



A Client Care Module:

CARING FOR BED BOUND CLIENTS

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Developing Top-Notch CNAs, One Inservice at a Time



A Client Care Module:
**CARING FOR THE
BED BOUND CLIENT**

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Give at least two reasons a client may become bed bound.

❖

List at least four possible complications of immobility.

❖

Describe pressure ulcers and contractures and how to prevent them.

❖

List two important reasons for keeping skin clean, dry and moisturized.

❖

Discuss the benefits of exercise and massage for clients who are bed bound.

THANK YOU!



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A Client Care Module:

Caring for the Bed Bound Client

BEING BED BOUND

Can you imagine being confined to your bed, day after day, unable to care for your most basic needs?

While a sudden accident or injury can cause someone to become bed bound overnight, most people end up that way after a period of *immobility*.

For example, you may work with clients who are bed bound due to a *short term* immobility related to stroke, injury, fracture of the spine or hip or surgery. For them, rehabilitation is usually possible.

You may have other clients who are bed bound due to a *long term* immobility. This may be related to paralysis, severe stroke, certain disease processes, end stage Alzheimer's,

end stage Parkinson's, multiple sclerosis, severe obesity—or they may be nearing the end of their lives.

Sixty years ago, it was common for doctors to put their patients on bed rest. After childbirth, new mothers stayed in bed for two weeks. And, patients were on bed rest for four weeks after a heart attack!

Today, we know that bed rest and immobility can lead to a variety of serious complications. If you care for clients who are confined to bed—whether it is temporary or permanent—you can help improve their quality of life. Keep reading to learn more about caring for bed bound clients.



THE DANGERS OF IMMOBILITY

Here are *some* of the problems that can develop from immobility—regardless of the client's age:

- Loss of muscle mass, strength and endurance
- Pressure Sores
- Muscle pain
- Osteoporosis
- Pneumonia
- Incontinence and urinary tract infections
- Constipation
- Blood clots in the legs
- Contractures
- Depression
- Confusion
- Anxiety
- Mood swings
- Social isolation
- Loss of independence

SKIN CARE FOR BED BOUND CLIENTS

Did you know skin is considered an organ just like the heart and lungs? Skin is the largest organ of the human body.

You wouldn't ignore an abnormal heart rate or abnormal respirations, so you shouldn't ignore abnormal changes in your client's skin.

Functions of the skin include: preventing bacteria or other pathogens from entering the body; preventing water from leaving the body; protecting internal organs; and regulating body temperature.

Any break in the skin, whether it is a cut, tear, burn or pressure ulcer, leaves the body vulnerable to infection.

Why Does Skin Break Down More Easily in Elderly Clients?

- As aging occurs, skin becomes thin and fragile.
- Oil and sweat secretion slows, leaving the skin dry and itchy.
- Nerve endings become less sensitive, making it difficult to sense heat, cold and pain.

How is the Bed bound Client Affected?

- Immobility presents special challenges to the skin. Individuals who cannot move or re-position themselves when they feel pain are at risk of developing pressure ulcers.
- Clients who require the help of a draw sheet to be pulled up in bed or transferred are at risk for skin tears.
- Clients with paralysis or altered mental status may not feel pain at all. (Remember...pain is a warning that some part of the body needs attention.)



TIPS FOR PROTECTING THE SKIN

- Keep the skin clean and dry. Wash with mild soap, rinse well and then dry the skin completely.
 - Only give a complete bed bath once or twice a week, or as needed, to avoid over drying.
 - Moisturize with dye-free, fragrance-free lotions if available.
 - Make sure your clients stay well hydrated.
 - Provide blankets, socks, and clothing in layers if clients are cold and adjust room temperature if they become too warm.
 - NEVER use an electric blanket or heating pad. If a client has trouble sensing heat, a burn could result.
 - Always follow the care plan and re-position the bed bound client as ordered. If no order is in place, re-position every two hours.
 - Use pillows to pad pressure points and prevent pressure sores.
- ### Monitor for Changes
- Take every opportunity to assess your client's skin carefully for any changes.
 - Look for any cuts, scrapes, tears, friction burns, bruises or reddened areas.
 - If you notice any changes, report them to the nurse or your supervisor immediately.
 - If you accidentally cause a cut or tear, apply pressure to stop the bleeding. Tell a nurse or supervisor right away so treatment can be started. Accidents happen and it's better to deal with them immediately!

THE FACTS ABOUT PRESSURE ULCERS

- Pressure ulcers, also known as bedsores, pressure sores, and decubitus ulcers are a serious cause for concern in the bed bound client.
- Hospitalizations involving patients with pressure ulcers increased by nearly 80 percent in the last decade!
- REMEMBER: Any break in the skin leaves the client vulnerable to infection.

Christopher Reeve, also known as "Superman", suffered from pressure ulcers after being paralyzed in a horseback riding accident. He died from complications of an infected pressure ulcer.



- A pressure ulcer is any injury to the skin caused by unrelieved pressure.
- Pressure ulcers usually occur over bony areas called "pressure points."
- While there are more than 20 possible pressure points where a pressure ulcer could occur, the most common areas are: heels, tailbone, elbows, and the back of the head.

PREVENTING PRESSURE ULCERS

- Follow the client's care plan for re-positioning. If no plan is stated, re-position every two hours.
- Provide excellent skin care, keeping skin clean, dry and moisturized. Use powder on areas where skin rubs together.
- Check incontinent clients frequently. Change immediately after soiling to keep stool and urine off the skin.
- Keep linens clean, dry and free of wrinkles.
- Massage the back during position changes but NEVER rub or massage reddened areas.
- Use pillows to pad bony areas such as knees, elbows, hips and shoulders.
- Keep heels off the bed by placing a pillow under leg between the calf and ankle.

STAGES OF PRESSURE ULCERS

Early signs of a pressure sore may be pale skin or slightly reddened skin over a bony area.

The client may complain of pain, burning, or tingling.

- **Stage 1:** The skin over a bony area is intact but pink or slightly reddened.
 - In clients with dark skin, the skin may appear ashen.
 - The client may sense slight itching or mild tenderness.
- **Stage 2:** The skin is red and swollen
 - There will either be a blister or an open area.
- **Stage 3:** The area begins to look like a crater.
 - The sore will extend deeper into the skin.
- **Stage 4:** The sore extends deep into the fat, muscle, or bone.
 - There may be a thick black scab, called eschar, which is actually dead skin.

THE IMPORTANCE OF NUTRITION AND HYDRATION

WHAT DO YOU KNOW ABOUT NUTRITION?

- Immobility and poor appetite often leave the bed bound client with weight and muscle loss.
- Always check the care plan for any special diets or feeding instructions.
- If your clients need help with feeding, place them in an upright, seated position for comfort and safety. Offer small bites at a relaxed pace.



- Assess the client's ability to chew and swallow safely at every meal. If chewing or swallowing becomes difficult, stop the feeding and inform the nurse.

- Clients who have trouble chewing or swallowing are at risk for aspiration. Aspiration is when fluid or food is sucked into the lung.
- The Dysphasia Diet is ordered for clients who cannot chew or swallow safely. It includes soft foods and thickened liquids.
- Poor appetite may be due to loneliness or depression. Sit facing the client during meals. Engage in easy conversation. Encourage family members to visit at meal times.
- Some nutrients are especially important for bed bound clients:
 - Protein - Foods high in protein help maintain and build muscle. Offer lean meats, poultry, and fish.
 - Fresh Fruits and Vegetables - Bed bound clients may become constipated. The fiber in fruits and veggies helps regulate bowels.

HOW DO YOU HANDLE HYDRATION?

- Follow your workplace guidelines for monitoring intake and output. Fluid imbalances can be dangerous for the bed bound client.
- Always consult the care plan to see if the client has any special orders involving fluids.
- Some special fluid orders a bed bound client may have include:
 - **Encourage Fluids:**
Look for a specific amount of fluids ordered for the client to drink in a 24 hour period. Keep fluids within reach or offer sips often to the client who cannot drink on his or her own.
 - **Restrict Fluids:**
Fluids should be *limited* to the amount stated in the care plan. Only leave small amounts of fluid within the clients reach. More frequent mouth care may be needed for dry mouth.



Warning Signs of Fluid Imbalance:

- **Dehydration** is when there is *not enough* fluid in the body. The mouth will be dry and sticky, the eyes will look sunken and dark and urinary output is decreased or absent. This is an EMERGENCY. Notify the nurse immediately!
- **Edema** is when there is *too much* fluid in the body. You may notice swelling of the feet, ankles, calves or hands. Breathing may be difficult or labored. Urinary output may be decreased as the body holds on to the extra fluid. This is also an EMERGENCY. Notify the nurse immediately!

THE IMPORTANCE OF PROVIDING COMFORT

PROVIDING COMFORT

Hospitals and nursing homes can quickly become too high-tech for comfort. Even a client's home can feel less than cozy if it's filled with medical equipment. You can help by controlling the temperature, noises, odors, and lighting in your client's environment.

- Make sure the bed table and any requested personal items are within reach. Always leave the call button, the television remote and the telephone within reach for those who can use them independently. (Remember: falls and injuries occur when the bed bound client attempts to retrieve something that is just out of reach.)
- Home care clients may need help with temperature control and lighting as well.
- If the home is drafty, be sure to dress your client warmly and provide extra blankets for sleeping.
- Keep the bed clean, dry and wrinkle-free.
- Provide an environment that is warm, comfortable and safe.



CAREFUL POSITIONING

- Follow your workplace system for repositioning. If no system is in place consider using the "turn clock" method. Your supervisor can provide a handout that is included in this module.
- Teach family members about the importance of turning and positioning for the home care client. Posting a "turn clock" in the home will help keep everyone on track.
- Sticking to a consistent system helps caregivers and family members know what positions were used so the cycle can be repeated.

- If ordered, use heel protectors, bed cradles, special mattresses or other special equipment as instructed. If you are unsure how to use special equipment, ask your supervisor for a demonstration.
- Keep at least 3-4 pillows available. Use pillows

creatively to position the client and to pad bony areas. For example, place a pillow between the knees for the side-lying position.



WHEN SLEEP IS JUST A DREAM

Sleep is a basic need for everyone. It restores the mind and body. However, when you spend your whole day in bed, sometimes sleeping is the hardest thing to do. It is common for the bed bound client to develop insomnia.

Insomnia is when the person has trouble *falling* asleep or trouble *staying* asleep. Insomnia can be very frustrating to the bed bound client.

Some things you can do to help are:

- Provide a comfortable environment paying close attention to the temperature, lighting, and noise.
- Give a warm bath, massage and a light snack just before bed time.
- Be sure incontinent clients are clean and dry before going to sleep.
- Position your clients for comfort and support.

THE IMPORTANCE OF HEALTHY HYGIENE

HELPING WITH HYGIENE

Your bed bound clients will need help with their daily hygiene routine. Keeping your clients clean will help them feel better, look better, and smell better!

- If your client is able to assist in his or her own care, allow as much participation as possible.
- Just like everyone else, your bed bound clients need their teeth cleaned, hair brushed, and hands, face and perineal area washed every day. Routine cleaning of the teeth, hair and skin has been proven to prevent infection!
- A complete bed bath can be done once or twice a week or if client is visibly soiled.
- The bed bath is not the most ideal way to get clean, so if the patient can be safely moved, a tub bath is the best option.
- Brush your client's teeth or offer a toothbrush and toothpaste first thing in the morning, before and after meals, and at bedtime.
- Unconscious clients may need mouth care as often as every two hours.
- Remember to protect the skin by drying gently and completely after baths, and keeping it moisturized.
- You may need to request that family members supply lotions. Remind them that fragrance-free and dye-free lotions are best.
- Bathing is an excellent time to assess your client's skin. Always monitor and report any changes.
- Bathing is also a great time to provide range of motion exercises and massages.



THE INCONTINENT CLIENT

- Your bed bound clients are going to need help with urination and moving their bowels. In many cases they will be incontinent.
- Incontinence is linked to more frequent urinary tract infections, MRSA and pressure ulcers.
- MRSA is more likely in residents who are bed bound, incontinent of stool and/or who require urinary catheters.
- Clients with fecal incontinence are 22 times more likely to have pressure ulcers than clients without fecal incontinence!
- Pressure ulcers on the buttocks or perineal area are painful *and* preventable.
- As many as 33 percent of hospitalized adults have pressure ulcers related to incontinence.
- Clean incontinent clients as soon as they are soiled. Urine and stool are uncomfortable, foul smelling and highly irritating to the skin.
- Follow your workplace guidelines for using skin protection barriers after incontinence care. Petroleum based skin ointments have been proven to minimize the skin irritation that can lead to pressure ulcers.
- Check your attitude! Never get angry with clients for soiling their bed or clothing. It is already embarrassing for them to be incontinent and they will likely feel ashamed that they have to rely on you to get clean.



Telephone rings . . .

Operator: "Incontinence Hotline, can you please hold?"

- Stay calm and professional when cleaning the incontinent client . . . even if you just did it a short time ago. Remember: it is not their fault and it was not done on purpose to bother you!

THE IMPORTANCE OF EXERCISE AND MASSAGE

RANGE OF MOTION (ROM) EXERCISES

- Always check the care plan for instructions on range of motion activities for each individual client.
- Ask clients if they are having any pain before starting ROM exercises. Do not do any exercises if the client is in pain. Instead, inform the nurse.
- Ask the client to tell you if they have pain while performing any of the ROM exercises.
- If any pain occurs during ROM exercises, STOP and tell the nurse!



ACTIVE RANGE OF MOTION

Clients who are able, can be instructed to do range of motion activities on their own. Some bed bound clients may be able to exercise their shoulders, elbows and wrists on their own but may need help with hips, knees and ankles.

PASSIVE RANGE OF MOTION

Clients who can not move very well without help need passive ROM exercises. That means you do the work! You will gently and smoothly exercise their joints and muscles as directed by the care plan.

If you don't know how to perform range of motion exercises on a bed bound client, ask your supervisor to arrange a demonstration for you. This is especially important if you work in home health and are supporting the work of a physical or occupational therapist.

ATROPHY & CONTRACTURES

Lack of activity and exercise can cause serious and permanent damage to the bed bound client. Some problems that can occur are:

- **Atrophy** which is a decrease, or *wasting*, of a person's muscle mass.
- **Contractures** which occur when there is a lack of joint mobility. The muscle shortens and becomes stuck in a permanently *flexed* position.
- It is important to note that once a contracture occurs, it cannot be reversed. The result is a permanent deformity.
- Unless there is an underlying medical reason, such as cerebral palsy or muscular dystrophy, contractures occur only if the client is rarely or never moved.
- Contractures that result from neglect are considered a form of abuse!

MASSAGE: TURN A BED BATH INTO A DAY AT THE SPA!



- Massages help to increase blood flow and ease body aches. They can be both relaxing and rejuvenating.
- After a bed bath, offer your bed bound client a back massage.
- The side lying position is most comfortable.
- Place a bottle of lotion in warm water to warm it for the massage.
- NOTE: Be sure to check the care plan or ask the nurse if it is safe to give your client a back massage. Some clients with heart problems, lung problems or back injuries may not be able to have back massages.

STAYING SAFE WITH BED BOUND CLIENTS

USING MECHANICAL LIFTS

- If your workplace has access to a mechanical patient lift, consider using it to transfer your bed bound client into a recliner, a wheelchair, or even to the bathroom for a tub bath.
- Always check the care plan and consult the nurse before using a mechanical lift for your bed bound client.
- Follow the manufacturer's guidelines for operating the lift in your workplace.
- Never operate a lift alone.
- Never operate a lift that you have not been trained to use. All lifts are different. Knowing how to operate one lift does not mean you can operate all lifts.
- If you have not been trained on the lifts available to your clients, ask your supervisor to arrange a demonstration for you.
- Always check to make sure the lift is in good working order before using it. Check the sling, straps and hooks for any broken or weak areas.
- Clients being transferred by a lift for the first time may have some fears. You can comfort them by explaining the procedure and showing them how the lift operates before they are in it.
- When moving a patient in a lift, always push, never pull. Keep toward the center of the room in order to avoid bumping into walls and injuring the client.
- The benefits of using a mechanical lift for the bed bound client are:
 - Improved circulation and mobility;
 - Reduced risk of pressure ulcers;
 - Ability to have a tub bath; and
 - Psychological improvement.

PROTECTING YOURSELF

- Caring for the bed bound client can be physically challenging for the Nurse Aide. Bed bound clients may be heavier than others and may not be able to provide any assistance with moving or turning.
- Nurse Aides are three and a half times more likely than the average worker to miss work because of a work-related injury.
- The rate of injury in Nurse Aides is similar to that of construction workers!
- Each year in the U.S., there are an estimated 67,000 back injuries among health care workers.
- Back, neck, and shoulder injuries are the most frequent and costly type of injuries among health care workers.
- Some things you can do to protect yourself are:
 - Always raise the bed to a good working height so you are not bending over the client for procedures such as bathing or bed making.
 - Keep your back straight with feet shoulder width apart or wider.
 - Bend your knees, not your back.
 - Face your work area to prevent twisting. Move your whole body, shifting your feet, to reach for something beside or behind you.
 - Get help from a co-worker with turning or moving bed bound clients.
 - When transferring clients in a lift, stretcher or wheelchair, always push the equipment, never pull it.



ACTIVITIES FOR BED BOUND CLIENTS

Elderly people who have developed physical or mental impairments may *choose* to be inactive. It's important for you to know if your client is bed/chair-bound by choice or because of physical limitations. (Remember, some clients may choose to stay in bed all day because they are sad or bored or lonely. This is not the same thing as being ordered by a doctor to stay in bed.) If you have questions about a particular client, discuss the issue with your supervisor.

Some people who are bed-bound by doctor's orders may be very ill. If you work with clients in this situation, they may enjoy calming activities like listening to soft music, having you read to them or just talking quietly.

You may have bed bound clients who would benefit from being a bit more active. Here are some suggestions for making their days more enjoyable:

- Elderly people may enjoy reading favorite books from their youth.
- Audio books (on cassette tapes) are available at public libraries for people whose eyesight and/or reading ability is poor.
- If you work in a facility, perhaps there is a volunteer who would spend some time reading to your bed bound clients.
- Consider reading the day's newspaper headlines or just one interesting article from the newspaper to your client.
- Clients whose eyesight is poor may lose the ability to do hobbies like reading, needlework and crossword puzzles. If your clients have prescription eyeglasses, encourage them to wear them. This may help them participate in more activities.



REMEMBER!

When someone's health is declining, hearing is the last sense to go. So, even if a bed bound client *seems* unresponsive, assume that he or she *can* hear you—and any noises in the room and surrounding area.

- Is it possible for one of your clients to visit another one? Check with your supervisor.
- Are there members of a church group or other volunteer organization that would make visits to your clients—especially the clients who are rarely visited by family members?
- Bed bound clients may find comfort in stuffed animals or baby dolls.
- Does your community have a visiting pet program? Even bed bound clients may enjoy a visit from a (specially trained) dog or cat.
- Find humor in daily life and even in the news! Tell a joke to your clients or read them a comic strip from the newspaper.
 - Wear a silly hat or a funny nose and glasses one day.
 - Try to notice what each of your clients finds funny. What makes them laugh? Then, try to "match" their sense of humor.
 - Be creative when thinking up activities for your clients. What's the worst thing that could happen? Your client won't like the activity and won't want to do it again.
 - If you need help coming up with activity ideas for your bed bound clients, ask a social worker and/or activity director at your workplace.

FINAL TIPS FOR CARING FOR THE BED BOUND CLIENT!

CARING FOR THE SKIN

- Understand how, where and why skin breakdown may occur so you can prevent it!
- Learn to recognize early signs of pressure sores. Prevention is much easier than treatment.
- Pressure ulcers that are allowed to progress to Stage 4 can become infected and even lead to death.
- Never rub or massage reddened areas, this could cause further damage.
- Use pillows for comfort, positioning and padding.

I'S AND O'S

- Keep accurate records. Remember what goes in must come out!
- Monitor weight carefully. Inform the nurse if there is any significant decrease *or* increase in weight.
- Recognize the signs of both dehydration and edema. Notify the nurse right away if you notice any symptoms.

INCLUDE THE FAMILY

- Always encourage family members to become active participants in their loved one's care.
- Home Health Aides can teach family members how to massage, bathe, and even help with range of motion.
- Be sure family members understand the turning schedule. Post the "turn clock" where they can see and follow the schedule.
- Family members can help soothe the client by providing favorite music, photos, and comfort foods (if allowed).

IN THE HOME

- Bed bound clients who remain in the home have less monitoring by doctors and nurses. The Home Healthcare Aide is required to do more careful and frequent assessments.
- Understanding the importance of assessing skin, diet, hydration status, and overall well being, and knowing when to report problems to the nurse is crucial.
- Your home health clients and their families rely on you to know the warning signs of possible problems and take the appropriate action in time.

YOU ARE IMPORTANT

- When it comes to bed bound clients, you are one of the most important members of the healthcare team.
- You spend the most time with these clients. You have the most intimate contact with them.
- You are in the best position to recognize early changes in skin, intake and output, and contractures.

"To do what nobody else will do, in a way that nobody else can do, in spite of all we go through; that is to be a nurse's aide."

~ Anonymous

TAKE CARE OF YOURSELF

- Protect yourself from injury. Follow guidelines for proper body mechanics.
 - Whenever possible, work as a team when lifting, moving or turning bed bound clients.
 - If you do injure yourself, report it right away so you can be treated immediately.
-



Developing Top-Notch CNAs, One Inservice at a Time

A Client Care Module: Caring for the Bed Bound Client

**Are you "In the Know" about bed bound clients? Circle the best choice.
Then check your answers with your supervisor!**

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

***File completed test
in employee's
personnel file.***

1. True or False

You should give the bed bound client a complete bed bath with soap every day.

2. True or False

Early signs of a pressure sore include pale skin or slightly reddened skin over a bony area.

3. True or False

Pressure sores and contractures resulting from neglect are considered a form of abuse.

4. True or False

Poor appetite in the bed bound client may be due to loneliness and depression.

5. You just changed your incontinent bed bound client after she soiled her bed and clothing. Fifteen minutes later she is soiled again. The most appropriate response is:

- A. Ask someone else to clean her; you just did it.
- B. Care for your other clients first; you can't make them wait.
- C. Tell her she is naughty and let her know she is annoying you.
- D. Clean her immediately, remaining positive and professional in her presence.

6. True or False

It is normal for bed bound clients to experience pain during ROM exercises.

7. One symptom that is common to both clients with dehydration (water loss) and edema (water retention) is:

- A. Weight gain
- B. Weight loss
- C. Decrease urine output
- D. Constipation

8. True or False

Some bed bound clients stay in bed by choice rather than by doctor's order.

9. True or False

Interesting and/or fun activities may improve a bed bound client's quality of life.

10. True or False

Infected pressure ulcers can lead to death.