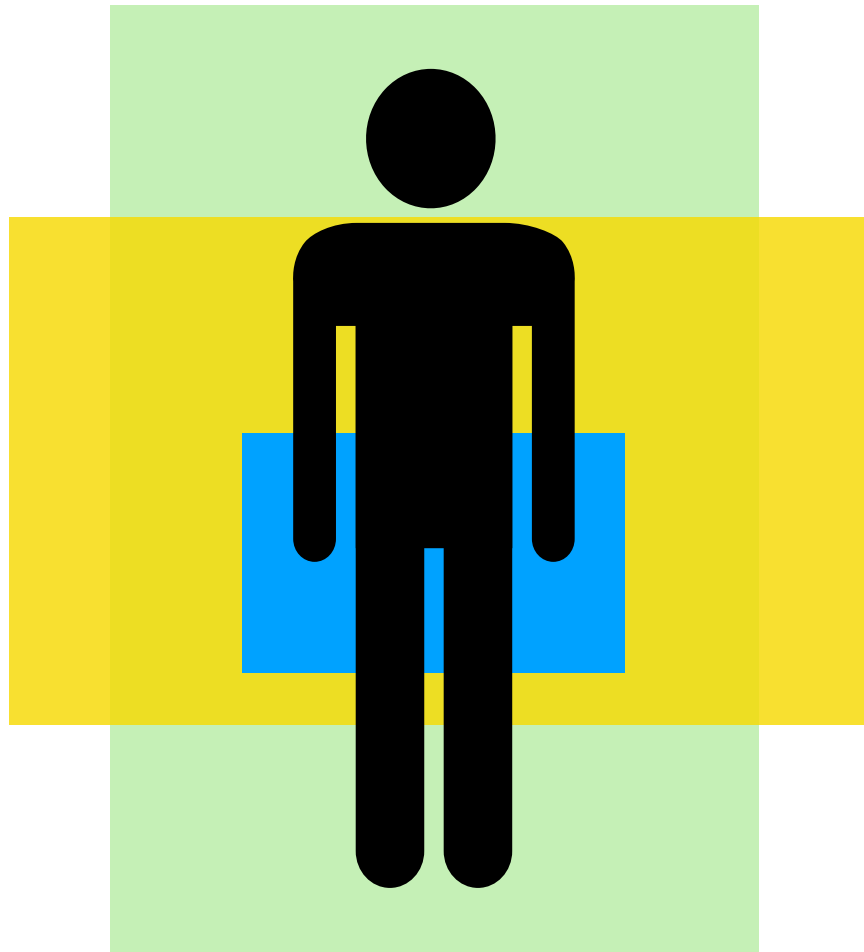


Toolkit for Caregivers

***BONUS
SKILLS PACKET***



DEIDRE EDWARDS

Copyright 2019

Congratulations!

You now have yet another tool to ease your transition into becoming a caregiver to a loved one - download-able and printable skills sheets to guide you through unfamiliar tasks that are common to caregiving.

You may wish to protect these skills sheets by inserting them into page protectors or getting them laminated. That way, you can keep the skills near you for easy reference without damaging them with splashes, dirt, or bodily functions.

Make sure to check with your Home Health or Hospice nurse for any modifications of these skills guides for your loved one's/patient's particular unique circumstances.

You can do this!

A handwritten signature in cursive script that reads "Deidre".

TABLE OF CONTENTS

Hand washing	3
Removing gloves	4
Two-person technique for moving a patient in bed	5
Rolling a patient to the side using a draw sheet	6
Moving a patient up in bed	7
Assisting a bedridden patient with a bowel movement	8
Bathing the patient	9
Shaving a man's face with a standard razor	13
Providing nail care	16
Changing sheets while the patient is still in bed	18
Brushing the patient's teeth	20

Hand Washing

- Turn the water on to a comfortably warm temperature and wet your hands
- Apply a squirt of non-abrasive hand soap into your palm
- Hum the “Happy Birthday” song at a normal tempo two times through during the washing phase, which should translate to 20 seconds total. During that time you should:
 - Rub the palms together, creating a good lather
 - Continue rubbing, moving to the back side of the hands, around the wrist, and between your fingers
 - Scrape your fingertips along the palm of the opposite hand, driving the suds under your nails. Repeat for the other hand.

You should have finished humming “Happy Birthday” twice by now

- Rinse hands under the running water while continuing to rub all areas of the hands, wrist, fingers
- Dry with a clean paper towel.
- Turn the faucet off with a dry paper towel to prevent contamination of your clean hands

Removing Gloves

- To remove gloves, use one gloved hand to pinch the area just above the wrist area of the other gloved hand.
- Gently pull the first glove off—making it inside out.
- Hold the first removed glove in your remaining gloved hand.
- Slip an ungloved finger under the cuff of the remaining glove and pull off.
- The second glove will also be inside out and will contain the first glove inside.
- Immediately drop the used gloves into the trash and then wash your hands.

Two-person technique for moving a patient in bed

- Make sure both caregivers and the patient know what is going to happen before the lift takes place.
- Start with the bed at a good working height for those doing the move and make sure the bed is fully flat.
- Standing on either side of the patient's bed, two people roll up the edges of the draw sheet until their hands are gripping the rolled sheet near the patient's shoulders and hips
- Using an audible count of "1-2-3," they lift and move the patient right after "3" toward the intended direction of the move (up/down the bed or to the right/left of the bed)

Note: If the patient is heavier than the two people can safely or successfully move, more people may be used. I have seen four or six people used to lift a patient. Just remember, the goal is not to get the patient airborne as in flipping flapjacks, but to get enough lift to "oop" the patient to a different location in the bed.

Rolling a patient to the side using a draw sheet

- Stand on the side of the bed you want the patient to roll toward.
- Remove top blanket, keeping the top sheet in place.
- If the patient has a catheter, make sure the urinary drainage bag is hanging on the side of the bed where you are standing.
- Pull the top sheet up from the bottom to expose the lower legs.
- Gently scoop up the far leg (under-handed scoop, not an over-handed grip) and cross the far leg over the near leg. A pillow may need to be placed between lower legs, depending on the patient's delicacy.
- Place or instruct the patient to put their hand nearest you to the top of his/her head.
- Place the far hand across the patient's chest or instruct the patient to reach across for the bed-rail near you (in the direction of the turn).
- With the patient's arms and legs in place, reach across the patient to grip the far edge of the draw sheet and pull it towards yourself.

Voila! The patient will need to hang an arm over the side rail, but since you have padded it with a pool noodle, this is relatively comfortable.

This may sound like a complicated multi-step procedure, but after a time or two, you'll be able to do this in a snap!

Be aware that the patient's ankles may be touching the side rail frame and will, most likely, need cushioning with a pillow or towel

Moving a patient up in bed

- Make sure the bed is at a good working height so you do not have to bend over.
- Lower the head of the bed to the flat position.
- Raise the foot/lower leg section to the highest position.
- Remove the head pillow to cushion the headboard in case you go too far!
- Stand at the head of the bed and roll up the draw sheet corner nearest you, as close to the patient's shoulder as possible. The patient should reach across his chest with his arm nearest to you, if possible.
- Keep the patient informed of your actions and do an audible count before you pull the draw sheet with all your might toward you and the head of the bed.

You may need to do this multiple times. If you are a strength-training star or your patient is a “tiny bird,” you may not have to pull with such force. No holes in the wall, please!

- Go around to the other side of the bed and repeat.
- Make sure the draw sheet is smooth under the patient.
- Re-position the pillow.
- Lower the foot area of the bed.
- Raise the head of the bed as needed.

By raising the foot of the bed, you are enlisting the aid of gravity to help slide the patient toward the head of the bed when you pull on the draw sheet.

Assisting a bedridden patient with a bowel movement

- Roll the patient to his/her left side (preferably), making sure to cushion the lower legs so they don't bump into the side rails.
- If you are using that mini-blue absorbent pad as previously described, chances are it has caught any early bowel movement (BM). You can augment this "landing zone" by placing 2-3 individual sections of size-it-yourself paper towels, right on top of the mini-blue pad, pushing just a bit of the paper towel layer under the buttocks.
- As the BM comes out, you can peel off a layer of paper towel to ready the landing zone for another deposit. **You are, of course, wearing gloves!**
- If this is a formed BM, then you may dump it into the toilet to flush (but not the paper towel) or just put it into a plastic trash bag along with the paper towel.

As previously described, I recycled plastic grocery store bags. After turning my husband to his side and getting the paper towels in place, I would busy myself with putting the trash bag on the bed (ready for deposits); get a new mini-blue pad ready to put into place post clean up; get the pack of pre-moistened washcloth wipes that Hospice provided and get the tube of Butt Paste or jar of Combo Cream.

- With any luck, all you need to change out is the mini-blue pad.
- Make sure during clean-up to take at least one swipe with a clean half of the pre-moistened wipe up along the bottom buttocks cheek touching the bed. This ensures that you have not missed cleaning some BM that has hidden out of sight.
- Once everything is done, cleaned up, and creamed, you can remove your gloves, tie off the trash bag, and Re-position your patient.
- Now go wash your hands!

Bathing the patient

- Gather the supplies: 4 washcloths, basin, soap (we relied on foaming anti-bacterial hand soap), deodorant, body cream, barrier cream a.k.a. Butt Paste, bath towel, new blue-pad and mini-blue pad if using, and pre-moistened wipes.
- Put on gloves.
- Fill basin half-full with fairly warm water. Remember, only the wet washcloth is touching the patient, and basin water cools off quickly.
- Take basin and other supplies to the bedside table.
- Make sure the bed is at a good working height for you.
- Fold the sheet and blanket down to the patient's waist, remove their shirt (oxygen will have to be temporarily removed to take shirts on/off), and cover their chest with the towel.
- Using only a wet washcloth, wash the patient's face. If they can do this themselves, then give them the opportunity to participate. Otherwise, start with the eyes, wiping from the inner edge of the eye lids to the outer edge. Eyes can get very gunky, so extra attention may have to be paid to this important area. You may have to get a water-only, moistened Q-Tip to gently stroke along the eye lids, twirling the Q-Tip as you move. Please use a fresh Q-Tip for the other eye to prevent cross contamination.
- Using the washcloth, move on to the forehead, cheeks, nose, and ears.
- Rinse wet cloth in the basin and squirt on some soap.
- Starting with the arm farthest from you, lift the patient's arm and wash the length of the arm and arm pit with firm but gentle strokes.

(Continued)

- Rinse washcloth out in basin and rinse the arm.
- Dry it off with a dry washcloth.
- Wet the washcloth and repeat the procedure for the arm nearest you.
- Wet the washcloth, apply soap, then wash and rinse the neck and chest in the same fashion. Make sure the woman's breasts are moved to clean skin under the breast.
- Apply body cream to arms, neck, and chest; and deodorant to the underarm areas.
- Change water if it is too cool or soapy.
- Remove towel from patient's chest and bring covers back up.
- Pull lower covers up enough to reveal the legs.
- Place bath towel under the legs, always lifting extremities with an underhanded "scooping" method and not an overhand "pinching" grab.
- Wash legs and feet using the same technique as for the arms.
- Apply body cream.
- Remove towel and replace covers.
- Change water if it is too cool or soapy.

NOTE: Always be on the look-out for anything new or unusual about the skin. This is vital as skin conditions can change overnight and without any warning. Skin can go from "great" to "where did *that* come from?" in a blink of an eye. Look under the heels and between the toes for any surprises. Anything unusual will require treating in some way. Consult with your nurse.

(Continued)

- Roll the patient to his/her side using the techniques previously described.
- Place the bath towel along the length of the bed next to the patient's back.
- Wash the back using long and circular strokes. This is *dessert* for the patient, in a manner of speaking. It feels so good!
- Also wash the hip area.
- Dry and apply body cream.
- Using the wipes, wash the anal area and buttocks, discarding the wipes in the trash.
- Dry and apply appropriate barrier cream.
- Remove the mini-blue pad, if using, and replace. If the larger blue pad is in good condition, you will not have to change it. If you do have to replace the large pad, using the techniques described in changing an occupied bed, roll the old pad up to the patient's body and tuck under hips. Position the new pad, roll the excess up, and tuck the excess under the rolled-up old pad.
- Change gloves.
- Return the patient to his/her back and roll to the other side.
- There's not much left to wash except the side of the back and hip you were not able to reach before. If changing the blue pads, pull out the old one to discard in the trash and roll out the new one.
- Return the patient to his/her back.
- Change washcloth and drying cloth.

(Continued)

- Uncover the genital area and wash, paying close attention to all areas that are skin-on-skin. Women are always wiped front-to-back with a clean section of washcloth for each wipe, with the softer wipes being a better choice for a woman. For men, make sure to get all around the scrotum and between the legs. For an uncircumcised man, the foreskin must be retracted to expose the head of the penis so it can be cleaned; return the foreskin to cover the head of the penis after rinsing.
- All skin folds must be thoroughly dried after washing and rinsing. This means under breasts, between folds of fat on the body, and around the scrotum.
- Bathing is now done.
- Put a new shirt/blouse on the patient, readjust covers and raise the head of the bed to the desired angle.
- Clean everything up: Put dirty linens in the washer or hang to dry until the next load. Dump the basin water in the toilet. Rinse out with clean water. Wipe the basin with a Clorox wipe. Wipe the over-bed table with a Clorox wipe and the sink area as well.
- Take off gloves and wash your hands.

That's it. You're done and deserve to take a break.

Shaving a man's face with a standard razor

- Gather your supplies: five-bladed razor, shaving cream, bath towel, washcloth, and bath pan with as warm a water as the patient can tolerate. Remember, we are working with a gently squeezed out washcloth, not direct water contact. You may also get aftershave or a face cream of choice. The wearing of gloves is advised.
- Place the patient in a sitting or near sitting position in bed.
- Drape the bath towel across the patient's chest, tucking the edges around the neckline, and leaving the extra length of toweling on your side of the bed, which is your drip zone.
- If the patient is wearing oxygen, the oxygen may remain in place for the beard-softening process and then might be removed for the few minutes it takes to shave, if tolerated. Otherwise, you can shave the face with the oxygen in place—you just have to work around the tubing.
- The most important step in a successful shave is in proper softening of the beard. You can't rush or neglect this part. Fold the washcloth in half and dip into the very warm water. Gently squeeze out the cloth so it's not dripping, but is not completely squeezed dry. Place cloth across the beard area, crossing the face just under the nose and still covering the upper lip. This is a caress-the-face time to keep the cloth in contact with all areas of the beard.
- When the cloth begins to lose its heat, return it to the basin to rewarm. Repeat this process of beard softening at least three times.
- While the final cycle of beard softening is doing its magic, remove your hands from their caress position and squirt shaving cream onto your non-dominant hand. I am right handed and was working from my husband's right side. You would need to reverse this if you are left-handed.

(Continued)

- As soon as you remove the warming cloth from the patient's face with your clean, dominant hand and drape it over the side of the basin, apply the shaving cream over the entire bearded area with your other hand. This takes seconds.
- Then with one clean finger, put a smear of shaving cream just under the nose. Wipe off your finger. Save the lathered hand for future reference as there should be excess lather on your non-dominant hand.
- Dip the razor into the basin, let it drip for a bit, and then start shaving. Start on the far side of the face, just under the side burns, applying gentle but firm pressure. Too light of a stroke will actually not spare the patient from harm; rather, a *whimpish* pressure will tear up their skin.
- Shave in a downward direction first. You can take several strokes in that area before rinsing the blades off in the water.
- If the patient's face is craggy, you will not be able to shave over the ripples. Use your non-dominant hand to push/pull/manipulate the skin to create a smooth shaving surface.
- Then, using your non-dominant/shaving-creamed hand, run your fingers up and down the shaved area. You can feel any remaining beard. Try shaving in an upward motion.
- Feel again; you may need to dampen your fingertips as the cream may be drying out. Sometimes a short, sideways stroke may be needed.
- After you have completed the far side of the face and neck, move to the near side.
- The chin area is next. If possible, have the patient roll his lower lip over his bottom teeth to make that area just under the lower lip more accessible. Shave the chin area in a downward motion with shorter strokes. The swivel head of these five-bladed razors makes going over the jaw region and down the neck much more user-friendly.

(Continued)

- Check your work with the messy hand, chins often need a sideways stroke.
- Lastly is the mustache area. Again, if the patient can help, ask him to bring his upper lip over the top teeth to smooth out the area. Shave downward, starting right under the nose.
- Check your work, applying additional cream, if needed, with the messy hand. You will probably need to shave sideways, going toward the center from the side of the upper lip near the mouth.
- Check your work over the whole face with the messy hand. Sometimes creative shaving directions are needed to finish the job, especially at the base of the cheek.
- Finish by rinsing out the washcloth in fresh warm water from the bathroom (the basin water is too dirty with shaving cream and whiskers).
- Carefully wipe the patient's face clean of any cream residue. Do not forget the mouth, which may have cream trying to get in.
- Apply aftershave or face cream at this time. If you do not want to have your hands smelling like Old Spice for the rest of the day, make sure you are wearing gloves. Trust me on this!
- As you put away your supplies, the basin should not only be rinsed out but also wiped out with a Clorox wipe. Shaving basins get quite polluted with whiskers and cream.

Providing nail care

You will need a bath basin, hand soaps, fingernail clippers, a wooden nail care stick, emery board, paper towel, and hand cream. Nail care sticks are slant-edged wooden implements used to gently clean out the undersides of nails and are available at beauty supply stores, and nail care sections of some drug stores.

- Using a bathing basin, fill with an inch or two of comfortably warm water, and a few squirts of antibacterial foaming hand soap, and maybe one squirt of a pleasant Bath and Body Works-type, non-abrasive hand soap.
- Place a bath towel across the lap of your patient who is sitting up a bit in bed.
- Situate the bath pan so one hand may safely drape into the water without spilling.
- Have them test the water temperature - first with one finger - before dunking in their whole hand.
- Gently rub their hand with the soapy water. This can be so relaxing for the patient and provides some quality one-on-one time for you both.
- Because I do not like trimming dirty nails and gumming up the clippers, I prefer to clean under the nails first. To clean the nails, I used the pointy end of the file that swings out from the clippers OR the slant end of the wooden nail care stick.
- Gently glide the cleaning tool under the nail. Then, after *each* swipe, wipe off the tool on the paper towel. A good technique is to do one swipe of each nail, returning each finger to the soaking water as you go. Then, make another pass of all the nails. Repeat until the nails are clean.

It can be amazing how much gunk can be removed.

(Continued)

- Now the fingernails are ready to be trimmed with the nail clippers. Care must be taken not to cut the patient. The nails have been soaking and should be softened enough to make things easy.
- Use the emery board to smooth the edges as needed.
- Dry the hand off and place on the towel.
- Repeat for the other hand.
- Apply some cream to both hands when grooming is finished.

Changing sheets while the patient is still in the bed

- Gather your supplies: Clean bottom/top sheets and pillow case, draw sheet, new blue pad and mini-blue pad, if using.
- Remove the blanket but keep the top sheet in place.
- Roll your loved one/patient to his side, preferably to the side the urinary drainage bag is hanging (if using).
- Roll up the exposed blue pads and tuck under the buttocks.
- Next, roll up the exposed draw sheet and tuck under the buttocks and back.
- Undo the fitted sheet all along the free side of the bed, top, and bottom.
- Roll the fitted sheet up to the patient's body, and tuck under their body from head to toe.
- Place the clean fitted sheet onto the exposed mattress, tucking the remaining clean sheet UNDER everything else that's tucked beneath the patient.
- Next, place the clean draw sheet, rolling/folding up the half that will eventually be on the other side of the bed, and tuck under the patient.
- Then place the clean, full blue pad and roll/fold up the half that will eventually be on the other side of the bed, and tuck under the patient.
- Prepare the patient for rolling back onto his/her back. Tell them there will be a "big bump" or "watch out for the speed bump."
- Roll the patient to his/her back.
- Prepare the patient to roll to their other side. If there is a urinary drainage bag, make sure to temporarily re-position it to the other side of the bed.
- Roll the patient to his/her other side.

(Continued)

- The rest of the old sheets can easily be extracted and rolled up at this point.
- Separate the blue pads and put them in the trash bag.
- Pull out the clean fitted sheet and finish placing on mattress.
- Then pull out the draw sheet and smooth.
- Finish by pulling out the blue pad and smoothing down all layers for comfort. Add the mini-blue pad at this time, if using.
- Re-position the patient onto his/her back.
- Change the pillow case and place pillow under the patient's head.
- Return the urinary drainage bag to the preferred side.
- The patient is still covered with the old sheet. Place the clean sheet fully on top of the patient, having them hold the top of it. Reach under the fresh one and pull the old one down and out.

It's magic! The patient has never been exposed. You can pat yourself on the back. You did it!

Brushing the patient's teeth

- You will need two plastic cups, a soft toothbrush, tooth paste, and a Kleenex tissue. We used disposable party tumblers that were reused until they needed replacing. I put a rubber band around one of the cups to keep it designated as the spit cup. Fill the other cup with cold water.
- Carry the supplies to the bedside table and place the patient in a sitting position.
- Apply the desired amount of toothpaste onto the brush.
- Dip the prepared toothbrush into the water cup and brush the patient's teeth by brushing the front teeth first to work up a little lather.
- Then ask your loved one/patient to open his/her mouth. Brush all surfaces of the bottom teeth and top teeth, concluding with another brushing of the front teeth.
- Offer or give a sip of the cold water to swish, which you may need to remind them to do.
- Hold the Kleenex tissue under the spit cup and hold the spit cup directly under their bottom lip so they can spit. You may need to give instructions or encourage them to do this.
- As you withdraw the spit cup, bring the tissue up to wipe their lips.
- You may want to offer a sip of the cold water afterwards.
- Rinse out the toothbrush and the spit cup; throw the tissue away.