



**STATE-APPROVED CURRICULUM
NURSE AIDE I TRAINING PROGRAM
February 2007 Revision**

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education

TABLE OF CONTENTS

ACKNOWLEDGMENTS	i
NURSE AIDE I TRAINING REQUIREMENTS	ii
DIRECTIONS FOR USE OF THE NURSE AIDE CURRICULUM	vi

SECTION ONE Role And Function

Unit 1	Introduction To Health Care.....	1
	Role Of The Nurse Aide	3
	Establishing Priorities	8
	Health Care Facilities And Agencies.....	8
	Organizational Structure Of Health Care Facilities.....	9
Unit 2	Communication And Interpersonal Skills.....	11
	Communication Skills	13
	Interpersonal Skills.....	14
	Communicating With Residents and Families.....	16
	Observation And Reporting.....	18
	Medical Terminology and Abbreviations.....	21
	<i>Documenting on Medical Record</i>	22
Unit 3	Infection Control	23
	Infection Transmission	26
	Medical Asepsis	28
	Methods To Kill Or Control Microorganisms.....	28
	Bloodborne Pathogens	29
	Standard Precautions.....	31
	Transmission-Based Precautions	33
	Droplet Precautions	35
	Contact Precautions.....	36
	<i>Washing Hands</i>	37
	<i>Putting On and Taking Off Mask and Protective Eyewear</i>	37
	<i>Putting On and Taking Off Gown and Gloves</i>	37
	<i>Putting On and Taking Off Gloves</i>	37
	<i>Disposing Of Equipment From Unit With Transmission-Based Precautions</i>	38
	<i>Collecting Specimen From Resident Under Transmission-Based Precautions</i>	38
Unit 4	Safety And Emergency Procedures	39
	Safety Measures that Prevent Accidents	42
	Body Mechanics	44
	Fire Safety And Prevention	45
	Disaster Plans.....	47
	<i>Performing Relief of Choking</i>	49
	Emergency Situations.....	50

Unit 5	Ethical And Legal Issues	55
	Ethics, Confidentiality and Privacy.....	57
	Age Appropriate Behavior	58
	Legal Issues.....	59
	Resident's Rights	61
	Mistreatment of Elderly.....	63
	Resident's Right To Be Free From Abuse	64
	Signs Of Abuse.....	64
	Examples.....	64
	Identification Of Residents At Risk For Abusing Other Residents.....	64
	Identification Of Residents At Risk For Being Abused	64
	Reporting Abuse	65
	Advocates.....	65
	Grievance Procedures.....	65
	Personal Possessions	65

SECTION TWO Personal Care And Basic Nursing Skills

Unit 6	Nutrition And Hydration.....	66
	General Principles.....	68
	Food Guide Pyramid And Basic Food Groups	71
	Therapeutic Diets	74
	Adaptive Devices	74
	Preparing Residents For Meals.....	76
	<i>Assisting with Dining/Feeding Resident Who Cannot Feed Self</i>	77
	<i>Serving Supplementary Nourishment</i>	77
	Forcing/Restricting Fluids	78
	<i>Providing Fresh Drinking Water</i>	78
Unit 7	Common Diseases And Conditions Of Body Systems.....	79
	Introduction To Body Systems	83
	Skeletal System	84
	Muscular System	85
	Circulatory System.....	86
	Respiratory System.....	89
	Digestive System.....	91
	Urinary System.....	93
	Endocrine System	95
	Nervous System.....	96
	Sensory System.....	98
	Integumentary System	100
	Reproductive System.....	101
	Cancer	103

Unit 8	The Resident's Environment.....	106
	Environmental Control.....	108
	Resident's Room.....	109
	Cleaning The Unit.....	111
	Bedmaking.....	112
	<i>Making Closed Bed</i>	113
	<i>Opening Closed Bed</i>	113
	<i>Making Occupied Bed</i>	113
Unit 9	Personal Care And Grooming: Relationship To Self-Esteem.....	114
	Hygiene.....	116
	<i>Assisting With Oral Hygiene</i>	118
	<i>Providing Mouth Care</i>	118
	<i>Providing Mouth Care for Unconscious Resident</i>	118
	<i>Assisting With Denture Care</i>	118
	<i>Cleaning And Trimming Nails</i>	119
	<i>Foot Care</i>	119
	<i>Assisting Resident With Shaving</i>	120
	<i>Caring For Hair</i>	121
	<i>Shampooing Hair In Bed</i>	121
	<i>Dressing And Undressing Resident</i>	122
	<i>Giving Complete Bed Bath</i>	123
	<i>Giving Partial Bath</i>	123
	<i>Giving Tub Bath Or Shower</i>	123
	<i>Giving Perineal Care</i>	124
	<i>Giving Back Rub</i>	124
Unit 10	Basic Nursing Skills.....	125
	Vital Signs.....	127
	<i>Measuring Oral Temperature (Non-Mercury Glass Thermometer)</i>	129
	<i>Measuring Axillary Temperature (Non-Mercury Glass Thermometer)</i>	129
	<i>Measuring Rectal Temperature (Non-Mercury Glass Thermometer)</i>	130
	<i>Measuring Temperature (Electronic/Tympanic Thermometer)</i>	130
	<i>Counting Radial Pulse Rate</i>	131
	<i>Measuring Apical Pulse</i>	131
	<i>Counting Respirations</i>	132
	<i>Measuring Manual Blood Pressure</i>	133
	<i>Measuring Electronic Blood Pressure</i>	133
	<i>Measuring Combined Vital Signs</i>	134
	<i>Measuring Height And Weight</i>	134
	<i>Measuring And Recording Fluid Intake And Output</i>	136
Unit 11	Resident Care Procedures.....	137
	Elimination Needs.....	139
	<i>Assisting With Use Of Bathroom</i>	140
	<i>Assisting With Use Of Bedside Commode</i>	140
	<i>Assisting With Use Of Bedpan</i>	140
	<i>Assisting With Use Of Urinal</i>	140
	<i>Providing Catheter Care</i>	141
	<i>Emptying Urinary Drainage Bag</i>	142

Unit 11 (Con't)	Resident Care Procedures (Continued)	
	<i>Collecting Routine Urine Specimen</i>	142
	<i>Applying And Caring For Condom Catheter</i>	143
	<i>Collecting Stool Specimen</i>	144
	<i>Administering Cleansing Enema</i>	145
	<i>Applying Warm Or Cold Applications</i>	146
	<i>Applying Elastic Bandages</i>	147
	<i>Assisting With Coughing And Deep Breathing Exercises</i>	148
	<i>Applying and Removing Elastic Stockings (TED Hose)</i>	149
	<i>Applying Nonsterile Dressing</i>	149

Unit 12	Caring for Resident When Death Is Imminent And Following Death	150
	Personal Feelings About Death.....	151
	Needs Of Dying Resident	151
	Psychological Stages Of Death	153
	Signs Of Approaching Death	154
	Nurse Aide's Role In Spiritual Preparation For Death	155
	Nurse Aide's Role In Meeting Family Needs	155
	Hospice Care.....	156
	<i>Performing Postmortem Care</i>	157

SECTION THREE Restorative Care

Unit 13	Basic Restorative Services	158
	Rehabilitation/Restoration.....	160
	Self-Care According to Resident's Capabilities.....	160
	Bowel And Bladder Retraining	162
	Adaptive Devices For Assisting with ADL	164
	Ambulation Devices And Transfer Aids	164
	<i>Assisting To Ambulate Using Cane Or Walker</i>	167
	<i>Using Mechanical Lift (Hoyer)</i>	167
	<i>Performing Range Of Motion Exercises</i>	167
	Prosthetic Devices	169
	<i>Assisting To Dangle, Stand And Walk</i>	173
	Cast Care.....	174
	<i>Transferring From Bed To Chair</i>	175
	<i>Transferring From Bed To Wheelchair</i>	175
	<i>Transferring From Bed To Stretcher</i>	175

Unit 14	Prevention Of Pressure Ulcers	176
	Pressure Ulcers	177
	Preventive Skin Care.....	177
	Preventive Devices	177
	Positioning	178
	Moving, Turning, Positioning And Lifting.....	180
	<i>Moving Up In Bed</i>	181
	<i>Moving Up In Bed Using Turning Sheet</i>	181
	<i>Positioning Resident On Side</i>	181
	Repositioning In Chair Or Wheelchair	181

SECTION FOUR Restraints

Unit 15	Restraints	182
	Facts Regarding Restraint.....	183
	<i>Applying Restraints</i>	185
	<i>Applying Safety Belt Restraint</i>	185
	Alternatives To The Use Of Restraints.....	186

SECTION FIVE Mental Health And Social Service Needs

Unit 16	Psychological Effects Of Aging	187
	Human Needs.....	189
	Coping Mechanisms.....	192
	Sexuality	192
	Developmental Tasks Of Aging.....	194
	Depression	195
	Family Involvement	196
	Dementia	197
	Alzheimer’s Disease	198
	Confusion.....	199
	Developmental Disabilities	200
	Caring For Cognitively Impaired Residents	201

APPENDIX A	- Instructional Objectives And Skill Performance Checklists Summary.....	203
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APPENDIX B	- Required Skill Performance Checklists Index.....	208
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APPENDIX C	- College/Facility-Developed Skill Performance Checklists For Lab And Clinical	212
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APPENDIX D	- Skill Performance Checklists for Competency Evaluation.....	214
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Acknowledgments

The Omnibus Budget Reconciliation Act (OBRA) of 1987 and the 1989 Amendments direct states to specify those training and competency evaluation programs that the State approves for nurse aides employed by nursing facilities participating in Medicare and Medicaid programs on or after October 1, 1990. The following is a State-approved curriculum adapted from a Pennsylvania Nurse Aide Curriculum to meet North Carolina Nurse Aide I standards. This training program can be used to prepare an individual to successfully complete a North Carolina State-approved competency evaluation program that allows the nurse aide to be listed on the North Carolina Nurse Aide I Registry. This program also prepares an individual to work in other practice settings when additional tasks not covered in the basic program are taught by the employing agency. Health care institutions may request a copy of this State-approved curriculum for their use.

Nurse Aide I Training Requirements

Minimum Requirements

To meet minimum requirements, a program must consist of at least 75 hours of combined classroom and practical (laboratory and clinical) instruction. A minimum of 16 hours of practical (combined laboratory and clinical) training must be accomplished. Prior to any direct contact with a resident, the program must also provide 16 hours of training in the following areas:

1. Communication and interpersonal skills
2. Infection control
3. Safety/emergency procedures, including Relief of Choking
4. Promoting residents' independence
5. Respecting residents' rights

Textbooks

Use of up-to-date textbooks is an important learning resource for students. We suggest that instructors review several textbooks and select one appropriate for the student. Supplemental reference books may be purchased depending on budget resources. Textbooks should not be more than five years old. Each section of the curriculum includes a blank section for listing relevant resources for student reading.

Grades

The derivation of grades for the theory component is decided by the individual program. A college/facility must require a minimum of 75 as the final theory grade.

Competency based education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery. To pass

the practical (laboratory and clinical) portion of the Nurse Aide I Training Program, the individual must be proficient in demonstrating all skills. Proficiency is defined as the ability to perform a skill in a competent and safe manner. All skills included in this course must be successfully performed prior to completion of the training program.

Clinical Requirements

The following skills must be performed in a clinical setting with instructor supervision following demonstration of proficiency in a classroom laboratory setting:

I. Nutrition

1. *Assisting with Dining/Feeding Resident Who Cannot Feed Self*

II. Personal Care and Grooming

1. *Choice of at least 6 of the following:*
 - a. *Assisting with Oral Hygiene*
 - b. *Providing Mouth Care*
 - c. *Assisting with Denture Care*
 - d. *Cleaning and Trimming Nails*
 - e. *Assisting Resident with Shaving*
 - f. *Caring for Hair*
 - g. *Shampooing Hair in Bed*
 - h. *Dressing and Undressing*
 - i. *Giving Complete Bed Bath*
 - j. *Giving Tub Bath or Shower*
 - k. *Giving Perineal Care*
 - l. *Giving Back Rub*

III. Basic Nursing Skills

1. Measuring Oral Temperature With Non-mercury Glass Thermometer*
2. Counting Radial Pulse
3. Counting Respirations
4. Measuring Blood Pressure
5. Measuring Height and Weight

IV. Resident Care Procedures

1. Providing Catheter Care*

V. Rehabilitation/Restoration

1. Performing Range of Motion Exercises
2. Transferring from Bed to Chair
3. Choice of at least 3 of the following:
 - a. Assisting to Ambulate Using Cane or Walker
 - b. Using Mechanical Lift (Hoyer)
 - c. Assisting to Dangle, Stand and Walk
 - d. Moving Up in Bed
 - e. Moving Up in Bed Using Turning Sheet
 - f. Positioning Resident On Side

*If the experience of measuring oral temperature with a non-mercury glass thermometer or catheter care is not available in the clinical setting, you may perform the temperature and catheter care in the laboratory setting. You must show evidence of access to the manikin on which catheter care was practiced. Document why students were unable to perform either skill in clinical on the Instructional Objectives And Skill Performance Checklists Summary.

Laboratory

Proficient demonstration of skills other than those required to be performed in a clinical setting (see Clinical Requirements) may be done either in the laboratory with instructor supervision, or clinical setting with instructor supervision following demonstration of proficiency in a laboratory setting. The instructor can observe the return demonstration in the lab or clinical area.

Documentation

The Instructional Objectives and Skill Performance Checklist Summary (found in Appendix A) along with individual skill performance checklists, may be copied and distributed to students at the beginning of the course. When a skill is introduced and demonstrated, the skill performance checklist will serve as a review, enabling the student to practice the skill in a laboratory setting. Skill performance checklists must be used by instructors to evaluate proficiency of skills demonstration by the student. When instructors judge students to be proficient with a particular skill, they date and initial the Instructional Objectives and Skill Performance Checklist Summary. Upon course completion, the completed Instructional Objectives and Skill Performance Checklist Summary must be placed in the student's individual student record and maintained there for a minimum of five years. A fully completed Instructional Objectives and Skill Performance Checklist Summary (Appendix A) implies proficiency of skills demonstration both in the laboratory and in the clinical settings. It is optional that skill performance checklists be kept in the student record.

Directions for Use of the Nurse Aide I State-approved Curriculum

This nurse aide curriculum has been prepared for two groups of people: first, the students, for whom we wish to provide the knowledge and the clinical skills necessary to become proficient nurse aides; and second, the teachers, for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate individuals to become knowledgeable, efficient, caring nurse aides.

Curriculum Content

The curriculum has been divided into five major sections and then subdivided into sixteen units.

Section 1 - Role and Function

- Unit 1 Introduction to Health Care
- Unit 2 Communication and Interpersonal Skills
- Unit 3 Infection Control
- Unit 4 Safety and Emergency Procedures
- Unit 5 Ethical and Legal Issues

Section 2 - Personal Care and Basic Nursing Skills

- Unit 6 Nutrition and Hydration
- Unit 7 Common Diseases and Conditions of Body Systems
- Unit 8 The Resident's Environment
- Unit 9 Personal Care and Grooming
- Unit 10 Basic Nursing Skills
- Unit 11 Resident Care Procedures
- Unit 12 Caring For Resident When Death Is Imminent and Following Death

Section 3 - Restorative Care

- Unit 13 Basic Restorative Services
- Unit 14 Prevention of Pressure Ulcers

Section 4 - Restraints

- Unit 15 Restraints

Section 5 - Mental Health and Social Service Needs

- Unit 16 Psychological Effects of Aging

Cover Page

Each unit begins with a cover page that includes an introductory paragraph summarizing the content of the unit. A section for Suggested Instructional Resource Materials is included for listing items that the instructor may want to introduce when covering the course content to enhance student learning. Useful medical terms, along with definitions, are included at the beginning of each unit. A list of skills included within each unit is also provided.

Curriculum Pages

The curriculum has been divided into three columns.

- The first column, titled *Objectives*, lists the unit objectives.
- The second column, titled *Course Content*, provides an outline of the information to be covered in order to meet the objective.
- The third column, titled *Resource Materials/Activities/Notes*, is provided for listing the instructor's teaching materials such as videos and handouts. Required activities as well as individual activities the instructor feels will enhance student learning are included. Instructor notes may also be written in the space provided.

In developing the curriculum, attention was given to include health care facility policies for those facilities using the curriculum. (For example, there are areas such as emergency plans, etc., in which policies specific to the facility are referenced).

A Guide to the Appendices

Each of the four sections found in the Appendices section of the State-approved curriculum addresses instructional objectives and/or skill performance checklists.

- Appendix A contains a summary of the instructional objectives and skill performance checklists required for course completion. The instructor uses this resource to validate student mastery of course objectives and proficiency of skill performance. A copy of Appendix A must be placed in each student's file for documentation of course completion and proficiency of skills for laboratory and clinical.
- Appendix B contains an index of required skill performance checklists that must be included in the curriculum.
- Appendix C includes components required for college/facility-developed skill performance checklists, and the developed checklists may be placed in this appendix.
- Appendix D contains the skill performance checklists for State competency evaluation. The letter "C" at the beginning of each skill's title designates the skill as a competency evaluation skill.

Unit 1

Introduction to Health Care

Introduction

As a member of the Nursing Department, the nurse aide plays an important role in resident care. He or she spends more time in direct contact with the resident than any other member of the health care team. Knowledge of the role, function, legal limitations, expected qualities, personal habits and obligations is important to provide quality care. This unit also explores the types, purposes and organizational structure of health care facilities that employ nurse aides.

Suggested Instructional Resource Materials

Videos on role of nurse aide

Job description for the nurse aide

Sample organizational chart

Sample mission statement/philosophy

List of committees and functions

Sample policy and procedure manual

Skill Performance Checklists - None

Terminology

1. **Acute illness** - an illness with sudden onset from which the resident is expected to recover.
2. **Chart** - another name for the resident's record.
3. **Chronic Illness** - an illness slow or gradual in onset, for which there is no known cure, the illness can be controlled and complications prevented.
4. **Diagnosis** - the art or method of identifying or recognizing a disease.

Terminology (Continued)

5. **Empathy** - ability to accept the feelings of others as if they were one's own feelings, without losing objectivity, and to accept others' experiences on their terms.
6. **Hospice** - special facility or arrangement to provide care for terminally ill residents.
7. **Job description** - describes who is to do what.
8. **Resident care plan** - a written guide that gives direction about the care a resident should receive.
9. **Observation** - Using the senses of sight, hearing, touch and smell to collect information about the resident.
10. **Policy** - describes what will be done.
11. **Procedure** - describes how something is to be done.
12. **Reporting** - A verbal account of resident care and observations.
13. **Scope of practice** - the extent or range of permissible activities.
14. **Terminal** - final, life ending stage.
15. **Tact** - sensitive to what to do or say to maintain good relations with others or avoid offense.

Section One: Role and Function
 Unit 1: Introduction to Health Care

Objectives	Course Content	Resource Materials/Activities/Notes
1.0 Examine the role of the nurse aide.	I. Role of Nurse Aide A. Important in care of people who are ill and unable to care for themselves B. Assistant to licensed nurse C. Provide physical care and emotional support D. Contribute to resident's comfort E. Make observations and reports F. Directed and supervised by licensed nurses G. Work in variety of settings 1. Hospitals 2. Long term care facilities 3. Rehabilitation centers 4. Clinics 5. Hospices 6. Psychiatric facilities 7. Home Care	Handout: Job description for the nurse aide.
1.2 Discuss the functions of the nurse aide in providing care to residents.	II. Functions of Nurse Aide A. Help residents with personal needs 1. Hygiene 2. Safety 3. Nutrition 4. Exercise 5. Elimination 6. Mobility 7. Communication 8. Socialization/activities 9. Comfort measures 10. Restorative procedures	
1.2.1 Identify 22 functions of the nurse aide.		

Section One: Role and Function
 Unit 1: Introduction to Health Care

Objectives	Course Content	Resource Materials/Activities/Notes
1.3 List eight legal limitations for the nurse aide.	B. Assist with resident care responsibilities <ol style="list-style-type: none"> 1. Collecting specimens 2. Measuring and recording vital signs 3. Transporting residents 4. Environmental cleanliness 5. Cleaning and care of equipment 6. Standard precautions 7. Fire drills and disaster drills 8. Answering call signals 9. Observations of resident response to care 10. Measuring and recording height/weight 11. Intake and output 12. Admission and discharge of residents 	
	III. Legal Limitations of Nurse Aide <ol style="list-style-type: none"> A. Does not give medications B. Does not insert or remove tubes C. Does not take orders from a physician D. Does not do sterile procedures E. Does not give information about diagnosis or treatment plans to residents or their family F. Does not diagnose or prescribe treatments or medications for residents G. Does not supervise the work of other nurse aides H. Does not agree to do something beyond scope of practice as defined by Board of Nursing 	
1.4 Describe the personal qualities and characteristics of the nurse aide.	IV. Qualities and Characteristics of Nurse Aide <ol style="list-style-type: none"> A. Cheerful and enthusiastic B. Responsible C. Considerate D. Courteous E. Cooperative 	

Section One: Role and Function
 Unit 1: Introduction to Health Care

Objectives	Course Content	Resource Materials/Activities/Notes
1.4.1 Discuss the importance of punctuality and commitment on the job.	F. Dependable G. Empathetic H. Honest I. Patient J. Respectful K. Trustworthy L. Willing to learn M. Tactful N. Competent O. Committed to job P. Punctual Q. Self-aware	Have students consider what the consequences might be if they were late or did not show up for a job at a long term care facility.
	V. Personal Health and Hygiene	
1.5 Suggest ways for the nurse aide to maintain acceptable personal hygiene and exhibit appropriate dress practices.	A. Factors that promote good health <ol style="list-style-type: none"> 1. Rest and sleep 2. Diet 3. Exercise 4. Good posture and body mechanics 5. Eye examinations 6. Dental care 7. No use of drugs, alcohol or cigarettes B. Personal hygiene practices <ol style="list-style-type: none"> 1. Taking daily bath or shower 2. Using deodorants/antiperspirants 3. Brushing teeth and using mouthwash 4. Keeping hair clean and neatly styled 5. Cleaning and maintaining short, smooth nails 6. Washing hands after using bathroom 7. Wearing clean underwear, socks or stockings and uniform daily 8. Do not use products having odors that might be offensive to residents 	

Objectives	Course Content	Resource Materials/Activities/Notes
1.6 List obligations of the nurse aide as a member of the health care team.	<ul style="list-style-type: none">C. Professional dress practices<ul style="list-style-type: none">1. Uniform clean, pressed2. Shoes polished and comfortable3. Shoe laces clean4. Stockings without holes/runs5. Jewelry limited to watch and wedding ring6. Name tag or photo I.D. tag worn7. Make up worn in moderation8. Strong perfumes/aftershave lotions not used VI. Health Care Team Member Obligations<ul style="list-style-type: none">A. Guidelines for working with others<ul style="list-style-type: none">1. Know the responsibilities, functions and role expectations listed in job description2. Display qualities and characteristics befitting nurse aide3. Be prompt in reporting to work4. Notify facility of absence ASAP5. Display good health and hygiene practices6. Follow facility dress code policy7. Practice ethical and legal actions8. Direct questions about things you don't understand to supervisor9. Follow instructions and directions of supervisor10. Display pride in appearance11. Promptly report unusual observations to supervisor12. Make supervisor aware of family and resident complaints13. Perform duties in spirit of cooperation14. Do not waste supplies and equipment15. Follow facility rules and regulations16. Be accurate in measuring, recording and reporting	

Objectives	Course Content	Resource Materials/Activities/Notes
1.7 Explain the necessity for planning work assignments.	<p>17. Notify supervisor when leaving and returning to unit</p> <p>18. Assist other health care workers willingly</p> <p>19. Never use supplies and equipment belonging to facility or residents</p> <p>20. Never discuss personal problems with residents</p> <p>B. Resident care conferences</p> <ol style="list-style-type: none"> 1. Assist to develop/revise care plans 2. Share care suggestions 3. Report observations <p>VII. Planning Work Assignments</p> <p>A. Work Assignment</p> <ol style="list-style-type: none"> 1. Made by licensed nurse 2. Based on needs of residents and availability of staff 3. Allows staff to work as team 4. Includes being cooperative and helping others when asked 5. Includes never ignoring a resident that needs help, is uncomfortable, or is in danger 6. Includes notifying supervisor of unfinished assignments 7. Includes answering call signals even though not assigned to that resident 8. Considerations for planning: 9. a. workload 10. b. resident condition 11. c. time 12. d. support services assigned 	<p>Prepare a list of resident care activities and have the class prioritize the list.</p>

Objectives	Course Content	Resource Materials/Activities/Notes
1.7.1 Identify the need to establish priorities when providing resident care.	B. Establishing priorities for care <ol style="list-style-type: none"> 1. Activities of daily living <ol style="list-style-type: none"> a. meeting hygiene needs b. positioning and providing for exercise c. maintaining proper nutrition d. providing for elimination of wastes 2. Examples of special procedures <ol style="list-style-type: none"> a. taking vital signs b. measuring urine 3. Support services <ol style="list-style-type: none"> a. providing drinking water b. delivering and picking up meal trays c. providing clean linen and making beds d. cleaning and caring for equipment 4. Documentation/reporting <ol style="list-style-type: none"> a. presenting oral reports to supervisor b. writing on record if directed 	
1.8 Differentiate between the various types of health care facilities and agencies.	VIII. Health Care Facilities and Agencies <ol style="list-style-type: none"> A. Long-term care facilities (Nursing Homes) <ol style="list-style-type: none"> 1. Provide health care services to individuals unable to care for themselves <ol style="list-style-type: none"> a. elderly b. disabled or handicapped c. individuals with chronic illness 2. Services provided <ol style="list-style-type: none"> a. medical b. nursing c. nutritional d. recreational/religious e. rehabilitative 3. Types of care <ol style="list-style-type: none"> a. home care b. intermediate c. skilled 	Have the class develop a list of health care facilities and agencies located in their community.

Section One: Role and Function
 Unit 1: Introduction to Health Care

Objectives	Course Content	Resource Materials/Activities/Notes
B. Hospitals <ol style="list-style-type: none"> 1. Provide care for individuals of all ages with broad range of health problems 2. Services varied and extensive <ol style="list-style-type: none"> a. diagnostic b. medical c. surgical d. emergency 3. Types of care <ol style="list-style-type: none"> a. acute b. chronic c. terminal C. Home Care Agencies <ol style="list-style-type: none"> 1. Provide care in the home for people needing health services, but not hospitalization 2. Services provided: <ol style="list-style-type: none"> a. nursing b. physical therapy c. occupational therapy d. speech therapy e. social services f. nutritional and food services g. respiratory therapy h. homemaker services 	IX. Health Care Facility Organizational Structure	Handout: Sample organizational chart. Handout: Sample mission statement/philosophy
1.9 Identify the organizational structure of health care facilities.	A. Organizational chart <ol style="list-style-type: none"> 1. Displays chain of command 2. Shows lines of authority 3. Identifies health care worker's position 4. Identifies immediate supervisor B. Structure <ol style="list-style-type: none"> 1. Governing body (Board of Directors) <ol style="list-style-type: none"> a. responsible for provision of safe and adequate care at reasonable cost b. makes facility policies c. delegates management to an administrator 	

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">2. Department heads<ul style="list-style-type: none">a. have specific areas of responsibilityb. supervise department staff<ul style="list-style-type: none">(1) finance(2) ancillary services(3) nursing	<p>Provide list of department heads and services and discuss how the health care team works together.</p>
	<ul style="list-style-type: none">3. Medical director<ul style="list-style-type: none">a. supervises medical staff activities<ul style="list-style-type: none">(1) physicians(2) residents(3) interns	<p>Review facility committees and functions:</p> <ul style="list-style-type: none">1. Safety2. Quality Assurance3. Resident Council
	<ul style="list-style-type: none">4. Director of Nursing and Assistant DON<ul style="list-style-type: none">a. supervises nursing staff activitiesb. responsible for safe nursing carec. registered nurse	
	<ul style="list-style-type: none">5. Nursing Supervisor<ul style="list-style-type: none">a. assists director of nursingb. licensed nursec. assigned areas of responsibilityd. assigned to specific shift	
	<ul style="list-style-type: none">6. Charge Nurse<ul style="list-style-type: none">a. has specific areas of responsibilityb. responsible for resident care in specific areac. supervises staff in specific area<ul style="list-style-type: none">(1) registered nurses(2) licensed practical nurses(3) nurse aides	

Unit 2

Communication and Interpersonal Skills

Introduction

Nurse aides communicate with residents, families, visitors, and co-workers. They must frequently send and receive information about the care and observation of residents, report thoughts and feelings as clearly and objectively as possible, and interact effectively with others. Nurse aides need to be aware of nonverbal communications and need to develop skills in communicating with the sensory impaired. In addition, nurse aides may document on the medical record, which is a legal document. Therefore, all documentation must be in legible, clear and accurate language so that there is no misunderstanding of the meaning.

Suggested Instructional Resource Materials

Video on communication skills

Sample care plan

Sample resident medical record

Graphic sheet

Intake and Output Sheet

Abbreviations accepted for use in documenting

Sample facility policies and procedures for documentation

Skill Performance Checklists

1. Documenting on Medical Record

Terminology

1. **Abbreviation** - a shortened form of a word or phrase.
2. **ADL** - activities of daily living
3. **Aphasia** - inability to express oneself properly through speech, or loss of verbal comprehension.

Terminology (continued)

4. **Cognitive** - mental process by which an individual gains knowledge.
5. **Communication** - the exchange of information; a message sent is received and interpreted by the intended person.
6. **Documentation** - a written record; substantiating statements.
7. **Feeling** - state of emotion, not able to be measured; subjective data
8. **Kardex** - a type of file containing resident care plans.
9. **Legible** - written in a manner that can be easily read.
10. **Objective Data** - information observed about a resident that can be seen, heard, felt, or smelled by another person; signs.
11. **Paraphrase** - repeat a message using different words.
12. **Patient record** - a written account of the resident's illness and response to the treatment and care given by members of the health care team; commonly referred to as the chart.
13. **Prefix** - a word element that is placed at the beginning of a word to change the meaning of the word.
14. **Rapport** - a close relationship with another.
15. **Recording** - the same as documenting, writing or charting resident care and observations on the medical record.
16. **Reporting** - a verbal account of resident care and observations.
17. **Root word** - a root is a word or word element from which other words are formed; foundation of the word that conveys the central meaning and forms the base to which prefixes and suffixes are attached for word modification.
18. **Sensory** - relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).
19. **Subjective data** - information reported by the resident that the health care worker cannot observe by using the senses (seeing, hearing, touching, smelling, tasting); symptoms.
20. **Suffix** - a word element placed at the end of a root word to change the meaning of the word.

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.0 Demonstrate appropriate and effective communication skills.	I. Communication Skills A. Elements that influence relationships with others 1. Prejudices 2. Frustrations 3. Attitudes 4. Life experiences B. Requirements for successful communications 1. A message 2. A sender 3. A receiver	Have the class identify examples of these elements and discuss ways to handle each of the examples presented. Role-play the process of communication.
2.1 Describe the importance of developing good listening skills.	C. Listening skills 1. Show interest 2. Hear message 3. Do not interrupt 4. Ask appropriate questions for clarification. 5. Be patient and help resident express feelings and concerns 6. Eliminate or reduce distractions 7. Understand silence can be form of communication	Discuss ways of showing interest. Have the class divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message). Have the receivers write down what they heard. Follow small group discussions with class discussion.
2.1.1 Identify nine listening skills that can be used by the nurse aide.	(Continued from 2.1)	(Continued from 2.1)
2.1.2 Recognize barriers to effective communication.	D. Barriers to effective communication 1. Labeling 2. Talking too fast 3. Avoiding eye contact 4. Belittling a resident's feelings 5. Physical distance 6. Mental or sensory impairment on part of resident a. Confusion b. Blindness c. Aphasia d. Hearing impairment 7. Changing subject 8. False reassurance 9. Giving advice	Have the class share past experiences when a communication barrier caused them to end a conversation. Role-play ways in which sensory impairment can lead to breakdowns in communication. Discuss false reassurance, e.g., "Everything will be fine; you'll see."

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10. Ineffective communication <ul style="list-style-type: none"> a. disguised messages b. conflicting messages c. unclear meanings d. clichés 	Review common clichés and discuss how the meanings could differ for residents: <ul style="list-style-type: none"> 1. "The grass is always greener on the other side of the fence." 2. "A bird in the hand is worth two in the bush." 	
2.2 Explain how the nurse aide will need to modify his or her behavior in response to the resident's behavior.	II Interpersonal Skills <ul style="list-style-type: none"> A. Determined by <ul style="list-style-type: none"> 1. Standards and values 2. Culture and environment 3. Heredity 4. Interests 5. Feelings and stress 6. Expectations others have for us 7. Past experiences 	
2.2.1 Define the terms sympathy, empathy and tact.	B. Dealing with resident behavior <ul style="list-style-type: none"> 1. Accept every resident 2. Listen to every resident 3. Comply with reasonable requests, when possible 4. Display patience and tolerance 5. Make an effort to be understanding. 6. Develop acceptable ways of coping with own negative feelings <ul style="list-style-type: none"> a. Leave the room after providing for safety b. Talk with supervisor, in private, about negative feelings d. Involve yourself in physical activity e. Learn to use relaxation techniques that ease stress 7. Be sensitive to residents' moods 8. Be able to handle disagreements and criticism 	Have the class discuss why resident behavior shouldn't be taken personally. Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker. Discuss how these situations could be handled.

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> C. Treat residents as unique individuals. <ul style="list-style-type: none"> 1. Do things their way, when possible. 2. Anticipate their needs. 3. Give good care. 4. Ask for their opinion. D. Be able to see things from the other person's point of view. 	
2.3	III Communicating with Residents and Families <ul style="list-style-type: none"> A. Nonverbal Communication <ul style="list-style-type: none"> 1. Body language <ul style="list-style-type: none"> a. posture b. gestures c. level of activity d. facial expressions e. appearance f. touch B. Verbal communication <ul style="list-style-type: none"> 1. Speak clearly and concisely 2. Give message by tone of voice 3. Face resident, at eye level, when speaking. 4. Avoid words having several meanings 5. Present thoughts in logical, orderly manner 6. Learn to paraphrase. C. Telephone communication skills <ul style="list-style-type: none"> 1. Speak clearly in pleasant tone of voice 2. Identify area, yourself and your position 3. Ask, "May I help you?" 4. Be courteous 5. Take messages: <ul style="list-style-type: none"> a. name of individual calling b. phone number (including area code) c. read back message for accuracy d. date and time of call 	<p>Discuss effects of positions and postures when communicating.</p> <p>Act out examples of nonverbal communication that could be a barrier to effective communication.</p> <p>Role-play examples of body language that differ from the verbal message being sent.</p> <p>Give the class messages and have them practice paraphrasing each message.</p> <p>Practice using the telephone to give and receive messages.</p> <p>Divide class into groups of three to practice telephone skills. Class members can take turns being sender, receiver, and observer.</p>
2.3.1	List six examples of nonverbal communication and six examples of effective verbal communication.	
2.3.2	Identify proper telephone communication skills.	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.3.3 Identify actions that would facilitate communication with residents' family and visitors.	<ul style="list-style-type: none"> e. ask for assistance if you are unable to handle message f. permit caller to hang up first g. follow proper etiquette <p>D. Actions to facilitate communication with residents' family and visitors.</p> <ol style="list-style-type: none"> 1. Ask how they are doing 2. Indicate that you are glad to see them 3. Tell them about activities the resident has been involved with that day 4. Be warm and friendly 5. Use talking and listening skills you would use with resident 6. Share knowledge about unit: <ul style="list-style-type: none"> a. visiting hours b. restrictions to visitors c. any restrictions on bringing food d. activities that include family 7. Report stressful or tiring visits to supervisor 8. Refer requests for information on the resident's condition to supervisor 9. Share information from family/visitors that would affect resident care with supervisor 10. Report visitor concerns or complaints to supervisor 	<p>Suggest resident activities that would be of interest to family members or visitors.</p> <p>Give examples of information from family members that would affect care of a resident.</p>
2.3.4 Identify actions that would facilitate communication with hearing impaired residents.	<p>E. Actions to facilitate communication with hearing impaired residents:</p> <ol style="list-style-type: none"> 1. Encourage to use hearing aid 2. Speak slowly using simple sentences 3. Face resident at eye level when speaking 4. Encourage resident to lip read, if that helps 5. Lower pitch of voice 6. Direct speech to stronger ear but do not shout 7. Use gestures when possible to clarify statements 8. Write when necessary 9. Learn some basic signing, if appropriate 	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.3.5 Identify actions that would facilitate communication with residents that have decreased vision.	F. Actions to facilitate communication with residents who have decreased vision <ol style="list-style-type: none"> 1. Sit where resident can best see you 2. Make sure lighting is sufficient 3. Encourage resident to touch objects and yourself 4. Encourage resident to wear his/her glasses 5. Use touch and talk frequently to communicate your location 6. Use descriptive words and phrases 	Speaker to discuss blindness and adaptations that are available for those with loss of sight.
2.3.6 Identify actions that would facilitate communication with residents that have difficulty speaking.	G. Actions to facilitate communication with residents who have difficulty speaking <ol style="list-style-type: none"> 1. Encourage to use hands to point out objects 2. Use communication boards/cards 3. Repeat what you heard to be sure you understood resident 4. Encourage resident to cry or express anger/frustration when he/she has trouble 5. Ask yes and no questions 6. Let other staff know meaning of a sound or movement 	Speaker: Speech Therapist Charades may be used to point out the frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.
2.3.7 Identify actions that would facilitate communication with depressed residents.	H. Actions to facilitate communication with depressed residents <ol style="list-style-type: none"> 1. Exercise patience 2. Allow time for resident to say things 3. Sit quietly with resident 4. Return repeatedly until resident responds 	
2.3.8 Identify actions that would facilitate communication with residents with memory loss.	I. Actions to facilitate communication with residents with memory loss <ol style="list-style-type: none"> 1. Encourage to talk 2. Talk about things resident remembers 3. Ask one question at a time, containing one thought 4. Keep questions simple 5. Re-phrase questions not understood 6. Avoid asking resident to make a choice 	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.3.9 Identify actions that would facilitate communication with residents based on stage of development.	J. Actions to facilitate communication based on stage of development <ol style="list-style-type: none"> 1. Treat all residents with dignity and respect 2. Encourage residents to make choices when appropriate 3. Use simple sentences 4. Emphasize positive qualities 5. Never attempt to exert power over residents 6. Encourage residents to do all they can for themselves 7. Be patient 8. Take time to explain what residents are to do or what you are going to do for them 9. Use age appropriate speech 10. Allow residents to express feelings, ideas and frustrations 11. Gain resident's attention and speak clearly, in normal tone of voice 12. Orient residents to reality when appropriate 13. Never assume that you aren't heard or understood 14. Never address residents as if they are children 	Have class members share personal experiences with developmentally disabled. Discuss ways to develop rapport with residents.
2.4 Observe by using the senses to report resident behavior to the nurse.	IV. Observation and Reporting <ol style="list-style-type: none"> A. Methods of Observation <ol style="list-style-type: none"> 1. Examples using sight: <ol style="list-style-type: none"> a. rash b. skin color c. bruising 2. Examples using hearing: <ol style="list-style-type: none"> a. wheezing b. moans c. words spoken by resident 3. Examples using touch: <ol style="list-style-type: none"> a. lump b. temperature of skin c. change in pulse 	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.4.1 Discuss differences between objective and subjective data.	<ul style="list-style-type: none"> 4. Examples using smell: <ul style="list-style-type: none"> a. odor of breath b. odor of urine c. odor of body B. Reporting <ul style="list-style-type: none"> 1. Reports are made: <ul style="list-style-type: none"> a. immediately b. thoroughly c. accurately 2. Use notepad and pencil to write down information for reporting 3. Report only facts, not opinions <ul style="list-style-type: none"> a. objective data – that observed using senses b. subjective data – that told to nurse aide by resident 4. Observe resident's environment and report safety hazards 5. When reporting, consider: <ul style="list-style-type: none"> a. care or treatment given b. time of treatment c. resident's response to care d. observations helpful to other health care workers e. information resident has given that would affect his or her treatment f. anything unusual about resident 	<p>Role-play a situation and have the class report objective and subject data.</p> <p>Practice reporting information in small groups with group members changing roles as nurse aide and supervisor.</p>
2.5 Identify the ways in which the nurse aide communicates with other staff members.	<ul style="list-style-type: none"> V. Communicating with Other Staff Members <ul style="list-style-type: none"> A. Forms of Communicating <ul style="list-style-type: none"> 1. Reporting or communicating orally 2. Body language 3. Written communications <ul style="list-style-type: none"> a. resident care plans prepared by licensed nurse <ul style="list-style-type: none"> (1) one for each resident (2) kept at nurse's station 	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.5.1 Recognize the importance of maintaining the resident's medical record.	(3) working record to provide consistent, well-planned care on a daily basis (4) changed and updated as needed by licensed nurse (5) information included: (a) resident's level of independence in (b) ADL treatments (c) statement of problems (d) short-term and long-term goals (e) plan to attain goals (f) date plan initiated and reevaluated	Have the class review a sample care plan.
	(6) nurse aides contribute by: (a) helping to identify problems (b) attending care conferences (c) directing questions about plan to supervisor (d) reporting resident response to treatments and activities	Role-play a conference.
	b. resident's medical record	Review a resident's record, if allowed.
	(1) includes information from all disciplines providing direct service to residents. (2) a record of (a) assessments, implementations, evaluations (b) management plans (c) progress notes	
	(3) permanent legal record (4) purpose (a) organizes all information on care in one document (b) accountability so care can be evaluated (c) documentation so there is knowledge of what each discipline is doing	Review charting policies and procedures for the facility.
	(5) confidential information available only to health care workers involved in care of resident	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.5.2 Review guidelines for charting in the resident's medical record.	(6) guidelines for charting if allowed by facility: (a) make sure entries are accurate and easy to read (b) always use ink (c) print, unless script is accepted form (d) do not use term "resident" (e) use short, concise phrases (f) always chart after care performed (g) make sure writing legible and neat (h) use only abbreviations accepted by facility (i) make sure spelling, grammar and punctuation are correct (j) do not record judgments or interpretations (k) record in a logical and chronological manner (l) be descriptive (m) make sure all forms added to chart contain identifying information (n) avoid using words that have more than one meaning (o) use resident's exact words in quotation marks whenever possible (p) always indicate the time of care (q) leave no blank lines (r) sign each entry with first initial, last name, and title (s) correct errors using facility procedure	Review guidelines for charting and practice documenting a procedure.
2.6 Document observations using appropriate terms.	VI. Medical Terminology A. Medicine has a language of its own 1. Historical development 2. Composed mainly of Greek and Latin word parts 3. Consistent and uniform B. Three components 1. Prefixes 2. Root words 3. Suffixes	

Section One: Role and Function
 Unit 2: Communication and Interpersonal Skills

Objectives	Course Content	Resource Materials/Activities/Notes
2.7 Recognize abbreviations used in documenting by the health care facility.	C. Medical Dictionary <ol style="list-style-type: none"> 1. Used for reference 2. Spelling important VII. Abbreviations <ol style="list-style-type: none"> A. Help health care workers communicate quickly and effectively B. Are shortened form of words C. Reduce time needed to chart important information D. Conserve space on medical record E. Used primarily in written communication 	Practice using abbreviations. Secure a list of accepted abbreviations used by facility.
2.8 Demonstrate the ability to document accurate information following proper charting practices.	VIII. Documenting on Medical Record	DEMONSTRATE SKILL #1: Documenting on Medical Record Student performs return demonstration

Unit 3

Infection Control

Introduction

Infection control is one of the most important aspects of environmental safety. Nurse aides have the responsibility to understand and follow the facility's infection control policies and procedures. This unit introduces medical asepsis, Standard Precautions and care of the resident on Transmission-Based Precautions.

Suggested Instructional Resource Materials

Video on infection control, bloodborne pathogens, and Standard Precautions

Facility infection control policy and procedure manuals

Exposure Control Plans

Copy of Standard Precautions

Skill Performance Checklists

2. Washing Hands
3. Putting On and Taking Off Mask and Protective Eyewear
4. Putting On and Taking Off Gown and Gloves
5. Putting On and Taking Off Gloves
6. Disposing of Equipment from Unit With Transmission-Based Precautions
7. Collecting Specimen From Resident Under Transmission-Based Precautions

Terminology

1. **Asepsis** - being free of disease-producing microorganisms.
2. **Biohazardous waste** - refers to items that are contaminated with blood, body fluids, or body substances that may be harmful to others.

Terminology (Continued)

3. **Bloodborne Pathogens:** Disease causing microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).
4. **Contaminated** - dirty, unclean, soiled with germs.
5. **Disinfection** - the process of destroying most, but not all, pathogenic organisms.
6. **Exposure incident** - a mucous membrane, non-intact skin, or sharps-injury contact with blood or potentially infectious materials that results from the performance of an employee's duties.
7. **Fomite** - any object contaminated with germs and able to transmit disease.
8. **Germ** - a microorganism, especially one that causes disease.
9. **Isolation** - an area where the resident with easily transmitted diseases is separated from others.
10. **Medical Asepsis** - the practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place, clean technique.
11. **Microorganism** - a living body so small that it can only be seen with the aid of a microscope.
12. **Parasite** - an organism that lives within, upon, or at the expense of another organism or host.
13. **Pathogen** - a microorganism that is harmful and capable of causing an infection.
14. **Personal Protective Equipment (PPE)** - specialized clothing or equipment worn by an employee for protection against a hazard.
15. **(Other) Potentially Infectious Materials (PIM):**
 - human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva.
 - any tissue or organ (other than intact skin) or tissue or organ cultures.

Terminology (Continued)

16. **Standard Precautions** – 1996 Centers for Disease Control revised procedures to replace Universal Precautions. Contains two tiers of precautions:
- Standard Precautions are those designed for the care of all residents, regardless of their diagnosis or presumed infection status. Standard Precautions include setting up barriers to prevent contact with blood, blood serum derived from body fluids, fluids that contain blood, and any moist body substances.
 - Transmission-Based Precautions are to be used when caring for only those residents who are known or suspected to be infected or colonized with contagious pathogens that can be transmitted by airborne, droplet transmission, or contact with skin or contaminated surfaces.
17. **Sterilize** - to kill all microorganisms including spores.
18. **Virus** – the smallest organism identified using an electron microscope. There are 400 known viruses.

Objectives	Course Content	Resource Materials/Activities/Notes
3.0 Apply the basic principles of infection control.	<p>I. Infection Transmission</p> <p>A. Microorganisms - (germs)</p> <ol style="list-style-type: none">1. Can only be seen using a microscope2. Surround us<ol style="list-style-type: none">a. in airb. on our skin and in our bodiesc. in the food that we eatd. on every surface we touch3. May cause<ol style="list-style-type: none">a. illnessb. infectionc. disease4. Benefit us by maintaining a balance in our environment and in our body5. Require certain elements to survive:<ol style="list-style-type: none">a. oxygen - aerobicb. no oxygen - anaerobicc. warm temperaturesd. moisturee. dark area to growf. food<ol style="list-style-type: none">(1) dead tissue - saprophytes(2) living tissue - parasites6. Body defenses<ol style="list-style-type: none">a. external natural defenses<ol style="list-style-type: none">(1) skin as mechanical barrier(2) mucous membrane(3) cilia - fine microscopic hairs in nose(4) coughing and sneezing(5) hydrochloric acid in stomach(6) tearsb. internal natural defenses<ol style="list-style-type: none">(1) phagocytes(2) inflammation(3) fever(4) immune response	<p>Show pictures of common microorganisms.</p> <p>Have the class list ways in which nonpathogenic organisms benefit man:</p> <ol style="list-style-type: none">1. produce cultured milk products2. cause fermentation3. cause bread to rise4. cause decomposition of organic materials5. make vitamins in colon

Section One: Role and Function
 Unit 3: Infection Control

Objectives	Course Content	Resource Materials/Activities/Notes
3.1 Identify how diseases are transmitted.	7. Chain of infection <ul style="list-style-type: none"> a. causative agent – pathogen <ul style="list-style-type: none"> (1) bacteria (2) viruses (3) fungi (4) protozoa b. reservoir of the causative agent <ul style="list-style-type: none"> (1) humans with active cases of disease or those that carry disease without having symptoms (2) animals/insects (3) fomites (4) environment c. portal of entry of causative agent <ul style="list-style-type: none"> (1) cuts/break in skin (2) openings in mucous membranes (3) respiratory system (4) gastrointestinal system (5) urinary system (6) reproductive system (7) mother to fetus d. portal of exit of causative agent <ul style="list-style-type: none"> (1) tears (slight risk) (2) saliva/respiratory tract secretions (3) urine (4) feces (5) wound drainage (6) reproductive tract secretions e. mode of transmission <ul style="list-style-type: none"> (1) contact <ul style="list-style-type: none"> (a) direct - person to person (b) indirect - fomite to person (c) droplet - common cold (2) common vehicle-salmonella in food (3) airborne - tuberculosis (4) vectorborne - mosquito harbors malaria parasite f. host – individual who harbors infectious organisms 	Discuss objects that might be involved in the spread of disease.
3.1.1 List the six components in the chain of infection.		Have the class discuss and give examples of the various modes of transmission of disease.

Objectives	Course Content	Resource Materials/Activities/Notes
3.2 Define medical asepsis.	II. Medical Asepsis A. Definition 1. The practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place; clean technique	
3.2.1 I identify practices the nurse aide can use to promote medical asepsis in personal life and in work setting.	B. Practices to promote medical asepsis in personal life and work setting 1. Washing hands after use of bathroom 2. Washing hands prior to handling food 3. Washing fruits and vegetables before serving or consuming 4. Covering nose and mouth prior to coughing, sneezing, blowing nose and then washing hands 5. Bathing, washing hair and brushing teeth on a regular basis 6. Washing cooking and eating utensils with soap and water after each use 7. Following sanitation practices a. proper disposal of garbage b. proper disposal of waste materials 8. Washing hands before and after caring for each resident 9. Using approved waterless hand cleaner 10. Washing resident's hands before meals 11. Cleaning resident's unit 12. Cleaning all reusable equipment after use	
3.2.2 Discuss the methods used to kill or control microorganisms.	C. Methods to kill or control microorganisms 1. Disinfection (kills most microorganisms, but not spores) a. boil small items in water for 15 minutes b. use chemical disinfectants for cleaning supplies and equipment 2. Sterilization a. the process of killing all microorganisms, including spores b. autoclave - steam under pressure c. other methods	

Section One: Role and Function
Unit 3: Infection Control

Objectives	Course Content	Resource Materials/Activities/Notes
3.2.3 Observe basic cleaning, disinfecting and sterilizing tasks.	3. Care of supplies and equipment <ul style="list-style-type: none"> a. central supply b. disposable equipment used once and discarded in proper container c. cleaning non-disposable equipment <ul style="list-style-type: none"> (1) rinse in cold water to remove organic material (2) wash with soap and hot water (3) scrub with a brush if necessary (4) rinse and dry equipment (5) sterilize or disinfect equipment 	Tour a central supply department and observe the preparation of equipment to be autoclaved. Ask an employee from that department to explain and demonstrate the use of the autoclave.
3.2.4 Discuss other aseptic measures to prevent the spread of infection.	4. Other aseptic measures <ul style="list-style-type: none"> a. hold equipment and supplies away from uniform b. avoid shaking linen c. damp dust furniture d. clean from cleanest area to the most soiled area e. direct cleaning away from your body and uniform f. pour contaminated liquids into sinks or toilets; do not splash g. do not sit on resident's bed h. do not transport equipment from one resident's room to another without cleaning 	Have the class discuss the difference between the terms clean and dirty as they relate to resident care. Discuss what it means for an item to be sterile.
3.3 Describe HIV and HBV as two examples of blood borne diseases.	III. Bloodborne Pathogens <ul style="list-style-type: none"> A. Human Immunodeficiency Virus (HIV) <ul style="list-style-type: none"> 1. Facts: <ul style="list-style-type: none"> a. persons infected with HIV may carry virus without developing symptoms for several years b. HIV infected persons will eventually develop AIDS (Acquired Immune Deficiency Syndrome) c. persons infected with HIV may develop AIDS-related illnesses including neurological problems, cancer, and other opportunistic infections 	

Objectives	Course Content	Resource Materials/Activities/Notes
3.3.1 Describe the modes of transmission of HIV and HBV.	<ul style="list-style-type: none"> d. persons infected with HIV may suffer flu-like symptoms, fever, diarrhea, weight loss, and fatigue e. brain of persons infected with HIV may be affected, causing confusion, memory loss, depression, or motor dysfunction f. although drugs may delay symptoms, there is no known cure for AIDS <p>B. Hepatitis B Virus (HBV)</p> <ul style="list-style-type: none"> 1. Facts: <ul style="list-style-type: none"> a. about one third of persons infected do not show symptoms b. another one third have mild flu-like symptoms which go away c. the last one-third experience abdominal pain, nausea and fatigue: skin and eyes jaundiced and urine dark d. six to ten percent of HBV infected persons become chronic carriers (may or may not have active infection, few or no symptoms, but can transmit disease) e. HBV preventable with use of HBV vaccine <p>C. Modes of Transmission</p> <ul style="list-style-type: none"> 1. Sexual contact 2. Sharing contaminated needles 3. Receiving blood transfusions 4. Pregnant mother to unborn baby 5. Nursing mother to baby through breast milk (for HIV, not HBV) 6. Puncture wounds from sharps 7. Mucous membrane contact 8. Contact of infectious substances (urine, feces, saliva) with non-intact skin 9. Contaminated surfaces (for HBV, not HIV) 	
3.3.2 Identify the critical elements in the ECP.	<p>D. Exposure Control Plan</p> <ul style="list-style-type: none"> 1. Copy must be available at workplace 2. Mandated by OSHA 	

Objectives	Course Content	Resource Materials/Activities/Notes
3.4 Demonstrate an understanding of the principles of Standard Precautions.	<ul style="list-style-type: none">3. Identifies employees at risk of exposure by tasks performed4. Specifies measures to decrease risk of exposure<ul style="list-style-type: none">a. administrative controlsb. work practice controlsc. engineering controlsd. housekeepinge. HBV Vaccine5. Post-exposure evaluation and follow-up<ul style="list-style-type: none">a. wash the area immediatelyb. complete a facility incident reportc. follow procedures for testing and treatment <p>IV. Standard Precautions – CDC procedures to control and prevent infections. Contains two tiers of precautions: Standard and Transmission-Based.</p> <p>A. Use for the care of all residents</p> <ul style="list-style-type: none">1. Handwashing<ul style="list-style-type: none">a. after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are wornb. immediately after gloves are removed, between resident contacts, and when otherwise indicated to prevent transfer of microorganisms to other residents or environmentsc. between tasks and procedures on the same resident to prevent cross-contamination of different body sites2. Gloves<ul style="list-style-type: none">Wear gloves (clean, nonsterile gloves) when:a. touching blood, body fluids, secretions, excretions, and contaminated itemsb. before touching mucous membranes and non-intact skin	

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">c. change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms	
	<p>3. Mask, Eye Protection, Face Shield</p> <p>Wear a mask and eye protection or a face shield</p> <ul style="list-style-type: none">a. to protect mucous membranes of the eyes, nose, and mouth.b. during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.	
	<p>4. Gown</p> <p>Wear a gown:</p> <ul style="list-style-type: none">a. during procedures and resident care activities that are likely to generate splashes of blood, body fluids, secretions or excretionsb. remove soiled gown as soon as possible and wash hands	
	<p>5. Multiple-Use Resident Care Equipment</p> <ul style="list-style-type: none">a. commonly used equipment or supplies (stethoscope, etc.) must be cleaned and disinfected after use or when soiledb. single-use equipment is preferred and must be discarded properly	
	<p>6. Linen</p> <p>Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions</p> <ul style="list-style-type: none">a. in a manner that prevents skin and mucous membrane exposures and contamination of clothingb. that prevents transfer of microorganisms to other residents and environments	

7. Resident Placement
 - a. place resident who contaminates environment or who does not, or cannot be expected to assist in maintaining appropriate hygiene or environmental control, in private room
 - b. if private room not available, consult with infection control professionals regarding resident placement or other alternatives
8. Transport of Infected Residents
 - a. appropriate barriers (masks, impervious dressings) are worn.
 - b. personnel in area to which resident is taken are notified of arrival and precautions to take
 - c. inform residents in ways they can assist in prevention of transmission
9. Transmission-Based Precautions
 - a. Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions, or the equivalent, for resident known or suspected to be infected with microorganisms transmitted by airborne droplets that remain suspended in the air and can be widely dispersed by air currents

 - (1) resident placement: Private room. Negative air pressure in relation to the surrounding areas. Keep doors closed at all times and resident in room.
 - (2) gloves: Same as Standard Precautions
 - (3) gown or apron: Same as Standard Precautions
 - (4) Mask and Eyewear
 - a. for known or suspected pulmonary tuberculosis:

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">(1) Mask N-95 (respirator) must be worn by all individuals prior to entering room.b. for known or suspected airborne viral disease (e.g., chickenpox, or measles)<ul style="list-style-type: none">(1) standard mask should be worn by any person entering the room unless the person is not susceptible to the disease(2) when possible, persons who are susceptible should not enter room	
	(5) Handwashing: <ul style="list-style-type: none">a. hands must be washed before gloving and after gloves are removedb. skin surfaces must be washed immediately and thoroughly when contaminated with body fluids or blood	
	(6) Resident Transport: <ul style="list-style-type: none">a. limit transport of the resident for essential purposes onlyb. place a mask on the resident, if possible	
	(7) Resident-care equipment: <ul style="list-style-type: none">a. when using equipment or items (stethoscope, thermometer), they must be adequately cleaned and disinfected before use with another resident.	

- b. Droplet Precautions:
In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident during coughing, sneezing, talking, or the performance of procedures that induce coughing.
- (1) resident placement: private room or with resident with same disease.
 - (2) gloves: must be worn when in contact with blood and body fluids.
 - (3) gowns: must be worn during procedures or situations where there will be exposure to body fluids, blood, draining wounds, or mucous membranes.
 - (4) masks and eyewear: in addition to Standard Precautions, wear mask when working within three feet of resident (or when entering resident's room).
 - (5) handwashing: hands must be washed before gloving and after gloves are removed.
 - (6) transporting: limit the movement and transporting of the resident from the room for essential purposes only. If necessary to move the resident, minimize resident dispersal of droplets by masking the resident, if possible.
 - (7) resident-care equipment: when using common equipment or items, they must be adequately cleaned and disinfected.

- c. Contact Precautions:
- In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified residents known or suspected to be infected or colonized with important microorganisms that can be transmitted by direct contact with the resident (hand or skin-to-skin contact that occurs when performing resident-care activities that require touching the resident's dry skin) or indirect contact (touching) with environmental surfaces or resident-care items in the resident's environment.
- (1) resident placement: private room (if not available, with resident with same disease).
 - (2) gloves: wear gloves when entering the room and for all contact of resident and resident items, equipment, and body fluids.
 - (3) gown: wear a gown when entering the room if it is anticipated that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room.
 - (4) masks and eyewear: indicated if potential for exposure to infectious body material exists.
 - (5) handwashing: after glove removal while ensuring that hands do not touch potentially contaminated environmental surfaces or items in the resident's room.
 - (6) Transporting: limit the movement and transporting of the resident.

Section One: Role and Function
Unit 3: Infection Control

Objectives	Course Content	Resource Materials/Activities/Notes
	(7) resident-care equipment: when possible, dedicate the use of non-critical resident care equipment to a single resident.	
3.5 I identify the reasons for washing hands.	V. Reasons for washing hands A. Everything you touch contains germs B. Washing hands is one of most effective ways of controlling infection when done correctly C. Prevents cross contamination D. Washes away many germs on skin E. Protects residents from infection when hands are washed before and after care and during care, as needed	
3.6 Demonstrate proper technique for washing hands.	VI. Washing Hands	DEMONSTRATE SKILL #2: Washing Hands Student performs return demonstration
3.7 Demonstrate proper procedure for putting on and taking off a face mask and protective eyewear.	VII. Putting On and Taking Off Mask and Protective Eyewear	DEMONSTRATE SKILL #3: Putting On and Taking Off Mask and Protective Eyewear Student performs return demonstration
3.8 Demonstrate procedure for putting on and taking off gown and gloves.	VIII. Putting On and Taking Off Gown and Gloves	DEMONSTRATE SKILL #4: Putting On and Taking Off Gown and Gloves Student performs return demonstration
3.9 Demonstrate procedure for putting on and taking off gloves.	IX. Putting On and Taking Off Gloves	DEMONSTRATE SKILL #5: Removing Contaminated Disposable Gloves Student performs return demonstration

Section One: Role and Function
Unit 3: Infection Control

Objectives		Course Content		Resource Materials/Activities/Notes
3.10	Demonstrate procedure for disposing of equipment from unit with Transmission-Based Precautions.	X.	Disposing of Equipment from Unit with Transmission-Based Precautions	DEMONSTRATE SKILL #6: Disposing of Equipment from Unit with Transmission-Based Precautions Student performs return demonstration
3.11	Demonstrate procedure for collecting specimen from resident under Transmission-Based Precautions.	XI.	Collecting Specimen From Resident Under Transmission-Based Precautions	DEMONSTRATE SKILL #7: Collecting Specimen From Resident Under Transmission-Based Precautions Student performs return demonstration
3.12	List three purposes of Quality Assurance Programs as related to Infection Control.	XII.	<p>Infection Control Programs</p> <p>A. Purpose</p> <ol style="list-style-type: none"> 1. Prevent cross infection 2. Prevent re-infection 3. Environmental control <p>B. Quality Assurance Committee</p> <ol style="list-style-type: none"> 1. Reviews infections 2. Recommends policies and procedures to prevent infections 3. Made up of members from all disciplines 4. Monitors infection control program 5. All facilities required to have Infection Control Program as part of Quality Assurance Committee 	<p>Ask a member from the Quality Assurance Committee to speak to the class.</p> <p>Review the Quality Assurance Manual.</p>

Unit 4

Safety and Emergency Procedures

Introduction

Personal safety and the well-being of residents is a vital component of the health care system. If safety rules are ignored, the nurse aide or another individual could be seriously injured or die. This unit explores general safety rules, safety measures that prevent accidents, fire safety and prevention, disaster plans, and responsibility in emergency situations. The nurse aide is expected to respond immediately and effectively to illness, injury, and life-threatening circumstances.

Suggested Instructional Resource Materials

Video on accident prevention and emergency preparedness

Facility fire drill policies and procedures

Facility disaster plan

Facility policy on smoking

Facility policies and procedures for oxygen use

Skill Performance Checklists

8. Performing Relief of Choking

Terminology

1. **Abdominal thrusts** - a technique to relieve an obstructed airway
2. **Abrasion** - a scrape on the skin.
3. **Contusion** - an injury in which the skin is not broken.
4. **Convulsion** - violent and sudden contractions or tremors of muscles.

Terminology (Continued)

5. **Cardiopulmonary Resuscitation (CPR)** - combines the techniques of artificial respiration and cardiac compression to restore circulation.
6. **Dementia** - progressive mental deterioration due to organic brain disease.
7. **Disoriented** - confused about time, place and person or objects.
8. **Evacuation** - to remove from a dangerous area.
9. **Fracture** - a break in the continuity of bone.
10. **Hemorrhage** - a large amount of bleeding.
11. **Laceration** - a wound or a tear of the skin.
12. **Malfunction** - equipment that is not working as it is supposed to work.
13. **Puncture** - to make a hole or perforate.
14. **Seizure** - involuntary muscle contraction and relaxation.
15. **Shock** - decreased blood flow in the body, which may cause death.
16. **Splint** - a firm object used to support an unstable body part.

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
4.0 Identify ways to prevent accidents and other emergencies.	I. Ways to Prevent Accidents and Other Emergencies	Review the general safety rules and have the class relate these to home as well as the health care facility.
4.1 Adhere to general safety rules.	A. General safety rules <ol style="list-style-type: none"> 1. Walk in halls and on stairs - never run 2. Keep to the right-hand side of the hall 3. Approach swinging doors with caution 4. Use handrails going up and down stairs 5. Keep halls and stairs free of obstacles 6. Check labels on all containers prior to using contents 7. Wipe up spilled liquids immediately 8. Pick up litter and place it in the proper container 9. Follow instructions of your supervisor for resident care 10. Report injuries promptly 11. Never use damaged or frayed electrical cords 12. Ask for an explanation of things you don't understand 13. Elevate side rails for residents at risk of falling, per facility policy 14. Check linen for personal items contained in folds prior to sending to the laundry 15. Never use malfunctioning equipment 16. Report unsafe conditions immediately 	
4.1.1 List 16 rules of general safety.	B. Resident Safety <ol style="list-style-type: none"> 1. Factors that increase the resident's risk of injury. <ol style="list-style-type: none"> a. age related <ol style="list-style-type: none"> (1) decreased strength (2) slower movement (3) difficulty maintaining balance (4) tremors that may affect balance b. awareness of surroundings <ol style="list-style-type: none"> (1) some totally unaware <ol style="list-style-type: none"> (a) unconscious (b) coma 	Discuss students' personal experiences with accidents and consider the general safety rule that may have prevented the accident.
4.1.2 Recognize factors that increase the resident's risk of injury.		Review accidents that have occurred with elderly members of the student's family and relate them to the aging process.
		Discuss why safety factors are often the reason for elderly individuals being admitted to a long-term care facility.

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
4.1.3 List six effects of medications that could cause the resident to have an accident.	<ul style="list-style-type: none"> (2) some suffer from dementia <ul style="list-style-type: none"> (a) confused (b) disoriented c. decreased vision <ul style="list-style-type: none"> (1) difficulty seeing objects (2) in danger of falling or tripping (3) difficulty reading labels or containers d. hearing impaired <ul style="list-style-type: none"> (1) may not hear warning signals or alarms (2) may not hear approaching equipment e. smell and touch <ul style="list-style-type: none"> (1) reduced smell - unaware of smoke or gas fumes (2) decreased sensitivity to heat and cold - easily burned f. inability to move independently <ul style="list-style-type: none"> (1) crippling diseases (2) arthritis (3) paralysis g. Medications can: <ul style="list-style-type: none"> (1) affect balance (2) reduce awareness (3) cause confusion/disorientation (4) cause drowsiness (5) affect coordination (6) make fearful and uncooperative 	<p>Simulate vision changes by having the student attempt a task while wearing glasses covered with Vaseline.</p> <p>Consider the many accidents that could occur due to a decreased sensitivity to hot and cold temperatures and objects.</p> <p>Have the class share their own experiences with side effects from medications.</p>
4.2 Identify safety measures that prevent accidents to residents.	<p>II. Safety Measures that Prevent Accidents</p> <p>A. Preventing Falls</p> <ol style="list-style-type: none"> 1. Falls account for 70% of accidents in health care facilities 2. Answer call signals promptly 3. Keep frequently used articles within reach of resident 	<p>Discuss why accidents could occur when call signals are ignored.</p>

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ol style="list-style-type: none"> 4. Lock brakes on movable equipment <ol style="list-style-type: none"> a. wheel chairs b. stretchers and mechanical lifts c. beds d. commodes 5. Properly position residents in: <ol style="list-style-type: none"> a. bed b. wheel chair 6. Report observations to supervisor that lead you to believe a resident is prone to falling 7. Report any facility structure hazard immediately that could lead to falls <ol style="list-style-type: none"> a. frayed carpeting b. loose or broken side rails c. lights that don't work 8. Report broken or malfunctioning equipment immediately 	<p>Relate falls to the resident's dress practices, such as length of clothing, the way shoes/slippers fit and shoes with laces.</p> <p>Discuss differences between abrasions, contusions, lacerations and puncture wounds.</p> <p>Suggest some observations that would lead you to believe that a resident is prone to falling.</p> <p>List additional facility structure hazards that could lead to accidents</p>
	<ol style="list-style-type: none"> B. Preventing Burns <ol style="list-style-type: none"> 1. Second most common hazard to residents 2. Check water temperature in bath or shower with bath thermometer 3. Report areas where water temperature seems too hot 4. Monitor smoking practices 5. Provide assistance at mealtime to prevent spilling hot liquids 6. Use facility equipment according to written policies 7. Monitor use of electrical appliances used by resident 8. Avoid overexposure to sunlight 	<p>Discuss differences between first, second and third degree burns.</p>
	<ol style="list-style-type: none"> C. Preventing poisoning - Toxic products <ol style="list-style-type: none"> 1. Store in locked cabinets 2. Store away from resident areas 3. Never leave products where they might be ingested 4. Have identifying labels on all containers 5. Never use unlabeled substance 	<p>Discuss where toxic products may be stored in a facility.</p>

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
D. Preventing injury when performing care <ol style="list-style-type: none"> 1. Provide care to right resident 2. Use identification bracelets 3. Call resident by name 4. Use I.D. systems that involve photographs 5. Realize that care to wrong resident can threaten life 	E. Preventing suffocation <ol style="list-style-type: none"> 1. Encourage residents to use their dentures when eating 2. Assist to cut food into small pieces 3. Report difficulty in swallowing 4. Never leave unattended in bathtub 5. Immediately transport from areas where smoke or gas fumes are noticed 6. Properly apply and check vest and safety belt restraints 	Discuss responsibility if care is given to the wrong resident.
F. Preventing spread of microorganisms <ol style="list-style-type: none"> 1. Wash hands before and after care 2. Follow Standard Precautions 	G. Preventing other injuries <ol style="list-style-type: none"> 1. Move equipment around corners with caution 2. Be careful of feet when transporting residents in wheelchairs 3. Monitor residents who wander away 4. Follow instructions when providing care 5. Keep bed in lowest position except when giving bedside care 6. Use night lights in rooms 7. Have residents wear shoes/slippers with non-skid soles 8. Check crutches, canes and walkers for non-skid tips 9. Keep call signal within easy reach 10. Report immediately any observations indicating resident is a danger to himself or others. 	Consider the type of accidents that could occur if a resident were left unattended in a bathtub.
4.3 Practice good personal body mechanics.	III. Body Mechanics <ol style="list-style-type: none"> A. Definition - the coordination of body alignment, balance and movement B. Job requirements for nurse aides include lifting, moving, and transferring residents and lifting, moving and carrying objects 	Discuss the use of incident reports in your facility.
		Discuss the advantages of using night lights in resident rooms.

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
4.3.1 List 18 guidelines for good body mechanics.	C. Purpose of good body mechanics: <ol style="list-style-type: none"> 1. Maximize strength 2. Minimize fatigue 3. Avoid muscle strain and injury 4. Assure personal and resident safety D. Guidelines for good body mechanics: <ol style="list-style-type: none"> 1. Never bend over from waist to pick up object 2. Lift firmly and smoothly 3. Keep object close to body 4. Keep back straight 5. Bend at hips and knees and get close to object prior to lifting 6. Grip objects firmly with both hands 7. Lift by pushing up with strong leg muscles 8. Get help if object or resident appears too heavy 9. Keep feet apart to provide wide base of support 10. Pivot or turn with feet 11. Use short steps to turn 12. Turn entire body without twisting back and neck 13. Pull or push when possible instead of lifting 14. Use body weight to help push or pull 15. When reaching for an object, evaluate distance 16. Face in direction you are working to prevent twisting 17. Adjust beds to waist level when giving resident care 18. Be sure body in good alignment at all times 	Notice the difference in your balance when you <ol style="list-style-type: none"> a. stand on one foot b. when you stand with both feet close together c. when you stand with feet apart for a wide base of support.
4.4 Identify and discuss fire safety activities and potential fire hazards.	IV. Fire Safety and Prevention <ol style="list-style-type: none"> A. Fire safety <ol style="list-style-type: none"> 1. Everyone is responsible for preventing fires 2. If fire occurs, know what to do 	

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	3. Major fire hazards <ul style="list-style-type: none"> a. faulty electrical equipment and wiring b. overloaded electrical circuits c. plugs not properly grounded d. clutter - paper/rags e. unsafe practices when oxygen is in use f. smoking g. spontaneous combustible materials 4. Elements necessary to start fire <ul style="list-style-type: none"> a. fuel - material that will burn b. heat - flame or spark c. oxygen 5. Fire safety activities <ul style="list-style-type: none"> a. locate and learn <ul style="list-style-type: none"> (1) escape routes and fire escapes (2) use of all fire control equipment <ul style="list-style-type: none"> (a) fire doors (b) sprinkler system controls (c) fire extinguishers (3) fire drill procedures b. be aware of all fire hazards and report them immediately 	Speaker: fire inspector or fire chief to address all aspects of fire safety. Review facility floor plan and locate fire control equipment. Role-play reporting a fire.
B. Fire Prevention	1. Watch for frayed electrical wires 2. Never overload circuits 3. Use three-prong grounded plugs 4. Never use of extension cords 5. Control clutter 6. Dispose of rags properly 7. Empty ashtrays in metal containers 8. Empty wastebaskets in proper receptacles 9. Report odors of smoke or burning 10. Keep fire exits clear	

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
4.4.1 Discuss the precautions that should be taken when oxygen is in use.	11. Control smoking practices: <ol style="list-style-type: none"> a. limit to specific areas b. never allow smoking in bed c. have large ashtrays available d. observe use of matches/lighters e. directly supervise residents when smoking, as necessary C. Oxygen precautions <ol style="list-style-type: none"> 1. Never have open flames or smoking in area 2. Remove flammable liquids from area 3. Do not use electrical equipment in area 4. Post "Oxygen in Use" sign 5. Remove cigarettes and matches from room 6. Use cotton blankets and clothing D. In event of fire <ol style="list-style-type: none"> 1. Keep calm 2. Move residents to safety. 3. Sound alarm 4. Follow evacuation plan 5. Close all windows and doors 6. Shut off air conditioning 7. Shut off oxygen 8. Shut off lights 9. Never use elevators E. Use of fire extinguisher: <ol style="list-style-type: none"> 1. Carry upright 2. Remove safety pin 3. Push handle down 4. Direct spray at base of fire 	Review facility policy on smoking. Review facility policies and procedures for oxygen use. Review how a fire would be handled in your facility. Have the fire department demonstrate the proper use of fire extinguishers, and have the class to use the equipment if possible.
4.5 Review and follow disaster procedures and plans for the health care facility.	V. Disaster Plans <ol style="list-style-type: none"> A. Disaster - type of catastrophe <ol style="list-style-type: none"> 1. Natural origin <ol style="list-style-type: none"> a. flood b. earthquake c. hurricane/tornado 	

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> 2. Human disasters <ul style="list-style-type: none"> a. airplane/bus/train accidents b. explosions c. nuclear waste accidents B. Facilities required to have disaster plans C. Responsibilities in disaster <ul style="list-style-type: none"> 1. Remove residents from immediate danger 2. Report to facility and follow directions for your role 3. Know your facility's disaster plan 4. Assist with evacuation 5. Help remove and secure equipment, supplies, and records 6. Think before you act; don't waste time 7. Remain calm 8. Carry out responsibilities in confident manner 	<p>List potential disasters that could occur in your community.</p> <p>Speaker to speak on disaster preparedness. Select a potential disaster and have the class outline how it could be handled in their facility and community.</p> <p>Discuss why it might be important for employees, off duty, to respond to a disaster at their facility.</p>
<p>4.6 Discuss the emergency treatment of a choking resident.</p>	<p>VI. Treating Choking Resident</p> <ul style="list-style-type: none"> A. Causes of choking <ul style="list-style-type: none"> 1. Occurs when the throat is blocked or closed up and air cannot get to the airway. <ul style="list-style-type: none"> a. Airway may be blocked by: <ul style="list-style-type: none"> (1) Food or liquids (Meat most common food) (2) Blood or mucus (3) Foreign objects including the tongue (4) Vomitus 	
<p>4.6.1 Assist with clearing an obstructed airway.</p>	<ul style="list-style-type: none"> B. Tilting head back in unconscious person may clear airway since this pulls tongue forward C. If victim coughing, do not intervene: <ul style="list-style-type: none"> 1. Stay near 2. Encourage coughing - most effective way to dislodge obstructions 3. Never slap coughing resident on back: can cause object to fall lower into trachea D. Signals of severe foreign body airway obstruction <ul style="list-style-type: none"> 1. Unable to speak 2. No air movement 3. Grasping throat - distress signal 	

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> b. at home or at accident scene <ul style="list-style-type: none"> (1) dial 911 operator or emergency number (2) give location (3) give phone number (4) relate type of emergency (5) give number of people needing help (6) relate requested information 4. Information to remember <ul style="list-style-type: none"> a. You must be trained to administer CPR b. Activate the emergency medical system or your facility's emergency plan c. CPR must be started immediately to be effective d. Follow facility policy for Advanced Care Directive 5. Methods of administering CPR <ul style="list-style-type: none"> a. one-person CPR b. two-person CPR 	
<p>4.9 Explain responsibilities in assisting the resident for the following:</p> <ul style="list-style-type: none"> • convulsive disorders • loss of consciousness • shock • hemorrhage 	<p>IX. Emergency Situations</p> <p>A. Convulsive disorders (seizures)</p> <ul style="list-style-type: none"> 1. Causes: <ul style="list-style-type: none"> a. infectious disease b. omitted medication c. head injury d. stroke e. seizure syndrome 2. Types <ul style="list-style-type: none"> a. Partial b. General <ul style="list-style-type: none"> (1) Tonic-clonic (grand mal) (2) Absence (petit mal) c. Unclassified 3. Specific actions: <ul style="list-style-type: none"> a. summon help b. stay with resident 	<p>Discuss the differences in types of seizures.</p> <p>Discuss issue of abandonment if aide does not stay with resident in an emergency.</p>

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> c. protect from injury <ul style="list-style-type: none"> (1) lower to floor if appropriate (2) move objects away that might cause injury d. do not restrain or put any object into mouth e. loosen constricting clothing (around neck) f. place pillow under head and turn face to one side g. note time and type of seizure h. Provide rest for resident after seizure <ul style="list-style-type: none"> (1) very tired (2) may be confused (3) often disoriented 	<p>Describe an aura.</p>
	<p>B. Loss of consciousness - fainting</p> <ul style="list-style-type: none"> 1. Caused by temporary reduction of blood to brain 2. Early signs and symptoms: <ul style="list-style-type: none"> a. dizziness b. decreased pulse and BP c. pallor and perspiration d. nausea e. cold skin f. numbness and tingling of extremities 3. Specific actions: <ul style="list-style-type: none"> a. summon help b. stay with resident c. have resident sit or lie down d. loosen tight clothing e. position head lower than heart <ul style="list-style-type: none"> (1) sitting - head between legs (2) lying down - elevate legs f. monitor pulse and respirations g. have resident rest for 5-10 minutes before moving h. provide blanket if cold 	<p>Suggest reasons why the face would be turned to the side.</p> <p>Discuss situations and treatments that can stimulate the vagus nerve which results in decreased pulse rate and lowered blood pressure leading to dizziness or fainting</p>
	<p>C. Shock</p> <ul style="list-style-type: none"> 1. Causes <ul style="list-style-type: none"> a. severe injury b. excessive loss of body fluids c. pain 	<p>Ask class members who have fainted to share their experience.</p>

Section One: Role and Function
 Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
4.9.1 List seven symptoms of approaching shock that you might observe during resident care.	<ul style="list-style-type: none"> d. respiratory and/or cardiac arrest e. anxiety 2. Signs and symptoms <ul style="list-style-type: none"> a. low or falling blood pressure b. weak, rapid pulse c. cold, moist, pale skin d. rapid respirations e. thirst f. restlessness g. confusion and loss of consciousness 3. Specific actions: <ul style="list-style-type: none"> a. summon help b. stay with resident c. keep lying down d. control hemorrhage e. keep warm D. Hemorrhage <ul style="list-style-type: none"> 1. Types <ul style="list-style-type: none"> a. internal b. external 2. Signs and symptoms <ul style="list-style-type: none"> a. internal <ul style="list-style-type: none"> (1) pain (2) shock (3) vomiting blood (4) loss of consciousness b. external <ul style="list-style-type: none"> (1) can usually be seen 3. Specific action <ul style="list-style-type: none"> a. internal <ul style="list-style-type: none"> (1) summon help (2) stay with resident (3) keep warm, flat and quiet until help arrives 	<p>Discuss differences between internal and external hemorrhage.</p>

Section One: Role and Function
Unit 4: Safety and Emergency Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ol style="list-style-type: none">6. Know your limitations7. Provide care and reassure victims8. Keep bystanders away from victims	

Unit 5

Ethical and Legal Issues

Introduction

As a member of the health care team, the nurse aide will frequently be faced with ethical and legal decisions that govern his or her actions. A knowledge of ethical standards, resident's rights and legal issues are important for the protection of nurse aides, employers, and residents.

Suggested Instructional Resource Materials

Video on ethics and legal rights

Federal and state regulations for resident rights and reporting abuse, etc.

Resident Bill of Rights

Skill Performance Checklists - None

Terminology

1. **Abuse** - the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. **Advocate** - one that pleads the cause of another.
3. **Aiding and Abetting** - not reporting dishonest acts that are observed.
4. **Assault** - attempt or threat to do violence to another.
5. **Battery** - an unlawful attack upon another person.
6. **Confidential** - keeping what is said or written private, or to oneself.
7. **Defamation** - injuring the name and reputation of another person by making false statements to a third person.
8. **Dignity** - the quality or state of being worthy, honored, or esteemed.
9. **Discrimination** - prejudiced or prejudicial outlook, action or treatment.
10. **Drug** - any chemical compound that may be used on or administered to humans or animals as an aid in the diagnosis, treatment or prevention of disease or other condition or for the relief of pain or suffering or to control or improve any physiological pathologic condition.

Terminology (Continued)

11. **Drug Diversion** - the unauthorized taking or use of any drug.
12. **Ethics** - a set of moral principles and values.
13. **False Imprisonment** - the unlawful restraint or restriction of another person's movements.
14. **Fraud** - an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.
15. **Gossip** - talking about residents or co-workers.
16. **Grievance** - a cause of distress felt to afford reason for complaint or resistance.
17. **Harassment** - to worry or annoy persistently.
18. **HIPAA** - The Health Insurance Portability and Accountability Act of 1996.
19. **Infringement** - an encroachment or trespass on a right or privilege.
20. **Invasion of Privacy** - a violation of a person's right not to have one's name, photograph, or private affairs exposed or made public without giving consent.
21. **Liable** - responsible for your actions.
22. **Libel** - defamation through written statements.
23. **Malpractice** - negligence by a professional person.
24. **Misappropriation** - the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.
25. **Neglect** - a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
26. **Negligence** - an unintentional wrong in which a person fails to act in a reasonable and prudent manner and thereby causes harm to another person or the person's property.
27. **Ombudsman** - resident advocate.
28. **Slander** - defamation through oral statements.
29. **Tort** - a wrong committed against another person or the person's property.

Objectives	Course Content	Resource Materials/Activities/Notes
5.0 Define ethics.	I. Ethics A. Discipline concerned with right or wrong conduct B. Guides to moral behavior C. Making choices or judgments D. Nurse aide ethical standards	
5.1 List at least six basic rules of ethics for the nurse aide.	1. Show respect for each resident as an individual 2. Understand the limits of role a. perform only acts for which adequately prepared b. perform acts only within legal scope of nurse aide 3. Carry out assignments to best of ability 4. Be loyal: a. maintain a positive attitude toward institution that employs you b. support co-workers 5. Be responsible citizen at all times a. respect others b. respect values that differ from yours	List several ways that employees can display loyalty toward the institution where they are employed.
5.1.2 Identify the kind of information that should be kept confidential.	6. Resident information should be kept confidential a. discuss only in appropriate places b. discuss only with proper people c. refer questions from residents about their condition to supervisor d. refer questions about resident's death to supervisor e. respect personal religious beliefs 7. Respect privacy of others: a. while dressing b. while performing personal hygiene c. during examination or treatment d. during visits with clergy e. during visits with spouse or significant other 8. Put resident's needs ahead of your own 9. Be sincere, honest and trustworthy in performance of duties a. caring and concerned b. "golden rule"	Have the class list information that should be kept confidential. Have the group discuss the ethics involved in the preservation of life. Have class discuss how to handle a situation when they are about to leave for lunch when a resident asks for help.

Objectives	Course Content	Resource Materials/Activities/Notes
5.1.3 Explain why nurse aides should not accept monetary tips for a health care service.	10. Do not accept monetary tips <ol style="list-style-type: none"> a. residents are paying for service b. you are paid to provide service c. do not discriminate regardless of <ol style="list-style-type: none"> (1) race (2) creed (3) color (4) age (5) financial resources d. provide care based on need e. display tactful and courteous refusal of tips f. display continued desire to be helpful 	Role play a situation between a nurse aide and a resident where a tip is offered for a service.
5.2 Demonstrate skills supporting age appropriate behavior by encouraging the resident to make personal choices, and by providing and reinforcing other resident's dignity.	II. Age Appropriate Behavior <ol style="list-style-type: none"> A. Dependent elderly residents are not children <ol style="list-style-type: none"> 1. If resident seen as a child 2. If resident treated as a child 3. Then resident behaves as a child B. Residents are treated as adults in manner appropriate to person's age C. Age-appropriate considerations <ol style="list-style-type: none"> 1. Style of dress 2. Hair style and grooming 3. Recreational activities 4. Social activities D. Guidelines for Nurse Aide <ol style="list-style-type: none"> 1. Address in dignified way 2. Listen to what resident has to say 3. Converse with resident in an adult manner 4. Respect privacy 5. Don't ignore or humor 6. Explain what care you are going to give 7. Promote independence 8. Treat as you would want to be treated 	Have students suggest activities that would be appropriate for residents. List social activities that could be arranged for resident's enjoyment.

Objectives	Course Content	Resource Materials/Activities/Notes
	9. Encourage to make choices: <ul style="list-style-type: none"> a. select clothing to wear b. select books to read c. select television programs to watch d. select food and nourishments e. select activities of interest f. select friends 10. Recognize value of past experience 11. Praise age appropriate accomplishments 12. Encourage adult behavior	Brainstorm and prepare a list of items that should be referred to the resident for a decision, when possible.
5.3 List six legal responsibilities of a nurse aide.	III. Legal Issues <ul style="list-style-type: none"> A. Authorized or based on law <ul style="list-style-type: none"> 1. Legislated by state and federal government 2. Liable if laws not obeyed <ul style="list-style-type: none"> a. fines b. imprisonment 3. No fear of breaking laws if nurse aide <ul style="list-style-type: none"> a. perform only acts within scope of nurse aide b. keep skills and knowledge current c. keep resident's safety and well-being in mind d. understand directions for care e. follow facility policy f. do no harm to resident or their belongings 4. Laws designed to protect public welfare B. Civil law examples of torts <ul style="list-style-type: none"> 1. Malpractice <ul style="list-style-type: none"> a. giving care for which you are not allowed legally to do b. providing improper care <ul style="list-style-type: none"> (1) example: nurse aide giving medication (2) example: nurse aide performing treatment only allowed by licensed nurses 	Discuss ways in which laws protect the public.
5.3.1 Give examples of malpractice and negligence.		Write a paragraph on why licensure is important for health professionals, and competence is important for nurse aides.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">2. Negligence<ul style="list-style-type: none">a. unintentional wrongb. failure to perform in reasonably prudent manner<ul style="list-style-type: none">(1) example: brakes on a wheelchair not locked and resident falls(2) example: defective equipment not reported and resident is harmed	Discuss mandatory continuing
	<ul style="list-style-type: none">3. Assault<ul style="list-style-type: none">a. care or treatment without proper consent (intentional)b. threatening to injure a resident or co-worker<ul style="list-style-type: none">(1) example: rough treatment of residents during care(2) example: performing procedure resident has refused(3) example: threatening to restrain resident	education and importance for nurse aides.
	<ul style="list-style-type: none">4. Battery<ul style="list-style-type: none">a. unlawful touching of another person without his or her consent<ul style="list-style-type: none">(1) example: nurse aide striking resident(2) example: does procedure resident refusesb. informed consent<ul style="list-style-type: none">(1) written – safest(2) verbal(3) gesture	
	<ul style="list-style-type: none">5. Invasion of privacy<ul style="list-style-type: none">a. unnecessary exposure of individualb. revealing personal information without consent<ul style="list-style-type: none">(1) giving news media information without resident's permission(2) giving information to insurance company without permission	Discuss various examples of invasion of privacy.
	<ul style="list-style-type: none">6. False imprisonment<ul style="list-style-type: none">a. restraining an individual	Role play a situation where the resident felt he/she was falsely imprisoned.

Objectives	Course Content	Resource Materials/Activities/Notes
5.3.2 Identify the responsibilities of the nurse aide when a resident wishes to make a will.	<ul style="list-style-type: none"> b. restricting resident's freedom <ul style="list-style-type: none"> (1) use of physical restraints without authorization or justification (2) preventing resident from leaving facility against their will 7. Defamation <ul style="list-style-type: none"> a. false statements that cause a resident to be ridiculed or cause damage to their reputation <ul style="list-style-type: none"> (1) slander – spoken (2) libel – written C. Wills <ul style="list-style-type: none"> 1. Legal document giving direction on how resident wants property distributed after death 2. Refer requests to prepare will to supervisor 3. Nurse aide may witness signing of will <ul style="list-style-type: none"> a. check facility policy b. discuss with supervisor 	<p>Guest speaker: Lawyer</p> <p>Follow facility policy on preparation of wills.</p>
5.4 Support the resident's right to make personal choices to accommodate individual needs.	<p>IV. Residents' Rights</p> <ul style="list-style-type: none"> A. Basic Human Rights <ul style="list-style-type: none"> 1. Protected by Constitution 2. Laws clarify these rights: <ul style="list-style-type: none"> a. right to be treated with respect b. right to live in dignity c. right to pursue a meaningful life d. right to be free of fear 3. Behavior that infringes on these rights: <ul style="list-style-type: none"> a. addressing residents as children b. using demeaning nicknames for residents c. leaving door open during bath d. threatening a resident with harm B. The Resident's Rights <ul style="list-style-type: none"> 1. Ethical and legal basis 2. Federal and state regulations 3. Posted in facility 4. Distributed on admission in many facilities 	<p>Brainstorm and list personal choices that would contribute to a meaningful life.</p>
5.4.1 Describe the Resident's Bill of Rights	<ul style="list-style-type: none"> B. The Resident's Rights <ul style="list-style-type: none"> 1. Ethical and legal basis 2. Federal and state regulations 3. Posted in facility 4. Distributed on admission in many facilities 	<p>Review: Resident's Rights and HIPAA</p>

Objectives	Course Content	Resource Materials/Activities/Notes
5.4.2 Demonstrate behavior which maintains residents' rights.	5. Residents have right to: <ol style="list-style-type: none"> a. considerate and respectful care b. obtain complete current information concerning diagnosis, treatment and prognosis c. receive information necessary to give informed consent prior to treatments or procedures d. refuse treatment to extent permitted under law e. privacy of resident's body, record, care and personal affairs f. confidential treatment of all records g. reasonable response to request for service h. examine bill and receive explanation of charges i. be informed of any facility rules and regulations C. Behavior that maintains residents' rights <ol style="list-style-type: none"> 1. Address as Mr., Mrs., or Miss unless asked to use a specific name 2. Never be rude or unkind <ol style="list-style-type: none"> a. never withhold social responsiveness b. never ignore residents c. make eye contact d. encourage to complete sentences prior to leaving room 3. e. don't shut or slam door to quiet resident 4. Never threaten or intentionally hurt 	
5.4.3 Give needed assistance in going to and participating in resident and family groups and activities.	5. Help meet emotional/spiritual/social needs. <ol style="list-style-type: none"> a. encourage socialization (meal-time) b. assist to activities/meetings/church c. participate in planned activities d. help with phone calls, cards, mail 	Suggest other forms of socialization for residents.
5.4.4 Maintain the resident's environment and care through the appropriate nurse aide behavior.	6. Explain care you plan to give 7. Observe safety precautions 8. Obtain proper consent after identifying resident 9. Treat all residents equally 10. Promote positive attitudes 11. Report errors to supervisor immediately	List advantages of explaining care to a resident prior to starting care.

Objectives	Course Content	Resource Materials/Activities/Notes
5.4.5 Explain the purpose and value of a Resident Council.	D. Resident Council – advisory group <ol style="list-style-type: none"> 1. Provides opportunity for discussion 2. Recommendations may be made for: <ol style="list-style-type: none"> a. facility policies b. decisions regarding activities c. exploration of concerns d. resolving grievances 3. Gives residents a voice in facility operations 4. Members <ol style="list-style-type: none"> a. residents b. facility staff members (you) c. representatives from community 	Speaker: Resident Council Member Review facility policy for a Resident Council
5.5 Administer care which maintains the residents free from abuse, mistreatment, neglect, diversion of drugs, fraud, or misappropriation of property.	V. Mistreatment of Elderly <ol style="list-style-type: none"> A. Federal and State Definitions <ol style="list-style-type: none"> 1. <u>Abuse</u> means willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. 2. <u>Neglect</u> means a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. 3. <u>Misappropriation of property</u> means deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a belongings or money without consent. 4. <u>Diversion of drugs</u> means the unauthorized taking or use of any drug. 5. <u>Drug</u> means any chemical compound that may be used on or administered to humans or animals as an aid in the diagnosis, treatment or prevention of disease or other condition or for the relief of pain or suffering or to control or improve any physiological pathologic condition. 6. <u>Fraud means an intentional deception or misrepresentation made by a person with knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.</u> 	Have class discuss why a resident's property should never be used or borrowed.

Objectives	Course Content	Resource Materials/Activities/Notes
5.5.1 Report any instances of abuse to the appropriate facility/agency staff.	<ul style="list-style-type: none"> B. Resident's Right to be Free From Abuse <ul style="list-style-type: none"> 1. Physical 2. Verbal 3. Sexual 4. Mental 5. Corporal Punishment 6. Involuntary Seclusion C. Signs of Abuse <ul style="list-style-type: none"> 1. Fractures 2. Bruises of face, upper arms, upper thighs, abdomen 3. Fearfulness 4. Withdrawn, paranoid behavior D. Examples of Abuse <ul style="list-style-type: none"> 1. Threatening resident 2. Frightening resident 3. Pinching, slapping, pushing, grabbing or kicking resident 4. Withholding food or fluids 5. Restraining resident against her/his will without apparent reason and doctor's order 6. Leaving resident in soiled linen or clothing 7. Yelling angrily at or making fun of resident 8. Refusing to reposition or give treatment 9. Not answering call signal 10. Humiliating resident 11. Making disparaging, derogatory remarks 12. Sexual coercion 13. Sexual harassment 14. Verbal harassment E. Identification of Residents at Risk for Abusing Other Residents <ul style="list-style-type: none"> 1. Residents with history of aggressive behavior F. Identification of Residents at Risk for Being Abused <ul style="list-style-type: none"> 1. Noisy individuals 2. Wandering individuals 3. Philandering individuals 4. Socially/logistically isolated individuals 	Review N.C. law and federal regulations regarding abuse.

Objectives	Course Content	Resource Materials/Activities/Notes
5.6 Assist in resolving grievances.	<p>G. Reporting Abuse</p> <ol style="list-style-type: none"> 1. If observed, stop abuse and report <u>immediately</u> to supervisor 2. Cause for immediate dismissal of perpetrator and posted on NA I Registry if proven 3. Know state law 4. Not reporting abuse is aiding and abetting <p>VI. Advocates</p> <ol style="list-style-type: none"> A. Plead cause of another B. Resolve grievances C. Protect resident's rights D. Advocates can be: <ol style="list-style-type: none"> 1. You and your co-workers 2. Member of resident's family/support system 3. Resident's guardian 4. Ombudsman E. Resident's Right to Voice Grievances: <ol style="list-style-type: none"> 1. Regarding services furnished 2. Regarding services not furnished 3. With respect to behavior of others 4. Nurse Aide must report grievances to supervisor F. Facility Policy Components <ol style="list-style-type: none"> 1. Acknowledgment 2. Prompt attempt to resolve 3. Resident kept apprised 	<p>Suggest a resident grievance that might occur and role play how you would help resolve the situation.</p> <p>Review facility grievance policy.</p>
5.7 Discuss key elements of Federal Grievance Procedures	VII. Grievance Procedures	Review Federal Grievance Procedures.
5.8 Promote care and security of residents' personal possessions.	<p>VIII. Personal Possessions</p> <ol style="list-style-type: none"> A. Protect personal items B. These possessions may be all they have C. Items may be impossible to replace D. Report observed thefts E. Handle personal items carefully F. Add new items to list of resident's belongings G. Mark all items with resident's name 	<p>You observe a co-worker taking money from a resident's wallet. Role play how you would handle this incident.</p>

Unit 6

Nutrition and Hydration

Introduction

This unit introduces the nurse aide to the basic principles of nutrition and emphasizes the functions of the major nutrients required for health. It covers the Food Guide Pyramid, the use of therapeutic diets, adaptive devices, alternative methods of feeding, providing water and nourishments, the procedure for feeding a resident, and the effects of good nutrition and poor nutrition. Knowledge of nutrition will enable the nurse aide to recognize the important relationship between food and good health.

Suggested Instructional Resource Materials

Video on nutrition

Facility dietary manual

Facility sample menus

Adaptive devices for feeding

Skill Performance Checklists

9. Assisting with Dining/Feeding Resident Who Cannot Feed Self
10. Serving Supplementary Nourishment
11. Providing Fresh Drinking Water

Terminology

1. **Anemia** - a deficiency of red blood cells, hemoglobin or both.
2. **Calorie** - the amount of energy produced from the burning of food.
3. **Carbohydrates** - nutrient which provides the greatest amount of energy in the average diet.

Terminology (Continued)

4. **Dehydration** - a decrease of the amount of water in body tissue.
5. **Digestion** - the process of breaking down foods into simple substances that can be used by the body cells for nourishment.
6. **Fats** - nutrient which provides most concentrated form of energy.
7. **Fiber** - a basic substance of all plant foods, which supplies the body with roughage.
8. **Gavage** - feeding through a tube.
9. **Malnutrition** - poor nutrition that lacks adequate food and nutrients.
10. **Metabolism** - the burning of food for heat and energy by the cells.
11. **Nutrient** - a substance that is ingested, digested, absorbed and used by the body.
12. **Nutrition** - the entire process by which the body takes in food for growth and repair and uses it to maintain health.
13. **Osteoporosis** - the most common metabolic disease of bone in the United States, caused by a decrease in the mass of bony tissue.
14. **Peristalsis** - involuntary muscle contractions in the digestive system that move food through the alimentary canal.
15. **Protein** - nutrient essential for growth and repair of tissue.
16. **Recommended Dietary Allowances (R.D.A.)** - considered to be the amounts of essential nutrients adequate to meet the needs of practically all healthy people.
17. **Therapeutic Diet** - modification of the normal diet used in the treatment of specific health conditions.

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.0 Identify the general principles of basic nutrition.	I. Principles of Nutrition A. Good Nutrition <ol style="list-style-type: none"> 1. Promotes physical and mental health 2. Provides increased resistance to illness 3. Produces added energy and vitality 4. Aids in healing process 5. Assists one to feel and sleep better B. Functions of Food <ol style="list-style-type: none"> 1. Provides energy 2. Growth and repair of tissue 3. Maintenance and regulation of body processes 	
6.1 Identify factors that influence dietary practices.	C. Factors influencing dietary practices. <ol style="list-style-type: none"> 1. Personal preference 2. Appetite 3. Finance 4. Illness 5. Culture 	
6.1.1 Review cultural variations in diet.	<ol style="list-style-type: none"> a. rice and tea favorites of Chinese, Japanese, Koreans, and people from Far East b. spicy dishes containing rice, beans and corn are preferred by Spanish-speaking people c. Italians known for liking spaghetti, lasagna, and other pastas d. Scandinavians have a lot of fish in their diets e. Americans like meat, fast foods, and processed foods f. use of sauce and spices culturally are related g. preparation <ol style="list-style-type: none"> (1) frying (2) baking (3) smoking (4) roasting (5) fresh/raw 	

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.1.2 List seven examples of foods avoided by some religious denominations.	6. Religion <ul style="list-style-type: none"> a. Days of fasting when all or certain foods are avoided. b. Dietary practices <ul style="list-style-type: none"> (1) Christian Science - avoid coffee/tea and alcohol (2) Roman Catholic - avoid food one hour before communion, observe special fast days (3) Muslim/Moslem - avoid alcohol, pork products (4) 7th Day Adventist - avoid coffee/tea, alcohol, pork and some meats, caffeine (5) Baptists - some avoid coffee, tea and alcohol. (6) Greek Orthodox - fast days, but usually "forgiven" when ill. (7) conservative Jewish Faith <ul style="list-style-type: none"> (a) prohibits shellfish, non-kosher meats (pork) (b) requires special utensils for food preparation (c) forbids cooking on Sabbath (d) forbids eating of leavened bread during Passover (e) forbids serving milk and milk products with meat (f) strict rules regarding sequence in which milk products and meat may be consumed 	Discuss the religious practices related to food by the various religious denominations represented in the class.
6.1.3 Review the major classification of nutrients and their function in the body.	D. Nutrients <ul style="list-style-type: none"> 1. Essential 2. Four classifications of nutrients <ul style="list-style-type: none"> a. fats - provide energy, help body use certain vitamins, conserve body heat and protect organs from injury b. proteins - build and repair tissue 	

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.1.4 Describe six factors that influence caloric needs	<ul style="list-style-type: none"> c. carbohydrates - provide energy and fiber that help in bowel elimination d. vitamins and minerals - ingested through food and are necessary for carrying out and maintaining specific body functions 3. Fats, proteins and carbohydrates measured in calories 4. Water - solvent for nutrients and metabolic waste products <ul style="list-style-type: none"> a. Found in all body tissue b. Essential for digestion of food c. Makes up most of blood plasma d. 6 to 8 glasses necessary per day e. Has no caloric value 5. Factors that influence caloric need <ul style="list-style-type: none"> a. age b. sex c. size and activity level d. climate e. state of health f. amount of sleep obtained 	Have class make a list of foods containing the best source of nutrients.
6.1.5 Cite nine age-related changes/factors that affect the resident's nutritional status.	<ul style="list-style-type: none"> E. Age-related changes/factors affecting nutrition <ul style="list-style-type: none"> 1. Need for fewer calories 2. Vitamin and mineral requirements change 3. Drugs that affect how nutrients are absorbed and used 4. Teeth/dentures affect ability to chew food 5. Diminished sense of taste and smell 6. Assistance required with eating 7. Decreased saliva and gastric juices production 8. Discomfort caused by constipation 9. Decreased appetite and thirst 	Have class members make a list of foods consumed in the past 24 hours. Place a C in front of carbohydrates, a P in front of proteins and F in front of fats. Then calculate the percentage of each nutrient consumed. Compare this to the percentages found in a normal diet: 58% carbohydrates, 12% proteins, and 30% fatty acids.
6.1.6 Recognize the signs of good nutrition	<ul style="list-style-type: none"> F. Signs of good nutrition include: <ul style="list-style-type: none"> 1. Healthy, shiny looking hair 2. Clean skin and bright eyes 3. A well-developed, healthy body 4. An alert facial expression 5. An even, pleasant disposition 6. Restful sleep patterns 	Select one factor and describe how it influences caloric needs.

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.1.7 Identify seven results of poor nutrition.	7. Healthy appetite 8. Regular elimination habits 9. Appropriate body weight G. Results of poor nutrition 1. Hair and eyes appear dull 2. Irregular bowel habits 3. Weight changes 4. Osteoporosis and other diseases 5. Lack of interest - mental slowdown 6. Skin color and appearance poor 7. Anemia leading to: a. tired feeling b. shortness of breath c. increased pulse d. pale skin e. poor sleep patterns f. headaches g. problems with digestion	Have each member of the class select a condition that results from malnutrition and give a 2-3 minute oral report.
6.2 Discuss the six basic food groups from the Food Guide Pyramid that contribute to balanced nutrition.	II. Food Guide Pyramid and the Six Basic Food Groups A. Dietary Guidelines for Americans 1. Guidelines are the foundation of the Food Guide Pyramid and include nine key recommendations a. Consume nutrient-dense foods and beverages within calories needed for age, sex and activity level. b. To maintain health body weight, balance calories consumed with calories expended. c. Engage regularly in a variety of physical activities and reduce sedentary activities. d. Encourage the following: (1) Choose variety of fruits and vegetables daily. (2) Half of daily grains should come from whole grains. (3) Consume 3 cups fat-free or low fat milk or equivalent milk products daily. e. Consume foods and beverages that are low in saturated fats, <i>trans</i> fats and cholesterol.	Have class explore the web site at http://www.mypyramid.gov . Have class bring in nutritional information focusing on serving sizes from cereal boxes, canned foods and other items.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> f. For carbohydrates: <ul style="list-style-type: none"> (1) Choose fiber-rich foods, vegetables and grains often. (2) Reduce intake of sugar- and starch-containing foods. g. Consume less than a teaspoon of salt per day. h. Consume alcoholic beverages in moderation if alcohol intake is permitted. i. Prepare foods in a safe manner to avoid microbial foodborne illness. 	
	<ul style="list-style-type: none"> B. Six basic food groups from the Food Guide Pyramid <ul style="list-style-type: none"> 1. Grain group (breads, cereal, rice and pasta) <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) carbohydrates (2) minerals (3) fiber b. 1 ounce equivalent is about 1 slice of bread, about 1 cup of breakfast cereal or $\frac{1}{2}$ cup cooked rice, cereal or pasta <ul style="list-style-type: none"> (1) 6 ounce equivalents daily for males over 60 (2) 5 ounce equivalents daily for females over 60 2. Vegetable Group <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) vitamins (2) minerals (3) fiber b. Choose from all five vegetable subgroups: dark green, orange, legumes, starchy and other vegetables <ul style="list-style-type: none"> (1) $2\frac{1}{2}$ cups daily for males over 60 (2) 2 cups daily for females over 60 3. Fruits <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) vitamins (2) minerals (3) fiber b. Choose fresh, frozen, canned or dried fruit. <ul style="list-style-type: none"> (1) 2 cups daily for males over 60 (2) $1\frac{1}{2}$ cups daily for females over 60 4. Milk, yogurt and other milk products <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) proteins 	<p>Have class bring in nutrition information from bread wrappers, and rice and pasta boxes and compare information.</p>
		<p>Discuss why skim (fat-free) milk is a good selection.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> (2) vitamins (A) (3) minerals (calcium) (4) carbohydrates (5) fat b. Choose low-fat or fat-free milk and milk products <ul style="list-style-type: none"> (1) 3 cups daily for males over 60 (2) 3 cups daily for females over 60 5. Meat, poultry, fish and beans <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) protein (2) fats (3) vitamins (4) minerals b. 1 ounce of meat, poultry or fish is about $\frac{1}{4}$ cup cooked beans, 1 egg, 1 tablespoon of peanut butter or $\frac{1}{2}$ ounce nuts or seeds <ul style="list-style-type: none"> (1) $5\frac{1}{2}$ ounce equivalents daily for males over 60 (2) 5 ounce equivalents daily for females over 60 6. Oils: fats that are liquid at room temperature <ul style="list-style-type: none"> a. Provides <ul style="list-style-type: none"> (1) essential fatty acids (2) high in calories (3) use sparingly b. Keep total fat intake between 20% to 35% of calories c. Most fats consumed should be polyunsaturated and monounsaturated. d. Make most fat sources from fish, nuts and vegetable oils. e. Limit solid fats like butter, stick margarine, shortening and lard. 	<p>Review ways in which milk substitutes can be used for residents who are allergic to or do not drink milk.</p> <p>Discuss why fish is a good selection.</p> <p>Review ways to reduce fats, oils and sugar in the resident's diet.</p>
<p>6.3 Define a therapeutic diet and recognize the need for alterations in a regular diet.</p>	<p>III. Therapeutic Diet</p> <ul style="list-style-type: none"> A. Purposes of therapeutic diets <ul style="list-style-type: none"> 1. Add or eliminate calories to cause a change in body weight 2. Assist with digestion of food by taking foods out of diet that irritate digestive system 	<p>Review facility dietary manual.</p> <p>Hand out examples of sample menus from the facility for discussion.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.3.1 List five purposes of a therapeutic diet.	3. Restrict salt intake to prevent or decrease edema 4. Help body organs to maintain and/or regain normal function 5. Treat metabolic disorders by regulating amount of food	
6.3.2 Discuss the types of therapeutic diets that the physician might order for a resident.	B. Types of therapeutic diets <ol style="list-style-type: none"> 1. Clear liquid 2. Full liquid 3. Bland 4. Low residue 5. Controlled carbohydrate (Diabetic) 6. Low fat/low cholesterol 7. High fiber 8. Low calorie 9. High calorie 10. Sodium restricted 11. High protein 12. Mechanical soft, chopped, pureed C. Residents may have difficulty accepting special diets.	
6.4 Recognize adaptive devices used to assist residents with eating.	IV. Adaptive Devices <ol style="list-style-type: none"> A. Food Guards B. Divided Plates C. Built-up handled utensils D. Easy grip mugs/glasses E. Residents have to be taught how to use these devices. 	Demonstrate the use of adaptive devices. Have students bring food and eat using adaptive devices.
6.5 Discuss alternate methods of feeding.	V. Alternative Nutrition <ol style="list-style-type: none"> A. Parenteral fluids (intravenous infusion) <ol style="list-style-type: none"> 1. Fluids administered through vein. Little nutritional value 2. Responsibility of licensed nurse 3. Observations to report <ol style="list-style-type: none"> a. near-empty bottle/bag b. change in drip rate 	

Objectives	Course Content	Resource Materials/Activities/Notes
6.6 Identify the responsibilities of the nurse aide in preparing residents for meals.	<ul style="list-style-type: none"> c. pain at needle site, and/or redness and/or swelling, if observable d. loose, non-intact, or damp dressing <p>B. Enteral feeding</p> <ul style="list-style-type: none"> 1. Resident unable to take nutrients by mouth <ul style="list-style-type: none"> a. depressed b. comatose c. swallowing problem (stroke, Alzheimer's or other medical conditions) d. disorders of digestive tract 2. Liquid formula administered through tube by licensed nurse/NA II <ul style="list-style-type: none"> a. nose to stomach - nasogastric tube b. directly into stomach - gastrostomy tube 3. Nurse aide responsibilities <ul style="list-style-type: none"> a. ensure that there is no tension or pulling on tube b. keep resident's nose clean and free of mucus c. check that tube is securely taped to nose d. perform frequent oral care with nasogastric tube e. fasten tube with pin to shoulder area of clothing to prevent straining or tension on tube f. report non-intact dressing around tube site g. report any signs or symptoms related to aspiration or GI problems 4. Mitts may be ordered to prevent resident from dislodging tube <p>VI. Preparing Residents for Meals</p> <ul style="list-style-type: none"> A. Meals enjoyable, social experience B. Provide pleasant environment <ul style="list-style-type: none"> 1. Clean area 2. Odor-free area 3. Adequate lighting C. Flowers/decorations and music add interest to dining area 	

Objectives	Course Content	Resource Materials/Activities/Notes
6.6.1 Serve prepared food as instructed.	<p>D. Resident Preparation</p> <ol style="list-style-type: none"> 1. All residents clean and dressed for meals 2. Hair combed 3. Oral care provided 4. Encourage to use bathroom or urinal/bedpan 5. Cleanse and dry incontinent residents 6. Face and hands washed 7. Provide for comfort <ol style="list-style-type: none"> a. Raise head of bed b. Position in chair c. Transport to dining area 8. Provide clothing protector if appropriate 9. Check to be certain resident receives right tray and has correct diet 10. Food should be attractively served and placed within reach 11. Check tray to see that everything needed is there 12. Assist resident as needed with: <ol style="list-style-type: none"> a. cutting meat b. pouring liquids c. buttering bread d. opening containers 13. Blind residents made aware of food placement according to face of clock 14. Stroke residents approached from non-effected side 15. Residents should be encouraged to do as much as possible for themselves 16. Provide time for resident to complete meal 17. Display pleasant, patient attitude 18. Remove tray when meal finished 19. Report unconsumed food to supervisor 20. Record fluid intake if ordered 21. Assist to position of comfort 22. Call signal and supplies positioned within reach 23. Area should be left clean and tidy 24. Hands washed before and after care of each resident 	<p>Have students role play information they would give a blind resident about their meal tray.</p> <p>Have class members divide into groups of two and practice feeding each other.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.7 Demonstrate the procedure for assisting with dining.	VII. Procedure: Assisting with Dining/Feeding Resident Who Cannot Feed Self	DEMONSTRATE SKILL #9: Assisting with Dining/Feeding Resident Who Cannot Feed Self Student performs return demonstration
6.8 Discuss the various types of supplementary nourishments.	VIII. Supplementary Nourishments A. Types of Nourishments 1. Milk 2. Juice 3. Gelatin 4. Custard, ice cream, sherbet 5. Crackers 6. Nutritional supplementation products (e.g., Ensure, etc.) B. Usually served: 1. Midmorning 2. Mid-afternoon 3. Bedtime C. Ordered by physician D. Serve as directed by supervisor E. Provide necessary eating utensils/straw/napkin	Have the class give examples of residents who would benefit from supplementary nourishments.
6.9 Demonstrate the procedure for serving supplementary nourishments.	IX. Serving Supplementary Nourishment.	DEMONSTRATE SKILL #10: Serving Supplementary Nourishment Student performs return demonstration
6.10 Identify the special fluid orders that the physician could write.	X. Providing Fresh Drinking Water A. Fresh water should be provided periodically throughout day B. Encourage to drink 6-8 glasses daily if appropriate C. Note residents who have special fluid orders 1. N.P.O. 2. Fluid restrictions: a. Schedule 24-hour intake b. remind resident	

Section Two: Personal Care and Basic Nursing Skills
 Unit 6: Nutrition and Hydration

Objectives	Course Content	Resource Materials/Activities/Notes
6.11 Demonstrate the procedure for providing fresh drinking water.	3. Force fluids <ul style="list-style-type: none"> a. offer fluids in small quantities b. offer fluids (resident preference) without being asked c. remind resident of importance of fluids in bodily functions 4. No ice XI. Providing Fresh Drinking Water <ul style="list-style-type: none"> A. Supplies - cart, pitchers, cups, ice, scoop for ice, straws B. Procedure - Providing Fresh Drinking Water 	DEMONSTRATE SKILL #11: Providing Fresh Drinking Water. Student performs return demonstration

Unit 7

Common Diseases and Conditions of Body Systems

Introduction

This unit reviews the structure and function of the body and its systems. It presents common disorders of each system and lists the normal changes that occur with the aging process. It includes signs and symptoms which should be reported. A basic knowledge of normal anatomy and physiology will help the nurse aide to understand the signs and symptoms of disease, the reasons for the care given, and the purposes of procedures that are carried out for the resident's comfort, healing and recovery. In-depth information is not provided. It is intended that upon completion of the unit, the student will have rudimentary knowledge of the body systems sufficient to enhance resident care.

Suggested Instructional Resource Materials

Videos on anatomy and physiology
Anatomy and physiology wall charts
Diagrams of body systems

Skill Performance Checklists - None

Terminology

Introduction to Body Systems

1. **Cell** - building blocks of the body
2. **Function** - specialized activity of cells and tissues
3. **Organs** - made of specialized tissues
4. **Systems** - several organs working together
5. **Tissues** - made of specialized cells

Terminology (Continued)

The Skeletal System

1. **Arthritis** - inflammation of the joints
2. **Fracture** - break in a bone
3. **Joint** - where bones meet
4. **Ligament** - connects bone to bone
5. **Osteoporosis** - porous bones

The Muscular System

1. **Atrophy** - wasting away of a muscle
2. **Bursitis** - inflammation of the bursa
3. **Contracture** - shortening of a muscle
4. **Multiple sclerosis** - disease which causes muscle wasting
5. **Paralysis** - loss of voluntary movement

The Circulatory System

1. **Anemia** - reduced number of red cells
2. **Angina pectoris** - chest pain
3. **Chambers** - four hollow cavities of heart
4. **Hypertension** - high blood pressure
5. **MI** - heart attack (**M**ycardial **I**nfarction)

The Respiratory System

1. **Alveoli** - thin walled sacs in lung
2. **Aspiration** - inhalation of foreign object
3. **Dyspnea** - difficulty breathing
4. **Lobe** - part of lung
5. **URI** - **U**pper **R**espiratory **I**nfection

Terminology (Continued)

The Digestive System

1. **Constipation** - difficulty in expelling feces (stool)
2. **Feces/fecal** - referring to waste material from colon
3. **Intestines** - muscular tube for digestion and expelling waste material
4. **Liver** - large organ involved with many bodily processes including digestion
5. **Peristalsis** - rhythmic contractions of intestines

The Urinary System

1. **Edema** - swelling of tissue due to water retention
2. **Dehydration** - decreased water in body tissue
3. **Frequency** - need to urinate often
4. **Incontinence** - no control of bladder or bowel
5. **Renal Calculi** - kidney stones

The Endocrine System

1. **Glands** - secrete hormones
2. **Hormones** - regulate activities of organs and glands
3. **Hyperglycemia** - elevated glucose in blood
4. **Insulin shock** - dangerously low level of glucose in blood
5. **Mortality rate** - proportion of deaths in population

The Nervous System

1. **CVA** - stroke (**C**erebral **V**ascular **A**ccident)
2. **Dementia** - loss of ability to think, remember and reason due to changes in the brain
3. **Reflex** - automatic response such as sneezing
4. **Seizure** - generalized muscular spasms as a result of abnormal electrical impulses in brain
5. **Tremors** - uncontrollable trembling

Terminology (Continued)

The Sensory Organs

1. **Glaucoma** - abnormal pressure within the eye
2. **Neuron** - basic unit of the nervous system
3. **Retina** - back of eye that receives light
4. **Sensory nerves** - specialized nerve endings that allow sight, hearing, touch, smell, and taste
5. **Tympanic membrane** - ear drum

The Integumentary System

1. **Burns** - destruction of skin by heat classified as first, second or third degree
2. **Cyanosis** - bluish or gray skin color due to lack of oxygen
3. **Gangrene** - death of tissue resulting from decreased blood supply
4. **Diaphoresis** - profuse sweating
5. **Tactile sense** - feeling with sense organs in skin (pain, pressure, heat, cold, pleasure)

The Reproductive System

1. **Estrogen** - female hormone
2. **Herpes Simplex II** - sexually transmitted disease similar to cold sores
4. **Prostatic hypertrophy** - enlarged prostate gland
3. **Testosterone** - male hormone
5. **Vaginitis** - inflammation of the vagina due to disease or irritation

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

	Objectives	Course Content	Resource Materials/Activities/Notes
7.0	Discuss the makeup of the male and female body.	I. Introduction to Body Systems	
		A. Cells 1. Building blocks of body 2. Microscopic in size 3. Cells combine to form tissue	
7.1	Describe the relationship between cells, tissues, organs, and systems of the body.	B. Tissues 1. Cells organized into tissue to carry on particular activities (connect, support, absorb, secrete, protect, direct, coordinate, allow movement) 2. Groups of tissues form organs	
7.1.1	List the organs of the body.	C. Organs 1. Made up of several types of tissues 2. Carry on special functions 3. Some organs in pairs - kidneys and lungs 4. Some organs single - heart, brain, liver, stomach, intestines, bladder 5. Organs combine to form systems	Have students examine pictures of male and female anatomy and identify the organs.
7.1.2	I identify the systems of the body.	D. Systems 1. Group of organs that work together 2. Body systems a. skeletal b. muscular c. circulatory d. respiratory e. digestive f. urinary g. endocrine h. nervous i. reproductive j. integumentary k. sensory 3. Systems combine to form the human body	Discuss meaning of: Superior and inferior Ventral and dorsal Medial and lateral Proximal and distal

Objectives	Course Content	Resource Materials/Activities/Notes
7.2 I identify functions of the skeletal system.	II. The Skeletal System A. Comprises the bony framework of the body B. 206 bones C. Functions <ol style="list-style-type: none"> 1. Support 2. Protect 3. Movement 4. Mineral storage 5. Blood cell production D. Joints - point where bones meet <ol style="list-style-type: none"> 1. Immovable - cranium 2. Slightly movable - vertebral discs 3. Freely movable - shoulder, knee, wrist E. Composition of joints <ol style="list-style-type: none"> 1. Ligament - connects bone to bone 2. Tendon - connects muscle to bone 3. Bursa - fluid filled sac that allows bones to move easily over others 4. Cartilage - connective tissue that cushions the joint at end of bones and between bones 	
7.2.1 Discuss common disorders of the skeletal system.	F. Common disorders of skeletal system <ol style="list-style-type: none"> 1. Osteoporosis - porous bone that breaks easily 2. Fracture - break in bone <ol style="list-style-type: none"> a. simple - bone broken, skin intact b. compound - bone broken, penetrates skin c. comminuted - bone broken, fragments in tissue d. greenstick - incomplete break 3. Arthritis - inflammation of the joints <ol style="list-style-type: none"> a. osteoarthritis due to stress on joints <ol style="list-style-type: none"> (1) usually affects weight bearing joints: knees, hips, vertebrae and fingers (2) aching, stiffness, limited motion b. rheumatoid arthritis - systemic disease <ol style="list-style-type: none"> (1) causes inflammation, deformity and crippling (2) joints painful, stiff, swollen, red and warm 	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.2.2 Discuss changes that take place in the skeletal system due to aging.	4. Amputation - removal of all or part of limb 5. Sprain - stretched or torn ligaments or tendons 6. Bursitis - inflammation of bursa causing pain on movement G. Changes due to aging 1. Bones more porous or brittle 2. Joints less flexible 3. Postural changes 4. Awkward walking patterns 5. Slowed recovery from position changes and sudden movements	Have the class relate skeletal changes associated with aging to the effects of poor nutrition and sedentary life style.
7.2.3 List observations/situations relating to skeletal system.	H. Observations/Situations 1. Slow and unsteady body movement 2. Difficulty holding objects 3. Complaint of pain in joints 4. Swelling, redness and warmth in joints 5. Complaint of pain with movement 6. Inability to move joints 7. Complaint of neck or head pain 8. Resident who has fallen (stay with resident, call for help, do not move resident or allow resident to move) 9. Resident with cast on arm or leg a. complaint of pain in limb b. swelling of fingers or toes c. pale skin of fingers or toes d. cyanosis and coolness of fingers or toes e. odor or drainage from cast f. inability to move toes or fingers g. complaint of numbness of fingers or toes h. drainage from cast	
7.3 Identify functions of muscles.	III. The Muscular System A. Provides body with ability to move B. Over 650 different muscles that comprise nearly half the body weight	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.3.1 Discuss common disorders of the muscular system.	C. Functions of muscles <ol style="list-style-type: none"> 1. Allow movement 2. Help body stay erect – posture 3. Produce most of body's heat 4. Give body form 5. Provide movement of internal organs D. Common Disorders <ol style="list-style-type: none"> 1. Paralysis - loss of voluntary movement due to neurological damage such as stroke or trauma 2. Multiple sclerosis – weakness of muscles due to loss of covering on nerves that control them 3. Atrophy – muscle mass decreases in size 4. Contracture - permanent shortening of muscle; joints become ankylosed (frozen) 5. Muscle strain – damage caused by trauma 6. Myalgia - muscle pain 7. Torn muscle - tear caused by trauma 	Discuss ways to prevent atrophy and contractures.
7.3.2 Discuss changes in the muscular system due to aging.	E. Changes Due to Aging <ol style="list-style-type: none"> 1. Poorer response to stimuli 2. Pain when moving, therefore muscles not used as often 3. Less active 4. Muscle strength and bulk loss 5. Slower muscle - nerve interaction 	Have the class relate these changes to the effects of poor nutrition and sedentary life style.
7.3.3 List observations relating to the muscular system.	F. Observations to Report <ol style="list-style-type: none"> 1. Difficulty holding or lifting objects 2. Inability to move a body part 3. Difficulty walking 4. Loss of muscle strength and tone 5. Edema of tissue or joint 6. Complaint of muscle pain 7. Generalized weakness and fatigue 8. Slow, unsteady body movement 	
7.4 Identify functions of the circulatory system.	IV. Circulatory System A. Circulation is continuous movement of blood throughout body	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.4.1 Discuss how the blood vessels relate to the pulse and blood pressure.	<ul style="list-style-type: none"> B. Functions of circulatory system <ul style="list-style-type: none"> 1. Arteries carry blood with oxygen and nutrients away from heart and to cells 2. Veins carry waste products away from cells and to heart C. Blood <ul style="list-style-type: none"> 1. Adult has 5 to 6 quarts (liters) 2. Consists of <ul style="list-style-type: none"> a. water - 90% (plasma) b. blood cells c. carbon dioxide and oxygen d. nutrients, hormones and enzymes e. waste products 3. Types of blood cells <ul style="list-style-type: none"> a. Red blood cells - erythrocytes <ul style="list-style-type: none"> (1) carry oxygen from blood to cells b. White blood cells - leukocytes <ul style="list-style-type: none"> (1) fight infection c. Platelets - thrombocytes <ul style="list-style-type: none"> (1) required for clotting to stop bleeding D. Blood vessels <ul style="list-style-type: none"> 1. Arteries - carry blood away from heart 2. Veins - carry blood to heart E. Heart <ul style="list-style-type: none"> 1. Tissue (three layers) <ul style="list-style-type: none"> a. endocardium - smooth, inner layer b. myocardium - thick, muscular middle layer c. pericardium - double-walled membrane that covers outside of heart. 2. Chambers <ul style="list-style-type: none"> a. heart divided into right and left side b. atria - upper chambers - receive blood c. ventricles - lower chambers - pump blood to lungs and body 	<p>Discuss the differences between red blood cells and white blood cells.</p> <p>Trace a drop of blood through the heart.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.4.2 Discuss common disorders of the circulatory system.	<ul style="list-style-type: none"> d. four chambers <ul style="list-style-type: none"> (1) right atrium - receives blood from two large veins: <ul style="list-style-type: none"> (a) superior vena cava (b) inferior vena cava (2) right ventricle - receives blood from right atrium and pumps it to lungs through pulmonary artery (3) left atrium - receives oxygenated blood from left and right pulmonary veins (4) left ventricle - pumps blood to aorta, which delivers blood to all body parts (except lungs) 3. Valves <ul style="list-style-type: none"> a. located at entrance and exit of each ventricle b. four heart valves 4. Heartbeat <ul style="list-style-type: none"> a. systole - contraction of heart muscle b. diastole - relaxation of heart muscle c. blood pressure - highest and lowest pressure against walls of blood vessels as heart contracts and relaxes d. pulse - expansion and contraction of artery F. Common Disorders of the Circulatory System <ul style="list-style-type: none"> 1. Arteriosclerosis - walls of arteries become thick and harden 2. Hypertension - high blood pressure 3. Peripheral vascular disease - decrease in flow of blood to extremities and brain 4. Angina pectoris - chest pain 5. Varicose veins - enlarged, twisted veins usually in legs 6. Congestive heart failure - circulatory congestion caused by weak pumping of heart muscle 7. Myocardial infarction (MI) - heart attack due to blockage in coronary arteries 8. Anemia - low red blood cell counts 9. Thrombus - blood clot 10. Phlebitis - inflammation of vein 11. Atherosclerosis - fatty deposits on walls of arteries that reduce blood flow 	<p>Discuss the purpose of the heart valves.</p> <p>Discuss treatments for high blood pressure.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.4.3 Discuss changes that occur in the circulatory system with aging.	G. Changes due to aging <ol style="list-style-type: none"> 1. Heart muscle less efficient 2. Blood pumped with less force 3. Arteries lose elasticity and become narrow 4. Blood pressure increases 5. Blood chemistry less efficient 6. Capillaries become more fragile 	Have the class relate these changes of aging to poor nutrition and sedentary life style.
7.4.4 List observations relating to the circulatory system.	H. Observations <ol style="list-style-type: none"> 1. Changes in pulse rate and blood pressure 2. Changes in skin color 3. Changes in skin temperature - coldness 4. Complaint of dizziness and headaches 5. Complaint of pain in chest and/or indigestion 6. Edema in feet and legs 7. Shortness of breath 8. Sweating 9. Blue color to lips and/or nail beds 10. Complaint of tingling sensations 11. Memory lapses 12. Lack of energy 13. Irregular respirations 14. Anxiety 15. Staring and lack of responsiveness 	Discuss indigestion as a cardiac symptom.
7.5 I identify the function and structure of the respiratory system.	V. The Respiratory System <ol style="list-style-type: none"> A. Respiration means to breathe in oxygen and breathe out carbon dioxide B. Exchange of oxygen and carbon dioxide necessary for life C. Process <ol style="list-style-type: none"> 1. External respiration - oxygen and carbon dioxide exchanged between lungs and blood 2. Internal respiration - oxygen and carbon dioxide exchanged between blood stream and cells 	

Objectives	Course Content	Resource Materials/Activities/Notes
7.5.1 Review common disorders of the respiratory system.	<p>D. Structure</p> <ol style="list-style-type: none"> 1. Nose - lined with mucous membrane <ol style="list-style-type: none"> a. air filtered by cilia b. mucous membrane warms and moistens air 2. Oral cavity - mouth 3. Pharynx - throat 4. Larynx - voice box 5. Trachea - windpipe 6. Bronchi - right and left 7. Bronchioles - smallest branches of bronchi 8. Alveoli - air sacs covered with capillaries 9. Lungs <ol style="list-style-type: none"> a. right - 3 lobes b. left - 2 lobes 10. Pleura - membrane that encloses lungs 11. Diaphragm - muscle that separates the chest and abdomen <ol style="list-style-type: none"> a. contraction - draws air into lungs b. relaxation - forces air out of lungs <p>E. Common Disorders</p> <ol style="list-style-type: none"> 1. URI - <u>U</u>pper <u>R</u>espiratory <u>I</u>nfection - infection of nose, throat, larynx, trachea 2. Pneumonia - inflammation or infection of the lungs 3. Emphysema (Chronic Obstructive Pulmonary Disease)- alveoli become stretched and stiff preventing adequate exchange of oxygen and carbon dioxide 4. Asthma - spasms of bronchial tube walls causing narrowing of air passages usually due to allergies 5. Allergy - reaction to substances that leads to slight or severe response by body. 6. Influenza - highly contagious URI 7. Pleurisy - inflammation of the pleura surrounding the lungs 8. Bronchitis - inflammation of the bronchi 9. Lung cancer - malignant tumors in the lungs that destroy tissue 	<p>Have class discuss effects of smoking on alveoli of lungs.</p> <p>Discuss substances that can cause an allergic reaction and what type of symptoms may result. Have students share personal experiences.</p>
7.5.2 Discuss changes in the respiratory system due to aging.	<p>F. Changes due to aging</p> <ol style="list-style-type: none"> 1. Lung tissue becomes less elastic 2. Respiratory muscles weaken 	<p>Have the class relate the changes of aging with the effects of poor nutrition and sedentary life style.</p>

Objectives	Course Content	Resource Materials/Activities/Notes
7.5.3 List observations relating to the respiratory system.	3. Number of alveoli decrease 4. Respirations increase 5. Voice pitched higher and weaker due to changes in larynx 6. Chest wall and structures become more rigid G. Observations 1. Rate and rhythm of respirations 2. Respiratory secretions - character 3. Character of cough 4. Changes in skin color - pale or bluish gray 5. Temperature changes 6. Difficulty breathing 7. Color of sputum 8. Complaint of pain in chest, back, sides 9. Shortness of breath 10. Noisy respirations 11. Sneezing 12. Gasping for breath 13. Anxiety	
7.6 Identify functions and structures of the digestive system.	VI. Digestive System A. Also called the gastrointestinal system B. Extends from mouth to anus C. Functions 1. Digestion 2. Absorption D. Structures 1. Mouth 2. Stomach - holds food until digestive juices chemically break it down into liquid chyme 3. Intestines a. small intestine (1) about 20 ft. long (2) food digestion completed and nutrients absorbed into bloodstream	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.6.1 Discuss common disorders of the digestive system.	<ul style="list-style-type: none"> b. large intestine <ul style="list-style-type: none"> (1) 6 ft. long (2) absorbs water, mineral salts and vitamins (3) secretes mucus to aid in movement of feces (4) has ability to add or remove water from feces 4. Accessory Organs <ul style="list-style-type: none"> a. Liver - produces bile for breakdown of fats b. Gallbladder - stores bile produced by liver c. Pancreas - manufactures insulin and digestive enzymes E. Common Disorders <ul style="list-style-type: none"> 1. Ulcer - a lesion or erosion of the lining of the stomach or small intestine. 2. Hepatitis - inflammation of the liver. 3. Cirrhosis - chronic disease of liver where scar tissue replaces liver tissue 4. Cholelithiasis - stones in the gallbladder 5. Pancreatitis - inflammation of the pancreas 6. Cholecystitis - inflammation of the gallbladder 7. Colitis - inflammatory disease of the colon 8. Hemorrhoids - enlarged veins in anal area 9. Constipation - difficulty in expelling fecal material; incomplete or infrequent bowel movements 10. Diarrhea - watery bowel movements 11. Gastritis - inflammation of the stomach lining 12. Enteritis - inflammation of the intestines 13. Gastroenteritis - inflammation of the stomach lining and intestines 14. Cancer - may occur anywhere along digestive tract 15. Hernia - protrusion of organ through wall of cavity where it is normally contained 16. Diverticulosis - chronic disease in which many diverticula (small blind pouches) form in the lining and wall of the colon 17. Diverticulitis - inflammation of diverticula 	Suggest ways the nurse aide could encourage residents with poor appetites to eat.
7.6.2 Discuss changes in the digestive system due to aging.	<ul style="list-style-type: none"> F. Changes due to aging <ul style="list-style-type: none"> 1. Decreased number of taste buds 2. Slowing of peristalsis causing constipation 3. Slower absorption of nutrients 	Suggest a reason that would explain why some residents would add a lot of salt to their food.

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.6.3 List observations relating to the digestive system.	<ol style="list-style-type: none"> 4. Difficulty chewing and swallowing 5. Loss of bowel muscle tone 6. Decrease in amount of digestive enzymes and saliva production 7. Decreased appetite 8. Loss of teeth 9. Altered taste and smell <p>G. Observations</p> <ol style="list-style-type: none"> 1. Stool color and consistency 2. Abdomen - flat or distended 3. Date and time of last bowel movement 4. Nausea and vomiting 5. Blood in emesis or stool 6. Complaint of pain in stomach 7. Difficulty swallowing 8. Poor appetite 9. Constipation and diarrhea 	<p>Have students relate the changes to poor nutrition and sedentary life style.</p> <p>Discuss fecal impaction and explain why the resident could have frequent, small amounts of diarrhea.</p>
7.7 Identify functions and structure of the urinary system.	<p>VII. The Urinary System</p> <ol style="list-style-type: none"> A. Also known as excretory system B. Functions <ol style="list-style-type: none"> 1. Filter waste products from blood 2. Produce urine 3. Aid in maintenance of water balance 4. Regulate acid-base balance of body 5. Store urine until passed from body C. Structure of Urinary System <ol style="list-style-type: none"> 1. Kidneys: <ol style="list-style-type: none"> a. purplish brown, bean-shaped organs b. located at back of abdominal cavity c. weight 4-6 ounces each d. filter waste products from blood 2. Ureters - tubes that carry urine from kidneys to bladder 3. Urinary bladder - muscular sac that expands to hold urine received from the kidney 	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.7.1 Describe the characteristics of normal urine.	4. Urethra - tube extending from bladder to outside of body D. Characteristics of Normal Urine 1. Pale yellow to amber 2. Clear 3. Acidic 4. Quantity 1000-1500 ml. per day 5. pH 5.0 - 7.0	
7.7.2 Discuss common disorders of the urinary system.	E. Common Disorders 1. Nephritis - inflammation of kidney due to infection 2. Cystitis - inflammation of urinary bladder due to infection 3. Calculi - kidney or bladder stones 4. Uremia - accumulation of urea in blood due to kidney disease 5. Urethritis - inflammation of the urethra 6. Kidney failure - decreased ability of kidney to filter waste products from the blood 7. Urinary incontinence - inability to control urination 8. UTI - <u>U</u> riinary <u>T</u> ract <u>I</u> nfection 9. Retention - inability to completely empty the bladder 10. Hematuria - blood in the urine	
7.7.3 Discuss changes of the urinary system due to aging.	F. Changes Due to Aging 1. Decreased kidney size 2. Decreased elasticity of ureters, bladder and urethra 3. Decreased muscle tone 4. Diminished blood flow to kidneys 5. Decreased ability of kidneys to concentrate urine 6. Difficulty emptying urinary bladder 7. Enlarged prostate in males which presses on urethra	
7.7.4 List observations relating to the urinary system.	G. Observations 1. Elevated temperature 2. Sugar and/or acetone in urine 3. Urine color other than clear, pale yellow 4. Complaint of burning on urination 5. Incontinence 6. Polyuria - excessive amounts of urine per voiding	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
	7. Hematuria - blood in urine 8. Nocturia – excessive urination at night 9. Urine having strong odor or cloudy appearance 10. Voiding small amounts of urine frequently	
7.8 Identify functions of the endocrine system.	VIII. The Endocrine System (Glands) A. Endocrine glands secrete chemicals called hormones directly into the blood stream B. Functions of Endocrine System 1. Secrete hormones that regulate growth and development. 2. Secrete hormones that regulate metabolism and reproduction. 3. Secrete hormones that regulate the immune response.	Have class identify the endocrine glands on a chart. Have class compare endocrine glands with exocrine glands.
7.8.1 Discuss the most common disorder of the endocrine system.	C. Diabetes Mellitus 1. Diabetes mellitus – the most common disorder of the endocrine system a. 80% of diabetics over 40 years of age b. incidence increases as people age c. 5% of people over age 65 require treatment d. USA has highest morbidity and mortality rates e. disorder of carbohydrate metabolism with decreased insulin production from pancreas f. uncontrolled diabetes leads to damage to eyes, kidneys, circulation g. Diabetes characterized by consistent, elevated blood glucose levels requiring oral medication to stimulate pancreas or insulin injections 2. Hypoglycemia - low blood sugar 3. Hyperglycemia - high blood sugar	Define morbidity and mortality rates. Have class discuss why the USA has the highest morbidity and mortality rates. Discuss diet and exercise as they relate to diabetes mellitus.
7.8.2 Discuss the changes in the endocrine system due to aging.	D. Changes Due to Aging 1. Decrease in thyroid, parathyroid, adrenal and sex hormone secretions 2. Decreased glucose tolerance (Diabetes) 3. Multiple physical changes due to decrease of sex hormones	Suggest reasons for diabetic residents to practice good care of their feet.

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.8.3 List observations relating to endocrine system.	E. Observations <ol style="list-style-type: none"> 1. Irritability and restlessness 2. Nervousness 3. Confusion 4. Weight loss 5. Diaphoresis 6. Edema 7. Excessive thirst 8. Sweet, fruity odor to breath 9. Complaint of headache 10. Drowsiness 11. Rapid, weak pulse 12. Low blood pressure 13. Nausea or vomiting 14. Flushed, dry, hot skin 15. Excessive urination 	Have the class explain difference between diabetic coma and insulin shock.
7.9 I identify functions of the two major parts of the nervous system.	I X. The Nervous System <ol style="list-style-type: none"> A. Controls and organizes all body activities B. Divided into two parts <ol style="list-style-type: none"> 1. Peripheral nervous system 2. Central nervous system <ol style="list-style-type: none"> a. brain b. spinal cord 	
7.9.1 Explain how damage to the nervous system differs from damage to other body systems.	C. Basic unit of structure - neuron or nerve cell <ol style="list-style-type: none"> 1. Most complex cell in body 2. Does not reproduce; if destroyed, it is not replaced D. Nervous system enables you to <ol style="list-style-type: none"> 1. Speak 2. Hear 3. Taste 4. See 5. Smell 6. Think 7. Respond/move 8. Learn 9. Remember 	Provide a wall chart or diagram and have students locate the parts of the nervous system.

Objectives	Course Content	Resource Materials/Activities/Notes
7.9.2 Discuss common disorders or conditions of the nervous system.	<p>E. Structure</p> <ol style="list-style-type: none"> 1. Central nervous system <ol style="list-style-type: none"> a. brain <ol style="list-style-type: none"> (1) cerebrum <ol style="list-style-type: none"> (a) largest portion of brain (b) responsible for judgment, memory, association and discrimination (c) divided into left and right hemispheres (2) cerebellum - responsible for coordination of muscles, balance and posture, and muscle tone (3) thalamus - monitors sensory stimuli (4) hypothalamus - controls the autonomic nervous system, the cardiovascular system, body temperature, appetite, water balance, the GI system, sleep, emotional state (5) pons - responsible for reflex actions like chewing, and production of saliva (6) medulla oblongata - regulates heartbeat, respirations, swallowing, coughing, blood pressure b. spinal cord <ol style="list-style-type: none"> (1) 18 inches long (2) extends from brain to small of back (3) carries messages to and from brain (4) relays messages to body through spinal nerves (5) handles reflexes 2. Peripheral nervous system - nerves leaving the spinal cord and going throughout the body <ol style="list-style-type: none"> a. digestion b. secretion of glands c. heart beat and breathing <p>F. Common Disorders or Conditions</p> <ol style="list-style-type: none"> 1. CVA – Stroke or cerebrovascular accident - damage to part of brain due to blood clot or hemorrhage cutting off blood supply 2. Head or spinal cord injuries 3. Dementia from nutritional deficiencies, exposure to toxic substances, reduced blood flow to brain or unknown causes 	<p>Make a list of the functions of the various parts of the brain.</p> <p>Consider why damage to one side of the brain could affect the opposite side of the body.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.9.3 Discuss changes in the nervous system due to aging.	4. Alzheimer's disease - common cause of organic disease 5. Parkinson's disease – progressive nervous disease associated with destruction of brain cells 6. Multiple sclerosis - loss of covering around nerve fibers interfering with nerve impulses to and from brain G. Changes Due to Aging 1. Loss of nerve/brain cells 2. Increase in reaction time 3. Changes in memory 4. Receptors become less sensitive, so require increased stimuli for response. 5. Reduced sense of touch and sensitivity to pain 6. Reduced blood flow to brain 7. Forgetfulness	Have class define “organic” as related to brain disorders. Role play ways to check a resident's reality orientation during a conversation with the resident.
7.9.4 List observations relating to the nervous system.	H. Observations 1. Jerking motions 2. Speech changes 3. Complaint of numbness 4. Complaint of dizziness 5. Complaint of nausea 6. Confusion 7. Complaint of loss of feeling on one side 8. Incontinence 9. Deranged thought processes 10. Tremors 11. Muscular rigidity 12. Complaint of visual disturbances or changes 13. Paralysis 14. Seizures	Discuss what nurse aides can do to decrease a resident's confusion.
7.10 I identify functions of the sensory organs.	X. Sensory Organs A. Part of nervous system B. Sensory neurons make one aware of changes in the environment. C. Changes known as stimuli. D. Functions of the sensory system. 1. Vision	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.10.1 Discuss common disorders of the sensory organs.	2. Hearing 3. Smell 4. Taste 5. Touch E. Specialized functions 1. Eye a. sense of sight b. receives images and sends to brain 2. Ear a. sense of hearing b. transmits sounds to brain 3. Nose -(sense of smell) - allows recognition of odors and improves taste of food 4. Taste buds on tongue - (sense of taste) - allows recognition of sweet, sour, bitter, salty 5. Skin - (sense of touch) -allows recognition of objects, pressure, heat, cold, pain, and pleasure F. Common Disorders 1. Cataract - lens of eye loses its transparency 2. Glaucoma - increased pressure in the eye due to an excess of aqueous humor 3. Conjunctivitis - inflammation of the eyelid lining. 4. Sty - tiny abscess at the base of an eyelash 5. Otitis media - infection of the middle ear 6. Deafness - partial or complete hearing loss	Blindfold students and have them test their sense of smell by using a variety of substances such as spices, scented oils, or fruit. Do NOT use strong substances that could injure the lining of the nose.
7.10.2 Discuss changes in the sensory organs due to aging.	G. Changes Due to Aging 1. Lens in eye becomes thick and cloudy 2. Sclera becomes more yellow 3. Less light reaches inner eye 4. Hearing structures of ear become less moveable 5. Soft wax production decreases 6. Progressive hearing loss of high-pitched sounds occurs 7. Peripheral vision and night vision decreases 8. Eye adjusts more slowly to changes in distance 9. Sense of smell decreases 10. Sense of taste (sweet and salty first) decreases	Place white powders in similar containers and have the students identify them by using their sense of taste (sugar, baking soda, salt, flour, etc.) Blindfold students and have them identify a variety of objects by using their sense of touch.

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.10.3 List observations relating to the sensory system.	11. Accommodation to light and dark decreases 12. Sense of touch, heat, cold, pain and pressure awareness decreases H. Observations <ol style="list-style-type: none"> 1. Sclera (white of eye) suddenly reddened or yellow 2. Lens of eye becomes cloudy 3. Complaint of pain in or around ear or eye 4. Red, swollen eye lid 5. Drainage from eyes 6. Complaint of difficulty seeing objects 7. Comment that rainbows apparent around lights 8. Drainage from ear canal 9. Complaint of feeling of fluid or noise in ear 10. Complaint of sudden flashes of light or loss of sight 	
7.11 I identify functions of the integumentary system.	XI. The Integumentary System <ol style="list-style-type: none"> A. Skin is body's largest organ B. Functions <ol style="list-style-type: none"> 1. Protects body from injury and pathogens 2. Regulates body temperature 3. Eliminates waste through perspiration 4. Contains nerve endings for cold, heat, pain, pressure and pleasure 5. Stores fat and vitamins C. Hair and nails are appendages of skin 	
7.11.1 Discuss common disorders of the skin.	D. Common Disorders <ol style="list-style-type: none"> 1. Athletes foot - caused by a fungus, involves toes and soles of feet 2. Boils - caused by bacteria entering hair follicles or sebaceous glands 3. Eczema - red, itchy areas on the surface of skin 4. Skin cancer 5. Dermatitis - inflammation of skin 6. Tears - due to fragile skin 7. Warts - viral infection of skin 8. Burns - first, second, or third degree, depending on amount of skin tissue destroyed 	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.11.2 Discuss changes in the integumentary system due to aging.	9. Bruising – due to fragile skin and/or effects of medications 10. Pressure sores - caused by poor circulation resulting from pressure that destroys skin and creates ulcer 11. Shingles - skin eruption due to viral infection 12. Gangrene - necrosis of tissue cells due to blockage of blood supply to an area, or blockage from disease or direct injury E. Changes Due to Aging 1. Compromised circulation 2. Less active glands 3. Drying, thinning and scaling of skin 4. Thickening of nails 5. Loss of fat and elasticity of skin 6. Loss of hair color and thinning of hair 7. Development of skin tags, moles and warts 8. Folds, lines and wrinkles in skin 9. Nails harden, become more brittle	
7.11.3 List observations relating to the integumentary system.	F. Observations to Report 1. Breaks 2. Rash 3. Complaint of itching 4. Black and blue areas 5. Redness 6. Ulcers, sores or drainage 7. Abnormal temperature	
7.12 I identify functions of the reproductive system.	XI. The Reproductive System A. Organs have dual functions 1. Produce reproductive cells 2. Produce hormones responsible for sex characteristics a. females - estrogen and progesterone b. males - testosterone	

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.12.1 Discuss common disorders of the reproductive system.	B. Common Disorders <ol style="list-style-type: none"> 1. Rectocele and cystocele - hernias <ol style="list-style-type: none"> a. rectocele - weakening of wall between vagina and rectum <ol style="list-style-type: none"> (1) constipation results (2) hemorrhoids form b. cystocele - weakening of wall between urethra and vagina <ol style="list-style-type: none"> (1) causes urinary incontinence 2. Tumors - benign and malignant tumors of uterus, ovaries and breasts <ol style="list-style-type: none"> a. pap smear b. self breast exams c. biopsy 3. Sexually transmitted diseases <ol style="list-style-type: none"> a. gonorrhea b. syphilis c. herpes d. AIDS 4. Prostatic hypertrophy - enlargement of prostate gland 5. Vaginitis 	
7.12.2 Discuss changes in the reproductive system due to aging.	C. Changes due to aging <ol style="list-style-type: none"> 1. Decreased size of testes 2. Decreased production of sperm 3. Delayed or less forceful ejaculation 4. Slower sexual response 5. Enlargement of prostate 6. Decreased sexual desire 7. Sagging breasts 8. Stopping of ovulation 9. Decreased vaginal secretions 10. Thinning of tissue of vaginal lining 11. Decreased sex hormone production 12. Loss of hair in vulva area 	Discuss the body changes that take place with menopause.

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.12.3 List observations relating to the reproductive system.	D. Observations <ol style="list-style-type: none"> 1. Bleeding 2. Complaint of pain 3. Vaginal discharge 4. Complaint of itching 5. Lumps 	
7.13 Define and discuss cancer.	XIII. Cancer - Second Leading Cause of Death in United States <ol style="list-style-type: none"> A. Definition – abnormal growth of cells that can invade surrounding tissue and spread to other parts of body B. Cancer cells can originate in any body tissue C. Two main types <ol style="list-style-type: none"> 1. Carcinoma <ol style="list-style-type: none"> a. skin b. lining of hollow organs and passageways 2. Sarcoma <ol style="list-style-type: none"> a. bone b. muscle c. lymph system d. cartilage 	Have students share personal experiences about themselves, friends or relatives with Cancer. Contact the American Cancer Society for pamphlets on cancer.
7.13.1 List two types of tumors and explain how they are different.	D. Tumor - growth of abnormal cells <ol style="list-style-type: none"> 1. Benign tumor <ol style="list-style-type: none"> a. grows slowly b. localized area 2. Malignant tumor <ol style="list-style-type: none"> a. grows slow or fast depending on type of cancer b. invades other tissues and/or travels to other parts of body c. causes death if not treated and controlled E. Most common sites <ol style="list-style-type: none"> 1. Skin 2. Lungs 3. Colon 4. Rectum 5. Breast 6. Prostate 7. Uterus 	Discuss smoking and other carcinogens in the environment as they relate to cancer. Discuss cases of spontaneous remission.

Section Two: Personal Care and Basic Nursing Skills
 Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.13.2 List the seven warning signs of cancer.	F. Seven early warning signs of cancer <ol style="list-style-type: none"> 1. Change in bowel or bladder habits. 2. A sore that does not heal 3. Unusual bleeding or discharge 4. Thickening or lump in breast or elsewhere 5. Indigestion or difficulty in swallowing 6. Obvious changes in a wart or mole 7. Nagging cough or hoarseness 	
7.13.3 Describe the three most common types of treatment for cancer.	G. Standard Treatment <ol style="list-style-type: none"> 1. Surgery 2. Radiation therapy 3. Chemotherapy <ol style="list-style-type: none"> a. oral b. intramuscular c. intravenous 	
7.13.4 Discuss the guidelines for care of residents with cancer.	H. Guidelines for care of residents being treated for cancer <ol style="list-style-type: none"> 1. Fatigue - provide time for rest and recognize limitations 2. Loss of appetite <ol style="list-style-type: none"> a. smaller meals b. nutritious snacks c. report requests for medications promptly 3. Skin - keep clean and dry <ol style="list-style-type: none"> a. eliminate irritation or pressure b. report rashes, irritation, broken areas 4. Mouth - keep very clean <ol style="list-style-type: none"> a. provide frequent mouth care b. encourage liquids 5. Alopecia (loss of hair) <ol style="list-style-type: none"> a. emotional support needed b. help resident to select head covering <ol style="list-style-type: none"> (1) wig (2) scarf (3) turban (4) hat 6. Supportive actions <ol style="list-style-type: none"> a. be positive but realistic b. help to feel as attractive as possible c. don't offer false hope 	

Section Two: Personal Care and Basic Nursing Skills
Unit 7: Common Diseases and Conditions of Body Systems

Objectives	Course Content	Resource Materials/Activities/Notes
7.13.5 List observations relating to cancer.	<ul style="list-style-type: none">d. listen to concernse. be understanding of fears and frustrations <p>I. Observations to Report</p> <ol style="list-style-type: none">1. Fever2. Changes in weight3. Bleeding4. Changes in vital signs5. Complaint of pain6. Behavioral changes7. Constipation8. Diarrhea9. Nausea and vomiting10. Sores in mouth	

Unit 8

The Resident's Environment

Introduction

Surroundings that are pleasant and contain personal possessions add to the residents' comfort and sense of well-being. The nurse aide's job is to keep the resident's unit safe and clean and to create an environment that fosters independence, contentment and self-esteem. This unit reviews environmental control, the resident's room, cleaning the unit, and bedmaking.

Suggested Instructional Resource Materials

Video on bedmaking

Facility policy for storage of food

Skill Performance Checklists

12. Making Closed Bed
13. Opening Closed Bed
14. Making Occupied Bed

Terminology

1. **Bath blanket** - a thin, lightweight cotton blanket used to cover the resident during the bath and during many other procedures.
2. **Closed bed** - a bed with top sheet and spread positioned to the head of the bed; unoccupied.
3. **Concurrent cleaning** - daily cleaning of equipment.
4. **Draw sheet** - a sheet placed under the resident that extends from the shoulder to below the hips. It can be used to turn and move the resident in bed.

Terminology (Continued)

5. **Fanfold** - procedure for folding a sheet.
6. **Gatch** - handle or crank used to raise or lower the bed, head of bed, and foot of bed.
7. **Mitered corner** - a way of tucking linens under the mattress to keep the linens straight and smooth, when making a hospital bed.
8. **Occupied bed** - one with the resident in the bed.
9. **Open bed** - a bed with top bedding fan-folded to bottom and ready for occupancy.
10. **Terminal cleaning** - cleaning and disinfection of a room after the resident's death or discharge from the facility.

Section Two: Personal Care and Basic Nursing Skills
Unit 8: The Resident's Environment

Objectives	Course Content	Resource Materials/Activities/Notes
8.0	Discuss ways to provide a safe, clean environment.	
	I. Environmental Control	
	A. Temperature	
	<ol style="list-style-type: none">1. Maintaining Comfortable Temperature<ol style="list-style-type: none">a. older people often chillyb. sweaters, lap robes and shawls provide warmthc. drapes, shades and screens used to block draftsd. extra blankets used when sleeping2. Preventing Odors<ol style="list-style-type: none">a. good ventilation helps to control odorsb. wastes should be removed and discarded as soon as possiblec. good personal hygiene practices3. Reducing Noise Pollution<ol style="list-style-type: none">a. residents easily disturbed by unfamiliar noisesb. staff should avoid loud laughter and loud talking4. Providing Safe and Comfortable Lighting<ol style="list-style-type: none">a. adjust to meet needsb. use shades and drapes to control bright, natural lightc. provide adequate light for readingd. control glare and shadowed areas if possible5. Keeping Floors Maintained<ol style="list-style-type: none">a. clean, but not slippery from waxb. clear of clutter and spillsc. no throw rugsd. in good repair6. Maintaining Cleanliness<ol style="list-style-type: none">a. remove meal trays and dishes after useb. remove crumbs and clean eating areas after usec. removing dirt and dust controlled by housekeepingd. waste containers emptied promptly	<p>Have the class discuss things they have noticed elderly persons doing to keep warm.</p> <p>List some of the odors that residents, family members, and visitors might find offensive in a long-term care facility.</p> <p>Discuss the floors in your facility and consider the coverings as they relate to safety and cleanliness.</p>

Section Two: Personal Care and Basic Nursing Skills

Unit 8: The Resident's Environment

Objectives	Course Content	Resource Materials/Activities/Notes
8.1 Observe and report insects and pests to your supervisor.	<p>B. Controlling Pests</p> <ol style="list-style-type: none"> 1. Remove open food left in units that will attract ants and roaches, as well as microorganisms 2. Family and visitors should consult with charge nurse before bringing in food for residents 3. Ensure proper disposal of food and waste materials 	Review your facility's policy for keeping food in the resident's room. Suggest ways to handle resident requests for special foods that aren't served at the facility.
8.1.1 Identify and report any unsafe conditions or faulty equipment found in the resident's unit.	<p>C. Correcting Faulty Equipment and Unsafe Conditions</p> <ol style="list-style-type: none"> 1. Spilled fluids - wiped up immediately 2. Frayed electrical cords - unplug and remove 3. Defective outlets - report immediately and do not use 4. Malfunctioning equipment - remove and do not use 5. Leaks in bathrooms - wipe up and report 6. Burned out light bulbs - report 7. Faulty call signals - replace immediately 8. Defective furniture - remove if possible and report 9. Broken glass - cleaned up immediately 10. Beds or wheelchairs that won't lock - remove and do not use 11. Faulty toilets - report 12. Structure problems - alert resident to danger and report to supervisor immediately: <ol style="list-style-type: none"> a. loose floor tiles b. frayed or loose carpet c. loose fixtures and hand rails d. doors that stick or don't latch properly e. damaged paint or wallpaper 	
8.2 Identify the furniture and equipment that would be usually found in facilities. Note: The student needs to be aware that each facility has different equipment and room set-ups. The important aspect in this objective is the knowledge of the importance of safety features in the room's equipment.	<p>II. Resident's Room</p> <p>A. Furniture</p> <ol style="list-style-type: none"> 1. Bed <ol style="list-style-type: none"> a. electric or manual controls (gatch) b. side rails (if used) c. positions bed can be in other than flat: <ol style="list-style-type: none"> (1) Fowlers (2) semi-Fowlers (3) Trendelenburg d. wheels that lock 	Discuss the various bed positions and describe how to put the bed in each position.

Section Two: Personal Care and Basic Nursing Skills
Unit 8: The Resident's Environment

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">2. Over-bed Table<ul style="list-style-type: none">a. adjusts to various heightsb. used for eating, writing, and other activitiesc. may contain storage area for personal grooming articlesd. may be used by nursing team as work area	Discuss the operation of the beds in your facility. Compare gatch beds to electric beds.
	<ul style="list-style-type: none">3. Bedside Stand<ul style="list-style-type: none">a. storage area for personal belongings and personal care items<ul style="list-style-type: none">(1) drawer on top(2) cabinet with shelf below drawerb. bedside stand contains:<ul style="list-style-type: none">(1) urinal/bedpan and covers(2) wash basin(3) emesis basin(4) soap dish and soap(5) bath blanket(6) toilet paper(7) personal hygiene itemsc. towel rack on back or side<ul style="list-style-type: none">(1) washcloth(2) toweld. top used for various items<ul style="list-style-type: none">(1) telephone(2) tissues(3) flowers(4) cards(5) other items as resident desires	
	<ul style="list-style-type: none">4. Chairs<ul style="list-style-type: none">a. upholstered with armsb. straight-backed with no arms	Suggest the various uses for chairs in the resident's unit.
	<ul style="list-style-type: none">5. Curtains<ul style="list-style-type: none">a. provide privacyb. cubicle curtain between beds in semi-private roomsc. privacy always provided when care given	Explain how resident rooms are numbered in your facility.

Section Two: Personal Care and Basic Nursing Skills
 Unit 8: The Resident's Environment

Objectives	Course Content	Resource Materials/Activities/Notes
8.2.1 Arrange furniture, equipment and personal items for the resident's comfort and convenience.	<p>B. Equipment</p> <ol style="list-style-type: none"> 1. Personal care items 2. Call signal <ol style="list-style-type: none"> a. to request assistance b. bell, light, or intercom system c. placed within reach at all times 3. Bathrooms <ol style="list-style-type: none"> a. contain call signals b. contain handrails 4. Television 5. Telephone 6. Wastebasket 7. Reading lamp 8. Storage space for clothing, etc. <p>C. Guidelines for Arrangement of Unit</p> <ol style="list-style-type: none"> 1. Don't rearrange items without permission 2. Respect private space 3. Knock on door prior to entering room 4. Speak prior to opening a drawn curtain 5. Close curtains to provide privacy when doing a procedure 6. Assure personal items are convenient to promote independence and safety 7. Accommodate physical problems by locating equipment on unaffected side 8. Store clothing and personal belongings in closet and chest of drawers, with resident's direction 	<p>Demonstrate how the call signal is used in your facility.</p> <p>Discuss ways that furniture, equipment and personal items could be arranged to accommodate the resident.</p> <p>Have the class consider and list personal items the resident might bring to the facility.</p> <p>Review the way that the residents' clothing is laundered and/or maintained in your facility.</p>
8.3 Identify cleaning activities in the resident care unit.	<p>III. Cleaning Unit</p> <p>A. Concurrent Cleaning</p> <ol style="list-style-type: none"> 1. Occurs daily 2. Also called scheduled or routine cleaning 	<p>Discuss which aspects of cleaning are performed by the nurse aide and which are performed by other facility staff.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 8: The Resident's Environment

	Objectives	Course Content	Resource Materials/Activities/Notes
8.4	Prepare soiled linen for laundry.	IV. Preparation of Soiled Linen A. Bed linen changed as needed <ol style="list-style-type: none"> 1. Changed completely on bath days, usually once or twice weekly, according to facility policy 2. Pillowcases may be changed more frequently 3. Soiled linens should be replaced immediately 4. Top sheet may be used to replace bottom sheet 5. Soiled linen folded inward 6. Do not shake linen. 7. Soiled linen held away from uniform 8. Soiled linen placed in covered linen hamper after removal from bed 	Review facility policy for linen changes. Review Unit 3: Infection Control, Guidelines for Handling Linen Practice disposing of soiled linen.
8.5	Identify general rules to follow when making a resident's bed.	V. Bedmaking A. General Rules <ol style="list-style-type: none"> 1. Always use good body mechanics 2. Follow medical asepsis rules. 3. Wash hands prior to handling clean linen and after handling soiled/dirty linen 4. Take enough linen to resident's room 5. Never shake linen to prevent spread of micro-organisms 6. Excess linen in room considered contaminated and cannot be used for other residents 7. Linen should never touch uniform 8. Dirty linen never placed on floor 9. Bottom linens should be tight and wrinkle-free to prevent pressure ulcers 10. Plastic draw sheets should never touch resident's skin 11. Tighten loose linens as necessary 12. Save time and energy by making one side of bed prior to going to other side 	Discuss the use of incontinence pads, foam pads and other pads that may be used for resident comfort and protection.

Section Two: Personal Care and Basic Nursing Skills
 Unit 8: The Resident's Environment

Objectives	Course Content	Resource Materials/Activities/Notes
8.5.1 List differences between making closed, open, and occupied beds.	<p>B. Types of Bedmaking</p> <ol style="list-style-type: none"> 1. Closed Bed <ol style="list-style-type: none"> a. made after terminal cleaning of unit b. remains closed until new admission, then converted to open bed 2. Open Bed <ol style="list-style-type: none"> a. unoccupied bed b. linens folded back so that resident can get into bed with ease c. made when resident will be out of bed for short time 3. Occupied Bed <ol style="list-style-type: none"> a. made with resident in bed b. keep in good body alignment c. be aware of any restrictions in movement due to linen or way bed made d. explain procedure e. ensure safety <p>C. Linens</p> <ol style="list-style-type: none"> 1. Types vary according to facility 2. Plastic/rubber and cotton draw-sheets may not be required if mattress moisture-proof 3. Most facilities use fitted-bottom sheets 4. Drawsheets may be used as lifters when moving residents 	
8.6 Demonstrate making a closed bed.	VI. Making Closed Bed	DEMONSTRATE SKILL #12: Making Closed Bed Student performs return demonstration
8.7 Demonstrate opening the closed bed.	VII. Opening Closed Bed	DEMONSTRATE SKILL #13: Opening Closed Bed Student performs return demonstration
8.8 Demonstrate making occupied bed.	VIII. Making Occupied Bed	DEMONSTRATE SKILL #14: Making Occupied Bed Student performs return demonstration

Unit 9

Personal Care and Grooming: Relationship to Self-Esteem

Introduction

Nurse aides are the members of the health care team responsible for providing personal care and grooming for the resident. They encourage the resident to do as much as possible for themselves, but assist as needed with personal cleanliness, oral hygiene, nail and foot care, shaving, dressing, care of hair and skin care. Personal grooming is important for a positive self-image and every effort should be made to encourage and assist the resident to maintain a pleasing and attractive appearance.

Suggested Instructional Resource Materials

Videos on personal care skills

Samples of different types of personal care products

Skill Performance Checklists

15. Assisting with Oral Hygiene (minimal assistance from nurse aide)
16. Providing Mouth Care (minimal assistance from resident)
17. Providing Mouth Care for the Unconscious Resident
18. Assisting with Denture Care
19. Cleaning and Trimming Nails
20. Foot Care
21. Assisting Resident with Shaving
22. Caring for Hair
23. Shampooing Hair in Bed
24. Dressing and Undressing
25. Giving Complete Bed Bath
26. Giving Partial Bath
27. Giving Tub Bath or Shower
28. Giving Perineal Care
29. Giving Back Rub

Terminology

1. **Cuticle** - skin located at the base of the nail.
2. **Dentures** - artificial teeth.
3. **Emollient** - an agent used to soften and soothe the skin when applied locally.
4. **Pericare** - perineal care.
5. **Perineum** - area between the vulva and anus in a female, or between scrotum and anus in a male.

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

	Objectives	Course Content	Resource Materials/Activities/Notes
9.0	Provide for the resident's personal care and grooming needs and identify the role of the nurse aide in meeting these needs.	I. Personal Care and Grooming	
9.1	List the daily hygienic needs of an individual.	A. Daily hygiene needs <ol style="list-style-type: none"> 1. Bathing 2. Skin care 3. Back care 4. Oral hygiene 5. Shaving 6. Shampooing hair 7. Hair care 8. Nail care 9. Perineal care 10. Dressing and undressing 	
9.1.1	Describe factors that affect a resident's personal hygiene practices.	B. Factors that affect hygiene practices <ol style="list-style-type: none"> 1. Culture 2. Family Practices 3. Illness 4. Individual preferences <ol style="list-style-type: none"> a. Bath in morning or before going to bed b. Frequency of bathing, shaving c. Shampooing hair daily or weekly 5. Economics <ol style="list-style-type: none"> a. Unable to afford deodorant, shampoo, etc. b. Unable to afford utilities 	Have the class discuss various individual preferences residents might have about daily hygiene practices. Ask the class how they would feel about changing all their hygiene practices to fit a facility's schedule.
9.1.2	Discuss the role of the nurse aide and how personal care can be used to promote self-esteem and well-being.	C. Role of Nurse Aide <ol style="list-style-type: none"> 1. Assist to follow their personal hygiene practices 2. Encourage to do as much of their daily care as possible 3. Assist residents to select their own clothing 4. Promote independence and self esteem 5. Encourage use of deodorant, perfume, aftershave lotion, and cosmetics 6. Be patient and encouraging 	Have the class brainstorm and consider ways the nurse aide can make care and grooming enjoyable for the resident.
9.2	Define and discuss oral hygiene.	II. Oral Hygiene <ol style="list-style-type: none"> A. Definition - measures used to keep mouth and teeth clean and free of microorganisms 	

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
9.2.1 List seven principles to practice when brushing teeth.	<p>B. Purpose</p> <ol style="list-style-type: none"> 1. Prevent odors 2. Prevent infections 3. Prevent tooth decay and loss of teeth 4. Prevent gum disease 5. Increase comfort 6. Enhance taste of food <p>C. Oral Hygiene Provided</p> <ol style="list-style-type: none"> 1. Before breakfast 2. After meals 3. At bedtime 4. Other times as requested or necessary <p>D. Observations to Report</p> <ol style="list-style-type: none"> 1. Foul mouth odors 2. Bleeding 3. Loose or broken teeth or dentures 4. Sores in or around mouth 5. Coated tongue 6. Complaints of pain <p>E. Principles for brushing teeth.</p> <ol style="list-style-type: none"> 1. Hold brush at 45 degree angle 2. Use circular motion to brush teeth 3. Brush well where teeth and gums meet 4. Brush all surfaces 5. Brush upper teeth first 6. Brush gently 7. Offer diluted mouth wash <p>F. Special mouth care products</p> <ol style="list-style-type: none"> 1. Swabs 2. Toothettes: <ol style="list-style-type: none"> a. usually soaked in mouthwash or plain water b. hydrogen peroxide, salt water solution if specified on care plan 3. Petroleum jelly for dry lips 	<p>Have the class share their feelings about being around people with halitosis.</p> <p>Have the class discuss the reason for diluting mouthwash.</p> <p>Pass around swabs and have the class practice giving each other special mouth care.</p>
9.2.2 Discuss the care of a resident's dentures.	<p>G. Denture Care</p> <ol style="list-style-type: none"> 1. Handle carefully - expensive to replace 2. Clean as often as natural teeth 	<p>Review your facility's policy and procedures for denture care.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
	<ol style="list-style-type: none"> 3. Protect from loss or breakage 4. Store safely, when out of mouth, in labeled container 5. Never use hot water, which can warp dentures 6. Store dry, in water or in special solution 7. For long term storage, put container holding dentures in bedside stand 	<p>Cleaning dentures can be unpleasant. Since this procedure is an important part of resident care, discuss how to manage any negative feelings.</p>
<p>9.3 Demonstrate the procedure for assisting the resident with oral hygiene.</p>	<p>III. Assisting with Oral Hygiene</p>	<p>DEMONSTRATE SKILL #15: Assisting with Oral Hygiene Student performs return demonstration</p>
<p>9.4 Demonstrate the procedure for providing mouth care.</p>	<p>IV. Providing Mouth Care</p>	<p>DEMONSTRATE SKILL #16: Providing Mouth Care Student performs return demonstration</p>
<p>9.5 Demonstrate the procedure for providing mouth care for the unconscious resident.</p>	<p>V. Providing Mouth Care for Unconscious Resident</p>	<p>Demonstrate SKILL #17: Providing Mouth Care For Unconscious Resident Student performs return demonstration</p>
<p>9.6 Demonstrate assisting with denture care.</p>	<p>VI. Assisting with Denture Care</p>	<p>DEMONSTRATE SKILLS #18: Assisting with Denture Care Student performs return demonstration</p>
<p>9.7 Discuss the care of the resident's nails and feet.</p>	<p>VII. Nail and Foot Care</p>	<p>Review the policy of your facility for trimming nails.</p>
	<ol style="list-style-type: none"> A. Requires daily cleaning and trimming of fingernails and toenails and care of feet as needed B. Check the feet of residents with diabetes daily C. Maintain nails by keeping <ol style="list-style-type: none"> 1. Short 2. Clean 3. Free of rough edges 	
<p>9.7.1 List three purposes of nail and foot care.</p>	<ol style="list-style-type: none"> D. Purpose of nail and foot care <ol style="list-style-type: none"> 1. Prevent infection 2. Prevent injury 3. Prevent odors 	
<p>9.7.2 Identify factors to be considered when giving a resident nail care.</p>	<ol style="list-style-type: none"> E. Factors to consider in nail care <ol style="list-style-type: none"> 1. Easier to trim and clean after soaking 	

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
9.7.3 Identify factors to be considered when giving a resident foot care.	<ol style="list-style-type: none"> 2. Nail clipper used to cut and trim nails 3. Clip nails straight across 4. Softened cuticle can be pushed back with orange stick 5. Use file or emery board to smooth rough edges 6. Use care not to injure skin when clipping 7. Diabetics and residents with circulatory problems will have their nails trimmed only by a licensed nurse or podiatrist 8. Review resident care plan and check with supervisor prior to trimming nails <p>F. Factors to consider in foot care</p> <ol style="list-style-type: none"> 1. Wash feet using warm water and mild soap 2. Dry feet carefully, especially between the toes 3. Apply lotion to tops and bottoms of feet only, not between the toes 4. Check feet daily for: <ol style="list-style-type: none"> a. redness, warmth or constant pain b. numbness or tingling c. dry, cracked skin d. swelling e. blisters, cuts, scratches or other sores f. ingrown toenails, corns, calluses 5. Do not use a heating pad on resident's feet 6. Keep footwear on; never go barefoot 7. Change socks and shoes daily 8. Foot injuries and infections can lead to gangrene and amputation, especially in diabetics 9. Notify supervisor immediately of any unusual observations of the feet 	Have class review why nail and foot care is so important for diabetic resident.
9.8 Demonstrate cleaning and trimming a resident's nails.	VI I I . Cleaning and Trimming Nails	DEMONSTRATE SKI LL #19 : Cleaning and Trimming Nails Student performs return demonstration
9.9 Demonstrate foot care.	I X . Foot Care	DEMONSTRATE SKI LL #20: Foot Care Student performs return demonstration

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

	Objectives	Course Content	Resource Materials/Activities/Notes
9.10	Discuss the nurse aide's responsibility in assisting the resident with shaving.	X. Assisting Resident with Shaving A. Daily activity for men B. Promotes: <ol style="list-style-type: none"> 1. Physical comfort 2. Psychological well-being 	
9.10.1	Review the factors to consider when shaving a resident.	C. Factors to Consider <ol style="list-style-type: none"> 1. Electric razor provides greatest safety 2. Use own equipment or a disposable safety razor 3. Soften beard and skin prior to shaving 4. Use care not to cut or irritate skin while shaving 5. Shave in direction hair grows 6. Do not use electric razors when oxygen in use 	
9.11	Demonstrate assisting the resident with shaving.	XI. Assisting Resident with Shaving	DEMONSTRATE SKILL #21: Assist Resident with Shaving Student performs return demonstration
9.12	Describe ways to assist the resident with hair care.	XII. Hair Care	
9.12.1	Review factors to consider for daily hair care.	A. Includes <ol style="list-style-type: none"> 1. Daily brushing and combing 2. Styling 3. Shampooing B. Factors to consider for daily care <ol style="list-style-type: none"> 1. Because hair style is personal preference, ask about style 2. Make brushing and combing part of morning care 3. Protect resident's clothing by placing towel around shoulders 4. Cover pillow with towel for residents confined to bed 5. Brushing hair: <ol style="list-style-type: none"> a. refreshes resident b. improves morale c. stimulates circulation d. distributes natural oils evenly e. removes lint and dust 6. Handle hair gently when brushing or combing 7. Section hair and work on one area at a time 	Have the class suggest ways to make hair care an enjoyable experience for the resident.

Section Two: Personal Care and Basic Nursing Skills
 Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
9.12.2 Discuss considerations used when shampooing a resident's hair.	8. Note appearance of scalp and hair 9. Hair style should be age appropriate 10. Residents are encouraged to do as much as possible for themselves 11. Comb and brush are cleaned after use 12. Combs and brushes are never shared C. Shampooing Considerations	Have the class discuss hair care for residents of different ethnic backgrounds.
9.12.3 List the various methods for shampooing hair.	1. Frequency individualized 2. Resident's shampoo, conditioner and other hair care products are used 3. Resident assisted to beauty shop if available 4. Methods of shampooing: a. during shower b. at sink c. using stretcher d. in bed 5. Eyes and ears protected 6. Hair dried as fast as possible 7. Cold or drafty areas eliminated 8. Female residents assisted to curl or set hair 9. Barbers or beauticians may be contacted by facility to care for hair of residents 10. Care plan to be checked for any special instructions prior to shampooing	
9.13 Demonstrate caring for the residents' hair.	XIII. Caring for Hair	DEMONSTRATE SKILL #22: Caring for Hair Student performs return demonstration
9.14 Demonstrate shampooing hair of resident who is in bed.	XIV. Shampooing Hair in Bed	DEMONSTRATE SKILL #23: Shampooing Hair in Bed Student performs return demonstration
9.15 Identify the general principles of dressing and undressing a resident.	XV. Dressing and Undressing A. Encourage resident to choose own clothing B. Dress daily own clothing and underwear C. Make sure clothes are in good repair	

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes	
	<ul style="list-style-type: none"> D. Dress weak or affected side first E. Undress weak or affected side last F. Ensure clothing is appropriate for weather and environment G. Encourage resident to wear clothing that matches and is clean and neat H. Dress should be age appropriate I. Do not put clothing on backwards J. Be gentle K. Always be patient and provide time for residents to do as much as possible for themselves 	Have the class discuss the use of adaptive clothing for residents.	
9.16	Demonstrate the procedure for dressing and undressing the resident.	XVI . Dressing and Undressing Resident	DEMONSTRATE SKILL #24: Dressing and Undressing Student performs return demonstration
9.17	I identify the purposes of bathing a resident.	XVII . Bathing Resident	
	<ul style="list-style-type: none"> A. Purpose of Bathing <ul style="list-style-type: none"> 1. Removes perspiration, dirt and microorganisms 2. Stimulates circulation 3. Exercises body parts 4. Refreshes, relaxes and promotes physical comfort 5. Removes odors 6. Allows for evaluation of skin condition 		
9.17.1	Discuss the various methods of bathing a resident.	<ul style="list-style-type: none"> B. Methods of Bathing <ul style="list-style-type: none"> 1. Partial bath 2. Complete bed bath 3. Tub bath 4. Shower 	
9.17.2	I identify guidelines for bathing a resident.	<ul style="list-style-type: none"> C. Guidelines for Bathing <ul style="list-style-type: none"> 1. Receive instructions from supervisor regarding method of bathing and skin care products to use 2. Provide privacy 3. Reduce drafts by closing windows, drapes and doors 4. Use good body mechanics 5. Keep covered for warmth and privacy 6. Protect safety of resident: <ul style="list-style-type: none"> a. never leave unattended in bathtub or shower 	<p>Review the principles of good body mechanics that would be used in giving a resident a bed bath.</p> <p>Consider ways to prevent slips and falls in the tub and shower.</p>

Section Two: Personal Care and Basic Nursing Skills
 Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
9.17.3 Observe the condition of the skin and report any unusual observations.	<ul style="list-style-type: none"> b. take precautions to prevent slips and falls c. have temperature no higher than 105 F for tub or shower 7. Rinse skin completely if not using no-rinse product 8. Encourage to do as much as possible for self 9. Pat skin dry 10. Observe condition of skin <p>D. Skin Observations</p> <ul style="list-style-type: none"> 1. Color of skin, lips, nail beds and sclera of eyes 2. Location and description of rashes 3. Dry skin 4. Bruises or open areas on skin 5. Pale or reddened areas, especially over bony parts 6. Drainage or bleeding from wounds or orifices 7. Skin temperature 8. Complaints of pain or discomfort 	
9.18 Demonstrate the procedure for giving a complete bed bath and partial bath.	XVI I I . Giving Complete Bed Bath and Partial Bath	<p>DEMONSTRATE SKI LL #25: Giving Complete Bed Bath Student performs return demonstration</p> <p>DEMONSTRATE SKI LL#26: Giving Partial Bath Student performs return demonstration</p>
9.19 Demonstrate the procedure for giving a tub bath or shower.	XI X. Giving Tub Bath or Shower	<p>DEMONSTRATE SKI LL #27: Giving Tub Bath or Shower Student performs return demonstration</p>
9.20 Discuss giving perineal care.	XX. Giving Perineal Care	
	<ul style="list-style-type: none"> A. Used to clean genital and anal areas <ul style="list-style-type: none"> 1. Prevents infection 2. Prevents odors 3. Promotes comfort B. Rules of medical asepsis and Standard Precautions followed <ul style="list-style-type: none"> 1. Work from cleanest to dirtiest area (front to back) <ul style="list-style-type: none"> a. urethral area – cleanest b. anal area – dirtiest 	

Section Two: Personal Care and Basic Nursing Skills

Unit 9: Personal Care and Grooming: Relationship to Self-Esteem

Objectives	Course Content	Resource Materials/Activities/Notes
<ul style="list-style-type: none"> C. Delicate area that needs special care <ul style="list-style-type: none"> 1. Use warm water 2. Wash gently 3. Rinse well 4. Pat dry 		
9.21 Demonstrate giving perineal care.	XXI . Giving Perineal Care	DEMONSTRATE SKILL #28: Giving Perineal Care Student performs return demonstration
9.22 Discuss giving a back rub.	XXII . Giving Back Rub	
	<ul style="list-style-type: none"> A. Purpose <ul style="list-style-type: none"> 1. Stimulate circulation 2. Prevent skin breakdown 3. Soothing 4. Refreshing B. Use a combination of strokes <ul style="list-style-type: none"> 1. Long, smooth strokes - relaxing 2. Short, circular strokes - stimulating C. Use warmed lotion applied with palms of hands D. Rub 3 - 5 minutes 	
9.23 Demonstrate giving a back rub.	XXIII . Giving Back Rub	DEMONSTRATE SKILL #29: Giving Back Rub Student performs return demonstration

Unit 10

Basic Nursing Skills

Introduction

This unit introduces the basic nursing skills the nurse aide will need to measure and record the resident's vital signs, height and weight, and intake and output. The vital signs provide information about changes in normal body function and the resident's response to treatment. The resident's weight, compared with the height, gives information about his/her nutritional status and changes in the medical condition. Intake and output records provide information on fluid balance and kidney function.

Suggested Instructional Resource Materials

Videos on basic skills

Graphic and intake and output sheets

Skill Performance Checklists

30. Measuring Oral Temperature (Non-mercury Glass Thermometer)
31. Measuring Axillary Temperature (Non-mercury Glass Thermometer)
32. Measuring Rectal Temperature (Non-mercury Glass Thermometer)
33. Measuring Temperature with Electronic or Tympanic Thermometer
34. Counting Radial Pulse Rate
35. Measuring Apical Pulse
36. Counting Respirations
37. Measuring Manual Blood Pressure
38. Measuring Electronic Blood Pressure (Optional)

Lesson Presentation Materials - Performance Checklists (Continued)

39. Measuring Combined Vital Signs
40. Measuring Height and Weight
41. Measuring and Recording Fluid Intake/Output

Terminology

1. **Afebrile** - without a fever
2. **Axillary** - armpit
3. **Calibrated** - marked with graduations; standard measure on thermometers or graduate.
4. **Dehydration** - condition in which fluid output is greater than fluid intake.
5. **Diastolic pressure** - pressure in the arteries when the heart is at rest
6. **Edema** - excessive collection of fluid in the tissues; swelling
7. **Fahrenheit** - a measure of heat; scale used to express temperature
8. **Febrile** - having a fever
9. **Hyperthermia** - a greatly elevated temperature
10. **Hypothermia** - a body temperature of 95 degrees F or below
11. **Metric system** - system of weight and measures based on the meter, with all units based on the power of 10.
12. **Systolic pressure** - pressure in the arteries when the heart contracts.
13. **Tympanic Thermometer** - electronic probe used in the ear; may be set to determine oral, rectal, and surface temperatures.

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.0 Provide basic nursing skills.	<p>I. Vital Signs</p> <p>A. Reflect the function of three body processes that are essential for life.</p> <ol style="list-style-type: none"> 1. Regulation of body temperature 2. Heart function 3. Breathing 	
10.1 Explain the meaning of vital signs and the abbreviations used for each vital sign.	<p>B. Abbreviations</p> <ol style="list-style-type: none"> 1. Temperature - T 2. Pulse - P 3. Respirations - R 4. Blood Pressure - BP 5. Vital signs - TPR and BP <p>C. Purpose</p> <ol style="list-style-type: none"> 1. Measured to detect any changes in normal body function 2. Used to determine response to treatment <p>D. Measurement (taken at rest)</p> <ol style="list-style-type: none"> 1. Temperature - measures body heat 2. Pulse - measures heart rate 3. Respiration - measures how often resident inhales and exhales 4. Blood Pressure - measures pressure against walls of arteries 	<p>Have class discuss why vital signs are always taken after resident has been at rest for at least 10 minutes.</p>
10.2 Define body temperature and discuss the way it is measured.	<p>II. Measurement of Body Temperature</p> <p>A. Temperature - measurement of body heat</p> <ol style="list-style-type: none"> 1. Heat production <ol style="list-style-type: none"> a. muscles b. glands c. oxidation of food 2. Heat loss <ol style="list-style-type: none"> a. respiration b. perspiration c. excretion 	

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.2.1 List the factors that affect temperature.	<ul style="list-style-type: none"> 3. Balance between heat production and loss is body temperature 4. Factors affecting temperature <ul style="list-style-type: none"> a. exercise b. illness c. age d. time of day e. medications f. infection g. emotions h. hydration i. clothing j. environmental temperature/air movement 	
	<ul style="list-style-type: none"> B. Equipment - Thermometer <ul style="list-style-type: none"> 1. Instrument used to measure body temperature 2. Types <ul style="list-style-type: none"> a. non-mercury glass <ul style="list-style-type: none"> (1) oral (2) rectal b. chemically treated paper - disposable c. plastic - disposable d. electronic - probe covered with disposable shield e. tympanic - electronic probe used in the ear 	Have students review the different types of thermometers and explain the use of each.
10.2.2 Identify the normal temperature range, and the normal body temperature.	<ul style="list-style-type: none"> 3. Normal temperature range for adults <ul style="list-style-type: none"> a. oral - 97.6° - 99.6° F (Fahrenheit) or 36.5° -37.5° C (Celsius) b. rectal - 98.6° - 100.6° F or 37.0° - 38.1° C c. axillary - 96.6° - 98.6° F or 36.0° - 37.0° C 	
10.2.3 Read a non-mercury glass thermometer	<ul style="list-style-type: none"> 4. To read the non-mercury glass thermometer <ul style="list-style-type: none"> a. hold eye level b. locate solid column of liquid in the glass c. observe lines on scale at upper side of column of liquid in the glass d. read at point where liquid in the glass ends 	

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.2.4 List and discuss the sites used to take a temperature.	<ul style="list-style-type: none"> e. if it falls between two lines, read it to closest line <ul style="list-style-type: none"> (1) long line represents degree (2) short line represents 0.2 of a degree Fahrenheit 5. Sites to take a temperature <ul style="list-style-type: none"> a. oral - most common b. rectal - registers one degree Fahrenheit higher than oral c. axillary - least accurate - registers one degree F lower than oral d. tympanic - used in the ear 	Discuss under what conditions an axillary temperature would be taken.
10.2.5 Review safety precautions that should be considered when using a thermometer.	<ul style="list-style-type: none"> 6. Condition of resident determines which is the best site for measuring body temperature 7. Safety Precautions <ul style="list-style-type: none"> a. hold rectal and axillary thermometers in place b. stay with resident when taking temperature c. check glass thermometers for chips d. prior to use, shake liquid in glass thermometer down e. shake thermometer away from resident and hard objects f. wipe from end to tip of thermometer prior to reading 8. Delay taking oral temperature for 10 - 15 minutes if resident has been smoking, eating or drinking hot/cold liquids 	
10.3 Demonstrate the procedure for measuring an oral temperature using a non-mercury glass thermometer.	III. Measuring Oral Temperature (Non-mercury Glass Thermometer)	DEMONSTRATE SKILL #30: Measuring Oral Temperature (Non-mercury Glass Thermometer) Student performs return demonstration
10.4 Demonstrate the procedure for measuring an axillary temperature using a non-mercury glass thermometer.	IV. Measuring Axillary Temperature (Non-mercury Glass Thermometer)	DEMONSTRATE SKILL #31: Measuring Axillary Temperature (Non-mercury Glass Thermometer) Student performs return demonstration

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.5 Demonstrate the procedure for measuring a rectal temperature using a non-mercury glass thermometer.	V. Measuring a Rectal Temperature (Non-mercury Glass Thermometer)	DEMONSTRATE SKILL #32: Measuring Rectal Temperature (Non-mercury Glass Thermometer) Student performs return demonstration
10.6 Demonstrate measuring temperature using an electronic or tympanic thermometer.	VI. Measuring Temperature (Electronic or Tympanic Thermometer) Optional	DEMONSTRATE SKILL #33: Measuring Temperature with Electronic or Tympanic Thermometer Student performs return demonstration
10.7 Define pulse and discuss the way it is measured.	VII. Measurement of Pulse A. Pulse is pressure of blood pushing against wall of artery as heart beats and rests B. Pulse easier to locate in arteries close to skin that can be pressed against bone C. Sites for taking pulse 1. Radial - base of thumb 2. Temporal - side of forehead 3. Carotid - side of neck 4. Brachial - inner aspect of elbow 5. Femoral - inner aspect of upper thigh 6. Popliteal - behind knee 7. Dorsalis pedis - top of foot 8. Apical pulse - over apex of heart a. taken with stethoscope b. left side of chest	
10.7.1 List the factors that affect the pulse.	D. Factors Affecting Pulse 1. Age 2. Sex 3. Position 4. Drugs 5. Illness 6. Emotions 7. Activity level 8. Temperature 9. Physical training	

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.7.2 I identify the normal pulse range and characteristics.	<ul style="list-style-type: none"> E. Normal pulse range/characteristics: 60 -100 beats per minute and regular F. Documenting pulse rate <ul style="list-style-type: none"> 1. Noted as number of beats per minute 2. Rhythm - regular or irregular 3. Volume - strong, weak, thready, bounding 	Have the class practice documenting on the graphic sheet.
10.8 Demonstrate counting the radial pulse rate.	VIII. Counting Radial Pulse Rate	DEMONSTRATE SKILL #34: Counting Radial Pulse Rate Student performs return demonstration
10.9 Demonstrate measuring the apical pulse.	XIX. Measuring Apical Pulse	DEMONSTRATE SKILL #35: Measuring Apical Pulse Student performs return demonstration
10.10 Define respiration and discuss how the respiratory rate is measured.	<ul style="list-style-type: none"> X. Measuring Respirations <ul style="list-style-type: none"> A. Respiration – process of taking in oxygen and expelling carbon dioxide from lungs and respiratory tract B. Factors affecting rate <ul style="list-style-type: none"> 1. Age 2. Activity level 3. Position 4. Drugs 5. Sex 6. Illness 7. Emotions 8. Temperature 	
10.10.1 List the factors that affect the respiratory rate.		
10.10.2 I identify the qualities of normal respirations.	<ul style="list-style-type: none"> C. Qualities of normal respirations <ul style="list-style-type: none"> 1. 12-20 respirations per minute 2. Quiet 3. Effortless 4. Regular D. Documenting respiratory rate <ul style="list-style-type: none"> 1. Noted as number of inhalations and exhalations per minute (one inhalation and one exhalation equals one respiration) 	Have the class consider a reason for the resident to be unaware that respirations are being counted.

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.11 Demonstrate counting respirations.	<ul style="list-style-type: none"> 2. Rhythm – regular or irregular 3. Character: shallow, deep, labored <p>XI. Counting Respirations</p>	<p>DEMONSTRATE SKILL #36: Counting Respirations Student performs return demonstration</p>
10.12 Define blood pressure and discuss how it is measured.	<p>XII. Measuring Blood Pressure</p> <p>A. Blood pressure force of blood pushing against walls of arteries</p> <ul style="list-style-type: none"> 1. Systolic pressure is greatest force exerted when heart contracting 2. Diastolic pressure least force exerted as heart relaxes 	
10.12.1 List factors that influence blood pressure.	<p>B. Factors influencing blood pressure</p> <ul style="list-style-type: none"> 1. Weight 2. Sleep 3. Age 4. Emotions 5. Sex 6. Heredity 7. Viscosity of blood 8. Illness/Disease <p>C. Equipment</p> <ul style="list-style-type: none"> 1. Sphygmomanometer (manual) <ul style="list-style-type: none"> a. cuff - different sizes b. pressure control bulb c. pressure gauge – marked with numbers <ul style="list-style-type: none"> (1) aneroid (2) mercury 2. Stethoscope <ul style="list-style-type: none"> a. magnifies sound b. has diaphragm 	

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.12.2 Identify the normal blood pressure range.	<p>D. Normal blood pressure range</p> <ol style="list-style-type: none"> 1. Systolic: 90-140 millimeters of mercury 2. Diastolic: 60-90 millimeters of mercury <p>E. Guidelines for measurements</p> <ol style="list-style-type: none"> 1. Measure on upper arm 2. Have correct size cuff 3. Identify brachial artery for correct placement of stethoscope 4. First sound heard – systolic pressure 5. Last sound heard or change - diastolic pressure 6. Record - systolic/diastolic 7. Resident in relaxed position, sitting or lying down 8. Blood pressure usually taken in left arm. 9. Do not measure blood pressure in arm with IV, A-V shunt (dialysis), cast, wound, or sore 10. Apply cuff to bare upper arm, not over clothing 11. Room quiet so blood pressure can be heard 12. Sphygmomanometer must be clearly visible <p>F. Reading gauge</p> <ol style="list-style-type: none"> 1. Large lines are at increments of 10 mmHg 2. Shorter lines at 2 mm intervals 3. Take reading at closest line 4. Gauge should be at eye level 5. Mercury column gauge must not be tilted 6. Reading taken from top of column of mercury 	<p>Have the class discuss the difference between hypertension and hypotension.</p> <p>Discuss why blood pressure cuff should not be placed over clothing.</p> <p>Discuss why blood pressure cuff should not be placed on arm with an IV.</p>
10.13 Demonstrate the procedure for measuring blood pressure.	XIII. Measuring Blood Pressure (Manual)	<p>DEMONSTRATE SKILL #37: Measuring Blood Pressure Using Manual Sphygmomanometer Student performs return demonstration</p> <p>DEMONSTRATE SKILL (OPTIONAL) #38: Measuring Blood Pressure Using Electronic Sphygmomanometer Student performs return demonstration</p>

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

	Objectives	Course Content	Resource Materials/Activities/Notes
10.14	Demonstrate the procedure for taking combined vital signs (temperature, pulse, respiration, blood pressure).	XIV. Taking Combined Vital Signs	DEMONSTRATE SKILL #39: Taking Combined Vital Signs Student performs return demonstration.
10.15	Discuss height and weight and how it is measured.	XV. Measuring Height and Weight A. Baseline measurement obtained on admission and must be accurate. Other measurements obtained as ordered. B. Height measurements 1. Feet 2. Inches 3. Centimeters C. Weight measurements 1. Pounds 2. Ounces 3. Kilograms D. Reasons for obtaining this information 1. Indicator of nutritional status 2. Indicator of change in medical condition 3. Used by doctor to order medications	Have the class discuss how they would measure a resident if the resident were unable to stand.
10.15.1	List three guidelines for weighing residents.	E. Guidelines for Weighing Residents 1. Use same scale each time 2. Have resident void, remove shoes and outer clothing 3. Weigh at same time each day F. Scales 1. Remain more accurate if moved as little as possible. 2. Various types of scales a. bathroom scale b. standing scale c. scales attached to hydraulic lifts d. wheelchair scales e. bed scales	Have students practice weighing themselves wearing different amounts of clothing and note variations in weight. Have students practice using the various types of scales located in the facility.
10.16	Demonstrate the procedure for measuring height and weight.	XVI. Measuring Height and Weight	DEMONSTRATE SKILL #40: Measuring Height and Weight Student performs return demonstration.

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.17 Discuss measuring and recording intake and output, and conditions for which this procedure would be ordered.	XVII. Measuring Intake and Output A. Fluid Balance 1. Consume 2-1/2 to 3-1/2 quarts daily a. eating b. drinking 2. Eliminate 2-1/2 to 3-1/2 quarts daily a. urine b. perspiration c. water vapor through respirations d. stool	
10.17.1 Identify five symptoms of edema.	B. Edema - fluid intake exceeds fluid output 1. Retention of fluids frequently caused by kidney or heart failure or excessive salt intake 2. Symptoms a. weight gain b. swelling of feet, ankles, hands, fingers, face c. decreased urine output d. shortness of breath e. collection of fluid in abdomen (ascites)	
10.17.2 List eight symptoms of dehydration.	C. Dehydration - fluid output exceeds fluid intake 1. Common problem of long-term care residents 2. Symptoms a. thirst b. decreased urine output c. parched or cracked lips d. dry, cracked skin e. fever f. weight loss g. concentrated urine h. tongue coated and thick 3. Causes a. poor fluid intake b. diarrhea c. bleeding	

Section Two: Personal Care and Basic Nursing Skills

Unit 10: Basic Nursing Skills

Objectives	Course Content	Resource Materials/Activities/Notes
10.18 Identify the liquids that would be measured and recorded as fluid intake.	<ul style="list-style-type: none"> d. vomiting e. excessive perspiration D. Fluids measured in cubic centimeters (cc) <ul style="list-style-type: none"> 1. 30 cc = 1 ounce 2. cc - metric measure 	<p>Practice recording intake and output on facility forms.</p> <p>Have the class discuss differences between restricting fluids and forcing fluids.</p>
10.18.1 List the liquids that would be measured and recorded as fluid output.	<p>XVI I I Measuring and Recording Intake/Output</p> <ul style="list-style-type: none"> A. Physician orders intake and output B. Intake includes: <ul style="list-style-type: none"> 1. All liquid taken by mouth. 2. Food items that turn to liquid at room temperature 3. Tube feedings into stomach through nose or abdomen 4. Fluids given by intravenous infusion C. Output includes <ul style="list-style-type: none"> 1. Urine 2. Liquid stool 3. Emesis 4. Drainage 5. Suctioned secretions 6. Excessive perspiration 	<p>Have the class discuss ways to estimate output with excessive perspiration.</p>
10.19 Demonstrate measuring and recording fluid intake and output.	<p>XI X. Measuring and Recording Fluid Intake/Output</p>	<p>DEMONSTRATE SKILL #41: Measuring and Recording Fluid Intake/Output</p> <p>Student performs return demonstration</p>

Unit 11

Resident Care Procedures

Introduction

Residents frequently require assistance to meet their normal elimination needs. They may also require special procedures that the nurse aide will perform. This unit explores helping the resident to the bathroom; assisting with use of the bedside commode, bedpan and urinal; providing catheter care and emptying a urinary drainage bag; collecting a routine urine specimen; applying and caring for condom catheters; collecting a stool specimen; administering cleansing enemas; applying warm or cold applications, elastic bandages, elastic stockings (TED hose) and non-sterile dressing; and assisting with coughing and deep breathing exercises.

Suggested Instructional Resource Materials

Videos on basic skills

Chart of respiratory system

Skill Performance Checklists

42. Assisting With Use of Bathroom
43. Assisting With Use of Bedside Commode
44. Assisting With Use of Bedpan
45. Assisting With Use of Urinal
46. Providing Catheter Care
47. Emptying Urinary Drainage Bag
48. Collecting Routine Urine Specimen
49. Applying and Caring for Condom Catheters
50. Collecting Stool Specimen
51. Administering Cleansing Enema
52. Applying Warm or Cold Applications

Performance Checklists (Continued)

- 53. Applying Elastic Bandages
- 54. Assisting with Coughing and Deep Breathing Exercises
- 55. Applying and Removing Elastic Stockings (TED Hose)
- 56. Applying Nonsterile Dressing

Terminology

- 1. **Compress** - localized application of warmth or cold.
- 2. **Defecation** - a bowel movement, process of eliminating waste products from the bowel.
- 3. **Enema** - introduction of fluid into the rectum and colon.
- 4. **Feces** - solid human waste products in the colon.
- 5. **Flatus** - gas or air found in the stomach or intestines.
- 6. **Sitz bath** - equipment used to provide moist heat to the genital and anal area.
- 7. **Voiding** - emptying the bladder of urine

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
11.0 Describe what is meant by elimination needs.	<p>I. Elimination of Waste Products</p> <p>A. Natural process</p> <p>B. Healthy individuals have regular elimination habits</p> <p>C. Equipment needed</p> <ol style="list-style-type: none"> 1. Bedpan <ol style="list-style-type: none"> a. regular size - used by female for urination and both men and women for defecation b. fracture pan - smaller and flatter and usually used with fracture of vertebrae, pelvis or leg 2. Urinal <ol style="list-style-type: none"> a. used by men b. used for urination 3. Bedside commode <ol style="list-style-type: none"> a. portable chair brought to bedside b. contains opening for a bedpan or similar type container c. used for residents unable to walk to bathroom 	Discuss the use of fracture pans.
11.1 Review the guidelines to follow when assisting the resident with elimination needs.	<p>D. Guidelines to Assist with Elimination</p> <ol style="list-style-type: none"> 1. Assist to as close to a sitting position as possible 2. Provide privacy and warmth <ol style="list-style-type: none"> a. close doors, curtains, and drapes b. assist with robe and footwear c. cover with cotton blanket or lap robe when using bedside commode d. leave area if safe to leave alone 3. Provide toilet paper and place call signal within the resident's reach 4. Offer bedpan periodically as residents may be uncomfortable requesting its use 5. Do not leave on bedpan for long periods of time 6. Cover and empty bedpan immediately. 7. Put on glove and assist resident to clean genital area as necessary 8. Assist with handwashing 	Have the class discuss differences between constipation and diarrhea.

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> a. at the sink b. by providing soap and basin of warm water 	
11.2 Demonstrate the procedure to follow when assisting the resident to use the bathroom.	I I . Assisting with Use of Bathroom	DEMONSTRATE SKILL #42: Assisting with Use of Bathroom Student performs return demonstration
11.3 Demonstrate the procedure to follow when helping the resident to use a bedside commode.	I I I . Assisting with Use of Bedside Commode	DEMONSTRATE SKILL #43: Assisting with Use of Bedside Commode Student performs return demonstration
11.4 Demonstrate the procedure to follow when assisting the resident to use a bedpan.	I V . Assisting with Use of Bedpan	DEMONSTRATE SKILL #44: Assisting with Use of Bedpan Student performs return demonstration
11.5 Demonstrate the procedure to follow when assisting a resident to use a urinal.	V . Assisting with Use of Urinal	DEMONSTRATE SKILL# 45: Assisting with Use of Urinal Student performs return demonstration
11.6 Discuss indwelling catheters and catheter care.	VI . Indwelling Catheters <ul style="list-style-type: none"> A. Used to continuously drain urine from bladder B. Inserted by licensed nurse or NA II after being ordered by physician C. Attached to tubing that connects to urinary drainage bag D. Use <ul style="list-style-type: none"> 1. Residents with nerve injury: <ul style="list-style-type: none"> a. following spinal cord injury b. after stroke 2. After surgery 3. Some incontinent residents E. Increased Risk of Urinary Tract Infections 	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
11.6.1 Identify guidelines to follow when caring for residents with indwelling catheters (Foley).	<ol style="list-style-type: none"> 1. Urinary meatus and surrounding area must be kept clean 2. Catheter care given at least daily and PRN <p>F. Guidelines to follow when caring for residents with indwelling catheters.</p> <ol style="list-style-type: none"> 1. Never pull on catheter and keep catheter tubing and drainage tubing free of kinks, so that urine can flow freely 2. Report any leakage, complaints of pain, burning, or need to urinate 3. Observe and report any swelling, skin irritation, or discoloration 4. Measure and record urinary output accurately, noting color, odor and appearance of urine 5. Keep collection bag below bladder 6. Attach collection bags to bed frame, never to side rail 7. Never leave on floor 8. Follow facility policy for securing catheter to resident's leg without tension on catheter 9. Never disconnect catheter from tubing to drainage bag 10. When emptying urinary drainage bag, never touch drain with measuring container or graduate 	
11.7 Demonstrate the procedure for providing catheter care.	VII. Providing Catheter Care	DEMONSTRATE SKILL #46: Providing Catheter Care Student performs return demonstration
11.8 Demonstrate the procedure for emptying a urinary drainage bag.	VIII. Emptying Urinary Drainage Bag	DEMONSTRATE SKILL #47: Emptying Urinary Drainage Bag Student performs return demonstration
11.9 Discuss the collection of urine specimens.	<p>IX. Collecting Routine Urine Specimen</p> <ol style="list-style-type: none"> A. Collected for laboratory study <ol style="list-style-type: none"> 1. Aids physician in diagnosis 2. Evaluates effectiveness of treatment B. Laboratory requisition slip completed and sent to laboratory with each specimen 	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes	
	<ul style="list-style-type: none"> C. General rules to follow when collecting urine specimens <ul style="list-style-type: none"> 1. Wash hands carefully before and after collection of urine specimens 2. Wear gloves 3. Collect specimen at appropriate time 4. Use proper container and do not touch inside of lid or container 5. Label container accurately and transport to laboratory as soon as possible 6. Tell resident not to have bowel movement or discard tissue in bedpan when collecting urine specimen 	<p>Practice completing the information requested on the labels used in your facility.</p> <p>Review requisition slips used by the laboratory that analyzes your facility's specimens.</p> <p>Have the class list ways to prevent errors when collecting urine specimens.</p>	
11.10	Demonstrate the procedure for collecting a routine urine specimen.	X. Collecting Routine Urine Specimen	<p>DEMONSTRATE SKILL #48: Collecting Routine Urine Specimen</p> <p>Student performs return demonstration</p>
11.11	Discuss the collection of two more types of urine sample collections; the clean catch and the 24-hour specimen.	<ul style="list-style-type: none"> XI. Types of Urine Collections <ul style="list-style-type: none"> A. Clean Catch Urine Specimen (mid-stream) <ul style="list-style-type: none"> 1. Cleaning of perineum prior to collection reduces number of microbes that may contaminate specimen 2. Procedure <ul style="list-style-type: none"> a. resident begins voiding into appropriate receptacle and stops midstream; then container is placed and urine specimen is collected. b. follow above general rules when collecting urine specimen c. follow Standard Precautions B. 24-Hour Urine Specimen <ul style="list-style-type: none"> 1. All urine voided in 24-hour period collected <ul style="list-style-type: none"> a. urine chilled on ice to prevent growth of microorganisms b. some tests may require preservative c. sample usually collected in dark colored gallon jug 2. Procedure 	<p>Show class examples of clean catch specimen containers.</p> <p>Show class a 24-Hour Urine specimen collection container.</p> <p>Verbally review the process of collecting</p>

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> a. the resident voids to begin test with empty bladder b. first voiding is discarded c. all voidings for next 24 hours collected d. if test interrupted, it must be restarted with new gallon jug <ul style="list-style-type: none"> 3. Imperative that resident and staff understand procedure and exact time period for sample collection 4. Follow Standard Precautions 	a 24-hour urine sample.
11.12	<p>Discuss guidelines to follow when caring for a resident with a condom catheter.</p> <p>XI I . Applying and Caring for Condom Catheter</p> <p>A. Description and Use</p> <ul style="list-style-type: none"> 1. External catheter used for incontinent men 2. Made of soft rubber sheath that fits over penis with tubing connected to urinary drainage bag 3. Ambulatory residents may prefer leg bags during day 4. New condom catheter is applied daily 5. Penis observed for reddened or open areas and reported to supervisor prior to new being applied 	Have the class discuss the importance of applying a properly fitting catheter.
11.13	<p>Demonstrate the procedure for applying a condom catheter.</p> <p>XI I I . Applying a Condom Catheter</p>	<p>DEMONSTRATE SKILL #49: Applying and Caring for Condom Catheter</p> <p>Student performs return demonstration</p>
11.14	<p>Discuss the collection of stool specimens.</p> <p>XI V . Guidelines for Collecting Stool Specimens</p> <p>A. Ordered by physician</p> <p>B. Studied by laboratory to identify:</p> <ul style="list-style-type: none"> 1. Blood in stool 2. Parasites 3. Fat 4. Microorganisms 5. Other abnormalities <p>C. Specimen should not be mixed with urine</p> <p>D. Use tongue blades to handle specimen</p>	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> E. Prevent contaminating outside of specimen container F. Properly label and transport specimen promptly 	Discuss the meaning of occult blood.
11.15 Demonstrate the procedure for collecting a stool specimen.	XV. Collecting Stool Specimen	<p>DEMONSTRATE SKILL #50: Collecting Stool Specimen</p> <p>Student performs return demonstration</p>
11.16 Define the term enema and identify some of the most common solutions.	<p>XVI. Cleansing Enemas</p> <ul style="list-style-type: none"> A. Definition - the introduction of fluid into the rectum and colon to remove feces B. Physician orders: <ul style="list-style-type: none"> 1. Solution to be used 2. Amount of fluid to be used C. Common solutions <ul style="list-style-type: none"> 1. Tap water 2. Saline solution 3. Soap suds 4. Oil retention 5. Prepackaged disposable, hypertonic solution 	
11.16.1 Discuss the guidelines for giving an enema.	<ul style="list-style-type: none"> D. Guidelines for Administration <ul style="list-style-type: none"> 1. Check temperature of enema solution with thermometer 2. Temperature no greater than 105° F 3. Container should not be higher than 12 inches above anus. Solution must run in slowly to avoid serious side effects 4. Resident should be positioned on left side with knees slightly flexed 5. If possible, enemas should be given before bath and before breakfast; otherwise, wait at least one hour after meals before giving 6. Be sure bathroom is available for use 	Discuss the potential risks with giving an enema.

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
11.17 Demonstrate the procedure for administering a cleansing enema.	XVII I. Administering Cleansing Enema	DEMONSTRATE SKILL #51: Administering Cleansing Enema Student performs return demonstration
11.18 Discuss the purposes and effects of warm and cold therapy.	<p>XVII I I Warm and Cold Therapy</p> <p>A. Requires physician's order for type of therapy and length of time for application</p> <p>B. Purposes and Effects</p> <ol style="list-style-type: none"> 1. Warmth – dilates blood vessels <ol style="list-style-type: none"> a. increased blood supply to area b. blood brings oxygen and nutrients for healing c. fluids are absorbed d. muscles relax e. pain relieved 2. Cold – constricts blood vessels <ol style="list-style-type: none"> a. decreased blood supply to area b. prevents swelling c. controls bleeding d. numbs skin, reducing pain e. reduces body temperature 	
11.18.1 Discuss the three types of warm and cold applications.	<p>C. Types of Warmth and Cold</p> <ol style="list-style-type: none"> 1. Dry cold - water does not touch skin <ol style="list-style-type: none"> a. ice bags b. ice caps c. ice collars d. disposable cold pack 2. Moist cold - water touches skin <ol style="list-style-type: none"> a. compresses – localized application b. soaks - body part immersed in water c. cool sponge bath 3. Dry warmth – pads with circulating warm water 4. Moist warmth <ol style="list-style-type: none"> a. compresses b. soaks 	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
11.18.2 Discuss the guidelines for warm and cold applications.	<ul style="list-style-type: none"> c. sitz bath D. Guidelines for Warm Applications <ul style="list-style-type: none"> 1. Use bath thermometer to measure the temperature of moist heat solutions. 2. Do not operate equipment you have not been trained to use. 3. Temperature never over 105 degrees. 4. Check skin frequently and report any signs of complications. E. Guidelines for Cold Applications <ul style="list-style-type: none"> 1. Apply ice caps with metal or plastic lids away from skin 2. Cover ice caps/bags/collars prior to application 3. Check skin frequently and report any signs of complications 4. Never leave in place longer than directed by supervisor 	Discuss signs of skin damage with warm or cold applications.
11.19 Demonstrate the procedure for applying warm or cold applications.	XI X. Applying Warm or Cold Applications	DEMONSTRATION SKILL #52: Applying Warm or Cold Applications Student performs return demonstration
11.20 Discuss the application of nonsterile bandages.	XX. Nonsterile Bandages <ul style="list-style-type: none"> A. Bandages <ul style="list-style-type: none"> 1. Purposes <ul style="list-style-type: none"> a. hold dressing in place b. secure splints c. support and protect body parts 2. Materials in various types and sizes <ul style="list-style-type: none"> a. roller gauze b. elastic bandages c. triangular 	
11.20.1 Review the guidelines to be considered with the use of bandages.	B. Guidelines for use of Bandages <ul style="list-style-type: none"> 1. Applied snug enough to control bleeding and prevent movement of dressings 2. Should not be so tight that they interfere with circulation 3. Circulation of extremity checked below bandage 	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ol style="list-style-type: none"> 4. Signs/symptoms that indicate poor circulation should be reported immediately to supervisor such as: <ol style="list-style-type: none"> a. swelling b. cyanotic skin c. numbness d. tingling e. skin cold to touch f. pain or discomfort 5. Loosen bandages if any signs of impaired circulation noted and report to supervisor immediately. 	
<p>11.21 Demonstrate the procedure for applying elastic bandages.</p>	<p>XXI . Applying Elastic Bandages</p>	<p>DEMONSTRATE SKILL #53: Applying Elastic Bandages Student performs return demonstration</p>
<p>11.22 Discuss reasons for coughing and deep breathing exercises.</p>	<p>XXI I Coughing and Deep Breathing</p> <p>A. Purposes</p> <ol style="list-style-type: none"> 1. To prevent respiratory complications in certain at-risk residents <ol style="list-style-type: none"> a. persons on bed rest or reduced activity b. following surgery c. person with respiratory disorders 2. Two major complications prevented by coughing and deep breathing: <ol style="list-style-type: none"> a. pneumonia - inflammation of lung b. atelectasis - collapse of portion of lung <p>B. Physiology</p> <ol style="list-style-type: none"> 1. Deep Breathing <ol style="list-style-type: none"> a. increases level of oxygen in blood b. increases lung expansion 2. Coughing <ol style="list-style-type: none"> a. removes mucus from airways and lungs b. may cause collapse of lung if congestion not present 	<p>Provide handout on the anatomy of the respiratory system.</p> <p>Discuss new evidence that deep breathing is more important than coughing. Demonstrate use of spirometer.</p>

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> C. Considerations with deep breathing and coughing <ul style="list-style-type: none"> 1. Doctors order exercises 2. Frequency of performing exercise varies per doctor's order 3. Nurse aides receive instructions from supervisor 4. Coughing may cause pain and be difficult to perform 	
<p>11.23 Demonstrate the procedure for assisting with coughing and deep breathing exercises.</p>	<p>XXIII. Assisting With Coughing And Deep Breathing Exercises</p>	<p>DEMONSTRATE SKILL #54: Assisting With Coughing And Deep Breathing Exercises Student performs return demonstration</p>
<p>11.24 Discuss the purpose of elastic stockings.</p>	<p>XXIV. Elastic Stockings (Anti-embolitic Hose)</p>	
	<ul style="list-style-type: none"> A. Purpose <ul style="list-style-type: none"> 1. Provide support 2. Provide comfort 3. Promote circulation by providing pressure 4. Reduce risk of thrombus formation 	
<p>11.24.1 Discuss indications for use of elastic stockings.</p>	<ul style="list-style-type: none"> B. Indications for use <ul style="list-style-type: none"> 1. Residents with heart disease and circulatory disorders 2. Residents on bed rest 3. Residents who recently had surgery 4. Prevention of blood clots (thrombi) 	<p>Have the class identify signs and symptoms of impaired circulation.</p>
<p>11.24.2 Discuss action of elastic stockings in the prevention of blood clots.</p>	<ul style="list-style-type: none"> a. blood clots form (blood flow is sluggish) b. usually develop in deep leg veins c. can break loose and travel though blood stream (then known as embolus) d. embolus can travel to the lungs and possibly cause death e. elastic stockings exert pressure on veins, promoting venous blood flow to heart f. also known as anti-embolitic stockings or TED hose 	<p>Show the class different sizes of TED hose.</p>
	<ul style="list-style-type: none"> D. Fitting of stockings <ul style="list-style-type: none"> 1. Come in thigh high or knee high lengths 	

Section Two: Personal Care and Basic Nursing Skills

Unit 11: Resident Care Procedures

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> 2. Resident must be measured to ensure proper fit <p>E. Applying and Removing Elastic Stockings (TED hose)</p> <ul style="list-style-type: none"> 1. Apply before resident gets out of bed 2. Remove at least twice a day or as ordered by physician 3. Must have physician's order 	
11.25	<p>XXV. Applying and Removing Elastic Stockings (TED Hose)</p>	<p>DEMONSTRATE SKILL #55: Applying and Removing Elastic Stockings (TED Hose) Student performs return demonstration</p>
11.26	<p>XXVI. Applying Nonsterile Dressing</p> <ul style="list-style-type: none"> A. Covering applied to wound or injured body part where slight risk of infection or re-injury B. Materials come in various types and sizes: <ul style="list-style-type: none"> 1. Gauze pads 2. Band-aids 3. Thick compresses 	
11.27	<p>XXVII. Applying a Nonsterile Dressing</p>	<p>DEMONSTRATE SKILL #56: Applying Nonsterile Dressing Student performs return demonstration</p>

Unit 12

Caring for Resident When Death Is Imminent and Following Death

Introduction

Death is defined as the final stage of life. The nurse aide will need to develop a realistic attitude toward the topic of death to meet the physical and psychological needs of the resident and the family as they experience the dying process. This unit also includes care of the body following death.

Suggested Instructional Resource Materials

Video on death and dying and hospice

Skill Performance Checklist

57. Performing Postmortem Care

Terminology

1. **Critical** - a term used for residents that are dangerously or terminally ill.
2. **Denial** - a defense mechanism in which an occurrence or observation is refused recognition as reality in order to avoid anxiety or pain.
3. **Diaphoresis** - profuse sweating or perspiration.
4. **Morbid** - characterized by disease or abnormality.
5. **Postmortem** - after (post) death (mortem).
6. **Rigor Mortis** - the stiffening of a dead body.
7. **Sacrament of the Sick** - last rights given by a clergyman to a person who is terminally ill.
8. **Shroud** - drape used for postmortem care.
9. **Terminal Illness** - an illness or injury for which there is no reasonable expectation of recovery.

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes
12.0 Explore personal feelings concerning the concept of death.	<ul style="list-style-type: none">I. Factors Influencing Attitudes<ul style="list-style-type: none">A. Personal ExperiencesB. Culture<ul style="list-style-type: none">1. Some fear death2. Others look forward to and accept deathC. Religion<ul style="list-style-type: none">1. Belief in life after death2. Reunion with loved ones3. Reincarnation4. Punishment for sins5. No afterlifeD. Age<ul style="list-style-type: none">1. Children view death as temporary2. Adults may develop fears of:<ul style="list-style-type: none">a. pain and sufferingb. dying alonec. separation from loved ones3. Elderly generally have fewer fears	
12.1 Identify the special needs of a dying resident.	<ul style="list-style-type: none">II. Special Needs of Dying Resident<ul style="list-style-type: none">A. Visits with family/significant othersB. Features of resident's room:<ul style="list-style-type: none">1. Pleasant as possible2. Lighting that meets resident's preferences3. Well ventilated4. Odor free5. Contains personal items which provide comfort and reassurance<ul style="list-style-type: none">a. picturesb. mementosc. cardsd. flowerse. religious objects	

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes
12.2 Identify eight comfort measures that may be used with the dying resident.	<ul style="list-style-type: none">B. Comfort Measures<ul style="list-style-type: none">1. Attention to skin care2. Good personal hygiene3. Oral hygiene - denture care4. Bedding changed as needed5. Back massages6. Frequent position changes<ul style="list-style-type: none">a. every two hoursb. P.R.N.7. Good body alignment<ul style="list-style-type: none">a. supportive devicesb. prevention of deformities and pressure ulcers8. Head of bed elevated to facilitate breathingC. Modified Diet	
12.3 Describe the nurse aide's role in relationship to the to the needs of the dying.	<ul style="list-style-type: none">III. Nurse Aide's Role<ul style="list-style-type: none">A. Source of strength and comfortB. Open and receptiveC. Know own feelings about death and do not project those feelings onto resident.D. EmpatheticE. Calm and efficientF. Normal tone of voiceG. Good listening skillsH. Non-judgmental	
12.4 Review the various reactions a resident may have as they face death.	<ul style="list-style-type: none">IV. Individual Resident's Reactions to Death<ul style="list-style-type: none">A. Accept or be resigned to deathB. Open and receptiveC. Communicate about uncertaintiesD. Fearful or angryE. Despairing and anxiousF. HostileG. Thoughtful and meditative	

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes	
12.5	List and describe the five stages of grief, death and dying.	<p data-bbox="625 280 1430 337">V. Five Stages of Grief, Death and Dying as described by Dr. Elisabeth Kubler-Ross</p> <p data-bbox="674 383 814 406">A. Denial</p> <ol data-bbox="747 415 1289 610" style="list-style-type: none">1. Defense mechanism2. Buffer against reality3. Emotional escape hatch4. Resident may request another opinion5. Resident may avoid discussion of death6. Feeling of, "This can't be happening to me." <p data-bbox="674 620 814 643">B. Anger</p> <ol data-bbox="747 652 1310 782" style="list-style-type: none">1. Bitterness and turmoil2. Sense of unfairness3. Blame of others such as health care workers4. Feeling of, "Why me?" <p data-bbox="674 792 863 815">C. Bargaining</p> <ol data-bbox="747 824 1331 1019" style="list-style-type: none">1. Turn to religious and spiritual beliefs2. Promises to God and others3. Comfort and hope when all seems lost4. Generally know this won't work5. Frustration and anger dissolve into depression6. "If only...I will" <p data-bbox="674 1029 873 1052">D. Depression</p> <ol data-bbox="747 1062 1150 1256" style="list-style-type: none">1. Belief that hope is lost2. Overwhelming despair3. Introverted and withdrawn4. Reminiscing and reviewing life5. Sleeplessness6. "I always wanted to" <p data-bbox="674 1266 873 1289">E. Acceptance</p> <ol data-bbox="747 1299 1255 1456" style="list-style-type: none">1. Calm and subdued interest in life2. Strives to complete unfinished business3. Helps loved ones accept death4. Needs others to validate worth of life5. "I've had a good life."	Have the class give examples of how they experienced the five stages during a time of loss or grief.

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> 4. Temperature <ul style="list-style-type: none"> a. elevated b. subnormal D. Urinary and anal incontinence E. Decreased peristalsis, abdominal distention F. Release of flatus G. Decreased pain H. Loss of consciousness 	
<p>12.7 Define the role of the nurse aide in the spiritual preparation for death.</p>	<p>VII. Nurse Aide's Role in Spiritual Preparation for Death</p> <ul style="list-style-type: none"> A. Priest, rabbi, minister or other clergy may be contacted at request of resident or family B. Privacy to be provided when clergy with resident C. Support resident's religious/spiritual practices even if different from that of nurse aide D. Listen respectfully to religious/spiritual beliefs E. Participate in religious practices if asked and acceptable F. Treat religious objects with care and respect: <ul style="list-style-type: none"> 1. medals 2. pictures 3. statues 4. bibles G. Encourage family and friends to be included 	
<p>12.7.1 Contrast the spiritual preparation for death practiced by those of various religions.</p>		<p>Have the class share customs and rituals of other cultures that they have heard of or are familiar with from experience.</p>
<p>12.8 Identify the needs of the family as they encounter the dying process.</p>	<p>VIII. Nurse Aide's Role in Meeting Family Needs</p> <ul style="list-style-type: none"> A. Available for support B. Use touch as appropriate C. Courteous and considerate D. Respect right to privacy E. Let family assist with care, if they desire, where appropriate F. Use good communication skills G. Listen and provide understanding throughout the grief/loss stages H. Answer questions or refer to supervisor 	

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes
12.9 Discuss the hospice philosophy.	<p>I X. Hospice Care</p> <ul style="list-style-type: none"> A. Health care service offered: <ul style="list-style-type: none"> 1. In hospitals and extended care facilities 2. By special facilities 3. Usually in the individual's home B. Continuing care provided by team of health professionals C. Designed for residents with terminal illness D. Acceptance of death as imminent (6 months or less) E. Assures that individual dies with dignity and comfort F. Not concerned with cure or life-saving procedures G. Emphasis on pain relief H. Trained volunteers and professionals make regular visits. I. Provides counseling for individual and family: <ul style="list-style-type: none"> 1. Emotional 2. Psychological 3. Spiritual 4. Financial 5. Bereavement J. Family included in all aspects of care as desired 	Speaker: Representative from local hospice.
12.10 Discuss the meaning of postmortem care.	<p>X. Postmortem Care - Care of body after (post) death (mortem).</p> <ul style="list-style-type: none"> A. Begin care when instructed by supervisor B. Treat body to privacy, respect and gentleness C. Give care before rigor mortis sets in 	
12.11 List five reasons for doing postmortem care.	<p>XI. Reasons for Postmortem Care</p> <ul style="list-style-type: none"> A. Prevent discoloration and skin damage B. Maintain good appearance of body C. Identify body and prepare for transportation D. Position body in normal alignment E. Arrange time family to view the body 	

Section Two: Personal Care and Basic Nursing Skills

Unit 12: Caring for Resident When Death Is Imminent and Following Death

Objectives	Course Content	Resource Materials/Activities/Notes
12.12 Demonstrate the procedure for postmortem care.	XII. Performing Postmortem Care	DEMONSTRATE SKILL #57: Postmortem Care Student performs return demonstration

Unit 13

Basic Restorative Services

Introduction

This unit explores various aspects of restorative care and the role of the nurse aide in this process. Disease, injuries and surgery are often responsible for the loss of a body part or the loss of bodily function. Working with the elderly and disabled requires a great deal of patience, caring and understanding from health care workers. Working together to assist the resident to attain the highest possible level of functioning can be a very challenging and rewarding experience.

Suggested Instructional Resource Materials

Video on rehabilitation of the disabled

Ambulation devices and transfer aids

Skill Performance Checklists

58. Assisting to Ambulate Using Cane or Walker
59. Using Mechanical Lift (Hoyer)
60. Performing Range of Motion Exercises
61. Assisting to Dangle, Stand and Walk
62. Transferring from Bed to Chair
63. Transferring from Bed to Wheelchair
64. Transferring from Bed to Stretcher

Terminology

1. **Active range of motion** - performed by the resident.
2. **Ambulation** - moving about or walking in an upright position.
3. **Assistive Device** - apparatus that enables an individual to perform activities by compensating for a disability.
4. **Immobilize** - cause a part of the body to be unmovable- (e.g., casts or splints applied to limbs).
5. **Passive range of motion** - is performed by a health care worker when a resident is unable to carry out such movements, or when active range of motion is medically contraindicated.
6. **Potential** - capable of development into actuality.
7. **Prosthesis** - an artificial substitute for a missing body part (e.g., dentures, artificial limbs).
8. **Restoration/Rehabilitation** - process of restoring a disabled individual to the highest level of physical, psychological, social and economic functioning possible.
9. **Range of Motion (ROM) exercises** - a series of exercises designed to move each joint through its range.

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.0 Demonstrate skills which incorporate principles of restorative care under the direction of the supervisor.	I. Rehabilitation/Restoration <ul style="list-style-type: none"> A. Definition - process of restoring disabled individual to highest level of physical, psychological, social and economic functioning possible B. Emphasis on existing abilities C. Encourages independence D. Promotes productive lifestyle E. Goals include: <ul style="list-style-type: none"> 1. Prevention of complications 2. Retraining in lost skills 3. Learning new skills F. Nurse Aide's Role <ul style="list-style-type: none"> 1. Encourage resident 2. Praise accomplishments 3. Review skills taught 4. Report progress or need for additional teaching 5. Promote independence <ul style="list-style-type: none"> a. praise all attempts at independence b. overlook failures c. show confidence in resident's ability d. be patient and make time for residents to do things for themselves 6. Be sensitive and understanding 	Role-play situations having the students encourage resident independence.
13.1 Identify the nurse aide's role in rehabilitation/restoration.		
13.2 Provide training in and the opportunity for self-care according to the resident's capabilities.	II. Self-Care According to Resident's Capabilities <ul style="list-style-type: none"> A. Training in self-care requires that three questions be answered prior to starting: <ul style="list-style-type: none"> 1. What is the goal to be achieved? 2. What approaches are used to help the resident achieve the goal? 3. How will progress or lack of progress be measured? B. Resident included in goal-setting process, whenever possible. C. Functional losses cause: 	Have the class discuss the importance of motivation in achieving goals.

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
	<ol style="list-style-type: none"> 1. Resentment 2. Anger 3. Frustration 4. Withdrawal 5. Depression 6. Grief 	
	<p>D. Guidelines to assist with restorative care and retraining.</p> <ol style="list-style-type: none"> 1. Assist resident to do as much as possible for himself/herself 2. Be realistic 3. Never offer false hope 4. Explain what is going to be done 5. Begin tasks at resident's level of functioning 6. Provide encouragement and reinforcement 7. Praise successes 8. Emphasize abilities 9. Treat resident with respect 10. Explain what resident needs to accomplish, and how you will help. 11. Accept residents and encourage them to express their feelings 12. Help to put new skills into use immediately 13. Assist the resident to recognize his or her progress 	<p>List community social service agencies for the elderly.</p>
	<p>E. Treatment initiated by:</p> <ol style="list-style-type: none"> 1. Physical therapist 2. Occupational therapist 3. Speech therapist 4. Licensed nurse 	<p>Explain how the nurse aide can assist therapists with resident treatment.</p>
	<p>F. ADL considerations for resident:</p> <ol style="list-style-type: none"> 1. Resident to control how and when activities carried out, when possible 2. Use tact in making resident aware of hygiene needs 3. Encourage use and selection of clothing 4. Be patient and make time for slower paced activities 5. Provide for rest periods 6. Assist to exercise 	<p>Role-play your action if a resident has buttoned his/her sweater incorrectly.</p>

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.3 Discuss methods for assisting with bowel and bladder retraining.	<ul style="list-style-type: none"> 7. Promote independence by having do as much of activity, as possible 8. Encourage use of adaptive devices <p>III. Bowel and Bladder Retraining</p> <ul style="list-style-type: none"> A. Incontinence - inability to control urination or defecation <ul style="list-style-type: none"> 1. Embarrassing for resident 2. Uncomfortable B. Bowel retraining <ul style="list-style-type: none"> 1. Plan developed to assist to return to normal elimination pattern and recorded on care plan 2. Information collected: <ul style="list-style-type: none"> a. bowel pattern before incontinence b. present bowel pattern c. dietary practices 3. Participants in plan <ul style="list-style-type: none"> a. resident b. family c. all staff members 4. Guidelines for bowel retraining <ul style="list-style-type: none"> a. enemas may be ordered by physician and given by nurse aide, as directed by supervisor b. regular, specific times to evacuate bowels established c. fluids encouraged on regular basis d. high bulk foods given, if not restricted <ul style="list-style-type: none"> (1) fruits (2) vegetables (3) bread (4) bran cereals e. Bowel aids ordered by physician and administered by licensed nurse only: <ul style="list-style-type: none"> (1) laxatives (2) suppositories (3) stool softeners 	<p>Have the class divide into small groups and develop a plan for bowel or bladder retraining for a fictitious resident.</p> <p>Have students develop a list of high bulk foods.</p> <p>Suggest ways to provide exercise for residents in long-term care facilities.</p>

- f. regular exercise encouraged
- g. ways nurse aide can assist with defecation process:
 - (1) offer bedpan on set schedule
 - (2) assist to bathroom when request is made
 - (3) provide privacy
 - (4) display unhurried attitude
 - (5) offer warm drink
 - (6) be patient
 - (7) encourage with positive remarks
 - (8) do not scold when accidents happen (abuse)
 - (9) check on resident frequently
- C. Bladder retraining
 - 1. Plan developed to assist to return to normal voiding pattern and recorded on care plan
 - 2. Staff must be consistent and follow plan
 - 3. Individualized plan includes:
 - a. schedule that specifies time and amount of fluids to be given
 - b. schedule for attempting to void
 - 4. Guidelines for retraining
 - a. get resident's cooperation
 - b. record incontinent times
 - c. provide with opportunities to void:
 - (1) when resident awakens
 - (2) one hour before meals
 - (3) every two hours between meals
 - (4) before going to bed
 - (5) during night, as needed
 - d. provide for comfortable voiding position
 - e. be supportive and sensitive
 - f. provide encouragement
 - g. offer fluids according to schedule
 - h. provide stimuli as needed:
 - (1) run water in sink
 - (2) pour water over perineum

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.4 I identify ways to assist the resident in activities of daily living and encourage self-help activities.	(3) offer fluids to drink (4) place hands in warm water 5. Provide good skin care to prevent skin breakdown 6. Retraining may take 6-10 weeks a. be patient b. be supportive c. ignore accidents d. respect resident's feelings 7. Follow facility procedure for use of: a. incontinent pads b. adult protective pants c. incontinent briefs I V. Adaptive Devices for Assisting with Activities of Daily Living (ADL) A. Special utensils available to help with eating B. Electric toothbrushes for brushing teeth C. Long-handled brushes and combs for hair care D. Supportive devices to assist with walking - canes, crutches, walkers E. Wheelchairs and motorized chairs to provide movement from place to place F. Prosthesis to replace missing body parts G. Successful use of adaptive devices depends on the resident's: 1. Attitude 2. Acceptance of limitations 3. Motivation 4. Support from others	Review facility policy and procedures for bowel and bladder retraining.
13.5 Discuss the various ambulation devices and transfer aids.	V. Ambulation Devices and Transfer Aids A. Walker - four-point aid with rubber tips 1. Resident stands erect when moving walker forward 2. Walker adjusted to height of hip joint 3. Elbows at 15-30 degree angle	Have the class take turns using various adaptive devices to assist with ambulation.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">4. Walker picked up and put down, not slid5. Back legs of walker even with toes so resident walks into walker6. Resident steps toward center of walker7. Leads with weaker leg	
B.	<p>Canes</p> <ul style="list-style-type: none">1. Types:<ul style="list-style-type: none">a. single-tippedb. tripod - 3 legsc. quad - four point2. Used when weakness on one side of body and resident has use of at least one arm3. Provides balance and support4. Should be fitted properly:<ul style="list-style-type: none">a. cane handle level with femur (greater trochanter)b. elbow flexed at 15 to 30 degree anglec. shoulders level5. Gaits ordered by physician or physical therapist:<ul style="list-style-type: none">a. move cane and affected leg togetherb. move cane, then affected leg6. Used on side of body where leg is strongest (side opposite the injury)	
C.	<p>Crutches</p> <ul style="list-style-type: none">1. Provide support and stability through use of hands and arms.2. Used when one or both legs are weak.3. Measured to fit properly by physical therapist.<ul style="list-style-type: none">a. height correct if two fingers fit between armrest and axillab. hand grip adjusted to allow 20-30 degrees flexion of elbows4. Gaits<ul style="list-style-type: none">a. four-point gaitb. three-point gaitc. two-point gaitd. swing-to gait	<p>Speaker: Physical therapist to discuss the use and individual adjustments made to ambulation devices.</p>

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">e. swing-thru gait5. Weight supported on hand bar, not axilla	
D.	<p>Wheelchairs</p> <ul style="list-style-type: none">1. Available in different sizes and models to allow for proper fit and usage2. Cleaned with mild detergent and water, rinsed with water and dried3. Periodic maintenance needed with 3 in 1 oil4. Arm rests adjusted to appropriate height5. Feet rest flat on floor when chair is not moving6. Seat should not sag toward center of chair7. Seat should not reach back of resident's bent knees8. Brakes locked when chair not moving9. Wheelchair guided backwards when going downhill10. Wheelchair pulled backwards over indented or raised areas (i.e., entrance to elevators)11. Feet placed on footrests for transport.	
E.	<p>Gurneys/Stretchers/Litters</p> <ul style="list-style-type: none">1. Wheels locked when transferring residents on or off2. Safety belts secured prior to transfer3. Both side rails raised prior to transfer4. Residents never left alone on stretcher5. Backed head first into elevators6. Guided backwards when going downhill7. Cleaned with mild detergent and water, rinsed with water and dried8. Always used with assistance when transferring resident on or off9. Pushed feet first during transport	
F.	<p>Gait belt (safety belt, transfer belt)</p> <ul style="list-style-type: none">1. Used for residents unsteady on feet2. Protects resident who loses balance or faints3. Held at back4. Must be tight enough to provide support but loose enough to be comfortable	

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.5.1 I identify safety precautions to be considered by the nurse aide when using ambulatory devices.	5. Used to safely transfer resident G. Safety Considerations When Using Ambulatory Devices <ol style="list-style-type: none"> 1. Correct aids must be used because they are individually fitted 2. Resident observed closely to be sure aids are being used as ordered 3. Faulty equipment reported and not used until repaired 4. Shoes must fit and be in good condition 5. Skin breakdown reported 6. Rubber tips on aids in good condition. 	Suggest changes that may need to be made in a resident's room to accommodate an ambulatory aid.
13.6 Demonstrate the method used to assist a resident to ambulate using a cane or walker.	VI. Assisting to Ambulate Using Cane or Walker	DEMONSTRATE SKILL#58: Assisting to Ambulate Using Cane or Walker Student performs return demonstration
13.7 Discuss the use of mechanical lifts.	VII. Mechanical Lifts <ol style="list-style-type: none"> A. Used for transfer of residents B. Lower end of sling positioned behind knees C. Hooks turned away from body D. Straps, sling and clasps checked for defects E. Enough assistance available to assure safe transfer F. Area checked for safety hazards prior to transfer. 	
13.8 Demonstrate the procedure for transferring a resident using a mechanical lift (Hoyer).	VIII. Using a Mechanical Lift (Hoyer)	DEMONSTRATE SKILL #59: Using Mechanical Lift (Hoyer) Student performs return demonstration
13.9 Perform range of motion exercises as instructed by the physical therapist or supervisor.	IX. Range of Motion Exercises (Movements of all joints of body) <ol style="list-style-type: none"> A. Types of range of motion: <ol style="list-style-type: none"> 1. Active - resident exercises joints without help 2. Passive - another person moves body part for resident 	

Objectives	Course Content	Resource Materials/Activities/Notes
B.	Purpose of range of motion: <ol style="list-style-type: none">1. Maintains muscle tone2. Prevents deformities3. Increases circulation4. Encourages mobility	
C.	Guidelines when performing range of motion <ol style="list-style-type: none">1. Expose only part of body being exercised2. Be gentle and stop if resident complains of pain3. Use good body mechanics4. Follow directions from supervisor on number of times each joint to be exercised and how to perform exercises safely, based on each resident's condition.5. Each movement is repeated three (3) times unless otherwise ordered.6. Perform exercises on one side of the body and then repeat the exercises on the opposite side.7. Support joint as it is exercised8. Report complaints of pain or discomfort to supervisor9. Exercise joint slowly, smoothly and gently10. Do not exercise swollen, reddened joints; report condition to supervisor	Have class discuss why exercises would be completed on one side of the body before exercising joints on the opposite side.
D.	Types of Joint Movement: <ol style="list-style-type: none">1. Abduction2. Adduction3. Extension4. Hyperextension5. Flexion6. Plantar flexion7. Dorsiflexion8. Rotation9. Pronation10. Supination11. Eversion12. Inversion13. Radial deviation14. Ulnar deviation	Have the class define the various types of movements used for ROM exercises.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">a. broken shoe lacesb. heels and soles that are wornc. leather that is worn or tornd. damage from perspiration<ul style="list-style-type: none">(1) odors(2) stains	
F.	<p>Devices for Use with Amputation</p> <ul style="list-style-type: none">1. Definition of amputation - partial or complete removal of a body part<ul style="list-style-type: none">a. usually arm or legb. below knee most common amputation2. Examples of prosthetic devices:<ul style="list-style-type: none">a. artificial legb. artificial footc. artificial armd. artificial hand3. Prosthesis fitted and made for each individual.4. Devices must be handled with care and stored in appropriate place when not in use.5. Assisting with artificial limbs:<ul style="list-style-type: none">a. have right deviceb. check all parts for damagec. evaluate resident's limb for irritation and swellingd. pad area of prosthesis touching residente. clean according to individual instructionsf. report any needed repairs to supervisorg. observe and report any skin changes to supervisor	<p>Discuss the different types of artificial limbs.</p>
G.	<p>Breast Forms - used following removal of breast</p> <ul style="list-style-type: none">1. Assist female residents with adjustments of forms when dressing2. Follow care suggested by manufacturer3. Keep form separate and in safe place when handling clothing for laundry	

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.12 Assist the resident in the proper use of body mechanics.	XII. Body Mechanics for Residents A. Broad base of support leads to better balance and stability B. Keep weight the same on both feet C. Stoop using the hips and knees D. Keep the back straight E. Lift and carry objects close to body for better balance. F. Use both hands to lift or move objects G. Use smooth, even movements H. Do not bend or reach if injury possible; ask for help I. Do not twist body to reach an object J. Keep body in good alignment	See Unit 4 for review of body mechanics for the nurse aide. Many of the same principles apply to proper use of body mechanics for residents.
13.13 Provide assistance for the resident with dangling, standing and walking.	XIII. Dangling, Standing and Walking A. Dangling - sitting on edge of bed before getting up <ol style="list-style-type: none"> 1. Standing up too quickly may cause feeling of dizziness and fainting may occur 2. Dangling for several minutes allows resident to progress to standing and walking without feeling faint 3. Taking deep breaths helps to prevent light-headedness 4. Most common signs/symptoms if feeling faint: <ol style="list-style-type: none"> a. Pale face e. Complaints of dizziness or weakness 5. Return resident to supine position if they have difficulty dangling 6. If dangling is well tolerated, progress to standing position B. Standing <ol style="list-style-type: none"> 1. Get assistance if resident is weak or unsteady 	Discuss why a resident may become dizzy if getting up too quickly. Have class share times it may have happened to them and what it felt like. Role-play assisting each other to dangle, stand and ambulate.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none">2. Assist resident to stand by placing your arms under the resident's arms with hands around the shoulder blades, and use good body mechanics to assist to standing position3. Have resident stand by side of bed for several minutes prior to ambulating4. Return to bed or assist to chair if having difficulty standing5. If standing tolerated, progress to ambulating	
C.	<p>Ambulating</p> <ul style="list-style-type: none">1. Effects on body<ul style="list-style-type: none">a. stimulates circulationb. strengthens musclesc. relieves pressure on body partsd. increases joint mobilitye. improves function of digestive and urinary systemsf. increased independence leads to more positive self-imageg. provides sense of accomplishmenth. prevents lung congestion2. Encourage to ambulate as much as possible3. Suggest use of handrails for support4. If resident starts to fall, ease to the floor by:<ul style="list-style-type: none">a. grasping under armsb. resting buttocks against nurse aide's legc. sliding down aide's leg to floor5. Be prepared to assist, but encourage the resident to do as much as possible6. Safety considerations:<ul style="list-style-type: none">a. use gait beltb. get assistance if neededc. allow adequate time for walking so resident does not feel rushed	<p>Have the class practice assisting each other to fall.</p> <p>Discuss why it would be safer to assist a resident to fall instead of trying to prevent a fall.</p>

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes
13.14 Demonstrate the procedure for assisting the resident to dangle, stand and walk.	XIV. Assisting the Resident to Dangle, Stand, and Walk	DEMONSTRATE SKILL #61: Assisting to Dangle, Stand and Walk Student performs return demonstration
13.15 Provide cast care for the resident.	XV. Cast Care <ul style="list-style-type: none"> A. Cast used to immobilize body part, providing time for part to heal B. Cast materials <ul style="list-style-type: none"> 1. Plaster of Paris <ul style="list-style-type: none"> a. 24-48 hours to dry b. expands and gives off heat while drying 2. Fiberglass <ul style="list-style-type: none"> a. dries rapidly b. lighter than plaster casts 3. Plastic C. Care of Casts <ul style="list-style-type: none"> 1. Allow to air dry 2. Keep cast uncovered 3. Use pillows to support cast 4. Support cast with palms of hands 5. Never put pressure on cast 6. Turn and position frequently to allow air to circulate around cast 7. Maintain good body alignment 8. Keep cast dry 9. Observe cast for rough edges and report 10. Over-bed trapeze provided if appropriate 11. Observations to report to supervisor immediately: <ul style="list-style-type: none"> a. drainage b. odors c. swelling of fingers or toes, inability to move parts d. change in color of skin: paleness, cyanosis e. vomiting 	Have the class discuss the importance of reporting the observations listed to their supervisor.

Section Three - Restorative Care
 Unit 13: Basic Restorative Services

Objectives	Course Content	Resource Materials/Activities/Notes	
	<ul style="list-style-type: none"> f. elevated temperature g. skin irritation around edge of cast h. resident reports of: <ul style="list-style-type: none"> (1) pain (2) numbness (3) tingling sensations (4) chills (5) hot or cold skin (6) itching (7) tightness (8) inability to move fingers or toes (9) nausea 		
13.16	Demonstrate the proper technique for transferring a resident from a bed to a chair.	XVI. Transferring from Bed to Chair	DEMONSTRATE SKILL #62: Transferring from Bed to Chair Student performs return demonstration.
13.17	Demonstrate the proper technique for transferring a resident from a bed to wheelchair.	XVI. Transferring from Bed to Wheelchair	DEMONSTRATE SKILL #63: Transferring from Bed to Wheelchair Student performs return demonstration.
13.18	Demonstrate the proper technique for transferring a resident from a bed to a stretcher.	XVII. Transferring from Bed to Stretcher	DEMONSTRATE SKILL #64: Transferring from Bed to Stretcher Student performs return demonstration.

Unit 14

Prevention of Pressure Ulcers

Introduction

As a direct caregiver, the nurse aide will be the key team member in the prevention of pressure ulcers. Knowledge of the relationship between blood supply and tissue destruction, as well as the skills necessary to properly position residents to minimize the effects of pressure, are essential.

Suggested Instructional Resources Materials

Video on basic skills

Chart of stages of tissue destruction and related illustrations

Performance Checklists

- 65. Moving Up in Bed
- 66. Moving Up in Bed Using Turning Sheet
- 67. Positioning Resident On Side

Terminology

- 1. **Debride** - remove dead or unhealthy tissue.
- 2. **Eschar** - dark, hardened, dead tissue.
- 3. **Friction** - the rubbing of one surface against another.
- 4. **Necrosis** - tissue death.
- 5. **Pressure ulcer** - an area where the skin and underlying tissues are eroded due to pressure that interferes with circulation.
- 6. **Shearing** - takes place when the skin moves one way while the bone and tissue under the skin move another way.

Section Three: Restorative Care
 Unit 14: Prevention of Pressure Ulcer

Objectives	Course Content	Resource Materials/Activities/Notes
14.0 Discuss pressure ulcers and methods used to prevent them.	I. Pressure Ulcers A. Previously called decubitus ulcers or bed sores B. Caused by pressure on area of skin that interferes with circulation	Discuss how pressure on capillaries leads to tissue death.
14.1 Identify areas where pressure ulcers most frequently occur.	C. Occur where bones come close to the skin surface. <ol style="list-style-type: none"> 1. Toes, heels, ankles, knees 2. Hips, elbows, shoulders 3. Spine (especially tailbone area) 4. Ears, cheeks, collarbone area 5. Back of head D. Can develop where areas of body rub together and moisture collects, especially in obese residents	Discuss friction and how it would relate to pressure ulcers.
14.1.2 List the methods used to prevent the formation of pressure ulcers.	E. Methods used to prevent pressure ulcers <ol style="list-style-type: none"> 1. Keep skin clean and dry 2. Reposition residents at least every two hours 3. Keep linen dry and free of wrinkles and objects that cause pressure to the skin 4. Clean urine and feces from skin as soon as possible 5. Make sure clothing and shoes do not bind or constrict 6. Pat skin dry when bathing; never scrub 7. Encourage adequate nutrition and fluids. 8. Massage pressure points when the resident is repositioned 9. Report any changes in skin condition immediately 	Consider the need for repositioning of residents who spend long periods of time sitting. Discuss the importance of adequate fluids and good nutrition for health of the skin.
14.1.3 Identify devices used to prevent pressure ulcers.	F. Preventive devices used to prevent pressure ulcers <ol style="list-style-type: none"> 1. Bed cradle 2. Heel and elbow protectors 3. Flotation pads or cushions 4. Pillows 5. Water beds 6. Alternating pressure mattresses 7. Eggcrate mattresses 	Demonstrate the application of the heel and elbow protectors used in your facility. Demonstrate the use of preventive devices.

Section Three: Restorative Care
Unit 14: Prevention of Pressure Ulcer

Objectives	Course Content	Resource Materials/Activities/Notes
14.2.1 Discuss the various types of positions and suggest reasons for use.	<p>B. Types of Positions</p> <ol style="list-style-type: none">1. Dorsal recumbent position<ol style="list-style-type: none">a. flat on backb. knees slightly separated and flexedc. feet flat on bed2. Horizontal recumbent position – supine<ol style="list-style-type: none">a. flat on backb. legs slightly separated and extended3. Prone position<ol style="list-style-type: none">a. flat on abdomen with head turned to sideb. arms at sides or flexed on either side of head4. Side lying position<ol style="list-style-type: none">a. positioned on either sideb. head in straight line with spinec. pillows used to support head, back, arm, and leg5. Lateral position<ol style="list-style-type: none">a. positioned on either sideb. bottom arm extended behind back, top arm flexed in front of bodyc. top leg slightly flexed6. 30° Lateral Reclined Position<ol style="list-style-type: none">a. hips rotated 30 degreesb. pillow between kneesc. pillow under arm for comfort and to relieve pressure on elbowd. pressure relieved from sacrum and hip7. Fowler's position<ol style="list-style-type: none">a. sitting position in bed with head elevated at 45-60 degree angle.b. knees slightly flexedc. position causes pressure on sacrum and buttocks8. Sim's position<ol style="list-style-type: none">a. positioned on left sideb. left arm extended behind bodyc. right arm flexed in front of bodyd. right leg flexed toward abdomene. used for enema administration	Have the class demonstrate positioning and draping.

Section Three: Restorative Care
 Unit 14: Prevention of Pressure Ulcer

Objectives	Course Content	Resource Materials/Activities/Notes
14.3 Discuss moving, turning, positioning and lifting residents.	<p>III. Moving, Turning, Positioning and Lifting</p> <p>A. Good body mechanics necessary</p> <ol style="list-style-type: none"> 1. Prevents injury to resident 2. Protects nurse aide from injury 3. Good body alignment promotes comfort for resident <p>B. Safety major consideration</p> <ol style="list-style-type: none"> 1. Get help if needed 2. Receive directions from supervisor regarding any restrictions for positioning or movement 3. Protect and secure any special equipment being used by the resident prior to movement (e.g., drainage tubes). 4. Elevate bed to comfortable working level 5. Protect skin from friction <ol style="list-style-type: none"> a. roll when possible b. lift with assistance c. prevent sliding d. use turning sheet <p>C. Use postural supports as directed:</p> <ol style="list-style-type: none"> 1. Rolled blankets 2. Pillows 3. Rolled towels 4. Footboards 5. Bed cradles <p>D. Reposition at least every two hours or as directed</p> <ol style="list-style-type: none"> 1. Eliminates pressure on bony areas 2. Provides comfort 3. Exercises muscles 4. Moves joints 5. Stimulates circulation <p>E. Coordinate lifting and moving.</p> <ol style="list-style-type: none"> 1. Move on a certain count, usually count of three 2. Gain cooperation of resident 3. Have residents help themselves as much as possible 4. Use transfer belt (gait belt) when appropriate 5. When in doubt, always ask for assistance from co-workers 	Have students practice log-rolling technique.

Section Three: Restorative Care
 Unit 14: Prevention of Pressure Ulcer

Objectives	Course Content	Resource Materials/Activities/Notes
14.4 Demonstrate the procedure for moving the resident up in bed.	IV. Moving Up in Bed	DEMONSTRATE SKILL #65: Moving Up in Bed Student performs return demonstration.
14.5 Demonstrate the procedure for moving a resident up in bed using a turning sheet.	V. Moving Up in Bed Using Turning Sheet	DEMONSTRATE SKILL #66: Moving Up in Bed Using Turning Sheet Student performs return demonstration
14.6 Demonstrate the procedure for positioning a resident on side.	VI. Positioning Resident On Side	DEMONSTRATE SKILL #67: Positioning Resident On Side Student performs return demonstration
14.7 Discuss repositioning the resident in a chair or wheelchair.	VII. Repositioning Resident in Chair or Wheelchair <ul style="list-style-type: none"> A. Reasons for changing position every two hours or as directed <ul style="list-style-type: none"> 1. Promotes comfort 2. Reduces pressure 3. Increases circulation 4. Exercises joints 5. Promotes muscle tone B. Body kept in good alignment with head in straight line with spine C. Plastic or vinyl surface of chair covered, with use of pressure-relieving cushion preferred D. Pillows or soft blankets used for support E. Feet rest on floor or footrest of wheelchair F. Hips positioned well back in chair G. Weight shifting utilized in between repositioning 	

Unit 15

Restraints

Introduction

Under OBRA, residents have a right to be free from restraints. As a member of the multidisciplinary team, the nurse aide plays an integral role in achieving a restraint free environment. When alternatives to restraints are not effective, however, and the physician orders restraints, it becomes essential for the nurse aide to know the risks involved in caring for these residents.

Suggested Instructional Resource Materials

Video on restraints and alternatives

Federal regulations and interpretive guidelines in restraint use

State regulations

Skill Performance Checklists

68. Applying Restraints

69. Applying Safety Belt Restraint

Terminology

1. **Chemical Restraints** – any drug used to discipline a resident or to control actions of a resident for convenience of the staff.
2. **Physical Restraints** - any manual method, physical or mechanical device, material or equipment attached or next to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.

Section Four: Restraints

Unit 15: Restraints

Objectives	Course Content	Learning Activities
<p>15.0 Identify and discuss the safety precautions to be considered when using restraints.</p>	<p>I. Facts Regarding Restraints</p> <ul style="list-style-type: none"> A. Ordered by the physician when necessary to treat a medical symptom or provide emergency medical treatment B. Choice of restraint based on multidisciplinary evaluation for the least restrictive measure C. Types of acceptable restraints <ul style="list-style-type: none"> 1. hand or mitts 2. soft ties for wrists and ankles 3. vests and safety belts 3. lap cushions 4. lap trays D. Types of unacceptable restraints <ul style="list-style-type: none"> 1. using bed rails to keep resident from voluntarily getting out of bed 2. tucking in top sheet so tightly that resident cannot move 3. using wheel chair safety bars to prevent resident from getting out of chair 4. placing resident in wheel chair so close to a wall that the wall prevents resident from getting out of chair E. Reasons for use of acceptable restraints <ul style="list-style-type: none"> 1. Temporarily for life threatening medical conditions 2. Brief periods to allow medical treatment to proceed if there is documented evidence of resident or legal approval of treatment 	<p>Review State Operations Manual Tag F 221 and interpretative guidelines for nursing facilities.</p>
<p>15.1 List eight considerations that would be important when using restraints.</p>	<ul style="list-style-type: none"> F. May not be used for convenience or discipline G. Considerations when using restraints <ul style="list-style-type: none"> 1. Used to protect residents and not to aid staff 2. Restraints require physician's order 3. Need for restraint should be apparent (unnecessary use is false imprisonment) 4. Staff must provide for the restrained resident's basic needs, with special attention to elimination needs 5. Secure enough help to apply restraints quickly to prevent injury 	

Section Four: Restraints

Unit 15: Restraints

Objectives	Course Content	Learning Activities
	<ul style="list-style-type: none">6. Use reassurance in an attempt to calm agitated residents in restraints7. Apply according to manufacturer's directions	
	H. Safety measures for restrained residents	Discuss potential safety hazards to consider in restraint use.
	<ul style="list-style-type: none">1. Check on resident frequently2. Apply restraint only after you have received instructions in its use3. Protect bony areas and skin by padding them prior to applying restraint4. Adjust restraint so that it allows some movement, but is secure5. Assure that resident can breathe easily in a vest restraint6. Check pulse, color and temperature of any restrained extremity and breathing of resident in vest restraint every 15 minutes7. Use slip knot to tie restraint for quick release8. Secure restraints to bed frame, <u>not</u> to side rails9. Loosen restraint, stay with resident, and use call signal to notify supervisor immediately<ul style="list-style-type: none">a. when unable to detect a pulse in restrained extremityb. when fingers/toes are cold, pale or blue in colorc. if resident complains of pain, discomfort, numbness, or tingling in restrained partd. when skin appears red or damaged under restrainte. when breathing is impaired with vest or safety belt restraint10. Carry scissors in pocket to cut restraints in emergency situations11. Remove restraints for 10 minutes and reposition resident every two hours12. Be sure resident needs are met when restrained13. Keep call signal within resident's reach	

Section Four: Restraints

Unit 15: Restraints

Objectives	Course Content	Learning Activities
	<ul style="list-style-type: none">I. Recording restraints should include:<ul style="list-style-type: none">1. The type of restraint<ul style="list-style-type: none">a. wristb. anklec. mittd. veste. waist belt2. Time restraint applied3. Each time restraint loosened and resident repositioned4. Time restraint removed5. Condition of residentJ. Observations and reporting should include:<ul style="list-style-type: none">1. Color and condition of skin under restraint2. Pulse rate, color and temperature of skin in restrained extremity3. Any complaints about restrained part4. Red or injured skin areas under restraint5. Respiratory rate and color of skin with vest and safety belt restraints	
15.2 Demonstrate the application of restraints	II. Applying Restraints	DEMONSTRATE SKILL #68: Applying Restraints Student performs return demonstration Practice on each other, using the types of restraints available in your facility.
15.3 Demonstrate the application of a safety belt restraint.	III. Applying Safety Belt Restraint	DEMONSTRATE SKILL #69: Applying Safety Belt Restraint Student performs return demonstration Have students discuss how they felt while being restrained.

Section Four: Restraints

Unit 15: Restraints

Objectives	Course Content	Learning Activities
15.4 Identify a sampling of alternatives to avoid the use of restraints.	IV. Alternatives to the Use of Restraints A. Using friends, family, volunteers or sitters B. Diverting with interesting activities C. Answering call signal promptly D. Exercise and outdoor activities E. Electronic warning devices on beds and doors F. Consistent reality orientation and staff assignments G. Having room close to nurses' station	Have students identify reasons that may cause a resident to appear to require restraints and how such situations can be handled without restraints.

Unit 16

Psychological Effects of Aging

Introduction

This unit deals with the feelings, emotional stress and psychological adjustments that are part of the aging process. It explores the physical and psychosocial needs of residents, and teaches the skills that the nurse aide will need to develop to provide understanding and compassionate care. Other topics covered include: age appropriate behavior, sexuality, reality orientation, dementia, Alzheimer's disease, confusion and developmental disabilities.

Suggested Instructional Resources Materials

Video on Alzheimer's disease

Sample resident care plan

Handout - Defense mechanisms

Handout - Maslow's hierarchy of needs

Handout - Erickson's tasks of personality development

Skill Performance Checklists - None

Terminology

1. **Adaptability** - ability to adjust.
2. **Alzheimer's Disease** - physical changes in the brain that lead to a loss of cerebral functioning.
3. **Apathy** - lack of emotion; indifference.
4. **Apprehensive** - fearful.

Terminology (Continued)

5. **Compassion** - sympathetic consciousness of another person's distress along with a desire to alleviate it.
6. **Coping** - dealing with or handling stress.
7. **Defense Mechanism** - psychological reaction or technique used as protection against a stressful environmental situation.
8. **Developmental Tasks** - tasks carried out as steps in the development of personality, frequently related to age.
9. **Disorientation** - inability to recognize time, place or persons.

Objectives	Course Content	Resource Materials/Activities/Notes
16.0 Discuss ways to meet the resident's basic human needs for life and mental well-being.	<ul style="list-style-type: none">I. Human Needs – something which is necessary for survival or mental well-being<ul style="list-style-type: none">A. Physical needs for survival and care to be given<ul style="list-style-type: none">1. Oxygen<ul style="list-style-type: none">a. elevate head of bedb. assist to sit up in chairc. report to supervisor if resident is cyanotic or short of breathd. assist with breathing exercises2. Food<ul style="list-style-type: none">a. feed residents unable to feed themselvesb. serve food<ul style="list-style-type: none">(1) with proper temperature(2) in friendly manner(3) in pleasant environment(4) in appropriate amountsc. make sure dentures are in place3. Water<ul style="list-style-type: none">a. make available within resident's reachb. provide fresh water at periodic intervals4. Shelter<ul style="list-style-type: none">a. provide for warmth with extra blanketsb. be sure residents are dressed properlyc. avoid drafts or drafty areas5. Sleep<ul style="list-style-type: none">a. minimize noise and lights during hours of sleepb. give back rub to relax residentc. report complaints of pain to supervisord. listen to concerns or worries the resident may wish to expresse. leave night light on in the resident's room, if requested6. Elimination<ul style="list-style-type: none">a. assist to bathroom as neededb. provide bedpan and/or urinal	Discuss additional ways to meet the resident's basic needs.

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> c. provide for privacy d. change soiled linen immediately e. following routine for bowel and bladder retraining as directed 	
	<ul style="list-style-type: none"> 7. Activity <ul style="list-style-type: none"> a. ROM exercises as directed b. turn and reposition at least every two hours c. assist with activity as directed d. encourage movement e. encourage interesting recreational activities 	Prepare a list of ideas that could be used to meet the resident's need for activity.
	<ul style="list-style-type: none"> B. Safety and Security Needs <ul style="list-style-type: none"> 1. Provide for warmth 2. Establish familiar surroundings <ul style="list-style-type: none"> a. explain procedures. b. talk about "their" room c. keep your promises d. provide a safe environment e. promote use of personal belongings 3. Maintain order and follow routines, assisting resident to participate in establishing routine as often as possible 4. Assist to reduce fear and anxiety <ul style="list-style-type: none"> a. listen to resident's worries and report to supervisor b. ease concerns when possible c. check on residents frequently 5. Avoid rushing and assist resident in gentle manner 	Have students discuss how they meet their own needs for safety and security.
	<ul style="list-style-type: none"> C. Love and Affection Needs <ul style="list-style-type: none"> 1. Friendship 2. Social Acceptance 3. Closeness 4. Meaningful relationships with others 5. Love 6. Sexuality 	Consider movies you may have seen or situations you may have observed showing love, affection, and caring between children and grandparents, couples in their golden years, friendships that have lasted over many years. Share these experiences.

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> 7. Belonging <ul style="list-style-type: none"> a. need met by family/support system b. friends may meet this need 8. The nursing staff as family: <ul style="list-style-type: none"> a. take time to greet residents when you see them b. sit and visit for a few minutes when time allows c. show interest in residents d. display human warmth with a gentle touch e. show acceptance of an individual for his or her unique qualities f. provide care in a kind, friendly, considerate manner 	<p>Consider some of the little extra things you could do to provide a resident with the feeling of belonging. Share these ideas with the class.</p> <p>I identify some ways that pet therapy can meet a resident's needs.</p>
	<ul style="list-style-type: none"> D. Self-Esteem Needs <ul style="list-style-type: none"> 1. Value, worth or opinion of oneself 2. Seeing oneself as useful 3. Being well thought of by others 4. Nurse aide's responsibilities <ul style="list-style-type: none"> a. call resident by proper name b. praise accomplishments c. discuss current issues d. request resident's opinion e. show respect and approval 	<p>List ways to promote feelings of self-esteem in residents.</p>
	<ul style="list-style-type: none"> E. Need for Self-Actualization (experiencing one's potential) <ul style="list-style-type: none"> 1. Cannot occur until all other needs are met 2. A feeling that a person is what one wants to be 3. Rarely is this need totally met 4. Ways to help residents to meet this need <ul style="list-style-type: none"> a. assist to participate in meaningful activities b. assist to dress and help with grooming c. encourage independence d. encourage socialization e. share goals with residents and praise their success or accomplishments f. know what resident has accomplished in his/her lifetime and talk about these things 	<p>Discuss ways to identify and meet the nurse aide's personal needs.</p>

Objectives	Course Content	Resource Materials/Activities/Notes
16.1 I identify eight defense mechanisms that could be used by a resident in response to stress.	<ul style="list-style-type: none">F. Spiritual Needs<ul style="list-style-type: none">1. Residents have the right to worship and express their faith freely2. Guidelines for the nurse aide<ul style="list-style-type: none">a. respect resident's beliefsb. respect resident's religious objectsc. inform residents of the time and place for religious servicesd. assist resident to attend religious servicese. provide privacy for members of the clergy and residentsf. welcome members of the clergy	
16.2 Recognize how age, illness and disability affect sexuality.	<ul style="list-style-type: none">II. Coping Mechanisms<ul style="list-style-type: none">A. Established early in life as part of personality.B. List of defense mechanisms (unconscious behaviors)<ul style="list-style-type: none">1. Projection - blaming others2. Rationalization - false reason for situation3. Denial - pretending a problem doesn't exist4. Compensation - making up for a situation in some other way5. Displacement - transferring feelings about one person to another person6. Daydreaming - escape from reality7. Identification - idolizing another and trying to copy him/her8. Sublimation - redirecting feelings to constructive activityIII. Sexuality<ul style="list-style-type: none">A. Expressed by individuals of all agesB. A way to show feminine or masculine qualities<ul style="list-style-type: none">1. Clothing styles and colors2. Hairstyles	

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
	3. Hobbies and interests 4. Sexual habits (continue into old age) 5. Gestures	
	C. May be expressed by: <ol style="list-style-type: none"> 1. Sexual intercourse 2. Caressing, touching, holding hands 3. Masturbation D. Is a right of all residents to experience E. Guidelines for the nurse aide in dealing with resident sexuality <ol style="list-style-type: none"> 1. Assist to maintain sexual identity by dressing residents in clothing appropriate for men or women 2. Assist with personal hygiene 3. Assist to prepare for special activities by "dressing up" <ol style="list-style-type: none"> a. selecting attractive clothing b. fixing hair in a special way c. applying cosmetics d. wearing a special perfume or aftershave 4. Help to develop a positive self-image 5. Show acceptance and understanding for resident's expression of love or sexuality <ol style="list-style-type: none"> a. provide privacy b. always knock prior to entering a room at any time c. assure privacy when requested 6. Never expose the resident 7. Accept the resident's sexual relationships 8. Provide protection for the non-consenting resident 9. Be firm but gentle in your rejection of a resident's sexual advances 	Discuss appropriate reactions of personnel to various sexual activities performed by residents.
	F. Possible effects of injury or illness on sexuality <ol style="list-style-type: none"> 1. Disfiguring surgery may cause a person to feel: <ol style="list-style-type: none"> a. unattractive and ugly to others b. mutilated and deformed c. unworthy of love or affection 2. Chronic illness and certain medications can affect sexual functioning 	Have the class consider the various illnesses and injuries that affect sexuality and what the reaction of residents to others might be like as they compensate for their feelings.

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
16.3	I identify developmental tasks associated with aging.	IV. Developmental Tasks of Aging
	<ul style="list-style-type: none"> A. Adjustment to: <ul style="list-style-type: none"> 1. Retirement 2. Reduced income 3. Death of friends 4. Death of spouse 5. Physical changes 6. Loss of independence B. Creating new friendships and relationships C. Loss of vitality D. Integrating life experiences E. Preparation for death 	<p>Role play conversations that would help a resident to review life's challenges and accomplishments.</p>
	<ul style="list-style-type: none"> 3. Disorders that cause impotence <ul style="list-style-type: none"> a. diabetes mellitus b. spinal cord injuries c. multiple sclerosis d. alcoholism 4. Surgery can have both physical and/or psychological effects <ul style="list-style-type: none"> a. removal of prostate or testes b. amputation of a limb c. removal of uterus d. removal of ovaries e. removal of a breast f. colostomy g. ileostomy 5. Disorders affecting the ability to have sex <ul style="list-style-type: none"> a. stroke b. nervous system disorders c. heart disease d. chronic obstructive pulmonary disease e. circulatory disorders f. arthritis or conditions affecting mobility/flexibility 	

Section Five: Mental Health and Social Service Needs

Unit 16: Psychological Effects of Aging

	Objectives	Course Content	Resource Materials/Activities/Notes
16.4	Identify symptoms of depression and define the nurse aide's role in caring for a depressed resident.	<p>V. Depression</p> <p>A. Reasons for depression</p> <ol style="list-style-type: none"> 1. Loss of independence 2. Death of spouse or friend 3. Loss of job or home 4. Decreased memory 5. Terminal illness <p>B. Common signs and symptoms of depression</p> <ol style="list-style-type: none"> 1. Change in sleep pattern 2. Loss of appetite and weight loss 3. Crying, withdrawal from activities, appearing sad <p>C. Nurse aide's role in caring for the depressed resident</p> <ol style="list-style-type: none"> 1. Listen to feelings 2. Encourage to reminisce 3. Involve in activities 4. Encourage friends and family to visit 5. Report changes in eating, elimination or sleeping patterns 6. Avoid pitying the resident 7. Help to focus on reality 8. Monitor eating and drinking 9. Promote self-esteem 10. Report observations to supervisor 	<p>Discuss other causes of depression.</p> <p>Discuss how students express themselves when sad.</p> <p>Role play appropriate communication skills in working with a depressed resident.</p>
16.5	Identify the issues to be considered when elderly are unable to provide for their own needs in their own homes.	<p>VI. Issues Involving Care of the Elderly</p> <p>A. Amount of care needed</p> <p>B. Cost</p> <p>C. Nutritional needs</p> <p>D. Relationship with family/support system</p> <p>E. Location of family/support system</p> <p>F. Medical care needs</p> <p>G. The elderly person may experience:</p> <ol style="list-style-type: none"> 1. Living with a group of people 2. Less independence 	<p>Have the class discuss the issues involved when the elderly leave their homes for a retirement center, leisure community, or long-term care facility.</p> <p>Have the students consider what it would mean to have to leave his or her home and change lifestyle.</p>

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
	<ul style="list-style-type: none"> 3. Structured lifestyle 4. Less privacy 5. Difficulty adapting to change H. Decision made by individual or family for long-term care may cause stress 	<p>Review stereotypes and myths about the elderly.</p>
<p>16.6 Utilize the resident's family or established support system as a source of emotional support.</p>	<p>VII. Emotional Support for Residents</p> <ul style="list-style-type: none"> A. Family/support system meets needs for: <ul style="list-style-type: none"> 1. Safety 2. Security 3. Love 4. Belonging 5. Esteem B. Family/support system provides: <ul style="list-style-type: none"> 1. Comfort 2. Support 3. Relief from loneliness 4. Contact with familiar people and things 5. Mental stimulation 6. Reasons to live C. Ways to promote family involvement <ul style="list-style-type: none"> 1. Include in care conferences 2. Encourage to do some or all of personal grooming 3. Provide outside picnic areas, playground equipment, gardens 4. Provide area for family/support system parties 5. Invite families to scheduled activities 6. Encourage to assist with feeding if appropriate 7. Encourage to bring special foods or beverages for resident if allowed 8. Encourage time together D. Responsibilities of the Nurse Aide when dealing with family/support system members <ul style="list-style-type: none"> 1. Greet the family/support system 2. Address family members by name 3. Make family and friends feel welcome 	<p>Suggest ways that a spouse or significant other can assist with care for a resident if he or she wants to help.</p>

Objectives	Course Content	Resource Materials/Activities/Notes
16.7 I identify the symptoms displayed by residents with dementia.	<ol style="list-style-type: none">4. Provide for privacy5. Keep lines of communication open6. Understand that family and friends will do or say things to try and please the resident7. Use tact in dealing with family complaints and requests that you cannot honor8. Assist families to understand the facility and how it works9. Provide explanations for family questions or report to supervisor to assist the family with questions10. Reassure family as they cope with resident's actions, problems and concerns <p>VIII. Dementia (Group of Symptoms)</p> <ol style="list-style-type: none">A. Defined as a progressive loss of mental functioningB. Two categories of Dementia<ol style="list-style-type: none">1. Primary<ol style="list-style-type: none">a. no known causeb. irreversiblec. maybe treated but not completely curedd. examples of diseases causing dementia<ol style="list-style-type: none">(1) Alzheimer's disease(2) Parkinson's disease(3) Huntington's Chorea (genetic)2. Secondary<ol style="list-style-type: none">a. usually has known causeb. treatablec. reversible to some degreed. examples of secondary causes of dementia<ol style="list-style-type: none">(1) depression(2) minor stroke(3) thyroid dysfunction(4) medication inducedC. Symptoms of Dementia<ol style="list-style-type: none">1. Confusion2. Inability to reason accurately3. Recent memory loss	

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
16.8 Review the psychosocial characteristics and care needs of a person with Alzheimer's disease.	<p data-bbox="751 258 1104 451"> 4. Detailed long-term memory 5. Repetitious speech 6. Self-centered behavior 7. Agitation 8. Disorientation 9. Confabulation </p> <p data-bbox="590 493 879 516">I X. Alzheimer's Disease</p> <p data-bbox="657 561 1362 1455"> A. Defined as a progressive, 3-stage, incurable disease that involves changes in brain tissue B. Responsible for about half of the dementia seen C. Symptoms usually occur in people 50-69 years of age D. Affects more women than men E. Always ends in death 3-15 years after symptoms begin F. Signs and Symptoms <ol data-bbox="751 797 1146 1287" style="list-style-type: none"> 1. Irreversible loss of memory 2. Speech and writing difficulties 3. Disorientation 4. Difficulty walking <ol data-bbox="800 930 1104 1019" style="list-style-type: none"> a. loss of balance b. short steps c. spatial disorientation 5. Deterioration of mental functions <ol data-bbox="800 1062 1241 1287" style="list-style-type: none"> a. unable to make decisions b. loss of ability to make judgments c. changes in behavior <ol data-bbox="884 1162 1062 1287" style="list-style-type: none"> (1) restless (2) angry (3) depressed (4) irritable 6. Possible seizures 7. Coma and death G. Considerations for Care <ol data-bbox="751 1398 1205 1455" style="list-style-type: none"> 1. Assist to be as active as possible 2. Encourage in activities of daily living </p>	Define "confabulation".

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
16.9 Discuss disorders that cause confusion for residents.	<ol style="list-style-type: none"> 3. Orient to reality 4. Protect from injury 5. Maintain calm, consistent environment 6. Complete ADL at the same time each day 7. Use reality orientation 8. Same caregivers assigned to resident 9. Involve in simple, limited activities 10. Follow routines 11. Treat with patience and compassion 12. Support family 13. Communicate with simple phrases 14. Don't pose questions or ask to make choices <p>X. Confusion</p> <ol style="list-style-type: none"> A. Symptom or side effect of many disorders B. Disorders causing confusion <ol style="list-style-type: none"> 1. Stroke 2. Arteriosclerosis 3. Dementia 4. Alzheimer's Disease 5. Huntington's Chorea 6. Other causes <ol style="list-style-type: none"> a. drug reactions b. depression c. environmental changes d. vision and/or hearing loss e. dehydration f. poor nutrition g. decreased oxygen levels in blood h. head injury C. Condition can be permanent or temporary D. Reality Orientation used for confusion includes: <ol style="list-style-type: none"> 1. Facing resident and speaking clearly and slowly 2. Greeting the resident by name with each interaction 3. Identifying yourself with each interaction 	<p>Discuss wandering and "sundowning".</p> <p>Role-play conversations using reality orientation skills.</p>

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
16.10 I identify basic skills the nurse aide will need to use when caring for residents with developmental disabilities.	<ol style="list-style-type: none"> 4. Explaining care in simple terms prior to giving care 5. Frequently orienting the resident to the day, month, date, and time 6. Giving short, simple instructions 7. Encouraging residents to wear glasses or hearing aides 8. Communicating with touch and clear and simple comments and questions 9. Encouraging use of radio, television, newspapers, and magazines 10. Maintaining resident's routine 11. Giving only one direction at a time 12. Keeping the environment calm and relaxed 13. Providing clocks, calendars and bulletin boards to remind residents of time and activities 14. Dressing residents during the day and assisting them to stay on a day-night schedule 15. Discussing current topics 16. Reminiscing 17. Showing resident self-image in mirror 18. Providing recreational activities which reinforce reality orientation <p>XI. Developmental Disabilities</p> <ol style="list-style-type: none"> A. Diagnoses <ol style="list-style-type: none"> 1. mental retardation 2. cerebral palsy B. Guidelines for Care <ol style="list-style-type: none"> 1. Treat the individual with respect and dignity 2. Encourage residents to: <ol style="list-style-type: none"> a. make personal choices b. do as much as possible for themselves c. use age appropriate personal skills d. achieve their potential e. interact with others 	List other ways to orient the confused resident to reality.

Section Five: Mental Health and Social Service Needs
 Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
16.11 Identify ways to assist residents with cognitive impairments.	<ol style="list-style-type: none"> 3. Do not: <ol style="list-style-type: none"> a. act as resident's parent b. create dependency c. label or categorize residents 4. Provide privacy 5. Build resident's self-esteem <p>XII. Caring for Residents with Cognitive Impairment</p> <ol style="list-style-type: none"> A. Ways to Assist Stressed Residents: <ol style="list-style-type: none"> 1. Listen to concerns 2. Observe and report nonverbal messages 3. Treat with dignity and respect 4. Attempt to understand behavior 5. Be honest and trustworthy 6. Never argue with residents 7. Attempt to locate source of stress 8. Support efforts to deal with stress B. Ways to Assist Demanding Residents <ol style="list-style-type: none"> 1. Attempt to discover factors responsible for behavior 2. Display a caring attitude 3. Listen to verbal and nonverbal messages 4. Give consistent care 5. Spend some time with the resident 6. Agree to return to see the resident at a specific time and keep your promise C. Ways to Assist Agitated Residents <ol style="list-style-type: none"> 1. Encourage to talk about fears 2. Remind resident of past ability to cope with change 3. Encourage to ask questions about concerns 4. Involve in activities that promote self-esteem 5. Observe for safety and to prevent wandering away 6. Assign small tasks 7. Use reality orientation 	<p>Have the class discuss the many symptoms people refer to as "senility". Define "senility".</p>

Section Five: Mental Health and Social Service Needs
Unit 16: Psychological Effects of Aging

Objectives	Course Content	Resource Materials/Activities/Notes
D.	Ways to Assist Residents Displaying Paranoid Thinking <ol style="list-style-type: none"><li data-bbox="751 293 1388 354">1. Reassure the resident that you will provide for his or her safety<li data-bbox="751 358 1163 381">2. Realize behavior is based on fear<li data-bbox="751 391 1297 414">3. Avoid agreeing or disagreeing with comments<li data-bbox="751 423 1079 446">4. Provide calm environment<li data-bbox="751 456 1094 479">5. Involve in reality activities	Role-play situations in which residents show fear, frustration and anger, and how nurse aides should respond to these situations.
E.	Ways to Assist Combative Residents <ol style="list-style-type: none"><li data-bbox="751 526 1037 548">1. Display a calm manner<li data-bbox="751 558 1108 581">2. Avoid touching the resident<li data-bbox="751 591 1289 613">3. Provide privacy for out-of-control residents<li data-bbox="751 623 1079 646">4. Secure help if necessary<li data-bbox="751 656 1037 678">5. Do not ignore threats<li data-bbox="751 688 1108 711">6. Protect yourself from harm<li data-bbox="751 721 1297 743">7. Listen to verbal aggression without argument	Discuss ways that the nurse aide can unintentionally provoke a combative response in a resident.

APPENDIX A

INSTRUCTIONAL OBJECTIVES AND SKILL PERFORMANCE CHECKLISTS SUMMARY

APPENDIX A

INSTRUCTIONAL OBJECTIVES AND PERFORMANCE CHECKLIST SUMMARY
 All information should be completed as directed and kept in student file for a minimum of 5 years.

INSTRUCTIONAL OBJECTIVES

____ (Primary instructor's initials) I certify that the Instructional Objectives of the State-approved curriculum were met.

SKILLS PERFORMANCE CHECKLIST SUMMARY

Column A: Skill proficiency verified in lab (top of diagonal for date/bottom of diagonal for instructor's initials). All 69 skills should be performed in lab with documented proficiency of each skill.

Column B: Return demonstration in clinical (top of diagonal for date/bottom of diagonal for instructor's initials). All required skills should be performed. Other skills should be performed if possible.

SECTION ONE – Role & Function			Performance Summary	
Unit #	Skill Performance Checklists	Date Demonstrated by Instructor	Column A Proficiency Verified in Lab	Column B Performed in Clinical
2	1. Documenting on Medical Record			
3	2. Washing hands			
3	3. Putting On & Taking Off Mask & Protective Eyewear			
3	4. Putting On & Taking Off Gown & Gloves			
3	5. Removing Contaminated Disposable Gloves			
3	6. Disposing of Equipment from Unit with Transmission-Based Precautions			
3	7. Collecting Specimen From Resident Under Transmission-Based Precautions			
4	8. Performing Relief of Choking			
SECTION TWO – Personal Care & Basic Nursing Skills			Performance Summary	
6	9. Assisting with Dining/Feeding Resident Who Cannot Feed Self [MUST BE PERFORMED IN CLINICAL]			
6	10. Serving Supplementary Nourishment			
6	11. Providing Fresh Drinking Water			
8	12. Making Closed Bed			
8	13. Opening Closed Bed			
8	14. Making Occupied Bed			

SECTION TWO – Personal Care & Basic Nursing Skills (Con't.)			Performance Summary	
Unit #	Skill Performance Checklists	Date Demonstrated by Instructor	Column A Proficiency Verified in Lab	Column B Performed in Clinical
	* Performs at least 6 starred skills (15-29) in clinical setting.			
9	15. Assisting with Oral Hygiene *			
9	16. Providing Mouth Care *			
9	17. Providing Mouth Care for Unconscious Resident			
9	18. Assisting with Denture Care *			
9	19. Cleaning & Trimming Nails *			
9	20. Foot Care			
9	21. Assisting Resident with Shaving *			
9	22. Caring for Hair *			
9	23. Shampooing Hair in Bed *			
9	24. Dressing & Undressing *			
9	25. Giving Complete Bed Bath *			
9	26. Giving Partial Bath			
9	27. Giving Tub Bath or Shower *			
9	28. Giving Perineal Care *			
9	29. Giving Back Rub *			
10	30. Measuring Oral Temperature (with Non-mercury glass Thermometer)			
10	31. Measuring Axillary Temperature (with Non-mercury glass Thermometer)			
10	32. Measuring Rectal Temperature (with Non-mercury glass Thermometer)			
10	33. Measuring Temperature (Electronic or Tympanic)			
10	34. Counting Radial Pulse Rate [MUST BE PERFORMED IN CLINICAL]			
10	35. Measuring Apical Pulse			

SECTION TWO – Personal Care & Basic Nursing Skills (Con't.)			Performance Summary	
Unit #	Skill Performance Checklists	Date Demonstrated by Instructor	Column A Proficiency Verified in Lab	Column B Performed in Clinical
10	36. Counting Respirations [MUST BE PERFORMED IN CLINICAL]			
10	37. Measuring Blood Pressure – Manual [MUST BE PERFORMED IN CLINICAL]			
10	38. Measuring Blood Pressure – Electronic (Optional)			
10	39. Measuring Combined Vital Signs			
10	40. Measuring Height & Weight [MUST BE PERFORMED IN CLINICAL]			
10	41. Measuring & Recording Fluid Intake & Output			
11	42. Assisting with Use of Bathroom			
11	43. Assisting with Use of Bedside Commode			
11	44. Assisting with Use of Bedpan			
11	45. Assisting with Use of Urinal			
11	46. Providing Catheter Care			
11	47. Emptying Urinary Drainage Bag			
11	48. Collecting Routine Urine Specimen			
11	49. Applying & Caring for Condom Catheters			
11	50. Collecting Stool Specimen			
11	51. Administering Cleansing Enema			
11	52. Applying Warm or Cold Applications			
11	53. Applying Elastic Bandages			
11	54. Assisting with Coughing & Deep Breathing Exercises			
11	55. Applying & Removing Elastic Stockings or TED Hose			
11	56. Applying Non-sterile Dressing			
12	57. Performing Postmortem Care			

SECTION THREE – Restorative Care			Performance Summary	
Unit #	Skill Performance Checklists	Date Demonstrated by Instructor	Column A Proficiency Verified in Lab	Column B Performed in Clinical
	**Performs at least 3 double starred skills (58-67) in clinical setting.			
13	58. Assisting to Ambulate Using Cane or Walker **			
13	59. Using Mechanical Lift – Hoyer **			
13	60. Performing Range of Motion Exercises [MUST BE PERFORMED IN CLINICAL]			
13	61. Assisting to Dangle, Stand, & Walk **			
13	62. Transferring from Bed to Chair [MUST BE PERFORMED IN CLINICAL]			
13	63. Transferring from Bed to Wheelchair			
13	64. Transferring from Bed to Stretcher			
14	65. Moving Up in Bed **			
14	66. Moving Up in Bed using Turning Sheet **			
14	67. Positioning Resident on Side **			
SECTION FOUR – Restraints			Performance Summary	
15	68. Applying Restraints			
15	69. Applying Safety Belt Restraint			

Initials	Instructor's Name

Initials	Instructor's Name

APPENDIX B

REQUIRED SKILL PERFORMANCE CHECKLISTS INDEX

Nurse Aide I Curriculum
Skill Performance Checklists Index

Section One: Role and Function

- Unit 1 Introduction to Health Care
- None
- Unit 2 Communication and Interpersonal Skills
1. Documenting on Medical Record
- Unit 3 Infection Control
2. Washing Hands
 3. Putting On and Taking Off Mask and Protective Eyewear
 4. Putting On and Taking Off Gown and Gloves
 5. Removing Contaminated Disposable Gloves
 6. Disposing of Equipment from Unit with Transmission-Based Precautions
 7. Collecting Specimen From Resident Under Transmission-Based Precautions
- Unit 4 Safety and Emergency Procedures
8. Performing Relief of Choking
- Unit 5 Ethical and Legal Issues
- None

Section Two: Personal Care and Basic Nursing Skills

- Unit 6 Nutrition and Hydration
9. Assisting with Dining/Feeding Resident Who Cannot Feed Self
 10. Serving Supplementary Nourishment
 11. Providing Fresh Drinking Water
- Unit 7 Common Diseases and Conditions of Body Systems
- None
- Unit 8 The Patient's Environment
12. Making Closed Bed
 13. Opening Closed Bed
 14. Making Occupied Bed
- Unit 9 Personal Care and Grooming: Relationship to Self-Esteem
15. Assisting with Oral Hygiene (minimal assistance from nurse aide)
 16. Providing Mouth Care (minimal assistance from resident)
 17. Providing Mouth Care for Unconscious Resident
 18. Assisting with Denture Care
 19. Cleaning and Trimming Nails
 20. Foot Care
 21. Assisting Resident with Shaving
 22. Caring for Hair
 23. Shampooing Hair in Bed
 24. Dressing and Undressing
 25. Giving Complete Bed Bath

Section Two: Personal Care and Basic Nursing Skills (Cont.)

- Unit 9 Personal Care and Grooming: Relationship to Self-Esteem (Cont.)
26. Giving Partial Bath
 27. Giving Tub Bath or Shower
 28. Giving Perineal Care
 29. Giving Back Rub
- Unit 10 Basic Nursing Skills
30. Measuring Oral Temperature (Non-mercury Glass Thermometer)
 31. Measuring Axillary Temperature (Non-mercury Glass Thermometer)
 32. Measuring Rectal Temperature (Non-mercury Glass Thermometer)
 33. Measuring Temperature (Electronic or Tympanic Thermometer)
 34. Counting Radial Pulse Rate
 35. Measuring Apical Pulse
 36. Counting Respirations
 37. Measuring Blood Pressure (Manual)
 38. Measuring Blood Pressure (Electronic) (Optional)
 39. Measuring Combined Vital Signs
 40. Measuring Height and Weight
 41. Measuring and Recording Fluid Intake and Output
- Unit 11 Patient Care Procedures
42. Assisting with Use of Bathroom
 43. Assisting with Use of Bedside Commode
 44. Assisting with Use of Bedpan
 45. Assisting with Use of Urinal
 46. Providing Catheter Care
 47. Emptying Urinary Drainage Bag
 48. Collecting Routine Urine Specimen
 49. Applying and Caring for Condom Catheters
 50. Collecting Stool Specimen
 51. Administering Cleansing Enema
 52. Applying Warm or Cold Applications
 53. Applying Elastic Bandages
 54. Assisting with Coughing and Deep Breathing Exercises
 55. Applying and Removing Elastic Stockings or TED Hose
 56. Applying Nonsterile Dressing
- Unit 12 Death and Dying
57. Performing Postmortem Care

Section Three: Restorative Care

- Unit 13 Basic Restorative Services
58. Assisting to Ambulate Using Cane or Walker
 59. Using Mechanical Lift (Hoyer)
 60. Performing Range of Motion Exercises
 61. Assisting to Dangle, Stand and Walk
 62. Transferring from Bed to Chair
 63. Transferring from Bed to Wheelchair
 64. Transferring from Bed to Stretcher

Section Three: Restorative Care (Cont.)

- Unit 14 Prevention of Pressure Ulcer
65. Moving Up in Bed
 66. Moving Up in Bed using Turning Sheet
 67. Positioning Resident on Side

Section Four: Restraints

- Unit 15 Restraints
68. Applying Restraints
 69. Applying Safety Belt Restraint

Section Five: Mental Health and Social Service Needs

- Unit 16 Psychological Effects of Aging
- None

APPENDIX C

College/Facility-Developed Skill Performance Checklists For Lab and Clinical

APPENDIX C

College/Facility-Developed Skill Performance Checklists

Individual college/facility-developed skill performance checklists listed in Appendix B, *Skill Performance Checklists Index*, should be placed in this section. College/facility-developed skill performance checklists must include the following components:

- Student name
- Skill title
- DHSR skill number
- Numbered steps needed to perform the skill
- Blanks at each step to use for check-off

Two types of skills components are included in State competency evaluation - the first type, includes all the steps necessary to demonstrate the complete skill, and the second type, only a portion of the whole skill must be demonstrated. The college/facility should use the first type exclusively in lab and clinical (example, washes hands). The second type should be embedded within a complete form of the skill developed by the college/facility (example, performs passive range of motion (ROM) for one shoulder).

APPENDIX D

SKILL PERFORMANCE CHECKLISTS FOR STATE COMPETENCY EVALUATION *

The letter "C" at the beginning of each skill's title designates the skill as a competency evaluation skill.

* Critical Element Steps are in **bold type**.

C-WASHES HANDS

1. Identifies self to client by name, and addresses client by name
2. Turns on water at sink
3. Wets hands and wrists thoroughly
4. Applies skin cleanser or soap to hands
5. **Lathers all surfaces of hands, wrists, and fingers producing friction, for at least 15 (fifteen) seconds**
6. Clean fingernails by rubbing fingertips against palms of the opposite hand
7. Rinses all surfaces of wrists, hands, and fingers keeping hands lower than the elbows and the fingertips down
8. Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers
9. Uses clean, dry paper towel or knee to turn off faucet
10. Does not touch inside of sink at any time
11. Disposes of used paper towel(s) in wastebasket immediately after shutting off faucet

C-ASSISTS CLIENT TO AMBULATE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. **Before ambulating, puts on and properly fastens non-skid footwear**
3. Before standing client, places bed at a safe and appropriate level for the client
4. Stands in front of and facing client
5. Braces client's lower extremities
6. With transfer (gait) belt: Places belt around client's waist and grasps the belt, while assisting client to stand
Without transfer belt: Places arms around client's torso under client's arms, while assisting client to stand
7. With transfer belt: Walks slightly behind and to one side of client for the full distance, while holding onto the belt
Without transfer belt: Walks slightly behind and to one side of client for the full distance, with arm supporting client's back
8. After ambulation, assists client to a position of comfort and safety in bed and removes transfer belt, if used
9. Signaling device is within client's reach
10. Leaves bed in low position
11. Washes hands

C-ASSISTS CLIENT WITH USE OF BEDPAN

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Before placing bedpan, lowers head of bed
4. Puts on clean gloves before handling bedpan
5. **Places bedpan correctly under client's buttocks (Standard bedpan: Position bedpan so wider end of pan is aligned with client's buttocks; Fracture pan: Position bedpan with handle toward foot of bed)**
6. Raises head of bed after placing bedpan under client
7. Puts toilet tissue within client's reach
8. Leaves signaling device within client's reach while client is using bedpan
9. Asks client to signal when finished
10. Without removing gloves, candidate remains outside curtain until called by client
11. Lowers head of bed before removing bedpan
12. Removes bedpan
13. Empties and rinses bedpan, and pours rinse into toilet
14. Removes and disposes of gloves into wastebasket
15. Washes hands
16. Puts on clean gloves
17. Returns bedpan to proper storage
18. Assists client with hand washing and disposes of soiled washcloth or wipes in proper container
19. Avoids unnecessary exposure of client throughout procedure
20. Removes and disposes of gloves into wastebasket
21. Signaling device is within client's reach
22. Leaves bed in low position
23. **Washes hands**

C-CLEANS AND STORES DENTURES

1. Puts on gloves before handling dentures
2. Before handling dentures, protects dentures from possible breakage (e.g., by lining sink/basin with a towel/washcloth or by filling it with water)
3. Rinses dentures in cool running water before brushing them
4. Applies toothpaste or denture cleanser to toothbrush
5. Brushes dentures on all surfaces
6. Rinses all surfaces of dentures under cool running water
7. Rinses denture cup before placing clean dentures in it
8. Places dentures in clean denture cup with cool solution/water and then returns denture cup to proper storage (e.g., bedside)
9. Cleans and returns implements to proper storage
10. Maintains clean technique with placement of dentures and toothbrush throughout procedure
11. Disposes of sink liner in appropriate container or drains sink/basin
12. Removes and disposes of gloves into wastebasket
13. Washes hands

C-COUNTS AND RECORDS RADIAL PULSE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Places fingertips on thumb side of client's wrist to locate pulse
3. Count beats for one full minute.
4. Signaling device is within client's reach
5. Washes hands
6. **Records pulse rate within plus or minus 4 beats of evaluator's reading**

C-COUNTS AND RECORDS RESPIRATIONS

1. Explains procedure to client (for testing purposes), speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Counts respirations for one full minute.
3. Signaling device is within client's reach
4. Washes hands
5. **Records respiration rate within plus or minus 2 breaths of evaluator's reading**

C-DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
2. Provides for client's privacy during procedure with curtain, screen or door
3. Asks client which top he/she would like to wear and dresses him/her in top of choice.
4. Removes client's gown without completely exposing client. Removes garments from the unaffected side first, then remove garments from the affected side.
5. **Assists client to put the right (affected/weak) arm through the right sleeve of the top before placing garment on left (unaffected) arm.**
6. While putting on items, moves client's body gently and naturally, avoiding force and over-extension of limbs and joints
7. Finishes with client dressed appropriately (e.g., clothing right side out, zippers/buttons fastened, etc.)
8. Places gown in soiled linen container
9. Signaling device is within client's reach
10. Leaves bed in low position
11. Washes hands

C-FEEDS CLIENT WHO CANNOT FEED SELF

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Before feeding, picks up name card and verifies that client has received the tray prepared for him/her
- 3. Before feeding client, ensures client is in an upright sitting position**
4. Before feeding client, assists client to put on clothing protector
5. Sits facing client
6. Offers different types of food, allowing for client choices
7. Offers the food in bite-size pieces
8. Makes sure client's mouth is empty before next bite of food or sip of beverage
9. Offers beverage to client throughout the meal
10. Talks with client during meal
11. Wipes food from client's mouth and hands as necessary and at the end of the meal
12. Removes clothing protector and disposes in proper container
13. Removes food tray
14. Signaling device is within client's reach
15. Washes hands

C-GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Removes or folds back top bedding keeping client covered with bath blanket
4. Removes client's gown
5. Tests water temperature and ensures it is safe and comfortable before bathing client, and adjusts if necessary
6. Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each eye, washing inner aspect to outer aspect then proceeds to wash face.
7. Dries face with towel, using a blotting motion
8. Exposes one arm and places towel underneath arm.
9. Using soapy washcloth, washes arm, hand, and underarm
10. Rinses and dries arm, hand, and under arm.
11. Moves client's body gently and naturally, avoiding force and over-extension of limbs and joints throughout the procedure
12. Puts clean gown on client
13. Pulls up bedcovers and removes bath blanket
14. Empties, rinses, and wipes bath basin and returns to proper storage
15. Places soiled clothing and linen in soiled linen container
16. Avoids contact between candidate clothing and soiled linens/pads throughout procedure
17. Signaling device is within client's reach
18. Leaves bed in low position.
19. Washes hands

C-MAKES AN OCCUPIED BED

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Places clean linen on clean surface within candidate's reach (e.g., bedside stand, over-bed table, or chair)
3. Provides for client's privacy throughout procedure with curtain, screen, or door
4. Lowers head of bed before moving client
5. Loosens top linen from the end of the bed on working side
6. Unfolds bath blanket over the top sheet and removes top sheet
7. Raises side rail, goes to other side, moves client's body toward self, then slowly rolls client onto side toward raised side rail
8. Loosens bottom soiled linen on working side and moves bottom soiled linen toward center of bed
9. Places and tucks in clean bottom linen or fitted bottom sheet on working side (If flat sheet is used, tucks in at top and working side), then raises side rail
10. Goes to other side of bed, lowers side rail, then assists client to turn onto clean bottom sheet
11. Removes soiled bottom linen
12. Pulls and tucks in clean bottom linen, finishing with bottom sheet free of wrinkles
13. Covers client with clean top sheet and removes bath blanket
14. Changes pillowcase
15. Centers and anchors clean linen over client
16. Avoids contact between candidate's clothing and soiled linen throughout procedure
17. Disposes of soiled linen in soiled linen container
18. Signaling device is within client's reach
19. Leaves bed in low position
20. Washes hands

C-MEASURES AND RECORDS BLOOD PRESSURE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Before using stethoscope, wipes diaphragm and earpieces of stethoscope with alcohol
3. Exposes client's upper arm and positions arm with palm up
4. Locates brachial pulse with fingertips
5. Places blood pressure cuff snugly on client's upper arm, with sensor placed over artery
6. Places earpieces of stethoscope in ears
7. Places diaphragm over brachial artery
8. Candidate does one of the following;
 - a. Inflates cuff quickly between 160 mm Hg to 180 mm Hg. (If the beat is heard immediately upon deflation of the cuff, completely deflate the cuff. Then re-inflate cuff to no more than 200 mm Hg.) OR
 - b. Inflates the cuff 30 mm Hg beyond where radial or brachial pulse last heard or felt
9. Deflates cuff slowly and removes
10. Signaling device is within client's reach
11. Washes hands
12. **Records both systolic and diastolic pressures each within plus or minus 4 mm of evaluator's reading**

C-MEASURES AND RECORDS ORAL TEMPERATURE WITH NON-MERCURY GLASS THERMOMETER

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Puts on clean gloves before handling oral thermometer
3. Holds oral thermometer by stem
4. Before inserting oral thermometer in client's mouth, shakes oral thermometer down to 96 degrees F or lower
5. Places a sheath/protective cover on oral thermometer
6. Inserts bulb end of oral thermometer into client's mouth, under tongue and to one side
7. Tells client to hold oral thermometer in mouth with lips closed and assists as necessary
8. Leaves thermometer in place for at least 3 minutes (for testing purposes only, may leave thermometer in place for one minute)
9. Removes sheath/protective cover and disposes of in wastebasket
10. Reads oral thermometer before cleaning thermometer
11. Cleans oral thermometer and returns to container for used thermometers
12. Removes gloves and disposes of in wastebasket
13. Signaling device is within client's reach
14. Washes hands
15. **Records oral temperature within plus or minus 0.2 degrees of evaluator's reading**

C-MEASURES AND RECORDS URINARY OUTPUT

1. Puts on gloves before handling bedpan
2. Pours the contents of the bedpan into measuring container without spilling or splashing any of the urine
3. Measures the amount of urine at eye level
4. After measuring urine, empties contents of measuring container into toilet without splashing
5. Rinses measuring container and pours rinse water into toilet
6. Rinses bedpan and pours rinse water into toilet
7. Returns bedpan and measuring container to proper storage
8. Removes and disposes of gloves into wastebasket
9. Washes hands before recording output
- 10. Records contents of container within plus or minus 25 ml of evaluator's reading.**

C-MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Starts with scale balanced at zero before weighing client
3. Assists client to step up onto center of the scale
4. Determines client's weight
5. Assists client off scale before recording weight
- 6. Records weight within plus or minus 2 lbs. of evaluator's reading**
7. Signaling device is within client's reach
8. Washes hands

C-PERFORMS PASSIVE RANGE OF MOTION (ROM) FOR ONE KNEE AND ONE ANKLE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Supports client's leg at knee and ankle while performing range of motion for knee
4. Bends the knee to the point of resistance and then returns leg to client's normal position.
(extension/flexion) (REPEAT AT LEAST 3 TIMES)
5. Supports foot and ankle close to the bed while performing range of motion for ankle
6. Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down
(plantar flexion) (REPEAT AT LEAST 3 TIMES)
7. **While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion to the point of resistance, discontinuing exercise if pain occurs**
8. Signaling device is within client's reach
9. Leaves bed in low position
10. Washes hands

C-PERFORMS PASSIVE RANGE OF MOTION (ROM) FOR ONE SHOULDER

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Supports client's arm at elbow and wrist, while performing range of motion for shoulder
4. Raises client's straightened arm from side position forward to above head and returns arm to side of body (flexion/extension)
(REPEAT AT LEAST 3 TIMES)
5. Raises arm to side position above head and returns arm to side of body (abduction/adduction)
(REPEAT AT LEAST 3 TIMES)
6. **While supporting the limb, moves joint gently, slowly, and smoothly through the range of motion to the point of resistance, discontinuing exercise if pain occurs**
7. Signaling device is within client's reach
8. Leaves bed in low position
9. Washes hands

C-POSITIONS CLIENT ON SIDE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Before turning client, lowers head of bed
4. Raises side rail on side to which client's body will be turned, goes to other side and moves client's body toward self
5. Slowly rolls client onto side toward raised side rail while supporting client's body
6. Places or adjusts pillow under client's head for support
7. Adjusts shoulder so client is not lying on arm
8. Supports top arm with body or supportive device
9. Places supportive device behind client's back
10. Places supportive device between legs with top knee flexed; knee and ankle supported
11. Covers client with top linen
12. Signaling device within client's reach
13. Leaves bed in low position
14. Washes hands

C-PROVIDES CATHETER CARE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Tests water temperature in basin to determine if it is safe and comfortable before washing, and adjusts if necessary
4. Puts on gloves before contact with linen and/or client
5. Places towel or pad under client's buttocks before washing
6. Covers client with bath blanket and moves top linens to foot of bed
7. Exposes only area surrounding catheter
8. Applies soap to wet washcloth and cleans area around urinary meatus using a clean area of washcloth for each stroke.
9. **Holds catheter near meatus without tugging while cleaning at least four inches of catheter nearest meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
10. **Rinses at least four inches of catheter nearest meatus, moving only in one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
11. Replaces top covers and removes bath blanket
12. Disposes of linen in soiled linen container
13. Avoids contact between candidate clothing and soiled linen/pads throughout procedure
14. Empties, rinses, and wipes basin and returns to proper storage
15. Removes and disposes of gloves into wastebasket.
16. Signaling device is within client's reach
17. Leaves bed in low position
18. Washes hands

C-PROVIDES FINGERNAIL CARE ON ONE HAND

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen, or door
3. Tests water temperature and ensures it is safe and comfortable before immersing client's fingers in water, and adjusts if necessary
4. Basin placed at a comfortable level for client
5. Soaks client's fingers (fingernails) in basin of water
6. Puts on clean gloves before cleaning under fingernails
7. Cleans under each fingernail with orangewood stick
8. Wipes orangewood stick on towel after each nail
9. Dries client's hand/fingers, including between fingers
10. Grooms nails with file or emery board
11. Finishes with nails smooth and free of rough edges
12. Empties, rinses, and wipes basin, and returns to proper storage
13. Disposes of soiled linen in soiled linen container
14. Removes and disposes of gloves in wastebasket
15. Signaling device is within client's reach
16. Washes hands

C-PROVIDES FOOT CARE ON ONE FOOT

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Tests water temperature and ensures it is safe and comfortable before placing client's foot in water, and adjusts if necessary
4. Places basin at comfortable position on protective barrier
5. Completely submerges and soaks foot in water
6. Puts on clean gloves before washing foot
7. Washes entire foot, including between the toes, with soapy washcloth
8. Rinses entire foot, including between the toes
9. Dries entire foot, including between the toes
10. Applies lotion to top and bottom of foot, removing excess (if any) with a towel
11. Supports foot and ankle properly throughout procedure
12. Empties, rinses, and wipes bath basin, and returns to proper storage
13. Disposes of soiled linen in soiled linen container
14. Removes gloves and disposes of in wastebasket
15. Signaling device is within client's reach
16. Washes hands

C-PROVIDES MOUTH CARE

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy throughout procedure with curtain, screen, or door
3. Before providing mouth care, ensures client is in an upright sitting position
4. Puts on clean gloves before cleaning client's mouth
5. Places towel across client's chest before providing mouth care
6. Moistens toothbrush or toothette
7. Applies toothpaste to toothbrush or toothette
8. **Cleans entire mouth (including tongue and all surfaces of teeth), using gentle motions**
9. Assists client to rinse his or her mouth
10. Holds emesis basin to client's chin
11. Wipes client's mouth and removes towel
12. Disposes of soiled linen in soiled linen container
13. Maintains clean technique with placement of toothbrush or toothette throughout the procedure
14. Empties, rinses, and wipes basin, rinses toothbrush (if used), and returns to proper storage
15. Removes and disposes of gloves into wastebasket
16. Signaling device is within client's reach
17. Leaves bed in low position
18. Washes hands

C-PROVIDES PERINEAL CARE (PERI-CARE) FOR INCONTINENT CLIENT

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Tests water temperature and ensures it is safe and comfortable before washing, and adjusts if necessary
4. Puts on gloves before contact with linen, incontinent pad, and/or client
5. Covers client with bath blanket and moves top linens to foot of bed
6. Protects client from wet incontinent pad while keeping bed clean and dry (e.g., rolls pad into itself with wet side in/dry side out or removes pad and uses clean, dry pad or protective linen)
7. Exposes only perineal area
8. **Washes perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke**
9. **Rinses perineal area, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke**
10. Dries perineal area moving from front to back, using a blotting motion with towel
11. Turns client on side
12. Washes, rinses, and dries buttocks and peri-anal area
13. Replaces wet incontinent pad with dry incontinent pad
14. Repositions client
15. Replaces top covers and removes bath blanket.
16. Disposes of soiled linen and incontinent pad in proper containers
17. Avoids contact between candidate clothing and soiled linens/pads throughout procedure
18. Empties, rinses, and wipes basin and returns to proper storage
19. Removes and disposes of gloves into wastebasket
20. Signaling device is within client's reach
21. Leaves bed in low position
22. Washes hands

C-PUTS ONE KNEE-HIGH ELASTIC STOCKING ON CLIENT

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Turns stocking inside-out at least to heel area
4. Places foot of stocking over toes, foot, and heel
5. Pulls top of stocking over foot, heel, and leg
6. Moves client's foot and leg gently and naturally, avoiding force and over-extension of limb and joints throughout the procedure
7. **Finishes procedures with no twists or wrinkles and stocking properly placed**
8. Signaling device is within client's reach
9. Leaves bed in low position
10. Washes hands

C-TRANSFERS CLIENT FROM BED TO WHEELCHAIR

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Provides for client's privacy during procedure with curtain, screen or door
3. Positions wheelchair close to bed.
4. Before transferring client, folds up footrests
5. Before transferring client, places bed at a safe and appropriate level for the client
6. **Before transferring client, locks wheels on wheelchair**
7. Before transferring client, checks and/or locks bed wheels
8. Before transferring client, supports client's back and hips and assists client to sitting position with feet flat on the floor
9. Before transferring client, puts non-skid footwear on client and securely fastens
10. With transfer (gait) belt: Stands in front of client, positioning self to ensure safety of candidate and client during transfer (e.g., knees bent, feet apart, back straight), places belt around client's waist, and grasps belt
Without transfer belt: Stands in front of client, positioning self to ensure safety of candidate and client during transfer (e.g., knees bent, feet apart, back straight, arms around client's torso under the arms)
11. Provides instructions to enable client to assist in transfer
12. Braces client's lower extremities to prevent slipping
13. Counts to three (or says other prearranged signal) to alert client to begin transfer
14. On signal, gradually assists client to stand
15. Assists client to pivot to front of wheelchair with back of client's legs against wheelchair
16. Lowers client into wheelchair
17. Positions client with hips touching back of wheelchair and removes transfer belt, if used
18. Positions client's feet on footrests
19. Signaling device is within client's reach
20. Washes hands