



SIMPLE NURSING SKILLS FOR HOME CARERS PART II

DR ALICE TSO, RN

CONTENT

- Care of Incontinence (30 min)
- Intake & Output Charting & Key Documentations (15min)
- Medication Safety at Home (15 min)
- Client Care with Some Signs & Symptoms for Safety and Comfort (45 min)
 - Vomiting
 - Pain
 - Dizziness and Sudden Weakness
 - Insomnia

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.

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
 - Changes in wardrobe
- **Watch out for certain foods and drinks, ensure adequate fluid intake**
- **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 Home Nurses to work with client on incontinence care and pressure sores prevention programs**

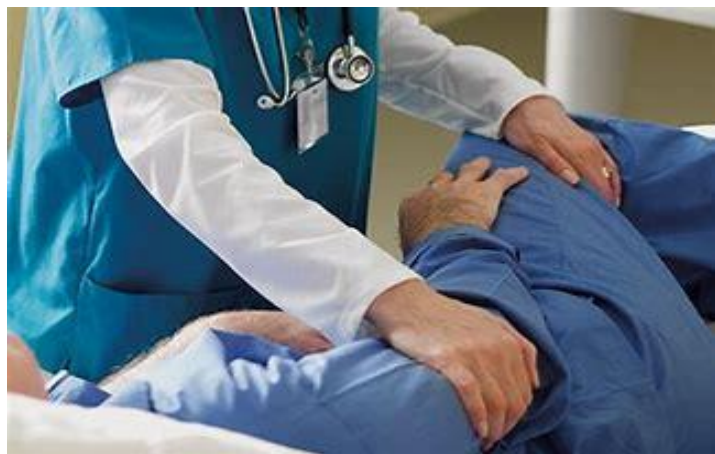
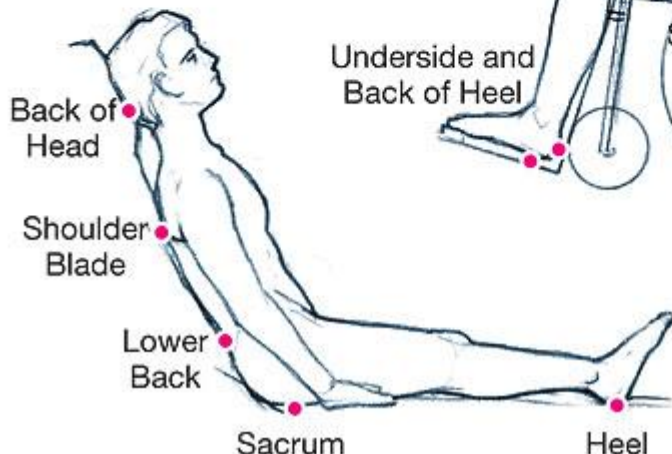
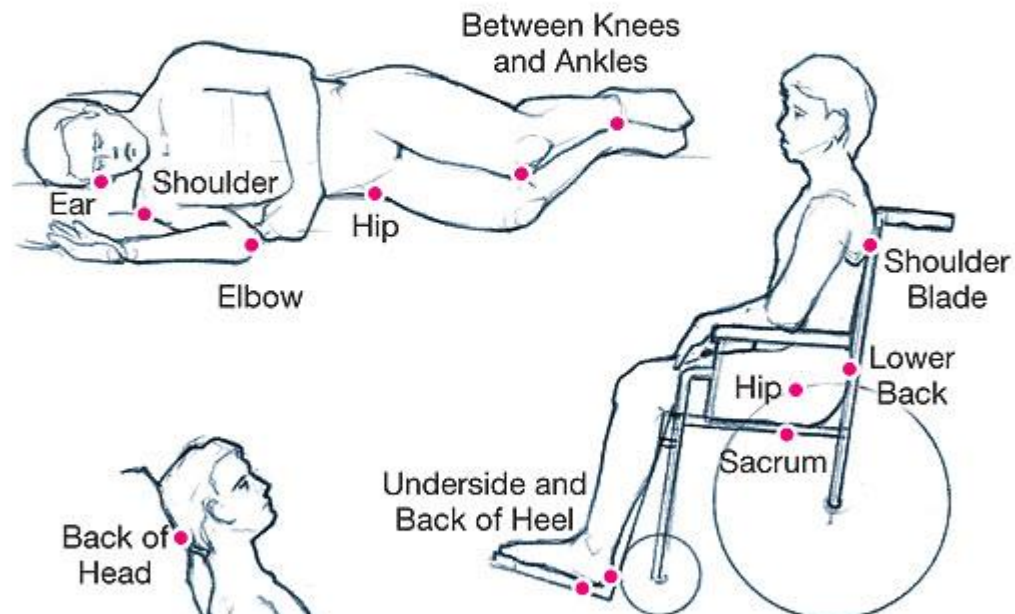
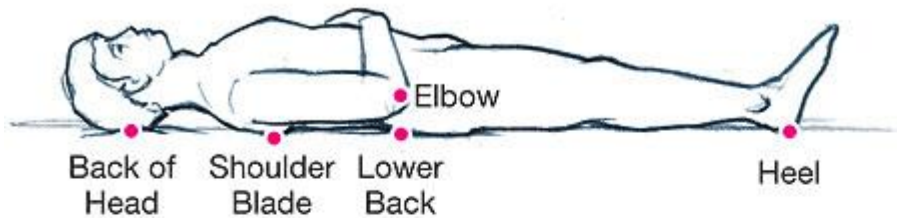


POINTS TO NOTE FOR CARE OF INCONTINENCE

- **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
 - Moving without dragging
 - Observe skin conditions and report to Nurse



Common Locations of Pressure Ulcers

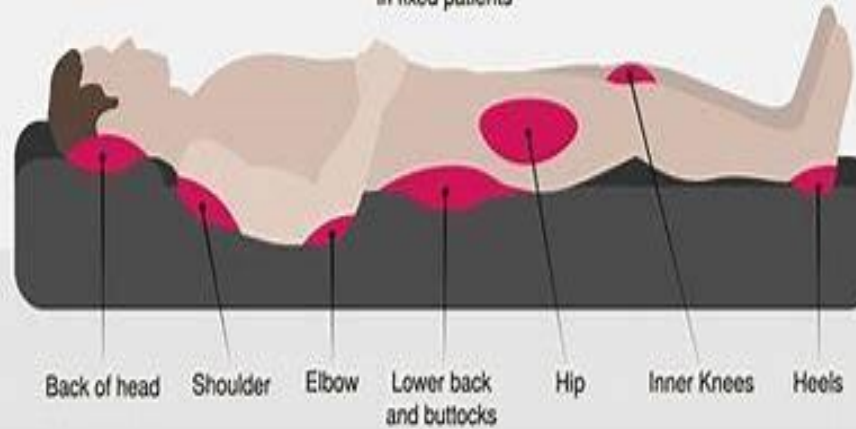


C. Lynn



PRESSURE SORES AREA ON HUMAN BODY PART

Pressure sores often form over bony prominences in fixed patients



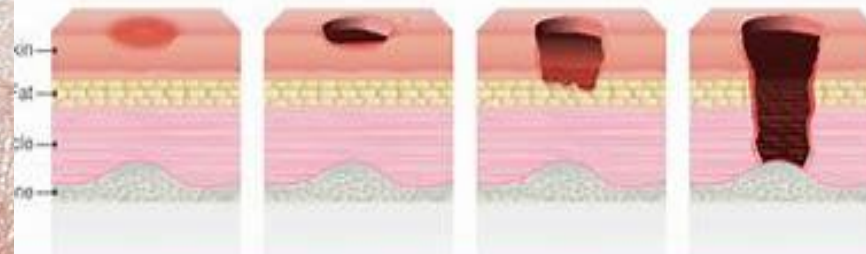
Pressure ulcers (sores)

Stage 1

Stage 2

Stage 3

Stage 4



can lead to SEPSIS.



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



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.

IMPORTANCE OF REPORTING



Why Reporting
is Important?



What are to
Report?



To Whom to
Report



Honesty and
Confidentiality!

MEDICATION SAFETY AT HOME

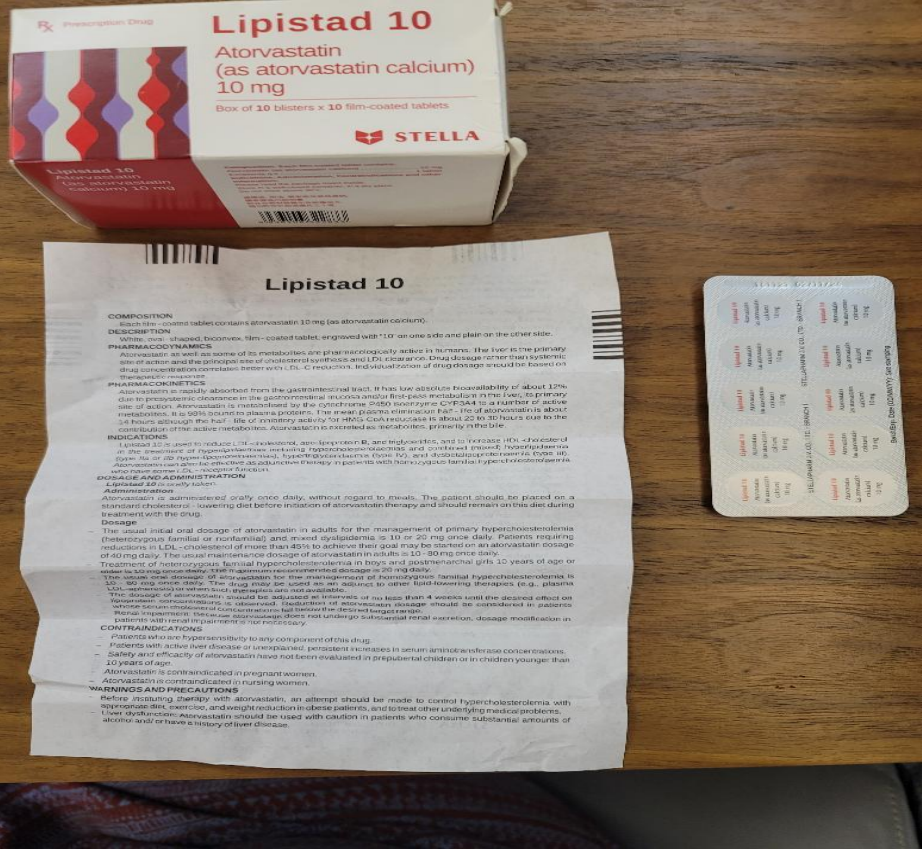
- Know Your Medications
- Keep Your Medication Safe
- Taking Medicines Safely



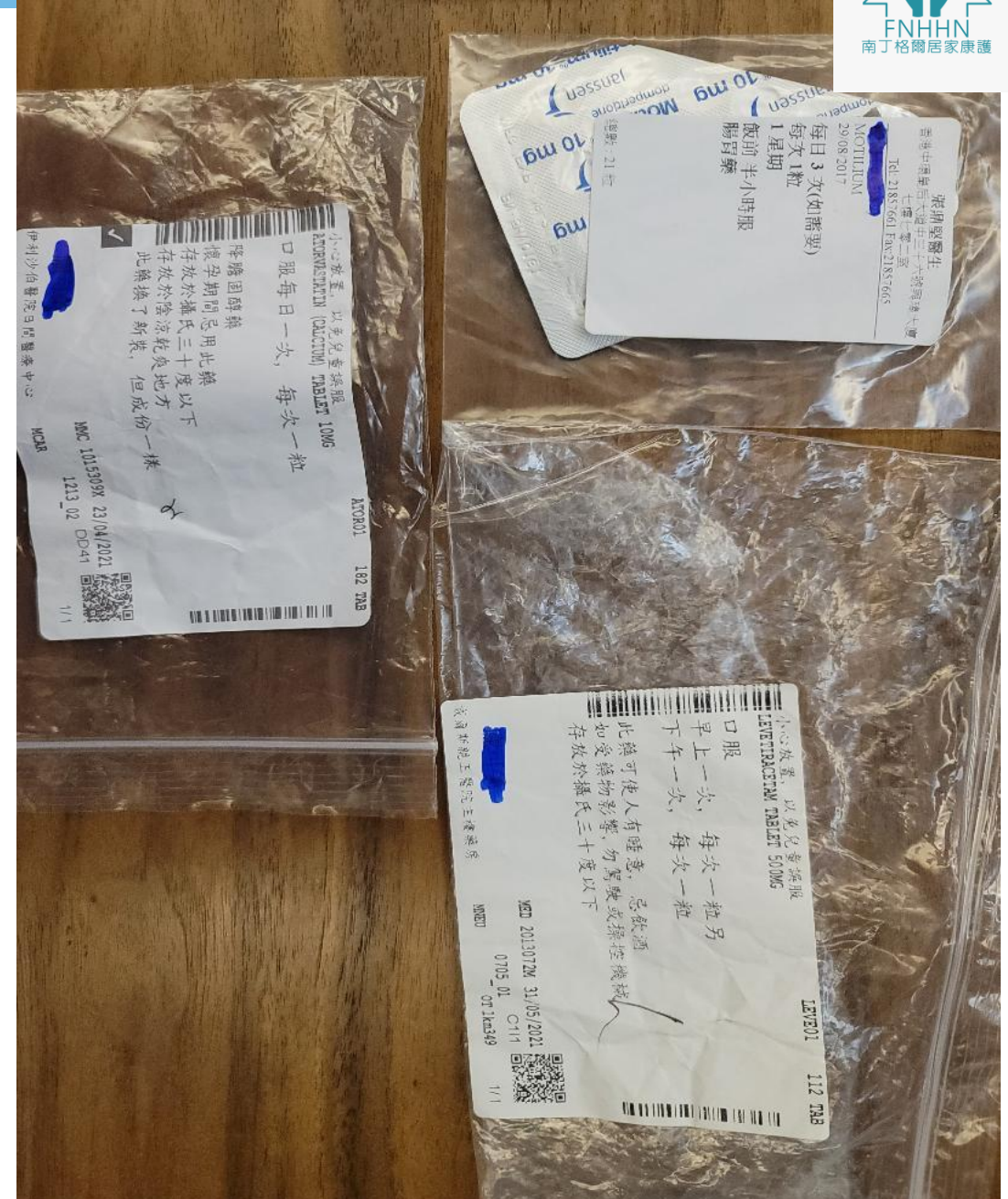
KNOW YOUR MEDICATION

- Nursing Strict Rules in Drug Admin – 3 Checks and 5 Rights
 - 3 Checks
 - 5 Rights – Right Patient, Right Drug, Right Time, Right Dose, Right Route
- At home, know the name and doses of your medications
- Why is it important and what it treats
- Read drug labels to know more in details, how and when to take it
- Know the side effects
- Know what to do if you miss a dose
- Know if you are allergic to any medicine
- Take your medicine





- Why is it important and what it treats
- Read drug labels to know more in details, how and when to take it
- Know the side effects
- Know what to do if you miss a dose



TAKING MEDICINES SAFELY

- Follow doctor's prescription for full course, or if required
- Make sure in correct doses (use measuring cup for liquid medicine)
- Take your medicine at the right time (before or after meal, before bed time...)
- Review your medications in advance so you don't run out
- Don't share
- Report problems to detect any side effects which are unexpected symptoms when you take medicine (they can be mild to life threatening such as drowsiness, severe bleeding, and damage to liver and kidney.)
- Be honest to the doctor if you are regular drinker or smoker



KEEP YOUR MEDICATION SAFE



- Keep your medications out of direct sunlight and heat
- Keep your medications away from children and pets
- Don't store your medications with other family members medicines
- Keep medicines in their original bottles except weekly pill boxes.
- Special precautions when preparing pill boxes for the aged at home with poly-pharm practices

GENERAL CLIENT CARE WITH SOME SIGNS & SYMPTOMS FOR SAFETY AND COMFORT

(SIGNS ARE OBSERVABLE EFFECTS, SYMPTOMS ARE SUBJECTIVE EXPERIENCE)

- Nausea and Vomiting
- Pain
- Dizziness and Sudden Weakness
- Insomnia

CARE OF VOMITING

- Nausea and Vomiting are not diseases, they are symptoms of many different conditions in adults and children :
 - Stomach Flu
 - Food Poisoning
 - Motion Sickness, Vertigo, Morning Sickness
 - Overeating
 - Block intestine*
 - Concussion or Brain Injury *
 - Heart attack *
 - Kidney or Liver disorders *
 - Cancers & Undergoing Cancer Treatments

- Usually Vomiting could be harmless, but it could be a signal for more serious illness associated with other signs and symptoms
- On going vomiting may lead to DEHYDRATION:
 - Dry lips and mouth
 - Sunken eyes
 - Rapid breathing or pulse
 - Decreased urination and sunken fontanelle (soft spot on foreheads) in infants

CARE FOR NAUSEA AND VOMITING

Drink clear or ice cold drinks

Eat light bland food

Eat and drink slowly and take smaller and frequent meals

Resting and avoid activity after eating

Avoid solid food until vomiting ceased

Vomiting usually lessens within 6 to 24 hours, if it continues with signs of dehydration, fever and other unexplained S/S, seek medical advice.

CARE OF PAIN

- Pain is complex, it could be broadly described as Acute Pain and Chronic Pain
 - Acute Pain – comes on suddenly and has a limited duration. Its frequently caused by damage of tissues such as bone, muscles due to injury, or organs due to cancer etc
 - Chronic Pain – lasts longer and is associated usually with long term illness such as osteo-arthritis (swelling, tenderness with inflammation of joints)
- Milder forms of pain may be relieved by medications over-the-counter (without prescriptions) or by topical (skin surface) pain relievers such as creams, lotions or sprays to be applied to skin
- Pain can affect all areas of your life including your mood, your sleep and your ability to move around and to think clearly

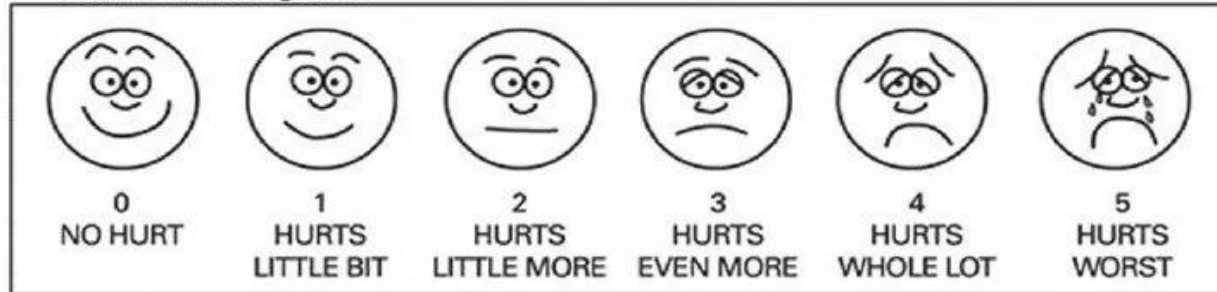
- What is the standard for pain assessment
 - It helps to detect and describe the pain in supporting the diagnostic and treatment process

Figures: Tools Commonly Used to Rate Pain

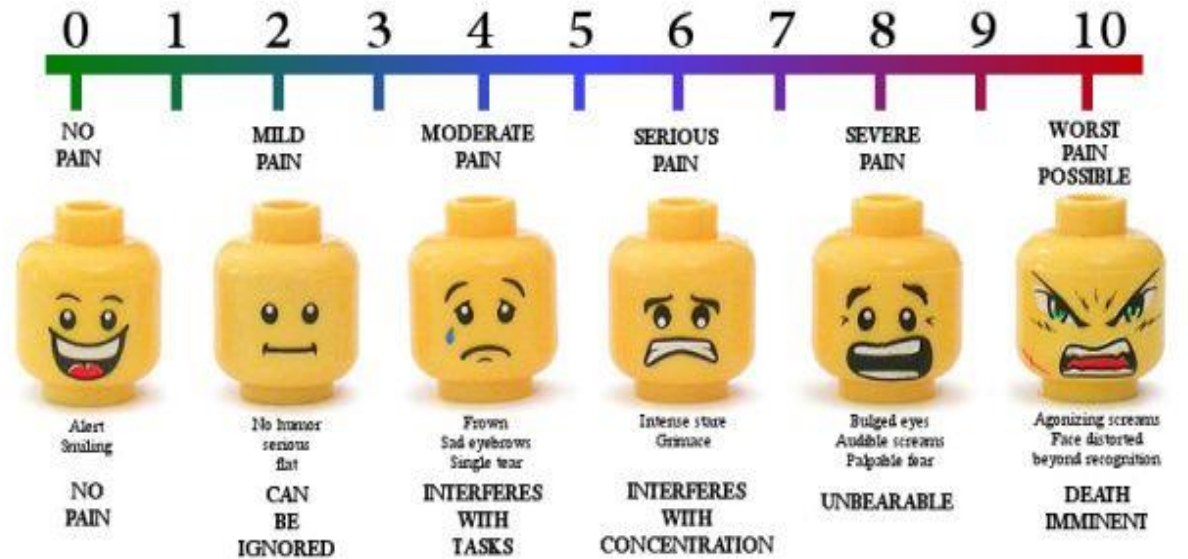
Visual Analogue Scale



"Faces" Pain Rating Scale



LEGO PAIN ASSESSMENT TOOL



CARE OPTIONS

Pain medicines

Physical therapies – heat or cold packs, massage, hydrotherapy, exercise and yoga, tai chi....

Psychological therapies – relaxation techniques, meditation, music therapy...

Mind and body technique – acupuncture

Community support groups

CARE OF DIZZINESS AND SUDDEN WEAKNESS

Dizziness is very common reason to seek medical advice, and may be due to many underlying causes such as inner ear disturbances, motion sickness, some medication effects, and could be due to poor circulation, infection., rarely signals a life threatening conditions.

Dizziness tended to be managed using a combination of strategies as follow: (PD Sloane et al. 1994)

- 33.6% office lab testing
- 11.4% advanced testing
- 9.3% referral to a specialists
- 61.3% medications
- 71.8% observation
- 41.6% reassurance
- 15% behaviour modification

CARE OF INSOMNIA

Sleep and Well-being work hand in hand, and Sleep is required to regain energy for physical and mental activities.

Insomnia is a complicated condition and may be temporary or chronic.

Short term insomnia relates to variations in work schedules, overnight stressors, or travel beyond different time zones.

Long-term insomnia relates to substance abuse such as drugs and alcohol, and other factors like chronic pain, chronic depression, obesity and ageing

Typical S/S; awakening earlier or later than desired, decreased health status and quality of life, general tiredness, irritability, problems with concentration and memory, sleepiness during the day.

WHAT HOME CARERS CAN DO?

Avoid having full meal before bed time, Avoid coffee , tea or drinks with caffeine which stimulate the nervous system. Alcohol produces drowsiness, but not quality of sleep

Encourage daytime physical activities , but avoid strenuous activities before bedtime

Encourage client to take warm milk (L-tryptophan)

Encourage the client to comply as far as possible with a consistent daily schedule for rest and sleep

Avoid taking large amount of fluid before bedtime

Avoid daytime naps unless necessary

Introduce relaxing activities before bedtime , such as warm bath, calm music, relaxation exercises, reading etc

Suggest environment conducive to rest and avoid distracting thoughts at bed time.

Cautious use of over the counter herbal and prescription medication, seek Medical advice.

COMMON FIRST AID AT HOME YOU MUST KNOW



AED IN COMMUNITY





1. Adhesive Bandages
2. Antiseptic Creams And Lotions
3. Muscle Creams And Sprays
4. A Pair Of Tweezers
5. Sterile Gauze And Tape
6. Pain Relievers
7. Antihistamines
8. Fungal Medicines
9. Nail Clippers
10. Thermometer And Fever Medication



THANK YOU !