Chapter 9
Hygiene and Care of the Patient's Environment

Hygiene
- Science of health
- Includes care of skin, hair, hands, feet, eyes, ears, nose, mouth, back, and perineum
- Personal hygiene
  - Self-care measures people use to maintain their health and prevent disease
- Nurses are role models and teach by example

Hygiene (Cont.)
- Factors affecting personal hygiene
  - Touch
  - Beliefs, values, habits
  - Individual preferences
  - Culture
  - Physical condition

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Hygiene (Cont.)

- Patient’s room environment
  - Keep comfortable and safe
  - Factors affecting environment
    - Temperature
    - Ventilation
    - Noise
    - Odors
    - Lighting

Hygiene (Cont.)

- Life span considerations (older adults)
  - Become chilled
  - Mobility limited
  - Impaired circulation
  - Effects of soap and detergents on skin

Room Equipment

- Bedside stand
- Bed
- Overbed table
- Chair
- Lights
Bathing

- Often delegated to unlicensed assistive personnel
- Oral care
- Hair care and showering

Bathing (Cont.)

- Hand, foot, and nail care
  - May be done for nondiabetic patients

Bedmaking

- Unoccupied bed
- Occupied bed
Bathing (Cont.)

- Therapeutic baths
  - Cool water tub bath
    - Relieves tension or lower body temperature
    - Water temperature 98.6° F
  - Warm water tub bath
    - Reduces muscle tension
    - Temperature 109.4° F

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Bathing (Cont.)

- Therapeutic baths
  - Hot water tub bath
    - Relieves muscle soreness and muscle spasms
    - Temperature 113°-115° F
  - Sitz bath
    - Cleanses and aids in reducing inflammation of perineal and anal areas
    - 20-30 minutes

Bathing (Cont.)

- Other baths
  - Complete bed bath
  - Partial bath
  - Tepid sponge bath
  - Medicated bath
Bathing (Cont.)

- Back care and back rubs
  - Given after baths
  - Promote relaxation, relieve muscle tension, and stimulate circulation
  - Contraindications

Question 1

The therapeutic bath that may be ordered to assist the healing process for a patient who had a hemorrhoidectomy would be a:
1. complete bed bath.
2. warm water tub bath.
3. hot water tub bath.
4. sitz bath.

Components of Patient’s Hygiene

- Skin care
  - When physical condition changes, skin often reflects this with changes in color, texture, thickness, turgor, temperature, and hydration
  - As long as skin remains intact and healthy, its physiologic function remains optimal
Components of Patient's Hygiene (Cont.)

Skin care

- Collect data
  - Normal skin has the following characteristics
    - Intact without abrasions
    - Good turgor
    - Warm and moist
    - Localized changes in texture across surface
    - Color varies from part to part

Components of Patient's Hygiene (Cont.)

Skin care

- Impaired skin integrity
  - Pressure ulcers
    - Occur when there is sufficient pressure on the skin to cause the blood vessels in an area to collapse
    - Factors that play role in pressure ulcers
      - Shearing force
      - Friction

Components of Patient's Hygiene (Cont.)

Skin care

- Pressure ulcers
  - Localized injury to the skin or underlying tissue, usually over a bony prominence caused by pressure with shear or friction
Components of Patient's Hygiene (Cont.)

- Skin care
  - Stages of pressure ulcers
    - Stage I – localized area of skin intact with nonblanchable redness
    - Stage II – partial-thickness loss of dermis
    - Stage III – full-thickness tissue loss in which subcutaneous fat is sometimes visible, but bone, tendon, and muscle are not exposed
    - Stage IV – involves full-thickness tissue loss with exposed bone, tendon, or muscle

- Intervention
  - Assess improvement
  - Document size and depth of ulcer, amount and color of exudate
  - Presence of pain, appearance of exposed tissue
Components of Patient’s Hygiene (Cont.)

- Oral hygiene
  - Brushing teeth
    - Removes food particles, plaque and bacteria; massages the gums, relieves discomfort resulting from unpleasant odors and tastes
  - Dentures

- Dentures
  - Set of artificial teeth not permanently fixed or implanted
  - Should be stored in an enclosed, labeled cup when not in use
  - Clean as often as natural teeth

Components of Patient’s Hygiene (Cont.)

- Oral hygiene
  - Dentures

Components of Patient’s Hygiene (Cont.)

- Hair care
  - Combing, brushing, shampooing are basic hygiene measures
  - May shampoo in shower or tub, in sink, or in bed

- Shaving
  - May prefer to shave at time of bathing
  - Use electric razors for those with bleeding disorders or taking anticoagulants
  - Do not allow those who are confused or disoriented to use a razor with a blade
Components of Patient's Hygiene (Cont.)

- Hand, foot, and nail care
  - Often require special attention to prevent infection, odors, and injury
  - Assessment
    - Examine all skin surfaces
    - Inspect area between toes
    - Assess for adequate circulation to the feet

Components of Patient's Hygiene (Cont.)

- Eye, ear, and nose care
  - Care of the eyes
    - Cleansing of the circumorbital area of the eyes is usually performed during the bath
    - Care involves washing with a clean washcloth moistened with clear water
    - The use of soap is omitted because it may cause burning and irritation
    - The eye is cleansed from the inner to the outer canthus
    - Patient may need assistance with care of eyeglasses or contact lenses

Components of Patient's Hygiene (Cont.)

- Eye, ear, and nose care
  - Care of the ears
    - The ears are cleansed by the nurse during the bed bath
    - A clean corner of a moistened washcloth rotated gently into the ear canal works best for cleaning
    - A cotton-tipped applicator is useful for cleansing the pinna
    - The nurse should teach patients never to use bobby pins, toothpicks, or cotton-tipped applicators to clean the internal auditory canal
Components of Patient’s Hygiene (Cont.)

- Eye, ear, and nose care
  - Care of the ears
    - Hearing aids
      - This involves routine cleaning, battery care, and proper insertion technique
      - When not in use, the hearing aid should be stored where it will not become damaged

Components of Patient’s Hygiene (Cont.)

- Eye, ear, and nose care
  - Care of the nose
    - The patient can usually remove secretions from the nose by gently blowing into a soft tissue
    - Teach the patient that harsh blowing causes pressure capable of injuring the tympanic membrane, nasal mucosa, and even sensitive eye structures
    - If the patient is not able to clean the nose, the nurse will assist using a saline-moistened washcloth or cotton-tipped applicator; for excessive secretions, suctioning may be required

Question 2

A patient is admitted with bilateral hearing aids and asks the nurse to remove the hearing aids. After removal of the hearing aids the nurse:
1. places them in a dry container and in the bedside stand.
2. leaves the hearing aids on the bedside table.
3. gives them to the family to take home at night.
4. places them in the medication room with the patient’s name on them.
Components of Patient’s Hygiene

- Perineal care
  - Care of the genitalia
  - Assess for signs of vaginal or urethral exudate, skin impairment, unpleasant odors, complaints of burning during urination, localized tenderness or pain in the perineum
  - Catheter care
    - Perform twice daily
    - Cleanse meatal catheter junction with mild soap and water and sometimes apply a water-soluble microbicidal ointment (if ordered)

Components of Patient’s Hygiene (Cont.)

- Bedmaking
  - The patient’s bed is usually made in the morning after the bath
  - When possible, the bed is made while it is not occupied; when the patient is unable to be out of bed, the nurse will make an occupied bed
  - The patient’s safety is always foremost in the nurse’s mind; comfort and privacy are also important
    - Use side rails, keep the call light within easy reach, and maintain the bed in the proper position

Components of Patient’s Hygiene (Cont.)

- Bedmaking
  - It is the nurse’s responsibility to keep the bed as clean and comfortable as possible
  - This may require frequent inspections to make sure the bedding is clean, dry, and wrinkle-free
  - Check the linens for food particles after meals and for urine incontinence or involuntary stool
  - Use proper body mechanics; raise bed to a working level
Components of Patient's Hygiene (Cont.)

- Assisting the patient with elimination
  - Bedpan
    - A device for receiving feces or urine from either male or female patients confined to the bed
  - Urinal
    - A device for collecting urine from male patients; urinals for females also available
    - Bedpans or urinals are used when a patient is unable to get up to go to the bathroom for the purpose of urination or defecation

Components of Patient's Hygiene (Cont.)

- Assisting the patient with elimination
  - The nurse should offer the bedpan or urinal frequently, because patients may accidentally soil bedclothes if their elimination needs are not met
  - Report any abnormalities and record in the nurse’s notes
  - Flow sheets are usually provided for documentation of normal voiding and stools

Components of Patient's Hygiene (Cont.)

- Care of the incontinent patient
  - Incontinence is a very common problem, especially among older adults
  - Incontinence occurs because pressure in the bladder is too great, sphincters are weak, or the innervation has been compromised due to illness or injury
  - Incontinence may involve a small leakage of urine when the person laughs, coughs, or lifts something heavy
Components of Patient's Hygiene (Cont.)

- Care of the incontinent patient
  - Care requires the use of disposable adult undergarments or underpads
  - Cleansing the skin thoroughly after each episode of incontinence with warm soapy water and drying it thoroughly help to prevent skin impairment
  - When urinary incontinence results from decreased perception of bladder fullness or impaired voluntary motor control, bladder training can be helpful

Nursing Process

- Nursing diagnoses
  - Oral mucous membranes, impaired
  - Mobility, impaired physical
  - Skin integrity, impaired
  - Self-care deficit—bathing/hygiene, dressing/grooming

Question 3

- A nursing diagnosis that may be used for a patient who is not able to complete his activities of daily living might be:
  1. Impaired physical mobility related to weakness as evidenced by inability to ambulate.
  2. Impaired skin integrity related to poor nutrition as evidenced by open area on coccyx 2 cm by 3 cm.
  3. Self-care deficit with hygiene related to weakness as evidenced by weakness in bilateral upper extremities.
  4. Impaired mucous membranes related to dry mucous membranes as evidenced by dry mouth, insufficient saliva, and pale mucous membranes.
Question 4

• When a patient is incontinent, the nurse is aware that the incontinence may be:
  1. from increased bladder pressure or a weakened sphincter.
  2. a result of the patient being lazy and not wanting to use the restroom.
  3. because the patient does not realize he/she is incontinent.
  4. from decreased bladder pressure and a weakened sphincter.