

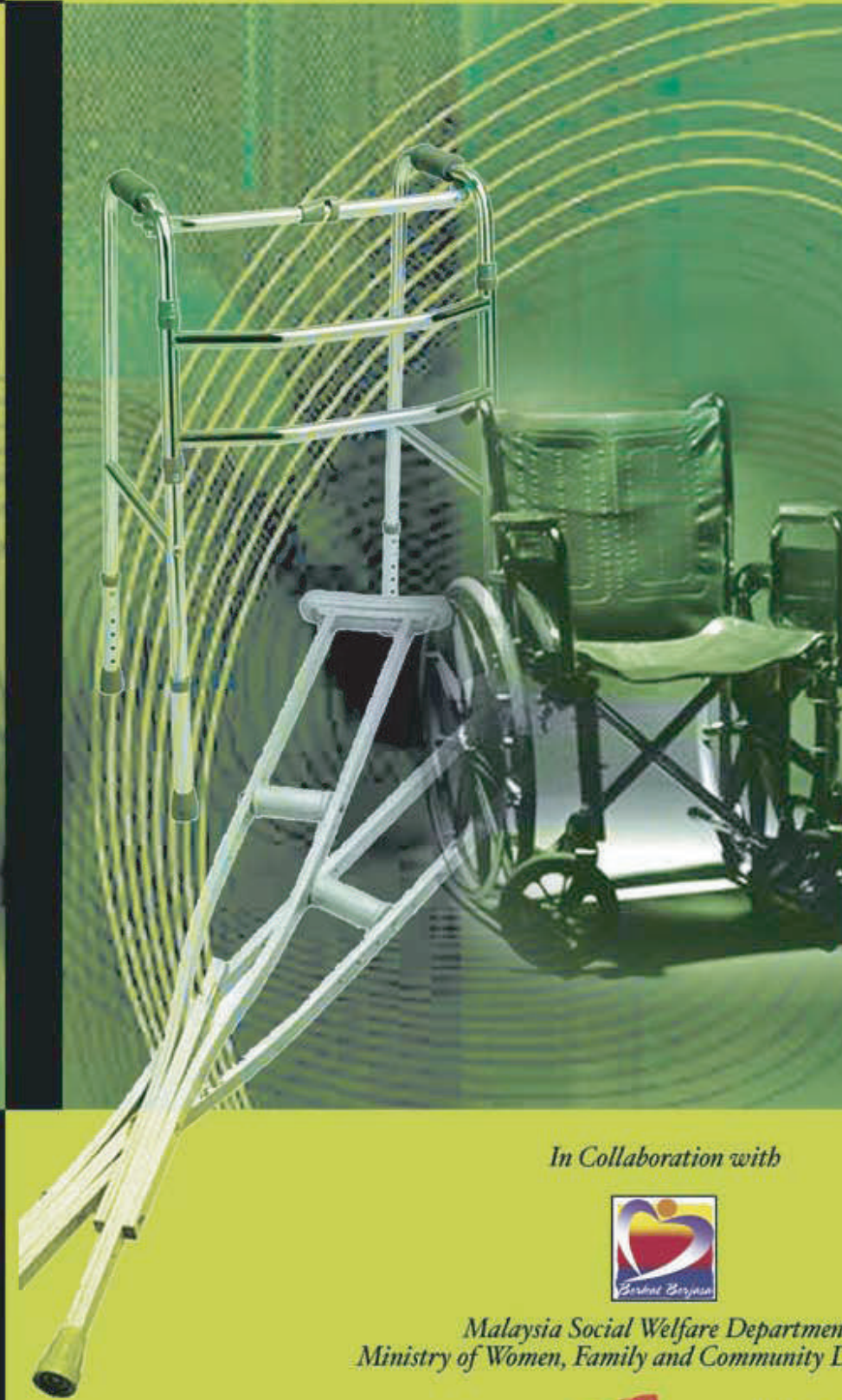


Caregiver Training Manual

Basic Care of People with Disabilities in Institution & at Home

by Family Health Development Division, Public Health Department,
Ministry of Health, Malaysia

CAREGIVER TRAINING MANUAL - BASIC CARE OF PEOPLE WITH DISABILITIES IN INSTITUTION & AT HOME



In Collaboration with



*Malaysia Social Welfare Department,
Ministry of Women, Family and Community Development*

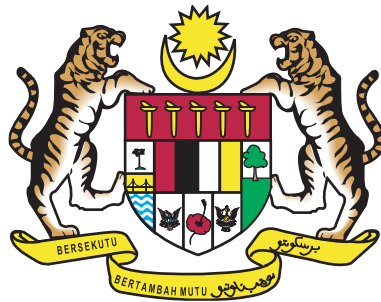
Selangor Cheshire Home

**National Council of
Cheshire Home Malaysia**

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Jun 2007



FORWARD

WHO states that 10% of the given population has a disability. Disability can range from mild disability where the person can function independently, moderate disability where the person with the disability may need help occasionally to the more severe form where the person may require assistance for all the activities throughout the day.

Many Persons With Disabilities (PWDs) live with their families. These families have a great need for knowledge and skills on how to manage their family member at home. There are also many PWDs who live in institutions. PWDs in institution may be ambulatory, wheelchair bound or bedridden. Care givers in institutions need to undergo training on basic care for PWDs so that they are able to provide appropriate care needed by the PWDs.

This manual contains the basic care necessary for the care of PWDs in areas of personal care and hygiene, nutrition, physical care and first aid. Tips and advice have been included on good communication, recreation, understanding stress and stress management as well as care of the back for caregivers are all meant to ensure that the caregiver stays healthy.

The joint effort between Family Health Development Division, Malaysia Social Welfare Department and Selangor Cheshire Home in developing this manual is the first step towards improving the quality of care for PWDs in institutions. Partnerships and close networking need to be forged with other stakeholders who provide care to PWDs to promote basic training for caregivers in institution and at home.

Finally, I would like to say thank you to all those involved in the development of this manual.

**DATO' DR. NARIMAH AWINI,
DIRECTOR
FAMILY HEALTH DEVELOPMENT DIVISION
PUBLIC HEALTH DEPARTMENT,
MINISTRY OF HEALTH, MALAYSIA**



National Council of Cheshire Homes, Malaysia and Selangor Cheshire Home are pleased to be a partner with the Family Health Development Division, Public Health Department, Ministry of Health, Malaysia in the development of the Manual On The Care Of People With Disabilities In Institutions and at Home. We are also honoured to receive financial support from the Ministry of Women, Family and Community Development.

This Manual is the product of expertise from Doctors, Nurses, Physiotherapists, Occupational Therapists, Counselors, Medical Assistants and Nutritional Officers from the Ministry of Health and Cheshire Homes, Malaysia.

With this Manual, the caregivers will be able to provide optimal help to people with disabilities both in the institution and at home.

We hope that the caregivers throughout Malaysia will be acknowledged and accredited through a structured training programme so as to maintain effective and relevant services to People With Disabilities

**PUAN KHATIJAH SULIEMAN,
VICE PRESIDENT & CHAIRMAN OF TRAINING AND DEVELOPMENT COMMITTEE
NATIONAL COUNCIL OF CHESHIRE HOMES MALAYSIA
& PRESIDENT, SELANGOR CHESHIRE HOME**

PREFACE

The Caregiver Training Manual is a guideline on the basic management of people with disabilities. It is meant for caregivers in institutions, family members who provide care-giving at home as well as care providers providing home care nursing. This manual is a product of combined efforts of both government and non-government organisations and aims at increasing awareness, knowledge and skills as well as improving the quality of care provided by caregivers in the care of people with disabilities in institutions and at home.

The contents of the manual are contributions from Doctors, Nurses, Physiotherapists, Occupational Therapists, Counselors, Medical Assistants and Nutritional Officers. The manual provides information for the care of the person with disabilities in a holistic manner and covers physical, mental as well as social health of clients. Aspects of care for the caregiver have been included.

Contents have been classified under five sub topics i.e. general care; diet and nutrition; physical care; stress management and coping skills; communication and recreation; and basic first aid.

The topic on general care covers information on hygiene, prevention of pressure sores and techniques in providing help to clients in managing their activities of daily living such as feeding, dressing and toileting.

Contents on diet and nutrition includes nutritional assessment, diet modification based on problems faced by client and daily requirements for children, adults and elderly persons

The chapter on physical care looks into prevention of physical problems such as contractures and muscle wasting. Tips on handling and positioning of clients, proper methods of transferring of clients and mobilizing exercises have been included. Graphics have been added to provide clear picture on handling of clients. With the help of this manual, the caregiver will be able to provide optimal help to people with disabilities both in the institution and at home.

Managing client's mental and social health is addressed through chapters on stress management and communication. Suggestions on appropriate recreational activities for clients with disabilities have been included.

Knowledge on first aid is essential in any institution or home. Accidents and emergencies occur when one least expects it. Management of cuts, burns and seizures have been described. Management of emergencies such as choking or handling an unconscious patient has been included in the form of

Professionals can utilise the manual when conducting training for caregivers. It is hoped that with the help of this manual, caregivers will be able to provide optimal help to Persons with Disabilities in institutions and at home.

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CHAPTER 1

INTRODUCTION

CHAPTER 1: INTRODUCTION

1 Persons With Disabilities

Persons with disabilities may be different but they have the same needs as everyone else. By giving a helping hand they can live independently to a certain extent and can even contribute to society. Persons with disabilities may have physical disabilities such as anatomical or functional loss of limb, blindness, deafness or disability due to mental and behaviour problems.

Persons with disabilities in institution or homes may require minimal care or may be fully dependant on a caregiver depending on the severity of the disability. Clients with physical disabilities in institutions and at home may be ambulant, in wheelchairs or bedridden.

They may be multicultural and multiethnic, practise different religious beliefs and may vary in age groups (child, adult and elderly). There may be both male and female clients in the institution, thus caregivers need to be gender sensitive.

2. Caregivers

Caregivers assist the disabled, elderly and chronically ill persons live in their own homes, in institutions or residential care facilities.

Caregivers need to have basic knowledge on care giving to be able to provide appropriate care for the person with disability. Caregivers need knowledge and skills on general care of the client, appropriate nutrition, physical care and exercise, ideas on recreation and basic first aid and emergency care.

Care giving may be provided by family members, paid workers or volunteers. The service is very demanding on the caregiver in terms of social, financial, emotional and physical well-being.

It is very important for caregivers to take care of themselves. Caregivers have a high risk of developing chronic disease. Caregivers need to take care of their health so that they are better able to care for their clients or loved ones. Some tips for caregivers have also been included in chapters on physical care and stress management.

Tips for caregivers on taking care of yourself:

- Don't neglect your health
- Take time each day to do something for yourself – read, listen to music, telephone friends, exercise
- Eat healthy food and do not skip meals
- Find other caregivers and develop a support network so that you can share problems and ideas
- Do not be afraid to ask for help. Do not do everything yourself
- For caregivers caring for family members, other family members should be included in the care giving tasks. Friends and neighbours can help with other chores.

3. Ensuring a Safe Environment for Care Giving

Safety of the client is an important factor that needs to be taken seriously because a safe environment will prevent injury and accidents in the home and institution. Environment must be disable friendly as this will also be a great help for both client (enabling client to be more independent) and caregiver (less stress on the caregiver)

Areas of safety that needs to be addressed are as follows:

3.1 Physical environment

- o **Lighting:** good, bright lighting in living rooms, bed rooms, pathways, toilet, kitchen.
- o **Flooring :** safe , non slippery floor, even
- o **Space :** ample and safe space for maneuvering of wheelchairs
- o **Slopes and Rams:** safe and correct width of slope, appropriate sites of slopes and ramps
- o **Electrical cords:** must be fastened to the floor
- o **Staircase:** rails on both sides of the stairs.
- o **Furniture :** avoid unnecessary furniture

3.2 Care of Appliances/ Accessories to prevent accidents

- o brakes
- o wheels & tyres
- o backrest

3.3 Prevent Risk of falls

- o Proper size of bed.
- o Correct handling/ lifting
- o Proper training of maneuvering wheelchair
- o For patients who are ambulant – care must be take for those with visual problems, balance problems, hypotension and illness such as stroke

3.4 Ensure medication is taken properly

- o Follow proper instruction of prescription of medication – avoid taking medication without consultation.
- o Aware of side effects of each drug taken by client and inform the doctor if there is any.
- o Proper storage of medication
 - Ensure each medication is labeled.
 - Note expiry date of each drug
 - Keep at correct temperature

CHAPTER 2

GENERAL CARE

- **Technique of hand washing**
- **Hygiene / Cleanliness**
- **Changing Bed sheets for Bedridden Client**
- **Activities of Daily Living**

CHAPTER 2: GENERAL CARE

Any disabled person who due to acute or chronic disability can no longer care for their own personal needs is dependent on another person for their daily care.

General care includes helping the client in areas of **hygiene** e.g. care of hair, care of skin, bathing etc, as well as carrying out their **activities of daily living** (ADL) such as feeding, dressing and toileting.

Care required may be partial i.e. assistance in some areas of ADL only, or total in the case of a client who is bedridden and totally dependent. Some of the clients that may require help in managing their ADL are persons with;

- o physical disability,
- o low vision or blind
- o severe mental disability
- o elderly with debilitating disease

Factors that may influence ADL skills include;

- o level of severity of the disability.
- o health status and energy.
- o culture
- o religion

1. TIPS FOR CAREGIVERS WHEN PROVIDING CARE

1.1 ENCOURAGE CLIENTS TO DO AS MUCH AS POSSIBLE

When providing care to persons with disabilities, caregivers must assess the client's abilities i.e. what the client can and cannot do by himself/herself and provide assistance where necessary. If client is able to do some of the activities on their own, caregiver must encourage clients to do as much as possible.

1.2 KEEPING CLEAN

Caregivers must also ensure that they practice good habits such as **hand washing** when caring for clients.

Hand washing is important to prevent infection and spread of microorganisms.

Hands should be washed;

- o Before and after meals.
- o After handling bedpan/urinal or after going to the toilet.
- o After contact with body fluids (phlegm, blood, pus etc)
- o Before and after caring out any nursing procedure.

TECHNIQUE OF HAND WASHING

- Remove all jewelries on the hands and wrists.
- Wet hands and forearms with adequate supply of water and soap.



i. Scrub palm to palm



ii. Right palm over left dorsum and left palm over right dorsum



iii. Palm to palm fingers interlaced



iv. Back of fingers to opposing palms with fingers interlocked



vi. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa



v. Rotational rubbing of right thumb clasped in left palm and vice versa



vii. Rotational rubbing of right wrist and vice versa.
Rinse and dry thoroughly

2. HYGIENE / CLEANLINESS

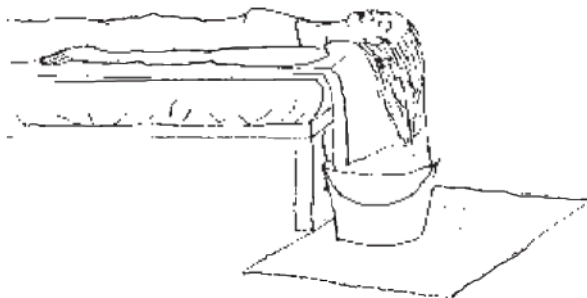
Some clients with disability may need help in keeping themselves clean. This includes care of all parts of the body i.e. hands, hair and skin. It is important for caregivers to help, assist and supervise people with disability in maintaining cleanliness and grooming.

2.1. CARE OF HAIR

Hair should be short and neat. Hair should be combed every day to;

- o improve blood circulation to the head.
- o ensure hair is shiny and smooth.
- o ensure hair is neat and tidy

Use anti dandruff shampoo to prevent dandruff.



Washing Hair For A Bedridden Client

Equipment :

Bucket, Large Jug of water, Shampoo

2 plastic or rubber sheet, 2 towels

Brush and comb

Water temperature should be comfortable for people with disability

Methods :

- i. Explain to client what you are about to do.
- ii. For bedridden clients, position the head overhanging the top of the bed.
- iii. Place a plastic sheet covered with a towel under the client's head and shoulders to protect the mattress and the client from getting wet. Cover client's shoulder with a towel.
- iv. Place a second plastic sheet on the floor under the bedhead to prevent floor from getting wet.
- v. Place a bucket on the plastic sheet directly under client's head and drape the plastic sheet on the bed into the bucket.
- vi. Explain to the client that you will be pouring water over his/her head.
- vii. Support the back of the client's head. Then gently pour water from the jug over the client's hair taking care to ensure that water runs into the bucket and does not soak the client.
- viii. When the hair is sufficiently wet, inform the client you are going to apply shampoo to his/her hair.
- ix. Massage shampoo into client's hair making sure shampoo does not get into the client's eyes.
- x. Rinse by pouring water from the jug over the client's head. Make sure water runs freely into the bucket.
- xi. Wring excess water from the hair and dry client's hair with a towel.
- xii. Style the client's hair in the usual manner.

2.2. CARE OF HANDS AND NAILS

a. Cleanliness of hands

- o Ensure client's hands are clean and dried especially for clients whose hands tend to close most of the time.

b. Finger and toe nails

- o should be cut short and straight cross to prevent in growing nails and infection
- o Nails should be clipped every 2 weeks.



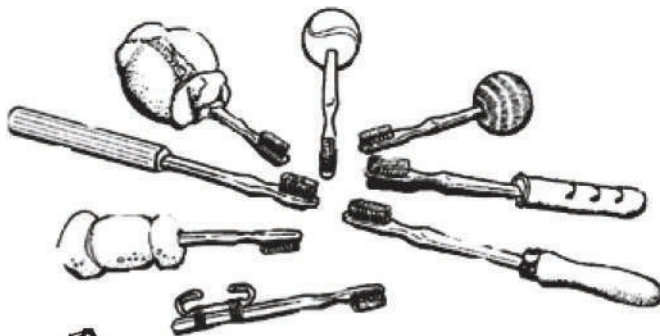
2.3. MOUTH CARE

a. Purpose of Mouth Hygiene

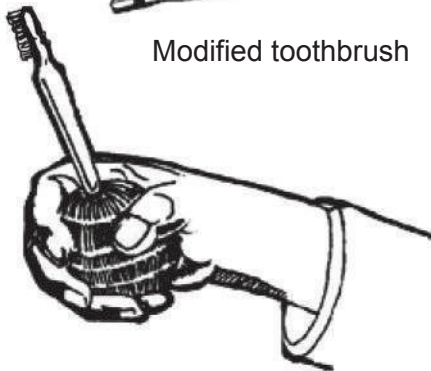
- o To clean mouth of food residue.
- o To prevent mouth ulcer and gum infection.
- o To make the client feels comfortable.

b. Equipment Needed for Mouth Hygiene.

- o Tooth brush.
- o Tooth paste
- o Glass of water
- o Small towel
- o Mouth gargle



Modified toothbrush



Assist when necessary – at the sink or bed according to needs of clients



Methods of Brushing Teeth (Brush teeth following the direction of the arrow)

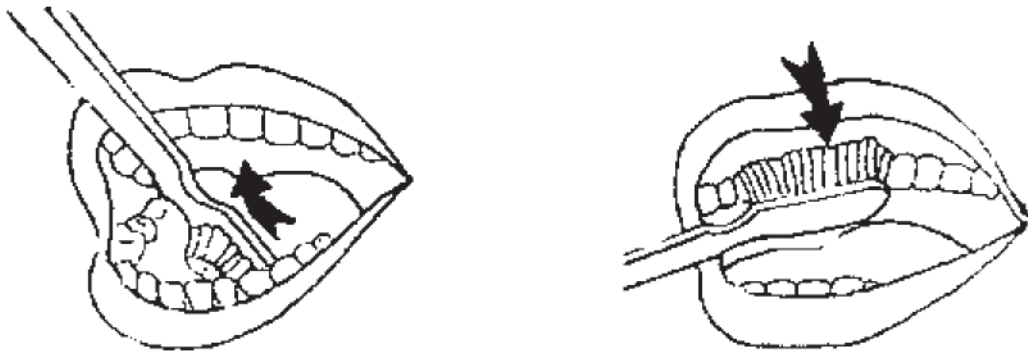
i. Lower and Upper Part Of Teeth



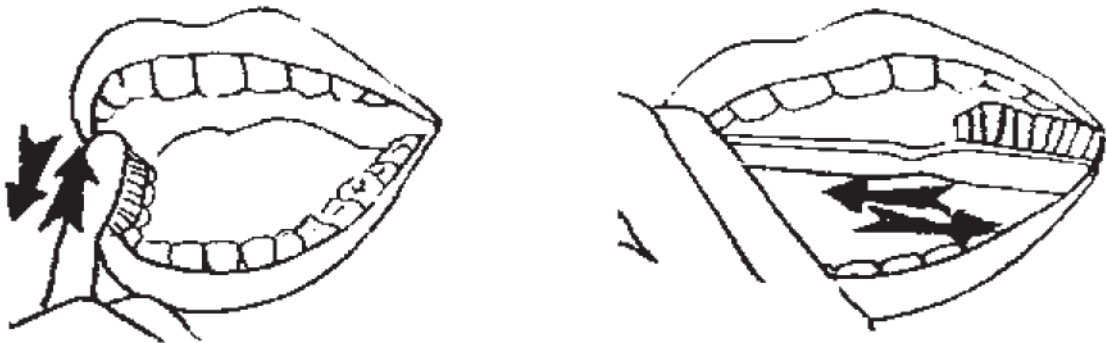
ii. Inner And Back Part Of Teeth



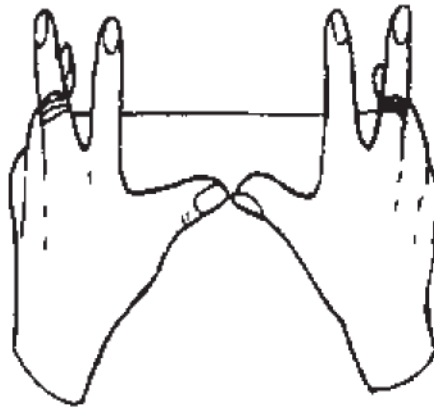
iii. Inner And Outer Part Of Teeth



iv. Chewing Part Of The Teeth



d. Methods of using dental floss



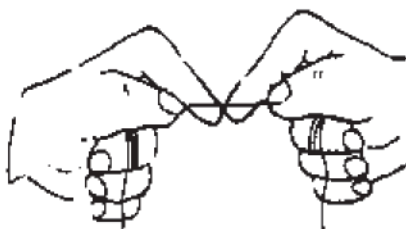
i. Wind the dental floss around the middle fingers



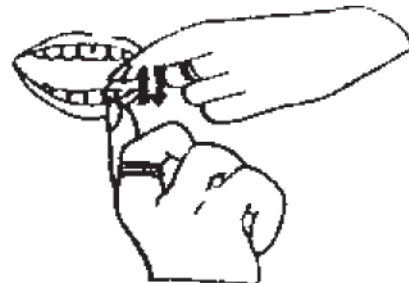
ii. For upper teeth, stretch the floss over your thumb and place the floss between teeth.



iii. Move the floss up and down between the teeth.



iv. For lower teeth, hold the floss as shown in the diagram and move up and down.



v. Ensure that you floss between all teeth.

e. Care of Dentures.

- o Wash mouth before putting on dentures.
- o Remove dentures before sleep
- o Clean Dentures;
 - o Wash denture in a small basin fill with water.
 - o Use tooth brush with denture paste to clean the dentures
 - o Soak in a container with water after cleaning.
- o Do not leave on top of the sink because it might drop.



2.4. SKIN CARE

It is important for the caregiver to ensure that the skin is in a healthy condition to enable it to maintain its function.

The skin protects the body and keeps the body cool. When the body becomes hot, sweat forms and cools down the skin and the body. Therefore it is important to keep skin clean and prevent sweat glands from being blocked.

a. Bathing

Bathing is important to maintain the following:

- o Promoting dignity
- o Cleans dirt and organism
- o Cleans body odor
- o Helps in blood circulation

Over bathing however will result in lost of sebum and cause dry skin.

Points to remember when bathing the client:

- o Maintain privacy during bathing.
- o Use soap and enough water to clean.
- o Skin folds, armpits, back of ears etc. must be washed and dried
- o Supervise the disabled to wash his/her private part during bathing.
If the caregiver has to help, use glove when cleaning.
- o Observe for pressure sores, bruises, cuts, rashes etc.
- o If you identify any problems, refer to supervisor or medical personnel

b. Skin Problems Common In People With Disabilities

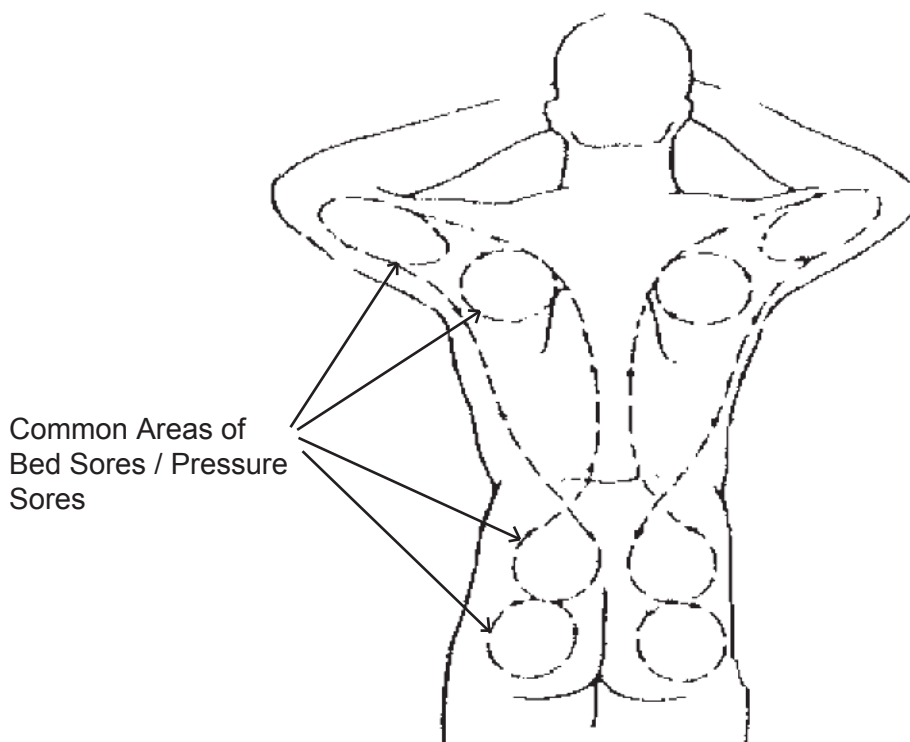
PROBLEM	TREATMENT AND PREVENTIONS
Skin Abrasion may be due to <ul style="list-style-type: none">• Friction when pulling or dragging a person up from the chair or across the bed	<ul style="list-style-type: none">• Prevent infection• Keep clean and dry• Do not use heavy jewelry• Avoid rough handling
Pressure Sores / bed sores	<ul style="list-style-type: none">• Reducing pressure on pressure areas through turning, shifting or lifting client• Do not apply powder
Dry Skin	<ul style="list-style-type: none">• Apply moisturising lotion.• Prevent dehydration.
Diaper Rash	<ul style="list-style-type: none">• Keep skin dry and clean• Apply zinc oxide ointment to groin and buttocks.

Bed sores and pressure sores are caused by constant pressure on small blood vessels in the skin. As a result, blood flow to the area is reduced and this prevents the epithelial cells from obtaining glucose and oxygen they need to maintain life.

When we sit too long or lie in one position for a long time, the skin in that area feels uncomfortable or painful and we shift our weight unconsciously. People who are bedridden, in wheelchairs or clients who have no sensation may not feel discomfort or pain. As a result pressure sores can develop.

The first sign of bed sore/pressure sore is the redness of an area of skin on which the client has been lying or sitting.

d. How To Prevent Bed Sores/Pressure Sores

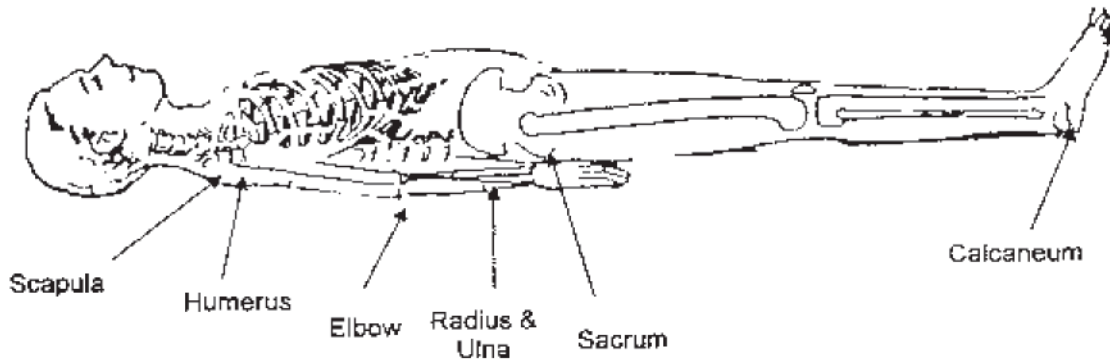


- o 2-hourly turning - Change position to prevent bedsores for a bedridden client. If client is a able to move in bed, advice client to turn every 2-hours himself.
- o 4-hourly lifting for clients in wheelchairs.

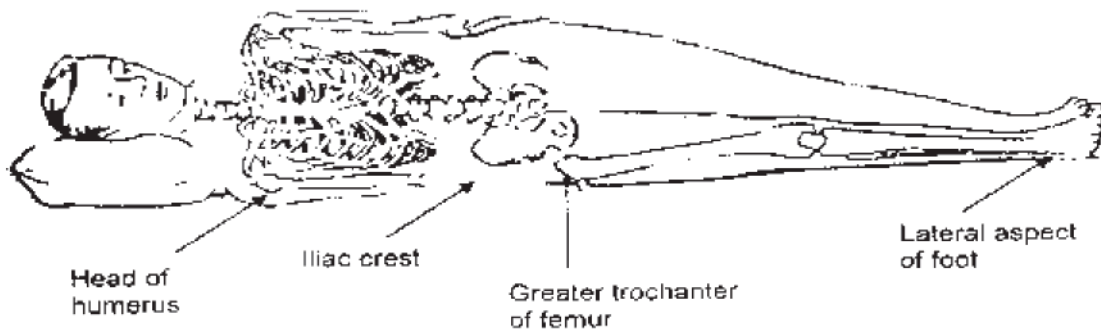
For further information, refer to page 45-47

COMMON AREAS OF BED SORES PRESSURE SORES

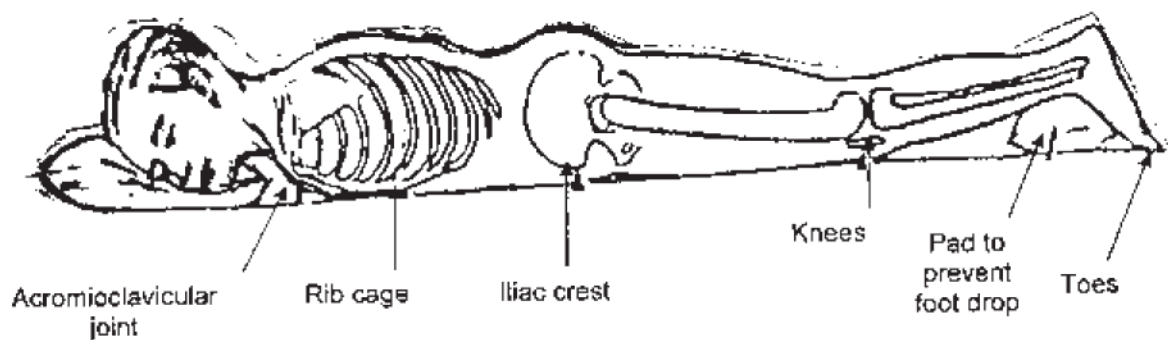
Pressure Areas When Client Lying On Back



Pressure Areas When Client Lying On Side

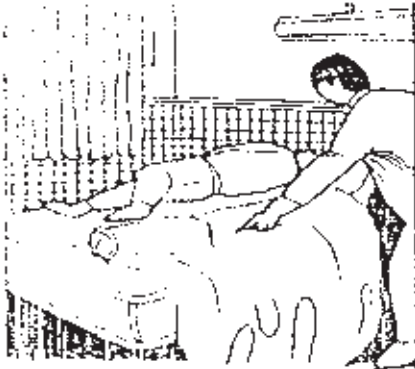


Pressure Areas When Client In Prone Position



e. Changing Bed Sheets For Bedridden Client

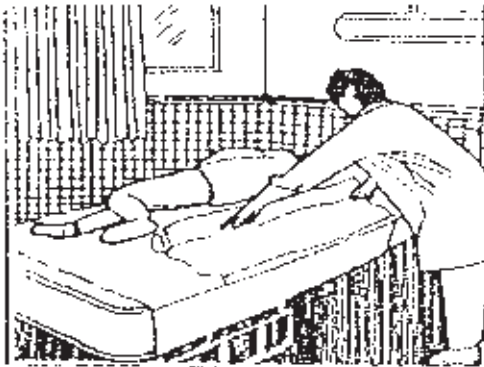
Changing bed sheets to clean ones are just as important as keeping client clean. Steps for changing sheets are as follows;



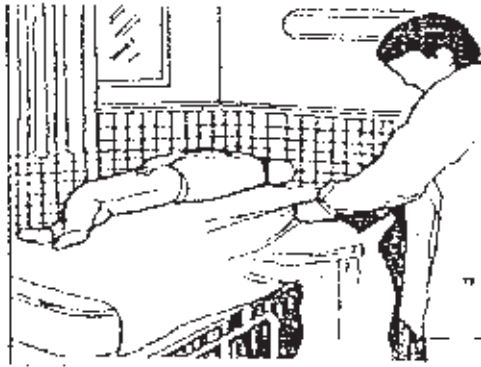
- i. Place the rolled bedsheet in the centre of the bed alongside the client.



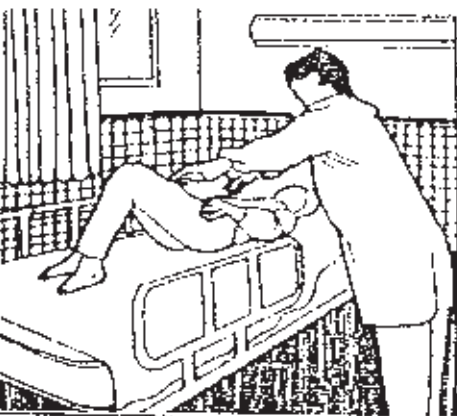
- ii. Flatten and tuck the end of the bedsheet under the bed



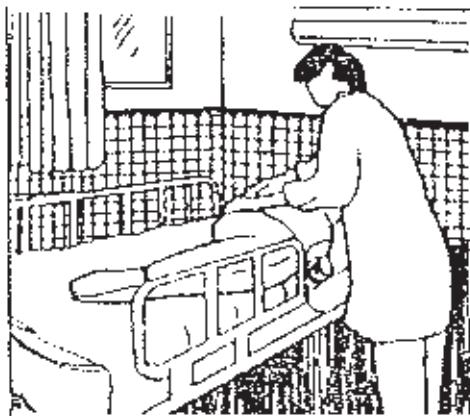
- iii. Place draw sheet in the centre of the bed alongside the client.



- iv. Flatten and tuck the draw sheet under the bed.



- v. Lift up the cot side before turning the client.



- vi. Turn the client to the clean side. Tidy the other side of the bed.

3. ACTIVITIES OF DAILY LIVING (ADL)

Activities of daily living are activities that one does throughout the day and includes;

- o Personal ADL i.e. feeding, dressing, grooming, bathing and toileting.
- o Domestic ADL i.e. cooking, cleaning, housekeeping, washing clothes, gardening etc.
- o Community ADL i.e. going to public places including schools, attend social and religious functions

Persons with disabilities may require help in all the areas of ADL, however for the purpose of this manual on basic care, focus is on personal ADL and how the caregiver can help the client.

3.1. FEEDING

Feeding includes eating and drinking. Persons with disabilities may be able to feed themselves or may need help during meals. Another aspect that needs attention is the type of diet. This will be discussed in detail in the next chapter.

General points to remember with regards to diet;

- o Normal diet should be given unless recommended by a dietician.
- o Food given should be in small amounts and at regular intervals to improve appetite
- o Give more fruits and vegetables to prevent constipation
- o Give plenty of fluids

a. Assessing Eating and Drinking Needs

The caregiver needs to understand the eating habits and assistance required by the client.

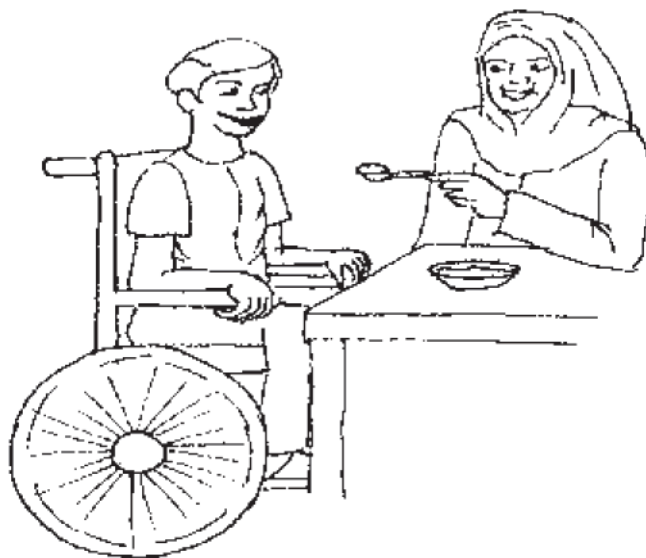
- 1 Is he/she able to eat without help?
 - o If not, assist in feeding
- 2 Does he/she need assistance?
 - o Assess need for aids e.g. plate with sides, spoon with big handle, straw.
- 3 Does the person have dentures? Are the dentures suitable?
 - o If dentures are not suitable or there are any problems with teeth and gums, inform supervisor or refer to dentist
- 4 Are there any problems with chewing or swallowing?
 - o If there are problems, inform supervisor or medical personnel.
- 5 Type of food and drink client can and cannot take
 - o Allergy to food as well as favourite food and drink
 - o This will help in planning client's diet

b. Assisting client with feeding

- o Clients who are ambulant and using wheelchair should be encouraged to sit with other clients during meals to promote socialisation.
- o For client who needs assistance, the caregiver should not rush him/her but to allow time for him/her to eat. Stop between each mouth full of food.



- o Giving small amount at a time and encourage him/her to chew the food thoroughly before swallowing to prevent choking.
- o For an elderly client who is unable to get up due to acute physical illness or severe illness, sit him/her up in bed at meal time to assist in digestion.
- o As far as possible, clients must be encouraged to feed themselves.



c. Use of modified eating and drinking utensils

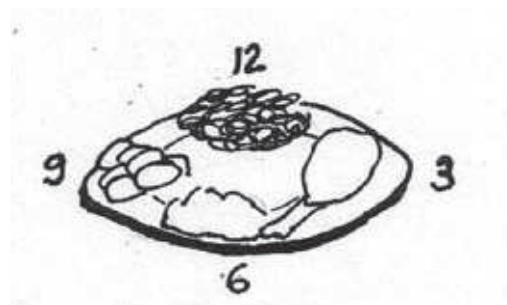
Client may need aids when eating for example:

- o Plate with raised sides. This will prevent food from spilling from the plate
- o Spoon with large handle. You can either buy special spoons and fork or pad the handles with rubber/ cloth. This will improve the grip and make it easier to hold.
- o Spoon with curved handle. This will be suitable for clients with limited arm movements.
- o Cup with double handle. This is suitable for clients with poor grip as the extra handle gives stability
- o Cup with straw



d. Arrangement of food according to the face of clock

This arrangement of food is for clients who are blind and able to feed themselves. Arrange food according to the face of the clock and explain the position of different food e.g. fruits at 12 o'clock, protein e.g. fish, chicken, egg and meat at 3 o'clock, rice at 6 o'clock and vegetables at 9 o'clock

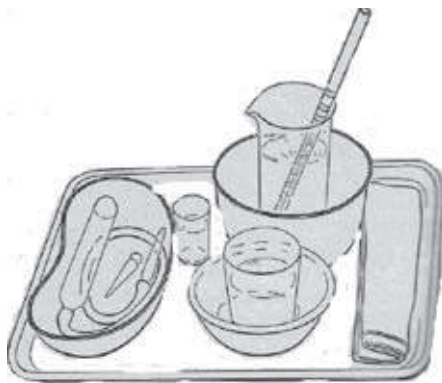
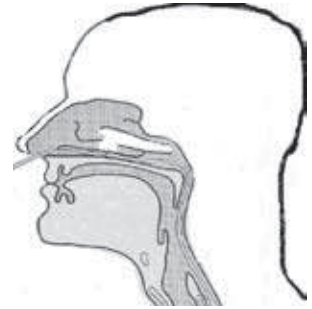


e. Ryle's tube feeding

If a client is unable to swallow for any reason, he/ she may be fed artificially using a tube passed down the esophagus into the stomach.

Conditions in which tube feeding may be necessary are:

- o Coma
- o Paralysis of the soft palate or pharyngeal muscle
- o After operation on the mouth, pharynx or larynx
- o For premature or weak infants who are unable to suck



Apparatus needed for tube feeding

- i. Prepare feeding tray.
 - o Cup/glass of boiled water.
 - o Syringe 10cc for aspiration.
 - o Small empty container for drawing out gastric content.
 - o 50 cc tube feeding syringe.
 - o Jug of prepared feed.
- ii. Prop up the client to make him/her comfortable during procedure.
- iii. Put on feeding towel (bib)
- iv. Open the tube's knob.
- v. Aspirate the gastric content using 10cc syringe. If present, (shows tube is in the stomach), commence feeding (using 50cc syringe)
- vi. Start feeding with small amount of boiled water followed by the prepared feed.
- vii. After you have finished feeding client, syringe in boiled water.
- viii. Close the tube's knob.

f. Gastrostomy tube feeding.

- o Feeding through a tube put into the stomach through an incision made in the abdominal wall and the stomach wall.
- o Method used is similar to Ryle's tube feeding,



3.2. DRESSING

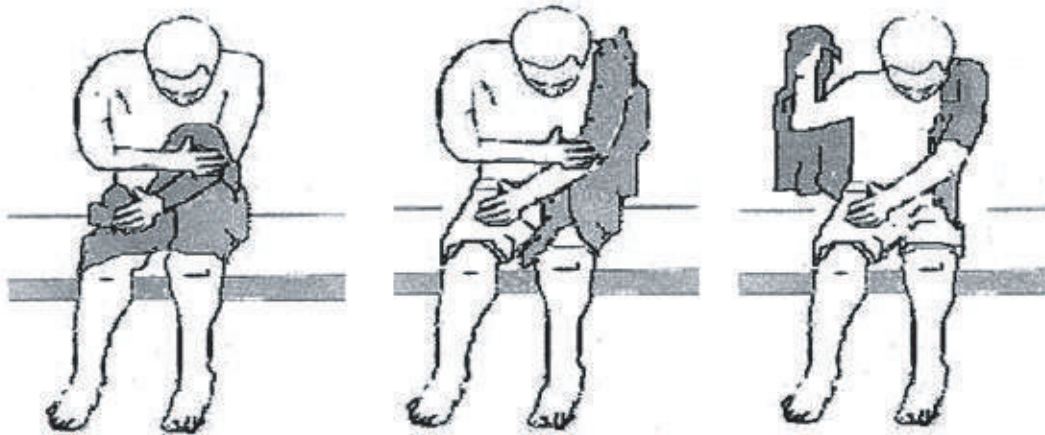
a. Points To Remember When Helping Client To Dress:

Dress clients in their usual day clothes to help remember the difference between night and day. This will also reduce the feeling of being ill. People who are ill usually spend the day and night in the same clothes. In most cases persons with disabilities are not ill but only need assistance in personal ADL.

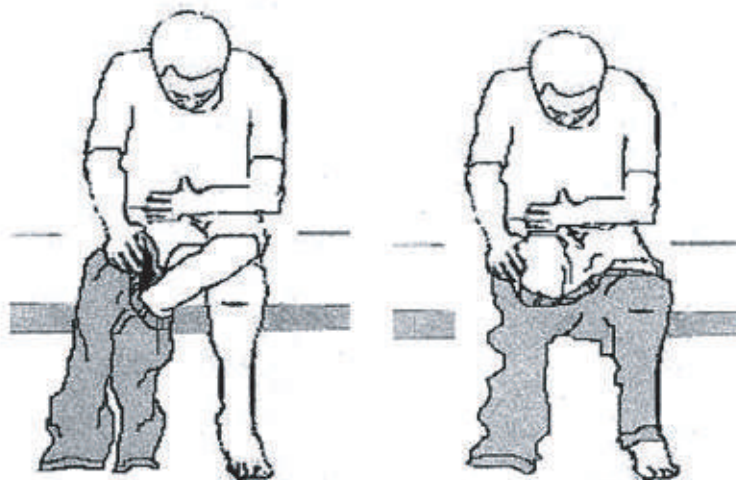
Ask client what he/she would like to wear and when possible allow them to choose. Light clothing and easy to wear clothes do not inhibit movement and allows for easy access when using bedpan/urinal.

Technique of Wearing Shirt and Trousers

When helping a client with hemiplegia put on shirt, use the weaker arm first then the stronger arm. When taking off shirt, remove the stronger arm first and then the weaker arm last. (first in, last out)



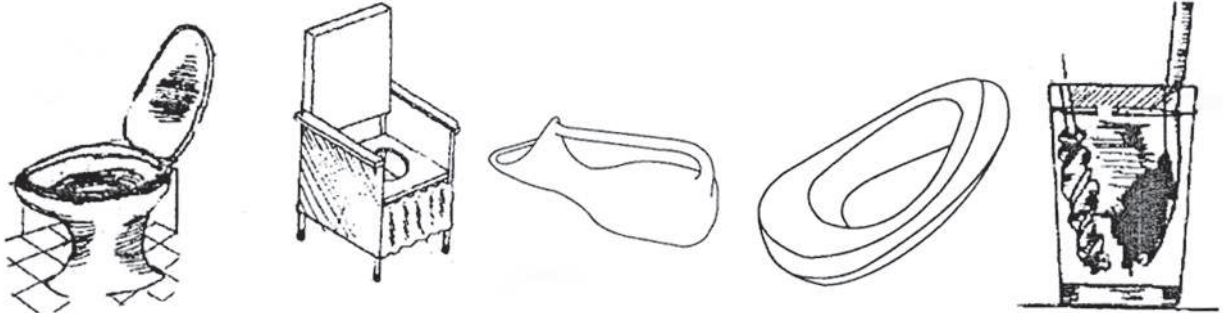
When helping a client with hemiplegia put on trousers, the process is the same i.e. put the weaker leg through first then put in the stronger leg. When taking off trousers, the weaker leg is the last to be removed. (first in, last out).



3.3. TOILETING

Bedridden clients need more help than those clients who use wheelchairs

a. Equipment used in toiletry



Types Of Toiletries Available

Brushes used to clean the toiletries

b. Methods used to assist client



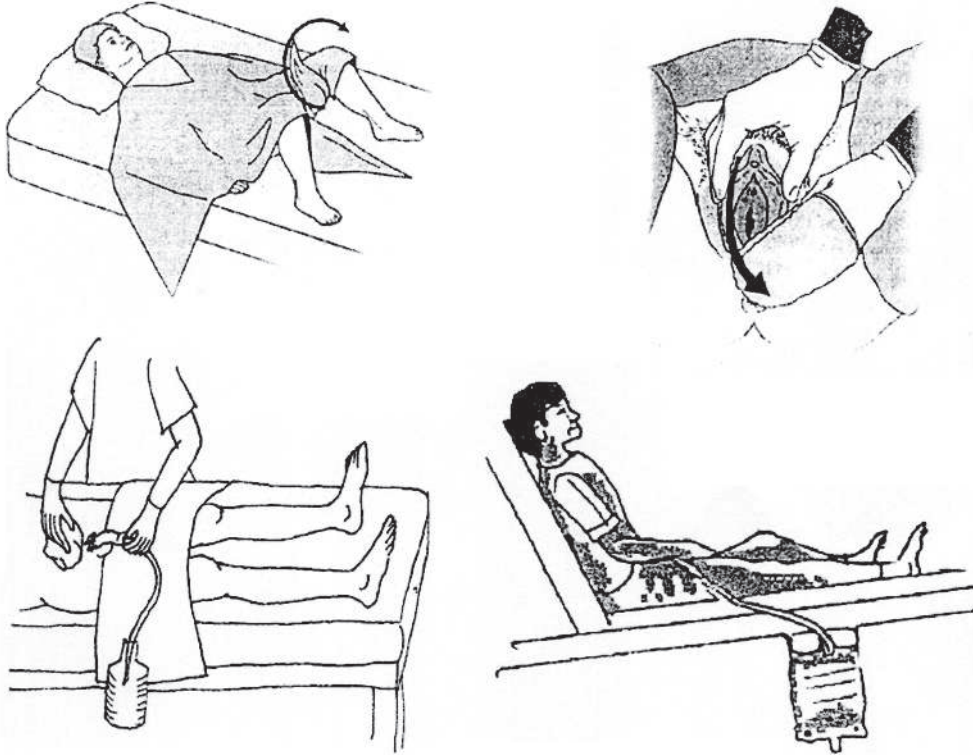
c. Methods used to assist bedridden client



- i. Explain to client what you are going to do and how they can help.
- ii. Make sure privacy is provided and follow instructions as shown in the diagram
- iii. Wash the buttock and between the cleft and anal area if they have opened their bowels. Dry and readjust clothing.

d. Care of client on catheter

Some bedridden clients will have a catheter in his/ her bladder due to problems in controlling his/ her bladder. It is important that the caregiver cleans the catheter at least twice a day.



Equipment :

Bowl of warm water, towel, soap and gloves.

Methods:

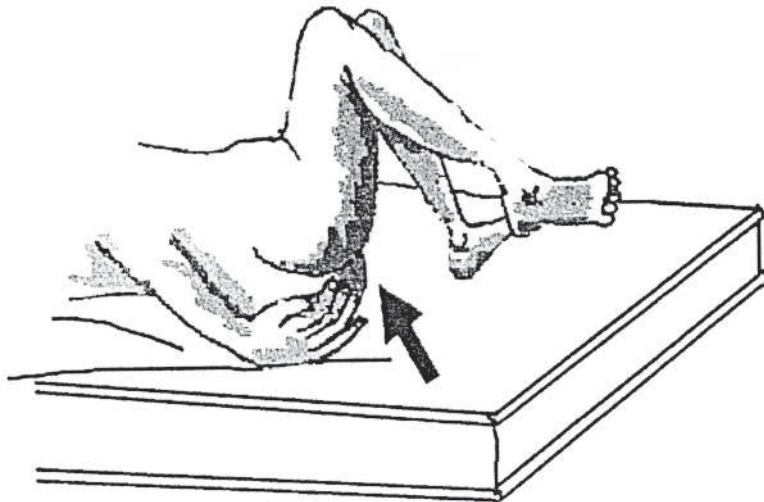
- i. Explain what you are going to do and why.
- ii. For a female client, place her on her back with the knees bent and thighs apart. Place a towel beneath her buttocks. Wash the external genitalia. Hold the two skin flaps and wash the internal genitalia. Hold the catheter, wash around the point of entry, taking care not to pull out or push the catheter further in. Dry the skin and catheter.
- iii. For a male client, place him on his back with a towel over the top of his legs and his genitalia on top of the towel. Hold the catheter, wash carefully and make sure not to pull out or push further in. Dry the penis, scrotum and catheter.
- iv. Make sure urine can flow freely and that there are no kinks along the tubing. Ensure client does not sit or lie on the tubing.
- v. Always make sure that the collection bag is not overfull. An overfull bag may put pressure on the bladder and can be very painful to the client.
- vi. After emptying the bag, wash your hands. Never let the end of the bag touch the bed.
- vii. If the catheter comes out, refer to the supervisor/staff nurse in charge or go to the clinic/hospital for reinsertion of the catheter.

e. Constipation or fecal incontinence

Constipation is the result of the body not being able to get rid of waste. The faeces inside the bowel becomes hard and block the bowel. People with disability tend to suffer from constipation due to the following causes:

- o Slowing down of the alimentary system due to immobility
- o Poor muscle tone
- o Poor toilet facilities
- o Confusion
- o Ignoring the need to open bowel
- o Low bulk diet
- o Low
- o Medication

f. Care of client suffering from constipation



Anus (for insertion of suppositories)

Equipment: Suppository, lubricating cream, swabs, rubber gloves

Methods :

- i. Tell the client what you are going to do.
- ii. Position client on to his/her left side with knees drawn up to the abdomen.
- iii. Put on gloves. Clean the anus with a swab, and ask the client to relax his/her abdominal muscles.
- iv. Lubricate the anus with a little cream. Place the tip of the suppository/ enema soap into the anus.
- v. Push the suppository in as far as possible into the rectum, using your index finger.
- vi. Wipe the anal region and make the client feels comfortable. Advice the client to relax and try to hold in the suppository for as long as possible (1-2 hours) to get a good result.
- vii. Remove the gloves and wash hands.

g. Care of client wearing disposable diapers

Most bedridden clients or clients suffering from incontinence and unable to indicate toilet needs such as wheel chair bound usually wear disposable diapers

Tips to consider for clients on disposable diapers:-

- i. Observe the facial expression of uncomfortable on the client.
- ii. Check at least every 2 hours
- iii. If client had passed motion, wear gloves and then clean client with warm water, and wet cotton or liquid nappy liner
- iv. Exposed the buttock's region till dry before changing a new disposable diapers
- v. If disposable is soaked with urine, change immediately
- vi. Observe the colour, smell of urine and texture of faeces
- vii. Refer if abnormality is detected.
- viii. Remove gloves and wash hands

3.4. PERIODS

Most girls go through puberty between the ages of 9 to 16 years irregardless of their disabilities. During puberty there is body changes, breast gets bigger and hair starts to grow between both legs and hands.

During periods, blood will come out from inside the body through an opening between your legs call the vagina and last a few days. When you have period, you will need to use a pad.


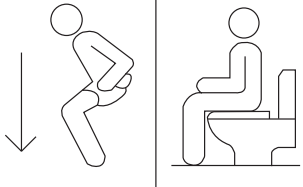
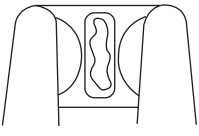
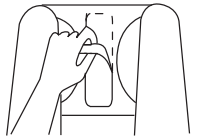
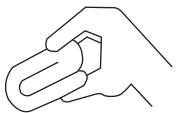
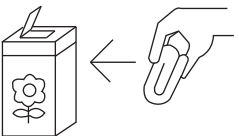
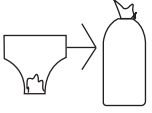
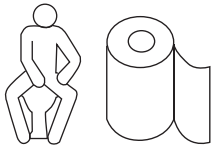
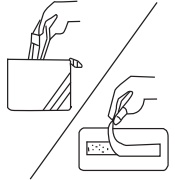
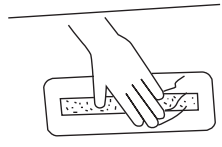
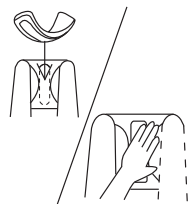
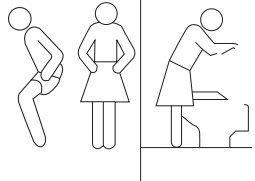
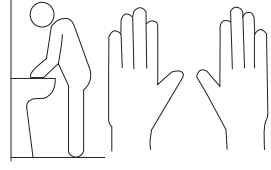
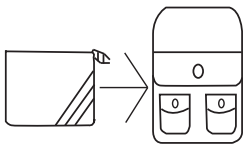
During period, some might feel :-

- i. A bit sick or sore/pain in the stomach (dysmennorrhoea)
- ii. A bit tired before or during the first few days
- iii. As a caregiver, you must be aware of the above problems and sensitive to the client's needs
- iv. Inform the supervisor or medical personel if clients need medication
- v. For client's using disposable diapers, change of diaper need to be more frequently and for those who begins their periods and are ambulant, make sure she know how to use and dispose the pad properly.

4. CONCLUSION

In all the above procedures, make sure the clients do the activities for themselves as much as possible. Although it may take longer, the client will gain confidence and may be willing to do other things. If you take away the person's right to do personal ADL for themselves where possible, clients will become complacent and dependent on others for all activities.

TIPS TO TEACH CLIENT HOW TO CHANGE PAD

 <p>1. I take my toilet bag to the toilet or bathroom and put it beside me.</p>	 <p>2. I pull down my panties and sit on the toilet.</p>	 <p>3. I check the pad to see if it is clean or has blood on it. If the pad has blood on it, it's used. I must take it off.</p>
 <p>4. I take the used pad off my panties.</p>	 <p>5. I fold the pad over.</p>	 <p>6. I put it in a paper bag out of my toilet bag, or I put it straight in the disposal unit or rubbish bin with a lid. I do not put it in the toilet.</p>
 <p>7. If my panties have also got blood on them I must take them off, put them in a plastic bag and put my fresh panties on.</p>	 <p>8. Before I put on a clean pad, I wipe my vaginal area between my legs with toilet paper.</p>	 <p>9. I take a clean pad out of my toilet bag, and take off the paper strip.</p>
 <p>10. I put the paper strip in the bin. I feel the sticky part of the pad.</p>	 <p>11. I place the clean pad on my panties, with the sticky part down. I pat the pad down. I pat the pad down firmly until it sticks.</p>	 <p>12. I pull up my panties and adjust my clothes. I flush the toilet.</p>
 <p>13. I wash my hands.</p>	 <p>14. I take my toilet bag. It goes in the cupboard, or if I am not at home it goes in my bag.</p>	

CHAPTER 3

NUTRITION

- **Assessment of nutritional status**
- **Factors affecting nutrient intake**
- **Food Guide Pyramid**
- **Type of diets**
- **Diet modification**
- **Daily intake requirements**

CHAPTER 3: NUTRITION

Persons with disabilities are at risk from improper nutrition because of feeding problems, food and drug interactions, altered growth patterns, and metabolic disorders. Thus, the maintenance and promotion of good nutritional status are important.

Caregivers have to understand and implement diet instructions, apply appropriate feeding practices, have enough knowledge on nutritional information, appropriate food selection and preparation of a balanced diet. The objective of this chapter is to provide basic nutrition information for the caregivers in institution and at home. The topics included are:

- o Assessment of nutritional status
- o Factors affecting the nutrients intake
- o Food guide pyramid
- o Type of diets
- o Diet modification
- o Daily intake requirement
- o Intervention of feeding problems
- o Food safety

1. ASSESSMENT OF NUTRITIONAL STATUS

Body Mass Index (B.M.I.)

- Body Mass Index (B.M.I.) is the basic nutrition assessment to check whether a person (18 years old) is overweight or underweight.

<p>Formula use for calculating is as below:</p> $\text{B.M.I} = \frac{\text{Weight (kg)}}{\text{Height (m) x Height (m)}}$	<p>Example: Weight = 55 kg, Height= 1.55 m</p> $\text{B.M.I} = \frac{55 \text{ kg}}{1.55 \text{ m} \times 1.55 \text{ m}}$ <p>= 22.9 (Normal)</p>
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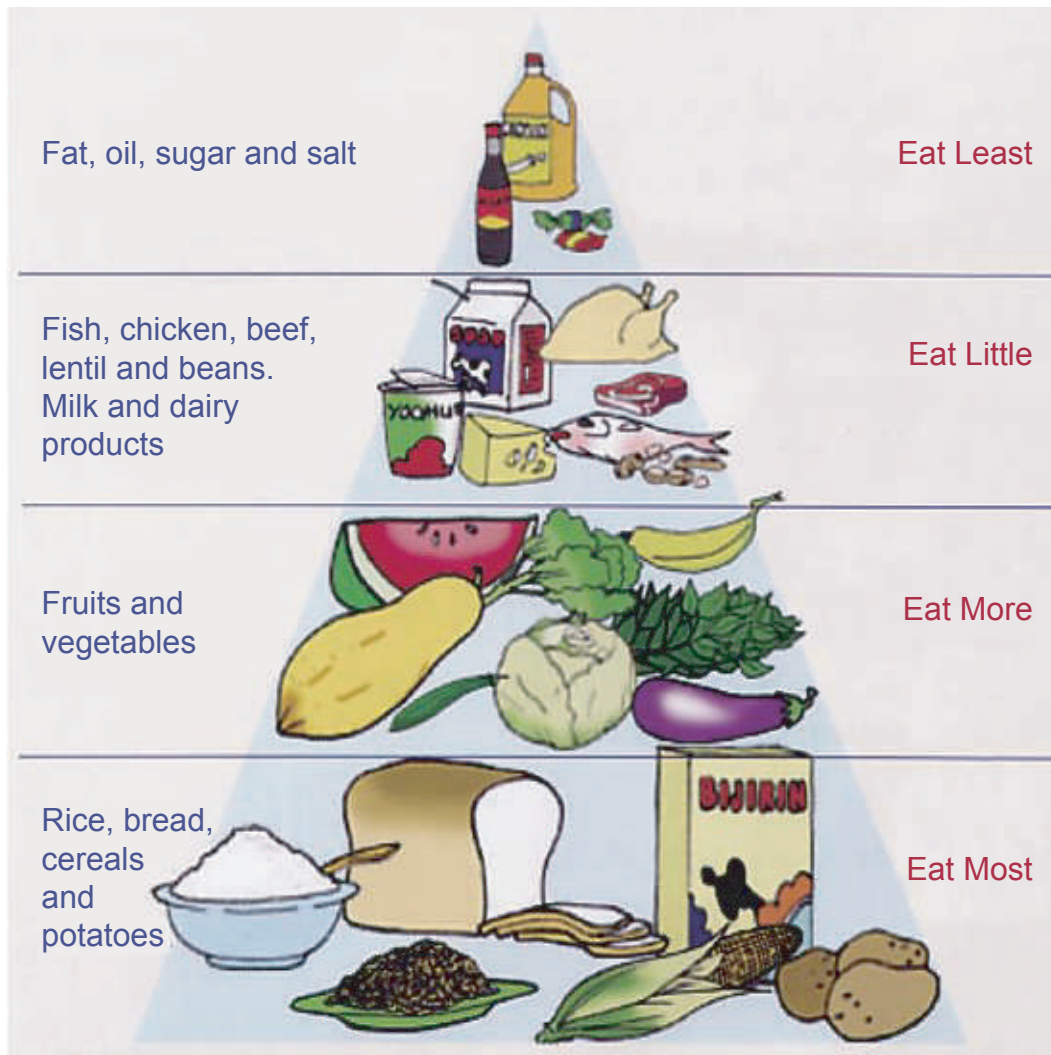
- Classification of BMI
 - o Less than 18.5 is considered underweight
 - o 18.5 – 24.9 is normal
 - o 25 – 29.9 is overweight
 - o 30 and above is obese

2. FACTORS AFFECTING NUTRIENT INTAKE

- Age
- Gender
- Health Status
- Physical Activity
- Race & Culture
- Religion

3. FOOD GUIDE PYRAMID

- Encourage practice of healthy eating.
- Eat variety of food based on FOOD GUIDE PYRAMID.



+ 8 glasses of water

Level 1 (EAT MOST)

Source of carbohydrate

- Provides energy for body.

Examples: Rice, bread, noodles, potatoes, cereals etc.

Level 2 (EAT MORE)

Source of vitamins and minerals

- It helps to protect us from getting sick later in life.
- This group also has plenty of fibre which helps in the digestive system, e.g. prevents constipation.

Examples: Vegetables and fruits

Level 3 (EAT LITTLE)

Source of protein

- It helps our body grow
- It helps in the recovery of general health

Examples: Fish, poultry, meat, beans, egg, milk and dairy products, nuts etc.

Level 4 (EAT LEAST)

Source of fat, sweets and salt

- Use them **SPARINGLY** because it does not offer much in the way of nutrients.

Examples: Oil, margarine, sugar and salt etc.

- **AVOID** unhealthy foods such as candies, pickles, sweet beverage and bicarbonated drinks.

4. TYPES OF DIET FOR THE CLIENT

4.1 Liquid diet

(e.g.: Strained soup, milk, chocolate beverage.)

a. Recommended for:

- o Client who have problems with chewing, swallowing and digesting solid foods.

b. Tips:

- o It can only be given for short term periods.
- o It does not provide sufficient nutrient to the client.
- o It is a must to introduce soft diet to avoid malnutrition.

4.2 Pureed / Blended diet

(e.g. chicken /fish or plain porridge blended with vegetables. If fruits are served, it must also be pureed.)

a. Recommended for:

- o Clients who have problems chewing or have no teeth.
- o Clients who face swallowing problems caused by mouth injury, esophagus or larynx disorder.

b. Tips:

- o **No** spicy food.
- o To maintain the nutrient, it is encouraged to blend with soup or gravy rather than plain water.
- o If egg is introduced, do not blend together as it affects the flavour of food.

4.3 Soft diet

(e.g. rice porridge/bubur nasi, bubur kacang, steamed fish, bean curd, pudding, agar-agar, yoghurt, etc.)

a. Recommended for:

- o Clients who have problems chewing.
- o Clients with teeth problems or have no teeth.
- o Clients who fall sick, suffer from diarrhoea or vomiting.
- o Clients after surgery
- o Bed-ridden clients

b. Tips:

- o It can be in the form of porridge (bubur) or rice that is soft but a bit wet (nasi lembik)
- o Ideally protein is also served to clients such as egg, beancurd, 'tempe', cheese, baked bean, yogurt and fish etc.
- o If animal protein is used, for example poultry products, it must be chopped finely
- o If vegetable is used, it must be blanched first then chopped finely to prevent nutrient loss.
- o Preparation of food must be steamed, blanched or stewed. This method is healthier, maintains food nutrient and the food texture is softer.

4.4 Normal diet

a. Recommended for:

- o Client who does not need modified diet.

b. Tips:

- o **No** food restriction.
- o Do not require specific dietary modification.

4.5 Vegetarian diet

a. Recommended for:

- o Clients who have religious practice or personal preference.

b. Tips:

- o **No** onion and garlic
- o **No** meat and meat products
- o Allow eggs and dairy products for lacto-ovo-vegetarian client.
- o Allow dairy products for lacto-vegetarian client.

5. DIET MODIFICATION

5.1 High fibre diet

a. Recommended for:

- o Clients with problems of constipation, obesity, hypercholesterolemia and cardiovascular disease.

b. Tips:

- o Double serving of vegetables.
- o Give wholemeal bread instead of white bread.
- o If cereal is ordered, give oatmeal.
- o Fresh fruit is served.

5.2 Bland diet/ light diet

a. Recommended for:

- o Clients who have gastrointestinal problems, gastritis and peptic ulcer.

b. Tips:

- o **No** fruits with skin
- o **No** spicy food
- o **No** deep fried food
- o **No** wholegrain bread/cereal
- o **No** coffee /tea
- o **No** citrus fruits or juices such as orange juice

5.3 Low salt or low sodium diet

a. Recommended for:

- o Client who has hypertension, renal disease or heart disease

b. Tips:

- o **No** MSG (monosodium glutamate) or “ajinomotto”
- o Minimize use of salt in cooking
- o Minimize use of sauce.
- o Example: **(TO AVOID)** Salted fish, salted egg, soy sauce, oyster sauce, canned food and marmite (vegetable extract) etc.

5.4 Low fat diet

a. Recommended for:

- o Client who has problems with pancreas and absorption.

b. Tips:

- o **No** coconut or coconut milk
- o **No** butter but margarine is allowed
- o Chicken without skin
- o Minimum amount of vegetable oil in cooking
- o Method of cooking recommended: steamed, boiled/ soup, stir fry with less oil

5.5 Low cholesterol diet

a. Recommended for:

- o Clients who have heart disease, hyperlipidemia or hypercholesterolemia

b. Tips:

- o **No** egg yolk
- o **No** butter
- o **No** beef or mutton
- o **No** internal organ meat
- o **No** coconut milk
- o Limit amount of prawns, cuttlefish, shrimps

5.6 Low protein diet

a. Recommended for :

- o Clients who have liver problems or kidney failure.

b. Tips:

- o Restrict use of milk, wholegrain cereals, cream soup, meat soups, seafood, nuts etc.
- o To be served in small portion for each meal – fish/ chicken/ beef/ mutton/ soya bean curd [e.g. 30g (1 match box) of cooked meat or fish for lunch or dinner]

5.7 High protein diet

a. Recommended for:

- o Client who is under nutrition or underweight.

b. Tips:

- o Double serving of protein should be given to the client for breakfast, lunch and dinner.
- **It must be under the supervision of a dietitian.***

5.8 Diabetic diet

a. Recommended for:

- o Client who has record of diabetes mellitus.

b. Tips:

- o **No** sugar, honey, glucolin or brown sugar.
- o **No** products containing sugar like sweetened desserts, canned fruits, cakes.
- o **No** local kuih
- o Certain foods **ONLY** 1 serving in each meal time, include: Rice (1 cup), noodles (1/2 cup), bread (1 slice) and potatoes (1 medium sized), banana (1 small sized), papaya (1/2 piece).

5.9 Low purine diet

a. Recommended for:

- o Clients who have gout

b. Tips:

- o No red meat (beef & mutton)
- o **Avoid** excessive tea, coffee and cocoa drinks
- o **Avoid** internal organs (liver, kidney, brain), prawns and cuttlefish.
- o **Avoid** mushroom, spinach and asparagus.
- o Give one portion of fish (1 medium sized) or chicken (1 medium drumstick) for lunch or dinner and NOT more than twice a day.

5.10 Ketogenic Diet

a. Recommended for:

- o Client who has epilepsy condition to reduce seizure activity.

b. Tips:

- o Diet which is high in fat (85%) with protein (10%) and carbohydrate (5%).

*****It must be under the supervision of a dietitian.***

5.11 High calorie diet

a. Recommended for:

- o Client who is underweight or recovering from illness

b. Tips:

- o Mix a bit of margarine in the porridge or rice.
- o Add 2 tbsp. milk powder and oat/ cornflakes in the beverage.
- o Spread some margarine or peanut butter on the bread or cracker biscuits.
- o To increase appetite, mix anchovy (finely chopped) or fried onion in the porridge.

5.12 Low calorie diet

a. Recommended for:

- o Client who is overweight




b. Tips:

- o **Reduce deep fried high calorie food.** Example: Nasi lemak, curry noodles, dishes with coconut milk, fried fish, roti canai, kuih seri muka, etc.
- o Reduce consumption of all types of fat and oil. Example: Butter, margarine, cooking oil and coconut milk.
- o Reduce consumption of sugar in food and beverage. Example: Syrup, soft drink, chocolate, kaya, jam, cake and local kuih.
- o Serve more food high in fibre, such as fruits, vegetables, beans, lentils and cereal.
- o Do not over serve rice, mee, bread, potatoes and other source of carbohydrate.






- **Reduce the portion size of food during every meal.**

6. MEASUREMENT OF DAILY REQUIRED INTAKE





6.1 Daily Intake Required For Children

Food Group	Daily Intake Required
<p>Source of energy Food from Level 1</p> 	<p>4 cups Rice or 4 cups Mee Hoon / Noodles (soaked) or 8 slices Bread</p>
<p>Source of vitamin, mineral and fibre Food from Level 2</p> 	<p>1 cup Green leafy vegetables or 2 inches Cucumber / Carrot or 2 Tomato (medium sized)</p>
	<p>2 Banana (medium sized) or 2 slices Papaya or 2 slices Watermelon</p>
<p>Source of protein Food from Level 3</p> 	<p>2 pieces Fish (medium sized) or 4 pieces Chicken/ lean meat (match box sized) or 2 Egg (medium sized) (*Do not take more than 3 times per week)</p>
<p>Source of calcium and protein Food from Level 3</p> 	<p>1-2 cups Milk</p>
<p>Eat Least Food from Level 4</p> 	<p>Fat, oil, sugar, salt Sparingly</p>



6.2 Daily Intake Required For Adolescent

Food Group	Daily Intake Required
<p>Source of energy Food from Level 1</p> 	<p>6 cups Rice or 6 cups Mee Hoon / Noodles (soaked) or 12 slices Bread</p>
<p>Source of vitamin, mineral and fibre Food from Level 2</p> 	<p>1½ cup Green leafy vegetables or 3 inches Cucumber / Carrot or 3 Tomato (medium sized)</p> <p>3 Banana (medium sized) or 3 slices Papaya or 3 slices Watermelon</p>
<p>Source of protein Food from Level 3</p> 	<p>2 pieces Fish (medium sized) or 4 pieces Chicken / Lean meat (match box sized) or 2 Egg (medium sized) (*Do not take more than 3 times per week)</p>
<p>Source of calcium and protein Food from Level 3</p> 	<p>2 cups Milk</p>
<p>Eat Least Food from Level 4</p> 	<p>Fat, oil, sugar, salt Sparingly</p>

6.3 Daily Intake Required For Adult

Food Group	Daily Intake Required
<p>Source of energy Food from Level 1</p> 	<p>5 cups Rice or 5 cups Mee Hoon / Noodles (soaked) or 10 slices Bread</p>
<p>Source of vitamin, mineral and fibre Food from Level 2</p> 	<p>1½ cup Green leafy vegetables or 3 inches Cucumber / Carrot or 3 Tomato (medium sized)</p>
	<p>3 Banana (medium sized) or 3 slices Papaya or 3 slices Watermelon</p>
<p>Source of protein Food from Level 3</p> 	<p>2 pieces Fish (medium sized) or 4 pieces Chicken / Lean meat (match box sized) or 2 Egg (medium sized) (*Do not take more than 3 times per week)</p>
<p>Source of calcium and protein Food from Level 3</p> 	<p>2 cups Milk</p>
<p>Eat Least Food from Level 4</p> 	<p>Fat, oil, sugar, salt Sparingly</p>

6.4 Daily Intake Required For Elderly

Food Group	Daily Intake Required
<p>Source of energy Food from Level 1</p> 	<p>5 cups Rice or 5 cups Mee Hoon / Noodles (soaked) or 10 slices Bread</p>
<p>Source of vitamin, mineral and fibre Food from Level 2</p> 	<p>1½ cup Green leafy vegetables or 3 inches Cucumber / Carrot or 3 Tomato (medium sized)</p>
	<p>3 Banana (medium sized) or 3 slices Papaya or 3 slices Watermelon</p>
<p>Source of protein Food from Level 3</p> 	<p>2 pieces Fish (medium sized) or 4 pieces Chicken / Lean meat (match box sized) or 2 Egg (medium sized) (*Do not take more than 3 times per week)</p>
<p>Source of calcium and protein Food from Level 3</p> 	<p>2 cups Milk</p>
<p>Eat Least Food from Level 4</p> 	<p>Fat, oil, sugar, salt Sparingly</p>

7. INTERVENTION FOR FEEDING PROBLEM

Possible Conditions	Possible	Suggested Interventions
<ul style="list-style-type: none"> • <i>Cerebral Palsy</i> • <i>Developmental delay</i> • <i>Down Syndrome</i> • <i>Mental retardation</i> • <i>Spina bifida</i> 	Poor hand-to-mouth coordination	<ul style="list-style-type: none"> • Offer foods that adhere to a spoon for self-feeding skill development • E.g., mashed potatoes, cottage cheese, pudding, etc.
	Difficulty chewing and swallowing	<ul style="list-style-type: none"> • Offer soft diet or pureed / blended diet. • E.g., porridge, jelly, yoghurt, etc.
	Poor positioning	<ul style="list-style-type: none"> • Use special equipment and proper positioning for drinking and swallowing difficulties.
	Inappropriate mealtime behaviour	<ul style="list-style-type: none"> • Provide verbal praise and encouragement for successful attempts at new skills.

8. FOOD SAFETY

- Wash hands before and after handling food.
- Do not allow raw food to come into contact with cooked food.
- Do not serve the client with uncovered food.
- The reheating of food must be done thoroughly. If liquids are involved, make sure that the food is brought to a boil. Some bacteria will survive unless temperature is sufficiently hot.
- Do not leave food for long periods of time at room temperature before client eats it.
- Do not keep unfinished food once they have been served. There will be saliva mixed with the food, which means it is already contaminated with bacteria and will turn bad quickly.

CHAPTER 4

PHYSICAL CARE

- **Prevention of physical problems such as**
 - **Contractures**
 - **Bedsores**
 - **Muscle Wasting**
- **Handling and Positioning**
- **Lifting and Transfer Technique**

CHAPTER 4: PHYSICAL CARE

Persons with Disabilities have different needs for physical care based on the severity of the disability. Bedridden clients have greater need for a caregiver to help in physical care. For the client who has bed mobility i.e. ability to move about in bed, he/she must be encouraged to move as much as possible.

Some of the problems faced by clients are listed below and suggestions for management have been tabulated for easy reference.

PROBLEMS	BEDRIDDEN PERSON	WHEELCHAIR BOUND PERSON	AMBULANT / WALKING WITH AIDS.
Pressure Sores	In lying – need to turn from side to side every 2 hours	In sitting – need to relief pressure by: <ul style="list-style-type: none"> • proper cushion in wheel chair e.g. cut-out foam • straight push up on wheelchair • lean side to side 	
Contractures	Passive movement/ passive stretching	Exercise –passive stretching and mobilizing exercises	Exercise – self stretching mobilizing and strengthening
Breathing problems	Breathing exercise	Breathing exercise	Breathing exercise
Weakness or paralysis of muscles.	<ul style="list-style-type: none"> • Some ability to move - Assisted exercise • Inability to move – passive movement 	<ul style="list-style-type: none"> • Some ability to move - Assisted exercises • Inability to move – passive movement 	Exercises – mobilizing and strengthening
Aches & Pains	Moist heat Proper positioning and handling	Moist heat Proper positioning and handling. Identify the causes of pain and advise accordingly.	Moist heat. Identify the causes of pain and advice accordingly
Lack of mobility	Transfer bed to wheelchair vice versa	Transfer wheelchair to bed, toilet, car, etc. and vice versa.	Identify with/ without aids for walking
Incorrect Posture (Postural mal alignment)	Proper positioning	Proper sitting – upright posture Proper support	Correct posture in walking Postural awareness

1. PRESSURE RELIEF

1.1 Bedridden Client

Fig. 1: Change position every 2 hourly to prevent bedsores for a bedridden person



1.2 Wheelchair bound Client

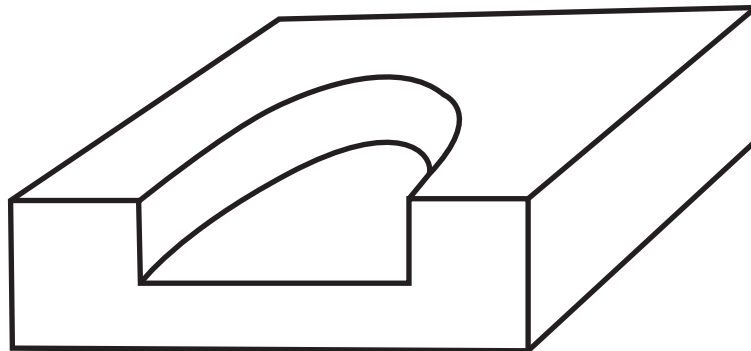


Fig. 1.2a: The cut-out foam is to be placed on the wheelchair to relief pressure off the buttocks.

Fig. 1.2b: Straight push-up on wheelchair.

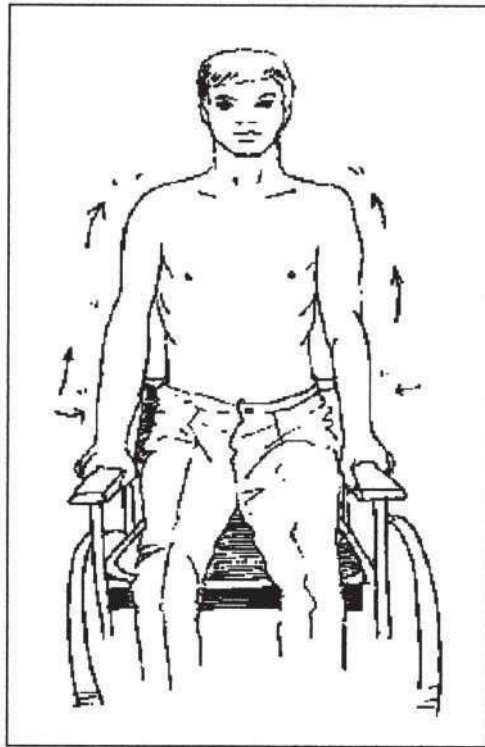
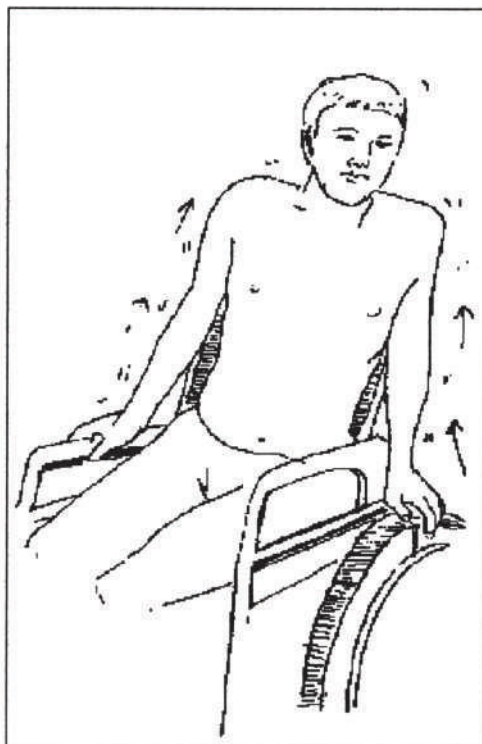


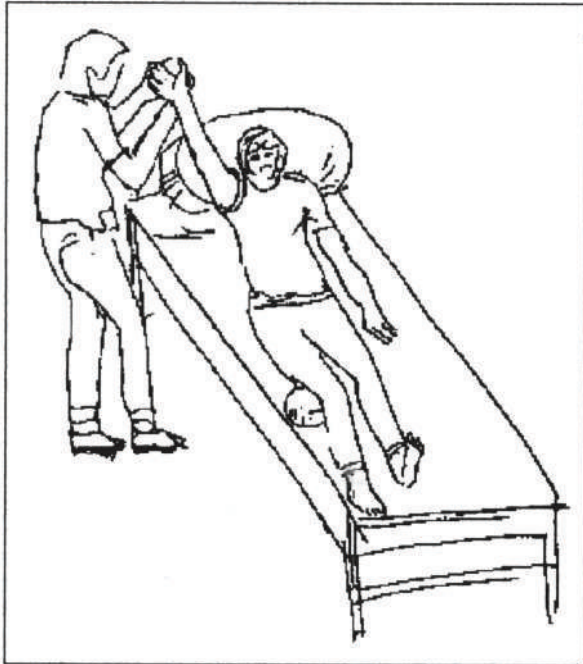
Fig. 1.2c: Lean side to side. Pressure relief to be done every 15 minutes and hold for 15 seconds.



2. PASSIVE MOVEMENT

2.1 UPPER LIMB

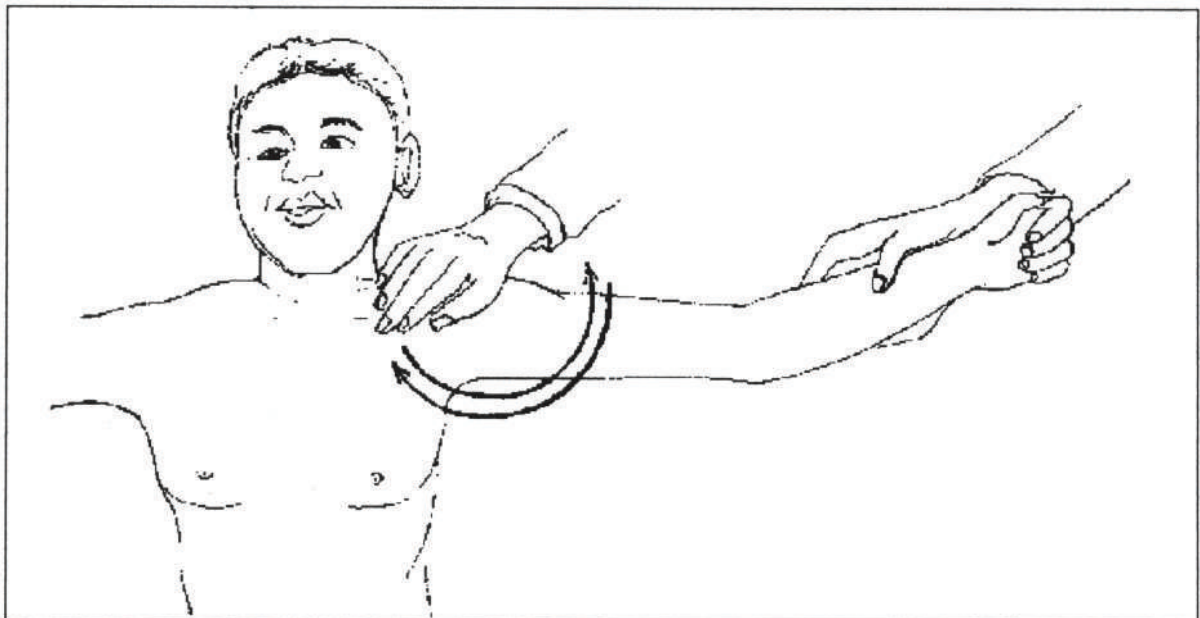
Fig. 2.1 a: Shoulder joint



Lying - Arm up and down

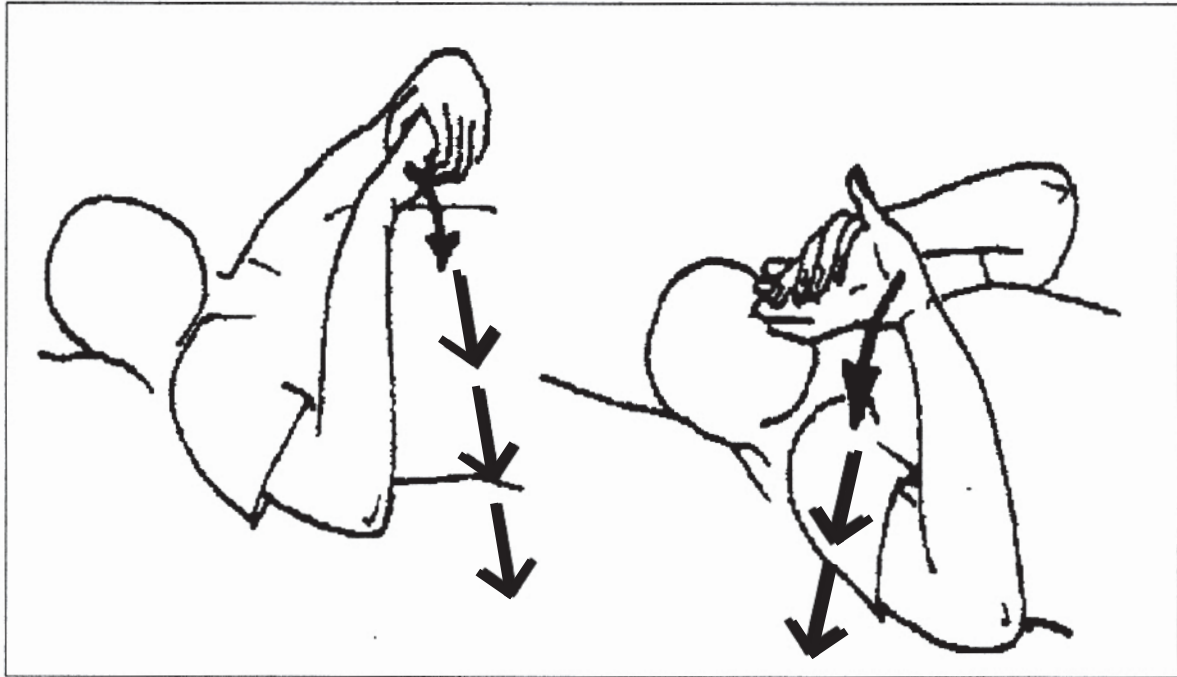


Lying – Arm sideways and back

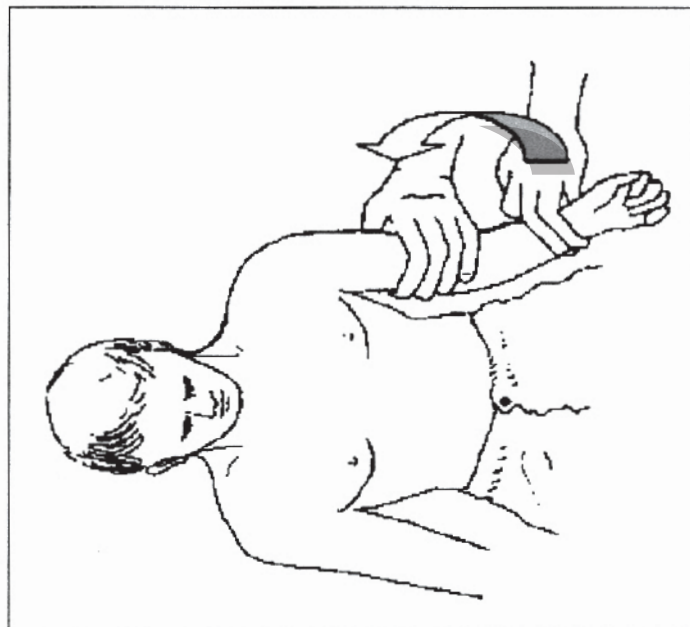


Lying – Rotate the arm in a circle
clockwise / anticlockwise

Fig. 2.1 b: Elbow Joint

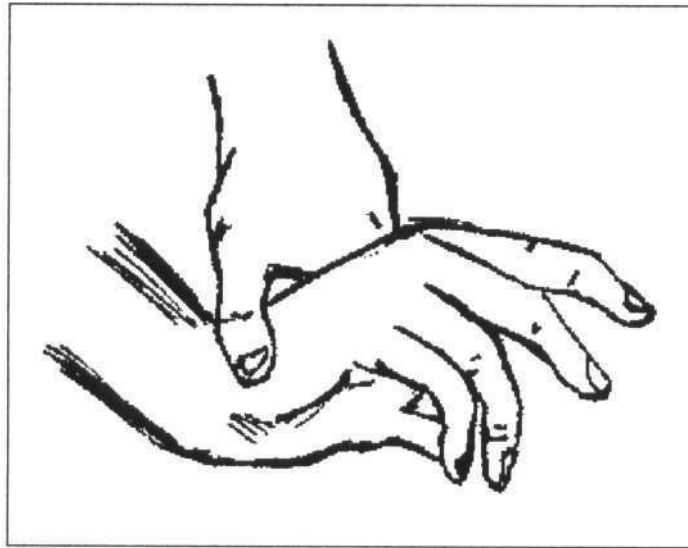


Lying – bend and straighten the elbow



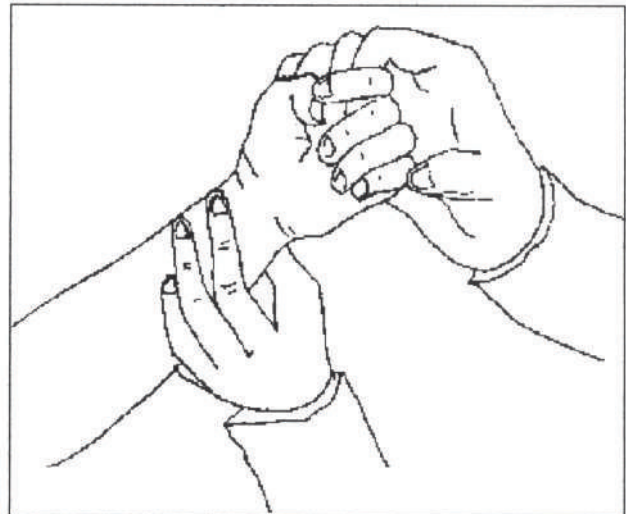
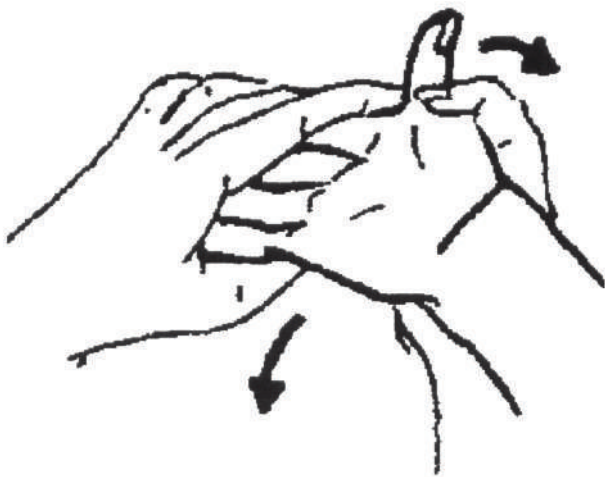
Lying , arm close to body with elbow bend –Turn palm up and down

Fig.2.1 c: Wrist joint



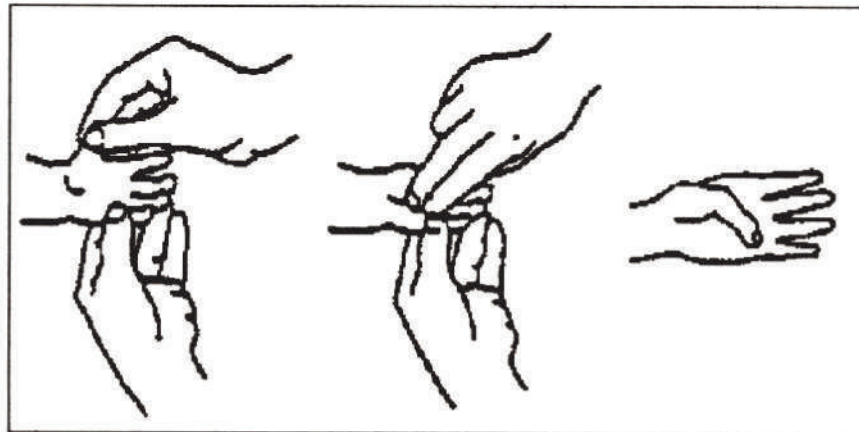
Bend wrist forward

Fig 2.1 d: Finger



Straighten and bend all the fingers

Fig 2.1 e: Thumb



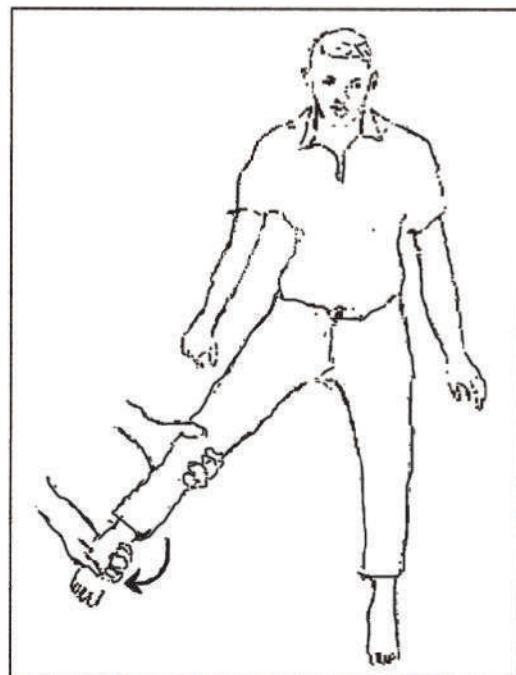
Bend thumb toward base of little

2.2 LOWER LIMB

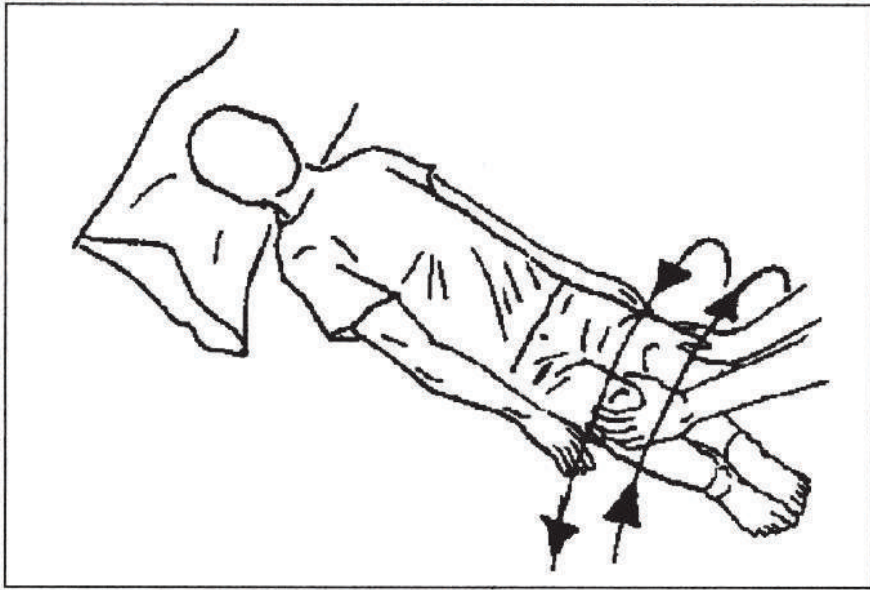
Fig. 2.2 a: Hip Joint



Lying – Bend knee to chest and then straighten all the way down



Lying – Leg sideways and back



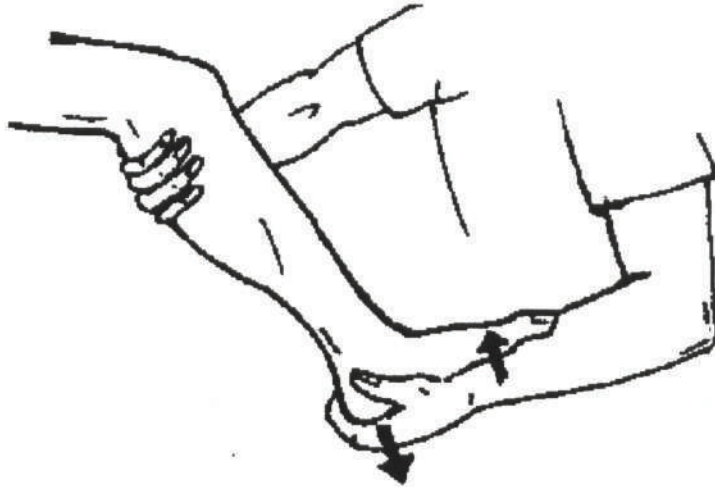
Lying - Rotate the leg in a circle clockwise / anticlockwise

Fig.2.2 b: Knee Joint



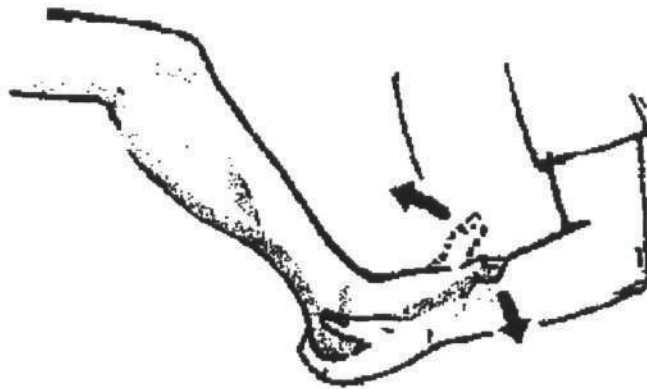
Lying- Bend knee to chest and then straighten all the way down

Fig.2.2 c: Ankle Joint



Lying –push foot up and down

Fig 2.2 d: Toes



Lying - Bend and straighten all the toes

Important points to remember when doing passive movement

- Do one joint at one time
- Always protect the joint. Hold the limbs both above and below the joint. Support the limbs as much as you can
- Be gentle but firm, move the joint **SLOWLY**. (Moving spastic joints rapidly makes them more stiff)
- **NEVER FORCE THE MOVEMENT**. It may cause some discomfort but should NOT be painful.

3. STRETCHING

3.1 PASSIVE STRETCHING

It is a sustained movement done to the joints likely to develop contracture or already developed contracture.

- Hip
- Knee
- Ankle

Movement is full range and sustained for 5 - 8 seconds.

Position of the client is as in passive movement.

Movement is done by caregiver

3.2 SELF STRETCHING

It is a sustained movement done to the joints likely to develop contracture or already developed contracture. Movement is done by the client.

4. EXERCISE

4.1 ASSISTED EXERCISE

It is an exercise done by the client or assisted by the caregiver to obtain as full range of motion as possible

Fig 4a: Self assisted exercise

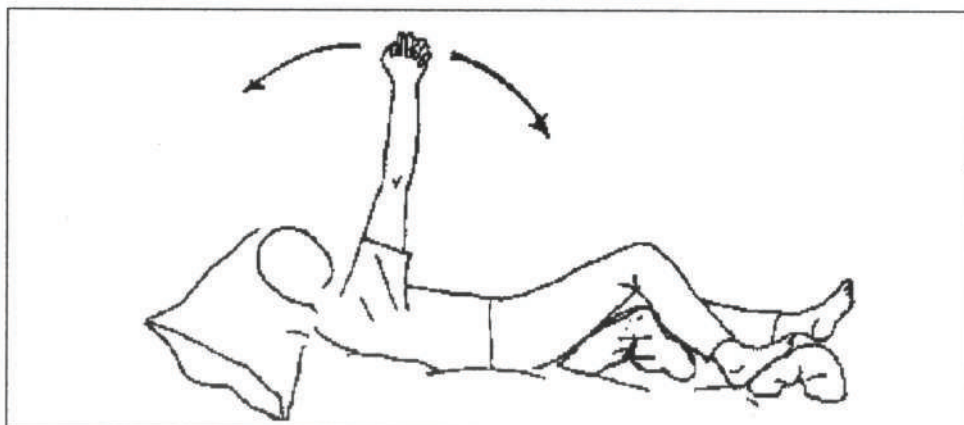
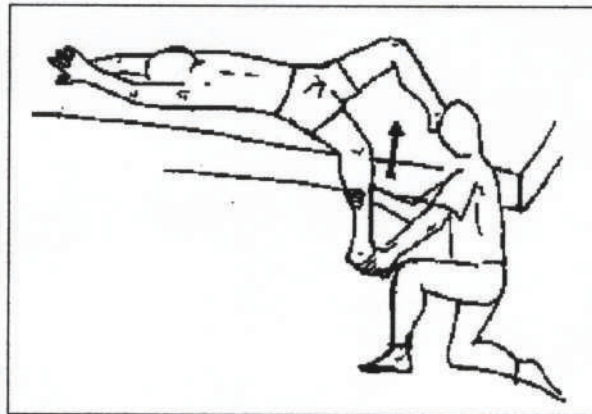


Fig 4b: Assisted exercise done by caregiver



4.2 MOBILISING EXERCISE

It is an active free exercise done by the client. Exercise should be done as full range of motion as possible.

e.g . Swinging arm forward , backward, sideways.

4.3 STRENGTHENING EXERCISE

It is an exercise done using resistance. The resistance can be :-

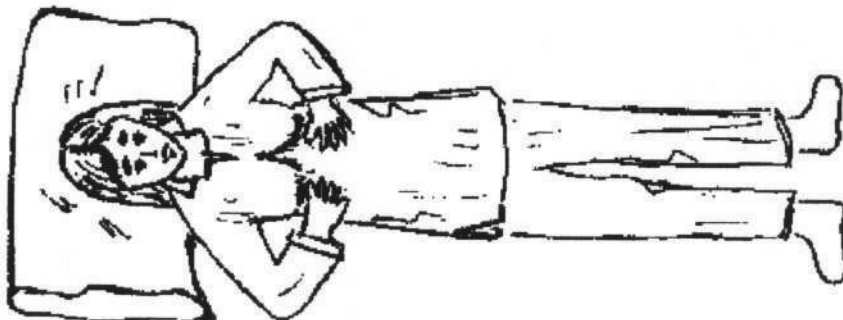
- manual resistance (self or caregiver)
- mechanical (weight – dumbbell, mineral bottle filled with water, sand bag)

4.4 BREATHING EXERCISE

Do deep breathing in through nose and breathe out through mouth.

Do this exercise for 5-6 times. This exercise is done in between exercises

Fig 5: Breathing Exercise



5. MOIST HEAT

It is a form of pain relief. Soak a towel into warm water, squeeze off the water and apply on the pain area. Reapply when the towel gets cold.

6. PROPER POSITIONING AND HANDLING

6.1 PROPER POSITIONING TECHNIQUES

Proper positioning of body is very important. Good positioning will help to:

- protect joint , prevent damage
- prevent blood circulation problems
- change or minimise pressure and therefore prevent pressure sores
- make the client more aware of the affected side
- allows the client more independent function, e.g. dressing, feeding, other functional activities.

Below are the recommended positioning for the client e.g right hemiplegia i.e right side is affected with loss or reduced function.

a. Side Lying On Unaffected Side

- Uppermost arm (affected) well supported with pillow
- Arm stretch forward
- Uppermost hip (affected) supported with pillow. Bend hip and knee.



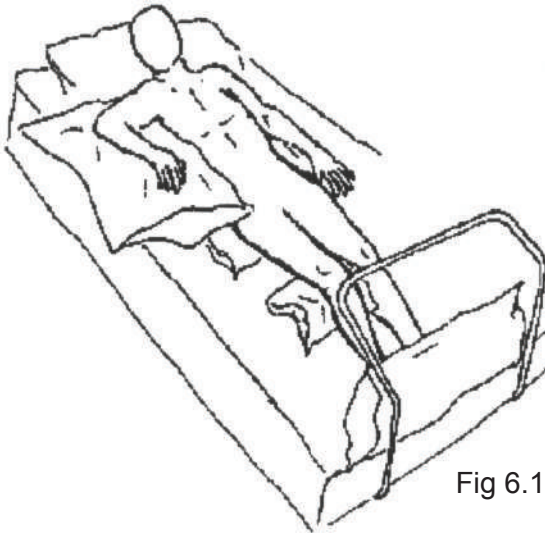
Fig 6.1 a: Side Lying On Unaffected Side

b: Side Lying On Affected Side



- Head well supported with pillow
- Affected shoulder forward, elbow straight, palm facing upward
- Fingers open
- Pillow under uppermost hip (unaffected) with hip and knee bending 90°
- Affected leg straight with knees slightly bent

c. Lying on the back



- Affected arm supported with pillow in comfortable position
- Affected lower limbs supported with pillow under the knees
- Feet supported with pillow in upright position

Fig 6.1 c: Lying on the back

d. Sitting Upright

- Sit up straight
- Affected arm supported
- Position of affected arm should be changed often
- Lower limb must be bent 90° and feet kept flat on floor



Fig 6.1 d: Sitting Upright

6.2 PROPER HANDLING TECHNIQUES

Proper handling will;

- help caregiver to handle the disable person.
- enable the client in transfers and bed mobility



Fig 6.2 a : Correct handling of the shoulder

Example of correct handling for a right hemiplegic person:-

- Support the right shoulder (affected) with your left forearm or hand.
- Support the right hand (affected) with your right hand.



When handling the client

- Do not pull the paralysed arm
- Do not pull the paralysed hand



Fig 6.2b : Correct handling of the knee

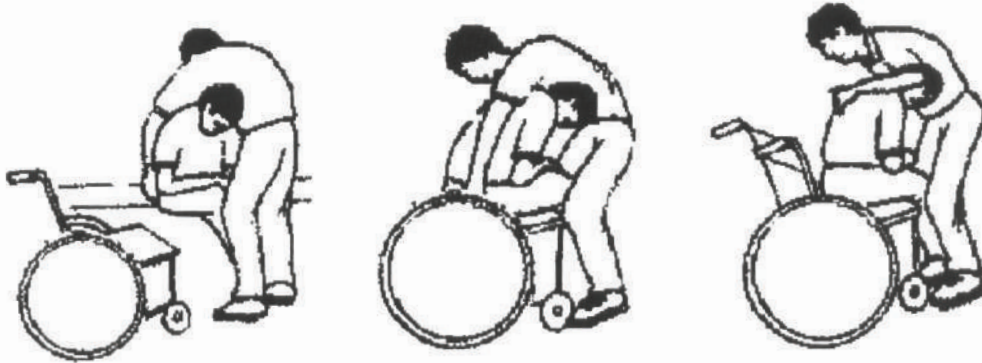
Example of correct handling for a right hemiplegic person :-

- Support and control the right knee in standing
- Transfer of bodyweight to the right leg

7. LIFTING AND TRANSFER

7.1 PROPER TRANSFER TECHNIQUE

Fig 7.1 a: Transfer the client from bed to wheelchair;



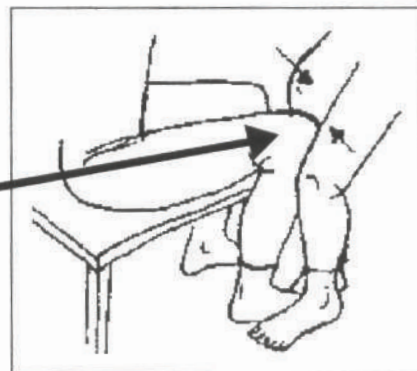
- i) When his / her arms are weak;
- Place wheelchair close to bed
 - Bend client forward with hands in front.
 - Feet are placed flat on the floor
 - Caregiver lock the client's knees and feet
 - Support the pelvis to lift and shift buttocks from bed to wheelchair

- ii) When his/her arms are strong;



- Assist the client to place arms around caregiver's shoulder
- The client's feet are placed flat on the floor
- Caregiver can stabilise the client by placing caregiver's knees against the client's knees
- Help the client stand by holding on to his belt or pelvis and shift buttocks from bed to wheelchair

Caregiver can stabilise the client by placing caregiver's knees against the client's knees



Note: Caregiver must take care of his/her own back

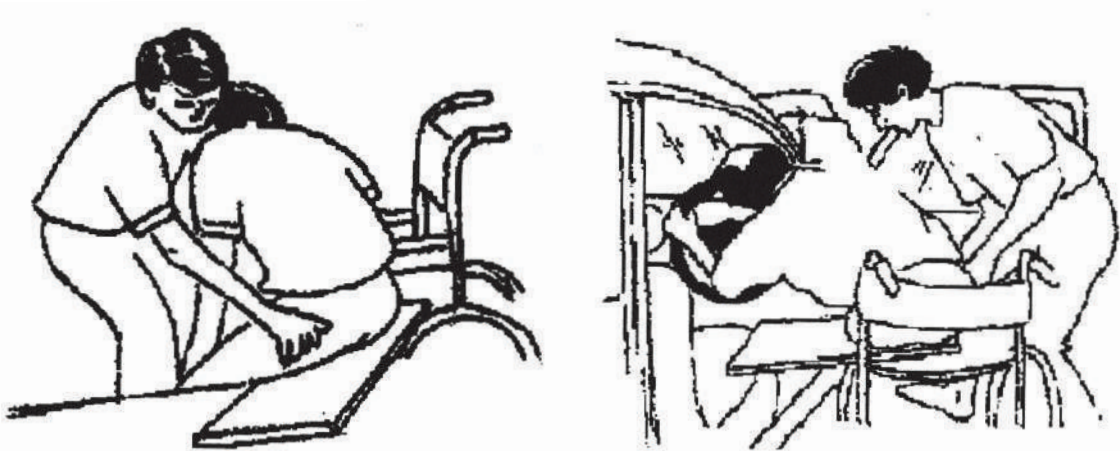
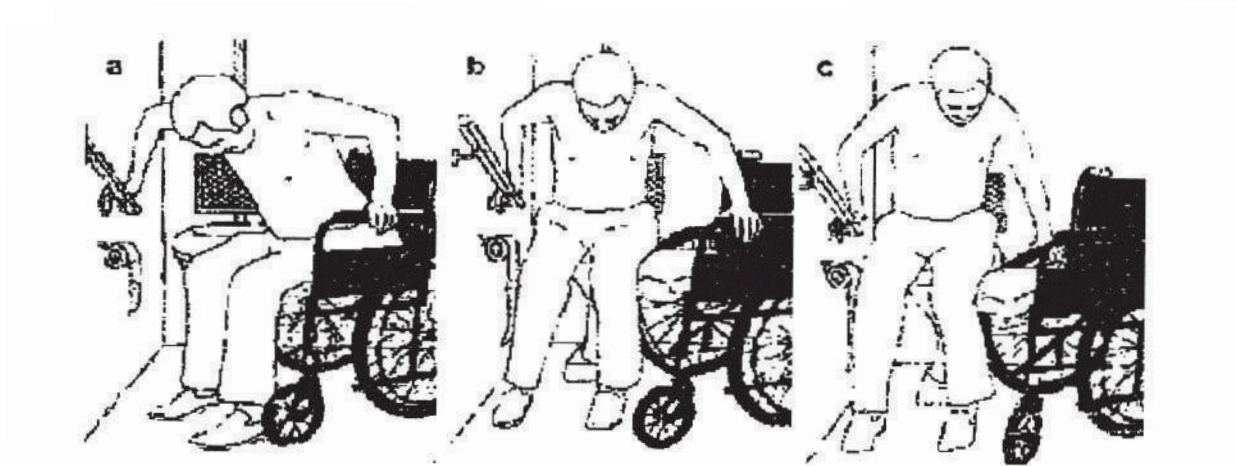


Fig7.1 b: Lateral Transfer from bed to chair, chair to chair and wheelchair to car can be carried out with aid of a board.

- Place a sliding board under the client's buttock
- Lock the clients knees and feet
- Lean the client forward .
- Support client's pelvis to shift buttocks sideways from bed to wheelchair / chair to chair / wheelchair to car or vice-versa.

Fig 7.1c: Transfer from wheel chair to toilet.



In transferring the client from one position to another, he must be encouraged to do as much as possible on his own.

Ensure handrails are of correct height and strong in the toilet in assisting transfer.

Note: Safe transfer is of utmost importance.

Floor should not be wet or slippery.

Wheelchair must be locked properly.

7.2 PROPER LIFTING TECHNIQUE



Fig. 7.2 a: Two persons Lift

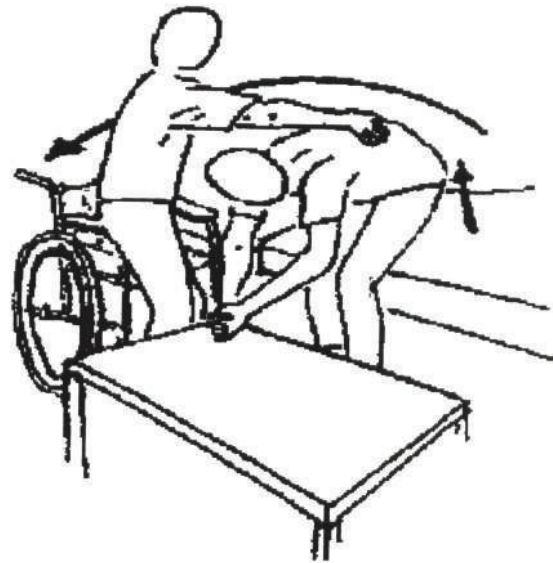


Fig. 7.2 b: One Person Lift

7.3 SIX GOOD RULES OF LIFTING FOR CAREGIVERS

Transferring / lifting client from one area to another takes special skill to prevent injury to them as well as the caregiver.

All transfer / lifting requires preparation and evaluation.

To find the best technique, caregivers need to know the client's strength, decide on the type and amount of assistance necessary, familiarise with the available equipment. If the client is obese, ask for more people to assist.

The 6 good rules are;

- i. Be well balanced over a wide base
- ii. The lead foot should point in the direction of transfer
- iii. Get as close as possible to the client
- iv. Bend hips and knees before lifting
- v. Coordinate the lift with the other helper
- vi. Keep the back straight and never twist.

Note: Plan the lift.

Make sure there is enough room to perform the lift safely.

Make sure the furniture involved in the lift is stable and positioned to allow minimal turning and handling

Ensure wheelchair brakes are on

8. POSTURAL AWARENESS









Instill correct standing posture of the client by having a mirror in front.

Encourage standing tall, avoid tilting of trunk sideways, hunching the back or stooping. Awareness of correct posture is important in the caregiver too

8.1 TIPS FOR THE CAREGIVERS

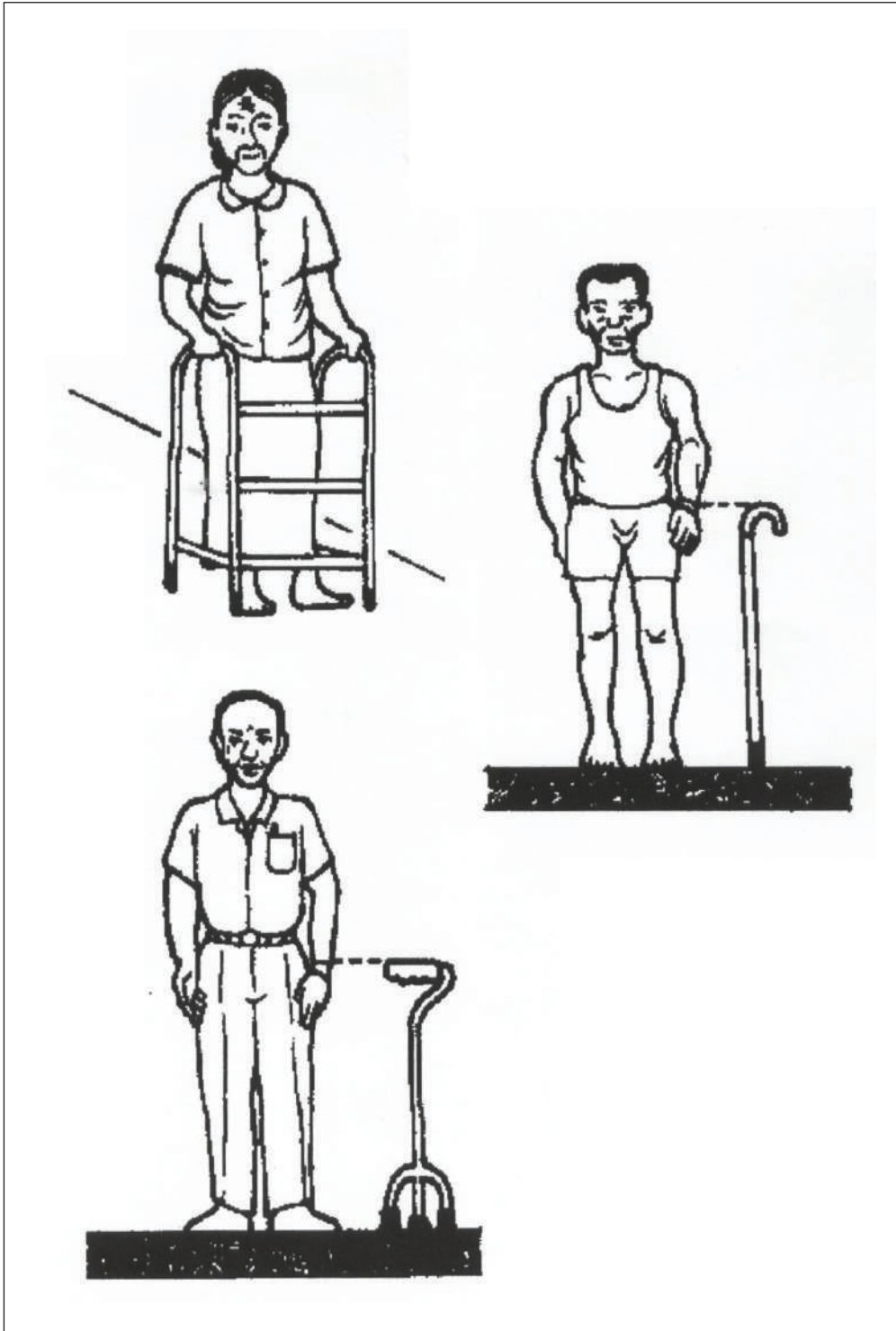
- o Have enough rest
- o Rest on a firm mattress
- o Avoid activities which can cause pain
- o Take care with your posture when bending and lifting
- o Maintain general physical fitness. Exercise may help you to keep fit and strong

8.2 AWARENESS OF CORRECT POSTURE

RIGHT	WRONG
	
<p>Lifting Bend the knees. Keep the head up.</p>	
	
<p>Carry Keep the weight close to the body</p>	
	
<p>Sitting Well supporting chair with correct work surface height</p>	
	
<p>Sleeping A well supporting mattress which doesn't sag</p>	

9. WALKING AIDS

There are many types of walking aids for ambulant clients. Ensure proper height for walking aids



CHAPTER 5

COMMUNICATION

&

RECREATION

CHAPTER 5: COMMUNICATION AND RECREATION

1. COMMUNICATION:

Communication is the process of sending and receiving of messages

1.1 BENEFITS OF GOOD COMMUNICATION

Good communication will benefit both caregiver and client:

- Promotes good rapport
- Builds good relationships and trust
- Less stress on the caregiver and client
- Clearer understanding of instruction

1.2 PROBLEMS OF POOR COMMUNICATION

Poor communication will cause both the caregiver and the client:

- Frustration
- Hostile feelings
- Misunderstandings and negative feelings

**IT IS IMPORTANT TO PRACTISE GOOD COMMUNICATION
AT WORK PLACE AND AT HOME**

1.3 CAUSES OF DIFFICULTY IN COMMUNICATION;

a. Physical problems:

e.g. Loss of hearing, loss of vision, speech problems, sensation/touch, physical disabilities of head and neck region.

b. Behavioural problems:

Attitude and Perception moulded from upbringing, culture, beliefs, etc...

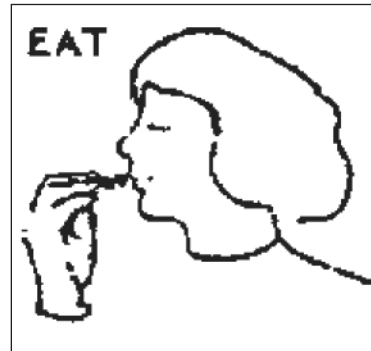
c. Poor Communication Skills (delivery and listening skills)

- Skills in delivering a message includes language, speech, tone, and technique including facial expressions and body language
- Skills in listening during communication: active listening, observation and showing that message is understood

1.4 Tips for good communication:

Tips for good communication

- Use communication method that is suitable e.g. speech/ simple sign language



- Be clear , specific and repeat the message
- Reconfirm the message has got across
- Respect the client
- Encourage client to express their needs, views and wants – be patient give client time to express
- Practice active listening –focus on what the client actually is implying
- Acknowledge that you understand by repeating what they said

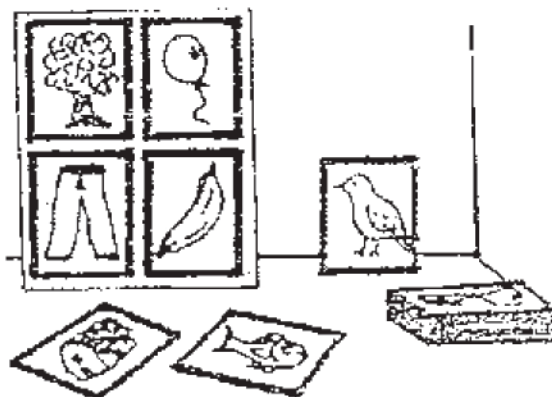
a. Tips for speaking to older person and those with impaired hearing:

- Face the client at same level.
- Keep eye contact with the client
- Make sure the client can see your lip movements clearly. **(Do not exaggerate)**
- Use body signs and suitable gestures
- Speak clearly at normal pace but in a lower tone
- Give the client time to reply, never guess their answer, it will stop them answering in future.
- Ensure ears are examined for wax blockage, hearing aids are in working condition and wear spectacles for client with low vision.

b. Tips for speaking to persons with difficulty communicating:

(e.g. persons who are unable or have difficulty speaking, people who have problems understanding spoken language etc)

- o Use communication board with pictures of commonly needed objects and activities such as cold drink, hot drink, food, time, radio/television, comb hair, brush teeth, glasses, toilet etc.
- o You can make your own cards based on your clients needs.



- o Use signs and gestures, show objects, facial expression and other physical actions e.g. pointing, using eye movements etc.



- Never treat a person who cannot talk as if he is a child or someone with no intelligence. It is important to include the person in the conversation and give them time to contribute.
- Speaking to someone without giving them time to answer will destroy confidence and make them give up trying to make their wishes and choices known.

1.5 Preferred method of communication

You can test your preferred method of communication using the checklist below

Communication Exercise: The Mental Map

NLP: Thinking Patterns – Preference Survey

Options	Options Description	Preference
A. B. C.	I love to listen to music I enjoy art galleries and window –shopping I feel compelled to dance to good music	
A. B. C.	I would rather take an oral test than a written one I was good at spelling in school I tend to answer test questions using ‘gut’ feelings	
A. B. C.	I have been told that I have a great speaking voice My confidence increases when I look good I enjoy being touched.	
A. B. C.	I can resolve problems quickly when I talk out loud I would rather be shown an illustration than have something explained to me I find myself holding or touching things as they are being explained	
A. B. C.	I can usually determine sincerity by the sound of a person’s voice I find myself evaluating others based on their appearance The way others shake hands with me means a lot to me	
A. B. C.	I would rather listen to audio CD than read books I like to watch television and go to the movies I like outdoor activities	
A. B. C.	Others tell me I am easy to talk to I enjoy watching people I tend to touch people when talking	

Options	Options Description	Preference
A. B. C.	I am aware of what voices sound like to me on the phone I often remember faces but not their names I cannot remember what people look like	
A. B. C.	I often find myself humming or singing to the music I enjoy photography, both watching and taking pictures I like to make things with my own hands	
A. B. C.	I would rather have an idea explained to me than read it I enjoy speakers more if they use visual aids I like to participate in activities rather than watch	
A. B. C.	I am a good listener I make judgments about others based on their appearance I feel positive or negative about people without knowing why	
A. B. C.	I prefer to call than using sms and emails I am good at finding my way using a map I exercise because of the way I feel afterward	
A. B. C.	I like to try to imitate the way people talk I make a list of things to do each day I have been told that I am well co-ordinated	
A. B. C.	I like to stay in a house with a quiet environment It is important that my house is clean and tidy I like a house that feels comfortable and cosy	

Add up the total number of A, B, and C responses you have marked.

If you score: More As = Your primary preference is Auditory

More Bs = Your primary preference is Visual

More Cs = Your primary preference is Kinesthetic

2. RECREATION

Recreation is an activity carried out during our free time that can keep a person both mentally and physically occupied.

- o Recreational activities should be enjoyable – whether in the area of self-care as in looking after one-self or others; leisure for enjoyment, or productivity for socio or economic contribution.
- o Every human being should be physically and mentally occupied.

Like everyone else, the clients with disabilities needs to be both physically and mentally occupied

Just because persons with disabilities cannot do everything for themselves, it does not mean they are not able to do anything at all.

2.1 EFFECTS OF NOT BEING OCCUPIED

Physical and mental health problems will develop when a person has nothing to do.

a. Physical health

- o Non movement of joints and muscles
- o Numbness and pressure sores
- o Shallow breathing
- o Long term medical complications – digestion, bowel movement, bladder stone, etc.

b. Mental health problems and antisocial behaviour

- o Moodiness
- o Repetitive, destructive, self inflicting injuries.
- o Disruptiveness.
- o Aggressiveness – anger, picking quarrels, instigating
- o Passiveness – withdrawal, keeping to themselves

2.2 PURPOSE AND BENEFITS OF RECREATION

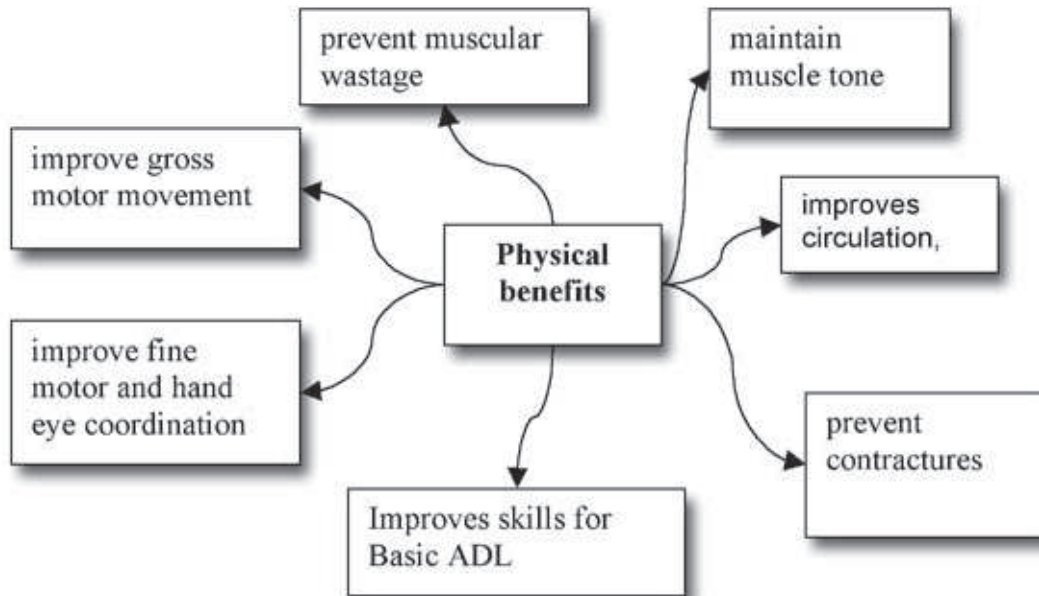
Purpose of recreation is for maintenance of health and wellness in;

- o Physical health
- o Intellectual and mental wellbeing
- o Social health. Ability to make friends can be improved when carrying out activities in a group.

a. Physical bene

- o Improves circulation,
- o Maintains muscle tone,
- o Prevents muscular wastage due to disuse,
- o Prevents contractures,
- o Improves gross motor movement for mobility,
- o Improves fine motor and hand eye coordination
- o Improves skills for Basic Activities of Daily Living eg. feeding, dressing, turning door knobs, switching on and off lights, home management, shopping, transportation etc.

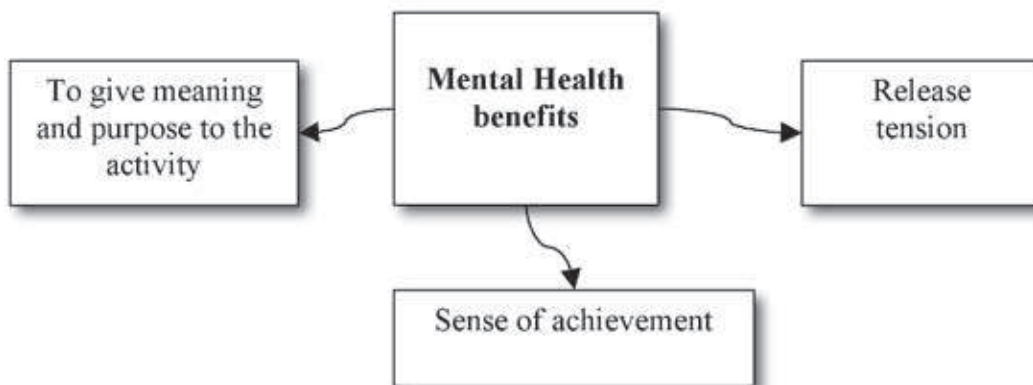
Fig.1: Physical benefit



b. Mental Health Benefits include:

- o Sense of achievement in completing the activity and completing the game
- o For release of tension
- o To give meaning and purpose to the activity

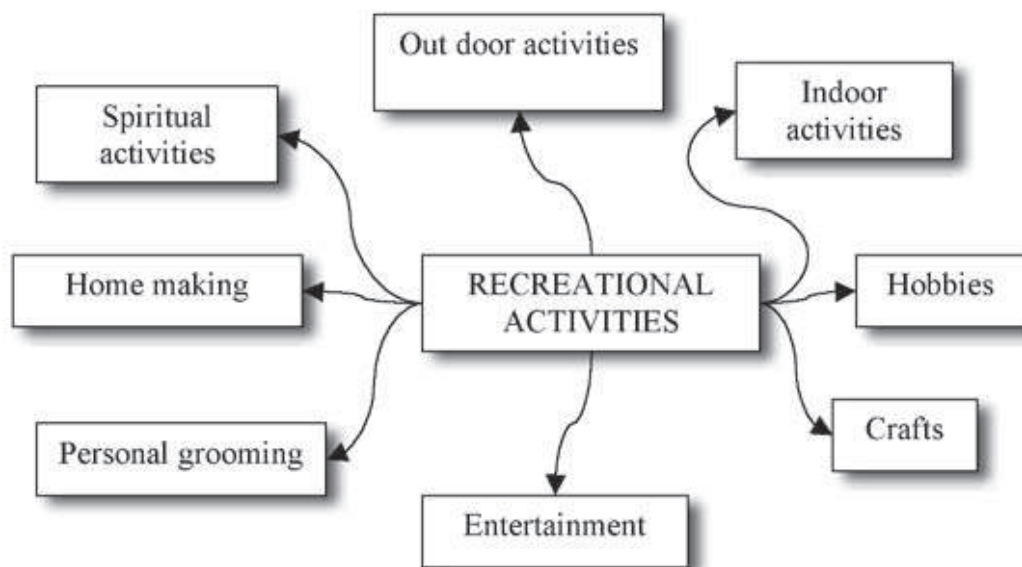
Fig. 2: Mental Health benefits



2.3 TYPES OF RECREATIONAL ACTIVITIES

There are many types of recreational activities. Indoor, outdoor, high energy or low energy activities as well as activities that are done as a group or those carried out alone (Fig 3).

Fig. 3: Types of recreational activities



2.4 BENEFITS OF DIFFERENT ACTIVITIES

a. Outdoor Activities

Types Of Activities	Application / Benefits
Walk - in the garden with warm up exercise / Tai Chi etc	<ul style="list-style-type: none">• Circulation• Mobility• Awareness of environment• Friendship
Outings – picnics, visits to places of interest, shopping	
Nature walks – enjoy and appreciating the wonders of nature	
Modified court games e.g. badminton	
Modified sports for the disabled e.g. shooting archery, badminton, basketball	

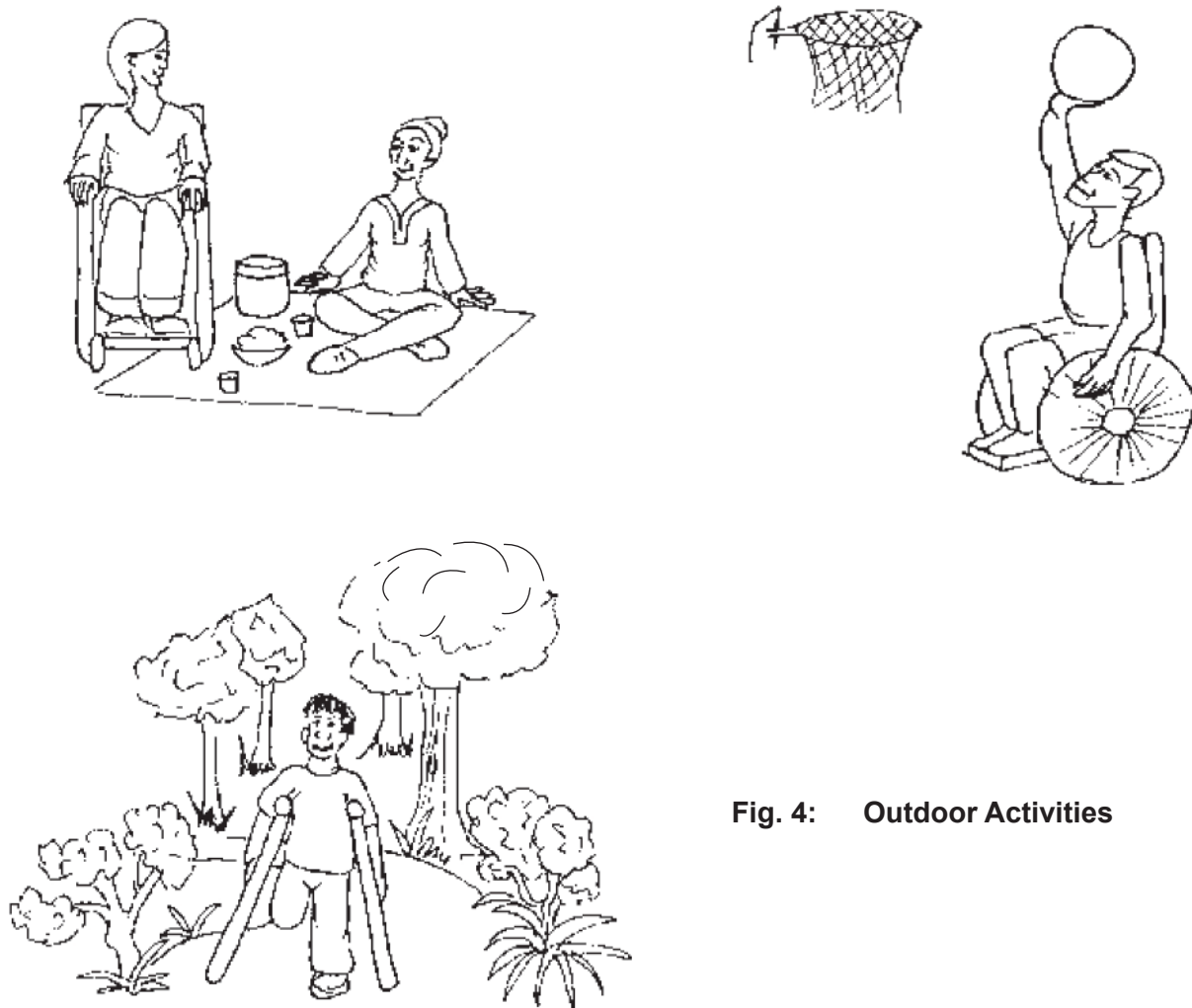


Fig. 4: Outdoor Activities

b. Indoor Activities

Types Of Activities	Application / Benefits
Board Games – monopoly, checkers, chess...	<ul style="list-style-type: none"> • Mental stimulation • Hand eye coordination • Fine motor skills • Social integration • Sportsmanship
Card Games – bridge, ‘memory’ etc. Quizzes	
Table Games – carom, ‘mahjong’	
Gym Exercises	<ul style="list-style-type: none"> • Increase Muscle tone and power • Increase range of motion • Improve circulation • Improve sleep pattern

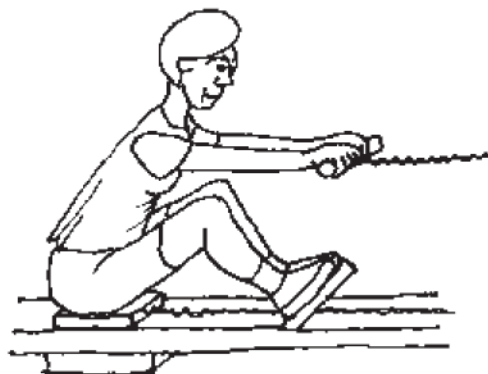


Fig. 5: Indoor Activities

c. Hobbies and Craft

Hobbies and crafts can give one a feeling of satisfaction but can also be turned into activities that become a vocation and income generating.

Types Of Activities	Application / Benefits
Clay work , Painting	<ul style="list-style-type: none"> • Self expression • Creativity • Increase self esteem • Improves fine motor movement
Gardening / potting	
Story writing , Reading	<ul style="list-style-type: none"> • Stimulation • Improves memory
Beads work e.g. purses and bags Smocking (dresses)	<ul style="list-style-type: none"> • Creativity • Hand Eye Coordination • Improves fine motor movement • Increase self esteem
Light handicraft – making small souvenir items e.g. key chains etc	
Dress making	

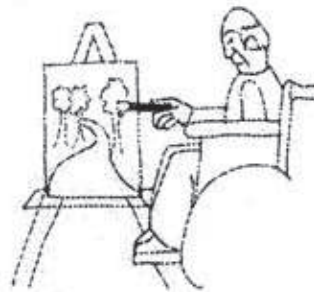


Fig. 6: Hobbies & Crafts



d. Entertainment

Entertainment activities can be active or participatory and help in making friends. Some prefer activities that are passive and entertaining.

i. Active Participation

Types Of Activities	Application / Benefits
Singing – karaoke	<ul style="list-style-type: none">• Self expression• Reduce stress• Friendship• Listening• Fun• Socialization
Dancing – waltzing, square, cha- cha, cultural	
Drama – acting, impersonation, etc	
Story telling – true stories, fairy tales imagination, etc...	
Musical chairs	

ii. Passive Participation

Types Of Activities	Application / Benefits
<ul style="list-style-type: none">• Watching TV – news, movies ...	<ul style="list-style-type: none">• Relaxation• Update on current affairs• Imagination• Stimulate visual and hearing senses
<ul style="list-style-type: none">• Listening to the radio	



Fig 7. : Entertainment Passive Participation

e. Income generating activities

Both Personal Grooming and Home Making Activities can be turned into income generating activities

i. Personal Grooming

Grooming can be used as a mode of improving self awareness. Those who are good at grooming activities can help other clients in the institution.

Types Of Activities	Application / Benefits
Beauty Contest <ul style="list-style-type: none"> o Best dressed o Best hair style o Most pleasant personality o Most courteous o Manicure and make up 	<ul style="list-style-type: none"> • Improve attitude • Self motivation • Increase self esteem

ii. Homemaking

Types Of Activities	Application / Benefits
Laundry – washing, ironing	<ul style="list-style-type: none"> • Increase muscle tone and power • Increase range of motion • Improve circulation • Improve sleep pattern
Interior Decoration	
Housekeeping – tidiness, cleanliness	

Fig 8: Homemaking Activity



f. Spiritual Activities

Types Of Activities	Application / Benefits
Going to place of worship	<ul style="list-style-type: none"> • Respect and Tolerance
Festivities celebration	
Exposure to multicultural activities	



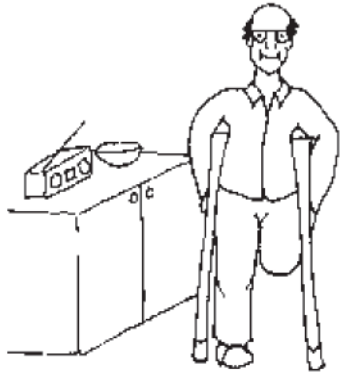
2.5 TYPES OF ACTIVITIES ACCORDING TO ABILITY

a. Prerequisites to starting recreational activities

Two things to remember before starting any recreational activities,

- o Clients should be in a stable and functional position to induce a feeling of comfort and safety;
- o Ensure the **promotion of interactive communication.**

i. Stable and Functional Position

Bed ridden	Wheelchair Bound	Ambulant
<ul style="list-style-type: none"> • Prop up client, in a comfortable semi-seated position, with a back-rest, or pillows that supports the client's back at a comfortable angle (45 degrees), or on an adjustable positioning bed.  <p>(Positioned at level that facilitates eye contact.)</p>	<ul style="list-style-type: none"> • Select wheelchair size to fit the client's size. • Select a wheelchair with suitable detachable arm rests for proper arm support and to cause minimal restriction of movement in participating in the recreational activities.  <ul style="list-style-type: none"> • Ensure the wheels are properly oiled to improve wheelchair movements. 	<ul style="list-style-type: none"> • Ensure that the floor or ground is not slippery and is free of obstacles that causes the client to trip or fall • Use of proper walking aid example crutches, walking stick, walking frame to provide stability and balance – if client lacks stability / balance in walking. 
<p>Encourage client to wear glasses and check for good lighting – if client has poor vision.</p> <p>Encourage client to wear hearing aid, and check for audible sound level – if client has difficulty in hearing</p>		

ii. Interactive communication

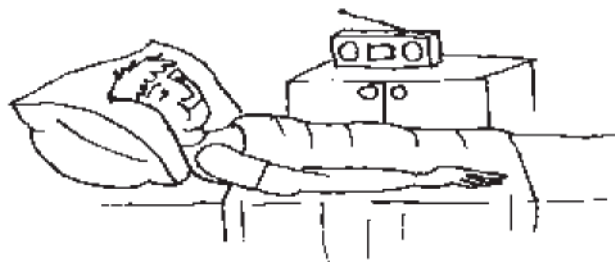
Bed ridden	Wheelchair Bound	Ambulant
Establish eye contact at same level – not leaning over the client.	Adopt semi-squatting position to achieve eye level contact – not bending over the client.	Establish eye contact at the standing position without encroaching into client’s personal space.
Apply good communication skills approach (as discussed for practice stated in the earlier section.)		

b. Activities Appropriate to the Different Abilities of the Clients

i. Bed ridden.

- Totally unable to use hand.

Clients who are bed ridden and highly dependent on caregivers, have very limited access to enjoy the full spectrum of recreational activities. Since they cannot carry out any functional activity on their own, their participation is restricted to mainly passive or passive-assistive activities – e.g. listening to music or radio, story telling, watching television etc.



- Able to use hands fully.

Clients who are bed ridden but have full hand functions can enjoy a wider range of activities compared to those who are totally incapable of using their hands. They can actively enjoy more recreational activities in which they can participate – e.g. cards games, story writing (if literate), reading or knitting etc...



ii. Wheelchair Bound

Clients on wheelchair have more ability to carry out a wider scope of recreation activities ranging from indoor recreational activities such as: table games, to outdoor recreational activities such as: outings or sport activities like basket ball.

(refer to the appropriate indoor and outdoor activities previously discussed)*



iii. Ambulant

Clients who are ambulant are least restricted by physical barriers to facilities and can enjoy the full range of recreational activities according to their interest within their capability. They can enjoy almost all of the recreational activities – depending on restrictions imposed by the equipment used. All the recreational activities discussed previously are suitable (if necessary, with some adaptations or modifications).

(refer to the appropriate indoor and outdoor activities previously discussed)*



CHAPTER 6

STRESS

&

COPING SKILLS

CHAPTER 6: STRESS AND COPING SKILLS

1. FEELINGS AND EMOTIONS

Everybody has feelings and emotions. Some may make us feel good and some may make us feel bad.

Good or positive feelings are...

- Happy
- Excited
- Being appreciated
- Calm and peace
- Jovial
- Shy

Or some negative feelings...

- Angry
- Worried
- Frustrated
- Sad
- Uneasy
- Embarrassed
- Helpless
- Gloomy
- Blame yourself for some faulty issues
- Lonely
- Afraid

In order to carry out good jobs, we need to be physically as well as mentally healthy. Imagine having a difficult client and a demanding boss. By the end of the day, you are exhausted, mentally tired and having body aches. After sometime you may **consider giving up**. This is what we call stress.

Your clients also undergo stress. It is important to recognise stress in your client and help them.

1. Emotions of People with Disabilities (Clients)

Your clients also undergo many emotions. Some of the emotions are as below;

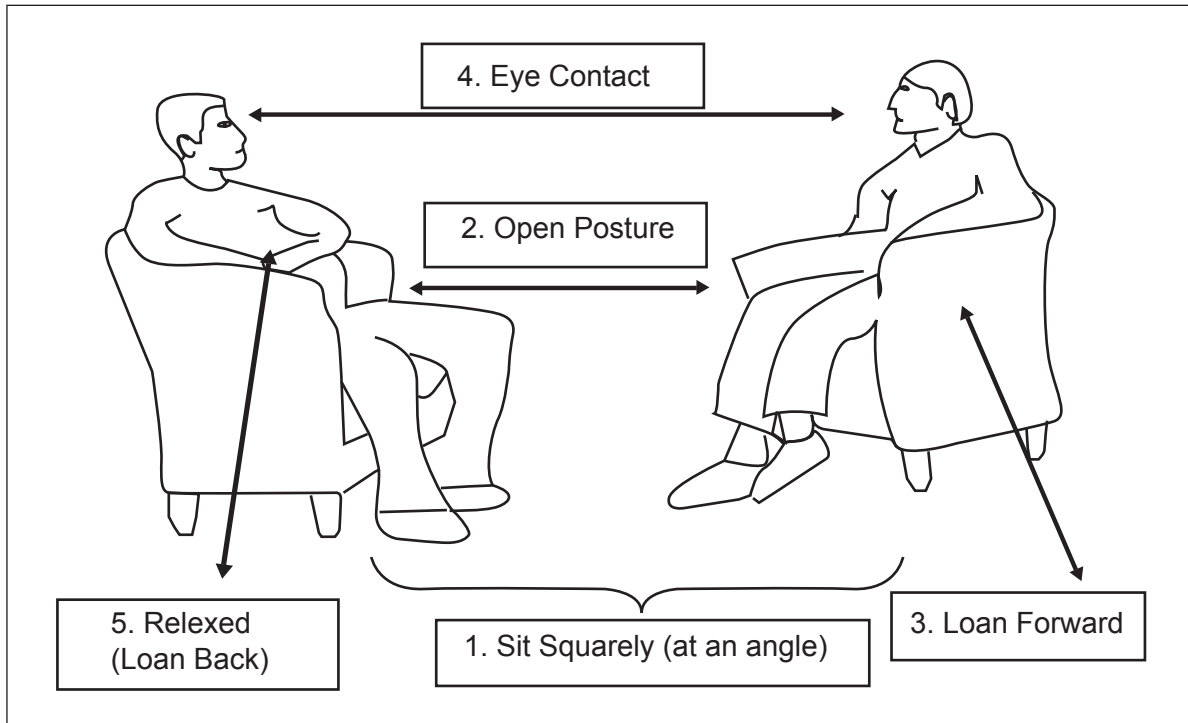
- Happy
- Excited
- Enthusiastic
- Being appreciated
- Calm and peace
- Jovial
- Gloomy
- Feel lonely
- Helpless
- Shy
- Sensitive of their self-image
- Guilt and self-blame
- Sad and hatred
- Fear of loss
- Insecure
- Easily irritated
- Demanding
- Worry
- Stuck
- Easily frustrated
- Confused
- Doesn't feel anything. Everything is blunt!

Then how can you help?

2. EFFECTIVE COMMUNICATION

You need to use some principles of effective communication in communicating with People with Disabilities, just as you would do with any other person

2.1 ATTENDING SKILLS (to be approachable, friendly)



2.2 LISTENING SKILLS

Listen to the client. After listening, caregiver can make feedbacks and encourage the client to speak out what is in his mind by using the below words...

- o Hmm
- o Aha
- o Yes
- o Go ahead
- o I'm hearing...
- o Or, just

Be silent and listen carefully!

2.3 ENCOURAGE CLIENT TO TALK

Show you understand client's feelings. For example:

- o "You look sad"
- o "You feel hurt"
- o You are angry
- o I can understand this"

If you find any problem

- *Reassure client*
- *Take down the notes (write report)*
- *Inform supervisor in charge*

3. STRESS

Everyday, we encounter issues and problems at home or at work. Sometimes we have difficulty in relating to clients. When clients do not respond, we feel awful and easily irritable, especially when we have already tried our best.

When we have limited resources, limited time and negative emotions we will experience stress. Stress is a physical or mental tension that at times motivates us i.e. good stress and sometimes drives us crazy i.e. bad stress! In order to get rid of bad stress, we have to know how stress is being manifested.

3.1 WHAT DO YOU UNDERSTAND BY STRESS?

Some terms people use to describe stress as;

- Pressure
- Burden
- Create conflict and uncertainty within self
- Too much tension
- Motivation (good stress)
- Panic
- Worry
- Depressed
- Loss of strength

There are many situations when we can become stressed. Some examples are; when you are in a noisy environment or the room too hot or too cold, or when you are expected to help but unable to do so

3.2 FACTORS CAUSING STRESS TO CLIENTS

Your clients may be stressed due to the following reasons;

a. Physical

- o Extreme temperature (too hot, cold, humid)
- o Noise
- o Extreme light
- o Illness / disease

b. Social

- o Death
- o Loss of job
- o Pension
- o Divorced
- o Bankruptcy
- o No friend

c. Psychological

- o Frustration
- o Guilt
- o Confusion
- o Anger
- o Hatred
- o Disgust
- o Worry
- o Low self-esteem
- o Anxious

3.3 FACTORS OF STRESS AFFECTING CAREGIVERS

a. Caregiver themselves

- o Attitude
- o Too much work or too little work
- o Limited expert / skills
- o Poor communication / breakdown
- o Poor support from employer
- o Personal problems
- o Poor financial

b. Surrounding environment

- o Not conducive (untidy, noisy and heat)
- o High demands from client

3.4 SYMPTOMS OF STRESS

How do you know when you are stressed?

a. Physical Symptoms

- o Changes in sleep pattern
- o Easily tired all the time
- o Headaches, aches and pains
- o Easily get sick – flay fever
- o Dizzy
- o Fainting
- o Sweating & trembling
- o Tingling hands & feet
- o Breathlessness, palpitations

b. Mental Symptoms

- o Lack of concentration
- o Forgetfulness
- o Difficult to make decision
- o Panicky

c. Behavioral Symptoms

- o Appetite changes - too much or too little
- o Eating inappropriately
- o Increased intake of alcohol & other drugs
- o Increased smoking
- o Restlessness
- o Nail biting

d. Emotional Symptoms

- o Depressed
- o Impatience
- o Fits of rage
- o Tearfulness
- o Deterioration of personal hygiene and appearance

3.5 STRESS MANAGEMENT

We need to learn how to relax refresh our mind. There are a few techniques which can be used e.g. music, breathing technique and imagery.

a. Techniques in Stress Management

- o Relaxation technique
- o Autogenic suggestion
- o Imagery
- o Music Therapy
- o Deep Breathing

b. Cues to Start on Relaxation Training

Recognise feeling of tension eg:

- o Body parts aching
- o Feeling of stiffness
- o Sense of holding too tight or rigid
- o Difficulty in concentrating
- o Tremble of both hands
- o Breathing becomes rapidly faster
- o Shortness of breath
- o Palpitation
- o Migraine becomes more frequent
- o Gastric

If you find that symptoms which have been identified still persist, please consult doctor for further advice

c. Relaxation Techniques

- i. **Breathing Technique** (Adopted from: Girdano, D.A. et al. (1993). *Controlling Stress & Tension: A Holistic Approach (4th Ed.)* USA: Prentice Hall.

Step 1:

- Get into a comfortable position e.g. you can sit or lie down
- Take off any object on your body which may interfere when you relax. (e.g. watch, glasses and etc)
- Rest your left hand (palm down) on top of your abdomen
- Now place your right hand on top of your left hand so it rest comfortably
- Your eyes remain open

Step 2:

- Begin to breathe in
- As you breathe in, imagine the air entering your nose and into your lungs
- Feel your stomach expanding followed by your chest
- Your rib cage and upper chest will continue the wavelike rise that began from your stomach
- Total length of your inhalation (breathing in) should be 3 seconds

Step 3:

- Slowly begin to breathe out
- As you do, repeat the word **RELAX** to yourself
- As you breathe out, you will feel your abdomen and chest recede

ii. Autogenic suggestion (Imagery)

This technique uses imagination. Imagine soothing and calming sceneries (e.g. seaside, riverside, empty space, garden etc.)

You can have someone to read the passage below in soothing voice plus relaxation music. You can also play the soft relaxing music and imagine the scenario yourself

You can start

Close your eyes... you are now relaxing on couch
 Your mind starts to calm and into the peaceful state ...
 Imagine that you are in a free and wide open field
 You lay down the ground....and relaxed
 You see soft colors in the sky.... blue....whitish clouds
 You feel free and at ease...
 Now, look around you...
 Colorful flowers.... spread across the field,
 You see roses... tulips... lavender...green grass
 Red... yellow... pink... violet...
 Breathe in slowly and you feel soothing fragrance of flowers
 You feel joy... and peace
 You hear soothing sounds.... birds chirping, flying happily
 You feel so free and relaxed....
 You are now in a deep relaxed state of mind
 Now, take a deep breath and breathe out slowly
 Once again... take a deep breath and exhale slowly
 Take your time to explore the scenery and feel your feelings
 You are now much energized
 Your mind is light and calm...
(WAIT FOR A WHILE)
 Now you are ready
 When you open your eyes, you will feel much energized...
 You feel soothe, relaxed and tranquil...
 I will count backwards from five to one
 When you reach one, you will be deeply relaxed... calm.... peace... soothing...
 energized and tranquil
 Five... four... three... two... and one...
 You can now open your eyes ... you are relaxed..

CHAPTER 7

FIRST AID

&

EMERGENCY CARE

CHAPTER 7: FIRST AID AND EMERGENCY CARE

First Aid is the immediate care given to clients who have injured themselves or have sudden illness prior to the arrival of ambulance or medical personnel.

Examples of injuries that can occur are

- burns,
- falls and fractures,
- bleeding and
- epilepsy/ fits.

Urgent care is the first aid given in life threatening situation which includes;

- heart attack and stroke,
- choking,
- heavy bleeding and
- shock.

Remember, when you give first aid, you have to deal with

- client's physical condition,
- his emotional state and
- the whole emergency situation.

Objective of first aid

Objective of first aid is to

- Take necessary steps to save life e.g.
 - o Ensure airway is clear
 - o Stop bleeding
- Avoid injury from becoming worse e.g.
 - o Move patient from dangerous situation
 - o Keeping patient warm
- Get medical help
 - o Call for ambulance

Points to remember

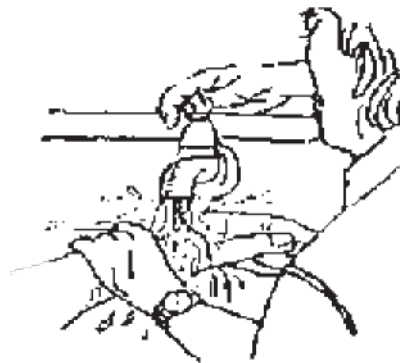
- Keep a first aid kit. Check contents of kit regularly. Know what is in the kit.
- Keep emergency numbers where everyone can find it
- Ensure all staff are given adequate training on first aid

1. BURNS

- Burns are injuries to skin and other body tissues due to dry heat for example fire, chemical or electrical
- Scalds are due to wet heat e.g boiling water, steam and hot oil.

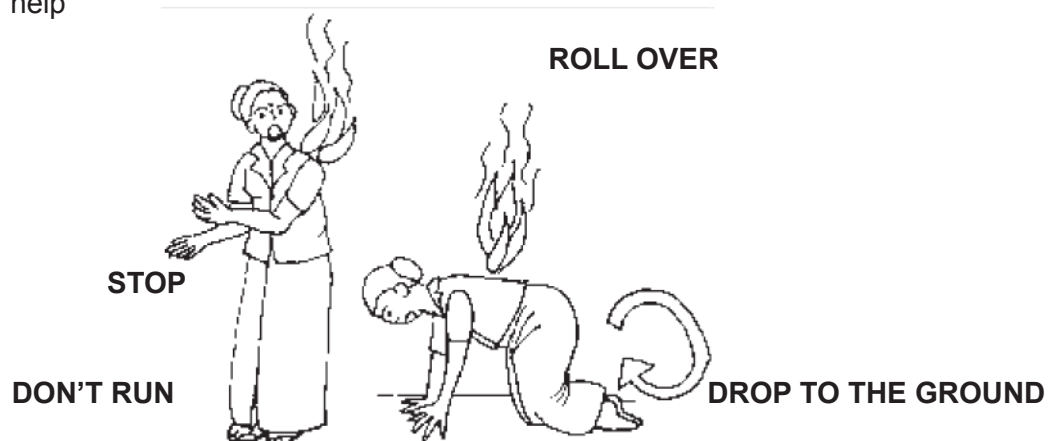
1.1 Actions to take when handling burns:

1. Stop the source of the burn e.g put out the fire, switch off the electricity
2. Cool the burn or scald area for 10-20 minutes by using running water
3. Cover with wet clean cloth
4. Send to hospital / call for help



1.2 Actions to take if clothes catch fire:

1. DON'T RUN the fire will spread
2. Drop to the ground and roll over to put out the fire
3. Go to area with fresh air
4. Cover with blanket to keep warm but not too hot
5. Don't give food or drink to client as it can cause vomiting
6. Reassure client
7. Call for help



2. FRACTURE

Bones that are cracked or broken are called fractures.

Fractures in institutions or homes are most often caused by falls

Fractures can be caused by:

- direct force where the fracture occurs at the injury site
- indirect force where the fracture occurs away from the injury site

2.1 How to identify a fracture

- Pain at the site or near the injury
- Swelling
- Bruises
- Unable or reduced movement of the injured limb
- The limb does not look normal (can compare with other limb)
- Signs of shock may be present

2.2 What to do if suspect a fracture.

Give support and prevent movement of the injured limb

- Cover any wound with clean cloth
- Support the injured area in the most comfortable position
- Give support to the injured area by resting the injured limb on a pillow or cushion
- Prevent movement of the limb by
 - o putting a rolled blanket alongside the injured limb
 - o splinting the injured limb to the uninjured limb
- call for help



It is difficult to know if the bone is fractured. If unsure, treat the injury as if it is a fracture.

3. EPILEPSY

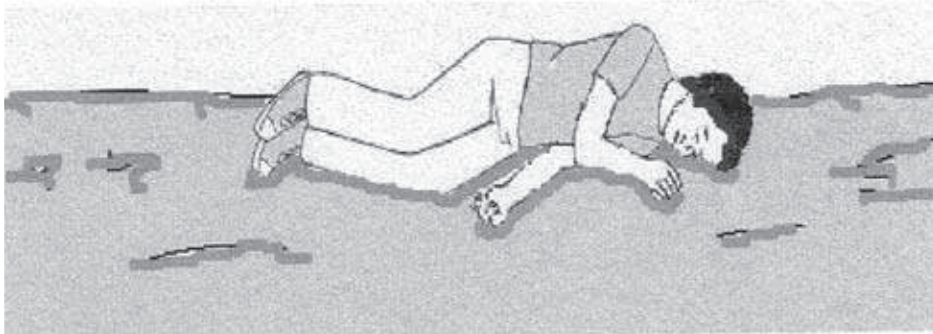
Epilepsy is a disease when a person has fits or convulsions i.e. uncountable violent jerking movements of the body.

Person becomes unconscious. He may have up rolling of eyeballs. He may bite his tongue. He may also pass urine or faeces during this episode.

There is medication to control this condition. It is important for the client to take medication as prescribed to avoid having fits.

3.1 What to do during fits?

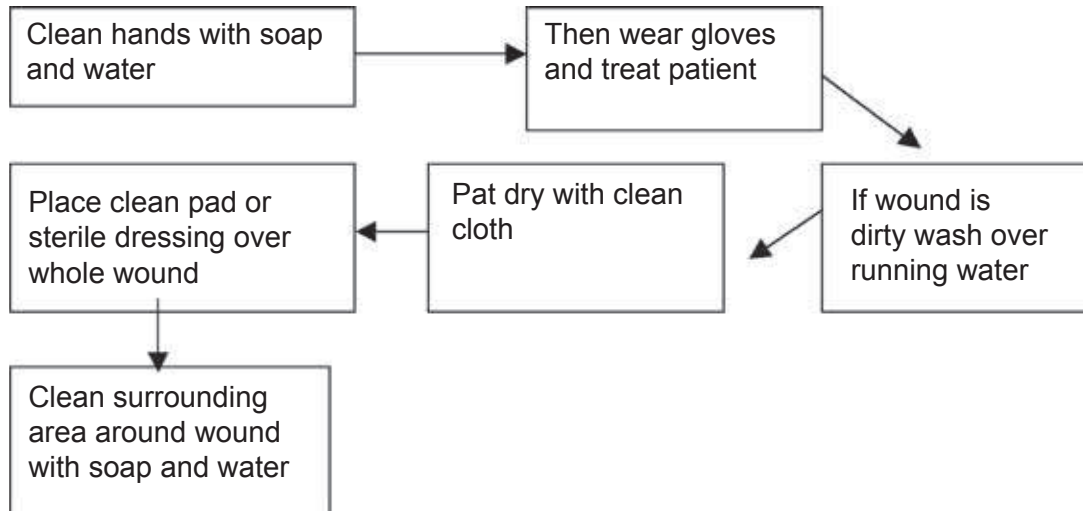
1. Move client away from dangerous objects, tables, chairs, glasses to avoid client from getting hurt. Do not restrain the client
2. Put client in recovery position (lying on the side)



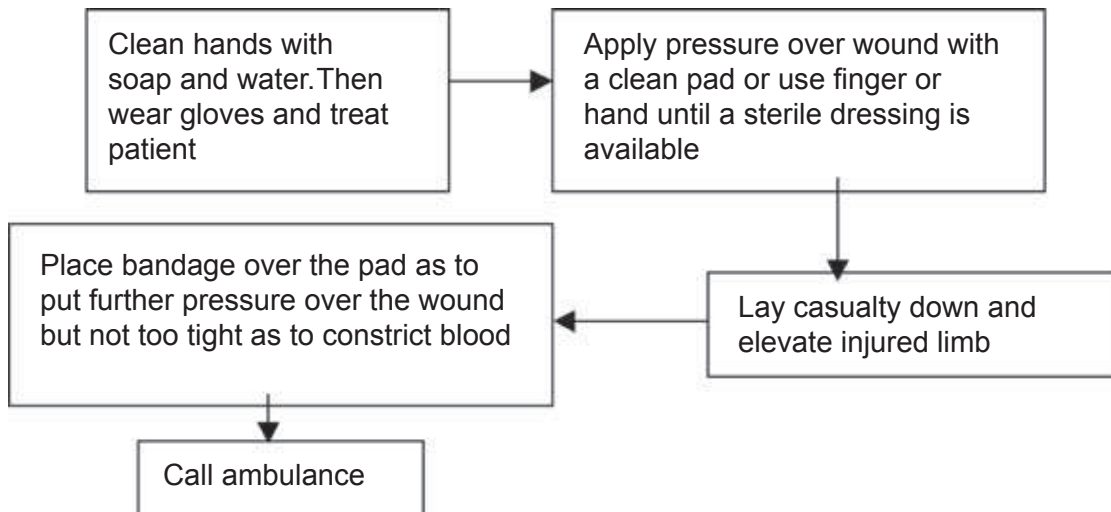
3. Do not put any object in the mouth
4. Call ambulance
5. Treat any other injuries

4. Bleeding

4.1 Minor Bleeding – superficial cuts and wounds



4.2 Severe bleeding

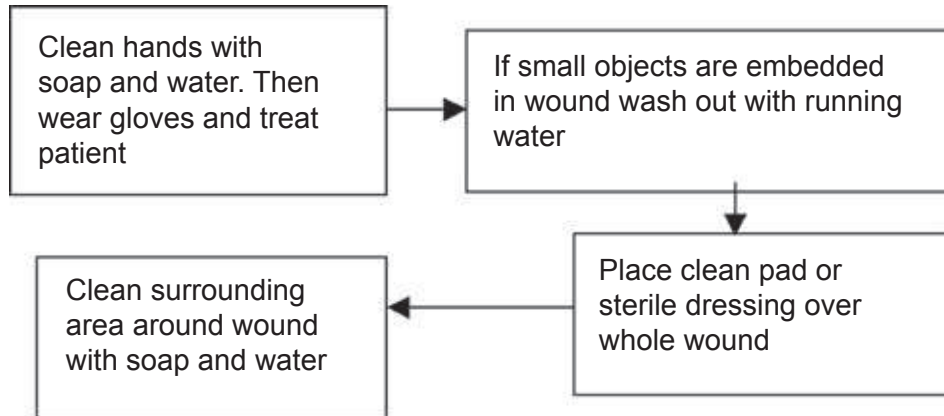


Notes:

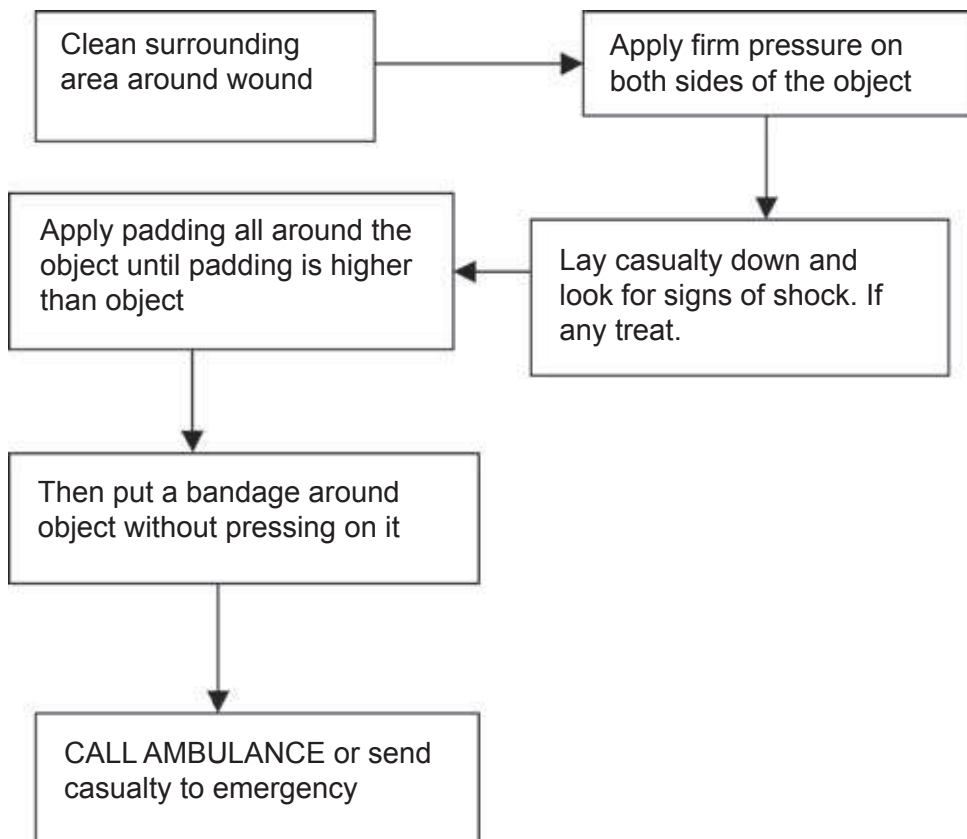
- If bleeding comes through the first pad, DO NOT REMOVE, place another pad over that pad.
- If it bleeds through second pad, remove both and place new pad.

4.3 Bleeding with object imbedded

Small objects



Large objects: **DO NOT REMOVE OBJECT!** Leave in place



5. Shock

Shock is caused by reduced blood flow in the body. This can be due to injury, severe pain, severe bleeding, severe vomiting and diseases for example heart disease.

5.1 Signs of Shock are;

- Client looks pale
- Skin is cold and clammy
- Breathing is fast and shallow
- Pulse is rapid and weak
- In advanced cases, client can become unconscious

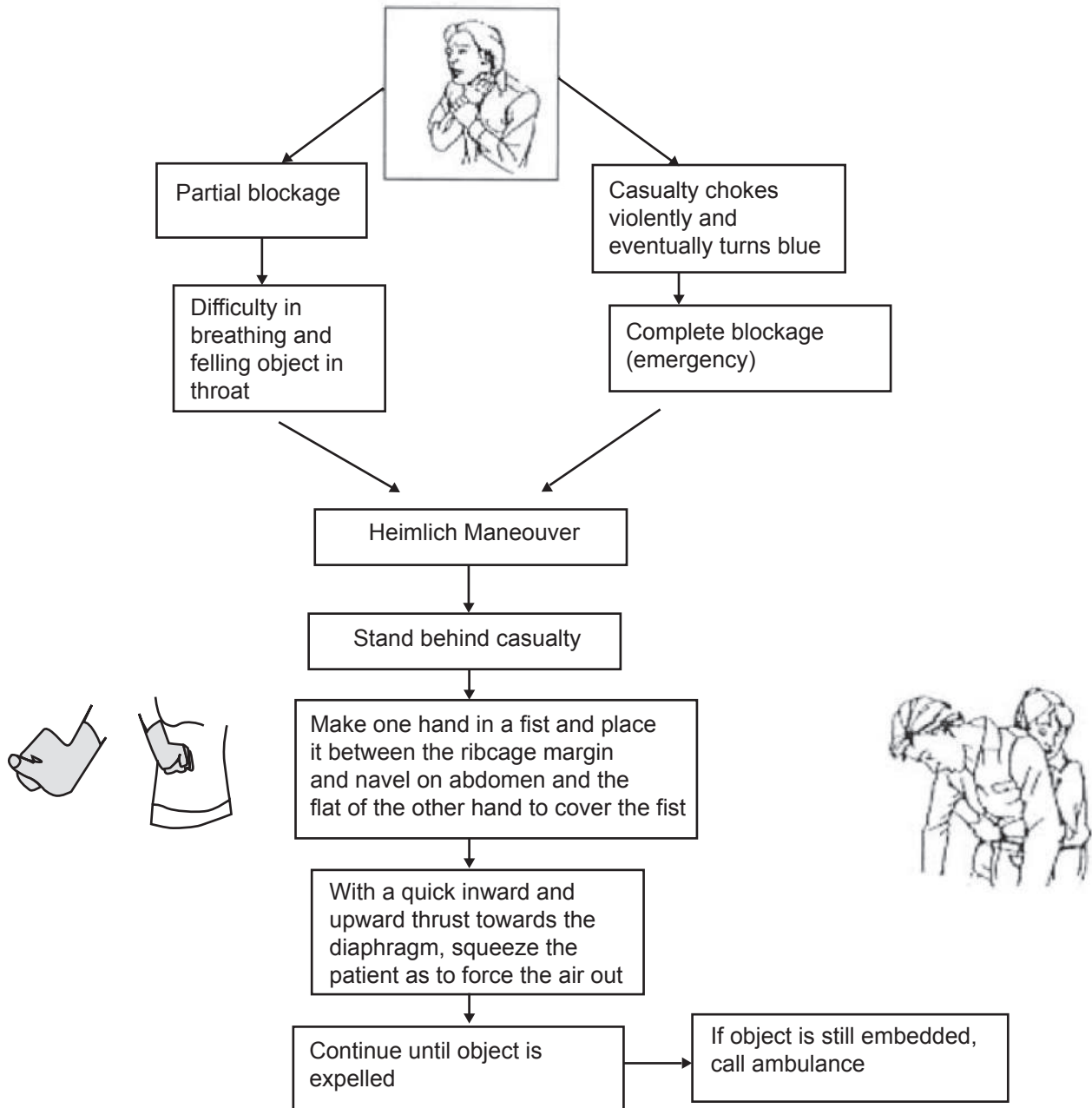
5.2 What to do if client is in shock?

- Lay casualty down, raise and support his/her legs
- Loosen tight clothing especially at neck and waist
- Ensure good air circulation
- Keep his/her warm by putting a coat or blanket
- Do not give his/her anything to eat and drink
- Check pulse and breathing regularly, if stops follow the DRABC sequence (page 102)
- Give comfort and reassurance
- Get help

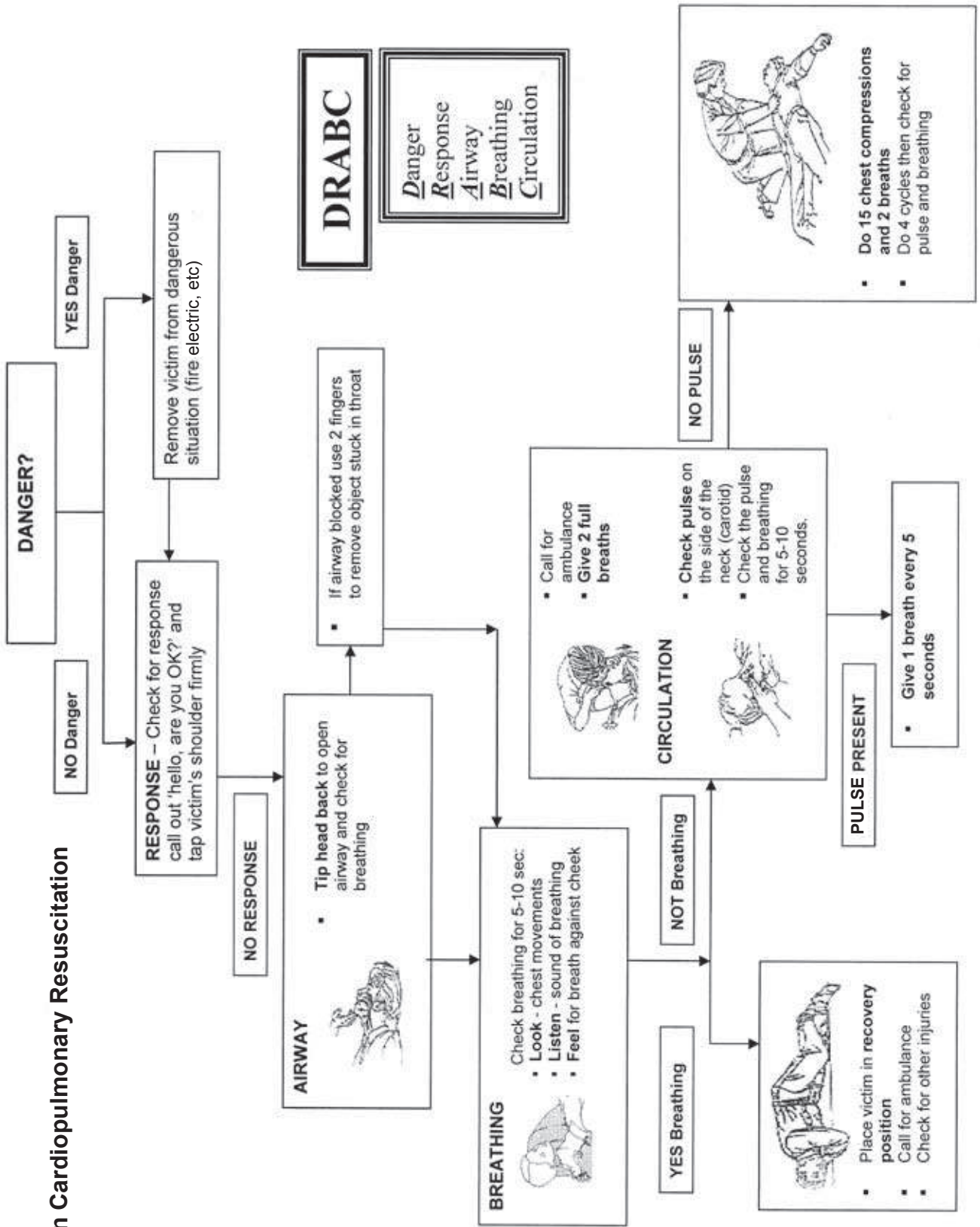


6.1 How to identify choking:

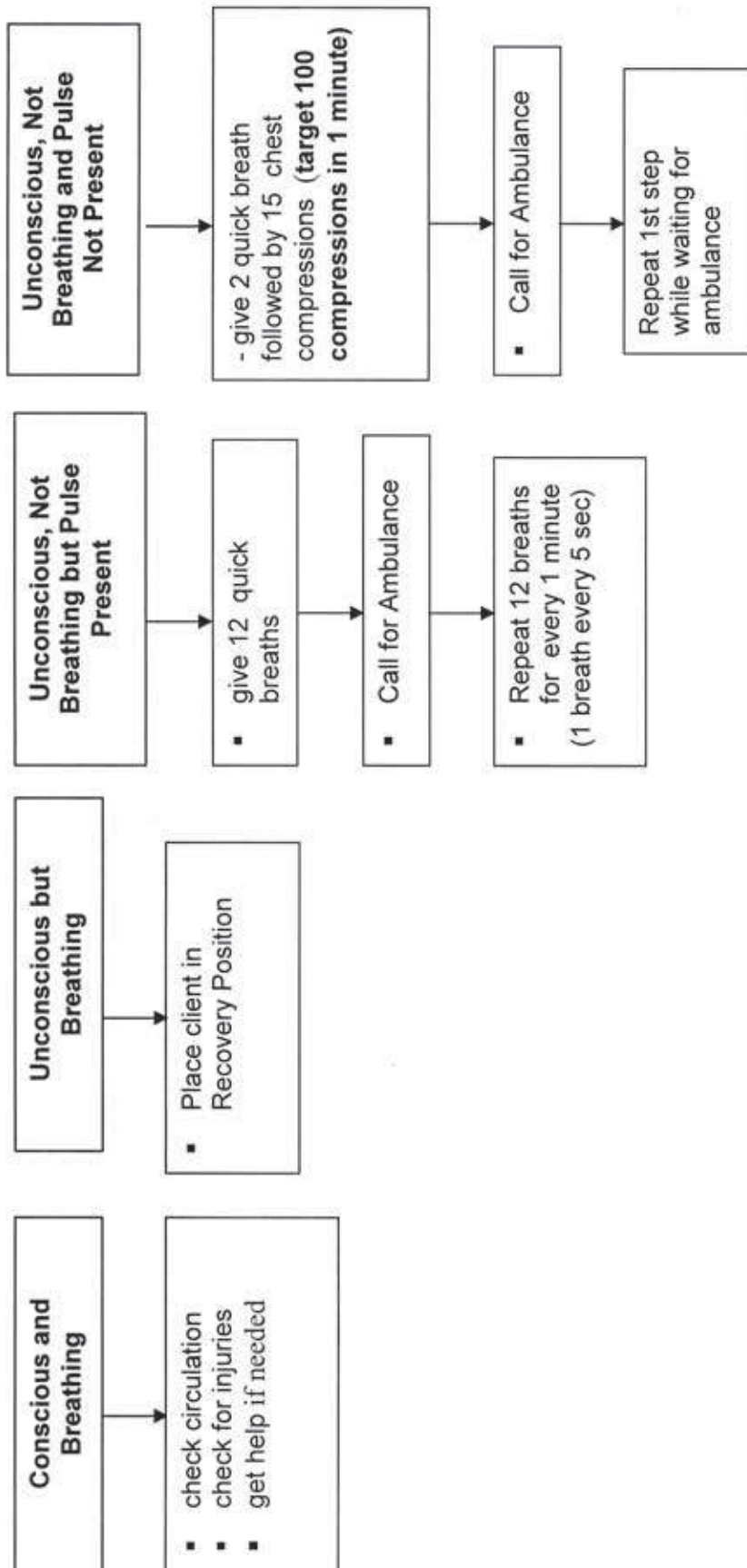
- o In children, usually after playing with a small object, tends to swallow object and may block the windpipe
- o Adults, usually during a meal, while talking or laughing tend to get food inhaled into the windpipe



7. Flow Chart on Cardiopulmonary Resuscitation (CPR)



Assessment of DRABC



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ACKNOWLEDGEMENT

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