

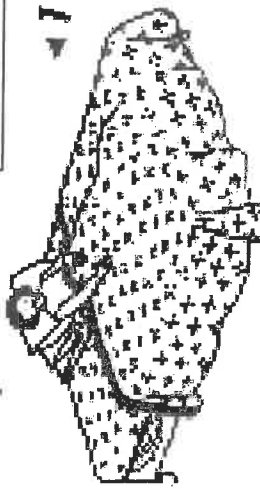
Simple things caregivers can do to provide relief and to enhance the quality of life of your bed bound client:

- Changing the patient's position frequently relieves pressure on backs, buttocks and hips. If possible, raising the head of the bed can assist the patient at meal times, when taking medications or with breathing. If the patient has good upper body strength, a bed "trapeze" lets the client use her/his upper arm strength to help with repositioning.
- Get at least 4 pillows, include one of those long body pillows since you can place them between the knees, ankles, under the arms and behind the back when the patient is laid on her side.
- Always use a draw sheet and place it under the hips and buttocks of the client. NOT behind their back. You can use folded sheets but commercially sold water-proof pads are strong enough to support the client. Use these pads and not the client's arms and legs to re-position them in bed. Clients should be turned every 2 hours to prevent bed sores, and yes, bed sores can occur in just a few hours.
- Perform daily or twice daily skin checks. Pay close attention to the skin on the back of the ears, buttocks, heels and back.
- Avoid electric blankets or heating pads. Some patients have compromised vascular status and these blankets quickly become warm enough to burn.
- Heel protectors provide essential protection to the skin of the heels, a common site of bed sores.
- Position the patient's bottom above the middle of the bed and keep the foot of the bed slightly elevated. Positioning the bed this way helps keep the patient from scrunching down in the bed.

From: www.cavcare.com

Making an Occupied Bed

Note: Keep the person covered at all times for modesty and warmth.



If the person is using a hospital bed, raise the bed to the level of your elbows and lower the knee and head until the bed is flat

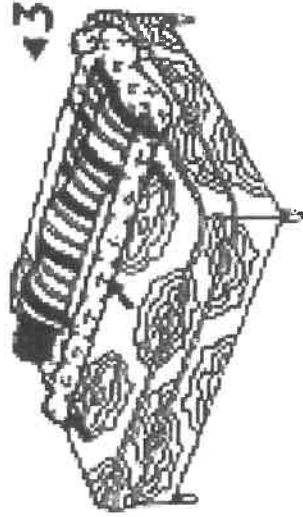


Loosen the sheets and blanket around the entire bed.
Remove all the covers, except for the top sheet or a cotton blanket to keep the person warm.

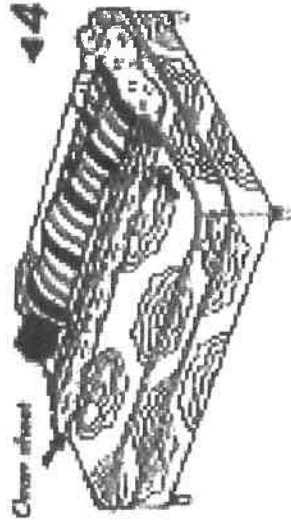
If the bed has side rails, raise the rail on the far side of the bed. If not, position the bed against a wall or secure the person in the bed with pillows.

Roll the person to the far side of the bed. The person should be on their side facing away from you.

Remove the head pillow and place the clean linen within easy reach.
Fold or roll any bed pad or draw sheet toward the person and tuck it again the persons' back.

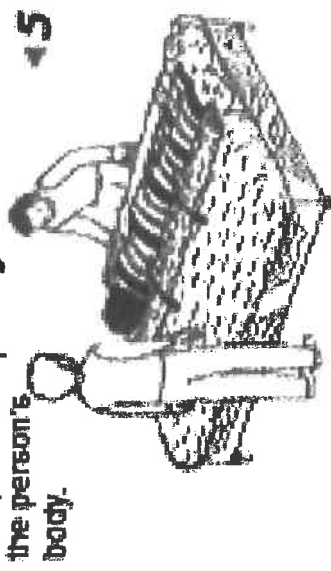


Roll or fold the bottom sheet lengthwise up against the person's back.



Your side of the bed should now be stripped down to the mattress or mattress pad and ready for clean linens.

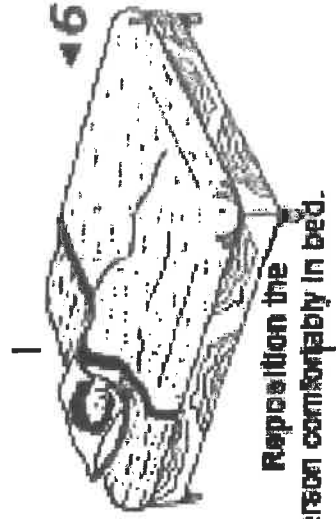
Start with the clean linens and put the fitted corner on the top and bottom corners of the side of the bed near you.
Then smooth the sheet at the center and push the sheet against



Raise the side rail on your side.
Roll the person gently onto their back and over the bunched linens to the clean side of the bed.

Move to the "dirty" side of the bed.
Remove the soiled linens and place them in laundry bag.

Pull the clean sheet from the middle of the bed and pull it firmly to make a tight, wrinkle-free bed, tucking it in at the head, along the side and at the foot of the bed.



Reposition the person comfortably in bed.

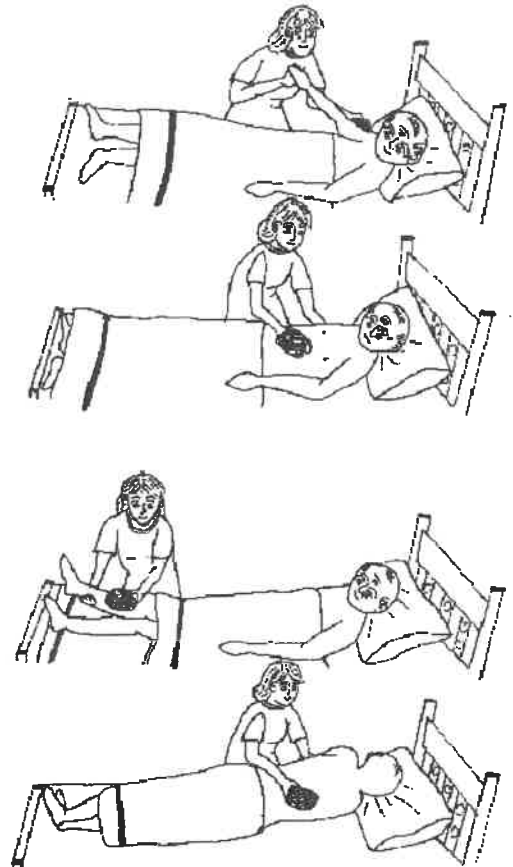
Giving a Complete Bed Bath

It is good idea to provide the bed-bound patient with a bath each day. This provides cleanliness, helps prevent skin breakdown and helps to refresh the patient in both body and spirit. A large bowl filled with warm water may be used or a no-rinse shampoo and body wash that does not require rinsing. To avoid chilling the patient, only a small area should be bathed at a time. Gently soap the skin, then rinse and dry. Begin washing at the face and work down towards the feet. Don't forget to wash the back. Apply a lotion containing lanolin. After washing the feet, the water will need to be changed before doing the buttocks area.

Daily washing of the genital area is especially important since bacteria tend to collect there. Wash between the patient's legs from the front toward the back. Rinse well and dry gently with a towel. Apply a soothing, moisture retarding ointment to apply to this area if control of stool or urine is a problem.

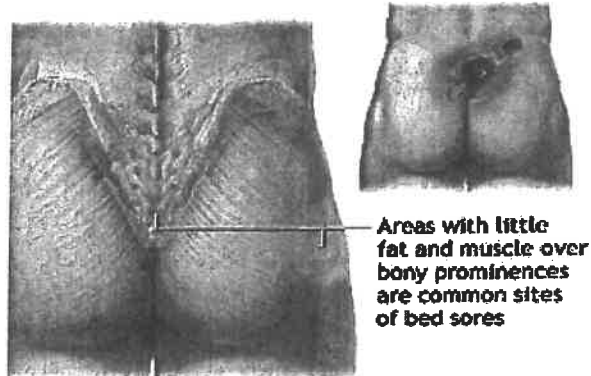
Here are some tips about body cleaning:

- If movement causes pain, wait about one hour after giving pain medication to bathe them
- Ask the patient if you are rubbing too hard or too lightly. Everyone has a different sense of touch.
- Provide privacy for the patient during the bath. If the patient is in a hospital bed, raise or lower the bed to lessen the strain on your back
- This is a good time to brush and style hair, and shave the patient. For some patients, attention to their accustomed personal habits will help lighten their spirits and maintain their dignity.



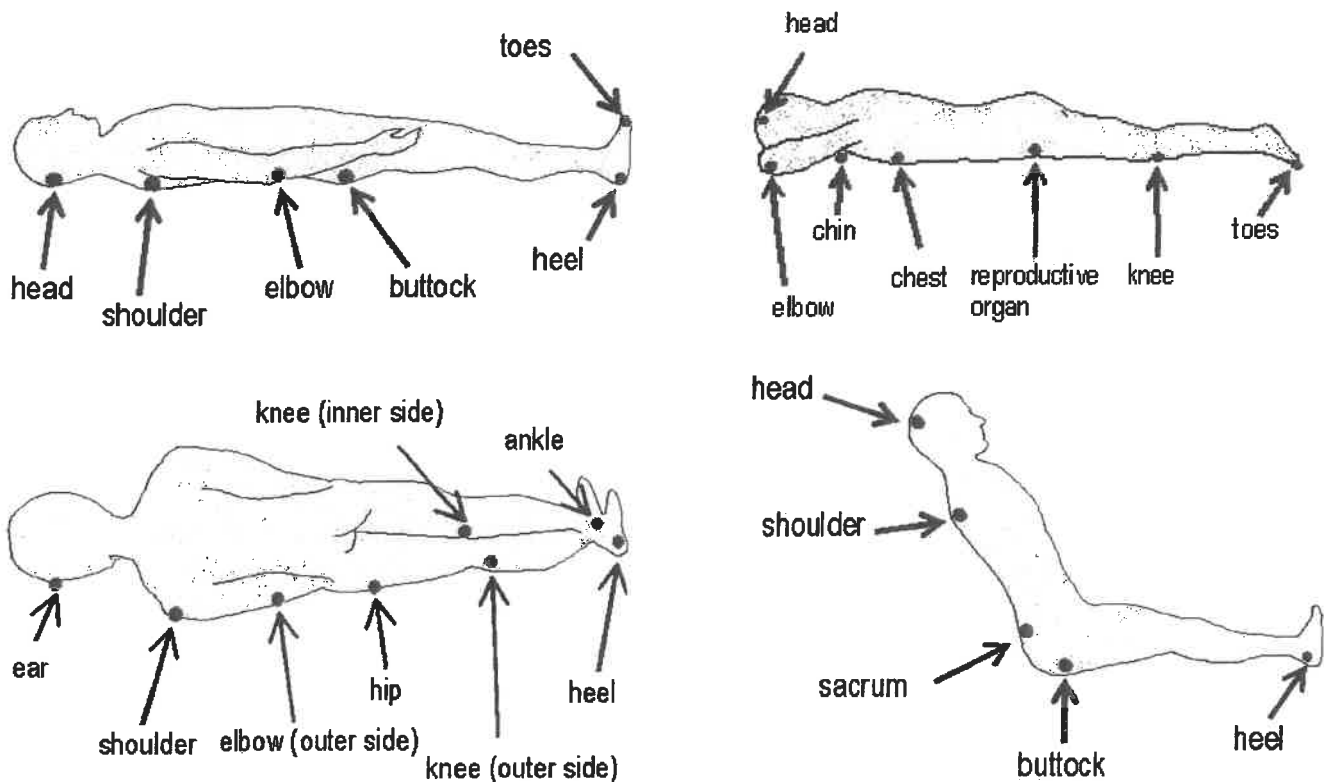
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Pressure Area Care



How pressure ulcers form

Many clients are not able to change position easily due to weakness, disability, or illness. This inability to change position without help places the person at high risk for developing a pressure ulcer. Pressure ulcers form when pressure points press against a mattress, chair or other surface. The pressure squeezes the tissues in between the bone and the surface the person is lying or sitting on. As a result, blood flow to the tissues decreases. The tissues do not receive enough nutrients and oxygen, and they die. The dead tissue peels off or breaks open, creating an open sore or ulcer.



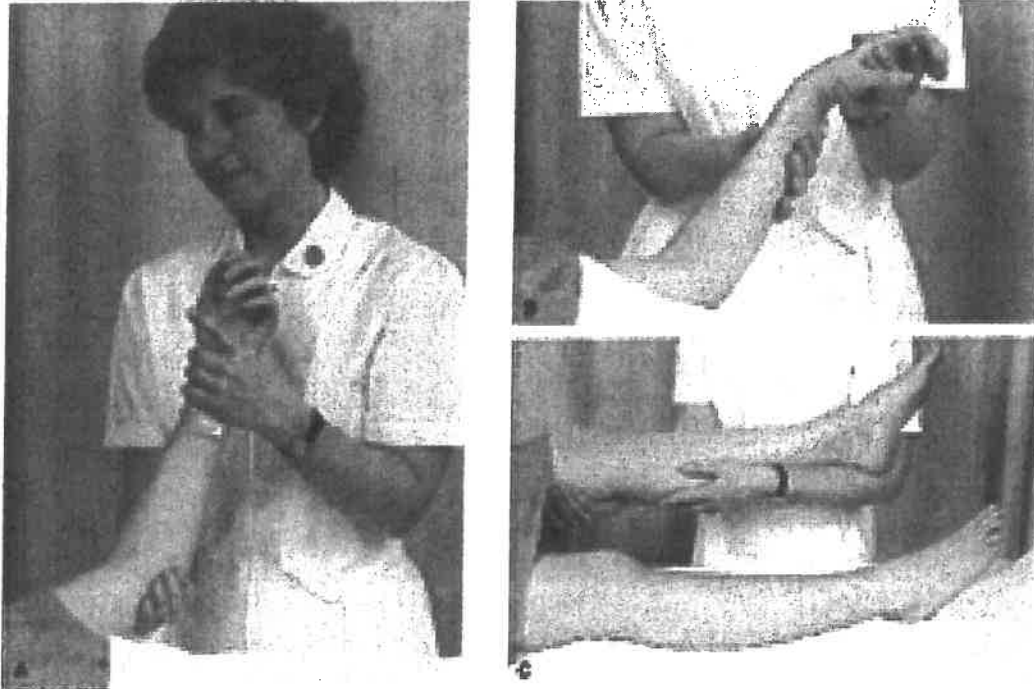
Guidelines for Preventing Pressure Ulcers

- Reposition a person who must stay in bed or in a wheelchair at least every 2 hours, or according to the person's care plan.
- Take the bedpan out from underneath the person as soon as the person is finished using it.
- Check the client's skin for changes at every opportunity, including when you are assisting the person with repositioning, bathing, and dressing and when you are changing wet or soiled linens or when giving a back rub.
- Provide good skin care. When bathing a person, clean the skin gently and thoroughly and rinse off the soap well. Make sure the skin is dried well and use lotion to keep the skin healthy and soft. Thoroughly clean and dry areas where skin touches skin, such as under the breast, and apply a light dusting of powder to keep the skin dry.
- Provide good perineal care, especially if the person is incontinent of urine or feces.
- Assist the person to the bathroom (or provide a bedpan or urinal) frequently. Check on incontinent people every hour or so.
- Ask clients who can walk to take a walk with you every 2 hours. Remind paralyzed clients to change positions in the wheelchair or move to the bed for a while.
- Make sure the bed linens are clean, dry, and wrinkle free at all times.
- Provide frequent back rubs.
- Minimize skin injury caused by friction or shearing. Use lift devices and lift sheets when moving and repositioning people. Use devices such as elbow pads and heel booties according to the person's care plan. Avoid raising the head of the bed more than 30 degrees.
- Offer refreshing drinks frequently. Encourage your clients to eat well.
- Use pressure-reducing devices according to the person's care plan.



Carter, PJ (2007) Lippincott's Essentials for Nursing Assistants, Philadelphia: Lippincott Williams & Wilkins, pp 448-9

Range of Motion Exercises



- Range-of-motion exercises are used to preserve joint and muscle function in people who have conditions that limit use of their joints and muscles.
- Depending on the person's situation, range-of-motion exercises may be active, active-passive, or passive, depending on how much assistance the person needs to do them.
- Because range-of-motion exercises can cause pain or injury if they are not done properly, it is important to follow the person's care plan and any specific instructions provided by the nurse or physical therapist when you are assisting a person with range-of-motion exercises.

Carter, PJ (2007) Lippincott's Essentials for Nursing Assistants, Philadelphia: Lippincott Williams & Wilkins, p 350

Dealing With Urinary Incontinence:

Maintaining privacy for your client is extremely important when providing intimate care. Before a patient becomes totally incontinent, a bedpan may be offered for a woman or a girl who cannot get up to the bathroom or a bedside commode, and a urinal may be placed for a man or boy's use. Making sure the bedpan or urinal is available on a regular basis is very effective in maintaining continence when your client is still conscious and able to void at will. You should offer the bedpan or urinal regularly so that he or she doesn't need to ask you for it in front of others.

If incontinence of urine is occurring on a regular basis, you will need to place incontinent pads underneath your client. You will also need to place incontinent briefs to absorb urine and help keep the skin dry. These will need to be changed every few hours as needed, after washing. Changing of incontinent briefs can be done by:

- turning the patient on his side,
- tucking the visible portion of the brief under him,
- washing up that area exposed,
- tucking a folded half of a new brief next to the old one and laying out the other half under the patient,
- then turning the patient back onto the other side,
- pulling the old brief out along with the new one and washing the area exposed and then securing the new brief in place.

Skin that becomes irritated or reddened should be cleansed, patted dry (not rubbed) with a soft towel, and a moisture barrier may be applied.

Dealing with Bowel Incontinence:

While bowel incontinence may be a result of loss of consciousness or disease, it may be a result of loose bowel movements or diarrhea caused by side-effects from medications or other causes. Offering the bedpan on a regular basis can help avoid incontinence if your client is able to control this function at this time.

As in the case of urinary incontinence, incontinent pads and briefs will need to be placed to prevent soiling of the bed and to help keep the patient clean and dry. After removing any bowel movement with toilet paper, a wet soft cloth or disposable wet wipe should be used to remove any remaining soiling and to assure complete cleanliness.

From: Hospice Patients Alliance, <http://hospicepatients.org>