



**HKU
Med**

LKS Faculty of Medicine
School of Nursing
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NURS1603 Clinical Skills in Practice (2022-23)

Comfort and hygiene care

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Lecturer

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Intended learning outcomes

By the end of this video, students should be able to:

- Understand the nurses' role in helping patients on hygiene care
- Describe the general principles of skin care
- Describe assessment(s) when providing hygiene care
- Identify different types of bathing, devices to assist bathing, and toileting
- Describe the nursing interventions on hygiene care

Hygiene

- Involves measures for maintain personal cleanliness and grooming
- Promotes physical and psychological well being
- Hygiene activities are essential in daily living:

Examples:

- Bathing,
- Oral care,
- Grooming,
- Cleaning and
- Maintaining fingernails and toenails

Hygiene

- Includes care and maintenance of devices to ensure proper function

Examples:

- Eyeglasses, denture, hearing aids
- Hygiene practices and needs differ on:
 - Age
 - Inherited characteristics of skin and hair
 - Culture values
 - State of health

Self-care

- Self-care refers to patient's ability to perform primary care function in 4 areas:

Bathing

Feeding

Toileting

Dressing

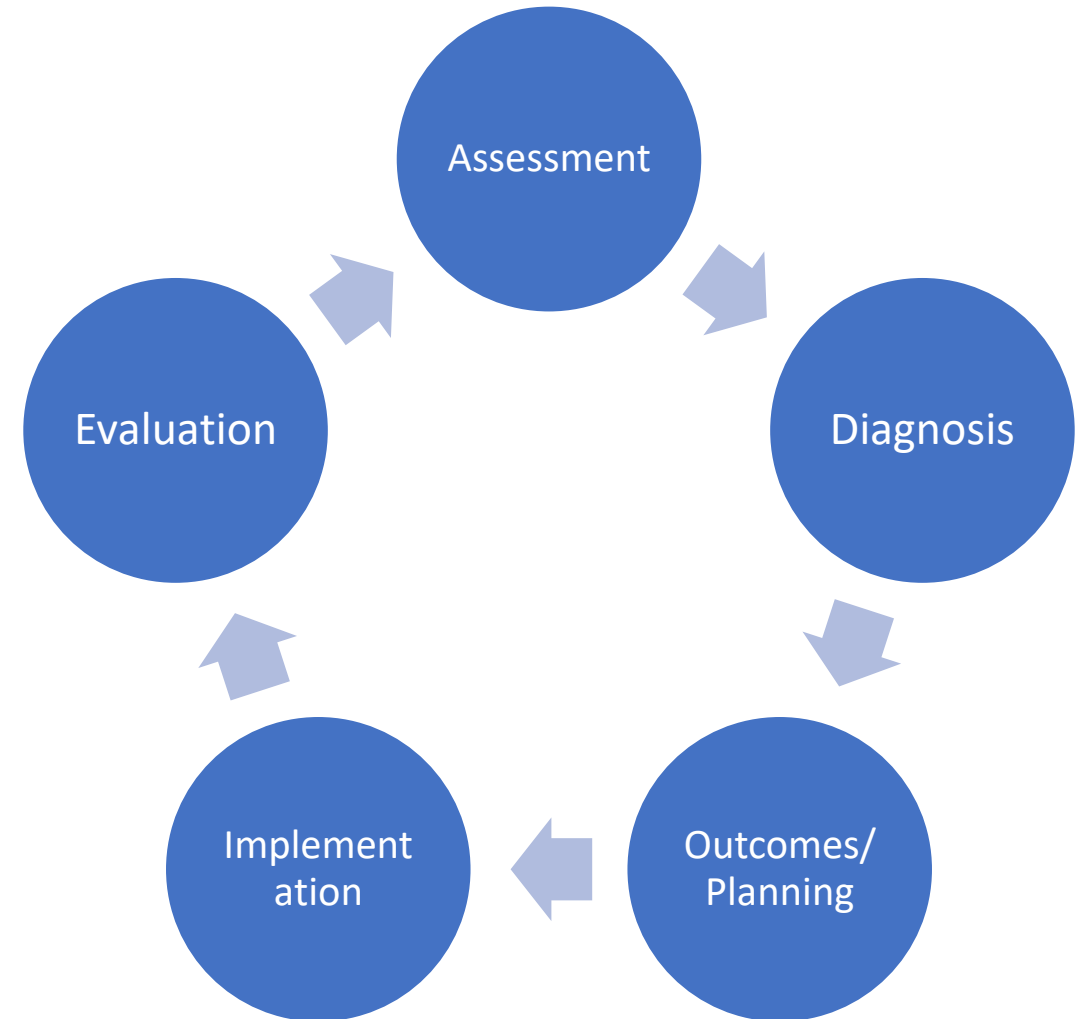
- Key element: WITHOUT the help of others

Role of nurses in helping patient on hygiene care


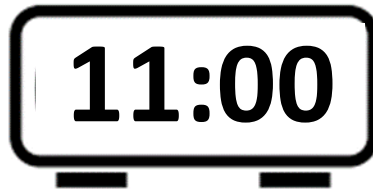
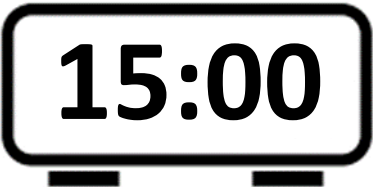

- Nurse is a caregiver
- Roles
 - Helps to manage physical needs, prevent illness, and treat health condition
- Need to observe and monitor the patient, recording any relevant information to aid in treatment decision-making
- Maintain a high standard of hygiene in caring patient is crucial
- When a patient is unable to maintain personal hygiene, nurses should provide assistance and offer support to family members or other caregivers.

Nursing Process

- A systematic problem-solving approach for designing and providing individualized nursing care.
- Steps in the nursing process include:
 - **Assessing** the patient's problem
 - Forming a **diagnostic** statement
 - Identifying expected outcomes and **creating a plan** to achieve expected outcomes and solve the patient's problem
 - Implementing the plan
 - Evaluating the plan's effectiveness



Scheduling hygiene care

	<p>Early morning care</p> <ul style="list-style-type: none"> • Bedpan, urinal or assistance to bathroom • Washing hands and face • Oral care • Preparation for breakfast • Positioning 		<p>Morning Care</p> <ul style="list-style-type: none"> • Bedpan, urinal or assistance to bathroom • Bath, shower, or bathing • Oral care • Dressing • Bed linen change • Positioning
	<p>Afternoon care</p> <ul style="list-style-type: none"> • Bedpan, urinal or assistance to bathroom • Washing hands and face • Positioning 		<p>Hour-of-sleep care</p> <ul style="list-style-type: none"> • Bedpan, urinal or assistance to bathroom • Positioning

Bathing & hygiene

- Skin
 - First line of defence against microorganisms
- Keeping skin intact and healthy is important in preventing infection
- Perspiration interacts with bacteria on the skin to cause:
 - body odor,
 - unpleasant,
 - decrease comfort,
 - promote bacterial growth,
 - skin break down
- Regular bathing remove excess oil, perspiration and bacteria from the skin surface

Factors that affect skin health

- Poor nutrition and hydration
- Advancing age
- Incontinence
- Medical intervention, e.g. radiotherapy and chemotherapy
- Concurrent or underlying skin conditions
- Surgical interventions, wounds and drains
- Poor mobility

Bathing of patient

- ↑ circulation
- Maintain muscle tone and joint mobility
- Promotes relaxation and comfort
- Allow assessment of patient's physical condition
 - Injured areas
 - Bruises
 - Rashes
 - Overall skin condition
 - Skin breakdown



Abrasion (Photo: Jpbarrass, 2008)



Petechia (Photo: Heilman, 2010)

Shower & Bed bath

Shower

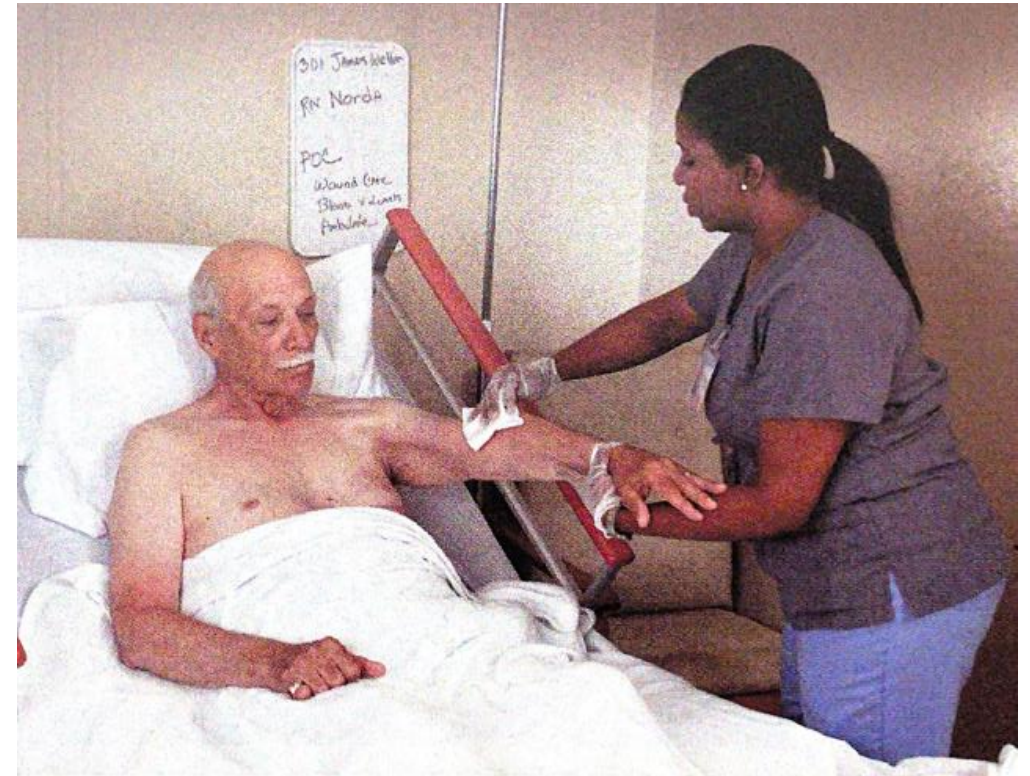
- Patients who are ambulatory and able to tolerate the activity



Shower, Craven et al (2021)

Bed bath

- Patients who are total or partial dependent

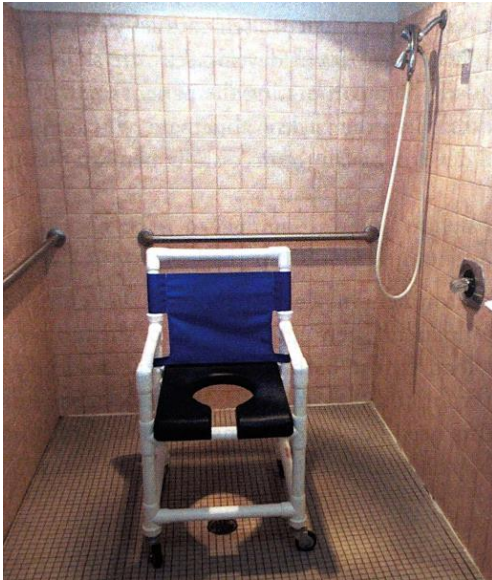


Bed bath, Craven et al (2021)

Methods of bathing

Types of bath:

- Tub bath
- Stand-up shower
- Sit down shower with shower chair
- Lie down shower with bath trolley
- Bed bath



Shower Chair (Craven et al, 2021)



Use of Shower Chair to bath
(Donnelly-Moreno, 2021)



Bath trolley (Gumtree, 2021)

Methods of bathing

Types of bath:

- Complete bed bath

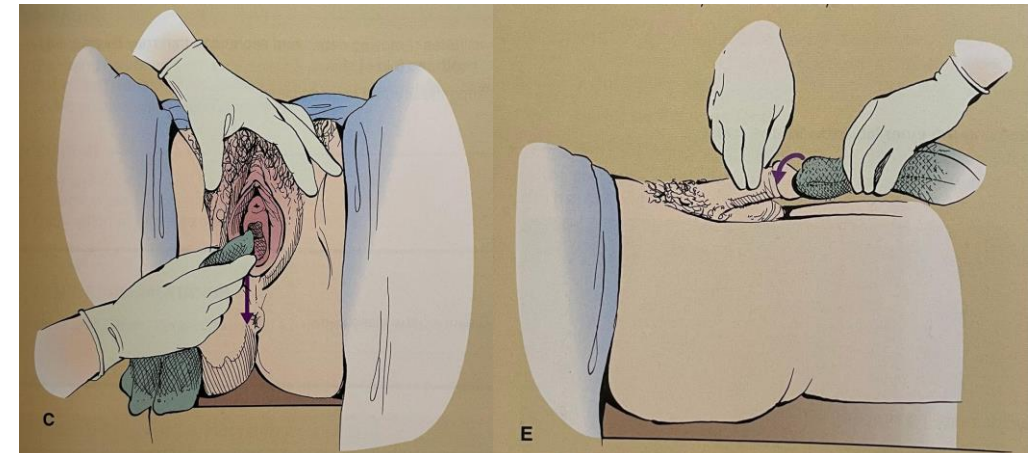
The patient is totally dependent stay on the bed, the bath is completely done by nurses



Types of bath:

- Partial bath (2 definitions)

- The patient is not totally dependent but is given a basin and water, the nurse only provide assistance to maintain hygiene
- Bathing only to those body parts that absolutely have to be cleaned, e.g. the perineal area, any soiled body parts



Perineal care for female and male patients

General principles of bed bathing

- Keep the patient warm at all times
- Only expose the are of the body being washed
- Change water if it becomes dirty or cold and always after washing the genitalia and sacrum
- Change wash cloths if they become soiled and after washing the genitalia and sacral area
- Check skin for pressure damage
- Avoid contaminating dressing
- Pat the skin dry to reduce the risk of friction damage
- Use the correct manual handling procedures and equipment to avoid injury

General skin care principles

- Assess the patient's skin at least daily and after episode of incontinence
- Clean the skin when indicated
- Avoid using soap and hot water
- Avoid excessive friction and scrubbing
- Minimize skin exposure to moisture (incontinence, wound leakage), use a skin barrier product as necessary.
- Use skin emollients after bathing as needed.

Nursing process in bathing (1)

Assessment

- Assess patient's condition and the degree of mobility to determine what methods of bath
- Explain to patient

Nursing process in bathing (1)

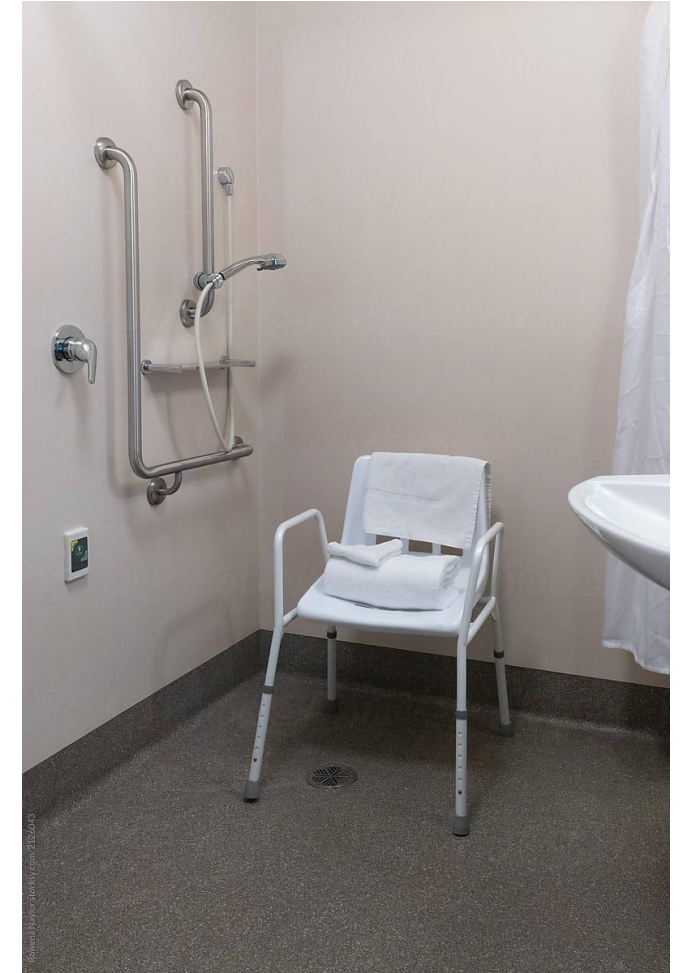
Assessment

- Assess patient's condition and the degree of mobility to determine what methods of bath
- Explain to patient

Nursing process in bathing (2)

Planning

- Check for a safe and warm environment
 - Keep bathroom/ room warm before bathing
 - Apply fall prevention strategies according to the unit policy
- Check for suitable water temperature
- Arrange appropriate equipment for bathing



Hospital bathroom (Stocky, 2021)

Nursing process in bathing (3)

Implementation (1)

- Maintain patient privacy throughout the procedure
- Assist patient according to his/her condition
 - Check the skin folds and skin condition
 - If the patient has intravenous line(s) and drain(s), ensure proper connection and place appropriately during and after the procedure
 - After the procedure, recheck the line(s) and drain(s) are not loosen and well connected
- Perform safe practice on manual handling

Nursing process in bathing (4)

Implementation (2)

- Use appropriate safety devices while transfer and bathing if required
- Maintain patient safety during bathing
 - Never leave a patient unattended
- Clean and disinfect the equipment according to the policy of infection control

Evaluation

- Observe, document and report any abnormalities of patients and take appropriate actions accordingly.



Eye care

- Patients who have impaired physical function need help with eye care
- Assess the eyelids, sclera and conjunctiva for:
 - Oedematous
 - crusted with secretions/ discharge, or
 - Redness
 - Discolouration
- Eyes should be cleaned with sterile gauze soaked with saline or sterile water

Safety Alert

- Clean from the inside of the eye toward the outside.
- Use new sterile gauze for each wipe until the eye is clean in order to prevent potential for spreading infection from one eye to the other eye (cross-contamination).



Abnormal eye symptoms (Jarvis, 2016)



Eye Care in the Unconscious Patient

- Comatose patient
 - Risk for corneal ulceration → cause blindness
 - When the blink reflex is lost, eye may remain open and become dry
 - Eyes should be kept moist and protected to prevent complications
 - Liquid tear solution or saline can be instilled to prevent drying
 - Eyes can be closed and covered with a protective eye patch

Comfort

Comfort

- A need
- A major nursing responsibility
- Intervention for comfort include emotional support, anticipating the physical needs, e.g. pain relief, maintain hygiene
- Routine personal nursing care that promoting comfort:
 - Bed making
 - Turning of patient
 - Mouth care
 - Bathing

Mouth Care

- Refers to the maintenance and promotion of oral hygiene for the patient
- Adequate oral hygiene care prevent **deterioration** of the oral cavity
- Mouth care improve oral health and limit the growth of pathogens in oropharyngeal secretion, decreasing the incidence of **aspiration pneumonia**
- Gum health are important to provide support for teeth
- Inflammation in gum can be caused by local irritation from bacteria, plaque and food impact.



Guidelines of oral care

- Explain the reason and procedure to patient
- Assess patient's oral condition
 - Ask or help the patient to remove dentures, if any, and place them in a labelled container with clean water
- Provide oral hygiene measures according to patient's condition
 - Assess patient's level of consciousness and cooperation.
 - Check gag reflex and medical history before the procedure
 - Take appropriate precaution to prevent adverse event, e.g. aspiration
- Check allergy status and adverse drug reactions history of the patient
- Provide mouthwash as prescribed
 - Drinking water and 0.9% sodium chloride (Normal Saline)

Guidelines of oral care

- If the patient is unable to brush teeth, use moistened gauze wrapped around forceps or cotton buds to wipe the gums and oral mucosa.
- Help patient to lubricate the lips as required.
- Encourage fluid intake unless contraindicated
- Provide health education on the care of oral mucosa, lips, teeth, gums, tongue, and dentures as indication
- Observe, document report the oral condition for any abnormalities



Oral Care for Unconscious Patients

- Unconscious patients need oral care more frequently than conscious clients
- Microorganisms are common on the lips and teeth of unconscious patients
- Toothbrushing is the preferred technique for providing oral hygiene to unconscious patients
- Risk of aspiration saliva and liquid oral hygiene products into the lungs
- Other methods of oral care:
 - Oral swabs

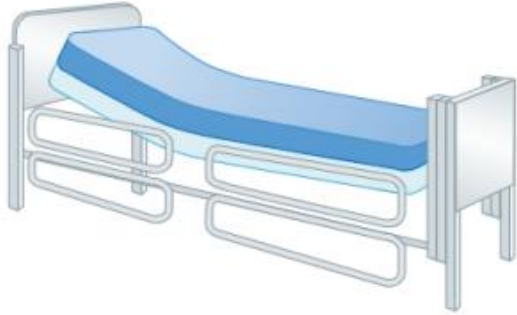
Hospital Bed

- Can be moved to various positions
- Provide comfort to the patient, therapy for some conditions
- Proper body mechanics for nurses
- Higher sitting:
 - Permit nurses to perform their tasks without back strain
- Lower sitting:
 - Permit patients to get in and out of bed easily and safely
- Nurses need to familiar with different bed positions

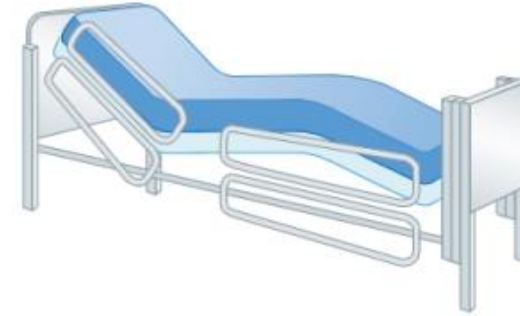


Hospital beds & different positions

- Hospital beds can be moved to various positions



Semi-Fowler's position



Fowler's position

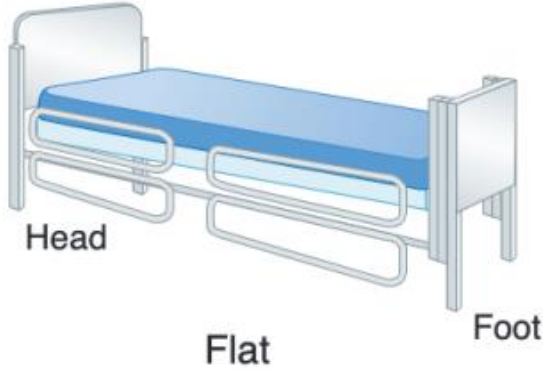
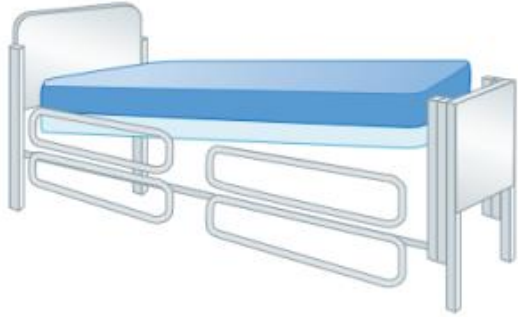
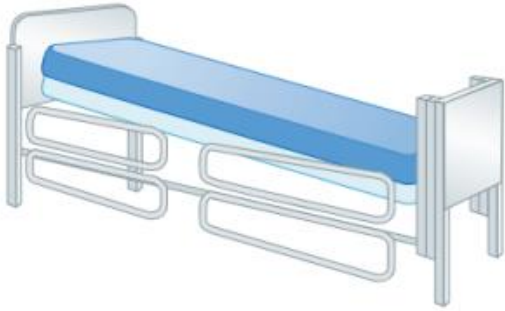
- Head of bed is elevated to semi sitting position of 15 to 45 degrees.
- This position also known as **low Fowler's position**

- Head and trunk are elevated to 80 to 90 degrees.
- This position also known as High Fowler's position

- Elevating the head of the bed to permit eating and other activities
- Simultaneously elevating the head and foot of the bed to prevent sliding toward the feet
- Elevating the foot of the bed when the legs need to be placed above the level of the heart to reduce swelling

Hospital beds & different positions

- Hospital beds can be moved to various positions

 <p>Head</p> <p>Flat</p> <p>Foot</p>	 <p>Trendelenburg's position</p>	 <p>Reverse Trendelenburg's position</p>
<ul style="list-style-type: none">• The mattress is completely flat	<ul style="list-style-type: none">• The entire bed is tilted with the head downward.• This position is only be used in removal of central venous catheter to prevent venous air embolism or in specific diagnostic test, e.g. tilt table test	<ul style="list-style-type: none">• The entire bed is tilted with the feet downward.• This position will be used in specific diagnostic test, e.g. tilt table test

Mattress

- Constructed with inner springs to provide good support
- Covered with a water- and soil-resistant material to permit cleaning
- Most hospital mattress have some level of pressure redistribution to prevent pressure ulcers
- Patients with high risks for pressure ulcers may require specialized mattresses and beds

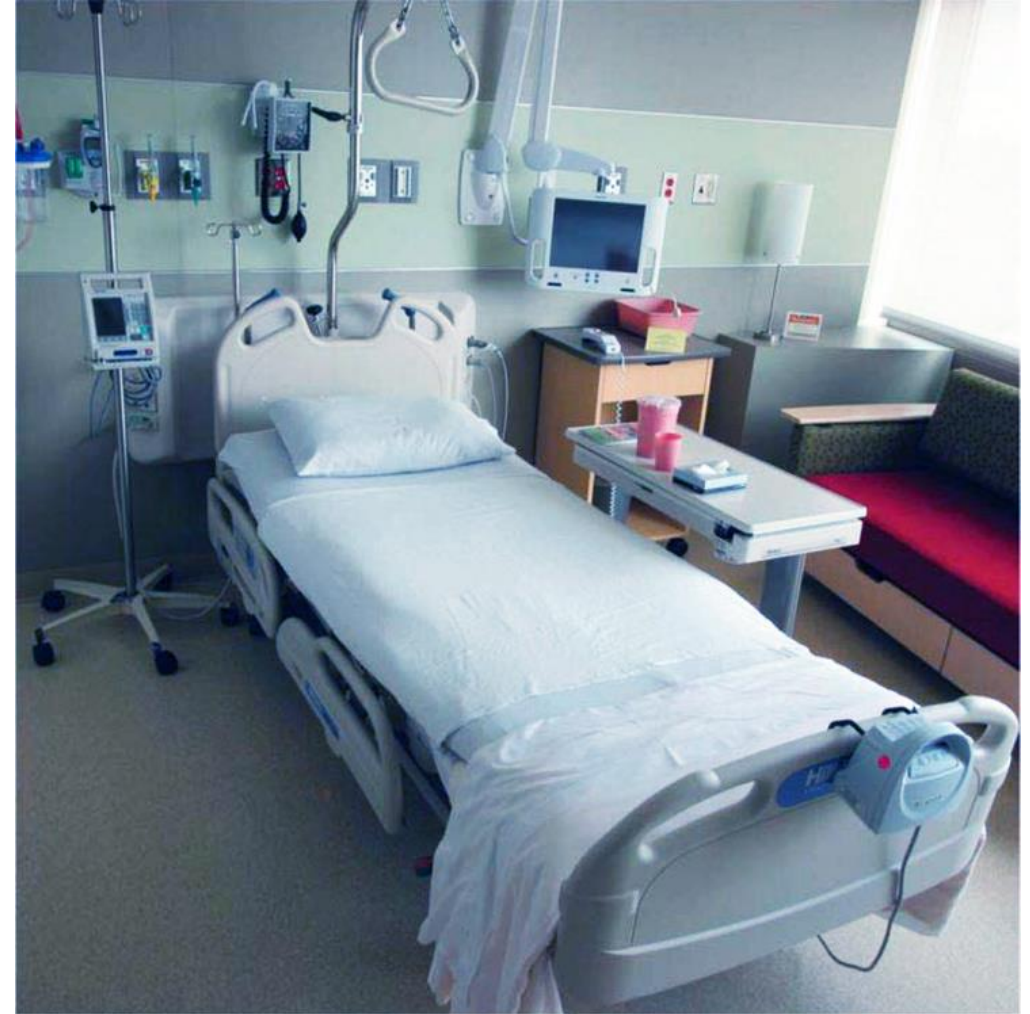
Example:

- Ripple mattress Alternating pressure mattress pad & electric pump
 - Provides relief from bed sores and ulcers caused by extended bedrest



Bed making

- A clean, dry, smooth bed enhances the patient's feeling of well-being.
- The need of linen change is based on the patient's need and individual hospital policy.
- Straightening and tightening the bed sheets, especially the bottom sheet can reduce the risk of pressure sore.
- Wrinkles are uncomfortable for patient and restrict circulation and may cause skin break down.



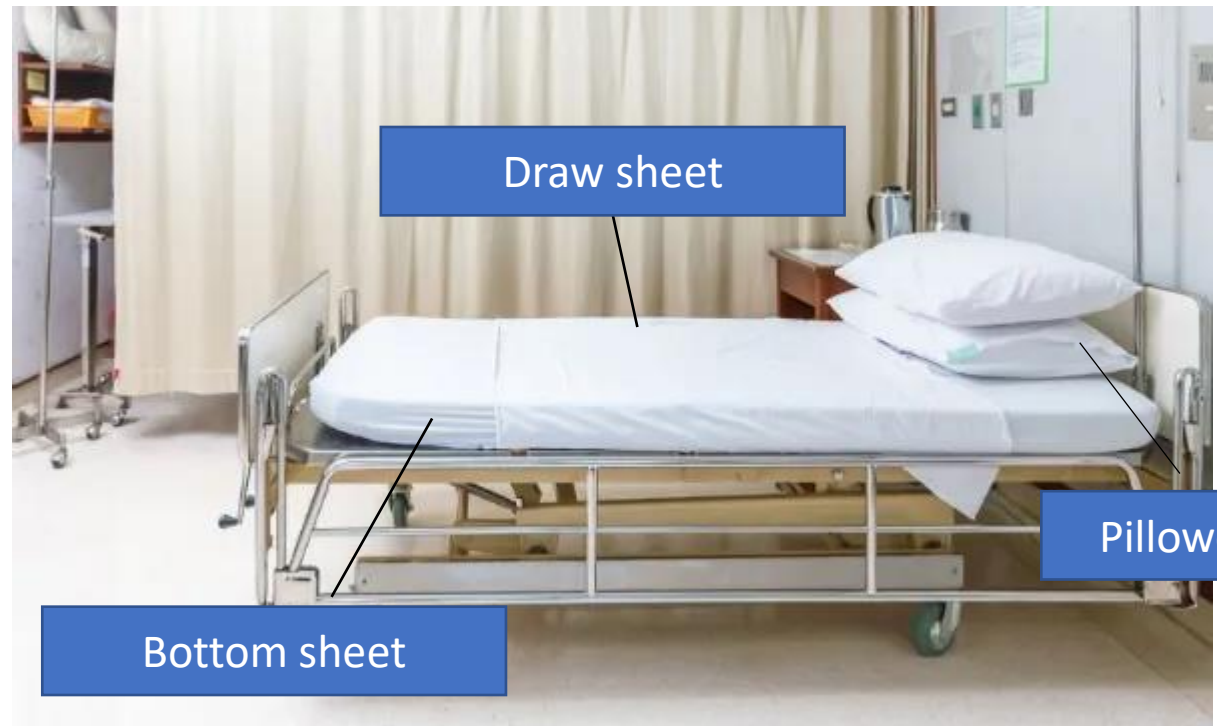
Bed Linens

- The linens used for most hospital beds include:
 - Mattress pad
 - Bottom sheet
 - Draw sheet: placed beneath the patient's hips
 - Top sheet
 - Blanket
 - Bed spread
 - Pillowcase



Bed spread
(in white)

Top sheet
(in white)



Draw sheet

Pillowcase

Bottom sheet

Bed making

- To prevent back strain, nurses should lower the head of the bed and raising the bed to a comfortable working height.



Bed making

- In disposing the soiled linens, nurses should put it into a linen bag and Do NOT put soiled linens on the floor
- For the procedure of bed making, it will be taught in the skill practice lab.
- Watch the skill video **BEFORE** attending the lab
- Please refer to the lab manual for the whole procedure.

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