



What Are ADLs?

Once you have entered the world of family caregiving, you often hear the term “Activities of Daily Living.” This term is often shortened to ADLs. Many important insurance and medical decisions trigger around Activities of Daily Living. For instance, long-term care insurance policies begin benefits only if the policy holder needs help with at least 2 activities of daily living.

Since ADLS are the common benchmark in caregiving, it is important to understand exactly what they are. They involve at least 5 main areas of focus: bathing, dressing, feeding, walking and toileting.

Bathing

- Why:
 - Cleanses the body by removing dirt and dead skin cells
 - Promotes comfort and relaxation
 - Controls odor
 - Prevents infection
 - Provides opportunity for range of motion of extremities
 - Stimulates circulation
 - Helps prevent skin breakdown
 - Allows for observation of physical changes of body/skin
- When:
 - Usually daily, unless ordered differently by physician
 - A full bath may not be required , but the face, private areas, and underarms should be washed at least daily
- Where:
 - Bed/Chair Bath
 - Give when unsafe for patient to have tub bath or shower
 - Give when unsafe for caregiver to administer tub bath or shower
 - Give when patient is bedbound or chair bound and unable to assist with transfers safely
 - Make sure supplies set up before bath is started, keeping patient covered up as much as possible

- Try to wash one area, such as the front of the body, entirely before changing patient's position, such as rolling to side to wash back
 - Change bed linens while giving bath to decrease amount of position changes for patient and caregiver
 - Tub Bath
 - Usually not indicated due to high risk for falling unless specifically ordered by physician
 - Do not attempt to put patient in tub or lift from tub without help from another person and/or have appropriate assistive devices such as transfer board
 - Test temperature of water—high risk for burns
 - Usually not more than 20 minutes due to risk for drying skin
 - Shower
 - Again, usually only if recommended by physician
 - Always use shower chair, rubber mat inside and outside of shower, rubber-soled shoes
 - Helps to line tub with towels to prevent slipping
- How (Tips for bathing):
 - Disabled and Confused Patients
 - Keep patient in as comfortable position as possible
 - If patient is experiencing pain, schedule bath approximately 30 minutes to 1 hour after pain medication is given
 - Confused patients may be afraid of things like soap or water, so explain everything you are doing before and while performing bathing activities
 - Set a schedule for bathing. The best one is the one the patient liked before they became ill, some like morning baths, some sleep better with a bath before bedtime.
 - Do not argue with patient, allow them to remain as independent as possible
 - Get assistance with any transferring
 - Keep covered for privacy as much as possible
 - Do not rush patient, give privacy (close windows/doors), praise for independence

- Bathing Products
 - Caution with medicated or deodorant soaps as they may cause drying
 - Minimize use of powder as can irritate skin and lead to infection
 - Lotions and creams will help prevent drying of skin
 - No rinse shampoos work well
 - Don't forget about dry shampoos that don't require wetting the hair.
- Safety
 - If giving bed bath, raise bed to comfortable height so as not to injury back
 - Use different washcloth for private areas, wounds, or soiled areas
 - Wipe eyes with different corners of washcloth
 - Change bath water if too cold, too soapy, are if it is contaminated
 - Wear rubber-soled shoes with any bath given
 - Increased risk for falling with tub baths and showers

Dressing and Grooming

- When
 - Encourage often and with as much independence as patient can tolerate
 - Be patient and make them feel proud of themselves
 - Try to complete during time of day when patient has the most energy
- Where
 - Where ever patient is comfortable, just remembering to provide patient privacy by closing doors, pulling curtains, limiting number of persons in room
 - If a patient is removed clothing in public, try to determine why (too tight, too hot, etc)
- Why
 - When people look good, they feel better
 - Voice approval of tasks accomplished—do not threaten; Patience is key for improving self worth

- Helps prevent injury to skin and maintain body temperature
- How (Tips)
 - Types of clothing
 - Loose clothing, that easily stretches or can be put on, is easiest for confused patients (sweat suits, front closure items, non-slip shoes)
 - Avoid belts, scarves, laces as can be safety concern and confusion for patient; Velcro and zippers work well
 - If bedbound, cut t-shirt or nightgown up the back so as easy to apply from the front without having to turn patient
 - With confused patients
 - Explain everything before it is done
 - Dressing can be time consuming (is often performed with bathing), so try to keep surrounding environment calm
 - Patience, patience, patience—if patient gets agitated, use calm voice, hold hand, soft touch, relaxed presence to ease anxiety
 - No quick movements—they usually startle easily
 - Safety
 - Remember lifting techniques:
 - Bend knees and keep straight back
 - Center body over feet and let legs do the lifting
 - Lift in one continuous motion; no twisting
 - Wear rubber-soled shoes
 - Use available equipment
 - Don't be afraid to ask for help
 - Infection Control
 - Do not mix soiled clothing/linens with other personal items; put in plastic bag
 - Wash hands often

Feeding

- When
 - Encourage food on regular schedule at same time everyday
 - Patient may not be able to tell you if hungry, so offer food frequently; often small, frequent meals work well
- Where
 - Encourage eating in dining room, or where meals normally served; if no longer possible, patient sitting upright in bed is next best
 - Meals are usually sociable events, so continue to make meals enjoyable
 - Encourage independence; patient may need diet changes (soft foods, bite sized pieces, pureed) depending if difficulty swallowing
 - Offer different types of food at every meal (meat, veggie, fruit, etc)
- Why
 - Important for nutrition
- How (Tips)
 - Poor appetite
 - Small, frequent meals
 - Make pleasant occasion
 - If has favorite foods, serve those more often
 - Is the patient constipated?
 - Confusion
 - Schedule mealtime regularly everyday
 - Remind patient how to use utensils; simply objects on tray (ie—one utensil and one plate)
 - No distractions such as TV or loud noises
 - Difficulty Swallowing
 - Risk for aspiration (choking on food)
 - Thickened liquids and pureed foods (blender works well)
 - Head of bed elevated (if bedbound) or sitting upright in chair
 - Soft foods (applesauce, pudding, etc)
 - Soak dry foods in coffee, gravy, milk, soup

- Assisting
 - Open any closed containers/objects, such as banana
 - Check temperatures of foods before serving
 - Don't fill cups more than $\frac{3}{4}$ full to avoid spilling
 - Give finger foods to encourage independence when patient no longer able to use utensil
 - If patient has to be fed, sit down with patient on eye level, talk to them, fill spoon only half full using tip of spoon, vary the foods offered
 - Help patients wash hands and face after meal time

Walking

- When
 - Only when safe for patients—high risk for falling and injuries as confusion limits ability to determine when no longer safe to ambulate by self
- Where
 - Safe environment
 - Secure or remove rugs from floors/areas where patient may ambulate
 - Lock all doors and windows as patient will attempt to get outside of them as previous done
 - Put away breakable items
- Why
 - Even with confusion, will continue to feel independent with walking
- How (Tips)
 - Safety
 - HIGH RISK FALLING AND INJURIES
 - Use assistive devices with person present
 - Assistive devices
 - Walker
 - Wheelchair, etc.

Toileting

- When

- Whenever needed by patient
- Where
 - Depending on extent of confusion, may be home restroom, bedside commode, adult brief, catheter, disposable protective pad in bed, etc.
- Why
 - Normal bodily function
- How (Tips)
 - In early stages of confusion, patient may have “accidents” with urination, progressing to complete incontinence. Bowel incontinence typically follows urinary incontinence.
 - Ask frequently if has to use restroom
 - If has “accident”, do not threaten or get angry with patient; simply clean up
 - Scheduled toileting (ie—take to restroom every 4-6 hours and have patient sit on toilet)
 - If bedbound or frequent/complete incontinence, check often as prolonged wetness to skin cause easy breakdowns and increase possibility of infections
 - If change in odor, color, amount of urine, report to physician as chance for infection