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**Birzeit University**

**Faculty of Pharmacy, Nursing & health professions**

**NURS 131**

**Fundamentals of Nursing and Health Promotion 1**

**Lab Skills Manual**

***Made By:***

*Fuad A. Abu AlFayyah, BSN, RN, T.A*

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Skill 33-1🡺 Bathing an adult client

**PURPOSES**

■ To remove transient microorganisms, body secretions and excretions, and dead skin cells

■ To stimulate circulation to the skin

■ To promote a sense of well-being

■ To produce relaxation and comfort

■ To prevent and eliminate unpleasant body odors

**ASSESSMENT**

**Assess**

■ Physical or emotional factors (e.g., fatigue, sensitivity to cold, need for control, anxiety or fear)

■ Condition of the skin (color, texture and turgor, presence of pigmented spots, temperature, lesions, excoriations, abrasions, and bruises). Areas of erythema (redness) on the sacrum, bony prominences, and heels should be assessed for possible pressure sores

■ Presence of pain and need for adjunctive measures (e.g., an analgesic) before the bath

■ Range of motion of the joints

■ Any other aspect of health that may affect the client’s bathing process (e.g., mobility, strength, cognition)

■ Need for use of clean gloves during the bath

**PLANNING**

**Equipment**

■ Basin or sink with warm water (between 43°C and 46°C [110°F and 115°F])

■ Soap and soap dish

■ Linens: bath blanket, two bath towels, washcloth, clean gown or pajamas or clothes as needed, additional bed linen and towels, if required

■ Clean gloves, if appropriate (e.g., presence of body fluids or open lesions)

■ Personal hygiene articles (e.g., deodorant, lotions)

■ Shaving equipment

■ Table for bathing equipment

■ Laundry bag

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. Discuss with the client their preferences for bathing and explain any unfamiliar procedures. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter. |  |
| 4. Prepare the client and the environment.  • Invite a family member or significant other to participate if desired or requested by the client.  • Close windows and doors to ensure the room is a comfortable temperature. *Rationale:* Air currents increase loss of heat from the body by convection.  • Offer the client a bedpan or urinal or ask whether the client wishes to use the toilet or commode. *Rationale:* Warm water and activity can stimulate the need to void. The client will be more comfortable after voiding, and voiding before cleaning the perineum is advisable.  • Encourage the client to perform as much personal self-care as possible. *Rationale:* This promotes independence, exercise, and self-esteem.  • During the bath, assess each area of the skin carefully. For a Bed Bath |  |
| 5. Prepare the bed and position the client appropriately.  • Position the bed at a comfortable working height. Lower the side rail on the side close to you. Keep the other side rail up. Assist the client to move near you. *Rationale:* This avoids undue reaching and straining and promotes good body mechanics. It also ensures client safety.  • Place bath blanket over top sheet. Remove the top sheet from under the bath blanket by starting at client’s shoulders and moving linen down toward client’s feet. Ask the client to grasp and hold the top of the bath blanket while pulling linen to the foot of the bed. *Rationale:* The bath blanket provides comfort, warmth, and privacy.  Note: If the bed linen is to be reused, place it over the bedside chair. If it is to be changed, place it in the linen hamper, not on the floor.  • Remove client’s gown while keeping the client covered with the bath blanket. Place gown in linen hamper. |  |
| 6. Make a bath mitt with the washcloth. *Rationale:* A bath mitt retains water and heat better than a cloth loosely held and prevents ends of washcloth from dragging across the skin. |  |
| 7. Wash the face. *Rationale:* Begin the bath at the cleanest area and work downward toward the feet.  • Place towel under client’s head.  • Wash the client’s eyes with water only and dry them well. Use a separate corner of the washcloth for each eye. *Rationale:* Using separate corners prevents transmitting microorganisms from one eye to the other. Wipe from the inner to the outer canthus. *Rationale:* This prevents secretions from entering the nasolacrimal ducts.  • Ask whether the client wants soap used on the face. *Rationale:* Soap has a drying effect, and the face, which is exposed to the air more than other body parts, tends to be drier.  • Wash, rinse, and dry the client’s face, ears, and neck.  • Remove the towel from under the client’s head. |  |
| 8. Wash the arms and hands. (Omit the arms for a partial bath.)  • Place a towel lengthwise under the arm away from you. *Rationale:* It protects the bed from becoming wet.  • Wash, rinse, and dry the arm by elevating the client’s arm and supporting the client’s wrist and elbow. Use long, firm strokes from wrist to shoulder, including the axillary area. *Rationale:* Firm strokes from distal to proximal  areas promote circulation by increasing venous blood return.  • Apply deodorant or powder if desired. Special caution is needed for clients with respiratory alterations. *Rationale:* Powder is not recommended for these clients due to the potential respiratory adverse effects.  • Optional: Place a towel on the bed and put a washbasin on it. Place the client’s hands in the basin. *Rationale:* Many clients enjoy immersing their hands in the basin and washing themselves. Soaking loosens dirt under the nails. Assist the client as needed to wash, rinse, and dry the hands, paying  particular attention to the spaces between the fingers.  • Repeat for hand and arm nearest you. Exercise caution if an IV infusion is present, and check its flow after moving the arm. Avoid submersing the IV site if the dressing site is not a clear, transparent dressing. *Rationale:* A clear transparent dressing will keep water from an IV site; however, a gauze  dressing becomes contaminated when it becomes wet with the water. |  |
| 9. Wash the chest and abdomen. (Omit the chest and abdomen for a partial bath. However, the areas under a woman’s breasts may require bathing if this area is irritated or if the client has significant perspiration under the breast.)  • Place bath towel lengthwise over chest. Fold bath blanket down to the client’s pubic area. *Rationale:* Keeps the client warm while preventing unnecessary exposure of the chest.  • Lift the bath towel off the chest, and bathe the chest and abdomen with your mitted hand using long, firm strokes. Give special attention to the skin under the breasts and any other skinfolds, particularly if the client is overweight. Rinse and dry well.  • Replace the bath blanket when the areas have been dried. |  |
| 10. Wash the legs and feet. (Omit legs and feet for a partial bath.)  • Expose the leg farthest from you by folding the bath blanket toward the other leg, being careful to keep the perineum covered. *Rationale:* Covering the perineum promotes privacy and maintains the client’s dignity.  • Lift leg and place the bath towel lengthwise under the leg. Wash, rinse, and dry the leg using long, smooth, firm strokes from the ankle to the knee to the thigh. *Rationale:* Washing from the distal to proximal areas promotes circulation by stimulating venous blood flow.  • Reverse the coverings and repeat for the other leg.  • Wash the feet by placing them in the basin of water.  • Dry each foot. Pay particular attention to the spaces between the toes. If preferred, wash one foot after that leg before washing the other leg.  • Obtain fresh, warm bathwater now or when necessary. *Rationale:* Water may become dirty or cold. Because surface skin cells are removed with washing, the bathwater from dark-skinned clients may be dark, however, this does not mean the client is dirty. Lower the bed and raise the side rails when refilling the basin. *Rationale:* This ensures the safety of the client. |  |
| 11. Wash the back and then the perineum.  • Assist the client into a prone or side-lying position facing away from you. Place the bath towel lengthwise alongside the back and buttocks while keeping the client covered with the bath blanket as much as possible. *Rationale:* This provides warmth and prevents undue exposure.  • Wash and dry the client’s back, moving from the shoulders to the buttocks, and upper thighs, paying attention to the gluteal folds.  • Remove and discard gloves if used.  • Perform a back massage now or after completion of bath.  • Assist the client to the supine position and determine whether the client can wash the perineal area independently. If the client cannot do so, drape the client and wash the area. |  |
| 12. Assist the client with grooming aids such as powder, lotion, or deodorant.  • Use powder sparingly. Release as little as possible into the atmosphere. *Rationale:* This will avoid irritation of the respiratory tract by powder inhalation. Excessive powder can cause caking, which leads to skin irritation.  • Help the client put on a clean gown or pajamas.  • Assist the client to care for hair, mouth, and nails. Some people prefer or need mouth care prior to their bath. |  |
| 13. Prepare the client and the tub.  • Fill the tub about one third to one half full of water at 43°C to 46°C (110°F to 115°F). *Rationale:* Sufficient water is needed to cover the perineal area.  • Cover all intravenous catheters or wound dressings with plastic coverings, and instruct the client to prevent wetting these areas if possible.  • Put a rubber bath mat or towel on the floor of the tub if safety strips are not on the tub floor. *Rationale:* These prevent slippage of the client during the bath or shower. |  |
| 14. Assist the client into the shower or tub.  • Assist the client taking a standing shower with the initial adjustment of the water temperature and water flow pressure, as needed. Some clients need a chair to sit on in the shower because of weakness. Hot water can cause older  people to feel faint due to vasodilation and decreased blood pressure from positional changes.  • If the client requires considerable assistance with a tub bath, a hydraulic bathtub chair may be required (see Variation).  • Explain how the client can signal for help, leave the client for 2 to 5 minutes, and place an “occupied” sign on the door. For safety reasons, do not leave a client with decreased cognition or clients who may be at risk (e.g., history of seizures, syncope). |  |
| 15. Assist the client with washing and getting out of the tub.  • Wash the client’s back, lower legs, and feet, if necessary.  • Assist the client out of the tub. If the client is unsteady, place a bath towel over the client’s shoulders and drain the tub of water before the client attempts to get out of it. *Rationale:* Draining the water first lessens the likelihood of a fall. The towel prevents chilling. |  |
| 16. Dry the client, and assist with follow-up care.  • Follow step 12.  • Assist the client back to his or her bed.  • Clean the tub or shower in accordance with agency practice,  discard the used linen in the laundry hamper, and place the “unoccupied” sign on the door. |  |
| 17. Document the following:  • Type of bath given (i.e., complete, partial, or self-help). This is usually recorded on a flow sheet.  • Skin assessment, such as excoriation, erythema, exudates, rashes, drainage, or skin breakdown.  • Nursing interventions related to skin integrity.  • Ability of the client to assist or participate with bathing.  • Client response to bathing. Also, document the need for reassessment of vital signs if appropriate.  • Educational needs regarding hygiene.  • Information or teaching shared with the client or their family.  **Variation: Bathing Using a Hydraulic Bathtub Chair :**  A hydraulic lift, often used in long-term care or rehabilitation settings, can facilitate the transfer of a client who is unable to ambulate to a  tub. The lift also helps eliminate strain on the nurse’s back.  • Bring the client to the tub room in a wheelchair or shower chair.  • Fill the tub and check the water temperature with a bath thermometer. *Rationale:* This avoids thermal injury to the client.  • Lower the hydraulic chair lift to its lowest point, outside the tub.  • Transfer the client to the chair lift and secure the seat belt.  • Raise the chair lift above the tub.  • Support the client’s legs as the chair is moved over the tub. *Rationale:* This avoids injury to the legs.  • Position the client’s legs down into the water and slowly lower the chair lift into the tub.  • Assist in bathing the client, if appropriate.  • Reverse the procedure when taking the client out of the tub.  • Dry the client and transport him or her to the room. |  |

Skill 33-2🡺 Providing preineal- genital care

**PURPOSES**

■ To remove normal perineal secretions and odors

■ To promote client comfort

**ASSESSMENT**

**Assess for the presence of**

■ Irritation, excoriation, inflammation, swelling

■ Excessive discharge

■ Odor; pain or discomfort

■ Urinary or fecal incontinence

■ Recent rectal or perineal surgery

■ Indwelling catheter

**PLANNING**

**Equipment**

Perineal-genital care provided in conjunction with the bed bath:

■ Bath towel

■ Bath blanket

■ Clean gloves

■Bath basin with warm water at 43°C to 46°C (110°F to 115°F)

■ Soap

■ Washcloth

Special perineal-genital care:

■ Bath towel

■ Bath blanket

■ Clean gloves

■ Solution bottle, pitcher, or container filled with warm water or a prescribed solution

■ Bedpan to receive rinse water

■ Perineal pad

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate, being particularly sensitive to any embarrassment displayed by the client. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter.  bath towel prevents the bed from becoming soiled. |  |
| 4. Prepare the client:  • Fold the top bed linen to the foot of the bed and fold the gown up to expose the genital area.  • Place a bath towel under the client’s hips. *Rationale:* The bath towel prevents the bed from becoming soiled. |  |
| 5. Position and drape the client and clean the upper inner thighs.  **For Female Clients**  • Position the female in a back-lying position with the knees flexed and spread well apart.  • Cover her body and legs with the bath blanket positioned so a corner is at her head, the opposite corner at her feet, and the other two on the sides. Drape the legs by tucking the bottom corners of the bath blanket under the inner sides of the legs. *Rationale:* Minimum exposure lessens embarrassment and helps to provide warmth. Bring the middle portion of the base of the blanket up and then over the pubic area.  • Apply gloves. Wash and dry the upper inner thighs.  **For Male Clients**  • Position the male client in a supine position with knees slightly flexed and hips slightly externally rotated.  • Apply gloves and wash and dry the upper inner thighs. |  |
| 6. Inspect the perineal area.  • Note particular areas of inflammation, excoriation, or swelling, especially between the labia in females and the scrotal folds in males.  • Also note excessive discharge or secretions from the orifices and the presence of odors. |  |
| 7. Wash and dry the perineal-genital area.  **For Female Clients**  • Clean the labia majora. Then spread the labia to wash the folds between the labia majora and the labia minora. *Rationale:* Secretions that tend to collect around the labia minora facilitate bacterial growth.  • Use separate quarters of the washcloth for each stroke, and wipe from the pubis to the rectum. For menstruating women and clients with indwelling catheters, use clean wipes. Use a clean wipe for each stroke. *Rationale*: Using separate quarters of the washcloth or new wipes prevents the transmission of microorganisms from one area to the other. Wipe from the area of least contamination (the pubis) to that of greatest (the rectum).  • Rinse the area well. You may place the client on a bedpan and use a Peri-Wash or solution bottle to pour warm water over the area. Dry the perineum thoroughly, paying particular attention to the folds between the labia. *Rationale:* Moisture supports the growth of many microorganisms.  **For Male Clients**  • Wash and dry the penis, using firm strokes.  • If the client is uncircumcised, retract the prepuce (foreskin) to expose the glans penis (the tip of the penis) for cleaning. Replace the foreskin after cleaning the glans penis. *Rationale:* Retracting the foreskin is necessary to remove the smegma (thick, cheesy secretion) that collects under the foreskin and facilitates bacterial growth. Replacing the foreskin prevents  constriction of the penis, which may cause edema.  • Wash and dry the scrotum. The posterior folds of the scrotum may need to be cleaned when the buttocks are cleaned . *Rationale:* The scrotum tends to be more soiled than the penis because of its proximity to the rectum; thus it is usually cleaned after the penis. |  |
| 8. Inspect perineal orifices for intactness.  • Inspect particularly around the urethra in clients with indwelling catheters. *Rationale:* A catheter may cause excoriation around the urethra. |  |
| 9. Clean between the buttocks.  • Assist the client to turn onto the side facing away from you.  • Pay particular attention to the anal area and posterior folds of the scrotum in males. Clean the anus with toilet tissue before washing it, if necessary.  • Dry the area well.  • For post delivery or menstruating females, apply a perineal pad as needed from front to back. *Rationale:* This prevents contamination of the vagina and urethra from the anal area. |  |
| 10. Remove and discard gloves. |  |
| 11. Perform hand hygiene. |  |
| 12. Document any unusual findings such as redness, excoriation, skin breakdown, discharge or drainage, and any localized areas of tenderness. |  |

Skill 33-3🡺 Providing foot care

**PURPOSE**

■ To maintain the skin integrity of the feet

■ To prevent foot infections

■ To prevent foot odors

■ To assess or monitor foot problems

**ASSESSMENT**

■ Skin surfaces for cleanliness, odor, dryness, and intactness

■Each foot and toe for shape, size, presence of lesions (e.g., corn, callus, wart, or rash), and areas of tenderness, ankle edema

■ Heels for erythema, blisters, or breaks in skin integrity

■ Skin temperatures of both feet to assess circulatory status:

■ Pedal pulses: dorsalis pedis and posterior tibialis

■ Feet of bedbound clients for foot drop

■ Self-care abilities (e.g., any problems managing foot care)

**PLANNING**

**Equipment**

■ Washbasin containing warm water

■ Pillow

■ Moisture-resistant disposable pad

■ Towels

■ Washcloth

■ Toenail cleaning and trimming equipment, if agency policy permits

■ Lotion or foot powder

**IMPLEMENTATION**

**Preparation**

Assemble all the necessary equipment and supplies if nails need trimming and agency policy permits.

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter. |  |
| 4. Prepare the equipment and the client.  • Fill the washbasin with warm water at about 40°C to 43°C  (105°F to 110°F). *Rationale:* Warm water promotes circulation, comforts, and refreshes.  • Assist the ambulatory client to a sitting position in a chair, or the bed client to a supine or semi-Fowler’s position.  • Place a pillow under the bed client’s knees. *Rationale:* This provides support and prevents muscle fatigue.  • Place the washbasin on the moisture-resistant pad at the foot of the bed for a bed client or on the floor in front of the chair for an ambulatory client.  • For a bed client, pad the rim of the washbasin with a towel. *Rationale:* The towel prevents undue pressure on the skin. |  |
| 5. Wash the foot and soak it.  • Place one of the client’s feet in the basin and wash it with soap, paying particular attention to the interdigital areas. Prolonged soaking is generally not recommended for clients with diabetes or individuals with peripheral vascular disease. *Rationale:* Prolonged soaking may remove natural skin oils, thus drying the skin and making it more susceptible to cracking and injury.  • Rinse the foot well to remove soap. *Rationale:* Soap irritates the skin if not completely removed.  • Rub callused areas of the foot with the washcloth. *Rationale:* This helps remove dead skin layers.  • If the nails are brittle or thick and require trimming, replace the water and allow the foot to soak for 10 to 20 minutes. *Rationale:* Soaking softens the nails and loosens debris under them.  • Clean the nails as required with an orange stick. *Rationale:* This removes excess debris that harbors microorganisms. Use gently, especially with clients who are at risk for injury (e.g., clients with diabetes and/or peripheral vascular disease).  • Remove the foot from the basin and place it on the towel. |  |
| 6. Dry the foot thoroughly and apply lotion or foot powder.  • Blot the foot gently with the towel to dry it thoroughly, particularly between the toes. *Rationale:* Harsh rubbing can damage the skin. Thorough drying reduces the risk of infection.  • Apply lotion or lanolin cream to the foot but not between the toes. *Rationale:* This lubricates dry skin and keeps the area between the toes dry.  or  • Apply a foot powder containing a nonirritating deodorant if the feet tend to perspire excessively. *Rationale:* Foot powders have greater absorbent properties than regular bath powders; some also contain menthol, which makes the feet feel cool. |  |
| 7. If agency policy permits, trim the nails of the first foot while the second foot is soaking. |  |
| 8. Document any foot problems observed.  • Foot care is not generally recorded unless problems are noted.  • Record any signs of inflammation, infection, breaks in the skin, corns, troublesome calluses, bunions, and pressure areas. This is of particular importance for clients with peripheral vascular disease and diabetes. |  |

Skill 33-4🡺 Brushing and flossing the teeth

**PURPOSES**

■ To remove food particles from around and between the teeth

■ To remove dental plaque

■ To promote the client’s feelings of well-being

■ To prevent sores and infection of the oral tissues

**ASSESSMENT**

■ Determine the extent of the client’s self-care abilities.

■ Assess the client’s usual mouth care practices.

■ Inspect lips, gums, oral mucosa, and tongue for deviations from normal.

■Identify presence of oral problems such as tooth caries, halitosis, gingivitis, and loose or broken teeth.

■ Check if the client has bridgework or wears dentures. If the client has dentures, ask if any tenderness or soreness is present and, if so, the location of the area(s) for ongoing assessment.

**PLANNING**

**Equipment**

■ Towel

■ Clean gloves

■ Curved basin (emesis basin)

■ Toothbrush (soft bristle)

■ Cup of tepid water

■ Dentifrice (toothpaste)

■ Mouthwash

■ Dental floss, at least two pieces 20 cm (8 in.) in length

■ Floss holder (optional)

**IMPLEMENTATION**

**Preparation**

Assemble all the necessary equipment.

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate.  2. Perform hand hygiene and observe other appropriate infection prevention procedures. *Rationale:* Wearing gloves while providing mouth care prevents the nurse from acquiring infections. Gloves also prevent transmission of microorganisms to the client. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter. |  |
| 4. Prepare the client.  • Assist the client to a sitting position in bed, if health permits. If not, assist the client to a side-lying position with the head turned. *Rationale:* This position prevents liquid from draining down the client’s throat. |  |
| 5. Prepare the equipment.  • Place the towel under the client’s chin.  • Apply clean gloves.  • Moisten the bristles of the toothbrush with tepid water and apply the dentifrice to the toothbrush.  • Use a soft toothbrush (a small one for a child) and the client’s choice of dentifrice.  • For the client who must remain in bed, place or hold the curved basin under the client’s chin, fitting the small curve around the chin or neck.  • Inspect the mouth and teeth. |  |
| 6. Brush the teeth.  • Hand the toothbrush to the client, or brush the client’s teeth as follows:  a. Hold the brush against the teeth with the bristles at a 45-degree angle. The tips of the outer bristles should rest against and penetrate under the gingival sulcus. The brush will clean under the sulcus of two or three teeth at one time. *Rationale:* This sulcular technique removes plaque and cleans under the gingival margins  b. Move the bristles up and down gently in short strokes from the sulcus to the crowns of the teeth.  c. Repeat until all outer and inner surfaces of the teeth and sulci of the gums have been cleaned.  d. Clean the biting surfaces by moving the brush back and forth over them in short strokes.  e. Brush the tongue gently with the toothbrush. *Rationale:* Brushing removes bacteria and freshens breath. A coated tongue may be caused by poor oral hygiene and low fluid intake. Brushing gently and carefully helps prevent gagging or vomiting.  • Hand the client the water cup or mouthwash to rinse the mouth vigorously. Then ask the client to spit the water and excess dentifrice into the basin. Some agencies supply a standard mouthwash. Alternatively, a mouth rinse of normal saline can be an effective cleaner and moisturizer. *Rationale:* Vigorous rinsing loosens food particles and washes out already loosened particles.  • Repeat the preceding steps until the mouth is free of dentifrice and food particles.  • Remove the curved basin and help the client wipe the mouth. |  |
| 7. Floss the teeth.  • Assist the client to floss independently, or floss the teeth of an alert and cooperative client as follows. Waxed floss is less likely to fray than un waxed floss; however, particles between the teeth attach more readily to un waxed floss than to waxed floss.  a. Wrap one end of the floss around the third finger of each hand.  b. To floss the upper teeth, use your thumb and index finger to stretch the floss. Move the floss up and down between the teeth. When the floss reaches the gum line, gently slide the floss into the space between the gum and the tooth. Gently move the floss away from the gum with up and down motions . Start at the back on the right side and work around to the back of the left side, or\ work from the center teeth to the back of the jaw on either side.  c. To floss the lower teeth, use your index fingers to stretch the floss.  • Give the client tepid water or mouthwash to rinse the mouth and a curved basin in which to spit the water.  • Assist the client in wiping the mouth. |  |
| 8. Remove and dispose of equipment appropriately.  • Remove and clean the curved basin.  • Remove and discard the gloves.  • Perform hand hygiene. |  |
| 9. Document assessment of the teeth, tongue, gums, and oral mucosa. Include any problems such as sores or inflammation, bleeding and swelling of the gums. Brushing and flossing teeth are not usually recorded. |  |

Skill 33-5🡺 Providing special oral care for the unconscious client

**PURPOSES**

■ To maintain the intactness and health of the lips, tongue, and mucous membranes of the mouth

■ To prevent oral infections

■ To clean and moisten the membranes of the mouth and lips

**ASSESSMENT**

■ Inspect lips, gums, oral mucosa, and tongue for deviations from normal.

■ Identify presence of oral problems such as tooth caries, halitosis, gingivitis, and loose or broken teeth.

■ Assess for gag reflex, when appropriate.

**PLANNING**

**Equipment**

■ Towel

■ Curved basin (emesis basin)

■ Clean gloves

■ Bite-block to hold the mouth open and teeth apart (optional)

■ Toothbrush

■ Cup of tepid water

■ Dentifrice or denture cleaner

■ Tissue or piece of gauze to remove dentures (optional)

■ Denture container as needed

■ Mouthwash

■ Rubber-tipped bulb syringe

■ Suction catheter with suction apparatus when aspiration is a concern

■ Foam swabs and cleaning solution for cleaning the mucous membranes

■ Water-soluble lip moisturizer

**IMPLEMENTATION**

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| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client and the family what you are going to do and why it is necessary. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter. |  |
| 4. Prepare the client.  • Position the unconscious client in a side-lying position, with the head of the bed lowered. *Rationale:* In this position, the saliva automatically runs out by gravity rather than being aspirated into the lungs. This position is chosen for the unconscious client receiving mouth care. If the client’s head cannot be lowered, turn it to one side. *Rationale:* The fluid will readily run out of the mouth or pool in the side of the mouth, where it can be suctioned.  • Place the towel under the client’s chin.  • Place the curved basin against the client’s chin and lower cheek to receive the fluid from the mouth.  • Apply gloves. |  |
| 5. Clean the teeth and rinse the mouth.  • If the person has natural teeth, brush the teeth as described in the first part of Skill 33–4. Brush gently and carefully to avoid injuring the gums.  • Rinse the client’s mouth by drawing about 10 mL of water or alcohol-free mouthwash into the syringe and injecting it gently into each side of the mouth. *Rationale:* If the solution is injected with force, some of it may flow down the client’s throat and be aspirated into the lungs.  • Watch carefully to make sure that all the rinsing solution has out of the mouth into the basin. If not, suction the fluid from the mouth. *Rationale:* Fluid remaining in the mouth may be aspirated into the lungs.  • Repeat rinsing until the mouth is free of dentifrice, if used. |  |
| 6. Inspect and clean the oral tissues.  • If the tissues appear dry or unclean, clean them with the foam swabs or gauze and cleaning solution following agency policy.  • Use a moistened foam swab to wipe the mucous membrane of one cheek. Discard the swab in a waste container; use a fresh one to clean the next area. *Rationale:* Using separate applicators for each area of the mouth prevents the transfer of microorganisms from one area to another.  • Clean all mouth tissues in an orderly progression, using separate applicators: the cheeks, roof of the mouth, base of the mouth, and tongue.  • Observe the tissues closely for inflammation and dryness.  • Rinse the client’s mouth as described in step 5. |  |
| 7. Ensure client comfort.  • Remove the basin, and dry around the client’s mouth with the towel. Replace artificial dentures, if indicated.  • Lubricate the client’s lips with water-soluble moisturizer. *Rationale:* Lubrication prevents cracking and subsequent infection.  • Remove and discard gloves.  • Perform hand hygiene. |  |
| 8. Document assessment of the teeth, tongue, gums, and oral mucosa. Include any problems such as sores or inflammation and swelling of the gums. |  |

Skill 33-6🡺 Providing hair care

**PURPOSES**

■ To stimulate the blood circulation to the scalp

■ To distribute hair oils and provide a healthy sheen

■ To increase the client’s comfort

■ To assess or monitor hair or scalp problems (e.g., matted hair or dandruff)

**ASSESSMENT**

**Assess**

■ Condition of the hair and scalp. Is the hair straight, curly, kinky? Is the hair matted or tangled? Is the scalp dry?

■ Evenness of hair growth over the scalp, in particular, any patchy loss of hair; hair texture, oiliness, thickness, or thinness; presence of lesions, infections, or infestations on the scalp; presence of hirsutism

■ Self-care abilities (e.g., any problems managing hair care)

**PLANNING**

**Equipment**

■ Clean brush and comb (A wide-toothed comb is usually used for many dark-skinned people because finer combs pull the hair into knots and may also break the hair.)

■ Towel

■ Hair oil preparation, if appropriate

**IMPLEMENTATION**

|  |  |
| --- | --- |
| **Performance steps** | **Done or not** |
| 1. Prior to performing the procedure, introduce self and verify the client’s identity using agency protocol. Explain to the client what you are going to do, why it is necessary, and how he or she can participate. |  |
| 2. Perform hand hygiene and observe other appropriate infection prevention procedures. |  |
| 3. Provide for client privacy by drawing the curtains around the bed or closing the door to the room. Some agencies provide signs indicating the need for privacy. *Rationale:* Hygiene is a personal matter. |  |
| 4. Position and prepare the client appropriately.  • Assist the client who can sit to move to a chair. *Rationale:* Hair is more easily brushed and combed when the client is in a sitting position.  • If health permits, assist a client confined to a bed to a sitting by raising the head of the bed. Otherwise, assist the client to alternate side-lying positions, and do one side of the head at a time.  • If the client remains in bed, place a clean towel over the pillow and the client’s shoulders. Place it over the sitting client’s shoulders. *Rationale:* The towel collects any removed hair, dirt, and scaly material.  • Remove any pins or ribbons in the hair. |  |
| 5. Remove any mats or tangles gradually.  • Mats can usually be pulled apart with fingers or worked out with repeated brushings.  • If the hair is very tangled, rub alcohol or an oil, such as mineral oil, on the strands to help loosen the tangles.  • Comb out tangles in a small section of hair toward the ends.  Stabilize the hair with one hand and comb toward the ends of the hair with the other hand. *Rationale:* This avoids scalp trauma. |  |
| 6. Brush and comb the hair.  • For short hair, brush and comb one side at a time. Divide long hair into two sections by parting it down the middle from the front to the back. If the hair is very thick, divide each section into front and back subsections or into several layers. |  |
| 7. Arrange the hair as neatly and attractively as possible, according to the individual’s desires.  • Braiding long hair helps prevent tangles. |  |
| 8. Document assessments and special nursing interventions. Daily combing and brushing of the hair are not normally recorded. |  |