

Nursing Assisting

A Foundation in Caregiving

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Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility.

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Gender Usage

This textbook utilizes the pronouns “he,” “his,” “she,” and “hers” interchangeably to denote healthcare team members and residents.

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Dedication

This book is dedicated to my dad, Robert, and my late mom, Margaret, the two most loving parents on the face of the earth. Thank you for your tremendous love and guidance over all these years and for always telling me I could do anything. Thank you for showing others a path of responsibility, honesty, and love.

To my dearest John, for your incredible love and devotion, thank you for your constant efforts on behalf of our entire family. I give you my undying gratitude for your dedication, encouragement, help, and support. All who know you have the greatest respect for you. Without you, these books would never have been possible.

THE SEA HAS ITS PEARLS,
THE HEAVEN ITS STARS,
BUT MY HEART, MY HEART,
MY HEART HAS ITS LOVE.

—Heinrich Heine, [1797-1856], *Das Meer hat seine Perlen. Stanza 1*

For our dear children, Mark and Carrie, and Marissa and Jon, thank you for your love, tremendous efforts, and encouragement. We are so very proud of each one of you. We wish you the very best in all of your ventures in the medical field. It is incredibly exciting to watch all of you soar!

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To the instructors, thank you for your dedication to quality care. To the students, I am sending you my sincere good wishes for your success in the world of health care. I want to hear great things about you!

My best to all,



Diana L. Dugan

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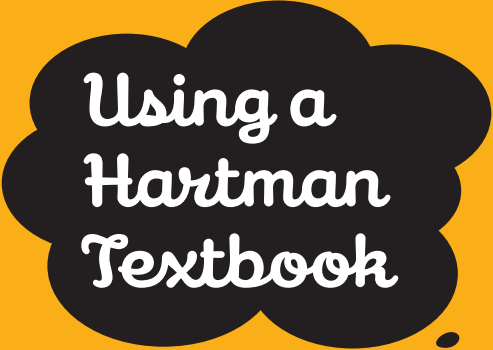
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Using a Hartman Textbook



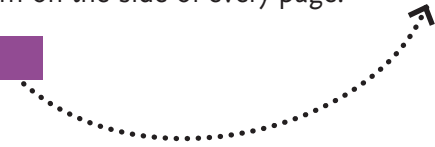
Understanding how your book is organized and what its special features are will help you make the most of this resource!



look!

Carefully-chosen quotes begin each chapter and may be used for discussion. Additional information highlights how health care has changed over the years by detailing interesting events in medicine from the past.

We have assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and you'll see them on the side of every page.



1. Explain HIPAA and related terms

Everything in this book, the student workbook, and the instructor's teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

You'll find bold key terms at the beginning of each chapter and then again throughout the text. These terms are defined in the text and in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by the same black bar for easy recognition.

Guidelines: Accurate Documentation

Guidelines and Observing and Reporting are colored green for easy reference.

Residents' Rights

Take your time when feeding residents

Residents' Rights boxes teach important information about abuse and neglect and how to recognize and prevent both. Ways to support and promote Residents' Rights are also included. Tip and Trivia boxes show interesting and educational tidbits that you can use inside and outside of work.

Chapter Review

Chapter-ending questions test your knowledge of the information found in the chapter. We have included the textbook's learning objective numbers to make it easier for you to go back and reread a section if you need to refresh your memory. When you see this notation after a question—(LO 3)—it refers to that particular learning objective number in the chapter on which you are working. If you have trouble answering a question, you can return to the text and reread the material.

See the Appendix at the end of the book for additional information.

Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps

<p>Identify yourself by name.</p> <p>Identify the resident.</p> <p>Greet the resident by name.</p>	<p>A resident's room is his home. Residents have a right to privacy. Before any procedure, knock and wait for permission to enter the resident's room. Upon entering his room, identify yourself and state your title. Residents have the right to know who is providing their care. Identify and greet the resident. This shows courtesy and respect. It also establishes correct identification. This prevents care from being performed on the wrong person.</p>
<p>Wash your hands.</p>	<p>Handwashing provides for infection prevention. Nothing fights infection in facilities like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every resident.</p>
<p>Explain procedure to resident.</p> <p>Speak clearly, slowly, and directly.</p> <p>Maintain face-to-face contact whenever possible.</p>	<p>Residents have a right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Residents are able to do more for themselves if they know what needs to happen.</p>
<p>Provide for the resident's privacy with a curtain, screen, or door.</p>	<p>Doing this maintains residents' right to privacy and dignity. Providing for privacy in a facility is not simply a courtesy; it is a legal right.</p>
<p>Adjust the bed to a safe level, usually waist high.</p> <p>Lock the bed wheels.</p>	<p>Locking the bed wheels is an important safety measure. It ensures that the bed will not move as you are performing care. Raising the bed helps you to remember to use good body mechanics. This prevents injury to you and to residents.</p>

Ending Steps

Make resident comfortable.	Make sure sheets are wrinkle-free and lie flat under the resident's body. This helps prevent pressure ulcers. Replace bedding and pillows. Check that the resident's body is in proper alignment. This promotes comfort and health after you leave the room.
Return bed to lowest position. Remove privacy measures.	Lowering the bed provides for residents' safety. Remove extra privacy measures added during the procedure. This includes anything you may have draped over and around residents, as well as privacy screens.
Leave call light within resident's reach.	A call light allows residents to communicate with staff as necessary. Making the decision not to respond to a call light is considered neglect.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Be courteous and respectful at all times.	Say "thank you" before you leave. It is the polite and proper thing to do. Ask residents if they need anything else. Let them know that you are leaving. This promotes respect.
Report any changes in the resident to the nurse. Document procedure using facility guidelines.	You will often be the person who spends the most time with a resident, so you are in the best position to note any changes in a resident's condition. Every time you provide care, observe the resident's physical and mental capabilities, as well as the condition of the body. For example, a change in a resident's ability to dress himself may signal a greater problem. After you have finished giving care, document the care using facility guidelines. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.



In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

For example, the procedure for giving a back rub does not include gloves. Gloves are usually not required for a back rub. However, if the resident has open sores on his back, gloves are necessary.

1

The Nursing Assistant in Long-Term Care

Nurses' Aides: Helping Hands During World War II

One of the early times nurses' aides were used in America was during World War II. Various hospitals, along with the American Red Cross, trained nurses' aides in 1941 to help deal with a shortage of nurses due to the war. Employers in the United States expected nurses' aides to volunteer during this time. The country set a goal of training 100,000 nurses' aides to assist nurses with patient care. These aides worked each day without being paid. Imagine being hired today as a nursing assistant and being expected to do the job without pay!

“A professor can never better distinguish himself in his work than by encouraging a clever pupil, for the true discoverers are among them, as comets amongst the stars.”

Carl Linnaeus, 1707-1778

“If one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours.”

Henry David Thoreau, 1817-1862
from *Walden*

1. Define important words in this chapter

accountable: answerable for one's actions.

activities of daily living (ADLs): personal daily care tasks, including bathing, skin, nail, and hair care, walking, eating and drinking, mouth care, dressing, transferring, and toileting.

acute care: 24-hour skilled care for short-term illnesses or injuries; generally given in hospitals and ambulatory surgical centers.

adaptive devices: special equipment that helps a person who is ill or disabled perform ADLs; also called assistive devices.

adult daycare: care given to adults at a facility during daytime work hours.

assisted living: a residence for people who require some help with daily care, but who need less care than a long-term care facility offers.

assistive devices: special equipment that helps a person who is ill or disabled perform ADLs; also called adaptive devices.

care team: the group of people with different kinds of education and experience who provide resident care.

chain of command: the order of authority within a facility.

charge nurse (nurse-in-charge): a nurse responsible for a team of healthcare workers.

chronic: the term for an illness or condition that is long-term or long-lasting.

cite: in a long-term care facility, to find a problem through a survey.

conscientious: guided by a sense of right and wrong; principled.

continuity of care: coordination of care for a resident over time, during which the care team is always exchanging information about the resident and working toward shared goals.

courteous: polite, kind, considerate.

delegation: transferring authority to a person for a specific task.

dementia: the loss of mental abilities, such as thinking, remembering, reasoning, and communicating.

diagnosis: the identification of a disease by its signs and symptoms and from the results of different tests.

empathetic: identifying with and understanding another's feelings.

first impression: a way of classifying or categorizing people at the first meeting.

functional nursing: method of care assigning specific tasks to each team member.

holistic: care that involves the whole person; this includes his or her physical, social, emotional, and spiritual needs.

home health care: care that takes place in a person's home.

hospice care: care for people who have approximately six months or less to live; care is available until the person dies.

inter-generational care: mixing children and the elderly in the same care setting.

Joint Commission: a not-for-profit organization that evaluates and accredits different types of healthcare facilities.

length of stay: the number of days a person stays in a healthcare facility.

liability: a legal term that means a person can be held responsible for harming someone else.

licensed practical nurse (LPN) or licensed vocational nurse (LVN): licensed nurse who has completed one to two years of education; LPN/LVN administers medications, gives treatments, and may supervise daily care of residents.

long-term care: 24-hour care provided for people with ongoing conditions who are generally unable to manage their ADLs.

nursing assistant (NA/CNA): person who performs assigned nursing tasks and gives personal care.

outpatient care: care usually given for less than 24 hours to people who have had treatments, procedures, or surgery.

pet therapy: the practice of bringing pets into a facility or home to provide stimulation and companionship.

policy: a course of action to be followed.

primary nursing: a method of care in which the registered nurse gives much of the daily care to residents.

procedure: a method, or way, of doing something.

professionalism: the act of behaving properly for a certain job.

registered nurse (RN): a licensed nurse who has completed two to four years of education; RNs assess residents, create the care plan, monitor progress, provide skilled nursing care, give treatments, and supervise the care given by nursing assistants and other members of the care team.

rehabilitation: a program of care given by a specialist or a team of specialists to restore or improve function after an illness or injury.

resident: a person living in a long-term care facility.

resident-focused care: method of care in which the resident is the primary focus; residents and their families actively participate in care and their choices are honored by caregivers whenever possible.

sandwich generation: people responsible for the care of both their children and aging relatives.

skilled care: medically-necessary care given by a skilled nurse or therapist.

subacute care: care for an illness or condition given to people who need less care than for an acute (sudden onset, short-term) illness or injury but more than for a chronic (long-term) illness.

team leader: a nurse in charge of a group of residents for one shift of duty.

team nursing: method of care in which a nurse acts as a leader of a group of people giving care.

trustworthy: deserving the trust of others.

2. Describe healthcare settings

Welcome to the rewarding world of caring for others! No work is more appreciated or valued. Your work will make an important difference in the lives of many people.

Nursing assistants have many job opportunities. Where you work will depend on you, your schedule, and the type of resident you prefer. More information on finding a job is in Chapter 28.

Each healthcare setting is unique; however, there are some similar tasks that will be performed in every setting. This textbook will focus on **long-term care** for elderly residents.

Long-term care (LTC) facilities provide 24-hour skilled care for people who are no longer eligible for hospital care, but are unable to be cared for at home. **Skilled care** is medically-necessary care given by a skilled nurse or therapist. This care is available 24 hours a day. It is ordered by a doctor, and involves a treatment plan.

Long-term care assists people with ongoing, chronic medical conditions, and is usually given for an extended period of time. **Chronic** means that the conditions last a long period of time, even a lifetime. Examples of chronic conditions include physical disabilities, heart disease, and recovery from stroke. Other terms for long-term care facilities are:

- Nursing homes
- Nursing facilities
- Skilled nursing facilities
- Extended care facilities

A long-term care facility is the resident's home (Fig. 1-1). This is why we call people in these facilities **residents**. It will be the resident's home

until he or she returns home, moves to another place, or dies. You must always remember that when you knock on the door and walk into a resident's room, it is the very same thing as knocking on the door of your neighbor's home. Always treat residents' rooms with respect.



Fig. 1-1. A long-term care facility is the resident's home. Treat their rooms and possessions with respect.

In **assisted living** facilities, residents are generally more independent. Staff are available to provide whatever daily care the resident needs, such as bathing and dressing. Sometimes staff give help with medications. Residents in assisted living do not usually need skilled care.

Many assisted living centers have a stair-step method of handling residents' needs. The stair-step method means that a person is admitted to a facility when he is still fairly independent. As he requires more care, the level of placement within the facility changes. The advantage this provides is that the resident is not moved from facility to facility.

Home health care is care that takes place in a person's home (Fig. 1-2). In some ways, working as a home health aide is similar to working as a nursing assistant. Almost all care in this textbook applies to home health aides. Most of the personal care and basic nursing procedures are

the same. Home health aides may also clean the home, shop for groceries, do laundry, and cook. They will work more independently, although a supervisor monitors their work, and they may have more contact with the family. The advantage of home health care is that clients do not have to leave home. They may have lived in their homes for many years, and staying at home is more comforting for most people.



Fig. 1-2. Home care is performed in a person's home.

Adult daycare is given at a facility during daytime working hours. Generally, adult daycare is for people who need some help, but who are not seriously ill or disabled. In the past, aging family members were cared for mostly at home. Today, the **sandwich generation**—the generation caring for children and aging parents at the same time—is often unable to spend enough time at home. If no one can care for an elderly relative at home, or if a person needs a break from caregiving, adult daycare is a good option for busy families.

Some centers have merged adult and child daycare and offer **inter-generational care**. With this type of care, the young and the elderly are able to spend their days together (Fig. 1-3). Many elderly people live far away from close family or do not have family. This kind of care provides “grandparents” or “grandchildren” for those who have none or who live too far away from their own families.



Fig. 1-3. Inter-generational care provides an opportunity for the elderly and the young to spend time together.

Acute care is given in hospitals and ambulatory surgical centers (Fig. 1-4). It is for people who require care for illnesses or injuries. People are also admitted for short stays for surgery. The length of time the person remains will vary depending upon the illness. Acute care is 24-hour skilled care for short-term illnesses or injuries.



Fig. 1-4. Acute care is performed in hospitals.

Subacute care can be given in a long-term care facility or a hospital. It is used for people who need less care than for an acute illness, but a higher level of care and observation than is given in long-term care. The cost is usually less than hospital care, but more than long-term care. Subacute care will be covered in depth in Chapter 26.

Outpatient care is usually given for less than 24 hours. It is for people who have had treatments or surgery and need short-term skilled care. They are sent home with instructions for further care. Families or friends may play a part in their successful recovery.

Rehabilitation is care given by a specialist or a team of specialists. Physical, occupational, and speech therapists help restore or improve function after an illness or injury. You will learn more about these specialists in Learning Objective 9 of this chapter. Information on rehabilitation is located in Chapter 25.

Hospice care is for people who have approximately six months or less to live. Hospice workers give physical and emotional care and comfort until a person dies, and they also support families during this process. Hospice care can take place in facilities or in homes.

Tip

Pet Therapy

Another addition to adult daycare, inter-generational care, or long-term care is pet therapy. **Pet therapy** provides different kinds of animals to brighten the days of older adults. The Delta Society, founded in 1977 by a physician and a veterinarian, is a national organization dedicated to the therapeutic bond between animals and humans. The group welcomes inquiries from owners interested in volunteering good-natured dogs. You can contact the society by visiting their website, deltasociety.org. Many people love having animals nearby and become attached to them. Allergies or fear of animals must be taken into account when using pet therapy.

Trivia

Early Nursing Schools

The early nursing schools in the 1800s and early 1900s had very strict rules for their students. The classes at that time were made up of women, and they normally lived together in the same building. The schools usually had women who acted as housemothers for the students. Rigid curfews, rules restricting smoking, drinking, and profanity, separation of the sexes, and specific dress codes were strictly enforced. Women were normally not allowed

to date or marry, and those who broke the rules suffered severe punishment. The nursing students were expected to work long hours and, in addition to caring for patients, had to wash and wax floors and do chores that today are duties of other employees.

3. Explain Medicare and Medicaid

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the United States Department of Health and Human Services (Fig. 1-5). CMS runs two national health-care programs, Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.

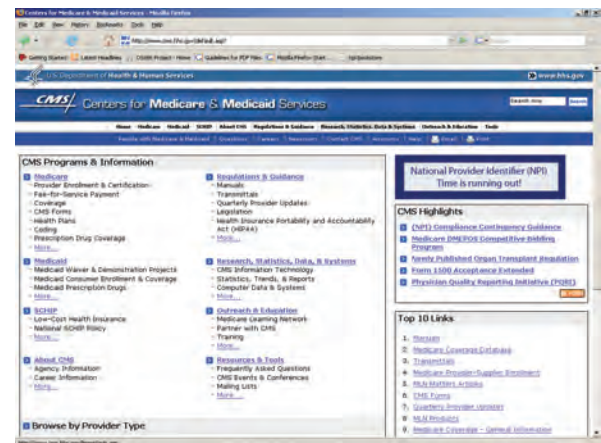


Fig. 1-5. The CMS website's address is cms.hhs.gov.

Medicare is a health insurance program for people who are 65 years of age or older. Medicare also covers people younger than 65 who are disabled or ill and cannot work.

Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for care it determines to be medically necessary.

Medicaid is a medical assistance program for low-income people. It is funded by both the fed-

eral government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare and Medicaid pay long-term care facilities a fixed amount for services. This is based on the resident's needs upon admission.

4. Describe the residents for whom you will care

There are some general statements that can be made about residents in long-term care facilities. However, more important than understanding the entire population is understanding each individual for whom you will care. Make sure you know how to care for residents based on their specific needs, illnesses, and preferences.

According to the National Center for Health Statistics, over 88 percent of long-term care residents in the U.S. are over age 65. Only 11.7 percent are younger than 65. Over 71 percent of residents are female. More than 85 percent are Caucasian (Fig. 1-6). This is a much larger percentage than the U.S. population as a whole. About one-third of residents come from a private residence; almost 64 percent come from a hospital or other facility.



Fig. 1-6. Caucasian women make up a high percentage of residents in long-term care facilities.

The **length of stay** is the number of days a person stays in a healthcare facility. The length of stay of over two-thirds of residents in long-term care is six months or longer. These residents need enough help with their activities of daily living to require 24-hour care. Often, they did not have caregivers available to give sufficient care for them to live in the community. The groups with the longest average stay are the developmentally disabled. They are often younger than 65. You will learn more about these groups in Chapter 5.

The other third of residents stay for less than six months. This group generally falls into two categories. The first category is made up of residents admitted for terminal care. They will probably die in the facility. The second category is made up of residents admitted for rehabilitation or temporary illness. They will usually recover and return to the community. As you can imagine, care of these residents may be very different.

Dementia is defined as the loss of mental abilities, such as thinking, remembering, reasoning, and communicating. Various studies place the number of residents with dementia in long-term care facilities between 50 and 90 percent. Dementia and other mental disorders are major causes of admissions to care facilities. Many residents are admitted with other disorders as well. However, the disorders themselves are often not the main reason for admission. It is most often the lack of ability to care for oneself and the lack of a support system that leads people into a facility.

A support system is vital in allowing the elderly to live outside a facility. For every elderly person living in a long-term care facility, at least two with similar disorders and disabilities live in the community.

You may notice the lack of outside support given to your residents. It is one reason you will care for the “whole person” instead of only the illness or disease. Residents have many needs besides

bathing, eating, drinking, and toileting. These needs will go unmet if staff do not work to meet them.

5. Describe the nursing assistant's role

A **nursing assistant (NA/CNA)** performs assigned nursing tasks. Most of the tasks deal with helping care for residents. Examples of nursing tasks include taking residents' temperature and blood pressure. A nursing assistant also assists residents with **activities of daily living (ADLs)**, which are personal daily care tasks, such as bathing, skin, nail, and hair care, walking, eating and drinking, mouth care, dressing, transferring, and toileting.

Common nursing assistant tasks include the following:

- Serving trays and feeding residents (Fig. 1-7)
- Helping residents dress and undress
- Bathing residents
- Shampooing hair
- Shaving residents
- Bedmaking
- Tidying residents' living areas
- Measuring vital signs, including temperature, pulse, respiration, blood pressure and observing and reporting pain levels
- Helping residents with toileting needs
- Assisting with mouth care
- Giving back rubs
- Observing and reporting changes in residents' conditions
- Reporting residents' complaints to the nurse
- Helping residents move safely around the facility
- Caring for equipment



Fig. 1-7. Helping residents eat and drink will be an important part of your job.

Nursing assistants are generally not allowed to give medications. Other tasks that nursing assistants usually do not perform include inserting and removing tubes, giving tube feedings, and changing sterile dressings.

Nursing assistants can have many different titles. Examples include “nurse aide,” “patient care attendant,” “health care assistant,” “patient care technician,” and “personal care assistant.” This book will use the term “nursing assistant.”

6. Discuss professionalism and list examples of professional behavior

Understanding how to be professional is the first step to success in the healthcare field. Professional behavior is vital in the workplace. **Professionalism** has to do with behaving properly on the job. Everything about the way you present yourself to others in a healthcare setting will be closely observed. Dressing appropriately, speaking well, and being dependable and responsible are all part of professionalism. A healthcare facility is a place where professional behavior is expected. Follow these guidelines to behave professionally:

Guidelines: Professional Behavior

- G** Be neatly dressed and groomed. Keep your uniform and shoes clean.
- G** Do not discuss personal problems or personal situations with residents. At work, conversation focuses on the resident, not the caregiver.

- G** Be on time when you are scheduled to work. Call in a timely manner if you are sick or cannot report for duty as scheduled.
- G** Avoid unnecessary absences. When you are absent, your co-workers have more work to complete.
- G** Never leave your job early without permission. Report to the nurse in charge when leaving your unit for any reason.
- G** Do not report to work under the influence of drugs and/or alcohol.
- G** Keep a positive attitude.
- G** Do not gossip or speak badly about co-workers or bosses.
- G** Speak politely to all persons in the facility. Treat all visitors with courtesy and respect.
- G** Address residents, family members, and visitors in the way they wish to be addressed. Never call someone “honey,” “dear,” or “sweetie.”
- G** Do not curse or use inappropriate language.
- G** Keep all resident information confidential.
- G** Follow all facility policies and procedures.
- G** Report concerns or problems to your supervisor.
- G** Meet and maintain all educational requirements.
- G** Ask questions when you do not understand something.
- G** Be honest. Document and report carefully and truthfully (Fig. 1-8).



Fig. 1-8. Writing down what you observe is one of your most important duties.

- G** Accept constructive criticism gracefully and learn from it. Constructive criticism is meant to help you improve your performance. An example is, “You need to document care more accurately.”
- G** Do not accept tips or gifts from residents, their families, or other visitors.
- G** Be loyal to your facility. Be a positive role model.

Behaving professionally will be an ongoing focus of this textbook. Pay attention to this information. Professionalism can earn you the respect of others and help you advance in your job. Not behaving professionally can result in poor performance evaluations, negative relationships with residents and other staff members, and the loss of your job. Always strive to be professional.

7. List qualities that nursing assistants must have

The best nursing assistants have the qualities listed below. As you read through this list, ask yourself whether or not you have these qualities. Nursing assistants should be:

Patient and understanding: Working with ill or disabled people requires patience and understanding. People who are patient remain calm. They are able to put up with difficulties without complaining.

Honest and trustworthy: An honest person tells the truth and can be trusted. Co-workers will depend on honesty in planning care. Employers count on truthful observations and documentation. Residents count on nursing assistants to keep their confidential information private.

Conscientious: Nursing assistants must be conscientious. People who are conscientious are guided by a sense of right and wrong. They always try to do their best. They are alert, observant, accurate, and responsible.

Enthusiastic: People who are enthusiastic have a positive attitude. They are encouraging. They show interest in others, including their situations and problems (Fig. 1-9). Enthusiastic people have a positive influence on others.



Fig. 1-9. You will be expected to be enthusiastic, cheerful, and positive.

Courteous and respectful: Nursing assistants must be kind, polite, and considerate. They should respect others' beliefs, even if they are different from their own.

Empathetic: Empathetic people care about other people's problems. They can think about what it would be like to be ill and dependent on others for help.

Dependable and responsible: Nursing assistants must be at work on time and avoid too many absences. They should always follow policies and procedures. Nursing assistants must be able to be counted on to do their tasks properly.

Humble and open to growth: People who are humble are willing to admit when they have made a mistake. They can accept their limitations. They hold themselves **accountable**. This means that they can admit when they make a mistake and apologize. They can ask others for help when they need it.

Tolerant: Nursing assistants must not judge others. They should keep their opinions to themselves and see people as individuals.

Unprejudiced: Nursing assistants work with different people from many backgrounds. They must give each person quality care regardless of age, gender, sexual orientation, religion, race, ethnicity, or condition.

Trivia

NAs: In demand in 1945

Nursing assistants, it seems, have been in demand for many years. This list of "unfilled positions" in hospitals at that time appeared late in 1945:

- Registered nurses: 65,000
- Non-nursing personnel: 90,000
- Nurses' aides: 90,000
- Untrained volunteers: 45,000

8. Discuss proper grooming guidelines

Making positive **first impressions** can help you obtain the things you want, such as getting a job. Nursing assistants must pay attention to the way they present themselves to residents, their family members and friends, and to other staff members. Good grooming is essential to making a good first impression. Some important grooming guidelines are listed below:

Guidelines: Grooming

- G** Keep your uniform clean, neat, and pressed. Make sure your uniform fits you properly.
- G** Bathe or shower every day. Wear deodorant or anti-perspirant.
- G** Brush your teeth at least twice a day.
- G** Avoid using strongly-scented items, such as perfume, cologne, after-shave, body washes, body creams and lotions, hair spray, and fabric softeners.
- G** Keep your hair neatly tied back and away from your face.
- G** Keep beards trimmed and neat-looking.
- G** Apply makeup lightly or use none at all.
- G** Keep nails short, filed, and clean. As older people have fragile skin, this is very important. Follow facility policy regarding nail polish. It may not be allowed.
- G** Do not wear artificial nails. Artificial nails harbor bacteria, no matter how well you wash your hands.

- G** Keep shoes and laces clean. Shoes should be in good condition. They should be comfortable. They should not look worn and old. Change or wash shoelaces when they become soiled.
- G** Wear as little jewelry as possible. Sharp edges on jewelry can scratch or tear fragile skin. Remove rings and bracelets while working. They collect bacteria and can cause infection. They may also cause problems with wearing gloves. Remove necklaces while working; necklaces may also hide bacteria. Confused residents may pull on necklaces and break them. Wear small earrings that will not snag on things and that confused residents cannot pull on.

You will need to wear a simple, waterproof watch and an identification badge (Fig. 1-10). You will need a watch to take a resident's pulse and respirations and record events. An identification badge identifies you to residents, visitors, and other staff members.



Fig. 1-10. Wearing a clean uniform, a watch, and identification badge are examples of professional behavior.

Tip

Kill the scent!

Residents may have allergies that are worsened by scents. Residents may also be very aware of scents because they do not feel well. Think about how you feel when you are sick. You must always try to meet the needs of residents in every way. That means respecting their individual problems and putting their comfort first. Avoid using heavily-scented items.

9. Define the role of each member of the care team

The **care team** consists of many members who have had different training and experience in order to provide care for each resident (Fig. 1-11). The resident is the most important part—the center—of the care team. Members of the care team include the following:



Fig. 1-11. The care team is made up of many different types of professionals.

Resident and Resident's Family: The care team revolves around the resident. Residents make choices about their care. They help plan their care. The resident's family and friends may help with these decisions. They play another important role, too. Family and friends may share vital information about the resident with the care team. This information includes the resident's health and medical record, personal preferences, rituals, and routines.

Nurse: A nurse assesses residents, creates the care plan, monitors progress, and gives treat-

ments. Your immediate supervisor may be a registered nurse (RN), a licensed practical nurse (LPN), or a licensed vocational nurse (LVN). An explanation of the different types of nurses follows in the next three paragraphs.

Registered Nurse (RN): A person who has graduated from a state-licensed nursing program (two to four years of education) and has passed a national examination.

Licensed Practical or Licensed Vocational Nurse (LPN/LVN): A person who has graduated from a state-licensed nursing program (one to two years of education) and has passed a national examination.

Advanced Practice Nurse (APRN): an advanced practice nurse is a registered nurse who has completed training at the graduate level as a certified nurse practitioner (CNP), nurse anesthetist (CRNA), nurse midwife (CNM), or clinical nurse specialist (CNS). There are also other types of advanced practice nurses such as the gerontological nurse practitioner (GNP).

Physician or Doctor [MD (medical doctor) or DO (doctor of osteopathy)]: A doctor diagnoses disease or disability and prescribes treatment. A **diagnosis** is the identification of a disease by its signs and symptoms and/or results from testing. A doctor has graduated from medical school after first receiving a bachelor's degree. Many doctors also take specialized training programs after medical school.

Medical Social Worker (MSW): A medical social worker helps with social needs. For example, an MSW helps residents find compatible roommates. An MSW also helps with support services, such as counseling and financial assistance.

Physical Therapist (PT): A physical therapist gives therapy in the form of heat, cold, massage, ultrasound, electricity, and exercise to muscles, bones, and joints (Fig. 1-12). This is done to improve blood circulation, promote healing, ease pain, and help the resident regain mobility.



Fig. 1-12. A physical therapist helps exercise muscles, bones, and joints to improve strength or restore abilities.

Occupational Therapist (OT): An occupational therapist works with people who need help with activities of daily living (ADLs). An OT evaluates a resident's ability to do these activities, and **assistive** or **adaptive devices** may be ordered to help. These devices help residents perform ADLs. An example is a special spoon that helps a person feed himself (Fig. 1-13).



Fig. 1-13. An occupational therapist will help residents learn to use adaptive devices, such as this special spoon and plate. (PHOTO COURTESY OF NORTH COAST MEDICAL, INC. 800-821-9319)

Registered Dietitian (RDT): A registered dietitian or nutritionist assesses nutritional status and plans a care program. A dietitian creates diets for residents with special needs. These special diets can improve health and help manage illness.

Speech-Language Pathologist (SLP): A speech-language pathologist or speech therapist teaches exercises to help the resident improve or overcome speech problems. An SLP also evaluates a person's ability to swallow food and drink.

Activities Director: The activities director plans activities, such as bingo or special performances, to help residents socialize and stay physically and mentally active.

Nursing Assistant or Certified Nursing Assistant (NA or CNA): The nursing assistant does assigned tasks, such as taking a resident's temperature. NAs also give personal care, such as bathing residents, brushing their teeth, and assisting with toileting. Nursing assistants are some of the most important team members because they have the most direct contact with residents. If a resident's health changes from day to day, they will often be the first ones to notice this change. Nursing assistants must report any changes in a resident's condition to the nurse promptly. The federal government requires that nursing assistants have at least 75 hours of training. Some states require more than 75 hours of training.

Nursing assistant may be abbreviated as "NA," which usually means the person has completed a state-accredited nursing assistant training program. A certified nursing assistant (CNA) generally has advanced further by passing the state test for certification. You will learn more about training requirements in Chapter 2.

10. Discuss the facility chain of command

The **chain of command** describes the line of authority in the facility. For example, the nurse

will usually be the nursing assistant's immediate supervisor. If a nursing assistant has a problem with another department, he or she will report this to the proper person. This is usually an immediate supervisor or the **charge nurse**, who is a nurse responsible for a team of health-care workers. The nursing assistant would not go directly to the department to tell them of the problem. That would not be following the chain of command (Fig. 1-14).

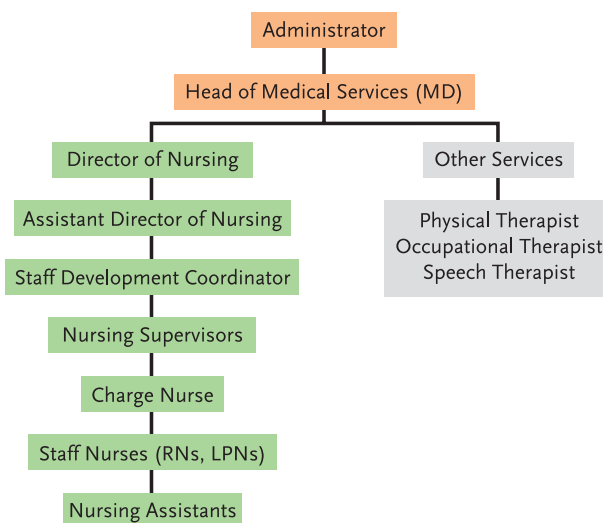


Fig. 1-14. The chain of command describes the line of authority in a facility and helps ensure that the resident receives proper care.

The chain of command also helps to protect staff from **liability**. Liability is a legal term. It means a person can be held responsible for harming someone else. Consider this example: A nursing assistant gives care to a resident and he is injured. If the care was assigned and was done according to policy and procedure, the nursing assistant may not be liable, or responsible, for hurting the resident. However, if a nursing assistant performs a task that is not assigned to her or is not within her scope of practice, and it harms a resident, she could be held responsible. That is why it is important to follow instructions and the chain of command. Doing this helps lessen the risk of liability. When handling any problem, speak with your supervisor first.

11. Explain “The Five Rights of Delegation”

When planning care, nurses have to decide which tasks to delegate to others. This includes nursing assistants. **Delegation** means transferring authority to a person for a specific task. Licensed nurses are accountable for care, including all delegated tasks. The National Council of State Boards of Nursing has identified “The Five Rights of Delegation.” This can be used as a mental checklist to help nurses in the decision-making process.

“The Five Rights of Delegation” are the “Right Task,” “Right Circumstance,” “Right Person,” “Right Direction/Communication,” and “Right Supervision/Evaluation.” Before delegating tasks, nurses consider these questions:

- Is there a match between the resident’s needs and the nursing assistant’s skills, abilities, and experience?
- What is the level of resident stability?
- Is the nursing assistant the right person to do the job?
- Can the nurse give appropriate direction and communication?
- Is the nurse available to give the supervision, support, and help that the nursing assistant needs?

There are questions you may want to consider before accepting a task:

- Do I have all the information I need to do this job? Are there questions I should ask?
- Do I believe that I can do this task? Do I have the necessary skills?
- Do I have the needed supplies, equipment, and other support?
- Do I know who my supervisor is, and how to reach him/her?
- Have I told my supervisor of my special needs for help and support?

- Do we both understand who is doing what?

Never be afraid to ask for help. Always ask if you need more information or if you are unsure about something. If you feel that you do not have the skills for a task, talk to the nurse.

12. Describe four methods of nursing care

The nursing profession takes a holistic view of resident care. The word “holistic” comes from a Greek word meaning “whole.” **Holistic** means considering a whole system, such as a whole person, and not dividing the system up into parts. Holistic care is caring for the whole person. This includes his or her physical needs, as well as other needs, such as social, emotional, intellectual, and spiritual (Fig. 1-15). Meeting these needs helps improve residents’ quality of life. You will learn more about these needs in Chapter 5.



Fig. 1-15. Caring for residents holistically means considering their emotional needs as well as their physical needs.

Over the years, the nursing profession has seen many changes. Many types of nursing care have been used at facilities. Each facility chooses the type that provides the best care for their residents.

Resident-Focused Care: This style of nursing care focuses on the resident and his or her family. It is based upon a partnership between the residents, their families and their caregivers. Residents and families are active participants in care. Choices made by residents and their families are honored by caregivers whenever possible. Families are encouraged to participate in the actual care. Healthcare providers and caregivers share useful and accurate information with residents and families.

Team Nursing: A registered nurse has the role of the **team leader** in this method. Assignments are made, care is given, and the team members report to the team leader throughout the day. The resident's care is managed efficiently and cooperatively by using this team approach to care.

Primary Nursing: With this method, a registered nurse gives much of the daily care to residents. This type of care allows for a closer relationship between the nurse and the residents. Consistency and continuity of care are positive results of this method. **Continuity of care** is coordination of care for a resident over time. The nursing team exchanges information about the resident throughout the day, while working toward shared goals.

Functional Nursing: Staff provide care to large numbers of residents during each shift using this method. Each member of the care team is given one or more specific tasks to complete for a large number of residents. For example, one team member is assigned to measure vital signs on all residents in the unit. Another completes all of the daily weights. One nurse administers medications, while another gives treatments. This type of care is not as organized as other methods. Staff may not have enough time to accurately observe each resident, and changes in a resident's condition may be overlooked.

13. Explain policy and procedure manuals

All facilities have manuals outlining policies and procedures. A **policy** is a course of action to be taken every time a certain situation occurs. The policy manual has information about every facility policy. For example, one basic policy is that the chain of command must always be followed.

A **procedure** is a specific method, or way, of doing something. The procedure manual has information on the exact way to complete every procedure. For example, there will be a procedure for giving a resident a bed bath.

Everyone needs a reminder about how to perform a task from time to time. The procedure manual serves as a guide if you want to review the steps in a procedure. Do not hesitate to look at the procedure manual. Nursing assistants who ask questions when they are unsure provide safer resident care. Acting confident when you are unsure of how to perform a procedure can be dangerous. Always ask if you have questions.

The policy and procedure manuals are usually kept together. Know where these manuals are so that you may review them when necessary.

14. Describe the long-term care survey process

Inspections are done to make sure long-term care facilities (and home health agencies) are following state and federal regulations. Inspections are done periodically by the state agency that licenses facilities. These inspections are called surveys. They may be done more often if a facility has been cited for problems. To **cite** means to find a problem through a survey. Inspections may be done less often if the facility has a good record. Inspection teams include a variety of trained healthcare professionals.

Surveyors study how well the staff cares for its residents. They focus on how residents' nutri-

tional, physical, social, emotional, and spiritual needs are being met. They interview residents and families and observe the staff's interactions with residents and the care given. They review resident charts and observe meals. Surveys are one reason the "paperwork" part of a nursing assistant's job is so important.

If a facility is cited for not following a federal regulation, surveyors use special tags to note these problems. When surveyors are in your facility, try not to be nervous. Give the same great care you do every day. Answer any questions to the best of your ability. If you do not know the answer, be honest. Never guess. Tell the surveyor that you do not know the answer, but will find out as quickly as possible. Then do just that.

The **Joint Commission**, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is an independent, not-for-profit organization whose standards focus on improving the quality and safety of care provided by healthcare facilities. The Joint Commission makes sure each facility is following the standards of care by inspecting and evaluating different types of healthcare facilities. The Joint Commission's surveys are not associated with state inspections.

Facilities join the Joint Commission on a voluntary basis; some do not participate in this process. In order to receive the Joint Commission's approval, facilities must pass evaluations at least every three years. A facility may be visited more often if problems are found.

Chapter Review

1. Describe long-term care (LO 2).

2. Whom does Medicare insurance cover (LO 3)?

3. Who makes up the majority of residents in long-term care facilities—men or women (LO 4)?

4. List ten common nursing assistant tasks (LO 5).

5. What are three tasks that nursing assistants do not usually perform (LO 5)?

6. List ten ways a nursing assistant can show professional behavior (LO 6).

7. List each of the ten qualities in Learning Objective 7. For each quality, write one example of a way that a nursing assistant can demonstrate that quality (LO 7).

8. Describe ten grooming guidelines for nursing assistants (LO 8).

9. Who is the most important part of the care team (LO 9)?

10. Choose four members of the care team and describe the roles they play (LO 9).

11. Define the chain of command (LO 10).

12. List the "Five Rights of Delegation" (LO 11).

13. Give a brief description of the four methods of nursing care (LO 12).

14. What is a policy? What is a procedure (LO 13)?

15. When surveyors visit a facility, what do they study and observe (LO 14)?

16. When a surveyor asks a nursing assistant a question she does not know the answer to, how should she respond (LO 14)?