

Hartman's

Nursing Assistant Care

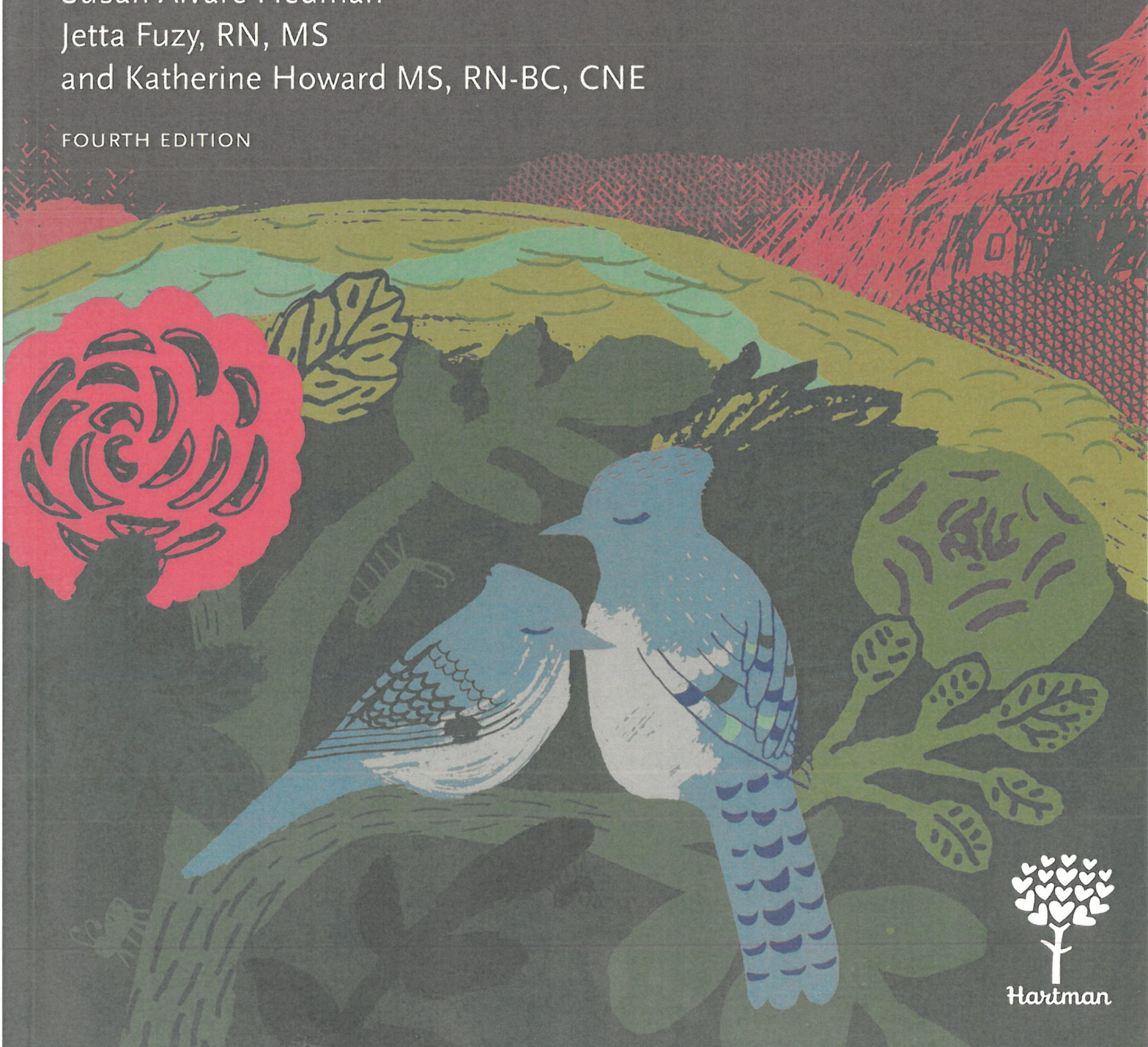
Long-Term Care and Home Care

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Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is each reader's responsibility to be aware of these changes and of the policies and procedures of their healthcare facility.

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Gender Usage

This textbook uses gender pronouns interchangeably to denote healthcare team members and residents and clients.

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14

Basic Nursing Skills

1. Explain the importance of monitoring vital signs

Nursing assistants monitor, document, and report residents' **vital signs**. Vital signs are important. They show how well the vital organs of the body, such as the heart and lungs, are working. They consist of the following:

- Measuring body temperature
- Counting pulse rate
- Counting the rate of respirations
- Measuring blood pressure

Watching for changes in vital signs is very important. Changes can indicate that a resident's condition is worsening. Nursing assistants do not make diagnoses based on vital signs, but they do record accurate measurements and report changes and observations to the nurse. An NA should always notify the nurse if

- The resident has a fever (temperature is above average for the resident or outside the normal range)
- The resident has a respiratory or pulse rate that is too rapid or too slow
- The resident's blood pressure changes

Many factors, such as age, medical condition, medications, mental state, room temperature, and noise levels, can affect vital signs. All of the factors should be considered, along with

the resident's baseline vital signs. Baseline vital signs are the measurements that are normal for a particular person. NAs must know the normal ranges for vital signs. Measurements that are not in normal range or that are different from a resident's baseline measurements should be reported to a nurse.

Ranges for Adult Vital Signs

Temp. Site	Fahrenheit	Celsius
Mouth (oral)	97.6°–99.6°	36.4°–37.6°
Rectum (rectal)	98.6°–100.6°	37.0°–38.1°
Armpit (axillary)	96.6°–98.6°	35.9°–37.0°
Ear (tympanic)	96.6°–99.7°	35.9°–37.6°
Temporal Artery (forehead)	97.2°–100.1°	36.2°–37.8°

Normal Pulse Rate: 60–100 beats per minute

Normal Respiratory Rate: 12–20 respirations per minute

Blood Pressure

Normal	Systolic	90–119 mm Hg <i>and</i>
	Diastolic	60–79 mm Hg
Low (hypotensive)	Systolic	Below 90 mm Hg <i>or</i>
	Diastolic	Below 60 mm Hg
Elevated	Systolic	120–129 mm Hg <i>and</i>
	Diastolic	Less than 80 mm Hg
Stage 1 hypertension	Systolic	130–139 mm Hg <i>or</i>
	Diastolic	80–89 mm Hg
Stage 2 hypertension	Systolic	At or over 140 mm Hg <i>or</i>
	Diastolic	At or over 90 mm Hg
Hypertensive crisis	Systolic	Over 180 mm Hg <i>and/or</i>
	Diastolic	Over 120 mm Hg

A temporal artery thermometer determines the temperature reading by measuring the heat from the skin over the temporal artery, the artery under the skin of the forehead. This is done by a gentle stroke or scan across the forehead, and the reading is registered in about three seconds (Fig. 14-4). A temporal artery thermometer is noninvasive, which means that it does not need to be inserted into the body.



Fig. 14-4. A temporal artery thermometer. (PHOTO COURTESY OF EXERGEN CORPORATION, WWW.EXERGEN.COM)

A mercury-free thermometer can be used to measure an oral, rectal, or axillary temperature. Thermometers are usually color-coded. Oral thermometers are usually green or blue. Rectal thermometers are usually red (Fig. 14-5).

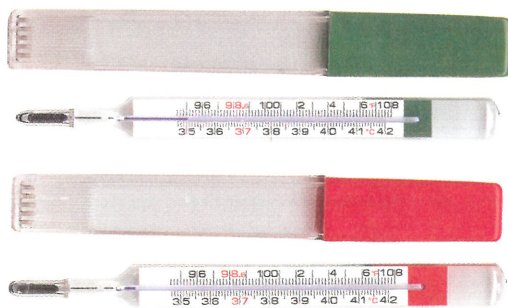


Fig. 14-5. A mercury-free oral thermometer and a mercury-free rectal thermometer. Oral thermometers are usually green or blue; rectal thermometers are usually red. (PHOTOS COURTESY OF RG MEDICAL DIAGNOSTICS OF WIXOM, MI, RGMD.COM)

Numbers on the thermometer allow the temperature to be read after it registers. Most thermometers show the temperature in degrees Fahrenheit (F). Each long line represents one degree and each short line represents two-tenths of a degree. Some thermometers show the temperature in degrees Celsius (C), with the long lines representing one degree and the short lines

representing one-tenth of a degree. Small arrows or highlighted numbers show the normal temperature: 98.6°F and 37°C (Fig. 14-6).

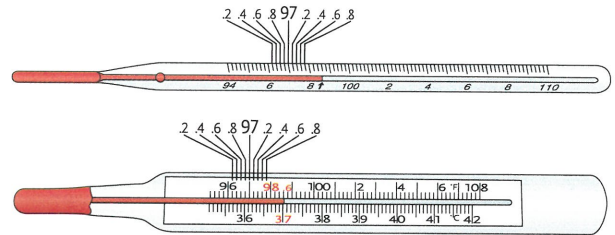


Fig. 14-6. This shows a normal temperature reading: 98.6°F and 37°C.

There is a range of normal temperatures. Some people's temperatures normally run low. Others in good health will run slightly higher temperatures. Normal temperature readings also vary by the method used to take the temperature. A rectal temperature is considered to be the most accurate. However, measuring a rectal temperature on an uncooperative person, such as a resident with dementia, can be dangerous. An axillary temperature is considered the least accurate.

A nursing assistant should not measure an oral temperature on a person who

- Is unconscious
- Has recently had facial or oral surgery
- Is younger than 5 years old
- Is confused or disoriented
- Is heavily sedated
- Is likely to have a seizure
- Is coughing
- Is using oxygen
- Has facial paralysis
- Has a nasogastric tube (a feeding tube that is inserted through the nose and goes into the stomach)
- Has sores, redness, swelling, or pain in the mouth
- Has an injury to the face or neck

3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Place the baby's head at the beginning of the measured markings.
5. Straighten the baby's knee.
6. Make a pencil mark on the paper at the baby's heel.
7. Determine and remember the length.
8. Remove the baby and put him in his crib.
9. Wash your hands.
10. Document the length, including any observations.

When a paper with inch markings is not available, follow these steps:

1. Wash your hands.
2. Prepare a clean, firm surface with a plain sheet of paper on it. The paper must be longer than the baby.
3. Place the baby on the firm surface. Keep at least one hand on the baby at all times.
4. Make a pencil mark on the paper at the top of the baby's head.
5. Straighten the baby's knee.
6. Make another mark at the baby's heel.
7. Remove the baby and put him in his crib.
8. With the tape measure, measure the distance between the marks. Remember the length.
9. Wash your hands.
10. Document the length, including any observations.

9. Explain guidelines for special care

At birth, the **umbilical cord** that connected the baby to the placenta inside the mother's uterus is cut. The stump of the cord remains attached to a newborn's navel for up to three weeks

(Fig. 27-18). Proper care of the cord stump is necessary to prevent infection and allow healing.



Fig. 27-18. The stump of an umbilical cord remains attached to the navel for up to three weeks. The stump needs to be kept clean and dry until it falls off.

Guidelines: Umbilical Cord Care

- G** Keep the stump clean. It used to be common to swab the stump with alcohol after every diaper change. However, research suggests that the stump may heal faster if left alone. If the stump becomes dirty, gently wash it with mild soap and water. Make sure the area is dry after cleaning it. Use a clean, dry cloth to gently absorb any moisture, or fan it dry using a piece of paper.
- G** Never pull on or handle the cord. It will fall off by itself. The baby will feel no pain when the cord falls off.
- G** Keep diapers folded down away from the cord to allow air to circulate and prevent irritation. Quickly change wet or soiled diapers.
- G** Do not give an infant a tub bath until the cord has fallen off. Until then, giving a sponge bath is best.

Measuring an infant's axillary, tympanic, or temporal artery temperature

*Equipment: digital thermometer, tympanic thermometer, **temporal artery thermometer**, or mercury-free thermometer, disposable probe cover (if needed)*

1. Wash your hands.

2. Be sure the thermometer is clean. Put on the disposable probe cover if used. For a mercury-free thermometer, shake the thermometer down to below the lowest number.
3. **For axillary temperature:** Undress the upper body on one side. Lay the baby on a padded surface. Place the tip of the thermometer under the arm, and hold the baby's arm close to her body so the thermometer tip touches skin on all sides (Fig. 27-19). Keep thermometer in place until it blinks or beeps (digital thermometer) or for three to five minutes (mercury-free thermometer).
4. For all methods, remove the thermometer and read the temperature. Keep one hand on the baby at all times.
5. If you measured the axillary temperature, dress the baby. Put the baby down safely.
6. Clean and store thermometer and supplies.
7. Wash your hands.
8. Document temperature.



Fig. 27-19. Leave the thermometer in place for three to five minutes or until it blinks or beeps.

For tympanic temperature: Lay the baby on her side. Pull the outside of the ear gently toward the back of the head. Gently insert the thermometer tip into the ear, pointing toward the opposite eye. Be sure the ear is sealed by the thermometer. Press the button and hold the thermometer in place until thermometer blinks or beeps.

For temporal artery temperature: Turn on the thermometer. Place the thermometer flat on the forehead, usually midway between the eyebrow and the hairline. Press and hold the scan button. Gently sweep the thermometer across the baby's forehead, keeping the thermometer in contact with the skin. Release the scan button.

Circumcision is the removal of part of the foreskin of the penis. It is commonly performed on male babies. Some religions require circumcision. Parents may also choose to have their baby circumcised for other reasons.

Circumcision is usually performed in the hospital or at the doctor's office when the baby is only days old. Afterwards, the circumcision site needs special care to heal. This usually includes covering the tip of the penis with a gauze pad rubbed with petroleum jelly to prevent the diaper from irritating the site. However, some types of circumcision require different care. The HHA's supervisor's instructions and the care plan will explain the care required.

Some babies who need special care will have medical equipment in the home. HHAs will probably not be responsible for operating or handling the equipment. However, it is helpful for them to be familiar with various items. HHAs should always follow their supervisor's instructions before touching any medical equipment.

Apnea monitor: **Apnea** is the state of not breathing. Some babies may stop breathing for periods of time due to immaturity of the lungs or other reasons. The apnea monitor alerts parents or caregivers if breathing stops. Many apnea monitors also monitor heart rate.

Ventilator or oxygen equipment: Some babies with breathing problems need to be given oxygen. Oxygen is considered a medication. In most states it cannot be given by a home health aide.