

RN Services Private Duty Care

Topics on Aging

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Please contact Susan Geary or
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The key principle is to use good body mechanics.

This includes:

- Bend at the knees instead of the waist. The thigh muscles are larger in mass than either the buttocks or back muscles.**
- Get close to the object to be lifted.**
- Keep your back straight.**
- Position feet to provide a good base of support.**
- Hold objects close to your body when lifting and carrying.**
- Keep body in straight alignment. - Don't twist at the waist.**
- Push, pull or slide rather than lift whenever possible. Pushing is better than pulling because you are using your whole body weight rather than just 1 or 2 muscle groups.**

- There are two notebooks-one for hourly notes and the other is for communication between staff. Keep your entries simple. Patients have access to your notes.
- Chart what you have done. If it is not charted-it was not done.
- Sign your name after your entry.
- Use military time. Date your entries
- Take the client's binder with your patient (ER)(Dr) and keep it safe.
- Chart by exception. What is out of the ordinary.
- Don't use the communication book for anything except communicating. If you have an issue, discuss it.

COPD

An ongoing cough or a cough that produces large amounts of mucus (often called "smoker's cough")

Shortness of breath, especially with physical activity

Wheezing (a whistling or squeaky sound when you breathe)

Chest tightness

What is a normal oxygen saturation for this client

Are they on oxygen

Get in the habit of listening to lung sounds

Heart Attack

- Heart attack is the number one killer of both men and women in the U.S. Each year, about 1.1 million Americans suffer a heart attack, and 460,000 of these are fatal. Most of the deaths from heart attacks are caused by ventricular fibrillation of the heart that occurs before the victim of the heart attack can reach an emergency room. Those who reach the emergency room have an excellent prognosis; survival from a heart attack with modern treatment should exceed 90%. The 1% to 10% of heart attack victims who die later include those victims who suffer major damage to the heart muscle initially or who suffer additional damage at a later time. treatment. Many heart attacks start slowly, unlike the dramatic portrayal often seen in the movies. A person experiencing a heart attack may not even be sure of what is happening. Heart attack symptoms vary among individuals, and even a person who has had a previous heart attack may have different symptoms in a subsequent heart attack. Although chest pain or pressure is the most common symptom of a heart attack, heart attack victims may experience a diversity of symptoms that include:
- pain, fullness, and/or squeezing sensation of the chest;
- jaw pain, toothache, headache;
- shortness of breath;
- nausea, vomiting, and/or general epigastric (upper middle abdomen) discomfort;
- sweating;
- heartburn and/or indigestion;
- arm pain (more commonly the left arm, but may be either arm);
- upper back pain;
- general malaise (vague feeling of illness); and
- no symptoms (approximately one quarter of all heart attacks are silent, without chest pain or new symptoms and silent heart attacks are especially common among patients with diabetes mellitus).
- Even though the symptoms of a heart attack at times can be vague and mild, it is important to remember that heart attacks producing no symptoms or only mild symptoms can be just as serious and life-threatening as heart attacks that cause severe chest pain. Too often patients attribute heart attack symptoms to "indigestion," "fatigue," or "stress," and consequently delay seeking prompt medical attention. ***One cannot overemphasize the importance of seeking prompt medical attention in the presence of symptoms that suggest a heart attack.*** Early diagnosis and treatment saves lives, and delays in reaching medical assistance can be fatal. A delay in treatment can lead to permanently reduced function of the heart due to more extensive damage to the heart muscle. Death also may occur as a result of the sudden onset of arrhythmias such as ventricular fibrillation.
- What should you do if you experience these symptoms? Doctors agree that if you're in doubt, get checked out anyway. **Even if you're not sure if something is really wrong, you should call 9-1-1 if you experience heart attack symptoms.** Prompt administration of drugs can help restore circulation to the heart and increase your chances of survival.
- REFERENCE: U.S. NIH, National Heart, Blood, and Lung Institute (NHLBI)

STROKE

- A stroke occurs when the blood supply to part of your brain is interrupted or severely reduced, depriving brain tissue of oxygen and food. Within minutes, brain cells begin to die.
- A stroke is a medical emergency. Prompt treatment is crucial. Early action can minimize brain damage and potential complications.
- The good news is that strokes can be treated and prevented, and many fewer Americans now die of stroke than was the case even 15 years ago. Better control of major stroke risk factors — high blood pressure, smoking and high cholesterol — is likely responsible for the decline.

- Watch for these signs and symptoms if you think you or someone else may be having a stroke. Note when signs and symptoms begin, because the length of time they have been present may guide treatment decisions.
- **Trouble with walking.** You may stumble or experience sudden dizziness, loss of balance or loss of coordination.
- **Trouble with speaking and understanding.** You may experience confusion. You may slur your words or be unable to find the right words to explain what is happening to you (aphasia). Try to repeat a simple sentence. If you can't, you may be having a stroke.
- **Paralysis or numbness on one side of your body or face.** You may develop sudden numbness, weakness or paralysis on one side of your body. Try to raise both your arms over your head at the same time. If one arm begins to fall, you may be having a stroke. Similarly, one side of your mouth may droop when you try to smile.
- **Trouble with seeing in one or both eyes.** You may suddenly have blurred or blackened vision, or you may see double.
- **Headache.** A sudden, severe "bolt out of the blue" headache, which may be accompanied by vomiting, dizziness or altered consciousness, may indicate you're having a stroke.
- **When to see a doctor**
Seek immediate medical attention if you notice any signs or symptoms of a stroke, even if they seem to fluctuate or disappear. Call 911 or your local emergency number right away. Every minute counts. Don't wait to see if symptoms go away. The longer a stroke goes untreated, the greater the potential for brain damage and disability. To maximize the effectiveness of evaluation and treatment, it's best that you get to the emergency room within 60 minutes of your first symptoms.

DIABETES

The term "diabetes mellitus" refers to a group of diseases that affect how your body uses blood glucose, commonly called blood sugar. Glucose is vital to your health because it's an important source of energy for the cells that make up your muscles and tissues. It's your brain's main source of fuel.

If you have diabetes, no matter what type, it means you have too much glucose in your blood, although the reasons may differ. Too much glucose can lead to serious health problems.

Chronic diabetes conditions include type 1 diabetes and type 2 diabetes. Potentially reversible diabetes conditions include prediabetes — when your blood sugar levels are higher than normal, but not high enough to be classified as diabetes — and gestational diabetes, which occurs during pregnancy.

Know what your type your patient has, the parameters of Insulin and how to do a blood sugar test

What insulin does your patient take-long, intermediate or short acting

Signs of trouble in any type of diabetes

Because so many factors can affect your blood sugar, problems sometimes arise. These conditions require immediate care, because if left untreated, seizures and loss of consciousness (coma) can occur.

High blood sugar (hyperglycemia). Your blood sugar level can rise for many reasons, including eating too much, being sick or not taking enough glucose-lowering medication. Check your blood sugar level often, and watch for signs and symptoms of high blood sugar — frequent urination, increased thirst, dry mouth, blurred vision, fatigue and nausea. If you have hyperglycemia, you'll need to adjust your meal plan, medications or both.

Low blood sugar (hypoglycemia). If your blood sugar level drops below your target range, it's known as low blood sugar. Your blood sugar level can drop for many reasons, including skipping a meal and getting more physical activity than normal. However, low blood sugar is most likely if you take glucose-lowering medications that promote the secretion of insulin or if you're receiving insulin therapy. Check your blood sugar level regularly, and watch for signs and symptoms of low blood sugar — sweating, shakiness, weakness, hunger, dizziness, headache, blurred vision, heart palpitations, irritability, slurred speech, drowsiness, confusion, fainting and seizures. Low blood sugar is treated with quickly absorbed carbohydrates, such as fruit juice or glucose tablets.

ALZHEIMERS

Alzheimer's disease causes brain changes that gradually get worse. It's the most common cause of dementia — a group of brain disorders that cause progressive loss of intellectual and social skills, severe enough to interfere with day-to-day life. In Alzheimer's disease, brain cells degenerate and die, causing a steady decline in memory and mental function. As you help your loved one meet daily challenges, be patient and compassionate. If a certain approach stops working, don't be discouraged — and try something new. As Alzheimer's progresses, your understanding, flexibility and creativity will become invaluable. People who have Alzheimer's disease often need help handling routine daily activities, such as bathing, dressing, eating and using the bathroom. If your loved one needs this type of care, balance his or her loss of privacy and independence with gentleness and tact.

Bathing can be a frightening, confusing experience for a person who has Alzheimer's. Having a plan can help make the experience better for both of you. Consider these tips: Some people like showers, while others prefer tub baths. Time of day is often important as well. Experiment with morning, afternoon and evening bathing. Make sure the bathroom is warm, and keep towels or bath blankets handy. If your loved one is self-conscious about being naked, provide a towel for cover when he or she gets in and out of the shower or tub. Explain each step of the bathing process to help your loved one understand what's happening. If daily bathing is traumatic, alternate showers or tub baths with sponge baths.

DEMENTIA

- Having difficulty recalling recent events.
- Not recognizing familiar people and places.
- Having trouble finding the right words to express thoughts or name objects.
- Having difficulty performing calculations.
- Having problems planning and carrying out tasks, such as balancing a checkbook, following a recipe, or writing a letter.
- Having trouble exercising judgment, such as knowing what to do in an emergency.
- Having difficulty controlling moods or behaviors. Depression is common, and agitation or aggression may occur.
- Not keeping up personal care such as grooming or bathing.

Some types of dementia cause key symptoms:

- People who have dementia with Lewy bodies often have highly detailed visual hallucinations. They may fall frequently.
- The first symptoms of frontotemporal dementia may be personality changes or unusual behavior. People with this condition may not express any caring for others, or they may say rude things, expose themselves, or make sexually explicit comments.

Symptoms of dementia that come on suddenly suggest vascular dementia or possibly delirium-short-term confusion caused by a new or worsening illness

Dressing

The physical and mental impairment of Alzheimer's can make dressing a frustrating experience. Here are some hints to help your loved one maintain his or her appearance:

Establish a routine. Help your loved one get dressed at the same time each day.

Limit choices. Offer no more than two clothing options each morning. Empty closets and drawers of inappropriate or rarely worn clothes that could complicate the decision.

Provide direction. Lay out pieces of clothing in the order they should be put on — or hand out clothing one piece at a time as you provide short, simple dressing instructions.

Be patient. Rushing the dressing process could cause anxiety.

Consider your loved one's tastes and dislikes. Don't argue if your loved one doesn't want to wear a particular garment or chooses the same outfit repeatedly.

Eating

A person who has Alzheimer's might not remember when he or she last ate — or why it's important to eat. To ease the challenges that eating might pose:

Eat at regular times. Don't rely on your loved one to ask for food. He or she might not respond to hunger or thirst.

Use white dishes. Plain white dishes can make it easier for your loved one to distinguish the food from the plate. Similarly, use placemats of a contrasting color to help your loved one distinguish the plate from the table. Stick with solid colors, though. Patterned plates, bowls and linens might be confusing.

Offer foods one at a time. If your loved one is overwhelmed by an entire plateful of food, place just one type of food at a time on the plate. You could also offer several small meals throughout the day, rather than three larger ones.

Cut food into bite-sized portions. Finger foods are even easier — but avoid foods that can be tough to chew and swallow, such as nuts, popcorn and raw carrots.

Limit distractions. Turn off the television, radio and telephone ringer. Put your cellphone or pager on vibrate. You might also clear the table of any unnecessary items.

Eat together. Make meals an enjoyable social event so that your loved one looks forward to the experience.

Toileting

As Alzheimer's progresses, problems with incontinence often surface. To help your loved one maintain a sense of dignity despite the loss of control:

Make the bathroom easy to find. Post a sign on the bathroom door that says "Toilet," or post a picture of a toilet. At night, use night lights to help your loved one find the way to the bathroom.

Be alert for signs. Restlessness or tugging on clothing might signal the need to use the toilet.

Set a schedule. Schedule bathroom breaks every few hours, before and after meals, and before bedtime. Don't wait for your loved one to ask.

Make clothing easy to open or remove. Replace zippers and buttons with fabric fasteners. Choose pants with elastic waists.

Take accidents in stride. Praise toileting success — and offer reassurance when accidents happen

PARKINSONS

Parkinson's disease is a progressive disorder of the nervous system that affects movement. It develops gradually, often starting with a barely noticeable tremor in just one hand. But while tremor may be the most well-known sign of Parkinson's disease, the disorder also commonly causes a slowing or freezing of movement.

The symptoms of Parkinson's disease can vary from person to person. Early signs may be subtle and can go unnoticed. Symptoms typically begin on one side of the body and usually remain worse on that side even after symptoms begin to affect both sides. Parkinson's signs and symptoms may include:

Tremor. The characteristic shaking associated with Parkinson's disease often begins in a hand. A back-and-forth rubbing of your thumb and forefinger, known as pill-rolling, is common, and may occur when your hand is at rest. However, not everyone experiences tremors.

Slowed motion (bradykinesia). Over time, Parkinson's disease may reduce your ability to initiate voluntary movement. This may make even the simplest tasks difficult and time-consuming. When you walk, your steps may become short and shuffling. Or your feet may freeze to the floor, making it hard to take the first step.

Rigid muscles. Muscle stiffness can occur in any part of your body. Sometimes the stiffness can be so severe that it limits the range of your movements and causes pain. People may first notice this sign when you no longer swing your arms when you're walking.

Impaired posture and balance. Your posture may become stooped as a result of Parkinson's disease. Balance problems also may occur, although this is usually in the later stages of the disease.

Loss of automatic movements. Blinking, smiling and swinging your arms when you walk are all unconscious acts that are a normal part of being human. In Parkinson's disease, these acts tend to be diminished and even lost. Some people may develop a fixed staring expression and unblinking eyes. Others may no longer gesture or seem animated when they speak.

Speech changes. Many people with Parkinson's disease have problems with speech. You may speak more softly, rapidly or in a monotone, sometimes slurring or repeating words, or hesitating before speaking.

Dementia. In the later stages of Parkinson's disease, some people develop problems with memory and mental clarity. Alzheimer's drugs appear to alleviate some of these symptoms to a mild degree.

Depression. Depression is common in people with Parkinson's disease. Receiving treatment for depression can make it easier to handle the other challenges of Parkinson's disease.

Sleep problems. People with Parkinson's disease often have trouble falling asleep and may wake up frequently throughout the night. They may also experience sudden sleep onset, called sleep attacks, during the day.

ALS (Lou Gehrig's Disease)

Lou Gehrig's disease, also called amyotrophic lateral sclerosis (ALS), causes the nerve cells in certain regions of your brain and spinal cord to gradually die. Eventually, people who have Lou Gehrig's disease (ALS) lose the ability to move their limbs and the muscles needed to move, eat, speak and breathe.

Doctors don't know what causes Lou Gehrig's disease, and the disease can't be cured. Although doctors can't reverse the progression of Lou Gehrig's disease, advances in treatment mean that many who have the disease live longer than they did in the past. Each year about 5,000 Americans are newly diagnosed with ALS, and about 20,000 Americans have the disease.

Lou Gehrig's disease first gained widespread public attention in the United States in 1939. Doctors at Mayo Clinic diagnosed baseball player Lou Gehrig's condition.

Know the Code Status for your patient

Even though they may say DNR, unless you have
been informed-CALL 911 regardless

Know your Stroke symptoms and act quickly

Remember STR

Smile Talk and Raise Both Arms

If you need to go by ambulance-call the family,
drive your own car and take the white binder
with you.

Falls are common, often dreaded events in the lives of older people. Aside from the obvious injuries and even death that might result, falling can cause wide-ranging consequences, including loss of independence, mental decline, and decreased activity and mobility.

Falls are the leading cause of fatal and non-fatal injuries to older people in the United States. Each year, more than 11 million people over age 65 fall — that's one of every three senior citizens.

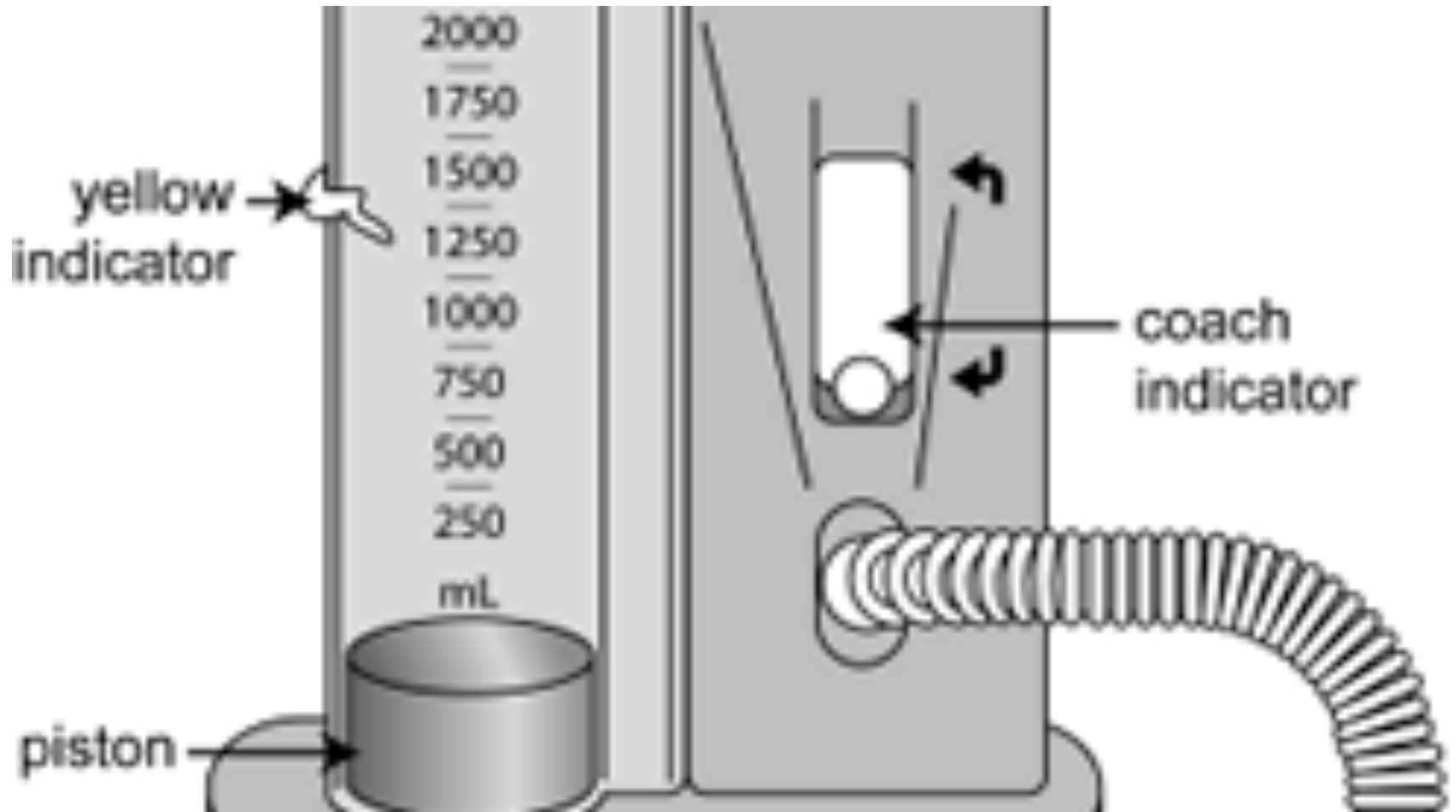
The treatment of injuries and the complications associated with falls costs more than \$20 billion each year. Already a serious national health concern, increases in falls and injuries among older people could reach epidemic levels as the population ages.

Fortunately, research has shown that the majority of falls are preventable. Many medical risk factors for falling can be controlled. Simple common sense precautions can reduce, if not eliminate, this serious threat to the health and well-being of older persons.

Falls lead to fractures-hips most common-please protect your patient!

- Remove all throw rugs from the floors.
- Watch for cords, water spills, and hazardous items in the clients path.
- Use snow and rain precautions if you are traveling with your patient.
- Are the steps safe for ambulating?
- Socks and shoes are best for patient transfers
- Watch wet surfaces after bath/shower.
- Dry your patient and surrounding areas before moving them. A dry patient is easier to guide in a fall situation. Don't catch them-guide them to the floor.
- Report a fall to your RN and the family.
- Document what, when, where and patient assessment with treatment given
- Is there a phone available when you are transferring your patient? Keep your cellphone in your pocket.
- **LOCK YOUR WHEELCHAIR!!**

Incentive Spirometer



- As an RN-you are required to carry your own Professional Liability Insurance. NSO is a reliable company. RN Services carries insurance on all staff
- All staff must have car insurance and provide a copy to Leslie
- CPR-Basic Life Support must be obtained within one month of hire date and provide copy to Leslie
- RN, LPN and CNA must provide a copy of their license to Leslie

All documentation shall be kept current and renewal copies must be submitted

A swallowing disorder can make it difficult for an elderly person to take in enough food and liquid to properly nourish the body, which may result in malnutrition and dehydration. If small particles of food or liquid become trapped in your windpipe, harmful bacteria can spread into your lungs, causing respiratory infection or aspiration pneumonia to occur. Each of these conditions can be very serious, making it imperative that you see your doctor for testing and treatment.

If your patient has swallowing problems-(Dysphagia)-esp. Parkinson's-Alzheimer's,ALS ,stroke patients or patients with GERD—you must watch for aspiration.

Small bites of food while chewing slowly will keep them safe.

DO NOT feed them NOR give them a drink while they are lying down If they use a straw make sure their head of bed is elevated!

Tilting their head a certain way may make it easier to swallow.

A speech pathologist may work with them in teaching them techniques to swallowing safely

Practice these exercises with them

May need to add a thickener to liquids for them

Why is turning, coughing, and deep breathing every couple of hours important?

To prevent secretions from building up in the lungs, taking deep breaths, coughing, and turning side to side is essential every 2 hours for the bedridden patient. Secretions can otherwise collect in the lungs and cause pneumonia. Getting out of bed to walk several times a day is the best way to prevent pneumonia.

Do you know who to call if the doctor orders oxygen for your client

Oxygen Saturation- normal 96-100%

Use of nasal cannulas-face mask –know how to use
Oxygen tanks, tubing and distilled water

Do you know where to get it-how many liters and how often to change the tubing and water bottle

Where is the portable tank for traveling

If your patient will be exerting herself, use oxygen

What is normal for your patient-know their typical color, respirations, and breathing status.

Auscultate lung sounds

Document type of oxygen treatment and assessment of patient

- You are representing not only yourself, but RN Services Private Duty Care.
Wear your name tag unless they request you to remove it.
- Follow the dress code-they DO judge a book by its cover.
- Dress code is business/dressy casual, unless very medical case where patient is bedridden. Then, scrubs may be approved by Case RN.
- A smile goes a long way

Presentation also includes how you present your client- have they been bathed, is their hair curled, what are they wearing, did they brush their teeth and clean their dentures and have you washed their eye glasses? This is a reflection of the care you provide.

HIPPA

HIPPA

HIPPA

Many of the clients that RN Services care for are prominent figures in St. Louis. Please don't share their life and information with the public

Many of the clients know each other-

DO NOT TALK ABOUT YOUR CLIENTS TO OTHER CLIENTS OR OTHER RNS EMPLOYEES

Get active-take your patient for a walk- take them outside- encourage sitting in a chair vs. being in a bed

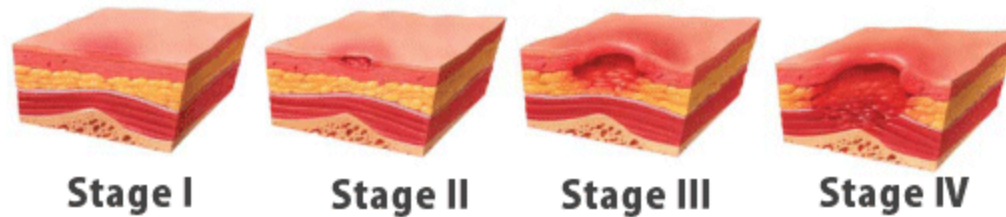
Range of motion exercises are important

Your patient should be walking, moving or rolled every two hours

Along with exercise-moving your patient will alleviate skin breakdown issues

A pressure ulcer is an area of skin and tissue that becomes injured or broken down. Generally, pressure ulcers occur when a person is in a sitting or lying position for too long without shifting his or her weight. The constant pressure against the skin causes a decreased blood supply to that area. Without a blood supply, the area cannot survive and the affected tissue dies.

The most common places for pressure ulcers are over bony prominences (bones close to the skin), such as the elbow, heels, hips, ankles, shoulders, back, and the back of the head.



Stage I: A reddened area on the skin that, when pressed, is "non-blanchable" (does not turn white). This indicates that a pressure ulcer is starting to develop. Non-blanchable erythema of intact skin, the heralding lesion of skin ulceration. In individuals with darker skin, discoloration of the skin, warmth, edema, induration, or hardness may also be indicators.

Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Partial thickness skin loss involving epidermis, dermis, or both.

Stage III: The skin breakdown now looks like a crater where there is damage to the tissue below the skin. Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining adjacent tissue.

Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes tendons and joints. Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon or joint capsule)

Use your wound care nurse as a resource.

Barrier cream is a MUST. Use seat cushions and air pillows as needed. Use heel pads and a pillow under the knees when in the supine position

Use pillows behind their back and between their knees to keep them on their side while resting.

Turning every two hours is a MUST

Follow good skin care, including inspecting the skin every day and keeping skin clean and dry.

Incontinent people need to take extra steps to limit areas of moisture.

Make sure patients eat healthy, well-balanced meals

Do not massage the area

Notify your Case RN if:

There is a foul smell from the ulcer area

Redness and tenderness is noted around the area of the ulcer

The skin close to the ulcer is warm and swollen

Hospice

Hospice is a concept of caring derived from medieval times, symbolizing a place where travelers, pilgrims and the sick, wounded or dying could find rest and comfort. The contemporary hospice offers a comprehensive program of care to patients and families facing a life threatening illness. Hospice is primarily a concept of care, not a specific place of care.

Hospice emphasizes palliative rather than curative treatment; quality rather than quantity of life. The dying are comforted. Professional medical care is given, and sophisticated symptom relief provided. The patient and family are both included in the care plan and emotional, spiritual and practical support is given based on the patient's wishes and family's needs. Trained volunteers can offer respite care for family members as well as meaningful support to the patient.

Hospice affirms life and regards dying as a normal process. Hospice neither hastens nor postpones death. Hospice provides personalized services and a caring community so that patients and families can attain the necessary preparation for a death that is satisfactory to them.

Those involved in the process of dying have a variety of physical, spiritual, emotional and social needs. The nature of dying is so unique that the goal of the hospice team is to be sensitive and responsive to the special requirements of each individual and family. Hospice care is provided to patients who have a limited life expectancy. Although most hospice patients are cancer patients, hospices accept anyone regardless of age or type of illness. These patients have also made a decision to spend their last months at home or in a homelike setting.

Support services - companionship, friendly visiting, active listening, bedside sitting, letter writing.

Sharing hobbies and special interests -- reading, gardening, listening to music, sports, travel, crafts, etc.

Assisting with errands - grocery shopping, picking up prescriptions and supplies, banking.

Transport patient/family - appointments, shopping, social outings.

Homemaking tasks - light housekeeping, dishes, laundry, meal preparation, child care.

No task is too big or too small, but often the most important thing you can do is just "be there" for patients to reassure them they are not alone, to hold a hand, to offer a smile, or to just listen. It is not easy work, but the personal rewards are enormous. The strength and courage of patients provide a constant source of inspiration, and volunteers usually feel they gain more than they have been able to give.

Hospice volunteers often express their work with patients and families as a blessing. The inner knowledge and satisfaction a volunteer receives from knowing they've made a real difference in the life of a patient or family is what makes being a hospice volunteer special. To be invited into the last months, weeks, and days of a person's life is an honor and a privilege.