



# 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  
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**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

<b>Module G – Basic Restorative Care</b>	
<p><b>(S-1) Title Slide</b>  <b>(S-2) Objectives</b></p> <ol style="list-style-type: none"> <li>1. Explain the role of the nurse aide in basic restorative care.</li> <li>2. Describe the processes involved with bowel and bladder training.</li> </ol>	
Content	Notes
<p><b>(S-3) Basic Restorative Care</b></p> <ul style="list-style-type: none"> <li>• Care provided after rehabilitation when the resident’s highest possible functioning has been restored following illness or injury</li> <li>• Goals are to maintain function that has been restored through rehabilitation and to increase independence</li> </ul>	
<p><b>(S-4) Basic Restorative Care – Importance</b></p> <ul style="list-style-type: none"> <li>• Emphasis on maintaining and/or improving existing abilities</li> <li>• Important to prevent any further complications</li> <li>• 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, as often as they can</li> <li>• Team effort to assist resident to develop a productive lifestyle</li> <li>• Important to assist individual to accept or adapt to limitations that cannot be overcome</li> </ul>	
<p><b>(S-5) Basic Restorative Care – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• 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                             <ul style="list-style-type: none"> <li>○ Negative self-image</li> <li>○ Anger directed toward others</li> <li>○ Feelings of helplessness, sadness, hopelessness</li> <li>○ Feelings of being useless</li> <li>○ Increased dependence</li> <li>○ Depression</li> </ul> </li> <li>• 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</li> <li>• 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</li> </ul>	
<p><b>(S-6) Basic Restorative Care – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Be positive and supportive</li> <li>• Emphasize abilities</li> <li>• Explain planned activities and how nurse aide will help</li> <li>• Treat with respect</li> <li>• Allow for expression of feelings</li> <li>• Develop empathy for situation</li> <li>• Praise accomplishments                             <ul style="list-style-type: none"> <li>○ Assist resident to do as much as possible</li> </ul> </li> </ul>	

<b>Module G – Basic Restorative Care</b>	
<ul style="list-style-type: none"> <li>○ Be realistic though, and never give false hope</li> </ul>	
<p><b>(S-7) Basic Restorative Care – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>● Review skills that will be needed to assist with restorative activities</li> <li>● Focus on small tasks and accomplishments</li> <li>● Recognize that setbacks will occur</li> <li>● Inform individual that setbacks occur and are to be expected</li> <li>● Encourage to continue with planned care in the face of setbacks</li> <li>● Explain that setbacks are an opportunity to improve the next attempt</li> </ul>	
<p><b>(S-8) Basic Restorative Care – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>● Give resident control</li> <li>● Allow some choice on when activities are performed</li> <li>● Encourage selection of appropriate clothing</li> <li>● Show patience when preparing for activity</li> </ul>	
<p><b>(S-9) Basic Restorative Care – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>● Provide for rest periods</li> <li>● Encourage as much as possible independence during activity</li> <li>● Encourage use of any prescribed adaptive devices</li> <li>● Consider involving family in activity, with resident’s permission</li> </ul>	
<p><b>(S-10) Prosthetic Device</b></p> <ul style="list-style-type: none"> <li>● Definition - replacement for loss of body part, specifically fitted to one person</li> <li>● Examples are implanted lens, cochlear implant, hip prosthesis, artificial body part such as a leg or hand</li> <li>● Nurse aide’s role                             <ul style="list-style-type: none"> <li>○ Devices are usually expensive and should be handled with care</li> <li>○ A nurse or a therapist should demonstrate application before this is attempted by the nurse aide</li> <li>○ Expect some specific instructions for areas of prosthetic attachment</li> <li>○ Observe skin under and near the prosthetic device frequently for signs of skin breakdown cause by pressure and abrasion</li> <li>○ Keep any skin under the prosthetic device clean and dry</li> <li>○ Provide good skin care to all areas at risk for rubbing by any prosthetic device</li> <li>○ 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</li> </ul> </li> </ul>	
<p><b>(S-11) Orthotic Device</b></p> <ul style="list-style-type: none"> <li>● Definition - artificial device that replaces a body part and helps with function and/or appearance</li> <li>● 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</li> </ul>	

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<ul style="list-style-type: none"> <li>• Nurse aide’s role                             <ul style="list-style-type: none"> <li>○ Devices are usually specific to the resident and should only be used with that resident</li> <li>○ If there are wheels, lock them when moving the individual in or out of device</li> <li>○ Always be alert for devices that might rub a bony prominence and report immediately</li> <li>○ If trained to do so, pad between bony prominence and device</li> </ul> </li> </ul>	
<p><b>TEACHING TIP #1G: Orthotic and Prosthetics Display</b></p> <p>Display orthotic and prosthetic devices, if available.</p>	
<p><b>(S-12) Supportive Device</b></p> <ul style="list-style-type: none"> <li>• Special equipment that helps a disabled or ill resident with movement</li> <li>• Examples include canes, walkers, crutches, wheelchairs, and motorized chairs</li> </ul>	
<p><b>(S-13) Assistive (Adaptive) Devices</b></p> <ul style="list-style-type: none"> <li>• Special equipment that helps a disabled or ill resident perform activities of daily living (ADLs)                             <ul style="list-style-type: none"> <li>○ Promote independence</li> <li>○ Successful use of adaptive devices depends on resident’s attitude, acceptance, motivation, support from others</li> </ul> </li> </ul>	
<p><b>(S-14) Assistive (Adaptive) Devices for Positioning</b></p> <ul style="list-style-type: none"> <li>• Include regular pillows or wedge-shaped foam pillows (pictured)</li> </ul>	
<p><b>(S-15) Assistive (Adaptive) Devices for Positioning</b></p> <ul style="list-style-type: none"> <li>• Bed cradles – keep bed covers off of legs and feet (pictured)</li> <li>• Footboards – help prevent foot drop</li> <li>• Heel protectors – help with foot alignment</li> </ul>	
<p><b>(S-16) Assistive (Adaptive) Devices for Eating</b></p> <ul style="list-style-type: none"> <li>• Angled utensils – for limited arm or wrist movement (pictured)</li> <li>• Sipper cup (pictured)</li> <li>• Large grip handled utensils (pictured)</li> <li>• Plate with lip around the edge – keeps food on plate</li> <li>• Snap on food guard – keeps food on plate</li> </ul>	
<p><b>(S-17) Assistive (Adaptive) Devices for Dressing</b></p> <ul style="list-style-type: none"> <li>• Shirt and jacket pull (pictured)</li> <li>• Zipper pull (pictured)</li> <li>• Button fastener (pictured)</li> </ul>	
<p><b>(S-18) Assistive (Adaptive) Devices for Dressing</b></p> <ul style="list-style-type: none"> <li>• Long-handled shoe horn (pictured)</li> <li>• Socks and stocking aid (pictured)</li> </ul>	
<p><b>(S-19) Assistive (Adaptive) Devices for Hygiene</b></p> <ul style="list-style-type: none"> <li>• Electric toothbrush (pictured)</li> <li>• Denture care kit (pictured)</li> </ul>	

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<ul style="list-style-type: none"> <li>• Fingernail brush (pictured)</li> </ul>	
<p><b>(S-20) Assistive (Adaptive) Devices for Hygiene</b></p> <ul style="list-style-type: none"> <li>• Extra-long sponge (pictured)</li> </ul>	
<p><b>(S-21) Assistive (Adaptive) Devices for Hygiene</b></p> <ul style="list-style-type: none"> <li>• Device used by residents with diabetes                             <ul style="list-style-type: none"> <li>○ To examine heels for abrasions and sores</li> <li>○ To wash feet</li> </ul> </li> </ul>	
<p><b>(S-22) Assistive (Adaptive) Devices for Reaching</b></p> <ul style="list-style-type: none"> <li>• (Pictured)</li> </ul>	
<p><b>(S-23) Assistive (Adaptive) Devices – Recording and Reporting</b></p> <ul style="list-style-type: none"> <li>• What activity was attempted</li> <li>• What assistive devices were used</li> <li>• How successful was the activity as this relates to the activity goal</li> <li>• Any increase/decrease in ability noted</li> <li>• Any changes in attitude or motivation, both positive and negative</li> <li>• Any changes in health as evidenced by skin color, respirations, energy level, etc.</li> </ul>	
<p><b>(S-24) Basic Restorative Care – ALWAYS REMEMBER</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Independence helps with the resident’s self-esteem and speeds up recovery</li> </ul>	
<p><b>(S-25) Bowel and Bladder Training</b></p> <ul style="list-style-type: none"> <li>• Measures taken to restore function of urination and defecation by resident, with ultimate goal of continence                             <ul style="list-style-type: none"> <li>○ Urination (or voiding) – process of emptying the bladder</li> <li>○ Defecation – process of emptying the rectum of feces</li> <li>○ Continence – ability to control urination or defecation</li> <li>○ Incontinence – the inability to control urination or defecation</li> </ul> </li> </ul>	
<p><b>(S-26) Bowel and Bladder Training – Importance</b></p> <ul style="list-style-type: none"> <li>• Incontinence embarrassing for resident</li> <li>• Resident will limit lifestyle because of incontinence</li> <li>• Odors can cause family and friends to shun individual</li> <li>• Infections can develop</li> <li>• Residents may find it difficult to discuss and ask for help</li> </ul>	
<p><b>(S-27) Bowel and Bladder Training – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Nurse aide valued member of health care team (that also includes resident and family) and is involved with bowel and bladder retraining plan</li> <li>• Support explanation by doctor or nurse of bowel training schedule to resident, so others cannot hear</li> </ul>	

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<p><b>(S-28) Bowel and Bladder Training – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Keep an accurate record of bladder/bowel pattern and amounts</li> <li>• Answers call lights promptly</li> <li>• Do not rush resident; be patient</li> <li>• Be positive</li> <li>• Don’t scold if there are accidents</li> <li>• Assist to bathroom, if requested</li> <li>• Provide privacy, either in bed or in the bathroom</li> <li>• Provide encouragement; be supportive and sensitive</li> </ul>	
<p><b>(S-29) Bowel and Bladder Training – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Offer fluids per the schedule; encourage plenty of fluids</li> <li>• Encourage fiber foods – fruits, vegetables, breads and cereals</li> <li>• Encourage regular exercise</li> <li>• Teach good pericare</li> <li>• Keep bedding clean and odor-free</li> </ul>	
<p><b>(S-30) Bladder Training – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Attempts to void are scheduled and resident is encouraged to void                             <ul style="list-style-type: none"> <li>○ When resident awakens</li> <li>○ One hour before meals</li> <li>○ Every two hours between meals</li> <li>○ Before going to bed</li> <li>○ During night as needed</li> </ul> </li> </ul>	
<p><b>(S-31) Bladder Training – Nurse Aide’s Role</b></p> <ul style="list-style-type: none"> <li>• Attempts to void are scheduled and resident is encouraged to void                             <ul style="list-style-type: none"> <li>○ Running water in the sink</li> <li>○ Have resident lean forward, putting pressure on the bladder</li> <li>○ Put resident’s hands in warm water</li> <li>○ Offer fluids to drink</li> <li>○ Pour warm water over perineum area</li> </ul> </li> </ul>	
<p><b>(S-32) Bowel Training</b></p> <ul style="list-style-type: none"> <li>• During bowel training, enemas, laxatives, suppositories, and stool softeners may be ordered</li> <li>• Enemas involve the introduction of fluid into the colon to eliminate stool or feces or stimulate bowel activity                             <ul style="list-style-type: none"> <li>○ Enemas will be ordered by the doctor</li> <li>○ The order for an enema may be found on the nursing care plan</li> <li>○ Common varieties of enemas include: tap water, saline, soapsuds</li> <li>○ Usually contains approximately 500 ml of the ordered fluid.</li> <li>○ 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</li> <li>○ Hiring facilities will train the nurse aide to administer an enema before the nurse aide is delegated the task</li> </ul> </li> </ul>	

<b>Module G – Basic Restorative Care</b>	
<b>(S-33) Bowel and Bladder Training – Points to Remember</b> <ul style="list-style-type: none"><li>• Bowel and bladder retraining can be accomplished</li><li>• Staff must be consistent and follow the plan</li><li>• Recording and reporting vital to success of both bowel and bladder retraining</li><li>• Success can take 8 to 10 weeks</li></ul>	
<b>(S-34) THE END</b>	