13 Personal Care Skills

1. Describe the home health aide's role in assisting clients with personal care

Personal care is different from other tasks that HHAs may perform for clients, such as cleaning, shopping, or preparing meals. The term *personal* refers to tasks that are concerned with the person's body, appearance, and hygiene, and suggests privacy may be important. **Hygiene** (*HIGH-jeen*) is the term used to describe practices to keep bodies clean and healthy. Bathing and brushing teeth are two examples. **Grooming** refers to practices like caring for fingernails and hair, shaving, and applying makeup. Hygiene and grooming activities, as well as dressing, eating, drinking, transferring, and elimination, are called **activities of daily living** (**ADLs**).

Some people who are recovering from an illness or an accident may not have the energy to care for themselves. They may also need help with personal care due to any of the following:

- A person has a long-term, chronic condition
- A person is frail because of advanced age
- A person is permanently disabled
- A person is dying

These clients may need assistance with their personal care, or they may need home health aides to provide it for them entirely. HHAs may provide or help with any or all of this personal care: bathing, **perineal** (*payr-i-NEE-al*) **care** (care of the genital and anal area), elimination, mouth care, shampooing and combing the hair, nail care, shaving, dressing, eating, drinking, walking, transferring, and changing bed linens. Each of the required tasks will be specified in the care plan.

Some clients may never be able to care for themselves, while other clients will regain strength and be able to perform their own personal care. An important part of a home health aide's job is to help clients be as independent as possible. This means teaching clients with disabilities to care for themselves and encouraging other clients to perform self-care as soon as they are able. Promoting independence is an important part of care.

All people have routines for personal care and activities of daily living. They also have preferences for how they are done. These routines remain important even when people are elderly, sick, or disabled. HHAs should be aware of clients' individual preferences concerning their personal care (Fig. 13-1). Clients may prefer certain soaps or skin care products. They may choose to bathe in the morning or at night. It is important for HHAs to ask clients about their routines and preferences, which is part of providing person-centered care.

Many people have been doing personal care tasks for themselves their entire lives. They may feel uncomfortable about having anyone, especially a person they do not know well, do or help them do these tasks. Some clients may not like

to be touched by someone else. It may be stressful for some people to have help with personal care, and HHAs should be sensitive to this.

Fig. 13-1. Asking a client which outfit she would like to wear promotes independence and shows respect.

Before beginning any task, the HHA should explain to the client exactly what she will be doing. Explaining care to a client is not only a legal right, but it may also help lessen anxiety. The HHA should ask if she would like to use the bathroom or bedpan first. She should also provide privacy and let the client make as many decisions as possible about when, where, and how a procedure will be done. This promotes independence and is part of providing person-centered care. During the procedure, if the client appears tired, the HHA should stop and take a short break. The client should never be rushed. After care, the HHA should always ask if the client would like anything else.

Personal care provides an opportunity for the HHA to observe a client's skin, mental state, mobility, flexibility, comfort level, and ability to perform ADLs. For example, as she bathes a client, the HHA can observe the skin for color, texture, temperature, and whether it is dry or moist. Is it pale, yellow, ashen, or flushed? Are there blotches or a rash? Is there redness around bony areas? Is the skin dry and flaky?

Personal care offers the chance for the HHA to talk with clients. Communication is especially important during personal care. Some clients will talk about symptoms they are experiencing during personal care. They may say that they have been itching or that their skin feels dry. They may complain of numbness and tingling in a certain part of the body. The HHA should keep a small notepad in a pocket to note exactly how the client describes these symptoms. These comments should be reported to the supervisor and documented immediately after the procedure.

During personal care, the HHA can also observe the client's mental and emotional state. Is the client depressed or confused? Can the client concentrate on the activity or hold a conversation? Is the client short of breath? Does the client tremble or shake? Is the client having trouble using certain muscles or joints? The focus should be on changes from the client's normal state. Is there a change in behavior, level of activity, skin color, movement, or anything else? HHAs are in the best position to observe, report, and document any small change in clients. No matter what care task is assigned, performing it is only half the job.

Noticing and Reporting Change

Licensed nurses once performed much of the care HHAs are learning to give. Nurses have completed years of education to notice signs of illnesses and health problems. Because an HHA will be performing these care tasks, nurses lose an opportunity to discover early signs of illness or disease. An HHA's role is to make certain that small changes in a client do not go unnoticed. Noticing and reporting change is one of the most important parts of the job!

After a procedure is completed, the HHA should check the client's room. Is it a comfortable temperature? Is it well ventilated, but free from drafts? Can the client easily signal for help? Does the room have adequate lighting? Are there electrical cords or other objects in the walkways? Is the room cluttered and/or unsafe?

Communication and Personal Care

An HHA's feelings about providing personal care can influence how clients communicate with her. If an HHA is uncomfortable doing certain tasks, her body language may make this discomfort obvious.

Clients may not want to communicate changes or concerns if they think an HHA is uncomfortable or anxious. Recognizing her own feelings can help the HHA start to accept them.

Knowing a client's physical condition before visiting her for the first time may help an HHA feel more prepared. It is important for the HHA to talk to her supervisor and discuss any questions or concerns she has about a client's condition.

Being professional while assisting clients with personal care tasks may help put them at ease. Ideal relationships with clients are based on acceptance and respect, as well as helping them be as independent as possible. An HHA can build these kinds of relationships by doing the following:

- Listening
- Being empathetic
- Being patient
- Promoting privacy
- Encouraging independence
- Giving praise for accomplishments
- Involving clients in the care provided
- Giving person-centered care

2. Explain guidelines for assisting with bathing

Bathing promotes health and well-being. It removes perspiration, dirt, oil, and dead skin cells that collect on the skin. It helps to prevent skin irritation and body odor. Bathing can also be relaxing. The bed bath is an excellent time for moving arms and legs and increasing circulation.

Guidelines: Bathing

- Only give a client a tub bath if it is assigned. Many agencies have rules against helping clients into the bathtub. These rules are for the client's safety, as well as the home health aide's. Follow your agency's policies.
- Many people prefer a daily bath or shower, but this is not really necessary. The face, hands, **axillae** (*AK-sil-eye*, or underarms), and **perineum** (genital and anal area) should be washed every day. A complete bath or shower can be taken every other day or even less frequently. Older skin produces less perspiration and oil. Elderly people whose skin is dry and fragile should bathe only once or twice a week. Be gentle with the skin when bathing older clients.
- Before bathing, make sure the room is warm enough. Remove any loose rugs that do not have slip-resistant, rubber backings.
- Gather supplies before giving a bath. Never leave an elderly person or young child alone in the bathtub.
- Never use bath oils or gels. They make the tub slippery and can cause a fall.
- Before bathing, make sure the water temperature is safe and comfortable. Test the water temperature against the inside of your wrist to make sure it is not too hot. Then have the client test the water temperature. The client is best able to choose a comfortable water temperature.
- Wear gloves while bathing a client and change your gloves before performing perineal care.
- Be familiar with available safety and assistive devices. Assistive devices, such as a transfer belt or lift, tub chair, and safety bars, can make bathing easier and safer. An occupational therapist may teach you and the client transfer techniques for getting safely in and out of the bathtub.

A **shower chair** (Fig. 13-2) is a sturdy chair designed to be placed in a bathtub or shower. It is water- and slip-resistant. If a client is unable to get into a tub or is too weak to stand in a shower, the chair or bench enables him to bathe in the tub rather than in bed. Safety or grab bars are often installed in and near the tub and toilet to give the client something to hold while changing position.

You will not find the same equipment in each client's home. Become familiar with the tools you have to work with. Learn how to use them before trying to assist the client. Report any need for equipment or equipment repair to your supervisor.

Fig. 13-2. *A shower chair must be locked before transferring a client into it.* (PHOTO COURTESY OF NOVA MEDICAL PRODUCTS, WWW.NOVAJOY.COM)

G Make sure all soap is removed from the skin before completing the bath.

Helping the client transfer to the bathtub

You may have to adapt this procedure to work with your clients' varying strength levels.

Equipment: chair, transfer belt, shirt or robe to wear under transfer belt, slide board (if appropriate), tub or shower chair, bath supplies (as listed in next procedure)

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Help the client to the bathroom.
4. Provide privacy for the client.
5. Seat the client in a chair facing the bathtub and centered between the grab bars. If using a wheelchair, lock the brakes and remove the footrests (Fig. 13-3).

Fig. 13-3. *Lock the wheelchair before beginning to transfer a client.*

6. Ask the client to place one leg at a time over the sides of the tub.
7. Have the client hold on to the grab bars or the edge of the tub to bring himself to a sitting position on the edge of the tub (Fig. 13-4). A slide board may also be used to help the client move from the chair to the tub.

Fig. 13-4. *Have the client hold on to the grab bars while moving him into the tub. Keep your back straight and your knees slightly bent while assisting with the move.*

8. Help the client lower himself into the tub or onto the tub chair (bath bench) while holding on to the edge of the tub or grab bars. If necessary, have him wear a transfer belt. If using a transfer belt to get in and out of the tub, the client will need to wear a shirt or robe while transferring, so the belt is not placed directly against his skin. When he is in the tub, place supplies within reach (Fig. 13-5).

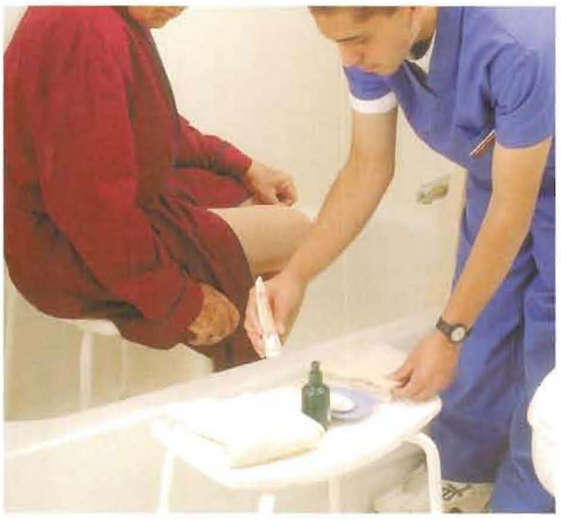

Fig. 13-5. *Keep bathing supplies close to the client during the shower or bath.*

9. Reverse this procedure to help the client out of the tub when the bath is over. If the client has trouble getting out of the tub, help him to his hands and knees. From that position, he can use the grab bar or the edge of the tub to help pull himself up. You can also help by putting the transfer belt back on the client (over a robe).
10. Wash your hands.
11. Document the procedure and your observations.

Clients who can get out of bed to take a shower or bath will need different assistance and supervision. The care plan will include necessary instructions.

Helping the ambulatory client take a shower or tub bath

Equipment: 2 bath towels, washcloth, soap or other cleanser, shampoo, rubber bath mat, tub or shower chair (if appropriate), table for bath supplies and bell (for clients who bathe without assistance), nonskid bath rug, deodorant, lotion and other toiletries, clean clothes or a robe, nonskid shoes or slippers, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Clean the tub or shower if necessary. Place the rubber mat on the tub or shower floor. Set up the tub or shower chair. Place the nonskid bath rug on the floor next to the tub or shower.
4. Provide privacy for the client.
5. Fill the tub halfway with warm water or adjust the shower water temperature. Turn on cold water first, then add hot water. This helps reduce the risk of burns. Test the water temperature against the inside of your wrist to see if it is comfortable. Water temperature should be no higher than 105°F. Have the client test the water temperature to see if it is comfortable. Adjust if necessary.
6. Put on gloves.
7. Ask the client to undress and assist as needed. Help client transfer to the tub or step into the shower.
8. If the care plan allows you to leave the client to bathe alone, place the bathing supplies on a small table within the client's reach. Place a bell or other signal on the table (Fig. 13-6). Tell the client to signal when you are needed. Ask the client not to add more hot or warm water and not to remain in the tub more than 20 minutes. Do not lock the bathroom door.

Check on your client every five minutes. If the client is weak or confused, remain in the bathroom. Otherwise, you can make the client's bed while he is in the tub.

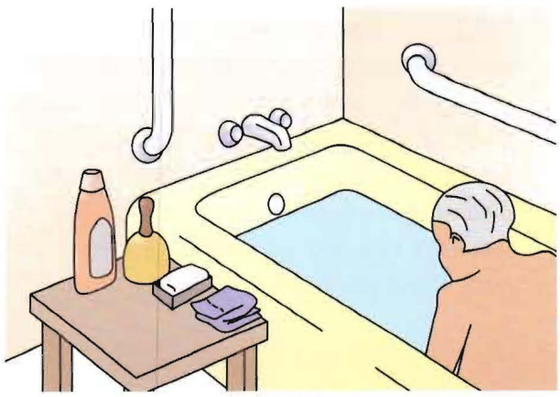

Fig. 13-6. *A bell or other signal provides a way for the client to communicate that he needs you.*

9. For a shower, stay with the client and assist with washing hard-to-reach areas. Observe for signs of fatigue.
10. If the client needs more assistance in the bath or shower, help him wash himself. Always wash from clean areas to dirty areas so you do not spread dirt into areas that have already been washed. Make sure all soap is rinsed off so the client's skin does not become dry or irritated.
11. Assist the client with shampooing hair if necessary (see procedure later in chapter). Make sure all shampoo is rinsed out of hair.
12. When the bath or shower is finished, help the client get out of the tub. Wrap him in a towel. Have the client sit in a chair or on the toilet seat, and provide him with another towel for drying himself (Fig. 13-7). Offer assistance in drying hard-to-reach places. The client may need help applying deodorant or lotion. If necessary, help the client get dressed.
13. If your client is tired after the bath or shower, help him back to bed. Other personal care, such as mouth care, can be done later or while the client is in bed.

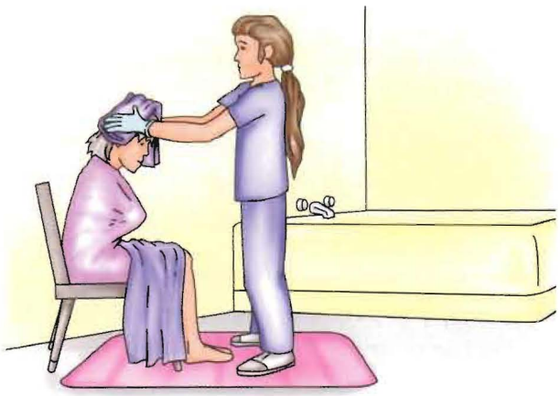

Fig. 13-7. *Give the client any needed assistance when drying herself.*

14. Clean the tub and place soiled laundry (towels, washcloths, dirty clothes) in the laundry hamper.
15. Remove and discard your gloves.
16. Wash your hands.
17. Store supplies.
18. Document the procedure and your observations. Did you observe any redness or whiteness on the skin? Was there any broken skin? How did the client tolerate bathing or showering? Has there been a change in the client's abilities since the last bath or shower? Talk with your supervisor if the client makes a request that is not included in the care plan.

Giving a complete bed bath

Equipment: soft cotton blanket or large towel, bath basin, soap, 2–4 washcloths, 2–4 towels, clean gown or clothes, 2 pairs of gloves, lotion, deodorant, brush or comb, orangewood stick

When bathing, move the client's body gently and naturally. Avoid force and overextension of limbs and joints.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

3. Provide privacy for the client. Be sure the room is at a comfortable temperature and there are no drafts.

4. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.

5. Ask client to remove his eyeglasses and jewelry and put them in a safe place. Offer a bedpan or urinal for use before the bath (see procedures later in this chapter).

6. Place a soft cotton blanket or large towel over the client, and ask him to hold on to it as you remove or fold back the top bedding to the foot of the bed (Fig. 13-8). Remove top clothing, while keeping the client covered with the blanket (or top sheet). Place clothing in the hamper.

Fig. 13-8. *Cover the client with a cotton blanket before removing the top bedding.*

7. Fill the basin with warm water. Test water temperature against the inside of your wrist. Water temperature should be no higher than 105°F. Have the client test the water temperature to see if it is comfortable. Adjust if necessary. The water will cool quickly. During the bath, change the water when it becomes too cool, soapy, or dirty.

8. Put on gloves.

9. Ask the client to participate in washing. Help him do this whenever needed.

10. Uncover only one part of the body at a time. Place a towel under the body part being washed.

11. Wash, rinse, and dry one part of the body at a time. Start at the head, work down, and complete the front first. When washing, use a clean area of the washcloth for each stroke.

Eyes, Face, Ears, and Neck: With a wet washcloth (no soap), begin with the eye farther away from you. Wash inner to outer area (Fig. 13-9). Use a different area of the washcloth for each stroke. Wash the face from the middle outward using firm but gentle strokes. Wash the ears and behind the ears. Wash the neck. Rinse and pat dry.

Fig. 13-9. *First wash the far eye from the inner to outer area, using a different area of the washcloth for each stroke.*

Arms and Axillae: Begin with the arm farther away from you. Remove one arm from under the towel. With a soapy washcloth, wash the upper arm and the underarm. Use long strokes from the shoulder down to the wrist (Fig. 13-10). Rinse and pat dry. Repeat for the other arm.

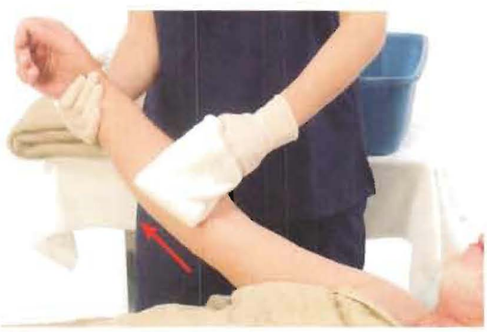

Fig. 13-10. *Support the wrist while washing the shoulder, arm, underarm, and elbow.*

Hands: Wash the far hand, including the fingers and fingernails. Clean under the nails with an orangewood stick (or a nail brush if

available). Rinse and pat dry. Make sure to dry between the fingers. Give nail care (see procedure later in this chapter). Repeat for the other hand. Put lotion on the client's elbows and hands.

Chest: Place the towel across the client's chest. Pull the blanket down to the waist. Lift the towel only enough to wash the chest, rinse it, and pat dry. For a female client, wash, rinse, and dry breasts and under breasts. Check the skin in this area for signs of irritation.

Abdomen: Keep the towel across the chest. Fold the blanket down so that it still covers the genital area. Wash the abdomen, rinse, and pat dry. If the client has an **ostomy** (*AH-stoh-mee*), or opening in the abdomen for getting rid of body wastes, provide skin care around the opening. (Chapter 14 includes more information about ostomies.) Cover with the towel. Pull the cotton blanket up to the client's chin and remove the towel.

Legs and Feet: Expose the far leg and place a towel under it. Wash the thigh, using long, downward strokes. Rinse and pat dry. Do the same from the knee to the ankle (Fig. 13-11).

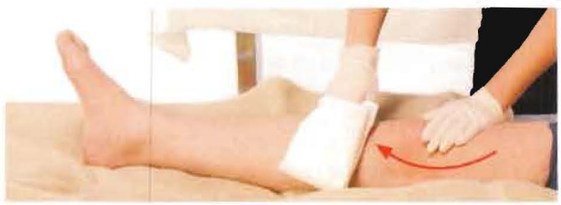

Fig. 13-11. *Use long, downward strokes when washing the legs.*

Place another towel under the far foot. Move the basin to the towel. Place the foot into the basin. Wash the foot and between the toes (Fig. 13-12). Rinse the foot and pat dry, making sure area between toes is dry. Give nail care (see procedure later in this chapter) if it has been assigned. Never clip a client's toenails. Apply lotion to the foot if ordered, especially to the heels. Do not apply lotion between the toes. Remove excess lotion (if any) with a towel. Repeat the steps for the other leg and foot.

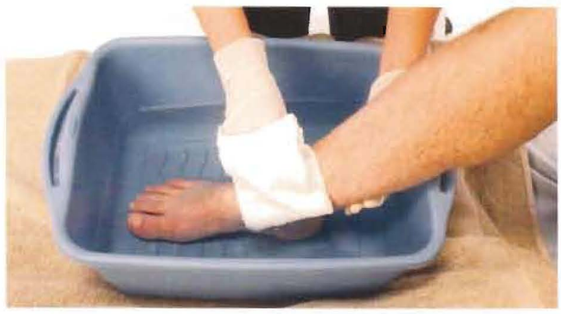

Fig. 13-12. *Washing the feet includes cleaning between the toes.*

Back: Help the client to move to the center of the bed. If the bed has rails, raise the far rail for safety. Help the client to turn onto his side, toward the raised side rail. Return to the working side of the bed. His back should be facing you. Fold the cotton blanket away from the back. Place a towel lengthwise next to the back. Wash the neck and back with long, downward strokes (Fig. 13-13). Rinse and pat dry. Apply lotion if ordered.

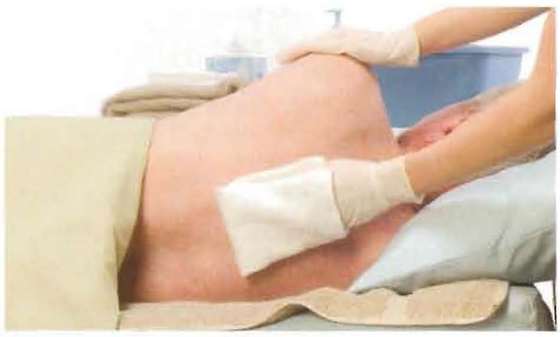

Fig. 13-13. *Wash the back with long, downward strokes.*

12. Place the towel under the buttocks and upper thighs. Help the client turn onto his back. If the client is able to wash his perineal area, place a basin of clean, warm water, a washcloth, and a towel within reach. Hand items to the client as needed. If the client wants you to leave the room, remove and discard your gloves. Wash your hands. Leave the bed rails up (if used). Return bed to its lowest

position. Leave a call signal and the supplies within reach. If the client has a urinary catheter in place, remind him not to pull it.

13. If the client is unable to provide perineal care, you will do so. Remove and discard your gloves. Wash your hands and put on clean gloves. Provide privacy at all times.

14. **Perineal area and buttocks**: Change the bath water. Place a towel under the perineal area, including the buttocks. Wash, rinse, and dry the perineal area, working from front to back (clean to dirty). Expose the perineal area only.

    For a female client: Using water and a small amount of soap, wash the perineum from front to back, using single strokes (Fig. 13-14). Do not wash from the back to the front, as this may cause infection. Use a clean area of the washcloth or a clean washcloth for each stroke.

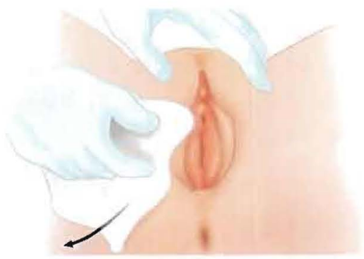

Fig. 13-14. *Always work from front to back when performing perineal care. This helps prevent infection.*

    Working from front to back, wipe one side of the labia majora, the outside folds of perineal skin that protect the urinary meatus and the vaginal opening. Then wipe the other side, using a clean part of the washcloth. With your thumb and forefinger, gently separate the labia majora. Wipe from front to back on one side with a clean washcloth, using a single stroke. Using a clean area of the washcloth, wipe from front to back on the other side. Using another clean area of the washcloth, wipe from front to back down the center. Clean the perineum (area between vagina and anus) last with a front-to-back motion. Rinse the area thoroughly in the same way. Make sure all soap is removed. Dry entire perineal area moving from front to back, using a blotting motion with the towel.

    Ask the client to turn on her side. Using a clean washcloth, wash and rinse buttocks and anal area. Work from front to back. Clean the anal area without contaminating the perineal area. With a clean, dry towel or washcloth, dry buttocks and anal area.

    For a male client: If the client is uncircumcised, pull back the foreskin first. Gently push skin toward the base of the penis. Hold the penis by the shaft and wash in a circular motion from the tip down to the base. Use a clean area of washcloth or clean washcloth for each stroke (Fig. 13-15).

Fig. 13-15. *Wash the penis in a circular motion from the tip down to the base (an uncircumcised penis is shown on the left and a circumcised penis is shown on the right).*

    Thoroughly rinse the penis and pat dry with a clean, dry towel or washcloth. If the client is uncircumcised, gently return foreskin to normal position. Then wash the scrotum and groin. The **groin** is the area from the pubis (area around the penis and scrotum) to the upper thighs. Rinse thoroughly and pat dry. Ask the client to turn on his side. Using a clean washcloth, wash and rinse buttocks and anal area. Work from front to back. Clean the anal area without contaminating the perineal area. With a clean, dry towel or washcloth, dry buttocks and anal area.

15. Cover the client with the cotton blanket.

16. Place soiled washcloths and towels in the hamper or laundry basket. Empty dirty bath

water into the toilet. Rinse the basin and discard rinse water in the toilet. Flush the toilet. Dry the bath basin.

17. Remove and discard your gloves.
18. Wash your hands.
19. If time permits, a bed bath is a good time to give the client a back rub if he wants one (Chapter 12 explains how to give a back rub).
20. Provide the client with deodorant. Place a towel over the pillow and brush or comb the client's hair (see procedure later in this chapter). Help the client put on clean clothing and get into a comfortable position with proper body alignment. If you raised an adjustable bed, return it to its lowest position.
21. If the client uses a signaling device, place it within reach. Take the bath supplies away, and store everything. (If you need to change bed linens, don clean gloves first. Place used bed linens in the hamper or laundry basket.)
22. Wash your hands.
23. Document the procedure and your observations. Did you observe any redness, whiteness, or purple areas on the skin? Was there any broken skin? How did the client tolerate bathing? Did the client tell you about any symptoms? Has there been a change in the client's abilities since the last bath or shower?

Hair care is an important part of cleanliness. Shampooing the hair removes dirt, bacteria, oils, and other materials from the hair. Clients who can get out of bed may have their hair shampooed in the sink, tub, or shower. For clients who cannot get out of bed, shampoo basins can be used (Fig. 13-16). The basin fits under the client's head and neck and has a spout or hose that drains the water. An agency should be able to provide this equipment. A homemade trough can be constructed by placing a plastic garbage bag around a rolled towel. There are also special types of shampoo that do not require the use of water (Fig. 13-17). The manufacturer's instructions should be followed when using these types of shampoo. Gloves should be worn if a client has open sores on her scalp.

Fig. 13-16. *A shampoo basin can be used to shampoo hair while the person is in bed.* (PHOTO COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

Fig. 13-17. *This is one type of shampoo that does not require water.* (PHOTO COURTESY OF DOVE, WWW.DOVE.COM, 212-704-8172)

Shampooing hair

Equipment: shampoo, hair conditioner (if requested), 2 bath towels, washcloth, pitcher or handheld shower or sink attachment, plastic cup, waterproof pad (for washing hair in bed), cotton blanket (for washing hair in bed), shampoo basin (for washing hair in bed), chair (for washing hair in sink), large garbage bag or plastic sheet (for washing hair in sink), comb and brush, hair dryer

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

3. Provide privacy for the client. Be sure the room is a comfortable temperature and there are no drafts.

4. Test water temperature against the inside of your wrist. Water temperature should be no higher than 105°F. Have the client check the water temperature. Adjust if necessary.

5. Position the client and wet the client's hair.

a. **For washing hair in the sink**, seat the client in a chair covered with a garbage bag or plastic sheet. Use a pillow under the plastic to support the head and neck. Have the client lean her head back toward the sink. Give the client a folded washcloth to hold over her forehead or eyes. Wet hair using a plastic cup, pitcher, or a handheld sink attachment (Fig. 13-18).

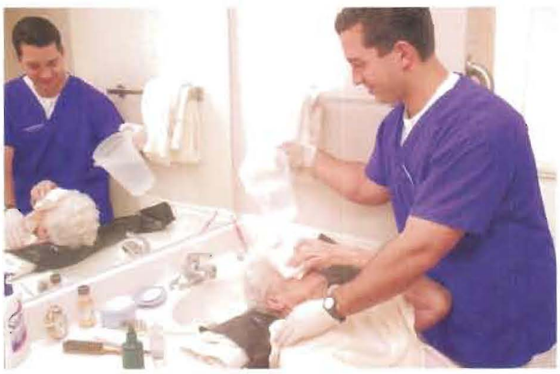

Fig. 13-18. *Make sure the client's head and neck are supported and her eyes are covered when washing hair in the sink.*

b. **For washing hair in the tub**, have the client tilt her head back. Give the client a folded washcloth to hold over her forehead or eyes. Wet hair using a plastic cup, pitcher, or handheld shower attachment.

c. **For washing hair in the shower**, have the client turn so her back is toward the showerhead. Ask the client to tilt her head backward. Direct the flow of water over the hair to wet it.

d. **For washing hair in bed**, arrange the supplies within reach on a nearby table. Remove all pillows and place the client in a flat position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels. Place a waterproof pad beneath the client's head and shoulders. Cover the client with the cotton blanket and fold back the top sheet and regular blankets. Place the basin under the client's head. Place one towel across the client's shoulders. Protect the client's eyes with a dry washcloth. Using the pitcher or attachment, pour enough water on the client's hair to make it thoroughly wet.

6. Apply a small amount of shampoo to your hands and rub them together. Using both hands, massage the shampoo into a lather in the client's hair. With your fingertips (not fingernails), massage the scalp in a circular motion, from front to back (Fig. 13-19). Do not scratch the scalp.

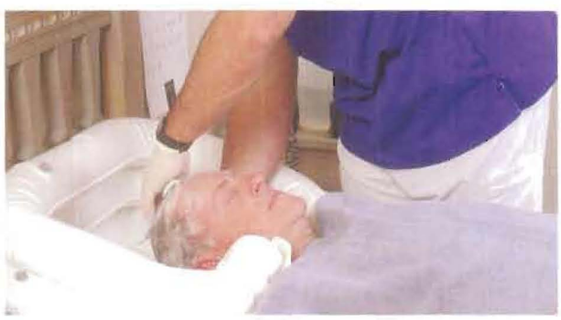

Fig. 13-19. *Use your fingertips, not your fingernails, to work shampoo into a lather. Be gentle so that you do not scratch the scalp.*

7. Rinse the hair until the water runs clear. Use conditioner if the client wants it. Rinse as directed on the container. Be sure to rinse the hair thoroughly to prevent the client's scalp from getting dry and itchy.

8. Wrap the client's hair in a clean towel. If shampooing at the sink, return the client to an upright position. If shampooing in the bath or shower, help the client get out of the tub or shower. If shampooing in bed, remove the basin. Dry the client's face and neck with a washcloth or towel.

9. Remove the hair towel and gently rub scalp and hair with the towel. Comb or brush hair (see procedure later in the chapter).
10. If client wishes, dry hair with a hair dryer on the low setting. Style hair as the client prefers.
11. Wash and store equipment. Put soiled towels and washcloth in the hamper or laundry basket. If you raised an adjustable bed, return it to its lowest position.
12. Wash your hands.
13. Document the procedure and your observations. How did the client tolerate having her hair washed? Was the client able to help? Have the client's abilities changed since the last time her hair was washed?

3. Describe guidelines for assisting with grooming

Grooming affects the way people feel about themselves and how they appear to others. When assisting clients with grooming, HHAs should always let clients do all they can for themselves. Clients should make as many choices as possible. Some clients may have particular ways of grooming themselves. They may have routines. The HHA should work with the client to establish a routine that includes everything in the care plan and also satisfies the client. The supervisor can address any questions or problems.

Some clients may be embarrassed, depressed, or anxious because they need help with grooming tasks that they have performed for themselves all their lives. Being professional and respectful while assisting clients with grooming can help clients maintain self-respect and promote person-centered care.

Nail Care

Fingernails can harbor bacteria. It is important to keep hands and nails clean to help prevent infection. Nail care should be given when nails are dirty or have jagged edges and whenever it has been assigned. Some agencies do not allow home health aides to cut a client's fingernails or toenails. For some clients, poor circulation can lead to infection if skin is accidentally cut while caring for nails. For a client who has compromised circulation due to a disease such as diabetes, an infection can lead to a severe wound or even amputation. If directed to provide nail care, the HHA should know exactly what care she needs to provide.

Providing fingernail care

Equipment: orangewood stick, emery board, small basin or bowl, soap, 2 washcloths, 2 towels, lotion, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If client is in bed and bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
5. Remove any rings. If necessary, remove nail polish with a cotton ball soaked in nail polish remover.
6. Fill the basin halfway with warm water. Test water temperature against the inside of your wrist to ensure it is safe. Water temperature should be no higher than 105°F. Have the client check the water temperature. Adjust if necessary. Place the basin at a comfortable level for the client.
7. Put on gloves.
8. Soak the client's hands and nails in the basin of water. Soak all 10 fingertips for 5 to 10 minutes.
9. Remove hands from the water. Wash hands with a soapy washcloth. Rinse. Pat hands dry

with a towel, including between the fingers. Remove the hand basin.

10. Place the client's hands on the towel. Gently clean under each fingernail with the orangewood stick (Fig. 13-20).

Fig. 13-20. *Be gentle when removing dirt from under the nails with an orangewood stick.*

11. Wipe the orangewood stick on the towel after cleaning under each nail. Wash the client's hands again. With a clean, dry towel or washcloth, dry them thoroughly, especially between the fingers.
12. Shape fingernails with an emery board or nail file, moving in one direction only (not back and forth). File in a curve. Finish with nails smooth and free of rough edges.
13. Apply lotion from fingertips to wrists. Remove excess, if any, with a towel or washcloth. Replace rings.
14. Discard the water, and rinse and dry the basin. Place the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
15. Remove and discard your gloves.
16. Wash your hands.
17. Document procedure and any observations.

Adding denture tablets to the basin for fingernail care or foot care may be listed in the client's care plan. Denture tablets are sometimes used to help whiten nails. The HHA should follow the care plan and his supervisor's instructions.

Foot Care

Careful foot care is extremely important; it should be a part of daily care of clients. For clients with diabetes, which causes poor circulation, a small sore on the foot can grow into a much larger wound that may take months to heal or may not heal at all. It can result in amputation. Long, thickened toenails contribute to pressure injuries and problems with balance, which contribute to falls. Falls can lead to hospitalization and further complications. Even if another person gives a client foot care, the HHA should still observe the client's feet for these signs of problems or illness on a regular basis.

Observing and Reporting: Foot Care

Report any of the following to your supervisor:

- O/R Dry, flaking skin
- O/R Nonintact or broken skin
- O/R Discoloration of the feet, such as reddened, gray, white, or black areas
- O/R Blisters
- O/R Bruises
- O/R Blood or drainage
- O/R Long, ragged, or thickened toenails
- O/R Ingrown nails
- O/R Swelling
- O/R Soft, fragile, or reddened heels
- O/R Differences in temperature of the feet

Providing foot care

Equipment: basin, bath mat, 2 towels, 2 washcloths, lotion, soap, clean socks, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.

4. If client is in bed, and the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
5. Fill the basin halfway with warm water. Test the water temperature against the inside of your wrist to ensure it is safe. Water temperature should be no higher than 105°F. Have the client check the water temperature. Adjust if necessary.
6. Place the basin on a bath mat or bath towel on the floor (if the client is sitting in a chair) or on a towel at the foot of the bed (if the client is in bed). Make sure the basin is in a comfortable position for the client. Support the foot and ankle throughout the procedure.
7. Put on gloves.
8. Remove the client's socks. Completely submerge the client's feet in water. Soak the feet for 10 to 20 minutes. Add warm water to the basin as necessary.
9. Put soap on a wet washcloth. Remove one foot from the water. Wash the entire foot, including between the toes and around the nail beds (Fig. 13-21).

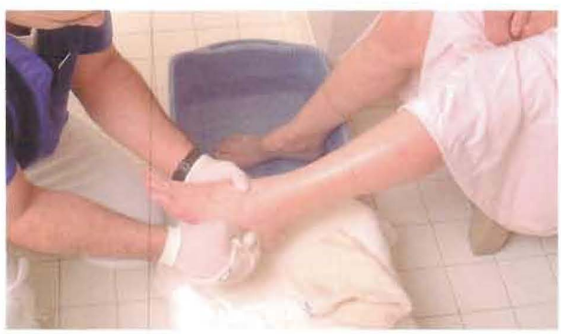

Fig. 13-21. *While supporting the foot and ankle, wash the entire foot with a soapy washcloth.*

10. Rinse the entire foot, including between the toes.
11. With a clean, dry towel or washcloth, pat the entire foot dry, including between the toes.
12. Repeat steps 9 through 11 for the other foot.
13. Put lotion in one hand and warm the lotion by rubbing your hands together. Massage lotion into entire foot (top and bottom), except between the toes, removing excess, if any, with a towel.
14. Help the client to put on clean socks.
15. Discard the water, and rinse and dry the basin. Place the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
16. Remove and discard your gloves.
17. Wash your hands.
18. Document procedure and any observations. Was there any redness, whiteness, or broken or discolored skin or nails? Were there any differences in temperature of the feet?

Shaving

The HHA should make sure the client wants her to shave him or help him shave before beginning. Personal preferences for shaving must be respected. HHAs must wear gloves when shaving clients due to risk of exposure to blood. Different types of razors include the following:

- A safety razor has a sharp blade, which comes with a special safety casing to help prevent cuts. This type of razor requires shaving cream or soap.
- A disposable razor requires shaving cream or soap. The HHA should not attempt to recap a disposable razor. It is discarded in a biohazard container for sharps after use.
- An electric razor is the safest and easiest type of razor to use. It does not require soap or shaving cream. Some clients who take blood thinners (anticoagulant medication that helps prevent clots from forming in the blood) may be told to use an electric razor to avoid nicks

and cuts. An electric razor should not be used near water or any water source or when oxygen is in use.

Shaving a client

Equipment: razor, basin filled halfway with warm water (if using a safety or disposable razor), shaving cream or soap (if using a safety or disposable razor), 2 towels, washcloth, mirror, aftershave lotion, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. Place the equipment on a table within reach of the client if he will shave himself. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have him in an upright sitting position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels. If the client wears dentures, be sure they are in place. Place the towel across the client's chest, under his chin.
5. Put on gloves.

Shaving using a safety or disposable razor:

6. If using a safety or disposable razor, use a blade that is sharp. A dull blade can irritate the skin. Soften the beard with a warm, wet washcloth on the face for a few minutes before shaving. Lather the face with shaving cream or soap and warm water. Warm water and lather make shaving more comfortable.
7. Hold skin taut. Shave in the direction of hair growth. Shave the beard in short, downward, and even strokes on the face and upward strokes on the neck (Fig. 13-22). Rinse the blade often in the basin to keep it clean and wet.

Fig. 13-22. *Holding the skin taut, shave in downward strokes on the face and upward strokes on the neck.*

8. When you have finished, wash and rinse the client's face with a warm, wet washcloth. If he is able, let him use the washcloth himself. Use a towel to dry his face. Offer a mirror to the client.

Shaving using an electric razor:

6. Use a small brush to clean the razor. Do not use an electric razor near any water source or when oxygen is in use.
7. Turn on the razor and hold skin taut. Shave with smooth, even movements (Fig. 13-23). If using a foil shaver, shave the beard with a back-and-forth motion in the direction of beard growth. If using a three-head shaver, shave beard in a circular motion. Shave the chin and under the chin.

Fig. 13-23. *Shave, or have the client shave, with smooth, even movements.*

8. When you have finished, offer a mirror to the client.

Final steps:

9. If the client wants aftershave lotion, moisten your palms with the lotion and pat it onto the client's face.
10. Remove the towel. Put the towel and washcloth in the hamper or laundry basket. If you raised an adjustable bed, return it to its lowest position.
11. Clean the equipment and store it. Follow agency policy for a safety razor. For a disposable razor, dispose of it in a biohazard container for sharps (if available). For an electric razor, clean the head of the razor. Remove whiskers, recap the shaving head, and return the razor to the case.
12. Remove and discard your gloves. Wash your hands.
13. Document the procedure and any observations.

Hair Care

Because hair thins as people age, pieces of hair can be accidentally pulled out of the head while combing or brushing it. HHAs must handle clients' hair very gently.

Combing or brushing hair

Equipment: comb, brush, towel, mirror, hair care items requested by the client

Use hair care products that the client prefers for his or her type of hair.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have her in an upright sitting position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels. If the client is ambulatory, provide a chair.
5. Place the towel under the client's head or around the shoulders.
6. Remove any hair pins, hair ties, or clips.
7. If the hair is tangled, work on the tangles first. Remove tangles by dividing hair into small sections. Hold the lock of hair just above the tangle so you do not pull at the scalp, and gently comb or brush through the tangle. If the client agrees, use a small amount of detangler or leave-in conditioner.
8. After tangles are removed, brush two-inch sections of hair at a time (Fig. 13-24).

Fig. 13-24. *Gently brush hair after tangles are removed.*

9. Neatly style hair in the way the client prefers (Fig. 13-25). Each client may prefer different styles and different hair products. Avoid childish hairstyles. Offer a mirror to the client.

Fig. 13-25. *Assist the client in styling her hair as she prefers.*

10. Remove the towel and shake excess hair in the wastebasket. Place the soiled towel in the hamper. Store supplies. Clean hair from the brush/comb. If you raised an adjustable bed, return it to its lowest position.
11. Wash your hands.
12. Document the procedure and any observations.

Pediculosis is the medical term for an infestation of lice. Lice are tiny parasites that bite into the skin and suck blood to live and grow. Three types of lice are head lice, body lice, and crab or pubic lice. Head lice are usually found on the scalp. Lice are usually difficult to see. Symptoms include itching, bite marks on the scalp, skin sores, and matted, bad-smelling hair and scalp. Lice eggs may be visible on the hair, behind the ears, and on the neck. They are small and round and may be brown or white. Lice droppings look like a fine black powder. They may be seen on sheets or pillows. If an HHA notices any of these symptoms, she should tell her supervisor immediately. Lice can spread very quickly. Special creams, shampoos, lotions, sprays, or special combs may be used to treat lice. People who have lice can spread it to others. To help prevent the spread of lice, a client's combs, brushes, clothes, wigs, and hats should not be shared with anyone else.

Dressing and Undressing

Dressing and undressing clients is an important part of daily care. When helping with dressing, the HHA should know what limitations the client has. Clients may have one side of the body that is weaker than the other side due to stroke or injury. This side is called the weaker, **affected**, or **involved side**. The HHA should not refer to the weaker side as the "bad side" or talk about the "bad" leg or arm. When dressing clients, the HHA should begin with the weaker side of the body to reduce the risk of injury. The weaker arm is placed through a sleeve first (Fig. 13-26). When a leg is weak, it is easier if the client sits down to pull the pants over both legs.

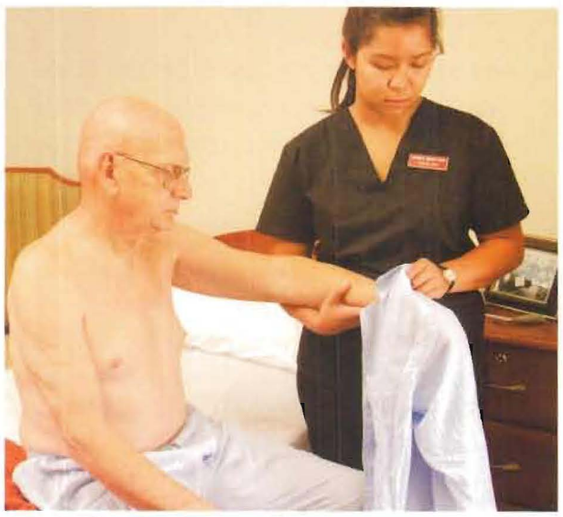

Fig. 13-26. *When dressing, the HHA should start with the affected (weaker) side first.*

Guidelines: Dressing and Undressing

- As with all care, ask about and follow the client's preferences. This is part of promoting person-centered care. Person-centered care is the client's legal right and your responsibility.
- Let the client choose clothing for the day. However, check to see if it is clean, appropriate for the weather, and in good condition.
- Encourage the client to dress in regular clothes rather than nightclothes. Wearing regular daytime clothing encourages more activity and out-of-bed time. Clothing with elastic waistbands and clothing that is a larger size than normal are easier to put on. Be sure the elastic waistband of underpants, slips, stockings, tights, pants, or skirt fits comfortably at the waist.
- The client should do as much to dress or undress himself as possible. It may take longer, but it helps maintain independence and regain self-care skills. Ask where your assistance is needed.

- Several types of assistive devices for dressing are available to help clients maintain independence in dressing themselves (Fig. 13-27). An occupational therapist may teach clients to perform ADLs using assistive equipment.

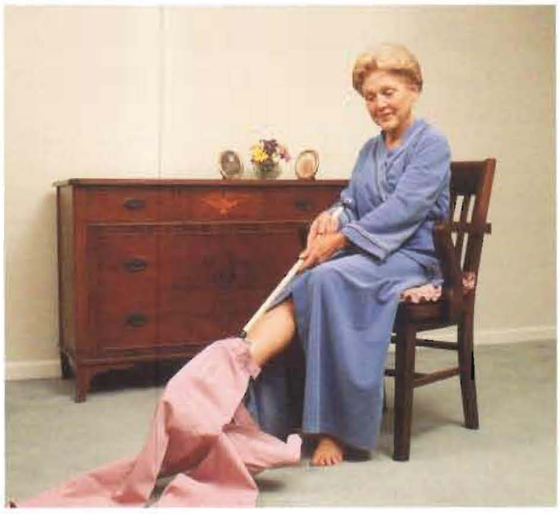

Fig. 13-27. *Special dressing aids promote independence by helping clients dress themselves.* (PHOTO COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

- Provide privacy. If the client has just had a bath, cover him with the bath blanket and put on undergarments first. Never expose more than what is needed.
- When putting on socks or stockings, roll or fold them down so they can be slipped over the toes and foot, then unrolled up into place. Make certain toes, heels, and seams of socks or stockings are in the right place.
- For a female client, make sure bra cups fit over the breasts. A front-fastening bra is easier for clients to work by themselves. A bra that fastens in back can be put around the waist and fastened first. After fastening, rotate the bra around and move it up, putting arms through the straps last. This can be done in reverse for undressing.
- For clients who have weakness or paralysis on one side, place the weaker arm or leg through the garment first, then the stronger arm or leg. When undressing, do the opposite—start with the stronger, or unaffected, side.

Dressing a client

Equipment: cotton blanket, clean clothes of client's choice, nonskid shoes

When putting on all items, move the client's body gently and naturally. Avoid force and overextension of limbs and joints.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have her in an upright sitting position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
5. Ask the client what she would like to wear. Dress her in the outfit she chooses.
6. Place a cotton blanket over the client and ask her to hold onto it as you remove or fold back the top bedding to the foot of the bed. Remove the gown or top. Keep the client covered with the blanket; do not completely expose the client. Take clothes off the stronger side first when undressing. Then remove from the weaker side. Place the gown or top in the hamper or laundry basket. Move the blanket down to cover the lower body.
7. Help the client put on the top. If the top goes over the head, slide the top over the head first. Then place the weaker arm through the sleeve before placing the garment on the stronger arm. Help the client lean forward and smooth the top down. If the top fastens in the front, slide your hand through one sleeve and grasp the client's hand on the

weaker side, pulling it through. Help the client lean forward and arrange the top across the back. Pull the second sleeve onto the stronger side as you did with the first one. Fasten the top.

8. Remove the cotton blanket and place it in the hamper or basket. Help the client put on a skirt or pants. Put the weaker leg through the skirt or pants first. Then place the stronger leg through the skirt or pants. Have the client raise her buttocks or turn her from side to side to pull the pants over her buttocks up to the waist. Fasten the pants or skirt if needed and make sure the clothing is comfortable.
9. Roll one sock over the weaker foot. Make sure the heel of the sock is over the heel of the foot. Make sure there are no twists or wrinkles in the sock after it is on. Repeat for the other foot.
10. Place the bed at the lowest position. Have the client sit up on the side of the bed with his legs hanging over the side (dangle).
11. Starting with the weaker foot, help put on nonskid footwear. Fasten the shoe securely and then put on the other shoe and fasten it.
12. Finish with the client dressed appropriately. Make sure clothing is right-side-out and zippers and buttons are fastened.
13. Make sure worn clothing is in the hamper or laundry basket. Keep the bed in its lowest position.
14. Wash your hands.
15. Document the procedure and any observations.

4. Identify guidelines for oral care

Oral care, or care of the mouth, teeth, and gums, is performed at least twice each day to clean the mouth. Oral care should be done after breakfast and after the last meal or snack of the day. It may also be done before a client eats. Oral care includes brushing teeth, tongue, and gums; flossing teeth with dental floss; caring for lips; and caring for dentures. **Dental floss** is a special kind of string used to clean between teeth. When providing oral care, the HHA should wear gloves and follow Standard Precautions. Accurate observing of the client's mouth by the HHA is important.

Observing and Reporting: Oral Care

- O/R Irritation
- O/R Raised areas
- O/R Coated or swollen tongue
- O/R Ulcers, such as canker sores or small, painful, white sores
- O/R Flaky, white spots
- O/R Dry, cracked, bleeding, or chapped lips
- O/R Loose, chipped, broken, or decayed teeth
- O/R Swollen, irritated, bleeding, or whitish gums
- O/R Breath that smells bad or fruity
- O/R Client reports of mouth pain

Providing oral care

Equipment: toothbrush, toothpaste, emesis basin, cup of water, towel or washcloth, lip moisturizer, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to place him in an upright sitting position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.

5. Put on gloves.
6. Place a towel or washcloth across the client's chest.
7. Remove any dental bridgework or ask your client to do so. (A procedure later in this chapter explains how to remove dentures.)
8. Wet the toothbrush and put a small amount of toothpaste on it.
9. Clean the entire mouth, including the tongue and all surfaces of the teeth and the gumline, using gentle strokes. First brush inner, outer, and chewing surfaces of the upper teeth, then do the same with the lower teeth. Use short strokes. Brush back and forth. Brush the tongue.
10. Give the client the cup of water to use to rinse the mouth. Place the emesis basin under the client's chin, with the inward curve under the chin. Have the client spit water into the basin (Fig. 13-28). Wipe his mouth and remove the towel.

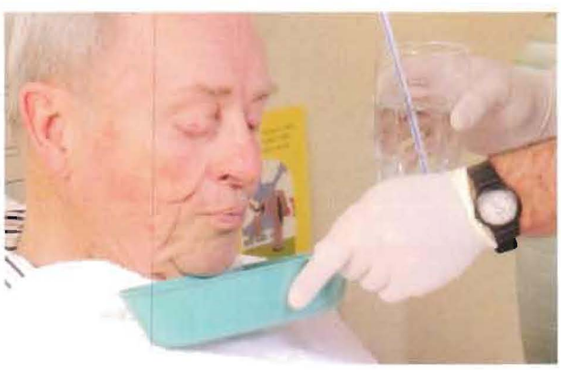

Fig. 13-28. *Rinsing and spitting removes food particles and toothpaste.*

11. Replace any dental bridgework. (A procedure later in this chapter explains how to reinsert dentures.) Apply moisturizer to the lips if the client desires.
12. Rinse the toothbrush and place in the proper container. Discard the water, and rinse and dry the basin. Place the towels in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
13. Remove and discard your gloves.
14. Wash your hands.
15. Document the procedure and any observations. Did you observe any mouth ulcers or other broken skin? What was the condition of the mucous membrane? Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.

Oral care must be given frequently to clients who are unconscious. Even though a person who is unconscious cannot eat, breathing through the mouth causes saliva to dry in the mouth. A lack of fluid intake can also cause the mouth to become dry. Regular oral care helps keep the mouth clean and moist.

With unconscious clients, HHAs must use as little liquid as possible when giving mouth care. Because the person's swallowing reflex is weak, he is at risk for aspiration. **Aspiration** is the inhalation of food, fluid, or foreign material into the lungs. Aspiration can cause pneumonia or death. Turning unconscious clients on their sides before giving oral care can also help prevent aspiration. For these clients, only swabs soaked in tiny amounts of fluid should be used to clean the mouth.

Providing oral care for the unconscious client

Equipment: sponge swabs, tongue depressor, emesis basin or small bowl, towel, cup of cool water, cleaning solution (as ordered in the care plan), lip moisturizer, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible. Even clients

who are unconscious may be able to hear you. Always speak to them as you would to any client.

3. Provide privacy for the client.
4. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
5. Put on gloves.
6. Turn the client onto his side. Place a towel under his cheek and chin. Place emesis basin or bowl next to the cheek and chin so that excess fluid flows into the basin.
7. Hold the mouth open with the tongue depressor. (You can also use gentle pressure on the chin to open the mouth. Follow agency policy.)
8. Dip the sponge swab in the cleaning solution. Squeeze excess solution to prevent aspiration. Wipe inner, outer, and chewing surfaces of the upper and lower teeth, gums, tongue, and inside surfaces of the mouth. Remove debris with the swab. Change the swab often. Repeat this until the mouth is clean.
9. Rinse with a clean swab dipped in water. Squeeze the swab first to remove excess water.
10. Remove the towel and basin. Pat lips or face dry if needed. Apply lip moisturizer.
11. Discard the water, and rinse and dry the basin. Dispose of the towel in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
12. Remove and discard your gloves.
13. Wash your hands.
14. Document the procedure and your observations. Did you observe any mouth ulcers or other broken skin? What was the condition of the mucous membrane? Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.

Flossing the teeth removes plaque and tartar buildup around the gumline and between the teeth. Teeth may be flossed immediately after or before they are brushed, according to the client's preference.

Flossing teeth

Equipment: dental floss, cup of water, emesis basin, towel, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. If the client is in bed, raise the head of the bed, use a backrest, or use pillows to have him in an upright sitting position. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed is movable, lock the bed wheels.
5. Put on gloves.
6. Wrap the ends of the floss securely around each index finger (Fig. 13-29).

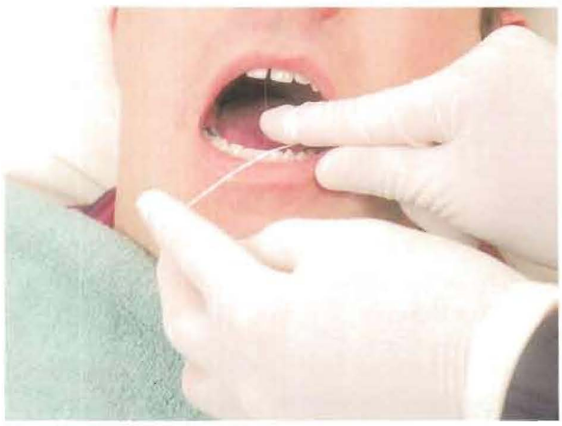

Fig. 13-29. *Before beginning, wrap floss securely around each index finger.*

7. Starting with the back teeth, place the floss between teeth. Move it down the surface of the tooth using a gentle sawing motion (Fig. 13-30).

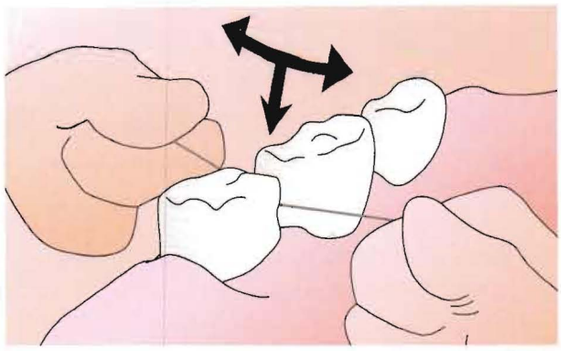

Fig. 13-30. *Floss teeth gently. Being gentle protects the gums.*

Continue to the gumline. At the gumline, curve the floss. Slip it gently into the space between the gum and tooth, then go back up, scraping that side of the tooth (Fig. 13-31). Repeat this on the side of the other tooth.

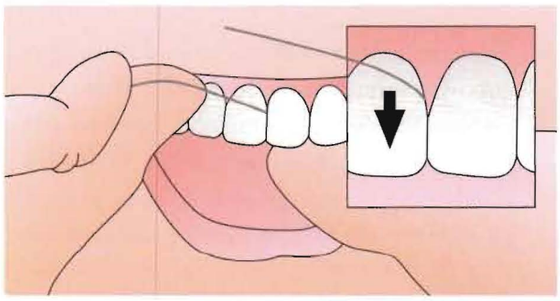

Fig. 13-31. *Floss gently in the space between the gum and tooth. This removes food and prevents tooth decay.*

8. After every two teeth, unwind the floss from your fingers and move it so you are using a clean area. Floss all teeth.
9. Occasionally offer water so that the client can rinse debris from the mouth into the basin.
10. Offer the client a towel when finished flossing all teeth.
11. Discard the floss. Discard the water and rinse and dry the basin. Dispose of the towel in the laundry hamper and store supplies. If you raised an adjustable bed, return it to its lowest position.
12. Remove and discard your gloves.
13. Wash your hands.
14. Document procedure and observations. Report any problems with teeth, mouth, tongue, and lips to your supervisor. This includes odor, cracking, sores, bleeding, and any discoloration.

Floss picks are sometimes used in place of standard dental floss. A floss pick is a small tool that is made of plastic and has a curved end that contains a piece of dental floss (Fig. 13-32). The HHA should follow his agency's policies and procedures if using a floss pick to floss a client's teeth.

Fig. 13-32. *This is a type of disposable floss pick.*

Dentures are artificial teeth. They are expensive, so they must be handled carefully to avoid breaking or chipping them. If a client's dentures break, she cannot eat. The HHA should notify his supervisor if a client's dentures do not fit properly, are chipped, or are missing.

The HHA must wear gloves when handling and cleaning dentures. Dentures and denture brushes should not be placed on contaminated surfaces. Once dentures are cleaned, they should either be returned to the client or stored in denture solution or in clean, moderate/cool water (not hot water) so that they do not dry out and warp. Dentures may crack if left uncovered.

Cleaning and storing dentures

Equipment: denture brush or toothbrush, denture cleanser or tablet, denture cup for storage, 2 towels, basin or sink, gauze squares, gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. Put on gloves.
5. Line the sink or a basin with one or two towels and partially fill the sink with water. The towel and water will prevent the dentures from breaking if they slip from your hands and fall into the sink.
6. Ask the client to remove the dentures and place them in the denture cup. If the client is unable to remove them, remove them for her. Remove the lower denture first. The lower denture is easier to remove because it floats on the gumline of the lower jaw. Grasp the lower denture with a gauze square (for a good grip) and remove it. Place it in a denture cup filled with moderate/cool water.
7. The upper denture is sealed by suction. Firmly grasp the upper denture with a gauze square and give a slight downward pull to break the suction. Turn it at an angle to take it out of the mouth. Place it in a denture cup filled with moderate/cool water.
8. Take the denture cup to the sink or basin. Rinse the dentures in clean, moderate/cool running water before brushing them. Do not use hot water. Hot water may warp or damage dentures.
9. Apply denture cleanser to the toothbrush.
10. Brush dentures on all surfaces (Fig. 13-33). These include the inner, outer, and chewing surfaces of dentures, as well as the groove that will touch gum surfaces.

Fig. 13-33. *Brush dentures on all surfaces to properly clean them.*

11. Rinse all surfaces of dentures under clean, moderate/cool running water. Do not use hot water.
12. Rinse the denture cup and lid before placing clean dentures in the cup.
13. Your client may prefer to clean the dentures with a soaking solution. Read the directions on the bottle and prepare the solution. Soak the dentures for the amount of time indicated. Rinse the dentures before placing them in the denture cup.
14. Place dentures in a clean, labeled denture cup with solution or moderate/cool water. Dentures should be completely covered with solution. Place the lid on the cup. To avoid accidentally throwing dentures away, always store them in a labeled denture cup when the client is not wearing them. Some clients will want to wear their dentures all of the time. They will only remove them for cleaning. If the client wants to continue wearing dentures, return them to her. Do not place them in the denture cup.
15. Rinse the toothbrush and place in the proper container. Clean, dry, and return the equipment to proper storage. Drain the sink and put towels in laundry hamper.
16. Remove and discard your gloves.
17. Wash your hands.
18. Document procedure and any observations.

Reinserting dentures

Equipment: denture cup with dentures, denture cream or adhesive, towel, gloves

Ask if the client needs your assistance in inserting dentures.

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. Position client as you would for brushing teeth (help her into an upright position).
5. Put on gloves.
6. Apply denture cream or adhesive to the dentures if needed.
7. Ask the client to open her mouth. Insert the upper denture into the mouth by turning it at an angle. Straighten it and press it onto the upper gumline firmly and evenly (Fig. 13-34).

Fig. 13-34. *Press the upper denture onto the upper gumline firmly and evenly.*

8. Insert the lower denture onto the gumline of the lower jaw and press firmly.
9. Offer the client the towel.
10. Rinse and store the denture cup. Place the towel in the laundry hamper and store supplies.
11. Remove and discard your gloves.
12. Wash your hands.
13. Document the procedure and any observations.

A dental implant is a metal post, usually titanium, that replaces a tooth or several teeth. The implant is placed surgically, and fuses with bone over time, normally within a few months. It looks like a natural tooth (or teeth) and is very stable. After dental implant surgery, careful oral care must be performed to remove food and keep plaque from forming around the implant. Brushing and flossing regularly are key, as is careful observation of the mouth.

5. Explain care guidelines for prosthetic devices

A **prosthesis** (*pros-THEE-sis*) is a device that replaces a body part that is missing or deformed because of an accident, injury, illness, or birth defect. It is used to improve a person's ability to function and/or to improve appearance. Examples of prostheses include the following:

- Artificial limbs, such as artificial hands, arms, feet, and legs, are made to resemble the body part that they are replacing (Fig. 13-35). Many advances have been made and continue to be made in the field of prosthetic limbs. Today's artificial limbs are usually made of strong and lightweight plastics and other materials, such as carbon fiber. Most artificial limbs are attached by belts, cuffs, or suction. Direct bone attachment is a newer method of attaching the limb to the body.

Fig. 13-35. *A type of prosthetic arm.* (MOTION CONTROL UTAH ARM. PHOTO BY KEVIN TWOMEY.)

- An artificial breast is made of a lightweight, soft, spongy material. It usually fits into a regular bra or in the pocket of a special bra, called a mastectomy bra.
- A hearing aid is a small device placed in the ear to amplify sound for persons with hearing loss. Many elderly clients have hearing aids.
- An artificial eye, or ocular prosthetic, replaces an eye that has been lost to disease or injury. It is usually made of plastic. It is held in place by suction. An ocular prosthetic does not provide vision; it can, however, improve appearance.
- Dentures are artificial teeth. They may be necessary when a tooth or teeth have been damaged, lost, or must be removed. Many elderly clients have dentures. Learning Objective 4 of this chapter contains more information on denture care.

Guidelines: Prosthetic Devices

- Because prostheses are specially fitted, expensive pieces of equipment (some cost tens of thousands of dollars), only care for them as assigned. Handle them carefully. Follow the care plan. Know exactly how to care for the equipment before you begin. If you have any questions, call your supervisor.
- A therapist or nurse will demonstrate application of a prosthesis. Follow instructions to apply and remove the prosthesis. Follow the manufacturer's care directions.
- Respect a client's decision not to wear a prosthetic limb. Some clients may find the limb uncomfortable and only wish to wear it for special occasions.
- Keep the prosthesis and the skin under it dry and clean. The socket of the prosthesis must be cleaned at least daily. Follow the care plan.
- If ordered, apply a stump sock before putting on the prosthesis.
- Observe the skin on the stump. Watch for signs of skin breakdown caused by pressure and abrasion. Report any redness or open areas.
- Never try to fix a prosthesis. Report any problems to your supervisor.
- Do not show negative feelings about a client's stump during care.
- Many different types of hearing aids exist (Fig. 13-36). Always follow manufacturer's directions for cleaning and handling the hearing aid. In general, the hearing aid needs to be cleaned daily. Wipe it with a special cleaning solution and a soft cloth. Do not put the hearing aid in water. Handle it carefully; do not drop it. Always keep it in the same safe place, such as its case, when it is not being worn. Turn it off when it is not in use. Remove it before bathing, showering, or shampooing hair. Some hearing aids have rechargeable batteries. Some need to be recharged nightly. Follow instructions in the care plan. Replace batteries as needed. The correct size of battery must be used, and it needs to be firmly in place.

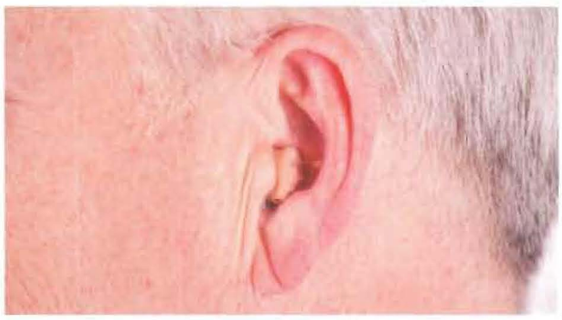

Fig. 13-36. *This is one type of hearing aid.*

- If instructed to care for an artificial eye, review the care plan with your supervisor. Always wash your hands and don gloves before handling an artificial eye. Provide

privacy for the client. Put on gloves before beginning care. Artificial eyes are held in place by suction. Some artificial eyes do not require frequent removal. Others need daily removal and cleaning.

- If the artificial eye is removed, wash the eye with solution and rinse in warm water. Never clean or soak the eye in rubbing alcohol. It will crack the plastic and destroy it.
- When the eye is removed, wash the eye socket with warm water or saline. Use a clean gauze square to clean it. Clean the eyelid with a clean cotton ball. Wipe gently from inner corner (canthus) outward.
- If the artificial eye is to be removed and not reinserted, line an eye cup or basin with a soft cloth or a piece of 4x4 gauze. This prevents scratches and damage. Fill with water or saline solution. Place the eye in the container and close the container.
- To reinsert the eye, moisten it and place it far under the upper eyelid. Pull down on the lower eyelid and the eye should slide into place.

6. Explain guidelines for assisting with elimination

Clients who are unable to get out of bed to use the toilet may be given a standard bedpan, a fracture pan, or a urinal. A **fracture pan** is a bedpan that is flatter than a regular bedpan. It is used for clients who cannot assist with raising their hips onto a regular bedpan (Fig. 13-37). Women will generally use a **bedpan** for urination and bowel movements. Men will generally use a **urinal** for urination and a bedpan for bowel movements (Fig. 13-38).

The best position for women to have normal urination is sitting. For men, the best position is standing. The supine (lying on the back) position should be avoided if possible because in this position a person cannot put pressure on the bladder and must work against gravity. The best position for bowel elimination is squatting and leaning forward. If the client cannot get out of bed, the HHA can raise the head of the bed for bowel elimination. That way the client does not have to work against gravity.

Fig. 13-37. *In the top photo, a standard bedpan is on the left side, and a fracture pan is on the right. In the bottom photo, a bariatric standard bedpan is in back, and a bariatric fracture pan is in front. Bariatric bedpans can be used for people who are overweight or obese.* (BOTTOM PHOTO © MEDLINE INDUSTRIES, INC. 2020)

Fig. 13-38. *A urinal.* (PHOTO COURTESY OF NOVA MEDICAL PRODUCTS, WWW.NOVAJOY.COM)

A client may ask for the bedpan, or the HHA may need to ask if the client needs it at regular times listed on the assignment sheet. Because clients may be embarrassed about needing help with bodily functions, the HHA should always be professional and provide as much privacy as possible when giving assistance.

Assisting a client with use of a bedpan

Equipment: bedpan, bedpan cover (towel), disposable bed protector, cotton blanket, toilet paper, disposable wipes, 2 towels, supplies for perineal care, plastic bag, 2 pairs of gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client by closing doors and shades and using a bath blanket.
4. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed has rails, raise the far rail for safety. Before placing the bedpan, lower the head of the bed. If the bed is movable, lock the bed wheels.
5. Put on gloves.
6. Warm the outside of the bedpan with warm water in the bathroom and cover it when you bring it to the client. If a stool or urine sample is not needed, place a few sheets of toilet paper in the bedpan to make cleanup easier.
7. Cover the client with the cotton blanket and ask him to hold it while you pull down the top covers underneath. Do not expose more of client than you have to. Keep the client covered from the chest down except when placing or removing the bedpan.
8. Place the bed protector under the client's buttocks and hips. To do this, have the client turn toward the raised side rail. If the client cannot do this, you must turn him (see Chapter 12). Be sure the client cannot roll off the bed. Place the bed protector on the empty side of the bed, on the area where the client will lie on his back. The side of the protector nearest the client should be fanfolded (folded several times into pleats) and tucked under the client (Fig. 13-39).

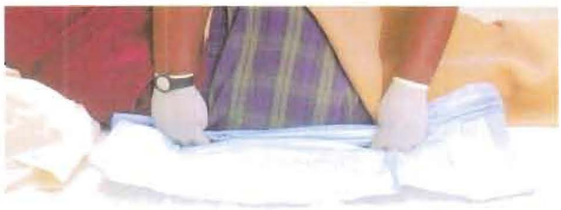

Fig. 13-39. *Fanfold the protective pad near the client's back.*

Ask the client to turn onto his back, or turn him as you did before. Unfold the rest of the bed protector so it completely covers the area under and around the client's buttocks and hips.

9. Keeping him covered, ask the client to remove his undergarments or help him do so.
10. Place the bedpan near his hips in the correct position. A **standard bedpan** should be positioned with the wider end aligned with the client's buttocks. A **fracture pan** should be positioned with the handle toward the foot of the bed.
11. If client is able, ask him to raise his hips by pushing with his feet and hands at the count of three (Fig. 13-40). Slide the bedpan under his hips.

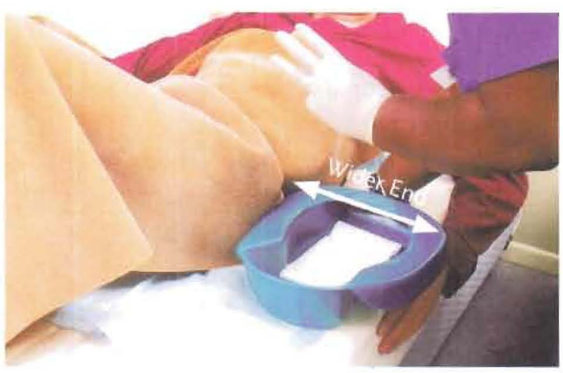

Fig. 13-40. *On the count of three, slide the bedpan under the client's hips. The wider end of the bedpan should be aligned with the client's buttocks.*

If the client cannot assist with getting on the bedpan, keep the bed flat and turn the client away from you toward the raised side rail.

Place the protective pad on the area where the client will lie on his back. Place the bedpan firmly against the client's buttocks (Fig. 13-41). Holding the bedpan securely, gently roll the client back onto the bedpan. Keep the bedpan centered underneath.

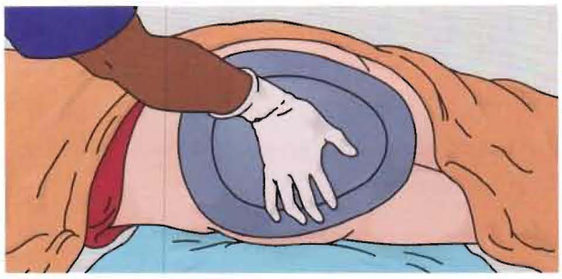

Fig. 13-41. *Placing the bedpan firmly against the client's buttocks, gently roll him back onto the bedpan.*

12. Remove and discard your gloves. Wash your hands.
13. Raise the head of the bed. Prop the client into a semisitting position using pillows. If the bed has rails, leave them both up. Return the bed to its lowest position.
14. Make sure the blanket is still covering the client. Place toilet paper, disposable wipes, and a bell or other way to call you within the client's reach. Ask the client to clean his hands with a wipe when finished if he is able. Tell him you will return when called. Leave the room and close the door.
15. When called by the client, return and wash your hands. Put on clean gloves.
16. Raise the bed to a safe level, and lower the head of the bed. Make sure the client is still covered. Lower the side rail (if present) on the near/working side.
17. Remove the bedpan carefully and cover it with a towel.
18. Give perineal care if help is needed (see procedure earlier in the chapter). Wipe from front to back. Dry the perineal area with a towel. Remove the bed protector and place it in the plastic bag. Help the client put on undergarment. Cover the client and remove the cotton blanket.
19. Place the toilet paper and disposable wipes in the plastic bag and discard the bag. Place the cotton blanket and towel in a hamper.
20. If you raised an adjustable bed, return it to its lowest position. Leave side rails in ordered position.
21. Take the bedpan to the bathroom. Note color, odor, and consistency of contents. Empty the contents carefully into the toilet unless a specimen is needed or urine is being measured for intake/output monitoring (Chapter 14). If you notice anything unusual about the stool or urine (for example, the presence of blood), do not discard it. You will need to notify your supervisor.
22. Turn the faucet on with a paper towel. Rinse the bedpan with cold water first and empty it into the toilet. Flush the toilet. Then clean the bedpan with hot, soapy water and store.
23. Remove and discard your gloves.
24. Wash your hands.
25. Document the time of the elimination, the contents, and any observations.

Assisting a male client with a urinal

Equipment: urinal, disposable bed protector, disposable wipes, plastic bag, 2 pairs of gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client by closing doors and shades and keeping client covered.
4. If the bed is adjustable, adjust the bed to a safe level, usually waist high. If the bed has rails, raise the far rail for safety. If the bed is movable, lock the bed wheels.

5. Put on gloves.
6. Warm the outside of the urinal with warm water in the bathroom.
7. Place the bed protector under the client's buttocks and hips, as in earlier procedure.
8. Hand the urinal to the client. If the client is not able to do this himself, place the urinal between his legs and position the penis inside the urinal (Fig. 13-42). Replace covers.

Fig. 13-42. *Position the penis inside the urinal if the client cannot do it himself.*

9. Remove and discard your gloves. Wash your hands.
10. Raise the head of the bed. If the bed has rails, leave them both up. Return the bed to its lowest position. Place disposable wipes and a bell or other way to call you within the client's reach. Ask the client to clean his hands with a wipe when finished if he is able. Tell him you will return when called. Leave the room and close the door.
11. When called by the client, return and wash your hands. Put on clean gloves.
12. Raise the bed to a safe level. Lower the side rail (if present) on the near/working side. Remove bed protector and place it in the plastic bag. Put the disposable wipes in the plastic bag and discard the bag.
13. Remove the urinal or have him hand it to you. Take the urinal to the bathroom. Note color, odor, and qualities (for example, cloudiness) of contents before flushing. Empty contents into toilet unless a specimen is needed or urine is being measured for intake/output monitoring (Chapter 14).
14. Turn the faucet on with a paper towel. Rinse the urinal with cold water and empty it into the toilet. Flush the toilet. Store the urinal.
15. Remove and discard your gloves.
16. Wash your hands.
17. Return the bed to its lowest position. Leave side rails in ordered position.
18. Document the time, the amount of urine (if monitoring intake and output), and any other observations.

Some clients are able to get out of bed but may still need help walking to the bathroom and using the toilet. Others who are able to get out of bed but cannot walk to the bathroom may use a portable commode (also called a *bedside commode* [*BSC*]). A **portable commode** is a chair with a toilet seat and a removable container underneath (Fig. 13-43). The removable container must be cleaned after each use. Toilets can be fitted with raised seats to make it easier for clients to get up and down.

Fig. 13-43. *The top photo shows a regular portable commode. The bottom photo shows a bariatric portable commode (used for people who are overweight or obese).*
(PHOTOS COURTESY OF NOVA MEDICAL PRODUCTS, WWW.NOVAJOY.COM)

Handrails can also be installed next to the toilet (Fig. 13-44). The HHA should report if these assistive devices are needed but are not present. The HHA should offer to help clients get to the bathroom or commode regularly. This can avoid accidents and embarrassment.

Fig. 13-44. *Handrails can be installed next to toilets to promote safety. The HHA should report if these assistive devices are needed.*

Helping a client use a portable commode or toilet

Equipment: portable commode with basin, toilet paper, disposable wipes, towel, supplies for perineal care, plastic bag, 3 pairs of gloves

1. Wash your hands.
2. Explain the procedure to the client, speaking clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client by closing doors and shades and using a bath blanket.
4. Lock the commode wheels. If the bed is movable, adjust the bed to its lowest position. Lock the bed wheels. Make sure client is wearing nonskid shoes and that the laces are tied. Help the client out of bed and to the portable commode or bathroom.
5. Put on gloves.
6. If needed, help the client remove clothing and sit comfortably on the toilet seat. Put toilet paper and wipes within reach. Ask the client to clean his hands with a wipe when finished if he is able.
7. Remove and discard your gloves. Wash your hands.
8. Provide privacy. Give the client a bell or another way to call you. Leave the room and close the door, but do not lock it. Do not go too far away in case you are needed soon.
9. When called by the client, return and wash your hands. Put on clean gloves. Provide perineal care if help is needed. Remember to wipe from front to back. Dry the perineal area with a towel. Help the client put on undergarment. Put disposable wipes in a plastic bag and discard the bag. Place the towel in a hamper.
10. Remove and discard your gloves. Wash your hands.
11. Help the client back to bed.
12. Put on clean gloves.
13. When using a portable commode, remove the waste container. Note color, odor, and consistency of contents. Empty it into the toilet unless a specimen is needed or the client's urine is being measured for intake/output monitoring (Chapter 14).
14. Turn the faucet on with a paper towel. Rinse the container with cold water first and empty it into the toilet. Flush the toilet. Then clean the container with hot, soapy water and put it back in its place.
15. Remove and discard your gloves.
16. Wash your hands.
17. Document the procedure and any observations.

7. Describe how to dispose of body wastes

Urine and feces are considered infectious wastes. Home health aides must always wear

gloves when handling bedpans, urinals, or basins that contain wastes, including dirty bath water. HHAs should be careful not to spill or splash wastes, and wastes should be discarded in the toilet. Containers used for elimination should cleaned and stored immediately after use. Then the HHA should remove and discard her gloves and wash her hands. A clean pair of gloves should be donned if she is not finished with client care.

Washcloths used to wash perineal areas must be washed in hot water. Washing them separately is safest. The HHA should always wear gloves when handling these washcloths. Disposable wipes may or may not be flushable; the instructions on the package should include this information. If they are not flushable, they should be disposed in a waste container lined with a plastic bag. To prevent odors, the HHA should remove and replace the plastic bag frequently.

Chapter Review

1. List five reasons that a client may need help with personal care.
2. Give two examples of how to promote dignity and independence while giving personal care.
3. What are five observations about a client that an HHA can make during personal care?
4. Why is it unnecessary for older clients to have a complete bath or shower every day?
5. Why should clients, as well as HHAs, test the water temperature before bathing?
6. Why should an HHA wipe from front to back when giving perineal care?
7. Explain why HHAs must be especially careful while giving nail care to clients who have diabetes.
8. Why should an HHA wear gloves while shaving clients?
9. If a client has an affected side due to a stroke or an injury, how should the HHA refer to that side?
10. When dressing a client with a weak side, which arm is usually placed through the sleeve first—the weaker or stronger arm?
11. What does oral care consist of?
12. How can HHAs help prevent aspiration during oral care of unconscious clients?
13. Why should hot water not be used on dentures?
14. What is a prosthesis?
15. Why is it important to care for prostheses carefully?
16. In general, how should a hearing aid be cleaned?
17. Why should alcohol not be used on artificial eyes?
18. How should a standard bedpan be positioned? How should a fracture pan be positioned?
19. Where should body wastes, such as urine and feces, be discarded?