



A CLIENT CARE MODULE: HELPING WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING



...Developing top-notch caregivers, one inservice at a time.



A Client Care Module:

HELPING WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING

We hope you enjoy this inservice, prepared by registered nurses especially 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 at least six IADLs for which you may be assigned to assist clients.



Describe the CNA's role in helping with telephone use, shopping and meal preparation.



Develop a daily, monthly and seasonal plan for keeping up with your clients' housekeeping needs.



Discuss at least three measures to take to keep yourself and your client safe while driving in a car.



Explore your state's laws and your employer's policy on handling money, and follow those guidelines.



A Client Care Module:
Helping with Instrumental Activities of Daily Living

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MEETING MARTIN’S NEEDS

For more than 30 years, Martin lived alone in the same apartment. He knew most of his neighbors, had occasional visits from his grown children and was able to get around and do everything he needed to do.

If Martin ever needed help, he would call on his neighbors. Someone was always willing to pick up a few things at the store or help out with a ride.

Martin had no intention of hiring anyone to help him and he definitely had no plans to go into a nursing home.

Then one day, Martin had a heart attack and ended up in the hospital. During his recovery, he received a visit from a social worker. The social worker began asking all sorts of questions, like “Do you do your own grocery shopping?” And “What is a typical meal you might prepare for dinner?”

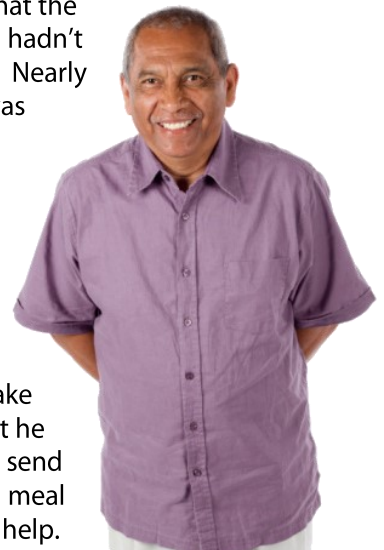
Martin became nervous and defensive. He assumed this woman was trying to make it look like he couldn’t take care of himself. She pressed him about how he was able to keep his apartment clean and if he did his own laundry. She asked him about his medications and if he was sure he was taking them as prescribed.

Martin shut down. He refused to answer any more questions. He asked the social worker to leave the room.

Later, the social worker learned from Martin’s daughter that the family was concerned. The apartment was a mess. Martin hadn’t cleaned, washed dishes or done laundry in almost a year. Nearly all the food he ate came from a convenience store that was within walking distance. No one was sure if Martin was taking his medications correctly.

It was determined that Martin needed help with his **Instrumental Activities of Daily Living**, or IADLs for short.

Martin’s daughter sat down with him and expressed her concerns. She told her father that no one was going to take away his independence. She helped him understand that he just needed a little help. She found an agency that could send an Aide to the apartment to help with housekeeping and meal preparation. Martin was relieved and thankful to get the help.



WHAT EXACTLY ARE ADLs AND IADLs?

ADLs, or *Activities of Daily Living*, are all those basic self-care activities that people without an illness or injury normally do for themselves. *NOTE: We offer a separate inservice that addresses how to help clients with their ADLs.*

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

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!

Here's another way to look at the difference between ***Activities of Daily Living*** and the focus of this inservice: ***Instrumental Activities of Daily Living***:

- **ADLs** are the tasks that your clients must accomplish to get going in the morning, move their bodies from place to place and prepare for bed in the evening. Each ADL involves caring for and/or moving the body.
- **IADLs** are the activities that people perform *once they are awake, groomed and dressed*. These tasks help people maintain an *independent* life style. Many people can still live independently even though they need help with one or two of these IADL's.

LAWTON INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

There are hundreds of tools that can be used to assess IADLs, or *the ability to function independently in the home and the community*. By far, the most researched tool is the Lawton IADL Scale that you see below. Your workplace may use a different tool, but it likely assesses the same information.

A nurse, social worker or therapist will ask the client and/or family members about the skills below and then score the client based on the answers. It can be tricky to get truthful information about some of these things because no one likes to admit they may be losing some or all ability to be independent.

<p>A. Ability to Use Telephone</p> <p>1. Operates telephone on own initiative; looks up and dials numbers. 1</p> <p>2. Dials a few well-known numbers. 1</p> <p>3. Answers telephone, but does <u>not</u> dial. 1</p> <p>4. Does not use telephone <i>at all</i>. 0</p>		<p>E. Laundry</p> <p>1. Does personal laundry <i>completely</i>. 1</p> <p>2. Launders small items, rinses socks, etc. 1</p> <p>3. All laundry must be done by others. 0</p>	
<p>B. Shopping</p> <p>1. Takes care of all shopping needs <i>independently</i>. 1</p> <p>2. Shops independently for small purchases. 0</p> <p>3. Needs to be accompanied on any shopping trip. 0</p> <p>4. Completely <u>unable</u> to shop. 0</p>		<p>F. Mode of Transportation</p> <p>1. Uses public transportation or drives own car. 1</p> <p>2. Arranges own travel via taxi, but does not otherwise use public transportation. 1</p> <p>3. Travel limited to taxi or automobile with assistance of another. 0</p> <p>4. Does <u>not</u> travel at all. 0</p>	
<p>C. Food Preparation</p> <p>1. Plans, prepares, and eats independently. 1</p> <p>2. Prepares adequate meals <i>if</i> supplied with ingredients. 0</p> <p>3. Heats and serves prepared meals or prepares meals but does not maintain adequate diet. 0</p> <p>4. Needs to have meals prepared and served. 0</p>		<p>G. Responsibility for Own Medications</p> <p>1. Is responsible for taking medication in correct dosages at correct time. 1</p> <p>2. Takes responsibility if medication is prepared in advance in separate dosages. 0</p> <p>3. Is not capable of dispensing own medication. 0</p>	
<p>D. Housekeeping</p> <p>1. Maintains house alone with occasional assistance (heavy work). 1</p> <p>2. Performs light daily tasks such as dishwashing, bed making. 1</p> <p>3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness. 1</p> <p>4. Needs help with <i>all</i> home maintenance tasks. 1</p> <p>5. Does <u>not</u> participate in housekeeping. 0</p>		<p>H. Ability to Handle Finances</p> <p>1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income. 1</p> <p>2. Manages day-to-day purchases, but needs help with banking, major purchases, etc. 1</p> <p>3. Incapable of handling money. 0</p>	

Scoring: When the test is complete, the scores are added and recommendations are made based on the level of functioning that was determined. Any "0" that is circled shows an area where the client may benefit from the help of an Aide, like yourself.

← **High Functioning, Independent** **Low Functioning, Dependent** →



8

7

6

5

4

3

2

1

0



The Facts

- Instrumental activities of daily living (IADLs) are the complex skills needed to successfully live *independently*.
- IADLs are skills that are usually learned during the teenage years.
- Difficulty managing IADLs is most common in early Alzheimer's and other dementias.
- Most hospitalized patients will be assessed for ADLs before being discharged, but IADLs are often ignored in the hospital setting because they are too difficult to assess.
- Discharging a patient home without assessing light homemaking, meal preparation and even general safety procedures can lead to problems and even readmission.

HELPING OUT WITH THE TELEPHONE

Using the telephone is an important part of life. Telephone communication is needed for setting appointments, getting information, calling for help and even just for socializing. Losing the ability to use the telephone can be frustrating, isolating and dangerous.

There are several things that can happen, especially as people age, that can make using the telephone difficult or impossible, including:

- Hearing loss.
- Vision loss.
- Confusion.
- Immobility.

How You Can Help!

Hearing Aids. Encourage clients who are hard of hearing to talk to their doctors about hearing aids. Someone who is hard of hearing often benefits from wearing a hearing aid.

- Make sure clients who have hearing aids wear them and that the batteries are working. Many hearing aids have a low-battery warning. When the battery is low, the hearing aid will beep intermittently until the battery is changed or dies.

Change the telephone! Some telephones have a *volume dial* and some are made with different *frequency responses*. For some people, turning up the volume can make hearing more difficult. And some people have problems hearing at different frequency levels. An audiologist can help figure out exactly what type of telephone works best for each client.

- Large button telephones may help someone with low vision see the numbers and be able to dial easier.
- Text telephones allow phone conversations to be typed and read—rather than spoken and heard.

Rewrite the phone book! If looking up numbers in an old phone book is difficult, rewrite the most used numbers for your client. If you have access to a computer, type the numbers in a large font and print out the sheet of paper.

Give a lesson on speed dialing! If your client's phone has the capability, program the speed dial to your clients most frequently dialed numbers. That way, she can just dial a single number to call her daughter, or another single number to reach the doctor.

Go high tech! If you have access to a computer, talk to your client and his or her family about Skype or other video calling applications. Skype is free, easy to set up and all you need is a computer and webcam to operate it. Help your client set up video calls with friends and family to fulfill the important need for socialization.

SHOPPING FOR CLIENTS

If it's your job to shop for clients, you will probably be asked to go to the grocery store and pharmacy most often.

When shopping duties involve going to several stores in a single trip, always do the food shopping *last*. For example, if you have to go to the grocery store, pharmacy and the bank, go to the pharmacy and the bank first. That way you can go back to the house and put the food away as soon as you are done.

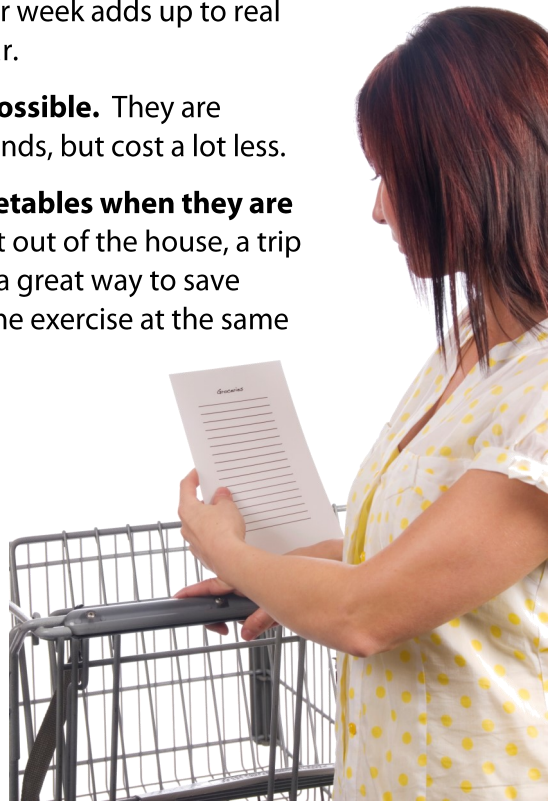
Before going shopping, it's best to have a list! Shopping without a list leads to buying unnecessary items and forgetting things that may be needed.

- If you are also responsible for planning and cooking meals, you may want to make a weekly or monthly meal plan first, then create a grocery list from that plan. (See more about planning and preparing meals on page 6.)
- Each week, post an ongoing shopping list on a bulletin board, refrigerator door or other convenient location. Remind family members and other caregivers to add to the list as needs arise.

Before you go shopping, you also need to know if there is a food budget. Chances are your client has a limited budget for food. That means you have to get good at saving money and stretching meals.

Here are some money-saving tips to use while shopping for clients:

- **Clip coupons and check out the weekly grocery store ads before you go shopping.** A few dollars per week adds up to real savings over the course of a year.
- **Buy store brands whenever possible.** They are usually just as good as major brands, but cost a lot less.
- **Purchase fresh fruits and vegetables when they are in season.** If your client can get out of the house, a trip to your local farmer's market is a great way to save money on produce and get some exercise at the same time.
- **Combine trips to save gas.** Try to time your grocery shopping trips with medication refills. That way you can go to the grocery store and the pharmacy in the same trip. If the grocery store you go to has a pharmacy, find out if it's possible to transfer your clients prescription there to save an extra trip.



CONNECT IT!

HOW WOULD YOU HELP MARTIN?

Think about Martin from the beginning of this inservice and answer the following questions:

Why did Martin ask the Social Worker to leave the room?

What would you say to someone like Martin to calm his fears about losing his independence?

Do you provide care for someone right now who may be in denial about how much help he/she really needs? If so, how can you get your client the help that is needed?



THE NEXT STEP!

Think about a client for whom you currently provide care.

What is this client's diet order?

What types of foods are added or restricted with this diet?

What are your client's food preferences? (If you don't know, ask!)

Does your client have any food allergies you need to be aware of?

Are you confident in your ability to plan and prepare meals for this client? If not, ask your supervisor for help today!

PLANNING AND PREPARING MEALS

If it's your job to plan and prepare food for your clients, then start with a meal plan. You may want to make a plan for one week, two weeks, or even for an entire month.

There are a few considerations to take into account before you start your plan. For instance, you will need to know:

- **Is your client on a special diet?** Special diets, such as low sodium, low cholesterol and diabetic diets are prescribed by the doctor or nutritionist. Be sure you know the specific guidelines for your client's special diet.
- **What are your client's favorite foods?** You can ask clients who are verbal, or ask family members about favorite foods or foods related to cultural preferences.

Quick tips you can use with all clients!

- **Buy a whole chicken on sale and roast or slow cook it.** Cut up and freeze the cooked meat in individual portions to be used in salads, sandwiches, soups, or casseroles. Use the bones and any bits of meat still clinging to them to make broth for soups.
- **Make stews with cheaper, tougher cuts of meat,** like beef chuck roasts or pork shoulders. Cook *low* and *slow* for tender, tasty meat.
- **Cook from scratch whenever possible.** Prepackaged products like Macaroni and Cheese and "Rice-a-Roni" cost a lot more than making the same dish from scratch and they also contain excess salt and other additives and preservatives.
- **Learn to prepare and use dried beans, peas and lentils.** They are an inexpensive, healthy source of protein and fiber.
- **Make your own "TV Dinners."** Each time you cook, prepare an extra serving or two. Arrange an entire meal in a freezer safe container and seal well. Label the container with the contents and the date. Then, when needed, the meal can be easily reheated and ready to eat in minutes.

Encouraging Independence!

Meal preparation is a basic life skill that can help keep people functioning independently in their own homes. Get creative and encourage you client to participate in meal preparation as much as possible.

- If your client has difficulty standing for long periods, have her sit at a table and chop veggies for a salad.
- Stirring a bowl of batter for breakfast muffins can be a good workout (think about those range of motion exercises) for someone who is otherwise immobile.

HELPING OUT WITH HOUSEKEEPING

Helping out with housekeeping duties may seem like a breeze! After all, you probably already do it for your own family, right? Well, not quite! There are a few things to think about and plan for before getting started.

First, take an inventory of what your client has. At a minimum, you'll need:

- Broom and Dust Pan
- Mop and Bucket
- Vacuum
- Sponges
- Cloth (for dusting)
- Toilet Bowl Brush
- Disinfectant Cleaner
- Floor Cleaner
- Furniture Polish
- Rubber Gloves

Some extras that are nice to have, but not essential include:

- Tile/Grout Cleaner
- Bleach
- Disposable Wipes
- Duster with a Handle
- Window Cleaner
- Paper Towels

Here are some guidelines for all homes:

“Clean” should not smell like cleaning products!

When purchasing cleaning supplies, look for products that are *unscented*. Fumes from harsh chemicals can be irritating and harmful. There are affordable “green” brands (Seventh Generation, Method) available in most stores and many major brands, like Clorox and Mr. Clean now make unscented versions of their products.

- If you have no other choice and must use harsh smelling cleaning products that are already in the home, then be sure to open windows to provide fresh air.
- Read and follow the instructions on every label carefully. *Never mix cleaning products.* This can create fumes that are toxic or even fatal.

Work from cleanest to dirtiest! You may have heard the that it's always best to do the “worst first,” but in cleaning, that's not always the case! For example, you should save cleaning the bathrooms for last. That way, you are not carrying fecal contaminated items like the broom, mop, sponges (and yourself) throughout the rest of the house!

CREATE A CLEANING SCHEDULE

There is no rule that says every housekeeping task must be done every day! Some tasks can be done weekly or monthly and others may only need to be done seasonally.

Be prepared to do the following on a daily basis:

- Clear clutter and put things away.
- Empty ashtrays.
- Make the beds.
- In the bathroom, hang up towels after each use, rinse the sink after brushing teeth or shaving, and put away toiletries.
- Wash dishes after meals.
- Wipe down surfaces where food is served.
- Store or throw away any uneaten food.
- Take out any garbage that contains food.
- Sweep/vacuum high traffic areas (as needed).

Here are some tasks that can be done weekly:

- Empty waste baskets.
- Dust.
- Vacuum rugs.
- Sweep and mop vinyl or tile floors. *(Check with the client or family about keeping hardwood floors clean. A special cleaner or technique may be needed.)*
- In the bathrooms, scrub the toilet, tub and shower, remove hair from drains, sweep and mop floors, launder towels and throw rugs.

Seasonally, you can:

- Clean windows.
- Launder curtains and drapes
- Dust ceiling fans.
- Wipe down kitchen cabinets.
- Sweep or vacuum under large furniture.



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are have been assigned to help Mr. and Mrs. Alva with their laundry.
- After two weeks on duty, you notice that Mrs. Alva wears the same sweater each day. It's dirty and has a bad smell so you ask her if you can wash it.
- Mrs. Alva not only refuses, she becomes combative.
- **WHAT YOU KNOW:** You know that Mrs. Alva is in the early stages of Alzheimer's Disease.
- **GET CREATIVE:** What will you do? Think of three creative ways you may be able to get Mrs. Alva to take off the sweater so you can wash it.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

WHEN LAUNDRY IS ON YOUR LIST . . .

With today's durable fabrics and all purpose detergents, laundry should be a snap! Here are a few guidelines to get you started:

Check the labels. This will give you any specific instructions for washing the item. If it says "dry clean only," take the item to the dry cleaners! Never attempt to wash an item that is dry clean only. It will ruin it!

Sort. Give whites, lights and darks each their own pile. Separate towels from clothing. Keep sweaters separate and wash them on the delicate cycle.

Choose the settings. Most washing machines have descriptions of settings under the lid. Depending on the machine, you may have to set:

- The **size** of the load.
- The type of **cycle** (regular, permanent press, delicates).
- The **temperature** of the water.
 - Most items can be washed in cold water. If clothing is soiled with stool, vomit or other bodily fluid, set the machine to wash with hot water and rinse with cold.
 - If you client has an infectious illness, such as MRSA or norovirus wash on the hottest setting possible.
 - Wash all bed linens and towels at the highest temperature, to sanitize.

Add detergent. Before loading the clothes into the machine, add the appropriate amount of detergent and turn the machine on to start filling it with water.

Remove "unwashables." Check pockets for tissues, paper, money and anything else that shouldn't be washed. Remove belts and jewelry.

Load items one at a time. Place clothing items neatly and evenly into the machine. Do not overfill or place items in a wad. This could cause an off-balance spin cycle, which can damage the machine.

After the cycle. Remove wet laundry from washer right away to prevent mildew and odors.

Dry time! Hang items to air dry or place in dryer, if available. Hang or fold each piece as it comes out of the dryer to prevent wrinkling.



STAYING SAFE DURING TRANSPORTATION

If you use your car to drive clients to appointments, shopping, church or other errands, keeping your client and yourself safe should be your top priority!

Getting into and out of the car

- The front seat is probably the best option for most clients. It has a larger door and more leg room than the back seat.
- The front seats in most newer cars are equipped with air bags. It is safe for elderly clients to sit in the front with airbags but it is recommended that the seat be pushed as far back as possible and slightly reclined.

Seatbelts

- You and your passenger should wear both the shoulder and the lap belt. The lap belt should fit snugly under the abdomen (across the hips). The shoulder belt should come over the collar bone and cross the chest. If the seat belt hits the neck, it is *too high* and should be adjusted.

Cell phones

- Never use your cell phone to talk or text while driving. In some states, it is illegal. In all circumstances, it is extremely dangerous.

Allow plenty of time

- Avoid feeling rushed by giving yourself plenty of time to get to appointments. When you feel rushed, you are more likely to speed, run through yellow lights and make unsafe lane changes to pass slower cars.

Drive the speed limit

- Always drive the speed limit. Driving even a few miles over the speed limit dramatically increases the risk of an accident happening.

Take the scenic route

- One way to slow down and stay safe—and have a little fun too—is to take the scenic route! Avoid major highways and freeways. Take the back roads when time permits. This is a much safer way to transport your precious cargo!

Avoid driving in bad weather

- If possible, ask clients to reschedule appointments or events if the weather is bad. Driving in bad weather is not only stressful, it's dangerous!



TALK ABOUT IT!

How does your employer determine what help each client needs?

If you don't know, talk to your supervisor about it today!

Learning all you can about how your clients are assessed can help you make better observations about your client's day-to-day abilities.

Ask your supervisor:

- What tool is used to assess IADLs? (Ask to see an example of the tool.)
- Who conducts the assessments?
- Can I observe an assessment being done?
- How do we make sure we are getting accurate (or truthful) answers during the assessment?

Share what you learned with your co-workers!



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Instrumental activities of daily living (IADLs) are the complex skills needed to successfully live independently.
2. It can be tricky to get truthful information about IADLs from clients if they are not ready to admit they may be losing their ability to be independent.
3. If it's your job to shop, plan and prepare food for your clients, then start with a weekly or monthly meal plan.
4. There is no rule that says every housekeeping task must be done every day! Some tasks can be done weekly or monthly and others may only need to be done seasonally.
5. Independence with IADLs can change over time. Be sure to report any changes that you observe to your supervisor right away!

ASSISTING WITH MEDICATIONS

Every state has specific rules about what a nursing assistant can and can't do with a client's medications.

Some states won't allow an aide to even touch a medication, while others permit an aide to give insulin (in a rest home setting). In most states, nursing assistants are allowed to *monitor* medications.

If you are asked to assist clients with their medications, make sure you understand what that means.

Here are some of the ways you may assist with medications:

- Check medication care plans to make sure your clients are taking the right drug in the right way at the right time.
- Remind clients when it's time to take their medications.
- Bring medication bottles, pre-poured medication containers or prefilled syringes to clients.
 - Keep in mind that you are not allowed to pour out any medications (solid or liquid) or actually place a medication in a client's mouth.
- Read a medication label to a client.
- Loosen and/or remove the tops of medication bottles.
- Provide clients with a glass of water or other liquid.
- Watch clients as they pour out their medications (so they don't get too much or too little).
- Hold a client's hand steady while he or she pours a liquid medication or inserts eye drops.
- Check to make sure your clients swallow the medications.
- Put medications away after clients are done.
- Observe for and report any side effects of medication to your supervisor right away.
- Document your observations about the medications you've seen clients take.



A FEW WORDS ABOUT FINANCES

A look back at the Lawton Scale on page 3 reveals that the last IADL assessed is the "Ability to Handle Finances." State laws vary on what nursing assistants can and can't do in this domain. It's important to know the laws in your state and to follow those guidelines.

Here are a few guidelines for everyone in every state:

- **Don't even think about it!** If you are not allowed to handle money because of your state's law or your employer's policy, then do not do it . . . even if you are asked by the client. This could get you and your employer into legal trouble.
- **Run a tight ship!** If you are permitted to handle clients' money and you must take a client's cash to the store for purchases, show your client your list, estimate what you will need, and get a receipt for every purchase. Return the cash and receipts to the client or family as soon as you finish the shopping to avoid forgetting.
- **Pay your own way.** Never use a client's money for your own purposes, even if you promise to pay it back. This is considered stealing and could get you fired or even put in jail.
- **Get help.** Be sure to report right away if you notice that your client seems to have trouble organizing, remembering or affording to pay for things like rent (or mortgage), utilities, food or prescription medications. Help is usually available if the problem is brought to light.

FINAL TIPS ON HELPING CLIENTS WITH IADLS

IADLs usually represent the final shred of independence for seniors. If you have been hired to help out with IADLs, it's important to do the job you were hired to do, but do it in a way that helps the client maintain whatever level of independence that still remains.

Keep in mind that independence with IADLs can change over time—and those changes can happen slowly or can happen over night. If you notice a change in your client's ability to function independently, report your observations to your supervisor right away!

Be sure to check out In the Know's catalog for more in-depth learning on topics related to IADLs, such as:

- | | |
|---|--|
| • Cooking for Your Clients | • Using Assistive Devices |
| • Commonly Prescribed Diets | • Client Safety Tips |
| • Nutrition for the Elderly | • Infection Control in Home Care |
| • The Basics of Medication Administration | • Dealing with Clutter/Hoarding Behavior |
| • Common Medications | • Housekeeping Basics |



WHAT I KNOW NOW!

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



A Client Care Module:
Helping with Instrumental 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" helping with IADLs? Circle the best choice. Then check your answers with your supervisor!

1. **Which of the following could lead to a problem using the telephone?**
 - A. Hearing loss.
 - B. Confusion.
 - C. Vision loss.
 - D. All of these.
2. **Most people learn IADL skills when they are:**
 - A. Children.
 - B. Teenagers.
 - C. In college.
 - D. In their 60s.
3. **You are assigned to do light housekeeping duties and grocery shopping for Mrs. Pike. After two weeks, you notice she is having trouble keeping up with her medications. You should:**
 - A. Do nothing. You are not allowed to help with medications.
 - B. Help organize her medications into a daily pill organizer each week.
 - C. Let your supervisor know so that appropriate assistance can be ordered.
 - D. Learn everything you can about her medications and give them as ordered.
4. **Which of these is NOT needed before grocery shopping for your client?**
 - A. A grocery list.
 - B. Reusable grocery bags.
 - C. Weekly/monthly meal plan.
 - D. Your client's budget.
5. **True or False**
 Cooking from scratch is the healthiest and most affordable way to eat .
6. **True or False**
 Vacuuming and dusting should be done on a daily basis.
7. **True or False**
 It's best to wash all clothing in cold water.
8. **True or False**
 Nursing assistants are allowed to measure liquid medications and pour them into a client's mouth.
9. **True or False**
 As a nursing assistant, you have a responsibility to review your clients' checking accounts, as needed.
10. **True or False**
 It's common for clients to deny having problems with performing their own IADLs.

