



Objectives:

*Review Activities of Daily Living

*Review ways to assist clients with Activities of Daily Living

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References:

NCDHHS/DHSR/HCPEC|NAT I Curriculum – July 2019
<https://info.ncdhhs.gov/dhsr/hcpr/curriculum/pdf/moduleA.pdf>
<https://www.lung.org/lung-health-diseases/lung-procedures-and-tests/oxygen-therapy/using-oxygen-safely>

If a client is incontinent, check the client's skin for signs of redness or skin breakdown while assisting with bathing and toileting per the plan of care, and report skin irritation. It is important that the client is clean and dry to help prevent skin breakdown or infection.

Assisting with ADL's

Activities of Daily Living (ADL's) broadly refer to activities that a person does daily such as eating, bathing, dressing, toileting, and moving around or mobility. When a person has a medical or cognitive impairment, disability, decline in physical functioning, or chronic condition with a loss of function, they may need assistance with any or all the ADL's. A person may also need assistance with Instrumental Activities of Daily Living (IADL's) such as meal preparation, home management, laundry, and medication reminders. Helping clients with ADL's and IADL's is a vital role for In-home aides. If a person is not able to be clean or to eat or move around, they will decline and there will be serious consequences to their health and life, therefore the services of an In-home aide are vital.

Providing ADL and IADL assistance can help someone to live independently in their homes than without the assistance. Personal care skills are tasks that deal with a person's body, appearance, and hygiene, typically done daily.

The basic ADLs include the following categories:

- Ambulation and mobility: moving about or walking and the extent of an individual's ability to move from one position to another (i.e., sit, lie down, get up, transfer, and bed mobility).
- Feeding: the ability of a person to feed oneself.
- Dressing: the ability to select appropriate clothes and to put the clothes on (including using buttons and zippers).
- Personal hygiene: the ability to bathe (i.e., bath or shower) and groom oneself and maintain dental hygiene, nail, and hair care.
- Continence: the ability to control bladder and bowel function.
- Toileting: the ability to get to and from the toilet, use it appropriately, and clean oneself.

The client's plan of care directs the type of ADL and IADL assistance that is needed and how much assistance is needed. Some people may need a helping hand with ADL's and others may need more assistance or be fully dependent on the In-home aide to complete the activity. For example, one client may need help with getting in and out of a shower or tub, and another client may need the In-home aide to provide a bed bath. Whatever the type of assistance provided for any of the ADL's, it is important that the In-home aide is adequately trained and competent to provide the assistance or the full task. Assisting with mobility and bathing requires detailed attention to safety due to the risk of falls or injury to you or the client you are assisting. Key points to keep in mind to ensure you can safely and correctly perform client care include:

- Do you have all the information you need to do the task, and do you have questions about the task? Do you believe you can do the task and have the necessary skills to do the task? Have you told your supervisor if you need help to do the task? Do you know who your supervisor is and how you can contact him/her if needed? Do you have the equipment and supplies you need (including necessary PPE such as gloves)?
- Review your agency policies and procedures for skills training required for assisting clients with ADL's and ask your supervisor if you have questions.

Assisting with ADL's:

Everyone has their own preferences related to personal care such as time of bath, certain soaps and products used, or hairstyles. Privacy is key when providing personal care skills. Assisting clients with bathing and personal hygiene involves knowledge, skills, abilities, and attitude.

- Knowledge- what you need to know related to the human body and infection control.
- Skills- what you need to know to carry out the tasks of bathing and personal hygiene related to the tasks and keeping your clients safe.
- Abilities- example- what type of physical abilities you need depending on your clients' needs as well as the ability to document and report observations and tasks provided.
- Attitude- how you feel about taking care of the personal needs of another person and having empathy to maintain the dignity of the person that you are assisting during the process.

The bath has many purposes, including:

- Cleansing the skin; removing bacteria
- Preventing body odor
- Stimulating circulation
- Moving joints and muscles
- Observing the client's skin

Observe- While assisting clients with a bath look for any skin changes such as redness, rashes, breaks in the skin, lesions, bruises, or other changes in skin to report to the agency supervisor according to the client's plan of care.

The frequency of the bath depends on the plan of care and the needs of the client. For example, some clients may take a tub bath or shower only twice a week with a sponge bath on other days. This includes older adults with very dry skin and clients who are very weak and tire easily. Incontinent clients will need to be cleaned each time the skin becomes soiled to prevent irritation and breakdown.

General principles for bathing clients or assisting them to bathe:

- Be organized; have the necessary supplies at hand. Never give a tub bath or shower unless it is written in the plan of care. Remember to use good body mechanics and be extremely careful when transferring clients into and out of the tub using any assistive equipment such as a tub or shower chair, grab bars, or others that are listed on the plan of care. Rinse the skin thoroughly. Wash off soap which can be drying and irritating; pat the skin dry, be gentle. Bathrooms are a high risk for falls. Practice standard precautions when blood/ body fluids are present. **Wear gloves.** Talk with your supervisor about infection control practices in providing personal care.
- Provide privacy; do not expose the client's body unnecessarily. Prevent chilling, keep client covered as much as possible and avoid drafts. Be sure to check water and room temperature.
- Wash from clean to dirty areas. Change bath water when it becomes too soapy or cool or becomes contaminated with body secretions. Encourage clients to do as much as possible according to the plan of care and their physical condition. If you have a client who does not want to bathe, try to find out why. They may be afraid of falling in the bathroom, they may have pain, or they may be too tired. Do not force your client to bathe or criticize him or her for not bathing. Discuss the situation with your supervisor for possible solutions and alternatives.
- A person should not use any electrical appliances such as hair dryers, curling irons, heating pads and electric razors while wearing oxygen. Use battery powered razors and hair dryers.

Assisting with Eating:

If assisting a client with eating or feeding a client is on the plan of care, make sure you have received training in feeding or assisting. There are skills that must be learned to assist a client to eat safely such as having the client sitting upright and what to report such as clients having difficulty swallowing which could lead to aspiration (breathing fluid or food into the lungs). You may also be assigned assisting a client to get ready to feel themselves, such as preparing food by opening cartons, removing covers, cutting meat and/or buttering bread. If you are preparing meals, it is important to know food safety techniques for safe food preparation and storage, and any special dietary needs of the client.

Assisting with ADL's:

Shaving- Some clients may shave themselves. This provides good exercise for the shoulders and upper arms. Assist clients, as necessary, according to the plan of care. Do not use electric razors with a client wearing oxygen because of the risk of sparks. *Blade razors should not be used when the client is taking certain types of medications because of the danger of bleeding or infection.* (check with your supervisor for your client if shaving is required and how to shave for safety). Wear disposable gloves when using a blade razor to shave a client. Soften facial hairs with warm water before shaving. Beards and moustaches should be washed with soap and water, dried, and brushed or combed. Check with the client regarding any special care for facial hair. Trimming may be done by the client with special clippers, or the barber may visit. Shaving may be done at the sink, bedside, or in bed. Gather all materials needed and place within the client's reach. Complete required training for this activity.

Dressing-

- Adaptive devices that can assist a client with dressing include button hooks or fasteners that make it easier to open and close buttons, long handled shoehorns that make it easier to put on shoes, sock pullers that make it easier to put on socks, zipper pullers that make it easier to open and close zippers. There are also dressing sticks that can help with putting on and taking off pants, shirts, jackets, socks and more for people with limited shoulder mobility or weakness.
- With dressing assistance, ask the client what he or she would like you to do to assist. Support the client in doing as much as they can. Ask the client to choose their clothes.
- Provide privacy in the room- close doors or curtains. Provide personal privacy by undressing and dressing one part of the body at a time. Offer a blanket or towel to cover exposed parts of the body. Keep eye contact, so the client won't feel like you are staring at their body. Keep communicating. If the client has pain, assist them to dress *after* they have had pain medication if applicable. Lay clothing out in the order you will use it. Clothes should be easy to put on and take off-the correct size or one size larger. Put clothing *on* weaker side first. Take clothing *off* stronger side first. Go slow; let the client set the pace.

Ways mobility may be achieved-

- Walking (ambulation) with or without assistance. Observe, record, and report as assigned on the client plan of care the distance the client walked, any client issues with dizziness, pain, shortness of breath or other complaints the client may experience during ambulation.
- Using an assistive device- wheelchair, walker, rolling walker, cane, crutches, other. Remember to follow safety guidelines with wheelchair use such as locking both wheelchair brakes and moving the footrests out of the way when assisting an individual to transfer in and out of the wheelchair.
- Transfer - Moving an individual from one area to another is a transfer. The type of transfer depends on the individual's ability to assist with the transfer. Standing transfer is when an individual can bear weight on one or both legs. Sitting transfer is when an individual is unable to support weight on both legs, a transfer (sliding) board may be used. Lifting transfer is when an individual is unable to move or cannot be moved by one or more persons, a mechanical lift (i.e., Hoyer) may be used. Anytime you assist a person to transfer, you need to know their abilities and your abilities. Do not attempt to transfer someone if you do not think you can perform the task safely. You do not want to risk harm to a client or yourself. Notify your supervisor if a task assigned related to assisting a client with transfers or mobility is unable to be performed due to safety concerns. The plan of care should have the level of assistance a client requires, and the type of assistance required. Ask the person how they are feeling before you assist with movements. Look at the environment you are working in such as is the path clear, what direction are you going. Do not rush and do not perform tasks that you do not feel you can provide safely. A person who has difficulty standing or is unable to bear weight on their legs but has certain abilities such as being able to sit up and use their arms, may be able to be transferred from the bed to a wheelchair, or other areas with a transfer board. You will need to be trained in the use of a transfer board.

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