State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2013
Module G

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education
NC DHHS is an equal opportunity provider and employer.
Module G – Basic Restorative Care
Teaching Guide

Objectives

• Explain the role of the nurse aide in basic restorative care.
• Describe the processes involved with bowel and bladder training.

Instructional Resources/Guest Speakers

• #1G Orthotic and Prosthetic Display: Contact an orthopedic surgeon’s office, a sports medicine office or an occupational therapy department for possible donations of orthotic or prosthetic devices

Advance Preparation – In General

• Review curriculum and presentation materials
• Add examples or comments to Notes Section
• Set up computer/projector
Module G – Basic Restorative Definition List

**Adaptive Devices (assistive devices)** – special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)

**Amputation** – surgical removal of a body part

**Basic Restorative Care** – care provided after resident’s highest possible functioning is restored (rehabilitation) following illness or injury

**Bladder/Bowel Training** – measures taken to restore function of voiding and defecating by resident, with ultimate goal of continence

**Defecation** – process of emptying the rectum of feces

**Empathy** – being able to identify with and understand how a resident feels

**Enema** – the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity

**Functional Loss** – partial or complete loss of the function of a body part

**Incontinence** – the inability to control urination or defecation

**Orthotic Device** – artificial device that replaces a body part and helps with function and/or appearance

**Prosthetic Device** – replacement devices for lost body parts

**Rehabilitation** – restoration of a resident’s highest possible functioning following illness or injury

**Supportive Device** – special equipment that helps a disabled or ill resident with movement

**Urination (or voiding)** – process of emptying the bladder
# Module G – Basic Restorative Care

## (S-1) Title Slide

## (S-2) Objectives
1. Explain the role of the nurse aide in basic restorative care.
2. Describe the processes involved with bowel and bladder training.

## (S-3) Basic Restorative Care
- Care provided after rehabilitation when the resident’s highest possible functioning has been restored following illness or injury
- Goals are to maintain function that has been restored through rehabilitation and to increase independence

## (S-4) Basic Restorative Care – Importance
- Emphasis on maintaining and/or improving existing abilities
- Important to prevent any further complications
- Aimed at moving individual toward independence as much as possible and to encourage residents do as much as they can, as long as they can
- Team effort to assist resident to develop a productive lifestyle
- Important to assist individual to accept or adapt to limitations that cannot be overcome

## (S-5) Basic Restorative Care – Nurse Aide’s Role
- Nurse aides are often the first health care provider to recognize signs that resident is feeling a loss in independence and should be reported to supervisor
  - Negative self-image
  - Anger directed toward others
  - Feelings of helplessness, sadness, hopelessness
  - Feelings of being useless
  - Increased dependence
  - Depression
- Encourage the resident and support the family when functional loss (partial or complete loss of the function of a body part) and loss of independence causes these feelings
- Be sensitive to resident’s needs. Some may be embarrassed, need more encouragement than others, and need to be more involved in planning for activities

## (S-6) Basic Restorative Care – Nurse Aide’s Role
- Be positive and supportive
- Emphasize abilities
- Explain planned activities and how nurse aide will help
- Treat with respect
- Allow for expression of feelings
- Develop empathy for situation
- Praise accomplishments
  - Assist resident to do as much as possible
# Module G – Basic Restorative Care

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<tr>
<td><strong>(S-7) Basic Restorative Care – Nurse Aide’s Role</strong></td>
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<td>Be realistic though, and never give false hope</td>
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<td>Review skills that will be needed to assist with restorative activities</td>
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<td>Focus on small tasks and accomplishments</td>
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<td>Recognize that setbacks will occur</td>
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<td>Inform individual that setbacks occur and are to be expected</td>
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<td>Encourage to continue with planned care in the face of setbacks</td>
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<td>Explain that setbacks are an opportunity to improve the next attempt</td>
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| **(S-8) Basic Restorative Care – Nurse Aide’s Role** |   |
|   | Give resident control |
|   | Allow some choice on when activities are performed |
|   | Encourage selection of appropriate clothing |
|   | Show patience when preparing for activity |

| **(S-9) Basic Restorative Care – Nurse Aide’s Role** |   |
|   | Provide for rest periods |
|   | Encourage as much as possible independence during activity |
|   | Encourage use of any prescribed adaptive devices |
|   | Consider involving family in activity, with resident’s permission |

| **(S-10) Prosthetic Device** |   |
|   | Definition - replacement for loss of body part, specifically fitted to one person |
|   | Examples are implanted lens, cochlear implant, hip prosthesis, artificial body part such as a leg or hand |
|   | Nurse aide’s role |
|   | Devices are usually expensive and should be handled with care |
|   | A nurse or a therapist should demonstrate application before this is attempted by the nurse aide |
|   | Expect some specific instructions for areas of prosthetic attachment |
|   | Observe skin under and near the prosthetic device frequently for signs of skin breakdown cause by pressure and abrasion |
|   | Keep any skin under the prosthetic device clean and dry |
|   | Provide good skin care to all areas at risk for rubbing by any prosthetic device |
|   | Be emphatic or able to identify with and understand how a resident feels; remember the psychological toll the need for a prosthetic device takes on the individual and always support the use of the device |

| **(S-11) Orthotic Device** |   |
|   | Definition - artificial device that replaces a body part and helps with function and/or appearance |
|   | Examples include artificial eye, eyeglasses, contact lenses, hearing aid, artificial breast, fitted brace for weak body part, device for use with amputation – surgical removal of a body part |
### Module G – Basic Restorative Care

- Nurse aide’s role
  - Devices are usually specific to the resident and should only be used with that resident
  - If there are wheels, lock them when moving the individual in or out of device
  - Always be alert for devices that might rub a bony prominence and report immediately
  - If trained to do so, pad between bony prominence and device

#### TEACHING TIP #1G: Orthotic and Prosthetics Display

Display orthotic and prosthetic devices, if available.

**S-12 Supportive Device**
- Special equipment that helps a disabled or ill resident with movement
- Examples include canes, walkers, crutches, wheelchairs, and motorized chairs

**S-13 Assistive (Adaptive) Devices**
- Special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)
  - Promote independence
  - Successful use of adaptive devices depends on resident’s attitude, acceptance, motivation, support from others

**S-14 Assistive (Adaptive) Devices for Positioning**
- Include regular pillows or wedge-shaped foam pillows (pictured)

**S-15 Assistive (Adaptive) Devices for Positioning**
- Bed cradles – keep bed covers off of legs and feet (pictured)
- Footboards – help prevent foot drop
- Heel protectors – help with foot alignment

**S-16 Assistive (Adaptive) Devices for Eating**
- Angled utensils – for limited arm or wrist movement (pictured)
- Sipper cup (pictured)
- Large grip handled utensils (pictured)
- Plate with lip around the edge – keeps food on plate
- Snap on food guard – keeps food on plate

**S-17 Assistive (Adaptive) Devices for Dressing**
- Shirt and jacket pull (pictured)
- Zipper pull (pictured)
- Button fastener (pictured)

**S-18 Assistive (Adaptive) Devices for Dressing**
- Long-handled shoe horn (pictured)
- Socks and stocking aid (pictured)

**S-19 Assistive (Adaptive) Devices for Hygiene**
- Electric toothbrush (pictured)
- Denture care kit (pictured)
## Module G – Basic Restorative Care

- **Fingernail brush** (pictured)

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<thead>
<tr>
<th>(S-20) Assistive (Adaptive) Devices for Hygiene</th>
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<tr>
<td>• <strong>Extra-long sponge</strong> (pictured)</td>
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<tr>
<th>(S-21) Assistive (Adaptive) Devices for Hygiene</th>
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| • Device used by residents with diabetes  
  o To examine heels for abrasions and sores  
  o To wash feet |

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<tr>
<th>(S-22) Assistive (Adaptive) Devices for Reaching</th>
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<td>• (pictured)</td>
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<th>(S-23) Assistive (Adaptive) Devices – Recording and Reporting</th>
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| • What activity was attempted  
  • What assistive devices were used  
  • How successful was the activity as this relates to the activity goal  
  • Any increase/decrease in ability noted  
  • Any changes in attitude or motivation, both positive and negative  
  • Any changes in health as evidenced by skin color, respirations, energy level, etc. |

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<th>(S-24) Basic Restorative Care – ALWAYS REMEMBER</th>
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| • Sometimes you may think it is easier and quicker to do something for a resident, rather than encouraging the resident to do the task independently – important, though, to be patient and encourage resident to do as much of the task as possible, regardless of how long it takes or how poorly the resident performs the task  
  • Independence helps with the resident’s self-esteem and speeds up recovery |

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<th>(S-25) Bowel and Bladder Training</th>
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| • Measures taken to restore function of urination and defecation by resident, with ultimate goal of continence  
  o Urination (or voiding) – process of emptying the bladder  
  o Defecation – process of emptying the rectum of feces  
  o Continence – ability to control urination or defecation  
  o Incontinence – the inability to control urination or defecation |

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<th>(S-26) Bowel and Bladder Training – Importance</th>
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| • Incontinence embarrassing for resident  
  • Resident will limit lifestyle because of incontinence  
  • Odors can cause family and friends to shun individual  
  • Infections can develop  
  • Residents may find it difficult to discuss and ask for help |

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<th>(S-27) Bowel and Bladder Training – Nurse Aide’s Role</th>
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| • Nurse aide valued member of health care team (that also includes resident and family) and is involved with bowel and bladder retraining plan  
  • Support explanation by doctor or nurse of bowel training schedule to resident, so others cannot hear |
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**(S-28) Bowel and Bladder Training – Nurse Aide’s Role**
- Keep an accurate record of bladder/bowel pattern and amounts
- Answers call lights promptly
- Do not rush resident; be patient
- Be positive
- Don’t scold if there are accidents
- Assist to bathroom, if requested
- Provide privacy, either in bed or in the bathroom
- Provide encouragement; be supportive and sensitive

**(S-29) Bowel and Bladder Training – Nurse Aide’s Role**
- Offer fluids per the schedule; encourage plenty of fluids
- Encourage fiber foods – fruits, vegetables, breads and cereals
- Encourage regular exercise
- Teach good pericare
- Keep bedding clean and odor-free

**(S-30) Bladder Training – Nurse Aide’s Role**
- Attempts to void are scheduled and resident is encouraged to void
  - When resident awakens
  - One hour before meals
  - Every two hours between meals
  - Before going to bed
  - During night as needed

**(S-31) Bladder Training – Nurse Aide’s Role**
- Attempts to void are scheduled and resident is encouraged to void
  - Running water in the sink
  - Have resident lean forward, putting pressure on the bladder
  - Put resident’s hands in warm water
  - Offer fluids to drink
  - Pour warm water over perineum area

**(S-32) Bowel Training**
- During bowel training, enemas, laxatives, suppositories, and stool softeners may be ordered
- Enemas involve the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity
  - Enemas will be ordered by the doctor
  - The order for an enema may be found on the nursing care plan
  - Common varieties of enemas include: tap water, saline, soapsuds
  - Usually contains approximately 500 ml of the ordered fluid.
  - Commercially prepared enemas usually have about 120 ml of fluid that contains additives designed to soften the stool so it can be more easily passed
  - Hiring facilities will train the nurse aide to administer an enema before the nurse aide is delegated the task
### Module G – Basic Restorative Care

(S-33) Bowel and Bladder Training – Points to Remember
- Bowel and bladder retraining can be accomplished
- Staff must be consistent and follow the plan
- Recording and reporting vital to success of both bowel and bladder retraining
- Success can take 8 to 10 weeks

(S-34) THE END