Understand nurse aide’s range of function in rehabilitative/restorative and maintenance care
This indicator explores various aspects of rehabilitative/restorative care and the role of the nurse aide in this process.

Disease, injuries and surgery are often responsible for the loss of a body part or the loss of bodily function.
Working with the elderly and disabled requires a great deal of patience, caring and understanding from health care workers.

Working together to assist the resident to attain the highest possible level of functioning can be a very challenging and rewarding experience.
Body Systems Related to Restorative/Rehabilitative Care
There is intentional repeat of some HSII course content in Nursing Fundamentals.

Repeating course content distributes learning over time and increases long term memory.

Academic and skill competence must be maintained at a very high level for direct resident care.

Be GREEN. Recycle knowledge and build on it!
SKELETAL SYSTEM

- Comprises the bony framework of the body
- Has 206 bones
SKELETAL SYSTEM

FUNCTIONS:
- Support
- Protect
- Movement
- Mineral storage
- Blood cell production
JOINTS - point where bones meet:

• Immovable – cranium

• Slightly movable - vertebral discs

• Freely movable - shoulder, knee, wrist
COMPOSITION OF JOINTS:

- **Ligament** - connects bone to bone
- **Tendon** - connects muscle to bone
COMPOSITION OF JOINTS:

- **Bursa** - fluid filled sac that allows bones to move easily over others

- **Cartilage** – connective tissue that cushions the joint at end of bones and between bones
• **Osteoporosis** - porous bone that breaks easily

http://www.mayoclinic.com/health/medical/IM02980
Fracture - break in bone
- simple - bone broken, skin intact
- compound - bone broken, penetrates skin
- comminuted - bone broken, fragments in tissue
- greenstick - incomplete break
Arthritis - inflammation of the joints
  - osteoarthritis due to stress on joints
    - usually affects weight bearing joints: knees, hips, vertebrae and fingers
    - aching, stiffness, limited motion
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- rheumatoid arthritis - systemic disease

• causes inflammation, deformity and crippling
• joints painful, stiff, swollen, red and warm
• Amputation – removal of all or part of limb
• Sprain - stretched or torn ligaments or tendons
• Bursitis - inflammation of bursa causing pain on movement
• Bones more porous or brittle
• Joints less flexible
• Postural changes
• Awkward walking patterns
• Slowed recovery from position changes and sudden movements
OBSERVATIONS TO REPORT

- Slow and unsteady body movement
- Difficulty holding objects
- Complaint of pain in joints
- Swelling, redness and warmth in joints
- Inability to move joints
• Complaint of pain with movement
• Complaint of neck or head pain
• Resident who has fallen (stay with resident, call for help, do not move resident or allow resident to move)
• Resident with cast on arm or leg
  – complaint of pain in limb
  – swelling of fingers or toes
  – pale skin of fingers or toes
  – cyanosis and coolness of fingers or toes
OBSERVATIONS TO REPORT

- Resident with cast on arm or leg
  - odor or drainage from cast
  - inability to move toes or fingers
  - complaint of numbness of fingers or toes
  - drainage from cast
MUSCULAR SYSTEM

- Provides body with ability to move
- Over 650 different muscles that comprise nearly half the body weight
MUSCULAR SYSTEM

• Functions of muscles
  – Allow movement
  – Help body stay erect – posture
  – Produce most of body’s heat
  – Give body form
  – Provide movement of internal organs
• **Paralysis** - loss of voluntary movement due to neurological damage such as stroke or trauma

• **Multiple sclerosis** – weakness of muscles due to loss of covering on nerves that control them

• **Atrophy** – muscle mass decreases in size
• **Contracture** - permanent shortening of muscle; joints become ankylosed (frozen)

• **Muscle strain** – damage caused by trauma

• **Myalgia** - muscle pain

• **Torn muscle** - tear caused by trauma
MUSCULAR SYSTEM – EFFECTS OF AGING

- Poorer response to stimuli
- Pain when moving, therefore muscles not used as often
- Less active
- Muscle strength and bulk loss
- Slower muscle - nerve interaction
• Difficulty holding or lifting objects
• Inability to move a body part
• Difficulty walking
• Loss of muscle strength and tone
• Edema of tissue or joint
• Complaint of muscle pain
• Generalized weakness and fatigue
• Slow, unsteady body movement
NERVOUS SYSTEM
NERVOUS SYSTEM

• Controls and organizes all body activities
• Divided into two parts
  – Peripheral nervous system
  – Central nervous system
    • brain
    • spinal cord
NERVOUS SYSTEM

• Basic unit of structure - neuron or nerve cell
  – Most complex cell in body
  – Does not reproduce; if destroyed, it is not replaced
NERVOUS SYSTEM

• Nervous system enables you to
  – Speak
  – Hear
  – Taste
  – See
  – Smell
  – Think
  – Respond/move
  – Learn
  – Remember
NERVOUS SYSTEM

• Central nervous system
  – brain
    • cerebrum
      – largest portion of brain
      – responsible for judgment, memory, association and discrimination
      – divided into left and right hemispheres
NERVOUS SYSTEM

• Central nervous system (continued)
  –brain
    • cerebellum - responsible for coordination of muscles, balance and posture, and muscle tone
    • thalamus - monitors sensory stimuli
NERVOUS SYSTEM

• Central nervous system (continued)
  – brain

• hypothalamus - controls the autonomic nervous system, the cardiovascular system, body temperature, appetite, water balance, the GI system, sleep, emotional state
• Central nervous system (continued)
  – brain
    • pons - responsible for reflex actions like chewing, and production of saliva
    • medulla oblongata - regulates heartbeat, respirations, swallowing, coughing, blood pressure
NERVOUS SYSTEM

- Central nervous system
  - spinal cord
    - 18 inches long
    - extends from brain to small of back
    - carries messages to and from brain
    - relays messages to body through spinal nerves
    - handles reflexes
NERVOUS SYSTEM

- Peripheral nervous system
  - nerves leaving the spinal cord and going throughout the body
  - digestion
  - secretion of glands
  - heart beat and breathing
NERVOUS SYSTEM – COMMON DISORDERS

- CVA – Stroke or cerebrovascular accident - damage to part of brain due to blood clot or hemorrhage cutting off blood supply

- Head or spinal cord injuries
NERVOUS SYSTEM – COMMON DISORDERS

- Dementia from nutritional deficiencies, exposure to toxic substances, reduced blood flow to brain or unknown causes
- Alzheimer’s disease - common cause of organic disease
NERVOUS SYSTEM – COMMON DISORDERS

• Parkinson’s disease – progressive nervous disease associated with destruction of brain cells

• Multiple sclerosis - loss of covering around nerve fibers interfering with nerve impulses to and from brain
• Loss of nerve/brain cells
• Increase in reaction time
• Changes in memory
• Receptors become less sensitive, so require increased stimuli for response
NERVOUS SYSTEM – EFFECTS OF AGING

- Reduced sense of touch and sensitivity to pain
- Reduced blood flow to brain
- Forgetfulness
• Jerking motions
• Speech changes
• Complaint of numbness
• Complaint of dizziness
• Complaint of nausea
• Confusion
• Complaint of loss of feeling on one side
• Incontinence
• Deranged thought processes
• Tremors
• Muscular rigidity
• Complaint of visual disturbances or changes
• Paralysis
• Seizures
SENSORY ORGANS
• Part of nervous system
• Sensory neurons make one aware of changes in the environment
• Changes known as stimuli
• Functions of the sensory system
  – Vision
  – Hearing
  – Smell
  – Taste
  – Touch
SENSORY ORGANS

• Specialized functions
  – Eye
    • sense of sight
    • receives images and sends to brain
  – Ear
    • sense of hearing
    • transmits sounds to brain
**SENSORY ORGANS**

- **Nose** - (sense of smell) – allows recognition of odors and improves taste of food
- **Taste buds on tongue** - (sense of taste) – allows recognition of sweet, sour, bitter, salty
• Skin - (sense of touch) – allows recognition of objects, pressure, heat, cold, pain, and pleasure
• Cataract - lens of eye loses its transparency
• Glaucoma - increased pressure in the eye due to an excess of aqueous humor
• Conjunctivitis - inflammation of the eyelid lining
• Sty - tiny abscess at the base of an eyelash
• Otitis media - infection of the middle ear
• Deafness - partial or complete hearing loss
SENSORY ORGANS – EFFECTS OF AGING

- Lens in eye becomes thick and cloudy
- Sclera becomes more yellow
- Less light reaches inner eye
- Hearing structures of ear become less moveable
- Soft wax production decreases
• Progressive hearing loss of high-pitched sounds occurs
• Peripheral vision and night vision decreases
• Eye adjusts more slowly to changes in distance
• Sense of smell decreases
SEN S ORY OR GANS – EFFECTS OF AGING

- Sense of taste (sweet and salty first) decreases
- Accommodation to light and dark decreases
- Sense of touch, heat, cold, pain and pressure awareness decreases
• Sclera (white of eye) suddenly reddened or yellow
• Lens of eye becomes cloudy
• Complaint of pain in or around ear or eye
• Red, swollen eye lid
• Drainage from eyes
• Complaint of difficulty seeing objects
• Comment that rainbows apparent around lights
• Drainage from ear canal
• Complaint of feeling of fluid or noise in ear
• Complaint of sudden flashes of light or loss of sight
REHABILITATION is care that is managed by professionals to help restore a person to the highest possible level of function.

RESTORATIVE care usually follows rehabilitation. The goal is to keep the resident at the level achieved by rehabilitation services.

From Hartman's Nursing Assistant Care ©2010 page 371
Regardless of the classification of the resident; rehabilitation or restorative, the nurse aide responsibilities are the same. HELP RESIDENTS FEEL SAFE AND SECURE BY BEING KIND, PATIENT, POSITIVE, SUPPORTIVE, SENSITIVE TO RESIDENTS NEEDS, AND HELPFUL.
Rehabilitative/Restorative Care

- Any increase or decrease in abilities
- Any change in attitude or motivation
- Any change in general health
- Signs of depression or mood changes
- Progress or need for additional teaching
Rehabilitation/Restoration

- Emphasis on existing abilities
- Encourages independence
- Promotes productive lifestyle
Rehabilitation/Restoration

• Goals include:
  – Prevention of complications
  – Retraining in lost skills
  – Learning new skills
Training in self-care requires that three questions be answered prior to starting:

1. What is the goal to be achieved?
2. What approaches are used to help the resident achieve the goal?
3. How will progress or lack of progress be measured?
Resident included in goal-setting process, whenever possible.
Treatment initiated by:

- Physical therapist
- Occupational therapist
- Speech therapist
- Licensed nurse
Resident Self-Care Per Capabilities

Functional losses cause:

• Resentment
• Anger
• Frustration
• Withdrawal
• Depression
• Grief
Nurse Aide’s Role:

1. Provide encouragement and reinforcement
2. Praise all attempts at independence, overlook failures
3. Praise accomplishments
4. Help resident see their progress
Nurse Aide’s Role:

4. Be patient and allow time for residents to do things for themselves

5. Be sensitive and understanding

6. Accept residents and encourage them to express their feelings
Nurse Aide’s Role:

7. Show confidence in resident’s ability
8. Review skills taught by allied health professionals
9. Treat with respect
10. Help to put new skills into use immediately
Nurse Aide Role:

11. Begin tasks at resident’s level of functioning
12. Assist resident to do as much as possible for himself/herself
13. Be realistic, never offer false hope
14. Explain what resident needs to accomplish, and how you will help.
Activities of Daily Living considerations for resident:

- Resident to control how and when activities carried out, when possible
- Use tact in making resident aware of hygiene needs
Activities of Daily Living considerations for resident:

- Encourage use and selection of clothing
- Be patient and allow time for slower paced activities
Activities of Daily Living considerations for resident:

- Provide for rest periods
- Assist to exercise
- Encourage use of adaptive devices
Adaptive Devices For Assisting With Activities of Daily Living (ADL)
• Special utensils available to help with eating
• Electric toothbrushes for brushing teeth
• Long-handed brushes and combs for hair care
ADAPTIVE DEVICES FOR ASSISTING ADL

- Supportive devices to assist with walking – canes, crutches, walkers
- Wheelchairs and motorized chairs to provide movement from place to place
ADAPTIVE DEVICES FOR ASSISTING ADL

- Prosthesis to replace missing body parts
- Successful use of adaptive devices depends on the resident’s:
  - attitude
  - acceptance of limitations
  - motivation
  - support from others
Walker... four-point aid with rubber tips

- Resident stands erect when moving walker forward
- Walker adjusted to height of hip joint
- Elbows at 15-30 degree angle
- Walker picked up and put down, not slid
Walker...

- Back legs of walker even with toes so resident walks into walker
- Resident steps toward center of walker
- Leads with weaker leg
Canes…

Types:

• single-tipped
• tripod - 3 legs
• quad - four point
Canes...

- Used when weakness on one side of body and resident has use of at least one arm
  - Provides balance and support
Canes…

– Should be fitted properly:
  • cane handle level with femur (greater trochanter)
  • elbow flexed at 15 to 30 degree angle
  • shoulders level
Canes…

- Gaits ordered by physician or physical therapist:
  - move cane and affected leg together
  - move cane, then affected leg
- Used on side of body where leg is strongest (side opposite the injury)
Crutches…

– Provide support and stability through use of hands and arms.
– Used when one or both legs are weak.
Crutches…

– Measured to fit properly by physical therapist.
  • height correct if two fingers fit between armrest and axilla
  • hand grip adjusted to allow 20-30 degrees flexion of elbows
Crutches…

Gaits

four-point gait
three-point gait
two-point gait
swing-to gait
swing-thru gait
Crutches…
Weight supported on hand bar, not axilla
Wheelchairs...

- Available in different sizes and models to allow for proper fit and usage
- Cleaned with mild detergent and water, rinsed with water and dried
Wheelchairs…

• Periodic maintenance needed with 3 in 1 oil
• Arm rests adjusted to appropriate height
• Feet rest flat on floor when chair is not moving
Wheelchairs…

• Seat should not sag toward center of chair
• Seat should not reach back of resident’s bent knees
• Brakes locked when chair not moving
Wheelchairs...

- Wheelchair guided backwards when going downhill
- Wheelchair pulled backwards over indented or raised areas (i.e., entrance to elevators)
Wheelchairs…

- Feet placed on footrests for transport
Gurneys/Stretchers/Litters

- Wheels locked when transferring residents on or off
- Safety belts secured prior to transfer
- Both side rails raised prior to transfer
Gurneys/Stretchers/Litters

- Residents never left alone on stretcher
- Backed head first into elevators
Gurneys/Stretchers/Litters

• Always used with assistance when transferring resident on or off

• Pushed **feet first** during transport
Gurneys/Stretchers/Litters

- Guided backwards when going downhill
- Cleaned with mild detergent and water, rinsed with water and dried
Gait belt (safety belt, transfer belt)

– Used for residents unsteady on feet
– Protects resident who loses balance or faints
– Held at back
Gait belt (safety belt, transfer belt)

• Must be tight enough to provide support but loose enough to be comfortable
• Used to safely transfer resident
AMBULATION AND TRANSFER AIDS

- Correct aids must be used because they are individually fitted
- Resident observed closely to be sure aids are being used as ordered
- Faulty equipment reported and not used until repaired
SAFETY – AMBULATORY DEVICES

- Shoes must fit and be in good condition
- Skin breakdown reported
- Rubber tips on aids in good condition.
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02A
Ambulate Resident with Walker/Cane
This order prohibits minors under 18 from operating or assisting in the operation of most power-driven hoists, including those designated to lift and move patients.
What do we do?

• NA student regardless of age must demonstrate competence in the classroom.

• NA student under 18 **MUST NOT OPERATE LIFTS IN THE CLINICAL AREA!**
MECHANICAL LIFTS

- Used for transfer of residents
- Lower end of sling positioned behind knees
- Hooks turned away from body
MECHANICAL LIFTS

- Straps, sling and clasps checked for defects
- Enough assistance available to assure safe transfer
- Area checked for safety hazards prior to transfer “CIRCLE THE BED FOR SAFETY’
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02B
Using Mechanical Resident Lift
Restorative/Rehabilitative Care

JOINT MOBILITY NEEDS
• Types of range of motion:
  – **Active** - resident exercises joints without help
  – **Passive** - another person moves body part for resident
Purpose of range of motion:

- Maintains muscle tone
- Prevents deformities
- Increases circulation
- Encourages mobility
• Expose only part of body being exercised
• Be gentle and STOP if resident complains of PAIN
• Use good body mechanics
Follow directions from supervisor on number of times each joint to be exercised and how to perform exercises safely, based on each resident’s condition.
• Each movement is repeated three times unless otherwise ordered.
• Support joint as it is exercised
• Report complaints of pain or discomfort to supervisor
• Exercise joint slowly, smoothly and gently
• Do not exercise swollen, reddened joints; report condition to supervisor
• Abduction
• Adduction
• Extension
• Hyperextension
• Flexion
• Plantar flexion
• Dorsiflexion
• Rotation
ROM - GUIDELINES

- Pronation
- Supination
- Eversion
- Inversion
- Radial deviation
- Ulnar deviation

Encourage residents capable of doing active ROM exercises
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02C
Range of Motion
• Artificial Eye (glass eye)
  – encourage resident to remove, clean and replace eye prosthesis if able
• **Eyeglasses**
  – Lens made of glass or plastic
  – Stored in protective case to prevent damage when not in use
  – Held by frames
• Eyeglasses (continued)
  – Washed under running water using mild detergent.
    • rinsed with clear water
    • dried with tissue or soft cloth
• Eyeglasses…
  – Tops of ears and nose observed for redness or irritation from glasses
• Wash hands before and after cleansing resident’s glasses
• Contact Lenses (hard or soft)
  – Resident encouraged to care for lenses
Contact Lenses (hard or soft)

Unusual observations to be reported:

- redness
- itching
- swelling
- complaints of pain, blurring, or scratching sensations
• Hearing Aid
  – Ear piece cleaned daily with soap and water; this is the only washable part
  – Ear piece and tubing should be soft
  – Wax cleaned from tubing with special equipment
PROSTHETIC DEVICES

• Hearing Aid…
• Batteries checked for power
  – Skin observed for redness or irritation in or around ear
  – Ear wax build-up reported to supervisor
• **Inserting hearing aid:**
  – turn volume toward maximum until whistle is heard
  – replace batteries if whistle cannot be heard
  – turn volume to low setting
• **Inserting hearing aid (continued):**
  – gently insert ear piece into ear canal and adjust for comfort
  – loop over ear for over-the-ear models
  – adjust volume to resident’s satisfaction
• **Removing hearing aid:**
  - turn volume to lowest level or off
  - gently lift ear piece up and out of ear
  - use tissues to wipe wax off ear piece
  - store in safe place
  - remove battery when not in use or open battery case
• **Braces**
  – Uses
  • support a weak part of the body
  • prevent movement of joint
  • correct deformities
  • prevent deformities
PROSTHETIC DEVICES

• **Braces (continued)**
  – Materials
    • metal
    • leather
    • plastic
  – Bony parts under brace require protection in order to prevent skin irritation
  – Report any wear noticed and when brace parts are loose or missing
**PROSTHETIC DEVICES**

- **Braces (continued)**

  - Shoes custom fitted and checked for:
    - broken shoe laces
    - heels and soles that are worn
    - leather that is worn or torn
    - damage from perspiration
      - odors
      - stains
Devices for use with amputation

- Definition of amputation - partial or complete removal of a body part
  - usually arm or leg
  - below knee most common amputation
• Devices for use with amputation (continued)

– Examples of prosthetic devices:
  • artificial leg
  • artificial foot
  • artificial arm
  • artificial hand
Devices for use with amputation (continued)

– Prosthesis fitted and made for each individual.
– Devices must be handled with care and stored in appropriate place when not in use.
Assisting with artificial limbs:

– have right device
– check all parts for damage
– evaluate resident’s limb for irritation and swelling
– pad area of prosthesis touching resident
PROSTHETIC DEVICES

Assisting with artificial limbs (continued):

- clean according to individual instructions
- report any needed repairs to supervisor
- observe and report any skin changes to supervisor
PROSTHETIC DEVICES

• **Breast Forms** – used following removal of breast
  – Assist female residents with adjustments of forms when dressing
  – Follow care suggested by manufacturer
  – Keep form separate and in safe place when handling clothing for laundry
Restorative/Rehabilitative Care

MOBILITY NEEDS
• Broad base of support leads to better balance and stability
• Keep weight the same on both feet
• Stoop using the hips and knees
BODY MECHANICS FOR RESIDENTS

• Keep the back straight
• Lift and carry objects close to body for better balance.
• Use both hands to lift or move objects
• Use smooth, even movements
• Do not bend or reach if injury possible; ask for help
• Do not twist body to reach an object
• Keep body in good alignment
DANGLING

• **Dangling** - sitting on edge of bed before getting up
  – Standing up too quickly may cause feeling of dizziness and fainting may occur
DANGLING

• Dangling for several minutes allows resident to progress to standing and walking without feeling faint
• Taking deep breaths helps to prevent light-headedness
• Most common signs/symptoms if feeling faint:
  – pale face
  – complaints of dizziness or weakness
DANGLING

• Return resident to supine position if they have difficulty dangling
• If dangling is well tolerated, progress to standing position
STANDING

• Get assistance if resident is weak or unsteady
• Assist resident to stand by placing your hands under the resident’s arms with hands around the shoulder blades, and use good body mechanics to assist to standing position
STANDING

- Have resident stand by side of bed for several minutes prior to ambulating
- Return to bed or assist to chair if having difficulty standing
- If standing tolerated, progress to ambulating
AMBULATING – WALKING

- Effects on body
  - stimulates circulation
  - strengthens muscles
  - relieves pressure on body parts
  - increases joint mobility
  - improves function of digestive and urinary systems
• Effects on body (continued)
  – increased independence leads to more positive self-image
  – provides sense of accomplishment
  – prevents lung congestion
AMBULATING – WALKING

• Encourage to ambulate as much as possible
• Suggest use of handrails for support
• If resident starts to fall, ease to the floor by:
  – grasping gait belt
  – resting buttocks against nurse aide’s leg
  – sliding down aide’s leg to floor
• Be prepared to assist, but allow the resident to do as much as possible

• Safety considerations:
  – use gait belt
  – get assistance if needed
  – allow adequate time for walking so resident does not feel rushed
Training Lab Assignment
Engage in the Skill Acquisition Process for:

**SKILL 4.02D**
DANGLE, STAND, WALK
Training Lab Assignment
Engage in the Skill Acquisition Process for:

**SKILL 4.02E**
TRANSFER BED TO WHEELCHAIR (CHAIR)
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02F
TRANSFER BED TO STRETCHER
Restorative/Rehabilitative Care

CAST CARE
• Cast used to immobilize body part, providing time for part to heal
CAST CARE

• Cast materials
  – Plaster of Paris
    • 24-48 hours to dry
    • expands and gives off heat while drying
  – Fiberglass
    • dries rapidly
    • lighter than plaster casts
  – Plastic
CAST CARE

• Care of Casts
  – Allow to air dry
  – Keep cast uncovered
  – Use pillows to support cast
  – Support cast with palms of hands
CAST CARE

• Care of Casts
  – Never put pressure on cast
  – Turn and position frequently to allow air to circulate around cast
CAST CARE

- Maintain good body alignment
- Keep cast dry
- Observe cast for rough edges and report
- Over-bed trapeze provided if appropriate
• Vomiting
• Elevated temperature
• Skin irritation around edge of cast
• Drainage
• Odors
• Swelling of fingers or toes, inability to move parts
• Change in color of skin: paleness, cyanosis
Resident with cast reports of:

- Pain
- Numbness
- Tingling sensations
- Chills
- Hot or cold skin
- Itching
- Tightness
- Inability to move fingers or toes
- Nausea
COUGHING AND DEEP BREATHING
COUGHING AND DEEP BREATHING

• Purposes
  – To prevent respiratory complications in certain at-risk residents
    • persons on bed rest or reduced activity
    • following surgery
    • person with respiratory disorders
COUGHING AND DEEP BREATHING

• Purposes
  –Two major complications prevented by coughing and deep breathing:
    • pneumonia - inflammation of lung
    • atelectasis - collapse of portion of lung
COUGHING AND DEEP BREATHING

• Physiology
  – Deep Breathing
    • increases level of oxygen in blood
    • increases lung expansion
COUGHING AND DEEP BREATHING

• Physiology
  – Coughing
    • removes mucus from airways and lungs
    • may cause collapse of lung if congestion not present
• Considerations with deep breathing and coughing
  – Doctors order exercises
  – Frequency of performing exercise varies per doctor’s order
• Considerations with deep breathing and coughing
  – Nurse aides receive instructions from supervisor
  – Coughing may cause pain and be difficult to perform
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02G
COUGH AND DEEP BREATH
ANTI-EMBOLIC STOCKINGS/HOSE
ANTHI-EMBOLITIC STOCKINGS/HOSE

• Purpose
  – Provide support
  – Provide comfort
  – Promote circulation by providing pressure
  – Reduce risk of thrombus formation
• Indications for use
  – Residents with heart disease and circulatory disorders
  – Residents on bed rest
  – Residents who recently had surgery
• Prevention of blood clots (thrombi)
  – blood clots form (blood flow is sluggish)
  – usually develop in deep leg veins
  – can break loose and travel through blood stream (then known as embolus)
ANTH-EMBOLITIC STOCKINGS/HOSE

- Prevention of blood clots (thrombi)
  - embolus can travel to the lungs and possibly cause death
  - elastic stockings exert pressure on veins, promoting venous blood flow to heart
  - also known as anti-embolitic stockings or TED hose
ANTI-EMBOLITIC STOCKINGS/HOSE

• Fitting of stockings
  – Come in thigh high or knee high lengths
  – Resident must be measured to ensure proper fit
Training Lab Assignment
Engage in the Skill Acquisition Process for:

SKILL 4.02H
ANTI-EMBOLITIC STOCKING
Understand nurse aide’s range of function in rehabilitative/restorative and maintenance care.