SENIOR CHECK-IN

CAREGIVER PROCEDURE MANUAL

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Safety

Emergency Protocol

In the event that an emergency situation arises while you are providing services to our clients, it is important that you understand the correct emergency protocol.

It is Senior Check-In's policy that once an employee becomes aware of a life threatening emergency, the following steps are to be taken **IN THE ORDER LISTED.**

1. **Call 911.** Even if you are CPR trained, you are to call 911 immediately.
2. Follow the instructions of the 911 operator. (This eliminates liability)
3. When the time is appropriate, call the family and the office.

If the emergency is **NOT** life threatening:

1. Call the family.
2. Call the office.

When a client falls and they cannot get up on their own, **DO NOT** try to pick them up. Call 911 immediately.

Become familiar with the client's residence. Be familiar with the location of all telephones. Become familiar with the location of any fire extinguishers that may be present and the types of fires for which they are intended. Review with the supervisor, evacuation measures.

When to call 911:

- Severe Bleeding
- Seizure
- Paralysis
- Vomiting blood or bleeding from the rectum
- Possible broken bones after a fall
- Slurred speech
- Persistent pressure or severe pain in the abdomen
- Difficulty breathing
- Chest pain or pressure in the chest
  **Particular danger signs associated with a heart attack include: radiating pain from the chest down to the arms, up the neck to the jaw, and into the back; crushing, squeezing chest pain or heavy pressure in the chest, shortness of breath, excessive sweating, bluish and pale skin, nausea, vomiting, and weakness.

Follow the instructions of the 911 operator until help arrives.

BASIC HOME SAFETY

Safety is everyone's responsibility. All accidents, injuries, potential safety hazards, safety suggestions and health and safety related issues must be reported immediately to your supervisor.

Upon identifying a safety hazard, bring it to the client's attention immediately and suggest a course of action that would eliminate the hazard. After receiving the client's approval, take the appropriate action to eliminate the hazard and report your actions to your supervisor. It is important for your safety as well as the client's safety that the hazard is eliminated as soon as possible.

A knowledge of good safety practices will help you identify potential safety hazards. Following are some good basic safety practices:

Kitchen Safety Tips:

- Keep the stove clean and free of grease build-up.
- If a fire starts in a pan, leave the pan on the stove, cover it with a lid and turn off the heat source. Never pour water on a grease fire. It will cause the fire to spread.
- Never store flammables in the oven or on the range top.
- Don't use the stove as an extra heater.
- If there is a fire in the oven, keep the oven door closed and call 911.
- Avoid using extension cords in the kitchen. Keep electrical cords away from sink areas and hot surfaces.
- Avoid wearing loose clothing, especially dangling sleeves that can catch fire while you are cooking. Keep potholders and towels away from the oven and burners.
- Prevent burns, turn pot handles inward away from the front of the stove, so they are less likely to be bumped.
- Don't leave cooking unattended, even for short periods of time.
- Avoid placing anything made of metal in the microwave oven. Metal objects will cause sparks that can ignite a fire when the microwave is on.
- Keep a multipurpose fire extinguisher in a visible and accessible place.

Bedroom Safety Tips:

- Do not cover or place anything on top of an electric blanket while it is in use.
- Use heating pads with extreme caution. Heating pads can cause serious burns or fires if left unattended, even on the lowest setting. Never sleep while using a heating pad.
- Keep a working flashlight, a two-way walkie-talkie, a bell or whistle, eyeglasses, and walking aids within easy reach at the bedside.
- Close the bedroom door before going to sleep. A closed door helps to slow the spread of fire.

CHEMICAL MIXTURES

According to the Natural Resource Conservation Commission, “Our homes contain an average of three to eight gallons of hazardous materials in kitchens, bathrooms, garages and basements.”

Follow the guidelines that are listed below when handling any household chemical:

- Read the label and follow the directions.
- Don’t store chemicals with food.
- Don’t store flammable liquids or gasses in the home.
- Keep chemicals in original containers.
- Wear gloves and protective clothing if product is harmful when in contact with the skin.
- Wear goggles if product can harm the eyes.
- Do not wear contact lenses when working with solvents.
- Stop using the product if you become dizzy, sick to your stomach, or develop a headache.
- For proper ventilation, it is best to use chemicals outdoors.
- Do not smoke when using flammable products.
- **NEVER** mix household products. Toxic fumes or explosions may result.
- See your healthcare provider immediately if you suspect you have been poisoned or injured due to exposure to a household chemical.

CHEMICAL MIXTURES

Household Chemical	Personal Safety
Abrasive Cleaner	May Contain Ammonia (see ammonia)
Ammonia	DO NOT mix with bleach (poisonous gas)
Bleach	DO NOT mix with ammonia or acids (poisonous gas)
Disinfectant	May contain bleach (see bleach)
Drain Opener	May contain lye (corrosive)
Flea Collar	Avoid contact with skin
Furniture Polish	Keep away from heat and flame
Household Batteries	Beware of leakage (corrosive)
Mothballs	Keep away from children and pets (resembles candy)
Mouse & Rat Poison	Keep out of reach of children & pets
Furniture Oils	Don't bury oily rags in a rag bucket, clothes hamper, etc. (may spontaneously combust if not allowed to air)
Oven Cleaner	May contain lye (corrosive)
Roach & Ant Killer	Keep out of reach of children & pets
Rug & Upholstery Cleaner	Avoid skin contact

FIRE SAFETY

Fire safety is an important aspect of home care. More than 400,000 home fires occur in the United States each year, killing more than 4,000 people. Adults, 65 years of age and older, are twice as likely to die in a fire. People, 85 years of age and older, are 4.5 times more likely to die in a fire.

Four components are necessary for a fire to start. The first is oxygen, which is present in the air. The second element is fuel: material that will burn, such as cloth, paper, wood, upholstery, or gasoline. Heat is the third component. Heat provides the energy necessary for ignition. Common heat sources are stoves, fireplaces, cigarettes, wiring, and furnaces. The fourth component is rapid chemical reaction that occurs when oxygen, fuel, and heat combine.

To report a fire, call 911. If you are in danger, always remove yourself and the client before calling 911. After calling 911, give the dispatcher your name, your location (including building number, floor, apartment number and nearest cross street), the exact location of the fire and confirm the phone number you are calling from. Follow any instructions the 911 operator may give you during the call and stay on the line until the dispatcher tells you to hang up.

75% of older Americans who die in home fires do not have working smoke alarms. Smoke alarms provide an early warning in the event of a fire, increasing your chance of surviving the fire. Smoke alarms should be present on every level or floor of the client's residence and in every room where people sleep.

The smoke detector should be placed on the ceiling at least 4 inches from the nearest wall (center of ceiling is best), away from drafts. The next best place is on the wall 6-12 inches below the ceiling. Each smoke alarm should be tested and vacuumed monthly. Smoke alarm batteries and bulbs should be checked at least twice a year.

At least one fire extinguisher should be on each level of the residence, particularly in the kitchen, garage laundry room, and workshop. Call 911 before attempting to extinguish a fire. Plan a clear escape route away from the blaze. Stand 6-8 feet away from the fire with your back to your planned escape route and follow the 4 step P.A.S.S. procedure for extinguishing a fire:

- **PULL** the pin. This unlocks the operating lever and allows you to discharge the extinguisher.
- **AIM** low. Point the nozzle or hose at the base of the fire.
- **SQUEEZE** the lever above the handle. This discharges the extinguishing agent. Releasing the lever will stop the discharge.
- **SWEEP** from side to side. Moving carefully to the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until it appears that the flames are out.

FIRE SAFETY

If the fire reignites, repeat the process. Most fire extinguishers last 8-20 seconds. If you can't control a fire within that time, get out of the house. A firefighter needs to inspect the fire site, even if you think the fire is out. Fires can reignite, and firefighters are trained to know what to look for.

When a person is on fire:

- Use the STOP, DROP, AND ROLL technique.
- Stop the person from running or walking.
- Help the person drop to the floor.
- Roll him or her back and forth across the floor several times until the fire is out. Wrapping the person in a blanket can also help put the fire out.

How to leave a burning building:

- Windows and doors to be used as exits should not be obstructed.
- Windows with security bars should be equipped with a quick-release mechanism. Everyone in the house should know how to use the quick-release mechanism.
- Collapsible ladders are available for second floor rooms. The ladder should reach the ground and support the weight of the heaviest person in the home.
- Leave a burning building that is filling with smoke by dropping to your knees and crawling. Less smoke and heat are at floor level. Crawl to the nearest door or window in order to exit the building as quickly as possible.
- Keep your mouth and nose covered with a cloth to avoid breathing smoke and toxic gas.
- Check the safety of a closed interior door during a fire by kneeling or couching at the door, reaching up as high as you can, and feeling the door with the back of your hand. If it is hot, do not open it. Use another exit route. If the door is cool, brace your shoulder against it and open it carefully and slowly. Close the door behind you. This will help slow the fire.
- If you are trapped in a burning building, close all the doors between you and the fire and stuff towels, blankets, or rugs in the space between the door and the floor. This will reduce the amount of smoke entering the room.
- If there is a telephone in the room, call 911 and tell the operator your exact location in the building.
- Open a window and breathe the air from the bottom of the window. Use the stairway if you are in a burning multi-story building. Never use the elevator; you could become trapped.
- When you are outside, go to the prearranged meeting place.
- If 911 has not yet been called, go to a neighbor's house and call.

The Wrap and Slide Technique for Evacuating a Disabled Person:

- Use a blanket or sheet to wrap the person's body.
- Grasp the blanket with both hands near the head and shoulders.
- Support the head and shoulders as you gently slide the person off the bed.

FALL PREVENTION

Each year, 1 out of every 3 people over the age of 65 has a fall. Falls are the leading cause of death from injury for people 65 years or older. The most common form of injury from a fall is a hip fracture.

The emotional effects of a fall can be devastating. Fear of falling again can cause a person to restrict his or her activities, resulting in feelings of loss, loneliness, and helplessness. Avoiding activity because of fear can actually increase the risk of falling again. Try not to contribute to the fear of falling by putting too many restrictions on activities.

Encourage regular exercise and enjoyable activities that promote independence. A primary goal of all prevention is maintaining and encouraging independence. Medical conditions that contribute to falls should be treated by a physician and vision and hearing should be checked regularly. Remove hazards around the home and alert visitors to hazards that cannot be removed, such as oxygen tubing. Don't assume that falls and the problems that lead to falls are a natural, unavoidable part of the aging process.

Fall proofing the home – It is the responsibility of the client and their family to ensure the measures below are adhered to – report problems to your supervisor:

- Area rugs and runners should have rubberized non-slip backing.
- Patterned rugs can affect depth perception, especially for the elderly. Solid colored rugs are less confusing.
- Electric cords that run through walkways may cause someone to trip. Place electric cords along the wall.
- Do not place cords or wires under rugs or runners. Uneven surfaces can cause tripping.
- Keep floors clear of clutter. Magazines are slippery. Toys for children or pets can be hazardous.
- Furniture and objects that blend into the carpet, such as glass-topped coffee tables, can be a hazard.
- Use non-slip rubber adhesives under furniture legs to prevent sliding.
- Highly polished, waxed floors are very slippery and shiny. Use products that are non-skid and non-glare.
- Clean up spills immediately after they occur.
- Shelves that are too high can result in a fall from bending, overreaching, standing on tiptoes, or using a chair or ladder. Place items that are used regularly between hip and eye level.

FALL PREVENTION

Bedroom Fall Safety:

- The bed should be a comfortable height, stable, and firm enough to get in and out of easily.
- Place a telephone and lamp on the bedside table, within reach of the person in bed. Keep a flashlight on the bedside table for emergencies.
- Eyeglasses, canes, and walkers should be kept within reach. Keep electric blanket and heating pad cords out of the way so they don't become a tripping hazard.
- Avoid dresses, pants, and robes that are too long and loose. They can cause someone to trip.
- Have the client sit when dressing or undressing if they are unstable when standing.
- High or low blood pressure can cause dizziness, especially when a client gets up from a bed or chair. If dizziness occurs, encourage the person to sit for a few minutes before moving to the standing position.

Bathroom Fall Safety:

- Bathrooms are a common area for falls because of water, soapy tile, or porcelain surfaces. Rubberized slip-resistant mats both inside and outside of the shower or tub help prevent slipping.
- Sinks, toilets, and towel bars should be securely fastened.
- Place slip-resistant grab bars inside and outside the shower and tub area and next to the toilet. Grab bars need to be installed correctly. Your home supply store, home care nurse, or therapist can advise you on proper placement and installation.
- Use a shower bench or chair for someone who is unsteady on their feet. This will allow the client to sit while showering. The chair or bench should have a back support and rubber-tipped feet to keep it from sliding.
- A raised toilet seat will make it easier and safer for someone who is weak or has balance problems. Some come with armrests.

Proper Lighting:

- An older adult needs 3 times more light to see clearly than someone younger. Proper lighting helps to prevent falls.
- Light switches should be accessible at room entrances and at the beginning of any dark area.
- Low wattage bulbs make it hard to see Always use the maximum wattage suggested (but not to exceed) by the manufacturer of the light fixture.
- Automatic touch lights that turn on when you touch the base of the lap are helpful for those with arthritis or painful joints. Adapters are available that will turn your existing lamp into a touch-sensitive lamp.

FALL PREVENTION

Stair Fall Safety:

- Stairs are the most common place for falls that result in serious injury. Stairs should be well lit so that each step is clearly seen both going up and down, especially the first and last step, the places where most falls occur.
- Check carpeted stairs regularly to make sure that the carpet is securely fastened. Check for wrinkles, lose areas, and worn or torn spots that could cause someone to trip.
- Do not place loose rugs or runners on the top or bottom of stair landings.
- Loose and unstable steps should be repaired or replaced immediately.
- All stairways, including outside stairs, should have handrails installed at the correct height on both sides of the stairs. Round handrails are most effective.

Outdoor Fall Safety:

- Most falls that occur outdoors are on curbs or steps. Step edges should be marked with reflective tape that is designed for outdoor use.
- Traction tape on stair treads will minimize the chance of falls when the stairs are wet.
- Uneven door thresholds can increase the risk of a fall. Use a contrasting color adhesive strip along the edge of the threshold to make it more visible.
- Keep pathways and stairs clean. Leaves, moss, snow, and ice can cause serious falls.
- Paths and sidewalks that are raised and cracked create a hazard. Raised areas should be leveled and filled in, and any tree roots removed.
- Watch for and replace missing pieces in stone or brick walkways.
- Illuminate pathways with exterior lights.
- Light larger areas with spotlights.
- Keep hoses away from pathways and sidewalks.
- Oil or other liquids can make garage floors slippery. Clean all spills immediately. Use a commercial grade oil absorbent for oil spots.

Medication and Fall Risk:

- Medications can contribute to falls because of side effects such as drowsiness or dizziness.
- Review medications with the physician or pharmacist to see if there is increased risk for falls.
- Some of the drugs that contribute to falls are diuretics, blood pressure medicine, and medications given for psychological reasons.

FALL PREVENTION

Walkers, Canes, and Wheelchairs:

- Most falls involving walkers and canes result from an improper fit or need for repair.
- Canes and walkers need to be measured for proper length. Rubber tips should be periodically checked to make sure they are in good condition.
- When a client is using a walker, both hands must be free to grasp the handles on either side. Place all packages or small items in a basket or container attached to the walker. Avoid carrying heavy objects, which could cause a loss of balance.
- Clients should have wheelchairs checked periodically to make sure they are in good working condition. Never carry heavy objects that can overload a wheelchair.
- Always raise or remove the foot supports and lock the wheels before transferring.

How to Assist a Person Who is Falling:

- Whenever you assist someone to walk, there is always a possibility that they could become weak, dizzy, or could stumble or fall.
- **NEVER TRY TO CATCH THE PERSON OR STOP THE FALL.** It is better to assist the fall by helping them gently to the floor.
- A good position for assisting someone who is falling is standing slightly behind and to one side of the person, supporting them at the waist.
- As they start to fall, quickly put your feet at shoulders width apart to provide a stable base. Keep your knees slightly bent and your back straight.
- Place your arms around the person's waist or under their arms. If the person is wearing a gait belt, grasp the gait belt for support.
- Pulling the body to you, position one of your legs forward with your knee bent to serve as a rest for the person's buttocks.
- Let their buttocks rest on your knee.
- Allow them to slide slowly down your leg, as you bend at the knees and hips.
- Protect the head of the person as they come to rest on the floor.
- Make the person comfortable and call for help.

Reporting a Fall:

- Falling can be a sign of a serious medical condition such as pneumonia, urinary tract infection, or heart problems.
- It is important to report falls to your supervisor immediately.
- Record the day, time, and location of the fall, how the fall occurred, and any history of previous falls.
- This information can help the doctor to determine if the fall was a result of medication, Sundowner's Syndrome, vision problems and activity, or hazards in the home.

FOOD SAFETY

The elderly are included in a group that is more likely to get sick from harmful bacteria that can be found in food. Foodborne illness can be dangerous, but is easy to prevent by following the basic rules of food safety.

The Basic Rules of Food Safety:

- Wash your hands before AND after handling food.
- Wash cutting boards, dishes, utensils, and countertops with hot soapy water AFTER preparing each food item and BEFORE you go on to the next food item.
- Replace cutting boards once they become excessively worn or develop hard-to-clean grooves.
- Consider using paper towels to clean up kitchen surfaces.
- Rinse raw produce in water, but don't use soap or other detergents.
- Separate raw meat, poultry and seafood from other foods in your grocery cart and in your refrigerator.
- Use a different cutting board for raw meat items.
- Place cooked food on a clean plate.
- Refrigerate or freeze perishables, prepared food and leftovers within 2 hours.
- Never thaw foods at room temperatures. Thaw in the refrigerator.
- Marinate foods in the refrigerator.
- Don't pack the refrigerator too full.

THE HEIMLICH MANEUVER

A choking victim can't speak or breathe and needs your help immediately. From behind, wrap your arms around the victim's waist make a fist and place the thumb side of your fist against the victim's upper abdomen, below the ribcage and above the navel. Grasp your fist with your other hand and press into their upper abdomen with a quick upward thrust. Do not squeeze the ribcage; confine the force of the thrust to your hands and repeat until the object is expelled.

When a victim is unconscious of the rescuer cannot reach around the victim:

- Place the victim on their back.
- Facing the victim, kneel astride the victim's hips.
- With one of your hands on top of the other, place the heel of your bottom hand on the upper abdomen below the rib cage and above the navel.
- Use your body weight to press into the victim's upper abdomen with a quick upward thrust.
- Repeat until the object is expelled.

To save yourself when choking:

- Make a fist and place the thumb side of your fist against your upper abdomen, below the ribcage and above the navel.
- Grasp your fist with your other hand and press into your upper abdomen with a quick upward thrust.
- Repeat until object is expelled.
- Alternatively, you can lean over a fixed horizontal object (table edge, chair, railing) and press your upper abdomen against the edge to produce a quick upward thrust. Repeat until the object is expelled.

See a physician immediately after rescue.

Heimlich Maneuver - Illustrations

For more information, visit www.heimlichinstitute.org/howtodo.html

Communication

Documentation Guidelines

A certain amount of documentation is required in this position. The most common documentation for this position will be the daily activity/communication log. It is important that this sheet be filled out on a daily basis and include all activities during the course of the day, any medical concerns, any safety issues, any phone communications with management, etc.

On occasion, it may be necessary to fill out an Accident Form or a Work Injury Incident Report. These forms are available from your supervisor or on our website in the Forms section.

Documents completed by the staff of Senior Check-In might be used by internal and external auditors and may even be used in legal proceedings. For this reason, it is IMPERATIVE that the following guidelines be used for completing any paperwork:

- Write neatly and legibly.
- Use proper spelling and grammar.
- Write with blue or black ink only.
- Always denote time with AM or PM. Military time format is also acceptable.
- Do not leave any blank spaces. If an item on a form is not to be filled in, write “N/A” in the space.
- Correct mistaken entries properly:
    - Draw a single line through the original entry so that it remains readable.
    - Write the words ‘mistaken entry’ above or beside the original words. (do not use ‘error’ – this is usually associated with a clinical error).
    - Write the date and your initials next to the words ‘mistaken entry’

COMMUNICATION BASICS

Communication is an important part of recovering from an illness. Balancing attention to the person's physical needs with the attention to effective communication is a vital part of a caregiver's role. The ability to communicate differs widely according to a person's physical and mental capabilities.

General Tips for Good Communication:

- Treat the person as a mature adult.
- Observe the other person's body language and facial expressions.
- Communicate nonverbally through eye contact, posture, and gestures, indicating that you are interested in what is being said.
- Use touch as a way of offering encouragement and support, but be sensitive to individual preferences in regards to touching.
- Listen to everything, not just what you want or expect to hear.
- Move the person to a window or an area of activity such as the living room or kitchen, where stimulation and communication are more likely to occur.
- Initiate conversation – comment on the weather or what is going on outside, etc.
- Speak in a natural tone of voice.

The Role of Understanding In Communication

The loss of control over familiar areas of life leaves many older people feeling confused, angry or unneeded. Honoring your client's perspective and innate need for dignity will open the way for more effective communication. Do not rush the client; slow down conversations and don't make assumptions. Listen attentively and hear what is said.

Emotions can interfere with listening. Do not fail to respond to the person's emotions and then address their problem. Emotion can come from a lack of trust, denial, stress, and/or feelings overload. Understanding your own emotions is also important. Caregivers may experience a wide range of emotions when providing care. Understand the family's needs and maintain an open dialogue with family members.

Communicating with Someone with Hearing Loss

Get the person's attention before you begin to speak and minimize distractions such as the TV or radio. Face the person, maintain eye contact and speak with your face at eye level from a position 3-6 feet away. Avoid sitting with your back to a window or a light source – the glare from the light behind you will make it difficult for the listener to see your face and mouth.

COMMUNICATION BASICS

Avoid chewing gum, smoking or covering your mouth – all these things interfere with the person's ability to read your lip movements and facial expressions. Speak at your normal pace and do not exaggerate your lip movement. Never speak directly into the person's ear and avoid shouting – it can distort your message and make you appear angry. Speaking slightly louder may be helpful.

If a person does not understand what you are saying, rephrase the sentence using different words. When communicating something important, ask the person to repeat what you've just said and make sure the person's hearing aid is in place and turned on before you begin care. Loss of communication, even for short periods of time, can bring feelings of helplessness and frustration.

DEALING WITH DIFFICULT PEOPLE

Everyone encounters a difficult person now and then. One of the best defenses against conflict is to be prepared for interacting with difficult individuals. You have choices and you should not escalate a situation by reacting defensively.

The following are suggestions for diffusing difficult situations:

- Be Predictable – People hate surprises. Be as clear as possible to diminish tensions. Announce your intentions and stick to them.
- Be Honest & Direct – State your concern from your perspective by saying "It's hard for me to be positive when…", "I have a hard time when…", or "I can't help when…". Referring to your own behavior decreases the defensiveness of the difficult situation.
- Listen Carefully – Listen to what the other person is saying instead of getting ready to react. Avoid interrupting the other person. After the other person finishes speaking, rephrase what was said to make sure you understand.

Senior & Aging Issues

NUTRITION

Food gives us energy to carry out the day's activities and is necessary to rebuild body tissue. Good nutrition is a balance of proteins, carbohydrates fats vitamins, minerals and water in the foods we eat. A healthy diet helps to provide energy; build, repair, and maintain body tissues; and regulate body processes.

The process of aging can decrease appetite without significant weight loss. As people age, their metabolism slows down and their muscle mass decreases; they don't need as many calories, so their appetite decreases to compensate. 1/3 of people over 65 suffer from nutritional deficiencies. The incidence of protein-calorie malnutrition is higher among the elderly. Older adults absorb fewer nutrients from the foods they eat and the ability to digest fats decreases with age. Fewer calories are needed to maintain body weight.

Anorexia, depression, social isolation, and failure to thrive are common among the elderly; these directly affect eating and nutrition. Loss of appetite because of a decreased ability to taste or smell food is common among the elderly. The inability to smell or taste food can be a result of normal aging or can result certain medications and disease. Ill-fitting or painful dentures can also make eating difficult.

Some medications can affect how the body absorbs nutrients. For example, habitual use of laxatives can decrease absorption of minerals such as calcium and potassium. Chronic aspirin use has been associated with Vitamin B deficiency. People with Alzheimer's or dementia may forget to eat or may lose interest in food, and a lack of transportation may make it difficult for them to shop for food. A noisy or chaotic dining environment and frequent interruptions during mealtimes may make eating an unenjoyable event.

Water is vital to health and wellbeing. It is necessary to drink 6-8 cups of water daily. The body needs water to digest, to flush and eliminate toxins, to maintain body temperature and to prevent dehydration. Many older people suffer from dehydration and some medications can contribute to dehydration. The thirst response decreases with age and older people don't feel thirsty as often. People who suffer from incontinence may limit their fluid intake in order to avoid embarrassment. Encourage your client to drink fluids, especially water. Serve foods that are high in liquid content such as watermelon, citrus fruits, tomatoes, cucumbers and clear soup. Avoid caffeine which can cause dehydration.

NUTRITION

Warning signs of dehydration are:

- The person complains of thirst.
- The mouth, tongue, lips, and skin will appear dry. The lips may be cracked. The eyes may look sunken.
- Urinary output is decreased. The urine may be dark amber in color, rather than light yellow. The average urine output is 1 ½ - 2 quarts per day.
- Vomiting and diarrhea.
- Fever and excessive perspiration.

Dietary Recommendation for the Elderly

Nutritional needs change at various stages of life. Dietary recommendations for the elderly take into account the decreased ability to absorb nutrients and fats, decreased energy needs which means fewer calories needed, an increased need for nutrient-rich foods and an increased need for fiber.

Dietary recommendations for the elderly suggest that they should choose the lowest number of recommended servings from each food group. For grain products, choose whole grain, enriched/fortified products: brown rice rather than white, and high giber cereal fortified with Vitamin B-12 and folic acid. Choose whole food rather than juice, and choose fruits and vegetables that are deeply colored: dark green, orange, red, and yellow ones should be chosen often.

Daily choices should be low in fat, with at least three calcium-rich servings daily or the equivalent in calcium-fortified orange juice or nutritional supplements. Choose a variety of lean cuts of meat and poultry from the protein group. Eat fish at least once a week and a legume (dry bean) dish at least twice a week instead of a meat main dish. Most fat choices should be limited. Those chosen should consist of a variety of unsaturated liquid oils rather than hydrogenated or saturated fats.

The best diet, one high in grain products, fruits and vegetables, and low in saturated fats and cholesterol, is based on the food pyramid. Foods such as grains, pasta, breads, and rice are in the group at the foundation of the food pyramid and, with 6-11 servings daily should comprise the basis for a healthy diet. Limit foods that contain no nutrient value such as refined sugar, caffeine, and alcohol.

NUTRITION

The Recommended Food Groups

The Grain Group:

- Bread, Pasta, Rice, Cereal
- Provides carbohydrates, Thiamin-B1, iron, and niacin.
- At least 6 servings are needed daily.
- Recommended serving sizes:
  1 slice of bread
  1 cup of ready to eat cereal
  ½ cup of rice or grits
  5 saltines

The Vegetable Group:

- Dark green leafy or orange vegetables
- Provides Vitamin A and C.
- At least 3-5 servings are recommended daily.
- Recommended serving sizes:
  1 cup raw, leafy vegetables
  ½ cup of other vegetable, cooked or chopped raw
  ¾ cup vegetable juice
  1 small potato

The Fruit Group:

- Fresh fruit, juice, or dried fruit.
- At least 2-4 servings are recommended daily.
- Recommended serving sizes:
  1 medium apple, banana, or orange
  ½ cup of chopped, cooked, or canned fruit
  ¾ cup of fruit juice
  ¼ cup dried fruit (raisins, figs, prunes, etc.)

The Protein Group:

- Lean meat, poultry, fish, beans.
- Provides protein, niacin, iron and Thiamin-B1
- 2-3 servings are needed daily.
- Food source such as dry beans, soy extenders, and nuts combined with animal or grain protein can be substituted for a serving of meat.
- Recommended serving sizes:
  2-3 ounces of cooked lean meat, poultry, or fish
  ½ cup of cooked dry beans
  1 egg or 1/3 cup nuts

NUTRITION

The Dairy Group:

- Milk, cheese, yogurt
- Provides Calcium, Riboflavin-B2, and protein
- 2-3 servings are needed daily
- Recommended serving sizes:
  1 cup of milk or yogurt
  1 ½ ounces of natural cheese
  2 ounces of processed cheese
  1 1/3 cups of cottage cheese

Adapting Meals for Clients with Dietary Restrictions

If a client is on a special diet (low sodium, diabetic or low saturated fat, to name a few), the Food Pyramid can still be used. However, because diets are prescribed to control a specific medical condition, certain foods may be eliminated, modified in their preparation, or limited in their intake.

To decrease fat in the diet:

- Use low-fat or non-fat milk for drinking and cooking.
- Limit amounts of butter, cream fats, and eggs.
- Bake food instead of frying.
- Trim fat from meat before cooking.
- Eat veal, poultry, fish, fresh fruits and vegetables.

To decrease salt in the diet:

- Avoid foods high in added salt such as canned vegetables, soups, bouillon cubes, bacon, lunch meats, frankfurters, and cheeses.
- Serve puffed wheat, rice, or shredded wheat, fruits and fruit juices.
- Use lemon juice, vinegar, garlic, onions, or herbs such as basil, oregano, garlic, and sage to season foods instead of salt.

To decrease sugar in the diet:

- Avoid high sugar foods, alcohol, and carbonated beverages.
- Serve fresh fruits and vegetables and low sugar products.

FEEDING SOMEONE WHO CANNOT FEED THEMSELVES

It is hard for an adult to accept the idea of not being able to feed their self and it may cause feelings of resentment and depression. Be friendly and natural. Talk pleasantly, but not too much and encourage the person to participate as much as possible. Wash your hands and tell your client what you plan to do. Wash the client's hands and face and suggest any mouth care that would make eating more desirable. Check to see that dentures, if any, are in place.

Bring the client up to a sitting position in the bed or preferably in a chair. Drape a napkin over the chest and under the chin. Keep a moistened hand towel nearby for any cleanup. Serve the food on a tray, telling the client what you have prepared. Cut food into bite-sized pieces and pour or prepare liquids as necessary. Ask the client which food he or she would like to have first.

Let the client set the pace and be aware that feeding or eating can cause choking. Feed one bite at a time, using a half-filled spoon. Place the tip of the spoon gently to one side of their mouth. Remove the spoon when they have taken the food from the spoon. If possible, have the client hold finger foods or bread. Use a straw for drinking cool beverages Wait until they finish chewing before offering them something to drink. Guide the straw or the edge of the cup to their lips. Offer encouragement. Mealtime is an excellent time to have conversation.

When the client has finished, wash their hands and face and remove the tray. This is a good time for oral hygiene. Have the client sit upright for 30 minutes after the meal to aid in digestion. Wash the dishes, utensils, and your own hands.

ARTHRITIS

Arthritis is a general term used to describe a group of diseases involving pain, swelling, and stiffness in the joints. There are 2 main types of arthritis:

Osteoarthritis is the most common form of arthritis which results from 'wear and tear' or when the protective layer of cartilage between bones wears down with use over the years. This form of arthritis is a normal result of the aging process; however, injury or repetitive overuse of the joints can also lead to this form. Heredity, obesity, previous joint injury or disease, and other disorders which affect the body shape or metabolism all contribute as risk factors to this disease. This form is less debilitating than rheumatoid arthritis.

Rheumatoid Arthritis is a condition where the membrane, which surrounds the joint and produces a lubricating fluid, becomes inflamed, tender and swollen, causing pain and stiffness. This form is an autoimmune disease, which means the body's own immune system mistakenly invades its own tissue causing inflammation. These flare ups may be triggered by stress on the body such as a virus or infections, however, the reasons for these are yet to be known.

The general symptoms of arthritis include pain and stiffness of the joint serious enough to restrict movement of the joint. In osteoarthritis, the joints eventually become deformed and in rheumatoid arthritis, the inflammation causes the joint to become red, swollen, and warm to the touch.

Strategies to prevent the disease are incomplete, however maintaining a healthy lifestyle including weight control, good nutrition, moderate exercise, minimizing stress to the joints, and avoiding repetitious joint movements help. There is no cure. Treatment is aimed toward reducing the pain and inflammation to prevent the loss of function. Routine moderate exercise, sufficient rest, passive range of motion, heat, and either non-steroidal anti-inflammatory drugs or aspirin, can assist during times of inflammation.

CAD - CORONARY ARTERY DISEASE

Coronary artery disease includes condition of the coronary (heart) arteries. CAD begins years before it causes symptoms. Some people are born with genetically determined conditions that make them more likely to get CAD, but lifestyle is a far more important factor than genetics. It is beneficial for everyone to try to prevent CAD and especially important for those who already have early signs of the disease to try to slow its progress.

The coronary arteries are vessels on the surface of the heart that carry blood directly to the heart muscle and over time, plaque can build up inside of them. Plaque causes the arteries to become stiff and narrow, therefore reducing the amount of blood able to flow through them. This is sometimes referred to as 'hardening of the arteries'.

Reduced blood supply (Ischemia) deprives the heart muscle of the oxygen and nutrients it needs to function and sometimes blood clots form, stopping the flow completely. When the arteries narrow, it leads to high blood pressure which can result in diseases such as CAD. The heart must work harder to pump the blood. Serious consequences of CAD are angina or pain caused from the reduced blood supply and heart attack.

Symptoms of angina include pain, usually in the chest, and a feeling of burning, pressure, or tightness. There may also be a shortness of breath or palpitations and the pain may be in the shoulder, arms, jaw, neck, or back. Symptoms, which last a few minutes usually get better with rest or medication such as nitroglycerin. Angina, especially if it occurs during rest, becomes more severe, or begins to last longer, is often a warning sign that a heart attack may occur in the future. Heart attack results when the artery becomes completely blocked, usually by plaque or a blood clot.

Sudden loss of blood supply results in severe, often permanent or fatal damage to the heart muscle. Heart attacks frequently occur without warning. Pain can be excruciating, lasting 30 minutes or more, and it does not go away with rest or nitroglycerin. This is considered a medical emergency and 911 should be called.

Risk factors for CAD such as advanced age, being male, or having a family history of heart disease are beyond your control. Changing a person's lifestyle, however, can help control angina and prevent heart attacks or recurrences. People who are at risk, or are looking to prevent CAD should stop smoking, watch their diet, lose weight, exercise, and maintain a normal blood pressure.

Treatment for CAD includes medications which can improve blood flow, reduce the heart's workload, lower the risk of arterial spasms, prevent blood clots, and control irregular heartbeats. Surgery can be both treatment for heart attacks and an option to prevent angina and heart attacks.

DEPRESSION

In the midst of losses, such as physical changes, death of friends or loved ones, and reduction of income, older people may begin showing signs of depression.

Depression is a serious mental illness involving deep feelings of sadness and despair. It last for weeks, even months, causing difficulty in thinking, producing physical symptoms, and profoundly disrupting life activities, and relationships.

1 out of 10 people will experience depression at some time. There are several types of depression. Major depression involves one or more periods of deep sadness, followed by a return to normal functioning. Dysthymia causes low moods that are less severe but that last for 2 years or more. Bipolar disorder (manic depression) involves dramatic mood swings from intense highs to profound lows. Seasonal affective disorder occurs in winter and is triggered by reduced sunlight during the day.

Causes of Depression:

- Depression is not only a mental illness, but a physical one as well.
- People with depression are not able to just “snap out of it”.
- Neurotransmitters (brain chemicals) regulate moods, and problems with these chemicals can produce depression.
- Depression often arises following a specific life even such as the death of a loved one, childbirth, divorce, or menopause.
- Some depressions arise from misuse of alcohol or illicit drugs, especially marijuana and cocaine.
- Certain prescription medications, such as tranquilizers or drugs for high blood pressure, can cause depression as a side effect.
- Depression can also emerge after a serious disease, such as pneumonia or heart attack.

Symptoms of Depression:

- Feelings of deep sadness, hopelessness, helplessness, guilt, and a sense of worthlessness.
- People with depression often feel tired anxious and irritable.
- Speech movements slow down.
- Loss of interest in things formerly enjoyed such as socializing, hobbies, and sex.
- Difficulties thinking, concentrating, and remembering.
- Withdrawing from family and friends and trouble at work or school.

Focusing on the negative – prone to suicidal thinking or behavior.

- Aches and pains, headaches, agitation, and constipation.
- Difficulty getting out of bed, waking up early and unable to fall back to sleep.
- Loss of appetite and weight loss – some may gain weight as well.

DEPRESSION

- Major depression lasts for at least 2 weeks and the symptoms may fluctuate in severity during the day. People may have only 1 episode or may suffer a number of episodes over time.
- Dysthymia causes more 'down days' than 'up days' for at least 2 years.
- The manic phase of bipolar disorder lasts at least a week and is followed by the 'crash' of the depressive phase.
- Seasonal affective disorder begins in the fall and lasts until spring.

Prevention of Depression:

- Remain active – regular physical activity such as exercise. Hobbies, vacations, and socializing helps.
- Avoid mood-altering drugs.
- Talk to Someone – trusted friends, relatives, or a counselor.
- Read about depression – educate yourself about the illness and learn healthier ways of thinking.

Treatment of Depression:

- Most people get better with a combination of psychotherapy and medication.
- There are several types of antidepressants – if one doesn't work, another may.
- Manic depression requires prolonged treatment with medication, generally lithium.
- For severe depression that does not respond to other treatments, hospitalization and electroconvulsive therapy (ECT) may be needed.
- Take antidepressants as directed even if you are not currently feeling depressed, it can return even after a lapse of years.

When to Seek Help for Depression:

- Thoughts of suicide
- It worsens progressively
- It interferes with work or family activity

EYE CONDITIONS:

GLAUCOMA AND CATARACT

As people get older, their eyes often change causing common conditions such as glaucoma and cataracts.

Approximately one in three persons has some form of vision-reducing eye disease by the age of 65. The most common causes of vision loss among the elderly are age-related macular degeneration, glaucoma, cataract, and diabetic retinopathy.

Symptoms of vision loss include: blurred vision, image distortion, difficulty reading, visual field loss, glare, floaters, and poor night vision. Vision impairment is associated with a decreased ability to perform activities of daily living and an increased risk for depression.

Caregivers are instrumental in helping the client maintain their independence and minimize the risk of physical injury/accident prevention that can occur due to slow adaptation to lights at night, lessened depth perception, and poor contrast sensitivity. Caregivers also help to maintain the client's independence by helping them dress appropriately. Caregivers can allow the client to choose color matched clothing and make-up of their choice. This ensures that the client is dressed in a manner that is socially acceptable and provides them with a healthy self-esteem.

Glaucoma is a group of diseases that can damage the eye's optic nerve and result in vision loss and blindness. Some type of glaucoma is found in about 2% of the population over the age of 40. Glaucoma has hereditary tendencies.

Glaucoma involves an increase of pressure from the fluid in the eye that can damage the optic nerve, causing severe vision loss or blindness. It can develop over many years (chronic glaucoma) and can occur suddenly (acute glaucoma). It develops when a drainage network inside the eye becomes clogged and is found most prevalently in people with heart disease, diabetes, nearsightedness, or in those who have a family history of glaucoma.

Chronic glaucoma condition affects both eyes but produces few symptoms until the sufferer becomes aware of serious restriction in the field of vision or even of central vision in the worse eye. Gradually the person may also have blind spots. The symptoms for acute glaucoma produce sudden and severe eye pain, blurred vision, and halos around lights, often accompanied by nausea and vomiting. Without prompt medical attention, blindness may result.

EYE CONDITIONS:

GLAUCOMA AND CATARACT

Treatment for glaucoma is aimed at reducing the eye pressure through the use of eye drops. If the optic nerve has been damaged or is threatened, treatment includes oral doses of other medications aimed at inhibiting pressure through the nervous system. Regular, frequent eye exams are needed to monitor the effectiveness of treatment. Surgery is an option and may need to be done more than once.

A cataract is a defect in which part of the lens becomes cloudy. The most common form of cataract is age-related, usually starting after the age of 50. No one understands exactly why the eye's lens changes as we grow older. The main symptom is a painless, but gradually increasing, blurred vision or double vision. Halos may appear around lights and it becomes harder to perceive colors. Treatment becomes necessary when symptoms begin to seriously disrupt normal activities. Surgery can be done to replace the lens with an artificial implant.

OSTEOPOROSIS

Osteoporosis is a condition involving gradual loss of bone density and the mineral in the bones. Over time, the bones lose part of their mass and become porous weak, brittle, and are highly vulnerable to breaks or fractures. The bones most commonly affected are those in the vertebrae or spine, hips, and wrists.

Osteoporosis is a normal condition of aging, affecting 4 times as many women as men, although men are also susceptible. Women are affected during and after menopause, when the production of estrogen, which helps maintain bone mass, decreases.

The cells and structures in the bones are constantly being regenerated or renewed. Minerals dissolve are removed, and the body brings in a new supply to replace what has been lost. With age, however, the rate of loss exceeds the body's ability to replenish the minerals. Bones that were once solid and sturdy become brittle and full of empty spaces. Although some bone loss is a natural result of aging, the rate at which none loss progresses varies widely.

Risk Factors include:

- Insufficient calcium in the diet, especially during adolescence when there is rapid bone growth.
- Lack of exercise can accelerate bone loss. (Exercise inhibits calcium loss and may stimulate bone growth.)
- Body type, as in women who are thin and have smaller frames, have less bone to begin with.
- Heredity.
- Race, since Asians and Caucasians are at higher risk than African Americans.
- Estrogen Loss.
- Low calcium and vitamin D in the diet.
- Smoking, due to the interference with the body's production of estrogen.
- Alcohol use.
- Certain Medications.
- Gastrointestinal surgery.
- Some medical conditions such as anorexia nervosa, some cancers, and liver disease.

Osteoporosis usually causes no symptoms until far advanced. Pain then develops in certain bones, especially in the lower back. Loss of bone mass causes some bones to become compressed, leading to loss of height and an increasingly stooped posture, causing what is called a dowager's hump. Osteoporosis will not show up on X-ray until about 30% of the bone calcium has been lost.

OSTEOPOROSIS

Several effective treatments reduce the rate of bone loss and may even help build new bone. Estrogen in the form of hormone replacement therapy is the oldest and most widely prescribed treatment for osteoporosis in women. Other medications can increase bone density and reduce the rate of bone loss.

The sooner a person takes steps to prevent osteoporosis, the more effective those steps will be over the long run. Getting adequate calcium, through diet or supplements, is an important preventative measure. A healthy lifestyle of good nutrition, exercise, and seeing a physician on a regular basis goes a long way in preventing many diseases and disorders.

PROSTATE PROBLEMS

The prostate, found only in men, is a gland about the size and shape of a chestnut, lying just below the bladder and in front of the rectum. It surrounds the urethra, which is the tube leading from the bladder to the outside of the body in order to drain urine.

By the age of 85, ¼ of all American men have symptoms of an enlarged prostate that requires treatment. An enlarged prostate is a normal part of aging. It is not cancerous.

Prostate cancer is a tumor that develops in the prostate. The tumor grows over time, and usually very slowly. If it grows large enough, it may cause symptoms. Cancerous cells can metastasize, or spread, to other parts of the body. The exact cause is not known, but male hormones, heredity, and other factors play a part.

About half the men who have an enlarged prostate never develop any symptoms. In the others, the flow of urine is obstructed, forcing the bladder to work harder to push urine through the urethra. Over time, the pressure on the urethra can become so severe that the man cannot empty his bladder completely, even when he bears down to increase the pressure. As a result, the man may feel as though he has to urinate urgently, but has to strain to produce any output.

Other symptoms include weak, hesitant, or interrupted flow; difficulty stopping urine flow; dribbling; or an inability to empty the bladder completely. Some of these symptoms may be worsened by any medications, including cold and allergy drugs containing antihistamines and decongestants.

Prostate cancer usually causes no symptoms in the early stages. As the tumor grows, urinary symptoms resembling those seen in an enlarged prostate develop. Prostate cancer that has metastasized can cause fatigue, weakness, and pain in the back, ribs, hips, shoulders, or other bones.

Treatment for an enlarged prostate, if it becomes troublesome enough, includes surgery. Treatment for prostate cancer is varied and often includes a wait and watch approach. Surgery and radiation are some of the more dramatic treatments, however they do carry the risks of incontinence and impotence. New medical advances have increased the options with new surgical techniques and often a combination of approaches is taken. Choice of treatment depends on many factors including age, general health, cancer stage, and the patient’s desires.

STROKE, CVA, TIA

A stroke is brain damage resulting from either an obstruction of the artery located in the neck or a bleed into the brain that destroys nearby delicate brain cells and nerves. Approximately 500,000 Americans have strokes each year, and about 1/3 of those die within several months. About 10% of those who survive a stroke return home to their previous level of activity. About 50% returns home but require some assistance. About 40% require hospitalization and constant help in daily living.

When a stroke occurs, the blood flow to the brain is disrupted depriving the brain of blood and oxygen. Brain cells die and are not replaced. As a result, the parts of the body once controlled by those cells can lose their ability to function. A stroke (or CVA) can cause a loss of function that is often permanent; however, sometimes the loss of function is temporary, lasting less than 24 hours. These temporary spells are referred to as Transient Ischemic Attacks (TIA) and can warn of an impending stroke. TIA's are different from strokes in that they are brief and temporary. Symptoms usually develop abruptly, last a few hours, and go away in less than 24 hours. Essentially, blood flow is restored quickly enough so that brain tissue is not permanently damaged.

Leading risk factors for stroke include:

- Untreated high blood pressure.
- A rhythm disturbance of the heart called atrial fibrillation.
- Atherosclerosis, or elevated cholesterol levels.
- TIA, CHF, smoking, diabetes, obesity, blood clots, and low levels of Vitamin E in the diet.

Following a healthy lifestyle of diet, exercise, regular physical checkups, quitting smoking, and taking blood thinning drugs, or aspirin if prescribed, may reduce the risk of stroke.

Symptoms vary widely and can occur suddenly and without warning. TIA's may cause weakness numbness, or paralysis of the face, arms, or legs; loss of balance or coordination; dizziness; sudden blurring or loss of vision in one or both eyes; or loss of one half of the visual field in one or both eyes.

Stroke is considered a medical emergency. It is critical to recognize the symptoms of stroke and get immediate medical help by calling 911 or the local emergency service.

When a person is seen within 6 hours of the stroke and if there is no bleeding risk, strokes resulting from clots may be treated with fast acting clot dissolving drugs. If the stroke is due to elevated blood pressure, emergency treatment aimed at lowering the blood pressure with drugs occurs.

After the stroke steps are taken to prevent recurrence of future strokes. Medications to minimize the risk of clotting, decrease blood pressure, and surgery are some of the methods used to prevent future strokes. Many stroke victims need special therapy or assistance to learn how to walk or talk again. In 1 out of 3 cases, the person may recover to a greater or lesser extent from damage such as paralysis or loss of speech. In severe cases, around-the-clock care or nursing home care may be needed.

ELDER NEGLECT AND ABUSE

1 ½ to 2 million older adults are estimated to be abused or neglected each year. Elderly people with dementia who are living with the caregiver are at a higher risk of abuse than the general population of people over 65. Abusers are usually family members. Hired caregivers account for 13% of elder abuse.

Neglect is defined as the failure to provide needed care. When caregivers fail to provide adequate food or clothing, over or under medicate, or leave the older person alone for long periods of time, it is considered neglect.

Abuse means mistreating or causing harm. It can take physical, emotional, or financial forms. Hitting, slapping, kicking, punching, sexual abuse, and confining a person against their will are considered physical abuse.

Emotional abuse includes threatening or insulting language which provokes fear, name-calling treating an elderly person like a child, and intimidating or isolating an elderly person. Financial abuse involves stealing money, checks and/or possessions, or misusing funds or possessions. This can also be considered exploitation, which is defined as the improper or illegal act of a caregiver using and older adult's resources for selfish reason such as profit or personal benefits.

Causes of Elder Abuse are often attributed to:

- Alcohol or drug abuse.
- Stress from constant caregiving: the psychological and physical demands placed on caregivers. This is especially true of caregivers of those with dementia.
- Refusal of the caregiver to accept or ask for help.
- A lack of clear communication.
- A family history of violence.
- Revenge for earlier abuse done by the older person to the current family caregiver.
- Economic factors.
- Caregiver perceptions or stereotypes about older people.
- Caring for very difficult or abusive people.
- Family members and victims often try to hide the abuse out of fear or shame.
- Sometimes it's hard for the abuser to admit their own conduct.
- The behavior is rationalized or downplayed because it is simply uncomfortable to admit.

ELDER NEGLECT AND ABUSE

Indicators of possible neglect and/or self-neglect:

- Injuries which have not received medical attention.
- Lack of necessary functional aids.
- Poorly nourished or severe dehydration.
- Soiled sheets and clothing that appear to be many days old.
- Poor hygiene, such as unkempt and dirty hair, and unclean body.
- Bedsores.
- Trash buildup.
- The client complains of no contact with family or caregiver.
- Unhealthy or unsafe living conditions, such as filthy bathroom and kitchen areas.
- Not properly dressed for the weather.
- Excessive use of alcohol.

Indicators of possible physical or sexual abuse:

- Frequent bruises, welts, cuts lacerations, abrasions sores, or burns to the skin.
- Punctures, cuts, and damage to hair or scalp.
- Signs that point to confinement.
- Frequent reports of falls.
- Broken bones, sprains, dislocations.
- Bruises, cuts, or burns in the genital area.
- Unexplained difficulty in walking and/or sitting.
- Medication being incorrectly administered.

Indicators of possible emotional abuse:

- The care recipient's behavior changes. He or she begins to withdraw, appears depressed, and/or cries frequently.
- The person may appear to be fearful when the caregiver is present or refuse to be left alone with the caregiver.
- The caregiver talks down to, humiliates, or shouts at the person in their care.

ELDER NEGLECT AND ABUSE

Indicators of possible exploitation:

- Bills not getting paid.
- Questionable checks drawn on account.
- Will being changed frequently.
- Confusion or memory problems that appear suddenly.
- Evasive about financial affairs.
- Numerous missing or lost belongings.
- Many loans being made.
- Changes in assets.
- Sudden poverty.
- Isolated by family or caregiver.
- Lack of necessary personal items.
- Unusual interest in financial status.
- Unauthorized power of attorney.
- Frequent ATM use and/or activity on bank accounts.

If you suspect a family member or another caregiver of abuse or neglect, it is your responsibility to report it. Contact your supervisor who will notify the adult protective services. Your suspicions of abuse or neglect will be investigated by a social worker who will make an assessment of the situation.

SUICIDE AND THE ELDERLY

The suicide rate among the elderly is increasing as more people in the United States live past the age of 75. Statistics show, nationally, that in the elderly population (65+ years), 21% of suicide cases were elderly. The elderly complete one suicide every 1 hour and 21 minutes, or each day 17.7 seniors committed suicide. Unlike other segments of the population, the elderly do not often make threats or mention suicidal thoughts to others. Therefore, it is important for caregivers to know other warning signs.

Suicide is usually the result of a combination of factors. Suicide among the elderly is more often a drastic solution that has been contemplated for some time. Left events that can trigger suicidal thoughts often include a loss, such as the death of a spouse or another loved one, even a pet. Mourning can last up to two years, and during that time of bereavement, an elderly person is susceptible to suicide. Change, in the form of retirement, moving to a nursing home, or losing the ability to drive or walk can also be a trigger.

Look for clues in an elderly person's conversations and actions which may signal suicidal thought. Prior suicide attempts always place people at high risk of trying to take their lives again. The use of alcohol and sedatives also increases the risk of suicide.

Be on guard if an elderly person is taking too much of their prescribed medications, especially sleeping pills. Depression is the most frequent cause of suicidal thoughts. Watch for symptoms such as loss of interest, fatigue, loss of appetite, episodes of crying, and withdrawal.

If the person you are caring for shows any of the warning signs, you are instructed to contact your supervisor immediately.

CARE OF THE DYING CLIENT

Dying clients can go through surges of denial, anger, bargaining, depression, and finally acceptance. They can be vulnerable to specific fears, the most common fear being abandonment or dying alone. Some fear they are repulsive to others because of inadequate pain relief, poor control of bodily secretions, bad odor, and other offensive characteristics.

Physical discomfort can be helped by medication, dimmed lights, relaxing music, and/or a light massage with lotion. Nausea can be a problem and sometimes odors can trigger it. Caregivers should avoid wearing colognes or perfumes. Unscented soap for bathing, unscented laundry detergents, fabric softeners, and household cleaning products may decrease the occurrence of nausea.

The following have been found to be important to those near death:

- The presence of significant others (family, friends, both).
- Physical expressions of caring – touching, hugging.
- A desire for the truth.
- Control in making decisions that affect care.
- Discussion of the practical issues of dying, such as finances and the family's future.
- An opportunity to review the past.
- Personal appearance, cleanliness and socially presentable.
- Religion and spirituality.

Signs that death is near:

- Increased sleepiness.
- Disorientation.
- Irregular breathing.
- Excessive secretions.
- Visual and auditory hallucinations.
- Decreased clarity of sight.
- Decreased urine production.
- Mottled skin.
- Cool extremities.
- Truncal (body) warmth.

CAREGIVERS AND GRIEF

As a caregiver, you may experience the loss of a client either to a nursing facility or to death. Caring for a dying or declining individual can unleash a barrage of conflicting emotions. The impact of such an incident often goes unrecognized even after the common stress reactions appear. Guilt, anger, depression, frustration, resentment, anticipatory grief, fear, denial – all and more affect the caregiver.

Persistent stress responses that might indicate a need for outside help may include:

- Irritability or hair trigger negative reactions.
- Changes in sleep patterns including frequent periods of insomnia or interrupted sleep.
- Susceptibility to illness or vulnerable to colds and/or other ailments.
- Intestinal upsets including stomach cramps, diarrhea, or vomiting.
- Anxiety or reactions of nervousness, rapid heart rate, and feelings of doom brought on by seemingly insignificant things.
- Reclusive behavior with a reluctance to be anywhere or with anyone.
- Flashbacks, nightmares with startle reactions and anxiety.
- Difficulty concentrating or keeping focused on the present.
- Changes in eating habits, either overeating or complete loss of appetite/inability to eat.
- Mood swings with rapid emotional highs and lows.
- Feelings of anger or guilt with negative self-talk.
- ‘Startle’ reactions, which are much like being suddenly frightened.

The caregiver undergoing or following an intense ordeal may benefit from some counseling during or after the difficult time. The responsibility of caring for a terminally ill client is often a heavy burden. Talking with a trained therapist, someone outside of the situation may afford tremendous relief for a caregiver.

Alzheimer's/Dementia

ALZHEIMER'S/DEMENTIA

The Majority of this Training Material was taken from the Alzheimer's Association's Website:
www.alz.org/care

Alzheimer's vs. Dementia

Dementia is a general term for a decline in thinking skills or loss of brain function. Symptoms may include loss of memory, mental confusion, and inability to perform routine tasks. People with dementia also experience changes in their personalities and behavioral problems such as agitation, anxiety, delusions, and hallucinations. Several disorders that are similar to Alzheimer' and that can cause dementia are: Parkinson's, Creutzfieldt-Jacob, Huntington's, Lewy Body, and Pick's Disease. Some treatable conditions such as depression, drug interactions, and thyroid problems can cause dementia and if treated early enough, may be effectively treated and reversed.

Alzheimer's is a complex disease that affects the brain and makes it hard for people to remember, think, and use language. It can make people act strangely or seem moody. After a while, people with Alzheimer's have a hard time with activities such as using the phone, cooking, or handling money. 4 million Americans have this disease and it is more common in older adults. About 1 in 10 people over the age of 65, and 5 in 10 over the age of 85, have Alzheimer's.

No two people experience Alzheimer's disease in the same way. As a result, there is no one approach to caregiving. As the disease progresses, the abilities of the person with dementia will change so daily routines will need to be changed using creativity, flexibility, and problem solving.

Alzheimer's Behaviors

Dementia and Alzheimer's can cause a person to exhibit unusual and unpredictable behaviors. These behaviors can include severe mood changes, repetition of words and gestures, verbal or physical aggression, and wandering. These behavioral changes can lead to frustration and tension for both the client and the caregiver. It is important to remember that the person is not acting this way on purpose.

The causes of behavioral changes are:

- Physical discomfort caused by illness or medication
- Over stimulation from loud noises or busy environment
- Unfamiliar surroundings
- Complicated tasks
- Frustration due to the inability to communicate effectively

ALZHEIMER'S/DEMENTIA

The 3 steps to identify behaviors and their causes are:

1. *Identify and examine the behavior.* What was the behavior? Is it harmful to the individual or others? What happened before the behavior occurred? Did something trigger the behavior? What happened immediately after the behavior occurred? How did you react? Consult a physician to identify any causes related to medications or illness.
2. *Explore potential solutions.* What are the needs of the person with dementia? Are they being met? Can adapting the surroundings comfort the person? Can you lower the noise level or turn on lights? How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?
3. *Try different responses.* Did your response help? Do you need to explore other potential causes and solutions? If so, what can you do differently?

Behaviors – Aggression. Aggressive behaviors may be verbal or physical and can occur suddenly. They can occur for no apparent reason or can result from a frustrating situation. Try to understand what is causing the behavior.

Possible causes for aggression are:

- Physical Discomfort. Is the person tired or unable to let you know he or she is experiencing pain? Is he or she suffering side effects from medication?
- Environmental Factors. Is the noise level too loud? Is there too much going on around the person or is there physical clutter?
- Poor Communication. Are you asking too many questions or making too many statements at once? Are your instructions simple and easy to understand? Are you stressed & irritable and the person is picking up on that? Are you being negative or critical?

How to Respond to Aggression:

- Identify the immediate cause
- Focus on feelings, not facts
- Don't get angry or upset
- Try a relaxing activity
- Shift the focus on another activity
- Decrease level of danger. You can often avoid harm by stepping back and standing away from the person
- Avoid using restraint or force (unless the situation is serious)

ALZHEIMER'S/DEMENTIA

Behaviors – Agitation. A person with Alzheimer's may feel anxious or agitated. The person may become restless and need to move around or pace or may become upset in certain places or focus on specific details. Someone suffering from Alzheimer's may also become over-reliant on a certain caregiver for attention and direction.

Some Causes of Agitation Are:

- Different medical conditions and drug interactions
- Moving to a new residence or nursing home
- Changes in the environment or change in caregiver
- Misperceived threats
- Fear and fatigue resulting from trying to make sense out of a confusing world

To Prevent or Reduce Agitation:

- Create a calm environment
- Avoid environmental triggers – noise, glare, too much background distraction
- Monitor personal comfort – check for pain, hunger, thirst, constipation, etc.
- Simplify tasks and routines

A person with agitation should undergo a medical checkup, especially if the agitation comes on suddenly. There are 2 types of treatment for agitation: Behavioral Interventions and Medication.

Behavioral treatment should be tried first and includes 3 steps:

1. Identifying the behavior
2. Understanding its cause
3. Knowing how to respond

Identify what has triggered the agitation:

- Change in caregiver
- Change in living arrangements
- Travel
- Hospitalization
- Presence of house guests
- Bathing
- Being asked to change clothing

ALZHEIMER'S/DEMENTIA

How to respond to Agitation:

- Provide reassurance by using calming phrases such as 'You are safe here', 'I am sorry you are upset', 'I will stay until you feel better'.
- Involve the person in activities
- Modify the environment by decreasing noise and distractions or move to another place
- Find outlets for the person's energy. Take a walk or a car ride.
- Check yourself. Do not raise your voice, and do not corner, restrain, criticize, ignore, argue, or shame the person.

Behaviors – Confusion. A person with Alzheimer's may not recognize familiar people, places, or things. The individual may forget relationships, call family members by other names, or become confused about where home is. He or she may also forget the purpose of common items such as a pen or a fork.

To respond to confusion, stay calm and respond with a brief explanation. Don't overwhelm with lengthy statements or reasons. Show photos and other reminders and offer corrections as suggestions. Avoid explanations that sound like scolding. Instead, try 'I thought it was a fork' or 'I think she is your granddaughter Julie'.

Behaviors – Hallucinations. A person with Alzheimer's may see, hear, smell, taste, or feel something that isn't there. The person may see the face of a former friend in a curtain or may hear people talking. If the hallucination doesn't cause problems, it might be best to ignore it.

How to respond to Hallucinations:

- Offer reassurance. Avoid arguing with the person about what he or she sees. A gentle tap on the shoulder may turn the person's attention toward you. Be supportive – 'It sounds as if you're worried', 'I know this is frightening for you'.
- Use distractions. Suggest taking a walk or sit in another room. Try to turn attention to music, conversation, or activities.
- Modify the environment. Cover mirrors with a cloth or remove them. Check for noises that might be misinterpreted. Look for lighting that casts shadows, etc.

ALZHEIMER'S/DEMENTIA

Behaviors – Repetition. A person with Alzheimer's may do or say something over and over. He or she may repeat a word, question, or activity. In most cases, the person is probably looking for comfort, security, or familiarity. The person may also pace or undo what has just been finished. These actions are rarely harmful, but can still be stressful for the caregiver.

How to Respond to Repetition:

- Look for a reason behind the repetition.
- Focus on the emotion, not the behavior. Think about how he or she is feeling.
- Turn the action or behavior into an activity. If the person is rubbing his or her hand across the table, provide a cloth and ask for help dusting.
- Stay calm and patient.
- Provide an answer. Give the person the answer he or she is looking for, even if you have to repeat it several times.
- Engage the person in an activity.
- Use memory aids. Offer reminders to questions being asked over and over, such as pictures, etc.
- Accept the behavior and work with it.

Behaviors – Sleeplessness and Sundowning. Some studies show that as many as 20% of people with Alzheimer's will at some point experience periods of increased confusion, anxiety, agitation, and disorientation beginning at dusk and continuing through the night. Sleeping problems and caregiver exhaustion are two of the most common reasons people with Alzheimer's are eventually placed in nursing homes.

People with Sundowner's Syndrome behave normally during the daylight hours but become confused after the sun goes down. Their environment becomes confusing when it gets dark. They get agitated, angry, or anxious and this may lead to wandering, pacing the floors, and the showing of nervous behaviors. Other reactions may include: crying, rapid mood changes, paranoia, and violent behaviors. People with Sundowner's are at a greater risk for falls after dark. To help diminish the risk: turn lights on inside the house before it gets dark outside; try not to surprise your client or sneak up on them' and if planning an outing, explain to them in advance, as large groups can be confusing.

Possible causes of Sleeplessness and Sundowning are:

- End of day exhaustion (both mental and physical)
- An upset in the 'internal body clock' causing a biological mix-up between day and night
- Reduced lighting and increased shadows
- Disorientation due to the inability to separate dreams from reality when sleeping
- Less need for sleep, which is common among older adults

ALZHEIMER'S/DEMENTIA

Tips for reducing evening agitation and nighttime sleeplessness:

- Plan more active days. Discourage afternoon napping and plan activities such as walking, etc.
- Monitor diet. Restrict sweets and caffeine to mornings and serve dinner early, offering a light meal before bedtime.
- Seek medical advice. Physical ailments such as bladder or incontinence problems could be making it difficult to sleep.
- Change sleeping arrangements. Allow the person to sleep in a different room or favorite chair. Keep the room partially lit to reduce agitation when surroundings are dark or unfamiliar.

Once a person is awake and upset:

- Approach in a calm manner.
- Find out if there is something that he or she needs.
- Gently remind him or her of the time.
- Avoid arguing or asking for explanations.
- Offer reassurance that everything is all right and everyone is safe.

Behaviors – Suspicion. Memory loss and confusion may cause the person with Alzheimer's to perceive things in new and unusual ways. Individuals may become suspicious of those around them, even accusing others of theft, infidelity, or other improper behavior.

The person may forget that he/she is married and begin to flirt or make inappropriate advances toward others. Try to distract the person with another activity or lead him or her into a private place. Avoid getting angry or laughing at the person.

People with Alzheimer's may forget how to dress or take off clothes at inappropriate times and in unusual settings. A woman may remove a blouse or skirt simply because it is uncomfortable. Help the person to dress by laying out clothes in the order they need to be put on. Choose clothing that is simple and comfortable.

ALZHEIMER'S/DEMENTIA

People with Alzheimer's may not understand or remember that merchandise must be paid for and may casually walk out of the store without paying. Have the person carry a wallet-sized card that states that he or she is memory-impaired.

Behaviors – Wandering. It is common for a person with dementia to wander and become lost. Over 60% of those with dementia will wander at some point. People with dementia who wander often have a purpose or goal in mind. They may be searching for something that is lost or trying to fulfill a former job responsibility. Wandering can be dangerous – even life threatening.

Who is at risk for wandering? Anyone who:

- Tries to fulfill former obligations, such as going to work
- Tries or wants to 'go home' even when already at home
- Is restless, paces, or makes repetitive movements
- Has difficulty locating familiar places like the bathroom, bedroom, or dining room
- Checks the whereabouts of familiar people
- Acts as if doing a hobby or chore, but nothing gets done
- Appears lost in a new or changed environment

Causes of wandering are:

- Medication side effects
- Stress
- Confusion related to time
- Restlessness
- Agitation
- Anxiety
- Inability to recognize familiar people, places, and objects
- Fear arising from the misinterpretation of sights and sounds
- Desire to fulfill former obligations
- Encourage movement and exercise to reduce anxiety, agitation, and restlessness.
- Ensure all basic needs are met.
- Involve the person in daily activities such as folding laundry or preparing dinner.
- Place color-matching cloth over doorknobs to camouflage.
- Redirect pacing or restless behavior.
- Place a mirror near doorways. The reflection of a person's own image often will top him or her from exiting the door.
- Reassure the person if he or she feels lost, abandoned, or disoriented.

ALZHEIMER'S/DEMENTIA

Alzheimer's Home Safety

Try to limit access to dangerous places. Lock or disguise hazardous areas by covering doors and locks with painted murals or cloth and using swinging or folding doors to hide entrances to the kitchen, stairwell, or garage. Install locks out of sight. Place deadbolts either high or low and remove locks in bathrooms or bedrooms so the person cannot get locked inside. Use childproof locks and door knob covers to limit access to places where knives, appliances, and poisonous cleaning fluids are stored. Use appliances that have an auto shut-off feature.

Adapt the person's surroundings to their vision limitations. Diffuse glare and bright light by removing mirrors and glass tops. Block bright sunlight and create an even level of lighting by adding extra lighting in entries, outside landings, areas between rooms, stairways, and bathrooms. Use contrasting colored rugs in front of doors or steps to help the individual anticipate staircases and room entrances. Use night lights in hallways, bedrooms, and bathrooms.

Beware of dangerous objects and substances. Remove electrical appliances from the bathroom such as electric razors and hair dryers. Put away dangerous appliances and utensils such as mixers and knives and remove the knobs from stove burners. Put away grills, lawn mowers, power tools, and guns. Supervise smoking and the use of alcohol. Clean out the refrigerator regularly throwing out old food. Keep walking areas clear.

Create a supportive home. Help the person reminisce by placing scrapbooks, photo albums, or old magazines in key locations and encourage conversation about them. Play music to prompt dancing, clapping, or other kinds of exercise. Keep noise levels low. Allow the person to enjoy supervised outdoor activities like gardening or walking.

Alzheimer's Daily Care

Daily Care – Activities. Activities structure the time of the person with Alzheimer's. Activities can also enhance a person's sense of dignity and self-esteem by giving purpose and meaning to his or her life. Planned activities should focus on the person, activity, approach, and place.

Person – Keep the person's skills and abilities in mind and pay special attention to what the person enjoys. Consider if the person can begin activities without direction. Be aware of physical problems.

Activity – The focus should be on enjoyment and not achievement. Encourage involvement in daily life. Have activities that relate to his/her past work life and look for favorites. Change activities as needed, consider the time of day and adjust to stages of the disease.

ALZHEIMER'S/DEMENTIA

Approach – Offer support and supervision during the activity and concentrate on the process, not the result. Be flexible, patient, realistic, and relaxed. Help get the activity started. Break activities into simple, easy to follow steps and assist with difficult parts of the task. Let the individual know he or she is needed and stress a sense of purpose. Don't criticize or correct the person and encourage self-expression.

Place – Make activities safe. Change your surroundings to encourage activities. Minimize distractions that can frighten or confuse the person.

Daily Care – Communication. Alzheimer's can gradually diminish a person's ability to communicate. People with dementia have more difficulty expressing thoughts and emotions and they also have trouble understanding others.

Changes in communication a person might experience are:

- Difficulty finding the right words
- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily losing their train of thought
- Difficulty organizing words logically
- Reverting to speaking in a native language
- Using curse words
- Speaking less often
- Relying on gestures more often instead of speaking

Tips for better communication with a person with Alzheimer's:

- Let the person know you are listening and trying to understand.
- Keep good eye contact.
- Let the person think about and describe whatever he or she wants to. Be careful not to interrupt.
- Avoid criticizing, correcting, and arguing.
- If the person uses the wrong word or cannot find a word, try guessing the right one.
- Focus on the feelings, not the facts.
- Always approach the person from the front. Tell the person who you are.
- Call the person by name.
- Use short, simple words and sentences. Talk slowly and clearly.
- Ask one question at a time.
- Patiently wait for a response.
- Repeat information and questions. IF the person does not respond, wait a moment, then ask again.
- Avoid quizzing.
- Give simple explanations. Avoid using logic and reason at great length.

ALZHEIMER'S/DEMENTIA

Daily Care – Dressing and Grooming. Physical appearance contributes to one's self-esteem and self-expression. The person may not remember how to dress or may be overwhelmed with dressing & grooming routines.

Simplify choices by offering just two choices of shirts and pants. Lay out the clothing in the order that each item should be put on and provide direction. Hand the person one item at a time while giving short, simple instructions. Keep the closets free of excess clothing. Choose comfortable and simple clothing – front buttoning clothing is easier than pullover tops. Substitute Velcro for buttons, snaps, or zippers. Choose comfortable shoes.

If the individual wants to wear the same outfit repeatedly, have duplicates or similar options available. Offer praise, not criticism and be patient.

The person with dementia may forget how to comb hair, clip fingernails, or shave. He or she may forget what the purpose is for items like a comb or razor.

Maintain grooming routines. If the person goes to the beauty shop or a barber, continue this activity. Use favorite toiletries. Use a 'watch me' technique – take a brush, comb your hair, and encourage the person to copy your motions. Use safer, simpler grooming tools such as cardboard nail files, electric shavers, etc.

Daily Care – Eating. A person with dementia may have a poor appetite, loss of interest in food, may forget to eat, or may have forgotten that he or she has already eaten.

To make mealtimes easier:

- Set up a regular mealtime and stick to it.
- Limit distractions. Turn off television, radio, etc.
- Keep the table setting simple. Use only the utensils needed for that meal. Take off flowers, centerpieces, etc.
- Distinguish food from the plate or bowl. Avoid patterned dishes, tablecloths, and placemats that might confuse the person.
- Check the food temperature. The person may not be able to tell if a food or beverage is too hot.
- Serve only one or two foods at a time. Ex: serve mashed potatoes, followed by chicken tenders.
- Be flexible to food preferences. The person may suddenly develop new food preferences or reject foods enjoyed in the past.
- Give the person plenty of time to eat. Remind them to chew and swallow carefully.
- Avoid nuts, popcorn, and raw carrots. They can get caught in the throat.
- Eat together. Make meals an enjoyable social event.

ALZHEIMER'S/DEMENTIA

Encourage independence. Make the most of the person's abilities. Allow them to eat from a bowl instead of a plate, with a spoon instead of a fork, even with his or her hands if it's easier. Serve finger foods. Use a 'watch me' technique – hold a spoon and show the person how to eat a bowl of cereal. Don't worry about neatness. Let the person feed himself or herself as much as possible. Consider getting plates with suction cups and no-spill glasses.

Daily Care – Personal Care. A person with Alzheimer's will slowly become less able to take care of themselves. Eventually they will need help with all personal care activities such as bathing, toileting, and dental care.

A person with Alzheimer's may perceive bathing as unpleasant, threatening, or painful. As a result, they may act in disruptive ways and revert to screaming, resisting, and hitting. This behavior occurs because the person does not remember what bathing is for or does not have the patience to endure the lack of modesty or being cold.

Tips for bathing:

- Do everything you can in advance to make the process easier – have your equipment nearby.
- Create a safe and pleasing environment – increase the room temperature and test water temperature.
- Make the client feel in control and coach them through each step.
- Respect the client's dignity by keeping them covered as much as possible.
- It may not be necessary to bathe a client daily. Consider a sponge bath in between baths or showers.
- Be gentle and avoid scrubbing – pat skin dry instead of rubbing.
- Be flexible. It may be very difficult to wash your client's hair – use a washcloth and soap to wash hair in the sink to reduce amount of water on your client's face.

A person with dementia may have loss of bladder or bowel control. Causes include the inability to recognize when they need to go to the bathroom, forgetting where the bathroom is, or side effects from medicine.

ALZHEIMER'S/DEMENTIA

Tips for Toileting:

- Provide visual clues. Post a picture of a toilet on the bathroom door. Place colored rugs on the bathroom floor and lid covers on the toilet to make them stand out. Avoid having items nearby that could be mistaken for a toilet, such as a trash can, etc.
- Provide reminders. Encourage the person to go regularly. Look for facial expressions or pacing that might indicate the person needs to use the bathroom.
- Remove obstacles and make sure clothing is easy for the client to remove.
- Monitor incontinence and identify when accidents occur and why. For example, if the client has an accident every two hours, get them to the bathroom before that time. To help with incontinence, limit the intake of liquids after dinner and in the evening.
- Being supportive and reassuring will allow the client to retain their dignity.

Proper dental care can help prevent eating difficulties, digestive problems, and possible future dental procedures. Brushing teeth is sometimes difficult because a person with dementia may forget how or why it's important to take care of his or her teeth.

Tips for Dental Care:

- Provide simple, short instructions. 'Hold your toothbrush', 'put toothpaste on your brush', 'brush your top teeth', etc.
- Use a 'watch me' technique. Show the client how to brush their teeth.
- Monitor daily dental care. Brush teeth or dentures after each meal. If you notice any problems, let your supervisor know.

Alzheimer's Music, Art, and Other Therapies

Music, art, and other types of therapies can help enrich the lives of people with Alzheimer's disease. Art provides an outlet for expression. Music stirs memories, emotions, and when accompanied by singing, encourages group activity.

Identify music that's familiar and enjoyable to the listener. Use live music, tapes, or CD's. Radio programs, interrupted by too many commercials, can cause confusion. Use music to create the mood you want. Link music with other reminiscence activities and use photographs to help stir memories. Encourage movement (clapping, dancing) to add to the enjoyment. Avoid sensory overload, eliminate competing noises by shutting windows and doors and turning off the television.

ALZHEIMER'S/DEMENTIA

Keep art projects on an adult level and avoid anything that might be demeaning or seem childlike. Build conversation into the project by providing encouragement, discussing what the person is creating and try to initiate a bit of creative storytelling or reminiscing. Help the person begin the activity. If the person is painting, you may need to start the brush movement. Most other projects should only require basic instruction and assistance. Use safe materials, avoiding toxic substances and sharp tools. Allow plenty of time to complete the art project. The person doesn't have to finish the project in one sitting. Remember: the artwork is complete when he or she says it is.

Alzheimer's Tracking Symptoms

One of the most helpful tools for caregivers is keeping a diary or journal of the individual's symptoms. This record can help improve communication with the individual's doctor about any changes in memory or behavior. The journal can also help track caregiving strategies that worked and activities they enjoyed.

Note the following in the journal:

- Problems, or changes in: Memory, Behavior, Personality, and Daily Living Skills (bathing, dressing, etc.)
- Caregiving strategies that worked. Also strategies that did not work.
- Activities the person enjoys and doesn't enjoy.
- Any medications the person took that day.

Interactive Caregiving

INTERACTIVE CAREGING: DEFINITION

Philosophy:

Our approach to Interactive Caregiving is an integral part of how we provide in-home care, so seniors can live happy, independent lives. We continually communicate with, involve, and engage seniors in everyday tasks and activities. We strive to transform routine activities into opportunities to stir memories and provide cognitive exercise. It serves to keep a senior mentally strong, increasing independence, their outlook, and quality of life. Interactive Caregiving is at the very heart of Senior Check-In.

Differentiation:

Interactive Caregiving is a philosophy of care that engages the senior and enables them to live happier, more meaningful lives. Instead of "doing for" the client, we provide care by "doing with" the client, engaging their participation at their level of function.

Each client is assessed for their interests and past experiences, and this information is shared with you, the caregiver. In turn, the caregiver can then look for opportunities in everyday tasks to involve the senior, encourage reminiscing, and enable the senior to feel valued and involved in their own lives.

For caregivers coming from an institutional setting, this is the kind of caregiving they have always wanted to give, but never felt they had the time to do.

Interactive Caregiving Assessment:

On your initial visit with a client, we recommend taking time to get to know the client's preferences, hobbies, interests, etc. This is a great time to find a common ground with the client and form a bond with the. The Interactive Caregiving Assessment is based on gathering the client's social history and past/present interests. This assessment is conducted by the caregiver during the introductory visit and a copy of the assessment remains in the in-home client log for reference by all SCI employees involved in the client's care in the future.

INTERACTIVE CAREGIVING:
MEAL PREPARATION/MEALTIME

Mealtime is both a necessity and a social event that promotes physical health with social benefits. Some clients may want you to prepare meals for them, while others would like to help you in this process. This provides an opportunity to form a bond between you and your client, while making the client feel important because they are contributing something.

A home cooked meal is something most people take for granted. If you are the cook, you put together a meal and sit down to enjoy it. But for someone who cannot stand long enough to cook a meal, or can't open a can or jar, or whose family is concerned they might forget to turn the stove off, mealtime can become frustrating and lonely.

Enabling the client to participate in the process at the level of their ability and interacting with them throughout the preparation and dining process, can turn mealtime into a pleasant experience once again.

It is important to understand the difficulties seniors may face during meal preparation. These may include:

- Cannot recall familiar recipes (e.g. cannot prepare food from memory)
- Has difficulty keeping track of steps in a recipe (e.g. repeats or misses steps)
- Cooked or baked foods no longer taste right
- Under or over cooks the food
- No longer cooks favorite or signature dishes
- Only prepares pre-cooked meals or simple dishes (e.g. canned soup, frozen dinners)
- Has difficulty using common kitchen appliances (e.g. electric can opener or microwave)
- Cannot use knives or graters safely
- Leaves food unattended while cooking or baking
- Forgets pot on stove
- Is not interested in cooking meals or baking
- Will only do simpler tasks of meal preparation (e.g. peel potatoes or wash lettuce)
- Only prepares meals that don't involve cooking (e.g. sandwiches and salads)

Again, it is important that the client is allowed to participate at the level they are able, whether this involves only observation, or being more involved in the actual planning and preparation of the food. Engage the client in meal preparation from the planning stage. Ask what they enjoy eating, or would like to eat if they had assistance with food preparation. Even when seniors cannot physically assist, they can verbally instruct about preference, or even teach the caregiver how to prepare a favorite dish. This enables the client to feel like they are valuable, and able to contribute.

INTERACTIVE CAREGIVING:
MEAL PREPARATION/MEALTIME

Following are examples of how to interact with the client during meal preparation:

Communicate:

- Mrs. Jones, I noticed you have a well-stocked pantry and refrigerator. Would you like to help me plan your meals for this week?
- Mrs. Jones, do you have a favorite cookbook or recipe box that we can explore together?
- I noticed that the dessert section of your cookbook has been used frequently. Would you like to pick out your favorite dessert so that we can prepare it together?
- Mrs. Jones, I noticed you received a new cooking magazine in the mail today. Would you like to look at it together and choose a new recipe to try?

Involve and Engage:

- Start a conversation about what mealtime was like when they were younger. Discuss what everyone ate, what dinner table rules were (napkins on lap, don't talk with your mouth full), and who was supposed to wash and dry the dishes.
- Discuss the first meal they prepared as an adult. What kind of cook stove did they use – wood, gas, electric?
- Start a conversation about mealtime during the holidays. What traditions did they have? What dishes were always served?
- Did the client raise/grow some of their own food? Did they freeze, can, smoke, etc. to preserve their food?
- What great smells do they remember coming from the kitchen?
- Discuss their favorite foods by category: meat, vegetable, starch, bread, beverage, dessert. Not only will this give your great ideas for meals to prepare, but it is an opportunity to talk about memories of eating their favorite meals, who cooked the best, etc.
- Start a conversation about the kitchen table. What activities were done on and around the table during their childhood?
- Talk about travel, and ask about cuisine of other countries that they like as well as what they have always wanted to taste or try. Have fun searching for appropriate recipes, making the shopping list, and learning about a new culture together.
- When you are cooking, ask the client what recipes they like or how they would like something prepared.
- Realize that most of your clients are experienced cooks and have certain recipes and seasonings they prefer to use. This could be an opportunity for you to learn some great family recipes, some of them handed down from great grandmother to grandmother to daughter.

INTERACTIVE CAREGIVING:
LIGHT HOUSEKEEPING

A clean and safe home is important for seniors. The aging process, however, can make even simple household chores difficult. The client's care plan may call for you to assist the client in completing those daily household tasks, leaving more quality time for them to enjoy life without being overly fatigued or overwhelmed.

It is important for you to understand how aging changes affect a senior's ability to complete even light housekeeping tasks. Below are some of the aging changes that affect physical function:

- Senior's muscles get smaller, especially if they don't exercise. This can make them feel weak and tired more easily. In addition, if injured, older muscles take longer to heal.
- Senior's bones can get thinner and weaker, especially in women. This puts elderly people at risk for broken bones. If they do break a bone, it will take longer to heal.
- Senior's joints become stiff, which is especially noticeable after a night in bed. This loss of flexibility causes movement to be slower and sometimes painful.
- The cartilage in joints wears out over time. This weakens the joints and causes arthritis, a condition that often causes pain and stiffness with physical activity.

Sometimes you can get so involved in everyday tasks that you forget to include the client. With Interactive Caregiving, it is important that you remember to include the client in any activity in which you are involved (when physically feasible). Everyone wants to feel useful, especially in their own homes.

It is your job to make the client feel that they are a part of what you are doing for them.

SCI light housekeeping services include vacuuming, dusting, sweeping and mopping floors, cleaning bathrooms (sinks, tubs, showers, and toilets), cleaning kitchens (sinks, appliances, counters), taking out trash, straightening all rooms, organizing closets and drawers, and cleaning any interior windows that can be reached without a ladder. Senior Check-In does not provide any outdoor cleaning or maintenance.

INTERACTIVE CAREGIVING:
LIGHT HOUSEKEEPING

Following are examples of how to interact with the client while doing light housekeeping:

Communicate:

- Mrs. Jones, I noticed that you have several butterfly paperweights on your dresser. Tell me more about them.
- Mrs. Jones, I have washed and dried your towels. Can you show me how you like them folded and which shelf they go on in the linen closet?
- Mrs. Jones, I am changing the sheets for you today. Would you like the pink or blue sheets on your bed?
- Mrs. Jones, I am going to scrub your tub today. Which of these two cleaners do you feel works best on your bathtub?

Involve and Engage:

- Talk to client while dusting and cleaning. Comment on pictures of family (if present), collectibles, or memorabilia.
- If the client can assist, and is capable, allow them to help with the chores. Even a simple task, such as rearranging pictures on a table, can enhance self-worth.
- Always ask the client to show or explain how they like things done (if capable). Follow up after you complete a task to ensure you have satisfied them.
- The caregiver should keep the client informed on what they are doing and their location if in different room. This may help eliminate distrust of the caregiver, which is a common reaction from seniors.
- Ask about what chores they were assigned as a child. What chores did they assign to their children?
- When making the bed, ask the client how they like their bed made. The type of sheets and/or if they like the blankets tucked in or left out can make the difference in the night's sleep your client will get.
- When doing the dishes ask your client if they air dry their dishes and where things are put once the dishes are clean. Misplaced dishes can lead to frustration and can cause increased confusion.

INTERACTIVE CAREGIVING:
ERRAND SERVICES/GROCERY SHOPPING

If the care plan indicates, you may run errands for the client such as picking up prescriptions, going to the post office, grocery shopping, or other routine chores. This service may be provided with or without the client present. Refer to the care plan for the individual for more info or ask a supervisor if unsure. You will shop at any store the client prefers, and can use any coupons provided.

Following are examples of how to interact with the client while running errands:

- Mrs. Jones, we need to pick up your refills from the pharmacy today. It is a beautiful day out. Would you like to come along and enjoy the scenery?
- Mrs. Jones, you have several items on your shopping list for us to pick up today. Can you help me plan out our schedule of stops?
- Mrs. Jones, I just used the last of your Tide laundry detergent. Would you like to go to Wal-Mart with me to get another bottle? Is there a different store that you prefer to shop at?
- Mrs. Jones, today on our way to the grocery, I'd like to take you around the block to the park so you can see the fall leaves. Would you enjoy that?
- Mrs. Jones, I notice you have bread on your grocery list. Is there a certain brand or type of bread you like best?
- Mrs. Jones, Here are all the grocery ads that have arrived in the mail today. Would you like to help me make a list and choose which store has the best bargains this week?
- Mrs. Jones, you mentioned you were in the mood for vegetable soup. Let's check your pantry, and you can help me make a list of the ingredients we will need.
- Mrs. Jones, here are the coupon flyers from the Sunday paper. Would you like to help me cut out the ones you will use?

INTERACTIVE CAREGIVING:
LIGHT HOUSEKEEPING

Involve and Engage:

- When doing errand services for clients, always try to persuade them to go with you if they are able. Share the excitement of getting out of the house and enjoying a nice ride. Make sure you ask the client at least three times.
- Take scenic routes (if available).
- Develop an itinerary together.
- Discuss preference of location or item (brand name) that you may be picking up for them.
- Discuss favorite shopping plaza, mall, or store.
- Discuss models of cars they may have owned or ridden in throughout their lifetime.
- Have the client tell you how they learned to drive.
- Develop grocery lists together (ask about brand names).
- Review newspaper ads together.
- Cut out coupons together.
- Discuss favorite recipes, and make a list of needed ingredients.

INTERACTIVE CAREGIVING:
INCIDENTAL TRANSPORTATION

Depending on the care plan, you may be required to provide transportation for client in addition to other services. Transportation, as a service alone, is not provided since Senior Check-In is not a taxi service. However, we may provide trips to doctor appointments, barbershops, beauty salons, shopping, or wherever else the client would like to go. Getting seniors out and about is good for their mind, body, and spirit.

Following are examples of how to interact with the client while providing incidental transportation:

Communicate:

- Mrs. Jones, what is your favorite car and why? Have you ever owned one?
- Mrs. Jones, since we are going to the grocery store today, would you like to take a different route? Can you tell me about the neighborhood while we are driving?
- Mrs. Jones, I have a map with me today, and I know you have been a lot of places. Let's take a look at this map and see if we can find them all.
- Mrs. Jones, have you ever flown? Where did you fly to, and what was it like for you?
- Mrs. Jones, have you always lived here? What was the neighborhood like back then?
- Mrs. Jones, since I will be taking you to the beauty salon today, is there anywhere else you would like to go after? Maybe we could stop at the flower shop and buy something to plant outside today.
- When did you get your first car? What was it? What color?

Involve and Engage:

- Discuss different cars the client has owned.
- Discuss different cars the client has driven.
- Discuss different modes of transportation the client has used.
- Discuss places the client has driven to.
- Discuss different ways the client has driven to the store in the past.
- Discuss what has changed from the time the client started driving (e.g. signal lights, speed limits, etc.)
- Look at a map and discuss places they have been. Also identify places they'd like to go and why.
- Discuss the changes in the neighborhood.
- Take a scenic route when transporting client.

*If transporting a client, ask if they would prefer to use their own car.

INTERACTIVE CAREGIVING:
LAUNDRY AND LINENS

These services can be done in either the client's home or the Laundromat, and includes washing, drying, ironing, and putting things away; utilizing the client preferences at all times. You should explore what help, if any, they client is able and willing to give. This helps for a bond between you and the client, while making the client feel they are contributing something.

Following are examples of how to interact with the client while doing laundry:

Communicate:

- Mrs. Jones, since we are going to the grocery today, what kind of detergent and fabric softener would you like to get? Have you tried other brands?
- Mrs. Jones, I have dried the towels. Would you like to help me fold them?
- Mrs. Jones, I'm going to put the clothes away in the bedroom. Would you like to tell me which drawer you want them in?
- Mrs. Jones, here is the laundry basket with the dirty clothes. Would you like to help me sort them by color?
- Mrs. Jones, when I was doing the laundry, I noticed your pretty blue dress. Have the styles changed much for you over the years? What was your favorite outfit and why?
- Mrs. Jones, did you ever make your children's clothes when they were growing up? Do you still like to sew?
- What did it cost you to make your clothes when you or your children were growing up?

Involve and Engage:

- Discuss different types of laundry detergent.
- Discuss different types of fabric softener.
- Have client help with sorting clothes.
- Have client put the detergent and fabric softener in the washer.
- Discuss different types of materials and what temperatures of water to use.
- Fold laundry together.
- Assist client with putting laundry away in different rooms. This will help eliminate a feeling of distrust from the client towards the caregiver.
- Discuss client's favorite outfit and changes in styles over the years.
- Discuss the preference for line-drying clothes or using the dryer on delicate fabrics.
- Discuss the styles of their children's clothing. Where they bought in stores, ordered from a catalog, or handmade?

INTERACTIVE CAREGIVING:
RECREATIONAL ACTIVITY

Recreational activities for the elderly are essential for maintaining good physical and mental well-being. Recreational activities can include many things, such as reading, joining a book club, participating in a local event, or leaning a new hobby. The hardest part of a senior getting involved in a new activity is knowing how to get started. You can assist them by finding out what interests them and providing them with the time and resources to stay active.

There are inexpensive ways to enjoy recreational activities. For example, ask the client what their favorite color is (ex. Yellow). Pick a day where you will celebrate the color, from dressing in yellow clothing, to listening to or naming songs with the word "yellow" in them. Look through magazines or online for items that are yellow, and prepare yellow foods to eat at mealtime.

Whether you are playing cards, board games, or a walk in the park together, you can help keep our clients to remain active in mind and body. You can take the client out to enjoy their favorite activities.

Following are examples of how to engage the client in recreational activities:

Communicate:

- Mrs. Jones, I know how much you like to garden. Would you like to take a walk and look at your flowers today? You can tell me what they are.
- Mrs. Jones, I found these buttons in a jar when I was cleaning. Can you tell me about them?
- Mrs. Jones, would you like to listen to some music? I noticed you have a lot of record albums. Can you tell me about them?
- Mrs. Jones, I will be mending clothes today, would you like to help me?

Involve and Engage:

- Take a drive.
- Go to a park. Walk or sit, and talk about the scenery.
- Gardening: plant window sill herbs, water plants, walk through garden; pick flowers, vegetables, fruits.
- Create a flower arrangement: Go to the florist – look and smell, go to nursery, or visit a cemetery to place flowers in memorial.
- Crafts: Sewing, knitting, quilting, coloring
- Games
- Music: Favorite records, tapes, CDs
- Books
- Photos: Look through photos, organize, and help create an album.
- Television: Discuss favorite shows, recall notable news stories from the client's lifetime.

INTERACTIVE CAREGIVING:
GROOMING AND DRESSING

Helping a senior look and smell fresh everyday helps to boost their self-esteem. Having them assist with their grooming will help them feel more independent.

Following are examples of how to involve the client in their grooming and dressing:

Communicate:

- Mrs. Jones, you have a lot of lovely clothes. What is/was your favorite dress?
- Mrs. Jones, I know you are going to be going to your son/daughter's over the holidays. Would you like to pick out the clothes you want to wear, or would you like to go shopping and look for a new outfit?
- Mrs. Jones, it's such a beautiful day out. Let's get dressed and take a walk at the park. We can stop at your favorite nail salon and get your nails done, too.
- Mrs. Jones, I have a favorite red dress that I like to wear at Christmas. Red is my favorite color. What is yours? Do you wear that color often?

Involve and Engage:

- Discuss styles/fashions their children liked the most and the ones they had the hardest time agreeing with.
    - Discuss period dressing
    - Discuss favorite colors
    - Watch movies that depict certain style periods or fashions
- Plan for special occasions
    - Family get-togethers
    - Holidays
- Raise the client's spirits by:
    - Getting nails painted
    - Putting on makeup
    - Getting dressed up and going out to breakfast, lunch, dinner, a movie, a walk, or a drive.

INTERACTIVE CAREGIVING:
ORGANIZE INCOMING MAIL

You can assist the client in separating the junk mail from the important mail, and let them know when a response to a letter is needed or bills are due. You can also assist with sending out cards, letters, and packages to the client's family and friends.

When mail is delivered, you and the client can sort through the mail together and make piles. Once the mail is in piles, the client and you can design an easy access filing system to make it convenient for the client. If helping with bills, you can write the checks out, but have the client review and sign them.

Following are examples of how to involve and engage the client while organizing their mail:

Communicate:

- Mrs. Jones, did your husband ever write you love letters or send you cards?
- Mrs. Jones, the mail is here. Would you like to help me sort through it and sort it into piles of importance?
- Mrs. Jones, when we go shopping today, we will buy those birthday cards you were wanting. Let's go over your birthday list and see who you need to buy a card for. When we get back, I will help you address them and get them sent out.
- Mrs. Jones, you received a new catalog today and it looks like they have a lot of interesting things in it. Would you like to look at it with me and tell me your favorite things?

Involve and Engage:

- Sort through mail together and make piles. Design easy-access filing system once mail is taken care of. If helping with the bills, make checks out, but have client review and sign. The caregiver should keep client informed on what amount is being paid on what bills and review with the client.
- Go through ads together. They may see something they need.
- Discuss the changes in mail delivery services through the years.
- Discuss past pen pals, love letters, or servicemen letters they may have received over the years.
- Assist the client in writing a letter to a friend or relative, or even their local legislator.
- Help schedule, buy, write, and send birthday, anniversary, and holiday cards.
- Help collect coupons and use them at the store. Review catalogs and pick out favorite outfits, products, or furnishings.

Homemaking Tasks

HOUSE CLEANING BASICS

What is clean to one person may not be considered clean by another. You will be cleaning someone else's home and it is important that you try to meet the client's standards. If your standards and the client's needs are very different, consult your supervisor for advice. All housekeeping tasks that need to be done in the home should be discussed by all people concerned. Encourage the client and family members to make suggestions.

Always consult with the client before using any cleaning agent for any reason. Knowing the material of the surfaces that are to be cleaned is important and the client is your resource for that knowledge. Always read and follow the directions printed on the label, specifically the do's and the don'ts.

These general cleaning guidelines should be followed when possible:

- Clean regularly and often.
- Soak soiled items to loosen the soil.
- Don't let cleaning solutions stand for too long; it may damage the surface.
- Beware of scratching; an easy motion is enough.
- Change the solution and cleaning cloth when necessary. Change the cleaning water when it is only moderately dirty.
- Rinse as necessary.
- Line garbage pails with plastic or paper bags.
- DO NOT POUR DIRTY MOP WATER INTO KITCHEN OR BATHROOM SINKS. Dispose of dirty water by flushing it down the toilet.

CLEANING KITCHENS

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences and possibly stories about how they used to do it.

Clean the kitchen in the following order:

1. Stove
2. Refrigerator
3. Table
4. Countertops
5. Sink
6. Sweep floor
7. Mop floor

WASHING DISHES

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

To clean dishes:

- Scrape away excess food and soil.
- Put grease in a heat resistant container and NOT down the drain.
- Soak heavily soiled pans in a hot water solution of dish washing detergent for at least 30 minutes.
- If the soak water (with the loosened food particles) is not in a sink with a food waste disposer, drain the contents only through a sink drain strainer and dispose of the food particles in the garbage. Draining without straining may cause damage to the plumbing at a later time.
- Wash out coffee and tea pots thoroughly after each use to avoid a bitter taste.
- Rinse thoroughly.
- Wipe the sink and counter tops with a detergent solution.

To wash dishes by hand:

- Prepare the dishwater. It should be comfortably hot to your hands.
- Organize the items to wash with the least soiled first, in the following order: glasses and cups, flatware including knives forks and spoons, serving dishes, casseroles or baking dishes, and then pots, pans, and heavily soiled utensils.
- Wash the items. (Use good judgment about changing the water.)
- Rinse with hot water by holding under running water.
- Drain using a draining rack or on a towel placed on the counter.
- Dry the items with a clean towel.

To use an automatic dishwasher:

- Know your materials – some items may not be able to be washed in a dishwasher. Consult the client it you're unsure.
- Rinse the dishes thoroughly, removing excess food remnants before loading into the dishwasher.
- Load the dishes correctly. Soiled surfaces should face toward the water source and be tilted. Do not crowd items.
- Use a detergent made for an automatic dishwasher.
- Select the cycle and start the dishwasher.
- When the cycle is complete, follow up with a clean dish towel to dry any items that may have water pooled on them after the automatic drying process.
- Ensure that every item is completely dry before putting them away.

CLEANING OUTSIDES OF APPLIANCES AND COUNTERS

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

Wash the outside of the refrigerator with a solution of mild detergent and water or baking soda and water. Wash stovetops, oven doors, and accessible sides of the stove with a solution of mild detergent and hot water.

To remove stubborn food particles, dampen them or leave a cloth soaked in hot, soapy water sitting on them. Wash microwaves using warm, sudsy water, then rinse and dry. If there are any stubborn spots of food on the inside of the microwave, fill a microwave-safe bowl or Pyrex measuring cup with 1 ½ cups of water and ½ cup of white vinegar. Microwave the solution for 5 minutes on high. When complete, carefully remove the glass dish using a towel or hot pad, as it will be extremely HOT. Wipe down with a wet washcloth, and inside of the microwave will be as good as new.

When cleaning any electrical appliances, make sure they are unplugged first so as to avoid any risk of accidental electrical shock.

Start with cabinets before cleaning counters – High to Low. To clean cabinets, use a cleaner approved by the client. Spray the cleaner on the cloth and wipe the cabinets. Wipe off counters using hot, sudsy water, working from back to front. Move objects on the counter straight forward to wipe behind and then back to their original locations.

CLEANING OVENS & REFRIGERATORS

Only clean self-cleaning ovens according to instructions in the oven's manual. It may take between 2 to 4 hours to clean a self-cleaning oven. Do not try to clean grates, burners, or broiling pans in the self-cleaning process. They are not made to withstand this level of heat and could be damaged permanently.

To clean standard ovens:

- Make sure you have proper ventilation.
- Spread newspaper on the floor under the door to collect drips.
- Wearing rubber gloves, apply oven cleaner (approved and supplied by the client) all over the inside of the oven and on the inside of the door.
- Close the oven door tightly.
- Wait for the recommended period of time – usually 2-3 hours.
- Wearing rubber gloves, wipe off the cleaner with paper towels or disposable rags.
- Dispose of the used towels in an appropriate trash container.
- Rinse the oven carefully using a cloth dipped in warm water until the cleaner is entirely removed.
- Remove any remaining soil spots with a nylon-mesh scrubbing pad.

To clean a refrigerator:

- Unplug the refrigerator and be careful not to splash lights and wires while you are cleaning.
- Remove food from the refrigerator and place on countertop.
- Remove drawers and shelves.
- Working from top to bottom and using hot, sudsy water, wipe down the inside of the refrigerator making sure to clean the walls and inside gaskets (the rubber seals around the door).
- For stuck on spills, make a paste with water and baking soda.
- Be careful with glass shelves – hot water can crack them.
- Wash the shelves and drawers with hot, sudsy water and put them back in their original position.
- Wipe off any sticky food containers before putting the back in the refrigerator.
- Plug in the refrigerator.

Before replacing food items after cleaning the refrigerator, dispose of spoiled and outdated food items. Always let the client know what you are disposing of and why. Spoiled fruits and vegetables will appear mushy and slimy. Spoiled meat products will have a bad smell. If cans containing food are swollen or bulging, the food inside is spoiled. Canned food in glass jars where the metal lid is swollen, where there is leakage around the rubber seal, or where the liquids are not clear is spoiled.

Spoiled food in unopened swollen cans or glass jars should be placed in a heavy garbage bag. Close the bag and place it in a regular trash container. Spoiled food in unsealed, open, or leaking containers should be detoxified before disposal.

CLEANING OVENS & REFRIGERATORS

To detoxify foods before disposal:

- Place the containers and lids on their sides in an 8 quart volume or larger stock pot, pan, or boiling-water container.
- Wash your hands thoroughly.
- Carefully add water to the pot so that there is at least one inch of water covering the containers. Avoid splashing the water carelessly as to avoid possible cross contamination.
- Place a lid on the pot.
- Heat to boiling.
- Boil for 30 minutes.
- Cool and discard the containers, their lids, and food in the trash.
- Thoroughly scrub all counters, containers, and equipment including can opener, clothing, and hands that may have contacted the toxic food containers.
- Place any sponges or wash cloths used in the cleanup in a plastic bag and discard in the trash.

CLEANING BATHROOMS

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

It is best to clean bathrooms in the following order:

- Empty all waste receptacles.
- Apply toilet bowl cleaner thoroughly to the inside of the bowl. Wipe up any spilled chemicals.
- Wash all surfaces of the sink, tub/shower, and faucets with appropriate cleaning solution.
- Rinse all surfaces thoroughly with water.
- Return to the toilet bowl and wash insides of the bowl with a toilet bowl brush.
- Wash the surface of the bowl and seat using the brush.
- Flush the toilet.
- Using a wet washcloth, rinse the outside surfaces of the toilet with clean water.
- Wet mop the floor.

When cleaning a commode chair or urinal:

- Always use gloves.
- Remove the container from the chair.
- Empty the container into the toilet and avoid splashing.
- Clean the container with mild soap, water, and toilet brush.
- Rinse the container well and put back in the chair.
- Using mild soap and water, wash the commode seat and lid.
- Rinse with water.

DUSTING

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

Work from High to Low – Pictures, standing objects, cabinets, and tables. When dusting tables, follow the same principle of High to Low – lamp shade, lamp, pictures, knick knacks, table surface. Remove objects from tables, etc. and dust the entire table. Use a clean washable cloth of soft cotton that does not produce lint. Dampen the cloth with a light spray of water or commercial spray to keep the dust from spreading. Use gentle oval motions with a downward pressure to collect the dust. Turn or fold the cloth as soon as the used portion shows dirt accumulation. Change cloths as soon as there is no longer a clean part to use.

WASHING WINDOWS

Senior Check-In caregivers are only to wash the insides of windows, and only the areas that can be reached while standing on the floor. We do not get on ladders because of Worker's Compensation guidelines. If someone insists that you do get on a ladder, please call the office immediately. Getting on a ladder puts you and the client at risk for liability issues.

Windows should not be cleaned in direct sunlight. Apply an appropriate cleaning agent with a clean cloth. Use another dry, clean cloth to wipe off the cleaning agent.

CLEANING FLOORS

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

Cleaning the floor should be the last thing you do in a room – remember High to Low. First, remove loose soil from the floor. To sweep (broom), begin at the walls and aim to collect the dirt in the center of the room. Sweep the dirt towards you, brush with light strokes, and do not lift the broom off the floor at the end of the stroke. This keeps dust & dirt from being flung in the air. Sweep dirt into a tidy little heap. Sweep the heap into a dustpan and pour into the trash.

Ask the family how they usually clean floors. Wood floors often require special cleaners. Use the detergent or cleanser according to the instructions. Do not let water remain on the floor. Plan your strategy to end up by an exit door so you can avoid having to walk over wet floor areas. Clean a small area of the floor at a time, using firm strokes and allow the clean surface to dry thoroughly. Dispose of dirty water in the toilet and flush. When dry mopping, follow the same steps outlined above, using a damp mop.

Treat stains on carpets as follows: Ask if stain is new, use any commercial stain removers provided by the client, follow directions on the label.

When vacuuming, the higher the pile of carpet, the more power you need. When vacuuming wood floors, vacuum with the grain of the wood. On carpets, use slow, deliberate, and overlapping strokes. Do not press down. When vacuuming throw rugs, stand on one end to keep it in place and vacuum away from where you are standing and lift up the vacuum head at the end of the stroke. Don't use back and forth motions.

CHANGING LINENS & REMAKING BEDS

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

Use linen supplied by the client and make the bed according to the custom of the house. Do not use a torn piece of linen; it could be dangerous. Never use a pin on any item of linen and do not shake bed linen. Shaking spreads harmful microorganisms. Never allow any linen to touch your clothing. Put dirty linen in an agreed upon place. For the client's comfort, the bottom sheet must be firm, smooth, and wrinkle free.

"Top of the bed" refers to the top sheet, blanket, and/or bedspread. "Bottom of the bed" refers to the mattress pad, the bottom sheet, and the draw sheets. Fanfold the top of the bed to make it easier for the client to get in and out.

The draw sheet is about half the size of a regular sheet. When draw sheets are not available, a large sheet can be folded in half and used. The plastic draw sheet and disposable bed protectors protect the mattress. Plastics should never touch a client's skin. When using a plastic draw sheet, be sure to cover it entirely with a cloth draw sheet. If the client does not use a draw sheet, use small disposable protectors on the bed under the client. To save linen and washing, a used unsoiled top sheet may be used as a draw sheet or bottom sheet.

Always use good body mechanics. Save time and energy by making as much of the bed as possible on one side before going to the other side.

Making the bed:

- Assemble your equipment: sheets, pillow protectors, bed, etc.
- Wash your hands.
- Place a chair near the bed.
- Put the pillow on the chair.
- Stack the bed-making items on the chair in the order in which you will use them.
- If making a hospital bed, adjust the bed to the highest horizontal position and lock the bed in place.
- Pull the mattress to the head of the bed until it touches the headboard.
- Place the mattress pad on the mattress even with the head of the mattress.
- Fold the bottom sheet lengthwise and place it on the bed.
- Place the center fold of the sheet at the center of the mattress from head to foot.
- Put the small hem at the foot of the bed, even with the edge of the mattress.
- Place the large hem at the head of the bed with about 18 inches left to tuck in.
- Open the sheet. It should hang evenly over each side of the bed.
- Tuck the sheet in tightly at the head of the bed. Lift the mattress with the hand closes to the foot of the bed and tuck with the other hand.

CHANGING LINENS & REMAKING BEDS

- To make a mitered corner: Pick up the edge of the sheet at the side of the bed, 12 inches from the head of the mattress. Place the triangle on top of the mattress. Tuck the hanging portion of the sheet under the mattress. While you hold the fold at the edge of the mattress, bring the triangle down over the side of the mattress. Tuck the sheet under the mattress from head to foot.
- Stand and work entirely on one side of the bed until that side is finished.
- Place the plastic draw sheet 14 inches down from the head of the bed and tuck it in.
- Cover the plastic draw sheet with the cotton sheet and tuck it in.
- Fold the top sheet lengthwise and place it on the bed.
- Place the center fold on the center of the bed, even with the top edge of the mattress.
- Open the sheet with the rough edge of the hem up.
- Tightly tuck the sheet under the foot of the bed.
- Make a mitered corner at the foot of the bed.
- Do not tuck the sheet in at the side of the bed.
- Fold the bedspread lengthwise and place it on the bedspread.
- Place the center fold of the bedspread on the center of the bed from head to foot.
- Place the upper hem 6 inches from the top edge of the mattress.
- Open the bedspread.
- Tuck it in under the foot of the bed tightly.
- Make a mitered corner at the foot of the bed.
- Do not tuck in at the side of the bed.
- Move to the other side of the bed.
- Straighten the sheet at the head, the middle, and the foot of the bed to get rid of all wrinkles.
- Miter the top corner.
- Pull the sheet tight so it is wrinkle-free. Roll the sheet up in your hands so your hands are near the bed and pull slightly down and tuck in. Do this near the head, the middle, and the foot.
- Pull the plastic draw sheet tight and tuck it in.
- Pull the cotton draw sheet tight and tuck it in.
- Straighten out the top sheet, making the mitered corner at the foot of the bed.
- Miter the corner of the blanket.
- Miter the corner of the bedspread.
- To make the cuff: Fold the top hem of the spread under the top hem of the blanket. Fold the top hem of the sheet back over the edge of the spread and the blanket to form a cuff. The hemmed side of the sheet must be on the underside so that it does not come in contact with the client.

** A mitered corner is simply the same thing that is at the corner of a fitted sheet. These are important, as there is no loose parts of sheets or blankets left bundled on the corners or on the floors for the client to injure themselves on.

LAUNDRY

If appropriate, involve the client as much as they are willing. The client's involvement should include their advice, their preferences, and possibly stories about how they used to do it.

As an SCI Caregiver, you can make laundry an enjoyable and shared task with your client. Making sure that you ask clients what day they normally wash laundry is an important part of interactive care. When you have that information, you can make it a point to schedule laundry time during that part of your visit schedule.

In the morning is a good time to do the laundry, especially after you have helped your clients up for the day, they have had their breakfast, and now would like to relax. Laundry times can vary, but typically doesn't take more than 2 hours to complete a wash and dry cycle.

<u>Always get your client involved in laundry</u> – Ask them:

- "How do you normally wash something?"
- "Do you have a special way that you'd like it to be done?"
- "What kind of laundry soap do you use?"
- "How do you normally sort your laundry?"

Read and follow care labels and sort clothes carefully. Sort them by color (whites, medium and bright, and dark), by fabric and garment construction, by the kind and amount of soil, and by size.

While sorting, turn pockets inside out and brush away lint and crumbs. Pre-treat soiled or stained areas and choose the right laundry product for the job. Follow the directions on the product package. Use the proper water temperature settings and washing action. Rinse thoroughly.

LAUNDRY

Drying Clothes & Linens:

Most clothes can be dried in the dryer. Exceptions are fiberglass, rubber, and certain heat-sensitive fabrics. These should always be hung to dry.

Separate slow-drying clothes from quick-drying clothes (read labels). Keep clothes that are to be dried with a fabric softener separate from those that are not. Check the lint filter and empty if necessary. Choose appropriate temperatures, times, and cycles. Shake out each wet item to be dried and then throw it loosely in the dryer. Hang or fold clothes promptly upon removing from the dryer so that they do not take on wrinkles sitting in the basket.

Folding Clothes & Linens:

For shirts and blouses:

- Button up top, middle, and bottom buttons
- Lay items facedown
- Fold both sides so they meet in the back with the sleeves aligned with the side folds.
- Fold the tail up to the cuffs, making a line at the bottom.
- Fold in thirds, crosswise.

For shorts:

- Align the inseams and outer seams of the legs.
- Fold so that a crease forms properly at the front center of the legs.

For skirts:

- Lay the skirt front down with zippers and plackets closed.
- Fold the sides in toward the center.
- Fold crosswise in thirds.

For flat sheets:

- Hold it with the side facing up that you want to face up when it is on the bed.
- Fold in half crosswise, bringing right sides together – hem to hem.
- Fold in half crosswise two more times – hem to hem.
- Fold in half lengthwise three times.

LAUNDRY

For fitted sheets:

- Have the underside of the center of the sheet and the right side of the fitted corners facing you.
- Fold the sheet in half crosswise, tucking the top fitted corners into the bottom fitted corners.
- Fold in half lengthwise.
- Fold in half three more times.

For Pillowcases:

- Fold in thirds lengthwise.
- Fold in half crosswise, once or twice.

IRONING

Lay the article on the ironing board and smooth it out. Use one hand to smooth the garment by pulling it taut while the other hand works on the iron. Iron as large an area as you can using moderately paced, steady back and forth strokes with slight downward pressure. Press down more heavily on the forward stroke. Put down the iron by standing it on its heel. Use both hands to rotate the article around the board to iron a new area.

For minimal re-wrinkling of already ironed sections, follow these 3 basic rules:

1. Iron all parts that have double thickness (cuffs, sleeves, pockets) first.
2. Iron the non-flat portions (ruffles, shoulders, puffed sleeves) next.
3. Iron the top parts before the bottom parts.