

Angelic Healthcare Services, LLC

Staff Development

**In-Service: Nonmedical Nursing Care of the Incapacitated Client**

This in-service may be used in classroom setting during group study or as a take home study module.

Please do not write on the in-service or test

Read the in-service and take the test. Write your answers on the answer sheet provided.

## Nonmedical Nursing Care of the Incapacitated Client

### **Who is Considered an Incapacitated Person?**

The term "Incapacitated Person" is used to refer to someone who does not have the legal capacity to make their own decisions. An incapacitated person is defined as someone who "for reasons **other than** advanced age or minority, has a clinically diagnosed condition that results in an inability to receive and evaluate information or to make or communicate decisions to such an extent that the individual lacks the ability to meet essential requirements for physical health, safety, or self-care, even with appropriate technological assistance".

An intellectually disabled individual is defined as someone who has significantly sub average intellectual functioning (usually defined as an IQ of less than 70), and who has limitations in two or more areas of adaptive skills such as communication, self-care, social skills, health, and safety. **Note:** The term "Mental Retardation" has been removed and replaced with "intellectual disability". A guardian may be appointed for a person with an intellectual disability.

A guardian may be appointed for a person with mental illness. Mental illness is defined as a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illness often results in a diminished capacity for coping with the ordinary demands of life. People suffering with a mental illness can experience relief from their symptoms by actively participating in a treatment plan.

A guardianship may be necessary when, for example, an elderly parent has a degenerative health condition and cannot therefore consent to treatment, or placement in a nursing facility, or, a person has suffered a traumatic brain injury, or, a disabled child is turning eighteen years old.

### ***Oral Hygiene***

Oral hygiene often is neglected in incapacitated persons, and obtaining access to good dental care can be difficult.<sup>21</sup> Periodontal disease is common and can be a source of discomfort, fever, and challenging behaviors, especially in persons with communication difficulties. Hospitalization may be necessary to provide adequate dental care for persons unable to tolerate outpatient settings.

### ***Skin Care***

Patients with decreased mobility or incontinence are at increased risk of skin breakdown. Caregivers should be counseled on appropriate skin care, and check clients routinely for skin breakdown.

### ***Gastrointestinal and Feeding Disorders***

Many patients with intellectual and physical disabilities develop swallowing difficulties, which can lead to choking, aspiration, malnutrition, and poor hydration.<sup>26</sup> Aspiration is particularly common in patients with neuromuscular disorders, is often silent,<sup>27</sup> and may lead to significant pulmonary pathology (e.g., aspiration, bronchitis, pneumonia) and even death from respiratory infection.<sup>28</sup>

A person with poor verbal skills may have difficulty communicating discomfort related to gastroesophageal reflux disease (GERD). Particularly prevalent in persons with Down syndrome, GERD may cause unexplained sore throat, choking, cough, or changes in behavior.<sup>33</sup>

Constipation and fecal impaction are common in persons with mental retardation<sup>34</sup> and may lead to unexplained changes in behavior.

Nonetheless, proactively monitoring if and when a bowel movement occurs, or lack of, may be more helpful than waiting for symptoms of constipation to be reported by caregivers. If it is noticed that the client has not had a bowel movement in days, the family should be made aware asap to begin some form of treatment best suitable for the client.... Laxatives, enemas, prune juice etc. Therefore, if your client does not have a bowel movement during your shift, notify the family or primary caregiver before you leave.

### ***Women's Health Issues***

Menstrual discomfort can be a source of agitation and aggression, including self-injurious behavior.<sup>35</sup> When medication fails to control dysmenorrhea or there are serious menstrual hygiene problems, surgery may be a reasonable option.<sup>36</sup> It should not be assumed that persons with mental retardation are not sexually active; reproduction and sexually transmitted diseases should be considered.

### ***Musculoskeletal Conditions***

Contractures can develop in persons who do not have use of their lower extremities. Symptomatic relief can be provided by surgical interventions such as tendon lengthening, tendon release, or osteotomy.

Osteoporosis is common, particularly among non-weight-bearing patients<sup>48</sup>; as many as 50 percent of adults with mental retardation have osteoporosis. This can lead to bone fractures

### ***Behavioral and Psychiatric Interventions***

For persons unable to communicate adequately, a change in behavior may be the first indication of a problem. An unrecognized medical disorder or environmental change should be considered before concluding that a new challenging behavior, or an exacerbation of a previous behavior, is caused by an underlying psychiatric disorder. Given the relationship between mental disabilities and family violence and abuse, family dynamics also should be evaluated carefully when challenging behaviors are most prevalent in the home. Abuse of incapacitated persons can be done by frustrated family members.

### **Client Safety**

Although more accidents occur in the home than in any other place, most can be prevented. Following are general safety rules you should know and practice:

#### ***Household Safety***

- Know whom to contact in case of an emergency. Keep the telephone numbers of the police, fire department, paramedics, and poison control center with you and/or near each telephone.
- Prevent falls by keeping the floors clear of objects. Suggest that the homeowner tack down small rugs or remove them completely. Wipe up spilled liquids immediately. Slippery floors can be dangerous.
- Prevent burns to your client by first testing bath water yourself. Then have the client test it.
- If your client has a pacemaker, be sure he or she does not enter the kitchen when a microwave is being used.
- Be sure that each room has proper ventilation.
- Dispose of wastes and garbage properly. Follow the correct procedure for disposing of biohazardous materials.
- Make sure flammable liquids are not stored near sources of heat.
- Store all household cleansers and other strong chemicals safely. Make sure children and adults suffering from dementia cannot get at them.

#### ***Electrical Safety***

- Be sure there is adequate lighting
- Make sure all electrical appliances and equipment are in good working condition.
- Check for frayed wires and do not overload outlets with too many plugs.
- Do not place electrical cords under rugs. A frayed wire could short and ignite the rug, causing a fire.
- Dry your hands before using any electrical equipment. Keep electrical appliances away from water.

## ***Oxygen Safety***

Some clients may have oxygen prescribed for them. The oxygen is supplied in green cylinders and is extremely flammable. Your supervisor will instruct you in the proper use of the oxygen cylinder. It is important that you follow these safety precautions:

- Do not smoke or allow open flames in the same room as the oxygen tank, even if the tank is not being used. A good precaution is to remove all cigarettes, lighters, matches, ashtrays, and candles from the room.
- Place a sign on the door warning that oxygen is in use.
- Do not use electrical appliances such as hair dryers, shavers, heating pads, or lamps near oxygen. Unplug these items before turning on the oxygen tank.
- To help prevent static electricity, use cotton materials whenever possible. The use of fabric softeners in the laundry can reduce or eliminate static electricity.
- Make sure that family members and visitors understand and practice these precautions.

## ***Fire Safety***

- Learn the layout of the house and know where the exits are in case of fire or other emergencies.
- If the home has a smoke detector, make sure it is in working order.
- Know the location and type of fire extinguishers in the house and how to use them.
- Know how to get your patient out of the house in case of fire.
- Review fire safety procedures with your supervisor.

## **Protective Devices and Restraints**

### ***Side Rails***

Some clients may have beds equipped with side rails. When these rails are up, the client is protected from falling out of the bed. In most cases, the side rails will always be up at night. Clients who are at risk for falling out of bed or trying to walk unassisted may have their side rails up during the day. Individual instructions for when side rails are to be used should be in each client's record. It is the home health aide's responsibility to follow these instructions.

Safety precautions to remember when using side rails are:

- Before raising or lowering side rails, check to be sure the client's arms and legs are out of the way.
- Side rails are to be securely locked into position, whether up or down.
- Restraints are never to be tied to side rails.

- Broken side rails are to be reported immediately to your supervisor.
- Side rail padding should be used to prevent injury to clients who thrash about in bed.

### **Soft Protective Devices**

Soft protective devices or restraints restrict a client's freedom of movement. Restraints can only be used if they are ordered by the client's physician and only under certain conditions. These conditions are:

- To help the client sit upright and prevent falls from a bed or wheelchair.
- To protect the client while administering treatment (IV, feeding tube, or catheter).
- To protect the client from injuring himself, herself, or injuring others.

There are several types of protective devices:

- **Vest support.** This is worn like a vest to provide postural support.
- **Pelvic support.** This is worn between the thighs to prevent the hips from slipping forward.
- **Mittens.** These are worn on the hands to prevent scratching or removing dressings.
- **Extremity restraints.** These are used to immobilize a limb during treatment or to protect the client from causing injury to himself, herself or others.

### **Alternatives to Restraints**

Some alternatives to restraints are:

- Placing the client where he or she can be constantly observed.
- Keeping the client dry, clean, and comfortable to reduce agitation.
- Responding promptly to the client's needs.
- Diverting the client's attention to safer, more meaningful activities.
- Taking time to provide special attention to the client.

## ***The Use Of Restraints***

The use of restraints can cause the client to be anxious and frustrated. Following is the procedure for using restraints:

1. Approach the client in a calm, unhurried manner.
2. Wash your hands, and explain to the client and his or her family what you are going to do in a simple, nonthreatening way. Stress the protective purpose of the supports, using terms such as "safety belt" and "postural support."
3. Restraints are to be used ONLY when the client is in a bed or chair which has wheels. If there is an emergency, the client will have to be moved quickly.
4. Restraints are NOT to be tied to side rails or parts of the bed that are raised or lowered. If the rails or parts of the bed were raised or lowered with the limb attached, the restraint might injure the client.
5. Restraints are to be tied in simple, easy-to-release clove hitch knots placed out of the client's reach. NEVER use a slip knot as it can tighten when a client moves.
6. The client must be checked for proper positioning before a restraint is applied.
7. Restraints, when in place, should fit snugly, without binding. Check to see if you can slip two fingers under the edge of the restraint after it has been tied.
8. Restraints must never restrict the client's circulation. Check the client for the following signs of restricted circulation:
  - Change in skin color.
  - Change in skin temperature.
  - Complaints of tingling, numbness, or pain.
  - Swelling.
9. Protect the client's skin from wrinkles, knots, and buckles. Use padded restraints or pad bony places to prevent pressure ulcers.
10. A client in supportive restraints must be observed every hour, and the client in treatment restraints must be observed every 15 minutes or as required by your agency. It will be necessary to instruct a family member in the use of restraints. Your supervisor will provide instruction.
11. Restraints must be released every one to two hours for short periods, to allow for massage, exercise and movement. This also provides time for a position change. It is important to remember that older adults' skin is often fragile and easily injured. Be observant for any signs of skin irritation or trauma.
12. The client must always be able to call or signal for assistance.
13. Restraints are NEVER used as punishment or for the convenience of the care provider.
14. When finished, wash your hands.

Restraints are considered the last resort. They are to be used to protect the client, or to prevent him or her from harming others. You will only use them when told to by your supervisor.

## **Assistive Devices**

Assistive devices are used by clients to increase mobility or ambulation. Wheelchairs are used by people who are unable to walk or too weak to walk safely. Walkers, crutches, and canes are examples of ambulation devices used for support while walking. You will learn more about ambulation devices in Chapter 38.

### ***Wheelchair***

Some clients may depend on wheelchairs for mobility. Even clients who can walk may use a wheelchair because they may lack the strength or balance to ambulate safely.

Safety precautions to remember when using a wheelchair are:

- Always lock the brakes before attempting to transfer a client into or out of a wheelchair.
- The foot rests should be up when a client is transferring into or out of a wheelchair. The foot rests should be down for support for the feet when the client is sitting in the wheelchair.
- Keep the client's limbs and clothing away from the wheels.
- Broken or defective parts should be reported to the family and to your supervisor immediately.
- Older clients have fragile skin which injures easily. Use care during wheelchair transfers.
- When moving a client in a wheelchair, be alert to obstacles and hazards.

### ***Walker***

Clients who have poor balance or general weakness often use a walker for safe ambulation. It takes some of the weight off the client's legs and puts more on the arms.

There are three types of walkers:

- ***Pick-up walker.*** This has no wheels and is picked up and moved forward at each step. It provides very firm support.
- ***2-wheeled Walker.*** This has wheels on two legs. The other legs must be lifted at each step.
- ***4-wheeled Walker/Rollator.*** This has wheels on the legs, and usually a seat.



Safety precautions to remember when a client uses a walker are:

- Check the walker regularly and report immediately any broken or defective parts.
- Keep the client's path free of obstacles and hazards.
- If the client appears to be using the walker improperly, report this to your supervisor immediately.
- If the walker appears to be the wrong size for the client, check with your supervisor immediately.

### ***Crutches***

Crutches are used by clients to decrease the weight borne by one or both legs. Safety precautions to observe when clients use crutches are:

- Check the underarm padding to be sure it is adequate and in good repair.
- Be sure there are no loose screws and the tips are in good repair.
- Check the client's underarm area for signs of pressure. If found, notify your supervisor.
- If the client appears to be having difficulty or uses the crutches improperly, notify your supervisor immediately.

### ***Cane***

Canes offer some support for clients who have balance problems. The cane is used on the strong side of the body. There are two types of canes:

- ***Straight single point.*** This is the ordinary walking cane. It touches the ground at one point and provides little side-to-side support.
- ***Quad.*** This type has four small feet and touches the ground at four points. It provides more side-to-side support.

Safety precautions for clients who use canes are:

- Check the cane regularly for loose screws or cracks.
- Rubber tips should be clean and in good repair.
- Report to your supervisor any difficulty the client has using the cane.

Protective and assistive devices are very important to a client's safety and mobility. It is the responsibility of the home health aide to ensure their safe and proper use.

# Nonmedical Nursing Care of the Incapacitated Client

## In-service Quiz

Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand the information presented in this inservice.
- I understand that I must answer at least 8 of the test questions correctly.

Employee Signature: \_\_\_\_\_

**1. TRUE or FALSE**

The term "Incapacitated" refers to someone who does not have the legal capacity to make their own decisions.

**2. TRUE or FALSE**

A guardian may be appointed for a person with mental illness

**3. TRUE or FALSE**

Incapacitated people are not sexually active

4. Clients with \_\_\_\_\_ mobility or incontinence are at increased risk of skin breakdown.

**5. TRUE or FALSE**

Osteoporosis is common in non-weight- bearing people.

**6. TRUE or FALSE**

A change in behavior may be the first sign of a problem in a person unable to communicate adequately.

**7. TRUE or FALSE**

Most accidents in the home can be prevented

**8. TRUE or FALSE**

The use of restraints can cause a person to be anxious and frustrated.

9. Name 1 alternative to restraints: \_\_\_\_\_

10. \_\_\_\_\_ should not be used around lit cigarettes or open flames.

Number Correct: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_