

# Special Care Skills Subacute Facilities

R. Gosdin, RN  
Cleburne H.S.



# Sub Acute Care

Sub Acute Care is a kind of specialized care that falls between acute-care and long-term care. This type of care can take place in the hospital, specialty care facilities, and in skilled long-term nursing facilities.

Clients (residents) in subacute settings require more treatment, monitoring, and services than regular long-term care facilities provide.



Subacute care may be necessary due to recent surgery, injuries, or chronic illnesses.

Complex wound care, specialized infusion therapy, dialysis, and mechanical ventilation may also required subacute care.

There are several subacute facilities in southwest Fort Worth right off the Tollway.



## Question:

What is the difference about the type of care provided in a subacute setting as compared to the type of care provided in regular long-term care?

# Vocabulary:


- Acute – short term
- Dialysis – cleanses the body of waste that the kidneys cannot remove due to chronic kidney failure
- Mechanical ventilator – a machine tht assists with or replaces breathing when a person cannot breath on his own
- Client – another term for a resident or patient

# Surgery

There are many reasons why surgery is performed.

Surgeries fall into three categories:

1. Elective – surgery that is chosen by the patient and is planned in advance.
2. Urgent – surgery that must be performed for health reasons.
3. Emergency – surgery that is unexpected and unscheduled that is performed immediately to save a patient's life.



When a person has surgery,  
anesthesia will usually be  
given.

Anesthesia involves the use of  
medication to block pain during  
surgery and other medical  
problems.

# Types of Anesthesia:

- Local – involves the injection of an anesthetic directly into the surgical site or are to block pain. It is used for minor procedures, and the patient is awake.
- Regional – involves injection of an anesthetic into a nerve or a group of nerves to block sensation in a particular region of the body.
- General anesthesia is inhaled or injected directly into a vein and affects the brain and the entire body. The patient is unaware of his surroundings and does not feel any pain.



# Pre-operative Care

Pre-operative care is the care before surgery.

Pre-operative care includes both physical and psychological preparation.

It is the doctor's responsibility to explain the procedure, the risks and benefits, and what to expect after surgery.


The patient is encouraged to ask questions.



# Informed Consent

A process in which the patient with the help from their doctor makes informed decisions about his or her health care.

The patient must sign a written consent form for the surgery.



As a nursing assistant, part of your role in assisting with pre-operative care means listening to the resident's concerns. Reporting any concerns or questions to the nurse. Also report to the nurse if the resident requests a visit with their pastor.

# Guidelines for Assisting with Pre-operative Care

- Follow nothing by mouth (NPO) order by removing water pitcher, glass, and any food or fluids from the immediate area. Explain to the resident why you are doing this.
- Assist resident with urinating before surgery.
- Assist with enemas or suppositories as trained, ordered, and allowed. Provide privacy.
- Assist with bathing as needed.
- Make sure call light is within reach every time you leave the room.
- Measure and record vital signs as ordered.
- Remove and store dentures, eyeglasses, contact lenses, hearing aids, jewelry, hairpieces, hairpins, and any other personal items. (For local or regional anesthetic, hearing aids and dentures may be needed for better communication.)
- Assist resident to change into gown if required.
- Transfer to gurney/stretchers if necessary.
- Make sure identification bracelet is accurate prior to transport.

# Post-Operative Care

Post-Operative Care begins immediately following surgery.

The goal of post-operative care is to prevent infection, promote healing, and return the person to a state of health.

Immediate concerns are problems with breathing, mental status, pain, and wound healing.

Complications can include urinary retention or infections, constipation, BP variances, and blood clots.

Careful monitoring is critical.


# Guidelines to Post-Operative Care

- Move furniture as needed to allow room for the stretcher.
- Assist with transferring resident back into bed.
- Return personal items to resident.
- Measure and record vital signs as directed.
- Reposition resident every one to two hours, or as ordered.
- Elevate extremities as ordered.
- Assist with deep breathing and coughing exercises.
- Apply anti-embolic hose if ordered. Assist with sequential compression device as ordered. Assist with leg exercises.
- Apply binders as ordered.
- Observe amount and appearance of drainage from surgical drains.
- Encourage residents to follow diet orders.
- Assist with elimination.
- Help with bathing and grooming.
- Assist with ambulation as needed/ordered.
- Be encouraging and positive.



CNAs should observe and report the following when providing postoperative care:

- Changes in vital signs
- Difficulty breathing
- Mental changes (e.g., confusion, disorientation)
- Changes in consciousness
- Pale or bluish skin
- Cold or clammy skin

- 
- Increased drainage
  - Swelling at IV site
  - IV not dripping
  - Nausea or vomiting
  - Numbness or tingling
  - Resident complains of pain




# Pulse Oximeter

A Pulse Oximeter is a noninvasive device that uses a light to determine the amount of oxygen in the blood.

CNAs should remember these points about pulse oximetry:

- Normal blood oxygen is between 95% and 100%, but it can differ.
- Report any increase or decrease in oxygen levels to nurse.
- It will warn if the blood oxygen level is less than optimal.

- 
- Report to the nurse immediately if alarm sounds.
  - Tell the nurse if pulse oximeter falls off or resident requests that you remove it.
  - Check the skin around device often. Report any of the following:
    - Swelling
    - Bluish, or cyanotic, skin
    - Shiny, tight skin
    - Skin that is cold to the touch
    - Sores, redness, or irritation
    - Numbness or tingling
    - Pain or discomfort
    - Check vital signs as ordered and report changes to the nurse.

# Telemetry

Telemetry may be necessary due to chest pain, heart or lung disease , heart or lung surgery, irregular heartbeats, or certain medications that affect the heart rhythm or rate,

Telemetry is used to measure the heart rhythm and rate on a continuous basis.

Wires are attached to the chest with sticky pads or patches. The wires are connected to a battery powered unit which sends data to the computer screen which is being monitored. This data is being monitored and assessed at all times.

# Your Job as a CNA regarding Telemetry

- Report to nurse if the pads become wet or soiled or if they are loose or fall off.
- Report if alarm sounds.
- Check the skin around the pads often and report the following:
  - Swelling
  - Sores, redness, irritation
  - Fluid or blood draining from skin
  - Broken skin
- Report resident complaints of chest pain or discomfort, or difficulty breathing
- Check vital signs as ordered, reporting changes to nurse.

# Vocabulary:

artificial airway

any plastic, metal, or rubber device inserted into the respiratory tract to maintain or promote breathing.

intubation

the passage of a plastic tube through the mouth, nose, or opening in the neck and into the trachea.


tracheostomy

a surgically-created opening through the neck into the trachea.


# Tracheostomy

Tracheostomies may be necessary for these reasons:

- Tumors/cancer
- Infection
- Severe neck or mouth injuries
- Facial surgery and facial burns
- Long-term unconsciousness or coma
- Airway obstruction
- Paralysis of muscles relating to breathing
- Aspiration related to muscle or sensory problems in throat
- Severe allergic reaction
- Gunshot wound



A tracheostomy is usually  
temporary but it can be  
permanent.



When the tracheostomy is first placed, it may be difficult for the resident to adapt to breathing through the tube.

This can cause anxiety and frustration.

It will be difficult for the resident to talk. It will cause fear.

Be especially supportive and encouraging.



# CNAs should observe and report the following:

- Shortness of breath
- Trouble breathing
- Gurgling sounds
- Signs of skin breakdown
- Type and amount of discharge coughed up through tracheostomy
- Any increase in discharge
- Thick, yellow, green, or bloody discharge, or discharge with an odor
- Mouth sores or discomfort
- Disconnected tubing



## REMEMBER:

It is very important to prevent infection when caring for residents with Tracheostomies. CNAs should wash hands often, wear gloves when indicated, and keep equipment clean.



Question:

What are alternate methods to communicate with a resident with a tracheostomy?

# Suctioning

Suctioning removes mucus and secretions from the lungs when a person cannot do this on their own.

Nursing Assistants DO NOT perform suctioning.

Suctioning will be done by the nurse or the respiratory therapist.

Suctioning can be performed through the nose, mouth, or throat.

# Signs of respiratory distress

- Gurgling sound of secretions
- Difficulty breathing
- Elevated respiratory rate
- Pale, bluish or gray (cyanotic) skin around the eyes, mouth, fingernails, or toenails
- Flaring nostrils (the nose openings are wider when breathing showing the person is having to work harder to breathe)
- Retracting chest ( chest appears to sink in below the neck with each breath)
- Sweating
- Wheezing

# Chest Tubes

Chest Tubes are hollow drainage tubes that are inserted into the chest during a sterile procedure. They can be inserted at the bedside or during surgery.

Chest tubes drain air, blood, or fluid that has collected inside the pleural cavity or space. The pleural cavity is the space between the layers of the pleura, the thin membrane that covers and protects the lungs.

Chest tubes are also inserted to allow full expansion of the lungs.

# Conditions that require chest tube insertion

- Pneumothorax – air or gas in the pleural space
- Hemothorax – blood in the pleural space
- Empyema – pus in the pleural space
- Certain types of surgery
- Chest trauma or injuries

# Guidelines for Chest Tube Care

- Be aware of where chest tubes are.
- Check vital signs as directed and report changes.
- Report signs of respiratory distress and pain.
- Keep drainage system below level of chest.
- Keep drainage containers upright and level.
- Make sure tubing is not kinked.
- Report disconnected tubing.
- Do not remove equipment in the area.
- Observe chest drainage for amount and color.
- Report if there is increase or decrease in bubbling.
- Report clots in tubing.
- Be gentle and careful with repositioning.
- Report odor.
- Provide rest periods.
- Measure I&O carefully.
- Encourage deep breathing exercises.





# Questions:



















