



SIMPLE NURSING SKILLS FOR HOME CARERS

DR ALICE TSO, RN

KEY TOPICS REVISED (DATED 1 JUNE 2022)

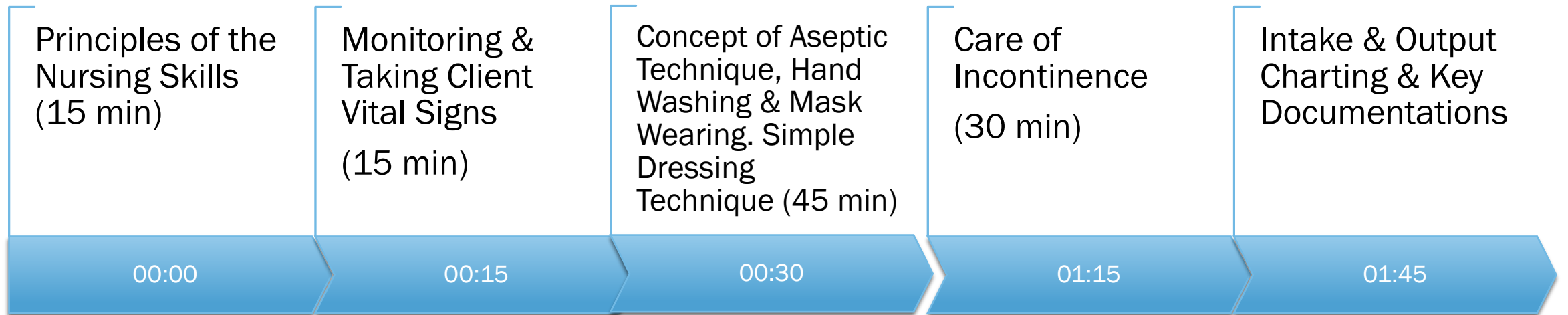
Name of Topics	Content of Topics	Remarks
A. Introductory Session	1. Basic Anatomy & Physiology	
Alice TSO	2. Understanding Common Health Problems	
	3. Roles & Responsibility of Home Carers	
	4. Basic Communication Skills to People with Health Problems Staying at Home	
B, Activities of Daily Living (ADL)	1. Principles of Skills of ADL	
Alice TSO	2. Personal Hygiene Care	
	3. Body Mechanic Principles	
	4. Lifting, Ambulation, Transporting	Demonstration with Video Pauline TANG
	5. Basic Feeding Skills & Foundation of Nutrition	

Name of Topics	Content of Topics	Remarks
	6. Concept of Holistic Care	
C. Simple Nursing Care (Part 1)	1. Principles of Nursing Skills	
Alice TSO	2. Vital Signs Taking & Monitoring	
	3. Hand Washing & Wearing mask	Demo Video
	4. Concept of Aseptic Technique	
	5. Simple Dressing Technique	Demo Video
	6. Skin Care & Care of Incontinence	Demo Video
	7. Intake & Output Charting	
	8. Importance of Documentation & Reporting	
D. Environmental Health & Home Hygiene	1. Principles of Infection Control	
Sharon LEE	2. Home Hygiene During Pandemic /	

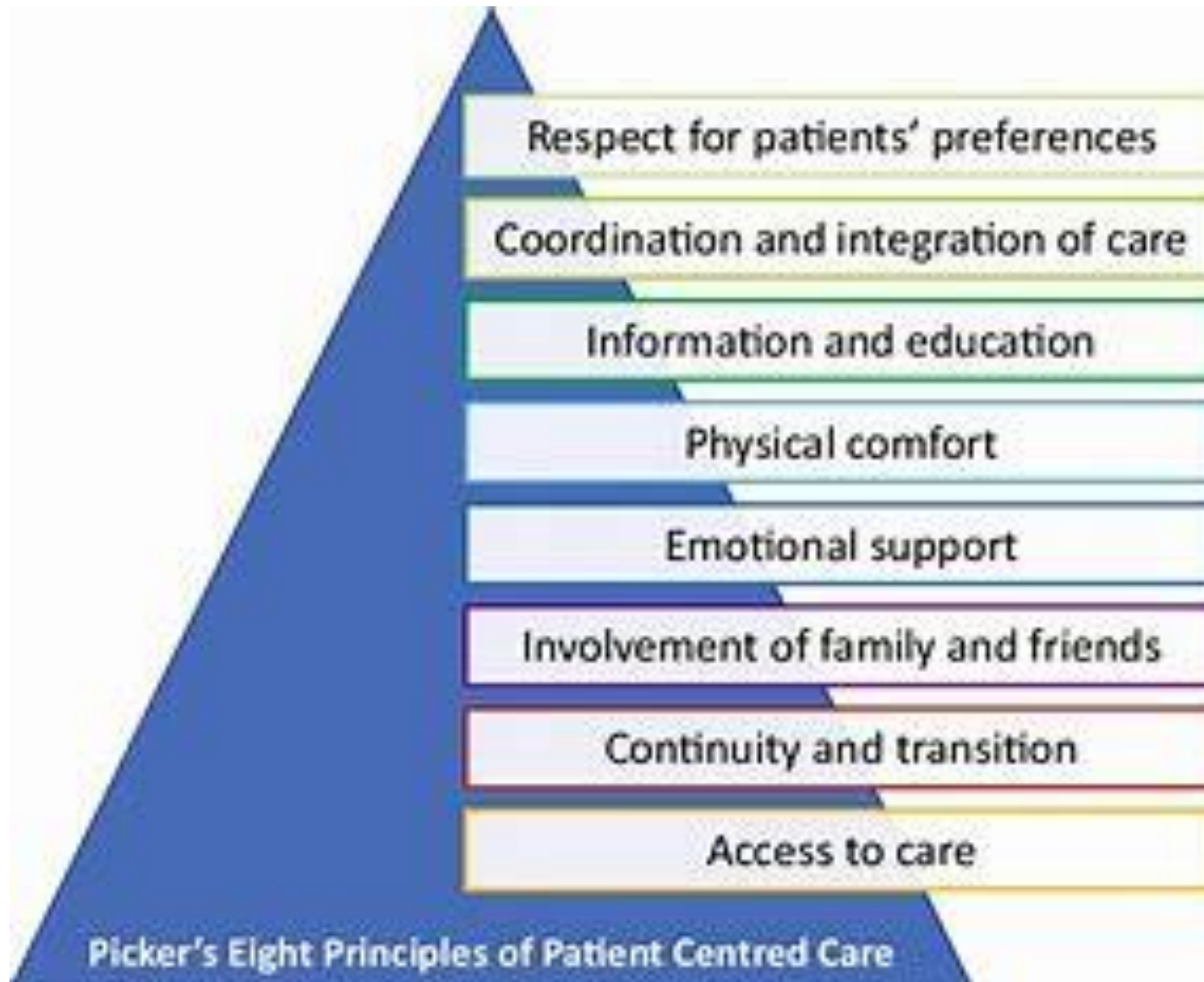
Name of Topics	Content of Topics	Remarks
	3. Identify Risks at Home & Safe Home Layout	
	4. Home Hygiene & Safety, Proper Disposal of Contaminated items and Clinical Waste, Safe Storage of Disinfectants and Medical Equipment	
	5. Occupational Safety & Care for Home Carer	Video on Interview with Home Carers Gloria LUK
E. Simple Nursing Care (Part 2)	1. Basic Drug Administration	Demo Video
Alice TSO	2. Care of Vomiting	
	3. Care of Pain	
	4. Care of Dizziness and Sudden Weakness	
	5. Care of People refusing Eating / Drinking	

Name of Topics	Content of Topics	Remarks
	7. Many other health Problems	Q&A
F. Concluding Session	1. First Aid at Home	
Alice TSO	2. Resuscitation at Home ABC	On site Demo
	3. Multiple Choice Exam	

OUTLINE OF THE SESSION







PRINCIPLES OF THE NURSING SKILLS

Safety

Privacy

Independence

Confidentiality

Expressed(Communication)

Dignity

SPICED

The four principles of person-centred care



MONITORING & TAKING OF CLIENT VITAL SIGNS

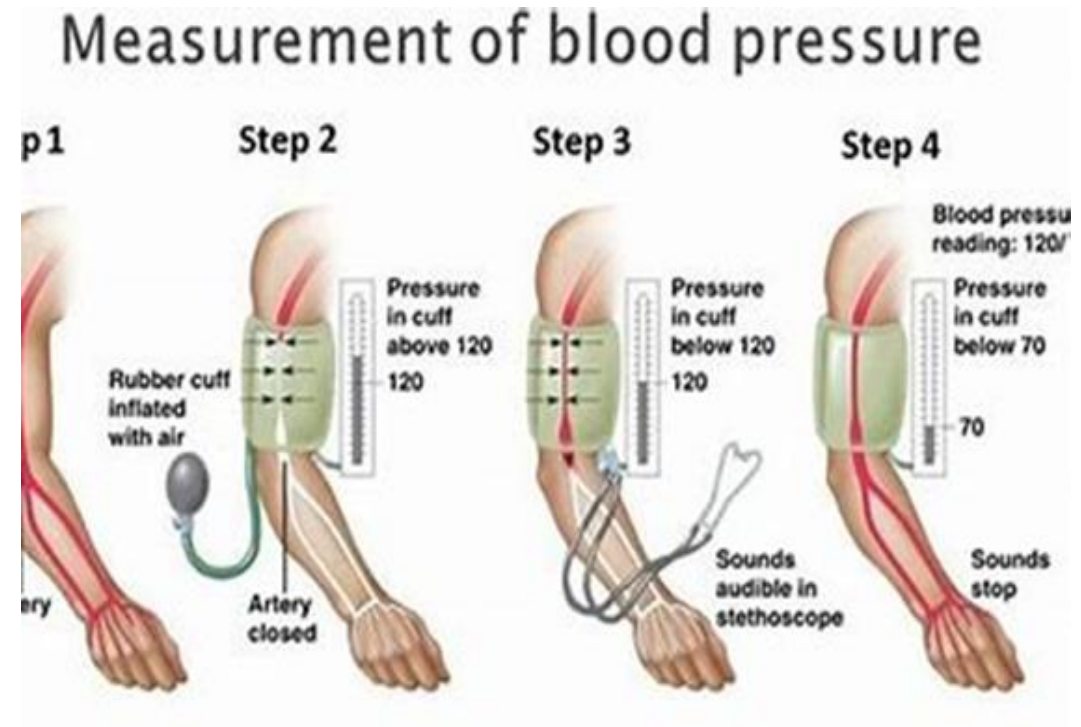
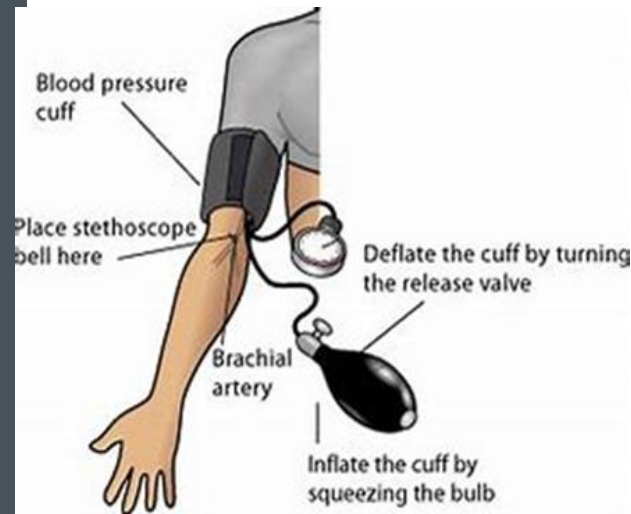
- Blood Pressure (120/80 mmHg)
- Pulse (60-90/min)
- Respiration Rate (12-16/min)
- Body Temperature (36.1 C – 37.2 C)
- Blood Oxygen (Using Pulse Oximeter: 95%-100%)
- Urine/ Blood Sugar
 - (2 hours after eating 90-110 mg/dL)
 - (Fasting for 8 hours <100 mg/dL, <6 mol/L))



MEASUREMENT OF BLOOD PRESSURE

Before Taking BP:

- Relax for 5 min
- Right positioning
- Take multiple readings for accuracy
- If Systolic > 180 mmHg, and diastolic > 110 , or abnormal drop of BP with symptoms, **Seek Medical Advice**



CONCEPT OF ASEPTIC TECHNIQUE



- **Asepsis or Aseptic** means the absence of germs, such as **bacteria, viruses,** and other microorganisms that can cause diseases
- Healthcare professionals use aseptic technique to protect patients from infection
- The skin is the body's first line of defence against germs, A person is vulnerable to infection as soon as there is a break in their skin, regardless of whether it occurs as a result of an accidental injury or a surgical incision.
- Aseptic technique range from simple practices, such as using alcohol to sterilize the skin, to full surgical asepsis which involves the use of sterile gowns, gloves and masks.

MORE ABOUT MICRO- ORGANISMS AND HEALTH

- Bacteria – Single Cell Organism < 1 micron, , vital to our Ecosystem, causing diseases such as Food poisoning, URI , UTI, Strep throat, Staph infection, Cholera, Tuberculosis, leading to Septicaemia and death
- Good & Bad Bacteria/ Pathogenic Bacteria – present everywhere, all over our body, in gut (Probiotics) , and on skin
- **Use of Antibiotics / Antibiotic –resistant Bacteria (MRSA Methicillin-resistant Staphylococcus Aureus)**
- Virus – much smaller, causing diseases such as influenza, COVID 19
- Others – fungi , parasites

USING ASEPTIC TECHNIQUE AT HOME

Aseptic Technique at home requires proper training and demonstration from healthcare professionals



And use of sterile gloves and special sterile dressing kits prepared



Aseptic technique is used in the following procedures at home:

- Inserting urinary catheter, handle drains and IV lines
- Administering injections
- Dressing wounds and burns

ASEPTIC TECHNIQUE VS CLEAN TECHNIQUE

Aseptic Technique

- **Aseptic Technique** is to eliminate germs which are disease-causing microorganisms
- **Aseptic Technique** is used during surgical incisions or when inserting foreign object such as catheter into the body
- **Aseptic Technique** is different from Sterile Technique used in operation rooms

Clean Technique (Non-touch Technique)

- **Clean Technique (Non-touch Technique)** focuses on reducing the number of microorganisms in general through handwashing, wearing gloves, maintaining clean work area
- **Non-touch Technique** prohibits touching key parts of object during a care procedure such as syringe tips, and inside of sterile dressings
- **Clean technique** is often sufficient for long term care, home care such as in changing the dressing on a healing wound

PROPER HAND WASHING



1. Wet your hands with water and apply soap.



2. Rub hands together to make a lather.



3. Rub your palms, fingers, and back of your hands.



4. Rub your hands really well for at least 20 seconds.



5. Rinse hands with water.



6. Dry hands using paper towel or an air dryer.

HAND WASHING VIDEO



PROPER MASK WEARING

HOW TO WEAR A MASK PROPERLY +



WASH YOUR HANDS BEFORE WEARING A MASK WITH SANITIZER



THE COLOURED SIDE FACING OUT AND WHITE SIDE FACING IN



LOOP THE STRAPS AROUND YOUR OVER THE EAR OR YOUR HEAD



FIX THE METALLIC STRIP TO FIT THE SHAPE OF THE NOSE



STRETCHING THE MASK TO COVER YOUR CHINS



FINISH PROTECTION GUARANTEED

MASK WEARING VIDEO



DRESSING A WOUND AT HOME (GENERAL PRINCIPLES)

- If you have a minor wound on the surface of your skin, it can usually be treated without a trip to the emergency room.
- Start by stopping the bleeding and assessing the wound.
- If the wound is minor and not very deep (< 3”) , you can clean and dress it at home so it is protected. Care for it properly so it can heal with minimal scarring.
- If you have a deep wound that is gaping open or shows fat or muscle under your skin, you should seek medical attention as soon as you can.

STEP 1: STOPPING THE BLEEDING AND ASSESSING THE WOUND

- Wash your hands with antibacterial soap and wear disposable medical gloves.
- Apply pressure with a dry, clean cloth to stop the bleeding for 15 min, if bleeding not stopped, seek for medical advice
- Manage wound at home if the wound is not very deep or large
- See your doctor if the wound appears deep and is dirty.
- Go to the doctor if the wound is from an animal bite.



STEP 2: CLEANING THE WOUND AT HOME

- Wash the wound with mild soap and water
- Flush the wound with a **saline solution** from your Home **First Aid Box** . (Make your own saline solution by mixing together 1 to 2 tablespoons (15 to 30 ml) salt in 1 cup (240 ml) water)
- Do not use hydrogen peroxide or iodine
- Dab around the wound dry with **clean gauze** or a towel.
- Remove any debris in the wound with **tweezers** sterilized in **alcohol**.



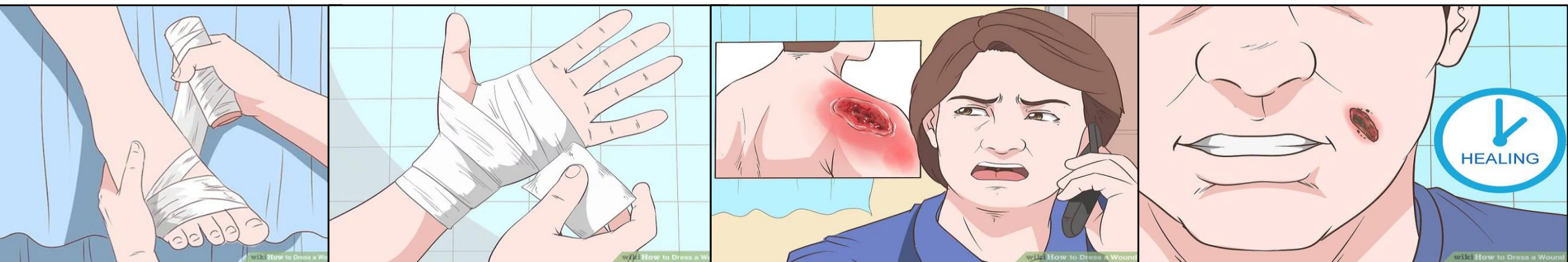
STEP 3: COVERING THE WOUND

- Use a small **bandage** for a small wound
- Apply a large **band aid or gauze** on a large wound.

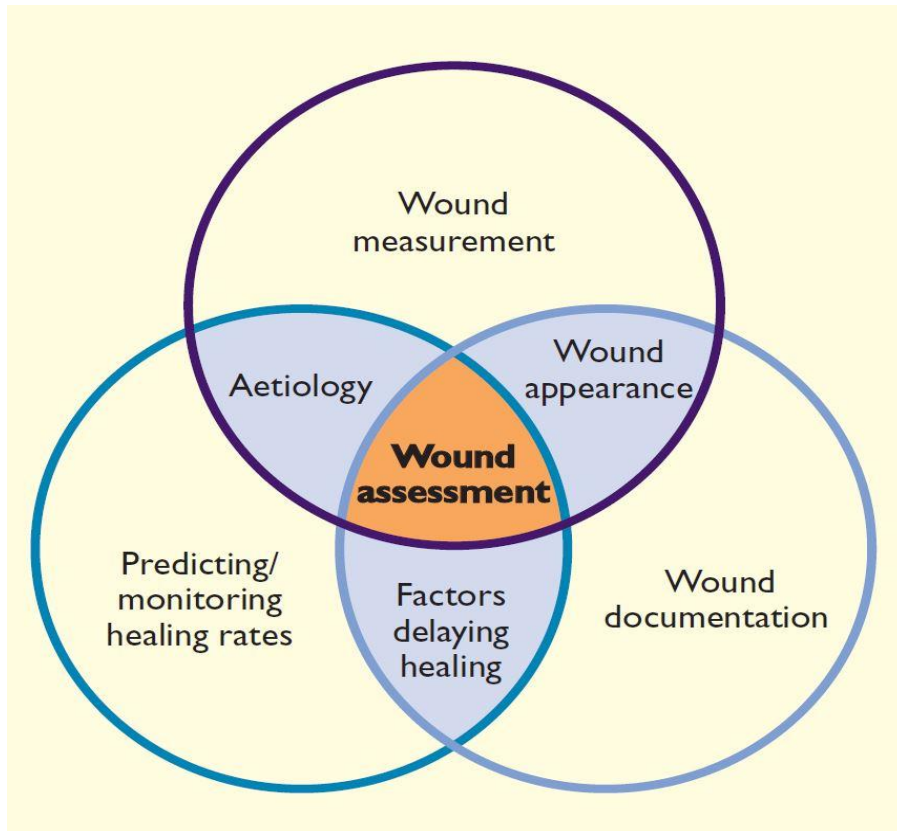


STEP 4: CARING FOR THE WOUND

- Change the dressing 2 times a day or whenever it gets soiled
- Keep the wound moist and covered. Make sure the wound stays covered
- Replace the bandage if you see blood soaking through
- Allow the wound to heal for 1-2 weeks
- Go to the doctor if you see signs of infection:
 - Swollen,
 - Hot to the touch
 - Very red
 - Draining pus
 - Irritated
 - Painful



SIMPLE ASEPTIC DRESSING TECHNIQUE (VIDEO)

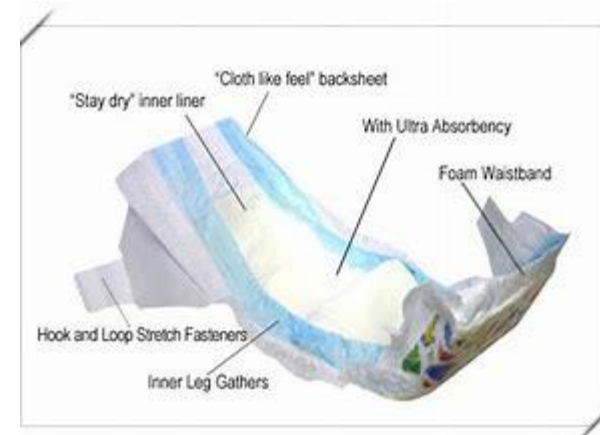


BACKGROUND INFORMATION ON CARE OF INCONTINENCE

- **What is Incontinence ?** - Incontinence is the inability to control one's **urination or defecation**. In most situations, it leads to a high dependence on caregivers to care for patients at home. Good management of incontinence is essential in preventing the occurrence of **pressure ulcers and infections**, as well as to enhance one's dignity and quality of life.
- **What are the types of incontinence?**
 1. **Stress Incontinence** occurs when pressure is applied to the bladder, which causes urine to leak. It typically happens on occasions when one is laughing, sneezing, or exercising.
 2. **Urge Incontinence** occurs when there is a sudden and intense urge to urinate, and the inability to control it causes urine to leak. This is common among the elderly, especially for those who suffer from urinary tract infection and diabetes.
 3. **Overflow Incontinence** occurs as the bladder is not emptied completely, causing urine to dribble.
 4. **Functional Incontinence** occurs when a physical or mental impairment causes difficulty in urinating at the appropriate time. This commonly occurs post-stroke.
 5. **Stool Incontinence** is when stool leaks from the rectum due to one's inability to control the urge to defecate.

POINTS TO NOTE FOR CARE OF INCONTINENCE

- Adult diapers must be changed frequently to prevent skin infections and rashes. For most, diaper changes occur **5 to 8 times a day**. This means that an average person with incontinence would need at least 150 diapers a month. (Advise to shop online)
- Patients who are incontinent, having limited mobility, underlying medical conditions, and poor nutrition are prone to **pressure ulcers**.
- Following proper care and the **prevention of pressure ulcers** are important, if skin redness seen, always consult a wound nurse
 - Use of barrier cream
 - Turning 2 hourly if bed bound
 - Well balanced diet
 - Encourage activities like sitting up, and sitting out of bed
 - Keeping skin clean and dry
 - Cushioning on Bony Prominence
 - Moving without dragging and tearing



CARE OF INCONTINENCE (WITH VIDEO)

Tips:

Wash the anal area and buttocks from rectum to small of back, fold corner forward. Wash each buttock with a new corner, then re-wash anal area from rectum to small of back.



BED BATHING / SHOWER VIDEO



TIPS FOR HOME CARERS ON INCONTINENCE CARE

- **Talk with their doctor if you notice s/s of the followings**
 - 1. Urine smell, soiled clothing, or covered furniture
 - 2. Changes in personality or behavior (suspected dementia)
 - Changes in wardrobe
- **Watch out for certain foods and drinks, ensure adequate fluid**
- **Stick to a bathroom schedule esp elderlies with dementia**
- **Waterproof the mattress, sofa, and chairs**
- **Use humor kindly to diffuse anxiety and embarrassment**
- **Have an incontinence care kit on hand**
- **Choose clothing that's easy to change and launder**
- **Get rid of lingering odors**
- **Get help from professionals or an in-home care givers**



INTAKE & OUTPUT CHARTING & KEY DOCUMENTATIONS

- **Monitoring of intake** help care givers ensure that the patient has proper intake of fluid and other nutrients. **Monitoring of output** helps determine whether there is adequate output of urine as well as normal defecation.
 1. Whatever is taken by the patient especially fluids either via the gastrointestinal tract (enterally) or through the intravenous route (parenterally)
 2. Whatever is excreted or removed from the patient – urine, sweating, vomiting , water content in stool (diarrhoea)
- The amount of fluid required by a person and the urine output varies with age, weight, activity and physical surrounding.

- **The water intake** of a 50-90 kg adult person is about 2500 to 3000 ml per day or 2 ml/kg/hour. Normally, this is accomplished by:
 1. Water consumed as drinks (usually about 2000 ml)
 2. Water that is part of solid food
 3. Water produced in the body as a product of metabolism
- **Urine output** in an adult is between 1000 to 1500 ml per day.
 - Another normal means of output of water is through evaporation of water from the skin and mucous membranes (mouth, throat, respiratory tract) and also through sweating. The amount contributed by these two mechanisms is about 800-1200 ml
 - Some 300 ml of water is also excreted together with faeces
- I-O Chart for documentation and Monitoring
- Importance of **Monitoring Intake** and **Output** Monitoring is an important clinical care process that provides the means to determine the progress of the disease and the beneficial as well as detrimental effects of treatment. **Monitoring of intake** help care givers ensure that the patient has proper intake of fluid and other nutrients.

IMPORTANCE OF REPORTING



Why Reporting
is Important?



What are to
Report?



To Whom to
Report



Honesty and
Confidentiality!

THANK YOU !

