

November 2019

At the completion of each Unit the student will be able to:

Class Day	Learning Outcomes (Goals)	Content Outline	Learning Activities	Time Allotted
Day 1		<p style="text-align: center;">Course Orientation</p> <p>Introductions: Students Instructors The role of Student Services</p> <p>Review: Textbook/Workbook Forms/Exams/Clinical Policies & Procedures</p>		60 Minutes
Unit 1 Health Care Settings	<p>1.1. Describe healthcare settings.</p> <p>1.2A. Define the role of each member of the health care team.</p>	<p>Health care Settings Acute Care (Hospital) Subacute Care Outpatient Care Rehabilitation Hospice Care Long-Term Care Centers Care Homes Assisted Living Residences Nursing Centers</p> <p>Roles of other Members of the Health Care Team Resident/Family Registered Nurse (RN)</p>	<p>Lecture & Discussion Chapter 1, Pages 1-3</p> <p>Skill: A Resident Care Unit Chapter 17 Box 17-1 Review the space Bed operation Equipment found in a resident care area</p> <p>Lecture & Discussion Chapter 1, Pages 3-5 Table 1-1 Clinical Practice</p>	

	<p>1.2B. State the role of the NA in the admission, discharge and transfer process of patients.</p>	<p>Licensed Practical Nurse (LPN) Advanced Practice Nurse (APRN) Certified Nursing Assistant (CNA/LNA) Physician Therapists – PT, OT, SLP Registered Dietitian (RDT) Social Worker Activity Director</p> <p>Role of the NA in admitting a patient to a facility:</p> <ul style="list-style-type: none"> • Prepare the room • Greet the patient by name • Secure the patient’s belongings • Orient the patient to the room and call system • Orient the patient to activities, such as mealtime • Communicate observations and resident patient response to the nurse <p>Role of the NA in discharging a patient from a facility:</p> <ul style="list-style-type: none"> • Assist the patient to gather their belongings. • Bring a wheelchair to the room • Transport the patient to the vehicle • Assist the patient to get into the 	<p>Lecture & Discussion Worksheet</p>	
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	<p>1.3. Describe Nursing Care Patterns</p>	<p>vehicle</p> <ul style="list-style-type: none"> • Communicate observations and patient response to the nurse <p>Role of the NA in transferring a patient from one room to another room is the same facility:</p> <ul style="list-style-type: none"> • Assist the patient to gather their belongings • Place belongings in appropriate containers • Bring a wheelchair to the patient's room • Transport the patient to the new room • Assist the patient to secure their belongings • Introduce the patient to the new staff person(S) who will be caring for the patient • Assist the patient to get out of the wheelchair and get into bed or chair • Communicate observations and patient response to the nurse <p>Nursing Care Patterns Functional Nursing Team Nursing Primary Nursing Case Management Patient-focused care</p>	<p>Lecture & Discussion Chapter 1, Pages 5 & 6 Figure 1-3</p> <p>Lecture & Discussion Chapter 1, Pages 6</p>	
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	<p>1.4. Identify health care payment sources.</p> <p>1.5. Define methods to ensure standards of care are met by health care facilities.</p>	<p>Health Care Payment Sources Private Insurance Medicare Medicaid Patient Protection & Affordable Care Act Prospective Payment System</p> <p>Meeting Standards Survey Process Role Nursing Assistant Role</p>	<p>Lecture & Discussion Chapter 1, Page 7</p>	
<p>Unit 2</p> <p>Resident Rights</p>	<p>2.1. List the components of <i>The Patient Care Partnership: Understanding Expectations, Rights, and Responsibilities</i>.</p> <p>2.2. Describe the <i>Omnibus Budget Reconciliation Act of 1987 (OBRA)</i>.</p>	<p>Components of <i>The Patient Care Partnership</i> High-Quality Care Clean and Safe Setting Involvement in Care Protection of Privacy Preparing to Leave the Hospital Help with Bills and Insurance Claims</p> <p>Resident Rights under OBRA Information Refusing Treatment Privacy & Confidentiality Personal Choice Grievances</p>	<p>Chapter 2 Page 10 Lecture & Discussion Appendix A Page 553</p> <p>Chapter 2 Pages 10-15 Box 2-1 Clinical Practice</p>	

		<p>Work Resident Groups Personal Items Freedom from Abuse, Mistreatment & Neglect Freedom from Restraints Quality of Life Activities Environment</p>		
<p>Unit 3 Nursing Assistant Regulations</p>	<p>3.1. Identify laws and policies regulating Nursing Assistant (NA) performance.</p>	<p>Federal and State laws <i>AZBN Standards of Conduct for Nursing Assistants</i> <i>The Omnibus Budget Reconciliation Act of 1987 (OBRA)</i> Training Programs Competency Evaluation Nursing Assistant Registry Certification Maintaining Competence</p>	<p>Lecture & Discussion Chapter 3, Pages 18-20</p>	
	<p>3.2. Describe the nursing assistant <i>scope of practice</i>.</p>	<p>Nursing Assistant Standards Job Description Policy Procedure Manual</p> <p>Nursing Assistant Roles Bathing, & grooming</p>	<p>Lecture & Discussion Chapter 3, Pages 21-24 Boxes 3-2, 3-3 & 3-4</p>	

		<p>Assisting with toileting Assisting with meals Maintaining Resident's room Vital Signs</p> <p>Nursing Assistant Qualities Patient/Understanding/Unprejudiced Honest/Trustworthy Conscientious Enthusiastic Courteous Empathetic Dependable/Accountable</p>		
<p>Unit 4 Safety & Body Mechanics</p>	<p>4.1. Explain the rules of body mechanics.</p> <p>4.2. Identify ways to prevent Work-Related injuries.</p>	<p>Rules of body mechanics: Good alignment Wide base of support Bend at the knees Use larger muscle groups Keep objects close to the body</p> <p>General ways to prevent Work-Related injuries: Wear shoes with good traction Use equipment to assist Ask for help Plan and prepare for tasks Schedule harder tasks early Lock brakes on beds & wheelchairs Give clear directions when working with others</p>	<p>Lecture & Discussion Chapter 14, Pages 174-175 Box 14-1</p> <p>Instructor Demonstration Supervised Practice</p> <p>Lecture & Discussion Chapter 14, Page 176-177 Box 14-2</p>	

		Adjust the height of the bed		
Unit 5 Infection Prevention	5.1. Discuss the links in the Chain of Infection .	Links in the Chain of Infection : Source Reservoir Portal of Exit Method of Transmission Portal of entry Susceptible host	Lecture & Discussion Chapter 13, Pages 150-151 and page 158 Box 13-3 Figure 13-1 & 13-2 Clinical Practice	
	5.2. Define the purpose of medical asepsis.	Purpose of medical asepsis Reduce the number of microbes Prevent the spread of microorganisms	Chapter 13, Page 152	
	5.3. List the rules of hand hygiene.	Rules of hand hygiene: Use soap and water when hands are: Visibly dirty or soiled Before eating After using the restroom Exposure to <i>Clostridium Difficile</i> Use alcohol-based hand sanitizer: Before contact with a resident After direct contact with a resident After contact with a resident's items	Chapter 13, Page 154 Box 13-2	
	5.4. Demonstrate proper hand hygiene using soap and water	Steps for proper hand hygiene (Soap & Water): Wet hands and wrist Keep hands lower than the elbows Apply soap	Chapter 13, Pages 153-156 Procedure Boxes: Hand-Washing & Figures: 13-5 thru 13-11 Video	

	<p>and alcohol-based hand sanitizer.</p> <p>5.5. Explain the role of disposable gloves in the prevention of contamination.</p> <p>5.6. Demonstrate the proper procedure for donning and doffing</p>	<p>Lather hands, wrist & fingers -20 seconds Clean under the fingernails Rinse well Dry hands and wrists starting at the fingernails Turn off the faucets with a dry paper Towel</p> <p>Steps for proper hand hygiene (Hand sanitizer): Apply hand sanitizer Rub hands together Interlock fingers Continue rubbing until hands are dry</p> <p>Role of gloves in preventing the transmission of microbes: Protect the nursing assistant from direct contact with blood /body fluids Protect the resident from microbes on the nursing assistant's hands</p> <p>Proper Procedure for donning and doffing disposable gloves Grasp the palm of the glove Pull the glove over the hand & hold glove Insert two fingers inside the other glove</p>	<p>Instructor Demonstration Supervised Practice</p> <p>Chapter 13, Page 156 Procedure Boxes: Using Alcohol-Based Sanitizer Figure 13-12</p> <p>Lecture & Discussion Chapter 13, Pages 163</p> <p>Chapter 13, Pages 165 & 168 Figure 13-18 Instructor Demonstration Supervised Practice</p>	
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	<p>(removing) disposable gloves.</p> <p>5.7. Identify types of precautions</p>	<p>Pull the glove over the hand & glove Dispose of the gloves</p> <p>Types of precautions:</p> <ul style="list-style-type: none"> • Standard • Transmission-Based precautions 	<p>Chapter 13, Pages 159-161 Boxes 13-4, 13-5, & 13-6</p>	
<p>Unit 6 Delegation</p>	<p>6.1. State the four steps in the delegation process.</p> <p>6.2. Discuss the Five Rights of Delegation.</p> <p>6.3. Discuss the Nursing Assistant's possible responses to a delegated task.</p>	<p>Four steps in the delegation process as outlined by the <i>National Council of State Boards of Nursing</i></p> <p>Assessment & Planning Communication Surveillance & Supervision Evaluation & Feedback</p> <p>Five Rights of Delegation</p> <p>The Right Task The Right Circumstance The Right Person The Right Direction & Communication The Right Supervision & Evaluation</p> <p>The nursing assistant possible responses to a delegated task: Accepting a task Refusing a task Policy and Procedure Manuals</p>	<p>Lecture & Discussion Chapter 3, Pages 25-28</p> <p>Lecture & Discussion Chapter 3, Pages 27 Box 3-5</p> <p>Lecture & Discussion Chapter 3, Pages 27-28</p>	

Unit 7 Resident Positioning	7.1. Describe the benefits of positioning and re-positioning a resident in bed or other furniture.	Benefits of positioning and re-positioning (at least every two hours) Promote comfort Ease breathing Promote circulation Friction and Shearing Prevent pressure injuries Prevent contractures	Lecture & Discussion Chapter 14, Pages 178-182	
	7.2. Describe the various positions	Positions Fowler's Positions - 45 degrees High-Fowler's - 60 to 90 degrees Semi-Fowler's - 30 degrees Supine Prone Lateral Sim's Dangling	Figures 14-5 - 14-13 Chapter 17, Pages 224 -225 Figures 17-2 thru 17-7 Chapter 15, Pages 197-199 Figures: 15-9 & 15-10 Procedure Box: Dangling	
	7.3. Describe procedures for moving a resident in bed.	Procedures used to move a resident in bed (Bed mobility):196 Trapeze Assistive device (Lift sheet, board) The resident is moved in sections Logrolling	Lecture & Discussion Chapter 15, Pages 185-200 Figures 15-1 thru 15-12 Video	
	7.4. Demonstrate the proper procedure for positioning a resident on their	Proper procedure for positioning a resident on their side (Lateral position).	Instructor Demonstration Supervised Practice Clinical Practice	

	side (Lateral position).			
Unit 8 Managing Pressure Ulcers	8.1. Identify selected terms associated with pressure injuries.	<p>Selected terms associated with pressure injuries:</p> <p>Bony prominence...<i>bone sticks out or projects from a flat surface of the body (pressure point).</i></p> <p>Eschar...<i>thick, leathery dead tissue. It is often black or brown in color.</i></p> <p>Shear...<i>layers of skin rub against each other; skin remains place and the underlying tissues move and stretch, tearing the underlying capillaries and blood vessels causing tissue damage.</i></p> <p>Slough...<i>dead tissue shed from the skin; light in color, soft and moist. It may be stringy at times.</i></p>	Lecture & Discussion Chapter 29, Pages 429-439	
	8.2. Recognize common bony prominences when the	<p>Bony prominences in various positions:</p> <ul style="list-style-type: none"> • Supine <ul style="list-style-type: none"> ▪ Sacrum ▪ Heels • Lateral (side lying) 	Chapter 29, Page 430 Figures 29-2	

	<p>resident is in various positions.</p> <p>8.3. Identify risk factors associated with pressure injuries.</p> <p>8.4. Describe pressure injury stages.</p>	<ul style="list-style-type: none"> ▪ Hip ▪ Ankle ▪ Heel • Semi Fowler’s position <ul style="list-style-type: none"> ▪ Sacrum ▪ Hip ▪ Heels • Upright <ul style="list-style-type: none"> ▪ Shoulders ▪ Hip ▪ Sacrum <p>Risk factors associated with pressure injuries:</p> <ul style="list-style-type: none"> • Age • Dry skin • Thinning skin • Decreased sensation • Decreased mobility • Poor nutrition • Poor hydration • Incontinence • Edema <p>Pressure Injury stages:</p> <ul style="list-style-type: none"> • Stage 1 – non-blanchable erythema (red) of intact skin • Stage 2 – Partial-thickness skin loss with exposed dermis (blister) 	<p>Chapter 29, Page 431 Box 20-1 Figure 29-4</p> <p>Chapter 29, Pages 432-435 Box 29-2 Figures 29-5 through 29-17</p>	
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	<p>8.5. Identify ways to prevent pressure injuries.</p> <p>8.6. Identify common complications</p>	<ul style="list-style-type: none"> • Stage 3 – Full-thickness skin loss • Stage 4 – Full-thickness skin & tissue loss (muscle, tendon, ligament, cartilage, or bone is exposed) • Unstageable – Obscured full-thickness skin loss • Deep tissue injury – Persistent non-blanchable deep red, maroon, or purple discoloration <p>Measures to prevent pressure injuries:</p> <ul style="list-style-type: none"> • Identifying residents at increased risk for the development of pressures. • Manage moisture for incontinence • Provide good nutrition and fluid balance • Follow the re-positioning schedule (at least every 2 hours) • Float heels • Use protective devices <ul style="list-style-type: none"> ▪ Bed cradle ▪ Heel/elbow protectors ▪ Heel/foot elevators ▪ Gel/fluid-filled cushions ▪ Special beds ▪ Other <p>Common complications associated with pressure ulcers:</p> <ul style="list-style-type: none"> • Infection (Most Common) 	<p>Chapter 29, Page 436-437 Box 29-3</p> <p>Chapter 29, Pages 438-439 Figures 29-20 – 29-23</p>	
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	associated with pressure ulcers.	<ul style="list-style-type: none"> • Osteomyelitis • Pain 		
Unit 9 Ethical	9.1. Review ethical and professional	Examples of ethical and professional/legal behaviors Competent	Lecture & Discussion Review Chapter 3 Chapter 4, Page31	

& Legal Issues	behaviors.	Confidentiality Honesty Trustworthy Reporting errors Report abuse/neglect Team Player	Box 4-1	
	9.2. Define the term “ethics”.	Definition of the term “ethics”: <i>...is knowledge of what is right and wrong conduct.</i>	Lecture & Discussion Chapter 4, Page 31	
	9.3. Discuss the terms of <i>prejudice</i> and <i>biased</i> .	Concepts of prejudice and bias: <i>... making judgements and having views before knowing the facts.</i> Reasons for prejudice and bias include one’s culture, religion, education, & experience.	Lecture & Discussion Chapter 4, Page 31	
	9.4. The role of a <i>code of conduct</i> .	Role of a <i>code of conduct</i> : Rules or standards of conduct	Chapter 4, Page 31 Box 4-1	
	9.5. Define <i>Professional boundaries</i> .	Definition of <i>professional boundaries</i> : <i>...a separation of helpful behaviors from behaviors that are not helpful</i>	Lecture & Discussion Chapter 4, Pages 31-32 Figure 4-1 Boxes 4-2 and 4-3	
	9.6. Identify the effects of under-	Effects of under-involvement: Disinterest Avoidance		

	<p>involvement.</p> <p>9.7. Identify the effects of over-involvement.</p> <p>9.8. Define the terms associated with the legal aspects of care.</p>	<p>Neglect</p> <p>Effects of over-involvement: Boundary crossing Boundary violation Professional sexual misconduct</p> <p>Define legal terms: Law Criminal laws Civil laws Unintentional Torts Negligence Malpractice Intentional Torts Defamation Libel Slander False Imprisonment Invasion of privacy Fraud Assault & Battery</p>	<p>Lecture & Discussion Chapter 4, Page 33</p>	
	<p>9.9. Explain the <i>Health Insurance Portability and</i></p>	<p>The purpose of HIPAA is to protect health information regardless of the source (oral, paper or electronic)</p>	<p>Lecture & Discussion Chapter 4, Pages 33-35 Boxes 4-4 & 4-5</p>	

	<p><i>Accountability Act (HIPAA).</i></p> <p>9.10. Explain Informed Consent.</p> <p>9.11. Identify ways Informed Consent can be given.</p> <p>9.12. Define abuse.</p> <p>9.13. Describe types of elder abuse.</p>	<p>Informed Consent: <i>...process by which a person receives and understands information about a treatment or procedure and is able to decide if he or she will receive it.</i></p> <p>Ways Informed Consent can be given: Written Verbal Implied</p> <p>Definition of abuse: <i>...willfull infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain, or mental anguish and or depriving a person of the goods or services needed to attain or maintain well-being.</i></p> <p>Types of abuse Physical Abuse Verbal Abuse Involuntary seclusion Emotional or mental Abuse Sexual abuse Financial Abuse Abandonment</p>	<p>Lecture & Discussion Chapter 4, Page 35</p> <p>Chapter 4, Page 35 "Focus on Communication"</p> <p>Lecture & Discussion Chapter 4, Pages 36-39</p> <p>Lecture & Discussion Chapter 4, Pages 37 Boxes 4-6</p>	
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	9.14. Recognize signs of Elder Abuse.	<p><i>CNAs are legally bound to report suspected or actual abuse/neglect (Mandated Reporters)</i></p> <p>Signs of Elder Abuse: Self-report Lacking personal hygiene Frequent injuries Missing assistive devices Bleeding or bruising around breasts or genital/rectal area Burns Individual is withdrawn Individual is restrained Personal conversations are allowed</p>	Lecture & Discussion Chapter 4, Pages 37-39 Box 4-7 & 4-8 Figure 4-3	
Unit 10	10.1. Define the term entrapment.	Definition of the term <i>entrapment</i> : <i>...getting caught, trapped, or entangled in spaces created by the bed rails, the mattress,</i>	Lecture & Discussion Chapter 17 Page 224 & 226	

Bed Safety & Comfort Needs	10.2. Identify residents at greatest risk of entrapment.	<i>the bed frame, the head-board and /or the foot-board.</i> Risk factors associated with entrapment: Age Frail Disoriented or confused Restless Uncontrolled movements Poor muscle control Small size Restrained residents	Figure 17-8 Lecture & Discussion Chapter 17, Pages 224	
	10.3. The benefits associated with proper bedmaking.	Benefits of making a bed: Promote comfort Prevent skin breakdown Prevent pressure injuries	Lecture & Discussion Chapter 17, Page 230	
	10.4. Identify the various ways to make a bed based on the needs of the resident.	Types of beds: Closed bed Open bed Occupied bed Surgical/procedure bed	Lecture & Discussion Chapter 17, Page 230 Figures 17-14 – 17-17	
	10.5. Demonstrate the proper procedure	Proper procedure for making an occupied bed:	Chapter 17, Pages 230-240 Figure 17-18, 17-19, 17-26, 17-28	

	for making an occupied bed		Procedure Box Pages 237-239 Instructor Demonstration Supervised Practice Clinical Practice	
Unit 11	11.1. Describe risk factors associated with	Risk factors associated with accidents: Age Awareness of surroundings	Lecture & Discussion Chapter 10, Page 107-120	

Accident Prevention	accidents.	<p>Agitated/Aggressive behavior Hearing loss Impaired senses (vision, hearing, smell, or touch) Impaired mobility Medications</p>		
	11.2. Describe the steps to properly identify a resident before providing care.	<p>Steps to properly identify a resident: Identification bracelet (ID) Compare the name on the assignment sheet to the ID bracelet before providing care Check the resident's name and date of birth (DOB) Use two identifiers Room numbers/bed number can not be used Ask the resident to state/spell their name Verify the medical record number Call the resident by name when checking the ID bracelet Use a photo ID system</p>	<p>Lecture & Discussion Chapter 10, Page 109 & 110 Figures 10-1 & 10-2 Supervised Practice Clinical Practice</p>	
	11.3. List types of possible	<p>Types of accidents: Burns Poisoning</p>	<p>Lecture & Discussion Chapter 10, Pages 110-118</p>	

	accidents.	<p>Suffocation including Choking</p> <p>Equipment related</p> <p>Hazardous chemicals</p> <p>Disasters</p> <p>Bomb threats</p> <p>Fire</p> <p>Elopement</p> <p>Workplace violence</p>		
	11.4. Identify ways to prevent burns.	<p>Ways to prevent burns:</p> <p>Assist residents with eating/drinking</p> <p>Keep hot items in the center of the table</p> <p>Pour hot liquids away from the resident</p> <p>Measure the temperature of bath/shower water</p> <p>Do not the resident sleep with a heating pad or electric blanket</p> <p>Use safety precautions for residents who smoke</p>	Chapter 10, Page 110 Box 10-1	
	11.5. Identify ways to prevent poisoning.	<p>Ways to prevent poisoning:</p> <p>Keep hazardous materials out of reach</p> <p>Keep harmful products in the original Container</p> <p>Store personal care items safely</p> <p>Read labels before use</p>		
	11.6. Identify ways to prevent suffocation.	<p>Ways to prevent suffocation:</p> <p>Choking is the primary cause of Suffocation</p>	Chapter 10, Pages 111-113 BLS Training class Box 10-2	

	<p>11.7. Identify ways to prevent equipment accidents.</p>	<p>Ways to prevent Choking Cut food into small bite-size pieces Make sure dentures fit properly Note loose teeth Follow the dietary care plan Follow aspiration precautions <i>If a resident is choking perform abdominal thrusts (Heimlich maneuver) to dislodge the foreign body and relieve airway obstruction. Chest thrusts are used for obese residents.</i></p> <p>Additional care measures to prevent suffocation: Do not leave a resident unattended in a bathtub/shower Prevent entrapment Remove residents from the area if there is a smoke smell</p> <p>Ways to prevent equipment accidents: Do not use unfamiliar items Do not use broken/damaged items Avoid using extension cords Do not cover electrical cords Have maintenance staff check resident personal electrical items Check electrical cords for damage Make sure brakes work properly</p>	<p>Figures 10-4 thru 10-8</p> <p>Chapter 10, Page 114 Box 10-4 Figure 10-10</p>	
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<p>11.8. Identify ways to prevent accidents from hazardous chemicals.</p>	<p>Ways to prevent hazardous chemical accidents: Keep original labels intact and readable <i>If the label is damaged or removed do not use the substance. Show the container to the nurse.</i> Do not leave containers unattended Know the location of the <i>Safety Data Sheets (SDS)</i></p>	<p>Chapter 10, Page 115 Figure 10-11</p>	
<p>11.9. Identify types of disasters.</p>	<p>Types of disasters: Bomb Threats Fire Elopement</p>	<p>Chapter 10, Pages 115-116</p>	
<p>11.10. Identify actions to take in the event of a bomb threat.</p>	<p>Actions during a real or potential bomb threat: Report all suspicious individuals Report all suspicious items or packages</p>	<p>Chapter 10 Page 116</p>	
<p>11.11 Identify ways to prevent a fire.</p>	<p>Ways to prevent a fire: Follow oxygen use policy of the center Follow the smoking policy of the center Secure all smoking materials Do not leave cooking unattended</p>	<p>Chapter 10, Page117 Box 10-5 Figure 10-12 & 10-13</p>	
<p>11.12. Identify actions to take in the event of a fire.</p>	<p>Actions to take in the event of a fire: Know the center’s emergency and evacuation policy</p>	<p>Chapter 10, Page 116-117 Figures 10-12 & 10-13 Procedure Box: Using a Fire</p>	

	<p>11.13. Identify ways to prevent elopement of a resident.</p> <p>11.14. Identify ways to prevent/control workplace violence.</p>	<p>Know the location of extinguishers, alarms and emergency exits Attend fire drills Remember <i>RACE</i> and <i>PASS</i></p> <p>Ways to prevent elopement of a resident: Identify residents at risk for elopement Monitor/supervise the resident Address elopement in the care plan Have a plan for finding the resident</p> <p>Ways to prevent/control workplace violence: If the individual is agitated/aggressive: Stay close to the door Move away from the person Stay calm, speak in a calm manner Do not touch the individual Leave the room as quick as possible Potential weapons in the environment: Do not wear jewelry or scarves Keep long hair up and off the collar Keep keys, scissor, pen in pockets Staff safety measure:</p> <ul style="list-style-type: none"> • Use the “buddy system” in elevators or caring for persons with agitated or aggressive behaviors • Wear well fitted uniforms and shoes with good soles 	<p>Extinguisher</p> <p>Chapter 10, Page 118 Box 10-6</p>	
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	<p>11.15 Identify the role of a Risk Management Department.</p>	<ul style="list-style-type: none"> • Use security escorts <p>Role of Risk Management:</p> <ul style="list-style-type: none"> • Protect all people in the agency • Protect all property • Prevent accidents/injuries • Investigate safety issues <ul style="list-style-type: none"> ▪ Accidents ▪ Fire ▪ Negligence ▪ Malpractice ▪ Abuse ▪ Workplace violence ▪ Federal/State requirements <p>Risk managers look for patterns & trends in incident investigations. Corrections are made, procedures are changed, and training is done to prevent further incidents.</p> <p>Examples of safety procedures:</p> <ul style="list-style-type: none"> • Color-coded wristbands <ul style="list-style-type: none"> ▪ Red = Allergy ▪ Yellow = Fall Risk ▪ Purple = DNR/AND ▪ Pink = Limb Alert • Resident belongings <ul style="list-style-type: none"> ▪ Complete a belongings list ▪ Itemize all jewelry items ▪ Label clothing 	<p>Chapter 10, Page 119 Figure 10-14</p>	
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	11.16 Discuss the reason an incident report would be completed.	<ul style="list-style-type: none"> ▪ Have the resident/family co-sign the belongings list/envelope <p>Purpose of an incident reports:</p> <ul style="list-style-type: none"> • Accidents • Errors in care • Broken or lost items • Hazardous chemical incidents • Workplace violence incidents <p><i>Complete an incident report as soon as possible.</i></p>	Chapter 10, Page 120	
Unit 12	12.1. Define the term communication.	<p>Definition of the term communication:</p> <p><i>...exchange of information-a message sent is received and correctly interpreted by the</i></p>	Lecture & Discussion Chapter 6, Pages 53-66 Supervised Practice	

<p>Health Team Communication</p>	<p>12.2. Identify components of “good” communication.</p> <p>12.3. Define the term medical record.</p> <p>12.4. List the parts of a medical record.</p> <p>12.5. Describe the difference between objective and subjective data.</p>	<p><i>intended person.</i></p> <p>Components of “good” communication: Avoid words with more than one meaning Avoid terms the resident/family does not understand Be brief and concise Give information in a logical way Give the facts Be specific</p> <p>Definition of the term medical record: <i>...legal account of a person’s condition and responses to treatment and care.</i></p> <p>Parts of a medical record: Admission information Health history Flow sheets/graphic sheets Progress notes</p> <p>Objective data: Observations or signs that can be seen, heard, felt, or smelled by an observer; such as a pulse, color of urine.</p> <p>Subjective data: Refers to information the resident shares with the observer. These data are</p>	<p>Clinical Practice</p> <p>Chapter 6, Page 55 Box 6-2</p>	
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		referred to as symptoms. Pain, nausea, or fear are examples of subjective data.		
	12.6. List the observations the nursing assistant needs to report immediately to the charge nurse.	<p>Observations to be reported immediately:</p> <ul style="list-style-type: none"> Change in a resident’s ability to respond Changes in a resident’s mobility Complaints of sudden, severe pain A reddened area, bruise, or open area Complaints of vision changes Vital signs out of the resident’s range 	Chapter 6, Page 54 Box 6-1	
	12.7. Identify the role of the nursing assistant in the completion of the Minimum Data Set (MDS).	<p>Role of the nursing assistant in completing the MDS:</p> <p>The observations the nursing assistant documents are used to complete the MDS. The MDS nurse may interview the nursing assistants care for a resident.</p>	Chapter 6, Pages 54-57	
	12.8. Identify the role of the Comprehensive care plan.	<p>Role of the Comprehensive care plan (CCP):</p> <p>The nurse uses data from the MDS to create a CCP. It outlines all the interventions required to meet a resident’s needs. It is updated periodically through medical record review and care conferences. The interventions to be completed by the direct care provider is entered onto an assignment sheet.</p>		
	12.9. Explain the	Reporting:	Chapter 6, Page 59-60	

	<p>terms reporting and recording.</p> <p>12.10. Convert conventional time to military /international time.</p> <p>12.11. Explain proper telephone Etiquette.</p> <p>12.12. Recognize common medical and nursing</p>	<p><i>...oral account of care and observations</i> Recording: <i>...written account of care and observations</i></p> <p>Reporting and recording are done as needed throughout the shift and at the end of the shift. If a caregiver leaves before their shift is scheduled to end the caregiver is obligated to report and record care and observations occurring during the time the caregiver was assisting a resident.</p> <p>Military time has four (4) digits. The first two represent the hour and the last two represent the minutes. In this system the colons and AM and PM are not used. Example: 9:00 AM = 0900</p> <p>Military time used a 24-hour clock Example: 9:00 PM = 2100</p> <p>Proper telephone etiquette: Answer the call after the first ring Give a courteous greeting including facility, location, your name and position Do not give confidential information</p> <p>Medical and nursing terminology: Common prefixes and suffixes are listed in the textbook.</p>	<p>Box 6-5 Box 6-6 Box 6-7</p> <p>Chapter 6, Page 58 Box 6-4 Figure 6-4</p> <p>Chapter 6, Page 63 Box 6-8</p> <p>Chapter 6, Pages 62-66 Boxes 6-9</p>	
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	terminology.	<i>Only use the facility list of approved abbreviations</i>		
Unit 13 Communicating	13.1. Define the term <i>Holism</i> .	Definition of the term <i>holism</i> : <i>...concept that considers the whole person.</i> <i>The person has physical, social, psychological,</i>	Lecture & Discussion Chapter 7, Pages 68-77	

<p>with Residents</p>	<p>13.2. Identify the proper way to address a resident.</p> <p>13.3. Define the term <i>need</i>.</p> <p>13.4. Discuss Maslow's basic needs.</p> <p>13.5. Define the term <i>culture</i>.</p> <p>13.6. Define the term <i>religion</i>.</p>	<p><i>and spiritual parts. These parts are woven together and cannot be separated.</i></p> <p>Proper way to address a resident: Greet the resident by title – Miss, Mr., Mrs. Do not call a resident by their first name Do not call them by other names, such as sweetheart, honey, pops</p> <p>Definition of the term <i>need</i>: <i>...something necessary or desired for maintaining life and mental well-being.</i></p> <p>Maslow's basic needs: Physical Safety and security Love and belonging Self-esteem Self-actualization</p> <p>Definition of the term <i>culture</i>: <i>...characteristics of a group of people- language, values, beliefs, likes, dislikes, and customs. They are passed from 1 generation to the next.</i></p> <p>Definition of the term <i>religion</i>: <i>...relates to spiritual beliefs, needs, and practices.</i></p>	<p>Chapter 7, Page 69 Figure 7-2</p>	
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	<p>13.7. Discuss types of communication.</p>	<p>Types of communication: Verbal communication – uses written or spoken words. When speaking to another person consider the following rules: Look directly at the person Position yourself at eye level with the person Do not speak loudly Speak clearly & slowly Do not use slang words Repeat information as needed Ask one question at a time Wait for the person to answer Be kind and courteous When writing a message follow these guidelines: Keep the note simply Use black ink on white paper Print the message in large letters Use a large Font if using a computer</p> <p>Nonverbal Communication – no words are used Gestures, facial expressions, posture, body movements, touch, and smell are used. These messages more accurately reflect a person’s feelings. They are usually involuntary and hard to control.</p>	<p>Chapter 7, Page 71 Box 7-1</p> <p>Chapter 7, Page 72 Figure 7-3</p> <p>Chapter 7, Page 73 Boxes titled Caring about Culture</p>	
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	<p>13.8. Explain various communication methods.</p> <p>13.9. Describe barriers to communication.</p> <p>13.10. Recognize methods to communicate</p>	<p>Tools such as Magic slates and Picture boards may be helpful when the person does not speak</p> <p>Communication methods: Listening Paraphrasing Direct questions Pen-ended questions Clarifying Focusing Silence</p> <p>Barriers to communication: Unfamiliar language Cultural differences Changing the subject Giving opinion Talking a lot Failure to listen “Pat” answers Illness including coma Age</p> <p>Methods to communicate with residents with special needs: <ul style="list-style-type: none"> • Residents with disabilities </p>	<p>Chapter 7, Page 75 Box 7-2</p>	
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	<p>with residents with special needs</p> <p>13.11. Discuss communication strategies when a person exhibits behavior issues.</p>	<ul style="list-style-type: none"> ▪ Speak directly to the resident ▪ Speak with the resident at eye level ▪ Ask if help is needed before acting ▪ Let the resident set the pace for activities • Comatose resident <ul style="list-style-type: none"> ▪ Knock before entering the resident's room ▪ Introduce yourself ▪ Tell the resident the date and time ▪ Explain procedures to the resident ▪ Tell the resident when you are leaving the room and when you will be back <p>Communication strategies for persons exhibiting behavior issues:</p> <p>Recognize the behavior and the possible Cause</p> <p>Maintain dignity and respect</p> <p>Answer questions thoroughly</p> <p>Keep the person informed</p> <p>Answer call lights quickly</p> <p>Stay calm</p> <p>Use distraction</p> <p>Do not argue with the person</p>	<p>Chapter 7, Page 77 Box 7-3</p>	
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		<p>Listen Use silence Encourage family participation</p>		
Unit 14	I4.1. Identify factors that may affect vital signs.	<p>Factors that may affect vital signs: Activity Age</p>	<p>Lecture & Discussion Chapter 25, Page 360-382 Box 25-1</p>	

<p>Measuring Vital Signs</p>	<p>14.2. Identify sites used to take a resident's temperature.</p> <p>14.3. State the normal range for body temperature by site used.</p> <p>14.3. Demonstrate competency with the procedure of measuring temperature.</p>	<p>Anger Medications Eating Gender Pain Illness</p> <p>Sites used to take a resident's temperature: Oral Rectal Tympanic Temporal Axillary</p> <p>Normal body temperature ranges by site: Oral 97.6 to 99.6 degrees F Rectal 98.6 to 100.6 degrees F Axillary 96.6 to 98.6 degrees F Tympanic 98.6 degrees F Temporal artery 99.6 degrees F</p> <p>Procedure of measuring temperature:</p>	<p>Chapter 25, Page 361-368 Box 25-2 Figures 25-1 through 25-5 Figures 25-6 through 25-9</p> <p>Chapter 25, Page 31 Box 25-1</p> <p>Video Chapter 25, Page 363 Box – <i>Taking a Temperature with an Electronic Thermometer</i> Supervised Practice Clinical Practice</p>	
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	<p>14.4. Define selected terms associated with taking a pulse.</p>	<p>Definition of the term pulse: Pulse...<i>the beat of the heart felt at an artery as a wave of blood passes through the artery.</i></p> <p>Pulse rate...<i>the of heartbeats or pulses in 1 minutes.</i></p> <p>Pulse rhythm...<i>refers to the pattern of the heartbeats – regular or irregular.</i></p> <p>Pulse force – <i>relates to the pulse strength – strong, full, bounding or weak, thread, or feeble.</i></p> <p>Stethoscope... <i>instrument used to listen to the sounds produced by the heart, lungs, and other body organs.</i></p>	<p>Chapter 25, Page 369 Figure 25-13, 25-14, 25-15 Box 25-4</p>	
	<p>14.5. List pulse sites.</p>	<p>Pulse sites:</p> <ul style="list-style-type: none"> • Temporal • Carotid • Apical • Brachial • Radial • Femoral • Popliteal • Posterior tibial pulse • Dorsalis pedis pulse <p><i>All pulses are present on both sides for the body except the Apical pulse.</i></p>	<p>Chapter 25, Page 368 Figure 25-12</p>	

	<p>14.6. Demonstrate competency with the procedure for counting a pulse.</p> <p>14.7 A. Define the term respiration.</p> <p>14.7 B. Identify the respiratory range for a healthy adult.</p> <p>14.8 A. State the normal qualities of</p>	<p><i>The radial pulse is the most often used to count a pulse.</i></p> <p><i>Normal pulse range for an adult resident is 60 to 100 beats per minutes (bpm).</i></p> <p>Procedure for counting a pulse:</p> <p>Definition of the term respiration: <i>...breathing air into (inhalation) and out of (exhalation) the lungs.</i></p> <p>Respiratory range for a healthy adult: 12 to 20 respirations per minute</p> <p>Normal qualities of respirations:</p> <ul style="list-style-type: none"> • Quiet • Effortless 	<p>Chapter 25, Pages 371-372 Box – <i>Taking a radial pulse</i> Figure 25-17 & 25-18 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 25, Page 372</p>	
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	<p>respirations.</p> <p>14.8 B. Recognize abnormal respirations.</p> <p>14.9. Demonstrate competency with the procedure for counting respirations.</p> <p>14.10. Define selected terms associated</p>	<ul style="list-style-type: none"> • Regular <p>Abnormal respirations:</p> <ul style="list-style-type: none"> • Tachypnea • Bradypnea • Apnea • Hypoventilation • Hyperventilation • Dyspnea • Cheyne-Stokes respirations • Orthopnea • Kussmaul respirations <p>Procedure for counting respirations:</p> <p>Definition of selected terms associate with measuring a person’s oxygen level:</p>	<p>Chapter 30, Page 442</p> <p>Chapter 25, Page 373 Box – <i>Counting Respirations</i> Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 30, Pages 443-444 Figure 30-2</p>	
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	<p>with measuring a person's oxygen levels.</p> <p>14.11. State the normal range of oxygen saturation.</p> <p>14.12. Identify types of probes used to measure a person's oxygen saturation.</p> <p>14.13. Recognize factors that affect the accurate measurement of oxygen saturation></p>	<p>Pulse oximetry...measures the oxygen concentration in arterial blood.</p> <p>Oxygen concentration...amount (%) of hemoglobin containing oxygen.</p> <p>Normal oxygen saturation: 95 - 100 %</p> <p>Types of probes used to measure oxygen saturation:</p> <ul style="list-style-type: none"> • Finger (most common method) • Toe • Ear • Forehead <p>Factors that affect the accurate measurement of oxygen saturation:</p> <ul style="list-style-type: none"> • Avoid areas with edema • Avoid sites with skin breakdown • Avoid bright lights • Remove nail polish • Remove "fake" finger nails • Keep the site still as possible • Do not take the blood pressure on the arm if a finger on that side is 		
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	<p>14.13. Demonstrate competency with the procedure for measuring a person's oxygen saturation.</p> <p>14.14. Define selected terms associated with blood pressure measurement.</p>	<p>used for continuous oxygen saturation measurement</p> <p>Procedure for measuring oxygen saturation:</p> <p>Selected terms associated with blood pressure: Blood pressure - <i>...amount of force exerted against the walls of an artery by the blood.</i></p> <p>Systolic pressure - <i>...pressure in the arteries when the heart contracts.</i></p> <p>Diastolic pressure - <i>...pressure in the arteries when the heart is at rest.</i></p> <p>Hypertension - <i>...Systolic pressure is 130 mm Hg or higher or the diastolic pressure is 80 m Hg or higher</i></p> <p>Hypotension - <i>...Systolic pressure is below 90 mm Hg or the diastolic pressure is below 60 mm Hg.</i></p>	<p>Chapter 30, Page 444 Procedure Box: Using a Pulse Oximeter</p> <p>Chapter 25, Page 373 Figures 25-19 & 25-20</p>	
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	<p>14.15. Identify types of sphygmomanometers.</p> <p>14.16. State which artery is usually used to measure blood pressure.</p> <p>14.17. List guidelines for measuring blood pressure.</p>	<p>Normal blood pressure is considered 120/80 mm Hg</p> <p>Sphygmomanometer - <i>...a cuff and a measuring device used to measure blood pressure.</i></p> <p>Types of sphygmomanometer:</p> <ul style="list-style-type: none"> • Aneroid • Mercury • Electronic <p>Artery usually used to measure blood pressure: Brachial artery</p> <p>The brachial artery is found by palpating the inner aspect of the antecubital fossa.</p> <p>Guidelines for measuring blood pressure:</p> <ul style="list-style-type: none"> • Do not take the blood pressure on an arm with: <ul style="list-style-type: none"> ▪ An IV infusing ▪ An arm cast/injury ▪ A dialysis access site ▪ Breast surgery • Person should rest for 10 to 20 minutes • Measuring blood pressure when sitting or standing 	<p>Chapter 25, Page 374 Figures 25-19 & 25-20</p> <p>Chapter 25, Page 375 Box 25-5</p>	
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	<p>14.18. Demonstrate competency with the procedure for measuring blood pressure.</p> <p>14.19. Identify selected terms associated</p>	<ul style="list-style-type: none"> • Apply the cuff to bare arm • Use the correct size cuff • The entire diaphragm should have contact with the skin over the brachial artery • Pump the cuff to 30 mm Hg over the resident's usual systolic pressure • The first sound heard is the systolic pressure • The last sound heard is the diastolic pressure • Wait 30-60 seconds before repeating the blood pressure • If you cannot hear the blood pressure tell the nurse <p>Procedure for taking blood pressure:</p> <p>Selected terms associated with pain: Pain or Discomfort... to ache, hurt, or be sore</p>	<p>Chapter 25, Pages 376-377 Box - <i>Measuring Blood Pressure</i> Figures 25-22 & 25-23 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 25, Page 378-379 Box 25-6</p>	
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	<p>with pain.</p> <p>14.20. Discuss types of pain.</p> <p>14.21. List signs and symptoms of pain.</p>	<p>Types of pain:</p> <ul style="list-style-type: none"> • Acute pain – suddenly felt from injury, disease, trauma, or surgery. There is tissue damage. • Chronic pain – continues for a long time • Radiating pain – felt at the site of tissue damage and in nearby areas • Phantom pain – felt in a body part no longer there <p>Signs & symptoms of pain:</p> <ul style="list-style-type: none"> • Location • Onset & Duration • Intensity <ul style="list-style-type: none"> ▪ Rating scales <ul style="list-style-type: none"> ✚ Numeric scale ✚ Wang-Baker FACES scale • Description • Precipitating factors • Factors affecting the pain • Vital signs – increasing • Other signs & symptoms • Body responses • Behaviors <p><i>Pain is what the resident says it is.</i></p>	<p>Chapter 25, Page 378-379 Box 25-6</p> <p>Figures 25-25 & 25-26</p>	
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	<p>14.22. State factors that affect pain.</p> <p>14.23. Recognize comfort and pain-relief measures</p>	<p>Factors affecting pain:</p> <ul style="list-style-type: none"> • Past experience with pain • Anxiety • Rest and Sleep • Attention • Responsibilities • The value of pain • Support • Culture • Illness <p>Comfort and pain-relief measures:</p> <ul style="list-style-type: none"> • Position • Adjust the room temperature • Give back massage • Avoid sudden or jarring movements • Provide distraction (music) • Apply warm or cold measures, if ordered 	<p>Chapter 17, Page 241 Box 17-3</p> <p>Chapter 17, Pages 242-243 Figures 17-33 & 17-34 Procedure Box: Giving a Back Massage</p>	
Unit 15	<p>15.1. Explain the relationship</p>	<p>Relationship between cells, tissues, and organs: Cells:</p>	<p>Lecture & Discussion Chapter 8, Pages 80-95 Figure 8-1</p>	

	<p>15.4 Describe the components and function(s) of the Nervous System.</p> <p>15.5. Describe the components and function(s) of the Circulatory System.</p>	<p>2. Maintain posture and tone 3. Production of body heat</p> <p>Components and functions of the nervous system: Components: Central Nervous System – Brain Spinal cord Peripheral Nervous System - Nerves 12 cranial nerves 31 spinal nerves Sense organs 5 Senses – Sight, Smell, Hearing, Taste & Touch Functions: Controls, directs, & coordinates all body functions</p> <p>Components and functions of the circulatory system: Components: Blood Red Cells & Hemoglobin (RBC) White Cells (Leukocytes WBC) Platelets Heart – 4 chambers Blood Vessels – Arteries & Veins</p>	<p>Chapter 8, Pages 84 & 85 Figures 8-10, 8-11, 8-12</p> <p>Chapter 8, Pages 87-88 Figures 8-15, 8-16, & 8-17</p>	
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	<p>15.6. Describe the components and function(s) of the Lymphatic System.</p>	<p>Functions: Carries food to the cells Transports oxygen to the cells Removes waste products from the cells Maintains fluid balance Regulates body temperature Work with the immune system</p> <p>Components and functions of the Lymphatic system: Components: Right lymphatic duct Thoracic duct Lymph nodes - Filters Thymus – Develops T-lymphocytes Tonsils – Trap microorganisms Adenoids – Trap microorganisms Spleen – Filters bacteria. Destroys RBC, Saves iron, Stores blood</p> <p>Functions: Maintains fluid balance Defends against infection Absorbs fats from the intestines</p>	<p>Chapter 8, Pages 88-89 Figure 8-18</p>	
	<p>15.7. Describe the components and</p>	<p>Components and functions of the respiratory system: Components:</p>	<p>Chapter 8, Pages 89-90 Figure 8-19</p>	

	<p>15.9. Describe the components and function(s) of the Urinary System.</p>	<p>chemically Removes solid waste from the body</p> <p>Components and functions of the urinary system:</p> <p>Components: Kidneys - 2 Nephron Convolutud Tubule - Urine Bowman's Capsule - Glomerulus - filter Renal pelvis Ureter Bladder Urethra Meatus</p> <p>Functions: Removes waste products from blood Maintains electrolyte balance Maintains acid-base balance</p>	<p>Chapter 8, Page 91 Figure 8-21</p>	
	<p>15.10. Describe the components and</p>	<p>Components of the male reproductive system: Components:</p>	<p>Chapter 8, Page 92-93 Figures 8-23 thru 8-26</p>	

		<p>Thyroid Gland - Metabolism Parathyroid Glands – Calcium Thymus Pancreas Adrenal Gland</p> <p>Functions: Secrete hormones into the blood stream to regulate the activities of other organs of the body.</p>		
	<p>15.12. Describe the components and function(s) of the Immune System.</p>	<p>Components and functions of the immune system:</p> <p>Components: Antibodies Antigens Phagocytes Lymphocytes – (B cells & T cells)</p> <p>Function: Protects the body from disease and infection.</p>	<p>Chapter 8, Page 95 Figure 8-28</p>	
<p>Unit 16 Personal Care</p>	<p>16.1. Explain the importance of personal hygiene.</p>	<p>Importance of personal hygiene: Maintaining intact skin Prevent body odor</p>	<p>Lecture & Discussion Chapter 18, Page 247-271</p>	

	<p>16.2. Describe adaptive devices available to promote resident independence with hygiene needs.</p> <p>16.3. Identify routine hygiene tasks to be completed through the day.</p> <p>16.4. State the purpose of providing oral hygiene.</p>	<p>Prevent breath odor Provide relaxation Promote circulation</p> <p>Adaptive (assistive) devices: Toothpaste tube squeezer Wash mitt with a pocket for a bar of soap Faucet adapter/extender Long-handle sponge</p> <p>Routine hygiene tasks: Assist with elimination Assist with face & hand washing Assist with dressing/undressing Assist with hair care Assist with sensory devices, such as Eyeglasses, hearing aids These activities are done before breakfast (AM care), after breakfast, early afternoon and in the evening (PM care).</p> <p>Purpose of oral hygiene: Keeps the mouth& teeth clean Prevents odors and infection Increases comfort Reduces the risk for cavities & other diseases</p>	<p>Chapter 18, Page 248 Figure 18-1</p> <p>Chapter 18, Page 249 Box 18-1 Clinical Practice</p> <p>Chapter 18, Pages 249-256</p>	
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	<p>16.5. State observations during oral hygiene to report immediately.</p> <p>16.6. Demonstrate the proper procedure for oral care, including; brushing teeth for an alert resident and an unconscious resident.</p> <p>16.6. Demonstrate the proper procedure for denture care.</p> <p>16.7. State the benefits of bathing.</p>	<p>Observations to report immediately: Dry, cracked, swollen or blistered lips Mouth or breath odors Redness, swelling, sores, or white patches in the mouth or on the tongue Bleeding, swelling or redness of the gums Loose teeth Rough, sharp, or chipped area on dentures</p> <p>Proper procedure for oral care for the alert and unconscious resident:</p> <p>Proper procedure for denture care:</p> <p>Benefits of bathing: Cleans the skin and mucous membranes Removes microbes, dead skin,</p>	<p>Chapter 18, Page 249 Box titled: Delegation Guidelines</p> <p>Chapter 18, Pages 250-253 Figure 18-5 Video & Discussion Instructor demonstration Supervised practice Clinical Performance</p> <p>Chapter 18, Pages 254-256 Figure 18-9 Video & Discussion Instructor demonstration Supervised practice Clinical Practice</p>	
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		<p>perspiration, & excess oils Promotes relaxation Stimulates circulation Exercises body parts</p>		
	16.8. Discuss the rules for bathing.	<p>Rules for bathing: Allow personal choice Follow standard precautions Remove hearing aids Provide privacy Assist with elimination before bathing Know the water temperature Wash from the cleanest to the dirtiest areas Encourage the resident to help Rinse skin thoroughly Pat the skin dry Dry well under breasts and skin folds & Between toes</p>	Chapter 18, Page 256 Box 18-2	
	16.9. Demonstrate the proper procedure for completing a bed bath.	<p>Proper procedure for completing a bed bath:</p>	Chapter 18, Pages 258-261 Figures 18-10 - 18-17 Video & Discussion Instructor demonstration Supervised practice Clinical Performance	
	16.10. List other types of baths.	<p>Other types of baths: The partial bath Tub bath</p>	Lecture & Discussion Chapter 18, Pages 262-266 Figures 18-21-18-23	

	<p>16.11. Demonstrate the proper procedure for completing perineal care for the male and the female resident.</p> <p>16.12. Define selected terms associated with skin and scalp conditions.</p> <p>16.13. Describe the proper procedure for brushing, combing, and shampooing hair.</p> <p>16.14. State the rules for shaving a resident.</p>	<p>Shower bath Using a shower chair Using a shower trolley</p> <p>Proper procedure for perineal care for the male and the female resident:</p> <p>Terms associated with hair care: Alopecia Dandruff Pediculosis Scabies</p> <p>Proper procedure for brushing and combing hair: <i>Have the resident use a long-handled comb or brush to promote independence.</i></p> <p>Rules for shaving a resident: Use electric razors for residents taking Anticoagulant medications</p>	<p>Clinical Practice</p> <p>Lecture & Discussion Chapter 18, Pages 266-271 Figures 18-24 – 18-29 Video Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 19, Page 274 Figures 19-2 & 19-3</p> <p>Lecture & Discussion Chapter 19, Pages 274-279 Figures 19-1, 19-4 & 19-5 Clinical practice</p> <p>Lecture & Discussion Chapter 19, Pages 279-281 Box 19-1</p>	
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	<p>16.15. Demonstrate the proper procedure for providing nail and foot care for residents.</p> <p>16.16. Discuss the rules for dressing and undressing a resident.</p> <p>16.17. Demonstrate the proper procedure</p>	<p>Soften facial hair before shaving Lather the area Hold the skin taut Shave in the direction of hair growth- Face & axilla Shave against the direction of hair growth Legs & when using an electric razor</p> <p>Proper procedure for providing nail and foot care:</p> <p>Rules for dressing and undressing a resident: Provide privacy Let the resident select clothing Put clothing on the weak side first Remove clothing from the strong side first Support the limb during dressing or Undressing <i>Have the resident use assistive devices for independence with dressing such as a sock assist.</i></p> <p>Proper procedure for dressing and undressing a resident:</p>	<p>Figure 19-9 Clinical practice</p> <p>Lecture & Discussion Chapter 19, Pages 282-284 Figures 19-10 – 19-12 Clinical Practice</p> <p>Lecture & Discussion Chapter 19, Pages 284-289 Figures 19-13 – 19-22</p> <p>Chapter 19, Page 273 Figure 19-1</p> <p>Chapter 19, Pages 285-287 Figures 19-13 – 19-20</p>	
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	for dressing and undressing a resident.		Video Instructor Demonstration Supervised Practice Clinical Practice	
Unit 17 Fall Prevention	17.1. Define the meaning of a fall according to the	Definition of a fall: ✓ Unintentionally coming to rest on a lower level	Lecture & Discussion Chapter 11, Pages 122 Box: Focus on Surveys	

	<p>Centers for Medicare & Medicaid Services (CMS).</p> <p>17.2. Identify the potential impact of a fall on a resident.</p> <p>17.3. Discuss risk factors associated with falls.</p>	<ul style="list-style-type: none"> ✓ A person loses his/her balance and would have fallen if staff did not prevent the fall ✓ When a person is found on the floor <p>Fall are the most common accident in nursing centers.</p> <p>Impact of a fall on a resident:</p> <ul style="list-style-type: none"> Main cause of injury Main cause of death Serious injuries increase risk of death <ul style="list-style-type: none"> Hip Fractures Head trauma Disability Functional decline Decrease quality of life <p>Risk factors for falls:</p> <ul style="list-style-type: none"> ✓ The person <ul style="list-style-type: none"> • Over age 65 years • Balance problems • Blood pressure alterations • Confusion, Disorientation • Dizziness • Drug side effects • Incontinence • Nocturia • Unsteady gait • Pain • Poor judgement 	<p>Chapter 11, Page 123 Box 11-1</p>	
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	<p>17.4. Identify components of fall prevention measures.</p> <p>17.5. Explain the proper procedure to assist a person</p>	<ul style="list-style-type: none"> • Slow reaction time • Poor fitting shoes • Vision problems • Weakness ✓ Care setting <ul style="list-style-type: none"> • Bed height • Care equipment – drainage tube • Floor – clutter, wet, uneven • Furniture out of place • No hand rails or grab bars • Lighting – poor or glare • Restraints • Throw rugs • Improper use or fit <p>Fall prevention measures:</p> <ul style="list-style-type: none"> ✓ Meeting basic needs ✓ Bathrooms and shower rooms ✓ Floors and hallways ✓ Furniture ✓ Bed and other equipment ✓ Lighting ✓ Shoes and clothing ✓ Call lights, alarms and barriers, mats ✓ Observations <p>Proper procedure to assist a person to the floor:</p> <ul style="list-style-type: none"> ✓ Stand behind the person ✓ Bring the person close to your body 	<p>Chapter 11, Pages 123-127 Box 11-2 Figures 11-1 – 11-7</p> <p>Chapter 11, Pages 130 – 131 Figure 11-12</p>	
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	<p>who starts to fall to the floor.</p> <p>17.6. Identify situations when a restraint may be used.</p> <p>17.7. Describe types of restraints.</p>	<ul style="list-style-type: none"> ✓ Move your leg so the person's buttocks rest on it ✓ Lower the person to the floor ✓ Stay calm and talk to the person ✓ If the person is bariatric move objects out of the way and protect the person's head ✓ Call the nurse <p>Situations in which a restraint may be used:</p> <ul style="list-style-type: none"> ✓ To treat a medical symptom ✓ For immediate physical safety of the person or others ✓ Failure of less restrictive measures fail to protect the person/others <p>Types of restraints:</p> <ul style="list-style-type: none"> ✓ Physical – <i>any manual method or physical device, material, or equipment attached to or near the person's body that he or she cannot remove easily and that restricts freedom of movement or normal access to one's body. (CMS)</i> ✓ Chemical – <i>any drug used for discipline or convenience and not required to treat medical symptoms. (CMS)</i> <p>Alternatives to restraint use:</p>	<p>Supervised Practice</p> <p>Lecture & Discussion Chapter 12, Page 133 Clinical Practice</p>	
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	<p>restraints.</p> <p>17.10. Differentiate enablers from restraints.</p> <p>17.11. List possible risks associated with restraint use.</p> <p>17.12. Describe laws, rules, & guidelines</p>	<ul style="list-style-type: none"> ✓ Bed rails ✓ Tucking sheets too tight <p>Differentiate enablers from restraints: Definition of enablers – <i>a device that limits freedom of movement but is used to promote independence, comfort, or safety.</i> In addition, the device can be removed easily by the person. Definition of restraints - <i>any manual method or physical device, material, or equipment attached to or near the person’s body that he or she cannot remove easily and that restricts freedom of movement or normal access to one’s body.</i></p> <p>Possible risks associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Constipation ✓ Contractures ✓ Physical function decline ✓ Incontinence ✓ Infections - pneumonia ✓ Pressure injuries ✓ Withdrawal ✓ Strangulation <p>Laws, rules, & guidelines associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Restraints must protect the person ✓ A doctor’s order is required ✓ The least restricted method is used 	<p>Chapter 12, Page 136 Clinical Practice</p> <p>Lecture & Discussion Chapter 12, Page 136 Box 12-2</p> <p>Lecture & Discussion Chapter 12, Page 137</p>	
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	<p>associated with restraint use.</p> <p>17.12. Explain safety guidelines associated with restraint use.</p> <p>17.13. Define the term transfer.</p> <p>17.14. List devices and equipment used</p>	<ul style="list-style-type: none"> ✓ Restraints are used only after other measures fail to protect the person ✓ Unnecessary restraint is false imprisonment ✓ Informed consent is required <p>Safety guidelines associated with restraint use:</p> <ul style="list-style-type: none"> ✓ Observe for increased confusion ✓ Protect the person's quality of life ✓ Apply restraints with enough help to prevent the person and staff injury ✓ Observe the person every 15 minutes or as often as directed by the nurse and the care plan ✓ Remove or release the restraint, reposition the person, and meet basic needs at least ever two (2) hours. ✓ Report & Record restraint use <p>Definition of the term transfer: <i>...how a person moves to and from a surface.</i></p> <p>Devices and equipment used to transfer a resident:</p> <ul style="list-style-type: none"> ✓ Bed attachments ✓ Slide boards ✓ Transfer belts 	<p>Lecture & Discussion Chapter 12, Page 137-146 Box 12-3 Figures 12-4 - 12-19 Clinical Practice</p> <p>Chapter 16, Page 203</p> <p>Lecture & Discussion Chapter 16, Pages 204-217 Figures 16-1, 16-2, 16-12,</p>	
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	<p>to transfer a resident.</p> <p>17.15. Define the term transfer/gait belt.</p> <p>17.16. Demonstrate the proper procedure for using a transfer/gait belt.</p> <p>17.17. Identify safety guidelines for using</p>	<ul style="list-style-type: none"> ✓ Mechanical lift (full-sling) ✓ Mechanical lift (stand-assist) <p>The care plan will include information about the proper technique to safely transfer a resident.</p> <p>Definition of the term transfer/gait belt: <i>...a device applied around the waist and used to support a person who is unsteady or disabled.</i></p> <p>Proper procedure for using a transfer/gait belt:</p> <ul style="list-style-type: none"> ✓ Assist the resident to a sitting position ✓ Wrap the belt around the resident ✓ Always place the belt over clothing ✓ Insert the metal tip into the buckle through the side with the teeth ✓ Tighten the belt – should be able to fit two finger under the belt <p>Safety guidelines for using wheelchairs and stretchers:</p> <ul style="list-style-type: none"> ✓ Maintenance – ensure all parts work correctly ✓ Transfers 	<p>16-13, 16-14 Clinical Practice</p> <p>Lecture & Discussion Chapter 11, Page 127</p> <p>Lecture & Discussion Chapter 11, Pages 127-129 Figures 11-9, 11-10, 11-11 Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 16, Page 205 Box 16-1</p>	
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	<p>to pivot transfer a resident to and from the wheel chair.</p> <p>17.18-B. Discuss the purpose and types of mechanical lifts to transfer a resident.</p> <p>17.19. Demonstrate the proper procedure to ambulate a resident using a gait belt and a walker.</p> <p>17.20. Demonstrate the proper procedure</p>	<p>Purpose of the mechanical lift:</p> <ul style="list-style-type: none"> • Resident cannot assist/participate with the transfer • Resident is too heavy to be moved by staff <p>Types of mechanical lifts:</p> <ul style="list-style-type: none"> • Stand-assist mechanical lift • Full-sling mechanical lift <p>Proper procedure to use to ambulate a resident using a gait belt and/or walker:</p> <p>Proper procedure for assisting a resident with ROM of the shoulder, hip and knee.</p>	<p>Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Chapter 16, Pages 212-217 Figures 16-12 – 16-14</p> <p>Lecture & Discussion Chapter 27, Pages 399-403 Figures 27-24, 27-25, and 27-26</p> <p>Instructor Demonstration Supervised Practice Clinical Practice</p> <p>Lecture & Discussion Chapter 27, Pages 404-408 Figures 27-10 thru 27-21</p>	
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	to assist a resident with range of motion (ROM) of their joints		Instructor Demonstration Supervised Practice Clinical Practice	
Unit 18	18.1. State the effects of poor diet and poor	Effects of poor diet and eating habits: ✓ Increased risk of disease and infection	Lecture & Discussion Chapter 23, Pages 331-346	

Nutrition & Fluid Needs	eating habits.	<ul style="list-style-type: none"> ✓ Causes chronic illnesses to become worse ✓ Difficulty healing ✓ Increase in accidents and injuries 		
	18.2. Define the term <i>Nutrition</i> .	<p>Definition of the term <i>nutrition</i>: <i>...process involved in the ingestion, digestion, absorption, and the use of food and fluids by the body.</i></p>		
	18.3. Define the term <i>nutrient</i> .	<p>Definition of the term <i>nutrient</i>: <i>...substance that is ingested, digested, absorbed, and used by the body.</i></p>		
	18.4. Define the term <i>calorie</i> .	<p>Definition of the term <i>calorie</i>: <i>...fuel or energy value of food</i> Examples: 1 gram of fat = 9 calories 1 gram of protein = 4 calories 1 gram of carbohydrate = 4 calories</p>		
	18.5. Explain the purpose of the <i>MyPlate</i> symbol.	<p>Purpose of the <i>MyPlate</i> symbol:</p> <ul style="list-style-type: none"> ✓ Balance calories ✓ Increasing certain foods <ul style="list-style-type: none"> • Half the plate should be fruits and vegetables • At least half of the grains should be whole grains • Fat-free or low-fat milk ✓ Reducing certain foods 	<p>Chapter 23, Page 332 Figure 23-1</p>	

	<p>18.6. List weekly physical activity recommended by USDA.</p> <p>18.7 Describe the five food groups and give examples of each.</p> <p>18.8. Identify each nutrient and its function.</p>	<ul style="list-style-type: none"> • Choosing low-sodium foods • Drinking water <p>Weekly physical activity:</p> <ul style="list-style-type: none"> ✓ At least three days a week ✓ Two hours & 30 minutes of moderate physical activity such as: <ul style="list-style-type: none"> • Walking rate of 3 & a half mph • Water aerobics ✓ 75 minutes of vigorous physical activity such as: <ul style="list-style-type: none"> • Running at a rate of 5 mph • Swimming laps <p>The five food groups:</p> <ul style="list-style-type: none"> ✓ Grains – Bread, Pasta, Oatmeal ✓ Vegetables – Broccoli, Kale, Beans ✓ Fruits – Any fruit or juice ✓ Dairy – Milk, Yogurt, Cheese ✓ Proteins – Beef, Chicken, Seafood, Eggs, Soy, Beans, Peas, and Nuts <p>Note: Oils are not a food group. Butter is included in the oil category.</p> <p>Basic nutrients and their function:</p> <ul style="list-style-type: none"> ✓ Protein – Tissue growth & repair ✓ Carbohydrates – Provides energy & 	<p>Chapter 23, Page 332 Box 23-1</p> <p>Chapter 23, Pages 333-334 Table 23-1</p>	
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	<p>18.9. Recognize factors affecting eating and nutrition.</p> <p>18.10. Discuss the OBRA dietary</p>	<p>fiber</p> <ul style="list-style-type: none"> ✓ Fats – Provide energy and flavor. They also help the body to utilize certain vitamins ✓ Vitamins – Needed for certain body functions. Vitamins A, D, E, & K are stored. Vitamins C & B are not stored. ✓ Minerals – Necessary for bone & teeth formation, nerve and muscle function, & fluid balance ✓ Water – Necessary for all body function <p>Factors affecting eating and nutrition:</p> <ul style="list-style-type: none"> ✓ Culture ✓ Religion ✓ Finance ✓ Appetite ✓ Personal choice ✓ Body reaction & Age ✓ Illness ✓ Medication (Drugs) ✓ Chewing problems ✓ Swallowing problems ✓ Disability ✓ Impaired cognitive function <p>OBRA dietary requirements:</p> <ul style="list-style-type: none"> ✓ Each resident’s dietary needs are met 		
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	<p>requirements.</p> <p>18.11. Explain the purpose of special diets.</p> <p>18.12. Define various special diets.</p> <p>18.13. Identify sign and symptoms of</p>	<ul style="list-style-type: none"> ✓ The resident’s diet is well-balanced ✓ Food is appetizing ✓ Hot foods are served hot ✓ Cold foods are served cold ✓ Food is served promptly ✓ Substitutions are similar in nutritional value ✓ Each resident receives at least 3 meals each day ✓ A bedtime snack is offered ✓ Adaptive equipment/utensils are provided <p>Purpose of special diets: Special diets are ordered by the physician for one of the following reasons:</p> <ul style="list-style-type: none"> ✓ A nutritional deficiency ✓ An illness ✓ To help with weight gain/loss ✓ To remove/decrease certain substances in the diet <p>Define special diets:</p> <ul style="list-style-type: none"> ✓ Regular Diet – no limitations ✓ Sodium-controlled – ✓ Diabetic meal plan ✓ Dysphagia Diet – Prevents choking <p>Signs & symptoms of dysphagia:</p> <ul style="list-style-type: none"> ✓ “Pockets” food ✓ Complains the food will not go down 	<p>Chapter 23, Page 336 Figure 23-2</p> <p>Chapter 23, Pages 336-339 Boxes 23-2, 23-3, 23-4 Chapter 23, Page 339 Box 23-3</p>	
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	<p>dysphagia.</p> <p>18.14. Explain aspiration precautions.</p> <p>18.15. Demonstrate the proper procedure for feeding a dependent resident.</p>	<ul style="list-style-type: none"> ✓ Coughs or chokes when swallowing ✓ Tires during the meal ✓ Regurgitates food after eating <p>In a dysphagia diet food and fluids consistency is changed to meet the resident's needs. The change in consistency helps to prevent aspiration.</p> <p>Aspiration precautions:</p> <ul style="list-style-type: none"> ✓ Follow the dietary care plan ✓ Position the resident in high-Flower's ✓ Maintain the upright position for 30 to 60 minutes after eating ✓ Question the use of straws ✓ Check the resident's mouth after eating <p><i>Dysphagia means difficulty swallowing Aspiration means breathing fluid, food, vomitus, or an object into the lungs.</i></p> <p>Proper procedure for feeding a dependent resident including calculating the amount of food and fluid consumed: <i>To promote independence with eating use provide the resident with assistive devices , such as, built-up flat wear, eating device attached to a splint, plate guard, or special handle cups.</i></p>	<p>Chapter 23, Page 339 Box 23-4</p> <p>Chapter 23, Pages 339-345 Chapter 31, Page 452 Figures 23-2, 23-3, 23-4, & 23-7 Figure 31-1 Video Instructor Demonstration Supervised Practice</p>	
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	<p>18.16. Identify ways to assist a visually impaired resident.</p> <p>18.17. Identify the nursing assistant role in providing care for a resident who receives enteral nutrition.</p> <p>18.18. Define selected</p>	<p>Ways to assist a visually impaired resident:</p> <ul style="list-style-type: none"> ✓ Describe the food on the tray ✓ Ask the resident what to eat first ✓ If the resident can feed themselves tell them where each food item is located on the plate/tray – use the numbers face of a clock <p>In most nursing centers the nursing assistant does not administer enteral nutrition. It is important for the nursing assistant to know about the tubes used to administer enteral nutrition as they will need to ensure the tubes are not removed. The nursing assistant may have the responsibility for cleaning around the tube.</p> <p>Enteral feeding tubes:</p> <ul style="list-style-type: none"> ✓ Naso-gastric ✓ Gastrostomy ✓ Jejunostomy <p>Preventing aspiration:</p> <ul style="list-style-type: none"> ○ Position the resident in a Fowler’s or semi-Fowler’s position <p>Definition of selected terms: Intake = <i>the amount of fluid taken in</i></p>	<p>Clinical Practice</p> <p>Chapter 23, Page 343 Figure 23-6 Clinical Practice</p> <p>Chapter 23, Page 345 Figures 23-8, 23-9 & 23-10</p> <p>Chapter 23, Page 344</p> <p>Chapter 24, Pages 349-356</p>	
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	<p>terms associated with fluid balance.</p> <p>18.19. Identify normal fluid requirements.</p> <p>18.20 Explain special considerations associated with older adults.</p> <p>18.21. List special fluid</p>	<p>Output = <i>the amount of fluid loss</i></p> <p>Hydration = <i>having an adequate amount of water in body tissues</i></p> <p>Edema = <i>swelling of body tissues with water</i></p> <p>Dehydration = <i>decrease in the amount of water in body tissues</i></p> <p>Dehydration will be discussed in detail in the Unit titled Health Problems</p> <p>Normal fluid requirements:</p> <ul style="list-style-type: none"> ✓ Adults need 1500 mL for survival ✓ Fluid balance require approximately 2000 to 2500 mL/day ✓ Water requirements increase with hot weather, exercise, fever, illness, and at times of fluid losses <p>Special considerations associated with older adults;</p> <ul style="list-style-type: none"> ✓ Body water decreases with age ✓ Older adults have a decreased thirst sensation <p>Special fluid orders:</p>		
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	<p>orders.</p> <p>18.22. List common intake and output measurements.</p> <p>18.23. Demonstrate proper procedure for measuring intake and output.</p> <p>18.24. Identify the role of the nursing</p>	<ul style="list-style-type: none"> ✓ Encourage fluids ✓ Restrict fluids – no water pitcher at the resident’s bedside ✓ Nothing by mouth (NPO) ✓ Thickened liquids <p>Common measurements:</p> <ul style="list-style-type: none"> ✓ 1 cubic centimeter = 1 mL ✓ 1 ounce = 30 mL ✓ 1 cup = 240 mL ✓ 1 quart = 1000 mL ✓ 1 liter = 1000 mL <p>Proper procedure for measuring intake and output:</p> <ul style="list-style-type: none"> ✓ All fluids taken in and all fluids put out are measured and recorded. ✓ All fluids are measured on a flat surface at eye level ✓ All fluids are measured in milliliters (mL) ✓ Fluids levels are totaled at the end of every shift and every 24 hours <p><i>To promote resident independence provide a lidded mug for sipping or a straw if ordered.</i></p> <p>Nursing assistant (NA) role in caring for a resident receiving IV therapy:</p> <ul style="list-style-type: none"> ✓ Report signs and symptoms of local 	<p>Chapter 24, Page 350 Box 24-2</p> <p>Chapter 24, Page 253 Figure 24-4</p> <p>Chapter 23, Pages 355 & 356</p>	
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	<p>assistant in caring for a resident receiving intravenous (IV) therapy.</p> <p>18.25. Identify guidelines for measuring height and weight.</p>	<p>complications</p> <ul style="list-style-type: none"> • Bleeding • Blood backing up into the tubing • Swelling at the site • Pale or redness at site • Complaints of pain • Hot or cold skin near the site <p>✓ Report signs or symptoms of systemic complications</p> <ul style="list-style-type: none"> • Fever • Itching • Drop in blood pressure • Increased pulse rate (> 100) • Change in mental status • Decreasing or no urine output • Chest pain <p>Guidelines for measuring height and weight:</p> <ul style="list-style-type: none"> • Resident wears a gown • Resident voids before weighing • Complete weight at the same time of day • Use the same scale • Balance the scale at zero 	<p>Chapter 25, Pages 379-382 Box – <i>Measuring Weight and Height</i> Instructor Demonstration Supervised Practice Clinical Practice</p>	
Unit 19	19.1.	Common health problem and associated		

<p>Common Health Problems</p> <p>Hearing: Meniere's Loss</p> <p>Visual disorders: Cataracts Glaucoma Low Vision Blindness</p> <p>Cancer Arthritis Fractures Stroke Aphasia Parkinson's MS ALS Head Injury Spinal cord Injury Heart Disease Respiratory COPD Asthma Influenza Pneumonia Tuberculosis</p>	<p>Discuss common health problems and common interventions associated with the health problem</p>	<p>interventions:</p> <p>Hearing Problems</p> <p>Meniere's Disease – Involves the inner ear</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Vertigo • Tinnitus • Hearing loss • Pressure in the ear <p>Interventions:</p> <ul style="list-style-type: none"> • Assist the resident to lie down • Tell the resident to keep their head still • Stand in front of them when speaking • Avoid sudden movements • Dim the lights in the room • Keep the blinds closed <p>Hearing Loss – Limited to total deafness</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Straining to understand conversation • Answers to questions are inappropriate • Ask others to repeat themselves • Leaning forward to hear • Turning up devices (TV, Radio, etc.) <p>Interventions:</p> <ul style="list-style-type: none"> • Hearing aids • Watch facial expression, gestures, 	<p>Lecture & Discussion Chapter 32, Pages 458-467</p> <p>Chapter 32, Page 459 Box 32-1, 32-2, 32-3, 32-4</p>	
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<p>Digestive Vomiting Diverticulosis IBD Hepatitis Cirrhosis</p> <p>Urinary UTI BPH Kidney Stones Kidney Failure</p> <p>Diabetes Autoimmune HIV/AIDS Shingles</p>		<p>and body language</p> <ul style="list-style-type: none"> • Sign language • Story boards • Hearing dogs • Face the person when speaking <p style="text-align: center;">Visual Problems</p> <p>Cataracts- Clouding of the lens of the eye (one or both)</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cloudy, blurry, or dim vision • Colors seem faded or brownish • Blues and purples are hard to see • Sensitivity to light & glares • Poor vision at night • Halos around objects • Double vision <p>Interventions:</p> <ul style="list-style-type: none"> • Follow guidelines for visually impaired residents • Postoperative care <ul style="list-style-type: none"> ▪ Glasses or eye shield ▪ Eye shield to be worn for sleeping ▪ Remind the resident not to rub or press on the affected eye ▪ Report pain or drainage ▪ Remind the resident not to bend, stoop, cough or lift 	<p>Figures 32-1 & 32-2</p> <p>Chapter 32, Pages 462 Boxes 32-3</p>	
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		<p style="text-align: center;">things</p> <p>Age-Related Macular Degeneration Loss of central vision Signs & Symptoms:</p> <ul style="list-style-type: none"> • Gradual loss of vision • Progressive <p>Interventions:</p> <ul style="list-style-type: none"> • Guidelines for caring for a resident who is visually impaired • Laser surgery <p>Diabetic Retinopathy Damage to the blood vessels in the retina Complication of Diabetes Signs & Symptoms: (Both eyes usually)</p> <ul style="list-style-type: none"> • Blurred vision • Complaints of seeing spots floating • Blindness <p>Interventions:</p> <ul style="list-style-type: none"> • Control Diabetes • Control blood pressure • Control cholesterol • Laser surgery <p>Glaucoma Build up of fluid in the eye causing pressure on the optic nerve Signs & Symptoms:</p> <ul style="list-style-type: none"> • Peripheral vision is lost • Blurred vision • Objects are seen through a tunnel 	<p style="text-align: center;">Chapter 32. Page 463 Box 32-4</p>	
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		<ul style="list-style-type: none"> • Halos around lights • Blindness <p>Interventions:</p> <ul style="list-style-type: none"> • No cure • Damage is irreversible • Medications • Surgery <p>Low Vision Vision loss that cannot be treated</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Difficulty reading • Difficulty recognizing faces • Difficulty doing tasks such as cooking • Difficulty reading signs any where • Light seems dimmer <p>Interventions:</p> <ul style="list-style-type: none"> • Make reading glasses available • Offer large-print books • Hand-held magnifiers • Audio tapes • Computers with large fonts & sound • Adjustable lights • Large numbers on things like phones, clocks & watches <p><i>General guidelines when caring for residents with impaired vision & blindness</i></p> <p>Medical Problems</p> <p>Cancer: Second leading cause of death</p>	<p>Chapter 32, Pages 463-467 Box 32-6 Figures 32-5, 32-6, 32-7</p>	
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		<ul style="list-style-type: none"> ▪ Cure ▪ Control ▪ Reduce symptoms <ul style="list-style-type: none"> • Surgery • Radiation • Chemotherapy • Immunotherapy • Report pain/discomfort • Radiation site Skin Care • Dietary needs • Active listening <p style="text-align: center;">Musculo-Skeletal Disorders (Disorders affecting movement)</p> <p>Arthritis Joint inflammation Types:</p> <ul style="list-style-type: none"> ➤ Osteoarthritis (OA) – Cartilage wears away allowing bone to rub on bone ➤ Rheumatoid (RA) – Autoimmune disorder attacking the lining of the joints <p>Risk Factors:</p> <ul style="list-style-type: none"> ✚ Age ✚ Overweight ✚ Women ✚ Family history <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Joint Swelling • Joint stiffness 		
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		<ul style="list-style-type: none"> • Reduced range of motion of the joint <p>Interventions:</p> <ul style="list-style-type: none"> • Pain control • Heat & Cold • Exercise • Rest & joint care • Assistive devices • Weight control • Assistance with ADLS as needed • Surgery – Joint replacement (Arthroplasty) <ul style="list-style-type: none"> ✦ Care after Surgery <ul style="list-style-type: none"> ▪ Prevent pressure injury ▪ Hip precautions <ul style="list-style-type: none"> ❖ Do not cross legs ❖ Do not sit in low chairs ❖ Avoid flexing hips past 90 degrees ❖ Use grabbers ❖ Use elevated toilet seat ❖ Abductor pillow 	<p>Chapter 33, Page 472 Figure 33-3</p> <p>Chapter 33, Pages 472-473 Box 33-2 Figure 33-5</p> <p>Chapter 33, Page 473 Figure 33-6</p>	
		<p>Fracture A break in a bone</p>		

		<p>Types:</p> <ul style="list-style-type: none"> ➤ Open – Bone is through the skin (compound) ➤ Closed – Skin is intact (simple) <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Pain • Swelling • Loss of function • Deformity • Bruising • Bleeding <p>Interventions:</p> <ul style="list-style-type: none"> • Reduction – realigns the bone • Fixation – bone is held (fixed) in place • Casting – Care guidelines • Traction <p>Osteoporosis Bones become porous and brittle</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Decreased estrogen ○ Low levels of dietary calcium ○ Low levels of vitamin D ○ Family history ○ Lack of exercise ○ Immobility ○ Tobacco use ○ Eating disorders <p>Signs & Symptoms:</p>	<p>Chapter 33, Page 474 Boxes 33-3, 33-4, 33-5 Figures 33-7, 33-8, 33-9, 33-10, 33-11</p>	
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		<ul style="list-style-type: none"> • High blood pressure • Slow pulse • Seizures • Incontinent • Changing emotions • Aphasia • Behavior changes <p>Interventions:</p> <ul style="list-style-type: none"> • Medications (Thrombolytics) • Prevent aspiration • Anti-embolic stockings • Safety precautions • Establish communication methods • Therapy – Physical, Occupational, Speech <p>Parkinson’s Disease Progressive disorder affecting movement</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Tremors <ul style="list-style-type: none"> ▪ Pill-rolling ▪ Trembling • Rigid, stiff muscles • Stooped posture • Impaired balance • Shuffling gait • Mask-like expression <ul style="list-style-type: none"> ▪ Fixed stare ▪ Cannot blink or smile • Swallowing & Chewing problems 		
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		<ul style="list-style-type: none"> • Memory loss • Fear, insecurity • Slow, monotone, & soft speech <p>Interventions: No cure</p> <ul style="list-style-type: none"> • Medications • Exercise • Therapy – physical, occupational, & speech • Safety measures <p>Multiple Sclerosis (MS) Destruction of the myelin (cover nerve fibers) in the brain and spinal cord – functions are impaired or lost</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Age (15 to 60) ○ Gender (women) ○ Caucasian ○ Family history <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Blurred or double vision • Muscle weakness • Balance/Coordination problems • Partial /complete paralysis • Remission/Relapse <p>Interventions: No cure</p> <ul style="list-style-type: none"> • Medications • Safety precautions • Care as needed • Range of motion 		
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		<p>Amyotrophic Lateral Sclerosis (ALS) <i>Lou Gehrig's Disease</i> Attacks the nerve cells that control voluntary muscles. Life expectancy is 2-5 years Risk Factors: <ul style="list-style-type: none"> ○ Age (40-60) Signs & Symptoms: <ul style="list-style-type: none"> ● Progressive muscle weakness Interventions: No Cure <ul style="list-style-type: none"> ● Medications ● Respiratory support ● Care as needed ● Safety Precautions Head Injuries (TBI) – Causes: <ul style="list-style-type: none"> ○ Falls ○ Traffic accidents ○ Assaults ○ Fire arms ○ Sport injuries ○ Combat injuries Signs & Symptoms: Based on the area of the brain injured <ul style="list-style-type: none"> ● Change in level of consciousness <ul style="list-style-type: none"> ✚ Coma - unaware ✚ Vegetative state – Sleep-wake cycles, open eyes, make </p>	<p>Chapter 33, Page 479 - 480 Figure 33-16 Box 33-8</p>	
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		<p>sounds, may move cannot speak or follow commands</p> <ul style="list-style-type: none"> ✚ Brain death – complete loss of brain function, spontaneous respirations are absent <p>Interventions:</p> <ul style="list-style-type: none"> • Rehabilitation • Care as needed • Safety precautions <p>Spinal Cord Injury -</p> <p>Causes:</p> <ul style="list-style-type: none"> ○ Traffic accidents ○ Falls ○ Violence ○ Sport injuries ○ Cancer <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Paralysis <ul style="list-style-type: none"> ✚ Paraplegia – paralysis of the legs, lower trunk and pelvic organs ✚ Quadriplegia – arms, legs, trunk, and pelvic organs • Lumbar and thoracic injuries cause paraplegia • Cervical Injuries cause quadriplegia <p>Interventions:</p> <ul style="list-style-type: none"> • Care as needed • Prevent pressure injuries 	<p>Chapter 33, Page 480 Box 33-9,</p>	
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		<ul style="list-style-type: none"> • Safety precautions <p style="text-align: center;">Cardiovascular Disorders</p> <p>Hypertension – high blood pressure (130/80)</p> <p>Causes:</p> <ul style="list-style-type: none"> ○ Narrow blood vessels ○ Kidney disorders ○ Head injuries ○ Pregnancy ○ Adrenal tumors <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Age – men 45 & women 55 ○ Gender – men ○ Race – African-American ○ Family history ○ Obesity ○ Stress ○ Smoking ○ High cholesterol ○ Diabetes <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Headache • Blurred vision • Dizziness • Nose bleeds <p>Interventions:</p> <ul style="list-style-type: none"> • Medications 	<p>Chapter 33, Page 481 Figures 33-17, 33-18, & 33-19</p> <p>Chapter 28, Pages 415-416 Procedure Box: Applying Elastic (Anti-embolic) Stockings Figure 28-6</p>	
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		<ul style="list-style-type: none"> • Life style modifications <p>Coronary Artery Disease (CAD) Coronary arteries become hardened and narrow causing the heart muscle to get decrease blood and oxygen. Causes:</p> <ul style="list-style-type: none"> ○ Atherosclerosis <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Angina – Chest pain • Irregular heart rate <p>Complications:</p> <ul style="list-style-type: none"> • Myocardial Infarction - <ul style="list-style-type: none"> ✚ Heart Failure <ol style="list-style-type: none"> 1. Right-sided symptoms 2. Left-sided symptoms • Sudden death <p>Interventions:</p> <ul style="list-style-type: none"> • Medications <ul style="list-style-type: none"> ✚ Nitroglycerin ✚ Diuretics ✚ Antihypertension • Life style modifications • Surgery (CABG) <p style="text-align: center;">Respiratory Disorders</p> <p>Chronic Obstructive Pulmonary Disease (COPD) – Involves Chronic Bronchitis & Emphysema Obstruction of air flow (oxygen and carbon dioxide exchange. Lung function is</p>	<p>Chapter 33, Page 483 Figure 33-20</p> <p>Chapter 30, Pages 444-449</p>	
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		<p>gradually lost.</p> <p>Risk Factor – cigarette smoking</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cough • Mucus production • Difficulty breathing (SOB) • Tires easily • Low oxygen levels • Barrel chest • SOB on exertion then at rest • Fatigue <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Breathing exercises – pursed lip • Positioning – Upright • Meeting Oxygen needs <ul style="list-style-type: none"> ▪ Positioning ▪ Deep Breathing & Coughing ▪ Supplemental Oxygen <ul style="list-style-type: none"> ✚ Delivery systems <p>Asthma</p> <p>Inflammation and narrowing of the airway</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Allergies ○ Air pollutants/irritants ○ Smoking ○ Respiratory infections 		
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		<ul style="list-style-type: none"> ○ Cold air <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Shortness of breath (SOB) ● Wheezing ● Coughing ● Increased pulse rate ● Fear ● Sweating ● Cyanosis (Blue color to the skin) <p>Interventions:</p> <ul style="list-style-type: none"> ● Medications ● Meeting Oxygen needs <p>Influenza Respiratory infection Cause is a virus</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● High fever for several days ● Headache ● Cough ● Cold symptoms <p>Interventions:</p> <ul style="list-style-type: none"> ● Medications ● Fluids & rest <p>Pneumonia Inflammation and infection of lung tissue causing impaired gas exchange.</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Fever 		
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		<ul style="list-style-type: none"> • Chills • Cough • Shortness of breath (SOB) • Thick sputum (Mucous) • Tiredness <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Oxygen • Position – (semi-Fowler’s) • Increased fluids • Rest <p>Tuberculosis Bacterial infection of the lungs</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Contact with an infected person ○ Age ○ Poor nutrition ○ HIV <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Cough (blood) • Tiredness • Weight loss • Fever • Night sweats <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Care as needed • Airborne precautions 		
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		<p style="text-align: center;">Digestive Disorders</p> <p>Vomiting</p> <p>Diverticular Disease</p> <p>Inflammatory Bowel Diseases (IBD)</p> <ul style="list-style-type: none"> • Crohn's Disease & Ulcerative colitis <ul style="list-style-type: none"> ▪ Signs & Symptoms <ul style="list-style-type: none"> ✚ Diarrhea - blood ✚ Abdominal pain ✚ Cramping ✚ Fever ✚ Weight loss ▪ Interventions: <ul style="list-style-type: none"> ✚ Medications ✚ Diet modifications ✚ Surgery - <ul style="list-style-type: none"> ➤ Ileostomy ➤ Colostomy <p>Constipation</p> <p>Fecal Impaction</p> <p>Diarrhea</p> <p>Fecal Incontinence</p> <p>Flatulence</p> <p>Bowel Training:</p> <ul style="list-style-type: none"> ▪ Goals of bowel training <ul style="list-style-type: none"> ○ To gain control of 	<p>Chapter 22, Pages 327-329 Figures 22-5, 22-6, 22-7 & 22-8 Chapter 22, Pages 323-324</p> <p>Chapter 33, Page 486 Figure 33-22</p>	
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		<p>bowel movements (BM)</p> <ul style="list-style-type: none"> ○ To develop a regular pattern of elimination <ul style="list-style-type: none"> ▪ Interventions <ul style="list-style-type: none"> ○ Identify the resident's usual time for BM ○ Assist the resident to the bathroom at these times ○ Provide privacy ○ Increase fluids (warm) ○ Provide a high-fiber diet ○ Encourage activity <p style="text-align: center;">Liver Diseases</p> <ul style="list-style-type: none"> • Hepatitis – Inflammation and infection of the liver caused by a virus <ul style="list-style-type: none"> ○ Types <ul style="list-style-type: none"> ✚ Hepatitis A – contaminated food and water ✚ Hepatitis B – infected blood and body fluids ✚ Hepatitis C – infected blood ✚ Hepatitis D – HBV ✚ Hepatitis E – 	<p>Chapter 33, Page 486 Box 33-13</p>	
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		<p>contaminated food and water</p> <ul style="list-style-type: none"> • Cirrhosis – scar tissue blocks blood flow through the liver; function is affected <ul style="list-style-type: none"> ▪ Causes: <ul style="list-style-type: none"> ✚ Chronic alcohol abuse ✚ Chronic Hepatitis B & C ✚ Fatty liver ✚ Obesity ▪ Signs & Symptoms <ul style="list-style-type: none"> ✚ Weakness ✚ Loss of appetite ✚ Itching ✚ Edema ✚ Ascites ✚ Jaundice <p style="text-align: center;">Urinary System Disorders</p> <p>Urinary Tract infections – Lower tract, Cystitis, Pyelonephritis Microbes enter the urinary tract through the urethra. Causes:</p> <ul style="list-style-type: none"> • Poor perineal hygiene • Immobility • Poor fluid intake • Urinary catheters • GU examinations 	<p>Chapter 33, Page 487 Figure 33-23</p> <p>Chapter 13, Pages 164-168 Chapter 21, Pages 309-318 Box 21-1 Procedures Boxes: Giving Catheter Care Emptying a Urine Drainage Bag Figure 21-5</p> <p>Chapter 33, Page 487 Figures 33-24</p>	
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		<ul style="list-style-type: none"> • Intercourse <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Frequency • Urgency • Dysuria - pain • Cloudy urine - pyuria (pus) • Foul-smelling urine • Hematuria – blood • High fever - <p>Interventions:</p> <ul style="list-style-type: none"> • Medications - antibiotics • Fluids – 2000 mL/day <p>Prostate Enlargement – Benign Prostatic Hyperplasia (BPH) Cause is age.</p> <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> • Weak urine stream • Trouble starting to urinate • Frequent voids of small amounts • Leakage of urine, dribbling of urine • Nocturia – Nighttime • Urinary retention • Pain <p>Interventions:</p> <ul style="list-style-type: none"> • Medications • Urinary Catheters • Surgery 	<p>Chapter 33, Page 487 Figures 33-25</p> <p>Chapter 33, Page 488 Box 33-14</p>	
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		<p>Kidney Stones – Calculi</p> <p>Risk Factors:</p> <ul style="list-style-type: none"> ○ Bedrest ○ Immobility ○ Poor fluid intake <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Pain – back below the ribs ● Fever ● Chills ● Dysuria ● Hematuria ● Cloudy urine <p>Interventions:</p> <ul style="list-style-type: none"> ● Medications – pain ● Increase fluid intake – 2000 to 3000mL/day ● Strain all urine ● Diet modifications ● Surgery <p>Kidney Failure</p> <p>Kidneys do not function properly if at all. Waste products build up in the body. Fluid is retained.</p> <p>Interventions:</p> <ul style="list-style-type: none"> ● Fluid restrictions 		
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		<ul style="list-style-type: none"> • Diet modifications – decreased protein, potassium, and sodium • Daily weights • Postural blood pressure readings • Care as needed • Dialysis <p>Bladder Training</p> <ul style="list-style-type: none"> • The goal is to control urinary elimination • Often need after a urinary catheter is removed <ul style="list-style-type: none"> ○ Methods <ul style="list-style-type: none"> ✚ Bladder re-training <ul style="list-style-type: none"> ➤ Urinate at scheduled times ✚ Prompted voiding <ul style="list-style-type: none"> ➤ Recognizes when the bladder is full ✚ Habit training <ul style="list-style-type: none"> ➤ Every 2-4 hours while awake ✚ Catheter clamping <p style="text-align: center;">Endocrine Disorders</p> <p>Diabetes – Glucose intolerance</p>		
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		<p>Risk factor is family history. Types:</p> <ul style="list-style-type: none"> ○ Type 1 – little or no production of Insulin ○ Type 2 – Insulin production is normal, however the body does not utilize the Insulin well ○ Gestational Diabetes – develops during pregnancy <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Thirst ● Frequent urination ● Hungry ● Weight loss ● Dry, itchy skin ● Slow healing ● Tingling in the feet ● Blurred vision <p>Complications:</p> <ul style="list-style-type: none"> ○ Hypoglycemia ○ Hyperglycemia <p>Interventions:</p> <ul style="list-style-type: none"> ● Diet modifications ● Exercise programs ● Medications ● Foot care <p style="text-align: center;">Immune System Disorders</p>	<p>Chapter 33, Page 489 Table 33-1</p> <p>Chapter 28, Page 414 Box 28-3</p>	
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		<p>HIV/AIDS A virus spread through direct contact with infected blood or body fluids from a person who has the HIV virus. Causes:</p> <ul style="list-style-type: none"> ○ Sex with an infected person ○ Sharing equipment used to prepare injection drugs <p>Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Weight loss ● Recurring fever ● Night Sweats ● Fatigue ● Swollen lymph nodes ● Diarrhea lasting more than 1 week ● Sore throat ● Sores in the mouth and elsewhere ● Blotches under the skin <p>Interventions:</p> <ul style="list-style-type: none"> ● Care as needed ● Medications ● Blood borne precautions <p style="text-align: center;">Skin Disorders</p> <p>Shingles (herpes zoster) Caused by the virus that caused chicken pox. Signs & Symptoms:</p> <ul style="list-style-type: none"> ● Rash 	<p>Chapter 33, Page 490 Boxes 33-15 & 33-16</p>	
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		<ul style="list-style-type: none">• Fluid-filled blisters• Burning, tingling pain• Numbness• Itching <p>Interventions:</p> <ul style="list-style-type: none">• Medications• Care of the lesions• Contact precautions		
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	<p>20.3. List causes of confusion.</p> <p>20.3. Identify selected care measures to incorporate in the care for residents who are confused.</p> <p>20.4. List causes of delirium.</p> <p>20.5. State possible signs and symptoms of delirium.</p>	<p>Causes of confusion:</p> <ul style="list-style-type: none"> • Disease • Brain injury • Infection • Hearing & vision loss • Medication side effects <p>Selected care measures:</p> <ul style="list-style-type: none"> • Give the date & time each morning • Keep a calendar & clock in sight • Break tasks into small steps • Place familiar objects & photos in view • Discuss current events • Maintain day-night cycle • Follow the resident's routine <p>Causes of delirium:</p> <ul style="list-style-type: none"> • Surgery • Substance abuse • Medication side effects • Infections <p>Signs & symptoms of delirium:</p> <ul style="list-style-type: none"> • More alert in the AM • Drowsiness • Confusion about time or place • Concentration changes • Incontinence 	<p>Chapter 35, Page 505 Box 35-2</p> <p>Chapter 35, Page 505 Box 35-3</p>	
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	<p>20.6. List the early warning signs of dementia.</p> <p>20.7. List the risk factors associated with AD.</p> <p>20.8. Identify warning signs of AD.</p>	<ul style="list-style-type: none"> • Emotional changes • Speech is not clear <p>Delirium is usually temporary and reversible. Delirium signals disease. Delirium is an emergency.</p> <p>Early warning signs of dementia:</p> <ul style="list-style-type: none"> • Memory loss • Common tasks problems • Forgetting simple words • Poor judgment • Personality changes <p><i>Some dementia is reversible when the cause can be treated.</i></p> <p>Alzheimer’s dementia (AD) is the most common form of dementia</p> <p>Risk factors:</p> <ul style="list-style-type: none"> ○ Age – after age 65 ○ Gender – women ○ Family history <p>Warning signs of AD:</p> <ul style="list-style-type: none"> • Asking the same question • Repeats the same story • Gets lost in known places • Problems with budget • Neglects hygiene 	<p>Chapter 35, Pages 507 Box 35-5</p>	
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	<p>20.11. Identify communication techniques to use when interacting with a resident with AD or other types of dementia.</p> <p>20.11. Discuss selected care measures.</p>	<ul style="list-style-type: none"> ▪ Cannot communicate ▪ Difficulty swallowing ▪ Incontinence <p>Communication techniques:</p> <ul style="list-style-type: none"> • Make eye contact • Control distractions • Use a calm, gentle voice • Avoid negative body language • Give simple instructions • Give the person time to respond • Do not criticize or argue • Do not try to reason <p>Care measures:</p> <ul style="list-style-type: none"> • Follow set routines • Use picture signs • Place large clock/calendars in view • Select tasks based on ability • Remove harmful items • Consider electrical safety • Provide safe storage for: <ul style="list-style-type: none"> ▪ Personal items ▪ Cleaning products ▪ Car keys ▪ Smoking materials • Lock doors • Keep alarms on • Respond to alarms quickly 	<p>Chapter 35, Page 511 Box 35-8 Focus on Communication Box</p> <p>Chapter 35 Pages 513-515 Box 35-9</p>	
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	<p>20.12. Describe <i>Validation Therapy</i>.</p>	<ul style="list-style-type: none"> • Meet personal needs for food and elimination • Avoid caffeine • Play soft music <p><i>Validation therapy</i> is a communication technique used in dementia care.</p> <p>Validate - ...to show that a person's feelings and needs are fair and have meaning.</p> <p>Principles of <i>validation therapy</i>:</p> <ul style="list-style-type: none"> • All behavior has meaning. • A person may have unresolved issues from the past. • A person's mind may return to the past to resolve issues and emotions. • Caregivers need to listen and provide empathy. 		
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<p>Unit 21</p> <p>Mental Health Disorders</p>	<p>21.1. Identify selected terms associate with mental health and mental health disorders.</p> <p>21.2. List the possible causes of mental health disorders.</p>	<p>Selected terms:</p> <p>Mental – <i>relates to the mind</i></p> <p>Stress - <i>...response or change in the body caused by any emotional, physical, social, or economic factor.</i></p> <p>Mental health - <i>...person copes with and adjusts to everyday stresses in ways accepted by society.</i></p> <p>Mental health disorder - <i>...disturbance in the ability to cope with or adjust to stress. Behavior and function are impaired.</i></p> <p>Defense mechanism - <i>...unconscious reaction that blocks unpleasant or threatening feelings</i></p> <p>Causes of mental health disorders:</p> <ul style="list-style-type: none"> • Chemical imbalances • Genetics • Physical, biological, or psychological factors • Substance abuse • Social & cultural factors • Abuse <p>Selected defense mechanisms:</p> <ul style="list-style-type: none"> • Compensation • Conversion • Denial • Displacement • Identification • Projection 	<p>Lecture & Discussion Chapter 34 Pages 494-502</p> <p>Chapter 34, Page 495 Box 34-2</p>	
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		<ul style="list-style-type: none"> ▪ Anorexia Nervosa ▪ Bulimia Nervosa ▪ Binge eating disorder • Suicide 		
<p style="text-align: center;">22 Emergency Care</p>	<p>22.1. Define selected terms associated with</p>	<p>Selected terms associated with emergency care: First aid...<i>emergency care given to an ill or injured person before medical help arrives.</i></p>	<p>Lecture & Discussion Chapter 36 Pages 519-531</p>	

	<p>22.3. State the three major signs of sudden cardiac arrest (SCA).</p> <p>22.4. List the steps in the Chain of Survival for out-of-hospital situations.</p>	<ul style="list-style-type: none"> ▪ Location ▪ Phone number ▪ What seems to have happened ▪ How many people are involved ▪ Condition of the victims ▪ What aid is being given <ul style="list-style-type: none"> • Assess the situation for safety • Stay calm • Know your limitations • Follow standard/bloodborne precautions • Do not move the person unless the situation is unsafe • Do not remove clothing • Do not give the person food or fluids <p>Three major signs of SCA:</p> <ul style="list-style-type: none"> • No response • No breathing or no normal breathing • No pulse <p>Steps in the Chain of Survival:</p> <ul style="list-style-type: none"> • Recognize cardiac arrest • Activate EMS • Perform CPR immediately • Defibrillate quickly • Provide BLS and ALS • Provide post -arrest care 		
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	<p>22.5. State the rate of compressions to be given during CPR.</p> <p>22.6. State the rate of providing rescue breaths.</p> <p>22.7. State the rate of providing breaths during CPR.</p>	<p>Rate of compressions during CPR:</p> <ul style="list-style-type: none"> • Compressions rate = 100-120 per minute <p>Rate of providing rescue breaths:</p> <ul style="list-style-type: none"> • Rescue breaths = 1 breath every 5-6 seconds <p>Rate of providing breaths during CPR:</p> <ul style="list-style-type: none"> • Each breath should take 1 second • The chest should rise with each breath • Two breaths are given after 30 chest compressions 		
<p>23</p> <p>End-of-life Care</p>	<p>23.1. Identify selected terms associated with End-of-Life care.</p>	<p>Selected terms associated with End-of-Life Care:</p> <p>End-of-Life Care...support and care given during the time surrounding death.</p>	<p>Lecture & Discussion Chapter 37 Pages 533-539</p>	

		<p>Terminal illness...<i>an illness or injury from which the person will not likely recover.</i></p> <p>Palliative care...<i>relieving or reducing the intensity of uncomfortable symptoms without producing a cure.</i></p> <p>Hospice care...<i>focuses on the physical, emotional, social, & spiritual needs of the dying person/family. Cure or life-saving measures are not concerns. Often the person has less than 6 months to live.</i></p> <p>Reincarnation...<i>belief that the spirit or soul is reborn in another human body or in another form of life.</i></p> <p>Grief...<i>person's response to loss</i></p> <p>Advanced Directives...<i>a document stating a person's wishes about health care when that person cannot make his or her own decisions.</i></p> <p>Post-mortem care...<i>care of the body after death has occurred.</i></p> <p>Rigor mortis...<i>stiffness or rigidity of the skeletal muscles that occurs after death. (2-4 hours after death)</i></p>		
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	<p>23.2. Discuss how various age groups understand death.</p> <p>23.3. Identify the 5 stages of dying/grief.</p> <p>23.4.</p>	<p>Autopsy...the examination of the body after death</p> <p>Understanding death by various age groups:</p> <ul style="list-style-type: none"> • Infants and toddlers do not understand death. They sense the effects of the death of an individual. • Children 2 to 6 years of age think death is temporary. • Children 6 to 11 years of age learn death is final. They do not think they will die. • Adults fear pain and suffering, dying alone, and invasion of privacy. They worry about those left behind. • Older adults know death will occur. Some welcome death. <p>Five stages of dying/grief:</p> <ul style="list-style-type: none"> • Denial – “No, not me” • Anger – “Why me” • Bargaining – “Yes, me but...” • Depression – “Yes me” and is very sad • Acceptance – Calm and peaceful <p><i>The dying person does not always move through each stage and may move back and forth between the stages or stay in one stage for a long period of time.</i></p>		
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	<p>Discuss the comfort needs of the person who is dying.</p> <p>23.5. Identify the needs of the family/friends of the person who is</p>	<p>Comfort needs of the dying person:</p> <ul style="list-style-type: none"> • Listening • Touch • Silence • Physical Needs <ul style="list-style-type: none"> ▪ Pain ▪ Breathing problems <ul style="list-style-type: none"> ✚ Noisy breathing (death rattle) ▪ Sensory changes <ul style="list-style-type: none"> ✚ Blurred vision – lights on ✚ Speech – difficult ✚ Hearing – last to leave ▪ Mouth, Nose, Skin <ul style="list-style-type: none"> ✚ Frequent oral care ✚ Clean the nose of secretions ✚ Skin is cool, sweating occurs Bathe the person and change linens ✚ Reposition the person frequently ✚ Note change in skin color – pale and mottled (blotchy) ▪ Nutrition ▪ Elimination ▪ The person’s room <p>Needs of the Family:</p> <ul style="list-style-type: none"> • Be available to listen • Be courteous and considerate • Respect privacy 		
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	<p>dying.</p> <p>23.6. Discuss the legal documents associated with end-of-life.</p> <p>23.7. Recognize the signs of death.</p>	<ul style="list-style-type: none"> • Provide food/beverages • Provide care <p>Legal documents associated with end-of-life:</p> <ul style="list-style-type: none"> • Advanced Directives • Living Will – relates to measures to support or maintain life when death is likely. Examples: resuscitation, ventilation, tube feeding • Durable Power of Attorney for Health Care – gives the power to make health care decisions to another person (<i>health care proxy</i>) • “Do Not Resuscitate” orders – DNR or No Code or AND means the person will not be resuscitated. The family and/or doctor make the decision if the person is not mentally able to do so. <p>Signs of death:</p> <ul style="list-style-type: none"> • Movement, muscle tone, and sensation are lost • GI functions slows – nausea/vomiting, fecal incontinence occur • Body temperature rises • Excessive sweating occurs • Skin is cool, pale, and mottled • Pulse is weak and irregular • Blood pressure starts to fall 		
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	23.8. Identify the steps in the care of the person's body after death has occurred.	<ul style="list-style-type: none"> Noisy respirations (death rattle) Pain decreases with loss of consciousness When death occurs there is no pulse, no respirations, and no blood pressure <p><i>The doctor determines death has occurred.</i></p> <p>Steps in the care of the person's body after death:</p> <ul style="list-style-type: none"> Bath the person's body Position the person's body in good alignment Expect air to be expelled from the person's body when moved Tubes and dressing may be removed Autopsy may be done Close the person's eyes Close the person's mouth Place a disposable bed protector under the person Brush/comb the person's hair Gather all the person's belongings Fill out the ID tags (ankle or toe) Place the person in the body bag & tag 	Chapter 37 Pages 538 & 539	
Unit 24 Collecting Specimens	24.1. State the purpose of collecting/testing specimens (Samples).	<p>Purpose of collecting/testing specimens:</p> <ul style="list-style-type: none"> To prevent disease To detect disease To treat disease 	Lecture & Discussion Chapter 26, Pages 385 -394	

	<p>25.2. Identify common causes of wounds.</p> <p>25.3. State the most common complication associated with wounds.</p> <p>25.3. List the possible causes of skin tears.</p> <p>25.4. List ways to prevent circulatory ulcers.</p>	<p>skin Ulcer...shallow or deep crater-like sore of the skin or mucous membrane Dilate...to expand or open wider</p> <p>Common causes of wounds:</p> <ul style="list-style-type: none"> • Trauma • Pressure • Decrease blood flow • Nerve damage <p>The most common complication associated with wounds is infection.</p> <p>Common causes of skin tears:</p> <ul style="list-style-type: none"> • Friction • Shearing • Holding limbs too tight • Parts of wheel chair or other equipment • Clothing • Jewelry • Fingernails <p>Interventions focus on prevention.</p> <p>Ways to prevent circulatory ulcers:</p> <ul style="list-style-type: none"> • Remind the resident not to cross their legs • Do not dress the resident in tight clothes • Provide good skin care 	<p>Chapter 28, Page 412 Box 28-1 Figure 28-1</p> <p>Chapter 28, Page 413 Box 28-2 Figures 28-2 & 28-3</p>	
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	<p>25.5. Discuss the role of the NA in applying dressings.</p> <p>25.6. State the purpose of binders/compression garments.</p> <p>25.7. State the benefits of heat application.</p> <p>25.8. List the types of heat applications.</p>	<ul style="list-style-type: none"> • Pat skin dry after bathing • Keep pressure of the heels • Re-position residents at least every 2 hours • Check residents' skin and report wounds • Do not massage over boney prominences <p>NA role in applying dressings: Follow nursing center policy for applying dressings. The most common role is to assist the license staff to apply dressings.</p> <p>Purpose of binders/compression garments:</p> <ul style="list-style-type: none"> • Provide support • Hold dressings in place <p>Benefits of heat application:</p> <ul style="list-style-type: none"> • Relieve pain • Relaxes muscles • Promotes healing • Reduces tissue swelling • Decrease joint stiffness <p>Types of heat applications:</p> <ul style="list-style-type: none"> • Moist heat applications <ul style="list-style-type: none"> ▪ Hot compress 	<p>Chapter 28, page 419 Box 28-4</p> <p>Chapter 28 Pages 421 & 422 Box 28-5 Figures 28-11 & 28-13</p> <p>Chapter 28, Page 423 Figure 28-15</p>	
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	<p>25.9. State the common complication associated with heat application.</p> <p>25.10. State the benefits of cold applications.</p> <p>25.11. List types of cold applications.</p> <p>25.12. Identify rules for applying heat and cold.</p>	<ul style="list-style-type: none"> ▪ Sitz Bath ▪ Hot pack • Dry applications <ul style="list-style-type: none"> ▪ Aquathermia pad <p>Complication of heat application: Burns are the most common complication associated with heat application.</p> <p>Benefits of cold application:</p> <ul style="list-style-type: none"> • Reduce pain • Prevent swelling • Decrease circulation/bleeding • Cool the body during a fever <p>Types of cold applications:</p> <ul style="list-style-type: none"> • Cold compress • Cold packs <p>Rules for applying heat and cold:</p> <ul style="list-style-type: none"> • Follow agency policy for temperature ranges • Cover dry heat & cold applications • Observe the skin every 5 minutes during the application • Leave the application in place for no more than 15 to 20 minutes 	<p>Chapter 28, Page 424 Figures 28-16 & 28-17</p> <p>Chapter 28, Page 424 Box 28-6</p>	
<p>Unit 26</p> <p>Care of the Peri-</p>	<p>26.1. Identify the roles of the NA in the care of a patient prior to having surgery (pre-</p>	<p>Role of the NA in pre-operative care:</p> <ul style="list-style-type: none"> • Psychological preparation <ul style="list-style-type: none"> ▪ Listen to the patient ▪ Observe patient’s body language 		

		<p>vital signs are stable, Respiratory function is good and the patient is responsive and can call for help</p> <ul style="list-style-type: none"> • Preparation of the patient's room <ul style="list-style-type: none"> ▪ Make a surgical bed ▪ Stock the room with necessary supplies <ul style="list-style-type: none"> ✚ Vital Sign equipment ✚ Emesis basin ✚ Tissues ✚ IV Pole • Care of the patient returning from the PACU <ul style="list-style-type: none"> ▪ Assist with transferring the patient to the bed from the stretcher ▪ Frequent vital signs ▪ Measure and record first post-operative void ▪ Maintain standard and body fluid precautions • Preventing complications <ul style="list-style-type: none"> ▪ Assist the patient with turning, coughing, and deep breathing exercises. Assist the patient to use the incentive spirometer. ▪ Encourage leg exercises (ROM) ▪ Apply Anti-embolic stockings ▪ Apply sequential compression devices (SCD) ▪ Report observations to the nurse 		
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<p>Unit 27</p> <p>Care of the resident with special needs</p>	<p>27.1. Describe the role of a NA in the care of stable residents with special needs.</p>	<p>Describe care of stable residents with special needs:</p> <ul style="list-style-type: none"> • Care of residents with non-sterile dressings and/or elastic bandages (ACE wraps): <ul style="list-style-type: none"> ▪ Know the reason for the dressing or ACE bandage ▪ Follow agency policy for applying non-sterile dressings/ACE bandages ▪ Observe the resident's skin ▪ Report observations and the resident's response to the nurse • Care of residents with surgical drains: <i>A surgical drain is a tube used to remove pus, blood or other fluids from a wound or cavity. Drains may be attached to a suction machine or they may drain by self suction or gravity.</i> <ul style="list-style-type: none"> ▪ Know the purpose of the drain <ul style="list-style-type: none"> ▪ Record the amount of drainage ▪ Clean the drain insertion site ▪ Monitor temperature ▪ Check insertion site at the beginning of shift and after repositioning the resident ▪ Report observations and resident response to the nurse • Care of residents with immobilizing devices: <ul style="list-style-type: none"> ▪ Know the purpose for the device 		
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Revised: November 2019