

12 HOUR CNA UPDATE CONTINUE EDUCATION

12 HOUR ONLINE CONTINUED EDUCATION FOR CNA IN TEXAS(PART 2)

This course complements the 12 Hour Continue Education by DADS And the First 12 Hour Cont. Ed class for CNA by AMIINC

This course will provide the Texas Certified Nurse Aide a forum to update their permit and review the care of residents with disorders like dementia and Alzheimer disease. It will include the reviews and discussions below.

- Nursing Law of Ethics, Health Illness, Nutrition, Infection and Infection Control.
- Elimination Needs and Patterns
- End of Life Care for Common Conditions in the Elderly.

The purpose of this online 12 hour continuing education course for CNAs in the State of Texas is to improve the knowledge, Attitude and skills of the care giver of all clients with focus on geriatrics clients. As the number of elderly clients increase, healthcare providers must become knowledgeable of their healthcare needs to provide the best care possible.

12 HOUR ONLINE CONTINUED EDUCATION FOR CNA IN TEXAS

Approvals

This course is approved by Texas Workforce Commission for the yearly mandatory continuing education by DADS of Texas.

Prerequisite/Admission Requirement:

CNAs currently working on healthcare settings in the state of Texas will have to show proof of permit from the Texas nurse aide registry.

Course Objective:

The objective of this course is to educate and reinforce working knowledge and skills of the CNAs in the physiological changes as age progresses. Candidates will care for clients with common pathological conditions associated with aging ensuring the understanding of care of a client with dementia and/or Alzheimer. As a care giver you will be equipped with new knowledge and skills necessary to give the best compassionate and experienced care possible.

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Learning Objectives:

- Review of Nursing Law and Code of Ethics.
- Review of Health and Illness.
- Review of Nutrition.
- Review of Infection and Infection Control.
- Review of Elimination Needs and Patterns.
- Nursing Care during End of Life Care for Common Conditions in the Elderly such as Kidney Disease, Stroke, Alzheimer's Disease, and Diabetes.

Cost: \$100

Presenters:

This course is presented by American Medical Institute. Who has been involved in Health career training for the past 20 years.

Programs approved by TWC and DADS

12 HOUR ONLINE CONTINUED EDUCATION FOR CNA IN TEXAS

Disclaimer – the planners of the program have no relevant financial relationship with products, manufacturer or service provider mentioned.

About the Instructor:

Dr. Ify Emenaha has 30 years of experience in health care and education, RN, BS Pharmacy and holds a Doctorate in Pharmacy. Dr. Ify Emenaha has also served as an associate professor at the College of Pharmacy and Health Science in Houston, Texas, and worked as an assisted director in a long term skilled facility. Currently volunteering at the University of Houston Dental Branch assisting the team that teaches ACLS to the dental students.

Dr. Ify Emenaha has created, developed and directed programs, including but not limited to, nurse aide, medication aide, and vocational nursing. She holds seminars for Certified Medication Aide update, Certified Nurse Aide update, Assisted Living Manager training class, Basic Life Support (CPR) certification and recertification training. Also, advanced Life Support training and EKG training.

LAWS & ETHICS

LAWS

- Rules of conduct established and enforced by government
- Intended to protect both the general public and each person

Laws: Six Categories

- Constitutional laws
 - Founders of the United States wrote the first formal laws
 - Divided power among three branches of government
 - Protected the entire nation
 - Identified rights and privileges of U.S. citizens
- Statutory laws
 - Laws enacted by federal, state, or local legislatures: public acts, codes, or ordinances
 - Nurse practice acts: common elements
 - Define scope of nursing practice; establish the limits to practice
 - Nurse practice acts (cont'd)
 - Identify titles: licensed practical nurse (LPN); licensed vocational nurse (LVN); or registered nurse (RN)
 - Authorize a board of nursing to oversee nursing practice
 - Determine what constitutes grounds for disciplinary action

LAWS

- Administrative laws
 - Legal provisions: federal, state, and local agencies maintain self-regulation
 - State boards of nursing
 - Nurse licensure compacts
- Common laws
 - Decisions based on prior similar cases: judicial law
 - Based on the principle of stare decisis
 - Refers to litigation: falls outside the realm of constitutional, statutory, and administrative laws
- Criminal laws
 - Penal codes: protect citizens from people who pose a threat to the public good
 - Used to prosecute those who commit crimes
 - Misdemeanors or felonies
- Civil laws
 - Statutes: protect personal freedoms and rights
 - Disputes between individual citizens
 - Civil cases: torts
 - Intentional
 - Unintentional

LAWS: Civil Law

Intentional torts

- Assault
- Battery
- False imprisonment
- Invasion of privacy
 - Defamation

Unintentional torts

- Negligence
- Malpractice

ETHICS

- Moral or philosophical principles: direct actions as being either right or wrong
- Codes of ethics
 - List of written statements describing ideal behavior

Ethical dilemmas

- Choice between two undesirable alternatives
- Occur when individual values and laws conflict
- Nurses actions may be legal but personally unethical; or ethical but illegal

Ethical theories

- Nurses use one of two ethical problem-solving theories to solve ethical dilemmas
- Teleology
- Deontology

ETHICS

Ethical principles

- Beneficence
- Nonmaleficence
- Autonomy
- Veracity
- Fidelity
- Justice

Values and ethical decision-making

- Values: person's most meaningful beliefs
- Basis: decisions about right or wrong
- Guidelines to ethical decision making

Ethics committees

- Ethical decisions are complex and can affect the lives of clients
- Cross-section of professionals and nonprofessionals debate about ethical issues
- Called on to offer advice to protect clients' best interests and to avoid legal battles

ETHICS

Common Ethical Issues

- Truth telling
- Confidentiality
- Withholding or withdrawing treatment
- Code status
- Allocation of scarce resources
- Whistle-blowing

Truth Telling

- All clients have the right to complete and accurate information
- Physicians' and nurses' duty to report truth regarding client health matters

Confidentiality

- Safeguarding a person's health information from public disclosure
- Must not divulge health information to unauthorized people without client's written permission

Code status

- During cardiac or respiratory arrest, refers to how health care personnel are required to manage care

ETHICS

- Allocation of scarce resources
 - Process of deciding how to distribute limited life-saving equipment or procedures
 - First come, first served
 - Intent to produce most good to most people

Whistle blowing

- Reporting incompetent or unethical practices and unsafe or potentially harmful situations
 - Involves personal risks
 - Ethical priority: protecting clients

HEALTH & ILLNESS

Health & Illness

Definition of Health

- According to WHO, health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity
- Americans believe health is a resource, a right, and a personal responsibility

Values & Beliefs

- Values: ideals a person feels are important
- Beliefs: concepts a person holds to be true

Health

- Health is a limited resource and a valuable possession
- Health is a right
- Health is a personal responsibility that requires continuous personal effort

Wellness and Holism

- Wellness is full and balanced integration of all aspects of health: physical, emotional, social, and spiritual
- Holism is the sum of physical, emotional, social, and spiritual health

Health & Illness

Maslow's Hierarchy of Human Needs

- Abraham Maslow identified five levels of human needs
- Placed in sequential order of hierarchy
- Physiologic (first level)
- Safety and security (second level)
- Love and belonging (third level)
- Esteem and self-esteem (fourth level)
- Self-actualization (fifth level)

Illness

- Illness: state of discomfort that results when disease, deterioration, or injury impairs a person's health

Illness Definitions

- Morbidity: incidence of a specific disease, disorder, or injury that refers to the rate or numbers of people affected
- Mortality: the number of people who died from a particular disease or condition

Health & Illness

Types of Illnesses Based Upon Duration

- Acute illness: sudden onset and lasts for a short time
- Chronic illness: comes on slowly and lasts a long time
- Terminal illness: there is no potential for cure

Types of Illnesses Based Upon Underlying Disease

- Primary illness: develops independently of any other disease
- Secondary illness: develops as a result of a pre-existing primary condition

Illness Terms + Definitions

- Remission: disappearance of signs and symptoms associated with a particular disease; resembles cured state but relief may be temporary
- Exacerbation: reactivation of disorder; occurs periodically in clients with long-standing diseases

Types of Illnesses

- Hereditary condition: acquired from genetic codes of one or both parents; symptoms may or may not be present at birth
- Congenital disorders: present at birth but result of faulty embryonic development
- Idiopathic illness: cause is unexplained

Health & Illness

Health Care System

- A health care system includes agencies and institutions where people seek treatment for health problems or assistance with maintaining or promoting their health
- Primary care: services provided by first health care professional or agency a person contacts
- Secondary care: services to which primary caregivers refer clients for consultation and additional testing
- Tertiary care: services provided at hospitals or medical centers
- Extended care: services that meet health needs of clients who no longer require acute hospital care
 - Rehabilitation; skilled nursing care in a person's home or a nursing home; hospice care for dying clients

Health Care Services

- Include those that offer health prevention, diagnosis, treatment, or rehabilitation
- The U.S. Census Bureau estimates that 45.8 million citizens do not have access to health care

Financing Health Care

- Government-funded health care
 - Medicare
 - Prospective payment system: reimburses hospitals on a fixed-rate basis derived from the diagnostic-related group
 - Medicaid

Health & Illness

Managed Care

- Managed care organizations: private insurers carefully plan and closely supervise distribution of clients' health care services; reduces health care costs

Types of Managed Care Organizations

- Health maintenance organizations (HMOs)
- Referred provider organizations (PPOs)
- Capitation: third emerging managed care organization's (MCO) financial strategy

Controlling Escalating Health Costs

- Prospective payment systems
- Health maintenance organizations (HMO)
- Preferred provider organizations (PPO)
- Capitation

Outcomes of Structured Reimbursement

- Shifted economic and decision-making power from hospitals and physicians to insurance companies
- Integrated delivery systems: networks that provide a full range of health care services in a highly coordinated, cost-effective manner

Health & Illness

National Health Goals

- Healthy People 2020: Ongoing national health-promotion effort; goals include
 - Eliminate preventable disease, disability, injury, and premature death
 - Achieve health equity, eliminate disparities, and improve the health of all groups
 - Create social and physical environments that promote good health for all
 - Promote healthy development and healthy behaviors across every stage of life

Nursing Team

- Five common management patterns
 - Functional nursing, case method, team nursing, primary nursing, and nurse managed care
- Functional nursing
 - Each nurse on a client unit is assigned specific tasks
 - Used less often; focus is more on completing task rather than caring for individual clients
- Case method
 - One nurse manages all care a client or group of clients needs; used in home health, public health, and community mental health nursing
 - Nurses: case managers

Health & Illness

Nursing Team

- Team nursing
 - Nursing personnel divide clients into groups and complete their care together
 - Organized and directed by team leader; conferences are an important part
- Primary nursing
 - Admitting nurse assumes responsibility for planning client care and evaluating the client's progress
 - Remains responsible and accountable for specific clients until discharge
- Nurse managed care
 - The nurse manager plans nursing care of clients based on their type of case or medical diagnosis
 - Clinical pathway is used

Continuity of Health Care

- Continuity of care ensures:
 - Client navigates complicated health care system with maximum efficiency and minimum frustration
 - Client does not feel isolated, fragmented, or abandoned

NUTRITION

Nutrition

Nutrition

- Nutrition is the process by which the body uses food
- Malnutrition is a condition resulting from a lack of proper nutrients in the diet

Who Is at Risk of Malnutrition

- Malnutrition is common among people living in developing countries
- In the U.S.:
 - Older adults who are socially isolated or living on fixed incomes
 - Homeless people
 - Children of economically deprived parents
 - Pregnant teenagers
 - People with substance abuse problems such as alcoholism
 - Clients with eating disorders, such as anorexia nervosa and bulimia nervosa

Basic Nutrients

- Calories: energy value of food
- Proteins: building blocks of the body, composed of amino acids
- Carbohydrates: source of quick energy
- Fats: concentrated energy source
- Saturated fats: generally solid
- Unsaturated fats: healthier form of fat

Nutrition

Risks Associated With Cholesterol

CARDIAC RISK ASSOCIATED WITH BLOOD FAT LEVELS		
SUBSTANCE	VALUE	INTERPRETATION
Total Cholesterol	<200 mg/dL	Desirable
	200-239 mg/dL	Borderline High
	>240 mg/dL	High
Low-Density lipoprotein (LDL)	<100 mg/dL	Optimal
	100-129 mg/dL	Near optimal
	130-159 mg/dL	Borderline High
	160-189 mg/dL	High
	190 mg/dL & above	Very High
High-Density lipoprotein (HDL)	<40 mg/dL	Low
	40-59 mg/dL	Acceptable
	60 mg/dL & above	Optimal

Nutrition

Basic Nutrients

- Minerals: noncaloric substances that regulates chemical processes
- Vitamins: normal growth, maintenance of health, and functioning of the body
 - Water-soluble vitamins: eliminated with body fluids
 - Fat-soluble vitamins: stored in the body as reserves for future needs

Vitamins

My Plate

- Amounts from various food group categories can be individualized according to a person's age, gender, and level of activity
 - Grain - 30%
 - Vegetables - 30%
 - Fruits - 20%
 - Proteins - 20%
 - Low/non-fat milk, other dairy products

Nutrition

Nutritional Labels

- Disease prevention guidelines
- Amount of nutrition per serving: using household measurements
- Percentage of DV standards per serving
- Vitamin/mineral content per serving
- The federal Nutrition Labeling and Education Act states that companies should comply with standard definitions if they use health-related claims

Regulations for Labeling Terms

Calorie-free: <5 calories

Low-calorie: 40 calories & below

Reduced calorie: at least 25% fewer calories than standard product

Light or "lite": 1/3 fewer calories or 50% less fat than regular product

Fat-Free: <0.5 g fat; example: skim milk

Low fat: 3 g & below of fat; example: 1% milk

Reduced fat: at least 25% less fat than regular product; example: 2% milk

Cholesterol-free: <2 mg cholesterol and 2 g & below of saturated fat

Low cholesterol: 20 mg & below of cholesterol and 2 g & below of saturated fat

Sugar-free: <0.5 g sugar

Fruit drink/beverage: <100% fruit juice

Imitation: new food that resembles a traditional food and contains less protein or less of any essential vitamin or mineral than the traditional food; example: imitation cheese

Nutrition

Factors That Influence Nutritional Needs

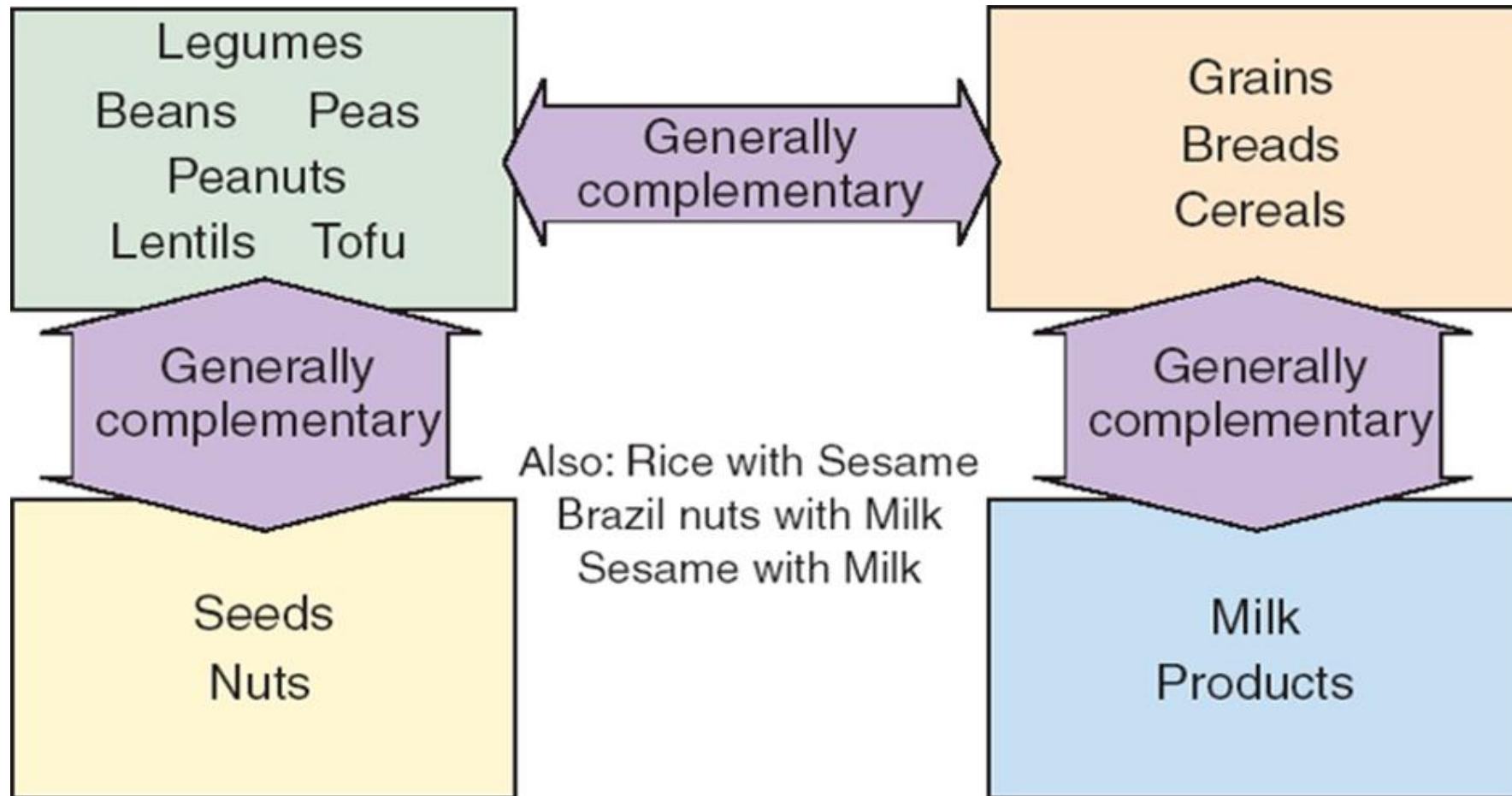
- Food preferences acquired during childhood
- Established patterns for meals
- Attitudes about nutrition
- Knowledge of nutrition
- Income level
- Time available for food preparation
- Number of people in the household
- Access to food markets
- Use of food for comfort, celebration, or symbolic reward
- Satisfaction or dissatisfaction with body weight
- Religious beliefs

Protein Complementation

- Protein complementation or combining plant sources of protein helps a person to acquire all essential amino acids from nonanimal sources
- Complete proteins contain all the essential amino acids; found in animal sources
- Incomplete proteins contain only some essential amino acids; found in plant sources

Nutrition

Protein Complementation



Nutrition

Diet History

- Assessment technique for obtaining facts about a client's eating habits and factors that affect nutrition, such as level of appetite, weight loss or gain of 10 lbs in the past 6 months, and number of meals the client eats per day

Problems in Nutritional Assessment

- Obesity
- Emaciation
- Anorexia
- Nausea
- Vomiting
- Stomach gas

Nursing Interventions for Resolving Problems

1. Imbalanced nutrition: less than body requirements



2. Deficient knowledge: nutrition



3. Impaired swallowing

1. Imbalanced nutrition: more than body requirements



2. Self-care deficit: feeding



3. Risk for aspiration

Nutrition

Hospital Diets

- Regular or general: allows unrestricted food selections
- Light or convalescent: differs from regular diet in preparation; typically omits fried, fatty, gas-forming, and raw foods and rich pastries
- Soft: contains foods soft in texture; usually low in residue and readily digestible; provides fewer fruits, vegetables, or meats than a light diet
- Mechanical soft: resembles a light diet but used for clients with chewing difficulties; provides cooked fruits and vegetables and ground meats
- Full liquid: fruit and vegetable juices; creamed or blended soups; milk, ices, ice cream, gelatin, junket, custards; and cooked cereals
- Clear liquid: water, clear broth, clear fruit juices, plain gelatin, tea, and coffee; may or may not include carbonated beverages
- Special therapeutic: foods prepared to meet special needs, such as low in sodium, fat, or fiber

Nursing Responsibilities

- Ordering and canceling diets for clients
- Serving and collecting meal trays
- Helping clients to eat
- Recording the percentage of food that clients eat

Nutrition

Client's Diet

- Type of diet prescribed for each client
- Purpose for the diet
- Characteristics of the diet

Feeding Strategies

- Clients with dysphagia
- Clients with visual impairment or dementia

Older Adults

- Evaluation of nutritional status in annual examinations or more frequently
- Diminished senses of smell and taste; require fewer calories; nutritional supplements should be evaluated; if sedentary, teach benefits of exercise; oral and dental problems
- Chronic conditions; food–drug interactions; dysphagia; socioeconomic barriers; psychosocial impairments

INFECTION & INFECTION CONTROL

Infection & Infection Control

- Infectious diseases
 - Contagious or communicable diseases and community-acquired infections
 - Persistence of infectious diseases
 - The current public health problem of AIDS, HIV, and SARS

FACTS & MYTHS ABOUT THE TRANSMISSION OF HIV

Facts

HIV is transmitted by

- Having unprotected vaginal, anal, or oral sexual contact with an infected person
- Sharing needles or syringes with an infected person
- Acquiring a needle-stick injury with the blood of an infected person
- Receiving transfusions of infected blood or blood products
- Being born to or breast-fed by an HIV infected mother
- Having contact with the blood of an infected person through unsterilized equipment for ear-piercing, tattooing, acupuncture, dental procedures, safety razors, or toothbrushes
- Contacting blood of an infected person through an open cut or splashes into the mucous membranes such as the eyes or inside of the nose

Myths

HIV is *not* transmitted by

- Donating blood
- Being bitten by insects
- Sharing cups and eating utensils
- Inhaling droplets from sneezes or coughs
- Hugging, touching, or closed-mouth kissing an infected person
- Sharing telephones or computer keyboards
- Going to any public place with people infected with HIV
- Using public drinking fountains or toilet seats

Infection & Infection Control

Infection

- Infection: condition that results when microorganisms cause injury to a host
- Colonization: condition that results when microbes are present but host is without signs or symptoms of infection
- Progress of infections through distinct stages

The Course of Infectious Diseases

COURSE OF INFECTIOUS DISEASES	
STAGE	CHARACTERISTIC
Incubation period	Infectious agent reproduces, but there are no recognizable symptoms. The infectious agent may, however, exit the host at this time and infect others.
Prodromal stage	Initial symptoms appear, which may be vague and nonspecific. They may include mild fever, headache, and loss of usual energy.
Acute stage	Symptoms become severe and specific to the tissue or organ that is affected. For example, tuberculosis is manifested by respiratory symptoms.
Convalescent stage	The symptoms subside as the host overcomes the infectious agent.
Resolution	The pathogen is destroyed. Health improves or is restored.

Infection & Infection Control

Infection Control Precautions

- Infection control precautions: physical measures designed to curtail the spread of infectious diseases
 - The Centers for Disease Control and Prevention
- Standard precautions: reduce transmission of microorganisms from both recognized and unrecognized sources of blood, body fluids (except sweat), nonintact skin, mucous membranes
- Three new elements: Respiratory Hygiene/ Cough Etiquette; Safe Injection Practices; Special Lumbar Puncture Procedures
- Transmission-based precautions
 - Airborne
 - Droplet
 - Contact



TRANSMISSION-BASED PRECAUTIONS			
TYPE OF PRECAUTION	CLIENT PLACEMENT	PROTECTION	EXAMPLES OF DISEASES
Airborne	Private room or in a room with a similarly infected client Negative air pressure* Six to 12 air changes per hour Discharge of room air to environment or filtered before being circulated	Follow standard precautions. Keep door closed; confine client to room. Wear a mask for trapping airborne pathogens, such as N95 respirator or Powered Air Purifying Respirator in the case of tuberculosis. Place a mask on the client if transport is required.	Pulmonary tuberculosis Measles (rubeola)
Droplet	Private room or in a room with a similarly infected client or one in which there are at least 3 feet between other clients and visitors	Follow standard precautions. Leave door open or closed. Wear a mask when entering the room depending on agency policy but always when within 3 feet of the client. Place a mask on the client if transport is required.	Influenza Rubella Streptococcal pneumonia Meningococcal meningitis
Contact	Private room or in a room with similarly infected client or consult with an infection control professional if the above options are not available.	Follow standard precautions. Don gloves before entering the room. Change gloves during client care after contact with infective material that contains high concentrations of microorganisms. Remove gloves before leaving the room. Perform handwashing or perform an alcohol-based handrub with an antimicrobial agent immediately after removing gloves. Do not touch potentially contaminated surfaces or items in the immediate environment after glove removal and handwashing. Wear a gown when entering the room if there is the possibility that your clothing will touch the client, environmental surfaces, or items in the room, or if the client is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the environment. Avoid transporting the client but, if transport is required, use precautions that minimize transmission. Clean bedside equipment and client care items daily. Use items such as a stethoscope, sphygmomanometer, and other assessment tools exclusively for the infected client; clean and disinfect them before use for another client.	Gastrointestinal, respiratory, skin, or wound infections that are drug-resistant Gas gangrene Acute diarrhea Acute viral conjunctivitis Draining abscess

*Negative air pressure pulls air from the hall into the room when the door is opened, as opposed to positive air pressure, which pulls room air into the hall.
Centers for Disease Control and Prevention. (1996). Guideline for isolation precautions in hospitals. http://www.cdc.gov/nctid/dhqp/gl_isolation.html modified 2005; accessed January 2007.

Infection & Infection Control

Infection Control Measures

- Personal protective equipment
 - The purpose and characteristics of cover gowns
 - Face-protection devices
 - Gloves
 - Removing personal protective equipment
 - Disposing of contaminated linen, equipment, and supplies
 - Double bagging
- Client environment
 - Infection control room
 - Equipment and supplies
- Methods of discarding biodegradable trash
- Removing reusable items
- Delivering laboratory specimens
- Transporting clients with infectious diseases

Psychological Implications

- Being attentive to client sensibilities
- Promoting social interaction
- Combating sensory deprivation



Infection & Infection Control

Providing Sensory Stimulation

Nursing Guidelines

Providing Sensory Stimulation

- Move the bed to various places in the room, or periodically rearrange the furnishings in the room. *Such a change provides a new perspective for the client.*
- Position the client so he or she can look out the window. *Having something different to look at reduces boredom.*
- Encourage the client to use the telephone. *Telephone calls allow social interaction.*
- Communicate using the intercom system if entering the room is inconvenient. *This shows that the nurse is paying attention to the client.*
- Converse with the client about current world events. *Conversation stimulates the client's thought processes.*
- Help the client to select television or radio programs. *Watching television or listening to the radio engages the client's attention.*
- Change the location of equipment that produces monotonous sounds. *Changing the location will vary the volume or pitch of the noise.*
- Encourage the client to be active, within the confines of the room. Activity provides a means of stimulation.
- Encourage activities that the client can do independently such as reading, working crossword puzzles, playing solitaire, and putting picture puzzles together. *Such activities are diverting.*
- Offer a wide choice of foods with different flavors, temperatures, and textures. *Eating a variety of foods stimulates oral and olfactory sensations.*
- Use touch appropriately by giving a backrub or changing the client's position. *Touch produces tactile stimulation.*

Infection & Infection Control

Nursing Implications

- Frequently identified nursing diagnoses when caring for clients with infectious diseases
 - The nursing diagnosis of risk for infection transmission
- Imparting of infection prevention teaching measures to client and family

Preventing Infections



Client & Family Teaching

Preventing Infections

The nurse teaches the client and family as follows:

- Bathe daily and perform other forms of personal hygiene such as oral care.
- Keep the home environment clean and uncluttered.
- Use diluted household bleach (1:10 or 1:100) as a disinfectant.
- Obtain appropriate adult immunizations (tetanus vaccine at 10-year intervals, influenza vaccine yearly). A pneumococcal pneumonia immunization lasts a lifetime or revaccination is required every 5 years for extremely high risk people.
- Investigate necessary vaccines, water purification techniques, and foods to avoid when traveling outside the United States.
- Practice a healthy lifestyle such as eating the recommended number of servings from MyPyramid.
- Perform frequent handwashing, especially before eating, after contact with nasal secretions, and after using the toilet.
- Use disposable tissues rather than a cloth handkerchief for nasal and oral secretions.
- Avoid sharing personal care items such as washcloths and towels, razors, and cups.
- Stay home from work or school when ill rather than exposing others to infectious pathogens.
- Take over the task of cooking if the family member who usually cooks is ill.
- Keep food refrigerated until use; cook food thoroughly.
- Avoid crowds and public places during outbreaks of influenza.
- Follow infection control instructions when visiting hospitalized family members and friends.
- Comply with drug therapy when prescribed.

Infection & Infection Control

General Gerontologic Considerations

- Susceptibility to infections among older clients due to decreased immune system function and inadequate fluid/nutrition intake
- Subtler symptoms of infections among older adults
- Infections more likely to have a rapid course and life-threatening consequences once established
- Change in behavior and mental status can signal infectious process
- The high incidence of TB among older adults, especially those in long-term care
- Maintaining intact skin is excellent first-line defense against nosocomial infections
- Prompt perineal hygiene is best technique for preventing urinary tract infections

ELIMINATION

Elimination

Defecation

- Defecation: the act of expelling feces from the body
- Peristalsis: rhythmic contractions of intestinal smooth muscle to facilitate defecation
- Gastrocolic reflex: increased peristaltic activity occurring during food consumption
- Valsalva maneuver: increasing abdominal muscle pressure to facilitate defecation

Common Factors Affecting Bowel Elimination

COMMON FACTORS AFFECTING BOWEL ELIMINATION	
FACTOR	EFFECT
Types of food consumed	Influence color, odor, volume, and consistency of stool, and fecal velocity
Fluid intake	Influences moisture content of stool
Drugs	Slow or speed motility
Emotions	Alter bowel motility
Neuromuscular function	Affects the ability to control rectal muscles
Abdominal muscle tone	Affects the ability to increase intra-abdominal pressure (Valsalva maneuver)
Opportunity for defecation	Inhibits or facilitates elimination

Elimination

Assessment of Bowel Elimination

- Elimination patterns
- Stool characteristics

Characteristics of Stool

CHARACTERISTICS OF STOOL		
CHARACTERISTIC	NORMAL	ABNORMAL
Color	Brown	Black Clay-colored (tan) Yellow Green
Odor	Aromatic	Foul
Consistency	Soft, formed	Soft, bulky Hard, dry Watery Pastelike
Shape	Round, full	Unformed Flat Pencil-shaped Stonelike
Components	Undigested fiber	Worms Blood Pus Mucus

Testing Stool for Occult Blood

Nursing Guidelines

Testing Stool for Occult Blood

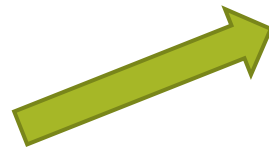
- Collect stool within a toilet line or bedpan. *Use of such devices prevents mixing stool with water or urine.*
- Don gloves and use an applicator stick to collect the specimen. *These measures reduce the transmission of microorganisms.*
- Take a sample from the center area of the stool. *A sample from here provides more diagnostic value because it is not superficially tainted with blood from local tissue.*
- Apply a thin smear of stool onto the test area supplied with the screening kit. *Correct use of kit endures thorough contact with the chemical reagent.*
- Cover the entire test space. *Doing so ensures more accurate findings.*
- Place two drops of chemical reagent onto the test space. *This step promotes a chemical reaction.*
- Wait 60 seconds. *This duration is the time needed for chemical interaction with the stool.*
- Observe for a blue color. *This finding indicates that blood is present.*

Elimination

Common Alterations in Bowel Elimination

- Constipation
 - Primary
 - Secondary
 - Iatrogenic
 - Pseudo constipation
- Fecal impaction
- Flatulence
- Diarrhea
- Fecal incontinence

Removing Fecal Impaction



Nursing Guidelines

Removing Fecal Impaction

- Wash your hands or perform an alcohol-based handrub. *Hand hygiene reduces the transmission of microorganisms.*
- Don clean examination gloves. *Doing so complies with standard precautions by providing a barrier between the hands and a substance that contains body fluid.*
- Provide privacy. *Privacy demonstrates respect for the client's dignity.*
- Place the client in a Sims' position. *This position facilitates access to the rectum.*
- Cover the client with a drape and place a disposable pad under the client's hips. *Use of these materials prevents soiling.*
- Place a bedpan conveniently on the bed. *The bedpan acts as a container for removed stool.*
- Don clean gloves. *Use of gloves reduces the transmission of microorganisms.*
- Lubricate the forefinger of your dominant hand. *Lubrication eases insertion within the rectum.*
- Insert your lubricated finger within the rectum to the level of the hardened mass. *Insertion to this level facilitates digital manipulation of the stool.*
- Move your finger about slowly and carefully to break up the mass of stool. *Movement facilitates removal of voluntary passage.*
- Withdraw segments of the stool and deposit them in the bedpan. *Removal reduces the internal mass of stool.*
- Provide periods of rest but continue until the mass has been removed or sufficiently reduced. *Doing so restores patency to the lower bowel.*
- Clean the client's rectal area; dispose of the stool and soiled gloves; repeat hand hygiene measures. *These measures support principles of medical asepsis.*

Elimination

Managing Fecal Incontinence

CLIENT & FAMILY TEACHING

Managing Fecal Incontinence

The nurse teaches the client and family as follows:

- Eat regularly and nutritiously.
- Monitor the pattern of incontinence to determine whether it occurs at a similar time each day.
- Sit on the toilet or bedside commode before the time elimination tends to occur.
- Consult the physician about inserting a suppository or administering an enema every 2 to 3 days to establish a pattern for bowel elimination.
- Use moisture-proof undergarments and absorbent pads to protect clothing and bed linen.
- Teach caregivers to do the following:
 - ✓ Do not imply, verbally or nonverbally, that the client is to blame for the inconvenience or that cleaning him or her is disgusting.
 - ✓ Avoid anything that connotes diapering, to preserve the client's dignity and self-esteem.

Elimination

Measures to Promote Bowel Elimination

- Two physician-ordered interventions to promote elimination when not naturally occurring
 - Insert a rectal suppository
 - Administer an enema
 - Cleansing enemas
 - Tap water, normal saline
 - Soapsuds, hypertonic saline

Administering a Hypertonic Enema Solution

Nursing Guidelines

Administering a Hypertonic Enema Solution

- Warm the container of solution (if it is cold) by placing it in a basin or sink of warm water. *Warmth promotes comfort.*
- Assist the client to a Sims' position or use a knee-chest position. *These positions promote gravity distribution of the solution.*
- Wash hands or use an alcohol-based handrub and don gloves. *Hand hygiene reduces transmission of microorganisms; gloves provide a barrier from contact with a substance that contains body fluid.*
- Remove the cover from the lubricated tip. *This step facilitates administration.*
- Cover the tip with additional lubricant. *Lubricant eases insertion.*
- Invert the container. *Inversion causes air in the container to rise toward the upper end.*
- Insert the full length of the tip within the rectum. *This positioning places the tip at a level that promotes effectiveness.*
- Apply gentle, steady pressure on the solution container for 1 to 2 minutes or until the solution has been completely administered. *This method instills a steady stream of solution.*
- Compress the container as the solution instills. *Compression provides positive pressure rather than gravity to instill fluid.*
- Encourage the client to retain the solution for 5 to 15 minutes. *This duration promotes effectiveness.*
- Clean the client and position for comfort. *These measures demonstrate concern for the clients well-being.*
- Discard the container, remove gloves, and perform hand hygiene measures. *Doing so follows principles of medical asepsis.*

Elimination

Measures to Promote Bowel Elimination

- Administer an enema (cont'd)
 - Retention enemas
 - Oil retention enema
 - Mineral, cottonseed, or olive oil
 - Retained at least 30 minutes
 - Lubricate and soften stool to ease stool expulsion

Ostomy Care

- Ileostomy: surgically created opening to the ileum
- Colostomy: surgically created opening to the colon
- Providing parastomal care
 - Applying an ostomy appliance
 - Draining a continent ileostomy
- Irrigating a colostomy

An Ostomy Appliance



Elimination

Draining a Continent Ileostomy

Client & Family Teaching

Draining a continent Ileostomy

The nurse teaches the client or family as follows:

- Assume a sitting position
- Insert a lubricated 22 to 28 F catheter into the stoma
- Expect resistance after inserting the tube approximately 2 inches; this is the location of the valve that controls the retention of liquid stool or urine.
- Gently advance the catheter through the valve at the end of exhalation, while coughing, or while bearing down as if to pass stool
- Lower the external external end of the catheter at least 12 inches below the stoma
- Direct the end of the catheter into a container or toilet as stool or urine begins to flow
- Allow at least 5 to 10 minutes for complete emptying
- Remove the catheter and clean it with warm soapy water
- Place the clean catheter in a sealable plastic bag until its next use
- Cover the stoma with a gauze square or a large bandage
- If the catheter becomes plugged with stool or mucus
 - i. Bear down as if to have a bowel movement
 - ii. Rotate the catheter tip inside the stoma
 - iii. Milk the catheter
 - iv. If these are not successful, remove the catheter, rinse it, and try again
 - v. Notify the physician if these efforts do not result in drainage
 - vi. Never wait longer than 6 hours without obtaining drainage

Elimination

Nursing Implications

- Constipation, risk for constipation, perceived constipation
- Diarrhea, bowel incontinence
- Toileting self-care deficit
- Situational low self-esteem

General Gerontologic Considerations

- Age-related changes predispose older adults to constipation, as do medication effects, diminished physical activity, and inadequate fluid and fiber intake
- Older adults likely to implement home remedies to promote bowel elimination
- Educate older adults about risk for constipation and effective bowel regimen
- Some older adults overuse laxatives or have long-standing habit of laxative abuse; encourage use of bulk-forming products to promote effective bowel elimination
- Prolonged use of mineral oil to prevent/relieve constipation interferes with absorption of fat-soluble vitamins (A, D, E, and K)
- Change in bowel habits and stool characteristics can signal colorectal cancer; recommend regular endoscopic bowel exams after 50 years of age
- Diarrhea can quickly lead to dehydration and electrolyte imbalance
- Hemorrhoids or polyps in older adults may interfere with stool passage; gently perform digital removal of impaction, if ordered

END OF LIFE

End of Life

Terminal Illness and Care

- Terminal illness: recovery from the condition is beyond reasonable expectations
- Stages of dying
 - Denial: psychological defense mechanism; refusal to believe certain information; helps to cope with reality of death
 - Anger: emotional response to feeling victimized; occurs because there is no way to retaliate against fate
 - Bargaining: psychological mechanism to delay the inevitable
 - Depression: sad mood; realization that death will come sooner rather than later
 - Acceptance: attitude of complacency that occurs after clients have dealt with their losses
- Promoting acceptance: nurses can help client to pass from one stage to another by providing emotional support and supporting client's choice regarding terminal care

Stages of Dying		
STAGE	TYPICAL EMOTIONAL RESPONSE	TYPICAL COMMENT
First stage	Denial	"No, not me..."
Second Stage	Anger	"Why me?"
Third stage	Bargaining	"Yes me, but if only..."
Fourth stage	Depression	"Yes, me..."
Fifth Stage	Acceptance	"I am ready."

End of Life

Terminal Illness and Care

- Promoting acceptance (cont'd)
- Emotional support: part of missing nursing care; more necessary for dying clients
- Arrangements for care: respecting the rights of dying clients

Helping Dying Clients Cope

Nursing Guidelines

Helping Dying Clients Cope

- Accept the client's behavior, no matter what it is. Doing so demonstrates respect for individuality
- Provide opportunities for the client to express feeling freely. Giving such opportunities demonstrates attention to meeting individual needs.
- Try to understand the client's feelings. Understanding reinforces the client's uniqueness.
- Use statements with broad openings such as, "It must be difficult for you" and "Do you want to talk about it?" Such language encourages communication and allows the client to choose the topic or manner of response.

End of Life

Terminal Illness and Care

- Arrangements for care (cont'd)
 - Home care
 - Respite care: relief for the caregiver by a surrogate
 - Hospice care
 - Eligibility for hospice care: 6 months or less to live

The Dying Person's Bill of Rights



The Dying Person's Bill of Rights

I have the right to be treated as a living human being until I die.

I have the right to maintain a sense of hopefulness, however changing its focus may be.

I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.

I have the right to express my feelings and emotions about my approaching death in my own way.

I have a right to participate in decisions concerning my care.

I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.

I have the right not to die alone.

I have the right to be free from pain.

I have the right to have my questions answered honestly.

I have the right not to be deceived.

I have the right to have help from and for my family in accepting my death.

I have the right to die in peace and dignity.

I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.

I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.

I have the right to expect that the sanctity of the human body will be respected after death.

I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death

End of Life

Terminal Illness and Care

- Arrangements for care (cont'd)
 - Hospice care (cont'd)
 - Hospice services: clients receive care in their own homes; multidisciplinary team of hospice professionals and volunteer support are provided

Medicare Home Hospice Benefits



Medicare Home Hospice Benefits

- Visiting nurse for skilled and supportive care
- Private physician 80% covered under Part B; consulting hospice physician 100% covered
- Social work and counseling services for client and caregivers
- Pastoral counseling and chaplain services
- Home care aid as specified in the hospice plan of care
- Volunteers for client and caregivers
- Medications related to primary illness
- Durable medical equipment as specified in the hospice plan of care
- Respite care
- 24-hour on-call nurse
- Bereavement care
- Inpatient care as specified in the hospice plan of care
- Medical and personal supplies
- Care management
- Dietitian as specified in the hospice plan of care
- Physical therapy, occupational therapy, and speech-language pathology as specified in the hospice plan of care
- Services to nursing facility residents
- Skilled continuous care-private duty nursing during crisis periods as specified in the hospice plan of care

End of Life

Terminal Illness and Care

- Arrangements for care (cont'd)
 - Terminating hospice care
 - Residential care: form of intermediate care
 - Acute care: sophisticated technology and labor-intensive treatment
- Providing terminal care
 - Hydration: maintenance of adequate fluid volume
 - Nourishment: tube feeding and parenteral nutrition
 - Elimination: catheterization; enemas or suppositories; skin care
- Providing terminal care (cont'd)
 - Hygiene: clean, well groomed, and free of unpleasant odors
 - Positioning: promote comfort and circulation
 - Comfort: keep clients free from pain
- Family involvement: maintain family bonds to help coping with future grief
 - Approaching death: decrease and ultimate cessation of function
 - Multiple organ failure: two or more organs cease to function
 - Family notification: family should be aware of approaching death

End of Life

Signs of Multiple Organ Failure

SIGNIS OF MULTIPLE ORGAN FAILURE	
ORGAN	SIGNS
Heart	<ul style="list-style-type: none">• Hypotension• Irregular, weak, rapid pulse• Cold, clammy, mottled skin
Liver	<ul style="list-style-type: none">• Internal bleeding• Edema• Jaundice• Impaired digestion, distention, anorexia, nausea, vomiting
Lungs	<ul style="list-style-type: none">• Dyspnea• Accumulation of fluid ("death rattle")
Kidneys	<ul style="list-style-type: none">• Oliguria• Anuria• Pruritus (itching skin)
Brain	<ul style="list-style-type: none">• Fever• Confusion and disorientation• Hypoesthesia (reduced sensation)• Hyporeflexia (reduced reflexes)• Stupor• Coma

End of Life

Nursing Guidelines

Summoning the Family of a Dying Client

- Plan to notify the family in a timely manner. Prompt attention allows the family to be with the client at death.
- Check the Client's medical record for the next of kin or a responsible party. Doing so ensures that the nurse notifies someone significantly involved in the client's well-being.
- Identify yourself by name, title, and location. Identification provides more personal communication.
- Ask the family member by name. Doing so ensures that you communicate information to the appropriate person.
- Speak in a calm and controlled voice. Doing so conveys a serious competent demeanor.
- Use short sentences to provide small bits of information. This technique helps the listener to process and comprehend the news.
- Explain that the client's condition is deteriorating. This explanation clarifies the purpose for the call.
- Pause after giving the most important information. A pause allows the family member to respond.
- Give brief answers to questions. Emphasize the level of care that the client is receiving. Such responses reinforce that the client is receiving appropriate care.
- Urge family members to come as soon as possible. This ensures that the people most important to the client are there at death.
- Document the time, the person to whom you communicated the information, and the message. Appropriate documentation provides a permanent record.

End of Life

Terminal Illness and Care


- Family notification (cont'd)
 - Meeting relatives to promote smooth transition
 - Discussing organ donation
- Confirming death: determined on the basis that breathing and circulation have ceased

End of Life

Terminal Illness and Care

- Confirming death (cont'd)
 - Brain death: irreversible loss of function of the brain
 - Death certificate
 - Permission for autopsy: examination of organs and tissues of human body after death

Organ Procurement Form

**Organ Procurement Agency of Michigan**
Subsidiary Of
TRANSPLANTATION SOCIETY OF MICHIGAN
2203 Platt Road, Ann Arbor, Michigan 48104
(313) 973-1577
1-800-482-4881
Detroit—464-7988

ANATOMICAL GIFT DONATION STATEMENT

I understand that in the present state of medical practice, several organs and tissues are being removed from persons who have died unexpectedly, and are being used for transplantation to living persons or for medical or scientific research. I understand that organs are removed after my relative has died, and before the organs suffer any damage, (usually within eight [8] hours) and that this gift authorizes all examinations of the body which are necessary to assure the medical acceptability of the gift.

I appreciate the benefits that come from organ donation and also understand the criteria used in determining death in the case of decedent. I am the surviving:

(1) _____ Spouse
(2) _____ Adult son or daughter
(3) _____ Mother or Father
(4) _____ Adult brother or sister
(5) _____ Guardian of the patient at the time of death
(6) _____ Other person authorized or obligated to dispose of the body

Relationship _____

Relatives or persons in a class before my class are not available to sign this form (or have already signed such a form). I have no knowledge that during his or her lifetime the decedent, _____, was opposed to or said things against making an anatomical gift or organ donation such as the one described below. I do not know of any relative or person in a class before mine who is opposed to this gift, nor do I know of any person in the same class as myself who is opposed to this gift.

I hereby make the following anatomical gift from the body of _____:

() Any needed organs or parts, or
() Only the following organs or parts: _____

(Please specify the organ(s) or part(s) _____)

The specified organ(s) and/or part(s) may be used for any of the purposes allowed by law, i.e. transplantation, therapy, medical research and education.

WITNESSES:

Name _____

Relation _____

Date _____

End of Life

Terminal Illness and Care

- Performing postmortem care:
 - Cleaning and preparing the body to enhance its appearance during viewing at the funeral home
 - Proper identification
 - Releasing the body to mortuary personnel

Grieving

- Process of feeling acute sorrow over a loss
- Pathologic grief: dysfunctional grief; refusing to accept the client's death
- Resolution of grief: time taken for mourning; ability to talk about the dead person; controlling emotions

Nursing Implications

- Many nursing diagnoses:
 - Acute pain, fear, spiritual distress, social isolation, ineffective coping, decisional conflict, hopelessness, powerlessness, dysfunctional grieving, anticipatory grieving, caregiver role strain, death anxiety, and chronic sorrow

End of Life

General Gerontologic Considerations

- Understand that the dying older client is a living person who may want to maintain the same interpersonal relationships as someone who is not dying
- Encouraging older clients, who have experienced the death of a close friend or family member, to express feelings associated with grieving is important
- Reading obituaries can be an effective coping mechanism in helping to develop a peaceful and accepting attitude toward death

CARING FOR COMMON
CONDUCT IN THE ELDERLY

Caring for Common Conduct in the Elderly

1. KIDNEY DISEASE

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[Video 2: "Tests for Kidney Disease"](#)

[Video 3: "Are there Medications to Control Kidney Disease"](#)

[Video 4: "What Do the Kidneys Do?"](#)

[Video 5: "Can Kidney Disease Get Better?"](#)

[Video 6: "What is Dialysis?"](#)



Caring for Common Conduct in the Elderly

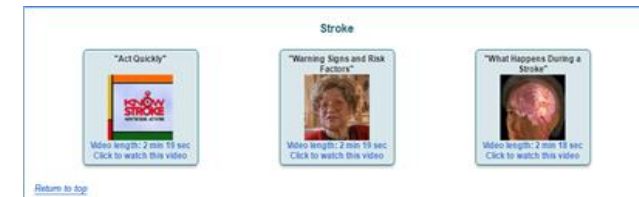
2. STROKE

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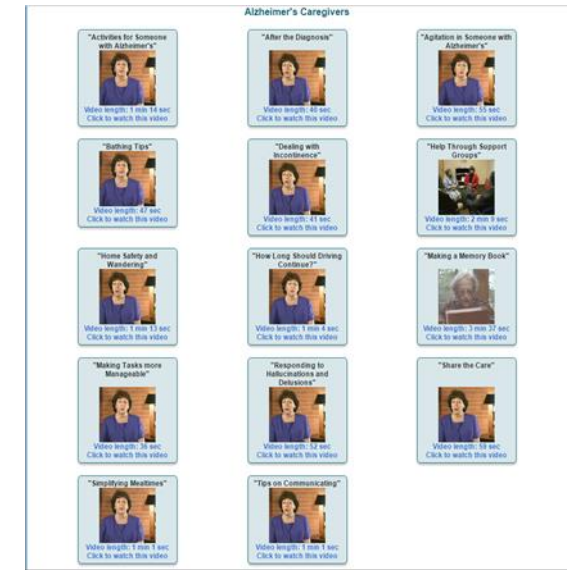


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3. ALZHEIMER

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- Video 2: ["After the Diagnosis"](#)
- Video 3: ["Agitation in Someone with Alzheimer's"](#)
- Video 4: ["Bathing Tips"](#)
- Video 5: ["Dealing with Incontinence"](#)
- Video 6: ["Help Through Support Groups"](#)
- Video 7: ["Home Safety and Wandering"](#)
- Video 8: ["How Long Should Driving Continue?"](#)
- Video 9: ["Making a Memory Book"](#)
- Video 10: ["Making Tasks more Manageable"](#)
- Video 11: ["Responding to Hallucinations and Delusions"](#)
- Video 12: ["Share the Care"](#)
- Video 13: ["Simplifying Mealtimes"](#)
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4. DIABETES

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Video 2: ["Know Your Diabetes ABC's"](#)

Video 3: ["Preventing Type 2 Diabetes"](#)

Diabetes

"Native Americans and Diabetes"



Video length: 4 min 44 sec
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"Know Your Diabetes ABCs"



Video length: 2 min 38 sec
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"Preventing Type 2 Diabetes"



Video length: 5 min 36 sec
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5. TAKING MEDICINE

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Video 3: ["Take Your Medicine Safely"](#)