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HOME HEALTH CARE #HH 1175

ROSTER

Program Title: **ACTIVITIES OF DAILY LIVING (ADLs) 3 HR**

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ACTIVITIES OF DAILY LIVING (ADLs) 1 HR

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BY WILLIAM STACY RN

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OBJECTIVES FOR ADLs

1. Identify what are ADLs
2. Learn the importance of ADLs to the patient
3. Gain an understanding of assisting with ADLs
4. Identify steps of assistance in each ADL
5. Recognize other signs or symptoms through ADL assistance

Table of Contents

1. Eating
 - a. Proper nutrition
 - b. Feeding
2. Bathing
 - a. Dressing/Undressing
 - b. Types of bathing
 - c. Bathing procedures
3. Grooming
 - a. Oral
 - b. Hair
 - c. Shaving
 - d. Hand, Nail, Foot
4. Toileting
 - a. Regular
 - b. Irregular
5. Ambulating
 - a. Device
 - b. Safety
6. Brief introduction to assisting with self administered medications

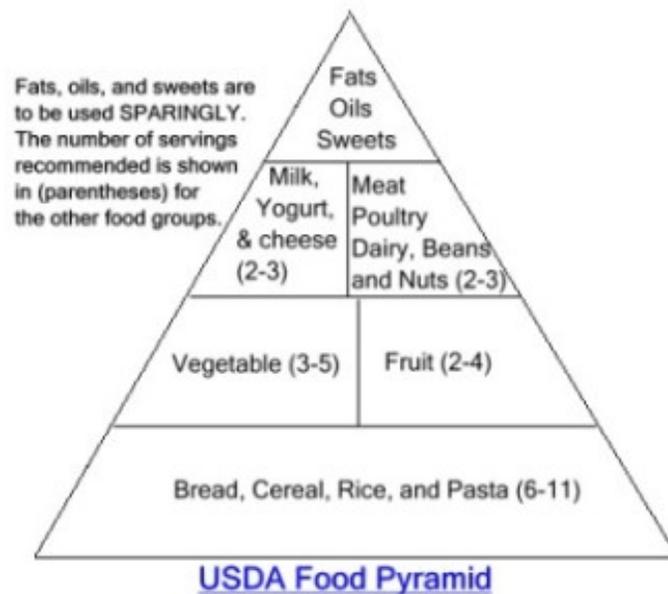
Definitions

1. Anorexia- the loss of appetite
2. Aspiration- breathing fluid or an object into the lungs
3. Body mechanics- using the body in an efficient and careful way
4. Calorie- the amount of energy produced when the body burns food
5. Catheter- a tube used to drain or inject fluid through a body opening
6. Constipation- the passage of a hard, dry stool
7. Defecation- the process of excreting feces from the rectum through the anus; a bowel movement
8. Dehydration- a decrease in the amount of water in body tissues
9. Diarrhea- the frequent passage of liquid stools
10. Dysphagia- difficulty swallowing
11. Dysuria- painful or difficult urination
12. Enema- the introduction of fluid into the rectum and lower colon
13. Feces- the semisolid mass of waste products in the colon
14. Gait belt- a transfer belt
15. Graduate- a container used to measure fluids
16. Edema- the swelling body tissues with water
17. Nutrient- a substance that is ingested, digested, absorbed, and used by the body
18. Nutrition- the many processes involved in the ingestion, digestion, absorption, and use of foods and fluids by the body
19. Perineal care- cleaning the genital and anal areas; pericare
20. Transfer belt- a belt used to transfer persons who are unsteady or disabled; a gait belt
21. Urination- the process of emptying urine from the bladder; voiding
22. Voiding- Urination or micturition

Eating: Nutrition & Fluids

Food and water are essential to everyone's physical needs. A poor diet or poor eating habit can affect a person's physical and mental well-being. It could increase the risk for infection, chronic disease, accidents, or injuries. The lack of appropriate diet could also cause problems with healing, make a chronic illness worse, or change physical and mental function.

Nutrients are found in foods and fluids. Groups of nutrients are fats, proteins, vitamins, carbohydrates and minerals. The amount of energy provided by a nutrient is measured in calories.



Appetite is the desire for food. As a person ages, they may lose their appetite due to a decrease in sense of taste and smell. Illness, drugs, pain, depression, unpleasant sights or sounds and anxiety can also cause loss of appetite. Sometimes, they may have a sore mouth, loose teeth or poorly fitting dentures. This will affect appetite as well.

Burning of food is how the body obtains energy. This is measured in calories. Your calorie needs is based on gender, activity level, climate in which you live, amount of sleep, possible illnesses, and age.

These are signs of good nutrition:

- \$ healthy appetite
- \$ healthy body
- \$ acceptable body weight
- \$ regular elimination habits
- \$ clear skin and eyes
- \$ regular sleep patterns
- \$ alert facial expressions
- \$ healthy, shiny hair

These are signs of poor nutrition:

- \$ dull-looking hair or eyes
- \$ weight changes
- \$ irregular elimination habits
- \$ anemia
- \$ osteoporosis
- \$ poor skin color

Remember, residents have the right to personal choices of desired foods. However, their physician may order a specific diet. As a person ages, their gastrointestinal system changes. A stroke, dementia or other nervous system disorder may cause dysphagia. Digesting fried and fatty foods may become difficult due to a decrease in secretion of digestive juices.

Most clients are on a basic well-balanced diet called a general diet. But there are those who may have a therapeutic diet. This will be ordered by the client's physician for different reasons. Listed below are a few of these diets:

Sodium-restricted- Limits food containing salt or salt-free foods- patients with heart or kidney problems

High-protein- Supplements meals with high-protein foods- assist in the growth and repair of tissues

Soft- Liquids and semi-solid foods easy to digest. May include foods on a regular diet that are pureed or strained- Patients who have difficulty swallowing or chewing, digestive problems or infections

Liquid- Usually a temporary diet of broth, tea, water, gelatin, etc.- Patients with acute illness, vomiting or diarrhea or just after a surgery.

When assisting a patient at mealtime it is important to keep in mind those situations that may affect their experience. The patient should be dressed, clean and groomed for meals. Most eat in a group setting. It is best to place them with compatible other person. Remember, your attitude also plays a part so be pleasant and patient.

When the tray is served to the patient double check the menu card with the identification of the client to ensure the right patient is receiving the right nutritional meal tray. Check with your facility for their approved procedures. Always encourage the client to feed themselves as much as possible, assist only when necessary. Food served should be hot but check to ensure it is not too hot to eat and warn the client if it is. A visually impaired client will need you to assist them by telling them what foods are on their plate and their location. You simply use the clock as a reference. Never eat from a patient's tray. Food and liquids are measured specifically for that patient and intake is charted.

Dependent patients are often embarrassed, resentful, or angry about having to be fed. The tray should only be presented after the patient is prepared for mealtime. Be patient and friendly by making conversation, offering them the choice of which food they want next, giving them time to eat and offer fluids often.

Part of the client's nutrition may include a between-meal snack. This is usually to increase protein and calorie intake or may just be a nutritious snack.

Fluid balance is the amount you take in and the amount that is lost are equal. Fluids can be lost in various ways such as urine, perspiration, moisture from the lungs through breathing, and the bowels in feces. You may be asked to chart on an I&O (intake & out take chart) using a graduate. Most facilities use the metric measurements. Check with your facility on their procedures.

BATHING

Bathing not only cleans the skin but it also removes microbes, dead skin, perspiration, and excess oils. They can be relaxing, refreshing, exercise certain body parts, and help stimulate circulation. Each client may have a personal preference to their bathing frequency. Some prefer to bath daily; others may only bath twice a week. The residents' physical activity or illness can effect bathing habits. Aging and soap can dry out skin and could be easily damaged. Lotions and oils can help keep skin moisturized and soft.

Remember that the client may become embarrassed to have someone else help or give them a bath or see their body. It is important to be patient, friendly, and explain what you are doing and how the procedure will go.

There are four different types of bathing.

1. Complete bed bath
2. Partial bed bath
3. Tub bath
4. Shower

No matter the bathing method, follow these general guidelines:

- Screen the patient or close the door to provide privacy at all times
- Reduce drafts by closing drapes, windows, or doors
- Use a bath blanket to cover the patient for warmth and privacy
- Encourage them to do as much as they physically can
- Protect yourself and the patient by using good body mechanics
- Use a bath thermometer to check that the water temperature is at the recommended temperature
- Rinse the patient completely
- Don't rub the skin to dry; pat dry
- Protect the skin by applying lotion or oil
- Observe the patient's skin for any redness, rashes, broken skin or tender place that should be reported to your supervisor

These guidelines should be followed when dressing or undressing a patient.

- Have the client select their own clothes
- Check clothing for cleanliness, good condition and does not restrict movement

- Ensure clothing is weather or environmentally appropriate
- Monitor that clothing matches and put on the correct way
- Provide privacy at all times
- Begin with the patient's strong or unaffected side first
- Encourage the client to do as much as possible

Whether you are giving a complete or partial bed bath, you should follow these guidelines.

- Before getting started be sure to place everything you will need on the over-bed table
- Raise the side rails on the far side and raise the bed to a comfortable working level
- Make a mitt out of the wash cloth
- Wash, rinse, and dry only one part of the body at a time then immediately cover with the bath blanket
- Soapy, dirty, or cool water should be changed when needed

When assisting a patient with a tub bath or shower in addition to your facilities' safety policies use the following precautions:

- Stay with the patient at all times
- Use a rubber mat or strips to prevent slips or falls
- Protect yourself and the patient during transfers by using good body mechanics
- Always provide privacy
- Keep electrical appliances away from the bathing area

GROOMING

Oral hygiene

Keeping the mouth and teeth clean is called oral hygiene. Patients may have different schedules for oral hygiene. Most persons do it in the mornings and before bedtime. Others may want oral hygiene several times a day. Proper mouth care helps prevent bad breath, infections, tooth decay, gum disease, cavities and increases appetite and comfort. It is important when assisting a client to observe the condition of their teeth, gums, tongue and lips. Bleeding, loose teeth, broken teeth, very bad breath, sores, or a coating on the tongue should be reported to your supervisor.

You may also need to do mouth care on an unconscious patient. A sponge-tipped applicator dipped in either glycerin or lemon juice. While unconscious the mouth and lip becomes very dry so it may be necessary to do oral care every two hour.

If your patient has dentures or false teeth, they will need to be cleaned on a regular routine the same as natural teeth. Dentures are very slippery when wet. They are also very costly so it is important to be very careful. When using cleaning item on a patient's dentures read the manufacture's directions. Hot water can cause warping of the dentures and if dropped on a hard surface could cause breakage or chipping. You should line the sink with a towel. If the patient is not going to wear the dentures after cleaning, store in a container with cool water to avoid drying out. Remind patient's not to wrap dentures in tissues or napkins do avoid accidental disposal. As with every part of ADLs, encourage the client to do as much for them as they are capable of doing.

Hair Care

Brushing a resident's hair refreshes and stimulates circulation of the scalp. You will start at the scalp and work your way down to the ends of the hair. This not only helps untangle the hair but pulls oils down the hair shaft. Be gentle; asking the patient how they would like to have their hair. Clean the comb or brush each time and never let patient's share combs or brushes.

Shaving

Here are a few guidelines to follow for shaving a client:

- Ask permission from you supervisor before shaving a client. They may require special precautions or procedures
- Always follow your universal precautions by wearing gloves
- Encourage them to be as self sufficient as possible
- For men, ask what and how they prefer to be shaved. Use a warm washcloth to soften beard and skin before applying shaving cream.
- For woman, ask what and how they prefer to be shaved. Use a warm washcloth to soften hair and skin before applying shaving cream.
- Use the client's equipment, if they have none use a disposable safety razor

Nail and Foot Care

Before performing any hand, nail, or foot care it is important to check with your supervisor for permission or special instructions. Clients with diabetes, poor circulation to the legs and feet, drugs for blood clotting, or very thick or ingrown nails may need to be done by the RN or Podiatrist. Hand, nail, and foot care is vital in helping maintain skin healthy and intact. Infection, injury, and odors can be avoided by keeping nails short and free of rough edges. To soften the skin, you should soak hands or feet in warm water. Use an orange stick to gently push back cuticles and clean dirt out from under the nail. Nail clippers are used to clip straight across the nail. Dry the hands or feet by gently patting them dry. You should apply lotion to help keep the skin soft and the massaging will help their circulation. While doing nail, hand and foot care be sure to observe the condition of the skin. Report to your supervisor any cracked skin, sores, or foul odors.

As part of daily grooming, it is important to keep a client's private parts clean and dry from urine, perspiration, feces or if they have a catheter. This type of care will be covered more in the next section.

Toileting

Your bodies natural way of get rid of waste products is through urination and defecation. Urine is a liquid waste processed by the kidneys. The frequency varies from person to person depending on diet, exercise, age, illness, and certain medicines. Urine should be a pale yellow, straw colored, or amber. Feces should be soft not watery or unformed nor dry or hard and shaped like the rectum. You can help patients maintain normal elimination by doing the following things:

- Adequate fluid intake
- Encourage a balanced diet: fruits, vegetables, bread, cereals, and foods high in fiber
- Promote activity as much as possible
- Provide privacy and time for toileting

When assisting your client with toileting needs, observe urine for color, clarity, odor, amount, and particles. Some foods like beets, blackberries, rhubarb, carrots, and sweet potatoes can cause the color of the urine to either have a red or bright yellow tint. Drugs can also change the color of urine or the order same with asparagus. Feces should be observed for color, amount, consistency, odor, shape, or any pain or discomfort. A stool that appears black or tarry is usually bleeding in the stomach and small intestine. Red-colored stool may be bleeding in the lower colon or rectum but so can beets. Green stool could be a diet high in green

vegetables. Diseases and infection can cause clay-colored or white, pale, orange, or green-colored stool. Any of these abnormalities should be reported to your supervisor.

Sometimes problems arise with toileting. Constipation is the passage of hard and dry feces usually caused by decreased fluid intake, lack of activity, diet, or some medications. The doctor may prescribe laxatives or an enema for short term relief. Diarrhea is the passage of liquid feces. This could be caused by infections, irritating foods, and some medications. Incontinence happens when the patient loses control of urination and/or defecation.

Some patients are capable handling their own toileting needs. Some patients may need assistance getting to the bathroom or using the bedside commode. You should always use good body mechanics to protect yourself and the patient. Be sure to provide the client with privacy and time to void. Some patients are not able to get out of bed and will need to use a urinal or bedpan. Men will use the urinal for urination but a bedpan for defecation. Assist the patient getting her onto the bedpan and put them into the proper position. Other patients may wear incontinent briefs.

An incontinent client will require more attention. You will need to change their brief often to keep urine and feces off the skin. Cleanliness prevents odor, irritation, and infection. You will need to provide good perineal care; wash the patient's genitals and anal areas. Female patients should be cleaned front to back with a clean, warm wash cloth. Remember to dry them thoroughly. Male patients should be cleaned around the tip then down to the scrotum and inner thighs.

Remember to always use your universal precautions. You should also be patient because most patients find the assistance embarrassing, frustrating, and angry.

Some patients will have a catheter that drains the urine from the kidneys. These persons will need good perineal care. You will clean the client the same as above but you will also gently clean the tube. Be careful not to pull or tug on the tube. The urinary drainage bag will need to be emptied into a measuring container; keep the bag below the patient as to not cause urine back up the tube then chart on the Intake & Output chart.

Ambulation

Patients who have spent a long period of time in bed will need to walk around or ambulate. This will help their mental status as well as help them physically. Many different devices are used to help ambulate a patient. They are fitted especially for that patient and should never be borrowed or shared. Any time you ambulate a patient be sure they have on non slip shoes or socks.

A cane is used for a patient who has a weak side. The end of the cane may vary in the number of rubber tips from one to four. The cane, in the strong hand, is moved forward, followed by the weak foot, and then by the weak foot.

A walker is usually made of a lightweight metal frame. Some have four rubber tips while others may have two back rubber tips and two front wheels. The walker is held on both sides and is placed out in front of the patient then moves one leg at a time.

Gait belt and transfer belt is the same thing. The belt is worn by the patient around the waist just loose enough that your hand goes behind it. This is used to offer support to the patient who may be weak or unsteady.

Guidelines to remember when assisting with ambulation are:

- Use good body mechanics to protect yourself and your patient
- Ensure equipment is in good condition
- Explain procedure to the patient before beginning
- Ensure the device is a good fit
- Ensure canes and walkers tips on flat on the floor to avoid slippage or falls
- Ensure canes and walkers are placed at the appropriate distance ahead of the patient
- Ensure patient is wearing non slip shoes or socks and fit well
- Monitor the patient for discomfort or fatigue and provide a place to rest

RESOURCES

MOSBY'S LONG-TERM CARE ASSISTANTS, FOURTH EDITION By Sheila A. Sorrentino & Bernie Gorek
THE NURSING ASSISTANT ACUTE, SUBACUTE, AND LONG-TERM CARE THIRD EDITION By JoLynn Pulliam

ACTIVITES OF DAILY LIVING EXAM (2 HR)

(RETURN THE EXAM TO PEGCO, Inc FOR CREDIT)

1. TRUE FALSE Anorexia is the loss of appetite.
2. TRUE FALSE Edema is the swelling body of tissues
3. TRUE FALSE Nutrition is the many processes involved in the ingestion, digestion, absorption, and use of foods and fluids by the body.
4. TRUE FALSE A nutrient is a substance that is not ingested, digested, absorbed, and used by the body.
5. TRUE FALSE Groups of nutrients are fats, proteins, vitamins, carbohydrates and minerals.
6. TRUE FALSE When bathing a patient the caregiver does not need to be concerned with patient privacy at all times.
7. TRUE FALSE Fluids can be lost in various ways such as urine, perspiration, moisture from the lungs through breathing, and the bowels in feces.
8. TRUE FALSE Hot water can cause warping of the dentures and if dropped on a hard surface could cause breakage or chipping.
9. TRUE FALSE The urinary drainage bag will need to be emptied into a measuring container and always keep the bag below the patient as to not cause urine back up the tube.
10. TRUE FALSE You must always use universal precautions when providing personal care to patients.

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William Stacy RN

PROGRAM EVALUATION

COURSE TITLE: **ACTIVITIES OF DAILY LIVING 3 HR**

DATE: _____ LOCATION: PEGCO, Inc.

Please evaluate by circling the appropriate rating:
5-Excellent 4-Above average 3-Average 2-Fair 1-Poor

- | | |
|---|----------------------|
| 1. Overall quality of the program | 5 4 3 2 1 |
| 2. Overall content of the program | |
| a. content can improve my ability to perform my job | 5 4 3 2 1 |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1 |
| c. the material was current | 5 4 3 2 1 |
| 3. Achieved stated objectives | |
| a. total number of objectives in program _____ | |
| b. circle the number of met objectives | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed | 5 4 3 2 1 |
| 4. Overall organization of the program | |
| a. material was organized to facilitate learning | 5 4 3 2 1 |
| b. material covered was adequate and accurate | 5 4 3 2 1 |

What did you like best about the program?

Your suggestions for improving this program.

Any topic ideas for future in-service programs

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