

Textbook for
Specified Skills / Nursing Care Skills Evaluation Test
Revision 7



Author: Bunji Inoue

Issuer: Foreigner Caregivers Support Center Inst.

INDEX

	Page
1 Basics of caregiving	3
1. Dignity and independence of care receivers in caregiving	3
2. Role of caregiving work, Professional ethics	5
3. Care services	7
4. Safety maintenance and risk management in caregiving	9
2 Mechanism of mind and body	14
1. Understanding the mechanism of body	14
2. Understanding persons who need care	18
3 Communication skills	44
1. Basics of communication	44
2. Communication with care receiver	45
3. Team communication	50
4 Skills for lifestyle support	52
1. Assistance with movement	52
2. Assistance with eating	59
3. Assistance with elimination	62
4. Assistance with grooming	65
5. Assistance with bathing and basic hygiene	68
6. Assistance with housework	70

Subject, Main and Medium Category of Questions of the Test	74

1 Basics of care giving

1. Dignity and independence of care-receivers in caregiving

1) Nursing care that supports dignity

A. Respect for human rights

Every person has the right to live like a human being from the beginning, and this is called human rights.

A person must be respected as a single person, no matter what they live in. This is human dignity.

Preserving dignity means respecting the person's ideal way as a person and accepting the appearance of that person (the character of that person).

p

B. User-centered (User means care service user = the elderly who need care)

Support that emphasizes the natural self-determination of “to decide oneself” is the support of the person. Supporters will be responsible for supporting self-determination.

C. Quality of life (QOL)

QOL (Quality of Life) means “quality” of life and it means “to live happily as a person”. In addition to being able to do it oneself (improving ADL), it is very important to improve the quality of life (improving QOL). ADL is Activities of Daily Living.

D. Normalization

Normalization is to aim for a society where anyone can participate even if they he/she has disabilities, without discrimination or prejudice, and can live a normal life.

- Advocated by N.E.Bank-Mikkelsen of Denmark.
- Swedish Nielier. B (B. Nirje) summarized it into 8 principles.

2) Independence support

Independence support is to help users decide what they want to do so that they can have a satisfying day even if they have a disability or illness. It is to help users to live their own lives using their remaining abilities.

Respecting the right to self-determination is cherishing the importance of deciding what

people want to do themselves.

- Residual ability: Ability for people with disabilities to use the remaining functions
- Self-selection / Self-determination: Choosing something and making decisions
- Individual support: Support tailored to each individual user

3) Understanding life

A. What is life

B. Leisure support

Spending leisure time is an essential element for improving the quality of life. Leisure activities can grow yourself, expand your imagination and ability, and enrich your life. It is also important for care workers to support users' leisure time.

2. Role of caregiving work, Professional ethics

1) Professional ethics of care workers

Caring for independence support.

Give care based on evidence.

Never say bad things about users.

Think about users' feelings.

Protect user's privacy. (Personal information: name, gender, date of birth, face photo, address, telephone number, e-mail address, video information, personal body information, and personal title information are all personal information and must be consented. Do not provide information to others.)

Understanding users' illness, the medicine they are taking, their family relationships, and their life so far.

Keep time.

Properly report, contact, and consult with the person in charge.

To cherish team care.

Do not share information about users or other information in your organization with anyone other than the person who works together.

Have correct knowledge and skills

Abuse prevention and physical restraint prohibited

A. Abuse means that a family member or a care worker does something terrible that hurts user's mind and body.

Physical abuse: Use violence.

Psychological abuse: Say something terrible that hurts user's heart. (ex. I hate it.)

Neglect: Ignore (eg. Not to greet, answer, or help anything).

Sexual abuse: Forcing sexual activity (eg, man touching a woman's chest or buttocks).

Economic abuse: Not to let user spend his money.

Abuse is prohibited by laws.

B. Physical restraint means that family members, care workers, etc. deprive users of freedom of action.

To tie the body and limbs with a string on a wheelchair, chair, bed, etc. so that they

cannot move.

To surround the bed with fences (side rails) to prevent user from falling off the bed.

To wrap all their fingers with mittens gloves to avoid messing around.

To put on nursing clothes (coveralls) so that user may not take off himself/herself or remove diapers.

To give a lot of psychotropic drugs so that user may not move around or go wild.

To lock doors in a way that users can not open them by themselves in order not to let them go out alone.

Body restraints are prohibited. In an urgent need, the following three conditions apply. Imminent (dangerous now), non-substitutability (there is no other way), temporary (only now)

2) Multi-professional collaboration

In order for elderly people and persons with disabilities to continue social life while maintaining their dignity as human beings, we shall create a system in which multiple occupations such as health, medical care, welfare, and volunteers can collaborate, and provide optimal services comprehensively. It is important to provide, therefore, service to users with health, medical care, welfare and other related professions, families, and local people teamed up and by putting users in the center of the team and share goals.

Specialist: Social worker, mental health worker, doctor, public health nurse, nurse, pharmacist, physical therapist, occupational therapist, speech therapist, nutritionist, administrative dietitian

3. Care services

1) Overview of care services

A. Types of care services

Homon-kaigo (Home-visit care): Home helpers (caregivers) visit to provide care and life assistance.

Homon-nyuyoku (Visit bathing care): Nurse/caregiver/operator in team visit with a bath car and take care of bathing.

Homon-kango (Home-visit nursing): Nurses and public health nurses visit to help care and provide medical assistance.

Homon-rehabili (Visit rehabilitation): Physical therapists and occupational therapists visit and rehabilitate.

Day service: Users go to the day service center on a day trip and receive care services such as meals and bathing and rehabilitation.

Short-stay (Short-term nursing care): Users enter the facility for a short period of time and receive nursing care services such as meals, bathing and excretion, and rehabilitation.

Tokuteishisetsu nyukyosha seikatsukaigo (Paid nursing home): Receive nursing care and function training at a pay nursing home.

Fukushiyogu taiyo (Lending of welfare equipment): Service for lending welfare equipment

Tokutei fukushiyogu hanbai (Specific welfare equipment sales): Services to sell welfare equipment

Kyotaku kaigo shien (Home care support): A service to create a care plan and care management

Ninchisho taigata kyodo seikatsu kaigo (Dementia-based communal living care =group home): A service that provides care for bathing, excretion, meals, and other daily life in a residence where users of dementia live together

Tokubetsu yogo rojin home (Nursing care facility for the elderly): A facility that takes care of care and daily life for people who always need care such as bedridden or not being able to receive care at home

Roken (Nursing health care facility for the elderly): A facility that provides medical care and nursing care mainly for rehabilitation for those who have stable medical conditions and do not need hospitalization.

B. Care plan / care process

Care plan:

The care plan is a usage plan that determines the type and number of services to be used in order to achieve the goal of “what kind of life users want to live in the future”.

Care services are provided in accordance with the care plan.

Care process (Kaigo katei):

The order and way to provide care service for the realization of the life desired by a user is called the care process. It is important to provide nursing care services with specific grounds such as the user's mental and physical conditions and the surrounding environment.

Cycle of care process

<Assessment>

Gather information

Combine related information into one

Make the issue clear

<Planning>

Set goals (short-term goal and long-term goal)

Decide specific support contents and method

<Implementation of nursing care>

Provide service and grasp implementation status

<Evaluation>

How much the care service achieved toward goals in the plan

Was the service content and method appropriate?

Future policy review

Whether the plan should be revised or not

4. Safety maintenance and risk management in caregiving

1) Ensuring safety in nursing care

<Body mechanics>

Body mechanics is a technology that uses the dynamic interrelationship of bones, joints, and muscles, which are human motor functions.

This is the knowledge and skills you need to know in order to carry out the care work of transferring a user who cannot stand several times a day from a bed to a wheelchair or changing diapers. It is necessary to protect your body so that it does not place an extra burden on your body and to provide safe care for users.

8 basic principles of body mechanics

a. The larger the support base area, the more stable the body.

Caregivers open their legs widely to the left, right, front and back.

The lower the center of gravity (waist and tummy), the more stable the posture.

b. Close the center of gravity of both user and care worker.

If you put your body tightly, extra power will not be applied.

c. Use large muscles to move horizontally (sideways).

Use the whole body muscles. Do not use only one muscle group, such as the arm alone.

d. Make the user's body small.

By combining the user's arms and legs and reducing the number of places on the body such as a bed, you can collect power and reduce the burden of movement.

e. Pull the user forward.

Pulling rather than pushing can gather more power, so user can be moved with a little force.

f. User is moved by moving the center of gravity of the care worker.

Keeping your back straight and using knee flexion will not hurt your back. With the tip of the foot in the direction of moving the center of gravity, move the center of gravity by

bending and stretching the knee. This will stabilize the pelvis and provide a smooth and stable movement.

g. Keep your shoulders and hips level without twisting your body.

If you bend or twist your back strangely, your posture will become unstable. It can cause back pain as well as not being able to produce power.

h. Use the lever principle.

The lever principle is that you can use the fulcrum, force point, and action point correctly and change the small force to a large force to move the action point.

By using knees or elbows as leverage points, such as putting knees on the bedside or elbows on the bed, the user can be moved with small force.

2) Accident prevention / safety measures, emergency / accident detection

Heinrich's law

When 330 accidents or disasters occur, 300 of them are not injured, 29 are light injuries, and the other is heavy injuries.

It is called Heinrich's law because it is a law published by Heinrich in the United States who examined the rate of occupational accidents.

If no one was hurt but thought 300 times “dangerous” (called “near-miss”), you can prevent accidents by thinking about the cause and then thinking about what to do next.

1 serious accident

29 minor accidents

300 near accident

Risks and countermeasures in life

Selecting appropriate welfare equipment and self-help equipment is a safety measure.

You can also make it barrier-free, or put a handrail on the toilet, bathroom, and dressing room to prevent falls.

Fall / fall-down

There are many people who fall and break their bones. Some people fall from bed or stretchers and die.

If you meet someone who stands up suddenly and walks in an unstable manner, first act

together and think about what the user was trying to do and what he/she wanted to do. If you know the reason, you can give assistance.

Aspiration / suffocation

The ability to swallow is reduced with age, and if saliva or food mistakenly enters the lungs from the trachea, it can cause inflammation and aspiration pneumonia.

Also, the ability to swallow is reduced, it may cause food to get stuck in the throat and suffocate.

In order to prevent such aspiration and suffocation, it is necessary to give the user the form of food, the posture of the meal, and appropriate assistance.

If they swallow mistakenly, let it spit out!

Clogged! → Hit the back

How to use the Heimlic method

The Heimlic method is a method in which the fist is applied to the person's allotment and is lifted diagonally upward.

Wrong drug

Wrong drug means taking a wrong medicine.

If many nursing staffs are helping to take medication, mistakes will increase.

As you get used to work, your feelings of caution will decrease and you will increase the number of wrong drugs.

To prevent wrong drugs, it is important to remember the person's face and name, the person's illness, and what medicine he/she is taking.

Fire and disaster prevention

Regular practice is important for reporting, initial fire fighting, and evacuation in the event of a fire.

Participate in regular evacuation drills.

Cardiopulmonary arrest

Due to suffocation, due to illness or aspiration, cardiopulmonary arrest that suddenly stops heart movement and breathing may occur.

Cardiopulmonary resuscitation (CPR)

Ask "Oh, are you all right?"

If there is no response, call someone and call an ambulance.

Check if user's chest and tummy are moving and make sure the user is breathing. If you are not sure, think the user is not breathing.

If the user is not breathing, start a heart massage.

Firstly, press the chest 30 times, push it more than 5 cm, fast, 100 times per minute, constantly.

Next, artificial respiration is performed twice (can be omitted).

Repeat this chest compression and artificial respiration.

With an AED attached, immediately after one electric shock, the cardiopulmonary resuscitation shall be resumed from chest compression.

Place your hand in the middle of the person's chest, put your hands together, straighten your elbows, and press and release repeatedly at a speed of more than 100 times per minute.

The important thing is not to stop.

3) Infection measures

As a basic measure for infectious diseases, it is important to wash hands with soap and water, every time after each care. It is also important not to touch the source of infection directly by hand.

Points not to be infected

Do not bring the source of infection (pathogen) into the facility.

Do not spread the source of infection (pathogen) within the facility.

Do not let out the source of infection (pathogen) from the facility.

It is important to thoroughly wash hands, gargle, mask and ventilate.

In addition, it is necessary to know the nutritional status of the user because it is easy to get an infection if the nutrition is not properly taken.

Clothes with vomit from norovirus-infected persons should be disinfected with chlorine bleach (sodium hypochlorite).

Wear a mask when treating vomit and stool.

Wash hands for each nursing action as a countermeasure against infection.

Wash your hands with soap and running water.

Dry rags and mops when not in use.

As a countermeasure against infection, daily health observation of users shall be performed.

Care workers with fever should not work.

Disinfect doorknobs such as toilets with a cloth soaked in disinfectant.

2 Mechanisms of mind and body

1. Understanding the mechanisms of mind and body

1) Understanding how the mind works

A. Basic understanding of human needs

Desire is a state of feeling some deficiency and needing something. There are basic desires and human-like social desires.

<Maslow's hierarchy of needs >

Physiological Needs (Physiological desire): food, water, air, rest, etc. (eg, I want to eat because I am hungry)

Safety Needs (Desire for safety): Safe situation, stable situation (eg: I want a house that can withstand wind and rain)

Love and Belonging (Affiliation and affection desires): group affiliation, friendship, affection (eg: I want a best friend to confess in my heart)

Esteem (Approval / respect from others): respect from others, responsible position (eg, I should be recognized by a boss in my company.)

Self-Actualization (Self-realization desire): self-growth, realization of potential (eg, creating a peaceful society)

In Maslow's hierarchy of needs, higher-level desires arise when lower-level needs are satisfied.

As a result of recognizing one's own value and receiving approval from others, the desire for top-level self-realization arises.

When care is needed, there are fears and anxieties about life and safety. Relationships and social activities are reduced. Self-esteem is reduced. It becomes difficult to realize self.

Such unsuccessful conditions can cause socially maladaptive behavior such as attacks and denials. Otherwise, we may not be able to put up with or we may have to do so.

If a person cannot do what he really can, he will give up, or he will continue to rely on other people, increasing the burden of care.

These can be prevented as much as possible in the field of care. Help users think of themselves as important. It is important for users to keep feelings of thinking and

acting on their own.

Human behavior occurs for some reason. For some reason, feelings that people want to do are called motivation. Use words and care that will motivate users.

2) Understanding the body structure

The work of the body

The bones, kidneys, and heart are especially important for the elderly.

Bone function

Bone supports the head and internal organs, has become a pillar to support the body.

It protects important organs such as the brain and internal organs.

Bone has the function of making blood, and always produces red blood cells, white blood cells, and platelets.

Calcium, phosphorus, sodium, potassium, etc. are stored in the bones.

Kidney function

The blood is filtered, and unnecessary things and salt remaining in the body are excreted outside the body.

Heart function

The heart is made up of muscles and sends blood throughout the body as the heart muscles contract and expand.

Blood pressure when the heart contracts is called systolic blood pressure (maximum blood pressure), and blood pressure when dilated is called diastolic blood pressure (minimum blood pressure).

Brain structure and function

Cerebrum

Cerebrum works for thinking, talking, and working with emotion. It receives information from the whole body and gives instructions for exercise after memory, thought, and judgment.

Diencephalon

There is a thalamus and a hypothalamus. In the hypothalamus, there is a place to

control autonomic nerves and hormones. It conveys information about the maintenance of the body environment and the senses of the body to the cerebrum.

Brain stem (midbrain, bridge, medulla oblongata)

It plays a central role in life support. It regulates breathing, heart movement, body temperature, blood circulation, etc.

Cerebellum

It works such as for exercise and posture adjustment.

Classification and function of peripheral nerves

Somatic nerves: motor and sensation

Motor nerve

Sensory nerve

Autonomic nerves: circulation, breathing, digestion, sweating, body temperature regulation, endocrine, reproduction, metabolism

Sympathetic nerves (to dissipate energy and make the body active)

Parasympathetic nerve (accumulates energy and encourages digestion to rest the body)

Sleep

Sleep is the rest of the mind and body. The amount of sleep required and the depth of sleep are determined by our body clock, which depends on the time of day activity and the degree of fatigue.

The sun's light regulates the body clock. The melatonin hormone that is put into sleep is produced in the brain by exposure to light. When it gets dark at night, secretion increases and we become sleepy.

REM sleep (light sleep)

Although the body is resting, the brain is still active and the eyes are moving. We dream during REM sleep.

Non-REM sleep (deep sleep)

It is a state of deep sleep other than REM sleep. Sleep that rests and restores the cerebrum.

In our overnight sleep, REM sleep and non-REM sleep are repeated every 90 to 110 minutes.

For quality sleep, depth is more important than length.

Basics of nursing care for a good night's sleep

Room temperature: Adjust to 25 ° C in summer and around 15 ° C in winter.

Adjust humidity: 50% to 60% as a guide.

Use footlights to prevent falls at night.

Dry and clean the bedding.

Soak up the light in the morning. (For the production of melatonin)

Help users to exercise moderately.

Avoid caffeinated drinks at night.

Before going to sleep, warm user with a foot bath or hot water bottle.

If user has itchy skin, give skin care.

Elderly sleep characteristics

Sleep becomes shallow overall and it becomes difficult to continue and stabilize sleep.

The elderly people may sleep very early and get up very quickly.

Often, they can't sleep well, they wake up many times in the middle of the night, and they wake up early in the morning.

As kidney function changes with age, the number of times they wake up in the bathroom increases.

If they can't sleep, adjust their rhythm before using sleeping pills. In the daytime, they shall be exposed to the sun. They shall work firmly in the daytime. After dinner, darken the room a little and let them spend evening time slowly.

2. Understanding persons who need care

1) Basic understanding of aging

A. Psychology and behavior due to aging

If you think elderly people are “like this”, it will be difficult to understand the feelings and body of each elderly person.

Each elderly person has a lot of experiences in his/her long life, and each person has a different personal relationship, work, and lifestyle. That makes each person's difference and makes each person's difference larger.

Each person has a different degree of aging. Thinking only about age and slowly speaking to everyone with the same loud voice can hurt the self-esteem of the elderly.

Elderly people are more likely to have lost their lives, such as changes in family relationships, retirement, or loss of husbands, wives or friends.

B. Disuse syndrome

Disuse syndrome is a disease or symptom that occurs when people do not move for a long time or live just lying down.

When they are bedridden, their bones and muscles contract, and their joints contract, making it harder and harder to move.

In addition to physical problems, mental illnesses such as depression and reduced motivation also occur.

Prevention of disuse syndrome is more important than treatment.

Elderly people tend to feel unwilling to move their bodies or spend more time lying down if their body becomes weak. It is necessary to reduce the amount of time lying down and so they can find fun.

Muscle weakness

Orthostatic hypotension

Depression

Constipation

Loss of appetite

Decreased cardiac function

Bones weaken

Changes in body with aging

Reduced reserve power: It becomes difficult to recover when a heavy load is applied.

Reduced homeostasis: Easier to cause heat stroke and dehydration.

Decreased immune function: Prone to infection and tends to become more severe.

The weight of the brain decreases, making instantaneous judgments and reactions slow.

Saliva decreases.

The swallowing reflex and cough reflex become dull, making it easier for aspiration to occur.

The heart is enlarged.

Blood pressure rises.

Digestive secretion decreases. Peristaltic movement decreases.

Visual acuity, hearing, olfaction, and taste decrease.

The balance function will be reduced.

Vital capacity will drop

Residual air volume increases.

The filtration function of the kidney is reduced.

The detoxification function of the liver and the excretion function of the kidney are reduced, and side effects are likely to occur.

C. Vital check

Body temperature, blood pressure, pulse, breathing, consciousness, these are called vital signs, and measuring these is called vital check.

SpO₂ (percutaneous arterial oxygen saturation) may be measured by care workers.

It is used to see the condition of the body.

If a user feels unwell or feel unusual, check his/her vitals.

Normal vital signs

Breathing: 12-18 times per minute

Blood pressure: systolic blood pressure <120 mmHg (high blood pressure above 140 mmHg) and diastolic blood pressure <80 mmHg (high blood pressure above 90 mmHg)

Pulse: 60-80 times per minute (100 or more tachycardia, less than 60 bradycardia)

Body temperature: 36-37 ° C

Body temperature

Some elderly people have a normal temperature of 35 °C. When the temperature of 37.1 ° C or higher continues, they have a fever, and when it is 35 ° C or lower, the body temperature is considered as low.

Elderly people need to be carefully watched because they are less likely to get a fever even when they are sick.

Blood pressure

Care workers measure with an automatic blood pressure measuring instrument.

Blood pressure depends on user's age and disease.

Pulse

The pulse is measured by placing three fingers (the index finger, middle finger, and ring finger) lightly on the wrist blood vessel on the thumb side.

Breathing

Respiratory rate checks for changes in depth and rhythm disturbances.

Consciousness (Awareness)

When they are conscious, they are awake.

Call user's name and see if there is a response.

It's dangerous if you do not get a response from the user when you call.

SpO₂ (percutaneous arterial oxygen saturation)

SpO₂ is the amount of oxygen in the body. It is also called saturation. "Pulse oximeters" that measure with a finger are widely used.

It is close to 99% for healthy people, but lower for those with lung or heart disease.

Usually it is 95% or more, and if it is less than that, some abnormality may be considered.

D. Diseases and observation points from the viewpoint of symptoms

Fever

Fever is a higher body temperature than normal due to infection or inflammation.

Elderly people are less likely to get a fever, and it is difficult to understand even if they have a fever, so if there are changes such as red face, lack of energy, lack of appetite, measure their body temperature. If they have a fever, do a vital check and tell the nurse. In order to avoid dehydration, they should take water frequently.

Stomachache

Abdominal pain is a stomachache.

It is important to notice early because severe abdominal pain is urgent and may require treatment. If their pain becomes stronger, they have vomiting, they have constipation, they don't have a fart, blood is in their stool, or they have black stool, tell the nurse immediately.

Headache

A headache is a pain in the head.

It is important to notice early because severe headaches are urgent and may require treatment. Paralysis or numbness only on one side of the body, such as painfulness, no response, slow response, vomiting, body tilting, difficult to walk, only half of the body does not move, chopsticks dropped... If those cases occur, tell the nurse immediately.

Diarrhea / vomiting

Diarrhea is a liquid-like stool that appears many times, and vomiting is the vomiting of food.

If diarrhea or vomiting continues, it is often an infection, so excrement and vomiting should be put away with disposable gloves. Use mask, hand wash, ventilate, and humidify (do not let the air dry) to prevent the infection from spreading. In addition, elderly people are prone to dehydration, so give them water well.

Edema (swelling)

Edema is the swelling of water on the limbs and face.

Always watch if the places you press with your fingers do not disappear easily, and the rubber marks on the socks often remain. Places where edema is likely to occur are the front of the foot (shin), the instep, and the eyelids.

Moderate exercise is necessary to eliminate edema. If they are unable to move on their

own, the caregiver will regularly move their feet or massage them. However, if the cause is illness, moving it may worsen the illness.

If they suddenly become edema or gain weight, tell the nurse immediately if you think something is unusual, such as difficulty breathing, low urine, or shortness of breath.

Constipation

Constipation means that the stool does not accumulate in the intestines.

Many elderly people are prone to constipation due to weakness of the intestines. It is also important to get moisture, sit in the toilet, close the curtains and doors to value privacy, and review the rhythm and environment of life.

Defecation management is very important. If constipation continues for days, there is a risk that the stool will clog the intestine and become obstructed. If a sudden abdominal pain and nausea occur, tell the nurse immediately.

Bone, muscle and joint pain

Many elderly people have pain in their lower back and knees. Moving always hurts, so moving is reduced and quality of life decreases. Dementia may progress further. It is important not to gain weight because fat is not good for the waist and knees.

Skin rash, itching, pain

Elderly people have many symptoms such as skin rash, itching and pain. Most often itching is caused by dryness, and it is important to keep it clean and moisturized. It should be noted that redness of the skin may be an infection such as shingles, scabies, ringworm (athlete's foot), or pressure ulcers.

Aspiration

Aspiration means that food and saliva get into the trachea by mistake.

Older people are less likely to swallow or cough during meals due to their lower swallowing function and attention. Food can be choked in the throat.

During meals, it is necessary to devise measures such as taking a forward leaning posture (a posture in which the body is tilted slightly forward) and making food easy to swallow.

It is also important to keep their mouth clean even if they don't have teeth, as they may accidentally swallow saliva and sputum during sleep as well as during meals. When fever and dirty phlegm increase, caution is necessary because pneumonia may occur.

Disturbance of consciousness, somnolence

A disturbance of consciousness means that there is no response to stimuli from the surroundings or that the surroundings are not understood.

Of these, if there is a stimulus from the surroundings, they wake up, but they sleep again, it is called somnolence. If you feel that something is different, such as being sleepy, vague, or not responding to the call, tell the people concerned.

Fall

Elderly people are more likely to fall, and falling can cause fractures or cerebral hemorrhage. If they fall down, don't move them, and check if they respond to your call, check for pain, check for redness and swelling. If you think they may have a fracture, such as strong pain, swelling, or unable to stand, tell the nurse without moving them.

Even if they have a fracture, the elderly may not say pain. If they do not move as usual, have higher blood pressure than usual, or have a fever, tell the nurse. After more than half a day, swelling and internal bleeding may occur.

After the head is struck, rest and check the situation. If they seem to be less responsive or have headaches or nausea, tell the nurse immediately.

When the head is struck, they may bleed little by little in the head to form a hematoma that can push the brain and cause damage (chronic subdural hematoma). Because it happens little by little, headaches and forgetfulness may become worse while they are not easily noticed after hitting the head for about three months. Surgery may be necessary.

Dehydration

Dehydration is a condition in which the body's water has been drastically reduced.

Elderly people are prone to dehydration and are less likely to feel thirsty, so they may become severely ill. Dehydrated, unwell, uneasy, dry skin / lips / mouth, fast pulse, headache, lightheadedness, decreased urination frequency, urine color becoming darker, symptoms such as saying strange things. Speak out and have them get a lot of water.

E. Diseases common to the elderly

Lifestyle-related diseases

A life-style related disease is a disease caused by habits of daily life such as eating, exercising, smoking cigarettes and alcohol. Many Japanese have hypertension, diabetes, and dyslipidemia (hyperlipidemia). If such a condition persists for a long time, the

artery becomes stiff or narrow (arteriosclerosis), blood flow becomes poor, and there is a risk of serious diseases such as myocardial infarction and cerebral infarction.

High blood pressure

Hypertension is a disease in which high blood pressure continues. It is necessary to reduce the salt content of the meal and not to gain weight.

Diabetes mellitus

Diabetes mellitus is a disease in which the glucose level (blood sugar level) increases in the blood. Symptoms such as thirst, excessive hydration, high urine volume, and fatigue can occur if blood glucose levels continue to be high. When it gets worse, it can cause vision loss, kidney function decline, and infection.

In addition, the sensation of limbs becomes worse and it becomes difficult to feel pain. Watch out for small injuries, burns, and even worsening without notice of athlete's foot. A diet with reduced sugar and calories is required (diabetic diet).

Hypoglycemia may occur when treated with swallows or insulin injections. Symptoms such as yawning, cold sweat, trembling limbs, and pale face appear when hypoglycemia occurs. When it gets worse, it is very dangerous because they lose consciousness or convulsions. If they develop hypoglycemia, have them eat glucose.

Dyslipidemia (hyperlipidemia)

Dyslipidemia is a condition in which the neutral fat and cholesterol in the blood are high. It is important to pay attention to dietary balance and exercise properly.

Heart disease

Atrial fibrillation

Atrial fibrillation is an arrhythmia that causes the atrium to excite irregularly. There may be sudden palpitations, shortness of breath, and discomfort around the chest.

In addition, because atrial fibrillation may cause blood clots (thrombi) in the heart to flow and cause cerebral infarction, cerebral infarction is prevented together with atrial fibrillation treatment.

Be aware that some medicines that make blood clots harder can be weakened by foods high in vitamin K (natto, green vegetables, green juice, etc.).

Heart failure

Heart failure is a disease in which heart function is abnormal and cannot deliver

enough blood to the body. Symptoms such as tiredness, difficulty in breathing, feeling heavy, lack of appetite, and swelling of the legs may occur. It is important to observe swelling and weight changes and it is necessary to notice that the disease is getting worse. Also, it is necessary to adjust the amount of salt and water.

Myocardial infarction

Myocardial infarction is a disease in which the blood vessels of the heart are clogged, the muscles of the heart break down and do not move.

There are various symptoms such as chest and back pain, cold sweat, nausea, vomiting, loss of consciousness, shortness of breath, left shoulder pain, headache, abdominal pain, tooth pain, and sore throat. It is important to be aware of any incidents early because early treatment can reduce damage to the heart.

Lung disease

Aspiration pneumonia

Older people have reduced swallowing function, and they are prone to aspiration pneumonia, and this often recurs. Since it is often caused by bacteria in the mouth, oral care must be performed firmly.

Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a condition in which the lungs are damaged by smoking cigarettes or repeatedly inhaling dirty air, preventing normal breathing. Once they get this disease, the lung will not return to the original lung. Home oxygen therapy may be required.

Home oxygen therapy: Treatment at home for patients who have stable symptoms but are unable to get enough oxygen into their body. Use oxygen concentrators at home and portable oxygen cylinders when going out.

Kidney, urinary disease

Chronic kidney disease

Chronic kidney disease is a disease in which kidney function has been impaired for a long time. There are many illnesses that cause it, and lifestyle-related diseases such as high blood pressure and diabetes are also responsible.

This condition continues for a long time, and when it gets worse, kidney failure occurs.

If it gets worse, dialysis may be necessary.

A meal with less protein, salt (less than 6 g / day) and potassium (2 g / day or less) is required. It is important to observe changes in weight and edema.

Prostatic hypertrophy

Prostatic hypertrophy is that as men get older, the prostate behind the bladder gradually grows, making it difficult to produce urine. The number of times they go to the toilet also increases.

Cerebrovascular disorder (stroke)

Cerebrovascular disorders (stroke) include cerebral infarction, cerebral hemorrhage, and subarachnoid hemorrhage.

Cerebral infarction occurs when the blood vessels in the brain clog, and cerebral hemorrhage and subarachnoid hemorrhage occur when the blood vessels in the brain break and bleed.

Lifestyle-related diseases are a major cause. In particular, cerebral infarction is a very common illness, and some people repeat it many times. Finding it early and starting treatment can reduce sequelae.

If you notice any of the following symptom or unusual symptoms, immediately notify the person concerned.

One face or limb is numb. There is no power.

They can't speak well, they can't speak.

They will not understand what others are saying.

One of their eyes loses vision, and they couldn't see it.

One thing looks like two.

It becomes difficult to swallow food. Water or food comes out of the mouth.

Suddenly dizziness, headache, or nausea.

Neurological illness

Parkinson's disease

Parkinson's disease is a disease in which instructions from the brain are not transmitted well and the body does not move freely.

It will gradually get worse over the years. The movement is slow, the fine movements are not good, and the hands and fingers shake when resting. Once they start walking,

they need to be careful because it is easy to fall because they walk like a rush.

Other symptoms such as drug side effects, cerebral infarction and cerebral hemorrhage may cause similar symptoms.

Bone and joint diseases

Osteoporosis

Osteoporosis is a disease in which bones weaken and break easily. It is a disease common to women due to aging. It is important to be careful not to fall, as it will easily break their bones. It is important to walk well, take calcium (Ca), and be exposed to sunlight.

Osteoarthritis

Osteoarthritis is a condition where the joint cartilage is worn out and the joint is inflamed. Symptoms include joint pain and swelling, and water accumulation. Symptoms and degrees change depending on the climate. It is important to rest when there is pain. Obesity places a burden on the joints, so controlling weight is important for prevention.

F. Infection

There are various infections such as pneumonia, tuberculosis, influenza virus infection, infectious enteritis, and skin infection.

Because older people rarely say symptoms such as fever, pain, and itching, discovery may be delayed. If you feel that something is different than usual, it is important to do a vital check and check the state of phlegm, stool and urine.

Some infectious diseases also infect other residents and caregivers, which can cause outbreaks.

In order to prevent infection, it is important to know what the infection is from and to take preventive measures such as gargle, hand washing, mask, disposable gloves and ventilation.

Main infection

Norovirus infection

Norovirus infection causes severe vomiting and diarrhea when infected. It can infect others by touching the stool or vomiting. Viruses can also be transmitted from the vomit into the air. Symptoms will improve in a few days, but be careful as the virus remains on the user's body for a while.

To prevent infection, it is also important to refrain from causative foods (raw seafood, raw meat, raw eggs, bivalves) in winter when there are many noroviruses. Also, it is very important not to touch the filth directly with your hands, but to clean it up and prevent the spread of infection.

Dealing with norovirus

Since alcohol disinfection is ineffective, use sodium hypochlorite (kitchen bleach). Make a disinfectant by dissolving 2 bottle caps of kitchen bleach in a bottle of 500ml PET bottle, wipe the floor with this disinfectant, and disinfect vomit and stool clothes.

Soak a newspaper or paper towel and place it on the spit.

Start disinfection while opening the window and letting in air.

Wipe off the vomit with newspaper or paper towel soaked in disinfectant and seal it in a plastic bag.

Disinfect tableware in a disinfectant.

Laundry is performed at 85 ° C for 1 minute or more with hot water and disinfectant.

Wear disposable gloves, a mask, and a disposable gown when dealing with norovirus.

Wipe door knobs and toilet seats with a paper towel soaked in this disinfectant.

Wash thoroughly between the fingers with soap and running water.

Ringworm (athlete's foot)

Ringworm affects the skin, nails and hair. It tends to get worse in summer. Many elderly people have onychomycosis, and the infected nail becomes thick and turns yellowish white. The toenails are important for walking. If they have nail ringworm, they can easily fall.

As athlete's foot is difficult to cure and recurs easily, it is important to find it quickly and continue to treat it. If they can't take a bath every day, it is effective to clean it with foot bath or hand bath.

Scabies

Scabies are caused by a kind of mite (*Sarcoptes scabiei*), which causes strong itching on the tummy, chest, inside thighs, and red crushing (rash). It can be infected not only

directly but also from clothes and sheets. It is a disease with a high risk of spreading infection within the facility.

Since scabies are vulnerable to heat, contaminated clothing and sheets need to be washed in hot water.

Influenza

Influenza is prevalent in winter in Japan. Viruses can fly and people become infected by coughing, sneezing, or talking.

Symptoms are such as high fever, sore throat, body feeling heavy and weak, joints and muscles hurt.

The incubation period is about 1 to 3 days, and it may infect other people until about 2 days after the fever falls.

Tuberculosis

Tuberculosis is an infectious disease caused by inhaling tuberculosis bacteria in the air from sneezing or coughing by people infected with symptoms. Symptoms do not always appear even if they are infected, but they appear when they are hidden in the body (carrying bacteria) and their resistance is weakened.

Tuberculosis continues with symptoms such as coughing and sputum, heat up to about 37.5 ° C, not wanting to move, and lack of appetite, and blood may be mixed in the sputum. If it gets worse, people can't breathe.

It is a very important disease because of its high infectivity. Before entering the facility, it is necessary to check if there is any symptom like tuberculosis or if you have ever had tuberculosis. Residents and caregivers must undergo an annual X-ray examination.

Hepatitis B, hepatitis C

Hepatitis B and hepatitis C are transmitted from blood and body fluids. In normal life, there is almost no possibility of infection, but when a patient is about to bleed or you touch the blood, be sure to use disposable gloves.

2) Understanding of disability

A. Basic philosophy of welfare for persons with disabilities

Three basic principles of welfare for the disabled

The basic philosophy of welfare for people with disabilities is as follows.

Normalization

Normalization is to support people with disabilities by aiming for a society where people with disabilities can live together with people without disabilities.

Rehabilitation

Rehabilitation refers to regaining one's original power or being able to live with the remaining power if a person has lost his/her previous condition for some reason.

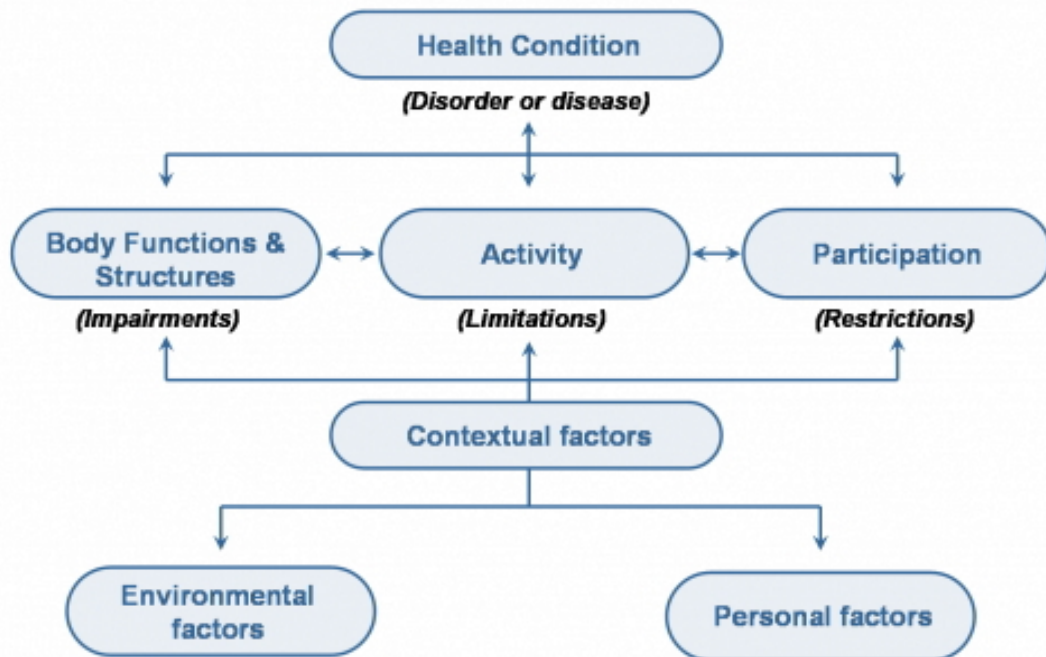
Inclusion

In the welfare of persons with disabilities, the idea of "inclusion" is important in which everyone, regardless of whether he/she has a disability or not, supports each other and lives together.

B. International Classification of Functioning, Disability and Health

International Classification of Functioning, Disability and Health (ICF) is a classification determined by the World Health Organization (WHO).

The International Classification of Functioning, Disability and Health has been developed by the World Health Organization (WHO). It provides a unified and standard language and a framework for the description of health and health-related states.



The International Classification of Functioning, Disability, and Health (ICF) describes functioning at three perspectives: body, person and societal. The ICF organizes information in two parts. The first part deals with Functioning and Disability, the second part covers contextual factors.

Components of Functioning and Disability are divided in : (1) Body component including Body functions and Anatomical structures. A problem in body function or structure is noted as an Impairments; (2) 'Activity' and 'Participation' components where Activity is defined as the execution of a task or action by an individual and Participation is defined by involvement in a life situation. A difficulty at the person level would be noted as an activity limitation, and at the societal level as a participation restriction.

Component of Contextual factors is an independent and integral component of the classification and is divided into (1) 'environmental factors' and (2) 'personal factors'. 'Environmental factors' have an impact on all components of functioning and disability but 'Personal factors' are not classified in the ICF.

The conceptualization provided in the ICF makes it impossible to understand disability without consideration and description of the environmental factors.

If a person with a disability is having trouble with his/her life, there are other causes such as not having an elevator, as well as the person's disability itself.

International Classification of Functioning, Disability and Health (ICF) aims to consider the functions of people with disabilities from a broad perspective, not only for disabilities but also for the environment/surroundings.

In International Classification of Functioning, Disability and Health (ICF), the functions of life for human beings are divided into three categories: “mental and physical functions / body structures”, “activities” and “participation”.

Especially the activities are;

- ① “Activities they do” : Activities they do in their daily life
- ② “Activities that can be done”: Activities that can be done with help and ingenuity, which are not always possible
- ③ “Activities to do” : Activities that will be done in the future

It is important to set specific goals and proceed with “activities being done” and “activities to be done”.

C. Basic knowledge of disability

Disability

Visual impairment

Visual impairment is impaired visual acuity and visual field.

Sight is the ability to see and understand the shape and existence of things.

The field of view is the range (spread, breadth) that can be seen at the same time without moving your eyes.

Walking assistance for visually impaired people

Stable walking is possible if the user takes the caregiver's second arm (between shoulder to elbow). This method is called hand-led walking. At this situation, the user will be stable if caregiver's elbow of the arm to be held is bent at a right angle (90 degrees).

If there are obstacles or steps, stop in front of them and walk in comfort.

If there is a difference in height between the caregiver and the user, the user should hold caregiver's shoulders and arms. It is the point of assistance to pay attention to the stability of the place the user holds.

Hearing and language impairment

In hearing impairment, the state that they can hardly hear is called "deaf", and the state that they can hear a little is called "difficult to hear".

If they have severe hearing impairment before they are 3 years old, they will not be able to hear the words you are talking about. For this reason, it may be difficult to learn the spoken language and they may not be able to speak properly. In this case, learn sign language and communicate.

If they have a language disability, they often have trouble not only speaking but also listening, reading, and writing.

In both cases, information is lost and communication with people around them becomes difficult. For this reason, participation in society becomes inconvenient. There are three ways to communicate:

How to communicate

Handwriting: For those who have a hearing loss (people who suddenly stop hearing or who have just become difficult to hear), writing communication is effective.

Reading lips: Some people can read a story to understand the content of the story by looking at the facial expression and movement of their lips.

Sign language: Some people can understand sign language using hand shapes and hand movements. There are sign language and finger character.

Physical disability (motor dysfunction)

Impaired limbs means that the limbs (upper and lower limbs) and motor function are impaired.

Hemiplegia

There is paralysis on either the right or left side of the body, and speech and language problems may occur depending on where the brain is damaged.

Simple paralysis

Paralysis of only one of the upper and lower limbs.

Paraplegia

There is paralysis of both upper limbs or both lower limbs (usually in lower limbs), often due to spinal cord injury.

Limb paralysis

There is paralysis in both upper and lower limbs. Mostly due to cerebral palsy or spinal cord injury.

It is important that the caregiver is a person who is close to the user and worries or thinks together, rather than helping or guiding something from caregiver side.

You must help them to have the natural life they want.

It is important to be aware of the power and potential of the user, and to give them confidence.

Intellectual disability

Intellectual disabilities appear by around the age of 18, with less than average (IQ70) ability to think, and impaired adaptive function.

It is important to have an attitude of seeing what they are good at, what they are not good at, what they like and dislike, and who they are. The challenge of trying various things and getting themselves to know themselves is the same for everyone, whether they have a disability or not.

Supporting user's trial and error by a care worker standing in that person's position leads to independence support for that person's life.

Mental disorder

Typical mental illness

Schizophrenia

Changes in the living environment and stress often cause outbreaks, resulting in emotional and motivational disorders.

Depression

They feel depressed and their motivation is reduced. If you encourage them with a simple feeling, they will be burdened by you and feel that they are not understood by others.

Bipolar disorder (manic depression)

Repeats excitement and depression.

Alcoholism

If they continue to drink alcohol for a long time, they may experience tremors, delirium, hallucinations, and illusions. Continuing to drink alcohol causes major problems in daily life, social life, and health.

Neurotic disorders

It can be caused by stress such as life events or sudden experiences.

It is important for them to continue treatment with a psychiatrist and receive support from their family.

The feelings of tension and anxiety of the people around the user will be transmitted to the user and everyone gets nervous. Let's enjoy everyday conversation while thinking about the user's position and feelings. You must respect confidentiality, do not give a commanding attitude or command, and respect the user as one person.

Understanding of family psychology and involvement support

Families of children with disabilities and people with disabilities feel a lot of anxiety and stress. Therefore, care workers need to understand the needs of not only children with disabilities and people with disabilities but also the needs of their families.

Family support is not just support for family care. Support for family's social participation and self-fulfillment is also necessary.

3) Basic understanding of dementia

Dementia care point of view

The point of view of dementia care is to think about how people with dementia can live

like a respective person even if they have dementia.

The way of life for that person is the way of life of human beings above all.

If you know the feelings of a person with dementia and stand in that person's position, you can see that there are many things they can do even with dementia.

Instead of seeing them as a problem, you must treat them as a person.

Guarantee user's freedom

User-centered care is to guarantee users as much freedom as possible.

To do this, you must know the users well, such as what their lives are like, what they like and what is important for them.

Think from the user's standpoint

Recognize what the user thinks and feels, and think from the user's standpoint. The most important thing is to be close to the heart of the user.

See what they can do, not what they cannot do

Snuggle up and make an equal relationship

It is important to create an equal relationship, not a "helping --- helped" relationship.

By hurrying or stopping what they are doing, you may take away from them what users with dementia can or want to do.

Bring out the strength and feelings of the user

It is important to fully understand the life, feelings and thoughts of the user and to draw out the remaining abilities and motivation.

It is important to understand that the user is acting with his/her thoughts.

Basics of dementia and health management

What is dementia?

Dementia is caused by irreversible changes in the brain.

Depending on the location of the brain where the change occurred, various functions will not work as usual.

That is why dementia refers to a situation in which the daily life and social life of people who have lived normal lives have become difficult.

A state similar to dementia

Delirium

Delirium is a state of excitement and restlessness, as well as hallucinations, auditory hallucinations, and visions.

Keep them safe and wait for the delirium to subside. Gently say “You are fine”. It is said that if you hold their hand or gently touch their back or arm, they will often feel at ease. Physical contact conveys a sense of security and calms them down.

Depression

<Three symptoms of depression>

Mode of depression

Feeling depressed, feeling tedious, lonely, anxious, wanting to die.

Reduced motivation

They lose their motivation and lose their ability to concentrate and decide things.

Body symptoms

Headache, heavy head, insomnia, loss of appetite, constipation, and weight loss.

If they take medicine for depression, it will make them more likely to wander or become sleepy, making it easier to fall.

Don't use the words “encourage” or “good luck” as it will afflict people with depression.

Be very careful about those who want to commit suicide, such as “I want to die”.

Main causes and symptoms of dementia

Alzheimer type dementia

Alzheimer-type dementia is a disease in which nerve cells in the brain gradually break down and brain atrophy occurs.

Alzheimer-type dementia is common among women over 70 years of age, and suddenly forgetfulness and delusions begin and status will get worsen slowly.

Drug Aricept is used, for example, as a medicine that slows the progression.

Vascular dementia

Vascular dementia occurs because brain tissue is killed by cerebrovascular disorders

such as cerebral infarction and cerebral hemorrhage.

The most common illness to cause vascular dementia is hypertension.

Cerebrovascular disorders are easy to repeat, each time the dementia worsens, and paralysis of one side of the body and speech disorder occur together.

Symptoms are characteristic. Symptoms may suddenly appear and repeat improvement and deterioration.

There are subjective symptoms such as headache, heavy head, dizziness and forgetfulness at the beginning of the incident.

Abnormalities include a lack of power in one side of the body, paralysis in half of the face, and difficulty in speaking due to the inability to speak.

If treatment is started within 5 hours of the incident, there is a greater chance that there will be no sequelae. It is important to start treatment early.

Dementia with Lewy bodies

Dementia with Lewy bodies is caused by an increase in the substance called Lewy bodies and is a common disease in men. Rather than forgetting things, visions are seen first (visual hallucination), and sometimes they talk to nothing.

The vision of a person with dementia with Lewy bodies is really visible and should not be denied.

Symptoms such as Parkinson's disease, such as shaking hands and stiff muscles, and symptoms such as depression may occur.

You must understand that it is a time when they can't hurry even if they move slowly, and when they are dull. Also note that it is easy to tip over.

Symptoms worsen little by little, repetitively when they are clearly in good condition and when they are dull.

Frontotemporal dementia

Frontotemporal dementia is a disease in which the brain shrinks in a limited part of the brain and develops from 40 years old to 65 years old.

Symptoms include taking other people's things, getting angry immediately, acting violently, and changing personality (personality change) rather than forgetting things.

They can't understand that it's bad, so they don't change even if you tell them.

The same word may be repeated over and over, or at a certain time, they will always act the same. They may use violence, so don't force them to stop.

They will eat the same food, or they will like the sweet and strong taste. Be careful for them not to eat anything on the desk or in the refrigerator.

Changes in mind and body associated with dementia and daily life

Life disorder, mental function, behavioral characteristics of people with dementia

Core symptoms

Memory impairment

Decline in judgment

Execution function failure

Not knowing the time or place (disorientation)

Loss of action, Loss of language, Loss of recognition

Peripheral symptoms (BPSD)

Aggressive behavior

Disturbed sleep

Depression

Hallucination

Delusion

Anxiety

Loitering

Core symptoms of dementia

Memory impairment

They can't remember recent things.

They can't remember the old days and names.

Execution function failure

When they try to do something, they don't know what to do.

They don't know the cooking procedure.

They cannot change their clothes.

Disorientation

The ability to understand time is weakened.

They don't know where.

Decline in judgment

When they need to make a decision, they don't know what to do.

Peripheral symptoms of dementia

Anxiety

They are always very sensitive and worried.

Loitering

What should I do?

Where should I be?

They can't stop because of anxiety and walk around looking for their place.

Disturbing

Excited or restless.

Depression

They feel dark and can't do anything.

Disturbed sleep

They can't sleep well.

They wake up early.

Aggressive behavior, resistance to assistance

Use violence or say terrible things.

They hate assistance because of the fear of what the caregiver does.

Hallucination

They see people who are not there actually.

Auditory hallucination

They can hear sounds and voices that other people cannot hear.

Delusion

They feel that there is something that is not real.

Filthy behavior

They touch the buttocks feeling bad around the buttocks, stool comes in hand, and they don't know what to wash.

Incontinence

Urine and stool go out where it is not a toilet regardless of their intention.

Eating non-food

Eat something that is not food.

Response to people with dementia

Communication

Speak with a calm voice, short and easy to understand.

Use expressions, movements and touching well.

Try to hear the same story for the first time, no matter how many times they talk.

Preparing a basic life

You value their rhythm of life from getting up in the morning to going to bed at night.

Prepare the environment

Place clock and calendar around users so they can feel the time and day.

Let them feel nature and seasons.

To make it easier to understand their toilet, bath, and their room, devise with landmarks.

Place their daily necessities such as toiletries in a place where they can easily see them.

You devise an environment that stimulates the five senses, such as sound, light, smell and touch.

Reduce the feeling of confusing and disgusting, such as loud sounds, loud voices, and too strong light.

Install handrails and be careful not to leave spilled water so that accidents such as falls may not occur easily.

Try to be as similar as possible to where they lived. Create a place where they can rest

assured by placing dolls, photos and personal belongings that they have cherished. Prepare a kitchen and washing machine that can be used by people with dementia so that they can continue to do what they can, such as cooking and washing.

How to get involved

If they have a strong desire to go home (a desire to go home), ask for a job that will allow them to concentrate and watch over. The desire to go home particularly comes out in the evening.

Let's value privacy. When bathing, excreting, or changing clothes, close the door or curtain so that other people cannot see them. When entering the room, knock and call out.

Call out and create places so that users can interact with other people without being in the room.

Give thanks to the user, "Thank you". Make users feel that they are helpful and needed.

Family support

Respite care for family

Respite is rest.

In order to reduce the burden on the family who is caring for people with dementia, respite care is to help the family to keep people with dementia away from the family for a short time and to take a rest.

Empowerment to family

Empowering their family is to help the family to use the power they have.

The basis of family support is to respect the family's care methods. It is important to listen to their family's thoughts at any time.

Families have different powers. One of the tasks of care workers is to make the best use of their power.

The care worker does not do everything on behalf of the family, but cooperates with the family as "caregiving together with the family".

3 Communication skills

1. Basics of communication

1) Purpose and technique of communication

A. Significance and purpose of communication

Responses that respect the individuality and way of life of users and their families are required.

It is important to understand the relationships between families.

If the intentions of the user and family are different, it is important not to give priority to either one, but to adjust the intentions of both as much as possible.

In order to form a good relationship with the family, it is important to recognize the family's efforts and use positive or thoughtful words.

When you give advice or guidance to a family member, do not deny or correct the way they do it, but try to find a better way by respecting the family's ideas and methods.

If the user's intention is ignored by the family and the user's rights are infringed, the user's rights must be defended.

When adjusting the intentions of users and their families, it is important to make adjustment while respecting their respective values, and you shall endeavor to ensure mutual understanding by confirming the ideas of both parties.

2. Communication with care receiver

To get the user's understanding and consent, start by listening carefully to what the user says and thinks.

Techniques for obtaining user's understanding and consent

Nodding with agreeing words

When listening to someone else's story, it is better not to listen without responding, but to listen while showing a reaction, such as showing a nod or a match. Then, you can effectively convey your enthusiasm to listen. And when your enthusiasm is transmitted, the user's speech is also encouraged.

User: I haven't been able to fall asleep lately.

You: I see. You haven't been able to fall asleep lately.

Repetition

It is also useful to convey the enthusiasm of the receiver by speaking repeatedly the part of the words spoken by the user. Also, by repeating their words, the user can confirm their own words, know that the message is indeed shared, and can proceed with peace of mind.

If there are too many linguistic reactions such as matching and repetition, there is a risk that the user's talk will be broken. Therefore, based on the nodding which is a non-verbal reaction, it is better to repeat a short linguistic response in the meantime, and to repeat a long linguistic reaction in between.

User: I went back to bed several times last night, and after hours, I finally fell asleep.

You: Oh, you took many hours, right?

Empathy

The user may have unpleasant feelings such as sadness or anger. At that time, you can use the technique of empathy to show your understanding of their feelings and accompany them to heal their feelings. Also, even when the user has a feeling of pleasure, such as joy or exhilaration, they can be encouraged by using empathy techniques.

User: If this is the case, the daytime will be wasted.

You: Oh, you may be impatient when the days you can't sleep continue.

Clarification

When the user is clogged up and thinks "Uh ..., that ...", it is important to wait for the word without rushing. However, if they can't speak even after a while, you will need to clarify what they want to say.

User: Well, that. The family is that.

You: You must be worried about your family, right?

Summarizing

If you listened to the user's story, you may return it to a summary of the main points of the story. Some people tend not to know what they want to say and tend to be long talks. They can sort out the problem by using summarization techniques.

User: I'm worried without any contact from my family.

You: You are worried that you couldn't sleep at night because your family didn't contact you, right?

Open question

Questions that are answered in a way such as "Yes" or "No" are called "closed questions", and questions that can be freely answered while thinking are called "open questions". If you ask closed questions repeatedly, they will feel as if they were crossly examined, and their thoughts will not deepen. By connecting open questions well, it can help the user's independent thinking and self-determination.

You: Did you get in touch with your family (closed question)?

User: No.

You: What do you think should be done (open question)?

User: That's right. I think one way is to contact them from my side.

Language, quasi-language and non-language

It is not only the language of words that conveys the message. A quasi-language based on tone and non-language based on facial expressions, eyes / gaze, posture / motion, etc. also convey a message at the same time as words. Therefore, if you are caught only by words, it will lead to an unexpected misunderstanding. Total communication that conveys and understands messages at the three levels of language, quasi-language, and non-language is important for accurate sharing of messages.

Height of eyes and direction of eyes

Traditionally, in Japan, the word "upper, superior" or "current,

inferior” has expressed the vertical relationship with the opponent at eye level. Therefore, when interacting with patients / users on the bed or wheelchair, if you stand up, they may be intimidated from above and you may be intimidating. It is necessary to keep eyes on the same height, such as squatting, bowing down, sitting in a chair.

Also, when talking, it is rude to never look at the other party, but even if you stare at the other person's eyes, they get nervous. Talking with proper eye contact, such as aligning and diverting your eyes will help relax each other.

For proper eye contact, it is convenient to sit at a 90-degree right angle with the opponent. If you sit 180 degrees facing in the same direction, they will have difficulty aligning their eyes, and if they sit facing each other, it will be unnatural when they look away. In addition, it is good to place a vase or the like on which they can turn their eyes.

Listening posture

Posture is a static body reaction without movement, and a dynamic body reaction is called movement. When we don't want to see in our hearts, we often put our hands in pockets and turn our hands back, trying to hide our palms. In addition, when we are nervous in front of others, we put our arms together and try to hide our groove. These are defense attitudes to protect ourselves, and users become defensive if we face defensively.

In addition, when stress accumulates, we often see movements that repeat meaningless reactions. Poor shaking is a typical example, and it is called a sticking reaction. The user will not be able to relax if we take on a sticking reaction.

It is a good idea to put your hands on your knees or the edge of the table and stand in a listening position with your back straight. Then, it is possible to convey a message to the user in an honest manner.

2) Communication according to the user's condition

A. Communicating with visually impaired people

Speak actively from care worker's side, call by name, introduce yourself and talk.

Tell them clearly that the conversation is over and ask them for leave when you leave.

Don't leave silently.

Describe the surrounding situation and provide information. Speak in understandable language and observe not only words but also facial expressions and gestures as to whether they understand or not.

Use sensors other than vision (such as touch, hearing, and smell) to capture

information.

There is an enlarging reader (magnifier) for visually impaired people.

B. Communicating with people with hearing and language disabilities

Communicating with people with hearing impairments:

When you start talking, make a simple signal from the front as much as possible, such as going closer and gently hitting their shoulders.

When talking, speak in a position where they can see your facial expression and mouth from the front.

Speak with normal voice.

Speak slowly while clearly showing mouth movements.

Repeat important words and keywords.

Write a note.

Do not talk by more than one person at the same time.

Keep the surroundings quiet so that there is no noise.

Add gestures, hand gestures, etc.

Wait until they understand the story and do not keep any questions ambiguous.

If the user makes a mistake or doesn't understand, try to rephrase in another easy-to-understand language instead of repeating the same word.

Communication with people with dysarthria:

Speak one by one slowly and clearly.

Incorporate questions that can be answered with "Yes" or "No" (closed questions).

Exchange non-verbal communication such as gestures and hand gestures.

Try writing, Japanese syllabary, and word cards to explore effective communication.

C. Communication with people with dementia

Before speaking, let them know by turning around and hitting their shoulders.

Speak in a voice that is easy to hear.

Talk face-to-face so they can see your facial expression and mouth.

Move your mouth clearly and speak slowly.

The important thing is to say it again or take notes.

Try not to speak with more than one person at the same time.

Make the area as quiet as possible, such as turning off the TV.

If it is difficult to understand, try other words or try to move your body.

Speak as much as possible with the same eye height.

When communicating with people with dementia, they may be relieved by taking a walk together, bathing together, cooking together, etc., and they can have a trusting relationship.

3. Team communication

1) Basic understanding of information sharing through records

Care records

Nursing care is a team effort. Nursing care records are very important for sharing user status and information among teams and providing good services to users. In the care field, everyone can provide the same support by having a record.

How to write a record

Easy to read and write

Write while thinking about 5W1H (when, where, who, why, what, how)

Write in time order (along the flow).

Write the name of the person who wrote it.

Record type

Face sheet

The face sheet is the first page of the care record that contains the user's information. Information such as the user's name, gender, date of birth, age, degree of care required, life and body condition, thoughts of the person and family, family situation, emergency contact information, information on illness and medicine, etc.

Assessment sheet

The assessment sheet is for making an assessment before making an individual assistance plan. In order to solve the difficulties in the user's life, we gather the necessary information and examine that information so that we know what needs to be solved.

Individual assistance plan

The individual assistance plan is a plan to determine the long-term goal and short-term goal for the life that the user wants, and to provide the necessary support from various professionals from the same viewpoint in order to achieve the goal.

Progress record

The progress log (business diary) is a record of care work done every day.

Implementation evaluation table

Evaluate if the plan was appropriate or if the plan was done properly.

Care conference records

A care conference (case study) is a gathering of people from various jobs in accordance with the user's wishes and thinking about better care.

Accident report

If an accident occurs, a record of the accident situation and response must be kept for five years. Accident report is a record sheet to prevent similar care accidents from happening and to be able to respond quickly when an accident occurs.

Near-miss report ("hiyari-hatto report")

The near-miss report reports incidents (thoughts that were dangerous) that were "near" or "hit" when doing nursing care. Although it did not result in an accident, it helps to prevent an accident by not repeating the same event.

2) Report

Report

When the requested work is over, you will responsibly report the results to your peers and managers. For work that lasts for a long time, it is also necessary to report how much has been done along the way.

If you work alone without reporting, an accident or trouble may occur. The first response is very important for accidents, troubles and complaints that have occurred. Be sure to report to the person in charge and have the person in charge judge the response. If you report it, the person in charge will tell you what to do responsibly.

Contact

In order to get your job done well, contact the other person by phone, fax or email.

When you get in touch, keep a record of the date and time, the contact method, the name of the person, and the contents so that you do not forget or trouble.

Consultation

If you consult, everyone will be able to help you with how to proceed with your work and

troubles. And everyone can work in the same direction, not just their own way of thinking.

This report / contact / consultation is called "Hou-Ren-Sou".

In Japan, it is said that "Hou-Ren-Sou" is important for any job. When working, the most important thing is "reporting" what you have done, "contacting" to share information, and "consulting" when you need help.

4 Skills for lifestyle support

1. Assistance with movement

No matter how severe our disability is, we will need to change our clothes when we wake up in the morning in order to continue to live a lively life in the same way as before. Sitting on a chair and eating at a table.

We excrete in the toilet. We go out.

It is very important to continue this normal life. Moving can also motivate users to try something.

Range of motion of joint

There is a certain range (range of motion) in which the joint can move. Non-moving joints become stiff and the range of motion is narrowed. Unreasonable movements can cause joints to break or fracture.

Standing position and voice of care worker

Care workers stand behind the affected side (paralyzed side) of those who need walking assistance.

Always speak when you start something or move to the next action. Make sure that users don't feel anxious, hit objects, or trip over the steps.

Independence support

There is no need to help users do what they can.

You will assist users while fully using the abilities they have.

Walking assistance

Healthy side: The side where the body can move

Affected side (paralyzed side): Side that cannot move the body

Hold the cane in the movable hand.

Care workers stand behind the affected side of the user.

When walking

Proceed in the order of cane → affected side → healthy side.

When going up the stairs

Proceed in the order of cane → healthy side → affected side.

When going down the stairs

Proceed in the order of cane → affected side → healthy side.

The care worker stands across the steps in front of the user.

Nursing care for the visually impaired

The care worker tightens the armpit and stands half a step before the user, and the user grasps the elbow of the care worker.

In front of the stairs, the care worker stops once, and the user moves up and down after confirming the position of the stairs with a white cane or toes.

At the station platform, the care worker guides the user to a position inside the braille block.

When sitting on a chair, ask the user to check the chair's backrest and seat position.

When leaving the user for a while, guide to the position where they touch the pillar or wall.

Welfare tool about movement, transfer

Silver car

The user can stabilize by pushing and walking, and if they get tired, they can sit where they put their luggage.

Walker

Those with wheels are suitable for use by people with reduced grip and upper body strength.

Wheelchair

Before moving, apply the wheelchair brakes.

Pull the user's hips back and sit down.

Make sure the user put their foot on the foot support.

Be careful not to pinch the user's arm when lowering the arm support.

Key points for wheelchair care

Transfer from bed to wheelchair:

The wheelchair is placed on the healthy side of the user, and the user holds the arm support with the hand on the healthy side.

The care worker stands on the affected side of the user and protects the affected knee.

The user leans forward and rises, turns and sits in a wheelchair.

Flatland movement:

Proceed on the right side of the road, inside the white line.

Care workers push more slowly than they walk.

Over the step:

The care worker steps on the tipping lever and raises the casters to cross the step.

Next, using body mechanics, raise the rear wheel and cross the step.

Slope:

On the uphill, go forward.

When going down the slope, go backward.

Gravel road:

Go up the casters.

Door:

Hold the door with the door stopper so that you can push the wheelchair with both hands.

<Self-propelled wheelchair>

There is another thin wheel (hand rim) on the outside of the wheel. Users with hand power can move by turning this wheel with their hands.

Parts: arm support, foot support, hand rim

<Assistant wheelchair>

There is no wheel to turn by hand. It's for users with paralysis in their hands. The care worker pushes and moves it.

<Reclined wheelchair>

The angle of the backrest can be adjusted freely.

<Electric bed>

Parts: side rail, headboard, assistance bar, mattress

Transfer from bed to wheelchair

Move the wheelchair closer to the user's healthy calf and place the wheelchair so that the angle between the bed and the wheelchair is 15 to 20 degrees.

Apply the wheelchair brake and raise the foot support.

Support the upper body of the user with the upper body of the care worker, support the toe with the toe and the knee with the knee. And help to get up while pulling the user's waist toward the caregiver.

Make sure that you are standing firmly and rotate their lower back around the lower leg of the healthy side.

Have the user sit down together, slowly in a wheelchair.

Allow users to sit deep in wheelchairs.

Finally, place each foot of the user one by one on the foot support.

Transfer from wheelchair to bed

When transferring from a wheelchair to a bed, place the wheelchair so that the angle between the bed and the wheelchair is 15 to 20 degrees with the user's healthy side under the bed.

Maintaining a comfortable position and preventing pressure ulcers (bedsore)

Pressure ulcer (bedsore)

If the user can't move by himself, and if he is in the same posture, pressure will be applied to the same place and blood circulation will be worse. If left untouched for several hours, that part of the tissue will die. This is called pressure ulcer (bedsore).

Pressure ulcers, once made, tend to get worse in a short period of time and are very dangerous.

In particular, pressure ulcers can be easily formed where bones are exposed.

Also, if bacteria enter, it will cause infection and cause very dangerous symptoms in the

whole body condition. The most important thing is that caregivers are careful and do not make pressure ulcers.

Causes of pressure ulcer

<Pressure>

Long-term posture, weight of bedding, compression by small pajamas, etc.

Skin-to-skin contact, friction due to sheets and bedding, friction due to the slacked posture when the bed is up.

<Body filth and moisture>

Skin stuffiness, diaper and rubber sheets, sweating and urination, and dirt and moist environment due to spilled food and drink.

<Deterioration of whole body condition>

Malnutrition, blood circulation disorder, motor / sensory disorder, degeneration of skin / muscle / subcutaneous fat, etc.

3) Prevention of pressure ulcer

Once the user has a pressure ulcer, he will need a lot of effort to cure it. Thorough care must be taken to prevent pressure ulcers from occurring.

<Securing a sitting life>

Do not squeeze the same place for a long time in order to improve blood circulation. Start with taking meals and excretion by sitting.

<Postural change>

The pain and fatigue of staying in the same attitude is harder than you think. For those who are unable to turn over themselves, it is necessary to change their position every 2 to 3 hours and change the part to be pressed.

Change posture by changing position.

Put the user's hands in front of his chest.

Change the direction of the body and fix it with a cushion.

<Cleanliness of body>

Bathing and wiping keep the skin clean and improves blood circulation. For those wearing diapers, replace dirty diapers early to prevent them from getting wet and

damp.

<Prevention of friction>

Avoid wrinkling and sagging in sheets and pajamas.

The electric bed moves little by little.

When the user goes up, make sure he does not fall down.

Once you get up the bed, you can hold the user in front of you, and then remove the user's upper body from the bed and then gently return him to prevent friction due to slipping.

<Ensuring good nutrition>

To ensure good nutrition, the user shall eat a well-balanced diet that includes good quality protein, high energy, and vitamins.

4) Types of positions

Sitting

The sitting position is sitting on a chair etc.

End-sitting position with the soles of the feet on the floor and sitting on the edge of a bed

Half-sitting position is the posture that raised the upper body

Lying position

Supine position is lying on the back.

Prone position is the posture of lying face down

Right-side-down position is sleeping with the right hand down

Left-side position is a posture of sleeping with the left hand down

Do not put the affected side down.

2. Assistance with eating

How to arrange Japanese meals

In Japan, there is a basic way to arrange meals.

Be sure to place the bowl with rice on the left and the bowl with miso soup on the right.

Left: Bowl of rice

Right: Misoshiru (miso soup)

Chopsticks: Holding part shall be put on the right.

Balanced diet

Three major nutrients

The three major nutrients are energy that moves the body and maintains body temperature

Protein ... meat, fish, soy, egg

Lipid ... oil, butter

Carbohydrate (sugar): rice, wheat, buckwheat, udon noodle

In particular, protein is an important nutrient that makes up our body's muscles, blood, skin, nails, and organs.

Three major nutrients + vitamins and minerals = the five major nutrients

Carbohydrates and lipids: energy to move the body

Protein: Element to make body

Vitamins and minerals: toning the body

It is important to balance the following in your daily meal.

Staple food: rice, bread, noodles, etc.

Side dishes: vegetables, mushrooms, seaweed, etc.

Main dishes: meat, fish, eggs, tofu, etc.

Fruits & others : milk, cheese, yogurt, etc.

Eating posture

When eating, transfer from a wheelchair to a chair as much as possible.

For those who can not keep the sitting position, fix it with a cushion with an armrest.

Sit with the feet on the floor.

Take a posture leaning forward slightly to avoid aspiration.

Sitting on a chair and eating is important.

Forward leaning is important.

Meal assistance

Caregivers sit in a chair and assist the user with eye level. (If you stand and assist, the user's head will tilt backwards, making it easier to get aspiration.)

If he can't sit on his own, use a cushion or something.

In order to prevent aspiration, drinking before meals is recommended.

If necessary, thicken the soup and water.

Assist the user while confirming every swallowing.

Types of nursing food

Normal meal (regular meal) ... an ordinary balanced meal

People with reduced chewing function

Chopped food ... A meal that makes food easy to eat

Since chopped meals can cause aspiration, it is necessary to devise measures such as using thickeners or eating with porridge.

Soft vegetable food (soft food) ... A meal that has been softly boiled and made soft and crunchy

Person with reduced swallowing function

Mixer meal: A meal that is liquidized by applying food to a mixer

Thickening agents may be used to prevent aspiration.

Moose food: A meal that has been softly cooked into a paste or jelly using a mixer. Meal made from mousse with thickener, etc.

Prevention of dehydration

Elderly people are less likely to feel thirsty, go to the toilet, and refrain from hydration (drinking water), so they tend to dehydrate.

Try to drink water three times, at morning / afternoon tea, before bedtime. Except for meals, about 1,000 to 1,500 ml of water per day is required. If they can not swallow well, use a thickener or jelly.

Since water is lost during diarrhea and fever, more hydration is required.

How to find dehydration

Dry lips and tongue

The amount of urine is decreasing.

Being vague and unwell

Having no appetite

Having a fever

3. Assistance with elimination

Excretion is necessary for humans to live. However, we don't want anyone to see it. It is important for care workers to assist the user to be able to excrete comfortably and safely, and to be able to excrete slowly without feeling embarrassed. Whenever possible, avoid using diapers.

Sit in the toilet and excrete

Natural excretion is possible by sitting in the toilet and taking a posture of excretion. Excretion while lying in bed is very difficult. It is also important to have an environment where the user can slowly evacuate in the toilet by closing the door and does not have to worry about the eyes of other people.

Constipation for the elderly is not only painful, but also very dangerous. As much as possible, we must help the user to sit in the toilet and excrete.

If the user has urinary intention or bowel movement, the user can sit in a toilet or portable toilet and excrete.

If there is no danger, when the user sits on the toilet seat, say "Please call me when you are done" and go out and close the doors and curtains.

The user will do what he can and we support only where he can't do.

How to travel and use a portable toilet

If the user can get up from the bed himself, he can move to a portable toilet and excrete.

Portable toilet is a chair type made of heavy material so that it does not move.

Place a portable toilet on the bedside so the user can use the assistance bar.

The user can move to a portable toilet himself and excrete.

Pull down the trousers by grabbing on the handrail and sit on the portable toilet.

Excretion on the bed (person who is bedridden and has urinary intention and bowel movement)

Assist with a urinal or plug-in toilet on the bed. When you put the urinal or plug-in toilet, cover with the bath towel from the top, hide it, go out and close the doors and curtains.

Diaper exchange

Close the curtain and adjust the bed height.

Always speak before and after you begin assisting.

(Users face up)

Put the bath towel on the upper body with the user facing up.

Raise the user's knees, put on gloves, and say "Excuse me".

Remove the diaper tape, open it, and fold it inward to prevent dirt from leaking.

Clean the private area.

(User is sideways)

With the user facing sideways, gently wipe the buttocks and anus with a steam towel and observe the skin condition for redness. Drain it with a dry towel.

Pull out the dirty diaper and place it in the trash, remove the gloves and throw it into a plastic bag.

(Users face up)

Insert a new diaper and gently turn the user upwards.

Keep the top tape slightly downwards and the bottom tape slightly upwards, taking care not to become tight. After placing the diaper, put your finger in the hip gathers and gather out.

Pull up the user's pants, and finally check his clothes and sheets for wrinkles. Wrinkles can cause pressure ulcers.

After excretion, provide adequate room ventilation.

Effects of dementia

Symptoms of dementia

Core symptoms: Unable to convey urinary intention / bowel movement.

Peripheral symptom: They remove diapers. They excrete in places other than the toilet.

Try the following:

If the user can't tell you his urine, invite him to the toilet when he seems to be uncomfortable.

If the user does not know the location of the toilet, make the toilet sign display easier to understand.

Response to constipation

For older people, constipation can be life-threatening.

Observe the bowel movement and report it to the person in charge if no bowel movement has occurred for more than 3 days.

It is very important to prevent constipation.

<Prevention of constipation>

If the user feels bowel movement, it is important for him not to endure and defecate.

Users often endure excretion because they feel embarrassed and sorry.

Create an environment where the user can defecate without being patient.

For people who can sit down, make a habit of closing the door and sitting in the toilet so that they don't have to worry about other people's eyes.

Take a meal with plenty of water and plenty of dietary fiber and lactic acid bacteria.

We shall support so that users may increase activity.

Response to diarrhea

The body and mind shall be kept calm and warm. Warm the abdomen and calm the peristaltic movement.

Hydration: Drink room temperature water or a sports drink little by little.

Infection prevention: Gloves are used for excretion assistance, and hand washing and ventilation must be done thoroughly.

Special attention should be paid during the period of norovirus

4. Assistance with grooming

When we get up in the morning, we wash our face. We clean our hair and change our clothes. At night, we change into pajamas.

Wash the user's face, change his clothes, and start a refreshing day!

Brush the user's teeth after meals. Remove and wash dentures. Clean his mouth.

Changing clothes is one of the ways to express oneself.

We shall try to support users while respecting their lifestyles in the way they can.

We help users always feel clean and comfortable.

We can change their feelings with just one care of changing clothes and grooming.

It is important to explain everything before you start assisting so that users do not feel anxious.

Start with a call out, explain what you're going to do, and get their consent.

Face washing

The care worker stands with their feet wide on the affected side (paralyzed side) and watches over the user so that he can be supported as soon as he is about to fall.

Assistance is provided only where users cannot do.

After the user moves to the washroom by using the wheelchair, apply the brakes, lowers the foot from the foot support, and check if the foot sole is on the floor.

Hand a well-squeezed hand towel after wetting with a little hot water (around 40 ° C) to the user and have him wipe his face on his own and help out where he can't.

Caring for the beard

Shaving with a safety razor is not allowed for caregivers in Japan. Use an electric shaver by putting it at rectangle to the skin and move it slowly.

Nail care

Elderly nails are weak and fragile, so do not apply too much force or cut the nails into large pieces. Try to cut them in small increments.

If the nail is abnormal or the skin is inflamed, care workers cannot cut the nail in Japan.

The nails of their hand shall be rounded with a few corners or round off by a file.
Leave the corners of the toenails.

Cutting too much will result in deep nails, which may cause curly nails.
Be careful not to cut their skin, as their nails and skin may be tight.
Elderly nails often thicken. If you cut nails after bathing or after applying a hot wet towel, nails will soften with moisture, so you can safely cut their nails. For this reason, nail cutting is often performed after bathing.
After cutting, apply a nail file to smooth the nail surface and corners.
If their nails are dry or cracked, protect them with cream or olive oil.
Carefully clean the surrounding area so that the cut nails are not left flying.

Let the user face the mirror and let the user put makeup.

Change of clothes

Begin by telling the user that you are going to change clothes.
The care worker stands on the affected side (paralyzed side) of the user and helps him where he cannot do while watching him to be able to support at any time.
We take care to protect the user's privacy by adjusting the room temperature and closing the curtains. Also, take care not to see the body of the user as much as possible by using a bath towel.
The affected limbs (paralysis side) are difficult to feel pain, so if you bend them forcibly, they may have a fracture. Gently pass the user's hands and feet carefully.
Respect the user's preferences and ask the user to choose clothing that fits him/her.

Tips for changing clothes

When changing clothes for a physically handicapped person, take off the body's moving side (healthy side) and wear it from the non-moving side (affected side).

(Take off) From the healthy side, the moving side

(Wearing) From the affected side, the non-moving side

Attaching / detaching trousers: Attach / detach the buttock while standing and attaching / detaching the lower limbs while sitting.

Oral care

Keeping the mouth clean will eliminate bad breath and prevent bacteria from growing. It is effective in preventing aspiration pneumonia that causes pneumonia by aspiration of saliva containing bacteria, prevention of systemic infection, and stomatitis.

Brushing

<Open the mouth>

When the user cannot open his mouth, wear gloves, put your index finger inside the user's cheek and push his lips apart.

<Applying a toothbrush>

Choose the size and hardness of the toothbrush according to the situation in the user's mouth.

Apply a toothbrush to the tooth surface at 90 degrees and at 45 degrees where the teeth and gums are attached.

Without force, brush their teeth one by one by vibrating the hair tips from side to side.

How to attach and detach dentures

<When removing>

Remove the denture in the order of lower jaw → upper jaw.

<When putting>

Make sure there is no food left in the mouth before putting it in. Put dentures in the order of upper jaw → lower jaw.

Denture cleaning and storage

After each meal, remove the denture, do not use toothpaste, and wash with a denture toothbrush in water or warm water (not hot or not too cold).

Before going to bed, remove the denture, put it in a container with a lid, and put it in clean water or a denture cleaner.

5. Assistance with bathing and basic hygiene

In Japan, it is customary not only to take a shower, but also to warm the body by taking a bath slowly. When you enter the hot water, the weight of the body disappears and the metabolism becomes active, so you can move the body a little easier.

Bathing assistance

Check the user's vitals before taking a bath.

Know the presence or absence of indwelling catheters such as stomas and gastric fistulas, infections and diseases.

Keep the dressing room and bathroom warm.

Keep the bath for about 5 minutes.

Hot water temperature is 38 °C ~ 41 °C. (If the user has cerebrovascular disease or heart disease, keep it at 37 °C to 41 °C.)

Be careful not to feel embarrassed, and hide the user's private area with a bath towel or towel.

The temperature of the shower is checked by the caregiver first, and then by the user. In addition, take a shower little by little from the foot on the healthy side.

In the case of hemiplegic users, the washable places are washed by themselves, and the care worker assists the healthy side, etc., which is difficult for users to wash.

For hemiplegic users, have them enter the bathtub from the healthy side.

Accident prevention during bathing

Do not use too hot water.

Be careful not to burn the user with hot water.

Be careful because it is easy to slip with soap and hot water.

Pay attention to temperature differences, dizziness caused by long-bathing, dehydration, and heat stroke.

After bathing

When users get out of the bath, let them drink water. (Rehydration is important.)

Emergency response and precautions

Stop bathing and rest on a flat surface.

When dripping in the bathtub, immediately unplug and lift the user's face to secure the airway.

If the user has cerebral anemia, rest on his back.

When hot, wipe the user's face with cold water or a cold towel, rest and rehydrate.

Hand bath, foot bath

Hand baths and foot baths are used when users are not feeling well and are unable to take a bath. In particular, foot bathing improves blood circulation and helps them sleep better.

When performing in bed, gatch up to about 15 degrees and put a cushion on their feet.

Prepare hot water of about 39 °C and check the temperature in the order of care worker and then user.

Dry bath

If users can't take a bath or shower because of illness, wipe the body with a towel to keep them clean.

By cleansing the skin, users will feel refreshed and comfortable. Blood circulation is improved by thermal stimulation and massage. It is also an opportunity for good communication between user and care worker.

Points for cleaning

Put on a towel except where you are wiping.

Wipe from the periphery to the center.

Widen or stretch the bent part such as the fingertips, between the fingers, under the armpits, or under the breast, and wipe them carefully.

Wipe the private area from the front to the back for women and for men to stretch the wrinkles behind the testicles.

When wiping their face, chest, or back, apply a steamed towel for a while to wipe off the dirt.

On the face, wipe from the head of the eye toward the corner of the eye.

How to take a Japanese bath (let's keep manners)

Before entering the hot water bath (bathtub), be sure to wash your private area with soap and take a shower. (The hot water that everyone enters does not get dirty.)

Do not put towels in the hot water bath (tub). (The hot water that everyone enters does not get dirty.)

In the bathroom, you shall wipe your body lightly and go to the dressing room (where

you take off your clothes). (The floor of the dressing room will not get wet.)

Put a bath towel on the clothes you take off. (Do not show the underwear taken off.)

6. Assistance with housework

1) Housework assistance

There are three types of home care in the long-term care insurance system in Japan.

Body care: Bathing, excretion, meal assistance, etc.

Life assistance: Housework assistance such as cooking, washing and cleaning

Getting on and off assistance: assistance on boarding and getting off for hospitals, etc.

In any case, it is not professional care that caregivers do everything or give instructions to users. You must have the viewpoint of nursing care doing together with users.

All assistance is based on reasons, leading to independence support and living comfort.

Take a close look at what users can and cannot do and find what they can do. You say, "What can I do for you?" If you go with users, be sure to say "Thank you".

If the user has something he can do, and if he gets more things that he can do, then these will motivate the user and improve his life.

Each user's lifestyle and what is important are different. It is difficult to help users with housework because each person has his own way and taste, and they are very much different from each other.

Cooking

It needs to be not only delicious, but also easy to eat so as not to aspire.

Washing

It is necessary to make it easy to see clothing for people with dementia, and to put it on a hanger or put a label on the drawer like pants or socks.

Clean up

Let's return the things from the changed place to the original place.

Open a window and ventilate during cleaning so that no odor remains in the room.

Discard refuse of vacuum cleaner frequently.

2) Improvement of living environment

Create a place where the person can rest assured.

Consideration for privacy

The person's place is a place where no one can get in the way and can be alone with peace of mind.

Before entering, be sure to knock or say "Excuse me" and wait for a reply before entering. At that time, the user might be in the bathroom or changing clothes.

Illumination

Even at the facility, let's darken the living room and hallway outside the room at night.

The user can recognize that it is night when the outside of the room becomes dark.

For night patrols, keep the user's room light off and lighten your feet with a flashlight.

Be careful not to disturb the user from sleeping.

Ventilation

Ventilation is important even in winter.

Open windows and keep them well ventilated during the daytime.

Incorporating fresh air is not only pleasant, but also helps prevent infections.

Ventilation is also important to prevent odors from building up inside the facility.

Humidity

Be careful not to dry the air.

Humidity that feels comfortable indoors is 40-60%.

When the humidity drops below 40%, the eyes, skin, and throat get not only dry but also the influenza virus becomes more active.

On the other hand, when it reaches 60% or more, ticks and molds are likely to occur.

Temperature

The temperature that feels comfortable indoors is 25-28 ° C in summer and 18-22 ° C in winter.

In order to feel the season, appropriate temperature management is necessary in summer and winter.

After that, adjust with clothing.

Odor

Let's ventilate enough so that the inside of facility does not smell.

For diapers and garbage that produce odors, prepare a trash can with a lid and discard it frequently.

Fall prevention

Be careful not to place anything under the user's feet.

The user may get caught in the electric wires under his feet or on the carpet and fall.

If the floor is wet with water, it will be slippery. Be careful when cleaning the floor.

Noise considerations

Which sound is noisy depends on the person. Watch out for loud voices, music and TV sounds.

Illumination

Make the brightness more than 200 lux.

To prevent falls at night, turn on lights such as footlights.

Floor

Remove steps.

Corridor

When traveling with a self-propelled wheelchair, it is necessary to have a width of 80cm or more in a straight line and 90cm in a corner.

When attaching a handrail, set the height of the greater trochanter (70 to 80 cm).

Door

A sliding door is good.

Bathroom

Use a non-slip floor.

The edge of the bathtub should be about 40cm.

Stair handrail

The height of the handrail on the stairs shall be the height of the greater trochanter.

Install handrail so that it comes to the healthy side when going down the stairs.

SPECIFIED SKILLS / NURSING SKILLS EVALUATION TEST

Subject, Main and Medium Category of Questions

A. Basics of Caregiving

1. Dignity and independence of care-receivers in caregiving
 - 1) Caregiving that maintains dignity
 - 2) Supporting independence
 - 3) Understanding of lifestyle
2. Role of caregiving work, Professional ethics
 - 1) Professional ethics of caregiving work
 - 2) Multi-disciplinary cooperation
3. Care services offered in Japan
 - 1) Overview of care services
4. Safety maintenance and risk management in caregiving
 - 1) Maintaining safety in caregiving
 - 2) Accident prevention, safety measures
 - 3) Infection countermeasures
 - 4) Response during emergencies and discovery of accidents

B. Mechanisms of Mind and Body

1. Understanding the mechanism of body
 - 1) Understanding the mechanism of mind
 - 2) Understanding the mechanism of body
2. Understanding persons who need care
 - 1) Basic understanding of aging
 - 2) Basic understanding of disability
 - 3) Basic understanding of dementia

C. Communication Skills

1. Basics of communication
 - 1) Aim and method of communication
2. Communication with care receiver
 - 1) Communication with care receiver
 - 2) Communication according to the condition of the care receiver
3. Team communication
 - 1) Basic understanding of sharing of information through recording

2) Reporting

D. Skills for Lifestyle Support

1. Assistance with movement

- 1) Significance and aim of movement
- 2) Mechanisms of mind and body for moving
- 3) Practice of transfer, movement caregiving

2. Assistance with eating

- 1) Significance and aim of eating
- 2) Mechanism of mind and body for eating
- 3) Practice of eating assistance

3. Assistance with elimination

- 1) Significance and aim of elimination
- 2) Mechanism of mind and body for elimination
- 3) Practice of elimination assistance

4. Assistance with grooming

- 1) Significance and aim of grooming
- 2) Mechanism of mind and body for grooming
- 3) Practice of grooming assistance

5. Assistance with bathing and basic hygiene

- 1) Significance and aim of bathing and basic hygiene
- 2) Mechanism of mind and body for bathing and basic hygiene
- 3) Practice of bathing and basic hygiene assistance

6. Assistance with housework

- 1) Assistance with housework
- 2) Arrangement of living environment

November 4th 2019

Author: Bunji Inoue

Issuer: Foreign Caregivers Support Center Inst.

5-15-14 Yawata, Ichikawa, Chiba, Japan

<http://caregiverjapan.org>

Copyright © 2019 Bunji Inoue, Office I Helper, Foreigner Caregivers Support Center Inst. All Rights Reserved.

Copying all or part of the contents of this document without permission is prohibited except as permitted by law.