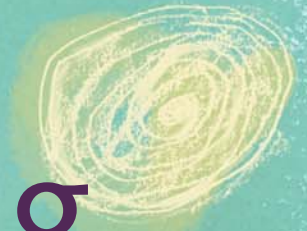


Nursing Assisting

A Foundation in Caregiving

Diana L. Dugan, RN

FOURTH EDITION



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Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility.

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Gender Usage

This textbook utilizes the pronouns *he*, *his*, *she*, and *hers* interchangeably to denote healthcare team members and residents.

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Dedication

This book is dedicated to our very first grandchild, adorable Ava. What an absolute joy it is to welcome you to the family! You are our beautiful new shining star!

*Twinkle, twinkle, little star....
—Jane Taylor, “The Star”*

To my beloved John, thank you for your extraordinary love and support. Thank you for your hard work and for your expertise. You are a role model for our children and family.

*How do I love thee?
Let me count the ways.
—Elizabeth Barrett Browning, “Sonnets from the Portuguese,” Number 43*

To our precious children, Mark, Marissa, Carrie, and Jon, thank you for your love, praise, and good wishes. You make us very proud. Your dedication and hard work in your chosen field is an inspiration to others.

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To the instructors, thank you for your efforts and dedication to excellent care. To the students, I am sending you my sincere best wishes for your spectacular success in the exciting world of health care.

*A good book is the best of friends, the same to-day and for ever.
—Martin Farquhar Tupper*

My warmest regards to all,



Diana L. Dugan

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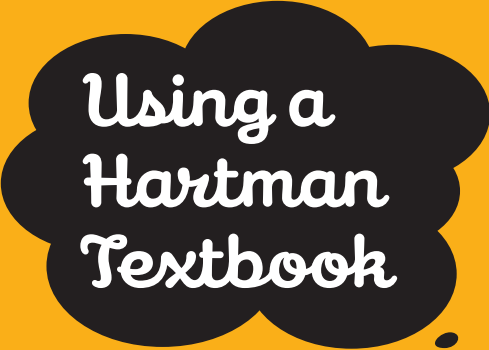
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Using a Hartman Textbook



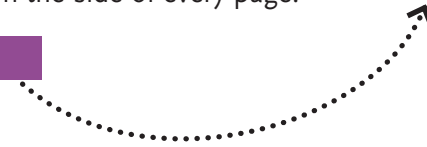
Understanding how this book is organized and what its special features are will help you make the most of this resource!



look!

Carefully-chosen quotes begin each chapter and may be used for discussion. Additional information highlights how health care has changed over the years by detailing interesting events in medicine from the past.

We have assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and it is located on the side of every page.



1. Explain HIPAA and related terms

Everything in this book, the student workbook, and the instructor’s teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

Bold key terms are located at the beginning of each chapter and then again throughout the text. These terms are defined in the text and in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by the same black bar for easy recognition.

Guidelines: Accurate Documentation

Guidelines and Observing and Reporting lists are colored green for easy reference.

Residents’ Rights
Be patient when feeding residents

Residents’ Rights boxes teach important information about how to support and promote legal rights and person-centered care. Tip and Trivia boxes provide interesting and educational tidbits that you can use inside and outside of work.

Chapter Review

Chapter-ending questions test your knowledge of the information found in the chapter. We have included the textbook’s learning objective numbers to make it easier for you to reread a section if you need to refresh your memory. When you see this notation after a question—(LO 3)—it refers to that particular learning objective number in the chapter on which you are working. If you have trouble answering a question, you can return to the text and reread the material.

See the Appendix at the end of the book for additional information.

Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps

Identify yourself by name. Identify the resident. Greet the resident by name.

A resident's room is his home. Residents have a right to privacy. Before any procedure, knock and wait for permission to enter the resident's room. Upon entering his room, identify yourself and state your title. Residents have the right to know who is providing their care. Identify and greet the resident. This shows courtesy and respect. It also establishes correct identification. This prevents care from being performed on the wrong person.

Wash your hands.

Handwashing provides for infection prevention. Nothing fights infection in facilities like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every resident.

Explain procedure to resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

Residents have a legal right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Residents are able to do more for themselves if they know what needs to happen.

Provide for the resident's privacy with a curtain, screen, or door.

Doing this maintains residents' rights to privacy and dignity. Providing for privacy in a facility is not simply a courtesy; it is a legal right.

Adjust the bed to a safe level, usually waist high. Lock the bed wheels.

Locking the bed wheels is an important safety measure. It ensures that the bed will not move as you are performing care. Raising the bed helps you to remember to use proper body mechanics. This helps prevent injury to you and to residents.

Ending Steps

Make resident comfortable.	Make sure sheets are wrinkle-free and lie flat under the resident's body. This helps prevent pressure ulcers. Replace bedding and pillows. Check that the resident's body is in proper alignment. This promotes comfort and health after you leave the room.
Return bed to lowest position. Remove privacy measures.	Lowering the bed provides for residents' safety. Remove extra privacy measures added during the procedure. This includes anything you may have draped over and around residents, as well as privacy screens.
Leave call light within resident's reach.	A call light allows residents to communicate with staff as necessary. It must always be left within the resident's reach. You must respond to call lights promptly.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Be courteous and respectful at all times.	Say "thank you" before you leave. It is the polite and proper thing to do. Ask residents if they need anything else. Let them know that you are leaving. This promotes respect.
Report any changes in the resident to the nurse. Document procedure using facility guidelines.	You will often be the person who spends the most time with a resident, so you are in the best position to note any changes in a resident's condition. Every time you provide care, observe the resident's physical and mental capabilities, as well as the condition of his or her body. For example, a change in a resident's ability to dress himself may signal a greater problem. After you have finished giving care, document the care using facility guidelines. Do not record care before it is given. If you do not document the care you gave, legally it did not happen.



In addition to the beginning and ending steps listed above, remember to follow infection prevention guidelines. Even if a procedure in this book does not tell you to wear gloves or other PPE, there may be times when it is appropriate.

For example, the procedure for giving a back rub does not include gloves. Gloves are usually not required for a back rub. However, if the resident has open sores on his back, gloves are necessary.

1

The Nursing Assistant in Long-Term Care

Nurses' Aides: Helping Hands During World War II

One of the earliest times nurses' aides were used in America was during World War II. Various hospitals, along with the American Red Cross, trained nurses' aides in 1941 to help deal with a shortage of nurses due to the war. Employers in the United States expected nurses' aides to volunteer during this time. The country set a goal of training 100,000 nurses' aides to assist nurses with patient care. These aides worked each day without being paid. Today it seems inconceivable that nursing assistants would work without compensation.

“A professor can never better distinguish himself in his work than by encouraging a clever pupil, for the true discoverers are among them, as comets amongst the stars.”

Carl Linnaeus, 1707-1778

“If one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours.”

Henry David Thoreau, 1817-1862
from *Walden*

1. Define important words in this chapter

accountable: answerable for one's actions.

activities of daily living (ADLs): personal daily care tasks, including bathing, skin, nail, and hair care, walking, eating and drinking, mouth care, dressing, transferring, and toileting.

acute care: 24-hour skilled care for short-term illnesses or injuries; generally given in hospitals and ambulatory surgical centers.

adaptive devices: special equipment that helps a person who is ill or disabled perform activities of daily living; also called *assistive devices*.

adult day services: care for people who need some assistance or supervision during certain hours, but who do not live in the facility where care is given.

animal-assisted therapy (AAT): the practice of bringing pets into a facility or home to provide stimulation and companionship.

assisted living: residences for people who do not need skilled, 24-hour care, but do require some help with daily care.

assistive devices: special equipment that helps a person who is ill or disabled perform activities of daily living; also called *adaptive devices*.

care team: the group of people with different kinds of education and experience who provide resident care.

chain of command: the order of authority within a facility.

charge nurse (nurse-in-charge): a nurse responsible for a team of healthcare workers.

chronic: long-term or long-lasting.

cite: in a long-term care facility, to find a problem through a survey.

conscientious: guided by a sense of right and wrong; principled.

continuity of care: an ongoing coordination of a resident's care over time, during which the care team is regularly exchanging information and is working toward shared goals.

courteous: polite, kind, considerate.

delegation: transferring responsibility to a person for a specific task.

dementia: the serious loss of mental abilities, such as thinking, remembering, reasoning, and communicating.

diagnosis: the identification of disease or other problems by its signs and symptoms and from the results of different tests.

empathetic: identifying with and understanding another's feelings.

first impression: a way of classifying or categorizing someone or something at the first meeting.

functional nursing: method of care that involves assigning specific tasks to each team member.

holistic: care that involves the whole person; this includes his or her physical, social, emotional, and spiritual needs.

home health care: care that takes place in a person's home.

hospice care: care for people who have approximately six months or less to live; care is available until the person dies.

inter-generational care: mixing children and the elderly in the same care setting.

Joint Commission: a not-for-profit organization that evaluates and accredits different types of healthcare facilities.

length of stay: the number of days a person stays in a healthcare facility.

liability: a legal term that means a person can be held responsible for harming someone else.

licensed practical nurse (LPN) or licensed vocational nurse (LVN): a licensed nurse who administers medications, gives treatments, and may supervise daily care of residents.

long-term care: 24-hour care provided for people with ongoing conditions who are generally unable to manage their activities of daily living.

Medicaid: a medical assistance program for people with low incomes, as well as for people with disabilities.

Medicare: a federal health insurance program for people who are 65 or older, are disabled, or are ill and cannot work.

nursing assistant (NA): person who performs assigned nursing tasks and gives personal care.

outpatient care: care given to people who have had treatments, procedures, or surgery and do not require an overnight stay in a hospital or other care facility.

person-centered care: a type of care that places the emphasis on the person needing care and his or her individuality and capabilities.

policy: a course of action to be followed.

primary nursing: a method of care in which the registered nurse gives much of the daily care to residents.

procedure: a method, or way, of doing something.

professionalism: the act of behaving properly for a certain job.

registered nurse (RN): a licensed nurse who assesses residents, creates the care plan, monitors progress, provides skilled nursing care, gives treatments and medications, and supervises the care given by nursing assistants and other members of the care team.

rehabilitation: a program of care given by a specialist or a team of specialists to restore or improve function after an illness or injury.

resident: a person living in a long-term care facility.

sandwich generation: people responsible for the care of both their children and aging relatives.

skilled care: medically necessary care given by a skilled nurse or therapist.

subacute care: care for an illness or condition given to people who need less care than for an

acute (sudden onset, short-term) illness or injury but more than for a chronic (long-term) illness.

team leader: a nurse in charge of a group of residents for one shift of duty.

team nursing: method of care in which a nurse acts as a leader of a group of people giving care.

trustworthy: deserving the trust of others.

2. Describe healthcare settings

Making the career choice to care for others is very rewarding. No other work is more appreciated or valued, and it makes an important difference in the lives of so many people.

Nursing assistants have many job opportunities. Where someone works depends on the person, her schedule, and the type of care she prefers to give. (More information on finding a job is located in Chapter 28.)

Each healthcare setting is unique; however, there are some similar tasks that will be performed in every setting. This textbook will focus on **long-term care** for elderly residents.

Long-term care (LTC) facilities provide 24-hour skilled care for people who are no longer eligible for hospital care, but are unable to be cared for at home. **Skilled care** is medically necessary care given by a skilled nurse or therapist. This care is available 24 hours a day. It is ordered by a doctor and involves a treatment plan.

Long-term care assists people with ongoing, chronic medical conditions, and is usually given for an extended period of time. **Chronic** means long-term or long-lasting. Chronic conditions last a long period of time, even a lifetime. Examples of chronic conditions include physical disabilities, heart disease, and recovery from stroke. Other common terms for long-term care facilities are nursing homes, skilled nursing facilities, rehabilitation centers, or extended care facilities.

A long-term care facility is where a person resides or lives. This is why the people who live in

these facilities are called **residents**. The facility is a resident's home and the resident will remain there until he or she returns home, moves to another place, or dies (Fig. 1-1).



Fig. 1-1. The facility is the resident's home. Family and friends, as well as others, may visit the resident at the facility, just as if she were living in her own house.

In **assisted living** facilities, residents are generally more independent. Staff are available to provide whatever daily care the resident needs, such as help with bathing and dressing. Sometimes staff assist with medications. Residents in these facilities do not usually need skilled care. Many assisted living centers have different areas or buildings available if a person requires more care. The advantage this provides is that the resident is not moved from facility to facility.

Home health care is care that takes place in a person's home (Fig. 1-2). In some ways, working as a home health aide is similar to working as a nursing assistant. Almost all care in this textbook applies to home health aides. Most of the personal care and basic nursing procedures are the same. Home health aides may also clean the home, shop for groceries, do laundry, and cook. They will work more independently, although a supervisor monitors their work, and they may have more contact with the family. The advantage of home health care is that clients do not have to leave home. They may have lived in their homes for many years, and staying at home is more comfortable for most people.



Fig. 1-2. Home care is performed in a person's home.

Adult day services are given during certain hours for people who need some assistance. The people needing this type of care do not live in the facility where care is provided. Generally, adult day services are for people who need some help but who are not seriously ill or disabled. In the past, aging family members were cared for mostly at home. Today, the **sandwich generation**—the generation caring for children and aging parents at the same time—is often unable to spend enough time at home. If no one can care for an elderly relative at home or if a person needs a break from caregiving, adult day services is an option for busy families.

Some centers have merged care for adults and children to offer **inter-generational care**. With this type of care, the young and the elderly are able to spend their days together (Fig. 1-3). Many elderly people live far away from close family or do not have family. This kind of care provides “grandparents” or “grandchildren” for those who have none or who live too far away from their own families.



Fig. 1-3. Inter-generational care provides an opportunity for the elderly and the young to spend time together.

Acute care is given in hospitals and ambulatory surgical centers. It is for people who require care for illnesses or injuries. People are also admitted for short stays for surgery. The length of time the person remains will vary depending upon the illness. Acute care is 24-hour skilled care for short-term illnesses or injuries.

Subacute care can be given in a long-term care facility or a hospital. It is used for people who need less care than for an acute illness, but a higher level of care than for a chronic illness. The cost is usually less than hospital care, but more than long-term care. Subacute care will be covered in depth in Chapter 26.

Outpatient care is usually given to people who have had treatments, procedures, or surgeries and need short-term skilled care. They do not require an overnight stay in a hospital or other care facility. They are sent home with instructions for further care. Families or friends may play a part in their recovery.

Rehabilitation is care given by a specialist or a team of specialists. Physical, occupational, and speech therapists help restore or improve function after an illness or injury. There is more information about these specialists in Learning Objective 9 of this chapter. Information about rehabilitation is located in Chapter 25.

Hospice care is given in facilities or homes for people who have approximately six months or less to live. Hospice workers give physical and emotional care and comfort until a person dies, while also supporting families during this process. There is more information about hospice care in Chapter 27.

Tip

Animal-Assisted Therapy (AAT)

Animal-assisted therapy (AAT), or pet therapy, provides different kinds of animals to brighten the days of people who are ill (Fig. 1-4). The Delta Society (deltasociety.org), founded in 1977 by a physician and a veterinarian, is a national organization dedicated to the therapeutic bond between animals and

humans. The group welcomes inquiries from owners interested in volunteering good-natured dogs. The American Humane Association (americanhumane.org) and the American Red Cross (redcross.org) are other organizations that may provide animal-assisted therapy. Many people love having regular contact with animals, and it may help with their treatment.



Fig. 1-4. Bringing dogs into healthcare facilities may cheer up people who are ill, as well as provide other health benefits.

3. Explain Medicare and Medicaid

The Centers for Medicare & Medicaid Services (CMS) is a federal agency within the United States Department of Health and Human Services (Fig. 1-5). CMS runs two national health-care programs: Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.



Fig. 1-5. The CMS website is cms.gov.

Medicare is a federal health insurance program for people who are 65 years of age or older. Medicare also covers people of any age with permanent kidney failure or certain disabilities. Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for care it determines to be medically necessary.

Medicaid is a medical assistance program for people who have a low income, as well as for people with disabilities. It is funded by both the federal government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare and Medicaid pay long-term care facilities a fixed amount for services. This amount is based on the resident's needs upon admission and throughout his stay at the care facility.

4. Describe the residents in long-term care facilities

There are some general statements that can be made about residents in long-term care facilities. While it is helpful to understand the entire population, it is more important for nursing assistants to understand each individual for whom they will care. Residents' care should be based on their specific needs, illnesses, and preferences.

According to a survey conducted in 2004 by the National Center for Health Statistics (cdc.gov/nchs), 88 percent of long-term care residents in the U.S. are over age 65. Just over 71 percent of residents are female. More than 90 percent are white and non-Hispanic (Fig. 1-6). About one-third of residents come from a private residence; over 50 percent come from a hospital or other facility.



Fig. 1-6. White, non-Hispanic women make up a high percentage of residents in long-term care facilities.

The **length of stay** is the number of days a person stays in a healthcare facility. The length of stay of over two-thirds of residents in long-term care is six months or longer. These residents need enough help with their activities of daily living to require 24-hour care. Often, they did not have caregivers available to give sufficient care for them to live in the community. The groups with the longest average stay are people who are developmentally disabled. They are often younger than 65. More information about developmental disabilities may be found in Chapter 5.

The other third of residents stay for less than six months. This group generally falls into two categories. The first category is made up of residents admitted for terminal care. They will probably die in the facility. The second category is made up of residents admitted for rehabilitation or temporary illness. They will usually recover and return to the community. Care of these residents may be very different than care provided for permanent residents. There is more information about rehabilitation and subacute care in Chapters 25 and 26.

Dementia and other mental disorders are major causes of admissions to care facilities. **Dementia** is the serious loss of mental abilities, such as thinking, remembering, reasoning, and communicating. Various studies place the number of residents with dementia in long-term care facilities as high as 90 percent. More information

about dementia may be found in Chapter 22. Many residents are admitted with other disorders as well. However, the disorders themselves are often not the main reason for admission. It is most often the lack of ability to care for oneself and the lack of a support system that leads people into a facility. A support system is vital in allowing the elderly to live outside a facility.

Some residents have very little outside support from family or friends. This is one reason it is essential to care for the whole person and his or her individual needs instead of only the illness or disease. Residents have many needs besides bathing, eating, drinking, and toileting. These needs will go unmet if staff do not work to meet them.

5. Describe the nursing assistant's role

A **nursing assistant (NA)** performs assigned nursing tasks. Most of the tasks deal with helping care for residents. Examples of nursing tasks include measuring residents' temperature and blood pressure. A nursing assistant also assists residents with **activities of daily living (ADLs)**, which are personal daily care tasks, such as bathing, skin, nail, and hair care, mouth care, and assistance with walking, eating and drinking, dressing, transferring, and toileting.

Common nursing assistant tasks include the following:

- Serving meal trays and feeding residents (Fig. 1-7)
- Helping residents dress and undress
- Bathing residents
- Shampooing hair
- Shaving residents
- Making residents' beds
- Tidying residents' living areas
- Measuring vital signs (temperature, pulse, respiration, blood pressure, and observing and reporting pain levels)

- Helping residents with toileting needs
- Assisting with mouth care
- Giving back rubs
- Observing and reporting changes in residents' conditions
- Reporting residents' complaints to the nurse
- Helping residents move safely around the facility
- Caring for supplies and equipment



Fig. 1-7. Helping residents eat and drink is an important part of a nursing assistant's job.

Nursing assistants are not allowed to insert and remove tubes, give tube feedings, or change sterile dressings. Nursing assistants are not allowed to give medication; nurses are responsible for giving medication. Some states allow nursing assistants to give medication after receiving additional, specialized training.

Nursing assistants can have many different titles. *Nurse aide*, *patient care attendant*, *health care assistant*, *patient care technician*, and *certified nursing assistant* are some examples. This textbook will use the term *nursing assistant*.

Trivia

Early Nursing Schools

Early nursing schools in the 1800s and early 1900s had very strict rules for their students. The classes at that time were made up of women, and they normally lived together in the same building. Rigid curfews, rules restricting smoking, drinking, and profanity, separation of the sexes, and specific dress

codes were strictly enforced. Generally the women were not allowed to date or marry, and those who broke the rules were punished. Nursing students were expected to work long hours and, in addition to caring for patients, had to wash and wax floors and do chores that today are duties of other employees.

6. Discuss professionalism and list examples of professional behavior

Understanding how to be professional is the first step to success in the healthcare field. Professional behavior is vital in the workplace. **Professionalism** has to do with behaving properly on the job. Dressing appropriately, speaking well, and being dependable and responsible are all part of professionalism. A healthcare facility is a place where professional behavior is expected.

Guidelines: Professional Behavior

- G** Be neatly dressed and groomed. Keep your uniform and shoes clean.
- G** Do not discuss personal problems or personal situations with residents. At work, conversation focuses on the resident, not the caregiver.
- G** Be on time when you are scheduled to work. Call in a timely manner if you are sick or cannot report for duty as scheduled.
- G** Avoid unnecessary absences. When you are absent, your coworkers have more work to complete, and without adequate staff, residents' care may suffer.
- G** Never leave your job early without permission. Report to the nurse in charge when leaving your unit for any reason.
- G** Do not report to work under the influence of illegal drugs and/or alcohol.
- G** Keep a positive attitude.
- G** Do not gossip or speak badly about residents, coworkers, or bosses. More

information about confidentiality may be found in Chapter 2.

- G** Speak politely to all people in the facility. Treat all visitors with courtesy and respect.
- G** Address residents, family members, and visitors in the way they wish to be addressed. Never call someone “honey,” “dear,” or “sweetie.”
- G** Do not use profanity or inappropriate language.
- G** Keep all resident information confidential.
- G** Follow all facility policies and procedures.
- G** Report concerns or problems to your supervisor.
- G** Meet and maintain all educational requirements.
- G** Ask questions when you do not understand something.
- G** Be honest. Document and report carefully and truthfully (Fig. 1-8).



Fig. 1-8. Documenting observations is one of a nursing assistant's most important duties.

- G** Accept constructive feedback gracefully and learn from it. Constructive feedback is meant to help you improve your performance. An example is, “You need to document care more accurately.”
- G** Do not accept tips or gifts from residents, their families, or other visitors.
- G** Be loyal to your facility. Be a positive role model.

Behaving professionally will be an ongoing focus of this textbook. Students should pay attention to this information. Professionalism can help a person advance in his job and earn the respect of others. Not behaving professionally can result in poor performance evaluations, negative relationships with residents and other staff members, and the loss of a job.

7. List qualities that nursing assistants must have

The best nursing assistants demonstrate that they are:

Patient and understanding: Working with people who are ill or disabled requires patience and understanding. People who are patient remain calm. They are able to cope with difficulties without complaining.

Honest and trustworthy: An honest person tells the truth and can be trusted. Coworkers will depend on honesty in planning care. Employers count on truthful observations and documentation. Residents count on nursing assistants to keep their confidential information private.

Conscientious: People who are conscientious are guided by a sense of right and wrong. They always try to do their best. They are alert, observant, accurate, and responsible.

Enthusiastic: People who are enthusiastic have a positive attitude. They are encouraging. They show interest in others, including their situations and problems (Fig. 1-9). Enthusiastic people have a positive influence on others.



Fig. 1-9. Nursing assistants are expected to be enthusiastic, cheerful, and positive.

Courteous and respectful: Nursing assistants must be kind, polite, and considerate. They should respect others' beliefs, even if they are different from their own.

Empathetic: Empathetic people identify with the feelings of others. They care about other people's problems. They can think about what it would be like to be ill and dependent on others for help.

Dependable and responsible: Nursing assistants must be at work on time and avoid too many absences. They should always follow policies and procedures. Nursing assistants must be able to be counted on to do their tasks properly.

Humble and open to growth: People who are humble are willing to admit when they have made a mistake. They can accept their limitations. They hold themselves **accountable**. This means that they can admit when they make a mistake and apologize. They can ask others for help when they need it.

Tolerant: Nursing assistants must not judge others. They should keep their opinions to themselves and see people as individuals.

Unprejudiced: Nursing assistants work with different people from many backgrounds. They must give each person quality care regardless of age, gender, sexual orientation, religion, race, ethnicity, or condition.

Trivia

NAs: In demand in 1945

It seems that nursing assistants have been in demand for many years. This list of unfilled positions in hospitals at that time was published late in 1945:

- Registered nurses: 65,000
- Non-nursing personnel: 90,000
- Nurses' aides: 90,000
- Untrained volunteers: 45,000

8. Discuss proper grooming guidelines

Making positive **first impressions** can help a person obtain the things she wants, such as getting a job. Nursing assistants must pay attention

to the way they present themselves to residents, their family members and friends, and to other staff members. Proper grooming is essential to making a positive first impression.

Guidelines: Grooming

- G** Keep your uniform clean, neat, and pressed. Make sure your uniform fits you properly.
- G** Bathe or shower every day. Wear deodorant or antiperspirant.
- G** Brush your teeth at least twice a day.
- G** Avoid using strongly-scented items, such as perfume, cologne, after-shave, body washes, body creams and lotions, hair spray, and fabric softeners.
- G** Keep your hair neatly tied back and away from your face.
- G** Keep beards trimmed and clean.
- G** Apply makeup lightly or use none at all.
- G** Keep nails short, filed, and clean. Long nails may tear fragile skin, as well as harbor bacteria. Follow facility policy regarding nail polish. It may not be allowed.
- G** Do not wear artificial (acrylic, gel, or wraps) nails. Artificial nails harbor bacteria, no matter how well you wash your hands.
- G** Keep shoes and laces clean. Shoes should be in good condition. They should be comfortable. They should not look worn and old. Change or wash shoelaces when they become soiled.
- G** Wear as little jewelry as possible. Sharp edges on jewelry can scratch or tear fragile skin. Remove rings (one smooth, plain band may be acceptable), bracelets, and necklaces while working. They collect bacteria and can cause infection. Rings and bracelets may also cause problems with wearing gloves. Confused residents may pull on necklaces and break them. Wear small earrings/studs (nothing

below the earlobe) that cannot be pulled on by confused residents. Remove visible nose, lip, tongue, or other body rings/studs while working.

You will need to wear a simple, waterproof watch and an identification badge (Fig. 1-10). A watch will be used to measure a resident's pulse and respirations and record events. An identification badge identifies you to residents, visitors, and other staff members.

- G** Keep tattoos covered by clothing when possible.



Fig. 1-10. Wearing a clean uniform, a watch, and identification badge are examples of professional behavior.

Tip

Perfumes, Colognes, and Other Scents

Some people do not like scents. Others may have allergies or illnesses that are worsened by scents. In addition, people who are ill or in pain may be bothered by smells. Nursing assistants should avoid wearing perfume, cologne, and any other heavily-scented items while at work. Putting residents' comfort first is each NA's responsibility.

9. Define the role of each member of the care team

The **care team** consists of many members who have had different training and experience in order to provide care for each resident (Fig. 1-11). The resident is the most important part—the center—of the care team. Members of the care team include the following:



Fig. 1-11. The care team is made up of many different types of professionals.

Resident and Resident's Family: The care team revolves around the resident. Residents make choices about their care. They help plan their care. The resident's family and friends may help with these decisions. In addition, family and friends may share important information about the resident with the care team. This information may include the resident's health and medical background, as well as his personal preferences, rituals, and routines.

Nurse: A nurse assesses residents, creates the care plan, monitors progress, and gives treatments and medication. Different types of nurses include the following:

Registered Nurse (RN): A registered nurse has graduated from a state-licensed nursing program (two to four years of education). RNs have diplomas or college degrees and have passed a national licensing examination.

Licensed Practical or Licensed Vocational Nurse (LPN/LVN): A licensed practical or vocational nurse has graduated from a state-licensed

nursing program (one to two years of education) and has passed a national licensing examination.

Advanced Practice Nurse (APRN): An advanced practice nurse is a registered nurse who has completed training at the postgraduate level (master's or doctoral) as a nurse practitioner (NP), nurse anesthetist (CRNA), nurse-midwife (CNM), or clinical nurse specialist (CNS). There are also other types of advanced practice nurses such as a gerontological nurse practitioner (GNP).

Physician or Doctor (MD [medical doctor] or DO [doctor of osteopathy]): A doctor diagnoses disease or disability and prescribes treatment. A **diagnosis** is the identification of disease or other problem by its signs and symptoms and/or results from testing. A doctor has graduated from a four-year medical school after first receiving a bachelor's degree. Many doctors also complete specialized training programs after medical school.

Physical Therapist (PT or DPT): A physical therapist develops a treatment plan to improve blood circulation, promote healing, ease pain, prevent disability, and help a resident regain or maintain mobility. A PT administers therapy in the form of heat, cold, massage, ultrasound, electrical stimulation, and exercise to muscles, bones, and joints (Fig. 1-12). A physical therapist has received a master's degree or has graduated from a three-year doctoral degree program (doctor of physical therapy, or DPT) after receiving an undergraduate degree. PTs have to pass national and state licensure examinations before they can practice.



Fig. 1-12. A physical therapist helps exercise muscles, bones, and joints to improve strength or restore abilities.

Occupational Therapist (OT): An occupational therapist works with people who need help adapting to disabilities and performing their activities of daily living (ADLs). An OT evaluates a person's ability to do these activities and develops a treatment plan. The OT may order **assistive** or **adaptive devices** to help. An example of an adaptive device is a special spoon that helps a person feed himself (Fig. 1-13). Occupational therapists have earned a master's degree and pass national and state licensure examinations before they can practice.



Fig. 1-13. An occupational therapist will help residents learn to use adaptive devices, such as this special cup and spoon. (PHOTO COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

Speech-Language Pathologist (SLP): A speech-language pathologist or speech therapist identifies communication disorders and develops a care plan to aid in improvement or recovery. An SLP teaches exercises to help the resident improve or overcome speech problems. An SLP also evaluates a person's ability to swallow food and drink. Speech-language pathologists have earned a master's degree in speech-language pathology and are licensed or certified to practice.

Registered Dietitian (RDT): A registered dietitian or nutritionist assesses a person's nutritional status and develops a care program. A registered dietitian creates diets for residents with special needs. These special diets can improve health and help manage illness. RDTs may supervise the preparation of food and educate people about healthy nutrition. At a minimum, registered dietitians have completed a bachelor's degree. Most states require that RDTs be licensed to work.

Medical Social Worker: A medical social worker helps to determine residents' social needs and helps with support services, such as counseling or financial assistance. A medical social worker may help residents obtain personal items or clothing if needed or help residents find compatible roommates. She may help book appointments and transportation. Medical social workers have usually earned a master's degree in social work.

Activities Director: The activities director plans activities for residents to help them socialize and stay physically and mentally active. Games, musical performances, and arts and crafts are some types of activities that the activities director may plan or lead. An activities director has usually earned a bachelor's degree; however, he or she may have an associate's degree or qualifying work experience. An activities director may be called a *recreational therapist* or *recreation worker*, depending upon education and experience.

Nursing Assistant (NA): The nursing assistant does assigned tasks, such as measuring a resident's temperature. An NA also gives personal care, such as bathing residents, brushing their teeth, and assisting with toileting. Nursing assistants are some of the most important team members because they have the most direct contact with residents. If a resident's health changes from day to day, they will often be the first ones to notice this change. Nursing assistants must report any changes in a resident's condition to the nurse promptly. The federal government requires that nursing assistants have a minimum of 75 hours of training, and many states require more than 75 hours. After completing an approved nursing assistant training program, NAs must pass a competency evaluation (test) to be able to work in a state. More information about training requirements is located in Chapters 2 and 28.

10. Discuss the facility chain of command

The **chain of command** describes the line of authority in the facility. For example, the nurse will usually be the nursing assistant's immediate

supervisor. If a nursing assistant has a problem with someone in another department, the NA will report this to the proper person. This is usually an immediate supervisor or the **charge nurse**, who is a nurse responsible for a team of healthcare workers. The nursing assistant would not go directly to the person in the other department to tell her of the problem. That would not be following the chain of command (Fig. 1-14).

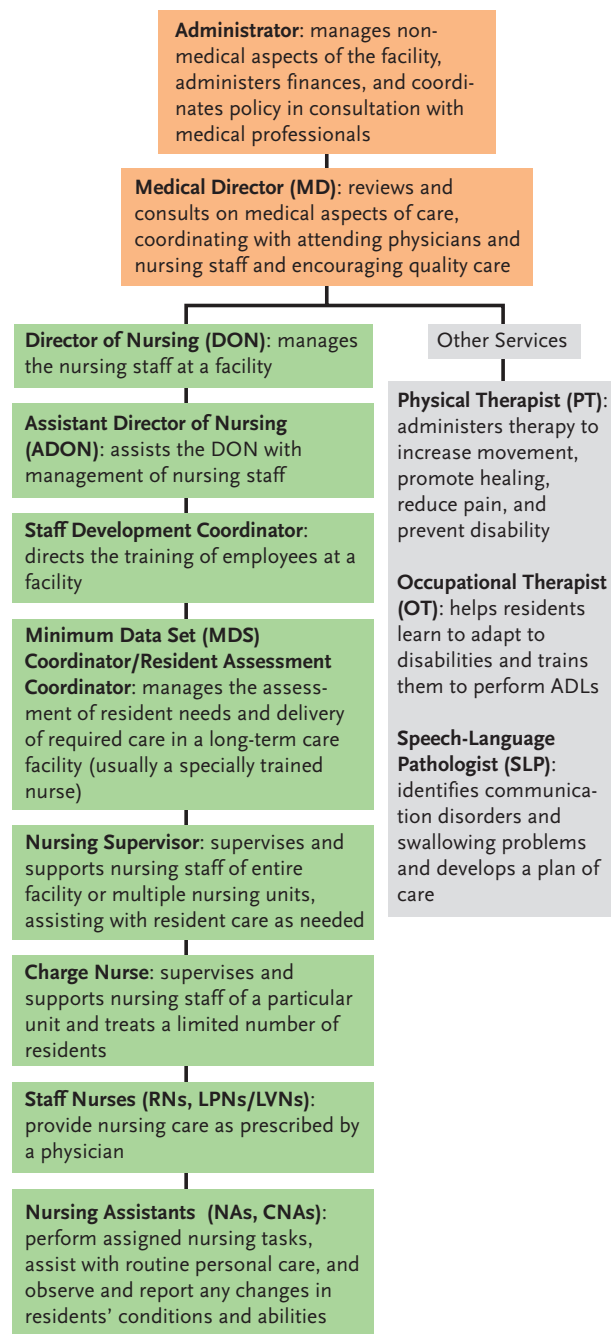


Fig. 1-14. The chain of command describes the line of authority in a facility and helps ensure that the resident receives proper care.

The chain of command also helps to protect staff from **liability**. Liability is a legal term that means a person can be held responsible for harming someone else. For example, imagine that a nursing assistant gives care to a resident and the resident is injured. If the care was assigned and was done according to policy and procedure, the nursing assistant may not be liable, or responsible, for harming the resident. However, if a nursing assistant performs a task that is not assigned to her or is not within her scope of practice (Chapter 2) and harms a resident, she could be held responsible. That is why it is important for team members to follow instructions and for the facility to have a chain of command. Doing this helps promote proper care and lessen the risk of liability.

11. Explain *The Five Rights of Delegation*

When planning care, nurses decide which tasks to delegate to others, including nursing assistants. **Delegation** means transferring responsibility to a person for a specific task. Nursing assistants do not delegate tasks; they have tasks delegated to them. Licensed nurses are accountable for care, including all delegated tasks. The National Council of State Boards of Nursing has identified *The Five Rights of Delegation*. This can be used as a mental checklist to help nurses in the decision-making process.

The Five Rights of Delegation are the *Right Task*, *Right Circumstance*, *Right Person*, *Right Direction/Communication*, and *Right Supervision/Evaluation*. Before delegating tasks, nurses consider these questions:

- Is there a match between the resident's needs and the nursing assistant's skills, abilities, and experience?
- What is the level of resident stability?
- Is the nursing assistant the right person to do the job?

- Can the nurse give appropriate direction and communication?
- Is the nurse available to give the supervision, support, and help that the nursing assistant needs?

There are questions NAs may want to consider before accepting a task:

- Do I have all the information I need to do this job? Are there questions I should ask?
- Do I believe that I can do this task? Do I have the necessary skills?
- Do I have the needed supplies, equipment, and other support?
- Do I know who my supervisor is, and how to reach him/her?
- Have I told my supervisor of my special needs for help and support?
- Do we both understand who is doing what?

A nursing assistant should never be afraid to ask for help. She should always ask if she needs more information or is unsure about something. If an NA feels that she does not have the skills for a task, she should talk to the nurse.

12. Describe methods of nursing care and discuss person-centered care

The nursing profession takes a holistic view of resident care. The word *holistic* comes from a Greek word meaning *whole*. **Holistic** means considering a whole system, such as a whole person, and not dividing the system up into parts. Holistic care is caring for the whole person. This includes his or her physical needs, as well as other needs, such as social, emotional, intellectual, and spiritual (Fig. 1-15). Meeting these needs helps improve residents' quality of life. More information about these needs is provided in Chapter 5.



Fig. 1-15. *Caring for residents holistically means considering their emotional needs as well as their physical needs.*

Over the years, the nursing profession has changed a great deal. Many types of nursing care have been used at care facilities. Each facility chooses the type that provides the best care for their residents.

Team Nursing: In this method of nursing care, a registered nurse functions as the **team leader**. Assignments are made, care is given, and the team members report to the team leader throughout the day. The resident's care is managed efficiently and cooperatively by using this team approach to care.

Primary Nursing: A registered nurse gives much of the daily care to residents in this method of nursing care. This type of care allows for a closer relationship between the nurse and the residents. Consistency and continuity of care are positive results. **Continuity of care** is an ongoing coordination of a resident's care. The nursing team regularly exchanges information about the resident, while working toward shared goals.

Functional Nursing: Using this method of nursing care, each member of the care team is given one or more specific tasks to complete for a large number of residents. For example, one team member is assigned to measure vital signs for all residents in the unit. Another completes all of the daily weights. One nurse administers medications, while another gives treatments. This type of care is not as organized as other methods. Staff may not have enough time to accurately observe each resident, and changes in a resident's condition may be overlooked.

Regardless of the type of nursing care utilized, many long-term care facilities promote **person-centered care** (also known as *person-directed care*). Person-centered care revolves around the resident and promotes his or her individual preferences, choices, dignity, and interests. Each person's background, culture, language, beliefs, and traditions are respected. Improving each resident's quality of life is an important goal. Giving person-centered care will be an ongoing focus throughout this textbook.

13. Explain policy and procedure manuals

All facilities have manuals outlining policies and procedures. A **policy** is a course of action to be taken every time a certain situation occurs. The policy manual has information about every facility policy. For example, one basic policy is that the chain of command must always be followed.

A **procedure** is a specific method, or way, of doing something. The procedure manual has information on the exact way to complete every procedure. For example, there will be a procedure for giving a resident a bed bath.

Everyone needs a reminder about how to perform a task from time to time. The procedure manual serves as a guide if a staff member wants to review the steps in a procedure. Nursing assistants should always look at this manual if they are unsure and ask for help if they have questions. This promotes safety. Not asking questions when unsure how to perform a procedure can be dangerous.

The policy and procedure manuals are usually kept together. Employees will be told where to find the policy and procedure manuals.

14. Describe the long-term care survey process

Inspections are performed to help ensure that long-term care facilities (and home health agencies) are following state and federal regulations.

Inspections are done periodically by the state agency that licenses facilities. These inspections are called surveys. They may be done more often if a facility has been cited for problems. To **cite** means to find a problem through a survey. Inspections may be done less often if the facility has a good record. Inspection teams include a variety of trained healthcare professionals.

Surveyors study how well the staff cares for residents. They focus on how residents' nutritional, physical, social, emotional, and spiritual needs are being met. They interview residents and families and observe the staff's interactions with residents and the care given. They review resident charts and observe meals. Surveys are one reason the documentation done by nursing assistants is so important.

Surveyors use tags that identify specific federal regulations (F-Tags) to note any problems. When surveyors are in a facility, staff should try not to be nervous. They should give the same quality care they give every day and answer any questions to the best of their abilities. If an employee does not know the answer to the surveyor's question, she should be honest and never guess. She should tell the surveyor that she does not know the answer but will find out as quickly as possible. Then she should follow up with the surveyor after she has the answer.

The **Joint Commission** is an independent, not-for-profit organization that evaluates and accredits healthcare facilities. Its standards focus on improving the quality and safety of care given to patients, residents, and clients. The Joint Commission makes sure each facility is following its standards of care by inspecting facilities at least every three years. This process is comprehensive and includes checking performance in specific areas, such as treatment, infection prevention, and patient rights.

The Joint Commission's surveys are not associated with state inspections. Facilities are not required to participate in the Joint Commission's

survey; they may do so on a voluntary basis. Types of healthcare facilities that may be accredited by the Joint Commission include hospitals, long-term care facilities, rehabilitation centers, laboratories, and other organizations.

Chapter Review

1. Whom does Medicare insurance cover (LO 3)?
2. Who makes up the majority of residents in long-term care facilities—men or women (LO 4)?
3. What are three tasks that nursing assistants do not usually perform (LO 5)?
4. What is one way that a nursing assistant can demonstrate professionalism (LO 6)?
5. List each of the ten qualities in Learning Objective 7. For each quality, write one example of a way that a nursing assistant can demonstrate that quality (LO 7).
6. Who is the most important member of the care team (LO 9)?
7. List the *Five Rights of Delegation* (LO 11).
8. Define *person-centered care* (LO 12).
9. When surveyors visit a facility, what do they study and observe (LO 14)?
10. When a surveyor asks a nursing assistant a question she does not know the answer to, how should she respond (LO 14)?

Multiple Choice

11. Which of the following statements is true of long-term care (LO 2)?
 - (A) Long-term care is only given during certain hours of the day.
 - (B) Long-term care assists people with ongoing, chronic medical conditions.
 - (C) Long-term care is given in a person's home.
 - (D) Long-term care is for people who need care for a short time after surgery.

12. One common nursing assistant task is (LO 5)
- (A) Prescribing medication
 - (B) Creating residents' care plans
 - (C) Managing other nursing assistants' work
 - (D) Bathing residents
13. Which of the following is true of proper grooming for a nursing assistant (LO 8)?
- (A) Gel nails should be freshly applied.
 - (B) A simple waterproof watch should be worn.
 - (C) Earrings should dangle just past the earlobe.
 - (D) Perfume should be applied behind the ears and/or on both wrists.
14. If a nursing assistant is following the chain of command, to whom would she normally report a problem (LO 10)?
- (A) Nurse
 - (B) Administrator
 - (C) Resident
 - (D) Medical social worker
15. If a nursing assistant (NA) has forgotten the correct order in which to perform a procedure, which of the following would be the best way for her to proceed (LO 13)?
- (A) The NA should review the procedure manual before beginning.
 - (B) The NA should ask the resident to see if he remembers the correct order.
 - (C) The NA should perform the procedure to the best of her memory, knowing that she will probably do it correctly.
 - (D) The NA should consult with the administrator to find out the correct order.