

Bathing/ Laboratory

Nursing Interventions and Rationales

- Assess client's ability to bathe self through direct observation (in usual bathing setting only) and from client/caregiver report, noting specific deficits and their causes.
- If in a typical bathing setting for the client, assess via direct observation using physical performance tests for ADLs. Observation of bathing performed in an atypical bathing setting may result in false data for which use of a physical performance test compensates to provide more accurate ability data .
- Ask client for input on bathing habits and cultural bathing preferences. Creating opportunities for guiding personal care honors long-standing routines, increases control, prevents learned helplessness, and preserves self-esteem. Cultural preferences are respected.

Develop a bathing care plan based on client's own history of bathing practices that addresses skin needs, self-care needs, client response to bathing and equipment

- **needs. Bathing** is a healing rite and should not be routinely scheduled with a task focus. It should be a comforting experience for the client that enhances health..
- **Individualize bathing by identifying function of bath** , frequency required to achieve function, and best bathing form to meet client preferences, preserve client dignity, make bathing a soothing experience, and reduce client aggression. Individualized bathing produces a more positive bathing experience and preserves client dignity. Client aggression is increased with shower and tub bathing. Towel bathing increases privacy and eliminates need to move client to central bathing area; therefore it is a more soothing experience than either showering or tub bathing.

- **Request referrals for occupational and physical therapy.** Collaboration and correlation of activities with interdisciplinary team members increases the client's mastery of self-care tasks.
- **Plan activities to prevent fatigue during bathing and seat client with feet supported.** Energy conservation increases activity tolerance and promotes self-care.
- **Provide medication for pain 45 minutes before bathing if needed.** Pain relief promotes participation in self-care.
- **Consider environmental and human factors that may limit bathing ability,** such as bending to get into tub, reaching required for bathing items, grasping force needed for faucets, and lifting of self. Adapt environment by placing items within easy reach, lowering faucets, and using a handheld shower. Environmental factors affect task performance. Function can be improved based on engineering principles that adapt environmental factors to the meet the client's capabilities.
- **Use any necessary adaptive bathing equipment.** Adaptive devices extend the client's reach, increase speed and safety, and decrease exertion.
- **Provide privacy:** have only one caregiver providing bathing assistance, encourage a traffic-free bathing area, and post privacy signs. The client perceives less privacy if more than one caregiver participates or if bathing takes place in a central bathing area in a high-traffic location that allows staff to enter freely during care .
- **Keep client warmly covered.** Clients, especially elderly clients, who are prone to hypothermia may experience evaporative cooling during and after bathing, which produces an unpleasant cold sensation .
- **Allow client to participate as able in bathing.** Smile and provide praise for accomplishments in a relaxed manner. The client's expenditure of energy provides the caregiver the opportunity to convey respect for a well-done task, which increases the client's self-esteem. Smiling and being relaxed are associated with a calm, functional client response.

- **Inspect skin condition during bathing.** Observation of skin allows detection of skin problems.
- **Use or encourage caregiver to use an unhurried, caring touch.** The basic human need of touch offers reassurance and comfort.
- **If client is bathing alone, place assistance call light within reach.** A readily available signaling device promotes safety and provides reassurance for the client.

Home Care Interventions

- **Based on functional assessment and rehabilitation capacity, refer for home health aide services to assist with bathing and hygiene.** Support by home health aides preserves the energy of the client and provides respite for caregivers.
- **Cue cognitively impaired clients in steps of hygiene.** Cognitively impaired clients can successfully participate in many activities with cueing, and participation in self-care can enhance their self-esteem.
- **Respect the preference of terminally ill clients to refuse or limit hygiene care.** Maintaining hygiene, even with assistance, may require excessive energy demands from terminally ill clients. Pain on touch or movement may be intractable and not resolved by medication.
- **If a terminally ill client requests hygiene care, make an extra effort to meet request and provide care when client and family will most benefit.** When desired, improved hygiene greatly boosts the morale of terminally ill clients.
- **Maintain temperature of home at a comfortable level when providing hygiene care to terminally ill clients.** Terminally ill clients may have difficulty with thermoregulation, which will add to the energy demand or decrease comfort during hygiene care.

Client And Family Teaching

- Teach client and family how to use adaptive devices for bathing, and teach bathing techniques that promote safety . Adaptive devices can provide independence, safety, and speed.
- Teach client and family an individualized bathing routine that includes a schedule, privacy, skin inspection, soap or lubricant, and chill prevention. Teaching methods to meet client's needs increases the client's satisfaction with the bathing experience

Bathing a patient in bed

- daily bed baths can help keep their skin healthy, control odor, and make them feel better. If moving the patient causes pain, plan to give the bed bath after the patient has received pain medicine and it has taken affect
- A bed bath is a good time to inspect the patient's skin for redness and sores. When you do this, pay special attention to skin folds and bony areas.

Requirements

1. Large bowl of warm water
2. Soap (either traditional or non-rinse soap)
3. Two washcloths or sponges
4. Dry towel
5. Lotion
6. Shaving supplies, if you are planning to shave the patient
7. Comb or other hair care products

8. If you wash the patient's hair, use either a dry shampoo that combs out or a basin that is designed for washing hair in bed. This kind of basin has a tube in the bottom that allows you to keep the bed dry before you later drain the water.

1. Bring all the supplies you will need to the bedside. Raise the bed to a comfortable height to prevent straining your back.
2. Explain to the patient that you are about to give them a bed bath.
3. Make sure you uncover only the area you are washing. This will keep the patient from getting too cold, and it provides privacy.
4. While the patient is lying on their back, begin by washing their head and move toward their feet. Then, roll the patient to one side and wash their back.
5. To wash the patient's skin, first wet their skin, then gently apply a small amount of soap. Check with the patient to make sure you are not rubbing too hard.
6. Make sure you rinse all the soap off, then pat the area dry. Apply lotion before covering the area up.

10. Bring fresh warm water to the bedside with a clean washcloth to wash the patient's private area. First wash the genitals, then move toward the buttocks. Remember to wash from front to back.