Hygiene

Learning Objectives

On completion of this chapter, the reader will

- **Define *hygiene.***
- **Name five hygiene practices that most people perform regularly.**
- **Give two reasons why a partial bath is more appropriate than a daily bath for older adults.**
- **List at least three advantages of towel or bag baths.**
- **Name two situations in which shaving with a safety razor is contraindicated.**
- **Name three items recommended for oral hygiene.**
- **Identify 2 methods to prevent chief hazard when providing oral hygiene to unconscious client.**
- **Describe two techniques for preventing damage to dentures during cleaning.**
- **Describe two methods for removing hair tangles.**
- **Name two types of clients for whom nail care is provided with extreme caution.**
- **Name four visual and hearing devices.**
- **List two alternatives for clients who cannot insert or care for their own contact lenses.**
- **Discuss four reasons for sound disturbances experienced by people who wear hearing aids.**
- **Describe an infrared listening device.**

H**ygiene** means those practices that promote health through personal cleanliness.

- **Hygiene activities: <u>bathing</u>**, **<u>oral care</u>**, **<u>cleaning and maintaining fingernails & toenails</u>**, and **<u>shampooing</u>** and **<u>grooming hair</u>**.
- Hygiene also applies to the **devices** such as **eyeglasses** & **hearing aids**.
- Hygiene practices and needs differ according to **<u>age</u>**, **<u>inherited characteristics of the skin & hair</u>**, **<u>cultural values</u>**, and **<u>state of health</u>**.

THE INTEGUMENTARY SYSTEM (**covering**)

Integument refers to structures that cover the body surface and its openings.

Hygiene practices based on **maintaining or restoring healthy integumentary system**, which includes **<u>skin</u>**, **<u>mucous membranes</u>**, **<u>hair</u>**, **and <u>nails</u>**.

Skin

- The skin consists of **epidermis, dermis**, and **subcutaneous** layer.
- ***Epidermis*** contains ***keratin*** (dead cells)*;* protects lower portions of skin.
- ***Dermis*** contains most of secretory glands.
- The ***subcutaneous layer*** contains fat cells, blood vessels, nerves, and the roots of hair follicles and glands.

Skin structures carry out the following functions:

▪ **Protect inner body structures** from injury and infection.	
▪ **Regulate body temperature.**	▪ **Maintain fluid and chemical balance.**
▪ **Provide sensory information** as pain, temperature, touch & pressure	
▪ Converting precursors **to vitamin D** when exposed to **sunlight**.	

Mucous Membranes

- Line body passages as digestive, respiratory, urinary, and reproductive systems. It also lines the conjunctiva of the eye.

- Goblet cells secrete ***mucus*** that keeps membranes **soft & moist**

Hair

- It is a thread of keratin; forms from cells at the base of a single follicle.
- Hair helps to **prevent heat loss** (heat trapped in the air between hairs).
- Contraction of ***arrector pili*** muscles around hair follicles, maintains body heat.
- **Sebaceous glands** in the hair follicles release ***sebum***
- Oily hair attracts dust and debris.

Nails

▪ Fingernails and toenails **provide some protection to the digits**.	
▪ Fingernails & toenails **made of keratin**.	▪ Normal nails are **thin, pink, & smooth**.
▪ Changes in the shape, color, texture, thickness, and nails integrity provide evidence of **local injury** or **infection** and **systemic diseases**.	

Teeth

- Exposed tooth portion is ***the crown***; portion within gum is ***the root***.
- Healthy teeth are firmly fixed within the gums.
- ***Teeth discolored*** from consumption of coffee, tea, tobacco, or some drugs
- **Teeth integrity** depends on ***oral hygiene***, ***diet***, and ***general health***.
- **Saliva** keeps the ***teeth clean & inhibits bacterial growth***.
- **Sugar** & **plaque** accumulation ***supports bacterial growth***.
- Sugar, plaque & bacteria may ***erode tooth enamel*** → **caries** (cavities)
- **Tartar** (hard plaque) is more difficult to remove → lead to **gingivitis**.
- Pockets of gum inflammation promote **periodontal disease,** results in the ***destruction of the tooth-supporting structures*** and ***jawbone***.

HYGIENE PRACTICES

Secretory glands produce ***odors*** & ***attract debris***, & **teeth** are ***prone to decay*** if uncared for. **Hygiene measures** maintain **personal cleanliness** & **healthy structures.** Most people **routinely perform** bathing, shaving, brushing the teeth, shampooing, and caring for nails.

Bathing: is a hygiene practice using a **cleansing agent** as **soap & water** to remove **sweat, oil, dirt, & microorganisms** from skin. **The bathing has several benefits:**

▪ Reduce potential for infection	▪ Eliminating body odor
▪ Provide refreshed & relaxed feeling	▪ Stimulating circulation
▪ Other types of bathing serve different functions.	▪ Improving self-image

THERAPEUTIC BATHS		
TYPE	**DESCRIPTION**	**PURPOSE**
Sitz bath	**Immersion of the buttocks & perineum in a small basin of continuously circulating water**	▪ **Removes blood, serum, stool, or urine** ▪ **Reduces local swelling** ▪ **Relieves discomfort**
Sponge bath	**Applications of tepid water to skin**	▪ **Reduces a fever**

Medicated bath	**Soaking or immersing in a mixture of water & substance, {baking soda (sodium bicarbonate), oatmeal, or cornstarch}**	▪ **Relieves itching or a rash**
Whirlpool bath	**Warm water that is continuously agitated within a tub or tank**	▪ **Improves circulation** ▪ **Increases joint mobility** ▪ **Relieves discomfort** ▪ **Removes dead tissue**

Tub Bath or Shower

If no contraindications, encourage clients to bathe independently in **tub/shower**. Most hospitals equip bathing with **rails & handles** to ***promote client safety***.

Partial Bath

- **Older adults:** perspire less & prone to dry skin, require **partial bathing**.
- **W**ash areas subject to ***greatest soiling*** or ***sources of odor***: (face, axillae & perineam.
- It is done at a sink or with a basin at the bedside.
- Sometimes ***perineum*** requires frequent cleansing in addition to bathing.
- **Perineal care** is important **after** ***vaginal delivery*** or ***gynecologic*** or ***rectal surgery*** & if there is ***bloody drainage***, ***urine***, or ***stool*** collects in this area.

Bed Bath

- It is given to clients who cannot take a tub bath or shower independently.
- During a **bed bath**, client may actively assist with some aspects of bathing.
- Some agencies use two variations of the traditional bed bath—the towel bath and the bag bath—because they save time and expense.

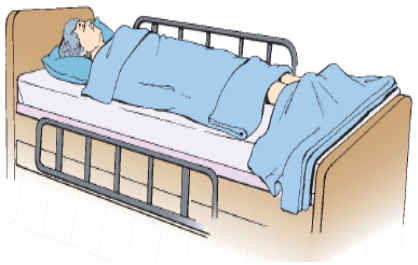
Advantages of Towel or Bag Baths
▪ Reduce potential for skin impairment because nonrinsable cleanser lubricates the skin
▪ Prevent the transmission of microorganisms that may be growing in wash basins
▪ Reduce spread of microorganisms from one part of body to another using separate towel
▪ Preserve the integrity of the skin because friction is not used while drying the skin
▪ Promote self-care among clients who may lack strength or dexterity to wet, wring, and lather a washcloth
▪ Save time compared to conventional bathing
▪ Promote comfort because moist towel are used so quickly they are warmer when applied

Types of bed bath:

- There are three types of bed bath: a bed, towel, or bag bath.

TOWEL BATH

- Use single large towel to cover and wash a client.
- It requires a towel or bath sheet (**3 × 7.5 feet)** but **no basin** or **soap**.
- Prefolds & moistens towel or bath sheet with **(2 Liter) of water (46.1° - 48.8°C)** & **(30 mL) of liquid cleanser**.



- Unfolds the towel so that it covers the client and uses a separate section to wipe each part of the body, beginning at the feet and moving upward.
- The nurse folds the soiled areas of the towel to the inside as he or she bathes each area and allows the skin to air-dry for 2 to 3 seconds.
- After washing front of body, position client on side and repeats the procedure.
- Unfolds towel so (clean surface covers client). Bathes client's back, then the buttocks. When the towel bath is complete, the nurse changes the bed linen.

BAG BATH

- It is commercially packaged kit with **8-10 premoistened, disposable cloths in a plastic bag or container** and is another **form of a bed bath**.
- Cloths contain **no-rinse *surfactant*** & an ***emollient/humectants,* no soap**.
- Warms container & its contents in a **microwave or warming** unit before use.
- At the bedside, use a separate cloth to wash each part of the client's body. Rinsing is not required. Air-drying circumvents the need for a towel.

Shaving

- Shaving removes unwanted body hair.
- Respect personal/cultural differences & ask client about his/her preference
- It is accomplished with electric or safety razor. Sometimes, use of a safety razor is contraindicated. When client cannot shave, nurse assumes responsibility.

Oral Hygiene

Practices used to clean mouth (**brushing** & **flossing teeth);** dentures and bridges care.

Tooth Brushing and Flossing

- Alert and physically capable clients perform their own oral hygiene.
- Clients confined to bed, the nurse assembles the necessary items
- Soft-bristled or electric toothbrush & toothpaste recommend twice a day.
- Flossing removes plaque and food debris from the surfaces of teeth.

Oral Care for Unconscious Clients

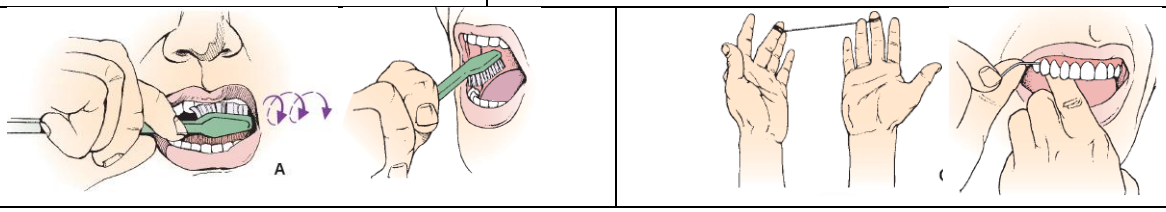
- Unconscious clients are not salivating in response to seeing, smelling, and eating food, they need oral care more frequently than conscious clients.
- **Sordes** (dried crusts containing mucus, microorganisms & epithelial cells shed from mucous membrane) are common on unconscious lips & teeth.

- Toothbrushing is preferred for providing oral hygiene to unconscious.
- Clients who are not alert, however, are at risk for aspirating (inhaling) saliva & liquid oral hygiene products into their lungs.
- Nurse uses special precautions to avoid getting fluid in client's airway.
- Nurse moistens & refreshes client's mouth with oral swabs using various substances.

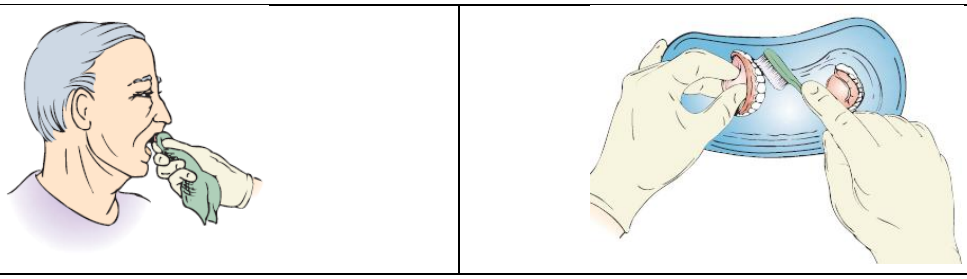
Denture Care (artificial teeth)

- **Dentures** substitute for a person's lower or upper set of teeth, or both.
- A **bridge**, a dental appliance that replaces one or several teeth, is fixed permanently to other natural teeth so that it cannot be removed.
- Both are cleaned with a toothbrush, toothpaste, and cold or tepid water.
- Removed bridge or dentures stores in a covered cup. Plain water is used to cover dentures; some add mouthwash or denture cleanser to the water.

OPTIONAL SUBSTANCES FOR ORAL CARE	
SUBSTANCE	**USE**
Antiseptic mouthwash diluted with water	Reduces bacterial growth in the mouth; freshens breath
Equal parts of baking soda and table salt in warm water, or baking soda mixed with normal saline	Removes accumulated secretions
One part of hydrogen peroxide to 10 parts of water	Releases oxygen and loosens dry sticky particles; prolonged use may damage tooth enamel
Milk of magnesia	Reduces oral acidity; dissolves plaque, increases flow of saliva, and soothes oral lesions
Lemon and glycerin swabs	Increase salivation & refreshes mouth; glycerin may absorb water from lips and cause them to become dry & cracked if used for more than several days
Petroleum jelly	Lubricates lips



(*A*) Brushing toward crown of teeth. (*B*) Brushing chewing surfaces. (*C*) Preparing floss for use. (*D*) Using floss; about 1/2 inch of about 18 inches of wrapped floss is used at any time.



Hair Grooming

The following are recommendations for grooming clients' hair:

▪ Use a hairstyle the client prefers.	▪ Apply a conditioner to loosen tangles.
▪ Use wide-toothed comb, starting at hair ends.	▪ Braid hair to prevent tangles.
▪ Brush hair slowly & carefully to avoid damaging it.	
▪ Brush hair increase circulation and distribution of sebum.	
▪ Use oil on the dry hair as pure castor oil, olive oil, and mineral oil.	
▪ If hair loss occurs provide the client with a turban or baseball cap.	
▪ Avoid using hairpins or clips that may injure the scalp.	
▪ Obtain client's or family's permission before cutting hair.	

Shampooing

- Wash hair as often as necessary to keep it clean. Weekly is sufficient for most people.
- Long-term health care facilities often employ beauticians and barbers, if are unavailable, nurse or delegated staff member shampoos client's hair.
- The nurse applies the cleaning agent to the hair, massages it thoroughly to distribute, and brushes or towels it from the hair afterward.

Nail Care

It involves keeping **fingernails & toenails clean & trimmed**. Clients with ***diabetes***, ***impaired circulation*** *or* ***thick nails*** are at risk for vascular complications secondary to trauma. Services of a **podiatrist** often are indicated.

If there are no contraindications, **nurse cares** for the client's nails as follows:

- Soak hands or feet in warm water to soften keratin & loosen trapped debris
- Clean under nails with wooden orange stick or sturdy blunt instrument.
- Push **cuticles** (thin edge of skin at nail base) downward with a soft towel.
- Use a file, emery board, metal clippers, or scissors to trim long fingernails.
- Trim toenails straight across to avoid sharp or jagged points

To keep the skin and nails soft and supple, apply lotion or an emollient cream after bathing and nail care. If foot perspiration is a problem, he or she uses a prescribed antifungal, deodorant powder. Because impaired skin, especially on the feet, is often slow to heal and susceptible to infection, the nurse reports any abnormal assessment findings immediately.

VISUAL AND HEARING DEVICES

Eyeglasses and hearing aids represent a considerable financial investment. They should be well maintained and safely stored when not in use. Eyeglasses and hearing aids tend to collect secretions, dirt, and debris that may interfere with their function and use. Therefore, nurse cares for these devices at the same time that he/she provides other hygiene measures

Eyeglasses

When not in use, eyeglasses are stored in a soft case or rested on the frame.

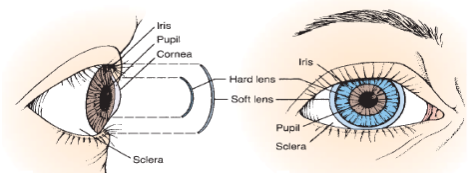
The nurse **cleans glass and plastic lenses** as follows:

▪ Hold eyeglasses by nose or ear braces.	▪ Wash lenses with soap or detergent.
▪ Dry with clean, soft cloth (handkerchief).	▪ Rinse with running tap water.
▪ Run tepid water over lenses both sides (hot water damages plastic lenses).	

Do not use paper tissues (some contain wood fibers & pulp can scratch lenses).

Contact Lenses

- All contact lenses need removal for **cleaning**, **eye rest**, and **disinfection**.
- Following a routine for contact lens care **prevent** the **risk of infection**, **eye abrasion**, and **permanent damage to the cornea**.
- Ask client to remove & to insert & to care for lenses according to his/her routine.
- Assist with lenses removal or consult **ophthalmologist** about alternatives.

▪ Contact Lenses is small plastic disk placed directly on cornea.	

Contact Lens Removal

- Obtain appropriate **storage container**. **Labels the container** "left" & "right."
- **Elevates client's head** & places a towel over chest to prevent lenses loss or damage.

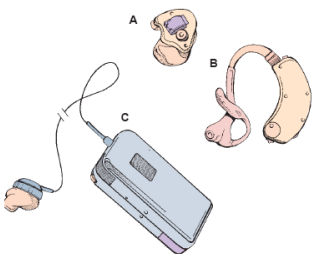
To remove a **soft contact lens**,

- **Moves lens** from **cornea to sclera** by sliding it into position.
- When repositioning lens, he/she c**ompresses lid margins together toward lens**.
- **Gently grasps loosened lens** between thumb and forefinger for removal.
- Soft lenses dry if exposed to air, so **immediately places them in a soaking solution**

To remove a **hard contact lens**, the **blink method** is the most common.

- The nurse positions and prepares the client similarly as for removing soft contact lenses, leaving the lens in place on the cornea.
- Places the thumb and a finger on the center of the upper and lower lids.
- Applies **slight pressure to the lids** while instructing the client to **blink**, which separates the hard lens from the cornea.
- If the blink method is unsuccessful, the nurse **places an ophthalmic suction cup on the lens** and **gentle suction** lifts the lens from the eye.
- After removal, the nurse **soaks the lenses in the storage container**.

Hearing Aids

▪ **In-the-ear devices:** small, self-contained aids that fit entirely within ear. ▪ **Behind-the-ear devices:** microphone & amplifier delivers sound to an internal receiver. ▪ **Body aid devices:** electrical components enclosed in a case carried on the body to deliver sound via a wire	

connected to ear mold receiver.	

NURSING IMPLICATIONS

Clients who require assistance with personal hygiene may have a variety of nursing diagnoses:

- Self-care Deficit, Bathing/Hygiene
- Self-care Deficit, Dressing/Grooming
- Activity Intolerance
- Risk for Impaired Skin Integrity

Shampooing a Bedridden Client

Introduction

Hair affects a client's personal appearance and body image. Hair maintains the body temperature and as a receptor for the sense of touch. Assessment of hair texture, growth, and distribution provides information on a client's general health status. Common hair problems are dandruff, hair loss, tangled or matted hair, and infestations as pediculosis and lice. Hair problems can be reduced by daily hair care, which helps to promote hair growth, prevent hair loss, prevent infections or infestations, promote scalp circulation, evenly distribute oils alonghair shafts, and maintain client's physical appearance. Hair care consists of brushing, combing, shampooing, shaving, and mustache & beard care.

Time Allowed: 20 - 30 minutes

Practical skills outcomes: At the end of the procedure the student will be able to:

Perform accurately and safely Shampooing a Bedridden Client

Definitions & terminology:

- Dandruff: a dry or greasybscaly material shed from the scalp
- Hydration: the act of combining with water
- Sebum: oily lubricating secretion of sebaceous gland in the skin.

Indications

- Improves client's appearance and self-esteem
- Increases client's sense of well-being
- Stimulates circulation to hair and scalp
- Aids in relaxing client
- Provides opportunity for therapeutic communication

Safety precautions

Follow the safety guidelines and agency policy regarding safety precautions.

Quality control

- Treat each case individually, because some clients require more frequent shampooing than others.
- For geriatrics: check scalp for irritation before shampooing.
- If you detect flaking early, use a conditioner on hair and avoid oils on hair & scalp.
- Perming can be imitated by braiding wet hair overnight & styling next morning.
- Braiding prevent tangling in long or curly hair, but be sure braids and hair ties are loose at the scalp and positioned so they won't press against the scalp.
- Oily hair is usually hereditary and can be helped by daily shampooing with warm water followed by rinsing with lemon juice or dilute vinegar followed by rinse.
- Be sure to use a shampoo and conditioner designated for the texture of the hair.

Instruments & materials

▪ Bedside/chair-side table ▪ Clean comb (dull teeth) & hairbrush (soft firm bristles) ▪ Washcloth ▪ 2 or 3 bath towels ▪ Shampoo tray ▪ Washbasin, plastic trash can, or pail ▪ Water pitchers/container: 1–2 large (1–2 gal.) and 1 small (2–3 cup) ▪ Linen saver or plastic trash bag ▪ Nonsterile gloves ▪ Liquid shampoo ▪ Hair dryer (safety approved)	

Procedures (implementation)

Assessment

Assessment should focus on the following:

- Client need or desire for shampoo
- Client's knowledge of the bed shampoo procedure
- BP and pulse rate & rhythm if there is history of cardiac/vascular problems
- Neurological status (e.g., increased intracranial pressure or other contraindications to manipulation of head)
- Client's ability to tolerate prone or side-lying position
- Client's allergy to ingredients of shampoo or need for medicated shampoo
- Inspect client for oily & limp hair or signs of accumulating secretions or lesions.

Nursing Diagnoses

- Nursing diagnoses may include the following:
- Risk for impaired skin integrity related to excessive buildup of hair debris and inadequate circulation at scalp area

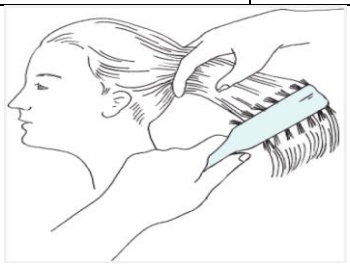
Planning: Desired Outcomes

- Sample desired outcomes include the following:
- Scalp is warm, with brisk capillary refill and no irritation.
- Client verbalizes comfort & expresses satisfaction after hair is washed.

Implementation

Action	Rationale
1.Prepare room environment (warm temperature, free of drafts).	Avoids discomfort from chills
2.Obtain doctor's orders for medicated shampoo, if needed.	Provides scalp treatment

3.Explain procedure to client & family members.	Facilitates cooperation
4.Wash hands and organize equipment.	Reduces microorganism transfer; promotes efficiency
5.Remove pillow from under client's head.	Prevents soiling of pillow
6.Place linen saver or plastic bag under shoulders & head of client.	Avoids wetting of linens
7.Place towel on top of linen saver.	Absorbs water overflow
8.Place shampoo board under client's neck & head.	Facilitates drainage of water
9.Position wash basin or trash can in direct line with spout of shampoo board.	Provides reservoir for water
10.Fill the pitcher with warm water (40.5°C to 43.3°C); check with thermometer or test for comfortable temperature with your inner wrist.	Promotes scalp circulation; prevents chilling or skin injury from excess heat
11.Ask client to hold washcloth over eyes during procedure.	Prevents pain from shampoo in eyes
12.Lower head of bed; place supplies and sufficient water within reach.	Facilitates downward flow of water; prevent procedure delay
13.Pour warm water over hair & moisten thoroughly	Facilitates action of shampoo
	
14.Don gloves & place small amount of shampoo in palms; massage shampoo into hair at front & back of head, working shampoo into a lather.	Provides lather for removal of dirt and oils
15.Massage lather over entire head in a slow, kneading motion.	Cleans hair and scalp; promotes scalp circulation
16.Rinse hair by pouring warm water over head	Removes shampoo and debris
17.Repeat application of shampoo & massage hair & scalp vigorously with fingers longer time.	Promotes thorough cleaning of hair and scalp
18.Rinse thoroughly using several water pitchers	Removes residue of shampoo
19.If desired, apply a detangling conditioner to hair and leave on for 3 to 5 minutes per package instructions, then rinse thoroughly.	Facilitates untangling
20.Support client's head with your hand and remove shampoo board from bed.	Prevents inadvertent injury; clears area for completion of procedure

	
21.Position client's head on the towel and cover head with it.	Absorbs water from hair
22.Briskly massage hair with towel.	Removes water
23.Replace wet towel with dry one	Promotes drying of hair
24.Leave hair covered with towel until ready to use dryer.	Provides for continued absorption of moisture; prevents chilling
25.Thoroughly dry hands and/or replace gloves.	Promotes safety in next steps
26.Elevate head of bed to desired angle.	Promotes access to hair
27.Turn on dryer to warm setting; feel heat to be sure it is not excessive.	Prevents injury from dryer heat
28.Blow hair until thoroughly dry; concentrate on one section of hair at a time, moving fingers or comb through hair while drying.	Facilitates thorough drying of hair; removes tangles and ensures drying of all parts of hair
29.Brush or comb hair.	Removes tangles
	
30.Oil or spray hair, as desired, and style.	Facilitates styling
31.Remove linen saver, & other equipment	Provides clean environment
32.Assist client to position of comfort, with side rails raised and call light within reach.	Promotes safety; facilitates communication
33.Remove gloves and perform hand hygiene.	Reduce microorganisms transmission

Evaluation

- Were desired outcomes achieved? Examples of evaluation include:
- Desired outcome met: Client verbalizes increased comfort after shampoo.
- Desired outcome met: Scalp is warm, with brisk capillary refill and no irritation.

Documentation

The following should be noted on the client's chart:

- When shampoo was done and if completed
- Client's response to activity
- Condition of hair and scalp
- Blood pressure, pulse, and neurological status before and after procedure

Bathing a Client in Bed

Introduction

Skin has a variety of functions, including: protection, control of body temperature, excretion of sweat & sebum, sensations of touch, heat, cold, pain & pressure & support. Sebum helps prevent infection and maintains skin texture and integrity. Sweat also contains waste products as urea, ammonia, & uric acid which considered an excretion. Secretion is beneficial whereas excretion could be harmful. Maintaining good hygiene can promote Healthy skin, improved circulation; Comfort and rest; Nutrition, by stimulating the appetite; Self-esteem, by improving appearance & Sense of well-being.

Time Allowed: 25- 30 minutes

Practical skills outcomes: At the end of the procedure the student will be able to: Perform bed bath safely & effectively.

Definitions & terminology:

- Hygienic care promotes cleanliness, provides for comfort and relaxation, improves self-image, and promotes healthy skin.
- Personal hygiene Physical act of cleansing the body to ensure that the skin, hair and nails are maintained in an optimum condition
- Perineum The area of skin between the external genitalia and anus

Indications

▪ Increases joint mobility	▪ Removes dead tissue
▪ Relieves itching or a rash	▪ Eliminating body odor
▪ Relieves discomfort	▪ Stimulating circulation
▪ Reducing the potential for infection	▪ Reduces a fever
▪ Increases client's sense of well-being	▪ Promotes cleanliness
▪ Providing a refreshed and relaxed feeling	
▪ Improves client's appearance and self-esteem & self-image	
▪ Provides opportunity for therapeutic communication	

Safety precautions

- Be sure to rinse soap off client well. Soap can cause drying & chafing.
- Dry client well, especially in skin folds to prevent cracking and irritation.
- Assess the client's skin integrity.
- Encourage clients to assist in the bath as much as they are able.

Quality control

- Be sure to rinse soap off the client well. Soap can cause drying and chafing.
- Be sure to dry the client well, especially in skin folds and areas that rub together often. Leaving water in these areas can cause cracking & irritation.
- Assess client's skin integrity. Do you see rashes, open areas, or reddened areas?
- Encourage clients to assist in the bath as much as they are able.

Instruments & materials

▪ Bath towels; Washcloths; Bath blanket ▪ Washbasin ▪ Soap & Soap dish ▪ Lotion; Deodorant; Powder ▪ Clean gown; Clean linen ▪ Disposable gloves	

Procedures (implementation)

Assessment

- Check the Kardex or nursing care plan for hygiene directives.
- Assess the client's level of ability to assist with the bath.
- Assess the client's level of comfort with the procedure. Check into potential cultural, sexual, or generational issues.
- Assess environment. Verify equipment needed & clean, warm water are available.

Diagnosis

- Risk for Impaired Skin Integrity

Planning: Expected outcomes:

- Clients will be cleaned without damage to their skin.
- Clients' privacy will be maintained throughout the procedure.
- Clients will participate in their own hygiene as much as possible.
- Clients will not become overly tired or experience increased pain, cold, or discomfort as a result of the bath.

Client education needed

- Explain the need for routine cleanliness, if not maintain a regular bathing routine.
- Explain that bathing will help increase the comfort.
- Explain procedure step-by-step so client will know what to expect.

Implementation

Action	Rationale
1.Assess client's preference about bathing.	Provides opportunity to participate in care.
2.Explain procedure to client.	Enhances cooperation.
3.Prepare environment. Close doors, windows, provide time for elimination & adjust temperature & provide privacy	Protects from chills during bath and increases sense of privacy.
4.Wash hands or perform hand antisepsis with an alcohol rub	Reduces the spread of microorganisms
5.Raise the bed to an appropriate height.	Reduces muscle strain on the back
6.Lower side rail on your side. Position client in comfortable position close to you	Prevents unnecessary reaching. Facilitates use of good body mechanics.

7. Remove extra pillows or positioning devices and place client on his/her back.	Prepares the client for washing the anterior body surface
8.Cover the client with a bath blanket. Remove the client's gown.	Shows respect for client's modesty & provide warmth. Facilitates client washing
9. While client holds bath blanket top, pull and fan-fold the top linen to bed bottom, or remove linen, fold it & lay it on a chair.	Keeps linen, which may be reused, clean
	Place a bath blanket over the top sheet and remove the sheet from under the blanket.
10. Place soiled linen in a laundry hamper.	Reduces the spread of microorganisms
11.Fill a basin with (40° to 43°C) water; place the basin on the overbed table. Fill washbasin two-thirds full. Permit client to test water temperature.	Provides comfortably warm water for bathing within easy access Prevents accidental burns or chills.
12.Wet washcloth & fold it to fashion mitt	Prevents wetting of client.
	
To make a mitten: (كف أو قفاز): Grasp the washcloth edge with the thumb; fold a third over the palm of the hand; wrap remainder of cloth around hand and across palm, grasping the second edge under the thumb; fold the extended end of the washcloth onto the palm and tuck under the cloth palmar surface.	
13.Lather wet washcloth with soap and finish face washing. Use a separate corner for each eye, wipe inner to outer canthus. Wash neck & ears. Rinse & pat dry. Male clients may want to shave at this time. Provide assistance with shaving as needed.	Removes oil, sweat, and microorganisms. Using separate corners of washcloth reduces risk of transmitting microorganisms. Patting dry reduces skin irritation and drying.
	
14.Rinse the washcloth and remove soapy residue from face, then dry well.	Prevents drying the skin

15.Bathe each of client's arms separately. Wash arms, forearms, & hands using long, firm strokes from distal to proximal. Wash axilla. Rinse & pat dry. Offer to apply deodorant or antiperspirant after washing	Cleanses soiled material and keeps client from becoming too chilled. Long strokes promote circulation. Respect client's usual hygiene practices; reduces perspiration and body odor
	Wash forearms and arms in the direction of the wrist to upper arm.
17.Immerse hand into basin of water. Soak hand about 3–5 minutes. Wash hands, fingers, & fingernails. Rinse and pat dry.	Soaking hands softens nails and loosens soil from skin and nails. Strokes directed distal to proximal promote venous return.
	
18.Discard & replace water in basin; rinse washcloth well or replace it with clean one.	Eliminates debris, microorganisms, & soap residue and increases the warmth of water.
19.Wash chest & abdomen. Fold bath blanket down to umbilicus. Wash chest using long, firm strokes. Wash skin fold under female client's breast by lifting each breast. Rinse & pat dry. Fold bath blanket down to suprapubic area. Use another towel to cover chest. Wash abdomen using long, firm strokes. Rinse & pat dry. Replace bath blanket over chest and abdomen. Cover chest or abdomen area in between washing, rinsing, and drying to prevent chilling.	Promotes privacy and prevents chills. Long strokes promote circulation. Perspiration and soil collect within skin folds.
20.***Wash legs and feet***. Expose leg farthest to you by folding bath blanket to midline Bend leg at knee. ***Grasp the heel***, elevate leg from bed, & cover bed with bath towel. Place washbasin on towel. Place client's ***foot into washbasin***. Allow ***foot to soak*** while washing leg with long, firm strokes in direction of	Supports joints to prevent strain and fatigue. Soaking foot loosens dirt, softens nails, and promotes comfort.

distal to proximal. Rinse and pat dry. Clean ***soles, interdigits, and toes***. Rinse and pat dry. Perform same procedure with the other leg and foot.	
	
21.Wash back. Assist client into ***prone or side-lying position*** facing away from you. Wash ***back & buttocks*** using long, firm strokes. Rinse & pat dry. back rub & lotion.	Exposes back and buttocks for washing. Back rub promotes relaxation and circulation.
22.Perineal care: Assist client to supine position. Perform perineal care.	Removes genital secretions and soil.
	
23.Apply lotion and powder as desired. Apply clean gown.	Lotion lubricates skin. Powder absorbs excess perspiration.
24.Document skin assessment, type of bath given, and client outcomes and responses.	Provides evidence of nursing care.
25.Wash hands.	Reduces microorganisms transmission.

Evaluation

- The client was cleaned adequately without skin damage.
- Client's modesty was maintained throughout the procedure.
- The client participated in the procedure as much as possible.
- Client is completely bathed.
- Client experiences no discomfort or intolerance of activity.

Documentation

Nurses 'Notes	▪ Note that the client was bathed. Indicate how much of the bath the client assisted with and how well the client tolerated the activity. ▪ Note any unusual findings including rashes, sores, poor turgor, and so on.
Medication Record	▪ Record any prescription shampoo used or medications applied to the scalp.

Oral Care

Introduction

The oral cavity functions in mastication, secretion of mucus to moisten and lubricate digestive system, secretion of digestive enzymes, & absorption of essential nutrients. Oral Care: is the removes of plaque and bacteria-producing agents from the oral cavity, and removes unpleasant tastes and odors.

Common problems occurring in the oral cavity include:

▪ Inflammation of gums (gingivitis)	▪ Plaque
▪ Inflammation of oral mucosa (stomatitis)	▪ Dental cavities (caries)
▪ Bad breath (halitosis)	▪ Periodontal disease

Special care items for clients with impaired physical mobility or unconscious

▪ Soft toothbrush or toothette	▪ Tongue blade
▪ Cotton-tip applicators	▪ 3x3 Gauze sponges
▪ Prescribed solution	▪ Plastic Asepto syringe
▪ Suction machine and catheter	

Time Allowed: 15- 20 minutes

Practical skills outcomes: at the end of the procedure the student will be able to:

Perform oral care safely and effectively

Definitions & terminology:

▪ **Sordes**: dried crusts containing mucus, microorganisms, and epithelial cells shed from mucous membrane) are common on lips and teeth of unconscious clients.	
▪ **Periodontitis**: Inflammation of the gums, palate and surrounding structures	
▪ **Plaque**: Deposit of food and bacteria on teeth, may produce tartar & dental caries	
▪ **Bridge**: a dental appliance replaces one or several teeth, is fixed permanently to other natural teeth.	
▪ **Stomatitis**: Inflammation of the oral mucosa	
▪ **Xerostomia**: Dryness of the mouth	▪ **Halitosis**: Bad breath
▪ **Gingivitis**: Inflammation of gums.	▪ **Caries**: Dental cavities
▪ **Halitosis**: bad breath from mouth	▪ **Pyorrhea**: Periodontal disease.

Indications

a. Providing Oral Care: Brushing and Flossing

▪ Stimulates circulation to oral tissues, tongue, and gums	
▪ Decreases microorganisms in mouth and on teeth	
▪ Reduces the risk of cavities and mouth disease	
▪ Decreases buildup of food residue on teeth	▪ Improves appetite & taste of food
▪ Improves appearance and self-esteem	▪ Promotes comfort

b. Performing Denture Care

- Decreases microorganisms in mouth and on dentures
- Decreases buildup of food residue on teeth or dentures
- Improves appetite and taste of food
- Promotes comfort
- Stimulates circulation to oral tissues, tongue, and gums
- Improves appearance and self-esteem

Safety precautions

- Never place your fingers in a client's mouth. A bite block or padded tongue blade can be used to hold the client's mouth open.
- Unconscious client's head should be turned to one side with a basin placed under mouth. Oral suction should be available. Use only small amounts of water.
- For unconscious patient's, use oral suction equipment and Yankuer sucker to aspirate all fluid whilst rinsing teeth to prevent cough or gag.
- Be careful when handling and cleaning dentures or other oral appliances. They can be slippery when wet and may break if dropped into the sink or on the floor.
- Clients with orthodontic appliances may have special oral care needs. Ask client or the client's parents about any special cleaning needs or special appliance care.
- Avoid using oil-based products around oxygen and oxygen equipment because.
- Petroleum jelly may be used on clients receiving oxygen, but it should not be used on oxygen equipment.

Quality control

- Use a soft toothbrush for client receiving anticoagulation therapy.
- Dilute mouthwash for clients with oral lesions or sensitive oral tissues.
- Check for personal preference prior to providing mouth care even if the patient is unconscious.
- Use extra care when performing oral care for elderly clients because they often have problems with loose teeth due to retracting gums. Good oral care may promote appetite.

Instruments & materials

<table>
<tr><td>Brushing and Flossing
▪ Soft toothbrush; Toothpaste
▪ Toothettes or swabs
▪ Emesis basin; Nonsterile gloves
▪ Towel or linen saver and washcloth
▪ Cup of water: Mouthwash (alcohol-free)
▪ Dental floss (optional)</td><td></td></tr>
<tr><td>▪ Suction & catheter (if unconscious)</td><td>Mirror; Lip moisturizer</td></tr>
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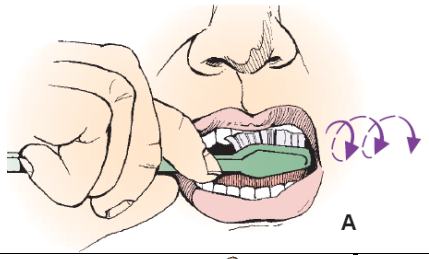
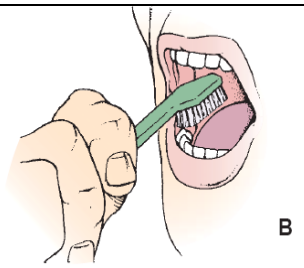
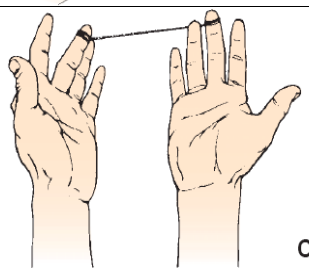
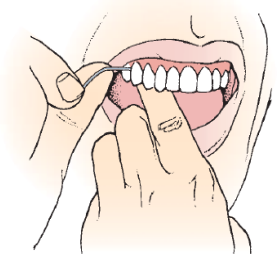
Denture Care

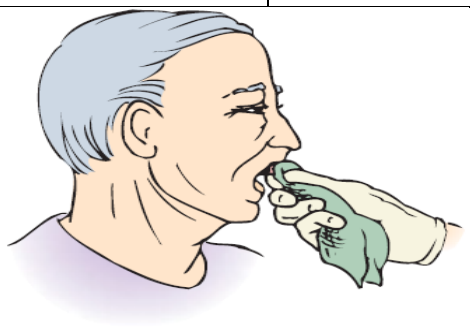
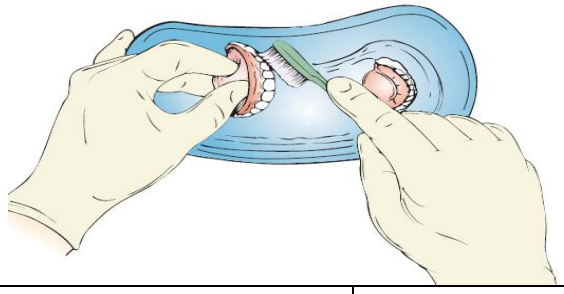
• Denture brush • Denture cleaner • Emesis basin • Towel • Cup of water • Nonsterile gloves • Tissue • Denture cup	 

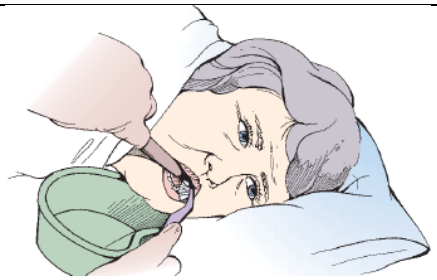
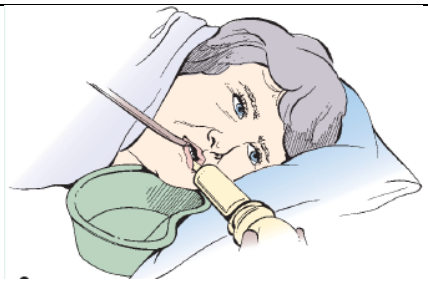
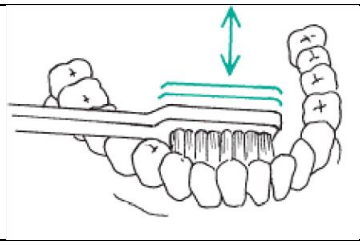
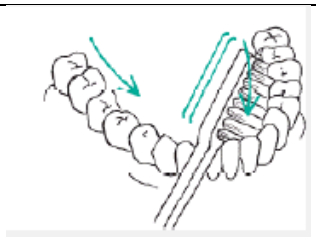
Procedures (implementation)

Assessment ▪ Assess the client ability to assist with oral care and to what extent. Promotes independence where possible. ▪ Evaluate the client's understanding of proper oral hygiene. Promotes self-care . ▪ Check if client has dentures. Determines how to perform oral care ▪ Assess the client's mouth condition. Determines how oral care will be performed. ▪ Assess whether inflammation, bleeding, infection, or ulceration is present. Assess what cultural practices must be taken into consideration. Assess whether there are any appliances or devices present in client's mouth as braces, or endotracheal tube. ▪ Check that the proper equipment is available to perform oral care.
Diagnosis
▪ Risk for Infection ▪ Bathing/Hygiene Self-Care Deficit ▪ Impaired oral mucous membrane ▪ Impaired oral mucous membranes related to inadequate oral cleaning
Planning: Expected outcomes
1. Client's mouth, teeth, gums, and lips will be clean and free of food particles. 2. Any inflammation, bleeding, infection, or ulceration will be noted and treated. 3. The oral mucosa will be clean, intact, and well hydrated.
Client education needed:
1. Teach client importance of daily oral care, flossing, fluoride, and brushing. 2. Instruct the client regarding brushing all surfaces of the teeth. 3. Instruct client regarding the importance of flossing between teeth. 4. Educate child's family regarding the benefits of fluoride, even for young children.
Implementation

Action	Rationale
Self-Care Client: Flossing and Brushing	
1.Assemble articles for flossing and brushing.	Promotes efficiency.

2.Provide privacy.	Relaxes the client.
3. Place client in a high-Fowler's position.	Decreases risk of aspiration.
4.Wash hands and apply gloves.	Reduces microorganism transmission.
5.Arrange articles within client's reach.	Facilitates self-care.
6.Assist client with flossing & brushing as necessary. Position mirror, emesis basin, water with straw near client & towel across the chest.	Flossing & brushing ↓ microorganism growth in mouth. Use of mirror permits cleaning back & sides of teeth.
	
  	
7.Assist client with rinsing mouth.	Removes toothpaste & secretions.
8.Reposition client, raise side rails, and place call button within reach.	Promotes comfort, safety, and communication.
9.Rinse, dry, & return articles to proper place.	Promotes a clean environment.
10.Remove gloves, wash hands, and document care.	Reduces microorganisms transmission of & documents care.
Self-Care Client: Denture Care	
11.Assemble articles for cleaning.	Promotes efficiency.
12.Provide privacy.	Relaxes the client.
13.Assist client to a high-Fowler's position.	Facilitates removal of dentures.
14.Wash hands and apply gloves.	Reduce exposure to body fluids & microorganisms transmission
15.Assist client with denture removal: a. Top denture: • With tissue, grasp the denture with thumb and forefinger and pull downward. • Place in denture cup. b. Bottom denture: • Place thumbs on the gums and release the denture. Grasp denture with thumb and forefinger and pull upward.	Breaks seal created with dentures without causing pressure and injury to oral membranes. Prevents breaking of dentures.

• Place in denture cup.	
	
16.Apply toothpaste to brush, and brush dentures either with cool water in the emesis basin or under running water in the sink. Pad sink with towel to protect dentures in case they are dropped.	Facilitates removal of microorganisms.
	
17.Rinse thoroughly.	Removes toothpaste.
18.Assist client with rinsing mouth and replacing dentures.	Freshens mouth and facilitates intake of solid food.
19.Reposition client, with side rails up and call button within reach.	Promotes comfort, safety, and communication.
20.Rinse, dry, & return articles to proper place.	Maintains a clean environment.
21.Remove gloves, wash hands, and document care.	Reduces microorganism's transmission & document care
Full-Care Client: Brushing and Flossing	
22.Assemble articles for flossing and brushing.	Promotes efficiency.
23.Provide privacy.	Relaxes client.
24.Wash hands and apply gloves.	Reduce exposure to body fluids & microorganisms transmission
25.Position client as condition allows: high-Fowler's; semi-Fowler's; or lateral position, head turned toward side.	Decreases risk of aspiration.
26.Place basin & towel across client's chest or under face & mouth if head turned to one side.	Catches secretions.
27.Moisten toothbrush, apply small amount of toothpaste, and brush teeth and gums.	Moistens mouth and facilitates plaque removal.

 Brushing with tongue blade separating teeth.	 Rinsing and suctioning.
28.Grasp the dental floss in both hands or use a floss holder and floss between all teeth, hold-	Removes plaque and prevents gum disease.
29.Assist the client in rinsing mouth.	Removes toothpaste & secretions.
30.Reapply toothpaste & brush teeth and gums using friction in a vertical or circular motion. On inner and outer surfaces of teeth, hold brush at 45° angle against teeth & brush from sulcus to crowns of teeth. On biting surfaces, move brush back & forth in short strokes. All surfaces of teeth should be brushed from every angle.	Permits cleaning of back and sides of teeth and decreases microorganism growth in mouth.
	
31.Assist the client in rinsing and drying mouth.	Removes toothpaste & secretions.
32.Apply lip moisturizer, if appropriate.	Maintains skin integrity of lips.
33.Reposition client, raise side rails, and place call button within reach.	Promotes comfort, safety, and communication.
34.Rinse, dry, & return articles to proper place.	Provides an orderly environment.
35.Remove gloves, wash hands, & document care.	Reduces microorganism's transmission & documents care.
Evaluation	
• Client's teeth, gums & lips are clean & free of food particles. • Inflammation, bleeding, infection, or ulceration was noted and cared for. • The oral mucosa is clean, intact, and well hydrated. • Oral care was performed with a minimum trauma to the client.	

Documentation

- The client's mouth, teeth, gums, and lips are clean and free of food particles.
- Inflammation, bleeding, infection, or ulceration was noted and cared for.
- The oral mucosa is clean, intact, and well hydrated.
- Condition of oral mucosa, teeth, and throat have been assessed by nurse
- Excess secretions have been removed

Changing Linens in an Occupied Bed

Introduction

Routine, daily changing and periodic straightening of bed linens promotes patient comfort and prevents skin breakdown. When preceded by hand washing, performed using clean technique, and followed by proper handling and disposal of soiled linens, this procedure helps control nosocomial infections.

Time Allowed: 15- 20 minutes

Practical skills outcomes: at the end of this procedure student will be able to make an occupied bed effectively and safely.

Definitions & terminology:

- Occupied bed: The bed occupied with patient
- Logrolling: moving a client whose body must remain in straight alignment.
- Mitering corner of bed: it is a method to secure the corners of sheets, blankets and bedspreeds on a bed.

Indications

▪ Increases client's sense of well-being	▪ After bathing
▪ Promotes comfort and relaxation	▪ Promotes cleanliness
▪ Reducing the potential for infection	▪ Promotes comfort
▪ Improves client's appearance and self-esteem	

Safety precautions

- Be sure to keep the side rails up on the opposite side of the bed.
- Follow the safety guidelines and agency policy regarding safety precautions.

Quality control

- Roll or fold linens under the client. Don't just stuff them underneath the client.
- Be aware of wrinkles and seams that the client may be lying on. They can cause pressure areas in the client's skin.
- Get help from another caregiver if the client is combative or difficult to move.
- Check for personal belongings in the client's bed when changing the linens. Clients may keep important items near them in bed.

Instruments & materials

▪ Linen hamper ▪ Top sheet; Draw sheet ▪ Bottom sheet ▪ Pillowcase ▪ Blanket ▪ Bath blanket	

Procedures (implementation)

Assessment	
1. Assess your equipment. Check for all the linens necessary to change the bed. Check for a dirty linen hamper. Facilitates a smooth procedure. 2. Assess whether the bed itself needs cleaning prior to placing clean sheets on it. Reduces the transmission of microorganisms. 3. Assess the client's needs in bed. Check for profuse drainage, incontinence, or special needs for comfort or skin integrity. Determines how procedure will be performed. 4. Assess client's ability to assist with procedure, including mobility, mental status, and muscle strength. Determines whether assistance will be needed to change client's linens.	
Diagnosis	
Risk for Impaired Skin Integrity	
Planning: Expected outcomes:	
1. The client will have clean linens on the bed. 2. The clean linens will be appropriate to the client's needs and condition. 3. The linens will be changed with a minimum of trauma to the client.	
Client education needed	
Educate the client about the need for clean linen to increase comfort and to help prevent skin complications.	
Implementation	
1.Explain procedure to client.	Promotes client cooperation.
2.Bring equipment to the bedside.	Facilitates a smooth procedure.
	
3.Remove top sheet and blanket. Loosen bottom sheet at foot and sides of bed. Lower side rail nearest the nurse, if necessary for access. Client may be covered with a bath blanket.	Facilitates easy removal of linens. Lowering only side rail close to nurse reduces client's risk of falls. Bath blanket prevents exposure and chills.
4.Position client on side, facing away from you. Reposition pillow under head.	Provides space to place clean linens.
	
5.Fan-fold or roll bottom linens close to client	Keeps soiled linen together. Promotes

toward the center of the bed.	comfort when client rolls to other side.
	
6.Smooth wrinkles out of mattress. Place clean bottom linens with the center fold nearest the client. Fan-fold or roll clean bottom linens nearest client and tuck under soiled linen.	Provides for maximum fit of sheets and decreases chance of wrinkles.
	
7.Miter bottom sheet at head of bed, then at foot of bed. To miter, lift the mattress and tuck sheet over the edge of the mattress, lift edge of sheet that is hanging to form a triangle, and lay upper part of sheet back onto bed; tuck the lower hanging section under the mattress. Repeat for each corner. Tuck the sides of the sheet under the mattress.	Holds linens firmly in place.
8.Fold draw sheet in half. Place center of draw sheet close to the client. Roll draw sheet closest to client and tuck under soiled linen. Smooth linen. Tuck draw sheet under mattress, working from the center to the edges. Draw sheet should be positioned under the lower back and buttocks.	Draw sheet facilitates moving and lifting clients while in bed.
9.Log roll client over onto side facing you. Raise side rail.	Positions client off soiled linen. Protects client from falling.
10.Move to other side of bed. Remove soiled linens by rolling into a bundle and place in linen hamper without touching uniform.	Prevents cross-contamination.
11.Unfold bottom sheet; then draw sheet. Look for objects left in the bed. Grasp each sheet with knuckles up and over the sheet and pull tightly while leaning back with your body weight. Client may be positioned supine.	Tight sheets keep linens wrinkle-free and decrease the risk of skin irritation. Leaning back uses body weight for good body mechanics.
12.Place top sheet over client with center of	Provides client with top sheet and blanket

sheet in middle of bed. Unfold top of sheet over client. Remove bath blankets left on client to prevent exposure during bed making. Place top blanket over client	to prevent chilling.
	
13.Raise foot of mattress and tuck the corner of top sheet and blanket under. Miter corner. Repeat with other side of mattress.	Secures top sheet and blanket in place.
14.Grasp top sheet and blanket over client's toes and pull upward, and then make a small fan-fold in the sheet.	Permits client to move feet under sheets.Provides room under tight top sheet & blanket.
15.Remove soiled pillowcase. Grasp center of clean pillowcase and invert pillowcase over hand/ arm. Maintain grasp of pillowcase while grasping center of pillow. Use other hand to pull pillowcase down over pillow. Place pillow under client's head. While changing pillowcase, client can be instructed to rest head on bed, or place a blanket under head.	Provides clean pillowcase without shaking pillow or pillowcase. Promotes comfort.
	
16.Document procedure used to change linens and client's condition during the procedure.	Provides documentation of nursing care and assessment of client's status.
17.Wash hands.	Reduces microorganisms transmission.
Evaluation	
• The client has clean, unwrinkled linen. • The linen placed on the bed is suitable for the client's special needs. • The linen was changed with a minimum of pain and trauma to the client.	

Documentation

- Document the bed change, how the client tolerated it, and any unusual findings.
- Date and time
- Characteristics of drainage if present
- Measures taken to ensure client comfort.

Changing Linens in an Unoccupied Bed

Principles

Routine, daily changing and periodic straightening of bed linens promotes patient comfort and prevents skin breakdown. When preceded by hand washing, performed using clean technique, and followed by proper handling and disposal of soiled linens, this procedure helps control nosocomial infections.

Time Allowed: 10- 15 minutes

Practical skills outcomes: at the end of this procedure student will be able to make an occupied bed effectively and safely.

Definitions & terminology:

- **Unoccupied bed**: The bed is empty
- Mitering: is a method to secure corners of sheets, blankets & bedspreads on bed.

Indications

▪ To decrease transmission of microorganisms.	▪ After a bath
▪ To receive newly admission patient	▪ To promote comfort

Safety precautions

- Do not to carry dirty linen close to your uniform to prevent contamination.
- Follow the safety guidelines and agency policy regarding safety precautions.

Quality control

- Raise bed up to a comfortable height to prevent back strain.
- Make one side of bed completely & then move to other side to save time & steps.
- Inspect the linen for moisture or evidence of soiling.
- Plan to change linen after client's hygiene needs have been met.

Instruments & materials

- Linen hamper
- Top sheet; Draw sheet
- Bottom sheet
- Pillowcase; Blanket
- Bath blanket





Procedures (implementation)

Assessment

1. Assess your equipment. Check for all the linens necessary to change the bed. Check for a dirty linen hamper.

2. Assess whether the bed itself needs cleaning prior to placing clean sheets on it.

3. Assess the client's needs in the bed. Check for profuse drainage, incontinence, or special needs for comfort or skin integrity.

Diagnosis

- Risk for Impaired Skin Integrity

Planning: **Expected Outcomes:**

1. The client will have clean linens on the bed.

2. The clean linens will be appropriate to the client's needs and condition.

3. The linens will be changed with a minimum of trauma to client.

Client education needed:

- Educate the client about the need for clean linen to increase comfort and to help prevent skin complications.

Implementation

Action	Rational
1.Place hamper by client's door if linen bags are not available. Explain procedure to client. Assess condition of blanket and/or bedspread.	Provides for proper disposal of soiled linens. Encourages client cooperation. Allows for organization of supplies.
2.Gather linens & gloves. Place linens on clean, dry surface in reverse order of usage at bedside pillowcase, top, draw & bottom sheet	Provides easy access to items.
3.Apply gloves.	Reduces risk of infection
4.Inquire about the client's toileting needs and attend as necessary.	Provides for client comfort & prevents interruptions during bed making.
5.Assist client to a safe, comfortable chair.	↑ client's comfort and ↓ risk of falls.
6.Position bed: flat, side rails down, adjust height to waist level.	Promotes good body mechanics and decreases back strain.
7.Remove and fold blanket and/or bedspread. If clean & reusable, place on clean work area.	Keeps reusable bed linens clean.
8.Remove soiled pillowcases by grasping the closed end with one hand and slipping the pillow out with the other. Place the soiled cases on top of the soiled sheet, and place the pillows on clean work area.	Allows easy removal of the pillowcases without contamination of uniform by soiled linens and keeps pillows clean.
9.Remove soiled linens: Start on the side of the bed closest to you; free the bottom sheet and mattress pad by lifting the mattress and rolling soiled linens to the middle of the bed. Go to the other side of the bed, repeat action.	Prevents tearing and fanning of linens. Linens are folded from cleanest area to most soiled to prevent contamination.
10. Fold soiled linens: head of bed to middle, foot of bed to middle. Place in linen hamper, keeping soiled linens away from uniform.	Fanning linens ↑ microorganisms number in air. Folding linens reduces risk of transmission of infection.

	
11. Check if the mattress is soiled, clean it with an antiseptic solution and dry it thoroughly.	Reduces the transmission of microorganisms.
12. Remove gloves, wash hands, and apply a second pair of clean gloves.	Reduces the transmission of microorganisms to clean linens.
13. Open the clean mattress pad lengthwise onto the bed with the seamed side of the sheet toward the mattress. Unfold half of the pad's width to the center crease and smooth the pad flat. If there are elastic bands to hold the pad in place, slide them under mattress corners.	Facilitates making bed in an organized, timesaving manner by not having to go from one side of the bed to the other.
14. Proceed with placing the bottom sheet onto the mattress. Linens differ from facility to facility. Bottom sheets may be fitted or they may be flat. Proceed to the appropriate Action for the linen available.	Use linen available at the facility.
Fitted Bottom Sheet	
15. Position yourself diagonally toward the head of the bed.	Ensures good body mechanics and efficient procedure.
16. Start at the head with seamed side of the fitted sheet toward the mattress.	Prevents irritation to the client's skin.
17. Lift the mattress corner with your hand closest to the bed; with your other hand, pull and tuck the fitted sheet over the mattress corner; secure at the head of the bed.	Prevents straining of back muscles; decreases the chance that the sheet will pull out from under the mattress.
18. Pull and tuck the fitted sheet over the mattress corners at the foot of the bed.	Prevents straining of back muscles; decreases the chance that the sheet will pull out from under the mattress.
Flat Regular Sheet	
19. Unfold the bottom sheet with the seamed side toward the mattress. Align the bottom edge of the sheet with the edge of the mattress at the foot	Placement of the seamed side toward the mattress prevents irritation to the client's skin. Ensure proper placement of the

of the bed.	sheet so that it can be tightly secured at top and on both bed sides.
20. Allow the sheet to hang 10 inches (25 cm) over mattress on side and at the top of bed.	Proper placement of linens ensures adequate sheeting for all sides of bed.
21. Position yourself diagonally toward the head of the bed. Lift the top of the mattress corner with the hand closest to the bed and smoothly tuck the sheet under the mattress.	Prevents straining of back muscles; decreases the chance that the sheet will pull out from under the mattress.
22. Miter the corner at the head of the bed using the following technique.	Secures sheet tightly to the mattress, with the triangular fold providing a smooth tuck to keep the linen in place.
23. Face side of bed and lift and lay top edge of sheet onto the bed to form a triangular fold.	Forms the base for the tuck.
24. With your palms down, tuck the lower edge of sheet (hanging free at the side of the mattress) under the mattress.	Forms the first half of the tuck.
25. Grasp the triangular fold; bring it down over the side of the mattress. Allow the sheet to hang free at the side of the mattress.	Will form the final portion of the mitered corner when tucked in.
26. Place the draw sheet on the bottom sheet and unfold it to the middle crease.	Provides a sheet to lift and move the client in bed without having to use the bottom sheet and remake the bed. Helps to keep the bottom sheet clean.
27. Face bed side, palms of hands down. Tuck both the bottom and draw sheets under the mattress. Ensure that the bottom sheet is tucked smoothly under the mattress all the way to the foot of the bed.	Keeps sheet taut, in place, and wrinkle-free, decreasing the risk of skin irritation.
28. Go to the other side of the bed, unfold the bottom sheet, and repeat the actions used to apply the mattress pad and bottom sheet.	Unfolding decreases air current; air currents can spread microorganisms.
29. Unfold the draw sheet, if used, and grasp the free-hanging sides of both the bottom and draw sheets. Pull toward you, keeping your back straight, and with a firm grasp (sheets taut) tuck both sheets under the mattress. Use your arms and open palms to extend the linen under mattress. Place protective pad on bottom sheet.	Uses your body's weight in pulling the sheet taut and prevents strain on your back muscles.

	The clean draw sheet is placed on top of the bottom sheet.
30. Place the top sheet on the bed and unfold lengthwise, placing the center crease (width) of the sheet in the middle of the bed. Place the top edge of the sheet (seam up) even with the top of the mattress at the head of the bed. Pull the remaining length toward bottom of bed.	Saves time and movement, making one side of the bed at a time. Seam will be folded down to prevent contact with the client's skin, which can result in irritation.
31. Unfold and apply blanket or spread. Follow same technique as used in applying top sheet.	Provides warmth.
	
32. Miter the bottom corners. With your palms down, tuck the lower edge of the sheet under the mattress. Grasp the triangular fold and bring it down over the side of the mattress. Allow sheet to hang free at the mattress side.	Secures linen at the foot of the bed.
  	
33. Face the head of the bed and fold the top sheet and blanket over 6 inches (15 cm). Fanfold the sheet and blanket (from the foot to the middle of the bed).	Allows the client easy access to the bed.
 Fold the top sheet and blanket over 6 inches.	
34. Apply clean pillowcase on each pillow. With one hand, grasp the closed end of the pillowcase.	Keeps clean pillowcase away from your uniform.

Gather case and turn it inside out over hand. With same hand, grasp the middle of one end of the pillow. With the other hand, pull the case over the length of the pillow. The corners of the pillow should fit snugly into the corners of the case.	
 Place clean pillowcase on each pillow, keeping clean pillowcase away from your uniform.	
35. Return the bed to the lowest position and elevate the head of the bed 30°–45°. Put side rails up on side, farthest from client.	Provides for client safety.
36. Inquire about toileting needs of the client; assist as necessary.	Saves client energy and provides time to care for the client's needs.
37. Assist the client back into the bed and pull up the side rails; place call light in reach; take vital signs.	Promotes client safety and a means to call for assistance. Sitting up in a chair and movement may cause changes in the client's vital signs.
38. Remove gloves and wash hands.	Reduces the transmission of microorganisms.
39. Document your actions and the client's response during the procedure and to being up in a chair.	Documents completion of procedure and assessment findings of client's tolerance.
Evaluation ▪ The bed is clean and dry. ▪ The linen is free of wrinkles. ▪ The environment is orderly. ▪ The client feels comfortable. ▪ Confirm that fresh linens were placed on bed appropriate to client's needs.	

Documentation

- Document linen change & client's tolerance to being out of bed.
- Date and time
- Characteristics of drainage if present
- Any unique measures taken to ensure client comfort

Making a Surgical Bed

Introduction

- Preparation of a surgical bed permits easy patient transfer from surgery and promotes cleanliness and comfort.

Time Allowed: 10- 15 minutes

Practical skills outcomes: At the end of this procedure student will be able to make a Surgical Bed effectively and safely.

Definitions & terminology:

Surgical bed: prepare the bed to receive post-operative patient

Indications

- After operation
- Reducing the potential for infection

Safety precautions

- Do not to carry dirty linen close to your uniform to prevent contamination.
- Follow the safety guidelines and agency policy regarding safety precautions.

Quality control

- Because a hospital mattress is usually covered with plastic to protect it and to facilitate cleaning between patients. Use a fitted sheet, if available, to prevent dislodgement.
- If a fitted sheet isn't available, the top corners of a flat sheet may be tied together under the top of the mattress to prevent the sheet from becoming dislodged.
- A bath blanket placed on top of the mattress, under the bottom sheet, helps to absorb moisture and prevent dislodgment of the bottom sheet.

Instruments & materials

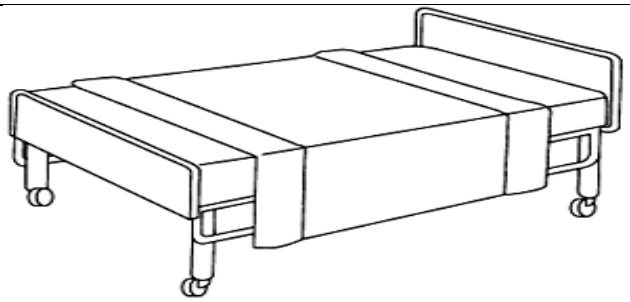
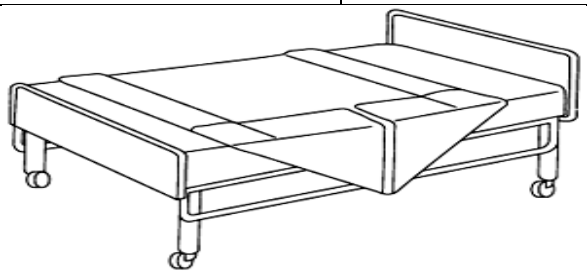
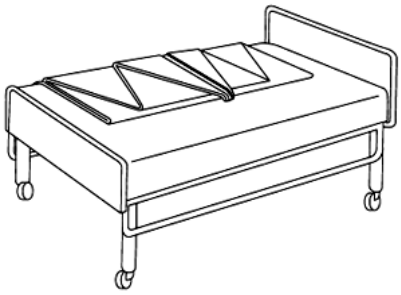
▪ Linen hamper ▪ Top sheet ▪ Draw sheet ▪ Bottom sheet ▪ Pillowcase ▪ Blanket ▪ Bath blanket	 

Procedures (implementation)

Assessment
1. Assess your equipment. Check for all the linens necessary to change the bed. Check for a dirty linen hamper. 2. Assess whether the bed itself needs cleaning prior to placing clean sheets on it. 3. Assess the client's needs in the bed. Check for profuse drainage, incontinence, or special

needs for comfort or skin integrity.
Diagnosis
• Risk for Impaired Skin Integrity • Risk for infection
Planning: Expected Outcomes:
• The client will have clean linens on the bed. • Clean linens will be appropriate to client's needs and condition. • The linens will be changed with a minimum of trauma to client.
Client education needed:
• Educate the client about the need for clean linen to increase comfort and to help prevent skin complications.

Implementation	
Action	Rational
1.Place hamper by client's door if linen bags are not available. Assess condition of blanket and/or bedspread.	Provides for proper disposal of soiled linens. Allows for organization of supplies.
2.Assemble linens as you would for making an unoccupied bed, including two clean sheets (one fitted, if available), a drawsheet, a bath blanket, a spread or sheet, a pillowcase, facial tissues, a trash bag, and linen-saver pads. Raise the bed to a comfortable working height	Provides easy access to items. Allows for supplies organization. To prevent back strain.
3.Apply gloves.	Reduces risk of infection.
4.Slip the pillow into a clean pillowcase and place it on a nearby table or chair.	Allows easy insertion of the pillowcases and keeps pillows clean.
5.Make the foundation of the bed using the bottom sheet and drawsheet.	Facilitates making bed in an organized, timesaving manner.
6.Place an open bath blanket about 15 (38 cm) from the head of the bed, with its center fold positioned in the middle of bed.	Allows the client easy access to the bed.
7.Place a top sheet or spread on the bath blanket, and position it as you did the blanket. Then fold the blanket and sheet back from the top so that the blanket shows over the sheet. Similarly, fold the sheet and blanket up from the bottom	Provides warmth and helps to absorb moisture and prevent dislodgment of the bottom sheet

	
8.On the side of the bed where you'll receive the patient, fold up the two outer corners of the sheet and blanket so they meet in the middle of the bed.	Facilitates moving client from stretcher to bed without prolonged exposure or draft; prevents interference of client transfer to bed by bed linens and makes covering the client easy
	
9.Pick up the point hanging over this side of the bed, and fanfold the linens back to the other side of the bed.	linens won't interfere with patient transfer
	
10.Raise the bed to the high position if you haven't already done so. Then lock the wheels and lower the side rails. Make sure that the side rails work properly. Move bedside stand and other objects out of stretcher's path.	Promotes good body mechanics and decreases back strain. Provide for safety. To facilitate easy transfer when the patient arrives.
11. After the patient is transferred to the bed, position the pillow. Cover him by pulling the top point of the sheet and blanket over him and opening the folds. After covering the patient, tuck in the linens at the foot of the bed and miter the corners.	Provide for patient's comfort and safety Warms the patient and counteracts the decreased body temperature caused by anesthesia.
12.Try to anticipate and be ready for patient's special needs.	

For nausea, keep an emesis basin, facial tissues, and linen-saver pads at the bedside. Also, remove all liquids from the bedside. If you expect bleeding or discharge, place one or more pads on the bed.	To make the patient comfortable and prevent unnecessary movement and linen changes
13.Keep extra pillows handy to elevate arms and legs. If necessary, have I.V. equipment, suction apparatus, roller for patient transfer, or other special equipment ready.	To promote circulation, thereby preventing edema. To safe time

Evaluation

- The bed is clean and dry.
- The linen is free of wrinkles.
- The environment is orderly.
- The client feels comfortable.
- Confirm that fresh linens were placed on bed in a manner appropriate to client's needs.

Documentation

- Document linen change.
- Date and time
- Characteristics of drainage if present
- Any unique measures taken to ensure client comfort
- Record linen dates and times in your notes for patients with excessive wound drainage, or bleeding.