

# State-Approved Curriculum NURSE AIDE I TRAINING PROGRAM

## July 2013 Module X



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Registry Section  
Center for Aide Regulation and Education  
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## **Module X – Threads of Care Teaching Guide**

### **Instructional Resources/Guest Speakers**

- Invite a guest speaker, such as Occupational Therapist, speaker from OTA programs, representative from vocational rehab, representative from the county aging office (page 8X)
- Sample restraint release records for practice documentation (page 68X)
- Contact clinical sites and arrange a “manicure social activity” (page 19X)

### **Supplies**

- Glitter and lotion (Activity #1X)
- Variety of sizes of gloves, ketchup or chocolate pudding – one dollop per student, and a plastic spoon (Activity #2X)
- Homemade blood pressure dial (page 33X)
- Several large swimming noodles cut in two-foot pieces (page 33X)
- Various assistive devices (page 50X)
- Quad-color wash cloths (page 48X)
- Songs – Macarena or the Hokey Pokey (page 53X)

### **Advance Preparation – In General**

- Review curriculum and presentation materials.
- Add examples or comments to Notes Section.
- Determine placement of skill check sheets and place within the threads of care module in the appropriate location.
- Determine placement of threads of care sheets/skill check sheets and place within modules A through W in the appropriate location, instructor’s choice.
- Determine procurement of *Bathing Without a Battle: Person-Directed Care of Individuals with Dementia* (page 5X).
- Determine if you would like to use quad-color washcloths in lab (page 11X and 48X).
- Consider adding, using alcohol based hand rub, as a skill proficiency check-off (page 26X).

### **Advance Preparation – Teaching Tips**

- Before class, prepare perineums/buttocks as directed (pages 11X and 48X).
- Using children’s toy food, setup plates with partially eaten food (page 51X).
- Familiarize self with the following Web sites/videos:
  - [www.csuchico.edu/atep/bp/bp.html](http://www.csuchico.edu/atep/bp/bp.html) (page 32X)
  - *Oral Hygiene & Care-Resistant Behavior* at [www.pogoe.org](http://www.pogoe.org) (page 23X).

<b>Module X – Threads of Care – Complete Bed Bath</b>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>Promote increased comfort, good health, and hygiene.</li> <li>Demonstrate how to bathe a resident who is confined to bed.</li> </ul>	
<b>Introductory Scenario</b> Your resident has a fever for the past 12 hours. The nurse tells the nurse aide to give the resident a complete bed bath to increase comfort level and promote good hygiene.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain to resident in terms resident understands what care nurse aide is going to provide</li> <li>Be aware that residents with cognitive impairments may resist bathing</li> <li>Be aware that residents with cognitive impairments may require special measures</li> <li>Reinforce nurse aide measures for the cognitively impaired so removal of clothes does not cause resident fear</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Always follow Standard Precautions</li> <li>Always wash from clean to dirty</li> <li>Wash eyes and face first; wash perineal area and buttocks last</li> <li>Dry all areas well including between fingers and toes</li> <li>Use clean area of washcloth for each stroke during perineal care</li> <li>Change bath water and wash cloth if they become dirty</li> <li>Make sure bed linens are dry and wrinkle free when bath is completed</li> <li>Good hygiene prevents body odors and infections</li> <li>Exercise caution with all tubing connected to resident</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Nurse aides who leave residents dirty may be liable for abuse and neglect</li> <li>While bathing resident, be observant and report any discolorations, bruising, or abrasions immediately to the nurse</li> <li>Follow facility policies and procedures</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>When rolling a resident to wash resident's back, side rails should be up on opposite side of bed</li> <li>When rolling a resident, be aware of position and placement of resident</li> <li>Use comfortable water temperature for resident and it should be checked using nurse aide's wrist</li> <li>Remember to return bed to lowest position when bathing is</li> </ul>	

<b>Module X – Threads of Care – Complete Bed Bath</b>	
<ul style="list-style-type: none"> <li>complete or when leaving room</li> <li>Place call bell within reach of resident</li> <li>Clean spills immediately and thoroughly</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>It is easy to avoid a full bed bath and leave it for someone else because it is time consuming</li> <li>Do not avoid nail care and foot care as part of bath</li> <li>Treat care given during the bed bath in the same manner as you would like to be treated</li> <li>Only the nurse aide may know if the bed was left damp or wrinkled</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Expose only one body area at a time</li> <li>Keep resident appropriately covered at all times</li> <li>Always provide care in a manner to protect resident's privacy</li> <li>Be respectful even if resident is soiled to decrease embarrassment for the resident</li> <li>Ask resident to participate in bathing process</li> <li>Encourage resident to do as much of their care as possible</li> <li>If resident is able to wash his or her perineal area, offer to leave room</li> <li>Be respectful, courteous, and explain what you are doing at all times</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>The resident has the right to compassionate care</li> <li>The resident has the right to refuse bed bath</li> <li>Provide care in a manner that protects resident's right to privacy</li> <li>Resident has right to good hygiene</li> <li>Respect resident preferences and cultural differences</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Use positive approach and address resident concerns</li> <li>Address resident concerns and reassure as needed</li> <li>Make conversation with resident</li> <li>Continue to talk to resident and give repeated explanations during bed bath</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Encourage family participation as appropriate according to resident preference</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Appropriate foot care is encouraged to soften thickened, hardened</li> </ul>	

<b>Module X – Threads of Care – Complete Bed Bath</b>	
nails <ul style="list-style-type: none"> <li>• Elderly residents have less muscle and fatty tissue</li> <li>• Skin becomes thin, fragile and dry with aging</li> <li>• Incontinence increases risk for pressure sores</li> <li>• Residents on bed rest are prone to pressure sores</li> <li>• Bathing helps stimulate circulation</li> <li>• Use downward strokes on the legs to promote circulation</li> <li>• Some residents, due to thin, fragile, dry skin, may not bathe every day</li> <li>• Resident joints are fragile and may be painful</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>• Raise bed to safe, comfortable working level</li> <li>• Keep resident's body in proper alignment when turning</li> <li>• Avoid stretching across resident</li> <li>• Ask for assistance when moving a large resident</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• Exercise caution when turning frail residents</li> <li>• Stop bathing the resident if resident complains of pain</li> <li>• Support joints when bathing resident limbs to prevent pain</li> <li>• Complaints of pain should be immediately reported to nurse and documented</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>• Encourage resident to be involved in bed bath as appropriate</li> <li>• Perform bed bath based on resident needs and cultural considerations</li> <li>• Keep resident covered to provide warmth.</li> <li>• Honor resident's wish and give bed bath at requested time of day</li> <li>• Meet resident's elimination needs prior to bath</li> <li>• Make sure the resident is warm enough</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Report to nurse and document any abnormal changes noted in resident's skin such as drainage, foul odors, discoloration, bruises, cuts, open sores, etc</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• Stop the bed bath and immediately report any signs of pain</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Follow facility policies and procedures</li> <li>• Be empathetic to emotions resident may be experiencing due to resident having to accept help with personal care</li> </ul>	
<b>TEACHING TIPS</b>	

### Module X – Threads of Care – Complete Bed Bath

- Get students to discuss different cultural responses when clothing is removed
- Getting resident to talk about pleasant childhood memories may decrease apprehension about bed bath
- Consider procuring, *Bathing Without a Battle: Person-Directed Care of Individuals with Dementia*, a DVD located at [www.bathingwithoutabattle.unc.edu/](http://www.bathingwithoutabattle.unc.edu/)
- Discuss basic skin care
- Explain different types of baths – bag bath, towel bath, shower, tub baths, back rub, etc

Insert skill check-off sheets for complete bed bath and partial bed bath at this point in the curriculum. Demonstrate complete bed bath and explain how partial bed bath differs from complete bed bath, when done. This may be an appropriate time to insert skill check-off sheets/demonstrate shaving, providing hair care (includes shampooing as needed), and providing backrub.

<b>Module X – Threads of Care – Dressing and Undressing</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate assistance in dressing and undressing a resident while maintaining the resident's dignity and independence.</li> </ul>	
<b>Introductory Scenario</b> It is morning and time to dress your resident for the day. Your resident has good use of the right arm. Visitors are in the room waiting to take the resident to the day room.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Some residents dress and undress themselves; others need extensive help due to illness or cognitive impairment, such as dementia</li> <li>People with dementia may not want or remember how to change clothes; let resident choose from two to three outfits; change clothes in the same time every day; let resident do as much as resident is able to do; stack clothes in the order that the resident will put them on so resident sees only one item at a time</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Clothing must be changed when wet or soiled</li> <li>Clothing laundered on routine basis</li> <li>Follow Standard Precautions when clothing is soiled with body fluids</li> <li>If resident is receiving intravenous fluids (an IV), do not disconnect or remove any part of IV set-up</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Do not use one resident's clothing for another resident – considered misappropriation of resident's property (theft)</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Clothing should be in good repair and fit appropriately.</li> <li>Report garments that need repair, such as missing buttons, tears, worn areas or garments too long, to appropriate person</li> </ul>	
<b>Ethics</b>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Provide for privacy</li> <li>Do not expose resident</li> <li>Encourage resident to dress in street clothes during the day and</li> </ul>	

<b>Module X – Threads of Care – Dressing and Undressing</b>	
night clothes at night	
<b>Rights</b> <ul style="list-style-type: none"> <li>• Personal choice is a resident right; let resident choose what to wear</li> <li>• Treat residents' clothing carefully – may have clothing that means a lot to them or cultural importance, such as a special sweater knitted by a granddaughter</li> <li>• Encourage resident to do as much as possible when dressing and undressing</li> <li>• Do not rush resident through process; may take longer but helps maintain independence and gain or regain skills</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>• This is a good time to talk with the resident about whatever is on their mind</li> <li>• Often conversation about family is a good place to start</li> <li>• Might inquire about plans for the day</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>• Encourage family members to participate in changing clothes with resident's permission</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>• Dressing and undressing can increase muscle strength and stimulate circulation</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>• Support arms or legs of resident when removing or putting on clothing</li> <li>• There are assistive devices that help residents to dress</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• Stop dressing or undressing resident if resident complains of pain</li> <li>• Be gentler and/or check with nurse to see if resident takes pain medication, if it is chronic pain</li> <li>• Report to nurse immediately if pain is new</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>• Resident's wishes should be sought and followed</li> <li>• Focus on relationship rather than task</li> </ul>	
<b>Documentation</b>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• People with dementia may not want to or cannot remember how to</li> </ul>	



<b>Module X – Threads of Care – Dressing and Undressing</b>	
change clothes • Clothes can be stacked so that only one item is seen at a time by the resident	
<b>Employee Behavior</b> • Show patience when assisting resident to dress or undress • Be cautious of nonverbal signs of nurse aide's own impatience	
<b>TEACHING TIPS</b> • Provide examples of asking resident's wishes: "What outfit would you like to wear today?" "Your family is coming today. Is there something special you'd like to wear?" "Can I help you with your buttons?" • Use acronyms – POW (put on weak) and TOSS (take off strong side) as reminders for students when performing skill. • Bring assistive devices to demonstrate in lab • Invite a guest speaker, such as Occupational Therapist, speaker from OTA programs, representative from vocational rehab, representative from the county aging office	
Insert skill check-off sheet for dressing and undressing at this point in the curriculum. Demonstrate dressing and undressing.	

<b>Module X – Threads of Care – Pericare</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate perineal care while observing sound infection prevention principles.</li> </ul>	
<b>Scenario</b> You note after offering and removing the bed pan that your resident is soiled in the perineal area and some odor persists.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain what nurse aide is planning to do and why in terms resident understands</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Follow Standard Precautions</li> <li>For the female, wiping front to back reduces infection risk</li> <li>For the male, wiping in a circular motion from tip to base reduces infection risk</li> <li>This is a good opportunity to observe for any redness, swelling or rashes</li> <li>Be acutely aware of odor; some infections of perineal area present with a distinctive odor; and if noted, report to nurse and document</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Because perineal care involves touching genital and anal area, obtain person's consent for procedure</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Locking bed wheels is important as female resident, in particular, will roll from side to side; males roll somewhat to remove protective pad</li> <li>Be sure side rails are up during procedure</li> <li>Be sure to leave side rails to their beginning position, once procedure is completed</li> <li>Hot water can burn delicate tissue; water is usually 105 to 109 degrees; test water with bath thermometer or inside of wrist</li> </ul>	
<b>Ethics</b>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Always provide privacy, especially during perineal care</li> <li>Remember nurse aide is working with a person's most private areas</li> </ul>	
<b>Rights</b>	

<b>Module X – Threads of Care – Pericare</b>	
<ul style="list-style-type: none"> <li>The resident has right to have a clean perineal area</li> <li>The resident has a right to have adequate privacy during procedure</li> <li>The resident has the right to refuse perineal care</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Conversation about other topics during cleaning process may help resident to get through the procedure</li> <li>Be attuned to nonverbal cues</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Family should be asked to leave room until procedure is completed unless resident requests their presence</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>The urethra is longer in the male and shorter in the female. As a result, urinary tract infections are more likely in female.</li> <li>Urinary tract infections, while less likely in males, are possible</li> <li>The front of the perineal area is cleaner than the back of the perineal area</li> <li>The male foreskin may be present or not present, usually due to circumcision</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Raise bed to a comfortable working height</li> <li>Lower side rail on the side where nurse aide is working</li> <li>Raise the head of the bed slightly for comfort of resident during procedure</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Often these areas have skin folds that may have not been lifted or moved in a long time. If so, there may be pain. Proceed with caution</li> <li>Should pain be evident, report to nurse and await further instructions as to whether or not to proceed</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Remember this is one of the most embarrassing procedures to endure; be mindful of need for privacy; have empathy for this moment in time</li> <li>Respect resident's desire to have someone else present during procedure</li> <li>Respect and honor preferences, if at all possible</li> <li>Some people are comfortable with conversation during procedure and others may want to be quiet; read non-verbal and honor preference</li> </ul>	

<b>Module X – Threads of Care – Pericare</b>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Document if any redness, rash, unusual odor, discharge or pain is present</li> <li>• Also, document if none were found</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• It is important to learn what a normal pericare procedure consists of, so that should anything abnormal occur, the nurse aide stops the procedure – a decision nurse aide would make</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Not all humans are formed alike; just as noses and eyes differ, so do perineal areas differ</li> <li>• Healthcare employees are bound by ethics as well as law to not talk about findings from a pericare experience</li> <li>• Because this is such an uncomfortable procedure for most residents, act in a professional manner at all times</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>• When developing a scenario, consider using a resident who has a urinary catheter, has had rectal or genital surgery, is menstruating, is incontinent or is an uncircumcised male.</li> <li>• Before class, laminate the picture of the attached female perineum. Use this as a teaching tool to demonstrate washing/rinsing/drying the genital area and buttocks (Teaching Tip Attachment #1 Perineum and Rectal Area), moving from front to back, while using a clean area of the washcloth for each stroke.</li> <li>• Consider demonstrating catheter care using a quad-color washcloth (Teaching Tip Attachment #2 Quad-color Washcloth).</li> </ul>	
<p>Insert skill check-off sheet for pericare at this point in the curriculum. Demonstrate pericare.</p>	

<b>Module X – Threads of Care – Making an Occupied Bed</b>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>• Discuss the variety of beds that may be encountered in differing work settings.</li> <li>• Demonstrate proper bed making technique that promotes physical and emotional well-being.</li> <li>• Demonstrate how to operate a bed.</li> </ul>	
<b>Scenario</b> Your resident has a fractured left hip. The sheets are scheduled for changing today.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain what nurse aide is planning to do and why in terms resident understands</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Always adhere to infection prevention principles</li> <li>• Clean or dirty linen/pillow should never touch nurse aide or nurse aide's uniform</li> <li>• Do not shake linen because it could shake germs into the air</li> <li>• Never transfer linen from one room to another</li> <li>• Never place linen on floor</li> <li>• Change bed linens as soon as they become soiled or wet               <ul style="list-style-type: none"> <li>○ Wear gloves when you change, carry, and discard in correct container</li> <li>○ Roll linen up during linen change so that dirty side is inside</li> <li>○ Carry soiled linen away from clothes</li> </ul> </li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• Facility policies always describe care procedures, including changing sheets to minimize risk of pressure ulcers.</li> <li>• Nurse aides who leave residents in soiled beds may be liable for abuse and neglect</li> <li>• Before removing linen, check linen closely for resident belongings, such as dentures, glasses or jewelry</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Use side rails per facility policy or doctor's orders</li> <li>• Place call bell within reach of resident after linen is changed</li> <li>• Make sure bed is locked and in low position after linen is changed</li> </ul>	
<b>Ethics</b>	
<b>Dignity</b>	

<b>Module X – Threads of Care – Making an Occupied Bed</b>	
<ul style="list-style-type: none"> <li>Keep resident appropriately covered at all times</li> <li>Be respectful when changing soiled linens to decrease embarrassment for resident</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>Give prompt and compassionate care</li> <li>Provide care in such a way as to protect resident's privacy</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Address resident's concerns and reassure as needed</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Respond positively to family requests for additional linen needs</li> <li>Encourage family participation as appropriate</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Resident's skin may be fragile so clean, dry, tight fitting, wrinkle-free linens are needed</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Use proper body mechanics</li> <li>Good body mechanics are required and a violation of facility safety policy if not used</li> <li>Get help if resident needs assistance in moving or is very large</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Exercise caution when moving frail residents</li> <li>Notify nurse if resident complains or shows signs of pain</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Consider resident's bed making preferences when possible. As an example, some people do not like their sheets tucked in at the bottom</li> </ul>	
<b>Documentation</b>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Report to the nurse any changes or unusual findings, such as blood on linens</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow agency policies and procedures</li> </ul>	

<b>Module X – Threads of Care – Making an Occupied Bed</b>	
<ul style="list-style-type: none"> <li>Making a bed in a health care facility is different from how one makes a bed at home</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>Ensure that students know the difference among occupied, closed, open and surgical beds</li> <li>Use the adult principle of learning, building upon old knowledge, and ask students to compare and contrast bed making at home, versus in a health care facility</li> <li>Remind students about the correct way to change a pillowcase and caution them against using methods that violate principles of infection prevention that they may use at home – such as tucking the pillow under the chin or biting the pillow</li> <li>Reinforce how to operate a bed and remind students that there are many different types of beds in health care facilities.</li> <li>Remind students to check area surrounding the bed, before lowering the bed – particularly the trash can</li> </ul>	
<p>Insert skill check-off sheet for occupied bed at this point in the curriculum. Demonstrate occupied bed and explain how unoccupied differs from occupied bed, when done.</p>	

<b>Module X – Threads of Care – Foot Care</b>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>Foster good resident care by quality foot care.</li> <li>Demonstrate foot care consistent with current nursing standards.</li> </ul>	
<b>Introductory Scenario</b> During her bath, you notice a resident's toe nails need trimming.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>People with dementia may require special measures to meet foot care needs</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Areas between toes can harbor microorganisms if not kept clean and dry</li> <li>Never share equipment between residents</li> <li>Dirty feet, socks or stockings harbor microbes and cause odors</li> <li>An injury to the foot would be a point of entry for infection</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>For a resident who has diabetes, an infection can lead to a severe wound or amputation if the skin is broken</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>NEVER cut or trim toenails; notify nurse if they need trimming</li> <li>Check nursing care plan for possible diabetic diagnosis</li> <li>Smooth, short nails help prevent injury</li> <li>If an injury occurs during foot care, report it immediately</li> <li>Feet can burn easily because an older resident cannot feel hot temperatures</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>It is easy to avoid foot care and leave it for next shift</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Clean feet can contribute to a resident's sense of well-being</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>Residents have a right to refuse foot care</li> <li>Residents have a right to clean feet</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Use positive approach to encourage resident to agree to foot care</li> </ul>	
<b>Family and Family Support</b>	



<b>Module X – Threads of Care – Foot Care</b>	
<ul style="list-style-type: none"> <li>Encourage family participation as appropriate according to resident preference</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Poor circulation prolongs healing if there are cuts or nicks around nails</li> <li>Thickened, hardened nails sometimes come with aging; nails can be softened by soaking in warm water</li> <li>There is decrease in feeling or sensation in toes as part of aging process</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Perform skill in a comfortable position for both the resident and the nurse aide</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Stop foot care immediately if resident complains of pain; complaints of pain should be reported to nurse and documented immediately</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Do foot care based on resident's schedule and needs</li> <li>Check agency policy for use of nail polish during foot care</li> <li>Provide information to resident and family regarding opportunities for professional pedicures in the facility</li> <li>Some people are ticklish when it comes to their feet</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Document anything unusual that happens during foot care and per facility policy</li> <li>Report and record reddened, irritated or calloused areas, breaks in skin, corns, very thick nails and loose nails</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Observe and report any changes in foot condition to nurse</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow facility policies and procedures.</li> </ul>	
<b>TEACHING TIP</b> <ul style="list-style-type: none"> <li>You may wish to research diabetic foot care for additional resources</li> </ul>	
Insert skill check-off sheet for foot care at this point in the curriculum. Demonstrate foot care.	

<b>Module X – Threads of Care – Fingernail Care</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Foster good resident care with attention to fingernails.</li> <li>Demonstrate nail care consistent with current nursing standards.</li> </ul>	
<b>Introductory Scenario</b> During Ms. Smith's bath, the nurse aide notices that her fingernails are dirty and broken.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>People with dementia may require special measures to meet nail care needs</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Fingernails collect and harbor microorganisms; microorganisms may cause infection, injuries and odors</li> <li>Never share fingernail equipment between residents</li> </ul>	
<b>Legal</b>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Be sure skin surrounding nails is not cut or nicked; nail files can tear fragile skin around nails</li> <li>Check nursing care plan for possible diabetic diagnosis; never cut nails of a resident with diabetes</li> <li>Smooth, short nails help prevent injury</li> <li>If an injury occurs during nail care, report it immediately to nurse</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>It is easy to avoid nail care and leave it for the next shift</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Cleaning and filing nails may improve resident's self-esteem and sense of well-being</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>Residents have a right to refuse nail care.</li> <li>Residents have a right to clean nails</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Use positive approach to encourage resident to agree to nail care</li> </ul>	
<b>Family and Family Support</b>	

<b>Module X – Threads of Care – Fingernail Care</b>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Nail growth is slower and skin becomes thinner and more fragile as part of aging process</li> <li>Poor circulation prolongs healing if there are cuts or nicks around nails</li> <li>Thickened, hardened nails sometimes come with aging; nails can be softened by soaking in warm water; softened cuticles can be pushed back with an orangewood stick</li> <li>There is a decrease in feeling or sensation in fingertips as part of aging process</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Perform skill in a comfortable position for both the resident and nurse aide</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Stop nail care immediately if resident complains of pain; complaints of pain should be reported to the nurse and documented immediately</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Do nail care based on resident's schedule and needs</li> <li>Check agency policy for use of nail polish during nail care</li> <li>Provide information to resident and family regarding opportunities for professional manicures in facility</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Document anything unusual that happens during nail care and per facility policy</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Observe and report any changes in nail condition to nurse, such as splitting or discoloration</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow facility policies and procedures</li> </ul>	
<b>TEACHING TIP</b> <ul style="list-style-type: none"> <li>Plan a social activity where residents at a clinical site can get manicures by students</li> </ul>	

<b>Module X – Threads of Care – Fingernail Care</b>
Insert skill check-off sheet for fingernail care at this point in the curriculum. Demonstrate fingernail care.

<b>Module X – Threads of Care – Mouth Care</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Describe the importance of good oral care.</li> <li>Identify items needed for oral care based on resident ability and need.</li> <li>Demonstrate oral care of the unconscious resident in a competent and safe manner.</li> <li>Identify the level of assistance needed for denture care.</li> <li>Demonstrate alternative methods to use with cognitively impaired residents.</li> </ul>	
<b>Introductory Scenario</b> The shower team has completed the resident's whirlpool bath and requests the nurse aide to complete the oral care.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Some residents may provide their own oral care with minimal assistance; others need extensive help due to illness or cognitive impairment</li> <li>Residents with dementia may not want or remember how to do their oral care</li> <li>Promoting as much independence as possible improves resident's overall condition</li> <li>Explain to resident in terms resident understands what the nurse aide is planning to do and why</li> <li>Residents who have dementia may have specialized oral needs and require special measures based on their cognitive status</li> <li>Cognitively impaired residents may not understand commands but may understand if given a toothbrush</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Wash the nurse aide's and the resident's hands, before and after oral care</li> <li>Observe Standard Precautions</li> <li>Change clothing if it becomes wet or soiled during oral care</li> <li>Be aware that body fluids carry microorganisms which may cause an infection</li> <li>Think about oral care as oral infection control rather than grooming</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Follow facility policies and procedures</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>The nurse aide should exercise caution against putting fingers into a resident's mouth</li> <li>Never hold a resident's mouth open with your fingers</li> <li>Be aware of choking possibility on unconscious resident; never put</li> </ul>	

<b>Module X – Threads of Care – Mouth Care</b>	
<p>any quantity of liquids into unconscious resident's mouth; be prepared to perform relief of choking</p> <ul style="list-style-type: none"> <li>Unconscious residents should be placed in a lateral position prior to oral care</li> <li>Exercise caution when handling dentures as they may easily break</li> <li>Exercise caution when providing oral care to a cognitively impaired resident as they may bite down very hard on toothbrush or swallow toothpaste</li> </ul>	
<p><b>Ethics</b></p> <ul style="list-style-type: none"> <li>Assist with oral care in the same manner you would like to be treated</li> <li>Only you as a nurse aide know how well you performed the oral care</li> </ul>	
<p><b>Dignity</b></p> <ul style="list-style-type: none"> <li>Be aware that some residents are self-conscious without their dentures</li> <li>Time oral care so it doesn't interfere with activities and visitors</li> <li>Permit residents to perform or assist in their oral care as much as possible</li> <li>Dentures need to be clean and in place before resident dines</li> <li>Use a clothing protector to prevent drops of water or toothpaste on clothing</li> <li>Talk to the resident even if the resident is unconscious</li> </ul>	
<p><b>Rights</b></p> <ul style="list-style-type: none"> <li>Resident has a right to receive good oral care</li> <li>Respond appropriately to a resident's request to assist in their own care</li> </ul>	
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>Make conversation with residents even if resident does not talk</li> <li>Give short and clear verbal cues to prompt resident</li> <li>Speak clearly, slowly and directly with face-to-face contact when possible; sit down as appropriate</li> <li>Refrain from using childish gestures when assisting with oral care</li> </ul>	
<p><b>Family and Family Support</b></p> <ul style="list-style-type: none"> <li>Ask family if resident has a routine or any special preferences to time of oral care</li> </ul>	
<p><b>Appropriate Anatomy and Physiology</b></p> <ul style="list-style-type: none"> <li>Oral care performed on a regular basis will help prevent disease in</li> </ul>	

<b>Module X – Threads of Care – Mouth Care</b>	
<p>the gums and bad smelling breath</p> <ul style="list-style-type: none"> <li>• Some respiratory infections have been linked to certain respiratory infections</li> <li>• Incidences of pneumonia are greater among residents who receive poor oral care</li> <li>• Ability to taste may diminish with age, but a healthy mouth promotes a healthy appetite</li> <li>• Oral care consists of brushing the teeth or dentures, gums, tongue, and also caring for the lips</li> <li>• An unconscious resident may be able to hear the aide's communication during oral care</li> <li>• An unconscious resident's mouth may become dry</li> </ul>	
<p><b>Body Mechanics</b></p> <ul style="list-style-type: none"> <li>• Sit at resident's eye level if possible when providing oral care to the conscious resident</li> <li>• Adjust bed to a safe comfortable level of the nurse aide when providing care to the unconscious resident</li> </ul>	
<p><b>Pain</b></p> <ul style="list-style-type: none"> <li>• Report pain or signs of discomfort associated with oral care to the nurse</li> <li>• Report any evidence of improper fitting dentures</li> </ul>	
<p><b>Person-centered Care</b></p> <ul style="list-style-type: none"> <li>• Be courteous and mindful of resident wishes at all times</li> <li>• Some residents may prefer to sleep in their dentures while others may wish for them to soak overnight</li> <li>• Some residents may prefer more frequent oral care than other residents</li> </ul>	
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Document per facility policy</li> <li>• Accurate documentation may impact medical plan of care and nutritional status of resident</li> </ul>	
<p><b>Critical Thinking</b></p> <ul style="list-style-type: none"> <li>• Observe and report any abnormalities in the mouth during oral care such as swollen reddened gums, loose teeth, yellow or white spots, pus, coated tongue.</li> <li>• Recognize that cognitively impaired residents may perceive oral care as a threat</li> </ul>	
<p><b>Employee Behavior</b></p> <ul style="list-style-type: none"> <li>• Follow facility policies and procedures</li> <li>• Use gentle touch if received well by resident</li> </ul>	

Module X – Threads of Care – Mouth Care	
<ul style="list-style-type: none"> <li>Report any changes in mouth or dentures to nurse</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>Have students take turns brushing each others' teeth.</li> <li>Discuss alternative mouth and teeth cleaner in lieu of toothpaste</li> <li>Watch <i>Oral Hygiene &amp; Care-Resistant Behaviors</i> Video (video 6201) at <a href="http://www.pogoe.org">www.pogoe.org</a></li> <li>Have students go to <a href="http://www.ada.org">www.ada.org</a> and research recommendations for geriatric oral care</li> </ul>	
<p>Insert skill check-off sheets for providing mouth care, providing mouth care for unconscious resident, providing mouth care for cognitively impaired resident, assisting with denture care, and assisting with oral hygiene at this point in the curriculum. Demonstrate providing mouth care, providing mouth care for unconscious resident, providing mouth care for cognitively impaired resident, assisting with denture care, and assisting with oral hygiene here.</p>	



<b>Module X – Threads of Care – Handwashing</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>• Demonstrate proper handwashing technique according to CDC guidelines.</li> <li>• Explain hand hygiene.</li> <li>• Identify when to wash hands.</li> </ul>	
<b>Introductory Scenario</b> The nurse aide has completed giving care for one resident and the resident's roommate requests assistance.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain to resident in terms resident understands what care nurse aide is going to provide</li> <li>• Be aware that residents with cognitive impairments may resist bathing</li> <li>• Be aware that residents with cognitive impairments may require special measures</li> <li>• Reinforce nurse aide measures for the cognitively impaired so removal of clothes does not cause resident fear</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Handwashing is single most important thing you can do to prevent the spread of disease.</li> <li>• Keep fingernails short and clean</li> <li>• Do not wear false nails, gel nails or nail extensions, because they can hide harmful germs</li> <li>• Consider removing jewelry because harmful germs can stick to jewelry</li> <li>• Friction helps rub off germs</li> <li>• Soap facilitates removal of germs</li> <li>• When using soap and water, scrub hands a minimum of 20 seconds</li> <li>• Use soap and water for visibly soiled hands</li> <li>• Use hand rub if hands are not visibly soiled</li> <li>• Washing hands with soap and water is best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs, such as norovirus</li> <li>• How should nurse aide use hand sanitizer?               <ul style="list-style-type: none"> <li>○ Apply the product to the palm of one hand</li> <li>○ Rub hands together</li> <li>○ Rub the product over all surfaces of hands and fingers until hands are dry</li> </ul> </li> </ul>	

<b>Module X – Threads of Care – Handwashing</b>	
<ul style="list-style-type: none"> <li>Wet hands pointing fingers down lower than wrists. Ask students, why do they think this is important. Want the germs gliding down hands into sink instead of running up wrists and arms</li> <li>CDC recommends to rub hands together, with friction, for a minimum of 20 seconds during handwashing. How long is 20 seconds? Hum the Happy Birthday Song, two times.</li> <li>Lotions may be used to keep hands soft and skin intact (not chapped or cracked); use unscented type.</li> <li>When at work, only use facility provided lotion; some lotions make medicated soaps less effective and some lotions break down latex</li> <li>Taylor, in 1978, identified that 89% of the hand surface was missed during handwashing. Areas of the hand most often missed were the finger-tips, finger-webs, the palms, and the thumbs</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>There may be legal consequences if certain cases of facility acquired infections can be traced back to poor hand hygiene</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>If you splash water when you wash your hands, clean it up</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>Sometimes no one but you will know if you washed your hands</li> </ul>	
<b>Dignity</b>	
<b>Rights</b> <ul style="list-style-type: none"> <li>Residents have a right to cleanliness</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Let residents know when you wash your hands</li> <li>Encourage residents to wash hands frequently</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Let family know that handwashing is important</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Certain diseases may alter one's risk of infection, for example open wounds, surgical incisions, cancer</li> <li>The elderly are at a higher risk of infection and often have weakened immune system as a result of aging and/or chronic illnesses.</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Use good body mechanics when washing hands</li> </ul>	

<b>Module X – Threads of Care – Handwashing</b>	
<b>Pain</b>	
<b>Person-centered Care</b>	
<b>Documentation</b>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• Use good judgment when choosing between alcohol-based hand rubs and soap and water</li> <li>• Anticipate resident’s need to have hands washed</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Adhere to agency policies and procedures related to handwashing and hand hygiene products</li> </ul>	
<b>Teaching Tips</b> <ul style="list-style-type: none"> <li>• Consider adding, using alcohol based hand rub, as a skill proficiency check-off.</li> <li>• For more information on handwashing, please visit CDC's <a href="#">Handwashing: Clean Hands Save Lives Web site</a>. You can also call 1-800-CDC-INFO, or email <a href="mailto:cdcinfo@cdc.gov">cdcinfo@cdc.gov</a> for answers to specific questions. There are other websites that are great resources – hand hygiene resource and the World Health Organization.</li> </ul>	
<b>Activity</b> <ul style="list-style-type: none"> <li>• Activity #1 Germs, Germs, Germs is an activity required for this Thread of Care Sheet and the instructor’s guide is located in this module.</li> </ul>	
Insert skill check-off sheet for handwashing at this point in the curriculum. Demonstrate handwashing.	

<b>Module X – Threads of Care – Personal Protective Equipment (PPE)</b>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>Demonstrate proper use of PPE, including putting on and taking off gloves, gowns, and masks to prevent transmission of disease.</li> <li>Explain how to implement Standard Precautions in the work setting.</li> </ul>	
<b>Introductory Scenario</b> Your resident has an infection and you must put on gloves, gown, and mask to provide care, and then remove them.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain the purpose of PPE to the resident in terms the resident can understand</li> <li>Reassure the confused resident why the nurse aide is using PPE</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>PPE helps protect both the resident and the nurse aide from potentially infectious materials by breaking the chain of infection at the mode of transmission link</li> <li>Four key points to remember about use of PPE – first, always put it on before contact with resident, preferably before entering room; second, even though nurse aide is wearing PPE, care must be taken not to contaminate skin or clothes; third, after completing care, be very careful when removing PPE; fourth, always wash hands after take off PPE</li> <li>To take off PPE safely, nurse aide must know what is considered clean and what is contaminated             <ul style="list-style-type: none"> <li>Areas that are considered contaminated or dirty are outside front and sleeve of the gown, outside front of the mask, and outside of the gloves</li> <li>Areas that are considered clean are the parts that will be touched when removing PPE; clean areas include inside the gloves, inside and back of the gown plus the ties, and the ties or elastic ties.</li> </ul> </li> <li>Gloves are most common type of PPE that nurse aide will wear while working at a long-term care facility</li> <li>Gloves – description             <ul style="list-style-type: none"> <li>Two types of gloves that nurse aides wear – sterile and non-sterile (clean); nurse aide wears non-sterile (clean) gloves</li> <li>Gloves come in different sizes</li> <li>Gloves are made using different materials, such as vinyl or latex; if allergic to latex, wear non-latex gloves</li> </ul> </li> <li>Gloves – rules             <ul style="list-style-type: none"> <li>Gloves should be worn once and then thrown away</li> </ul> </li> </ul>	

<b>Module X – Threads of Care – Personal Protective Equipment (PPE)</b>	
<ul style="list-style-type: none"> <li>○ When wearing gloves, always work from (or touch) a clean area, before touching contaminated (or dirty) area</li> <li>○ Change gloves if hands are going to move from body part that is contaminated (dirty), to a body part that is not contaminated (clean)</li> <li>○ Change gloves right away if they get dirty or tear</li> <li>○ Take gloves off very carefully and do not touch skin or clothes with dirty sides of gloves</li> <li>○ Do not touch anything with dirty gloves that anyone may touch without gloves, like a doorknob</li> <li>○ The fit should be comfortable – not too loose or not too tight</li> <li>• Gown – description <ul style="list-style-type: none"> <li>○ The gown is made of liquid-resistant material</li> </ul> </li> <li>• Gown – rules <ul style="list-style-type: none"> <li>○ Gowns should be worn once and discarded immediately after use</li> <li>○ Gown should be changed right away if it gets wet, dirty, or tears</li> <li>○ Take gown off very carefully and do not touch skin or clothes with dirty sides of gown</li> <li>○ Do not leave the resident’s room until gown is removed</li> </ul> </li> <li>• Mask - rules <ul style="list-style-type: none"> <li>○ Masks should be worn only once and discarded immediately after use</li> <li>○ Masks should fit snugly over mouth and nose</li> <li>○ Change mask right away if it gets wet, dirty, or tears</li> <li>○ Take mask off very carefully and do not touch skin or clothes with dirty side (outside) of the mask</li> <li>○ Do not leave resident’s room until mask is removed</li> </ul> </li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• There may be legal consequences if certain cases of facility acquired infections can be traced back to Standard Precautions not being followed</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Appropriate use of PPE’s protects the resident as well as the nurse aide</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>• Use Standard Precautions for all people regardless of diagnosis</li> <li>• Sometimes no one will know but you if you washed your hands after removing gloves</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Realize that PPE may be dehumanizing humiliating and intimidating to residents, therefore important for nurse aide to recognize this</li> </ul>	

<b>Module X – Threads of Care – Personal Protective Equipment (PPE)</b>	
and consider resident's feelings when PPE is in use	
<b>Rights</b> <ul style="list-style-type: none"> <li>Residents have a right to cleanliness</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Explain and reassure why nurse aide is using PPE</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Reinforce nurse's instruction about PPE with the family</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Certain diseases may alter one's risk of infection, for example open wounds, surgical incisions, cancer</li> <li>The elderly are at a higher risk of infection and often have weakened immune system as a result of aging and/or chronic illnesses</li> </ul>	
<b>Body Mechanics</b>	
<b>Pain</b>	
<b>Person-centered Care</b>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Check nursing care plan for transmission based precautions that require use of PPE</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Relate use of PPE to breaking the chain of infection</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow agency policies and procedures; employers provide PPE and it's the nurse aide's responsibility to know how to use it</li> </ul>	
<b>TEACHING TIP</b> <ul style="list-style-type: none"> <li>Set up scenarios and ask students what PPE goes with which precautions?</li> </ul>	
<b>Activity</b>	

<b>Module X – Threads of Care – Personal Protective Equipment (PPE)</b>
<ul style="list-style-type: none"><li>Activity #2 needs to be performed prior to demonstration of PPE. The instructor's guide is located at the end of Module X.</li></ul>
Insert skill check-off sheet for Personal Protective Equipment (PPE) at this point in the curriculum. Demonstrate Personal Protective Equipment (PPE).

<b>Module X – Threads of Care – Measuring and Recording Vital Signs</b>	
<b>Objectives</b> <ul style="list-style-type: none"> <li>• Discuss the importance of accurate measurement of vital signs of residents.</li> <li>• Demonstrate correct measurement and recording of vital signs.</li> </ul>	
<b>Introductory Scenario</b> It is morning and time to measure and record your resident's vital signs.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain to resident in terms the resident understands what nurse aide is planning to do and why</li> <li>• Be aware that residents with cognitive impairments may require special approaches</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Sanitize blood pressure cuff, stethoscope, and electronic thermometer between residents, per facility policy</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• It is illegal if the nurse aide records a guess or writes down a value near or equal to a previous vital sign obtained by someone else, when the nurse aide is unsure of the value obtained</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Place call bell within reach of resident after procedure is done</li> <li>• Nurses and doctors make decisions based on the assumption that vital sign readings are accurate</li> <li>• Vital signs are important methods used to monitor condition of or functioning of resident's organs</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>• Vital signs may be difficult to obtain on some residents, so never guess</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Avoid opinionated comments about vital sign values</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>• Provide care in such a way as to protect resident's privacy</li> <li>• The resident has a right to refuse having vital signs taken</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>• Address resident's concerns and reassure as needed</li> </ul>	
<b>Family and Family Support</b>	



<b>Module X – Threads of Care – Measuring and Recording Vital Signs</b>	
<ul style="list-style-type: none"> <li>Refer questions from family members to nurse</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Checking vital signs is important task for nurse aide and is a vital indication of resident's condition and any changes in condition</li> <li>When one or more of resident's vital signs are too high or too low, a potential health problem may be occurring</li> <li>Being aware of normal and abnormal vital sign variations is important</li> </ul>	
<b>Body Mechanics</b>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Pain is sometimes referred to as the fifth vital sign so it is important to observe and report routinely</li> <li>Any complaints of pain associated with taking of vital signs should be reported to nurse</li> </ul>	
<b>Person-centered Care</b>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Ensure that nurse aide follows facility policy on documentation of vital signs</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Report any changes or unusual findings in any of the vital sign values obtained</li> <li>The nurse aide must understand difference among different ways to check a resident's vital signs</li> <li>Use a blood pressure cuff appropriate to size of resident's arm</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>The nurse aide must always be truthful and accurate when reporting and recording vital sign values</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIP</b></p> <ul style="list-style-type: none"> <li>Timing of Teaching Vital Signs Skills Within the Curriculum</li> </ul> <p>Why do we tend to wait and teach students how to check blood pressures farther into the program? Because it is a hard skill to master or because the theory content is not taught until middle way of the course? Wouldn't it make sense to schedule a lab session on the <b><u>first day of class</u></b> and go ahead and teach students how to check blood pressure and possibly how to check respiratory rate and pulse rate?</p>	

## Module X – Threads of Care – Measuring and Recording Vital Signs

The instructor could send the students home on the very first day with knowledge that they can practice throughout the **whole** program. Part of their daily homework assignment would be to check radial pulse/respiratory rates on \_\_\_\_\_ number (choose a number) of people and to bring in the results, the next day. Think about how many living people that they interact with outside of class. Living people that would be willing to have a student check their radial pulse rates or their respiratory rates. The student will have the whole, entire length of the program to become proficient at pulses and respirations, both in class and at home. You could carry the homework assignments one step further and require students to buy those little, yellow post-it notes to document their findings. [Candidates document vital signs on small yellow sheets of paper during the NNAAP exam.]

Let's go back to middle school or high school math class. Did any of you ever have a teacher who would always put a couple of math problems on the chalk board and the students were required to do them as a warm-up activity before class started or at the very beginning of class? Usually they were easy problems, but it gave the students day after day practice on math problems.

Wouldn't it be great if each nurse aide student got in the habit of walking into class everyday, grabbing a stethoscope, alcohol wipe, and BP cuff and take the blood pressure of one person in class and then document it? It would be a type of warm-up activity similar to math class that the student would be expected to do each day. The students would have the entire program length to become proficient at taking/recording blood pressures, instead of just doing blood pressure during a single skill day session and then a few times in clinical. Of course, yellow squares of paper would be available for students to document results.

- The students need to understand differences among ways to check a resident's vital signs.
- Accuracy in vital signs greatly improves with practice
- Use Web site to teach blood pressure: [www.csuchico.edu/atep/bp/bp.html](http://www.csuchico.edu/atep/bp/bp.html)
- Teaching Tip Attachment #3 How to Teach Blood Pressure provides excellent tips to teach blood pressure.

Insert skill check-off sheets for measuring and recording combined vital signs, axillary temperature, rectal temperature, and electronic/tympanic temperature at this point in the curriculum. Demonstrate measuring and recording combined vital signs, axillary temperature, rectal temperature, and electronic/tympanic temperature.

<b>Module X – Threads of Care – Measuring and Recording Height and Weight</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>• Discuss the importance of accurate height and weight measurements of residents.</li> <li>• Demonstrate correct measurement and recording of height and weight.</li> </ul>	
<b>Introductory Scenario</b> A newly admitted resident to a nursing home needs a baseline height and weight. You are the nurse aide assigned to the resident.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain to resident in terms resident understands what nurse aide is planning to do and why</li> </ul>	
<b>Infection Prevention</b>	
<b>Legal</b>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Place call bell within reach of resident after procedure is done</li> <li>• Assist resident when stepping on and off scales</li> </ul>	
<b>Ethics</b>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Maintain a professional attitude while weighing a resident</li> <li>• Refrain from commenting on weight of resident or teasing about the weight amount, no matter how much or how little the resident weighs</li> <li>• Be respectful, courteous, and explain what you are doing at all times</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>• Provide care in such a way as to protect resident's privacy</li> </ul>	

<b>Module X – Threads of Care – Measuring and Recording Height and Weight</b>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Address resident’s concerns and reassure as needed</li> </ul>	
<b>Family and Family Support</b>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Report weight loss or gain, no matter the amount, immediately to the nurse</li> <li>Loss of weight may indicate dehydration or malnutrition</li> <li>Gains in weight may indicate retention of fluid</li> <li>For height, some residents cannot straighten due to contractures and nurse aide is required to follow curvature of resident’s body with a tape measure and add the inches</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Use proper body mechanics</li> <li>Get help if resident needs assistance in moving or is large</li> </ul>	
<b>Pain</b>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Provide privacy during weighing because a person’s reaction to weighing may vary from person to person and it is often a personal matter</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Follow facility policy on documentation of weight and height</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Report any changes or unusual findings, such as weight loss or gain to nurse</li> <li>Convert units of measurements within household system</li> <li>Convert common units of measurements between household and metric system</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow agency policies and procedures</li> </ul>	

## **Module X – Threads of Care – Measuring and Recording Height and Weight**

### **TEACHING TIP**

- Make sure student knows the difference among ways to weigh a resident – standup scale, chair scale, and bed scale.

Insert skill check-off sheet for measuring and recording height and weight at this point in the curriculum. Demonstrate measuring and recording height and weight.

<b>Module X – Threads of Care – Collecting Routine Urine Specimen</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate collecting a routine urine specimen following the rules of medical asepsis.</li> </ul>	
<b>Introductory Scenario</b> Ms. Smith is ambulatory and needs minimum assistance with ADL's. The nurse asks you to collect a routine urine specimen.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain what nurse aide is planning to do in terms resident understands</li> <li>Make sure the resident understands by getting him/her to verbalize understanding</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Follow Standard Precautions</li> <li>Do not touch inside of specimen cup or the lid</li> <li>Do not place specimen container on over-bed table</li> <li>Assist resident to wash hands after urine is collected</li> <li>Never place urine specimen in a refrigerator that is used for food</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Nurse aide should label and take specimen to designated place promptly</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Clean spills immediately and thoroughly per facility policy</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>No one else may know if the nurse aide forgot and left the specimen sitting in the resident's bathroom for 4 hours</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Always provide privacy during collection and transportation of specimen</li> <li>Never comment on the odor of concentrated urine</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>The resident has a right to privacy during the procedure</li> <li>The resident has a right to refuse collection of a routine urine specimen</li> <li>The resident has a right to be informed as to why the specimen is needed</li> </ul>	

<b>Module X – Threads of Care – Collecting Routine Urine Specimen</b>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Reinforce nurse's instructions regarding urine collection</li> <li>Reinforce the chosen method of collection and why medical asepsis is important</li> </ul>	
<b>Family and Family Support</b>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Keep catheter bag below bladder to prevent flow of urine back into bladder</li> <li>Some medications may change color of urine</li> <li>Some urine may have a strong odor</li> <li>Some urine may have particles of sediment floating in it</li> <li>Remember the anatomy of males and females may require nurse aide to vary the technique needed to accurately collect urine specimen</li> </ul>	
<b>Body Mechanics</b>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Complaints of pain while voiding should be reported to nurse</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Be mindful of need for privacy</li> <li>If assistance is needed, be considerate of resident wishes</li> <li>Be courteous and respectful of resident wishes at all times</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Label specimen according to facility instructions</li> <li>Document any abnormal findings, such as cloudy or dark urine, blood or mucus in urine, strong offensive or fruity smelling urine</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Residents with cognitive impairment may require repeated instructions</li> <li>Residents with cognitive impairment may require additional assistance</li> <li>Be alert for signs resident does not understand collection procedure and reinforce instructions as needed</li> <li>A change in appearance of urine should be reported to nurse since this may signal other health problems</li> </ul>	

<b>Module X – Threads of Care – Collecting Routine Urine Specimen</b>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Treat resident with empathy, even when extra patience is needed</li> <li>• Prevent resident embarrassment by acting in a professional manner</li> <li>• Accuracy in collecting a urine specimen is critical since treatment plans may be based on findings</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>• Discuss five rights of Specimen Collection – right resident, right specimen, right container, right date/time, right storage/delivery</li> <li>• Let students practice transferring colored fake urine from bedpan into specimen container to better understand how easily urine can be splashed or spilled</li> <li>• Make sure urine collected belongs to resident</li> <li>• Discuss different types of urine specimens, as well as the process of urine straining</li> <li>• This is a good opportunity to discuss routine variations of urine characteristics</li> <li>• Discuss collecting urine specimen from resident using transmission based precautions</li> <li>• Compare and contrast collecting a routine urine specimen and collecting a stool specimen</li> </ul>	
<p>Insert skill check-off sheet for collecting routine urine specimen at this point in the curriculum. Demonstrate collecting routine urine specimen. This may be an appropriate time to insert skill check-off sheets/demonstrate collecting stool specimen.</p>	



Module X – Threads of Care – Assisting With Use of Bathroom and Measuring and Recording Urinary Output	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate the proper technique when assisting with the use of the bathroom, bedside commode, bedpan and urinal.</li> <li>Accurately measure and record urinary output.</li> </ul>	
<b>Introductory Scenario</b> Your resident is on bedrest and has stated a need to go to the bathroom. The nursing care plan indicates _____ (please complete with several common wordings found in the care plan regarding allowable bathroom activities).	
Content	Notes
<b>Cognition</b>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>After elimination, all equipment should be rinsed, dried and returned to storage using Standard Precautions</li> <li>Be aware that body wastes, both urine and feces, carry microorganisms, which may cause infection</li> <li>Raised toilet seats, urinals, and bedpans should be labeled with the name of the user</li> <li>NEVER place ANY elimination equipment on the over-bed table</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>To ignore a resident who has expressed a need to eliminate is neglect and abuse</li> <li>If someone is injured attempting to go to bathroom on their own, this may be neglect</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>The fracture pan is safely used for those who cannot raise their hips to use a regular bedpan</li> <li>The regular bedpan is higher on the sides and requires extra caution for safety</li> <li>Raised toilet seats on the bathroom commode can assist the resident in getting up and down; handrails make the use of a raised seat safer</li> <li>Those who can walk to the bathroom may still need assistance; being in bed for long periods may cause weakness on rising and sometimes dizziness</li> <li>Always return bed and side rails to original position once elimination is complete</li> </ul>	

<b>Module X – Threads of Care – Assisting With Use of Bathroom and Measuring and Recording Urinary Output</b>	
<ul style="list-style-type: none"> <li>• Use disinfectant and odor neutralizers with caution</li> <li>• Residents must be kept clean and dry</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>• Long periods of time spent on bedpans, holding a urinal, or sitting on a commode can be harmful in many ways and is to be avoided</li> <li>• Only the nurse aide knows if a resident is left in a wet bed</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Privacy is paramount in all methods of assisting with elimination</li> <li>• Most times, the resident attempting elimination would like to be alone</li> <li>• Treat the resident as an adult; don't use childish words; use proper words for bodily functions and outcomes</li> <li>• Remember, residents may be embarrassed at needing assistance with elimination</li> <li>• Always be professional and neutral when assisting with any of the types of elimination</li> <li>• Pads and briefs are available for adults who are incontinent</li> <li>• It is important to realize how residents feel about having to be assisted with elimination, when all their life, they have been able to do that for themselves</li> <li>• Those who are incontinent may be embarrassed; be careful what is said when assisting with incontinence cleanup</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>• The resident has a right to assistance with elimination in a manner appropriate to their condition</li> <li>• The resident has a right to privacy during elimination</li> <li>• Per the Minimum Data Set (MDS), any time a resident's skin or anything touching a resident's skin is wet from urine, this is counted as an episode of incontinence (cite the law)</li> </ul>	
<b>Communication</b>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>• Often resident does not want the family present during elimination</li> <li>• Often family does not want to be present during elimination</li> <li>• Abide by resident preference related to family involvement</li> <li>• Remind the family if the resident is on output</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>• Factors that may cause normal changes in urine qualities include foods and food dyes, medications, vitamins and food supplements</li> <li>• Factors that may affect urination are aging, psychological factors,</li> </ul>	

<b>Module X – Threads of Care – Assisting With Use of Bathroom and Measuring and Recording Urinary Output</b>	
fluid intake, medications, and diseases <ul style="list-style-type: none"> <li>• Incontinence is not a normal part of aging</li> <li>• Urine is irritating to skin and should be washed off immediately</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>• When residents can move with assistance, but cannot walk to bathroom, consider a portable, bedside commode</li> <li>• Use good body mechanics to assist resident to commode and back to bed</li> <li>• When offering bedpan or urinal, raise bed to a comfortable working height; be sure side rails are up</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• Any complaints of pain upon elimination should be reported to nurse</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>• It is important to ask about preferences of elimination assistance; do not just choose a bedpan when resident might be able to use bedside commode</li> <li>• Examine how you would feel in any elimination situation and, using empathy, treat those in your care as you would like to be treated</li> <li>• Ask what you can do to help rather than just helping; for example, offer toilet paper rather than just using it quickly yourself</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Document measured amount according to facility policy</li> <li>• The quality of output should be documented with any episode of elimination</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• Notify nurse of abnormal urine, color, odor or amount</li> <li>• Prioritizing the need of a resident to eliminate may sometimes need to be done over your work plan of bed making, etc.</li> </ul>	
<b>Employee Behavior</b>	
<b>TEACHING TIPS</b> <ul style="list-style-type: none"> <li>• Discuss the use of different types of bedpans</li> <li>• Exercise caution with nonverbal behavior when assisting with elimination</li> <li>• Discuss comfort measures for elimination, such as using powder on a bedpan or warming metal bedpans</li> </ul>	

<b>Module X – Threads of Care – Assisting With Use of Bathroom and Measuring and Recording Urinary Output</b>
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Insert skill check-off sheets for assisting with use of the bathroom, bedside commode, bedpan and urinal; and measuring and recording urinary output at this point in the curriculum. Demonstrate assisting with use of the bathroom, bedside commode, bedpan and urinal; and measuring and recording urinary output.
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<b>Module X – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>• Demonstrate catheter care.</li> <li>• Empty urinary drainage bag.</li> <li>• Promote good health and hygiene.</li> </ul>	
<b>Introductory Scenario</b> A female resident you are caring for has a catheter and needs catheter care.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain what nurse aide is planning to do and why in terms resident understands</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Follow Standard Precautions.</li> <li>• Clean only in one direction and wipe away from meatus</li> <li>• Clean at least four inches of indwelling catheter nearest the meatus</li> <li>• Use a clean area of the cloth for each cleaning stroke</li> <li>• This is a good opportunity to observe for any redness, swelling or rashes</li> <li>• Be acutely aware of abnormal odor; and if noted, report to nurse and document</li> <li>• Place a barrier on the floor under the graduate measuring device</li> <li>• Do not let the tube emptying the urine touch the graduate</li> <li>• Use an alcohol wipe to clean drain clamp prior to replacing it in its holder</li> <li>• Clean graduate and store it according to agency policy</li> <li>• Catheter bag should always be kept below bladder to prevent flow of urine back into bladder</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• Because catheter care involves touching genital area, obtain person's consent before performing procedure</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Water temperature should be 105 degrees; test water with bath thermometer or inside of nurse aide's wrist</li> <li>• Have resident check water temperature and verify comfort</li> </ul>	
<b>Ethics</b>	

<b>Module X – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag</b>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Always provide privacy</li> <li>• Remember you are working with a person's most private areas and residents from various cultures may react differently</li> <li>• Never comment on the odor of concentrated urine</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>• The resident has a right to cleanliness</li> <li>• The resident has a right to be free from odors and potential harmful bacteria</li> <li>• The resident has a right to have adequate privacy during the procedure</li> <li>• The resident has the right to refuse catheter care</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>• Be aware of nonverbal actions both from resident and nurse aide</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>• Family should be asked to leave room until procedure is completed unless resident requests their presence</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>• Residents with catheters are at increased risk of urinary tract infections; urethra is longer in the male and shorter in the female; as a result, urinary tract infections are more likely in a female</li> <li>• If the male has not been circumcised, the foreskin should be pulled back so the meatus can be cleaned around the base of the catheter</li> <li>• Urine should normally be light or pale yellow and clear</li> <li>• Some medications may change the color of urine</li> <li>• Urine contains waste products removed from body</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>• Raise the bed to a comfortable working height</li> <li>• Lower the side rail on the side where the nurse aide is working</li> <li>• Raise the head of the bed slightly for the comfort of the resident during the procedure</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• Be aware of the sensitivity of this area of the body</li> <li>• Should pain be evident, report it to nurse</li> </ul>	
<b>Person-centered Care</b>	

<b>Module X – Threads of Care – Providing Catheter Care and Emptying Urinary Drainage Bag</b>	
<ul style="list-style-type: none"> <li>• This can be embarrassing for resident</li> <li>• Be mindful of the need for privacy</li> <li>• Demonstrate empathy during procedure</li> <li>• Respect resident’s desire to have someone else present during procedure</li> <li>• Respect and honor preferences, if at all possible</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Document any abnormal findings such as pain, cloudy or dark urine, blood or mucus in urine, strong offensive or fruit smelling urine, and report to nurse</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• The nurse aide should know the implications of washing the catheter in a careful thoughtful manner so not to pull on the catheter</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Nurse aides should act in a professional manner while performing catheter care</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>• Before class, laminate the picture of the attached female perineum, insert an actual foley catheter into the meatus, and inject water into the balloon. Use this as a teaching tool to demonstrate finger placement around the catheter during catheter care. In addition, turn the perineum around and point out the size of the inflated balloon and relate it to the safety needs of a resident with a catheter (Attachment #1 Teaching Tip Genitals)</li> <li>• Consider demonstrating catheter care using a quad-color washcloth (Teaching Tip #2 Quad-color Washcloth).</li> </ul>	
<p>Insert skill check-off sheet for providing catheter care and emptying urinary drainage bag at this point in the curriculum. Demonstrate providing catheter care and emptying urinary drainage bag.</p>	

Module X – Threads of Care – Assisting With Dining/Feeding Resident and Measuring and Recording Intake	
<b>Objective</b> <ul style="list-style-type: none"> <li>Describe the food groups according to <a href="http://www.choosemyplate.gov">www.choosemyplate.gov</a>.</li> <li>Recognize components of special diets that may be served to residents.</li> <li>Describe the importance of sound nutrition.</li> <li>List ways to identify and prevent dehydration and malnutrition.</li> <li>Demonstrate how to serve meal trays, between-meal snacks and assist with dining to a variety of residents, with different needs, including use of adaptive devices.</li> <li>Demonstrate documentation of intake.</li> <li>Identify intake items that are considered fluids.</li> </ul>	
<b>Introductory Scenario</b> The evening tray has arrived at the resident’s bedside. Your resident has limited use of the left hand and no use of the right, dominant hand. In addition, you must document how much is eaten and the amount of fluid intake and output for the day.	
Content	Notes
<b>Cognition</b> <ul style="list-style-type: none"> <li>Emotions affect eating</li> <li>Remember that mealtime is a sociable event and should be a pleasurable experience; mealtime is just not a time to eat, but is also a social activity</li> <li>Providing meals in an environment that encourages and enhances the eating process is beneficial to all residents</li> <li>Residents that are easily distracted during meals should not be isolated from the rest of the residents; however, they may eat better in a quieter part of the dining room</li> <li>Resident with dementia may require special measures to meet their nutritional needs</li> <li>Residents with Alzheimer’s disease may have specialized nutritional needs based on their cognitive and physical status             <ul style="list-style-type: none"> <li>Resident with Alzheimer’s sometimes has little awareness of food in mouth and to remind resident to chew, nurse aide may gently move resident’s chin or touch the tongue with a fork or spoon</li> <li>To stimulate swallowing, gently stroke resident’s throat</li> <li>Nurse aide assisting the resident with eating should sit at the resident’s level, make eye contact, and talk with resident during meal</li> <li>Consistency in meal times and seating arrangements will assist in promotion of resident’s independence and may decrease behavioral issues during meal service</li> </ul> </li> <li>Dementia may lead to decreases in food and fluid intake             <ul style="list-style-type: none"> <li>Resident does not realize hunger or thirst</li> </ul> </li> </ul>	



<b>Module X – Threads of Care – Assisting With Dining/Feeding Resident and Measuring and Recording Intake</b>	
<ul style="list-style-type: none"> <li>○ Reduced sense of smell and taste</li> <li>○ Difficulty swallowing</li> <li>○ Resident does not recognize eating utensils</li> <li>○ Resident cannot feed self</li> <li>○ Loss of coordination</li> <li>○ Depression</li> <li>○ Resident is restless and unable to remain seated during meals</li> <li>• Water is not the only fluid available to residents; some residents may not like water and should be offered alternative fluids, such as <ul style="list-style-type: none"> <li>○ Milk</li> <li>○ Juices</li> <li>○ Decaffeinated drinks (tea, coffee, soft drinks)</li> <li>○ Popsicles</li> <li>○ Ice cream</li> <li>○ Gelatins</li> <li>○ Fruit</li> <li>○ Soups</li> <li>○ Broths</li> </ul> </li> <li>• Observe residents for the following warning signs to eliminate or minimize mealtime difficulties <ul style="list-style-type: none"> <li>○ Change or difficulty in swallowing or chewing</li> <li>○ Poor utensil use</li> <li>○ Refusal of food and drinks</li> </ul> </li> <li>• Nurse aide must report any changes in resident's ability to feed self, chew, swallow and circumstances surrounding the change to nurse</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Wash the nurse aide's and the resident's hands, before and after meal</li> <li>• Never put dirty equipment or supplies, such as bedpans, urinals or specimens on the over-bed table</li> <li>• Be careful not to contaminate ice as it is scooped from ice machine. Store scoop in appropriate place</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• Follow facility policies and procedures</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Be aware of choking possibility during feeding; be prepared to perform relief of choking</li> <li>• Check mouth for pocketed food; make sure resident has swallowed before offering more food</li> <li>• Use spoon with small amounts when feeding resident</li> <li>• If resident needs it, cut food into small portions</li> <li>• Utilize safe food handling practices throughout the day, for example</li> </ul>	

<b>Module X – Threads of Care – Assisting With Dining/Feeding Resident and Measuring and Recording Intake</b>	
<p>do not allow resident to save food for later at the bedside if food should be refrigerated, such as mayonnaise-based foods</p> <ul style="list-style-type: none"> <li>• Position residents properly</li> <li>• Do not rush residents through meals and be patient with residents</li> <li>• Check for right resident, right meal tray</li> </ul>	
<p><b>Ethics</b></p> <ul style="list-style-type: none"> <li>• Treat resident's tray as you would like yours treated</li> <li>• Don't eat resident's leftover food or outside food brought in by family intended for resident</li> </ul>	
<p><b>Dignity</b></p> <ul style="list-style-type: none"> <li>• Be aware that food and eating preferences differ</li> <li>• Time procedures so they don't interfere with mealtimes</li> <li>• Don't do things for residents that they can do for themselves</li> <li>• Dentures need to be clean and in place before resident dines</li> <li>• Respect residents' mealtime rituals</li> <li>• Use the term "clothing protector" instead of bib; respect resident's wishes regarding clothing protector</li> </ul>	
<p><b>Rights</b></p> <ul style="list-style-type: none"> <li>• Resident has a legal right to make choices about food</li> <li>• Respond promptly to resident's request for beverages; ignoring a request for a drink may be neglect</li> </ul>	
<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Say positive things about the food</li> <li>• Make conversation with residents even if resident does not talk</li> <li>• Give short and clear verbal cues to prompt resident to feed self</li> <li>• Speak clearly, slowly and directly with face-to-face contact when possible; sit down as appropriate</li> <li>• Refrain from using childish gestures when feeding residents, for example, "here comes the airplane"</li> <li>• Tell blind residents where food is located using face of an imaginary clock</li> </ul>	
<p><b>Family and Family Support</b></p> <ul style="list-style-type: none"> <li>• Check with the nurse before the resident eats food brought in from home, if the resident is on special diet</li> <li>• Reinforce special diet guidelines with family members</li> </ul>	
<p><b>Appropriate Anatomy and Physiology</b></p> <ul style="list-style-type: none"> <li>• It is easier for the resident to choke on thin liquids than on thick liquids</li> </ul>	

<b>Module X – Threads of Care – Assisting With Dining/Feeding Resident and Measuring and Recording Intake</b>	
<ul style="list-style-type: none"> <li>Thickening improves ability to control fluid in the mouth and throat of residents with swallowing problems; check with the nurse for specific residents' needs</li> <li>Ability to taste, smell and recognize thirst may diminish with age</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Sit at resident's eye level when feeding resident</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Report pain associated with eating or drinking to nurse</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Offer a trip to the bathroom or help with toileting prior to eating</li> <li>Residents should be clean and well groomed before dining</li> <li>Oral care should be performed before and/or after, per resident's preference</li> <li>Be mindful of cultural and religious considerations related to nutrition</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Document quantity of the resident's food and fluid intake per facility policy and procedure</li> <li>There are a variety of methods for documenting nutritional intake on the resident's medical record; follow facility procedure</li> <li>Accurate documentation impacts medical plan of care and nutritional status of resident</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Fluids are usually measured in milliliters (mL); ounces (oz) are converted to milliliters; to convert ounces to milliliters, multiply by 30</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Follow facility policies and procedures</li> <li>Promoting healthy eating is important part of the nurse aide's job</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>When developing a scenario, consider using chicken salad (and how it will become spoiled if left out or kept for later in the scenario), using conversions, and/or a cultural element</li> <li>The website, <a href="http://www.choosemyplate.gov">www.choosemyplate.gov</a> is an excellent website that you need to navigate prior to class and determine how best to use the instructional materials available, for class</li> <li>Have students take turns eating food using adaptive devices. Be sure the utensils and plates are cleaned appropriately between students</li> <li>Using children's toy food, setup plates with partially eaten (cut the toys) food. Have students</li> </ul>	

## **Module X – Threads of Care – Assisting With Dining/Feeding Resident and Measuring and Recording Intake**

practice estimating 25% 50% and 75% of the food eaten. Teams could be developed and the most accurate team could be recognized in some small way.

- Set up several graduated beakers and have students write down their reading of the liquid in the beakers. Winners could be recognized in some way
- Discuss where this gathered data is recorded in facilities in your area using example documentation sheets from several facilities.

Insert skill check-off sheet for assisting with dining/feeding resident who cannot feed self and measuring and recording intake at this point in the curriculum. Demonstrate dining/feeding resident who cannot feed self and measuring and recording intake. This may be an appropriate time to insert skill check-off sheet/demonstrate relief of choking.

<b>Module X – Threads of Care – Range of Motion Exercises</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Document the maintenance and/or improvement of resident's range of motion</li> <li>Demonstrate active and passive range of motion</li> </ul>	
<b>Introductory Scenario</b> Your supervisor tells you the doctor has now ordered that your resident is to receive range of motion (ROM) exercises. The care plan will tell how many revolutions per joint are ordered.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>ROM often gives hope of improvement in resident's current physical condition, thereby many times also improves individual's mental attitude</li> <li>Promoting independence improves resident's overall condition</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Observe Standard Precautions</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Must have a doctor's order, of course, but it is a team approach across the entire caring team</li> <li>When using Passive ROM, the nurse aide should always check nursing care plan for guidance</li> <li>Causing pain during range of motion can be considered abuse</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>It is important to be sure bed or wheelchair brakes are locked</li> <li>No more or no less ROM is used than is ordered and found in nursing care plan</li> <li>Do not exercise a joint that has a dressing, cast, or special tubing</li> <li>Do not exercise a joint with skin abnormalities</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>As always, the treatment is between you and the resident</li> <li>Perform care per facility guidelines and nursing care plan</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Privacy is important and should be maintained</li> <li>Care should be taken to drape bed linen for privacy, exposing only body part being exercised</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>The resident has a right to refuse</li> </ul>	
<b>Communication</b>	

<b>Module X – Threads of Care – Range of Motion Exercises</b>	
<ul style="list-style-type: none"> <li>Each joint movement should be explained to resident before beginning</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Family may be trained by nurse to provide ROM</li> <li>Reinforce the nurse's instructions on providing ROM to family and on the complications of immobility</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Complications of immobility can be permanent</li> <li>Support of ROM joint during the procedure is vital</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>It is important to position the bed or wheelchair in a comfortable position for both nurse aide and resident</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>No ROM exercise should produce pain</li> <li>If pain is encountered, the exercise should be discontinued immediately and pain should be reported to nurse</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Encouraging resident to do own active ROM exercises is possible and desirable</li> <li>Performing own exercises increases resident's self-esteem</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Be sure to document, per facility policy, that ROM exercises were performed per nursing care plan</li> <li>It is important to document any reports of pain by resident</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Stop exercise if any joint pain occurs</li> </ul>	
<b>Employee Behavior</b>	
<b>TEACHING TIP</b> <ul style="list-style-type: none"> <li>Use fun activity for abduction and adduction such as the Macarena or the Hokey Pokey; have students work in groups to determine which dance movements are adduction, abduction, etc., then put the dance together</li> </ul>	
Insert skill check-off sheet for passive range of motion at this point in the	

<b>Module X – Threads of Care – Range of Motion Exercises</b>
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curriculum. Demonstrate passive range of motion and explain how active range of motion differs from passive range of motion, when done.
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<b>Module X – Threads of Care – Transferring From Bed to Wheelchair</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate the proper technique of transferring a resident in a safe, competent manner, from a supine position, to an upright position in a wheelchair.</li> </ul>	
<b>Introductory Scenario</b> Your resident is an alert, oriented, 75 year-old female, who is requesting to go to an evening activity session, in the resident activity center. She has limited use of her lower body and requires assistance to the activity center by wheelchair.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain to resident in terms the resident understands what nurse aide is planning to do and why</li> <li>Older adults require extra time and assistance during transfer</li> <li>Residents may fear falling and may have limited mobility</li> <li>Residents with cognitive impairment generally have difficulty following directions regarding transfer</li> <li>Keep instructions simple and give only one direction at a time</li> <li>Use demonstrations to help with verbal instructions when necessary</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Wash hands before and after transfer to reduce transmission of microorganisms</li> <li>Wear gloves if chance of possible contact with body fluids</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Inappropriate transfer technique can cause injury which can lead to possible legal action</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Being in bed for long periods may cause weakness on rising and sometimes dizziness</li> <li>Most frequent complication in transferring a resident is falling during the transfer</li> <li>A possible hazard during transfer is pulling on or pulling out indwelling tubes or catheters</li> <li>Put on braces and other supportive devices before getting out of bed</li> <li>Have resident wear shoes or nonskid slippers</li> <li>Plan to transfer across the shortest distance</li> <li>Make sure the stronger leg (when applicable) is nearest the chair, to which the resident is transferring</li> <li>Make sure bed and wheelchair wheels are locked</li> </ul>	



<b>Module X – Threads of Care – Transferring From Bed to Wheelchair</b>	
<ul style="list-style-type: none"> <li>Place wheelchair on resident's strongest side</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>Value resident wishes</li> <li>Acknowledge and value resident suggestions, as appropriate</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Ensure that resident is properly dressed and discreetly covered, while in wheelchair</li> <li>Provide grooming and application of makeup, jewelry, as appropriate, and per wishes of resident</li> <li>Be respectful, courteous and explain what nurse aide plans to do</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>The resident has the right to refuse to get up in the wheelchair</li> <li>The resident has the right to privacy during transfer</li> <li>The resident has the right to be free from abuse and neglect</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Explain what will be done, step-by-step, so resident can help as much as possible, to reduce anxiety and increase cooperation</li> <li>Watch for signs of non-verbal indications that resident is not tolerating sitting in wheelchair</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>After demonstration of use of wheelchair brakes and navigation of wheelchair, permit family members to transport resident to activities, if directed by the nursing care plan or after consultation with nurse</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Activity improves muscle tone, increases venous return to the heart, and stimulates peristalsis</li> <li>By the seventies or eighties, muscle strength, endurance, and coordination decline</li> <li>Older adults need to maintain as much mobility as possible to prevent disability</li> <li>Bone demineralization increases risk of falls</li> <li>Range of motion of joints decreases</li> <li>Muscle strength lessens and gait may be unsteady</li> <li>Residents may have contractures that may affect ability to transfer safely and ability to sit in wheelchair comfortably</li> <li>Older residents may have thin, fragile skin which may lead to injury</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Concentrate on how nurse aide is using body when moving and</li> </ul>	

<b>Module X – Threads of Care – Transferring From Bed to Wheelchair</b>	
positioning residents <ul style="list-style-type: none"> <li>• Use strongest and longest muscles to prevent injuries</li> <li>• Half of all health care providers’ back pain is associated with lifting or turning residents</li> <li>• Allow the strong muscles of legs to do the lifting</li> <li>• Maintain center of gravity and provide leverage that reduces lower back strain</li> <li>• Prevent twisting of body when moving resident</li> <li>• Be realistic about how much weight nurse aide can safely lift</li> <li>• Practice good body mechanics at all times during procedure</li> <li>• Maintain resident’s center of gravity as close to you as possible</li> <li>• A broad base of support increases stability during transfer</li> <li>• Positioning resident well back into seat provides a broader base of support and greater stability</li> <li>• Wide stance increases stability and minimizes strain on back</li> <li>• Avoid putting pressure directly on axilla due to risk of nerve damage</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• Notify nurse if pain is verbalized</li> <li>• Observe for non-verbal signs of pain by resident and report any complaints of pain to nurse and document per facility policy</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>• Encourage resident to assist as much as possible</li> <li>• Determine level of dependence on assistance               <ul style="list-style-type: none"> <li>○ Completely independent</li> <li>○ Requires use of assistive devices</li> <li>○ Needs minimal help</li> <li>○ Needs assistance or unable to assist</li> </ul> </li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Per facility policy, document following information: time of transfer, length of time in wheelchair, abnormal occurrences (during transfer), and/or abnormal complaints (while in wheelchair)</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• Determine if an additional person is needed to safely transfer resident to wheelchair</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Be sympathetic to various emotions resident may be experiencing due to dependency on others</li> <li>• Nurse aide should prioritize work so resident repositioning will be done at appropriate intervals</li> <li>• Nurse aide should ask for clarification if unsure of how to safely transfer resident to wheelchair</li> </ul>	

<b>Module X – Threads of Care – Transferring From Bed to Wheelchair</b>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>• Resident begins to look overly tired and verbalizes, “I’m not feeling good.” Discuss appropriate nurse aide reaction.</li> <li>• Using two students, demonstrate why transfers should be done on resident’s good side.</li> <li>• Discuss reasons why the resident should never put their hands around the nurse aide’s neck.</li> </ul>	
<p>Insert skill check-off sheet for transferring from bed to wheelchair at this point in the curriculum. Demonstrate transferring from bed to wheelchair.</p>	

<b>Module X – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>• Discuss the importance of correct positioning and use of a turn sheet.</li> <li>• Demonstrate positioning resident on side.</li> <li>• Demonstrate moving a resident up in bed using a turning sheet.</li> </ul>	
<b>Introductory Scenario</b> A resident’s nursing care plan indicates that the resident needs to be turned every two hours. It is time to turn the resident.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Explain what nurse aide is planning to do in terms the resident understands</li> <li>• Residents with dementia may require special measures prior to and during being moved and positioned</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Follow Standard Precautions.</li> <li>• Observe for signs of skin discoloration, swelling, and rashes</li> <li>• Promptly change soiled linens</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• Turn and position resident per nursing care plan to prevent possible abuse and neglect charges</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Place call signal within resident’s reach</li> <li>• Exercise caution and protect resident’s head when moving up in bed</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>• Change linens if soiled or wet even if nurse aide is only one aware of soiled linens</li> <li>• Avoid leaving resident in the same position for long periods of time</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• Always provide privacy</li> <li>• Refrain from commenting or teasing resident about size or weight, no matter how easy or difficult the resident may be to move or position</li> <li>• Encourage resident to participate as much as possible</li> <li>• Be respectful, courteous and explain what nurse aide plans to do</li> </ul>	

<b>Module X – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side</b>	
<b>Rights</b> <ul style="list-style-type: none"> <li>Residents have the right to privacy</li> <li>Residents have the right to refuse to be positioned</li> <li>Residents have the right to be free from complications associated with prolonged bed rest</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Use positive approach and tell resident what nurse aide plans to do prior to touching resident</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Permit assistance from family if requested by resident</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Movement of resident may cause shearing or friction and may tear fragile skin</li> <li>Movement of resident increases and promotes circulation</li> <li>Repositioning every two hours is important in preventing skin breakdown</li> <li>Proper alignment of resident's body helps prevent complications of immobility, such as contractures and atrophy</li> <li>Constant pressure on bony areas can cause resident to be at high risk for pressure ulcers</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Ask for extra assistance as resident's condition requires</li> <li>Raise bed to a comfortable working height</li> <li>Remember to return bed to lowest position following repositioning of resident is completed</li> <li>Use good body mechanics</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Report any complaints of pain to nurse and document per facility policy</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Be courteous and respectful of resident wishes at all times</li> <li>Respect and honor resident positioning preferences, if possible</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Follow facility policy on documentation</li> </ul>	

<b>Module X – Threads of Care – Moving Up in Bed Using Turning Sheet and Positioning Resident on Side</b>	
<b>Critical Thinking</b>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• Be sympathetic to the various emotions resident may be experiencing due to dependency on others</li> <li>• Nurse aide should prioritize work so resident repositioning will be done at appropriate intervals</li> </ul>	
<b>TEACHING TIPS</b> <ul style="list-style-type: none"> <li>• Reinforce and consider demonstrating the different positions – supine, prone, lateral, Fowler’s, and Sims’.</li> <li>• Introduce and demonstrate the concept of logrolling.</li> </ul>	
<p>Insert skill check-off sheet for moving up in bed using turning sheet and positioning resident on side at this point in the curriculum. Demonstrate moving up in bed using turning sheet and positioning resident on side. This may be an appropriate time to insert skill check-off sheet/demonstrate assisting to move up in bed.</p>	

<b>Module X – Threads of Care – Assisting With Ambulation</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate the proper technique when assisting with ambulation using a gait belt, cane or walker.</li> </ul>	
<b>Introductory Scenario</b> Ms. Brown is recuperating from a stroke and the doctor wrote orders for her to be ambulated four times per day.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Explain to resident in terms the resident understands what the nurse aide is planning to do and why</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Be aware of the potential of body fluids and observe standard precautions</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>Use gait belt according to manufacturer guidelines and per facility policy</li> <li>Properly identify resident prior to ambulation</li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Being in bed for long periods may cause weakness on rising and sometimes dizziness</li> <li>Always return bed and side rails to original position once ambulation is complete</li> <li>Make sure bed or chair wheels are locked before resident attempts to stand</li> <li>Nurse aide should check nursing care plan to determine ambulatory needs, such as transfer belt (per facility policy) and number of people needed to ambulate safely</li> <li>For ambulation with a cane, the cane should be positioned on stronger side</li> <li>Check rubber tips on canes and walkers for snug fit before use</li> <li>When assisting a resident, nurse aide stays on weaker side, and slightly behind resident</li> <li>If resident starts to fall, be prepared to gently lower resident to the floor</li> <li>During crutch walking, remind resident to bear weight on hands and arms, and not under the arms</li> <li>Use handrails on the walls, if available</li> <li>Resident should wear rubber sole slippers</li> </ul>	
<b>Ethics</b>	

<b>Module X – Threads of Care – Assisting With Ambulation</b>	
<ul style="list-style-type: none"> <li>Assist with ambulation per facility guidelines</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>Ensure that resident is properly dressed and discreetly covered during ambulation</li> <li>Honor resident’s grooming wishes such as combing hair</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>The resident has the right to refuse to ambulate</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Watch for signs of non-verbal indications that resident is not tolerating ambulation</li> <li>Give clear step by step directions as to ambulatory expectations</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Family may enjoy ambulating with resident if nursing care plan allows</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Regular ambulation is important because it improves resident’s skin, circulation, strength, sleep, appetite, elimination, and oxygen level</li> <li>Physical conditions, such as osteoporosis and arthritis, may affect resident’s ability to stand up straight</li> <li>Physical conditions, such as sinus infections may affect balance</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Use good body mechanics when assisting resident to stand, dangle, and ambulate</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Any complaints of pain during ambulation should be reported to nurse</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>Encourage resident to select area for ambulation</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>Document distance ambulated and tolerance according to facility policy</li> <li>Document any verbalized pain per facility policy</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>Distances may need to be adjusted based on tolerance</li> </ul>	



<b>Module X – Threads of Care – Assisting With Ambulation</b>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>Each nurse aide should be familiar with and understand use of a variety of ambulatory assistive devices – cane, walker, crutches</li> <li>The nurse aide should ask for clarification if unsure of how to safely assist with ambulation</li> </ul>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>Remind (or role-play) how to handle situations that may arise during ambulation – dizziness, nausea, falls, etc.</li> <li>Offer tips for ambulation of a visually impaired resident</li> <li>Practice interventions when resident is about to fall</li> </ul>	
<p>Insert skill check-off sheet for ambulation at this point in the curriculum. Demonstrate ambulation at this point and explain how assisting with ambulating with a cane, walker, and crutches differ, when done. This may be an appropriate time to insert skill check-off sheet/demonstrate assist to dangle, stand, and walk.</p>	

<b>Module X – Threads of Care – Applying Restraints</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>• Demonstrate the application of physical restraints according to manufacturers’ instructions.</li> <li>• Apply physical restraints according to nursing care plan and facility policies and procedures.</li> </ul>	
<b>Introductory Scenario</b> The nurse aide has been directed by the nurse to apply a vest restraint to a resident.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>• Restraints can lead to increased confusion and agitation in residents with dementia</li> <li>• Even if a resident is oriented to time, place and person, restraint use can lead to anger, delirium, depression, loss of self-respect and withdrawal</li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>• Replace restraints when soiled</li> <li>• Do not share restraints among residents</li> </ul>	
<b>Legal</b> <ul style="list-style-type: none"> <li>• Restraints are used to protect resident only after everything else has been tried and only with doctor’s order</li> <li>• Restraints may be used if resident is danger to self, to others or for a medical procedure</li> <li>• Restraint use is based on resident’s need, not the needs of the staff; restraints are not used for convenience of staff or as punishment for resident</li> <li>• The nurse aide uses a restraint only if and when nurse directs nurse aide to do so</li> <li>• Nurse aide must be taught how to use any type of restraint before applying restraint</li> <li>• Informed consent is required from resident before use of restraints <ul style="list-style-type: none"> <li>○ If resident is unable to participate in decision to apply restraints, a family member is consulted</li> <li>○ Only in an emergency situation and under facility’s policies and procedures will nurse decide to use restraints without informed consent</li> </ul> </li> </ul>	
<b>Safety</b> <ul style="list-style-type: none"> <li>• Restraints can cause serious injury or even death from strangulation</li> <li>• Never use force when applying restraint</li> <li>• Always use slipknot, if restraint has ties</li> <li>• Check to make sure restraint is not too tight</li> <li>• Place call signal within resident’s reach</li> </ul>	

<b>Module X – Threads of Care – Applying Restraints</b>	
<ul style="list-style-type: none"> <li>• Perform a visual check on resident every 15 minutes</li> <li>• Release resident from restraints at least every two hours for 15 minutes of care, such as elimination, nourishment, skin care or range of motion</li> <li>• Check for blue-tinged, gray or pale skin, which means lack of oxygen; for dark-skinned residents, skin may appear purple or darkened</li> </ul>	
<b>Ethics</b> <ul style="list-style-type: none"> <li>• Only you will know if you checked resident in restraints every 15 minutes and released restraints for 15 minutes of care every two hours</li> </ul>	
<b>Dignity</b> <ul style="list-style-type: none"> <li>• A resident might feel lonely, isolated or humiliated               <ul style="list-style-type: none"> <li>○ Resident may ask, “What did I do wrong?”</li> <li>○ Resident might feel like restraints are punishment</li> <li>○ Use of restraints can lead to loss of dignity or self-respect for the resident</li> </ul> </li> <li>• Treat the resident with kindness and caring before, during and after applying restraints</li> <li>• Position resident and resident’s linen so that restraints are not evident to everyone</li> </ul>	
<b>Rights</b> <ul style="list-style-type: none"> <li>• Residents have the right to be free from restraint or seclusion</li> </ul>	
<b>Communication</b> <ul style="list-style-type: none"> <li>• Before nurse aide applies a restraint, nurse aide should explain to person what is going to be done in words that resident understands</li> <li>• As nurse aide applies restraint, explain what is being done step-by-step</li> <li>• After applying restraint, nurse aide should ask resident if restraint is too tight or painful; nurse aide should adjust restraint until resident is comfortable</li> <li>• Nurse aide should make sure resident can communicate with staff after nurse aide leaves room               <ul style="list-style-type: none"> <li>○ Since restraints limit movement around a room, the call signal should be in the resident’s reach and able to be used even with the restraint on</li> </ul> </li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>• Reinforce nurse’s explanation about use of restraints to family members</li> <li>• Encourage family to ask questions about restraints; if nurse aide does not know answer to a question, nurse aide should ask the</li> </ul>	

<b>Module X – Threads of Care – Applying Restraints</b>	
nurse for assistance	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>• A restraint can act as a tourniquet if applied too tightly</li> <li>• Restraints can cause friction and shearing of skin if applied directly to skin</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>• Position resident in good body alignment before applying restraints</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>• If resident complains of pain while restrained, check for tightness of restraint and loosen if needed; if pain persists or restraint wasn't too tight, notify nurse at once</li> </ul>	
<b>Person-centered Care</b> <ul style="list-style-type: none"> <li>• A restraint free environment is preferred</li> <li>• The type of restraint should be customized to resident's needs – but nurse aide must consult nursing care plan and/or with nurse</li> <li>• Show resident that resident is valued as a person</li> </ul>	
<b>Documentation</b> <ul style="list-style-type: none"> <li>• Complete documentation according to instructions and at designated times per facility policy</li> </ul>	
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>• If there is a life-threatening emergency such as strangulation, release restraint at once; notify nurse immediately</li> </ul>	
<b>Employee Behavior</b> <ul style="list-style-type: none"> <li>• In addition to state and federal laws, follow facility policies and procedures</li> <li>• Staff must work as a team to take care of residents with restraints</li> <li>• Know who is restrained in a particular area; all team members should look in resident's room when passing it and answer call signal promptly</li> </ul>	
<b>TEACHING TIPS</b> <ul style="list-style-type: none"> <li>• Show different types of restraints such as mitt, wrist/ankle, vest, roll belt. Have different types of restraints available for students to work with. At some point during instruction, have students apply restraints to each other such as a wrist restraint to one wrist, a vest restraint, an ankle restraint to one ankle. Continue with instruction. Check with students about how they feel after 10 - 15 minutes have passed. Secure permission from students before applying restraints</li> <li>• Obtain sample restraint release records and practice documentation</li> <li>• Discuss what is legally a restraint and what is not a restraint</li> <li>• Brainstorm alternatives to restraints based on prior instruction</li> </ul>	

<b>Module X – Threads of Care – Applying Restraints</b>
Insert skill check-off sheet(s) for applying restraints at this point in the curriculum. Demonstrate applying a variety of restraints.

<b>Module X – Threads of Care – Applying Anti-embolism (Elastic) Stockings</b>	
<b>Objective</b> <ul style="list-style-type: none"> <li>Demonstrate application of knee-high anti-embolism (elastic) stockings consistent with manufacturers' instructions.</li> </ul>	
<b>Introductory Scenario</b> The resident's care plan calls for the resident to wear knee-high anti-embolism stockings. The nurse aide is to apply them during morning care.	
<b>Content</b>	<b>Notes</b>
<b>Cognition</b> <ul style="list-style-type: none"> <li>Applying anti-embolism stockings may threaten a resident with dementia and resident may become agitated or combative             <ul style="list-style-type: none"> <li>Nurse aide must be calm, patient and soothing</li> <li>Do not rush process</li> <li>Be gentle</li> <li>Let resident help, if possible, even if it is holding stocking that is not in use</li> <li>Try again later if resident continues to resist care</li> </ul> </li> </ul>	
<b>Infection Prevention</b> <ul style="list-style-type: none"> <li>Resident usually has two pairs of stockings so one pair can be washed and dried while resident wears the other pair of stockings</li> <li>Never share stockings among residents</li> </ul>	
<b>Legal</b>	
<b>Safety</b> <ul style="list-style-type: none"> <li>Check circulation, skin color and skin temperature of toes, through opening in toe area and report any changes to nurse</li> <li>Inspect skin for breakdown, skin tears and discoloration after removing stockings</li> <li>Make sure stockings do not have any twists; twists can affect circulation</li> <li>Make sure there are no creases or wrinkles in stockings; these can cause skin breakdown</li> <li>Stockings that are too tight or folded over at top can block blood flow</li> <li>Loose stockings do not promote blood circulation</li> <li>Report loose or tight stockings to nurse</li> <li>Make sure when resident has on stockings and is out of bed, the resident has on foot coverings with non-skid soles</li> </ul>	

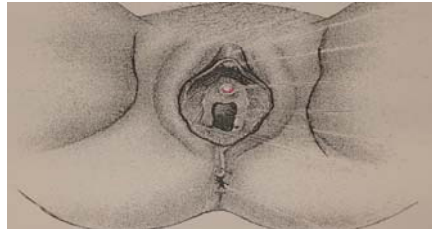
<b>Module X – Threads of Care – Applying Anti-embolism (Elastic) Stockings</b>	
<b>Ethics</b>	
<b>Dignity</b>	
<b>Rights</b>	
<b>Communication</b> <ul style="list-style-type: none"> <li>Nursing care plan will indicate when to remove stockings and for how long</li> <li>Report observations and specific concerns to nurse immediately</li> <li>Report the following to nurse: changes in skin color and temperature, leg and foot swelling, signs of skin breakdown and complaints of tingling, numbness or pain</li> </ul>	
<b>Family and Family Support</b> <ul style="list-style-type: none"> <li>Families can encourage client to wear the stockings according to the doctor's orders</li> </ul>	
<b>Appropriate Anatomy and Physiology</b> <ul style="list-style-type: none"> <li>Anti-embolism stockings can increase blood circulation and reduce fluid retention by applying even compression to the veins of legs</li> <li>Anti-embolism stockings help prevent blood clots in legs that could result in death</li> <li>Individuals who are on bed rest, are older or pregnant or have heart or circulatory problems or recent surgery are at risk for blood clots</li> <li>Apply stockings before individual gets out of bed; legs and feet are less swollen at that time and stockings easier to apply</li> </ul>	
<b>Body Mechanics</b> <ul style="list-style-type: none"> <li>Do not force joints (toes, foot, ankle, knee and hip) beyond their range of motion when applying stockings</li> </ul>	
<b>Pain</b> <ul style="list-style-type: none"> <li>Do not force the joints to point of pain when applying stockings</li> </ul>	
<b>Person-centered Care</b>	

<b>Module X – Threads of Care – Applying Anti-embolism (Elastic) Stockings</b>	
<ul style="list-style-type: none"> <li>Use the color of anti-embolism stockings preferred by the resident, if colors are available</li> </ul>	
<b>Documentation</b>	
<b>Critical Thinking</b>	
<b>Employee Behavior</b>	
<p style="text-align: center;"><b>TEACHING TIPS</b></p> <ul style="list-style-type: none"> <li>Discuss both knee-high and thigh-high stockings</li> <li>Discuss measures to make applying anti-embolism stockings to resident's legs easier, such as powdering legs before applying the stockings or applying stockings after lotion has dried</li> <li>After examining anti-embolism stockings, ask the students to compare anti-embolism stockings to regular knee high hose or panty hose</li> </ul>	
<p>Insert skill check-off sheet for applying anti-embolism (elastic) stockings at this point in the curriculum. Demonstrate applying anti-embolism (elastic) stockings.</p>	

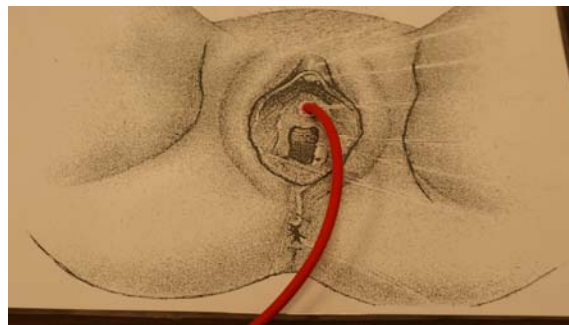


### **Threads of Care – Teaching Tip #1 Attachment – Perineum and Rectal Area**

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

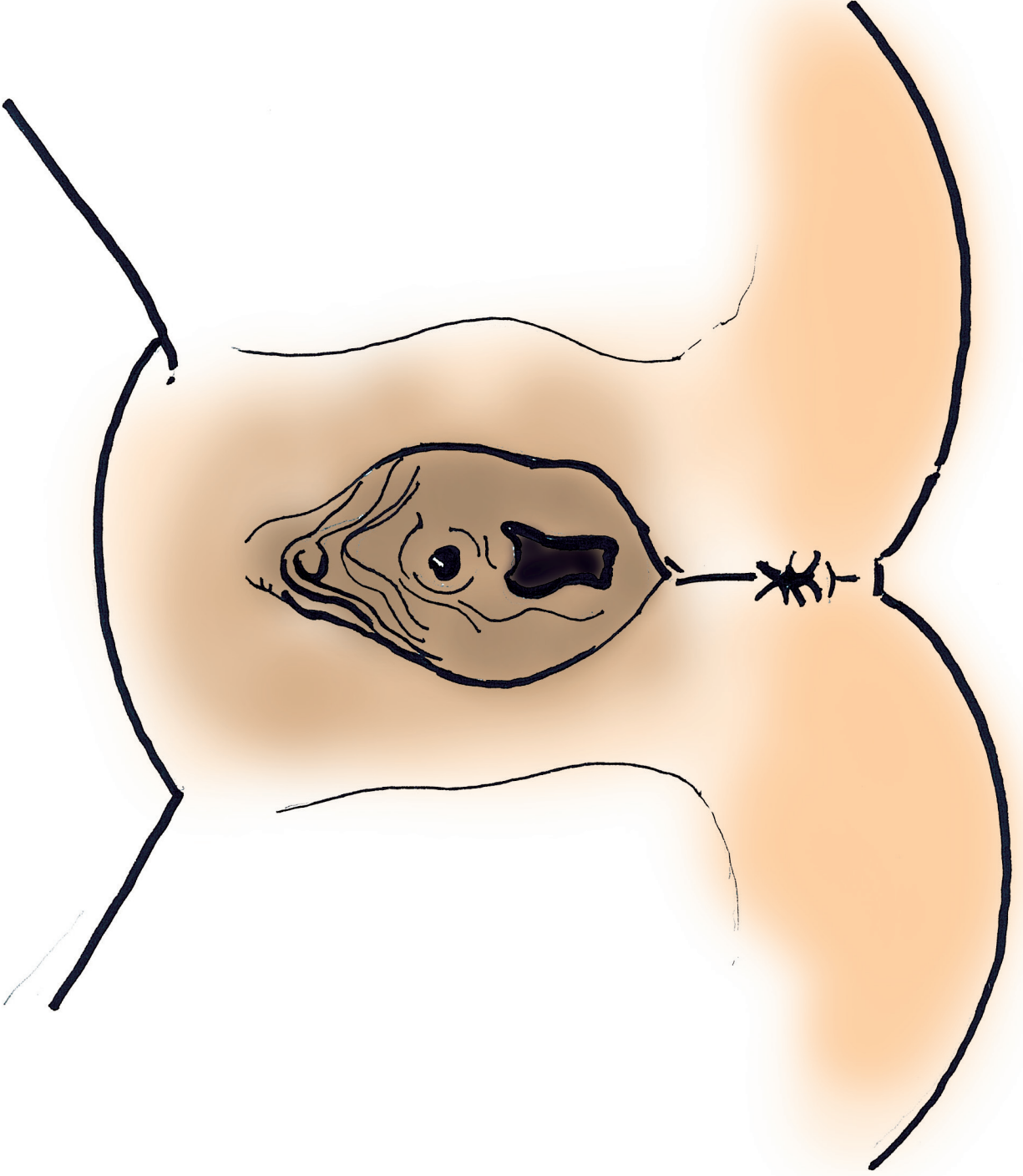


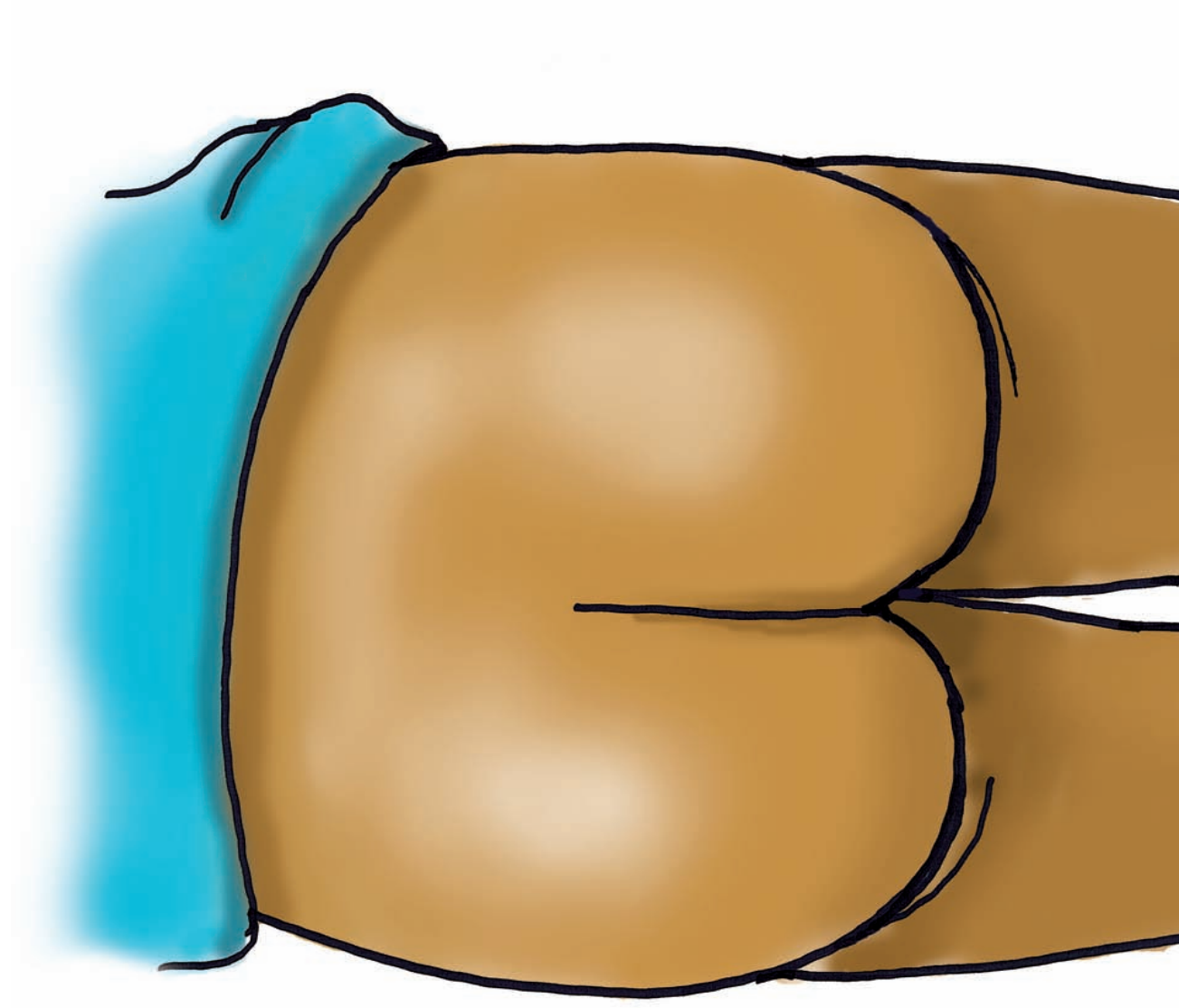
Before class, enlarge and laminate a second copy of the picture of the attached female perineum, insert an actual foley catheter into the meatus, and inject water into the balloon. Use this as a teaching tool to demonstrate finger placement around the catheter near the meatus during catheter care. In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



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







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

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



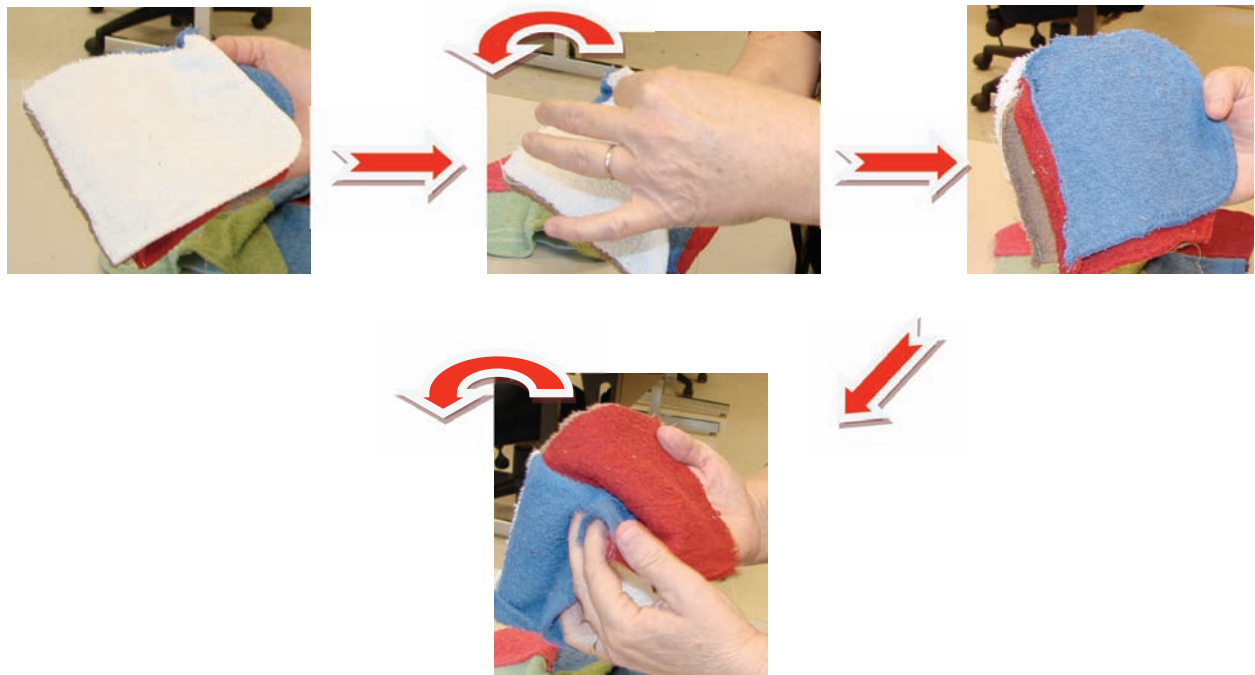
Consider demonstrating and allow for student practice of pericare and catheter care using this type of washcloth.

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



Placing the squared washcloth in the hand:

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



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

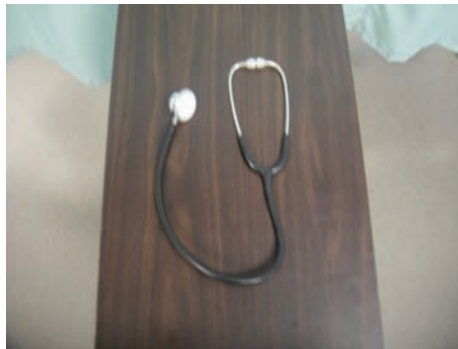
### **Threads of Care - Teaching Tip Attachment #3 - Teaching the Skill of Checking a Blood Pressure**

How do you eat an elephant? According to Creighton Abrams, “when eating an elephant, take one bite at a time.”

When teaching the skill of blood pressure, consider breaking up the instruction into bite-size pieces. One way to facilitate student practice of the various bite-size pieces is to set up stations in the lab after demonstration of each component by the instructor – station #1 stethoscope; station #2 blood pressure dial; station #3 blood pressure release valve; station #4 interactive video.

#### **Stethoscope**

First, explain the parts of the stethoscope and let the students get to know the stethoscope.



Be sure and show them which way the ear pieces go into the ears. When held in front of the face – the ear pieces point to the nose.





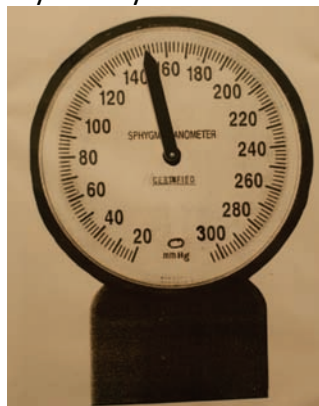
Your students should be working with a dual stethoscope – one with a bell and a diaphragm. Show them the difference between the bell and the diaphragm. Tell them that they determine blood pressure readings with the larger side (or the diaphragm) pressed against the brachial artery. Be sure and teach them how to adjust the stethoscope so they can hear using the diaphragm. Point out the hole on the bell and that the hole may be either open or closed. Get them to experiment to determine how the hole needs to be in order to hear using the diaphragm.

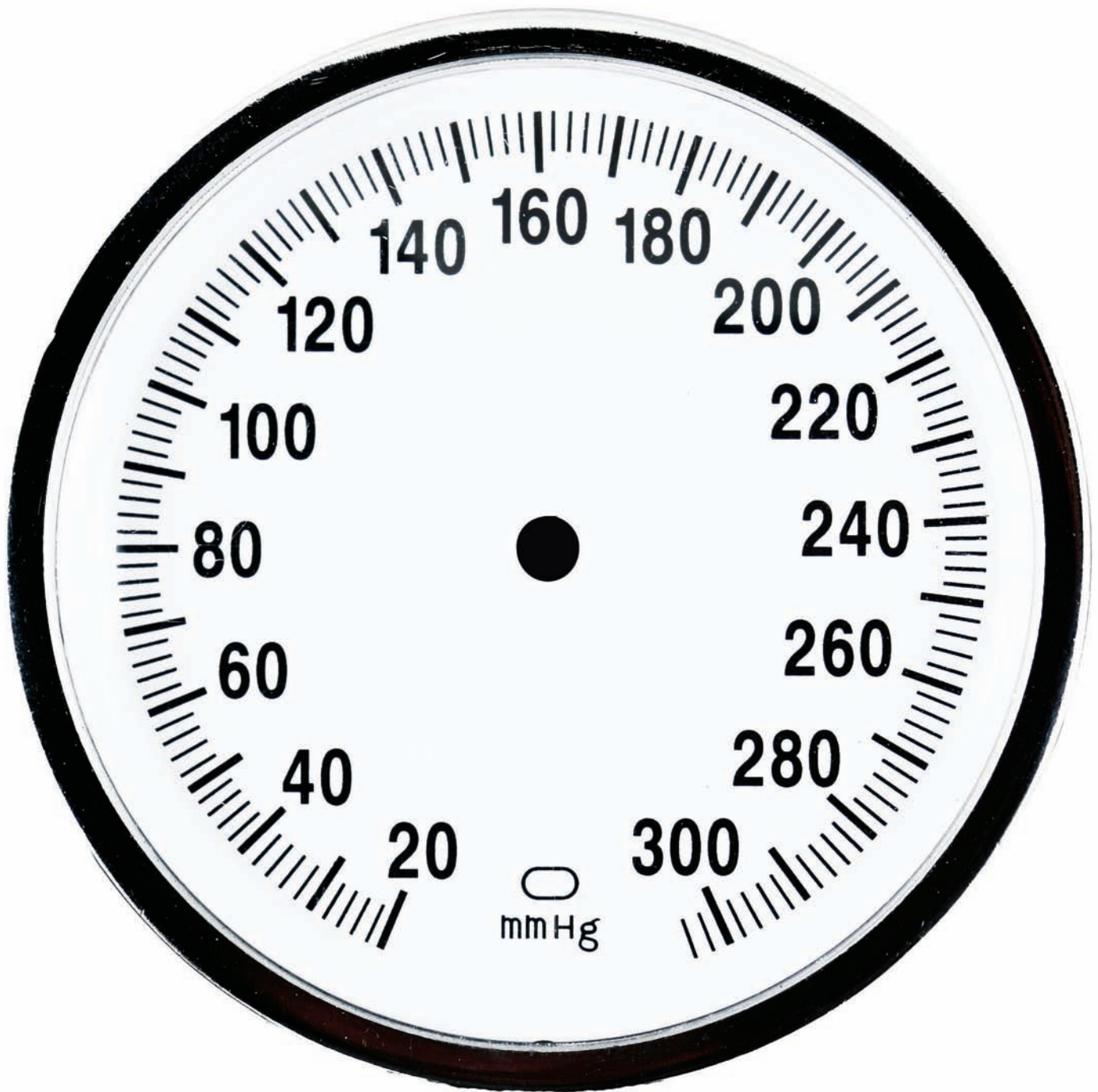


### **Blood Pressure Cuff**

Next, name the parts of the aneroid blood pressure cuff – the release valve, the tubing, the bladder, the gauge, and the bulb.

Students need to get used to watching the needle of the dial go up and then the needle go down. As the needle goes down when air is released from the release valve, the student needs to remember what the incremental lines represent and that the number values are decreasing. One device that can be created is a simulated dial and needle. Pictured below is a laminated dial created from an enlarged paper copy of a template. You could also create a dial using plywood and painted numbers. Remember to make a movable needle. A template that you may wish to use is included on the next page.







Students need to understand how the release valve works. For a right-handed person, remember, when the thumb goes up the needle goes up and when the thumb goes down the needle goes down.

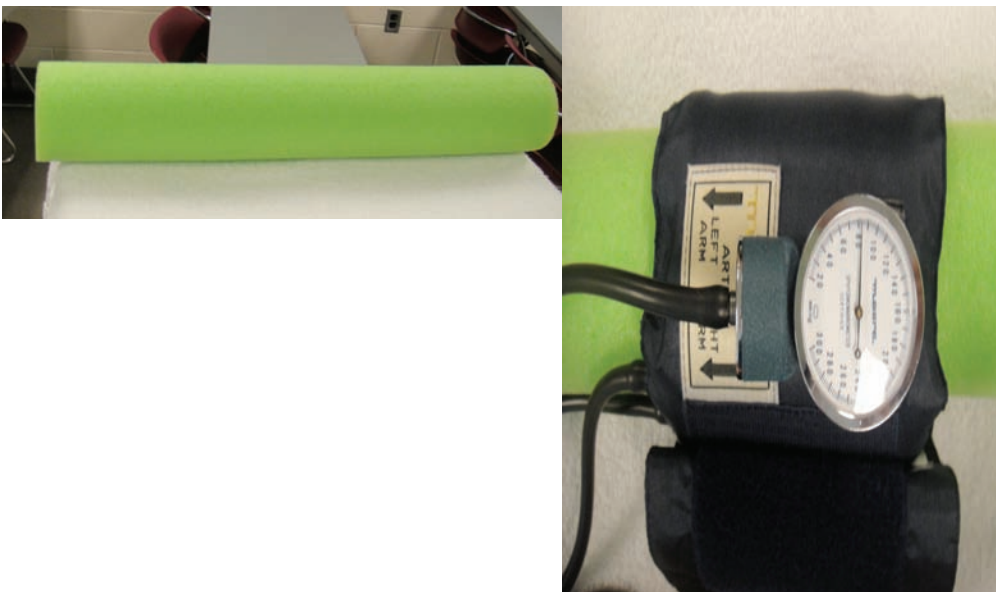


Thumb goes up, needle goes up



Thumb goes down, needle goes down

The large swim noodle is a classic device used for student practice with the release valve. The student can inflate and deflate and inflate and deflate the cuff – and the swim noodle never complains. Swim noodles typically come in two sizes. The larger of the two sizes works the best. Cut the swim noodle into about 1.5- to 2-foot sections.



## Module X

The following Web site is an excellent interactive resource that can be used in class to demonstrate the sounds heard when checking blood pressure. Be sure and try out the Web site before class and determine how to incorporate the Web site into the curriculum:

[www.csuchico.edu/atep/bp/bp.html](http://www.csuchico.edu/atep/bp/bp.html)

## **Threads of Care - Instructor's Guide to Activity # 1**

### **Germ, Germ, Germ**

#### **Preparation**

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

#### **Instructions to Students**

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

#### **Explanation of Activity**

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

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

#### **Wrap-up**

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

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

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

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

**Part #1**

**Preparation**

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

**Instructions to Students**

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

**Explanation of Activity**

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

**Wrap-up**

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

**Part #2**

**Preparation**

Gather boxes of gloves in a variety of sizes.

**Explanation of Activity**

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

**Wrap-up**

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