



A CLIENT CARE MODULE: HELPING WITH ACTIVITIES OF DAILY LIVING (ADLS)



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A Client Care Module:

HELPING WITH ACTIVITIES OF DAILY LIVING

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

List five common ADLs.



Discuss the importance of maintaining independence with ADLs.



List at least three ways each to help clients with bathing, toileting, dressing and grooming.



Assess a client's abilities and encourage maximum participation in ADLs based on those abilities.



Perform accurate documentation of the most important aspects of helping clients with ADLs.



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A Client Care Module: Helping with Activities of Daily Living

BUILDING A BRIDGE TO INDEPENDENCE

Imagine that life is a series of islands. One island is called the **Island of Dependence**. This is where babies are born, completely dependent upon their parents. Another island is the **Island of Independence**. This is where people go when they have the knowledge, skills and means to take care of themselves.

Traveling from the Island of Dependence to the Island of Independence requires a bridge! Having the skills to perform **activities of daily living (ADLs)** makes up the support columns of the bridge. Having the ability to take care of **instrumental activities of daily living (IADLs)** paves the road and makes the bridge passable.

Sadly, for some people, the bridge is broken.

- A chronic illness in childhood may keep a person from building his bridge.
- A quick cross back may be needed after an illness, fall or accident. It's possible to become *temporarily* dependent, but maintain the ability to return to independence after some hard work.
- And finally, there are those that cross back and become stranded. These are the clients that need your "total care." The longer a person is stranded, the less likely it is that he or she can cross back.

In all cases, your goal is to determine just how much help your client needs to build his bridge toward independence, and then *to do just that!* Some people may only need your encouragement. Others may need your help with "set up." Some may need to work together with you. Others may need you to do all the work! The trick for you is to know the difference!

In this inservice, you'll learn all about the ADLs. You'll explore the different levels of functioning your client may have and how you can help each client maintain or regain independence. Be sure to look for the companion inservice, Helping with IADLs, to learn all about instrumental activities of daily living!



WHAT EXACTLY ARE ADLs AND IADLs?

THE SUPPORT COLUMNS OF THE BRIDGE: *ADLs, or Activities of Daily Living*, are all those basic self-care activities that people without an illness or injury normally do for themselves.

THE ACTIVITIES	WHAT'S EXPECTED?
Bathing & Personal Hygiene	Bathing, showering, washing hair and oral care.
Bowel/Bladder Control and Toilet Hygiene	Recognizing the need to relieve oneself, getting to the bathroom or commode, completing the act and wiping, as needed.
Dressing & Grooming	Putting on and removing clothing, brushing hair, shaving and applying make-up.
Eating	Setting up food, using utensils to bring food to mouth, chewing and swallowing.
Functional mobility	Transfer and ambulation from one place to another while performing activities

THE ROAD THAT MAKES THE BRIDGE PASSABLE: *IADLs, or Instrumental Activities of Daily Living*, are activities that go beyond basic needs. IADLs allow the person to be independent at home and in the community.

THE ACTIVITIES	WHAT'S EXPECTED?
Housework	Keeping one's environment clean, including doing laundry and dishes.
Meal preparation	Planning and preparing healthy meals and snacks.
Taking Medications as Prescribed	Understanding what medications are prescribed, why they are needed, how and when to take them and possible side effects.
Shopping	Navigating around a store, finding desired items and making purchases.
Using the telephone	Locating and dialing a number, then carrying out a conversation with the person called.
Transportation within the Community	Driving, asking a friend or family member to drive or using public transportation to get where needed.



There's More!

In this inservice, you will learn a **little bit** about a lot of things!

If you want more, in-depth training on any of the ADLs covered in this lesson, check our catalog for full topics on:

- Bathing Tips
- Toileting Tips
- Handling Incontinence and UTIs
- Dressing & Grooming Tips
- Performing Mouth Care
- Feeding Your Clients
- Mealtime Tips
- Helping Clients with Mobility
- Performing Safe Transfers

Ask your supervisor if these topics are already part of your In the Know library.

If you are a CNA who purchases your own continuing education, many of these topics may be available for online self-study for \$8.50/each. Go to www.knowingmore.com to learn more!



WHAT EXCITES YOU?

ROBOT AND FRANK

The award winning film, *Robot and Frank* (get it on DVD) tells a tale of how the adult children of an aging baby boomer hire a robot to keep their father from having to go into a nursing home.

Sound like far-fetched science fiction? It may not be that far from becoming a reality!

Just Google the term “robot caregiver” to learn about all the research and development happening in this budding field!

How do you feel about the idea of robots being involved in human care?

If you could design a robot to care for humans, what would you want it to be able to do?

Do you think your clients would be willing to be cared for by a robot? Why or why not?

FOCUS ON BATHING & ORAL HYGIENE

Bathing is important because it prevents infection, controls body odor, promotes comfort and stimulates circulation. Depending on your client’s abilities and care plan, you may give a:

Full or Partial Bed Bath: Although this is the most “dependent” type of bathing, you can still encourage the client to *assist* as much as possible.

- **Best Practices:** *Gather all your supplies ahead of time and have them within reach of the bed. Close any doors or windows to avoid drafts. To ensure both warmth and privacy, cover the client with a light cotton blanket. Uncover, wash and dry only a small part of the body at a time.*

Tub Bath: Tub baths place clients at a high risk for falls, burns and drowning and should be reserved for clients with good posture, balance and mental alertness.

- **Best Practices:** *Never give a tub bath unless it is ordered in the client’s care plan. Don’t attempt to help a client in or out of a tub unless you feel secure about your ability and/or you have the proper equipment (like a lift or slide board). Tub baths can dry the skin, so shouldn’t last longer than 20 minutes.*

Shower: A shower is appropriate for the most “independent” clients only. It can be done standing or by using a shower chair, if ordered.

- **Best Practices:** *Be sure to place a rubber mat on the shower floor—but don’t cover the drain opening. Stand close by, while still providing privacy, if you are unsure of your client’s ability to shower independently.*

MOUTH CARE AND ORAL HYGIENE

Having a healthy mouth helps clients feel better, have a heartier appetite and eat a more balanced diet. Depending on your client’s abilities and care plan, you may need to:

Encourage or Remind: Your most independent client may just need a reminder to brush his teeth or take care of his dentures independently.

- **Best Practices:** *Remind clients to brush at least once a day using a soft toothbrush. It’s even better to brush after every meal!*

Set-up Supplies: A client with mobility problems may need you to set up and arrange her toothbrush, toothpaste, water and towel within easy reach.

- **Best Practices:** *If help is needed, wet the toothbrush with water and put the toothpaste on the toothbrush. Provide a basin for the person to spit.*

Total Care: A client who is confused, completely immobile, in a coma or in the end stages of life will need you to perform the oral care tasks for him.

- **Best Practices:** *An unconscious person may need oral care every 2 hours. Gently swab the teeth, gums, inside of cheeks and tongue with a soft brush or a “toothette,” if available.*

Denture Care: Dentures need to be removed from the mouth, rinsed, brushed with a denture brush and denture paste and soaked over night.



BATHING AND ORAL HYGIENE SKILL CHECK!

GIVING A BED BATH

Use these steps for giving a partial or complete bed bath. A complete bed bath involves washing the entire body. A partial bed bath includes only the face, hands, underarms and perineal area.

What you'll need:

Basin	Towels	Clean clothes
Bath blanket	Mild soap	
Washcloths	Lotion, if desired	

Procedure:

1. Put on clean gloves.
2. Fill a clean basin with warm water that is between 105 and 115 degrees.
3. **Provide privacy.**
4. Remove client's top linen or bedspread and cover her body with a bath blanket. (A bath blanket can be any soft, absorbent blanket or towel that covers the entire body.)
5. Remove the client's clothing, keeping her body covered by the bath blanket.
6. **Working from head to toe, start at the face.** Place a dry towel under the head and neck while you gently wash the face with a clean washcloth and water only. (Soap can dry the face.)
7. Moving downward, wash the arms, chest, stomach, legs and back. Wash one section at a time and only expose the section being washed. (As you move down the body, move the dry towel to protect the bedding.)
8. **Use a clean cloth, a fresh basin of water and a new pair of gloves to clean the perineal area last.**
9. Apply lotion if desired.
10. Assist client into a comfortable position, and dress or help the client dress herself.
11. Dispose of supplies and wash your hands.

Please Note: It's always best to allow the client to complete *as much of the process as possible*. This increases a sense of independence and control.

CARING FOR DENTURES

Dentures are expensive and replacing them may mean many trips to the dentist. Without proper care, dentures can become damaged or lead to painful and difficult-to-treat infections of the mouth.

What you'll need:

Washcloth	Soft toothbrush	Mouthwash
Non-abrasive toothpaste	Denture cup	
	Sponge swabs	

Procedure:

1. Wash hands and put on clean gloves.
2. If the client is able, have them remove the dentures and give them to you. If assistance is needed, remove the dentures carefully. Start with the upper denture by gently moving it up and down to break the seal, then gently slide it out of the mouth. Repeat with the bottom denture.
3. Take the dentures to the sink. Line the basin with a washcloth and fill 2 to 3 inches with warm water. This provides a "cushion" for the dentures in the event you drop them while cleaning.
4. Using a soft toothbrush and non-abrasive toothpaste, clean the dentures one at a time. (Never use regular toothpaste on dentures. It is abrasive and will scratch the surface.)
5. After brushing the teeth and gum area of the dentures, place them into a clean denture cup filled with cool water.
6. Assist the client with proper oral care using sponge swabs and mouthwash.
7. Dispose of used supplies, drain sink, remove gloves and wash hands.



Don't Forget! Take this opportunity to look into the mouth for any signs of irritation or infection. Report any abnormal observations to your supervisor.

HELPING OUT WITH TOILETING TASKS!

There's no way around this one! Every client has to eliminate! Depending on your client's abilities and care plan, toileting may involve:

Clearing a Safe Path: For clients who are independent and mobile, your only involvement in toileting may be to make sure the path to the bathroom is clear and clutter free!

- **Best Practices:** Remove any area rugs that slide or move. Make sure there are no electrical cords crossing the path. Leave a nightlight on at night to light the way from the client's bed to the bathroom.

Placing the Client on a Bedpan: Clients who are immobile and cannot get out of bed will need to use a bedpan.

- **Best Practices:** Unless ordered to stay flat, the best position for elimination is sitting upright. It may be helpful to powder the rim of the bedpan to keep skin from sticking or tearing.

Using a Urinal (for men): Urinals are a handy option for your immobile male clients.

- **Best Practices:** If possible, encourage your clients to sit on the side of the bed to use the urinal. You may have to place the penis inside the urinal and hold the urinal while your client urinates.

Using a Bedside Commode: For clients who can transfer out of bed with or without help, a bedside commode may be used.

- **Best Practices:** Keep the commode near the bed and clean it after each use to eliminate unpleasant odors. Adjust the legs of the commode so that the client's feet plant firmly on the ground during elimination. Having feet firmly planted makes bowel movements easier.

For all clients . . .

- Be prepared to answer call bells or requests for help immediately!
- Never make a client wait to use the toilet. It's embarrassing to have an accident and may lead to an unsafe attempt to use the bathroom without assistance.
- Always try to provide privacy during elimination. If your client requires constant supervision, stand just out of sight.
- Avoid hovering, watching and chatting while your client tries to eliminate. This is uncomfortable and may actually prevent elimination.
- Provide toilet tissue or wet wipes and encourage your client to clean the perineal and anal area independently, but always inspect and assist as needed.



CONNECT IT!

WHAT'S NORMAL?

You've been asked to track your client's intake and output and to report to your supervisor if the output is abnormal. See if you can answer these questions about normal outputs:

1. What is a normal urine output for a healthy adult?

2. What would you expect if your client was on a diuretic (water pill)?

3. How many bowel movements a day are normal?

4. What does it mean if the bowel movement is black?

- Answers
1. An average adult urinates about 1200-1400ml a day.
 2. It would increase urine output. Once a day. But it's also normal to go up to 3 times a day or as little as once every 3 days!
 3. There may be bleeding in the upper GI tract.



TOILETING TIME SKILL CHECK!

HELPING WITH A BEDPAN

What you'll need:

Bedpan Toilet tissue Wet wipes

Procedure:

1. Provide privacy.
2. Lower the head of bed.
3. Put on clean gloves before handling bedpan.
4. Place bedpan under client's buttocks.



If client is able, have her lift her buttocks as you slide the pan under her hips.

Or, turn onto side, align bedpan with buttocks and hold in place while turning client back.



5. Remove and dispose of gloves.
6. Raise the head of the bed to place the client in a seated position.
7. Place toilet tissue, wet wipes (for client to clean hands after using toilet tissue) and call bell within reach. *In home health, stand close enough to hear while still providing privacy.*
8. Wait for client to call or signal. Put on clean gloves before returning.
9. If client has used the toilet tissue, proceed to step # 10. If not, help clean the perineal area.
10. Lower the head of the bed.
11. Remove the bedpan, being careful not to spill or splash the contents.
12. Empty contents into a commode (never empty the bedpan or bedside commode into a sink or shower drain).
13. Rinse bedpan and pour rinse into toilet.
14. Place bedpan in designated dirty supply area.
15. Remove and dispose of gloves and wash hands.

CHANGING INCONTINENCE BRIEFS

What you'll need:

Basin and washcloths Clean briefs
Disposable wipes Lined Trash Can
Barrier cream

Procedure:

1. Fill basin with warm water.
2. Place lined trash can next to bed for easy disposal of soiled products.
3. Put on clean gloves.
4. Open soiled brief and fold clean end over the soiled contents (while leaving the brief in place).
5. Initially wipe away as much stool or urine as possible with disposable wipes and discard into lined trash can.
6. Carefully remove soiled (folded) brief and place in lined trash can.
7. Using a clean, wet wash cloth, clean genital area by wiping from *front* to *back*. Use a clean area of the cloth (or a new cloth) for each wipe until all visible incontinence has been removed and area is clean.
8. Dry area and apply barrier cream to buttocks and groin folds.
9. Put clean incontinence brief on client.
10. Remove liner from trash can and dispose of it per your workplace policy.
11. Place washcloths in dirty linen per your workplace policy.
12. Remove gloves and wash hands.





THE NEXT STEP!

HOW IMPORTANT IS HAIR CARE?

It can be particularly upsetting for an adult child to see his or her mother with a wild-bedhead-hairdo, especially if, in the past, she was a stylish woman who always took special care of her appearance.

What do you do to make sure your client's hair is being properly cared for?

Here are a few tips:

- Most people only need their hair washed once a week. Dry shampoos are a good option for immobile clients and for clients who are confused.
- If your client spends a lot of time lying on her hair in bed, then use a silk pillow case or try having her sleep in a hair net to minimize tangles.
- Women with long hair may need a shorter hairstyle. If a shorter cut is not an option, then braids or an up-do bun can tame a wild style!

SPOTLIGHT ON DRESSING & GROOMING

Getting dressed and taking care of your appearance seems easy enough! But for people who have physical or mental impairments, dressing and grooming tasks are often difficult to manage alone. That's where you come in. You can help your clients feel good about their appearance by:

Helping Clients Choose Clothing: Clients should be allowed to choose their own clothing, if able. Letting clients choose their own clothing gives them a feeling of being independent and in charge.

Laying Out the Clothing: Clients with dementia or Alzheimer's Disease may have trouble making choices. In this case, you might limit choices to just two items or choose the clothing and lay it out for the person.

Assisting with Dressing: Clients with physical impairments, like paralysis after a stroke or stiff joints from arthritis may need you to assist with dressing. Best choices are items with elastic waistbands and no buttons or zippers.



DRESSING CLIENTS SKILL CHECK!

No matter what level of support your clients need, the best thing you can do is to encourage participation. This helps them feel confident and in control. It also may help them regain some of the skills they lost.

Procedure

1. Allow client to choose clothing, if possible. If your client can't get to the closet, you might ask "Would you like to wear the red shirt or the blue shirt today?"
2. Place the clean clothes within easy reach.
3. Help client to sit on a chair or the side of the bed.
4. If your client has a weak side, teach her to use her *stronger* arm to slide the clothing off the weak side *first*. Assist only as much as needed. Next, coach your client to use her strong arm to dress the weak side of the body first.
5. If your client is confused, give simple instructions, one at a time. For example, instead of just saying "Take off your pajamas," break it down into smaller steps like "Take off your shirt." "Now take off your pants." And so on.
6. **Bending down to put on pants or shoes may cause dizziness.** Help your client put her feet into her pants, pull them up to the knees or higher. Assist her to stand, then help her pull them up as needed.
7. Place shoes close to feet and help slide them on.
8. Place dirty clothes in the appropriate receptacle and wash your hands.

Please Note: If your client becomes fatigued or dizzy while getting dressed, help her sit or lie down before continuing the task.

HELPING CLIENTS EAT

Eating may be difficult for the clients you care for. They may have trouble chewing or swallowing after a stroke. They could feel nauseated from certain medications. Or they may have little or no appetite. Whatever the reason, it's your job to help your clients get the nourishment they need to stay physically and emotionally healthy while remaining as independent as possible.

Just like all ADLs, there are various levels of support. Follow your clients care plan for preparing, serving and feeding foods. Here are some general guidelines to follow with ALL clients:

Sit for Safety! Position your clients so they are sitting up as straight as possible. Feeding a client who is reclining increases the risk of choking.

Prepare and Present! Remove covers from food and open any containers that may be difficult for the client. Check the temperature of the food. Add seasoning if the client requests it and it's allowed. Cut solid foods into smaller, teaspoon-sized pieces.

Take It Step-By-Step. For clients who can feed themselves, but may become confused, give simple step-by-step instructions. For example, you might say "Pick up your spoon." "Now scoop the oatmeal." It's important to remain patient and kind, even if it seems like your client is being difficult.

Take Time to Socialize! For many people, mealtimes are about spending time with family and friends. Sit down with your client. Talk to him, even if it seems like he doesn't understand. Avoid rushing through meals.

Give the Play-By-Play. For clients who need more help, identify each food as you offer it. For example, you might say, "Mr. O'Donnell, here's a bite of chicken." "Now, here's a sip of iced tea."



Always encourage your clients to do as much as possible for themselves. But for clients who cannot feed themselves, here are a few "best practices:"

- Fill a spoon about *half* full and feed the client with the *tip* of the spoon. (Never use a fork!)
- Place the food on the center of the tongue, using a slight *downward* pressure.
- Allow time for your clients to chew and swallow each bite.
- Vary the foods you offer. For example, offer a spoonful of potato and then offer some meatloaf—so your client doesn't fill up on only one kind of food.



THINK ABOUT IT!

WHAT WOULD YOU DO IF ...

Mr. Watson has had trouble chewing since his stroke a few months ago, but today is his birthday and he begs you to allow him to eat a steak sandwich from his favorite sub shop.

Mrs. Shue is undergoing chemo for cancer. It makes her feel nauseous all the time. She hasn't eaten more than a few crackers in the past 48 hours.

Mr. Suarez is depressed. He comes from a large family where mealtimes are always a celebration. Now that he's sick and elderly, he has to eat alone and he hates it. He tells you he'd just rather not eat at all.

Nothing you serve is ever good enough for Mrs. Johnson. She always finds something to complain about. It's too hot, too dry, too bland and on and on.

PERFORMING SAFE TRANSFERS

Helping clients with transfers and ambulation are important steps on the road to independence. Here are TEN important tips you can follow to keep your client and yourself safe while doing this ADL!

TIP 1: Think before you act! Before you start, be sure you know if the client is physically able to participate in the transfer. If you've never transferred a particular client before, go through the entire transfer in your mind *before* you begin.

TIP 2: Get help if you need it. Be realistic about what you can do safely on your own. Use transfer equipment or a mechanical lift if available. Ask for help if you need it!

In a client's home, a family member may be able to help you or they may need to rent or buy some transfer equipment.

TIP 3: Set the stage. Clear the path where you plan to stand, walk or pivot the client. Place your wheelchair, walker or mechanical lift where it needs to be.

TIP 4: Balance it out. Stand so that your weight is centered over your feet with feet shoulder-width apart. Don't "lock" your knees.

TIP 5: Tighten it up! Pull in your abdominal muscles and tighten your buttocks to support your lower back.

TIP 6: Use your BIG muscles! Bend your knees to help you keep your balance during a transfer. If you need to bend forward, bend from the *hips*, not from the waist.

TIP 7: Don't do the Twist! Plan your transfer so that you don't have to twist your body. Twisting your lower back puts you at risk for muscle strain—or even a more serious back injury.

TIP 8: Get close! Keeping the client close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.

TIP 9: Take a breath test! If you can't lift and breathe at the same time, the client is *too heavy* for you. Ask for help!

TIP 10: Encourage participation! The most important tip of all . . . encourage your client to help as much as possible during the transfer! This will give him the opportunity to use his muscles and joints—and possibly regain some mobility in the future.



SAFE TRANSFERS SKILL CHECK!

TRANSFER A WEIGHT BEARING CLIENT FROM BED TO CHAIR

1. Help the client to sit on the side of the bed.
2. Put on non-skid slippers or shoes.
3. Position the chair near the bed. If the client has a weak side, place the chair on the *stronger* side. If the chair has wheels, be sure to lock them.
4. Now, support the client's knees by putting your knees right in front of them. And, keep the client's feet from sliding by putting your feet in front of his feet. **DO NOT LOCK YOUR KNEES!**
5. Ask the client to lean forward and push off the bed at the count of three. It's okay for a client hold onto your shoulders or waist, but never your neck!
6. Once client is sanding, turn your body, along with the client.
7. Make sure the chair seat touches the back of the client's legs before he begins to sit. Ask him to reach back for the armrests, if able.
8. Lower the client slowly to the chair seat without rounding your back.

HOW AND WHAT TO DOCUMENT FOR ADLs

When documenting ADLs, two pieces of information are critical—what actually happened and how much you helped:

What actually happened? You must document what the client actually did (not what he or she *might* be capable of doing) even if it varies from day to day or hour to hour. Here are some ways to document how your client performed the ADL:

- **Independent:** The client performed the ADL with no help or supervision from you.
- **Needed Supervision:** You provided oversight, encouragement or cueing during the activity.
- **Limited assistance:** The client was highly involved in the activity but required physical help to move limbs.
- **Extensive assistance:** The client performed part of the activity, but needed weight-bearing support.
- **Total dependence:** The client was unable to perform the activity.

How much did you help? You will need to document exactly how much you helped. This is how Medicare and the insurance companies determine how much to pay for the client's care. Some options are:

- **No setup or physical help from staff:** The client completed the activity with no help from you.
- **Setup help only:** You set up the materials and the client performed the ADL independently.
- **One person physical assist:** You physically assisted the person to complete the ADL.
- **Two or more person physical assist:** You and another co-worker physically assisted the client.

EATING HAS A SEPARATE LANGUAGE!

You may be asked to record your client's appetite or to indicate how much of the meal was eaten. Here are a few ways you can estimate this:

- **Refused** to eat or **0%** was eaten.
- **Poor** appetite, less than half eaten, or **25%**.
- **Fair** appetite, half was eaten, or **50%**.
- **Good** appetite, more than half eaten, or **75%**.
- **Excellent** appetite, entire amount, or **100%** eaten.

DETAILS ON TOILETING

In addition to documenting what actually happened (independent, supervision, etc) and how much you helped, it's also important to document if your client was continent or incontinent during your shift and the number of episodes or movements that occurred.

THERE'S MORE ABOUT BATHING

When it comes to bathing, there are a couple more ways to describe what actually happened. They are:

- **Physical help limited to transfer only:** This is when the client is able to bathe independently, but just needs help getting into and out of the tub or shower.
- **Physical help in part of bathing activity:** This level is for clients who need assistance with some part of bathing.
- **Activity did not occur:** Use this to indicate that the activity **did not happen at all** during the shift.



These documentation terms are standard language for the MDS and OASIS reporting systems used in long term care and home health. Your workplace will have its own system for tracking ADLs that may or may not use these exact terms. It's important to know your workplace policy for documenting ADLs and to follow those guidelines.

FINAL THOUGHTS ON ADLs

If your client's care plan instructs you to provide assistance with ADLs, at any level of functioning, then follow these general guidelines:

Develop a routine with your client. Provide assistance with ADLs at the same time of day the client would normally do that activity. For example, if your client normally likes to get washed and brush her teeth before breakfast, then help her with those tasks at that time.

Include the client in the activity. Ask and encourage clients to participate in personal care and give them time to perform the activity.

Never rush a client through ADLs. Remember, the goal is increase the person's ability to do this task independently. If you rush, or get impatient and do it yourself, you deprive the person of the opportunity to regain this skill. This means you will ALWAYS have to do it!

Give a head start. Set up the items needed for the client to perform the activity independently. For example, put toothpaste on the toothbrush and place it near the client.

Keep it simple. Break complex tasks down into smaller steps. Provide cues for activities to be completed. For example, "Here is the wash cloth. Wash your face." Or, "Pick up the brush and brush your hair."

Use the "hand-over-hand" method. If your client does not respond to your verbal cues, try the hand-over-hand method. You do this by placing your hand *on top of* the client's hand and performing the activity together.

Be patient. Allow your clients to do as much of the activity as possible, even if it takes longer for the task to be completed.

Be positive. Encourage clients who try to do things for themselves. Show them that you are confident in their abilities.

Every effort counts. If a client cannot complete a task after a reasonable amount of time and effort, praise her effort and then complete the task for her.

It's okay to fall short. Never punish clients for not being able to do a task, even if you think they should be able to do it.

Be sure to read part 2 of this inservice. It covers the IADLs, such as housework, meal preparation, taking medications as prescribed, shopping, using the telephone, and transportation within the community.



WHAT I KNOW NOW!

Now that you've read this inservice on helping with ADLs, jot down a couple of things you learned that you didn't know before.





A Client Care Module:
Helping with Activities of Daily Living

EMPLOYEE NAME
 (Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about helping clients with ADLs? Circle the best choice. Then check your answers with your supervisor!

- 1. For most people, being able to do ADLs means holding on to:**
 - A. Childhood.
 - B. Independence.
 - C. The past.
 - D. None of these.
- 2. Tub baths place clients at higher risk for:**
 - A. Falls.
 - B. Burns.
 - C. Drowning.
 - D. All of the above.
- 3. You transfer your client to the bedside commode, place toilet tissue and the call bell, (if available) within easy reach. Next you should:**
 - A. Tidy up the room and chat while she urinates.
 - B. Stand just out of sight but close enough to help if needed.
 - C. Tell her you'll be back in 10 minutes, then go do something else.
 - D. Just leave. She can get back to bed on her own when she is finished.
- 4. A partial bed bath means you wash the face, hands, underarms and:**
 - A. Feet
 - B. Hair.
 - C. Chest and abdomen.
 - D. Perineal area.
- 5. True or False**
 No matter what level of support your client needs, the best thing you can do is to complete all the ADLs for him so he won't get too tired.
- 6. True or False**
 When transferring from bed to chair, place the chair of the client's strong side.
- 7. True or False**
 Dentures should be removed and washed thoroughly once a week.
- 8. True or False**
 When feeding confused clients, it's best to load up the fork and go as quickly as possible.
- 9. True or False**
 You should always document what you *think* your client can do on his own, even if you had to help him.
- 10. True or False**
 Most people need their hair washed every day.

