



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

Module G – Basic Restorative Care	
(S-1) Title Slide (S-2) Objectives <ol style="list-style-type: none"> 1. Explain the role of the nurse aide in basic restorative care. 2. Describe the processes involved with bowel and bladder training. 	
Content	Notes
(S-3) Basic Restorative Care <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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, as often 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 <ul style="list-style-type: none"> • 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"> ○ 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Assist resident to do as much as possible 	

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<ul style="list-style-type: none"> ○ Be realistic though, and never give false hope 	
(S-7) Basic Restorative Care – Nurse Aide’s Role <ul style="list-style-type: none"> • Review skills that will be needed to assist with restorative activities • Focus on small tasks and accomplishments • Recognize that setbacks will occur • Inform individual that setbacks occur and are to be expected • Encourage to continue with planned care in the face of setbacks • Explain that setbacks are an opportunity to improve the next attempt 	
(S-8) Basic Restorative Care – Nurse Aide’s Role <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> • Definition - artificial device that replaces a body part and helps with 	

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<p>function and/or appearance</p> <ul style="list-style-type: none"> • 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 • Nurse aide's role <ul style="list-style-type: none"> ○ 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 	
<p>TEACHING TIP #1G: Orthotic and Prosthetics Display</p> <p>Display orthotic and prosthetic devices, if available.</p>	
<p>(S-12) Supportive Device</p> <ul style="list-style-type: none"> • Special equipment that helps a disabled or ill resident with movement • Examples include canes, walkers, crutches, wheelchairs, and motorized chairs 	
<p>(S-13) Assistive (Adaptive) Devices</p> <ul style="list-style-type: none"> • Special equipment that helps a disabled or ill resident perform activities of daily living (ADLs) <ul style="list-style-type: none"> ○ Promote independence ○ Successful use of adaptive devices depends on resident's attitude, acceptance, motivation, support from others 	
<p>(S-14) Assistive (Adaptive) Devices for Positioning</p> <ul style="list-style-type: none"> • Include regular pillows or wedge-shaped foam pillows (pictured) 	
<p>(S-15) Assistive (Adaptive) Devices for Positioning</p> <ul style="list-style-type: none"> • Bed cradles – keep bed covers off of legs and feet (pictured) • Footboards – help prevent foot drop • Heel protectors – help with foot alignment 	
<p>(S-16) Assistive (Adaptive) Devices for Eating</p> <ul style="list-style-type: none"> • 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 	
<p>(S-17) Assistive (Adaptive) Devices for Dressing</p>	

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<ul style="list-style-type: none"> • Shirt and jacket pull (pictured) • Zipper pull (pictured) • Button fastener (pictured) 	
(S-18) Assistive (Adaptive) Devices for Dressing <ul style="list-style-type: none"> • Long-handled shoe horn (pictured) • Socks and stocking aid (pictured) 	
(S-19) Assistive (Adaptive) Devices for Hygiene <ul style="list-style-type: none"> • Electric toothbrush (pictured) • Denture care kit (pictured) • Fingernail brush (pictured) 	
(S-20) Assistive (Adaptive) Devices for Hygiene <ul style="list-style-type: none"> • Extra-long sponge (pictured) 	
(S-21) Assistive (Adaptive) Devices for Hygiene <ul style="list-style-type: none"> • Device used by residents with diabetes <ul style="list-style-type: none"> ○ To examine heels for abrasions and sores ○ To wash feet 	
(S-22) Assistive (Adaptive) Devices for Reaching <ul style="list-style-type: none"> • (Pictured) 	
(S-23) Assistive (Adaptive) Devices – Recording and Reporting <ul style="list-style-type: none"> • 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. 	
(S-24) Basic Restorative Care – ALWAYS REMEMBER <ul style="list-style-type: none"> • 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 	
(S-25) Bowel and Bladder Training <ul style="list-style-type: none"> • Measures taken to restore function of urination and defecation by resident, with ultimate goal of continence <ul style="list-style-type: none"> ○ Urination (or voiding) – process of emptying the bladder 	

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<ul style="list-style-type: none"> ○ Defecation – process of emptying the rectum of feces ○ Continence – ability to control urination or defecation ○ Incontinence – the inability to control urination or defecation 	
(S-26) Bowel and Bladder Training – Importance <ul style="list-style-type: none"> • 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 	
(S-27) Bowel and Bladder Training – Nurse Aide’s Role <ul style="list-style-type: none"> • 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 	
(S-28) Bowel and Bladder Training – Nurse Aide’s Role <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Attempts to void are scheduled and resident is encouraged to void <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> • Attempts to void are scheduled and resident is encouraged to void <ul style="list-style-type: none"> ○ Running water in the sink 	

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<ul style="list-style-type: none"> ○ 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 	
<p>(S-32) Bowel Training</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 	
<p>(S-33) Bowel and Bladder Training – Points to Remember</p> <ul style="list-style-type: none"> • 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	