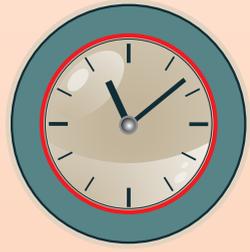


ACTIVITIES OF DAILY LIVING



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PERSONAL HYGIENE

Caregivers spend some time each day helping care recipients with personal hygiene needs. These may include bathing, shampooing, mouth care, shaving and foot care.

Bed Bath

Care recipients confined to bed need bed baths for cleanliness and to improve circulation (blood flow). However, baths can dry the skin and may cause chapping. You must decide how often a bed bath is needed based on the situation of the care recipient. For example, give a daily bath if he suffers from urinary incontinence (leakage), bowel problems and heavy perspiration. If not, bathing two to three times a week may be enough.

At bath time, inspect the body for pressure sores, swelling, rashes, unusual moles and other unusual conditions. Talcum powder can cause skin problems in some people. If he has dry skin but needs to be bathed often, alternate the use of soap and water with just water and lotion. Ask a nurse for advice.



Tip

Apply lotion often to prevent skin from chapping.

Always wash your hands before and after giving a bath. Tell him what you are about to do at each step. Ask him to help if possible.

Preparation

1. Make sure the room is at a comfortable temperature.
2. Gather clean clothes and supplies – disposable gloves, mild soap/ cleanser, washcloth, washbasin, lotion, comb, electric razor, shampoo.
3. Adopt good body mechanics – keep your feet apart, stand firmly, bend your knees, and keep your back in a neutral position. This means that your back should be arched normally and not stiff.
4. Offer the bedpan or urinal if the care recipient needs it.
5. If he is on a hospital bed, raise the bed to its highest level and bring the head of the bed to an upright position.
6. Help with tooth brushing or mouth cleansing.

Washing the Upper Body

1. Test the temperature of the water with your hand.
2. Remove the blanket, top sheet and the care recipient's clothes.
3. Cover his body with a towel or light blanket. Uncover one area at a time during washing.
4. Next, get him to lie flat.
5. Prepare one washcloth for soap, one for rinsing and one for drying. The washcloth should be very damp but not dripping wet.
6. First, wash his face gently and pat dry.
7. Next, wash the front of his neck and pat dry.
8. Move on to his chest and pat dry. For females, also clean under the breasts.

NOTE: Always start by washing the cleanest parts and work towards areas that are dirtier.

PERSONAL HYGIENE

Washing the Lower Body

1. Wash his stomach and upper thighs, then pat dry.
2. Clean his navel with a little lotion applied onto a cotton swab.
3. Wash his arms upwards from wrist to upper arm to increase circulation, then pat dry.
4. Wash the area between the fingers, clean the nails and pat dry.
5. To wash the legs, place a towel under his buttocks, flex (bend) his knees, wash his legs and pat dry.
6. Wash the area between his toes and dry well.
7. Apply lotion to the feet if they are dry but keep areas between the toes clean and dry to prevent fungal infection. For males, wash his pubic area and pat dry. Do the same for females at the genital area. If possible, get the care recipient to wash his or her own genitals.
8. For males: If he is uncircumcised, draw back the foreskin, rinse, dry and bring the foreskin down over the head of the penis again. Check for unusual tenderness, swelling or hardness in the testicles. For females: Ensure her genitals are washed thoroughly by spreading the external folds. This must be done at least once daily.

Washing the Back

1. Change the bath water before proceeding.
2. Roll the care recipient away from you.
3. Tuck a towel under him.
4. Wash his back starting from the neck to the buttocks.
5. Rinse and dry well.

To Complete

1. Give him a back rub with lotion to improve circulation.
2. Dress him in clean clothes.
3. Trim the toenails when necessary.
4. Change bed linens.

NOTE: Have the care recipient's ears checked and cleaned by a nurse or doctor twice a year. A build-up of earwax may obstruct hearing. If the doctor approves, apply a little lotion to the outside of the ears to prevent drying and itching.

Basin Bath

If the care recipient can sit in a chair or wheelchair, try a sponge bath at the sink.

1. Ensure the room is at a comfortable temperature.
2. Gather clean clothes and supplies – disposable gloves, mild soap/cleanser, washcloth, washbasin, lotion, comb, electric razor, shampoo.
3. Adopt good body mechanics – keep your feet apart, stand firmly, bend your knees, and keep your back in neutral position.
4. Offer the bedpan or urinal if he needs it.
5. First wash his face, then the upper body.
6. If he is able to stand, wash the lower part of the body. If not, let him lie in bed and wash him.

PERSONAL HYGIENE

Tub Bath

If the care recipient has good mobility and is strong enough to get in and out of a bathtub, he may enjoy a bath in the tub. Ensure grab bars, a shower chair and a rubber mat are available. It may be easier to sit on a shower chair than inside the tub.

1. Ensure the room is at a comfortable temperature.
2. Gather clean clothes and supplies – disposable gloves, mild soap/ cleanser, washcloth, lotion, comb, electric razor, shampoo.
3. Check the temperature of the water.
4. Guide him into the tub and advise him to use the grab bars. Beware of the possibility of him grabbing you and pulling you down.
5. Help him wash.
6. Empty the tub and help him out. Guide him to use the grab bars when getting out of the bathtub. Otherwise, have him stand up and then sit on the shower chair.
7. After that, get him to swing one leg over the edge of the tub, followed by the other leg. Help him stand up.
8. Place a towel on a chair or the toilet lid and have him sit there to dry off.
9. Apply lotion to any part of the skin that appears dry.
10. Help him get dressed.



Shower Chair



Tip

Care recipients may feel more secure if they turn to their side and get on their knees before rising from the bathtub.

Shower

Ensure the shower floor is not slippery. Make sure there are grab bars, a shower chair and a rubber mat. A removable shower head is also useful. Explain what you are going to do to the care recipient.

1. Make sure the room is at a comfortable temperature.
2. Provide a shower chair in case he needs to sit.
3. Gather clean clothes and supplies – disposable gloves, mild soap/ cleanser, washcloth, washbasin, lotion, comb, electric razor, shampoo.
4. Turn on the cold water followed by the hot water. Test the temperature of the water and adjust the water pressure to a gentle one.
5. First, wash the less sensitive parts of the body, such as the feet.
6. Guide him to hold on to the grab bars or sit on the shower stool.
7. Move the shower hose around him to clean him.
8. Guide him out of the shower and wrap him with a towel.
9. If necessary, have him sit on a stool or toilet lid while you apply lotion to dry skin and assist in drying and dressing.

NOTE: Remove any electrical equipment that can get wet from the bathing area.

PERSONAL HYGIENE

Nail Care

During nail care, look for signs of irritation or infection. A care recipient with diabetes could have a small infection that may develop into something more serious. Fingernails and toenails thicken with age and can make them more difficult to trim.

1. Gather supplies – soap, basin of warm water, towel, nail brush, scissors, nail clippers, nail file, lotion.
2. Wash your hands.
3. Wash his hands with soap and water, and soak them in the basin of warm water for five minutes.
4. Gently scrub the nails with the nail brush to remove trapped dirt.
5. Dry the nails and gently push the cuticle (the skin around the nails) with the towel.
6. Cut nails straight across to prevent ingrowing nails, then file the edges gently.
7. Gently massage his hands and feet with lotion.

NOTE: Clean the nail clippers and other equipment with a sanitiser if they are shared by others.

Shampooing

Shampooing improves blood flow to the scalp and keeps hair healthy. Female care recipients may also consider it a special treat to have their hair styled. The most convenient time for a shampoo is before a bath or any time the care recipient is not tired.



Tip

Dilute the shampoo in a bottle before pouring it on the hair.

Wet Shampooing

1. Gather supplies – disposable gloves, comb and brush, shampoo and conditioner, small pails of warm water, large basin, washcloth and towels.
2. Have the care recipient sit on a chair or commode.
3. Drape a large towel over his shoulders.
4. Gently comb out any knots.
5. Protect his ears with cotton.
6. Ask the person to cover his eyes with a washcloth and lean over the sink.
7. Moisten his hair with a wet washcloth or wet it with water from a small pail.
8. Massage a small amount of diluted shampoo into his hair.
9. Rinse his hair with clean water or use a washcloth to remove all traces of shampoo.
10. Use a leave-in conditioner if needed.
11. Dry hair with a towel and comb it gently.
12. Remove the cotton from his ears.
13. Use a hairdryer (cool setting) if necessary. Be careful not to burn the scalp.

OR

1. Cut a semicircle into a waterproof mat or sheet to be tucked under his neck to allow the water to drain downwards into the sink. You can improvise by using materials such as a roll of transparent book wrapper.
2. Seat him at the kitchen sink with the mat on his back.
3. Place a towel on his shoulders and place the waterproof mat or sheet against the neck with the smooth edge draining into the sink.
4. Following the procedure above, use the sink hose or a small pail to wash and rinse his hair.

PERSONAL HYGIENE

Dry Shampooing

1. Gather supplies – disposable gloves for the caregiver, comb and brush, dry shampoo, towel.
2. Rub shampoo in until the foam disappears.
3. Dry hair with a towel and comb it gently.

NOTE: You can buy a waterless or dry shampoo from any pharmacy.

Wet Shampooing in Bed

1. Gather supplies – disposable gloves, comb and brush, shampoo and conditioner, small pails of warm water, a large basin, plastic sheet, washcloth, towel, hairdryer.
2. Raise the bed if possible.
3. Help him to lie flat.
4. Protect the bedding with a plastic sheet.
5. Roll the edges of the plastic sheet so the water runs into a basin placed on a chair next to the head of the bed.
6. Drape a towel over his shoulders.
7. Protect his ears with cotton.
8. Cover his eyes with a washcloth.
9. Moisten his hair with a wet washcloth.
10. Massage a small amount of diluted shampoo into his hair.
11. Remove all traces of shampoo with a wet washcloth.
12. Use leave-in conditioner if desired.
13. Dry his hair with a towel and comb it gently.
14. Use a hairdryer (cool setting) if necessary. Be careful not to burn the scalp.
15. Remove cotton from the ears.

Shaving

The care recipient can do this on his own, or you can assist him using a safety razor or an electric razor. If he wears dentures, ensure they are in his mouth.

1. Gather supplies – disposable gloves, safety razor, shaving cream, washcloth, towel, lotion.
2. Wash your hands.
3. Adjust the light so you can see his face clearly but ensure that it is not shining into his eyes.
4. Spread a towel under his chin.
5. Soften the beard by wetting the face with a warm, damp washcloth.
6. Apply shaving cream to his face, carefully avoiding the eyes.
7. Hold the skin tight with one hand while using short, firm strokes to shave in the direction of the hair growth.
8. Be careful of sensitive areas.
9. Clean his skin with a wet washcloth.
10. Pat his face dry with the towel.
11. Apply lotion on dry skin.

NOTE: Never use an electric razor if the person is receiving oxygen.

PERSONAL HYGIENE

Oral Care

Oral care includes cleaning the mouth, gums, teeth or dentures. Explain what you are going to do to the care recipient and if he refuses to brush his teeth, you can use a fluoridated mouthwash rinse.

1. Gather supplies – disposable gloves, a soft toothbrush, toothpaste or baking soda, warm water in a glass, dental floss, a bowl.
2. Bring him to an upright position.
3. If possible, allow him to clean his own teeth. This should be done at least twice daily and after meals.
4. Be sure he can spit out water before allowing him to use a water glass for rinsing.
5. If necessary, ask him to open his mouth, then gently brush the front and back teeth up and down.
6. Rinse well by having him sip water and spit into a bowl.

Oral Care for the Terminally Ill

If the doctor or nurse approves, use either hydrogen peroxide diluted with mouthwash or a glycerine-and-water solution for mouth rinsing. Use normal water for those who are very sensitive. Your pharmacist can advise you on a gentle mouthwash.

1. Gather supplies – disposable gloves, toothbrush (preferably disposable), mouthwash, warm water in a glass, a bowl.
2. Clean the mouth (roof, tongue, lips and inside cheeks) with the toothbrush.
3. Swab the mouth with a disposable toothbrush dipped in water and repeat until the foam is gone.
4. If the lips are dry, apply a thin layer of petroleum jelly.

Dentures Cleaning

1. Remove the dentures from the mouth.
2. Rinse them under running water before soaking them in a denture cup.
3. Rinse the care recipient's mouth with water or mouthwash.
4. Massage the gums with a very soft toothbrush.
5. Return the dentures to his mouth.

NOTE: A care recipient with dentures should still have the soft tissues of the mouth checked regularly by a dentist.

Foot Care

- Provide well-fitted shoes that close with Velcro or elastic bands. Low-heeled and non-slip soles are best. Avoid shoes with heavy soles, running shoes with rubber tips over the toes, or shoes with thick cushioning.
- Provide cotton socks.
- Trim nails after a bath when they have softened.
- Use a disposable sponge-tipped toothbrush to clean or dry between the toes.
- Check feet daily for bumps, cuts and red spots.
- Call the doctor or a healthcare provider if a sore develops on the foot. Diabetics must take special care of their feet to prevent infections. Serious infections may require amputation.

NOTE: Foot pain can cause a person to lean back on his heels. To prevent falls, keep toenails clean and trimmed.

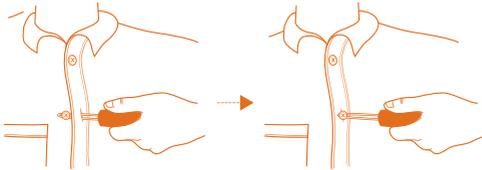
PERSONAL HYGIENE

Common Leg and Foot Problems and Solutions

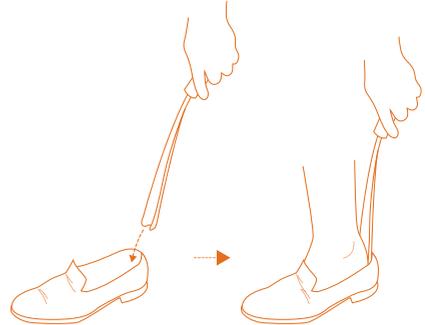
Problem	Solution
Foot strain	See a podiatrist.
Calluses	Apply lotion on affected areas; do not cut skin.
Cramps	Relieve by movement and massage.
Hammer toes and bunions	Wedge a pad between the big toe and the second toe to straighten them; wear suitable shoes or cut holes in the shoes to relieve rubbing.
Leg ulcers (openings in the skin)	Aside from following the doctor's instructions, exercise to keep feet and ankles mobile.
Swollen legs	Follow the doctor's instructions for treatment.
Varicose veins	Elevate the legs twice a day for 30 minutes. Before lowering the legs, apply an elastic bandage or put on stockings.

Dressing a care recipient with disabilities can be made easier with a routine.

- Before you begin, lay the clothes in the order in which he will be dressed.
- Dress the person while he is seated.
- Use adaptive equipment such as:



1. Button Hook



2. Shoehorn

- Use loose clothes that are easy to put on. Those with elastic waistbands, Velcro fasteners and front openings are ideal.
- Use bras that open and close in front.
- Use tube socks.
- Dress from his weaker side first.
- For a care recipient who is confined to bed, use a gown that closes in the back. This will make it easier when using a bedpan or urinal.

NOTE: For a care recipient who is confined to bed, be sure to smooth out wrinkles in the clothes and bedding to prevent pressure sores.

BED MAKING

Follow these steps when changing the bed sheets of a care recipient who is bedridden and needs to continue lying on the bed.

Step 1

- See the bed as having two parts – the side on which the care recipient is lying and the space next to him.
- If it is a hospital bed, raise the height of the bed.
- Lower the head and foot of the bed so that it is flat.



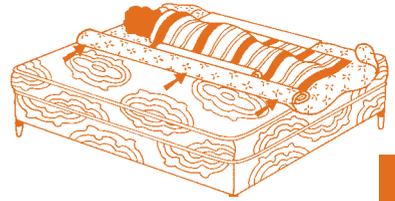
Step 2

- Loosen the sheets on all sides of the bed.
- Remove pillows and blankets.
- Cover the person with a bath blanket or large towel if necessary.
- Pull the top sheet out from under the bath blanket.
- Raise the bed rail on the side across from you (the opposite side) so that he cannot fall off the bed. If you do not have a hospital bed, push the bed against the wall.
- Roll him over to the opposite side.



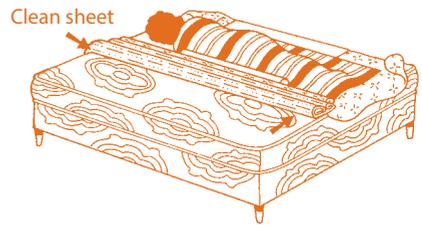
Step 3

- Roll the old bottom sheet towards the person.



Step 4

- Fold the clean sheet lengthwise along with other mattress covers.
- Place it on the bed with the middle fold along the centre of the mattress.



Step 5

- Unfold the clean sheet and cover half of the bed.
- Gently lift the mattress and tuck the clean sheet in.
- Tuck the free edge of the draw sheet under the mattress on your side of the bed.
- Help him roll towards the clean side of the bed.



OR

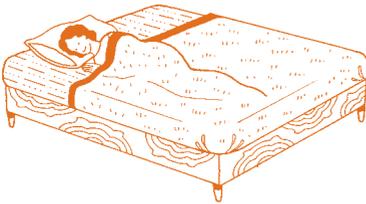
Bend as close to him as possible. Place your hand and arm under his shoulders and move him and the bath blanket over the linens to the centre of the bed.

BED MAKING

- If it is a hospital bed, raise the bed rail on your side and lock it in place.
- Go to the other side and remove the soiled linen. Tuck in all the clean linen and pull tight on the sheets to remove all wrinkles so they do not rub and irritate the person's skin.
- Change the pillowcases.
- Spread the top sheet over him and the bath blanket.
- Ask him to hold the sheet while you pull the bath blanket away.
- Tuck the clean sheet under the mattress at the foot of the bed.

Step 6

- Spread a blanket over the top. It should cover his shoulders.
- Fold the top sheet down over the blanket.
- Adjust his position so that he is comfortable.



TOILETING

Always wear disposable gloves when helping with toileting. This prevents the spread of diseases. Wash your hands before and after providing care.

Toileting in Bed

If the care recipient is mobile, do not encourage toileting in bed.

Toileting in Bed for a Female for Bowel Movements

Step 1

- Warm the bedpan with warm water. Empty the water into the toilet.
- Powder the bedpan with talcum powder to keep the skin from sticking to it.
- Place tissue paper or water in the pan to make cleaning easier. Or use a light spray of vegetable oil in the bedpan, which will make it easier to empty the contents.

Step 2

- Ask her to raise her hips.



Step 3

- If she cannot raise her hips, turn her on her side and roll her hips onto the bedpan.



TOILETING

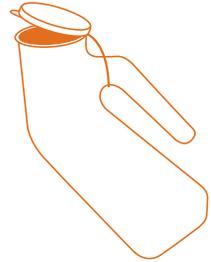
Step 4

- When done, help her clean the anal area with toilet paper. Repeat this using a wet tissue.
- After she has urinated, pour warm water over her genitals and pat dry.
- Wash her hands.
- Remove and empty the bedpan.
- Wash your hands.



Using a Urinal

1. If necessary, assist the male care recipient. Place the penis into the urinal as far as possible.
2. When he has finished, remove and empty the urinal.
3. Wash his hands.
4. Wash your own hands.



Using a Commode

A portable commode is useful for a care recipient with limited mobility. The portable commode (with the pail removed) can be used over the toilet seat and as a shower seat.



Using a Portable Commode

1. Gather the portable commode, toilet tissue, a basin, a cup of warm water, a washcloth or paper towel, soap and a towel.
2. Wash your hands.
3. Help him onto the commode.
4. Offer toilet tissue when he has finished.
5. For female care recipients, pour warm water to clean their genitals.
6. Pat the area dry with a paper towel.
7. Offer a washcloth so that the person can wash his hands.
8. Remove the pail from under the seat, empty it, rinse it with clear water and empty the water into the toilet.
9. Wash your hands.



Tip

For toilet safety, use Velcro with tape on the back and attach it to the back of the toilet or commode seat to keep the lid from falling.

Using the Bathroom Toilet

If your care recipient is mobile, get a toilet seat in a colour that is different from the floor colour to help him see the toilet better. Gently remind him to clean the anal area and wash his hands.

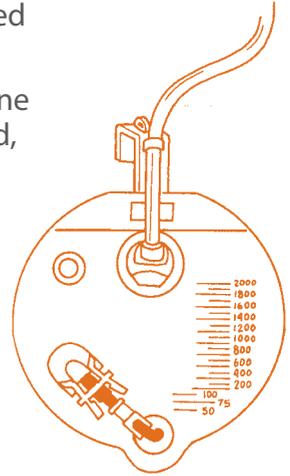
TOILETING

Catheters

A urinary catheter is a device made from rubber or plastic that drains urine from the body – it is inserted by a nurse through the urethra into the bladder.

A Foley catheter stays in the bladder and drains urine into a bag attached to a care recipient's leg, the bed, or a chair. If your care recipient is using this kind of catheter (indwelling catheter), watch out for the following:

- Ensure the tube stays straight and drains properly. Check for kinks in the tubing.
- Ensure the level of urine in the bag increases.
- Ensure the drainage bag is lower than the bladder.
- Use tape or straps when securing a catheter to his inner thigh.
- In males, an erection is a common effect when a catheter is inserted.
- Tell the doctor if blood or sediment appears in the tubing or bag.



NOTE: A Foley catheter greatly increases the risk of infection, so use it as a last resort to manage incontinence (leaking of urine or inability to control bowel movements).

Caring for a Care Recipient Who Has a Catheter

1. Wash your hands.
2. Put on disposable gloves.
3. Position the care recipient on his back.
4. Take care not to pull on the catheter.

5. While holding the catheter, wash the area around it with a wash cloth.
6. To avoid infection, wipe toward the anus, not back and forth.

NOTE: To prevent foul odours in the urine drainage bag, place a few drops of hydrogen peroxide in after emptying the bag.

Changing a Catheter from Straight Drainage to Leg Bag

1. Gather supplies – disposable gloves, a bed protector, alcohol wipes, a leg bag with straps.
2. Uncover the end of the catheter and drainage tubing. Place a towel or other bed protector under this area.
3. Disconnect the drainage tubing from the catheter.
4. Wipe the attachment tube of the leg bag with an alcohol swab and insert it into the catheter.
5. Place the cap attached to the urinary drainage bag over the end of the tubing to keep it clean and prevent urine from leaking.
6. Secure tubing to the care recipient's leg.

Condom Catheters

The doctor may prescribe a condom catheter for a male care recipient if infections from the indwelling catheter become a chronic problem. The catheter fits over the penis like a condom. Leakage is often a problem with this type of aid.

It is extremely important not to secure a condom catheter too tightly as it can result in serious injury.

Incontinence

Incontinence is the leakage of urine or bowel movement over which the person has no control. In addition to bladder management medications, treatment can include bladder training, exercises to strengthen the pelvic floor, biofeedback, surgery, electrical muscle stimulator, urinary catheters, prosthetic devices or external collection devices.

Talk to the doctor about the available options and treatments.

TOILETING

Managing Incontinence

- Avoid alcohol, coffee, spicy or citrus foods. These can irritate the bladder and increase the need to urinate.
- Give him fluids at regular intervals to dilute the urine. This decreases the irritation of the bladder.
- Be sure the care recipient goes to the toilet regularly – ideally every two to three hours. Use an alarm clock to keep track of the time.
- Provide clothing that can be easily removed.
- Keep a bedpan or portable commode near him.
- Provide pads or adult diapers to be worn under clothes.
- Stroke or tap the lower abdomen to help him pass motion.
- Keep the skin dry and clean. Urine stains on the skin can cause pressure sores and infections.
- Your patience and understanding can provide him with confidence and self-respect.

NOTE: A precise diagnosis for incontinence must be made in order to come up with an effective treatment plan. Consult a urologist if necessary.

Urinary Tract Infection

Look out for these signs and symptoms of urinary tract infection:

- Blood in the urine
- A burning sensation when passing motion
- Cloudy urine with sediment (a powder-like substance that settles on the bottom)
- Pain in the lower abdomen or lower back

- Fever and chills
- Foul-smelling urine
- Frequent and strong urge to void or frequent voiding

Get in touch with the doctor if there is any sign of a urinary tract infection.

Optimal Bowel Function

Maintaining good bowel function can be a challenge, especially when care recipients are unable to get out of bed for a little exercise. For optimal bowel function:

- Set a specific time every day or every other day for this. The best time is 20 to 30 minutes after breakfast.
- Serve fruit, vegetables and whole grain products.
- Be sure the person in your care drinks six to eight glasses of water daily (or an amount advised by the doctor).
- Provide opportunities for daily exercise.
- Use a stool softener or bulk agent if the stools are too hard. When using a bulk laxative, ensure that the care recipient drinks six to eight glasses of water per day. This will lessen the chance of severe constipation.
- Use glycerine suppositories to help lubricate the bowels for ease of movement.
- Massage the abdomen in a clockwise direction to help bowel movement.
- Avoid laxatives and enemas unless ordered by the doctor or nurse.

Diarrhoea

Diarrhoea occurs when the intestines push stools along before the water can be reabsorbed by the body. This condition could be caused by viral stomach flu, antibiotics or other medications, and stress anxiety.

TOILETING

Diarrhoea in immobile people is often caused by impaction, which is a blockage formed by hardened stool with liquid stool passing around it. The usual treatments for diarrhoea cannot be used for diarrhoea caused by impaction. Ask the pharmacist for advice or consider antidiarrhoeal drugs that:

- Thicken the stool, and/or
- Slow intestinal spasms

Precautions for Antidiarrhoeal Drugs

- Do not use for the first six hours after diarrhoea begins.
- Do not use if fever is present.
- Stop taking as soon as stool thickens.
- Encourage fluid intake to prevent dehydration.

Haemorrhoids

Haemorrhoids are swollen inflamed veins around the anus. They cause tenderness, pain and bleeding. To treat haemorrhoids:

- Keep the anal area clean with premoistened tissues;
- Apply zinc oxide or petroleum jelly onto the area;
- Relieve itching with cold compresses on the anus for 10 minutes several times a day; and
- Ask the doctor about suppositories (medications that are inserted into the rectum).

Call the doctor if:

- Blood from the haemorrhoids is dark red or brown and heavy
- Bleeding continues for more than one week
- Bleeding occurs for no reason

CONTROL OF INFECTIONS AT HOME

Common health practices such as frequent hand-washing are necessary to avoid the risk of bacterial, viral and fungal infections. To minimise infection:

- Always start with washing the cleanest area and work towards the dirtiest area;
- Always wash your hands before and after contact with the care recipient and other people;
- Always wear disposable gloves when giving personal care;
- Always wash hands well when returning from a trip outside the house; and
- Always wash your hands after using the toilet.

Cleaning Techniques

The following techniques will help reduce the likelihood of infections at home.

Caregiver Hand-Washing

- Hand-washing is the most effective way to prevent the spread of infections or germs.
- Use bottle-dispensed hand soap.
- If the care recipient has an infection, use antimicrobial soap.
- Rub your hands for at least 30 seconds to produce lots of lather before placing hands under running water.
- Use a nail brush on your nails. Keep nails trimmed.
- Wash front and back of hands, between fingers and at least two inches up your wrists.
- Repeat the process.
- Dry your hands on a clean towel or paper towel.

CONTROL OF INFECTIONS IN THE HOME

When Using Your Wheelchair

- Wear a pair of leather gloves (if available) to prevent cuts.
- Wash your hands frequently.
- For frequent in-between washings, use pre-packaged cleansing towelettes.

Handling Soiled Laundry

- Do not carry soiled linens close to your body.
- Never shake dirty items or place soiled linens on the floor. They can contaminate (infect) the floor and germs will spread throughout the house on the soles of feet or shoes.
- Store infected, soiled linen in a leak-proof plastic bag and tie it up.
- Bag soiled laundry in the same place it was used.
- Wash soiled linens separately from other clothes.
- Fill the washing machine with hot water; add bleach (1/4 cup or less) and detergent. Rinse twice and dry.
- Clean the washer by running it through a cycle with one cup of bleach or another disinfectant.
- Use rubber gloves when handling soiled laundry.
- Wash your hands.

NOTE: If urine is highly concentrated due to a bladder infection or dehydration, do not use bleach as the combination of bleach and ammonia in the urine creates toxic fumes.

Sterilisation

If you are sharing equipment with other people, sterilise the equipment to prevent infections. Otherwise, just wash equipment with disinfectant liquid.

Wet Heat Sterilisation

1. Fill a large pot with water.
2. When sterilising glass items, place a cloth at the bottom of the pot to prevent breakage.
3. Place items to be sterilised in the pot, e.g. syringes, nail trimmers, scissors.
4. Cover the pot and bring water to a boil.
5. Boil the water for 20 minutes.
6. Leave the items in the pot until ready to use.

NOTE: Cloth can be sterilised by placing a hot iron on it for a few seconds. Never use the microwave oven to disinfect non-food items. They can catch fire or explode.

CONTROL OF INFECTIONS IN THE HOME

Disposal of Body Fluids

- Wear disposable gloves.
- Flush liquid and solid waste down the toilet.
- Place used dressings and disposable pads in a sturdy plastic bag, tie up securely and place in a sealed container for disposal.

Prevention of Odours Caused by Bacteria

Bacteria need moisture, warmth, oxygen, darkness and nourishment to grow. Eliminate strong odours by:

- Sprinkling baking soda on the wound dressing.
- Leaving an open can of finely ground coffee under the bed.
- Pouring a few drops of mouthwash in commodes and bedpans.
- Placing cotton balls soaked in mouthwash in the room.
- Spraying a fine mist of white distilled vinegar mixed with a few drops of eucalyptus or peppermint essential oil.
- Using electrical and mechanical devices, e.g. plug-in air fresheners and fans for removing odours.
- Using natural organic room sprays.

SKIN CARE AND PREVENTION OF PRESSURE SORES

Pressure sores (or bedsores) are blisters or breaks in the skin. They are caused when the body's weight presses blood out of a certain area. It is best to prevent pressure sores because they take a long time to heal. Treatment depends on how advanced the sores are.

Facts

- The most common areas affected by sores are the tailbone, hips, heels and elbows.
- Sores can appear when the skin keeps rubbing against a sheet.
- The skin breaks down from the inside and sores can form in just 15 minutes.
- Damage can range from a colour change in unbroken skin to deep wounds in the muscle or bone.
- For light-skinned people, the first stage of a bedsore may see the skin colour change to dark purple or red and it does not turn pale with fingertip pressure. For people with dark skin, this area may become darker than normal.
- The affected area may feel warmer than the skin around it.
- Pressure sores that are not treated may lead to hospitalisation and require skin grafts.

Prevention

- Check the skin daily. Bath time is the ideal time to do this.
- Provide a well-balanced diet, with enough vitamin C, zinc and protein.
- Keep the skin dry and clean. Urine stains on the skin can cause sores and infections.
- Keep clothing loose.

SKIN CARE AND PREVENTION OF PRESSURE SORES

- If splints or braces are used, make sure they are adjusted properly.
- Massage the body with light pressure, using equal parts of surgical spirit and glycerine. Ask a nurse or a pharmacist for advice if necessary.
- A care recipient who is unable to get out of bed should be turned every two hours. Change the care recipient's position and smoothen any wrinkles on the sheets.
- Use paper tape to secure foam to bony sections of the body.
- Use 100% cotton sheets as they are better at absorbing moisture.
- Rent an electrically operated ripple bed. These beds have sections that can be inflated separately and at different times. A spenco mattress will reduce pressure too.
- Avoid using a plastic sheet if it causes sweating.
- When the person is sitting, encourage him to change body position every 15 minutes.
- Use foam pads on chair seats to cushion the buttocks.
- Change the type of chair the person sits in. Try an open-back chair.
- Provide opportunities for exercise.

Turning Someone in Bed

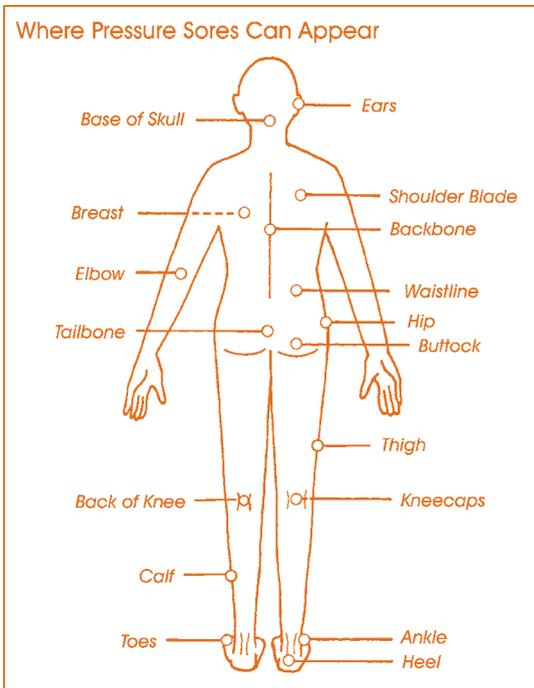
1. First, explain what you are going to do.
2. If you have a hospital bed, lower the head of the bed till it is flat.
3. If possible, raise the bed to its highest position.
4. Loosen the draw sheet at the far side.
5. Stand in proper position as close to the care recipient as possible.
6. Roll the far side of the draw sheet towards you and up close to his side.
7. Prop a pillow against his back.

8. Flex his knees slightly.
9. Place one pillow between the knees and another between the feet.
10. Check for any catheter tubing.

Treatment

If you find pressure sores during your daily checking of the skin, alert the nurse or doctor. General guidelines for treatment of these sores are as follow:

- Wear disposable gloves when providing care to reduce the risk of infection.
- Take pressure off sores by changing the care recipient's position often. Use pillows or foam pads with at least one inch of padding to support the care recipient's body.
- When he is in bed, change his position at least once every two hours.
- Follow the doctor's or nurse's treatment plan when applying medication to sores. Bandage affected areas while they heal.



EATING

Mealtimes are important because they provide a welcome break in the day. If it is not too distracting for the care recipient, meals can be taken together with the family. It is important to make mealtimes enjoyable so that he will look forward to eating.

- Allow 30 to 45 minutes for eating.
- Avoid fussy meal presentations.
- Make sure all items are ready to eat and within reach.
- Provide a comfortable table and chair or other eating arrangements.
- Supply easy-to-hold eating utensils. Avoid using chipped cups and plates.
- Reduce excess noise from the TV and radio.
- If his vision is poor, place the same foods in the same spots on the plate every time.

Feeding Someone in Bed

1. Prop the head up with pillows.
2. Provide an over-the-bed table.
3. Do not rush feeding, but maintain a steady pace.
4. Cut the food into bite-size portions.
5. Fill the cups only halfway.
6. Let the care recipient hold the cup if he wants to. Slip a tennis wristband over cups to make them easier to hold.
7. Use available eating aids.
8. Have a moist hand towel to wipe the person's mouth and hands. Spectacle chains can be used to hold a napkin in place.



Tip

An adjustable ironing board can be used as an over-the-bed table for activities or eating.

Feeding Someone Who Is Disabled

- Tell the care recipient what food you are offering him.
- If he plays with the food, he could be confused and unable to make a choice. Try to limit food choices.
- Check the temperature of the food.
- Be gentle when using forks and spoons. Use a rubber-tipped baby spoon if necessary.
- Feed at a steady pace, alternating food with drink.
- Remove a spoon from his mouth very slowly. If he clenches the spoon, let go of it and wait for the jaw to relax.
- Give instructions like “open your mouth”, “move your tongue” and “swallow”.
- If he spits food out, try feeding later.
- If he refuses to eat, offer a drink and return in 10 minutes with the food tray.
- Provide nourishing snacks like fruit or finger food in between.

EATING

Boosting Food Intake When the Appetite Is Poor

- Offer more food at the time of day when the care recipient is most hungry or least tired.
- To increase the appeal of food for those with decreased taste and smell, offer food with strong flavours.
- Include fat by using butter, margarine or olive oil in the food.
- Tell him to eat with his fingers if it helps to get him to eat.
- Offer milk or fruit shakes.
- Offer pureed (mashed) baby foods.

NOTE: The care recipient may have a condition called dysphagia if he:

- Needs to swallow three or four times with each bite of food;
- Coughs before, during, or after swallowing;
- Pockets food in the mouth; or
- Feels that something is caught in or stuck to the back of the throat.

This difficulty in swallowing must be evaluated to determine if it is a symptom of a treatable condition. The caregiver must then learn the proper feeding techniques.

Eating Problems and Solutions

Problem	Solution
Drooling	Use a straw if possible. Help close his mouth with your hand. Note that the use of a straw can sometimes result in choking if liquid reaches the back of the mouth too quickly.
Spitting out food	Ask the doctor if the cause is moodiness or disease.
Difficulty in chewing	Change the diet to soft foods.
Difficulty in swallowing	Put food through a blender. Avoid thin liquids and serve thick liquids, e.g. milk shakes.
Poor scooping	Use bowls instead of plates.
Difficulty in cutting food	Use a small pizza cutter or rolling knife.
Trouble moving food to the back of the mouth	Change the food's thickness and demonstrate how to direct the food to the centre of the mouth.
Mouth is either too dry or too wet	Ask the doctor or pharmacist if this is a side effect of medication.
Too easily distracted	Pull down the shades and remove distractions.

NOTE: Difficulty in swallowing can cause food or liquids to be taken into the lungs, which can lead to pneumonia. Reduce the chance of foods entering the lungs by keeping the person upright for 30 minutes after a meal.

ADDITIONAL RESOURCES



Singapore Silver Pages

www.silverpages.sg

A one-stop resource on eldercare and caregiving for seniors and caregivers.



Carers SG

www.facebook.com/CarersSg

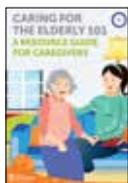
An online community for caregivers in Singapore to share information, resources and experiences.



Mobile E-care Locator

www.silverpages.sg/MEL

Search, locate and find out more about Singapore's health and social care services with this mobile app.



A handy guide covering the basics of caregiving, especially for those new to this.



Practical information and self-care tips to help caregivers maintain their well-being.



Tips on safely moving your loved ones without causing any injury to yourself.



NEXTSTEP

www.silverpages.sg/NEXTSTEP

Read more about care options and Intermediate and Long-Term Care related resources, such as caregiving tips and product guides, in this quarterly newsletter.

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Operating Hours:
Mondays to Fridays: 8.30 am to 5.30 pm
Closed on weekends and Public Holidays

Resource centre for all your care needs where our Care Consultants are here to advise caregivers and their loved ones on getting the right care at the right place, enabling seniors to age-in-place.

For other AICare Link locations, visit www.silverpages.sg/AICareLink

SINGAPORE SILVER LINE 1800-650-6060

Singapore Silver Line

1800-650-6060

One-stop national toll-free helpline providing convenient access to information to all eldercare and caregiving support services.

Operating Hours:
Mondays to Fridays: 8.30am to 8.30pm
Saturday: 8.30am to 4.00pm
Closed on Sundays and Public Holidays

Email: enquiries@aic.sg



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