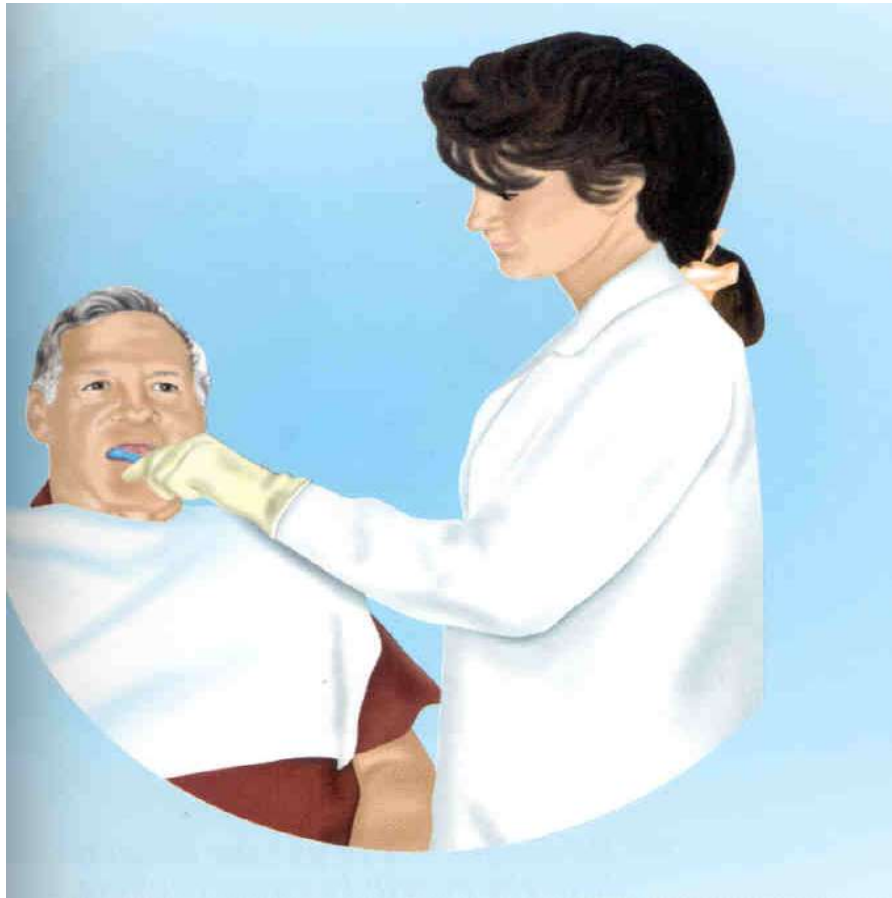


# CHAPTER THIRTEEN

## ASSISTING WITH HYGIENE

# CHAPTER FOURTEEN



# PERSONAL CARE INCLUDES:

- ✓ BATHING
- ✓ BRUSHING THE TEETH
- ✓ COMBING THE HAIR
- ✓ DRESSING
- ✓ SHAVING
- ✓ APPLYING MAKEUP

PATIENTS SHOULD BE ENCOURAGED TO DO AS  
MUCH FOR THEMSELVES AS POSSIBLE

# WHY IS CLEANLINESS IMPORTANT?

CLEANLINESS IS NEEDED FOR COMFORT,  
SAFETY, AND HEALTH

CLEANLINESS MAINTAINS THE HEALTH OF THE  
SKIN AND MUCOUS MEMBRANES

CLEANLINESS PREVENTS BODY AND BREATH  
ODORS, PROMOTES RELAXATION, AND  
INCREASES CIRCULATION

# CULTURE AND PERSONAL CHOICE

- ✓ SOME PEOPLE PREFER SHOWERS, OTHERS PREFER TUB BATHS
- ✓ SOME PEOPLE BATHE IN THE MORNING , SOME BATHE AT BEDTIME
- ✓ BATHING FREQUENCY VARIES AMONG INDIVIDUALS OR CULTURES
- ✓ SOME PEOPLE CANNOT AFFORD SOAP, DEODORANT, SHAMPOO, TOOTHPASTE, OR OTHER HYGIENE PRODUCTS

# PROTECT THE PATIENT'S PRIVACY DURING HYGIENE AND PERSONAL CARE PROCEDURES

THE NEED FOR CLEANLINESS AND SKIN CARE  
IS AFFECTED BY:

- ✓ PERSPIRATION
- ✓ VOMITING
- ✓ URINARY AND BOWEL ELIMINATION
- ✓ DRAINAGE FROM WOUNDS OR BODY  
OPENINGS
- ✓ ACTIVITY

# DAILY CARE ROUTINES

## EARLY MORNING CARE

### AM CARE

GIVEN BEFORE BREAKFAST WHEN THE  
RESIDENT FIRST WAKES UP

- ✓ ASSIST WITH ELIMINATION
- ✓ CLEAN INCONTINENT PERSONS
- ✓ ASSIST WITH WASHING FACE AND HANDS
- ✓ PROVIDE ORAL HYGIENE AND PUT IN DENTURES
- ✓ ASSIST WITH DRESSING AND HAIR CARE
- ✓ POSITION THE PERSON FOR BREAKFAST
- ✓ BEGIN MAKING BEDS

# MORNING CARE

## GIVEN AFTER BREAKFAST

- ✓ ASSIST WITH ELIMINATION
- ✓ CLEAN INCONTINENT PERSONS
- ✓ ASSIST WITH ORAL HYGIENE
- ✓ ASSIST WITH BATHING ( SHOWER, TUB, PARTIAL )
- ✓ ASSIST WITH PERINEAL CARE
- ✓ ASSIST WITH DRESSING
- ✓ ASSIST WITH GROOMING ( COMB HAIR, SHAVE, APPLY MAKEUP )
- ✓ ASSIST WITH ACTIVITIES – ROM, AMBULATION
- ✓ MAKE BEDS AND STRAIGHTEN THE RESIDENT'S UNIT

# AFTERNOON CARE

## GIVEN AFTER LUNCH

- ✓ ASSIST WITH ELIMINATION
- ✓ CLEAN INCONTINENT PERSONS
- ✓ ASSIST WITH WASHING FACE AND HANDS
- ✓ ASSIST WITH ORAL HYGIENE
- ✓ ASSIST WITH GROOMING – CHANGING CLOTHING,  
HAIR CARE
- ✓ ASSIST WITH ACTIVITIES – ROM, AMBULATION
- ✓ STRAIGHTEN THE BED LINENS AND THE  
RESIDENT'S UNIT



# EVENING CARE

## PM CARE

## HS CARE

GIVEN AT BEDTIME (HOUR OF SLEEP)

- ✓ ASSIST WITH ELIMINATION
- ✓ CLEAN INCONTINENT PERSONS
- ✓ ASSIST WITH WASHING FACE AND HANDS
- ✓ ASSIST WITH ORAL HYGIENE ( REMOVE DENTURES )
- ✓ ASSIST WITH NIGHTCLOTHES
- ✓ GIVE BACKRUB
- ✓ POSITION RESIDENT AND STRAIGHTEN LINEN
- ✓ STRAIGHTEN RESIDENT'S UNIT

# ORAL HYGIENE



MOUTH CARE KEEPS THE MOUTH  
AND TEETH CLEAN -

- ✓ PREVENTS MOUTH ODORS
- ✓ PREVENTS INFECTIONS
- ✓ INCREASES COMFORT
- ✓ MAKES FOOD TASTE BETTER
- ✓ PREVENTS CAVITIES

MUST BE DONE FOR:

- ✓ WEAK PERSONS
- ✓ CONFUSED PERSONS
- ✓ PEOPLE THAT CANNOT USE  
THEIR ARMS

# ORAL HYGIENE

INCLUDES:

- ✓ BRUSHING THE TEETH, GUMS, AND TONGUE
- ✓ FLOSSING THE TEETH (REMOVES PLAQUE AND TARTAR)
- ✓ RINSING THE MOUTH WITH MOUTHWASH
- ✓ BRUSH THE TEETH IN AN UP AND DOWN MOTION, BRUSHING ALL SURFACES OF THE TEETH
- ✓ CLEANING DENTURES IS ALSO A PART OF ORAL HYGIENE

# OBSERVATIONS

- ✓ DRY, CRACKED, SWOLLEN, OR BLISTERED LIPS
- ✓ UNPLEASANT MOUTH ODORS
- ✓ LOOSE, BROKEN OR DECAYED TEETH
- ✓ SWELLING , REDNESS, SORES, BLEEDING, OR WHITE PATCHES IN THE MOUTH OR ON THE TONGUE
- ✓ BLEEDING, SWELLING, OR REDNESS OF THE GUMS
- ✓ LOOSE, CHIPPED, OR BROKEN DENTURES
- ✓ PATIENT COMPLAINTS

SOME PATIENTS WILL BE ABLE TO PERFORM ORAL  
HYGIENE INDEPENDENTLY.

OTHERS MAY NEED YOU TO ASSIST WITH ORAL  
HYGIENE

SOME MAY NEED YOU TO PROVIDE THE CARE FOR  
THEM

ORAL HYGIENE IS INCLUDED IN OUR ADL'S  
IT SHOULD BE PROVIDED IN THE MORNING, AFTER  
MEALS, AND AT BEDTIME.

ORAL HYGIENE IS GIVEN EVERY TWO HOURS  
FOR THE:

- ✓ COMATOSE PATIENT
- ✓ PATIENT WITH A NASOGASTRIC TUBE
- ✓ PATIENT RECEIVING OXYGEN

# PROVIDING ORAL CARE FOR THE COMATOSE PATIENT

THE MOUTH OF AN UNCONSCIOUS PERSON MAY HANG OPEN CAUSING THE MOUTH AND MUCOUS MEMBRANES TO DRY OUT.

OR

ORAL SECRETIONS MAY ACCUMULATE IN THE MOUTH DUE TO THE PERSON'S INABILITY TO COUGH OR CLEAR THE THROAT.

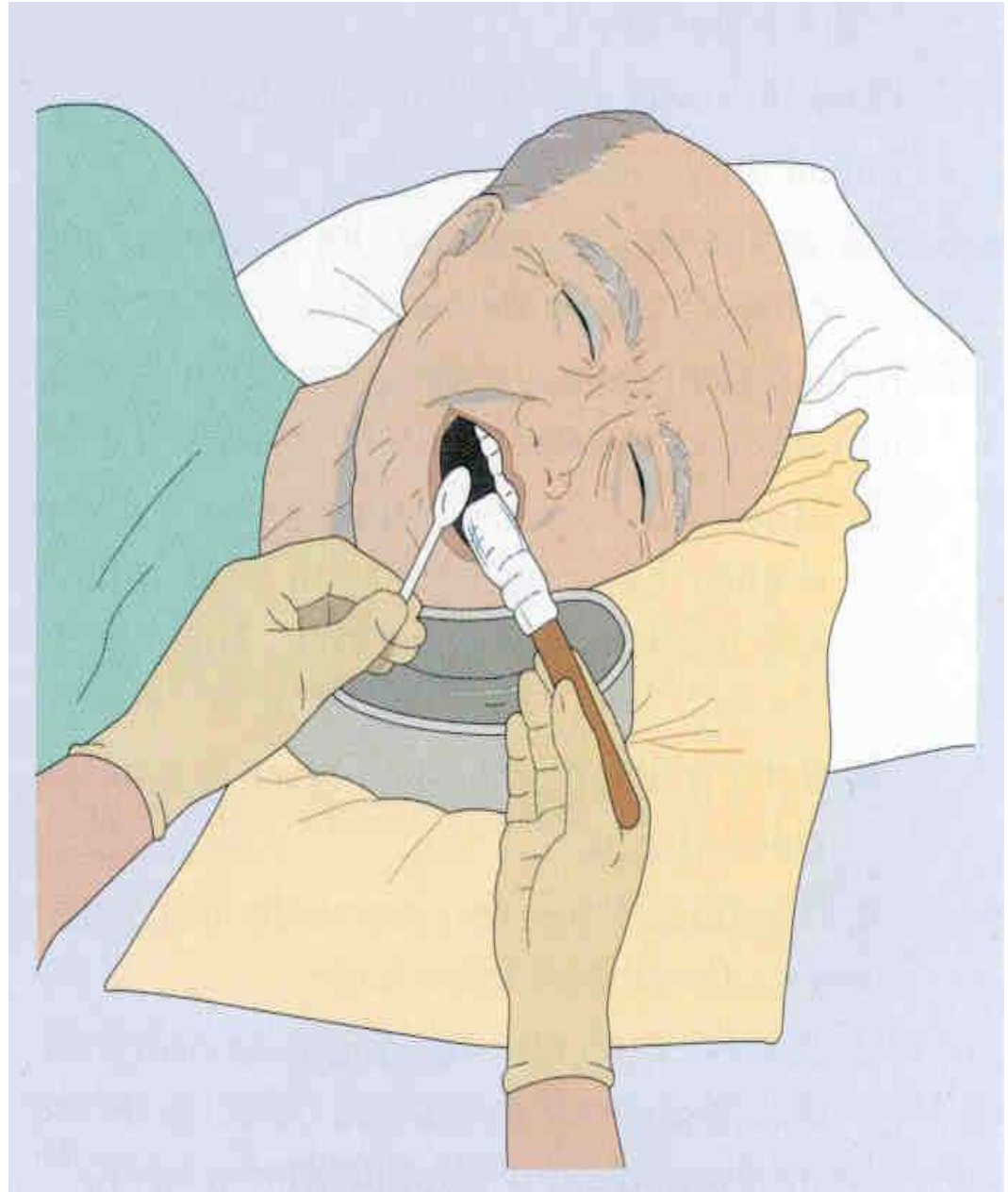
THESE CONDITIONS MAY LEAD TO DISCOMFORT AND THE GROWTH OF PATHOGENS.

✓ ALWAYS WEAR  
GLOVES WHEN  
PERFORMING ORAL  
HYGIENE.

✓ POSITION THE  
COMATOSE PATIENT ON  
HIS SIDE TO PREVENT  
ASPIRATION.

✓ PLACE A TOWEL  
UNDER THE PATIENT'S  
HEAD TO CATCH  
SECRETIONS.

✓ USE A PADDED  
TONGUE BLADE TO OPEN  
THE PERSON'S MOUTH.

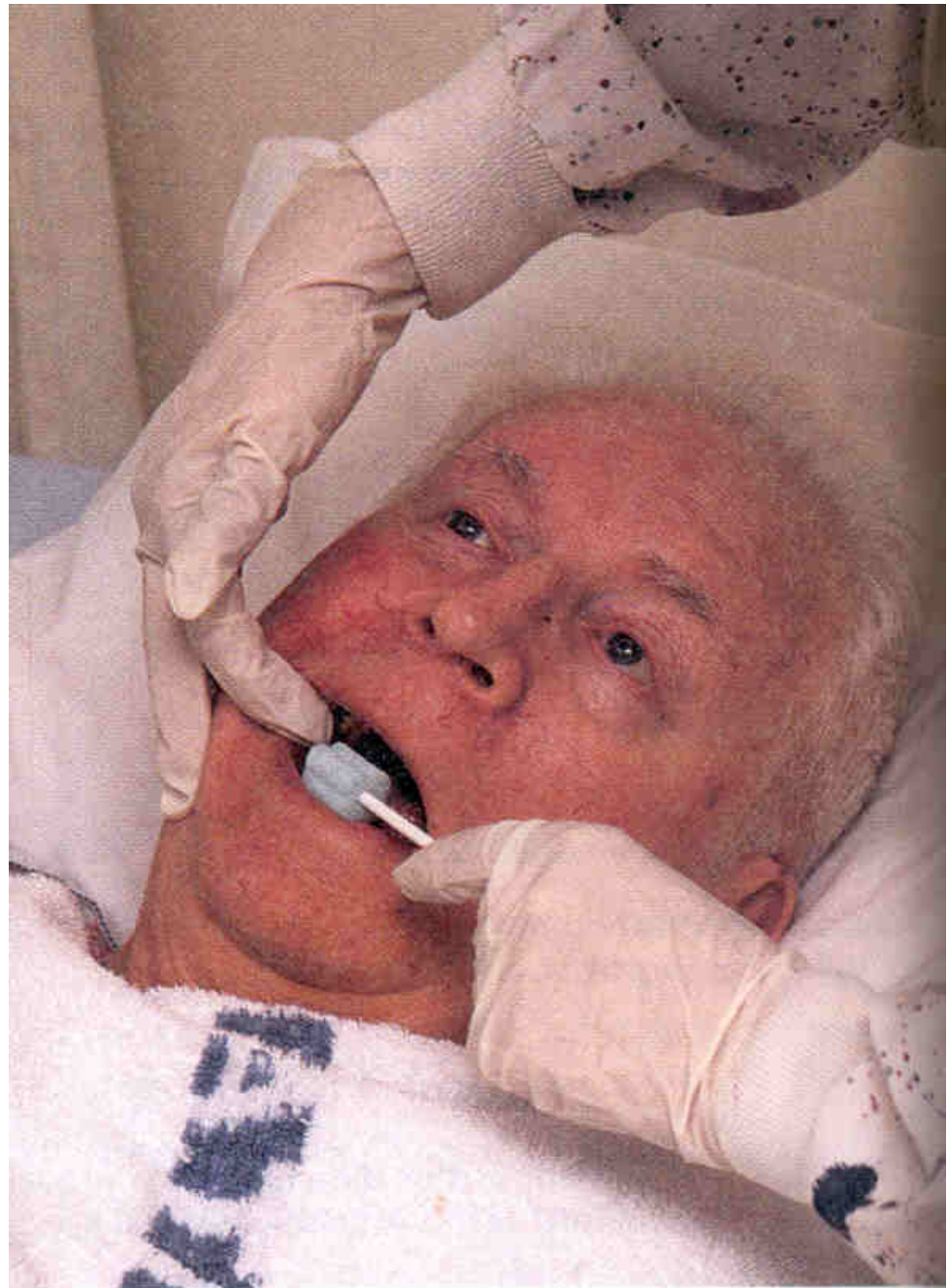




A SPONGY PIECE OF FOAM  
ON A STICK – CALLED A  
TOOTHETTE IS USED TO  
CLEAN THE MOUTH OF A  
COMATOSE PATIENT. MAKE  
SURE THE SPONGE IS  
TIGHT ON THE STICK.

CHECK THE CARE PLAN  
FOR WHAT CLEANING  
AGENT TO USE, USUALLY  
DILUTED MOUTHWASH.

MAY ALSO USE A LARGE,  
PREPACKAGED COTTON  
SWAB CALLED A LEMON &  
GLYCERIN SWAB



BE SURE TO USE ONLY A  
SMALL AMOUNT OF FLUID  
TO PREVENT ASPIRATION

ALWAYS ASSUME THE  
UNCONSCIOUS PERSON  
CAN HEAR YOU. ALWAYS  
EXPLAIN WHAT YOU ARE  
DOING.



# DENTURE CARE

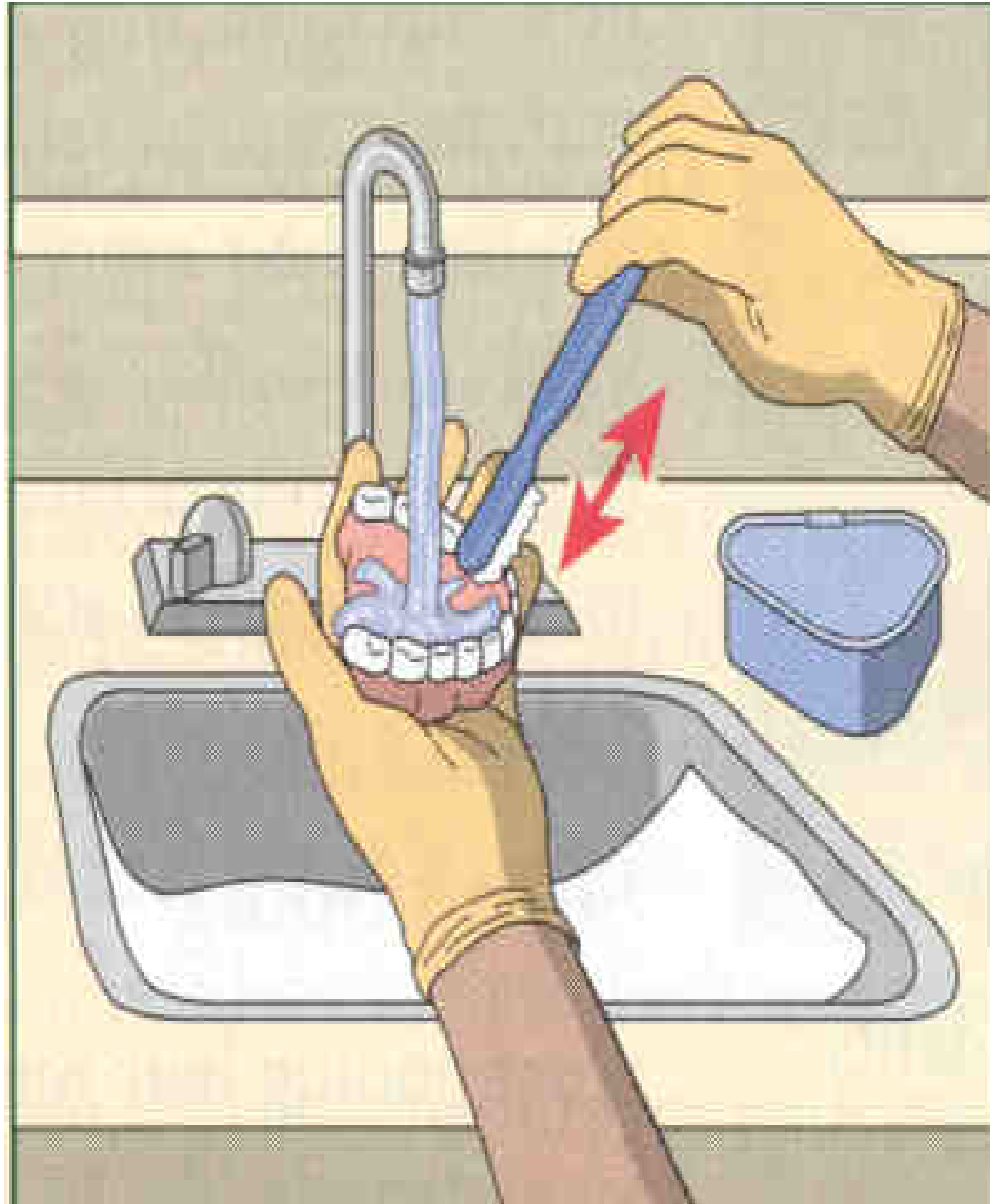
- ✓ DENTURES SHOULD BE CLEANED AS OFTEN AS NATURAL TEETH.
- ✓ DENTURES ARE SLIPPERY WHEN WET. THEY CAN EASILY BREAK IF DROPPED ONTO A HARD SURFACE.
- ✓ DENTURES ARE EXPENSIVE AND ARE THE RESIDENT'S PERSONAL PROPERTY. LOSING OR DAMAGING DENTURES IS NEGLIGENT CONDUCT.
- ✓ CARRY THE DENTURES BACK AND FORTH FROM THE SINK IN AN EMESIS BASIN LINED WITH A PAPER TOWEL.





USE A GAUZE PAD TO GRASP THE UPPER DENTURE AND  
USING YOUR THUMB GENTLY BREAK THE SUCTION  
HOLDING THE DENTURE IN PLACE.

- ✓ CLEAN THE DENTURES IN A BASIN OR SINK LINED WITH PAPER TOWELS OR A WASHCLOTH.
- ✓ FILL THE BASIN OR SINK PART WAY WITH COOL WATER
- ✓ USE COOL WATER TO CLEAN THE DENTURES. ( HOT WATER WILL CAUSE THEM TO WARP )
- ✓ STORE THE DENTURES IN COOL WATER IN THE PERSON'S DENTURE CUP
- ✓ CHECK THE LINEN WHEN STRIPPING THE BED OR THE MEAL TRAY BEFORE RETURNING IT FOR WAYWARD DENTURES.





# BACKRUBS

BACKRUBS ARE USED TO STIMULATE THE PATIENT'S CIRCULATION, PREVENT SKIN BREAKDOWN, AND SOOTHE AND REFRESH THE PATIENT.

USE LOTION TO PREVENT FRICTION.

WARM THE LOTION UNDER WARM, RUNNING WATER.

STROKE UPWARD USING LONG, FIRM STROKES THEN RETURN WITHOUT LIFTING YOUR HANDS FROM THE BACK.

USE CIRCULAR MOTIONS TO MASSAGE THE BONY AREAS OF THE BACK.



SOME PATIENTS ARE NOT ALLOWED TO HAVE  
BACK RUBS!

CHECK WITH THE NURSE AND THE CARE PLAN

IF WHEN APPLYING LOTION YOU NOTICE  
REDDENED AREAS OF SKIN---

MASSAGE AROUND THE AREA BUT NOT OVER  
THE REDDENED AREA

# RESTORATIVE SKIN CARE

WHEN GIVING A BATH YOU CAN EXAMINE THE  
PATIENT'S ENTIRE BODY.

OBSERVE AND REPORT SKIN THAT IS:

- ✓ PALE, DARK, OR REDDENED IN COLOR.
- ✓ ROUGH OR CHAPPED IN TEXTURE.
- ✓ DRY OR FLAKING, LACKING IN MOISTURE.
- ✓ INJURED (BLISTERS, BRUISES, OR LACERATIONS)
- ✓ SORE (PRESSURE SORES OR INFECTIONS)



# BENEFITS OF BATHING

- ✓ REMOVES PERSPIRATION, DIRT, AND GERMS
- ✓ REFRESHES PATIENTS AND MAKES THEM MORE COMFORTABLE
- ✓ STIMULATES CIRCULATION
- ✓ HELPS PREVENT SKIN PROBLEMS
- ✓ PROVIDES EXERCISE

## FOUR MAIN TYPES OF BATHS

- ✓ COMPLETE BED BATH
- ✓ PARTIAL BED BATH
- ✓ TUB BATH
- ✓ SHOWER

# RULES FOR BATHING

- ✓ ASK THE NURSE OR CHECK THE CARE PLAN TO DETERMINE WHAT TYPE OF BATH THE PERSON SHOULD HAVE.
- ✓ ENCOURAGE THE PATIENT TO DO AS MUCH OF THE BATH AS HE CAN.
- ✓ OFFER THE BEDPAN OR URINAL BEFORE YOU BEGIN THE PROCEDURE.
- ✓ COLLECT ALL THE EQUIPMENT NECESSARY BEFORE BEGINNING THE PROCEDURE.
- ✓ PROTECT THE PERSON'S PRIVACY. CLOSE DOORS, CURTAINS, AND KEEP THE PERSON COVERED WITH A BATH BLANKET.
- ✓ KEEP THE WATER AT A SAFE TEMPERATURE.

# RULES FOR BATHING

- ✓ USE GOOD BODY MECHANICS
- ✓ USE STANDARD PRECAUTIONS AS NEEDED
- ✓ PROTECT THE PERSON FROM FALLING
- ✓ WASH FROM THE CLEANEST AREA TO THE DIRTIEST AREA
- ✓ RINSE ALL AREAS THOROUGHLY
- ✓ PAT SKIN DRY. DO NOT RUB THE SKIN
- ✓ DRY UNDER BREASTS, BETWEEN SKIN FOLDS, AND BETWEEN TOES
- ✓ BATHE SKIN WHENEVER URINE OR FECES IS PRESENT

# MAKE A MITT WITH THE WASHCLOTH



# COMPLETE BED BATH

A COMPLETE BED BATH IS GIVEN TO PATIENTS WHO ARE NOT ABLE TO BATHE THEMSELVES.

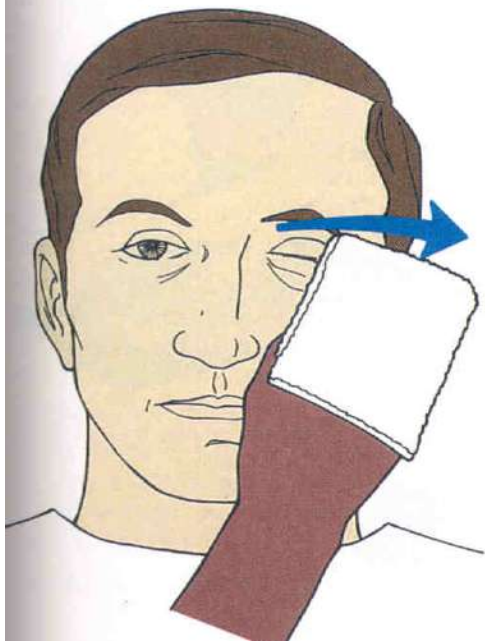
INVOLVES WASHING THE PERSON'S ENTIRE BODY IN BED.

PERSONS WHO ARE:

- ✓ UNCONSCIOUS
- ✓ PARALYZED
- ✓ IN A CAST OR TRACTION
- ✓ WEAK FROM ILLNESS OR SURGERY

# PROCEDURE FOR BED BATHING

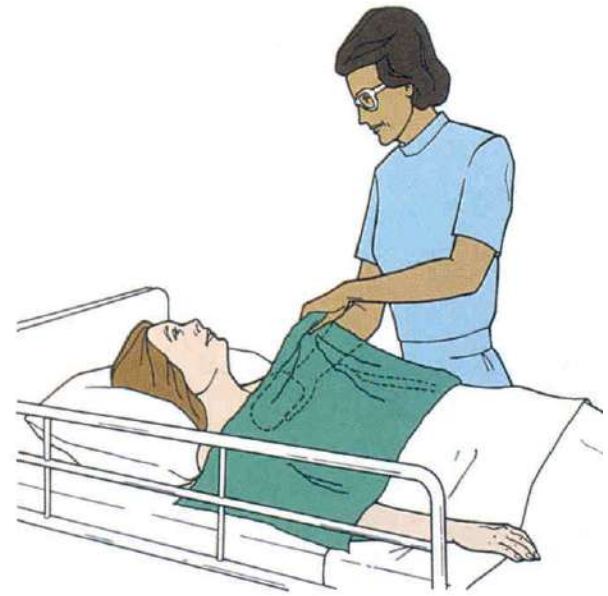
- ✓ PLACE EVERYTHING YOU NEED ON THE OVERBED TABLE BEFORE BEGINNING THE BATH.
- ✓ RAISE THE BED TO A COMFORTABLE HEIGHT AND RAISE THE RAIL ON THE FAR SIDE OF THE BED.
- ✓ WASH ONLY ONE PART OF THE BODY AT A TIME.  
WASH, RINSE, AND DRY EACH PART AND THEN COVER IT WITH THE BATH BLANKET.
- ✓ CHANGE THE WATER IN THE BASIN WHENEVER IT BECOMES SOAPY, DIRTY, OR COOL.
- ✓ KEEP THE SOAP IN THE SOAP DISH BETWEEN LATHERINGS.
- ✓ WASH FROM THE CLEANEST TO THE DIRTEST AREAS.



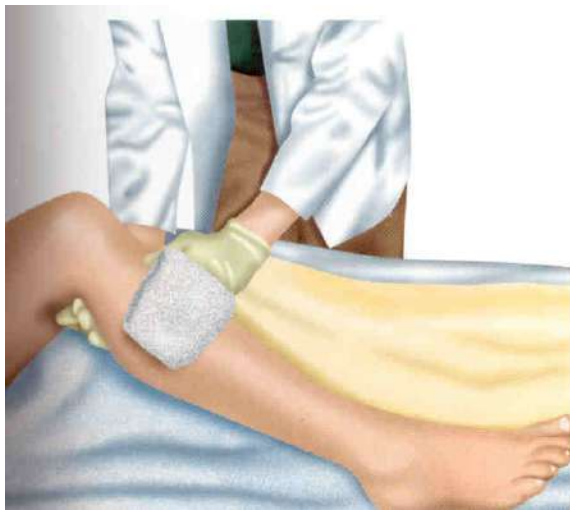
WASH THE EYES FIRST. FROM THE INSIDE CORNER TO THE OUTSIDE, USING A DIFFERENT AREA OF THE CLOTH FOR EACH EYE.



AFTER WASHING THE FACE, NECK, AND EARS, REMOVE THE GOWN AND WASH THE ARMS, ONE AT A TIME.



PLACE THE TOWEL OVER THE PATIENT'S CHEST. LIFT THE CORNER AS YOU WASH THE CHEST. REPEAT FOR THE ABDOMEN.



WASH AND DRY ONE LEG AT A TIME.

CHANGE THE WATER AT THIS TIME IF YOU HAVE NOT ALREADY NEEDED TO DO SO.



WASH THE BACK AND THE BUTTOCKS. A BACKRUB MAY BE GIVEN AT THIS TIME.



# PARTIAL BATH

INVOLVES WASHING THE AREAS OF THE BODY THAT CAUSE DISCOMFORT AND ODOR OR NEED DAILY CLEANING.

THE AREAS THAT ARE WASHED IN A PARTIAL BATH ARE THE FACE, HANDS, AXILLAE, BACK, AND PERINEAL AREA.

OR

A PARTIAL BATH MAY REFER TO BATHING THE AREAS THAT THE PATIENT CAN NOT REACH WHEN HE IS BATHING HIMSELF IN BED.





# TUB BATH

BECAUSE OF SAFETY CONCERNS TUB BATHS ARE NOT FREQUENTLY GIVEN IN MOST NURSING HOMES.

## SAFETY MEASURES:

- ✓ NEVER LEAVE A PATIENT ALONE IN THE TUB.
- ✓ A BATH SHOULD LAST NO LONGER THAN 20 MINUTES.
- ✓ PLACE A TOWEL ON THE BOTTOM OF THE TUB TO PREVENT SLIPPING.
- ✓ ADJUST THE WATER TEMPERATURE TO 105°
- ✓ DRAIN THE TUB BEFORE THE PERSON GETS OUT.
- ✓ CLEAN THE TUB BEFORE AND AFTER USE.

# SHOWER

A RESIDENT WILL BE PLACED ON A SHOWER CHAIR TO  
RECEIVE A SHOWER

✓ NEVER LEAVE THE PATIENT  
ALONE ON THE SHOWER CHAIR  
OR IN THE SHOWER ROOM.

✓ ADJUST THE WATER  
TEMPERATURE BEFORE YOU  
PLACE THE PERSON IN THE  
SHOWER.

✓ CLEAN THE SHOWER BEFORE  
AND AFTER USE.

✓ GLOVES MAY BE WORN  
WHILE BATHING A PATIENT IF  
DESIRED.



RESIDENTS WILL NEED TO  
BE TRANSFERRED FROM  
THEIR WHEELCHAIR TO  
THE SHOWER CHAIR

BE SURE TO LOCK BOTH  
CHAIRS BEFORE  
TRANSFERRING

REMEMBER SHOWER  
FLOORS CAN BE  
SLIPPERY!

ALWAYS HAVE NON-SKID  
FOOTWEAR ON RESIDENT  
BEFORE STANDING FOR  
TRANSFER



# SPECIALTY BATH



A WHIRLPOOL BATH HELPS  
TO STIMULATE CIRCULATION  
AND RELAX MUSCLES



A PORTABLE TUB CAN BE  
USED FOR COMATOSE  
PATIENTS

# PERINEAL CARE

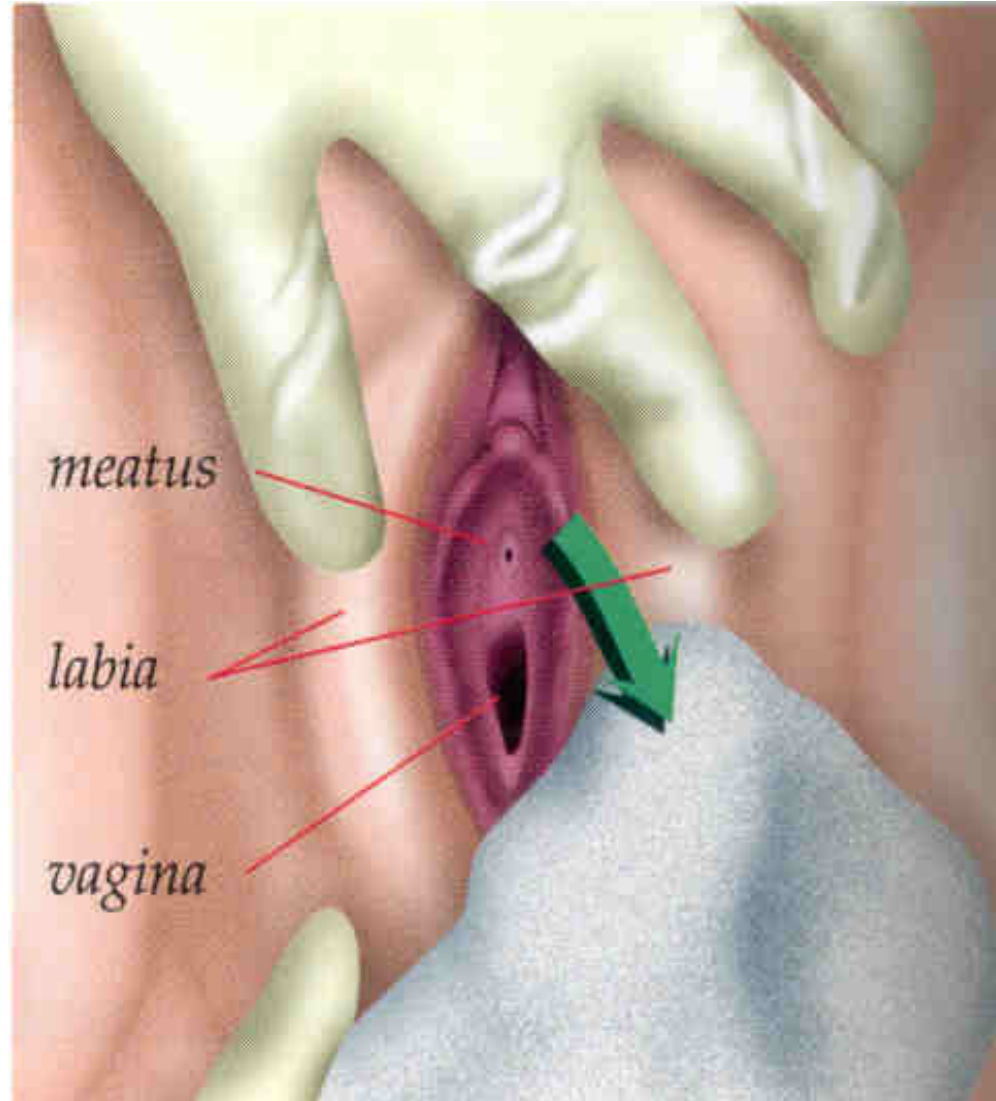
INVOLVES THE CLEANING OF THE GENITAL AND ANAL  
AREAS OF THE BODY

- ✓ THE PERINEAL AREA IS WARM, DARK, AND MOIST AND  
SO PROVIDES AN IDEAL ENVIRONMENT FOR  
MICROORGANISMS TO GROW.
- ✓ THE AREAS ARE CLEANED AT LEAST ONCE DAILY TO  
PREVENT INFECTION AND ODORS AND TO PROVIDE  
COMFORT.
- ✓ PERI-CARE SHOULD BE PROVIDED AFTER EACH  
INCONTINENT EPISODE.
- ✓ USE STANDARD PRECAUTIONS.
- ✓ MAY HAVE TO USE THE TERM *PRIVATE AREA*

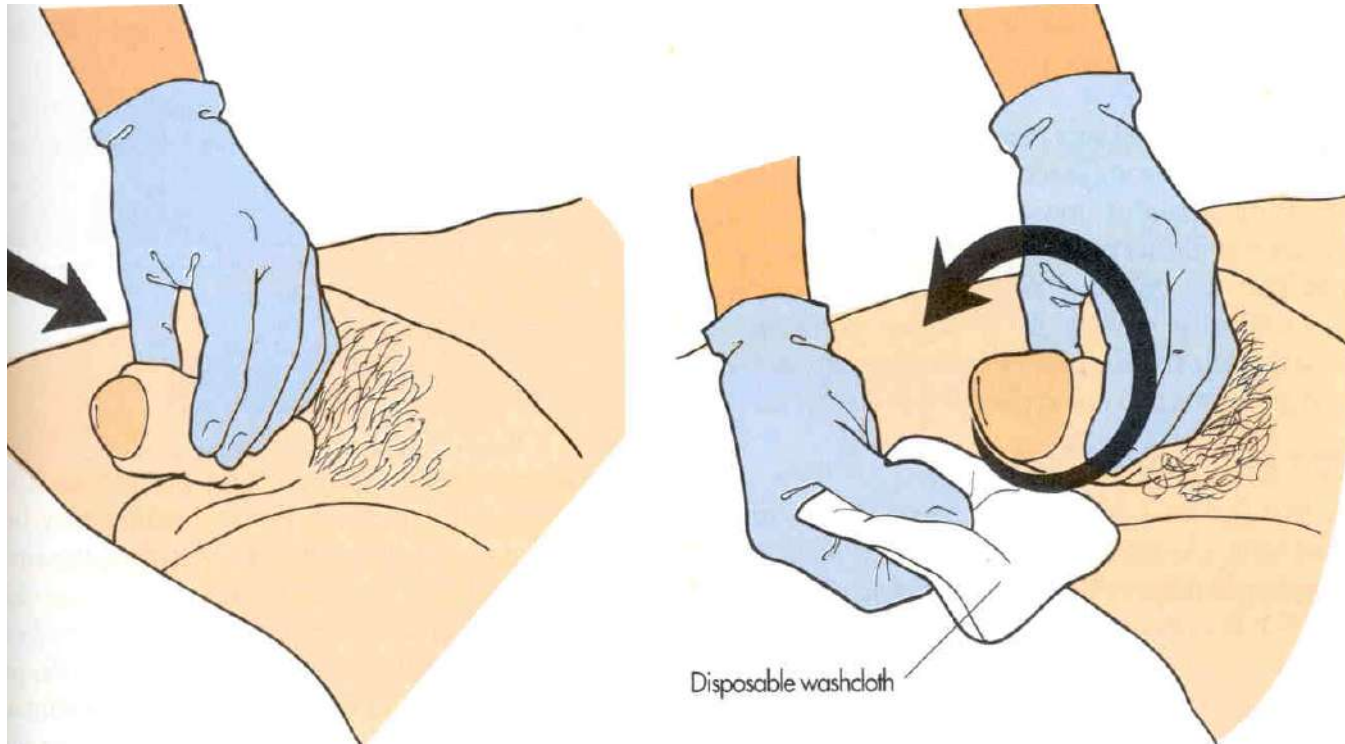


# FEMALE PERI-CARE

- ✓ ALWAYS CLEANSE FROM THE URINARY MEATUS TOWARD THE ANUS. ( CLEAN TO DIRTY )
- ✓ MAY HAVE A PREPACKAGED KIT OR USE WET WASHCLOTHS.
- ✓ USE A DIFFERENT PART OF THE WASHCLOTH FOR EACH STROKE
- ✓ TO CLEAN THE ANAL AREA , CLEANSE FROM THE VAGINA TOWARD THE ANUS (CLEAN TO DIRTY)



# MALE PERI-CARE



- ✓ START AT THE URINARY MEATUS AND USE CIRCULAR MOTIONS AS YOU WIPE DOWNWARD TO THE BASE
- ✓ RETRACT THE FORESKIN IF THE PATIENT IS UNCIRCUMCISED
- ✓ RETURN THE FORESKIN TO ITS NATURAL POSITION WHEN YOU ARE FINISHED

# SKIN AND SCALP CONDITIONS

## ALOPECIA – HAIR LOSS

- ✓ MAY RESULT FROM HEREDITY
- ✓ HAIR MAY THIN WITH AGING
- ✓ MAY BE RESULT OF CANCER TREATMENTS



## HIRSUTISM – EXCESSIVE BODY HAIR

- ✓ CAN OCCUR IN MEN, WOMEN, OR CHILDREN
- ✓ MAY RESULT FROM HEREDITY OR HORMONE IMBALANCE





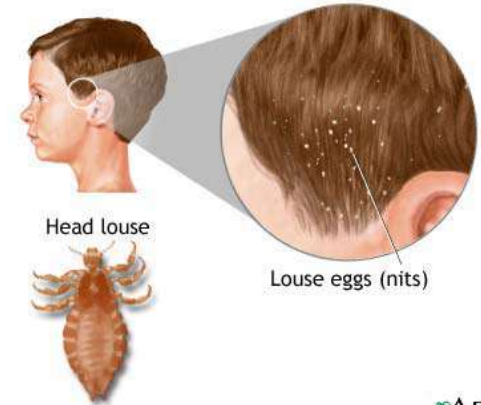
# SKIN AND SCALP CONDITIONS

DANDRUFF – EXCESSIVE AMOUNT OF DRY, WHITE FLAKES FROM THE SCALP



PEDICULOSIS – INFESTATION OF LICE.

- ✓ CAPITUS – INFESTATION OF THE SCALP
- ✓ PUBIS – INFESTATION OF PUBIC HAIR
- ✓ CORPORIS – INFESTATION OF BODY HAIR



SCABIES – SMALL MITES BURROW UNDER THE SKIN AND LAYS EGGS.



# HAIR CARE

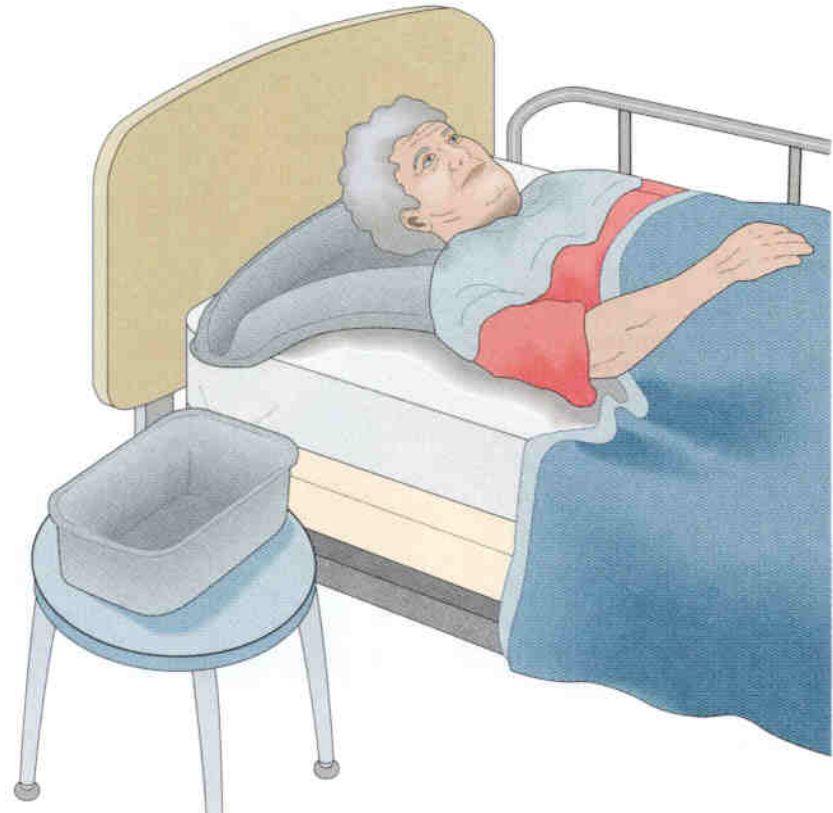
- ✓ PEOPLE FEEL BETTER ABOUT THEMSELVES WHEN THEIR HAIR IS COMBED AND LOOKS ATTRACTIVE.
- ✓ PATIENTS SHOULD BE ASKED HOW THEY WOULD LIKE THEIR HAIR STYLED.
- ✓ DO NOT CHANGE A PATIENT'S HAIRSTYLE WITHOUT PERMISSION.
- ✓ NEVER CUT A PATIENT'S HAIR.
- ✓ MAKE SURE THE STYLE IS AGE-APPROPRIATE.

# SHAMPOOING THE HAIR

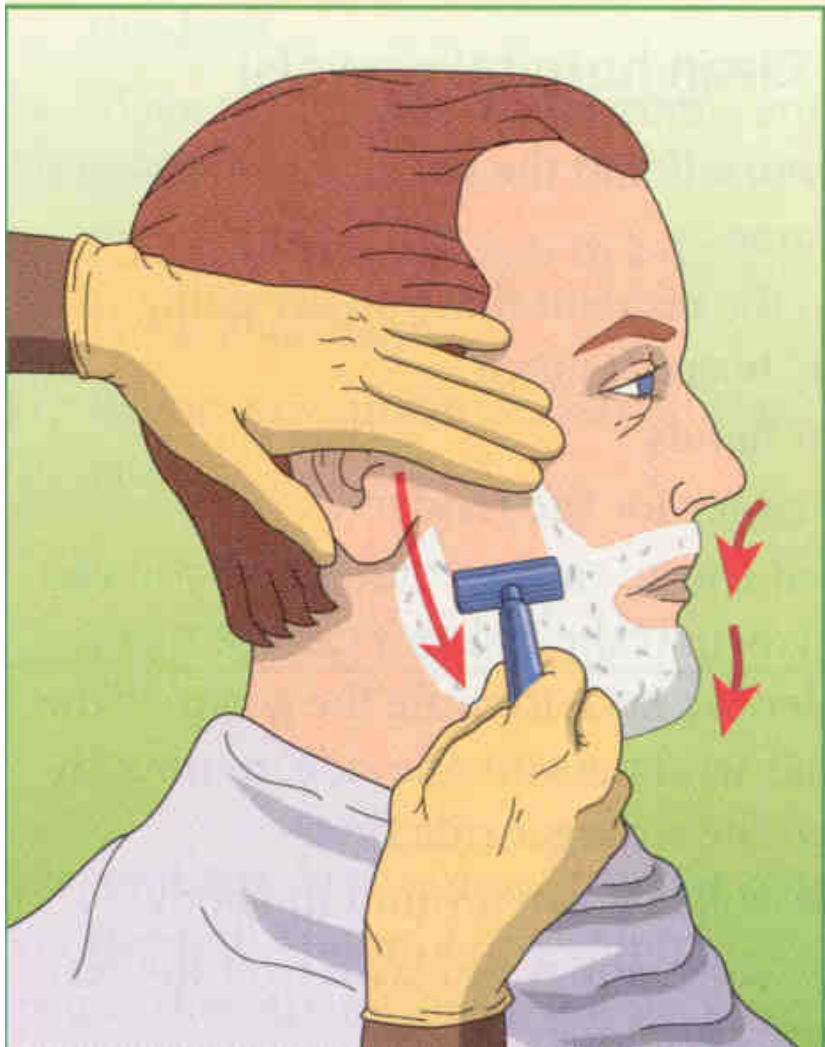
THE HAIR IS USUALLY SHAMPOOED DURING THE RESIDENT'S SHOWER

- ✓ PUT A WASHCLOTH OVER THE PATIENT'S EYES
- ✓ RETURN MEDICATED SHAMPOO TO THE NURSE
- ✓ TIP THE PERSON'S HEAD BACK TO PREVENT THE SHAMPOO FROM RUNNING IN THE EYES

A SHAMPOO TRAY CAN BE USED TO SHAMPOO THE HAIR OF A BEDBOUND PATIENT



# SHAVING THE PATIENT

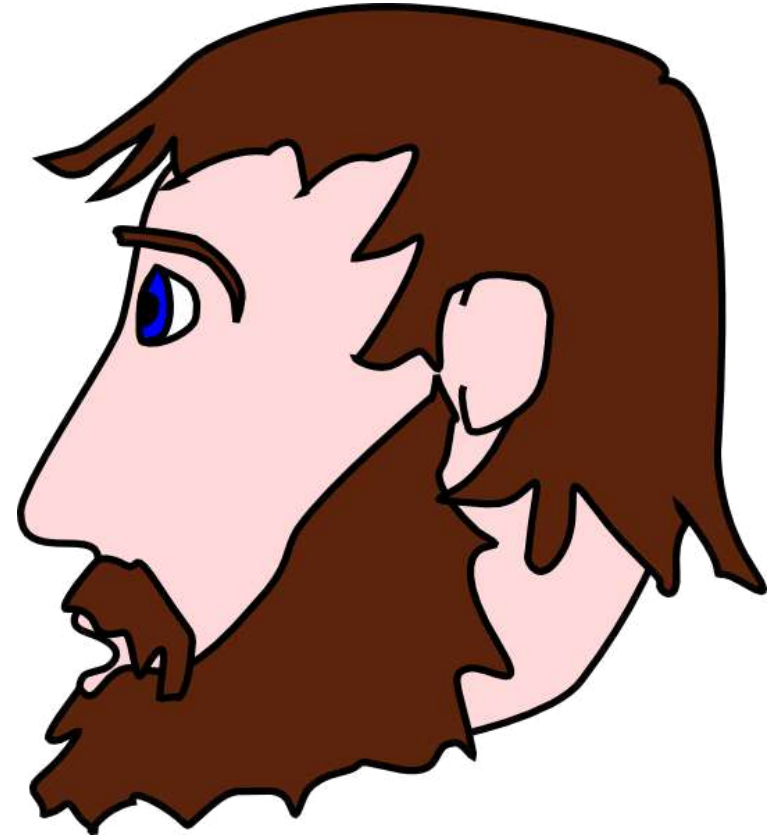


- ✓ ALWAYS WEAR GLOVES.
- ✓ PLACE A TOWEL ON THE PATIENT'S CHEST
- ✓ APPLY SHAVING CREAM TO THE FACE
- ✓ SHAVE IN THE DIRECTION OF HAIR GROWTH
- ✓ HOLD THE SKIN TAUT WITH YOUR OTHER HAND
- ✓ RINSE THE RAZOR FREQUENTLY
- ✓ WASH THE FACE WHEN FINISHED

# CARING FOR MUSTACHES AND BEARDS

DAILY WASHING AND  
COMBING ARE NEEDED

NEVER TRIM OR SHAVE A  
BEARD OR MUSTACHE  
WITHOUT THE PERSON'S  
CONSENT



# SHAVING LEGS AND UNDERARMS

PRACTICE VARIES AMONG CULTURES

USUALLY SHAVED AFTER BATHING

WEAR GLOVES AND FOLLOW STANDARD PRECAUTIONS

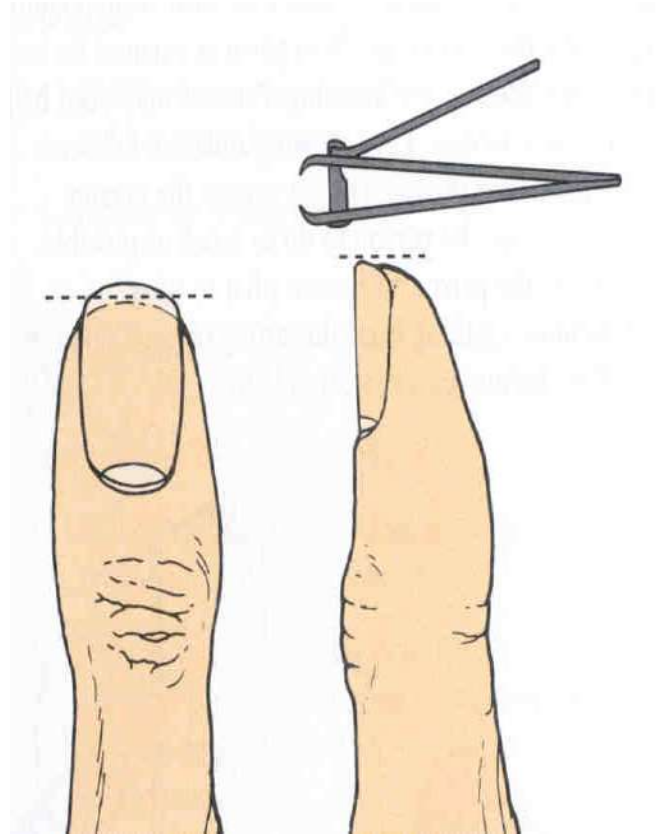
UNDERARMS – SHAVE IN DIRECTION OF HAIR GROWTH

LEGS – START AT ANKLE AND SHAVE UP THE LEG

APPLY DIRECT PRESSURE TO CUTS

# NAIL CARE

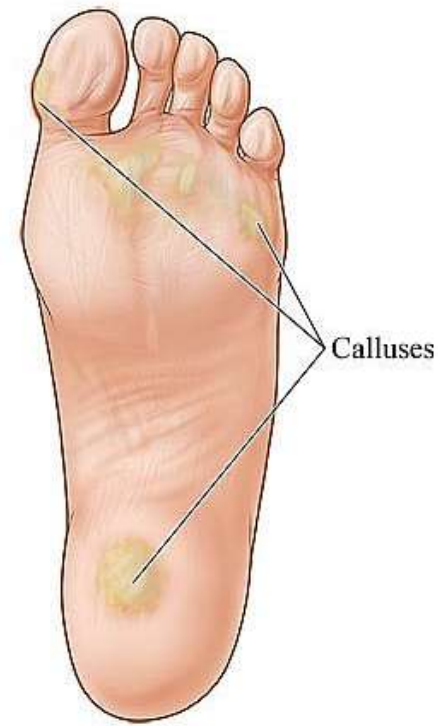
- ✓ SOAKING THE HANDS HELPS TO SOFTEN THE NAILS BEFORE TRIMMING.
- ✓ SOAK FINGERNAILS FOR 5 TO 10 MINUTES
- ✓ ALWAYS USE A NAIL CLIPPER- NEVER SCISSORS
- ✓ FILE ROUGH NAILS WITH AN EMERY BOARD
- ✓ DO NOT TRIM TOENAILS!!  
ONLY AN RN OR DR. CAN TRIM TOENAILS.





## EXAMINE THE FEET FOR:

- ✓ INGROWN NAILS
- ✓ HANG NAILS
- ✓ BROKEN OR TORN NAILS
- ✓ BLISTERS, RASH, OR REDDENED AREA
- ✓ CALLUSES AND CORNS
- ✓ SKIN BREAKS AND OTHER INJURIES. CHECK BETWEEN THE TOES FOR CRACKS AND SORES.
- ✓ COMPLAINTS OF PAIN OR ITCHING



LET THE NURSE KNOW IF THE PATIENT'S  
TOENAILS NEED TRIMMING.



# SOAKING THE FEET

- ✓ SOAK FEET FOR 15 TO 20 MINUTES
- ✓ CHECK WITH RN FOR WATER TEMPERATURE.
- ✓ AFTER SOAKING, APPLY LOTION TO THE FEET. DO NOT APPLY BETWEEN THE TOES.
- ✓ MAKE SURE YOU DRY THOROUGHLY BETWEEN THE TOES
- ✓ FOLLOW STANDARD PRECAUTIONS



# ASSISTING WITH DRESSING

IN A HOSPITAL PATIENTS WEAR HOSPITAL GOWNS OR  
THEIR NIGHTCLOTHES

IN A NURSING HOME RESIDENTS ARE REQUIRED BY THE  
STATE TO BE DRESSED IN STREET CLOTHES DURING  
THE DAY



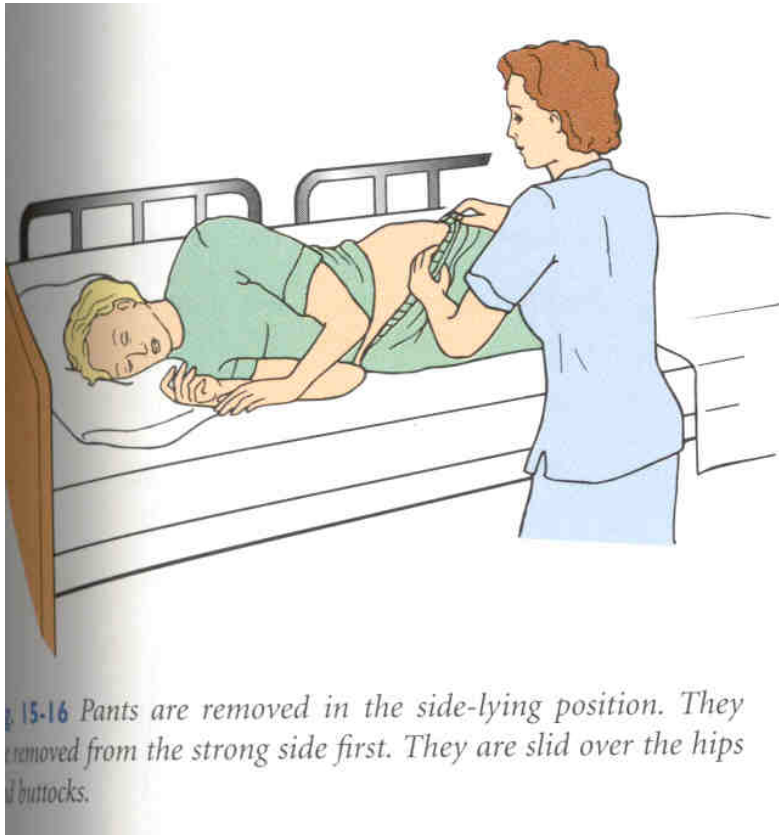
IF THE RESIDENT CAN NOT  
ASSIST, IT IS EASIER AND SAFER  
TO DRESS THE RESIDENT WHILE  
SHE IS STILL IN BED.

# GUIDELINES FOR DRESSING AND UNDRESSING

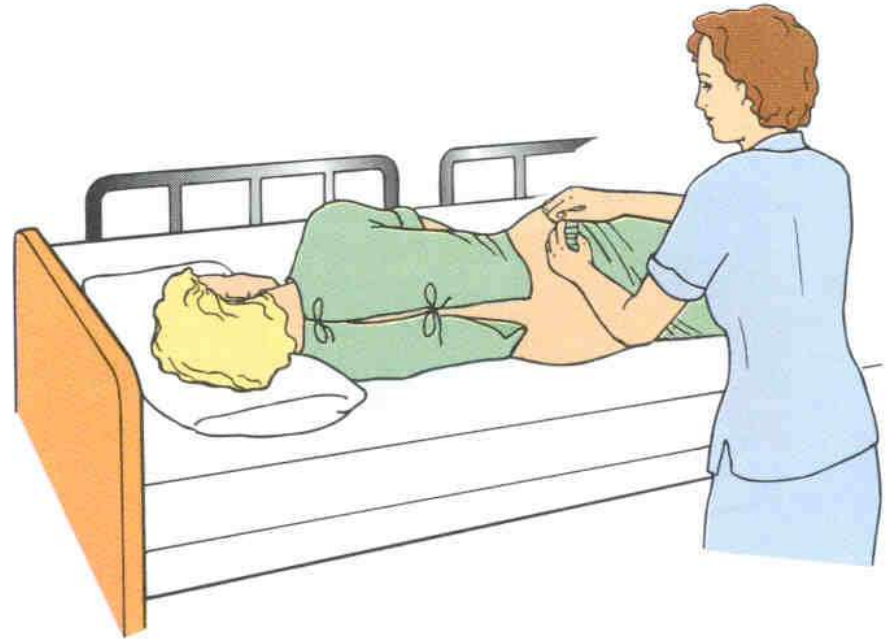
- ✓ PROVIDE FOR PRIVACY. DO NOT EXPOSE THE PERSON.
- ✓ ENCOURAGE THE PERSON TO DO AS MUCH AS POSSIBLE.
- ✓ ALLOW THE PERSON TO CHOOSE WHAT TO WEAR.
- ✓ REMOVE CLOTHING FROM THE *STRONG* OR *GOOD* SIDE FIRST.
- ✓ PUT CLOTHING ON THE *WEAK* SIDE FIRST.

TOS – TAKE OFF STRONG

POW – PUT ON WEAK



**Fig. 15-16** Pants are removed in the side-lying position. They are removed from the strong side first. They are slid over the hips and buttocks.



**Fig. 15-17** The person is turned onto the other side. The pants are removed from the weak side.

**A PERSON MAY HAVE TO BE TURNED FROM SIDE TO SIDE  
AS YOU PUT ON OR REMOVE THEIR PANTS.**

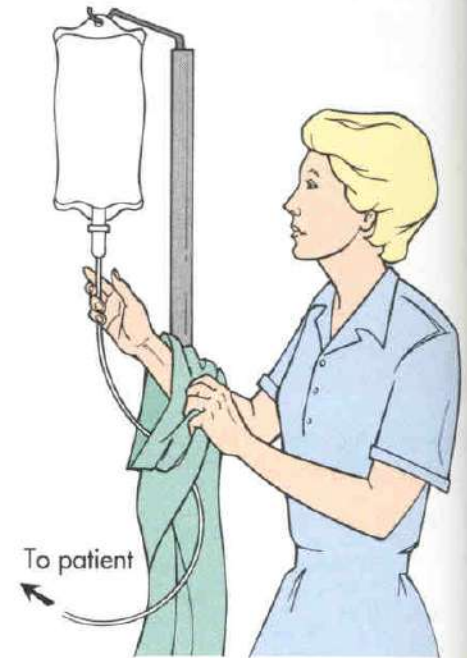
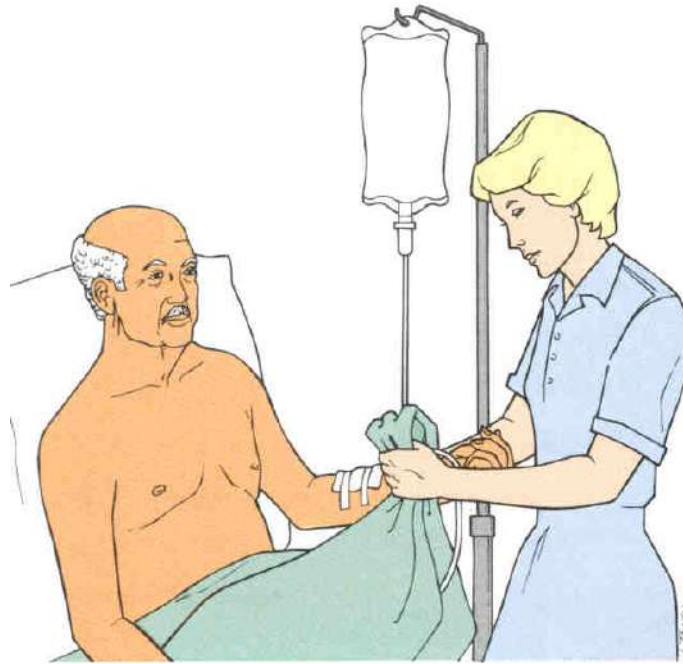
# DRESSING THE PATIENT WITH AN IV

THE GOWN IS FIRST REMOVED FROM THE GOOD ARM.

IT IS THEN SLIPPED OVER THE IV SITE AND TUBING TO THE BAG.

THE BAG IS PASSED THROUGH THE SLEEVE.

THE CLEAN GOWN IS PASSED OVER THE IV BAG.



DO NOT LOWER THE BAG BELOW THE LEVEL OF THE IV SITE

