

Following are some suggestions that should help you care for yourself.

- **Learn how to properly care for your family member.** Get training so you know how to perform skills. Correctly performing care tasks will make your job easier and safer.
- **Practice healthy habits.** Eat a balanced diet, limit intake of caffeine and alcohol, don't smoke, exercise regularly, get adequate sleep, and see your doctor when necessary.
- **Get help when you need it.** Don't try to do it all by yourself. Those who might help you are other family members, friends, neighbors, social workers, ministers, and church members. Arrange for some time away from your family member. Join a support group so you have contact with other people who are going through the same thing you are.
- **Do something relaxing for yourself.** Go out to lunch, to church, to a movie, or even on a walk.
- **It's important to take a little time to enjoy yourself.** It will rejuvenate you and you will do your caregiving job better.
- **Remember that you probably can't control your situation, but you can control how you react to it.** Try to be optimistic and look for the positive in each situation. Take pride in yourself and be proud of what you do.
- **Watch for signs that you are stressed:** irritability, loss of energy, weight changes, difficulty making decisions or concentrating, sleeping difficulties, loneliness, change in attitude, or drug/alcohol excess. See your doctor or a counselor to help you pinpoint the stressor and what you can do to ease your stress level.

Good Communication Techniques

- **Listening:** Take the time to listen. Pay attention to what others are saying and ask questions. Always communicate what you are doing with the care recipient. Do not work in silence.

- **Be patient:** Give others the time to say what they want.

- **Eye contact:** Look at the person and focus on what he/she is saying. Listen with interest.

- **Body Language:** Be aware of facial expressions and tone of voice. Watch others for differences between verbal and non-verbal messages.

- **Keep conversations and words simple and clear.**

- **Use feedback:** Repeat what you heard in your own words.

- **DO NOT** do the following:
 - ✓ Argue with anyone
 - ✓ Interrupt a conversation
 - ✓ Appear bored or impatient
 - ✓ Pass judgment or give advice
 - ✓ Threaten or use harsh language
 - ✓ Be defensive – (It is better to be open to suggestions)

How do I communicate with impaired elders?

Blind or Visually Impaired Elder

- 👂 Say their name to get their attention.
- 👂 Use common sounds, such as ringing a bell, whistling, etc.
- 👂 Explain what you are doing as you do it.
- 👂 Make sure eyeglasses have up-to-date prescriptions and are clean.
- 👂 Print in big, bold letters when necessary.

Deaf or Hearing Impaired Elder

- 👋 Use visual actions to communicate.
- 👋 Get their attention before talking to them.
- 👋 Face them when you are talking.
- 👋 Talk at a normal pace.
- 👋 Raise your voice some and lower your tone. DON'T yell.
- 👋 Get rid of other noises – TV, radio, etc.
- 👋 Make sure hearing aides are working and are properly inserted.
- 👋 Write down messages.

Speech Impaired Elder

(Trouble speaking or understanding—often result of a stroke)

- 😊 Keep communication simple and clear.
- 😊 Be patient. Give the elder enough time to respond to you. At least 10 seconds is the recommendation. (Time yourself for 10 seconds so you can see how long it is. You'll be surprised!)
- 😊 Get rid of background noises – TV, radio, etc.
- 😊 Use visual devices like a message board, pictures, or gestures.
- 😊 Pay attention to body language.

How do I prevent falls?

- **Wipe up spills immediately** - liquids, snow, mud, sugar, salt, powder.
- **Keep frequently used items easily available** – telephone, remote controls, tissues, etc.
- **Make sure there is proper lighting at all times**, especially in hallways and stairs.
- **Clear walkways of obstacles.**
- **Install grab bars in bathrooms and hallways.** Encourage the care recipient to use them.
- **Remind the care recipient to wear proper footwear with rubber soles.**
- **Lock the wheels on wheelchairs when transferring.**
- **Encourage exercise to maintain strength.**
- **If the care recipient has pets, watch for them when walking.**
- **Get rid of scatter rugs or throw rugs.** Secure them properly if they are needed.
- **Make sure the furniture is the right height.** Armrests are helpful for getting in and out of chairs.
- **Check stairways for clutter, handrail stability, step width, and safety.**
- **Don't move any of the furniture.**
- **Bathtubs and floors should have non-skid surfaces.**
- **Remind the care recipient to allow enough time to get to the bathroom for toileting so he/she doesn't have to hurry.**
- **Remember safety outside of the home.** Check lighting, steps, handrail stability, and for items the care recipient could trip on.

Things to be aware of for safety in the kitchen:

- Don't cook grease at a high temperature
- Use potholders when handling hot pots and pans
- Clean up spills immediately
- Put utensils away where they belong
- Move about the kitchen with care
- Be careful when working with knives – take your time and watch what you are doing
- Wear appropriate clothing when cooking – no loose garments
- Do not use containers that are chipped or cracked

How do I assess the care recipients's home for fire safety?

- **Are there smoke detectors and are they working?** The batteries should be checked periodically.
- **Install a fire extinguisher if there isn't.** Check them periodically according to the manufacturer's directions.
- **Check electrical cords for fraying or for broken prongs.** Also, be sure there aren't too many cords plugged in to one outlet. Some appliances should be unplugged when they are not in use.
- **Have an emergency plan for how to exit the home in an emergency.** Decide on a meeting place outside in case a fire does occur. Also, plan an alternate exit route.
- **Use common sense when cooking.** Never leave cooking unattended on the stove. Don't wear loose-fitting sleeves when working around the stove. Turn off the burners and oven when you are done using them. Turn handles toward the back of the stove when cooking.
- **Encourage appropriate smoking habits.** Never smoke in bed. Smoking should NEVER be allowed around oxygen. Make sure the care recipient uses acceptable ashtrays, preferably with notches on the side to hold cigarettes. Ensure ashtray contents are disposed of properly.
- **Remember the STOP, DROP, and ROLL rule.**
- **Check the home for hazards such as:** excess papers or rags; improperly stored cleaning products, paint, and chemicals; faulty space heaters or heating pads.

Signs of Infection

- Fever
- Restlessness
- Chills
- Abnormal discharge
- Swelling
- Lack of appetite
- Redness
- Pain
- Change in behavior

There are four types of bathing:

1. **Complete bed bath** – usually used for the care recipient who is weak or unable to bathe themselves. You will usually receive little or no help from the care recipient.
2. **Partial bed bath** – given when the care recipient can help themselves a little, but needs help with areas unable to reach. Remember in the complete and partial bed baths to expose only that part of the body you are working on. The rest of the body should be covered with a large bath blanket for warmth and privacy.
3. **Tub bath** – may need doctor's okay for tub bath. Care recipient is assisted in and out of tub.
4. **Shower** – may need doctor's okay for a shower. For the care recipient who is unsteady or weak, a chair can be used for them to sit on during shower.

The type of bath the care recipient receives will depend on the needs of the elder.

Certain rules should be followed when dressing or undressing the care recipient:

- 1. Remember to always provide privacy.** Never expose your care recipient. Keep them covered as much as possible.
- 2. Always encourage the care recipient to do as much for self as possible.**
- 3. Always place clothing on the “weak” side of the care recipient first.** If both sides have equal strength, then dress far arm and leg first.
- 4. Always remove clothing from the “strong” side of the care recipient first.** If both sides have equal strength, undress near arm and leg first.

Tips and Techniques for stockings:

- 1. It is easiest to put the stockings on when the care recipient is lying down.**
- 2. The stockings should be removed and reapplied at least every 8 hours,** and the circulation and skin condition checked.
- 3. Apply the stockings according to the manufacturer's instructions.** They should fit fairly snugly. That's how they are able to apply the pressure needed to help the circulation.
- 4. The stockings are usually elder specific in that they are measured to fit one person.** Don't share the stockings or use someone else's.
- 5. The stockings need to be laundered routinely just like regular stockings.** Usually, hand washing is best. If the care recipient wears the stockings all the time, get another pair so one can be laundered while the other one is being worn.

Check prosthesis or orthotic devices often for:

- ✓ Loose or worn parts
- ✓ Missing or loose screws
- ✓ General condition, especially the straps and/or Velcro
- ✓ Cleanliness

During a meal, follow these guidelines:

1. Sit down beside the care recipient, at the same level.
2. Carry on a pleasant conversation with the care recipient.
3. Don't rush the care recipient. Feed slowly and carefully.
4. Pick up eating utensils by the handles.
5. Avoid touching the food if you can.
6. A spoon may be safer to use than a fork.

After the meal, follow these guidelines:

1. Assist the care recipient to wash hands and face.
2. Assist the care recipient with oral hygiene, if desired.
3. Assist the care recipient to a comfortable position.
4. Refrigerate leftovers and clean up eating area.
5. You may wash dishes at this time.
6. If the care recipient routinely doesn't eat well, you may want to report it to the care recipient's physician.

Things to remember when planning a meal:

- ❶ **Variety** – A well-balanced diet consists of getting nutrients from many different kinds of foods. No one food is perfect.
- ❷ **Texture** – Combining crispy foods with smooth, soft ones make each texture seem more interesting. Unless the care recipient is on a special diet where the texture of the food is controlled, try to choose different types of texture within each meal served.
- ❸ **Flavors** – If all foods in the meal have a strong, distinctive taste, they will compete with one another and overwhelm the care recipient's taste buds. Keep the strong flavored foods as the spotlight with milder tasting foods as the background.
- ❹ **Color** – Give each meal an appealing look by keeping the colors compatible. A sprig of parsley, radish roses, olives, or carrot curls may make an interesting dash of color to an otherwise drab-looking meal.
- ❺ **Cost** – Most elders are not free to spend an unlimited amount of money on their food, so plan meals that are within their budgets. Consider foods on sale and use coupons whenever possible.

Here is how to reduce the cost of foods that are high in protein:

- ✓ Use poultry when it is cheaper than red meat.
- ✓ Consider cuts of meat that may cost more per pound but give more servings per person.
- ✓ Learn to prepare less tender cuts of meat in casseroles or pot roasts.
- ✓ Serve egg dishes such as omelets.
- ✓ Substitute dried bean and pea dishes for higher cost meals.
- ✓ Use fillers such as breadcrumbs or pasta to make a meat dish serve more.

**Common side effects from
medication include:**

- ☠ Nausea and vomiting
- ☠ Diarrhea
- ☠ Rash or hives
- ☠ Headache
- ☠ Confusion or agitation

The following guidelines should be observed to prevent skin breakdown:

- **Change the care recipient's position at least every two hours.**
The care recipient should be lifted or moved slowly to prevent burns from the sheets.
- **Be careful when using bedpans.** They can cause pressure and friction. Avoid spilling urine on the skin.
- **Keep linens wrinkle-free and dry.**
- **Remove any hard objects from the bed,** such as hairpins, food crumbs, etc.
- **Use powder where skin comes together to form creases.**
- **Wash and dry care recipient's skin with mild soap to remove urine or feces.**
- **If the care recipient shows signs of a pressure sore, gently rub around the area with non-drying lotion every two hours.** Do NOT rub directly on the reddened area as too much rubbing can cause further skin breakdown. Figure out why the area is reddened and try to correct the problem.
- **Always pat the skin dry (not rub) after bathing and apply lotion to dry areas.**
- **Provide a back rub when the care recipient is repositioned.** It stimulates the circulation of blood.
- **Use pillows, etc. to prevent skin from contact with skin.**
- **Report any observations of skin breakdown or decubitus to the care recipient's physician.**

Follow these guidelines when lifting, moving, and transferring care recipients:

1. Stand close to the care recipient.
2. Create a base of support by placing your feet wide apart.
3. Make sure the area is safe for a move or a lift.
4. Bend at your hips and knees with your back straight.
5. Push up with your leg muscles to a standing position.
Back injuries are not usually the result of one incident but of the constant use of smaller back muscles.

Some general guidelines of positioning include the following:

- 1. Position and support only nonfunctional parts of the body**, leaving the rest of the body to move freely so that blood can circulate. These may include: shoulder blades, hips, hands, arms/elbows, or legs. Do NOT place anything under the knees when lying on the back.
- 2. Any swollen limb should be kept higher than the heart** where possible so that gravity will help the extra fluid drain from the limb.
- 3. A rolled up washcloth makes an excellent support for the hand.** Different sizes of pillows or pieces of foam can be used to support other parts of the body.

To make turning and positioning a safe procedure for both you and your care recipient, remember the following basic rules:

1. Always explain to the care recipient what you are going to do and why.
2. Encourage the care recipient to help as much as possible.
3. Always remember to lock the wheels on the bed.
4. When safety rails are not provided on the bed, use common sense to provide safety measures during a procedure, such as moving the bed against a wall.
5. If possible, raise the bed to a comfortable working height before performing a procedure and lower it when completed.
6. Always provide privacy when performing a procedure.
7. Use good body mechanics.
8. Remember to protect any surgical tubing.
9. Give the most support to the heaviest parts of the care recipient's body. Usually, this is the trunk of the body, shoulders to hips.
10. For the most support, hold the care recipient close to you when lifting.
11. Move smoothly. Do not jerk.
12. Tell your care recipient to move on the count of three when he/she is able to help you.
13. The care recipient should be centered on the bed.
14. Make sure the care recipient is comfortable before you leave.

When helping the care recipient to sit in a chair, first think about the type of chair you should use. Consider the following points:

- 1. Does the chair provide good support to the care recipient's back?** A straight back chair is often the best.
- 2. Which chair gives the care recipient the most independence?** One with arms is easier to get in and out of. Both a reclining chair and a low chair are difficult to get out of.
- 3. What types of chairs are available?** Varieties of chairs include living room chairs, kitchen/dining room chairs, and wheelchairs.
- 4. Which chair is the safest?** Chairs with arms, stable legs, loose parts, etc. are safest.
- 5. Can the care recipient sit with the feet resting comfortably on the floor?** If not a shorter chair may be more appropriate.

Whatever means are used for ambulation or mobility, remember to follow these basic safety rules:

- **Always use good body mechanics and think of safety.**
- **Check your care recipient's abilities and what he/she is physically able to do.**
- **Know your own strength and ask for help if you need it.** Use common sense.
- **Remember the importance of good communication.**
- **Establish a workable routine,** using the same procedure each time you assist the care recipient.
- **Realize that many procedures can relate directly to many others.** Apply your knowledge from one procedure to another. (The sitting and standing ones apply to ambulation, too.)
- **Ambulation devices are NOT used to help the care recipient get up from a sitting position.**
- **Never readjust the devices or use them on another person.**
- **Check the devices often for safety** – rubber tips, bolts, screws, etc.
- **Use safety devices where needed** – grab bars, handrails, raised toilet seat, and non-skid rugs.
- **The care recipient should have shoes on with non-skid soles.**
- **The care recipient's clothes should fit well.** Too long or very loose clothes can interfere with the movement of ambulation devices.
- **Make sure the home is free of wet floors, or obstructive furniture or cords.**
- **Follow the physical therapist's plan for ambulation.**

When using any cleaning products, remember the following:

- **Always protect your eyes and skin.**
- **Always read label instructions.** Follow directions in the order they are given and use the amount suggested.
- **Do not mix cleaning products.** This may cause a chemical reaction that will hurt you and/or the surface you are cleaning.
- **Leave cleaners on a surface only for the recommended time.** Use care when scrubbing.
- **Change cleaning water when moderately dirty.** Rinse if needed to avoid streaking or filming.
- **Store all cleaning products safely.** They should be kept in their original containers, away from children, pets, and any heat sources. Cleaning tools and supplies should be stored safely as close as possible to where you will use them.

Tips for bed making:

1. Keep the bed dry and clean. Change linens when needed.
2. Keep the bed wrinkle-free.
3. Keep the bed free of food and crumbs.
4. Make the bed to suit your care recipient.

There are three basic types of beds:

1. **Closed bed** – used when the bed will be empty for a while. It will stay clean, not exposing the linens.
2. **Open bed** – used when the care recipient is out of bed for a while but needs to get into it easily. The top sheet of the closed bed is fan-folded down.
3. **Occupied bed** – used when the bed is made with the care recipient in it and not able or permitted to get out of the bed.

Following are some general rules to help you with bed making:

- **Never use torn or pinned linens.**
- **Never shake linens**, as this spreads microorganisms.
- **Never allow linens to touch your clothing.**
- **Never put dirty linen on the floor.**
- **When using a flat bottom sheet instead of a fitted sheet, always miter the corners.** These make the bed smooth, wrinkle-free, and give the bed an attractive appearance.
- **Fan-folding the top of the bed enables the care recipient to easily get in and out.**
- **A plastic ‘draw sheet’ protects the mattress.** If you don’t have one, a plastic tablecloth makes a good substitute.
- **Plastic must never touch the care recipient’s skin.** You must always cover the plastic draw sheet with one of cotton. (This is about half the size of a regular sheet and can be made by folding it in half width-ways. Place the fold towards the top of the bed.)
- **When the care recipient is in bed all day, change the linen daily**, or as often as necessary.
- **Always use good body mechanics.** Where there is a hospital bed, raise the bed to a good working height and lower it when done.

Some of the common symptoms associated with dementia are as follows, with some examples:

- ☒ Gradual memory loss
- ☒ Inability to perform routine tasks--dressing, cooking, cleaning
- ☒ Disorientation in time and space – don't know what day it is or where they are
- ☒ Personality changes
- ☒ Unable to learn new information
- ☒ Judgment is impaired – doesn't know if something is safe or is unable to make choices
- ☒ Loss of language skills – can't remember words, etc.