



# Nurse Assistant Training

FOURTH EDITION

**American Red Cross**

## Nurse Assistant Training

This American Red Cross Nurse Assistant Training textbook was developed to help students understand, remember and put into practice important concepts and skills. As a nurse assistant, you can make a real difference to patients, residents and clients, as well as their families and other members of a caregiving team. In return, you'll enjoy a career that rewards your compassion.

This fourth edition of the American Red Cross Nurse Assistant Training textbook is a comprehensive resource that focuses on the skills and concepts a nurse assistant needs to know in order to provide compassionate, competent and person-centered care. The textbook includes:

- Proven learning aids and special features that help you master the course content and prepare you to be an effective member of the health care team.
- User-friendly skill sheets that provide clear instructions for core nurse assistant skills, with an emphasis on the six principles of care:  
**Safety | Infection Control | Privacy | Dignity | Communication | Independence**
- Clear visuals that help you understand key concepts and skills.

Behind every American Red Cross health and safety training program stands a team of experts ensuring what is taught is based on the latest and best scientific and technical information.

The American Red Cross Scientific Advisory Council is a panel of nationally recognized experts drawn from a wide variety of scientific, medical and academic disciplines. The Council provides authoritative guidance on first aid, CPR, emergency treatments, rescue practices, emergency preparedness, aquatics, disaster health, nursing, education and training.

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### Mission

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

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# American Red Cross Nurse Assistant Training

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**TEXTBOOK  
FOURTH EDITION**



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This participant's textbook is part of the American Red Cross Nurse Assistant Training program. By itself, it does not constitute complete and comprehensive training. Visit [redcross.org](http://redcross.org) to learn more about this program.

The emergency care procedures outlined in this textbook reflect the standard of knowledge and accepted emergency practices in the United States at the time this textbook was published. It is the reader's responsibility to stay informed of changes in emergency care procedures.

The infection control procedures outlined in this textbook reflect the current standards and guidelines of the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) in the United States at the time this textbook was published. Because regulations influencing these standards and guidelines change frequently and because laws are redefined, it is the reader's responsibility to stay current with information such as infection control by attending in-service courses offered by employers or through other sources.

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*How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong—because someday in life you will have been all of these.*

—George Washington Carver

## Acknowledgments

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## Dedication

This textbook is dedicated to the employees and volunteers of the American Red Cross who contribute their time and talent to supporting and teaching caregiving skills worldwide, and to the students who have decided to make a career out of helping others.

## American Red Cross Scientific Advisory Council

American Red Cross Scientific Advisory Council guidance and review of the Nurse Assistant Training program was provided by members of the American Red Cross Scientific Advisory Council. The American Red Cross Scientific Advisory Council is a panel of nationally recognized experts drawn from a wide variety of scientific, medical and academic disciplines. The Council provides authoritative guidance on first aid, CPR, emergency treatments, rescue practices, emergency preparedness, aquatics, disaster health, nursing, education and training. For more information on the Scientific Advisory Council, visit [www.redcross.org/take-a-class/scientific-advisory-council](http://www.redcross.org/take-a-class/scientific-advisory-council).

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# PREFACE

Nurse assistants are key members of the healthcare team, providing care for patients, residents and clients in a variety of healthcare settings. The aging population, longer life spans, and changes in the way healthcare is provided and paid for are presenting many opportunities for people who want to train for a career in healthcare. During a time when employment opportunities are decreasing in many industries in the United States, employment opportunities in healthcare are increasing, and they are expected to continue to increase in the future. As a nation, we must maintain and continue to build a workforce prepared to meet the needs of the population.

The American Red Cross *Nurse Assistant Training* textbook and course are based on the belief that caregiving is an art. This textbook and course seek to train students in the art of caregiving, focusing on six principles of care that should inform every decision the caregiver makes and every action the caregiver takes: safety, infection control, privacy, dignity, independence and communication. In addition to learning the technical skills needed to provide competent care, students learn the principles and concepts necessary to provide compassionate, person-centered care.

## Features

The American Red Cross *Nurse Assistant Training* textbook was developed to help students understand, remember and put into practice important concepts and skills. Features of the fourth edition that support student learning include a conversational, engaging writing style; an updated art program; and a clean, open page design. In addition, the following pedagogical features were included to aid students in acquiring the skills and knowledge they need to provide safe, competent, compassionate care:

- **Case Studies.** Each chapter begins by introducing a recipient of healthcare and providing some basic information about the person and the person's situation. The case studies serve to personalize and enliven the reading, reinforce key concepts and promote critical thinking skills.
- **Nurse Assistant DOs and DON'Ts.** These boxes summarize guidelines for providing safe, efficient, person-centered care.
- **Observe and Report!** A very important role of the nurse assistant is to function as the “eyes and ears” for the rest of the healthcare team. The “Observations into Action” feature highlights observations the nurse assistant may make that should be reported immediately.
- **Elder Care Notes.** Many of the people the nurse assistant will care for will be older adults. This feature draws the student's attention to special considerations that should be kept in mind when caring for an older adult.
- **Skills.** The skills walk the student through key nurse assistant skills step-by-step. Photographs and illustrations are provided to clarify written instructions and enhance understanding. Standard preparation and completion steps are included as part of every skill to help students learn and remember these very important actions. All skills emphasize the six principles of care: safety, infection control, privacy, dignity, independence and communication.
- **Goals.** Each chapter begins with a list of learning objectives or goals.

- **Key Terms** and **Glossary.** Important vocabulary words to learn and remember are listed at the beginning of each chapter, highlighted within the text and defined within the context of the chapter. A glossary, included at the end of the book, allows students to quickly look up definitions for the key terms highlighted throughout the book.
- **Check Your Understanding.** Each chapter concludes with **Questions for Review** (questions that allow students to assess their understanding of the chapter content) and **Questions to Ask Yourself** (short-answer, usually scenario-based questions designed to help students apply and think critically about the information they have just learned). The answers to the Questions for Review are provided in Appendix D. **What Would You Do?** presents a continuation of the chapter opening case study and allows the students the opportunity to apply the concepts from the chapter to a realistic situation.
- **Appendices.** The appendices include medical terms and abbreviations; math and measurements review; additional skills; and review question answers.

## Organization

The fourth edition of the American Red Cross *Nurse Assistant Training* textbook has been reorganized to facilitate logical progression from one topic to another and to allow students to build and expand on previously acquired knowledge. Chapters have been organized into thematic units.

### Unit 1: The Art of Caregiving

In this unit, students are introduced to fundamental concepts that are essential to working in the healthcare field. Chapter 1, *Being a Nurse Assistant*, describes the nurse assistant's roles and responsibilities as a member of the healthcare team, the educational requirements necessary to become a nurse assistant and an overview of the healthcare system, including the settings where care is delivered, methods of paying for healthcare and organizations that serve to protect the recipients and providers of healthcare. Chapter 2, *Protecting the People in Your Care*, provides an overview of legislation affecting healthcare and seeks to give students a basic understanding of legal issues that can arise in healthcare and explains how nurse assistants can protect themselves from legal difficulties on the job. Chapter 2 also discusses the importance of knowing and protecting the rights of people receiving care. Chapter 3, *Acting in an Ethical and Professional Manner*, gives students an introduction to the key ethical principles involved in healthcare and explores ethical issues that can arise along with ways to avoid ethical difficulties. Chapter 3 also describes the key elements of being a professional. Chapter 4, *Understanding the People in Your Care*, reviews qualities and experiences that all human beings have in common, despite the increasing diversity of the population. Chapter 5, *Communicating with People*, teaches students the skills they need to communicate effectively with those in their care, as well as with their co-workers. Chapter 6, *Understanding the Body and How It Functions*, reviews the structure and function of the eleven organ systems and describes normal age-related changes for each.

### Unit 2: Promoting Safety

This unit focuses on topics, skills and principles that are essential for ensuring the safety of everyone who lives or works in a healthcare setting. Chapter 7, *Controlling the Spread of Infection*, gives students a basic understanding of how infections can spread throughout a healthcare facility and the methods that are used to



protect recipients of healthcare and healthcare workers from healthcare–associated infections. Chapter 8, *Preventing Injuries*, provides information about maintaining a safe workplace and living environment. Principles of body mechanics and safe lifting are reviewed, along with “no-lift” policies, which seek to limit on-the-job injuries. Factors that put recipients of healthcare at risk for injury, along with common injuries and their prevention, are reviewed, including expanded coverage of fall-prevention strategies. Chapter 8 also reviews the safe use of equipment, including issues related to the use of side rails and restraints. Chapter 9, *Responding to Emergencies*, gives students a brief overview of common medical emergencies, describes how to prevent and respond to fire emergencies and reviews basic principles of care in the event of common weather emergencies or disasters.

### **Unit 3: Providing Care**

Unit 3 teaches the concepts and skills used to provide routine care to patients, residents and clients. The unit begins with Chapter 10, *Measuring Vital Signs and Other Data*. In this chapter, students learn the skills they need to obtain basic measurements accurately. Chapter 11, *Assisting with Positioning and Transferring*, describes pressure injury prevention strategies and reviews the skills needed to safely assist with repositioning and transferring. Chapter 12, *Providing Restorative Care*, introduces students to the important role nurse assistants play in helping those in their care maintain or regain function, and it reviews skills related to exercise and preventing complications of immobility. Chapter 13, *Maintaining a Comfortable Environment*, teaches bedmaking skills and reviews environmental factors that can affect a person’s comfort while in a healthcare facility. Chapter 14, *Assisting with Personal Cleanliness and Grooming*, teaches personal care skills. Chapter 15, *Assisting with Meals and Fluids*, describes the concepts and skills needed to ensure adequate nutrition and fluid balance. Chapter 16, *Assisting with Elimination*, describes the skills needed to assist people with elimination and describes common problems with elimination. Chapter 17, *Promoting Comfort and Rest*, discusses the nurse assistant’s role in recognizing, reporting and managing pain and in promoting adequate rest and sleep. The unit concludes with Chapter 18, *Assisting with Admissions, Transfers and Discharges*, which describes the nurse assistant’s responsibilities, including providing emotional support, during these times of transition.

### **Unit 4: Special Care Situations**

This unit delves deeper into specific caregiving situations. The unit begins with Chapter 19, *Providing Care for People with Specific Illnesses*, which provides an overview of commonly encountered medical conditions and special considerations for the nurse assistant in caring for people with these conditions. Chapter 20, *Providing Care for People with Dementia and Other Cognitive Changes*, begins by reviewing common causes of cognitive changes, including normal age-related changes in cognition, as well as delirium and dementia. The rest of the chapter is devoted to helping students understand how a person with dementia experiences the world, and it provides strategies for effectively communicating with and providing care for the person with dementia. Chapter 21, *Providing Care for People at the End of Life*, seeks to help students understand the very important role nurse assistants have in caring for people and their family members in the time leading up to and following a person’s death. Chapter 22, *Providing Care to Infants and Children*, provides a basic overview of care considerations for the pediatric population. Chapter 23, *Providing Care for People in Their Homes*, introduces the student to the unique aspects of working as a home health aide and providing care in the home.

## Unit 5: Transitioning from Student to Employee

The final unit in the textbook gives students the skills they need to succeed in the workplace. Chapter 24, *Entering the Workforce*, provides basic information about identifying and applying for appropriate job opportunities, preparing a resume and reference list, writing cover letters and thank-you notes, and interviewing successfully. Chapter 25, *Enjoying Professional Success*, helps students acquire the skills and knowledge they need to stay healthy and happy on the job. Time-management strategies, interpersonal skills, self-care skills and opportunities for career advancement are reviewed.

## Appendices and Glossary

The textbook concludes with four appendices and a glossary. Appendix A, *Medical Terminology and Abbreviations*, gives students tools they need to discern the meaning of unfamiliar medical words. A listing of commonly used abbreviations and acronyms in healthcare is also provided. Appendix B, *Math and Measurements Review*, helps students refresh their skills related to mathematical calculations and units of measure, including the metric system. Appendix C, *Additional Skills*, provides skill sheets for skills related to cleaning a glass thermometer, measuring temperature with a glass thermometer, using the two-step method of measuring blood pressure, using a gown and gloves as personal protective equipment, helping a person with a complete bed bath (extended skill) and changing an ostomy appliance. Appendix D, *Answers to Questions for Review*, provides the answers to the Questions for Review at the end of each chapter in the text. Finally, the Glossary provides an alphabetized list of all of the key terms in the book and their definitions, for quick reference and review.



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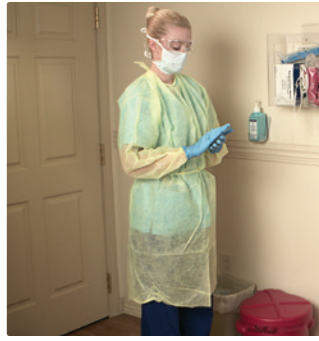
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# HOW TO USE THIS BOOK

The American Red Cross *Nurse Assistant Training* textbook is designed with you, the student, in mind. Let's look at some of the features that have been included to help you learn and retain key information and skills.

## Goals

The goals listed at the beginning of each chapter provide a road map for the chapter; they tell you which ideas are most important to learn. Before you begin reading, review the list of goals. This will give you an overview of the concepts and skills that will be covered in the chapter. After you finish reading the chapter, review the goals again. Can you meet each goal? If not, review the sections of the chapter where that information is covered.

### Goals

After reading this chapter, you will have the information needed to:

- Describe ethical principles that healthcare workers can use to guide their decision making and behavior.
- List actions nurse assistants can take to protect themselves from ethical difficulties on the job.
- Define professionalism.
- Explain characteristics that demonstrate professional behavior for a nurse assistant.

## Key Terms

At the beginning of each chapter, you will also find a list of key terms or vocabulary words. These words are **boldfaced** and defined in the chapter. You can also look up the definitions of these words in the Glossary that appears at the end of the textbook. Familiarize yourself with these words before you begin reading the chapter. When you are finished reading the chapter, review the list of key terms again. Can you define each one?

### KEY TERMS

- activities of daily living (ADLs)
- acute care setting
- assisted-living facility
- chronic conditions
- client
- cognitive impairment
- compassion
- delegation
- empathy
- healthcare team
- inpatient care
- interdisciplinary team
- long-term care setting
- Medicaid
- Medicare
- nursing home
- nursing team
- outpatient care
- patient
- reciprocity

## Case Study

At the beginning of each chapter, you will be introduced to a person who is receiving care in a healthcare setting and you will be given a little bit of information about the person and his or her situation. At the end of the chapter, you will be asked to pause and think back to the case study at the beginning of the chapter.



*You have been caring for Mrs. Schulman, one of your home health clients, for 3 years. For as long as you have known Mrs. Schulman, part of your duties have been to help her get ready for her bridge club visit every Friday evening. But this Friday afternoon, when you arrive at Mrs. Schulman's house, she tells you she doesn't feel like company. The only other time you can remember Mrs. Schulman missing her Friday evening bridge game was last winter, when she was hospitalized for pneumonia. Mrs. Schulman asks you to please call her friends and tell them not to come. She says, "I just feel really strange, not like myself at all. My left leg feels numb...like I might fall if I try to put weight on it. And my left arm feels weak and strange too. If you could just make me a cup of tea and help me get ready for bed, I think that might be best. I'm sure I'll feel better in the morning." You tell Mrs. Schulman that you are worried about her, and that you'd like to talk to someone else about her symptoms and find out what you should do.*

## Nurse Assistant Dos and Don'ts

Throughout the text, you will see boxes that summarize guidelines for key nurse assistant responsibilities. Learning and following these guidelines will help you provide safe, efficient, person-centered care.

## Observe and Report!

As a nurse assistant, you will get to know the people in your care well. Knowing what is “normal” for each of them gives you the ability to recognize changes in their condition. These boxes summarize changes in a person’s condition that are important to report to the nurse.

## Elder Care Notes

Many of the people you will care for will be older adults. Elder Care Notes placed throughout the text raise your awareness of special considerations you must take into account when caring for people who are older.

Box 12-1

### Nurse Assistant DOs and DON'Ts

#### Providing Restorative Care

**DO** follow the person's care plan.

**DO** recognize what the person can do for themselves, and encourage the person to do it.

**DON'T** rush the person through tasks. Give the person enough time to complete the task independently.

**DON'T** guess at how to use assistive devices if you are unsure how to use them properly.



### Observe and Report

A person with untreated depression may try to commit suicide or talk about committing suicide or wanting to die. Take all such actions and comments seriously and report them to the nurse right away. Do not conclude that a suicide threat or attempt is just a way to get attention. Also report any of the following observations to the nurse:

- The person shows a dramatic change in mood or behavior, such as increased withdrawal or a very excited, elevated mood.
- The person hoards medication or purchases a gun or other weapon.



**ELDER CARE NOTE.** Although following a therapeutic diet when one has been ordered is important for the person's health, a balance needs to be maintained between meeting nutritional requirements and maintaining the person's quality of life. Particularly with an older person, the healthcare team may decide to take the person off the therapeutic diet if the special diet seems to be negatively affecting the person's desire to eat and ability to enjoy food. Often in older people, the risks associated with malnutrition and weight loss (resulting from loss of a desire to eat because the therapeutic diet is unappealing) are greater than the risks associated with not following the therapeutic diet. If an older person in your care is on a therapeutic diet but does not seem to be taking in adequate amounts of food or enjoying meals, make the nurse aware of this.

## Skill Sheets

At the end of each chapter that contains skills, you will find illustrated skill sheets. These skill sheets guide you step-by-step through the skills you must learn to be a nurse assistant. The skill sheets are divided into three parts. The first part, the **Preparation** section, lists the steps you should follow before beginning any skill. Similarly, the last part, the **Completion** section, lists the steps you should perform after finishing any skill. These preparation and completion steps emphasize the six principles of care—safety, infection control, privacy, dignity, independence and communication—and help to promote safe, efficient, person-centered care. In between, in the **Procedure** section, you will find the steps you take that are specific to the particular skill.

## Check Your Understanding

The Check Your Understanding section at the end of each chapter gives you an opportunity to see how well you learned and understood the chapter content. **Questions for Review** are multiple-choice questions. Each has one best answer. Try answering these questions and then check the answers in Appendix D at the end of the book. If you answered any of the questions incorrectly, go back and review the appropriate sections of the chapter. The **Questions to Ask Yourself** section poses real-life situations that encourage you to apply your knowledge and decision-making skills. These questions may have several correct answers. Think about the situations posed in the questions and how you would respond. Because there may be many different ways to approach the situation, try discussing your answers with your instructor, your classmates, or both. The **What Would You Do?** section takes you back to the case study presented at the beginning of the chapter. Here you will receive more information about the case, and then be asked to critically think and apply the concepts and skills you learned in the chapter to this realistic situation. Take this opportunity to reflect on what you learned, and think about how this knowledge could apply to situations you will encounter on the job.

**SKILLS** ✓


**Skill 11-9**  
**Repositioning a Person in a Chair (Two Nurse Assistants)**

**PREPARATION**

- Wash your hands.
- Gather your supplies:
  - Transfer belt
  - Towel or other barrier
- Knock, introduce yourself, greet and identify the person, and ensure privacy.
- Explain the procedure and ask permission to continue.
- Adjust equipment for body mechanics and safety. If the person is in a wheelchair, remove or fold back the footrests and lock the brakes.

**PROCEDURE**


- Put the transfer belt on the person.
- Stand as close as possible to the back of the chair, facing the person's back. To give yourself a broad base of support, place one leg against the back of the chair, and place your other leg about 12 inches behind the first. Bend your knees.
- Ask your co-worker to kneel on one knee (on a towel or other barrier) close to the person's legs and place an arm under the person's knees (Figure 1).



**COMPLETION**

- Ensure the person's comfort and good body alignment.
- Adjust equipment for safety. If the person is in a wheelchair, make sure the wheels on the wheelchair are locked. Place the person's method of calling for help within reach.
- Clean up your work area.
- Wash your hands.
- Report and record.

**Figure 2**



Chapter 11 | Assisting with Positioning and Transferring | 181

### Check Your Understanding

#### Questions for Review

- When you take dirty linens to the laundry hamper, you should:
  - Shake them first.
  - Hold them away from your uniform.
  - Take only one sheet at a time to prevent contamination.
  - Save steps by tossing them into the laundry hamper from a short distance.
- What is the most important thing you can do to control the spread of microbes?
  - Bag all contaminated linens.
  - Wash your hands.
  - Always cover bedpans and urinals when carrying them from place to place.
  - Eat a well-balanced diet and stay healthy.
- You should practice standard precautions:
  - When you provide care for any person.
  - Only when you provide care for people infected with HIV or HBV.
  - Only when a person is in isolation.
  - Only when you need to wash your hands.
- What is one time when you must wear gloves?
  - When you give someone a back rub
  - When you cough or sneeze
  - When you serve meal trays
  - When you touch blood or other body fluids
- If you have a cut or open sore on your hand, what must you do to protect yourself and others from infection?
  - Avoid providing care for people with infections.
  - Stay away from work until the wound heals.
  - Wear gloves while providing care.
  - Handle only clean items.
- Which of the following is a reason to place someone in isolation?
  - The person has a contagious disease.
  - The person had surgery.
  - The person is demanding and cannot get along with others.
  - The person wants the privacy of a single room.

#### Questions to Ask Yourself

- How can you control the spread of infection when you provide care for a person with an open wound?
- How can you spread infection if you have a cold?
- In the past, how have you possibly spread pathogens through direct and indirect contact? Think of three ways.
- What will you do in the future to avoid spreading pathogens by direct and indirect contact? Think of three ways.
- Airborne precautions are in effect for Mr. Thompson. You are changing Mr. Thompson's linens when you realize that you brought only one sheet instead of two. How would you handle this problem? What would you do first?
- When you put on gloves to help Mr. Wilson with mouth care, he eyes the gloves and says, "I don't have AIDS, you know. Why are you wearing those things?" How should you respond?
- Emma Jones, who works as a nurse assistant, became engaged over the weekend. She wants to wear her new engagement ring to work on Monday so that she can show it off. What does she need to consider when deciding whether to wear the ring?
- The nurse asks for your help to position a person on their side. The person has a large, open, draining wound that needs cleaning. The nurse explains to you that a great deal of solution will be used to clean the wound and that it is likely to splash. What personal protective equipment (PPE) should you put on and why?

#### What Would You Do?

**Think back to your new patient, Mrs. Wang. Recall that you will be responsible for helping Mrs. Wang with emptying her ostomy appliance and with bathing.**

- Should you wear gloves when assisting Mrs. Wang with these activities? Why or why not?
- What would you do if the ostomy bag began to leak, spilling feces on Mrs. Wang's abdomen? You know from the nurse's report that droplet precautions are in effect for Mrs. Wang because staph pneumonia is contagious. As you enter Mrs. Wang's

## Appendices, Glossary, Resources and Index

The appendices at the end of the book provide additional information that may be useful to you. Appendix A, *Medical Terminology and Abbreviations*, will help you become familiar with the “language of caregiving.” A listing of common abbreviations is also provided. Appendix B, *Math and Measurements Review*, will help you refresh your skills related to mathematical calculations and units of measure. Appendix C, *Additional Skills*, provides skill sheets for skills that are taught in some states, but not all. Your instructor will tell you if you need to learn these skills. Appendix D, *Answers to Questions for Review*, provides the answers to the multiple-choice questions at the end of each chapter, so that you can check your understanding of what you have learned. Also at the end of the book, you will find a *Glossary*, which is an alphabetized list of the key terms in the book with their definitions. You will also find *Resources*, which provides references for the information given in the text, and an *Index*, which you can use to find specific topics within the book quickly and easily.

## How You Will Learn

Course content is presented in various ways. The textbook, which will be assigned reading, contains the information that will be discussed in class, as well as visual support to illustrate the key skills and concepts you will be learning. Participating in all class activities will increase your confidence in your ability to provide care as a nurse assistant.

You will spend time in the classroom as well as in the clinical area participating in activities and role-playing, watching selected videos to enhance learning, and practicing skills in the lab. In the clinical area, you will work with real people providing care that uses the skills you have learned. You will be working closely together as a group, discussing various topics, sharing information and experiences, and gaining experience using the nursing skills you have learned. Your ability to make appropriate decisions when providing care will be enhanced as you participate in the class activities. Periodically, you will be given situations in the form of scenarios that provide you the opportunity to apply the knowledge and skills you have learned. These scenarios also provide an opportunity to discuss with your instructor the many different situations that you may encounter in your role as a nurse assistant.

## Steps to Success: Study Tips While Using This Textbook

Completing the following steps for each chapter will help you gain the most from this textbook while studying from it:

1. Read chapters as assigned prior to class. This is the most important thing you can do.
2. Make notes or highlights if this helps you to learn. This is your textbook, so feel free to write in it or highlight areas that you want to ask your instructor about. Remember that you can also take notes during class, not just during study time.

3. Read the chapter goals and note the key terms before reading the chapter. The content in each chapter is designed to help you learn. Pictures, charts, drawings, plus the written material all contain important information for you.
4. As you read the chapter, keep the goals in mind. When you finish, go back and review them.
5. Review figures and illustrations. Read captions and labels.
6. Complete the Check Your Understanding section at the end of each chapter. Think of this as a way for you to review what you have learned.
  - a. Answer the **Questions for Review**. Check your answers with those in Appendix D. If you cannot answer or do not understand the answers given, reread that part of the chapter. Ask your instructor to help you with concepts or questions with which you are having difficulty.
  - b. Answer the **Questions to Ask Yourself**. Use these questions to apply and think critically about the information you have just learned.
  - c. Read the **What Would You Do?** scenario and answer the questions. This section presents a continuation of the chapter opening case study and allows you the opportunity to apply the concepts from the chapter to a realistic situation.
7. Review the skill sections, but remember that they will be demonstrated in class and you will have plenty of time to practice.
8. Don't stress out or worry if you don't understand everything, because the content will be covered, and during class and you will have a chance to ask your instructor about anything that isn't clear to you. Never be afraid to speak up if you don't understand something.
9. Pay attention during class. Your instructor will go over the textbook content and will also provide extra information that you need to know. Be sure to get enough sleep so that you are alert in class.
10. Enjoy yourself!



UNIT

# 2

## PROMOTING SAFETY

- 7 Controlling the Spread of Infection
- 8 Preventing Injuries
- 9 Responding to Emergencies

# Controlling the Spread of Infection



## Goals

*After reading this chapter, you will have the information needed to:*

- Describe how infections can be spread from one person to another.
- Recognize the signs and symptoms of an infection.
- Take measures to control the spread of microbes that can cause infection.
- Apply standard precautions and transmission-based precautions.
- Understand your role and your employer's role in protecting you from exposure to bloodborne pathogens on the job.

*After practicing the corresponding skills, you will have the information needed to:*

- Wash your hands in a way that controls the spread of microbes that can cause infection.
- Put on and take off personal protective equipment (PPE) correctly.
- Open and close a trash bag correctly and double-bag contaminated trash and laundry.



*During morning report at Metropolitan Hospital Center, your supervising nurse tells you about your new patient, Louise Wang, a 53-year-old woman who was admitted through the emergency room from Morningside Nursing Home last night. Because she was diagnosed with highly contagious staph pneumonia, she is in isolation in Room 117. Last year, she had part of her bowel removed because of colon cancer, and she uses an ostomy appliance (a bag worn on the outside of the body) for the elimination of feces. The feces pass through a surgically made opening in her abdomen and into the ostomy appliance. In addition to assisting Mrs. Wang with emptying her ostomy appliance, you will need to help her with a complete bed bath and with transferring from the bed to the chair, because she is very weak. The nurse also tells you that Mrs. Wang is originally from China but speaks and understands English very well.*

*You decide to visit Mrs. Wang immediately because you think she might be afraid. Before going into her room, you wash your hands and put on a gown, mask and gloves. Outside her room, you notice the sign posted on her closed door. The sign requests visitors to report to the nurses' station.*

*You knock gently, then a little louder when you hear no response. When you finally hear a faint "Come in," you open the door to see the back of a small woman lying in bed. You walk toward the bed, gently calling Mrs. Wang's name and telling her who you are. When she turns toward you and sees your masked face, her eyes open wide before she turns back to face the wall.*

## What Causes Infection?

Louise Wang is in a room by herself because she has *Staphylococcus pneumonia* (staph pneumonia), a disease that other people could catch from her. Colds

and flus also are diseases that people can get from one another. Have you ever caught a cold or flu from someone? You can lessen your chances of getting sick and avoid passing on an illness to someone else by learning about what causes infections and how infections can spread.

**Microbes (microorganisms)** are tiny living things that are too small to see but are all around us. Microbes can only be seen using a microscope. Examples of microbes include bacteria, viruses, fungi, yeasts and molds. Most microbes grow rapidly wherever they have warm temperatures, moisture, darkness and food. These characteristics make the human body an ideal place for microbial growth! Some microbes are harmful to humans and some are not. Harmful microbes that cause disease are called **pathogens**. A disease caused by a pathogen is called an **infection**.

Microbes are everywhere, even in and on our bodies. Many of the microbes that live in and on our bodies are harmless, and some even perform useful functions. However, even microbes that are useful and necessary in certain areas of the body can cause disease if they spread to another part of the body where they are not normally found. For example, certain bacteria in the stomach and bowel help to digest food. But if these same bacteria are present in the kidney or bladder, they can cause an infection.

The body has many natural defenses against infection. Healthy, intact skin and **mucous membranes** help to prevent microbes from entering the body. Mucous membranes are sticky, moist membranes that line the respiratory, genitourinary and digestive tracts. Reflexes, such as coughing and sneezing, help to expel microbes from the body. Finally, white blood cells carried in the blood are able to destroy pathogens that enter the body. These natural defense mechanisms

### KEY TERMS

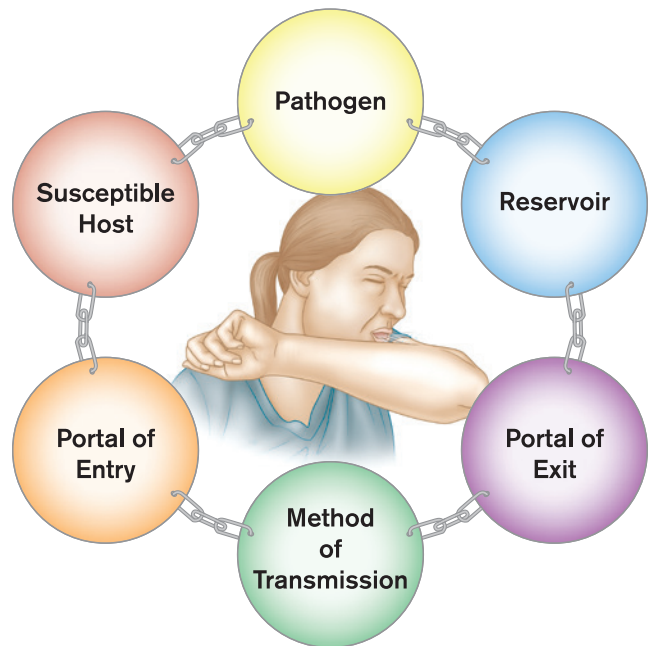
- acquired immunodeficiency syndrome (AIDS)
- bloodborne pathogens
- body fluids
- chain of infection
- contaminated
- disinfectant
- double-bagging
- hand hygiene
- healthcare-associated infection
- hepatitis
- human immunodeficiency virus (HIV)
- infection
- infection control
- microbes (microorganisms)
- mucous membranes
- occupational exposure
- other potentially infectious materials (OPIM)
- pathogens
- personal protective equipment (PPE)
- respirator
- sharps container
- standard precautions
- sterilization
- transmission-based precautions
- tuberculosis

help to keep us healthy. In addition, modern medicine has made other tools available to help us fight and prevent infections, such as antibiotic medications and vaccinations. Even though our bodies have ways of protecting us from infection and there are medications available to treat some infections, *prevention* is still the optimal goal. Some infections can be fatal, especially in people who are not otherwise healthy, and some infections cannot be treated with medication.

## The Chain of Infection

Many infections can be passed from one person to another. However, for this to occur, six requirements must be met. These six requirements are called the **chain of infection** (Figure 7-1). Eliminating just one link in the chain can prevent an infection from spreading. Let's take a closer look at the six links in the chain of infection:

1. **Pathogen.** For an infection to occur, a microbe capable of causing disease must be present.
2. **Reservoir.** *Reservoir* is a French word that means "storehouse." Here, we are using it to mean a place where microbes can grow and multiply. Possible reservoirs for microbes include the bodies of people and animals, bodies of water, and food.
3. **Portal of exit.** *Portal* comes from the Latin word for "gate." For an infection to occur, the microbe must have a way of leaving the reservoir, or a *portal of exit*. The portal of exit varies depending on the pathogen and the reservoir. When the reservoir is a human or animal body, the portal of exit may be the respiratory tract, the digestive tract, the genitourinary tract or breaks in the skin.
4. **Method of transmission.** The way a pathogen gets from one person to another is called the pathogen's method of transmission. The method of transmission may be direct or indirect. In *direct transmission*, the pathogen is passed from one person to another through close physical contact, such as touching, kissing, having sex or breathing infected air. *Indirect transmission* means that pathogens are spread by way of a **contaminated** surface or object. A contaminated surface or object has been soiled with pathogens. Usually this situation occurs when an infected person touches something and then someone else touches that same object. For example, if you have a cold and blow your nose into a tissue, and someone else picks up the tissue to throw it away without wearing gloves, that person can get your cold by indirect contact. The germs will spread from your nose secretions to the tissue to the other person's hand.
5. **Portal of entry.** Just as the pathogen must have a way of leaving the reservoir, it must also have a way of gaining entry to a new reservoir. This is called a *portal of entry*. In the case of person-to-person (or animal-to-person) transmission, potential portals of entry include the respiratory tract, the digestive tract, the genitourinary tract, the eye and breaks in the skin.
6. **Susceptible host.** Finally, the pathogen must enter a susceptible host, or a person who is capable of becoming infected with that particular pathogen. Some factors increase a person's susceptibility to infection, including very young or very old age, poor general health, and the presence of medical devices that are placed in the body (such as urinary catheters). Many of the people you will care for will have risk factors that increase their susceptibility to infection.



**Figure 7-1** The chain of infection. Breaking just one link in this chain can stop an infection from occurring.

## Healthcare-Associated Infections

A **healthcare-associated infection** is an infection that a person gets while receiving care in a healthcare facility. You may also hear healthcare-associated infections referred to as *nosocomial infections*. Healthcare organizations that seek to provide quality care make it a priority to prevent healthcare-associated infections from occurring. If a person develops an infection while in a healthcare facility, he may need to stay in the facility longer so that the infection can be treated, delaying the person's recovery and

driving up healthcare costs. In addition, developing a healthcare-associated infection can put the person at risk for serious complications and even death. As noted earlier, many people who are receiving care in healthcare facilities are more susceptible to developing infections, and if they do develop an infection, it is harder for their bodies to overcome it. In addition, some of the microbes that commonly cause healthcare-associated infections are very difficult to treat. Over time, these microbes have become resistant to the antibiotics (such as methicillin and vancomycin) used to treat the infections they cause, which means that these medications are no longer effective for eliminating the infection. Examples of these hard-to-treat super bugs include the following:

- **Methicillin-resistant *Staphylococcus aureus* (MRSA).** Staph infections are spread by direct contact and can cause serious skin infections. If the bacterium enters the body (for example, through a cut on the skin), the person can develop serious infections of the blood, lungs, heart or bone.
- ***Clostridium difficile*, or C-diff.** *C. difficile* is a microbe that is passed from the body in feces. Contact with surfaces or hands contaminated by the microbe spreads the infection to others. The bacteria invade the bowel, causing diarrhea and abdominal pain. *C. difficile* produces spores that can live on hands and surfaces for a long time. When a person is known to have *C. difficile* infection, you must always wash your hands with soap and water, because alcohol-based hand sanitizers are not effective for removing *C. difficile* from the hands. In addition, a disinfectant containing bleach must be used to clean hard surfaces.

- **Vancomycin-resistant enterococcus (VRE).** This microbe can infect wounds, the intestinal tract and the urinary tract.

The basic infection control measures that you will learn about in this chapter are extremely effective for preventing the spread of these very dangerous microbes, as well as other microbes that can cause healthcare-associated infections. The key is to use these infection control methods properly and consistently.

## How to Recognize an Infection

An infection occurs when pathogens grow inside the body. Almost any part of the body can become infected. You can recognize a possible infection in a person's body by certain signs and symptoms (Box 7-1). The signs and symptoms of infection vary according to the pathogen and the place in the body where the infection is occurring. If you notice that someone in your care has one or more of the signs and symptoms in Box 7-1, report your observations to the nurse. By recognizing infections early, you help to ensure that the person receives prompt treatment, which in turn helps to prevent the spread of infection to other people. Remember that not all people with infections will show common signs and symptoms of infection. This is why it is important to practice infection control with every person in your care, even when you do not observe any signs or symptoms of infection. Remember, infection control is one of the six principles of care.

### Box 7-1 Common Signs and Symptoms of Infection

High body temperature	Diarrhea
Red or draining eyes	Vomiting
Nasal congestion	Cloudy or smelly urine
Coughing	Joint pain
Headache	Muscle ache
Sore throat	Skin rash
Flushed face	Sores
Loss of appetite	Redness around a wound or incision
Nausea	Drainage from a wound or incision
Stomach pain	Swelling



**ELDER CARE NOTE.** In older adults, fever may not be present even if an infection is present. That's because many older adults have other chronic conditions, are taking medications, or have changes in their immune system that can interfere with the body's ability to produce a fever.

Be alert for other possible signs and symptoms in older adults, such as:

- New onset of confusion or increased confusion (if the person is already confused).
- Changes in eating or appetite.
- New onset of the loss of bladder or bowel control or more frequent episodes of incontinence.
- Loss of the ability to complete tasks the person is usually able to do.
- Fatigue or lethargy.
- Flu-like symptoms.

## How to Control the Spread of Microbes

Healthcare workers take certain actions to control the spread of microbes that can cause disease. This practice is called **infection control** and it is one of the six principles of care. Protecting those in your care from infections is an important part of providing quality care. You probably already practice some types of infection control in your daily life without thinking much about it. If you cough or sneeze, for example, do you cover your mouth with a tissue or cough or sneeze into your elbow to control the spread of germs? If someone you know has a cold or flu, do you try to keep your distance from that person so that you will not catch the cold or flu yourself? Do you always wash your hands after using the bathroom? If you do these things, you already are using infection control methods. Box 7-2 summarizes general actions that can be taken to help control the spread of microbes. Four common methods of infection control used in healthcare settings include using **hand hygiene** (which includes hand washing with soap and water or use of an alcohol-based hand sanitizer), decontaminating objects and surfaces, using personal protective equipment (PPE) and taking isolation precautions.

### Hand Hygiene

Hand hygiene is an important part of everyday life, especially in your role as a nurse assistant, and it is **one of the most important things** you can do to control the spread of microbes (Figure 7-2). As a nurse assistant, you clean your hands in a special way



**Figure 7-2** Hand hygiene is one of the most important things you can do to protect yourself and others from infection.

to ensure that all surfaces are clean. You should wash your hands whenever they are visibly soiled with dirt, blood or body fluids, and at specific times throughout the day (Box 7-3). **Body fluids** include urine, feces, saliva, mucus, vomit, semen, vaginal secretions, breast milk and wound drainage. Guidelines for proper hand washing are given in Box 7-4. The specific procedure for hand washing is explained step-by-step in Skill 7-1.

When your hands are visibly soiled, you must wash them with soap and water. You should also wash with soap and water before eating or handling food, after using the bathroom, and if you have had contact with organisms that cause certain types of diarrhea. In most other circumstances, you may use an alcohol-based hand sanitizer to clean your hands instead of washing with soap and water. The sanitizer should contain at least 60% alcohol. When using an alcohol-based hand sanitizer, use the amount of product recommended by manufacturer. Rub it thoroughly over all surfaces of the hands, including the nails and between the fingers, until the product dries (at least 20 seconds) (Figure 7-3). Always follow your employer's policy about using an alcohol-based hand sanitizer.

Sometimes you may think that hand hygiene is an inconvenience when you have so much else to do. But the one time you decide to skip it may be the time you infect yourself or someone else with microbes from another person.

### Keeping Objects and Surfaces Clean

When you work in any healthcare setting, you can help control the spread of infection if you understand exactly what is meant by *clean* and what is meant by *dirty*. Clean items or surfaces are considered to be free of dirt and pathogens. Dirty items or surfaces are considered contaminated because they contain dirt or

## Box 7-2 General Actions That Help to Control the Spread of Microbes

- **Cleanse your hands frequently, using soap and water or an alcohol-based hand sanitizer.**
- **Take care of your body.** Eat well, exercise and get enough rest to keep your immune system healthy.
- **Get vaccinated.** Vaccines are available to prevent many infectious diseases, including influenza and hepatitis B. Receiving appropriate vaccinations and keeping them up-to-date helps to protect you from getting these infectious diseases.
- **Stay home if you are sick.** If you must report to work when you are not feeling well, be sure to discuss your illness with your supervising nurse so that your supervisor can make decisions about what tasks you can do and what care you can safely provide to others.
- **Recognize and report signs and symptoms of infection.** Be on the lookout for any signs of infection and report any findings immediately to the nurse.
- **Maintain cleanliness.** Keep yourself, those in your care, and the environment clean.
- **Ensure single use of personal equipment.** Make sure each person in your care has their own personal items such as bedpans, urinals, washbasins, emesis basins, toothbrushes, toothpaste, lotion and soap. These items should never be shared.
- **Handle linens properly.** When handling bed linens, be sure to keep dirty linens away from your uniform. Avoid shaking dirty linens, because this can spread microbes into the environment. Place dirty linens in the laundry bag in the person's room before you carry the bag to the laundry hamper outside the room. Place wet and soiled linens in a plastic or leakproof laundry bag.
- **Cover bedpans and urinals.** To contain fluids when carrying them from one place to another, always cover bedpans and urinals.
- **Prepare food carefully.** When preparing food for yourself or for those in your care:
  - Wash your hands first.
  - Rinse off the tops of cans before opening them.
  - Wash fruits and vegetables before using them.
  - Ensure that cooked foods (especially meat) reach the proper temperature.
  - Wash, dry and store dishes and utensils after each use.
  - Wash cutting boards used to prepare meat and poultry with hot soapy water immediately after use. Use separate cutting boards for cutting meat or poultry and for cutting vegetables that are not going to be cooked.
- **Serve meals immediately.** After food arrives from the dietary department of a hospital or nursing home, or as soon as you prepare food in a person's home, serve it immediately.
- **Store foods carefully.** Make sure people do not store food in their rooms, unless the food is nonperishable and is stored in a tightly sealed container. If a person wants to save part of a meal for later, explain to the person that unrefrigerated food can grow bacteria that can make the person ill, and tell the person that you will bring a fresh serving of the food later, if the person wants it.

## Box 7-3 When to Use Hand Hygiene

- As you are coming on duty
- Before and after contact with a person in your care
- Before and after putting on gloves
- After using the bathroom
- After coughing, sneezing or blowing your nose
- After smoking
- After handling dirty supplies or equipment
- Before eating or handling food
- Before handling clean supplies or equipment
- Before going home
- After any possible contact with infectious organisms that might cause diarrhea
- Any time they become visibly soiled with dirt or body fluids
- Any other time you think it may be important

## Nurse Assistant DOs and DON'Ts

### Hand Washing

**DO** keep your fingernails trimmed short and use a nailbrush or orange stick to remove dirt and microbes from underneath them.

**DO** push your watch above your wrist, put it in your pocket or pin it to your uniform. This enables you to wash your wrists along with your hands.

**DO** apply hand lotion to help prevent the chapping and dryness that can occur with frequent hand washing.

**DON'T** wear artificial nails or nail polish. Microbes can be very difficult to remove from the spaces created when artificial nails lift or nail polish peels and cracks.

**DON'T** wear rings to work. The tiny spaces in jewelry are difficult to clean and can harbor microbes. In addition, it is difficult to remove microbes from underneath the jewelry.



**Figure 7-3** An alcohol-based hand sanitizer may be used as an alternative to washing with soap and water if your hands are not visibly soiled. **(A)** To use an alcohol-based hand sanitizer, dispense the recommended amount of product into the palm of one hand. **(B)** Rub your hands together, covering all surfaces, until the product dries (at least 20 seconds).

pathogens. An unused item is considered clean until it comes in contact with a person or his environment. It is then considered dirty and cannot be reused for another person. In a hospital or nursing home, clean, unused supplies (such as linens and dressings) are stored in the clean utility room. Used supplies that must be cleaned or laundered are returned to the dirty utility room. The dirty utility room also has trash containers for disposing of disposable supplies.

As a nurse assistant, one of your responsibilities is to help keep the person's environment clean. You may also be responsible for cleaning some types of equipment after you use it. Healthcare workers use many strategies to remove microbes from objects and surfaces. Simply washing the object or surface with soap and water will remove dirt and some microbes. Or you can use **disinfectant**, a chemical solution used to kill microbes on an object or surface (Figure 7-4). The facility will specify which disinfectant solution to use, or you may make a disinfectant solution by mixing a solution of 1½ cups bleach to 1 gallon of water. When using a bleach solution, always ensure good ventilation and wear gloves and eye protection. Let the disinfectant or bleach solution stand on the surface for the recommended amount of time (for example, 1 to 3 minutes for a disinfectant solution, 10 to 15 minutes for a bleach solution). When it is necessary to destroy all the microbes on an object or surface, **sterilization** is used. Objects that are going to be placed inside a person's body (for example, indwelling urinary catheters) must be sterile. Sterilization is a technique that uses gas, chemicals, dry heat or pressurized steam to destroy all microbes on an object or surface. In facilities, a special department (often called Central Supply) is usually responsible for sterilizing objects. In the home setting, boiling an object in water, if the object can be boiled, for 20 minutes is an effective means of sterilization.



**Figure 7-4** One of your responsibilities as a nurse assistant is to keep the person's environment clean. Here, a nurse assistant is using a disinfectant solution to clean an over-bed table.



## Using Personal Protective Equipment

**Personal protective equipment (PPE)** is protective gear that is worn to prevent microbes from contaminating your uniform, skin or mucous membranes. PPE includes gloves, gowns, masks and eyewear (Figure 7-5). Properly using PPE eliminates a portal of entry for potential pathogens and helps to keep you safe from infection.

PPE is usually put on outside of the person's room and removed and discarded inside the person's room. When it is necessary to put on multiple types of PPE, items are put on in the following order: gown, mask, protective eyewear, gloves. When it is necessary to remove the PPE, the order is as follows: gloves, protective eyewear, gown, mask. Removing PPE in the proper order helps to protect you from contaminating yourself or your uniform. Guidelines for the proper use of PPE are given in Box 7-5. Skill 7-2 describes step-by-step how to put on and remove each article of PPE. See also Appendix C, Skill C-4 for information about how to put on and remove PPE when only a gown and gloves are needed.

### Gloves

Disposable gloves are typically made of vinyl, nitrile or latex. These gloves are meant to be worn once and then discarded. Gloves should fit properly and be free of rips or tears. Gloves are worn whenever there is a possibility that you will come into contact with a person's blood or body fluids (Box 7-6). For example, you wear gloves when you provide mouth care, perineal care or care for someone who has a draining wound or open sores on the skin. You also wear gloves when there is a break in the skin on your own hands.



**Figure 7-5** Personal protective equipment (PPE) helps to protect your skin, mucous membranes and uniform from becoming contaminated with microbes.

### Box 7-5

## Nurse Assistant DOs and DON'Ts

### Using Personal Protective Equipment (PPE) Properly

- DO** choose gloves that fit your hands properly.
- DO** change masks and gowns if they become moist.
- DO** put on and take off PPE in the proper order.
- DON'T** wear gloves as a “second skin” throughout the day. Replace your gloves as often as necessary throughout a procedure to avoid contaminating clean surfaces with dirty gloves, and always discard your gloves and wash your hands when you have finished the procedure.
- DON'T** wash or disinfect disposable gloves for re-use. They are meant to be worn once and discarded.
- DON'T** use gloves that have rips, tears or punctures or that appear discolored.

You may need to change gloves several times during one procedure to avoid contaminating clean surfaces by touching them with dirty gloves. Always wash your hands after removing your gloves and before putting on a new pair. When you are finished caring for one person, always remove and discard your gloves and wash your hands before leaving the room or assisting another person.

Most facilities do not use latex gloves, since some people are allergic to latex. If you or the person you are caring for develops skin redness, a rash, hives, itching, a runny nose, sneezing, itchy eyes, a scratchy throat or difficulty breathing while you are providing care using latex gloves, wash the area in contact with the gloves immediately, and notify the nurse. In the future, you will need to use disposable gloves made of vinyl or nitrile when providing care.

### Gowns

A gown is worn to protect your clothes and body from splashes and sprays of blood and body fluids. The gown must completely cover you from your neck to your knees. A gown is worn only once and then is placed in a laundry hamper (if it is made of fabric) or

## Box 7-6 When to Wear Gloves

- When there is a possibility that you will touch blood or other body fluids
- When you are providing care that requires you to touch mucous membranes
- When the person in your care has broken skin or you have broken skin on your hands
- When you must handle items or surfaces soiled with blood or other body fluids

thrown away (if it is made of paper). Because a damp or wet gown will not protect you, you must change your gown if it becomes wet.

### Masks

A mask covers your nose and mouth to protect you from inhaling pathogens into your lungs. You may also wear a mask when it is important to protect the person from pathogens you may exhale. The mask should fit snugly over your nose and mouth. Use a mask only once. Change your mask if it becomes moist, because moisture reduces the effectiveness of the mask.

There are two types of masks you may use. A surgical (face) mask is most commonly used. These masks are effective for providing a barrier that large droplets cannot pass through. When a person is known to have a disease that is caused by very small droplets suspended in the air (called aerosols) a **respirator** must be worn (Figure 7-6). A respirator is a mask that filters the air to prevent aerosols from passing through, and must be specifically fitted to the person who will be wearing it.

### Protective Eyewear

Wear protective eyewear, such as goggles or a face shield, to keep blood and other body fluids from splashing into your eyes when cleaning items



**Figure 7-6** A respirator is needed to filter very small droplets suspended in the air.

or disposing of fluids. Protective eyewear may be reusable or disposable.

## Taking Isolation Precautions

Isolation precautions are actions taken to isolate pathogens to prevent them from spreading throughout the facility. Isolation precautions are based on the pathogen's method of transmission. The goal of these precautions is to contain the pathogen and limit others' exposure to it as much as possible. There are two major types of isolation precautions: **standard precautions** and **transmission-based precautions**.

### Standard Precautions

Standard precautions (sometimes called universal precautions) are precautions that healthcare workers take with *every* person to protect themselves and others from pathogens that are transmitted through blood, body fluids, broken skin and mucous membranes. You must practice standard precautions whenever you expect this type of contact, such as when assisting with a medical procedure or when providing personal care—even if you think the person in your care is not infected. Box 7-7 lists standard precautions. Memorize these precautions and make them a way of life as you work as a nurse assistant.

### Transmission-Based Precautions

When a person's primary care provider suspects or confirms that the person has an infection that can be spread to others, you must take additional precautions to prevent the spread of the infection to other people. These precautions are referred to as transmission-based precautions. The primary care provider decides which transmission-based precautions must be followed. This decision is based on two things: *the pathogen* and *how that pathogen spreads*. When transmission-based precautions are in effect, you will usually put on the appropriate PPE before entering the person's room and remove it at the doorway right before leaving the person's room. The three types of transmission-based precautions are airborne precautions, droplet precautions and contact precautions.

## Box 7-7 Standard Precautions

1. **Wear disposable gloves** whenever the possibility exists that you could come into contact with blood or other body fluids, broken skin and mucous membranes. This includes when you are providing care and situations where you must handle items soiled with blood or other body fluids. Also wear gloves whenever you have broken skin on your hands.
  2. **Wash your hands** and skin surfaces thoroughly and immediately if your skin becomes soiled with blood or other body fluids or if you have handled potentially soiled items. Also wash your hands after removing gloves and before putting on gloves. If your hands are not visibly soiled with blood or other body fluids, you may use an alcohol-based hand sanitizer to decontaminate your hands after removing gloves and before putting on a clean pair.
  3. **Wear personal protective equipment (PPE)** as indicated by the situation. A gown must be worn whenever the possibility exists that your uniform could be soiled by the splashing of blood or other body fluids. Protective eyewear, a mask, or both must be worn whenever the possibility exists that blood or other body fluids could splash into your eyes, nose or mouth.
  4. **Handle sharp objects carefully.** Protect yourself and others from injury caused by sharp objects that may be soiled by blood or other body fluids (such as razors and needles) by disposing of them in a **sharps container**. A sharps container is a sturdy, puncture-proof plastic box with a tight-fitting lid used for the disposal of sharp objects. Never recap a sharp object before disposing of it, because you could cut yourself while trying to replace the cap.
  5. **Clean up blood or body fluid spills promptly,** using an approved disinfectant or a freshly mixed solution made by adding 1½ cups of bleach to 1 gallon of water. Be sure to wear appropriate PPE when cleaning up the spill.
  6. **Handle contaminated articles carefully.** Follow your facility's guidelines regarding any item contaminated with blood or body fluids. You will be required to put certain contaminated articles into a puncture-resistant, labeled biohazard bag. One bag is usually enough, but sometimes you will need two bags. If the outside of a bag is soiled or may have become contaminated, place the contaminated bag into a second (clean) bag. This is called **double-bagging**. Double-bagging is also used if a contaminated article could puncture the first biohazard bag. You will need a co-worker to help with this. Skill 7-3 describes step-by-step how to handle a plastic trash bag and how to double-bag contaminated waste.
  7. **Practice respiratory hygiene and cough etiquette.** Take measures to contain respiratory secretions that can spread infections such as influenza. Encourage people who enter the facility with visible signs of a respiratory illness to cough or sneeze into a tissue to contain respiratory secretions, dispose of tissues properly and clean their hands with soap and water or an alcohol-based hand sanitizer after sneezing, coughing or handling dirty tissues. People with signs of respiratory illness may also be provided with masks or physically separated from other people (for example, in common waiting areas) to further limit the spread of infections carried by respiratory secretions.
- **Airborne precautions** are used when caring for a person who is known or thought to have an illness that is transmitted through the air. For example, **tuberculosis** (Box 7-8) and measles are spread in this manner. Airborne pathogens (pathogens expelled into the air when an infected person breathes, coughs or sneezes) can travel a long distance on air currents and through ventilation systems. Therefore, airborne precautions include placing the person in a private room and keeping the door closed, wearing a respirator when providing care, and having the person wear a mask when the person must leave the room.
  - **Droplet precautions** are used when caring for a person who is known or thought to have an illness that is transmitted by large droplets in the air, such as a respiratory virus or meningitis. These droplets are spread by sneezing, coughing, laughing, singing and talking. The droplets do not travel far. Droplet precautions are similar to airborne precautions, except a surgical (face) mask can be worn instead of a respirator.
  - **Contact precautions** are used when caring for a person who is known or thought to have an illness that can be spread by direct or indirect contact. Some types of wound infections and skin infections

can be spread in this way. Contact precautions include wearing a gown and gloves when providing care and containing and disposing of contaminated items properly.

When transmission-based precautions are in effect, a sign may be posted outside the person's room so that all healthcare workers and visitors (if permitted) are aware of the precautions that must be taken. Make sure visitors and other healthcare workers follow these precautions.

Having transmission-based precautions in effect can be very difficult for the person. How would you feel if the door to your room had to be closed all the time for isolation? Perhaps you would feel as if no one wanted to be near you or that no one liked you. You might feel lonely, angry, depressed, embarrassed, afraid or all of these things! What if the people caring for you could not come near you without wearing gowns, masks and gloves? Even though you must follow transmission-based precautions as ordered, you can also be sensitive to the person's feelings. Make sure the person knows why the transmission-based precautions are being taken, and stress that these precautions will help to speed the person's recovery and prevent others from getting sick. Explain the purpose of the PPE you are wearing. This can help the person get used to seeing you in protective clothing.

Make a special effort to check in on the person often, and take time to talk with the person. Spending time with the person and offering reassurance can help the person feel better about the time spent in isolation and the need for the transmission-based precautions.

## Bloodborne Pathogens and Workplace Safety

As a nurse assistant, you are responsible for keeping yourself and others safe from *all* infections. However, some infections pose particular risk to you as a healthcare worker because of their long-term effects on your health if you become infected. Many of the most serious infections that healthcare workers may be exposed to are caused by **bloodborne pathogens** (disease-causing microbes that are in human blood and can cause disease in humans). Infection occurs when blood from an infected person enters the bloodstream of a person who is not infected. In the workplace, this could happen if you stick yourself with a contaminated needle (a needlestick injury) or cut yourself with broken glass that has been soiled with blood. You could also become infected through direct contact with another person's blood if it comes in contact with your eyes, mucous membranes or an area of broken skin on your body.

### Box 7-8 Tuberculosis and the Healthcare Worker

As a nurse assistant, you may care for people with tuberculosis, a bacterial infection of the lungs that is spread through the air from one person to another. People with tuberculosis are most likely to spread the disease to people they spend time with every day. The bacteria are put into the air when the person with tuberculosis coughs, sneezes or talks.

In most people who become infected with the pathogen that causes tuberculosis, the body is able to fight the pathogen and keep it from growing and multiplying in the body. The pathogen becomes inactive but remains alive in the body and can become active later. Many people with tuberculosis infection never develop active tuberculosis disease. However, in others, the pathogen that causes tuberculosis becomes active later in life, and the person develops tuberculosis. Although tuberculosis primarily affects the lungs, it can affect the bones, brain, kidneys and other organs as well. If not treated, tuberculosis can be fatal. Treatment is complex and involves taking many different medications over an extended period of time.

Because healthcare workers are at risk for exposure to the pathogen that causes tuberculosis, healthcare facilities routinely screen employees for infection. Many states also require healthcare workers to be screened for tuberculosis infection as a requirement for employment. Screening can be done using a skin test called the Mantoux test, which involves placing a small amount of tuberculin (a protein made from the bacteria that causes tuberculosis) under the skin using a needle. After a few days, the area will become red and swollen if the person is infected with the pathogen that causes tuberculosis. A blood test may also be used to screen for tuberculosis. Remember that a positive result on a screening test does not mean that you have active tuberculosis. The pathogen that causes tuberculosis may be alive in your body but inactive. If a screening test indicates exposure to tuberculosis, other follow-up tests, such as sputum testing or chest x-rays, are ordered to rule out active tuberculosis.

Bloodborne diseases that pose particular risk to healthcare workers are **human immunodeficiency virus (HIV)** infection and hepatitis B, C and D.

- **HIV** is a virus that that invades and destroys the cells that help us to fight off infections. A person who is infected with HIV may look and feel healthy for many years. However, during this time, the virus is breaking down the person's immune system. Eventually, most people who are infected with HIV develop **acquired immunodeficiency syndrome (AIDS)**. A person with AIDS is unable to fight off infections that a healthy person would be able to resist or control. The person dies from one of these infections or another complication of HIV infection. Although medications have been developed to help slow the progression of HIV infection, currently there is no cure.
- **Hepatitis** is inflammation of the liver, an organ that performs many vital functions for the body. There are many different types and causes of hepatitis. Hepatitis B, hepatitis C and hepatitis D are caused by infection with bloodborne viruses. Chronic infection with the viruses that cause hepatitis B, C or D can lead to liver failure, liver cancer and other serious conditions. A vaccine is available to protect

against hepatitis B virus (HBV). Vaccination for HBV also offers protection from hepatitis D virus (HDV). However, there is no vaccine to protect against hepatitis C virus (HCV).

You and your employer share the responsibility for protecting you from **occupational exposure** to bloodborne pathogens. Occupational exposure is exposure to disease in the workplace. Remember that the standard precautions we take with every person (see Box 7-7) are designed to prevent accidental exposure to blood and other body fluids. This is because you may not know whether a person is infected with a bloodborne pathogen or not, and it is important to protect yourself and others from accidental exposure. To effectively limit your risk for exposure to bloodborne pathogens while you are on the job, you must practice standard precautions consistently and correctly. Your employer also has responsibility for keeping you safe from bloodborne pathogens on the job by making sure you have the equipment and training you need to lower your risk. Standards that employers must follow to keep their employees safe from occupational exposures to bloodborne pathogens are outlined in the Bloodborne Pathogens Standard issued by the Occupational Safety and Health Administration (OSHA) in 2001 (Box 7-9).

## Box 7-9 Bloodborne Pathogens Standard

To protect healthcare workers from exposure on the job to bloodborne pathogens, employers are required to adhere to the following standards:

- **Exposure control plan.** The facility must have a plan that outlines actions that will be taken if an employee is exposed to blood or **other potentially infectious material (OPIM)**. OPIM includes certain body fluids such as cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, semen, vaginal secretions and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. The plan must be reviewed annually and made available to all employees in written form. Employees are responsible for reporting exposure incidents so that proper follow-up (for example, medical testing) can be provided.
- **Proper training.** Employers must provide training about risks associated with bloodborne pathogens and how to minimize these risks to all employees who may be exposed to bloodborne pathogens on the job. Training usually occurs during employee orientation and then at regular intervals thereafter.
- **Proper equipment.** Employers are responsible for providing personal protective equipment (PPE) for employee use.
- **HBV vaccination.** Employers must offer employees who have a risk of exposure to blood an opportunity to receive at no cost a vaccination that protects against hepatitis B. An employee may refuse the vaccination, but if at any time the employee later decides to accept the vaccination, the employer must provide it.
- **Work practice controls.** The employer is responsible for establishing and enforcing procedures for handling contaminated waste, laundry and so on, and supplying the equipment needed to follow these procedures. The employer must also ensure that necessary systems are installed and running to maintain a safe environment (for example, ventilation systems).
- **Engineering controls.** The employer is responsible for making equipment available that limits the employee's risk for needle-stick injuries, such as sharps containers.

## Check Your Understanding

### Questions for Review

- When you take dirty linens to the laundry hamper, you should:**
  - Shake them first.
  - Hold them away from your uniform.
  - Take only one sheet at a time to prevent contamination.
  - Save steps by tossing them into the laundry hamper from a short distance.
- What is the most important thing you can do to control the spread of microbes?**
  - Bag all contaminated linens.
  - Wash your hands.
  - Always cover bedpans and urinals when carrying them from place to place.
  - Eat a well-balanced diet and stay healthy.
- You should practice standard precautions:**
  - When you provide care for any person.
  - Only when you provide care for people infected with HIV or HBV.
  - Only when a person is in isolation.
  - Only when you need to wash your hands.
- What is one time when you must wear gloves?**
  - When you give someone a back rub
  - When you cough or sneeze
  - When you serve meal trays
  - When you touch blood or other body fluids
- If you have a cut or open sore on your hand, what must you do to protect yourself and others from infection?**
  - Avoid providing care for people with infections.
  - Stay away from work until the wound heals.
  - Wear gloves while providing care.
  - Handle only clean items.
- Which of the following is a reason to place someone in isolation?**
  - The person has a contagious disease.
  - The person had surgery.
  - The person is demanding and cannot get along with others.
  - The person wants the privacy of a single room.

### Questions to Ask Yourself


- How can you control the spread of infection when you provide care for a person with an open wound?*
- How can you spread infection if you have a cold?*
- In the past, how have you possibly spread pathogens through direct and indirect contact? Think of three ways.*
- What will you do in the future to avoid spreading pathogens by direct and indirect contact? Think of three ways.*
- Airborne precautions are in effect for Mr. Thompson. You are changing Mr. Thompson's linens when you realize that you brought only one sheet instead of two. How would you handle this problem? What would you do first?*
- When you put on gloves to help Mr. Wilson with mouth care, he eyes the gloves and says, "I don't have AIDS, you know. Why are you wearing those things?" How should you respond?*
- Emma Jones, who works as a nurse assistant, became engaged over the weekend. She wants to wear her new engagement ring to work on Monday so that she can show it off. What does she need to consider when deciding whether to wear the ring?*
- The nurse asks for your help to position a person on their side. The person has a large, open, draining wound that needs cleaning. The nurse explains to you that a great deal of solution will be used to clean the wound and that it is likely to splash. What personal protective equipment (PPE) should you put on and why?*



### What Would You Do?

*Think back to your new patient, Mrs. Wang. Recall that you will be responsible for helping Mrs. Wang with emptying her ostomy appliance and with bathing.*

- Should you wear gloves when assisting Mrs. Wang with these activities? Why or why not?*
- What would you do if the ostomy bag began to leak, spilling feces on Mrs. Wang's abdomen? You know from the nurse's report that droplet precautions are in effect for Mrs. Wang because staph pneumonia is contagious. As you enter Mrs. Wang's*



*room, she turns her face away and covers her eyes so that you can't see her tears. "Good morning, Mrs. Wang," you say and then introduce yourself. You explain that you will be taking care of her today. Mrs. Wang looks at you and smiles sadly.*

*1. What might be bothering Mrs. Wang?*

*2. What would you do to provide emotional support to Mrs. Wang, in addition to providing physical care?*

*3. What information would you give Mrs. Wang about the transmission-based precautions that are being used?*

## Skill 7-1 Hand Washing

### □ PREPARATION

1. Gather your supplies:
  - Soap
  - Paper towels
  - Orange stick or nail brush (optional)
  - Lotion (optional)
2. Remove your watch or push it up on your forearm. If you are wearing long sleeves, push them up.

### □ PROCEDURE

3. Turn on the water and adjust the temperature until it is comfortably warm.
4. Put your hands under the running water to wet your hands and wrists, keeping your hands and wrists below the level of your elbows.
5. Apply soap from the dispenser.
6. Rub your hands together vigorously to work up a lather.
7. Wash vigorously for at least 20 seconds (Figure 1, A–D), paying particular attention to:
  - The wrists (grasp and circle with your other hand).
  - The palms and backs of your hands.
  - The areas between the fingers.

- The nails (rub against the palms of your hands, or use an orange stick or nail brush to clean underneath them).



Figure 1A



Figure 1B



Figure 1C



Figure 1D

(CONTINUED)



## Skill 7-1

### Hand Washing *CONTINUED*

8. Rinse your hands and wrists under the running water, keeping your hands lower than your elbows and the fingertips down (Figure 2).



Figure 2

9. Using a clean, dry paper towel, dry your hands thoroughly, beginning at the fingertips and moving back toward the elbow (Figure 3). Drying your hands thoroughly keeps them from becoming chapped. Discard the paper towel in a facility-approved waste container.



Figure 3

10. Use another clean, dry paper towel to turn off the faucets (Figure 4). Discard the paper towel in a facility-approved waste container.



Figure 4

11. Exit the hand-washing area by pushing the door open with your shoulder and hip. If the door has a handle, turn the handle using a paper towel to avoid contaminating your clean hands.
12. If desired, apply a small amount of hand lotion to prevent chapping and dryness.

Skill 7-2

## Using Personal Protective Equipment (PPE)—Gown, Mask, Eyewear, Gloves

### □ PREPARATION

1. Gather your supplies:
  - Gown
  - Mask
  - Protective eyewear
  - Gloves
2. Wash your hands.

### □ PROCEDURE

#### Putting on a Gown

3. Slide your arms through the armholes, keeping the opening of the gown in the back.
4. Fasten the ties at the back of your neck and at your waist, making sure the edges of the gown overlap so that your back is completely covered (Figure 1).



Figure 1

#### Putting on a Mask

5. Put the mask over your mouth and nose.
6. Tie the top strings behind your head, then tie the bottom strings or place the elastic loops around your ears (Figure 2).



Figure 2

7. Adjust the mask for comfort. If necessary, bend the nose wire to fit.

#### Putting on Protective Eyewear

8. Place the earpieces over your ears or the headband around your head and adjust the fit.

#### Putting on Gloves

9. Inspect both gloves carefully for tears.
10. Put the gloves on carefully so that they do not tear. Pull the gloves up over the gown cuffs (Figure 3).



Figure 3

(CONTINUED)

Skill 7-2

**Using Personal Protective Equipment (PPE)—Gown, Mask, Eyewear, Gloves** *CONTINUED*

**Taking off Gloves**

11. Pinch the palm sides of one glove on the outside near your wrist (Figure 4).



**Figure 4**

12. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand (Figure 5).



**Figure 5**

13. Hold the glove in the palm of your other (still-gloved) hand (Figure 6).



**Figure 6**

14. Carefully slip two fingers under the wrist of the other glove. Avoid touching the outside of the glove (Figure 7).



**Figure 7**

15. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand. The other glove is now contained inside (Figure 8).



**Figure 8**

16. Dispose of the gloves in a facility-approved waste container.

**Taking off Protective Eyewear**

- 17. Touch only the earpieces or the head band.
- 18. Place the eyewear in the appropriate container for reprocessing or discard in a facility-approved waste container.

(CONTINUED)

Skill 7-2

**Using Personal Protective Equipment (PPE)—Gown, Mask, Eyewear, Gloves** *CONTINUED*

**Taking off a Gown**

19. Untie the neck and waist strings.
20. Pull off one gown sleeve by slipping your fingers under the cuff and pulling the sleeve just over your fingertips.
21. Grasp the other sleeve with the covered hand (Figure 9) and pull it off.



**Figure 9**

22. Continue holding that sleeve in your covered hand. Grasp the inside of the first shoulder of the gown with your uncovered hand and pull the gown off the shoulder (Figure 10). Continue to bring the gown forward and turn it inside out as you pull it over your covered hand.



**Figure 10**

23. Fold the outer, contaminated surface inward and roll up the gown (Figure 11).



**Figure 11**

24. Discard the gown in a facility-approved waste container, or place the gown in the laundry hamper, if it is not disposable.

**Taking off a Mask**

25. Untie the bottom strings and then the top strings, or pull the elastic loop from around one ear and then the other.
26. Hold the mask by the strings (Figure 12) and discard it in a facility-approved waste container.



**Figure 12**

**COMPLETION**

27. Wash your hands.

## Skill 7-3

# Handling a Plastic Trash Bag

### □ PREPARATION

Gather supplies:

- Plastic trash bag(s)

### □ PROCEDURE

#### Opening a Plastic Trash Bag

1. Open the plastic trash bag and make a cuff around the opened edge.
2. Put the opened bag on a clean surface within easy reach of your work area.

#### Closing a Used Plastic Trash Bag

3. Put your fingers under the cuffed edge of the used plastic trash bag.
4. Pull the cuffed edges together and close the bag by tying a knot. Touch only the outside of the bag because the inside of the bag is contaminated.

#### Double-Bagging a Bag That Is Contaminated with Body Fluids

5. Arrange for a co-worker to assist you at a certain time.
6. Remove the bag from the trash or laundry container inside the person's room, close it and carry it to the door of the person's room.
7. Have your co-worker prepare a clean bag by folding down a cuff at the top of the clean bag (Figure 1). Have your co-worker hold the clean bag under the cuff and stand by the doorway.



Figure 1

8. Put the bag with contaminated items into the clean bag that your co-worker is holding under the cuff (Figure 2).



Figure 2

9. Have your co-worker close the outside bag by raising the cuffed area and tying a knot.
10. Have your co-worker take the bag to the area designated for disposal or laundering of contaminated items.
11. Wash your hands.

# Providing Care for People with Dementia and Other Cognitive Changes



## Goals

*After reading this chapter, you will have the information needed to:*

- Describe different types of cognitive changes, including age-related memory impairment, mild cognitive impairment, dementia and delirium.
- Describe the course of illness for people with dementia and list common symptoms that occur in each stage.
- Identify common mental health symptoms often experienced by those with dementia.
- Describe appropriate care measures to meet the needs of people with dementia over the course of the illness.
- Identify the issues specific to caring for those with dementia, including how to manage challenging behaviors.
- Discuss effective communication techniques to use when caring for people with dementia.
- Discuss the needs of those who provide care for those with dementia, including family members and nurse assistants.



*Today you meet Mrs. Elizabeth Davis for the first time. She is on her way home after spending the day with her husband, Will, who was just admitted to Morningside Nursing Home because of dementia. Tearfully, Mrs. Davis shares with you that her husband is nothing like he used to be. “He was such a charming, fun-loving, thoughtful husband and family man,” she says. “He worked hard to make a good life for us. We were so looking forward to his retirement, so that we could travel and spend time with our grandchildren.” She continues, “We didn’t get much of a chance. A few months after Will retired, I started noticing increasing problems. He became very forgetful and increasingly confused. I started finding odd things like mail in the freezer and gardening tools in the pantry! And, I found that he was making lots of mistakes handling our money. This was really concerning to me, because Will was an accountant for 40 years.” You give Mrs. Davis a tissue and she dabs at her eyes. She says, “I feel so guilty for placing him here, but I am so tired and I just don’t know what else to do. As things got worse, Will was picked up by the police twice because he got so lost while driving. I took his car keys away, but twice I found him wandering through the neighborhood on foot. It got to the point where I felt I had to watch him every minute to make sure he didn’t get himself in trouble.” You hand Mrs. Davis another tissue and tell her that she can be sure her husband will be well cared for at Morningside.*

## Types of Cognitive Changes

**Cognition** is the term used to describe thinking processes, which include memory, reasoning, judgment and language.

### Normal Age-Related Changes

Aging causes changes that affect how the body functions. These changes affect all organs and processes in the body, including the brain and thinking processes. Many older people complain about the forgetfulness that occurs with aging. Forgetfulness happens because of the gradual loss of brain cells and a decrease in the chemicals that help the brain

to work. As a result, it becomes harder to remember or recall things. For example, a person may remember a piece of news but cannot recall when or how they heard it. Or perhaps the person remembers who told them the news but cannot immediately recall that person’s name—even if it is a close friend! Frequently that forgotten information just pops into mind a few hours later. Other examples of normal forgetfulness are misplacing commonly used items, such as keys or eyeglasses, or having a word on the tip of the tongue and being unable to say it. Although it may take a little longer for older people to learn something new (such as the features of a new cell phone), they are capable of learning. Such experiences may be annoying, but they do not interfere with the ability to carry out normal activities of life. These types of changes are known as **age-related memory impairments**.

### Mild Cognitive Impairment

Cognitive impairment refers to changes in thinking processes (such as memory, reasoning, judgment and language) that are caused by disease or injury. People with **mild cognitive impairment** demonstrate problems with memory and thinking that are noticeable to them and likely others but are not severe enough to interfere with performing activities of daily living. Problems are worse than those associated with age-related memory impairment, but are not severe enough to indicate dementia. Some people with mild cognitive impairment remain stable without experiencing further decline. Research has shown that participating in regular exercise and keeping blood pressure under control can help prevent progression. Unfortunately, all people with this condition are at increased risk for developing dementia.

### Dementia

**Dementia** is a term that is used to describe the group of symptoms that occur with a progressive decline in memory and thinking. Dementia is not a specific disease. Rather, there are many different types of dementia. The most common types are summarized in Table 20-1. It is important for you as a nurse assistant to know the different types and their signs and symptoms.

#### KEY TERMS

- age-related memory impairment
- agnosia
- amnesia
- aphasia
- apraxia
- catastrophic reaction
- cognition
- delirium
- delusions
- dementia
- expressive aphasia
- hallucinations
- long-term memory
- mild cognitive impairment
- paranoia
- receptive aphasia
- respite care
- short-term memory
- validation therapy

Table 20-1 **Types of Dementia**

Type of Dementia	Cause	Characteristics	General Information
<b>Alzheimer's Disease</b>	Plaques (abnormal sticky clumps of amyloid, a protein) and tangles (twisted protein strands within nerve cells) build up in the brain. Together, they cause cell death and ultimately destroy the brain tissue.	<ul style="list-style-type: none"> <li>Progressive memory loss; difficulties thinking, problem solving and performing familiar tasks</li> <li>Problems recognizing people and objects</li> <li>Loss of language skills</li> <li>Personality changes</li> </ul>	<ul style="list-style-type: none"> <li>Accounts for 60 percent to 80 percent of all dementias</li> <li>Lasts on average 8 years once symptoms become noticeable but can last up to 20 years depending on age and presence of other health conditions</li> <li>Affects people over the age of 65 most often; a small number (approximately 5 percent) may develop younger-onset (also called early-onset) Alzheimer's disease) in their 40's and 50's</li> </ul>
<b>Vascular Dementia</b>	<p>Blood supply to the brain is decreased because of damaged blood vessels, which deprive the brain tissue of nutrients and oxygen.</p> <p>It can occur suddenly with a total blockage of a blood vessel (as in a stroke), or over time because of gradual closing off of a vessel.</p>	<ul style="list-style-type: none"> <li>Type and severity of symptoms depend on the area of the brain that has been damaged</li> <li>Problems with memory, confusion, thinking processes and problem solving</li> <li>Sudden onset of confusion, disorientation, trouble speaking or understanding speech, or vision loss typically associated with stroke</li> <li>Unsteady gait</li> <li>Depression</li> </ul>	<ul style="list-style-type: none"> <li>Accounts for approximately 10 percent of all dementias; second most common type of dementia</li> <li>Previously called multi-infarct or post-stroke dementia</li> <li>Rarely occurs before age 65; increasing likelihood with advanced age</li> <li>Associated with risk factors such as history of heart problems, strokes, mini-strokes, high cholesterol, high blood pressure, diabetes and smoking</li> </ul>
<b>Mixed Dementia</b>	More than one cause affects the brain, usually protein deposits of Alzheimer's disease and blood vessel damage associated with vascular dementia. It may also be associated with dementia with Lewy bodies.	<ul style="list-style-type: none"> <li>Type and severity of symptoms depend on the area of the brain that has been damaged</li> <li>Symptoms are often similar to those of Alzheimer's disease</li> </ul>	<ul style="list-style-type: none"> <li>Estimates of the number of people affected are not known</li> </ul>
<b>Dementia with Lewy Bodies/ Parkinson's Dementia</b>	Abnormal protein deposits, called <i>Lewy bodies</i> , occur in the brain, and throughout the gray matter covering of the brain.	<ul style="list-style-type: none"> <li>Has features of both Parkinson's disease and Alzheimer's disease: problems with motor movement, memory, language and thought processes</li> <li>Possible alternating periods of confusion and periods of alertness and orientation</li> <li>Vivid visual hallucinations common; also possible delusions (fixed, false beliefs), or acting out of dreams</li> </ul>	<ul style="list-style-type: none"> <li>Affects men slightly more than women</li> <li>Generally occurs after age 60</li> </ul>

(Continued)



Table 20-1 **Types of Dementia** (*Continued*)

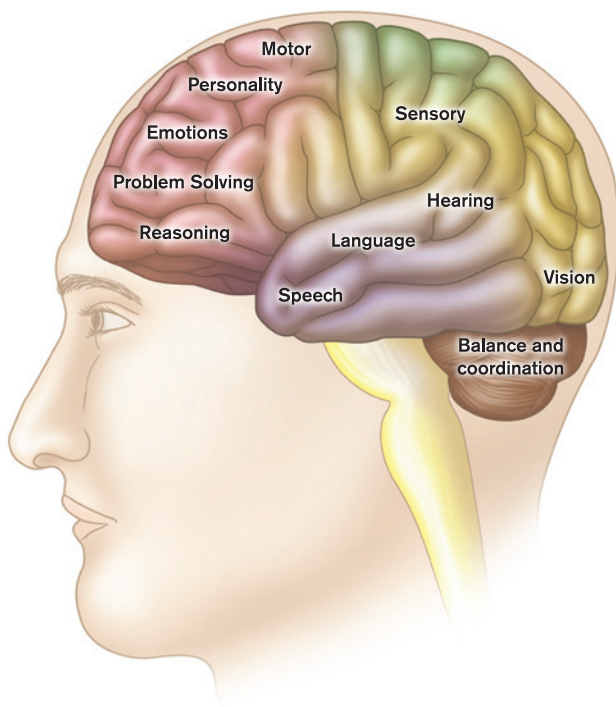
Type of Dementia	Cause	Characteristics	General Information
<b>Frontotemporal Dementia</b>	Damage occurs to the front and side parts of the brain causing nerve cell loss in those areas.	<ul style="list-style-type: none"> <li>• Language difficulties: trouble naming things and misuse of words</li> <li>• Impulsive, inappropriate behavior and lack of concern for others</li> <li>• Increased irritability, decreased judgment</li> <li>• Possible apathy (loss of interest and motivation)</li> <li>• Memory generally spared until later in the disease</li> </ul>	<ul style="list-style-type: none"> <li>• Possibly hereditary</li> <li>• Lasts from 8 to 10 years, with people living 8 years, on average, after symptoms start</li> <li>• Generally affects people between the ages of 40 to 60 years</li> </ul>

Although variations exist among the types of dementia, they are similar enough that the only way to tell what type of dementia a person has is by examining the person's brain after the person dies, during an autopsy. Often, autopsy shows that a person had more than one type of dementia. A person's specific symptoms depend on what areas of the brain are damaged and how much damage there is (Figure 20-1).

Most forms of dementia affect older people. The diseases that cause dementia last for years and ultimately lead to death. As brain cells become damaged, the person gradually loses the ability to remember, to think and to use language. Physical abilities are lost, and the person becomes totally dependent on others for care. Despite widespread research, there is still no cure for dementia. Some medications have been able to improve symptoms, but they do not slow the underlying progression or course of the disease. Currently, there are no medications that cure or modify the disease. Dementia interferes with the person's memories, personality and abilities—the things that make up the very essence of an individual. As a nurse assistant, be aware of what is important to the person. Although someone's personality may be altered by the disorder, their basic personality traits such as being independent, wanting to be correct or wanting to be in control often remain. In addition, you need to remember that each person is an individual and what things mean to one person may not mean the same thing to another person.

Most people with dementia whom you will care for will have Alzheimer's disease, the most common type of dementia. Table 20-2 provides an overview of the changes that occur over the years as Alzheimer's disease runs its course.

- **Early (mild) stage.** In the early stages of Alzheimer's disease, the disease is considered mild and changes occur very gradually and may not be immediately noticeable to others. The person is still functioning independently, being able to complete their activities of daily living (ADLs), such as bathing and grooming, as well as



**Figure 20-1** Not everyone with dementia may show exactly the same symptoms. The symptoms depend on what area of the brain is damaged and how much damage there is. The function that is controlled by the damaged area of the brain will be the function that is affected.

Table 20-2 Characteristics of the Stages of Alzheimer’s Disease

Early (Mild)	Middle (Moderate)	Late (Severe)
<ul style="list-style-type: none"> <li>• Memory problems (amnesia); forgetting material just read or learned</li> <li>• Some difficulties finding and using the right words (aphasia)</li> <li>• Misplacing things in odd places</li> <li>• Difficulties with planning and organization; difficulties with usual routines such as shopping or handling money</li> <li>• Getting lost in familiar places</li> <li>• Changes in mood or personality</li> <li>• Loss of initiative or motivation</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing loss of memory (amnesia)</li> <li>• Increasing difficulties with language (aphasia)</li> <li>• Problems with recognition (agnosia)</li> <li>• Difficulties performing tasks (apraxia)</li> <li>• Incontinence</li> <li>• Changes in sleep patterns</li> <li>• Increasing issues related to wandering and getting lost</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of language; increasing difficulties with communication</li> <li>• Swallowing difficulties and weight loss</li> <li>• Loss of awareness of surroundings</li> <li>• Dependent for all care; confined to bed or chair</li> <li>• At increased risk for serious infection, such as pneumonia</li> <li>• Death</li> </ul>

their instrumental activities of daily living (IADLs), such as grocery shopping, driving and managing the household. When the changes do become noticeable, many people misinterpret them as normal age-related changes. Often those in the early stages of Alzheimer’s disease are able to cover up their symptoms by using their social skills. For example, in answer to the question “How many grandchildren do you have?” a person in the early stages of Alzheimer’s disease might reply, “Oh, so many, so many! We are blessed! We love them all!” The person did not really answer the question, but the answer is socially acceptable because the person acknowledges that they have grandchildren and that they love them very much. However, social interactions become more challenging for the person over time, as the person experiences an increasing loss of ability to follow the thread of a conversation and a decreased ability to recognize or remember people. Initially, this is often characterized by loss of the ability to complete IADLs. For example, the person may forget to take medications or pay bills. However, with supports, such as blister packaging for medications and automatic bill payments, the person can continue to complete these tasks independently. If the person drives, the person is still likely to be safe doing it at this stage.

- **Middle (moderate) stage.** As the person’s symptoms worsen, it becomes apparent that something is very wrong. The person’s perceptions and understanding of the world change significantly at this time. The person’s personality may change. For example, a person who was always sweet-natured may become more argumentative. The

person requires a great deal of attention to ensure the person’s safety. The person has difficulty completing ADLs and IADLs. Often, caring for the person at home becomes increasingly difficult for family members and friends, and it becomes necessary to provide additional in-home and community-based supports or consider admission to a more supportive or assisted-living environment. At this stage, a nursing home admission may be premature. This stage is typically the longest stage, possibly lasting for many years.

- **Late (severe) stage.** In the final stages of the disease, the person shows significant decline. The person becomes physically dependent on others for all aspects of care, needing round-the-clock support either at home or in a nursing home. In addition, the person is at high risk for complications related to pressure injuries, contractures and infections. Problems with nutrition and fluid balance commonly develop as the person forgets how to swallow. Although tube feeding may be an option, it has not been shown to actually extend the overall life expectancy of someone with end-stage dementia, mainly due to associated complications related to aspiration (inhalation of food or fluid into the airway during breathing) and pneumonia. Language skills continue to decline and communication becomes difficult. The person’s physical condition progressively declines and eventually the person dies, often as a result of an infection. Care during the final stage of dementia is directed toward promoting comfort at the end of life and supporting a peaceful death (Box 20-1; see also Chapter 21 for more information about end-of-life care).

## Box 20-1 Care Measures for the Final Stage of Dementia

- Routine pain medication for comfort
- Laxatives as needed to prevent constipation
- Oxygen support to ease breathing
- Good skin care to prevent pressure injuries
- Food and fluids mechanically altered for ease and safety of intake (pureed food, thickened liquids)
- Discontinuation of weight measurements (weight loss is expected)
- Respect of advance directives

### Delirium

**Delirium** is a change in cognition that has a rapid onset and is related to chemical changes in the body. These changes can occur within a few days or even hours. Delirium is usually reversible, although the person may experience changes in cognition that are permanent even after the delirium is treated. Quick identification and treatment of the underlying cause of the delirium is necessary to reduce the person's risk for experiencing long-term effects.

Often delirium may be the first sign of an infection, such as urinary tract infection. Other common causes of delirium include medications and their side effects, lack of fluids (dehydration), low blood sugar levels, lack of sleep, constipation, metabolic changes in the body, or pain. Changes in the person's environment or a major health issue such as a heart attack or stroke can also cause delirium. Delirium also can occur in persons with dementia.

Dementia is the number one underlying risk factor for developing delirium, and it commonly occurs in people living with dementia.

Although it may be difficult to identify changes if the person is already experiencing dementia, pay special attention to any **new or sudden** change in the person or the person's behavior. Signs and symptoms of delirium include a sudden onset of one or more of the following:

- Seeing, feeling or hearing something that is not there (hallucinations)
- Not being able to recognize a familiar person
- Being extremely restless, especially at night
- Failing to remember things that happened quite recently
- Wandering, even though person knows their way around
- Not being able to concentrate or follow instructions
- Becoming lethargic and displaying little movement or activity

If you notice any of these changes, be sure to report them to the nurse immediately.



**ELDER CARE NOTE.** Delirium in older people is sometimes mistaken for dementia because some people assume that all confusion in older people is caused by dementia. Similarly, the presence of delirium in someone who has dementia is sometimes missed because the person with dementia already has a change in cognitive processes. It is important to recognize and report sudden changes in mental status (regardless of the person's baseline level of confusion) because delirium is often a red flag for a pending medical emergency—especially among older people.

### Dementia

Dementia commonly involves symptoms associated with problems in four areas:

- Memory (amnesia, from the Greek words meaning *without memory*)
- Communication (aphasia, from the Greek words meaning *without speech*)
- Senses (agnosia, from the Greek words meaning *without knowing*)
- Tasks (apraxia, from the Greek words meaning *without doing*)

Understanding the difficulties in these areas and how they change the person's interpretation of the world will give you a foundation for meeting the challenges that arise when you provide care.

#### Problems with Memory

In most forms of dementia, memory loss occurs early in the disease and is often the first symptom noticed. **Amnesia** is the term used to describe memory loss. Usually, **short-term memory** (memory of recent events) is affected. For example, a person in the early stage of dementia commonly remembers details of events that occurred in childhood (**long-term memory**, or memory of the past) but cannot recall what happened earlier in the day. Damage to

the hippocampus, a small structure in the brain that stores and retrieves memory, is responsible for the short-term memory loss associated with dementia. The hippocampus acts very much like the save button on your computer. When you save a computer file, you give it a name and press save. The computer then stores your file so that you can access it again another time. Sometimes, however, something goes wrong, and when you try to open your file you get a *file not found* message. Now imagine your hippocampus as the save button for your brain. If that button becomes damaged, new events cannot be properly saved by the brain. So, the next time you need to recall your memory of an event, it is not there. However, all your previous memories are still there, having been stored when your hippocampus was working. As the disease progresses and more and more of the brain becomes damaged, even the earlier memories will disappear.

Can you imagine how strange the world would seem if you could not recall the events in your life? How would you feel if you could not remember where you were and how you got there? The loss of memory causes a great deal of confusion as the person with dementia tries to make sense out of the present circumstances. Table 20-3 highlights some of the more common behaviors that result from the memory loss associated with dementia, as well as strategies for managing them.

When you care for a person with memory loss as a result of dementia, trying to argue or reason with the person to accept the truth will most likely cause the person a great deal of distress. The changes to the person's brain makes the person incapable of understanding facts. Instead focus on what the person feels to be true rather than what is really true. Use language that is simple and to the point. Showing acceptance and responding to what the person feels to be true is consistent with a technique called **validation therapy**. Validation therapy shows respect for the person's thoughts and feelings and validates (acknowledges) what the person feels, regardless of the actual truth. When you use validation therapy techniques, you do not tell the person that what the person believes is incorrect, but you do acknowledge whatever emotions correspond to that belief. For example, Mrs. Wesley tells you that her husband is coming for a visit. You know that Mrs. Wesley's husband died more than 20 years ago. In this situation, you would not acknowledge Mr. Wesley's visit as a fact, but you would acknowledge that Mrs. Wesley is feeling excited and happy about the prospect of a visit from her husband. To validate or acknowledge Mrs. Wesley's feelings, you could ask her questions about her husband (but not about the visit that will not occur). Talking about her husband

may provide some distraction for Mrs. Wesley and will let her recall pleasant memories from the past and connect with the good feelings that she had about her husband. By using validation therapy techniques, the caregiver shows respect for the person and helps preserve the person's dignity and sense of self. It is important for you to learn about the person's history so that you can help bring up the pleasant memories for the person.

## Problems with Communication

For a person with dementia, another problem area involves communication. The person's intelligence is not affected. **Aphasia** refers to problems with communication resulting from damage to the brain from injury or disease. For example, in the early stage of dementia, the person first shows problems with communication by having difficulties finding words. Language difficulties increase throughout the middle stage of illness with expressive aphasia, receptive aphasia, or both. **Expressive aphasia** refers to the inability to use language to express oneself, verbally or in writing (or both). **Receptive aphasia** refers to the inability to understand communication (spoken and written) from others. To imagine what this is like, picture yourself in a foreign country where you do not speak or understand the language. What if you got lost and had to ask for directions back to your hotel, but you did not know the right words to use? How would you feel if someone became impatient with you because you could not express what you needed or understand what the person was trying to explain to you? Would you feel anxious or frightened?

Expressive aphasia is easy to detect from the person's verbal expression. You may notice the person struggles to find the right word, uses the wrong words or sometimes jumbles words together that do not make sense. In other instances, the person may not seem to recognize that anything is wrong. At some point, the person may not be able to use words at all and will use only sounds for verbalization. The rhythm of those sounds, however, may mimic normal speech. Again, the person may not realize that anything is wrong with their speech. When a person has expressive aphasia, watch for the person's nonverbal cues to understand what the person is trying to say. For instance, if a person is pulling at their clothes and looking worried, the person may need to use the toilet. If the person strikes out at you whenever you try to put on or take off a shirt or blouse, perhaps the person is trying to tell you that it hurts when you are moving the person's arms and shoulders. A person often becomes angry or frustrated with caregivers because caregivers may not understand what the person is trying to communicate.

**Table 20-3 Helping Someone with Amnesia (Memory Loss)**

Behavior	What to Do	What Not to Do
Asks the same questions over and over (usually the result of anxiety or frustration)	<ul style="list-style-type: none"> <li>• Be patient and respectful. The person is not trying to be difficult or worrisome.</li> <li>• Write down the requested information where the person can easily find it or see it.</li> <li>• Provide reassurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not scold the person or keep reminding the person that you already answered that question multiple times.</li> <li>• Do not ignore or refuse to answer the person.</li> </ul>
Rummages, or searches for lost items and accuses others of stealing (sometimes items were truly misplaced, and other times the person may never have had that item or has not had that item in a very long time)	<ul style="list-style-type: none"> <li>• Show concern for what is missing, without regard to whether the person really had the item in the first place. If the person believes that they had something and is upset about it, then react to the person's belief. Offer to help the person look for the missing item or to report the loss.</li> <li>• Label all personal belongings so that they can be returned when the misplaced item is found.</li> <li>• Label the fronts of closets or dresser drawers with the contents to help the person locate frequently searched-for items.</li> <li>• Have the family provide a substitute for a precious item with something similar of lesser value to avoid significant emotional or financial loss if the item truly becomes lost.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not argue with the person about what the person did or did not have.</li> <li>• Do not disregard the person's concern about the lost item.</li> </ul>
Cannot remember the names of familiar people or how the person knows them	<ul style="list-style-type: none"> <li>• Use words that help the person correctly identify other people, or explain who they are. For example, "Your sister Gladys and her husband Tom are here to visit."</li> <li>• Be simple and to the point.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not assume that the person will remember people when the person sees them.</li> <li>• Do not use statements that will increase confusion, such as, "Oh, look who came see you! Do you know who that is?"</li> </ul>
Constantly tries to find a way back home or searches for deceased loved ones, not remembering that they died	<ul style="list-style-type: none"> <li>• Create reasonable explanations for the inability to go home at that time, or for why the deceased person is not there.</li> <li>• Use distraction to divert the person's attention from these searches. For example: "They are calling for bad weather so you can stay here tonight." Or, "Your husband called and said that he had an emergency at work. He wants you to eat without him."</li> <li>• Allow the person to speak about the loved one, or whatever subject the person is thinking about. As you learn more about the person, you can engage the person in conversation. For example, "I was thinking your house had a beautiful front porch." Or, "I believe your Mom was a wonderful cherry pie baker."</li> </ul>	<ul style="list-style-type: none"> <li>• Do not confront the person with the truth, because the truth may only bring about sadness, anger or distrust. Because the person does not remember ever moving from the home or losing a loved one, the truth would be new and very confusing information that the person would be unable to understand or accept.</li> </ul>

Receptive aphasia is more difficult to detect because you cannot know how the person is interpreting what you say. You may notice that the person cannot follow directions that you give and that the person becomes more and more upset the more you talk. In this instance, try using fewer words and more gestures to show the person what you need the person to do (Figure 20-2). If the person can follow gestures, the person likely has receptive aphasia and cannot understand your spoken words. Although the person may not understand your words, the person will understand your tone of voice and respond to it. Therefore, approach the person in a calm, nonthreatening manner and use a calm tone of voice to ensure that you do not convey annoyance, impatience or anger. If the person detects those emotions in your voice, you can expect the person to react accordingly. As a result, the interaction will be difficult for both of you.

## Problems with Using the Senses

A person with dementia may experience **agnosia**, the inability to use the five senses to recognize familiar things or people. For example, a person would be able to hold and feel a key in their hand but would not be able to identify it simply by touch. Likewise, a person may hear a truck drive by and become alarmed by the noise because the person does not know what it is. Or a person may see a hair brush but cannot identify it. Agnosia can cause a person to be unable to recognize family members or familiar caregivers, or even the person's own face when looking in a mirror. Imagine how frightening it would be to always see someone looking back at you and not know who that person is! Another example could involve pain. The person may be experiencing pain but is unable to recognize the sensation as pain. As a result, the person becomes



**Figure 20-2** Sometimes showing a person what to do is more effective than telling the person what to do.

angry because the person does not understand what is being felt.

Since the person with dementia is not able to recognize familiar things, safety in the environment becomes a huge concern. Leaving cleaning chemicals or medications where they are easily accessible to people with dementia could have disastrous results. These items could be sprayed into the eyes, swallowed or otherwise used in a harmful way. Although it is important to treat adults with dementia with dignity and respect, it is also important to recognize that they share many similarities with young children such as toddlers. Toddlers have not learned enough about the world to recognize what is unsafe. Adults with dementia have forgotten, or lack insight, about safety. All safety measures that you would use when caring for a small child should also be used when caring for someone with dementia. However, it is important that you do not treat the person like a child.

## Problems with Completing Tasks

A person with dementia may experience **apraxia**. Apraxia is the inability to perform the steps necessary to complete a task despite having the ability and desire to perform the task. Apraxia causes simple and familiar tasks, such as getting dressed, brushing teeth or eating with utensils, to become overwhelmingly complex. Although it may be easier to take over and perform the task for the person, doing so can rob the person of pride and self-esteem and can affect the person's dignity and independence. It is important to carefully observe what the person can do, and step in to help only when it becomes clear that the person has done as much as possible independently. Plan to have the person perform tasks that you know the person can achieve. When doing these tasks, provide supervision and reduce stimulation to avoid overwhelming the person.

Structure and routine are important. These elements help to break tasks down into a series of steps. Give the person simple directions to complete each step. Wait until one step is completed before giving instructions for the next step. Giving instructions one step at a time is necessary because memory loss prevents the person from remembering multiple directions.

Think about ways that tasks can be simplified. For example, dressing is difficult because the person has to figure out the order for putting on each article of clothing. Laying out articles of clothing in the order in which each article is to be put on will help the person dress appropriately (Figure 20-3). Sometimes the person will have trouble dressing and undressing because the person cannot remember how to use



**Figure 20-3** Laying out the person's articles of clothing in the order in which each article is to be put on can help a person with dementia dress themselves and remain independent longer.

buttons, snaps, buckles or other fasteners. If this is the case, see if the family can provide clothing that is easier to manage, such as pants with elastic waistbands or shoes with Velcro fasteners. Several companies make adaptive clothing. For example, a man's shirt may look like a regular button-down shirt, but it is fastened with a strip of Velcro behind the buttons. Adaptive clothing can help the person maintain independence with dressing and toileting for a longer time.

Eating also presents challenges. Apraxia makes it difficult for the person to figure out the steps used to get food from the plate to the mouth, and agnosia makes it difficult for the person to recognize utensils or even which items on the table are food and which are not. Offering one food at a time can help minimize this confusion. Hand-over-hand cueing can help the person perform the steps necessary for eating. Place food on the utensil and put the utensil in the person's hand. Put your hand over the person's hand and guide it to the mouth. The person often recognizes the familiar movement and will be able to continue feeding themselves at least for a short time. If trouble using utensils persists, offer finger foods such as sandwiches, chicken nuggets or cheese sticks, or put soup in a cup for the person to sip (Figure 20-4). Hand-over-hand cueing can be effective for involving the person in their own care with other tasks as well, such as brushing the hair or teeth.

Sometimes due to the damage to brain function, a person may experience what is called left-sided neglect. When this is present, the person cannot see the left half of the visual field. So the person will eat only what is on the right side of the plate because that is all the person sees. The simple action of turning the plate around often leads the person to eat the rest of the food now that the person can see it.



**Figure 20-4** Finger foods may be easier for a person with dementia to manage, which promotes independence with eating.

## Mental Health Symptoms in Dementia

People with dementia can experience problems with mental health as a result of the damage that occurs in the brain or because of the stress of trying to cope with a world that is no longer understood. Just imagine yourself in a world where your only active memories are those of years past. You no longer know the people and places of your more recent life, and you constantly search for people and places that no longer exist except in your long-term memory. You do not recognize where you are or the people you meet. You have difficulty making your wants and needs known. You cannot perform your own care, yet you do not understand caregivers' attempts to help. It is not only frustrating, but frightening, intrusive and very embarrassing.

Common mental health symptoms that a person with dementia may experience include depression, anxiety, hallucinations, delusions and paranoia.

- **Depression.** Depression is characterized by a low or sad mood, loss of interest, and loss of energy and motivation. It can easily result as the person struggles to come to terms with the loss of memory and abilities, experiences confusion about surroundings, and loses self-esteem. A person who is depressed may be sad or tearful, may lose interest in usual activities, may experience changes in eating and sleeping patterns, and may show increased irritability or anger.
- **Anxiety.** Anxiety is the intense, exaggerated and persistent state of worry about everyday things. A person who is anxious may have difficulty concentrating and find it hard to make decisions.

The person may be restless or irritable and may have physical symptoms, such as digestive problems, headaches and fatigue.

- **Hallucinations and delusions.** **Hallucinations** occur when the person sees, hears, tastes, smells or feels something that does not exist. For example, a person who is having hallucinations may tell you that spiders are crawling over the bed linens. Hallucinations can be caused by the changes occurring in the brain or may result from the presence of delirium. **Delusions** are fixed false beliefs that can also result from changes in the brain or from the person trying to make sense of the confusion around them. For example, a person who is having delusions may view family members, caregivers or other residents as dangerous intruders or may say that people are stealing from them or are going to harm them. If the person cannot understand where the person is or what is happening, the person may create a story in their mind that helps the person make sense of the situation. Despite the fact that there is no reality base for hallucinations and delusions, they are very real to the person experiencing them. Telling the person that what the person is experiencing or believing is not real will only cause frustration and additional confusion.
- **Paranoia.** Common delusions often involve the person feeling threatened with some kind of harm or wrongdoing by others, which can lead to **paranoia** (excessive suspicion without cause). A person who is experiencing paranoia may express fear of caregivers who are attempting to provide personal care. The person may refuse to eat because the person is afraid that the food has been poisoned. Arguing or trying to reason with the person to convince the person that the threat is not real is not productive. Instead, acknowledge any threats that the person *perceives*, and try to be helpful in that situation. For example, if the person believes that another person is out to harm them, provide reassurance that you are watching out for their safety and will provide protection.

Sometimes, the distress caused by mental health symptoms is so severe that it causes the person to act out in aggressive ways. When this occurs, medications may help manage these symptoms and reduce aggression, but because of side effects, these medications must be used with caution and only as a last resort. Ideally, the person's symptoms can be successfully managed using creative care approaches that address the underlying cause of the person's mental health symptoms.

## Challenging Behaviors

Challenging behaviors are often associated with the middle stage of dementia. These behaviors are called *challenging* because they pose difficulties for caregivers in providing care and in maintaining the safety and well-being of the person and others around the person. Sometimes these behaviors are associated with damage to the brain. More often, they are expressions of the fear and frustration that the person feels. These behaviors increase when the person feels out of control or feels their ideas and beliefs are being challenged. The most important link between those feelings and the person's behavior is most often the caregiver's approach. The mood for the day is set by the first interaction the person has with another person. A comment such as "Hi, how are you today?" can prompt frustration, which leads to a challenging behavior. This is the result of asking a person with short-term memory loss a short-term memory question. Any questions that require intact short-term memory to answer should be avoided if the goal is to keep challenging behaviors to a minimum.

Common behaviors in people with dementia include wandering and pacing, hoarding, resisting care, inappropriate sexual behaviors and sundowning (Table 20-4). Sometimes the person has an intense emotional and behavioral outburst over a seemingly small event such as the inability to answer a short-term memory question. This is referred to as a **catastrophic reaction**. Regardless of the behavior, first try to determine what is the underlying reason or motivation for the behavior.

As the person's language skills decline, behaviors become the way the person expresses wants, needs or feelings. As a nurse assistant, you must carefully observe the person's behavior and the circumstances to figure out what the person is trying to tell you. First, you will try to identify the trigger (what sparks the behavior), and then you will take a systematic approach to figure out what the behavior means. Once you know what causes or triggers the behavior, you can take steps to eliminate or minimize the behavior. All team members involved in the person's care play a role in this fact-finding and problem-solving process.

## Identifying Triggers and Minimizing Challenging Behaviors

The first step in identifying behavioral triggers is to gather facts. Remember all behavior is motivated. Focus on the facts you observe rather than jumping to conclusions about what you think may be happening. Note exactly what you saw, what you heard, where



Table 20-4 **Challenging Behaviors**

Behavior	Common Causes	Suggestions for Management
<p><b>Wandering</b></p> <p>Walking around aimlessly, or searching</p>	<ul style="list-style-type: none"> <li>• Need for movement or exercise</li> <li>• Boredom</li> <li>• Searching for someone or someplace</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporate exercise into the person's day.</li> <li>• Provide a safe, contained place for walking; create barriers to unsafe places.</li> <li>• Use pictures or other familiar items to help the person identify the door to their room.</li> <li>• Take the person to the bathroom; to help the person locate the bathroom independently, place a picture of a toilet on the bathroom door.</li> <li>• Listen to what the person says for hints as to what the person is searching for, and respond with validation therapy techniques.</li> </ul>
<p><b>Pacing</b></p> <p>Walking back and forth</p>	<ul style="list-style-type: none"> <li>• Physical need, such as hunger, pain or elimination, not being met</li> <li>• Overstimulation from the environment</li> <li>• Fear of being lost</li> </ul>	<ul style="list-style-type: none"> <li>• Assist the person in getting to bathroom; offer something to eat.</li> <li>• Walk with the person until the behavior stops.</li> <li>• Guide the person to a quiet, less stimulating environment.</li> <li>• Gently remind the person where the person is and that you are there to help.</li> </ul>
<p><b>Hoarding</b></p> <p>Stashing food, linens or other items in purses, dresser drawers or closets</p>	<ul style="list-style-type: none"> <li>• Fear that items may be wanted or needed later, and the person will not be able to obtain them</li> </ul>	<ul style="list-style-type: none"> <li>• Do not try to remove the items while the person is present; taking items away can cause the person great distress.</li> <li>• If possible, arrange for an area for the person to keep their collection, if appropriate, such as in a basket.</li> <li>• Arrange for room cleaning when the person is distracted with an activity taking place outside of the room.</li> <li>• Provide reassurance that the person's needs will be met.</li> </ul>
<p><b>Resisting Care</b></p> <p>Verbally and physically aggressive behaviors (screaming, yelling, or grabbing, hitting or pushing caregiver)</p>	<ul style="list-style-type: none"> <li>• Embarrassment or feeling of exposure because of nakedness</li> <li>• An uncomfortable environment (for example, the room is too bright, too noisy, too cluttered or too cold)</li> <li>• Distressing caregiver approach (rushing, being too loud, giving confusing directions, disagreeing)</li> </ul>	<ul style="list-style-type: none"> <li>• Slow down; focus on the person, not on the task. Break down tasks into steps that the person can complete.</li> <li>• Use good communication techniques and be mindful of your own body language and tone of voice.</li> <li>• Identify and address triggers (for example, if the person feels exposed during a shower, drape a bath blanket over the person's shoulders; if the person dislikes the shower spray, try a bath; if the person wants to wear one outfit all time, have the family supply multiples of the same outfit).</li> <li>• Ensure the person's physical comfort (for example, make sure that the room is warm enough and that the person has had the chance to use the toilet).</li> </ul>

(Continued)

Table 20-4 **Challenging Behaviors** (*Continued*)

Behavior	Common Causes	Suggestions for Management
<p><b>Inappropriate Sexual Behaviors</b></p> <p>Removing clothing or masturbating in public; making sexually suggestive comments or advances; pinching, grabbing or touching personal body parts of others</p>	<ul style="list-style-type: none"> <li>• Lack of impulse control</li> <li>• Possible physical cause such as a urinary tract or vaginal infection</li> </ul>	<ul style="list-style-type: none"> <li>• Approach the person calmly and redirect person away from the behavior; do not react to their action; use distraction techniques.</li> <li>• Assist in helping to rule out any physical cause.</li> </ul>
<p><b>Sundowning</b></p> <p>Increased confusion, agitation, restlessness and irritability in the late afternoon or early evening</p>	<ul style="list-style-type: none"> <li>• Change in the person's routine</li> <li>• Overstimulation</li> <li>• Fatigue</li> <li>• Disrupted sleep</li> <li>• Reduced vision because of reduced lighting</li> </ul>	<ul style="list-style-type: none"> <li>• Keep to the person's routine as much as possible.</li> <li>• Keep the person's environment well lit and turn on inside lights as it gets darker outside.</li> <li>• Make sure that the person gets enough sleep at night and does not get overtired during the day.</li> </ul>

it occurred, when it occurred, who else was with the person and what activity was happening at the time of the incident. By collecting and reviewing this information each time the behavior occurs, you may be able to detect a pattern that reveals what sparks the behavior. For example, the person demonstrates behavioral problems only at bath time. This timing would be a clue that something about the bathing process is causing distress. Perhaps the behavior occurs only in the dining room. It could be the noise in the room, confusion about how and what to eat or even mouth pain related to ill-fitting dentures. Regardless of the reason, gathering the facts provides a foundation and focus for problem solving. The questions in Box 20-2 may help you identify the triggers for challenging behaviors.

Pay special attention to pain as a possible trigger for behavior. Most older people experience pain because of physical changes of aging or the presence of medical conditions, such as arthritis. Therefore, if most older people have pain, and most people with dementia are older, it is logical to conclude that most people with dementia will experience pain. However, a person with dementia may not be able to report pain. As a result, the person may express the pain through behavior. Keep in mind that assisting with personal care often involves a fair amount of physical movement. For example, the person may have to raise their arms over the head to put on a sweater or comb the hair. Or the person may need to bend at the

waist to put on socks or tie shoes. The person may have to use the hands to button a shirt or jacket. Any of these activities could increase the person's pain. Because you are the staff member most often involved in assisting with personal care, you may be a common target for behavioral outbursts during these activities. If you observe that the person demonstrates behavior problems during personal care, report this to the nurse so that a proper pain assessment can be completed and an appropriate pain management plan can be developed.

Once a suspected trigger is identified, care approaches should be planned to eliminate or minimize that trigger. By eliminating or minimizing the trigger, challenging behaviors may also be eliminated or minimized. Everyone who cares for the person should know what the trigger is, what approaches to use to eliminate the trigger and how to use the approaches. Be sure to report to the nurse which care measures work and which do not so that the person's care plan can be updated with that important information.

## Responding to Aggressive Behaviors

Aggression is often a response to a real or perceived threat. A person with dementia may respond in an aggressive or combative manner. The person may assault you physically (for example, hitting, spitting, kicking, slapping or throwing an object at you) or

## Box 20-2 Identifying Triggers for Challenging Behaviors

### Cognitive losses

- Are problems with memory, communication, recognition of people or objects, or difficulties performing tasks involved with the behaviors?

### Mental health symptoms

- Does the person show signs of depression or anxiety (anger, irritability, withdrawal, tearfulness, constant worry)?
- Does the person show evidence of hallucinations (seeing, hearing, tasting, smelling or feeling something that is not there) or delusions (false beliefs or suspicions about others) that are upsetting?

### Physical conditions

- Is the person hungry or thirsty or do they need to use the toilet?
- Does the person show any verbal or nonverbal signs of pain?

- Are there symptoms of an underlying medical condition (for example, fever, swelling)?

### Past personal history

- Does the person try to act out past life roles or usual habits?

### Environment

- Is the person too hot or too cold or wearing ill-fitting or otherwise uncomfortable clothes?
- Is the setting too bright, too dark, too noisy or too quiet for the person's comfort?
- Is there too much going on around the person or is the person bored?

### Other people

- Does the person react negatively to your tone of voice? Manner of touch? Close physical presence?
- Does the person react negatively in the presence of only one person?

verbally (for example, shouting, threatening you with harm or making offensive statements). This behavior may be the person's way of communicating fear, frustration, pain or an unmet physical need, such as hunger, thirst or the need to use the toilet. Or the person may interpret your behavior toward them as a threat, leading the person to react this way. If a person becomes aggressive while you are trying to provide care, stop what you are doing and step back from the person to maintain your own safety. Then, refocus on the person and alter your approach to restore calm. Because the person is upset, respond with concern and comfort. If possible, leave the person alone for a few minutes. You may try to distract the person with another activity or change the topic and tone of the conversation to something pleasant. This distraction helps re-establish a connection with the person and may reduce the aggressive behavior, allowing you to continue to provide care. If the distraction is not working, stop it immediately. If your efforts to calm the person are unsuccessful and you still feel threatened after taking a step back, ensure the person's safety and then leave the area and report your observations to the nurse.

It is **never** acceptable for you to respond in kind to aggressive behavior (for example, by hitting a person who hits you). However, you can take steps to keep yourself safe and minimize this type of behavior. If

you know that a person is likely to display aggressive behavior with certain care activities, it often helps to use the buddy system and arrange for help from a co-worker when you provide that type of care to the person. It is also important to always report any incident of violence or aggression to the nurse and complete an incident report according to your employer's policy. This report will allow other members of the healthcare team to perform assessments and follow up as necessary to help minimize this type of behavior in the future.

## Communication and a Person with Dementia

Successful care results from making a connection with the person for whom you are providing care. Good communication is the starting point. Keep in mind the effects of dementia on the person's abilities and maintain an awareness of the person's mood and individual qualities. Sometimes when giving care, the task (rather than the person) becomes the focus of care, and the person's emotions and personal preferences are forgotten or ignored. Try being social first, then clinical. This approach allows the person to feel comfortable with you before you start touching or handling the person in a personal way.

Communicating with a person with dementia can be difficult because the person is easily distracted and can easily become overwhelmed. The person has difficulty determining what the person should or should not be paying attention to, especially when the setting is a busy one. Minimize distractions by turning off the TV or radio, or take the person to a quieter area. Adjust the lighting so that it is not too bright or too dim. Keep in mind that communication may also be complicated by changes in hearing resulting from aging. Be sure to announce yourself before touching the person to avoid startling the person and triggering a challenging behavior. Face the person directly so that the person can see your face (Figure 20-5). If the person is suffering from left-sided neglect, be aware that the person probably won't see you if you approach from the person's left side. So approach the person from the right side.

Speak slowly and clearly and use simple words. When you phrase requests, use simple, direct, to-the-point, positively worded sentences. For example, "Please put that down here" rather than "Don't put that there!" or, "Come with me" instead of "We're going to see the movie in the activities room and we'll have popcorn and soda and it will be fun." Because time is a difficult concept for people with dementia, avoid statements that tell the person about an event too far ahead of time. For example, say, "Let's go to the hairdresser" instead of "Tomorrow, I'm going to take you to the beauty salon to get your hair done." Also, use gestures to help to convey your message.

Table 20-5 summarizes helpful tips to use when communicating with someone with dementia.

## The Needs of the Caregiver

Providing care for a person with dementia is very difficult. As the illness progresses over time, the person becomes increasingly dependent on others. It becomes



**Figure 20-5** Use good eye contact, gentle touch and a calm tone of voice when communicating with a person with dementia.

more difficult for the person to communicate needs and wants. In addition, the caregiver must come up with creative approaches to encourage the person to cooperate with care and to keep the person safe. This puts a tremendous amount of stress on the caregiver and requires enormous amounts of physical and emotional energy. The constant stress of caregiving can negatively affect the caregiver's ability to cope with the difficult behaviors that are characteristic of dementia. As a result, the caregiver may react with anger or impatience. These reactions can trigger additional problems. For example, abuse is possible if the caregiver loses control out of frustration and fatigue.

## Family Caregivers

Most people who have dementia are initially cared for at home, which requires the support of family members 24 hours a day, 7 days a week. This situation places a great deal of responsibility on the family members and can disrupt family routines and relationships. Family caregivers tend to focus on the needs of the person with dementia at the cost of attending to their own needs and those of other family members. To care for their own physical and emotional needs, caregivers need **respite care**, periodic breaks from their caregiving responsibilities. Other family members, friends and neighbors can often assist by watching the person for a short time to give the primary caregiver a break. Home healthcare agencies and adult day care centers can also provide respite care.

Even after a person with dementia is admitted to a nursing home for care, family members carry a tremendous burden. Dementia is a progressive disease, which means that it only gets worse, not better. As the disease robs the person of short-term memories, abilities and personality, family members must cope with the gradual disappearance of the person they know and love. This involves grieving for each loss as it occurs—grief that can last for years. As a nurse assistant, you can do many things to help the person's family members:

- Encourage family members to have at least one thing each day that they can look forward to for themselves and to arrange for a break from their caregiving responsibilities at least once per week.
- Reassure family members that the person's needs will be met, even when they are not there.
- Put family members in touch with other members of the healthcare team (such as a social worker or chaplain) who are knowledgeable about resources to help the family, such as support groups. Being able to talk about feelings and problems with other people who are going through the same thing can help family members feel less alone with their burdens.

**Table 20-5 Communicating with a Person with Dementia**

Action	Reason
Know the person's history and use a topic from the person's past as a conversation starter.	Using a topic from the person's past gives the person comfort that you know the person even if the person does not remember you.
Avoid asking questions that rely on short-term memory.	Short-term memory is an underlying issue with dementia.
Start with "I was thinking about..." and then talk about a familiar topic or what the person sees, smells, tastes, touches or hears.	The word "remember" is often threatening and leads to feelings of failure and frustration. Using the person's frame of reference puts the person in charge of the topic.
Always approach the person from the front.	Approaching from the back or side can startle the person and trigger a challenging behavior.
Make eye contact, preferably at eye level.	Making eye contact helps the person connect with you. Standing over a person conveys power or authority and can be overwhelming.
Respect the person's personal space.	Standing too close is threatening.
Eliminate distractions in the environment.	Distractions interfere with the person's ability to focus.
Be social first, then clinical.	Establishing a personal connection and comfort level first is important before providing personal care.
Observe the person's body language.	Body language provides information about the person's mood and needs.
Match your tone and responses to the person's mood. For example, if the person is sad, respond with concern.	Responding in a way that agrees with the person's mood shows the person that you recognize the person's feelings and helps foster trust.
Be aware of your own tone of voice and body language.	Displays of impatience, frustration or anger will upset the person and could trigger a challenging behavior or aggressive response.
Explain what you are doing with simple words, gestures or both. Allow time for the person to process the information.	Explanation increases the person's ability to understand what you are doing, or what you want the person to do.
Give only one instruction at a time.	The person has difficulty remembering or successfully following multiple instructions. Multiple instructions may overwhelm the person and add to the person's frustration and anxiety level.
Never rush the person.	Rushing causes increased anxiety because the person cannot process information or act on instructions quickly.
Maintain the same familiar routines.	The person has limited mental abilities to cope with change. A change in structure or routine overwhelms the person and can increase the person's level of frustration and agitation.

- Provide family members, as appropriate, with information about their loved one's daily life. Because of language difficulties, the person with dementia cannot share with family members the events of the day or week.
- Suggest activities that family members can do together, such as taking a walk, looking at pictures in a book or singing songs (Figure 20-6). Often family members do not know how to have a meaningful visit, especially if the person does not really remember them or cannot meaningfully share information. These activities do not rely on knowledge of relationships and past memories and yet can still promote a feeling of togetherness and shared enjoyment. Even if the person cannot remember the family member, the person will have positive feelings from the encounter.

Help the family learn how to communicate without using questions that rely on short-term memory, or that result in arguing, correcting or disagreeing with the person. You can be an excellent example of how to use the person's enjoyable history to start conversations.

## Nurse Assistants

Statistics show that at least half of the people who live in nursing homes have dementia. Sometimes they may live on a special unit for dementia care, and other times they live among the general facility population. In either case, nurse assistants who work in those facilities are faced with caring for multiple people with dementia at the same time. People with dementia need constant supervision and frequent redirection. Meeting physical care needs is often difficult because of challenging behaviors. In addition, nurse assistants often feel burdened by their workload, feeling as if there is never enough help to get the job done. Many



**Figure 20-6** Activities that do not rely on the knowledge of relationships and past memories can help promote a feeling of togetherness and shared enjoyment for family members and the person with dementia.

nurse assistants are not only caregivers at work but are caregivers for children or other family members when off duty. Like family caregivers, nurse assistants fall victim to the physical and emotional toll of care.

Like family caregivers, you need to take care of yourself. Be sure to know your limits. Stay alert and recognize when to ask for help so that you do not find yourself in a situation where you are overwhelmed. Also, be alert for possible signs of stress in your co-workers. You can help relieve some of that stress by stepping in to assist.

It is also important for you to find ways of coping successfully with your own stress. Activities such as exercising, listening to music, getting together with friends or engaging in hobbies can help you relieve stress. Activities do not need to be expensive or time consuming. It is always possible to find something enjoyable that fits your lifestyle. The important thing is to find what works and commit to it so you can function at your best whether you are caring for people at work or caring for your family at home.

## Check Your Understanding

### Questions for Review

1. **Dementia is defined as:**
  - a. Alzheimer's disease.
  - b. A group of symptoms involving loss of memory and thinking abilities.
  - c. A specific disease that affects memory.
  - d. Personality change related to aging.
2. **Of the people diagnosed with dementia, most have which type?**
  - a. Alzheimer's disease
  - b. Lewy body dementia
  - c. Vascular dementia
  - d. Frontotemporal dementia
3. **You have repeatedly asked a resident with dementia to sit in the chair, but the resident continues to stand looking at you with a confused look. You then point to the chair and bend your knees as you demonstrate a sitting motion, and the resident sits in the chair. The resident is showing:**
  - a. Amnesia.
  - b. Expressive aphasia.
  - c. Receptive aphasia.
  - d. Apraxia.

4. **You are giving care to a woman who becomes frightened of her reflection in the mirror because she does not recognize herself. This is an example of:**
  - a. Agnosia.
  - b. Amnesia.
  - c. Delusions.
  - d. Hallucinations.
5. **A male resident has been walking the halls looking into rooms and behind doors. The resident is looking worried and keeps pulling at his clothes. This behavior suggests:**
  - a. A catastrophic reaction.
  - b. A delusion.
  - c. Hoarding.
  - d. Possible need for toileting.
6. **You have taken care of Mr. Edwards, a resident with dementia, for a long time now. He can no longer walk or talk and is beginning to have difficulty swallowing. Mr. Edwards is showing signs of:**
  - a. Late stage Alzheimer's disease.
  - b. Middle stage Alzheimer's disease.
  - c. Vascular dementia.
  - d. Depression.
7. **Every time you try to wash a resident's hair in the shower, the resident starts screaming and tries to hit you. You now realize that wetting the resident's hair:**
  - a. Causes the resident pain.
  - b. Makes the resident feel like a child.
  - c. Must be done quickly to complete the task.
  - d. Is the trigger for the behavior.
8. **The best way to calm a resident who is experiencing a catastrophic reaction is to:**
  - a. Smile at the resident.
  - b. Look into the resident's eyes to show concern.
  - c. Leave the room.
  - d. Ignore the behavior so that the resident will stop, and continue with your task.
9. **Mrs. McDay confronts Mrs. Morgan in the hall and accuses her of wearing her clothes. Your co-worker raises her voice to Mrs. McDay, saying, "I have already told you several times that Mrs. Morgan's outfit doesn't belong to you. You need to stop bothering her because I don't have time for this nonsense." Your best response would be to:**
  - a. Report this abuse to your supervisor.
  - b. Stay out of it because neither Mrs. McDay nor Mrs. Morgan is assigned to you.
  - c. Offer to provide assistance to give your co-worker a break from Mrs. McDay.
  - d. Remind your co-worker that Mrs. McDay has dementia.
10. **Mr. Knight has dementia. This morning when you tried to help Mr. Knight get dressed, he hit you with his cane. What is the best way of responding to this behavior?**
  - a. Ignore it. Mr. Knight cannot help his actions.
  - b. Take Mr. Knight's cane away from him.
  - c. Stop what you are doing, speak to Mr. Knight in a calm, comforting tone of voice, and try distracting him with another activity before attempting to help him with dressing again.
  - d. Report Mr. Knight's behavior to the nurse and request that he be given medication to calm him.
11. **Mrs. McBride, who is normally alert and oriented, is acting very strangely today. When you answer her call light, she tells you that mice are running up the walls. This could be a sign of:**
  - a. Alzheimer's disease.
  - b. Delirium.
  - c. Age-related memory impairment.
  - d. Mental illness.

## Questions to Ask Yourself

1. *Describe how you might feel if you were providing care for someone who paces and wanders for most of the day and then becomes very agitated when you try to help.*
2. *Imagine that you are providing care for a male client at home who has dementia. The client lives with his older adult wife. What safety issues might you encounter?*
3. *What could you do to promote the dignity and self-esteem of a person who has dementia?*



## What Would You Do?

Think back to Mrs. Davis, the wife of Mr. Will Davis, a newly-admitted resident with dementia at Morningside Nursing Home, whom you met at the beginning of the chapter. You have a new co-worker, Julie, who is assigned to provide care to Mr. Davis. She approaches you for help and reports that she is having a lot of difficulty trying to care for him, and, quite frankly, she is a little scared of him. She states that he does not seem to understand why he is here. He repeatedly talks about his home in Deer Park and his need to return there. Julie constantly finds him wandering the halls trying to find the way out. When she explains that he lives here now, he yells and screams, calling her a liar. He gets angry very quickly and is constantly accusing her, as well as others, of stealing from him. He believes that someone has taken his car keys and all of his money.

Mr. Davis needs help with bathing, dressing and toileting. Julie tells you that she tries as best as she can, but Mr. Davis often strikes out when she is trying to provide this care. He disregards her explanations and yells that he does not need help. Because he is much bigger than she is, Julie feels

nervous whenever she approaches him for care. Julie asks you for your advice.

1. How would you explain some of Mr. Davis's behaviors to Julie? What approach would you advise her to take with regard to finding the cause of the behaviors?
2. What advice would you give Julie about how to protect Mr. Davis's dignity and self-esteem, and keep him safe?
3. What advice would you give Julie about how to respond to Mr. Davis's aggressive behaviors and keep herself safe?

Mrs. Davis visits her husband every day. One day, you see Mrs. Davis in the hall and ask her how she is doing. She tells you that she thought life would be easier once she had her husband admitted here, but she still worries about him all the time and just feels so sad. She doesn't really do anything with her days other than to come and see him. You tell Mrs. Davis that you are worried about her and would like to help.

1. What things could you say or do that might help Mrs. Davis?
2. What losses has Mrs. Davis experienced as a result of her husband's disease?



# Enjoying Professional Success



## Goals

*After reading this chapter, you will have the information needed to:*

- Describe the basic expectations employers have for those wishing to be employed as nurse assistants.
- Describe the ways a nurse assistant can manage violence and harassment in the workplace.
- Describe the interpersonal skills a nurse assistant can use to manage difficult situations at work and contribute to a healthy work environment.
- Describe how to manage your time and prioritize your responsibilities.
- Describe the importance of caring for yourself, as well as others.
- Describe opportunities for career development and advancement for nurse assistants.



*You have just arrived at Morningside Nursing Home after a crazy morning at home. Your 8-year-old daughter told you that she needed to pick out another outfit for school because her shirt didn't match her pants. Then your 6-year-old son told you that he needed to bring in something for snack time at school today. And after all this, you realized that you needed to get gas in the car to get to work. As you enter the doorway at Morningside, you think to yourself, "I woke up feeling great about beginning my second month as a nurse assistant. I sure hope I can manage my day at work better than I've managed my time at home today. It's a miracle that I'm even here!"*

## Understanding Employer Expectations

### Adhering to Employer Policies

The first step to being successful in the workplace is to learn about and adhere to your employer's policies. This is part of your professional behavior. Although you will learn about your employer's specific policies and procedures during your employee orientation, most employers have common basic expectations for employees, including:

- Showing up on time and ready to work.
- Dressing appropriately for work.
- Calling your supervisor or the designated person if you will not be at work, as soon as you know that you will not be coming in—at least 2 hours before your shift begins.
- Reporting to your supervisor when you arrive for work at the beginning of your shift so you can be updated on any new changes.
- Reporting to your supervisor before you leave work at the end of your shift and giving an update on the status of those who were on your care assignment.
- Taking breaks only when assigned. Before going on break, ensure the safety of those in your care. Tell your supervisor where you are going and when you will be returning, and return by the agreed-upon time.
- Clocking in and out only on your time card (if the facility uses time cards). Do not clock in and out for anyone else.

- Following directions. If you do not understand something, ask for clarification.
- Completing tasks. If you are not able to complete something, tell your supervisor.
- Documenting your actions. Remember: *It is not done if it is not documented.*
- Being aware that certain actions are never tolerated in the workplace. Violence or the threat of violence, abuse, harassment, possession of weapons or illegal drugs, intoxication and theft are each considered grounds for immediate termination by most employers. Should you either witness or be subjected to any of these circumstances, report them immediately to your supervisor or human resources department and complete an incident report. Sleeping on the job is considered by many employers to be grounds for immediate termination, or at least a serious disciplinary action such as a suspension. Sleeping on the job is neglect of your duties, which jeopardizes the safety and welfare of those in your care.

### Keeping Your Certification Up-to-Date

Keeping your nurse assistant certification up-to-date is also essential to keeping your job. Although each state has different renewal requirements, the following documents and information are most commonly needed to renew your certification:

- **Proof of employment.** To renew your certification, you must show that you are working or have recently worked as a nurse assistant. If you allow your certification to lapse, you will be required to take the training course and pass the certification evaluation again in order to be recertified.
- **Proof of completion of in-service requirements.** Nurse assistants are required by law to complete a minimum number of in-service training hours each year. **In-service training** is additional training offered by your employer with the intent of keeping employees' skills and knowledge up-to-date. During in-service training, you may be taught new skills or information, or receive refresher training in existing skills. Federal laws governing nursing homes mandate certain topics that must be

#### KEY TERMS

- assertive
- harassment
- in-service training
- prioritize
- schedule

included in this training. State laws may mandate additional topics. You must be sure that you have met all training requirements.

- **Completed application and renewal fee.** The application for certification renewal, as well as directions on where to send the application and fee, can usually be found on the website of the organization that maintains the registry for nurse assistants in your state (for example, the state Board of Nursing). Time-management skills are important in the renewal process. You have to plan ahead to have your in-service hours completed, your renewal fee saved, and your application completed and submitted before your certification expires. Keeping your job means keeping your nurse assistant certification.

## Dealing with Violence and Harassment in the Workplace

The risk for experiencing violent or aggressive behavior while on the job is, unfortunately, a very real one for nurse assistants and other healthcare workers. Although less common, harassment by fellow employees can also occur on the job. Being able to manage these difficult situations appropriately is important for your health and satisfaction at work.

### Violence in the Workplace

As a nurse assistant, you may care for people who display violent or aggressive behavior toward you, such as hitting, kicking, slapping, spitting, biting or making verbal threats or offensive statements. Medication side effects and conditions such as dementia or mental illness can cause a person to act violently or aggressively. Although it is never acceptable for you to respond with violence or to cause harm to the person, it is also not expected that you must tolerate violence or abuse on the job.

The Occupational Safety and Health Administration (OSHA) recommends that employers establish violence-prevention programs. These programs provide training and establish protocols for preventing and responding to inappropriate conduct. The participation of all employees is important to ensure the success of the violence-prevention program.

As a nurse assistant, you can contribute to the success of a workplace violence-prevention program by taking the following measures:

- **Follow your employer's policy for reporting incidents.** Promptly report any incident of violence

or aggression, and complete an incident report according to your employer's policy.

- **Communicate with other members of the healthcare team.** When caring for a person who displays violent or aggressive behavior, it is important to share your observations with the nurse about actions that can provoke this behavior, as well as actions that can reduce this behavior. The nurse can then include these strategies for reducing or responding to inappropriate behavior in the person's care plan, so that all caregivers have access to them.
- **Attend violence-prevention training offered by your employer.** Topics often include how to recognize warning signs (for example, behavioral changes or increasing anger) that could lead to a violent or abusive incident, how to manage an unsafe situation, and what procedures to follow should an incident occur.
- **Be on the alert for warning signs (behaviors and evidence of increasing anger) in those around you.** Report situations that are concerning for you, such as angry and distraught family members, disputes between co-workers or increasing aggressiveness. Recognizing and reporting these situations may provide time and opportunity for resolving anger and conflicts before violence erupts. "If you see something, say something" applies to any kind of situation that is of concern.
- **Know ways of responding to another person's anger or aggression (Box 25-1).** Responding in these ways can help the situation from escalating out of control.

### Harassment

**Harassment** is ongoing behavior that causes significant distress to another person. The behavior is done deliberately and repeatedly to frighten or distress the person. Harassment can be verbal or physical. You may find yourself being harassed by a fellow employee. Actions such as making unwanted sexual advances or comments; making comments about a person's gender, race, sexual orientation, culture, religious beliefs or other unique traits; or discriminating against a person because of the person's unique traits are all forms of harassment. If you feel that you are being harassed at work, you should inform the person directly that the action is unwelcome and must stop. In addition, you should bring the matter to the attention of your supervisor, the human resources department, or both.

## Box 25-1 How to Respond to and Manage Another Person's Anger or Aggressive Behavior

- Seek possible causes for the behavior. For example, an undiagnosed infection or an injury can cause a person to respond with anger or aggression when you attempt to give care.
- Do not take the person's anger personally.
- If the person is visibly angry or aggressive, avoid getting too close to the person or touching the person. This may be threatening to the person and may make the person angrier or more aggressive.
- If someone is angry about what you are doing or responds with aggression, stop the task and give the person time to cool down.
- Try distracting the person with another activity or change the topic and tone of the conversation to something pleasant.
- Ask for help from a co-worker when you must provide care to a person who is known to behave in a violent or aggressive manner.

## Contributing to a Positive Work Environment

Working in healthcare can be stressful. As a nurse assistant, you have a great deal of responsibility to provide safe, compassionate care. There will be multiple demands on your time, and it can be challenging to balance all of your responsibilities and make sure that everyone's needs are met. In addition, healthcare is a people-focused profession. Where there are people, there are emotions. Especially in healthcare, these emotions can be very strong. If not managed well, they can lead to increased stress and burn-out.

A positive work environment is one where staff members support each other and feel supported. Every employee can contribute to a positive work environment. To succeed in the workplace and help contribute to a positive work environment, you must know how to manage stress and other strong emotions, such as anger. You must also have strong interpersonal skills, including skills related to resolving conflicts and advocating for yourself and others. Guidelines for contributing to a positive work environment are given in Box 25-2.

### Managing Feelings of Anger

Anger is a natural human response to stress. Anger is neither better nor worse than any other human emotion. Feelings of anger are often accompanied by physical symptoms, such as increased heart and respiratory rates, increased blood pressure and flushing of the cheeks. Some people burst into tears when they become angry. Although anger is a normal response in certain situations, it is important to know how to handle this strong emotion appropriately. Managing anger is crucial to succeeding in your job (as well as in your personal life).

## Box 25-2

### Nurse Assistant DOs and DON'Ts

#### Contributing to a Positive Work Environment

- DO** support your co-workers. Be willing to pitch in to help others when needed.
- DO** use good communication skills to prevent misunderstandings from occurring and to resolve misunderstandings that do occur.
- DO** treat everyone courteously.
- DO** smile!
- DON'T** gossip. Gossip is usually negative and not factual, and it can distract you and others from the work you need to do. Avoiding gossip helps to keep stress and other unnecessary negative emotions out of your life.
- DON'T** call out absent from work unless you are really unable to attend because of illness or a family emergency. When one staff member is absent, others have to pick up that person's workload for the shift and care may be compromised.

In your job as a nurse assistant, you may have occasion to feel angry. Sometimes you may not be treated with the dignity and respect you deserve. A person in your care may say inappropriate things, hit you, or spit on you. It is important to look at why the person might be behaving this way. Often, these

inappropriate behaviors are part of the disease process, and the person cannot help this behavior. Understanding this might help to reduce some of the anger you are feeling in response to the person's behavior.

Co-workers also may not treat you with the dignity and respect that you deserve. Some staff members may not recognize your contributions and may treat you in a dismissive or condescending way. Staff members or even family members who are stressed may also show negative behavior. Stress makes people less tolerant, and they can become angry more easily. Sometimes you will be the target of another person's anger, even when you do not deserve to be.

The natural response when someone treats you badly or unfairly is to become angry. Unchecked anger may cause you to say or do something that you will regret. To prevent this from happening, take deep breaths, and try to regain control of your emotions. Think about reasons why the other person might be behaving in the way that is making you angry and try to practice empathy. If necessary, remove yourself from the situation until you can regain control. (Of course, if the situation involves a person in your care, arrange for the person's safety before leaving.)

## Managing Conflict

Conflict, or disagreements, can arise when two people have differing viewpoints. Healthcare is people-focused, and as a result, it can be emotionally charged. There are many opportunities for conflict to arise. Conflicts may arise between two staff members, or between a staff member and a person receiving care (or a family member of a person receiving care). Conflicts can also arise between two people receiving care.

No matter when it arises or who it involves, conflict always has a negative impact in the workplace. It is always best to resolve conflict as quickly as possible so that both parties have a more positive attitude about the future (Figure 25-1). It is also best to confront the source of the conflict directly, but this does not mean attacking the other person. Even if a team member is rude to you, it is not appropriate for you to be rude in return. Rather, try saying something such as, "When you talk to me like that, it makes me feel bad, and it is difficult for me to want to work with you. I really don't like feeling this way." This statement expresses how the other person's behavior affects you. It is nonthreatening, and it invites conversation, which can lead to settlement. The two of you can discuss what is not right and decide how you can work together to make the situation better for both parties. Guidelines for resolving conflicts are given in Box 25-3.



Figure 25-1 Resolving conflicts that arise is essential.

### Box 25-3

## Nurse Assistant DOs and DON'Ts

### Resolving Conflict

- DO** ask to speak with the person privately.
- DO** allow the other persons involved to express their feelings about the situation, and try to understand their viewpoint.
- DO** ask the other person to work with you to find a solution to the problem that meets everyone's needs.
- DO** understand that sometimes in order to move beyond the conflict, you may just have to "agree to disagree" about certain points.
- DO** apologize for any role you may have played in the conflict.
- DO** seek help from a supervisor if it is impossible to resolve the conflict on your own. Unresolved conflicts affect the quality of the work environment and the care that you provide, and therefore cannot be allowed to continue.
- DON'T** use accusatory language that assigns blame to the other person. Instead, take responsibility for your own emotional response to the situation. For example, instead of saying, "You should have known better!" say, "I'm concerned by what I saw you doing yesterday."

Most conflict can be resolved between the two parties involved. If you believe you have honestly tried but failed to resolve the conflict, you should bring the problem to the attention of your supervisor. Because unresolved conflict can be very disruptive to the workplace and it can affect the quality of care that is provided, it is very important to work together to find a solution to the problem. And, once the conflict is satisfactorily resolved, it is important for both parties to put the conflict behind them and move on.

## Practicing Assertive Communication

The ability to be **assertive** is another important interpersonal skill to practice in the workplace. Being assertive means that you are able to make your needs and feelings known in a respectful way. An assertive person communicates needs and feelings in a direct way, while still respecting the needs and feelings of others. This is different from an aggressive person, who communicates needs and feelings directly, but without regard for the needs and feelings of others. An aggressive person comes across as threatening or a bully. An assertive person is different from a passive or passive-aggressive person, who fails to communicate needs and feelings at all, but instead becomes stressed, resentful or angry about the situation. Instead of facing the issue directly, a passive person internalizes the anger and dissatisfaction. A passive-aggressive person internalizes the anger and dissatisfaction and also may act out in inappropriate ways (for example, by making sarcastic comments).

Consider this situation: A male co-worker asks if you can come help him in 15 minutes, because the co-worker needs help getting a person in his care out of bed. It is near the end of your shift, and you really need to leave work on time today because you have to pick up your daughter at school. A passive response would be “Sure!” (while you become stressed and silently resent the fact that now you will be late to pick up your daughter). An aggressive response would be “No way! I told you earlier today that I had to leave on time today. Why don't you ever listen to me?” This type of response does nothing to help your co-worker and, in addition, will probably make him feel bad. But an assertive response would be “My shift is over in 15 minutes, and I need to leave on time today to pick up my daughter at school. I can help you now, or maybe Mary is available to help you later.” The assertive response helps you to meet your needs, while also helping your co-worker to solve his problem.

When using assertive communication skills, what you say is as important as how you say it. Speak

confidently, but without aggression or blame. Maintain a pleasant facial expression. Acknowledge that you understand the situation and the other person's point of view. Then, explain your point of view or position, using “I” statements. Finally, try to offer a suggestion for reaching a solution.

Being able to assert yourself helps to reduce stress, because it can help you to manage your time and your workload and prevent feelings of resentment and anger that can occur when you take on more responsibility than you can handle. Being assertive also helps you to gain the respect of others, because they see that you are direct about communicating your needs but also are understanding of their needs. Finally, the ability to speak up is important to protect yourself, those in your care and even your employer. How would you respond if someone is pushing you to do something you are not comfortable doing? For example, suppose another staff member asks you to do a procedure that you are not legally allowed to do or that you have never done before. You may not be comfortable denying the person's request, especially if the person is senior to you in the organization. However, to protect yourself, the person in your care and even your employer, it is important for you to speak up in a respectful manner and tell the person that you cannot do the task or that you are uncomfortable doing the task and explain why.

## Managing Time

As you move from the role of student to employee, you move into areas of greater responsibility. You can make this transition smoothly if you know how to:

- Plan your time, using critical thinking skills to assess situations.
- Balance your scheduling needs and the needs of the people in your care.
- Stay in control of your time.

## Using Critical-Thinking Skills to Manage Your Time

The ability to think critically about situations and problems will help you in your everyday life and at work. Critical thinking is a five-step process:

1. Identify the problem.
2. List alternatives to solve the problem.
3. List the pros and cons of each alternative solution.
4. Decide on the solution.
5. Evaluate: Is the problem solved?

When you think critically about a situation, you are able to see the impact various courses of action

may have. For example, you are on your way to help Mrs. Symington transfer from the bed to the bathroom when you see Mr. Shilling's call light go on. You know that Mr. Shilling is impatient and will try to get out of bed without help, risking a fall. Mrs. Symington is less inclined to get out of bed without assistance, but she may have an episode of incontinence if she needs to wait too much longer. You look around and do not see anyone who is immediately available to help you. You decide to help Mr. Shilling first, since the consequences of a fall could be potentially much worse than having to change Mrs. Symington's clothing and linens. Applying critical-thinking skills to this problem helped you determine the potential consequences of each course of action and make a decision.

Critical-thinking skills also allow you to solve problems that may arise because each person in your care and each situation is unique. For example, you are a home health aide and Mr. Tripp, one of the clients in your care, has trouble standing at the sink to shave. It is not possible for Mr. Tripp to sit at the sink because there is nowhere for him to put his knees. You could shave Mr. Tripp in bed or you could set him up with his shaving supplies at the kitchen table. You decide to set Mr. Tripp up to shave at the table, so that he can still maintain his independence. In this way, you used your critical-thinking skills to determine the best solution to the problem.

## Developing Time-Management Skills

### Your Personal Life

Time management is one of the most challenging tasks you face as a busy adult—particularly if you are a parent. It can be difficult to juggle job and family responsibilities, as well as time for yourself. Completing the time-management checklist in Box 25-4 can help you get an idea of where your current strengths and weaknesses are when it comes to time management.

Good time-management skills are essential in helping you keep your job and reduce your stress levels. Here are some strategies you can use to help you manage your time effectively:

- Plan ahead for each day. **Prioritize** (list in order of importance) the things you must accomplish each day. Allow a realistic amount of time to complete each item.
- Have back-up plans in place (for example, for child care and transportation).
- Always plan to report to work at least 15 minutes before your shift starts.

- Make sure you have a reliable alarm clock.
- Have a reliable form of transportation.
- Keep a monthly calendar noting personal and family activities and appointments. Record all activities and appointments and coordinate them with your work schedule.
- Share household duties with your spouse and children.
- Establish set times for daily activities such as homework, baths and bedtime.
- Check your phone messages and write them down. Open mail daily.
- Pay bills twice a month (for example, on the 1st and the 15th of each month).
- Keep an ongoing grocery list, noting items that need to be replaced as they are used up, and shop once a week for the entire week.

### Your Work Life

The world of learning and the world of work are different. When you learn new ideas and skills in a training program, you learn to perform every step of a task—such as giving a complete bed bath—in a specific, uninterrupted way. By learning the ideal way to perform these skills, you master how to perform each step. However, in a real-life setting, the situations are not as ideal, nor are they as specific. You may need to modify the skills you have learned to meet the specific needs of each person in your care. In addition, you will be required to provide care for many people at once.

In the real world, other people and situations influence how you use your time. For example, someone else makes decisions about how many people are in your care. How much time you spend caring for each person is also determined by factors outside your control, such as the person's medical condition and level of mobility. Finally, unplanned events happen when you least expect them. For example, you may be giving a bed bath when the person you are bathing begins to vomit. You have to stop what you are doing and sit the person up or turn the person's head to the side. Then, once the person is no longer vomiting, you must make sure the person is all right, report the situation to the nurse and decide what new actions to take. In addition, the person may have to be bathed again, and the linens may have to be changed. You must make new decisions based on each new situation. No matter what you decide, this bed bath will take longer than usual.

### Planning Your Day

Every day on your new job, you have many tasks to complete and details to remember. So far, you have been learning specific skills. Now you have

## Box 25-4 Time-Management Checklist

Answer <i>yes</i> or <i>no</i> to each statement in this time-management checklist.	Yes	No
1. I get to work 15 minutes early so that I can plan my workday before it begins.		
2. I know what I want to accomplish each day.		
3. I list tasks that need to be done each day and check them off as they are completed.		
4. I take big jobs and break them into smaller pieces.		
5. I do not take too much time away from my work by continually listing and planning.		
6. I do the most difficult and least interesting jobs first thing in the morning.		
7. I do not put off tasks; I do them <i>now</i> .		
8. I avoid letting one day's work carry over to the next day.		
9. I make full use of each day to complete that day's work.		
10. I sometimes evaluate myself to find out where I lose time.		
11. People compliment me on my use of time.		
12. I do not spend too much time on the phone.		
13. I watch and learn from the people around me who always seem to be ahead of schedule.		
14. I look for ways to use my time wisely each day.		
15. I group tasks logically.		
16. I listen carefully when someone gives me directions or other information.		
17. I set deadlines and strive to meet them.		
Now, look at the statements where you checked "yes." These are areas where you are already practicing good time-management skills! Next, look at the statements where you checked "no." These are areas that you will want to work on to improve your time-management skills.		

to know how to put them all together. You must create a **schedule** (a written plan that lists the time and order of several tasks) to guide you through the day. At first, scheduling your time seems difficult. As you gain experience, it will become easier.

At the beginning of each shift, you find out how many people are in your care and who they are. The nursing care plan and a verbal report from either the caregivers who worked on the previous shift or from your supervisor give you information about the kind of care that each person needs or about changes to the existing care plan (Figure 25-2).





**Figure 25-2** During the change-of-shift report, you will receive updates and instructions that help you plan your day.

You also learn about prescheduled activities or treatments. As you listen to the report, take notes, being careful to write down the following:

- Daily tasks that have to be done at specific times, such as measuring vital signs, providing treatments, serving meals, and turning and positioning
- Daily tasks that must be done but have no set time, such as bathing, dressing and mouth care
- Special things that have to be done or considered that day for the people in your care, such as appointments for physical therapy or diagnostic tests or procedures
- Your assigned break and lunch times

After listing the tasks that you must do that day, think about the order in which to do things and write down a tentative schedule. Some tasks might involve important preparation steps. For example, you may have to schedule time to use the tub room before you can give a person a tub bath. Other tasks may require help from another co-worker or supervisor. When you make your schedule, be sure to think about these needs and include time for them in your schedule. Also think about what you know about each resident in your care. For example, you may have learned that Mrs. Wiggins, who has dementia, becomes agitated if she is rushed through morning care or if her usual routine is changed. In addition, you know that when Mrs. Wiggins becomes agitated, it takes much longer to provide care for her. Take this knowledge into account when planning your schedule, by planning to follow Mrs. Wiggins's routine as much as possible and allowing plenty of time for care so that she is not rushed.

After you finish your schedule, put a star next to each task that must be done at a specific time. Then prioritize the remaining tasks by marking the most important ones to remind you to do them first, if possible. Now, when you look at your schedule, you know *what* must be done and *when* it must be done. Unscheduled events always occur. But when you know what *must* be done, it is easier to readjust your schedule.

Working in a healthcare setting is much like traveling by car. No matter how well you map out your trip, you are bound to make some detours along the way. Your schedule is like a road map that helps you find an alternate route to your destination. Every day, no matter how well you plan things for yourself, people's needs change—and so does your schedule. You may ask, “Why bother to make a schedule if I can never stick to it?” The answer is that the schedule is an important tool that reminds you of *what* you have to do, *when* you must do it and *which* things are most important for you to do. Often you will feel pressured to begin the day's activities without planning, but it will save you time in the end if you take a few minutes to create a plan at the start.

### ***Working as a Team***

What do you do when you need additional time to meet the needs of a person in your care? How do you cope when an assignment is too risky for you to handle alone or too time consuming for you to do your best job? What do you do when several people need your attention at once? These questions are difficult to answer, but in the real world these situations do happen.

Teamwork is essential in healthcare (Figure 25-3). It may be difficult to ask for help from co-workers who are just as busy as you are, but often two people can accomplish a task more quickly and more safely than one person can. Try to accommodate co-worker's requests for help as much as your schedule allows. This fosters a spirit of teamwork and will make others more willing to help you when you need it.

When an assignment seems too risky to handle alone or too time consuming for you to do a thorough job, it is important that you discuss this problem with your supervisor. Perhaps your supervisor does not realize how much time is required to meet the special needs of a certain person in your care, or perhaps you do not realize that another member of the team has just called out sick. Sharing information with your supervisor and other members of the healthcare team helps the healthcare team work well together so that everyone can enjoy a sense of satisfaction from a job well done.



**Figure 25-3** Teamwork is essential in a healthcare setting. Accommodate your co-workers' requests for help as much as you can, and they should do the same for you.

### ***Staying in Control of Your Time***

You have just finished helping Mr. Wilson brush his hair and shave. You are ready to leave his room to attend to the next thing on your schedule when he says, "Before you leave, could you do one quick favor for me?" You say that you would be happy to do something for him. Then he says, "Could you please make me a cup of tea and some toast? I'm hungry now, but I just couldn't eat breakfast earlier. I don't want to wait for an order to come up from the kitchen."

You want to be able to do this special task for Mr. Wilson, but you think to yourself that his quick favor is not going to be quick at all. You know that this task may take 10 minutes of your time. What can you do now? What could you have done to anticipate this situation?

Sometimes, unplanned events can be handled by taking charge of your time from the beginning. When you first go into Mr. Wilson's room, check to see what has to be done and let him know how long you are going to be there this time. Also, let him know when

you plan to come back. Before you start your tasks in Mr. Wilson's room, ask him whether he thinks he might need anything special. If, at the beginning of your time with Mr. Wilson, he says he wants tea and toast, you can adjust the time that you spend on other planned tasks to include his special request. If you wait until the end of your time with Mr. Wilson to find out that he has special needs, these last-minute requests may affect the rest of your schedule.

If you communicate your plans clearly to the person in your care, you may lessen the number of unplanned events during the day. What you say through verbal communication is just as important as what you say through nonverbal communication (such as your facial expressions or body language). The following tips will help you remember to communicate your message clearly and, in the end, may save time:

- When you assist a person, even on a very busy day, try to be relaxed. Remember that the person in your care is your reason for being there. If you seem to be hurried and stressed, the person also may become stressed, which may require you to spend more time with the person.
- If touching is acceptable to the person, use touch to reassure and comfort the person while you provide care. Placing a hand on the person's shoulder or holding the person's hand is calming and helps the person know that you care. Showing the person that you care may help the person feel more secure and help you spend your time more efficiently and effectively.
- When you help a person, take time to speak with the person and really listen to what the person has to say. Sometimes the simple act of stopping and listening to the person shows that you are available. This action can reduce the person's anxiety and perhaps even save you time in the long run.
- Before you leave a person's room, always ask if there is anything else the person needs before you leave. This helps to improve efficiency by allowing you to handle (or make arrangements for someone else to handle) the person's requests before you leave, thereby minimizing interruptions later. This also leaves the person with the satisfaction of knowing that you are concerned about meeting the person's needs and want the person to be comfortable.

Co-workers may also place demands on your time. While it is important to try and accommodate co-workers' requests for help whenever possible, remember what you learned earlier about assertive communication. Review your schedule, and think about where you might be able to rearrange some

of your responsibilities to help your co-worker. If you cannot shift some of your responsibilities without negatively impacting your schedule, then tell your co-worker you are not available to help and explain why. But try to offer another solution to the problem, such as suggesting someone else who might be able to help, or seeing how the two of you might be able to coordinate your schedules and work together to make sure both of you are able to complete your tasks for the day.

## Caring for Yourself

While you are at work, you are dedicated to taking care of others. In your personal life, you may also be responsible for caring for others, such as children or your own aging parents. It can be hard to make sure your own needs are met, when you are so busy meeting the needs of others. However, to do your best for the others in your life, you must take care of yourself too.

### Staying Physically Healthy

Being a nurse assistant is very physically demanding work. Taking good care of your physical health gives you more energy and helps to prevent work-related injuries. To maintain your physical health, follow these tips:

- **Get enough sleep.** On average, most people need between 6 and 8 hours of sleep each night to function well. Sleep allows the body to rest and rejuvenate itself and recover from the physical and mental stresses of the day. When we do not get enough sleep, it makes it difficult to think clearly, and we lack energy and stamina. We are less able to tolerate emotional stress, and we are more likely to catch contagious illnesses, such as a cold or the flu. Lack of sleep also puts a person at risk for health conditions, such as hypertension and weight gain.
- **Eat a healthy diet.** In Chapter 15, you learned about tools you can use to plan a healthy diet, such as MyPlate.gov and nutrition labels on packaged foods. A healthy diet gives your body the nutrients it needs to function properly and helps to maintain a healthy body weight.
- **Incorporate exercise into your life.** Find a physical activity (or activities) that you enjoy, and make a “date” with yourself to exercise several times a week. Try to mix up activities that get your heart pumping (“cardio”) with activities that strengthen your muscles (such as weight training) and increase flexibility (such as yoga). Regular exercise helps to keep your heart, lungs and bones healthy and is essential for maintaining a healthy

body weight. In addition, exercise is a great way to relieve mental and emotional stress.

- **Avoid habits that can harm your health.** Habits such as smoking, excessive alcohol use or the inappropriate use of drugs (legal and illegal) can have a very negative impact on your health. If you smoke, or if you think that you might use alcohol or drugs excessively or inappropriately, take steps to break these habits. For example, share your concerns with your primary care provider, a clergy member or other trusted person in your life. Acknowledging the problem is the first step in solving the problem and developing new, healthier habits.
- **Practice preventive healthcare.** See your primary care provider at least once a year. Routine physical examinations and screening tests can help to detect health problems early, before they become more difficult to treat or cause permanent harm to your body. Also, be sure to keep your immunizations current and see your dentist twice a year for routine teeth cleaning and a dental exam.

### Staying Mentally Healthy

As you have learned, working as a nurse assistant can be stressful. The multiple demands on your time, having to care for people who may not seem appreciative of your efforts and facing the loss of people in your care to whom you have grown close are just some of the situations that can make your job emotionally stressful. To stay healthy, you must find positive ways of managing this stress (Figure 25-4). Examples of positive ways to relieve stress include:

- Engaging in prayer or meditation.
- Engaging in physical activity.



**Figure 25-4** It is important to take time for yourself to do things that you enjoy doing. © FatCamera/E+/Getty Images

- Enjoying a hobby.
- Spending time with friends and other people you enjoy being with.

Although it can be difficult, it is important to make time for yourself to do what you enjoy doing. This time away from the pressures of work and family can help you to relax and recharge, so that you are better able to handle stressful situations when they do arise. If stress becomes too great and you find that your usual methods of managing stress are not working, or if you find yourself turning to unhealthy methods of managing stress (such as drinking too much alcohol or using drugs inappropriately), talk to your supervisor. Many employers have stress management or employee assistance programs available to help employees manage the stress in their lives.

## Developing Your Career

### Lifelong Learning

Now that you have completed this training course, you have learned the basic skills and techniques needed to become a certified nursing assistant. However, your training does not end on the last day of class! Once on the job, you will have the chance to learn new skills, new methods of providing care and new reasons for doing things a certain way. It is crucial to keep up-to-date with new information and to incorporate this information into your practice as a nurse assistant. Make an effort to continuously increase your knowledge. Ask the nurse about new techniques or equipment that you see being used or for more information about specific disorders that the people in your care may have. Become a member of professional organizations for nurse assistants, such as the National Network of Career Nursing Assistants (NNCNA) and the National Association of Health Care Assistants (NAHCA), to stay on top of new developments that affect the profession. Learning is truly a lifelong endeavor.

### Opportunities for Professional Growth

Although many people enjoy long and fulfilling careers as nurse assistants, training and working as a nurse assistant is excellent preparation for other careers in the healthcare field as well. For example, you may decide that you want to go back to school to become a licensed practical/vocational nurse or a registered nurse. Or, maybe you will want to receive additional training to work at a more advanced level in healthcare. Because of changes in our healthcare system, opportunities may be available as employers seek ways to deliver quality care in a cost-effective,

efficient manner. Examples of some of these opportunities include patient care technician (PCT) and medication aide:

- **Patient care technician (PCT).** In addition to the basic skills needed to be a nurse assistant, PCT training may include training in more advanced nursing skills (such as checking blood-glucose levels and inserting or removing indwelling urinary catheters), skills related to drawing blood samples (phlebotomy), and skills related to obtaining and monitoring electrocardiograms (ECGs).
- **Medication aide.** Medication aide training builds on nurse assistant training to provide additional instruction in how drugs work in the body and the safe administration of drugs. Medication aides who complete the training are qualified to administer certain drugs in certain settings under the supervision of a licensed nurse.

Perhaps you may decide to pursue another career in healthcare that is not related to nursing at all. Learning about the job responsibilities of other members of the healthcare team can help you to define goals for your own career, should you decide that you want to branch out from nurse assisting.

### Leaving a Job

You will likely hold many jobs over the course of your career. When you decide to leave a job, first speak with your supervisor about your intention to leave and let them know when your last day will be. It is courteous to give your employer a minimum of 2 weeks' notice so that arrangements can be made for someone else to take on your responsibilities after you are gone. Submit a formal resignation letter thanking your employer for the opportunity to work at the organization and stating your intention to end your employment and your intended last day.

Some employers will conduct an exit interview with you before you leave. The purpose of this interview is to help employers understand why employees leave, so that they can reduce employee loss and turnover. Although it is important to be honest about your reasons for leaving, try to avoid speaking negatively or in an accusing way about the organization, your supervisor or your co-workers. You never know who you will find yourself working with again in the future.

## Making a Difference

"After the verb 'to love,' 'to help' is the most beautiful verb in the world!" This quote is from Bertha von Suttner, an Austrian novelist and the first woman to receive the Nobel Peace Prize. By deciding to enter the healthcare field, particularly in the role of nurse

assistant, you have made a choice to make a career out of helping others. This is truly a wonderful choice. Along the way, you will discover just how rewarding caregiving can be. It might happen when you are discharging a person home or after giving a distressed family member some time and comfort. It might happen when a person you took care of comes back just to see you. That person may look into your eyes, take your hand and say, “Thank you. You made it easier. You are a great nurse assistant.” This is truly a wonderful experience. You have the ability to make a significant difference in the lives of those in your care and their family members. Always remember this, and try every day, with every person in your care, to be the best nurse assistant you can.

## Check Your Understanding

### Questions for Review

- When a co-worker asks for your assistance, you should:**
  - Stop whatever you are doing and help your co-worker.
  - Refuse to help if your schedule does not allow time for such an interruption.
  - Work this request into your schedule as well as possible.
  - Report the request to the nurse.
- How can making a schedule help you to manage your time?**
  - It can help prevent unexpected requests from those in your care.
  - It can be used to show the nurse and your co-workers how busy you are, so that they do not ask you to take on additional responsibilities.
  - It can help you see what needs to be done and when.
  - It can help to manage conflicts that may arise.
- What is the best way to handle unexpected events?**
  - Rearrange your schedule the best you can to accommodate the unexpected event.
  - Ignore the unexpected event and stick to your planned schedule.
  - Report the unexpected event to the nurse so that the nurse can manage the situation.
  - Ignore your schedule for the rest of the day.
- You are a home health aide. When you arrive at your client's home, the son greets you at the door and asks if you would not mind running to the store to pick up some milk, since they are out. Which of the following is an example of an assertive response?**
  - “You should have seen to this before I got here. I'm much too busy to be running to the store!”
  - “I can't go to the store because I only have 45 minutes with your parent, and there's a lot we need to get done in that time. How about you go to the store while I'm here?”
  - “Okay. Hopefully I can make up some time so that I'm not late to my next client's appointment.”
  - “You should have called me. I could have stopped for the milk on the way here, but now it's too late for me to help you.”
- Which of the following is a positive way to deal with work-related stress?**
  - Get a prescription for an antidepressant medication.
  - Engage in an activity that you find enjoyable, such as knitting or woodworking.
  - Drink excessive amounts of alcohol to make it easier to forget about problems at work.
  - Take out your work-related stress on others, such as your co-workers.
- Mr. Gordon has dementia. Today, while you were assisting Mr. Gordon with dressing, he slapped you across the face. An appropriate response would be to:**
  - Slap Mr. Gordon back to get him to stop behaving in this way.
  - Report Mr. Gordon's behavior to the nurse, and complete an incident report.
  - Tell Mr. Gordon that if he does not stop behaving in this way, you will have him removed from the facility.
  - Ignore Mr. Gordon's behavior. He cannot help his behavior because of his disease.
- All of the following are effective strategies for managing another person's anger EXCEPT**
  - Standing very close to the person and making yourself appear taller so that the person knows who is in charge.
  - Stopping the task and giving the person an opportunity to cool down.
  - Ensuring the person's safety and leaving the area.
  - Using distraction techniques, such as changing the subject or activity.

## Questions to Ask Yourself

1. You are serving dinner to the residents of a nursing home. You realize that Mr. Harris and Miss Yarnell both need a lot of assistance with eating tonight. You provide care for both of them and for one other person who also needs help with eating. What would you do so that each of these residents has the chance to eat a hot dinner?
2. You are on your way to answer a resident's request for help when the daughter of another resident on the unit, Mr. Ipswitch, stops you in the hallway. You can tell by her body language that she is very angry. She says to you, "We are paying an incredible amount of money for my father to be here, and the service is terrible! He just told me that he has made repeated requests to have his baths in the evening instead of in the morning, and no one is listening to him. Is it really that hard to reschedule my father's bath?" What should you do? How would you respond to Mr. Ipswitch's daughter?
3. Mrs. Greene is a new resident on the unit. She was admitted to the nursing home because her dementia had advanced to the point where her niece could no longer care for her at home. When you are talking with Mrs. Greene's niece, she says to you, "My Aunt Jane has just become so nasty in her old age. She doesn't appreciate anything I do for her, and I do a lot. Good luck dealing with her!" What would you say to Mrs. Greene's niece? How will you respond to Mrs. Greene if she treats you the way she has been treating her niece?



## What Would You Do?

*Think back to your crazy morning.*

1. What time-management skills could you have used to make your morning easier?

*During report, you learn that you will be caring for six residents today. Two of the residents, Mrs. Quillen and Mr. Short, require complete assistance with bathing, dressing and eating. Mr. Short is also scheduled for physical therapy at 10 a.m. Two other residents assigned to your care, Mr. Fernandez and Mrs. Lewis, also need help with personal care and ambulation. Mrs. Lewis has an appointment to have her hair cut after lunch. The fifth resident assigned to you, Mrs. Langdon, has Alzheimer's disease and requires frequent supervision because she often is seen wandering and hoarding throughout the day. Your last assigned resident, Mr. James, has just been transferred to Morningside after having had a stroke that left him paralyzed on his left side. He is extremely weak and is allowed out of bed to the chair for short periods of time, three times a day. The nurse from the previous shift tells you that Mr. James was up all night.*

1. What tasks would you write down on your schedule for the day, and how would you prioritize them?
2. What issues would you need to consider when developing your schedule for the day to ensure that you are practicing the five principles of care (safety, privacy, dignity, communication and independence) with each of the people in your care?

*As you go through the day, your schedule seems to be working. You breathe a sigh of relief. So you proceed with your next task and decide to get Mr. James out of bed. As you enter his room, you notice that he is sleeping soundly. You know that you need to get him out of bed, but you also know that he didn't sleep well the night before. You also know that you need to get Mrs. Lewis ready for her haircut appointment.*

1. What would you do? What would be your priorities?
2. How would this situation affect your stress level?