

# Assisting with ADLs

## Learner Workbook



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## ACTIVITIES OF DAILY LIVING

Assisting residents with personal care is a very important task performed by direct care staff. Done properly it can help build the resident's self-esteem and encourage the resident to be as independent as possible for as long as possible.

Direct care staff will frequently be assisting residents with what is called an Activity of Daily Living (ADL). Activities of daily living (ADLs) are what each of us normally does every day including any activity we perform for self-care. ADLs typically include:

- Walking
- Transferring (e.g., bed to chair)
- Bathing
- Dressing
- Grooming
- Eating
- Toileting

The National Center for Assisted Living (NCAL) surveys have found that on the average assisted living residents need assistance with 1.6 ADLs. In addition, 87% need help with meal preparation and 81% need help managing their medications. While these percentages present a picture of the typical assisted living resident, it is important to remember that ***each resident is an individual with different needs.***

### Instrumental Activities of Daily Living (IADLs)

In addition to ADLs, there is another category called Instrumental Activities of Daily Living (IADLs). IADLs are activities that require a higher level of mental and physical functioning. IADLs typically include:

- Driving
- Preparing meals
- Managing medications
- Doing housework and laundry
- Shopping
- Managing finances
- Using the telephone

When a resident's abilities begin to decline the IADLs will become more difficult first, followed by the ADLs.

## Reasons for Assistance

There are various reasons resident may require assistance with ADLs. Some residents may have physical impairments; others may have cognitive (mental) impairments.

Examples of physical impairments:

- Weakness or paralysis from a stroke
- Overall muscle weakness
- Limited range of motion
- Arthritis
- Heart problems
- Lung or breathing problems

Examples of cognitive impairments:

- Mild cognitive impairment
- Dementia
- Stroke affecting mental functioning
- Severe mental illness

Caregivers must know the needs and preferences of each resident to know when to provide assistance and know where to encourage a resident to perform tasks that he/she is capable of performing. While one resident may have weakness and trouble walking; another may be strong except in the left arm. One resident may be physically very capable, but needs reminders to accomplish tasks and meet appointments.

## ENCOURAGE INDEPENDENCE

Remember, each resident is different and has unique needs. One of the most important concepts presented in this course is to encourage residents to remain independent and perform as many ADLs as possible.

It is important to encourage independence as much as possible and is safe for the resident. Often well-meaning caregivers perform tasks for a resident—such as tying shoe laces—that the resident may still be able to do. Considering the “use it or lose it” concept, unless the resident is encouraged, and the direct care staff allows the time for the resident to complete successfully, then tying his/her own shoelaces will become one more task of independence that the resident will lose.

**Question:** What if a resident has the mobility to brush the front of her hair, but not the back?

**Answer:** The caregiver should encourage the resident to brush the front and as far back as possible. The caregiver can complete brushing the back of the resident’s head after the resident has completed all that he/she is capable of doing.

**What would be faster?** Of course, it would be faster for the caregiver to pick up the brush and do the resident’s hair completely. But, which approach is in the best interest of the resident and encourages independence?

## PERSON-CENTERED CARE

Assisted living/residential care communities support the concept of **person-centered care**. Person-centered care means that services provided revolves around the wishes of the resident, and not the convenience or desires of the staff and administration. The resident is encouraged to remain in control of his or her life and choices

The Community should provide care the way the resident wants to be cared for.

*For example, if a resident wishes to sleep until 8:00 am every morning, the staff should NOT insist that his/her bath be given at 6:30 am because "that is the schedule."*

Person-centered care means treating each resident as an individual and respecting his/her desires and preferences.

Person-centered care means knowing the resident's needs and limitations, and tailoring your approach to provide assistance.

# TRANSFER AND AMBULATION

When assisting with transfer and ambulation:

- Clarify the amount of assistance needed.
- Ask for help from a co-worker when needed. Many residents are assisted with transferring more safely when two people work together.

## Transfer

1. Be sure the resident is wearing shoes.
2. If using an electric or mechanical bed, lower to the lowest possible position.
3. If moving to a chair or wheelchair:
  - a. Position it at a 45-degree angle to the bed, on the resident's strong side.
  - b. Remove footrests.
  - c. Lock the wheels.
4. If the resident is laying flat in bed:
  - a. With one arm behind the resident's back and the other under his/her legs, sit the resident up and swing his/her legs over the edge of the bed.
  - b. Allow the resident to sit at the edge of the bed for a few minutes to prevent orthostatic hypotension.
  - c. With the resident's feet slightly apart on the floor and his/her hands on the bed, take a wide stance straddling the resident's weaker leg.
5. Bend your knees (do not bend at the waist) and grasp the resident at the sides of a gait belt or the waist.
6. Tell the resident that at the count of three you will assist him/her to stand. Instruct the resident to lean forward and push up with his/her hands on the bed or chair.
7. Count "one, two, three" and assist the resident to stand.
8. Pivot to the chair and instruct the resident to place her hands on the armrests of the chair.
9. Lower the resident to the seat.

10. Be sure the resident is in good body alignment and that her clothes have not been pulled or twisted in an uncomfortable manner.

**NEVER:**

- Pull a resident by the hand or arm.
- Lift a resident alone when two people are needed.
- Leave the resident alone before he/she is safely seated or in bed.

## **Ambulation**

1. The accompanying video provides general guidelines. Always follow resident specific protocol. Consult with your supervisor before ambulating any resident for the first time.
2. Know the resident's limitations.
3. Plan resting points in advance.
4. If the resident becomes unsteady, call for help and gently lower the resident to the ground if a chair is not available.
5. Be sure the resident is wearing appropriate footwear and clothing.
6. While ambulating, provide the support necessary for the individual resident.
7. Provide support, but do not allow the resident to put his/her arm around your shoulders, as this could lead to back injury.
  - a. Extend your arm, palm up, and allow the resident to rest a hand on your arm for support.
  - b. Remember, should the resident fall, do not attempt to hold him/her up. Gently and carefully guide him/her to the floor.
8. Be sure to walk slowly with a steady gait. Do not lead or follow the resident. Walk next to the resident using steps of the same size and rate.

**NEVER:**

- Leave a resident to walk alone when the resident cannot safely ambulate.
- Take a resident on a walk without his/her mobility device (if applicable).

## BATHING

1. Determine the resident's abilities and the amount of assistance he/she will require. If unsure of your physical ability to assist the resident, get help.
2. Determine the resident's preferences. Encourage the resident to have a shower or bath rather than a bed bath, but do allow him/her to make the decision.
3. Ensure privacy. Place a non-skid mat. Ensure that the bathroom is warm enough.
4. Wash your hands, and apply gloves.
5. Prepare the materials you will need:
  - 2 Towels
  - 2 Washcloths
  - Mild soap
  - "No tear" shampoo, or shampoo of the resident's choice
  - Lotion
  - Clean clothing
  - Gloves (2 pairs)
6. Adjust the water to an appropriate temperature.
7. Using transfer and ambulation techniques previously outlined, assist the resident to the shower or bath.
8. Carefully assist the resident into the bath or onto the shower chair.
9. Assist with bathing. Some residents will be able to do all or part of the bathing on her own. If this is the case allow him/her to do so. The caregiver should encourage independence whenever possible.
10. If you will be bathing the resident, begin with the face. Wash in a circular motion, beginning at the inside of the eye, near the nose, and working outward. Don't forget to wash behind the ears. Determine whether the resident prefers you to use soap when washing his/her face.
11. Apply soap to the washcloth. Next, wash the resident's chest and back, again using circular motions.
12. Then, wash the arms and legs, beginning at the fingers/toes and washing upward. This motion encourages blood flow back to the heart.



13. Finally, using the second washcloth, cleanse the genitals, perineal area, and buttocks.
  - a. Many residents will prefer to do this on their own.
  - b. If you will be assisting, begin at the genitals cleansing in all skin folds, and work back towards the buttocks.
  - c. Cleansing from “front to back” prevents the spread of microorganisms from the anus to the genitals, which could cause a urinary tract infection.
14. Be sure to rinse the skin completely, removing all soap.
15. Assist the resident to wash his/her hair using a “no tears” shampoo, if desired.
16. The resident may wish to sit in the warm water for several minutes. Be sure to allow him/her this valuable relaxation opportunity.
17. Using a clean towel, carefully pat the resident dry. Be sure to dry well in all skin folds and between the toes.

# SHAVING

1. Explain to the resident you will be assisting him to shave.
2. Wash your hands.
3. Make sure that these items are within easy reach:
  - Bath towel
  - Face towel
  - Washcloth
  - Disposable razor or electric razor
  - Mirror
  - Shaving cream (if not using electric)
  - After shave lotion
  - Disposable gloves
4. Help the resident to a safe standing position, or if they prefer, allow them to be seated and provide a hand mirror, if necessary.
5. Fill the sink with a small amount of warm, not hot, water.
6. Place a towel around the resident's chest.
7. Put on your gloves.
8. Ask the resident to wash, but not dry his face. Assist as necessary.

## **If the resident is using a safety razor**

1. Apply shaving cream. (If the resident prefers, a shaving brush and soap may be used).
2. Hold the resident's skin taut.
3. Shave the resident's face in the direction the hair grows.
4. Rinse the razor frequently in the sink to make shaving easier.
5. Use small careful strokes around the lips and indentations on the chin.
6. Rinse face carefully and gently pat dry.

### **If the resident is using an electric razor**

1. Dry face thoroughly.
2. Gently glide the razor over the facing while holding the skin taut.
3. Trim carefully around the mouth.
4. The resident may use after-shave lotion. Assist as required.

## DRESSING

1. Allow residents to choose their clothes.
2. Provide privacy.
3. Offer a suggestion that the resident may want to use the toilet first.
4. Wear gloves as appropriate.
5. Inspect the resident's skin when assisting with dressing.
6. Work smart! For example, if the resident is wearing trousers, pull the underwear and trousers up at the same time.
7. Put clothes on the weak side first (if applicable).
8. Encourage the resident to do as much as he/she is safely able to do.

## PERINEAL CARE

1. Determine the amount of assistance necessary.
2. Gather necessary supplies:
  - Basin for water
  - Waterproof pad or several towels
  - Warm water
  - Washcloth and towel (if not using wipes)
  - Mild soap
  - Clean gloves
  - Wipes, if needed
3. Wash your hands and put on gloves.
4. Provide privacy.
5. Place the waterproof pad (or several towels) under the resident's buttocks.
6. Gently wash the perineum with warm water and soap. Always clean from the urethra (opening where urine flows out) downward.
7. With a female resident, gently separate the labia and clean between all skin folds.
8. With a male resident, clean beginning at the head of the penis and clean down the shaft.
9. Rinse and dry thoroughly.
10. Remove damp pads and any linen that may have gotten wet.
11. Replace incontinent brief (if appropriate) and clothing.
12. Dispose of soiled linens in hamper.
13. Remove gloves and wash hands.

## TOILETING

1. Escort the resident to the toilet. Provide transfer assistance as necessary. Provide privacy.
2. If appropriate and safe, step out of the bathroom.
  - a. If your community uses call lights be sure it is within the resident's reach.
  - b. If not, stay nearby so the resident may call out to you when he/she is finished.
  - c. Never leave a resident alone on the toilet for a long period of time.
3. If assistance with perineal care is needed, put on gloves and assist the resident.
4. Assist the resident to put undergarments and clothes back on.
5. Examine contents in toilet or commode.
  - a. Looking for things such as blood, loose stools, or cloudy urine.
  - b. Report changes or concerns to your supervisor.
6. If using a commode, put on gloves, remove the sliding container and dispose of contents in a toilet.
  - a. Clean and deodorize the container.
7. Remove gloves and wash your hands.

## FEEDING

1. Seat the resident.
2. Describe the foods to the resident.
  - a. Ensure the food is a safe temperature.
3. If the resident is using dentures, make sure they are in place and comfortable.
4. Make pleasant conversation.
5. Use appropriate size bites.
6. Do not rush or hurry the resident.
7. Encourage the resident to do as much on his/her own as safely possible. For example, some resident may simply need you to cut their food, while others may need you to put it in their mouth.
8. Monitor for the following:
  - a. Choking
  - b. Aspiration (inhaling food or liquids into the lungs, often displayed as frequent coughing)
  - c. Pocketing food between the cheek and gums.
9. Encourage the resident to remain upright (sitting or standing) for at least 15-20 minutes following a meal.

# ORAL CARE

## Assisting the resident to brush teeth

1. Determine the amount of assistance needed.
2. Gather necessary supplies:
  - The resident's toothbrush
  - Toothpaste
  - Mouthwash
  - Towel
  - Gloves
3. Wash your hands and put on gloves.
4. Whenever possible, bring the resident to the bathroom sink when performing oral care.
  - a. If it is necessary (for safety reasons or resident preference) for the resident to remain in bed or in a chair during oral care, be sure to place a towel across the resident's chest and under the chin to protect their clothing and dignity.
5. Moisten the toothbrush with cool water and apply toothpaste.
6. Brush the teeth using circular motions. Be sure to clean all surfaces of the teeth.

## If the resident wears dentures

1. Wash hands and put on gloves.
2. Remove dentures by pushing downward with the index fingers from above the upper denture. The lower denture lifts out easily. It may help to grasp the dentures with gauze (4x4) to prevent them from slipping out of the caregiver's hands.
3. Place the dentures in a denture cup and take them to the sink.
4. Place a washcloth in the sink and fill with water.
5. Hold the dentures close to the filled sink and cleanse them.
  - a. If using a denture brush, the long side is to be used on the tooth surfaces and the shorter side is for the inner surfaces of the dentures.



6. Rinse thoroughly with clean water.
7. If reinserting the dentures, place the top one in first, followed by the lower. Ensure proper fit and ask the resident if the dentures are comfortably placed.
8. If the dentures will be stored (such as overnight), they are to be placed into a covered container.
  - a. Be sure the cup is carefully labeled with the resident's name.
  - b. If the dentures are to be stored in water, use cool water with a few drops of mouthwash to prevent odor from building up on them.
  - c. Place the dentures in an area where they are not likely to be knocked onto the floor (e.g. in a drawer).
9. Remove gloves and wash hands.