

Caregiver Training Requirements

Where the Caregiver Works	Orientation	Basic Training or Modified Basic Training	Caregiver Training in Mental Health, Dementia or Developmental Disabilities	Nurse Delegation Training for Nursing Assistants	Continuing Education
Home Care Agency	Before working with clients Done at the agency	Within 120 days of employment	Not required	Before performing a delegated nursing task	10 hours per year
Individual Provider in a client's home	Within 14 days of working with clients	Within 120 days of employment	Not required	Before performing a delegated nursing task	10 hours per year
Adult Family Home	Before working with clients	Within 120 days of employment	Taught by provider or other qualified person	Before performing a delegated nursing task	10 hours per year
Boarding Home	Before working with clients	Within 120 days of employment	Within 120 days of starting to provide specialty care or within 90 days of completing basic or modified basic training	Before performing a delegated nursing task	10 hours per year
DDD Group Homes	Before working with clients	Within 120 days of employment GH provider must follow the supervision requirements as per WAC 388-112-0070 for administrator and staff who have not completed the basic training.	Follow the requirement above depending on the type of license.	Before performing a delegated nursing task	10 hours per year

This training applies only to DD group homes. It does not apply to Supported living services that are also certified by DDD. DD group homes may have either a boarding home or an AFH license.

AFH Provider & Resident Manager Training Requirements BH Administrator or Designee Training Requirements

Where the Person Works	Orientation	Basic Training or Modified Basic Training	Manager Specialty Training in Mental Health, Dementia or Developmental Disabilities	Nurse Delegation Training for Nursing Assistants	Continuing Education
Adult Family Home	Before working with clients	<i>Provider:</i> before licensing <i>Resident manager:</i> Within 120 days of employment	Before accepting client with special care needs, or within 120 days of a client developing special care needs	Before performing a delegated nursing task	10 hours per year
Boarding Home	Before working with clients	Within 120 days of employment	If you have clients with special care needs, within 120 days of employment, or within 120 days of a client developing special care needs	Before performing a delegated nursing task (only if working in that capacity)	10 hours per year
DDD Certified Program	Before working with clients	Within 120 days of employment			10 hours per year

*For Boarding Home Administrators: if a currently licensed NH Administrator, only needs to complete orientation.



Recipe for Healthy Aging

People who remain healthy, happy, and independent as they age share certain characteristics. These people:

- Are physically active.
- Eat a diet high in fruits, vegetables, and whole grains, and low in saturated fats.
- Are socially active with friends and family.
- Don't smoke.
- Maintain a recommended weight level.
- Keep their blood pressure and cholesterol within normal range.
- Take medications properly.
- Get enough calcium.
- Drink alcohol only in moderation (if at all).
- See a health care provider regularly, find out about screening tests (e.g. screening for breast, cervical, and colorectal cancers, diabetes, and depression), and get the immunizations they might need.
- Take care of their teeth and visit a dentist regularly.
- Learn new things and stay active in the community.
- Laugh.
- Find and use ways to effectively cope with stressful events.



Friendships have been found to have as positive an effect on healthy aging as keeping physically fit. Friendships help to:

- extend the length of our lives;
- have a positive impact on our immune systems; and
- help to protect our minds from mental decline as we age.

Caregiver Roles in Different Care Settings

In-Home	Adult Family Home	Boarding Home (including Assisted Living)
<ul style="list-style-type: none"> • Work for one client at a time • Work in someone’s private home or apartment • Unless hired by a home care agency, caregivers work directly for the client through a contract with DSHS • Need to be independent and able to handle any situation that comes up • Should have access to the DSHS care plan – must work out details of tasks directly with client • May not have formal client “charts” – but some form of log or journal is helpful and recommended • May be doing a lot of different tasks and need to be flexible and adaptable as the client’s situation requires • Are required to keep timesheets and do other paperwork related to hours worked • May not have a lot of back-up if you are ill or not able to come to work • May be asked to do self-directed care tasks • May be asked to do nurse delegated care tasks 	<ul style="list-style-type: none"> • Reports to a supervisor (provider/resident manager) • May do a lot of different tasks such as cooking, cleaning, going on outings, as well as personal care • May be asked to do nurse delegated tasks • Should have access to the negotiated care plan • May not have a lot of back-up if you are ill or not able to come to work • Must follow AFH procedures and understand and support client preferences • Will do some level of documentation as per procedures of the adult family home 	<ul style="list-style-type: none"> • Reports to a supervisor • Takes care of more than one client. • Caregiver job may focus on personal care with other departments in the boarding home responsible for other aspects of care like activities, housekeeping, laundry, meal preparation • May be asked to do nurse delegated tasks • Should have access to the negotiated service agreement (care plan) • Must follow BH procedures and understand and support client preferences • Will do some level of documentation as per procedures of the boarding home

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders

for Life-Sustaining Treatment (POLST)

FIRST follow these orders, **THEN** contact physician, nurse practitioner or PA-C. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name
First/Middle Initial
Date of Birth

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

Check One CPR/Attempt Resuscitation DNR/Do Not Attempt Resuscitation (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B, C** and **D**.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

Check One **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer: EMS contact medical control to determine if transport indicated.**

LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. **Transfer to hospital if indicated. Avoid intensive care if possible.**

FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

Additional Orders: (e.g. dialysis, etc.) _____

C ANTIBIOTICS

Check One No antibiotics. Use other measures to relieve symptoms.

Determine use or limitation of antibiotics when infection occurs, with comfort as goal.

Use antibiotics if life can be prolonged.

Additional Orders: _____

D ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food and liquids by mouth if feasible.

Check One No artificial nutrition by tube.

Trial period of artificial nutrition by tube. (Goal: _____)

Long-term artificial nutrition by tube.

Additional Orders: _____

E SUMMARY OF GOALS

<p>Discussed with:</p> <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____	<p>The basis for these orders is: (check all that apply)</p> <input type="checkbox"/> Patient's request <input type="checkbox"/> Patient's known preference <input type="checkbox"/> Patient's best interest <input type="checkbox"/> Medical futility
Print Physician/ARNP/PA-C Name	Physician/ARNP/PA-C Signature (mandatory) Phone Number
Patient/Resident or Legal Surrogate for Health Care Signature (mandatory)	
	Date

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Other Contact Information (Optional)

Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number	
Name of Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

Completing POLST

- Must be completed by a health care professional based on patient preferences and medical indications.
- POLST must be signed by a physician, nurse practitioner or PA-C to be valid. Verbal orders are acceptable with follow-up signature by physician or nurse practitioner in accordance with facility/community policy.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

Using POLST

- Any section of POLST not completed implies full treatment for that section.
- A semi-automatic external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation."
- Oral fluids and nutrition must always be offered if medically feasible.
- When comfort cannot be achieved in the current setting, the person, including someone with "comfort measures only," should be transferred to a setting able to provide comfort (e.g., pinning of a hip fracture).
- A person who chooses either "comfort measures only" or "limited additional interventions" should not be entered into a Level I trauma system.
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only!"
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."
- A person with capacity or the surrogate (if patient lacks capacity) can revoke the POLST at any time and request alternative treatment.

Reviewing POLST

This POLST should be reviewed periodically and a new POLST completed if necessary when:

- (1) The person is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters.

Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised November 2004

Assessment Details

Pending Initial

Client Demographics

Client Information

Client Name: Doe, Jane M

Worker Name: Fitzharris, Karen

Primary CM at Assessment Creation: Fitzharris, Karen (DigreK)

Office: Olympic AAA/Port Hadlock/Jefferson

Assessment date: 09/22/2004

Presenting Problem

Client requesting in-home services following a stroke that has limited her ability to care for herself independently.

Was client the primary source of information? Yes

Collateral Contacts

Name: Johnson, Sam

Relationship: Not related

Role:

Physician

Phone:

(360)452-8989

Name: Doe, Pete

Relationship: Child

Role:

Emergency Contact, Informal caregiver

Phone:

(360)458-2369

Communication

Speech/Hearing

Making self understood expressing information content however able:

Usually Understood

Modes of expression:

Speech

Ability to understand others however able: Understood

Assessment Details Pending Initial

Progression Rate: Deteriorated

Hearing Progression Rate: No Change

Hearing: Minimal difficulty in noisy setting

Telephone Use

How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed).

Client Needs:

Independent, No difficulty

Vision

Ability to See: Adequate

Limitations:

None of these

Mental/Physical Health

Diagnosis

1. Stroke

Occured on August 20, 2004

2. Hypertension

first diagnosed in 1989

Indicators:

Dizziness/vertigo, Edema

Is client comatose? No

Medications

This list of medications was obtained from medical record/client/caregiver on the date of this assessment. Do not use this list as the basis for assistance with or administration of medications

1. ASPIRIN TABLETS DELAYED RELEASE USP

Dose Qty: 250.000 mg

Route: Oral

Frequency: BID (2 x day)

Rx: Yes

Assessment Details Pending Initial

2. ATENOLOL

Dose Qty: 100.000 mg

Route: Oral

Frequency: QD (once daily)

Rx: Yes

3. COUMADIN

Dose Qty: 50.000 mg

Route: Oral

Frequency: QD (once daily)

Rx: Yes

Medication Management

Self Administration: Assistance required

Frequency of need: Daily

Client Strengths:

Able to put medications in mouth

Client Limitations:

Cannot open containers

Caregiver Instructions:

Open containers

Provider
SMITH SHIRLEY
Doe, Pete

Clients son fills medi-set on a weekly basis

Indicators

Height: 5 feet 5 inches

Weight: 165 pounds

Weight loss: 5% or more in last 30 days; or 10% in last 180 days: No

Weight gain: 5% or more in last 30 days; or 10% in last 180 days: No

In general, how would you rate your health? : Good

In the last 6 months or since last assessment (if less than 6 months ago):

Number of times admitted to hospital with an overnight stay: 1

Number of times visited emergency room without an overnight stay : 1

Date of last doctor visit: 09/02/2004

Doctor name: Johnson, Sam

Treatments/Programs/Therapies

Type: Treatments

Name: Routine lab work

Assessment Details Pending Initial

Providers:

Provider	Frequency
Clinic/practitioner's office	Monthly

For monitoring of coumadin levels

Sleep

Preferences:

Prefers to have the light off

Patterns:

Arises early

Is client satisfied with sleep quality? Yes

Memory

Recent memory : Recent Memory is OK

Long Term memory: Long term memory is OK

Assist Type:

Ask clear and simple questions, Set up calendar

Preferences:

Like to have same daily routine

Is individual oriented to person? Yes

Progression Rate: No Change

Decision Making

Rate how client makes decisions:

Independent - Decisions are consistent and organized;reflecting client's lifestyle,choices,culture, and values

Is client always able to supervise paid care provider? Yes

ADL

The following are the clients functional limitations as they impact ADL functioning:

Cannot raise arm(s), Unsteady gait, Right sided weakness

Stamina

Number of days individual went out of the house or building in which individual

Assessment Details Pending Initial

lives (no matter for how short a period): One day/week

Overall self-sufficiency has changed significantly as compared to status of 90 days ago: Deteriorated

Potential for improved function in ADL's and/or IADL's:

Difference between AM & PM

Task segmentation ADL's: No

Task segmentation IADL's: No

Universal Precautions

The formal and informal caregiver will use latex/plastic gloves when in contact with any secretions to prevent spread of infection. Thorough hand washing with soap will be done before and after gloving. Gloves will be put on and discarded at the end of each task. If the primary care provider orders these gloves they can be paid for through the medical coupon.

Walk in Room, Hallway, and Rest of Immediate Living Environment

Client Needs:

Extensive assistance, One person physical assist

Equipment:

Type	Status	Supplier
Walker	Has, uses	

Locomotion in Room and Immediate Living Environment

How individual moves between locations in his/her room and immediate living environment.

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Client is weight bearing, Client is cooperative with caregiver

Client Limitations:

Leans to right

Caregiver Instructions:

Call 911 to evacuate client, Keep walkways clear, Leave assistive device within reach

Equipment:

Assessment Details Pending Initial

Type	Status	Supplier
Walker	Has, uses	

Client is unsteady during ambulation and needs physical assist when feeling weak and/or unsteady

Locomotion outside of Immediate Living Environment to include Outdoors

How the individual moves to and returns from areas outside of their immediate living environment.

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Remembers to use assistive device, Building has elevator

Client Limitations:

Needs assist with stairs

Client Preferences:

Prefers contact guard

Caregiver Instructions:

Keep assistive device within reach

Equipment:

Type	Status	Supplier
Walker	Has, uses	

Provider
SMITH SHIRLEY

Bed Mobility

How individual moves to and from lying position, turns side to side, and positions body while in bed.

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Aware of need to reposition

Client Limitations:

Repositioning is painful

Client Preferences:

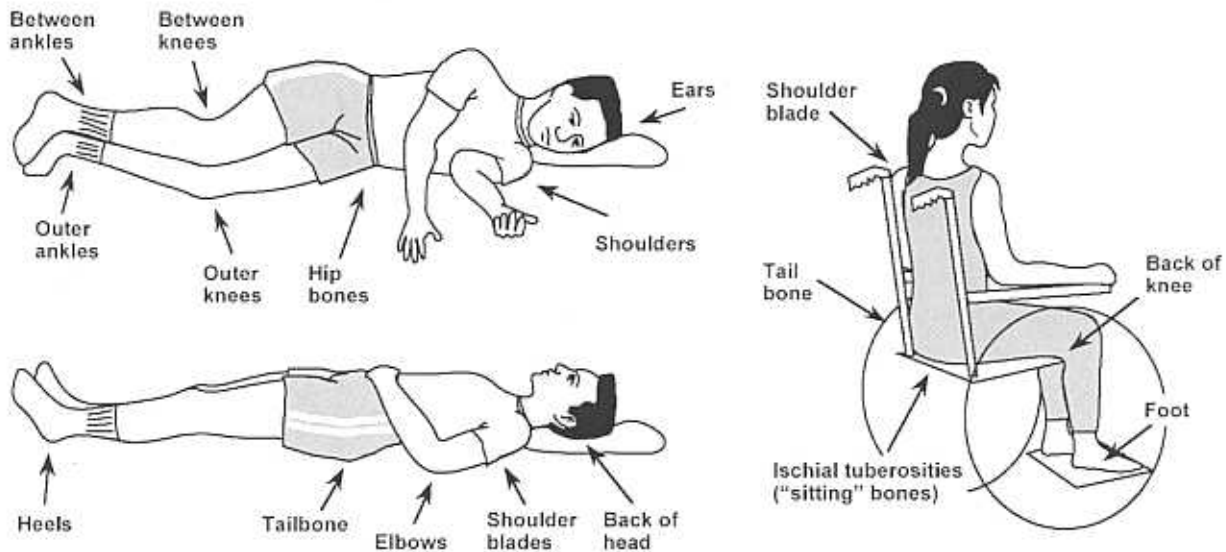
Sleeps on back, Uses extra pillows

Assessment Details Pending Initial

Caregiver Instructions:

Assist to roll over, Keep sheets clean and smooth, Monitor pressure points daily

Needs assist with movement once on her left side to reposition to right side.



Falls

Site: Bedroom

When: Last 30 days

Consequence:

No injury

Fell while trying to get out of bed on her own

Transfer

How client moves between surfaces, to/from bed, chair, wheelchair, standing position, (exclude to/from bath/toilet).

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Transfers with some support

Client Limitations:

Is afraid of falling

Caregiver Instructions:

Bring walker to client

Assessment Details Pending Initial

Provider
SMITH SHIRLEY

Is very weak on her right side

Eating

How individual eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

Client Needs:

Independent, Setup help only

Client Strengths:

Client has a good appetite

Client Limitations:

Cannot cut food, Paralysis of dominant hand

Caregiver Instructions:

Cut food into small pieces

Toilet Use

How individual uses the toilet room (or commode, bed pan, urinal); transfers on/off toilet, cleanses, changes incontinence pads, manages ostomy or catheter, adjusts clothes.

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Aware of need to use toilet, Can assist caregiver with transfer

Client Limitations:

Requires peri-care after toilet use, Cannot change incontinence pads

Client Preferences:

Would like privacy

Caregiver Instructions:

Change pads at least every two hours, Toilet client regularly, Provide perineal care, Transfer client on/off toilet

Equipment:

Type	Status	Supplier
Briefs/pads	Has, uses	

Assessment Details Pending Initial

Likes to do as much for herself as she possibly can during toileting, very private person

Specific Instructions for Skin Care due to Bowel/Bladder

Do's:

1. Follow the toileting schedule on the service plan.
2. If the client is unable to control their urine or stool, use incontinence products of the client's choice and assist with changing the product as soon as it is wet or soiled
3. Gently cleanse or bathe the client after soiling from urine or stool, to keep the skin clean.
4. Apply a thin layer of one of the following waterproof creams or protective barriers: zinc oxide, A&D ointment, Desitin, Bag Balm, or Balmex to protect the skin from wetness.
5. Report to case manager when you need help with the care plan.

Don'ts:

1. If at all possible don't use blue pads (disposable waterproof underpads). They hold the moisture on the skin. A preferred and more skin friendly alternative is a waterproof cloth pad that can be laundered and reused.

Report to the Case Manager when:

1. You are not sure what incontinent products or barrier creams to use. The Case Manager may make a referral to have a nurse talk with the client and caregiver.

Continence Issues

Bladder control (last 14 days): Frequently incontinent

Change in bladder continence (last 90 days): No Change

Bowel control (last 14 days): Usually continent

Change in bowel continence (last 90 days): No Change

Bowel Pattern (last 14 days):

Regular

Appliances & Programs (last 14 days):

Pads/briefs

Individual management (last 14 days): Uses, has leakage, needs assist

Dressing

How individual puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis.

Client Needs:

Extensive assistance, One person physical assist

Client Strengths:

Assessment Details Pending Initial

Can select clothing, Client is cooperative with caregiver

Client Limitations:

Cannot put on shoes/socks, Cannot lift arms

Client Preferences:

Prefers to change daily, Prefers to wear loose clothing

Caregiver Instructions:

Put on/take off footwear, Dress client's lower body

Provider
SMITH SHIRLEY

Personal Hygiene

How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum.

Client Needs:

Extensive assistance, One person physical assist

Client Limitations:

Cannot raise arms

Caregiver Instructions:

Comb hair as needed, Trim fingernails as needed, Assist to clean dentures, Apply deodorant

Provider
SMITH SHIRLEY

Bathing

How individual takes full-body shower, sponge bath, and transfer in/out of Tub/Shower.

Client Needs:

Physical help/part of bathing, One person physical assist

Client Strengths:

Client is cooperative with caregiver

Caregiver Instructions:

Wash back, legs, feet, Shampoo client's hair, Transfer in/out of tub/shower

Assessment Details Pending Initial

Provider
SMITH SHIRLEY

Specific Skin Care Instructions

Do's:

1. Look at the skin at least once a day for changes in color or temperature (warmth or coolness), rashes, sores, odor or pain. Pay special attention to the pressure points.
2. Use mild soap (avoid soaps labeled antibacterial or antimicrobial). Use warm (not hot) water. Rinse and dry well (pat, don't rub).
3. Lubricate dry skin with moisturizing creams or ointments (such as Eucerin or Aquaphor).
4. Use a cushion or towel on the shower chair to help prevent bare skin from tearing.
5. Protect bare skin during all transfers.
6. Report to case manager when you need help with the care plan.

Don'ts:

1. Do not rub the skin over the bony pressure points.

Report the following to the appropriate persons:

1. The client gets worse in their ability to shift weight, turn, transfer, etc; or
2. You feel that using special equipment will help you transfer the client more safely and easily; or
3. There are problems or changes in the client's skin such as redness, swelling, a break in the skin, heat or pain over a pressure point; or
4. You are unsure how to provide care.

Skin Care

Skin Problems:

Problem	Status
Dry skin	Healing

Pressure ulcers:

Areas of persistent skin redness

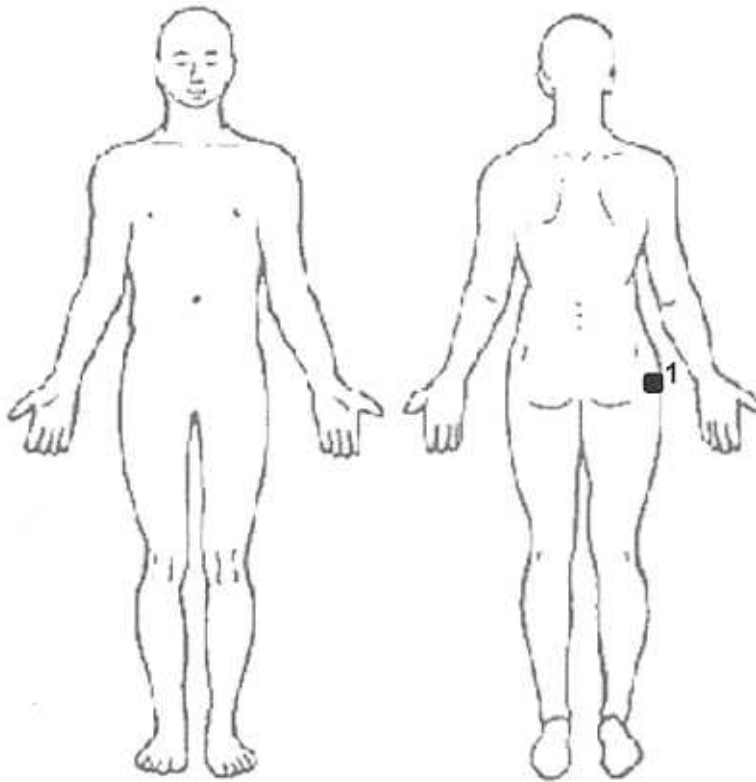
Number of current pressure ulcers: 1

Client had skin ulcer that was resolved or cured in the last year: Yes

Client has red areas on her right hip.

Skin Observation

Assessment Details Pending Initial



Skin Observation Detail:

1. stage one - Skin is red and warm to the touch

Client states she has had a previous pressure ulcer last Spring

IADL

Meal Preparation

How meals are prepared (e.g., planning meals, cooking, assembling Ingredients, setting out food and utensils.

Client Needs:

Extensive assistance, Some difficulty

Client Strengths:

Client can prepare a simple breakfast

Client Limitations:

Cannot cut/peel/chop, Cannot reach upper shelves

Client Preferences:

Eats 3 meals/day

Caregiver Instructions:

Prepare meals for client to reheat, Make food accessible to client

Assessment Details Pending Initial

Provider
SMITH SHIRLEY

Nutritional/Oral

Nutritional Problems:

None of these

Oral hygiene and dental problems:

None of these

Nutritional Approaches:

Diet	Adhere To
Low sodium	Yes

Ordinary Housework

How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry).

Client Needs:

Extensive assistance, Some difficulty

Client Strengths:

Can instruct caregiver

Client Limitations:

Cannot take out garbage

Client Preferences:

Do not rearrange items

Caregiver Instructions:

Change/wash linens weekly, Clean bathroom weekly, Take out garbage, Vacuum weekly

Provider
SMITH SHIRLEY

Managing Finances

How bills are paid, checkbook is balanced, household expenses are managed.

Client Needs:

Limited assistance, Some difficulty

Client Preferences:

Assessment Details Pending Initial

Prefers to pay by check

Provider
Doe, Pete

Clients son helps with finances

Shopping

How shopping is performed for food and household items (e.g., selecting items, managing money).

Client Needs:

Extensive assistance, Great difficulty

Client Strengths:

Can budget income and expenses, Client can make shopping lists

Client Limitations:

Client cannot reach items, Client cannot carry heavy items, Needs to use scooter

Caregiver Instructions:

Carry heavy packages for client, Put items away

Provider
SMITH SHIRLEY
Doe, Pete

Transportation

How client travels by vehicle for medical needs and shopping (e.g., gets to places beyond walking distance).

Client Needs:

Extensive assistance, Some difficulty

Client Limitations:

Assist w/transfer in/out of vehicle

Caregiver Instructions:

Take wheelchair/walker

Provider
SMITH SHIRLEY
Doe, Pete

Client's son helps out when able

Assessment Details Pending Initial

Wood Supply

How client gets wood for heat (this must be only source of heat).

Is wood only source of heat? No

Social

Relationships

Does adjust easily to change in routine? No

Provider Information

Provider Information

Informal Providers:

Provider: Johnson, Sam

Phone: (360)452-8989

Provider: Doe, Pete

Phone: (360)458-2369

Assigned Tasks:

Finances, Med. Mgmt., Essential Shopping, Transportation

Formal Providers:

Provider: SMITH SHIRLEY

Phone: (509)000-0000

Assigned Tasks:

Bathing, Dressing, Housework, Locomotion Outside Room, Med. Mgmt., Meal Preparation, Personal Hygiene, Essential Shopping, Transportation, Transfers

Definitions

ADL Self-Performance Codes Definitions

Independent:

No help or oversight OR help/oversight only 1 or 2 times

Supervision:

Oversight (monitoring, standby) encouragement or cueing provided 3 or more times OR supervision 3 or more times PLUS physical assistance provided only 1-2 times

Service Summary Pending Initial

Client Information

Client Name: Doe, Jane M

Address:

6824 152nd St, Olympia, WA, 98504

Phone: (360)725-5555 **Ext:**

Gender: Female **Age:** 73

Primary Language: English

Speaks English? Yes

Interpreter Required? No

Contacts

Emergency Contacts:

Name: Doe, Pete

Phone: (360)458-2369

Services

Client is functionally eligible for: COPES waiver services

Recommended Living Situation:

In Home

Planned Living Situation:

In Home

Classification: C High (9) **Daily Rate:** N/A **Monthly Hours:** 171

Personal Care

Waiver #1 _____

Waiver #2 _____

Waiver #3 _____

Total authorized hours _____

Provider Information

Informal Providers:

Provider: Johnson, Sam

Phone: (360)452-8989

Provider: Doe, Pete

Phone: (360)458-2369

Assigned Tasks:

Finances, Med. Mgmt., Essential Shopping, Transportation

Service Summary Pending Initial

Formal Providers:

Provider: SMITH SHIRLEY

Phone: (509)000-0000

Assigned Tasks:

Bathing, Dressing, Housework, Locomotion Outside Room, Med. Mgmt., Meal Preparation, Personal Hygiene, Essential Shopping, Transportation, Transfers

Referrals/Indicators

Nursing Service Indicators

Indicator: Immobility issues affecting plan **Refer?** Yes

Reason for Referral:

Skin concerns

Indicator: Current or Potential skin problems **Refer?** Yes

Reason for Referral:

Skin concerns

Indicator: Skin observation protocol **Refer?** Yes

Reason for Referral:

Skin concerns

Referral Date: 10/12/2004

Indicator: Caregiver training required **Refer?** No

Reason for Referral:

No unmet medical need

Indicator: Unstable/potentially unstable diagnosis **Refer?** No

Client Goals

Goal Short Description: trip

Status: Ongoing **Who Acts:** Client

Goal Long Description:

Would like to visit her grand-daughter who lives in Florida

Worker Information

Primary CM at Assessment Creation: Fitzharris, Karen (DigreK)

Case Manager Name: Fitzharris, Karen

Service Summary Pending Initial

Phone: (360)725-2607 **Ext:**

The role of the Case Manager is to:

1. Conduct assessments and reassessments to determine program eligibility and to authorize payment for services.
2. Develop a plan of care with participation from the client.
3. Verify that services are provided in accordance with the plan of care and to modify the plan as needed.

Clients have the right to waive case management services other than those listed in items 1, 2, and 3 above.

Client Signature

I am aware of all alternatives available to me, and I agree with the above service

Client/Representative signature

Date

Provider

Date

Social Worker/Case Manager signature

Date

Negotiated Client Care Plan Sample

CLIENT NAME: _____

ADMISSION DATE: _____ ROOM NUMBER: _____

EATING:

Assist Independent
Cue Food cut up
Remind Meal Planning
Set-up Tray delivery
Thicken liquids – thickness _____
Resident preferences: _____

TOILETING:

Assist Independent
Incontinent program
Protective Undergarments: _____
Needs help in changing – how often _____
Resident preferences: _____

AMBULATION/TRANSFER/POSITIONING:

Assist Independent
Assistive devices:
___ Wheel Chair ___ Walker ___ Cane
___ Other: _____
How often: _____
Other needs: _____
Resident preferences: _____

SPECIALIZED BODY CARE:

Assist Independent
Lotions Medicated ointments
Other _____
Resident preferences: _____

PERSONAL HYGIENE:

Assist Independent
Resident preferences: _____

DRESSING:

Assist Independent
Resident preferences: _____

BATHING:

Assist Independent
Times per week _____
Time requested _____
Assistive devices bath bench
_____ grab bars
Resident preferences: _____

MEDICATION:

Assist Independent
Medication Category: _____
Other _____
Resident preferences: _____

TRAVEL/SHOPPING:

Assist Independent
Family/others will provide
Facility to provide/set up
Doctor name _____
Address _____
Resident preferences: _____

LAUNDRY:

Assist Independent
How often per week: _____

The Negotiated Care Plan is a joint agreement among the resident, family members (when appropriate), facility staff, and case managers (when appropriate). Its purpose is to define the services that will be provided for the resident, with consideration for preferences of the resident as to how services are to be delivered.

SIGNATURES:

Resident: _____ Date: _____
Family Member: _____ Date: _____
Facility Staff: _____ Date: _____
Case Manager: _____ Date: _____
Negotiated by: _____ Date: _____

NEXT SERVICE PLAN DUE: _____

Establishing a Working Relationship as a Paid Family Caregiver

When the client is a family member or friend, there are different challenges in establishing an effective working relationship. There are years of past family history, changing family roles, and other family members involved with their opinions and needs.

If you are a paid family caregiver, the DSHS Case Manager or Social Worker has experience working with families such as yours in this situation. He/she is a good resource and can give you some excellent suggestions and advice on how to make things work.



Set ground rules

Talk through the ground rules before you begin this new, working relationship. Some questions to help sort these ground rules out include:

- How can you make it easier for your family member to tell you how he/she wants things done?
- Are there ways your family member may like to be treated differently when you are "working"? Are there things you should do differently during those hours?
- What things can you do to help your family member feel and be as independent as possible?
- How will you head off hurt feelings, misunderstandings, or handle things when both of you are upset?
- Are there any personal care tasks that might make your family member feel self-conscious or anxious? What are some of the things you can do to help your family member feel more comfortable?
- How will you problem solve issues that come up with other family members?
- What will you do to maintain your own independence, dignity, and respect?

View the hours you are working as a job

Find ways to make working hours different than normal family time. The difficult part of this for most families is who gets to decide what is best for the person requiring care. During your assigned work hours, this boundary is and should be very clear. Your family member is your employer during work hours. Your family member's choices and preferences determine how things should be done.

Establish and keep to a set routine

Maintain a schedule and work hours like you would any other job. Having a set routine also helps other family members know when you are “working”.

Make use of the DSHS Care Plan

The DSHS Care Plan is a tool which will assist you in defining the tasks that need to be done. Use the DSHS Care Plan as the starting point for a discussion of what needs to be done. That way things are covered fully and there are no surprises.

Evaluate your ability to continue to provide care

Taking care of yourself is essential for your own well-being and ability to continue to provide quality care for your family member (see pages 195-205 of the Learner’s Guide for more tips on self care).

Family Caregiver Support Program

The Family Caregiver Support Program provides support, respite, training, and/or advice to unpaid family caregivers. Contact your local Senior Information and Assistance office to learn more about what help may be available. To find the local office, look for Senior Services in the yellow pages of your phone book and find Senior Information and Assistance or go to <http://www.adsa.dshs.wa.gov/> and click on “Area Agencies on Aging in Your Community”.

Maintaining Positive Professional Relationships

Trust is a critical part of building and maintaining effective, positive, working relationships. Your co-workers and/or your supervisor need to feel:

- they can believe what you say;
- you will act in a consistent way;
- you will keep your promises; and
- honor the commitments you make.



The following are some important tips in maintaining positive professional relationships.

1. Be clear about what your job duties are and commit to doing them.

- Be honest and don't agree to do things if you have no intention of following through on them.

2. Confirm the deadlines and standards you are expected to meet.

- Know how you will find out about any changes in your tasks.
- Meet work deadlines and keep your supervisor and co-workers informed about accomplishments and problems.
- Whenever possible, agree to check in with co-workers before deciding on any issue that impacts them.
- When you disagree with something, don't keep it bottled up inside. Explain your reasons and alternative solutions clearly and constructively.
- Regularly review what you do in terms of efficiency and effectiveness and identify ways things could be improved.
- Show initiative, demonstrate sound judgment, and ask questions when you are confused.
- Discuss and deal with staff/people problems as they arise.

3. Treat others courteously and respectfully and acknowledge their contributions.

- Start with similarities, not differences, among people when you build relationships.
- Value differences – don't expect everyone to be like you.
- Value the team.
- Work with others in a way that encourages openness and honesty.
- Expect to compromise.
- Avoid being defensive.
- Know what is confidential and must not be discussed.

Tips for Communicating Professionally with your Supervisor/Employer

1. Make sure that your goals, role, and what are acceptable work processes and practices, are all well-defined and agreed upon by both of you.
2. Establish a good line of communication. Be willing to share what you know and to keep your supervisor informed at the level that fits his or her work style.
3. Maintain honesty and dependability by honoring commitments and deadlines.
4. Be a team player. Bring positive information to your supervisor about co-workers or jobs well done and not always complaints and difficulties.
5. Understand who your supervisor is and what he/she wants. Look at issues from his/her perspective - not just from your own.
6. Talk about issues before they become problems.
7. Never bad-mouth your supervisor to others. It always gets back via office grapevines.



When there is a problem

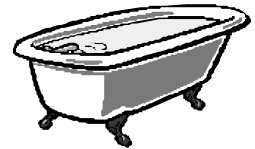
1. Schedule time to talk with your supervisor one-on-one.
2. Clearly state the problem and its impact without getting defensive or aggressive.
3. Be clear about what you want or need.
4. If it is you that has made a mistake, take responsibility for it and move on.
5. Ask your supervisor for feedback, and then act upon the feedback afterwards.
6. If you have a problem with a particular person, talk with him/her first to see if you can work it out.
7. If you are upset or emotional, cool down first before speaking with your boss.

Checklists for Home Safety

Good safety habits help prevent accidents in the home and increase a client's sense of physical security and safety. Report any concerns you have to the appropriate person in your care setting.

Kitchen	
Keep cords, towels, papers, etc., away from the stove.	
Turn pot handles inward.	
Separate knives and sharp objects from other utensils.	
Store medicines and household cleansers away from food.	
Do not use electrical appliances that need repair.	
Wipe up spills immediately.	

Most accidents happen in the bathroom. Pay special attention to making the bathroom a safe area.



Bathroom	
Set up the bathing area for safety. A safe bathroom will include a bath bench, grab bars (soap dishes and towel bars are not grab bars), and hand-held shower. If these do not exist, talk with the appropriate person(s) in your care setting.	
Check the temperature of the water to make sure it is not too hot. Adjust the water heater to a temperature to prevent accidental burns. Note: 120 degrees F is the maximum hot water temperature permitted in boarding homes and adult family homes	
Check the bath mat. Is it clean and intact? Bath mats can be washed every 2-3 months in hot water with bleach to keep mildew down. Colored bath mats work best for people with poor vision or dementia.	
Keep floor clean and dry.	
Keep electrical appliances away from water and unplugged when not in use.	
Make sure medicines and poisonous/toxic substances are clearly labeled and placed where client can reach, if needed, yet not within reach of children.	

Electrical safety	
Check electrical cords for wear, loose plugs or prongs, and missing ground plugs. Don't use an appliance until a frayed cord is repaired.	
Grab the plug when unplugging electrical equipment, not the cord.	
Red receptacle covers designate emergency outlets with backup generation.	
Keep cords out of walkways.	
Don't place cords under rugs.	
Avoid overloading electrical outlets.	
Avoid using extension cords unless absolutely necessary.	



Furniture	
Allow space for using and turning a wheel chair, walker, or cane.	
Keep furniture (such as foot stools) in the usual place.	
Avoid using swivel chairs if client is unsteady or has balance problems.	
Chair seats should be 18-20 inches from the floor. This height allows for easier transfers.	
Tables should be at least 30 inches high to allow clients in wheel chairs to sit at the table.	
All furniture should be sturdy.	

Doors, closets, cabinets	
Sliding glass doors should move easily and stay on tracks.	
Be sure glass doors are easy to see to reduce risk of walking into them. Decals at eye level are a good idea.	
Keep cupboard doors closed to prevent people from hitting their heads.	

Entryway, Hallways, Stairs	
Keep these areas clear of objects that could block passage or pose a tripping hazard.	
Handrails on both sides of steps and stairways are helpful.	
Secure all floor covering.	
Doorways should be at least 36 inches wide.	
Incline ramps should not exceed 1 inch decline per foot in length.	
Worn treads and tears in carpeting should be repaired.	
For better visibility, edges of steps should be a contrasting color. It may help to mark top and bottom steps in a different color.	
Stairs and hallways should be well lit.	



Storage areas	
Oily rags should be kept in a well-ventilated area.	
Do not mix cleaning solutions.	
Do not use unlabeled products.	
Keep cleaning products away from food products.	

Throughout the home, make sure:	
Floors are not slippery	
Entrances to every room have a light switch or lamps that can be lit easily	
Items used every day are stored within easy reach	
Doors open easily	
Exterior and interior lighting is good	
Outside pathways are free of lawn furniture, hoses, and other objects	
Telephones are easily reached and phone cords are out of walkways	
Lamps are easily reached	
Make sure step ladder or step stool is sturdy, and step surface is not slippery.	

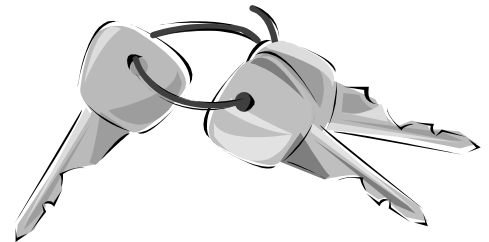
Home Safety for Clients who are Cognitively Impaired

A cognitively impaired client may not understand or only have a limited understanding of danger or dangerous situations. Depending on the level and type of cognitive impairment of the client, extra safety precautions may be required to reduce danger and prevent harm. These preventions may include:



- Keeping poisons, cleaning supplies, and medications out of sight, reach, and locked up.
- Using warning devices on exits that let you know if someone has left.
- Keeping an eye on a client who smokes and making sure he/she correctly use matches/lighters, an ashtray, and safely put out any cigarettes.

- Not letting the client have access to dangerous equipment such as knives, sharp objects, or power tools.
- Keeping an eye on a client who is likely to leave the burners going on the stove.
- Keeping firearms unloaded and locked up and locking ammunition in a separate place.
- Covering unused electrical outlets with safety caps.
- Making sure there is a clear path to the bathroom and a nightlight is installed.
- Putting a gate at the top and/or bottom of stairs or dangerous areas.
- Keeping car keys in a secure place.
- Installing a portable motion detector in the bedroom or near exits.
- Keeping outside lights off at night.
- Removing or covering mirrors.
- Removing all unnecessary furniture and clutter.
- Keeping frequently used items in the same place.
- Putting away items that may cause confusion.

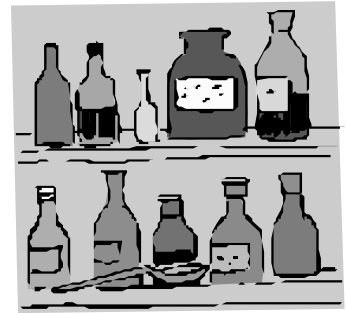


Environment Hazards

Using hazardous chemicals

As a caregiver, you may have to use or be exposed to hazardous chemicals in your job. This does not have to be a terrible thing. Hazardous chemicals can make your job easier, more effectively stop the spread of infection, and can help save lives.

You may come in contact with hazardous chemicals during routine housekeeping, clean up of spills, or removal of waste. Household products like disinfectants and grease cutters seem harmless but are solvents that can damage skin and eyes.



Chemical warning labels

You can find out how to work safely with hazardous chemicals by reading information on warning labels and by following your workplace's policies and procedures.

A warning label is designed to alert you that a chemical is dangerous. It will show:

- the product's chemical name;
- any hazardous ingredients;
- hazard warnings;
- the chemical manufacturer's name and address.

By law, every chemical container must have a warning label attached to it by its product. Make a habit of reading container labels of any products you use or come in contact with.



It is also important containers stay labeled. Replace damaged, incomplete, or missing labels. When putting a chemical into another container, be sure to label the new container as hazardous. Never leave an unmarked container of a hazardous chemical unattended.

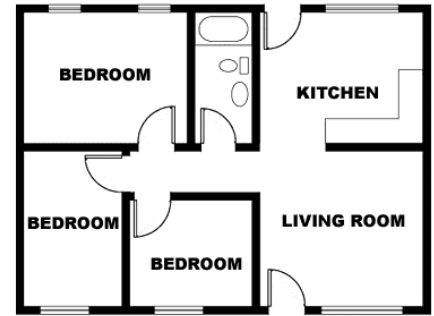


Important to remember: Never mix bleach with ammonia or other household cleaners such as glass cleaners. Mixing bleach and ammonia can create a poisonous gas that can harm or kill you or the person you are caring for.

Emergency Procedures and Evacuation Plans

Preparing an evacuation plan

1. Prepare a floor plan to evacuate the home/building by the nearest exit. Establish TWO exits for each room. One exit may need to be a window if fire blocks a door.
2. Sleep with bedroom door closed. It helps to hold back heat and smoke.
3. In an apartment, learn where the fire escape is and how to use it to exit the building. Count the number of doors in the building to get to the exit. In a fire, you may not be able to see even a brightly lit exit sign because of smoke.
4. Do not use elevators in the event of a fire.
5. Find out what, if any, building features are affected by the fire alarm (i.e., doors automatically close etc.).
6. Draw out a floor plan (see example) showing escape routes.
7. Agree on a fixed location out-of-doors where everyone is to gather for a head count. Agree on a plan to get the client to safety. Make sure that no one goes back inside once you have exited.
8. Practice – Practice – Practice.
9. Post the floor plan at the facility/adult family home, or client's home.



X

Emergency Evacuation for Persons with Disabilities *

Persons with disabilities have four basic evacuation options.

1. *Horizontal* evacuation: using building exits to the outside ground level or going into unaffected area of the building/home.
2. *Stairway* evacuation: using steps to reach ground level exits from the building/home.
3. *Stay in Place*: unless there is immediate danger, remain in a room with an exterior window, a telephone, and a solid or fire resistant door. With this approach, the person may keep in contact with emergency services by dialing 911 and reporting his or her location directly.
4. *Area of refuge*: with an evacuation assistant, going to an area away from obvious danger. The evacuation assistant will then go to the building/home evacuation assembly point and notify emergency personnel of the location of the person with a disability. Emergency personnel will determine if further evacuation is necessary.

For false alarms or an isolated and contained fire, a person with a disability may not have to evacuate.

* The information is excerpted from a University of Washington Environmental Health and Safety brochure.

Mobility Impaired Wheelchair

Persons using wheelchairs should *Stay in Place*, or move to an *Area of Refuge* with their assistant when the alarm sounds.

Stairway evacuation of wheelchair users should be conducted by trained professionals. Only in situations of extreme danger should untrained people attempt to evacuate wheelchair users. Moving a wheelchair down stairs is never safe.

Mobility Impaired - Non Wheelchair

A person with mobility problems that can still walk independently may be able to take stairs in an emergency with minor assistance. The individual should wait until the heavy traffic has cleared before attempting the stairs if possible. If there is no immediate danger (detectable smoke, fire, or unusual odor), the person with a disability may choose to stay in the building, using the other options, until the emergency personnel arrive and determine if evacuation is necessary.

Natural Disaster Preparedness Checklist

The next time disaster strikes, you may not have much time to prepare. Learn how to protect yourself and others by planning ahead. The checklist below will assist you. Post the checklist where everyone can find it, preferably, near your other emergency checklists.

For further information, contact your nearest American Red Cross office or your local fire/police departments.

Create a Natural Disaster Emergency Plan:

- Have escape routes posted in each room.
- Post emergency numbers near all phones.

Natural Disaster Supplies Kit	
Water (one gallon per individual per day) a 3 day supply	
Packaged or canned foods (3 day supply)	
Non-electric can opener	
Pet foods (3 day supply)	
Crates and ID for pets	
Change of clothing, rain gear, and sturdy shoes	
Blankets or sleeping bags	
First aid kit	
Prescription medications	
Extra eyeglasses	
Battery powered radio	
Flashlights	
Extra batteries	
Credit cards and cash	
Extra set of car keys and house keys	
List of important phone numbers	
Any special items for disabled/elderly clients	
Contact plan	

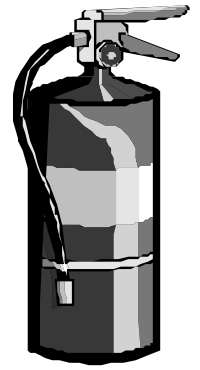
Fire Safety and Prevention

Every home should have working smoke detectors, flashlights, and a fire extinguisher (see below). Replace batteries in all smoke detectors every six months.

Post the full address of the home with phone number near each telephone. In an emergency, it is easy to panic and forget information you would normally remember. The address and phone number should be printed in large, clear print.

In addition:

- replace burned out light bulbs;
- keep all items away from electric heaters;
- avoid using space heaters;
- make sure there is access to outside exits - nothing should be blocking exits;
- know all of the alternate exits to use in case of fire;
- know the number of telephones and their location (if one phone is not hung up, none of the telephones in the home will work).



Fire Safety

Never:

- Put water on a grease or liquid fire. Water will cause the fire to spread.
- Put water on an electrical fire. It can give you a serious shock.
- Re-enter a burning building to save pets or valuables.
- Try to move a burning object out of the room.
- Use an elevator as a fire escape route.



Remember SMOKE is usually the enemy, not the fire.



Using a fire extinguisher

Each home should have a fire extinguisher. As a caregiver, you need to know how to use it. Find out where the fire extinguisher is located and be sure it is in good working order.

Think of the word P.A.S.S. to help you remember the steps to using a fire extinguisher.

P = Pull. Hold the extinguisher upright and pull the ring pin, snapping the plastic seal.

A = Aim. Stand back from the fire, aim at the base of the fire nearest you.

S = Squeeze. Keeping the extinguisher upright, squeeze the handles together to discharge.

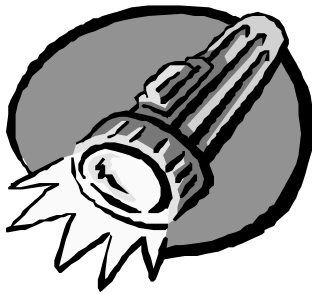
S = Sweep. Sweep from side to side.

When the fire is out, watch to make sure it stays out. Evacuate everyone from the area and ventilate the area immediately after using a fire extinguisher.

Emergency shut-offs

During an emergency, you might also need to know how to shut-off the utilities. Know the location of master controls for:

- fire alarm panel and/or smoke detector;
- main electrical panel and/or breaker box;
- sprinkler shut-off;
- emergency generator and source (natural gas pipeline or natural gas bottle outside of building);
- cold water – main shut-off;
- boilers – furnace shut-off;
- gas main shut-off;
- oxygen location (in use and in storage).



During an emergency, you will also want to know the location and use of:

- portable heaters;
- emergency telephone or fax machine;
- emergency lighting.

Home Fire Safety Checklist

(Check **Yes** or **No** beside each question)

	YES?	NO?
Do you have at least one smoke detector in each level of your home?		
Are the batteries in your smoke detector(s) in good working condition?		
Does everyone in your family know that the emergency number is 911?		
Do you have a plan of escape from your home in case of fire?		
Does your family hold fire drills in your home?		
Do you keep exit routes clear in your home?		
Do you make sure that all cigarette, cigars, and pipe ashes are completely extinguished before disposal? Keep matches/lighting devices in a safe place.		
Are all members of your household instructed not to smoke in bed?		
Have you removed all waste, debris, and litter from your garage?		
If you store paint, varnish, etc. in the garage, are the containers always tightly closed?		
Is there an approved safety can for storing gasoline for lawnmowers, snow blowers, etc.?		
Do you keep basement, storerooms, and attic free of rubbish, old papers, oily rags, etc.?		
Are stoves, broilers, and other cooking equipment kept clean and free of grease?		
Do you have shutoffs on all equipment using natural gas?		
Are all fireplaces equipped with approved metal fire screens or glass fire doors?		
Do all rooms have an adequate number of outlets to take care of electrical appliances?		
Have you done away with all multiple attachment plugs?		
Are all flexible electrical extension and lamp cords in your home in the open; none are placed under rugs, over hooks, through partitions of doorways; not frayed or cracked?		
Is your furnace serviced regularly?		
Do you always see that your portable space heater is placed well away from curtains, drapes, furniture, etc.?		

Household Cleaning and Disinfecting

Materials needed

- Dry mop
- Wet mop
- Dust cloths
- Vacuum
- Gloves
- Whisk broom
- Full size broom
- Plastic bucket
- Metal bucket
- Dustpan and brush



Cleaners

Always read the labels and follow product directions before using any cleaning and disinfecting products.

The following cleaners are safe and are not toxic to the environment:

- baking soda;
- white vinegar;
- borax;
- mild vegetable oil based soap (Mrs. Murphy's);
- lemon juice and salt.

The items can be used to clean the toilet bowl, the tub/shower area, to absorb odors, to remove stains from carpets, clean windows and glass items. Check the website:

<http://www.mothersforcleanair.org/aqinfo/cleaners.html> for more information about environmentally safe cleaning products.

How to clean a bathroom

It is easier to keep the bathroom clean if you keep up with it every day.

- Rinse out the sink after each use.
- Hang up towels and washcloths.
- Wash out the bathtub after each use.
- Flush the toilet after each use.
- Remove excess hair from the sink or tub.
- Remove dirty clothes.



The floor, toilet bowl, tub and/or shower, and sink should be cleaned and disinfected weekly. These areas can be maintained regularly with common household cleaners. Wear gloves and mask if appropriate.

1. Remove the throw rugs and shake them out. Put them in the laundry to be cleaned if needed.
2. Put on rubber gloves.
3. Spray or sprinkle on cleaner. Allow cleaner to sit for few minutes, then rinse or wipe it off.
4. Wipe down all of the sink surfaces with a disinfectant.
5. Clean the soap trays.
6. Spray the mirror with a glass cleaner and wipe it down.
7. Wipe down the bath tub and shower with a disinfectant.
8. Scrub the inside of the toilet with a brush. Flush the toilet to rinse the bowl. Scrub the inside of the toilet bowl with a long-handled brush. Wipe down the outside of bowl, seat, and lid with a disinfectant.
9. Sweep or vacuum the floor.
10. For linoleum or tile, mop the floor with disinfectant.
11. Take out any garbage.
12. Put back the rugs.
13. Check and refill toilet paper.
14. Put out fresh towels.



Other tips

- The water used to clean contaminated surfaces or clothing should be flushed down the toilet.
- Keep supplies in a safe place.
- Clean after a steamy bath or shower. The walls, fixtures, etc., will be much easier to clean after the steam has loosened the dirt.

How to clean a kitchen

To make kitchen cleaning less of a chore, wipe up spills when they happen, keep the counters uncluttered, and clean as you go when you are preparing food.

1. Using a good all-purpose cleaner, wipe down the top and front of the stove.
2. Clean oven at least monthly with oven cleaner following the instructions on the can.
3. Wipe down the sides, door, and handle of the refrigerator with disinfectant.
4. Remove everything from inside. Using an all-purpose cleaner, clean the sides, shelves, and veggie drawers.
5. Replace everything in the refrigerator, adding a small dish with baking soda in it to eliminate any odors.
6. Wipe down the countertops and sink with disinfectant. Pay special attention to faucets and handles.

7. Wipe the outside and inside of the microwave. To clean the inside, put water in a microwave safe bowl, bring it to a boil, and let it sit for 5-10 minutes. Remove the bowl and simply wipe the inside of the microwave clean.
8. Clean floors with a disinfectant.

Other tips

- Dishcloths used to clean counters and dishes should not be used to clean the floor or to clean bathroom spills.
- Change and launder dishcloths often.
- Be aware of any mouse droppings under refrigerators, in cabinets/pantry, drawers, and under the sink in kitchen and bathroom.

Cleaning other living areas of house (floors, dusting, mopping, sweeping):

Vacuum rugs and other areas

You will find that your house stays cleaner and has less need for deep cleaning if you vacuum regularly. Use your vacuum attachments and periodically go over the blinds and drapes.

- Check vacuum bag. Put new bag in if needed.
- Insure that vacuum works, no frayed cords.
- Shake rugs outside.

Wash walls and windows

- Wear gloves and mask if appropriate.
- Use disinfectant.
- Ensure the safety of client due to allergies, etc.
- Clean high traffic areas frequently.
- Clean light switches, hallways, etc.
- Washing walls and inside windows is limited to twice per year in those areas actually used by the client.



Dust furniture

- Use appropriate cleaner.
- Wear gloves if needed.
- Use clean rags and or sponge.
- Be careful with client's heirlooms, antiques, etc.

Clean blinds

- Vacuum drapes and/or blinds using the vacuum attachment.
- For a good cleaning, take blinds down and soak in the bathtub or lay them outside and wash down using the hose.
- Turn to get both sides.

How to do laundry

- Gather all soiled clothes
 - From bathroom
 - From bedrooms
 - From kitchen
- Separate whites from darks
 - Read labels in clothing
 - Line dry
 - Machine dry
- Spot clean if necessary
 - Is there a product in the home?
 - Does client want to use product?
 - Is client allergic?
- Laundry detergent
 - Does client have a preference?
 - Is client allergic to any laundry detergent?
 - Is there laundry detergent in the home?
- Bleach, if necessary
 - Read labels
 - Ask client if they want bleach to be used
 - Is client allergic?
- Fabric softener, if desired
 - Read labels
 - Ask client if they want fabric softener in their clothes
- Put laundry into washing machine
 - Make sure that washing machine is not overloaded
- Put detergent, bleach, fabric softener in
- Turn on washing machine
- Place washed items into dryer or hang accordingly
 - Fold and return to client's closet or dresser



Hepatitis B Virus Vaccine Consent/Declination

Bloodborne Pathogens

I have been informed of the symptoms and modes of transmissions of blood-borne pathogens including Hepatitis B virus (HBV). I know about the facility's infection control program and understand the procedure to follow if an exposure incident occurs.

I understand that the hepatitis vaccine is available, at no cost, to employees whose job involves the risk of direct contact with blood or other potentially infectious materials. I understand that vaccinations shall be given according to recommendations for standard medical practice in the community.

Hepatitis B Vaccine Declination (Appendix A to Section 1910.1030)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline getting a Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

Print Employee Name

Hepatitis B Vaccine Consent

I consent to administration of the Hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine. I understand that the facility is not responsible for any reactions caused by the vaccine.

Signature of Employee

Date

Print Employee Name

Dose #1 Date: _____ Lot # _____ Location _____

Dose #2 Date: _____ Lot # _____ Location _____

Dose #3 Date: _____ Lot # _____ Location _____

Risk After Exposure

No scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is not recommended.

- Exposures from needle sticks or cuts cause most infections. The average risk of HIV infection after a needle stick/cut exposure to HIV-infected blood is 0.3%.
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be 0.1%.
- The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1%. The risk may be higher if the skin is damaged or if the contact involves a large area of skin or is prolonged.

While the risk of contracting a disease from an occupational exposure is small, it is in your best interest to thoroughly review your options before making decisions that may affect the rest of your life.

Report exposure to the appropriate parties that are responsible for managing exposures. Prompt reporting is essential because, in some cases, treatments may be recommended and should be started as soon as possible.

Discuss the possible risks of Hepatitis B and Hepatitis C with your health care provider. You should have already received the Hepatitis B vaccine.

Follow-up and Reporting of Exposure

WISHA WRD 92-6 and WAC 246-100(11) & 296-62-08001

- I. If a health care worker has a percutaneous (needlestick or cut) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to body fluids or has cutaneous exposure when the worker's skin is chapped, abraded, or otherwise non-intact, the source patient shall be informed of the incident and tested for HIV and HBV infections, after consent is obtained.
- II. If the consent is refused, HIV testing of the source can be requested in accordance with WAC 246-100-206(11) from the local health officer if:
 - Such request is made within seven days of the exposure;
 - The exposed person belongs to a specific employment category (health care provider), law enforcement officer, firefighter, staff of health care facilities;
 - The exposure fits the criteria of the definition of a "substantial exposure" as identified in WAC 246-100-206 (2) (H).

- (III) The health care worker shall be evaluated clinically and offered HBV/HIV antibody testing as soon as possible and advised to report and see medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers shall be retested at six weeks, three months, and six months post-exposure.
- (IV) Follow-up procedures shall be taken for health care workers exposed or potentially exposed to HBV. The types of procedures depends on the immunization status of the worker (I.E., whether HBV vaccination has been received and antibody response is adequate)(and the HBV serologic status of the source patient. The CDC Advisory Committee on Immunization Practices has established its recommendations regarding HBV post-exposure prophylaxis in table format in the Dec.26, 1997, Morbidity and Mortality Weekly Report.
- (V) If any employee refuses to submit to the procedures in (II) and (III) above when such procedures are medically indicated, no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

Washington State Referral and Resource Numbers

Washington State HIV/AIDS Hotline

1-800-272-AIDS (2437)

CMS Regional Office Home Page:

<http://www.cms.hhs.gov/default.asp>

The Centers for Medicare & Medicaid Services (CMS) is a Federal Agency within the U.S. Department of Health & Human Services. Programs for which CMS is responsible include Medicare, Medicaid, State Children's Health Insurance Program, HIPAA, and CLIA.

HIV Client Services Home Page:

http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/default.htm

The HIV Client Services Home Page will provide information on services that support and assist persons living with HIV/AIDS, such as the Early Intervention Program. This website will help answer questions about services and provide links to other related sites. You can obtain a copy of the "Family Resource Guide" by calling 877-376-9316.

HIV and Employment Protection

Employment

Employers may not discriminate against persons with HIV infections or AIDS in employment, recruitment hiring, transfers, layoffs, terminations, rate of pay, job assignments, or leaves of absence, sick leave, or other leave, or fringe benefits available by virtue of employment.

Discrimination Free Environment

Employers are required to provide and maintain a working environment free of discrimination. They must assure that no harassment, intimidation, or personnel distinction is made in terms and conditions of employment.

Should a worksite situation develop which poses the threat of discrimination, employees must be given education to end harassment, the use of slurs, and/or intimidation.

Employees with HIV infection have the right to be treated with the same dignity, concern, and support as employees with other life-threatening illnesses.

Persons with HIV infection and/or AIDS who feel discriminated against may file a complaint with the Office for Civil Rights (OCR) of the US Department of Health and Human Services, or the Washington State Human Rights Commission.

Reasonable Accommodation

Employers are responsible for providing reasonable worksite accommodations which enable a qualified, disabled employee or job applicant to perform the essential tasks of the job. Reasonable accommodation means relatively inexpensive and minimal modifications, such as:

- providing special equipment
- altering the work environment
- allowing flextime or allowing the employee to work at home
- providing frequent rest breaks
- restructuring the job

Usually, the supervisor works with the employee's physician to assess medical restrictions and devise working conditions that satisfactorily meet the employee's needs.

When a person goes for a job interview or is hired, the employer:

- Cannot ask questions directed at the perception or presence of HIV infection or AIDS, unless based on a "bona fide" occupational qualification listed in WAC 246-100-206 (12).
- Cannot require a blood test to determine HIV infection or AIDS.
- Cannot require a physical exam to identify HIV infection or AIDS, unless there is a need for reasonable accommodations related to job conditions.
- Cannot ask questions about lifestyle, living arrangements, or sexual orientation or affectional preference.

Exceptions to this are applicants for the US military, the Peace Corps, and the Job Corps, and persons who apply for US citizenship.

If the person is exposed to HIV at work, they should follow WISHA recommendations. It states that the persons have seven days to report the exposure to their supervisor. The testing time frame is different.

All medical information provided to management, supervisory staff, and/or treatment teams about a person who is diagnosed as having HIV infection or AIDS shall be held in strict confidence.

A breach of this confidentiality is illegal. If such a breach results in any adverse action by management, supervisors, or employees against any disabled person, legal action can be taken.

Medical information may only be exchanged between health care providers when it is for the care, treatment, and benefit of the patient and not for the infection control of the health care providers (WAC 246-101-120).

Harassment is illegal

- Employees shall not harass a person who is HIV-positive, perceived to be HIV-infected, or who has AIDS.
- Any employee who engages in harassing behaviors or discriminatory actions against an HIV-infected employee shall be disciplined.
- Staff meetings scheduled to define workplace policies regarding HIV/AIDS and HBV may be very helpful.

Testing Related to Sexual Assault

Most experts recommend that a sexual assault victim go directly to the nearest hospital emergency room. Trained staff in the emergency room will counsel the victim, and may offer testing and referral for HIV, STDs, and pregnancy. Some emergency departments may refer sexual assault survivors to the local health jurisdiction for HIV testing.

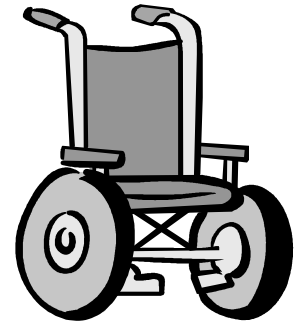
In Washington State, only the victims of **convicted** sexual offenders may learn the attacker's HIV status.

Partner Notification

Partner notification is a voluntary, confidential service provided to HIV-positive people and their sex and/ or injection equipment-sharing partners. It is a federal law that a good faith attempt be made to notify the spouse of an HIV infected individual. "Spouse" is defined as the person in a marriage relationship with the infected person up to 10 years prior to the test. Procedures and guidance for partner notification can be found in WAC 246-100.

Wheelchair Safety Tips

Prevent accidents before they can happen. Plan ahead of time for emergencies, such as brake failure on a power chair, a power chair moving by itself, or a manual chair tipping backwards.



Environmental concerns

- When pushing a client in a wheelchair outdoors, stay aware of the environment and avoid holes or cracks in the sidewalk that can cause the wheelchair to pitch forward.
- A safety belt/gait belt prevents a client from falling or pitching out of the chair while being pushed in uneven areas.
- Avoid rain and snow which are especially hazardous to power wheelchair users and expensive equipment.

General safety tips

- On power wheelchairs, always turn power off and lock before transferring or when using a wheelchair lift. On manual wheelchairs, always set wheel locks before transferring.
- Keep loose objects or lap covers away from wheel spokes.
- If you have a wheelchair with removable arms or leg rests, make sure they are secure before use by lifting up on the arms and gently trying to swing the leg rest out away from the chair.
- Don't put heavy loads on the back of a manual wheelchair - it may make the wheelchair tip over backwards.
- Move the footrests out of the way when a client stands up, so he/she doesn't trip on them

Maintenance tips

- Encourage the client to have his/her chair checked at least once a year by the dealer and/or to do any needed repairs.
- Make sure the brakes, locks, armrests, footrests, wheels, tires, tire pressure, and casters are in good working condition.
- Check that the seat cushion is not bottoming out. The air level in inflatable cushions needs to be checked frequently. Gel cushions need to be massaged periodically to keep the gel from settling into hard lumps.
- Batteries should be fully charged before leaving home. Periodically, the batteries should be checked by a technician for proper fluid levels and for remaining charge capacities. A back-up fully charged battery is important in case of power outages or other emergencies.

Pushing a wheelchair downhill

- When the gradient is very steep, push the client down backwards to prevent the wheelchair user from tipping out.
- Never travel across an incline. The wheelchair is likely to fall over sideways.
- Turn wheelchair backwards to prevent the client from being pitched forward.



Hearing Loss

Infections, certain medications, exposure to very loud noises over a long period of time, and aging can all result in hearing loss.

Hearing loss often occurs gradually and many people are unaware they are experiencing a problem. Those over the age of 65 rank it as one of the most limiting of health problems, second only to arthritis. **60 percent of people who need hearing aids go without.**

As a caregiver, it is important that you be aware of possible hearing loss concerns a client may be experiencing including:

- being aware of the symptoms of hearing loss;
- being resistant to wearing his/her hearing aid(s) or being resistant to visiting his/her doctor for a hearing test.

Signs of hearing loss

- the client turns up the volume on the television and/or radio;
- a client is cupping his/her ears after everything you say;
- a client asks you to repeat yourself all of the time or he/she does not clearly understand what you have said ;
- high-pitched tones may sound fuzzy and letters that have "s", "f", and "t" may not be clearly understood.

If you are concerned about a client's hearing loss, make sure to document and report it to the appropriate person in your care setting.



Resistance to wearing hearing aid(s)

Many people will go to any length to deny that they have a hearing loss. Most often this is because he/she thinks a hearing aid makes them look and feel old, he/she is embarrassed by the hearing loss, or he/she is reluctant to make a change and learn to adjust to wearing a hearing aid.

Acknowledging that there is a hearing problem is the first step in successfully helping a person get help. There are amplification devices for the telephone and radio, hearing aids, and certain techniques like lip reading that can help with hearing loss.

What you can do to help

- Nagging a person who has a hearing loss rarely works and can make him/her feel inadequate and alone. Be supportive and encouraging.
- Introduce the person to someone who wears a hearing aid who is positive, active, normal, and adjusted to wearing it. **This has convinced more people to pursue hearing aids than any other method.**

- Make small steps in your encouraging requests. "Would you think about going to"; later on ask: "Would you seriously consider doing.....?"; and then: How about if I make an appointment with.....?"

Adjusting to wearing a hearing aid

Once the client has received the hearing aid, it will take several weeks and sometimes longer for him/her to learn how to use and be comfortable with the aid. During this time frame it is important that the client return to the doctor to have a final adjustment and to also talk about issues he/she may be having adjusting to the hearing aid.

Provide the person with lots of support and encourage family members and friends to comment on how much better the client is hearing since the hearing aid was put in.

Myths and Facts about Hearing Aids

Myth: Hearing aids restore hearing to normal just as an eyeglass prescription can restore vision to "20/20".

Fact: Hearing aids do not restore hearing to "normal", they benefit and improve the hearing and listening abilities as well as the quality of life.

Myth: A hearing aid will damage your hearing.

Fact: A properly fitted and maintained hearing aid will not damage your hearing.

Myth: Wearing a hearing aid is a sign you're getting old.

Fact: Hearing impairments are common in older adults, however there are many middle aged people affected, as well as children.

Myth: Hearing aids are large and unsightly. Most people don't want to wear them.

Fact: Most people are not aware of the latest advances that have been made in hearing aids. There are hearing aids that are small, discreet and fit "in the ear", the hearing aid is dependent upon the type of hearing loss the person is experiencing.

Information on coping with hearing loss is available by calling the free and confidential help line at 1-888-4ELDERS (1-888-435-3377 or TTY: 206-448-5025) or visit

<http://www.4elders.org/HearingLoss.htm>

Tips on Handling Difficult Behaviors

The following are some suggestions for dealing with difficult behaviors. Talking with your supervisor, a health care professional, or case manager can also be helpful in finding ways to handle difficult situations or people.

Always remember to protect yourself. Being a caregiver does not mean that you have to put up with anything that is disrespectful or harms you in any way.

Coping with another person's anger

- Don't take the anger personally. Most times another person's anger is directed at what you represent or the situation, not at you as a person.
- Acknowledge the anger and let the other person know that you realize he/she is angry.
- Listen carefully to what the other person has to say. Allow the person to express the anger before responding.
- Find something to agree about.
- Keep your tone of voice calm and your pitch low.
- Give the person a chance to make decisions and be in control.
- Look for patterns to the angry behavior. Try to break the pattern. If you can avoid the triggers that lead up to an angry outburst, you can reduce frustration for both of you.
- Help the person regain a sense of control by asking if there is anything that would help him/her feel better.
- Offer alternative ways to express anger (e.g., a punching a pillow, a complaint list).
- Know when to back off. Sometimes when people are angry, they need time alone to cool down and take a breather. If either of you is losing control of the situation, walk away.
- Take several deep breaths, count to 10.



If the person is unable to control the anger and/or you fear that he/she could be a threat to you, to him/herself or to others, get help.

Tips for expressing your own anger

- Learn to recognize and acknowledge the fact that you are/feel angry.
- Decide whether or not it is appropriate to express your anger. Think carefully before you respond.
- If you don't feel you can control your anger, take a "time out" (e.g., leave the room and take a walk outside until you feel calmer).
- Express your anger directly and appropriately using "I" statements.
- Once you've acknowledged and expressed your anger, let it go.



When anger turns to possible violence

- Do not isolate yourself with a person you think may be dangerous. Keep a safe distance, do not turn your back, and stay seated if possible. Leave the door open or open a closed door, and sit near the door. Be sure someone else is near to help, if needed.
- Use a calm, non-challenging approach to cool down the situation. Move and speak slowly, quietly, yet confidently. Be respectful.
- NEVER touch the person or try to remove him/her from the area. Even a gentle push or holding the person's arm may be misinterpreted and the person may respond with violence.
- Use delaying tactics to help give the person time to calm down (e.g. offer a drink of water in a paper cup).
- If the situation worsens, find a way to excuse yourself, leave the room/area and get help. *"You've raised some good questions. I'll talk with my supervisor to see what we can do." "I think I hear someone at the door. Excuse me for a minute while I go see who it is."*



If the person has some kind of dementia

People with dementia may be easily confused and suspicious. They may think that others are trying to do them harm. As a result of delusions or hallucinations, drug reactions, and pain, some people may become violent. For example, a person may become violent from being too cold in a bath.

- Always see if you can figure out what may be happening. Is there a pattern? Do violent behaviors occur at certain times or in reaction to certain events, people, or things? Take advantage of any patterns or cues to try and stop the problem from happening.
- Try distraction. Set up ways to distract the person if you see a violent outburst coming. Know and use things the person likes (e.g. going for a walk, listening to music, having a snack) and offer these.
- Get help. If you see that these behaviors come on during certain activities (like bathing or dressing), try to get others to help you at these times.
- If all else fails, protect yourself. Stand out of range. If you feel that the person may injure you, leave the room and get help.

Handling inappropriate sexual behaviors

- Decide ahead of time how you will react if the client exhibits sexually inappropriate behaviors. Having a plan will help you remain calm and know how to handle the situation if the problem arises.
- Even though the behavior may be upsetting and/or embarrassing for you, try not to overreact. The client is reacting to what feels good and has forgotten the rules.
- Find ways to redirect the client into another activity or remove him/her from the area if in a public setting.
- Respond calmly and firmly.

Disrespectful behavior

- Calm yourself. The natural response to being treated disrespectfully is anger. Take several deep, relaxing breaths. Now you are ready to respond effectively.
- Give clear feedback. Let the client know what he/she has done that was disrespectful and how it makes you feel. Be specific, use "I" statements, and keep your comments brief and factual. "When you use that tone of voice with me, it upsets me and I feel unappreciated".
- Set clear boundaries and communicate politely how you wish to be treated.
- Respond in a positive rather than a negative way.
- Listen to what the client might actually be saying behind the disrespectful words.
- Ask the client "What's wrong? Did I do something to offend you? If I did, I'm sorry." This can set the stage to resolve rather than fuel the situation.
- Identify what, if anything, is in the environment that may be causing the behavior (e.g. too much coffee, watching crime shows on TV) and decrease these activities.
- Know what medications your client is taking and the possible side effects and rule out any issues or concerns.

Oral Health

Tooth Decay

Tooth decay or having a cavity is caused when bacteria (germs) in the mouth create acid from the foods we eat. The acids destroy the enamel of the teeth, causing holes or cavities to form. As the disease progresses, the teeth may become sensitive to hot, cold, or sweets, and an infection (abscess) may develop. If the tooth cannot be repaired, it may need to be removed, which can create new problems with eating, speaking, and self-esteem.



Gum Disease

Gingivitis is when the plaque (the germs and food that stick to our teeth) is not removed from the teeth each day, the bacteria irritate the gums, causing gingivitis. The gums may become red and swollen, and may bleed easily when brushed or flossed.

If the gingivitis is not controlled, the bacteria may destroy the bone that holds the teeth in place. This is called Periodontal Disease. When the bone is destroyed, the teeth may become loose and may need to be removed. Diabetics and smokers are at greater risk for developing periodontal disease.

Dry Mouth

Dry mouth leaves the teeth, gums, tongue, and other mouth tissues feeling dry. Dry mouth can be caused by medication side effects, saliva gland problems, or chemo or radiation therapy. With dry mouth, the teeth are more likely to decay because there is not enough saliva to wash away food particles and acids. Gum problems and other infections can also develop.

Dry mouth products and saliva substitutes are available to decrease symptoms. Encourage the client to contact his/her doctor or pharmacist regarding medication side effects. Sugarless gum or mints containing xylitol are a good way to stimulate saliva flow and protect your mouth. Never suck on sugary candy to moisten the mouth.

Oral Cancer

Cancer can appear anywhere within the mouth: tongue, lips, cheeks, gums, roof or floor of the mouth, and throat. Tobacco and alcohol increase the risk of developing cancer. Oral cancer is usually painless in its first stages, so symptoms may be ignored until the condition becomes painful. Warning signs of oral cancer include:

- sores that do not heal within 2 weeks;
- lumps, bumps, or swelling;
- red or white patches or sores;
- difficulty chewing or swallowing.



It is important to have anything that doesn't heal within two weeks checked by a physician or dentist.

Five A Day – Adding More Fruits and Vegetables into the Diet

Eating five fruits and vegetables daily may help reduce the risk of certain types of cancer, heart disease, stroke, diabetes, and other diseases. Even so, many people do not eat enough fruits and vegetables.

Five servings is actually the **minimum** number of fruits and vegetables to be eaten daily. Seven to ten servings may be needed depending on the person's age group, sex, weight, and activity level.

Serving size

Getting more daily servings of fruits and vegetables is easier to do when people realize serving sizes are generally smaller than they think. A serving size is:

- one medium-size fruit;
- 1/2 cup raw, cooked, frozen or canned fruits (in 100% juice) or vegetables;
- 3/4 cup (6 oz.) 100% fruit or vegetable juice;
- 1/2 cup cooked, canned or frozen legumes (beans and peas);
- one cup raw, leafy vegetables;
- 1/4 cup dried fruit.



Tips to adding more fruits and vegetables

- Make it a habit to include one or more servings of vegetables or fruits at each meal and during snack times. Offer a salad with lunch and an apple for an afternoon snack.
- Keep fruits and vegetables where you can see them. Store cut and cleaned vegetables at eye-level in the refrigerator or keep a bowl of fruit on the table.
- Start the day with 100% fruit or vegetable juice.
- Keep things fresh and interesting by combining fruits and vegetables of different flavors and colors, like red grapes with pineapple chunks, or cucumbers and red peppers.
- Add fresh fruits and vegetables to foods your client already eats — like berries and bananas to yogurt or cereal, vegetables to pasta and pizza, and lettuce, tomato, and onion to sandwiches.
- Frozen fruits and vegetables are healthy and ready when you need them. Add frozen mixed vegetables to canned or dried soups and casseroles.
- Make a quick smoothie using frozen fruit.
- Add a fresh fruit topping on low fat ice cream.
- Freeze leftover vegetables to add to stews.

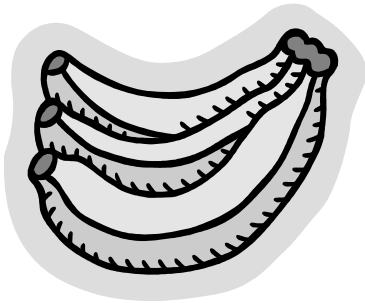
If the only change people made was to eat 5 or more servings of vegetables and fruit each day, cancer rates could drop by at least 20%.

Harvard School of Public Health study

Affording Five A Day

Getting enough fruits and vegetables does not mean spending lots of money. Fruits and vegetables are actually good buys considering the amount of healthy nutrients in them.

- Compare brands of frozen and canned items to get the best deals.
- Buy fruits and vegetables on sale and stick to those that are in season.
- Buy frozen and canned fruits and vegetables. They are often less expensive.



Keeping things fresh

Encourage a client to buy both fresh as well as canned or frozen fruits (preferably in light syrup or water) vegetables, and juices. Use the fresh first and save the canned items for later in the week. Buy both ripe and not-so-ripe fresh fruits and vegetables. For example, buy both yellow and green bananas so that the not-so-ripe bananas will last a few days longer and be ready to eat after the ripe ones are gone.

Eating a Rainbow of Color

In recent years, scientists have begun to understand that the color of a food says something about its nutritional value. Colorful fruits and vegetables provide the wide range of vitamins, minerals, fiber, and chemicals the body uses to maintain good health and energy levels, protect against the effects of aging, and reduce the risk of certain cancers and heart disease.

One of the best ways to keep your body healthy is to try to eat many different colors of fruits and vegetables every day.

Blue/Purple: memory, healthy aging, and urinary tract

Red: heart, memory, urinary tract

Green: vision, strong bones and teeth

Yellow/Orange: heart, vision, immune system

White: heart and maintaining healthy cholesterol levels

The Rainbow Chart of Fruits and Vegetables



RED

ORANGE/YELLOW

GREEN

BLUE/PURPLE

WHITE

RED	ORANGE/YELLOW	GREEN	BLUE/PURPLE	WHITE
Red apples	Yellow apples	Green apples	Blackberries	Bananas
Beets	Apricots	Artichokes	Blueberries	Cauliflower
Red cabbage	Butternut squash	Asparagus	Eggplant	Garlic
Cherries	Cantaloupe	Avocados	Figs	Ginger
Cranberries	Carrots	Green beans	Juneberries	Jicama
Pink Grapefruit	Grapefruit	Broccoli	Plums	Mushrooms
Red grapes	Lemons	Brussel sprouts	Prunes	Onions
Red peppers	Mangoes	Green cabbage	Purple grapes	Parsnips
Pomegranates	Nectarines	Cucumbers	Raisins	Potatoes
Red potatoes	Oranges	Green grapes		Turnips
Radishes	Peaches	Honeydew		
Raspberries	Pear	Kiwi		
Rhubarb	Yellow peppers	Lettuce		
Strawberries	Pineapple	Limes		
Tomatoes	Pumpkin	Green onions		
Watermelon	Yellow squash	Peas		
	Sweet corn	Green pepper		
	Sweet potatoes	Spinach		
	Tangerines	Zucchini		
	Yellow tomatoes			

Clients who have difficulty with eating

Difficulty chewing

Chewing problems can be due to dentures or other mouth pain. Encourage a client to visit his/her dentist since many problems are treatable. Encourage a client to try:

- cooking all foods until soft and tender;
- cutting food into small bites and eating slowly.



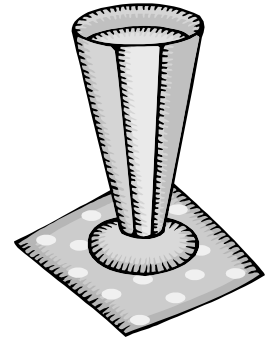
Serve:

- fruit and vegetable juices;
- soft canned fruit;
- creamed and mashed vegetables;
- substituting ground or finely cut meats in place of whole meats;
- eggs, yogurt, puddings and soup (never use raw eggs);
- cooked cereals, rice, bread pudding and soft cookies;
- foods with sauces to make them moist and easy to chew.

No appetite

A client may not feel like eating due to a reduced ability to taste and smell, medications, depression, denture pain, or constipation. Encourage the client to try:

- talking with his/her doctor;
- eating 4-6 smaller meals during the day;
- increasing his/her activity level (if able);
- choosing healthy, high calorie, high protein foods or adding nutritionally balanced drinks;
- eating the biggest meal when his/her appetite is best;
- adding more spices and/or herbs to food to increase the flavor.



Dysphagia

Food Preparation

Foods that are difficult for clients with dysphagia to eat include:

Foods that fall apart

Dry bread; crackers
Chips and nuts
Thin, pureed applesauce
Plain rice
Thin, hot cereal
Plain ground meats
Cooked peas or corn

Bulky or sticky foods

Fresh white bread
Peanut butter
Plain mashed potatoes
Bananas
Refried beans
Bran cereals
Chunks of plain meat
Raw vegetables and some fruits

Foods can be thickened or thinned to individual requirements. Many foods can be used to change a liquid to a different consistency. The amount of thickening agent needed to reach a certain food consistency varies depending on the food being thickened and on the thickening agent used.

To Thicken Foods Add:

Baby cereal
Bread crumbs
Cornstarch
Cooked cereals (cream of wheat or rice)
Custard mix
Graham cracker crumbs
Gravy
Mashed potatoes/instant potato flakes
Plain unflavored gelatin powder
Baby foods: fruits, meats, vegetables
Saltine cracker crumbs
Plain sauces (white, cheese, tomato)

To Thin Foods Add:

Broth
Bouillon
Gravy
Juice
Liquid flavored gelatin
Melted hot butter/margarine
Milk (hot or cold)
Plain yogurt
Strained pureed soups

Tips to make foods easier to chew and swallow

- To avoid forming a hard crust on the top of a food or around the edges, cook the food in a covered casserole dish. To make soft scrambled eggs, cook the eggs in the top of a double boiler.
- To keep meat or fish moist, cook in tomato juice or tomato soup.
- To make pureed meat, first drain soft, cooked meat. Place meat in a food processor or blender to make a paste. Add hot liquid (broth) to the paste and thin to desired consistency.

General tips when helping a client with dysphagia eat

- Let the person see, smell, and taste the food to encourage saliva to flow and to improve his/her appetite before he/she starts eating.

- Avoid having the client talk while eating.
- Place food in the middle of the front third of the tongue, and push the tongue down (this stops the tongue falling back into the mouth and getting in the way of the swallow).
- Watch for pocketing of food. If this happens, remove the pocketed food and have client slow down or ask the client to do a "tongue sweep" if he/she is able.
- You may need to prompt the swallowing process with statements like "chew thoroughly", "swallow again", "hold your breath while you swallow", and "clear your throat".

Adding calories

Often, getting enough calories can be a concern for a client with dysphagia. Below is a sample menu and some recipes.

Sample menu

Breakfast	Thickened coffee or tea; suitable cereal (e.g. porridge or rice pudding served with brown sugar and whipped cream)
Mid-morning	Thickened juice, smooth full fat yogurt, or fortified milkshake
Lunch	Thickened soup, mashed potato, pureed spinach, pureed fruit
Afternoon	Thickened coffee, tea, soft cakes, and biscuits
Evening	Thickened soup, pureed meat, mashed potato, soft-boiled vegetables, fruit (banana or stewed fruit), thickened tea
Late evening	Thickened juice

Recipes

Fruit shake

In a blender, place 1-1/2 cups of fresh, frozen, or canned fruit with 1 cup fortified milk. Mix until smooth.

Fruit Blend

In a blender, mix ¼ cup apple juice, ¼ cup orange juice, and 1 cup canned peaches or pears. Mix until smooth.

High-Protein Smoothies

In a blender, mix 1 cup fruit-flavored yogurt and 1 cup fortified milk with soft, fresh, peeled fruit or soft, canned fruit, and 1 cup of cottage cheese. Mix until smooth.

Cottage Cheese Pudding

Mix together ¼ cup cottage cheese and 3 tablespoons of baby fruit. Chill.

Creamed Vegetable Soup

In a blender, add ½ cup strained or very soft cooked vegetable; ½ cup fortified milk, cream, or plain yogurt, 1 teaspoon margarine, salt, onion powder, and crushed dried parsley flakes to taste. Mix to desired consistency.

Tips for Getting a Good Night's Sleep

If you are having sleep problems (not able to fall asleep, wake up too often, don't feel well-rested when you wake up in the morning) or simply want to improve the quality and quantity of your sleep, try the following techniques.



- Establish a regular time for going to bed and getting up in the morning.
- Use the bed for sleep only, excessive time in bed seems to fragment sleep.
- Avoid naps, especially in the evening.
- Exercise in the morning is best. However, if the morning does not work then exercise before dinner. A low point in energy occurs a few hours after exercise; sleep will then come more easily. Exercising close to bedtime, however, may increase alertness.
- Take a hot bath about an hour and a half to two hours before bedtime. This alters the body's core temperature rhythm and helps people fall asleep more easily and more continuously. Taking a bath close to bedtime can also increase alertness.
- Do something relaxing in the half-hour before bedtime. Reading, meditation, or a leisurely walk are all appropriate activities.
- Keep the bedroom relatively cool, well ventilated, and in complete darkness if possible.
- Eat light meals and schedule dinner four to five hours before bedtime. A light snack such as fruit or a slice of turkey meat can help sleep. A large meal prior to going to bed may have the opposite effect.
- Avoid fluids just before bedtime so that sleep is not disturbed by the need to urinate.
- Avoid caffeine in the hours before sleep. Avoid alcohol beverages prior to going to bed.
- If you are still awake 20 minutes after trying to get to sleep, go into another room and read, journal, or do a quiet activity using dim lighting until feeling very sleepy. Avoid watching television or using bright lights.
- If a specific worry is keeping you awake, try to think of the problem in terms of images rather than in words. This method may allow you to fall asleep more quickly and to wake up with less anxiety.
- The essential oil of lavender promotes calming that leads to sleep.
- Wear socks to bed.
- Avoid using loud alarm clocks.
- Get to bed as early as possible.
- Lose weight.

Stretching

Flexibility is necessary to perform tasks that require bending, lifting, twisting, and reaching. Muscles shrink and weaken if they are not used. If your muscles are not flexible you may be at risk for muscle pulls or tears which can be very painful. Stretching will help you maintain good posture, keep your joints functional, and will prevent injuries.

Stretching tips

- It is recommended that you warm up the body prior to stretching as this will increase blood flow around the body and your muscles will become more limber.
- If you are unable to warm-up, then stretch after a warm shower or bath. Your muscles will be more pliable and receptive to stretching.
- Begin with gradual mobility exercises of all the joints (e.g., rotate the wrists, bend your arms, and roll your shoulders).
- Stretch before and after you exercise or do stretches 2-3 a week. It only takes 5 to 10 minutes and you can do the exercises wherever you may feel comfortable.
- Never bounce while stretching as it can cause muscle damage.
- Hold the stretch for 15 to 20 seconds. You may feel some discomfort, if you feel pain then you must stop the stretching exercise.
- Remember to breathe, do not hold your breath.



Don't do stretching exercises as soon as you wake up. This is the time when you are most likely to pull a muscle.



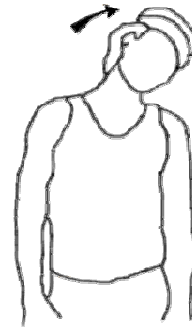
Water aerobics and swimming are excellent for increasing flexibility. The warmer water helps relax muscles and the reduction of gravitational pull allows for a wider range of motion.

See the following page for some sample stretching exercises.

Stretching Exercises

Stretches side of neck

1. Sit or stand with arms hanging loosely at sides.
2. Tilt head sideways, first one side then the other.
3. Hold for 5 seconds, relax, and repeat 1-3 times.

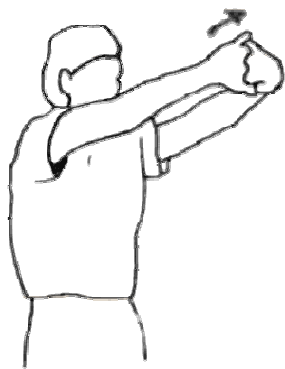


Stretches back of neck

1. Sit or stand with arms hanging loosely at sides.
2. Gently tilt head forward to stretch back of neck.
3. Hold 5 seconds, relax, and repeat 1-3 times.

Stretches side of shoulder and back of upper arm

1. Stand or sit and place right hand on left shoulder.
2. With left hand, pull right elbow across chest toward left shoulder and hold 10 to 15 seconds, relax, and repeat on other side.



Stretches shoulder, middle back, arms, hands, fingers, wrist

1. Interlace fingers and turn palms out.
2. Extend arms in front at shoulder height.
3. Hold 10 to 20 seconds, relax, and repeat.

Stretches triceps, top of shoulders, waist

1. Keep knees slightly flexed.
2. Stand or sit with arms overhead.
3. Hold elbow with hand of opposite arm.
4. Pull elbow behind head gently as you slowly lean to side until mild stretch is felt.
5. Hold 10 to 15 seconds, relax, and repeat on other side.



Stretches middle back

1. Stand with hands on hips.
2. Gently twist torso at waist until stretch is felt. Keep knees slightly flexed.
3. Hold 10 to 15 seconds, relax, and repeat on other side.



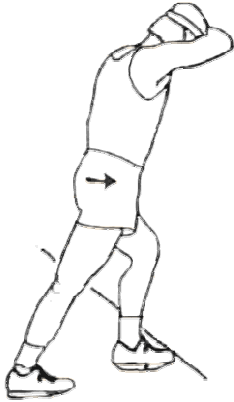
Stretches front on thigh (quadriceps)

1. Stand a little a way from wall and place left hand on wall for support.
2. Standing straight, grasp top of left foot with right hand.
3. Pull heel toward buttocks.
4. Hold to 20 seconds, relax, and repeat on other side.



Stretches calf

1. Stand a little way from wall and lean on it with forearms, with head resting on hands.
2. Place right foot in front of you, leg bent, left leg straight behind you.
3. Slowly move hips forward until you feel stretch in calf of left leg.
4. Keep left heel flat and toes pointed straight ahead.
5. Hold easy stretch 10 to 20 seconds. Do not bounce or hold your breath.
6. Repeat on other side.



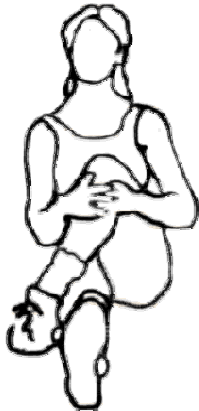
Stretches inner thigh, groin

1. Stand with feet pointed straight ahead, a little more than shoulder-width apart. If necessary, hold on to something (chair, etc.) for balance.
2. Bend right knee slightly and move left hip downward toward right knee.
3. Hold 10 to 15 seconds, relax, and repeat on other side.



Stretches side of hip, hamstrings

1. Sit on floor with right leg straight out in front.
2. Bend left leg, cross left foot over, place outside right knee.
3. Pull left knee across body toward opposite shoulder.
4. Hold 10 to 20 seconds, relax, and repeat on other side.



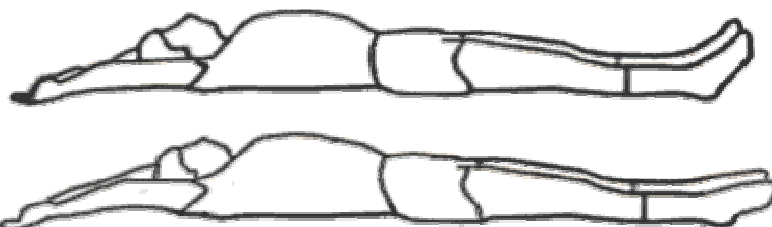
Stretches lower back, side of hip, and neck

1. Sit on floor with left leg straight out in front.
2. Bend right leg, cross right foot over, place outside left knee.
3. Bend left elbow and rest it outside right knee.
4. Place right hand behind hips on floor.
5. Turn head over right shoulder, rotate upper body right.
6. Hold 10 to 15 seconds, relax, and repeat on other side.



Stretches shoulders, arms, hands, feet and ankles

1. Lie on floor, extend arms overhead, keep legs straight.
2. Reach arms and legs in opposite directions.
3. Stretch 5 seconds, relax.



Encouraging a Client to be Physically Active

Many people with some level of disability or chronic illness assume it is too late to make changes. However, there is strong, scientific evidence that it is rarely too late for healthy life-style choices to positively, and often greatly, impact a person's physical, emotional, and mental health.

Strengthening activities can help a client:

- keep muscles and bones strong;
- increase strength and independence;
- reduce the need for a cane; and
- reduce the risk of bone fractures and other injuries, or make recovery faster if he/she is injured.

Regular **endurance (aerobic) activity** can help a client:

- lose or maintain weight;
- strengthen the heart and lower your blood pressure and cholesterol;
- keep joints moving and reduce arthritis pain;
- lower stress and boost his/her mood;
- have more energy; and
- meet new friends by joining a class or walking group.

A caregiver's role in a client's physical activity

Your role as a caregiver is to help a client remain as physically active as possible. This can mean:

- giving the client the extra time it takes for him/her to do a task by themselves;
- having a good understanding of the key benefits of remaining active;
- educating the client of the many benefits to him/her of remaining active;
- serving as a role model by making healthy choices and being physically active; and
- encouraging the client to talk with his/her health care provider about this issue and steps he/she can take to stay or become more physically active.

Additional Resources

An excellent, free booklet that gives examples and illustrations on how to do strengthening, endurance, balance, and flexibility exercises is "*Exercise: A Guide from the National Institute on Aging*". It can be found on the web at:

<http://www.niapublications.org/exercisebook/index.asp> or by calling 1-800-222-2225.

Many people who have become physically frail due to inactivity can more than double their strength through simple exercises in a fairly short time. For some, that can mean the difference between getting up from a chair by themselves or depending on someone to help them. In one study, some people 80 and older progressed from walkers to using canes after doing simple muscle-building exercises for just ten weeks.

The National Institute on Aging





Revised
Fundamentals of Caregiving

Glossary

A

Word	Definition
Abandonment	Leaving or deserting a person without a way or the ability to care for him/herself
Abdomen	The lower half of the trunk of the body
Abuse	A willful action or inaction that leads to harm
Active listening	A way of listening that focuses entirely on the other person and makes sure you understood what was said
Activities of Daily Living (ADLs)	Everyday personal care activities, including bathing, toileting, dressing, grooming, hygiene, locomotion and eating
Administer	To give or apply something to someone
Advanced Directives	Written instructions that explain a person's wishes regarding medical decisions that must be made in the event s/he becomes unable to make decisions for him/herself
Adult Family Home	Residential, neighborhood home licensed to care for 2-6 people
Advocate	To support or take action for someone or something
Aging	Physical and mental process of growing old
AIDS (Acquired Immune Deficiency Syndrome)	Disease that attacks the immune system, preventing the body from fighting infection
Airborne spread	Contact with a germ traveling through the air
Allergy	High sensitivity and reaction to certain substances (e.g. certain foods, pollen, bee sting)
Alzheimer's Disease	Progressive, degenerative brain disorder that affects memory, judgment, and personality
Ambulation	The process of walking or moving about
Anatomical gift	An advanced directive that specifies which parts of a person's body may be used, after death, for transplantation or research purposes
Anatomy	Body structure
Anonymous	Not named or identified

APS	Adult Protective Services, the unit within DSHS that takes calls and investigates suspected abuse in a person's own home or apartment
Aspiration	Inhaling solids or fluids into the lungs
Assault	An unlawful personal attack
Assertiveness	Behaving confidently, not frightened to say what one wants or believes
Assessment	Gathering information to determine what help a client needs
Assessment Details	A section of a DSHS care plan that describes the client's strengths, limitations, and care task preferences, and provides specific caregiver instructions
Assistive devices	Equipment that helps a person perform a task and maintain or regain independence
Autism	A disease of the brain which may severely impair language ability or the ability to relate to other people

B

Bacteria	Microscopic organisms (germs), which can cause diseases
Baseline	What is "normal" for a client at a certain point in time
Bed bound	Confined to the bed
Bedpan	A pan used for elimination while confined to bed
Beliefs	Individual viewpoints, feelings, and opinions
Bias	An opinion that influences your judgment
Biological hazards	A risk of harm caused by some types of living things and/or their waste products
Bi-polar disorder	Also known as manic-depressive illness, a mood disorder which causes periods of greatly elated or excited moods as well as periods of low moods or depression
Bladder	Sac like organ that holds urine before it is excreted
Blood borne pathogens	Disease causing germs that spread through contact with blood
Blood pressure (BP)	The amount of pressure exerted against the walls of the blood vessels when the heart is pumping
Boarding Home	Larger, residential facility licensed to care for 7 or more people



Body care	Helping the client with exercises, skin care, including the application of non-prescribed ointments or lotions, and changing dry bandages
Body Language	What is communicated through gestures, posture, facial expression and eye contact
Body mechanics	A way of lifting to prevent injury
Body systems	Systems in the body that work together to make the body work right, such as the circulatory system, respiratory system, or skeletal system
Bony prominence	Place on the body where a bone is close to the surface of the skin, and protrudes, including the elbow, knee, and shoulder blades
Bowel movement	Process of getting rid of stool (feces) from the body
Brainstorming	Presenting possible solutions to solve a problem
Burnout	A state of physical, emotional, and mental exhaustion

C

CPR (cardiopulmonary resuscitation)	First aid procedure for sudden cardiac or respiratory arrest
Calorie	Measurement of the amount of energy food provides
Cancer	Cells that are diseased and grow out of control, spreading and destroying healthy tissue and organs
Cane	Walking stick used for balance or to support weight
Carbohydrates	Substances that provide energy to the body
Cardiovascular	Having to do with the heart, blood, and blood vessels
Cardiovascular Disease	Any disease that affects the heart or blood vessels in the body, also called heart disease
Caregiver	One who provides personal care, support, and assistance to another person
Care plan	A written plan that outlines everything the care team is to do to support the client
Care settings	Where a client lives (adult family home, boarding home or in-home)
Care team	Everyone who provides care for a client, including professionals, relatives, and the person receiving care

Case Manager	Person who helps the client define the services that are needed, documents them in the care plan, and provides on-going case management
Cataract	Clouding of the lens of the eye
Cell	The basic unit of all living things
Cerebral	Pertaining to the brain
Cerebral Vascular Accident (CVA)	Occurs when there is a stoppage of blood to brain tissue by a clot, clogging of an artery, or bleeding into the brain; also known as a stroke or brain attack
Chemical	A substance or compound
Chemical hazards	Products with hazardous ingredients
Chemotherapy	Treatment using drugs; mostly used for cancer
Choking	A condition caused by blocking the airways to the lungs
Cholesterol	A fatty substance found in body tissue and blood
Chronic Obstructive Pulmonary Disease (COPD)	A progressive and irreversible condition of the respiratory system in which the person has difficulty breathing due to a problem in the lungs
Circulatory system	The heart, blood vessels, blood, and all the organs that pump and carry blood and other fluids throughout the body
Client	The focus of the care team, the person who needs assistance
Cognitive	Thinking, the mental process of knowing
Cognitively impaired	Condition where a person has difficulty in processing information
Collaborative	Two or more people working together for a special purpose
Colostomy	An opening on the surface of the abdomen where the bowel is opened and redirected to the outside of the body
Comatose	Unconscious, not alert
Commode	Movable chair containing a built in bedpan
Communicable Disease	Any disease that is spread from one person to another
Communication	The exchange of information by talking, writing, gestures, or behavior
Confidential	Not revealing any personal information
Confusion	Mentally unclear or uncertain
Congestive Heart Failure (CHF)	The heart is not strong enough to pump blood throughout the body and pumps so weakly that blood backs up in the veins and body organs
Consent	Permission
Constipation	Difficult or painful bowel movement, hard stool



Contagious	Easily spread from one person to another
Contaminated	An area or object with a lot of germs
Contractures	When muscle tissue becomes shortened because of spasm or paralysis, either permanently or temporarily
Cross contamination	When germs from raw or contaminated food get into other foods that are not cooked or reheated before they are eaten
CRU	The Complaint Resolution Unit, the unit within DSHS that receives calls and investigates suspected abuse in an adult family home, boarding home or nursing home
Crutch	Supports that are used to assist in walking, they fit under the armpit and are usually used in pairs
Cue/Cuing	To remind or prompt someone
Cultural background	The attitudes and behavior characteristics of a particular social group or organization, including views about food, dress, religion, family relationships and roles
Custom	Long-established practice or belief, a way of doing things

D

Danger Zone	A zone of temperatures where germs grow quickly when potentially hazardous food is kept at those temperatures
Defecate	Have a bowel movement
Degeneration	Decline from a former or normal condition
Dehydration	Not enough fluid in the body
Dementia	General loss of intellectual functions plus personality changes
Dementing illnesses	Diseases which cause a loss of intellectual functioning; these include: Alzheimer's, Vascular dementia, Parkinson's dementia, Huntington's chorea, Pick's Disease, AIDS dementia, Jacob-Cruetzfeldt disease, and Korsakoff's disease
Demonstrate	To show
Denial	Refusing to believe
Dentures	False teeth or artificial teeth that may replace some or all of the person's teeth; may be described as being partial or complete, and upper or lower
Depression	"Low mood", may show a loss of interest in usual activities or have changes in appetite or sleep patterns, may show feelings of despair, worthlessness or suicidal thinking
Dermis	Inner layer of skin

Developmental disabilities	A condition beginning before the age 18, that is expected to last a person's lifetime and substantially limits him/her in some of these areas: self-care; communication; learning; mobility; and/or self-direction. Examples include mental retardation, cerebral palsy, and autism.
Diabetes	Type 1—a chronic disease of the endocrine system in which the pancreas makes little or no insulin Type 2—The pancreas makes insulin but the body does not use it properly
Diagnosis	Name of disease or medical condition
Diarrhea	Excessive amounts of liquid stool
Dietician	Health professional specializing in meal planning and preparation
Digestion	The bodily process in which food is broken down mechanically and chemically, and is changed into forms that can enter the bloodstream and be used by the cells
Digestive system	The group of body organs that carries out digestion, including the mouth, stomach, and intestines
Direct contact	Spread of infection directly from one person to another
Disability	Lacking one or more of the physical or mental abilities that most people have
Disease	A malfunction of some part of the body; does not have to be associated with age
Disinfecting	Using a bleach solution or another disinfectant to kill germs
Disorientation	Confusion regarding time, date, season, place or one's identity
Diuretics	A substance which increases the production of urine
Document	To make and keep a written record
Draw sheet	Sheet used to help move a person in bed
Droplet spread	Contact with germ infected secretions
Drug interaction	An interaction between a drug and another substance that prevents the drug from performing as expected
DSHS	The Department of Social and Health Services, the state agency that provides programs and services to help children, adults, and families in Washington state
DSHS plan of care	A plan of care (care plan) written by a DSHS representative for a DSHS client
Dysphagia	Difficulty with swallowing



E

E coli	Bacteria ingested through contaminated food or water causing inflammation of the small intestine
Edema	Swelling, retaining fluids in tissue; is often seen in the ankles, legs or hands
Elder abuse	The mistreatment of an elderly person
Elimination	The process of removing wastes from the body by the bowels or bladder
Emotion	Feeling
Emotional and social needs	Basic requirements for contentment and companionship
Enabler	Anything that helps a client take his/her own medication
Enema	Putting fluid into the rectum to cleanse or stimulate the bowels, or to give medication or other therapy
Environment	Surroundings which affect the individual, including light, sound, texture, and motion
Epilepsy	Disease of the nervous system which includes seizures
Essential shopping	Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health, maintenance, and well-being of the client
Excrete	To discharge from the body
Expiration	To breathe out air from the lungs
Extremity	Limbs of the body, including the arms and legs
Eye contact	Two people looking directly at each other

F

Facial expressions	The look on a person's face
Fecal impaction	A large mass of dry, hard stool that cannot be passed
Feces	Body waste from the bowel
Feedback	A reaction or response to something
Feeding tubes	Special tubes that are passed into the stomach for providing nourishment
Fever	Body temperature above normal
Fiber	Roughage essential for proper elimination

Financial exploitation	The illegal or improper use of a vulnerable adult's property, money, or resources
First aid	Emergency care that is done before medical help arrives
Flexibility	The ability to adapt or respond to changes or to bend a joint
Food borne illness	Any illness caused by eating contaminated food
Food groups	Grains, dairy products, fruits and vegetables, proteins
Fracture	Break in the continuity of a bone; a broken bone
Friction	Rubbing one surface against another

G

Gait belt	Wide belt used to assist in a transfer or when ambulating with a client
GI system (Gastrointestinal)	A term used to refer to the digestive system
Generic drug	A drug product that is no longer owned or controlled by a particular company
Genitals	External reproductive organs, "private" areas of body
Germ	Tiny, microscopic, living organism such as bacteria, virus, or fungus
Gestures	Movements made with your arms, hands or body
Glaucoma	Increased pressure inside the eyeball
Glucose	Sugar
Grand mal seizure	Seizure resulting in the loss of consciousness
Grief and grieving	A reaction to a loss
Grievance	A formal complaint
Ground Rules	Basic rules for behavior
Guilt	The feeling that something is one's fault

H

Habit	Something you do so often and regularly, sometimes without knowing that you are doing it
Hazards	Possible source of danger, potential for injury or harm



Health care directives	Written instructions that explain the person's wishes regarding any medical decisions that must be made in the event s/he becomes unable to make decisions for him/herself; also called Advanced Directives
Hearing aid	Device worn in the ear to improve hearing
Hearing impairment	Loss of sound, deafness
Heart disease	Abnormal condition of the heart and/or circulation
Hepatitis	A viral infection of the liver, includes Hepatitis A, B, C and others
HIV (Human Immunodeficiency Virus)	The virus which causes AIDS
Host	A plant or animal that another plant or animal lives on as a parasite
Hygiene	Being clean and sanitary
Hyperglycemia	Abnormally high level of sugar in the blood
Hypertension	Abnormally high blood pressure
Hypoglycemia	Abnormally low level of sugar in the blood
Hypotension	Abnormally low blood pressure

I

Immobile	Unable to move
Immune	Resistance to a particular disease because of the presence of antibodies
Immune system	A collection of cells, chemical messengers, and proteins that work together to protect the body from pathogens
Immunizations	A medical treatment given to protect against a particular disease
Impaction	Inability to have a bowel movement, bowels blocked by very hard stool
Impaired	Not working correctly
Inactive	Not active, not working
Incapacitated	Unable to act, respond (i.e. a person is unable to make decisions about his/her care)
Incident Report	A written record of something unusual, unexpected or a mistake
Incontinence	The inability to control bladder and/or bowel functions
Independent or Independence	To be self-reliant and able to do a task for one's self

Indirect contact	Touching something an infected person has touched
Indwelling catheter	A tube inserted into the bladder to drain urine
Infection	Growth of harmful germs in the body
Infection control	Stopping germs from spreading and causing infection
Infectious	Easily spread, capable of causing infection
Inflammation	The body's reactions to injury or infection, symptoms include redness, pain, and/or swelling of an area
Inhalation	To breathe in
Insomnia	Inability to go to sleep or stay asleep
Instrumental Activities of Daily Living (IADL)	Routine tasks performed around the home or in the community, including meal preparation, grocery shopping and housework
Insulin	Hormone made by the pancreas which breaks down sugar and starches
Insulin shock	Condition resulting from too much insulin or too little food causing very low blood sugar
Interactive Learning	Training in which the student is an active participant
Interpersonal	Relationships between people
Intestines	Bowels
Irreversible	A situation that cannot be changed back to the way it was
Isolation	Separation from others

J

Joint	A part of the body where two bones join together, such as knees, wrists, and elbows
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K

L

Labia	Folds of skin at entrance to vagina
Laundry	Washing, drying, ironing, and mending clothes and linens used by the client or helping the client to perform these tasks
Learning styles	The way a person uses his/her physical senses to learn
Lesions	Sores
Lift	Raise, move
Ligament	Tough cords of connective tissue binding bones together
Linen	Bedding, towels, gowns, masks, and other fabric articles



Locomotion	How someone moves
Lubricant	A substance, such as petroleum jelly, glycerin or cold cream, used to make a surface smooth or moist and to decrease friction or irritation
Lubricate	To make slippery or smooth

M

Mandatory Reporter	A person required by law to report suspected abuse, neglect or financial exploitation of a vulnerable adult
Malnourished	Condition resulting from not eating enough or not eating a healthy diet
Meal preparation	Includes planning meals and special diets, preparing meals for clients who are unable to participate, and cleaning up after meals
Medication administration	Putting the medication in the client's mouth or applying it to his/her eyes, ears, or skin, can only be done by an RN, LPN, family member or with Nurse Delegation
Medication assistance	To help a client to take his/her own medication, which includes coaching, handing them the medication container, opening the medication container, using an enabler, or placing the medication in the client's hand
Medication Route	The way a medication is taken, such as oral, topical, rectal, vaginal, inhaled, or injected
Mental abuse	Intentionally causing emotional pain or distress
Mental illness	A brain disorder that affects thoughts, emotions, and behavior
Mentally competent	Being able to think clearly and rationally
Microorganism	Disease-producing bacteria, or living matter, that is too small to be seen by the naked eye and is seen only with a microscope
Mobility	Ability to walk and move about
Mobility aids	Devices to help clients walk and move more easily, such as canes and walkers
Mucous	Sticky, wet liquid produced inside the nose and other parts of the body
Mucous membrane	Thin skin that produces mucous to protect the inner surface of the body, (i.e. nose and mouth)
Muscular system	The muscles, which make the body parts move
Myocardial infarction	Heart attack

N

NPO	Nothing by mouth, no food or beverages consumed by mouth
Natural body defenses	External and internal substances in the body that help destroy germs (i.e. skin, white blood cells, stomach acid)
Neglect and negligence	To refuse or fail to provide necessary care or basic life necessities
Non-ambulatory	Cannot walk
Non-verbal	Non-spoken expression, body language, facial expressions, and hand gestures
Normal aging	The usual process of getting older which includes predictable changes in the way the body functions
Nurse Delegation	When a RN delegates nursing tasks to qualified NACs and NARs
Nutrients	Any substance plants or animals need to live and grow
Nutrition	The body's process of taking in and using food

O

Obese	Overweight
Objective documentation	Writing down the facts only
Observe/Observation	To watch for changes in condition
Ombudsman	A person who advocates for the rights of clients in long-term care facilities
Open-ended questions	Questions that require explanation or discussion
Oral	Anything to do with the mouth
Oral hygiene	Cleaning of the teeth, mouth, and gums
Organ	A part of the body that performs a certain function, such as the brain, stomach, and lungs
Organism	Any living thing
Osteoporosis	Medical condition in which bones become brittle and fragile due to deficiency of calcium or vitamin D or hormonal changes

P

Pace	The speed at which something is done
Paralysis	Loss of ability to move a part of the body
Paranoid	A condition in which a person thinks something bad will happen or that people want to hurt him/her



Paraplegia	Paralysis from the waist down
Paraphrase	Repeat statement in your own words
Parkinson's	A disease of the central nervous system that progresses slowly and causes rigid muscles, shaking, tremors and weakness
Pathogen	Any germ causing disease
Pericare	Cleansing of the genital and anal areas of the body; also called perineal care
Perineum	The genital area; in men, it includes the penis and scrotum; in women, it includes the labia and vagina
Personal care services	Tasks done to help a client with activities of daily living and instrumental activities of daily living
Personal hygiene	Cleaning and grooming of a person, including care of hair, teeth, dentures, shaving, and filing of nails
Petit mal	Seizure which does not result in loss of consciousness
Pneumonia	Infection of the lungs, symptoms include fever, chills and cough
Positioning	How a person is placed when sitting or lying
Posture	A position or attitude of the body
Precautions	Measures taken beforehand to prevent possible danger
Prejudice	Making judgments or forming negative opinions, especially when formed without thought or knowledge
Pressure points	Places on the body where bone causes the greatest pressure on the muscles and skin
Pressure ulcers	Skin breakdown or injury caused by pressure that damages the skin and underlying muscle
Privacy	To screen from view when assisting with personal care or not talking about the client's personal matters
Problem solving	Process used to deal with difficult or complex situations
Procedure	The correct steps of doing something
Professional	Exhibiting a courteous, conscientious, and businesslike manner in the workplace
Professional boundaries	Appropriate limits in a job relationship
Professionalism	Following a high standard of personal conduct
Prosthesis	An artificial body part such as a leg, arm, breast, or eye
Protective barriers	Coverings to guard against infection, such as gloves, masks, or gowns
Psychological	Relating to an individual's mind
Psychosocial	Relating to an individual's emotional, psychological, and social well being

Pulmonary	Refers to the lungs
Pulse	Throbbing of the arteries caused by contractions of the heart as it pumps blood

Q

Quadriplegia	Paralysis from the neck down
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R

Range of motion	How much a joint can move
Rehabilitation	Restoring a person's physical and/or mental abilities
Reporting	Communicating important information
Resources	Available services and information
Respect	Holding someone in high regard
Respiration	Breathing, includes inhalation, or breathing in air, and exhalation, or breathing air out
Respiratory system	The group of body organs that carry on the function of respiration; the system brings oxygen into the body and eliminates carbon dioxide
Restraint	A device that restricts or limits movement
Rights	Standards of justice, law, and morality, examples are the right to privacy and the right to refuse medical treatments
Role	What a person is expected to do and not do
Routine	A schedule or way of doing things

S

Safety hazard	Dangerous condition or obstacle to security
Salmonella	Bacteria ingested through contaminated food or water causing an infection in the small intestine
Sanitize	To clean and disinfect
Secretion	To produce and release a liquid
Sedentary	A lifestyle that includes only the light physical activity associated with typical day-to-day life
Seizure	Abnormal function of the brain which causes convulsions
Self Directed Care	When an in-home client directs an Individual Provider to help him/her with health related tasks
Sensory	Relating to the senses of seeing, hearing, touching, tasting, and smelling



Service Summary	A section of the DSHS care plan that documents contact information, caregivers' schedules, and the client's goals
Sexual abuse	Any form of unwanted sexual contact
Sexuality	Characteristics or feelings relating to sex
Shock	A state of collapse resulting from reduced blood volume and blood pressure, usually caused by severe injuries such as hemorrhage or burns on many parts of the body; may also result from an emotional blow or pain
Side effects	A secondary and usually undesirable effect of a drug or therapy
Skeletal system	The bones and connections between them that provide the framework for the body
Skin	The organ of the body that covers the body and protects it, composed of layers of tissue
Skin breakdown	Any break in the skin, creating a risk for infection and further injury
Skin care	Cleansing and protection of the skin
Skin integrity	Skin without any wounds
Slide board	Board used to transfer people if there is no chance of spinal injury, also called a transfer board
Spinal cord	One of the main organs of the nervous system, it is inside the spine and carries messages from the brain to other parts of the body, and from parts of the body back to the brain; it is also called the backbone
Spiritual	Related to the spirit or soul, sacred, or religious
Sputum	Mucus coughed up from the lungs
Standard Precautions	Accepted practices used to prevent pathogens being spread through the blood, body fluids, non-intact skin or mucous membranes
Sterile dressing	A protective, bacteria-free, covering put on an injury
Sterilization	The process of destroying all microorganisms, including spores
Sternum	Breastbone
Stool	Feces, bowel movement
Stoma	An artificial opening connecting a body passage to the outside; i.e. colostomy, tracheostomy, ileostomy or urostomy
Stress	Any situation or thought that makes you feel frustrated, angry, or anxious

Stroke	Rupture or blockage of a blood vessel in the brain depriving parts of the brain of blood supply, also called a brain attack
Subjective documentation	Writing down your personal feelings, impressions, or interpretations
Symptom	Evidence of disease, disorder, or condition

T

Temperature	Measurement of heat
Tendons	Tough cords of connective tissue that bind muscles to other body parts
Therapeutic	Medication or activity that helps one to recover or heal
Thermometer	Instrument for measuring temperature
Tone	The sound or pitch of the words you speak
Tools	Techniques or objects that help you accomplish a task
Toxins	A poisonous substance, can be produced by bacteria, and cause illness and disease
Transfer belt/gait belt	A belt worn around the waist to aid in transfers and walking
Transfer board	A flat board that enables a person to slide from one level surface to another
Transfers	Moving a person from one place to another
Transmitted	The process of passing something from one person or place to another
Travel to medical services	Accompanying and/or transporting a client to a physician's office or clinic in the local area to obtain medical diagnosis or treatment
Tuberculosis (TB)	An airborne disease caused by bacteria, primarily affects the lungs
Tumor	An abnormal growth in or on the body; can be benign, or malignant. A malignant tumor is also called "cancer"

U

Unconscious	Not alert, unable to respond
Universal Precaution	Safety measures used when dealing with blood and body fluids
Urinalysis	Lab test to urine for diagnostic purposes
Urinal	Container used for urinating
Urinary Catheter	A tube inserted into the bladder to drain urine
Urinary incontinence	The inability to control bladder functions



Urinary system	The group of organs which have the function of making urine and discharging it from the body
Urinary Tract	The organs of the body that produce and discharge urine, including the kidneys, ureters, bladder and urethra
Urinary Tract Infection (UTI)	An infection of one or more parts of the urinary tract, may have no symptoms
Urination	The process of getting rid of urine from the bladder
Urine	Liquid waste from the kidneys

V

Values	A particular behavior or tradition seen as important
Vein	Blood vessel that carries blood to the heart
Verbal	Spoken words
Vertebrae	Bones of the spine
Virus	The smallest known living disease-producing organism
Visualization	Seeing something in your mind
Visually impaired	Blindness or loss of sight
Void	Urinate
Vomiting	Throwing up the contents of the stomach out of the mouth
Vulnerable	Easily hurt, influenced, or attacked
Vulnerable adult	A person who is 60 years of age, or older, who is not able to care for him/herself because of a functional, mental or physical disability; or is 18 or older who: lives in an adult family home, boarding home, or nursing facility; receives personal care services in his/her home; has a developmental disability; or is incapacitated

W

Walker	A support used for walking
Weight	Measure of heaviness
Wheelchair	Chair mounted on wheels
Wood supply	Splitting, stacking or carrying wood for the client when wood is the sole source of fuel for heating or cooking, is limited to wood at the home and does not include using a chainsaw or felling trees
Wound	Any break in the skin or an organ

Arthritis

WHAT IT IS

Arthritis is a chronic condition that causes pain in joints. There are different kinds of arthritis, which require different treatments. The major kinds of arthritis are:

Osteoarthritis (OA) – the most common type of arthritis that affects weight-bearing joints including hands, fingers, hips, knees, and spine. OA causes stiffness and pain in the affected joints.

Rheumatoid arthritis (RA) – a degenerative joint disease that causes stiffness and pain. RA can affect any or all of the joints of the body, and is accompanied by fever, fatigue, and a general sense of not feeling well. RA has the potential for causing the most damage, since it can affect almost all of the joints of the body.

Gout – is caused by uric acid build-up in the body resulting in pain, redness, and swelling in small joints, mainly the great toe.

SIGNS/SYMPTOMS

- redness, swelling, or warmth in a joint
- reduced ability to move the joint
- aching pain and/or stiffness in the joint(s)
- stiffness in the morning
- slower movement
- complaints of aches and pains, or avoidance of activities

TYPES OF TREATMENTS

Goals of treatment are to reduce pain and inflammation, slow down or stop joint damage, and improve the person's ability to function. Many treatments may be used at one time, and may include:

- prescription and OTC medications to treat pain and decrease inflammation;
- nutritious diet, to maintain or decrease weight and improve overall health;
- rest, to improve the body's ability to repair itself;

- exercise or stretching, to increase joint mobility and decrease stiffness;
- surgery to replace a joint (commonly hip and knee); and
- alternative therapies, including:
 - ◆ heat and cold therapy – for some kinds of arthritis, heat can temporarily relax joints, especially before exercise. Hot compresses and warm baths can help. Cold compresses can be applied to sore joints to decrease pain.
 - ◆ acupuncture – many people with arthritis believe that acupuncture reduces pain and/or decreases stress associated with the disease.
 - ◆ stress reduction – stress may affect the amount of pain a person feels. Support groups and visualization techniques, along with other ways to relax and find comfort, can help to reduce stress.
 - ◆ vitamins and herbal supplements.
 - ◆ massage.

THINGS TO AVOID

- non-activity or overexercising
- taking medications, vitamins or herbal supplements without advice from the doctor or more frequently than recommended

WAYS TO PREVENT

Many cases are not preventable. The goal in these instances is to diagnose and treat arthritis early. For those cases that are preventable:

- maintain a healthy weight;
- get regular exercise (taking care not to overuse the joints);
- avoid repetitive motions in the same joints
- rest when needed; and
- eat a healthy diet with fruits and vegetables, along with vitamin supplements.

Arthritis

Caregiver Tips



THINGS TO WATCH FOR:

- side effects of medications

THINGS YOU CAN DO TO HELP:

- offer frequent rest breaks in combination with exercise
- encourage client to take prescribed medications
- help arrange the client's environment so that he/she can be as independent as possible

WHERE TO GET MORE INFORMATION:

The client's doctor

National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Information Clearinghouse
NIAMS/National Institutes of Health
1 AMS Circle
Bethesda, MD 20892-3675
www.niams.nih.gov/

Arthritis Foundation (National)
1330 West Peachtree Street
Atlanta, GA 30309
1-800-283-7800
www.arthritis.org

Arthritis Foundation
(Washington/Alaska Chapter)
3876 Bridge Way North
Suite 300
Seattle, Washington 98103
1-800-542-0295
E-mail: info.wa@arthritis.org

Bipolar Disorder

WHAT IT IS

Bipolar disorder, also called manic depression, is a serious brain disorder that causes extreme highs and lows in mood, energy, and functioning. It is a chronic and life-long condition.

SIGNS/SYMPTOMS

Because bipolar disorder has two phases, mania and depression, symptoms are different depending upon where the person is in his/her cycle of the disorder.

Signs/symptoms of manic phase may include:

- extremely happy mood;
- irritable and/or angry mood;
- increased energy and activity;
- more thoughts and faster thinking than normal;
- increased talking and faster speech than normal;
- unrealistic beliefs in one's abilities and powers
- poor judgment;
- increased sexual interest and activity;
- decreased sleep.

Signs/symptoms of depressive phase may include:

- "low" mood;
- decreased energy and activity
- change in appetite (either eating more or less);
- change in sleep patterns (either more or less);
- restlessness and irritability;
- less talking, slower speech;
- less interest and participation in activities normally enjoyed;
- decreased sexual interest and activity;
- feelings of hopelessness and helplessness;
- feelings of guilt and worthlessness;
- negative outlook;
- thoughts of suicide.

TYPES OF TREATMENTS

Since bipolar disorder cannot be cured, the goal of treatment is to manage symptoms with:

- medications to treat mania and depression; and
- behavioral therapy and support groups.

THINGS TO AVOID

- taking herbal or OTC medications in combination with prescribed medications without first talking with the doctor

WAYS TO PREVENT

Since the cause of bipolar disorder is unknown, there are no current prevention measures.

CAREGIVING TIPS



THINGS TO WATCH FOR:

- talk of suicide – get help immediately
- self-harm or behaviors that could harm others – get help immediately

THINGS YOU CAN DO TO HELP:

- encourage the client to take medications as ordered
- encourage meaningful activity
- listen to the client
- encourage the client to do as much for self as he/she can
- provide consistent routines
- encourage client to make healthy choices in diet, exercise, and alcohol consumption

WHERE TO GET MORE INFORMATION:

The client's doctor

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
National Helpline: 1-800-950-NAMI
www.nami.org

Cancer

WHAT IT IS

Cancer develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start with this abnormal cell growth.

SIGNS/SYMPTOMS

Many symptoms are related to where the cancer is located in the body (e.g. blood in stool from colon cancer or shortness of breath in lung cancer). Some cancers may not have any symptoms. The following symptoms are common with most cancers.

- fever
- chills
- night sweats
- weight loss
- loss of appetite
- fatigue

TYPES OF TREATMENTS

Treatment options may be used alone or combined, depending on the type of cancer and the condition of the client. Treatments include:

- surgery - if the cancer is contained to one area and has not spread, surgery may remove all or part of the cancer.
- radiation therapy - targets and kills cancer cells in a certain area of the body. Radiation can also affect normal cells.
- chemotherapy - a course of drugs that kill cells throughout the body, both cancerous and normal cells.
- medications - used to treat the symptoms of cancer and side effects of treatment (e.g. pain, fever, infection, and/or nausea).
- alternative therapies - either alone or in combination with the other options listed above, including:
 - ◆ acupuncture;
 - ◆ vitamins, minerals, and herbs;
 - ◆ nutrition;
 - ◆ meditation; and
 - ◆ faith healing.

THINGS TO AVOID

- smoking or chewing tobacco
- high fat foods
- people with infectious illnesses – people with cancer have immune systems that are not working well, so they are more likely to get an infection

WAYS TO PREVENT

Some forms of cancer are the result of family history (genetics). Although they cannot be prevented, they may be detected early for timely treatment. Efforts to prevent cancer include:

- avoid excessive alcohol, sun exposure, and tobacco;
- eat a low-fat healthy diet with plenty of fruits and vegetables;
- maintain a healthy weight;
- exercise regularly;
- get regular check-ups from the doctor; and
- avoid environmental pollution, like second-hand smoke and car exhaust.

CAREGIVING TIPS

THINGS TO WATCH FOR:

- pain
- infection
- weight loss
- confusion
- depression



THINGS YOU CAN DO TO HELP:

- encourage the client to exercise, rest often, eat nutritious meals, and drink fluids
- provide things that will bring comfort to decrease pain
- be sensitive to the client's physical and emotional state

WHERE TO GET MORE INFORMATION:

The client's doctor

The American Cancer Society
1-800-ACS-2345
www.cancer.org

Cataract

WHAT IT IS

A cataract is a clouding of the lens in the eye that decreases vision. Most cataracts are related to aging. A cataract can occur in either or both eyes. Because cataracts grow slowly, vision gets worse over time.

SIGNS/SYMPTOMS

- cloudy or blurred vision
- lights may appear too bright, like a glare - a halo may appear around lights
- colors don't appear as brilliant
- poor night vision
- frequent changes in glasses or contact prescriptions

TYPES OF TREATMENTS

Early treatment includes:

- stronger eye glass prescription;
- better lighting;
- anti-glare glasses and sunglasses; and
- use of a magnifying glass.

After the above options have been tried, the only other treatment is surgery. If a client has cataracts in both eyes, surgery will be done on one eye at a time to allow for healing between surgeries.

THINGS TO AVOID

- bright lights
- driving at night

WAYS TO PREVENT

- wear special sunglasses when outside to protect from ultraviolet B (UVB) rays
- avoid smoking
- avoid excessive alcohol

CAREGIVING TIPS



THINGS TO WATCH FOR:

- if client has had surgery, post-surgery pain
- tripping hazards in the home – ensure pathways are clear

THINGS YOU CAN DO TO HELP:

- assist client to get reading materials with large print
- ensure the home has adequate lighting
- assist client to walk as needed, especially in unfamiliar areas or uneven ground
- keep client's glasses clean and within reach
- encourage client to make and keep eye appointments

WHERE TO GET MORE INFORMATION:

The client's doctor

National Eye Institute
31 Center Drive MSC 2510
Bethesda, MD 20892-2510
(301) 496-5248
www.nei.nih.gov

Congestive Heart Failure (CHF)

WHAT IT IS

CHF is when the heart grows weaker and cannot pump enough blood throughout the body. This results in blood backing up into the lungs and/or other parts of the body. CHF often develops gradually over several years but can happen suddenly.

SIGNS/SYMPTOMS

- shortness of breath
- cough
- swelling in the legs and feet
- weight gain
- decreased alertness or concentration
- sleep problems
- dizziness

TYPES OF TREATMENTS

- a healthy life-style - to manage some of the symptoms of CHF
- medications
 - ◆ diuretics or “water pills” to decrease swelling
 - ◆ pills to lower blood pressure
 - ◆ pills to make the heart beat stronger and slower
- oxygen therapy - to help with breathing
- treating other illnesses – to improve symptoms of CHF
- fluid restriction - to avoid build up of fluid in the lungs

THINGS TO AVOID

- high-fat, high-salt foods
- smoking
- excessive alcohol
- environments that are too hot or too cold

WAYS TO PREVENT

- make healthy choices in diet (including a low-salt diet), exercise, and alcohol consumption
- avoid smoking
- keep other chronic illnesses like diabetes or heart disease under control

CAREGIVING TIPS

THINGS TO WATCH FOR:

The following symptoms are serious and should be reported immediately.



- sudden weight gain
- shortness of breath that gets worse
- leg swelling that is new
- coughing or wheezing
- needing to sleep propped up or sitting up
- chest pain or a heavy feeling in chest

THINGS YOU CAN DO TO HELP:

- encourage the client to make and keep doctor appointments
- encourage the client to take medications as prescribed
- encourage client to make healthy choices in diet, exercise, and alcohol consumption
- encourage the client to wear clothing that is:
 - ◆ not too tight – tight socks, stockings, shoes, etc. may block blood flow
 - ◆ appropriate for the weather – clothes that will make the client too warm or too cold causes the body to work harder to keep at the right temperature
- assist the client to conserve his/her energy when doing daily activities
- be aware if the client has or uses nitroglycerin (NTG) tablets

WHERE TO GET MORE INFORMATION:

The client's doctor

National Heart, Lung, & Blood Institute
NHLBI Health Information Center
PO Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA-1
or 1-800-242-8721
www.americanheart.org

Chronic Obstructive Pulmonary Disease (COPD)

WHAT IT IS

COPD is a group of lung diseases that damages the lungs making it difficult to breathe. The airways - the tubes and air sacs that carry air in and out of the lungs - are partly blocked or damaged, making it hard to get air in and out. Smoking is the leading cause of COPD.

Common types of COPD are emphysema and chronic bronchitis.

SIGNS/SYMPTOMS

- shortness of breath
- cough that doesn't go away
- excess mucus
- wheezing
- chest tightness
- decreased exercise tolerance

TYPES OF TREATMENT

COPD cannot be cured. The client's doctor will recommend treatments that help relieve symptoms and help the client breathe easier.

The goals of COPD treatment are to:

- relieve symptoms;
- slow the progress of the disease;
- keep the client active;
- prevent and treat breathing problems; and
- improve overall health.

The treatments for COPD may include:

- drug/inhaler therapy (to open airways and decrease inflammation);
- oxygen therapy;
- exercise; and
- a low-salt, nutritious diet with adequate fluids.

THINGS TO AVOID

- smoking
- salt/sodium
- junk foods
- caffeine

WAYS TO PREVENT

- avoid smoking
- stay away from second-hand smoke, environmental pollutants, and car exhaust

CAREGIVING TIPS

THINGS TO WATCH FOR:

- increased shortness of breath
- signs of infection - increased mucus or change in color, fever, confusion
- weight loss
- signs of depression – COPD limits many activities

THINGS YOU CAN DO TO HELP:

- offer frequent, nutritious, smaller meals instead of 3 large meals during the day. Eating and drinking can increase shortness of breath and be uncomfortable for the client.
- avoid wearing perfume, perfumed hairspray or lotions, and other scents that can irritate the lungs.
- encourage activity with rest periods.
- prop pillows or raise the head of the bed to help the client breathe easier. Clients with COPD may not be able to catch their breath when lying flat.
- offer plenty of water, if ok with the doctor. Water thins mucus in the lungs.
- encourage the client to get a one-time pneumococcal vaccination and an annual flu shot.
- allow plenty of time for activities.
- do not smoke near the client.

WHERE TO GET MORE INFORMATION:

The client's doctor

American Lung Association
61 Broadway, 6th Floor
New York, NY 10006
1-800-LUNGUSA
www.lungusa.org

National Heart, Lung, & Blood Institute
NHLBI Health Information Center
PO Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

Dementia

WHAT IT IS

Dementia is a general loss of intellectual functions (memory, reasoning, concentration, attention, abstract ability, and language function), and may include personality changes. Permanent, irreversible, progressive dementia, like Alzheimer's, comes on gradually. Other types of progressive dementia include:

- vascular, or multi-infarct dementia;
- Lewy Body;
- Huntington's dementia;
- Parkinson's dementia;
- Pick's disease;
- HIV/AIDS dementia; and
- Korsakoff's disease (related to alcoholism).

Reversible dementias

It is important to watch for and report any **sudden** confusion or other dementia-like symptoms. This type of dementia is often reversible with proper medical evaluation and treatment. Possible reasons for reversible dementia include:

- infection (often pneumonia or urinary tract infection);
- dehydration/poor nutrition;
- electrolyte imbalance, diabetes out of control, thyroid problems, renal problems; and
- medications.

SIGNS/SYMPTOMS

Irreversible dementias

- progressive memory loss
- inability to concentrate
- decrease in problem-solving skills and judgment capability
- confusion
- hallucinations and delusions
- altered perception
- inability to recognize familiar objects or persons
- disturbance or change in sleep-wake cycle

- impaired motor functions including:
 - ♦ inability to dress self in later stages or do other things to care for self;
 - ♦ gait changes/fall risk; and
 - ♦ inappropriate movements.
- disorientation, including:
 - ♦ person, place, time;
 - ♦ visual-spatial; and
 - ♦ inability to interpret environmental cues.
- unable to problem-solve or learn
- absent or impaired language ability, including:
 - ♦ inability to understand what others are saying;
 - ♦ inability to read and/or write;
 - ♦ inability to speak;
 - ♦ inability to name objects;
 - ♦ inappropriate speech; use of jargon or wrong words; and
 - ♦ persistent repetition of phrases.
- personality changes, including:
 - ♦ irritability;
 - ♦ poor temper control;
 - ♦ anxiety;
 - ♦ indecisiveness;
 - ♦ self-centeredness;
 - ♦ inflexibility;
 - ♦ no observable mood (flat affect);
 - ♦ inappropriate mood or behavior;
 - ♦ inappropriate sexual behavior; and
 - ♦ inability to function or interact in social or personal situations.

TYPES OF TREATMENTS

Because there is no cure for dementia, the goal of treatment is to control symptoms. The first step is evaluation of the client's health status, to make sure that another illness or a side effect of a medication is not creating increased confusion. Treatments can include:

- **Making changes in the environment** – creating an environment that is safe, with familiar surroundings and people.

Dementia

- **Behavioral interventions** – reinforce desirable behaviors, responding appropriately to challenging behaviors, and anticipating the client's needs.

- **Medication** – medication options specifically designed to treat dementia may slow the progression of the disease.

THINGS TO AVOID

- medications used as chemical restraints – medications should be used to treat symptoms, not for staff convenience.
- medications that were not prescribed by the client's doctor including OTC and herbal medications. Many medications have side effects that may make the symptoms of dementia worse, or increase behavioral symptoms.

WAYS TO PREVENT

The cause of dementia is unknown. Many studies have been done, with new ideas of what factors cause dementia. Some common prevention themes include:

- making healthy choices in diet, exercise, and alcohol use; and
- challenging your mind with games, crossword puzzles, and brain teasers.

CAREGIVING TIPS



THINGS TO WATCH FOR:

- sudden increased confusion, increased or worsening behavioral symptoms – these may be signs of delirium (acute state of mental confusion) that must be treated immediately
- depression – many people with dementia become depressed
- pain or discomfort – people with dementia may be unable to tell you about pain or discomfort and these may be reflected in behaviors

THINGS YOU CAN DO TO HELP:

- listen to the client, allow him/her time to reminisce
- slow down and allow more time for activities
- let the client do as much for him/herself as possible
- don't "reality orient" the client – validate his/her feelings
- if the client is experiencing a behavioral symptom, try to figure out what is causing that behavior (e.g. physical problems causing pain)
- take care of yourself – it takes a lot of energy and patience to care for someone with dementia

WHERE TO GET MORE INFORMATION:

The client's doctor

Alzheimer's Association of Washington
12721 30th Avenue NE, Suite 101
Seattle, WA 98125
(206) 363-5500/1-800-848-7097
www.alzwa.org

Depression

WHAT IT IS

Depression is a feeling of sadness that becomes severe, lasting for long periods of time, and keeps a person from living a normal life. Depression is ranked in terms of severity including mild, moderate, or severe.

The causes of depression can include:

- family history of depression;
- chemical imbalance or other physical problems in the brain;
- trauma and stress;
- physical illness; and
- other mental illnesses, like anxiety or schizophrenia.

SIGNS/SYMPTOMS

- constant sad, anxious, or “empty” mood
- crying, tearfulness, or inability to cry
- feelings of hopelessness, guilt, or worthlessness
- loss of interest, pleasure, or withdrawal from hobbies and/or social activities that were once enjoyed
- decreased energy, fatigue
- trouble concentrating, remembering, making decisions
- changes in sleep patterns
- a dramatic change in appetite, resulting in weight gain or weight loss
- thoughts of death or suicide, suicide attempts
- restlessness, irritability
- constant physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and/or chronic pain

TYPES OF TREATMENTS

The degree of the depression influences treatment and can include:

- antidepressant medication;
- psychotherapy or “talk therapy”; and
- alternative therapies such as acupuncture, massage, light therapy, herbal therapies, and megavitamin treatment.

THINGS TO AVOID

- alcohol and other depressants;
- social isolation.

WAYS TO PREVENT

No one thing causes or prevents depression. Ideas that might help someone get through tough times are:

- good coping skills;
- a trusted person to talk to;
- counseling before the depression gets worse;
- healthy life-style habits; and
- volunteering or getting involved in group activities to avoid social isolation.

CAREGIVING TIPS

THINGS TO WATCH FOR:

- client’s talk of suicide and/or death
- increase in symptoms
- medication side-effects



THINGS YOU CAN DO TO HELP:

- break large tasks into smaller ones, and encourage client to do the best he/she can
- help the client to set and reach realistic goals.
- encourage the client to:
 - ◆ stay socially active and involved
 - ◆ be physically active
 - ◆ take prescribed medications and attend therapy
- listen and offer support

WHERE TO GET MORE INFORMATION:

The client’s doctor

National Institute of Mental Health (NIMH),
6001 Executive Boulevard, Suite 8184, MSC 9663
Bethesda, MD 20892-9663

Phone: (301) 443-4513

<http://www.nimh.nih.gov>

Depression and Bipolar Support Alliance (DBSA)

730 North Franklin Street, Suite 501

Chicago, IL 60601-7204

Toll-free: (800) 826-3632

<http://www.dbsalliance.org>

Developmental Disability

WHAT IT IS

Approximately 1.49% of the population, or 89,000 children and adults in Washington, may have a diagnosis of developmental disability that requires services from the state.

The causes and kinds of developmental disabilities vary greatly. Below are some examples.

Mental Retardation

People with mental retardation are individuals who have difficulty learning general knowledge or adapting to the environment.

Down Syndrome, the most common cause of mental retardation, is a condition caused by a chromosomal abnormality where an extra chromosome affects the development of the brain and body.

Other causes of mental retardation include:

- infections such as rubella;
- intoxications during pregnancy such as Fetal Alcohol Syndrome (FAS),
- poor environmental factors in early life; and/or
- brain damage before the age of eighteen.

There is a wide variation in the level of mental retardation and each individual will have different abilities and needs.

Cerebral Palsy

Cerebral Palsy is a general term used to describe a group of chronic disorders that cause difficulty in controlling movement. The disorder appears in the first few years of life, and generally do not worsen over time.

People with cerebral palsy may have limited control over their muscles and limbs. There maybe excessive muscle tightening, stiffness of the body or limbs, shaky muscles, slurred speech, and slow, or uncontrolled movements.

Persons with cerebral palsy have very different kinds of abilities and disabilities (e.g. blindness, deafness, epilepsy, or mental retardation). Many people with cerebral palsy have normal or above average intelligence.

Common Diseases and Conditions

Epilepsy

Epilepsy is a brain disorder involving recurring seizures. Seizures are episodes of disturbed brain function that cause changes in attention and/or behavior. Seizures can be related to:

- injury to the brain (e.g. stroke or head injury);
- an inherited abnormality;
- a temporary condition, such as exposure or withdrawal from certain drugs, or abnormal levels of sodium or glucose in the blood. Repeated seizures may not recur once the underlying problem is corrected.
- no identifiable cause.

The severity of symptoms can vary from simple staring spells to loss of consciousness and violent convulsions.

According to the Epilepsy Foundation of America, in 50% to 80% of cases, seizures can be successfully controlled by appropriate medication and treatment. People with epilepsy have the same range of intelligence as others. Males and females are affected equally.

Autism

Autism is a complex developmental disorder that normally appears in the first 3 years of life, affects the brain's normal development, and results in a wide range of behavior. Autism occurs more often in males than females.

The symptoms may vary from mild to severe and include:

- impaired social interactions (e.g. wanting social isolation, experiencing social awkwardness, inability to participate comfortably in two-way conversations);
- impaired verbal and nonverbal communication (e.g. not speaking at all, unable to interpret body language);
- Restricted and repetitive patterns of behavior (e.g. difficulty learning abstract concepts, generalizing information, and tolerating changes in routines and/or environments).

With appropriate therapy, many of the symptoms of autism can be improved, though most people will have some symptoms throughout their lives.

Developmental Disability

TREATMENT

The primary goal of treatment for any person living with a disability is to develop the person's potential to his/her fullest. Some interventions may include:

- occupational therapy;
- physical therapy;
- speech therapy;
- education to obtain and maintain work;
- life skills training.

CAREGIVING TIPS:

Adults with disabilities want to be treated as independent people. Always offer age appropriate choices, particularly if a person cannot directly express what he/she wants.

The person with disabilities is the best judge of what he/she can or cannot do. Don't make decisions for them about participating in any activity.

WHERE TO GET MORE INFORMATION:

The Washington State Division of Developmental Disabilities' website is an excellent resource for additional information and resources.

<http://www1.dshs.wa.gov/ddd/index.shtml>.

ARC of Washington
2600 Martin Way East, Suite D
Olympia WA 98506
360.357.5596 or toll free at 888.754.8798
www.arcwa.org

Diabetes

WHAT IT IS

The body uses a hormone called insulin to transport sugar (glucose) into the body's cells for energy. If there is very little or no insulin, (Type 1 Diabetes) or the body no longer responds to insulin correctly (Type 2 Diabetes), cells don't get needed energy and the glucose builds up in the bloodstream unused.

Type 1 Diabetes is usually diagnosed in childhood. The body makes little or no insulin and daily injections of insulin are required.

Type 2 Diabetes is much more common and occurs when the body does not produce enough insulin to keep blood glucose levels normal and/or the body does not respond well to the insulin.

Type 2 Diabetes usually occurs in adulthood and is on the rise due to the increasing number of older Americans, obesity, and lack of exercise.

SIGNS/SYMPTOMS

Type 1 Diabetes

- increased thirst
- frequent urination
- weight loss in spite of increased appetite
- fatigue
- nausea/vomiting

Type 2 Diabetes

- increased thirst
- frequent urination
- increased appetite
- fatigue
- blurred vision
- slow-healing infections

Because Type 2 Diabetes develops slowly, some people with high blood sugar experience no symptoms at all.

When caring for a person with diabetes, it is important to notice the symptoms of high and low blood sugar, as well as skin concerns. When diabetes is not managed, life-threatening conditions can happen.

Common Diseases and Conditions

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Signs and symptoms of low blood sugar:

- weakness, shaking
- drowsiness
- headache
- confusion
- dizziness
- double vision
- fast heartbeat
- convulsions or unconsciousness

Signs and symptoms of high blood sugar:

- increased thirst and urination
- nausea
- deep and rapid breathing
- hunger
- drowsiness
- loss of consciousness

TYPES OF TREATMENTS

There is no cure for diabetes. The short-term goal is to stabilize blood sugar. The long-term goals of treatment are to relieve symptoms and prevent long-term complications such as heart disease and kidney failure. Some treatments may include:

- diet
The goal for a client with diabetes is to maintain a healthy diet and control his/her blood sugar levels. There are many different types of diets recommended for diabetes. People with Diabetes should get input from their doctor about what types of foods to eat and what types to avoid. A dietician can also help in planning diets. Normally, a dietitian can design a program specific to the client's medical needs and personal food preferences.

A client with diabetes will be encouraged to:

- eat a well balanced diet;
- avoid or limit saturated fats;
- take an active role in understanding the basics of good nutrition and its impact on blood sugar;
- control his/her weight;
- exercise;

Diabetes (continued)

- eat meals at regular times;
 - have a plan in place for what to do when his/her blood sugar gets too low or too high;
 - limit alcohol;
 - limit processed foods;
 - control the intake of carbohydrates.
-
- medication - people with Type 1 Diabetes take insulin by injection each day, sometimes many times per day. People with Type 2 Diabetes typically take oral medications each day to increase the production of insulin or the body's sensitivity to insulin.
 - exercise - helps with blood sugar control, weight loss, and high blood pressure. People with diabetes should check with their doctor before starting any exercise program.

WAYS TO PREVENT

- Type 1 Diabetes is thought to be hereditary, and may not be preventable.
- People with Type 2 Diabetes are typically overweight and may not be physically active. Prevention can include:
 - ◆ promoting a healthy low-sugar, low-fat diet with fresh fruits, vegetables, and whole grains; and
 - ◆ a regular exercise routine.

The American Diabetes Association recommends that all adults be screened for diabetes at least every three years. A person at high risk should be screened more often.

CAREGIVING TIPS



THINGS TO WATCH FOR:

- signs/symptoms of low or high blood sugar
- skin condition, especially the legs and feet

THINGS YOU CAN DO TO HELP:

- encourage healthy meal choices and regular eating
- encourage the client to monitor his/her blood sugar regularly, if advised by physician
- know the client's plan for what to do when blood sugar gets too low or high
- encourage client to take all medications
- assist the client to inspect his/her feet daily
- encourage the client to avoid clothing that restricts circulation, like tight elastic stockings and socks
- encourage the client to wear shoes that fit well, and check for small rocks or other items in the shoes
- encourage the client to wear a Medic Alert Diabetes bracelet or necklace

THINGS TO AVOID

- smoking - causes decreased blood circulation, especially to the feet
- alcohol - high in sugar, and doesn't have any other nutrients - "empty calories" that cause high blood sugar
- junk food - high in sugar, sodium, and fat

WHERE TO GET MORE INFORMATION:

The client's physician

American Diabetes Association
ATTN: National Call Center
1701 North Beauregard Street
Alexandria, VA 22311
(800) 342-2383
www.diabetes.org

The National Diabetes Information Clearinghouse
One Information Way
Bethesda, MD 20892-3560
(800) 860-8747
<http://diabetes.niddk.nih.gov>

Glaucoma

WHAT IT IS

Glaucoma is a group of diseases where fluid in the eye builds up, damages the eye's optic nerve, and results in vision loss and blindness. There are many different kinds of glaucoma.

SIGNS/SYMPTOMS

Most people with chronic glaucoma do not have any symptoms until vision is lost.

Acute closed-angle glaucoma comes on quickly, and some symptoms include:

- eye pain;
- headaches;
- haloes around lights;
- dilated pupils;
- vision loss;
- red eyes; and
- nausea and vomiting.

TYPES OF TREATMENTS

- Medications – usually eye drops, these medications either decrease the amount of fluid in the eye or help the eye to drain fluid.
- Surgery – may create areas for eye fluid to drain, or reopen areas for drainage.
- Alternative therapies, used in combination with other treatments, including:
 - ◆ well-balanced diet with vitamins and minerals;
 - ◆ regular exercise; and
 - ◆ relaxation techniques.

THINGS TO AVOID

- certain medications such as cold and allergy medications
- caffeine

WAYS TO PREVENT

- get regular eye exams
- if you have diabetes or high blood pressure, manage them well

CAREGIVING TIPS

THINGS TO WATCH FOR:

- sudden loss of vision
- eye pain
- severe headaches



THINGS YOU CAN DO TO HELP:

- encourage the client to take medications as ordered
- provide a safe environment to prevent falls
- assist the client to obtain large-print books and activities, books on tape, etc.

WHERE TO GET MORE INFORMATION:

The client's doctor

National Eye Institute
National Institutes of Health
2020 Vision Place
Bethesda, MD 20892-3655
301-496-5248
www.nei.nih.gov

Heart Attack (Myocardial Infarction, or MI)

WHAT IT IS

A heart attack happens when the blood supply to part of the heart muscle is severely reduced or stopped by one or more of the coronary arteries being blocked.

SIGNS/SYMPTOMS

Symptoms of a heart attack may be different for every person. Many people experience “silent” heart attacks, meaning that their symptoms do not include pain in the chest, and are therefore ignored. Common symptoms may include:

- uncomfortable pressure, squeezing, fullness, or pain in the chest;
- pain or discomfort in one or both arms, back, neck, jaw, or stomach;
- shortness of breath;
- feeling of indigestion;
- nausea or dizziness;
- cold sweat;
- feeling light-headed;
- paleness of skin;
- feeling weak or overly tired; and
- unexplained anxiety.

Women have a tendency to have atypical chest pain or to complain of abdominal pain, difficulty breathing, nausea, and unexplained fatigue.

TYPES OF TREATMENTS

During or right after a heart attack, the emergency room staff may give the client medications to break up the blockage, decrease the pain, and get blood flowing to the heart again. The client may undergo surgery to improve blood flow to the heart.

Treatments after the heart attack often focus on prevention of another heart attack, and include:

- medications - depending on the client’s condition, medications may be used to prevent future blood blockages to the heart, increase blood flow, lower blood pressure and/or cholesterol.
- life-style changes, including:
 - ◆ healthy diet – low salt and fat, high in fruits, vegetables and grains;
 - ◆ increase exercise;

- ◆ lose weight, if needed; and
- ◆ decrease and/or better manage stress.

WAYS TO PREVENT

- avoid smoking
- exercise regularly, maintain a healthy weight
- eat healthy foods, low in salt and fat and plenty of fruits and vegetables
- manage stress
- maintain good blood pressure, blood sugars, and cholesterol levels

CAREGIVING TIPS

These tips are intended for the client who has already had a heart attack.

THINGS TO WATCH FOR:

- find out what kinds of symptoms the client had during his/her last heart attack, and watch for these symptoms. Call 911 immediately if you observe, or the client reports, these or other heart attack symptoms.
- watch that the client does not overexert him/herself. Emotional stress or physical labor can trigger a heart attack.

THINGS YOU CAN DO TO HELP:

- encourage the client to take prescribed medications as ordered
- encourage the client to make and keep doctor appointments
- remind the client to rest and pace him/herself to avoid exhaustion
- get training in CPR

WHERE TO GET MORE INFORMATION:

The client’s doctor

National Women’s Health Information Center (NWHIC)

(800) 994-9662

<http://www.4woman.gov/faq/h-attack.htm>

American Heart Association

Phone Number(s): (800) 793-2665

<http://www.americanheart.org/>

Hepatitis A, B, C, D and E

WHAT IT IS

Hepatitis is a liver disease caused by the hepatitis virus. Hepatitis is classified by letters, depending on the cause and symptoms of the disease. In the United States, most cases of hepatitis include Hepatitis A, B, and C. Hepatitis D and E are less common.

Hepatitis A is an inflammation of the liver caused by the Hepatitis A virus. Hepatitis A is usually spread from person to person by eating or drinking something contaminated with the Hepatitis A virus. Casual contact does not spread the virus. Hepatitis A usually lasts for a short time.

Hepatitis B and C

Hepatitis B and C are passed by contact with the blood (fresh or dried) or other body fluids of someone who has the Hepatitis B or C virus.

Most people who become infected with Hepatitis B get rid of the virus within 6 months. 10% of people infected with Hepatitis B develop a chronic, life-long infection. Chronic Hepatitis B increases your chance of permanent liver damage, including cirrhosis (scarring of the liver) and liver cancer.

Many people who are infected with hepatitis C do not have symptoms. Hepatitis C is often detected during blood tests for a routine physical or other medical procedure. If the infection has been present for many years, the liver may be permanently scarred.

Hepatitis D

Hepatitis D is passed by contact with blood (dried or fresh) or other body fluids but only occurs if the person also has hepatitis B. Hepatitis D may increase the severity of symptoms associated with all forms of hepatitis B.

Hepatitis E

Hepatitis E is passed through contaminated food or water and is more common in developing countries.

SIGNS/SYMPTOMS

Many people do not show symptoms. For those people who do, symptoms include:

- yellow eyes;
- dark urine;
- nausea/vomiting;
- fever;
- tiredness;
- loss of appetite;
- stomachache; and
- muscle or joint pain.

TYPES OF TREATMENTS

There is no medical treatment for Hepatitis A. Discomfort can be relieved by rest and proper nutrition.

Medications are prescribed for people who have chronic hepatitis B or C.

Treatment is the same for hepatitis D as with hepatitis B.

There is no treatment for hepatitis E. Hepatitis E usually resolves on its own over several weeks to months.

THINGS TO AVOID

- alcohol and substances that can be toxic to the liver, like acetaminophen (Tylenol)

WAYS TO PREVENT

- vaccinations (hepatitis A and B only)
- Immune Globulin (IG), if used shortly after exposure, can prevent hepatitis from developing
- avoid unclean food and water
- wash hands often
- clean contaminated surfaces with bleach water or other disinfectant
- practice safe sex
- don't share needles or personal care items (e.g. razors or toothbrushes)
- avoid tap water when traveling internationally and practicing good hygiene and sanitation

Hepatitis A, B, C, D and E

CAREGIVING TIPS

THINGS TO WATCH FOR:

- darker urine color and pale bowel movements
– these are late signs of hepatitis.

THINGS YOU CAN DO TO HELP:

- use proper infection control techniques – including washing your hands and keeping the areas cleaned and disinfected

WHERE TO GET MORE INFORMATION:

Client's doctor

Hepatitis Foundation International
(800) 891-0707
www.hepfi.org

High blood pressure (Hypertension or “HTN”)

WHAT IT IS

Blood pressure is the force in the arteries when the heart beats (systolic pressure or top number) and when the heart is at rest (diastolic pressure or bottom number). High blood pressure is defined in an adult as a blood pressure at or above 140 systolic pressure, or at or above 90 diastolic pressure (140/90).

SIGNS/SYMPTOMS

Most people with high blood pressure experience no symptoms at all and find out about it while visiting the doctor and having their blood pressure taken. For those people who do have symptoms, they may include:

- headache;
- blurred vision;
- dizziness; and
- ringing in ears.

TYPES OF TREATMENTS

- a healthy life-style - by making healthy choices in diet, exercise and alcohol use, a person can sometimes manage high blood pressure without other treatment
- medications
- alternative therapies – herbal remedies, acupuncture, meditation, and other alternative therapies may be used alone or in combination with other treatments

THINGS TO AVOID

- high-fat, high-salt foods
- smoking
- excessive use of alcohol
- stress
- mixing OTC and/or herbal medicines with medications ordered by the doctor - talk with the doctor before taking these medications

WAYS TO PREVENT

- make healthy choices in diet, exercise, and alcohol usage
- avoid smoking
- decrease stress

CAREGIVING TIPS



THINGS TO WATCH FOR:

- complaints of headache, dizziness, or blurred vision

THINGS YOU CAN DO TO HELP:

- encourage client to take medications as ordered
- encourage the client to make and keep doctor appointments
- encourage the client to make healthy food choices (low salt, low saturated fats)
- encourage and assist the client to do relaxing activities
- encourage client to exercise, if able

WHERE TO GET MORE INFORMATION:

The client's doctor

High Blood Pressure Organization
PO Box 4965
Baltimore, MD 21220
www.high-blood-pressure.org

National Heart, Lung, & Blood Institute
NHLBI Health Information Center
PO Box 30105
Bethesda, MD 20824-0105
(301) 592-8573
www.nhlbi.nih.gov

Multiple Sclerosis

WHAT IT IS

Multiple Sclerosis (MS) is a chronic, unpredictable, and progressive disease of the central nervous system that attacks and destroys tissues in the brain and spinal cord. There are several forms of MS, but all forms affect nerve function, resulting in problems from mild numbness and difficulty walking to paralysis and blindness.

SIGNS/SYMPTOMS

Some people may have symptoms for a short period of time (relapse), and then may be symptom-free for a long time (remission). Other people may experience symptoms regularly and the symptoms may get worse. Some common symptoms include:

- fatigue;
- visual problems;
- numbness;
- dizziness;
- bladder and/or bowel dysfunction;
- leg stiffness and/or difficulty walking;
- weakness;
- tremors;
- slurred speech;
- swallowing problems;
- chronic, aching pain;
- mild cognitive changes; and
- depression.

Symptoms get worse as the client gets tired (often in the late afternoon) or stressed. Symptoms also tend to get worse as the client's body temperature rises.

TYPES OF TREATMENTS

- Medications have been shown to reduce the number and severity of relapses, development of new areas of inflammation, and delay short-term disease progression. Medications are also used to treat symptoms (e.g. pain).
- Physical therapy can help the client maintain strength and muscle tone.

- Speech therapy can help with slurred speech and swallowing difficulties.
- Occupational therapy can help with changes in the client's environment to adapt to physical changes of the disease.
- Counseling and group therapy can assist in the emotional aspects of the disease.
- Life-style changes including adequate combinations of exercise and rest, along with a nutritious diet.
- High-dose, short-term steroid treatments are used to reduce the severity and length of a relapse and to minimize the possibility of permanent damage.
- Some clients use alternative therapies in combination with other treatments including vitamin and mineral supplements, relaxation techniques, acupuncture, and massage.

THINGS TO AVOID

- hot tubs, saunas, or other environments that can cause the client's temperature to increase

WAYS TO PREVENT

There is no known prevention for MS.

Multiple Sclerosis

CAREGIVING TIPS

THINGS TO WATCH FOR:

- fever – even a minor infection can cause symptoms to appear
- symptoms of depression
- difficulty swallowing



THINGS YOU CAN DO TO HELP:

- be flexible. MS is sometimes unpredictable – a client may be unable to do a task he/she could do yesterday, or may regain the ability to do a task he/she needed help with before.
- encourage the client to exercise regularly, and get enough rest.
- encourage the client to eat nutritious foods that are high in fiber. A healthy diet will help to keep the immune system strong, while the fiber will help to prevent constipation, which is common in people with MS.
- ensure the client's home/apartment doesn't get too warm. Use an air conditioner or other cooling methods to keep the client from getting overheated.

WHERE TO GET MORE INFORMATION:

The client's doctor

Multiple Sclerosis Association of America
National Headquarters
706 Haddonfield Road
Cherry Hill, New Jersey
1-800-LEARN-MS
www.msaa.com

Osteoporosis

WHAT IT IS

Osteoporosis is a disease in which bones become fragile and more likely to break. This occurs more often in women than men, and most often the hip, spine, and wrist are affected (although any bone can break). Most women with osteoporosis are past menopause but bone loss may have begun earlier.

SIGNS/SYMPTOMS

Often there are no symptoms – bone loss occurs slowly over time. The first symptom may be a broken bone that occurs from a minor injury, like bumping into something. Other symptoms may include:

- pain (especially in the lower back, neck, and hip),
- decreased height,
- “stooped” posture.

TYPES OF TREATMENTS

- Exercise - weight bearing, like walking, jogging, dancing, or resistance training, including weight lifting
- Vitamin and mineral supplement (e.g. calcium and magnesium and vitamin D)
- Nutrition - healthy diet with calcium
- Medications - to reduce bone loss or pain, or to increase bone density or bone mass

THINGS TO AVOID

- medications that cause fatigue (these can increase falls and fractures)
- smoking and excessive use of alcohol

WAYS TO PREVENT

- take daily calcium and get enough vitamin D (sunlight)
- eat a healthy diet rich in calcium (dairy products, green leafy vegetables, bony fish, baked beans, and dried fruit)

- exercise daily, especially weight-bearing and resistance training exercises (e.g. walking, dancing, jogging, lifting weights)
- ask your doctor about a bone density test to determine your current risk

CAREGIVING TIPS

THINGS TO WATCH FOR:

- home safety – make sure there are no hazards that could cause a fall
- pain

THINGS YOU CAN DO TO HELP:

- assist the client to walk, if needed
- encourage client to wear shoes that fit well
- encourage the client to exercise regularly
- encourage the client to make healthy food choices that include calcium

WHERE TO GET MORE INFORMATION:

The client’s doctor

National Osteoporosis Foundation
1232 22nd St. NW
Washington D.C. 20037-1292
202-223-2226
<http://www.nof.org/>

Parkinson's Disease

WHAT IT IS

Parkinson's disease is a disorder of the brain characterized by shaking (tremor) and difficulty with walking, movement, and coordination.

SIGNS/SYMPTOMS

- muscle stiffness
- difficulty bending arms and legs
- loss of balance
- "shuffling" walk
- slow movements
- difficulty starting to move
- muscle aches and pains
- difficulty swallowing
- drooling
- shaking, or tremors, including:
 - ◆ during activity (but is more noticeable at rest);
 - ◆ may become severe enough to get in the way of activities;
 - ◆ may get worse when tired or stressed.
- reduced ability to show facial expressions, including:
 - ◆ "masked" face;
 - ◆ staring;
 - ◆ inability to close mouth; and
 - ◆ decreased eye blinking.
- slow, monotone voice
- loss of fine motor skills, including:
 - ◆ handwriting becomes difficult, messy;
 - ◆ eating may be difficult, slow;
 - ◆ frequent falls.
- constipation
- dementia in advanced Parkinson's disease
- depression

TYPES OF TREATMENTS

Parkinson's disease cannot be cured. Treatment is focused on decreasing the symptoms, and can include:

- medications, used to:
 - ◆ increase dopamine in the brain, improving movement and balance;
 - ◆ reduce tremors;
 - ◆ reduce pain; and
 - ◆ treat depression.

- support groups.
- nutrition and exercise - because swallowing becomes difficult, and constipation is common, eating may not be enjoyable. See Module 8 page 146 for information on dysphagia. Exercise, along with frequent rest breaks, loosens muscles and helps to maintain independence.
- therapy - physical, occupational, and speech therapies can assist the client to maximize his/her abilities and adapt daily routines to enhance independence.

THINGS TO AVOID

- stress
- over-medicating

WAYS TO PREVENT

Since it is unclear what causes Parkinson's disease, there are no current prevention methods.

CAREGIVING TIPS

THINGS TO WATCH FOR:

- side effects to medications
- difficulty swallowing
- confusion



THINGS YOU CAN DO TO HELP:

- assist the client to walk, or supervise and encourage using needed assistive devices (e.g. a walker or cane)
- allow the client time to respond, and be patient with activities of daily living
- encourage the client to avoid stress, and perform your caregiving in a stress-free way
- encourage frequent rest breaks
- allow plenty of time for eating, and try to make dining enjoyable and relaxing

WHERE TO GET MORE INFORMATION:

American Parkinson's Disease Association
10850 Wilshire Blvd., Suite 730
Los Angeles, CA 90024-4319
Phone: 1-800-908-2732
website: <http://www.parkinsonsapda.org>

Pneumonia

WHAT IT IS

Pneumonia is an infection of the lungs. Most cases of pneumonia are caused by bacteria, but sometimes a virus can cause it.

Aspiration pneumonia happens when a person inhales contents of the stomach into the lungs (this sometimes happens when a person has a hard time swallowing).

People at a higher risk of getting pneumonia include those with chronic illnesses like diabetes, heart disease, or COPD, taking steroid medications, and/or whose immune system no longer works well (e.g. people receiving chemotherapy or with HIV/AIDS).

SIGNS/SYMPTOMS

- fever
- chills
- bluish colored lips and nails
- cough with mucus (pneumonia caused by a virus may have a dry cough without mucus)
- shortness of breath
- chest pain
- fast breathing and heartbeat
- decreased appetite
- fatigue
- in older clients, fatigue and confusion may be the only symptoms

TYPES OF TREATMENTS

The treatment depends on what caused the pneumonia and how severe it is. Some treatments include:

- medications to treat infection or to treat symptoms (like fever and pain);
- rest;
- increased fluids;
- oxygen;
- coughing and breathing deeply (this will help to clear mucus from the lungs, and keep the chest muscles strong); and
- hospital care.

THINGS TO AVOID

- smoking
- alcohol

WAYS TO PREVENT

- get a Pneumococcal vaccination and a yearly flu shot
- don't smoke
- make healthy choices in diet, exercise, and alcohol usage

CAREGIVING TIPS

THINGS TO WATCH FOR:

- symptoms that don't get better with treatment



THINGS YOU CAN DO TO HELP:

- encourage client to take all medications as ordered by doctor.
- help the client sit up and move around (this will help loosen up the mucus and get oxygen into the lungs and blood)
- wash your hands and use other infection control practices to prevent the spread of infection
- encourage the client to drink fluids and eat nutritious meals

WHERE TO GET MORE INFORMATION:

The client's doctor

American Lung Association
1740 Broadway
New York, NY 10019-4374
1-800-LUNG-USA
www.lungusa.org

Schizophrenia

WHAT IT IS

Schizophrenia is a chronic brain disorder that interferes with a person's ability to think clearly, distinguish reality from fantasy, manage emotions, make decisions, and relate to others.

SIGNS/SYMPTOMS

- hallucinations – hearing voices or seeing things that are not there
- delusions – beliefs that are false (e.g. believing he/she is God, believing someone can read his/her mind)
- confused thinking and speech
- difficulty having a conversation
- lack of pleasure or interest in life
- decreased attention and motivation to do anything
- mood swings

TYPES OF TREATMENTS

- medication - to balance brain chemicals, ultimately controlling or minimizing symptoms
- individual and group therapy
- hospitalization - when symptoms get out of control and medications need to be reevaluated and adjusted

THINGS TO AVOID

- OTC medications and herbs should be taken only under the direction of a doctor
- street drugs

WAYS TO PREVENT

No one knows what exactly causes schizophrenia. Since there is no known cause, prevention methods are unclear.

CAREGIVING TIPS



THINGS TO WATCH FOR:

- signs that the illness is not being well controlled
- behavior that could cause harm to the client or to someone else

THINGS YOU CAN DO TO HELP:

- encourage and assist client to eat a healthy diet.
- encourage the client to take medications as ordered. If the client does not feel the need to take medications, remind him/her of the benefits of taking the medications, and the risks if he/she chooses not to take them.
- When a client experiences behavioral symptoms, hallucinations and/or delusions, what is happening is very real to him/her. Be sure to stay calm, tell the person that you are trying to understand how he/she is feeling, and that you are trying to keep him/her safe.
- maintain consistent routines.

WHERE TO GET MORE INFORMATION:

The client's doctor

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
National Helpline: 1-800-950-NAMI
www.nami.org

Stroke, Cerebrovascular Accident (CVA), or Brain Attack

WHAT IT IS

A stroke occurs when a blood vessel that supplies blood to the brain bursts or is blocked by a clot. Within minutes, the nerve cells in that area of the brain become damaged and die. The part of the body controlled by the damaged section of the brain no longer functions normally.

A transient ischemic attack (TIA) is a mini-stroke that has similar symptoms of a stroke, but TIA symptoms usually go away within 10 to 20 minutes (they may last up to 24 hours).

TIAs are warning signs of another stroke, so the client needs to see a doctor immediately if this occurs.

SIGNS/SYMPTOMS

Symptoms begin suddenly and may include:

- numbness, or weakness of the face, arm, or leg, especially on one side of the body;
- trouble seeing in one or both eyes, such as dimness, blurring, double vision, or loss of vision;
- confusion, trouble speaking or understanding;
- trouble walking, dizziness, loss of balance or coordination;
- severe headache; and
- memory loss.

A person having these signs/symptoms should seek treatment immediately.

TYPES OF TREATMENTS

After medical treatment in a hospital and/or a rehabilitation center, treatment at home focuses on regaining normal functioning and preventing more strokes. Treatments include:

- physical strengthening, speech and/or occupational therapy.
- preventing future strokes through decreasing risk factors is important.

Since many people who have strokes also have other chronic illnesses (e.g diabetes, high blood pressure, high cholesterol, and heart conditions), the focus is on improving those conditions. Medications to treat other chronic illnesses may be prescribed.

- medications to thin the blood may also be prescribed, if the stroke was caused by a blood clot.

THINGS TO AVOID

- excessive amounts of alcohol – high alcohol intake may lead to high blood pressure
- high-fat, high-salt diet – foods high in fat and salt increase blood pressure and may clog arteries
- smoking and caffeine– they can stress the body and may raise blood pressure

WAYS TO PREVENT

There are many ways to decrease the likelihood of a stroke, including:

- avoid smoking;
- eat a healthy, low-fat, low-salt diet, with fresh fruits and vegetables, and whole grains;
- exercise regularly;
- take medication as directed;
- get blood pressure checked regularly, and see the doctor if it's too high;
- maintain a healthy weight; and
- decrease stress.

Stroke, Cerebrovascular Accident (CVA), or Brain Attack

CAREGIVING TIPS

THINGS TO WATCH FOR:

- TIAs.



THINGS YOU CAN DO TO HELP:

Much of how the caregiver can assist and support the client will depend upon what functions the stroke affected.

With one-sided weakness:

- use words like “right” or “left” side, not “good” or “bad” side;
- assist a client with walking or transferring by supporting the weaker side;
- assist with dressing by dressing the weaker side first and undressing the stronger side first;
- use adaptive equipment and clothing as appropriate;
- allow plenty of time for any activity;
- make sure that the home is free of tripping hazards.

With speech or language difficulty:

- keep your questions and directions simple and one at a time;
- try to ask “yes” and “no” questions;
- use a picture board, if appropriate;
- give the client a pencil and paper if he/she is able to write.

With swallowing difficulty:

- See information on Dysphagia on pages 146-147 and 272-273.

Provide emotional support:

- a stroke can be devastating to the client and may cause frustration, anger, and depression. Learning to do things over again that he/she has always been able to do is a difficult and slow process.
- be supportive and positive whenever the client makes progress.
- encourage the client to keep therapy appointments and do his/her exercises.

WHERE TO GET MORE INFORMATION:

The client’s doctor

American Stroke Association
National Center
7272 Greenville Avenue
Dallas TX 75231
1-888-4-STROKE

National Stroke Association
9707 E. Easter Lane
Englewood, Co. 80112
Toll Free: 1-800-STROKES

Traumatic Brain Injury (TBI)

WHAT IT IS

TBI is a permanent brain injury caused by trauma to the head. A closed head injury (CHI) is caused when the head sustains a blunt force when it is struck against an object (e.g. when a car accident, fall, or sports injury, forces the brain to be whipped back and forth, bouncing off the inside of the skull). Skull fractures or a concussion are a common result of CHI.

An open head injury (OHI) is when an object breaks through the skull and enters the brain (e.g. gunshot wound, a work related injury, or surgery).

Other causes of injury to the brain include cardiac arrest, stroke, aneurysm, infection, tumors, and near drowning. These illnesses and trauma can cause loss of oxygen to the brain and may result in injury to the brain.

SIGNS/SYMPTOMS

Ongoing symptoms of TBI include:

Motor problems - weakness or paralysis, poor balance and coordination, decreased endurance, loss of ability to control motor movement, or abnormal muscle tone and stiffness.

Perceptual problems – an increase, decrease, or complete loss in the sensations related to hearing, vision, taste, smell, touch, and perceiving location of body parts.

Speech and language problems - difficulty in understanding what is said or difficulty in expressing thought, recalling names or pronouncing words.

Cognitive problems - disorientation, short attention span, memory loss, disorganization, poor judgment, impaired problem-solving skills, inflexibility, and loss of abstract reasoning.

Memory - short-term or long-term, problems storing or retrieving information.

Emotional and personality changes - emotional instability, low frustration tolerance, socially inappropriate behavior, anxiety, anger, depression, and/or loss of self-esteem.

Physical changes - loss of body temperature control, swallowing, changes in bowel and bladder function, changes in sleep pattern, low endurance level for both physical and mental activities, easily fatigued requiring frequent rest periods.

Seizures - may occur immediately following the brain injury or develop several months or years later.

TYPES OF TREATMENT:

TBI may cause physical, intellectual, emotional, social, and vocational difficulties for the injured person. These problems may affect both the present and future life and personality of the survivor of a head injury. Since TBI cannot be cured, treatment is focused on rehabilitation and support services. Some treatment options include:

- therapy (occupational, physical, speech/language, recreational);
- personal care assistance;
- home modifications; and
- family support services.

WAYS TO PREVENT:

Reduce the risk of falling by:

- engaging in regular balance, strength, and coordination exercises;
- maintaining a clutter-free home;
- ensuring medications are not causing dizziness or interfering with balance;
- getting regular vision checks; and
- avoiding excess alcohol intake.

Traumatic Brain Injury (TBI)

CAREGIVING TIPS:



THINGS TO WATCH FOR:

- complaints of a headache or blurred vision
- symptoms of depression
- anger and/or frustration
- dizziness, loss of balance
- nausea/vomiting

THINGS YOU CAN DO TO HELP:

- encourage the client to do skills independently if able
- make use of assistive devices or memory aids (e.g. setting a timer to remember tasks or creating a daily planner)
- assist the client in starting and/or completing tasks as needed

WHERE TO GET MORE INFORMATION:

The client's doctor

Brain Injury Association of America
1-800-444-6443
www.biausa.org

National Association of State Head Injury
Administrators
301-656-3500
www.nashia.org

Tuberculosis (TB)

WHAT IT IS

TB is an airborne infection caused by Mycobacterium Tuberculosis bacteria. TB usually affects the lungs, but it can attack any organ in the body.

SIGNS/SYMPTOMS

Many people with TB never develop the active disease. The elderly and/or individuals with weakened immune systems are at higher risk for progression to disease or reactivation of dormant disease.

If active TB does develop, it can occur two to three months after infection, or years later. Usually there are no symptoms of active TB until the disease has progressed. Symptoms of active disease include:

- fever
- fatigue
- weight loss
- persistent cough
- night sweats
- weakness
- blood in sputum

TYPES OF TREATMENTS

People with TB take two to four different antibiotics for a long time (usually six months or more). Therapy to cure TB may be different for people who have the active disease versus those who are infected with TB but don't have symptoms.

People with active TB may be placed in a special isolation room during the beginning part of treatment, to make sure the infection is not spread to others.

If the person does not take the antibiotics routinely, or the antibiotics are not absorbed well by the body, the TB may become drug resistant. This means that different medications need to be used, for a longer time. Surgery may be needed to remove areas of lung where germs cannot be reached by antibiotics.

THINGS TO AVOID

Avoid alcohol when taking antibiotics.

WAYS TO PREVENT

The best prevention of transmission to others is early detection. Skin testing can be given to determine exposure. A positive test indicates prior TB exposure and preventive therapy should be discussed with your doctor.

A person with active TB should also prevent the spread of droplets by covering his/her nose and mouth when coughing or sneezing and properly disposing of tissues contaminated by mucous materials.

Good ventilation is important - especially in places where people at risk are gathered.

CAREGIVING TIPS:

THINGS TO WATCH FOR:

- increased coughing
- blood in sputum
- fatigue and weight loss

THINGS YOU CAN DO TO HELP:

- encourage client to take all medications as ordered

WHERE TO GET MORE INFORMATION:

The Client's doctor.

www.tuberculosis.net

American Lung Association
61 Broadway, 6th Floor
New York, NY 10006
1-800-LUNGUSA
www.lungusa.org



Hand Washing—Mandatory

- Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.
- Turn on warm water at sink.
- Wet hands and wrists thoroughly.
- Apply skin cleanser or soap to hands.
- Lather all surfaces of fingers and hands, including above the wrists, producing friction, for at least 20 seconds, keep fingers pointing down.
- Thoroughly rinse all surfaces of hands and wrists without contaminating hands.
- Use clean, dry paper towel to dry all surfaces of hands, wrists, and fingers without contaminating hands.
- Use clean, dry paper towel or clean, dry area of paper towel to turn off faucet without contaminating hands.
- Dispose of used paper towel(s) in wastebasket immediately after shutting off faucet.

Notes:

Putting On & Taking Off Gloves—Mandatory

Putting On Gloves

- S.W.I.P.E.S.
- Wash hands before contact with gloves.
- Check each glove for holes or other deterioration before using.
- Grasp glove at cuff and pull onto other hand.
- Grasp other glove at cuff and pull onto other hand.
- Check to make sure glove is snugly fit over each finger.

Taking Off Gloves

- With one gloved hand, grasp the other glove just below the cuff.
- Pull glove down over hand so it is inside out.
- Keep holding removed glove with gloved hand and crumple it into a ball.
- With two fingers or bare hand, reach under the cuff of the second glove.
- Pull the glove down inside out so it covers the first glove.
- Throw gloves away.
- Wash hands.

Notes:

Helping a Client Walk

- S.W.I.P.E.S.
- Assist client to put on and properly fasten non-skid footwear.
- Stand in front of and face client.
- Brace the client's lower extremities.
- With transfer (gait) belt:*
 - Place belt around client's waist and grasp the belt while assisting the client to stand.
 - Walk slightly behind and to one side (weaker side, if any) of client for the full distance, while holding onto the belt.
- Without transfer belt:*
 - Place arm around client's torso, under client's armpits, while assisting client to stand.
 - Walk slightly behind and to one side (weaker side, if any) of client, for the full distance with arm supporting client's back.
- Assist client to where he/she is going and remove transfer belt, if used.
- Wash hands.

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Notes:

Transfer Client From Bed To Chair/Wheelchair - Mandatory

- S.W.I.P.E.S.
- Position chair/wheelchair close to bed with the arm of the wheelchair almost touching the bed.
- Fold up or remove footrests.
- Lock wheels on wheelchair.
- Assist client to roll toward side of bed.
- Supporting the client's back and hips, assist client to a sitting position with feet flat on the floor.
- Assist client to put on non-skid footwear.
- Put on transfer belt, if necessary.
- With transfer (gait) belt:*
 - Stand in front of client.
 - Grasp belt.
- Without transfer belt:*
 - Stand in front of client.
 - Place arms around client's torso under client's arms.
- Brace client's lower extremities with your knees to prevent slipping.
- Alert client you will begin transfer on the count of three.
- On signal, assist client to stand.
- Assist client to pivot to front of wheelchair with back of client's legs against wheelchair.
- Flex your knees and lower client into wheelchair.
- Have client hold onto armrests for support.
- Reposition client with hips touching the back of the wheelchair and good body alignment. Remove transfer belt, if used.
- Position client's feet on footrests
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Turn and Reposition a Client in Bed

- S.W.I.P.E.S.
 - Bend client's knees.
 - Before turning client, move client's body towards self.
 - Place your hands on the client's hip and shoulder and gently roll the client over on his/her side away from you.
 - Position client in proper body alignment:
 - head supported by pillow
 - shoulder adjusted so client is not lying on arm and top arm is supported
 - back supported by supportive device
 - top knee flexed, top leg supported by supportive device with hip in proper alignment
 - Cover client with top sheet.
 - Remove gloves (if used) and wash hands.
-

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Notes:

Mouth Care

- S.W.I.P.E.S.
- Ensure client is in an up-right sitting position.
- Put on gloves.
- Place towel across client's chest before providing mouth care.
- Moisten toothbrush or toothette and apply toothpaste
- Apply toothpaste to toothbrush or toothette.
- Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
- Assist client to rinse his/her mouth.
- Hold basin to client's chin.
- Wipe client's lips and face, and remove towel.
- Dispose of soiled linen in soiled linen container.
- Clean and return toothbrush, toothpaste, etc. to proper storage.
- Remove gloves and wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Clean and Store Dentures

- S.W.I.P.E.S.
- Put on gloves.
- Line sink/basin with a towel/washcloth or by filling it with water.
- Obtain dentures from client or gently remove them from client's mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.
- Rinse dentures in cool running water before brushing them.
- Apply toothpaste or denture cleanser to toothbrush.
- Brush dentures on all surfaces.
- Rinse all surfaces of denture under cool, running water.
- Rinse denture cup before putting dentures in it.
- Place dentures in clean denture cup with solution or cool water.
- Return denture cup to proper storage.
- Clean and return supplies and equipment to proper storage.
- Dispose of sink liner.
- Remove gloves and wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

The Shave (With Safety Razor)

- S.W.I.P.E.S.
- Put on gloves.
- Ask client if he/she wears dentures. If so, make sure they are in his/her mouth.
- Wash face with warm, wet washcloth.
- Apply shaving lather to the area you are going to shave.
- Hold razor securely.
- Hold skin taut with free hand and shave with smooth even movements in direction of hair.
- Rinse safety razor in warm water between strokes to keep the razor clean and wet.
- Shave sides first, then nose and mouth.
- Wash, rinse, and dry face.
- Clean equipment and put away.
- Remove gloves and put in appropriate container.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Fingernail Care

- S.W.I.P.E.S.
- Put on gloves.
- Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing client's fingers in water. Adjust if necessary.
- Place water at a comfortable level for client.
- Put client's fingers in water and allow to soak.
- Dry client's hand including between fingers. Pat, don't rub dry.
- Clean under nails with orange stick. Wipe orange stick on towel after each nail.
- Groom nails with file or emery board.
- Finish with nails smooth and free of rough edges.
- Empty, rinse, wipe water bowl, and return to proper storage.
- Dispose of soiled linen properly.
- Remove gloves and wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Foot Care

- S.W.I.P.E.S.
- Put on gloves
- Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing client's feet in water. Adjust if necessary.
- Put the client's foot completely in the water.
- Remove foot from water.
- Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between the toes, with a soapy washcloth.
- Rinse and then dry entire foot, including between the toes. Pat, don't rub dry.
- Gently clean dirt out from under nail using orange stick.
- File or cut nails, straight across, as needed with clippers or emery board.
- Put lotion in your hand and massage lotion on client's foot. Remove excess (if any) with towel.
- Assist client to replace socks and shoes.
- Empty, rinse, wipe bath basin, and return to proper storage.
- Remove gloves and wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Bed Bath

- S.W.I.P.E.S.
- Put on gloves.
- Remove or fold back top bedding. Keep client covered with bath blanket or top sheet.
- Remove client's gown/sleep wear.
- Test water temperature and ensure it is safe and comfortable. Adjust if necessary. Replace water anytime it gets soapy, cool, or dirty.
- Wet washcloth (no soap) and begin with eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.
- Wash the rest of the face, ears, and neck, using soap (if the client prefers).
- Rinse. Dry areas with a towel—pat, don't rub.
- Expose one arm and place a towel underneath it. Support the client's arm with the palm of your hand underneath the client's elbow. Wash the client's arm, shoulder, and armpit. Rinse and pat dry.
- Place the client's hand in the water basin. Wash the client's hand, rinse, and pat dry. Repeat with the other arm and hand.
- Wash, rinse, and pat dry the client's chest and abdomen.
- Uncover one of the client's legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.
- Slide the client's foot in to the water basin. Wash the client's foot, rinse, and pat dry. Repeat with the other leg and foot.
- Assist the client to turn on his/her side, away from you. Place a bath blanket or towel along side his/her back.
- Wash the client's back and buttocks, rinse and pat dry.
- Assist the client to his/her back. Provide privacy and let the client to perform his/her own perineal care (assisting with this will be covered separately).
- Assist client to get dressed.
- Assist the client to get up, or assist to a comfortable position, if remaining in bed.
- Remove bedding that may have gotten wet.
- Empty, rinse, wipe bath basins and return to proper storage.
- Place soiled clothing and linen in proper container.
- Remove gloves and wash hands

Notes:

Assist Client with Weak Arm to Dress

- S.W.I.P.E.S.
- Ask client what he/she would like to wear.
- Remove client's gown/sleep wear while protecting privacy.
- Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip.
- Assist client to put strong arm through the correct sleeve.
- Assist client to put on skirt, pants, shirt, or dress, and non-skid footwear.
- Puts on all items, moving client's body gently and naturally, avoiding force and over-extension of limbs and joints.
- Finish with client dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
- Place gown in soiled linen container.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Put Knee-High Elastic Stocking on Client

- S.W.I.P.E.S.
 - Have client elevate leg(s) 15 minutes.
 - Turn stocking inside out, at least to heel area.
 - Place foot of stocking over toes, foot, and heel, moving client's foot and leg naturally, avoiding force or over-extension of limb and joints.
 - Pull top of stocking, over foot, heel, and leg.
 - Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the client's toes.
 - Wash hands.
-

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Notes:

Passive Range of Motion for One Shoulder

- S.W.I.P.E.S..
- While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
- Support client's arm at elbow and wrist, while performing range of motion for shoulder.
- Raise client's straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least 3 times.
- Move client's straightened arm away from client's side of body toward head of bed, and return client's straightened arm to midline of client's body. Repeat at least 3 times.
- Place client's flexed elbow at client's shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least 3 times.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Passive Range of Motion for One Knee and Ankle

- S.W.I.P.E.S.
- While supporting the client's limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion, to the point of resistance. Stop if pain occurs.
- Knee. Support the client's leg at knee and ankle while performing range of motion for knee.
- Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least 3 times.
- Ankle. Support foot and ankle while performing range of motion for ankle.
- Keeping the client's foot on the bed, push/pull foot toward head, and push/pull foot down, toes pointing down. Repeat at least 3 times.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Assisting a Client to Eat

- S.W.I.P.E.S.
- Assist client to put on clothing protector or cover, if needed.
- Sit at client's eye level.
- Offer food in bite-size pieces—alternating types of food offered.
- Make sure the client's mouth is empty before offering the next bite or sip of beverage.
- Offer a beverage to the client during the meal.
- Talk with the client throughout the meal.
- Wipe food from client's mouth and hands as necessary and at the end of the meal.
- Remove clothing protector, if worn, and dispose of in proper container.
- Remove leftover food.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Assist Client with Peri-care

- S.W.I.P.E.S.
- Test water temperature and ensure that it is safe and comfortable before washing, and adjust if necessary.
- Put on gloves.
- Expose perineal area, making sure that the client's privacy is maintained.
- Gently wash entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or a clean washcloth for each stroke.
- Rinse entire perineal area moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.
- Gently dry perineal area, moving from front to back and using a blotting motion with towel.
- Wash, rinse, and dry buttocks and peri-anal area without contaminating perineal area.
- Dispose of linen in proper container.
- Empty, rinse, wipe basin, and return to proper storage.
- Remove and dispose of gloves without contaminating self after returning basin to storage.
- Wash hands.

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Notes:

Assist Client with Use of Bedpan

- S.W.I.P.E.S.
- Before placing bedpan, lower head of bed.
- Place bedpan correctly under client's buttocks (Standard bedpan: position bedpan so wider end of pan is aligned with the client's buttocks. Fracture pan: position bedpan with handle toward foot of bed) . Have client bend knees and raise hips (if able).
- Raise head of bed after placing bedpan under the client.
- Put toilet tissue within client's reach.
- Ask client to let you know when he/she is finished.
- Lower head of bed before removing bedpan.
- Put on gloves before removing bedpan.
- Remove bedpan and empty contents into toilet.
- Provide pericare, if needed.
- Rinse bedpan, pouring rinse water into toilet. Return to proper storage.
- Assist client to wash hands and dispose of soiled wash-cloth or wipe in proper container.
- Remove gloves and wash hands.

Communication Skills/Client Rights:

- Explains what he/she is doing.
- Speaks slowly, clearly and respectfully.
- Engages client and listens attentively.
- Observes client for changes.
- Supports client's choice and independence.
- Respects client's need for privacy.

Notes:

Catheter Care

- S.W.I.P.E.S.
- Test water in basin. Determine if water temperature is safe and comfortable before washing, and adjust if necessary.
- Put on gloves before contact with linen and/or client.
- Expose area surrounding catheter only.
- Place towel or pad under the catheter tubing before washing.
- Avoid tugging the catheter.
- Apply soap to wet washcloth.
- Hold catheter near opening where it enters the body to avoid tugging it.
- Clean at least four inches of catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
- Rinse at least four inches of catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
- Make sure there are no kinks in the catheter tubing.
- Dispose of linen in proper container.
- Empty, rinse, wipe basin and return to proper storage.
- Remove and dispose of gloves without contaminating self after returning basin to storage.
- Wash hands.

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Notes:

Assist Client with Condom Catheter Care

- S.W.I.P.E.S.
- Put gloves on.
- Expose genital area only.
- Wash and dry penis carefully, cut long hairs.
- Observe skin of penis for open areas.
- If sores or raw areas are present, do not apply condom.
- Put skin adhesive over penis.
- Roll condom catheter over penis area.
- Attach condom to tubing. Check that tip of condom is not twisted.
- Check that tubing is one inch below tip of penis.
- Remove gloves and wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.

Medication Assistance

- S.W.I.P.E.S.
- Remind the client it is correct, scheduled time to take his/her prescribed medication.
- Take the medication container from where it is stored, look at the label, and verify the 5 Rights—medication, client, amount, route, and time.
- Open the container, look at the label and verify the 5 Rights again.
- Hand the correct dosage to the client, hand the open container to the client, or transfer the medication to an enabler.
- Offer the client a full glass of fluid (for oral medications).
- Observe and make sure the medication is taken.
- Close the medication container and put it back in the appropriate place. Read the label and verify the 5 Rights once again.
- Document that the client has taken the medication. If he/she has not, document that as well.
- Wash hands.

Notes:

Communication Skills/Client Rights:

Explains what he/she is doing.
Speaks slowly, clearly and respectfully.
Engages client and listens attentively.
Observes client for changes.
Supports client's choice and independence.
Respects client's need for privacy.