2nd *Edition*

Pocket Guide for the

Home Care Aide

Barbara Stover Gingerich and Deborah Mariano Ondeck

World Headquarters
Jones and Bartlett Publishers
40 Tall Pine Drive
Sudbury, MA 01776
978-443-5000
info@jbpub.com
www.jbpub.com

Jones and Bartlett Publishers
Canada
6339 Ormindale Way
Mississauga, Ontario L5V 1J2
Canada

Jones and Bartlett Publishers
International
Barb House, Barb Mews
London W6 7PA
United Kingdom

Jones and Bartlett's books and products are available through most bookstores and online booksellers. To contact Jones and Bartlett Publishers directly, call 800-832-0034, fax 978-443-8000, or visit our website, www.jbpub.com.

Substantial discounts on bulk quantities of Jones and Bartlett's publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones and Bartlett via the above contact information or send an email to specialsales@jbpub.com.

The authors, editor, and publisher have made every effort to provide accurate information. However, they are not responsible for errors, omissions, or for any outcomes related to the use of the contents of this book and take no responsibility for the use of the products and procedures described. Treatments and side effects described in this book may not be applicable to all people; likewise, some people may require a dose or experience a side effect that is not described herein. Drugs and medical devices are discussed that may have limited availability controlled by the Food and Drug Administration (FDA) for use only in a research study or clinical trial. Research, clinical practice, and government regulations often change the accepted standard in this field. When consideration is being given to use of any drug in the clinical setting, the health care provider or reader is responsible for determining FDA status of the drug, reading the package insert, and reviewing prescribing information for the most up-to-date recommendations on dose, precautions, and contraindications, and determining the appropriate usage for the product. This is especially important in the case of drugs that are new or seldom used.

Additional credits appear on page xix, which constitutes a continuation of the copyright page.

Production Credits
Executive Editor: Kevin Sullivan
Acquisitions Editor: Emily Ekle
Acquisitions Editor: Amy Sibley
Editorial Assistant: Patricia Donnelly
Production Director: Amy Rose
Production Editor: Carolyn F. Rogers
Associate Marketing Manager: Rebecca Wasley
Manufacturing and Inventory Control Supervisor: Amy Bacus
Composition: Auburn Associates
Cover Design: Anne Spencer
Cover Image: © Photos.com
Printing and Binding: Malloy, Inc.
Cover Printing: Malloy, Inc.

Library of Congress Cataloging-in-Publication Data
Gingerich, Barbara Stover.
Pocket guide for the home care aide / Barbara Stover Gingerich, Deborah Mariano Ondeck. — 2nd ed.
p. ; cm.
Includes bibliographical references and index.
ISBN-13: 978-0-7637-5566-9 (pbk. : alk. paper)
1. Home health aides—Handbooks, manuals, etc. 2. Nurses' aides—Handbooks, manuals, etc. I. Ondeck, Deborah Anne. II. Title.
[DNLM: 1. Nurses' Aides—Handbooks. 2. Home Health Aides—Handbooks. WY 49 G492p 2008]
RA645.3.G57 2008
362.14—dc22

2007043960

6048

Printed in the United States of America
12 11 10 09 08 10 9 8 7 6 5 4 3 2 1

Contents

Preface

As an individual providing personal care to another person or a nurse aide working in the home health or hospice field, you encounter new people and situations every day. This pocket guide is lightweight and easy to carry with you in your car or in your bag. It contains important topics for you as you provide this care and pursue your career in caring for patients in their home environment.

Working in the health care field means that you must understand:

- People and their differences
- Yourself and how others see you
- Growth and development for patients of all ages
- Disease processes
- Home care in general—the services, the payers, the family caregivers
- Procedures for giving safe care to your patients

Pocket Guide for the Home Care Aide, Second Edition, contains topics of personal interest that you may want to sit and read when you have some time (for example, getting through an interview, identifying differences in people, learning to work well with people of all types, and the pros and cons of your work as a home care aide). When you are not reading it for pleasure, you will want to have it close at hand to refer to while caring for your patients. The guide explains patient diagnoses and tells you what you should be watching for pertinent to a particular problem. Terms and definitions commonly used in home care also are provided. If you have a care plan with odd words on it, you can reference your pocket

guide for assistance. This pocket guide does not replace your supervisor but rather brings information to you from others who have worked with home care aides.

You will notice that some sections contain blank lines for you to write what your agency does or how your supervisor wants you to handle a specific situation. Be sure to talk with your supervisor about these sections, as you want to do what your employer requests. You can start to individualize this guide now:

My name is _____.

If this book is lost, please call _____.

We hope that you find this pocket guide to be a useful work tool. Enjoy reading and thank you for making a difference in the lives of patients within the home, hospice, and community care settings.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

CHAPTER 1

Orientation to Community-Based Health Care

The History of Home Care

As a home health care aide, you are a special part of the health care provided to people in their homes. Think about the people you know who may be in need of help in their home. Some have signs of aging while others may be young but have ongoing health problems or a one-time serious illness. All of these people have one thing in common, though: They want to be able to live in their own home. In some cases this is a private residence; in other cases this might be a group living setting, such as a personal care home or assisted living setting.

Health care has changed. In the early 1980s, people went to the hospital and stayed for several weeks. People had their operations and started to recover in the hospital (acute care setting). An operation that once required the patient to stay in the hospital for 3 to 4 days, resulted in a greatly reduced inpatient stay as health care progressed and technology advanced. Today the same operations are often performed as outpatient surgery and the individual goes to an outpatient setting, has the operation,

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

nization shows an increase, which reflects the increasing request for and use of private duty care providers within the community and home setting.

Employment Opportunities for Home Care Aides

There are a number of opportunities for jobs in home care. In 2003–2004, there were reported to be close to 9000 Medicare-certified home care agencies. The U.S. Department of Labor, Bureau of Labor Statistics (2006) indicates that there are over 449,000 home health aides employed and that there will be an increase of more than 33 percent between 2004 and 2014. The Centers for Medicare & Medicaid Services (CMS), Health Standards and Quality Bureau January 2006 report indicated that there were 2884 Medicare-certified hospices, a number that has seen an increase in recent years. The CMS reported that in 2005 there were over 17,000 homemaker and health care aide positions within the hospice industry.

In addition to these positions, the private duty and long-term care setting also offers opportunities for the health care aide to find employment. The hourly salary range for a home care aide, as noted in the 2003–2004, National Association for Home Care and Hospice's 2003 *Homecare Salary & Benefits Report* was from $9.04 (25th percentile) to $11.01 (75th percentile) (NAHC, 2003).

In 1997, President Clinton saw that the home care industry was growing very fast and became concerned that it was costing too much money. Based on spending, he thought that some home care providers were billing for care they never gave, so he put a 4-month hold on approving new agencies for Medicare certification. Within the first month after the hold was lifted, 323 home care agencies applied for Medicare certification under tighter rules aimed at preventing fraud and abuse of the system.

As more Americans age, it is thought that home health care will continue to grow, and that the care provided by the home care aide would be very important. Home care agencies are always looking for the right people to work as home care aides. Although

many people can learn the skills needed, not everyone is the right person for the job as a home care aide. Home care aides must have energy and a pleasant personality. They should be able to learn the skills needed to care for patients living at home. Aides are guided by a nurse or patient care manager and need to follow the directions of this individual. A good sense of humor and a compassionate personality help the aide work with the elderly and sick. Looking ahead at what is needed and doing it without being asked makes patients and families happy. Good aides are those who want to help people, not just to earn a paycheck.

Home health agencies look for the following traits when hiring a home care aide:

- Has good personality traits (e.g., caring, compassionate, pleasant, mature)
- Wears clean clothing in good repair
- Is clean and well-kept (personal hygiene)
- Wears limited jewelry and make-up
- Is motivated to help people
- Has a high energy level
- Has dependable transportation (although staff may use public transportation or walk to their visits in some large cities)
- Is able to read, write, and follow directions
- Is willing to tell the nurse or patient care manager about the patient's condition
- Has a sympathetic attitude toward the care of the sick

The fact that you have been hired by an agency means that you have or are expected to develop these qualities.

Roles in Home Care and Hospice Services

Millions of patients are helped each year by a variety of health care workers in both home health care and hospice. Much of the care being provided to patients is by workers like you. Your job is very important to home care and hospice patients.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

PTs also talk to the patient's physician about the patient's condition. After talking with the patient and physician, they plan some exercises that will help and teach them to the patient or do the exercises with the patient. Exercises make patients' muscles stronger and help them to be able to do the things they want to do. PTs often teach patients how to use mobility aids, such as wheelchairs, walkers, crutches, and canes. In addition to college, physical therapists must pass a written examination to obtain a license to practice.

Physical Therapy Assistant Not all states permit physical therapy assistants (PTAs) to work in home health care. Some require that the PTA be directly supervised by a physical therapist on site, which means that every time the PTA works with a patient, the PT must be there. In home health care, this is not possible because the home care agency would need to pay both the PT and the PTA to make a visit, yet the agency can bill for only one visit. PTAs are specially trained to help the therapist with modalities (heat packs, ice massage, ultrasound) and exercises. They work under the direction of the physical therapist, who also makes in-home supervisory visits to make sure that the PTAs are doing what needs to be done for the patient. PTAs do not develop the plan for care, nor do they assess the patient initially. PTAs go to college and pass an exam for licensure.

Occupational Therapist

The occupational therapist (OT) helps the patient to do everyday tasks known as activities of daily living. Activities of daily living include bathing, toileting, dressing, undressing, preparing meals, and doing light housework. Occupational therapists suggest the use of helping tools, called personal care aids, such as the following:

- Sock aid. The patient puts a sock over this sturdy yet bendable plate that has two straps attached to each side.

The patient places a foot at the bendable plate and pulls the sock on with the help of the cloth straps.

- Tub bench. This bench has a plastic seat and rubber feet. When it is placed in the tub, the patient can sit while bathing. This helps patients to be safe when in the shower.
- Extended shoe horn. This shoehorn is approximately 12 inches long, and the patient uses it so that he or she does not have to bend to put shoes on.
- Special utensils. These knives, forks, and spoons are made with thick handgrips. Some are curved to help patients who cannot move their hands and arms well.

Occupational therapists go to college for 4 years, and in most states, they must pass an exam for licensing.

Certified Occupational Therapy Assistant/Occupational Therapy Assistant Occupational therapy assistants may be certified (certified occupational therapy assistants [COTAs]) or they may not (occupational therapy assistants [OTAs]) depending on the state laws. OTAs work under the direction of OTs, just as PTAs do with PTs. Some state laws do not permit the use of COTAs, but those that do require that the OT make supervisory visits with COTAs and oversee what they do. COTAs perform exercises and training for activities of daily living. They go to college and then pass an exam for certification.

Speech Therapist

The speech therapist (ST) is sometimes called a speech-language pathologist (SLP). This individual helps patients relearn how to talk, read, write, and swallow. Speech therapy is helpful for patients with brain or nerve problems, such as a stroke or Parkinson's disease. Speech therapists must go to college for 4 years and work with an experienced therapist for 1 year after

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

blood pressures, doing wound care, and teaching patients. The LPN/LVN does not admit patients into the home care agency or provide complicated care.

Dietitian

The role of the dietitian has taken on greater importance over the past several years. Dietitians either assist the patient directly or work with the nurse, who then assists the patient. They specialize in nutrition. Dietitians evaluate the food and fluid intake of the patient; educate nurses, patients, and caregivers regarding special diets; and assist in the evaluation of the nutritional care plan. Dietitians go to college for 4 years and pass an exam for licensure.

Home Care Aide

This person helps with the patient's hygiene needs and provides some light housecleaning. This is the role you fill as part of the home care team. The Home Care Aide Association of America (HCAAA) was established by the National Association for Home Care (NAHC) in 1990 to provide a forum for the development of issues related to the work of the paraprofessional in home care, and to create a mechanism for legislative and regulatory advocacy on issues affecting home care aide services (Home Care Aide Association of America, n.d.). As noted earlier, the NAHC is a group whose members are home care agencies. Home care aides are specially trained to do specific tasks, must then pass an exam, and be observed providing personal care tasks. Once aides pass the test, they are certified or approved to care for Medicare and Medicaid patients. This will be discussed in greater detail later.

Certified Nurses' Aide

Some states want all aides in the state to take the same test. In these states, the state, rather than the agency, prepares the test

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

with the patient, and therefore the family is often more comfortable sharing their thoughts and feelings in regards to their loss. Although the bereavement coordinator/counselor most likely did not know the deceased, they are very interested in learning about the person and the family and caregivers affected by the death.

Spiritual Counselor

The spiritual counselor may be a hired member of the team, such as a priest, minister, or rabbi, or the patient's personal clergyperson. A hospice must have someone available to address patients' spiritual needs at this point in their lives if the patient and/or family desires.

Social Worker

Social workers help the patient cope with terminal illness. They visit hospice patients more often than they visit home care patients. They use their education to decide when and how to discuss patients' conditions with them and what to include in the discussion. The social worker is not the only member of the hospice team assisting the patient with coping. Actually, every member of the hospice team is specially trained to address the situation.

Nurse

Both registered and practical nurses are used in the provision of hospice care. This care is often focused on symptom management and maintaining the patient's dignity while assisting in achieving a peaceful death. The nurse often works with the primary caregiver within the home, providing instruction in care delivery and supporting the caregiver through this end-of-life care process.

Other Team Members

In addition, team members include personal care providers, such as a nursing assistant, volunteers, and in some cases, therapists.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

2. Simple dressing changes that do not require the skills of a licensed nurse
3. Assistance with medications that are ordinarily self-administered and do not require the skills of a licensed nurse to be provided safely and effectively
4. Assistance with activities that are directly supportive of skilled therapy services but do not require the skills of a therapist to be safely and effectively performed, such as
   - Routine maintenance exercises
   - Repetitive practice of functional communication skills to support speech-language pathology services
5. Routine care of prosthetic and orthotic devices

A word of caution: if the state that the aide is living in does not permit aides to do a task on the Medicare list, the aide is not permitted to do that task. For example, if the state you live in does not permit you to do any dressing changes, you are not permitted to do them even though Medicare considers it as a service you can provide. Under Medicare, when a home care aide visits a patient to provide a health-related service, as just listed, the home care aide may also perform some incidental services that do not meet the definition of a home care aide service (e.g., light cleaning, preparation of a meal, taking out the trash, shopping). However, the purpose of a home care aide visit may not be to provide these incidental services, since they are not health-related services but rather are necessary household tasks that must be performed by anyone to maintain a home.

Hospice Payers

Hospice services include medical, nursing, aide, counseling, bereavement, and (if needed) dietary and therapy services. The goal of these services is comfort. People who have had all of the treatment that they want or that is available for their condition have the option of selecting hospice care. To make sure that patient

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Private Duty Payers

The patient or his or her family/significant other usually pays for private care services. These are billed and paid on an ongoing basis according to the payment agreed on at the time of request for services. In some cases, insurance coverage is available for private care services, or services might be covered through an individual's estate. In this case, the estate manager, often a lawyer or bank official, is the individual billed for the service, with payment coming from the assets of the patient.

The Old Way Versus the New Way of Reimbursement

Medicare changed the way it pays home care agencies. Originally Medicare paid agencies what it cost to care for each patient, then Medicare went to a preset per visit method of payment. Several years ago, this system changed to what is now termed the prospective payment system. In this new system, Medicare pays a preset amount for a 60-day period of care, or episode of care. This preset amount varies based on a number of factors, such as the patient's condition, his or her need for therapy services, and the patient's functional and physical assessment findings. The patient is assessed to determine the individual's home health reimbursement group (HRRG). This grouping, along with the geographic location of the patient care, as well as several addition indicators, determines the payment to the agency. Because there is one lump sum payment for care, agencies are seeking ways to maintain expenses and as a result the patient's plan of care might include fewer aide visits or shorter visits. At this time, the government is proposing a new pay-for-performance approach to Medicare reimbursement.

Although there have been many revisions to Medicare reimbursement, the goal of the agency is to make certain that the reimbursement amount is more than the expenses that result from caring for the patient. In addition to the need to keep expenses within payment amounts, the organization also wants to provide quality care.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

The team also includes office support services, such as

- Intake staff
- Schedulers
- Supply clerks
- Billers
- Payroll clerks
- Administrator

In addition, the hospice team includes

- Medical director
- Bereavement coordinator/counselor
- Spiritual counselor

After evaluating the patient's condition, the physician orders care for the patient by writing down what the patient needs and signing his or her name. This is called a physician order. The physician is also available to talk with the agency nurse or supervisor about the patient's condition.

The home care aide works most closely with the scheduler and one or two nurses. At times, the therapist might meet the home care aide in the home and teach the aide how to move the patient or help the patient exercise. It is important to remember that every job and every person is part of the team. Without each one of the workers, the patient would not receive high-quality care.

Home care aides play one of the most important roles in home care. They are the ones who spend the most time with the patients. They also help patients with the little things that mean so much and make their day. Think about how you would feel if you could not put on your shoes or make a meal. Patients are thankful that you do these things for them. Because you help patients with so many things, they often tell you things that they do not tell the nurse or the therapist. They might think that the nurse is too busy to talk with them or is not interested. They feel better talking with an aide because they feel more comfortable.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Exhibit 1-1 Aide Care Plan

Patient Name: Joe Smith **Aide:** Abbey Brown **SOC:** 1/7/08 **Payer:** MC

Care	Frequency	Complete	Assist as needed	Care	Frequency	Complete	Assist as needed
Bed bath	Mon., Wed., Fri. (wk. 1)		✓	Bedpan use			
Sink bath	Mon., Wed., Fri. (wk. 2)		✓	Urinal use			
Tub bath/ shower	Mon., Wed., Fri. (wk. 3)		✓	Toileting, bathroom	Mon., Wed., Fri. for 3 wks.		✓
Shave	Mon., Wed., Fri. for 3 wks.			Blood pressure	Mon., Wed., Fri. for 3 wks.	✓	
Shampoo bed/sink Shower	Mon., Wed., Fri. (wk. 3)		✓	Vital signs	Mon., Wed., Fri. for 3 wks.	✓	
Nail care				Meal prep-aration			
Skin care				Cleaning			
Assist with dressing	Mon., Wed., Fri. for 3 wks.		✓	Laundry			

(continues)

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Table 1-2 *(continued)*	
14. Provide assistance with nutritional needs.	
15. Report problems to the supervisor.	
16. Report necessary changes in the plan of care to the supervisor.	
17. Evaluate attainment of goals.	
Instruction	
1. Provide bathing process instruction.	
2. Provide home safety instruction, as needed.	

Source: Reprinted with permission from Advantage Health Care Management Resources/Advantage Consultants, Inc., York, PA.

The approach to care plan and development of standards of care may differ between agencies, but the overall goal remains the delivery of quality patient-centered care.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Exhibit 3-2 *(continued)*

- Be enthusiastic but not phony.
- Think about the question and plan your response before you talk. Try not to babble.
- After the interviewer has asked you about yourself and past experiences, ask any unanswered questions you may have.
- Thank the interviewer for his or her time, and find out when you can plan on hearing from the agency.

After the Interview

- Write a brief note thanking the interviewer for his or her time. Indicate in the note your interest in the position.

Source: Reprinted with permission from Advantage Health Care Management Resources/Advantage Consultants, Inc., York, PA.

results. More pro results indicate that the job and the agency might be right for you.

Thinking about these issues before accepting a job as a home care aide is smart. If you take a job and find that you do not like it, you waste your and the agency's time. Some questions you may want to ask yourself are the following:

- How much do I depend on work for socializing? If you are a social person and have always had work friends that became your home friends, home care may seem very lonely to you. On the other hand, if you enjoy meeting and working with new people who are agency customers, you will probably like home care.
- If my vehicle breaks down, how will I get to work? The patient needs care and so it is important to have a plan before you have a vehicle problem. Some aides ask to borrow family members' vehicles if they have vehicle problems.

Table 3-1 Job Analysis

Category	Reason	Pro	Con
Home Care Aide as an Occupation	I (think I would) like the day-to-day duties of a home care aide.		
	This type of work is (sounds) enjoyable.		
	I like the idea of traveling from home to home.		
	Reliable transportation from home to home is not a problem for me.		
	Traveling in bad weather is not a problem.		
Organization	This agency has a good reputation.		
	I like this agency's mission (purpose) and values (how it does business).		
	I felt comfortable with the people who interviewed me from this agency.		
	This agency will train me for my job.		
	The pay is good at this agency.		
	The benefits are good at this agency.		
	The hours are just what I want to work.		
	There are opportunities for a job promotion or better benefits in this agency within a year.		

Source: Reprinted with permission from Advantage Health Care Management Resources/Advantage Consultants, Inc., York, PA.

- Do I like to drive or travel when there is rain or snow on the road? Am I comfortable with taking roads I have never been on before? Some aides find that they love to drive in the spring. There is nothing better than the fresh, spring air blowing in the vehicle and the radio playing in the background. How will you feel when the day is cold and the roads are slippery from a winter storm or a thunderstorm?

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

CHAPTER 4

People Skills

Mahatma Gandhi is quoted as saying "You must not lose faith in humanity. Humanity is an ocean; if a few drops of the ocean are dirty, the ocean does not become dirty" (*Reader's Digest*, 1975). People's relationships and interactions with others are not always perfect, but in the whole sea of people, there really are very few who "dirty the waters."

As a home care aide, the skill of getting along with people is very important. Coworkers, supervisors, patients, and families are a few of the people with whom you will interact every workday. People have different backgrounds and different life experiences that help to make up their individual personality. Every person sees the world of today through eyes of yesterday. You do not have to become psychic to read people's minds; you just need to be open to the possibilities that exist—in personalities, in cultures, in backgrounds, and in your day-to-day activities as you work and play.

Understanding People's Communication Styles and Behaviors

According to Lyman Steil, the founder and first president of the International Listening Association (1981), there are four levels of communication:

1. Small talk is that which is done when people first meet or greet each other, for example:
   - Great weather, isn't it?

- Have you watched the Olympics this week?
- Isn't the sky a deep blue today?

This type of communication is also considered "surface communication." It is pleasant and does not threaten anyone. People communicate in small talk most of the day.

2. Cathartic communication occurs when the speaker is emotional about something. The emotions could be anger or happiness. Cathartic communication means that the person who is talking tells everything to the listener and "gets it all out." If you have ever had a bad day and spent your entire dinner talking about it, you engaged in cathartic communication.

3. Information exchange is another type of communication. Facts and steps in a process or procedure are the subject matter of information exchange. A newlywed calling home to Mom to find out how long the chicken needs to be in the oven exchanges information. A home care aide being oriented to a new patient is exchanging information with the nurse.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

- Be friendly.
- Say the person's name frequently.
- Give facts to support your position.
- Use a firm tone of voice.
- Interrupt if necessary.

If the behavior is out of control:

- Firmly tell them to stop or sit down.
- Stand up to gain control.
- Indicate that you want to discuss the situation when they are in control.
- Postpone the discussion, if necessary.

If they are being sarcastic:

- Ask them to explain what they mean by the remark.
- Let them know that you do not appreciate their sarcasm.
- Use a calm and controlled voice.

Passive Behavior

Passive behavior is nonconfrontational and is displayed when one does not want to deal with conflict, but rather tend to be non-committal.

Types

- Keeping thoughts, opinions, and feelings inside
- Preferring to wait for someone else to take the lead
- Losing sight of who they are
- Trying to make others happy and having no time or energy left for themselves
- Being easy prey for those with aggressive behavior
- Being prone to depression, even suicide
- Believing that they are not okay and that, in fact, nothing is really okay nor will it be

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

problem solving to develop a win-win situation. Characteristics of assertive behavior are as follows:

- Using communication that is honest and direct
- Showing respect for others and being sensitive not only to the needs of others but to one's own needs
- Believing that everyone is okay
- Taking time to discuss problems
- Asking questions in a nonthreatening manner when unsure
- Being willing to take time and involve others in finding solutions

Learning to Like Yourself

It is rather common to have behaviors or traits that you do not like in yourself. Identifying those issues and trying to make personal changes are signs of maturity. Some steps you can take to lead to self-acceptance include the following:

- Take time for yourself.
- Ask someone close to you to describe your good qualities.
- Look at yourself through the eyes of a friend.
- Talk with a professional.
- Describe yourself, using every letter of the alphabet to start a word.
- Commit to be kind to yourself.

Learning to Accept Others

Hopefully through learning and understanding personality traits and behaviors you can begin to look at your world differently. Just because other people have traits that are different does not mean that they are bad or wrong. They are just different. In their book *Please Understand Me: Character and Temperament Types* (1984), Keirsey and Bates begin with the following insightful passage:

> If I do not want what you want, please try not to tell me that my want is wrong.

Or if I believe other than you, at least pause before you correct my view.

Or if my emotion is less than yours, or more, given the same circumstances, try not to ask me to feel more strongly or weakly.

Or yet if I act, or fail to act, in the manner of your design for action, let me be.

I do not, for the moment at least, ask you to understand me. That will come only when you are willing to give up changing me into a copy of you.

Having Problems Getting Along with Your Supervisor?

Supervisors do not always say and do things the way that staff think they should. Sometimes a supervisor asks staff to do things differently than they want to do them. Sometimes staff members might think that the supervisor is just being mean or trying to cause trouble for them. This does not feel good. In fact, it makes them feel like they do not want to listen or cooperate with the supervisor. You might not always agree with your supervisor, but it is important to understand why sometimes things must be done according to how she requests or directs, even though you disagree.

Remember that if you think about your life—the fun times, sad times, and events that happened to you (and are happening right now)—you understand how those things have made you who you are today. Most of what you think and do makes sense to you; it is "normal." You are behaving the way "everybody" else does.

As it turns out, what is OK for you may be not OK for other people, including your supervisor. In fact, other people may say things

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Exhibit 4-3 Communication Enhancers

SELF-ANALYSIS COMMUNICATION TOOL

Do you . . . (check the appropriate boxes and add up the numbers)

	Rarely				*Frequently*
Clarify	1	2	3	4	5
Use simple directions	1	2	3	4	5
Make eye contact	1	2	3	4	5
Give feedback	1	2	3	4	5
Stay open-minded	1	2	3	4	5
Listen attentively	1	2	3	4	5
Use pauses/silence	1	2	3	4	5
Choose the setting	1	2	3	4	5
Use new ideas	1	2	3	4	5
Use open-ended questions	1	2	3	4	5
Subtotal					
TOTAL					

Scoring Interpretation
Over 40—Great Communicator
30–39—Good Informer
20–29—Borderline Talker
11–19—Mixed Messages
Under 11—Bad News

Source: Reprinted with permission from Advantage Health Care Management Resources/Advantage Consultants, Inc., York, PA.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

span (less than 1 minute), and therefore getting a message across is best done with humor and brevity. Adolescents are very different from children. Their needs and emotions often change. It is very important to provide care for the adolescent that acknowledges that the adolescent is approaching adulthood. Table 5-2 provides information about growth and development from toddler through adolescent years.

The Aging Process

As people age, natural changes occur from a social, spiritual, physical, and psychological perspective. Adulthood is divided into many stages. These stages also contain certain tasks and activities that are common to most individuals within the stage.

The elderly patient has special physical and psychosocial needs. This patient has entered the last stage of life. The elderly have increasing physical health problems, and as they grow older, their friends and family die, leaving them isolated and lonely. As a result, many elderly can be vulnerable to being deceived by people with bad intentions.

Table 5-3 describes the expected changes, tasks, and activities of adulthood. As a home care aide, you can help the elderly by doing the little things that count.

The Patient and Family/Caregiver Unit

The family has changed over the past several decades. The family of yesterday had

- Multiple children
- Extended family members living together and helping others through illness
- Mothers who stayed home to care for the children and home
- Fathers who worked to support the family financially
- Illness and diseases without cures, leading to a greater number of deaths and death at all ages

Table 5-2 Childhood and Adolescence Development

Age	Ability
Preschool (3 years to 5 years)	The preschooler likes to help with grown-up tasks. The child is able to: • Follow simple instruction • Know the body parts • Stand on one foot • Skip by the age of 5 years
School Age (6 years to 12 years)	These years are times of • New skill acquisition, including: Learning to swim Riding a bike Playing ball • Finds sitting still to be very difficult • Likes activities
Early Adolescent (13 years to 14 years)	• Has periods of rapid physical growth • Wants to dress like and sound like their friends • Wants to fit in • Might have crushes on teachers • Looks to group friendships of the same sex for their identity and a sense of belonging
Middle Adolescent (14 years to 17 years)	• Continues to mature and attain physical maturity • Minds are also developing skills and abilities such as: Abstract thinking Creativity Idealism • Filled with conflict with parents

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Figures 5-1 through 5-3 show the concentric circles of support and closeness for three different patients.

In Figure 5-1, Mr. and Mrs. Glass occupy the center circle. They have always been able to count on each other and rarely ask others for help. In fact, it is hard for them to ask for help. They want to be independent. In a pinch they can always call their son or daughter, who live close by, or their next-door neighbor, Mr. Pope. If the problem is serious, they can call on their oldest son who lives in a bordering city. He loves his parents but has personal problems with an ill child and failing marriage. Pastor Frame has always offered to help the Glasses, but they would hesitate to call on him unless there was a real need. The circles of support and closeness are set up over years of behaviors. Mr. and Mrs. Glass are very nice people, and most likely others would gladly help them out and occupy their center circle if they would only allow it to happen.

In Figure 5-2, Miss Kim has several people in her inner circle. They include her sisters, who live with her. The sisters have numerous close cousins with children and grandchildren who always stop in to bring vegetables from the garden or homemade soup. The local priest and several members of the church also

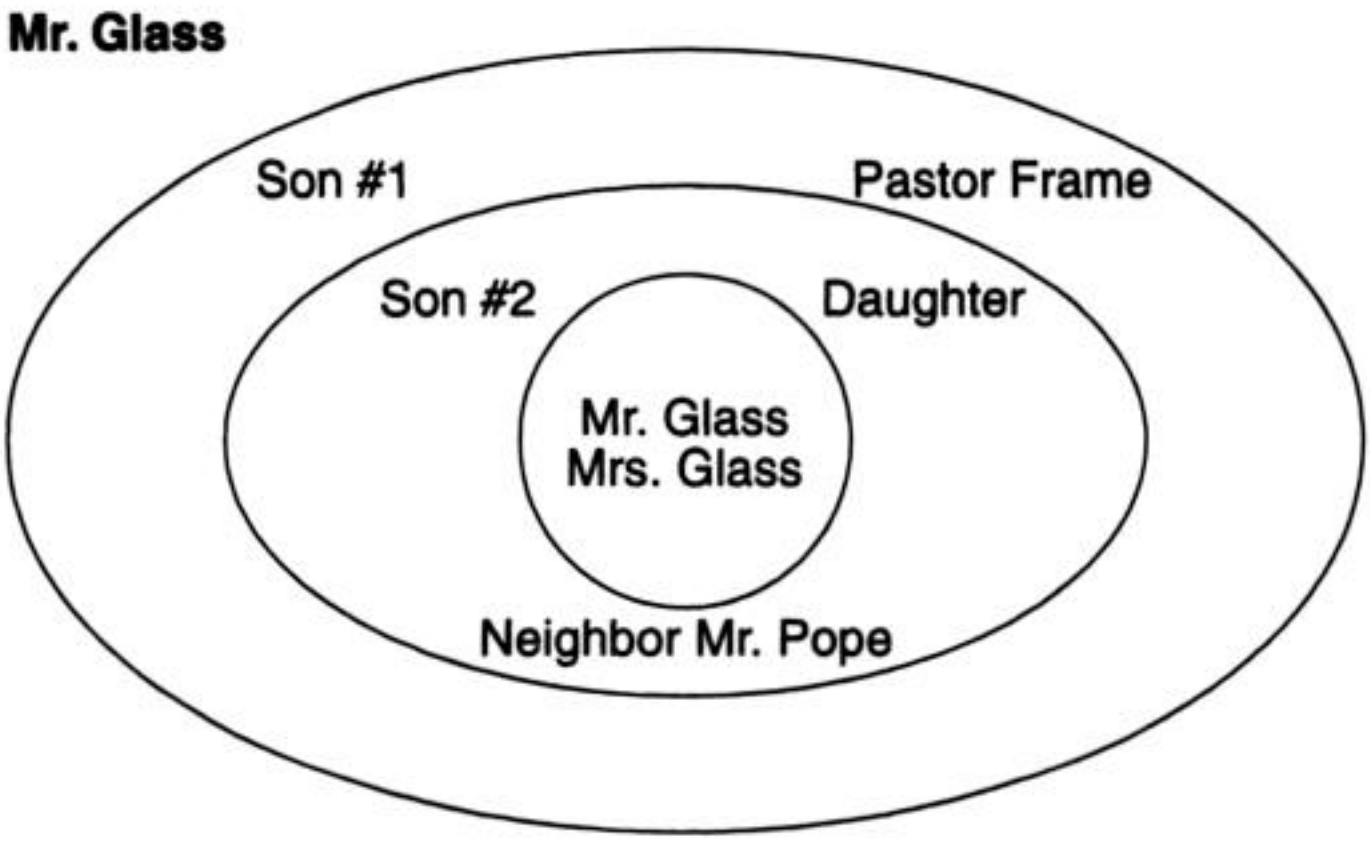


Figure 5-1 Patient and Family/Caregiver Units—Example 1

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

What Does It Mean?

This diagnosis means that your patient has some or all of the following signs and symptoms:

- Weakness
- Numbness
- Slurred speech
- Difficulty swallowing
- Dizziness
- Confusion
- Disorientation
- Difficulty walking
- Unsteady balance
- Loss of bowel or bladder control
- Headaches
- Personality changes
- Vision problems, such as blurred or double vision

Your patient has probably been in the hospital for this problem and may have also spent time in a rehabilitation setting. Recovery from a stroke takes time. The care for a patient with a stroke depends on the patient's symptoms.

What Do You Look For?

You should look for and report to the patient's case manager any return of or an increase in any of the signs and symptoms of a stroke as just listed. You should look for and report any side effects from medications. Stroke patients who had their stroke from a blood clot may be receiving a medication to make the blood thinner (an anticoagulant). This prevents blood from forming clots. You should look for the following side effects of anticoagulant medication:

- Blood in the urine (looks tea colored) or bowel movement (can be black or bright red)

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

the patient or patient/family unit tells you something different about giving CPR than what the nurse told you. There is a federal law, called the Patient Self-Determination Act, that lets patients make the decision if they want to have CPR or not. There are many things to consider under this law and you are not qualified to teach them to the patient. The nurse, physician, and social worker are trained to educate patients about all of the specifics. The patient—or in some instances, the family—must sign a paper expressing their wishes. In some states, if this paper is not signed, emergency workers must administer CPR. This is why it is so important for you to report the patient's wishes to the nurse. For similar reasons, it is just as important to report information and understand your patient's wishes even when they are not diagnosed with a terminal illness. It is important to know if patients have pain and, if they do, what you, as an aide, can do to help relieve the patient's pain. Things that you might be able to do to decrease a patient's pain include

- Positioning the patient in a specific position of comfort
- Providing a back rub to the patient
- Reading to take the patient's mind off of the pain
- Offering the patient frequent fluids
- Providing good skin care
- Toileting the patient frequently
- Rubbing his or her forehead

Report any new signs, including pain or discomfort, to the nurse immediately.

What Do You Look For?

With dying patients or family/caregivers of patients who are dying, there are some important things to look for during care:

- Decreased output (urine)
- Constipation
- Diarrhea

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

- Goggles (worn when splashing of blood or body fluids might occur)
- Antireflux respirator (used when providing cardiopulmonary resuscitation)
- Face shields (to be taken with you and used when patients have projectile vomiting or coughing)

When the equipment you have been given is not disposable, you need to clean it the way the agency directs you. Most agencies still use either an alcohol or a disinfectant wipe. The wipe is used to wipe off equipment after use. Equipment is then placed in a plastic bag to be returned to the agency for better cleaning prior to being returned to the bag. But what else should you be doing? If the item is something you need to use again, such as a blood pressure cuff, follow these guidelines:

- Protect the cuff with a plastic wrap (when your patient has any known infectious disease).
- Wipe the blood pressure cuff with alcohol or a disinfectant wipe or spray.
- Do not take your bag or equipment into homes where there is a lot of drainage and patient germs.
- Remember to keep separate areas of your car for "clean" and "unclean" supplies.
- Keep handwashing supplies in an outside part of your bag.
- When in doubt, wash your hands again.

When the agency offers a review of infection control practices, be sure to attend. It is very important to you, your family, and your patients that you know what you need to do to prevent the spread of germs.

Universal Precautions

You hear the words "universal precautions" often in any health care setting. These words mean that it is important to consider

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

- Ask the nurse to explain:
  1. How to use any fire extinguishers present
  2. The best exit route from the home care setting
  3. How to best move the patient

Fire Alarms

In personal care homes and apartment house settings, fire alarms are present. Locate the fire alarms when assigned to patients in these care settings. If you smell smoke or suspect a fire is present, and if time allows, pull the alarm and vacate the building. Never take time to pull the alarm when you and/or the patient are in danger.

Prevention

Preventing illness and injuries is important to the home care aide and the employer. For that reason, ensuring that you are fit for working in this special field of home care is a necessity.

Preemployment Screening

Employee health is important to the home care agency. At the time of employment, most agencies will ask you to have a recent physical examination and a complete health history by a physician approved by the agency. In addition to the history and physical, the following tests are usually conducted:

- A routine urinalysis
- A complete blood count
- Two negative tuberculosis tests
- A negative chest X-ray, if there is a positive tuberculosis test

Immunizations

Most home care agencies will conduct an immunization history when you are hired. Some immunizations (which protect you from illnesses) are offered or recommended to you by the home care agency. Tests that help to tell whether you need immunizations or not include

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

unsaturated fat, is broken down more easily so the body can get rid of it.

High-Fiber Diet High-fiber diets help patients have regular and soft bowel movements. Foods with high fiber include:

- Whole-grain breads, cereals, and pasta
- Fruits, such as prunes, apples, apricots, peaches, dates, and figs
- Vegetables, such as artichokes, brussel sprouts, carrots, corn, lentils, peas, potatoes
- Nuts, such as almonds, cashews, peanuts, pistachios

High-Calorie Diet Patients put on high-calorie diets need to gain weight. The physician will order the number of calories the patient should have on a daily basis. A balanced diet can be supplemented with

- High-calorie commercial beverages
- Homemade milkshakes between meals
- Dense foods, such as creamed soups, hearty breads
- High-concentrated sugar products (e.g., pie, cake, soda, candy)

To help these patients take in more calories, the home care aide should encourage them to eat two more bites with every meal or drink one more ounce of high-calorie beverages. The patient should not be forced to eat or drink to the point of vomiting. Other helpful tips include adding wheat germ, protein powder, or dried milk to cooking. Snacking on peanut butter and nuts is another source of calories but be aware that snacking may decrease the patient's appetite at meal time.

High-Protein Diet High-protein diets are used for patients during the healing process (e.g., for patients with burns or open wounds, postoperative patients). Foods with high protein include

- Beans—black, lentils, peas, pinto, soy
- Fish
- Meats

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

Choking

If the patient cannot talk, breathe, or cough and is alert:

1. Stand behind the patient.
2. Place your arms around the patient's waist.
3. Give four upward thrusts on the stomach.
4. Bend the patient over.
5. Give four upward thrusts between the shoulder blades.
6. Assess for breathing. If no breathing, repeat these steps until the airway is open.

If the patient is not alert:

1. Lay the patient down.
2. Turn the patient's head to the side.
3. Place your index finger into the mouth and scoop out any contents.
4. Attempt to breathe into the patient.
5. If you cannot get air to go in:
   - Straddle the patient by sitting over them.
   - Place your palms on the patient's abdomen.
   - Give four upward thrusts.
   - Position yourself to the side of the patient.
   - Roll the patient toward you.
   - Lean over the patient and give four upward thrusts between the shoulder blades.
6. Repeat these steps until the airway is open.

In either situation, ask someone to call for help, and stay with the patient until help arrives or your services are no longer needed.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

- Insurance company name
- Insurance agent name
- Insurance policy number

9. Once the police arrive, explain what happened to the police officer. Do not admit to or discuss any wrongdoing.
10. Once the police are finished, call your supervisor.
11. Call your insurance agent as soon as possible.
12. Take a few minutes to collect yourself before continuing with your day.

Medications

In most states, law does not permit home care aides to give any medication to patients. It is important to understand what is included under the heading of "medications." Medications include

- Pills prescribed by a physician
- Over-the-counter pills, including vitamins
- Injectable medications, such as insulin
- Ointments, salves, and medicated lotions
- Inhaled medications, such as oxygen and inhalers
- Medicated eye, ear, and nose drops

As a home care aide, you should never administer medications unless your supervisor approves doing so. If necessary, you may remind the patient of the time and place medications within the patient's reach.

Procedures for Care Delivery

In addition to the procedures in previous chapters, the following procedures are pertinent to the home care aide.

Diapering

Infant

1. Change infant diapers whenever they are wet to the point that urine is wetting the skin surface.
2. Wash your hands.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

6. Assist the patient to lie on his or her back.
7. Explain the procedure to the patient before proceeding.
8. Remove the front portion of the diaper first and roll as close to the patient as possible, containing the waste inside the rolled diaper.
9. Thoroughly wash the skin of the lower abdomen, sides, and then the genitalia with soap and water.
10. Rinse well and dry.
11. Assist the patient to turn onto the side.
12. Using the same rolling pattern, remove the entire diaper. Thoroughly wash the skin of the buttocks and rectal area with soap and water.
13. Rinse well and dry.
14. Observe the skin for any signs of breakdown. Report breakdown areas to the patient's case manager or your supervisor.
15. Place powder around genitalia to absorb any remaining moisture.
16. Place the diaper behind the patient.
17. Assist the patient to roll onto his or her back.
18. Pull the diaper through the legs and up over the lower abdomen.
19. Secure the diaper using tape (disposable diapers) or safety pins, pointing downward (cloth diapers).
20. Replace the clothing.
21. Assist the patient to a comfortable location.
22. Wash washcloths and soiled cloth diaper. Place in a pail or isolated hamper.
23. Remove gloves.
24. Wash hands.
25. Document the procedure.

Nail Care

1. Cut nails only with the approval of the nurse on your written care plan. Do not cut the nails of any diabetic patient or patient with circulation problems.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

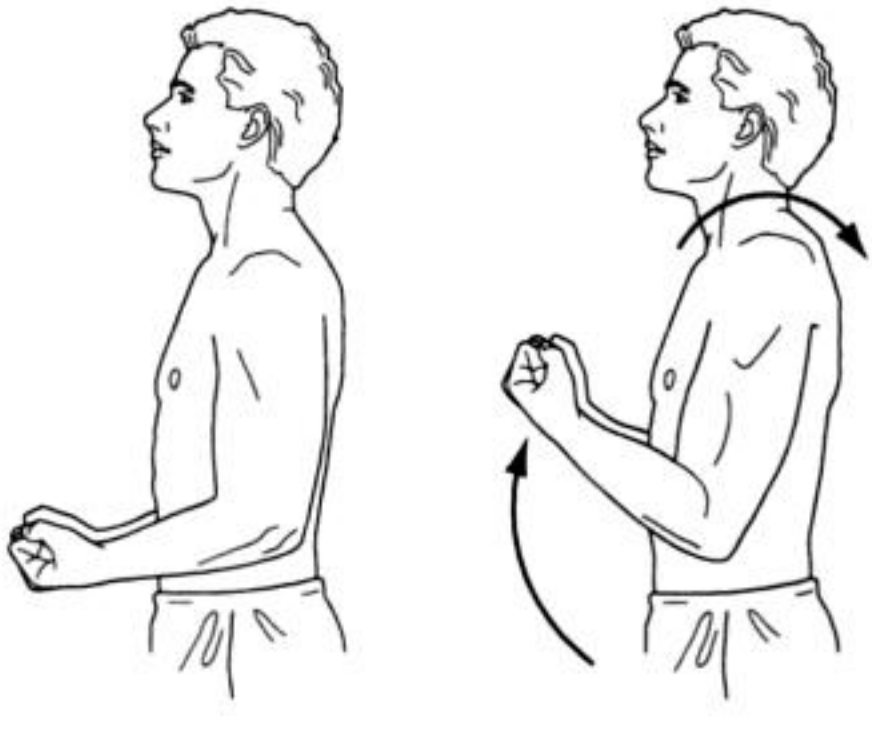
You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

7. Patients should be positioned for comfort. The position should allow all joints to be in good alignment, which means:
   - The shoulders are back.
   - Pillows are used to support the legs and arms.
   - Pillows are securely tucked to support the torso.
8. Make sure the patient is comfortable.
9. Cover the patient.
10. Wash your hands.

Range-of-Motion Exercises

1. Perform range-of-motion exercises only when approved to do so by the nurse on your aide care plan. Generally, any bed-bound patient should have range-of-motion exercises to prevent contractures (in which muscles shorten and do not allow joints to move).
2. Tell the patient what you are doing prior to the procedure.
3. Wash your hands.
4. Remove the covers that would restrict the movement of the joint being exercised.
5. Ask the patient to do the exercise (active range of motion), or perform the exercise for the patient (passive range of motion).
6. Move each joint through its normal movements. If in doubt, move your joints to see how they move.
   - Shoulders, hips, wrists, and ankles: rotate, move forward and backward, move side to side



You have either reached a page that is unavailable for viewing or reached your viewing limit for this book.

9. Cover the patient.
10. Wash your hands.

Transferring from Lying to Sitting on the Side of the Bed

1. Wash your hands.
2. Tell the patient what you are doing prior to the procedure.
3. Ask the patient to assist with the transfer.
4. Put the side rail down.
5. Align the patient straight in the bed.
6. Turn the patient on his or her side at the edge of the bed.
7. Unassisted:
   - Have the patient push down on the bed with his or her hands, which will elevate the upper torso.
   - At the same time, the patient should push the lower extremities over the edge of the bed.
8. Assisted:
   - Place one hand under the patient's shoulder and the other at the patient's thigh.
   - At the count of three, assist the patient to pivot to a sitting position.
9. Wash your hands.

Giving a Backrub

1. Wash your hands.
2. Gather the supplies (lotion, talcum powder).
3. Provide for the patient's privacy.
4. Assist the patient to remove any clothing on the upper torso.
5. Tell the patient what you are doing prior to the procedure. Begin by asking the patient to roll onto the stomach.
6. Place lotion in your hands and warm it by rubbing your hands together.
7. Begin with long strokes at the base of the spine, as follows:
   - With your hands side by side, rub up to the shoulders along the spinal column.

Pocket Guide for the

Home Care Aide 2nd *Edition*

Barbara Stover Gingerich and Deborah Mariano Ondeck

Pocket Guide for the Home Care Aide is the perfect everyday reference when working with patients in their homes. It facilitates the unique needs of the home care aide as an integral part of the home care organization and serves as a comprehensive, daily resource.

This handy pocket guide provides an overview of the essential elements of orientation for the home health aide, as well as self-assessment and development tools. It provides procedures for basic home health aide skills and gives information about the most common home health diagnoses.

A convenient guide of home care, hospice services, and reimbursement info in easy-to-understand terminology!

Jones and Bartlett Publishers
40 Tall Pine Drive
Sudbury, MA 01776
978-443-5000
info@jbpub.com
www.jbpub.com

ISBN 978-0-7637-5566-9