Kansas Certified Nurse Aide Curriculum Guidelines

(90 hours)

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Kansas Department of Health and Environment

KANSAS
CERTIFIED NURSE AIDE
CURRICULUM GUIDELINES

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PREFACE

The CNA Curriculum Guidelines provide a framework for instruction of aides who will provide basic direct care to assist residents living in Kansas Adult Care Homes. These curriculum guidelines in outline format give direction to the course instructor regarding both scope of expected CNA responsibility as well as philosophy of care. **The Kansas 90-Hour CNA Sponsor and Instructor Manual provides details for implementing the curriculum guidelines**. All of the information that the instructor needs concerning regulations, forms and procedures is found in this manual. A thorough study of this resource will help ensure a successful course.

The curriculum guidelines update basic information found in the previous 90-hour course that it replaces. The guidelines continue to be organized into two segments. For instructor reference, Part 1 identifies Federal OBRA training requirements that must be met prior to a student's direct resident contact [42 CFR 483.152(b)(1)]. Additionally, Part 1 contains the instructional content to be successfully completed before the student can be employed in a direct care capacity (as a Trainee II). The task checklist found at the end of Part 1 serves as a performance evaluation tool in addition to instructor-developed tests. Part 2 enhances the basic care instruction found in Part 1.

Another addition to Part 1 relates to the Nutrition Assistant role, one that has overlapping skills with beginning aide instruction (See Unit 10 and Appendix C). The Trainee II is also eligible to work as a Paid Nutrition Assistant (PNA). Upon completion of Part 1 and the Checklist, the training institution shall award students a certificate of completion of nutrition assistant training. The Sponsor/Instructor Manual has specific instructions concerning what to put on the certificate.

Sponsors/instructors have some flexibility in sequencing content within the requirements listed above. Additionally, some may choose to lengthen instructional time for completing Part 1, or lengthen the overall course to meet instructional needs (see CNA Sponsor and Instructor Manual). Instructors will supplement the curriculum guidelines with appropriate resource materials, updating instruction as needed to meet current standards of practice.

Sponsors and instructors retain the responsibility to provide quality instruction that respects both the needs of student learners, as well as the needs of long-term care residents. As identified in past curriculum guidelines, class time should be within reasonable limits: No more than eight hours per day of instruction, with lunchtime and breaks provided.

Appreciation is expressed to the Curriculum Revision Committee whose knowledge and guidance made this revision possible:

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Part 1

Unit 1 Introduction

Federal Regulations [42 CFR 483.152(b)(1)] require a minimum of 16 hours of training in the following areas prior to any direct contact with a resident: communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents' independence; and respecting residents' rights. Units in Part 1 containing this content are Units 2, 3, 4, 5 and 8.

Learner Objectives	Content	Teaching Suggestions
1. State purposes for completing the CNA course.	A. Purposes 1. Gain knowledge and skills needed to work with/care for people who live in Kansas adult care homes (also called long-term care facilities or nursing homes) and long-term units of hospitals. 2. Be eligible to take the state test to gain certification as a nurse aide in Kansas. Student must be aware that certain criminal convictions will prohibit employment in adult care homes.	Students can complete registration forms for the state test during the first class or another early session. Distribute listing of Prohibited Offenses (KSA 39-970 and 65-5117). For information on the Criminal Record Check Program go to: www.kdheks.gov/hoc/
2. Identify the name of federal requirements related to CNA education (working as a CNA).	B. Federal law 1. Federal Nursing Home Reform Act or (OBRA 87) became law in 1987. Established minimum standards intended to improve the quality of life and quality of care for residents of long term care facilities, then called nursing homes. 2. One component of this law was the requirement that all states maintain education and competency testing standards for workers who provided direct personal care to these residents. While minimum requirements for education were specified, each state could add content or length to these requirements. 3. Although the federal requirement is for long-term care facility employment, the skills learned in this nurse aide class are the same basic skills needed for beginning positions in many health care settings.	The entire federal regulation may be located at: 42 CFR 483.152 OBRA is the acronym for Omnibus Budget Reconciliation Act.
3. Use an approach in learning nursing care skills that is centered on the person who lives in the long-term care setting.	C. The bulk of this course covers nursing tasks and how to work safely. These activities are to be carried out with an understanding of and appreciation for the person who lives in a long-term care setting.	Give examples to show the resident as the focus of care and decision-making. Use this orientation for the remainder of the course.

Unit 2 Residents of an Adult Care Home

Learner Objectives	Content	Teaching Suggestions
1. Explain the purpose for learning about the aging process and about social attitudes toward the aged person.	A. Learning about the aging process and about social attitudes toward the aged person enables the aide to provide resident care with understanding and respect.	By federal regulation, instruction covering resident rights and promoting independence must be completed prior to direct contact with residents.
2. Identify facts concerning aging and the elderly. Describe stereotypes about aging that are prevalent in our society.	B. Stereotypes and facts about aging 1. Commonly-held assumptions (or stereotypes) about aging a. Old age starts at 65. b. Most elderly live in adult care homes. c. Older adults are isolated and alone. d. Older adults are a useless segment of society. e. All elderly have trouble remembering and become confused. f. The elderly are poor. g. The elderly are miserable most of the time.	Modify or add to this list as desired. Ask students to list their own stereotypes. Present these as a true-false test to the class. This would be a good time to point out that not all residents are elderly. Younger persons with debilitating illnesses may also live in the facility.
	2. Facts about aging a. When does aging start? Chronological age is not a basis for determining abilities. Individuals age at different rates. Organs and organ systems also decline at different rates. Normal aging includes the common group of diseases and impairments that characterize many of the elderly. Some get diseases and impairments while others do not.	Source of description: Merck Manual of Geriatrics, Section 1. Basics of Geriatric Care, Chapter 1. Biology of Aging. www.merck.com/mrkshared/
	b. Demographics (1) About 12% of the total US population (2003) is >65. (2) About 4.5% of those >65 live in nursing homes. (3) About 54% of those >65 report having at least one disability. (Many of the elderly with one or more disabilities are community dwelling, but still rate their health as good to excellent.)	Source of demographic data: US Census: 65+ in the United States: 2005. www.census.gov or search for the title.
	c. Memory and aging (1) People of all ages have trouble remembering things. There is some memory change associated with normal aging, but most older	Sources of information: Alzheimer's Association of Los Angeles

Unit 2 Residents of an Adult Care Home (continued)

adults will not face severe memory loss.
(2) Creativity and intelligence do not change; learning ability shows only a slight decline in healthy aging.

d. Financial status is varied:
Retirement decreases income
Health care costs are often great and can be a significant drain on fixed income.

www.alzla.org/dementia/

American Geriatrics Society
www.healthinaging.org/
Select "Public Education"

3. Apply an understanding of basic human needs (as described in Maslow's hierarchy of needs).

4. Identify ways the CNA can assist the resident to meet basic human needs.

C. Basic human needs
1. A need is that which is necessary for maintaining life and mental well-being.
2. Maslow's hierarchy of needs is one example of an explanation of how humans prioritize needs.
a. Biological and physiological needs - required to sustain life
(1) Air, oxygen
When a resident has trouble breathing:
▪Elevated head of bed
▪Assist to assume a more upright position
▪Allow to rest between activities of daily living (ADL)
▪Assist the resident to use supplemental oxygen when ordered
(2) Food
▪Allow resident to eat more independently, set up food, cue to eat
▪When resident cannot eat without assistance, provide aid at meals and snacks
▪Respect resident's food choices and preferences
(3) Water
▪Provide water and other liquids within reach at mealtime, cue as needed to drink
▪Offer sips of water or other liquids before or after providing care
▪Keep resident's water pitcher filled and accessible

Most nurse aide texts will provide some description and visual representation of how developmental psychology theories are relevant to the understanding of the aging person. A developmental structure specifically designed for working with long-term care residents and the MDS assessment is the BASICS hierarchy model. At the site listed below, select EDGE (Electronic Dementia Guide for Excellence):
www.dementiasolutions.com

The instructor may also ask the students to consider how they have experienced the hierarchy of needs.

Many more examples could be used. Explain to students that each of the activities listed will be covered in much more detail in later units.

Relate basic human needs to resident rights, covered later in this unit.

Unit 2 Residents of an Adult Care Home (continued)

(4) Elimination
▪Assist resident to toilet or to use the bedpan or commode
▪Observe for nonverbal signs of need to urinate or to have a bowel movement

(5) Activity, rest and sleep
▪Assist resident with ambulation
▪Provide quiet environment for sleeping and during night hours

(6) Sex/sexuality
▪Provide privacy and do not respond critically when resident masturbates.
▪Protect resident rights when residents look for sexual satisfaction with one another.
▪Recognize the "maleness" and "femaleness" of residents through clothing choices and grooming

Give examples of how facility staff respect and protect residents. Unit 16 covers more on sexuality in aging.

b. Safety and security needs
▪Assist to feel safe from abuse, neglect, exploitation and retaliation
▪Handle gently during care
▪Respond to call signal and requests promptly
▪Help resident accept the facility as home
▪Demonstrate hospitality to family and friends
▪Promote trust by keeping your promises to the resident, by explaining what you are doing before doing it, by working as a team with other staff

Consider reviewing the content on basic human needs again as part of a conference after clinical.

c. Belongingness and love needs
▪Show kindness and consideration to resident and to other members of staff
▪Involve resident in conversation while providing care
▪Demonstrate acceptance of family's involvement
▪Assist to remain part of community or church
▪Assist resident to find ways to feel that the facility is their home. For example, meal prep, light cleaning, leading an activity for a group of residents.

Resident participation in meaningful activity is a valued part of many models of long-term care delivery.

Unit 2 Residents of an Adult Care Home (continued)

	d. Self-esteem and respect needs ▪Show respect for age and sincere interest in resident's contribution to society ▪Call the resident by preferred name ▪Respect individuality and resident's right to refuse ▪Respect privacy, including privacy of body during care ▪Accept resident's request for personal care by member of same sex ▪Recognize resident's ability to hear and comprehend conversations that take place between staff. e. Self-actualization (personal growth and fulfillment) needs ▪Talk about awards or other accomplishments displayed in resident's room ▪Encourage to verbalize about past, if resident desires ▪Allow resident to verbalize negative as well as positive feelings about the facility ▪Help the resident participate in meaningful activities ▪Support the resident's interests ▪Identify daily pleasures	
5. Identify psychosocial losses that may accompany aging or increasing disability.	D. Psychosocial losses that may accompany aging or increasing disability 1. Ability to work, hold a job a. Personal satisfaction from work and accomplishments b. Sense of usefulness c. Friendships and sense of belonging to a work group d. Income	Emphasize that losses vary greatly among individuals. Not all 85 year olds have equivalent abilities, problems or coping strategies.
	2. Social relationships, companionship a. Death/impairment of spouse or companion – loss of lover, friend and confidant b. Death of peers with whom one has shared life experiences c. Isolation due to limitation of mobility as well as other	Explain how psychosocial losses may be addressed within the care facility, for example, how the resident may regain some social relationships through participation in

Unit 2 Residents of an Adult Care Home (continued)

	factors mentioned above 3. Home and property a. Financial, health and safety needs may dictate life changes, such as moving from home to a long-term care facility.	activities and interaction with staff throughout the day.
6. Identify physical losses that may accompany aging.	E. Physical losses, such as 1. Diminishing senses of touch, smell, taste, vision, hearing 2. Change in physical appearance, body image 3. Physical ability, balance, mobility, speed of response time 4. Memory changes such as slower thinking, requiring more memory cues for recall, decrease in ability to concentrate 5. Generalized decline due to cumulative effect of chronic illnesses	Explain to students that the physical changes listed will be covered in more detail in later units. Consider using activities that sensitize students to changing sensory and mobility abilities. See instructor support materials provided by publishers of aide textbooks.
7. Describe aspects of independent living at risk for loss when an individual becomes a resident in a long-term care facility. 8. Provide examples of how the CNA can help decrease psychosocial losses when an individual enters a long-term care facility.	F. Psychosocial aspects of independent living at risk for loss when entering a long-term care facility include such things as (followed by an example of how the CNA can help decrease the loss): 1. Privacy – Pull privacy curtain, window curtain and close door when providing personal care. Do not allow staff not involved in care to be present in room or interrupt care unless emergency. 2. Control over space, personal possessions – encourage resident choices. Request permission to handle resident's personal items. 3. Responsibilities for home maintenance – as able and facility philosophy promotes, encourage participation in meal and snack preparation, providing recipes, light room housekeeping, personal laundry. 4. Social contact outside the facility – encourage to attend community activities as able; identify past community involvement and attempt to bring into facility (church group, quilting group, farmer's coffee); provide time and place for visiting family and friends	Revisit this topic during subsequent units. Instructor might use a group exercise to demonstrate the negative/positive use of language. For example, identifying resident by room number or diagnosis or using words such as: Feeder/resident needing assistance Bib/napkin Diaper/incontinence product, clothing protector

Unit 2 Residents of an Adult Care Home (continued)

9. Identify what is meant by the term, “Resident Rights”. 10. Explain and demonstrate how Resident Rights are supported by actions of the CNA. (This objective will be addressed throughout the curriculum.)	G. Resident Rights (see Appendix A): Federal laws (OBRA 87) and state laws protect the rights of those who reside in adult care homes. Each resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Facilities must protect and promote these rights. Some of these rights address: Privacy, dignity and respect Safety and security Choices and input regarding their medical care and life circumstances Freedom from restraint, abuse, neglect, and misappropriation of property Freedom to manage financial matters Freedom of association	Obtain a copy of the Resident Rights document from the facility where your students will have clinical. Use resources found in nurse aide textbooks to enhance the discussion of rights throughout the course. Advocacy groups, such as Kansas Advocates for Better Care (kabc.org) also provide detailed information about how to support resident rights. All of these resources have examples that the instructor can use. How the facility implements the protection of resident rights could be a topic of discussion at the end of a clinical day later in the course. Point out applications of resident rights as part of instruction in other units.
11. Discuss expectations that the resident or the resident’s family may have of the CNA.	H. Residents and their families expect the CNA to 1. Look neat and clean. Wear appropriate clothing. 2. Be caring, communicate a positive attitude. 3. Know the resident as a person. 4. Listen to resident or family requests, responding promptly. Report unresolved concerns or requests to nurse. 5. Be competent. 6. Allow/encourage resident to maintain independence as much as possible. 7. Have integrity (be honest and dependable, acknowledge mistakes).	May provide examples of how relationships develop with residents and family.

Unit 2 Residents of an Adult Care Home (continued)

12. Identify the influence of OBRA 87 on typical goals of long-term care facilities.

I. Goals of long-term care facilities
   1. OBRA 87 requirements
      - This law broadened the requirements for resident care to emphasize quality of life as well as quality of care.
      - In addition to the Resident Rights mentioned under #G above, an important requirement is to prevent deterioration in the resident's condition (also called functional decline), unless it occurs within the disease process.
   2. Typical goals of long-term care facilities.
      a. Promote quality of life for each resident.
      b. Provide services and activities to aid the resident in attaining the highest practical physical, mental, and psychosocial well-being.
      c. Provide quality care.
      d. Provide an environment that is safe.
      e. Provide an environment that is home-like.

Facilities develop a variety of approaches for meeting these goals. Students may be familiar with traditional facilities as well as those that are following models such as: Eden Alternative, Green Houses, person-centered care, regenerative care or resident-directed care.

PEAK (Promoting Excellent Alternatives in Kansas Nursing Homes) can provide resource information regarding "culture change".
Educational information may be found at
www.k-state.edu/peak
Another resource is the Pioneer Network at:
www.pioneernetwork.net

Professional organizations such as those mentioned below provide access to online resources. These resources are updated frequently.
Kansas Association of Homes and Services for Aging (KAHSA)
www.kahsa.org
Kansas Health Care Association
www.khca.org

Unit 2 Residents of an Adult Care Home (continued)

13.	Identify types of long-term care facilities in Kansas.	J. Types of Kansas long-term care facilities (also called adult care homes) that are regulated by the Kansas Department on Aging (KDOA). 1. Nursing facility 2. Assisted living facility 3. Residential health care 4. Home plus 5. Boarding care home 6. Adult day care ▪"Continuing care retirement communities" are a blend of several types and independent living housing. ▪Long-term care unit in hospitals may also be employment sites for CNAs. These units are regulated by the Kansas Department of Health and Environment.	Regulatory descriptions of KDOA facilities may be found at KSA 39-923 (a). The KDOA website is: www.agingkansas.org

Unit 3 Role and Responsibilities of CNA

Learner Objectives	Content	Teaching Suggestions
1. Identify the major categories involved in fulfilling the CNA role. Give examples of duties.	A. Major categories of CNA's role and examples of skills 1. Personal care of residents: Assisting resident with activities of daily living (ADL) a. Bathing and daily personal cleanliness b. Choosing clothing and dressing c. Physically moving, such as walking or repositioning in bed d. Elimination, such as taking to toilet, or offering bedpan or urinal e. Cue resident or provide assistance with eating or drinking. 2. Care of resident's living space a. Make beds, change sheets when soiled b. Maintain an environment that is safe and clean c. Assist resident with laundering personal clothing when washer and dryer are on the unit (in some facilities). 3. Food service a. Assist in food preparation (in some facilities) b. Assist in setting up trays or resident's place at the table c. Assist residents to eat d. Provide fresh drinking water e. Provide snacks between meals. 4. Record-keeping a. Record resident's ability to perform activities of daily living (ADL) b. Record resident's behaviors or other required charting c. Record intake and output d. Assist in admission, transfer and discharge.	By federal regulation, instruction covering resident rights and promoting independence must be completed prior to direct contact with residents. Portions of this unit address the above topics. Explain to students that subsequent units will cover how to do the activities listed here. This listing will help the student see the scope of expected work responsibilities. Incorporate the approach that residents must be supported in maintaining independence in any ADLs that they are still capable of doing. The facility's organizational philosophy will direct the scope of CNA's responsibility. For example, in some facilities, the CNA is a "universal worker" with laundry, dietary and housekeeping responsibilities for which they must receive additional education. Provide a beginning explanation for MDS (Minimum Data Set) for resident assessment and care planning. Unit 13 contains more detail on this content.

Unit 3 Role and Responsibilities of CNA (continued)

	5. Communication and teamwork a. Listen carefully to resident b. Work cooperatively with other staff c. Report resident concerns to the nurse d. Read communication books, if utilized by facility e. Read and follow the resident's care plan or care sheet f. Make recommendations for changes in resident care g. Participate in resident care conferences.	
2. Discuss desirable attitudes and actions that will lead to successful job performance.	B. Desirable attitudes and actions 1. Dependability/responsibility a. Reporting to work on time b. Keeping absences to a minimum c. Keeping promises related to resident care d. Completing assigned tasks promptly and quietly e. Performing tasks for which the CNA is competent without being reminded f. Seeking assistance when asked to do a task that the CNA doesn't know how to do or hasn't been taught g. Being a team worker with a cooperative attitude. 2. Accuracy a. Communicate clearly, using appropriate terminology b. Report mistakes if CNA makes them. 3. Respect for others (residents and staff) 4. Honesty	Students may help add to list. Emphasize the importance of honesty, dependability, accountability and loyalty to the residents, staff and employer. Build a list of examples illustrating desirable attitudes and actions. In addition to the instructor's own experience, examples may be suggested by clinical site staff. Description of the negative (what happens if the desired attribute is not present) may be a way to illustrate the point.
3. Discuss and demonstrate desirable personal grooming habits.	C. Desirable personal grooming habits 1. Personal cleanliness 2. Good health 3. Neat and clean work clothing (style specified by employer) 4. Comfortable shoes that are safe for the workplace 5. Name badge attached to uniform 6. Watch and pen or pencil available, even if resident records are computerized.	Have a "dress rehearsal" for clinical. Ask students to come dressed appropriately for clinical to one class session in which they will practice resident care skills. Encourage students to wear appropriate shoes for lab practice.
4. Name policies that are typically in an adult care home's employee manual.	D. Typical employer policies 1. Dress code 2. Absences from work 3. Personal health, including use of alcohol or drugs	Show examples of job descriptions and employer policies. Show commonalities of employer expectations.

Unit 3 Role and Responsibilities of CNA (continued)

Identify actions by the CNA that are consistent with typical employee policies.	4. Smoking 5. Gifts from residents or family 6. Personal telephone calls, use of personal cell phone 7. Criminal record checks 8. Performance evaluation/appraisal 9. Grievance procedure	Criminal convictions list can be presented here, if not covered in Unit 1.
5. Discuss how confidentiality of resident information is maintained.	E. Respecting confidentiality in communication. 1. Confidentiality means keeping resident's personal information private, not disclosing it (verbally, in writing or by other means) to individuals who are not directly involved in the resident's care. 2. Examples of confidentiality. Do not discuss or share personal resident information: a. With one resident about another resident b. With visitors, relatives or friends of the resident c. With other staff, except when planning resident care or in conference d. With other staff in a public place such as a hallway or elevator, or in the breakroom e. Away from the adult care home where the resident lives.	Use sample situations to illustrate the application of protected personal information. Update these as technology brings new concerns, for example, resident consent is needed for picture cell phone images. Show samples of confidentiality forms that are usually part of employment orientation (part of HIPAA requirements).
6. Define and discuss legal and ethical aspects of resident care as they relate to the role of the CNA: CNA's responsibilities	F. Legal and ethical aspects of working as a certified nurse aide 1. CNA's responsibilities include a. Providing competent basic care, assisting residents in meeting their needs b. Performing only those activities or duties for which educated and competent, and which are authorized by law and regulation c. Maintaining an environment that respects the resident's privacy d. Maintaining an environment that supports resident safety e. Maintaining an environment that safeguards a resident's possessions f. Supporting the resident in exercising their rights (see Resident's Rights in Unit 2)	Help sensitize students to their personal responsibility for competent care.

Unit 3 Role and Responsibilities of CNA (continued)

	g. Reporting to the nurse any change in resident's mental or physical condition h. Accepting tasks assigned by the nurse, when competent to perform these tasks	The instructor should review language from the Kansas Nurse Practice Act that defines delegation (KSA 65-1165). The Nurse Practice Act may be found at the Kansas State Board of Nursing's website (www.ksbn.org). Unit 23 contains more information on delegation.
Actions not within CNA's responsibilities	2. Actions not within the CNA's responsibilities a. Administering medication b. Accepting orders from the resident's physician c. Revealing information from the resident's chart.	
Legal responsibilities related to negligence and neglect	3. Legal responsibilities related to negligence and neglect a. Negligence is the failure to use the care that a reasonable, prudent and careful person (CNA) would use in a similar situation. Similarly, neglect is the failure to provide care or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness. b. Examples: ▪Resident falls because call light was not left accessible for use. ▪Resident has an infection because the CNA failed to wash hands and use precautions after caring for another resident with an infectious condition. ▪Resident is harmed when care plan interventions are not followed. ▪Resident develops a pressure sore because the soiled brief is not changed or the resident is not repositioned.	Reinforce the need for CNA to use care plan information as part of daily routine.
Legal responsibilities related to abuse	4. Legal responsibilities related to abuse a. Abuse is an act or failure to act that intentionally or recklessly causes harm (or is likely to cause harm) to a resident.	

Unit 3 Role and Responsibilities of CNA (continued)

	b. Examples: Striking, slapping, hitting or kicking a resident Throwing a resident into bed Handling resident roughly while repositioning Calling a resident degrading names Threatening physical abuse Fondling the genitals or breasts of a resident Rape	
Legal responsibilities related to exploitation	5. Legal responsibilities related to exploitation a. Exploitation means the misappropriation of resident property or taking unfair advantage of the resident's physical or financial resources. b. Examples: Caretaker takes items such as magazines, candy, perfume, jewelry, credit cards or money from resident.	
Implications of ANE for CNA	6. Implications for the CNA a. CNA should immediately report suspicions of abuse, neglect or exploitation (ANE) to the nurse. The CNA may also call the adult care abuse hot line at 1-800-842-0078 b. A finding of abuse, neglect or exploitation (ANE) against a CNA will bar the CNA from employment in an adult care home. Abuse, neglect or exploitation can also result in criminal conviction.	Explain how to use "chain of command" for reporting. Information on reporting elder abuse is found on the KDOA website, under "Licensure, Certification and Evaluation".

Unit 4 Meeting Resident Needs: Communication

Learner Objectives	Content	Teaching Suggestions
1. Identify attitudes that promote communication.	A. Attitudes that promote communication 1. Courtesy and respect – Keep in mind that the resident has the right to make decisions regarding his/her own care and that this is the resident's home. Examples: Say "Please" and "Thank you" to both residents and staff. Use the resident's preferred name when speaking with him/her. Knock prior to entering the resident's room or other occupied room. 2. Keep emotions under control – Respond in a professional manner to residents, visitors and staff. 3. Show empathy – Put oneself in the other person's place to better understand how they may be thinking or how they feel. Show consideration to both residents and co-workers.	By federal regulation, instruction covering communication and interpersonal skills must be covered prior to direct contact with residents. Additional content covering how to assist the resident who has dementia behaviors will be covered in Unit 21. Collect examples to illustrate these attitudes. Discuss what to do if frustration builds, how to get relief without involving resident. Model and encourage attitudes that promote communication during interactions throughout the course.
2. Identify and use actions and responses that promote effective communication between CNA and residents: Identify self Provide opportunity for resident expression Observe nonverbal behavior	B. Actions and responses that promote effective communication between CNA and residents 1. Identify self by name and job title, provide explanation for care to be given. 2. Provide opportunity for resident to express thoughts, opinions and feelings. a. Listen attentively to resident's comments. b. Allow enough time for communication. With aging, the individual often needs more time to process information. c. Observe for cues to understand the resident's responses. 3. Observe resident's nonverbal behavior during interaction. Be aware of own nonverbal communication. a. Body position or posture b. Facial expression c. Body activity, such as restlessness or turning away d. Physical distance separating individuals speaking	Role-play can show how to be effective in communication. Nurse aide textbooks and instructor resources will provide more substance to enhance content. Discuss "personal space" as it applies to communication comfort.

Unit 4 Meeting Resident Needs: Communication (continued)

	e. Touch (1) Can convey a variety of messages (caring, calming, control) (2) Being touched can elicit a variety of responses (calming, alarm, fear)	In addition to discussing appropriate touching of resident, the instructor may also inquire about how the student feels when touched by the resident.
Listen carefully	4. Listen carefully to expressed thoughts and feelings, and to tone of voice a. Look at person speaking, block out other distractions. Make eye contact, unless this disrespects the resident's cultural expression. b. Express acceptance of residents and their thoughts. c. Repeat back what the resident has said to summarize and validate.	
Focus on resident's concerns	5. Focus on concerns of the resident a. Understand the resident's personal history, past behaviors and patterns. b. Don't talk about CNA's personal situation or personal problems. c. Don't criticize other staff or the facility.	Give examples of how the CNA might respond if the resident reports problems with staff or is critical of other individuals. Include the need to report potential problems to the nurse.
Be aware of resident's barriers to communication	6. Be aware of barriers to effective listening and communication that the resident may experience. a. Environmental distractions – residents and staff talking or moving about, television, ringing of phone b. Hearing impairment or visual impairment (more care strategies later in this unit) c. Difficulty processing information – the resident may have confusion or a decline in mental alertness; fatigue may impair the resident's willingness to talk. d. Difficulty expressing speech (aphasia, dysphasia) as a result of disability such as a stroke (CVA). e. Inability to understand language used for communication. The resident may have a primary language other than English.	Ask students to develop and model strategies to deal with barriers to communication. What will they do when these barriers are present? At a later time, after clinical, ask the students to describe what barriers they experienced and what actions that they took. Use medical terminology throughout course so students can gain understanding.

Unit 4 Meeting Resident Needs: Communication (continued)

Be aware of CNA's barriers to communication	7. Be aware of barriers to effective listening and communication that the CNA may experience a. Environmental distractions, as described above b. Not concentrating on what the resident is saying, thinking about unrelated matters c. Not understanding differences in (or having negative feelings toward) culture, ethnic, lifestyle, or religious expression. d. Inability to understand language used for communication.	Use examples of how language barriers can be addressed.
3. Identify and use actions and responses that promote effective communication between CNA and resident's family and friends:	C. Identify and use actions and responses that promote effective communication between CNA and resident's family and friends.	Research reveals that families obtain more help in visitation skills from CNAs than from any other staff member.
Providing suggestions for family interaction with resident	1. The same general concepts of good communication (Section A, above) apply for family and friends as well as residents. 2. Family may need suggestions about how to "visit" with resident.	Reinforce the concept of privacy of resident's personal health information.
Respecting resident's personal health information	3. Providing information – A designated person, usually the nurse, communicates information such as change in medical status or change in doctor's orders. The CNA may be able to answer family questions about basic activities such as how the resident is eating, what kind of assistance he/she needs with ADLs.	Discuss policies of local adult care homes concerning who is designated to give specific information to family. For example, CNA may be the designated person to contact family about a resident's clothing needs.
Understanding chain of communication or command	4. When a family expresses concerns, the CNA listens and then acts to convey these concerns to the nurse.	Reinforce understanding of the chain of communication (sometimes called "chain of command") with examples.
Understanding behavior or communication that reflects distress	5. Behavior or communication between resident, family and staff may reflect distress from changes in the resident's situation. Examples are: a. Family may express guilt or grief at placing the resident in the facility b. Resident may express anger or sadness from placement in the facility or from functional changes due to illness c. Resident and family may not understand the resident's health problem or facility expectations	Examples or role play can help the CNA gain confidence in listening to the concerns of family members and determining how to respond.

Unit 4 Meeting Resident Needs: Communication (continued)

Avoiding involvement in family matters	d. Resident or family may be concerned by matters outside of the facility, such as finances 6. The CNA should avoid involvement in family arguments or decision-making.	Provide examples of respecting boundaries between staff and resident/family.
4. Identify and use actions and responses that promote effective communication between CNA and other staff members:	D. Identify and use actions and responses that promote effective communication between CNA and other staff members.	
	1. The same general concepts of good communication (Section A, above) apply for staff members as well as residents.	Provide examples of obstacles to effective communication, such as not actively listening or failing to determine if the listener understood what was said.
Understanding directions and personal responsibility for competency	2. The CNA is responsible to make sure that he/she understands directions and assignments that have been made. 3. If the CNA has not been trained to do an assigned task, he/she has the responsibility to say so.	
Information to report to nurse	4. Information to report to nurse a. Situations that could result in harm to a resident b. Any change (improvement or decline) in a resident's physical condition c. Personal information about CNA that could interfere with his/her performance d. Resident care that the CNA is unable to provide or complete e. All complaints from residents and visitors.	Provide examples of reporting to nurse. Instructor can add more complex situations that show use of chain of command/communication such as: ▪How to report care by another CNA that is below standard ▪What to do if nurse takes no action after CNA has reported a problem.
5. Describe steps for answering resident's call signal or pager.	E. Answering the resident's call signal or pager notification 1. Answer as soon as call signal or pager is activated. 2. Turn off call signal when you enter resident's room. Pager should remain in an "active" mode, not turned off. 3. When resident's request has been met, replace the call signal device where the resident can reach it. 4. Before leaving resident, check for other needs. Examples: resident comfort, repositioning, offering a drink.	Demonstrate use of call signal or pager when students tour clinical site. Discuss responsible use of pager. Show use of emergency call signal in locations such as resident's bathroom and bathing room. Discuss prioritizing when several call signals go on at once. Discuss potential responses when a resident uses the call signal with great frequency.

Unit 4 Meeting Resident Needs: Communication (continued)

6. Describe techniques for effective use of telephone, cell phone or intercom.	F. Use of telephone, cell phone or intercom 1. Identify speaker's location. 2. Identify speaker's name and job title. 3. Speak slowly and clearly. 4. When taking a message, write it down, ask for spelling if needed, then repeat message back to verify name of caller, information and phone number. 5. Remember confidentiality when using facility cell phones.	Role play Identify facility policies regarding use of personal cell phones. Discuss phone/cell phone etiquette. Discuss issue of confidentiality when using facility cell phones to discuss one resident while providing care for another resident.
7. Promote resident communication through the use of sensory assistive devices such as glasses and hearing aids.	G. Communicating with resident who has a vision or hearing impairment 1. Approach resident with vision/hearing impairment from within field of vision, usually from the front. 2. Sit or stand at the same level as the resident. 3. With a resident who has a hearing impairment, speak slowly and clearly using a low-pitched voice. Use nonverbal communication to provide cues. 4. If a resident has glasses, check to see that they are clean, properly placed, and that they fit. 5. If a resident has a hearing aid, check for functioning batteries and for presence of earwax. Check for proper placement. Report need for assistive device, if resident has difficulty hearing. 6. Store glasses and hearing aids so that they are not damaged or lost. Devices will be marked with resident's name. 7. Before sending resident's clothing to laundry, check pockets for glasses or hearing aids.	Instructor may develop situations for students to experience sensory losses. One is to have blindfolded student walk around on the arm of another student. Demonstrate care for glasses and hearing aids. Show how to clean. Show how to change batteries. Contact local optometrist and audiologist for teaching samples.
8. Identify behaviors often shown by a resident who has confusion.	H. Communication with the resident who has cognitive impairment or confusion 1. Typical behaviors for long-term confusion a. Loss of ability to care for self b. Unable to recognize familiar persons or surroundings c. Memory loss, particularly for recent experiences d. Impaired judgment	More detail about the resident with cognitive impairment is found in Unit 21. The instructor may choose to combine all communication content within this unit and lengthen the time to complete the task checklist.

Unit 4 Meeting Resident Needs: Communication (continued)

9. Describe and use effective approaches for communicating with a resident who is confused.	2. Beginning approaches for communicating with a resident who is confused a. Approach the resident from within his/her field of vision. b. Speak and act in a calm, friendly manner. Avoid sudden or loud actions. c. Use short, simple words and sentences. Offer simple choices. d. If the resident does not understand a spoken request, try to demonstrate the request. e. Follow a consistent routine. f. If the resident is unwilling to participate in care or in an activity, do not force him/her to participate. Arguing with a confused resident is ineffective communication and does not show respect. g. Use distraction techniques.	Discuss communication strategies again after a clinical experience and in Unit 21. Role play communication approaches prior to clinical. Discuss again after clinical when students can report on approaches used by staff as well as techniques that they found effective. Give suggestions for CNA's responses to a resident who refuses care. Explain CNA's responsibility if he/she is unable to provide or complete resident care.

Unit 5 Meeting Resident Needs: Infection Prevention and Control

Learner Objectives	Content	Teaching Suggestions
1. State reasons why infection prevention and control is important.	A. Importance of infection prevention and control: Infection control practices help reduce the number of disease-producing microorganisms (pathogens) and hinder their transfer from one person to another or from one place to another. Medical asepsis is another term that may be used. 1. Microorganisms are always present in the environment. Some of these microorganisms cause disease (pathogens). Some pathogens have developed resistance to antibiotics, making them especially difficult to control. 2. Elderly people and individuals with chronic diseases often have immune systems that are not as active or responsive, making them more susceptible to pathogens. 3. Infection control should: a. Prevent cross-infection – Protect residents, visitors and staff from acquiring an infection. It also prevents staff from carrying infection home to family members. (1) Nocosomial infection is the term used for an infection that is acquired within the facility. b. Prevent reinfection – Protect a resident who has had an infection from being infected again. c. Provide a safe environment that is as free from pathogens as possible. Reducing the number of pathogens and hindering their transfer decreases the opportunity for spread of infection.	By federal regulation, instruction covering infection control must be completed prior to direct contact with residents. Since this unit contains much factual material, a learning aid such as a crossword puzzle may help students with learning. Search online using "create crossword puzzle" to find a tool to build a puzzle. Searching for "create word search" will provide that tool.
2. Discuss conditions that affect growth of microorganisms.	B. The nature of microorganisms 1. Names of common organisms that can be pathogens include: bacteria, viruses, fungi and parasites. 2. Conditions that affect growth a. Food – most microorganisms need organic material for nourishment. b. Moisture and light – most microorganisms grow well in moist locations and in darkness.	Nurse aide textbooks provide illustrations and brief descriptions of organisms.

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

	c. Oxygen – most microorganisms, particularly bacteria, need oxygen to live. d. Temperature – most pathogens thrive at body temperature.	The instructor may use common infections to explain how microorganisms grow and are spread: Common cold, mumps or measles, chicken pox, athlete's foot, infection of a cut or wound.
3. Name ways in which pathogens are spread.	3. How pathogens are transmitted a. Direct contact: touching the source of infection, then touching a susceptible body location. For example, touching secretions or feces from a resident, then touching a break in the skin or mucous membrane. Hands can transmit infection by direct contact. b. Indirect contact: Infection is picked up on an object and carried to the person. For example, a resident's feces contaminates the floor and visible residue is cleaned up, then a drinking straw falls on the floor and is picked up for another resident to use. c. Droplet spread: Pathogens are transmitted by droplets given off by coughing, sneezing, talking. d. Airborne spread: Pathogens are spread with small particles like dust. e. Vehicle spread: Pathogens are carried by contaminated food, water, blood (bloodborne pathogens).	Briefly explain about resistant organisms such as MRSA and VRE here or with isolation later in unit. Provide examples of diseases caused by bloodborne pathogens.
4. Identify and use infection control terminology.	4. Terms used when talking about infection control a. Terms describing the relative presence of microorganisms (1) Clean (2) Contaminated (soiled or dirty) (3) Sterile b. Terms used to describe processes of removing microorganisms (1) Disinfection (2) Sterilization	Textbooks provide common, consistent definitions and examples.

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

C. Systems of precaution used for infection control
The Centers for Disease Control (CDC) has outlined two systems of practice for limiting the spread of bloodborne pathogens and other pathogens: Standard precautions and transmission-based precautions

CDC website: www.cdc.gov

5. Identify the purpose for standard precautions.

1. Standard precautions
These are infection control precautions that are to be used for the care of ALL residents, whether or not they have been diagnosed with an infectious disease. These precautions are designed to reduce transmission of pathogens from both recognized and unrecognized sources. The CNA or other staff can never be certain who may be a carrier of infection.

The CNA also needs to practice good health habits, not coming to work when ill and not bringing infections from home to work (such as pink eye).

6. Identify potential sources of infection.

a. Potential sources of infection include:
(1) Blood
(2) All body fluids, secretions and excretions, except sweat, regardless of whether they contain visible blood
(3) Nonintact skin
(4) Mucous membranes

7. Identify and use activities that are part of standard precautions:

Handwashing

Personal protective equipment

b. Overview of standard precautions activities
(1) Wash hands after touching potential sources of infection. Simply stated, this means washing hands before and after contact with resident, and anytime hands are soiled.
(2) Use personal protective equipment (PPE), also called barrier equipment when touching potential sources of infection.
▪Wear gloves, changing frequently after contact with infected material. Proper use of gloves provides a protective barrier.
▪Wear mask and eye protection or face shield if body substance could splash or spray.
▪Wear fluid resistant gown to protect skin and clothing if body substance could splash or spray.

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

	Handling soiled equipment and linen	(3) Handle resident care equipment with caution, particularly when equipment has contacted potential sources of infection. PPE may be needed. (4) Handle linen with care. Assume that linen has touched potential sources of infection. ▪Avoid contact with one's clothing ▪Handle so that microorganisms are not transferred to other residents or the environment.
	Using environmental control measures	(5) Use approved environmental control measures when cleaning up a spill, disposing of trash, or cleaning the resident's unit. Label biohazardous waste. (6) Prevent injuries from needles and other sharp devices. The nurse will dispose of needles in a "sharps" container that is puncture resistant.
8.	Discuss reasons for thorough hand care (washing, waterless cleaner, gloving).	c. Hand care as part of standard infection control. Hands are a primary means for spreading disease by direct contact. (1) Jewelry, watches and rings provide a place for microorganisms to hide. (2) Artificial nails and chipped polish provide a place for microorganisms to hide. (3) Around and under nails is another location where microorganisms may hide. (4) Intact skin provides a protective barrier. (5) Handwashing is the single most important measure in infection prevention and control. A waterless cleaner is also effective for routine hand care, but should not substitute for washing when hands are visibly soiled.
9.	Identify key points of handwashing routine.	d. Key points of handwashing routine (Use textbook for detailed description or refer to web site for Centers for Disease Control and Prevention www.cdc.gov)

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

	Demonstrate effective handwashing.	(1) Wash hands when visibly soiled, when gloves have been removed, after using the restroom, before eating, before resident contact, after contact with a resident's skin, after contact with bodily fluids or excretions, and any time hands have touched contaminated material. (2) Use warm, running water, keeping hands lower than elbows allowing water to flow toward fingertips. (3) Use firm rubbing motion to clean all surfaces of wrists, hands, fingers and nails. Liquid soap is usually provided from a dispenser. (4) Wash for an adequate length of time (15-30 seconds). (5) Dry hands with paper towels, using dry towel to turn off faucet. (6) Avoid touching sink with clothing or body.	Demonstrate handwashing and gloving. Not all details are repeated here since student textbooks provide consistent steps. Textbook illustrations also help students to understand this and other procedures. Other procedures in this curriculum assume that handwashing is an integral step. The instructor should continue to emphasize the need for handwashing and other infection control measures throughout the course.
10.	Identify key points of handwashing with waterless cleaner. Demonstrate effective handwashing.	e. Key points when using waterless hand cleaner (1) Follow facility policies regarding use. (2) Rub adequate amount of cleaner onto all surfaces of wrists, hands and fingers. Rub until the cleaner dries, at least 15 seconds or as described in facility policy. (3) If hands are visibly soiled, use soap and water. (4) Waterless hand cleaner is not to be used in food preparation areas.	Teaching tools such as Glitterbug (www.brevis.com) and Glo Germ (www.glogerm.com) provide activities that promote understanding of infection control.
11.	Identify key points for using gloves. Demonstrate donning and removing gloves.	f. Key points when using clean gloves (Use textbook for detailed description) (1) Gloves are to be used when hands have contact with blood, body fluids, broken skin or mucous membrane. (2) Gloves may be used to protect CNA's hands if skin is not intact. (3) Hands should be clean before putting on gloves. Hands should be washed after gloves are removed.	

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

	(4) Remove and discard soiled gloves immediately after completion of task. (5) Remove gloves without contaminating hands. Gloves are not reused. (6) Gloves may be made of different materials to protect individuals who have latex allergy.	Residents or students may have an allergic response to latex gloves or other medical devices containing latex. Instructor may describe common symptoms of an allergic response.
12. Describe the purpose for transmission-based precautions or isolation.	2. Transmission-based precautions or isolation These are infection control precautions based on the way a particular disease is spread. They are used in addition to standard precautions for a resident who has an identified infection. a. Types of transmission-based precautions (1) Contact transmission precautions (2) Droplet transmission precautions (3) Airborne transmission precautions b. The nurse will identify the type of isolation or precautions required for a resident's infection. The facility will have written descriptions of the isolation procedure. c. Needs of the resident in isolation (1) Personal care needs are the same as if the resident were not in isolation. (2) Basic needs continue for safety and security, belonging and caring. Remembering to care for the person as well as the disease is important. (3) Resident and family need to be educated about isolation purpose and procedure. 3. Reverse or protective isolation a. Purpose is to protect the resident with a weakened immune system from pathogens in the environment. b. Less commonly seen in long-term care facilities.	See Section B, # 3 (above) for ways in which pathogens are spread Student textbooks often provide more detail regarding types of precaution, aiding the instructor in clarifying the principles. Demonstrate isolation skills in as much detail as is appropriate for the clinical setting. Practice donning protective equipment such as gowns and masks.

Unit 5 Meeting Resident Needs: Infection Prevention and Control (continued)

13. Identify CNA actions when there is a break in infection control procedures.

4. Correcting breaks in infection control procedures
   a. If CNA catches a break in procedure, he/she can use the hint “stop, correct, resume” as a reminder for the action to take.
   b. Examples:
      ▪When providing incontinent care, the CNA forgets to apply gloves. Corrective actions are to stop, leave the resident in a safe condition, wash hands, apply gloves, and resume incontinent care.
      ▪While changing linens on resident’s bed, the CNA places soiled linen on the bedside table. Corrective actions are to stop, remove linens to a hamper or plastic bag, clean top of table with disinfectant, then complete resident care.

Unit 6 Meeting Resident Needs: Mobility

Learner Objectives	Content	Teaching Suggestions
1. Explain the CNA's role in resident care relating to mobility.	A. CNA's role related to resident mobility 1. Encourage resident participation, control and confidence 2. Prevent deterioration in condition (functional decline) 3. Provide for safety 4. Follow the resident's care plan, including restorative activities.	This unit, as well as some that follow, has a heavy emphasis on performing tasks. Use of scenarios or situations can aid in maintaining a resident-centered presentation. Instructor should use teaching resources that highlight restorative nursing.
2. Define and discuss how good body mechanics is a benefit to the CNA.	B. Body mechanics 1. Description a. Body mechanics describes how to use the body correctly when moving residents and/or objects. b. Using good body mechanics makes the best use of strength, avoiding fatigue and injury (such as back strain). c. When the CNA uses good body mechanics (along with proper lifting/moving devices) the chance of injury to residents and self decreases.	Musculoskeletal changes accompanying aging or chronic disease and affect mobility are covered in Unit 15. However, the instructor may choose to use some examples or descriptions of common resident conditions in this unit.
3. Identify and use good body mechanics.	2. General rules of good body mechanics a. Use largest, strongest muscles to do the job. (1) When moving or picking up a heavy object use the large muscles of the legs instead of smaller, weaker back muscles. Squat down, bending at the knees. Keep one's back straight and raise up, using leg muscles. NEVER bend at the waist or twist while lifting a heavy object. (2) Use both hands/arms rather than one to pick up a heavy object. b. Stand erect, using good posture. c. Keep close to object or person being lifted or moved. Don't lift from a reaching position. d. Face the work area. Turn by pivoting feet or taking a few small steps rather than by twisting at the waist.	Demonstrate principles of good body mechanics. Students can critique each other's use of good body mechanics during practice lab.

Unit 6 Meeting Resident Needs: Mobility (continued)

	e. Use a broad base of support when lifting. Use a space between feet approximately the width of one's shoulders, with one foot slightly ahead of the other (football player stance). f. Wear sturdy, non-slip shoes. g. Use ones arms to support object being moved. Leg muscles actually do the job of lifting, not back muscles. h. Push, pull, slide or roll rather than lift a heavy object, if possible. Use the weight of one's body to aid in moving. i. Keep work at a comfortable height. Usually the most comfortable working level for a bed is slightly above waist height. j. Use smooth, steady movements. Avoid jerking lifts. k. Back pain or trauma may result from repeated small injuries, not just from a single event. l. Keep one's own muscles strong through fitness exercise.	Back support belts may be used within a facility. It is unproven that this device significantly reduces back injuries. (Safe Lifting and Movement of Nursing Home Residents (2006) National Institute for Occupational Safety and Health, CDC)
4. Describe and use general principles for lifting and moving a resident.	C. General principles for lifting and moving a resident 1. Understand how the resident may be moved, what he/she can do to assist, and mobility goals. a. Check the care plan or ask the nurse. b. Terms such as "weight-bearing", "limited assistance", "extensive assistance" will be used. 2. Plan for help from other staff when one is moving/lifting a resident. 3. Use mechanical lifting devices or other devices whenever possible. Some facilities may have implemented "no lift", "lift free" or "safe lift" policies. 4. Know how to use devices safely. Approach the resident with confidence. 5. Work in coordination when lifting or moving a resident with another person. 6. Explain procedure to resident, give cues about what the resident can do to help.	Demonstrate principles for lifting and moving. Begin to use terminology found on MDS Assessment Form and resident's care plan. Explain these documents to students. Show examples of care plans. Describe the intent of these lifting policies. Describe teamwork in lifting and moving the resident. Discuss how to handle lifting and moving when other staff are not available to assist, as directed by the care plan.

Unit 6 Meeting Resident Needs: Mobility (continued)

	7. Protect all tubing and dressings when moving resident. 8. Give most support to heaviest parts of body. 9. Position resident so that gravity can help with the move. 10. Take time. Allow resident to maintain control. A resident may experience a period of dizziness when changing position. 11. Observe and report resident's ability to participate in activity, and response to activity.	The instructor may choose to develop a list of "beginning procedure actions" and "ending procedure actions" that are to be followed with every resident procedure. Actions on the list will be such things as "explain procedure", "provide for privacy", "wash hands", "report observations".
5. Describe and use safe practices with a transfer belt.	D. Safe practices using a transfer belt (A similar item is called gait belt when it is used for assisting the resident in walking). Some of these belts have multiple handles to grip while assisting the resident to transfer or walk. 1. Apply to resident's waist. Use a protective layer of fabric between the belt and skin. Usually this is the resident's clothing. 2. Check for tightness – the belt should be tight enough to stay in place, but loose enough to be comfortable. Make sure that breasts are not pinched in the belt. 3. Resident should wear non-slip shoes. 4. Resident should place hands on CNA's forearm or elbow while being assisted, not on CNA's shoulders or neck. 5. Observe and report resident's ability to participate in activity, and response to activity.	Student texts will provide helpful illustrations to enhance lab practice. Describe the potential injury that can result from lifting a resident under his/her arms or from applying belt directly over skin. Describe consequences of not following safe practices. Schedule repeated opportunities for use of mobility devices during lab practice time. This will help ensure that students follow safe practices in clinical and are confident in their skills.
6. Describe basic principles and demonstrate: ▪Raise to sitting position in bed ▪Move toward head of bed ▪Move to side of bed ▪Use of lift sheet ▪Assist resident to move independently in bed ▪Log-rolling turn or move in bed	E. Describe and demonstrate (using principles and practices listed in Sections C and D above): 1. Raise to sitting position in bed 2 Move toward head of bed 3. Move to side of bed 4. Use of lift sheet 5. Assist resident to move independently in bed 6. Log-rolling turn or repositioning in bed	Use basic nursing text and/or video as a guide for these procedures. Utilize restorative techniques and assistive devices to promote resident's ability to function at highest possible level.

Unit 6 Meeting Resident Needs: Mobility (continued)

▪Transfer from chair to bed and bed to chair
▪Transfer from bed to stretcher
▪Use of sliding board

7. Transfer from chair (wheelchair) to bed and bed to chair (wheelchair), including proper placement of chair (wheelchair). Wheelchair safety is covered below in Section H
8. Transfer from bed to stretcher
9. Use of sliding board

Describe tissue trauma (sheet burn friction and tissue "shearing") that can result from sliding or dragging resident's body over bedding or other surfaces.
Show how resident may use or repositioning bars or bed rails to assist in changing position

F. Body alignment
1. Alignment is the correct positioning of the resident's body.
Parts are in an anatomically "straight" line, such as: Head up, neck and back straight, chest out, 90° angle while sitting, fingers slightly flexed, feet in "walking" position.
2. Correct positioning helps to prevent contractures (shortening or tightening of muscle) and undue pressure on tissue.

7. Describe the effect of common posture changes with aging.

3. Posture changes with aging
   a. Osteoporosis and other conditions may contribute to changes in posture
      (1) Head and neck flexed slightly forward, causing the resident to look down
      (2) Spinal column shortened, perhaps more rigid, flexed forward
      (3) Hips and knees slightly flexed to compensate for other changes
   b. Posture changes may cause the individual to have poor balance.

8. Describe and demonstrate correct body alignment:
▪Supine and semi-supine (tilt) positions
▪Prone and semi-prone positions
▪Sim's (left semi-prone) position
▪Fowler's (semi-sitting) position
▪Chair (wheelchair) position

4. Correct body alignment in the following positions
   a. Supine and semi-supine (tilt) positions
   b. Prone and semi-prone positions
   c. Sim's (left semi-prone) position
   d. Fowler's (semi-sitting) position
   e. Chair (wheelchair) position

Use basic nursing text and/or video as a guide for positioning.

Lateral or side-lying position is not recommended for the elderly or chronically ill because it produces increased pressure on the bottom hip and leg.

Unit 6 Meeting Resident Needs: Mobility (continued)

9. Identify and use devices that aid the resident in maintaining correct body alignment: ▪Pillows ▪Foam wedges or other shapes ▪Trochanter roll ▪Abduction splint ▪Palmar (hand-wrist) splint ▪Hand roll ▪Foot board	5. Devices that aid maintenance of correct body alignment. Placement is critical for effective use. a. Pillows b. Foam wedges (or other foam shapes) c. Trochanter roll d. Abduction splint e. Palmar (hand-wrist) splint f. Hand roll g. Foot board	Use basic nursing or restorative nursing text as a guide for the use of positioning devices.
10. Identify and use devices that assist the resident in walking or ambulation (walker, cane, crutches.	G. Devices that assist the resident in walking or ambulation (walker, cane, crutches) 1. General guidelines a. Check for resident's ambulation goals (restorative activity). b. Check device before using to see that it is safe. For example, all of the above devices should have slip-proof tips that are not cracked or torn. c. Resident should wear slip-proof shoes. d. Use a transfer or gait belt when assisting the resident with the above devices. Usually stand slightly behind and close to the resident's side, holding onto the center back of the belt. Factors that will influence where CNA stands include: ▪Resident's ability to stay upright ▪Strength of each leg ▪Resident's field of vision e. Encourage the resident to walk to activities, even if it would be faster to take the resident in a wheelchair. f. Encourage the resident to walk with good posture, head up, looking forward. CNA may place a hand in front of resident's shoulder ("guarding") to encourage good posture. g. Observe and report resident's activity and any signs of illness.	Use basic nursing or restorative nursing text as a guide for the use of ambulation devices. Provide examples of ambulation goals. Show how to assist the resident who begins to fall while being ambulated.

Unit 6 Meeting Resident Needs: Mobility (continued)

	2. Walker – see any basic nursing text for types of walkers and details of safe use 3. Cane – see any basic nursing text for types of canes and details of safe use 4. Crutches – see any basic nursing text for types of crutches and details for safe use	Demonstrate how ambulation devices are adjusted and how proper height is determined.
11. Describe the use of and demonstrate using the wheelchair as a mobility device, including:	H. Using the wheelchair as a mobility device 1. Wheelchair features – Inspect prior to use to see that wheelchair has all of its parts and functions safely. 2. Key points for assisting resident with wheelchair:	In contrast to descriptions of previous procedures, more detail is presented in the "Content" column for wheelchair use. Not all textbooks provide information on wheelchair operation and safety.
Wheelchair features		
Mobility or locomotion goals	a. Understand mobility (or locomotion) goals for resident, enabling individual to participate as much as possible.	
Positioning resident	b. Positioning ▪Alignment devices (described above) may be used to help maintain proper positioning. ▪Resident's feet are placed securely on foot rests. Know where resident's feet are positioned while wheelchair is moving. ▪Resident's arms and elbows are positioned inside arm rests ▪Lap blanket provides warmth and protects modesty. Tuck ends firmly around resident to prevent them from tangling in wheels.	
Moving or manipulating wheelchair	c. Moving ▪Usually move wheelchair forward by pushing from behind (resident faces forward). ▪Back wheelchair into elevator when entering, enabling resident to face elevator opening. ▪When traveling down a steep ramp, move wheelchair backwards. This will allow operator to maintain control of wheelchair movement. ▪Move carefully when going through swinging doors or around corners.	Show students how to manipulate wheelchair. When students practice on each other, they develop an appreciation for the resident's experience.

Unit 6 Meeting Resident Needs: Mobility (continued)

	Use of brakes	d. Setting brakes ▪When resident moves into or out of chair ▪When chair is parked (for example, at the dining table)	
	Pressure relief	e. Pressure relief (preventing pressure injury) (1) Show resident how to change position to relieve prolonged pressure on buttocks, hips and coccyx ▪Wheelchair pushups ▪Change pressure from one hip to the other by leaning to side (2) Cushions that distribute pressure may be used on the chair seat.	Demonstrate need to change position by having students sit in their classroom seats or in a wheelchair for a designated period of time without shifting weight. Consensus will probably be that repositioning should occur more frequently than every two hours.
12.	Describe the use of and demonstrate using mechanical lifting devices, including:	I. Using mechanical lifts 1. Purposes for using mechanical lifts a. For safely moving a resident who cannot assist, cannot maintain balance, or is heavy (1) To standing position (sit-to-stand lift) (2) To chair or wheelchair (total body lift) (3) To facilitate other activity, such as ambulation, moving into whirlpool tub or weighing b. To protect CNA c. To comply with a facility's no-lift/ safe lift policy.	Use basic nursing or restorative nursing text, along with operating manuals for specific models, as guides for the use of mechanical lifts.
	Purposes		Lifts mounted to the ceiling are available in some facilities. Be alert for new lifting and transfer devices. An internet search for "nursing mechanical lift" will give examples.
	Types	2. Lift mechanisms a. Hydraulic – a hand pumped "jack" or crank powers the lift. b. Battery-powered or electric lift	An OSHA publication "Ergonomics: Guidelines for Nursing Homes" is available online at: www.osha.gov
	Safe practices for use of lift	3. Key points for use of a mechanical lift a. Follow facility policy regarding number of staff required for safe lift. Many times safe operation will require two or more <u>trained</u> staff. b. Understand how to use lift. Follow operating instructions. Practice with it before attempting to move a resident. Check for operational safety before attempting to move resident.	Role play lifting situations in lab to help students understand the sensation of anxiety that a resident may have.

Unit 6 Meeting Resident Needs: Mobility (continued)

c. Consider resident's response to being lifted. (1) Provide for privacy. (2) Lessen resident's anxiety by showing competence and confidence in use of lift, and by showing resident how to participate in lift.	Closely supervise students while using lifts. Emphasize that CNA must not use equipment without proper training.
d. Use brakes appropriately.	Show emergency procedure when battery-powered or electric lift loses power.
e. Position lifting sling and/or straps in correct manner for type of lift.	

Unit 7 Meeting Resident Needs: The Resident's Personal Living Space

Learner Objectives	Content	Teaching Suggestions
1. Discuss actions and activities that respect the resident's control of his/her personal living space.	A. Respecting the resident's control of his/her living space 1. Resident may bring own furniture, wall decoration and other items to personalize living space. 2. Staff members knock before entering resident's room. 3. When resident receives personal care in the room, staff members provide for privacy by closing doors, closing curtain around bed and closing window blinds or curtains.	The resident's living space may be part of a "household" or "neighborhood" that includes central dining/living space with bedrooms surrounding it.
2. Identify and state the purpose for items typically found in the resident's personal living space.	B. Furniture and equipment in the resident's living space 1. Furniture a. Bed (1) Typically, the bed is provided by the facility. Bed can be raised in the flat position, with separate electronic controls or cranks for raising headrest and knees. High position may be used for staff safety while providing resident care. The bed is not left in high position. Low position is used for resident at risk for falling from bed. Brakes are used to prevent bed from moving (2) Special mattresses may be used to reduce pressure. (3) Assistive devices for mobility such as trapeze or mobility rail. (4) Bed rails (also called "side rails") may be placed only if the resident's medical condition dictates and when ordered by physician. b. Overbed table c. Bedside stand or cabinet 2. Items for personal use a. Urinal and bedpan b. Washbasin c. Emesis basin d. Personal hygiene and grooming supplies	Demonstrate and explain bed adjustments and use of side rails. Demonstrate application of bed brakes. Discuss bed rails as a form of restraint, posing a significant risk of harm from entrapment. Point out that hospitals may have a different expectation for bed rail use, but that the hazard remains. Also include that some homes do not use rails at all.
3. Discuss actions to keep the resident's living space comfortable.	C. Actions to provide environmental comfort 1. Adjust temperature for personal difference, keeping in mind that the elderly cannot adapt as well to temperature extremes.	

Unit 7 Meeting Resident Needs: The Resident's Personal Living Space (continued)

2. Provide ventilation according to the resident's preference and condition.
3. Adjust lighting for day and night safety. Place lights to avoid glaring.

4. Identify tasks that are part of daily maintenance of resident's living space.

D. Daily maintenance of resident's living space
1. Make a habit to scan the resident's room for safety issues when entering and leaving.
2. Keep call signal within resident's reach.
3. Keep urinal discretely within reach of male resident who uses a urinal. Empty and rinse urinal promptly after each use.
4. Eliminate odors by removing the source of odors.
5. Keep bedside stand/cabinet within resident's reach. Keep items that resident frequently uses within reach.
6. Remove or rearrange resident's belongings with resident's permission.
   Some residents hoard items such as snacks or personal care supplies. CNA can check with more experienced staff about how to respectfully deal with this issue.
7. Keep bed in lowest position, using bed rails only if ordered. The bed should be in the raised position only while CNA is providing care to the resident.
   a. Place pads on floor at side of bed, if ordered, when resident is in danger of falling out of bed.
   b. Bed rails can entrap and harm resident if not properly used.
8. Daily cleaning and maintenance
   a. Keep room free from clutter, restock care supplies.
   b. Follow facility policy for CNA's responsibilities.

Provide examples of accidents that may occur when resident does not have access to call signal.

5. Identify and demonstrate measures that make the bed comfortable and safe.

E. Bed making
1. Making a comfortable, safe bed
   a. Surface should be smooth and wrinkle-free
      (1) With aging, skin becomes less resilient and resistant to damage. Frail elders may have less tissue padding over boney prominences.

Unit 7 Meeting Resident Needs: The Resident's Personal Living Space (continued)

		(2) Wrinkles under the resident's body can be uncomfortable and restrict circulation, resulting in pressure areas. These pressure areas lead to pressure ulcers. (Covered in Unit 20.) b. When a resident remains in bed for long periods, the bed linens need to be checked frequently and straightened/tightened. Check when the resident is repositioned and at other times. c. A resident who is incontinent of urine or feces will need to have bed linens checked frequently. Never allow a resident to lie in soiled bedding. d. Check the resident's skin when repositioning and when changing linens after incontinence.	"Checking frequently" may mean more often than every two hours, depending on resident needs.
6. Identify types of bed-making and resident situation for which each is appropriate.	2. Types of bed-making a. Unoccupied – resident is able to leave the bed while it is made. Spread and top sheet may cover pillow or the pillow may be left exposed, depending on resident preference or facility policy. b. Occupied – resident remains in bed while linens are changed.		
7. Identify and demonstrate safe practices in making occupied and unoccupied beds.	3. Bed-making procedure Follow method described in basic nursing skills texts, including: a. Names of bed linen (flat sheet, fitted sheet, draw or lift sheet, washable protective underpads, disposable protective underpads, etc.) b. Measures for resident comfort (preventing wrinkles, allowing for toe room) c. Measures for resident safety during bed-making process d. Infection control - preventing transfer of pathogens while handling linen e. Using good body mechanics		Use any basic nursing skills text as a guide for bed-making procedure.

Unit 8 Meeting Resident Needs: Safety

Learner Objectives	Content	Teaching Suggestions
1. Identify, discuss and give examples of resident situations that influence safety.	A. Resident situations or conditions that influence safety 1. Confusion or forgetfulness resulting in faulty judgment 2. Impaired mobility due to such conditions as dizziness, tremors, weakness, slowed reflexes or response time. 3. Sensory impairment a. Vision – clarity or field of vision may be diminished (from conditions like macular degeneration, brain injury or CVA) b. Hearing – ability to hear warning sounds c. Diminished sense of touch and temperature – cannot identify warning sensations of pressure, heat or cold d. Diminished senses of smell and taste – cannot identify warning odors 4. Side effects from medications may include impaired mobility and confusion.	By federal regulation, instruction in safety/emergency procedures, including Heimlich maneuver, must be completed prior to direct contact with residents. The first part of this unit includes safety measures that are part of procedures in previous and subsequent units. Repetition confirms the importance of safety.
2. Identify and use safety precautions to prevent resident falls.	B. Safety precautions to prevent resident falls Among older adults, falls are the leading cause of injury deaths (Tool Kit to Prevent Senior Falls, National Center for Injury Prevention and Control, CDC). 1. Clothing a. Non-slip soles on resident's shoes. Shoestrings are tied. b. Long gowns or robes may cause resident to trip. 2. In resident's room (see Unit 7) a. Items that resident uses frequently are kept within reach. b. Answer call signal promptly. Provide needed assistance to resident before he/she takes unsafe action. c. Provide a clear walking path through room. d. Provide adequate light to see where one is walking. e. Spills in any walking area promptly wiped dry. f. Electrical devices properly used (cords out of walking path, no extension cord, intact electrical cord and outlet). g. Use bed rails correctly. h. No throw rugs	KDOA site also contains resources for reduction of falls: www.agingkansas.org Select "Licensure, Certification and Evaluation" This unit's coverage of safety is to be supplemented and reinforced during instruction on specific care procedures throughout the course. Additional safety measures will be found in other units.

Unit 8 Meeting Resident Needs: Safety (continued)

	3. Use brakes or wheel locks appropriately while transferring resident from one surface to another. 4. In hallways a. Encourage ambulating resident to use handrails. b. Keep hallways clear of objects. Do not store wheelchairs or other items in hallway. 5. Toileting – Assist resident with toileting on a regular basis as needed and according to plan of care. 6. Report potential hazards or promptly a. Report to nurse any resident behaviors that make him/her at risk for falling. b. Malfunctioning equipment must be removed from use until safe.	Various devices may be used in the facility to sound an alarm when a resident is moving in a potentially unsafe manner (body alarm, sensor pad, chair pull). Show samples of these devices during clinical, if possible. Reinforce that alarms do not substitute for other precautions, such as visually checking on the resident.
3. Identify and use safety precautions to prevent resident burns.	C. Safety precautions to prevent resident burns 1. Provide mealtime assistance to residents as needed to prevent spilling or swallowing foods or liquids that are too hot. 2. Water temperature a. Check water temperature before assisting resident with bath or shower. b. Report water temperature that seems too hot. 3. Monitor residents during bathing so that they do not change water temperature to an unsafe level. 4. Monitor residents' activity when they are in a food preparation area or an area where hot equipment such as steam tables are present. 5. Smoking (if facility policy permits) a. Allowed only in designated smoking area. b. Provide supervision. c. Resident may wear a protective "smoking apron". 6. Devices that produce heat or cold should be carefully monitored while in use. Decreased sensory perception may allow tissue damage.	Show practices to safely check food or liquid temperature. Show how to check water temperature using inside of forearm. Centers for Medicare and Medicaid Services (CMS) identifies 100° as a temperature safe for bathing. Since thermometers may not be readily available in the clinical setting, the instructor might use a thermometer in lab so that students can experience how warm 100° feels.

Unit 8 Meeting Resident Needs: Safety (continued)

4. Identify and use safety precautions to prevent electrical injury.	D. Safety precautions to prevent electrical injury 1. Report malfunctioning equipment, faulty plugs or outlets and frayed cords immediately. 2. Follow facility policy for electrical safety. For example, some require that any electrical device brought in by resident/family must checked by maintenance before use.	
5. Identify and use safety precautions for chemicals in the adult care home.	E. Safety precautions for chemicals (harmful substances) 1. Assume that an unlabeled bottle or container contains harmful material. Do not use. 2. Container label will give instructions for safe use of contents. 3. Potentially harmful substances should be kept in locked cabinet when not in use. While being used, the container needs to be under visual control of the staff member. Potentially harmful substances include such common items as liquid soap, topical (skin) medication, nail polish and remover. 4. Facility will keep Material Safety Data Sheets (MSDS) for chemicals in the workplace. MSDS sheets describe safe use and first aid measures.	During clinical, have students find where MSDS sheets are kept in facility.
6. Identify and use safety precautions to prevent resident choking and to assist resident who is choking.	F. Safety precautions for choking 1. Present food and liquids to resident in a form that the resident can handle (cut up, chopped, thickened). 2. Observe for symptoms of partial or complete airway obstruction. Use standard procedure for correcting airway obstruction, including: a. Resident symptoms b. Rescuer position and action c. Aftercare	Heimlich maneuver and abdominal thrust are names for procedures for clearing the airway. If the procedure is not well explained in the student's text, use resources from American Red Cross or American Heart Association. Demonstrate correct position and sequence of steps for relieving airway obstruction.
7. Identify and use safety precautions for oxygen use.	G. Safety precautions for oxygen (O_2) use 1. Precautions for oxygen safety should be posted outside resident's room when O_2 is used.	

Unit 8 Meeting Resident Needs: Safety (continued)

		2. Limit any situations that might start a fire because oxygen supports combustion. a. No smoking or open flame b. Check with the nurse before using any electrical equipment while the resident is receiving oxygen. c. Follow facility policies. 3. Observe oxygen flow rate setting, report to nurse if flow is not at ordered rate. 4. Secure O_2 tank so that it does not fall.	Show examples of posted precautions as well as oxygen supply devices. Show oxygen mask, cannula and oxygen concentrator. Refer to Unit 22 for resident care information.
8. Identify and use fire safety actions and procedures: Knowledge of facility's fire safety plan RACE	H. Safety precautions when a fire is discovered 1. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee. 2. An acronym that is often part of a fire emergency response plan is RACE. a. Rescue – Remove residents who are in immediate danger. b. Alert –Activate the fire alarm. Let others know about the fire emergency. c. Confine or Contain – An example would be to isolate the fire by closing doors and windows. Fire doors in corridors close automatically when the alarm is activated. d. Extinguish or Evacuate– Attempt to put out the fire if safe to do so. Facility sprinkler system will also help extinguish. Remove residents to safety as part of facility evacuation plan.	When touring the facility prior to direct resident care, point out the fire alarm boxes and review the basic fire safety plan.
Fire extinguisher use	3. Fire extinguisher use – an acronym for operating is PASS a. P – Pull pin. b. A – Aim toward the base of the flame. c. S – Squeeze the handle to start the flow of extinguishing material. d. S – Sweep spray from extinguisher from side to side at the base of the fire.	The local fire department may be able to help with teaching fire prevention, extinguisher use and evacuation carries.

Unit 8 Meeting Resident Needs: Safety (continued)

	Emergency evacuation procedures	4. Evacuation – Evacuate building if directed to do so. a. Use residents' beds and wheelchairs, if possible b. Use evacuation carries to remove non-mobile residents from a fire area, if other safer means of evacuation are not available. (1) One person carries, such as blanket drag, hip carry, pack-strap carry (2) Two person carries, such as chair carry and extremities carry (3) Four person blanket carry	Elevators may not be available in a fire emergency, necessitating the use of evacuation carries. Carries such as these are inherently hazardous, subjecting the CNA and resident to possible injury. The CNA should expect to practice fire safety procedures as part of employment.
9.	Identify and use tornado safety actions and procedures.	I. Safety measures when a tornado is expected 1. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee. 2. The plan usually includes moving residents to a safe area. a. The facility will designate an area that is structurally strong. b. Protect the resident from flying broken glass.	Use examples of various tornado preparedness plans from several long-term care facilities.
10.	Identify and use safety actions and procedures when other emergency is expected.	J. Safety measures when other emergency is expected 1. Examples of other emergencies are flood, chemical spill, violence, prolonged power outage, and prolonged disruption of water supply. 2. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee.	Facilities will have specific plan. The CNA will work under the direction of the nurse and/or other designated leader. Stress the need for teamwork and calm during an emergency.
11.	Identify and use safety actions and procedures to prevent elopement or respond when elopement has occurred.	K. Safety measures for resident elopement or exiting 1. Elopement – Resident with impaired decision-making ability, unable to judge own safety needs, leaves a safe area or the facility without staff supervision. 2. Preventing elopement a. Identify residents at risk. (However, those not previously identified may still leave.) b. All facility entrances and exits are monitored electronically unless under direct visual monitoring.	Use examples of facilities' emergency plans for resident elopement. Give examples of situations where an unsupervised resident has exited and the potential or actual harm that resulted.

Unit 8 Meeting Resident Needs: Safety (continued)

c. Resident's care plan may have specific interventions for wandering behaviors.

3. Doors may have audible alarms or send a signal to a pager when they are opened. Staff must respond immediately when such an alarm is triggered. An alarm must not be reset until the triggering cause is identified.
4. If resident is missing, follow facility's emergency plan.

How to support the resident who wanders or has other problem behaviors is covered in Unit 21.

Unit 8 Meeting Resident Needs: Safety

Learner Objectives	Content	Teaching Suggestions
1. Identify, discuss and give examples of resident situations that influence safety.	A. Resident situations or conditions that influence safety 1. Confusion or forgetfulness resulting in faulty judgment 2. Impaired mobility due to such conditions as dizziness, tremors, weakness, slowed reflexes or response time. 3. Sensory impairment a. Vision – clarity or field of vision may be diminished (from conditions like macular degeneration, brain injury or CVA) b. Hearing – ability to hear warning sounds c. Diminished sense of touch and temperature – cannot identify warning sensations of pressure, heat or cold d. Diminished senses of smell and taste – cannot identify warning odors 4. Side effects from medications may include impaired mobility and confusion.	By federal regulation, instruction in safety/emergency procedures, including Heimlich maneuver, must be completed prior to direct contact with residents. The first part of this unit includes safety measures that are part of procedures in previous and subsequent units. Repetition confirms the importance of safety.
2. Identify and use safety precautions to prevent resident falls.	B. Safety precautions to prevent resident falls Among older adults, falls are the leading cause of injury deaths (Tool Kit to Prevent Senior Falls, National Center for Injury Prevention and Control, CDC). 1. Clothing a. Non-slip soles on resident's shoes. Shoestrings are tied. b. Long gowns or robes may cause resident to trip. 2. In resident's room (see Unit 7) a. Items that resident uses frequently are kept within reach. b. Answer call signal promptly. Provide needed assistance to resident before he/she takes unsafe action. c. Provide a clear walking path through room. d. Provide adequate light to see where one is walking. e. Spills in any walking area promptly wiped dry. f. Electrical devices properly used (cords out of walking path, no extension cord, intact electrical cord and outlet). g. Use bed rails correctly. h. No throw rugs	KDOA site also contains resources for reduction of falls: www.agingkansas.org Select "Licensure, Certification and Evaluation" This unit's coverage of safety is to be supplemented and reinforced during instruction on specific care procedures throughout the course. Additional safety measures will be found in other units.

Unit 8 Meeting Resident Needs: Safety (continued)

	3. Use brakes or wheel locks appropriately while transferring resident from one surface to another. 4. In hallways a. Encourage ambulating resident to use handrails. b. Keep hallways clear of objects. Do not store wheelchairs or other items in hallway. 5. Toileting – Assist resident with toileting on a regular basis as needed and according to plan of care. 6. Report potential hazards or promptly a. Report to nurse any resident behaviors that make him/her at risk for falling. b. Malfunctioning equipment must be removed from use until safe.	Various devices may be used in the facility to sound an alarm when a resident is moving in a potentially unsafe manner (body alarm, sensor pad, chair pull). Show samples of these devices during clinical, if possible. Reinforce that alarms do not substitute for other precautions, such as visually checking on the resident.
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Unit 8 Meeting Resident Needs: Safety (continued)

4. Identify and use safety precautions to prevent electrical injury.	D. Safety precautions to prevent electrical injury 1. Report malfunctioning equipment, faulty plugs or outlets and frayed cords immediately. 2. Follow facility policy for electrical safety. For example, some require that any electrical device brought in by resident/family must checked by maintenance before use.	
5. Identify and use safety precautions for chemicals in the adult care home.	E. Safety precautions for chemicals (harmful substances) 1. Assume that an unlabeled bottle or container contains harmful material. Do not use. 2. Container label will give instructions for safe use of contents. 3. Potentially harmful substances should be kept in locked cabinet when not in use. While being used, the container needs to be under visual control of the staff member. Potentially harmful substances include such common items as liquid soap, topical (skin) medication, nail polish and remover. 4. Facility will keep Material Safety Data Sheets (MSDS) for chemicals in the workplace. MSDS sheets describe safe use and first aid measures.	During clinical, have students find where MSDS sheets are kept in facility.
6. Identify and use safety precautions to prevent resident choking and to assist resident who is choking.	F. Safety precautions for choking 1. Present food and liquids to resident in a form that the resident can handle (cut up, chopped, thickened). 2. Observe for symptoms of partial or complete airway obstruction. Use standard procedure for correcting airway obstruction, including: a. Resident symptoms b. Rescuer position and action c. Aftercare	Heimlich maneuver and abdominal thrust are names for procedures for clearing the airway. If the procedure is not well explained in the student's text, use resources from American Red Cross or American Heart Association. Demonstrate correct position and sequence of steps for relieving airway obstruction.
7. Identify and use safety precautions for oxygen use.	G. Safety precautions for oxygen (O_2) use 1. Precautions for oxygen safety should be posted outside resident's room when O_2 is used.	

Unit 8 Meeting Resident Needs: Safety (continued)

		2. Limit any situations that might start a fire because oxygen supports combustion. a. No smoking or open flame b. Check with the nurse before using any electrical equipment while the resident is receiving oxygen. c. Follow facility policies. 3. Observe oxygen flow rate setting, report to nurse if flow is not at ordered rate. 4. Secure O_2 tank so that it does not fall.	Show examples of posted precautions as well as oxygen supply devices. Show oxygen mask, cannula and oxygen concentrator. Refer to Unit 22 for resident care information.
8. Identify and use fire safety actions and procedures: Knowledge of facility's fire safety plan RACE	H. Safety precautions when a fire is discovered 1. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee. 2. An acronym that is often part of a fire emergency response plan is RACE. a. Rescue – Remove residents who are in immediate danger. b. Alert –Activate the fire alarm. Let others know about the fire emergency. c. Confine or Contain – An example would be to isolate the fire by closing doors and windows. Fire doors in corridors close automatically when the alarm is activated. d. Extinguish or Evacuate– Attempt to put out the fire if safe to do so. Facility sprinkler system will also help extinguish. Remove residents to safety as part of facility evacuation plan.	When touring the facility prior to direct resident care, point out the fire alarm boxes and review the basic fire safety plan.
Fire extinguisher use	3. Fire extinguisher use – an acronym for operating is PASS a. P – Pull pin. b. A – Aim toward the base of the flame. c. S – Squeeze the handle to start the flow of extinguishing material. d. S – Sweep spray from extinguisher from side to side at the base of the fire.	The local fire department may be able to help with teaching fire prevention, extinguisher use and evacuation carries.

Unit 8 Meeting Resident Needs: Safety (continued)

	Emergency evacuation procedures	4. Evacuation – Evacuate building if directed to do so. a. Use residents' beds and wheelchairs, if possible b. Use evacuation carries to remove non-mobile residents from a fire area, if other safer means of evacuation are not available. (1) One person carries, such as blanket drag, hip carry, pack-strap carry (2) Two person carries, such as chair carry and extremities carry (3) Four person blanket carry	Elevators may not be available in a fire emergency, necessitating the use of evacuation carries. Carries such as these are inherently hazardous, subjecting the CNA and resident to possible injury. The CNA should expect to practice fire safety procedures as part of employment.
9.	Identify and use tornado safety actions and procedures.	I. Safety measures when a tornado is expected 1. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee. 2. The plan usually includes moving residents to a safe area. a. The facility will designate an area that is structurally strong. b. Protect the resident from flying broken glass.	Use examples of various tornado preparedness plans from several long-term care facilities.
10.	Identify and use safety actions and procedures when other emergency is expected.	J. Safety measures when other emergency is expected 1. Examples of other emergencies are flood, chemical spill, violence, prolonged power outage, and prolonged disruption of water supply. 2. Follow facility's emergency plan. Know the plan prior to emergency. Knowledge of the plan is both the responsibility of the employer and employee.	Facilities will have specific plan. The CNA will work under the direction of the nurse and/or other designated leader. Stress the need for teamwork and calm during an emergency.
11.	Identify and use safety actions and procedures to prevent elopement or respond when elopement has occurred.	K. Safety measures for resident elopement or exiting 1. Elopement – Resident with impaired decision-making ability, unable to judge own safety needs, leaves a safe area or the facility without staff supervision. 2. Preventing elopement a. Identify residents at risk. (However, those not previously identified may still leave.) b. All facility entrances and exits are monitored electronically unless under direct visual monitoring.	Use examples of facilities' emergency plans for resident elopement. Give examples of situations where an unsupervised resident has exited and the potential or actual harm that resulted.

Unit 8 Meeting Resident Needs: Safety (continued)

c. Resident's care plan may have specific interventions for wandering behaviors.

3. Doors may have audible alarms or send a signal to a pager when they are opened. Staff must respond immediately when such an alarm is triggered. An alarm must not be reset until the triggering cause is identified.
4. If resident is missing, follow facility's emergency plan.

How to support the resident who wanders or has other problem behaviors is covered in Unit 21.

Unit 9 Meeting Resident Needs: Personal Care and Grooming

Learner Objectives	Content	Teaching Suggestions
1. Recognize factors that affect a person's cleanliness needs and personal practices.	A. Factors that affect a person's cleanliness (or hygiene) needs and personal practices 1. Individuals will have preferences and habits that have been developed over a lifetime. Individual preferences should be respected and accommodated when possible. 2. Age-related changes should be considered: a. Skin is thin, drier, less elastic, less resilient when subjected to stressors. b. Dental/oral ▪Resident may have dental prostheses for extracted teeth. ▪Resident may have decreased saliva production. c. Thinner hair growth, drier hair 3. Fever, other illnesses and incontinence will change frequency of skin care. 4. Dementia behaviors will influence how the CNA approaches and assists the resident with personal hygiene. 5. Adaptive devices can help the resident perform everyday self-care activities, maintaining independence.	Show how CNA can support the resident's ability for self care. Examples are: Splint that allows resident's hand to hold a toothbrush, grooming aid with built-up handle, button hook and clothing that is easy to manipulate.
2. State goals for oral hygiene.	B. Oral hygiene – caring for the resident's mouth (teeth, gums and tongue) and removable appliances 1. Goals for oral hygiene a. Remove food particles and plaque that promote bacterial growth. Bacterial growth causes inflammation of gums (gingivitis), dental decay and can contribute to systemic infections. b. Maintain moisture in mouth cavity to promote healthy gums and teeth. c. Refresh resident's mouth, promoting appetite. d. Observe resident's mouth for signs of problems while providing care.	

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

3. Identify and follow safe general practices for oral hygiene.	2. General practices for oral hygiene a. Mouth care (including brushing teeth or dentures) is generally done at least twice a day, in the morning and at bedtime. Mouth care is needed even if the resident has no teeth or dentures. b. Encourage the resident to do as much as possible for himself/herself, providing set-up and cues as needed, and using assistive devices. c. Recognize situations where attention is needed. (1) A resident with facial weakness (result of stroke or other impairment) may accumulate food debris between gums and cheek. Assist resident to clean out mouth after eating. (2) A resident who has little fluid intake, is unresponsive, is receiving oxygen or who is a mouth-breather will need more frequent care. d. Report observations to nurse. e. Follow standard precautions while giving mouth care. Clean gloves are worn while contacting body fluids.	Provide examples of what it means to "set-up" a resident (prepare equipment, supplies and setting) and to provide "cues" (verbal or nonverbal suggestions to prompt or guide the resident through an activity). As mentioned in an earlier unit, the instructor may choose to develop a standard list of "beginning procedure actions" and "ending procedure actions" that are to be followed with each procedure. Repetitive and consistent use of this concept helps students build work patterns.
4. State and demonstrate proper techniques for brushing resident's teeth.	3. Brushing resident's teeth Follow techniques described in basic nursing skills text. Common points include: a. Type of brush to use b. How to position and move brush along the teeth and gums c. How to care for gums and tongue d. How to floss, if part of resident's care plan	Students can bring supplies from home and practice procedure on each other. A local dental hygienist might be able to assist with this skill.
5. State and demonstrate proper techniques when providing care for resident with dentures.	4. Denture care The resident may have a dental prosthesis such as a bridge (removable or permanent), partial or full dentures. Follow techniques described in basic nursing skills text. Common points include: a. Use of denture cup b. Removing dentures from resident's mouth. Replacing dentures in mouth.	Obtain samples of dental prostheses for students to handle. Explain how to apply dental adhesive.

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

c. Water temperature
d. Protecting from breakage
e. Care for mouth
f. Observing for proper and secure fit

6. Discuss how to safely provide mouth care for resident who is unresponsive.

5. Oral care for unresponsive resident
Follow techniques described in basic nursing skills text. Common points include:
a. Positioning resident for safety
b. Protecting bed
c. Materials to use for oral care
d. Safety with liquid
e. Lip care
f. Frequency of oral care

7. State goals for skin care provided by bathing.

C. Skin care - bathing
1. Goals for bathing
a. Clean the skin
b. Eliminate odor
c. Stimulate circulation
d. Refresh and relax resident
e. Provide a little exercise, through movement of body parts during bathing
f. Observe resident's skin and general condition

8. Identify and follow safe practices when assisting the resident with bathing.

2. Safe general practices for bathing
a. Bathing options – Creative bathing options are available, ranging from ways to approach resident, innovative bathing techniques, to bathing equipment that allows residents easier access.
b. Check resident's care plan for type of bath and for restorative goals. Encourage the resident to do as much as possible for himself/herself. Understand effective approaches for bathing residents with dementia.
c. After a resident bathes, he/she puts on fresh clothing. Hair is combed.

Innovative techniques and equipment allow residents more independent management of bathing. Given that development is so rapid in this area, textbooks may not provide the greatest range of resources for instruction. The instructor might check internet resources as well as with clinical site staff.

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

	d. Skin is often cleansed with "soap" that has cleaning/ moisturizing properties to prevent skin dryness. Some are designed to be "rinse-free". "Waterless" cleansing products are also available. Understand what kind of "soap" that the resident uses. e. Plan ahead. Check for needed supplies before starting. f. Provide for privacy (this is part of the standard "beginning procedure actions") g. Follow standard precautions while bathing the resident. (1) Wash from cleaner body areas to less clean (from face to perineal area). (2) Wear gloves when bathing genital/perineal area, when resident has skin breaks, or when CNA has skin breaks on hands/arms. h. Report observations to nurse.	Role play situations where resident refuses to bathe, showing respect for resident's choice about what kind of bath and frequency of bathing as well as paying attention to the need for good hygiene.
9. Discuss and demonstrate proper techniques when assisting the resident with a shower bath.	3. Shower bath Using knowledge from previous units about body mechanics and infection control, follow techniques described in basic nursing skills text. Common points include: a. Moving to and from shower room b. Providing for privacy c. Safe use of shower chair d. Maintaining safe water temperature e. Protecting resident from chilling f. Staying with resident (not leaving resident alone during the procedure) g. Maintaining safety while floor and resident are wet and slippery h. Infection control measures for bathing equipment	Demonstrate the use of shower and chair while at clinical facility. One option for demonstrating is to use a student "volunteer" who is in a swimming suit.
10. Discuss and demonstrate proper techniques when assisting the resident with a whirlpool bath.	4. Whirlpool bath Check with nurse if resident has a skin infection or other break in the skin. Using knowledge from previous units about body mechanics, safety and infection control, follow techniques described in basic nursing skills text.	Demonstrate the use of whirlpool bath while at clinical facility.

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

		Common points include: a. Moving to and from bathing room b. Providing for privacy c. Safe use of lift and whirlpool d. Maintaining safe water temperature e. Protecting resident from chilling f. Staying with resident (not leaving resident alone during the procedure) g. Maintaining safety while floor and resident are wet and slippery. h. Maintaining electrical safety by using hair dryer in area with dry floor. i. Infection control measures for bathing equipment	
11.	Discuss and demonstrate proper techniques when assisting the resident with a bed bath.	5. Bed bath Using knowledge from previous units about body mechanics and infection control, follow techniques described in basic nursing skills text. Common points include: a. Handling washcloth efficiently (forming a mitt is one option) b. Keeping the resident from becoming chilled, keeping water comfortably warm and clean c. Keeping the resident from exposure d. Washing and patting dry the resident in an orderly manner e. Providing back massage f. Changing bed linen following bath	Explain complete and partial bed baths.
12.	Name and describe bed bath variations.	6. Bed bath variations Below is a representation of variations on the bathing procedure. a. Towel bath (described in “Bathing without a Battle) – Resident is bathed using warm, wet towels, remaining under the top sheet or bath blanket. b. Bag bath – Packet of body wipes saturated with waterless, no-rinse cleanser.	Evidence-based technique for towel bath is described in “Bathing Without A Battle”, VHS/DVD www.**bathingwithout**a**battle**.unc.edu/

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

13. Identify situations in which perineal care is required.

7. Perineal care (peri-care)
   a. Description
      (1) Consists of bathing front to back, between the resident's legs. Residents who are incontinent of urine or feces receive perineal care each time they are incontinent.
      (2) For females, this includes washing between the labia and around anus. For males, this includes cleaning under the foreskin and washing the scrotum and around anus.
   b. Peri-care procedure
      Using knowledge from previous units about body mechanics, safety and infection control, follow techniques described in basic nursing skills text. Common points include:
      (1) Handling washcloth or wipes efficiently and safely to prevent transmission of infection. (Wipes are not reused.)
      (2) Washing from front to back
      (3) Keeping the resident from exposure
      (4) Caring for urinary catheter
      (5) Using skin barrier products, according to facility's policy and procedure and resident's care plan. Usually this will involve cleaning skin, then spray or wipe on protective barrier.
      (6) Cleansing all skin areas that have been in contact with urine or feces when resident has been incontinent. This may mean washing low abdomen, buttocks and thighs.

Reinforce use of standard procedures for infection prevention and control.

Describe how to care for foreskin.

Catheter care is covered in Unit 19.

14. Describe purposes for back rub.
    Demonstrate back rub.

D. Back rub
   1. Purposes
      a. Refresh and relax resident
      b. Stimulate circulation in tissue
   2. Back rubs are given as part of bathing routine, at bedtime, or when the resident's position is changed.
   3. Back rub procedure
      Using knowledge from previous units about body

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

	mechanics and infection control, follow techniques described in basic nursing skills text. Common points include: a. Using moisturizing lotion b. Using massage strokes c. Avoiding skin areas that are reddened or broken	
15. Describe and demonstrate how to assist the resident with dressing and undressing.	E. Assisting the resident to dress and undress 1. Residents are encouraged to wear street clothing instead of gowns, robes and slippers. a. Resident in day clothing is ready to participate in social activities. b. Appropriate underwear is worn c. Loose fitting clothing is easier to don. d. Clothing should be clean and in good repair. 2. Residents should help select clothing to be worn. a. If resident has dementia, CNA can pre-select a few options that are appropriate for the time of year. Resident can select from these options.	
	3. Dressing/undressing procedure Follow techniques described in basic nursing skills text. Common points include: a. Check resident's care plan for restorative goals. Encourage self-care. Divide dressing procedure into segments if resident has difficulty comprehending the entire procedure or if resident physically cannot perform the entire activity at one time. Provide cues as needed. b. Place one arm at a time into shirt or blouse. (Joints may be painful or have limited flexibility.) c. If resident has a weak side, dress that side first. (With undressing follow the opposite sequence - remove clothing from affected side last.) d. If resident has tubing (IV tubing, gastrostomy tubing, urinary catheter), handle with care. Keep tubing from kinking or disconnecting.	Demonstrate how to dress a person who can participate (is independent) and someone who is unable to assist (is dependent). Show examples of adaptive clothing. These "tubings" will be addressed within Part 2. The instructor may show examples sooner, if helpful in preparing for clinical experience.

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

16. Describe and follow general guidelines for personal grooming.

17. Describe and follow general guidelines for daily hair care.

18. Describe and follow general guidelines for cutting resident's hair.

19. Describe and follow general guidelines for shampooing resident's hair.

F. Personal grooming
   1. Grooming – general guidelines
      a. Cleanliness and grooming of hair and nails is frequently associated with a person's sense of well-being. Paying attention to grooming contributes to the resident's sense of dignity.
      b. Check resident's care plan for restorative goals.
         Encourage self-care by setting up needed supplies/equipment.
         Divide grooming procedure into segments if resident has difficulty comprehending the entire procedure.
         Provide cues as needed.
   2. Hair care – daily activities
      a. Comb/brush the resident's hair daily. Arrange in an appropriate manner, acceptable to resident/family.
      b. If possible, position resident in front of mirror while hair is combed/brushed and for other grooming activities
      c. Brushing/combing the hair stimulates the blood circulation in the scalp, and distributes oils over hair surface.
      d. Follow techniques described in basic nursing skills text. Common points include:
         (1) How to deal with tangled hair
         (2) How to comb/brush when resident is bed bound
         (3) How to care for a variety of hair types (Caucasian, African American)
   3. Hair care – Cutting
      Resident's hair is cut as facility policy allows and with consent of resident/family.
   4. Hair care - Shampooing
      a. Some residents will have a regular appointment with a hair stylist at the facility's beauty shop.
         (1) Resident often pays a fee for this service
         (2) Bathing should be coordinated with appointment so that styling is not removed

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

	b. Follow techniques described in basic nursing skills text. Common points include: (1) Frequency of shampooing (2) Assuring that soap is completely rinsed (3) Use of conditioner/detangler (4) How to wash a variety of hair types (Caucasian, African American) (5) Shampooing hair for resident who cannot take shower or tub bath (washing hair in bed, shampoo cap)	
20. Describe caring for the resident's facial hair.	5. Facial hair – beard care a. Wash beard when hair is shampooed or when bath is taken. Wash more often if food or liquid is frequently spilled in beard. b. Comb or brush beard when hair is groomed. c. Resident's beard is cut as facility policy allows and with consent of resident/family.	
	6. Facial hair – shaving male resident a. Male residents shave daily, unless they prefer a different interval. b. Position resident in front of mirror, if possible. c. Nurse will determine appropriate razor for safe use. d. Follow techniques described in basic nursing skills text. Common points include: (1) Safe use of electric razor (2) Care for electric razor after use (3) Safe use of disposable safety razor (4) Disposal of safety razor	Male students may agree to participate in a shaving demonstration.
	7. Facial hair – female resident Women with excess dark facial hair may be accustomed to shaving or using a hair remover (depilatory) as part of grooming. The CNA should ask the nurse for direction.	
21. Describe assisting the resident with applying make-up.	8. Applying make-up a. Respect resident's wishes regarding make-up use. b. If possible, position resident in front of mirror. c. Set up resident with make up supplies, providing cues for use. Use hand-over-hand technique to assist resident in application.	

Unit 9 Meeting Resident Needs: Personal Care and Grooming (continued)

22. Describe safe care of resident's fingernails and toenails.

G. Nail care
   1. Follow facility policy and procedure regarding nail care, clipping and cutting fingernails and toenails.
      a. Nurse will determine which residents may have their nails cut by CNA.
      b. Nurse and other specialist are responsible for cutting toenails of residents with diabetes or poor circulation in feet.
   2. Nails are cleaned and trimmed at bath time.
   3. Assist resident to apply fingernail polish if desired.
   4. Follow techniques described in basic nursing skills text. Common points include:
      a. Benefits of soaking nails
      b. Tools to use for cleaning nails, clipping and filing as permitted
      c. Length and shape for nails
      d. Skin care for toes and feet
      e. Observations to report to nurse

23 Describe how to assist the resident with prosthetic or assistive devices.

H. Assisting the resident with prosthetic, orthotics or other assistive devices
   1. Descriptions
      a. Prosthesis is a replacement of a body part. Examples are prosthetic limbs, breast or eye.
      b. Orthotic device is used to maintain function of a body part or prevent deformity. A splint is a kind of orthotic.
      c. Other devices that assist the resident in maintaining independent functioning include glasses and hearing aids.
   2. Help resident properly apply adaptive devices as part of dressing at the beginning of the day.
   3. Understand how each functions. Check to see that each is clean and operational before assisting resident to apply.
   4. Observe skin area where device is placed to see that skin is intact and healthy.
   5. Report observations to nurse.

Show examples or pictures of these devices.

Unit 10 Meeting Resident Needs: Nutrition and Fluids

Learner Objectives	Content	Teaching Suggestions
1. State why adequate nutrition and fluid intake are important for the resident.	A. Common nutrition and hydration issues 1. Healthy food choices are important for every cell in the body throughout life. 2. Poor food choices and poor diet directly relate to at least four of the 10 leading causes of death in the US – heart disease, cancer, stroke and diabetes (CDC). Poor diet is implicated in other disease conditions. 3. The resident may experience nutrition-related situations such as unintended weight loss, malnutrition, and dehydration. These situations contribute to poor wound healing, lowered resistance to infection and other health problems as well as diminished quality of life.	The instructor may enhance this unit with additional information about basic nutrition and healthy food choices. Check with the county extension office for resources. An internet search for "basic nutrition" or "healthy food choices" will also yield information.
2. Name parts of the digestive system. Identify functions of digestive system parts. Identify changes in the digestive system that may occur with aging.	B. Structure and function of the digestive system (including changes commonly experienced by the aging person) 1. Mouth, teeth and tongue (oral cavity) a. Food is chewed and mixed with saliva. b. Chewing/swallowing function may be affected by changes in dentition and muscle control. (1) Worn or missing teeth, poorly fitted dentures (2) A stroke or other neurological condition may result in loss of muscle control over part of the mouth and throat. c. Gag reflex may be diminished by disease. d. Decrease in saliva production and thicker saliva may affect the resident's ability to swallow food. e. Taste buds on the tongue decrease in number and sensitivity. The sense of smell also may diminish. f. Thirst sensation declines with age. Individuals may not recognize that they are thirsty, that the body needs more liquid. 2. Esophagus – Carries food from the throat to the stomach 3. Stomach a. Functions (1) Mixes food with gastric juice to begin chemical breakdown	This curriculum's primarily focuses on the CNA's responsibilities. Another role, the nutrition assistant, has limited responsibility in assisting the resident under the supervision of the nurse. It is important that the CNA understand differences in responsibility between the two roles. All of the Nutrition Assistant Course content is found within Part I of the CNA curriculum and the required competency skills are found within the CNA Task Checklist. (The Nutrition Assistant Training Course Outline is found it its entirety as an appendix to this curriculum.) It is possible for the CNA course provider to issue Nutrition Assistant certificate of completion when a student has completed Part 1 and the CNA Task Checklist. See KDHE Nutrition Assistant course requirements.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

(2) Empties food material gradually into intestine
b. Changes
(1) Decreased stomach motility may result in feeling of indigestion and flatulence.
(2) Irritation/inflammation of the stomach lining is more likely.
4. Small intestine
a. Functions
(1) Contents mixed and moved by peristalsis, a rhythmic, wavelike contraction of the digestive system's muscle walls
(2) Most of digestion and absorption of usable material or nutrients occurs in the small intestine.
b. Changes
(1) Decreased digestion of some materials because of decrease in digestive enzymes
(2) Decreased absorption of some nutrients
5. Large intestine
a. Functions
(1) Reabsorption of water
(2) Stores material that the body cannot use until it is expelled from the rectum through the anus
a. Changes
(1) Decreased peristalsis (decreased motility) leads to constipation and flatulence.

Structure and function of the digestive system are covered within this unit rather than in Unit 15 because the student will have daily exposure to nutritional needs during early clinical experience.

3. Identify additional factors that may affect the resident's nutrition/hydration status.

C. Additional factors affecting the resident's nutritional/ hydration status
1. Decreased activity lessens caloric need, but also decreases appetite.
2. Diminished hand and arm strength or control from neurological conditions
3. Vision changes – The resident may be unable to clearly see what is on the table.
4. Medications may affect how food tastes, the resident's appetite, as well as absorption and utilization of food nutrients.
5. Resident may tire easily due to chronic disease.

Examples help the student understand and remember.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

6. Depression may reduce interest in food and eating.
7. Dementia may lessen interest in food and decrease attention span to remain seated for meal.
8. Lack of consideration by staff for resident's food and eating preferences. Individuals have developed preferences and habits over a lifetime.

4. Explain the CNA's role in resident care related to nutrition and fluids:
   Resident rights
   Restorative measures
   Working as a team member
   Understanding responsibilities of nutrition assistant

D. CNA's role related to resident nutrition and fluids
   1. Respect resident rights, including respecting and accommodating resident's individual preferences and habits.
      a. Religious beliefs and cultural practices may influence preferences.
      b. Resident's family may be able to supply helpful information about preferences and habits.
      c. Report information about resident's preferences so that it can become part of care plan.
   2. Incorporate restorative measures as part of assisting the resident with nutrition and fluids.
      a. Goal is for resident to be as independent as possible
      b. Assist the resident only with what he/she cannot do for himself/herself
   3. Work as a team member with other staff to provide resident nutrition.
      a. Facility's food service director plans meals to meet resident's nutritional needs.
      b. Facility's philosophy of care influences food preparation and presentation. Meals may be prepared in a central kitchen and delivered to the unit on trays or food may be prepared in the resident's household and served family-style on traditional dishes. Meals may be served on a regular schedule or prepared on the unit when the resident requests.
      c. The nutrition assistant has limited responsibilities in assisting the resident with eating.
         (1) Nurse assigns appropriate residents for the nutrition assistant (individuals with no complicated feeding problems), gives

Evidence-based practices to improve nutrition and hydration may be located from the resource list for nutrition assistant instructors (found in training packet).

If the CNA has food preparation responsibility, he/she will receive extra training in food handling safety.

It is important that the CNA (and nutrition assistant) understand differences in role and responsibility, as well as how to respond when conflicting situations develop.

Residents or family members may not understand these differences.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

	pertinent information about the resident and explains how to assist the resident. (2) Nutrition assistant provides only the direct care of assisting the resident to eat. (3) In addition, the nutrition assistant may push the resident's wheelchair, but cannot perform other tasks that are considered direct care, such as dressing, grooming, bathing, transferring, positioning or assisting the resident to walk. (4) Nutrition assistant may perform tasks related to housekeeping and dietary services, if properly trained. (5) Nutrition assistant reports observations and problems to nurse. 4. CNA reports and records observations and problems to nurse.	Scenarios may help clarify how the CNA or nutrition assistant can respectfully respond.
5. Describe and use guidelines that promote nutrition and safe eating: How to prepare resident	E. Guidelines that promote nutrition and safe eating 1. Prepare resident a. Residents eat better when dining with others, when social interaction with other residents and staff is possible. Most residents will eat in a dining room. b. Verbally prepare the resident for mealtime. (For example, "It's almost time for breakfast. What do you think you will have to eat today?") c. Dress and groom resident appropriately for social contact. d. Assistive devices such as hearing aids, glasses and dentures should be in place and functioning. e. Toileting needs and comfort needs should be checked. Assist resident to wash hands. f. Residents eat better (and more safely) when seated in an upright position. (1) Head should be positioned slightly forward, tilted forward and downward (2) Body should be in alignment	Utilize "Ways to Prevent Food Borne Illness" section of Nutrition Assistant Course. Show students how positioning prevents choking/aspiration: Give student a glass of water and straw. Ask the student to compare the ease of drinking when the head is tilted back and when the head is tilted or flexed forward.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

	(3) If resident must remain in bed, elevate the head of bed to the highest position, supporting the resident's body and head in an upright position g. A clothing protector or large napkin may be used on the resident's chest or lap. Calling the protector a "bib" does not respect the resident's dignity and adult status.	
6. Describe and use guidelines that promote nutrition and safe eating: Infection control practices	2. Follow infection control practices, including: a. Wash hands at appropriate times b. Cleanliness of table before it is used for dining c. Cover food when it is carried out of the dining room area d. Keep foods and serving utensils at safe temperatures (bacterial growth and resident safety) (1) Do not touch food to determine safe temperature. (2) Do not blow on food or utensils to cool. (3) Reheat food in microwave if it is too cool. Check for safe temperature before serving. e. Handle eating utensils (plates, glasses, silver, straws) on surfaces that will not touch food and will not be placed in resident's mouth f. Replace plates or utensils (1) When soiled (for example, when a fresh spoon has dried food on it) (2) When item has dropped on floor or other unclean surface g. Use gloves if CNA will touch significant mouth secretions while feeding	Show how to check for safe temperature.
7. Describe and use guidelines that promote nutrition and safe eating: Assisting resident at mealtime.	3. Assist resident at mealtime a. Provide for positive atmosphere and social interaction. (1) Position resident to have eye contact with others during mealtime. (2) Talk with residents during mealtime. (Staff conversations that do not include residents convey disrespect.)	

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

	b. While serving meals (1) Assure that resident receives the correct food. Some residents have special diets. (2) Ask resident if she/he needs assistance in preparing food for eating. For example, CNA may add seasonings to food, open packages of crackers, cut meat, or add sugar to coffee. (3) Assist resident with visual impairment to locate food and utensils. (4) Offer a substitute food if the resident expresses dislike for the meat or vegetable part of the meal. (5) Supplemental food or snacks may be given to resident between meals.	Give examples of how to assist resident with different types of visual impairment.
	4. Promote independent eating	
8. Describe and use guidelines that promote nutrition and safe eating: Promoting independent eating	a. Use adaptive equipment such as plate guard or adapted spoon to aid the resident in independent eating. A capped spout cup may be used by a resident who cannot control a straw or open cup.	Supply catalogs will show examples of adaptive equipment if actual devices are not available.
	b. Presenting food in form that is easily managed will help independent eating (for example, finger foods).	
	c. Offer feeding assistance, starting with the least assistance and adding the next level as needed ▪Social interaction (talking with resident on way to dining room) ▪Nonverbal cueing (placing food in front of resident) ▪Verbal cueing (“How about some meat loaf?”) ▪Physical guidance (hand-over-hand techniques guiding resident’s hand to hold utensil) ▪Full assistance (covered in greater detail below)	Provide role-play for student. Simulate sensory deficits by using blindfold, glasses with smeared lenses (Vaseline), earplugs.
	d. Continue to offer feeding assistance until resident ends the meal, verbally or nonverbally.	
	5. Assist the resident if he/she is unable to feed self (full assistance)	
	a. CNA should sit at or below the resident’s eye level to promote interaction.	
9. Describe and use guidelines that promote nutrition and safe eating: Assisting the resident who is unable to feed self	b. Encourage resident to chew thoroughly and appreciate the flavors of foods. Convey patience. Give time to talk between bites.	Nurse aide textbooks provide more suggestions.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

	d. Maintain separate flavors of foods. Do not stir all foods together.	
	e. Identify food as it is fed to resident. "This is mashed potatoes. Now I'll give you some meatloaf."	Students could bring a meal to class to use for a role-play opportunity.
	f. Alternate liquids and solids as the resident prefers.	Try foods of differing consistencies.
	g. Use fork with care. Load food on tip of spoon or fork, presenting an amount that the resident can easily chew and swallow.	Demonstrate use of food thickeners.
	h. Use napkin to frequently remove food particles from face and clothing.	
	i. Observe resident carefully for effective management of food and swallowing. Report observations to nurse. ▪If resident shows signs of pain while chewing or swallowing, report to nurse. ▪If resident has facial or mouth weakness, observe for retention of food debris inside affected cheek. ▪If resident begins coughing, stop assisting to eat or drink until resident recovers. ▪If resident vomits, provide for comfort and request assistance to clean area promptly	Review safety precautions for choking, including symptoms of partial and complete airway obstruction (covered in Unit 8) and actions taken by the CNA. Using a feeding syringe is unsafe practice and has been removed from the curriculum.
10. Describe how to assist the resident who has dysphagia.	F. Assisting the resident who has dysphagia (difficulty swallowing) Special care is needed to prevent aspiration (food and liquid is inhaled into the lungs). 1. Speech therapist may develop specific plan for assisting resident. 2. Assist resident to upright position with head flexed slightly forward. 3. Offer small amounts, giving resident time to swallow. Provide encouragement. 4. Food thickeners may be used to assist the resident who has difficulty swallowing. a. Thickener changes consistency but not flavor of food. b. Follow care plan for use. Follow manufacturers directions to prepare.	Instructor may reiterate activities from Section E (above) that are appropriate for dysphagia.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

G. Guidelines that promote fluid intake and good hydration

1. An adequate amount of water and other liquids is necessary for proper body functioning.
   a. Approximately 48-64 ounces (1500-2000 ml) of liquid is needed daily.
   b. The body obtains liquid from within fruits and vegetables as well as from what is typically viewed as liquid.
   c. Dehydration results from inadequate fluid intake or excessive fluid loss.

11. State daily liquid intake requirements.

2. Techniques to promote adequate fluid intake
   a. Fluids easily available to resident.
      (1) Water pitcher is kept in resident's living space, at bedside or otherwise within reach.
      (2) Glass or cup, filled with liquid is placed within resident's reach at dining table.
   b. Fluids offered to residents at regular intervals. The elderly typically have decreased thirst sensation, and are less aware of need to increase fluid intake.
      (1) Offer liquids that the resident prefers.
      (2) Snacks of juice or other fluids may be distributed between meals.
      (3) Resident may be cued to remind of thirst "Does your mouth feel dry? Here is something to drink."
      (4) Cue or offer fluids with every resident contact, whenever care is given.
   c. Regular toileting opportunities provided for resident who limits fluid intake because she/he fears incontinence.

12. Identify and use techniques that promote adequate fluid intake.

Demonstrate procedure for "passing water", showing infection control measures to prevent transmission of pathogens.

3. Fluid restriction

The physician may order severely restricted fluid intake as a way of managing certain medical conditions. The nurse will determine how to allocate the restricted total over a 24-hour period. The CNA must monitor all fluid intake, both at meals and between meals to help the resident stay within the 24-hour total.

13. Describe CNA's responsibility for resident with fluid restriction.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

14. Describe how the resident's food intake is reported and recorded.	H. Recording food intake 1. Identifying and recording the amount of food intake is an important part of assisting the resident to meet goals for good nutrition. 2. Following a meal or snack, the proportion of food eaten is usually recorded as a fraction or percentage. For example, the resident ate 50% or ½ of snack. 3. Follow facility policy for reporting food intake to nurse. For example, eating less than 75% of meal is reported to nurse.	Measuring liquid intake and output is covered in Unit 11. Show examples of mealtime documentation. Basing the percentage on the nutrient or calorie density of the meal requires preparation beyond this curriculum.
15. Discuss why a resident's weight may be measured and recorded.	I. Weighing 1. Why weight is measured and recorded a. To monitor nutrition status – Find out if resident's caloric intake adequate for his/her energy needs. b. To monitor fluid balance – Body may retain fluids as part of a medical condition. Diuretic medication may be used to help the body eliminate excess fluid. Edema may be another sign of fluid retention.	
16. Describe and demonstrate how to measure weight accurately.	2. How to measure weight accurately a. Weigh resident at same time of day (often before eating morning meal) and in same type of clothing. b. Use the same scale each time. Check to see that the scale balances before weighing resident. c. Compare weight to previous weight. Report changes according to facility policy.	Demonstrate use of standing balance scale. Demonstrate use of other scales as available (wheelchair, bed, chair, mechanical lift)
17. Identify purposes for and characteristics of long-term care facility diets:	J. Long-term care facility diets Meeting nutritional needs happens when nutritious foods are presented and the resident eats the foods. Providing appetizing food is one of the ways that a long-term care facility meets the goal of providing highest quality of life for residents. The facility may choose to use what is a "liberalized" diet menu plan rather than traditional "therapeutic" diets.	The resident's diet is planned and prepared under the direction of the dietitian or dietary manager. Even though the CNA does not plan the resident's meals, awareness of USDA dietary guidelines can be helpful. Based on local needs, the instructor may add some of this information to instruction.
Regular	1. Regular diet a. Includes all foods, used for most residents. b. Calories, fat and sodium are controlled (about 2000 calories, 30% of calories from fat, about 3000 mg. of sodium/day).	

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

Mechanical soft	2. Mechanical soft diet a. For resident who has difficulty chewing or swallowing. b. Food is easy to chew and swallow, such as bread, cooked cereals, dry cereals, rice, pasta; all canned, cooked or frozen fruits and vegetables; all fresh fruits and vegetables that are easy to chew or finely chopped; Eggs, cheese, peanut butter, tender meats and fish.	Obtain current standards by searching for "Dietary Guidelines for Americans 2005". The document contains a section "Healthier Older Adults". The guidelines are reviewed and revised every five years.
Pureed	3. Pureed diet a. For resident who have more difficulty chewing or swallowing. b. Foods that are soft and/or smooth in texture. Retaining food flavors and appealing appearance is an issue.	Check with a local facility's dietitian or dietary manager for more resources. Reinforce the CNA's responsibility to serve the food that has been planned and to report eating problems.
Clear liquid, full liquid	4. Liquid diet (clear liquid, full liquid) a. For resident in preparation for diagnostic tests or following surgery or digestive system upset. Is not nutritionally adequate for long-term use. b. Contains foods that are liquid at body temperature. Clear liquid – liquids one can see through Full liquid – other liquids, including milk-based liquids	
Low concentrated sweets	5. Low concentrated sweets diet (Also called limited concentrated sweets, consistent carbohydrate, or no concentrated sweets) a. For resident with diabetes. Food intake is balanced with insulin need. b. Regular diet with limits on foods containing a high amount of simple sugar. ▪Resident is encouraged to eat all of meal or snack provided. ▪Notify nurse if resident is unable to eat or if meals/snacks are delayed or omitted.	Ask students to give examples of foods that are low in calories, high in calories, low in concentrated sweets, high in concentrated sweets.
No added salt	6. No added salt diet a. For resident with heart or kidney disease, who has trouble with fluid retention .	Ask students to give examples of foods that are high in salt.

Unit 10 Meeting Resident Needs: Nutrition and Fluids (continued)

	b. No additional salt at the table. Seasonings or salt substitute may be used to enhance flavor.	Explain how the term “sodium” or “Na” is used.
No added fat	7. No added fat diet a. For resident who has difficulty digesting fat or who has elevated cholesterol. b. Omits foods that are high in fat/cholesterol, such as omitting regular gravies, bacon and butter/margarine. Alternatives are used, such as low fat salad dressings and skim milk.	Ask students to give examples of more foods that are high in fat.
Low calorie	8. Calorie controlled – low calorie diet a. For resident who needs to lose weight or has low energy needs. b. Contains foods that are lower in calories, as the name explains. May have smaller servings.	
High calorie	9. Calorie controlled – high calorie diet a. For resident who has high energy needs. b. Contains foods that are fortified with high calorie ingredients such as dry milk powder, sugar, cream and butter. Snacks between meals may include canned liquid supplements or liquid “shakes” made onsite.	

Unit 11 Meeting Resident Needs: Elimination

Learner Objectives	Content	Teaching Suggestions
1. State the importance of accurate measurement and recording of intake and output.	A. Importance of accurate measuring and recording of intake and output (I&O) 1. Information helps to monitor the medical treatment of a resident's disease (for example, effects of a diuretic medication or progression of a condition with fluid retention). 2. Intake and output measurements are used by the physician to make a diagnosis or to decide the kind and amount of medication to prescribe. Accurate measurement and recording is vital.	Unit 11 focuses on the skills needed to provide basic care during the student's initial clinical experience. Structure and function of the urinary system and bowel are covered in Unit 15. More detail on problems of elimination is also covered in Unit 19. The units were separated out to limit the content covered in the first 40 hours of this course. The instructor may choose to lengthen the time required to complete the task checklist and combine all elimination content within this unit.
2. Describe and demonstrate methods to measure and record fluid intake: Fluids measured Using units of measurement When to record and total	B. Methods to measure and record fluid intake 1. Liquids and foods that are liquid at body temperature are included for intake measurement. a. Nurse will measure other fluid intake from sources such as IV, tube feeding. 2. Unit of measurement is the milliliter (ml.). Another name for this volume is cubic centimeter (c.c.). a. Facility will usually have a listing of the volume of its standard mealtime food containers. b. Using this list for reference, CNA can estimate the volume of liquid consumed. Accuracy is the result of paying attention. c. CNA may need to convert measurement in ounces (oz.) to milliliters (ml.). d. CNA must ask for assistance if unsure of how to estimate measurement or convert systems of measurement.	Joint Commission for Accreditation of Healthcare Organizations (JCAHO) recommends that "ml." be used, since the handwritten "c.c." could be mistaken for other terms. The instructor may include terms commonly found in local facilities, emphasizing how to write clearly. Show examples of facility's list of standard volumes. Provide examples for the student to practice estimates: ▪1/2 of cup containing 180 ml. = ___ Provide examples for the student to practice conversions: ▪Milk carton contains 8 oz., 1 oz. = 30 ml. Total contained in carton = ___

Unit 11 Meeting Resident Needs: Elimination (continued)

	3. Record the intake consumed at end of each meal or snack, and when bedside water glass is refilled. 4. Total the amounts of fluid at the end of each shift and at the end of the 24-hour period.	Show examples of I&O forms for recording intake. Have students practice recording fluid intake.
3. Identify meanings for: Encourage fluids Restrict fluids NPO	C. Variations from the usual amount of fluid intake 1. Encourage fluids: goal is to increase oral fluid intake. Methods listed in previous unit. 2. Restrict fluids: described in previous unit. 24 hour intake is limited to a prescribed amount. 3. NPO: nothing by mouth. Resident has no oral intake of food or fluids.	Give examples of the aide's activities with each of these situations.
4. Describe and demonstrate methods to measure and record fluid output: Fluids measured How to collect urine for measurement When to record and total	D. Methods to measure and record fluid output 1. Fluids measured and recorded a. Usually include urine and emesis b. When resident is incontinent, record the number of times incontinent 2. Collecting urine to measure a. Female resident will void into bedpan or specipan placed under seat of toilet or commode. Measured after each voiding or urination with a graduate (measuring cup). Record measurement with each voiding or urination. b. Male resident will urinate into urinal. Measured after each voiding or urination with a graduate (measuring cup). Record measurement with each voiding or urination. c. If resident has urinary catheter, urine will collect in a drainage bag. Is measured in graduate at the end of each shift. Special care required to prevent introducing microorganisms into drainage system. 3. Total the amounts of fluid output at the end of each shift and at the end of the 24-hour period.	Incorporate medical terminology as part of presentation. Show specipan and urinal. Give students opportunity to use graduate for measuring. For a touch of realism, add yellow food coloring to water. Describe how to measure emesis. Handling drainage bag, leg bag, ostomy bag is covered in Unit 19. Show examples of I&O forms for recording output.
5. Identify typical actions by CNA when assisting resident with elimination (urination or voiding and defecation):	E. Assisting resident with elimination 1. Actions by the CNA a. Understand resident's regular toileting habits. b. Provide for privacy by closing door and/or curtains and by covering resident.	

Unit 11 Meeting Resident Needs: Elimination (continued)

	Privacy Mobility Standard precautions Positioning call bell and toilet paper Skin care Handwashing Reporting unusual appearing urine or feces	c. Use good body mechanics and lifting devices as appropriate. d. Use standard precautions while assisting the resident with urination or voiding and defecation. e. Make sure resident can reach toilet paper. f. Provide access to call signal if CNA is not at resident's side. Answer call signal quickly. g. Assist resident in providing for good skin care/perineal care following voiding or defecation, wiping from front to back. h. Assist resident with handwashing after voiding or defecation. i. Do not empty urinal, bedpan or flush toilet if urine or feces look unusual. Notify nurse.	Refer to previous units about transfers and standard precautions. Restorative measures will be covered in Unit 19.
6.	Identify and demonstrate safe procedure for assisting resident in using commode or toilet.	2. Bedside commode or toilet, including: a. Resident position (1) Upright position is more familiar, usually easier for resident. (2) Comfortably seated. Males usually prefer to stand to urinate or void. (3) A riser may be placed on the toilet seat to assist the resident to sit and rise up from the toilet. b. Stay with resident as necessary for safety. Do not restrain resident on commode or toilet. c. Time to allow resident to remain on commode or toilet – Follow facility policy. Check in at least 10 minutes, assisting from toilet after 20 minutes unless directed otherwise by nurse. d. Cover commode bucket while carrying to toilet to dispose of contents. Clean bucket before replacing.	Refer to basic nursing text for standard procedure steps for assisting resident with commode or toilet.
7.	Identify and demonstrate safe procedure for assisting resident in using bedpan.	3. Bedpan a. Use appropriate type of bedpan (regular or fracture pan). b. Resident may use assistive devices to move onto bedpan, otherwise follow standard procedure steps to position resident.	Refer to basic nursing text for standard procedure steps for assisting resident with bedpan. Many have photos to clearly illustrate procedure. Use lab time for (clothed) students to practice bedpan placement on each other.

Unit 11 Meeting Resident Needs: Elimination (continued)

	c. Cover bedpan while carrying to toilet to dispose of contents. Clean bedpan before storing.	
8. Identify and demonstrate safe procedure for assisting resident in using urinal.	4. Urinal a. Male uses urinal if unable to leave bed to urinate. b. Follow standard procedure steps for placement. c. Clean urinal before storing or returning to resident.	Refer to basic nursing text for standard procedure steps for assisting resident with urinal.
9. Describe care for the resident who has been incontinent of urine or feces.	F. Care for resident who has been incontinent of urine or feces. Incontinence is the inability to control elimination. 1. Consequences of incontinence a. Discomfort and embarrassment for resident. b. Potential skin breakdown if urine or feces remain in contact with skin.	Restorative approaches for the resident who is incontinent are covered in Unit 19.
	2. Resident care a. Understand resident's regular toileting habits. Check care plan for restorative goals and activities or toileting program. b. Answer call signal promptly. Resident may be unable to wait. c. If resident has history of inability to control urine or feces, check regularly for incontinence. This practice is called "check and change". d. Provide for privacy. e. Respect resident's dignity by retaining positive attitude while changing clothing and/or bed linen. f. Use standard precautions while providing care. g. Clean skin and provide perineal care, using mild soap and water or skin-cleaning spray/wipes according to facility policy. Leave skin clean and dry. h. Observe for signs of skin redness or irritation. Report to nurse. i. Adult briefs or clothing protectors may be used. j. Clothing protectors or incontinence products are to be changed when wet or soiled.	Show how to assist the resident with placing adult briefs or clothing protectors. Describe physical and psychological implications for leaving the resident in a wet, soiled clothing protector.

Unit 12 Measuring and Recording Vital Signs

Learner Objectives	Content	Teaching Suggestions
1. Identify measurements taken when "vital signs" are to be measured. Identify abbreviations for the vital signs.	Measuring vital signs (VS) is one means of getting information about body condition. Included in vital signs are temperature (T), pulse (P), respiration (R) and blood pressure (BP). Measuring height (ht) is included in this unit although it is not a vital sign. Measuring weight is found in Unit 10.	
2. Describe what causes body temperature.	A. Temperature 1. Description a. Is a measurement of the amount of heat in the body. The healthy body maintains a balance between heat produced and lost. b. Is created as the body changes food to energy. c. Is lost from the body to the environment by contact, perspiration, breathing and other means.	Nurse aide textbooks provide standard, detailed descriptions of vital signs procedures.
3. Identify types of thermometers.	2. Types of thermometers (Refer to textbook for detailed description) Key points: a. Electronic thermometer (1) Types: Simple digital, Probe-style digital, Tympanic (2) Battery-powered, usually rechargeable b. Chemically treated paper or plastic strips – change color to register temperature reading c. Glass thermometer (1) Glass tube with measurement markings (2) Easily broken, presents potential for injury (3) Mercury, galinstan or colored alcohol within thermometer shows temperature. <u>Mercury-containing thermometers no longer used in most long-term care facilities because of environmental hazards when thermometer breaks.</u> (4) Types (shapes): oral, security, rectal	Show examples of thermometers, stressing the types most commonly used. Explain and demonstrate how to read. Students to practice. Note to instructor: CNA curriculum contains the core knowledge and skills on which the Home Health Aide (HHA) module is built. Therefore, mercury thermometers remain in curriculum because they may still be found in a home setting where the HHA functions. Describe safety measures when mercury device breaks or leaks: ▪Notify nurse immediately ▪Without touching it, keep mercury from spreading.
4. Identify "normal" (or average) temperature and acceptable ranges.	3. "Normal" (or average) temperature and acceptable range (Refer to textbook for detailed description)	

Unit 12 Measuring and Recording Vital Signs (continued)

	Key points a. Oral – 98.6°F (Fahrenheit) Range 97.6°-99.6° b. Rectal – 99.6°F Range 98.6°-100.6° c. Axillary – 97.6°F Range 96.6°-98.6° d. Tympanic – 98.6°F Range 97.6-99.6	The instructor can opt to include Celsius scale. Explain relative accuracy of different routes.
5. List situations that may cause the thermometer reading to vary from "normal".	4. Variations from "normal" temperature Know the individual's "normal" temperature range before assuming that the temperature reading is out of acceptable range. a. Situations causing higher than normal readings: eating warm food, time of day, infection or other disease b. Situations causing lower readings: faulty technique, eating cold food, time of day, dry mouth	
6. Describe and demonstrate safe methods for taking temperature by the following routes, including key points for safe and accurate use: Oral	5. Checking body temperature – oral route (Refer to textbook for detailed description) a. Used in almost all situations, except when contraindicated b. Key points for glass or digital thermometers Preparing thermometer for accurate reading Infection control and disinfection Placement Resident safety Time to register (follow facility procedure)	
Rectal	6. Checking body temperature – Rectal route a. Used when oral route is unsafe or inaccurate (1) Resident is not reliable (2) Resident cannot hold mouth closed around thermometer (3) Resident's mouth is dry or inflamed b. Key points Preparing thermometer for accurate reading Infection control and disinfection	

Unit 12 Measuring and Recording Vital Signs (continued)

	Placement Resident safety Time to register (follow facility procedure)	
Tympanic (ear)	7. Checking body temperature – Tympanic (ear) route a. Most accurate route, <u>if properly done</u>. If technique is not correct, errors in reading will result. b. Key points Preparing thermometer for accurate reading Infection control and disinfection Placement Time to register (follow facility procedure)	
Axillary	8. Checking body temperature – Axillary route a. Used when other methods are unsafe or inaccurate. This method can provide less consistent readings than the other routes. b. Key points Preparing thermometer for accurate reading Infection control and disinfection Placement Resident safety Time to register (follow facility procedure)	Give examples of situations when axillary route is preferred.
7. Identify temperature measurements that should be reported to the nurse.	9. Reporting and recording a. Notify nurse immediately of: Oral temperature below 97° or above 100° Rectal temperature below 98° or above 101° Axillary temperature below 96° or above 99° Tympanic temperature below 97° or above 100° b. Notify nurse if CNA has difficulty obtaining temperature	
8. Use common symbols for identifying the route of temperature measurement.	c. Record or document temperature reading, using the following symbols: Oral = O Rectal = R Tympanic = T (or according to facility policy) Axillary = Ax	Show sample of documenting temperature reading in resident's record.

Unit 12 Measuring and Recording Vital Signs (continued)

9. Describe what causes pulse.

10. Describe characteristics of "normal" or average pulse.

11. Identify variations from the "normal" pulse.

12. Describe and demonstrate methods for accurately checking pulse.
Radial pulse

B. Pulse

1. Description:
   a. Measurement of number of times the heart beats, a basic observation of the functioning of the heart and circulatory system.
   b. The heart beats and relaxes, pushing blood through the arteries.

2. "Normal" or average pulse
   a. 60-100 beats per minute. Each person has a rate that is "normal" for him/her
   b. Should be regular in rate, rhythm and strength or force.

3. Variations in pulse character
   All variations in pulse should be reported to the nurse.
   Elder pulses are often irregular.
   a. Abnormal rate can be distinguished by:
      (1) Pulse beat of less than 60, counted for one full minute.
      (2) Pulse beat of more than 100, counted for one full minute.
      Pulse rate may be increased by such things as exercise, activity, emotional distress, fever.
   b. Abnormal rhythm can be described as:
      (1) Beats that are not evenly spaced apart such as skipped beats, extra beats or an erratic pattern of beats.
   c. Abnormal strength or force can be described as:
      (1) Bounding – pulse cannot be occluded by mild pressure.
      (2) Weak and thready – pulse can be occluded by slight pressure. Often has fast rate.

4. Checking pulse
   (Refer to textbook for detailed description)
   a. Radial pulse
      Key points:
      Location to palpate

Cardiovascular changes with aging are covered in Unit 15.

Instructor can opt to include terms such as: tachycardia, bradycardia and arrhythmia.

Explain and demonstrate how to measure pulses.
Have students practice.

Unit 12 Measuring and Recording Vital Signs (continued)

Apical pulse

13. Identify pulse changes and variations that should be reported to the nurse.

14. Use standard abbreviation (Ap) for documenting apical pulse.

15. Describe what is meant by respiration.

16. Identify a "normal" or average adult respiratory rate.

17. Identify variations from the "normal" respirations.

Placement of CNA's fingers
Time interval

b. Apical pulse
Key points:
Equipment needed
Location to listen
Time interval

Show how to use and care for stethoscope.

5. Reporting and recording
   a. Report changes in resident's pulse from what is "normal" for him/her.
      Report pulses <60 or >100
   b. All variations in pulse should be reported to the nurse.
   c. Notify nurse if CNA has difficulty obtaining pulse.
   d. Record or document pulse measurement
      Identify apical pulse measurement with "Ap".

Show sample of documenting pulse in resident's record.

C. Respiration
   1. Description - Counting the inspiration and expiration of air
   2. "Normal" or average respiratory rate – 14-20/minute for average adult. Each person has a rate that is "normal" for him/her
   3. Variations
      All variations in respiratory rate should be reported to the nurse.
      a. Rate
         (1) Increased by exercise, fever, lung disease, heart disease, emotional distress.
         (2) Decreased by sleep, inactivity, pain medication.
      b. Character and rhythm
         (1) Dyspnea – difficult or labored breathing, extra muscles used for breathing.
         (2) Shallow – small amounts of air exchanged.
         (3) Noisy – gurgling, wheezing, or snoring sounds.
         (4) Irregular – such as cycles of dyspnea followed by apnea.

Unit 12 Measuring and Recording Vital Signs (continued)

18. Describe and demonstrate methods for accurately checking respiratory rate.

19. Identify respiratory changes and variations that should be reported to nurse.

4. Counting respiratory rate
   (Refer to textbook for detailed description)
   a. Key points:
      CNA's hand position
      Counting without resident's awareness
5. Reporting and recording
   a. Report changes in resident's respiratory rate from what is "normal" for him/her.
      Report rates <14 or >24
   b. All variations in respiratory rate should be reported to the nurse.
   c. Notify nurse if CNA has difficulty counting respiratory rate.
   d. Record or document respiratory rate.

Explain and demonstrate how to count respiration.
Have students practice.

Show sample of documenting pulse in resident's record.

20. Describe what causes blood pressure.

21. Identify meanings for the terms:
    Systolic blood pressure
    Diastolic blood pressure

22. Identify "normal" or average blood pressure.

D. Blood pressure (BP)
1. Description
   a. BP is the force of blood against artery walls
   b. Pressure level depends on:
      (1) Rate and strength of heart beat
      (2) Ease with which blood flows through the arteries
      (3) Amount of blood within circulatory system
   c. Terms
      (1) Systolic pressure – the force within arteries when the heart contracts; the highest pressure within the arteries; the top number of BP; the first sound heard when measuring BP.
      (2) Diastolic pressure – the force within arteries when heart relaxes between beats; the lower number of BP; the level at which pulse sounds change or cease.
2. "Normal" or average blood pressure for the older adult
   a. Systolic pressure < 120, diastolic <90
   b. Resident's previous measurements identify "normal" or expected BP level for that individual.

Unit 12 Measuring and Recording Vital Signs (continued)

23. Describe variations in blood pressure.

3. Variations
   a. Blood pressure may increase slightly with age, due to various factors. BP may be temporarily elevated by exercise or emotional distress.
   b. Hypertension – High blood pressure; Systolic BP >140, Diastolic BP >90
   c. Postural hypotension (orthostatic hypotension) – elderly person's body is unable to rapidly adjust to maintain normal blood pressure in the head and upper body when the person moves from lying to sitting, or sitting to standing. The person will complain of dizziness or feeling faint.

Discuss nursing precautions to prevent injury for resident who has postural hypotension (orthostatic hypotension).

24. Identify equipment used for measuring blood pressure.

25. Describe and demonstrate techniques for accurately measuring blood pressure.

4. Measuring BP
   (Refer to textbook for detailed description)
   a. Equipment used
      (1) Sphygmomanometer (BP cuff and gauge)
      (2) Stethoscope
   b. Technique
      Key points include:
      Choosing cuff of appropriate size
      Positioning cuff, gauge and stethoscope
      Interpreting sounds heard (systolic and diastolic levels)
      Time interval with rechecking

Show how to use and care for sphygmomanometer. Aneroid gauge will likely be the only type used in the clinical setting. Digital gauge may also be available.

Show how to choose a cuff of appropriate size.

26. Identify blood pressure changes and variations that should be reported to nurse.

5. Reporting and recording
   a. Report to nurse changes in resident's BP from what is "normal" for him/her.
      Report systolic pressure <100 or >190
      Report diastolic pressure <60 or >100
   b. Notify nurse if CNA has difficulty hearing or measuring BP.
   c. Record or document BP measurement.
      Write as systolic over diastolic (120/80).

Student practice in taking BP should occur over several class sessions. Repetition will help build accuracy.

Show sample of documenting BP in resident's record.

E. Height

27. Demonstrate how to measure and record height.

1. Frequency of measurement
   a. On admission
   b. May be measured annually. Changes such as osteoporosis can decrease the resident's height.

Unit 12 Measuring and Recording Vital Signs (continued)

2. Method (Refer to textbook for detailed description) a. Resident who is able to stand can be measured using the height bar of the standing balance scale. b. Resident who is unable to stand may be measured in bed. Position resident flat on back. Measure from top of head to soles of feet. Nurse will guide CNA in performing in-bed measurement.	Explain and demonstrate how to measure height. Have students practice.
3. Record or document measurement, using standard or metric measurement, according to facility policy.	Show sample of documenting height in resident's record.

KANSAS NURSE AIDE
Part I – NATCEP Task Checklist

Trainee's Name _____
Social Security # _____

Trainee II status is valid for employment, limited to four months from the beginning date of this approved course. Tasks may be assessed in a licensed adult care home, hospital or laboratory setting. **Note: The NATCEP Task Checklist is the property of the trainee. The course instructor should provide it to the trainee upon satisfactory performance, signed and dated.**

Resident Care	Date
1. Describe the nurse aide's role and scope of responsibility in delivering resident care. Identify who is responsible for the actions of the nurse aide.	
2. Describe how the nurse aide promotes resident rights, including the right to dignity, privacy, and freedom from abuse, neglect and exploitation. Demonstrate respect for resident rights.	
3. Describe attitudes and behaviors that promote resident's independence.	
4. Describe attitudes and behaviors that enhance communication among trainee, resident, resident's family, and staff. Give examples and/or demonstrate.	
5. Describe safety precautions to avoid resident injuries. Describe fire/disaster safety measures.	
6. Demonstrate practices that reduce the transfer of infection (including standard precautions) in resident's living area, bathroom, and when handling soiled articles.	
7. Demonstrate effective handwashing technique and use of waterless hand cleaner, after contact with body fluids or excretions, before and after resident contact, and when assisting with eating.	
8. Use clean (disposable) gloves when in contact with blood, body fluids, broken skin or mucous membrane. Properly remove and dispose of gloves.	
9. Demonstrate techniques used to assist resident with eating, encouraging independence. Identify safety precautions. Identify measures to promote fluid intake.	
10. Simulate the abdominal thrust (Heimlich maneuver) technique for complete airway obstruction.	
11. Assist or provide a bath using shower or tub or sponge bath and bedbath, while (a) encouraging independence and (b) providing privacy, safety, comfortable room and water temperature.	
12. Assist and/or dress/undress, while encouraging appropriate personal choices and independence.	
13. Assist with urination and bowel elimination needs. Provide for safety and privacy while using toilet, commode, bedpan, or urinal. Demonstrate perineal care.	
14. Demonstrate safe transfers using transfer belt and mechanical lift, from (a) bed to chair/wheelchair, (b) chair to toilet/commode. Identify safe body mechanics for personal and resident safety.	
15. Demonstrate assisting resident (a) to sitting position, (b) repositioning in bed (turning, moving toward head of bed), (c) log-rolling turn in bed.	
16. Assist with ambulation, utilizing assistive devices when needed.	
17. Assist and/or provide grooming assistance for resident including oral care (mouth, gums, teeth or dentures), nail care (soaking and filing), hair care (brushing and/or combing), beard care or shaving.	
18. Assist and/or provide a shampoo (sink, whirlpool, shower or bed).	
19. Describe and demonstrate skin care. Describe what, when and to whom observations are reported.	
20. Demonstrate accurate measurement and recording of vital signs (a) temperature, (b) pulse, (c) respirations, (4) blood pressure. Demonstrate accurate measurement and recording of weight and height. Describe what, when and to whom observations are reported.	

This checklist fulfills Part I of course #_ _ _ _ _ _ which began on (date) ___/___/___ at (training facility) _____ in (city) _____. The trainee has demonstrated safe performance of these tasks at a beginning level and will continue with Part II of the Kansas Nurse Aide Training and Competency Evaluation Program.

Instructor Name _____ Instructor # _____

Signature _____

Part 2

Unit 13 The Resident's Care Plan

Learner Objectives	Content	Teaching Suggestions
1. Identify purposes for the resident's care plan.	A. Purposes for resident's care plan 1. Legal requirement – The Federal Nursing Home Reform Act (OBRA 87) requires that a plan is developed for each resident with the involvement of the resident/family. 2. Provides a way for the interdisciplinary team to plan and deliver consistent quality resident care, as well as promote quality of life. (Typical members of team described in Section B below.) 3. For some residents, the care plan and associated documents are necessary for the facility to receive Medicare reimbursement.	Related information about OBRA 87 and goals of adult care homes (long-term care facilities) is found in Unit 2.
2. Identify typical members of an interdisciplinary care team and how they contribute to developing the care plan.	B. Interdisciplinary care team 1. The special knowledge and skills of many individuals are used in planning and delivering resident care. These individuals fill diverse roles within and outside of the adult care home. Restorative care is the focus for all disciplines. 2. Typical members a. Nursing (1) Registered Nurse (RN) (2) Licensed Practical Nurse (LPN) (3) Certified Nurse Aide (CNA) (4) Medication Aide (CMA) (5) Restorative Aide (RA) (6) Paid Nutrition Assistant (PNA) b. Dietary (1) Registered Dietitian (RD) or Nutritionist (2) Certified Dietary Manager (CDM) c. Activities Director (AD) d. Social Services: Licensed Social Worker (LSW) or Social Service Designee (SSD) e. Resident and family f. Therapies (1) Physical Therapist (PT) (2) Occupational Therapist (OT) (3) Speech/Language Pathologist (SLP)	Give examples of the scope of responsibilities for each member to show how each can contribute in the development of the resident's care plan.

Unit 13 The Resident's Care Plan (continued)

g. Medical care provider
   (1) Physician (MD or DO)
   (2) Nurse Practitioner (ARNP)
h. Other disciplines may be represented in developing the care plan, depending on the individual resident's needs.

3. Describe CNA's responsibility during the care planning process.

4. Use terminology that is typically part of the care planning process.

5. Describe how the following activities contribute to the care planning process:

   Assessment

   Planning

   Implementation

   Evaluation

C. Planning process

1. Assessment
   a. Minimum Data Set (MDS) is a specific document used to guide the assessment or collection of information about the resident's life needs or functional status.
   b. The information collected is referred to as "data".
   c. Data is collected from the time the resident is admitted to the facility.
   d. Each discipline collects data.
   e. CNA's responsibility with assessment is to make accurate and complete observations and to report them accurately. The CNA often provides input on the resident's ability to manage ADLs.

2. Planning

   The written care plan becomes the framework or guideline for care. It is developed by the interdisciplinary team, with members meeting together for a "care plan conference."

   The written care plan has three components:

   a. Problem - Using the data collected through assessment, specific resident problems are identified. The CNA's responsibility with planning may be to participate in the care planning conference.
   b. Goals – also called "outcomes"
      (1) A goal or outcome is what the resident is expected to do.
      (2) Goals may be stated as short-term (within days or a few weeks) or long-term (within months).

During class give examples to describe assessment of specific areas such as physical functioning (ADL), potential for falling, nutrition status.

During clinical, show students examples of MDS forms, care plans and reports of care planning conferences. Try to use documents for residents that the student has assisted.

Some sources refer to the care plan as a "blueprint" or "map" for giving care.

Nurse aide textbooks often provide examples of care plan entries.

Using care planning terminology throughout the course will help build understanding for the CNA.

Unit 13 The Resident's Care Plan (continued)

(3) CNA's responsibility may be to provide information about the resident's current status.

c. Approaches – Also called "interventions"
   (1) Define what is done to help the resident achieve goals.
   (2) Identify when intervention occurs and who (which discipline) is responsible.
   (3) CNAs will have responsibility for specific interventions.

3. Implementation – means putting the plan into action.
   a. CNA's responsibility is to know the problems and goals for each resident he/she assists, and to follow the approaches/interventions that have been identified.
4. Evaluation and revision– Is the resident achieving the goals that were part of the plan? Are changes needed?
   a. Care plan is formally reviewed and revised on a regular basis
      (1) If resident is meeting goals, can higher goals be set?
      (2) If resident is unable to meet goals, has there been a change in functional abilities or is there another explanation? Modified goals or different approaches may be developed.
   b. CNA's responsibility
      (1) Observe for changes in problems and report them to nurse.
      (2) Report to nurse when approaches/ interventions cannot be carried out.
      (3) Observe for progress in meeting goals and report to nurse.

Unit 14 Observing, Reporting and Documenting

Learner Objectives	Content	Teaching Suggestions
1. Describe the CNA's responsibilities when communicating information about the resident.	A. Communicating information about the resident The CNA has specific responsibilities 1. Awareness – The CNA spends more time with the resident than any other staff member, and is in a unique position to find out about the resident's needs. 2. Accuracy – For information to have value, it must be accurately communicated. 3. Confidentiality – Information about the resident is kept private, not disclosed to others who are not directly involved in the resident's care.	Emphasize the importance of the CNA's responsibilities in this area. Confidentiality was previously mentioned in Unit 3. Repeat or enhance examples previously used. Point out examples of confidentiality during clinical experience.
2. Identify the frequency with which the CNA makes observations. 3. Give examples of how the CNA can use the senses to collect information about the resident.	B. Observation Making observations is continuous while the CNA spends time with the resident. 1. Information is collected through the use of senses. a. <u>See</u> changes such as skin rash or color and consistency of feces. b. <u>Feel</u> changes such as fever or change in pulse. c. <u>Hear</u> changes such as change in breathing sounds. d. <u>Smell</u> changes such as odor of urine or of poor hygiene.	
4. Describe observations to be made while the CNA spends time with the resident.	2. The CNA collects information and compares to previous knowledge of resident. Learning to know the resident will help the CNA make good observations. Examples: a. What is the resident's general appearance (alert, drowsy, neat, untidy)? b. What is the condition of the resident's body (skin, mouth, hair, breathing)? Has it changed? c. What is his/her activity level? Has it changed? d. How does he/she manage ADLs? Can the resident manage independently or how much assistance is needed? e. What is his/her mood? f. What does the resident say about any concerns?	Teaching resources may be found in some nurse aide textbooks that provide extensive examples of signs and symptoms that the CNA could observe and report. The instructor might give students a list of topics for resident observation during clinical.

Unit 14 Observing, Reporting and Documenting (continued)

5. Describe how and when observations should be reported.	C. Reporting 1. General guidelines a. Changes in resident condition should be reported to the nurse. Report anything that seems unusual, or "not quite right".	Give examples of objective and subjective statements.
	b. Observations should be reported exactly as seen, heard, felt or smelled, or in resident's own words.	
	2. Collecting and giving information a. At the beginning of a shift, incoming staff receive a report on resident needs from staff completing their shift. This report may be verbal or written. The CNA should ask questions if he/she is uncertain of the information or of resident care needs.	Give examples of information that should be reported immediately and that which can wait until the end of the shift.
	b. When the CNA completes resident care assignments, he/she will provide "report" to the nurse and to the CNAs coming for the next shift.	
	c. The CNA does not start resident care without receiving the most current information about the resident's needs. The CNA does not leave without "reporting-off", handing responsibility to someone else.	Guide students in "reporting off" during their clinical experience.
6. Discuss how the CNA's observations may be used.	D. Recording or documenting observations 1. The nurse may use the CNA's observations (data) in completing the MDS form, to develop the resident's care plan and in evaluating the effectiveness of the care plan.	Emphasize contributions that the CNA can make.
	2. The CNA's responsibilities for recording or documenting information will vary according to adult care home policy.	Show examples of flow sheets and checklists.
	a. Flow sheets or checklists may be completed with little writing.	The resident's chart or medical record can be viewed during clinical.
	b. Progress notes in the resident's chart or medical record require use of appropriate terminology.	▪Show how information is documented.
	c. Computerized documentation is used in some facilities.	▪Show how privacy is maintained.

Unit 14 Observing, Reporting and Documenting (continued)

7. Describe legal value of the resident's record.	3. Resident's chart and associated documents are a legal record, documenting the resident's care. 4. General guidelines for recording or documenting information	During clinical, ask students to practice writing out their observations. Stress the importance of documenting accurately, not merely repeating what had been documented by a previous shift.
8. Describe how to record observations.	a. Write entries as soon as possible after observation. Write entries in chronological order. b. Each sheet in the resident's record is identified with the resident's name.	Explain using 24-hour clock for entering time in the resident's record.
9. Identify and use common medical abbreviations. (Appendix ?)	c. Use permanent ink, usually black color. d. Write legibly. Entries should be easy to read. e. Use appropriate medical terminology and abbreviations. (See Appendix B) Use correct spelling and grammar.	
	f. Correct errors following facility procedure, usually with a single line through the erroneous entry. g. Sign record with name and position.	Show how to correct errors in charting.

Unit 15 Physical Changes Accompanying Aging

Learner Objectives	Content	Teaching Suggestions
	Aging results in functional decline that may be accelerated by disease. Aging in itself is not a disease. This unit contains an emphasis on function, including both aging changes and common diseases.	At the instructor's discretion, the physical changes content may be divided up and inserted in other units with related material. For example, Unit 10 contains physical changes affecting the resident's nutrition. It is not repeated within Unit 15.
1. Describe basic structure and function of the eye.	A. Eye 1. Basic structure and function of the eye	
2. Describe how the CNA might observe that a resident had impaired vision.	2. Visual changes a. Warning signs of vision problems (1) More trouble with coordination, reaches for things inaccurately (2) Squints when looking at people and objects (3) Unable to read print (4) Hesitancy in walking (5) May not see stains on clothing (6) Chooses odd color combinations in clothing or crafts	Discuss body structure and function to an extent appropriate for students to provide safe care. Most nurse aide textbooks will guide the instructor in determining the amount of detail to include. Knowledge of common conditions accompanying aging helps the CNA adapt resident care as well as identify signs and symptoms that should be reported to the nurse.
3. Describe changes in vision that accompany aging.	b. Specific visual changes (1) Decreased tear production (dry eyes) (2) Reduced ability to focus rapidly (3) Decreased sharpness of vision (visual acuity) (4) React more slowly to darkness and bright light. Less tolerant of glare (5) Loss of peripheral vision or central vision (6) Change in depth perception (7) Possible impairment of color vision	Ask students to identify physical changes during clinical experience.
4. Identify names of diseases that may cause visual impairment.	c. Diseases causing visual impairment (1) Cataract (2) Macular degeneration (3) Glaucoma (4) Blood vessel changes damaging retina, from diabetes or hypertension (5) Stroke – may remove part of field of vision	MedlinePlus is a helpful web resource for medical/health information written at a consumer level.
5. Describe ways to change the environment that promote resident independence and safety.	d. Environmental changes to aid the resident who has reduced vision. (1) Resident is at risk for falling. See Unit 8 for safety precautions to prevent falls.	Repeat safety measures and communication strategies from earlier units as appropriate for student needs.

Unit 15 Physical Changes Accompanying Aging (continued)

	(2) Vision loss may interfere with communication. See Unit 4 for suggested approaches. (3) Signs or documents that the resident is to read may be prepared with large, clear print.	Ask students to identify strategies that they observed while at clinical.
	B. Ear	
6. Describe <u>basic</u> structure and function of the ear. 7. Describe how the CNA might observe that a resident had impaired hearing.	1. Basic structure and function of the ear 2. Hearing changes a. Warning signs of hearing impairment (1) TV or radio volume set at loud level. (2) Speaks louder than necessary. (3) Asks for words to be repeated. (4) Verbal response doesn't match question. (5) Doesn't react to sound out of visual field. (6) Irritable in situation where good hearing is necessary.	
8. Describe changes in hearing that accompany aging.	b. Specific hearing changes (1) Reduced ability to hear, especially high-frequency sounds, particularly in people who have been exposed to loud noise when younger. (2) Reduced acuity (ability to hear clearly) (3) Presence of persistent ringing or hissing sound	
9. List ways to assist resident who has a hearing impairment.	c. Ways to assist the resident who has hearing impairment (1) See Unit 4 for measures to promote communication (2) Recognize that hearing impairment may be a safety concern.	Repeat communication strategies from earlier unit as appropriate for student needs. Ask students to identify strategies that they observed while at clinical. Review hearing aid use and care.
	C. Sensory change: Impaired sensation of touch and loss of temperature sensitivity	Sensory changes related to loss of taste and smell are covered in previous units.
10. Describe how to assist the resident who has impaired sensation (touch, temperature).	1. Causes – Conditions such as paralysis, edema or sensation changes resulting from diabetes. 2. Actions to prevent injury a. Anticipate potentially harmful situations (heat, sharp objects).	Give examples of injury experienced by persons with impaired sensation.

Unit 15 Physical Changes Accompanying Aging (continued)

	b. Anticipate resident's need to change position, especially an issue for resident with paralysis. c. Check skin frequently for early signs of damage.	Additional coverage of immobility issues is in Unit 20.
	D. Heart and blood vessels	
11. Describe <u>basic</u> structure and function of the cardiovascular system. 12. Describe the changes in the heart and blood vessels that may accompany aging.	1. Basic structure and function of cardiovascular system 2. Cardiovascular changes a. Heart is less able to tolerate increased workload (such as physical activity, emotional distress, illness). b. Blood pressure may be less stable, particularly when resident changes body position (orthostatic hypotension). c. Artery walls become less flexible. d. Blood pressure may increase. e. Blood flow to brain and other vital organs may be decreased. f. Small blood vessels are more fragile and easily damaged.	Instructor may assist students in understanding how they can maintain their own cardiac health (heart-healthy diet, no smoking, regular exercise, healthy body weight). These preventive measures may also be life habits for residents.
13. Identify names and descriptions of common cardiovascular diseases.	3. Common cardiovascular diseases or conditions a. Arteriosclerosis – Also called "hardening of the arteries" (1) Artery walls stiffen and lose elasticity. (2) Fatty plaque deposits inside arteries decrease blood flow to tissue (atherosclerosis). b. Peripheral vascular disease (1) Arteriosclerosis of arteries in the extremities, usually legs and feet. (2) Decrease in blood flow can injure nerves and tissue. c. Hypertension or high blood pressure – Increased pressure against walls of arteries. d. Congestive heart failure (CHF) (1) Heart does not pump enough blood to adequately supply body needs and cannot keep up with the return flow.	Refer to Unit 20 for signs of tissue breakdown. Some textbooks will provide pictures of chronic wounds such as stasis ulcers and diabetic foot ulcers. Refer to Unit 12 for vital signs levels.

Unit 15 Physical Changes Accompanying Aging (continued)

	(2) Symptoms result from inadequate oxygen supply to tissue and retained fluid in lungs and other body tissues (edema). e. Pacemaker (1) Battery-powered device that helps the heart to beat regularly and at an appropriate rate (2) Usually for resident whose heart is beating too slowly (bradycardia) f. Myocardial infarction (MI) or heart attack (1) Part of the heart muscle is damaged because of insufficient blood supply. (2) Most caused by a clot that blocks a narrowed artery (coronary artery disease). (3) Angina (chest pain) may be a symptom. (4) Treatment may be cardiac bypass surgery or angioplasty	In addition to identifying residents who may have experienced some of these conditions, students may be able to relate experiences of family members.
14. Identify changes that the resident may experience as a result of cardiovascular diseases. Identify common actions by the CNA to assist residents with cardiovascular conditions.	4. Changes resulting from cardiovascular diseases or conditions a. While adequate exercise is necessary for good cardiovascular function, residents with these conditions may tire easily or experience shortness of breath. b. Dizziness when changing position results from orthostatic (postural) hypotension. c. Edema results from poor cardiac function. d. Skin may bruise more easily or heal slowly.	Explain that each of these changes will influence how the CNA approaches activities with the resident. Give examples such as: alternating short periods of activity and rest, safety precautions when assisting resident to change position, skin care measures due to edema.
15. Describe basic structure and function of respiratory system. 16. Describe changes in the respiratory system that may accompany aging. 17. Identify names and descriptions of common respiratory conditions.	E. Respiratory 1. Basic structure and function of respiratory system 2. Respiratory changes a. Lung tissue becomes less elastic. b. Chest is less able to expand or stretch with breathing. 3. Common respiratory diseases or conditions a. Chronic Obstructive Pulmonary Disease (COPD) refers to a group of lung diseases that includes asthma, chronic bronchitis and emphysema. Small air passages within the lungs become obstructed,	Instructor may assist students to understand how they can maintain their own respiratory health by not smoking. Provide basic explanations of these conditions, using CNA textbook or consumer-directed sources as a guide.

Unit 15 Physical Changes Accompanying Aging (continued)

	interfering with the flow of air into and out of the lung. Breathing becomes difficult (dyspnea). b. Pneumonia – infection of lung tissue, resulting in dyspnea. One cause for inflammation is aspiration of food or vomitus.	Explain how the CNA can help identify early signs of pneumonia and report them to the nurse.
18. Identify names and descriptions of common respiratory conditions. Identify common actions by the CNA to assist residents with respiratory conditions.	4. Changes resulting from respiratory diseases or conditions a. Resident will tire easily and experience shortness of breath. b. Resident may have difficulty breathing (dyspnea). c. Respiratory rate is usually rapid. d. Restlessness or anxiety due to resident's inability to breathe comfortably e. Dusky skin color (cyanosis) due to resident's inability to breathe effectively and get enough oxygen (O_2)	Explain that each of these changes will influence how the CNA approaches activities with the resident. Examples include: Upright position for breathing comfort, alternate short periods of activity and rest, monitoring O_2 administration. O_2 safety measure are found in Unit 8 and additional care measures in Unit 22.
19. Describe <u>basic</u> structure and function of the endocrine system. 20. Describe changes in the endocrine system that may accompany aging. 21. Identify name and description of the most common endocrine condition (diabetes). Identify the body change that causes diabetes.	F. Endocrine 1. Basic structure and function of the endocrine system 2. Endocrine changes Generally, the body produces lower levels of all hormones. 3. Common endocrine condition - Diabetes a. Cause – Pancreas produces an inadequate amount of insulin for body needs. The body cannot use sugars and other food components efficiently.	Primary structure and function focus is on insulin production and deficiency. Instructor may explain how students can decrease risk factors for diabetes by healthy lifestyle measures.
22. Identify changes that the resident may experience as a result of diabetes. 23. Discuss measures to assist the resident with diabetes.	4. Changes resulting from diabetes a. Blood sugar (glucose) levels are kept within normal range by a balance of diet, medication and exercise or activity. (1) Behavior changes may be a sign that blood glucose is out of normal range. Report observation to the nurse. (2) Nurse may routinely check blood glucose levels.	Explain the importance of food intake, regular medication and exercise. Review diet used for resident with diabetes from Unit 10.

Unit 15 Physical Changes Accompanying Aging (continued)

	b. Blood vessel changes contribute to peripheral nerve damage and slow tissue healing. Amputation may be necessary if extremity does not heal. (1) Be aware that resident may not be able to accurately sense temperature, pressure or pain because of nerve damage. (2) Observe the resident's lower legs, feet and nails while providing personal care. Report signs of potential injury or infection, even if very small. (3) Check resident's shoes for proper fit and smooth interior surface. (4) Assist resident to wear socks with shoes. c. Other long-term complications from diabetes include loss of vision, decreased kidney function, peripheral vascular disease, and cardiac problems.	Repeat content on nail care from Unit 9.
24. Describe <u>basic</u> structure and function of the genitourinary system. 25. Describe changes in the genitourinary system that may accompany aging.	G. Genitourinary (GU) system 1. Basic structure and function of genitourinary system 2. Genitourinary changes a. Slight decrease in kidney's filtering capacity b. Bladder is less elastic, holds less volume, and may not empty completely. c. Sphincter muscles may also weaken, lessening control over voiding. d. Female experiences decrease in hormones, menopause. Vaginal walls become less elastic and thinner. e. Male's prostate gland may enlarge.	Nursing measures to assist the resident who is incontinent are covered in Units 11 and 19.
26. Identify names and descriptions of common genitourinary conditions. Describe observations that the CNA would report.	3. Common genitourinary diseases or conditions a. Vaginal inflammation and bladder infection are common. CNA should report if urine or vaginal drainage has a foul smell, if resident reports irritation or requests to toilet more frequently than usual. b. Sexually transmitted diseases may be present. CNA should report drainage from vagina or penis.	

Unit 15 Physical Changes Accompanying Aging (continued)

	c. Prolapsed uterus or bladder – weakened supporting muscles allow uterus or bladder to sag downward, possibly protruding from vaginal opening. CNA should report presence of prolapse. An intravaginal device called a pessary may be used to help support pelvic organs.	Show example or picture of a pessary. The nurse will provide instruction and supervision when the CNA cares for a resident with a pessary.
	d. Benign prostatic hypertrophy (BPH) – enlarged prostate tissue may press on urethra and interfere with urination. Cancer of the prostate may have similar symptoms. CNA should report observations such as straining while urinating, small or weak stream of urine, dribbling after urinating.	The CNA should become familiar with a resident's voiding pattern, so that he/she can assist with promoting continence as well as identify changes from usual pattern that should be reported.
27. Describe <u>basic</u> structure and function of the musculoskeletal system. 28. Describe changes in the musculoskeletal system that may accompany aging. 29. Identify names and descriptions of common musculoskeletal conditions.	H. Musculoskeletal system 1. Basic structure and function of musculoskeletal system 2. Musculoskeletal changes a. Bones become thinner and more brittle as minerals are lost. b. Joints lose flexibility. c. Muscle fibers are lost and muscles weaken. 3. Common musculoskeletal conditions or diseases a. Osteoporosis – Result of mineral loss from bones. Bones break more easily. When bones of the spine are affected, the person's height decreases and posture becomes more stooped. Posture change contributes to poor balance. b. Fractures – Broken bones are more likely because of osteoporosis, poor balance and impaired vision. Common sites include hip, wrist, and compression fractures of spine. c. Osteoarthritis – Damage to joints resulting from normal wear and tear. Joint surface is damaged and boney issue grows in the area. Joint flexibility is affected.	
	d. Amputation – surgical removal of part of an extremity. May be due to blood vessel complications of arteriosclerosis or diabetes, and poor healing.	Review how to assist the resident with a prosthesis from Unit 9.

Unit 15 Physical Changes Accompanying Aging (continued)

30. Discuss measures to assist the resident who has musculoskeletal conditions.	4. Measures to assist resident who has musculoskeletal conditions are found within several units of this curriculum. A few are listed below. See "Teaching Suggestions" column for more measures. a. Prevent falls. b. Prevent injury to feet and toes. c. Assist with mobility, encouraging resident participation, control and confidence. d. Assist resident in eating a nutritious diet.	Measures to assist the resident are not comprehensively repeated within this unit. The instructor may provide a review: Unit 6 Mobility Unit 8 Fall prevention Subsequent units also relate nursing measures for the resident who has musculoskeletal problems: Unit 17 Pain relief Unit 20 Mobility/immobility Unit 24 Falls
30. Describe <u>basic</u> structure and function of the nervous system. 31. Describe changes in the nervous system that may accompany aging.	I. Nervous system 1. Basic structure and function of the nervous system 2. Nervous system changes a. Aging changes in nervous system are not the same in all people, nor do they occur at the same age. Confusion is not a natural consequence of aging. b. Some nerve cells are lost. Nervous system impulses transmit messages more slowly. c. Reflexes are slowed, which may result in safety concerns for the resident.	
32. Identify names and descriptions of common nervous system conditions. 33. Using knowledge from previous units, discuss measures to assist the resident who has nervous system conditions: Parkinson's Disease	3. Common nervous system conditions or diseases a. Parkinson's Disease (Parkinsonism) – Progressive destruction of the brain area that controls smoothness and purposefulness of muscle movement. (1) Muscles become rigid; posture becomes stiff and stooped. Resident easily loses balance. Resident may have difficulty swallowing. (2) Gait becomes slowed and shuffling. Resident has difficulty walking and changing position (getting up from chair). (3) Shaking or tremors may interfere with resident's ability to care for self. (4) Fatigue or stress often intensify symptoms.	Provide examples of how neurological diseases can interfere with the resident's ability to perform activities of daily living. Measures to assist the resident are not comprehensively rewritten within this unit. The instructor may enhance or review topics previously covered: Unit 4 Communication Unit 6 Mobility Unit 10 Nutrition

Unit 15 Physical Changes Accompanying Aging (continued)

Multiple Sclerosis	b. Multiple Sclerosis (MS) – Progressive destruction of the insulating covering of nerves, resulting in loss of muscle function. Symptoms depend on specific areas of brain or spinal cord affected. (1) Weakness, paralysis of extremities and muscle spasms interfere with resident's ability to care for self. (2) Blurred vision or other vision problems. Decreased coordination. (3) Fatigue or stress often intensify symptoms.	Subsequent units also relate nursing measures for the resident who has problems resulting from loss of neurological function: Unit 19 Incontinence Unit 20 Mobility/immobility
Amyotrophic Lateral Sclerosis	c. Amyotrophic Lateral Sclerosis (ALS) – Progressive destruction of nerves that send messages to muscles. (1) Weakness, loss of coordination of muscles and muscle spasms interfere with resident's ability to care for self. (2) Swallowing or breathing muscles may be affected early in the course of disease.	
Epilepsy	c. Epilepsy – Electrical malfunction in the brain that results in seizures or convulsions	Nursing measures for the resident who is experiencing a seizure are covered in Unit 24 First Aid.
Stroke	d. Stroke (cerebrovascular accident or CVA) – Loss of blood supply to part of brain causes sudden death of brain tissue. The location of brain damage dictates the kind of loss of function that results.	
	(1) Examples of possible function loss: ▪Hemiplegia or paralysis affecting one side of the body. May have spasms and lose sensation. ▪Speech impairment ▪Spatial perceptual deficits or loss of the ability to sense body position, up from down, right from left ▪Personality or mood changes	Emphasize the importance of assisting the resident to maintain and regain function. During clinical, identify residents who have experienced neurological problems. Discuss the nursing care plan for each that addresses restorative needs.
	(2) Most recovery of function occurs within the first days and weeks following the CVA, but could continue for months. Early medical treatment and restorative care are vital.	

Unit 15 Physical Changes Accompanying Aging (continued)

	(3) Symptoms lasting less than a day (Transient Ischemic Attack or TIA) are a warning for a future stroke.	Many of these neurological conditions affect the resident's ability to meet basic human needs, including psychosocial needs. Reinforce the CNA's responsibility in assisting the resident to meet psychosocial as well as physical needs. Review Unit 2 as needed.
Spinal cord injury	e. Spinal cord injury – Damage to the spinal cord results in paralysis of structures below the site of damage. Sensation may also be lost. (1) Loss of function depends on location of spinal cord damage: ▪Paraplegia – Paralysis of lower body and extremities ▪Quadriplegia – Paralysis of torso and all four extremities	Some of these neurological conditions primarily affect younger people. Ask students to anticipate how they might customize resident care for a person in his/her thirties.
	(2) Specific losses of function shape the scope of restorative care. All body systems are usually affected.	
Dementia	f. Dementia – Progressive loss of brain function, involving memory, learning, judgment (cognitive skills) and communication. Other body systems are involved as the dementia progresses.	Dementia will be covered in greater detail within Unit 21.
	(1) Dementia is a symptom of several degenerative neurological conditions. The names of some are: ▪Alzheimer's disease ▪Dementia with Lewy bodies ▪Multi-infarct (small strokes) dementia	
	(2) Delirium, or reversible loss of brain function, is the result of a treatable condition such as infection, medications, or dehydration. It has a relatively sudden onset.	Reinforce the CNA's responsibility to report changes in resident behavior.
34. Describe <u>basic</u> structure and function of the integumentary system.	J. Integumentary system (skin) 1. Basic structure and function of the integumentary system (skin, nails, hair)	
35. Describe changes in the integumentary system that may accompany aging.	2. Integumentary system changes a. Skin is thin (loss of subcutaneous fat), drier (less oily), less elastic, less resilient when subjected to stressors. Healing may be slowed because of decreased peripheral circulation.	Skin changes previously mentioned within Unit 9 Personal Care. Nail care is also covered within Unit 9. Sensory and vascular changes mentioned earlier in this unit.

Unit 15 Physical Changes Accompanying Aging (continued)

		b. Nails are often more brittle and may be thicker. c. Hair is often thinner and less oily.	Preventing and caring for skin lesions (pressure ulcers) is covered in Unit 20.
		K. Cancer	
36.	Use medical terminology to describe cancer and cancer treatment.	1. Uncontrolled growth of abnormal cells produces tumors. a. Benign tumor – cells do not spread, not cancer. b. Malignant tumor – cells can spread (metastasize) to almost any body tissue. Malignant tumors are cancer. 2. Symptoms depend on location where tumors grow, pressing on healthy tissue and interfering with its function. 3. Common cancer locations a. In men – prostate cancer, lung cancer, colon cancer b. In women – breast cancer, lung cancer, colon cancer 4. Methods of medical/surgical management of cancer a. Surgery to remove the tumor. Resident may live at the adult care home to recover and regain strength. b. Treatment with radiation or medication (chemotherapy). Resident may live at the adult care home to recover and regain strength. c. Palliative care – treatment to provide comfort for the remaining part of the resident's life.	Cancer is included with other physical conditions of aging because of the number of elderly persons who are affected.
37.	Identify common care needs for the resident with cancer.	5. CNA's responsibility for assisting the resident with cancer will depend on symptoms from tumor location and from treatment. Common needs relate to: a. Nutrition and fluids b. Skin care c. Comfort	Give examples of the kind of symptoms that the resident may experience and common nursing measures.

Unit 15 Physical Changes Accompanying Aging (continued)

38. Identify early warning signs of cancer.	6. CNA's responsibility for early detection of cancer includes observing for warning signs and reporting them to the nurse. a. Change in bowel or bladder habits b. Sore that does not heal c. Unusual bleeding or discharge d. Thickening in breast or elsewhere e. Indigestion or difficulty swallowing f. Obvious changes in a wart or mole g. Nagging cough or hoarseness		Explain to students how to reduce risk factors in their own lives. Encourage early detection practices such as breast cancer self exams and use of sunscreen.

Unit 16 Sexuality in Aging

Learner Objectives	Content	Teaching Suggestions
1. Identify sexuality as a basic human need.	A. Sexuality 1. Is described as the basic maleness and femaleness of human beings; the thoughts, choices and actions that define one as male or female. 2. Sexuality and other basic needs for belongingness, love and caring continue throughout life. 3. Expression of sexuality and other basic needs for belongingness, love and caring may be physical and/or psychosocial. a. These basic needs are met when the resident can both receive and give to others. b. Love and caring are shown by word and action. Touch can be a powerful means of conveying caring. c. Sexual intercourse is one physical expression of sexuality. There are other means of physical expression such as genital and non-genital caressing or touching.	The instructor can develop examples to compare facts and stereotypes of elder sexuality. Review Unit 2 (Belongingness and love needs) for suggested actions by the CNA. Give examples of how the CNA can use appropriate touch to show caring.
2. Describe factors that affect the resident's sexual expression. 3. Describe the CNA's role with supporting and protecting the resident's sexual expression.	B. Factors affecting sexual expression and the CNA's role in supporting the resident 1. Society "neuters" elders, viewing them as asexual beings. a. The CNA assists resident with grooming and in selecting attractive clothing. b. The CNA respects the resident's gender and maturity by using the resident's preferred name in communication. Referring to residents as "boys" or "girls" is disrespectful. c. The CNA compliments the resident on his/her appearance. d. When resident speaks of sexual matters, the CNA demonstrates a willingness to listen without judgment.	

Unit 16 Sexuality in Aging (continued)

2. Physical changes from aging, chronic disease and some medications may make sexual performance more difficult.
   a. The CNA understands that physical sexual expression may remain an important need for a resident.
   b. The CNA reports resident's concerns to nurse.

See Unit 15 (genitourinary changes).

3. The resident has less privacy in the long-term care facility.
   a. The CNA provides undisturbed space for resident and guests, drawing curtain and closing door to resident's room.
   b. Before entering, the CNA knocks on door to resident's room for permission to enter.

Develop scenarios for the students to consider how the CNA might respond when entering a room where:
- Two competent, consenting residents are engaged in sexual intercourse.
- In above situation, the residents are not married.
- In above situation, the residents are of the same gender.
- Two consenting residents with dementia are engaged in sexual activity.
- One of the sexual participants is unable to talk.

4. A sexual partner may not be available. The resident's spouse or partner may no longer be alive. There is less opportunity to establish new close relationships with others.
   a. The resident may use self-stimulation (masturbation), continuing what may have been a sexual outlet during earlier life.
   b. The CNA understands that this means of physical expression is the resident's choice.
      (1) Move resident to private area or otherwise provide privacy.
      (2) If resident begins to masturbate in public, the CNA also shields others from viewing, without critical comments to the resident.
   c. The CNA supports friendships between residents, and between a resident and others from the wider community.

5. Some residents are unable to consent or unwilling to participate in sexual activity.
   a. The CNA and other staff of the adult care home are responsible to protect residents.
   b. Sexual contact with a person who is unable or unwilling to consent is sexual abuse, a violation of law. Not only could other residents be perpetrators

Review Resident Rights from Unit 2.

Unit 16 Sexuality in Aging (continued)

	of sexual abuse, visitors and staff members have committed abuse. c. The CNA immediately reports this type of actual or suspected sexual activity to nurse.	
4. Discuss responses that the CNA may make to inappropriate sexual comments or actions from a resident.	C. Managing inappropriate resident comments or actions. Dementia causes changes in resident behavior, sometimes including inappropriate sexual comments and actions. The behavior is a manifestation of the disease, not of the resident's character. 1. Firmly and calmly tell resident that the behavior is inappropriate. 2. Distract or redirect the resident. a. Give the resident something else to do. b. Provide an activity that the resident likes. c. Move the resident to a different location. d. Possibly leave the resident, if it is safe to do so, and return a short time later. 3. Observe for patterns of inappropriate sexual behavior to understand what might trigger. 4. Report event and observations to nurse.	Ask students to role play possible responses.

Unit 17 Meeting Resident Needs for Comfort and Rest

Learner Objectives	Content	Teaching Suggestions
1. Describe the resident's need for rest and sleep.	A. Rest and sleep 1. Rest and sleep are needed for physical and mental well-being 2. Rest and sleep routines meet needs of individual residents rather than needs of staff or facility.	
2. Discuss measures that the CNA may use to promote rest and sleep.	3. Measures to promote rest and sleep a. Follow resident's existing pattern or routine, if known. Obtain information from family. b. Follow specific measures that are part of the resident's care plan. c. Provide an environment of rest. Regulate sound, light, temperature, ventilation. d. Provide for comfort (1) Address body needs such as hunger, thirst, elimination. (2) Promote pain relief. e. Listen to resident's concerns or worries. f. Report observations and resident concerns to nurse. g. Report changes in the resident's sleep pattern to nurse. Changes may be an early sign of some physical problem that the resident is experiencing.	Role play scenarios that show the CNA using measures to promote rest and sleep. Ask students to give examples of how they would promote rest and sleep when the resident must be checked every hour or two at night. Give examples of residents with a variety of sleep needs. Dementia often brings sleep variations.
3. Identify comfort as a quality of life issue. Identify pain as the "fifth vital sign."	B. Comfort and relief of pain 1. Comfort (relief of pain) is necessary for the resident to experience quality of life. a. Calling pain the "fifth vital sign" reinforces the importance of observing for pain and acting on "abnormal" findings. b. Pain may cause the resident to restrict physical activity and social interaction. Other consequences can be sleep deprivation, poor nutrition and depression. c. Pain must not be ignored or accepted as routine, but observed and reported. 2. Observation of pain - The CNA observes for both the presence of pain and the effectiveness of measures to manage or relieve pain.	

Unit 17 Meeting Resident Needs for Comfort and Rest (continued)

4. Discuss how pain is a subjective experience.

a. Pain is a subjective experience
   (1) Pain is what the resident reports.
   (2) Pain is individual, what each person experiences. Two individuals with the same condition may experience and report different levels of pain.
   (3) The resident's previous experience and cultural background may influence if/how pain is reported and described.

5. Describe how the CNA observes and reports the resident's pain.

b. The CNA reports observations objectively.
   (1) Use the resident's words to describe the location, intensity and duration of the pain, as well as what aggravates/alleviates the pain.
   (2) A pain rating scale may be used by the nurse to help the resident describe pain/pain relief. The CNA must understand terminology used on the scale to be able to report changes to the nurse.
   (3) If resident is unable to describe pain, the CNA observes nonverbal behavior for clues:
   ▪Has there been a change in resident's behavior?
   ▪Does the resident's face show grimacing, frowning, tightness?
   ▪Is the resident restless, shifting position, tense?
   ▪Does the resident moan or cry out?
   ▪What aggravates/alleviates the resident's expression of pain?

The student's text may include pain rating scales or the instructor can show examples.

c. Report observations of pain to nurse.

C. Measures to relieve pain

6. Discuss measures that the CNA may use to promote pain relief.

The nurse or certified medication aide (CMA) may give medication to help relieve pain, but this does not substitute for resident care.

1. Follow specific measures that are part of the resident's care plan.

Explain how medications and non-pharmacologic measures can work together in relieving pain.

Unit 17 Meeting Resident Needs for Comfort and Rest (continued)

2. Use positioning and movement measures
   a. Assist resident to a safe position of comfort in good alignment (repositioning).
   b. Movement may help relieve muscle spasms and stiff joints
   c. Avoid jerking motions when assisting the resident.
3. Provide comfortable bed or chair surface
   a. Clean surface, no wrinkles
   b. Pressure-reducing devices
4. Promote relaxation with such activities as massage or a warm bath.
5. Use distraction – Resident may prefer to refocus attention on another positive activity.

Show examples of care plans that address resident's pain.

7. Describe how the CNA can determine the effectiveness of pain relieving measures.

D. Determining the effectiveness of pain relieving measures
1. Use the observations that identified pain as a means to find out if the pain was relieved.
   a. Resident's verbal report of relief or continuation of pain
   b. CNA's observations of nonverbal activity
2. Report observations to nurse.

Unit 18 Meeting Resident Needs: End-of-Life Care

Learner Objectives	Content	Teaching Suggestions
1. Discuss society's and CNA's views of end-of-life (death and dying).	A. Personal and society views of end-of-life 1. Death/dying is an event/process that affects every individual in a personal way. Death is an experience that everyone will have: Resident and family, CNA and other staff members. 2. Although death/dying is an experience held in common, many find talking about it to be uncomfortable and avoid discussing the subject. 3. Personal beliefs and experiences influence how the CNA approaches care for the resident who is at the end of life.	One option for discussing personal views is to have students share their family experiences and practices with death and dying of a family member or friend. If they are "unaware" of family or community practices, this can help emphasize how difficult the topic is for many to discuss even though it is a common experience.
2. Describe how the CNA can obtain information about the resident/family end-of-life practices.	4. The richness of Kansas' cultures results in diversity in end-of-life practices. The CNA can check with the resident/family and nurse to find out about specific preferences.	Some CNA textbooks provide a helpful overview of cultural practices. The instructor can emphasize those cultures that are predominant in the community or facility.
3. Describe what is meant by the following terms: Advance directive	B. Planning for end-of-life decisions Resident rights include self-determination (autonomy): competent adults have the opportunity to make decisions about their health care. 1. Health care advance directives a. Federal law (Patient Self-Determination Act) requires health care providers such as long-term care facilities to give residents information about their rights to make health care decisions. b. An advance directive is a legal document that the resident prepares and that is put into effect if the resident later becomes unable to make decisions. (1) The resident's signature on advance directives is witnessed by two people who do not stand to benefit by the resident's death. (2) A copy becomes a part of the resident's health care record. (3) Advance directives are revocable (may be changed) .	During clinical show samples of completed advance directives on a resident's health care record, or provide a sample copy in class.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

2. Kinds of advance directives

Living will

a. A "living will" directive gives guidance to health care providers in specific situations about the resident's wishes, such as:

Life-sustaining care

(1) Life-sustaining care - medications and treatment will be given to maintain life.

Supportive care or comfort care

(2) Supportive care or comfort care - physical, mental and emotional comfort will be provided, but life will not be artificially prolonged.

Give examples of comfort care measures.

DNR

b. A Do Not Resuscitate (DNR) directive means that when heartbeat and/or respiration stop, no CPR will be done. DNR is part of supportive or comfort care.

(1) The resident or the person who holds the durable power of attorney must understand what DNR implies and agree to the decision.

(2) The resident's physician must order the DNR status.

Durable power of attorney for health care decisions

c. A durable power of attorney for health care decisions is another advance directive. The resident assigns another person to make medical decisions on his/her behalf if the resident becomes incapacitated.

C. Hospice

4. Identify the service provided to a dying resident and family by a hospice organization.

1. Hospice organization or agency works with people who are dying and their families. Services are provided whether the person is at home (residence in community or adult care home) or at the hospital.

Briefly explain the hospice resources in local community.

2. Goals of hospice care include promoting quality of life for the person, providing symptom relief and comfort, and supporting the family.

3. Hospice team includes such positions as: registered nurse, home health aide, social worker, chaplain and trained volunteers.

Hospice team members bring expertise in end-of-life comfort care.

4. The CNA and other staff work cooperatively with hospice team members.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

5. Describe core emotional needs that continue during the dying process.

6. Describe CNA responses that help meet resident's core emotional needs.

D. Anticipating death or loss (general emotional needs)
   1. The resident's core emotional needs continue during the dying process. Those specific to the five stages or phases of grieving are described within the section immediately following. Some resident needs that continue through all stages are:
      a. Control over one's life
      b. Spiritual support
   2. CNA responses
      a. Support the wishes and plans of resident/family. Help the resident to be comfortable.
      b. Communicate resident/family request for spiritual support to nurse. Provide comfortable environment and privacy when pastor, priest or other spiritual counselor attends to resident needs.

Adult care home may have a chaplain who can assist with meeting resident's spiritual needs.

7. Identify stages or phases of grieving.

   For each, describe behaviors that the dying person or family member may demonstrate. For each, describe appropriate responses by the CNA.

   Denial

   Anger

E. Anticipating death or loss (Grieving process)
   Dr. Elisabeth Kubler-Ross initially identified and described five stages of grief often experienced by people who are anticipating death or other loss.
   1. Denial – Expressing belief that death will not occur
      a. Behaviors
         (1) Demonstrates false hope, unrealistic cheerfulness
         (2) Asks lots of questions
         (3) Disregards medical orders
      b. Responses
         (1) Accept and listen, without confronting denial.
         (2) Show respect.
   2. Anger – Showing anger that death/loss is happening.
      a. Behaviors
         (1) Complains
         (2) Makes unreasonable requests, demanding
         (3) Expresses anger toward self, family, staff, or physician.
      b. Responses
         (1) Accept and listen, without responding defensively or in anger.

Grieving process is covered in varying detail in CNA textbooks. Instructor can use community resources to add to this content.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

(2) Respond to reasonable requests quickly.
(3) Show respect.
(4) Confer with nurse about appropriate responses

Bargaining

3. Bargaining – Trying to make an agreement to prolong life.
   a. Behaviors
      (1) May not verbalize thoughts about bargaining.
      (2) May say things like," I just want to live until my fiftieth wedding anniversary. Then I'm ready to die."
   b. Responses
      (1) Accept and listen, without contradicting plans.
      (2) Show respect.

This could also be considered "goal-setting" behavior.

Depression

4. Depression – Dealing with the unavoidable reality of death. The resident is grieving for the losses that will be experienced.
   a. Behaviors
      (1) Appears sad, may cry.
      (2) Withdraws from activity, from interaction with others. May have no appetite.
      (3) May express regret for things done/not done during life.
   b. Responses
      (1) Accept and listen, without trying to "cheer up" the resident.
      (2) Understand that sadness is a normal part of the grieving process for both the resident and family.
      (3) Show respect by spending time with the resident. Talking may not be necessary.

Give examples of ways the CNA can help the resident's family and friends during the grieving process.

Role play interactions between CNA and dying resident or family to help students understand how they might respond.

Acceptance/accommodation

5. Acceptance/accommodation – Recognizing or acknowledging that death is inevitable.
   a. Behaviors
      (1) May want to talk about death
      (2) Makes plans for possessions, wants to give things away.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

	b. Responses (1) Accept and listen. Allow resident to talk about dying. (2) Convey resident's plans and wishes to nurse. (3) Continue to show caring and respect.	
Progression through the grieving process	6. Progression through the five stages or phases of the grieving process a. The dying person's grieving process is individual: He/she may move back and forth within the five stages, move in a different sequence, or may not visibly experience some stages at all. b. The CNA provides empathetic understanding as the resident grieves.	Give students examples of empathetic responses to resident behaviors.
	F. Responses to the death of others	
8. Identify emotions that may be experienced in response to the death of others.	1. The resident's family and friends, other residents, and staff members grieve the resident's death. Common feelings experienced are: a. Five stages or phases of grieving process (as described above) b. Fear – Lack of knowledge for what will happen, powerlessness c. Guilt	Relate these emotions to experiences of death in student's families.
9. Discuss the value of publicly acknowledging the death of a resident.	2. Acknowledging the death of a resident a. Facility may have a brief memorial service, attended by residents and staff, or otherwise honor the resident's life. b. Affirms that a person is not forgotten when he/she dies. c. Allows the staff and other residents to grieve.	Encourage student discussion of how they anticipate feeling when a resident dies.
	G. Caring for the resident as death approaches	
10. Identify physical signs of approaching death.	1. Signs of approaching death The resident's body may cease functioning slowly or rapidly. CNA should promptly report observations of change to nurse. a. Decreased appetite and thirst. Later, the loss of ability to swallow.	Instructor can explain that these signs are the natural result of systems shutting down.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

b. Noisy, labored breathing (dyspnea). Breathing may have an irregular pattern, with periods of apnea. "Rattling" respirations are due to air passing by mucus collecting in respiratory passages.
c. Heart beats less effectively, pulse is irregular, blood pressure lowers. Less oxygen goes to body tissues.
d. Skin is moist and cool, appearing pale, dusky or blue in color. Legs have a mottled appearance. Resident's tissues may have edema.
e. Increased sleeping.
f. Confusion
g. Restlessness
h. Decreased urine output. Urine appears concentrated.
i. Incontinent of urine and feces
j. Reduced or blurry vision
k. Visual or auditory hallucinations. Resident may see or hear things that are not present.
l. Hearing is the last sense that is lost.

11. Describe supportive care that the CNA can provide for the resident who is dying.

2. Supportive care for the dying resident
   a. Check care plan for specific interventions or approaches.
   b. Accept resident's decreased appetite and thirst. Provide foods and fluids that the resident desires, if the resident desires. Provide frequent mouth care for comfort.
   c. Position resident for ease of breathing. Change position to provide for comfort.
   d. Take vital signs as directed by nurse.
   e. Check for incontinence and provide for skin care.
   f. Provide an environment that is comfortably lighted, warm and ventilated.
   g. Assume that the resident can hear everything that is happening in the room. Speak with normal volume. Explain what you are going to do.

12. Describe supportive care that the CNA can provide for the resident's family.

3. Supportive care for the resident's family
   a. Provide comfortable place for family to spend time with resident.

Unit 18 Meeting Resident Needs: End-of-Life Care (continued)

b. Involve family in resident care as they desire. For example, show how they can moisten the resident's lips.
c. Listen to family. They may reminisce and grieve, talk about fears, talk about plans.
d. Encourage them to meet their own needs for food and rest.
e. Report concerns about family to nurse.

13. Describe supportive care that the CNA can provide for the resident's roommate.

4. Supportive care for the resident's roommate
The resident may share living space with another person.
a. Listen to roommate's concerns or expressions of grieving.
b. Answer roommate's questions in a respectful manner. Inform of resident's death.
c. Offer a separate space for the roommate while resident's family visits, if the roommate desires.

H. Postmortem care – Caring for the body after death

13. Identify meaning of the term "postmortem care".

1. Purposes
a. Prepare resident's body to be viewed by family before body leaves the adult care home.
b. Prepare body to be taken by mortuary.

14. Describe typical actions that the CNA may take as part of postmortem care.

2. Follow facility's policies for care. Actions often include:
a. Place body in supine position with head of bed slightly elevated.
b. Close resident's eyes and replace dentures, if facility policy directs.
c. Comb the resident's hair and wash face as needed.
d. Clean any incontinence and place an adult brief or bed protector beneath buttocks.
e. Nurse will take care of any tubes in resident's body. A clean dressing is placed over any wound.
f. Prepare room for family to re-enter.
g. Collect resident's belongings to return to family.
3. In all actions, show respect for the resident even though the person is no longer alive.

Check with local mortuary service and local adult care homes regarding expected postmortem care. Explain to students that additional actions may be part of a specific facility's policy.

Ask students to explain what they would do if uncomfortable when first providing postmortem care.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination

Learner Objectives	Content	Teaching Suggestions
1. Describe care guidelines for the resident who is receiving an intravenous (IV) infusion.	A. Alternative fluid intake: Intravenous (IV) infusions Fluid, nutrients and/or medications are administered through access to a vein. 1. The device inserted in a vein is usually a short plastic tube. Fluid is administered by gravity drip or infusion pump. 2. Resident care guidelines a. Understand nutrition and hydration goals that are part of care plan. b. Protect tubing from kinks and pressure. Protect tubing while resident changes clothing, turns in bed or ambulates. c. Keep infusion site dry while resident bathes. d. Do not disconnect tubing or reconnect if accidentally disconnected. Notify nurse. e. Take blood pressure on arm that does not have an IV infusion. f. Resident who is not taking oral fluids but is receiving IV fluids continues to need mouth care.	Basic nutrition and hydration has been covered in Unit 10. Techniques for assisting the resident with eating were also covered in Unit 10. Review as necessary. Helping the resident return to oral feeding is a restorative goal. When this may not be possible, the goal is to prevent deterioration or functional decline. Show students examples of IV catheters and tubing.
2 Describe CNA observations for the resident who is receiving an intravenous (IV) infusion.	3. Observations Notify nurse promptly of any potential problem. a. If drip administration, observe for continuing drips in tubing chamber. b. If pump administration, alarm will display and sound if flow is blocked. Observe that pump is operating. c. Observe tubing. Report blood backflow to nurse. d. Observe infusion site for redness, swelling or discomfort.	Demonstrate how to handle IV bag and tubing while helping resident change clothing, turn in bed and ambulate. Review standard precautions, as needed. It is understood that standard precautions are part of every resident care procedure.
3. Identify names and placement sites for feeding tubes.	B. Alternative hydration and nutrition: Tube feedings For residents who are unable to meet nutritional needs by eating and swallowing. 1. Feeding tubes Fluid is administered through feeding tube by gravity flow or infusion pump. a. G-tube (gastrostomy) and PEG tube (percutaneous endoscopic gastrostomy) are feeding tubes	Give examples of resident conditions where eating and swallowing are impaired. Show samples of tubes, if possible.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

	inserted through a surgical opening in the abdominal wall into stomach. For long-term use. b. NG (nasogastric) tube is placed by the nurse through the resident's nostril to the stomach. For short-term use. Tube may also be used with other disorders to suction or remove stomach contents.	The instructor should be prepared for students to ask questions about end-of-life care choices for initiating/not initiating tube feedings.
4. Describe care guidelines for the resident who is receiving a tube feeding.	2. Resident care guidelines a. Understand that administering tube feedings is the responsibility of the nurse. b. Understand nutrition and hydration goals that are part of care plan. c. Assist resident to elevate head by 30° to 45° (Fowler's position) during tube feeding and for 30 to 60 minutes following. Position helps to prevent aspiration of tube feeding liquid. d. Position tubing with no tension on the insertion site. e. Protect tubing from kinks and pressure. Protect tubing while resident changes clothing, turns in bed or ambulates. f. Provide skin care to intact skin around tube insertion site. g. Resident who receives tube feedings continues to need mouth care.	Under <u>specific</u> conditions identified in the Kansas Nurse Practice Act, nursing procedures not included in the CNA curriculum may be delegated to appropriately prepared unlicensed direct care staff by a nurse who is the direct supervisor. More information about receiving delegation is found in Unit 22. Show students what 30° to 45° elevation looks like.
5. Describe CNA observations for the resident who is receiving a tube feeding.	3. Observations Notify nurse promptly of any potential problem. a. Observe for signs of aspiration, such as coughing or choking. b. During feeding administration, observe that pump is operating or fluid is flowing. c. Be alert for gastrointestinal symptoms such as nausea, vomiting, diarrhea or constipation. d. Observe for redness, drainage or pain at tube insertion site. Resident's manipulation of tube may be indication of discomfort. e. Pulling at the tube may dislodge or disconnect it.	

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

6. Identify types of urinary catheters.	C. Alternative urinary elimination: Urinary catheter For certain resident situations, devices are placed to collect urine. Restorative goals are aimed at helping resident return to normal bladder function and control of elimination. 1. Descriptions of urinary catheters (Also called retention catheter, Foley catheter or indwelling catheter) a. Device is a flexible tube inserted through the urethra to the urinary bladder. Urine flows through the tube. Catheter is held in place within the bladder by a small inflated balloon at the tube's tip. b. Catheter is connected to drainage tubing and collection bag (closed system) c. Interior of catheter, tubing and bag is considered sterile. d. Use of catheter greatly increases the risk for urinary tract infection and other systemic infections. e. Other types of catheters (1) Intermittent or straight catheter may be used to collect urine specimens or for other temporary purposes. (2) Suprapubic catheter is a retention catheter inserted into the bladder through a surgical opening in the abdomen.	Review related content from Unit 11 Elimination as needed. GU system function and changes with aging are found in Unit 15. The instructor can insert GU content with this unit if desired. Stress the importance of retaining or restoring normal bladder function. Explain that urinary catheters have limited use in long-term care and are to be discontinued as soon as clinically possible. Show samples of urinary catheters.
Identify purpose for using leg drainage bag.	f. Other type of collection bag: Leg drainage bag (1) Small collection bag that can be strapped to the resident's leg, under clothing. Is less visible than the larger bag. (2) Holds less volume, must be emptied more frequently.	
7. Describe care guidelines for the resident who has a urinary catheter including: Using resident's care plan Positioning catheter, tubing and bag	2. Resident care guidelines a. Understand that inserting catheter is the responsibility of the nurse. b. Understand urinary elimination goals that are part of the resident's care plan. c. Position catheter with no tension on the urethra. Facility protocols may allow use of a strap to support tubing on the resident's upper thigh.	Review standard precautions, as needed. It is understood that standard precautions are part of every resident care procedure. Demonstrate positioning of catheter, tubing and bag when resident is in chair, bed or ambulating.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

	d. Protect tubing from kinks and pressure. Protect tubing while resident changes position or ambulates.	Review how to protect tubing during transfers with mechanical lift or with manual assistance.
	e. Position tubing to allow for gravity drainage. Keep drainage bag lower than bladder to prevent backflow. Position bag off of the floor.	
	f. Position bag out of public view, if resident prefers. A cloth bag "cover" may be used to shield from view.	
Maintaining a sterile system	g. Prevent introduction of organisms that can cause infection. Maintain sterile connections whenever system is opened.	
	(1) Disconnect/reconnect catheter from drainage system only when task is directed by supervising nurse. The nurse will verify that CNA can maintain sterile connections.	Demonstrate how to disconnect and reconnect catheter from drainage system.
	(2) Follow facility protocol for replacing drainage bags. Leg bag may be replaced each day or disinfected between uses.	Check facility procedure for cleaning leg bags after they are disconnected. Antibacterial chemical will be used.
Emptying drainage bag	h. Emptying drainage bag Using knowledge of infection control measures, follow techniques described in nursing skills text. Common points include:	Demonstrate how to disconnect catheter from drainage system tubing and connect to leg bag. Show how to maintain sterility of tubing end.
	(1) Maintain sterility of system by careful handling of drainage spout and bag.	
	(2) Empty into graduated measuring cup according to facility policy, often every eight hours. Measure and record output.	Demonstrate procedure for emptying bag.
	(3) Observe urine for abnormal properties.	
	(4) Dispose of urine in toilet.	
Routine catheter care	h. Provide routine catheter care. Using knowledge of infection control measures, follow techniques described in nursing skills text. Common points include:	
	(1) Provide perineal care.	Perineal care described in Unit 9.
	(2) Starting at the meatus wash 3"-4" of catheter tubing with clean washcloth and mild soap.	

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

8. Describe CNA observations for the resident who has a urinary catheter.

3. Observations
   Notify nurse promptly of any potential problem.
   a. Observe color, clarity and odor of urine. Urine should be light yellow, clear and nearly odorless.
   b. Observe for continuing flow of urine. Check every few hours.
   c. Observe for leaking of system or leaking from urethra.
   d. Observe for perineal redness or irritation.
   e. Observe for indications of pain (verbal report or nonverbal behavior).

D. Alternative urinary elimination: External catheter

9. Describe care guidelines for the resident who has an external urinary catheter.

1. Device is a soft latex sheath similar to condom with drainage tubing at tip.
2. Resident care guidelines for application
   a. Wash and dry penis
   b. If resident is not circumcised, place foreskin in normal (non-retracted) position.
   c. Roll catheter sheath over penis, leaving 1" space at tip.
   d. Use elastic adhesive tape provided with external catheter to secure to penis. Apply in spiral pattern, tight enough to prevent leakage but loose enough to allow blood circulation to tissue.
   e. Reapply daily or when leaking.

Demonstrate application of external catheter. If a manikin or model is not available, a cucumber might substitute.

10. Describe CNA observations for the resident who has an external urinary catheter.

3. Observations
   a. Observe for skin irritation.
   b. Observe for leaking of system

E. Restoring bowel function for the resident who has diarrhea

11. Identify meanings for the terms:
    Diarrhea

    Feces

    Peristalsis

1. Diarrhea is semi-solid, liquid and or watery feces often expelled with force with abdominal cramping.
   a. Results from digestive waste moving too rapidly through the intestine.
      (1) Intestine normally removes needed water from digestive waste as it passes through the large intestine.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

		(2) Muscle movement that propels food and liquid through the GI tract is called peristalsis. b. May be caused by food, medication, infection or other disease. c. Continuing diarrhea can cause dehydration and other health problems.	
12.	Describe care guidelines for the resident who has diarrhea.	2. Resident care guidelines a. Understand elimination goals that are part of care plan. b. Respond promptly to resident's request for assistance. c. Cleanse skin well after diarrhea stools; apply protective cream if ordered. d. Encourage increased fluid intake. e. Document bowel movements, whether normal, diarrhea or constipation. Document amount.	Reinforce the use of standard precautions for contact with body fluids, including diarrhea. Refer to Unit 10 for techniques to promote adequate fluid intake.
13.	Describe CNA observations for the resident who has diarrhea.	3. Observations Notify nurse promptly of any potential problem a. Observe resident's defecation. Normal stool (feces) is soft-formed, brown-colored. Report color, consistency and amount. Save for nurse if feces appear other than normal. b. Observe for signs of dehydration, such as concentrated urine and dry mouth.	
14.	Identify meanings for the terms: Constipation Defecate/defecation	F. Restoring bowel function for the resident who has constipation 1. Constipation is the absence of bowel movements or stool that is hard, dry and difficult for the resident to expel.	
15.	Describe care guidelines for the resident who has constipation.	2. Resident care guidelines The CNA has a critical role in identifying and preventing constipation. a. Understand elimination goals and approaches that are part of care plan. b. Respond promptly to resident's request for assistance. Peristalsis stimulated by eating can produce the urge to defecate.	Refer to Unit 11 for safe positioning on toilet, commode or bedpan.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

c. Assist resident to comfortable position for defecating, seated on toilet or commode if possible.
d. Allow time for resident to defecate
e. Encourage activity and exercise.
f. Encourage resident to choose and eat foods that are high in fiber.
g. Encourage increased fluid intake.
h. Assist with administration of enema if procedure is ordered by resident's physician.
i. Document bowel movements, whether normal, diarrhea or constipation

Explain relationship of exercise and regular bowel function.

Ask students to provide examples of foods high in fiber.

3. Observations
Notify nurse promptly of any potential problem
a. Observe resident's defecation. Report color, consistency, and amount. Save for nurse if feces appear other than normal.
b. Observe for signs of continuing constipation
(1) Abdominal distention and flatus (gas)
(2) Resident complains of discomfort, is restless or irritable

16. Describe CNA observations for the resident who has constipation.

G. Restoring bowel function for the resident who has a fecal impaction

17. Identify meaning for the term:

Fecal impaction

1. Fecal impaction is the accumulation of constipated stool in the lower bowel, blocking normal passage of feces.

Explain that bowel procedures such as impaction removal are implemented when restorative care has not successfully met the resident's need for bowel elimination. The CNA can expect that approaches or interventions will be revised to better address the resident's need. The CNA's role is to provide accurate and prompt recording of bowel function, to implement interventions or approaches that are part of the plan and to make care suggestions to the nurse for inclusion in a revised care plan.

18. Describe care guidelines for the resident who has an impaction.

2. Resident care guidelines
The CNA has a critical role in identifying and preventing fecal impaction.
a. Assist with administration of enema if procedure is ordered by resident's physician.
b. Understand that manually removing fecal impaction is the responsibility of the nurse.
(1) Impaction is manually removed from the rectum with gloved fingers.
(2) Damage to bowel wall is a hazard of impaction removal.
(3) The CNA can provide support and reassurance to resident during impaction removal.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

19. Describe CNA observations for the resident who has an impaction.

3. Observations
   a. Observe for signs of constipation: The CNA has a critical role in identifying constipation that could lead to an impaction.
   b. Liquid feces seeping from anus. CNA may see smearing on sheets or resident's underclothing.
   c. Resident may report rectal pressure or pain.
   d. Following treatment of impaction, observe for return of normal bowel function.

H. Maintaining bowel elimination: Enema administration

20. Identify purpose for enema.

Enema is the introduction of liquid into lower intestine to soften and stimulate emptying feces.

1. Cleansing enema
   a. CNA's role with this type of enema may be to assist the nurse.
   b. Follow procedure outlined in basic nursing skills text. Common points include:
      (1) Types of liquid typically ordered
      (2) Preparing equipment: volume of liquid, safe temperature, lubricant
      (3) Resident's position
      (4) Depth to insert enema tip
      (5) Technique of instilling liquid for resident safety and comfort
      (6) Instructions to resident about retaining/ expelling enema liquid
      (7) Observing and reporting results

21. Identify differences between cleansing enema, commercially prepared enema and oil retention enema.

Show samples of enema equipment and ready-to-use enemas.

Explain that giving enema while resident is seated on commode or toilet is unsafe practice.

2. Commercially prepared and oil retention enemas
   a. CNA's role with these enemas may be to assist or administer.
   b. Purposes
      (1) Commercially prepared – Stimulate emptying feces from lower intestine
      (2) Oil retention – Soften hard feces
   c. Follow procedure outlined in basic nursing skills text or with product instructions.

22. Describe safe practices for enema administration.

Demonstrate enema procedure.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

Common points include:
(1) Read package instructions
(2) Preparing equipment
(3) Resident's position
(4) Depth to insert enema tip
(5) Emptying bottle or bag slowly
(6) Instructions to resident about retaining/ expelling enema liquid
(7) Observing and reporting results

I. Maintaining bowel elimination: Caring for resident with an ostomy

23. Identify meanings for the terms:

Ostomy
Colostomy
Ileostomy
Ureterostomy
Stoma

1. Ostomy is a surgical opening into a body structure. Common types of abdominal ostomies:
   a. Colostomy – opening is made between colon (large intestine) and abdomen to divert bowel contents. Most common type seen.
   b. Ileostomy – opening is made between ileum (small intestine) and abdomen to divert bowel contents.
   c. Ureterostomy – opening is made between ureter (tube draining urine) and abdomen to divert urine.

Give examples of resident conditions managed with these ostomies.

Basic care for resident with colostomy is addressed within this curriculum. Instructor can opt to add other ostomies.

24. Describe care guidelines for the resident who has a colostomy.

2. Resident care guidelines
   Ostomy appliance fits over colostomy opening (stoma) to collect feces. An adhesive ring is secured to the skin. Collection bag (pouch) attaches to the ring.
   a. Understand elimination goals and approaches that are part of care plan.
   b. When feces and/or flatus accumulate, CNA empties or changes bag.
      (1) With reusable bag, empty in toilet and clean following to facility policy.
      (2) With disposable bag, empty and discard following facility policy.
   c. When adhesive ring leaks bowel contents, CNA may remove and reapply, as directed by the nurse.
      (1) Cleaning and drying skin around stoma is an important measure to prevent irritation.
      (2) Skin barriers or protectants may be ordered to prevent skin breakdown around stoma.

Student textbooks will provide illustrations of colostomy care. An internet search will provide other resources.

Show samples of ostomy appliances and how to apply.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

d. Assist the resident or nurse with colostomy irrigation, if used to regulate bowel elimination. Colostomy irrigation is similar to an enema.
e. Document bowel movements, whether normal, diarrhea or constipation.
f. Check care plan for approaches to manage flatus odor, such as dietary changes or deodorizer in ostomy bag.
g. Respect resident's feelings about a colostomy.
   (1) Anytime a person's body is altered he/she may have feelings concerning the changed body image.
   (2) CNA's attitude and actions during colostomy care demonstrate respect: Show confidence and acceptance.
   (3) Encourage resident to be involved in colostomy care.

25. Describe CNA observations for the resident who has a colostomy.

3. Observations
Notify nurse promptly of any potential problem.
a. Observe resident's defecation. Report color, consistency, amount and frequency. Save for nurse if feces appear other than normal
b. Observe stoma and skin around stoma for redness or irritation.

J. Promoting bladder and bowel continence
More than 50% of the nursing home's population experience incontinence, according to the Centers for Medicare and Medicaid Services (CMS).

26. Describe contributing causes for incontinence.

1. Contributing causes for incontinence
Incontinence is not an outcome of normal aging.
a. Disease process or injury such as multiple sclerosis, paralysis, pelvic floor weakness, acute illness, or a combination of conditions
b. Impaired mobility – The resident is not able to move independently to toilet in a timely manner.
c. Disorientation – For example, the resident may forget how to get to the bathroom.

Review content about peri-care in Unit 9 and basic incontinent care in Unit 11 as necessary.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

27.	Describe reasons for promoting bladder and bowel continence	2. Reasons for promoting bladder and bowel continence a. Restore the resident's ability to control a basic function. b. Maintain or restore the resident's self respect and dignity, prevent embarrassment for resident and family. c. Prevent other health problems: Incontinence is associated with other problems such as falls, skin irritation or breakdown, and social withdrawal. d. Meet regulatory expectation that all residents will retain or be restored to as much normal function as possible. Incontinence is a functional decline.	Additional coverage of skin care will be found in Unit 21 along with pressure ulcer prevention.
28.	Identify how a toileting assistance program is developed.	3. Toileting assistance programs Goal for all residents is to be clean, dry and free from odor. a. General features (1) Program plan is individual for each resident, built from information about the resident's pattern of incontinence and the resident's specific needs. The type of incontinence that the resident experiences is identified. (2) Plan may include mobility goals, since mobility is important in achieving continence.	Describe types of incontinence such as stress incontinence, urge incontinence as it is helpful for students to understand toileting programs.
29.	Describe resident care guidelines for bowel continence.	b. Bowel incontinence management (1) Basic features of bowel management were covered earlier in this unit. See section on resident care guidelines for constipation. Medication may also be used to regulate bowel elimination. (2) Resident may experience both bowel and bladder incontinence. Plan will address both needs.	Give examples of the way information collected by the CNA about such things as voiding pattern or defecation pattern is incorporated in the plan. Reinforce the value of reporting and documenting observations.
30.	Identify examples of voiding assistance programs.	c. Voiding assistance programs – Examples are: (1) Prompted voiding ▪Resident relearns to recognize bladder fullness or the need to urinate, to ask for help, or to respond when prompted to urinate.	Other examples can be used.

Unit 19 Meeting Resident Needs: Restoring Nutrition and Elimination (continued)

		▪Example: Contact resident every two hours during the day; ask if he/she is wet or dry. Check for wetness and give feedback. Whether wet or dry, ask whether he/she would like to use the toilet. If yes, assist resident with toileting, record results and give positive reinforcement. If no, and resident has not voided in the past four hours, repeat the question about needing to use toilet. If no, tell the resident that CNA will return in two hours; ask him/her to try to wait to urinate until then.	Reinforce the need for CNA's communication to respect resident's privacy and autonomy.
		(2) Habit training program- Staff monitors and records resident's voiding pattern, finding a predictable pattern. Toileting follows the resident's pattern, strengthening a habit.	Specific assistance programs are not used for residents with advanced dementia. Nursing actions focus on "check and change".
		(3) Scheduled voiding program – Resident toilets on regular schedule (such as every 2-4 hours) during waking hours. He/she is taken to the commode or bathroom. The goal is to toilet at intervals that will allow the resident to stay dry.	
		(4) Bladder retraining – Resident is taught to consciously delay voiding or urge to void as part of a plan to regain voiding control.	
31. Describe CNA's role with toileting assistance programs.	4. CNA's role with toileting assistance programs a. Collects information for development of plan over a period of several days. Follows facility protocol. (1) Checks resident for continence every 1 or 2 hours during waking hours and at longer intervals at night. (2) Accurately records intake and output.		Review Unit 11, E, Assisting the resident with elimination.
	b. Follows toileting assistance plan exactly and consistently.		Show examples of toileting assistance documentation.
	c. Recognizes the priority of toileting as the CNA organizes care for multiple residents.		
	d. Demonstrates an attitude that reflects patience. Lack of continence is not criticized.		

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility

Learner Objectives	Content	Teaching Suggestions
1. Describe what is meant by "restorative care".	A. Restorative Care Restorative (or rehabilitative) care refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible (taken from the CMS RAI Manual, Chapter 3). Another description is: Helping the resident attain and maintain the highest level of functioning possible.	Aspects of restorative nursing care have been touched on in previous units. This unit presents an overview and terminology, followed by specific application in the area of mobility.
2. Identify reasons for restorative care.	1. Reasons for restorative care a. Is required by federal and state regulation. b. Is expected to fulfill the Resident's Bill of Rights. c. Demonstrates a belief in the dignity and worth of each person/resident.	Ask students to provide examples of restorative care that they recall from previous class sessions or from clinical, such as toileting assistance, eating assistance, use of prostheses or assistive devices.
3. Describe general restorative care responsibilities.	2. Restorative care overview a. Relates to all aspects of resident care. (1) Stresses preventing further disability (2) Strengthens what the resident can do, rather than focusing on what he/she is unable to do.	Review the Resident's Bill of Rights.
	b. Is guided by a written care plan developed by the interdisciplinary team. The care plan contains individualized, measurable goals and specific interventions.	Review care planning content from Unit 13. Review the CNA's role with care plan development: Contributing information collected from resident, observations, and suggestions.
	c. Is provided by all who have responsibility for resident care, with supervision by the nurse. (1) Some facilities utilize Restorative Aides (CNA with additional training/education) to specifically implement restorative care. (2) Other facilities anticipate that all staff provide restorative care.	The CNA can gain additional skill in restorative techniques by completing a Restorative Aide (RA) course.
	d. Occurs 24 hours a day, 7 days a week.	Explain that some facilities ask all CNAs to complete the RA course.
	3. Additional rehabilitation measures may be part of the resident's plan. The term "rehabilitation" is sometimes used interchangeably with "restoration" or "restorative care." a. Rehabilitation is provided by specialized therapies (such as speech, physical or occupational therapy) or nurses.	An example: eating/swallowing rehabilitation by the speech-language pathologist. Use other examples as needed.

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

	b. Rehabilitation services are often provided more intensively, for a shorter period of time.	
4. Identify examples of restorative nursing program components.	4. Components of a restorative nursing program include, but are not limited to: a. Range of motion (ROM). b. Mobility, including bed or chair mobility, transfer activities, ambulation, use of splint or brace and prosthesis care. c. Eating or swallowing. d. Bathing, dressing and grooming. e. Toileting and elimination control. f. Communication.	ROM is covered later in Section D. Ask students to give examples of restorative activities that have already been covered.
5. Use restorative care terminology.	5. Restorative care terminology Specific terms are used to describe assistance given to the resident. Understanding them will help the CNA accurately follow the care plan and communicate with other members of the team. a. Activities of daily living (ADL) – Basic tasks of everyday life, such as eating, toileting, bathing, dressing and moving/walking. b. Self-care deficit – Unable to perform an ADL without assistance. c. Task segmentation – Breaking up an activity into small steps or sub-tasks, so that the resident can accomplish them. Additional assistance such as verbal or physical cues (definition below) aids the resident in accomplishing the small steps and therefore the whole activity. d. Set-up – Preparing the environment, equipment and supplies for the resident to perform an activity. e. Positioning – Preparing the resident to perform the activity by placement of body or extremities. f. Oversight – Staying near the resident and watching the activity, being prepared to cue or otherwise assist as needed. “Guarding” is a similar term. g. Cue – Showing or prompting the resident to perform the activity. Cueing may be verbal or nonverbal (physical).	These definitions are restated or reworded from various sources. More definitions and specific regulatory language are found in RAI Users Manual, Chapter 3. This manual also provides good examples to illustrate the definitions. Ask students to role play or provide specific examples of assistive activities that these terms define. “Oversight” is one term describing part of the progressive sequence of support for the resident to complete an ADL. If the resident is unable to complete an activity with only oversight, then more support is provided.

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

h. Guided maneuvering – Touching or moving the resident's limbs through steps of the desired activity. Hand-over-hand technique is an example.
i. Coaching – Encouraging the resident to perform the activity. Providing praise with even small successes.
j. Pacing – Allowing time for a task to be completed by the resident or for the resident without making the resident feel rushed.

6. Describe the CNA's responsibilities for restorative care.

6. CNA's responsibilities for restorative care
   a. Being skilled, competent and consistent in providing care.
   b. Following and contributing to the resident's care plan.
   c. Keeping accurate records.
   d. Demonstrating an attitude that regaining, maintaining and improving function is desirable and possible for the resident.
   e. Demonstrating an attitude of respect for the resident.

B. Complications of inactivity: Physical changes

7. Describe physical consequences of inactivity in:

Inactivity and immobility have serious physical consequences. If the resident stays in any position too long, whether sitting or lying, adverse body changes are likely. Restorative care and adequate activity support physical and emotional well-being. Inactivity leads to further decline. "Good care" does not mean doing everything for the resident, but empowering the resident to do what is possible.

This segment specifically addresses problems resulting from inactivity or immobility. Review Unit 15 as needed for physical changes accompanying aging.

Physical consequences of inactivity include:

Musculoskeletal system

1. Musculoskeletal system
   a. Muscles weaken and atrophy.
   b. Joints tighten, producing contractures.
   c. Bones lose calcium and other materials that keep them hard and strong if they do not bear weight, resulting in osteoporosis and increased frequency of fractures.

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

	Skin	2. Integumentary system (particularly the skin) a. Pressure from not changing position deprives tissue of O_2 and nutrition.	
	Genitourinary system	3. Genitourinary system a. Minerals lost from bones can precipitate to form kidney or bladder stones. b. Inactivity is associated with difficulty urinating and incontinence.	
	Gastrointestinal system	4. Gastrointestinal system a. Inactivity is associated with slower bowel function and constipation. b. Eating in other than upright position makes aspiration more likely.	
	Respiratory system	5. Respiratory system a. Breathing is more shallow, fluids and secretions accumulate. b. Pneumonia, an infection of lung tissue, is more likely.	
	Cardiovascular system	6. Cardiovascular system a. Ability of heart muscle to adapt to increased demand is impaired by inactivity. b. Circulation is slowed. Lack of muscle movement and pressure from lack of position change contribute to formation of blood clots.	
8.	Identify alternate names used for a pressure ulcer.	C. Complications of inactivity or immobility: Pressure ulcers Other names used include skin breakdown, decubitus ulcer, and bedsore.	Instructor may opt to include pressure ulcer content earlier in the course. When kept within this unit, coverage of pressure ulcer prevention provides an opportunity to review many basic care skills and integrate examples of restorative care.
9.	Describe risk factors for pressure ulcer development.	1. Risk factors for a pressure ulcer include anything that disrupts skin integrity and/or diminishes O_2 and nutrition to skin and underlying tissue. When the resident: a. Has limited ability to change position in bed or chair. b. Is bed-bound. c. Is susceptible to friction and shear damage to skin and underlying tissue during repositioning. d. Is incontinent of bowel or bladder or has other skin moisture (such as between skin folds).	

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

	e. Has medical conditions that interfere with good blood supply or circulation, particularly to extremities. f. Has poor nutrition or poor fluid intake. g. Has movement limited with restraints.	
10. Describe signs of tissue breakdown or pressure ulcer formation.	2. Signs of tissue breakdown or pressure ulcer formation should be promptly reported to nurse. a. Check boney prominences (areas where the bone is close to the skin), such as elbow, knee, ankle, heel, spine, sacrum/coccyx, hip. Check skin folds. b. Observe for change in skin color, such as redness or darkness, particularly when it does not disappear within 30 minutes after pressure is removed. Other early warning signs are warmth and tenderness at the site, or the resident reporting a burning sensation. c. Check for broken skin or formation of blister-like lesions. This is a sign of increased damage. Damage below the skin's surface occurs before the skin breaks. d. More advanced damage is shown when a crater forms after deeper tissue is destroyed. Damage may extend into muscles and to bones and joints.	Student texts will usually have clear illustrations of common sites for ulcer formation as well as the stages of pressure ulcer development. Ask students to cross legs or otherwise create pressure on a body part. Remove pressure and monitor the return of normal skin color. Note differences that result from variations in skin pigmentation. Federal regulations consider pressure ulcer rates as a measure of quality of care.
11. Describe key points in prevention and management of pressure ulcers.	3. Prevention and management of pressure ulcers "An ounce of prevention is worth a pound of cure" is true in the management of pressure ulcers. It is much more time-consuming and costly to heal a pressure ulcer than to prevent one. Key points include preventing functional decline and addressing potential causes for injury. a. Encourage the resident's mobility in bed or chair. (1) Resident changes bed position using devices such as a trapeze or assisting rail as needed. (2) Resident changes position in chair with "push-ups" and with shifting weight from side to side. Resident has a wheelchair that is user-friendly, enabling him/her to be more independent.	The development of pressure ulcers is a leading cause for legal action against an adult care home. Other common events precipitating legal action by residents or families are injuries from falls and burns. Review concepts of wheelchair mobility, safe lifting techniques and positioning from Unit 6.

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

		b. Prevent shear or friction injury through proper positioning (prevent sliding) and proper lifting.	
		c. Help the resident use assistive devices that enable good alignment and positioning. Supports, stabilizers, splints, orthotics and braces are names of devices used to help resident maintain alignment and position of function.	Show examples of these devices if possible. Explain how proper application and good skin care are necessary.
		d. Assist resident to reposition at time intervals that keep skin healthy over boney prominences. Avoid massaging tissue directly over boney prominences.	Restraint safety is covered in Unit 22.
		e. Use pressure reducing surfaces and padding devices in addition to helping the resident change position.	Show examples of such devices as gel-filled pads, foam heel elevators, elbow protectors, therapeutic beds, cushioned side rail pads.
		f. Provide routine skin care in folds and creases. Provide skin care promptly after incontinence.	Review concepts of personal care from Unit 9 as needed.
		g. Keep bedding dry and free from wrinkles.	Bedmaking is covered in Unit 7.
		h. Encourage resident's participation in a toileting assistance program.	Review measures to promote bowel and bladder continence from Unit 19.
		i. Encourage the resident to have good nutrition and adequate fluid intake.	Review nutritional support measures from Unit 10 as needed.
12. Identify the purpose for range-of-motion exercise.	D. Providing restorative care: Range of motion (ROM) ROM refers to moving joints through their full motion. Moving helps prevent joint contractures and muscle atrophy, and stimulates circulation.		
	1. Care plan or facility protocol will direct the CNA in how frequently to assist the resident with ROM exercises.		
		a. Although encouraging the resident to move limbs and body as much as possible during ADLs is not formally counted as ROM, this movement remains beneficial.	Give examples of how the CNA might encourage resident movement during such routine activities as dressing, reaching or turning.
		b. Family members may be taught to assist their resident with ROM.	
13. Identify the difference between active range of motion (AROM) and passive range of motion (PROM).	2. Difference between active and passive ROM		
		a. Active range of motion (AROM) occurs when the resident can move his/her own joints. When the CNA assists the resident to move joints, but the resident performs the activity, this is termed active assisted ROM.	Show how a resident can use a strong arm to exercise a weak arm.

Unit 20 Meeting Resident Needs: Maintaining and Restoring Mobility (continued)

	b. Passive range of motion (PROM) occurs when the nursing staff or therapist moves the resident's joints, providing exercise. For example, PROM would be used when a resident has a paralyzed extremity.	
14. Describe safety considerations when the CNA assists with ROM.	3. Safety considerations a. Exercise a joint to the point of discomfort or to the point of firm stretch. Never force a joint to move. b. Check with the nurse when: (1) The resident expresses pain during ROM. (2) There is a wound or skin tear on a joint to be exercised. (3) The resident is combative when the CNA attempts ROM.	
15. Use ROM terminology: Abduction Adduction Flexion Extension	4. Terminology a. Abduction b. Adduction c. Flexion d. Extension	The instructor may add more ROM terminology as desired.
16. Demonstrate proper techniques for ROM.	5. ROM exercise Follow procedure described in basic nursing skills text for ROM. a. Neck (AROM only) b. Shoulder c. Elbow d. Wrist e. Fingers f. Hip g. Knee h. Ankle i. Toes	Demonstrate PROM. Ask students for return demonstration.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors

Learner Objectives	Content	Teaching Suggestions
1. Identify a definition for dementia.	A. Dementia 1. Definition/description a. Loss of the ability to think, remember, reason and communicate b. Other terms used include: impaired mental function and cognitive impairment c. Not a normal part of aging	Many dementia-related resources are available. An internet search for "dementia", will illustrate the kind of information available to residents and their families. Alzheimer's Association (www.alz.org) contains helpful information and web links.
2. Describe types of dementia: Reversible	2. Types of dementia a. Reversible – May be treated, with the person returning to the previous level of functioning. Examples are: (1) Poor nutrition prior to admission to long-term care facility, electrolyte imbalance and dehydration. (2) Injury, illness or infection. (3) Side effects of medications, inappropriate doses or combinations of medications. (4) The resident with depression may have some dementia-like behaviors.	Provide examples where the nursing personnel (including the CNA) observed and reported changes in resident behavior, resulting in treatment and reversal of symptoms.
Irreversible	b. Irreversible – Progressive neurological disease. Examples are:	Explain pathophysiology at a basic level. Student texts will often provide illustrations and descriptions.
3. Identify names of diseases that cause dementia.	(1) Alzheimer's disease (AD) affects the greatest proportion of residents. (2) Vascular dementia, including multi-infarct dementia. (3) Other degenerative neurological diseases including dementia with Lewy bodies and some types of Parkinson's disease.	
4. Describe the general progression of Alzheimer's disease (AD) and goals for care.	3. Progression of Alzheimer's disease a. Symptoms of AD reflect the progressive degenerative nature of the disease. (1) At this time, some medications can slow the progression of the disease, while others modify the symptoms of distress that the resident experiences. All medications have unwanted effects, such as drowsiness, that cause other problems for the resident.	Texts and other sources identify stages of AD. The instructor can use this listing of symptoms to illustrate the progressive nature of the disease. It is not expected that students should identify stages of AD; rather they should be expected to appropriately respond to resident needs and behaviors.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

b. Goals for the resident with dementia include:
   (1) Maintain quality of life
   (2) Maintain the highest level of possible functioning.
c. The person with AD will die of a different direct cause, such as infection, chronic disease, or complications after falling.

5. Give examples of questions that the CNA can ask to understand problem behaviors from the resident's perspective.

B. Understanding problem behaviors from dementia and other causes:
In general, try to understand the behavior from the resident's perspective. All behavior has a reason.
1. When and where did the behavior occur?
2. What may have triggered the behavior? Observe what went on before the behavior occurred.
   a. Are there unmet physical needs? Is the resident hungry, thirsty or tired? Does the resident need to toilet? Is the resident hot or cold? Is the resident in pain?
   b. Is the resident unable to verbally express psychosocial needs? Is the resident afraid?
   c. Are there changes in the resident's environment? Has there been a change in caregivers or visitors, over-stimulation or other agitated people?
3. How can the trigger or irritant be removed or modified?
4. Is there a pattern to the problem behavior?
5. What is the person's life history? What does the CNA know about the resident's patterns of living?
6. Is the behavior harmful to the resident or others?
7. What does the resident's care plan say about the problem behavior and the approaches that have been effective?

Examples of problem behaviors are listed below. Use one or more behavior to illustrate this section.

Reemphasize the CNA's responsibility to report changes in the resident's behavior.

6. Describe communication strategies for the resident with dementia and approaches by the CNA:

Nonverbal communication

C. Communicating with the resident who has dementia
1. Residents with dementia respond to nonverbal communication, reflecting the emotion or feeling of the people and situation around them.
   a. Distress of other residents or angry conversations may lead to problem behavior.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

	b. Approaches by CNA (1) Demonstrate control of emotions, communicating a calm, unhurried manner both verbally and nonverbally. Avoid escalating the emotion of a situation. (2) Approach the resident with a smile and a positive attitude. (3) Use gentle touch to communicate caring, unless the resident responds negatively to the use of touch.	
Resident's inability to understand sensory or environmental stimuli	2. Resident may be unable to "sort through" sensory or environmental stimuli, not understanding which are important or signs of danger, and which can be ignored. a. Approaches by CNA (1) Use simple sentences; make simple requests. (2) Repeat the same request rather than using different words. (3) Limit environmental distractions such as noise from television, bustling activity and loud conversations. (4) Use consistent routines.	Explain that the CNA may have the opportunity to help the resident's family use some of these approaches as they relate to the resident. Give examples of how the CNA can support family members as the resident experiences common dementia behaviors.
Resident's inability to understand verbal expression	3. Resident may have partially lost the ability to understand verbal expression, and is unable to process and sort requests. a. Approaches by CNA (1) Use nonverbal cues in addition to a verbal request to prompt the resident. (2) Make suggestions rather than asking for an explanation. (3) If the resident struggles to select an item (for example, which food to eat first or which clothing to wear), continue to offer choices but limit the number of items to choose between. (4) Recognize that the resident may respond with fear and frustration because he/she does not understand and cannot explain his/her needs.	

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

Impaired memory

4. Resident has impaired memory.
   a. Approaches by CNA
      (1) Redirection and distraction – Suggest an alternate activity. Change the subject. Change the setting.
      (2) Use an ADL routine that recognizes the resident's life patterns and preferences.

Loss of impulse control

5. Resident may have little impulse control, using language or behaviors that are not typical of lifetime habits.
   a. Approaches by CNA
      (1) Understand that dementia has damaged the brain's normal function and that the person does not act this way on purpose.
      (2) Respond in a calm, matter-of-fact, accepting manner.
      (3) Show respect.

D. Common behaviors associated with dementia

7. Describe common behaviors associated with dementia. Discuss approaches that the CNA can use to support the resident.

A resident's care plan may have specific interventions for problem behaviors.

In addition to using the approaches listed in Section C (above) and this section, the instructor will be able to add examples of "real world" situations. The approaches listed here are not intended to be all-inclusive.

Confusion

1. Confusion – inability to think clearly.
   Disorientation – unable to determine such things as time, season or year, place where located, or roles of those who are present.
   a. CNA approaches
      (1) Understand the frustration and fear that confusion and disorientation produce.
      (2) Provide a consistent environment and routine.
      (3) Personal items from the resident's previous home provide some sense of familiarity.
      (4) Facility may have taken steps to make the environment easy to understand, using such things as labels and pictures.

After clinical experience, ask students to identify approaches used in the facility to support the resident who is confused or disoriented.

Sensory-perceptual changes

2. Sensory-perceptual changes – Unable to recognize the purpose for an object or recognize concepts such as left/right, up/down, hot/cold.
   a. Approaches by CNA

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

	(1) Demonstrate use of an object, such as eating utensil, if resident seems unable to recognize. (2) Take particular care for resident safety.	
Repetitive activity	3. Repetitive activity or perseveration – repeating an activity over and over, such as unpacking and repacking contents of a dresser drawer, pacing or repeating the same question or story. a. CNA approaches (1) Look for a trigger or theme (meaning of the behavior to the resident). Is the behavior part of life activities (folding clothes), a need for reassurance (asking to go home), or an expression of anxiety (pacing). Converse or reminisce with resident. Walk with resident. (2) Assist the resident to be part of activities that he/she values, that provide stimulation and social contact. (3) If repetitive activity consumes energy (pacing), encourage the resident to rest at intervals.	Provide negative examples of responses that could be made to resident behaviors or questions. Ask students to supply a supportive response. Negative examples are: ▪Do you know what day this is? ▪Do you know who I am? ▪You can't go home. This is your home. ▪Your husband isn't here because he died. ▪You should be ashamed of taking things from your roommate's drawers. ▪Don't hit!
Hoarding	3. Hoarding – collecting food or other items and securing or hiding them. Hoarding of food can be a health issue for the facility. a. CNA approaches (1) Routinely check resident's living space for hoarded items, removing those that could be a hazard.	Ask students to practice reporting observations of resident activity to nurse. Emphasize reporting behavior rather than labeling resident.
Wandering and elopement	4. Wandering and elopement (exiting) Wandering includes locomotion by both walking and wheelchair use. a. CNA approaches (1) Look for triggers and themes. (2) Provide environmental cues (labels, pictures) to help the resident locate such things as his/her room or the toilet. (3) Know where residents are at all times, not just at the beginning and end of shift. Ask	Review description of elopement and suggested safety measures in Unit 8.

	questions if a resident appears to be in an unsupervised area. (4) Even if a resident has not been identified as an elopement risk, he/she might exit. For example, conditions producing reversible dementia (see Section A) may have begun. (5) Follow facility policy when door monitor alarm sounds. Policy usually includes checking for reason that the alarm was triggered. (6) Check to see that door monitor alarm is active. Disabling the alarm (for example, when maintenance work is done) leaves residents unprotected. (7) Immediately report a missing resident. Follow facility's emergency plan.	If not already included in Unit 8, show an example of a facility's plan of action when a resident is thought to have eloped.
Aggressive or combative behavior	5. Aggressive or combative behavior Most often occurs while personal care is being provided to the resident. The behavior may be a protective reaction to discomfort, feeling unsafe or afraid. The behavior may be verbal or physical.	Review and add to personal care hints from Unit 9.
	a. CNA approaches (1) Look for triggers and themes (2) Resident may recall the negative emotion associated with a past situation or person and express anxiety when the person or situation reoccurs. (3) Approach the resident from the front, from within field of vision. (4) Follow routines or patterns that the resident is used to. If this does not work, examine routines to see how the resident can be more comfortable and feel safe and in control. (5) Observe for early signs of frustration or resistance and use nonthreatening communication (see Section C) to prevent escalation of behavior. (6) Use redirection or distraction to help resident leave the frustrating situation.	Discuss how to deal with care problems, such as when the CNA tries to change the resident's clothing, the resident pulls away and tries to hit the CNA. Explain that the CNA cannot respond with anger or aggression to a frustrating resident situation. Give examples of how the CNA can handle situations that feel unsafe.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

Catastrophic reaction

6. Catastrophic reaction
   Resident experiences increasing distress and anxiety that may escalate to violent behavior. Overstimulation and fatigue may make the resident more prone to losing control.
   a. CNA approaches
      (1) Look for triggers and themes. The best overall approach is to anticipate and prevent.
      (2) Remain calm; use nonthreatening body language or nonverbal communication.
      (3) Follow facility protocol for working with a resident who potentially has violent behavior.

Sundowning

7. Sundowning
   Resident who does not experience these behaviors during the day has increased confusion, restlessness and wandering during the late afternoon and evening. Fatigue may make the resident more prone to sundowning.
   a. CNA approaches
      (1) Help resident avoid fatigue.
      (2) Anticipate behaviors and provide support.

Review the CNA's responsibility to promptly report changes in resident behavior.

Delusions

8. Delusions
   A false belief, such as the resident believing that someone is trying to harm or steal from him/her (paranoid behavior). Inability to understand the environment, events and changes causes the resident to be fearful, perhaps blaming others for the losses.
   a. CNA approaches
      (1) Look for triggers and themes
      (2) Communicate to the resident that he/she is safe.
      (3) Be aware of the possibility that theft or abuse has occurred (perhaps many years ago) and that the resident's fears are accurate.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

Hallucinations

9. Hallucinations
   Degenerative changes in the brain contribute to the resident seeing or hearing things that are not there.
   a. CNA approaches
      (1) Listen to resident's explanation of what was seen or heard without contradicting.
      (2) If resident is distressed, communicate that he/she is safe.

E. Caring for the resident who has depression

8. Describe common behaviors associated with depression.

1. Description of depression
   a. Resident exhibits behaviors such as deep sadness, lack of interest in activities, altered appetite and slowed functioning. Resident may cry, isolate self in room and lose weight.
   b. Many situations can contribute to depression. Depression can be a coping response to the many profound changes and losses that the resident has experienced and is experiencing (change in health, loss of independent living, approaching death). Residents with dementia can also experience depression.

Discuss approaches that the CNA can use to support the resident.

2. CNA approaches
   a. Listen to the resident. Encourage him/her to talk. Ask nurse for help in how to respond to resident.
   b. Encourage physical activity as the resident chooses and is able. Exercise increases the feeling of well-being.
   c. Encourage social participation as the resident chooses and is able.
   d. Observe and report changes in appetite, activity and attitude.
   e. If the resident talks about suicide, immediately report to nurse.

Provide a negative example of how to "encourage" a resident. Ask students to supply an alternative response.
Negative examples include:
▪Don't be sad.
▪Cheer up!

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

9. Describe communication and support techniques for dementia behaviors. Describe approaches by the CNA.	F. Additional communication and support techniques In addition to those general techniques or approaches described above for dementia behaviors, several specific techniques are highlighted:	Use examples often found in student texts to enhance and clarify understanding of these techniques.
Reminiscing	1. Reminiscing a. Remembering the past, telling life stories and experiences (1) Reminiscing serves as a life review. (2) Resident often enjoys retelling experiences. (3) Staff learns more about the resident as life stories are related. b. CNA approaches (1) Listen actively; show interest in resident's experiences. (2) Use photographs or other personal items in the resident's living space as one way to start talking with resident.	If possible during a clinical experience, model the use of reminiscence for students. They may point out that their grandparents reminisce all of the time.
Validating	2. Validating a. Acknowledging the person's feelings about current and past experiences. b. CNA approaches (1) Allow residents to express feelings, accept the resident's reality, even if you don't agree.	Explain to students that training in validation skills will be provided by employer if this approach is used as part of care.
Reality orientation	3. Reality orientation a. Helping reduce disorientation by providing consistent repetition of cues about such things as time, place, person, and expectations. (1) Is more likely to be helpful to persons with reversible dementia or early AD (early dementia). As AD progresses, the resident becomes frustrated with pressures to reorient. (2) A supportive environment uses cues such as a picture calendar, labels or pictures on drawers in resident's room to help the resident maintain independence.	Explain that there is a difference between an active reality orientation program (more appropriate in other settings) and a supportive environment.

Unit 21 Meeting Resident Needs: Dementia and Problem Behaviors (continued)

	b. CNA approaches (1) Use the resident's name when speaking to him/her. Use one's own name, but don't expect the resident to remember it. (2) Point out labels or pictures used as environmental cues.	
Other techniques or activities	4. Other techniques or activities a. Exercise program b. Socializing c. Meal preparation	Point out examples of these and other activities during clinical experience.

Unit 22 Additional Resident Care Procedures

Learner Objectives	Content	Teaching Suggestions
1. Describe the effect of heat on skin and body tissue.	A. Applying heat 1. Effect of heat on skin and body tissue a. Dilates blood vessels, causing more blood to circulate to tissue. (1) Increased blood flow promotes healing as more nutrients and oxygen are carried to the tissues. (2) Increased blood flow may also carry away excess fluids that are from inflammation cause pain in some conditions. b. Moist heat application is more penetrating and can cause injury more quickly than dry application. c. The effects of chronic illness and aging changes may cause the resident to be less able to sense heat or pain, resulting in increased vulnerability to injury.	Unit 22 contains resident care procedures that may not be part of the CNA's responsibilities in all circumstances. Information about receiving delegation of nursing tasks is covered at the end of the unit. The occurrence of an injury such as a burn is called a "reportable incident", and is reported to KDOA by the adult care home. Injuries such as burns are also causes for legal action against an adult care home.
2. Identify examples of heat application.	2. Examples of heat application a. Warm soaks b. Disposable warm pack c. Aquamatic K-Pad	Even if the CNA does not initiate the procedure, he/she may help monitor the resident. Emphasize the CNA's responsibility for preventing injury.
3. Describe care precautions when heat is applied to skin and body tissue.	3. Care precautions with heat application a. Medical order is required for the use of heat application. Device is provided by facility. b. Understand method of heat application to be used. Follow facility's procedure. Review procedure with nurse as needed. c. Use correct temperature, as identified in facility procedure or on product use instructions. d. Apply to skin correctly. Protect skin from direct contact with heating device by covering the device with a cloth or other protective material. e. Know the length of time for application. Check the skin at frequent intervals while heat is applied. Resident may be unable to sense of imminent injury. (1) Remove application at once if skin appears reddened or is otherwise discolored.	Show examples of heat applications. Demonstrate use.

Unit 22 Additional Resident Care Procedures (continued)

	(2) Notify nurse immediately. f. Document procedure and results.	
	B. Applying cold	
4. Describe the effect of cold on skin and body tissue.	1. Effect of cold on skin and body tissue a. Constricts blood vessels, causing slowed blood flow to tissue. (1) Prevents or reduces swelling (2) Relieves pain that may accompany swelling (3) Slows inflammation (4) Reduces itching b. Moist cold application is more penetrating and can cause injury more quickly than dry application. c. The effects of chronic illness and aging changes may cause the resident to be less able to sense cold or pain, resulting in increased vulnerability to injury.	
5. Identify examples of cold application.	2. Examples of cold application a. Ice bag b. Frozen gel pack c. Disposable cold pack	Show examples of cold applications.
6. Describe care precautions when cold is applied to skin and body tissue.	3. Care precautions with cold application a. Medical order may be required for non-emergency use of cold application. b. Understand method of cold application to be used. Follow facility's procedure and product use instructions. Review procedure with nurse as needed. c. Apply to skin correctly. Protect skin from direct contact with cold application by covering with a cloth or other protective material. d. Know the length of time for application. Check the skin at 10-minute intervals while cold is applied. Resident may be unable to sense imminent injury. (1) Remove application at once if skin appears blanched, very pale, white or bluish. (2) Notify nurse immediately. e. Document procedure and results.	Demonstrate use. Student texts will provide detailed procedure.

Unit 22 Additional Resident Care Procedures (continued)

	C. Care for the resident receiving oxygen (O_2)	Review O_2 safety measures from Unit 8 and respiratory changes from Unit 15. Instructor can choose to move O_2 administration content from Unit 22 to Unit 8 or Unit 15 if it seems sensible to cover the sections together. It was separated, as were some other topics, to decrease the instructional time required for Part 1.
7. Identify O_2 delivery systems.	1. O_2 delivery systems a. Wall outlet – more commonly seen in hospital settings b. O_2 tank or canister – Small tanks are used for temporary or emergency needs. c. O_2 concentrator – Removes other gasses from room air, leaving O_2 for administration to resident. (1) Larger size is usually kept in resident's room. (2) Smaller size is portable, allowing increased resident mobility.	
8. Identify O_2 administration devices.	2. O_2 administration devices a. Nasal cannula – Small tubes deliver O_2 to resident's nostrils. Most commonly used device b. O_2 mask – Positioned over resident's mouth and nose.	
9. Describe care measures for the resident who is receiving O_2.	3. Resident care measures a. Know O_2 flow rate ordered for resident. Notify nurse immediately if flow is not at ordered rate. b. Observe resident's breathing. Report difficulty breathing (dyspnea) or cyanosis immediately. c. Maintain proper positioning of administration device (1) Check for pressure or other skin damage where device rubs or presses on skin. (2) Maintain tubing free from kinks. d. Provide skin care to administration site. Provide mouth care. e. Remove O_2 administration device or discontinue O_2 flow only as directed by nurse. f. If humidifier is used with higher O_2 flow rates, check for humidifier fluid level. g. Notify nurse promptly if O_2 delivery system or administration device is making unusual noise. h. Know where facility's emergency O_2 supplies are stored.	Review safety precautions from Unit 8. Review variations from normal respiration from Unit 12.

Unit 22 Additional Resident Care Procedures (continued)

D. Anti-embolism or elastic stockings

10. Describe uses for anti-embolism or elastic stockings.

1. Purpose
   a. Used to improve circulation for residents who have certain types of poor circulation in legs and feet.
   b. Used after surgery to help circulation in legs, preventing formation of blood clots and emboli.

The instructor may choose to include this content earlier. For example, it could fit within Unit 9 along with other personal care procedures.

11. Describe key points in applying and monitoring stockings.

2. Resident care measures
   Basic nursing skills texts will provide detailed description for how to apply.
   a. Follow resident's care plan for schedule to wear and reapply. Stockings are often applied prior to getting out of bed and removed at bedtime.
   b. Apply while resident is lying down.
   c. Apply so stockings provide even pressure and have no wrinkles. Check that heels and toes are free from excessive pressure.
   d. Check at intervals according to facility policy
      (1) Check for good circulation – toes should be warm and pink.
      (2) Check for stocking to remain smooth and completely extended. When stocking slides down, the elastic can form a tight band, impairing circulation.

E. Specimen collection
CNA may assist with collecting samples of body secretions or wastes.

The instructor could choose to include specimen collection content within Unit 19.

12. Describe general guidelines and specific steps for specimen collection:

1. General guidelines
   a. Understand steps for obtaining specific specimen. Review steps with nurse.
   b. Use standard precautions.
   c. Label specimen container with resident's name, date and time.
   d. Place lab request slip with container.
   e. Store specimen according to facility policy, if not immediately sent to lab.

Explain that there are several types of urine or stool specimens that could be collected, and reinforce the need to check with the nurse to ensure accuracy of collection steps.

Routine urine specimen

2. Collecting routine urine specimen

Unit 22 Additional Resident Care Procedures (continued)

		Follow steps described in basic nursing skills text, including: a. Provide for perineal care for female resident. b. Place specimen collection pan or "hat" in toilet or commode chair, or ask male resident to use urinal. c. Keep toilet paper and feces out of collected urine.	Demonstrate how to manipulate specimen container, for example, placing lid with open side up while specimen is poured into container.
	Routine stool specimen	3. Collecting routine stool specimen Follow steps described in basic nursing skills text, including: a. Place specimen collection pan or "hat" in toilet or commode chair, or collect specimen from bedpan. b. Keep urine out of collected feces or stool. c. Transfer 1-2 tablespoons stool to container with tongue blade, without contaminating outside of container.	Demonstrate how to handle stool specimen to prevent contaminating outside of container. The instructor may also demonstrate collection of stool for occult blood, since this specimen is prepared differently.
		F. Restraints	
13.	Describe the characteristics that make something a restraint.	A physical restraint is a device near or attached to the resident's body that cannot be easily removed by the resident. A restraint is also something that restricts a resident's access to his/her own body.	If the instructor chooses, restraint use could be combined with other content and included earlier. Other possible locations are with Unit 8 (Safety) and Unit 21 (Dementia).
14.	Identify the intended use for a restraint.	1. Intended use is for resident safety, for example, to prevent pulling on tubes or treatments.	
15.	Identify examples of restraints.	2. Examples of restraints listed on MDS form are: a. Bed rails (full, half or on only one side of bed) b. Trunk restraint (such as vest or belt) c. Limb restraint d. Chair that prevents resident from rising	Refer to Resident Rights, Unit 2, to reinforce the resident's right to be free from restraints.
16.	Describe actions that the CNA may take to anticipate or respond to resident's unsafe behaviors.	3. Before a restraint is used, anticipate unsafe behavior that the resident may attempt. Use alternatives to physical restraints. a. Anticipate resident needs such as toileting, physical activity, thirst, or pain. b. Position for safety, for example, keep bed in lowest position, use cushioning landing pads at bedside. c. Use security devices such as pressure sensitive pad in bed or chair that sounds when resident shifts off of the pad.	The instructor may include an explanation that medications used to control the resident's mood or behavior could also be considered a form of restraint. Since facilities have chosen to be "restraint-free", students may not see physical restraints used during clinical.
		4. Follow key points for restraint use.	

Unit 22 Additional Resident Care Procedures (continued)

17. Describe key points for restraint use.

a. Must be ordered by the physician for a specific medical purpose.
b. Follow care plan approaches.
c. Properly fitting restraint must be selected and applied by an appropriately trained individual. The restraint must be the least restrictive device to be effective.
   (1) Applied loosely enough for comfort and circulation, tight enough to be effective.
   (2) Applied smoothly to protect the skin from friction and pressure.
   (3) Secured with a bow or easily released knot out of resident's reach.
d. Monitor frequently, according to facility policy. It is common that resident and restraint are visually checked every 15-30 minutes.
e. Remove every two hours, or more often as dictated by resident needs. Check skin, assist resident to toilet and address other resident needs. Reapply restraint.
f. Document restraint use and resident care.
g. Report changes in resident behavior while restraint is in place. Restraint use can worsen resident behavior and contribute to injuries.
h. Use restraints as infrequently as possible.

Demonstrate application of bed and chair restraints, and others as available.

Point out that restraint use is not a time-saving measure for providing resident care.

G. Performing delegated tasks

18. Identify situations that allow the CNA to perform delegated nursing tasks:

The CNA may be asked by the nurse to perform some tasks not included in this curriculum. Delegation of nursing tasks is appropriate in certain situations.

1. The facility – has policies that permit delegation.
2. The nurse
   a. Has assessed the resident's nursing care needs and a written care plan has been formulated.
   b. Has assessed the resident's needs at the time the task is delegated.
   c. Supervises the CNA during the task.
3. The task to be delegated

Resources that help explain legal parameters are:
Kansas Nurse Practice Act, 65-1165
National Council of State Boards of Nursing, "Role Development: Critical Components of Delegation"
KDOA Regulation Interpretation, 9-16

Facility policy

Nurse actions

Description of task to be

Give examples of appropriately

Unit 22 Additional Resident Care Procedures (continued)

	delegated.	a. Is performed according to an established sequence of steps and has a predictable outcome. b. Involves little modification from one resident situation to another. c. Does not involve ongoing assessment, interpretation or nursing judgment.	delegated tasks.
	CNA's preparation	4. The CNA a. Has received additional training/education to be able to perform task. b. Has demonstrated competency to nurse. c. Understands expectations. (1) CNA evaluates own preparation and informs nurse if she/he needs more training or supervision. (2) CNA may repeat back directions for the task to verify understanding.	Assist the students to role play delegation situations: ▪Accepting delegated task. ▪Asking questions to confirm understanding of expectations. ▪Explaining what CNA needs to know before performing task.
19.	Describe what the CNA reports about a delegated task.	5. Reporting a. If circumstances change significantly, the CNA reports back to the nurse before completing task, asking for direction. b. When task is completed, CNA reports back to nurse with any observations.	Anticipate questions such as: Why do some nurses delegate and not others? Why are some CNAs asked to perform delegated tasks and not others?

Unit 23 Meeting Resident and Family Needs: Admission, Transfer and Discharge

Learner Objectives	Content	Teaching Suggestions
	A. Admission 1. A variety of circumstances result in admission to an adult care home. A few of these are: a. Rehabilitation after surgery or illness b. Resident is unable to safely carry out activities of daily living because of situations like dementia and increasing disability. c. Resident needs hospice services.	
1. Describe feelings that the resident and family may have at the time of admission.	2. Anticipate that the resident and family are dealing with a variety of emotions, including the stages or phases of grieving. a. May be acutely aware of losses experienced with aging and increasing disability. b. Anxious and afraid of the unknown, of loss of control. c. Confused, unable to understand the environment. d. Anger – resident may voice anger at family for adult care home placement. Family members may show anger toward each other. e. Guilt – family may feel that they have failed as caregivers. f. Relief – the resident is in a safe environment.	Ask students to describe how they think that the resident and family might feel at the time of admission. Review physical and psychosocial losses that may accompany aging or increasing disability from Unit 2.
2. Describe actions that the CNA may take to assist the resident and family during admission.	3. Assisting the resident and family during admission a. Prepare room or living space for resident. Expect that resident/family will bring personal items to make the environment more familiar. b. Welcome the resident and family. Be courteous and friendly. (1) Introduce self, giving name and position. (2) Create a good first impression. c. Show resident the room, bathroom and how to use call signal. d. Introduce resident and family to roommate. e. Assist resident/family in making lists of valuables and clothing on inventory sheet. Follow facility's procedure.	

Unit 23 Meeting Resident and Family Needs: Admission, Transfer and Discharge (continued)

f. Mark belongings with resident's name, according to facility's procedure.
g. Show resident and family around the facility or unit. Begin with resident's immediate surroundings and progress to other areas that resident and/or family will use.
h. Listen to questions and concerns expressed by resident/family. This is the CNA's first opportunity to get to know them, and learn about the resident's needs, preferences and life history.
i. Observe how well resident can move and perform activities. Report to nurse who will be collecting additional information from the resident and family.
j. Check on resident frequently. Build confidence that staff is readily available to assist.

Show example of completed inventory sheet. Show how to describe items, such as jewelry.

Role play an admission.

3. Describe actions that the CNA may take to assist the resident and family during transfer.

B. Assisting the resident and family during transfer
The resident may move to a different room or unit within the adult care home. Another use of the term "transfer" covers the resident moving to a hospital.
1. Anticipate that the resident and family may be anxious about changes. Answer questions and communicate caring. Recognize the importance of consistency and continuity of care.
2. Assist resident/family with moving belongings, using the inventory sheet as a guide.

Cover additional parts of the transfer procedure as needed.

4. Describe actions that the CNA may take to assist the resident and family during discharge.

C. Assisting the resident and family during discharge
The resident may return to own home after rehabilitation, or move to a different adult care home.
1. Anticipate that the resident and family may have mixed feelings about changes. Answer questions and communicate caring.
2. Assist resident/family with packing belongings, using inventory sheet as a guide.
3. Assist resident to safely travel and transfer to vehicle.
4. Following the resident's discharge, housekeeping services will thoroughly clean room in preparation for the next admission.

Explain that the CNA will have similar responsibilities for assisting the family after a resident dies.

Unit 24 First Aid in the Adult Care Home

Learner Objectives	Content	Teaching Suggestions
1. Follow general guidelines in responding to an emergency requiring first aid.	A. General guidelines The goal of first aid is to prevent further injury and sustain life. 1. The CNA must be aware of the resident's advance directive related to resuscitation. A Do Not Resuscitate (DNR) directive means that when heartbeat and/or respiration stop, no CPR will be done. 2. Call for help, without leaving resident if possible. 3. Call for nurse. 4. Use only first aid procedures for which the CNA is trained and that are necessary while waiting for the nurse to enter. 5. Follow standard precautions for potential/actual exposure to blood and body fluids. 6. Complete an incident or occurrence report following the emergency. 7. Report any changes in resident condition that seem unusual, or "not quite right", even if there doesn't seem to be an emergency.	This curriculum's content is limited to emergency assistance that the CNA could provide in a supervised setting. Students may obtain additional training by taking a first aid course, such as offered by the American Red Cross. CPR training may also be recommended. Some facilities provide this training for staff. Emphasize the need for a nurse to assess and evaluate resident condition following an accident or potential injury. Explain the CNA's role as one of keeping the resident safe and getting help. Include that the CNA may also be asked to assist when a staff member or visitor has an emergency.
2. Identify first aid measures that the CNA should take when a resident has an abrasion, laceration or skin tear.	B. Abrasion, laceration or skin tear 1. To stop bleeding, apply direct pressure to broken skin area using sterile bandage or the cleanest cloth available. 2. Follow nurse's direction for additional care.	Clarify that this is not part of a sterile dressing change procedure, but an emergency action. Describe common management actions for skin breaks, reinforcing the CNA's role. Review measures for preventing broken skin, especially skin tears.
3. Identify first aid measures that the CNA should take when the resident has a nosebleed.	C. Nosebleed Bleeding may happen spontaneously or after a fall. 1. Apply direct pressure by pinching soft part of nose just below bony structure for 5-10 minutes. 2. Assist the resident to sit upright, leaning forward if possible to allow the blood to drain out of the nose or mouth.	

Unit 24 First Aid in the Adult Care Home (continued)

	3. Apply cold pack to nose area, if directed by nurse. 4. Check vital signs. 5. Follow nurse's direction for additional care.	Review safety precautions for use of cold pack from Unit 22.
	D. Burns	
4. Identify first aid measures that the CNA should take when the resident has a burn injury.	1. Remove resident from burn source. If chemical burn, rinse with cool running water for 15 minutes or more. 2. For minor burn, apply or immerse affected area in cool water (not ice), if directed by nurse. 3. Do not break blisters. 4. Follow nurse's direction for additional care.	Review safety precautions for chemicals from Unit 8.
	E. Fainting	
5. Identify first aid measures that the CNA should take when the resident faints.	Temporary reduction of blood supply to brain results in brief loss of consciousness. 1. Protect resident from injury caused by falling after loss of consciousness. Look for other injuries if resident has fallen. 2. Assist resident to lying position. 3. Check vital signs. 4. Follow nurse's direction for additional care.	Review how to assist the resident who begins to fall, lowering him/her safely to the floor without CNA injuring self.
	F. Falls	
6. Identify first aid measures that the CNA should take when the resident falls.	1. Delay moving resident until nurse has assessed for injury. Provide blanket for warmth and privacy. 2. Observe environment for possible cause for falling. 3. Keep calm and provide reassurance. 4. Check vital signs. 5. Follow nurse's direction for additional care.	
	G. Seizure or convulsion	
7. Identify first aid measures that the CNA should take when the resident experiences a seizure.	1. Protect resident from injury caused by falling after loss of consciousness or from seizure activity. a. Remove or cushion objects near the resident that could cause injury during seizure. b. Stay with the resident during seizure activity. c. Do not restrain the resident during seizure.	Ask students if they have observed a seizure. Their description of the experience will give the instructor opportunity to explain common symptoms and care measures.
	2. Provide privacy for resident and reassurance to bystanders.	Explain that cyanosis during seizure is common.
	3. Observe length of seizure activity.	Correct misconceptions, such as a person "swallows their tongue" during a seizure.
	4. After the seizure, turn the resident to his/her side to allow secretions to drain from mouth.	

Unit 24 First Aid in the Adult Care Home (continued)

5. Resident may have been incontinent during seizure. Provide personal care as needed.
6. Following a seizure, the resident may be slightly confused. Provide reassurance.
7. Follow nurse's direction for additional care.

H. Medical emergency – Shock

8. Identify first aid measures that the CNA should take when the resident has a medical emergency – Shock.

Shock occurs when the resident's blood pressure is suddenly too low.

1. Symptoms that the CNA might observe
   a. Skin is cool and clammy and may appear pale or gray.
   b. Pulse is weak and rapid, respirations may be rapid and blood pressure is below normal.
   c. Restlessness and confusion.
   c. Loss of consciousness as shock worsens.
2. CNA actions
   a. Keep resident lying down. Place a blanket over the resident to keep warm.
   b. Keep calm and provide reassurance.
   c. Check vital signs.
   d. Follow nurse's direction for additional care.
   e. If resident stops breathing or the resident's heart stops beating, follow facility policy. Start CPR only if resident has no DNR order.

Review vital signs procedures, as needed.

I. Medical emergency – Change in consciousness or mobility (possible stroke)

9. Identify first aid measures that the CNA should take when the resident has a medical emergency – Change in consciousness or mobility (possible stroke)

1. Symptoms that the CNA might observe
   a. Sudden weakness or numbness of face, an extremity or an entire side of the body.
   b. Loss of speech, slurred speech or difficulty understanding speech.
   c. Difficulty swallowing
   d. Dizziness, unsteadiness or falling, loss of consciousness.
2. CNA actions
   a. Assist resident to lying position.
   b. Position on side if necessary for secretions to drain from mouth. Do not offer anything to drink.

Unit 24 First Aid in the Adult Care Home (continued)

	c. Check vital signs. d. Follow nurse's direction for additional care.	
10. Identify first aid measures that the CNA should take when the resident may have ingested poison or harmful substance.	J. Ingestion of poison or other harmful substance 1. Save container of suspected harmful substance for identification. 2. If resident vomits, save sample of vomited material. 3. Follow nurse's direction for additional care.	Review safety measures to prevent ingestion of potentially harmful substances, covered in Unit 8.
11. Identify first aid measures that the CNA should take when the resident is choking	K. Choking 1. Observe for symptoms of partial or complete airway obstruction. Use standard procedure (abdominal thrust or Heimlich maneuver) for correcting obstruction. 2. Provide reassurance to resident. 3. Follow nurse's direction for additional care.	Review safe practices for assisting the resident with eating and standard procedure for correcting airway obstruction, covered in Unit 8.

Unit 25 Working as a CNA

Learner Objectives	Content	Teaching Suggestions
1. Discuss how the adult care home's organizational structure is used for problem-solving.	A. Organizational structure of adult care home 1. Board of directors/board of trustees represents the home's ownership. 2. Administrator or operator is hired by the board to provide leadership for the facility.	Give examples of groups that own adult care homes. Use an organizational table or administrative chart to illustrate lines of responsibility. Show how problem-solving follows the organizational structure.
2. Identify departments/services commonly found in the adult care home.	B. Departments/services commonly found within an adult care home (Specific names will vary.) 1. Nursing a. Largest department b. Primary nursing administrator may be called Director of Nursing (DON) or have another title. 2. Food service or dietary 3. Activities 4. Therapy/rehabilitation services 5. Chaplaincy 6. Environmental services or housekeeping/laundry 7. Maintenance 8. Purchasing/business office 9. Medical records 10. Human resources 11. Volunteer services	Give examples of typical job responsibilities for each department/service. Review interdisciplinary team membership from Unit 13, as needed. Explain that all are responsible for working together to create an environment where the resident can have quality of life.
3. Describe the qualities of an effective team.	C. Teamwork 1. An effective team has the following qualities: a. Is goal-directed. The team focuses on the care of the resident, the happiness of the resident and on delivering high quality service. b. Provides an opportunity for personal development for each staff member. c. Has members who are aware of their own strengths and weaknesses. d. Has members who are aware of the strengths and weaknesses of other team members, supporting the strengths and accepting the weaknesses, or helping to make other members stronger. e. Is composed of members who demonstrate a willingness to work with others.	Give examples of ways a team may enhance the quality of service. Discuss the teamwork that occurs in athletic teams and what seems to lead to success for those teams. Students may have examples from their own participation on a team. Review basic human needs (Maslow's hierarchy of needs) from Unit 2, showing how these needs apply to co-members of the team as well as other staff, residents, friends and family.

Unit 25 Working as a CNA (continued)

	f. Includes the individuals who will be affected by the team. Residents, too, may be considered team members.	Brainstorm ways that team members could make one other feel that they belong.
4. Identify the skills needed to be a successful team member.	2. Skills of a successful team member can be used to deal with everyday situations, preventing or managing potential conflict. The team member: a. Listens carefully to other team members. Listens actively to their needs and concerns. b. Recognizes own feelings about issue. (1) Takes control of own emotions to stay focused on issue. (2) Strives for cooperating, not competing. c. Communicates effectively. (1) Recognizes the impact of both verbal and nonverbal communication. (2) Focuses on problem-solving behavior, not on complaining or blaming.	An internet search for “conflict resolution” or “conflict management”, will provide additional teaching resources. Review communication skills from Unit 4. Engage students in problem-solving behavior. Suggest a problem and ask them to come up with ideas for solving. Consider using a problem with which few have past experience, to help with development of new solutions. Emphasize how the participation of more individuals can provide a greater variety of solutions.
5. Describe environments that foster teamwork.	3. Teamwork is most likely to occur when: a. Management is supportive of teams. b. Individuals are willing to take responsibility for their own actions.	Consider using “team building” exercises as part of this unit or earlier in the course. Sample activities may be located with an internet search or from a local public library.
6. Identify terminology used in the survey process: KDOA CMS Surveyor	D. Inspection or survey of adult care homes The Licensure, Certification and Evaluation Commission of Kansas Department of Aging (KDOA) has responsibility for inspecting, licensing and certifying nursing homes in Kansas. 1. KDOA field staff (surveyors) visit each facility at least once every 9-15 months to document compliance with state and federal regulations. Federal standards are set by the Centers for Medicare and Medicaid Services (CMS). a. Surveyors follow a predefined set of tasks to evaluate the delivery of care, including observing	The KDOA website contains detailed information about the survey process. The CMS website at www.medicare.gov provides survey information and other care statistics about each facility to the public. Search for “Nursing Home Compare”.

Unit 25 Working as a CNA (continued)

	CNAs during resident care and interviewing CNAs about residents and care provided. b. The survey visit will take several days. c. Additional abbreviated visits are prompted by complaints. d. If the facility does not meet regulations or standards, it is cited with a "deficiency". e. A copy of the most recent survey report is available at the facility for the public to read.	
Deficiency		
7. Describe the CNA's role in the survey process.	2. The CNA plays an important role in demonstrating that the care and services provided to residents is consistent with regulatory requirements by a. Respecting and supporting resident rights. b. Performing CNA duties consistent with quality care. c. Responding to surveyor's questions.	Review resident rights from Unit 2. Review role and responsibilities of CNA from Unit 3 as needed.
	E. Earning and maintaining a CNA certificate	
8. Describe how the individual earns and maintains a CNA certificate.	1. An individual who is enrolled in a CNA course may work in an adult care home as a Trainee II after satisfactorily completing the Task Checklist. Trainee II status expires 120 days following the start of the course, by which time the individual should have his/her CNA certificate.	Explain registration and testing process as needed. Show sample of state-issued CNA card.
	2. CNA certificate is issued by the Kansas Department of Health and Environment (KDHE) after the individual successfully completes the course and state exam.	
	3. The individual's name and CNA identification number are listed on the Kansas Nurse Aide Registry. Employers must check with the Registry when hiring the CNA. Registry information also includes: a. Employment verification and expiration date b. Date of last criminal record check c. If CNA has committed any acts of abuse or neglect.	Explain about CNA eligibility to be reimbursed by an adult care home employer for nurse aide training and exam costs. See KDHE Health Occupations Credentialing site for specific explanation.
	4. CNA certificate remains current if the individual has worked in a position performing nursing tasks at least eight hours every two years.	

Appendices

LEGAL RIGHTS OF ADULT CARE HOME RESIDENTS

KANSAS ADMINISTRATIVE REGULATIONS FOR NURSING FACILITIES

The following text is taken directly from State regulations KAR 28-39-150 (c) and (d):

(c) **Abuse**: Each Resident shall have a right to be free from the following:
- (1) Verbal, sexual, physical and mental abuse;
- (2) corporal punishment; and
- (3) involuntary seclusion.

Facilities that are not compliant with this regulation receive an inspection deficiency labeled as F-223: "right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion."

(d) **Staff treatment of resident**. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:

(1) not use verbal, mental, sexual or physical abuse, including corporal punishment or seclusion;
(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected or exploited residents in an adult care home in the past;
(3) ensure that all allegations of abuse, neglect or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas Department on Aging;

(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;
(5) report the results of all facility investigations to the administrator or the designated representative;
(6) maintain a written record of all investigations of reported abuse, neglect and exploitation; and
(7) take appropriate corrective action if the alleged violation is verified.

RESIDENT RIGHTS

The Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. **According to Kansas Administrative Regulations (KAR 28-39-147 to 153) and federal regulations (42CFR 483.10 to 483.15) the home must protect and promote these rights:**

RIGHT TO EXERCISE RIGHTS

- The Resident must be allowed to exercise his/her rights as a citizen and a resident of a care home without interference, coercion, discrimination, or reprisal from the home.
- The Resident has the right to designate in advance a person who will assert resident rights if he/she is unable to do so. (Appoint this person using a Durable Power of Attorney for Health Care Decisions.)
- A court appointed guardian exercises the resident's rights when the resident is adjudged incompetent.

RIGHT TO BE NOTIFIED OF RIGHTS

- Before being admitted to a home, the resident must be informed both orally and in writing of his/her rights, rules of the home, rates and services of the home, and rules concerning Medicaid eligibility.
- Before the home can effect a change in charges or services, the resident must be informed, in writing, at least 30 days before the change takes place.

RIGHTS CONCERNING FINANCES & PROPERTY

- The Resident has the right to manage his/her financial affairs.
- If the Resident deposits funds with the home, it must manage and account for funds properly, including a quarterly written account of transactions on the account and the balance. If more that $50 is deposited with the home, the home must place the funds in an interest-bearing account in a Kansas financial institution.

- Any resident funds must be transferred to the executor of the resident's estate or to the probate court handling the estate within 30 days of the death of a resident.
- The home must have a written policy about protecting residents' possessions. If property is missing and the home is responsible for its loss, the resident may have a claim against the home to replace the item. Check with an attorney.

RIGHT TO INFORMATION ABOUT CARE

- The Resident has a right to be fully informed about care and treatment and any changes in that care or treatment that may affect the Resident's well-being.
- The Resident has the right to inspect and purchase photocopies of all records pertaining to the Resident upon written request and two days notice (excluding holidays and weekends) to the home.

RIGHT TO MAKE CARE DECISIONS

- The Resident has a right of free choice to (1) choose an attending physician; (2) participate in developing an individual care plan or negotiated service agreement; (3) refuse treatment; (4) refuse to participate in experimental research; (5) choose a pharmacy (but if the home uses a unit dose system to dispense medications, the pharmacy must also use that system.)
- The Resident has a right to check out of the home. (You do not need a doctor's order to leave the home.)
- The Resident has a right to receive notice of changes concerning: (1) physical, mental, or psychosocial status; (2) altering of treatment; (3) transfer or discharge; (4) room or roommate change.
- The Resident has a right to refuse to perform services for the home. The Resident has a right to agree to perform voluntary or paid services for the home if there is no medical reason to contradict that right.
- Each Resident has a right to self-administer drugs (unless the attending physician and the home interdisciplinary team has determined for a particular Resident that this practice is unsafe.)
- The Resident has a right to be free from any physical restraints imposed or psychoactive drugs administered for the purposes of discipline or convenience and not required to treat the Resident's medical symptoms.
- Federal interpretation: When physical restraints are used, there shall be a written physician's order which includes the type of restraint to be applied, the duration of the application and the justification for the use of the restraint. The resident's surrogate or representative cannot give permission to use restraints for the sake of discipline or staff convenience, or when the restraint is not necessary to treat the resident's medical symptoms. "Physical restraints" include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and lap trays the resident cannot remove.

- **The Resident has the right to be free from verbal, sexual, physical, or mental abuse, corporal punishment and involuntary seclusion.**

RIGHT TO PRIVACY, CONFIDENTIALITY & DIGNITY

- The Resident has the right to personal privacy and confidentiality of his/her personal and clinical records.
- The Resident may approve or refuse the release of personal and clinical records to any individual outside the facility except when: the Resident is transferred to another health care institution, or record release is required by law or a third party payment contract.
- The Resident has the right to privacy in written communications, including the right to send and receive unopened mail promptly. The Resident has a right of access to stationery, postage and writing implements at the Resident's own expense.
- The Resident has a right to reasonable accommodation of individual needs and preferences except where the health or safety of the Resident or other Residents would be endangered.
- The Resident has a right to examine the results of the most recent survey of the home conducted by Federal or State surveyors and any plan of correction in effect for the home.
- The Resident has the right to visit and communicate with persons of his/her choice in privacy and at any reasonable hour. Immediate access must be given to family members, attending physician, and certain state officials, such as the Ombudsman or a surveyor from Kansas Department on Aging (KDOA). The Resident retains the right to deny or withdraw consent at any time.
- The Resident has a right to have regular access to the private use of a telephone.

- The Resident has a right to retain and use personal possessions, including some furnishings and appropriate clothing, as space permits, unless to do so would infringe on the rights or health and safety of other Residents.
- The Resident has the right to share a room with his/her spouse when married Residents live in the same home and both spouses consent to the arrangement.
- The Resident has a right to organize and participate in Resident groups in the home, and the Resident's family has the right to meet within the home with families of other Residents.
- The Resident has the right to participate in social, religious and community activities that do not interfere with the rights of other Residents.

RIGHT TO ADDRESS GRIEVANCES

- The Resident has a right to voice grievances with respect to treatment or care, without discrimination or reprisal for voicing grievances, and a right to prompt efforts by the home to resolve grievances, including those with respect to the behavior of other Residents. The facility must post contact information of pertinent government and advocacy organizations.
- The Resident has a right to file a complaint concerning Resident abuse, neglect and misappropriation of Resident property in the home. Residents may file a complaint with KDOA by calling 800-842-0078. For nursing home residents with developmental disabilities or with mental illness, the telephone number of the Kansas Advocacy and Protection Services, Inc. is 877-776-1541.
- The Resident has the right to contact the Long-Term Care Ombudsman toll-free at 877-662-8362 for assistance with concerns related to the nursing home.

RIGHTS WHEN TRANSFERRED OR DISCHARGED

- The Resident has a right to receive advance notice of transfer or discharge. Residents required to receive this notice are: those whose health has improved and who no longer require the services of the home; those who endanger the safety of individuals in the home; those who fail to pay the home; and those whose needs cannot be met, as documented by their physician. The notice should include the reason and effective date of transfer or discharge (30-day notice and/or may waive) and the location to which the resident is to be transferred or discharged.
- The Resident has the right to an appeal process. The Resident has the right to appeal to the State through the complaint process. The toll-free telephone number for the State Long-Term Care Ombudsman is 1-877-662-8362.

APPENDIX B

COMMON MEDICAL ABBREVIATIONS

Time Abbreviations

ac	before meals	am	morning
pc	after meals	pm	afternoon or evening
bid	twice a day	tid	three times a day

Resident Activities or Treatment

ADL	activities of daily living	BP	blood pressure
ad lib	as desired	TPR	temperature, pulse, respiration
PRN	if needed or as needed	VS	vital signs (TPR and BP)
amb	ambulate, ambulatory	ax	axillary
amt	amount	F	Fahrenheit temperature
BM	bowel movement	ht	height
c/o	complains of	wt	weight
dc	discontinue	O_2	oxygen
c	with	H_2O	water
s	without	I&O	intake and output
x	times	IV	intravenous
NPO	nothing by mouth	oz	ounce
PO	by mouth	ml	milliliter
ROM	range of motion	Na	sodium
AROM	active range of motion	PT	physical therapist
PROM	passive range of motion	OT	occupational therapist
wc	wheelchair		

Diagnostic Terms

Ca	cancer	CVA	cerebrovascular accident or stroke
CHF	congestive heart failure	MI	myocardial infarction or heart attack
SOB	short of breath	HOH	hard of hearing
GI	gastrointestinal	Fx	fracture
GU	genitourinary		

Note: Each adult care home may identify its own list of accepted abbreviations and terminology. The instructor may add to the above list as needed.

Abbreviations Not Recommended

Note: The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) has identified some abbreviations that are more frequently part of errors.

U (unit)	cc (cubic centimeter)
HS (bedtime)	QD, QOD (every day, every other day)

PAID NUTRITION ASSISTANT TRAINING COURSE

Paid Nutrition Assistant General Information

Regulations

Federal regulations (42 CFR 483.35(h) and 42 CFR 483.160, in effect on October 27, 2003) allow facilities to use a paid nutrition assistant (referred to as "paid feeding assistants") to assist residents chosen by the supervisory nurse with eating if the nutrition assistant:

- successfully completes a State approved training course that meets, at a minimum, federally defined requirements;
- works under the supervision of an RN or LPN;
- calls on a supervisory nurse for help in an emergency. The nurse must be on duty in the facility.

The federal regulations also require that the facility must:

- ensure that a nutrition assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings;
- base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care;
- maintain a record of all individuals, used by the facility as nutrition assistants, who have successfully completed the training course.

Although the federal regulations do not consider feeding to be a nursing task, according to the Kansas State Board of Nursing (KSBN), in Kansas, feeding is considered a nursing task, along with bathing, dressing, grooming and toileting. The nutrition assistants will work under the delegation and supervision of a nurse (the requirements for nurse delegation are found at KSA 65-1165). The definition of supervision is at KSA 65-1136(a) (4): "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. The Nurse Practice Act is available on the KSBN website, www.ksbn.org.

In 2004, the Kansas legislature amended KSA 2003 Supp. 39-923 to allow the use of paid nutrition assistants in adult care homes, as prescribed by federal regulations. The Kansas Department on Aging (KDOA) has updated the adult care home regulations to provide for the use of nutrition assistants in adult care homes (see www.agingkansas.org/KDOA)

Additional Information

Questions and/or comments about the nutrition assistant training program may be directed to Mary Flin, Education Coordinator, Health Occupations Credentialing, KDHE at 785-296-0058 or mflin@kdhe.state.ks.us; or Marla Rhoden, Director, Health Occupations Credentialing at 785-296-1281 or mrhoden@kdhe.state.ks.us.

Nutrition Assistant Training Course Requirements

1. Sponsors must be one of the following:

    - Licensed adult care home
    - Postsecondary school under the jurisdiction of the state Board of Regents

2. Instructors must be registered nurses who have:

    - A minimum of two years of nursing experience, at least one year of which is in the provision of long-term care facility services
    - Completed a course in teaching adults or have experience in teaching adults or supervising nurse aides

3. The following requirements must be agreed to in writing:

    a. The sponsor will notify the department in writing at least one week in advance of any nutrition assistant course, and will include course dates and locations. (Use Course Notification Form in Appendix B.)
    b. The sponsor will notify the department of any change from the approved application including adding or removing instructors.
    c. The course must consist of a minimum of 12 hours.
    d. The course will include all the content found on the approved nutrition assistant course outline. Each student must also be evaluated using the approved competency test. The student must successfully complete the competency test to pass the course. The competency evaluation may be included in the minimum 12 required hours.
    e. A certificate of completion of training shall be awarded to the successful student by the training institution. The certificate shall include, at a minimum, the name of the training institution, the name of the student, the name of the course, the name of the instructor, the date of completion, and the number of hours of instruction.
    f. The sponsor will inform the participants that the certificate is permanent evidence of completion of training and should be retained.
    g. The sponsor will maintain copies of certificates issued to participants who have successfully completed the course.
    h. A roster of individuals who have successfully completed the course and competency test must be submitted to the department. The list must include the course approval number and the name, address, social security number and birth date of each individual.

Nutrition Assistant Training Course Outline

I. Working In a Long-Term Care Home

A. Brief Overview of Long-Term Care Environment

B. Role and Responsibilities of a Nutrition Assistant

1. Defined by federal and state laws.
2. Nutrition assistant must be supervised by a licensed nurse. Supervising nurse should provide pertinent information about each resident the nutrition assistant is to assist at a particular meal. The nurse will provide specific instructions about how to assist the resident to eat safely and how to encourage the resident to eat.
3. Nutrition assistant receives from the supervising nurse an assignment of residents to assist with eating. The assignment may change from day to day and meal to meal.
4. Nutrition assistant reports to the licensed nurse whenever there is concern about the resident he/she is assisting with eating or he/she notices a problem with another resident.
5. Nutrition assistant is responsible for reporting to licensed nurse whenever observable changes occur in the resident.
6. Nutrition assistant provides only the direct care of assisting the resident to eat and does not provide any other type of direct care to a resident.
7. Nutrition assistant may push a wheelchair but cannot perform tasks that are considered direct care such as dressing, grooming, bathing, transferring, positioning or assisting a resident to walk.
8. Nutrition assistant may perform tasks related to housekeeping and dietary services, if properly trained.
9. Nutrition assistant explains refusal respectfully to resident or family members when requested to provide assistance outside of role.

C. As a Member of a Team Caring for a Group of Residents, a Nutrition Assistant:

1. Performs only the tasks assigned by the licensed nurse.
2. Must be willing to assist other members of the team as long as the tasks are within the scope of responsibility and agreed to by the supervising nurse.
3. Works cooperatively with other members of the team.
4. Must be assertive and respectful when requested to provide assistance outside of role.

D. In Order to Create Home in a Facility, a Nutrition Assistant Should:

1. Sit beside the resident when providing assistance.
2. Call the resident by his/her preferred name. Avoid terms like “sweetie,” “honey,” or “grandma.”
3. Speak directly to the resident and other residents at the table about appropriate topics. Give examples.
4. Not ask questions that require the resident to talk while he/she is trying to manage the food that is in his/her mouth and throat.
5. Avoid talking about personal issues with other staff while assisting residents to eat.

E. Resident Rights

1. Dignity

a. Only do for resident what he/she cannot do for himself/herself. The goal should be for the resident to be as independent as possible.
b. Praise resident when he/she is successful in feeding himself/herself.
c. Treat resident with respect.
d. Do not call clothing protectors “bibs.” May use large napkins to protect clothes.

e. Place the amount of food the resident can easily swallow on spoon or fork. Too much food could cause resident to choke.
f. If resident gets food on his/her face or hands, remove it with a napkin.
g. Talk to resident about subjects that have meaning for the resident.

2. Privacy. Be sure the resident's body is not unnecessarily exposed.

3. Choice

a. Ask the residents their food preferences. An alternate food item must be offered if the resident does not want or like the provided meal.
b. Be sensitive to individual needs and preferences.
c. If seating is not assigned, ask the resident his/her seating preference.

4. Refusal of food

a. When resident refuses to eat, seek assistance from the supervising nurse.
b. Do not force resident to eat or put food in the resident's mouth when he/she has said he/she does not want to eat.

5. Confidentiality

a. Give examples of breach of confidentiality.
b. Do not talk about other residents or staff.

F. Residents with Special Needs

1. Behavioral symptoms

a. Talk calmly.
b. Seek assistance from supervising nurse.
c. Resident may eat better in a quiet area.

2. Adaptive equipment

a. Encourage resident to use adaptive equipment if it assists him/her to be more independent in the task of eating.
b. Provide examples of adaptive equipment and correct use.

3. If a resident has visual deficits, tell him/her what is on the plate and what is on the fork or spoon before placing it in his/her mouth. Explain food placement in relation to clock, i.e., eggs at 3:00 p.m.
4. If a resident wears glasses, make sure glasses are in place and lenses are clean.
5. If a resident usually wears a hearing aid and it is not in place, ask a nurse or nurse aide to assist the resident with the hearing aid.
6. If a resident usually wears dentures and they are not in place, ask a nurse or nurse aide to assist resident with obtaining dentures. Report to the nurse or nurse aide if the resident appears to have difficulty chewing with dentures.
7. Examples of techniques

a. Nonverbal prompts such as setting food in easy reach, providing assistive devices, ensuring the resident is seated so he/she can reach food and utensils.
b. Verbal prompts such as "would you like some tomato soup?" or "the chicken looks good." Tell the resident what is on the plate. For some residents, place only one or two items at a time in front of them.
c. Physical guidance: place food on fork or spoon and hand to resident. Help resident to hold cup or utensil. If the resident does not move food toward mouth, use hand-over-hand

technique. Use full physical assistance only if resident does not respond to any of the above techniques.

G. Positioning During Meals

1. Resident should be sitting erect in chair with feet on floor or on wheelchair footrests.
2. Head should be positioned slightly forward. The resident's head should be tilted slightly forward and downward.
3. When resident is eating in bed, staff should elevate the head of the bed to the highest position and support the resident's body and head with pillows to provide the maximum upright posture. The resident's head should be tilted slightly forward and downward.
4. If resident is not in an appropriate position to eat safely, ask a nurse or nurse aide to reposition the resident. Do not assist the resident to eat until he/she is in a safe position.

II. A Safe Dining Experience

A. Prevention of Infection

1. Call supervising nurse when ill. He/she may request that you not come to work if you are ill.
2. Wash hands before starting to assist a resident to eat.

   a. Do not touch resident's face or hair or your own face and hair.
   b. If hands touch items that are not clean, wash hands.
   c. Wear gloves if needed.

3. Do not blow on food. Discuss alternative ways to cool foods.
4. If the resident's hands are not clean or the resident has been incontinent, ask the nurse or nurse aide to assist the resident with the needed care.
5. Observe the resident to ensure that he/she is chewing and swallowing the food.
6. Ensure the resident has swallowed the food before placing additional food in his/her mouth. Explain "pocketing food."

B. Food Safety (additional information attached)

1. Residents have an impaired immune system and are susceptible to food borne illness.
2. Discuss proper methods of food handling and serving.
3. Good hand washing is the primary way to prevent infection.
4. Be aware of temperature of food. Hot food should be hot and cold food cold. Re-warming or a fresh serving of food should be provided by dietary staff.
5. If in doubt about the temperature of food, ask dietary staff for assistance.

C. Responding to Emergencies

1. Use Heimlich maneuver for choking.
2. Aspiration: stop assisting to eat and get help.
3. Coughing: stop assisting to eat and get help.
4. Vomiting: stop assisting to eat and get help. Request assistance to clean area promptly.
5. Burns

   a. Stop assisting to eat and get help.
   b. Avoid serving very hot beverages and food.
   c. Keep hot items out of resident's reach.

III. Fundamentals of Good Nutrition

A. Current Dietary Guidelines for Americans

B. Hydration

1. Offer resident a drink of water or other fluid to moisten mouth before offering solid food. Offer fluids frequently during the meal. Alternate fluids with solid foods.
2. Be aware of resident's preferences.

C. Factors Affecting Nutritional States

1. Loss of appetite or alteration of taste due to medications
2. Poorly fitting dentures
3. Food does not taste good; altered taste perception
4. Diseases causing loss of appetite, i.e., depression, and diseases causing increased calorie expenditure, i.e., COPD
5. Visual and sensory changes

D. Modified Diet

1. Give examples of pureed foods, thickened liquids. The nutrition assistant should not assist residents who receive these foods.
2. Check foods received with planned menu.
3. Ask the nurse before giving substitutes.

E. Documentation

1. Fluid intake, how to measure
2. Food intake

a. Percentage
b. Food type

3. Notify nurse if the resident's intake is less than usual.

Food Safety

Why is Food Safety so Important?

Safe food sanitation prevents illness from food. The Centers for Disease Control and Prevention (CDC) estimates that each year 76 million cases of food borne illnesses occur in the United States. Many food borne illnesses last one or two days. Other food borne illnesses are more serious. Approximately 5,000 people die each year from food borne illness. The most severe cases occur in the very old, the very young, and those with weakened immune systems.

Food Borne Illness

Food borne illness, sometimes called food poisoning, is caused by consuming foods or beverages contaminated by biological, physical or chemical hazards:

- Biological agents such as bacteria, viruses, parasites, yeast and molds
- Physical hazards such as glass, toothpicks, fingernails and jewelry
- Chemical hazards such as cleaners and sanitizers, pesticides and medications

Symptoms of Food Borne Illness

- Diarrhea
- Stomach cramping
- Nausea
- Vomiting
- Fever
- Body aches
- Rare symptoms include total system shutdown, coma and death

Why are the Elderly at More Risk for Food Borne Illness?

- Their immune systems are often weaker.
- They often have chronic health problems.
- Their sense of smell and taste is reduced, contributing to the resident=s inability to detect whether food is safe to eat.
- In a long-term care setting, many people handle and prepare the food served. The food has more opportunity for exposure to pathogens.

What Can I Do to Prevent Food Borne Illness?

You should use clean equipment for preparation, proper temperatures for holding and storage of food and proper hand washing at all times. If a facility and its staff do not maintain adequate food safety standards, large numbers of people can become ill from eating contaminated food.

Ways to Prevent Food Borne Illness

- Wash your hands often. Wash them before and after assisting each resident.
- Wash your hands after you sneeze or cough.
- Do not touch your own hair, face or body after washing your hands.
- Make sure the table area is clean and sanitized before bringing residents to eat.
- Cover all food and utensils transported out of the dining room area.
- Check foods. If something looks or smells bad, do not give it to the resident.
- Serve and help residents promptly. Do not allow cold food to become warm or hot food to become cold.
- Do not touch food to test its temperature. You can sense the heat of food by putting your hand above the food.
- If you think the food is too hot, do not blow on it to cool it off. Give the food time to cool down

naturally. Remove dishes from metal hot plates before serving.

- If you think the food is too cold, reheat it in a microwave to an internal temperature of 165 degrees. Use a thermometer to check the temperature of food. The food should be left to cool for several minutes after reheating. A second temperature should be taken to assure the food is not above 140 degree when eaten by the resident.
- Touch only the base or sides of glasses and cups when lifting them. Keep your fingers away from the drinking edge.
- Touch only the paper wrapper to open straws and place them in a container.
- Handle plates by placing fingers underneath and thumb on the edge of rim. Do not put your fingers in the eating area.
- Use the handle end of utensils. Do not touch the eating surface.
- Do not wipe utensils with your uniform, soiled cloth or towel.
- Do not blow on plates or utensils to remove dust, dirt or crumbs. Never wipe them with your hands.
- Replace dropped utensils.
- Replace all plates, cups, glasses or utensils that are dirty.
- If you have any cuts or sores on your hands or arms, check with a nurse before working as a nutrition assistant.
- If allowed, do not transfer any alcohol based hand gel to food, dishes or utensils.

Paid Nutrition Assistant Competency Test

To successfully complete the Paid Nutrition Assistant training, the student must pass the following competency test.

Name of Student: Competency	Date Successfully Completed
1. Demonstrate effective hand washing techniques following all rules of asepsis including washing hands prior to assisting residents with eating.	
2. Properly remove and dispose of gloves. Gloves should be worn minimally when assisting residents with eating.	
3. Demonstrate techniques used to assist resident with eating. Identify safety measures, encouraging independence and how to promote fluid intake.	
4. Simulate the abdominal thrust (Heimlich maneuver) technique.	

RN Signature: _____ Date: _____

Resource List For Instructors of Nutrition Assistant Training

The following books, articles, films and web sites have been suggested/reviewed by staff and members of the nutrition assistant training development committee. They contain material relevant to the training of nutrition assistants. They also contain material that is inappropriate for nutrition assistants but useful for certified nurse aides and nurses. It is important, if you use these materials, to carefully select the appropriate parts of a particular resource.

Books:

Assisted Dining: The Role and Skills of Feeding Assistants, 2003. American Health Care Association (AHCA), 1201 L. St. NW, Washington, DC, 20005. Call Basar Akkuzu, 202-898-2816 or the switchboard at 202-842-4444.

Assisting with Nutrition and Hydration in Long-Term Care, 2004. Hartman Publishing, Inc., 8529 Indian School Road, NE, Albuquerque, NM 87112, 800-999-9534. Or, contact Gailynn Garberding at 877-442-2190. Also available from www.amazon.com.

Eating Matters: A Training Manual for Feeding Assistants, Consultant Dietitians in Health Care Facilities, 2003. American Dietetic Association, 120 S. Riverside Plaza, Ste. 2000, Chicago, IL, 60606-6995, 800-877-1600.

Nutrition Assistant Essentials, 2004, by Barbara Acello. Delmar Thomson Learning Publications, Customer Service: 800-354-9706. ISBN number 1401872115. Also available from www.amazon.com.

Manual:

Dining Skills: Practical Interventions for the Caregivers of the Eating-Disabled Older Adult, by Consultant Dietitians in Health Care Facilities. Available at www.cdhcf.org/products/p5003.html.

Articles:

Managing Mealtime in the Independent Group Dining Room: An Educational Program for Nurse=s Aides. Wanda Bonnel, RN, Ph.D. Geriatric Nursing, January/February 1995.

The Nursing Home Group Dining Room: Managing the Work of Eating. Wanda Bonnel, RN, Ph.D. Journal of Nutrition for the Elderly, vol.13. (1) 1993.

Video:

Nutrition-Hydration Care: A Guide for CNAs. Available from the Kansas Department on Aging (KDOA) library. The request and loan agreement is available online. The catalog number is “0088.” Call 785-296-4222 or go to the KDOA website, www.agingkansas.org/kdoa. Select Licensure, Certification and Evaluation, then select Audiovisual resources, and then select Audiovisual request and loan agreement. KDOA will mail the video to requesters, who then will mail it back to KDOA. The only cost is the postage for returning the video.

Web Sites:

Dignity in Dining: Feeding Techniques for Elderly and Disabled Clients, www.beckydorner.com, choose “Resources”, then “Dignity in Dining: Feeding Techniques for Elderly and Disabled Clients.” Other choices lead to more information.

Individualize Feeding Experience, at www.borun.medsch.ucla.edu. Choose Weight loss prevention, and then choose Step 2. Other choices lead to more information.

Hand Hygiene, at www.cfsan.fda.gov/~comm/handhyg.html.

Hand Hygiene in Health Care Settings, at www.cdc.gov/handhygiene/materials/htm.

Current Dietary Guidelines for Americans. The 2005 guidelines are accessible at www.healthierus.gov.