Transfers are very personal. A client knows what works and doesn’t for him/her and will have a definite opinion about how he/she wishes to be transferred. Talk with the client about his/her preferences before you do any transfers.

Be clear and confident with your directions. This helps the client feel more comfortable and secure.

**Skill: Transfer Client From Bed To Chair/Wheelchair**

1. **S.W.I.P.E.S.**
2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.
3. Fold up or remove footrests.
4. Lock wheels on wheelchair.
5. Assist client to roll toward side of bed.
6. Supporting the client’s back and hips, assist client to a sitting position with feet flat on the floor.
7. Assist client to put on non-skid footwear.
8. Put on transfer belt, if necessary.
9. Assist client to scoot toward edge of bed.
10. With transfer (gait) belt:
   - Stand in front of client.
   - Grasp belt.
11. Without transfer belt:
   - Stand in front of client.
   - Place arms around client’s torso under client’s arms.
12. Brace client’s lower extremities with your knees to prevent slipping.
13. Alert client you will begin transfer on the count of 3.
14. On signal, assist client to stand.
15. Assist client to pivot to front of wheelchair with back of client’s legs against wheelchair.
16. Flex your knees and hips and lower the client into the wheelchair.
17. Have client hold onto armrests for support.
18. Reposition client with hips touching the back of the wheelchair and good body alignment. Remove transfer belt, if used.
19. Position client’s feet on footrests.
20. Wash hands as final step.
Helping a client walk includes helping steady the client while he/she is walking, assisting with difficult parts of walking (e.g. climbing stairs), and helping with assistive devices (e.g. walkers).

**Skill: Helping a Client Walk**

1. S.W.I.P.E.S.
2. Put on and properly fasten non-skid footwear on the client.
3. Stand in front of and face client.
4. Brace the client’s lower extremities.
5. With transfer (gait) belt:
   - Place belt around the client’s waist and grasp the belt while assisting client to stand.
   - Walk slightly behind and to one side (weaker side, if any) of client for the full distance, while holding onto the belt.
6. Without transfer belt:
   - Place arm around client’s torso while assisting client to stand.
   - Walk slightly behind and to one side (weaker side, if any) of client for the full distance with arm supporting client’s back.
7. Assist client to where he/she is going and remove transfer belt, if used.
8. Wash hands as final step.

The following are general tips to remember when helping a client walk.

- Clarify with the client where he/she wants to go and assess the client’s abilities before assisting the client to walk.
- Before assisting a client to stand, encourage him/her to:
  - lean forward;
  - use a rocking motion as momentum (if able);
  - move his/her legs off the bed;
  - push forward with his/her arms from the bed (if able).
- Keep the client’s body as straight as possible when lifting.
- If a client has a weak leg, brace your knee against it as the client stands.
- Once the client is standing, encourage him/her to:
  - stand a few minutes and stabilize his/her balance before walking;
  - stand straight, look forward, and keep a measured, smooth rhythm;
  - use his/her glasses and/or hearing aids;
  - avoid wearing skirts, robes, etc., that fall below the ankles.
- Clear pathways of clutter.

Never help a client stand by pulling on his/her arms. Never put your hands under the client’s armpits when assisting a client to stand.
A client needs to change position frequently to protect his/her skin. A pressure ulcer can start in as little as one to two hours for clients in bed and unable to move. Clients who sit in chairs and can’t move can get pressure ulcers in even less time because the pressure on the skin is greater.

A client confined to bed should change position at least every 2 hours. A person confined in a chair or wheelchair should shift his/her weight in the chair at least every 15 minutes for 15 seconds and change position at least every hour.

Preventing friction to the skin
Friction is caused when skin is rubbed against or dragged over a surface. Even slight rubbing or friction on the skin may cause a pressure ulcer - especially for those clients with weakened skin.

Special care by a caregiver must be made when transferring and positioning a client. A client must always be:
- lifted - not dragged when transferring;
- positioned in a chair or bed correctly so he/she cannot slide down;
- positioned on smooth linen or clothing.

Skill: Turn and Reposition a Client in Bed

1. S.W.I.P.E.S.
2. Bend client’s knees.
4. Place your hands on the client’s hip and shoulder and gently roll the client over on his/her side away from you.
5. Position client in proper body alignment:
   - head supported by pillow;
   - shoulder adjusted so client is not lying on arm and top arm is supported;
   - back supported by supportive device;
   - top knee flexed, top leg supported by supportive device with hip in proper alignment.
6. Cover client with top sheet.
7. Remove gloves (if used) and wash hands as final step.
The following are **general tips** to remember when **repositioning a client**.

- Make sure there is room to roll the client.
- Tell the client to look in the direction they are being rolled.
- Do not roll the client by pulling or pushing on his/her arm.

**Skin care tips for positioning a client confined to a bed or chair**

- A special mattress that contains foam, air, gel, or water may be used. A doctor or the case manager can help the client get special equipment. Check the mattress daily to make sure it is working properly.
- Do not use donut-shape cushions. They reduce blood flow and cause tissue to swell. This increases the risk of a client getting a pressure ulcer.
- Choose a position that spreads weight and pressure most evenly.
- Use pillows or wedges to keep knees or ankles from touching each other.
- Place pillows under the client’s legs from mid-calf to ankle to keep a client’s heels off the bed if a client can’t move at all.
- Never place pillows directly behind the knee. It can affect blood circulation and/or increase the risk of blood clots.
- Be cautious about raising the head of a bed. This puts more pressure on the tailbone and allows the client to slide, possibly causing a pressure ulcer. Lying flat can be a problem for clients who have difficulty breathing. If this is the case, the head of the bed should not be raised at more than a 30° angle, unless necessary for breathing.
- Avoid positioning a client directly on the hipbone when he/she is lying on their side. Tuck pillows behind a client’s back when in this position.

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Mr. Bernard is a 44-year-old client who had a stroke (CVA) six months ago. The results from the stroke have left Mr. Bernard depressed. He has weakness on his left side and needs help with many care tasks including positioning himself in bed. Since this morning, Mr. Bernard has refused to get out of bed and has stayed in the same position for several hours.

**RESEARCH:**
Review page 321 on stroke (CVA) and page 305 for depression. Review information on pages 113-117 on pressure ulcers and changing a client’s position.

**PROBLEM SOLVE:**
1. Identify what problem(s) a caregiver needs to address in this situation.
2. Pick one problem and brainstorm ways to solve it. Pick a solution.
3. How does this impact how a caregiver provides care?

**DEMONSTRATE**
One group will demonstrate for the class repositioning Mr. Bernard in his bed, making sure to avoid pressure on areas at risk for skin break down.
Personal hygiene is a very important part of helping to keep a client’s skin and body healthy. Being well-groomed is also an important psychological and physical boost for most people. This lesson covers the personal hygiene tasks you may be asked to help a client do.

Mouth care
Proper care of the mouth and teeth supports a client’s overall health and helps prevent mouth pain, eating difficulties, speech problems, digestive problems, tooth decay, and gum disease.

To help prevent decay and gum disease, teeth should be brushed twice a day with fluoride toothpaste (if available). It is even better to brush after every meal. Teeth should be flossed at least once a day to clean between the teeth where the brush misses.

Watch for, document, and report any sore areas in the mouth, changes in tissue, complaints a client may have in eating comfortably, or anything unusual inside the client’s mouth.

See the Resource Directory page 267 for more information on gum disease, dry mouth, and oral cancer.

Skill: Mouth Care

1. S.W.I.P.E.S.
2. Ensure client is in an up-right sitting position.
3. Put on gloves.
4. Place towel across client’s chest before providing mouth care.
5. Moisten toothbrush or toothette and apply toothpaste.
6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
7. Assist client to rinse his/her mouth.
8. Hold basin to client’s chin.
9. Wipe client’s lips and face, and remove towel.
10. Dispose of soiled linen in soiled linen container.
11. Clean and return toothbrush, toothpaste, etc. to proper storage.
12. Remove gloves and wash hands.
The following are **general tips** when helping a client with **mouth care**.

- When assisting with brushing, use short, circular movements, gently brushing the teeth with a massaging motion around each tooth. Make sure to work in a pattern so no teeth are missed.
- A soft bristle toothbrush is recommended by dentists and should be replaced when the bristles get worn (normally every three months).
- Make sure you have good light and can see what you are doing.
- Be careful not to touch the toothbrush bristles or any oral health item to other surfaces such as the counter, the sink, your bare hands, etc.
- Do not contaminate faucets, drawer handles, or other surfaces by touching with gloves that have been in contact with the client’s mouth.
- If a client has difficulty grasping a toothbrush, make the handle bigger with a sponge, rubber ball, or adhesive tape. An electric toothbrush may be easier to manage than a manual brush in this case.
- Toothettes, moistened gauze pads, or “Oral-B Brush-Ups” may not clean the teeth completely and can push food further into the spaces between the teeth. These products are useful in cleaning mouth tissues when the client has no or just a few teeth, or for a client who is unable to open his/her mouth.

The following are **general tips** when helping a client with **flossing**.

- Start with a strand approximately 18 inches long.
- Use a prethreaded flosser or floss holder (a great assistive device), or wrap the floss around the middle finger of both hands.
- Use your thumbs and forefingers to control the floss.
- Gently ease the floss between the client’s teeth using a gentle back and forth motion.
- Carefully rub up and down, gently moving the floss from under the gum line to the top of the tooth. Keep the floss against the tooth so you don’t injure the gums.
- If a client has not flossed before or recently, the gums may bleed when you floss. If the client has heavy deposits on his/her teeth, it may be difficult to get the floss between his/her teeth.
Skill: Clean and Store Dentures

1. S.W.I.P.E.S.
2. Put on gloves.
3. Line sink/basin with a towel/washcloth or by filling it with water.
4. Obtain dentures from client or gently remove them from client’s mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.
5. Rinse dentures in cool running water before brushing them.
6. Apply toothpaste or denture cleanser to toothbrush.
7. Brush dentures on all surfaces.
8. Rinse all surfaces of denture under cool, running water.
9. Rinse denture cup before putting dentures in it.
10. Place dentures in clean denture cup with solution or cool water.
11. Return denture cup to proper storage.
12. Clean and return supplies and equipment to proper storage.
14. Remove gloves and wash hands.

Denture Care
Like natural teeth, dentures must be properly cared for to last. If the client does not have any teeth or wears dentures, gums and mouth should be brushed and cleaned at least twice daily.

Watch for, document, and report any problems a client may have with dentures such as discomfort, trouble eating, speech problems, complaints of the dentures not fitting correctly, sore spots under or around the denture, or odor.

The following are general tips when helping a client with denture care.

- Allow dentures to soak overnight (or for several hours, depending on dentist’s recommendations or the client’s preference).
- Inspect dentures for cracks, chips, or broken teeth.
- Dentures can chip, crack, or break even if only dropped a few inches. They are also slippery. Take extra care to avoid dropping them.
- Place clean dentures on clean surfaces, such as the denture cup after it is rinsed.
- Avoid hard-bristled toothbrushes that can damage dentures.
- Do not put dentures in hot water - it can warp them.
• Do not soak dentures in bleach water. Bleach can remove the pink coloring, discolor the metal on a partial denture, or create a metallic taste in a client’s mouth.

• Ask the client what denture cleaning product he/she uses. Hand soap, mild dishwashing liquid, or special denture cleaners are all acceptable. Do not use powdered household cleaners that are too abrasive.

• Don’t let dentures dry out - they lose their shape.

• Never soak a dirty denture. Always brush first to remove food debris.

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**Skill: The Shave (With Safety Razor)**

1. S.W.I.P.E.S.
2. Put on gloves.
3. Ask client if he/she wears dentures. If so, make sure they are in his/her mouth.
4. Wash face with warm, wet washcloth.
5. Apply shaving lather to the area you are going to shave.
6. Hold razor securely.
7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
9. Shave sides first, then nose and mouth.
10. Wash, rinse, and dry face.
11. Clean equipment and put away.
12. Remove gloves and put in appropriate container.
13. Wash hands as final step.

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The following are **general tips** when helping a client with **shaving**.

- Do not press down hard or move the razor/shaver too fast over a client’s face.

- Shave the most tender areas of the face (the neck area below the jawbone) first and then move up to the tougher areas of the face between the ears, nose, and mouth.

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Clients taking blood thinning medication should be encouraged to use an electric razor.
Skill: Fingernail Care

1. **S.W.I.P.E.S.**
2. Put on gloves.
3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing client’s fingers in water. Adjust if necessary.
4. Place water at a comfortable level for client.
5. Put client’s fingers in water and allow to soak.
6. Dry client’s hand including between fingers. Pat, don’t rub dry.
7. Clean under nails with orange stick. Wipe orange stick on towel after each nail.
8. Groom nails with file or emery board.
9. Finish with nails smooth and free of rough edges.
10. Empty, rinse, wipe water bowl, and return to proper storage.
11. Dispose of soiled linen properly.
12. Remove gloves and wash hands.

The following are general tips when helping a client with fingernail care.

- Sawing back and forth with an emery board and going too deep into the corners can split and weaken nails. Go from side to side in one direction or file each nail tip from corner to center.
- Cuticles act as a barrier to infection. Do not clip them.
- Apply a moisturizing cream or lotion to the hands and cuticles after you are done.

**Nail care**

Nail care includes both fingernails and toenails. Nail care may be a part of the bath routine.

*caution* If a client has a circulatory problem or diabetes, **you may not cut the client’s toe or fingernails.**
Skill: Foot Care

1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing client’s feet in water. Adjust if necessary.
4. Put the client’s foot completely in the water.
5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.
6. Rinse and then dry entire foot, including between toes. Pat, don’t rub dry.
7. Gently clean dirt out from under nails using orange stick.
8. File or cut nails, straight across, as needed with clippers or emery board.
9. Put lotion in your hand and massage lotion on client’s entire foot. Remove excess (if any) with towel.
10. Assist client to replace socks and shoes.
11. Empty, rinse, wipe bath basin, and return to proper storage.
12. Remove gloves and wash hands.

The following are general tips when helping a client with foot care.
- Inspect your client’s feet regularly for changes in color (especially redness), temperature, blisters, cuts or scratches, cracks between the toes, or other changes. Document and report any swelling or redness you notice around the area.
- Monitor minor cuts and keep them clean.
- Do not put lotion in-between the toes - the lotion causes moisture that promotes fungal growth.
- Do not cut down the corners of a client’s toenails or dig around the nail with a sharp instrument.
- Never cut the nails too short as this may cause ingrown toenails.
- After cutting, file the nails downwards.
- Cuticles act as a barrier to infection. Do not clip them.
Bathing
A bath leaves all of us feeling refreshed and in a more relaxed frame of mind. A bath serves other important purposes for a client, including it:
• cleans the skin;
• stimulates circulation;
• provides movement and exercise;
• provides an opportunity to observe the client’s skin.

How often baths should be given depends on the client’s physical condition, age, skin type, and personal wishes. Bathing can take place in a tub, shower, in a bed, or as a sponge bath. Baths given in the tub may be more enjoyable for the client if he/she is able to do so.

Older people and some people with chronic illnesses have less skin oil and perspiration. Therefore, they may not need a daily bath or may only need a sponge bath.

Bathing equipment
Ideally, the bathroom should have the following equipment:
• bath mat;
• bath bench;
• hand held shower;
• grab bars in the right places.

If the bathroom does not have these items, talk with the appropriate person where you work to find out how a client can get needed equipment.

The following are general tips when helping a client with a bath.
• When assisting with a bath, start at a client’s head, work down and complete his/her front first, unless the client has another preference.
• Use less soap - too much soap increases skin dryness.
• Fragile skin requires a very gentle touch.
• Make sure the lighting is good.
• Make sure the bathroom is warm and without drafts.
Skill: Bed Bath

1. S.W.I.P.E.S.
2. Put on gloves.
3. Remove or fold back top bedding. Keep client covered with bath blanket or top sheet.
4. Remove client’s gown/sleep wear.
5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at anytime it gets soapy, cool, or dirty.
6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.
7. Wash the rest of the face, ears, and neck, using soap (if the client prefers).
8. Rinse. Dry areas with a towel – pat, don’t rub.
9. Expose one arm and place a towel underneath it. Support the client’s arm with the palm of your hand underneath the client’s elbow. Wash the client’s arm, shoulder, and armpit. Rinse and pat dry.
10. Place the client’s hand in the water basin. Wash the client’s hand, rinse, and pat dry. Repeat with the other arm and hand.
11. Wash, rinse, and pat dry the client’s chest and abdomen.
12. Uncover one of the client’s legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.
13. Slide the client’s foot into the water basin. Wash the client’s foot, rinse and pat dry. Repeat with the other leg and foot.
14. Assist the client to turn on his/her side, away from you. Place a bath blanket or towel along side his/her back.
15. Wash the client’s back and buttocks, rinse and pat dry.
16. Assist the client to his/her back. Provide privacy and let the client perform his/her own perineal care (Assisting with this will be covered later).
17. Assist client to get dressed.
18. Assist the client to get up, or assist in a comfortable position if remaining in bed.
19. Remove bedding that may have gotten wet.
20. Empty, rinse, wipe bath basin and return to proper storage.
21. Place soiled clothing and linen in proper container.
22. Remove gloves and wash hands.
You may also be asked to help a client with a shower instead of a bath. This can include helping get the client into a shower, washing body parts a client can’t reach, assisting the client out of the shower, and getting dried and dressed.

The following are **general tips** when helping a client with a **shower using a bath bench**.

- Make sure the floor is dry when assisting someone in or out of a shower.
- Make sure all equipment is secured and locked before assisting someone on or off of the equipment.
- Encourage the client to do as much as he/she can.
- If help is needed, make sure to move body parts gently and naturally, avoiding force and over-extending limbs and joints.
- When assisting a client off a bath bench, make sure the person is dried off well so he/she doesn’t slip.
- Look for skin problems, especially at pressure points and feet.

Clients who need assistance with dressing often have difficulty doing things that require small finger movements like buttoning, zipping, putting on socks, and/or lacing up shoes.

Clients who have had a stroke or are paralyzed for other reasons are likely to have had some rehabilitation and instruction on how to dress.

**Assistive devices for dressing**

There are many helpful tools to assist a person to dress independently. Your job may be to assist the client in using these tools to get dressed. Examples of common tools are:

- velcro in place of buttons or shoelaces.
- zipper pulls attached to a zipper’s metal tab to give the client added leverage in closing and opening the zipper. A large paper clip can also be used.
- extended shoehorns that allow the client to get on his/her shoes without bending over.

**Types of clothing**

Certain types of clothing also can make it easier for the client to get dressed, including:

- pants and skirts that pull on;
- items that fasten in front including front-fastening bras, blouses, shirts, and pants;
- clothes made of fabric that stretches, such as knits;
- velcro fasteners and large, flat buttons that are easier to open and close.
**Client choice in clothing**

Choosing clothing is a very personal statement. Clients need to choose what they want to wear. It may not be what you would choose, but if the clothing is appropriate for the weather, clean, and in good repair, do not interfere with the client’s choice.

A client’s clothes need to fit correctly. Clothes that are too loose or tight can be a sign of a change in the client’s condition or a safety problem and should be reported to the appropriate person in your care setting.

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**Skill: Assist Client with Weak Arm to Dress**

1. **S.W.I.P.E.S.**
2. Ask client what he/she would like to wear.
3. Remove client’s gown/sleep wear while protecting privacy.
4. Assist client to put the weak arm through the correct sleeve of the shirt, sweater, or slip.
5. Assist client to put strong arm through the correct sleeve.
6. Assist client to put on skirt, pants, shirt, or dress, and non-skid footwear.
7. Puts on all items, moving client’s body gently and naturally, avoiding force and over-extension of limbs and joints.
8. Finish with client dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
9. Place gown in soiled linen container.
10. Wash hands.

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The following are general tips when helping a client get dressed.

- Make sure the room is warm and comfortable.
- Encourage the client to do as much of the dressing as he/she can. Assist with what client is unable to do. Be very patient if it takes longer.
- Be gentle. Do not overextend a client’s limbs or use force to get clothing on.
- Once the client is dressed, check and make sure his/her shoelaces are tied, buttons done, zippers up, and shirt tails tucked in.
- If your client wears dentures, eyeglasses, hearing aids, etc., make sure he/she has them.
- Wear gloves if there is a chance you will come in contact with blood or body fluids.
Elastic stockings
Clients with poor circulation to the feet or swelling due to fluid in the tissue (edema), may wear elastic stockings.

When assisting with this task, make sure to watch for any changes in skin color, temperature, swelling, or open areas on the legs. Document and report changes or abnormal skin conditions.

Skill: Put Knee-High Elastic Stocking on Client

1. S.W.I.P.E.S.
2. Have client elevate leg(s) 15 minutes.
3. Turn stocking inside out, at least to heel area.
4. Place foot of stocking over toes, foot, and heel moving client’s foot and leg naturally, avoiding force and over-extension of limb and joints.
5. Pull top of stocking, over foot, heel, and leg.
6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the client’s toes.
7. Wash hands.

The following are general tips when helping a client with elastic stockings.

- Encourage the client to have you assist with putting on elastic stockings first thing in the morning.
- Encourage the client to let you put the stockings on while he/she is in bed.
- Make sure that the heel of the stocking is in the correct place.
- Make sure to check the stockings frequently for wrinkles after the client is dressed. Wrinkles in the stockings can cause the client’s skin to breakdown and lead to a pressure ulcer.

Passive range of motion exercises
Passive range of motion exercises help keep a client’s joints flexible and strong, reduce stiffness, and/or increase the range of motion in a specific area.
Skill: Passive Range of Motion for One Shoulder

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Support client’s arm at elbow and wrist, while performing range of motion for shoulder.
4. Raise client’s straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least 3 times.
5. Move client’s straightened arm away from client’s side of body toward head of bed, and return client’s straightened arm to midline of client’s body. Repeat at least 3 times.
6. Place client’s flexed elbow at client’s shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least 3 times.
7. Wash hands.

Skill: Passive Range of Motion for One Knee and Ankle

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. **Knee.** Support client’s leg at knee and ankle while performing range of motion for knee.
4. Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least 3 times.
5. **Ankle.** Support foot and ankle while performing range of motion for ankle.
6. Keeping the client’s foot on bed, push/pull foot toward head and push/pull foot down, toes point down (as if pushing down or letting up on a gas pedal in a car).
7. Repeat at least 3 times.
8. Wash hands.

The following are **general tips** when helping a client with **passive range of motion exercises**.

- Encourage the client to relax during the exercises.
- Perform each exercise slowly and consistently. Do not start and stop mid-range.
- If the muscle seems especially tight, slowly pull against it. Gentle, continuous stretching on a muscle will relax it.
- Stop if you see signs of pain on a client’s face or the client reports feeling pain.
- Depending on where you work, additional training may be required before helping a client with full passive range of motion exercises.
Skill: Assisting a Client to Eat

1. S.W.I.P.E.S.
2. Assist client to put on clothing protector or cover, if needed.
3. Ensure client is in an upright, sitting position.
4. Sit at client’s eye level.
5. Offer the food in bite-size pieces - alternating types of food offered.
6. Make sure the client’s mouth is empty before offering the next bite of food or sip of beverage.
7. Offer a beverage to the client during the meal.
8. Talk with the client throughout meal.
9. Wipe food from client’s mouth and hands as necessary and at the end of the meal.
10. Remove clothing protector if worn and dispose of in proper container.
11. Remove leftover food.
12. Wash hands as final step.

The following are **general tips** when helping a client to eat.

- Never feed a client who is lying down, reclining, or very sleepy.
- Make sure the client’s head is forward and his/her chin is down.
- Put a small amount of food on the spoon or fork.
- Give the client plenty of time for chewing and swallowing. Never rush.
- Tell the client what food is on the fork or spoon before putting it in his/her mouth.
- Treat the client as an adult not a child.
- The client should remain upright for at least 20 - 30 minutes after finishing a meal.

**Assistive devices to help with eating**

Many assistive devices can help maintain a client’s independence while eating including silverware with built-up handles to make them easier to grasp, two handled cups, straws, a divided plate or a plate with a rim (makes it easier to “scoop” food onto the eating utensil).
Skill: Assist Client with Pericare

1. S.W.I.P.E.S.
2. Test water temperature and ensure that it is safe and comfortable before washing, and adjust if necessary.
3. Put on gloves.
4. Expose perineal area, making sure that the client’s privacy is maintained.
5. Gently wash entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.
6. Rinse entire perineal area moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.
7. Gently dry perineal area, moving from front to back and using a blotting motion with towel.
8. Wash, rinse, and dry buttocks and peri-anal area without contaminating perineal area.
9. Dispose of linen in proper containers.
10. Empty, rinse, wipe basin, and return to proper storage.
11. Remove and dispose of gloves without contaminating self after returning basin to storage.
12. Wash hands.

The following are some general tips when helping a client with pericare.

- Put down a pad or something else to protect the bed before beginning the task.
- Stay alert for any pain, itching, irritation, redness, or rash in this area. Report any concerns to the appropriate person in your care setting.
- Alcohol-free, commercial wipes may be preferred by a client instead of a washcloth and soap.
- If the client is incontinent, protect him/her from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.
Using other assistive equipment

While it is preferable to use the toilet in the bathroom, that is not always possible. Assistive equipment, such as a bedpan, commode, or urinal may be used by a client. The client’s Case Manager or your supervisor can assist the client in getting assistive equipment when it is needed.

Clients not able to get out of bed may have to use a bedpan.

Skill: Assist Client with Use of Bedpan

1. S.W.I.P.E.S.
2. Before placing bedpan, lower head of bed.
3. Place bedpan correctly under client’s buttocks (standard bedpan: position bedpan so wider end of pan is aligned with the client’s buttocks. Fracture pan: position bedpan with handle toward foot of bed). Have client bend knees and raise hips (if able).
4. Raise head of bed after placing bedpan under the client.
5. Put toilet tissue within client’s reach.
6. Ask client to let you know when he/she is finished.
7. Lower head of bed before removing bedpan.
8. Put on gloves before removing bedpan.
9. Remove bedpan and empty contents into toilet.
10. Provide pericare, if needed.
11. Rinse bedpan, pouring rinse water into toilet. Return to proper storage.
12. Assist client to wash hands and dispose of soiled washcloth or wipe in proper container.
13. Remove gloves and wash hands.

The following are some general tips when helping a client with a bedpan.

- Always help the client as soon as requested.
- Put a protective pad on the bed before the client uses the bedpan.
- If the pan is cold, warm it with warm water.
- Once the client is done, keep the bedpan level so it doesn’t spill.
Skill: Catheter Care

1. S.W.I.P.E.S.
2. Test water in basin. Determine if water temperature is safe and comfortable before washing, and adjust if necessary.
3. Put on gloves before contact with linen and/or client.
4. Expose area surrounding catheter only.
5. Place towel or pad under catheter tubing before washing.
6. Avoid tugging the catheter.
7. Apply soap to wet washcloth.
8. Hold catheter near opening where it enters the body to avoid tugging it.
9. Clean at least four inches of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
10. Rinse at least four inches of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
11. Make sure there are no kinks in catheter tubing.
12. Dispose of linen in proper containers.
13. Empty, rinse, wipe basin and return to proper storage.
14. Remove and dispose of gloves without contaminating self after returning basin to storage.
15. Wash hands.

The following are general tips when helping a client with catheter care.
- Make sure the bag is kept lower than the bladder.
- Make sure the catheter is always secured to the leg to prevent tugging of the tube.
- When emptying the urinary catheter bag, be sure the end of the bag doesn’t touch anything. This helps stop germs from entering the bag.
- In some care settings, you may be asked to measure the amount of urine in the bag.

Make sure to observe and report if:
- the urine appears cloudy, dark-colored, or is foul smelling;
- there isn’t much urine to empty (as compared to the same time on other days);
- an indwelling catheter comes out;
- pain, burning, or irritation.
External/condom catheter
External catheters are for men and are designed to fit over a man’s penis. The condom catheter is made up of a sheath (or condom) attached to a tube that leads to a drainage bag. The condom is held onto the penis with tape or other sticky material.

Skill: Assist Client with Condom Catheter Care

1. S.W.I.P.E.S.
2. Put gloves on.
3. Expose genital area only.
4. Wash and dry penis carefully, cut long hairs.
5. Observe skin of penis for open areas.
6. If sores or raw areas are present, do not apply condom.
7. Put skin adhesive over penis.
8. Roll condom catheter over penis area.
9. Attach condom to tubing. Check that tip of condom is not twisted.
10. Check that tubing is one inch below tip of penis.
11. Remove gloves and wash hands.

The following are general tips when helping a client with condom catheter care.

- Condom catheters can be difficult to keep in place and should be changed regularly.

Making a homemade condom catheter out of a regular condom and tubing is not recommended.