Please view *Bathing Without A Battle* following this presentation

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**Assisting with Activities of Daily Living**

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**Objectives**

Upon completion of this workbook the reader will be able to:

1. Explain the difference between BADL and IADL
2. Discuss reasons for changes in eating habits as we age and offer suggestions to promote healthy eating in spite of these changes
3. Discuss key points to make the bathing experience for older adults less more enjoyable and less challenging
4. State techniques to promote independence in dressing and grooming of older residents
5. State reasons for incontinence in older adults and methods to minimize incontinence
What are ADL’s?

ADL stands for Activities of Daily Living. Basic Activities of Daily Living (BADL) are those activities necessary to maintain basic health and human needs. They include:

- Eating
- Bathing/basic hygiene
- Dressing
- Grooming
- toileting

Instrumental Activities of Daily Living (IADL) are more complex daily activities that are necessary to function completely independently in the community and may include:

- Managing money
- Preparing a meal
- Shopping
- Using a telephone

The goal of all person’s caring for elders is to help them maintain as much of their independence as possible. We want to keep them functionally independent. However, sometimes the aging process and health concerns require that a person receive assistance with their ADL’s. When this occurs, the minimal level of assistance required to help that individual should be provided with patience and kindness always.

Usually a person will need help with their IADLs first. Although accepting help on any level may prove difficult for anyone, these activities usually are easier to accept help with than the more personal BADLs. As with all ADL’s however, it cannot be stressed enough that you should encourage as much independence in any activity that an individual can safely perform.

For example, if you serve meals at your facility, allow and encourage the senior to prepare their own meal if possible, or participate in the planning and preparing of the group meal.
If a senior can manage their own affairs, including their checkbook, but visual difficulties cause a challenge, consider assistive devices. Possibly simply planning some time to sit with the senior to provide basic assistance may be all that they need. Do not take over their banking if it is not necessary. Also, encouraging seniors who function at a higher level to assist those who do not can help them to maintain this level of independence while promoting socialization. In addition, some seniors may find it more pleasing to accept some help from their peers.

When a senior’s failing health or other circumstances require that they need help with their BADL’s consider carefully what this means. Let’s review some of these activities of daily living.

**Eating:**

Eating, drinking and nourishing our bodies are our most basic need as living beings. For humans this takes on an additional social need as well. Some factors that can effect a person’s eating habits include:

*Change in taste*:

There are a number of behaviors that may be noticed in the elderly patient/client, which relate to changes in taste. Some of these are:

- Loss of, or increased, appetite. The patient/client may quit eating because nothing tastes good anymore, or may eat excessive amounts to try to get more taste sensation.
- Complaints about food not tasting “right”. This should be noted, especially if the patient/client is not the “complaining type”.
- Tongue-coating. If tongue is white, patient/client may experience difficulty in tasting food. Taste buds may be covered from lack of good dental care.
- Too much seasoning. Patient/Client may want to use extra sugar and/or salt.
- Changes in sense of smell can also affect the taste of foods or a person’s desire to eat them.

*Health/diseases*:

Certain health conditions can affect both a person’s desire to eat as well as their capabilities.

- Gum disease /ill-fitting dentures can make eating difficult or painful
- Stroke or brain attack, Parkinson’s and other neurological disorders may make it difficult for a person to prepare food on their plate (cut, season) as well as transport that food from their plate to their mouth. In addition chewing and swallowing the food can be difficult.
- Arthritis may make it difficult for a person to grip a utensil or glass
- Dementia may cause a person to forget how to use utensils, or even when to eat.
- Heart and respiratory disorders can cause a person to tire easily and not be able to complete a meal without great effort.

**Medications:**
Many medications effect appetite. An individual’s response to medication will vary considerably. Some may increase appetite and some may decrease appetite. Some medications have side effects that cause metallic tastes to occur. Nausea, vomiting and diarrhea may also be side effects experienced by people taking medications.

**Solutions:**
- Make meal time as interesting as possible
- Vary menu
- Provide soft easy to digest foods. Puree if necessary, but only if necessary. Eating “baby food” is not appealing to any adult.
- Provide foods that are easy for a compromised senior to handle. Finger foods or foods that do not require cutting will be easier for a stroke victim or person with severe arthritis to handle.
- Adaptive equipment-utensils for persons with disabilities can be obtained for most individuals
- If a person must be fed, do not do it in bed unless necessary. Sitting up is important for digestion and dignity. Having the person eat at the table is important. Try to maintain the meal process. If a person has special requests, try to meet those requests.
- Help the senior maintain oral and overall health as much as possible. If you note a problem, do not hesitate to contact the senior’s physician and family. This includes notifying the physician of medication problems.

**Bathing and Hygiene:**

**Oral Hygiene**
The condition of the mouth affects one’s entire life! The enjoyment of eating (the ability to chew), the beginning of the patient/client’s digestion of food (good nutrition), clear speech and a pleasant appearance are all important to the patient/client’s physical and emotional well-being.
The caregiver is responsible for making sure that the patient/client receives routine, daily *oral hygienic* care, including

- regular brushing and flossing of teeth
- regular cleaning of dentures
- encouragement to wear dentures
- Significant changes, i.e., any new sores in the patient/client’s mouth should be reported to the resident’s physician.

**Bathing**

Bathing is an activity that accomplishes many purposes:
• cleaning the skin, leaving it clean-smelling
• stimulating circulation
• encouraging exercise
• providing an opportunity to observe the skin and body for changes
• relaxing and refreshing the resident

Bathing should be as often as is necessary to maintain basic cleanliness. A senior who is not sweating heavily or having problems with incontinence may not need to bath daily. However, if a person likes to bath more often, that should be allowed as well. In addition, allow the resident to bathe in the way they prefer most. Some people prefer bathing, some prefer showering. Some residents may want to go the beauty salon weekly for their hair wash and not include it in their daily routine. As with all ADL’s only provide the level of assistance that is necessary. Simply reminding the resident to bathe and ensuring they have the necessary supplies may be all that is necessary. Or a resident may require hands on assistance with the bathing process. The level of assistance should be individualized.

Some key points to consider:
• Remember, older skin is dry, use soap sparingly when possible to avoid drying of the skin.
• Provide a warm place to bath and also the warmth of respect and consideration for the resident’s well-being.
• Be careful the resident doesn’t get burned by water that is too hot. (Older patient/clients often have decreased sensitivity to heat.) Cold water should be turned on first and turned off last to prevent burns from the hot water faucet. Water should be 110°F, but may be slightly cooler or warmer as patient/client prefers
• Explain procedure to patient/client and provide assistance with undressing if needed.
• Make sure bathroom is warm and free of drafts
• Make sure non-skid surfaces are provided and grab bars are available. Some residents may also benefit from a shower chair.
• Assist resident into shower or bath. If the patient/client can be left alone, remain within hearing distance. Provide as much privacy as possible. Assist when necessary in transferring and bathing. Shower or bath should not exceed 15-20 minutes.
• Have separate washcloths available for the face and perineal area. Generally people bath from the head down, but allow the resident to bath in what ever order is most comfortable.
• Assist resident out of shower/tub, with drying, applying powder or lotion, etc. Observe for any reddened areas or skin discoloration. Assist with dressing if needed.

Dressing:

Selecting and putting on your own clothing is part of what makes us individuals. Putting on clothes can present challenges for seniors who suffer from various disease states (arthritis and dementia to name two).

If a senior suffers from a physical disability, simply providing appropriate clothing styles and pieces can make a huge difference in their level of independence. Large buttons,
Velcro, and loose fitting clothing are sometimes all it takes. Encourage family members to help provide this type of clothing. Assistive devices (a button helper) also exist to help maintain independence.

If a resident is not able to dress themselves independently, always allow the resident to make at least some choices. Allow the resident to select their entire ensemble if possible. If this is too much for them, allow them some type of choice. They may be able to choose the color of slacks or socks they wear. This helps to promote independence.

Clothing should be clean and neat. If a resident suffers from incontinence or has difficulty feeding themselves, it is possible that they will require more than one change of clothing each day. Products are available to help with these issues but you should always strive to help the individual maintain dignity and independence. Sometimes having appropriate clothing may minimize incontinence concerns. Often a senior may be able to toilet themselves but struggle removing their clothing in time. Clothing that is simple for the resident to remove may not only help with bathing issues but can also help them to maintain dignity and bowel and bladder control.

Toileting:

Toileting is an important part of resident care both physically and socially. It is embarrassing for many older adults to suffer from various forms of incontinence. They may not be aware of the extent of their incontinence due to dementia or simply aging changes that decrease our sense of smell. Incontinence may be able to be corrected or minimized with proper medical and personal care.

Some causes of incontinence include:
- weakness of supporting pelvic muscles caused by changes of aging, and tissue injury from pregnancy or difficult, prolonged labor
- situations that produce abdominal pressure caused by coughing, sneezing, vomiting, defecating (stress incontinence)
- fecal impaction — pressure of the loaded rectum on the bladder and urethra — causing overflow of urine
- urinary tract and vaginal infections with accompanying frequency, urgency and discomfort.
- embarrassment, worry over future episodes, causing social isolation that can lead to depression and mental deterioration with resulting inattention to bladder clues
- the reflex to “go” gets confused
- too distant bathroom aggravated by slow, painful mobility and urgency
- unsuitable clothing that’s difficult to unfasten
- poor lighting or flooring on the way to the bathroom, unsuitable footwear can make patient/client dislike the process and wait too long

Causes of bowel incontinence are:
- fecal impaction — liquid-like feces leak from the anus
- diarrhea — patient/client experiences difficulty in getting to the bathroom quickly enough, food and medication intolerance
• mental impairments — advanced organic brain disease may cause a few
  patient/clients to simply defecate in inappropriate situations

Remember that for many elderly persons, concern about bowels becomes a central focus in their lives. Help them to maintain healthy bowel habits with a balanced diet and lots of water, and activity.

Helping residents maintain their dignity can be accomplished with some simple activities:
• offer frequent assistance to the toilet
• keep pathways to toilet open and accessible
• provide incontinence products
• seek medical attention for sudden changes in habits
• change wet and soiled clothing frequently and do not make comments in front of others

**Grooming**

Personal grooming can be a way to help a senior maintain some control over their ADLs and also allow for individuality. Hair styles, facial hair such as beards, and make-up can help a senior feel better about their appearance as well as providing opportunity to contribute to their own care. Always remember to allow plenty of time.

**Shaving:** Most men can maintain their own shaving regime with a simple electric razor.

**Nail care:** Providing a nail brush during a bath, or even a bowl and nail brush at a table can help to foster independence. A finger nail file can prolong time between nail trimming. Women may even like to paint their nails. If they do not have good manual dexterity, allowing them clear polish may help.

**Hair care:** A simple comb or brush may be all that is needed to maintain the senior’s hairstyle. If they have always had their done professionally in the past, help to maintain that practice. Often their hair may not need to be washed and styled more than every week or so. And there are some stylists who are willing to come to your facility as well.

**Make-up:** If a senior has enjoyed wearing make-up in their life they should be allowed to continue. Facial powder is usually easier to handle than foundation. A lighter shade of lipstick will not show as much if a female overrides her lips.

**Skin care:** Easy pump lotions can help an individual maintain skin moisture. Allow them easy access to lotions and encourage them to apply the lotion to all parts of the body that they themselves can reach. As a person becomes more dependent, caring for their skin and avoiding potential skin breakdown is key. Cleanliness, lotions and repositioning as well as proper nutrition will help to avoid skin breakdown.
Conclusion:

Providing appropriate assistance with Activities of Daily Living is a vital part of caring for older adults as they age. Maintaining dignity, respect and independence will make providing this assistance better for the individual and caregiver.

Now please view **Bathing Without A Battle** and discuss among yourselves how you can provide care for residents who refuse traditional methods of assisting with their other ADLs (eating, grooming, ambulating, toileting and dressing).
Assistance with Activities of Daily Living Post Test

1. Bathing is considered a basic activity of daily living.
   a. True
   b. False

2. Which of the following is not considered an instrumental activity of daily living:
   a. Doing laundry
   b. Walking your dog
   c. Balancing your checkbook
   d. Grocery shopping

3. Methods to help an older resident enjoy food, eat more and ultimately maintain better nutritional health include:
   a. Varying the menu
   b. Allowing for assistive devices if needed
   c. Ensure adequate oral health and hygiene
   d. All of the above

4. All residents require daily bathing to maintain proper hygiene
   a. True
   b. False

5. Using lots of hot soapy is always necessary when helping a resident to cleanse as aging skin needs extra cleaning:
   a. True
   b. False

6. A caregiver should encourage a resident who needs assistance with dressing to make at least some of their clothing choices.
   a. True
   b. False

7. Simple items to encourage dressing independence include:
   a. Velcro
   b. Loser fitting clothing
   c. None of the above
   d. All of the above

8. Some causes of bladder incontinence include all but which item:
a. Drinking a glass of water in between meals
b. Urinary tract infection
c. Abdominal pressure
d. Weakening pelvic muscles

9. A technique to help a person overcome their incontinence is to say something about the incontinence in front of other residents and embarrass the individual so he/she no longer wets their pants.
   a. True
   b. False

10. Personal grooming is important but only can be allowed if there is enough time left in the day.
    a. True
    b. False

Fax answers to: 931/839-8770 or e-mail to: Sharon@sebrandonconsulting.com
Please leave a viable e-mail address where your certificates can be sent:
FAX#______________________________