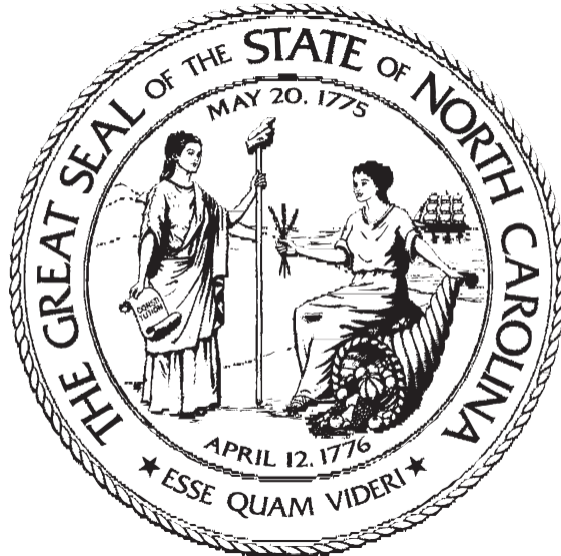




State-approved Curriculum NURSE AIDE I TRAINING PROGRAM

July 2019 Module Z



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
NCDHHS is an equal opportunity provider and employer.

Module Z – Threads of Care Teaching Guide

Instructional Resources/Guest Speakers

- Invite a guest speaker, such as occupational therapist, speaker from OTA programs, representative from vocational rehab, representative from the county aging office
- Sample restraint release records for practice documentation
- Contact clinical sites and arrange a “manicure social activity”

Supplies

- Glitter and lotion (Activity #1Z)
- Variety of sizes of gloves, ketchup or chocolate pudding – one dollop per student, and a plastic spoon (Activity #2Z)
- Various assistive devices
- Quad-color wash cloths
- Songs – Macarena or the Hokey Pokey
- Model of the mouth with tongue for demonstration purpose
- Clear sheet protector for each student
- Duplicated copies of the teeth and tongue
- Toothbrushes – one per student
- Mouth care supplies (products and devices)

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Determine placement of skill check sheets and place within the threads of care module in the appropriate location
- Determine placement of threads of care sheets/skill check sheets and place within Modules AA through W in the appropriate location, instructor’s choice.
- Determine procurement of *Bathing Without a Battle: Person-Directed Care of Individuals with Dementia*
- Determine if you would like to use quad-color washcloths in lab.
- Consider adding, using alcohol-based hand rub, as a skill proficiency check-off

Advance Preparation – Teaching Tips

- Before class, prepare perineums/buttocks as directed
- Before class, prepare teeth/tongue as directed

Module Z – Threads of Care – Complete Bed Bath	
Objectives - Promote increased comfort, good health, and hygiene. - Demonstrate how to bathe a resident who is confined to bed.	
Introductory Scenario Your resident has a fever for the past 12 hours. The nurse tells the nurse aide to give the resident a complete bed bath to increase comfort level and promote good hygiene.	
Content	Notes
Cognition - Explain to resident in terms resident understands what care nurse aide is going to provide - Be aware that residents with cognitive impairments may resist bathing - Be aware that residents with cognitive impairments may require special measures - Reinforce nurse aide measures for the cognitively impaired so removal of clothes does not cause resident fear	
Infection Prevention - Always follow Standard Precautions - Always wash from clean to dirty - Wash eyes and face first; wash perineal area and buttocks last - Dry all areas well including between fingers and toes - Use clean area of washcloth for each stroke during perineal care - Change bath water and wash cloth if they become dirty - Make sure bed linens are dry and wrinkle free when bath is completed - Good hygiene prevents body odors and infections - Exercise caution with all tubing connected to resident	
Legal - Nurse aides who leave residents dirty may be liable for abuse and neglect - While bathing resident, be observant and report any discolorations, bruising, or abrasions immediately to the nurse - Follow facility policies and procedures	
Safety - When rolling a resident to wash resident's back, side rails should be up on opposite side of bed - When rolling a resident, be aware of position and placement of resident - Use comfortable water temperature for resident - usually	

Module Z – Threads of Care – Complete Bed Bath	
between 110°F and 115°F (Fahrenheit (43.3°C and 46.1°C [centigrade])) for adults. • Check water temperature by using the nurse aide's wrist and ask resident to check water by placing hand in water, if able • Return bed to lowest position when bathing is complete or when leaving room • Place call bell within reach of resident • Clean spills immediately and thoroughly	
Ethics • It is easy to avoid a full bed bath and leave it for someone else because it is time consuming • Do not avoid nail care and foot care as part of bath • Treat care given during the bed bath in the same manner as you would like to be treated • Only the nurse aide may know if the bed was left damp or wrinkled	
Dignity • Expose only 1 body area at a time • Keep resident appropriately covered at all times • Always provide care in a manner to protect resident's privacy • Be respectful even if resident is soiled to decrease embarrassment for the resident • Ask resident to participate in bathing process • Encourage resident to do as much of their care as possible • If resident is able to wash his or her perineal area, offer to leave room, if applicable • Be respectful, courteous, and explain what you are doing at all times	
Rights • The resident has the right to privacy • The resident has the right to be treated with respect • The resident has the right to compassionate care • The resident has the right to good hygiene • The resident has the right to refuse a bath • Respect resident preferences and cultural differences	
Communication • Use positive approach • Address resident concerns and explain the need for good hygiene • Offer reassurance • Offer choices of skin/hair products and use what the	

Module Z – Threads of Care – Complete Bed Bath	
resident prefers • Communicate with the resident and repeat explanations as needed	
Family and Family Support • Encourage family participation as appropriate according to resident preference	
Appropriate Anatomy and Physiology • Appropriate hand and foot care is encouraged to soften thickened, hardened nails • Elderly residents have less muscle and fatty tissue • Skin becomes thin, fragile and dry with aging • Incontinence increases risk for pressure sores • Residents on bed rest are prone to pressure sores • Bathing helps stimulate circulation • Use gentle downward strokes on the legs to promote circulation • Some residents, due to thin, fragile, dry skin, may not bathe every day • Resident's joints are fragile and may be painful with movement	
Body Mechanics • Raise bed to safe, comfortable working level • Keep resident's body in proper alignment when turning • Avoid stretching across resident • Ask for assistance when moving a large resident	
Pain • Exercise caution when turning residents • Stop bathing the resident if there are complaints of pain • Report complaints of pain to the nurse immediately and document per facility policy • Support joints when bathing resident's limbs to prevent pressure or pain	
Person-centered Care • Encourage resident to be involved in bed bath as appropriate • Perform bed bath based on resident needs and cultural considerations • Keep resident covered to provide warmth and privacy • Honor resident's wish and give bed bath at requested time of day • Meet resident's elimination needs prior to bath	
Documentation • Report to nurse and document any abnormal changes noted in resident's skin such as color, texture, bruises,	

Module Z – Threads of Care – Complete Bed Bath	
cuts, tears, drainage, swelling, foul odors • Report corns, calluses, skin tears or breakdown between toes on feet	
Critical Thinking • Stop the bed bath and immediately report any signs of pain	
Employee Behavior • Follow facility policies and procedures • Show empathy to the resident that may be experiencing emotions during the bed bath	
TEACHING TIPS • Ask students to discuss different cultural responses when clothing is removed. • Ask the resident to share pleasant childhood memories while bathing to help decrease apprehension about bed bath. • Consider procuring, <i>Bathing Without a Battle: Person-Directed Care of Individuals with Dementia</i>, a DVD located at www.bathingwithoutabattle.unc.edu/. • Discuss basic skin care. • Explain different types of baths – bag bath, towel bath, shower, tub bath, back rub, etc.	
Insert skill check-off sheets for complete bed bath and partial bed bath at this point in the curriculum. Demonstrate complete bed bath and explain how partial bed bath differs from complete bed bath, when done. This may be an appropriate time to insert skill check-off sheets/demonstrate shaving, providing hair care (includes shampooing as needed), and providing backrub.	

Module Z – Threads of Care – Dressing and Undressing	
Objective Demonstrate assistance in dressing and undressing a resident while maintaining the resident's dignity and independence.	
Introductory Scenario It is time for your resident to get dressed for the day. Your resident has good use of the right arm. Visitors are waiting in the room to take the resident to the day room.	
Content	Notes
Cognition - Some residents dress and undress themselves; others need extensive help due to illness or a cognitive impairment, such as dementia - Check with residents who dress independently to see if they need assistance - Residents with dementia may not want or remember how to change clothes; for residents with dementia, encourage resident to choose from two to three outfits; change clothes at the same time every day; encourage resident do as much as resident is able to do; stack clothes in the order that the resident will put them on so resident sees only one item at a time	
Infection Prevention - Clothing must be changed on a regular basis and when wet or soiled - Clothing laundered on routine basis - Follow Standard Precautions when clothing is soiled with body fluids - If resident is receiving intravenous fluids (an IV), do not disconnect or remove any part of IV set-up	
Legal - Do not use one resident's clothing for another resident – considered misappropriation of resident's property (theft) - Poor hygiene, which includes condition of clothing, can be considered neglect	
Safety - Clothing should be in good repair and fit appropriately. - Report garments that need repair, such as missing buttons, tears, worn areas or garments too long, to appropriate person	
Ethics Never dress resident in wet or soiled clothing; use clothing that is dry and clean	

Module Z – Threads of Care – Dressing and Undressing	
Dignity • Provide for privacy • Do not expose resident • Encourage resident to dress in street clothes during the day and night clothes at night	
Rights • Personal choice is a resident right; encourage resident to choose what to wear • Treat residents' clothing carefully – may have clothing that means a lot to them or cultural importance, such as a special sweater knitted by a granddaughter • Encourage resident to do as much as possible when dressing and undressing • Do not rush resident through process; may take longer but helps maintain independence and gain or regain skills	
Communication • This is a good time to talk with the resident about whatever is on their mind; you can begin conversation by talking about clothes • Often conversation about family is a good place to start • Might inquire about plans for the day	
Family and Family Support • Encourage family members to participate in changing clothes with resident's permission	
Appropriate Anatomy and Physiology • Dressing and undressing can increase muscle strength and stimulate circulation	
Body Mechanics • Support arms or legs of resident when removing or putting on clothing • There are assistive devices that help residents to dress	
Pain • Stop dressing or undressing resident if resident complains of pain • Be gentler and/or check with nurse to see if resident takes pain medication, if it is chronic pain • Report to nurse immediately if pain is new	
Person-centered Care • Resident's wishes about clothes should be sought and followed • Focus on relationship rather than task	
Documentation • Make sure that an inventory of the resident's personal	

Module Z – Threads of Care – Dressing and Undressing	
clothing is documented	
Critical Thinking • People with dementia may not want to or cannot remember how to dress and undress • For a resident with dementia, clothes can be stacked so that only one item is seen at a time by the resident	
Employee Behavior • Show pacing and patience when assisting resident to dress or undress • Be cautious of nonverbal signs of nurse aide's own impatience	
TEACHING TIPS • Provide examples of asking resident's wishes: "What outfit would you like to wear today?" "Your family is coming today. Is there something special you'd like to wear?" "Can I help you with your buttons?" • Use acronyms – POW (put on weak) and TOSS (take off strong side) as reminders for students when performing skill. • Bring assistive devices to demonstrate in lab. • Invite a guest speaker, such as Occupational Therapist, speaker from OTA programs, representative from vocational rehab, and representative from the county aging office.	
Insert skill check-off sheet for dressing and undressing at this point in the curriculum. Demonstrate dressing and undressing.	

Module Z – Threads of Care – Pericare	
Objective Demonstrate perineal care while observing sound infection prevention principles.	
Scenario You note after offering and removing the bed pan that your resident is soiled in the perineal area and some odor persists.	
Content	Notes
Cognition Explain what nurse aide is planning to do and why in terms resident understands	
Infection Prevention - Follow Standard Precautions - For the female, wiping front to back reduces infection risk - For the male, wiping in a circular motion from tip to base reduces infection risk - This is a good opportunity to observe for any redness, swelling or rashes - Be acutely aware of odor; some infections of perineal area present with a distinctive odor; and if noted, report to nurse and document	
Legal Because perineal care involves touching genital and anal area, obtain person's consent for procedure	
Safety - Locking bed wheels is important as female resident, in particular, will roll from side to side; males roll somewhat to remove protective pad - Be sure side rails are up during procedure - Be sure to leave side rails to their beginning position, once procedure is completed - Hot water can burn delicate tissue; water is usually 105 to 109 degrees; test water with bath thermometer or inside of wrist	
Ethics (program-specific content)	
Dignity - Always provide privacy, especially during perineal care - Remember nurse aide is working with a person's most private areas	
Rights - The resident has right to have a clean perineal area - The resident has a right to have adequate privacy during procedure - The resident has the right to refuse perineal care	

Module Z – Threads of Care – Pericare	
Communication • Conversation about other topics during cleaning process may help resident to get through the procedure • Be attuned to nonverbal cues	
Family and Family Support • Family should be asked to leave room until procedure is completed unless resident requests their presence	
Appropriate Anatomy and Physiology • The urethra is longer in the male and shorter in the female. As a result, urinary tract infections are more likely in female. • Urinary tract infections, while less likely in males, are possible • The front of the perineal area is cleaner than the back of the perineal area • The male foreskin may be present or not present, usually due to circumcision	
Body Mechanics • Raise bed to a comfortable working height • Lower side rail on the side where nurse aide is working • Raise the head of the bed slightly for comfort of resident during procedure	
Pain • Often these areas have skin folds that may have not been lifted or moved in a long time. If so, there may be pain. Proceed with caution • Should pain be evident, report to nurse and await further instructions as to whether or not to proceed	
Person-centered Care • Remember this is one of the most embarrassing procedures to endure; be mindful of need for privacy; have empathy for this moment in time • Respect resident's desire to have someone else present during procedure • Respect and honor preferences, if possible • Some people are comfortable with conversation during procedure and others may want to be quiet; read non-verbal and honor preference	
Documentation • Document if any redness, rash, unusual odor, discharge or pain is present • Also, document if none were found	
Critical Thinking • It is important to learn what a normal pericare procedure	

Module Z – Threads of Care – Pericare	
consists of, so that should anything abnormal occur, the nurse aide stops the procedure – a decision nurse aide would make	
Employee Behavior • Not all humans are formed alike; just as noses and eyes differ, so do perineal areas differ • Healthcare employees are bound by ethics as well as law to not talk about findings from a pericare experience • Because this is such an uncomfortable procedure for most residents, act in a professional manner at all times	
TEACHING TIPS • When developing a scenario, consider using a resident who has a urinary catheter, has had rectal or genital surgery, is menstruating, is incontinent or is an uncircumcised male. • Before class, laminate the picture of the attached female perineum. Use this as a teaching tool to demonstrate washing/rinsing/drying the genital area and buttocks (Teaching Tip Attachment #1 Perineum and Rectal Area), moving from front to back, while using a clean area of the washcloth for each stroke. • Consider demonstrating pericare using a quad-color washcloth (Teaching Tip Attachment #2 Quad-color Washcloth).	
Insert skill check-off sheet for pericare at this point in the curriculum. Demonstrate pericare.	

Module Z – Threads of Care – Making an Occupied Bed	
Objectives • Discuss the variety of beds that may be encountered in differing work settings. • Demonstrate proper bed making technique that promotes physical and emotional well-being. • Demonstrate how to operate a bed.	
Scenario Your resident has a fractured left hip. The sheets are scheduled for changing today.	
Content	Notes
Cognition • Explain what nurse aide is planning to do and why in terms resident understands	
Infection Prevention • Always adhere to infection prevention principles • Clean or dirty linen/pillow should never touch nurse aide or nurse aide's uniform • Do not shake linen because it could shake germs into the air • Never transfer linen from one room to another • Never place linen on floor • Change bed linens as soon as they become soiled or wet - o Wear gloves when you change, carry, and discard in correct container - o Roll linen up during linen change so that dirty side is inside - o Carry soiled linen away from clothes	
Legal • Facility policies always describe care procedures, including changing sheets to minimize risk of pressure injuries. • Nurse aides who leave residents in soiled beds may be liable for abuse and neglect • Before removing linen, check linen closely for resident belongings, such as dentures, glasses or jewelry	
Safety • Use side rails per facility policy or doctor's orders • Place call bell within reach of resident after linen is changed • Make sure bed is locked and in low position after linen is changed	
Ethics (program-specific content)	
Dignity • Always keep resident appropriately covered	

Module Z – Threads of Care – Making an Occupied Bed	
Be respectful when changing soiled linens to decrease embarrassment for resident	
Rights - Give prompt and compassionate care - Provide care in such a way as to protect resident's privacy	
Communication Address resident's concerns and reassure as needed	
Family and Family Support - Respond positively to family requests for additional linen needs - Encourage family participation as appropriate	
Appropriate Anatomy and Physiology Resident's skin may be fragile so clean, dry, tight fitting, wrinkle-free linens are needed	
Body Mechanics - Use proper body mechanics - Good body mechanics are required and a violation of facility safety policy if not used - Get help if resident needs assistance in moving or is very large	
Pain - Exercise caution when moving frail residents - Notify nurse if resident complains or shows signs of pain	
Person-centered Care Consider resident's bed making preferences when possible. As an example, some people do not like their sheets tucked in at the bottom	
Documentation (program-specific content)	
Critical Thinking Report to the nurse any changes or unusual findings, such as blood on linens	
Employee Behavior - Follow agency policies and procedures - Making a bed in a health care facility is different from how one makes a bed at home	
TEACHING TIPS - Ensure that students know the difference among occupied, closed, open and surgical beds. - Use the adult principle of learning, building upon old knowledge, and ask students to compare and contrast bed making at home, versus in a health care facility. - Remind students about the correct way to change a pillowcase and caution them against using methods that violate principles of infection prevention that they may	

Module Z – Threads of Care – Making an Occupied Bed
use at home – such as tucking the pillow under the chin or biting the pillow. • Reinforce how to operate a bed and remind students that there are many different types of beds in health care facilities. • Remind students to check area surrounding the bed, before lowering the bed – particularly the trash can
Insert skill check-off sheet for occupied bed at this point in the curriculum. Demonstrate occupied bed and explain how unoccupied differs from occupied bed, when done.

Module Z – Threads of Care – Foot Care	
Objectives - Foster good resident care by providing quality foot care. - Demonstrate foot care consistent with current nursing standards.	
Introductory Scenario During her bath, you notice a resident's toe nails need trimming.	
Content	Notes
Cognition People with dementia may require special measures to meet foot care needs	
Infection Prevention - Areas between toes can harbor microorganisms if not kept clean and dry - Never apply lotion between the toes of a resident with diabetes - Never share equipment between residents - Dirty feet, socks or stockings harbor microbes, cause odors, and lead to infection - An injury to the foot would be a point of entry for infection	
Legal For a resident who has diabetes, an infection can lead to a severe wound or amputation if the skin is broken	
Safety - NEVER cut or trim toenails; notify nurse if they need trimming - Check nursing care plan for possible diabetic diagnosis - Smooth, short nails help prevent injury - If an injury occurs during foot care, report it immediately - Feet can burn easily because an older resident cannot feel hot temperatures - Never apply lotion between the toes of a resident with diabetes	
Ethics It is easy to avoid foot care and leave it for next shift	
Dignity Clean feet can contribute to a resident's sense of well-being	
Rights - Residents have a right to refuse foot care - Residents have a right to clean feet	
Communication Use positive approach to encourage resident to agree to foot care	
Family and Family Support	

Module Z – Threads of Care – Foot Care	
- Encourage family participation as appropriate according to resident preference - Use lotions or nail polish provided by the family during foot care	
Appropriate Anatomy and Physiology - Poor circulation prolongs healing if there are cuts or nicks around nails - Thickened, hardened nails sometimes come with aging; nails can be softened by soaking in warm water - There is decrease in feeling or sensation in toes as part of aging process; diseases may contribute to this loss such as diabetes	
Body Mechanics Perform skill in a comfortable position for both the resident and the nurse aide	
Pain Stop foot care immediately if resident complains of pain; complaints of pain should be reported to nurse and documented immediately	
Person-centered Care - Do foot care based on resident's schedule and needs - Check agency policy for use of nail polish during foot care - Provide information to resident and family regarding opportunities for professional pedicures in the facility - Some people are ticklish when it comes to their feet	
Documentation - Document anything unusual that happens during foot care and per facility policy - Report and record reddened, irritated or calloused areas, breaks in skin, corns, very thick nails and loose nails as well as any changes to the feet	
Critical Thinking Observe and report any changes in foot condition to nurse	
Employee Behavior Follow facility policies and procedures.	
TEACHING TIP You may wish to research diabetic foot care for additional resources	
Insert skill check-off sheet for foot care at this point in the curriculum. Demonstrate foot care.	

Module Z – Threads of Care – Fingernail Care	
Objective - Foster good resident care with attention to fingernails. - Demonstrate nail care consistent with current nursing standards.	
Introductory Scenario During Ms. Smith's bath, the nurse aide notices that her fingernails are dirty and broken.	
Content	Notes
Cognition People with dementia may require special measures to meet nail care needs	
Infection Prevention - Fingernails collect and harbor microorganisms; microorganisms may cause infection, injuries and odors - Never share fingernail equipment between residents	
Legal An injury to the hand during fingernail care can be considered neglect	
Safety - Be sure skin surrounding nails is not cut or nicked; nail files can tear fragile skin around nails - Check nursing care plan for possible diabetic diagnosis; never cut nails of a resident with diabetes - Smooth, short nails help prevent injury - If an injury occurs during nail care, report it immediately to nurse	
Ethics It is easy to avoid nail care and leave it for the next shift	
Dignity Cleaning and filing nails may improve resident's self-esteem and sense of well-being	
Rights - Residents have a right to refuse nail care. - Residents have a right to clean nails	
Communication Use positive approach to encourage resident to agree to nail care	
Family and Family Support Encourage family to participate in nail care with the permission of the resident	
Appropriate Anatomy and Physiology - Nail growth is slower, and skin becomes thinner and more fragile as part of aging process - Poor circulation prolongs healing if there are cuts or nicks around nails	

Module Z – Threads of Care – Fingernail Care	
- Thickened, hardened nails sometimes come with aging; nails can be softened by soaking in warm water; softened cuticles can be pushed back with an orangewood stick - There is a decrease in feeling or sensation in fingertips as part of aging process as well as diseases processes such as diabetes	
Body Mechanics Perform skill in a comfortable position for both the resident and nurse aide	
Pain Stop nail care immediately if resident complains of pain; complaints of pain should be reported to the nurse and documented immediately	
Person-centered Care - Do nail care based on resident's schedule and needs - Check agency policy for use of nail polish during nail care - Provide information to resident and family regarding opportunities for professional manicures in facility	
Documentation Document anything unusual that happens during nail care and per facility policy	
Critical Thinking Observe and report any changes in nail condition to nurse, such as splitting or discoloration	
Employee Behavior Follow facility policies and procedures	
TEACHING TIP Plan a social activity where residents at a clinical site can get manicures by students	
Insert skill check-off sheet for fingernail care at this point in the curriculum. Demonstrate fingernail care.	

Module Z – Threads of Care – Mouth Care	
Objective - Describe the importance of good mouth care. - Identify items needed for mouth care based on resident ability and need. - Demonstrate mouth care of the unconscious resident in a competent and safe manner. - Identify the level of assistance needed for denture care. - Demonstrate alternative methods to use with cognitively impaired residents.	
Introductory Scenario Per the care plan, five residents are scheduled to receive mouth care this morning – an alert oriented resident who cannot assist with mouth care, a resident who is unconscious, a resident who is cognitively impaired, a resident who has dentures, and a resident who requires minimal assistance with oral hygiene.	Notes
Content	Notes
Cognition - Some residents may provide their own mouth care with minimal assistance; others need extensive help due to illness or cognitive impairment - Residents with dementia may not want or remember how to do their mouth care - Promoting as much independence as possible improves resident's overall condition - Explain to resident in terms resident understands what the nurse aide is planning to do and why - Residents who have dementia may have specialized mouth needs and require special measures based on their cognitive status - Cognitively impaired residents may not understand commands but may understand if given a toothbrush - When providing mouth care for the resident who does not understand – provide simple, step-by-step instructions ("Your teeth need cleaning." "Please open your mouth.") - Redirect a resident with dementia during mouth care by talking with resident; singing or playing music; providing a favorite food or drink; and gentle touching or light massage (rub shoulders or arm while talking slowly and calmly) - When providing mouth care to a resident with dementia: know the resident; approach from the front; get permission first; focus on the person, not the task; listen for clues about the person's needs; encourage participation; give simple step-by-step directions; explain each step beforehand; be patient and repeat if	

Module Z – Threads of Care – Mouth Care	
necessary; give positive feedback and encouragement; use gentle touch and reassurance; and establish a routine with the same caregiver	
Infection Prevention • Mouth care is not about grooming, but a vital part of infection prevention and health promotion • Bacteria from plaque buildup can infect other parts of the body, especially the lungs • Aspiration of plaque bacteria is one of the most common causes of pneumonia in residents living in nursing homes • Use a toothbrush with soft bristles because hard bristles can scratch the teeth and injure gums creating more places for bacteria to grow • Wash the nurse aide's and the resident's hands, before and after mouth care • Observe Standard Precautions • Change clothing if it becomes wet or soiled during mouth care • Be aware that body fluids carry microorganisms which may cause an infection • It is important to clean dentures every day because bacteria and yeast can grow on them and infect gums • It is important to clean all other surfaces of dentures (and not just the teeth part) that come in contact with gums and roof of mouth because of bacteria and yeast • When mouth care and/or denture care is/are completed, disinfect work surface, discard gloves, and wash hands • Isolation – always wear gloves; wear gown and mask as directed; set up supplies outside; take in only supplies to be used with the resident; and disinfect self when care is completed	
Legal • Follow facility policies and procedures • Poor mouth care by facility staff may lead to a charge of neglect	
Safety • The nurse aide should exercise caution against putting fingers into a resident's mouth; use interdental brush or go-between when flossing between a resident's teeth • Always keep fingers on outside of teeth when providing mouth care for a resident with dementia; consider using a rubber handled toothbrush to provide a prop to keep mouth open • Be aware of choking possibility on unconscious resident;	

Module Z – Threads of Care – Mouth Care	
never put any quantity of liquids into unconscious resident's mouth; be prepared to perform relief of choking • Unconscious residents should be placed in a lateral position prior to mouth care • Exercise caution when handling dentures as they may easily break • Exercise caution when providing mouth care to a cognitively impaired resident as they may bite down very hard on toothbrush or swallow toothpaste • Dipping the toothbrush in water works just as well as applying toothpaste; there is less chance of the person coughing or choking with water • Resident who needs assistance with mouth care may have a hard time cooperating and not want the nurse aide to touch mouth; may resist the care and hit, bite, and/or spit at nurse aide • Foam action of toothpaste can cause resident to cough or choke so avoid use with resident with swallowing problems • To prevent aspiration for a resident who has trouble with spitting or swallowing, sit resident up and use a very small amount of liquid (because there will be very little to spit), and dry mouth with gauze pad • Because toothpaste uses the swish and spit technique, toothpaste should not be used with people who cannot follow directions well or have advanced dementia or stroke • It is important to identify loose teeth and report to supervisor immediately because loose teeth can fall out and be swallowed or inhaled into lungs • Always store dentures submerged in cool water in a denture cup and away from direct sunlight and heat; dentures allowed to dry out or are placed in direct sunlight or next to a heat source can cause the dentures to change shape and then fit poorly in resident's mouth	
Ethics • Assist with mouth care in the same manner you would like to be treated • Only you as a nurse aide know how well you performed the mouth care	
Dignity • It is important to support a resident's ability to do as much of mouth care as possible by watching the resident and helping as needed – especially with early stage dementia (set up supplies, assist to sink or set up over-	

Module Z – Threads of Care – Mouth Care	
bed table, and prompt with step-by-step instructions) – the nurse aide can go back and brush areas missed (“Let me help you out.”) • Good mouth care can make people feel better every day by not just improving health but also the resident’s quality of life; when the mouth is clean, food tastes better • Be aware that some residents are self-conscious without their dentures • Time mouth care so it doesn’t interfere with activities and visitors • Dentures need to be clean and in place before resident dines • Use a clothing protector to prevent drops of water or toothpaste on clothing • Talk to the resident even if the resident is unconscious	
Rights • Resident has a right to receive good mouth care • Respond appropriately to a resident’s request to assist in their own care	
Communication • To begin mouth care, greet the resident and explain what is to be done • Make conversation with residents even if resident does not talk • Do not ask resident questions while doing mouth care, if resident’s mouth is open and teeth are actively being brushed • Give short and clear verbal cues to prompt resident • Speak clearly, slowly and directly with face-to-face contact when possible; sit down as appropriate • Refrain from using childish gestures when assisting with mouth care • Watch for non-verbal cues indicating the resident’s need to spit during mouth care • Behavior happens for a reason; the behavior of a resident with dementia during mouth care is a form of communication – it is the resident’s way of telling the nurse aide that he/she needs something because of the inability for the resident to communicate with words	
Family and Family Support • Ask family if resident has a routine or any special preferences to time of mouth care	
Appropriate Anatomy and Physiology • Good mouth care can prevent serious illnesses, such as	

Module Z – Threads of Care – Mouth Care	
pneumonia and heart disease and improve diabetic control and nutrition, leading to a reduced incidence of hospitalization and death • Incidences of pneumonia are greater among residents who receive poor mouth care • Assistance with mouth care is often hard to provide for the resident because many older adults do not have perfect teeth; they may have broken teeth and/or may have appliances, such as dentures • For many older residents, swallowing is difficult, so the nurse aide must be particularly conscious of encouraging residents to spit when necessary • Ability to taste may diminish with age, but a healthy mouth promotes a healthy appetite • Mouth care consists of brushing the teeth or dentures, gums, tongue, and caring for the lips • An unconscious resident may be able to hear the aide's communication during mouth care • An unconscious resident's mouth may become dry	
Body Mechanics • Sit at resident's eye level if possible when providing mouth care to the conscious resident • Adjust bed to a safe comfortable level of the nurse aide when providing care to the unconscious resident	
Pain • When the nurse aide first starts brushing a resident's teeth, may see such things as food debris, thick deposits on teeth/tongue and gums that bleed when teeth are brushed; if it has been a while since resident has had appropriate mouth care, the resident may experience pain and have gums that bleed • A broken tooth may be quite painful when touched; use a cotton tip swab instead of a toothbrush to clean broken teeth • Report pain or signs of discomfort associated with mouth care to the nurse • Report any evidence of improper fitting dentures	
Person-centered Care • Be courteous and mindful of resident's wishes at all times • Some residents may prefer to sleep in their dentures while others may wish for them to soak overnight • Determine individual preferences for mouth care – when (morning/bedtime; before a meal/after a meal) and how often (once a day/several times a day)	

Module Z – Threads of Care – Mouth Care	
• Goal for quality mouth care is to be easy/rewarding for nurse aide and comfortable/pleasant for the resident receiving care; must be individualized and person-centered • Adjust type of care based on needs – toothless, full dentures, partial dentures, loose tooth, swallowing problems, or tube feeding • Mouth care can be an opportunity to build a positive relationship; focus on the person as an individual and not a task • Mouth care is all about the relationship between the nurse aide and the resident; when getting started with mouth care – focus on the relationship and connecting with the resident • Individualize care – every resident is different; mouth care techniques that work for one resident with dementia may not work for another resident with dementia; plus what worked yesterday with a resident, may not work today for that same resident • Some residents feel strange when others brush their teeth; feel nervous when a toothbrush comes towards their mouths that is being held by others; and may feel discomfort as their teeth are being brushed	
Documentation • Document per facility policy • Accurate documentation may impact medical plan of care and nutritional status of resident	
Critical Thinking • Observe and report any abnormalities in the mouth during mouth care such as swollen reddened gums, loose teeth, yellow or white spots, pus, coated tongue • Recognize that cognitively impaired residents may perceive mouth care as a threat • When deciding which mouth care product to use, refer to facility policy and also consider the person's ability and needs • Adjust type of care based on needs – toothless, full dentures, partial dentures, loose tooth, swallowing problems, or tube feeding • In order to assist a resident to be successful with their ability to perform self-care, the nurse aide needs to figure out what the resident can do through observation, then support that ability, and then assist as needed • Sometimes the nurse aide must think like a detective to	

Module Z – Threads of Care – Mouth Care	
determine the meaning behind behavior for the resident with dementia and what is being communicated by the resident – must be flexible and patient to figure out the resident's needs and how best to meet them	
Employee Behavior - Follow facility policies and procedures - It is important for the nurse aide to schedule mouth care based on individual needs and preferences of each resident and not on the nurse aide's schedule - Use gentle touch if received well by resident - Report any changes in mouth or dentures to nurse	
TEACHING TIPS - Preview the DVD, <i>Mouth Care Without a Battle®</i> and determine which parts of the content to show during class discussion. Attachment 3X includes a guide to DVD content with time increments. Determine whether the vocabulary list (Attachment 4X) and/or the worksheet (Attachment 5X) will be duplicated and used in conjunction with DVD shown in class. - Purchase oversized teeth with tongue/toothbrush and use to demonstrate/practice mouth care techniques. - Distribute duplicated paper teeth/tongue (Attachment 6X) in clear sheet protectors. Distribute the sheet protector along with a pair of gloves and toothbrush to each student. Encourage students to practice the “jiggle, jiggle, sweep technique” on the front teeth and then brush the tongue as the instructor demonstrates the processes. - Role play responses to a variety of situations that nurse aides may encounter when caring for residents with dementia – resident refuses mouth care because of not understanding/loss of control/pain/bad timing; resident will not open mouth because of not understanding/fear/loss of control/pain; resident has a history of spitting on the floor during mouth care; resident will not sit down for mouth care; resident grabs at the toothbrush/nurse aide; resident sucks on the toothbrush; resident hits at the nurse aide; and resident bites down on the toothbrush. - Using actual dentures as props, demonstrate finger placement for removal of an upper and lower denture. - Have students take turns brushing each other's teeth. - Watch <i>Oral Hygiene & Care-Resistant Behaviors</i> Video (video 6201) at www.pogoe.org. - Have students go to www.ada.org and research recommendations for geriatric mouth care. Information about the DVD, <i>Mouth Care Without a Battle®</i> is located at www.mouthcarewithoutabattle.org/.	
Insert skill check-off sheets for providing mouth care, providing mouth care for unconscious resident, providing mouth care for cognitively impaired resident, assisting with denture care, and assisting with oral hygiene at this point in the curriculum. Demonstrate providing mouth care, providing mouth care for unconscious resident, providing mouth care for cognitively impaired resident, assisting with denture care, and assisting with mouth hygiene here.	

Module Z – Threads of Care – Handwashing	
Objective • Demonstrate proper handwashing technique according to CDC guidelines. • Explain hand hygiene. • Identify when to wash hands.	
Introductory Scenario The nurse aide has completed giving care for one resident and the resident's roommate requests assistance	
Content	Notes
Cognition • Explain to resident in terms resident understands what care nurse aide is going to provide • Be aware that residents with cognitive impairments may resist bathing • Be aware that residents with cognitive impairments may require special measures • Reinforce nurse aide measures for the cognitively impaired so removal of clothes does not cause resident fear	
Infection Prevention • Handwashing is the single most important thing you can do to prevent the spread of disease • Washing hands with soap and water is the best way to reduce and remove germs • <u>Use soap and water when hands are visibly dirty or soiled</u> with blood, body fluids, secretions, or excretions • How to wash hands: - o Wet hands using warm water - o Point fingers down and keep lower than wrists Ask students, why they think this is important. Want germs gliding down hands into sink instead of running up wrists and arms? - o Use friction (rubbing hands together, interlacing finger, scratching palms, washing wrists to produce a good lather,) to help rub off germs - o Scrub hands a minimum of 20 seconds, using soap and water, per CDC recommendations Ask students, how long is 20 seconds? Require them to watch the second hand on the clock for 20 seconds OR, hum the Happy Birthday Song, two times OR, sing Old McDonald Had a Farm (including 1 animal with sounds) • <u>Use hand rub if hands are not visibly soiled</u> • If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.	

Module Z – Threads of Care – Handwashing	
Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs, such as norovirus • How to use hand sanitizer: - o Apply the product to the palm of one hand - o Rub hands together - o Rub the product over all surfaces of hands and fingers, and around nails, until hands are dry • When performing handwashing or using hand sanitizer: • Keep fingernails short and clean • Do not wear artificial/acrylic/fashion/gel nails, nail extensions/enhancements/tips or wraps, because they can hide harmful germs • Consider removing jewelry because harmful germs hide in crevices and around stones • Lotion may be applied after washing, to keep hands soft and skin intact (not chapped or cracked); use unscented type - o When at work, only use facility provided lotion; some lotions make medicated soaps less effective and some lotions break down latex • According to an article published in July 2018 by the American Department of Agriculture (USDA), 97% of Americans wash their hands incorrectly. The CDC has identified areas most missed during handwashing were the finger-tips, finger-webs, the palms, and the thumbs	
Legal • There may be legal consequences if certain cases of facility acquired infections can be traced back to poor hand hygiene	
Safety • If you splash water when you wash your hands, clean it up	
Ethics • Sometimes only you will know if you washed your hands	
Dignity (program-specific content)	
Rights • Residents have a right to cleanliness	
Communication • Let residents know when you wash your hands • Encourage and assist residents to wash hands frequently	
Family and Family Support	

Module Z – Threads of Care – Handwashing	
Remind family the importance of handwashing	
Appropriate Anatomy and Physiology - Certain diseases may alter one's risk of infection, for example open wounds, surgical incisions, cancer - The elderly are at a higher risk of infection and often have weakened immune system as a result of aging and/or chronic illnesses.	
Body Mechanics Use good body mechanics when washing hands	
Pain (program-specific content)	
Person-centered Care (program-specific content)	
Documentation Is supporting evidence that handwashing was performed to help prevent infection and reduce cross contamination while providing care to residents at increased risk for infection or who are critically ill or immunocompromised	
Critical Thinking - Use good judgment when choosing between soap and water and alcohol-based hand rubs - Anticipate resident's need to have hands washed	
Employee Behavior Adhere to facility policies and procedures related to handwashing and hand hygiene products	
Teaching Tips - Consider adding, using alcohol-based hand rub, as a skill proficiency check-off. - For more information on handwashing, please visit CDC's Handwashing: Clean Hands Save Lives Web site. You can also call 1-800-CDC-INFO, or email cdcinfo@cdc.gov for answers to specific questions. There are other websites that are great resources – hand hygiene resource and the World Health Organization.	
Activity Activity #1 Germs, Germs, Germs is an activity required for this Thread of Care Sheet and the instructor's guide is located in this module.	
Insert skill check-off sheet for handwashing at this point in the curriculum. Demonstrate handwashing.	

Module Z – Threads of Care – Personal Protective Equipment (PPE)	
Objectives • Demonstrate proper use of PPE, including putting on and taking off gloves, gowns, and masks to prevent transmission of disease. • Explain how to implement Standard Precautions in the work setting.	
Introductory Scenario Your resident has an infection and you must put on gloves, gown, and mask to provide care, and then remove them.	
Content	Notes
Cognition • Explain the purpose of PPE to the resident in terms the resident can understand • Reassure the confused resident why the nurse aide is using PPE	
Infection Prevention • PPE helps protect both the resident and the nurse aide from potentially infectious materials by breaking the chain of infection at the mode of transmission link • Four key points to remember about use of PPE – first, always put it on before contact with resident, preferably before entering room; second, even though nurse aide is wearing PPE, care must be taken not to contaminate skin or clothes; third, after completing care, be very careful when removing PPE; fourth, always wash hands after taking off PPE • To take off PPE safely, nurse aide must know what is considered clean and what is contaminated - o Areas that are considered contaminated or dirty are outside front and sleeve of the gown, outside front of the mask, and outside of the gloves - o Areas that are considered clean are the parts that will be touched when removing PPE; clean areas include inside the gloves, inside and back of the gown plus the ties, and the ties or elastic ties. • Gloves are most common type of PPE that nurse aide will wear while working at a long-term care facility • Gloves – description - o Two types of gloves that nurse aides wear – sterile and non-sterile (clean); nurse aide wears non-sterile (clean) gloves - o Gloves come in different sizes - o Gloves are made using different materials, such as vinyl or latex; if allergic to latex, wear non-latex gloves • Gloves – rules - o Gloves should be worn once and then thrown away	

Module Z – Threads of Care – Personal Protective Equipment (PPE)	
- o When wearing gloves, always work from (or touch) a clean area, before touching contaminated (or dirty) area - o Change gloves if hands are going to move from body part that is contaminated (dirty), to a body part that is not contaminated (clean) - o Change gloves right away if they get dirty or tear - o Take gloves off very carefully and do not touch skin or clothes with dirty sides of gloves - o Do not touch anything with dirty gloves that anyone may touch without gloves, like a doorknob - o The fit should be comfortable – not too loose or not too tight • Gown – description - o The gown is made of liquid-resistant material • Gown – rules - o Gowns should be worn once and discarded immediately after use - o Gown should be changed right away if it gets wet, dirty, or tears - o Take gown off very carefully and do not touch skin or clothes with dirty sides of gown - o Do not leave the resident's room until gown is removed • Mask - rules - o Masks should be worn only once and discarded immediately after use - o Masks should fit snugly over mouth and nose - o Change mask right away if it gets wet, dirty, or tears - o Take mask off very carefully and do not touch skin or clothes with dirty side (outside) of the mask - o Do not leave resident's room until mask is removed	
Legal • There may be legal consequences if certain cases of facility acquired infections can be traced back to Standard Precautions not being followed	
Safety • Appropriate use of PPE's protects the resident as well as the nurse aide	
Ethics • Use Standard Precautions for all people regardless of diagnosis • Sometimes no one will know but you if you washed your hands after removing gloves	
Dignity	

Module Z – Threads of Care – Personal Protective Equipment (PPE)	
Realize that PPE may be dehumanizing, humiliating and intimidating to residents, therefore important for nurse aide to recognize this and consider resident's feelings when PPE is in use	
Rights – not applicable Residents have a right to cleanliness	
Communication Explain and reassure why nurse aide is using PPE	
Family and Family Support - Reinforce nurse's instruction about PPE with the family - Notify the nurse if family does not follow PPE order	
Appropriate Anatomy and Physiology - Certain diseases may alter one's risk of infection, for example open wounds, surgical incisions, cancer - The elderly are at a higher risk of infection and often have weakened immune system as a result of aging and/or chronic illnesses	
Body Mechanics (program-specific content)	
Pain (program-specific content)	
Person-centered Care (program-specific content)	
Documentation Check nursing care plan for transmission-based precautions that require use of PPE	
Critical Thinking Relate use of PPE to breaking the chain of infection	
Employee Behavior - Follow facility policies and procedures - The nurse aide is responsible for knowing where to locate and how to apply and remove PPE	
TEACHING TIP - Provide scenarios that require students to determine which PPE should be used - Ask students to explain their choices and to describe what precautions were considered	
Activity Activity #2 needs to be performed prior to demonstration of PPE. The instructor's guide is located at the end of Module Z.	
Insert skill check-off sheet for Personal Protective Equipment (PPE) at this point in the curriculum. Demonstrate Personal Protective Equipment (PPE).	

Module Z – Threads of Care – Measuring and Recording Vital Signs	
Objectives - Discuss the importance of accurate measurement of vital signs of residents. - Demonstrate correct measurement and recording of vital signs.	
Introductory Scenario It is morning and time to measure and record your resident's vital signs.	
Content	Notes
Cognition - Explain to resident in terms the resident understands what nurse aide is planning to do and why - Be aware that residents with cognitive impairments may require special approaches	
Infection Prevention Sanitize blood pressure cuff, stethoscope, and electronic thermometer between residents, per facility policy	
Legal It is illegal if the nurse aide records a guess or writes down a value near or equal to a previous vital sign obtained by someone else, when the nurse aide is unsure of the value obtained	
Safety - Place call bell within reach of resident after procedure is done - Nurses and doctors make decisions based on the assumption that vital sign readings are accurate - Vital signs are important methods used to monitor condition of or functioning of resident's organs	
Ethics Vital signs may be difficult to obtain on some residents, so never guess	
Dignity Avoid opinionated comments about vital sign values	
Rights - Provide care in such a way as to protect resident's privacy - The resident has a right to refuse having vital signs taken	
Communication Address resident's concerns and reassure as needed	
Family and Family Support Refer questions from family members to nurse	
Appropriate Anatomy and Physiology Checking vital signs is an important task for nurse aide and is a vital indication of resident's condition and any changes in condition	

Module Z – Threads of Care – Measuring and Recording Vital Signs	
- When one or more of resident's vital signs are too high or too low, a potential health problem may be occurring - Being aware of normal and abnormal vital sign variations is important	
Body Mechanics (program-specific content)	
Pain - Pain is sometimes referred to as the fifth vital sign, so it is important to observe and report routinely - Any complaints of pain associated with taking of vital signs should be reported to nurse	
Person-centered Care – program-specific content	
Documentation Ensure that nurse aide follows facility policy on documentation of vital signs	
Critical Thinking - Report any changes or unusual findings in any of the vital sign values obtained - The nurse aide must understand difference among different ways to check a resident's vital signs - Use a blood pressure cuff appropriate to size of resident's arm	
Employee Behavior The nurse aide must always be truthful and accurate when reporting and recording vital sign values	
TEACHING TIP Timing of Teaching Vital Signs Skills Within the Curriculum Why do we tend to wait and teach students how to check blood pressure farther into the program? Because it is a hard skill to master or because the theory content is not taught until middle way of the course? Wouldn't it make sense to schedule a lab session on the <u>first day of class</u> and go ahead and teach students how to check blood pressure and possibly how to check respiratory rate and pulse rate? The instructor could send the students home on the very first day with knowledge that they can practice throughout the <u>whole</u> program. Part of their daily homework assignment would be to check radial pulse/respiratory rates on _____ number (choose a number) of people and to bring in the results, the next day. Think about how many living people that they interact with outside of class. Living people that would be willing to have a student check their radial pulse rates or their respiratory rates. The student will have the whole entire length of the program to become proficient at pulses and respirations, both in class and at home.	

Module Z – Threads of Care – Measuring and Recording Vital Signs
Let's go back to middle school or high school math class. Did any of you ever have a teacher who would always put a couple of math problems on the chalk board and the students were required to do them as a warm-up activity before class started or at the very beginning of class? Usually they were easy problems, but it gave the students day-after-day practice on math problems. Wouldn't it be great if each nurse aide student got in the habit of walking into class everyday, grabbing a stethoscope, alcohol wipe, and BP cuff and take the blood pressure of one person in class and then document it? It would be a type of warm-up activity like math class that the student would be expected to do each day. The students would have the entire program length to become proficient at taking/recording blood pressures, instead of just doing blood pressure during a single skill day session and then a few times in clinical. • The students need to understand differences among ways to check a resident's vital signs. • Accuracy in vital signs greatly improves with practice. Insert skill check-off sheets for measuring and recording combined vital signs, axillary temperature, rectal temperature, and electronic/tympanic temperature at this point in the curriculum. Demonstrate measuring and recording combined vital signs, axillary temperature, rectal temperature, and electronic/tympanic temperature.

Module Z – Threads of Care – Measuring and Recording Height and Weight	
Objective - Discuss the importance of accurate height and weight measurements of residents. - Demonstrate correct measurement and recording of height and weight.	
Introductory Scenario A newly admitted resident to a nursing home needs a baseline height and weight. You are the nurse aide assigned to the resident.	
Content	Notes
Cognition Explain to resident in terms resident understands what nurse aide is planning to do and why	
Infection Prevention (program-specific content)	
Legal (program-specific content)	
Safety - Place call bell within reach of resident after procedure is done - Assist resident when stepping on and off scales	
Ethics (program-specific content)	
Dignity - Maintain a professional attitude while weighing a resident - Refrain from commenting on weight of resident or teasing about the weight amount, no matter how much or how little the resident weighs - Be respectful, courteous, and explain what you are always doing	
Rights Provide care in such a way as to protect resident's privacy	
Communication Address resident's concerns and reassure as needed	
Family and Family Support (program-specific content)	
Appropriate Anatomy and Physiology - Report weight loss or gain, no matter the amount, immediately to the nurse - Loss of weight may indicate dehydration or malnutrition - Gains in weight may indicate retention of fluid - For height, some residents cannot straighten due to contractures and nurse aide is required to follow curvature of resident's body with a tape measure and add the inches	

Module Z – Threads of Care – Measuring and Recording Height and Weight	
Body Mechanics • Use proper body mechanics • Get help if resident needs assistance in moving or is large	
Pain (program-specific content)	
Person-centered Care • Provide privacy during weighing because a person's reaction to weighing may vary from person to person and it is often a personal matter	
Documentation • Follow facility policy on documentation of weight and height	
Critical Thinking • Report any changes or unusual findings, such as weight loss or gain to nurse • Convert units of measurements within household system • Convert common units of measurements between household and metric system	
Employee Behavior • Follow agency policies and procedures	
TEACHING TIP • Make sure student knows the difference among ways to weigh a resident – standup scale, chair scale, and bed scale.	
Insert skill check-off sheet for measuring and recording height and weight at this point in the curriculum. Demonstrate measuring and recording height and weight.	

Module Z – Threads of Care – Collecting Routine Urine Specimen	
Objective Demonstrate collecting a routine urine specimen following the rules of medical asepsis.	
Introductory Scenario Ms. Smith is ambulatory and needs minimum assistance with ADL's. The nurse asks you to collect a routine urine specimen.	
Content	Notes
Cognition - Explain what nurse aide is planning to do in terms resident understands - Make sure the resident understands by getting him/her to verbalize understanding	
Infection Prevention - Follow Standard Precautions - Do not touch inside of specimen cup or the lid - Do not place specimen container on over-bed table - Assist resident to wash hands after urine is collected - Never place urine specimen in a refrigerator that is used for food	
Legal Nurse aide should label and take specimen to designated place promptly	
Safety Clean spills immediately and thoroughly per facility policy	
Ethics No one else may know if the nurse aide forgot and left the specimen sitting in the resident's bathroom for 4 hours	
Dignity - Always provide privacy during collection and transportation of specimen - Never comment on the odor of concentrated urine	
Rights - The resident has a right to privacy during the procedure - The resident has a right to refuse collection of a routine urine specimen - The resident has a right to be informed as to why the specimen is needed	
Communication - Reinforce nurse's instructions regarding urine collection - Reinforce the chosen method of collection and why medical asepsis is important	
Family and Family Support (program-specific content)	

Module Z – Threads of Care – Collecting Routine Urine Specimen	
Appropriate Anatomy and Physiology • Keep catheter bag below bladder to prevent flow of urine back into bladder • Some medications may change color of urine • Some urine may have a strong odor • Some urine may have particles of sediment floating in it • Remember the anatomy of males and females may require nurse aide to vary the technique needed to accurately collect urine specimen	
Body Mechanics (program-specific content)	
Pain • Complaints of pain while voiding should be reported to nurse	
Person-centered Care • Be mindful of need for privacy • If assistance is needed, be considerate of resident wishes • Be courteous and respectful of resident wishes at all times	
Documentation • Label specimen according to facility instructions • Document any abnormal findings, such as cloudy or dark urine, blood or mucus in urine, strong offensive or fruity smelling urine	
Critical Thinking • Residents with cognitive impairment may require repeated instructions • Residents with cognitive impairment may require additional assistance • Be alert for signs resident does not understand collection procedure and reinforce instructions as needed • A change in appearance of urine should be reported to nurse since this may signal other health problems	
Employee Behavior • Treat resident with empathy, even when extra patience is needed • Prevent resident embarrassment by acting in a professional manner • Accuracy in collecting a urine specimen is critical since treatment plans may be based on findings	
TEACHING TIPS • Discuss five rights of Specimen Collection – right resident, right specimen, right	

Module Z – Threads of Care – Collecting Routine Urine Specimen
container, right date/time, right storage/delivery. • Let students practice transferring colored fake urine from bedpan into specimen container to better understand how easily urine can be splashed or spilled. • Make sure urine collected belongs to resident. • Discuss different types of urine specimens, as well as the process of urine straining. • This is a good opportunity to discuss routine variations of urine characteristics. • Discuss collecting urine specimen from resident using transmission-based precautions. • Compare collecting a routine urine specimen and collecting a stool specimen.
Insert skill check-off sheet for collecting routine urine specimen at this point in the curriculum. Demonstrate collecting routine urine specimen. This may be an appropriate time to insert skill check-off sheets/demonstrate collecting stool specimen.

Module Z – Threads of Care – Assisting with Use of Bathroom and Measuring and Recording Urinary Output	
Objective • Demonstrate the proper technique when assisting with the use of the bathroom, bedside commode, bedpan and urinal. • Accurately measure and record urinary output.	
Introductory Scenario Your resident is on bedrest and has stated a need to go to the bathroom. The nursing care plan indicates _____ (please complete with several common wordings found in the care plan regarding allowable bathroom activities).	
Content	Notes
Cognition (program-specific content)	
Infection Prevention • After elimination, all equipment should be rinsed, dried and returned to storage using Standard Precautions • Be aware that body wastes, both urine and feces, carry microorganisms, which may cause infection • Raised toilet seats, urinals, and bedpans should be labeled with the name of the user • NEVER place ANY elimination equipment on the over-bed table	
Legal • To ignore a resident who has expressed a need to eliminate is neglect and abuse • If someone is injured attempting to go to bathroom on their own, this may be neglect	
Safety • The fracture pan is safely used for those who cannot raise their hips to use a regular bedpan • The regular bedpan is higher on the sides and requires extra caution for safety • Raised toilet seats on the bathroom commode can assist the resident in getting up and down; handrails make the use of a raised seat safer • Those who can walk to the bathroom may still need assistance; being in bed for long periods may cause weakness on rising and sometimes dizziness • Always return bed and side rails to original position once elimination is complete • Use disinfectant and odor neutralizers with caution • Residents must be kept clean and dry	
Ethics • Long periods of time spent on bedpans, holding a urinal,	

Module Z – Threads of Care – Assisting with Use of Bathroom and Measuring and Recording Urinary Output	
or sitting on a commode can be harmful in many ways and is to be avoided Only the nurse aide knows if a resident is left in a wet bed	
Dignity - Privacy is paramount in all methods of assisting with elimination - Most times, the resident attempting elimination would like to be alone - Treat the resident as an adult; don't use childish words; use proper words for bodily functions and outcomes - Remember, residents may be embarrassed at needing assistance with elimination - Always be professional and neutral when assisting with any of the types of elimination - Pads and briefs are available for adults who are incontinent - It is important to realize how residents feel about having to be assisted with elimination, when all their life, they have been able to do that for themselves - Those who are incontinent may be embarrassed; be careful what is said when assisting with incontinence cleanup	
Rights - The resident has a right to assistance with elimination in a manner appropriate to their condition - The resident has a right to privacy during elimination - Per the Minimum Data Set (MDS), any time a resident's skin or anything touching a resident's skin is wet from urine, this is counted as an episode of incontinence (cite the law)	
Communication (program-specific content)	
Family and Family Support - Often resident does not want the family present during elimination - Often family does not want to be present during elimination - Abide by resident preference related to family involvement - Remind the family if the resident is on output	
Appropriate Anatomy and Physiology Factors that may cause normal changes in urine qualities	

Module Z – Threads of Care – Assisting with Use of Bathroom and Measuring and Recording Urinary Output	
include foods and food dyes, medications, vitamins and food supplements • Factors that may affect urination are aging, psychological factors, fluid intake, medications, and diseases • Incontinence is not a normal part of aging • Urine is irritating to skin and should be washed off immediately	
Body Mechanics • When residents can move with assistance, but cannot walk to bathroom, consider a portable, bedside commode • Use good body mechanics to assist resident to commode and back to bed • When offering bedpan or urinal, raise bed to a comfortable working height; be sure side rails are up	
Pain • Any complaints of pain upon elimination should be reported to nurse	
Person-centered Care • It is important to ask about preferences of elimination assistance; do not just choose a bedpan when resident might be able to use bedside commode • Examine how you would feel in any elimination situation and, using empathy, treat those in your care as you would like to be treated • Ask what you can do to help rather than just helping; for example, offer toilet paper rather than just using it quickly yourself	
Documentation • Document measured amount according to facility policy • The quality of output should be documented with any episode of elimination	
Critical Thinking • Notify nurse of abnormal urine, color, odor or amount • Prioritizing the need of a resident to eliminate may sometimes need to be done over your work plan of bed making, etc.	
Employee Behavior (program-specific content)	
TEACHING TIPS • Discuss the use of different types of bedpans. • Exercise caution with nonverbal behavior when assisting with elimination. • Discuss comfort measures for elimination, such as using powder on a bedpan or warming metal bedpans.	

Module Z – Threads of Care – Assisting with Use of Bathroom and Measuring and Recording Urinary Output

Insert skill check-off sheets for assisting with use of the bathroom, bedside commode, bedpan and urinal; and measuring and recording urinary output at this point in the curriculum. Demonstrate assisting with use of the bathroom, bedside commode, bedpan and urinal; and measuring and recording urinary output.

Module Z – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag	
Objective • Demonstrate catheter care. • Empty urinary drainage bag. • Promote good health and hygiene.	
Introductory Scenario A female resident you are caring for has a catheter and needs catheter care.	
Content	Notes
Cognition • Explain what nurse aide is planning to do and why in terms resident understands	
Infection Prevention • Follow Standard Precautions. • Clean only in one direction and wipe away from meatus • Clean at least four inches of indwelling catheter nearest the meatus • Use a clean area of the cloth for each cleaning stroke • This is a good opportunity to observe for any redness, swelling or rashes • Be acutely aware of abnormal odor; and if noted, report to nurse and document • Place a barrier on the floor under the graduate measuring device • Do not let the tube emptying the urine touch the graduate • Use an alcohol wipe to clean drain clamp prior to replacing it in its holder • Clean graduate and store it according to agency policy • Catheter bag should always be kept below bladder to prevent flow of urine back into bladder	
Legal • Because catheter care involves touching genital area, obtain person's consent before performing procedure	
Safety • Water temperature should be no higher than 105 degrees; test water with bath thermometer or inside of nurse aide's wrist • Have resident check water temperature and verify comfort	
Ethics (program-specific content)	
Dignity • Always provide privacy • Remember you are working with a person's most private	

Module Z – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag	
areas and residents from various cultures may react differently • Never comment on the odor of concentrated urine	
Rights • The resident has a right to cleanliness • The resident has a right to be free from odors and potential harmful bacteria • The resident has a right to have adequate privacy during the procedure • The resident has the right to refuse catheter care	
Communication • Be aware of nonverbal actions both from resident and nurse aide • Tell resident when you are going to touch the resident	
Family and Family Support • Family should be asked to leave room until procedure is completed unless resident requests their presence	
Appropriate Anatomy and Physiology • Residents with catheters are at increased risk of urinary tract infections; urethra is longer in the male and shorter in the female; as a result, urinary tract infections are more likely in a female • If the male has not been circumcised, the foreskin should be pulled back, so the meatus can be cleaned around the base of the catheter • Urine should normally be light or pale yellow and clear without a foul odor • Some medications may change the color of urine • Urine contains waste products removed from body	
Body Mechanics • Raise the bed to a comfortable working height • Lower the side rail on the side where the nurse aide is working • Raise the head of the bed slightly for the comfort of the resident during the procedure	
Pain • Be aware of the sensitivity of this area of the body • Should pain be evident, report it to nurse	
Person-centered Care • This can be embarrassing for resident • Be mindful of the need for privacy • Demonstrate empathy during procedure • Respect resident's desire to have someone else present	

Module Z – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag	
during procedure	
Respect and honor preferences, if possible	
Documentation Document any abnormal findings such as pain, cloudy or dark urine, blood or mucus in urine, strong offensive or fruit smelling urine, and report to nurse immediately	
Critical Thinking The nurse aide should know the implications of washing the catheter in a careful thoughtful manner so not to pull on the catheter	
Employee Behavior Nurse aides should act in a professional manner while performing catheter care	
TEACHING TIPS - Before class, laminate the picture of the attached female perineum, insert an actual foley catheter into the meatus, and inject water into the balloon. Use this as a teaching tool to demonstrate finger placement around the catheter during catheter care. In addition, turn the perineum around and point out the size of the inflated balloon and relate it to the safety needs of a resident with a catheter (Attachment #1 Teaching Tip Genitals). - Consider demonstrating catheter care using a quad-color washcloth (Teaching Tip #2 Quad-color Washcloth).	
Insert skill check-off sheet for providing catheter care and emptying urinary drainage bag at this point in the curriculum. Demonstrate providing catheter care and emptying urinary drainage bag.	

Module Z – Threads of Care – Assisting with Dining/Feeding Resident and Measuring and Recording Intake	
Objective - Describe the food groups according to www.choosemyplate.gov. - Recognize components of special diets that may be served to residents. - Describe the importance of sound nutrition. - List ways to identify and prevent dehydration and malnutrition. - Demonstrate how to serve meal trays, between-meal snacks and assist with dining to a variety of residents, with different needs, including use of adaptive devices. - Demonstrate documentation of intake. - Identify intake items that are considered fluids.	
Introductory Scenario The evening tray has arrived at the resident's bedside. Your resident has limited use of the left hand and no use of the right, dominant hand. In addition, you must document how much is eaten and the amount of fluid intake and output for the day.	
Content	Notes
Cognition - Emotions affect eating - Remember that mealtime is a sociable event and should be a pleasurable experience; mealtime is just not a time to eat, but is also a social activity - Providing meals in an environment that encourages and enhances the eating process is beneficial to all residents - Residents that are easily distracted during meals should not be isolated from the rest of the residents; however, they may eat better in a quieter part of the dining room - Resident with dementia may require special measures to meet their nutritional needs - Residents with Alzheimer's disease may have specialized nutritional needs based on their cognitive and physical status - Resident with Alzheimer's sometimes has little awareness of food in mouth and to remind resident to chew, nurse aide may gently move resident's chin or touch the tongue with a fork or spoon - To stimulate swallowing, gently stroke resident's throat - Nurse aide assisting the resident with eating should sit at the resident's level, make eye contact, and talk with resident during meal - Consistency in meal times and seating arrangements will assist in promotion of resident's independence and may decrease behavioral issues during meal service - Dementia may lead to decreases in food and fluid intake	

Module Z – Threads of Care – Assisting with Dining/Feeding Resident and Measuring and Recording Intake	
- o Resident does not realize hunger or thirst - o Reduced sense of smell and taste - o Difficulty swallowing - o Resident does not recognize eating utensils - o Resident cannot feed self - o Loss of coordination - o Depression - o Resident is restless and unable to remain seated during meals • Water is not the only fluid available to residents; some residents may not like water and should be offered alternative fluids, such as - o Milk - o Juices - o Decaffeinated drinks (tea, coffee, soft drinks) - o Popsicles - o Ice cream - o Gelatins - o Fruit - o Soups - o Broths • Observe residents for the following warning signs to eliminate or minimize mealtime difficulties - o Change or difficulty in swallowing or chewing - o Poor utensil use - o Refusal of food and drinks • Nurse aide must report any changes in resident's ability to feed self, chew, swallow and circumstances surrounding the change to nurse	
Infection Prevention • Wash the nurse aide's and the resident's hands, before and after meal • Never put dirty equipment or supplies, such as bedpans, urinals or specimens on the over-bed table • Be careful not to contaminate ice as it is scooped from ice machine. Store scoop in appropriate place	
Legal • Follow facility policies and procedures	
Safety • Be aware of choking possibility during feeding; be prepared to perform relief of choking • Check mouth for pocketed food; make sure resident has swallowed before offering more food • Use spoon with small amounts when feeding resident	

Module Z – Threads of Care – Assisting with Dining/Feeding Resident and Measuring and Recording Intake	
• If resident needs it, cut food into small portions • Utilize safe food handling practices throughout the day, for example do not allow resident to save food for later at the bedside if food should be refrigerated, such as mayonnaise-based foods • Position residents properly • Do not rush residents through meals and be patient with residents • Check for right resident, right meal tray	
Ethics • Treat resident's tray as you would like yours treated • Don't eat resident's leftover food or outside food brought in by family intended for resident	
Dignity • Be aware that food and eating preferences differ • Time procedures so they don't interfere with mealtimes • Don't do things for residents that they can do for themselves • Dentures need to be clean and in place before resident dines • Respect residents' mealtime rituals • Use the term "clothing protector" instead of bib; respect resident's wishes regarding clothing protector	
Rights • Resident has a legal right to make choices about food • Respond promptly to resident's request for beverages; ignoring a request for a drink may be neglect	
Communication • Say positive things about the food • Make conversation with residents even if resident does not talk • Give short and clear verbal cues to prompt resident to feed self • Speak clearly, slowly and directly with face-to-face contact when possible; sit down as appropriate • Refrain from using childish gestures when feeding residents, for example, "here comes the airplane" • Tell blind residents where food is located using face of an imaginary clock	
Family and Family Support • Check with the nurse before the resident eats food brought in from home, if the resident is on special diet • Reinforce special diet guidelines with family members	

Module Z – Threads of Care – Assisting with Dining/Feeding Resident and Measuring and Recording Intake	
Appropriate Anatomy and Physiology - It is easier for the resident to choke on thin liquids than on thick liquids - Thickening improves ability to control fluid in the mouth and throat of residents with swallowing problems; check with the nurse for specific residents' needs - Ability to taste, smell and recognize thirst may diminish with age	
Body Mechanics Sit at resident's eye level when feeding resident	
Pain Report pain associated with eating or drinking to nurse	
Person-centered Care - Offer a trip to the bathroom or help with toileting prior to eating - Residents should be clean and well groomed before dining - Oral care should be performed before and/or after, per resident's preference - Be mindful of cultural and religious considerations related to nutrition	
Documentation - Document quantity of the resident's food and fluid intake per facility policy and procedure - There are a variety of methods for documenting nutritional intake on the resident's medical record; follow facility procedure - Accurate documentation impacts medical plan of care and nutritional status of resident	
Critical Thinking Fluids are usually measured in milliliters (mL); ounces (oz) are converted to milliliters; to convert ounces to milliliters, multiply by 30	
Employee Behavior - Follow facility policies and procedures - Promoting healthy eating is important part of the nurse aide's job	
TEACHING TIPS - When developing a scenario, consider using chicken salad (and how it will become spoiled if left out or kept for later in the scenario), using conversions, and/or a cultural element. - The website, www.choosemyplate.gov is an excellent website that you need to navigate prior to class and determine how best to use the instructional materials	

Module Z – Threads of Care – Assisting with Dining/Feeding Resident and Measuring and Recording Intake
available, for class. • Have students take turns eating food using adaptive devices. Be sure the utensils and plates are cleaned appropriately between students. • Set up several graduated beakers and have students write down their reading of the liquid in the beakers. Winners could be recognized in some way. • Discuss where this gathered data is recorded in facilities in your area using example documentation sheets from several facilities.
Insert skill check-off sheet for assisting with dining/feeding resident who cannot feed self and measuring and recording intake at this point in the curriculum. Demonstrate dining/feeding resident who cannot feed self and measuring and recording intake. This may be an appropriate time to insert skill check-off sheet/demonstrate relief of choking.

Module Z – Threads of Care – Range of Motion Exercises	
Objective - Document the maintenance and/or improvement of resident's range of motion - Demonstrate active and passive range of motion	
Introductory Scenario Your supervisor tells you the doctor has now ordered that your resident is to receive range of motion (ROM) exercises. The care plan will tell how many repetitions per joint are ordered.	
Content	Notes
Cognition - ROM often gives hope of improvement in resident's current physical condition, thereby many times also improves individual's mental attitude - Promoting independence improves resident's overall condition	
Infection Prevention Observe Standard Precautions	
Legal - Must have a doctor's order, of course, but it is a team approach across the entire caring team - When using Passive ROM, the nurse aide should always check nursing care plan for guidance - Causing pain during range of motion can be considered abuse	
Safety - It is important to be sure bed or wheelchair brakes are locked - No more or no less ROM is used than is ordered and found in nursing care plan - Do not exercise a joint that has a dressing, cast, or special tubing - Do not exercise a joint with skin abnormalities	
Ethics - As always, the treatment is between you and the resident - Perform care per facility guidelines and nursing care plan	
Dignity - Privacy is important and should be maintained - Care should be taken to drape bed linen for privacy, exposing only body part being exercised	
Rights The resident has a right to refuse	
Communication Each joint movement should be explained to resident before beginning	

Module Z – Threads of Care – Range of Motion Exercises	
Family and Family Support - Family may be trained by nurse to provide ROM - Reinforce the nurse's instructions on providing ROM to family and on the complications of immobility	
Appropriate Anatomy and Physiology - Complications of immobility can be permanent - Support of ROM joint during the procedure is vital	
Body Mechanics It is important to position the bed or wheelchair in a comfortable position for both nurse aide and resident	
Pain - No ROM exercise should produce pain - If pain is encountered, the exercise should be discontinued immediately, and pain should be reported to nurse	
Person-centered Care - Encouraging resident to do own active ROM exercises is possible and desirable - Performing own exercises increases resident's self-esteem	
Documentation - Be sure to document, per facility policy, that ROM exercises were performed per nursing care plan - It is important to document any reports of pain by resident	
Critical Thinking Stop exercise if any joint pain occurs	
Employee Behavior (program-specific content)	
TEACHING TIP Use fun activity for abduction and adduction such as the Macarena or the Hokey Pokey; have students work in groups to determine which dance movements are adduction, abduction, etc., then put the dance together.	
Insert skill check-off sheet for passive range of motion at this point in the curriculum. Demonstrate passive range of motion and explain how active range of motion differs from passive range of motion, when done.	

Module Z – Threads of Care – Transferring from Bed to Wheelchair	
Objective Demonstrate the proper technique of transferring a resident in a safe, competent manner, from a supine position, to an upright position in a wheelchair.	
Introductory Scenario Your resident is an alert, oriented, 75-year-old female, who is requesting to go to an evening activity session, in the resident activity center. She has limited use of her lower body and requires assistance to the activity center by wheelchair.	
Content	Notes
Cognition - Explain to resident in terms the resident understands what nurse aide is planning to do and why - Older adults require extra time and assistance during transfer - Residents may fear falling and may have limited mobility - Residents with cognitive impairment generally have difficulty following directions regarding transfer - Keep instructions simple and give only one direction at a time - Use demonstrations to help with verbal instructions when necessary	
Infection Prevention - Wash hands before and after transfer to reduce transmission of microorganisms - Wear gloves if chance of possible contact with body fluids	
Legal Inappropriate transfer technique can cause injury which can lead to possible legal action	
Safety - Being in bed for long periods may cause weakness on rising and sometimes dizziness - Most frequent complication in transferring a resident is falling during the transfer - A possible hazard during transfer is pulling on or pulling out indwelling tubes or catheters - Put on braces and other supportive devices before getting out of bed - Have resident wear shoes or nonskid slippers - Plan to transfer across the shortest distance - Make sure the stronger leg (when applicable) is nearest the chair, to which the resident is transferring - Make sure bed and wheelchair wheels are locked - Place wheelchair on resident's strongest side	

Module Z – Threads of Care – Transferring from Bed to Wheelchair	
Ethics • Value resident wishes • Acknowledge and value resident suggestions, as appropriate	
Dignity • Ensure that resident is properly dressed and discreetly covered, while in wheelchair • Provide grooming and application of makeup, jewelry, as appropriate, and per wishes of resident • Be respectful, courteous and explain what nurse aide plans to do	
Rights • The resident has the right to refuse to get up in the wheelchair • The resident has the right to privacy during transfer • The resident has the right to be free from abuse and neglect	
Communication • Explain what will be done, step-by-step, so resident can help as much as possible, to reduce anxiety and increase cooperation • Watch for signs of non-verbal indications that resident is not tolerating sitting in wheelchair	
Family and Family Support • After demonstration of use of wheelchair brakes and navigation of wheelchair, permit family members to transport resident to activities, if directed by the nursing care plan or after consultation with nurse	
Appropriate Anatomy and Physiology • Activity improves muscle tone, increases venous return to the heart, and stimulates peristalsis • By the seventies or eighties, muscle strength, endurance, and coordination decline • Older adults need to maintain as much mobility as possible to prevent disability • Bone demineralization increases risk of falls • Range of motion of joints decreases • Muscle strength lessens, and gait may be unsteady • Residents may have contractures that may affect ability to transfer safely and ability to sit in wheelchair comfortably • Older residents may have thin, fragile skin which may lead to injury	
Body Mechanics	

Module Z – Threads of Care – Transferring from Bed to Wheelchair	
• Concentrate on how nurse aide is using body when moving and positioning residents • Use strongest and longest muscles to prevent injuries • Half of all health care providers' back pain is associated with lifting or turning residents • Allow the strong muscles of legs to do the lifting • Maintain center of gravity and provide leverage that reduces lower back strain • Prevent twisting of body when moving resident • Be realistic about how much weight nurse aide can safely lift • Practice good body mechanics always during procedure • Maintain resident's center of gravity as close to you as possible • A broad base of support increases stability during transfer • Positioning resident well back into seat provides a broader base of support and greater stability • Wide stance increases stability and minimizes strain on back • Avoid putting pressure directly on axilla due to risk of nerve damage	
Pain • Notify nurse if pain is verbalized • Observe for non-verbal signs of pain by resident and report any complaints of pain to nurse and document per facility policy	
Person-centered Care • Encourage resident to assist as much as possible • Determine level of dependence on assistance - o Completely independent - o Requires use of assistive devices - o Needs minimal help - o Needs assistance or unable to assist	
Documentation • Per facility policy, document following information: time of transfer, length of time in wheelchair, abnormal occurrences (during transfer), and/or abnormal complaints (while in wheelchair)	
Critical Thinking • Determine if an additional person is needed to safely transfer resident to wheelchair	
Employee Behavior • Be sympathetic to various emotions resident may be	

Module Z – Threads of Care – Transferring from Bed to Wheelchair	
experiencing due to dependency on others • Nurse aide should prioritize work so resident repositioning will be done at appropriate intervals • Nurse aide should ask for clarification if unsure of how to safely transfer resident to wheelchair	
TEACHING TIPS • Resident begins to look overly tired and verbalizes, “I’m not feeling well.” Discuss appropriate nurse aide reaction. • Using two students, demonstrate why transfers should be done on resident’s good side. • Discuss reasons why the resident should never put their hands around the nurse aide’s neck.	
Insert skill check-off sheet for transferring from bed to wheelchair at this point in the curriculum. Demonstrate transferring from bed to wheelchair.	

Module Z – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side	
Objective • Discuss the importance of correct positioning and use of a turn sheet. • Demonstrate positioning resident on side. • Demonstrate moving a resident up in bed using a turning sheet.	
Introductory Scenario A resident's nursing care plan indicates that the resident needs to be turned every two hours. It is time to turn the resident.	
Content	Notes
Cognition • Explain what nurse aide is planning to do in terms the resident understands • Residents with dementia may require special measures prior to and during being moved and positioned	
Infection Prevention • Follow Standard Precautions. • Observe for signs of skin discoloration, swelling, and rashes • Promptly change soiled linens	
Legal • Turn and position resident per nursing care plan to prevent possible abuse and neglect charges	
Safety • Place call signal within resident's reach • Exercise caution and protect resident's head when moving up in bed	
Ethics • Change linens if soiled or wet even if nurse aide is only one aware of soiled linens • Avoid leaving resident in the same position for long periods of time	
Dignity • Always provide privacy • Refrain from commenting or teasing resident about size or weight, no matter how easy or difficult the resident may be to move or position • Encourage resident to participate as much as possible • Be respectful, courteous and explain what nurse aide plans to do	
Rights • Residents have the right to privacy • Residents have the right to refuse to be positioned • Residents have the right to be free from complications	

Module Z – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side	
associated with prolonged bed rest	
Communication Use positive approach and tell resident what nurse aide plans to do prior to touching resident	
Family and Family Support Permit assistance from family if requested by resident	
Appropriate Anatomy and Physiology - Movement of resident may cause shearing or friction and may tear fragile skin - Movement of resident increases and promotes circulation - Repositioning every two hours is important in preventing skin breakdown - Proper alignment of resident's body helps prevent complications of immobility, such as contractures and atrophy - Constant pressure on bony areas can cause resident to be at high risk for pressure injury	
Body Mechanics - Ask for extra assistance as resident's condition requires - Raise bed to a comfortable working height - Remember to return bed to lowest position following repositioning of resident is completed - Use good body mechanics	
Pain Report any complaints of pain to nurse and document per facility policy	
Person-centered Care - Be courteous and respectful of resident wishes at all times - Respect and honor resident positioning preferences, if possible	
Documentation Follow facility policy on documentation	
Critical Thinking (program-specific content)	
Employee Behavior - Be sympathetic to the various emotions the resident may be experiencing due to dependency on others - Nurse aide should prioritize work so resident repositioning will be done at appropriate intervals	
TEACHING TIPS	

Module Z – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side
• Reinforce and consider demonstrating the different positions – supine, prone, lateral, Fowler's, and Sims'. • Introduce and demonstrate the concept of logrolling.
Insert skill check-off sheet for moving up in bed using turning sheet and positioning resident on side at this point in the curriculum. Demonstrate moving up in bed using turning sheet and positioning resident on side. This may be an appropriate time to insert skill check-off sheet/demonstrate assisting to move up in bed.

Module Z – Threads of Care – Assisting with Ambulation	
Objective Demonstrate the proper technique when assisting with ambulation using a gait belt, cane or walker.	
Introductory Scenario Ms. Brown is recuperating from a stroke and the doctor wrote orders for her to be ambulated four times per day.	
Content	Notes
Cognition Explain to resident in terms the resident understands what the nurse aide is planning to do and why	
Infection Prevention Be aware of the potential of body fluids and observe standard precautions	
Legal - Use gait belt according to manufacturer guidelines and per facility policy - Properly identify resident prior to ambulation	
Safety - Being in bed for long periods may cause weakness on rising and sometimes dizziness - Always return bed and side rails to original position once ambulation is complete - Make sure bed or chair wheels are locked before resident attempts to stand - Nurse aide should check nursing care plan to determine ambulatory needs, such as transfer belt (per facility policy) and number of people needed to ambulate safely - For ambulation with a cane, the cane should be positioned on stronger side - Check rubber tips on canes and walkers for snug fit before use - When assisting a resident, nurse aide stays on weaker side, and slightly behind resident - If resident starts to fall, be prepared to gently lower resident to the floor - During crutch walking, remind resident to bear weight on hands and arms, and not under the arms - Use handrails on the walls, if available - Resident should wear rubber sole slippers	
Ethics Assist with ambulation per facility guidelines	
Dignity Ensure that resident is properly dressed and discreetly	

Module Z – Threads of Care – Assisting with Ambulation	
covered during ambulation	
Honor resident's grooming wishes such as combing hair	
Rights	
The resident has the right to refuse to ambulate	
Communication	
- Watch for signs of non-verbal indications that resident is not tolerating ambulation - Give clear step by step directions as to ambulatory expectations	
Family and Family Support	
Family may enjoy ambulating with resident if nursing care plan allows	
Appropriate Anatomy and Physiology	
- Regular ambulation is important because it improves resident's skin, circulation, strength, sleep, appetite, elimination, and oxygen level - Physical conditions, such as osteoporosis and arthritis, may affect resident's ability to stand up straight - Physical conditions, such as sinus infections may affect balance	
Body Mechanics	
Use good body mechanics when assisting resident to stand, dangle, and ambulate	
Pain	
Any complaints of pain during ambulation should be reported to nurse	
Person-centered Care	
Encourage resident to select area for ambulation	
Documentation	
- Document distance ambulated and tolerance according to facility policy - Document any verbalized pain per facility policy	
Critical Thinking	
Distances may need to be adjusted based on tolerance	
Employee Behavior	
- Each nurse aide should be familiar with and understand use of a variety of ambulatory assistive devices – cane, walker, crutches - The nurse aide should ask for clarification if unsure of how to safely assist with ambulation	
TEACHING TIPS	
- Remind (or role-play) how to handle situations that may arise during ambulation – dizziness, nausea, falls, etc. - Offer tips for ambulation of a visually impaired resident.	

Module Z – Threads of Care – Assisting with Ambulation
• Practice interventions when resident is about to fall.
Insert skill check-off sheet for ambulation at this point in the curriculum. Demonstrate ambulation at this point and explain how assisting with ambulating with a cane, walker, and crutches differ, when done. This may be an appropriate time to insert skill check-off sheet/demonstrate assist to dangle, stand, and walk.

Module Z – Threads of Care – Applying Restraints	
Objective • Demonstrate the application of physical restraints according to manufacturers' instructions. • Apply physical restraints according to nursing care plan and facility policies and procedures.	
Introductory Scenario The nurse aide has been directed by the nurse to apply a vest restraint to a resident.	
Content	Notes
Cognition • Restraints can lead to increased confusion and agitation in residents with dementia • Even if a resident is oriented to time, place and person, restraint use can lead to anger, delirium, depression, loss of self-respect and withdrawal	
Infection Prevention • Replace restraints when soiled • Do not share restraints among residents	
Legal • Restraints are used to protect resident only after all other measures have been • Restraints require a doctor's order • Restraints may be used if resident is danger to self, to others or for a medical procedure • Restraint use is based on resident's need, not the needs of the staff; restraints are not used for convenience of staff or as punishment for resident • The nurse aide uses a restraint only if and when nurse directs nurse aide to do so • Nurse aide must be taught how to apply and secure any type of restraint before application • Informed consent is required from resident before use of restraints - o If resident is unable to participate in decision to apply restraints, a designated family member is consulted - o Only in an emergency situation and under facility's policies and procedures will nurse decide to use restraints without informed consent	
Safety • Restraints can cause serious injury or even death from strangulation • Never use force when applying restraint • Always use slipknot, if restraint has ties • Check to make sure restraint is not too tight	

Module Z – Threads of Care – Applying Restraints	
• Place call signal within resident's reach • Perform a visual check on resident every 15 minutes • Release resident from restraints at least every two hours for 15 minutes of care, such as elimination, nourishment, skin care or range of motion • Check for blue-tinged, gray or pale skin, which means lack of oxygen; for dark-skinned residents, skin may appear purple or darkened	
Ethics • Only you will know if you checked resident in restraints every 15 minutes and released restraints for 15 minutes of care every two hours	
Dignity • A resident might feel lonely, isolated, humiliated and punished - o Resident may ask, "What did I do wrong?" - o Resident might ask, "Why am I being punished?" - o Use of restraints can lead to loss of dignity, self-respect, anger, agitation for the resident • Treat the resident with kindness, respect and care before, during and after application • Position resident and resident's linen or clothing so that restraints are not evident to everyone	
Rights • Residents have the right to be free from restraint or seclusion	
Communication • Before applying a restraint, nurse aide should explain what is going to be done in words that resident understands • Explain what is being done step-by-step • After applying restraint, ask resident if restraint is too tight or painful; nurse aide should adjust restraint to ensure it is secure keeping in mind resident is comfort • Nurse aide should make sure resident can communicate with staff after nurse aide leaves room - o Since restraints limit movement, call signal should be within resident's reach at all times	
Family and Family Support • Reinforce nurse's explanation about use of restraints to family • Encourage family to ask questions about need for restraints; relay questions to the nurse or direct family to speak directly with the nurse	

Module Z – Threads of Care – Applying Restraints	
Appropriate Anatomy and Physiology • A restraint can act as a tourniquet if applied too tightly • Restraints can cause friction and shearing of skin if applied directly to skin • Restraints can restrict breathing, block airway, cause strangulation • Restraints can cause swelling, redness, pain and damage to extremities	
Body Mechanics • Position resident in good body alignment before applying restraints	
Pain • If resident complains of pain while restrained, check for tightness of restraint and loosen if needed; if pain persists, notify nurse at once	
Person-centered Care • A restraint free environment is preferred • The type of restraint should be customized to resident's needs – after consulting the nursing care plan and/or nurse for instructions • Treat resident with respect and reaffirm his/her value as a person	
Documentation • Complete documentation as taught/instructed according to facility policies to include dates and times of release, actions to address personal needs (elimination, repositions, range of motion) and reapplication	
Critical Thinking • If there is a life-threatening emergency such as strangulation, release restraint at once/cut restraint off; notify nurse immediately	
Employee Behavior • In addition to state and federal laws, follow facility policies and procedures • Staff must work as a team to take care of residents with restraints • Know who is restrained and where they are in the facility • Physically look in resident's room, check on their status and answer call signal promptly	
TEACHING TIPS • Show different types of restraints such as mitt, wrist/ankle, vest, roll belt. Allow students to examine the restraints. Ask for volunteers to allow the application of restraints. Obtain a statement with signature and date from the student agreeing to the application. Apply the restraints and continue with instruction. Check to see how	

Module Z – Threads of Care – Applying Restraints
students feel after 10 - 15 minutes of being restrained.
• Obtain sample restraint release records from facilities and practice documentation. • Discuss what is legally a restraint and what is not. • Brainstorm alternatives to restraints based on prior instruction.
Insert skill check-off sheet(s) for applying restraints at this point in the curriculum. Demonstrate applying a variety of restraints.

Module Z – Threads of Care – Applying Anti-embolism (Elastic) Stockings	
Objective Demonstrate application of knee-high anti-embolism (elastic) stockings consistent with manufacturers' instructions.	
Introductory Scenario The resident's care plan calls for the resident to wear knee-high anti-embolism stockings. The nurse aide is to apply them during morning care.	
Content	Notes
Cognition - Applying anti-embolism stockings may threaten a resident with dementia which may result in agitation or combativeness - Nurse aide must be calm, patient and soothing - Should not rush process - Be gentle - Let resident help, if possible, even if it is holding stocking that is not in use - Try again later if resident continues to resist application	
Infection Prevention - Resident usually has two pairs of stockings; one pair can be washed and dried while resident wears the other pair - Never share stockings among residents	
Legal – not applicable	
Safety - Check circulation, skin color and skin temperature of toes, through opening in toe area and report any changes to nurse - Inspect skin for breakdown, skin tears and discoloration after removing stockings - Make sure stockings do not have any twists; these can affect circulation - Make sure stockings have no creases or wrinkles; these can cause skin breakdown - Stockings that are too tight or folded over at top can block blood flow - Loose stockings do not promote blood circulation - Report to nurse when stockings are too loose or tight - Make sure after stockings have been applied that the resident has on foot coverings with non-skid soles while ambulating	
Ethics (program-specific content)	

Module Z – Threads of Care – Applying Anti-embolism (Elastic) Stockings	
Dignity (program-specific content)	
Rights (program-specific content)	
Communication - Nursing care plan will indicate when to remove stockings and for how long - Report observations and specific concerns to nurse immediately - Report the following to nurse: changes in skin color and temperature, leg and foot swelling, signs of skin breakdown and complaints of tingling, numbness or pain	
Family and Family Support Families can encourage the resident to wear the stockings according to the doctor's orders	
Appropriate Anatomy and Physiology - Anti-embolism stockings can increase blood circulation and reduce fluid retention by applying even compression to the veins of legs - Anti-embolism stockings help prevent blood clots in legs that could result in stroke or death - Individuals who are on bed rest, are older or pregnant or have heart or circulatory problems or recent surgery are at risk for blood clots - Apply stockings before individual gets out of bed; legs and feet are less swollen at that time and stockings easier to apply	
Body Mechanics - Do not force joints (toes, foot, ankle, knee and hip) beyond their range of motion when applying stockings - Support the foot/ankle during application of stockings	
Pain - Do not force the joints to point of pain when applying stockings - Report complaints of pain to the nurse and document per facility policy	
Person-centered Care Use the color of anti-embolism stockings preferred by the resident, if colors are available	
Documentation Document observations of skin color, skin breakdown	

Module Z – Threads of Care – Applying Anti-embolism (Elastic) Stockings	
or pain	
Critical Thinking • Be familiar with and understand the use of anti-embolism stockings; understand that stockings are fitted according to the measurements taken from the resident's lower extremities • Check stockings to ensure they belong to the right resident • The nurse aide should ask for clarification if unsure of how to apply stockings	
Employee Behavior • Apply stockings in a manner that would be acceptable to you if you were required to wear them	
TEACHING TIPS • Discuss both knee-high and thigh-high stockings. • Discuss measures to make applying anti-embolism stockings to resident's legs easier, such as powdering legs before applying the stockings or applying stockings after lotion has dried. • After examining anti-embolism stockings, ask the students to compare anti-embolism stockings to regular knee-high hose or panty hose.	
Insert skill check-off sheet for applying anti-embolism (elastic) stockings at this point in the curriculum. Demonstrate applying anti-embolism (elastic) stockings.	

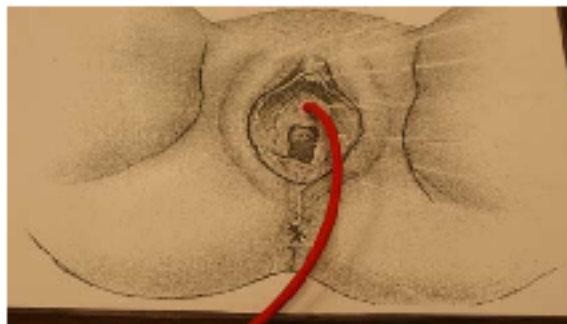
THREADS OF CARE TEACHING TIPS

Threads of Care – Teaching Tip #1X Attachment – Perineum and Rectal Area

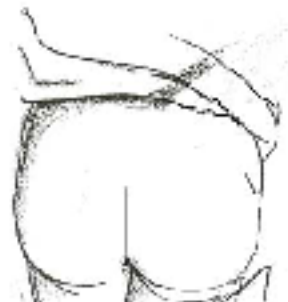
Before class, enlarge and laminate a copy of the picture of the attached female perineum. Use this as a teaching tool to demonstrate washing/rinsing the genital area, moving from front to back, while using a clean area of the washcloth for each stroke

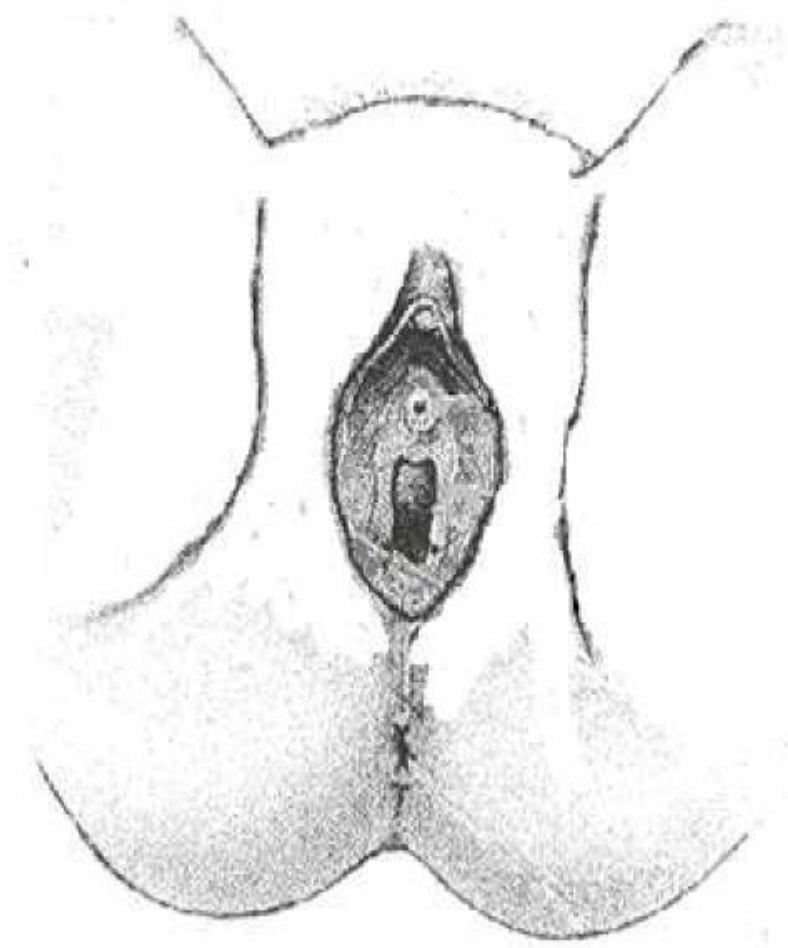


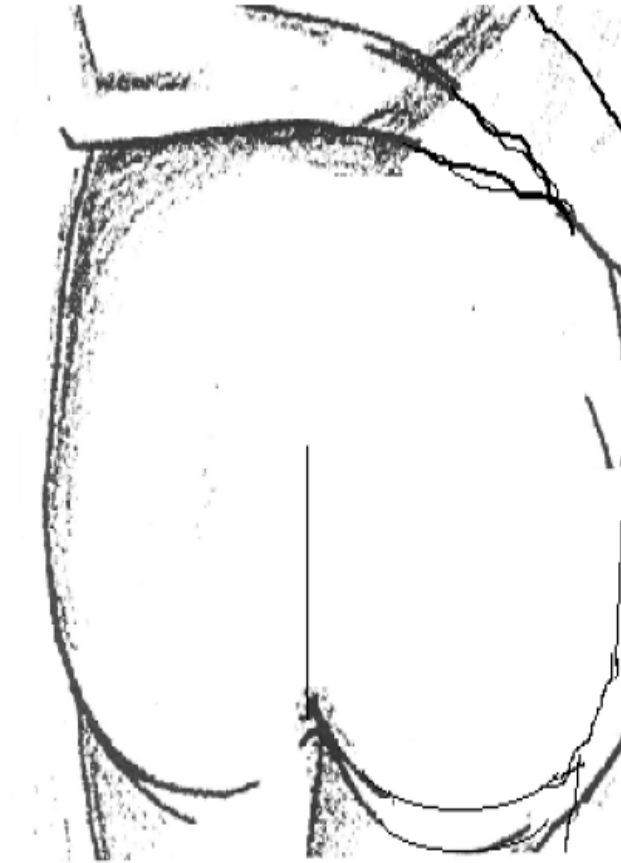
Before class, enlarge and laminate a second copy of the picture of the attached female perineum, insert an actual foley catheter into the meatus, and inject water into the balloon. Use this as a teaching tool to demonstrate finger placement around the catheter near the meatus during catheter care. In addition, turn the perineum around and point out the size of the inflated balloon and relate it to the safety needs of a resident with a catheter.



You may also consider duplicating and laminating the picture of the attached buttocks and placing it on the back of the laminated perineum. You can then perform care of the genitals and then flip the laminated page over and wash/rinse/dry the rectal area.







Threads of Care - Teaching Tip #2X Attachment - Quad-color Washcloth

You can make a quad-color washcloth to demonstrate the concept of using a clean area of the washcloth for each stroke for genital, rectal and catheter care. The quad-color washcloth concept is the brainchild of Agnes Moore, RN, N.C. Department of Public Instruction and an example is pictured below:



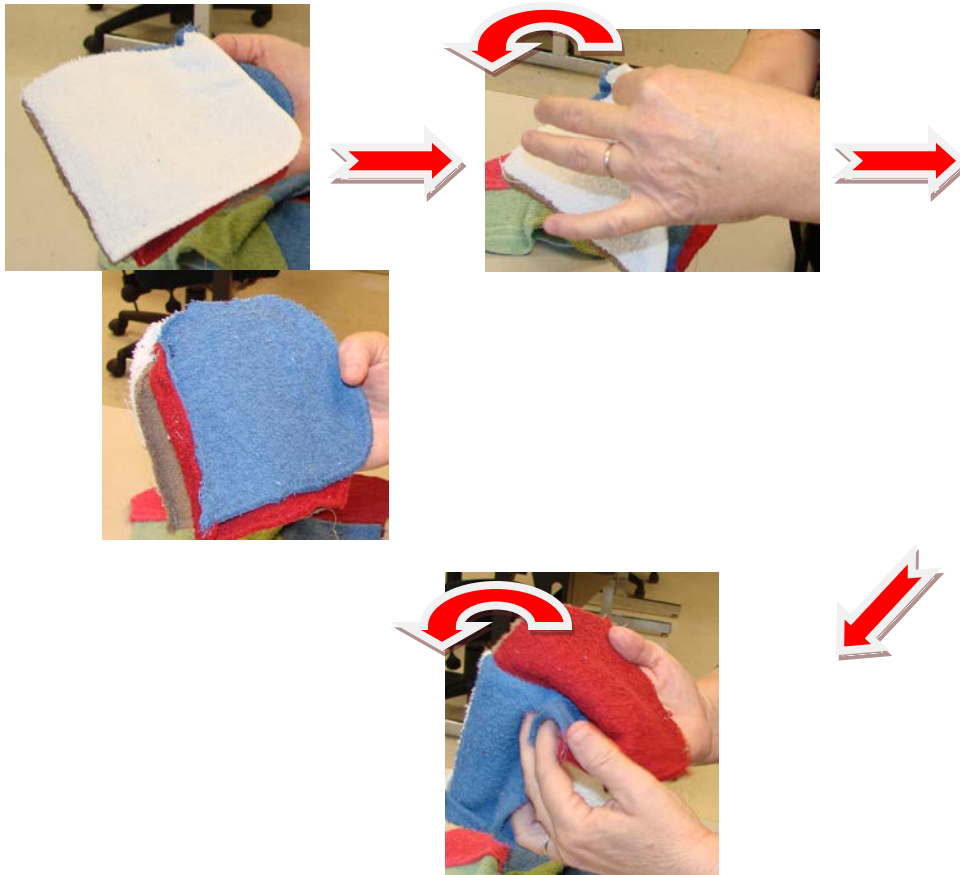
Consider demonstrating and allow for student practice of pericare and catheter care using this type of washcloth.

In order to use the quad-color washcloth, the instructor or student wets the washcloth or wets and soaps the washcloth, then folds it in half twice in a manner that forms a square, as pictured below:



Placing the squared washcloth in the hand:

- wash (or rinse) the _____, then flip the first quadrant over the hand that is holding the washcloth, revealing the second quadrant;
- wash (or rinse) another part of the _____, then flip the second quadrant over the hand that is holding the washcloth, revealing the third quadrant;
- wash (or rinse) the third part of the _____, then flip the third quadrant over the hand that is holding the washcloth, revealing the last part of the wash cloth;
- wash (or rinse) another part of the _____, then discard the washcloth



After practicing with the quad-color washcloth in lab, the students should be able to transfer the technique to a solid-color washcloth during proficiency check-offs in lab, while providing resident care in clinical and during the NNAAP exam.

Threads of Care – Teaching Tip Attachment #3Z – *Mouth Care without a Battle®* Time Increments

DVD 1: Introduction

- Intended audience: 0:22 – 0:42
- Goals: 0:43 – 0:55
- Introduction: 0:56 – 1:29
- Before/after teeth: 1:03 – 1:12
- Why this information is necessary: 1:30 – 2:30
- Description of modules: 2:31 – 4:50
- Good mouth care.....: 4:51 – 5:37
- Credits: 5:41 – 6:00

DVD 1: Module 1 Part 1 Mouth Care Basics (Basic Steps of Mouth Care)

- Importance: 0:15 – 0:46
- Before and after teeth: 2:08 – 2:26
- Health benefits: 2:27 – 2:47
- Basic steps of mouth care: 2:48 – 3:10
- Removal of left-over food from the mouth: 3:14 – 3:40
- Brushing technique: 3:44 – 4:10
- Definitions – plaque and calculi: 4:10 – 4:30
- Importance of brushing technique: 4:31 – 4:48
- Definition – gingivitis: 4:48 – 5:10
- Complication of pneumonia: 5:10 – 5:26
- Location of brushing techniques 5:27 – 5:43
- Products: 5:44 – 8:14
- Chart summarizing pros/cons of products: 7:50 – 8:05
- Selection of brushes: 8:14 – 8:57
- How to floss: 8:58 – 9:24
- How to clean tongue: 9:25 – 10:27
- How to protect teeth: 10:28 – 10:48
- Set-up: 10:50 – 13:21
- Mouth care supplies: 10:55 – 11:15
- An example of providing care: 13:22 – 17:43
- Clean-up process: 18:07 – 18:26
- An example of clean up: 18:27 – 20:01
- Allow for practice: 20:02 – 20:27
- Evaluation of practice: 20:34 – 21:00

DVD 1 Module 1 Part 2: Beyond the Basics (Dealing with Special Situations)

- Overview of denture care: 0:38 – 57
- Supplies to clean dentures: 0:58 – 1:16
- How to remove dentures: 1:36 – 2:38
- How to clean inside mouth: 2:38 – 3:15
- How to clean dentures: 3:17 – 5:04
- Dentures – other important tips: 5:06 – 6:38
- Partial dentures – definition and care: 6:41 – 7:40
- People without teeth: 7:44 – 8:17
- Missing/loose/broken teeth: 8:18 – 10:09
- Swallowing disorders – 10:19 – 11:16
- Tube feeding – 11:18 – 11:56
- Isolation – 11:57 – 12:37
- CE Credit information: 13:11 – 13:27

DVD 1 Module 2: Providing Mouth Care in Challenging Situations

- Introduction to topic: 00:32 – 3:06
- Understanding dementia in relation to mouth care: 3:23 – 8:42
- Mouth care as a relationship: 8:49 – 9:55
- Reason for behavior challenges: 9:55 – 10:15
- Support resident to provide own care: 10:17 – 11:49
- Addressing common behavioral challenges: 11:50 – 13:23
- The resident refuses mouth care: 13:25 – 23:06
- The resident will not sit down: 23:07 – 24:06
- The resident will not open mouth: 24:07 – 27:58
- The resident grabs at the nurse aide or the toothbrush: 28:00 – 31:32
- The resident hits the nurse aide: 31:33 – 32:13
- Trouble spitting and swallowing: 32:16 – 33:23
- The resident spits water on the floor instead of a cup: 33:25 – 34:09
- The resident bites down on the toothbrush and will not let go: 34:14 – 35:48
- The resident sucks on the nurse aide's finger, gauze, or toothbrush: 35:49 – 36:50
- Dentures 37:07 – 42:51
- Key points and summary: 42:52 – 44:25
- Closing: 44:26 – 44:55
- CE Credit information: 44:57 – 45:16
- Credits: 45:28 – 45:46

**Threads of Care – Teaching Tip Attachment #4Z – *Mouth Care without a Battle®*
Vocabulary**

Alzheimer's disease – the most common type of dementia

Anti-microbial rinse – alcohol-free mouth care product that kills bacteria and improves gum inflammation; requires a prescription; may only be used for 6 weeks; example is chlorhexidine solution

Aspiration – inhaling liquid

Aspiration of plaque – one of the most common causes of pneumonia in nursing homes

Biotene rinse – alcohol-free mouth care product that is especially helpful for people with dry mouth

Calculus – hardened plaque of at least 10 days which can only be removed by a dentist

Dementia – brain disease which causes the resident to gradually lose the ability to remember, do simple tasks (even tooth brushing), understand, and communicate, lasting as long as eight years or more and progresses through three stages – early, middle, and late

End tuft brush – a smaller toothbrush that allows the nurse aide to get to hard to reach areas of a resident's mouth

Fluoride – a mouth care product that may be purchased in a store or by prescription that comes in paste or rinse form and is applied to the surfaces of the teeth and along the gum line to help protect teeth from tooth decay and cavities

Gingivitis – the tender red or reddish-blue tinting of the gum due to inflammation caused by bacteria in the plaque that attacks the gum tissue and may result in loss of teeth

Interdental brush (also called a go-between) – devices used to floss or clean the tiny spaces in-between the teeth

Jiggle and sweep – the motion of the toothbrush during mouth care

Listerine – an alcohol-free product that kills bacteria during mouth care and safe for daily use; does not foam like toothpaste

Partial dentures – an appliance used by residents with some teeth and are fastened to teeth by metal clasps

Plaque – sticky film of food, bacteria, and saliva usually found along the gum line which can be removed by brushing and hardens within 48 hours

Toothpaste – a mouth care product which causes foam when used and requires a swish and spit technique by the resident; some have fluoride which can reduce tooth decay and cavities

Water – a mouth care product which may be used and has been found to work just as well as applying toothpaste because it is the motion of the toothbrush that removes plaque and not the product

Threads of Care – Teaching Tip Attachment #5Z– *Mouth Care without a Battle®* Worksheet

DVD 1: Module 1 Part 1 Mouth Care Basics (Basic Steps of Mouth Care)

Always wear _____ when providing mouth care and/or denture care.

Mouth care is not merely _____, but a vital part of infection control and health promotion.

Basic steps of mouth care include:

- Remove food from the mouth
- Brush the surfaces of the teeth (inside/outside/biting surfaces)
- Clean between the teeth
- Brush the tongue and
- Apply fluoride protection to teeth (per facility policy)

Remove left over food from the mouth to facilitate brushing teeth without food in the way:

- Use a piece of gauze dipped in water
- Squeeze off excess liquid
- Wrap gauze around gloved finger and
- Feel around cheeks for extra food removing as much as possible with the gauzed finger

Brush the inside and outside of teeth using proper brushing technique and a soft toothbrush (hard bristles can _____ the teeth and _____ gums creating more places for bacteria to grow):

- Hold toothbrush at a _____ ° angle to gum line
- _____ back and forth, then _____ plaque away from the gum line

Brush the biting surfaces of teeth using proper brushing technique and a soft toothbrush. As a review, why should a soft toothbrush be used when providing mouth care?

While brushing the biting surfaces:

- Use _____ back and forth strokes

- Be sure and brush behind the _____ on both the top and bottom because the far back area of the mouth is commonly missed and the site of plaque build-up

Use a smaller brush (end-tuft brush) or a child's toothbrush to get to hard to reach places or for people who cannot open their mouths wide. If one or the other special brushes are not available, use the resident's regular toothbrush and do the best you can.

Replace toothbrushes every 3 months or when the bristles become _____ or _____.

Review the terms plaque, calculus, and gingivitis on the vocabulary list
REMEMBER: It is the motion of the _____ and not the toothpaste that cleans teeth – jiggle and sweep, jiggle and sweep. The _____ loosens the plaque and the _____ removes the plaque.

Consult with a health care professional or follow facility policy when choosing a mouth care product; the decision is based on the resident's ability and needs.

Mouth care products include:

- Toothpaste
- Water
- Listerine
- Biotene rinse and
- Anti-microbial rinse

Review each of the mouth care products listed above on the vocabulary list

Why would it be alright to use water as a mouth care product?

Simply brushing the teeth does not get in-between teeth. People should also _____ between the teeth using an interdental brush, also called a go-between.

Why is it important to clean between teeth?

It is important to not stick a hand in a resident's mouth to floss the teeth. Why?

It is important to clean the tongue because it has bacteria on it which is a common cause of _____ and may have a heavy coating or be discolored.

Two easy ways to clean tongue include:

- Using a toothbrush, dip brush in product, then start with front of tongue and brush forward with _____ strokes, then slowly work way to back of tongue while being careful not to make the resident gag; may also use scraper on the back of the toothbrush if available
- Using a gauze pad dipped in product and wrapped around a cotton swab, rub along the tongue of residents who cannot open their mouths wide

Apply a fluoride product to teeth per facility policy.

When mouth care is complete, perform one last check inside the resident's mouth by gently sweeping the gloved finger through the mouth to check for other food that may remain and observing for irritation of the

_____, _____, and _____.

Finally, the nurse aide cleans up after performing mouth care by discarding disposable materials that were used, disinfecting and putting personal supplies away, disinfecting the workspace, and washing hands.

DVD 1 Module 1 Part 2: Beyond the Basics (Dealing with Special Situations)

Denture care – tips for removing dentures

- Upper – grasp with middle and index _____ behind front teeth and _____ outside front teeth; gently rock denture _____ and _____, _____ to _____; once loosened, pull _____ and toward you
- Lower – grasp middle of bottom teeth between thumb and middle finger; gently rock denture _____ and _____; once loosened, pull _____ and toward you
- Partial – grasp the clasps and work gently until the denture is unhooked from the teeth and denture is easy to remove and
- After removal of dentures, put in cup with clean cool water, making sure both top and bottom dentures are immersed

Always check for irritation in the mouth after dentures are removed and then clean inside of the resident's mouth. This must also be done if the resident has no teeth at all:

- Dip cotton gauze in mouth care product and squeeze excess liquid
- Wrap gauze around gloved finger and rub gloved finger inside cheeks, under tongue, and on gums
- Use sweeping motion to remove food (might need to use several sweeping motions if there is a lot of food) and
- While cleaning gums, let the resident spit in a cup when necessary

Denture care – tips for cleaning dentures:

- According to best practices (and per facility policy), never use toothpaste
- Line the sink with a paper towel over drain to prevent damage if dentures are accidentally dropped
- Take lower denture and brush teeth with toothbrush under cool running water, using _____ and _____ technique to remove loosened food and plaque; brush all other surfaces that come into contact with mouth; rinse toothbrush and denture under _____ running water; then place in denture cup
- Take top denture and brush teeth with toothbrush under cool running water, using _____ and _____ technique to remove loosened food and plaque; brush all other surfaces that come in contact with mouth; rinse toothbrush and denture under cool running water; then place in denture cup
- Ensure both dentures are submerged in _____ water in denture cup after denture cup has been rinsed

Dentures – other important concepts:

- Best practice discourages use of toothpaste to clean dentures (follow policy of facility)

- Adhesive – use as little as possible; if dentures fit _____, adhesive is not needed
- Keep dentures out of mouth for at least 4 hours a day, preferably longer. Why?

_____ To be sure dentures are removed daily, it is easiest to take out dentures just before _____; while out always keep them in cool water or denture cleaner. What can happen if dentures dry out?

_____ Stor
e dentures away from direct sunlight and heat. Why?

_____. Before inserting dentures – check for redness, swelling, irritation of gums where dentures come in contact; _____ may be a sign the dentures are not fitted properly; report raw area or ulcer to supervisor immediately.

Other situations:

- People without teeth (edentulous) – mouth care identical with residents with dentures
- Missing teeth – mouth care as describe previously for remaining teeth and exposed gums
- Loose tooth – notify supervisor; if safe and as directed, steady loose tooth with other hand and use short light strokes when brushing; if next to other teeth, hold it steady when cleaning between teeth
- Loose tooth falls out during care – do not replace; apply _____ to area with clean gauze to stop bleeding; and notify supervisor
- Broken teeth – use _____ and not toothbrush; dip swab in cleaning product and rub around broken teeth removing plaque and debris
- Swallowing disorders – provide mouth care _____; do not use toothpaste; use very little liquid in mouth; always dip toothbrush in liquid and dab on gauze pad to get rid of excess water; brush as normal; encourage resident to spit into medicine cup when necessary
- Tube feeding – treat the same as residents with swallowing disorders

DVD 1 Module 2: Providing Mouth Care in Challenging Situations

Review the terms, dementia and Alzheimer's disease, on the vocabulary list

Always remember when caring for a resident with dementia:

- Behavior has a _____
- Behavior is a form of _____ because the disease has robbed the resident of the ability to make words

7 Stages of Dementia		
Stage	Communication	Behaviors/Needs
Stage 1 No Impairment	• Can express needs	• Alzheimer's disease is not evident • No memory Problems
Stage 2 Very Mild Decline	• Minor memory problems	• Lose things around the house • Unlikely to be noticed by family members
Stage 3 Mild Decline	• Family members and friends may begin to notice cognitive problems	• Difficulty finding the right word during conversations • Difficulty organizing and planning • Difficulty remembering names of new individuals
Stage 4 Moderate Decline	• Poor short-term memory (may not recall what they ate for lunch)	• Difficulty with simple math • Inability to manage finances
Stage 5 Moderately Severe Decline	• Maintain functionality • Still know their family members • Inability to recall simple details, such as their own address or telephone number • Significant confusion	• Usually able to bathe and toilet independently • Difficulty dressing appropriately
Stage 6 Severe Decline	• Confusion or unawareness of environment and surroundings • Inability to remember most details of personal history • Major personality changes	• Need constant supervision, usually require professional care • Loss of bladder and bowel control • Possible behavior problems • Need assistance with bathing and toileting • Wandering
Stage 7 Very Severe Decline	• Lose ability to communicate or respond to their environment • May be able to utter words or phrases • No awareness regarding their condition	• Final stage and nearing death • Need assistance with all activities of daily living • May lose their ability to swallow

It is important for the nurse aide to understand what stage of dementia a resident is in because of the need to adjust the approach to mouth care.

The nurse aide should get started with mouth care by first making a _____ with simple, respectful activities towards the resident:

- Knock
- Approach from front
- Say hello and introduce yourself
- Move and speak slowly
- Make eye contact
- Make small talk (“You look nice.”)
- Explain why you are there
- Ask permission

The Resident Refuses Mouth Care

Refusing mouth care – what the nurse aide does in response to the resident depends on the _____ but remember – never force mouth care on the resident and never totally avoid mouth care!

Facts about refusals:

- Occurs more at first. Why?

_____ T

he nurse aide may need to adjust the time to provide the mouth care that the resident wants (resident preference) – some prefer before a meal and some after a meal

- It may work to phase in mouth care by first brushing just the front of the teeth, later brushing the back of the teeth, later cleaning the tongue, and ultimately building up to full mouth care; the nurse aide also may start every other day – just establish some type of routine

Reason: resident does not understand what the nurse aide wants to do (due to being hard of hearing or dementia)

- Talk to the resident at eye level and speak slowly and clearly
- Show equipment and supplies to be used
- Use different words (clean, instead of brush)
- Use gestures to act out the behavior (model opening your own mouth and brushing your own teeth)

Reason: resident has a fear of loss of control or pain

- Explain what you are doing and why; give a reason (“Your mouth will feel better.” “Let me get the food from your teeth so you’re more comfortable.”)

- Provide reassurance (“I’ll be careful not to hurt you.” “If anything bothers you, tell me, and I will stop.”)
- For middle stage or advanced dementia, give the resident something he/she likes to hold (blanket, stuffed animal)
- Attend to needs

Reason: bad timing (resident is tired)

- Determine preferred time (morning, bedtime, before or after meals?)
- Come back later

The nurse aide may face other challenges when attempting to provide mouth care to a resident.

The Resident Will Not Sit Down

Reason: resident does not understand

- Put a chair behind the resident’s legs and say, “please sit down.”
- Nurse aide sits down to demonstrate desired behavior
- Get the resident’s attention by facing him/her, making eye contact, and stating name
- Talk with the resident
- Provide mouth care standing up
- Stand up in front of sink with mirror to model past behavior

The Resident Will Not Open Mouth

Reason: resident does not understand

- Touch the cheek, mouth and/or lower jaw to suggest to resident to open mouth
- For late stage dementia, slowly approach the mouth with toothbrush, gently slide brush into the mouth, and begin brushing
- Sing a song which causes the resident to open the mouth

Reason: resident does not want care

- Be patient
- Make small talk
- Give a reason (“Your mouth will feel better;” “Let me get the food from your mouth so you’re more comfortable”)
- Ask resident if he/she wants to brush teeth by self
- Simply come back later

The good news is, once the _____ is open, it usually stays open and the nurse aide can complete mouth care

The Resident Grabs at the Nurse Aide or the Toothbrush

For the resident with middle stage of dementia who grabs the nurse aide or toothbrush, stop the care and figure out the reason for the behavior.

Reason: resident does not understand

- Speak loudly and clearly
- Repeat self using simple words
- Talk to the resident at eye level
- Use gestures and props

Reason: resident is in pain

- Be gentle
- Talk through the procedure
- Slow down and stop when necessary

Reason: resident wants control

- Give resident toothbrush and guidance
- Use hand over hand technique

Reason: resident is anxious or afraid

- Provide reassurance by explaining what the nurse aide is doing and why (“I will be careful not to hurt you;” “If anything bothers you, tell me and I will stop.”)
- Give resident something to hold (cup, teddy bear, or other similar object)
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms

The Resident Hits the Nurse Aide

Reason: for a resident with middle stage dementia, hitting may be sudden and come as a surprise

- At the earliest sign of agitation when resident is observed getting upset, stop and see what is going on (most residents will not hit if this is done)
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms
- If resident continues to hit, the nurse aide should stop with mouth care and come back later

The Resident Bites Down on the Toothbrush and Will Not Let Go

Reason: during middle or late dementia, possibly a reflex to chew was stimulated

- Gently wiggle the toothbrush or swab
- Gently rub cheek and massage the jaw
- If the nurse aide feels comfortable, rub along inside of cheek, but outside of the teeth area

The Resident Sucks on the Nurse Aide's Finger, Gauze, or Toothbrush

Reason: during late dementia, a reflex to chew was stimulated

- Explain what you are doing because the resident may think it is food
- Stop if it is a reflex and then start again
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms

Reason: during late dementia, mouth area hurts

- Recognize pain
- Be gentle
- Provide reassurance

The Resident Spits Water on the Floor Instead of a Cup

Reason: the resident associates the cup with drinking and not spitting into

- Provide mouth care near a sink and instruct resident to spit into the sink
- Tilt cup forward under the chin to suggest the resident to spit

Dentures

For residents with early to middle dementia, it is best if the resident can remove/replace dentures; the nurse aide should tell the resident what to do, touch the resident's lip, and finally use patience, flexibility, and good humor.

Resident needs to have his/her dentures removed from mouth, but refuses

- Use verbal prompts and display patience
- Residents with early dementia – persuade with a simple reason (“A clean denture feels so much better.”)
- Ask when a better time would be to return

Resident needs to have his/her dentures placed in mouth, but refuses

- Use verbal prompts and display patience
- Try touching cheek or lip with denture
- Determine if resident will put in denture and then nurse aide can adjust

The key to providing mouth care without a battle is to understand that challenges are a form of _____.

The nurse aide must remember to be a _____ and individualize _____.

Summary

- Know the person
- Approach from the _____

- Get _____ first
- Focus on the person, not the _____
- Listen for _____ about the person's needs
- Encourage participation
- Give simple step-by-step _____
- Explain each _____ beforehand
- Be patient and repeat if necessary
- Give _____ feedback and encouragement
- Use _____ touch and reassurance
- Establish a routine with the same caregiver

Threads of Care – Teaching Tip Attachment #5Z – *Mouth Care without a Battle®*
Worksheet Answer Key

DVD 1: Module 1 Part 1 Mouth Care Basics (Basic Steps of Mouth Care)

Always wear gloves when providing mouth care and/or denture care.

Mouth care is not merely grooming, but a vital part of infection control and health promotion.

Basic steps of mouth care include:

- Remove food from the mouth
- Brush the surfaces of the teeth (inside/outside/biting surfaces)
- Clean between the teeth
- Brush the tongue and
- Apply fluoride protection to teeth (per facility policy)

Remove left over food from the mouth to facilitate brushing teeth without food in the way:

- Use a piece of gauze dipped in water
- Squeeze off excess liquid
- Wrap gauze around gloved finger and
- Feel around cheeks for extra food removing as much as possible with the gauzed finger

Brush the inside and outside of teeth using proper brushing technique and a soft toothbrush (hard bristles can scratch the teeth and injure gums creating more places for bacteria to grow):

- Hold toothbrush at a 45° angle to gum line
- Jiggle back and forth, then sweep plaque away from the gum line

Brush the biting surfaces of teeth using proper brushing technique and a soft toothbrush. As a review, why should a soft toothbrush be used when providing mouth care? Hard bristles can scratch the teeth and injure gums creating more places for bacteria to grow. While brushing the biting surfaces:

- Use short back and forth strokes
- Be sure and brush behind the last tooth on both the top and bottom because the far back area of the mouth is commonly missed and the site of plaque build-up

Use a smaller brush (end-tuft brush) or a child's toothbrush to get to hard to reach places or for people who cannot open their mouths wide. If one or the other special brushes are not available, use the resident's regular toothbrush and do the best you can.

Replace toothbrushes every 3 months or when the bristles become worn or frayed.

Review the terms plaque, calculus, and gingivitis on the vocabulary list

REMEMBER: It is the motion of the brush and not the toothpaste that cleans teeth – jiggle and sweep, jiggle and sweep. The jiggle loosens the plaque and the sweep removes the plaque.

Consult with a health care professional or follow facility policy when choosing a mouth care product; the decision is based on the resident's ability and needs.

Mouth care products include:

- Toothpaste
- Water
- Listerine
- Biotene rinse and
- Anti-microbial rinse

Review each of the mouth care products listed above on the vocabulary list

Why would it be alright to use water as a mouth care product? It is the motion of the brush that removes plaque from the teeth and not the product. Dipping the toothbrush in water works just as well as applying toothpaste with less chance of the person coughing or choking when water is used.

Simply brushing the teeth does not get in-between teeth. People should also floss between the teeth using an interdental brush, also called a go-between.

Why is it important to clean between teeth? Old food products, plaque, and bacteria may be located there and cannot be reached with simple brushing.

It is important to not stick a hand in a resident's mouth to floss the teeth. Why? The resident could bite down and injure the nurse aide's hand.

It is important to clean the tongue because it has bacteria on it which is a common cause of bad breath and may have a heavy coating or be discolored.

Two easy ways to clean tongue include:

- Using a toothbrush, dip brush in product, then start with front of tongue and brush forward with short strokes, then slowly work way to back of tongue while being careful not to make the resident gag; may also use scraper on the back of the toothbrush, if available
- Using a gauze pad dipped in product and wrapped around a cotton swab, rub along the tongue of residents who cannot open their mouths wide

Apply a fluoride product to teeth per facility policy.

When mouth care is complete, perform one last check inside the resident's mouth by gently sweeping the gloved finger through the mouth to check for other food that may remain and observing for irritation of the gums, cheeks, and tongue.

Finally, the nurse aide cleans up after performing mouth care by discarding disposable materials that were used, disinfecting and putting personal supplies away, disinfecting the workspace, and washing hands.

DVD 1 Module 1 Part 2: Beyond the Basics (Dealing with Special Situations)

Denture care – tips for removing dentures

- Upper – grasp with middle and index fingers behind front teeth and thumb outside front teeth; gently rock denture back and forth, side to side; once loosened, pull downward and toward you
- Lower – grasp middle of bottom teeth between thumb and middle finger; gently rock denture back and forth; once loosened, pull upward and toward you
- Partial – grasp the clasps and work gently until the denture is unhooked from the teeth and denture is easy to remove and
- After removal of dentures, put in cup with clean cool water, making sure both top and bottom dentures are immersed

Always check for irritation in the mouth after dentures are removed and then clean inside of the resident's mouth. This must also be done if the resident has no teeth at all:

- Dip cotton gauze in mouth care product and squeeze excess liquid
- Wrap gauze around gloved finger and rub gloved finger inside cheeks, under tongue, and on gums
- Use sweeping motion to remove food (might need to use several sweeping motions if there is a lot of food) and
- While cleaning gums, let the resident spit in a cup when necessary

Denture care – tips for cleaning dentures:

- According to best practices (and per facility policy), never use toothpaste
- Line the sink with a paper towel over drain to prevent damage if dentures are accidentally dropped
- Take lower denture and brush teeth with toothbrush under cool running water, using jiggle and sweep technique to remove loosened food and plaque; brush all other surfaces that come into contact with mouth; rinse toothbrush and denture under cool running water; then place in denture cup
- Take top denture and brush teeth with toothbrush under cool running water, using jiggle and sweep technique to remove loosened food and plaque; brush all other surfaces that come in contact with mouth; rinse toothbrush and denture under cool running water; then place in denture cup
- Ensure both dentures are submerged in cool water in denture cup after denture cup has been rinsed

Dentures – other important concepts:

- Best practice discourages use of toothpaste to clean dentures (follow policy of facility)
- Adhesive – use as little as possible; if dentures fit well, adhesive is not needed

- Keep dentures out of mouth for at least 4 hours a day, preferably longer. Why? Tissue in the mouth needs to be exposed to air to breathe and to stay healthy.
- To be sure dentures are removed daily, it is easiest to take out dentures just before bedtime; while out always keep them in cool water or denture cleaner. What can happen if dentures dry out? If dentures dry out, they can change shape and stop fitting well
- Store dentures away from direct sunlight and heat. Why? Sunlight and heat can change denture shape
- Before inserting dentures – check for redness, swelling, irritation of gums where dentures come in contact; irritation may be a sign the dentures are not fitted properly; report raw area or ulcer to supervisor immediately

Other situations:

- People without teeth (edentulous) – mouth care identical with residents with dentures
- Missing teeth – mouth care as describe previously for remaining teeth and exposed gums
- Loose tooth – notify supervisor; if safe and as directed, steady loose tooth with other hand and use short light strokes when brushing; if next to other teeth, hold it steady when cleaning between teeth
- Loose tooth falls out during care – do not replace; apply pressure to area with clean gauze to stop bleeding; and notify supervisor
- Broken teeth – use cotton swab and not toothbrush; dip swab in cleaning product and rub around broken teeth removing plaque and debris
- Swallowing disorders – provide mouth care sitting up; do not use toothpaste; use very little liquid in mouth; always dip toothbrush in liquid and dab on gauze pad to get rid of excess water; brush as normal; encourage resident to spit into medicine cup when necessary
- Tube feeding – treat the same as residents with swallowing disorders

DVD 1 Module 2: Providing Mouth Care in Challenging Situations

Review the terms, dementia and Alzheimer's disease, on the vocabulary list

Always remember when caring for a resident with dementia:

- Behavior has a reason
- Behavior is a form of communication because the disease has robbed the resident of the ability to make words

7 Stages of Dementia		
Stage	Communication	Behaviors/Needs
Stage 1 No Impairment	• Can express needs	• Alzheimer's disease is not evident • No memory Problems
Stage 2 Very Mild Decline	• Minor memory problems	• Lose things around the house • Unlikely to be noticed by family members
Stage 3 Mild Decline	• Family members and friends may begin to notice cognitive problems	• Difficulty finding the right word during conversations • Difficulty organizing and planning • Difficulty remembering names of new individuals
Stage 4 Moderate Decline	• Poor short-term memory (may not recall what they ate for lunch)	• Difficulty with simple math • Inability to manage finances
Stage 5 Moderately Severe Decline	• Maintain functionality • Still know their family members • Inability to recall simple details, such as their own address or telephone number • Significant confusion	• Usually able to bathe and toilet independently • Difficulty dressing appropriately
Stage 6 Severe Decline	• Confusion or unawareness of environment and surroundings • Inability to remember most details of personal history • Major personality changes	• Need constant supervision, usually require professional care • Loss of bladder and bowel control • Possible behavior problems • Need assistance with bathing and toileting • Wandering
Stage 7 Very Severe Decline	• Lose ability to communicate or respond to their environment • May be able to utter words or phrases • No awareness regarding their condition	• Final stage and nearing death • Need assistance with all activities of daily living • May lose their ability to swallow

It is important for the nurse aide to understand what stage of dementia a resident is in because of the need to adjust the approach to mouth care.

The nurse aide should get started with mouth care by first making a connection with simple, respectful activities towards the resident:

- Knock
- Approach from front
- Say hello and introduce yourself
- Move and speak slowly
- Make eye contact
- Make small talk (“You look nice.”)
- Explain why you are there
- Ask permission

The Resident Refuses Mouth Care

Refusing mouth care – what the nurse aide does in response to the resident depends on the reason for refusal but remember – never force mouth care on the resident and never totally avoid mouth care!

Facts about refusals:

- Occurs more at first. Why? The resident is not used to mouth care either at all, or by the nurse aide, or how it is being done, plus it may hurt at first.
- The nurse aide may need to adjust the time to provide the mouth care that the resident wants (resident preference) – some prefer before a meal and some after a meal
- It may work to phase in mouth care by first brushing just the front of the teeth, later brushing the back of the teeth, later cleaning the tongue, and ultimately building up to full mouth care; the nurse aide also may start every other day – just establish some type of routine

Reason: resident does not understand what the nurse aide wants to do (due to being hard of hearing or dementia)

- Talk to the resident at eye level and speak slowly and clearly
- Show equipment and supplies to be used
- Use different words (clean, instead of brush)
- Use gestures to act out the behavior (model opening your own mouth and brushing your own teeth)

Reason: resident has a fear of loss of control or pain

- Explain what you are doing and why; give a reason (“Your mouth will feel better.” “Let me get the food from your teeth so you’re more comfortable.”)
- Provide reassurance (“I’ll be careful not to hurt you.” “If anything bothers you, tell me, and I will stop.”)

- For middle stage or advanced dementia, give the resident something he/she likes to hold (blanket, stuffed animal)
- Attend to needs

Reason: bad timing (resident is tired)

- Determine preferred time (morning, bedtime, before or after meals?)
- Come back later

The nurse aide may face other challenges when attempting to provide mouth care to a resident.

The Resident Will Not Sit Down

Reason: resident does not understand

- Put a chair behind the resident's legs and say, "please sit down."
- Nurse aide sits down to demonstrate desired behavior
- Get the resident's attention by facing him/her, making eye contact, and stating name
- Talk with the resident
- Provide mouth care standing up
- Stand up in front of sink with mirror to model past behavior

The Resident Will Not Open Mouth

Reason: resident does not understand

- Touch the cheek, mouth and/or lower jaw to suggest to resident to open mouth
- For late stage dementia, slowly approach the mouth with toothbrush, gently slide brush into the mouth, and begin brushing
- Sing a song which causes the resident to open the mouth

Reason: resident does not want care

- Be patient
- Make small talk
- Give a reason ("Your mouth will feel better;" "Let me get the food from your mouth so you're more comfortable")
- Ask resident if he/she wants to brush teeth by self
- Simply come back later

The good news is, once the mouth is open, it usually stays open and the nurse aide can complete mouth care

The Resident Grabs at the Nurse Aide or the Toothbrush

For the resident with middle stage of dementia who grabs the nurse aide or toothbrush, stop the care and figure out the reason for the behavior.

Reason: resident does not understand

- Speak loudly and clearly
- Repeat self using simple words
- Talk to the resident at eye level
- Use gestures and props

Reason: resident is in pain

- Be gentle
- Talk through the procedure
- Slow down and stop when necessary

Reason: resident wants control

- Give resident toothbrush and guidance
- Use hand over hand technique

Reason: resident is anxious or afraid

- Provide reassurance by explaining what the nurse aide is doing and why (“I will be careful not to hurt you;” “If anything bothers you, tell me and I will stop.”)
- Give resident something to hold (cup, teddy bear, or other similar object)
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms

The Resident Hits the Nurse Aide

Reason: for a resident with middle stage dementia, hitting may be sudden and come as a surprise

- At the earliest sign of agitation when resident is observed getting upset, stop and see what is going on (most residents will not hit if this is done)
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms
- If resident continues to hit, the nurse aide should stop with mouth care and come back later

The Resident Bites Down on the Toothbrush and Will Not Let Go

Reason: during middle or late dementia, possibly a reflex to chew was stimulated

- Gently wiggle the toothbrush or swab
- Gently rub cheek and massage the jaw
- If the nurse aide feels comfortable, rub along inside of cheek, but outside of the teeth area

The Resident Sucks on the Nurse Aide’s Finger, Gauze, or Toothbrush

Reason: during late dementia, a reflex to chew was stimulated

- Explain what you are doing because the resident may think it is food
- Stop if it is a reflex and then start again
- Redirect resident by talking, singing, playing music, providing a favorite drink/food, gently touching and massaging shoulders or arms

Reason: during late dementia, mouth area hurts

- Recognize pain
- Be gentle
- Provide reassurance

The Resident Spits Water on the Floor Instead of a Cup

Reason: the resident associates the cup with drinking and not spitting into

- Provide mouth care near a sink and instruct resident to spit into the sink
- Tilt cup forward under the chin to suggest the resident to spit

Dentures

For residents with early to middle dementia, it is best if the resident can remove/replace dentures; the nurse aide should tell the resident what to do, touch the resident's lip, and finally use patience, flexibility, and good humor.

Resident needs to have his/her dentures removed from mouth, but refuses

- Use verbal prompts and display patience
- Residents with early dementia – persuade with a simple reason (“A clean denture feels so much better.”)
- Ask when a better time would be to return

Resident needs to have his/her dentures placed in mouth, but refuses

- Use verbal prompts and display patience
- Try touching cheek or lip with denture
- Determine if resident will put in denture and then nurse aide can adjust

The key to providing mouth care without a battle is to understand that challenges are a form of communication.

The nurse aide must remember to be a detective and individualize care.

Summary

- Know the person
- Approach from the front
- Get permission first
- Focus on the person, not the task
- Listen for clues about the person's needs
- Encourage participation
- Give simple step-by-step directions
- Explain each step beforehand
- Be patient and repeat if necessary
- Give positive feedback and encouragement
- Use gentle touch and reassurance
- Establish a routine with the same caregiver

Threads of Care – Teaching Tip Attachment #6Z – Teeth and Tongue



Threads of Care – Instructor’s Guide to Activity #12 Germs, Germs, Germs

Preparation

Obtain a tube of glitter and a bottle of lotion, before lab begins. Duplicate the questions sheet before lab, also.

Instructions to Students

“We are going to do a fun activity. After you get your hands real germy, I would like for you to use a variety of methods to get them clean – a dry paper towel, cold water, and warm, soapy water without and then with friction. Afterwards, we are going to discuss what you found out about how best to get your hands clean.”

Explanation of Activity

Pass the bottle of lotion around and have each student squirt a half of a teaspoon of lotion on their hands. They are not to rub it in their hands until you tell them to do so. Go around the room and shake some glitter on the lotion in their hands (try to divide the tube of glitter up equally) and tell them to rub both the lotion and the glitter evenly into their hands. Tell them that the glitter represents germs.

Place students into groups of at least four (4). Within each group, have each group member pick one method to remove germs – (Student 1) a dry paper towel, (Student 2) plain cold water, (Student 3) soap and warm water using friction for at least 20 seconds, and (4) alcohol-based hand rub. Instruct the groups to compare and contrast the different methods of germ removal by looking at each others’ hands. When done with the compare/contrast session, instruct the students whose hands are still germy to wash them appropriately. After everyone has washed all the germs off their hands, move on to the wrap-up below:

Wrap-up

As a wrap-up, ask the entire class the following questions:

- Which methods of germ removal were effective, and which were not?
- What happens when you tried to get the germs off with a dry paper towel?
- What happens when you tried to get the germs off with cold water?
- What do you think the key components are to effectively remove germs from your hands?
- What do you think would happen if you do not keep your fingertips pointed down during handwashing?
- Can you see how easily germs are transmitted to other items (clothing, faucet, door knob, etc.)?
- What is the single most important thing the health care worker can do to prevent the spread of infection?

Threads of Care - Instructor's Guide to Activity #2Z Gloves Are a Nurse Aide's Best Friend

It is important to use this activity in the curriculum before PPE is demonstrated.

Part #1

Preparation

Get a variety of pairs of gloves – very small ones, average ones, very big ones. Cut a couple of obvious holes in a pair of gloves. Notice the size of your participants' hands. Choose four students – one with very big hands, one with tiny hands, and two with average hands. Ask the students if they will be willing to participate in an activity.

Instructions to Students

"We are going to do a fun demonstration. I have asked a few of your classmates to assist me with this activity."

Explanation of Activity

Ask the four students to come to the front of the room. Have the remaining students observe the demonstrations. First, have the student with big hands put on tiny gloves. Second, have the student with tiny gloves put on huge gloves. Third, have an average student put on the gloves with holes. Fourth, have an average student put on the right size of the gloves.

Wrap-up

Ask everyone if they can explain the importance of choosing the correct size of gloves. Ask about the importance of checking gloves for holes before using them.

Part #2

Preparation

Gather boxes of gloves in a variety of sizes.

Explanation of Activity

Ask students to determine which size gloves they need. Ask each student to put on a pair of gloves in the appropriate size. With a small plastic spoon, drop a dollop of chocolate pudding on one glove of each student. Tell them to rub gloved hands together and disperse pudding on both gloves – top and bottom. Tell them that the pudding represents feces. Tell them to remove the gloves without getting the feces on their skin. You may substitute the dollop of chocolate pudding with ketchup and tell the students it represents blood.

Wrap-up

Module Z

Ask everyone if they can explain the importance of proper removal of dirty gloves. Ask if anyone got the fake feces (or blood) on their hands and if so, how did they feel? [This is a good time to demonstrate how to put on and take off PPE.]