

Home Health Aide

D I G E S T

Pre-/Post-Test Wound Prevention & Care (July/August 2003 issue)

All questions in this quiz are based on articles in the July/August 2003 issue of *Home Health Aide Digest*. After completing the quiz, please turn it in to your supervisor. (Circle the one correct response for each question.)

1. Eczema is dry, flaky skin that itches and even oozes. To help a client with such a problem, it is best to:

- a. Cover the affected area with clothing.
- b. Give frequent hot baths.
- c. Avoid scented soaps.
- d. All of the above.
- e. a & c.

2. Aging skin needs special treatment. This may include:

- a. Washing with mild soap.
- b. Eating a balanced diet and drinking plenty of fluids.
- c. Changing a bedridden client's position at least every six hours.
- d. a & b.
- e. a & c.

3. Older people often are more prone to sores and other mouth and tooth problems. This is because of:

- a. Receding (shrinking) gums.
- b. Reduced saliva flow.
- c. Diabetes complications.
- d. Poor-fitting dentures.
- e. All of the above.

4. (True/False) It is both common and normal for an older person to have a white coating on the tongue and cheek linings, or to have a smooth, shiny tongue.

- a. True.
- b. False.

5. A diabetic client's feet will stay healthier if the client:

- a. Wears white cotton socks.
- b. Cushions heels with a pillow when sitting in a reclining chair.
- c. Trims his own toenails and calluses each week.
- d. All of the above.
- e. a & b.

6. (True/False) A diabetic client should be encouraged to be barefoot several hours each day.

- a. True.
- b. False.

7. Signs of a fungus problem on the feet include:

- a. Dry, scaly skin on the bottoms of the feet.
- b. Wetness or peeling skin between the toes.
- c. Redness or swelling.
- d. All of the above.
- e. a & b.

8. (True/False) A fungus-infected toenail that appears wet or mushy may be a sign of an open sore underneath.

- a. True.
- b. False.

9. Smell is a good clue to the condition of a wound. A healthy wound will have:

- a. A wet, musty odor with a bright green discharge.
- b. A foul odor with a rust-colored discharge.
- c. A sweet odor with some bleeding.
- d. No odor.
- e. None of the above.

10. A dark discoloration under a callus is likely a warning sign of:

- a. Poor nutrition.
- b. The need for white cotton socks.
- c. Bleeding beneath the tissue.
- d. Too much sitting.
- e. None of the above.

I began reading *Home Health Aide Digest* at _____ am/pm.

I finished reading *Home Health Aide Digest* at _____ am/pm.

name

date

signature



Home Health Aide

D I G E S T

Growing in Excellence



**Spirit Profile:
Lea Bechler**

Much has changed during Lea Bechler's 14 years as a home health aide (HHA) at Community Health Services of Spencer, IA. "The job used to be very laid back," she recalls. No more. Thanks to Medicare funding pressures, Lea's week now is filled with 16 to 18 clients—and sometimes as many as 20.

"We used to do more housework," she says, "but now we do more personal care. In a normal day we visit five to eight people and assess emotional and

physical problems, give skin care, do housework, listen, touch, soothe, and console." It can be a heavy load. But Lea handles it with poise.

Lea learned to work under pressure during 15 years as a telephone operator, juggling multiple demands and handling multiple customers through a phone-trade technique known as "overlapping." Yet, in her early years of home care, she found the stress exhausting. "I think it was mental," she comments. "The more I worked at the job, the stronger I became."

Now, as a veteran, she admits, "I would like to start over with the knowledge and experience I've acquired." She can't do that, of course, so Lea's vision is to help new and future HHAs start with some of the knowledge she gained the hard way.

**"If you do the best
you can at what you do,
you'll like your work.
And if you like what
you do, you'll do the
very best that you can."**

—Lea Bechler

"I'm cutting back to a four-day week," she says. "I would like to take part in a mentoring program at the local community college to teach other aides what I've learned over the years. I'm looking for opportunities to speak or to do something to help. I've

Focus on

Wound Prevention and Care

In May of this year, a nursing home resident in Janesville, WI, died of a large, infected bedsore. This happened because a staff person kept the problem hidden and failed to report it to a nurse.

A tragedy such as this is unusual. However, it does show that the prevention and care of wounds is crucial.

This issue of the *Digest* will focus on wound prevention and care with a close look at mouth and foot issues. The knowledge will help you, as an HHA, in helping clients' wounds heal, and in preventing wounds in all your clients.

accumulated a lot of knowledge and methods that work for me."

Lea has many valuable lessons to pass along. The first is *positive attitude*. "I get reminded every day that life is precious," she says, "so I can't imagine people going to work not liking what they do. If you do the best you can at what you do, you'll like your work. And if you like what you do, you'll do the very best that you can."

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by Roslyn Edwards, MS, RNC

Skin care is important at all ages. As the skin of an older adult becomes more fragile and sensitive, however, care becomes more crucial. Skin diseases and skin tears are common problems among aging adults. In addition, the rules for care differ for younger and older skin types.

Frequently asked questions

Q: What are common skin problems among older adults?

A: Common skin problems among older adults are senile purpura, eczema, and skin tears. *Senile purpura* (PER-pyu-ru) is bruising, usually seen on the forearms. As we age, the skin becomes thinner and more easily broken, and can take longer to heal. Elderly adults prone to purpura should be handled gently when receiving care.

Eczema (ig-ZEE-ma or EG-zi-ma) is dry and flaky skin that may ooze and itch. As the skin's oil content decreases with the aging process, the skin becomes drier. Some contributing factors to eczema are allergies, use of detergents, and circulatory disorders. Keeping the affected areas clothed can prevent the person from scratching. A client with eczema should avoid hot baths and scented soaps. Also, the client should see a dermatologist.

Skin tears are common in an aging adult. As the skin becomes more fragile and sensitive, it becomes more prone to tears. Without realizing it, a care giver can do things that damage the fragile skin of an aging person, such as rubbing the skin too briskly or with a rough cloth.

Q: What are some things I can do to help keep the client's skin in good condition?

A: Keep the client's home clean, safe, and clutter-free (e.g., avoid scatter rugs) to prevent accidents that may result in skin bruising, abrasions, scratches, or openings. Also keep linen and bedding clean and wrinkle-free.



Care giver tips

- Inspect the client's skin on every visit. Look for redness or any change in color; dryness; or open areas. If you notice a change in the client's skin, contact your supervisor. Keep skin moist by using a mild lotion.
- Keep skin clean. Avoid extremely hot or extremely cold water, and use mild cleansing soaps. Pat skin dry. Always avoid friction caused by rubbing the skin.
- Change the client's position often. You will not help the client by keeping her in bed or in a chair to rest all the time. When in bed the client should be turned and repositioned every one to two hours.
- Make sure the client exercises. Range-of-motion exercises that move the blood to all extremities will reduce the risk of pressure ulcers. Check with your supervisor for exercises that are appropriate for your client.
- After toileting, cleanse the skin with mild soap and water or premoistened towelettes. If soiling

cannot be controlled, use under-pads or briefs that are absorbent and present a quick-drying surface to the skin.

- Maintain a healthy, well-balanced diet with the minerals, proteins, and fluids that aid healing. Include protein (e.g., meats, eggs, poultry, beans, dairy), fruits, and vegetables at each meal. If the client is on a special diet, follow it as directed.



- Some helpful items that can help to prevent abrasions and rashes caused by rubbing and bacteria-laden matter are adult incontinence briefs and chucks (disposable plastic-coated blankets) to absorb moisture, and gel cushions for wheelchairs to provide pressure relief.

- Some preventive measures for protecting the aging adult's fragile skin include wearing long-sleeved shirts, padding the side rails of the client's bed, and avoiding skin-to-skin contact.

Myths and facts about skin care for seniors

Myth: Massaging bony prominences promotes circulation and healing of skin.

Fact: Avoid massaging bony prominences because it can cause deep tissue trauma.

Myth: Donut-type devices provide adequate pressure relief.

Fact: These types of devices are more likely to cause pressure than to prevent it.

Myth: Noninfected wounds will heal faster in a dry environment. Therefore, dressings should be changed frequently throughout the day.

Fact: Quite the opposite, noninfected wounds will heal three to five times faster, and be less painful, in a moist environment. Dressings should be changed only once or twice a day.

Myth: Fluid intake should be limited after 8 p.m.

Fact: Fluid intake is a major factor for healthy skin and fluids can be given throughout the day and evening.

Myth: Hot baths, bubble baths, and scented soaps keep skin moisturized.

Fact: Avoid hot baths and bubble baths. They can cause dry skin. What's more, scratching itchy dry skin can cause the skin to open and allow infection to set in. Use moisturizing soap and mild lotions.

Myth: Keeping your client in bed to rest will promote healing.

Fact: Avoid prolonged sitting/lying in one position for "resting." The person should be turned and repositioned every one to two hours. Range-of-motion exercise to all extremities will reduce the risk of pressure ulcers by promoting blood flow. Check with your supervisor for suggested exercises.



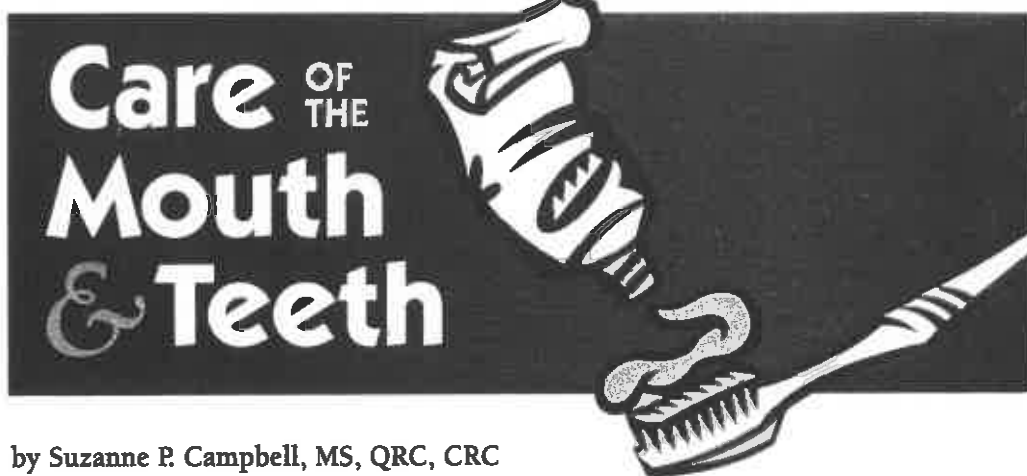
Myth: Taking a multivitamin will help to promote healing.

Fact: Multivitamins alone do not promote healing. Patients need a well-balanced diet, which includes carbohydrates, proteins, fats, fluids, and minerals and vitamins (e.g., zinc; iron; vitamins A, B, C, and K).

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Roslyn Edwards, MS, RNC, is the vice president for nursing at the Jewish Home and Hospital, Bronx Division, New York. She has been with the Jewish Home for 22 years, and has 33 years experience as a registered professional nurse. Edwards has conducted presentations at many conferences through the years on various topics related to health care, and has done extensive work in the field of gerontological nursing. For other helpful information see the Web site JewishHome.org.



by Suzanne P. Campbell, MS, QRC, CRC

Dimitri T. Matsan, DDS, of Minneapolis, MN, has been a dentist in private practice for more than 30 years. *Home Health Aide Digest* asked him to provide guidelines for mouth care, especially among elderly patients. According to Matsan, this group has a number of special needs that require extra care and regular dental checkups. These concerns include:

- ✦ More and faster-moving root decay because of receding gums.
- ✦ More susceptibility to decay because of decreased saliva flow. This decreased flow can be the result of prescription medications that work on the central nervous system, including antidepressants, anti-psychotics, or drugs to alleviate Parkinson's disease symptoms.
- ✦ The prevalence of diabetes in this population. "The biggest problem for diabetics is that they are more susceptible to gum disease," Matsan says. "Diabetes can cause imbalance in the body systems, which can lead to gum infection."
- ✦ Many wear full or partial dentures, which can become ill-fitting and cause mouth sores. Also, elderly patients who do not yet wear dentures may want advice about whether they are an appropriate option.

"In general, dental problems won't get out of control in six months," Matsan points out, "but because decay patterns may change with age, it's important to stay on top of things. We'd much rather treat things early and preserve the teeth."

General dental care guidelines

According to Matsan, most elderly people should take care to follow these guidelines, which also are recommended for the general population.

1. Brush teeth at least twice a day.
2. Floss teeth once daily.
3. See the dentist every six months if the person has his own teeth. This includes people with partial dentures because they still have some natural teeth.
4. If the person can't floss, she should use a toothpick to clean between teeth after eating.

Recommendations for those who wear dentures

"Patients who wear full dentures should see the dentist once a year," Matsan advises. "Dentures can build up plaque and tartar just like natural teeth. That's why they need to be taken out, brushed well, and rinsed once a day. They should also be kept in water when not being worn. Denture cleaners or tablets can be used about once a week."

When a client receives cancer treatment

Matsan notes that cancer treatment can expose patients to an increased chance of root decay. "This decay can happen very fast with patients receiving radiation and/or chemotherapy," he says. He suggests that a person see a dentist before beginning such cancer therapy. A dentist can help prevent the

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Care of the Mouth and Teeth *continued from page 3*

problem by prescribing a high-fluoride gel to use when brushing. "This gel can strengthen the teeth and protect them," says Matsan.

How an HHA can help

- Assist clients, who need to brush teeth twice a day, preferably morning and evening. "I realize that the HHA may only be with the client part of the day," Matsan says. "If possible, the client should try to get one brushing done after the last meal of the day." The HHA can remind the client, and can help her brush if she has difficulty doing it herself.
- Don't be concerned about what type of toothpaste to use. "It's the mechanical action of the toothbrush that fights decay, not the toothpaste," Matsan notes. "No toothpaste is necessarily better than another. Anti-plaque rinses are nice but not essential. If your client likes them, go ahead and use them."
- If clients don't like milk, don't push them to drink it for the sake of their teeth. "It's during the development of the teeth that you need calcium," Matsan comments. "If you reduce calcium intake in later years, it doesn't usually affect the teeth." Calcium is beneficial for the bones, however. Calcium can come from other foods and calcium supplements if the person doesn't like milk or dairy products.
- Watch for sores in your client's mouth and report any complaints about a sore mouth to your supervisor. "Any number of things, including cancer, can cause sores in the mouth," says Matsan. "The dentist will evaluate and refer the person to an oral surgeon for a biopsy if necessary."
- Report any complaints a client has about dentures. This may show up as resistance to wearing the dentures. "They may have become ill-fitting," Matsan says. "This can

THE TELL-TALE MOUTH

The mouth can be like a window, revealing many signs of problems. Some problems may be as simple as poor-fitting dentures, or as serious as gum disease and even cancer. Notify your supervisor if you notice that your client has any of the following signs:

- ✓ Bad breath that doesn't go away.
- ✓ Sores in the mouth, on the lips, or at the borders of the lips that are slow to heal (more than two weeks).
- ✓ Large white or red patches that appear suddenly and enlarge quickly anywhere in the mouth or on the lips.
- ✓ Dentures or partial dentures that are broken or no longer fit properly.
- ✓ Complaints of the mouth feeling dry, or of a tingling feeling or numbness.
- ✓ Swelling, redness, bleeding, numbness, or tenderness anywhere on the gums, cheeks, or lips.
- ✓ Pus between the gums and teeth.
- ✓ Bleeding or drooling from the corners of the lips.
- ✓ Crusts on the lips, or lips appearing dry.
- ✓ Brown or black spots on the lips or cheeks.

cause the dentures to cut into the gums. The dentist can adjust the dentures or reline them so that they are comfortable again."

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

- ✓ A thick white coating on the tongue, or a white film covering the inside cheek.
- ✓ Pain and swelling underneath the tongue.
- ✓ A smooth, shiny tongue, possibly bright red, that the client says feels like it's burning.
- ✓ Swelling on the side of the face along the border of the lower or upper jaw, or in front of the ear.
- ✓ Pain in the jaw.
- ✓ Inability to open the jaw as wide as before.

The above information was derived from the following sources: American Academy of Periodontology (www.perio.org); Canadian Dental Association (www.cda-adc.ca); www.dailystarnews.com; Maryland Family Health Administration (www.fha.state.md.us); Blue Cross & Blue Shield of Minnesota (www.blueprint.bluecrossmn.com); Dr. Bernard Stern, DDS.

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The Author

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Keeping FEET HEALTHY



by Amie Scantlin, DPM, MS

Wound care and prevention is a very important part of client care. The doctor, nurse, and HHA can work together to provide the best possible care for the client. As a doctor, I rely on HHAs to be my eyes on the days I do not physically see the client. HHAs can make a big difference in helping to save clients' limbs and lives.

Often a person doesn't realize how very important feet are to general health and well-being until the sudden onset of pain. Taking extra care of the feet early on helps to ensure that the person will remain pain-free and at his best physically for many years.

Foot pain makes it hard to exercise and to enjoy daily activities, and can even be a source of disability. Below are several simple steps that you and your client can take to keep a client's feet healthy and happy:

- * Inspect the feet often for open sores, redness, and swelling.
- * Keep feet clean and dry, especially between the toes.
- * See that the client wears well-fitting, supportive shoes.
- * Take proper care of toenails, keeping them neatly clipped.



- * See a family doctor or podiatrist at the first sign of foot pain.
- * Take care always to use protective footwear in areas of public bathing or swimming.
- * Exercise regularly and eat a well-balanced diet to prevent rapid weight gains.

Clients with special foot care needs

Clients with diabetes or arterial disease, as well as their care givers, should take extra care to help prevent infection in the client, which may result in loss of limb. Here are ways to help such clients keep their feet healthy.

- * To prevent blisters, break in new shoes slowly. They should be worn no more than two hours the first day.
- * To prevent scalding burns from bath water, use the forearm to check the warmth of the water (because the client's feet may not feel pain).
- * Help to keep feet dry by wearing only white or light-colored, 100-percent cotton socks. Never wear dark-colored socks.

- * The client should never attempt to trim her own calluses or toenails.
- * Keep skin well-moisturized to prevent cracking, which could lead to infection.
- * If the client sits or lies down much of the time, his position should be changed throughout the day. Constant pressure to any area of the body can reduce blood supply to that area of the skin and cause ischemic (iss-KEE-mik) wounds, also know as pressure ulcers.
- * Pad the heels and between toes to reduce the chance of pressure ulcers. The cheapest and best padding for between the toes is lamb's wool (available at any pharmacy). If the client spends much of the day seated in a recliner or with feet on a footrest, pad the heels by placing a pillow underneath them.
- * Any concerns should be addressed right away with your supervisor. Time is of the essence when treating infected or pressure-related wounds.
- * The client should be seen by his family physician or podiatrist at least every three months.
- * The client should never go barefoot, even in the house, to guard against accidental injury.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Amie Scantlin, DPM, MS, received her doctor of podiatric medicine degree from the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa. Trained in foot and ankle surgery, and experienced with laser surgery and ankle arthroscopy, she practices at Glencoe Regional Health Services, Glencoe, MN.

When examining any patient I always begin by getting a good medical history. You, as an HHA, can do the same. Important questions to ask a client with a new or chronic wound include:

- When did you first notice the area?
- How long has it been there?
- Is it getting larger?
- Have you noticed any drainage or discharge?
- Have you noticed a foul odor?
- Have you had fever, chills, nausea, or vomiting?
- What have you been putting on the wound, if anything?
- Are you having any pain in the area of the sore? Even diabetics with *neuropathy* (*nyoo-RAH-pe-thee*—loss of feeling) will complain of severe pain when there is infection in the foot.

These questions help me find out how long the wound has existed, if it is infected, and if there are signs of *systemic* (*sis-TEM-ik*—throughout the body) infection such as *sepsis* (blood poisoning). A client with an infected wound, or with a larger illness that produces open wounds, needs to see a doctor right away.

If a medical history is not on file, I ask if the person is diabetic or has used any blood thinners. If the patient is on any type of blood thinner—besides regular aspirin—there is likely a history of poor circulation. A person who has had a heart attack or stroke is at greater risk of blockages in arteries that carry blood to the legs and feet. Keep in mind that a client may not be aware of her poor circulation, but you can find out if it is likely by asking your client about these things.

Check by sight

After asking questions, I do a physical exam. I assess by sight, smell, and touch.

First, I look at the skin, making sure to check between toes and on the bottoms of the feet. I check the skin for dryness. Dry, scaly skin on the bottoms

How a Foot Wound Is Assessed

Learn to spot foot problems like a doctor

by Amie Scantlin, DPM, MS

of the feet is most likely caused by the fungus that causes athlete's foot. It is important to treat this in a patient with diabetes so a bacterial infection does not occur. Wetness or peeling skin between the toes also can be a sign of fungal infection. Check the skin of the feet and legs, as well as the skin surrounding the nails, for redness and swelling.

The toenails should be checked for color and thickness. Yellow, brown, or black toenails that are thickened are most likely infected with a fungus. The medical term for this is *onychomycosis* (*ah-nih-ko-my-KO-sis*), or *mycotic* (*my-CAW-tik*) nails. If the infected nail appears wet or mushy, there is a good chance of an ulcer (open sore) underneath the nail. The nail must then be cut back by a doctor to allow the wound to heal.

Check by touch

Next, I feel the area for any sign of cold or warmth. Higher temperature in one extremity compared with the other, or in one area compared to another, is a sign of infection or inflammation. Decreased skin temperature is a sign of poor blood supply to that area. The absence of hair growth on the legs and feet is a clue about the supply of blood into the lower extremity. If I see no hair growth, I can assume there is not enough blood flow to support healing of a wound.

Check by smell

Last, I use my sense of smell to detect any bad-smelling discharge or to assess the wound itself. A healthy wound should have no odor. An increase of bacteria creates a bad smell, or *malodor* (*mal-OH-der*). Many bacteria have a characteristic odor. *Pseudomonas* (*syoo-doh-MOH-nes*—an aerobic bacteria, meaning it needs air), for instance, has a wet, musty odor with a bright green discharge. On the other hand, anaerobic (needing no air) infections have a foul odor with a rust-colored discharge. Odor and discharge tell me that the wound probably is infected and needs immediate attention.

Warning signs

Pain often is the first warning sign that something is wrong with the body. If your client complains of pain, assessments can be done to find a possible cause. Remember, however, that a diabetic client with neuropathy may not sense pain.

Redness is a sign of either irritation or inflammation. However, because a diabetic client may not have the same immune response that an otherwise healthy patient would, redness may not be obvious.

Swelling is another sign that a problem may exist. Infection should always be ruled out first; fracture may be another possibility. A diabetic person may not recall a specific moment of trauma, especially if he has neuropathy. Due to poor immune response in the diabetic, swelling also can be very subtle.

Because the diabetic's symptoms may be much less obvious than normal, the HHA should observe the client closely and watch carefully for any sign of wound or infection.

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What You Will Learn

After studying this issue of the Digest, you should:

1. Understand several ways in which to prevent skin problems in aging clients.
2. Know signs of a possible problem in a client's mouth.
3. Know several ways to help a client prevent foot problems.
4. Know signs of a possible problem with a client's feet.
5. Be able to recognize warning symptoms of a wound that may be infected.

COMMUNICATION TIP

Six Secrets of Getting Along

The keys to getting along well with clients, coworkers, and supervisors are simple. That's why they are so easily overlooked. But keep them in mind and your job will be much more pleasant and productive. Ask yourself these questions as you relate to people in your work:

1. *Do I give compliments?* When you show support for other people, it is easier to gain their trust and support.
2. *Do I listen carefully?* Maintain eye contact and focus on what the person is saying.
3. *Do I interrupt?* Allow the other person to fully explain before you respond.
4. *Do I look for common ground?* When you find a shared interest, your relationship gets stronger.
5. *Do I listen with an open mind?* Jumping to conclusions is easy. Finding out what a person truly thinks and feels takes work and patience—and makes a huge difference.
6. *Does my body language help or hurt?* Make sure your eyes, hands, and the rest of your body are saying, "I care, I'm listening, and I want to understand you." Look at the speaker; avoid crossing your arms or using another "closed" position; keep your body turned toward the speaker.

Adapted from the
www.quill.com newsletter.

HEALING Foot Wounds

by Amie Scantlin, DPM, MS

Even with modern science, we know very little about how a wound heals. We do know that healing is a very complex process requiring many factors acting together to help complete the process. If any phase is delayed, the healing of the wound is stopped, as if frozen in time.

Phases of healing

The healing of a wound occurs in four phases:

1. The first phase of healing is *clot formation and resolution*, in which the blood coagulates at the site of the wound to form a clot, which subsequently breaks down. This begins right after the wound occurs and typically lasts about seven days.
2. At the same time, the *inflammatory phase* starts at day one and typically lasts for 10 days.

3. *Epithelialization* (*ep-i-THÉE-lee-el-i-ZAY-shun*) starts at around day two and continues for two weeks. During this time, the wound becomes covered with a membrane-like covering.

4. During day four through day 14, *granulation tissue formation* begins. During this time, collagen (connective tissue) begins to form as the latticework for the new skin cells. As this occurs, the strength of the wound begins to increase and it becomes less likely that the wound will pull apart and reopen. The edges of the wound begin to contract and finally the body begins remodeling the area.

In diabetics or others with circulatory problems, poor blood flow can interfere with the healing process. *Ischemia* (*iss-KEE-mee-ah*), or lack of blood flow, greatly reduces the inflammatory phase, which slows the growth of granulation tissue and collagen deposition.

Dr. J. Engelbert Dunphy, a surgeon and leader in wound healing studies in the 1960s, said, "Surgeons have sought for centuries a way to accelerate healing, but in the end, they have merely restored it to nature's normal period." This "normal period" differs depending on the area of the body. Because of the blood supply, the mouth and anus heal the fastest, followed by the head and trunk, and lastly the extremities—arms, legs, hands, and feet. However, no matter what type or mixture of gels, creams, or pads, if the blood flow to the wound is poor, healing will not occur.

Wet or dry?

The types of wound dressings have exploded over the last 10 years, and new products are becoming available all the time. Despite the number of products and promises, there is one

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Healing Foot Wounds

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basic rule of wound healing to remember: *Make a wet wound dry and a dry wound wet.*

If a wound becomes too wet, the healthy skin around the wound will become macerated (*MASS-e-ray-ted*—softened) and break down, creating a bigger wound. If a wound becomes too dry, the wound stages are stopped and healing

Make a wet wound dry and a dry wound wet.

stops. If a good balance is maintained, the wound will heal.

In a healthy person, all the factors the body needs to heal the wound are in place. The type of material that is placed on the wound will not make much difference. However, when the person's body is not making the healing factors needed, the type of dressing becomes more important. In these cases, more costly materials may be needed. There are gels and bioengineered skin which contain many of the growth factors that are needed for healing. The extra cost of these items may not be covered by insurance companies or Medicare. They should be used only if the situation truly calls for extra help, and after a great deal of discussion with the patient and his family.

As an HHA, you can help your client by being aware of these things and reporting any concerns about clients' wounds to your supervisor.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

by Amie Scantlin, DPM, MS

There are several measures that can be taken to combat pain from toenails, calluses, corns, or ulcers.

Toenails should be kept trimmed straight across. (State rules or agency policies may prohibit nail trimming by an HHA.) If any sides of the nail are ingrowing, special care is required: An angled cut can be made to ensure the nail does not cut into the toe at the corners of the nail. If the nails are severely thickened, a careful attempt should be made to reduce the thickness as well. This may be done by soaking the nails for 10 minutes in warm water, then gently filing the nails with an emery board. Be especially careful not to cut the skin of a client on blood thinners or with *peripheral vascular disease* (poor blood flow to the feet and legs). A wound in such a client could result in loss of the limb.

Calluses (hard, thickened areas of skin resulting from friction) on the bottoms or tops of the feet or between the toes can be shaved down with a surgical blade—and should be done *only* by a foot specialist (podiatrist) or surgeon.

This will provide temporary relief from pain caused by increased pressure from the thickened skin. If your client has calluses, insist that he visit his doctor or podiatrist to have them treated.

Ulcers (open sores) should be treated with frequent dressing changes and weekly debridements (*di-BREED-ment*—cutting away of dead or infected tissue) by a

surgeon or podiatrist. Debriding the wound causes it to bleed, which in turn brings the body's healing factors directly to the wound. *Off-loading* (removing a source of pressure or friction) is another important measure. This allows the wound to heal by reducing the friction and blood-restricting pressure, caused by shoes or weight bearing, that interfere with the healing process.

Although corns, calluses, and ingrown toenails seem quite harmless, they can be devastating to a person with diabetes or peripheral vascular disease. As an HHA, you can provide possibly life-saving help to your client by *watching* for foot problems that may otherwise be concealed by shoes, socks, or slippers.

The increased pressure caused by the thick skin of a callus can cause *ulceration* underneath. Dark discoloration beneath a callous or corn can be a sign of bleeding beneath the tissue. **Watch for such signs.** These types of wounds should be completely evaluated by the client's doctor or podiatrist; debridement often is necessary to see if there is an open wound underneath. Notify your supervisor if you see anything that doesn't look right.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.



Foot Care

DO's and DON'Ts

by Dr. Alan West, DPM

Proper foot care is essential for everyone, but especially for the elderly. In particular, older people with circulatory and/or diabetic conditions are at major risk to develop foot problems. When the blood supply to the feet is poor, the tissues are less able to fight infection, and healing often is impaired. In addition, nerve sensations are lessened, so the person cannot sense pain as well. This presents a serious problem when there is an injury to the foot because the person may not realize or notice that he has serious tissue damage.

Following is a list of helpful tips that can prevent major foot problems. As an HHA, being aware of these do's and don'ts can help you help your clients maintain foot health. This list is by no means complete. For further information, you or the person at risk of foot-care issues should consult with a foot-care specialist (podiatrist).

DO inspect your client's feet daily. Check for blisters, redness, cuts, scratches, and cracks between the toes and on the heels.

DO check for any discoloration or dryness.

DON'T use extreme heat or cold.

DON'T use heating pads, hot water bottles, or ice.

DO see that your client wears proper footwear and stockings. Shoes should be comfortable and safe to stand and walk in. Comfort is important, style is not. Shoes should be snug, but not tight, shaped to the contour of the foot. Stockings should be of natural fiber, such as cotton, and not too tight. Tight stockings can cut off circulation. Leave about one-half inch of excess in the toe area so the stocking doesn't bind the toes.

DON'T use sharp tools on the feet. In other words, one should not try to treat his own feet. Normal nails should be trimmed and left slightly longer than the toe. Do not cut into the corners of the nail and do not leave sharp edges that can cut into the adjacent toe.

DO advise your client to see a podiatrist if she is not sure of her foot condition or has any questions about her feet.

DO advise your client to have a podiatrist examine his feet at least three times a year if he has circulatory or diabetic conditions.

This information is intended to supplement your HHA training. However, your first duty is always to follow the policies and procedures prescribed by your current employer and/or state law. For more information, or if you have questions about this topic, consult your supervisor.

The Author

Dr. Alan West, DPM, is an attending podiatrist with the Jewish Home and Hospital Lifecare System, Manhattan Division, New York. He has worked in the field of podiatric medicine since 1963. In addition to his work at the Home, Dr. West serves as a clinical instructor as well as a podiatric surgeon and consultant.

TIP

Discarding latex gloves

A client once told me that she often would retrieve my discarded latex gloves from the garbage and use them again. This made me wonder, *How many other clients also do this?* Now, before throwing away gloves during a client visit, I cut up those gloves with scissors so they will be completely useless.

Thanks to Christina Irizarry of VNA HealthCare, Waterbury, CT.

Have a care tip you'd like to share with other HHAs? If we publish yours, we'll send you \$10! Send your client care tips (along with your name, address, phone number, and name of your agency) to:

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"We grow a little every time we do not take advantage of somebody's weakness."

Bern Williams



HEALTH CARE SAVVY

Blowing Smoke

Stunning news about the effects (or lack of them) of secondhand smoke comes from researchers at the University of California in Los Angeles. It appears that many of the suspected links to cancer and heart disease may not be there for "passive smokers," meaning that risks to someone living or working with a smoker are much lower than previously thought.

The study, extending from 1959 to 1998, included 115,000 adults in the American Cancer Society's prevention program. Special focus was given to roughly 36,000 nonsmokers living with smokers. Surprisingly, no link was found between secondhand smoke and death from lung cancer or heart disease. This was true no matter what the level of exposure to secondhand smoke. The researchers say that, while a small effect cannot be ruled out, the expected 30-percent greater risk of coronary disease from secondhand smoke does not hold up.

This study does not address allergic and asthmatic problems caused by secondhand smoke. And, of course, the smokers themselves are still at a big risk of heart or lung disease.

(Source: *British Medical Journal*, 2003)



The Body Clock and Blindness

For sighted people, seeing light and dark serves to regulate their sleep cycles. Blind people, however, may have trouble sleeping at the "appropriate" time, and thus feel always tired. In fact, with no sense of darkness and light, their body clocks tend to shift about an hour later each day. That means that after 10 or 12 days, 10 a.m. feels like 10 p.m.

In sighted people, the body produces melatonin in response to darkness. Melatonin in the brain tells the body it's time to sleep. Dr. Al Lewy, MD, Ph.D, of Oregon Health and Science University in Portland, notes that taking low doses (0.5 milligrams) of melatonin can help to control the sleep cycles in blind people.

Melatonin can also be used by sighted people to control sleep cycles or to help adjust prior to traveling to a different time zone. "If you give melatonin in the morning, it shifts the body clock later, and if you give it in the afternoon and evening, it shifts the body clock earlier," he says. Dr. Lewy notes that he has found no serious side-effects to taking the hormone.

If a blind client is having trouble sleeping, check with your supervisor. Maybe melatonin can help. (And, of course, if you are the one having trouble sleeping, check with your doctor before self-dosing.)

(Source: *Ivanhoe Medical Alerts*)

Helpful Kits for Family Care Givers

It's often said that knowledge is power. For a family care giver, knowledge may be the power to survive and stay sane.

To provide such knowledge, the nonprofit Center for Family Caregivers offers helpful "Care Giver Kits." The kits are folders filled with information about services, products, and groups that can help someone caring for an aging relative.

The kits are designed for three levels of care givers:

1. The *New Care Giver Kit* helps family members as they begin their caregiving journey.
2. The *Seasoned Care Giver Kit* assists "experienced" family care givers.

3. The *Transitioning Care Giver Kit* guides family care givers whose loved one has been placed in a nursing home or has died.

The kits are available for \$5 to cover shipping and handling. Order online at www.familycaregivers.org or www.caregiving.com, or from the Center for Family Caregivers, P.O. Box 224, Park Ridge, IL 60068.

Exercise for Strong Bones

Women lose bone mass at a faster rate after menopause. This loss, known as osteoporosis, greatly raises the chance of bone fracture. Hormone replacement therapy may help to keep bones healthy. However, we now know there are risks with such therapy. Therefore, many women are seeking other options. Exercise appears to be an answer.

One recent study divided a group of women, average age 69, into two groups. One group exercised (supervised exercise sessions three times per week) and a control group did not. Each woman was given calcium and vitamin D supplements to take during the study.

After 32 weeks, despite taking the supplements, the control group women had a significant decrease in bone mass. The exercise group, however, had improved not only their bone mass but also their weight and strength. The researchers suggest blending exercise with a diet containing calcium and vitamin D.

(Source: *Biological Research for Nursing*, 2003)



Too Tough to Die?

Men, with their macho sense of being too tough to be sick, die an average of five years sooner than women—and minority men die about 12 years sooner than white women. This difference is being called a “silent health crisis.”

There are several reasons:

- ▶ Men are more likely to get high blood pressure or cancer.
- ▶ Men's death rates are twice as high as women's for murder, suicide, accidents, and hardening of the liver.
- ▶ Men are twice as likely to drink more than five alcoholic drinks a day.
- ▶ Men are more likely than women to be homeless or in prison.
- ▶ Men are more likely to use illegal drugs.
- ▶ And there's the “Superman” syndrome that keeps many men from seeking help until a health problem is far advanced.

For minority men, there are added factors. They are more likely to live in poverty and are far more likely to lack health insurance. (Nearly half of Hispanic men have no insurance and 28 percent of black men have none, compared with 17 percent of white men.)

Be aware of your male client's health. He may have health problems he's not admitting.

(Source: *Minneapolis StarTribune*)

Walk for Life

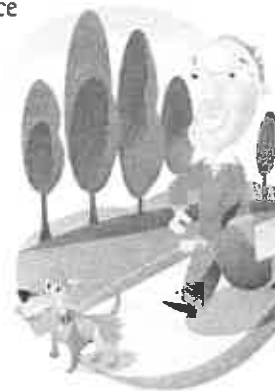
Exercise is good for just about everyone, and much research has shown that regular exercise can prevent conditions such as Type 2 diabetes. Now we learn that even for people who have diabetes, the simple act of regularly taking a walk can cut their risk of dying early.

Two hours of walking each week can decrease the chance of premature death by 40 percent. Walk a little faster (to increase heart rate and breathing), or up the amount of walking to three or four hours per week, and the diabetic lowers the chance of early death by 54 percent!

This data comes from a study done by the Centers for Disease Control and Prevention (CDC) in which nearly 3,000 diabetic adults were surveyed about their exercise habits over a period of eight years.

Whether or not you have diabetes, if you exercise, keep it up. If you're not the active sort, slip on those walking shoes and take a stroll. Make it a habit—for life.

(Source: *Archives of Internal Medicine*, 2003)



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Spirit Profile *continued from cover*

Lea's second lesson is *listening*. "I used to concentrate on doing my job correctly, rather than being in tune with the patient," she comments. "I would forget to listen. I ask more questions now and listen carefully. Instead of asking, 'How are you?' to which people usually answer, 'Fine,' I might ask:

- "How was your weekend?"
- "How do you feel compared with the last time I was here?"
- "Tell me about your daughter's visit."
- "Is there something you want to talk about today?"
- "How did you sleep last night?"

For Lea, the key listening principle is, "Take nothing for granted."

Lea's third lesson is *maintaining boundaries*. In her rural community, she sometimes encounters a person who might ask about a client of Lea's. Lea answers with, "You know, that's confidential information. If you'd like to know how that friend is doing, why not call him? I'm sure he'd love to hear from you." As for holding the line with clients, Lea admits, "You can easily be manipulated, so you have to stick with the care plan."

Her fourth lesson is *excellence*. "I always put quality first. An aide who rode with me asked, 'Why are you trying to do such a thorough job? No one's going to notice that you did it.' I

told her, 'I know—and someday somebody is going to notice.'"

She shows excellence even in her dress. Lea says, "I've always been a stickler for looking neat and professional. It not only portrays a good image, but it shows in my work. I feel more professional if I'm dressed up, rather than going in with a T-shirt and sweatpants. Clients respect me more and are more willing to cooperate with me."

Lea's fifth lesson is *honesty*, which can be expressed in a number of ways: "If a client tells me something that she doesn't want shared with a supervisor, I always inform her that what she says may be reported. If I find money under the bed and the client says, 'Oh, just keep it,' I tell her, 'No, I can't—but thank you anyway.' And if I'm allotted an hour and a half for a client, but the tasks take me only an hour, I advise my supervisor to adjust the care plan."

Lea's final lesson is *self-care*. "I always make sure I take care of myself," she says. "I let my supervisor know if I'm feeling burned out. And when I have a communicable illness (or suspect I'm catching something) I put the client first by staying home. Because older people and hospice clients catch illnesses so easily, I don't like it when an aide forces herself to go to work if she's coughing, or even throwing up."

In motherly fashion, Lea exhorts, "Get your sleep and eat correctly." Sometimes a trainee who rides with me will bring a candy bar and a soda for lunch—and will have eaten no

breakfast. I warn her, 'You cannot give all you've got to this job if you don't take care of yourself.'"

Of course, those aren't Lea's only lessons. "Pay attention to detail," she encourages. "Give it your all. Treat each client as if he were the only person on that day's schedule. Learn to appreciate people. Love life. Be grateful every day. This is the most rewarding job you'll have."

Lea concludes matter-of-factly, "I'm very passionate about my job." We agree.

The address of the office that nominated Lea Bechler is:

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