

## Day to Day Care

Encourage independence. Be a helper instead of a doer. Even if you can do things faster or better, encourage the person to use the skills they still have. Skills that aren't used will be lost.

Personal care (dressing, bathing, eating, using the toilet) are "personal". Everybody does these activities differently. Try to use the same routines the person is used to.

Be flexible. The person may not need a daily bath. They might prefer several small snacks rather than three larger meals every day.

Divide tasks into smaller steps. If he can't shave on his own because his hand is unsteady, let him apply the lather and wash off with a cloth after he's shaved.

Give praise for trying. Especially when a person's abilities are limited, a sincere "well-done" is often appreciated.

## Healthy Transfers

### General tips for helping someone get around

Encourage the person to do as much as possible for themselves.

It's much easier to stand up from a high, firm chair with arms than from a sofa or overstuffed chair.

Consider a raised toilet seat

Always tell them what you're doing. "I'm going to help you stand up now."

Allow plenty of time for them to do what you ask. "Slide to the edge of the chair."

Don't pull the person by the arms or legs. Hold onto their trunk and hips.

A wide transfer belt around the person's waist gives you a secure grip.

Don't ever try to lift someone heavier than yourself unless you've had proper training.

### Be kind to your back. "It's the only one you've got!"

Always bend from the hips and knees.

Keep your back and neck straight.

Keep your feet shoulder-width apart.

Stand as close as possible to the person you're moving.

Think of yourself as an athlete. If you're on the injured list, you're out of the game. You can't take care of someone else if you become sick or injured.

### When you help someone stand up

Ask them to move to the front of the chair and put their feet back under their center of gravity.

Place their feet firmly on the floor. Use shoes or non-skid socks if their feet slide.

Block their knees with your knees.

Place your arms around their waist. Don't let them pull on your neck.

Ask them to lean forward, "Bring your nose over your toes."

If they can, ask them to "Use the arms to push up." If not, lift on the count of "3."

## Healthy Transfers continued

### When you're helping someone out of bed

Never pull them by the arms to sit up.

Ask them to move toward the side of the bed, their strongest side.

Help them roll onto their side to face you.

Lower their feet over the edge of the bed.

Ask them to raise themselves onto their elbow and push up to sitting.

### When you help someone walk

If they need minimal assistance, let them take your arm as you walk side-by-side. Holding their arm will interfere with his balance.

If they need more assistance, walk behind them. Place your hand on their shoulder and, with the other hand, hold onto their belt or waistband.

Use a gait belt designed for added support, control and safety.

Stand close and walk in step behind them.

### If the person is falling

Don't try to stop the fall. You could both be injured.

Try to support the head and gradually ease the person onto the floor.

If you are behind the person, let them gently slide down your body.

### If the person falls and is on the floor

Ask the person if they are okay. Check for bleeding.

If the person looks injured, is in pain, or can't move any part of the body, call the care management staff immediately.

If the person doesn't appear injured, ask them if they think they can get up safely.

To help the person stand up from the floor, bring a chair close to them. Ask them to roll onto their side, get onto their knees, and then support themselves with the chair seat while they stand up.

If the person needs more than a minimal amount of help, do not attempt to lift the person by yourself. No one can safely lift an average-sized person from the floor without help.

## Gait Belt

A gait belt is an assistive device a caregiver uses to lift a person from a sitting position, to transfer a person from one seat to another and to provide support when helping a person walk. The belt is made from a band of material such as cotton or nylon and is secured around the person with a metal or plastic buckle. This device is used to assist a cooperative person who is able to bear weight on their legs. Learning how to use a gait belt properly can help decrease falls and caregiver back injuries.

### Step 1

Explain to the person the reason the gait belt will be used on them. Tell them it is a safe way to help prevent falls and that you will remove it once they are done walking or with their transfer.

### Step 2

Assist the person to a sitting position with their feet resting on the floor. Give them enough time to regain their balance and then place nonskid shoes on their feet.

### Step 3

Wrap the gait belt around the person's waist over their clothes and bring the ends of the belt around to their front. If the person is a female, make sure the belt is not over her breasts.

### Step 4

Fasten the buckle. If the buckle is metal, pass the metal-tipped end of the belt through the part of the buckle that has teeth and then pass the metal-tipped end through the slot on the other end of the buckle. If the buckle is plastic, snap the ends of the gait belt together like a seatbelt. This type of gait belt is designed to have an easy-release buckle, so you need to move the buckle to the person's back so they don't accidentally unsnap the belt while walking or transferring.

### Step 5

Assess the gait belt to make sure it fits snugly and isn't too tight. You should be able to fit the fingers of both hands between the gait belt and the person's waist.

### Step 6

Grip the gait belt with one hand placed at the person's back and the other hand placed on the belt portion at the person's weaker side. To hold the belt properly, slide your fingers upward under the belt so the back of your fingers face the person.

### Step 7

Instruct the person to push down on the mattress or chair with their hands as you lift him to a standing position. Practice good body mechanics when lifting the person by bending your knees, keeping your back straight and lifting with your arm and leg muscles. Avoid twisting your body or using your back muscles while lifting. After the person stands, wait for them to get their balance before they take a step.

### Step 8

Instruct the person to step forward with their stronger foot first. Walk to the side and slightly behind them. Follow their pattern of walking by stepping with your right foot when they step with their right foot and stepping with your left foot when they step with her left foot. Encourage them to hold onto a handrail with their stronger hand if a handrail is available.

### Step 9

Assist the person to a safe sitting position after walking and then remove the gait belt.

## Help with Eating

Most of us take our usual daily activities for granted. Every day we choose what we want to eat, how much and when we want to eat it. It's hard to give up our independence in these decisions.

It's also difficult to accept help eating or being fed by another person. As caregivers, we must respect the other person's dignity and encourage independence in this important activity of daily life.

Treat them as an adult.

Give them choices about what to eat.

Never rush mealtime. Eating should be a pleasant activity. Appetite often improves when mealtime is relaxed and enjoyable.

Good nutrition and adequate fluids are essential for healing and will improve the person's general well-being.

Don't scold about spilling food or refusing to eat. If they refuse, find out why.

Notify the care management staff of any sudden changes in eating or swallowing.

### Fluids are essential

Make sure the person gets enough fluid every day to keep skin in good condition and to improve general health. Be aware that some medications can dehydrate a person, and an older person's kidneys may need more fluid to function properly. Dehydration is a real danger for people who are ill or disabled, and it can easily be avoided. Some caregivers believe that cutting back on liquids will reduce incontinence (accidents). In fact, too little liquid causes strong urine which can irritate the bladder and cause a urinary infection. Everyone should take in 6-8 cups of liquid every day, unless otherwise instructed.

Offer drinks, such as water, decaffeinated coffee or tea, juice, or broth. Include Jell-O, yogurt, pudding, sherbet, soup, and popsicles in the daily fluid count. If it is difficult to swallow water or clear liquids, slightly thicker liquids like nectars, vegetable juice, cream soups, or milk shakes may be easier.

## Help with Eating continued

### When you're helping someone eat

Encourage independence.

Offer finger foods if it is difficult to use a fork and spoon.

Have the person in a sitting position whenever possible and keep their head slightly tilted forward. (Try swallowing with your head tilted back to see how hard it is.)

Make sure the person can see the food on the plate. Glasses should be worn if needed, and the color of the plate should contrast with the food.

Sit beside the person and cup your hand over his if they can hold the fork.

Sit on the strong side if the person had a stroke or similar condition.

Tell them what you're doing: "I'm giving you potatoes now."

Some people need to be reminded to chew or swallow.

### If their appetite is poor or they refuse to eat

Turn off the TV and reduce other distractions, to help the focus on eating.

Avoid too many things on the plate or too-large portions if his appetite is poor.

Check for tooth or mouth pain or denture problems if the person suddenly loses interest in eating.

### Helpful gadgets

Bendable straws are a help when someone drinks in bed.

Thin, flat sponges will keep a plate from sliding on the table.

Divided plates or plates with rims make it easier to scoop food onto the utensil.

Larger handled utensils for weak or arthritic hands.

## Grooming and Dressing

### Bathing

Bathing can be a very pleasant part of the day. After a bath we feel good, clean and relaxed. If you care for someone who needs help with bathing, keep things as pleasant and relaxed as possible. You'll both feel a lot better afterwards.

#### General Tips for Bathing

Encourage the person to bathe herself as much as possible. They may be able to do all but wash their feet or back, or they may only be able to hold a washcloth while you do the rest.

If bathing is difficult, do it only as often as necessary.

Most people don't need a daily bath. Do make sure that the hands, face, and genital area are washed every day.

Have all supplies ready before starting a bath.

Keep the room comfortably warm.

Respect the person's privacy. Keep her covered when possible.

Wear latex gloves any time that you may come into contact with bodily fluids or feces.

If the person is able to get into a tub or shower

Look to use grab bars for assistance, contact the care management team if none are installed or locations need to be changed.

Use a non-slip bath mat.

Ask them to sit on the edge of the tub. Then put both of their legs into the tub before they stand up. Reverse the process when they are getting out.

If the person can't sit down into the tub

Use a tub bench, contact the care management team if one is not available or the bench should be updated for the client's needs.

Use a hand-held shower attachment.

## Grooming and Dressing continued

### Skin Care

People who are ill or who must stay in bed or in a wheelchair are at risk for pressure ulcers, sometimes called bed sores. Pressure ulcers are a serious problem, but in most cases they can be prevented by following the steps listed here.

Make sure the person is eating a healthy diet and getting plenty of fluids. Well-nourished skin is healthier and less likely to break down.

Keep the skin clean and dry.

Clean off urine or feces immediately with soap and water. Wear disposable latex gloves.

Use disposable bed pads to keep the linen dry, if the person is incontinent.

Check the skin regularly for red areas. Make this a routine part of bath time.

Every 2 hours change the position of a person who is bed or wheelchair-bound.

Avoid dragging the person when you move them in bed. Friction can cause skin breakdown.

Apply lotion to dry skin regularly (except between the toes where it can cause fungal growth.) Give a light massage while rubbing in the lotion.

If a red area develops on the skin

Remove pressure from the area immediately.

Clean and dry areas soiled with urine or feces. Wear disposable latex gloves.

Do not massage the area.

Recheck the skin in 15 minutes. If the redness is gone, no other action is needed.

If the redness does not disappear after 15 minutes, contact the care management staff about better ways to relieve pressure from the skin.

If a blister or open area develops, contact the care management staff immediately.

## Grooming and Dressing continued

### Shaving

Use an electric shaver when shaving another person; it's safer and easier.

Put dentures in the person's mouth before shaving him.

Have them in a sitting position if possible.

### Mouth Care

Clean teeth at least once a day.

Check dentures regularly for cracks.

Remove dentures for cleaning and store in liquid when out of the mouth.

Have dentures checked if they aren't fitting properly (a common cause of eating problems).

### Dressing

Be flexible. Wearing a bra or pantyhose may not be important to them, especially if it's an added hassle.

Allow enough time for the person to do as much as they can for themselves. If they can put clothing on but only needs help for buttons or shoes, give them time to do it.

Let the person choose what to wear. You can lay out two choices to simplify this for someone who is confused.

Be sure shoes or slippers are well-fitting and do not have gum soles, which can cause people to trip.

Consider easy-to-use clothes with large front fasteners (zippers or Velcro,) elastic waistbands and slip-on shoes.

To minimize the stress on a person's weak side, put the painful or weak arm into a shirt, pullover or jacket before the strong arm. When taking them off, take out the strong arm first.

## Grooming and Dressing continued

### Hair Care

Getting out to a barbershop or beauty shop is enjoyable for many people who are ill or disabled. If possible, it's often worth the extra effort to take the person out for a haircut or shampoo. Many shops will make a special effort to meet the client's needs, especially if they know the client or family. Beauty schools may do hair care for no or low cost, as a way for students to get experience.

### Hair Care Tips

Keep hair short and in an easy-care style.

Wash hair in the kitchen sink if the tub or shower is too difficult.

Consider using one of the dry shampoo products found in drug stores if hair washing is impossible.

If hair must be washed in bed, you can make a simple device to catch the water by making a U-shaped towel pad and putting it inside a large plastic bag. Place the open end of the U over the edge of the bed where it can drain into a bucket.

## Toileting and Incontinence

The person you're caring for might require help using the toilet or they may have lost control over their bladder or bowel (incontinence.) You may be uncomfortable providing this kind of care. This gives suggestions that will help them maintain as much independence as possible and make your job an easier one.

Incontinence is not a normal part of aging or most illnesses. Many causes of incontinence are treatable.

### If the person needs help getting to the bathroom

Suggest going to the bathroom on a frequent, scheduled basis. Rushing after the urge strikes will increase the chance of accidents. Every 2 hours is too often for most people, start with every 3–4 hours.

Make sure the hallway and bathroom are well-lighted.

Remove throw rugs, which could trip someone.

Install grab bars and/or use a raised toilet seat for more ease getting on and off the toilet. Contact the care management team if these are not available or need modifications.

### If the person occasionally has accidents

Remember that accidents are very embarrassing for the person.

Stay calm and reassure them that it's "okay."

Keep a matter-of-fact approach. "Let me help you get out of these wet things."

Monitor them for urinary tract infections. Any fever lasting more than 24 hours should be evaluated.

### If accidents happen regularly

Contact the care management staff.

Establish a regular schedule for using the toilet.

Avoid caffeine, alcohol, citrus juice or other bladder irritants.

Offer 6–8 glasses of fluids every day to prevent strong urine that can irritate the bladder.

Find out if she is taking any medications that affect the bladder. Common over-the-counter products like aspirin and Excedrin contain caffeine, which stimulates the bladder. A few high blood pressure medications can irritate the bladder. Contact the care management staff.

Be aware that incontinence can be a trigger for skin breakdown and pay special attention to skin care.

## Toileting and Incontinence continued

### Avoid constipation

Offer foods high in fiber such as fruits, nuts, beans, vegetables, bran and most cereals. Add high fiber foods gradually if the person isn't used to them.

Make sure there is adequate liquid in the diet; 6–8 glasses of liquid each day are recommended unless otherwise instructed.

Encourage daily exercise to stimulate bowel activity.

### Helpful supplies

Commodes if it's too hard to get to the bathroom. Commodes are especially helpful during the night.

Bedpans and urinals may be needed if she can't get out of bed.

Disposable pads, briefs, and undergarments are an effective way to protect clothing and bedding.

### Controlling stains and odor

Include cranberry juice in the diet to help control urine odor.

Protect the mattress with rubber or plastic sheets. Consider a breathable, washable layer like sheepskin between the sheet and the waterproof to avoid excess sweating or a "sticky" feeling.

Remove soiled bed linens and clothing quickly. If it's impossible to launder them immediately, rinse them in cold water. Soak stained items in dishwashing detergent to loosen stains.

Clean bedpans, urinals, and commodes with household cleaners.

Avoid odors on furniture or other household items by cleaning soiled areas with a mild dilution of cold water and white vinegar.

Protect furniture with disposable or other waterproof pads.

## Alzheimer's and dementia

Having a general daily routine in Alzheimer's and dementia care helps caregiving run smoothly. These routines won't be set in stone, but they give a sense of consistency, which is beneficial to the person with Alzheimer's even if they can't communicate it.

Keep a sense of structure and familiarity. Try to keep consistent daily times for activities such as waking up, mealtimes, bathing, dressing, receiving visitors, and bedtime. Keeping these things at the same time and place can help orientate the person.

Let the person know what to expect even if you are not sure that they completely understand. You can use cues to establish the different times of day. For example, in the morning you can open the curtains to let sunlight in. In the evening, you can put on quiet music to indicate its bedtime.

Involve the person in daily activities as much as they are able. For example, a person may not be able to tie their shoes, but may be able to put their clothes in the hamper. Clipping plants outside may not be safe, but the person may be able to weed, plant, or water. Use your best judgment as to what is safe and what the person can handle.

As Alzheimer's progresses, you will notice changes in communication. Trouble finding words, increased hand gestures, easy confusion, even inappropriate outbursts are all normal. Here are some tips on communicating.

Tell them what you're doing and why. Also, let them provide input or make decisions as much as possible.

Listening to them will require patience. Allow enough time for them to respond.

Keep it simple. Call the person by name. Ask one question at a time, and give the person ample time to answer. Try again if the person doesn't respond.

Body language is important, especially as Alzheimer's progresses. What feelings do you sense behind the words? Encourage the person to point or gesture if they can't remember what an object is called.

Pay attention to your own body language as well. Make good eye contact. If you are getting irritated, tense, or feel rushed, it can make your loved one even more flustered. Take a short break if you feel your fuse getting short, and try again when you are calmer.

Set a positive mood. Always speak in a positive and respectful manner. Be patient and maintain a sense of humor.

Limit distractions and noise. Turn off the TV and radio.

Be reassuring and don't argue about whether something they have said or done is wrong. Use praise for what has been done correctly.

## Alzheimer's and dementia continued

### Caring for someone

People with dementia may experience what is called sundowners syndrome. They tend to become restless as night approaches. Engage them in regular exercise during the day to reduce restlessness. Turn down the lights in the evening and play soothing music if it is helpful.

If wandering is a problem, make sure locks are in proper order and use them. You may need to move them to a place where they are out of reach.

If incontinence (toileting) is a problem, set up a routine. Take them to the bathroom every 2 hours. Schedule fluid intake for early in the day and avoid caffeine at night. Use night lights.

Paranoia (fearfulness) can be a problem. If they are worried about personal items, allow them to keep a small amount with them for reassurance. Reassure them and use a gentle touch. You might want to say something like, "I see you are frightened. I won't let anything happen to you."

People may lose interest in or forget about eating and drinking. Make meals and snacks part of a regular routine. Provide several small meals during the day rather than three large meals. Use finger foods and straws to make self-feeding easier. Cut food into small pieces or provide soft foods.

Prepare for bathing in advance. Keep warm towels and a robe at the ready. Draw water ahead of time. Use safety features such as non-slip floor mats and grab bars. Never leave someone with dementia alone in the shower or tub. If bathing is difficult, consider sponge baths.

Dressing can be difficult. Lay out clothes in the order they will be put on. Avoid zippers and buttons. Take advantage of Velcro and snap closures

Encourage people with dementia to continue their normal activities and hobbies as long as it is safe and not frustrating.

Mental and social stimulation are important. Encourage them to play cards and engage in crafts, games, reading, writing and music.

Daily exercise such as walking is important.