Integrated Care for Older People

Training package on long-term care in home or institutional settings in South-East Asia Region

Participant’s Manual
Integrated Care for Older People (ICOPE):
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South-East Asia Region (Participant’s Manual)
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Population ageing is a global phenomenon that is increasingly observed in the WHO South-East Asia Region. The proportion of people in the Region over the age of 60 is currently more than 10% but is expected to double over the next three decades. By 2050 the proportion of people in the Region over the age of 80 is expected to triple, from 1% to 3%.

Concurrent with the Region’s demographic transition is an epidemiological transition characterized by an increase in noncommunicable diseases and associated chronic disabilities. Older people across the Region are increasingly dependent on family caregivers for maintaining their basic, instrumental and advanced activities of daily living.

Health systems must increasingly explore the many issues related to long-term care of dependent older populations in their homes and in institutions, as highlighted by the WHO Decade of Healthy Ageing, and as outlined in the Region’s Framework for Healthy Ageing 2018-2022. This manual is designed to contribute to this process and to empower volunteer long-term caregivers to provide the best care possible.

It is envisioned that this manual will be implemented alongside the Region-wide roll-out of the WHO Integrated Care for Older People (ICOPE) approach, which all countries have now been oriented on. I urge all stakeholders to leverage this package to promote healthy ageing so that together we can achieve the future we want for present and coming generations.

Dr Poonam Khetrapal Singh
Regional Director
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Long-term care is a key component of the 10 priorities set by WHO for the Decade of Healthy Ageing. This priority will support countries to develop effective, sustainable and equitable systems and services to improve care for the older people with significant loss of intrinsic capacity, and to reduce the burden on caregivers. Similarly, the Regional Framework on Healthy Ageing, 2018–2022, proposed by the WHO Regional Office for the SEA Region also prioritizes long-term care as one of its major guiding principles.

While the issue of long-term care was previously associated with high-income/developed countries, a rapid increase in the proportion of older people in most parts of the developing world has resulted in a situation where the need for long-term care of older people becomes a significant public health challenge. Moreover, these developing countries are experiencing increases in long-term care needs at levels of income that are far lower than what existed in the industrialized world when these needs emerged.

In Member States of the Region, most of the responsibility of long-term care is borne by the family, especially by the women of the family who are neither acknowledged nor paid for their contribution. On the one hand, the lack of skills in family-based caregivers leads to a suboptimal quality of care for frail, dependent and disabled older people; on the other hand, the burden of enormous care takes a toll on the caregivers resulting in physically as well as mentally devastating caregiver burn-out. It also deprives them of their access to education, employment as well as recreation, which in the long run, has a negative impact on family, society and the nation as a whole.

With the increase in demands for skilled long-term care, Member States have realized the need for a training package that would facilitate the training of volunteers for quality long-term care. The training package is intended to provide short-term training to the volunteers to develop them as formal caregivers both for the home as well as institutional settings.
## Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BADL</td>
<td>basic activity of daily living</td>
</tr>
<tr>
<td>IADL</td>
<td>instrumental activity of daily living</td>
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<tr>
<td>ICOPE</td>
<td>integrated care for older people</td>
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<tr>
<td>LTC</td>
<td>long-term care</td>
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<tr>
<td>MINI-COG</td>
<td>mini-cognitive assessment</td>
</tr>
<tr>
<td>MNA</td>
<td>mini-nutritional assessment</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>SEARO</td>
<td>South-East Asia Regional Office</td>
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<tr>
<td>TUG test</td>
<td>timed-up and go test</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Integrated Care for Older People (ICOPE): Training package on long term care in home or institutional settings in South-East Asia Region (Participant’s Manual)
Introduction to long-term care

Long-term care for older people

Demographic and epidemiologic transitions are resulting in dramatic increases in the proportion of older people in the world, where longer life expectancies and chronic disabilities of old age are impinging upon the health and social fabric of the countries. Increasing prevalence of chronic disabilities and morbidities of long duration among older people, and dwindling capacities of informal/family support mechanisms in taking care of their rising long-term care needs, urgently require public policies to address the consequences of these changes.

WHO defines long-term care (LTC) as “the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity.” LTC refers to a continuum of medical and social services designed to support the needs of people living with chronic health problems that affect their ability to perform everyday activities. The goal of long-term care is to ensure that an individual who is not fully capable of long-term self-care can maintain the best possible quality of life with the greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity.

Various risk factors predict the necessity and duration of long-term care that a person requires; old age, female gender, frail status, multi-morbidity, poor family support, disabling chronic diseases (for example, Alzheimer disease and other forms of dementia and Parkinsonism), elder abuse, etc., are the major factors that place individuals at the risk of long-term care requirements.

Components of LTC

- **Medical and nursing care at home or LTC institutions**
  - It includes administration of medications, complex care and procedures, palliative and hospice care and rehabilitative and preventive services. It is carried out by skilled health professionals.

- **Social care**
  - It includes support to basic and instrumental activities of daily living in home or institutional settings.
Basic activities consist of self-care activities that are independent of culture and education and include bathing, dressing, going to the toilet, transferring (moving from place to place), continence and feeding.

Similarly, instrumental activities consist of higher-level activities that individuals must perform to remain independent in their homes. These are dependent on culture and socio-economic status and include using a telephone, shopping, preparing meals, housekeeping, cleaning clothes, using public transport, taking medication and handling money and nowadays the ability to use technology (e.g. cell phones, e-mail, and the internet). It can be carried out by trained non-health professionals.

Models of long-term care

1. Various models of long-term care are in practice worldwide. A few of them are given below.

2. Institution-based long-term care (for example, palliative care centres, hospital-based long-term care centres)

3. Community-based long-term care (for example, old-age homes, long-term care centres, physiotherapy centres, day-care centres, community-based rehabilitation facilities)

4. Home-based long-term care, consisting of the following models

   a. Informal services: Support the individuals in household chores. This service is generally provided by an unskilled person.

   b. Formal personal care services: Support the individuals in personal care, such as bowel and bladder care and various components of ADL and IADL.

   c. Skilled home care: Support the individuals requiring a higher degree of care other than ADL and IADL, for example, bedsore care, tube-feeding, etc. It is usually provided by trained personnel.

   d. Home-based primary care: Support the individuals with medical conditions that do not prompt institutionalization, provided by skilled human resources with formal training, for example, vaccination, treatment of minor ailments.

   e. Hospital at home model: Support the individuals with complex, acute and chronic medical conditions, including the terminal illnesses, especially for persons who have transfer difficulty for various physical reasons. This facility is provided by skilled health personnel, for example, pain management in terminal cancer, home-based continuous ambulatory peritoneal dialysis (CAPD), thoracentesis, paracentesis, etc.
<table>
<thead>
<tr>
<th>Guidelines for caregivers for long-term care of older people</th>
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<tr>
<td>Consider the individuality of older people. Do not attempt to alter lifelong character and behaviour</td>
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<tr>
<td>Handle them gently and maintain privacy while providing care</td>
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<tr>
<td>Communicate effectively. Make sure they can hear you</td>
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<tr>
<td>Encourage independence as far as possible</td>
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<tr>
<td>Assist in achieving emotional stability</td>
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<tr>
<td>Support them during their periods of anxiety</td>
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<tr>
<td>Give them time to express their feelings</td>
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<tr>
<td>Praise even for minimal achievements</td>
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<tr>
<td>Encourage contact with others</td>
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<tr>
<td>Protect them from injuries, falls and accidents with proper instructions/arrangements</td>
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<tr>
<td>Older people are highly prone to develop pressure damage/ bed-sores. So, provide a comfortable bed, and smooth and wrinkle-free bed linen</td>
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Ensure adequate hydration and nutrition. Encourage to do active range of motion exercises

Maintain body alignment, posture, and mobility

Help them to establish a good sleeping pattern

Try to engage them in certain activities during the daytime, so that they can sleep well at night

Caution them about self-use of drugs especially analgesics and narcotics. Older people may not be able to understand instructions or the importance of drug treatment, because of poor eyesight or forgetfulness. Reinforce verbal instructions with written ones about their drugs. Explain the side-effects and watch for them

Arranging a drug schedule coinciding with the regular activity helps older people remember to take drugs. Otherwise, alarms or even drug reminders may be set in their mobiles

End-of-life care is a vital and integral part of long-term care services. When older people are at the end of their lives, caregivers can make a difference to them and their families by creating and facilitating an environment that addresses their psychological, social, cultural and spiritual needs
General care of older people in homes or institutions
Learning objectives

» To enumerate the needs and practice ways of providing day to day care as part of long-term care

A) Care for sleep and rest

Every individual needs adequate rest and sleep for normal cognitive functions. Older people need 6–8 hours of sleep at night. Sleep disturbances are common symptoms in older people. Sleep deprivation and insomnia lead to altered appetite; fatigue; decreased ability to perform tasks that require high-level coordination; increased risk of traffic accidents, home accidents, falls and irritability, emotional instability, decreased immune response, difficulty with memory and concentration, pain, and impaired judgment.

Role of caregivers in addressing sleep issues in older people

a. Be aware of the duration of sleep and whether the disturbance is in initiation (taking longer time than usual to fall asleep) or in the continuation of sleep (frequently waking up).

b. If sleep issues are significantly affecting daily activities as well as social engagements of the person, seek specialist consultation for further assessment and management.

c. Identify the factors that contribute to sleep disturbance. Noise should be reduced to a minimum; environmental distractions should be eliminated.

d. Plan bedtimes and wake-up times to meet the individual's needs and desires.

e. Assist in providing an environment that is conducive to sleep. Avoid using the bed for watching TV, writing bills, and reading.

f. Place beds in low positions, using night-lights and placing call bells within easy reach for reasons of safety.

g. Older people with impaired physical mobility should be assisted with voiding before retiring.

h. Provide comfort measures to promote sleep. Comfort measures are essential to help the person to fall asleep and stay asleep. Provide loose-fitting nightwear, hygienic routines, providing clean, dry linens, offer back massages, position persons comfortably, administer correct medication to avoid sleep interruptions, etc.

i. Implement good sleep hygiene protocols in the home/institution. Sleep hygiene refers to actions that tend to improve and maintain good sleep.
**Sleep Hygiene**

» Sleep as long as necessary to feel rested (usually 7–8 hours) and then get out of bed.

» Maintain a regular sleep schedule, particularly a regular wake-up time in the morning.

» Try not to force sleep.

» Decrease liquid intake after 7 p.m. in the evening.

» Avoid caffeinated beverages after lunch and dinner.

» Avoid alcohol near bedtime (e.g., late afternoon and evening).

» Avoid smoking particularly during the evening.

» Adjust the bedroom environment as needed to decrease stimuli (e.g., reduce ambient light, turn off the television or radio).

» Avoid prolonged use of light-emitting screens (laptops, tablets, smartphones, e-books) before bedtime.

» Resolve concerns or worries before bedtime.

» Encourage for exercise regularly for at least 20 minutes, preferably more than 4–5 hours prior to bedtime.

» Avoid daytime naps, especially if they are longer than 20–30 minutes or occur late in the day.

**B) Bed-making for older people**

The caregiver must make sure that the person’s bed is prepared according to the need of the older person. Bed-making should be done daily. General guidelines for bed-making are as following:

» Provide privacy to the older person.

» Wash hands before handling clean linen and after handling soiled/dirty linen.

» Never shake soiled linen in order to prevent the spread of micro-organisms.

» Hold soiled linen away from the body to avoid contact with caregiver’s clothes and to avoid spreading micro-organisms.

» Linen for one person is never placed on another person’s bed, in order to prevent the transportation of micro-organisms from person to person.

» Tighten loose linen as necessary. Tuck it in properly to make the bed wrinkle-free; this is important for preventing pressure damage to the skin.

» Save time and energy by making one side of the bed, before going to another side.

» Move any furniture away from the bed to provide ample working space.

» Properly dispose of soiled linen to limit the person’s secretions and avoid contamination with other furniture.
C) Personal care needs of older people under long-term care in homes or institutions

Many older people have more than one chronic disease or health-related disability; they experience problems in conducting day-to-day personal care activities and require caregiver support.

1. Bathing

Older adults do not need to bathe every day. If bathing is difficult, do it only as often as necessary. But do make sure that the hands, face and genital area are washed every day.

Steps in the procedure for a bed bath:

» Assess the older person's need for bathing.
» Check the order by the physician or nurse.
» Check the person's ability for self-care.
» Check whether the person last ate at least an hour before the bath.
» Gather all the required equipment.
» Offer a bedpan and urinal if the person needs them.
» Explain the purpose and procedure to the older person.
» Wash hands and put on clean gloves.

» Bring all the equipment to the bedside. Draw the screen or curtain.

» Close the doors, windows and switch off the fan.

» Prepare warm water.

» Remove the bed linen covering the person, or fanfold it to the foot end of the bed.

» Cover the person with a bath blanket or sheet, remove his/her clothing, and expose only that part of the body which is to be washed.

» Pull the side rail up on the farther side.

» Check the water temperature for tolerance with an elbow, or the outer aspect of the palm.

» Fill the bath basin about two thirds full, with warm water (40°C–45°C).

» Assist the person to move toward the side of the bed where the caregiver will be working.

» Remove pillow if allowed and raise the head of the bed to 30°–45°.

» Place a bath towel and mackintosh under the person's head, and one bath towel over the person's chest under the chin.

» Place cotton balls in both ears.

» Fold a washcloth around the fingers of your hand to form a mitt. Immerse mitt in water and squeeze thoroughly.

» Check the temperature of the bathwater; change the water if needed.

**Wash face**

» Wash the person's eyes by using separate corners of the bath mitt for each eye, and wipe from the inner canthus to the outer canthus. Clean the farther side first.

» Soak any crust on the eyelids for 2–3 minutes with a damp cloth, before attempting removal.

» Dry eyes thoroughly.

» Ask the older person about his/her preference for using soap on the face (avoid soap on unconscious persons).

» If using soap, apply it with a second mitt. Clean the face, ears and neck and then rinse with the first mitt till the soap is removed entirely (put the washcloth back in the basin).

» Dry the face with a face towel.

» Remove ear plugs and towel.

**Wash arm and hand**

» Remove the bath blanket from the person's arm that is farthest to you. Place a bath towel lengthwise under the arm.
» Wash, apply soap, rinse and dry arms using long firm strokes from the distal to proximal areas.

» Pat dry using a second bath towel. Do not rub.

» Pay special attention to the axilla by raising and supporting the arm above the person’s head, if possible, to prevent fatigue.

» Rinse and dry axilla thoroughly. If the person uses deodorant or talcum powders, apply it.

» Fold bath towel in half and lay it out on the bed. Place the basin on a towel. Immerse the person’s hand in the water. Allow it to soak for 3–5 minutes, before washing the hand and the fingernails. Attend to inter-digital spaces.

» Remove the basin and dry the hand well.

» Repeat the entire procedure for the other arm.

Wash the chest and abdomen

» Place bath towel over the chest and abdomen, fold bath blankets up to the pubic area.

» With one hand, lift the edge of the towel away from the chest. With mitted hand, bathe the chest, using long, firm strokes and paying special attention to skin folds under the breast.

» Keep person’s chest covered between washes and rinse periods. While the towel remains on the chest, fold back the bath blanket down to the pubic region.

» With one hand, lift the bath towel and bathe the abdomen with the mitted hand, paying special attention to bathing the umbilicus and abdominal folds. Stroke from side to side, to keep the abdomen covered between washing and rinsing. Dry well.

» Put back the bath blanket, remove the towel and cover the person completely.

Wash the back

» Turn the person on to his/her side, or into the prone position, and expose the back.

» Fold back the bath blanket from the shoulders to the thighs and tuck the edges securely around the thighs.

» Place a towel lengthwise alongside the back of the person.

» Wash, rinse, and dry the back from the shoulders to the buttocks by using long and firm, strokes.

» Pay special attention to the folds of the buttocks and all pressure points. After drying the back, give a thorough back rub with spirit and powder, using longitudinal, circular movements.

» Turn person back to a supine position.

» Put on the upper garments and cover the person with a bath blanket.

» If one extremity is injured or immobilized, always dress the affected side first.

» Change the bath water and washcloth.
Wash legs

» Expose farther leg by folding the blanket over towards the midline. Be sure the perineum is draped.

» Place towel lengthwise under the leg. Flex the knee so that the sole of the foot is supported on the mattress.

» Ask the person to hold the foot still. Place the bath basin on a towel on the bed and secure its position next to the foot to be washed.

» With one hand supporting the lower leg, raise it and slide the basin under the lifted foot. Make sure the foot is placed firmly on the bottom of the basin. Allow the foot to soak, while you wash leg.

» Wash by using long firm strokes from distal to proximal, from ankle to knee, and from knee to thigh. Wash and rinse the thigh and leg with the washcloth. Dry well.

» Cleanse foot and make sure to bathe between toes. Clean and clip nails as needed. Dry well. If the skin is dry, apply lotion.

» Remove the basin and repeat the entire procedure for the other leg.

» Change water. The wastewater is discarded in to a bucket.

» Assist the person to assume a supine position and cover the lower extremities with a bath blanket.

» Expose only the genitalia (if the person can help, cover the entire body with a bath blanket). Wash, rinse and dry the perineum thoroughly.

» Give special care to skin folds.

» The person can do it him/herself if he/she can do so.

» Apply any additional body lotion or oil, as desired.

» Put on the lower garments. Remove the bath blanket. Cover the person with top linen.

» Comb the person’s hair.

» Lower the side rail and make the person’s bed.

» Remove soiled linen and place in a dirty linen bag.

» Wash hands.

The procedure for a shower

» Gather the necessary equipment.

» If a shower chair is used, ensure that it is clean.

» Place a nonskid mat in the shower stall if the person is standing during the shower.

» Explain what you are going to do.
» Wash your hands and put on gloves if needed.

» Offer toileting.

» If the person desires to undress in his/her room, provide privacy and assist the older person to undress and put on his/her robe and slippers.

» Ambulate or transfer the person by wheelchair to the bathroom.

» Assist person to remove robe and slippers or undress if he has not already done so; transfer the person to the shower chair.

» Turn on the shower and adjust the water temperature (35°C–40°C).

» Direct the water spray away from the person while adjusting. The flow rate should be gentle. Check water temperature on the inner surface of your forearm.

» Note: keep the shower spray directed toward the person’s body so that he/she stays warm during the shower.

» Assist the person as needed in washing. If he/she is unable to help, start with the eyes. Then wash the face, ears, neck, arms, hands, chest, abdomen and back. Ask the person if he/she wants soap used on his face.

» Rinse with warm water.

» Wash legs, feet, and in between the toes. Rinse thoroughly with warm water, discard the washcloth in a laundry basket.

» Shampoo may be used at this time; cover the person’s hair with a towel after shampooing is completed.

» Ask, or assist the person to turn slightly to one side. Wash the perineal area from front to back and discard the washcloth in a laundry basket.

» Turn off the shower and cover the person with a towel; place a towel around wet hair.

» Assist the person out of the shower.

» Remove and dispose of gloves.

» Uncover person one area at a time, and pat dry.

» Caution: once a towel has been used to dry any area below the waist, it should not be used on any area above the waist.

» Apply powder, lotion and deodorant, if applicable.

» Assist with dressing.

» Help the person to the room of his/her choice and assist with any personal care such as shaving, nail care, and hair care.

» Make the person comfortable.
After care of bathing

» Replace the person’s personal clothing.

» Offer a hot drink, if permitted.

» Position the person for comfort and proper alignment.

» Take all articles to the utility room. Disinfect the bath basin and washcloths. Send the soiled linen to the laundry. Return all articles to their places, after cleaning. Personal articles are put back on/into bedside tables.

» Wash hands.

» Record the procedure in the logbook by date and time, and record any abnormalities observed during the procedure.

Special considerations

» Obtain assistance if required, in case of a helpless or unconscious person.

» If the person is obese and cannot move in bed, the caregiver may move from one side of the bed to the other, to ensure good body mechanics.

» Assess the person’s general condition before giving a bath and refrain from giving to an unstable person.

» Conserve the energy of the person by avoiding unnecessary exertion.

» Each stroke should be smooth and long, rather than short and jerky.

» Provide active and passive exercise whenever possible, unless it is contraindicated.

» Do not touch the person’s body with naked hands. It is unpleasant to the person.

» A bath should not be given immediately after food.

2. Back care/ back rub/ back massage

Procedure for a back rub/massage

» Explain the procedure to the person. Provide privacy by positioning a screen.

» Explain the procedure and allow the desired position to the person. Determine if the person is comfortable with massage strokes.

» Adjust the bed to a comfortable height.

» Adjust light, temperature and sound within the room.

» Close curtains around the bed. Lower the side rail and help the person assume a prone-lying position, with his/her back towards you.

» Wash your hands in warm water.
» After drying the back, apply lotion or powder and inform the person that the lotion will feel cool and wet.
» Perform the back massage.
» Apply oil or lubricant to the back, as required.
» Wipe excess lubricant from the person's back with the bath towel. Re-tie gown or assist with pyjamas. Help the person into a comfortable position.
» Remove the screen, raise the side rails as needed, lower bed and open curtains.
» Dispose of the soiled towel, take the articles to the utility room and wash hands.
» Record response to the massage and the condition of the skin.
» Do not give a massage if any discolouration of skin is present.

### 3. Hair care

It is part of general care provided to a person who cannot clean his/her own hair.

**Procedure**

» Check the physician's/nurse's order for specific precautions, if any, regarding movement and positioning of the person.
» Explain the purpose and the procedure to the person.
» Check the person's preference for shampoo/soap.
» Gather all equipment to facilitate accurate skill performance.
» If the person can get up and go into a shower or to a sink, use a handheld nozzle.
» If the person can't get up, place him/her on a stretcher and roll it to a shower area.
» If the person is unable to be moved, the shampoo may be applied in bed.
» Assess the general condition of the person, the scalp, the hair and the need to shampoo.
» Adjust the bed to a comfortable height.
» Close the window and put off the fan, to prevent hypothermia.
» Pull the curtains.
» Fanfold the top linen to the foot end of the bed, leaving a sheet or bath blanket over the person.
» Help the person move his/her head towards the edge of the bed; remove the pillow from under the head and place under the shoulder, so that the head is slightly tilted backwards.
» Put another pillow or a cushion under the bending knee. Make him/her comfortable in that position.
» Place a mackintosh covered by a big towel under the upper body of the person from head to shoulders.

» Wrap a big towel around his/her neck.

» Place a bucket on a low stool, close to the side of the bed.

» Pull the folded mackintosh under the person's neck.

» Plug the ears with non-absorbent cotton balls.

» Place a face towel over the eyes.

» Wash hands.

» Loosen and remove tangles in the person's hair.

» Mix hot and cold water and test the temperature of the water with the back of the hand.

» Wet the hair with warm water and wash it lightly.

» Apply soap or shampoo and massage the scalp well, using fingernails.

» Rinse the hair and reapply shampoo for a second wash, if indicated.

» Rinse the hair thoroughly.

» Apply conditioner if requested, or if the scalp appears dry.

» Remove the cotton balls from the ears, throw them in the paper bag and remove the mackintosh with the towel from around the person's neck.

» Wrap the hair in the big towel used to cover the person's neck. Dry the hair as quickly as possible.

» Wipe the face and neck, if needed.

» Reposition the person in proper alignment.

» Place the pillow under the head, place the mackintosh and towel over it, and spread the hair over the mackintosh.

» Massage the scalp with oil, as required.

» Comb the hair and arrange it according to the person's preference.

» Tidy the person and provide a comfortable position.

**Aftercare**

» Offer a hot drink after the procedure.

» Take all articles to the utility room and clean them.

» Disinfect the towel, mackintosh, basin and bucket.

» Change the linen if wet and send soiled linen to laundry.
Wash hand.

Record the procedure and report to the physician if any abnormalities are observed.

**4. Brushing and combing of hair**

**Procedure**

» Explain the procedure to the person.

» If possible, let the person sit on a chair/stool.

» Place one towel over the shoulder of the person or give them the Fowler’s position on the bed.

» Place one towel over the bed linen and pillow, and the other over the shoulders of the person so as to protect both the bottom sheet as well as the person’s clothes.

» To brush/comb properly, part the hair into two sections and then separate each section into two more sections. The parting of hair allows for easy brushing of the smaller section of hair.

» Brush the hair from the scalp towards the ends.

» If tangles are present, use fingers to separate a small lock of hair, grasp it firmly near the scalp and comb the loose end of the lock. This prevents painful pulling of the scalp during combing.

» Application of oil or moistening the hair with water or alcohol often frees tangles for easier combing.

» Tangles may be cut off only with the written consent of the person.

» To comb curly hair, start from the neckline and slowly lift and fluff on the other side.

» Comb one side of the head at a time, and then repeat on the other side.

» After combing the hair thoroughly, braid the hair on each side of the head behind the ears, to make the person more comfortable.

» Discard loose hair into a paper bag.

**Aftercare**

» Remove the towel and kidney dish/tray.

» Make the person comfortable.

» Replace articles.

» Wash hands.

» Document the condition of the scalp and hair.
5. Oral hygiene in older people

For a conscious person

It is the procedure of assisting the weak or debilitated older person to clean his/her mouth by mechanical brushing of the teeth, and to rinse the mouth.

Procedure

» Assess the older person’s condition, mouth and level of consciousness.
» Explain procedure.
» Check nurse’s order for special precautions.
» Arrange articles.
» Pull the screen.
» Handwashing and gloving.
» Lower side rail on the working side and bring the person to the edge of the bed.
» Position the person in a high Fowler’s position/semi-Fowler’s position.
» Place a towel and mackintosh on the chest.
» Place a kidney tray close to the person’s chin.
» Apply toothpaste to the brush. Holding the brush over the kidney tray, pour a small amount of water over the toothpaste. Use a soft sponge toothbrush for cleaning, or substitute brushing with a salt water rinse for persons receiving chemotherapy medication, as bleeding gums and extremely sensitive mucous membranes are common complications of chemotherapy medication.
» Instruct person to hold toothbrush bristles at a 45° angle to the gum line. Brush the inner and outer surfaces of the upper and lower teeth, by brushing from gum to crown of each tooth.
» Clean the biting surface back and forth, farther side first, then the nearer side and the upper jaw, and then the lower jaw.
» Have the person hold the brush at the same angle (45°) over his/her tongue and brush lightly and horizontally over the surface, taking care not to initiate a gag reflex.
» Allow the person to rinse his/her mouth thoroughly, by taking a mouthful of water and spitting into the kidney tray.
» Allow the person to rinse his/her mouth with mouthwash, as desired.
» Assist the person to wipe his/her mouth with a face towel.
» Apply emollient to the lips.
» Position the person.
Discard the waste, clean the used articles and replace equipment.

Remove gloves, wash hands.

Documentation.

6. Shaving

Assisting a person to shave

It is usually done after a bath or shampoo.

Provide safety.

When using a razor blade, the skin must be softened to prevent pulling, scraping, or cutting.

Place a warm washcloth over an area and then apply some gel, cream or foam.

Hold the razor at a 45° angle.

Pull the skin taut.

Shave in the direction of hair growth.

Electric razors must be used on persons who are at risk of bleeding, or are confused, or depressed.

7. Care of feet and nails

Procedure

Gather all required articles and wash hands.

Place the person on a chair in a sitting position (if possible).

Lay a mackintosh lined with a towel on the floor and place a basin of water on it. Add salt to the water for foot care.

Let the person soak his (hands or) feet in the basin for 10–20 minutes.

Remove the (hands or) feet from the water, and dry thoroughly.

Remove the basin or bowl.

Cut fingernails and toenails straight with a nail cutter and shape the nails with a file.

Wear gloves and clean callused areas of the feet with a sponge cloth.

Apply petroleum jelly or cream to the feet and hands.

Inspect nails and the surrounding skin after soaking the nail trimming.

Document the procedure and record observations. Report any breaks in the skin, if observed.
Aftercare
» Wash dry and return all articles to their proper places.
» Wash hands thoroughly.
» Provide a comfortable position to the person.

8. Perineal care

Cleaning of the genitalia, perineum and surrounding area.

Procedure
» Provide a washcloth to the older person and ask if they would like to “finish their bath.”
» Check the nurse’s order for any specific instructions.
» Assess the condition of the perineal skin for any itching, irritation, ulcers, oedema, drainage etc.
» Gather all required equipment.
» Explain the procedure to the person, purpose and how he/she has to cooperate.
» Screen off the bed or close the doors, as appropriate.
» Wash hands and wear gloves.
» Ask the person to empty his/her bowel and bladder. If bedridden, provide a bedpan or urinal.
» Cleanse buttocks and anus, washing from front to back. Cleanse rinse and dry area thoroughly. Remove and discard under pads and replace with new ones.
» Draw a mackintosh covered by a sheet, under the perineum.
» Raise side rails and fill the basin with warm water.
» Place a wash basin and toilet tissue on the bedside table, place wash clothes in the basin.
» Clean from the urethra towards the anus with a cotton swab.
» Lower the side rails and fold the corner of the bath blanket up between the person’s legs and onto the abdomen. Clean the farthest side first, and then the nearest side. Clean the area from midline outward, in the order described below. Discard swabs after each stroke.
» Strokes are to be in the following order:

Female
» Wipe the labia majora (outer) from front to back in a downward motion, using the clean surface of a washcloth for each stroke.
» Wipe the labia minora (inner) from front to back in a downward motion, using the clean surface of a washcloth for each stroke.
» Separate the vestibule with the non-dominant hand and clean it by stroking from the clitoris to fourchette.

» If a catheter is in place, circularly clean around the catheter, using the clean surface of a washcloth for each stroke.

» Wash inner thighs from proximal to distal.

» Wash the perineum and anus.

» Rinse with warm to tepid water using a peri bottle, if available.

» Pat dry with a clean towel in the same order as the wash.

» Remove the bedpan, if one was used.

» Verbalize turning person on the side, to wash the anal area from front to back. Dry.

**Male**

Assist the person into a supine position. Spread legs apart.

**Uncircumcised penis**

» Gently raise the penis. Place bath towel underneath. Firmly grasp the shaft of the penis.

» Retract foreskin of the penis, if uncircumcised.

» Wash around the urinary meatus in a circular motion, using the clean surface of a washcloth for each stroke, and around the head of the penis in a circular motion.

» Wash down the shaft of the penis toward the thighs, changing the washcloth position with each stroke.

» Wash the scrotum, front to back.

» Wash the inner thighs.

» Rinse with a clean washcloth or a peri bottle using warm water, in the same sequence as the wash.

» Dry with a clean towel in the same sequence.

» Replace foreskin, as appropriate.

» Turn the person on the side to wash the anus from front to back. Dry.

» Fold back blanket over the person’s perineum.

» If the person has a urinary catheter, provide catheter care along with perineal care.

» If the person has bowel or urinary incontinence, apply a thin layer of petroleum jelly as a barrier over the skin.

» Apply under pads, if required.
» Remove gloves and dispose of in a proper receptacle.

» Assist the person into a comfortable position and cover with the top sheet.

» Return all articles to their designated places.

9. Care of eye

Eye care is a process of cleaning one or both eyes by using a prescribed solution to remove secretions and to prevent the occurrence of infection.

Procedure

» Ensure privacy.

» Allow the person to ask questions. Explain to the person what is going to be done, to obtain his consent and cooperation.

» Arrange required articles near the person’s bedside to avoid leaving the person alone, when you are doing the procedure.

» Make sure the bed area is clear of unnecessary articles, in order for you to perform the procedure freely.

» Ensure the availability of an adequate light source, to examine the eye without discomfort.

» Provide a comfortable supine position, or a seated one, preferably with the head inclined backwards.

» Do an eye assessment. Place a disposable towel around the person’s neck.

» Wash hands, put on gloves and open a sterile pack (if needed).

» Lightly moisten a swab with the prescribed solution.

» Ask the person to close his/her eyes; clean the lids of the closed eyes first.

» Gently clean the eyes by using a swab from the inner canthus to the outer canthus, until all discharge is removed.

» Use each swab only once.

» Repeat the procedure on the other eye.

» Gently dry the person’s eyelids.

10. Care of ears

» Ears are cleaned during the bed bath by rotating the clean corner of a moistened washcloth, gently in the ear. A cotton-tipped applicator is also useful for cleaning the pinna.

» The eyes, ears, and nose are sensitive; therefore, extra care should be taken to avoid injury to these tissues.
» Never use bobby pins, toothpicks, or cotton-tipped applicators to clean the external auditory canal. Such objects may damage the tympanic membrane (eardrum) or cause wax (cerumen) to impact within the canal.

11. Care of nose
» Secretions can usually be removed from the nose by having the person blow into a soft tissue. Let the person know that blowing harshly creates pressure that can injure the eardrum, nasal mucosa, and even sensitive eye structures.

» If the person is not able to clean his/her nose, assist using a saline-moistened washcloth, or a cotton-tipped applicator.

» Do not insert the applicator beyond the cotton tip.

» Suctioning may be necessary if secretions are excessive.

» If a person receives oxygen per nasal cannula, or has a nasogastric tube, the nares should be cleaned every eight hours.

» Use a cotton-tipped applicator moistened with saline. Secretions are likely to collect and dry around the tube; therefore, you will need to clean the tube with soap and water.

12. Care for transfer of the older person
Older people needing long-term care are usually bedridden, or in wheelchairs, or need assistance with mobility to carry out their day-to-day activities. As far as possible, always encourage them to do these activities by themselves and with your supervision.

Things to keep in mind as a caregiver
» If you will be helping someone get up or into a chair, bed, or bath, be sure that you, yourself, can carry or help the older adult with mobility.

» Use proper body mechanics, so that you don’t injure your back.

» Make sure that you can lift safely, before lifting or moving a person.

» Before you shift the older person, ensure there are no hindrances along the path of the movement.

» Spread your feet about shoulder width apart with one foot slightly in front of the other, to provide a good base of support.

» Bend at the knees instead of the waist.

» Keep your back as straight as possible.

» Bring the person/load as close to your body as you can.

» Lift with your legs, using your stronger set of buttock and leg muscles.
Keep your back, feet and trunk together and do not twist at the waist. If it is necessary to change your direction when upright, shift your feet and take small steps. Keep your back and neck in a straight line.

» Pull, push, or slide objects wherever possible, instead of lifting them.

» Develop good momentum and coordination with the patient so that you will be in harmony.

To move up and down on a bed in a supine position

The caregiver shall place one hand under the shoulder, the other hand under the knees of the older person. This position helps to pull them up or down on bed. Simultaneously the older person may help by holding the caregiver's arm or the bed frame, and pulling himself.

Figure 1: Movement from supine position

To move to a sitting position

» The caregiver shall turn the older person to one side and move his/her knees and feet out of the bed, while his/her thighs rest on the bed.

» The caregiver shall place one hand under his/her shoulders in such a way that his/her upper back rests on the helper's forearm.

» The older person can also rest his/her head on the helper's elbow.

» The caregiver shall pull the older person up with his/her hand under the person's shoulders, while simultaneously pushing the person's legs down, with the other hand.

Methods of transfer to other surfaces

One caregiver lifting the older person

» The caregiver shall position the elderly person on the edge of bed and shift his hips forward till his feet touch the ground.

Figure 2: Movement from sitting position
» The caregiver shall then place his/her own feet in front of the person’s feet to prevent slipping, and also block the person’s knees with his/her own knees.

» The older person may place his/her hands on the caregiver’s shoulders.

» Caregiver shall then hold the person’s waist and lift him/her up to a standing position, then turn his/her own waist in the direction of the surface the person will be transferred to.

» If the older person is short or sitting on a lower surface, the caregiver may consider holding the person by the upper back region, instead of his waist.

» By interlocking the fingers of his both hands, the caregiver can get a better grip during the transfer.

Two helpers lifting the older person

» This method of lifting is advisable if the older person is too weak to maintain a sitting position or to assist in the transfer, if he/she is obese, if the surfaces of transfer are of unequal height, or the surface where the elderly person is to be transferred to, is too high.

» One caregiver shall stand behind the older person and hold him/her by moving his/her own hands from below the person’s armpits and interlocking the fingers of both hands in front of the person’s chest.

» Alternatively, the caregiver may hold the person’s forearm as shown in the picture below. This provides a stronger grip, especially if the older person is weak.

» The other caregiver shall hold the person’s knees, or the lower end of the thighs. Both these people must synchronize the lift.

» Another method is to lift with the elderly person keeping his/her legs straight, as shown in the picture below.
Use of assistive devices in transferring a person

In case it is still difficult to do transfers with the methods described above, there are various assistive devices to ease out transfers.

Transfer on bed
Transferring a bed bound patient

Figure 7: Transfer belt

Figure 7A: Transfer board

Figure 8: Person lifter

Figure 8A: Overhead gantry

Figure 8B: Ceiling hoist
Assistive devices

**Canes** are used to provide a wider base of support and should not be used for bearing weight. Canes support the body’s weight, help transmit the load from the legs to the upper body and place greater pressure on the hands and wrists. Assistive canes are useful for people who have problems balancing, and who are at risk of falling.

**Walkers** are very stable walking aids that offer a broader base of support than canes and can be used for weight bearing. It is made by metal framework with four legs that provide stability and support to the user.

Wheelchairs provide mobility for persons unable to ambulate because of various disabilities, for those who should not put weight on their lower limbs, or those unable to walk.
Crutches help to transfer weight from the legs to the upper body. They can be used singly or in pairs. Crutches help keep a person upright and may be used by those with short-term injuries or permanent disabilities.

Figure 15. Wheelchair

Figure 16. Axillary crutches

Figure 17. Forearm crutches
Correct height and fit

- A cane or walker must be level with the person’s wrist crease.
- The elbow must be naturally flexed at a 15°–30° angle.
- The height of axillary crutches should be up to a height of 1.6 and 2 inches (4 to 5 cm) below the axilla.
- Twenty cm away from the body.

Proper use

- A cane should be held contralateral to a weak or painful lower extremity.
- The user’s posture should be upright, without forward or lateral leaning.

Monitoring

- Persons should be observed while using the device.
- There must be routinely assessment of whether the device is appropriate. The maintenance of canes and walkers must be evaluated. Height, legs, wheels, tips and hand grips must be checked.
- Any new disability or difficulty in using the assistive device must be noted.
MODULE 2

Care of common problems in older people
Learning objectives

» To learn about the management of common problems in older people.

Introduction

Older age is also characterized by the emergence of several complex states of health that tend to occur only later in life, and do not fall into discrete disease categories. These conditions affect the general well-being of older people. The management of these common problems requires a spectrum of support from caregivers. The four issues of falls, urinary incontinence, dementia and pressure ulcers are described in detail in this module.

1. FALL

Advanced age is one of the risk factors for fall. Serious fall can result in decreased functional independence and quality of life. Most falls occur in the daytime and at home. It, therefore, becomes necessary to make the home environment suitable for older people. Caregivers play a significant role in preventing fall in a mobile as well as an immobile older person.

A. Prevention of falls in older people in homes or institutions

Home care interventions to prevent or reduce fall in older people

The caregiver should:

» Assess the home environment for factors that create barriers to physical mobility.

» Refer to occupational therapy services if needed, to assist an older adult in restructuring home and daily living patterns.

» Refer to home health aide services to support the older adult and family through changing levels of mobility.

» Reinforce the need to promote independence in mobility as tolerated, as providing unnecessary assistance with transfers and bathing activities may promote dependence and a loss of mobility.

» Provide support to older people with long-term impaired mobility.

» Teach the person/family member to prevent falls.

» Teach an older person to get into/out of bed, slowly, and to do the same when transferring from a bed to a chair and vice versa.
» Teach and encourage the use of assistive devices such as canes, walkers or crutches to increase mobility.

» Teach family members and caregivers to work with older people during self-care activities such as eating, bathing, grooming, dressing, and transferring rather, than treating older people as passive recipients of care.

» Encourage older persons to maintain as much independence as possible; this helps in preserving and maintaining mobility skills.

B. Prevention of fall in immobile older people

The caregiver should

» Help mostly immobile older people to achieve mobility as soon as possible, depending on their physical condition.

» Encourage older persons to attend a low-intensity aerobic chair exercise class that includes stretching and strengthening chair exercises.

» Initiate a walking programme in which an older person walks with or without help every day, as part of a daily routine.

» Have older people flex and extend their feet several times after sitting up, then stand up slowly with someone watching; if health professionals have suggested the presence of postural hypotension.

» Be very careful when getting a mostly immobile older person up. Be sure to lock the bed and wheelchair and have sufficient personnel on hand to protect the older person from falls.

» Do not routinely assist with transfers or bathing activities, unless necessary. Encourage older people to perform ADL and IADL independently.

» Use gestures and nonverbal cues when helping older people move, if they are anxious or have difficulty understanding and following verbal instructions.

» Recognise that wheelchairs are not good mobility devices and often serve as a restraint to mobility. Discourage the use of wheelchairs whenever possible.

» Ensure that chairs fit older people. The chair seat should be three inches above the height of the knee. Raising the height of a chair can dramatically improve the ability of many older people to stand up. Low, deep, soft seats with armrests that are too far apart, reduce a person’s ability to get up and down without help.

» Provide a raised toilet seat, if needed.

» If an older adult is mainly immobile, provide opportunities for socialization and sensory stimulation (e.g. television and visits). Immobility and a lack of social support and sensory inputs may result in confusion or depression in older people.
C. Care of incontinence

Incontinence is a common, potentially disabling problem, which is often curable when identified. Unfortunately, urinary incontinence is often neglected by the person as well as health professionals, leading to underreporting and undertreatment.

Applying adult cloth diapers

Incontinence diapers are ideal for people struggling with faecal or bladder control; these are problems which especially concern seniors. Utilizing the variety of associated incontinence products such as adult diapers along with other incontinence items, is significantly helpful in incontinence care.

Steps to assist an older person to wear an adult cloth diaper

» Assemble the required articles.

» Wash your hands and put on gloves.

» Explain to the care recipient, what you are going to do.

Procedure

» Undo the tabs on each side of the diaper.

» Roll the person’s gown up as far as it will go.

» Proceed to roll the person over on their side, away from you.

  Note: you must never move a person by their shoulders, arms or any place other than the hips.

» Start wiping the soiled area with moist towelettes until completely clean.

» Have a garbage bag open next to you, so that you can continue to throw the towelettes away.

» After wiping, the person is then rolled back on their side, away from you.

» Place fresh linen under the person if the bedding is soiled, then place the hospital pad under the person.

» When placing the pad under the person, roll up one side of the pad and place it directly under the person’s bottom, so it will be easy to reach when the person is rolled on their back.

» Apply moisturizing cream on the person’s skin and then position the adult diaper under their bottom.

» Proceed to roll the person over on their other side towards you, and flatten out the hospital pad, making sure the diaper is spread smoothly over the person’s skin.

» Fasten the velcro tabs on the diaper, once again smoothing out any wrinkles that occur, and pull the hospital gown gently down in place.
» Cover the person with blankets, making sure the person is in the middle of the bed to prevent them from falling on the floor.

» Take the garbage bag out to a trash can outside, put soiled linens away.

» Throw away your latex gloves.

» Wash your hands with warm, soapy water.

» Clean and disinfect used articles.

» Return equipment.

D. Providing a bedpan

A bedpan is a device used to assist an older person to void or pass a stool, when he/she is unable to access the bathroom.

Steps to assisting in providing a bedpan

» Wash your hands.

» Identify yourself by name. Identify the person by name.

» Explain the procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact, whenever possible.

» Provide for the person’s privacy with a curtain, screen or door.

» Adjust the bed to a safe working level, usually waist-high. Before placing the bedpan, lower the head of the bed and lock its wheels.

» Put on gloves.

» Ask the person to remove undergarments or help him/her do so.

» Place bedpan near his/her hips in the correct position.

» If the resident can, ask him/her to raise his/her hips by pushing with his/her feet and hands, at the count of three. Slide the bedpan under his/her hips. If the resident cannot do this him/herself, place your arm under the small of his back, and tell him to push with his heels and hands on your signal, as you raise his hips. Place the bedpan underneath the resident. If a resident cannot help you in any way, keep the bed flat, and roll the resident onto the far side. Slip the bedpan under the hips and gently roll the resident back onto the bedpan, keeping the bedpan centered underneath.

» Remove and discard gloves. Wash your hands.

» Raise the head of the bed. Prop the resident into a semi-sitting position, using pillows.

» Check the bedpan to make sure it is in the correct position. Make sure the blanket is still covering the resident. Place toilet tissue and washcloths or wipes, within the resident’s reach. Ask the resident to clean his hands with the hand wipes when finished, if he is able.
» Place the call light within the resident’s reach. Ask the resident to signal when done. Leave the room.

» When called by the resident, return and put on clean gloves.

» Lower the head of the bed. Make sure the resident is still covered. Do not overexpose the resident.

» Remove bedpan carefully and cover bedpan.

» Provide perineal care if assistance is needed. For female residents, wipe from the front to the back. Dry the perineal area with a towel. Help the resident put on the undergarment. Place the towel in a hamper or bag and discard disposable supplies.

» Take the bedpan to the bathroom. Empty the bedpan carefully into the toilet, unless a specimen is needed. Note colour, odour, and consistency of contents, before flushing. If you notice anything unusual about the stool or urine (for example, the presence of blood), do not discard it. You will need to inform the caregiver.

» Turn the faucet on with a paper towel. Rinse the bedpan with cold water first and empty it into the toilet. Place bedpan in the proper area for cleaning or clean it according to the facility's policy.

» Remove and discard gloves.

» Wash your hands.

» Make the resident comfortable. Remove the bath blanket and cover the resident.

» Return the bed to the lowest position. Remove privacy measures.

» Place a call light within the resident’s reach.

» Report any changes in the resident to the caregiver.

» Document the procedure, using facility guidelines.

E. Providing a urinal

Articles: Urinal, protective pad or sheet, wash cloths or wipes, two pairs of gloves

Assisting in providing a urinal

» Wash your hands.

» Identify yourself by name. Identify the resident by name.

» Explain the procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact, whenever possible.

» Provide for the resident’s privacy with a curtain, screen, or door.

» Adjust the bed to a safe working level, usually waist-high and lock its wheels.
» Put on gloves.

» Place a protective pad under the resident’s buttocks and hips, as in the earlier procedure.

» Hand the urinal to the resident. If the resident is not able to help himself, place it between his legs and position the penis inside the urinal. Replace covers.

» Remove and discard gloves. Wash your hands.

» Place wipes within the resident’s reach. Ask the resident to clean his hands with the hand wipes when finished, if he is able. Leave a call light within reach, while the resident is using the urinal. Ask the resident to signal when done. Leave the room.

» When called by the resident, return and put on clean gloves.

» Remove the urinal or have the resident hand it to you. Empty contents into the toilet unless a specimen is needed, or if the urine is being measured for intake/output monitoring. Note the colour, odour and qualities (for example, cloudiness) of the contents, before flushing.

» Turn the faucet on with a paper towel. Rinse the urinal with cold water first and empty it into the toilet. Place the urinal in the proper area for cleaning, or clean it, as per the facility’s policy.

» Remove and discard gloves.

» Wash your hands.

» Make the resident comfortable.

» Return the bed to the lowest position. Remove privacy measures.

» Place a call light within the resident’s reach.

» Report any changes in the resident to the caregiver.

» Document the procedure using facility guidelines.

F. Commode or toilet

Articles: Portable commode with basin, toilet paper, washcloths or wipes, gloves

Assisting in providing a commode or toilet

» Wash your hands.

» Identify yourself by name. Identify the person by name.

» Explain the procedure to the person. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

» Provide for the person’s privacy with a curtain, screen, or door.

» Help the person out of bed and to the portable commode or bathroom. Make sure the resident is wearing non-skid shoes, and that the laces are tied.
If needed, help the resident remove clothing and sit comfortably on the toilet seat. Place toilet tissue within reach.

Provide privacy. Leave a call light within reach, while the resident is using the commode. Ask the person to signal when done. Leave the room.

When called by the person, return and put on gloves.

Give perineal care, if help is needed. Wipe a female person from front to back.

Help the person wash his / her hands, after using the commode. Dispose of a soiled washcloth or wipes properly.

Help the person back to bed. Make the resident comfortable. Make sure sheets are free from wrinkles, and the bed free from crumbs.

Remove the waste container. Empty into the toilet. Note the colour, odour and consistency of the contents.

Rinse the container. Pour rinsed water into the toilet. Place the container in the proper area for cleaning or clean it as per the facility’s policy.

Remove and dispose of gloves properly.

Wash your hands.

Return the bed to lowest position. Remove privacy measures.

Place a call light within the resident’s reach.

Report any changes in the resident to the caregiver.

Document the procedure using facility guidelines.

**G. Care of older people with dementia**

Dementia is one of the commonest indications for long-term care worldwide. In the early stage of Alzheimer’s, most people function independently and need minimal support from the caregivers. As the disease progresses, intensive, around-the-clock care is usually required. As the disease advances, the needs of the person living with Alzheimer’s will change and deepen.

**An older person with late-stage dementia**

- Needs assistance walking, and is eventually unable to walk
- Needs full-time help with personal care
- Has difficulty eating and swallowing
- Is vulnerable to infections, especially pneumonia
Role of caregivers in the non-pharmacological management of dementia in homes or institutions

1. Encourage the person with dementia to make use of assistive devices
   - Assistive technologies are devices or systems that can help a person with dementia remain as independent as possible, despite reduced ability.
   - Assistive technologies can be simple devices such as notepads, diaries and calendars, to walking sticks, walking-frames and wheelchairs but can also involve telecare items such as detectors of gas, smoke or falls.
   - Caregivers should be aware about the availability of such services.
   - Caregivers should involve the physiotherapist or the occupational therapist, for the use of assistive devices.

2. Facilitate reality orientation to the person with dementia
   - An informal approach is usually used as part of everyday care; for example, each time a caregiver interacts with a person with dementia, they give the latter pertinent information like the date, day, time of day, a self-introduction, etc.

3. Encourage family members or the institution to make infrastructure more dementia-friendly
   - The design of a home and its layout can have a profound effect on people with dementia. Depending on the stage, people with dementia might forget where they are, where things are and how things work.
   - Caregivers should offer suggestions for modifications to the home environment; this will help the persons as well as their family members.

4. Better lighting
   - Provide better lighting to help avoid confusion, as well as to minimize the risk of falls.
   - Try to reduce glare, shadows and reflections.
   - Lighting should be good, even and natural.
   - Curtains should remain open in the day.
   - Branches of trees blocking direct sunlight should be pruned.
   - Provide adequate lighting in the stairs and the toilets.
   - Light switches should be made easily accessible and easy to use.
   - Ensure regular eye-checks and assessment of visual acuity, and correction if required.
5. **Reduction of excess noise**
   - Reduce excess noise to help reduce confusion and promote quality sleep.
   - Carpets and curtains absorb background noise and thus may be added to the person’s room.
   - Switch off the radio or television, when not in use.
   - Ensure regular ear check-ups.

6. **Safer flooring**
   - Try to avoid rugs or mats on the floor, as some people with dementia may become confused and think the rug or mat is an object that they need to step over, which could lead to trips or falls.
   - Shiny or reflective flooring may be perceived as being wet, and the person with dementia may find it difficult to walk over it. So, avoid it.
   - The colour of the mat on the floor must contrasts with the walls. It might help to avoid colours that can be mistaken for real things, such as green (grass) or blue (water).

7. **Contrasting colours to prevent confusion among objects in the premises.**
   - The colours on walls and floors should contrast.
   - Furniture should be in bright or bold colours and contrast with the walls and floors.
   - Doors should have contrasting colours.
   - The colour of the toilet seat should contrast with the rest of bathroom.
   - Plates/dishes must be in colours contrasting with the table/tablecloth.

8. **Avoid reflections, in order to prevent confusion and distress among older persons, when they fail to recognize themselves.**
   - Remove or cover large mirrors.
   - Draw the curtains in the evening to prevent reflections in the window glass.

9. **Provide labels and signs in contrasting colours to the background.**
   - In cupboards, on doors, on the toilet door.
   - Paste photos on cupboards and drawers, to show what is inside them.
   - See-through doors can help.

10. **Outside space/bathroom modification**
    - Ensure a flat walking surface to prevent falls.
    - Avoid slippery rugs/mattress on the floor.
• Secure the outside space with a fence to prevent the person wandering off.
• Ensure the bathrooms have non-slippery floors.

11. Additionally, the following arrangements can help a person with dementia:
   • Large LCD clocks in the room which display the time, date as well the day/month/year.
   • Reminder devices: e.g. for medications.

F. Care of older people with, or at high risk for pressure sores

Frequent positioning, massaging and providing proper devices on pressure points to prevent the development of pressure sores. The treatment of pressure sores which have already developed consumes time and demands resources. Therefore, the prevention of the development of pressure ulcers in older people with poor mobility, is the norm for many reasons.

Guidelines for caregivers to prevent or manage a developed pressure sore

» Assess ulcer-prone persons for redness, discoloration or blisters on the pressure points.
» Explain to the person the need for care of the pressure points.
» Attend to the pressure points as often as necessary, to stimulate circulation. The back is washed with soap and warm water, dried and massaged with powder. Avoid using excessive alcohol for back rubs because it dries the skin and causes skin damage. Attend to pressure areas like the iliac crest, ankles, heels, elbows and others.
» Use special mattresses and beds, e.g. air and water mattresses.
» Use comfort devices to take the pressure off pressure points, e.g. air cushions, cotton rings, etc.
» Change the position of the person every two hours, so that another body surface bears the weight.
» Use a bed cradle to take the weight off the bed linen of the person.
» Keep the person’s skin well lubricated to prevent cracking, by using powder.
» Protect damaged skin; it can be further irritated and macerated by urine, faeces and sweat.
» Provide the person adequate fluids and a nourishing diet that is high on protein.
» Lift the person before placing and removing bedpans, in order to avoid causing friction.
» Provide a smooth, firm and wrinkle-free bed for the person to rest upon.
» Cut short the fingernails of the person, to avoid scratching skin.
» Use an adequate amount of cotton under splints and plaster casts.
» Change the linen as soon as it becomes wet. After each urination and defecation, the back must be attended to.

» Teach the person and his/her relatives about hygienic care of the skin.

» Document the location of pressure ulcers.

Special considerations in the care of pressure points (bony prominence over which pressure damage can occur)

» Do not use a rubber air ring or a doughnut. They create much pressure where you do not want them to and block the flow of blood to the skin inside the ring.

» Do not make the person wear sanitary belts. They can lead to pressure sores.

» Do not make the person wear tight clothing with heavy seams or nylon underwear.

» Do not put articles in the pockets of pants, or on the seats of wheelchairs.

» Do not use alcohol on dry skin.

» Do not make the person sit in bed with his/her head raised for long periods. This can cause the skin to be squeezed over the lower end of the spine, and lead to sores.

What to look for and do as a caregiver?

» Redness, abrasion/scrapes, blisters, or shallow craters on unbroken skin, lasting 15–30 minutes or more.

» Texture changes; e.g. when the skin feels “mushy” rather than firm to the touch.

» A grey or black scab. Do not remove the scab. If a bed sore is beneath it, this could cause damage, or lead to infection.

» Try to change the position. If there is no change even after 15–30 minutes, seek medical help.

» Do not try to massage or apply anything, unless advised by the health professional.
MODULE 3

Preventive and promotive aspects of caregiving
Learning objectives

- To enumerate and implement strategies for health promotion in older people in homes and institutions.

### 1. Nutrition in old age

Older people are particularly vulnerable to malnutrition. The process of ageing also affects nutrient needs. Careful nutritional assessment is necessary for both the successful diagnosis and development of comprehensive treatment plans for malnutrition in this population.

#### Role of caregivers in nutritional therapy for older people

- Utilise the services of a registered dietician, when the older person is being discharged from the hospital. Request him/her to provide a written diet chart, individualized for the older person.

- Encourage older people as well as their family members to increase the intake of protein.

- Persons with difficulty chewing should have dental and oral care checked, and possibly be given mushy food.

- Persons with difficulty swallowing, e.g. stroke patients, may need nasogastric tube feeding and sometimes, percutaneous endoscopic gastrostomy (PEG) feeding. The caregiver needs to learn the technique to provide tube feeding.

- In persons who remain indoors for various health reasons, caregivers should have a high index of suspicion for vitamin D deficiency. Consult with a specialist in this regard, during visits.

- Vitamin B12 deficiency may occur in vegetarian older people. Consult with a specialist in this regard during visits.

#### Naso-gastric tube feeding in older people

A naso-gastric (NG) tube is a small tube that goes into the stomach through the nose. There are several ways to give an NG feeding. The size of the tube, how often it needs to be changed, the type and amount of formula to be fed, and the length of feeding time will be decided by health professionals including dietitians, depending on the older person’s needs.
Procedure

1. Wash your hands.
2. Measure the correct amount of formula and warm it to the desired temperature.
3. Clamp the tube.
4. Attach a syringe to the feeding tube.
5. Pour the formula into the syringe.
6. Unclamp the tube.
7. Allow the formula to run through the tube. Try to start the feeding when the person is calm. You may have to “push” the feeding to get it started. To do this, place a plunger into the syringe and push slightly. Remove the plunger gently and allow the formula to flow in by gravity.
8. Continue adding formula into the syringe until the prescribed amount is given.
9. When the syringe is empty, flush the tube with the prescribed amount of warm water.
10. After the feeding, clamp the tube.
2. Prevention of dehydration

Older people are vulnerable to dehydration due to physiological changes in the ageing process, but this can be complicated by many physical or psychological illnesses. Inadequate fluid intake is a major contributor to preventable dehydration.

Many older people are reluctant to drink to avoid the need to go to the toilet, particularly at night, but a restriction of the overall fluid intake does not reduce the frequency or severity of urinary incontinence.

Consequences of dehydration

- Disturbed mental performance and a heightened feeling of tiredness
- Low blood pressure, weakness, dizziness and an increased risk of falls
- More likely to develop pressure sores and skin conditions
- Severe dehydration can lead to renal failure
- Constipation

Signs of dehydration

- Dryness of the mouth, lips and tongue
- Sunken eyes
- Dry, inelastic skin
- Drowsiness, confusion or disorientation
- Dizziness and low blood pressure
- Reduced and more concentrated urine output. (In general, odourless, pale urine indicates good hydration; dark, strong-smelling urine is a common symptom of dehydration.) Monitoring fluid intake is a good way to ensure good hydration.
Strategies to prevent dehydration

» Determine an individualized daily fluid intake goal.

» Be vigilant when the older person is not drinking enough and help them to drink more.

» Identify and overcome barriers to drinking like worries about not reaching the toilet in time, physical inability to make or reach drinks, and reduced social drinking and drinking pleasure.

» Provide preferred fluids and have fluids available at all times.

» Make sure water is fresh and looks palatable, perhaps by adding a few slices of lemon or orange, or ice cubes.

» Offer fluids regularly, throughout the day.

» Offer fluids at events such as before physiotherapy or other activity or medication rounds.

» Offer a variety of hot and cold fluids.

» Provide assistance in drinking if required.

» Provide aids for drinking if needed such as special cups.

» Offer at least a full glass of fluid with medications.

» Encourage families and visitors to offer fluids, and encourage wet foods such as puréed fruit, yogurt, jelly, custard and soup.

» Record the volume of urine passed every time.

3. Encouragement to avoid smoking, tobacco-chewing and alcoholism

Alcohol intake in excess increases the potential for diseases affecting many organs of the body.

Cigarette smoking is the leading preventable cause of morbidity and mortality in old age. Smoking is responsible for most respiratory problems in the older people. It causes a variety of cancers. Smoking is an important cause of heart diseases and stroke. It is also associated with osteoporosis. In many South-East Asia Member States, chewing tobacco is seen in greater percentage against smoking; it leads to cancer of oral cavity and is the most common concern among elders, mostly in villages.

» Caregivers should encourage older people to quit alcohol, smoking and tobacco-chewing.

» Caregivers should make family members aware of expert services which would help in quitting alcohol, smoking or tobacco-chewing.
4. Encouragement of routine immunization in older people

Caregivers should be aware that specific vaccines are necessary even for older people. They should also be aware of the places where such vaccines are available. Specific immunizations recommended in old age are for pneumonia, influenza virus and tetanus.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccine (prevention against flu)</td>
<td>Annually administered (generally administered before the onset of winter)</td>
</tr>
<tr>
<td>Tetanus toxoid for tetanus</td>
<td>Every ten years</td>
</tr>
</tbody>
</table>
| Pneumococcal vaccination (protection against pneumonia, meningitis, sepsis caused by bacteria (*Streptococcus pneumoneae*)) | » After 65 years irrespective of the health condition  
» Between 60 and 65 years, in presence of:  
  » Chronic disease of lungs, heart, liver or kidney  
  » Any cancer  
  » Diabetes mellitus  
  » Chronic smoking |

5. Encouragement of physical activity

In coordination with therapists and physicians, caregivers should encourage the older people to engage in physical activities as per WHO recommendation, which is as following:

» Older people with normal mobility should do at least 150 minutes of moderate-intensity aerobic physical activity, or at least 75 minutes of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity, throughout the week.

» Aerobic activity should be performed in bouts of at least 10 minutes duration.

» Muscle-strengthening activities, involving major muscle groups, should be done on two or more days a week.

» Older people, with poor mobility should perform physical activity to enhance balance and prevent falls, on three or more days a week.

» When older people cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow.
### Type of physical activity

<table>
<thead>
<tr>
<th>Type of physical activity</th>
<th>Effect and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate intensity</td>
<td>Causes older people to get warmer, breathe harder and their hearts to beat faster, but they should still be able to carry on a conversation. E.g. brisk walking</td>
</tr>
<tr>
<td>Vigorous intensity</td>
<td>Causes older people to get warmer, breathe much harder and their hearts to beat rapidly, making it more difficult to carry on a conversation. E.g. climbing stairs, running</td>
</tr>
<tr>
<td>Strength exercise</td>
<td>Causes older people to use all the major muscle groups e.g. carrying or moving heavy loads such as groceries; activities that involve stepping and jumping, such as dancing, chair aerobics.</td>
</tr>
<tr>
<td>Improving balance and coordination</td>
<td>Yoga, Tai-chi, Nordic walking</td>
</tr>
</tbody>
</table>
| Minimizing sedentary behaviour    | Reducing time spent watching TV  
Taking regular walk breaks around the garden or street  
Breaking up sedentary time by walking part of the way, while undertaking a long journey |

### 6. Intergenerational engagement through virtual platforms and social support

Caregivers should encourage the older person as well as his/her family/community members to indulge in intergenerational engagement through various methods:

#### At homes

- Encourage the younger generation to teach older people the techniques of using mobile phones, and social platforms on smart phones.
- Encourage older people to share their experiences or demonstrate arts/skills to younger people.
- Encourage retired older people to share their knowledge and skills voluntarily with the community. E.g. teaching younger children in schools, orphanages.
- Encourage older people to participate in religious, spiritual and social activities.

#### At institutions

- Encourage family members (especially grandchildren) to talk to older people in institutions, using virtual platforms.
- Facilitate communication with family members and close friends using technologies.
Encourage older people to demonstrate their skills and abilities and facilitate the process.

Encourage and facilitate youth to serve at institutions and provide companionship to older residents, as volunteers.

7. Prevention of elder abuse

Elder abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, emotional, financial and material abuse, abandonment, neglect, and a serious loss of dignity and respect.

Elder abuse can lead to physical injuries—ranging from minor scratches and bruises to broken bones and disabling injuries—and serious, sometimes long-lasting, psychological consequences, including depression and anxiety. For older people, the consequences of abuse can be especially serious. Even relatively minor injuries can cause serious and permanent damage, or even death.

Risks at the individual level include poor physical and mental health of the victim, and mental disorders and alcohol and substance abuse in the abuser. Other individual factors which may increase the risk of abuse, include the gender of victim and a shared living situation. Older men have the same risk of abuse as women. However, in some cultures where women have an inferior social status, older women are at greater risk of neglect and financial abuse (such as seizing their property), when they are widowed. Older women may also be at greater risk of more persistent and severe forms of abuse and injury.

Social isolation of caregivers and older persons and the ensuing lack of social support is a significant risk factor for abuse by caregivers. Many older people are isolated because of loss of physical or mental capacity, or through the loss of friends and family members.

Within institutions, abuse is more likely to occur where:

» Care providers are poorly trained and remunerated, and overworked

» The physical environment is deficient

» Policies operate in the interests of the institution rather than the residents.
8. Empathetic care

Empathy is a crucial aspect of care for older people. Empathy means putting ourselves in someone else’s situation and making an informed decision. Empathy is seeing through our loved one’s eyes, hearing through his/her ears, feeling his/her emotions and thinking about his/her thoughts. It requires internalizing his/her feelings and acting accordingly.

In many cases, empathy is the most important thing we can provide to our older people. Our loved ones want us to be on their side when they are frail or in distress. They want us to be their strength, when they need it most.

- Understand that listening is more important than talking
- Talking a soft voice while showing concern
- Focus on their feelings and their needs
- Ask them how they are feeling, if we think something is wrong
- Offer to help with the basic and instrumental activities of daily living
- Don’t insist if an offer of help is refused. Back off, give it a little time and try again with a different approach

This is how we can empathize with older care recipients.
First aid and emergency care
Owing to ageing, and various health conditions and environmental factors, there can be various conditions in home and institutional settings which can have profound health implications upon older people and thus need the utmost attention. Some of them are:

A. Syncope (fainting) and fall

Syncope is one of the commonest causes for falls in home and institutional settings. Institutionalized older people and housebound individuals are prone to syncope. Often the cause of syncope is treatable; low blood pressure (hypotension) can be improved by simple actions.

**What to do if an older person falls?**

If an older person is syncopal and discovered on the floor, the following action should be taken:

» The individual should be quickly assessed for any injury following the fall.

» If the person is sitting up, assist him/her to a supine position.

» If unconscious and not injured, the legs of the person should be raised once while the person is still lying on the floor; this should speed up recovery.

» If recovery is slow, the individual should be placed in the recovery position.

» Upon recovery, allow the individual to slowly sit up, and then, gradually help them to their feet.
» If symptoms of dizziness and light-headedness continue, the individual should be assisted to lie down again.

» If symptoms continue despite the above, or, if there is further loss of consciousness, call for help to promptly transfer the person to a health facility.

» If an elderly person experiences an unexplained syncopal episode more than once, they should be seen by specialists.

**B. Hypoglycaemia (low blood glucose)**

Hypoglycaemia can be life-threatening, if there is no prompt recognition and intervention. Caregivers should be vigilant for the symptoms of hypoglycemia in older people, especially those on insulin preparations or oral medicines, for the control of their blood sugar levels, as below:

**Symptoms of hypoglycaemia**

» A low blood sugar level triggers the symptoms of hypoglycaemia such as a thumping heart/palpitation, sweating, tingling and anxiety.

» If the blood sugar level continues to drop, the brain does not get enough glucose and stops functioning as it should. This can lead to blurred vision, difficulty concentrating, confused thinking, slurred speech, numbness and drowsiness.

» If the blood sugar stays low for too long, it may lead to seizures (convulsions), unconsciousness and rarely, death.

**Role of caregivers**

» Measure the blood sugar of the symptomatic older person using a glucometer. Usually, the blood sugar is below 70 mg/dL in a case of hypoglycaemia.

» If the older person is poorly responsive, unconscious or developing abnormal movements, rush to a physician or trained nurse for help.

» If the person is conscious, the following intervention should be promptly undertaken to prevent a further deterioration of symptoms:

  » Provide 15 grams of carbohydrate to raise the blood sugar of the older person and check it after 15 minutes.

  » If it is still below 70 mg/dL, provide another serving.

  » Repeat these steps until the blood sugar is at least 70 mg/dL, or the symptoms resolve.

» 15 grams of carbohydrate are equivalent to: 4 ounces (1/2 cup) of juice or regular soda (not diet) or 1 tablespoon of sugar, honey or corn syrup.
**Measurement of blood glucose by glucometer**

**Procedure**

1. Wash and dry the hands of the older person preferably with warm water, as it may help the blood flow.
2. Many types of glucometers turn on automatically, when a strip is inserted.
3. Choose the spot. Don’t check from the same finger all the time. Using the side of the fingertip may be less painful than the pads.
4. Prepare the lancing device/lancet and prick the selected site to get a drop of blood.
5. Touch and hold the test strip opening to the drop, until it has absorbed enough blood to begin the test.
6. View the test result and take proper steps if the blood sugar is high or low, based on your health-care professional’s recommendations.
7. Discard the used lancet properly.
8. Record the results in a logbook.
**C. Choking**

Choking is a medical emergency that should be promptly dealt with. Choking occurs when a foreign object lodges in the throat or windpipe, blocking the flow of air. In older people, a piece of food, tooth or denture are often the culprits. Caregivers should be vigilant for the following symptoms of choking:

» Inability to talk
» Difficulty breathing, or noisy breathing
» Squeaky sounds when trying to breathe
» Cough, which may either be weak or forceful
» Skin, lips and nails turning blue or dusky
» Skin that is flushed, then turns pale or bluish in colour
» Loss of consciousness.

**First aid for choking: the Heimlich manoeuvre**

» If the person is able to cough forcefully, the person should keep coughing.
» Stand behind the person. Place one foot slightly in front of the other for balance.
» Wrap your arms around the waist. Tip the person forward slightly.
» Make a fist with one hand. Position it slightly above the person’s navel.
» Grasp the fist with the other hand. Press hard into the abdomen with a quick, upward thrust, as if trying to lift the person up.
» Perform between six and 10 abdominal thrusts until the blockage is dislodged.
» If the blockage doesn’t get dislodged; transfer the older person to a health facility urgently.

**D. Burns**

Burns can lead to complications like dehydration, hypothermia or infections to the injured person.

**First aid in burns:**

» Remove the older person from the burning area, douse the flames with water, or smother them with a blanket.
» Remove any clothing or jewellery near the burnt area of the skin, but don’t try to remove anything stuck to the burnt skin, as it could cause more damage.
» Cool the burnt area with cool or lukewarm running water for 20 minutes as soon as possible after the injury. Never use ice, iced water, any creams or greasy substances like butter or oil.
» Keep the older person warm by using a blanket, or layers of clothing to prevent hypothermia. Avoid putting them on an area that has injuries.

» Rush the person immediately to a health-care facility.

**Emergency transfer of an older person to a healthcare facility**

If the caregiver observes following in an older person; rush him/her to the emergency of a health care facility:

» Bleeding that will not stop

» Breathing problems (difficulty breathing, shortness of breath)

» Change in mental status (such as unusual behavior, confusion, difficulty in being aroused)

» Chest pain

» Choking

» Coughing up, or vomiting blood

» Fainting or a loss of consciousness

» Feeling of committing suicide, or murder

» Head or spine injury

» Severe or persistent vomiting

» Sudden injury due to a motor vehicle accident, burns or smoke inhalation, near-drowning, deep or large wound, or other injuries

» Sudden, severe pain anywhere in the body

» Sudden dizziness, weakness in any part of the body, or a change in vision

» Swallowing a poisonous substance

» Severe abdominal pain or pressure.
Integrated Care for Older People (ICOPE):
Training package on long term care in home or institutional settings in South-East Asia Region (Participant’s Manual)