

HELPING PATIENTS WITH PERSONAL HYGIENE

INTRODUCTION

Helping patients with their personal hygiene will often be one of your responsibilities when you work as a certified nursing assistant. (CNA) This will include helping the patient wash, or washing them; helping them with their oral hygiene or providing it yourself; helping them with elimination; and other aspects of personal hygiene and grooming.

These tasks are not complicated, but they are very important. Good personal hygiene helps the patient maintain a sense of dignity and independence. Assisting the patient with personal hygiene or doing these tasks for them also gives the patient a sense of safety and security; the patient will be assured that his/her basic needs are understood and are being met.

Learning Break: The first and most important rule you must follow when helping patients with personal hygiene is: **always wash your hands and put on disposable gloves before starting any procedure.**

OBJECTIVES

When the student has finished this module, he/she will be able to:

1. Identify the most important rule to follow when helping patients with personal hygiene.
2. Identify the correct definition of oral hygiene.
3. Identify one important safety precaution that must be observed when cleaning dentures.
4. Identify what the letters NPO mean.
5. Identify the correct frequency for providing oral care for the patient who is unconscious.
6. Identify the proper temperature for bath water.
7. Identify an important rule for shaving patients.
8. Identify an important rule for cutting nails.
9. Identify patients for which nail care may be especially hazardous.
10. Identify two responsibilities of the CNA when helping the patient with elimination.

ORAL HYGIENE

Providing oral hygiene or helping the patient perform oral hygiene, is an important part of your responsibilities. People who are ill often need greater attention to oral hygiene than they normally might. They may be dehydrated, they may have mouth breath, or they may be taking a medication that causes a dry mouth or a bad taste. Oral hygiene is important for several reasons. Without good oral hygiene:

- The patient's mouth will be dry and unpleasant.
- The lips and tongue may crack and bleed.
- The patient's appetite may be affected.
- The patient's dignity and self-image will be affected.

Learning Break: Before giving oral hygiene, check the patient's chart to determine if he/she is allowed to swallow. Some patient's, because of their medical condition, are not allowed to swallow food or liquids. If so, you will see the letters **NPO** on the chart. NPO is shorthand for a Latin phrase that means "nothing by mouth." If the patient has an NPO order, make sure they do not swallow any liquids, toothpaste, etc. when you are providing oral care.

For the person who needs greater attention to oral hygiene and can perform it without assistance, your responsibility will be to provide him/her with mouthwash, toothpaste, towels, etc., and encourage them. For other patients, you will need to do some or all of their oral hygiene. Many people who need greater attention to their oral hygiene may not be able to perform it; they may be weak, disabled, or unconscious. Either way, it is important that oral hygiene is performed.

Learning Break: Oral hygiene is defined as care that keeps the oral cavity clean and fresh.

Oral Hygiene for the Conscious Patient

This procedure is relatively simple, and it usually does not take a long time to complete.

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Inform the patient that you will be helping him/her perform oral hygiene.
- Spread a towel across the patient's chest in order to keep the patient dry.
- Offer the patient a glass of mouthwash/water mix. Instruct the patient to rinse and spit.
- Put toothpaste on the toothbrush. If the patient is able, let him/her do the brushing. If not, you will need to do it.
- Have the patient rinse and spit again.
- Offer floss. If the patient is unable to use the floss, you will need to perform this task.
- After flossing, have the patient rinse and spit again.

Oral Hygiene for the Unconscious Patient

Oral hygiene is perhaps more important if the patient is unconscious. This procedure is identical to the procedure of providing oral hygiene for a patient who is conscious, but there are some differences.

Learning Break: Each health care facility should have a policy/standard of care that described how oral hygiene should be performed and how often it should be performed. *However, for the unconscious patient, it is safe to say that oral hygiene – **minus brushing and flossing** – should be performed every two hours.*

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Inform the patient that you will be helping him/her perform oral hygiene.
- Lift the head of the bed to approximately a 45 degree angle or more.
- Turn the patient's head to one side and place a towel under his/her head.
- Place an emesis basin directly under the patient's chin.
- *Gently* open the patient's mouth by pulling down on the chin. Do *not* place your fingers in the patient's mouth.
- Brush and floss the teeth.
- Take a mouth swab and carefully and gently wipe the mouth and the tongue.
- Apply a moisturizer to the patient's lips.

Cleaning Dentures

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Inform the patient that you will be cleaning his/her dentures.
- Remove the patient's dentures or have the patient remove them. Place the dentures in an emesis basin that is lined with a paper towel.
- Carry the dentures to the sink. Place a towel in the sink; if the dentures are dropped, they will not break.
- Use toothpaste or denture cleaner and clean all of the surfaces of the dentures.
- Rinse the dentures with cool running water.
- Fill the denture cup with water, mouthwash or a denture solution and place the dentures in the cup.
- Return the dentures to the patient or place them in an appropriate place.

Learning Break: When you are cleaning dentures, *always remember to place a towel in the sink.* Dentures are expensive, it can take a long time to replace them, and the patient will not be able to eat.

BODY HYGIENE

Body hygiene should be performed every day; at times, some parts of body hygiene may need to be performed several times a day. This procedure helps the patient relax, eliminates body odors, helps prevent skin breakdown, and can stimulate the circulation. Being clean and having good body hygiene is also an issue of dignity and self-respect.

Body hygiene includes giving/assisting with a bath, providing perineal care, washing the hair, shaving, and caring for the nails.

Bathing the Patient

Depending on the patient's situation and medical condition, daily bathing can be in the form of a *shower*, a *tub bath*, a *partial bed bath*, or a *complete bed bath*. Some of the basic ideas to keep in mind are:

- During bathing, observe the patient's skin for any unusual marks, red areas, breakdowns, rashes, etc.
- Do not cut or trim the patient's fingernails or toenails unless you have specifically been instructed to do so.
- Many patients who require assistance bathing will chill easily; keep this in mind.
- Ask the patient if he/she needs to use the bathroom before you start bathing.
- Always be mindful of the patient's privacy and need for dignity.

Helping the patient with a shower, tub bath, and partial bed bath will not be covered here. These procedures are less complicated than providing a complete bed bath, and you can easily perform them by using the basic instructions for a complete bed bath.

Learning Break: How often a patient bathes will depend on several factors, but patients who need a complete bed bath should be washed every day.

Complete Bed Bath

The procedure for a complete bed bath is not complicated. However, it will be very helpful to you and the patient if you are plan and perform this procedure in an efficient and organized manner.

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Make sure that the patient's privacy is protected; close the door or draw the curtains around the bed.
- Position the bed so that the patient is flat. Not all patients can tolerate being completely flat, so assess each situation individually.
- Cover the patient with a bath blanket.
- Remove the patient's clothing and any jewelry. Place the jewelry in a safe place.
- Use warm (115° F, 46.1° C) water.
- Using a washcloth and soap, wash, rinse, and dry the body *in sections*.
- Start at the face and head and move down.
- When you have finished one section, make sure you cover that area with a dry towel or a section of the bath blanket.
- Change the water as needed.

Learning Break: It is very important to always wash, rinse, and dry the body in sections. This preserves the patient's modesty, keeps the procedure organized, prevents unnecessary exposure, and keeps the patient warm.

Once you have finished the bath, comb or brush the patient's hair, return the jewelry, and position the patient comfortably with the call light within reach. Discard the linen, discard the gloves, and document what you have done. Don't forget to include any important observations about the condition of the patient's skin.

Perineal Care

The perineum is the area of the body around the external genitals and the rectum. This area of the body requires special attention. It is less exposed to the air, and it can be exposed to urine, feces, and secretions. Because of those issues, the area is often moist and irritation and skin breakdown are possibilities.

Providing perineal care can be a bit stressful for the patient, and for you, as well. Issues of modesty, privacy, and embarrassment often arise. The best way to handle these issues is to realize that providing this care is part of your personal responsibilities, it is an important part of the patient's personal hygiene, and it can prevent skin breakdowns and infection. If you are worried about how the patient will react, simply ask him/her how you can best make the procedure comfortable. Reassure the patient that you will make every effort to preserve his/her modesty.

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Ask the patient if he/she needs to use the bathroom.
- Make sure that the patient's privacy is protected; close the door or draw the curtains around the bed.
- Use warm (115° F, 46.1° C) water.
- Cover the patient with a bath blanket.
- Place a moisture-absorbent bed protector under the patient's hips.
- Ask the patient to flex the knees and separate the legs. If the patient cannot do this, you may need an assistant or you may need to use pillows for support.
- Take the bath blanket back and expose the perineal area.

When providing perineal care for *women*, use a washcloth with soap and gently wash down from front to back – once – then rinse and dry. Separate the labia and repeat this process.

When providing perineal care for *men*, use a washcloth with soap, hold the penis in one hand, and gently wash it from the meatus to the base of the penis; rinse and dry. If the patient is uncircumcised, gently retract the foreskin and wash in the same way. Wash the scrotum; rinse and dry.

For men and women, the next step is to wash the rectal area. Instruct the patient to turn on his/her side. Pull back the bath blanket and expose the rectal area. Use a washcloth

and soap and gently wash the area; move from the front (perineum) to the back (coccyx). Rinse and dry.

Once you have finished, position the patient comfortably with the call light within reach. Discard the linen and the gloves. Document the procedure and don't forget to include important observations about the condition of the skin in the perineal area.

Washing the Hair, Shaving, and Caring for the Nails

These aspects of body hygiene are relatively simple to perform, but they are still an important part of body hygiene.

Washing the hair does not need to be done every day. Check the patient's chart for specific instructions or ask your supervisor how often this should be done.

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Use warm (115° F, 46.1° C) water.
- Position the patient so that his/her head is as close to the edge of the bed as is safe and practical.
- Place a towel or small pillow underneath the patient's shoulder blades.
- Place a waterproof bed protector underneath the patient's head and shoulders.
- Place a slightly damp washcloth over the patient's eyes.
- Position a basin underneath the patient's head to capture the water and shampoo.
- Wet the hair thoroughly, apply the shampoo, and then rinse it off. Dry the hair with a towel.

Learning Break: Some people recommend placing cotton in a patient's ears when shampooing the hair. Check with your supervisor before you do this.

Shaving can be done every day, or when your patient wants it to be done. It can be done using an electric razor or a safety razor. Follow this procedure if using a safety razor.

- Wash your hands.
- Put on disposable gloves.
- Identify the patient by checking his/her name band.
- Use warm (115° F, 46.1° C) water.
- Spread a towel across the patient's chest and tuck it up under the chin.
- Moisten the patient's face using a washcloth and water.
- Spread shaving cream on the patient's face.
- Hold the skin with the fingers of one hand so that it is tight, and then move the razor in the same direction that the hair grows.
- Rinse the razor often. When finished, wash the skin with a washcloth and water.
- If the patient is cut during shaving, make sure you document this fact and report it to your supervisor.

Learning Break: Always check before using a safety razor to shave a patient. It might be contraindicated for patients with certain medical condition or who take certain medications.

Caring for the nails should only be done if it is specifically allowed by your health care facility. Cutting the toenails can be hazardous. *Patients with diabetes have very poor circulation in their feet.* Any cuts can easily get infected and because the patient with diabetes may also have nerve damage in his/her extremities, the pain and swelling may not be noticed.

HELPING THE PATIENT WITH ELIMINATION

There are a variety of reasons why a patient may be confined to bed. If the patient is unable to ambulate, he/she will need to use a urinal or a bedpan when the need arises to urinate or defecate.

If a male patient needs to urinate:

- Wash your hands
- Put on disposable gloves, give him the urinal, and place the call light within reach. Dispose of your gloves leave the room.
- When the patient signals he is finished, put on disposable gloves and retrieve the urinal. Carefully measure and record the output. If the urine is excessively cloudy or there is blood in the urine, notify your supervisor.

If a female patient needs to urinate or defecate, or a male patient needs to defecate, they will need to use a bedpan.

- Wash your hands and put on disposable gloves.
- Have the patient raise his/her hips, and slide a waterproof bed protector and the bedpan underneath the patient.
- If the patient cannot lift his/her hips, you can assist, or the patient can roll to one side, the bedpan can be place against the back and buttocks, and the patient can roll back. Place the call light within reach. Remove your gloves.
- When the patient signals he/she is done, put on new gloves, remove the bedpan, cover it, and then clean the patient is he/she is unable to do so.
- Carefully measure and record the urine output. Document any unusual observations about the appearance of the urine or the stool.