

EXAM ✓ **CRAM**

CNA

Certified Nursing Assistant

Second Edition

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- ▶ Arranging care routines to encourage rest; for example, spacing ADLs, recreational activities, and visiting times
- ▶ Refraining from judging the resident who reports pain. Residents may be less likely to report pain if they believe they will be labeled as complainers.
- ▶ Teaching the resident to avoid caffeine-free beverages at least three to four hours prior to bedtime, because caffeine acts as a stimulant, which promotes wakefulness.

Restorative Skills

Prevention is one of the most important approaches you use with residents. The steps you take to help prevent complications of immobility, for example, are critical for the resident. Other skills you perform include observing changes in the resident's status and reporting your findings so that immediate interventions can be made to ward off infection or infirmity. Restorative skills are those nursing duties you perform to help the resident function as normally as possible that goes beyond rehabilitation, a process of therapeutic treatments or approaches to restore and maintain the highest possible level of functioning a resident can possess. For example, physical therapists might assist the resident to walk, but the resident chooses to sit in a wheelchair all day and not ambulate, even though he or she is able; refusing to ambulate can result in a setback in his or her rehabilitation progress. Your encouragement and assistance to help motivate the resident to walk is preventive in nature because you are committed to maintaining the resident's restored function. It is also considered restorative because it involves more than physical therapy but emotional and psychological support. Feeding, assisting with toileting, and turning immobile residents are examples of preventive measures you take every day to prevent complications that can occur from inactivity, failure to maintain adequate nutrition, and skin breakdown from toileting problems.

Self-Care and Independence

The Omnibus Budget and Reconciliation Act (*OBRA*) of 1987 requires all long-term facilities to use every resource to help residents reach or maintain their highest level of physical, psychological, and mental functioning. The act requires that all residents have a right to make as many choices about their lives, their care, and their life style routines as possible. It is not only a legal requirement determined by OBRA but an ethical principle as well. Care guidelines discussed thus far have included self-care and independence. Adhering to residents' rights helps meet the letter of the law as well as the spirit of the law; that is, to protect residents' rights of a comfortable and caring environment in which they can live as safely and happily as possible.

NOTE

Unless their self-care decisions are dangerous to themselves or others, residents should be allowed and encouraged to make them.

The principles covered in the sections that follow apply to restorative skills.

Mobility/Immobility

Mobility is being able to move by one's self, to walk, and to exercise to help maintain muscle function and improve a sense of independence and self-worth. Moving, ambulating, and exercising help improve blood circulation and proper musculoskeletal functioning. *Immobility*, the opposite of being mobile, affects the total well-being of the resident; that is, by exposing the resident to alterations in almost every body system:

- ▶ In the circulatory system, an increased risk of blood clots (*thrombi*) and edema in the lower extremities, causing undue stress on the heart.
- ▶ Respiratory complications such as pneumonia, other infections of the respiratory tree, or failure to expand the lungs.
- ▶ In the digestive system, *anorexia*, or decreased appetite, and constipation.
- ▶ The musculoskeletal system suffers due to loss of calcium in the bones (called osteopenia), *atrophy*, or muscle wasting and *contractures* (deformities of the limbs due to immobility). The inability to walk also adds to an increased thinning and weakening of the bones, leading to osteoporosis, a chronic condition putting the resident at risk for fractures.
- ▶ Pressure ulcers on the skin.

Mentally and emotionally, the immobile resident might feel frustrated, isolated, depressed, and hopeless due to loss of autonomy and the need to rely on others. Socially, the resident loses self-esteem, has poor body image, and feels separated from social interaction.

Assisting the resident to maintain normal functional movement might include range of motion (*ROM*), which means freely moving all limbs and joints. If the resident cannot perform range of motion independently, you must perform passive range of motion exercises (*PROM*), which move the joints to protect the muscles from atrophy, increase circulation, and joint motion.

CAUTION

Follow the care plan instructions for PROM as well as the facility's policy for exercising the neck. Remember to avoid pushing the joint past the point of resistance or the point where pain occurs.

Range of motion includes *abduction* (moving the extremity away from the body), *adduction* (moving the extremity toward the body), *flexion* (bending the extremity), and *extension* (opposite of flexion). Report and record the PROM procedure and the resident's response to the exercises. Physical therapists or massage therapists might also provide exercises for the residents as part of the rehabilitation plan. Your care helps to restore the resident to normal functioning and support the plan.

When you assist the immobile resident with lifting, moving, or transferring, remember to:

- ▶ Use proper body mechanics.
- ▶ Explain what you are going to do.
- ▶ Ask for the resident's help as much as possible.
- ▶ Face the resident.
- ▶ Place your feet apart in line with your shoulders.
- ▶ Bend your knees.
- ▶ Keep your back straight.
- ▶ Reach close to the resident, protecting your balance, posture, and internal girdle (contract abdominal muscles and buttocks to protect the spine).
- ▶ Use both hands when lifting.
- ▶ Avoid twisting at the waist.
- ▶ When moving the resident's entire body, move the top first, the middle (torso) second, and then the legs; in certain situations, *logrolling* might be necessary, which is moving the body from side to side as one unit.
- ▶ Ask for assistance from another nursing assistant as needed to keep you and the resident safe.
- ▶ Use a mechanical lift, lift sheet, or other device as needed to promote safe lifting.

Positioning the immobile resident requires using the previous principles to keep the body in proper alignment. For immobile residents, use positioning devices (hand rolls, wedges, splints, shoes, or boots) to provide *dorsiflexion* (pointing toes of the foot toward the knee) and to prevent contractures, pressure ulcers, and discomfort. Review body positioning—for example, prone, supine, Sim's position, and Fowler's position, as well as using a mechanical lift discussed in Chapter 6.

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Critical steps in these procedures will most likely be included on the WE.

Transferring, or moving the resident from bed to chair, from bed to wheelchair, and from bed to stretcher requires proper body mechanics and the use of a *gait belt* or other assistance to prevent falling. Assisting the resident to walk is another important skill involved in ADLs. These skills are outlined in Chapter 6.

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Proper body mechanics is of utmost importance to protect yourself and the residents when lifting, moving, transferring, and ambulating residents.

Health Maintenance and Restoration

Health maintenance and restoration includes measuring vital signs, height, and weight. Vital signs include the temperature, pulse, respiration, and blood pressure—all essential elements of life; thus the term *vital*. Accurate measurement and recording are important skills in determining the overall health of the resident.

Careful attention to vital signs can save a life. Age-related factors that affect vital signs include age, sex, time of day in which vital signs are measured, illness, emotions, activity and exercise, food intake, and medications. Often, a change in one vital sign will affect the other vital signs. For example, when the resident has a fever (temperature over 101 degrees), the pulse rate and respirations will also increase.

It is important to weigh residents carefully as ordered. Consider clothing, shoes, and other articles when weighing the resident because weight can be affected by clothing. Report any dramatic changes in weight because these changes might indicate a nutritional deficiency, fluid retention, or a serious illness.

Determining resident height is an important measure when admitting a resident; record subsequent measurements at least annually or as required by facility protocols. Changes in posture due to problems in the musculoskeletal system can be determined by monitoring resident height.

General guidelines that apply to measuring vital signs are as follows:

- ▶ Explain the procedure to the resident.
- ▶ Delay measuring the oral (PO) temperature at least 15 minutes for residents who have recently smoked or who have had a hot liquid.
- ▶ Arrange the steps of measuring vital signs, height, and weight to conserve energy and increase efficiency.

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Follow product guidelines for use of tympanic thermometers, sphygmomanometers (blood pressure cuff), and stethoscopes to ensure accuracy in vital signs measurement.

- ▶ If taking an axillary temperature, make sure the axilla is dry; record the reading with an *A*, indicating the method used; and follow other facility guidelines for use of approved medical abbreviations or terms.
- ▶ If unsure of any reading, repeat the procedure and report your findings.

NOTE

Blood pressure measurements should be taken in the arm that records the highest reading with the resident sitting or lying. The initial blood pressure reading should be taken in both arms with the resident lying supine, sitting, and standing; record each measurement. Remember, when the resident is sitting, both feet should be flat on the floor. Do NOT take blood pressure in an arm if

- ▶ The arm is on the same side as a mastectomy.
 - ▶ The arm has been affected by stroke or other debilitating injury or is malformed.
 - ▶ The arm has a current IV infusion or a shunt in it.
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- ▶ The radial pulse (pulse felt at the wrist) should be measured for at least one minute if the resident has heart disease. When taking the apical pulse (listening to the heartbeat at the apex, or tip of the heart), listen for at least one minute and record the reading. Review the apical-radial pulse procedure in Chapter 6. Report an irregular pulse (heartbeat), because the resident might be experiencing an abnormal heart condition.
 - ▶ Respirations (includes inspiration and expiration) should be counted for one minute, noting any difficulty in breathing (dyspnea) or pauses in the rhythm of the respirations or the pulse.
 - ▶ Review the facility's procedure for using a wheelchair scale or other equipment for immobile residents who cannot stand on a scale.
 - ▶ Record and report vital signs, height, and weight promptly.

TIP

Carry a small pad or other means of recording the vital signs at the bedside so you will remember them; this is especially important when completing vital signs for multiple residents.

- ▶ Clean all vital sign equipment after each use, especially stethoscope heads, to prevent cross-contamination.

Psychosocial Care Skills

Assisting residents to meet their basic needs includes their emotional and mental well-being, also called *psychosocial needs*. These needs are as important as the physiological needs discussed previously. All residents living in a long-term care facility are no different from other people who need to feel worthwhile, loved, and secure in their relationships with others. Having these needs at least partially met can contribute to their overall health and welfare.

Emotional and Mental Health Needs

Being mentally and emotionally healthy means being able to cope with the effects of aging, adjusting to life changes such as being dependent on others, losing loved ones and friends, as well as changes in social life. Those who feel good about the past will often cope well with aging, remaining hopeful, and optimistic about the future. Adjusting to aging is a difficult time for some residents who might long for those more productive years, who have lost a spouse or significant other, and who must now face the future alone and in a strange environment. Memories for them might be painful, especially if they did not achieve their life goals or if they regret past experiences. Leaving the familiar surroundings of home, past friendships, and past lifestyle can be depressing for the resident who feels lonely and isolated. Equally, residents might also become depressed in the long-term care environment and feel resentment toward family who, in their opinion, abandoned them. Elders, especially widows and widowers, are at high risk for suicide because they can fall deeper and deeper into depression that might go unnoticed by family, friends, or caregivers.

Caring about residents as well as for them is a key ethical component of nursing assistant practice. It is often easier to meet the physical needs of residents than to address their psychosocial and emotional needs. Actions, however, speak louder than words, such as spending time with residents, listening to them, showing interest in them and their lives, and encouraging social interaction with others. Being kind, considerate, and compassionate are attributes described in Chapter 1, “What You Need to Know to Prepare for the Exam”; they bear repeating here as well. Demonstrate your genuine concern and acknowledgement of each resident as a worthwhile person who deserves your respect and positive regard. Remember that, despite regional influences, you must always address residents by title and name, not “Grandma,” “Mamma,” “Honey,” “Sweetie,” or other forms of address that may be perceived by the resident as disrespectful and/or demeaning. When residents request to be called by their first name, add Mr., Mrs., or Miss to the first name to show respect.

You can encourage residents to participate in their care and activities, which will help improve their sense of independence, self-control, mood, and outlook. Encouraging family members and friends to visit and involving residents in activities helps to meet their social needs. Being observant when working with residents by watching and listening for cues to their mood is