

BATHING WITHOUT A BATTLE

Bathing Techniques

Sometimes non-traditional approaches to bathing are best. A few that we have used are described below:

[The Towel Bath](#)

[The Recliner Bath](#)

[The Toilet or Commode Bath](#)

[The Singing Bath](#)

[The Seven Day Bath](#)

[The Under-the-Clothes Bath](#)

[The Shared Shower](#)

BATHING WITHOUT A BATTLE

- Educational DVD
- Person-centered, practical approaches to care
- Innovative bathing equipment and supplies
- Tips for changing policies
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The Towel Bath

A bed bath is often a good choice for persons who are frail, non-ambulatory, considerably overweight, experience pain on transfer, or are fearful of lifts. It is possible to wash people adequately in the bed and it is often much less stressful. It is usually done with a basin of water, soap and washcloths, and rinsing off the soap. A variation on this method is the towel bath. Here, a person is covered with a large, warm, moist towel containing a no-rinse soap solution, and is washed and massaged through the towel. Instructions for doing the towel bath are below.

Equipment

- 2 or more bath blankets
- 1 large plastic bag containing:
 - 1 large (5'6" x 3') light weight towel (fan folded)
 - 1 standard bath towel
 - 2 or more washcloths
- 2-3 quart plastic pitcher filled with water (approximately 105-110 Fahrenheit), to which you have added:
 - 1-1 ½ ounces of no-rinse soap, such as Septa-Soft, manufactured by Calgon-Vestal (use manufacturer's instructions for dilution)

Preparing the Person

Explain the bath. Make the room quiet or play soft music. Dim the lights if this calms the person. Assure privacy. Wash hands. If necessary, work one bath blanket under the person, to protect the linen and provide warmth. Undress the person, keeping him/her covered with bed linen or the second bath blanket. You may also protect the covering linen by folding it at the end of the bed.

Preparing the Bath

Pour the soapy water into the plastic bag, and work the solution into the towels and washcloths until they are uniformly damp but not soggy. If necessary, wring out excess solution through the open end of the bag into the sink. Twist the top of the bag closed to retain heat. Take the plastic bag containing the warm towels and washcloths to the bedside.

Bathing the Person

Expose the person’s feet and lower legs and immediately cover the area with the warm, moist large towel. Then gently and gradually uncover the person while simultaneously unfolding the wet towel to recover the person. Place the covers at the end of the bed. Start washing at whatever part of the body is least distressing to the person. For example, start at the feet and cleanse the body in an upward direction by massaging gently through the towel. You may wish to place a bath blanket over the towel to hold in the warmth. Wash the backs of the legs by bending the person’s knee and going underneath. Bathe the face, neck, and ears with one of the washcloths. You may also hand a washcloth to the person and encourage him to wash his own face. Turn the person to one side and place the smaller, warm towel from the plastic bag on the back, washing in a similar manner, while warming the person's front with the bath blanket or warm, moist towel. No rinsing or drying is required. Use a washcloth from the plastic bag to wash the genital and rectal areas. Gloves should be worn when washing these areas.

After the Bath

If desired, have the person remain unclothed and covered with the bath blanket and bed linen, dressing at a later time. A dry cotton bath blanket (warmed if possible) placed next to the skin and tucked close provides comfort and warmth. Place used linen back into the plastic bag; tie the bag and place in a hamper.

[Return to the top of the page](#)

The Recliner Bath

Several home health aides have reported giving very successful baths when the person is resting in the recliner chair in the living room. They used a basin of water, preferably with a no-rinse soap, and padded each body part being washed with a towel and incontinence pad if available. This worked particularly well for persons extremely fatigued by chronic or terminal illnesses. If the visits are being covered under Medicare, it is important for the aide to “count” this as a bath for reimbursement purposes. Remember, the goal of a bath or shower is to get someone clean and help them feel refreshed. This can be done and needs to be done in many ways.

[Return to the top of the page](#)

The Toilet or Commode Bath

This method was useful for an easily agitated nursing home resident. Mrs. Harrington greatly disliked being moved or touched and fought through our attempts to carefully shower her or bathe her in bed. She was often incontinent of stool during her AM shower or bath. So the caregiver, Marie, first placed her on the toilet, allowed her private time to have a bowel movement and washed and dressed her upper torso while she sat on the toilet in her bathroom. Then the Marie washed her legs, and lastly had her stand with assistance and washed her peri area and bottom just prior to transferring her to her wheelchair, ready for the day. Her thin hair was washed also at the bathroom sink using wet washcloths to wet and rinse her hair.

The Singing Bath

For another most complex person, we did the singing, sitting, in- room bath. Miss Florence was infamous for refusing her shower and for fighting when she was forced to shower. Estelle, the nursing assistant who worked with her, discovered that she liked to sing and her favorite tunes were “Jesus Loves Me” and “ Happy Birthday”. If Estelle waited until she felt Miss Florence was in a good mood, sang with her, did part of bath while she was lying in bed and part as she began to get up out of bed (following Miss Florence’s lead), she was able to wash her entire body. Her hair was done using an in-bed basin on another day. Interestingly, the family reported that Miss Florence had been refusing to get in the shower or tub for ten years prior to coming into the care facility.

The Seven Day Bath

A family reported good luck in keeping their father, Mr. Simmons, clean by dividing the body into seven parts and washing one each day. He disliked bathing or washing but could tolerate short episodes better than longer, more overwhelming ones.

The Under-the-Clothes Bath

Grace disliked the shower or tub, but did well when encouraged verbally and physically to wash herself in her room. However, one day her caregiver, Margaret, arrived to find that Grace had been up all night, which was unusual because she preferred to stay in bed most of the morning. She had rough, agitated night and had a body odor associated with perspiration and urination. A urinary tract infection was suspected and later confirmed and treated. It was the usual day for Grace to get her in-bed bath. Margaret considered just postponing it, but thought she would try to freshen her up and help her feel better. She washed what she could while Grace was sitting in the wheelchair, gently talking to her about her favorite subjects. She continued this approach and reached into her dress to wash her underarms and breast areas and then the genital area. When Grace started to become angry or upset, she stopped. It wasn’t a complete bath, but the priority areas were cleaned and Margaret avoided a big battle at a time when Grace would be easily distressed.

The Shared Shower

Mr. Trask was recently admitted to a care facility. Any attempts by staff to get him to shower or bathe met with fierce resistance. Instead of forcing him to bathe, the facility called his wife to find out how she had bathed him at home. She said that she had showered with him and that it had been enjoyable for them both. The wife was invited to come in and shower with her husband at the facility, with the staff assuring privacy and a pleasant environment. She was glad to be involved in his care and to be able to continue this part of their relationship.