

Essential In-Services for Long-Term Care Education for Frontline Staff

2020 Edition



Reviewed by Kelly Smith Papa, MSN, RN



Essential In-Services for Long-Term Care:

Education for Frontline Staff

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Table of Contents

Essential In-Services for Long-Term Care: Education for Frontline Staff

Introduction	vii
In-Service 1: Abuse and Neglect: Prevent, Recognize, and Report	1
In-Service 2: Activities of Daily Living.....	13
In-Service 3: ALS.....	27
In-Service 4: Alzheimer’s Disease	39
In-Service 5: Amputee Care	57
In-Service 6: Arthritis	71
In-Service 7: Assistive Devices	87
In-Service 8: Behavior Management	97
In-Service 9: Bloodborne Pathogens and Standard Precautions	111
In-Service 10: Care Planning	127
In-Service 11: Chronic Conditions	135
In-Service 12: Communication	157
In-Service 13: COVID-19	169
In-Service 14: Cultural Diversity	181
In-Service 15: Dementia	193
In-Service 16: Depression and Anxiety	205
In-Service 17: Diabetes.....	217
In-Service 18: Drug Regimen Review and Medication Reconciliation	231

Table of Contents

In-Service 19: Dysphagia	243
In-Service 20: End-of-Life Care	255
In-Service 21: Ethics	267
In-Service 22: Hand Hygiene.....	281
In-Service 23: Heart Disease and Health	297
In-Service 24: HIPAA	311
In-Service 25: Incontinence and Constipation	325
In-Service 26: Infection Prevention: Guidelines for Standard and Additional Precautions	341
In-Service 27: Influenza	353
In-Service 28: Kidney Disease.....	363
In-Service 29: LGBT Residents.....	379
In-Service 30: Lifting and Transferring	395
In-Service 31: Malnutrition and Dehydration.....	411
In-Service 32: Mental Illness	427
In-Service 33: Multiple Sclerosis	439
In-Service 34: Nutrition: Guidelines for Balanced Meals and Special Diets	455
In-Service 35: Obesity	467
In-Service 36: Oxygen Therapy	485
In-Service 37: Pain Management	495
In-Service 38: Parkinson’s Disease.....	507
In-Service 39: Personal Care.....	519
In-Service 40: Professionalism and Accountability	533
In-Service 41: Psychosocial Care	549

In-Service 42: Range of Motion and Positioning563

In-Service 43: Readmission to Hospitals575

In-Service 44: Resident Education585

In-Service 45: Respiratory Disorders599

In-Service 46: Skin Care613

In-Service 47: Social Media and Safe Practices623

In-Service 48: Strokes and Seizures.....639

In-Service 49: Traumatic Brain Injury.....655

In-Service 50: Tube Feeding and Oral Care669

In-Service 51: Urinary Catheter Care681

In-Service 52: Vital Signs697



Introduction

Essential In-Services for Long-Term Care: Education for Frontline Staff

Every day we are surrounded by the opportunity for learning. Whether it is learning a new policy, enhancing skills, reflecting on actions, or meeting a new person, in long-term care we have countless opportunities to learn and grow. I often find myself thinking about Michelangelo, who at the age of 87 wrote the inscription “*Ancora Imparo*” (*I am still learning*) in one of his sketches. The painter and sculptor, who had created magnificent works of art his entire life, was still learning.

I believe in lifelong learning; I don’t think any person can ever feel they’re done learning, growing, and becoming. Healthcare is an ever-changing world with constant challenges and new expectations of those we serve. The more we know about our jobs and those we serve, the more we know we need to learn.

If you are reading this book, you are inspired to bring new learning to your team. Your approach, in bringing enlightened learning to your team, is an essential factor in the building of skills. Quality clinical outcomes are the results of a talented team of staff with high clinical competence and empathy for those they are entrusted to care for. In this book you will find essential in-services. Each one offers tools to help you create connections with your team as you help them deepen their awareness and skills in a variety of important long-term care topics. While using the materials in this book, keep in mind the additional information your team will need to know regarding your facility’s specific policies and procedures.

I believe we learn the most from authentic educators who are passionate about learning and developing. Educators who are excited about the topics that they are teaching and who also have a deep respect for their students have the biggest impact. As an educator, take the extra time to learn about how adults learn and infuse your classes with many types of communication and approaches to be sure that students are able to feel educated about the topic at hand. Use training time to build relationships to help with less formal learning that occurs in those unscheduled teachable moments.



In-Service 1

Abuse and Neglect: Prevent, Recognize, and Report

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

The topic of this lesson is required by many state regulatory agencies on an annual basis for staff that care for older adults. It covers the prevention, recognition, and reporting of elder abuse and neglect.

Learning objectives

After this lesson, participants should be able to:

- Define different kinds of abuse and neglect
- Identify symptoms of caregiver stress that could lead to abuse or neglect
- List ways to prevent abuse and neglect
- Recognize signs of abuse and neglect
- Know how to report elder abuse and neglect

Lesson activities

Introduce the lesson to your learners by asking them to do the matching activity in the “Ways Older Adults Are Abused” section in the learning guide, either individually or as a group.

The answers to the activity are:

1. d	2. c	3. b	4. e	5. a	6. f
------	------	------	------	------	------

Ask if anyone can add anything to the “Additional Ways Older Adults Are Abused” section.

Who are the victims?

State that the typical abuse victim lives with and depends on a family member for daily care, but abuse is also a problem in institutional settings. Most victims are female, age 75 or over, with a mental or physical illness. Most are completely dependent on the abuser, or are too fearful of retaliation to speak out.

Who are the abusers?

State that most abusers are relatives who take care of the older adult. The abusers may have problems such as alcohol or drug dependence, emotional or mental illness, or stress. Many times, the abusers need as much help as the victims. In some circumstances the care giver may not have the skills or coping mechanisms handle stressful situations.

Without an organizational culture that is attentive to identifying and reporting potential abuse or neglect, residents may suffer at the hands of an abusive staff member.

Caregiver stress

Explain that caregiver stress can be a problem for anyone caring for older adults, and that this can lead to abuse in an institutional setting. Instruct the learners to fill out the questionnaire “Are You an Overly Stressed Caregiver?” Ask for discussion. Point out that this questionnaire could be used for family caregivers as well.

Preventing abuse and neglect

Point out the ideas for preventing abuse at the bottom of the learning guide’s first page. Explain the following:

1. Professional caregivers have valuable skills to care for older adults. Work is less stressful when we know how to do it well. We can also teach these skills to family members.
2. We can help each other by listening while we vent frustrations and by working together to solve problems. We can help family members by listening to their frustrations.
3. We must respect the resident’s rights at all times and teach them to others.

Recognizing abuse and neglect

Review the signs of abuse and neglect, and point out that some of these could happen even to an organization that cares for older adults. Everyone should be alert to the signs.

Reporting abuse and neglect

Explain your organization's and your state's reporting procedures, giving the appropriate names and numbers to the learners.

Give learners a copy of the statement of resident or elder rights for your state.

The lesson

Review the material in the lesson with participants. Allow for discussion.

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer 70% of the test questions correctly.

Test answers

1. c	2. a, b, c	3. b	4. c	5. a, b
6. b, c	7. a, c	8. True	9. b	10. respect

Abuse and Neglect: Prevent, Recognize, and Report

Learning Guide

Contents:

- Introduction
- Ways Older Adults Are Abused
- Are You an Overly Stressed Caregiver?
- Signs of Elder Abuse and Neglect
- Reporting Abuse and Neglect
- Prevention

Introduction

Elder abuse: Any mistreatment or neglect of an older adult. Everyone has the right to be treated with respect.

There is no acceptable excuse for abuse and neglect of older adults, but recognizing and preventing the problem of caregiver stress may help prevent some elder abuse.

Ways older adults are abused

Match the definition to the term:

1. _____ Psychological abuse
2. _____ Neglect
3. _____ Physical abuse
4. _____ Rights violations
5. _____ Financial abuse
6. _____ Sexual abuse
 - a. Stealing or mismanaging the money, property, or belongings of a person. Also called exploitation.

- b. Using physical force to cause physical pain or injury.
- c. Failing to provide something necessary for health and safety, such as personal care, food, shelter, or medicine.
- d. Causing emotional or psychological pain. Includes isolation, verbal abuse, threats, and humiliation.
- e. Confining someone against his will, or strictly controlling the elder's behavior. Includes improper use of restraints and medications to control difficult behaviors.
- f. Forcing sexual contact without the person's consent, including touching or sexual talk.

Additional ways older adults are abused

- Overmedicating
- Denying aids such as walkers, eyeglasses, or dentures
- Dirty living conditions
- Inadequate heating and air conditioning

Are you an overly stressed caregiver?

Answer these questions with “yes” or “no.”

1. I am frequently unable to sleep because I have so much on my mind. _____
2. Most of the time I don't feel very good. _____
3. I have difficulty concentrating and often forget to do routine tasks. _____
4. I feel depressed or sad much of the time. _____
5. I feel worried and anxious almost all the time. _____
6. I lose my temper easily and become angry at other people. _____
7. I don't think there's anything wrong with me; I just wish everyone else would stop doing things that upset me. _____
8. Most days I feel irritable and moody, often snapping at others. _____
9. I feel tired almost all the time, and just drag myself through my days. _____

In-Service 1

10. I'm too busy to do anything fun or to go out with my friends. _____

Any “yes” answers could be a sign of excessive stress. More than three “yes” answers should prompt you to talk to your supervisor or physician about the way you are feeling.

Signs of elder abuse and neglect

As people age, they may become frail and experience hearing and vision loss. They may become unable to think as clearly as they once could. This leaves them open for people to take advantage of them.

Types of elder abuse include:

- Physical abuse
- Emotional abuse (including fear of retaliation)
- Sexual abuse
- Neglect and abandonment by a caregiver
- Financial exploitation
- Healthcare fraud and abuse

Be concerned if you see a resident showing the following new behaviors or signs:

- General abuse signs:
 - Becoming withdrawn, unusually quiet, depressed, or shy
 - Becoming anxious, worried, or easily upset
 - Refusing care from caregivers
 - Not wanting to be around people and not wanting to see visitors

- Physical abuse signs:
 - Bruises or burns
 - In a woman, vaginal bleeding or bruising of the genitals or thighs
 - Fractures
 - Unreasonable or inconsistent explanations for injuries
 - Frequent emergency room visits
 - Caregiver refusal to allow the nurse to see the resident alone
- Emotional abuse signs:
 - Belittling, threatening, or controlling behavior by the caregiver in your presence
 - Behavior from the resident that mimics dementia (e.g., rocking or mumbling)
 - Afraid of retaliation by caregiver if abuse is reported
- Financial abuse signs
 - Items or cash are reported missing from the home
 - Unnecessary goods or services or numerous subscriptions
- Healthcare fraud signs:
 - The resident complains about duplicate billing for the same service provided
 - Evidence of the resident being overmedicated or undermedicated
- Signs of possible neglect:
 - Weight loss, malnutrition, or dehydration
 - Insufficient clothing, shoes, or basic hygiene items
 - Medications not filled or taken
 - Doctor visits not scheduled or kept
 - Unclean appearance or smell
 - Skin ulcers or sores
 - Declining health
 - Unsafe living conditions

In-Service 1

While most of these are controlled in a residential setting, it is possible for any of them to occur anywhere. Abusive or neglectful caregivers can be professionals as well as family members. It is important for everyone to be alert to the signs of abuse and neglect.

Reporting abuse and neglect

Anyone who knows of an older adult being abused or neglected is obligated to notify the proper authorities. Reporting procedures vary by state. Staff who suspect abuse of a resident by either a family member or another professional caregiver should first report it to supervisors. You should become familiar with any statements of rights that your state has issued to protect residents—ask your supervisor for a copy. It is the responsibility of every staff member to report any suspected abuse or neglect, of any type. It is not the staff member's responsibility to investigate or confirm the abuse or neglect; the supervisor, leadership, and/or human resources will follow up with an investigation. If you believe that an employee in a supervisor/management/leadership role is committing abuse or neglect, find another person to report your suspicion to. Follow organizational policies for reporting structures.

Every state has an office or department that deals with abuse and neglect of older adults. There are different names for these offices: Human Services, Adult Protective Services, Health and Welfare, Department of Aging, etc. Write the name and number of your state departments here:

This is the place to call when you know of, or suspect, elder abuse or neglect.

Prevention

You can help prevent abuse and neglect by:

- Listening to the residents and caregivers
- Intervening when abuse or neglect is suspected
- Educating the residents and caregivers on how to recognize abuse and neglect

Abuse and Neglect: Prevent, Recognize, and Report

Test

Name _____ Date _____ Score _____

Directions: Circle the correct answer(s); some questions have more than one correct answer.

1. If you know of or suspect abuse or neglect of a resident, you should first _____.
 - a. confront the staff member or family member that you suspect of committing the abuse
 - b. call the state department that accepts abuse reports
 - c. report it to your supervisor

2. Some causes of abuse and neglect are _____.
 - a. caregiver stress
 - b. emotional or mental illness
 - c. alcohol or drug use

3. Threatening a resident with punishment for not doing what you tell them to is _____.
 - a. acceptable if done with a soft tone of voice
 - b. verbal abuse, and it is never acceptable
 - c. useful in disciplining an older adult

In-Service 1

4. Exploitation is a form of abuse that involves _____.
 - a. physical harm
 - b. emotional harm
 - c. misuse or theft of money, property, or other financial assets

5. Some good ways to help prevent abuse are _____.
 - a. education, counseling, and support groups
 - b. listening, teaching caregiving skills, and communicating
 - c. none of the above

6. Symptoms of possible abuse include _____.
 - a. dementia
 - b. becoming unusually quiet or withdrawn
 - c. bruises or burns

7. Symptoms of possible neglect include _____.
 - a. necessary medical visits not scheduled or kept
 - b. too many outside activities
 - c. lack of basic hygiene items and adequate clothing

8. It is the responsibility of everyone working in a skilled nursing facility to report suspected abuse or neglect to a supervisor.
True or False

9. Improper use of bedrails or other restraints is considered _____.
- a. physical abuse
 - b. rights violation
 - c. emotional abuse
10. Abuse and neglect will not occur if we remember that everyone has the right to be treated with _____.

CERTIFICATE OF COMPLETION

I hereby certify that

has successfully completed the In-Service

**Abuse and Neglect:
Prevent, Recognize, and Report**

Signature _____



In-Service 6

Arthritis

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

After this lesson, participants should be able to:

- Name the symptoms of arthritis and be familiar with some different types of the disease
- State the things that can help prevent arthritis from occurring or getting worse
- Explain how to treat and care for people with arthritis

Objective 1: The symptoms and types of arthritis

1. If you have secured a speaker, ask him or her to address the group. If you did not find a speaker in advance, ask if anyone in your group has arthritis and is willing to talk about it. If someone responds, ask him or her to tell the group what kind of arthritis he or she has, what it feels like, and how it affects him or her.
2. Ask your learners to look at the picture of a normal joint in column two of the first page the learning guide. Together, read and review the information in the sections “Who gets arthritis and why?” “What are the symptoms?” and “What happens in arthritis?” Try to find some photos on the Internet of people with arthritis to show during this lesson.
3. Discuss or lecture on the different types of arthritis as described in the learning guide section “Types of arthritis.”

Objective 2: Things that might prevent arthritis from occurring or getting worse

1. Talk about the preventive measures as described in the learning guide section “Can you prevent arthritis?”
2. Tell your learners that research has shown that middle-aged and older women who lose 11 pounds or more over 10 years cut their risk of knee osteoporosis in half.

Objective 3: How to treat and care for people with arthritis

1. Go over the “Treatments that work” section of the learning guide in detail. Be sure your participants understand each of the six treatment methods. Review the case study learning activity and discuss the answers.
2. Emphasize how participants can assist residents with care and treatments. Depending on the plan of care and your policies, participants may be able to help with exercises, passive range of motion, medication assistance, heat and cold applications, pacing activities, and joint protection, and with encouraging self-care.

Lesson activities

Hand out the “Arthritis Case Study Learning Activity” to the participants before giving them the learning guide. Ask them to do the activity based on what they already know. Tell them they will learn the correct answers during the lesson. They should keep the activity for review during Objective 3.

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer 70% of the test questions correctly.

Test answers

1. Pain, stiffness, swelling, difficulty moving a joint, redness around joints, decreased range of motion	2. a	3. d	4. b	5. c
6. b	7. joint protection, self-care	8. c	9. b	10. a

Arthritis

Learning Guide

Contents:

- Arthritis Case Study Learning Activity
- Arthritis Lesson Guide
 - Who gets arthritis and why?
 - What are the symptoms?
 - What happens in arthritis?
 - Types of arthritis
 - Can you prevent arthritis?
 - Treatments that work
- Arthritis Case Study Learning Activity Answers

Arthritis Case Study Learning Activity

Each of these case studies presents a situation that someone with arthritis and their caregivers might face. Based on what you already know, choose the best solution. After you have completed the activity, you will study the learning guide for answers.

1. Mrs. Jones has arthritis in both of her knees. She complains often about how much it hurts to walk. She has become inactive and gained weight in the past few years. What do you think might help Mrs. Jones? Circle all the answers that apply.
 - a. Nothing will help her, because she is older and arthritis is part of aging
 - b. Losing weight would help
 - c. Exercising would help
 - d. She needs to rest more
 - e. Using a walker would help

In-Service 6

2. Warm compresses are applied to Mrs. Jones' knees several times per day. She says it doesn't help her knees feel better at all. What else might be tried for pain relief?
 - a. Warm packs are the best treatment there is
 - b. Cold compresses help some people and might help Mrs. Jones
 - c. Probably neither heat nor cold will help
 - d. She should keep warm compresses on the knees all day
3. Mrs. Jones doesn't like to take a bath early in the day because she usually wakes up feeling stiff, with pain in her joints. What should you do?
 - a. Let her bathe later when she feels more flexible and less uncomfortable
 - b. Tell her that she will feel better if she gets moving
 - c. Bathe her in bed so she doesn't have to get up
4. Mrs. Jones likes to do needlework, and she will sit and work on her projects for long periods of time. She complains that her fingers hurt, but she doesn't want to give up her hobby. What might help her with this problem? Circle all that apply.
 - a. She needs to stop doing needlework
 - b. She should change to a different kind of hobby or craft that doesn't require repetitive finger movements
 - c. She should alternate a period of needlework with a time of rest
 - d. She should alternate needlework with something that doesn't use the fingers as much

Arthritis

The term arthritis is taken from two Latin words:

- *arthro* means joint, or a part of the body where bones meet
- *itis* means inflammation; symptoms are redness, heat, swelling, and pain

Who gets arthritis and why?

People of all ages can have arthritis, but it occurs more often among older people. Nearly 43 million Americans are affected by this condition. We do not know the cause of most types of arthritis, but probably there are many different causes.

What are the symptoms?

There are six main signs of arthritis. They usually occur in or around a joint. Symptoms can include:

1. Pain
2. Stiffness
3. Swelling (sometimes)
4. Difficulty moving a joint
5. Redness around the joints
6. Decreased range of motion

Arthritis symptoms can vary widely among individuals. For example:

- Symptoms can develop suddenly or slowly
- Pain can be constant or can come and go
- Pain may occur when the person is moving or has been still for some time
- Pain may be felt in one spot or in many parts of the body
- Sometimes the skin over the joint may appear swollen and red and feel warm to the touch
- Some types of arthritis are associated with fatigue
- Often the pain and stiffness are more severe in the morning or after a period of inactivity

Arthritis is usually chronic, which means it lasts a long time and may never go away.

This condition can make it hard for people to do many of the daily tasks they used to do easily by themselves. This causes loss of independence and a need to rely on others for assistance.

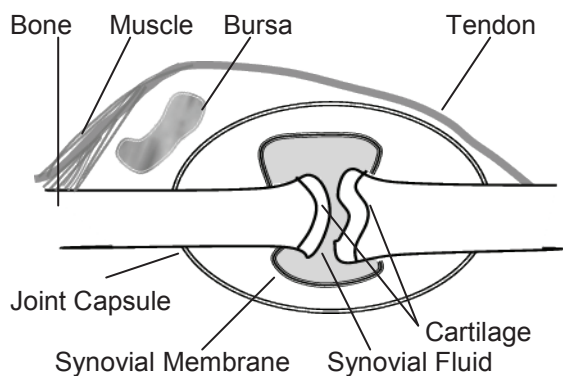
What happens in arthritis?

Arthritis usually affects areas in or around joints. Joints are parts of the body where bones meet. The ends of the bones are covered by cartilage, which is a spongy material that works as a shock absorber to keep bones from rubbing together.

Joints are enclosed in a capsule, called the joint capsule. The joints are lined with tissue, called the synovium or synovial membrane. The synovial membrane releases a slippery fluid that lubricates the joint and helps it move smoothly and easily.

Muscles and tendons are connected to the bones. They support the joints and help with movement. Different types of arthritis can affect one or more different parts of a joint. When arthritis affects a joint, it can change the shape and alignment of the bones or the joints. Certain types of arthritis can also affect other parts of the body besides the joints, such as the skin and internal organs (Figure 6.1).

Figure 6.1 A Normal Joint



Types of arthritis

There are more than 100 different types of arthritis and related conditions. The following sections describe a few of the more common kinds.

Osteoarthritis (OA)

OA is the most common kind. It is also called degenerative arthritis or degenerative joint disease. OA affects many older people. It usually occurs after age 45 in both men and women.

With OA, the cartilage and bones begin to deteriorate or break down. This means the bones might rub together or not move smoothly within the capsule. The result is pain and stiffness. OA usually affects the fingers and the weight-bearing joints, such as the knees, feet, hips, and back.

Rheumatoid arthritis (RA)

RA is another common form. It occurs three times more often in women than in men, and usually begins in the young or middle adult years. Morning stiffness that usually lasts more than one hour is common with RA, and over time, joints may lose their range of motion and may become deformed.

With this type of arthritis, something goes wrong with the body's immune system. The immune system is usually the way the body defends itself against bacteria and viruses. When a person has RA, the immune system works improperly and attacks the body's own joints and organs. This problem causes warmth and swelling (inflammation) of the joint lining (synovium). This can cause damage to the cartilage, bone, and tendons of the joint. RA often affects the same joints on both sides of the body. If the right knee is swollen, then the left knee will probably be swollen also. The hands, wrists, feet, knees, ankles, shoulders, neck, jaw, and elbows are frequently affected.

Fibromyalgia

Fibromyalgia is a common condition that usually afflicts women. It affects muscles and the points where the muscles attach to bones. Fibromyalgia creates tender points in the body that are more sensitive to pain and touch. It also causes pain throughout the entire body. Fatigue and stiffness are associated with fibromyalgia, along with restless sleep and psychological distress.

Gout

Gout causes severe pain and swelling in the big toes, ankles, and knees. Gout results when the body produces or retains too much uric acid, which is a natural substance in the body. The excess uric acid forms needle-like crystals in the affected joint, causing pain. It is more common in men than women, because men more frequently have higher uric acid levels. Weight loss and limited alcohol intake help this condition, along with medication.

Can you prevent arthritis?

There are things we can do to reduce the risk of getting certain kinds of arthritis. These things also help reduce the level of disability in people who have arthritis and may keep the condition from getting worse. They are:

- Maintain recommended weight
 - People who are overweight have a higher frequency of OA, especially in the weight-bearing joints (knees and hips)
 - Women are especially at risk for developing OA from being overweight
 - In men, excess weight increases the risk of developing gout
- Guard against injury
 - Joint injuries caused by accidents or overuse increase the risk of OA
 - Keep the muscles around joints strong by exercising to reduce the risk of wear on the joint and to help prevent injury
 - Get adequate calcium and vitamin D to protect against bone fractures

Treatments that work

There are several things we can do to help most types of arthritis. First, anyone who has symptoms of arthritis should see a doctor for a correct diagnosis. Only a doctor can decide whether a person has arthritis and what kind it is. It is important to know the type of arthritis, because there are different treatments for different types.

Medication is important for reducing the pain and inflammation caused by arthritis. Doctors often prescribe the following:

- Aspirin-free pain relievers such as acetaminophen (Tylenol®).
- Anti-inflammatory drugs such as aspirin, ibuprofen (Advil®), and naproxyn (Aleve®). These reduce the warmth and redness (inflammation) in the joints or skin and also relieve pain.
- Sleep aids.

If you are helping someone take medication, you should know the name of the medicine, how much the individual is supposed to take, how and when they should take it, how quickly it works, what it does, and what side effects to watch for. Anti-inflammatory drugs can cause stomach pain and bleeding and can also thin the blood so that a person bleeds excessively. Always report complaints of stomach pain.

Exercise is one of the best treatments for arthritis. There are different ways to exercise (Figure 6.2).

Figure 6.2 Exercises for Prevention

Type of Exercise	What It Does	How to Do It	How Often
Range of motion (ROM)	Reduces stiffness. Keeps joints flexible and moveable.	Gently move each joint through all the possible ways it can move. An assistant can do passive ROM, or someone with arthritis who is able to can do active ROM alone.	Daily
Strengthening	Builds muscle strength, which helps keep joints stable. Strong muscles make it easier to do things.	Lift light weights in sets of 8 to 10 repetitions. Start with weights no heavier than one to three pounds each.	Every other day
Endurance	Builds fitness. Keeps heart healthy. Helps control weight.	Walk or do something that raises the heart rate a little above normal for 20 to 30 minutes. Don't exercise so hard that it is difficult to talk.	Three times a week

Dementia and arthritis: Be aware if you have residents who have dementia and also arthritis. They may not be able to self-report pain. Be sure to recognize the symptoms of pain in a person with dementia and report your findings for treatment plans.

Heat and cold applications can provide relief from some of the symptoms of arthritis. Heat relaxes aching muscles and can be applied with warm compresses and warm water soaks. Cold numbs the area and reduces pain and can be applied with ice or cold packs. Either heat or cold are fine to use, depending on the individual's preference. When using either type of application, it's important to remember the following:

- Never use heat with rubs or creams. The combination of heat and creams can burn the skin.
- It is helpful to use heat or cold before exercising to prepare the joints and muscles.
- Be safe! Don't leave a hot or cold treatment on the skin for more than 20 minutes at a time. Let the skin return to its normal temperature between treatments.

Pacing activities also saves energy, reduces fatigue, and protects joints from stress and injury.

Keep the following in mind:

- Alternate heavy or repeated tasks with easy tasks
- Switch periods of activity with periods of rest
- Change tasks often so the joints don't stay in one position for a long time

Joint protection uses the joints in ways that avoid stress and can make it easier to do tasks. Pay attention to joint position and use the joints in the best way. Use larger or stronger joints to carry things, such as carrying a grocery bag with the forearms, not the hands. Use walking or assistive devices, such as canes, walkers, and reachers, to reduce stress on the joints and to make tasks easier. Use thick pens for writing, and only carry lightweight items.

Self-care skills means taking care of oneself by planning activities for the best times, when feeling more flexible or in less pain. The person should do enjoyable things and learn how to manage stress.

Arthritis Case Study Learning Activity Answers

The following are the answers to the case study problems.

1. Mrs. Jones has arthritis in both of her knees. She complains often about how much it hurts to walk. She has become inactive and gained weight in the past few years. What do you think might help Mrs. Jones? Circle all the answers that apply.
 - a. Nothing will help her, because she is older and arthritis is part of aging
 - b. Losing weight would help
 - c. Exercising would help
 - d. She needs to rest more
 - e. Using a walker would help

Answers: b, c, and e. Weight loss will reduce the pressure on the knees. Exercise can strengthen the muscles around the knees and improve support to the joint. A walker can reduce pressure on the knees.

2. Warm compresses are applied to Mrs. Jones' knees several times per day. She says it doesn't help her knees feel better at all. What else might be tried for pain relief?
- Warm packs are the best thing there is
 - Cold compresses help some people and might help Mrs. Jones
 - Probably neither heat nor cold will help
 - She should keep warm compresses on the knees all day

Answer: b. Either warm or cold compresses are good, depending on what helps the individual the most. Neither heat nor cold should be left on for more than 20 minutes at a time.

3. Mrs. Jones doesn't like to take a bath early in the day because she usually wakes up feeling stiff, with pain in her joints. What should you do?
- Let her bathe later when she feels more flexible and less uncomfortable
 - Tell her that she will feel better if she gets moving
 - Bathe her in bed so she doesn't have to get up

Answer: a. She should be allowed to schedule her bath for a time when she has more freedom of movement and less pain, a little later in the day.

4. Mrs. Jones likes to do needlework, and she will sit and work on her projects for long periods of time. She complains that her fingers hurt, but she doesn't want to give up her hobby. What might help her with this problem? Circle all that apply.
- She needs to stop doing needlework
 - She should change to a different kind of hobby or craft that doesn't require repetitive finger movements
 - She should alternate a period of needlework with a time of rest
 - She should alternate needlework with something that doesn't use the fingers as much

Answers: c and d. Switching between a repetitive activity such as needlework and something that uses the joints less will help reduce the pain in Mrs. Jones' fingers. Periods of rest are also good.

Arthritis

Test

Name _____ Date _____ Score _____

Directions: Circle or fill in the best answer.

1. Write at least the four main symptoms of arthritis (four points):
 - a. _____
 - b. _____
 - c. _____
 - d. _____

2. What is the most common kind of arthritis?
 - a. Osteoarthritis (degenerative arthritis)
 - b. Rheumatoid arthritis
 - c. Fibromyalgia
 - d. Lupus
 - e. Gout

3. What are the two main things that can help prevent arthritis or keep it from getting worse?
 - a. Vitamins and vigorous exercise
 - b. Daily meditation and at least eight hours of rest
 - c. Avoiding alcohol and not smoking
 - d. Maintaining recommended weight and guarding against injury

4. Which kind of exercise should people with arthritis do every day?
 - a. Aerobic exercises for endurance
 - b. Range-of-motion exercises
 - c. Muscle strengthening exercises with weights

5. Two side effects of some arthritis medicines are:
 - a. Confusion and dizziness
 - b. Liver disease and jaundice
 - c. Stomach upset and bleeding
 - d. Kidney failure and gout

6. How should cold or warm compresses be used?
 - a. Alternate heat with cold
 - b. Apply either one for no more than 20 minutes at a time
 - c. Use a muscle rub under a warm compress
 - d. Keep them on continuously

7. There are six main treatments for arthritis. They are (fill in the blanks—two points):
 - a. Medication
 - b. Exercise
 - c. Heat or cold
 - d. Pacing activities
 - e. _____
 - f. _____

In-Service 6

8. Self-care skills _____.
- a. are very selfish and self-centered
 - b. are skills to wash one's own back
 - c. means taking care of oneself by planning activities for the best times, when feeling more flexible or in less pain
 - d. all of the above
9. Arthritis symptoms develop _____.
- a. rapidly
 - b. rapidly or slowly, depending on the type and individual
 - c. slowly
 - d. because of a genetic disease
10. Fibromyalgia is _____.
- a. a condition that affects muscles and the points where they attach to bones, creating tender points in the body that are more sensitive to pain and touch; it causes body-wide pain, fatigue, stiffness, restless sleep, and psychological distress
 - b. a type of arthritis that causes inflammation of the skin, body tissues, and organs such as the kidneys, lungs, or heart, often first appearing between the ages of 18 and 45, and which can be fatal
 - c. a condition that causes severe pain and swelling in the big toes, ankles, and knees; it results when the body produces or retains too much uric acid, which forms needle-like crystals in the affected joint, causing pain
 - d. is also called degenerative arthritis and causes the cartilage and bones to deteriorate or break down, allowing for the bones to rub together or not move smoothly within the capsule, resulting in pain and stiffness

CERTIFICATE OF COMPLETION

I hereby certify that

has successfully completed the In-Service

Arthritis

Signature _____



In-Service 52

Vital Signs

Teaching Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

After this lesson, participants should be able to:

- State how to measure pulse, respiration, body temperature, and blood pressure
- State the importance of weight measurement

Lesson activities

Preparation:

Gather the following equipment: blood-pressure cuff, stethoscope, thermometer, scale, and forms for documentation. Use the same equipment that is used in your organization for measuring vital signs and weight. Provide a copy of your documentation procedures, or an example of the correct way to document vital signs in your facility, to every learner.

Self-study:

If your workers are using this lesson plan for self-study, have them work with at least one other employee (two others is better) so they can check each other's performance of the required skills according to the skills checklists. The learners will need to read all the material, including this teaching plan, perform the skills on the checklists, and take the posttest before they receive the certificate. They should also review the correct way to document vital signs in your facility.

Introduction:

1. Give all learners a copy of the learning guide, and ask them to complete Figure 52.1, the pretest, by following the instructions in each section.
2. Go over the pretest with the learners, being sure they understand the correct answers, using the answer key. Allow for questions and explanations.

What’s normal?

Point out to your learners that older adults tend to have slightly lower temperatures than younger people, as well as slightly higher blood pressure, pulse, and respirations. Although older people may be in a lower or higher part of the “normal” range, this may still be normal for the individual and the age. Some people may have conditions that mean their “normal” vital signs are different from the ranges given. When a resident can be expected to operate outside the normal range most of the time, the physician should be contacted to establish a normal and acceptable range for the resident. Otherwise, all vital signs outside normal ranges should be reported to the nurse.

Testing vital sign measurements

1. Give the learners time to review the vital sign measurement techniques in the learning guide. Allow for questions.
2. Give each learner a copy of the approved documentation used in your facility for recording vital signs. Review the correct procedure in your facility for documenting vital signs and weight.
3. Explain that each learner will demonstrate his or her ability to correctly measure vital signs and weight as the test for this session.
4. Arrange learners into groups of three. Ask one learner in each group to be the “resident,” while the other two learners measure his or her vital signs and weight. Each learner should document the vital signs they obtain. The vital signs obtained by two different people on the same resident should be very close to the same measurement. Variations should be checked by the teacher to determine whether there is a problem with the technique used by one of the learners.
5. Have the resident change places with other learners so that everyone has an opportunity to demonstrate their ability to measure vital signs correctly. Use the check-off boxes under each section of the lesson to document that each learner has demonstrated the abilities on the checklists, and keep these in your training files.

Conclusion

Have participants take the test. Review the answers together. Award certificates to those who answer 70% of the test questions correctly.

Test answers

1. c	2. a	3. a	4. a	5. b
6. b	7. a	8. b	9. c	10. False

Vital Signs

Learning Guide

Contents:

- Measuring Pulse and Respirations
- Measuring Body Temperature
 - Oral temperature
 - Ear canal temperature
 - Axillary temperature (under the arm)
 - Rectal temperature
- Measuring Blood Pressure
- Weight Measurement

Measuring Pulse and Respirations

- Wash your hands.
- Place the resident's hand in a resting position on a surface, palm up.
- Feel along the inside of the wrist with your fingertips, locating the pulse below the resident's thumb and just below the bend of the wrist. Do not use your thumb, as it has a strong pulse of its own.
- Look at your watch and find a starting point. Count the beats you feel for 30 seconds, and then multiply that number by two. If the pulse is irregular, count for a full minute and don't multiply.
- When you have finished counting the pulse, stay in the same position and watch the resident's chest. It is best if the resident is not aware that you are counting his breathing, because he may alter his breathing rate if he is conscious of being watched.
- Look at your watch and find a starting point. Count each time the resident's chest rises and falls as one single respiration.
- Count respirations for 30 seconds and multiply by two. If breathing is irregular, count for a full minute and don't multiply.

- Wash hands.
- Document both the pulse and the respirations, writing down the number of heartbeats and the number of breaths you counted per minute.
- Notify your supervisor of irregularities or measurements outside the normal range.

Measuring Body Temperature

Oral temperature

- Wait at least 15 minutes after the resident has eaten, smoked, or had a drink.
- Place a disposable cover on the thermometer, or follow your organization's policy for disinfecting thermometers before reusing them. Be sure the thermometer is not broken, chipped, or cracked.
- Ask the resident to wet his lips, and then insert the tip of the thermometer under the resident's tongue and slightly to the side. You may have to push a button on an electronic thermometer to activate it.
- Ask the resident to close his lips over the thermometer. An electronic thermometer should stay in place until it beeps.
- When finished, remove the thermometer from the resident's mouth and dispose of the cover.
- Electronic thermometers will tell you the temperature with a digital reading.
- Document the reading. Disinfect and store the thermometer according to policy.

Ear canal temperature

- Place a disposable cover on the thermometer, or follow your organization's policy for disinfecting thermometers before reusing them. Be sure the thermometer is not broken, chipped, or cracked.
- Place thermometer into resident's ear canal. An electronic thermometer should stay in place until it beeps.
- When finished, remove the thermometer from the resident's ear and dispose of the cover.
- Electronic thermometers will tell you the temperature with a digital reading.

- Document the reading. Disinfect and store the thermometer according to policy.

Axillary temperature (under the arm)

- Hold the thermometer in the center of the resident's armpit for at least nine minutes or until it beeps.

Rectal temperature

Follow direction from the nurse and your facility's policy on rectal temperatures.

- Assist the resident to lie on his or her side with the upper leg pulled up toward the chest as much as possible.
- Lubricate the covered rectal thermometer or rectal electronic probe and gently insert it no further than one inch into the resident's rectum. Keep the resident covered during this procedure to protect privacy.
- Hold in place for at least 3 minutes, while supporting the resident to prevent any movement that could cause injury. Be careful to avoid trauma to the rectum. Use gloves and standard precautions.

Measuring Blood Pressure

- The resident should be relaxed and comfortable, either sitting or lying down. Be sure there is no tight clothing restricting circulation on the arm. The arm should be bare. Loose sleeves can be pushed up.
- Rest the resident's arm on a surface such as a table or chair arm, with the palm up and the arm out straight. The resident should not hold the arm up, as using muscles could raise the pressure.
- Use a blood pressure cuff that is the right size for the resident. The cuff should fit easily around the arm and overlap but not be so large that it overlaps itself too far. A cuff that is the wrong size will give an incorrect reading.
- Wrap the fully deflated cuff snugly (not too tight) around the resident's arm about an inch above the bend in the elbow. The cuff contains a sensor, usually marked with an arrow, which should be placed over the brachial artery. The brachial artery runs along the inside of the arm, on the side next to the body.
- Place the gauge where you can easily see it. Put your stethoscope earpieces in your ears.

- Close the valve on the sphygmomanometer bulb. This usually means turning the valve clockwise.
- Find the brachial pulse by placing your fingers just above the bend in the elbow along the side of the arm closest to the body. Keeping your fingers on the brachial artery, inflate the cuff until you can no longer feel the pulse and then continue inflating for an additional 30 mm on the gauge. Usually you will inflate the cuff until the gauge reads between 170 and 200.
- Place the flat disk part of your stethoscope (the diaphragm) on the brachial artery just below the cuff and just above the bend in the elbow.
- Open the valve on the bulb slowly and steadily, turning it counterclockwise. The cuff will begin to deflate.
- Listen closely to the sounds coming through the stethoscope. At the first pulse sound you hear, note the gauge reading. This is the systolic pressure reading.
- Note the gauge reading again when the pulse sound disappears. This is the diastolic pressure.
- Deflate the cuff and remove it. Record the blood pressure according to your organization's policy.

Weight Measurement

- Weight is not a vital sign, but changes in weight can be important symptoms of illness.
- Weigh the resident at about the same time of day each time, using the same scale. Periodically check the scale's accuracy by weighing yourself and comparing this weight with your weight on other scales.
- Place the scale on a stable, solid surface, preferably a hard floor without carpeting.
- Assist the resident to remove shoes and unneeded clothing. Put a paper towel on the scale.
- Be sure the scale is set at zero before having the resident step on it (or sit if it is a chair scale).
- Make sure the resident is able to stand safely, and be prepared to provide support.
- Wait until the scale stops moving before reading the measurement.
- Document the weight measurement.
- If using a wheelchair scale or a mechanical lift scale, follow equipment user guide instructions.

Figure 52.1A | LEARNING GUIDE PRETEST

How Much Do You Know?

1. We measure four vital signs to get a picture of someone's basic health status. What are they? (Circle four)

Skin color	Strength	Temperature
Height	Blood pressure	Pulse
Age	Respirations	Weight

2. Match the vital sign with equipment you might use to measure it:

Temperature	Sphygmomanometer	Pulse	Thermometer
Stethoscope	Watch or clock	Blood pressure	Respirations

3. Write the full name of the vital sign beside the abbreviation:

TPR is _____

BP means _____

4. Three ways to measure temperature are:

O stands for _____

A stands for _____

R stands for _____

5. Match the type of pulse with its location on the body:

Brachial	Chest
Carotid	Wrist
Radial	Inner arm
Apical	Neck

What's Normal?

Temperature: Fill in the Chart

Our bodies make heat to keep our internal systems working. It is usually a symptom of disease when the body's temperature is above or below its normal range. The normal range varies depending on how the temperature measurement is obtained.

Fill in normal ranges on the chart.

If measured orally (older adults run at the lower end of the range)	_____ degrees Fahrenheit
If measured <u>rectally</u> or in the ears (<u>tympanic</u>)	_____ degrees Fahrenheit
If measured under the arm (<u>axillary</u>):	_____ degrees Fahrenheit

Figure 52.1A | LEARNING GUIDE PRETEST (CONT.)

Pulse: Fill in the Blanks

Measuring the pulse tells us how often the heart beats. The normal adult range is from _____ to _____ beats per minute. While it is usually measured at the wrist by placing the fingertips on the radial artery, you may also count it at the chest (apical pulse) with a stethoscope.

Respiration: Fill in the Blanks

Counting the respirations tells us how many breaths the resident takes. The normal adult range is from _____ to _____ per minute.

Blood Pressure: Fill in the Blanks

Blood pressure measurement tells us two things about the circulation of blood through the arteries.

1. *Systolic pressure* tells how much force is being put on the arteries when the heart is contracting and pushing the blood outward through the arteries. This is the top number in a written blood pressure and is normally between _____ and _____ in adults. A higher range of 140 to 160 systolic pressure is normal for older adults.
2. *Diastolic pressure* measures how much force is on the arteries when the heart is relaxing and not pushing the blood outward. This is the bottom number in a blood pressure, and a normal adult reading is between _____ and _____.

Figure 52.1B | LEARNING GUIDE PRETEST ANSWER KEY

How Much Do You Know?

1. We measure four vital signs to get a picture of someone's basic health status. What are they?

(Circle four)

Skin color	Strength	Temperature
Height	Blood pressure	Pulse
Age	Respirations	Weight

2. Match the vital sign with equipment you might use to measure it:

Temperature	Sphygmomanometer
Pulse	Stethoscope
Respirations	Thermometer
Blood pressure	Watch or clock

3. Write the full name of the vital sign beside the abbreviation:

TPR is temperature, pulse, respirations

BP means blood pressure

4. Three ways to measure temperature are:

O stands for orally (by mouth)

A stands for axillary (under the arm)

R stands for rectally (in the rectum)

5. Match the type of pulse with its location on the body:

Brachial	Chest
Carotid	Wrist
Radial	Inner arm
Apical	Neck

Figure 52.1B | LEARNING GUIDE PRETEST ANSWER KEY (CONT.)

What's Normal?

Temperature: Fill in the Chart

Our bodies make heat to keep our internal systems working. It is usually a symptom of disease when the body's temperature is above or below its normal range. The normal range varies depending on how the temperature measurement is obtained. Fill in normal ranges on the chart.

If measured orally (older adults run at the lower end of the range)	<u>96.5 to 99.6</u> degrees Fahrenheit
If measured <u>rectally</u> or in the ears (<u>tympanic</u>)	<u>98.6 to 99.6</u> degrees Fahrenheit
If measured under the arm (<u>axillary</u>):	<u>96.6 to 98.6</u> degrees Fahrenheit

Pulse: Fill in the Blanks

Measuring the pulse tells us how often the heart beats. The normal adult range is from 60 to 100 beats per minute. While it is usually measured at the wrist by placing the fingertips on the radial artery, you may also count it at the chest (apical pulse) with a stethoscope.

Respiration: Fill in the Blanks

Counting the respirations tells us how many breaths the resident takes. The normal adult range is from 14 to 25 per minute.

Blood Pressure: Fill in the Blanks

Blood pressure measurement tells us two things about the circulation of blood through the arteries.

1. *Systolic pressure* tells how much force is being put on the arteries when the heart is contracting and pushing the blood outward through the arteries. This is the top number in a written blood pressure and is normally between 100 to 140 in adults. A higher range of 140 to 160 systolic pressure is normal for older adults.
2. *Diastolic pressure* measures how much force is on the arteries when the heart is relaxing and not pushing the blood outward. This is the bottom number in a blood pressure, and a normal adult reading is between 60 to 90.

Vital Signs

Test

Name _____ Date _____ Score _____

Directions: Circle the correct answer.

1. What is a sphygmomanometer used for?
 - a. Temperature
 - b. All vital signs
 - c. Blood pressure
 - d. None of the above

2. Which term refers to how much force is being put on the arteries when the heart is contracting?
 - a. Systolic
 - b. Diastolic
 - c. Respiration
 - d. Radial

3. Where is an apical pulse taken?
 - a. Chest
 - b. Carotid
 - c. Wrist
 - d. Leg

4. When measuring pulse, you should _____.
 - a. place the resident's hand in a resting position on a surface, palm up
 - b. use your thumb
 - c. count beats for 30 seconds even if the beat is irregular
 - d. none of the above

In-Service 52

5. When measuring body temperature, you should wait how long after a resident has eaten, smoked, or had a drink?
 - a. 1 minute
 - b. 15 minutes
 - c. A day
 - d. An hour

6. When taking blood pressure, the resident's arm should be _____.
 - a. flexed, with the hand in a fist
 - b. out straight with the palm of the hand up
 - c. higher than his chest
 - d. none of the above

7. When taking blood pressure, you need to find what type of pulse?
 - a. Brachial
 - b. Chest
 - c. Radial
 - d. Carotid

8. Normal values for diastolic blood pressure are between _____.
 - a. 20 and 70
 - b. 60 and 90
 - c. 100 and 140
 - d. 150 and 200

9. Normal respirations are between how many per minute?
 - a. 70 and 75
 - b. 10 and 25
 - c. 14 and 25
 - d. 14 and 35

10. Weight is a vital sign. True or False

CERTIFICATE OF COMPLETION

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has successfully completed the In-Service

Vital Signs

Signature _____

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