State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module G

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 G

Module G – Basic Restorative Care
Teaching Guide

Objectives

- Explain the role of the nurse aide in basic restorative care
- Describe the processes involved with bowel and bladder training

Instructional Resources/Guest Speakers

- **#1G Orthotic and Prosthetic Display**: Contact an orthopedic surgeon’s office, a sports medicine office or an occupational therapy department for possible donations of orthotic or prosthetic devices

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector
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Module G – Basic Restorative
Definition List

**Adaptive Devices (assistive devices)** – special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)

**Amputation** – surgical removal of a body part

**Basic Restorative Care** – care provided after resident’s highest possible functioning is restored (rehabilitation) following illness or injury

**Bladder/Bowel Training** – measures taken to restore function of voiding and defecating by resident, with ultimate goal of continence

**Defecation** – process of emptying the rectum of feces

**Empathy** – being able to identify with and understand how a resident feels

**Enema** – the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity

**Functional Loss** – partial or complete loss of the function of a body part

**Incontinence** – the inability to control urination or defecation

**Orthotic Device** – device that helps support and align a limb and improve its functioning

**Prosthetic Device** – artificial replacement device for body part that is missing or deformed; improves person’s function and/or appearance

**Rehabilitation** – restoration of a resident’s highest possible functioning following illness or injury

**Supportive Device** – special equipment that helps a disabled or ill resident with movement

**Urination (or voiding)** – process of emptying the bladder
## Module G – Basic Restorative Care

### (S-1) Title Slide

### (S-2) Objectives
1. Explain the role of the nurse aide in basic restorative care.
2. Describe the processes involved with bowel and bladder training.

<table>
<thead>
<tr>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>(S-3) Basic Restorative Care</td>
</tr>
<tr>
<td>• Care provided after rehabilitation when the resident’s highest</td>
</tr>
<tr>
<td>possible functioning has been restored following illness or injury</td>
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<tr>
<td>• Goals are to maintain function that has been restored through</td>
</tr>
<tr>
<td>rehabilitation and to increase independence</td>
</tr>
<tr>
<td>(S-4) Basic Restorative Care – Importance</td>
</tr>
<tr>
<td>• Emphasis on maintaining and/or improving existing abilities</td>
</tr>
<tr>
<td>• Important to prevent any further complications</td>
</tr>
<tr>
<td>• Aimed at moving individual toward independence as much as possible</td>
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<tr>
<td>and to encourage residents do as much as they can, as long as they</td>
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<tr>
<td>can, as often as they can</td>
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<tr>
<td>• Team effort to assist resident to develop a productive lifestyle</td>
</tr>
<tr>
<td>• Important to assist individual to accept or adapt to limitations</td>
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<tr>
<td>that cannot be overcome</td>
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<tr>
<td>(S-5) Basic Restorative Care – Nurse Aide’s Role</td>
</tr>
<tr>
<td>• Nurse aides are often the first health care provider to recognize</td>
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<tr>
<td>signs that resident is feeling a loss in independence and should</td>
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<tr>
<td>be reported to supervisor</td>
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<tr>
<td>o Negative self-image</td>
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<tr>
<td>o Anger directed toward others</td>
</tr>
<tr>
<td>o Feelings of helplessness, sadness, hopelessness</td>
</tr>
<tr>
<td>o Feelings of being useless</td>
</tr>
<tr>
<td>o Increased dependence</td>
</tr>
<tr>
<td>o Depression</td>
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<tr>
<td>• Encourage the resident and support the family when functional loss</td>
</tr>
<tr>
<td>(partial or complete loss of the function of a body part) and loss</td>
</tr>
<tr>
<td>of independence causes these feelings</td>
</tr>
<tr>
<td>• Be sensitive to resident’s needs. Some may be embarrassed, need more</td>
</tr>
<tr>
<td>encouragement than others, and need to be more involved in planning</td>
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<tr>
<td>activities</td>
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<tr>
<td>*(S-6) Basic Restorative Care – Nurse Aide’s Role</td>
</tr>
<tr>
<td>• Be positive and supportive</td>
</tr>
<tr>
<td>• Emphasize abilities</td>
</tr>
<tr>
<td>• Explain planned activities and how nurse aide will help</td>
</tr>
<tr>
<td>• Treat with respect</td>
</tr>
<tr>
<td>• Allow for expression of feelings</td>
</tr>
</tbody>
</table>
Module G – Basic Restorative Care

- Develop empathy for situation
- Praise accomplishments
  - Assist resident to do as much as possible
  - Be realistic though, and never give false hope

*(S-7) Basic Restorative Care – Nurse Aide’s Role
- Review skills that will be needed to assist with restorative activities
- Focus on small tasks and accomplishments
- Recognize that setbacks will occur
- Inform individual that setbacks occur and are to be expected
- Encourage to continue with planned care in the face of setbacks
- Explain that setbacks are an opportunity to improve the next attempt

*(S-8) Basic Restorative Care – Nurse Aide’s Role
- Give resident control
- Allow some choice on when activities are performed
- Encourage selection of appropriate clothing
- Show patience when preparing for activity

*(S-9) Basic Restorative Care – Nurse Aide’s Role
- Provide for rest periods
- Encourage as much as possible independence during activity
- Encourage use of any prescribed adaptive devices
- Consider involving family in activity, with resident’s permission

*(S-10) Prosthetic Device
- Definition - replacement for loss of body part, specifically fitted to one person
- Examples are implanted lens, cochlear implant, hip prosthesis, artificial body part such as a leg or hand
- Nurse aide’s role
  - Devices are usually expensive and should be handled with care
  - A nurse or a therapist should demonstrate application before this is attempted by the nurse aide
  - Expect some specific instructions for areas of prosthetic attachment
  - Observe skin under and near the prosthetic device frequently for signs of skin breakdown cause by pressure and abrasion
  - Keep any skin under the prosthetic device clean and dry
  - Provide good skin care to all areas at risk for rubbing by any prosthetic device
  - Be emphatic or able to identify with and understand
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how a resident feels; remember the psychological toll the need for a prosthetic device takes on the individual and always support the use of the device

*(S-11) Orthotic Device

- Definition – helps support and align a limb, and improves function
- Examples include splints, braces, and shoe inserts
- Nurse aide’s role
  - Devices are usually specific to the resident and should only be used with that resident
  - Always be alert for devices that might rub a bony prominence and report immediately
  - If trained to do so, pad between bony prominence and device

**TEACHING TIP: Orthotic and Prosthetics Display**

Display orthotic and prosthetic devices, if available.

*(S-12) Supportive Device

- Special equipment that helps a disabled or ill resident with movement
- Examples include canes, walkers, crutches, wheelchairs, and motorized chairs

*(S-13) Assistive (Adaptive) Devices

- Special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)
  - Promote independence
  - Successful use of adaptive devices depends on resident’s attitude, acceptance, motivation, support from others

*(S-14-16) Assistive (Adaptive) Devices for Positioning

- Include regular pillows, cylindrical pillows, and/or wedge-shaped foam pillows (pictured)

*(S-17) Assistive (Adaptive) Devices for Positioning

- Bed cradles – keep bed covers off legs and feet (pictured)
- Footboards – help prevent foot drop
- Heel protectors – help with foot alignment


- Angled utensils – for limited arm or wrist movement (pictured)
- Sipper cup (pictured)
- Large grip handled utensils (pictured)
- Plate with lip around the edge – keeps food on plate
- Snap on food guard – keeps food on plate

*(S-20) Assistive (Adaptive) Devices for Dressing

- Shirt and jacket pull (pictured)
- Zipper pull (pictured)
### Module G – Basic Restorative Care

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Button fastener (pictured)</strong></td>
</tr>
<tr>
<td><em>(S-21-22) Assistive (Adaptive) Devices for Dressing</em>*</td>
</tr>
<tr>
<td>• Socks and stocking aid (pictured)</td>
</tr>
<tr>
<td>• Long-handled shoe horn (pictured)</td>
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<tr>
<td><em>(S-23-24) Assistive (Adaptive) Devices for Hygiene</em>*</td>
</tr>
<tr>
<td>• Electric toothbrush (pictured)</td>
</tr>
<tr>
<td>• Denture care kit (pictured)</td>
</tr>
<tr>
<td>• Fingernail brush (pictured)</td>
</tr>
<tr>
<td><em>(S-25) Assistive (Adaptive) Devices for Hygiene</em>*</td>
</tr>
<tr>
<td>• Extra-long sponge (pictured)</td>
</tr>
<tr>
<td><em>(S-26) Assistive (Adaptive) Devices for Hygiene</em>*</td>
</tr>
</tbody>
</table>
| • Device used by residents with diabetes  
  - To examine heels for abrasions and sores  
  - To wash feet |
| *(S-27) Assistive (Adaptive) Devices for Reaching** |
| • (Pictured) |
| • What activity was attempted |
| • What assistive devices were used |
| • How successful was the activity as this relates to the activity goal |
| • Any increase/decrease in ability noted |
| • Any changes in attitude or motivation, both positive and negative |
| • Any changes in health as evidenced by skin color, respirations, energy level, etc. |
| *(S-29) Basic Restorative Care – ALWAYS REMEMBER** |
| • Sometimes you may think it is easier and quicker to do something for a resident, rather than encouraging the resident to do the task independently – important, though, to be patient and encourage resident to do as much of the task as possible, regardless of how long it takes or how poorly the resident performs the task |
| • Independence helps with the resident’s self-esteem and speeds up recovery |
| *(S-30) Bowel and Bladder Training - Importance** |
| • Measures taken to restore function of urination and defecation by resident, with ultimate goal of continence  
  - Urination (or voiding) – process of emptying the bladder  
  - Defecation – process of emptying the rectum of feces  
  - Continence – ability to control urination or defecation  
  - Incontinence – the inability to control urination or defecation |
<p>| • Incontinence embarrassing for resident |</p>
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<tr>
<td><strong>Resident will limit lifestyle because of incontinence</strong></td>
</tr>
<tr>
<td><strong>Odors can cause family and friends to shun individual</strong></td>
</tr>
<tr>
<td><strong>Infections can develop</strong></td>
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<tr>
<td><strong>Residents may find it difficult to discuss and ask for help</strong></td>
</tr>
</tbody>
</table>

*S*(31) **Bowel and Bladder Training – Nurse Aide’s Role**
- Nurse aide valued member of health care team (that also includes resident and family) and is involved with bowel and bladder retraining plan
- Support explanation by doctor or nurse of bowel training schedule to resident, so others cannot hear
- Keep an accurate record of bladder/bowel pattern and amounts
- Answers call lights promptly
- Do not rush resident; be patient

*S*(32) **Bowel and Bladder Training – Nurse Aide’s Role**
- Be positive
- Don’t scold if there are accidents
- Assist to bathroom, if requested
- Provide privacy, either in bed or in the bathroom
- Provide encouragement; be supportive and sensitive
- Offer fluids per the schedule; encourage plenty of fluids

*S*(33) **Bowel and Bladder Training – Nurse Aide’s Role**
- Encourage fiber foods – fruits, vegetables, breads and cereals
- Encourage regular exercise
- Teach good pericare
- Keep bedding clean and odor-free

*S*(34) **Bowel and Bladder Training – Nurse Aide’s Role**
- Attempts to void are scheduled and resident is encouraged to void
  - When resident awakens
  - One hour before meals
  - Every two hours between meals
  - Before going to bed
  - During night as needed

*S*(35) **Bowel and Bladder Training – Nurse Aide’s Role**
- Attempts to void are scheduled and resident is encouraged to void
  - Running water in the sink
  - Have resident lean forward, putting pressure on the bladder
  - Put resident’s hands in warm water
  - Offer fluids to drink
  - Pour warm water over the resident’s perineum

*S*(36) **Bowel and Bladder Training**
- During bowel training, enemas, laxatives, suppositories,
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- and stool softeners may be ordered
  - Enemas involve the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity
    - Enemas will be ordered by the doctor
    - The order for an enema may be found on the nursing care plan
    - Common varieties of enemas include: tap water, saline, soapsuds
    - Usually contains approximately 500 ml of the ordered fluid.
    - Commercially prepared enemas usually have about 120 ml of fluid that contains additives designed to soften the stool so it can be more easily passed
    - Hiring facilities will train the nurse aide to administer an enema before the nurse aide is delegated the task

*{(S-37)} Bowel and Bladder Training – Points to Remember*

- Bowel and bladder retraining can be accomplished
- Staff must be consistent and follow the plan
- Recording and reporting vital to success of both bowel and bladder retraining
- Success can take 8 to 10 weeks