimer's disease!

**DIET:** Eating plenty of fruits, vegetables, and whole grains and foods that are low in fat and sugar can reduce the risk of many chronic diseases. Now, studies are beginning to suggest this can also reduce the risk of developing AD!

**EXERCISE:** Researchers know that physical activity is good for the brain as well as the heart and the waistline! One study found that the risk of developing AD was 40 percent lower in people who exercised at least 15 minutes a day, 3 or more times a week!



## HOW IS ALZHEIMER'S DISEASE DIAGNOSED?

The only way to diagnose Alzheimer's disease **for sure** is by performing an **autopsy** after the person has died.

However, doctors can be pretty sure of their diagnosis by performing a series of tests and studies. These include:

- **A complete physical exam** where the doctor asks questions about the person's overall health, past medical problems, ability to carry out daily activities and changes in behavior and personality.
- **Mental ability tests** that measure the client's memory, problem solving skills, attention span, and ability to count and use language.
- **Routine lab tests**, such as blood, urine, or spinal fluid to rule out other underlying disease or illness that can look like Alzheimer's disease.
- **Brain scans**, such as computerized tomography (CT) or magnetic resonance imaging (MRI).

These tests can be started as soon as symptoms are noticed and may be repeated over time to see how the brain function changes as time passes.

### SOME PROMISING RESEARCH:

The most exciting and most promising area of research is neuro-imaging (neuro=brain, imaging=picture). Scientists now have fine-tuned, high-tech MRI machines that allow doctors to see even the smallest changes in the brain. This helps people get diagnosed with AD in the very early stages and to begin the treatment earlier to slow the progression of the disease.

Other ongoing research includes a study that links the loss of the sense of smell to the development of Alzheimer's disease.

Researchers discovered they could predict which people with mild memory problems would go on to be diagnosed with Alzheimer's disease with a simple smell test. Patients who had trouble identifying ten common smells—including *lemon, lilac, strawberry, smoke, soap, menthol, clove, pineapple, natural gas and leather*—were much more likely to develop AD.



### Is it Alzheimer's or Just Old Age?

Most people become forgetful as they age. Does this mean that everybody has Alzheimer's disease?

No! Here are the **TOP 10 WARNING SIGNS** of Alzheimer's disease.

1. Forgetting how to perform tasks at work.
2. Forgetting how to perform simple, everyday tasks at home.
3. Having trouble with language, even forgetting simple words.
4. Being disoriented to time and place.
5. Showing poor judgment.
6. Having problems with thinking.
7. Misplacing things frequently.
8. Having frequent changes in mood or behavior.
9. Showing drastic changes in personality.
10. Losing motivation for living a normal life.

**Remember** . . . there are other curable conditions that look a lot like AD. These include vitamin deficiency, stroke, thyroid disease, infections, depression, and medication side effects.



## HOW IS ALZHEIMER'S DISEASE TREATED?

There is no magic pill that will stop the progress of Alzheimer's disease. However, the FDA has approved a few drugs that *may* help improve mental function for those who are suffering.

- Your client with **mild or moderate AD**, may be on the medications *Aricept*, *Exelon* or *Razadyne*.
- A client with **moderate to severe AD** might be on *Aricept* or another medication called *Namenda*.
- Your AD client may also be on *antidepressant medications* to help regulate mood and *sleep medications* to promote more restful sleep.

Alzheimer's disease medications may help your client maintain thinking, memory and speaking skills for as little as a few months or as much as a few years. They work by regulating the chemicals in the brain that are responsible for sending and receiving messages between neurons.

**You can help your client on AD medication by recognizing and reporting any side effects you see.**

- **Side effects of Aricept, Exelon and Razadyne include:** Diarrhea, dizziness, loss of appetite, muscle cramps, nausea, trouble sleeping, vomiting and weight loss.
- **Side effects of Namenda include:** Constipation, dizziness and headache.
- **Side effects of antidepressants include:** Drowsiness, nervousness, sweating and anxiety.
- **Side effects for sleeping pills include:** Fatigue, confusion, slurred speech and incontinence.

***Any side effects that you observe should be reported to your supervisor.***

Aside from medication, one of the best treatments for Alzheimer's disease is for the caregivers, family and friends to help the Alzheimer's client *cope* with the disease. For example, people with Alzheimer's disease do better if their caregivers help them stick to a familiar daily routine.



*Apply what you've learned!*

### **Do All People with Dementia Have Alzheimer's?**

The word "dementia" comes from a Latin word that means "out of one's mind." Dementia is actually a *group of symptoms* that indicate a person's ability to think is failing. That is why a person with dementia suffers from loss of memory, problems with all kinds of skills, orientation problems and changes in behavior.

People are often diagnosed with dementia when they lose their mental skills and abilities, including the ability to take care of themselves.

**Alzheimer's disease is just one kind of dementia.** And, it is the most common kind.

- So, that means, ***all people with Alzheimer's disease have dementia.***
- ***But a diagnosis of dementia does not mean that someone has Alzheimer's.***

There are about 50 different conditions that can cause dementia, some of which are treatable.

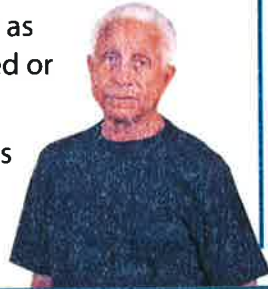


## THE STAGES OF ALZHEIMER'S DISEASE

### THE "EARLY STAGE" OF AD

The symptoms of the early-stage of Alzheimer's disease come on slowly. A person with early-stage Alzheimer's disease may look well and may be able to "cover up" the signs of the disease. This stage of the disease is also known as the Onset Period and may last up to five years. The symptoms include:

- Poor concentration and a short attention span.
- Problems making decisions.
- Short-term memory problems. (For example, forgetting a meal that was just eaten.)
- Forgetfulness, such as forgetting names, dates, how things work or how to pay bills.
- Depression.
- Some personality changes such as becoming cranky, silly, frustrated or very quiet.
- A *very early sign* can be changes in the patient's sense of smell.



### THE "MIDDLE STAGE" OF AD

The middle-stage of Alzheimer's disease is also known as the Progressive Period. It may last up to 12 years. The symptoms of the middle-stage of Alzheimer's disease include all the signs of the early stage, but now they get **much worse**. There are also new symptoms, such as:

- Episodes of getting lost, even in familiar places.
- Problems with speech--not being able to remember words or be part of a conversation. May talk "in circles".
- Tendency to follow people around (also called shadowing).
- Behavior problems such as urinating in strange places, cursing, acting silly or making sexual advances.
- The desire to put everything in the mouth.
- Problems with following directions.
- Problems sleeping at night.
- A shuffling walk with a stooped posture.

### SYMPTOMS OF THE "LATE STAGE" OF ALZHEIMER'S DISEASE

The late-stage of Alzheimer's disease can last for three years or more. It is also known as the Terminal Period, since these Alzheimer's patients are nearing death. People with late-stage Alzheimer's disease are often bedridden and at risk for a number of infections. The symptoms include:

- Weight loss.
- Loss of balance and ability to walk.
- Loss of short and long-term memory.
- Loss of speech, although Alzheimer's patients may groan or scream.
- Inability to perform basic skills such as eating or drinking.
- Failure to recognize others or even themselves.
- Respiratory infections (people with Alzheimer's disease often die from pneumonia).



## KEEPING CLIENTS SAFE IN ALL STAGES OF AD

- It's important to have safety features in the bathroom such as a raised toilet seat and grab bars. (In addition, there are toilet seat "locks" available if your patients tend to throw things in the toilet bowl.)
- It is unsafe to leave Alzheimer's clients alone in the tub or shower. They could burn themselves with the hot water and/or slip and fall.
- Encourage your Alzheimer's clients to use any eyeglasses that have been prescribed for them. Poor vision can increase their confusion and frustration—and also puts them at a higher risk for falls.
- Put decals on glass doors to prevent Alzheimer's clients from walking into the glass.
- People with AD often have a reduced sense of smell. Keep in mind that they might not be able to smell something burning and should be monitored when cooking and/or smoking.
- Make sure the client's living area is well lit to reduce confusion and/or accidents.
- Remember that people with Alzheimer's disease have been known to drink household cleansers, thinking they were beverages. Don't leave any chemicals within reach of your clients.
- Pad any sharp corners on furniture in your client's living area and make sure any sharp objects—such as scissors—are kept in locked cabinets.
- Post pictures or signs as clues to help your Alzheimer's clients find their way around.
- The majority of people with Alzheimer's disease are likely to wander at some point. Make sure the outside doors and windows are securely locked.
- For home health aides: encourage your client's family to look into the **Alzheimer's Association Safe Return Program** ([www.alz.org/SafeReturn](http://www.alz.org/SafeReturn)). This is a national program that identifies people with dementia who have wandered away from their homes.



## TALK about it!

### Open the Discussion

Spouses, adult children or others who care for loved ones with Alzheimer's disease are at an increased risk of developing **caregiver burnout**.

Be sure to check in with your client's caregivers.

#### Here are some easy conversation starters:

- *How are you doing?*
- *Is there anything I can do for you right now?*
- *Can I help you find a support group, social worker or therapist to help you shoulder this burden?*
- *I'm here for you when you need me. We take care of the whole family, not just the "patient."*

***"Sometimes he is right there, watching and listening. Other times, he floats off, content to drift away from us. There's a strange beauty to it, a peacefulness. The silence feels silken. It's like talking to a cloud, my mother has said of those moments."***

- Patti Davis writing about her father, Ronald Reagan, and his battle with Alzheimer's, in *The Long Goodbye*



## PERSONAL CARE NEEDS OF THE AD CLIENT

**Keep the environment calm and peaceful:** Bathing and getting dressed involves a lot of steps and the use of many different skills. It can be a very confusing time. When people with Alzheimer's disease get confused or frightened, they may become irritable, uncooperative or upset. Turn off any TV or loud music before beginning personal care.

**Avoid sudden changes in temperature:** A sudden change in temperature during undressing or bathing can be very stressful to someone with AD. Make sure the room is comfortably warm before proceeding with your care.

**Be patient and flexible:** Provide assistance with personal care as needed, but allow your clients as much independence as possible. Keep in mind that Alzheimer's clients may forget to brush their teeth on Wednesday, but remember on Friday.

**Help with mouth care:** This is especially important for terminal patients whose mouths may become very dry and uncomfortable.

**Prevent complications of immobility:** People in the later stage of Alzheimer's disease suffer from lack of mobility and may be bedridden or chair-bound. Skin breakdown, pressure sores and contractions may result from lack of mobility. Remember to turn these clients every two hours—or according to your orders.

**Comfort is the key:** Use pillows to help support the arms and legs in order to maintain a good body alignment. Make certain that the client is comfortable.

**Protect fragile skin:** Check each client's skin every day as it can become very fragile. Use a mild soap and blot the skin to prevent tearing. Apply lotion gently to the knees and elbows because rubbing or massaging may tear the skin.

**Limit choices:** It's best to limit clothing choices for people with Alzheimer's. Asking "What would you like to wear today?" will probably just cause confusion.

**Break down dressing into small steps:** Instead of saying "Get dressed now," say "Put on your shirt," "Good, now put on your pants," and so on.

**Take regular bathroom breaks:** Stick to a regular routine of trips to the bathroom. (Every 90 minutes is usually good.) Watch Alzheimer's clients for signs that they have to urinate such as restlessness, pulling at a zipper or pulling down their pants.

**Use signs to lead the way:** Sometimes Alzheimer's clients forget where the bathroom is. You might try taping a brightly colored sign with a picture of a toilet on the bathroom door.

**Accidents happen:** Be gentle with clients who have "accidents". They can't help it! Assist them to get clean and dry as soon as possible.

**Encourage regular exercise:** Encourage your Alzheimer's clients to get some regular exercise every day. Even helping to bathe themselves and getting dressed is a little bit of exercise. Assisting them to walk helps them get rid of excess tension and anxiety.

**Perform ROM exercises as ordered:** In order to prevent contractures, range of motion exercises should be performed according to your agency's policies. A physical therapist may be needed to instruct you in the proper techniques.

**Get your flu shot:** Clients who are immobile have a greater risk of infection, therefore many agencies require their caregivers to obtain an annual flu shot.

**Keep the routine:** If possible, stick to the routine the person had *before* developing Alzheimer's disease. For example, if your client was used to showering in the morning, try to continue that routine.



## NUTRITIONAL NEEDS OF THE AD CLIENT

**Be patient:** It may take a good *30 minutes* to feed an AD client.

**No surprises:** When feeding people with Alzheimer's disease, make sure they see the food before you put it in their mouths. If you "surprise" them with a mouthful of food, they might choke.

**Gentle reminder cues:** If Alzheimer's clients clamp their mouths shut during eating, try stroking their cheeks or pretend to yawn. This may get them to open their mouths.

**Serve liquids at room temperature:** Cold liquids cause choking less often than room temperature ones.

**Stay hydrated:** Encourage your Alzheimer's clients to drink plenty of fluids. If they get dehydrated, it could add to their confusion. Bendable straws often make it easier for the patient to drink.

**Eliminate choking hazards:** Alzheimer's clients may try to eat small items like buttons, coins, plant leaves or paper clips. Make sure to keep the environment free from these little "temptations."

**Finger foods:** People with Alzheimer's disease usually like to eat with their fingers. (Using silverware can be too confusing.) Make sure food is cut into bite-sized pieces and not too hot to be picked up.

**Know what to do if the person chokes:** Coughing and choking can lead to an emergency situation. Be sure you are prepared to use the Heimlich maneuver or follow your agency's emergency protocol.

**Make sure your clients are getting enough to eat:** Some Alzheimer's clients hide food. Often, this is because they are afraid they won't be able to eat when they are hungry again.

**Dinner may be a challenge:** People with Alzheimer's disease may be more distracted in the evening since they are tired from trying to concentrate all day.

**Change plates:** Some Alzheimer's clients have trouble seeing their food. For example, if your client has mashed potatoes on a white plate, she may not be able to see them. It may help to put the food on a dark or brightly colored plate.

**Serve foods one at a time:** Sometimes, AD clients get confused about what to eat first so they just don't eat anything. If the meal has meat, a vegetable and fruit, try serving the items one at a time.

**It's best not to argue:** If your client refuses to eat, try to understand why he is upset or try again in a few minutes.



*Working with clients in the home often requires coming up with creative solutions to common problems.*

- **THE PROBLEM:** You are caring for a 74 year old man with AD.
- He has difficulty speaking and following directions but can usually get most of his ADL's done with very little help.
- On this day, he is having a much harder time with things and he is becoming frustrated while trying to get washed and dressed.
- **WHAT YOU KNOW:** You know AD is progressive so you expect symptoms to get worse as time goes on but, this is a major change in your client.
- You report the behavior to the nurse who agrees to assess the situation.
- **GET CREATIVE:** Think of **3 creative solutions** you might try *right now* to help your client get washed and dressed without further frustrating him.
  - **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.





## EMOTIONAL NEEDS OF THE AD CLIENT

**Encourage but don't push:** Try to help your client have pleasant moments throughout each day.

**Listen:** Listen to your clients when they talk about their feelings. Let them know you understand they feel bad about the changes in their lives.

**Understand repetitive behaviors:** The repetitive behavior common to people with Alzheimer's disease can come from their brain being "stuck" on a certain task or idea. It can also come from an emotional upset. For example, if your Alzheimer's client gets confused or overwhelmed, she may begin to pace or rock or repeat a hand motion over and over. Try to find out if (and why) your client is upset, or try to turn the repetitive motion into something useful like sweeping, dusting or folding towels.

**Feeling crazy?** Remember that Alzheimer's clients are not trying to drive you crazy! Changes in emotions and behavior are part of the disease.

**Distraction:** Inappropriate sexual behavior is also a common part of Alzheimer's disease. If your clients perform inappropriate sexual activity such as masturbation, try to distract them by giving them something to hold or assigning some task they are able to perform.

**Keep area clean and clutter-free:** Your Alzheimer's clients may become upset or overstimulated by a cluttered environment. Keep their living area neat and free from clutter.

**Use night lights:** Total darkness may scare or confuse your client.

**Monitor wanderers:** Some Alzheimer's clients wander off because they feel the need to find something *familiar*. They may be looking for their childhood home or the place they used to work. Remember to keep outside doors and windows locked.

**Limit choices:** Alzheimer's clients become frustrated very easily. Don't give them a choice if there isn't one. For example, don't say "Do you want to take a bath now?" Instead say "It's time for your bath now."

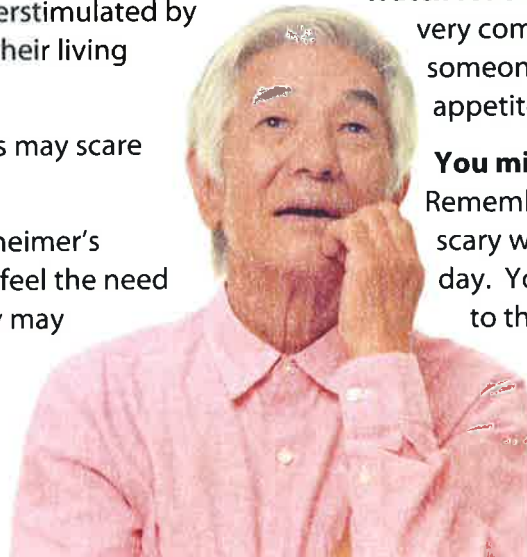
**It's not personal:** Some Alzheimer's clients become cranky or irritable. They might say things to you that hurt your feelings. Try not to take it personally. Think about what they might be trying to tell you. For example, if a client says "You never feed me!", he might mean that he is hungry. If your client says "I know you are stealing from me!", she might be telling you that she feels like she has been robbed of her life. Remember, too, that people with Alzheimer's disease do not *choose* to behave badly. It is part of the disease.

**Try to stay calm and positive:** If you are feeling stressed or irritable, your mood can easily rub off on someone with Alzheimer's disease. Try to stay calm and positive; your client will probably "mirror" your good mood.

**Be respectful:** Treat your Alzheimer's clients as *people*. Don't talk about a client as if he weren't in the room. Assume that your clients can understand every word you say. And, be sure to talk to them even if they can't talk back to you.

**Watch for signs of depression:** Depression is very common with Alzheimer's and can make someone feel restless or exhausted, have no appetite, and/or sleep too much.

**You might be the most familiar person:** Remember that Alzheimer's clients live in a scary world that becomes less familiar every day. You might be the most familiar person to them each day and they might follow you around. While this can be annoying, try to be patient. Remember how lost the clients feel without you.









**intheknow** | CAREGIVER  
A home care/pulse COMPANY TRAINING

A Disease Process Module:  
**Understanding Alzheimer's Disease**

EMPLOYEE NAME  
(Please print):

\_\_\_\_\_

DATE: \_\_\_\_\_

- **I understand the information presented in this inservice.**
- **I have completed this inservice and answered at least eight of the test questions correctly.**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

SUPERVISOR SIGNATURE:

\_\_\_\_\_

**1 Hour CE Credit**

**File completed test  
in employee's  
personnel file.**

**Are you "In the Know" about Alzheimer's Disease?**  
**Circle the best choice. Then check your answers with your supervisor!**

- 1. True or False**  
Alzheimer's is a progressive, degenerative disease for which there is no cure.
- 2. True or False**  
Plaques and tangles help neurons send and receive messages.
- 3. True or False**  
Researchers believe Alzheimer's disease is mainly caused by lifestyle choices.
- 4. Fill in the Blank**  
The only way to diagnose Alzheimer's disease for sure is by performing an \_\_\_\_\_ after the person has died.
- 5. At which stage of AD might the client begin shadowing (or following people)?**  
A. Early stage.  
B. Middle stage.  
C. Late stage.  
D. Terminal stage.
- 6. True or False**  
Wandering is a common symptom in most AD clients.
- 7. True or False**  
Clients with AD benefit when you keep a predictable routine, limit choices, and avoid sudden changes.
- 8. True or False**  
If your client becomes agitated and will not stop pacing, you should place her in restraints.
- 9. True or False**  
Speaking to your AD clients from behind may startle and frighten them.
- 10. True or False**  
Drowsiness and anxiety are side effects of AD medications.

## EVALUATION

Personal Care Aid: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_

- 1) How often are you required to have a client sign paperwork?
  - a. After each shift
  - b. Every hour
  - c. Every day
  - d. Never
- 2) You are required to record the time you start your shift, the time your shift ends, and the total hours you work each day?
  - a. True
  - b. False
- 3) You are required to log in and out of the EVV system at the beginning and end of your shift?
  - a. True
  - b. False
- 4) A \_\_\_\_\_ of a patient must be immediately reported to Village Caregiving nurses and supervisors?
  - a. A day off
  - b. Change in condition
  - c. Family member visit
  - d. All of the above



- 5) A normal body temperature is approximately 97.6 degrees to 99.6 degrees?
- True
  - False
- 6) A pulse oximeter can be used to read a person's temperature?
- True
  - False
- 7) What device can be used to measure a person's oxygen level?
- Thermometer
  - Arm cuff
  - Pulse oximeter
  - Stethoscope
- 8) Village Caregiving staff is required to wash hands prior to directly interacting with a patient?
- True
  - False
- 9) When should soiled towels or gloves be discarded?
- Immediately
  - Only once unusable
  - At the end of the day
  - When able

10) If there is feces or urine and/or the patient has some sort of wound you should wear \_\_\_\_\_?

- a. A hairnet
- b. Scrubs
- c. Gloves
- d. None of the above

11) It is important to be patient with clients when they are agitated?

- a. True
- b. False

12) At a minimum and if time permits, Village Caregiving's staff members are encouraged to clear clutter?

- a. True
- b. False

13) When time permits, Village Caregiving staff is allowed to do light cleaning?

- a. True
- b. False

14) When a patient is agitated, you should?

- a. Call a Village Caregiving nurse
- b. Redirect them and try to be patient
- c. Call their family
- d. Go in the other room

15) When there is an emergency, what is the very first thing you must do?

- a. Call Village Caregiving
- b. Call the patient's family
- c. Ask the patient if they have an advanced directive?
- d. Call 911



- 16) You may share a patient's personal information with a friend?
- a. True
  - b. False
- 17) You may post about patient information on social media?
- a. True
  - b. False
- 18) People who are grieving are at less of a risk for abuse of alcohol or drug abuse?
- a. True
  - b. False
- 19) It is important to watch for significant changes in routine, sleep behavior, and weight?
- a. True
  - b. False
- 20) It is acceptable to use bath water that is cool and contaminated?
- a. True
  - b. False
- 21) As long as there is not intake restriction, you should encourage fluid intake?
- a. True
  - b. False
- 22) If a patient is bedbound, they should be turned every \_\_\_\_\_?
- a. Four hours
  - b. Meal
  - c. Morning
  - d. Two hours

23) If a client requires assistance with eating, you should make sure to give them \_\_\_\_\_?

- a. Very large bites
- b. Very sticky foods
- c. Very small, soft foods
- d. Foods they have to hold themselves

24) When arriving home from a grocery trip, what is the first thing you should do?

- a. Have a snack
- b. Put away bread
- c. Put away frozen foods and items that need refrigeration
- d. Do paperwork

25) It is acceptable to eat a patient's food?

- a. True
- b. False

26) If a patient is diabetic you must be careful when preparing their meals?

- a. True
- b. False

27) You are allowed to drive a PASSPORT patient?

- a. True
- b. False

28) When a patient is a fall risk, you can restrain them in any way?

- a. True
- b. False



29) If a patient is unsteady on their feet, you should \_\_\_\_\_ ?

- a. Ask them if they need help
- b. Get things for them when you can
- c. Stay close to them as they ambulate
- d. All of the above

30) A patient has a right to refuse a bath?

- a. True
- b. False

Tester:

Personal Care Aid: