

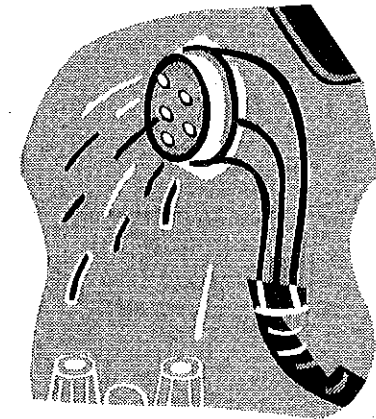
PERSONAL HYGIENE AND GROOMING

ALL AT HOME HEALTH CARE, LLC

Home Health Aide In-Service

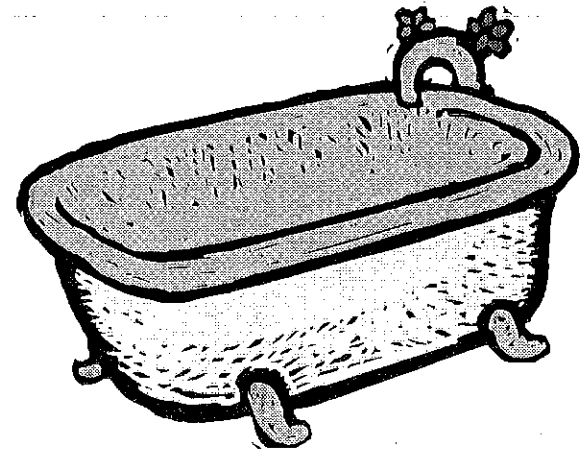
Home Health Goals for Personal Hygiene and Grooming

- Each patient must receive the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being.
- **This includes the ability to:**
 - Bathe
 - Dress
 - Groom
 - Transfer and Ambulate
 - Toilet
 - Eat



Causes of Deficits in Personal Hygiene and Grooming

- **Cognitive Impairment**
- **Weakness**
- **Impaired Vision**
- **Impaired Mobility**
- **Lack of Fine Motor Skills Safety Concerns**
- **Lack of Hygiene Awareness**



Patient Hygiene and Grooming

- Assistance required may be:
 - Independent
 - Supervision
 - Set-up
 - Cueing
 - Breaking task into smaller segment



You should know each patient's most current Plan of Care.

Interventions for Personal Hygiene and Grooming In General

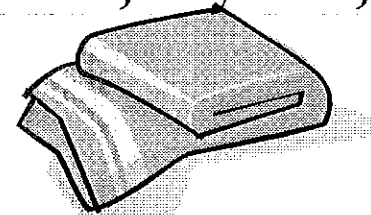
- Encourage patient to participate, and praise accomplishments
- Assist only as necessary – encourage patient to do as much of task as he can
- Organize and set-up to make task more manageable
- Provide equipment within easy reach
- Allow sufficient time
- Break tasks down into manageable segments
- Simplify steps, one at a time
- Give choices, but limit choices (Not, “What do you want to eat?” Instead, “Do you want eggs or cereal for breakfast?”)

Interventions for Bathing

- **Know Plan of Care (tub, shower, day of bathing)**
- **Respect patient dignity by maintaining privacy**
- **Comfortable room temperature**
- **Prepare bath in advance with all supplies**
- **Test water temperature before and during bathing**

Bathing Interventions

- Let patient feel water before shower or bath
- Never leave a patient unattended in bath or shower
- Use prescribed assistive devices and safety equipment
- Check skin for redness or breakdown, dryness, flaking, lesions
- Dry patient thoroughly – it is better to pat dry, not rub



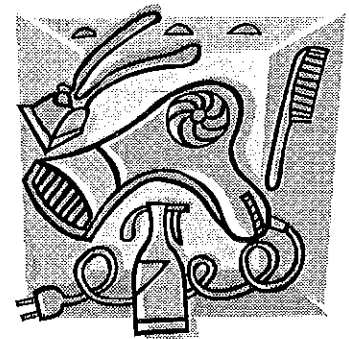
Dressing Interventions

- Limit the number of clothing choices
- Lay items on the bed in the order that they should be put on
- When putting on shoes, examine the feet for lesions



Hair Care

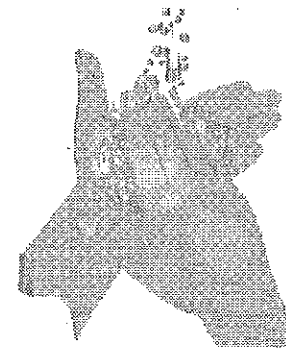
- Hair should be clean and neat
- Keep the patient's brush and comb clean
- Know patient's hair care preferences



*Infection
Prevention*

Hand Care

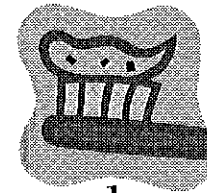
- Handwashing is just as important for patients as it is for staff members.
- Remind or assist the patient to wash hands after using toilet and before eating.
- Nails must be clean.



Dental Care

*Denture
care*

- Teeth should be brushed after each meal and flossed daily.
- Remove and clean dentures and brush gums and roof of mouth daily.
- Monitor mouth, tongue, and gums for odor, redness, swelling, coating, sores, cracking, or fissures.
- Strained facial expressions during dinner or refusal to eat may indicate oral discomfort.



Remember

encourage
and support
independence
@

- We want to give each patient the assistance he needs, but encourage and support as much independence in Personal Hygiene and Grooming as possible.
- Always follow the Plan of Care.
- Always call the office/nurse with any question or concerns regarding the patient.

POC

office
for concerns



ALL AT HOME HEALTH CARE
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HHA/PCA/HM CLIENT CARE RECORD

Month / Day / Year
Week ending Saturday
MR#
Total HHA Hrs.

Patient _____

(LAST NAME)

(FIRST NAME)

Lives Alone Lives with: _____

Address: _____

STREET

CITY

Pl. #:

HHA Name: _____

VISIT DATE:	SUN	MON	TUES	WED	THURS	FRI	SAT
	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
TIME ARRIVED:							
TIME LEFT:							
TOTAL HOURS:							

PERSONAL CARE

ENTER (X) FOR EACH SERVICE PERFORMED

Tub Bath	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Shower	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Bed bath	<input type="checkbox"/> Partial	<input type="checkbox"/> Complete
Skin care:	<input type="checkbox"/> Lotion	<input type="checkbox"/> Powder
Oral care:	<input type="checkbox"/> Teeth	<input type="checkbox"/> Dentures
<input type="checkbox"/> Shampoo	<input type="checkbox"/> Comb Hair	
<input type="checkbox"/> Shave	<input type="checkbox"/> File/Clean nails	
Assist with Dressing		
Change bed linen		
<i>Other: Foot care</i>		

ACTIVITY

<input type="checkbox"/> Total bed rest	<input type="checkbox"/> Siderails up
Up in chair	
<input type="checkbox"/> Total transfer	<input type="checkbox"/> Use gait belt for safe transfer
Assist with ambulation	
Laundry	
<input type="checkbox"/> Vacuuming	<input type="checkbox"/> Assist with clean up of apt.
<i>Other:</i>	

ELIMINATION

Toilet/Bedside commode		
Bedpan/Urinal		
Urinary catheter care		
<input type="checkbox"/> Foley	<input type="checkbox"/> Condom	<input type="checkbox"/> Supra pubic
Empty drainage bag PRN		
Incontinent of urine		
Incontinent of bowel		
Wears briefs		
Bowel pattern		
Colostomy		
Colostomy care PRN		
<i>Other:</i>		

NUTRITION

Diet	NPO-nothing by mouth
<input type="checkbox"/> Tube Feeding	<input type="checkbox"/> Encourage
<input type="checkbox"/> Fluids	<input type="checkbox"/> Restrict Fluids
Light meal prep PRN	

EQUIPMENT

<input type="checkbox"/> Hosp. Bed	<input type="checkbox"/> Bedside Commode
<input type="checkbox"/> Walker	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches
<input type="checkbox"/> Hoyer lift	<input type="checkbox"/> Oxygen

SPECIFIC TREATMENT

Report safety hazards / Medication reminder	
Vital Signs each visit	<input type="checkbox"/> TPR <input type="checkbox"/> B/P
DNR:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Advanced Directives (Describe):	

PC/M/HHA Signature / Title

Date

Client's Signature
 Client's Signature
 Client's Signature
 Client's Signature
 Client's Signature
 Client's Signature

ALL AT HOME HEALTH CARE, LLC

PERSONAL HYGIENE AND GROOMING

POST TEST

Name: _____

Title: HHA

Date: _____

1. Personal hygiene includes bathing, dressing, and grooming.	T	F
2. Weakness, impaired vision, and cognitive impairment might affect personal hygiene.	T	F
3. The HHA must know the patient's Plan of Care before providing assistance with personal hygiene.	T	F
4. A patient should NOT be encouraged to participate in personal hygiene and grooming.	T	F
5. It is important to allow enough time for personal hygiene and grooming.	T	F
6. The HHA should always limit patient choices.	T	F
7. An important safety intervention before bathing is testing the water temperature.	T	F
8. Respect for the dignity of a patient is always a priority.	T	F
9. The patient is never allowed to refuse care or treatment.	T	F
10. Handwashing is NOT as important for patients as it is for HHA's.	T	F