PRINCIPLES OF CAREGIVING: AGING AND PHYSICAL DISABILITIES

CHAPTER 4 – PERSONAL CARE

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OBJECTIVES

1. Identify and describe activities of daily living and instrumental activities of daily living.
2. Explain the importance of observing client rights, dignity, and cultural preferences.
3. Describe techniques for preventing skin damage and pressure ulcers.
4. Identify 3 or 4 characteristics of people who might be at risk for skin-integrity concerns.
5. List the most common causes of skin breakdown.
6. Identify and explain basic principles of personal care and demonstrate selected personal care skills.
7. Describe how to promote independent functioning and respect a person's privacy while providing personal care.

SKILLS

- Bed bath
- Assisting with dressing
- Assisting with oral care
- Emptying a catheter drainage bag
- Positioning on the bedpan
- Assisting with eating

KEY TERMS

Activities of daily living (ADLs)
Ambulation
Aspiration
Catheter
Circulation
Friction
Grab bar
Incontinence
Instrumental activities of daily living (IADLs)
Mobility
Perineal care
Pressure ulcer

A. BASIC PRINCIPLES

1. Following Service Plans

Individuals, and their caregivers and health care providers will develop a *service plan*, also called a *care plan* or *support plan*. This is part of an assessment process for direct care assistance. It is based on the needs and the functional ability of the individual to perform activities. These are divided into *activities of daily living* (ADLs) and *instrumental activities of daily living* (IADLs).

Direct care workers must follow the agreed-upon service plan. If the client wants you to do something that is not in the service plan, you may be opening yourself and the agency to disciplinary and/or liability issues. Contact your supervisor if such a situation arises. Refer to the explanation of care and support plans in the Chapter 6 of the *Principles of Caregiving: Fundamentals* course manual.

When beginning care for *any* individual, regardless of condition; whether a family member or regular client, remember to allow the client as much independence as possible. Clients should be encouraged to continue to do as much as they can for themselves. The DCW should:

- Resist the urge to do everything for them. This is not healthy for the client or the direct care worker.
- Ask the client/family to determine what they can do. Assist but don't take over the task.
- Do provide physical and emotional supportive. Be available to listen, and be sympathetic yet genuine.
- Review the service plan for instructions. Check to see if the person is independent, or at minimum or total assistance for tasks.
- Continue to communicate with the client and family. Needs and abilities may change, sometimes daily.

2. Activities of Daily Living (ADLs)

Activities of daily living are considered a person's basic self-care tasks. They include the ability to:

- Dress.
- Eat.
- Ambulate (walk).
- Toilet.
- Take care of hygiene needs (e.g., bathing, grooming).

There are also *instrumental activities of daily living* (IADLs). These activities are important for functioning in the community and include the ability to:

- Shop.
- Keep house.
- Manage personal finances.
- Prepare food.
- Transport (drive, ride the bus, etc.).

The DCW's assistance with ADLs and IADLs helps fill the gap between what the person can do independently and what he/she needs help with. But for each activity that the DCW does, the client has a little less control and may lose out on being able to exercise the muscles and joints involved in the activity.

This section focuses on the personal care needs—the ADLs—and how to provide assistance to meet those needs. Assistance with some IADLs (housekeeping, food preparation) is addressed in the *Fundamentals* course manual.

3. Client Dignity and Rights

The DCW's responsibility is to help an individual maintain normal function, or to compensate for or regain lost function. The DCW must do so in a professional manner. This preserves the person's dignity. An example is not exposing more of a person than is absolutely necessary during bathing. Offering choices is an important way to preserve dignity.

Individualized person-centered services promote the principles of choice and respect. For example, individuals should be allowed to bathe at the time they desire and the way they prefer. Each person should choose what clothes to wear. One goal of personal care service is to provide assistance with an ADL, but it is also intended to maintain independence, renew and uplift the person's spirit.

> **!** **Client rights emphasize dignity, respect, choice, and empowerment (controlling what they can control).**

4. Cultural and Religious Issues

DCWs must appreciate the cultural differences between their own culture and the client's culture. Respect the person's culture and demonstrate that appreciation and respect while providing services. For instance, for some in the Hindu religion, personal hygiene is very important. Bathing is required every day, but bathing after a meal may be viewed as causing injury. However, not all people who are Hindu hold the same beliefs, just as people with a Hispanic last name may not like Mexican food. For input on

individual cultural and religious issues **ask the client, other caregivers, and your supervisor.**

Direct care workers should have warmth, empathy and genuineness. As discussed in Chapter 4, Cultural Competency, in the *Fundamentals* course manual, DCWs must also have a sense of compassion and respect for people who are culturally different. Just learning the behavior is not enough. When a person has an appreciation and respect for others they can display warmth, empathy and genuineness.

5. Observing and Reporting

Proper documentation and reporting of personal care tasks is critical. Refer to Chapter 6, Observing, Reporting and Documenting, in the *Fundamentals* course manual for more details.

While providing care such as bathing a client or applying lotion to a person's feet, be **very observant** of any changes in skin condition. If any changes are noted, they must be reported and documented immediately. **Document to whom the report was given, what action was recommended, and the outcome of that action.**

A paid provider of care and support is expected to contact a supervisor, who will contact the appropriate parties to get the necessary assistance.

Failing to contact anyone is viewed as *negligence* and can be grounds for an abuse investigation. Protect yourself against any liability or disciplinary action.

!	**Document and report your observations.**

B. SKIN CARE

Older adults and people with disabilities are susceptible to skin problems because of changes that happen as a person ages. Skin health can also be affected by medical conditions, pain, depression, confusion and/or injury. It is critical for a DCW to routinely check a client's skin for any changes and report changes to the supervisor. Early intervention is of utmost importance in maintaining a client's health and decreasing liability for the DCW and the agency.

> **!** **Contact your supervisor before proceeding with any action related to skin problems.**

1. Bruises and Cuts

A *bruise* is a common skin injury that results in a discoloration of the skin. Blood from damaged blood vessels deep beneath the skin collects near the surface of the skin resulting in what we see as a black and blue mark.

- Unexplained bruises that occur easily or for no apparent reason may indicate a bleeding disorder, especially if the bruising is accompanied by frequent nosebleeds or bleeding gums. **Notify your supervisor.**
- Bruises in older adults frequently occur because the skin has become thinner with age. The tissues that support the underlying blood vessels have become more fragile.

A cut, or *laceration*, refers to a skin wound. You can usually stop the bleeding by applying direct pressure over the wound with a clean cloth (or dressing). If the cut is on an extremity such as an arm or a leg, you can elevate the extremity. Washing the area with soap and water will help reduce the risk of infection. Cover the cut with an adhesive bandage. Depending on your agency's policies, you may need to report this to your supervisor.

> **!** **Remember to wear gloves with ANY and ALL blood exposures!**

2. Pressure Ulcers

Pressure ulcers, also called pressure sores, bed sores or decubitus ulcers, are lesions caused by unrelieved pressure resulting in damage to underlying tissue. Pressure compresses the tissue, causing decreased circulation. This can lead to decreased oxygen and nutrients and ultimately the death of the tissue. Common problem sites are bony areas (e.g., tailbone, heels, and elbows). The most common sources of pressure that result in ulcers are:

- Sitting or lying in one position too long.
- Rubbing casts, braces or crutches.
- Wrinkled bed linens and poorly fitting clothes.

Stages of skin damage

- **Stage I:** Mostly on the skin surface, indicated by reddened area that does not return to normal skin color 20-30 minutes after pressure is relieved. The skin remains intact. In individuals with darker skin, discoloration of the skin, warmth, edema (swelling from fluid accumulation), or a hardened area may be indicators.

- **Stage II:** There is partial thickness skin damage, affecting the outermost skin layer (epidermis) and the layer directly below it (dermis), or both. The ulcer looks like an abrasion or blister.

- **Stage III:** This involves the full thickness of the skin, extending into the underlying tissues. This deeper layer of skin tissue may have a relatively poor blood supply and can be difficult to heal. The ulcer is a deep crater with or without undermining (tunneling) of surrounding tissue.

- **Stage IV:** There is full thickness skin loss with extensive destruction, tissue dying (necrosis), or damage to muscle, bone, or supporting structures.

For more information and photos on stages of pressure ulcers refer to http://www.in.gov/isdh/files/Pressure_Ulcer_Classifications_-_Color_Version.pdf

Prevention

- **Avoid prolonged exposure.** Remind or help the individual to change position at least every 2 hours. If an area stays reddened for more than 20-30 minutes, reduce time for changing position by 30 minutes.
  - Assist or remind wheelchair users to relieve pressure on the tailbone every 20-30 minutes by pushing up on the armrests, shifting from side to side, or leaning forward, feet on the floor, making sure not to fall. Also encourage the use of pressure relieving cushions made specifically for wheelchairs (no pillows or plastic donuts).
  - Encourage mild exercise and activities that do not involve sitting for long periods of time.

- Be sure bedding and clothing under pressure areas such as the tailbone, elbows, or heels, etc. are clean, dry and free of wrinkles and any objects.

It is the **DCWs responsibility** to change the person's position at least every 2 hours if the person is unable to do so on his/her own (for example, an individual who has quadriplegia).

- **Avoid skin scrapes from friction.** To prevent these scrapes:
  - Follow safe transfer procedures. Do not drag or slide a person across surfaces. Get help or use a lift sheet to turn and move a person in bed.
  - Do not elevate the head of the bed more than 30 degrees. This will reduce pressure on the tailbone. If the person needs to be sitting upright after eating, lower the head of the bed to 30 degrees after an hour.
  - Prevent the client from sliding down in the wheelchair.
- **Protect skin over bony areas and where two skin surfaces rub together.** Protect the skin with clothing and special pads for elbows and heels. Cushions are good but do not replace frequent positions changes.
- **Protect fragile skin from being scratched.** Keep fingernails (yours and the client's) and toenails short. Long toenails can scratch a person's legs.
- **Protect skin from moisture.** Keep skin dry. Be aware of moisture sources, including baths, rain, perspiration, and spilled foods and fluids. Damp skin can become swollen, soft and irritated, leading to sores, rashes, and fungal infections.
- **Check contact points.** Observe skin that comes in contact with splints, braces, or other orthotic appliances for any signs of breakdown.
- **Watch for allergic reactions (rashes) from health and personal care products.** For example, some persons are allergic to incontinence pads.
- **If you see an area is reddened,** provide a light massage *around*, **not on**, the reddened area, to increase circulation to the area.

!	**Remember to contact your supervisor if you notice any changes in the person's skin.**

Other contributing factors

- **Dehydration and poor diet.** Adequate fluid intake is essential to maintaining healthy skin. Water and foods rich in protein and vitamins (especially vitamin C and zinc) help the body resist trauma, fight infection and promote healing.
- **Body weight.** Being particularly overweight or underweight increases the risk of skin problems.
- **Illness.** Diabetes, heart disease and poor circulation increase the risk of pressure sores.
- **Limited mobility and awareness.** Willingness and ability to engage in activities may be reduced by pain, sedation, low energy, or motor or mental deficits.
- **Irritants.** Chemicals (including urine) and other substances (for example, anti-bacterial soaps or detergent residues in linens) can irritate and inflame the skin.
- **Injury.** The risk of skin breakdown increases at the site of an injury. A burn from a heating pad, a scratch, bruise or scrape can develop into an ulcer if not properly treated.
- **Smoking.** Persons who smoke have decreased circulation and heal more slowly.

C. BATHING, DRESSING AND GROOMING

1. Skin Care

In general, skin care involves keeping the skin clean and dry, preventing prolonged pressure, good nutrition and exercise. It is important to regularly inspect the client's skin for signs of infection or breakdown**.** Refer to Section B in this chapter for more details on preventing skin damage.

!	**Prevention is better than treatment.** **Be observant to reduce the risk of problems.**

Skin care tips

- **Aloe Vera gel** (the green gel in the first aid aisle—not the lotion) is very good for use on minor skin irritation such as chafing between the legs, groin folds, or under the breasts. Use as directed. Make sure aloe is listed as the first ingredient. Cheaper products will list water as the first ingredient.

Do not use gels or lotions on open skin areas without getting supervisor approval.

- If a woman does not wear a bra and has large breasts, use a clean piece of 100% cotton material such as a man's hankie or piece of undershirt and place under the breasts after her shower. It will help to keep the skin dry.
- Medicated powder may also work well on minor skin irritation.
- Use lanolin based soap instead of antibacterial or heavily scented soaps. A rinseless soap also works well.

2. Bathing

Bathing provides many benefits:

- Cleansing and removing wastes from the skin.
- Stimulating circulation.
- Providing passive and active exercise.
- Helping a person feel better about him/herself and his/her appearance.
- Providing an opportunity to observe the skin and an opportunity to connect with the person.

Some individuals may be able to bathe without help. Some may need assistance occasionally, and others may need help all of the time. **Encourage as much independence as possible**.

How often a client bathes will probably be between you and the client, although a minimum of once a week is recommended. When considering the frequency of bathing, remember that each time an individual bathes, it washes off natural oils making the skin drier. The client's bathing patterns, incontinence issues, skin type, recent activities, and physical condition will all be factors in how often the client bathes.

Tub baths are not recommended for people with disabilities or elderly persons because it increases the risk of falls or of not being able to get out of the tub.

A rule of thumb: If an individual cannot get in and out of a tub without assistance, then a shower should be done using a shower seat. This is safer for the client and the DCW. Notify your supervisor if this is an issue.

> **TIP:** A visual that works well in discussing the safety of a tub bath is to ask the person if he or she could sit on the floor and expect to get up without help. That is essentially what he/she would be doing with a tub bath.

Procedure: The Bed Bath

Bathing is an ADL that cleans skin, improves circulation, and provides an opportunity for range of motion and socialization. It is preferable to transfer the client to a chair to provide a partial bath or to a shower bench. When this is not possible due to client weakness, decreased endurance (person cannot sit upright for an extended time), or respiratory problems that make transfers too taxing, then a bed bath should be provided.

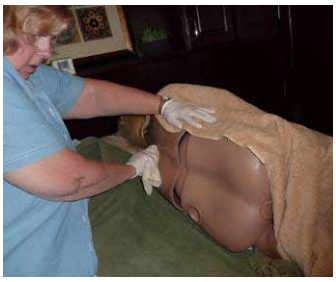
Supplies

- Wash basin and lanolin based soap (rinseless soap works best).
- At least four soft, absorbent towels and two soft washcloths.
- Disposable gloves.
- Moisturizing body lotion.

Description of procedure

1. Ask the client his/her preferences. Based on the response, gather supplies and plan how to proceed.
2. Explain procedure and continue to talk the client through each step of the bath.
3. Assist the client with removing clothing, eyeglasses, and jewelry.
4. Wash your hands and put on disposable gloves.
5. Place two large towels, one covering the shoulders to waist and the other from the waist to the toes on top of the client's top sheets. Then carefully remove the top sheets underneath leaving the towels in place. This keeps the client covered.
6. Use one washcloth for cleansing, another for rinsing (unless rinseless soap is used).
7. Have the client wash his/her face if able, or wash the client's face making sure the areas behind the ears get washed and dried.
8. Place towel lengthwise under the client's arm. Wash, rinse and pat dry the arm, armpit, and hand (place the hands in the wash basin if possible). Repeat with other arm, armpit, and hand.
9. Lift up the chest towel just enough to expose the chest and wash, rinse and pat dry. Re-cover the chest.
10. Lift up the towel covering the abdomen and wash the area to the groin. Rinse and pat dry. Replace the towel.
11. Remember to change the water as soon as it gets cold.

12. Place towel lengthwise under the client's leg. Wash, rinse and pat dry the leg and foot. Place the foot into the wash basin if possible. Make sure area between the toes is dried. Check the heels for any signs of skin problems.
13. Repeat the same process on the other side of the body.
14. Turn the client on the side away from you. Exposing just the back, place a towel lengthwise close to back.
15. Beginning at shoulders and working down toward buttocks, wash, rinse and pat dry the back. Examine tailbone area for skin problems (this is a common problem site).

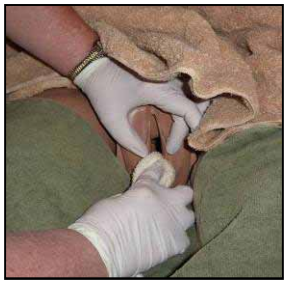


16. Turn the client on back. If person cannot wash the genital area, do it for him/ her, always wiping from genital to anal area (front to back). See *Perineal care* below.
17. Turn client on side. Wash the rectal area, front to back, rinse and pat dry.
18. Apply moisturizer while the skin is still moist.
19. Assist the client in dressing.
20. Put away supplies, remove gloves and wash hands.

Perineal care

Perineal care is the term for cleansing the genital area. Be sure to provide for privacy and comfort. Use a towel or bath sheet to keep the client covered while you do perineal care.

- **Female**: Have the woman lie on her back (with or without her knees bent depending on her ability). Visualize the area and separate the labia. With a washcloth make one swipe from front to back. Turn over the cloth and make another swipe from front to back. Continue until the area is cleansed. Rinse with water using the same procedure and pat dry.



- **Male:** Have the man lie on his back. If the individual is uncircumcised retract the foreskin. Grasp the penis shaft and with a circular motion cleanse from the tip of the penis down the shaft. Turn over the cloth and repeat from the head of the penis to the shaft. Wash the scrotum. Rinse with water and pat dry. **For the uncircumcised male put the foreskin back into the original position.**
- **For rectal area:** Have the person lie on the side away from you. If necessary separate the buttocks to visualize the anal area. Wipe from the front to the back, turning to a new area of the washcloth after each swipe until the area is clean. Rinse with water and pat dry.

Practical tips

- Throughout the procedure the client should be encouraged to perform as much of the bathing routine as possible. Ask specifically if the person can wash his/her own face or genital area.
- The DCW should **ensure privacy and dignity by only exposing the areas necessary** during bathing. Close the door and pull the window shade, if necessary.
- Make sure the room is warm and draft free.
- Be careful not to overtire a client. If a person becomes too tired, finish up with the most important areas (face, hands, arm pits, and genitals) and leave the rest for another day.
- When washing the eyes, wipe one eye, turn the cloth and wipe the other so as not to contaminate the other eye. Repeat as necessary.
- When applying moisturizer, gently massage bony prominences (e.g., hips, tailbone, elbows) using a light circular motion. Be observant for any skin changes. Do not massage legs. Poor circulation often causes clots to form, which can be dislodged by massage.

Don't forget!

- Wash areas from clean to dirty, that is, from head to rectum.
- Communication is very important before and during the procedure. This includes non-verbal communication during perineal care. If you feel uncomfortable or hesitant, your client will probably feel the same. Even if the client is non-verbal, continue to talk to the client as if he/she could communicate.
- Keep water warm to aid in comfort. Cool water can cause the client to chill.

My First Bed Bath

I knew when I started to work for my client who was quadriplegic, I would sooner or later that first day have to give my first bed bath. I got to say I was a little nervous - no, a lot nervous. Role playing was fun in class, but now this was the real deal. Just me and the client. I started out first to wash her hair very gently and I could see she was relaxed. Then she started to have a conversation with me. 'This is not that bad', I thought as I was half way through the bed bath. I continued washing her and when I got to her private parts I was very confident and relaxed. It was not bad at all. I was surprised at how light she was when I turned her to her backside. By then we were both having such a great time accomplishing the bed bath that I didn't realize I had finished with the bed bath until I was done. I have given many bed baths since then, but my first one will always be the one I remember.

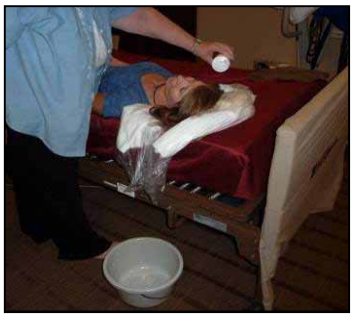
Mirtha Castaneda

3. Hair Care

Routine hair care involves washing, combing, drying and styling. It can be a very tiring task, even for clients who are independent in most areas. A client may enjoy going to a hair salon or barbershop. Some hairdressers will make house calls, too.

Washing, drying and styling a person's hair can take 30 to 60 minutes. Consider scheduling a shampoo on non-bath days to conserve the individual's energy. A shampoo once a week or every two weeks is appropriate for an older person.

A shampoo can be given in the tub or shower, at the sink, or in bed. Where the hair is washed will depend on what is appropriate for, and desired by, the individual. The client's health, mobility, energy level and personal preference should be considered. Always consider the client's wishes when determining a style. It should be easy to care for and appropriate for the person. The person's own styling equipment (e.g., styling brush, curlers, and hairpins) should be used.



Note: If you need to give a person a shampoo in bed there are plastic shampoo trays that work very well. If you do not have a tray, you can use a rolled up towel covered with a plastic trash can liner.

Caution: If the person has an eye disorder or has had recent eye surgery, consult a health care professional before proceeding with a shampoo. You may need to avoid moving the head into various positions that might cause increased pressure on the eye.

4. Dressing

Providing assistance with dressing, or dressing a client with or without an extremity weakness, is a skill that many DCWs will use daily. The key to assisting with dressing, as with any of the personal hygiene and grooming tasks, is for a DCW to **allow a client to be as independent as possible**, even if the person dresses slowly.

Procedure: Assisting with Dressing

Supplies

Articles of clothing client wishes to wear.

Description of procedure

1. Communicate with client the assistance procedure and expectations.
2. Provide for client's comfort and privacy.
3. Discuss client's preference of clothing. Offer the client a choice of what they want to wear that day.
4. Retrieve the clothing, and lay it out in an orderly fashion.

5. Dress weak side first (if applicable). Put the clothes on the weaker arm and shoulder side first, then slide the garment onto the stronger side. When undressing, undress the strong side first.

6. As much as possible, dress the client while seated. Put on underwear and slacks only up to the client's thighs. To finish, ask him/her to stand, or assist to stand, and then pull up the underwear and slacks.

7. Continue to communicate each step in the process as you go along.

Practical tips

- Always discuss with clients what their preferences are and how they are most comfortable.
- Don't assume a client wants to wear items of clothing that someone else may have chosen for them.
- Be aware of how the client may be feeling about needing assistance.
- Be aware of any issues that could cause the client to get tired or frustrated easily.
- Be pleasant while completing this task, engage the client in conversation.
- Encourage the client to wear clothes with elastic waistbands and Velcro closures.

Don't forget!

- Encourage the client to be as independent as possible.
- Only provide the assistance needed – don't do everything for the client just because it is faster for you.
- If the person has a stronger and a weaker side, put the clothes on the weaker arm and shoulder side first, then slide the garments onto the stronger side. When undressing, undress the strong side first.

5. Shaving

For most men shaving is a lifelong ritual, one they are able to perform in later life despite impairments. The act of shaving, as well as the result, usually boosts morale. A male client should be allowed to shave himself unless it is unsafe for him to do so. A female client may desire to have leg, armpit or facial hair shaved.

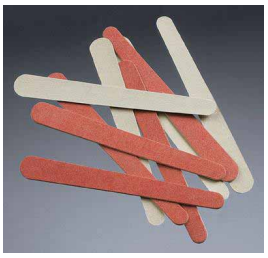
An electric razor is easiest and safest to use. Clients who have diabetes or who take anticoagulants should use an electric shaver. After shaving with the electric shaver, rinse the face with warm water or place a warm wet washcloth over the face and pat dry. If the individual desires, apply after-shave lotion.

6. Nail Care

Nail care for fingers and toes prevents infection, injury, and odors. Hangnails, ingrown nails, and nails torn away from the skin cause skin breaks. Long or broken nails can scratch the skin or snag clothing. Nails are easier to trim and clean right after soaking or bathing. **Some agencies do not allow their staff to clip nails** because using clippers can cause damage to surrounding tissue.

Supplies

- Wash basin with warm water.
- Nail clippers (not scissors).
- Orange stick, emery board or nail file.
- Lotion or petroleum jelly.
- Paper towels.



Procedure

1. Arrange items next to the client. Allow the person to soak nails for 10-20 minutes or do the procedure after a bath. Clean under the nails with an orange stick.
2. Clip nails **STRAIGHT ACROSS** with the nail clippers **if allowed to do so**. Shape fingernails with an emery board or nail file.
3. Apply lotion or petroleum jelly to hands and feet.
4. Clean and return equipment and supplies to their proper place. Discard disposable items.

> **!** **Contact your supervisor before clipping nails, because this is a liability risk.**

Do not trim (cut or clip) nails if a person:

- Has diabetes.
- Has decreased circulation to the legs and feet.
- Takes drugs that affect how the blood clots.
- Has very thick nails or ingrown toenails.

In these cases, nails should be **filed only** to prevent possible cutting of the skin. If more care is required, a podiatrist should be consulted. This is usually covered by insurance for the cases listed above.

7. Foot Care

Soaking the feet can help a person in three ways: it promotes relaxation, provides exercise, and allows an opportunity to examine the feet for problems. **Soaking is not advisable for all clients.** Those with *diabetes* should not soak their feet. Consult your supervisor to be sure this procedure is recommended. General guidelines for soaking and caring for feet are:

- Schedule soaks on non-bath days. The client can soak feet while sitting and doing grooming tasks or while watching TV. The foot soak should not last more than 20 minutes.
- Provide a basin of warm water and mild soap.
- Remind the client to exercise feet while soaking. Give step-by-step instructions: Wiggle the toes, stretch the feet, rotate the ankles clockwise, then counter-clockwise, flex and extend the toes and ankles.
- Pat feet dry. Dry thoroughly between the toes.
- **Examine the feet. Look carefully, especially if the individual limps, resists walking or paces. Increased friction may cause blisters or pressure sores**. If any lesions are noted, contact your supervisor for further instructions.
- Apply lotion to dry, cracking skin. Use a lotion containing lanolin or mineral oil.
- Clean and return equipment and supplies to their proper places. Discard disposable items.

Foot care for people with diabetes

There is an important connection between diabetes and foot care. A person with diabetes is more vulnerable to foot problems because diabetes can damage the nerves and reduce blood flow to the feet. The American Diabetes Association estimates that one in five people with diabetes who seek hospital care do so for foot problems. By taking proper care of the feet, most serious health problems associated with diabetes can be prevented.

The following foot care strategies are for people with diabetes. **However, all people will benefit from healthy foot care strategies.**

Keeping Well WITH DIABETES

Foot Care for People with Diabetes

People with diabetes have to take special care of their feet.

1 **Wash your feet daily** with lukewarm water and soap.

2 **Dry your feet well,** especially between the toes.

3 **Keep the skin soft** with a moisturizing lotion, but do not apply it between the toes.

4 **Check your feet** for blisters, cuts or sores, redness or swelling. Tell your doctor right away if you find something wrong.

5 **Use an emery board** to gently shape your toenails straight across. Do not use scissors or nail clippers.

6 **Wear clean, soft socks** that fit you.

7 **Keep your feet warm and dry.** If you can, wear special padded socks and always wear shoes that fit well.

8 **Never walk barefoot** indoors or outdoors.

9 **Examine your shoes every day** for cracks, pebbles, nails or anything that could hurt your feet.

Take good care of your feet - and use them.
A brisk walk every day is good for your feet.

For more information, call the *Keeping Well With Diabetes* Tip Line at 1-800-260-3730 or visit us online at kwwd.com.

8. Oral Care

Soft tissues of the teeth tend to harden with the aging process. Pain perception is reduced (painful toothaches are uncommon). Gum tissues recede from around the teeth. Aging tooth enamel, tobacco smoke, food pigments and saliva salts cause discoloration of teeth, ranging from yellow to brown, that cannot be removed by surface cleansing.

Good oral hygiene prevents sores and bad breath and keeps mucous membranes from becoming dry and cracked. Poor oral hygiene can contribute to poor appetite and the bacteria in the mouth can cause pneumonia. Inflamed gums also set up an inflammatory process that puts a strain on the heart and decreases resistance to infections. Encourage clients to brush their teeth daily, especially at bedtime. Electric tooth brushes or brushes with larger or longer handles promote self-care.

Providing proper oral hygiene for an individual that is unable to care for his or her own teeth is an important role for a DCW. Proper tooth brushing techniques help prevent conditions such as gingivitis, tooth decay and tooth abrasions, a condition in which the tooth is worn away. If you assist a client with oral hygiene, examine the mouth on a regular basis for signs of redness, swelling, or bleeding. A dentist should check any red or white spots or sores that bleed and do not go away within two weeks.

Procedure: Assisting with Oral Care

Supplies

- An extra soft or soft bristled manual toothbrush and toothpaste.
- Emesis basin.
- Disposable cup.
- Water or mouth rinse.
- Protective covering for clothing.
- Protective gloves.

Description of procedure

1. Gather all needed materials.
2. Provide an explanation of what will occur prior to starting the process and continue throughout.
3. Place the person in a seated (minimum of 60 degrees) or standing position prior to beginning.
4. Place a protective covering over the persons clothing.
5. Wash hands and apply gloves before brushing the person's teeth.

6. Apply water and a small amount of toothpaste to the toothbrush.
7. Brush all surfaces of the teeth and gum line before brushing the inside of the teeth. It is a natural reaction to bite down on whatever is placed in the mouth. To help avoid the bite reflex, do not insert the toothbrush to the inside of the mouth until later in the process.
8. Offer the person the opportunity to rinse and spit into an emesis basin as needed. If the person cannot independently rinse, turn the person to one side to allow the liquid to run from the person's mouth into a folded cloth.
9. Rinse the toothbrush periodically and apply another small amount of tooth paste as needed.
10. Clean the inside and outside teeth.
11. Upon completion, clean and dry the area around the person's mouth and remove protective covering. Dispose of soiled linen and trash.
12. Remove and dispose of gloves. Wash your hands.

Practical tips

- Try standing behind the person so you are looking down on his/her mouth. This will allow easier access and a better view of the person's mouth.
- Don't use too much toothpaste.
- Brush all three areas of the teeth (outside, inside and top).
- Allow the client an opportunity to rinse as often as needed.
- If the client is not able to spit out water, use an oral swab instead of a toothbrush.

Don't forget!

- Thoroughly clean the toothbrush after each use.
- Start with the outside of the teeth.
- Utilize universal precautions and infection control measures through the process.

Denture care

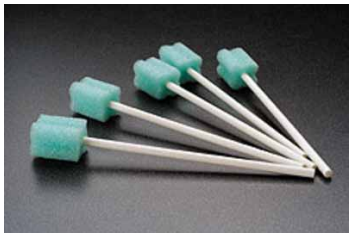
Dentures need to be cleaned at least once a day to prevent staining, bad breath and gum irritation. Partial dentures require the same care as full dentures. If you perform this task for the client, follow this recommended procedure:

- Wash your hands before and after handling dentures, and wear disposable gloves.
- Use a tissue or clean washcloth to lift one end, break the suction, and remove the dentures from the person's mouth.
- Observe the mouth for loose, broken teeth, sores, swelling, redness or bleeding. Any of these could indicate improper fitting dentures or a more severe mouth problem.
- Place dentures in a container filled with cool water.
- Clean dentures over a basin filled with water or lined with a washcloth, to prevent breakage should dentures be dropped accidentally.
- Cup dentures in hand. Brush the upper inside first, then the tooth and palate area. Rinse thoroughly.
- Have the individual rinse before replacing dentures. Provide a mouth rinse such as a saltwater (saline) solution. A warm saline rinse in the morning, after meals and at bedtime is recommended.
- Per the individual's preference, apply denture cream or adhesive to dentures before replacing.
- Store dentures in water when not in the person's mouth. This keeps them from warping. Dentures should soak in water for 6 to 8 hours each day (usually overnight).

For more information, refer to http://www.oda.org/upload/SmilesForSeniors.pdf

Use of oral swabs or "toothettes"

Oral swabs are designed with soft, secure foam heads with distinct ridges to gently lift and remove debris and mucous from the oral cavity. These can be used for individuals who have difficulty with a hard toothbrush in their mouths. It is also useful in moistening the mucous membranes of the mouth, especially for people in terminal conditions or who are comatose. Dip swab in a dilute mouthwash or saline solution and swab the oral cavity and gums. Dispose of the swab after use.



D. TOILETING

The DCW's responsibility is to help clients maintain normal function or to compensate for lost function. This must be done in a professional manner that preserves the person's dignity. Ensure privacy and comfort, and do not rush the individual.

Problems with elimination may occur due to a variety of reasons. Age-related changes, emotional stresses, and chronic diseases that disturb mental health, affect nutrition and limit activity are all possible causes. Bowel and urinary problems may come and go or may be constant, depending on the cause. The physical and emotional burden of bowel and bladder control problems can include:

- Increased risk of skin breakdown and infections.
- Feelings of anxiety, shame, embarrassment, and frustration.
- Decreased sense of control, dignity, and self-esteem.
- Concern about the future.
- Decreased self-image.
- Loss of privacy to perform private functions.
- Social isolation.

1. Urinary Incontinence

Urinary incontinence is the involuntary leakage of urine, regardless of the amount. Common bladder problems can be caused by reduced bladder capacity, a weakened bladder sphincter muscle, and decreased bladder muscle tone are all common. Other bladder control causes can be:

- **Neurological changes**. Nerve signals to the brain that the bladder is full are slowed, giving the person less time to reach the bathroom.
- **Mental impairment**. For example, memory loss can affect a person's ability to find the toilet and remember proper toileting procedures.
- **Psychological changes**. Depression, stress and fatigue can reduce the individual's motivation and ability to remain continent.
- **Infection.** Bladder infections are common among women.
- **Medications.** Diuretics increase urine output. Sedatives reduce awareness of the need to urinate.
- **Alcohol**. Alcohol increases urine output and reduces awareness of a full bladder.

Types of incontinence

The four major types of urinary incontinence are:

- **Stress incontinence.** Leakage of urine during exercise, coughing, sneezing or laughing.
- **Urge incontinence.** Involuntary bladder contractions or the bladder sphincter opens with a sudden urge to urinate. The time between the brain sending the urge signal

and the bladder sphincter opening is shortened leading to less time to make it to the bathroom.

- **Overflow incontinence.** Leakage of small amounts of urine from a constantly full bladder. This commonly occurs in men who have enlarged prostate glands and people who have diabetes.
- **Functional incontinence.** Occurs when individuals do not have the physical and functional ability to get to the bathroom in time. Otherwise, they would have normal control. It commonly occurs with conditions such as severe arthritis, Parkinson's disease and memory loss.

Control of incontinence

- **Establish toileting schedule every two hours.** Schedule trips to bathroom 10-15 minutes before the typical time incontinence usually has occurred in the recent past. Emptying the bladder before getting the urge allows more time for the client to get to the bathroom.
- **Identify care you need to provide**. If access to the bathroom is a contributing factor, list steps you need to take to correct the situation (for example, provide the client with a urinal or commode in the room or label the bathroom door so that a confused person can identify it). The following practices are safe in most situations.
- **Encourage the use of a toilet or commode** instead of a bedpan. This allows for a more normal position and assists the body in emptying the bladder and bowel.
- **Encourage the client to wear clothing designed for easy removal**.
- **Remind in an appropriate manner.** Use words in the client's vocabulary. A memory-impaired person may remember childhood terms such as "potty." If such terms are used, be sure everyone understands this is not meant to demean the client, but rather to help.
- **Provide plenty of fluids**, unless doctor's orders say otherwise. A full bladder sends stronger messages to the brain. Also, adequate fluids dilute urine, making it less irritating to the bladder wall. Offer a glass of prune juice at bedtime if constipation is a problem.
- **Encourage complete emptying of bladder** before bedtime and immediately after getting up in the morning.

2. Incontinence Pads

Incontinence pads and briefs help manage bladder and bowel incontinence. They are very absorbent and protect clothing. There are many different types of pads and briefs on the market. If the client is unhappy with a certain type, try others before giving up. Please *do not* use the term *diaper* with adults.

When assisting with changing a pad or brief, gather supplies (new pad, plastic bag, and cloth or disposable wipes for cleansing the skin). The DCW should put on gloves and assist in removing the old pad as necessary. Put the soiled pad into the plastic bag. Assist the person in cleansing the peri area (the skin needs to be cleansed of urinary and stool enzymes that will break down skin). Place any soiled disposable wipes in the plastic bag. Assist in applying a new pad. Peel off gloves and toss into plastic bag. Tie bag and take to outside trash. Wash hands.

3. Catheter Care

a. Indwelling catheter

An indwelling catheter, also called a *Foley catheter*, is a long tube inserted into the bladder to drain the urine. It is inserted through the urethra, the normal opening to the bladder, and remains in place with a small, inflated balloon at the tip of the catheter. It is important to reduce the risk of urinary tract infections. This is achieved by using clean techniques and correct positioning of the catheter, tubing, and drainage bags. **Routine catheter changes are done by a nurse, but it is the responsibility of the DCW to notify a supervisor/nurse of any changes in the urine or complaints of pain**.

Catheter care guidelines

- Make sure urine is allowed to flow freely. Tubing should not have kinks or have anything blocking the flow.
- **Keep the drainage bag below the level of the bladder <u>AT ALL TIMES</u>** including while in bed or using a walker/wheelchair. Do not attach the drainage bag to a bed rail.
- Do not set the drainage bag on the floor as this can contaminate the system.
- Coil the tubing on the bed. Keep the tubing above the drainage bag.
- Secure the catheter to the inner thigh with tape or catheter strap to reduce the friction and movement of the catheter at the insertion site.
- Check for leakage of urine and report findings to your supervisor.

- Cleanse the catheter insertion site when giving daily peri care and if needed, after bowel movements and vaginal drainage using the procedure outlined below.
- Drain the drainage bag in the morning and before bedtime and as needed (See *Emptying the catheter drainage bag* procedure on next page).
- Report any complaints of pain, burning, irritation, the feeling of a need to urinate, or any changes in urine characteristics such as color, clarity, and odor, to your supervisor.

Cleansing catheter at insertion site

- Put on gloves.
- Separate the labia (female) or retract the foreskin (male).
- Check the catheter insertion site for abnormal drainage. Holding the catheter in place with your fingers, cleanse the catheter from the urethral opening down the catheter about four inches. Use soap and water.
- Avoid tugging on the catheter as this may cause the catheter balloon to dislodge and cause pain.
- Make sure the catheter is secured properly and continue with any further peri care.
- Replace the foreskin on a male to the original position.

> **!** **Never tug or pull on a catheter. Never try to insert a catheter. During a transfer, move the catheter bag first, keeping the bag below level of the person's bladder.**

b. Suprapubic Catheter

An indwelling catheter is inserted through a permanent, surgical opening in the lower abdomen to the bladder to drain the urine. The catheter is then attached to a urinary drainage bag or a leg bag. The care guidelines are the same as for the care for an indwelling catheter listed above.

c. External Catheter

An external catheter, also referred to as a *buffalo*, *Texas*, or *condom catheter* is applied like a condom to the penis and then attached to a urinary drainage bag or leg bag. The tip of the penis should not rub on the interior of the catheter. The catheter needs to be changed every 24 hours and the penis washed and pat dried before applying a new catheter.

Procedure: Emptying the Catheter Drainage Bag

A person with an indwelling urinary catheter will have some type of a urinary collection device often referred to as a catheter bag. This catheter bag will have to be emptied by the client or DCW on a regular basis, with special attention to infection control practices.

Supplies

- Catheter bag (large bag that can hold 2000 cc of urine, sometimes referred to as nighttime drainage bag).
- Disposable gloves.
- Collection container (can be urinal, small pitcher or comparable device).
- Optional: Leg bag (holds 600-900cc and usually used during the day for more mobile clients).

Description of procedure

1. Explain to the person what you are going to do.
2. Wash hands, put on gloves.
3. Place the drainage container below the level of the client's bladder.
4. Unhook the tube and open the clamp **over the container** (be careful not to touch the tube on the side of the container).
5. Drain the urine into the container, close the clamp, and refasten the tube to the urine bag. Empty the contents of the container into the toilet.
6. Rinse the container and pour the rinse water into the toilet and flush.
7. Disinfect container, dry with paper towels and put away for storage.
8. Remove gloves and wash hands following proper procedure.

4. Ostomy Care

An *ostomy* is a surgical opening in the abdomen through which waste material discharges when the normal function of the bowel or bladder is lost. A *colostomy* is an opening from the large intestine (colon) to eliminate bowel movements. A *urostomy* is an opening to bypass the bladder and drains urine.

The care and management of the ostomy depends on what type it is. Typically, the person wears a plastic collection pouch. It is attached to the abdomen at all times to protect the skin and collect the output. When a new pouch is needed, the skin is cleansed with soap and water, a protective skin barrier may be applied, and a new pouch is applied. It may have to be precut to fit the *stoma* (opening). The pouch is emptied at the person's convenience. Again, how the pouch is emptied will depend on

the type of ostomy and the supplies used. Some colostomies can be controlled by irrigation (enema) and only require a small gauze pad or plastic stick-on pouch to cover the stoma between irrigations.

There are different types of ostomy supplies on the market and each individual will have individualized needs for depending on the type of ostomy, the size of the stoma and personal preference. Notify your supervisor if ostomy care is needed.

More detailed information can be found in *Colostomy Guide,* a publication of the United Ostomy Associations of America. Contact UOAA at 1-800-826-0826, or visit the website at http://www.uoaa.org/ostomy_info/pubs/uoa_colostomy_en.pdf

! Remember to wear gloves during catheter and ostomy care. Wash hands before and after removal of the gloves.

5. Use of a Bedpan

Regular, periodic elimination of body wastes is essential for maintaining good health. Clients who are confined to bed or who have limited ambulation may rely on the DCW to help them with this task. This often includes assisting the client with the proper positioning and use of a bedpan. The DCW must be aware of the emotional concerns of the client, preserving their privacy and dignity in the accomplishment of this task while maintaining good personal hygiene.

Procedure: Positioning on the Bed Pan

Supplies

- Bedpan and cover (if available).
- Basin of warm water/soap.
- Washcloth/towel.
- Paper towels/protective pad.
- Toilet tissue.
- Disposable gloves.
- Baby powder or corn starch (if available).

Description of procedure

1. Explain procedure/expectations to client.
2. Provide for client's privacy.
3. Assemble supplies, place all but protective pad on nightstand.
4. Wash hands, apply gloves.

5. Raise bed to comfortable position, lower head if elevated (if mechanical bed is used).

6. Place protective pad on bed or bedside chair.

7. Ask the individual what they need help with in removing clothing and assist as needed.

8. Fold bedcovers back, raise the client's gown, or assist with lowering pajama bottoms.

9. Sprinkle bedpan with baby powder or cornstarch for ease in sliding on and off the bedpan (prevents skin tears). Placing a paper towel in the bottom aides in empting solid waste and cleaning the bedpan later.

10. If the client can assist:
    - Ask client to flex the knees, place the feet flat on the bed mattress.
    - Ask client to lift buttocks. The DCW may assist by putting a hand on the small of the back and lifting gently and slowly with one hand.
    - Place the protective pad on the mattress. Push bedpan downward into the pad and slide under client's buttocks.

11. If the client cannot assist
    - Roll client onto side, away from DCW.
    - Place the protective pad on the mattress. Push bedpan downward into the pad and roll the client onto the bedpan.

12. For all clients
    - Replace bedcovers and raise the head of the bed (if applicable).
    - Place toilet tissue within reach.
    - Allow person privacy. Step away from the bed and ask to be notified when through.
    - Bring tub of warm water and perineal care supplies back to bedside.
    - Lower the head of the bed and remove bedpan. Unfold bedcovers, roll client to side, pushing bedpan into the mattress and pad and holding onto the pan carefully so as not to tip or spill contents.
    - Cover the bedpan and set aside.
    - Assist with perineal care (cleaning) as needed if client is unable to do so.

- Assist client with hand washing or antiseptic cleanser, if needed.
- Replace clothing and bedcovers. Provide for safety and comfort.
- Take bedpan to bathroom. Empty contents into toilet, being careful not to splash.
- Rinse, disinfect, dry and store bedpan using proper infection control procedures.
- Remove gloves and wash hands.
- Communicate with client as to comfort, and position as needed.

Practical tips

- Narrow end of the bedpan should face the foot of the bed. Client's buttocks should rest on the rounded shelf of the bedpan.
- Check for proper positioning to avoid spills, glance at bedpan from the top, between client's thighs.
- Always discuss preferences with the client and how they are most comfortable.
- Remember to collect supplies in advance.
- Always maintain safety and privacy in the procedure (raise/ lower bed, put up rails).
- This is a good time to make skin assessments, looking for "hot spots."
- Encourage the client to help as much as he/she possibly can. This helps maintain independence.
- Stay close to hear when the client is done; don't leave him/her on the bedpan too long.
- Don't put soiled bedpan on the night stand.
- Casual conversation makes task more pleasant for both the client and you.

Don't forget!

- Discuss the procedure with the client. Don't just jump in and mechanically perform.
- Don't forget your gloves!
- Be sure to keep client covered and maintain dignity throughout procedure.
- Use good body mechanics when turning and rolling – protect your back.
- Don't forget to help the client with personal hygiene, such as washing the client's hands.

6. Skin Care After Toileting

Skin care after toileting assistance is extremely important. The enzymes contained in urine and fecal matter can cause skin irritation and rashes. These are similar to diaper rashes in infants. For individuals who are incontinent, a daily shower is advisable.

If the person wears incontinence pads (do not use the term *diapers* unless it is an infant), it may be necessary to apply some type of skin protectant to the buttocks and peri area.

E. ASSISTIVE DEVICES FOR BATHING

Falls in the bathroom are some of the most common household accidents. Wet, soapy tile, marble, or porcelain surfaces in your bathroom can be very slippery. A seat designed for the bath or shower and grab bars allow a person to enjoy safely bathing in comfort. Seats come in different sizes and styles. In any case, look for one that is strong, stable, and has rubber caps on the legs to prevent slipping. If a bath stool or chair is used, they should be used with a secure grab bar to allow for safe entry and exit from the tub or shower.

Bath stool

Economical and lightweight, the bath stool is suitable for a person of slight to medium build. The rubber-capped legs prevent slippage and, with no backrest, allow for easy access to a person's back. The bath stool is ideal for narrow tubs and can easily be stored when not in use. However, its small base is unstable.

Bath chair

The bath chair is good for a person with poor back strength and a bigger build (some seats can support up to 400 pounds). While stability is better with rubber-tipped legs and a wide base, the bath chair may not fit inside a narrow tub.

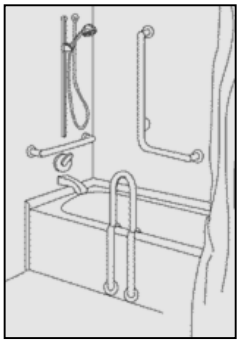
Transfer bench

A bench is the preferred device for getting in and out of a tub safely. As a person ages the muscles in legs get weaker so lifting the legs over and into the tub is more hazardous. With a bench the long seat remains partly inside and outside the tub. A person sits down outside the tub and then moves inside by sliding the body across the seat. The suction cups on the height adjustable legs prevent slippage. A towel placed on the bench before sitting down will aid in sliding over on the bench.

Hand-held shower heads

Standard shower heads can be replaced with a hand-held model. This shower head allows an individual to hold the water at the level needed in the shower. Look for longer hose lengths for a seated person.

Grab bars



Installing grab bars in the tub and shower can help a person get in and out more easily and reduce risk of falling. A grab bar near the toilet can give support when sitting down and standing up. If more support is needed, there are a variety of railings that can be added to the toilet itself.

For grab bars, be mindful of these points:

- The diameter of grab bars should be 1-1/4" to 1-1/2". Textured surfaces provide easy gripping.
- The space between the wall and the grab bar should be 1-1/2" to prevent the hand from being wedged between the wall and the bar.
- For proper support, grab bars must be mounted securely into wall studs or use secure anchoring devices.

Raised or elevated toilet seats

A

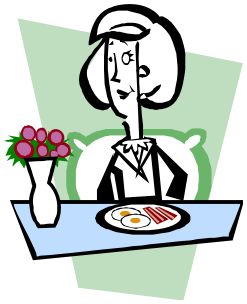
B

C

Raised toilet seats assist people who have difficulty getting up from the toilet. The higher the seat, the less distance you have to raise yourself. There are different types. The ones with armrests will help the person push up when standing. Some are freestanding (image B above), and some attach to the toilet (A and C). The style in image A can be tippy and requires the use of grab bars, while the other two types are more stable but can get in the way during transfers. If this is a problem, look for swing away armrests or grab bars.

When ordering a raised toilet seat, the person's body build and weight need to be carefully considered. **The person must be able to have both feet flat on the floor when sitting on the seat or it is too high.** Installing a "high boy" or "comfort height" toilet may also be another option**.** These toilets have a higher seat level.

F. MEAL ASSISTANCE



Direct care workers may help clients at mealtimes. Whenever possible, the person should eat with a minimum of assistance. If needed, adaptive equipment should be available to encourage self-feeding. Feed a person only if he/she is unable to do so.

1. Assisting with Setting Up a Meal

- The individual should be sitting with his/her head elevated to prevent choking.
- Cut meat, open cartons, butter bread if assistance is needed.
- Use clock description for a person with a vision impairment (e.g., meat is at 12:00; salad is at 4:00, etc.).

2. Assistance with Eating

Providing assistance with eating and/or feeding a client is a skill that many direct care workers will use on a daily basis. The purpose of this skill is to ensure that the DCW knows the correct technique for assisting with and/or feeding another individual.

Procedure: Assisting with Eating

Supplies

- Spoon and/or fork, napkin, bowl or plate, clothing protector, cup.
- Food items.

Description of procedure

1. Maintain dignity and safety of client at all times.
2. Check care plan or with supervisor to determine if choking hazard exists.
3. Ensure that you cut up meat, open cartons, butter bread, etc. *if* that type of assistance is needed.
4. Sit next to the individual at eye level.
5. Ensure that the individual is sitting with his/her head elevated to prevent choking.
6. Provide ONLY the amount of assistance that is necessary (graduated guidance, hand over hand, etc). **Encourage the client to be as independent as possible.**
7. Check the temperature of food before you begin. Feel the container, observe for steam, to ensure the food is at an acceptable temperature.
8. Explain what foods are on the plate. For someone with a visual impairment, use the clock description method (e.g., “Your meat is at 12:00, vegetables are at 3:00”, etc.).

9. Ask the individual what he/she wants to eat first.
10. Watch the individual to make sure the food is swallowed before giving more food or fluids. Remind the individual to chew and swallow as necessary.
11. Offer liquids at regular intervals.
12. Engage the client in pleasant conversation while completing this task, but don't ask questions that take too long to answer.
13. Do not rush the individual.
14. Once the meal is complete, ensure that you help the individual in wiping his/her face and washing hands as necessary.

Practical tips

- Be aware of how the individual may be feeling in regards to needing assistance. Ensure dignity and respect by allowing clients to make their own food choices, giving options and respecting preferences.
- Be aware of any issues causing the individual to tire or get frustrated easily.
- Pay special attention to individuals who may present a choking hazard.
- Ensure that you are communicating with the individual about the pace in which you are feeding or assisting him/her with eating.

Don't forget!

- Don't do everything for the client just because it is faster for you. Only provide the assistance that is truly needed.
- Don't assume the individual likes every item that has been served.
- Don't treat the client like a child. For example, do not wipe client's mouth with the spoon.
- Serve food in proper consistency to avoid choking.

3. Feeding an Individual who has Difficulty Swallowing

- Position the person upright in a chair to prevent choking or aspiration (inhaling liquids).
- Keep the client oriented and focused on eating.
- Help him/her control chewing and swallowing by choosing the right foods (a diet containing foods with thick consistency, which are easier to swallow) such as:
  - Soft-cooked eggs, mashed potatoes and creamed cereals.
  - Thickened liquids are often used.

- Offer a variety of textures and temperatures of foods as this stimulates swallowing.
- Difficulty swallowing may only be temporary and will improve after recovery from illness.

4. Feeding an Individual with a Cognitive Disability

- Avoid changes. Seat the person at the same place for all meals.
- Avoid excessive stimulation. Too much activity and noise often adds to confusion and anxiety. Remove distractions, if possible, and gently refocus the person.
- Meals should be ready to eat when the person is seated (e.g., meat is cut, bread is buttered, etc.).
- Avoid isolating the person. Isolation leads to more confusion.
- Call a client by a name he/she prefers. Achieve and maintain eye contact.
- Use a calm voice, speak softly, slowly, clearly and face the person.
- Keep communication simple. Use simple, short instructions such as "pick up your fork," "put food on your fork," "put the fork in your mouth."
- Use objects or hand movements to help with cueing.

5. Encouraging Appetite: Appeal to All the Senses

- Pay attention to the presentation of food. Try to not let foods on the plate run together.
- Set the table with a tablecloth and/or placemats. Use nice plates, flatware and possibly flowers.

Right Way

Wrong Way

- Play soft music.
- Have a meal with a theme such as South of the Border or Italian, with the appropriate food and music.

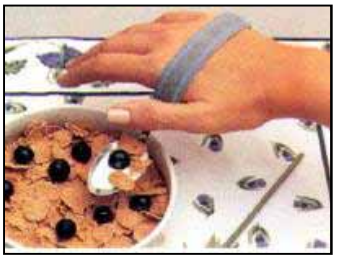
- Keep the table conversation positive and pleasant. Never say such things as, "If you don't eat, you won't get dessert!"
- Make sure eyeglasses are on and clean (increases visual appeal).
- May need to increase spices to make food more appetizing.

6. Assistive Devices for Eating

Encouraging a person to eat as independently as possible encourages a person's self sufficiency, self-esteem and can save time. Sometimes, a client may need to be fed or guided through a meal. The following are general considerations:

- Provide adaptive devices, such as a rocker knife which allows one-handed cutting.
- Provide foods that do not require use of utensils (e.g., finger foods, soup in a cup).
- Build up handles on utensils to make them easier to grasp.
- Use contrasting colors in place setting.
- Be consistent in placing food on a plate and on the table in specific order (for example,. potatoes are at the 3:00 position, meat is at 9:00 for visually impaired persons).

Examples of Assistive Devices for Eating



Eating utensil with elastic strap – For limited gripping ability

Offset spoon and rocker knife - For limited hand grasp and one-handed cutting

Scoop dish – Higher and curved side keeps food from falling off the edge of the plate