

# **PERSONAL CARE TASKS**

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## **The Journey Through Caregiving**



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## ❖ FAMILY CAREGIVER

A family caregiver is an adult family member (including spouses, adult children, siblings, etc.) who provides informal care to an adult family member who is 60 years of age or older in his/her own home. The type of care provided depends upon the needs of the loved one and of the family. This module will enable you to perform personal care tasks and some homemaker tasks. Personal care tasks include assistance with: bathing, dressing, toileting, transferring, eating, etc. Homemaker tasks include: housekeeping, laundry, budgeting, shopping, etc.

The goal of any type of home care is to assist the loved one to be as independent as possible in his/her own home. The care you provide is designed to help the care recipient achieve those goals. Your job as a family caregiver is an important one. It may mean the difference between loved ones living in their own home or moving to another place, such as a nursing home.

Taking care of a family member can be a rewarding experience and, at the same time, a difficult one. In order to take care of your family member, you first need to care for yourself. Family caregivers often put themselves last. By doing so, problems often arise, that affect the quality of care.

**Following are some suggestions that should help you care for yourself.**

- **Learn how to properly care for your family member.** Get training so you know how to perform skills. Correctly performing care tasks will make your job easier and safer.
- **Practice healthy habits.** Eat a balanced diet, limit intake of caffeine and alcohol, don't smoke, exercise regularly, get adequate sleep, and see your doctor when necessary.
- **Get help when you need it.** Don't try to do it all by yourself. Those who might help you are other family members, friends, neighbors, social workers, ministers, and church members. Arrange for some time away from your family member. Join a support group so you have contact with other people who are going through the same thing you are.
- **Do something relaxing for yourself.** Go out to lunch, to church, to a movie, or even on a walk.
- **It's important to take a little time to enjoy yourself.** It will rejuvenate you and you will do your caregiving job better.
- **Remember that you probably can't control your situation, but you can control how you react to it.** Try to be optimistic and look for the positive in each situation. Take pride in yourself and be proud of what you do.
- **Watch for signs that you are stressed:** irritability, loss of energy, weight changes, difficulty making decisions or concentrating, sleeping difficulties, loneliness, change in attitude, or drug/alcohol excess. See your doctor or a counselor to help you pinpoint the stressor and what you can do to ease your stress level.

For more information, refer to module entitled, "Caregiver Stress & Coping."

It is important that the family caregiver knows the proper procedures when caring for a family member. The purpose of this material is to provide you with the information and skills you need to perform these tasks correctly.

## ❖ COMMUNICATION

Communication is important when dealing with others. How you communicate will affect how others feel and behave, which, in turn, can make your job difficult or easy. Learning how communication happens and some basic techniques will enable you to provide better care to your loved one.

Communication is the process of sending and receiving a message. It consists of verbal and non-verbal communication. Verbal communication has to do with words, whether they are written, read, or said aloud. Words should be simple and clear so that people understand correctly. Remember that words may have different meanings to different people.

Non-verbal communication, more commonly called ‘body language,’ sends a message too. We send messages with our facial expressions, tone of voice, gestures, posture, eye contact, and touch. Communication is misunderstood when the verbal and non-verbal (body language) messages are different. If you say one thing and your body is sending a different message, people get confused. Most people, when they get conflicting messages, will believe what they see. You have probably heard the phrase “actions speak louder than words.” That really applies in this situation. You need to be aware of your own body language as well as others.’

## Good Communication Techniques

- **Listening:** Take the time to listen. Pay attention to what others are saying and ask questions. Always communicate what you are doing with the care recipient. Do not work in silence.
  
- **Be patient:** Give others the time to say what they want.
  
- **Eye contact:** Look at the person and focus on what he/she is saying. Listen with interest.
  
- **Body Language:** Be aware of facial expressions and tone of voice. Watch others for differences between verbal and non-verbal messages.
  
- **Keep conversations and words simple and clear.**
  
- **Use feedback:** Repeat what you heard in your own words.
  
- **DO NOT** do the following:
  - ✓ Argue with anyone
  - ✓ Interrupt a conversation
  - ✓ Appear bored or impatient
  - ✓ Pass judgment or give advice
  - ✓ Threaten or use harsh language
  - ✓ Be defensive – (It is better to be open to suggestions)

## How do I communicate with impaired elders?

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As a family caregiver you may provide care to a loved one who has physical disabilities or impairments that may interfere with communication. The following are some techniques to use in those situations.

### Blind or Visually Impaired Elder

-  Say their name to get their attention.
-  Use common sounds, such as ringing a bell, whistling, etc.
-  Explain what you are doing as you do it.
-  Make sure eyeglasses have up-to-date prescriptions and are clean.
-  Print in big, bold letters when necessary.

### Deaf or Hearing Impaired Elder

-  Use visual actions to communicate.
-  Get their attention before talking to them.
-  Face them when you are talking.
-  Talk at a normal pace.
-  Raise your voice some and lower your tone. DON'T yell.
-  Get rid of other noises – TV, radio, etc.
-  Make sure hearing aides are working and are properly inserted.
-  Write down messages.

### Speech Impaired Elder

(Trouble speaking or understanding—often result of a stroke)

-  Keep communication simple and clear.
-  Be patient. Give the elder enough time to respond to you. At least 10 seconds is the recommendation. (Time yourself for 10 seconds so you can see how long it is. You'll be surprised!)
-  Get rid of background noises – TV, radio, etc.
-  Use visual devices like a message board, pictures, or gestures.
-  Pay attention to body language.

## **How do I communicate in difficult situations?**

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If care recipients are angry, try not to take it personally. Often, they are upset about the situation and don't know how to handle it. Give them some space and listen to their concerns. Do not raise your voice or get defensive, this will only add to their anger. Sometimes the best thing to do is not to respond but just to listen.

Communicating with elders who have cognitive (brain) impairments, such as those with Alzheimer's disease, is covered separately in the unit "Cognitive Impairment." The "Behavior Management" module also has more information about handling difficult situations.

## ❖ SAFETY

Here are some questions for you: How do you normally prevent accidents in your everyday life? How do you drink a cup of hot coffee without burning your mouth? How do you safely cross the street?

The answer may seem so simple. The fact is you plan ahead. You try to think of what can go wrong and how you might keep things from going wrong. Before crossing a street, you stop, look both directions to see whether cars are coming, wait for any oncoming cars, and then you cross.

Of course, even with good planning, things can go wrong. You will learn skills to help you prevent problems and know what to do in case an emergency does occur. It is impossible to cover everything, so only basic information will be presented about safety. You will need to learn what safety procedures are needed for your family member. You might want to consider taking a first aid course from a local facility to further your knowledge and skills.

Safety takes many forms: using equipment in such a way that you do not injure yourself or your care recipient; making the home safer from fire, from falls, or from poisoning; knowing when to call for help; or providing basic first aid care.

## How do I prevent falls?

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Falls are usually the leading cause of injury in the home, especially with the elderly. You must be alert to hazards and work towards the prevention of falls. Following are some things to consider:

- **Wipe up spills immediately** - liquids, snow, mud, sugar, salt, powder.
- **Keep frequently used items easily available** – telephone, remote controls, tissues, etc.
- **Make sure there is proper lighting at all times**, especially in hallways and stairs.
- **Clear walkways of obstacles.**
- **Install grab bars in bathrooms and hallways.** Encourage the care recipient to use them.
- **Remind the care recipient to wear proper footwear with rubber soles.**
- **Lock the wheels on wheelchairs when transferring.**
- **Encourage exercise to maintain strength.**
- **If the care recipient has pets, watch for them when walking.**
- **Get rid of scatter rugs or throw rugs.** Secure them properly if they are needed.
- **Make sure the furniture is the right height.** Armrests are helpful for getting in and out of chairs.
- **Check stairways for clutter, handrail stability, step width, and safety.**
- **Don't move any of the furniture.**
- **Bathtubs and floors should have non-skid surfaces.**
- **Remind the care recipient to allow enough time to get to the bathroom for toileting so he/she doesn't have to hurry.**
- **Remember safety outside of the home.** Check lighting, steps, handrail stability, and for items the care recipient could trip on.

## **How do I keep the kitchen safe?**

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Food preparation is a potentially dangerous job. Because of this, a high percentage of household injuries occur in kitchens. While preparing meals, people cut themselves with knives, with cans that food is packaged in, and with other objects and surfaces in the kitchen. They jab themselves with forks and bruise themselves by bumping into things. Such accidents occur even to experienced cooks. The key to avoiding these accidents is to be aware of the things that can hurt you. Think about what the possible results might be when you begin a task.

### **Things to be aware of for safety in the kitchen:**

- Don't cook grease at a high temperature
- Use potholders when handling hot pots and pans
- Clean up spills immediately
- Put utensils away where they belong
- Move about the kitchen with care
- Be careful when working with knives – take your time and watch what you are doing
- Wear appropriate clothing when cooking – no loose garments
- Do not use containers that are chipped or cracked

## How do I assess the care recipients' home for fire safety?

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Some of the things you should be aware of when assessing a home for fire safety include:

- **Are there smoke detectors and are they working?** The batteries should be checked periodically.
- **Install a fire extinguisher if there isn't.** Check them periodically according to the manufacturer's directions.
- **Check electrical cords for fraying or for broken prongs.** Also, be sure there aren't too many cords plugged in to one outlet. Some appliances should be unplugged when they are not in use.
- **Have an emergency plan for how to exit the home in an emergency.** Decide on a meeting place outside in case a fire does occur. Also, plan an alternate exit route.
- **Use common sense when cooking.** Never leave cooking unattended on the stove. Don't wear loose-fitting sleeves when working around the stove. Turn off the burners and oven when you are done using them. Turn handles toward the back of the stove when cooking.
- **Encourage appropriate smoking habits.** Never smoke in bed. Smoking should NEVER be allowed around oxygen. Make sure the care recipient uses acceptable ashtrays, preferably with notches on the side to hold cigarettes. Ensure ashtray contents are disposed of properly.
- **Remember the STOP, DROP, and ROLL rule.**
- **Check the home for hazards such as:** excess papers or rags; improperly stored cleaning products, paint, and chemicals; faulty space heaters or heating pads.

Most agencies suggest you follow what is called “**the RACE formula**” when there is a fire. The formula consists of:

**R**emove any people in direct danger

**A**larm by calling the fire department

**C**ontain the fire by closing doors and windows

**E**xtinguish the fire if possible or evacuate if needed

## **How do I handle emergency situations?**

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In an emergency situation, it is sometimes hard to know when to call for help. A general rule of thumb is to call the fire department, ambulance, or police if you have to ask yourself whether or not you should call. Your instincts will usually let you know when you need help. Know the emergency numbers in your care recipient’s area. Most areas use the 911 system. If they do not, write down the numbers ahead of time and have them posted by the phone. The numbers you should have readily available may include: doctor, poison center, fire department, police, and family and friends.

### **First Aid**

In general, you should NEVER move the care recipient when an accident has happened. Moving them may result in further injury. Of course, if there is immediate danger to the care recipient, such as a fire, then you should. CPR and the Heimlich Maneuver are not covered in this course. It is recommended that you get this training from qualified personnel. Most hospitals and ambulance services offer the training periodically. Check in your area for classes.

## **Bleeding**

The most common first aid procedure you may have to perform is caring for bleeding. The basic principles are:

- + Cover with a clean cloth
- + Apply pressure
- + Elevate the area
- + Do NOT remove any object stuck in the site, such as glass
- + Do NOT remove original bandage, cover with another one if needed

## **Shock**

It is also important to know how to recognize shock and how to treat it. Older people can go into shock easier than someone younger can. The signs include:

- + Pale, cold, and clammy skin
- + Person may feel sick or actually vomit
- + Person may complain of feeling thirsty
- + Pulse speeds up but is weaker
- + Respirations become faster and more shallow

You will need to treat shock right away if these signs develop. After calling for an ambulance, treatment includes doing the following:

- + Lay the person flat, with the legs elevated, if possible
- + Cover the person with a blanket to keep warm
- + Do NOT give the person anything to drink, but you can moisten the lips slightly
- + Loosen clothing for better breathing and comfort

## **Poison Prevention**

To prevent accidental poisoning consider the following:

- ✘ Store cleaning products properly
- ✘ Never mix products together
- ✘ If one product is put into another container, it should be relabeled
- ✘ Make sure your care recipient is able to read the labels on containers
- ✘ Lock up poisonous products for those who tend to be easily confused.

## ❖ INFECTION CONTROL

The family caregiver must know the importance of cleanliness. You need to try to achieve ideal sanitary conditions. Cleanliness is an important part of controlling disease and keeping diseases from spreading. This unit will explain pathogens, the chain of infection, signs of infection, keeping surroundings clean, hand washing, and body substance isolation.

### What are microorganisms?

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Very small, living microorganisms are everywhere. Many are helpful to people. For instance, microorganisms in the human digestive tract break down foods and turn them into waste products when not used by the body. When microorganisms move out of their natural environment into a foreign one, they become pathogens.

Pathogens are disease-producing microorganisms. They destroy human tissue by using it as food and giving off a waste product called toxins. Toxins are absorbed into the body and poison it, causing an infection.

#### Signs of Infection

- Fever
- Restlessness
- Chills
- Abnormal discharge
- Swelling
- Lack of appetite
- Redness
- Pain
- Change in behavior

**Report these signs to the care recipient's Doctor or other responsible person.**

## What is the chain of infection?

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Whether or not an infection happens will depend on a number of things. It is best explained by looking at the ‘chain of infection’ which consists of six ‘links’ that have to be present for an infection to happen. The links are:

1. **Pathogen:** Microorganism that causes disease.
2. **Reservoir:** Where the pathogen lives and grows usually in warm, moist, dark places. Examples – cut or open area, bladder, lungs.
3. **Portal of exit:** How pathogen leaves one place or host. Examples – drainage & secretions, urine, stool, blood, breathing, sneezing, or coughing.
4. **Transmission:** How pathogen is carried from portal of exit to portal of entry. Examples – hands, food, mouth, clothing.
5. **Portal of Entry:** How pathogen enters new place or host. Examples – cuts, mucous membranes (eyes, nose, mouth).
6. **Susceptible Host:** Someone more likely to become infected. Elderly people are more susceptible due to aging changes.

You can stop the process by ‘breaking’ the chain and removing one of the links. Some examples are:



1. **Reservoir:** Keep cuts, etc. clean and uncovered. Keep surroundings clean.
2. **Portal of exit:** Cover mouth and nose when coughing or sneezing. Cover open areas if draining.
3. **Transmission:** Wash hands. Keep clothing clean by holding things away from you. Wear gloves, mask, and apron when needed.

**By doing these things, you may stop an infection either to you or your care**

## Cleanliness

One way to stop the spread of infection is by keeping the care recipient's home clean. You can do this by following these guidelines:

1. Disinfect surfaces and reusable items. There are many commercial cleaners you can buy.
2. Hold linens and other supplies away from your body.
3. Separate clean and dirty linens.
4. Keep things off the floor. Anything that falls on the floor is considered dirty and must be cleaned appropriately before using.
5. Wash your hands and wear gloves when needed.

## Hand washing

You use your hands constantly. The easiest and most important way of preventing the spread of infection is by hand washing. Washing your hands before and after caring for your care recipient will help to prevent the spread of microorganisms. Wash your hands at these times:

- 👉 Before handling food
- 👉 Before and after each task
- 👉 Before and after wearing gloves
- 👉 After using the toilet yourself
- 👉 After coughing, sneezing, or blowing your nose
- 👉 After handling bedpans, urine, stool
- 👉 After changing pads or briefs
- 👉 After handling garbage





## **Body Substance Isolation**

Body Substance Isolation (BSI) is the practice of how to handle and dispose of body fluids in a safe manner to prevent the spread of infection. It focuses on isolating all moist and potentially infectious body substances, such as blood, feces, urine, sputum, and wound drainage, from all persons.

BSI includes thorough hand washing, the use of gloves and plastic aprons, and proper disposal of both body fluids and the items used. It means using gloves when handling anything warm, wet, and not yours. Plastic aprons should be worn when splashing or soiling is likely.

Waste such as soiled gloves, bloody bandages, or soiled briefs and pads should be put in a plastic bag and closed. That bag can then be put in with the regular garbage and placed in the trashcan. This way the waste is in two bags.

Blood spills need to be cleaned up in a special way. You can use a disinfectant made from one part bleach and ten parts water. You should wear gloves and use paper towels to clean the area. The waste (towels and gloves) should go into a plastic bag and closed. Again, that bag should be put in the regular garbage and placed in a trashcan.

Following these recommendations will help to avoid the spread of infection and to keep you and your care recipient healthy.

## ❖ BATHING

There are several important reasons why one should bathe your loved one besides the obvious one of cleanliness. Bathing eliminates body odors, and it is cool, refreshing, and relaxing. It stimulates circulation and exercises parts of the body. It also allows the caregiver the opportunity to observe the care recipient's body for any unusual changes such as rashes, decubitus ulcers (pressure sores), reddened areas, etc. Last, but not least, it provides the opportunity to talk with the care recipient.

### **There are four types of bathing:**

1. **Complete bed bath** – usually used for the care recipient who is weak or unable to bathe themselves. You will usually receive little or no help from the care recipient.
2. **Partial bed bath** – given when the care recipient can help themselves a little, but needs help with areas unable to reach. Remember in the complete and partial bed baths to expose only that part of the body you are working on. The rest of the body should be covered with a large bath blanket for warmth and privacy.
3. **Tub bath** – may need doctor's okay for tub bath. Care recipient is assisted in and out of tub.
4. **Shower** – may need doctor's okay for a shower. For the care recipient who is unsteady or weak, a chair can be used for them to sit on during shower.

**The type of bath the care recipient receives will depend on the needs of the elder.**

**These general rules need to be followed when giving any type of bath.**

1. Determine what type of skin care products should be used.
2. Collect all necessary equipment before beginning the bath.
3. Always protect your care recipient's privacy. Close doors and windows and cover up the care recipient, during or right after bathing, with towels or a bath blanket. Closing windows and doors will also help reduce drafts for more comfort.
4. Always use good body mechanics yourself and make sure the care recipient's body is in good body alignment.
5. Always make sure the water is at a good temperature. Have the care recipient test it before using the water. Change water as often as needed.
6. Make a mitten out of a washcloth to prevent dragging a wet washcloth roughly across the care recipient's body.
7. Keep soap in a dish between uses to prevent water from becoming too soapy.
8. Wash only one part of the body at a time. Wash, rinse, and pat dry each part of the body and cover immediately with the bath blanket.
9. Wash the cleanest areas first (eyes, face, etc.), then the dirtiest. Make sure all the soap is rinsed off.
10. Observe the care recipient's skin for any unusual changes. Report any changes to the care recipient's physician.
11. Encourage the care recipient to help as much as possible.
12. Bathe the skin whenever fecal material (stool) or urine is on the skin.
13. Carefully cut or trim toenails. It is best to seek professional care for a diabetic.
14. Before using skin lotion, put the bottle in some warm water while the care recipient is being bathed.
15. Apply deodorant, if requested, after bathing.
16. Allow towels and washcloths to dry before putting in a hamper if you're not washing them right away.

17. Stop the bath if you notice any signs of distress, such as tiredness or dizziness.
18. Wear gloves if care recipient has open areas on skin and for perineal care.

## **Procedure: Giving a Complete Bed Bath**

1. Assemble equipment
  - a. Soap
  - b. Wash cloth
  - c. Bath towels
  - d. Wash basin
  - e. Powder, deodorant
  - f. Clean clothing
  - g. Bath blanket
  - h. Lotion for back rub
  - i. Comb and hair brush
2. Wash your hands.
3. Explain procedure to care recipient.
4. Offer care recipient bedpan or urinal.
5. Cover care recipient with bath blanket and fold top covers down.
6. Remove care recipient's clothing, keeping covered with blanket.
7. Help care recipient to the side of the bed closest to you.
8. Ask water temperature preference. Fill basin 2/3 full of water. Let the care recipient test the water.
9. Make a mitten with washcloth.
10. Do NOT use soap on the face. Wash eyes from care recipient's nose to outside of face (inner corner to outer corner.) Use separate corner of mitten with each eye. Wash rest of face, including ears.
11. Fold bath blanket down to abdomen. Cover the chest area with a towel. Wash, rinse, and pat dry chest area. (Use one towel for covering the parts of the body and another towel for drying. Keep them separate.)
12. Place towel under care recipient's arm farthest from you. Wash with soapy washcloth from wrist to shoulder. Rinse and pat dry.
13. Let care recipient soak hand in basin. Wash hand and clean fingernails. Rinse and pat dry. Be sure to clean and dry carefully between fingers.
14. Repeat steps #12 and #13 with arm closest to you.

15. Place towel across chest and fold blanket down to pubic area. Wash, rinse, and pat dry the abdomen. Pull blanket back up across the chest and remove towel.
16. If water is dirty, soapy, or cool, empty basin and refill with clean water.
17. Place towel under leg farthest from you. Wash, rinse, and pat dry.
18. Place foot in basin. Wash between each toe. Rinse and pat dry.
19. Repeat step #17 and #18 for leg nearest you.
20. Empty basin and refill with clean water.
21. Turn care recipient onto side. Fold blanket up so back is uncovered. (Keep rest of body covered.)
22. Place towel behind back on the bed. Wash, rinse, and pat dry neck, back, and buttocks.
23. Give care recipient a back rub (procedure under skin care unit).
24. Offer care recipient a washcloth to clean genital area. You may have to do this if they cannot.
25. Help care recipient into clean clothing. Comb or brush hair. Bed linens will probably be changed at this time, also.
26. Wash hands. Return equipment to proper place.

## **Procedure: Assisting with a Tub Bath**

1. Assemble Equipment
  - a. Bath towels
  - b. Bath mat on floor
  - c. Wash cloths
  - d. Soap
  - e. Bath mat for tub
  - f. Clean clothing
  - g. Washtub
2. Wash your hands.
3. Explain to care recipient what you are doing.
4. Make sure there are not electrical appliances nearby.
5. Fill tub half full of water. Ask for water temperature preference. Have care recipient test the temperature of the water with his/her hand.
6. Assist care recipient to undress.
7. Help care recipient into tub. Use handrails or grab bars for safety.
8. Help care recipient wash as needed. Encourage them to wash self as much as possible. Wash from cleanest part of body (face) to dirtiest part of body (perineum).
9. Empty tub. It is easier to get out of an empty tub than a full one.
10. Put towel across commode or chair. Have care recipient sit down.
11. Let the care recipient dry what is possible, assisting with those parts that are difficult.
12. Help care recipient dress.
13. Help the care recipient into a bed or a chair.
14. Clean tub and bathroom.
15. Wash hands and return equipment.

**Procedure: Assisting the care recipient with a Shower**

1. Assemble all equipment
  - a. Bath towels
  - b. Wash cloths
  - c. Soap
  - d. Bath mat on floor
  - e. Shower cap (if requested)
  - f. Bath mat in shower
  - g. Clean clothing
  - h. Brush to clean shower
2. Clean shower if necessary.
3. Wash your hands.
4. Explain the procedure.
5. Turn on the water and check the temperature.
6. Assist the care recipient into the shower. Use a chair to sit on, if unsteady.
7. Help the care recipient wash body areas that are difficult.
8. Put towel on commode or chair. Assist the care recipient out of the shower and into the chair.
9. Let care recipient dry what is possible.
10. Help care recipient to dress.
11. Clean shower and bathroom.
12. Wash your hands and return equipment.

## ❖ HAIR CARE

Hair that looks and feels good can influence your loved one's appearance and psychological well-being. Clean hair prevents scalp and hair breakdown and improves circulation to the scalp.

In general, you will only need to help your care recipient with combing hair. Remember to protect the pillow and shoulders with towels, remove any eyewear, and brush or comb the hair from the scalp to the hair ends. If the hair is tangled, start at the ends of the hair and work up to the scalp to remove the tangles.

On some occasions, you may have to shampoo the care recipient's hair. This can be done either at the sink or in bed. There are several devices you can buy that can make shampooing hair easier—especially if the care recipient is in bed. Follow the care recipient's personal preferences when styling the hair or when buying shampoo and conditioner.

### **The following general rules always apply:**

1. Wash the care recipient's hair as outlined in the outlined procedure below.
2. Keep the care recipient out of drafty areas.
3. Never cut or color the hair.
4. Never give a permanent.
5. Never use a hot comb or curling iron.
6. Dry and style hair as quickly as possible.

Both men and women often prefer to keep various parts of their body shaven. Most males feel much better when their face is clean shaven. Some women may need to have their face shaved, as aging sometimes causes the

growth of facial hair. When the care recipient cannot shave his or her own face, you may be asked to do it. Use only an electric or safety razor. Never use an electric razor when the care recipient is receiving oxygen. Do check with your care recipient to see how he wants a beard or mustache cared for. Women may want their legs and underarms shaved, also.

### **Procedure: Shampooing Hair in Bed**

1. Assemble equipment
  - a. Shampoo and Conditioner
  - b. Towels
  - c. Wash cloth
  - d. Chair
  - e. Bucket or pail
  - f. Plastic to cover chair and bed
  - g. Plastic drainable trough or plastic and towels to make one
  - h. Cotton balls
  - i. Pitcher or cup
  - j. Brush or comb
2. Tell the care recipient what you are going to do.
3. Raise the bed to a comfortable working position.
4. Wash your hands.
5. Protect the top of the mattress with plastic and a towel.
6. Brush or comb the hair. Stop procedure and report to the physician if you observe head lice.
7. Cover a chair with plastic and a towel. Place the chair at the head of bed.
8. Place a pail or bucket on the chair.
9. Help the care recipient move to the side of the bed nearest you.
10. Remove pillow, cover with plastic, and place under care recipient's upper back so that head tilts back.

11. Use plastic drainable trough or make your own: roll bath towel and place on short end of a large plastic sheet; roll three sides of sheet to form a chute.
12. Place the hose of drainable trough or the open end of chute in pail.
13. Fan-fold top bed covers to bottom of bed and cover care recipient with towel or bath blanket.
14. Cover care recipient's eyes with washcloth and put cotton in the ears.
15. Using pitcher or cup, pour water over hair until wet. Select a water temperature just warm to the wrist.
16. Apply shampoo and massage scalp and hair using both hands. Do NOT use your fingernails, as they could scratch the scalp.
17. Rinse thoroughly, having care recipient move head from side to side.
18. Apply conditioner, if desired.
19. Towel dry hair and face. Air dry or use blow dryer to finish. Make sure blow dryer setting is not too hot.
20. Remove cotton from ears.
21. Wash hands and return equipment.

## **Procedure: Giving a Shampoo in a Sink**

1. Assemble equipment
  - a. Shampoo and Conditioner
  - b. Chair
  - c. Towels
  - d. Comb or brush
  - e. Wash cloth
  - f. Cotton balls
2. Wash your hands.
3. Help care recipient to sink. Provide chair in case they become tired.
4. Place a towel around care recipient's shoulders.
5. Brush hair and inspect for lice. If present, stop procedure and inform the care recipient's physician.
6. Put cotton balls in care recipient's ears.
7. Give care recipient a washcloth to cover eyes.
8. Adjust water temperature to feel warm to your wrist.
9. Have care recipient lean forward with head over sink.
10. Wet hair thoroughly. You may need to use cup or pitcher.
11. Apply shampoo, then massage hair and scalp with both hands. Avoid using fingernails, as they may scratch the scalp.
12. Rinse out all shampoo.
13. Apply conditioner, if desired.
14. Towel dry face, ears, and hair. Finish drying the hair by allowing it to air dry or use a blow dryer at a low setting.
15. Remove cotton from ears.
16. Make care recipient comfortable.
17. Clean up sink area and return equipment.
18. Wash your hands.

## **Procedure: Shaving the care recipient**

1. Assemble equipment
  - a. Towels
  - b. Wash cloth
  - c. Shaving cream
  - d. Shaver
  - e. Basin of warm water
  - f. Shaving lotion or aftershave
2. Wash your hands.
3. Place basin of warm water by bedside.
4. Have the care recipient in a semi-sitting position or on the back.
5. Cover the care recipient with a bath towel.
6. Wash the face and apply a warm, damp washcloth for 3-5 minutes to soften skin.
7. Spread shaving cream generously over the area to be shaved.
8. Hold the skin taut and shave skin in the direction of hair growth. Begin at sideburns, work downwards over cheeks, and down over chin. Work upward on neck under chin. Use short, firm strokes.
9. Rinse razor often during the procedure.
10. Rinse off any leftover shaving cream.
11. Apply shaving lotion, if desired.
12. Make care recipient comfortable.
13. Clean and replace equipment.
14. Wash your hands.

## ❖ ORAL HYGIENE

A clean mouth and teeth prevent mouth disorders, infections, and growth of bacteria plaques. Illness and disease may cause care recipients to have a bad taste in their mouths. In addition, some drugs have an effect on mouth odors. For these reasons, oral hygiene is important for the care recipient. It is important to the care recipient's well-being and makes food taste better. A person's food and fluid intake will be influenced by the condition of the mouth.

Oral hygiene should be given every morning and after each meal. Some care recipients will require little help with oral hygiene. Others will need the family caregiver to perform the entire procedure. No matter how much assistance is needed, the following should be reported to the care recipient's dentist or physician:

1. Dry, cracked, or blistered lips.
2. Redness, irritation, sores, or white patches in the mouth or on the tongue.
3. Bleeding, swelling, or extreme redness to the gums.

Care recipients will have their own preference for toothpaste, mouthwash, and denture cleanser. Be sure to ask them what they prefer.

Many microorganisms are found in the mouth. Gloves can prevent the spread of infections. In general, gloves should be worn when doing any mouth care and when handling dentures.

Dentures need to be cleaned as often as natural teeth. When wet, dentures are slippery. They can easily break and chip. For these reasons, take special care when handling dentures. When they are not worn, they

should be stored in a container filled with cool water. Dentures will dry out and warp if not stored in a liquid.

Don't ignore the care recipient's mouth when you remove dentures for cleaning. The mouth needs to be cleaned with a soft toothbrush or to be rinsed with mouthwash.

## **Procedure: Assisting with Oral Hygiene**

1. Assemble equipment
  - a. Water
  - b. Toothpaste
  - c. Sink or small basin
  - d. Towel
  - e. Mouthwash
  - f. Gloves
2. Wash your hands and put on gloves.
3. Explain to the care recipient what you are going to do.
4. Have the care recipient sit up or help him/her to the sink. If they use the sink, omit step 5.
5. Spread a towel across the care recipient's chest.
6. Offer the care recipient water to rinse his/her mouth.
7. Hold the basin under the care recipient's chin to spit the water into or have him/her spit into the sink.
8. Put toothpaste on the brush and wet it with water.
9. Allow the care recipient to brush own teeth if able. If they cannot, brush using a gentle motion above the gum line and going down the teeth. Repeat until you have brushed all the teeth. Include the insides of the teeth and the tongue.
10. Offer water to rinse the mouth.
11. Offer mouthwash, if desired.
12. Wipe the care recipient's mouth and make comfortable.
13. Remove gloves and wash your hands.
14. Return equipment.

## **Procedure: Oral Hygiene for Dentures**

1. Assemble equipment
  - a. Denture cup
  - b. Small basin
  - c. Tissues
  - d. Denture toothpaste
  - e. Towel
  - f. Mouthwash
  - g. Denture solution or tablets
  - h. Gloves
2. Wash your hands and put on gloves.
3. Explain to the care recipient what you are going to do.
4. Spread towel across care recipient's chest.
5. Ask care recipient to remove his/her dentures. Have tissues in the basin. Assist care recipient if needed.
6. Take dentures to sink, holding them securely.
7. Place washcloth in the sink and add some water. This will cushion the dentures if they fall.
8. Clean dentures with toothpaste or denture cleanser.
9. Rinse dentures in cool water.
10. Fill denture cup with denture solution, cool water, or mouthwash and water. Some people may use cleaning tablets.
11. Place dentures in the cup and cover.
12. Help the care recipient to rinse mouth.
13. If care recipient wishes, replace the dentures. Ask if a denture adhesive is used.
14. Clean equipment and put away.
15. Remove gloves and wash your hands.

## ❖ DRESSING

Dressing and undressing the care recipient occurs daily and, sometimes, more often. Some love ones will need little or no help, while others will totally depend upon the family caregiver to dress them.

Allow the care recipient to choose his/her own clothes. Everyone has their own preferences. If the care recipient is in bed all day, bedclothes are preferred. However, if they spend most of the day out of bed, encourage them to wear street clothes.

### **Certain rules should be followed when dressing or undressing the care recipient:**

- 1. Remember to always provide privacy.** Never expose your care recipient. Keep them covered as much as possible.
- 2. Always encourage the care recipient to do as much for self as possible.**
- 3. Always place clothing on the “weak” side of the care recipient first.** If both sides have equal strength, then dress far arm and leg first.
- 4. Always remove clothing from the “strong” side of the care recipient first.** If both sides have equal strength, undress near arm and leg first.

**Procedure: Dressing the care recipient**

1. Assemble clean clothes the care recipient has chosen.
2. Wash your hands.
3. Explain to the care recipient the procedure.
4. Assist the care recipient to the edge of the bed.
5. Put on underwear and pants. Pull up to the waist by having care recipient stand or, if possible, by having them lift up buttocks as they are lying on their back.
6. To put on an over-the-head type of shirt (pullover), place the weak arm (or far arm) in the armhole first. Then, slip the shirt over the head. Lastly, put the strong arm (or near arm) into the shirt.
7. Help the care recipient put on socks or stockings. Make sure they are not too tight to interfere with circulation.
8. Put on shoes or slippers.
9. Make the care recipient comfortable.
10. Wash your hands.

## What are Ted Hose and Jobst Stockings?

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Ted Hose and Jobst Stockings are elastic stockings that are usually worn by elders who have circulation problems. The stockings help the blood to circulate through the legs and back to the heart by squeezing slightly in the veins of the legs. They are also referred to as anti-embolism stocking or hose.

The care recipient will often need assistance with applying and removing these stockings. Elastic stockings are difficult to put on initially, but, with practice, you will master the technique.

### **Tips and Techniques for stockings:**

- 1. It is easiest to put the stockings on when the care recipient is lying down.**
- 2. The stockings should be removed and reapplied at least every 8 hours,** and the circulation and skin condition checked.
- 3. Apply the stockings according to the manufacturer's instructions.** They should fit fairly snugly. That's how they are able to apply the pressure needed to help the circulation.
- 4. The stockings are usually elder specific in that they are measured to fit one person.** Don't share the stockings or use someone else's.
- 5. The stockings need to be laundered routinely just like regular stockings.** Usually, hand washing is best. If the care recipient wears the stockings all the time, get another pair so one can be laundered while the other one is being worn.

### **Procedure: Applying Elastic Stockings**

1. Provide privacy.
2. Explain to care recipient what you are going to do.
3. Wash your hands.
4. Assist the care recipient to a lying position, if possible.
5. Apply the stockings according to the manufacturer's instructions. If none are available, the most common way is to:
  - a. Roll or gather the stockings down to the toe area
  - b. Put the stockings over the toes, then the foot, making sure the heel pocket of the stocking is placed over the heel of the foot. Some of the stockings have a small, round open area that should be located on the bottom of the foot near the toes. Continue up the leg, smoothing out the wrinkles as you go.
  - c. Pull the stockings up firmly.
  - d. To remove stockings, grab at the top and pull downward, turning them inside out.
6. Make the care recipient comfortable.
7. Wash your hands.

## ❖ PROSTHESIS/ORTHOTICS

The care recipient may have a prosthesis or orthotic device that he/she needs assistance with applying or removing. Knowing what they are and some information about their usage will help you in assisting the care recipient.

A prosthesis is an artificial body part. Some examples are: arm, leg, breast, or eye. Prosthesis are usually used to promote the independence of the care recipient.

An orthotic device is an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve function of movable parts of the body. A more common word for this device is a brace.

The prosthesis and the orthotic device need to be applied correctly to function properly. The care recipient will often have a picture to show the proper application. Follow the recommended use--for example, wearing it for certain time frames, etc.

Observe the condition of the skin daily. If the skin has red areas or open sores, the device may not be fitting well or is not being applied properly. The part of the body where the prosthesis or orthotic is applied will often have some

### **Check prosthesis or orthotic devices often for:**

- ✓ Loose or worn parts
- ✓ Missing or loose screws
- ✓ General condition, especially the straps and/or Velcro
- ✓ Cleanliness

type of covering over the skin to protect it. Report any unusual skin conditions to the care recipient's physician.

## ❖ TOILETING

A care recipient may need assistance with toileting. If they can't use the toilet in the bathroom, the family caregiver will need to help with the use of a bedpan or a commode. You may have to help the care recipient who can use the toilet, but is unable to do it alone.

A bedpan is used when the care recipient cannot get out of bed. Sometimes, it is used only at night, when it is more difficult to get to the regular toilet. Women use the bedpan for urination and bowel movements, while men use the bedpan usually for a bowel movement only.

Bedpans are made of plastic or stainless steel. A stainless steel bedpan should be lightly warmed before use, by running warm water over it. The bedpan is cleaned after each use and is stored covered.

The bedpan should be cleaned immediately after it is used. This will prevent the spread of microorganisms, the development of odors, and possible spilling of the contents. Clean by emptying the contents in the toilet, rinsing in cold water, and wiping both the inside and outside with disinfectant.

When the care recipient can get out of bed, but is still unable to get to the regular toilet, a bedside commode may be used. A bedside commode is a portable chair with an open center for voiding. The collection holder may be a bedpan or pail that needs to be emptied and cleaned after use, as the bedpan is.

Good hygiene following toileting is very important in the prevention of urinary tract infections. Remember to always wipe the genital area from

front to back and change the location on the washcloth with each wipe. Use soap and water or pre-moistened wipes.

**When assisting the care recipient with toileting, follow these general rules:**

1. Help them with a toileting as soon as requested.
2. Have the care recipient assume a normal voiding position of sitting upright whenever possible.
3. Make sure the bedpan is warm.
4. Always ensure the care recipient's privacy.
5. Make sure the care recipient is covered for warmth.
6. If the care recipient is weak, provide assistance.
7. When a care recipient is strong enough to be alone, leave for 5 minutes to use the bedpan, commode, or toilet.
8. Always make sure toilet paper is within easy reach for the care recipient.
9. Provide perineal care as needed.
10. Allow the care recipient to wash his/her hands and genital area after using the bedpan, commode, or toilet. Assist when necessary.
11. Offer the opportunity for toileting regularly, as the care recipient may not ask.

The care recipient may be uncomfortable with needing assistance with toileting. Follow the suggested rules to reassure care recipients and to minimize their feelings of embarrassment.

**Procedure: Assisting with the Bedpan**

1. Assemble supplies and equipment
  - Bedpan with cover
  - Toilet paper
  - Wash cloth
  - Soap
  - Towel
2. Provide privacy.
3. Explain to the care recipient what you are going to do.
4. Wash your hands. Put on gloves.
5. Pre-warm the bedpan, if necessary.
6. Position the care recipient properly. If the care recipient can assist, bend knees with feet flat on bed and raise hips. Help as needed. If care recipient can't help, turn onto side, put bedpan in place, and then turn onto back again. The open end of bedpan points toward feet.
7. Help the care recipient to a sitting position, if possible, and cover with sheet.
8. Place the toilet tissue within reach. If able, leave the care recipient for 5 minutes to provide privacy.
9. If care recipient is unable to wipe self, put on gloves and wipe the perianal area, wiping from front to back.
10. Remove the bedpan and cover it.
11. Assist care recipient with cleaning the perianal area, wiping from front to back.
12. Empty bedpan and clean it with disinfectant. Recover and replace it where it is stored.
13. Remove gloves and wash your hands.
14. Assist care recipient with washing hands, if needed.
15. Return equipment and supplies to proper place.

## **Procedure: Assisting with Commode or Toilet Stool**

1. Assemble supplies & equipment
  - a. Commode or toilet
  - b. Toilet paper
  - c. Washcloth
  - d. Soap
  - e. Towel
2. Provide privacy.
3. Explain to the care recipient what you are going to do.
4. Wash your hands.
5. Assist care recipient to transfer onto commode or toilet. Make sure collection container of commode is in place.
6. Place the toilet tissue within reach. If able, leave the care recipient for 5 minutes to provide privacy.
7. Put on gloves.
8. If care recipient is unable, wipe the perianal area with toilet tissue. Assist care recipient with cleaning the perianal area, wiping from front to back, with soap and water.
9. Empty commode and clean it with disinfectant. If toilet was used, flush it.
10. Remove gloves and wash your hands.
11. Assist care recipient with washing hands, if needed.
12. Return equipment and supplies to proper place.

## ❖ CARING FOR INCONTINENCE

If the care recipient does not have control of bowel and bladder functions, the family caregiver will need to assist with changing and cleaning. It is important to provide this help in such a way as to preserve the loved one's dignity as much as possible. Requiring this kind of help will probably be embarrassing to the care recipient. You can do much to alleviate those feelings.

Incontinence is defined as the lack of ability to control the bladder and/or bowels. There are a number of things that can cause such a condition, including: physical disorders, medications, immobility, distance and difficulty getting to the toilet, stress, amount and type of fluid and food intake, and changes due to aging itself.

Check the care recipient often to see if changing is needed. Every two hours is the common practice. Follow the procedure for the proper technique of changing and cleaning the care recipient. It is important to use the correct techniques to help control odors and maintain good skin condition.

When changing pads or briefs, observe the care recipient's skin condition. Report significant changes to the physician. Apply powder or lotion as directed.

NEVER show anger or disapproval when the care recipient wets or soils. Be matter-of-fact and show respect towards the care recipient. NEVER refer to the incontinence pad or brief as a 'diaper.' You can help care recipients feel better about themselves by handling the situation properly.

### **Procedure: Incontinence Care**

1. Assemble necessary supplies
  - a. Pad or brief
  - b. Wash cloth
  - c. Powder or lotion
  - d. Gloves
2. Provide for privacy.
3. Wash your hands and put on gloves.
4. Use correct positioning techniques when moving care recipient.
5. Remove soiled pad, brief, or clothing.
6. Clean and dry area. With pericare, you always cleanse from front to back and turn washcloth with each wipe.
7. Remove gloves.
8. Observe for unusual skin conditions.
9. Apply appropriate lotions/powder, if necessary.
10. Apply clean pad or brief, and clothing.
11. Properly dispose of soiled items and other supplies.
12. Wash your hands.

## ❖ FEED OR ASSIST WITH EATING

Weakness, paralysis, casts, and other physical limitations may make self-feeding impossible. The family caregiver needs to handle this situation professionally.

Sometimes, it is hard for care recipients to accept the idea of not being able to feed themselves. They may feel resentful and depressed. Remember to be friendly and to encourage them to do as much as possible for themselves.

### **Before serving a meal, remember the following:**

1. Offer the care recipient the opportunity to toilet.
2. Offer the care recipient oral hygiene.
3. Help the care recipient to wash hands and face.
4. Make sure the care recipient is comfortable and positioned properly (upright as much as possible).
5. If the care recipient has dentures, make sure they are in.
6. Protect the care recipient's clothing, if necessary. A towel or special protector can be used. Do NOT refer to it as a 'bib.' Instead, call it an apron, clothing protector, or cover-up.

**During a meal, follow these guidelines:**

1. Sit down beside the care recipient, at the same level.
2. Carry on a pleasant conversation with the care recipient.
3. Don't rush the care recipient. Feed slowly and carefully.
4. Pick up eating utensils by the handles.
5. Avoid touching the food if you can.
6. A spoon may be safer to use than a fork.

**After the meal, follow these guidelines:**

1. Assist the care recipient to wash hands and face.
2. Assist the care recipient with oral hygiene, if desired.
3. Assist the care recipient to a comfortable position.
4. Refrigerate leftovers and clean up eating area.
5. You may wash dishes at this time.
6. If the care recipient routinely doesn't eat well, you may want to report it to the care recipient's physician.

**Procedure: Feeding or Assisting with Eating**

1. Gather meal and supplies needed (napkin, straw, etc.)
2. Explain to the care recipient what you are going to do.
3. Wash your hands.
4. Have the care recipient wash hands.
5. Position the care recipient properly and place a napkin or towel across chest and/or under chin, if needed.
6. Tell the care recipient what kinds of food you are serving.
7. Encourage the care recipient to do as much as possible for themselves.
8. Alternate solid food with liquids. Tell the care recipient what you are giving.
9. Use a spoon to feed, for safety.
10. Use a short straw if the care recipient cannot drink from a cup or glass.
11. Wipe the care recipient's mouth with a napkin. Do this as often as needed during the meal also.
12. Wash your hands.
13. Assist the care recipient to wash hands and face, if needed.
14. Offer the care recipient oral hygiene afterwards.
15. Clean up as appropriate.

## ❖ MEAL PLANNING AND PREPARATION

As a family caregiver, you may have to purchase food for your loved one. First, develop a menu of what foods will be prepared. Check the ingredients the care recipient has on hand and make a shopping list. A list will help avoid unnecessary trips to the store for forgotten ingredients. It will also prevent duplicate buying of foods already on hand, and, if grouped by types of food, avoid extra steps in the grocery store.

### Things to remember when planning a meal:

- ❶ **Variety** – A well-balanced diet consists of getting nutrients from many different kinds of foods. No one food is perfect.
- ❷ **Texture** – Combining crispy foods with smooth, soft ones make each texture seem more interesting. Unless the care recipient is on a special diet where the texture of the food is controlled, try to choose different types of texture within each meal served.
- ❸ **Flavors** – If all foods in the meal have a strong, distinctive taste, they will compete with one another and overwhelm the care recipient's taste buds. Keep the strong flavored foods as the spotlight with milder tasting foods as the background.
- ❹ **Color** – Give each meal an appealing look by keeping the colors compatible. A sprig of parsley, radish roses, olives, or carrot curls may make an interesting dash of color to an otherwise drab-looking meal.
- ❺ **Cost** – Most elders are not free to spend an unlimited amount of money on their food, so plan meals that are within their budgets. Consider foods on sale and use coupons whenever possible.

Everything the care recipient eats and drinks in a day should be included in the planning. This food may be eaten at the three regular meals and/or in the form of snacks during the day. It is important to plan meals as close as possible to the care recipient's usual eating habits.

When the care recipient's diet is changed, take special care to try to keep this new diet as close to the diet of the other family members as possible. For example, when your loved one has a salt-free diet, separate this food from that of the other family members before salt is added. In other words, care recipients may have the same food as their family. They often will not keep to a prescribed diet, but will eat foods with which they are more familiar. In this case, encourage the care recipient to stay on a therapeutic diet.

### **Meal Shopping/Purchasing**

It is important to READ labels when purchasing packaged food, as the listing of ingredients on these labels is critical for special diets. Those on salt-free diets, for example, must avoid products that list sodium on the labels. Likewise, diets that restrict the use of sugar can avoid sugar by checking the label. People with allergies to certain types of foods or chemicals can use the ingredient panel on a label when planning what to eat.

Labels also tell us the amount of food in the container, and, sometimes, the number and amount of servings, as well as the calories per serving. This could be important to those care recipients on a low calorie diet. The label may also list the kind of nutrients in the food and the amounts of the nutrients.

In products that contain more than one ingredient, such as spaghetti in meat sauce, all the ingredients must be listed. The ingredients found in the greatest amount will be listed first. The ingredient listed last would have the smallest amount.



Convenience foods usually cost more than foods prepared from scratch. You must consider that ingredients might spoil before they are completely used. Deciding what to purchase must be made on an individual basis. Purchasing larger quantities can be cheaper than buying small quantities of an item. If storage is a problem, however, the item may have to be discarded before it is all used. Discuss the amount of ingredients needed with your care recipient before you go to the store.

Consider the cost of seasonal foods when purchasing foods. Foods that are in season are usually a good buy.

**Here is how to reduce the cost of foods that are high in protein:**

- ✓ Use poultry when it is cheaper than red meat.
- ✓ Consider cuts of meat that may cost more per pound but give more servings per person.
- ✓ Learn to prepare less tender cuts of meat in casseroles or pot roasts.
- ✓ Serve egg dishes such as omelets.
- ✓ Substitute dried bean and pea dishes for higher cost meals.
- ✓ Use fillers such as breadcrumbs or pasta to make a meat dish serve more.

## **Preparing the Meal**

Being aware of the amount of energy you use when preparing foods will save time, money, and your care recipient's resources if you remember the following:

- Prepare one-dish meals.
- Make enough food for more than one meal and reheat the remaining servings.
- Use the correct burner size and correct pan size; a small pan should have a small burner.
- Do not preheat the oven more than necessary.
- When using the oven, prepare more than one item at a time.
- Turn off the heat on an electric range a few minutes before the food is ready.
- If possible, use a small toaster oven for small jobs and the big oven for bigger jobs.

## **Other things to consider when preparing meals include:**

- Wash your hands often during the preparations.
- When using spoons, etc. to taste foods, do NOT use them again without washing them first.
- Properly store any leftovers as soon as possible.
- Prepare leftovers in proper serving size.
- Thoroughly wash all fresh fruits and vegetables.
- Clean up as you go along and when you are done.
- Meats should be defrosted in fridge or microwave. Do NOT let them sit out at room temperature.
- Use as little water as possible when cooking vegetables.
- Remember to include fluids in the care recipient's diet.
- Follow the menu and recipes.
- Know food substitutions allowed for a special diet if a food item is not available.

## ❖ EYE CARE

The care recipient may need your assistance in putting eye drops or ointment in the eyes. Helping with eye care is best when a certain routine has been established for the family caregiver's assistance. The routine may include things such as the kind of solution, how many drops, and which eye it goes into, etc.

### **Procedure: Instilling Eye Drops or Ointment**

1. Assemble supplies
  - a. Eye care product (drops, ointment)
  - b. Gloves
  - c. Tissues or cotton balls
2. Wash your hands.
3. Position the care recipient sitting down with head slightly back. (Can also lay on back with pillow under neck to extend head back.)
4. Put on gloves.
5. Pull down on lower lid and have the care recipient look upward.
6. Hold dropper in dominant hand about ½" – ¾" from eye.
7. Instill prescribed number of drops in lower lid. Do NOT touch lid with dropper.
8. If the care recipient blinks or closes eye, repeat procedure.
9. Have care recipient close eye for a short time.
10. Wipe off any excess medication with tissue or cotton ball. Wipe from inner corner to outer corner of eye.
11. Remove gloves and wash hands.
12. Return supplies to proper place and dispose of garbage.

## ❖ FINGER NAIL CARE

The general health of the care recipient is often reflected in the nails' appearance. Nails that are broken or brittle may be the result of an improper diet. However, they can also be the result of improper care.

Improperly cared for nails can be a health hazard. Nails that are broken, brittle, or have cuticles that are torn can permit microorganisms to enter the body. Dirty nails also carry germs which can spread infection when handling food or scratching the skin.

As people get older, their nails' physical appearance and growth rate changes. The older person's nails tend to be ridged, grooved, and brittle. Nails should be cared for daily by cleaning beneath them and pushing back the cuticle. The best time to do this is right after bathing. Soap and water will loosen dirt and soften the cuticle. Extreme caution must be taken when clipping and trimming nails to prevent any damage to surrounding tissues. If the care recipient has diabetes, or circulation problems, **do not** cut the nails unless directed to do so.

## **Procedure: Giving Finger Nail Care**

1. Assemble equipment
  - a. Towel
  - b. Washbasin
  - c. Nail clipper
  - d. Orange stick
  - e. Nail file or emery board
2. Wash your hands.
3. Explain to the care recipient what you are going to do.
4. Help care recipient to a chair close to table, if possible. If in bed, raise the bed to a comfortable working height.
5. Place a towel under a half-full basin of water. Water temperature should be warm, but not too hot.
6. Soak care recipient's fingernails for 20 minutes.
7. Clean under fingernails. Push cuticles back gently. Rinse and dry fingernails.
8. Place hand on a towel. Clip finger nails straight across with clippers. Shape into an oval or rounded shape with the nail file or emery board.
9. Properly dispose of nail clippings by putting them in a sealed trash container.
10. Clean and put away equipment.
11. Wash your hands.

## ❖ SELF-ADMINISTERING MEDICATIONS

Medications should be properly labeled so you can see the dose and time it should be taken. You can remind the care recipient to take their medication. You can assist with opening and recapping the containers. Since a care recipient with arthritis may have trouble handling the medication bottle, you may put the medication into the cap or make it possible for them to retrieve and swallow the medication on their own.

The family caregiver can assist with proper positioning to make sure their loved one will take the medications safely. The best position is for the care recipient to sit up as much as possible. You can assist the care recipient to drink the fluid needed to swallow the medications.

Observe your care recipient for any side effects from medications. If noticed, report the observations to the care recipient's physician. Also, report if the care recipient is not taking the medication or is taking the wrong amount.

### Common side effects from medication include:

- ☠ Nausea and vomiting
- ☠ Diarrhea
- ☠ Rash or hives
- ☠ Headache
- ☠ Confusion or agitation

Make sure that medications are stored properly. Some need to be refrigerated. Keep them out of reach of children.

Your care recipient may have a medication planner that has an entire week of medications divided into each day of the week. You can make making sure the right day of the week is opened and taken.

## ❖ SKIN CARE

The skin is a major body system. Its most vital body function is to provide protection. Keeping the skin intact, with no open areas, is an important task.

Decubitus ulcers, or pressure sores, are areas where the skin and tissues are broken down due to lack of blood flow. They are caused by the loss of circulation, caused in turn by pressure on a part of the body. Other factors that contribute to the decubitus ulcers are dry skin and irritation by urine and feces. Care recipients who are unable to move or to change positions are more likely to develop decubitus ulcers.

Bony areas of the body are also called pressure points. These points bear the weight of the body. Decubitus ulcers usually occur over these bony areas. Common areas include: ears, elbows, under breast, backbone, shoulder blades, knees, ankles, heels, and toes. In obese (overweight) elders, decubitus can develop where skin is in contact with skin, such as between the legs and the folds of abdominal skin.

The first sign of a decubitus ulcer is either sore skin or a reddened area. The care recipient may complain of tingling, burning, or pain in an area. If not treated, the skin may blister, open, and a deep sore may develop, increasing the risk of an infection.

To prevent decubitus, maintain good skin care and cleanliness. It is much easier to prevent pressure sores than it is to heal them.

**The following guidelines should be observed to prevent skin breakdown:**

- **Change the care recipient's position at least every two hours.** The care recipient should be lifted or moved slowly to prevent burns from the sheets.
- **Be careful when using bedpans.** They can cause pressure and friction. Avoid spilling urine on the skin.
- **Keep linens wrinkle-free and dry.**
- **Remove any hard objects from the bed,** such as hairpins, food crumbs, etc.
- **Use powder where skin comes together to form creases.**
- **Wash and dry care recipient's skin with mild soap to remove urine or feces.**
- **If the care recipient shows signs of a pressure sore, gently rub around the area with non-drying lotion every two hours.** Do NOT rub directly on the reddened area as too much rubbing can cause further skin breakdown. Figure out why the area is reddened and try to correct the problem.
- **Always pat the skin dry (not rub) after bathing and apply lotion to dry areas.**
- **Provide a back rub when the care recipient is repositioned.** It stimulates the circulation of blood.
- **Use pillows, etc. to prevent skin from contact with skin.**
- **Report any observations of skin breakdown or decubitus to the care recipient's physician.**

## **Back Rub**

Back rubs are refreshing and relaxing to everyone. To the care recipient who is in bed and/or unable to get up and move around, a back rub is even more important as it stimulates the circulation.

### **Procedure: Back Rub**

1. Assemble equipment
  - a. Towels
  - b. Lotion
  - c. Basin of warm water
2. Wash your hands.
3. Explain to the care recipient what you are going to do.
4. Warm the lotion by placing it in a basin of warm water.
5. Ask the care recipient to turn on his/her side or abdomen. If unable to, you can assist the care recipient over to side.
6. Uncover the care recipient's back and buttocks. Do not over-expose the them.
7. Put a small amount of lotion in the palm of your hand. Rub your hands together.
8. Apply the lotion to the care recipient's back, using long strokes. Remember to use proper body mechanics yourself.
9. Use a circular motion on the bony areas of the back. Continue rubbing for one to three minutes.
10. Dry the care recipient's back and help to redress.
11. Make the care recipient comfortable.
12. Wash your hands and return equipment.

## ❖ BODY MECHANICS

Transferring, lifting, moving, and positioning care recipients can be a major safety problem unless you learn how to use good body mechanics. 'Body mechanics' involves how you stand, move, and position your body to prevent injury, avoid fatigue, and make the best use of your strength. Understanding the principles of good body mechanics and applying them to your everyday routine, whether at home or at work, enables you to feel better and less tired at the end of the day.

### **What are the principles of body mechanics?**

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Body mechanics involves using good posture, balance, and the strongest and largest muscles of the body to perform the work. You can lift and move easier, no matter what your size is. You need to be concerned with both your own body mechanics and that of the care recipient.

The major movable parts of the body are the head, trunk, arms, and legs. The way in which they are aligned with each other is known as posture or body alignment. Proper body alignment allows us to move and function efficiently and with strength whether we are standing, sitting, or lying down.

Base of support is the area upon which an object rests. In humans, this is the feet. We need a good base of support in order to maintain balance. Standing with one's feet apart gives a wider base of support and, therefore, more balance and stability.

The strongest and largest muscle groups of the body are located in the shoulders, upper arms, hips, and thighs (NOT in the back.) By using smaller and weaker muscles to move heavy objects, you strain them, causing fatigue

and injury. Use the strong muscles of your thighs and hips by bending your knees and squatting to lift a heavy object. Avoid bending from the waist when lifting, as this involves the small muscles of the back. Holding objects close to the body and base of support involves using upper arm and shoulder muscles. Holding an object away from the body exerts strain on the smaller muscles of the lower arms.

**Follow these guidelines when lifting, moving, and transferring care recipients:**

1. Stand close to the care recipient.
2. Create a base of support by placing your feet wide apart.
3. Make sure the area is safe for a move or a lift.
4. Bend at your hips and knees with your back straight.
5. Push up with your leg muscles to a standing position. Back injuries are not usually the result of one incident but of the constant use of smaller back muscles.

**DON'T Lift With Your Back, Lift With Your Head!!!!!!**

## ❖ TURNING AND POSITIONING

Care recipients who are bedridden must have their position changed often. Learn how to give proper support and how to align the body properly in order to help them maintain or recover the best possible state of health. For instance, any open skin will heal more quickly if pressure is reduced and air is allowed to circulate around it.

The successful practice of body alignment means that all parts of the body are in their proper positions in relation to each other. For instance, the shoulders and the hips should be at the same height and angle.

Care recipients can be positioned in many different ways, depending on their diagnosis, condition, and comfort. Remember that care recipients, might not stay in the correct position for a couple of hours even though they usually cannot move without help. Check their position often.

### **Some general guidelines of positioning include the following:**

- 1. Position and support only nonfunctional parts of the body**, leaving the rest of the body to move freely so that blood can circulate. These may include: shoulder blades, hips, hands, arms/elbows, or legs. Do NOT place anything under the knees when lying on the back.
- 2. Any swollen limb should be kept higher than the heart** where possible so that gravity will help the extra fluid drain from the limb.
- 3. A rolled up washcloth makes an excellent support for the hand.** Different sizes of pillows or pieces of foam can be used to support other parts of the body.

**To make turning and positioning a safe procedure for both you and your care recipient, remember the following basic rules:**

1. Always explain to the care recipient what you are going to do and why.
2. Encourage the care recipient to help as much as possible.
3. Always remember to lock the wheels on the bed.
4. When safety rails are not provided on the bed, use common sense to provide safety measures during a procedure, such as moving the bed against a wall.
5. If possible, raise the bed to a comfortable working height before performing a procedure and lower it when completed.
6. Always provide privacy when performing a procedure.
7. Use good body mechanics.
8. Remember to protect any surgical tubing.
9. Give the most support to the heaviest parts of the care recipient's body. Usually, this is the trunk of the body, shoulders to hips.
10. For the most support, hold the care recipient close to you when lifting.
11. Move smoothly. Do not jerk.
12. Tell your care recipient to move on the count of three when he/she is able to help you.
13. The care recipient should be centered on the bed.
14. Make sure the care recipient is comfortable before you leave.

## **Sitting Up**

When care recipients are eating, watching television, visiting, reading, or if they have a heart or respiratory disorder, they will need to be positioned in bed sitting up.

Good body alignment is very important. This involves keeping the spine straight and supporting the head with a small pillow. Place pillows elsewhere, such as under the hands, for further comfort.

When care recipients do not have a hospital bed, raise them using an arm lock and then position pillows behind the back to the desired level.

## **Positioning on the Back**

Lying on the back is called the supine position. Align the care recipient's body with the spine straight. Normally, all that is needed is a pillow under the head and, maybe, a rolled up washcloth for the hands. Be sure to loosen the top sheet and blanket to relieve pressure from the toes.

If the care recipient has nonfunctional body parts, more support will be needed. Nonfunctional means those parts of the body that cannot move due to paralysis from a stroke, resulting in a 'weak' side. This side requires more support and may include putting the following on that 'weak' side:

1. Small, folded hand towel under the shoulder blade.
2. Folded bath towel under the hip.
3. Rolled washcloth in the hand.
4. Arm and elbow on pillow so they are higher than the heart.
5. Small pillow under the calf of the leg, with the heel hanging off the mattress edge.
6. Do NOT place anything under the knee.

## **Turning**

Sometimes, to prevent complications from bed rest and to receive care, bedridden care recipients must be turned. The direction in which they are moved will depend on the specific circumstances and conditions.

### **Procedure for Turning and Positioning**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Provide privacy.
4. Raise the bed to a comfortable working height.
5. Lower the head of the bed as flat as possible.
6. Raise the side rail on the opposite side from where you are working.
7. Move the care recipient to the side of the bed near you.
8. Cross the care recipient's arms over chest and nearest leg over the farthest leg.
9. If turning away from you, stay on this side of the bed. If turning the care recipient toward you, move to the other side of the bed. Remember to pull side rail up.
10. Use good body mechanics with your feet separated, knees bent, and back straight.
11. Place one of your hands on the care recipient's shoulder and the other on the hip.
12. Gently roll care recipient toward you OR push them away from you.
13. Make sure care recipient is in good alignment.
14. Place pillows in appropriate areas for comfort and support:
  - Against the back
  - Under head and shoulder
  - In front of bottom leg
  - Top leg on a pillow in a flexed position
  - Under care recipient's arm/hand
15. Lower the bed.
16. Wash your hands.

## ❖ TRANSFERRING

Some care recipients will need assistance with transferring or moving from one place to another. This may include getting into a sitting or standing position and moving from the bed to a chair and back. It is important that this is done with the least amount of stress to the care recipient and to you. Care recipients will have confidence in you when you know your strength and your capabilities and stay within those limits.

Care recipients should be allowed to do as much as possible for themselves. As they become stronger, the amount of help you provide will decrease; but, stay with them, give directions, and help where needed. Be alert for problems such as weakness or dizzy spells, which could cause them to fall. Older people often get dizzy when changing positions, so do the procedures slowly, allowing them time to adjust to the position changes.

A transfer belt, or gait belt, can help with the work of transferring, especially with heavier care recipients. A transfer belt is made out of canvas or leather and is fastened around their waist. It should be wide enough and heavy enough for the care recipient you are using it on. The belt is used by you to grasp with your hands to assist with moving or transferring.

Remember that you and the care recipient must use good body mechanics when doing these procedures to make sure they are done safely. Have a good base of support, keep the back straight, and bend the knees.

**When helping the care recipient to sit in a chair, first think about the type of chair you should use. Consider the following points:**

- 1. Does the chair provide good support to the care recipient's back?** A straight back chair is often the best.
- 2. Which chair gives the care recipient the most independence?** One with arms is easier to get in and out of. Both a reclining chair and a low chair are difficult to get out of.
- 3. What types of chairs are available?** Varieties of chairs include living room chairs, kitchen/dining room chairs, and wheelchairs.
- 4. Which chair is the safest?** Chairs with arms, stable legs, loose parts, etc. are safest.
- 5. Can the care recipient sit with the feet resting comfortably on the floor?** If not a shorter chair may be more appropriate.

A wheelchair can provide good support and allow the care recipient freedom to move around the house. Always remember to lock the brakes on the wheelchair when moving to or from it. Make sure moving to or from the chair will be safe by considering where the leg extenders and wheels are located.

**Procedure: Using a Transfer Belt**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Assist the care recipient to a sitting position.
4. Apply the belt around the care recipient's waist over clothing. Never apply the belt over bare skin.
5. Tighten the belt so it fits snugly. Provide only enough room for your hands to fit under it. The buckle should be at the side or back of the care recipient.
6. Stand in front of the care recipient and grasp the belt from underneath and at the sides. Use good body mechanics.
7. Have the care recipient push up with hands from the bed or chair.
8. Brace your knees and feet against the care recipient's body.
9. Raise and lower the care recipient using good body mechanics.
10. Wash your hands when completed.

**Procedure: Assisting with a Standard Sit and Transfer**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. The care recipient should be in a sitting position with the transfer belt around the waist.
4. Have the care recipient move forward on the bed or chair and place his/her hands on the chair arms or on the bed. If going to or from a wheelchair, make sure the brakes are locked.
5. Place one of your knees between the care recipient's and the other knee bracing their knee. You should be close to the chair or bed.
6. Grasp the transfer belt and instruct the care recipient, on the count of three, to push down with hands, lean forward and stand. (If not using a transfer belt, grasp them under their arms, circling with your arms at their center of gravity.)
7. Reverse the procedure when assisting the care recipient to sit.
8. When sitting, have the care recipient feel for the bed or chair with the back of his/her legs and to reach back for the bed or chair arms.

9. Make the care recipient comfortable.
10. Wash your hands.

## ❖ HOYER LIFT

The Hoyer lift is a mechanical lift used to move the care recipient. It might also be called a hydraulic lift or mechanized bath chair. Never use this lift to transport care recipients from one place to another.

### **Guidelines for Using a Hoyer Lift**

Safety is a major issue when using the Hoyer lift, so consider these guidelines when using it:

1. Check the lift to be sure it is safe to use—containing no loose parts, working properly, etc.
2. Make sure the sling is safe with no rips, etc.
3. Use the right size of sling for your care recipient.
4. The sling should reach from the shoulders to the knees.
5. Get as many wrinkles out of the sling as possible.
6. When attaching the sling, the hooks should point away from the care recipient's body.
7. When positioning the lift in place, spread the base, or legs, for better support.
8. Lock the wheels once lift is in place and before lifting the care recipient. Be sure to relock them when lowering the care recipient.
9. Have the care recipient fold arms across the chest.
10. Check the security of the sling as you raise the lift to be sure the connections have not come loose.
11. Use care when lowering the lift to protect the skin and the feet.

**Procedure: Using Hoyer Lift**

1. Gather Equipment
2. Explain to the care recipient what you are going to do.
3. Wash your hands.
4. Place the sling under the care recipient.
5. Hook the sling to the lift.
6. Spread the base of the lift and lock the wheels.
7. Raise the care recipient slowly until clear of the bed. (Follow the safety guidelines mentioned previously).
8. Move the lift and position it over the chair.
9. Lock the wheels and lower the care recipient slowly to the chair.
10. Unhook the sling and move the lift away.
11. Make the care recipient comfortable.
12. Return equipment to the proper place.
13. Wash your hands.

## ❖ AMBULATION

Ambulation is the action of walking for which the care recipient may need your help. The physical therapist will set up a plan for both of you to follow.

The different types of equipment used to help support people when walking include canes, crutches, and walkers. Each device is adjusted by the physical therapist for a specific elder. The place where the elder holds the walking device should be level with the hip, with the elbow slightly bent. NEVER readjust the devices yourself.

Mobility means to move from place to place. Ambulation devices increase mobility. Sometimes, these devices are not enough to allow the care recipient mobility. A wheelchair may be needed instead.

The use of a wheelchair involves some special considerations. Remembering to lock the brakes on the wheels when transferring the care recipient into and out of it is very important. Always push the wheelchair from behind except for in an elevator and going down a ramp when you should pull the wheelchair.

**Whatever means are used for ambulation or mobility, remember to follow these basic safety rules:**

- **Always use good body mechanics and think of safety.**
- **Check your care recipient's abilities and what he/she is physically able to do.**
- **Know your own strength and ask for help if you need it.** Use common sense.
- **Remember the importance of good communication.**
- **Establish a workable routine,** using the same procedure each time you assist the care recipient.
- **Realize that many procedures can relate directly to many others.** Apply your knowledge from one procedure to another. (The sitting and standing ones apply to ambulation, too.)
- **Ambulation devices are NOT used to help the care recipient get up from a sitting position.**
- **Never readjust the devices or use them on another person.**
- **Check the devices often for safety** – rubber tips, bolts, screws, etc.
- **Use safety devices where needed** – grab bars, handrails, raised toilet seat, and non-skid rugs.
- **The care recipient should have shoes on with non-skid soles.**
- **The care recipient's clothes should fit well.** Too long or very loose clothes can interfere with the movement of ambulation devices.
- **Make sure the home is free of wet floors, or obstructive furniture or cords.**
- **Follow the physical therapist's plan for ambulation.**

**Procedure: Using a Cane**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Make sure care recipient is appropriately dressed.
4. Apply a transfer belt and help the care recipient to stand.
5. Have the care recipient grip the cane for support.
  - ☺ Single point cane – usually held with strong side
  - ☺ 3 – 4 point cane – usually held with weak side
6. The care recipient moves the cane forward, usually about 12”.
7. The care recipient moves the feet forward – usually weak leg first, then strong leg.
8. Assist the care recipient as needed.
9. Wash your hands after completed with procedure.

## **Procedure: Using Crutches**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Make sure care recipient is appropriately dressed.
4. Apply a transfer belt and help the care recipient to stand.
5. Care recipient grasps the crutches. There should be a two-finger width between the armpit and crutch arm. Their arm is slightly bent and crutches held 6 – 8” away from the heel.
6. Swing Through Gait – no weight bearing on one leg.
  - a. Place crutches 6 – 12” ahead
  - b. Lift and swing body slightly ahead of crutches
  - c. Bring crutches in front of body and repeat
7. Four Point Gait – can bear weight on both legs.
  - a. Move right crutch forward 6 – 8”
  - b. Move left foot forward
  - c. Move left crutch forward
  - d. Move right foot forward
  - e. Repeat
8. Going Down Steps
  - a. Put crutches down on step first
  - b. Bring strong leg down, then weak leg
  - c. Repeat until at bottom of steps
9. Going Up Steps
  - a. Crutches and legs on same step
  - b. Move up strong leg and put weight on it
  - c. Move up crutches and weak leg
  - d. Repeat until at top of stairs
10. Wash your hands when completed with procedure.

**Procedure: Using a Walker**

1. Wash your hands.
2. Explain to the care recipient what you are going to do.
3. Make sure care recipient is appropriately dressed.
4. Apply a transfer belt and help the care recipient to stand.
5. Have the care recipient hold firmly onto the side grips of the walker.
6. Lift and move the walker 8 – 12” forward, using the arms to lift, not the back. Feet should be kept still.
7. The care recipient then moves the feet forward, while holding the walker still with his/her hands. Move a weak leg first.
8. Assist the care recipient as necessary.
9. When completed with procedure, wash your hands.

## ❖ **ROUTINE HOUSEWORK**

A family caregiver may be responsible for providing a safe, clean living area for the care recipient. The extent of these home services will depend on the needs of the loved one.

A clean environment keeps harmful bacteria under control and helps stop the spread of communicable diseases. It also makes one feel more relaxed and comfortable, and is, therefore, conducive to the good health of the care recipient. Food stored properly and spills wiped up promptly keep insects from becoming a problem. Clean rooms provide an orderly way of living, enable us to find things easily, and help prevent accidents.

It may be helpful to set up a daily work plan for the jobs that family members can follow. Always make a list of what you need to keep a living area clean, and use those products already in the home where possible.

**When using any cleaning products, remember the following:**

- **Always protect your eyes and skin.**
- **Always read label instructions.** Follow directions in the order they are given and use the amount suggested.
- **Do not mix cleaning products.** This may cause a chemical reaction that will hurt you and/or the surface you are cleaning.
- **Leave cleaners on a surface only for the recommended time.** Use care when scrubbing.
- **Change cleaning water when moderately dirty.** Rinse if needed to avoid streaking or filming.
- **Store all cleaning products safely.** They should be kept in their original containers, away from children, pets, and any heat sources. Cleaning tools and supplies should be stored safely as close as possible to where you will use them.

Before beginning your tasks, collect all supplies and equipment needs for a chore and carry them in a pail, tray, shopping bag, or laundry basket from one room to another. Carry a pad and pencil for noting items that need to be bought or replaced. Plan major jobs for different days of the week – i.e. don't do laundry, vacuuming, and wash floors all on the same day.

### **Dusting**

Dusting helps prevent the spread of bacteria. It also helps those who are sensitive to dust. Dusting should be done daily or at least weekly.

Lightly dampen a rag with water or a commercial spray to keep the dust from spreading. Move the cloth to gather the dust onto it.

## **Cleaning Floors**

Rugs and carpets should be vacuumed or swept regularly. Furniture may have to be moved to do a proper job. Smaller rugs can be shaken and washed.

Do not wash wood floors. Instead, vacuum and clean with a vinegar/water solution or use a commercial product.

Hard floors can be swept or vacuumed and mopped. Always mop tile or linoleum floors with a well wrung-out mop or rag so as not to loosen the tiles or make them slippery. Small rugs placed in entryways can catch a lot of dirt from the outside.

## **Washing Dishes**

Proper dishwashing kills bacteria. Always wash dishes as soon after a meal as possible.

When using a dishwasher, first scrape and rinse the dishes. Load the dishwasher and run it when you have a full load to conserve water and electricity.

If you don't have a dishwasher, wash and rinse dishes by hand. Wash the cleanest dishes first and the dirtiest last (glasses and cups, silverware, plates, pots and pans.) Rinse dishes well and place in drain board or on towel. Allow them to air dry if possible.

## **Cleaning the Kitchen**

A kitchen is cleaned more frequently than any other room in the home. You should clean up after each meal to kill as many bacteria as possible. Keeping a kitchen clean and tidy is easy if you remember to do each of these chores:

1. Refrigerate or otherwise store all food immediately after each meal.
2. Clean up any spills regularly, especially on a stove where they can become baked on.
3. Wipe out the refrigerator regularly, defrosting when necessary.
4. Wipe down any small appliances with soap and water. Remember to disconnect them first.
5. Wipe off the countertops, areas around the drawer handles, and door pulls. Keep surfaces uncluttered.
6. Wash, rinse, drain, and put away all dishes as soon as possible after each meal.
7. Scrub cutting boards between and after each use.
8. Mop the floors and take out any garbage.

### **Cleaning the Bathroom**

Bathrooms usually have constant moisture in the air. Therefore, they need to be cleaned regularly to kill bacteria and odors. Water left on the floor can be slippery and dangerous.

When you clean a bathroom, make a point of doing the following:

1. Wipe out the shower/tub after each use.
2. Clean sinks and other fixtures regularly.
3. Clean the toilet
  - a. Scrub the toilet bowl with soap or detergent, especially under the rim.
  - b. Leave the suds in the bowl while you wash the outside.
  - c. Do NOT mix toilet bowl cleaner with other cleansers.
  - d. Use clean, hot water to rinse off the toilet.
4. Mop the floors or vacuum the carpet.

## ❖ BEDMAKING

Your care recipient may spend part of or all of the day in bed. As a result, many individuals are fed, bathed, and use the bedpan in bed. Making a bed properly is, therefore, very important.

A clean, neat bed will make the care recipient comfortable. Wrinkles are uncomfortable and restrict the circulation, and can cause pressure sores (decubitus ulcers).

Make the bed wherever your care recipient has decided to sleep, whether in bed or on the couch. Use whatever linens are in the house.

### Tips for bed making:

1. Keep the bed dry and clean. Change linens when needed.
2. Keep the bed wrinkle-free.
3. Keep the bed free of food and crumbs.
4. Make the bed to suit your care recipient.

### There are three basic types of beds:

1. **Closed bed** – used when the bed will be empty for a while. It will stay clean, not exposing the linens.
2. **Open bed** – used when the care recipient is out of bed for a while but needs to get into it easily. The top sheet of the closed bed is fan-folded down.
3. **Occupied bed** – used when the bed is made with the care recipient in it and not able or permitted to get out of the bed.

**Following are some general rules to help you with bed making:**

- **Never use torn or pinned linens.**
- **Never shake linens**, as this spreads microorganisms.
- **Never allow linens to touch your clothing.**
- **Never put dirty linen on the floor.**
- **When using a flat bottom sheet instead of a fitted sheet, always miter the corners.** These make the bed smooth, wrinkle-free, and give the bed an attractive appearance.
- **Fan-folding the top of the bed enables the care recipient to easily get in and out.**
- **A plastic ‘draw sheet’ protects the mattress.** If you don’t have one, a plastic tablecloth makes a good substitute.
- **Plastic must never touch the care recipient’s skin.** You must always cover the plastic draw sheet with one of cotton. (This is about half the size of a regular sheet and can be made by folding it in half width-ways. Place the fold towards the top of the bed.)
- **When the care recipient is in bed all day, change the linen daily**, or as often as necessary.
- **Always use good body mechanics.** Where there is a hospital bed, raise the bed to a good working height and lower it when done.

## **Procedure: Making a Closed Bed**

1. Collect the linens needed
  - a. Bottom Sheet
  - b. Top sheet
  - c. Draw sheet
  - d. Blanket
  - e. Bedspread
  - f. Pillowcase
2. Remove soiled linens and place in laundry.
3. Wash your hands.
4. Fold bottom sheet length-wise. Centerfold should be in center of mattress.
5. Open sheet. Should hang evenly over bed.
6. Tuck the sheet under at the head of the bed.
7. To miter the corner, pick up the edge of the sheet about 12” from the head of the bed and bring it to the top of the bed. Making a triangle. Tuck the bottom of the triangle (edge) under the mattress. Bring the top of the triangle down over the mattress and tuck it under.
8. Tuck in the sheet all the way to the foot of the bed.
9. Repeat the procedure on the opposite side of the bed.
10. Place the draw sheet, if used, about 14” from the top of the bed and tuck tightly under the mattress.
11. Place the top sheet on the bed, hanging evenly on both sides. Large hem should be even with the head of the bed.
12. Place blanket and bedspread on bed, hanging evenly on both sides, and about 4” below the top sheet.
13. Fold top sheet, blanket, and bedspread under at the foot of bed.
14. Miter both corners, but leaving the top triangle hanging free.
15. Fold the top sheet back over the bedspread and blanket.
16. Place the pillowcase on the pillow.

### **Procedure: Making an Open Bed**

1. Collect linens (same as for closed bed).
2. Wash your hands.
3. Make a closed bed.
4. Fold the top of the covers (top sheet, blanket, spread) to the foot of the bed.
5. Smooth the sides into the folds you have made.
6. Place the pillow on the bed.

### **Procedure: Making an Occupied Bed**

1. Collect the necessary linen
  - a. Bottom sheet
  - b. Top sheet
  - c. Bedspread
  - d. Bath Towel
  - e. Draw sheet
  - f. Blanket
  - g. Pillow case
2. Wash your hands.
3. Explain to the care recipient what you are going to do.
4. Cover the care recipient with the bath towel and remove the top covers. Place linens in hamper.
5. Remember to use the safety or bed rails if the bed has them.
6. Ask, or help, the care recipient to move to one side of the bed or to turn onto side.
7. Untuck the bottom sheet and the draw sheet and fold them towards the care recipient, against the back.
8. Fold a clean bottom sheet in half, lengthwise. Place it on the bed, with the fold in the middle.
9. Roll the top part of the sheet towards the care recipient. (This part will be used on the other half of the bed.)
10. Tuck in the other half of the bottom sheet at the top of the bed. Miter the corner.
11. Tuck in the bottom sheet along the side.

12. Place draw sheet, folded in half on the bed. Roll one half towards care recipient and tuck in other half.
13. Ask, or help, care recipient to roll over onto the clean sheets. Be sure to put side rail up on that side of bed.
14. Remove the soiled sheet and draw sheet. Place in a hamper.
15. Pull clean bottom sheet to edge of bed, miter the corner, and tuck in the side.
16. Pull draw sheet over and tuck in.
17. Assist care recipient to turn onto back.
18. Change pillowcase and replace pillow.
19. Spread clean top sheet over care recipient and remove the bath towel from underneath. (You keep them covered this way.) Place the bath towel in a hamper. Leave about four inches of sheet extra to fold over blanket, etc.
20. Place clean blanket or bedspread over sheet.
21. Tuck top sheet, blanket, and spread under at the foot of the bed and miter the corners. Leave the sides hanging evenly, making sure it's not too tight over the care recipient's toes.
22. Fold the top sheet down over the blanket and spread.
23. Wash your hands.

## ❖ LAUNDRY TECHNIQUES

Clean clothes are important for good health and for making us feel and look good. You should wash clothes regularly, keeping in mind the care recipient's routine and wishes, if possible.

Make any repairs necessary, such as sewing buttons or hems, or replacing a zipper. This can be done whenever it is needed, but especially before washing them.

Bed linens should be changed once a week and whenever soiled. If they are soiled, they should be washed as soon as possible.

Assist the care recipient to have laundry that is clean to contribute to your their well being.

### **Procedure: Washing Clothes**

1. Using the clothing labels, sort the clothes by:
  - a. Color: separate dark from light
  - b. Fabric: separate delicate from heavy duty
  - c. Soil: separate very dirty clothes
  - d. Dry Clean: separate from washables
2. While sorting, check clothes for spots and stains, then pretreat.
3. Fill machine with water and detergent (and bleach and fabric softener, when used). Add clothes, making sure not to overload.
4. Move clothing to dryer. When dry, remove immediately from dryer to minimize wrinkling.
5. Do any ironing necessary and return clothes to drawers and closets.

## ❖ MANAGING A BUDGET

As a family caregiver, you must be able to manage money in several different ways. This includes assisting the care recipient with paying bills, balancing a checkbook, and preparing & managing a household budget. You must be able to add and subtract.

As the family caregiver you may need to help the care recipient with writing out bill payments accurately recording deposits and expenses (checks written) in a check register, and balancing the checkbook. Make sure the care recipient is aware of his/her financial situation when you assist with the balancing.

You might have to assist the care recipient in setting up a household budget to follow, within available income. Keep in mind monthly expenses such as rent, utilities (electricity, water, gas), and telephone. There are other expenses to consider: food, clothing, cleaning supplies, personal supplies, insurance, car care and gas, health care, and house maintenance. A budget is a guideline for a person to follow every month and doesn't really change from month to month.

If the care recipient asks you to handle money, for buying groceries, etc., keep the receipts to show them. Return the proper amount of change to the care recipient.

## ❖ COGNITIVE: DEMENTIA IMPAIRED

Cognitive impairment refers to difficulty in processing information. There are numerous diseases that cause cognitive impairment, such as Alzheimer's, Parkinson's, Multi-Infarct Dementia, and AIDS. All of these diseases affect the brain in different ways to cause the impairment. Care recipients with any of these conditions will require unique caregiving in order to deal with some of the problems present.

The symptoms presented will vary from person to person and will depend on the stage of the disease.

**Some of the common symptoms associated with dementia are as follows, with some examples:**

- ❑ Gradual memory loss
- ❑ Inability to perform routine tasks--dressing, cooking, cleaning
- ❑ Disorientation in time and space – don't know what day it is or where they are
- ❑ Personality changes
- ❑ Unable to learn new information
- ❑ Judgment is impaired – doesn't know if something is safe or is unable to make choices
- ❑ Loss of language skills – can't remember words, etc.

Much of the time care recipients with cognitive impairment do not know what they are doing or saying. They have little control over thoughts or behavior. You usually cannot change the care recipient and, instead, must change how you react. This is the most important thing to remember. For

example, the care recipient is not asking you the same question over and over and over to annoy you. The care recipient does not remember and that is why the question is repeated. Continue to answer the questions. Look for possible reasons for the repeated questions, such as the need for reassurance, acceptance, or love. Another way to look at this type of behavior is this – to the care recipient, there is no past and no future, but only the immediate present.

## General Guidelines

The following are some simple guidelines that should help you in dealing with care recipients who have cognitive impairments:

- ☺ Speak slowly.
- ☺ Keep conversations short and simple.
- ☺ Do NOT argue or reason with the care recipient.
- ☺ Talk normally. Don't use baby talk.
- ☺ Ask one question at a time.
- ☺ Be patient and understanding.
- ☺ Write down instructions, keeping them simple and step-by-step.
- ☺ Do tasks one step at a time.
- ☺ Provide objects that make things easier, such as slip-on shoes, finger foods, etc.
- ☺ Maintain a routine. Change of routine adds confusion.
- ☺ Use the memory loss to your advantage to distract the care recipient.
- ☺ Provide a safe living environment.
- ☺ Label drawers, cupboards, and doors.
- ☺ Encourage as much independence as possible.
- ☺ Approach the care recipient slowly from the front.
- ☺ Limit the choices the care recipient has to decide among.
- ☺ Play music since it is therapeutic. Make tapes.
- ☺ Use validation therapy. (Explained below).

## **Validation Therapy**

Validate care recipients' feelings. Accept and acknowledge when they are feeling paranoid, afraid, etc. and talk about those feelings. Don't try to convince them their feelings are wrong.

Look for hidden messages. If the care recipient makes baby crying sounds, it could mean they feel like a baby in a crib when in a bed with the side rails up. Looking for parents could mean they feel lonely or scared. Wanting to go to work could mean a feeling of uselessness. The care recipient cannot express any of these feeling in the usual way. You have to search for them and interpret them.

## **Nonverbal Communication Techniques**

Care recipient with cognitive impairment will have difficulty communicating with you and understanding your communication to them. Use the following techniques to help you:

- Use low-pitched voice.
- Use gentle touch.
- Give more time for a response.
- Approach care recipient slowly and calmly. Never display any frustrations you may feel.
- Get rid of as many other noises as possible.
- Have care recipient point to an object.
- Label drawers, etc.
- Have recognizable pictures in view.
- Cue care recipient to begin task by pointing, touching, or beginning the task for them.
- Observe non-verbal behavior for clues.

## **Wandering Behavior**

Your care recipient may display the behavior of wandering. This can be the result of restlessness, of a search for something, or of unexpressed feelings. Here are some techniques to help you with this behavior:

- Surround the care recipient with familiar objects.
- Remove trigger objects, such as coats or suitcases.
- Check care recipient often for hunger, thirst, or need to void.
- Keep the care recipient occupied with a task.
- Put up stop signs or barriers at exits. Cover knobs.
- Use the care recipient's memory loss to your advantage by distracting them with something more appropriate.
- Give the care recipient something active to do.

## **Repetitive and/or Inappropriate Behavior**

As in every other situation, remember that the care recipient does not know that what he/she is doing is repetitive or inappropriate. The part of the brain that would know this is no longer working properly. Do NOT scold or yell at them. Instead, try some of the following suggestions:

- Be non-judgmental.
- Calmly suggest a new task that is more appropriate.
- Look for antecedents – something that always happens before the behavior.
- Plan activities to keep the care recipient occupied.
- Offer reassurance.
- Praise the care recipient when the behavior is appropriate.
- Use positive statements. Tell the care recipient what you want him/her to do, NOT what you don't want.

## **Nutrition Difficulties**

Observe your care recipient closely for difficulty in eating, chewing, or swallowing. The difficulty may be caused by the muscles or nerves not working properly anymore or by the care recipient forgetting how to do it.

Difficulty in swallowing is called dysphasia. Two issues are the most important if a care recipient has dysphasia: positioning and thickened fluids. The care recipient should be positioned upright as much as possible, not leaning forward or backward. Fluids should be thickened since a liquid is difficult to control and swallow in its normal state. When it is thickened, it is easier to swallow. There are different consistencies that may be ordered, such as nectar, honey, or pudding. There are several commercial powders you can buy to thicken fluids and there are prepared products you can purchase.

The care recipient may need foods that are easier to chew and swallow. He/she may need more supervision with eating so direction can be provided by the caregiver.

## ❖ RESOURCES

### Handouts

1. Concerned About Constipation? (Age Page)
2. Dealing With Diabetes (Age Page)
3. Foot Care (Age Page)
4. Medicines: Use Them Safely (Age Page)
5. Skin Care and Aging (Age Page)
6. Taking Care of Your Teeth and Mouth (Age Page)

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Medical Audio Visual Communications Inc. (Producer). (1998). *Home care* [Motion picture]. (Available from Medical Audio Visual Communications Inc., Suite 240, 2315 Whirlpool Street, Niagara Falls, NY 14305)

Medical Audio Visual Communications Inc. (Producer). *The caregivers' journey, 5 part video series* [Motion picture]. (Available from Medical Audio Visual Communications Inc., Suite 240, 2315 Whirlpool Street, Niagara Falls, NY 14305)

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Schonhoff, S., & Speaker, J. (1999). *Family caregiver guide*. Dubuque, IA: Simon & Kolz Publishing.

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