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# 4 Daily care of the patient

The basic activities of daily life are eating, dressing, bathing, going to the toilet, sleeping and resting, walking and communicating with others. Often when people are sick, they cannot do all these things alone and they need your help. When people are very ill, you may have to do nearly everything for them. In many hospitals, the family may give most of this care, with the guidance and supervision of the nurse.

This chapter describes some of the procedures the nurse or family members use to help patients with the activities of daily living and to assure their comfort.

Helping the patient to walk and get exercise is described in the chapter on caring for the patient with limited mobility. Helping the patient to eat well is in the chapter on meeting patients' nutritional needs. Helping the patient with elimination (going to the toilet) is in the chapter on caring for the patient who has problems with elimination. Communication is covered in the chapter on communicating with patients and their families.



## Hygiene

It is important to help the patient to stay clean and to take care of the skin, mouth, hair, eyes, ears, and nails. When a person is ill, it is hard to think about bathing or brushing the teeth or cleaning the nails; breathing or coping with pain seem a lot more important. Therefore, the nurse needs to look at whether the patients can clean themselves and help them when necessary. It is important to ask patients what they usually do and how they prefer to be helped.

Different cultures and different religions may have different hygiene practices. Hygiene is very personal and individuals have different ideas about what they want to do. When possible, the nurse should help patients to meet their own personal needs rather than carrying out a standard routine.

## **Bathing**

Healthy skin is important. It protects the tissues from injury by preventing germs (microorganisms) from entering the body. When the skin is scratched or broken, microorganisms can enter and the patient is vulnerable to infection. When the skin is dry or flaky, it may crack. When the patient has a rash or other itching, it is easy to scratch the skin.

It is therefore important always to check the patient's skin. Avoid injuring the skin and improve skin health if possible, through nutrition, lotions and above all, bathing.

Bathing removes microorganisms from the skin as well as body secretions, gets rid of unpleasant smells, improves blood circulation to the skin and makes the patient feel more relaxed and refreshed.

Patients may be bathed every day in the hospital. However, if a patient's skin is dry, bathing may be limited to once or twice a week so that it does not dry out further.

The nurse or a family member may need to help the patient walk to the shower or tub and to go back. Have a chair ready at the shower, in case the patient needs to sit and rest. The nurse or family member should be available to help the patient wash or dry off, if needed, or change into clean clothes after bathing.

Sometimes patients can wash themselves in bed. Sometimes they need some help from the nurse or a family member, for example, in washing their back or feet. Sometimes patients cannot wash themselves and the nurse or family member washes them in bed.

**Bathing the patient gives the nurse a good opportunity to look at the condition of the patient's skin and to see how well the patient can move.**

Before beginning a bed bath, try to avoid draughts by closing windows or doors, if necessary, and do all you can to give the patient privacy.

Have ready a basin of warm water, soap, a cloth for washing and one for rinsing, a bath blanket or sheet and two towels, if available, one to dry the patient with and the other to cover part of the body as you wash. You should change the bath water at least once and preferably twice if enough water is available.

## **Mouth care**

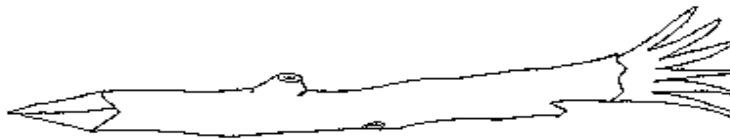
Good mouth care requires daily tooth brushing, massage of the gums and rinsing out the mouth. Patients in hospital may be able to get up and brush their teeth and wash out their mouth. If the nurse brings a toothbrush and basin of water, patients can sit up in bed and brush their teeth there. However, sometimes a patient is too ill to take care of his or her mouth; as a result, it can become dry or irritated or develop a bad smell. These problems may be increased by the illness or by the medicines the patient is taking.

The nurse needs to check the patient's mouth every day and either help the person to care for it or do the mouth care for him or her. Usually mouth care should be done daily. Depending on the condition of the patient's mouth, this care may be needed more often.

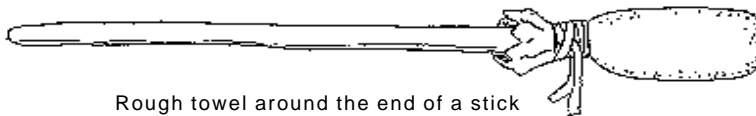
It is particularly important to do frequent mouth care for a patient who is receiving nothing by mouth.

As you do mouth care, always look for bleeding or ulcerations and ask the patient about any pain.

The type of mouth care the nurse gives will depend on the supplies available. When possible, the teeth and gums should be gently brushed with a soft toothbrush. If a toothbrush is not available, the patient can chew on the fibres at the end of a stick, using them as a brush, or you can wrap a piece of rough towel around the end of a stick or your finger and use it as a toothbrush. Toothpaste is helpful but not necessary.



Tooth cleaning stick



Rough towel around the end of a stick

You can make a tooth powder by mixing salt and bicarbonate of soda (or ashes) in equal amounts. To make it stick, wet the brush before putting it in the powder.

If patients have false teeth (dentures) and they are unable to clean them, ask them to take the teeth out each night. Brush them with a toothbrush and toothpaste or a tooth powder you have made, rinse them, and put them in a container by the patient's bed.

Even helping people to rinse out their mouth with salt solution or clean water will help to prevent dryness and infection and make them feel more comfortable.

If the mouth membranes look dry or dirty, put some oil and lemon juice, if available, on a gauze pad or clean cloth, and wipe the membranes. A little oil on the lips will help to prevent dryness and painful cracking.

## Mouth care for the unconscious patient

Mouth care is especially important for an unconscious patient. Special precautions need to be taken.

- If possible, position the patient on his or her side, near the edge of the bed.
- Wash your hands.
- Put a little basin under the patient's chin with a towel under it to catch any water that drips.
- Open the patient's mouth very gently with a tongue blade or other object, such as a spoon.
- Clean the teeth and membranes, then rinse the mouth by injecting a little water into the mouth with a syringe. Or use a moistened swab or cloth to rinse the mouth.
- If you inject water into the patient's mouth, make sure that it all runs out of the side of the mouth or suction the mouth to get it out. Fluid left in the mouth could choke the patient. It could be breathed into the lungs and cause pneumonia.
- After cleaning the patient's mouth, wash your hands.



## Hair care

Hair needs brushing or combing every day to stay healthy. Many patients are able to get up and comb their hair, or comb it in bed. If the patient cannot comb or brush his or her own hair, the nurse or a family member needs to do it, at least once daily.

Hair washing generally depends on its oiliness and the person's preferences. A patient in hospital for a long time will need to have a hair wash. Patients who can bathe themselves can also shampoo their hair. Other patients may be able to sit up in a chair in front of the sink. The nurse or a relative can then shampoo their hair.

Some patients are not able to get up to bathe or wash their hair and the nurse will need to shampoo it in bed. Ask the patient to move

close to the side of the bed, and bring shampoo and two basins of water. Put a towel under the patient's head and shoulders to keep the bed dry. Wet the hair, put on the shampoo and wash the hair, massaging the scalp with your fingertips. Then rinse the hair, dry it with a clean towel, and comb it out to prevent tangles.



## **Shaving the male patient**

Usually male patients who are too ill to shave their faces will feel much more comfortable if you or a family member gives a shave when needed.

- To prevent infection, it is best not to share razors between patients. If the patient's family can provide a razor, ask them to bring one.
- Wash your hands before beginning the shave.
- Moisten the patient's face with a warm wet washcloth. Then put soap or shaving lotion on one side of his face at a time.
- Shave gently, following the direction of the hair.
- While shaving the patient, be careful of the skin creases near the mouth and nose. These areas are best shaved in short strokes while carefully stretching the skin flat with your left hand.
- When you have finished, rinse the patient's face with warm water.
- Wash your hands.



## Eye care

Usually a person's eyes do not require any special care since they are continually cleaned by the fluid in the eyes, and the eyelashes and eyelids stop particles from getting into the eyes. However, a patient who has had an eye injury or surgery, a patient who has an eye infection, or an unconscious patient may need special care of the eyes. With infections or injuries, the eyes tend to drain and the discharge may accumulate and dry on the lashes like a crust. Unconscious patients may not blink and their eyes may become dry and irritated. Discharge from the eyes may also build up.

When you care for the patient, check the condition of the eyes and lashes.

- Soften and wipe away any discharge that has dried on the eyelids or lashes, using a sterile cotton ball or clean cloth moistened with water or saline solution. Wipe from the inner part of the eyelid to the outer part.
- If the patient is unconscious and cannot close the eyelids or blink, eye drops can be used to keep the eye wet enough. Or put an eye patch over the eye to protect it.
- If the patient wears glasses, clean them carefully with warm water and a soft tissue or cloth to avoid scratching the lens. When they are not being used, they should be kept in a place where they will not get broken.



## Care of the ears

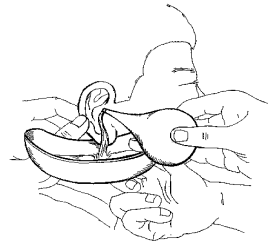
Normally, ears need very little cleaning. However, a patient with too much earwax may need his or her ears cleaned so the doctor or nurse can see inside the ear.

When you are caring for the patient, check the patient's ears for drainage, build-up of earwax, or inflammation. Wipe out the ears with a clean wash cloth and remove the excess wax. Usually you can loosen the wax by pulling the ear lobe downward. If the wax can still not be dislodged, you may need to irrigate the ear canal.

***Clinical alert: Never irrigate a patient's ear if the ear drum is perforated.***

You will need an irrigating solution at room temperature, a container for the solution, a syringe or a bulb suction, a small basin to catch the liquid, a towel, and cotton balls, if available.

- Wash your hands.
- Fill the syringe or bulb suction with the irrigating solution, and gently pull the ear lobe up and back to straighten out the ear canal, so that the solution can flow through the whole canal.
- Insert the tip of the syringe or bulb suction into the ear and very gently direct the solution into the canal. Let the solution drip out and be sure the syringe does not block it.
- When you have finished, wipe the outside of the ear and ask the patient to turn onto one side with the ear down, so that the rest of the solution will drain out. Put a towel under the ear to keep the bed dry.



***Irrigating the ear***



## **Nail care**

Some patients may need help in cleaning or cutting fingernails and toe nails. Using a nail cutter or sharp scissors, cut the fingernail straight across and then use a nail file, if available, to round off the nail. When you have cut all the nails, gently clean under them. If the

patient has diabetes or problems with circulation, or an infected finger, you must be very careful not to injure the tissues.

If the patient's toenails are thick and hard, you may need to soak the foot in a basin before cutting the nails. Check both fingernails and toenails for any signs of inflammation.



## Care of the legs and feet

Always check the patient's lower legs and feet, especially if the patient is elderly or has diabetes or circulatory problems. The patient may have poor sensation and circulation but may not know that. The patient then may not know about sores or ulcers on his or her feet or toes.

Look at and feel the lower legs and feet. If the skin of the lower legs is brownish and thick, or if it is red and shiny, the patient may have circulatory problems. Check the presence and strength of pulses in the feet (pedal pulses). Check the colour and temperature of the feet and toes. Check for swelling of the feet, ankles, and lower legs. Look between the toes and at the bottoms of the feet.



*Dorsalis pedis*



*Posterior tibialis pulse*

***Clinical alert:***

Danger signs showing circulatory loss, severe infection or gangrene must be reported immediately to the doctor. These signs are:

- ulcer or infected area with a bad smell
- area painful to touch
- a cool or cold, bluish limb or foot
- white or hard black skin or skin coming off
- decreased or absent pulses
- warm, red streaks from an ulcer or infection running upward
- the patient looks very ill.

If there is a sore or ulcer, get an order for treatment. Calluses can be softened by soaking the feet in warm water, then shaving the callus. If the patient has dry skin, bathe the feet or moisten them with warm water. Dry well between the toes. Apply oil or lotion, rubbing it in well. Do not apply lotion between the toes.

Giving a foot massage after bathing or caring for the feet can be very relaxing for the patient.

Tell the patient how to care for any deformities, sores, ulcers or poor circulation or sensation in the feet and legs. The patient or a family member should examine the feet every day and keep them clean and dry. When the patient goes home, he or she should not go barefoot. If there are any burns, blisters or sores, the patient should be seen by a health care worker.



## Back rubs

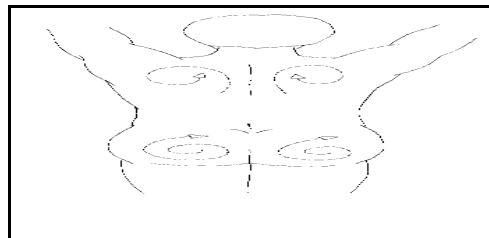
A back rub is one of the most comforting things you can do for patients. It relieves tension, relaxes the patient and improves circulation. Because of its effects on circulation, the back rub is particularly useful in preventing pressure sores in those on bed rest. It also allows the nurse to check the patient's skin and look for red areas that may later develop pressure sores. But massage should be used cautiously. If skin is reddened, massage may cause more damage.

The best times to give a back rub are after a bath or before the patient goes to sleep.

A lotion may be used to soften the skin during the massage. Alcohol is refreshing, but it is not usually recommended because it dries out the skin. First wash your hands. Then pour a little lotion into your hands and warm it by holding it for a few seconds before beginning the rub. Now, using circular motions, massage the middle of the patient's lower back. Next stroke upward and massage the areas over the right and left shoulder blades, again using circular motions. Then stroke downward and end by massaging the iliac crests, the large muscles of the right and left buttocks. Repeat this process for three to five minutes, and then take off any lotion left on the skin with a towel.

When you are massaging the back, check the skin for redness that does not go away after being rubbed. These are areas to watch, since they may develop into

***Clinical alert: Do not rub over reddened areas of the skin since rubbing skin can cause pressure sores to form.***



**Back rub**

pressure sores.



## How to prevent and treat pressure sores

Pressure sores or decubitus ulcers are among the complications of bed rest. They usually form on bony parts of the body such as the elbows and hips, knees, and the sacrum or big bone at the back of the pelvis. The area first looks red, then an open sore develops.

If the ulcer is not treated, the damage continues and the tissues below the skin are affected, then even the muscle and bone are involved. Untreated sores may easily become infected.

A mobile patient is less likely to develop pressure sores. It is important to move and turn the patient, exercise his or her joints, and get the patient up and walking as soon as possible.

### Ways to avoid pressure sores:

- **Help the patient change position every one to two hours.**
- **Keep the patient well nourished.** See that he or she gets enough calories, protein and vitamin C.
- **Keep the patient clean.** If the skin is not clean, bacteria will collect and make pressure sores develop more quickly.
- **Keep the patient dry.** Moisture from urine and perspiration helps pressure sores to form.
- **Keep bedding clean and free of wrinkles.** This will reduce friction, which also leads to pressure sores.
- **If necessary, use a foam rubber pad or soft mattress.** This will reduce the pressure on bony parts of the body such as the back of the pelvis (sacrum). Raising the heels makes them less likely to develop sores.

Every time you give care to a patient who is on bed rest or has limited mobility, check bony parts of the body for the signs of pressure sores, so that you can begin treatment. Early signs include red or pale skin or local swelling and a tingling or burning sensation. Encourage the patient to change position as often as possible if any of these signs are present, and exercise the area to stimulate blood circulation.

### **How to treat pressure sores:**

- Once a sore develops, it should be carefully cleaned and dressed. Use the aseptic technique described in the chapter on protecting the patient from infection. The sore can be washed with saline solution or hydrogen peroxide, and an ointment applied. If it is not infected, it should then be covered with a dressing that stops air reaching the sore and keeps in body moisture. Leave the dressing in place for several days without disturbing it to prevent infection and promote healing. If the sore is already infected, put on an antibiotic ointment or solution. If the sore has a scab or dry crust on it, it may have to be softened with saline solution before it can be removed. Once it is soft, remove it with scissors and forceps. Clean the sore with saline solution and apply ointment.
- Reposition the patient at least every two hours to keep pressure off the sore spot, and encourage the patient to shift his or her weight, if only slightly, as often as possible.
- If the sore has developed on the patient's pelvis, keep the bed flat or the head raised no more than 30 degrees, to prevent friction and added pressure to the pelvic area.



### **Help the patient get enough rest and sleep**

When people are sick, they often need more rest and sleep than they would normally because the body is spending a great deal of energy on healing. Unfortunately, many aspects of illness also make it harder to get rest and sleep. People who have shortness of breath or congestion often find it hard to sleep. Patients with pain are often woken up by it. A patient who is anxious will also have more trouble sleeping. Being in a strange place such as the hospital makes it harder to sleep. Hospitals tend to be noisy at times when the patient is used to quiet.

To prepare patients for sleep, make sure they have enough blankets to be warm and their clothes are comfortable. Help them to go to the toilet before bedtime, so that they are not woken up in the night. Give pain medication 30 minutes before bed time so that pain will not keep them awake. Unless the patient has such severe pain that he or she must get medication during the night to control it, try to avoid giving any more medications until morning. It is always helpful to offer patients a back rub just before they go to sleep.

Staff and relatives should keep the patient's area as quiet as possible. Staff conversations nearby should be kept to a minimum. Hall lights should be dimmed or turned off. Conversations at the nurse's station should be carried on quietly. Avoid loud conversations or loud noises. Make sure that all radios are turned off during sleeping hours.



## **Ensure the patient's safety**

Patients in the hospital can easily fall because they are weak and their protective senses may not be as good as usual. To prevent falls, the floors in the patient's room, the toilet and the halls must be kept clean and dry. A patient may easily slip on a wet floor. Also, keep the patient's area and the toilet clear. The patient needs an open walkway.

Some patients may need restraints to stop them from falling out of bed. Side rails on the beds, if available, will usually be enough. Occasionally a patient who is confused or agitated is in danger of injury by pulling out tubes or moving an arm with an intravenous catheter in it. Ask the family members to watch such patients and

stop them hurting themselves. Tell them to call for help if necessary. Sometimes you may need to restrict the patient's movements with a restraint. Always use the least restrictive device possible.

Take all precautions to prevent the spread of infection. Keep the patient clean, keep the bedclothes clean, keep all surfaces clean, keep the floor clean, and keep the toilet clean. Make sure air is circulating. Do not allow wet dirty clothes or linens to stay in the patient's room. Help the family to understand the importance of cleanliness in preventing infection.



## **Show families how to help with patient care**

Family members are often willing to help care for the patient if they are allowed to do so. Show them how to provide care in the following ways:

- Tell family members always to wash their hands before giving care.
- Teach family members how to turn the patient so that they do not hurt him or her.
- Instruct the family on how to bathe the patient and how to give mouth care, hair care and foot care.
- Show a family member how to give the patient a back rub.
- Show the family how to do range of motion exercises and how to help the patient to get up and sit in a chair or walk.
- Tell the family what the patient can eat, and teach them about food preparation. Show them how to help the patient eat and how to encourage him or her to drink fluids.
- Show the family how to help the patient to the bathroom and, if intake and output are being measured, how to

make a note about the number of times the patient urinates.

- Tell the family to keep a careful eye on the patient and report anything that might signal a problem.