DRAFT

THE COMPLETE HANDBOOK OF

FAMILY

HEALTH

CARE

ST. JOHN AMBULANCE

Being a Revised Edition of:

THE COMPLETE HANDBOOK OF FAMILY HEALTH CARE

SECOND EDITION - 1986

By

Agnes Choi-Lao, RegN, BScEd, MScN
Associate Professor, School of Nursing
Faculty of Health Sciences, University of Ottawa

St. John Ambulance
Ottawa
Priory of Canada
of
The Most Venerable Order of The Hospital of St. John of Jerusalem

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St. John Ambulance
312 Laurier Ave., East
Ottawa, Canada K1N 6P6

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FORWARD

St. John Ambulance has a long history of involvement in health-related issues. More than 900 years ago the original Order of St. John was established to care for the sick during the Crusades. Today, as the baby-boom generation grows older and Canadians live longer, we are faced with new circumstances and new challenges.

Many health problems are increasingly being linked to lifestyle and environment, and major causes of death are related to the degenerative process. To some extent these problems are modifiable. Therefore, St. John Ambulance has prepared The Complete Handbook of Family Health Care, which addresses these issues. This handbook includes a core content of preventive and health maintenance, nutrition, and skills that will help families to deal with the care of the sick at home.

Many Canadians must live with chronic health problems. A better understanding of these problems will help alleviate the stress produced by illness. This enlarged insight encourages compassion and a better family life for all.

More and more, we see a change in attitudes toward health care. Many more now realize that healthy lifestyles, practised in the family, are bound to promote the general well-being and happiness of the entire family.

This is a well-researched handbook, easy to understand, with a wealth of practical suggestions for your family's health and care.

CONTENTS

CHAPTER ONE
UNDERSTANDING HEALTH

COMPONENTS OF PHYSICAL HEALTH

NUTRITION: All the things we eat and drink affect our health. The condition of our teeth and gum affect our eating and our health.

ADEQUATE AMOUNTS OF FOOD ARE ESSENTIAL FOR:

- The best growth of children and youth.
- Our resistance to infection.
- Our recovery from disease.
- Our best performance and working efficiency.

PHYSICAL FITNESS: To be in good health you need to be fit. To be fit regular exercise is a mus Regular mild exercise is good for you, however precautions should be taken, for the elderly and tr unfit.

SOME BENEFITS:

- Greater body strength
- More flexible joints
- Improved blood circulation
- More positive work attitude
- Improved work performance

SLEEP: Adequate sleep is essential in maintaining good health. When we get enough sleep we wake up feeling well rested and ready to work.

HOW MUCH SLEEP:

- Varies from individual to individual
- Average six to eight hours
- Some may need as many as ten
- Some as little as four

TO GET A GOOD NIGHT SLEEP:

- Vigorous exercise should be set earlier in the day.
- Stimulants such as coffee, tea and cola drinks should be avoided especially in the latter half of the day.
- Routine is also important.
- Over the counter sleeping pills should be avoided (unless under Physician's supervision).
- Do not mix sleeping pills with alcohol.

MENTAL HEALTH

Emotional health is an integral part of overall good health. It is just as important as physical heal and a person is **NOT** completely healthy without it.

Emotional health does not depend on being free from problems; rather it depends on facing probler and finding ways of solving them. Knowing when and how to solve problems contributes to good health.

HOW DO WE MAINTAIN EMOTIONAL HEALTH IN A LIFE THAT'S ALWAYS CHANGING?

- We must recognize that continual change is a fact of life.
- We must learn to adjust to different situations and to change ourselves.
- We must recognize that we can have problems and still be emotionally healthy.
- We must understand that unresolved problems lead to tension, but there are ways to deal with problems and tension.

HOW TO DEAL WITH PROBLEMS AND TENSION

- Try to talk out a problem, talking reduces strain and helps you to see things in a better light.
- When you face a series of problems tackle each one separately, even though and overall problem may be too much for you. When you break it up into parts, each part may be solvable.
- Get help from others.
- Don't become self-centred. Think about others and do things for them. This helps to remove the focus of your thoughts from yourself.
- Alleviate pent-up angry feelings by physical activity, take a walk, clean the house, or work in the garden, etc.
- Find time for recreation, and plan time for enjoyable activities; take up a hobby.

PHYSICAL FITNESS

1. ESTABLISHING A PHYSICAL FITNESS ROUTINE:

- Join an exercise group or a fitness class; for example, swimming classes at a local YMCA or YWCA, or square-dance sessions at a community centre.
- Persuade a friend to go to classes with you.
- When establishing a fitness routine, don't make the work-outs too difficult. Set realistic goals for yourself. The discomfort resulting from too strenuous exercise is one reason why many people never keep up their exercise programs.
- Always have a cool-down period.

2. SAMPLE EXERCISE PROGRAMS:

A. A program for untrained or elderly people

The basic pace is ordinary walking speed. Begin at a leisurely pace and gradually increase it, but do not walk so quickly that you become short of breath.

Begin with:

- ! Five minutes of warm-up walking at normal speed.
- ! Brisk walking for two 4-minute periods.
- ! Rest or slow walking between brisk-walking periods.

A program for people in good physical condition

B.

- ! Five-minute warm-up.
- ! Alternate slow jogging and walking.

Then:

- ! Five minutes spurt training.
- ! Running 20 to 30 strides at top speed about five times, preferably uphill.
- ! Recovery between spurts.

Or:

- ! 15 to 20 minutes of interval training.

Then:

- ! Run at about 80 percent of top speed for two 4-minute periods.
- ! Rest or jog between periods.

Remember to cool down.

EMOTIONAL (MENTAL) HEALTH

EXERCISES IN EMOTIONAL HEALTH:

A. Facing a Problem

Ignoring a problem doesn't make it go away, and it may make the problem worse. In the examples below, which of these people are facing their problems?

Mark your choice{s) with an X.

a) The Smiths haven't been getting along lately. Talking hasn't helped. They decide to call a marriage counsellor.

b) Paul has been doing poorly in mathematics this semester. He thinks he will feel better if he skips classes.

c) Grandma Thomas has experienced some dizzy spells during the past two weeks. She makes an appointment with her family doctor.

Adapting to Change

B.

Few things stand still in our changing society. To be emotionally healthy, we must learn to accept and adapt to changes that occur throughout our lives. Which of the examples below show people adapting well to changes in their lives?

a) Heather is five years old and will go to school in the fall. Her mother knows that she is going to miss Heather. She decides to get a part-time job.

b) Robert has had a back operation to correct a disc problem. He can't play tennis any more.

Instead of feeling sorry for himself, he takes up swimming after getting his doctor's permission.

c) Grandpa Johnson is recently widowed. Since his wife's death, he stayed indoors, thinking about good times they had together.

C. Considering Others

Everyone should learn to care for others. Caring, giving, and learning to be a good friend are practices that lead to happiness.

Look at the list below. Which situations show consideration for other people?

a) Doing volunteer work with the handicapped.

b) Visiting old people confined to their homes.

c) Looking after a friend's baby so that she can have some time to herself.

d) Ignoring your neighbours so that you won't have problems with them.

e) Offering to drive a senior citizen to the doctor's office.

f) Playing bridge with a widowed friend every Saturday.

D. Resting and Relaxing

Rest and relaxation are important for emotional health. Everyone needs time to take it easy and enjoy leisure. Which situations below show people getting rest and relaxation?

a) Mrs. James reads stories to her granddaughter Susan.

b) The Clark family goes on a camping and hiking trip.

c) Mr. Stevenson labours over a business report after supper.

E. Controlling Tension

Unresolved problems lead to tension. In addition to the ways of dealing with problems and tension as suggested earlier in this chapter, try to avoid creating them for yourself and others by expecting too much. Are these people expecting too much of themselves or of others? Answer Yes or No.

a) Mr. James believes that winning is everything. He expects top grades from his son, Tony, in all subjects.

b) Mrs. Logan considers herself and expert baker. When the bread dough fails to rise, she is furious with herself.

c) Grandma Jones likes to keep her house clean and orderly. When her grandchildren come to visit, she realizes that the children will probably mess up the house a little.

Nobody is right all the time - not even you! It is important to be flexible. Realize that you could be wrong.. and learn to give in sometimes. Are these people being flexible? Answer Yes or No.

a) After an argument, Anne refuses to talk to her best friend, Carmen until Carmen apologizes.

b) Grandpa Johnson's neighbour borrowed, and then broke grandpa's coffee mug. Grandpa has been angry about it for three days.

c) John refuses to cut the lawn. Then he thinks it over and decides that it is only fair to help.

F. Coping with Stress

Stress is the body's reaction to excitement, anticipation, strong emotion (joy or anger), as well as to fear and anxiety. Stress in sport, exercise, and achievement is a challenge to the human body. This kind of stress helps you become stronger mentally and physically. It is a healthy part of being alive.

When the body is unhealthy, if often reacts improperly to stress. Continued, unrelieved stress can result in illnesses such as high blood pressure, nervousness, headaches, peptic ulcers, heart disease, and emotional insecurity.

We said earlier that ignoring a problem doesn't make it go away. Life is full of conflicts. These conflicts lead to tension and stress. If you want to enjoy your health to its fullest, then you must develop positive attitudes toward stress. Learn to cope with stress by learning to deal with problems and tensions.

Are these people successfully coping with stress?

a) Janet talks about her problems with her best friend, Jennifer.

b) Mrs. Trudeau is upset by events at work today. She alleviates her anger by taking a long walk with her husband.

c) Bob has three examinations next week. He is worried, but he does not start to study.

A SHORT REVIEW

In the list of statements below, identify the practices that you think lead to good health by placing and X in the box opposite:

1.	Eating a well-balanced diet occasionally.	❑
2.	Visiting the doctor and dentist regularly.	❑
3.	Exercising every day.	❑
4.	Getting the required amount of sleep each night.	❑
5.	Working overtime five nights a week.	❑

Read the statements below. Indicate your answers by circling **T** if the statement if true, and if it is false.

6.	Healthy people are those who can adapt to the changes that occur within themselves and in the world around them.	**T**	**F**
7.	Healthy people are those who can resist change and keep things the way they were.	**T**	**F**
8.	Regular exercise is important for emotional well-being.	**T**	**F**
9.	Everyone needs the same amount of exercise.	**T**	**F**
10.	Continued, unrelieved stress can cause illness.	**T**	**F**
11.	Stress is always a bad thing.	**T**	**F**
12.	Being self-centred promotes emotional health.	**T**	**F**

CHAPTER ONE
UNDERSTANDING HEALTH

A SHORT REVIEW ANSWER KEY

Facing a Problem:

A. a,c

Adapting to change

B. a,b

Considering others

C. a,b,c,e,f

Resting & relaxing

D. a,b

Controlling Tension

E. a) yes b) yes c) no d) no e) no f) yes

Coping with Stress

F. a) yes b) yes c) no

A Short Review:

2,3,4 6.T 7.F S.T 9.F 10.T 11.F 12.F

CHAPTER TWO
NUTRITION

FRUITS AND VEGETABLES

THIS GROUP PROVIDES:
- **Thiamin**
- **Folacin**
- **Magnesium**

- Vitamin "A" for healthy skin, hair, teeth and vision.
- Vitamin "C" for healthy teeth, and gums and strong blood vessels.
- Carbohydrates for energy.
- Fibre for bulk.
- Iron for blood.

BREADS AND CEREAL

THIS GROUP PROVIDES: **Fibre**, **Niacin**, **Magnesium**, **Thiamin**, **Folacin**, **Riboflavin**, **Zinc**

- Carbohydrate for energy.
- Protein for growth and repair of body tissues, bone, muscle and antibodies to fight i -Iron for blood.

MEAT AND ALTERNATES GROUP

THIS GROUP PROVIDES: **Fat**, **Niacin**, **Magnesium**, **Thiamin**, **Folacin**, **Riboflavin**

- Protein for growth and repair of body tissues, bone, muscle and the production of an infection.
- Iron for blood formation.
- Vitamin B12

MILK AND MILK PRODUCTS

THIS GROUP PROVIDES: **Fat**, **Vitamin B12**, **Magnesium**, **Riboflavin**, **Zinc**

- Calcium for structure of bones, teeth, and prevents osteoporosis.
- Protein for growth and repair of body tissues; bone, muscle, and antibodies to fight
- Vitamin "D" for formation of healthy bones and teeth.
- Vitamin "A" for healthy skin, hair, teeth, and vision.

Basic number of servings from Canada's Food Guide provides 1 ,800-3,200 kilocalor However most healthy people need a greater energy intake to maintain energy balance.

How many servings from each food group do I need?

Too many servings?

It may seem like a lot, so check to see how many you really need. And, you may be eating more servings than you realize. For example, a plate of pasta can count as 3-4 servings of Grain Products and a juice box as 2 servings of Vegetables and Fruit.

Because different people need different amounts of food, the bar side of the Food Guide suggests the following number of servings:

Grain Products
5-12
SERVINGS PER DAY

Vegetables & Fruit
5-10
SERVINGS PER DAY

Milk Products
2-4
SERVINGS PER DAY
Children 4-9 years: 2-3 servings/day
Youth 10-16 years: 3-4 servings/day
Adults: 2-4 servings/day
Pregnant & Breast-feeding Women: 3-4 servings/day

Meat & Alternatives
2-3
SERVINGS PER DAY

The number of servings you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding.

Most people will need to have more than the lower number of servings, especially pregnant and breast-feeding women, male teenagers and highly active people.

Different People Need Different Amounts of Food

Here are some examples of how people could choose their servings in one day.

FOOD PRODUCTS	MARIE	SERVINGS	DAVID	SERVINGS	LOUISE	SERVINGS
Grain Products	Marie is **5 years** old. To meet her nutrient and energy needs, Marie has the smallest number of servings from each food group and adds 'other foods'. As she grows or is more active, Marie may choose more servings.	5	David is **17** and a competitive swimmer. To meet his nutrient and energy needs, David chooses the largest number of servings from each of the 4 food groups and adds 'other foods'. David has higher energy needs than most people and at times he may need to choose **even more** servings than those shown here.	12	Louise is **35** and not very active. Like most people, she eats different amounts of food from day to day to satisfy her nutrient and energy needs. As her appetite and activity level change, Louise may adjust the number of servings and amount of 'other foods' she eats.	6
Vegetables & Fruit		5		10		7
Milk Products		2		4		2
Meat & Alternatives		2		3		2
'Other Foods'						

PULL-OUT SECTION

AGE GROUPS

CHILDREN 4-9 YEARS:
Children need sufficient food to support growth. This time in life when they are learning to accept new foods and establish patterns of food eating and exercise.

An extra serving of milk or milk products is suggested to provide extra calcium for growing bones. A source of fluoride for strong teeth is recommended.

ADOLESCENTS 10-16 YEARS:
Adolescents need more milk and milk products during their years of growth and maturation, and 3-4 servings are recommended. It is especially important for girls to have adequate iron intake and calcium to build strong bones, which will resist osteoporosis in later years. Teenagers should be encouraged in good eating patterns with wise choices for snacks. They may need help in planning a nutritious weight control diet.

PREGNANT OR NURSING WOMEN:
These women need 3-4 servings of milk and milk products, to provide calcium for the growing infant as well as other nutrients. They will eat more to meet increased energy needs. Their weight gain should be monitored by a doctor or clinic.

THE ELDERLY:
As one gets to the older years, energy requirements are less, and servings will be smaller. However, older people need the same calcium intake especially for those women at risk of osteoporosis.

Fibre in the diets help to prevent constipation food choices and preparations will need to be made carefully, when there are dental problems.

NUTRITION

Eating is enjoyable for most people, for those who are ill, it is even more important that meal time be pleasant.

THE FOLLOWING IDEAS WILL HELP MAKE MEAL TIME A PLEASANT EXPERIENCE:

- Serve well balanced meals.
- Food should be artistically arranged.
- Tray should be clean and large enough to accommodate dishes and food.
- Napkins'should be clean and colourful.
- Dishes should be clean and uncracked.
- Serve food your patient likes.
- If three meals a day is too much, try serving four or five smaller meals.
- Hot foods should be served hot, and cold foods should be served cold.
- Encourage a good appetite by staying with your patient during meals.
- A well-balanced diet with whole-grain cereal, raw fruits, vegetables, and adequate fluid intake promotes proper bowel elimination.
- Keep sick room bright, clean and well ventilated.

! Give laxatives only with a health professional's approval.

SOME INFORMATION & IDEA'S CONCERNING THE MEAT & ALTERNATES GROUP:

! **MEAT** is popular, but expensive. There is a wide choice of alternatives, both of animal and vegetable origin. They include simulated meat products made from soya and vegetable proteins, skim milk, cheese, eggs, fish, poultry, dried peas, beans, lentils, peanut butter, and nuts. These products are required by the Food and Drug regulations to contain approximately the same amounts of protein, vitamins, and minerals as the meat they replace.

! **ANIMAL** protein - meat, fish, poultry, eggs - contributes protein of the highest quality to the diet.

! **LARGE** amounts of meat are nutritionally unnecessary; 85g (30z.) is a sufficient serving.

! **RED** meat is rich in Iron.

! **PORK**, beef, lamb, and organ meats such as kidney, heart, and liver contain high amounts of saturated fat and cholesterol. Too much of these is not good for you.

! **ORGAN** meats such as kidney, heart, and liver are richer in vitamins than are muscle-tissue meats such as steak. Liver, for example, contains large amounts iron, "8" vitamins, and vitamin "A". Therefore, serve liver several times a month.

! **LOW-cholesterol** meat alternates includes skim-milk cheese and vegetable proteins such as dried peas, beans, lentils, simulated meat products, peanut butter, and nuts.

! **GOOD** options for low-fat meat alternatives are poultry, fish, skim-milk cheese, and vegetable proteins.

! **IF** you wish to consume two servings per day, have a glass of milk and an egg (meat group) for breakfast, and a cup of yogurt for lunch. If you need three servings, have a dish of ice cream at dinner as well.

SOME INFORMATION & IDEAS CONCERNING THE MILK & MILK PRODUCTS GROUP:

! **NATURAL** milk does not contain enough vitamin "**D**" for normal growth and tooth development. The Food and Drugs Act and regulations require that vitamin "**D**" be added to all milk sold on the retail market and that vitamin "**A**" be added to skim and partly skimmed milk. These regulations ensure that the vitamin" **A**" and "**D**" content of all milk, whether whole or skim, is comparable. In addition, vitamin "**C**" is added to all evaporated milk.

! **MILK** with fortified vitamin "**D**" is the only readily available dietary source of vitamin "**D**".

! **THOSE** who dislike milk in its natural form should include it in other foods, such as soups, puddings, milkshakes, baked goods. eggnogs, and desserts.

! **THOSE** who consume neither milk nor milk products should consult their doctors about sources

of supplementary calcium and vitamin "D". Less familiar sources of calcium include sardines and canned salmon, nuts, unhulled sesame seeds, broccoli, and soya products. Small and highly variable amount of vitamin "D" may be found in butter, cream, egg yolk, and liver. The best food sources of vitamin "D", other than milk, are fish-liver oils.

! **PEOPLE** on low-calorie diet may be advised to use skim milk in place of whole milk and its products. Skim milk has half the calories.

! **SOME** substitutes for dairy products, such as coffee whiteners, whipped toppings, and some canned puddings are not made from dairy foods. They should not be included as servings of milk products. Check these products' labels and list of ingredients carefully.

! **PREGNANT** women, nursing mothers, pre-schoolers, and adolescents can obtain adequate vitamin" **D**" by consuming the suggested number of servings of milk every day. Consult your doctor, if in doubt.

! **VITAMIN "B" COMPLEX** (niacin, folic acid). Niacin maintains the normal functioning of the nervous system and gastrointestinal tract, and promotes appetite and digestion. Folic acid aids red and white blood cell formation.

! **ROUGHAGE** is the food fibre that stimulates and aids in the passage of waste products through the intestines and is therefore effective in preventing constipation.

SOME INFORMATION & IDEAS CONCERNING THE FRUITS & VEGETABLES GROUP:

! **VITAMIN "C"** should be consumed everyday, because it is not stored in the body.

! **VITAMIN "C"** is a perishable vitamin. Tips for conserving it include:
- Covering and refrigerating juices after opening them.
- Keeping cooking times as short as possible and use as little water as possible.

! **WHEN** possible cook vegetables without peeling. Save the cooking liquid; it is full of nutrients. Use in gravies, soups, and sauces.

! **LARGE** amounts of cabbage, cauliflower, green peppers, potatoes, and turnips, when served raw, will replace fruits in the vitamin "**C**" group.

! **STORE** under-ripe fruits, including tomatoes, at room temperature, or cooler. Potatoes are best left 7-10 ˚C in a dark place. Serve raw fruits and vegetables often.

! **FRESH** fruits deteriorate quickly. Handle carefully and use promptly. Refrigeration is not harmful for a short period of time.

! **THE** potato is an inexpensive vegetable that supplies iron, vitamin "**C**", folic acid, thiamin (vitamin "**B1**"), and fibre.

! **FROZEN** vegetables retain most of their original food value, but food value deteriorates if the cans

have been on the shelf too long.

! **THERE** are many fruit-flavoured beverages, such as canned and frozen drinks, soft drinks, crystals, and powders on the market. Most of them contain mainly sugar and flavouring; some also contain added vitamin "C". These products are not members of the fruits and vegetables group and do not count as' servings of juices.

SOME INFORMATION & IDEAS CONCERNING THE BREAD & CEREALS GROUP:

! **THE** whole grain (rye, whole wheat, buckwheat, unpolished rice) contain the greatest amount of nutrients in this group. They also contain dietary fibre, which aids in the normal elimination of body wastes.

! **CANADIAN** Food and Drug regulations specify that all white flour must be enriched with iron, thiamin, riboflavin, and niacin. All baked goods whether home-baked or commercially prepared, contain these nutrients.

! **SOME** breakfast cereals and pasta products (macaroni, spaghetti, noodles) are enriched with thiamin, riboflavin, niacin, and iron. The list of ingredients on the product label states which of these nutrients have been added. Read the labels carefully and choose the best nutritional value for your family.

! **SOME** milled or processed cereals such as rolled oats, cracked wheat, and shredded wheat retain most of their original nutritive value and are called whole grain cereals. Served with milk, they are excellent sources of protein.

! **BROWN** rice and parboiled rice contain more thiamin, niacin, and iron than unenriched white rice does.

PLANNING A DAILY MENU

KEY POINTS TO REMEMBER IN PLANNING A DAILY MENU:

! Each individual and age group has different needs and appetites.
! Good eating habits must be learned early in life.
! Encourage children, from infancy, to try new foods.
! Appetite is influenced by physical condition.
! Certain health problems (poor teeth, chronic cold) decrease the appetite.
! Fatigue, worry, tension, or excitement may reduce or increase the appetite.
! Adequate rest, fresh air, exercise, freedom from worries, and the correction of physical defects are needed to maintain a good appetite.

SAMPLE MENU

BREAKFAST:

- Citrus fruit or fruit juice
- Whole-grain cereal with milk
- Other protein food, such as a poached egg
- Toasted enriched bread
- Fortified margarine or butter
- Beverage

LUNCH:

- Soup
- Sandwich with fillings of meat, (eg. tuna, salmon etc).
- Raw vegetables
- Beverage

DINNER:

- Fish, poultry, or meat
- Vegetables: a small tomato and lettuce salad and/or one baked potato and some beans
- Whole-wheat rolls
- Fortified margarine or butter
- Dessert (fruit, rice pudding or custard etc).
- Beverage

DIETS

A DIET CONSISTS OF THE FOOD AND DRINK REGULARLY CONSUMED:

Liquid Diets:

- Liquid diets are prescribed for someone who cannot chew or swallow, or who cannot digest solid foods easily
- Nutritionally inadequate
- Should be used for short periods only
- Supervised by a health professional

Foods Include:

- Milk, cream, ice cream, strained soups etc. Milk is often the basis of a liquid diet
- Usually 6-8 meals
- Every 2-3 hours
- Record fluid intake
- Health professional should be notified of any changes

Soft Diets:

An Intermediate Step to A Full Diet:

- Prescribed for someone who is unable to chew or digest, certain foods, or who is not ready to accept a regular diet.
- Food is plainly prepared and cooked
- Spices should be avoided
- Foods to avoid are: salads, coarse vegetables, coarse breads, nut, etc.

Try Variety:

- Apple sauce
- Custard
- Canned fruits
- Foods from blender
- Ice cream

SPECIAL DIETS

REDUCING DIETS:

- Diet for someone overweight consists of food low in calories
- Health professional recommend fixed number of calories
- Closely monitored

WEIGHT GAINING DIETS:

- Diet for an underweight patient
- High in calories
- Avoid snacking - interferes with meal time

Foods included:

- Bananas
- Peanut Butter
- Nuts
- Corn
- Cream Mixtures
- Jam

HIGH RESIDUE DIETS:

- Persons who have elimination problems
- Bulky and roughage foods (prune, fresh fruits)
- Fluids, fruit and vegetables should be increased

CARING FOR A PATIENT AT MEAL TIMES

- Allow patients to wash hands, comb hair, and if necessary use washroom.
- If they are able, have them sit at the table.
- Even if confined to bed they do not always have to eat in the sick room.
- Make sure they are supported.
- Protect clothing.
- Assist patient with cutting foods etc.
- Limit food servings to appropriate size.
- Watch for any changes.
- Record any changes in eating habits.
- Allow patient to rinse mouth, brush teeth, and wash face and hands after meals.

A SHORT REVIEW

Let us review some of the things learned in this chapter. Try to answer the following questions.

1. Match the foods listed on the right to their food groups on the left.

Food Group		Foods
A.	Meat and Alternates	a. asparagus
		b. beer
		c. butter
B.	Milk and milk products	d. cheese
		e. chocolate syrup
		f. coffee
C.	Fruits and vegetables.	g. cola
		h. eggs
		i. hamburger
D.	Fats, sugar, alcoholic beverages, and others.	j. ice cream
		k. lettuce
		l. martini
		m. mayonnaise
		n. milkshake
		o. noodles
		p. peanut butter
		q. potatoes
		r. salad dressing
		s. tuna fish
		t. whole-wheat bread

2. Match the foods listed on the right with the type of diet they represent.

Diet		Foods
A.	Liquid diet	a. soup, juice, strained cereal, eggs, pudding
		b. eggnog, fruit juice, ice cream, milkshake,
B.	Soft diet	strained soup
		c. tuna fish, baked potato, chocolate cake

3. Which steps would you follow before feeding those who cannot feed themselves? Circle the best answer(s).

a) Make sure the room is clean, fresh, and warm.
b) Give a small amout of food to stimulate the appetite.
c) Recrod the quantities of food and liquid taken.
d) Was their hands, comb their hair, and encourage them to use the washroom.
e) Assist them to a comfortable position.

4. Which steps would you follow while feeding someone? Circle the best answer(s).

a) Feed according to the patient's preferred order of eating.
b) Feed quickly and efficiently.
c) Feed slowly and carefully.
d) Use the utensils normally used for the food being served.
e) Give large portions, so that the patient can finish the meal quickly.

5. Mrs. Taylor is resting after an operation. She likes to eat a danish and coffee for breakfast. You would like her to have a well-balanced meal. Circle the breakfast you would encourage her to have.

Menu A	**Menu B**	**Menu C**
Orange juice	Tomato juice	Danish roll
Poached egg on toast	Pancakes or bacon	Coffee or tea
Milk	Coffee or tea	

6. Examine the three menus below, and then answer the questions that follow.

Menu A	**Menu B**	**Menu C**
Tuna fish sandwich	Bacon on a bun	Doughnuts
An apple	An orange	Potato chips
Milk	Milk	Coffee

Circle the statement(s) that is (are) true.

a) Menu C is the most nutritious, because it supplies the highest number of calories.
b) Menu B is better than Menu A, because it includes meat.
c) Menu A is the best, because it includes all four basic food groups.

7.. Which procedure should you follow in encouraging an ill person to eat enough. Circle the best answer(s).

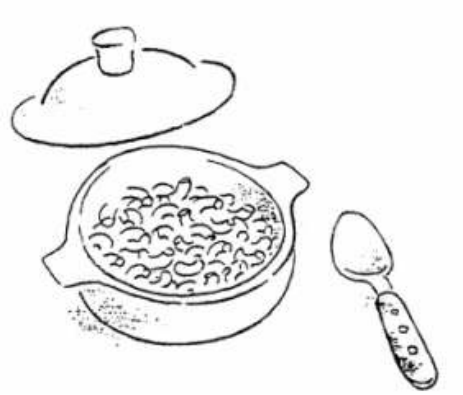
a) Provide a variety of items the patient likes,.
b) Arrange the food tray attractively.
c) Prepare smaller meals more often.
d) Overload the plate, so that the patient knows how much food must be eaten.
e) Leave the patient alone at mealtime to concentrate on the food.

8. Which of the following is the best way to report eating habits to a nurse or doctor?

a) Report it verbally.
b) Have the patient report it.
c) Use a record chart.

What about Combination Foods?

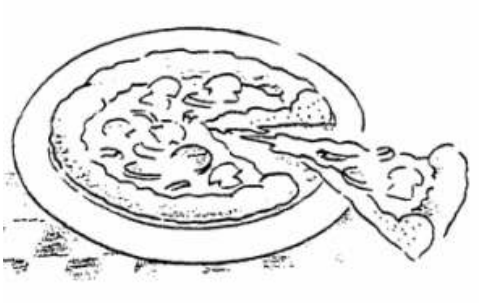
We often eat meals which have more than one kind of food in them. Casseroles, chili, moussaka, pizza, spaghetti, soups, stew, and sandwiches are made from the foods of more than one food group as well as “other foods”. These are called combination foods.



It is hard to know how many servings of each food group you are getting in foods of this kin.

Take **Tuna Noodle Casserole**, for example. One 500 mL (2 cup) serving may contain:

- 2 servings of Grain Products (250 mL or 1 cup of pasta)
- 1 serving of Meat & Alternatives (50 g or 1/3 can of tuna)
- ½ serving of Milk Products (125 mL or ½ cup of milk in white sauce)
- 1 serving of Vegetables & Fruit (125 mL or ½ cup of peas, celery and onions)
- 1 “other food” (5 mL or 1 tsp. Butter or margarine in white sauce)



Here are 2 more examples:

One whole small (20 cm/8") **Ham, Pineapple and Cheese Pizza** may provide:

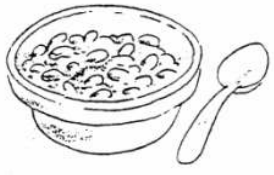
- 3 servings Grain Products (20 cm or 8" crust)
- 1 serving Vegetables & Fruits (50 mL or 1/4 cup of pineapple and 50 mL or 1/4 cup of tomato sauce)
- 1 serving Milk Products (50 g or 2 oz. of cheese)
- 1 serving Meat & Alternatives (50 g or 2 oz. of ham)

One large 400 mL (1 3/4 cup) serving of **Chili Con Carne** may contain:

- 2 servings of Vegetables & Fruit (125 mL or ½ cup of tomato sauce and 125 mL or ½ cup of green peppers, onions, and mushrooms)
- 2 servings of Meat & Alternatives (125 mL or ½ cup of kidney beans and 50 g or 2 oz. of ground beef)

To figure out the number of servings of each food group you have eaten in your combination foods:

1. List the main food items.
2. Estimate how much of each food item you ate.
3. Look at the bar side of the Food Guide to see roughly how many servings each food item provides.



CANADA'S

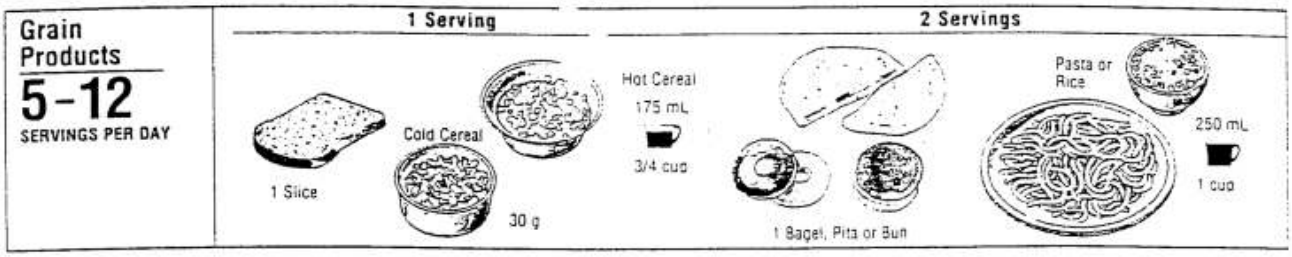
Food Guide

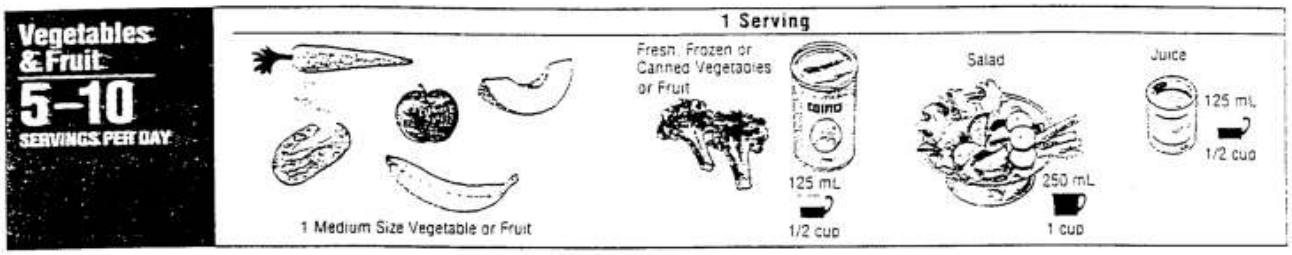
TO HEALTHY EATING

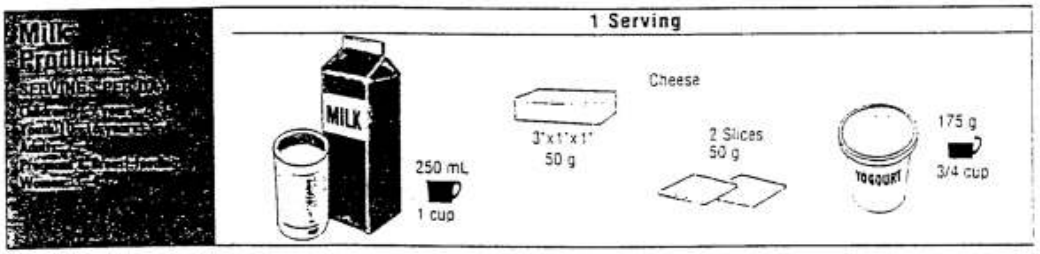
FOR PEOPLE FOUR YEARS AND OVER

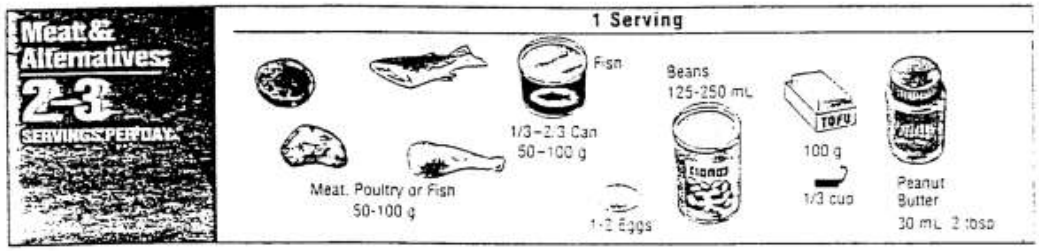
Different People Need Different Amounts of Food

The amount of food you need every day from the 4 food groups and other foods depends on your age, body size, activity level, whether you are male or female and if you are pregnant or breast-feeding. That's why the Food Guide gives a lower and higher number of servings for each food group. For example, young children can choose the lower number of servings, while male teenagers can go to the higher number. Most other people can choose servings somewhere in between.









Other Foods

Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or Calories, so use these foods in moderation.

Enjoy eating well, being active and feeling good about yourself. That's

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CHAPTER TWO

NUTRITION

A SHORT REVIEW ANSWER KEY

1. A. h,i,p,s B. d,j,n C. a,k,q D. o,t E. b,c,d,f,g,l,m

2. A. b B. a

3. a.b,e

4. a,c,d

5. Menu A

6. C

7. a,b,c

8. C

CHAPTER THREE

ILLNESS IS A FAMILY AFFAIR

DIANE THIBERT:

Diane is a normal ten-year-old. She is active and athletic. She skis, swims, and is eager to participate in any type of sports. She has a cheerful disposition and a good attitude. She enjoys working in groups and is a wonderful helper around the house.

But one day Diane breaks her leg. She is now confined to the house for four weeks. She must rest frequently and keep her leg elevated as much as possible.

Initially. Diane does not mind staying home. Not having to attend school does not worry her as she has always done well in a/l subjects. She enjoys being waited on. It is fun having her friends visit. Gradually things change. Diane becomes irritable. She talks very little, and when she does, she is usually criticizing someone. She snacks a lot and is not eating her meals properly. She stays up late to watch television. To top things off, Diane starts to fight with her brother and sister. Why?

CHAPTER THREE
ILLNESS IS A FAMILY AFFAIR

ILLNESS AND ITS EFFECTS

Balance exists between physical and emotional growth and development. Illness may cause an upset in the balance:

CHILDHOOD (0-9 YEARS)

Developmental Behaviour	Effect of Illness
! A time of rapid growth	! A time when illness and accidents are likely to occur
! A time when many new abilities are developed (eg. language, walking, social relationships)	! A time when an infant can't specify illness for himself.
! A time of curiosity	! A time when an illness can worsen rapidly
! A time when needs change, and vary for minute to minute, are likely to occur hour to hour, and day to day	! A time when regression to earlier childhood behaviour is likely to occur.
	! An inability to cope with long periods of inactivity
	! An increase in fear due to lack of knowledge of illness

ADOLESCENCE (10-16 YEARS)

Developmental Behaviour	Effect of Illness
! A time of transition from childhood to adult	! Easily frustrated and tendency to brood
! A time when there is a need to build self-confidence and to take charge of one's own life and future	! Illness is perceived with more understanding

ADULTHOOD (17-DEATH)

Developmental Behaviour	Effect of Illness
! Responsibility towards family, work, community	! Stress may develop if il! person plays a major role in the family
! Older person experience loss of independence as process of aging affects systems of the body	! Depression. withdrawal because of need to feel useful, loved and part of the family or society

DIVERSION:

It is very easy for an ill person to become bored, depressed or restless, when spending several days or weeks confined indoors. Feeling this way will not help speed recovery.

The patient needs diversions, that will help the time pass enjoyably, and help him or her forget the illness.

How can we as care givers create diversions?

REHABILITATION:

- The return to useful or normal activity.
- It begins as soon as the illness begins.
- Encourages the individual to live within the limitations of a disability, but up to the ultimate of the individuals capacity.
- It is treatment to half the destructive, process of illness and speed the repair of damage (body). Encourages the prevention of further disability.
- Ill person should be encouraged to shift from grieving about what has been lost to appreciating what abilities and capacities have been retained or may develop.

LET'S TALK ABOUT DEATH

Not every ill person gets well. Many people suffer illness that will affect them until they die, and death for them may be many years away, On the other hand, in the case of some injuries and diseases, death is both near and predictable. In all cases the care-giver has a special role and responsibility, because the ill person cannot look forward to the day when he or she will be well again.

Most of us avoid, ignore, or otherwise deny the thought of death. We may see death as a way to union with God or as an end to suffering. But for the most part, we prefer not to talk about it. That doesn't change things. Death is a fact of life.

According to Dr, Elizabeth Kubler-Ross, the dying pass through several emotional stages in reconciling themselves with death. Dr, Kubler-Ross describes these stages as follows:

- **Denial** - "No, not me." This is a typical reaction .when a patient learns that he or she is terminally ill. Dr. Kubler-Ross says denial is important and necessary. It helps cushion the impact of the patient's awareness that death is inevitable.

- **Anger** - "Why Me?" The patient resents the fact that others will remain healthy and alive, while he or she must die, Often, God is regarded as arbitrarily imposing the death sentence and is a special target for anger. Such anger is considered permissible and inevitable.

- **Bargaining**. "Yes me, but ..." The patient accepts the fact of death but strikes bargains for more time. The dying frequently bargain with God. They promise to be good or to do something in exchange for an extension of life.

- **Depression** - "Yes, me." At first the patient mourns past losses, things not done, wrongs committed. But then comes a state of "preparatory grief," getting ready for the arrival of death. The patient grows Quiet and doesn't want visitors. Dr. Kubler-Ross says that "When a dying patient doesn't want to see you any more, this is a sign he has finished his unfinished business with you, and it is a blessing, he can now let go peacefully."

! **Acceptance** - "My time is near and it is all right." Dr. Kubler-Ross describes this final stage as not a happy stage, but neither is it unhappy. It is devoid of feelings. It is as if the pain has gone, the struggle is over, and there comes a time for the final rest.

Knowledge of these stages can help family members understand what the dying person is going through. The following points can also be of help when caring for the dying:

- ! Emotional acceptance of death by the family and close friends, as well as by the terminally ill person, takes time and careful counselling, but the results are worth the effort.
- ! A deep, loving relationship with family and friends provides solid support for the person facing death.
- ! Let the dying person know that you care; that you sympathize and hope with him or her.
- ! It helps if the people involved are able to talk freely about their pains and fears.
- ! Fear is lessened if the dying person is in familiar surroundings, with loved ones and family nearby.
- ! Physical suffering can be alleviated through the use of drugs given under medical supervision.
- ! Terminal illness is stressful for everyone, including the patient. This stress can be relieved by open communication about all aspects of the illness and by providing some time for the care-givers to be away from the house.
- ! When a terminally ill person must die in an institutional setting, remember to love and care for him or her just as much as if the person were at home.

YOUR COMMUNITY CAN HELP

When caring for an ill person at home, problems may arise that are too difficult for you to solve on your own. In this case, you should seek help from outside your home. Your community can help.

There are many health services available to the family. Governments have a duty to protect the health of their citizens and to promote their well-being, and fund various services to accomplish this. In addition, most communities have voluntary health agencies that provide services of a special nature. To find out what is available, consult your family doctor, who has information on hospitals, voluntary and official health agencies, and social service agencies in your community and elsewhere. Your local library or community information centre may have directories that list these health and social agencies. The following is a general guide to the types of resources that may be available to you.

1. GOVERNMENT HEALTH AGENCIES:

A. Health and Welfare Canada

This agency is responsible for developing and administering the health and welfare programs of the federal government. Its services are many and are geared to the needs of all Canadians. It also publishes a variety of printed and audio-visual materials on health and related topics, such as nutrition, exercise, maternal and child health, mental health, and emergency health services. These materials are available either free or at a nominal charge, either directly or through public health departments or from in-service departments in local hospitals.

B. Provincial Department of Health

In Canada, each provincial department of health is legally responsible for health services within its territorial boundaries. Much of this responsibility is delegated to local health authorities. The degree to which it is assumed by the local health authorities varies from province to province. Provincial departments of health also provide a variety of helpful literature, films, and interpretative health- education materials that are available to anyone requesting them.

Examples of the services available from provincial departments of health:

Vocational Rehabilitation of Disabled Persons

! Each province has a rehabilitation office, headed by a co-ordinator who works closely with the comprehensive federal program for the disabled. This program includes such services as counselling and guidance; medical, surgical, and psychiatric care; hospital treatment; prosthetic aids such as lenses and braces; work therapy or physical rehabilitation; vocational training, either on-the-job or through tutors or correspondence; and employment placement so that the disabled can become satisfactorily employed or self-supporting.

Family Service Agencies

! The professional staff of a family service agency is made up of social workers trained to assist families in solving problems that may arise in any household. As counsellors to the family, they are concerned with physical and mental health and with family relationships.

C. Local Department of Health

This agency is created by a municipality, city, town, county, or a combination of two or more of these. It is governed by a local board, administered by a medical officer of health, and is directly responsible to its provincial government. The local department of health personnel such as physicians, dentist, public health nurses, sanitary engineers, and veterinarians. of these workers, public health nurses are perhaps the best known, as they conduct child-care clinics, set up immunization centres, provide health service in schools, and make home visits. Public health nurses advise families on how to care for the ill at home. In some cases, they may be able to provide direct care on a limited basis.

2. VOLUNTARY HEALTH AGENCIES:

Voluntary health agencies are sometimes referred to as non-official agencies, meaning that they are not under governmental control. Many voluntary agencies receive financial help through government grants but are supported chiefly by contributions.

There is probably a voluntary health agency that can offer you valuable assistance and counsel in caring for the ill person in your home. Ask your physician, local health department, public health nurse, clergyman, or family service agency to help you to locate the most suitable voluntary health agency, or check your telephone directory for the local chapter. Reference guides to community services may also be available in libraries. The following is a selected list of health agencies concerned with the most prevalent diseases and disabilities in Canada today. All of the services noted may not be offered uniformly throughout the country.

A SHORT REVIEW

Some of the following statements are true; others are false. Indicate your answers by circling T for true and F for false.

1.	Illness affects the total person.	**T**	**F**
2.	In giving good care, we need only care for the ill body.	**T**	**F**
3.	The role of the care-giver can be played by one family member.	**T**	**F**
4.	The illness of an individual can affect the entire family.	**T**	**F**
5.	Diversion for the ill may be provided by household chores that are not too difficult.	**T**	**F**
6.	Diversions help the ill feel good about themselves.	**T**	**F**
7.	Rehabilitation begins the moment an ill person has recovered from an illness.	**T**	**F**
8.	Rehabilitation includes the prevention of further disability.	**T**	**F**
9.	Terminally ill people may feel angry about their condition.	**T**	**F**
10.	The emotional acceptance of death by the family and close friends, as well as by the dying person, takes time and careful counselling.	**T**	**F**

In the section below, indicate your answers by circling the correct letter(s). There may be more than one correct answer to a question.

11. A family is affected by illness because:

a) Illness may alter the daily routine.
b) Illness may cause worry about money.
c) Illness may put a strain on the people giving care.

12. Diversion is a large part of giving care because:

a) It keeps an ill person interested in everyday living.
b) It makes an ill person feel useful.
c) It helps an ill person to take on more of his or her own care.

13. Suppose an older man with poor eyesight is allowed short periods out of bed. What diversions could he enjoy?

a) A brisk walk around the block.
b) Listening to the radio or records.
c) Being read to or chatting with friends.
d) Reading newspapers and books.

14. How would you deal with any problems arising from an illness in the family?

a) Grin and bear them.
b) Take the problems out on others.
c) Discuss the problems with other members of your family.
d) Discuss them with your family doctor.
e) Talk to the staff of a community health agency.

15. Where would you find the name, address, and telephone number of a voluntary health agency in your community?

a) In a telephone book.
b) In a local library.
c) From your public health nurse.
d) From the community information centre.

CHAPTER THREE
ILLNESS IS A FAMILY AFFAIR

A SHORT REVIEW ANSWER KEY

1. T
2. F
3. F
4. T
5. T
6. T
7. F
8. T
9. T
10. T
11. a, b, c
12. a, b, c
13. b, c
14. c, d, e
15. a, b, c, d

CHAPTER FOUR
PREVENTING ILLNESS AND INJURY

The ability of the body to resist disease is known as immunity. It may be natural or acquired. Natural immunity is often present in a newborn baby.

Acquired immunity maybe induced in a variety of ways:
- ! By having the disease
- ! By exposure to the disease
- ! By immunization

Flu vaccines are beneficial for the aged and those with chronic health problems, because they have a lowered immunity, and are more likely to get a serious infection.

There are many types of the flu sickness, and they vary from year to year. Local public health departments or doctor's should be contacted in September of each year.

RECOMMENDED IMMUNIZATION

2 Months:	!	Baby should receive first injection
	!	Contains 3 or 4 vaccines
	!	Protect against: Diphtheria, Pertussis (W.C.), Tetanus, Polio, and Hib
4-6 Months	!	Baby should receive additional immunization
	!	Same shots as 2 months
Just Past 12 Months	!	Injection to prevent Mumps, Measles, and Rubella
18 Months and	!	Booster Shots
4-6 Years	!	Same as 2 Months
14-16 Years	!	Diphtheria, Tetanus and Polio Boosters
Adulthood	!	Some Boosters
	!	Tetanus
	!	Diptheria

Pertussis Injections are not given past **6** years of age for any reasons.

Travelling to other parts check with regulations.

TIME WHEN HANDWASHING IS IMPORTANT

Cover your mouth when you sneeze or cough. Use your own utensils for eating and drinking.

1. Before handling food.
2. Before eating.
3. After going to the bathroom.
4. Before giving care to someone who is ill.
5. After giving care.
6. After doing any chore that soils your hands.

HOW TO WASH YOUR HANDS

1. Use soap and water to make lather.
2. Rub your hands and wrists for at least 2 minutes. (Friction you create will loosen dirt).
3. Use a brush to scrub or a stick to clean under your nails.
4. Use running water to rinse thoroughly.
5. Carefully dry your hands with a clean towel.

MEASURES FOR SICKROOM

Used tissues are loaded with germs!

- ! Should not be touched
- ! Should not come in contact with other items
- ! Plastic or paper bag beside bed
- ! Dispose of bag in garbage
- ! Wash hands immediately

DO NOT SHAKE BEDCLOTHES

- ! Instead, roll them
- ! Hold them away from you
- ! Take them to the laundry room immediately
- ! If possible dry in sunshine

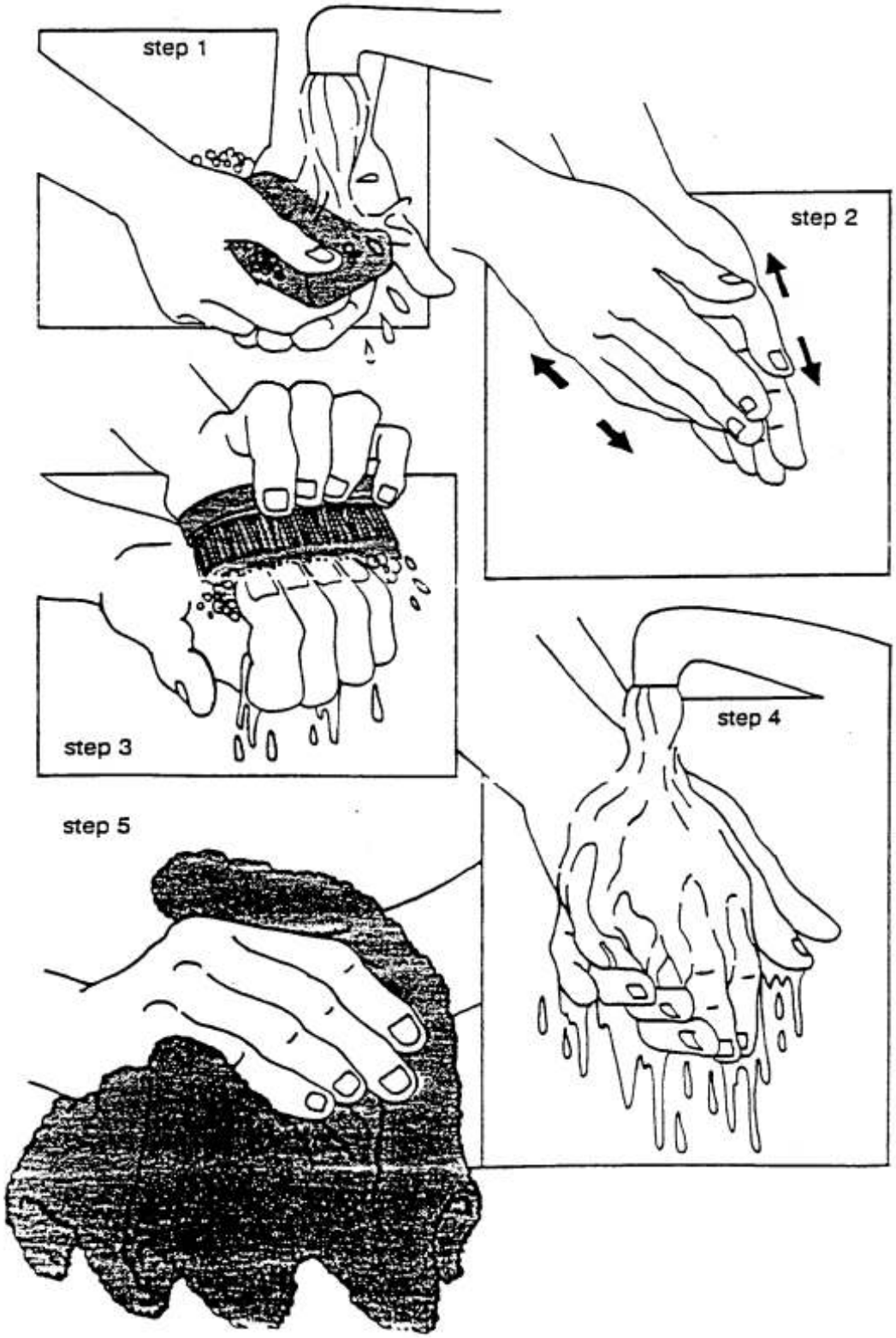
WASH YOUR HANDS AFTER HANDLING LINEN AND CLEANING THE ROOM.

DISHES, GLASSES, AND UTENSILS

- ! Wash immediately
- ! Touch as little as possible
- ! Pour boiling water over them after washing
- ! Let drip dry
- ! Some illnesses you may have to boil for **5** minutes

WASH HANDS IMMEDIATELY

HAND WASHING



COMMON HOME HAZARDS

Many accidents occur in the home, some with tragic results. Nearly all of these accidents could be prevented by being aware of accident hazards and observing some basic precautions.

Common home hazards can be divided into three main groups:

1. FALLS
2. FIRES, BURNS, AND FIREARMS
3. POISONS, FLAMMABLE. AND EXPLOSIVES

1. FALLS - are the most common accident in the home for people of all ages. Some of the most frequent causes of falls are described below:

a) **Rugs:** Scatter rugs without a rubberized backing may slip and cause accidents. To prevent slipping, put rubber mats under the rug or sew rubber jam-jam rings under the corners and along the sides of the rugs.

b) **Slippery Floors:** Floors should not be highly polished, because they become too slippery. A spill on the floor should be wiped up immediately.

c) **Cluttered Floor Areas:** Stairways and floors should be kept free from clutter. Put away articles such as toys. mops. and brooms.

d) **Reaching For High Places:** Use a safe ladder or a step stool when reaching for high places. Make sure the ladder or stool is securely anchored.

e) **Hanging Items:** Hanging articles such as flowerpots, light fixtures, or clotheslines should be high enough to allow a person enough room to walk safely underneath.

f) **Furniture:** Beds, sofas, and other furniture are safer without castors. When castors are used they should be locked in place. to prevent movement.

2. FIRES. BURNS. AND FIREARMS:

a) **Smoking:** is the number-one cause of home fires. No one should smoke in bed. Cigarettes should always be properly extinguished. and ashes should be emptied into non-flammable waste containers.

b) **Heating Apparatus:** Furnaces. pipes. and chimneys should be inspected and cleaned regularly. Fireplaces should be properly screened to contro! sparks. Reaching over a hot stove while wearing loose-sleeved clothing can be dangerous.

c) **Electricity and Appliances:** An electrical circuit should never be overloaded. All lamp sockets should have electric bulbs placed in them as a precaution against electric shock. Defective appliances and electrical cords are fire hazards; they should be discarded.

d) **Burns:** Burns caused by boiling water, soup, or a hot iron are not uncommon. Once again, these injuries can be prevented by exercising caution.

e) **Stoves:** Be careful when working around a stove. Keep baking-soda handy to extinguish fire. Do not wear long-sleeved clothing that can catch fire.

f) **Firearms:** Guns should never be left loaded. All fire arms should be safely locked up.

3. POISONS, CORROSIVES, FLAMMABLE. AND EXPLOSIVES:

a) **Poisoning:** Poisoning most commonly occurs as a result of chemicals and drugs being taken by mouth. These substances may cause abdominal cramps, nausea, vomiting, or burns around the mouth. There may be an odour on the breath, and the victim may become unconscious and stop breathing.

Find out **what** was taken, how much was taken, and how long it has been since it was taken. Look for the containers that might identify the poison. Phone the poison-information centre and follow their advice on treatment. If advice is not available and the victim is conscious, rinse or wipe out the mouth. Do not dilute, and do not induce vomiting. If they vomit, save the vomitus for analysis.

Poison chemicals on the skin should be washed off immediately to prevent absorption. Flush the area with large amounts of water and then wash with soap and water. Contact the Poison Information Centre for advice on further treatment.

Drugs injected into the body cannot be diluted, or removed by first aid. Call the Poison Information Centre and get the casualty to medical aid. Watch the victim's breathing closely, and be prepared to give artificial respiration.

Poison gases usually affect breathing. Move the casualty to fresh air, check his, or her breathing, and give artificial respiration if needed.

Check your telephone book today, and keep these numbers in a handy location near the telephone:

DOCTOR:

HOSPITAL:

POISON CONTROL CENTRE:

TAXI:

DISTRESS CENTRE:

A SHORT REVIEW

Some of the following statements are true; others are false. Indicate your answers by circling **T** for true and **F** for false.

1. Immunity to some diseases may be present after one has had the disease.	T	F
2. Immunization should be started early in life.	T	F
3. During adulthood some booster, such as Tetanus and Diptheria, should be given periodically.	T	F
4. Pregnant women can safely receive all immunizations without consulting their doctor.	T	F
5. You should wash your hands before handling food.	T	F
6. Hand washing is not important before giving care, as the person receiving care is already sick.	T	F
7. You should wash your hands after giving care.	T	F
8. One step in hand washing is to rub hands and wrists in a soapy lather until dirt has loosened.	T	F
9. Expired medications are safe to take.	T	F
10. Medications prescribed for one person should not be taken by other members of the family.	T	F

HOME SAFETY CHECKLIST

Check the safety of your home by answering Yes or No to the following questions.

	Yes	No
1 . Are your stairs built securely, protected by railings, well lit, and free from all objects?	❑	❑
2. Are all scatter rugs tacked down or skidproof?	❑	❑
3. Do you check carefully before backing your car out of the garage?	❑	❑
4. Is your yard free from deep holes and ditches?	❑	❑
5. Do you check your yard for glass and tin cans?	❑	❑
6. Do you keep all medicines, cleaning substances, and poisons out of the reach of children or slightly confused older adults?	❑	❑
7. Are all electrical cords in good condition, and do you use a minimum of extension cords?	❑	❑
8. Are your basement and attic free of oily rags and accumulated papers?	❑	❑
9. Do you have a fire extinguisher handy?	❑	❑
10. Do you turn pot handles away from the edge of your stove, table or counter?	❑	❑
11. Do you keep knives, scissors, and other sharp instruments in a drawer or container?	❑	❑
12. Do you keep electrical tools covered when not in use?	❑	❑
13. Do you keep firearms and ammunition under lock and key?	❑	❑
14. Do you check before retiring at night, or before leaving the house, that all stove elements are turned off?	❑	❑
15. Does your medicine chest or your home contain a first-aid kit or an adequate first-aid supply?	❑	❑
16. Do you have adequate lighting, eg., “night-lights” for safety at night?	❑	❑
17. Do you maintain adequate ventilation to avoid a build-up of gases, especially if you use a gas range?	❑	❑
18. Do you always turn off electricity at the main switch before changing a fuse?	❑	❑
19. Do you wear light clothing or use reflective flashers on clothing when walking in the dark?	❑	❑
20. Do you know emergency escape routes to use in case of fire?	❑	❑
21. Is your telephone easily accessible from the floor?	❑	❑

CHAPTER FOUR
PREVENTING ILLNESS AND INJURY

SHORT REVIEW ANSWER KEY

1. T

2. T

3. T

4. F

5. T

6. F

7. T

8. T

9. F

10. T

CHAPTER FIVE

ADAPTING THE ENVIRONMENT AND THE EQUIPMENT FOR THE ILL

An ill person needs a safe and comfortable environment in which to recuperate. Often, special equipment is needed to promote the comfort and rehabilitation of the patient. Planning is required to adapt the environment and the equipment to meet the patient's needs. Successful adaptation should also save time and energy of the care-giver.

THE ROOM

III people are often restricted in their movements. They may be confined to bed, so the physical surroundings of their sickroom matter greatly. The room in which they are nursed should be both pleasant and functional. The following are some suggestions on how to set up a sickroom:

1. Ideally, the sickroom should be in a part of the house from which your patient can easily be heard. It should also be near bathroom and kitchen facilities, if possible.

2. The necessary furniture and bedroom articles include:

   - A bed.
   - A chest of drawers for the patients's clothes; it can also provide a working surface for nursing equipment.
   - A comfortable armchair, which will provide good support for the patient.
   - A bedside table, preferably with a drawer and cabinet, to contain personal items such as a comb, mirror, pen and paper, and urinal or bedpan.
   - A bottle of fresh water, a drinking glass, a box of tissue, and a small bell for summoning help, to be placed on the tabletop.
   - A wastebasket lined with a plastic bag, to be put near the table and within easy reach of your patient.
   - A second table within your patients's reach, for recreational supplies such as magazines, books, puzzles, a radio, cards, and knitting. This table may also serve as a place for meal trays if your patient takes meals in bed.
   - A reading light. The best type is a standing lamp with a pull switch, placed behind the table and near the bed. The cord of the light switch may be extended with a string. A loop of the string may be pinned to the undersheet of your patient's bed.
   - A night light, if required. A plug-in type may be purchased. To improvise, put a tinted bulb in a regular lamp. This can be effective if a good shade is used.
   - A strong footstool, if the bed is high and your patient is allowed out of bed.
   - Carpeting on the floor serves to reduce noise and lessens the possibility that an unsteady person will slip and fall.

3. Pictures and plants may cheer up your patient. If possible, your patient should be able to look out of a window.

4. Sunlight brings warmth and brightness into the sickroom. The bed should be placed to give your patient the full benefit of sunshine without the discomfort of glare. Proper adjustment of window shades will add to your patients's comfort.

5. Good ventilation is desirable, but your patient should not be subjected to drafts. In summer,

additional air movement can be obtained by using an electric fan. However, it should be operated so that the air does not blow directly on your patient. In winter, the windows need not be left wide open. The amount of the opening should depend on how cold it is outside and on whether the incoming air is heated.

6. The room should be comfortably warm. If it is too hot, your patient may sweat and become uncomfortable. If it is too cold, the patient may chill or require additional bedding, which may make the bed uncomfortable. The room temperature should be raised during bathing or treatment time.

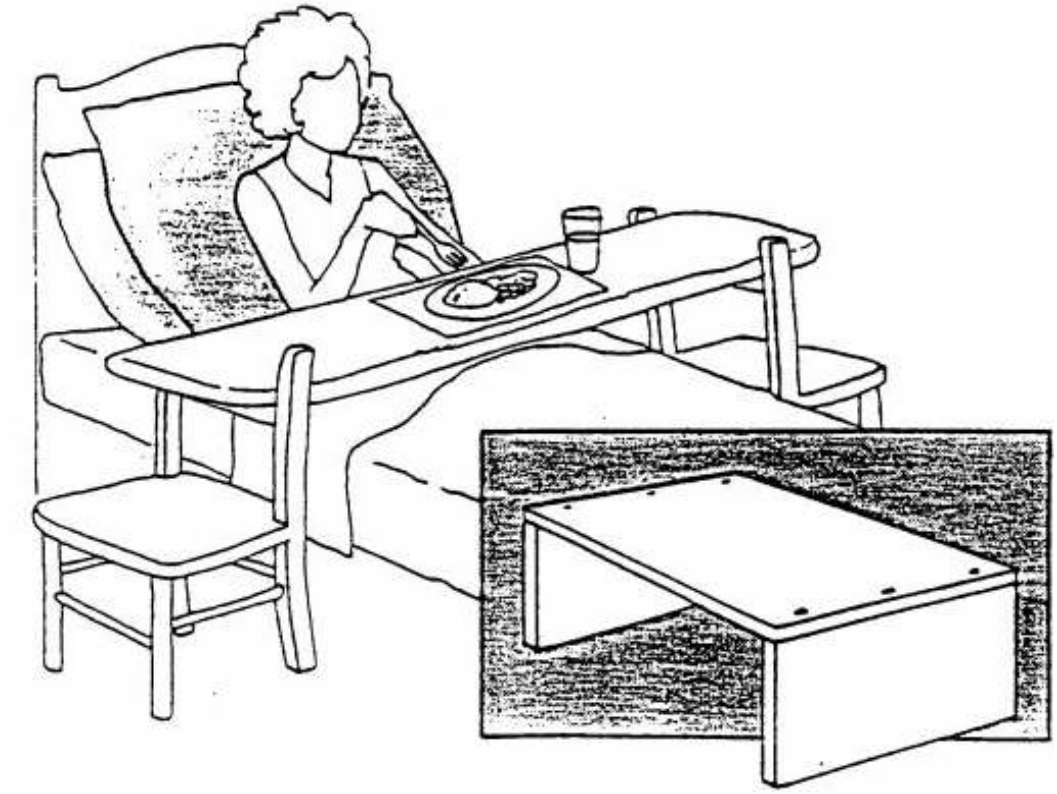
7. The amount of moisture in the air is important to your patient's comfort. When it is necessary to add moisture to the air, as in winter, an electric humidifier can be used. If a humidifier is unavailable, cans of water on the radiator will help. The sickroom should always be kept clean. Vacuum and dust it frequently. It should be free from unpleasant odours. Open the windows or use an air freshener to disperse unwanted smells. A room that is clean, quiet, well-ventilated, light-filled, and uncluttered is important for your patient's care and comfort. It is also important for his or her mental health.

A SHORT REVIEW

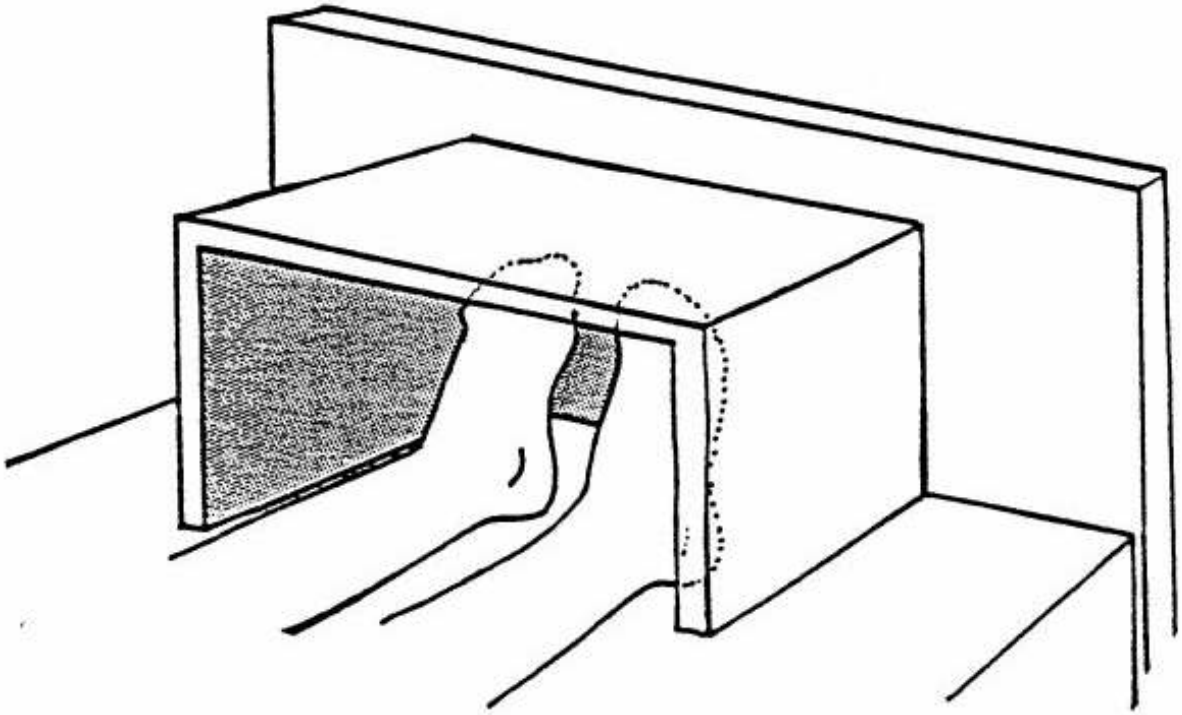
Some of the following statements are true; others are false. Indicate your answers by circling **T** for true and **F** for false.

1 . When selecting a sickroom for a patient, it does not matter which floor of the house you choose.	T	F
2. An important factor to consider in selecting a sickroom is the convenience of the patient and the care-giver.	T	F
3. The sickroom must be kept clean at all times.	T	F
4. Windows should be kept closed to avoid drafts.	T	F
5. Sunshine is important in the sickroom, but there should not be a glare in the patient's face.	T	F
6. A bed cradle is used to protect a sensitive part of the body from the weight of the bedclothes.	T	F
7. A footboard is used to prevent the hips from turning outwards.	T	F
8. A hip roll is used to maintain the proper position of the patient's feet.	T	F
9. Pressure pads are pads used to create pressure on certain parts of the body.	T	F
10. A hand roll is used to keep the ill person's thumb in the correct position.	T	F

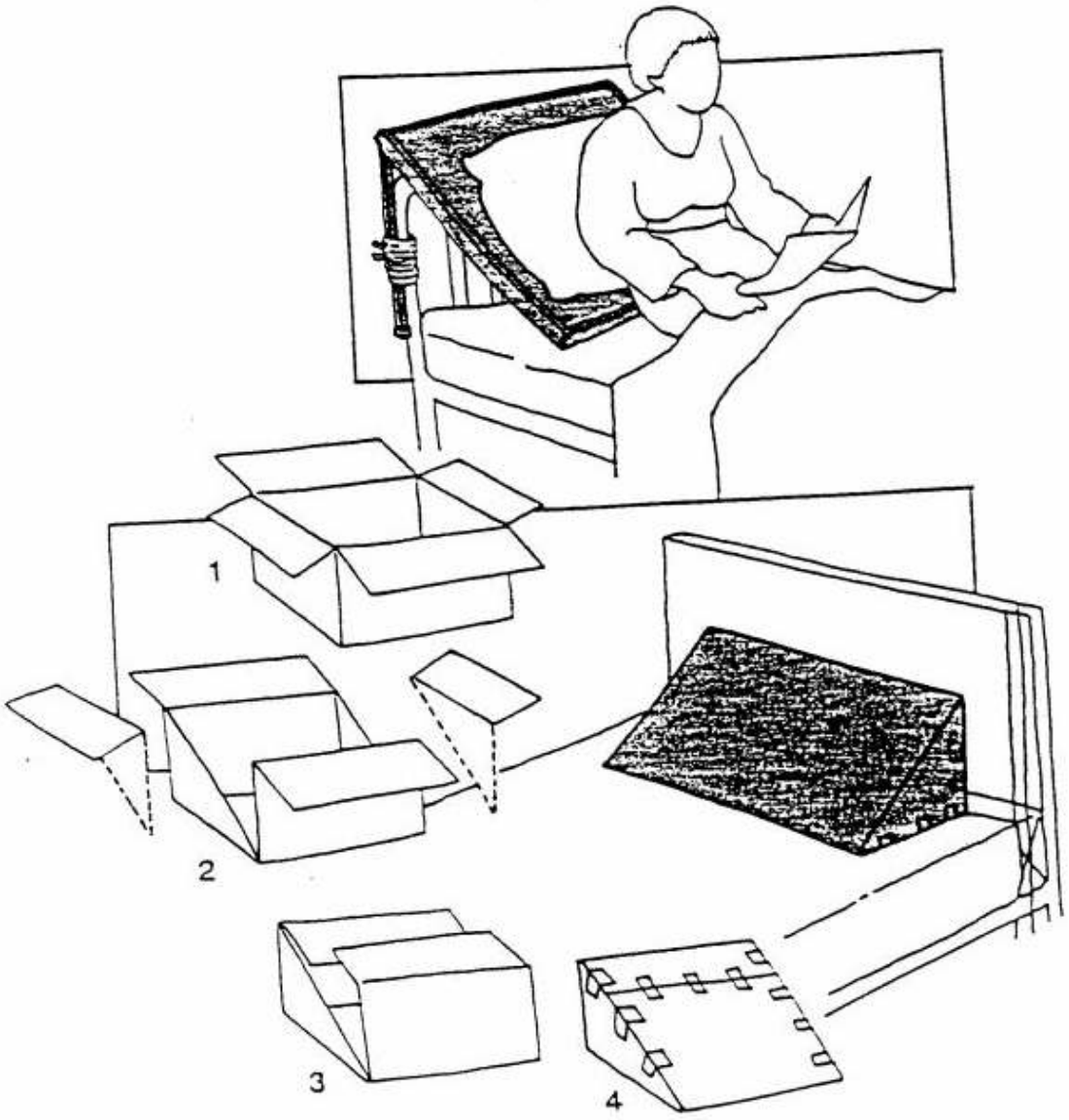
BED TABLE



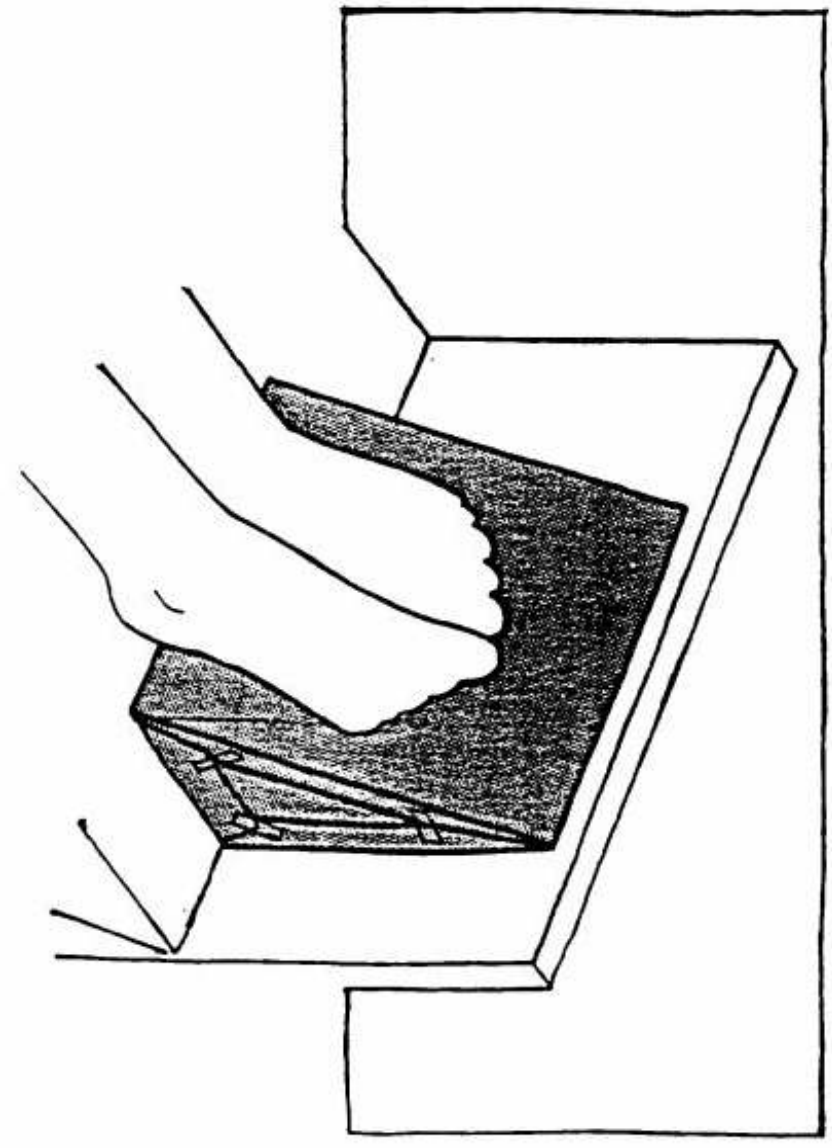
BED CRADLE



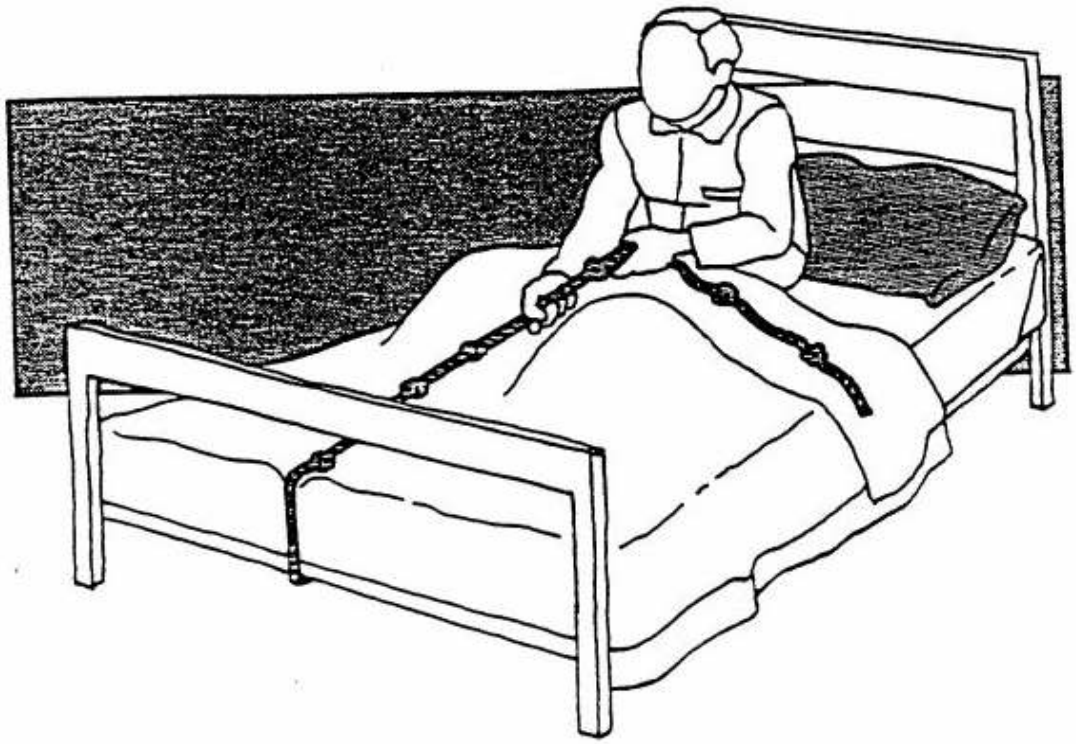
BACK REST



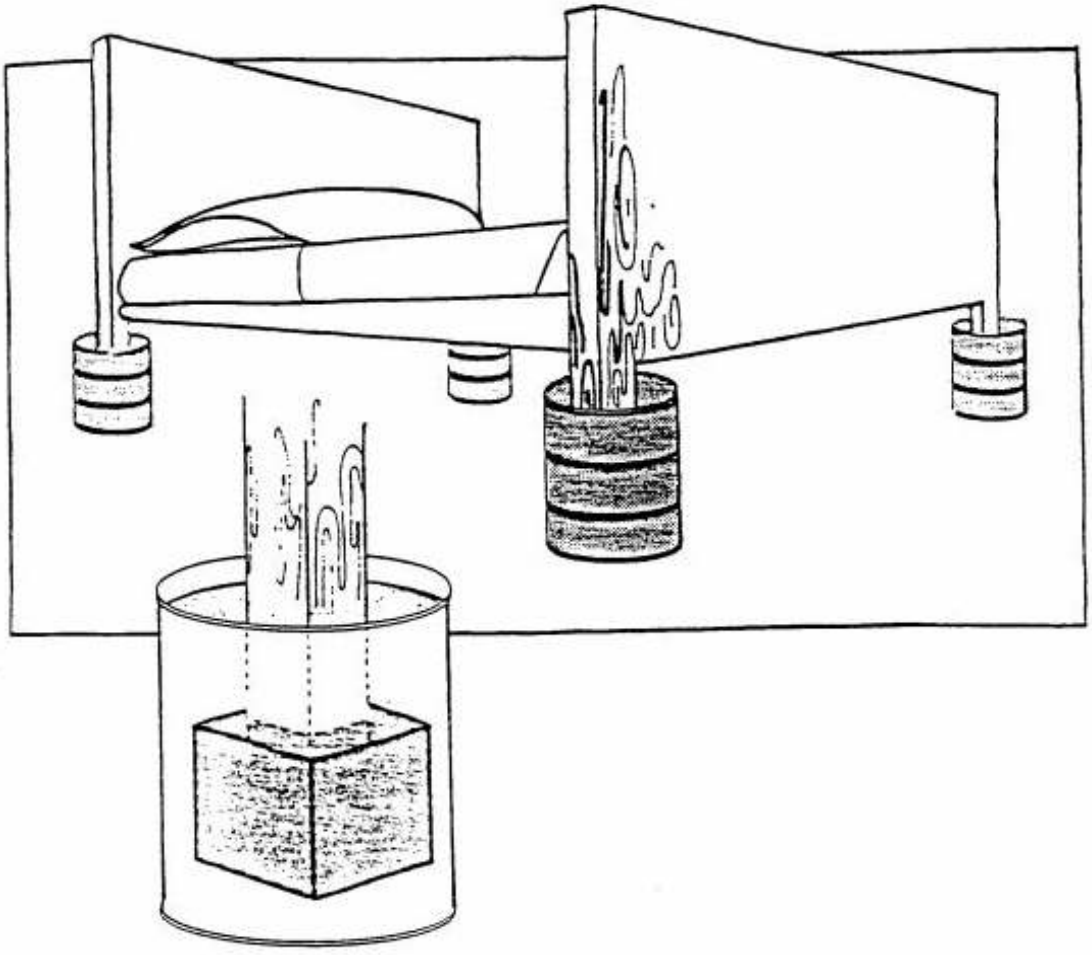
FOOTBOARD



PULL-UP DEVICE



BED BLOCKS



CHAPTER FIVE

ADAPTING THE ENVIRONMENT AND THE EQUIPMENT FOR THE ILL

A SHORT REVIEW ANSWER KEY

1. F

2. T

3. T

4. F

5. T

6. T

7. F

8. F

9. F

10. T

CHAPTER SIX
BODY MECHANICS

GOOD POSTURE AND GOOD BODY MECHANICS

Body mechanics refers to the way you use your body in any activity. It is the science of using your arms, legs, and back to lift, push, or pull objects without harmful strain to yourself. The methods of moving patients given in this chapter are based on good body mechanics. You may find the principles equally applicable in moving other objects.

Good body mechanics is based on good posture, which is the position of your body when you sit, stand, or walk. Good posture is healthy for you; it prevents muscle strain, improves muscle tone, and conserves energy. Your breathing and blood circulation will improve with good posture, and you will project a positive body image.

1. ACHIEVING GOOD POSTURE:

The following steps will help you achieve good posture:

- Feet and toes pointed straight ahead.
- Weight distributed evenly on both feet, which are placed about 30 centimetres (one foot) apart.

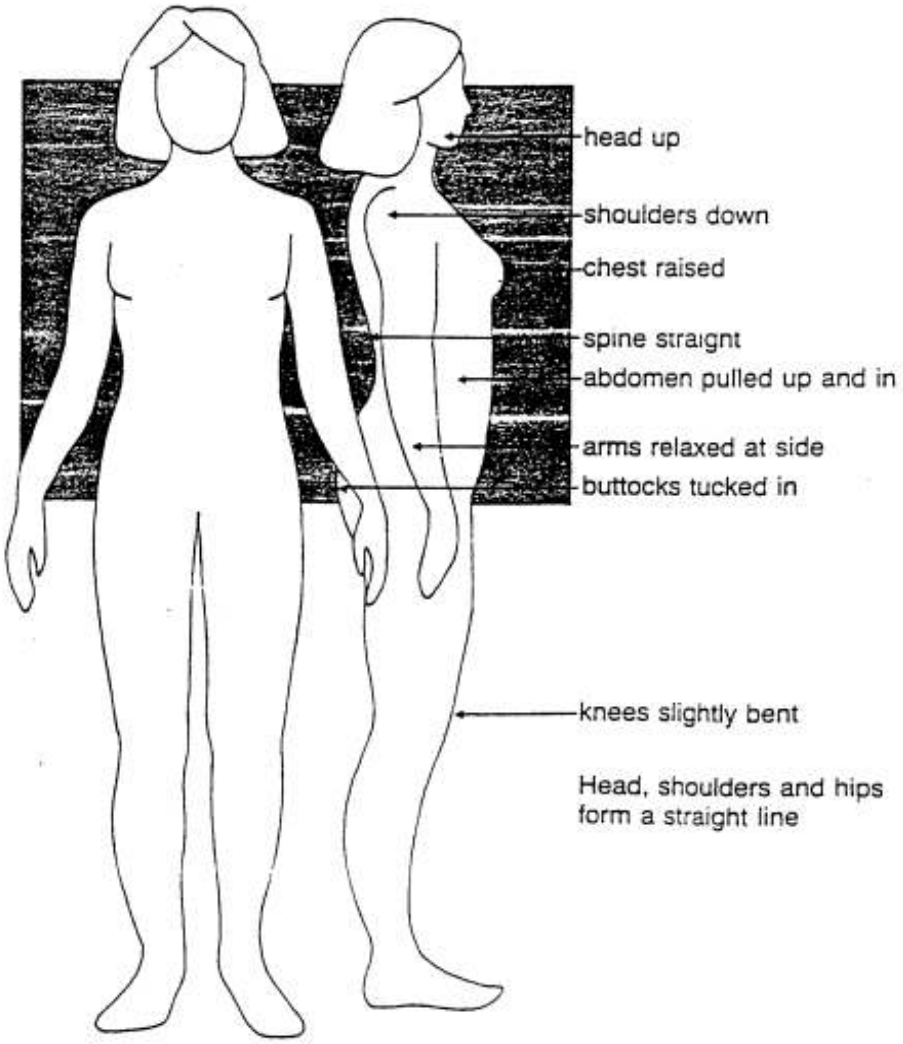
2. SIMPLE WAYS TO AVOID MUSCLE STRAIN:

Unnecessary strain on muscles can be avoided by following some simple rules:

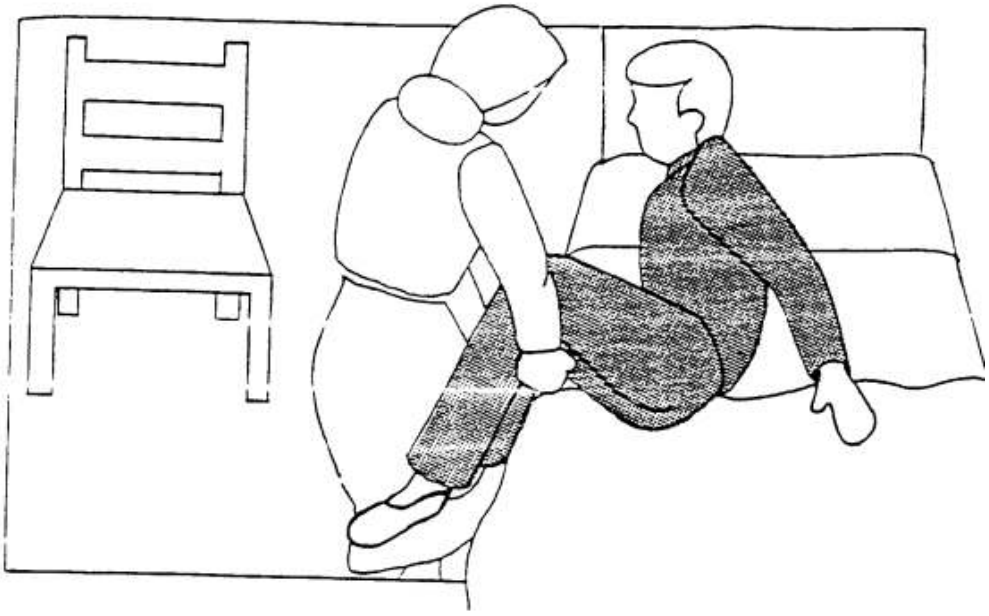
- Always face the object you wish to move.
- In practising good body mechanics, large and strong muscles are used rather than small and weak ones. For example, to lift a heavy object, flex your knees, not your back. This way, the large upper leg muscles are used instead of the small and weak muscles of the back.
- Prepare your muscles for action before engaging in an activity, to protect them from strain. For example, contract the muscles of your abdomen and buttocks before lifting a heavy object. Avoid sudden movements.
- The stability of an object increases when there is a wide base of support and low centre of gravity falls within the base of support. For instance, to increase your stability when bending your knees, your feet should be about 30 centimetres (one foot) apart, with the toes pointed straight ahead.

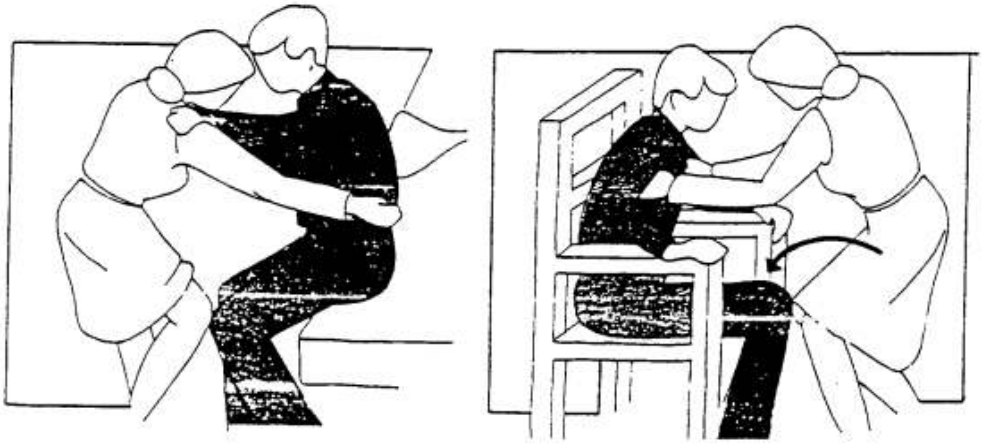
5. To minimize the force needed to carry an object, hold the weight close to your body. Keep your arms close to your body instead of extending them. Do not overreach.
6. Sliding or pulling requires less effort than lifting. 'Whenever possible, slide, roll, push, or pull an object rather than lift it.
7. When pulling or pushing, use your body's weight as a force by rocking on your feet. In this way, less strain is, placed on your arms and back.
8. Smooth surfaces create the least friction. To apply this principle in moving a patient in a bed, straighten the sheets and brush away crumbs first.
9. Never carry anything heavier than you can manage with ease. Wait for assistance if you need it.
10. Never lift a heavy object above your waist.

GOOD POSTURE



BODY MECHANICS





- Bend your knees, and press your forward knee against your patient's knee. Allow your patient time to adjust to standing.
- Pivot your patient, keeping pressure on the knee, and lower him or her into the chair beside the bed.

USING BODY MECHANICS TO ASSIST YOUR PATIENT

You can help your patient to move, sit, stand, and walk by using good body mechanics. When assisting your patient, avoid straining yourself by observing the following:

- Wear comfortable, low-heeled shoes.
- Stand erect, with knees slightly bent and feet about 30 centimetres (one foot) apart. This position forms a wide base of support and lowers the centre of gravity of your body weight.
- Stand as close to your patient as possible.
- Use your leg and arm muscles rather than your back.
- Always get help if your patient is heavy.

1. MOVING YOUR PATIENT UP IN BED:

A. If Your Patient Can Help

If the headboard is low enough or is an open frame, moving your patient up in bed is essentially a pulling task, helped by your patient's pushing. Sometimes, patients can grasp the headboard and pull themselves up. If this is not possible, you can help them move upward in bed by doing the following:

- Let your patient lie flat, using no pillows. The patient's knees should be bent and the feet comfortably flat on the bed.
- Pull the bed away from the wall.
- Make sure that the bed cannot move.
- Stand directly behind your patient at the head of the bed.
- Fold your patient's arms loosely across his or her chest. Reach under your patient's armpits and grasp the wrists.
- Bend your knees and use them as levers against the bed.
- At the count of three, you pull while your patient pushes down on the bed with both feet.

A patient whose legs are immobilized, as in a cast, may help being moved by pushing down on the bed with one or both hands. In this case, you should place your hands over your patient's shoulders to grasp the armpits, instead of reaching under your patient's armpits to grasp the wrists.

A SHORT REVIEW

Some of the following statements are true; others are false. Indicate your answers by circling T for true and F for false.

1. Posture is best when your head, shoulders, and hips are in a straight line.	T	F
2. Body mechanics is the way you use your body in any activity.	T	F
3. To avoid muscle strain, you should use your back muscles to lift heavy objects.	T	F
4. You should prepare your muscles for action by contracting them.	T	F
5. Carrying an object with your arms stretched out in front of you will make you unstable.	T	F
6. For stability, keep your feet close together and your knees straight.	T	F
7. When walking with someone who is weak, you should walk in front of them.	T	F
8. Before you help someone up from a fall, make sure they are not hurt.	T	F
9. When helping someone into a wheelchair, make sure it is locked in position.	T	F
10. When helping someone up from bed, make sure they are wearing slippers or well-fitting shoes.	T	F

In the section below, indicate your answers by circling the letter(s) in front of the correct answer to each question. There may be more than one correct answer to a question.

11. If your patient can help, you would do which of the following to move him or her up in bed.

    a) Have your patient bend the knees and push upwards.
    b) Grasp your patient's waist and push the patient upwards.
    c) Grasp your patient's hands and push the patient upwards.

12. When someone can walk fairly steadily, you should:

    a) Walk in front of the person to avoid tripping.
    b) Walk behind the person, holding their waist or belt.
    c) Keep a distance from the person so that you can observe them.

13. To help someone from a standing position into a chair. you would do which

    a) Stand behind the chair and let the person get Into the chair unaided.
    b) Hold the person's waist and bend your knees as you lower the person into tl
    c) Hold the person's hands while the person sits down.

14. Which of the people below are following the rules of good body mechanics?

    a) Man lifting box - holding it high over his head.
    b) Man lifting box - knees bent, back straight.
    c) Man leaning over to pick up box.

15. If your patient can help, you would do which of the following to sit him or

a) Tie a rope on the foot of the bed and have your patient pull it to get up.
b) You and your patient grasp each other's arms. Using proper body mechanics, you pull your patient up with your patient's help.
c) You and one assistant sit your patient up.

CHAPTER SIX
BODY MECHANICS

SHORT REVIEW ANSWER KEY

1. T
2. T
3. F
4. T
5. T
6. F
7. F
8. T
9. T
10. T
11. a
12. b
13. b
14. b
15. a, b

CHAPTER SEVEN

COLLECTING INFORMATION ABOUT YOUR PATIENT

LISTENING AND OBSERVING

- Listen to your patient
- How they describe the illness
- Give them time to talk
- Pay attention to non-verbal behaviour

Observing your Patient:

Observation means more than taking a casual look. Senses: touch, sight, hearing, smell - in noting physical and emotional changes.

WHAT YOU SHOULD OBSERVE:

EYES:	Heavy and dull, unusually dull, bloodshot, discharging.
NOSE:	Discharging, stuffed up.
LIPS:	Dry and parched, shows lines of tension.
TONGUE:	Clean, moist, pink, dry, coated white/yellow, red/raw.
GUMS:	Swollen, ulcerated, sore.
THROAT:	Inflamed and sore.
VOICE:	Hoarse, raspy.
FACE:	Flushed, pale expressing anxiety, pain.
BREATHING:	Odourless, weak, laboured, wheezy.
COUGH:	Productive with sputum, deep and hollow in sound, dry and frequent.
SKIN:	Hot/cold, moist/dry, red/bluish, itchy with rash. lesions, or swollen.
POSTURE:	Undue, discomfort or weakness
URINE:	Clear and light yellow, odourless, frequent or infrequent, urination painful.
STOOL:	Regular, infrequent and hard, frequent and watery, threaded with mucus, blood, undigested food, brown/abnormal in colour.
PAIN:	Localized, severe, sharp, stabbing, dull, aggravated by any factor, relieved by any factor, recent or old.

IS THERE A LOSS OF APPETITE?
MOOD CHANGE?

OBSERVATION IS AN IMPORTANT RESPONSIBILITY OF THE CARE-GIVER. DO NOT REGARD ANY OBSERVATION AS TRIVIAL.

CHECKING VITAL SIGNS

1. TEMPERATURE:

Body temperature is the balance maintained between the heat generated by the body and the heat lost by the body. The normal range is very narrow, and the balance is disturbed when illness strikes. Body temperature may then either rise or drop beyond the normal range. Timely accurate measurement of temperature is an essential part of client assessment in all kinds of clinical settings. Accurate temperature is of special importance in circumstances such as fever, surgery, extremes of ages, central nervous impairment and burns.

A. When To Take A Temperature:

You should take a person's temperature at the first sign of illness. For example:

- If the person is cold or shivering.
- If the person complains of being hot.
- If the person is restless.
- If the person is in pain.

B. How To Take An Oral Temperature:

Before you take the temperature, ask your patient when he or she ate last, drank, smoked, bathed, or exercised. Your patient should not eat, drink, smoke, bathe or exercise for at least twenty minutes before a temperature is taken. When you are ready...

- Wash your hands thoroughly, following the five steps described before. -Hold the thermometer by the end opposite to the mercury bulb.
- Wipe the thermometer with the swab dipped in water to remove any antiseptic solution. -Check the thermometer for cracks or broken areas.
- Shake down the thermometer so that the mercury line registers at 35˚C.
- Place the bulb end of the thermometer between the lips and under the tongue.
- Advise your patient to keep his or her lips closed, but not to bite down.
- Allow a minimum of three minutes for the thermometer to register an oral temperature when temperature taking is simply to recognize deviations from the normal. However, when accuracy is desired, such as in the circumstances above, oral thermometer should be read after eight to ten minutes.
- Gently remove the thermometer. Wipe it to remove the saliva.
- Turn the thermometer so that the numbers are towards you. Slowly rotate it backward and forward, until you can see the mercury column clearly. Your patient's temperature is indicated by the reading at the end of the mercury column.
- Normal average body temperature is 37˚C on adults.

C. How To Take A Rectal Temperature:

Sometimes it is impossible to take an oral temperature; for example, babies or ill persons may be unable to hold a thermometer in their mouths. In these cases, the temperature should be taken rectally. A rectal thermometer has a shorter and rounder mercury bulb than an oral thermometer has.

- Have your patient lie on one side (preferably the left side) or on the back. Legs should be bent upward in either position.
- Smear the mercury bulb of the rectal thermometer with petroleum jelly
- Slip the thermometer gently into the rectum approximately 2.5 centimetres (one inch). Allow it to

remain there for three to five minutes. When taking the temperatures of babies or restless patients, hold the thermometer throughout the procedure to avoid internal damage, or expulsion of the thermometer.

- ! Remove the thermometer from the rectum gently.
- ! Wipe the thermometer clean, and read the mercury column the same way you would read an oral temperature.
- ! A normal rectal temperature is 37.5˚C.

D. How To Take An Axillary Temperature:

An axillary temperature may be taken if neither oral nor rectal temperatures are appropriate, for example - in the case of a baby with diarrhea.

- ! Use either an oral or rectal thermometer.
- ! Dry the axilla (armpit). Moisture conducts heat and may influence the reading.
- ! Place the silver tip of the thermometer well inside the axilla, and hold the arm across the chest tightly against the body.
- ! Leave the thermometer in place for at least 1S minutes. -Remove the thermometer from axilla.
- ! Wipe the thermometer clean, and read the mercury column the same way you would read an oral temperature.
- ! A normal axillary temperature is 36.6˚C.

E. Cleaning A Thermometer:

- ! Rinse the thermometer in clean, cool water, using a downward rotary motion.
- ! Moisten a wipe with water, and soap it well. The wipe may be absorbent cotton, paper tissue, toile paper, or pieces of clean gauze or cloth.
- ! Hold the thermometer by the top, with the bulb down. Move the wipe in circles around th, thermometer, from the top to the bottom. Discard the wipe in a waste container. -Immerse the thermometer in a disinfectant solution for ten minutes.
- ! When the ten minutes are up, rinse the thermometer in clear, cool water, and wipe it dry beforl replacing it in its case. Insert the bulb end first.

F. Points To Remember About Temperatures:

- ! Regardless of the method, remain with your patient while his or her temperature is being taken.
- ! Record the reading immediately.
- ! A normal reading varies from individual to individual, from 36.1˚C to 37.2˚C.
- ! Because “Normal” temperature varies from person to person, find out what is normal for your patient, and base your understanding of the reading on the range.
- ! Body temperature fluctuates slightly during the day. It is usually lowest in the early morning and highest in the early evening.
- ! A drop in temperature to below-normal level may just be as serious as an increase temperature.
- ! It is important for the doctor or nurse to know about variations in temperature.
- ! Notify the doctor or nurse if your patient's temperature is above normal range and if after exercising methods to reduce the temperature it does not return to normal.

2. PULSE:

With each heartbeat, blood is forced into the arteries. As the blood flows through the arteries, their walls expand and contract. The throbbing can be felt in the arteries near the surface of the body especially those over a bony prominence, and is called a pulse.

A. How To Take A Pulse:

- Be sure your patient has been resting for at least ten minutes before you begin.
- Place two or three fingers on the inside of your patient's wrist, just below the base of the thumb.
- Do not use your thumb in taking the pulse. It has a pulse of its own, and you may record your own pulse rather than that of your patient.
- Press lightly on the artery with your fingers so that you do not stop the natural flow of blood.
- Use the second hand on your watch or clock, and carefully count the beats for 60 seconds. -The number of pulse beats counted during a 60 second period is the pulse rate.

B. Points to Remember:

- The pulse should be taken each time temperature is taken.
- The normal pulse rate for an adult is 50-100 beats per minute.
- A child's pulse rate is higher than an adult's. In a young baby, the pulse rate may be as rapid as 140 beats per minute.
- The pulse rate is affected by many factors. For example, the rate rises temporarily following exercise or excitement, during periods of restful sleep or prolonged relaxation the pulse rate drops slightly below normal. It almost always rises with an increase in temperature or respiration. Some illnesses or medications increase pulse rate, others decrease it.
- Also check the pulse rhythm. A normal rhythm has the same timing between beats.
- Record the pulse, strength, as soon as pulse has been taken.

3. RESPIRATION:

Respiration consists of inspiration, expiration, and a pause. Each human cell requires oxygen, which is brought into the lungs when we breathe in (inspiration). Carbon dioxide is expelled when we breathe out (expiration). A slight pause follows expiration.

A. How To Take The Respiration:

- As a general rule, respiration should be counted only when your patient is at rest and not aware that it is being taken. The rate will probably change when your patient becomes aware you are counting respiration.
- One way around this problem is to keep your fingers on your patient's wrist after taking the pulse, pretending that you are still taking the pulse.
- Count the number of complete respiration in one minute.

B. Points To Remember about Respiration:

- The respiration should be taken each time the temperature and the pulse are taken. -The normal rate for adults is between 12-20 respirations per minute.
- The rate for a child is slightly higher than that for adults. It is between 20-30 respirations per minute.

- The rate for a infant is slightly higher than that for a child. It is between 30-50 respirations per minute.
- The respiration rate is influenced by the same factors that affect the pulse rate. It almost always rises with an increase in temperature or pulse.
- In addition to checking the rate, you should keep the following checklist in mind when taking respiration:
  a) **Is the respiration** -
     - deep or shallow
     - difficult or easy?

  b) **Is there -**
     - any wheezing?
     - any gurgling?
     - any blueness around the lips?
- Record as soon as possible, the rate and any observations made about the respiration.

RECORDING

- It is essential in giving care.
- More complete and accurate.
- Easier for the doctor and the nurse to understand your patient's condition.
- They organize the information.

NO MATTER WHAT CHART YOU USE, MAKE SURE TO NOTE:

- Date and time
- Patient's chief complaints
- Unusual observations about eyes etc...
- Characteristics of cough, sputum if any
- Amount, appearance of urine
- Frequency and composition of stool
- Nature and amount of nausea and vomiting
- Fluid and food intake
- Amount of rest and sleep
- Mental or emotional changes
- Readings of temperature, respiration and pulse
- Medications given and how they worked
- Treatments, turning, positions etc...

A SHORT REVIEW

Read the statements below. Indicate your answers. by circling T if the statement is true and F if it is false.

1. Anything unusual is worth recording on your daily record. T F

2. Temperature, pulse, and respiration are relatively constant in the healthy body. T F

3. You should take a person's temperature, pulse, and respiration within a day or so after he or she complains of illness. T F

4. You should press hard on a person's wrist to take a pulse. T F

5. Anything you enter on your daily record should include the date and time. T F

In the section below, indicate your answers by circling the letter(s) in front of the correct answer to each question. There may be more than one correct answer to a question.

6. How would you keep the pages of your daily record together?

a) Put them in a binder.
b) Stack them in a loose pile.
c) Keep today's record and destroy others.

7. Which end of the thermometer should you avoid touching?

a) Bulb end.
b) End opposite bulb.
c) Both ends.

8. Which of the following activities would affect a person's temperature when the temperature is taken by mouth?

a) Eating a hot meal.
b) Eating a bowl of ice cream.
c) Doing twenty push-ups.
d) Reading a book.
e) Smoking a cigar.

9. Where would you place your fingers to take a person's pulse?

a) Inside of wrist, below base of thumb.
b) Outside of wrist, below base of thumb.
c) Outside of wrist, below little finger.

10. How would you time the pulse rate?

a) Count sixty seconds in your head.
b) Use the second hand of a watch.
c) Use the minute hand of a clock.

11. What would you consider a full respiration?

a) Breathe in, pause.
b) Breathe out, pause.
c) Breathe in, breathe out, pause.

12. How would you count a person's respiratory rate without their knowledge?

a) Look the other way while you count.
b) Leave the thermometer in the person's mouth after taking the temperature, and count.
c) Leave your fingers on the person's wrist after taking the pulse, and count.

CHAPTER SEVEN

COLLECTING INFORMATION ABOUT YOUR PATIENT

A SHORT REVIEW ANSWER KEY

1. T
2. T
3. F
4. F
5. T
6. a
7. a
8. a, b, c, e
9. a
10. b
11. c
12. c

CHAPTER EIGHT
BASIC PERSONAL CARE

HOW TO GIVE A BED PAN OR URINAL:

- Before giving bedpan wash hands properly.
- Make sure bedpan is clean, dry and warm.
- Talcum powder can be sprinkled on the seat.
- If patient is thin, you can pad it.
- Cover with clean paper cloth.
- Let patient lie flat with knees bent and feet pressed flat against the mattress.
- If patient cannot get up without assistance turn patient to one side.
- If unable to roll, you will need another person to help.
- If possible raise the head of the bed, this will help your patient to urinate.
- Put toilet paper within reach of patient.
- Allow privacy.
- Remove pan and cover, make sure your patient is clean.
- Empty in bathroom and observe the contents, rinse with cold water and baking soda.
- Record results.
- Wash hands.
- Give patient supplies so they can wash.

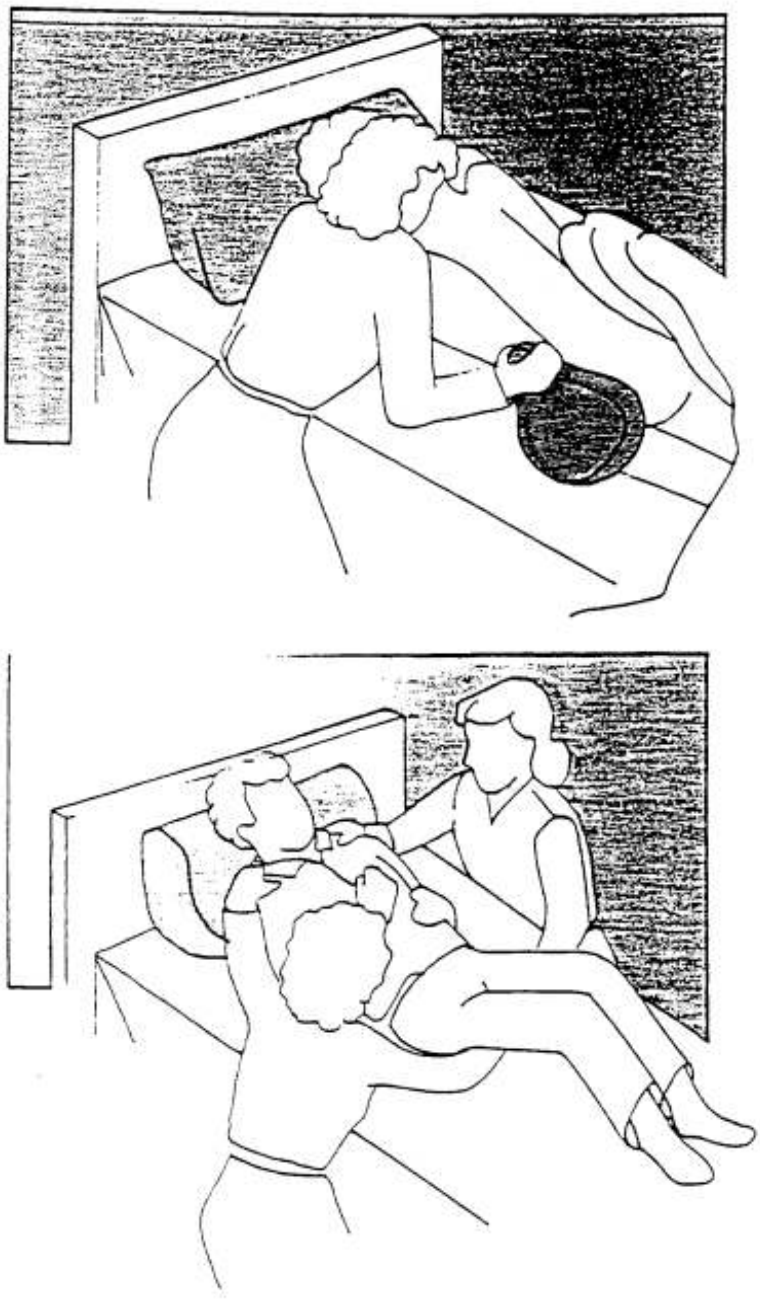
IF YOUR PATIENT IS INCONTINENT:

- Protect the bed by placing a plastic sheet underneath a towel.
- Adult diapers may be used in some instances. However, your patient's sensitivity must be respected when considering adult diapers as an option.
- Wash soiled skin with soap and water and pat thoroughly dry.
- Apply water-resistant cream to your patient's groin and buttocks.
- Change your patient's bedclothes and nightshirt whenever they become soiled. Pyjamas pants are not practical when a patient is incontinent.
- Offer the bedpan or urinal frequently throughout the day.

POINTS TO REMEMBER:

- First and foremost, your patient's diet should include large amounts of fruits, fluids, and vegetables to reduce the possibility of constipation. Fluid intake can be as much as three litres per day. To avoid frequent toileting at night, fluids should be encouraged only during the daytime and not in the evening.
- Exercise is important. Even if it can be performed only in bed, it should form part of the daily routine.
- No patient should have to wait to use a bedpan or urinal, or have to wait to have it removed once finished with it.
- Commodes, which are chair-like seats that contain. a receptacle for urine or bowel movements, may be used by those who can get up but cannot get to a bathroom.
- Menstruating patients should be supplied with pads, soap, water, washcloths, and towels.
- Be alert to abnormalities in your patient's bowel movement or urine. Record them and report them to the doctor and the nurse.
- Your patient does not have to have a bowel movement every day to be in good health. The frequency of a bowel movement varies from one individual to another.

HOW TO GIVE A BEDPAN OR URINAL



BATHING:

1. A Tub Bath Or Shower:

If possible, your patient should be encouraged to take a tub bath or shower rather than a bed bath. Safety precautions must be carefully observed when assisting a patient with a tub bath or shower.

- Place a non-skid mat in the tub.
- Run the water and test it for temperature.
- Pass a towel under your patient's arms to help lower him or her into a tub. Always use proper body mechanics.
- If your patient wishes to cover the genital area, tie an apron or a small towel around the waist to cover the area.
- Have the soap and washcloth ready, and stand by to attend to your patient's needs.
- If your patient wants a shower instead of a tub bath, place a chair in the shower so that your patient can sit during the process.

2. A Bed Bath:

A patient who cannot take a tub bath or shower must be given a bed bath. Cleanliness is an obvious reason, but there are other reasons for giving a bed bath.

- It promotes your patient's comfort and relaxation.
- It provides an opportunity to exercise the muscles.
- It stimulates the blood circulation.
- It gives you an opportunity to observe your patient's skin for bruises, rashes, or sores.
- It gives you and your patient an opportunity to talk.

A. THE EQUIPMENT:

Let us go back to our patient in Chapter 3, Diane Thibert. Diane had a cast on her leg and was unable to take a tub bath or shower, or to bathe while sitting on the toilet. Her mother decided to give Diane a bed bath. **She gathered the following items:**

- A large basin
- A kettle of hot water
- Mild soap in a dish
- Lotion
- Powder
- Two bath towels
- Two wash cloths
- A comb and brush
- A nail file
- Scissors
- Clean clothes

B. THE PROCEDURE:

- Mrs. Thibert, after making sure that she had all the necessary eQuipment ready, washed her hands properly using the five steps discussed previously.
- She told Diane how she would proceed with the bed bath.
- First she made sure the room was warm (20˚C - 24˚C). Then she removed the top bedding, leaving a top sheet to cover Diane and a pillow for Diane's head. She raised Diane to a sitting position.

- She helped Diane remove her nightgown and placed a towel under Diane's head and shoulders.
- She handed Diane a soapy but not dripping washcloth, because Diane was able to wash herself.
- She then handed Diane a second washcloth to use for rinsing.
- Diane washed her face first and gradually worked downward.
- She washed and dried one part of her body at a time.
- To keep warm, she immediately covered each washed area.
- Diane used the second towel to dry herself thoroughly.
- She paid particular attention to washing and drying her underarm and groin area.
- When Diane had washed as much as she could, Mrs. Thibert helped Diane to turn and lie on her side.
- Mrs. Thibert moved to the other side of the bed and washed Diane's back. She used the top sheet (or towel) to cover the rest of Diane's body.
- Mrs. Thibert gave Diane a back rub. Diane's skin was dry, so Mrs. Thibert used lotion for the back rub instead of alcohol, which would dry Diane's skin even further. The back-rub technique is explained below.
- Mrs. Thibert helped Diane to turn over onto her back. Diane was given the washcloth to wash her genitals. She sat on a bedpan, soaped the genital area well, and poured water over it to rinse. Diane knew that if a bedpan had not been available, she would have thoroughly rinsed the genital area by using the washcloth. She then dried her genitals, making sure all skin folds were properly dried to prevent rash from developing. Mrs. Thibert made sure the towel and washcloth used to bathe the genitals were not reused until they were laundered.
- Diane put on a clean gown. She then cut and filed her nails and used a brush to clean them.
- She combed her hair and put on some deodorant, cologne, and facial cream. She felt very refreshed.

BACK CARE

A back rub is soothing and refreshing. It also provides you with an opportunity to observe your patient's body and overall skin condition, especially for signs of bedsores. The daily bath is a good time for you to give your patient a back rub. A patient confined to bed may require a back rub once every four hours. Consult your doctor or nurse for advice.

A lanolin or cream lotion is often used for back rubs. Although alcohol has been the traditional solution for back rubbing, it should be used with caution. Alcohol dries and hardens the skin, leaving it susceptible to cracking. This is particularly a hazard for the elderly, whose skin tends to be dry, and for patients whose nutritional state or hydration is poor.

The Technique:

- Help your patient to lie on one side or on the stomach. -Apply lotion to your hands.
- Place your hands at the base of your patient's spine, with your fingers pointing in the direction of the neck.
- Using only the palms of your hands, rub upward on each side of the spine, with long and smooth strokes to the shoulders.
- Use a series of circular motions to return your hands to the base of the spine.
- Repeat several times, using more lotion as needed.
- Massage the buttocks with large circular movements. Then massage in circles inside of circles until all flesh has been covered. While rubbing, your hands should never leave your patient's body. Pay attention to your patient's shoulder blades, hip bones, and the base of the spine, as these areas take most ot the person's body weight when lying down.
- Massage your patient's elbows and heels as well.

FOOT CARE:

Foot care is important, especially for older people. poor circulation, minor injuries, and dry skin can lead to problems with the feet and ankles.

- The daily bath is a good time for foot care.
- Wash the feet well, especially between the toes.
- Toenails may require a good soaking before cutting.
- Toenails and fingernails should be shaped to the shape of the toes and fingers.
- Dry the feet well, especially between the toes. Use a rough towel to stimulate circulation.
- Massage the feet with cream. Repeat the massage several times during the day to improve circulation and to prevent the skin from chapping.
- Be sure your patient wears comfortable shoes.
- If your patient is bed-confined, loosen sheets to reduce pressure on the feet. use foot cradles if necessary.

DRESSING YOUR PATIENT:

Sometimes your patient may need help to get dressed. The following are three dressing situations:

1. Sleeves Over Arms:

- If one arm is injured or paralysed, dress this arm first. Slip your hand through the sleeve of the garment and grasp your patient's hand.
- Continue to hold your patient's hand while gently pulling up the sleeve along the patient's affected arm.
- Dress the other arm in the normal fashion.

2. Garment Over Head:

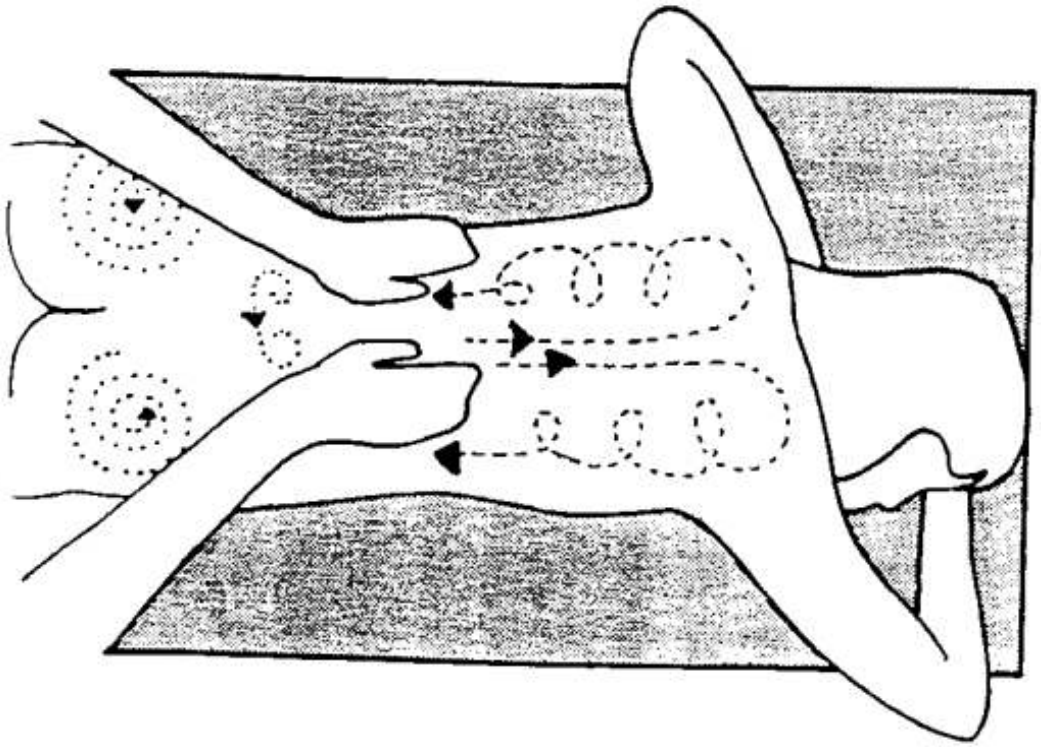
- If both of your patient's arms function, slip the garment first over the head, then over the arms.
- If your patient is lying down, slip the arms into the garment first, then ease the neck opening over the head. The garment should be fairly loose.

3. Trousers Or Panties Over Legs:

- With your patient lying on the bed, pull trousers over the feet and up the legs as high as possible.
- If your patient cannot lift the buttocks off the bed, help your patient to turn and lie on one side. Pull the free half of the trousers up over the hip.
- Repeat the above step to pull the other half of the trousers up.

Always encourage your patient to do as much of the dressing as possible, though this may be a lengthy process. The exercise of dressing and undressing is a good one for an ill person.

BACK CARE



Foot Care

A SHORT REVIEW

Read the statements below. Indicate your answers by circling T if the statement is true and F if it is false.

1. Before giving a bedpan, you should change your patient's pyjamas.	T	F
2. The bedpan should be warm, clean, dry, and covered with a towel when you bring it to your patient.	T	F
3. A bed bath is only necessary when your patient is dirty.	T	F
4. A bed bath is a good way of improving circulation and providing exercise.	T	F
5. During a bed bath, you should start at the waist and then move up.	T	F
6. Your patient should lie on one side or on the stomach for a back rub.	T	F
7. When giving a back rub, use only the tips of your fingers.	T	F
8. Alcohol should be used for a back rub if your patient's skin is dry.	T	F
9. When bathing, the part of the foot needing very little attention is the area between the toes.	T	F
10. Toenails should be cut at corners only.	T	F
11. If one arm is injured, you should dress this arm first.	T	F
12. You should always dress your patient, because it is much faster than letting your patient do it alone.	T	F

CHAPTER EIGHT
BASIC PERSONAL CARE

A SHORT REVIEW ANSWER KEY

1. F
2. T
3. F
4. T
5. F
6. T
7. F
8. F
9. F
10. F
11. T
12. F

CHAPTER NINE
MOUTH AND HAIR CARE

MOUTH CARE

Care of the mouth is important both in health and in illness. The mouth is a collection area for food particles and bacteria. Proper care of the mouth can:

! Prevent tooth decay.
! Promote healthy gums.
! Produce an overall pleasant feeling.
! Prevent bad breath.

1. MOUTH CARE FOR ONESELF:

A. Flossing:

Floss is waxed or unwaxed thread that is used to clean between the teeth. Flossing is essential to good mouth care because it cleans the area between the teeth that the brush cannot reach.

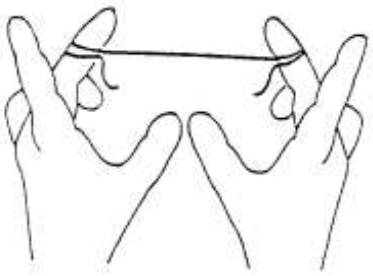
! Draw out a 50-centimetre length of floss.
! Create a large floss arc by wrapping the floss around the middle finger of each hand.
! Next, shorten the working space by creating a smaller floss arc, using:
  • the thumb and forefinger for the upper teeth;
  • both forefingers for the lower teeth.
! Using the smaller floss arc, move the floss into position between each pair of teeth. Do not force floss through tight areas, as the action might damage the gums.
! Floss up and down until the tooth squeaks.
! Use a clean section of the floss whenever a used part becomes soiled or frayed.
! After flossing, rinse the mouth.

B. Brushing:

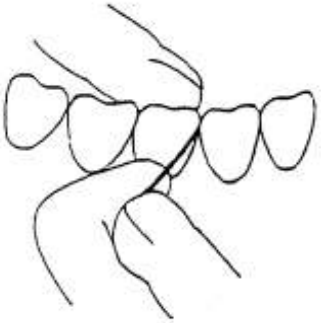
Flossing should be followed by brushing. Brushing removes the bacterial plaque (film) from the crevices between the teeth and cleanses all surfaces of the teeth.

! Use a soft nylon brush with three or more rows of bristles that are rounded at the tip and cut straight across.
! Dampen the toothbrush. Spread a little toothpaste or tooth powder on it.
! First, brush the chewing surfaces of the teeth. Press the bristles into the pits and grooves of the chewing surface. Keep the brush in this position while using a slight trembling movement.
! Start at the back, on the outside of the upper right teeth and follow around to the left side. Place the side of the bristles against the teeth, the bristles pointing upward and slightly overlapping the edge of the gum. Press against the teeth and use a tiny back-and-forth motion, drawing the brush slightly from the gum.
! Start at the back, on the inside of the upper left teeth and follow around to the right side in the same manner.
! Start at the back, on the outside of the lower right teeth and follow around to the left side. Point the bristles downward. Place them against the teeth and gum in the manner described above.
! Start at the back, on the inside of the lower left teeth and follow around to the right side.
! Brush off the tongue.
! Rinse the mouth thoroughly to get rid of bacteria and debris loosened by brushing.

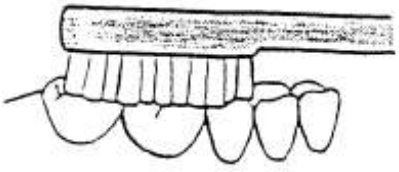
MOUTH CARE FOR ONESELF

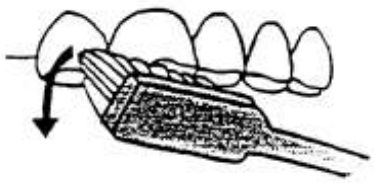


Flossing

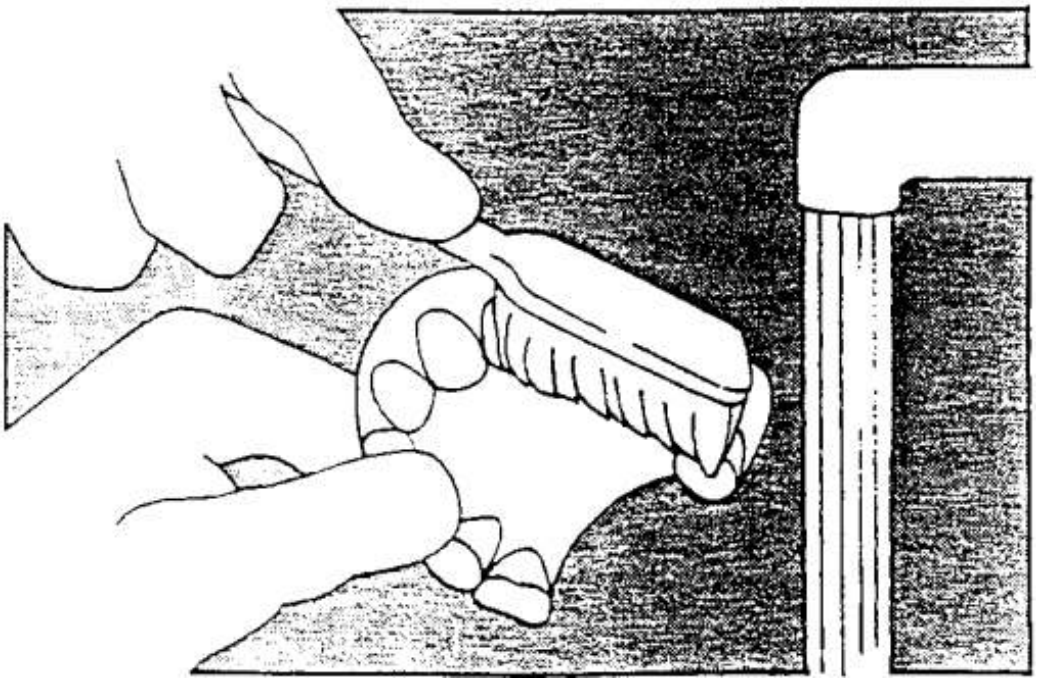


Brushing





DENTURES



2. DENTURES:

- The person with artificial teeth needs the same mouth care that others do.
- The denture wearer should remove and clean dentures, if able. You, as care-giver, should do this if your patient is unable. When assisting your patient to replace dentures, insert the top dentures first.
- Provide a glass of water as a container for artificial teeth when not in use.

3. MOUTH CARE FOR A DEPENDENT PATIENT:

If your patient can floss, brush, and rinse without help, encourage these activities. If unable to sit up, he or she can lie on one side to carry them out. For a totally dependent patient, you will need the following equipment:

- A glass of warm water
- A drinking tube
- A small basin
- Gauze squares, cotton swabs, or cotton-batting covered orange sticks
- Mineral oil or petroleum jelly
- Lemon and glycerine
- A mouth wash - either a commercial brand, or salt and water
- Towels
- A paper bag

The procedure is as follows:

- Wash your hands first and bring the equipment to the bedside.
- Protect your patient from wetness by covering him or her and the bedclothes with towels.
- Let your patient sip the mouthwash through a drinking tube and rinse his or her mouth.
- Assist your patient to spit out the mouthwash in a bowl or basin held up to the chin.
- Floss and then brush your patient's teeth and tongue, as described earlier in this chapter.
- If your patient's mouth or gums are tender, gauze squares or cotton swabs that have been moistened with mouthwash can be wrapped around your finger to cleanse your patient's teeth, mouth, and tongue.
- Discard the soiled swabs or gauze in a paper bag.
- Rinse your patient's mouth with mouthwash.
- Wipe your patient's lips clean. If necessary, apply mineral oil or petroleum jelly to the lips and swab the tongue with a mixture of glycerine and lemon juice.

HAIR CARE

Everybody needs hair care, which includes combing, washing, cutting, and setting. Groomed hair is not only necessary for personal cleanliness; it also gives a sense of well-being. For a person confined to bed, short hair is the easiest to manage. The ill person's hair should be brushed twice daily. It should be washed at least once every week and more often if necessary.

1. The Dry Shampoo:

- For dry shampooing use a commercial shampoo, cornstarch, or un-perfumed talcum.
- Place a towel under your patient's head.
- Sprinkle or spray powder on the scalp.
- Massage the scalp and hair gently.

! Brush the hair gently with even slow strokes.
! Wash the hairbrush thoroughly after treatment.

2. A Quick Semi-Wet Shampoo:

! Part the hair little by little. Use gauze that has been slightly moistened with toilet water to swab the hair and scalp lightly.
! Discard the soiled gauze into a paper bag.
! Pat and dry the hair gently with a towel.
! Brush the hair gently until it is dry.

3. A Wet Shampoo For A Person Confined To Bed:

! Consult your doctor or nurse to see whether your patient's condition can tolerate a wet shampoo.

Here is what you will need:

- A plastic sheet
- A waterproof cape (a plastic garbage-bag with a hole in it will do)
- A small towel, such as a washcloth
- Two large towels
- Pillows
- A basin
- A bowl of warm water and a pitcher to pour the water
- A bucket
- Shampoo
- A comb
- A hair dryer

Here Is What You Do:

- Protect the bed with the plastic sheet.
- Place the waterproof cape over your patient, leaving the head uncovered. Do not tuck the cape under your patient; spread the back of the cape over the pillow.
- Prop up your patient by placing pillows under the shoulders. Let the head hang back over the pillows, at the edge of the bed if possible, so that water can flow directly into the drainage pail.
- Use the small towel to cover your patient's eyes so that they are protected. -Place the basin under your patient's head. Use the pitcher to pour water over the hair, guiding it into the basin.
- Rub shampoo into your patient's hair and gently massage and lather the scalp and hair.
- Rinse the hair and scalp until clean.
- Empty the basin into the bucket whenever necessary.
- Dry the hair with a towel.
- Spread a dry towel on the pillow or bedding to absorb moisture. Comb hair. Use a hair dryer to dry and set hair if so desired.

A SHORT REVIEW

In the list of statements below, identify the practices that you think lead to good mouth care by placing an X in front of the correct statement(s).

1. Visiting the dentist regularly.
2. Flossing, brushing, and rinsing daily.
3. Using a square-bristle, hard-nylon toothbrush.
4. Doing less brushing and more rinsing with mouthwash.
5. Using a three-or-four-row soft-nylon, rounded-tip, bristle brush.
6. Sucking hard candies to sweeten the breath.
7. Forcing the floss into tight places to remove bacterial colonies.

Read the statements below. Indicate your answers. by circling T if the statement is true and F if it is false.

8. An ill person does not require as much hair care as a healthy person.	T	F
9. After you give your patient a wet shampoo, ask the doctor whether it was all right for the patient to receive one.	T	F
10. To receive a wet shampoo, your patient lies flat, with shoulders propped up by pillows and head hanging back over the pillows.	T	F
11. During the wet shampoo, your patient's eyes are protected by a small towel.	T	F
12. Your patient's hair should be brushed twice daily.	T	F

CHAPTER NINE

MOUTH AND HAIR CARE

A SHORT REVIEW ANSWER KEY

Answers: 1,2,5

8. F

9. F

10. T

11. T

12. T

CHAPTER TEN

BED MAKING, EXERCISING, POSITIONING, & PREVENTING PRESSURE SORES

EXERCISING

Exercising is important for the patient confined to bed. It helps:

- The patient breathe more easily.
- The patient maintain muscle tone and decrease fatigue.
- Decrease the patient's fatigue.
- Prevent rigidity and stiffness due to prolonged muscle contraction.
- Prevent skin breakdown that leads to bed sores.
- The patient's mental health.

The bed-confined person can learn to exercise without assistance. This practice helps to pass the time in bed constructively.

In exercise, the phrase “full range of motion” means every possible way in which the joint can be moved. Every joint has a range of motion that is right for it. and no joint should be pushed beyond the comfortable range. Stop exercise at the first sign of pain or discomfort.

1. Exercising The Head And Neck:

A program for exercising the head and neck is as follows:

- Tilt the head back, with the chin upwards.
- Tilt the head forward, with the chin on the chest.
- Tilt the head from side to side, with the ear toward the shoulder.
- Turn the head from side to side, and look left and then right.
- Turn the head in a circle, moving from right to left, then from left to right.

2. Exercising The Arms:

The arms can be exercised as follows:

- Raise one or both arms above the head.
- Stretch one or both arms outward from the sides of the body and rotate them. .While the arms are extended, flex and extend the fingers. .While the arms are extended, rotate the wrists.

3. Exercising The Legs:

The legs can be exercised as follows:

- Bend the knees slightly, then extend the legs as far as they can go.
- Rotate the ankles left, then right. or inward and outward.
- Flex and extend the toes of each foot.

4. Exercising The Lungs:

Breathing is something we all take for granted. but when someone is confined to bed. the lungs may not inflate fully. Breathing may become shallow, resulting in a decreased supply of oxygen to the organs.

Deep breathing to exercise the lungs is, therefore, important for the bed-confined patient. Here is what you can do to help your patient.

- Help your patient to sit up. Provide a pillow for back support.
- Place your hands on either side of your patient's lower ribs.
- Your patient should inhale through the nose so that you can feel the ribs push out.
- Have your patient hold his or her breath for three seconds.
- Your patient should then exhale through the mouth and nose, until you can feel the ribs draw in as the air is expelled.
- Your patient should repeat this exercise two or three times, and afterward try to cough up mucous if any is present.
- If your patient has an incision that becomes painful during deep breathing, ask him or her to hold a pillow against the incision to splint it.

Walking is also an excellent form of exercise. Help your patient to walk whenever possible. It promotes your patient's physical and mental well-being.

Exercise will help to loosen the body and restore muscle tone. Long-term bed confinement may have lasting consequences as a result of enforced inactivity. Exercises can reduce the possibility of these consequences. Consult your doctor or nurse about the type of exercise your patient can tolerate, and ask how frequent it should be.

POSITIONING

Four basic positions for support and comfort are presented below. All of these positions can be modified to suit individual needs. Remember always to use proper body mechanics when positioning your patient.

1. Upright Position:

Your patient sits up, with the back supported by several pillows or by pillows and a back rest. Two of the pillows may be used to support your patient's arms, and a footboard may be used to prevent him or her from slipping down the bed.

2. Back-Lying Position:

- Your patient lies flat on the back, with the head supported by one or two pillows. The head, shoulders, and hips are in a straight line.
- The knees are slightly bent. This is accomplished by placing a small pillow under your patient's thighs, just above the back of the knees.
- Your patient's feet are slightly apart. They are supported by a footboard so that they form a right angle with the legs at the ankle joint.
- A small, flat pillow may be used to support the small of the back.
- The arms lie next to the body, with the forearms bent toward the body.
- The thumb of each hand is turned toward the palm, and the fingers are in a grasping position. For a long-term patient, hand rolls may be used to prevent contracture.
- Hip rolls may be used for long-term patients to prevent the hips from turning outward.

3. Side-lying Position:

- Stand on the side of the bed to which your patient is to be turned.
- Place your patient's far arm across the chest, and bend the far leg. Ensure that your patient's near

arm is away from the body, so that your patient does not roll on it.

- Stand opposite your patient's waist, with one foot a step in front of the other and your knees slightly bent.
- With one hand on your patient's far shoulder and other hand on the far hip, shift your weight from your forward leg to your rear leg as your patient is being turned.
- Flex your patient's upper knee, straightening the lower leg to provide a wide base of support and to "anchor" your patient in bed. Use a pillow to support the upper leg.
- Use another pillow to support your patient's upper arm. This helps to expand the chest and make breathing easier.
- Make sure your patient's feet rest at right angles.
- Additional pillows may be used to support the back.

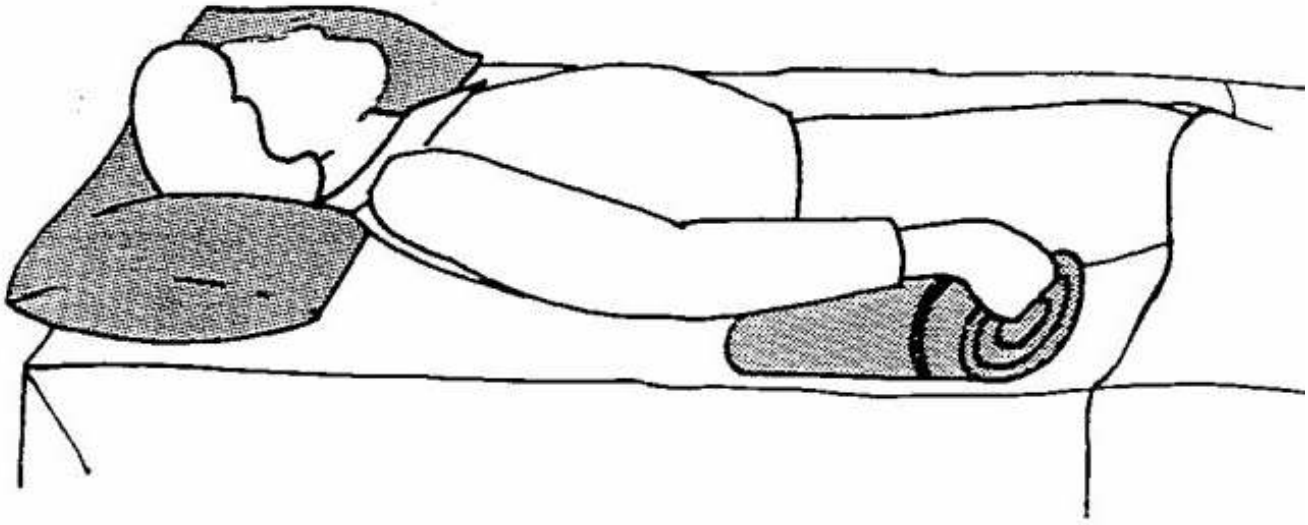
4. Stomach-Lying (Prone) Position:

This position is often used to relieve a sore back or buttocks. Many people relax and sleep well in this position; some find it comfortable to flex their arms over their heads.

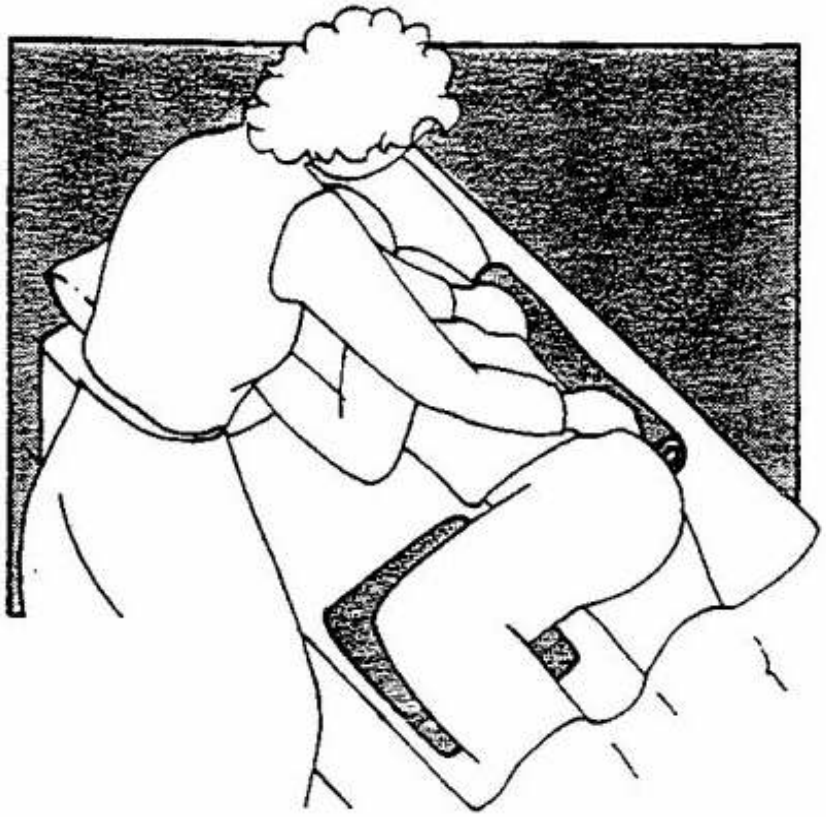
- Your patient lies on his or her stomach, with the head turned to one side.
- If needed, place a small pillow under the abdomen at the level of the diaphragm, in order to give support to the spine and, in the case of a female patient, to take weight off the breasts.
- Place a pillow under your patient's lower legs to elevate the toes of the bed and to permit slight flexion of the knees.

Always consult your doctor or nurse about suitable positions for your patient. develop a routine of regular turning for bedridden patients, using directions from your doctor or nurse. Usually, a patient is turned from one side to the back to the other side and then onto the stomach.

BACK-LYING POSITION



SIDE-LYING POSITION



PREVENTING PRESSURE SORES

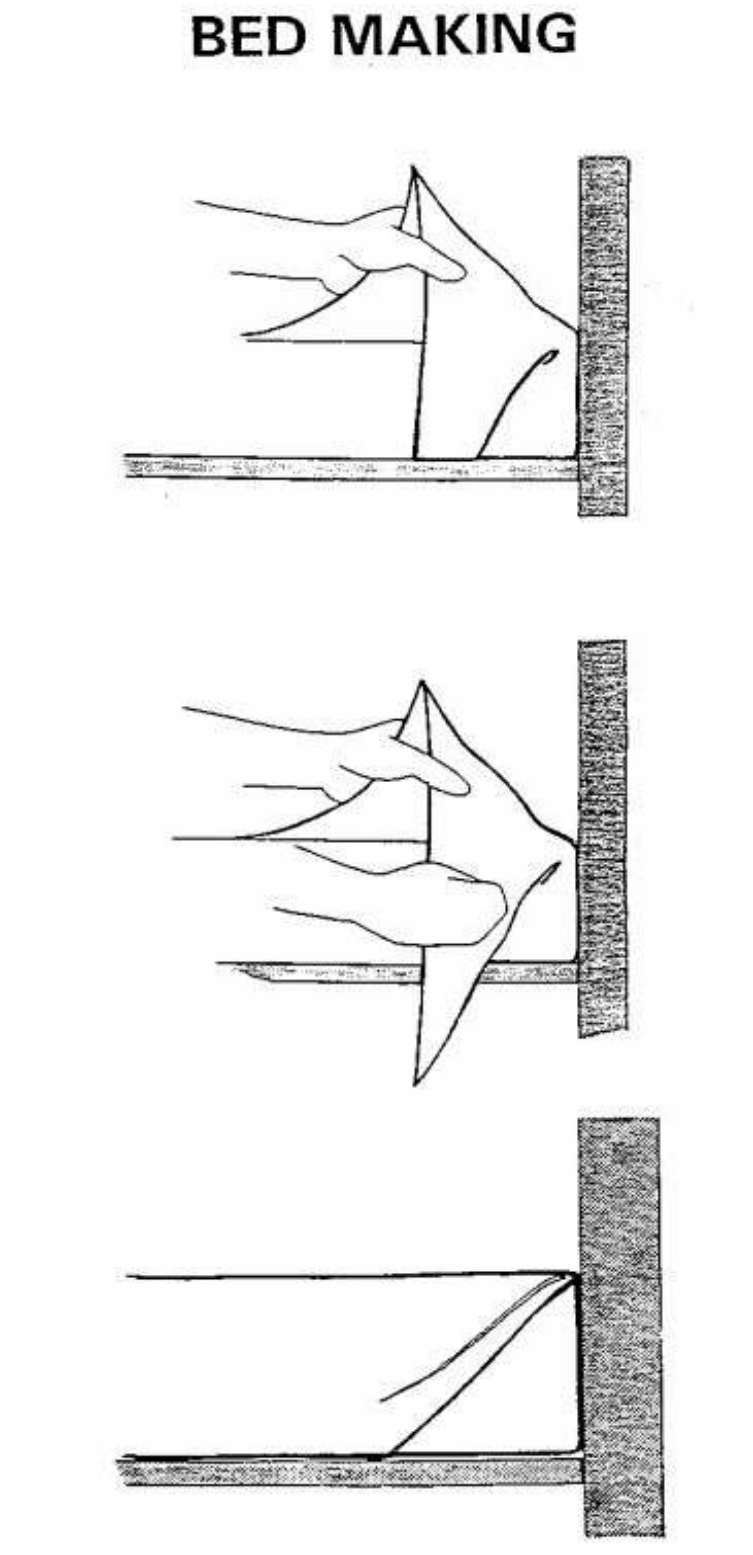
Pressure sores, also known as bed sores, may develop in ill persons who are bedridden for a long period of time, especially if they are unable to move about freely. Pressure sores also affect those who must sit in chairs or wheelchairs for several hours at a time. They occur as a result of prolonged pressure on one part of the body, causing poor circulation to the area and subsequent tissue damage. Bed sores are most often seen on the bony prominence of the body, such as the bottom of the spine, heels, and elbows. If not treated, they quickly increase in size and become very painful. Infection often complicates the picture.

The conditions that lead to bed sores include continuous pressure on one area, dampness, a break in the skin surface, poor nutrition, dehydration, poor blood circulation, and the presence of bacteria.

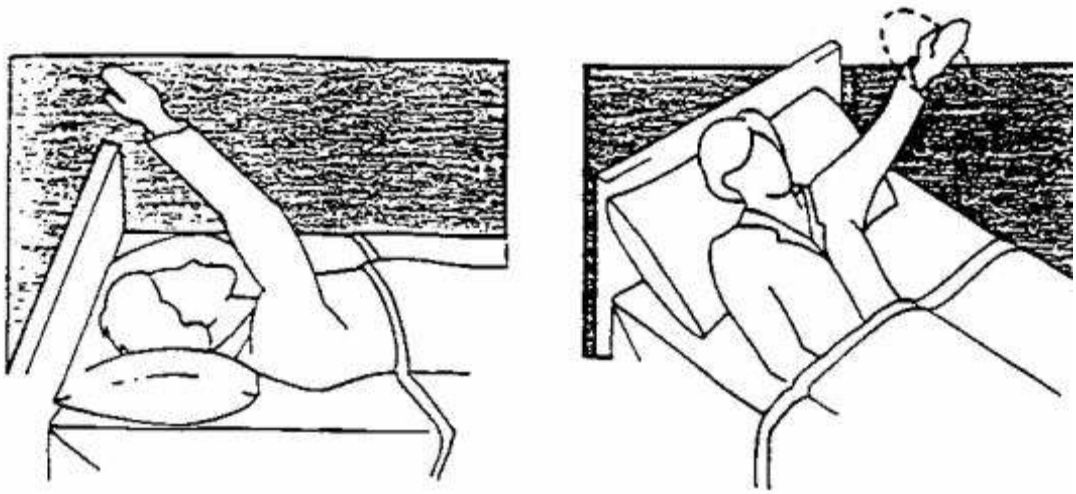
Prevention of bed sores depends almost entirely on giving good care. This is what you can do to prevent bed sores:

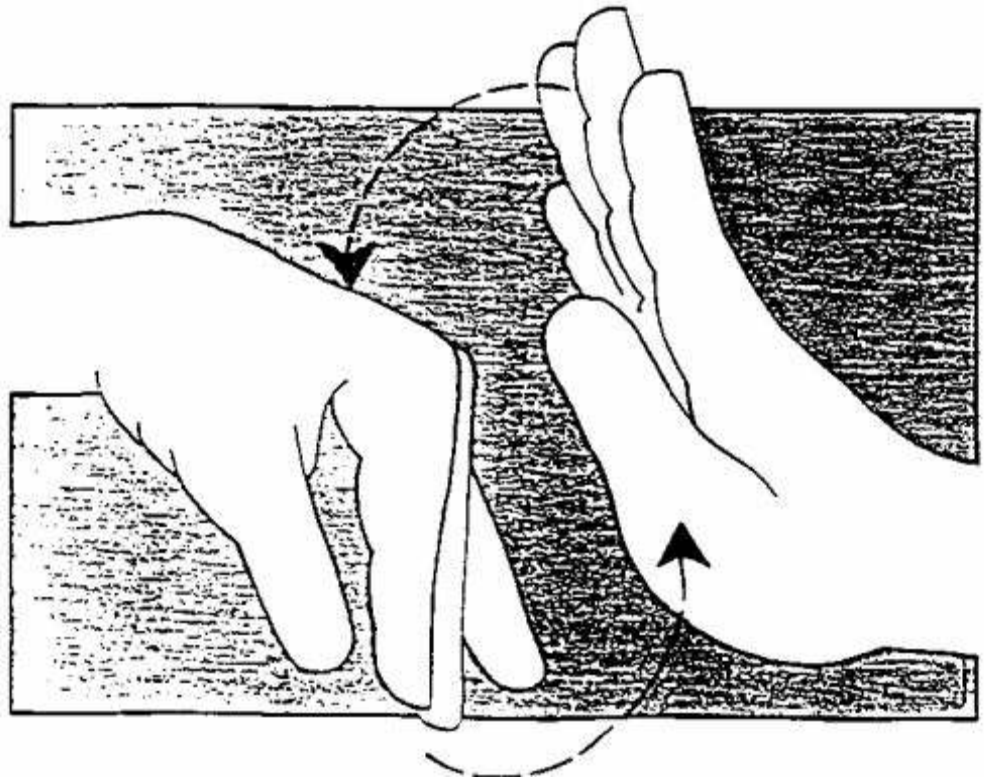
- Make sure that your patient's sheets are clean, dry, and smooth.
- Change your patient's pyjamas when soiled or wet.
- Keep the areas between the folds of the skin clean and dry.
- Wash your' patient's skin once or twice a day.
- Wash your patient after urination or elimination, especially if there has been a loss of bladder or bowel control.
- Massage all bony prominence with cream or lanolin lotion regularly.
- Change your patient's position at least once every four hours, or more frequently as suggested by your doctor or nurse.
- Exercise your patient regularly.
- Use special devises - foot cradles, pillows, etc. - keep the weight of the bedding off the body.
- Use sheepskin, foams, and sponges to protect pressure-bearing areas.
- Make sure your patient drinks enough fluids.
- Make sure your patient is receiving enough nutrition.

BED MAKING



EXERCISING THE ARMS





A SHORT REVIEW

In the section below, indicate your answers by circling the letters preceding the correct answer to each question. There may be more than one correct answer to a question.

1. Before changing a bed with someone in it, you should:

    a) Open the window and door.
    b) Feed the person.
    c) Help the person turn and lie on one side of the bed.
    d) Help the person lie in the centre of the bed.

2. After you have made one side of the bed, you then:

    a) Change the bedspread.
    b) Move the patient to the clean side of the bed.
    c) Tuck in the blankets at the bonom of the bed.

3. Exercises should be stopped:

    a) Only when they have been completed.
    b) Whenever the person feels discomfort or pain.
    c) If the person doesn't want to continue.

4. Which of these people are well supported in the side-lying position?

    a) Woman lying with pillows under her head and neck, her upper arm and elbow, along her back, and under her upper leg and foot. Her feet rest at right angles.
    b) Woman lying with pillows under her head and neck, along her back, and under her upper leg and foot. Her feet are dropping.
    c) Woman lying with pillows under her head and neck, along her back, and under her lower leg and foot. Her feet are dropping.

5. Which of these people are well supported in the stomach-lying position?

    a) Woman lying flat on her stomach, head turned to one side.
    b) Woman lying flat on her stomach, head turned to one side, a small pillow under her abdomen at the level of the diaphragm and another pillow under her lower legs to elevate her toes off the bed.
    c) Woman lying flat on her stomach, her head turned to one side and a pillow under her knees.

6. Which of the following areas are most likely to suffer from pressure sores?

    a) Bottom of spine.
    b) Heels.
    c) Cheeks.
    d) Stomach.
    e) Elbows.

7. Pressure sores are caused by:

   a) Poor circulation.
   b) Pressure.
   c) Dampness.
   d) Too much sun.
   e) Not enough sleep.

8. Pressure sores can be prevented by:

   a) Frequent washing and drying.
   b) Frequent changes in position.
   c) Massage.
   d) Good diet.
   e) Enough sleep.

CHAPTER TEN

BED MAKING, EXERCISING, POSITIONING, & PREVENTING PRESSURE SORES

A SHORT REVIEW ANSWER KEY

1. c

2. b

3. b

4. a

5. b

6. a, b, e

7. a, b, c

8. a, b, c

CHAPTER ELEVEN
MEDICATIONS

THE "FIVE RIGHTS" OF GIVING MEDICATION

1. Right Medication
2. Right Person
3. Right Amount
4. Right Time
5. Right Method

1. Check carefully, and then recheck, the label on the medication before you give or take it. Give only the right medication.

2. Never use a medication for anyone other than the person for whom it was prescribed, no matter how similar the illness may seem. Give it only to the right person.

3. Count and measure the prescribed dosage precisely and accurately. Never give or take more or less than directed. Give or take only the right amount.

4. Read the label to see when to give or take the medication - every so many hours; at bedtime; or before or after meals. Give or take it only at the right time.

5. Make sure you know how to use, apply, or give the medication called for - by dropper, by diluting it, by tablet and water, by rubbing it on, etc. Give the medication only by the right method.

ADMINISTERING VARIOUS KINDS OF MEDICATIONS

1. Tablets:

Two tablets have been prescribed for grandpa. Let us see how Mrs. Davies gives the medication:

- She washes her hands.
- She reads the label to be sure that she is using the right medication.
- She reads the label again, before putting two tablets into a small glass.
- She puts the top back on the bottle and reads the label a third time. Mrs. Davies is sure that she has the right medication.
- Normally, grandpa would swallow the tablets one by one, washing them down with a glass of water or juice. But today he has difficulty swallowing. Mrs. Davies crushes the tablets in a small glass (or between two spoons) and mixes the powder with some juice to make it easier to swallow. (Young children may have their crushed medicine mixed with jam or honey).
- Mrs. Davies gives the medication to grandpa. She makes sure that he swallows the entire dosage.
- She washes her hands.
- She records the time, drug name, and dosage.

2. Liquids:

For the cough, Dr. Sims has recommended an over-the-counter remedy that is in liquid form. This is how Mrs. Davies gives the liquid.

- She washes her hands.
- She reads the label and takes out the correct bottle of medication.
- She mixes the medicine well by turning the bottle top-to-bottom several times. As a rule; Mrs. Davies does not shake the bottle unless instructions suggest it.
- She uses a marked glass to make sure that she measures an exact dosage. She reads the label again before pouring.
- Holding the bottle at eye level, she pours the liquid into the glass. She holds the bottle with its label side up, so that any drippings will not mark the label.
- She reads the label a third time before putting the bottle away. -She makes sure that grandpa swallows all the medication.
- She does not allow grandpa to drink immediately after taking the cough medicine, as this would wash the medicine away.
- She washes her hands again.
- She records the time, drug name, and the dosage given.

3. Ear Drops:

The infection that has spread to grandpa's ears will be treated with ear drops. This is how Mrs. Davies gives the prescribed ear drops.

- She washes her hands.
- She reads the label.
- She takes the bottle and warms it by rolling it between the palms of her hands.
- She helps grandpa to lie on his side.
- She reads the bottle's label again.
- She removes the dropper and squeezes the rubber bulb until most of the air has been released.
- She immerses the tip of the glass tube into the medication.
- She slowly releases the pressure of the bulb, allowing the medication to draw up into the glass tube until it is filled.
- She reads the label a third time before giving the ear drops. She pulls grandpa's ear lobe upward and backwards and squeezes the drops of medication into his ear canal. (For a child under four years of age, Mrs. Davies would have pulled the ear slightly down and backward).
- Grandpa remains lying on that side for three to four minutes. Then medication is given into the other ear.
- Mrs. Davies washes her hands.
- She records the time, drug name, and dosage given.

4. Nose Drops:

The next item on grandpa's program is nose drops for his runny nose and stuffed nose. Mrs. Davies takes the following steps:

- She washes her hands.
- She reads the label to make sure that she has the right medication.
- Grandpa lies flat on the bed, without a pillow under his head.
- Mrs. Davies re-reads the label on the bottle.
- She fills the dropper properly and reads the label for the third time.
- She drops the medication into grandpa's nostrils and is careful not to insert the dropper into his

nose.

- Grandpa remains in the lying position for at least one minute to retain the drops.
- Mrs. Davies washes her hands after the medication has been given.
- She records the time, drug name, and dosage given.

5. Nasal Sprays:

Dr. Sims might have suggested the use of a spray for Grandpa's runny nose and stuffed nose. This is what Mrs. Davies would have done.

- She would follow the hand washing, label reading, and recording routine in the same way as before.
- She would tell grandpa to keep his head upright.
- She would spray the medication once or twice in each nostril.
- She would avoid letting the liquid run back into grandpa's throat.
- Nasal sprays are generally used for no more than two to three days. Mrs. Davies would be careful to observe this.

6. Eye Drops:

Grandpa's eyes are slightly red. Dr. Sims has not prescribed any eye drops for her patient, as she feels that this is not necessary. Had Dr. Sims ordered eye drops, this is the way Mrs. Davies would have given them.

- She would follow the hand washing, label reading, and recording routine in the same way that she would with any other medication.
- She would stand behind grandpa, a little to one side.
- She would tell Grandpa that the medication might sting momentarily, but that he should not rub or shut his eyes.
- She would use a cotton ball, moistened with tap water, to clean the eye. She would wipe the eye from the inner corner outward.
- She would draw up the right amount of solution into the dropper. Then she would gently draw down grandpa's lower lid with one finger and ask him to look up.
- She would hold the dropper as near to the eyelid as possible without touching the eyelid or eyeball. She would drop the medication into the pocket created when the lid was drawn down. She might find it helpful to steady her wrist by pushing gently on grandpa's forehead.
- She would tell grandpa to close his eyes slowly to distribute the drops over the eyeball. She would dry his eyelids and cheeks with facial tissue.

7. Ointments:

Grandpa has eczema on his hands. He has been applying an ointment. This is what he does:

- He squeezes a drop of medication onto a tongue depressor. Sometimes he uses the handle of a spoon and boils it for five minutes after use.
- Using the tongue depressor or spoon handle, he applies the medication to the affected area on his hand.
- He then leaves the affected area on his hand open to the air.
- If his skin is broken and sterile ointment is required. Grandpa squeezes a drop of medication onto cotton swab and discards it because the lip of the medication tubing is unsterile. Sterile technique will be used.

8. Rectal Medication:

Grandpa has another difficulty, that of constipation. There are suppositories and enemas to treat constipation. These items are commercially available and can be purchased at drug stores. Although directions for their use are given clearly on the packages, these items should never be used withol professional advice.

a) **Suppositories:** If the suppositories are prescribed, then in addition to following the directions I the package, you should be mindful of the following things.

- Should be stored in the refrigerator.
- Remove outside wrapping before using.
- Should be inserted into the rectum about 2.5 centimetres (one inch) with the pointed tip first.
- Most are already lubricated. If needed, petroleum jelly may be used.

b) **Enemas:** Dr. Sims has decided that grandpa should increase both his fluid intake and the rough. content of his diet. He is also to move about as much as possible. In this case, Dr. Sims has ordered an enema for quick results. This is how Mrs. Davis gives the enema:

- She washes her hands.
- She gathers her equipment:
    1. The solution ordered by the doctor.
    2. An enema bag/adapted hot-water bag.
    3. Rubber tubing.
    4. A clamp.
    5. A rectal nozzle.
    6. A lubricant such as petroleum jelly.
    7. Plastic sheet to protect bed.
    8. A small blanket.
    9. Warm bedpan.
    10. Toilet tissue.

Commercially prepared enemas come with solutions in containers that are ready to use. With these enemas it is not necessary to have the bag, rubber tubing, clamp, and rectal nozzle listed above.

- Mrs. Davies first encourages grandpa to urinate, if able.
- She then helps him to lie on his left side, with his knees flexed. She makes sure that his hips are as close as possible to the edge of the bed. She covers him with a small blanket.
- She fills the enema bag with the solution and releases the clamp temporarily to let a small amount of solution run through the tubing into the bedpan, so that the air in the tubing is expelled.
- She places the bedpan within easy reach of the bed.
- She places the enema bag on top of a nearby dresser, which is about 30 centimetres (1 foot) higher than him. Normally, the enema bag should be about 30 to 35 centimetres (1 to 1 1/2 feet) above the patient. The bag may be hung from a picture hook or a nail in the wall. -She lubricates the rectal nozzle with petroleum jelly.
- She checks that the temperature of the solution is' as ordered by the doctor - usually lukewarm.
- She gently inserts the rectal nozzle not more than 8 centimetres (3 inches) into the rectum. She holds the nozzle in place, as grandpa's is not able to do it.
- She releases the clamp slowly and controls the flow of water by raising or lowering the enema bag or by partially clamping the tube.
- Soon grandpa feels discomfort and indicates this to her.
- She immediately clamps the tubing and instructs him to breathe deeply. When the discomfort

subsides, she unclamps the tubing and lets the solution continue to flow. She repeats this procedure until the bag is almost empty.

- She asks him to retain the solution for two to three minutes.
- He is able to get to the bathroom, so the bedpan is not used.
- She observes and records the results of the enema.
- She washes her hands.
- As the enema set is not of the disposable kind, she washes the bag and tubing and scrubs the rectal nozzle well with warm, soapy water. Once they are thoroughly rinsed, they are hung to drain. She then washes her hands. When the bag and tubing are dry, She powders all soft items to keep them surfaces from sticking.
- She then wraps them in a clean cloth and stores them away from heat and light.

SUMMARY REVIEW QUESTION

1. Listed below are the steps required to instill eye drops into the eye of a patient. Place them in proper order by numbering them 1 to 13.

___ Wipe the eyelids and cheek dry with facial tissue.
___ Wash your hands.
___ Clean the eyelid using a swab moistened with tap water. Wipe from the inner corner outward.
___ Gently draw the lower lid downward and ask your patient to look upward.
___ Read the label.
___ Expel the air from the dropper and draw up the right amount of solution Into the dropper.
___ Stand beside your patient and a little to one side.
___ Re-read the label.
___ Drop the medication slowly into the eyelid without letting the dropper touch the eyelid or eyeball.
___ Re-read the label. Wash your hands.
___ Record the date, time, drug name and dosage given on the appropriate chart form.
___ Tell your patient to close his eyes slowly to distribute the drops over the eyeball.

2. Read the statements below. Indicate your answers by circling T if the statement is true and F If it is false.

a) When eye drops are instilled into the eye, the patient may experience a stinging sensation	T	F
b) When instilling eye drops, the dropper should be positioned on the lower eyelid	T	F
c) To give nose drops, the drops should be inserted into the nostril.	T	F
d) The patient should be lying flat on his back without a pillow when nose drops are to be given.	T	F

Fill in the blanks using the words provided.

e) Before giving nose drops, you should _____ the label. (wash, right, read)

f) The patient should lie flat for _____ seconds following the insertion of nose drops. (30, 60)

3. To apply an ointment onto the skin, you should:

a) Squeeze the ointment directly onto the skin from the tube.
b) Squeeze the ointment onto your fingers and rub onto the skin.
c) Squeeze the ointment onto a tongue depressor and then apply to the skin.

4. When applying an ointment you should wash your hands:

a) Before the application.
b) After the application.
c) Before and after the application.

5. Mrs. "X" is complaining of constipation. The doctor has ordered Milk-of-Magnesia, but Mrs. "X" dosen't like the taste of it. Instead she decides to give herself one of her husband's suppositories.

Which of the following **"Five Rights of Giving Medication"** is Mrs. "X" ignoring:

- ! The right medication
- ! The right person
- ! The right time
- ! The right amount
- ! The right method

6. Rectal suppositories should be inserted into the rectum approximately:

- ! ½ inch
- ! 1 inch
- ! 3 inches
- ! 1 ½ inches

7. When giving a rectal suppository to a patient in bed, the patient should be on his:

a) Right side with the upper leg flexed over the lower leg.
b) Left side with the upper leg flexed over the lower leg.
c) Left side with both legs extended.
d) Right side with both legs extended.

8. The doctor has ordered a disposable enema for Mrs. "X"'s constipation. Describe the procedure for giving such an enema by ordering the tasks below from 1 to 8.

____ Wash your hands.
____ Wash your hands.
____ Insert the nozzle into the rectum three inches.
____ Slowly squeeze the enema solution into the patient's rectum.
____ Warm the enema solution by rolling the container in your hands.
____ Record the date, time, and the results of the enema.
____ Remove the protective covering from the nozzle.
____ Place the bed pan and toilet tissue within easy reach of the patient.

CHAPTER ELEVEN

MEDICATIONS

A SHORT REVIEW ANSWER KEY

1. #1. Wash your hands
   #2. Read the label
   #3. Stand beside your patient and a little to one side
   #4. Clean the eyelid using a swab moistened with tap water. Wipe from the inner corner outward
   #5. Re-read the label
   #6. Expel the air from the dropper and draw up the right amount of solution into the dropper
   #7. Re-read the label
   #8. Gently draw the lower lid downward and ask your patient to look upward
   #9. Drop the medication slowly into the eyelid without letting the dropper touch the eyeball
   #10. Tell your patient to close his eyes slowly to distribute the drops over the eyeball.
   #11. Wipe the eyelid and cheek, dry with facial tissue
   #12. Wash your hands
   #13. Record the date, time, drug name, and dosage given on the appropriate chart form

2. a) T
   b) F
   c) F
   d) T
   e) Read, right
   f) 60 seconds

3. C
4. c
5. b
6. b
7. b

8. #1. Wash your hands
   #2. Warm the enema solution by rolling the container in your hands
   #3. Remove the protective covering from the nozzle
   #4. Insert the nozzle into the rectum about three inches
   #5. Slowly squeeze the enema solution into the patient's rectum
   #6. Place the bed pan & toilet tissue within easy reach of the patient
   #7. Wash your hands
   #8. Record the date. time and results of the enema

CHAPTER TWELVE
TREATMENTS

Minor accidents are common occurrences in the home. While you must try to make your home environment safe, you should also learn to cope with injuries. This means you must learn such thing as how to treat cuts and bruises, how to change dressings, and how to bring down an elevate(temperature. This chapter will guide you through various treatments, give reasons for them, and te you how to administer them properly.

In Parts I and II of this chapter we will use Yvonne and Henry Smith and their trree children, Lorraine, Ted, and Andrew, as model care-givers and patients.

I. USE OF HEAT:

When heat is applied to an area of the body, the blood vessels become dilated, which draws mo blood to that area.

The results are that the heat:
- Increases circulation
- Increases perspiration
- Relaxes the muscles
- Relieves tension
- Relieves pain
- Promotes the drainage of wounds.

There are two kinds of heat treatment. Dry heat is applied in the form of electric heating pads, elect blankets, or a hot-water bottle. Moist heat is given in the form of hot baths, moist compresses, s baths, steam inhalations, or soaks. A moist heat treatment is more effective than dry heat, becal it conducts heat faster. When any heat treatment is applied to elderly people or to those with P(circulation, exercise extreme caution to avoid burning them.

1. Hot-Water Bottles:

The Smith's daughter, Lorraine, is sneezing and in bed with the flu. Lorraine complains of being una to get warm and be rid of the chill that is plaguing her. Mrs. Smith has piled several blankets on of Lorraine, but to no avail. Her feet remain icy cold.

Mrs. Smith calls Dr. Russell, who suggests that a hot-water bottle may help. This is how Mrs. Sr administers the hot-water bottle:
- First, Yvonne Smith tests the bottle for leaks and weak spots by filling the bottle with water screwing the top tightly shut. She then holds it upside down to check it for leaks. She also checks the whole bottle for weak spots. The bottle is in good condition.
- She heats some water in a kettle.
- She pours the hot water into a pitcher, and adds some cold water until the temperature is bearable to the hand.
- She rests the bottle in the sink and fills the bottle two-thirds full.
- She places the bottle flat on the counter and gently presses down on it to expel air.
- When she can see water in the neck of the bottle, she screws the top tightly shut.
- She holds the bottle upside down and shakes it to test for leaks.

! She then covers the bottle with a towel or pillow slip and tucks it under Lorraine's feet.

When the bottle is not in use, Mrs. Smith hangs it to drain until dry. She blows some air into the bottle and then screw the top tightly shut. She knows the air will keep the sides from sticking together. She then stores the bottle in a cool place.

2. Electric Heating Pads:

The Smith family does not own an electric heating pad. If you do, you should know the following precautions when using them:

! Always check whether the pad is safe to use; for example, see that it is not torn and has no broken wires.
! Always usee a covered pad.
! Never allow pads to get wet, not even from perspiration. Moisture conducts electricity.
! Never fold or pin heating pads.
! Never use a heating pad to cover an unexplained pain such as a stomach ache. -Never use a heating pad to cover someone with poor circulation.
! Never use a heating pad to cover and unconscious or paralysed person or a child.
! Disconnect the pad when not in use. Pull on the plug, not on the cord, to disconnect the pad. This is a safe rule for all electrical appliances and helps prolong the life of your equipment.

3. Hot Compresses:

Ted, the athlete of the family, has scraped his right shoulder during a football practice and it is now infected. Dr. Wood advises hot salt-water compresses. Ted's father, Henry, administers the hot compress as follows:

! He assembles the necessary equipment.
! He prepares the equipment by boiling small pieces of flannel and a pair of tweezers (clothes pins or kitchen tongs) for ten minutes. He also boils a cup or mug to hold the solution.
! He prepares the prescribed solution by adding one-half teaspoon of salt to each cup of water and boils the solution for five minutes.
! He allows the solution to cool until a test drop feels comfortably warm when dropped on the inner wrist.
! He dips pieces of flannel into the solution, using the tongs. Each piece is twisted to remove some of the water and shaken to get the steam out. he then applies the piece to Ted's infection, being careful to check that it is comfortably warm but not too hot. He leaves it in place until it is no longer warm.
! After each application, he discards the used compress into a waste-paper bag.
! Ted has no dressings. If there were dressings, Henry would clean the wound first, cover it with a piece of sterile gauze, then apply the compress.

Henry is accustomed to applying compresses, as Ted has sore muscles once in a while as a result of strenuous practice sessions on the football field. Normally, Henry does not have to discard these compresses because the skin is not broken. To help the heat penetrate, Henry cover these compresses with a plastic sheet and a flannel pad (or small towel). He wraps a towel around the area to secure the compress. He then prepares a second compress, which will be applied when the first one has cooled.

4. Hot Soaks:

Ted understands the value of heat treatments. Once, he sprained his left foot and was advised by the

doctor to have hot soaks. He managed to give himself that treatment. This was what he did:

- He assembled a large basin (or pail), a bath towel, and a kettle of heated water.
- He placed the basin on the floor and poured water into the basin.
- He tested the water to make sure that it was not too hot. He knew it was the right temperature by testing it with his elbow.
- He immersed his affected foot slowly into the basin, gradually accustoming himself to the heat.
- He soaked his foot until the water was no longer warm. Then he dried his foot with the towel, taking special care to dry between the toes.

5. Steam Inhalation:

Another kind of moist heat treatment is steam inhalation. Breathing in warm, moist air helps ease hoarseness, sore throat, difficulty in breathing, and coughing. The treatment requires the plugging in of a hot-steam inhalator or vaporizer. Today, however, cold-steam vaporizers are recommended by many doctors.

If a steam inhalation is prescribed, and you do not own your own electric inhalator and cannot borrow one, you may improvise, as Mrs. Smith did for her youngest child, Andrew.

- She filled a pitcher two-thirds full of boiling water.
- She cut a small hole in the bottom of a sturdy brown-paper bag. The bag was large enough to fit over the pitcher of boiling water.
- She inverted the paper bag and placed it over the pitcher. Then she wrapped a towel around the sides of the bag and pitcher to avoid burning herself or Andrew.
- She let Andrew sit comfortably on a chair and had him place his mouth over the hole in the paper bag and inhale steam.
- She stayed with Andrew until the treatment was finished. She held the pitcher throughout the treatment so that it would not tip over. (Never use this method with a child who is too young to co-operate. In that case, boiling a kettle in the room from time to time may help. You must stay with the child at all times while a kettle is being boiled).

II. USE OF COLD:

When cold is applied to an area, the blood vessels constrict, reducing the blood flow to that area. The effects of cold treatments are:

- Body temperature is reduced
- Swelling stops
- Pain is relieved
- Circulation is decreased
- Bleeding is controlled

You will notice that both heat and cold relieve swelling and pain. You may wish to consult your doctor or nurse about the right treatment to use.

Like the heat treatment, there are two kinds of cold treatment. Dry cold is applied by use of an ice bag or a chemical bag that has been chilled in the freezing compartment of the refrigerator. Moist cold is applied by compresses made from gauze or a folded washcloth.

1. Ice Bags:

Ted's father prepares the ice bag. This is what he does:

- He fills the ice bag with cold water and up-ends it to see whether it leaks. If he did not have an ice bag, he could improvise by using a double plastic bag.
- He empties the ice bag and then fills it half-full with ice. He has crushed this ice by putting cubes into a plastic bag, wrapping them in a towel, and smashing them with a heavy object (rolling pin, hammer). Air is expelled from the bag as it is from the hot-water bottle.
- He wipes the ice bag dry and then wraps it in a clean towel.
- He makes sure that Ted's leg and ankle are elevated. He then applies the bag as Dr. Wood has suggested.
- Henry checks Ted's ankle carefully every few minutes. If it becomes numb or the skin becomes blue, Henry will discontinue the treatment.

2. Cold Compresses:

Moist cold compresses are frequently used to relieve headaches and muscle pain and to reduce swelling. Their applications are many. The following are three clinical situations that demonstrate the use of cold compresses:

- Ted took a nose dive and bumped his head. There was no bleeding. The doctor ordered a cold-compress treatment to reduce the swelling on the bridge of his nose.
- Lorraine, in putting up the drapes, twisted her back muscles. The doctor ordered cold compresses to relieve the pain for the first twenty-four hours and hot compresses thereafter.
- Andrew cut his foot on a shell at the beach. The doctor ordered a direct-pressure dressing to control the bleeding and a cold compress to reduce the pain from the swelling.

Cold compresses are made by using gauze, clean linen, or fresh wash cloths folded to the size you need. This is how you proceed:

- Prepare a bowl with ice cubes and a small amount of water.
- Protect the bed with a towel.
- Wring the compress out of the iced water and apply gently, but firmly, to the affected area.
- Place another compress in the water to cool.
- Change the compress when it feels warm or every two minutes, whichever comes first.
- Continue the treatment as prescribed or for about twenty minutes.

3. Cold-Steam Inhalation:

Cold-steam vaporizers are used in the same way as hot-steam inhalators. These vaporizers produce droplets of cold water and are preferred by some doctors. They are available commercially or may be borrowed from the sick-room equipment loan services of voluntary medical-care agencies.

III. DRESSINGS:

Dressings on wounds are usually applied and changed by the nurse or doctor. However, it may be necessary for you as care-giver to apply or change a simple dressing.

Dressings are applied for the following reasons:

- They prevent germs from entering the wound; thus they protect the wound from infection.
- They absorb any discharge.
- They protect the wound from injury.
- They provide support.

A dressing should be changed:

- According to the directions of the nurse or doctor.
- If it becomes wet while bathing.
- If it becomes wet from the wound's discharge.
- If the discharge smells.

Only sterile dressings should be used. Sterile dressings of various sizes may be purchased in individually wrapped packages from drug and department stores. Or, you can make your own dressing material by following four simple steps:

- Wrap dressings in small numbers in brown-paper packages. Place them on the centre rack of your oven with a pan of water beneath, on the oven floor.
- Bake at moderate oven temperature for one hour.
- Remove the pan of water after the first half-hour to reduce wetness on dressings.
- Check the dressings frequently to ensure that they do not burn.
- Store them in a clean pillow slip for only short periods of time. Do not make more than you need for a couple of days at anyone time.

Karen Casey:

Karen was playing tennis when she skidded on a small stone, causing her to scrape her leg on the gravel edge of the tennis court. It was an ugly laceration. Her sister, Barbara, took her to the emergency ward of the local hospital, where the doctor in attendance cleaned the wound, applied a simple dressing, and told the sisters what to do to change the dressings. (If possible, have your community nurse show you how to do the following procedure.)

This is what Barbara does to change Karen's dressing:

- Barbara assembles all the equipment:
  - a large pot, a small dish, tongs, a knife
  - a sterile dressing, sterile swabs
  - tape, scissors, a bandage, a paper bag
  - tissue, paper towels

- She boils the small dish, tongs, and knife in the large pot for ten minutes, with the water covering the articles.
- She has the other materials readily at hand as she makes Karen comfortable.
- Barbara washes her hands, using the five steps. She will wash her hands again after removing the soiled dressing, and once again after completing the procedure. -Barbara drains the pot of boiling water.
- She grasps the handle of the tongs, being careful not to touch the ends.
- She removes the dish from the pot by using the tongs. She pours the prescribed solution into the dish.
- She removes the soiled dressing by the corners and discards it into a paper bag. If the dressing does not come off easily, Barbara will remove it by soaking the dressing with the solution. -She washes her hands a second time.
- She swabs the area with the solution, working from the wound outward, and discards the used swabs into a paper bag. Each swab is only used once.
- Using tongs, Barbara lifts one piece of dressing at a time out of the package. -She opens the ointment and lays the cap, inside up, on a tissue. -She uses the tongs to remove the sterile knife from the pot.

- She uses the sterile knife to spread the ointment onto the dressing.
- If the ointment is in a tube, Barbara will first discard a drop of ointment before spreading it onto the sterile dressing. (The lip of the tube is usually in contact with the lid and is thus considered unsterile).
- Barbara fastens the dressing in place with strips of tape and then applies a bandage (or a binder) to secure it.
- If no ointment is used, Barbara can use tongs to take the sterile dressing out of the package and just apply it onto the wound. She then secures the dressing using tape and bandage in the same manner.
- When the procedure is complete, Barbara washes her hands again. -She records her observations of the wound.

SECURING DRESSINGS:

Improving a Dressing:

In treating cuts and dressings, common household items can be used to save you money. For example, instead of using tongs, you can use clothes pins, tweezers, or masking tape. Cotton fluff can take the place of commercial swabs.

For a non-sterile compress to be used on a small area such as the eye, you may use a wooden spoon with a pad of absorbent cotton wrapped firmly into the bowl of the spoon with gauze. Dipping this padded spoon into the compress solution and applying it to the affected area works just fine. These are some suggestions for improvisation. Look around the house and you will probably be able to find other items you could use.

VI. CARE OF THE CAST:

Casts are used in the treatment of many orthopaedic conditions. The purposes of casting are:
- To immobilize, support and protect a fractured part of the body during the healing process.
- To restrict usage of or support diseased or weakened bones, joints or muscles.
- To prevent or correct deformities.

1. Types of Casts:

The plaster cast, used for immobilization, should be moulded to the shape of the casted part and include the joint above and the joint below the affected part,

The body and extremities can be casted in many different ways. The common types are as follows:

A. Arm Casts:

Depending on the purpose, arm casts can be applied in varying lengths from above or below the elbow joint to the mid-palm. The fingers and the thumb are usually exposed.

B. Leg Casts:

Like arm casts, leg casts can be applied from either above or below the knee to the foot with all the toes visible to check for complications and to permit movement. A leg cast may be either weight bearing or non-weight bearing. If the cast is to be weight bearing, a walking heel is applied. The heel bears the patient's body weight and prevents wear on the bottom of the cast.

C. Body Casts:

These casts extend from the upper chest over the trunk to the pubis. The head, shoulders and extremities are free and the buttocks and perineal area are exposed. Body casts should not be applied too tightly so that room is provided for changes in the size of the chest with breathing and of the abdomen with eating and abdominal distention.

D. Spica Casts:

The word "spica" refers to a figure-eight or spiral, having turns that cross one another. With a spica cast, the casted part is immobilized to the main part of the body.

a) **A thumb Spica** - This is a short arm cast which includes the thumb. The spiral bandaging is between the thumb and hand. The tip of the thumb is exposed to check for complications.

b) **A Shoulder Spica** - This is a combination of a body jacket and an arm cast joined together with the shoulder of the affected side entirely casted.

c) **A Hip Spica** - This cast extends from just below the nipple line down the entire length of one leg on the affected side. The cast has an opening around the buttocks and perineal area for purposes of elimination and cleanliness.

2. Jean-Paul Lafontaine:

Jean-Paul went skiing with his brother Francois. Unfortunately, on his first trial on a hill slope, he fell and broke his left tibia (shin bone). The First-Aid Team of the ski resort and Francois took Jean-Paul by ambulance to the emergency ward of the local hospital, where the doctor in attendance X-rayed his affected leg. After proper alignment, a leg cast was applied from above the knee to below the heel. The doctor explained to Jean-Paul and Francois that his long cast was needed to immobilize the broken leg to allow healing of the tibia. Jean-Paul was sent home with crutches and with a referral to an orthopaedic surgeon in the city. Jean-Paul and Francois received several sets of instructions.

3. How To Dry a Cast:

A plaster cast, Jean-Paul and Francois were told, is a bandage that has been saturated with anhydrous gypsum. To apply, this bandage is first submerged in a bucket of water, is gently squeezed out, and then is moulded around an area of the body. A plaster cast sets Quickly, forming a cement-like substance, but takes a while to actually dry. While some casts dry completely in only a few hours, others may take several days depending on:

- Amount of water to be evaporated from the cast
- Thickness of the cast, and
- Conditions of the atmospheric environment, for example: humidity, temperature, and air circulation.

A cast should dry from the inside out. To promote drying, the cast is simply left uncovered so that it is exposed to room air. Never use a heat lamp to dry a cast. With excessive heat, the surface of a cast may dry out too quickly and the inner parts of the cast may remain damp and become mouldy. Rapid drying may also burn the skin beneath the cast or cause the cast to crack.

When a cast begins to set, it will initially generate some heat. Jean-Paul was informed of this normal process as this heat is frequently a source of concern for patients. The heat must be permitted to dissipate into circulating air. If the cast is covered with blankets during the period of most intense heat formation, i.e. the first ten to fifteen minutes following cast application, the patient could be burned. As the setting process progresses, the patient may feel cold and chilly easily. Be certain to provide adequate covering for Jean-Paul at this time while leaving the cast exposed.

A completely dry cast is:
- Odourless,
- A hollow echo results when cast is lightly tapped,
- White and somewhat shiny in appearance, and
- Feels similar to the surrounding room temperature.

A cast which still retains moisture is:
- Musty smelling,
- A dull sound results when cast is lightly tapped,
- Grey and lustreless in appearance, and
- Feels cool to the touch except during the early period of intense heat formation.

4. How To Check Circulation. Nerve Damage And Other Complications:

Circulatory impairment is frequently a complication resulting from the cast being too tightly applied. Francois should check Jean-Paul's circulation in the leh leg by examining the colour and the temperature of the exposed toes. Jean-Paul's exposed toes should be pink in colour and warm to touch.

If the toes turn blue and then white, feel cold to the touch, Francois should inform the orthopaedic surgeon immediately.

Blanching can also be used by Francois to check for Jean-Paul's circulation. Francois can momentarily compress the nail of the big toe of Jean-Paul, and observe for the return flow of blood to the nail. The compressed area should turn from white to pink immediately upon the release of pressure. Sluggish return of blood flow is a sign of circulatory impairment.

Nerve damage may be caused by the sharp edges of the bone fragments or by the injury that caused the fracture. If Jean-Paul could not move or feel the toes, Francois should, again, immediately inform the orthopaedic surgeon.

Francois or any member of the family must report to the doctor for -
- Any pain underneath the cast,
- Any unpleasant odour, and
- Any part of the cast that becomes damp or changes in colour.

Smell, dampness or changes in colour in the cast are signs of bleeding or discharge from or infection of the fractured site. The doctor emphasized that these signs would be very unlikely for Jean-Paul since he had no open wounds.

5. How To Care For The Casted Leg:

It is most important never to allow the cast to get wet. Jean-Paul was advised to take sponge baths. If a tub bath is necessary, he should use very little water in the tub and during the bath, elevate the left leg

which is to be covered with a plastic sheet.

The water-proof material should be tucked neatly and smoothly under the edges of the cast and is removed after the bath.

The mattress on the bed should be firm. Two pillows are needed to elevate the casted leg to prevent swelling. This is especially important during the first 24 - 48 hours after casting. The pillows should be covered with water-proof material to prevent absorption of moisture from the plaster. To support the leg, the pillows should be laid lengthwise and be placed touching each other with no space in between them. Placing the newly casted leg on pillows also protects the cast from pressure and flattening while drying.

Jean-Paul was advised never to poke any objects. or scratch the skin under the cast. Scratching movements ,will also disturb the smooth padded surface under the cast and make wrinkles that may contribute to skin breakdown.

The toes of the casted leg should be kept clean. This can easily be accomplished by washing them with a wet face-cloth. After washing and thorough drying, the toes should be massaged with body lotion.

Wash upper left leg around the cast at least once daily, but care must be taken not to wet the cast in the process. The areas immediately surrounding the cast may be rubbed lightly with alcohol. Lotion should never be uses around or under the cast as it has a tendency to build-up on the inside of the cast and becomes sticky.

If the cast becomes rough on the edges, cover rough area with tape.

Jean-Paul should be helped when turning or positioning in bed. Two persons are needed with one on each side of the bed.

Each time Jean-Paul is turned, make certain to brush away loose pieces of plaster, smooth out the linen on which Jean-Paul has been lying. Inspect the exposed skin on which the patient has been lying. These areas should be washed and massaged with body lotion at least twice a day for Jean- Paul.

6. Daily Activities And Exercises:

The doctor emphasized that the amount of activities permitted would vary with each individual. For Jean-Paul, no limitation was imposed on his daily activity. Jean-Paul was advised, however, that he may experience pain for the first few times when he first lowers his left leg into a dependent position (as in walking or standing). The pain is due to blood rushing into the leg as it is lowered.

The left foot may appear to be darker when it is down. This is normal. The leg should be lowered for only short periods of time at first, and then gradually lengthen the periods of dependency. The left leg should be elevated when not walking. Jean-Paul was strongly advised not to bear weight on the left leg. At his return appointment with the orthopaedic surgeon in a few weeks time, a "heel" will be attached to his cast to allow him to walk.

Jean-Paul was taught to exercise the joints above and below the cast, namely the hip joint and the toes. Exercise stimulates circulation and promotes the return flow of blood to the heart and lungs. (The type and amount of exercises would vary with each individual. you are advised to consult your doctor regarding post-casting exercises).

Jean-Paul was taught how to walk with crutches. When walking, the casted leg and both crutches are advanced at the same time. Then with the body weight balanced on the tow crutches, the normal leg is advanced. Jean-Paul should take steps of equal length. When going up the stairs, the body weight is taken on the hands and crutches, and the normal leg is advanced to the upper step. The body weight is then taken on the normal leg and the crutches and the affected leg follow. When going downstairs, place the body weight on the normal leg, lower the crutches and the casted leg to the next step. Next, take the body weight on the hands and bring down the normal leg. A safe rule to remember is that the casted leg always goes with the crutches. Jean-Paul was reminded that the weight of the cast can be fatiguing and may tire him easily when up for the first few times.

Jean-Paul was reminded that wet spots, loose rugs or other obstacles can be hazardous to safe walking. Crutch tips must be intact and should be replace when there is any sign of thinness of the rubber. Suction crutch tips adhere to the floor surface and decrease the possibility of slipping.

Jean-Paul was advised to call the orthopaedic surgeon if some areas of the cast deteriorated, or became cracked, moulded soft or broken. The doctor may reinforce the weakened areas of the cast by applying fresh plaster.

Once out of his cast. Jean-Paul was told, he will become conscious of many aches and discomforts. This is because joint structures and muscles that have been immobilized are now stretched. He may experience stiffness. weakness, and instability in the left leg. Swelling will tend to occur for a while when the left leg is placed in a dependent position. These signs and symptoms are due to the disuse of joint structures and muscles and will gradually lessen with increased activity and improvement in the muscle tone and circulation. Until these signs and symptoms subside, the left leg should be kept elevated while Jean-Paul is sitting or lying down. After the cast is removed. rehabilitative instructions are given by the physician and are individualized according to the patient's condition. The doctor said that Jean-Paul's orthopaedic surgeon will prescribe the amount of exercise and ambulation to be permitted following cast removal.

It is possible that once the cast is removed, the skin may be caked with a yellow exudate that is partly dead skin and partly secretions from the oil sacs of the skin. It is generally considered to be poor practice to try to forcibly remove the exudate, particularly if a new cast is to be applied at once. If the patient is to remain out of a cast permanently, the skin can be cleansed at leisure and the patient's comfort. Application of olive oil to the skin is an easy and safe method of cleansing.

A SHORT REVIEW

For each of the statements below, circle T if it is true and F if it is false.

1. A hot-water bottle is a good treatment for abdominal pain.	T	F
2. A hot compress should be left on the affected area until the compress cools.	T	F
3. Instruments used in changing a dressing can be sterilized by boiling them for ten minutes.	T	F
4. The purpose of a simple dressing is to kill germs in the wound.	T	F
5. Soiled dressings should be removed carefully by pulling at the corners and should be discarded in a paper bag.	T	F
6. The purpose of a sponge bath is to bring down an elevated temperature.	T	F
7. The technique of a sponge bath is to bathe the body and limbs with long, even strokes.	T	F

In the section below, indicate your answers by circling the letter(s) proceeding the correct answer to each question. There is only one correct answer to each question.

8. To test a hot-water bottle or ice bag for leaks:

   a) Put in a sink full of water, squeeze, and watch for air bubbles.
   b) Wipe the outside dry, and hold the bottle upside down.
   c) Wipe the outside dry, and squeeze the sides of the bottle.

9. When preparing an ice pack:

   a) Fill it full, so that the effect of the cold will be more intense.
   b) Fill it half-full, so that it won't be too heavy.
   c) Fill it one-third full, so that frostbite won't occur.

10. Before screwing the cap on a hot-water bottle or ice bag, gently press the sides of the bag:

   a) To release excess air and make the bottle lighter.
   b) To release excess water and prevent leaks.
   c) To moisten the neck, so that the cap will fit tighter.

11. If you don't own an ice bag, you can:

   a) Put the ice in a towel.
   b) Put the ice directly on the skin.
   c) Use two plastic bags fastened with an elastic.

12. If skin changes occurs during a heat or cold treatment, you should:

   a) Switch to another form of heat or cold treatment.
   b) Put an extra cover around the bottle.
   c) Stop treatment and report the injury to the doctor or nurse.

13. When changing a simple dressing, you should wash your hands:

a) At the beginning of the procedure.
b) Before and after the procedure.
c) At the beginning of the procedure, after removing soiled dressings, and after completing the procedure.

14. When cleaning a wound with a sterile cotton swab:

a) Always wipe away from the wound.
b) Always wipe toward the wound.
c) Wipe in a back-and-forth motion.

15. When cleaning the wound:

a) Use one cotton swab for the whole process.
b) Use a cotton swab until it looks dirty.
c) Use a cotton swab for one stroke only.

16. Elasticized net bandages are widely used nowadays because:

a) They are advertised.
b) They are easy to apply and comfortable to wear.
c) They are fashionable.

17. Roller bandages must be applied:

a) Evenly and firmly.
b) In such a way that each turn covers a small edge of the previous one.
c) With a fancy pattern.

18. One of the main purposes of casting is to immobilize, support and protect a fractured part of the body during healing process.

T F

19. A cast should dry from the outside in.

T F

20. Jean-Paul's exposed toes should be pink in colour and warm to touch when there is no circulatory impairment.

T F

21. The purpose of elevating the casted leg is to:

a) Prevent swelling.
b) Prevent bleeding.
c) Prevent nerve damage of the casted leg.

22. Once the cast is removed, the skin may be found to be cake with a yellow exudate. This exudate should be:

a) Forcibly removed so that the skin can breathe.
b) Cleansed at leisure and at the patient's comfort.
c) Cleansed every four hours so that the exudate is removed within 24 hours.

Bandaging Patterns

Simple Spiral

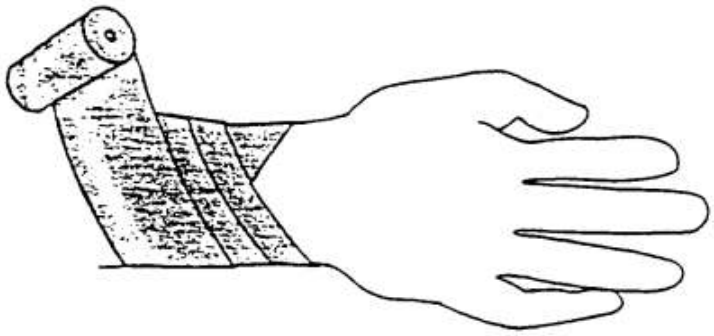
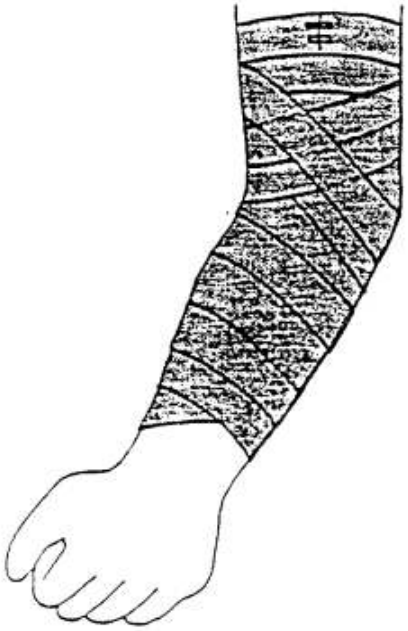


Figure of Eight



CHAPTER TWELVE

TREATMENTS

A SHORT REVIEW ANSWER KEY

1. F
2. T
3. T
4. F
5. T
6. T
7. T
8. b
9. b
10. b
11. c
12. c
13. c
14. a
15. c
16. b
17. a
18. T
19. F
20. T
21. a
22. b