

**Beebe Healthcare**  
**Margaret H. Rollins School of Nursing**  
**Nursing 101 - Foundations of Nursing**

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**Introduction to Nursing**  
**Basic Care - Day 2**

### **Skills Checklist Instructions**

*Practicing these skills will ensure you can safely assist your patients with basic care and ADLs during clinical experiences!*

- Print checklists from Edvance, review ATI lessons & skills videos
- Attend class, take notes
- Complete rationale for **each** step of the 6 checklists
- Practice skills in the sim lab (open lab time are available)
- Obtain **2 peer review signatures** for each skill
- **Hand Hygiene** checklist **MUST** have a senior student signature
- Bring completed checklists to school on Friday for Skills Check-Off

**Skills Check-off (Friday 8/26):** Each student will demonstrate the following skills on a manikin while working with a partner

- **Positioning and Removing a Bedpan**
- **Providing Perineal Care - Male**
- **Providing Perineal Care - Female**
- **Bathing an Adult Client**
- **Replacing Linens on an Occupied Bed**

### **Bedpan**

- Non-ambulatory or bedrest patients
- Types of bedpans: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- Offered prior to meals, bath and prn
- Procedure:
  - \_\_\_\_\_
  - Protect the bed/sheets with absorbent pad
  - Ask client to raise hips or assist to roll onto side
  - Check positioning, then raise HOB
  - Provide toilet paper/wipes and call bell
  - Check on client every 2-5 minutes
  - Assist to clean (front to back)
  - Assess contents, measure output if ordered
  - If contents are unusual, save and report to RN
  - Empty, clean, and dry bedpan after use, store in bathroom

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### Perineal Care

- After elimination, during bath, & PRN
- Professionalism:
  - Expect patient may be uncomfortable or embarrassed
  - Be professional and straightforward
  - Ask for assistance/chaperone as needed
- Procedure:
  - Wipe front to back! (clean to dirty)
  - Use new perineal wipe, or clean section of wipe, for each pass
  - Dry thoroughly
  - Males: clean urinary meatus in circular motion. If present, retract foreskin first to clean, then replace when dry. Clean shaft of penis, scrotum, & between buttocks.
  - Females: separate labia, wash both sides then middle of perineum, then between buttocks.
  - Wash buttock last

### Bathing

- #1 purpose: \_\_\_\_\_
- Completion of **daily** bath is staff responsibility
- Other benefits: \_\_\_\_\_
- Products:
  - Use 8-pack Sage bath wipes for most patients
  - Chlorhexidine wipes for surgical bath / ICU
  - Basin, Soap, shampoo, shampoo caps available – Single use ONLY
- Procedure:
  - Encourage independence, assist as needed
  - Partial Bed Bath: dirty/odorous areas
  - Always bathe “clean to dirty”
  - Avoid embarrassment & chill by covering with blanket
  - Use washcloth for face and towels to dry
  - Wipe eyes \_\_\_\_\_
  - Offer lotion to \_\_\_\_\_
- No powders unless ordered (antifungals)
- Do not cut nails!! May clean under nails
- Shaving- electric razor only

### Changing Bed Linens

- Change after bath, daily, and as needed when wet/soiled
- Only bring needed linen into room, do not store extra
- Do not use linen from another patient's room

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- When transporting linen, \_\_\_\_\_
- May reuse blanket if clean – **DO NOT SHAKE LINEN**
- Do not reuse linen that has touched floor
- Wear gloves when making beds
- Avoid carrying dirty linen (and wearing gloves) in hallway
- Procedure
  - Roll dirty linens inward, place in cart before leaving room
  - Raise bed to comfortable height to make bed
  - Maximum \_\_\_\_\_ layers of linen between mattress and client

### **Unoccupied Bed**

- Mitered Corners

### **Occupied Bed**

- Client on bedrest, critically ill, unable to get OOB
- Monitor tolerance while moving in bed
- Procedure:
  - Lower HOB flat, assist client to turn, ensure siderail is \_\_\_\_\_
  - Roll & tuck dirty linens toward client's back
  - Place & tuck clean linens under dirty ones
  - Keep client in good body alignment while moving
  - Consider IV lines, tubes, drains, cables, etc.
  - Use draw sheet to slide patient up in bed when finished (with help)

### **Urinary Catheters**

- Indwelling or Foley catheters inserted to drain bladder
- Sterility:
  - Bladder is sterile environment
  - Catheter is closed & sterile system
  - Catheter tubing & collection bag are also sterile
  - Introduction of microbes can cause \_\_\_\_\_
  - Catheter insertion must be \_\_\_\_\_
- Everyone is responsible for preventing infection in clients with a urinary catheter!

### **CAUTIs = Catheter-Associated Urinary Tract Infections**

#### **CAUTI Prevention:**

- Limit use of catheters!
- Assess daily for removal
- Maintain sterility during insertion

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- Urinary catheter care: how often? \_\_\_\_\_
- Keep catheter bag lower than bladder to \_\_\_\_\_
- Keep bag/tubing from touching floor
- Wash hands, wear gloves while handling catheter

### **Urinary Catheter Care**

- SureStep system = 5 wipes
- When? \_\_\_\_\_
- Essential for client safety, infection prevention
- Instructions for male/female on package
- *Refer to skill video, practice in lab*

### **Emptying Catheter & Measuring Urine**

- Empty catheter bag every shift & PRN
- Procedure:
  - Apply gloves, drain tubing contents into collection bag
  - Use graduate for \_\_\_\_\_
  - Use paper towel to keep graduate from touching floor
  - Clean drainage tip with alcohol wipe before & after emptying
  - Ensure tip of drainage tube does **not** touch inside of graduate
  - Hold graduate at eye level to correctly visualize total volume
  - Calculate total urine output at end of shift, or as ordered
  - Rinse & dry graduate, store in bathroom (single patient use)
  - Report abnormal urine (color/clarity/odor/volume)
- What is normal urine? \_\_\_\_\_
- Normal volume = \_\_\_\_\_

### **Urinals**

- Clients on bedrest, unable to ambulate, convenience at night
- 2 types: Male & Female
- Provide instructions and encourage independence
- Procedure:
  - Instruct client to spread legs apart
  - Place urinal between client's legs with handle up
  - Male: place penis inside urinal
  - Hold urinal while client urinates
  - Measure, empty, rinse, & store at bedside within reach

### **Female External Catheters**

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- PureWick system
- Provide education & consent
- Assist with perineal care before application
- Procedure:
  - Separate legs, labia, & buttocks
  - Align soft gauze between gluteal cleft and pubic bone
  - Connect to tubing, wall suction @ \_\_\_\_\_
  - Place legs together to maintain placement
  - Check skin/placement q2h and with position changes
  - Change catheter when? \_\_\_\_\_
  - Monitor canister and record output
  - Never insert catheter into body!

#### **Male External Catheters**

- Types:
  - Texas or condom catheters
  - Liberty or ReliaFit system
- Provide education, obtain consent
- All require adhesion to areas of penis
- Assess for skin breakdown – do not use if present
- Provide perineal care first / dry thoroughly
- Apply protective barrier – “skin prep” pads
- Connect to collection tubing & bag

#### **Elimination for Ambulatory Patients**

- Hat:
  - Place hat in toilet to collect urine or stool
  - Instruct client not to put toilet paper into hat
  - Pour urine into graduate and hold at eye level for accurate measurement, then rinse and replace hat in toilet
- Bedside commode:
  - Difficulty ambulating, often preferred over bedpan
  - Can use hat or line commode for easy cleaning
  - Ensure commode is proper height & size
  - Measure contents, empty & clean for future use

#### **Briefs**

- Rarely used at Beebe
- Increased risk for incontinence dermatitis
- Count as a layer between skin and mattress

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- Still encourage \_\_\_\_\_

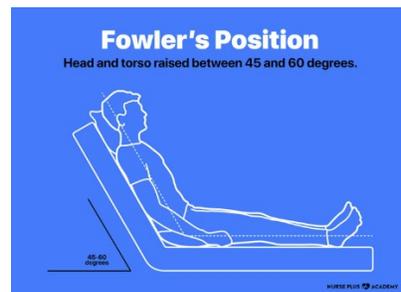
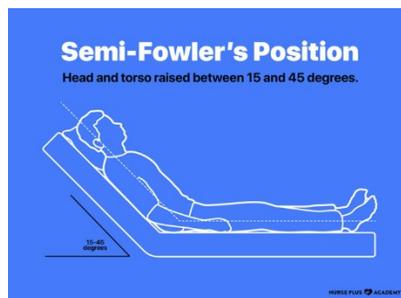
**Client Positioning**

- Turn or reposition every \_\_\_ hours
- Prevent skin breakdown
- ↑ comfort, ↓ stress on musculoskeletal system
- Follow Lifting guidelines = need at least \_\_\_\_\_ people to lift
- Always use a draw sheet / lift sheet in bed
- Turn and Position (TAP) System assists in positioning
- Use foam wedges or pillows for support
  - Float elbows & heels
  - Place behind back/buttocks after turning client on side
- Friction: when 2 surfaces rub together (skin against sheet)
- Shear: pressure on skin combined with surface friction (force exerted parallel to skin surface)

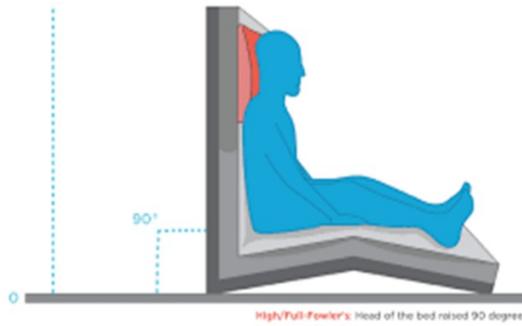
**How to Avoid Friction:** \_\_\_\_\_

**How to Avoid Shear:** \_\_\_\_\_

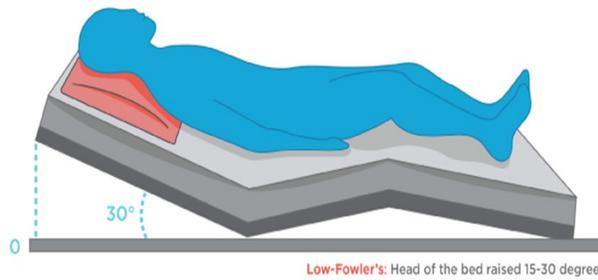
**Bed Positions:**



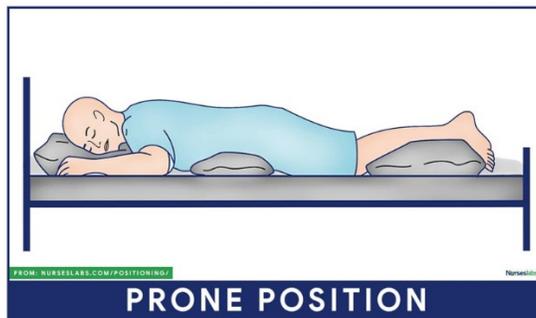
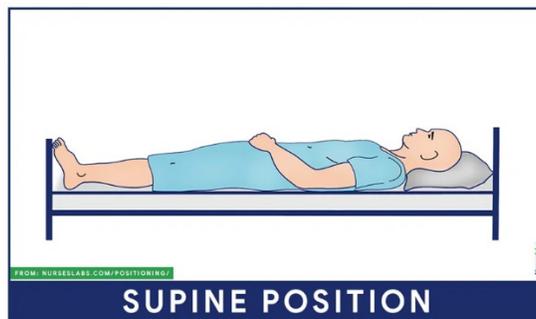
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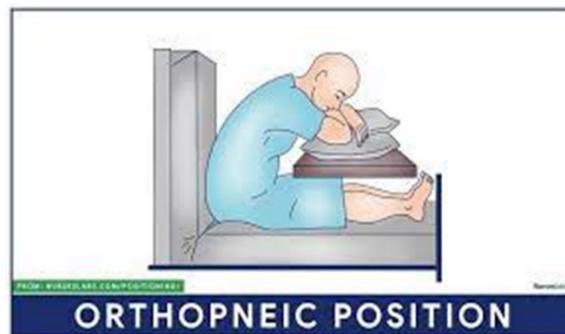
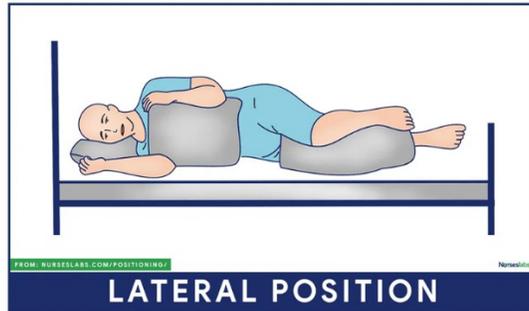
High Fowler's



Low Fowler's

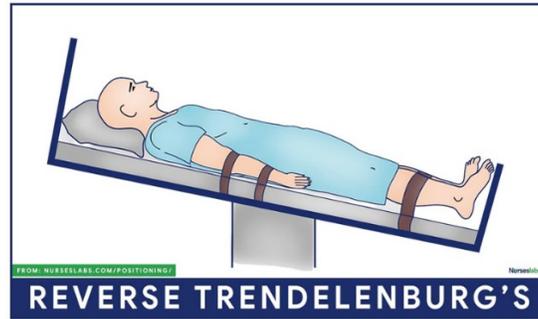


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### Pressure Injuries

- Localized damage to skin and underlying tissues as a result of prolonged pressure, or a combination of pressure and shear
- First sign: \_\_\_\_\_
- Usually over bony prominences
- Can also occur due to medical devices
- Nurses responsible for preventing skin breakdown
- Thorough assessment & documentation is essential
- Braden scale: Assessment tool to identify risk for impaired skin integrity
- Turn q\_\_\_\_\_

### Bony Prominences

- “Pressure points”
- Areas where bones are close to surface of skin
- Increased pressure, risk for breakdown
- Require extra monitoring & protection

### Pressure Injury Prevention

- Turn & reposition every \_\_\_ hours
- Encourage OOB to chair/ambulate if able
- Float heels/elbows on pillows
- Apply Aquacel foam dressing to sacrum
- Avoid moisture, clean & change sheets ASAP if incontinent
- Keep sheets clean, avoid wrinkles, no more than 3 layers
- Use \_\_\_\_\_ for incontinent clients
- Maintain proper body alignment
- Use lift sheet – avoid friction & sheer
- Waffle boots, chair cushions, special mattresses if needed
- Report changes in skin color or new areas of open skin!

### Risk Factors for Skin Breakdown

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- Altered Mental Status
- Decreased sensation
- Reduced blood flow
- Advanced age
- Chronic Conditions
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### **Hospital Beds**

- Beebe uses Hill-Rom beds
- Newer: Centrella Smart+ beds
- Older: VersaCare beds
- Bariatric beds
- Envella air fluidized therapy bed – ordered for skin breakdown
- Call bells: Integrated into bed or attached to wall
- Scale: built into bed; zeroing bed \_\_\_\_\_

### **Hospital Bed Safety**

- Ensure working call bell is in reach
- Ensure client can use call bell
  - Ask them to demonstrate
- Bed in lowest position
- Bed locked when not in motion
- Bed alarms on
- Side rails up as needed
- Avoid using all 4 rails – why? \_\_\_\_\_
- Exception: all rails up for transport
- Padded rails for seizure precautions

### **Side Rail Alternatives**

- Bed in lowest position
- Floor mats
- Bed alarms
- Room close to RN station
- Patient Safety Attendants (1:1 sitters)
- Tele-sitters: video monitors

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