HELPING PATIENTS WITH MOUTH CARE, PERSONAL HYGIENE, SKIN CARE, AND ELIMINATION

INTRODUCTION

Helping patients with their mouth care, personal hygiene and skin care, and elimination will often be your responsibility when you work as a certified nursing assistant (CNA). This will include information and instruction that will guide you in helping the patient wash themselves; in providing complete personal hygiene and skin care; helping them with mouth care 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 and it improves the patient’s level of comfort. 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 mouth care, personal hygiene and skin care, or elimination is to 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 correction 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

Before discussing oral hygiene and mouth care the anatomy and physiology of the oral cavity will be discussed.
The oral cavity - commonly called the mouth - has several important structures and functions. The oral cavity contains the tongue, the lips, the teeth, and the openings to the salivary glands. The mouth connects in its posterior to the pharynx, which is the first section of the digestive tract. The mouth also connects with the trachea, which is the first section of the respiratory tract. The primary functions of the oral cavity and its structures are:

1. Digestion: The teeth break food down into manageable pieces. The salivary glands lubricate the food bolus so it is easy to swallow and they also produce digestive juices that help to break food down into nutrients that can be absorbed in the stomach and bowel. The tongue helps move the food into the pharynx.
2. Speech: The lips and the tongue assist in the formation of speech.
3. Respiration: The oral cavity is technically the first section of the respiratory tract as it connects with the trachea (commonly called the windpipe), a short, muscular tube that intersects with the bronchial tubes that lead to the lungs. Although the oral cavity is essentially a passive structure, the contact of air with the warm, moist environment of the mouth helps protect the lower respiratory passages and the lungs from cold and it helps humidify air that is going to the lungs.

The condition of the gums, the teeth, and the mouth is a very important but often overlooked part of our health. Drinking, eating, communication, and nutritional status all depend on the integrity of these structures, and poor oral hygiene and poor dentition can significantly affect a patient’s health in many ways. The patient will not be able to eat well and nutritional status will suffer; swallowing may be difficult or painful; aspiration of food or liquids may happen; xerostomia (dry mouth) is uncomfortable and leads to other oral/dental problems; the production of saliva, which provides an important defense against infection, may be decreased; dental pain caused by dental caries (tooth decay) can interfere with eating and nutrition; the patient may limit his/her social interaction due to speech difficulties or because of embarrassment from missing teeth or halitosis (bad breath), and; poor oral hygiene has been associated with an increased risk for developing heart disease, pneumonia, and other medical conditions.

A healthy mouth should be free from chronic pain, oral lesions, oral infections, gum disease, tooth decay and tooth loss, or other conditions that affect eating, drinking, nutrition, or speech. As a CNA you will be caring for many patients who have or at risk for, oral hygiene problems or dental problems. Patients who are at an especial risk for oral hygiene or dental problems include the following.

1) The elderly: Many older adults have missing teeth or do not have teeth. The gums shrink as we age, increasing the risk for dental caries and the salivary glands produce much less saliva and this causes dry mouth. Older adults may also have physical disabilities or coordination and/or eyesight issues that prevent them from doing their own oral hygiene care.
2) Medical conditions: Diabetes, certain types of cancer, dehydration, HIV and other types of chronic infections, radiotherapy treatment for cancer, or any disease that depresses the immune system can affect the health of the oral cavity and increase the risk for oral infections.

3) Medications: There are many commonly used medications that can affect the health of the oral cavity. Antibiotics, anti-convulsants, anti-depressants, anti-emetics, and anti-hypertensives can all decrease the production of saliva. Chemotherapy suppresses the immune system and increases the risk for oral infections, and oxygen can dry out the oral mucosa.

4) Mental health: Patients who have serious mental health problems may be unaware of the need for daily oral hygiene care or be unable to perform it. Patients who are severely depressed may deliberately neglect performing oral care such as brushing and flossing.

5) Physical disabilities: There are many physical disabilities that can affect oral hygiene or dental health. Perhaps the most common is the patient who has had a cerebrovascular accident (CVA), often referred to as a stroke. Stroke victims frequently suffer from paralysis and cannot perform self-care. In addition many stroke victims suffer from dysphagia, a condition causes difficulty in swallowing and puts the patient at risk for aspiration.

6) Alterations in consciousness: Patients who have a significant alteration in consciousness, eg, patients who are comatose and are being mechanically ventilated, obviously cannot perform oral self-care. Many patients who are unconscious also mouth breath and this can cause oral hygiene problems.

These risk factors can be isolated or a patient may have several or all of them. However, each risk factor can be a significant contributor to poor oral health and poor dental health and they are likely to be present in many of the patients under your care.

**Mouth Care**

Performing mouth care and helping patients perform mouth care 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 mouth breath, or they may be taking a medication that causes a dry mouth or a bad taste. And aside from the health risks associated with poor oral hygiene and poor dental health, good mouth care is important for several reasons. Without good mouth care:
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.

Before giving oral hygiene, **always** check the patient's chart to determine if he/she is allowed to have food or liquids. Some patients have medical conditions that make swallowing food or liquids undesirable or even dangerous and contraindicated and if so, you will see the letters NPO on the patient’s chart. NPO is an abbreviation for a Latin phrase that means “nothing by mouth.” If the patient has an NPO order make sure they do not swallow any liquids, mouthwash, or toothpaste when you are providing mouth care. You should also familiarize yourself with situations in which your patient may be NPO. These are detailed in Table 1, but these situations are not absolute. In some health care facilities the physician may want the patient to abstain from drinking and eating before a procedure, but other physicians may not. If you are not sure or if you think it may be required that your patient have NPO status, ask your supervisor.

**Table 1: NPO Situations**

<table>
<thead>
<tr>
<th>Pre-operative patients</th>
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<tbody>
<tr>
<td>Post-operative patients</td>
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<tr>
<td>Bowel obstruction</td>
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<tr>
<td>Placement of a PEG tube (Usually)</td>
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<tr>
<td>Before certain procedures</td>
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<tr>
<td>Patients who are on aspiration precautions</td>
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<tr>
<td>Patients who have recently had a stroke</td>
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</table>

You should also check to see if the patient is on aspiration precautions before performing mouth care. Certified nursing assistants should be familiar with aspiration precautions and they will not be reviewed here.

If a patient needs greater attention to oral hygiene and can perform it without assistance, your responsibility will be to provide him/her with mouthwash, toothpaste, towels, and any other supplies and to determine how much assistance she/he needs. For other patients you will need to do some or all of their oral hygiene.

**Oral Hygiene for the Conscious Patient**

This procedure is relatively simple and it 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 water or mouthwash/water mix. Instruct the patient to rinse and spit.
• Put toothpaste on the toothbrush. If the patient is able to do so, let him/her do the brushing. If not you will need to do it.
• After brushing is completed instruct the patient to rinse and spit.
• 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.
• Offer mouthwash if this is allowed.
• Offer a lip moisturizer if needed.

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. Each health care facility should have a policy or a standard of care that describes how oral hygiene should be done and how often it should be performed in patients who are unconscious. However, for the unconscious patient it is safe to say that oral hygiene - minus brushing and flossing - should be performed several times a day and perhaps as often as every two hours. Mouth care in these situations may be as simple as swabbing the patient’s mouth to keep it moist, applying a moisturizer to the patient’s lips and then performing more complete mouth once or twice a day.

• Wash your hands.
• Put on disposable gloves.
• Identify the patient by checking his/her name band.
• Lift the head of the bed to approximately a 45 degree angle.
• Gently turn the patient’s head to one side and place a towel under his/her head. Place another towel on the patient’s chest immediately below the chin.
• 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 patient’s denture cup.
- Return the dentures to the patient or put them in an appropriate place.

Learning Break: When you are cleaning dentures, always remember to place a towel or something soft in the sink or over the surface you are cleaning them on. Dentures are expensive, it takes time to replace them and in the interim the patient’s nutrition and quality of life will suffer.

PERSONAL HYGIENE AND SKIN CARE

Not all of your patients will need assistance with and special attention to personal hygiene and skin care but there are two specific patient populations who will: the elderly and patients who are immobile. Understanding the anatomy of the skin is important for knowing why older patients and patients who cannot move need special attention to, and assistance with body hygiene and skin care.

Anatomy of the Skin

The skin is the largest organ in the body, and it is comprised of three layers. The epidermis is the outer layer. It is very thin, only 0.05 mm, although in some areas such as the soles of the feet it will be thicker. The epidermis has many important functions and the most important is to prevent bacteria, viruses, and other pathogens from entering the blood stream and deeper tissues. The cells of the epidermis are densely and tightly aligned and because of this the epidermis forms a physical barrier that is the body’s first line of defense against infection. The epidermis also contains cells of the immune system and it controls the amount of water that we lose to the environment. Finally, the epidermis is the layer of skin that holds the pigmentation that gives our skin tone. There are no blood vessels in the epidermis; it receives its blood supply from the dermis.

The second layer of skin is called the dermis. The dermis is considerably thicker than the epidermis and it contains many important structures. The dermis is where the connective tissue of the skin is located: connective tissue is a tough, fibrous material that gives the skin its tone and resiliency. The dermis also contains many blood vessels, hair follicles, the sebaceous glands that make skin oils, sweat glands, and sensory receptors for touch and heat.

The third and final layer of the skin is the subcutaneous tissue, more commonly called fat. Subcutaneous tissue is distributed through the body; some
places have a thick subcutaneous layer while in other areas the subcutaneous layer is very thin. Most of the subcutaneous tissue acts as a protective padding but it also provides a layer of insulation that keeps us warm and preserves body heat.

**Anatomy of the Skin and the Elderly and the Immobile**

Our skin changes as we grow older. The epidermis becomes thinner, more fragile, and more susceptible to injury. The connective tissue that gives the skin its strength and elasticity becomes weaker so our skin becomes weaker. We begin to lose subcutaneous tissue so we have a harder time staying warm and older people are more likely to suffer from the cold. The blood vessels become weaker and more prone to breaking. The sebaceous glands produce less oil so the skin becomes drier - another reason the skin is more susceptible to injury. Finally, the sweat glands produce less sweat so an older person is more likely to become overheated. All of these changes are important to be aware of when helping the elderly with body hygiene or providing skin care. Patients who are immobile are dependent on caretakers for body hygiene and skin care and they are obviously at risk for skin breakdown and ulcers.

**The Essentials of Personal Hygiene and Skin Care**

Personal hygiene and skin care should be performed every day and some patients will need attention to personal hygiene and skin care several times during the course of a day. Personal hygiene and skin care have many beneficial effects. They help the patient relax, they eliminate body odors, they help prevent skin breakdown, and they can stimulate the circulation. Being clean and having good personal hygiene also promotes dignity and self-respect.

Personal hygiene and skin care responsibilities of a CNA include: skin inspection, giving/assisting with a bath, providing perineal care, washing the hair, shaving, and caring for the nails.

**Skin Assessment**

Assessment of a patient’s skin is quick and simple. It should be done before you assist/provide body hygiene and skin care, but a full assessment typically is only needed once a day. The two techniques you will use are inspection and palpation.

First, carefully and systematically inspect at the patient’s skin. Normal skin should be intact (no open areas) and there should be no bruises. Look for any areas that appear swollen, especially the ankles, feet, and hands. The elbows, the back of the head, the heels, the hips, and the area at the base of the spine should be inspected for redness, the first sign of a pressure ulcer. This last point is most important in patients who are immobile, but the elderly patient who has thinner skin and is perhaps less active should be have these area periodically examined, as well. If the patient has diabetes, pay special attention to the ankles,
feet and the areas around the toenails. Poor circulation and nerve damage are common complications of diabetes and diabetic patients can easily develop ulcers and infections in their ankles, feet and nail beds around the toes. If the patient has diabetes and there are any signs of infection in the ankles, feet, or nail beds around the toes notify your supervisor as soon as possible.

Palpation can be performed separately or while you are inspecting the patient’s skin and it best done by not wearing gloves (Always wash your hands first and also when you are finished). Palpation, like inspection, should be systematic. Starting at the head or the toes, gently touch the skin. Take note of parts of the body that seem unusually cold or hot to the touch. You should also determine if there are any areas that are swollen or painful.

**Bathing the Patient**

Depending on the patient's situation and medical conditions, 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. Other patients may need to be washed several times a day, eg, a patient who has a fever and is sweating a lot.

**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 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, if this is allowed. Some patients need to have the head the bed elevated and 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. Removing the jewelry will prevent it from catching on the washcloth, which could injure the patient or damage the jewelry.
- Use warm, not hot water. The best temperature is 115°F, 46.1°C.
- 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 professional responsibilities, it is an important part of the patient's personal hygiene, and it is in the best interests of the patient's health. 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, not hot water. The best temperature is 115°F, 46.1°C.
• 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. If this is not possible use a small pillow or a folded blanket placed under the patient's hips. 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 and skin care are simple to perform, but they are still an important.

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, not hot water. The best temperature is 115°F, 46.1°C.
• 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. Using a small amount of water will help keep 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 you hands.
• Put on disposable gloves.
• Identify the patient by checking his/her name band.
• Use warm, not hot water. The specific temperature is not important; simply make sure that it is comfortable to touch.
• 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 conditions or who take certain medications such as blood thinners.

Trimming fingernails can be done using ordinary care and precautions but trimming toenails should only be done if it is specifically allowed by your health care facility; it is not a routine part of skin care. 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 patient not notice the pain and swelling of an infection.

HELPING THE PATIENT WITH ELIMINATION

There are a variety of reasons why a patient may be confined to bed, but if the patient is unable to ambulate or not allowed to leave the bed, he/she will need to use a urinal or a bedpan when the need arises to urinate or defecate. In these situations assisting the patient with elimination is one of the responsibilities of the CNA.
If a male patient needs to urinate:

- Wash your hands
- Put on disposable gloves, give the patient the urinal, and place the call light within reach. If the patient is unable to hold the urinal himself then simply place the penis inside the urinal and position it so that there will be no spills. For some patients it is advisable to place a waterproof bed protector under the urinal. Dispose of your gloves and leave the room.
- When the patient signals he is finished, put on disposable gloves and retrieve the urinal. If he cannot signal wait an appropriate period of time and then return.
- If the patient is able to answer ask her/him if there was any difficulty in urinating or passing the stool. If yes, make sure you notify your supervisor.
- Carefully measure and record the output. If the urine is excessively cloudy or there is blood in the urine, notify your supervisor. Dispose of the urine in the appropriate place.

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 then you must provide assistance. You can also have the patient roll to one side, the bedpan can be placed against the back and buttocks, and the patient can roll back. If the patient is unable to move at all then you will have to do this yourself, but it is preferable to have help. Place the call light within reach. Remove your gloves.
- If the patient is unable to use the call light, wait an appropriate length of time and then return. If she/he can use the call light then when patient signals, put on new gloves, remove the bedpan, cover it, and then clean the patient if he/she is unable to do so.
- If the patient is able to answer ask her/him if there was any difficulty in urinating or passing the stool. If yes, make sure you notify your supervisor.
- Carefully measure and record the urine output. Document any unusual observations about the appearance of the urine or the stool. Discard the urine and feces in the appropriate place.

SUMMARY

Mouth care and assisting with or providing personal hygiene and skin care are important responsibilities of the CNA. Performing these patient care activities will help patients maintain a sense of dignity and independence and it will also help maintain their health. Assisting the patient with elimination is also an important responsibility for CNAs.
Mouth care is especially important for patients who are dehydrated, who are mouth breathing, or who are taking a medication that causes dry mouth. Mouth care hygiene will keep the patient’s mouth feeling fresh and moist, encourage oral intake, and prevent the lips or tongue from cracking and bleeding. It can be performed by the patient, under your supervision, or you may need to do all of it. Always check to see if the patient is NPO or on aspiration precautions before beginning mouth care.

Personal hygiene and skin care involves assessment of the skin using inspection and palpation; bathing the patient; perineal care; washing the patient’s hair, and; nail care. The need for each of these will depend on the patient’s activity level and state of health. None of these are complicated, but nail care should only be done if doing so is specifically allowed by your workplace. If the patient has diabetes make sure you closely inspect her/his ankles, feet, and nail beds.

Assisting with elimination is also quite simple. In this situation, as with bathing, patient comfort, modesty, and privacy are major concerns, as are carefully documenting the output and any difficulties in urinating or passing the stool.