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
Module G

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>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>(S-3) Basic Restorative Care</strong></td>
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<tr>
<td>• Care provided after rehabilitation when the resident’s highest 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 rehabilitation and to increase independence</td>
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<tr>
<td><strong>(S-4) Basic Restorative Care – Importance</strong></td>
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<tr>
<td>• Emphasis on maintaining and/or improving existing abilities</td>
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<tr>
<td>• Important to prevent any further complications</td>
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<tr>
<td>• Aimed at moving individual toward independence as much as possible and to encourage residents do as much as they can, as long as they can, as often as they can</td>
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<tr>
<td>• Team effort to assist resident to develop a productive lifestyle</td>
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<tr>
<td>• Important to assist individual to accept or adapt to limitations that cannot be overcome</td>
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<tr>
<td><strong>(S-5) Basic Restorative Care – Nurse Aide’s Role</strong></td>
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<tr>
<td>• Nurse aides are often the first health care provider to recognize signs that resident is feeling a loss in independence and should 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>
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<tr>
<td>o Feelings of helplessness, sadness, hopelessness</td>
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<tr>
<td>o Feelings of being useless</td>
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<tr>
<td>o Increased dependence</td>
<td></td>
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<td>o Depression</td>
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<tr>
<td>• Encourage the resident and support the family when functional loss (partial or complete loss of the function of a body part) and loss of independence causes these feelings</td>
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<tr>
<td>• Be sensitive to resident’s needs. Some may be embarrassed, need more encouragement than others, and need to be more involved in planning for activities</td>
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<tr>
<td><strong>(S-6) Basic Restorative Care – Nurse Aide’s Role</strong></td>
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<tr>
<td>• Be positive and supportive</td>
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<tr>
<td>• Emphasize abilities</td>
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</table>
### Module G – Basic Restorative Care

- Explain planned activities and how nurse aide will help
- Treat with respect
- Allow for expression of feelings
- 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 caused by
### Module G – Basic Restorative Care

<table>
<thead>
<tr>
<th>Pressure and Abrasion</th>
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<tbody>
<tr>
<td>o Keep any skin under the prosthetic device clean and dry</td>
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<td>o Provide good skin care to all areas at risk for rubbing by any prosthetic device</td>
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<tr>
<td>o Be empathic or able to identify with and understand 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</td>
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</table>

#### (S-11) Orthotic Device
- **Definition** - artificial device that replaces a body part and helps with function and/or appearance
- **Examples** include artificial eye, eyeglasses, contact lenses, hearing aid, artificial breast, fitted brace for weak body part, device for use with amputation – surgical removal of a body part
- **Nurse aide’s role**
  - Devices are usually specific to the resident and should only be used with that resident
  - If there are wheels, lock them when moving the individual in or out of device
  - 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 #1G: 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) Assistive (Adaptive) Devices for Positioning
- Include regular pillows or wedge-shaped foam pillows (pictured)

#### (S-15) Assistive (Adaptive) Devices for Positioning
### Module G – Basic Restorative Care

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

(S-16) **Assistive (Adaptive) Devices for Eating**
- 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-17) **Assistive (Adaptive) Devices for Dressing**
- Shirt and jacket pull (pictured)
- Zipper pull (pictured)
- Button fastener (pictured)

(S-18) **Assistive (Adaptive) Devices for Dressing**
- Long-handled shoe horn (pictured)
- Socks and stocking aid (pictured)

(S-19) **Assistive (Adaptive) Devices for Hygiene**
- Electric toothbrush (pictured)
- Denture care kit (pictured)
- Fingernail brush (pictured)

(S-20) **Assistive (Adaptive) Devices for Hygiene**
- Extra-long sponge (pictured)

(S-21) **Assistive (Adaptive) Devices for Hygiene**
- Device used by residents with diabetes
  - To examine heels for abrasions and sores
  - To wash feet

(S-22) **Assistive (Adaptive) Devices for Reaching**
- (Pictured)

(S-23) **Assistive (Adaptive) Devices – Recording and Reporting**
- 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-24) **Basic Restorative Care – ALWAYS REMEMBER**
- Sometimes you may think it is easier and quicker to do something for a resident, rather than encouraging the
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<td>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</td>
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<td>Independence helps with the resident’s self-esteem and speeds up recovery</td>
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(S-25) Bowel and Bladder Training
- 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

(S-26) Bowel and Bladder Training – Importance
- Incontinence embarrassing for resident
- Resident will limit lifestyle because of incontinence
- Odors can cause family and friends to shun individual
- Infections can develop
- Residents may find it difficult to discuss and ask for help

(S-27) 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

(S-28) Bowel and Bladder Training – Nurse Aide’s Role
- Keep an accurate record of bladder/bowel pattern and amounts
- Answers call lights promptly
- Do not rush resident; be patient
- 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

(S-29) Bowel and Bladder Training – Nurse Aide’s Role
- Offer fluids per the schedule; encourage plenty of fluids
- Encourage fiber foods – fruits, vegetables, breads and cereals
- Encourage regular exercise
- Teach good pericare
### Module G – Basic Restorative Care

- Keep bedding clean and odor-free

**S-30** 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-31** 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 perineum area

**S-32** Bowel Training
- During bowel training, enemas, laxatives, suppositories, 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-33** 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