INTerventions

1. Prepare the client and the environment.
   - Invite a parent or family member to participate if desired.
   - Close the windows and doors to make sure that the room is free from drafts. Air currents increase loss of heat from the body by convection.
   - Provide privacy by drawing the curtains or closing the door. Hygiene is a personal matter. Some agencies provide signs indicating the need for privacy.
   - Offer the client a bedpan or urinal or ask whether the client wishes to use the toilet or commode. The client will be more comfortable after voiding, and voiding before cleaning the perineum is advisable.
   - During the bath, assess each area of the skin carefully.

2. Prepare the bed, and position the client appropriately.
   - Place the bed in the high position. Place an infant or small child on a changing table or elevated crib. This avoids undue strain on the LPN/LVN’s back.
   - Remove the top bed linen and replace it with the bath blanket. If the bed linen is to be reused, place it over the bedside chair. If it is to be changed, place it in the linen hamper.
   - Assist the client to move near you. This helps prevent undue reaching and straining.

3. Make a bath mitt with the washcloth (Figure 13-12 ■). A bath mitt retains water and heat better than a cloth loosely held.
   - Triangular method: (1) Lay your hand on the washcloth; (2) fold the top corner over your hand; (3, 4) fold the side corners over your hand; (5) tuck the second corner under the cloth on the palmar side to secure the mitt.
   - Rectangular method: (1) Lay your hand on the washcloth and fold one side over your hand; (2) fold the second side over your hand; (3) fold the top of the cloth down; and (4) tuck it under the folded side against your palm to secure the mitt.

4. Wash the face.
   - Place one towel across the client’s chest.
   - Wash the client’s eyes with water only and dry them well. Use a separate corner of the washcloth for each eye. Using separate corners prevents transmission of microorganisms from one eye to the other. Wipe from the inner to the outer canthus. Cleaning from the inner to the outer canthus prevents secretions from entering the nasolacrimal ducts.
   - Ask whether the client wants soap used on the face. Soap has a drying effect, and the face, which is exposed to the air more than other body parts, tends to be drier.
   - Wash, rinse, and dry the client’s face, neck, and ears.

Part A: Bathing an Adult or Pediatric Client

PURPOSES

- To remove transient microorganisms, body secretions and excretions, dead skin cells, and normal secretions and odors
- To stimulate circulation to the skin
- To produce a sense of well-being
- To promote relaxation and comfort
- To prevent or eliminate unpleasant body odors
- To maintain skin integrity

EQUIPMENT

- Bedpan or urinal
- Changing table
- Bath blanket
- Gloves (if giving perineal care)
- Washcloth
- Soap
- Washbasin
- Water between 43 and 46°C (110 and 115°F) for adults, 38 and 40°C (100 and 105°F) for children
- Two bath towels
- Additional bed linen and towels, if required
- Hygiene supplies such as lotion and deodorant
- Clean gown or pajamas as needed
- Cotton balls or swabs
- Solution bottle, pitcher, or container filled with warm water or a prescribed solution
- Bedpan to receive rinse water
- Moisture-resistant bag or receptacle for used cotton swabs
- Moisture-resistant disposable pad
- Pillow (optional)
5. Wash the arms and hands. (Omit the arms for a partial bath.)
   - Place the bath towel lengthwise under the arm. **It protects the bed from becoming wet.**
   - Wash, rinse, and dry the arm, using long, firm strokes from distal to proximal areas (from the point farthest from the body to the point closest). **Firm strokes from distal to proximal areas increase venous blood return.**
   - Wash the axilla well. Repeat for the other arm.
   - Exercise caution if an intravenous infusion is present, and check its flow after moving the arm. Immediately report any problems with the IV to the RN.
   - Place a towel directly on the bed and put the basin on it. **Many clients enjoy immering their hands in the basin and washing themselves.** Assist the client as needed to wash, rinse, and dry the hands, paying particular attention to the spaces between the fingers.

6. Wash the chest and abdomen. (Omit the chest and abdomen for a partial bath. However, the areas under a woman's breasts may require bathing if they are irritated.)
   - Fold the bath blanket down to the client's pubic area, and place the towel alongside the chest and abdomen.
   - Wash, rinse, and dry the chest and abdomen, giving special attention to the skinfold under breasts. Keep chest and abdomen covered with the towel between the wash and rinse. **This provides warmth and privacy.**
   - Replace the bath blanket when the areas have been dried. Avoid undue exposure when washing the chest and abdomen. For some clients, it may be preferable to wash the chest and the abdomen separately. In that case, place the bath towel horizontally across the abdomen first and then across the chest.

7. Wash the legs and feet. (Omit legs and feet for a partial bath.)
   - Wrap one of the client's legs and feet with the bath blanket, ensuring that the pubic area is well covered.
   - Place the bath towel lengthwise under the other leg, and wash that leg. Use long, smooth, firm strokes, washing from the ankle to the knee to the thigh. **Washing from distal to proximal areas stimulates venous blood flow.**
   - Rinse and dry that leg, reverse the coverings, and repeat for the other leg.
   - Wash the feet by placing them in the basin of water.
   - Dry each foot. Pay particular attention to the spaces between the toes. If you prefer, wash one foot after that leg, before washing the other leg.
   - Obtain fresh, warm bathwater now or when necessary. **Water may become dirty or cold. Because surface skin cells are removed with washing, the bathwater from dark-skinned clients may be dark; however, this does not mean the client is dirty.**

8. Wash the back and then the perineum.
   - Assist the client to turn to a prone position or side-lying position facing away from you, and place the bath towel lengthwise alongside the back and buttocks.
   - Wash and dry the back, buttocks, and upper thighs, paying particular attention to the gluteal folds. Avoid undue exposure of the client, as for the abdomen and chest in Step 6.
   - Assist the client to the supine position, and determine whether the client can wash the perineal–genital area independently. If the client cannot do so, drape the client as shown in Figure 13-13 and wash the area. See also Procedure 13-1, Part B.
9. Assist the client with grooming aids such as lotion or deodorant.
   ■ Help the client to put on a clean gown or pajamas.
   ■ Assist the client to care for hair, mouth, and nails. Some people prefer or need mouth care prior to the bath.
10. Document pertinent data.
   ■ Record assessments, such as excoriation in the folds beneath the breasts or reddened areas over bony prominences and report changes to the RN.
   ■ Record the type of bath given (i.e., complete, partial, or self-help). This is usually recorded on a flowsheet.

FOR A TUB BATH OR SHOWER
11. Prepare the client and the tub.
   ■ Fill the tub about one-third to one-half full of water at 43 to 46°C (110 to 115°F). Sufficient water is needed to cover the perineal area.
   ■ Cover all intravenous catheters or wound dressings with plastic coverings, and instruct client to prevent wetting these areas if possible.
   ■ Obtain assistance with holding a pediatric client as indicated. Holding minimizes contamination of open skin areas.
   ■ Apply a rubber bath mat or towel to the floor of the tub if safety strips are not on tub floor. These prevent slippage of the client during the bath or shower.
   ■ Use a small basin or large sink for a small child. Smaller containers decrease the danger of slippage of an active child and possible drowning.
12. Assist the client into the shower or tub.
   ■ Assist the client taking a standing shower with the initial adjustment of the water temperature and water flow pressure, as needed. Some clients need a chair to sit in the shower because of weakness. Elderly people often feel faint under hot water.
   ■ If the client requires considerable assistance with a tub bath, additional staff may be needed. To provide support as the client sits down in the tub, fold a towel lengthwise and place it around the chest under both axillae; then hold the ends securely at the back as the client sits. It may be helpful to seat the client on the edge of the tub or on a chair beside the tub before transferring the client into the tub.
   ■ Explain how the client can signal for help, leave the client for 2 to 5 minutes, and place an “Occupied” sign on the door.
   ■ Never leave an infant or small pediatric client unattended in a tub. Slippage and drowning can occur in a matter of seconds and in very little water.
13. Assist the client with washing and getting out of the tub.
   ■ Wash the client’s back, lower legs, and feet, if necessary.
   ■ Assist the client out of the tub. If the client is unsteady, place a bath towel over the client’s shoulders and drain the tub of water before the client attempts to get out of it. Draining the water first lessens the likelihood of a fall. The towel prevents chilling.
14. Dry the client, and assist with follow-up care.
   ■ Follow Step 9.
   ■ Assist the client back to the room.
   ■ Clean the tub or shower in accordance with agency practice, discard used linen in the laundry hamper, and place the “Unoccupied” sign on the door.
15. Document pertinent data.
   ■ Follow Step 10.

Part B: Providing Perineal–Genital Care

INTERVENTIONS
1. Prepare the client.
   ■ Offer the client an appropriate explanation, being particularly sensitive to any embarrassment felt by the client.
   ■ Determine whether the client is experiencing any discomfort in the perineal–genital area.
   ■ Fold the top bed linen to the foot of the bed, and fold the gown up to expose the genital area.
   ■ Place a bath towel under the client’s hips. The bath towel prevents the bed from becoming soiled.
2. Position and drape the client, and clean the upper inner thighs.
   FOR FEMALES
   ■ Position the female in a back-lying position, with the knees flexed and spread well apart (abducted).
   ■ Cover her body and legs with the bath blanket. Drape the legs by tucking the bottom corners of the bath blanket under the inner sides of the legs (see Figure 13-13). Minimum exposure lessens embarrassment and helps to provide warmth. Bring the middle portion of the base of the blanket up over the pubic area.
   ■ Don gloves, and wash and dry the upper inner thighs.
   FOR MALES
   ■ Position the male client in a supine position with knees slightly flexed and hips slightly externally rotated.
   ■ Don gloves, and wash and dry the upper inner thighs.
   ■ Note particular areas of inflammation, excoriation, or swelling, especially between the scrotal folds.
   ■ Also note excessive discharge or secretions from the orifices and the presence of odors.
3. Inspect the perineal area.
4. Wash and dry the perineal–genital area.
FOR FEMALES
- Clean the labia majora. Then spread the labia majora and the labia minora. Note areas of inflammation, excoriation, or swelling (Figure 13-14A). Secretions that tend to collect around the labia minora facilitate bacterial growth.
- Use separate quarters of the washcloth for each stroke, and wipe from the pubis to the rectum. For menstruating women and clients with indwelling catheters, use disposable wipes, cotton balls, or gauze. Take a clean ball for each stroke. Using separate quarters of the washcloth or new cotton balls or gauzes prevents the transmission of microorganisms from one area to the other. Wipe from the area of least contamination (the pubis) to that of greatest (the rectum).
- Rinse the area well. You may place the client on a bedpan and use a periwash or solution bottle to pour warm water over the area. Dry the perineum thoroughly, paying particular attention to the folds between the labia. Moisture supports the growth of many microorganisms.

FOR MALES
- Wash and dry the penis, using firm strokes. Handling the penis firmly may prevent an erection.
- If the client is uncircumcised, retract the prepuce (foreskin) to expose the glans penis (the tip of the penis) for cleaning. Replace the foreskin after cleaning the glans penis (Figure 13-14B). Retracting the foreskin is necessary to remove the smegma that collects under the foreskin and facilitates bacterial growth.
- Wash and dry the scrotum. The posterior folds of the scrotum may need to be cleaned in Step 6 with the buttocks. The scrotum tends to be more soiled than the penis because of its proximity to the rectum; thus, it is usually cleaned after the penis.

5. Inspect perineal orifices for intactness.
- Inspect particularly around the urethra in clients with indwelling catheters. A catheter may cause excoriation around the urethra.

6. Clean between the buttocks.
- Assist the client to turn onto the side facing away from you.
- Pay particular attention to the anal area and posterior folds of the scrotum in males. Clean the anus with toilet tissue before washing it, if necessary.
- Dry the area well.
- For postdelivery or menstruating females, apply a perineal pad as needed from front to back. This prevents contamination of the vagina and urethra from the anal area.

7. Document any assessments (redness, swelling, discharge) and report findings to RN.

Part C: Providing Foot Care

INTERVENTIONS

1. Prepare the equipment and the client.
- Fill the washbasin with warm water at about 40 to 43°C (105 to 110°F). Warm water promotes circulation, comforts, and refreshes.
- Assist the ambulatory client to a sitting position in a chair, or the bed client to a semi-Fowler's position.
- Place a pillow under the bed client's knees. This provides support and prevents muscle fatigue.
- Place the washbasin on the moisture-resistant pad at the foot of the bed for a bed client or on the floor in front of the chair for an ambulatory client.
- For a bed client, pad the rim of the washbasin with a towel. The towel prevents undue pressure on the skin.

2. Wash the foot and soak it as required (Figure 13-15).
- Place one of the client's feet in the basin, and wash it with soap, paying particular attention to the interdigital areas. Prolonged soaking is generally not recommended for diabetic clients or individuals with peripheral vascular disease. Prolonged soaking may remove natural skin oils, thus drying the skin and making it more susceptible to cracking and injury.
- Rinse the foot well to remove soap. Soap irritates the skin if not properly removed.
- Rub callused areas of the foot with the washcloth. This helps remove dead skin layers.
- If the nails are brittle or thick and require trimming, replace the water and allow the foot to soak for 10 to 20 minutes. Soaking softens the nails and loosens debris under
4. If agency policy permits, trim the nails of the first foot while the second foot is soaking.
   ■ See the discussion on nails for the appropriate method to trim nails. Note that in many agencies toenail trimming requires a physician’s order or is contraindicated for clients with diabetes mellitus, toe infections, and peripheral vascular disease, unless performed by a podiatrist or general practice physician.

5. Document any foot problems observed and report them to the RN.
   ■ Foot care is not generally recorded unless problems are noted.
   ■ Record any signs of inflammation, infection, breaks in the skin, corns, troublesome calluses, bunions, and pressure areas. This is of particular importance for clients with peripheral vascular disease and diabetes.

SAMPLE DOCUMENTATION

[date] 10:15 AM

Self-help, bed bath given. Client tolerated bath without complaint. Client able to complete bath with assistance only for back. Skin intact, no redness or inflammation noted. ___________________

Lisa Patel, LPN

PROCEDURE 13-2 Providing Hair Care

PURPOSES
   ■ To stimulate the blood circulation to the scalp through massage.
   ■ To clean the hair and increase the client’s sense of well-being.
   ■ To distribute hair oils and provide a healthy sheen.
   ■ To assess or monitor hair or scalp problems (e.g., matted hair or dandruff).

EQUIPMENT
   ■ Comb and brush
   ■ Two bath towels
   ■ Plastic sheet or pad
   ■ Shampoo basin
   ■ Washcloth or pad
   ■ Bath blanket
   ■ Receptacle for the shampoo water
   ■ Cotton balls (optional)
   ■ Pitcher of water
   ■ Bath thermometer
   ■ Liquid or cream shampoo
   ■ Hair dryer
   ■ Large, open-toothed or long-toothed comb (a pick)
   ■ Lubricant (optional)