**UNIT 1 HYGIENIC MEASURES**

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**1.0 OBJECTIVES**

After reading through the content of this unit, you will be able to:

• discuss factors that influence personal hygienic practices of people;

• describe problems that may develop in mouth, skin, hair, feet, hands, nails,

eye, ear, nose, perineum (private parts of the body) and bowel (a place in the

body from where stool *Ifeaces* is passed);

• explain various aspects of the hygienic care of mouth, skin, hair, feet, hands,

nails, eye, ear, nose, perineum and bowel; and

• develop skill in observation of the person/client from head to toe while giving

hygienic care.

**1.1 INTRODUCTION**

Maintenance of personal hygiene is necessary for a person's comfort, safety and

well being whether the person is well, ill, elderly or physically disabled *I* challenged.

It is important for home based care provider to know how much help a person

needs for hygienic care when he is ill. In this unit, we are going to discuss about

hygienic care, which includes care of mouth, skin, eyes, ear, nose, bowel, bladder

and perineum including all body parts.

**1.2 MEANING AND DEFINITION OF PERSONAL**

**HYGIENE**

Hygiene means keeping yourself and things around you clean, in order to prevent

disease. Personal hygiene is the self-care by which people maintain their body

cleanliness. Hygienic practices include functions such as bathing, toileting, general

body hygiene and grooming like wearing clean cloth, combing hair etc.

**1.3 FACTORS INFLUENCING HYGIENIC**

**PRACTICES**

Every individual needs to maintain personal hygiene, but when person is sick he/she

needs help. The following are the factors which influence a client's hygienic practices.

You as home base care provider should keep in mind the following general factors,

such as :

1) **Energy of the individual:** People in sickness may not have the health and

energy to take care of hygiene (cleanliness). For example people who are sick

for long time, who have plasters, paralysis, may not have enough energy or

strength to take care of themselves. So help the clients according to their abilities

.and energy to meet cleanliness needs.

**Habits and Culture:** Some people prefer to take bath twice a day and some

once a day. They may have choices for some shampoos, soaps, toothpaste or

when to bathe, shave. So these choices have to be kept in mind while giving

care. In some cultures, personal hygiene is considered very important so people

take bath everyday while some take bath during fast even though they have

fever or other illness. So according to cultural practices hygienic care can be

planned. During the long term illness these habits are ignored by family members.

So these choices have to be kept in mind while planning care of the patient.

3) **Knowledge:** Knowledge about importance of hygienic practices influence

hygiene of client. For example, when diabetic clients learn that proper foot

care will help in prevention of developing foot ulcer, then they will do proper

foot care.

**1.4 PERSONAL HYGIENE**

Maintenance of personal hygiene is necessary for an individual's comfort, safety and

well-being. Although it is the responsibility of every normal healthy individual to take

care of their personal body needs but when somebody is sick or not able to take

care then, they may require help. As a home care provider you can carry out hygienic

practices for the patient as and when required. The daily hygienic practices in illness

that you need to meet are mouth care, care of skin, care of feet, nails and hair. We

will be discussing each one of these care in detail in the coming sub-sections.

**1\_\_4.1 Mouth Care**

Mouth helps in tasting, chewing of food, smiling and beauty to face. Mouth care

helps to keep mouth, teeth, gums, tongue and lips healthy. The caregiver needs to

help a client in mouth care according to his abilities so that mouth problems can be

prevented. If mouth hygiene is not maintained following problems of the mouth can

develop:

**Practices in mouth care**

Brushing of teeth should be done twice a day - morning and night. However, some

clients need 2-4 hourly mouth care, for example, patients who are paralysed,

unconscious, and who have dryness of mouth. For conscious clients, mouth should

be rinsed after each meaL It is important to select a good teeth cleaning agent,

rounded, soft bristled tooth brush and antiseptic mouth washes. For healthy teeth

and gums, a well balanced diet is necessary. All teeth surfaces should be brushedinner,

outer and in the direction from gum to teeth. Tooth brushes should.not be

shared between people. It means each family member should have separate tooth

brush.

**1.4.2 Care of the Skin**

The skin completely covers the body and protects the body from injury and diseases.

a) **Functions of skin are:**

• Produces sweat and oil.

• Controls body temperature.

• Through skin person can feel the **touch, pain, hot andcold.**

When a client is unable to take bath, the caregiver should provide the help. Whether

a client needs bed bath or he can bathe in bathroom depends upon his energy,

physical condition, balance, vision, ability to sit, stand or walk and strength.

b) **Problems/Conditions which require skin care:**

You, as home based care provider should take special care of skin in following

conditions:

1) **Inability to move:** Aclient who is unable to move freely, for example, in case

of paralysis, extreme old age, plaster casts requires bed bath and frequent

change of positions. Massage of the skin around prominences (bony point),

warm bath will be helpful.

2) **Lack of skin sensation:** Clients with paralysis, nerve damage have decreased

skin sensation for heat or cold, pressure and chemical irritants like dettol, spirit.

. So caregiver should be cautious about temperature of water during bath. Water

for bath may not be hot for you but patient may get scalds (redness on skin due

to very hot water). Caregiver should handle the client gently so as not to cause

pain. Youshould be careful in giving skin care. Do not handle the client roughly;

specially avoid pulling bedpan, sheets under the patient, use of rough sponge

clothes.

3) Less food and water intake: Clients who do not take adequate food

and water because of their illnesshave thin andwrinkled skin, which breaks

down easily. So for such clients skin care becomes important by

maintainingfluidbalance.

4) Irritable Skin: Sweat, urine, fecal matter and discharge from wound

may collect on skin and result in skin break down and infection. So while

giving bath, give more attention to body areas such as under the woman's

breasts, perineal area, under the arms. Use mild soap that clean up the

skin but do not cause dryness. Start from clean area first and then less

clean area. The soap used should be such that it cleans but does not dry

the skin. Wipe skin properly after bath.

External devices: Clients with external devices attached to their bodies

such as plaster cast, braces, bandage, dressing etc. require special skin

care e.g. client with a plaster cast should not scratch underneath the plaster

with any sharp object, as it can cause injury to skin.

c) Practices in Skin Care

Bathing a client is part of skin care. There are various types of bath and you

can see which client will require which type of bath:

1) Bathing in bed: The client can have a complete bed bath or a partial

bath.

a) Complete bed bath: The whole body is bathed or sponged on the .

bed.

b) Partial bed bath: Only the areas where the secretions like sweat,

oil, blood collects are cleaned. For example, face, hands, axilla, back

and perineum.

Sometimes self taken bath is also seen in which the client cannot get

out of bed but is able to give bath to himself completely except for

his back and legs. For such clients you can provide everything for

bath within easy reach of the client.

2) Bathing in the bath room: In the bath room, the client can take either a

Tub bath or shower bath. The caregiver should keep in mind that:

1) There should be railings in the bathroom which client can hold so

that he does not fall. Fig. 1.1. (Handbars on the sides of bath tub)

2) Items needed for bath should be kept near the client and he should

be told to call for help when needed. Give a bell in the bath room

and be ready to help the client in bath room, as and when required.

As shown in Fig. 1.2 a tub or shower sheet can be used while taking

bath at home.

1.4.3 Care of Hair

You, as home based care provider should observe hair and scalp of the client.

Normally the hair is clean, shiny,untangled and the scalp is clean and clear.Aperson

who is ill may not be able to maintain daily hair care. Abed ridden person's hair

becomes tangled (cannot easily be separated from each other) very soon. Brushing,

combing and hair wash are some hygienic measures for hair. An unclean hair and

scalp containing dirt, dandruff, excessive oil and sweat will allow the growth of

germs and parasites like lice in the hair.

a) Problems/Conditions which require hair care

Following are the problems in hair which can develop if proper care of hair is

not taken:

I) Dandruff: It means small pieces of dead skin in the hairthat looks like

white powder and cause scaling of scalp along with itching. To treat

dandruff, anti dandruff shampoo can be used regularly.

Hair loss: Hair at times become weak and breaks easily and thinning

takes place. To prevent hair loss, hair should be kept neat and clean by

9 regular oiling, washing and tying them loosely so as to avoid tangles in bed

ridden clients.

3) **Pediculosis or lice:** In dirty hair lice grows. Louse is a small insect that

grows on the bodies of animals and people in dirty conditions. To prevent

lice, hair should be 'kept clean by regularly washing and combing. Bedding,

clothes, hair comb and brush should also be clean. In case of lice in hair,

anti lice shampoo, oil should be used.

**Practices in hair care**

As home based care provider you should find out a cJient' s physical ability to

care hair. Clients with pain in arms (in case of arthritis) , weakness in arms (in

case of paralysis or nerve damage), plaster cast, dressings and bandages, injury

in arms and lack of energy require some or complete help in hair care. So hair

care should be provided to clients to prevent dandruff, hair loss, pediculosis.

Beards and mustaches in male clients also require daily care. The most important

aspect of the care is to keep them clean. Food particles tend to collect in

beards and mustaches so they need washing and combing periodically. With

client's permission and likes, beard or mustaches can be trimmed and shaved.

**The tips for hair care:**

1) Regular washing and combing

2) Oiling and massaging the scalp

3) Wide tooth combs will decrease hair breakage

4) The comb should be cleaned and not shared by people.

**Check Your Progress 1**

1) List down the factors which affect hygienic practices.

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2. List down the problems which can develop due to neglected hair care.

**1.4.4 Care of Back and Bony or Pressure Points**

If a client lies on bed or sits on chair for a long time it reduces blood circulation in

back and causes pressure wounds or sores. The clients who are very thin, bony,

very fat, very old and weak, bed ridden and paralyzed are likely to develop pressure

sore.s. So, a1l.b~d.ri~den clients net back care so that pres~ure sores d? not ~evelop.

In VIew of this It ISimportant to kriow the co1111lTdcl1auses, common SItes, SIgnSand

symptoms and preventive measures for pressure sores.

Definition: Hygienic Measures

Pressure points: These are the prominent bony areas of the body where there is

no rich blood supply or nourishment and also the skin layer is too thin.

Pressure sores: The pressure sore is a localized area of tissue death (dead cells)

that tends to develop when soft tissue is compressed between a pressure point and

an external surface for long period. These are.called as bed sores.

A) Causes of pressure sores

1)

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Pressure: When a client lies on bed for a long time, it puts pressure on back

and bony points which causes pressure sores. / '

2) Friction: means rubbing of one surface of thing against another. When skin

rubs against hard surface, it breaks down. This can happen because of pulling

of bed sheets, bedpans under the client, creases of bed, plaster casts etc.

Moisture: The skin which remains wet due to sweat, urine, stool can break

down and sores develop.

B) Common sites of pressure sores

When a client is lying on back, then bony points at the back of head, shoulders

bones, buttocks, elbows and heels are common sites of pressure sores.

**In** side position, pressure sores develop on ears, shoulder bones, ribs, hip bone,

knee and ankle.

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When a client is lying on abdomen, then bony points at ear, cheek, shoulder

bones, breasts (in females), genitals (in males), knees and toes may develop pressure

sores as shown in Fig. 1.3.

Fig. 1.3: Pressure Points in different positions 11

C) Signsand symptoms of pressure sores

You should look for symptoms of pressure sores like:

• Redness of skin,

• Blister,

• Skin peeling,

• Blue or purple coloration of skin

• Skin break down

• Formation of sore or wound

If you detect pressure sores at an early stage, then measures can be taken to treat it

so that it does not become a big and deep wound.

D) Preventive measures for pressure sores

You can take some measures so that pressure sores do not develop in bed ridden

clients. These are:

1) Daily examine back and bony points for redness, skin peeling etc.

2) Keep the client and his bed clean, dry and without creases.

3) Change the position of client every 2-3 hours to avoid prolonged pressure on

bony points.

4) Give back care and massage on the bony points with oil, lotion, spirit etc.

5) Use air or water mattresses, cotton rings, cushions etc.

6) If in case pressure sores develop care should be taken. Care of pressure sore/

bed sore is discussed in Practical Manual 2, skill 13.

Check. Your Progress 2

1) List down the common sites of pressure sores.

2) Ltst down the signs and symptoms of pressure sores.

3) State the preventive measure for pressure sores.

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**1.4.5 Care of Feet, Hands and Nails**

The feet, hands and nails require special hygienic care to prevent infection, injury

and bad smell. A caregiver should examine the hands, feet and nails of clients daily.

Hands and feet need to be washed daily and dried, especially between the fingers

and toes. Hands can be washed several times a day. Creams or lotions can be

applied to soften the hands and feet to prevent dryness.

As for nails. they need to be clean and cut after soaking them in water during or after

bath. Nails can be filed to round the corners. Care of feet, hands and nails is discussed

in Skill 7 in detail.

Hygienic Measures

**1.4.6 Care of Eyes, Ears and Nose**

The eyes, nose and ears do not require much special care but regularly cleaning

them is essential to prevent problems like infections and to maintain their functions.

Hygienic care ofthese organs is done during bath.

A) **Care of** eyes

Unconscious clients cannot blink their eyes and they get dry so they need eye care.

A common problem of the eyes is secretions that dry on the lashes as crusts. These

crusts are softened by placing a sterile cotton ball (boiled for 15-20 minutes and

cooled) over lids for some time. Then wipe the loosened secretions from inner angle

of the eye to the outer angle of the eye. During bath, each eye is cleaned with a

separate portion of the sponge cloth.

Eye glasses of the client can be cleaned with-warm water and dried with a soft tissue

that will not scratch the lenses. When eye glasses are not worn by clients, they

should be placed safely.

B) **Care of ears**

A common problem of the ears is the collection of ear wax in ear. Dirt can collect on

external ear also if ears are not sponged from outside during bath. The external ear

is cleaned during the bed-bath using sponge cloth. The care giver can remove ear

wax which is corning out of the ear. But do not use pins, toothpicks, sticks or even

ear-buds to clean the internal ear wax because these ~an injure the ear drum and

also push the wax further inside the ear. If a client is wearing hearing -aids, then turn

them off. Carefully remove them before bed-bath, clean the ears, and then fit them

in ears again and then put it on.

C) **Care of nose** - /

The secretions can collect inside the nose, dry into crusts, and block the nose. For

clients who cannot remove the secretions on their own, the care-giver can remove

the crusted secretions during bath with the help of wet sponge cloth. Rotate it gently

in the nose and clean.

**1.4.7 Care of the Perineum**

Perineal hygiene involves cleaning the external genitalia ~d s~rrounding area.

Thorough cleaning is essential to prevent bad smell and infections.

Clients who require regular perineum care are:

• unable to do personal hygiene themselves

• those having no control over passing of urine and stool, / ,

• those.on urinary catheters and infections .

. However, perineum should be cleaned after each urination and defecation also.

Many care-givers can become embarrassed about providing perineal care, especially

to the clients of the opposite sex to prevent the embarrassment for clients and care

providers. Male care-givers can ask a female family member to give perineal care to

a female client. Female care-giver can ask a male family member to provide perineal

care to a male client.

**1.4.8 Care of Bowel**

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As a care-giver, you may care for clients who have problems in passing of stool and

urine. The common problems in passing stool can be following :

Constipation: it means difficult passage ofhardldry stool

2) Diarrhoea: it means increase in the number of stools in a day and the passage of

liquid stool.

3) There can be gas collection in the intestines due to which abdomen will become

big and there will be discomfort and pain.

4) Client may be unable to control the passing of stool so he may pass stool in his

clothes. This can happen in unconscious and paralyzed clients.

You as home based care provider should ensure that the client is taking well-balanced

diet and adequate water. It is important to make a regular routine of passing stool at

the same time. Ignoring the urge to defecaU; and not taking time to defecate completely

are common causes of constipation. If a client is bed-ridden, then you should offer

a bedpan or help him to go to the bathroom. This should be done promptly before

the urge to defecate goes. Clients may pass urine/stool on clothes if made to wait. It

is also important that when bedpan is offered, curtains are pulled, or bathroom

doors are'closed, Th~ care-giver should stand close by in case the client needs help

or give a bell within his reach so that he can call you for help. Women use bedpans

to pass both urine and feces, whereas men use bedpans only for passing stool and

urinal for urination.

For clients WRO are unable to control the passing of stool, it is important to set up a

daily routine for defecation. The client can be made to defecate at the same time

each day by taking some measures such as giving hot drink or fruit juice before

defecation time, giving bedpans at fixed times, providing privacy and time for

defecation. Client can be asked to gently press the abdomen with hands while

defecating but not strain.

**Check Your Progress** 3

1) List the problems of unhygienic mouth practices.

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List down the common problems in passing stool.

**1.5**

**LET US SUM UP**

This unit has described what is personal hygiene and factors which influence hygienic

practices of people. This unit also elaborated on various aspects of hygienic care of

skin, hair, mouth, feet, hands, nails, eyes, ears, nose, perineum and bowel. These

theoretical aspects will be useful when you are giving hygienic care to client. While

you are giving hygienic care, for example, bed bath, mouth care to the client, you

can make observation of the client's body for anything abnormal from head to toe.

Observe scalp, hair, head, skin, eyes, ears, nose, mouth, neck, chest, axilla, abdomen,

back, arms, legs, hands, feet, nails, and perineum. Note down anything which you

think is not normal in parts of body from head to toe. If you see anything abnormal,

then inform the family members and doctor.

**1.6 KEYWORDS**

**Embarrassment**

Hearing aid

Feel uncomfortable or shy in front of others.

A small device for people who can not bear

well that fits inside the ear and makes sound

louder.

**Incontinent** Unable to control the passing of waste (urine

and faeces) from the body.

**Paralysis** When a person is not able to move his/her

body or a part of it.

**Unconscious** A condition in which patient is in a state that

is like sleep.

**1.7** ANSWERSTOCHECKYOURPROC~~S

**Check Your Progress 1**

I) a) Energy of the individual

b) Habits and culture

c)

2) a)

Knowledge

Dandruff

b) Hair loss

c), Pediculosis or lice **Check Your Progress 2**

1) a) Back of head

b) Shoulder bones

c) Buttocks (hip bones)

d) Elbows

e) Heels and toes

f) Ears

g) Ribs, knees, ankles, cheek, breasts, genitals

2) a) Redness of skin

b) Blister

c) Skin peeling

d) . Blue or purple coloration of skin and

e) Later on skin breaks down and formation of sore or wound.

3) a) Daily examine back and bony points for redness, skin peeling etc.

b) Keep the client and his bed clean, dry and without creases.

c) Change the position of client every 2-3 hours to avoid prolonged pressure

on bony points.

d) Give back care and massage on the bony points with oil, lotion, spirit etc.

e) Use air or water mattresses, cotton rings, cushions etc.

**Check Your Progress 3**

1) a) Bad breath

b) Cracking of lips

c) Teeth have darkened areas and are painful

d) Collection of food, germs, brown crusts in mouth, on teeth

e) Inflammation of mouth mucosa

f) Inflammation of tongue

g) InflarrQnationofgums

2) a) Constipation

b) Diarrhoea

c) Gas collection in the intestine

d) Inability to control the passing of urine and stool.

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