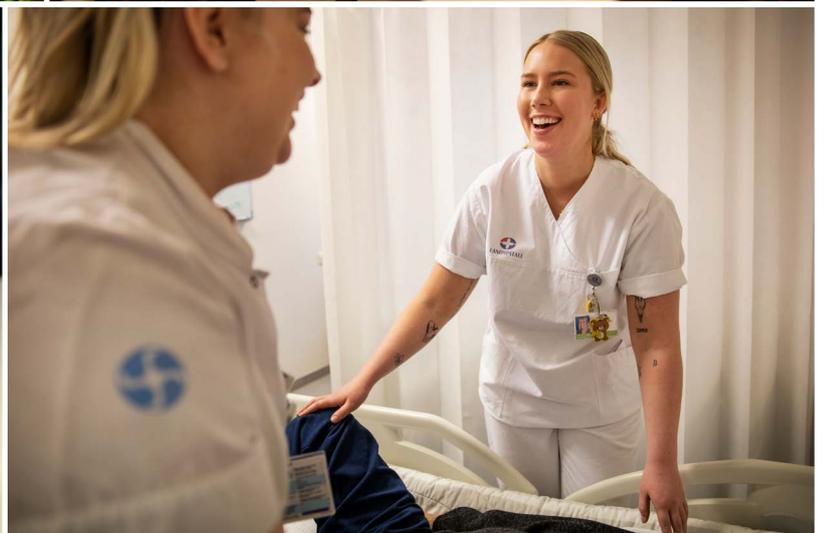
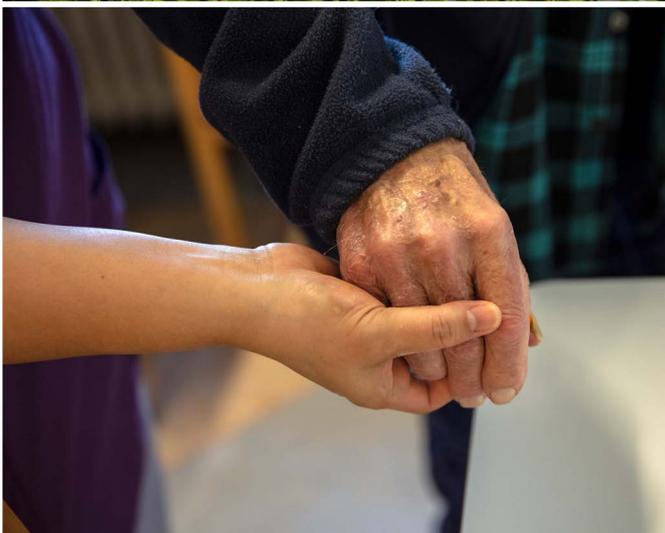


CAREGIVER COURSE

Manual



LANDSPÍTALI FIRST EDITION APRIL 2024

EFNISYFIRLIT

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WELCOME TO THE TEAM!

This manual is designed to help you keep track of what you learn about your new job and ensures that you receive instructions on the key aspects you need to know in your role in caring for people. When you arrive at your department, you will be assigned an instructor who is either a Licensed Practical Nurses (sjúkraliði) or a Registered Nurse (hjúkrunarfræðingur), and they will be your teacher during your first weeks while you are getting to know the job.

The manual is divided into seven sections, with a few lectures and tasks in each part. At the beginning of each section, some points and questions are specified that you should keep in mind while watching the lectures. You can also note down anything you wish to discuss with your instructor. You watch the lectures on a computer, and after you have finished watching them, you mark them and meet your instructor on the department. Then, you jointly discuss the points and questions mentioned at the beginning of each section. At the end of each section, certain practical tasks are specified. You will receive guidance on these from your instructor or watch them perform the task, e.g., oral hygiene. Next, you perform the task, e.g., oral hygiene, while your instructor or another professional observes. Once this is completed, you mark in the manual that this task is completed. This way, you and your mentor can monitor that you have received education and instructions on what is covered in the manual.

Remember, no question is silly, ask about anything you feel unsure about, because this is how we ensure the safety of those we are assisting, our own safety, and that of our colleagues.

Good luck in your job!

AIM

The aim of this course is to provide basic knowledge to people who will be working as care assistants under the guidance of Registered Nurses or Licensed Practical Nurses. The course gives an insight into the job as well as lessons and training in certain areas that are important when providing care to people. The course consists of recordings of lectures, topics for discussions with the instructor, tasks for demonstrations by the instructor and tasks for the care assistant to perform under guidance.

ABOUT THE COURSE CONTENT

The content of the course is based on previous lectures from an earlier Caregiver Course, which was a course offered to staff working at Landspítali's geriatric departments from 2018 to 2020. Those who contributed to the creation of the lectures were: Guðrún Dóra Guðmannsdóttir, Clinical Nurse Specialist; Ingibjörg Hjaltadóttir, Clinical Nurse Specialist; Jakobína Rut Daníelsdóttir, Licensed Practical Nurse; and Sigurlaug Björk J Fjeldsted, Licensed Practical Nurse. Special thanks to Sara Rebeca Ambriz Cervantes, Registered Nurse, for assisting with the English translation.

In addition to various academic sources (see the references on the website), material from the book "This I Need to Know" is used, which was translated from Norwegian on behalf of Successful Aging and Landspítali with a quality grant from the Ministry of Health. The book was translated by Skopos Translation Agency, but Berglind Indriðadóttir, Occupational Therapist, supervised the translation and adaptation to Icelandic conditions. Others who contributed to the review and adaptation of the content were Guðrún Dóra Guðmannsdóttir, Clinical Nurse Specialist; Ingibjörg Hjaltadóttir, Clinical Nurse Specialist; and Sigrún Huld Þorgrímsdóttir, Clinical Nurse Specialist.

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Touhy, T., og Jett, K. (2021). Ebersole and Hess' Gerontological nursing & healthy aging (6. útgáfa). Louis: Elsevier, Mosby.

PART 1

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

When does your confidentiality obligation towards your work end?

Who are your collaborators or partners at the workplace?

What are the rules regarding the use of mobile phones and social media?

How do we ensure good communication with patients and colleagues?

How do we ensure that we do not spread infections among people?

Why is it important to closely monitor the environment and patients when you are at work?

Which workplace rules surprised you the most?

Lectures - Recordings	Mínútur	Merkið við þegar búið er að horfa
Working as a Care Assistant	24	
Communication, Attitudes and Ethics	16	
Infection Control – Lecture 1	14	
Total minutes	54	

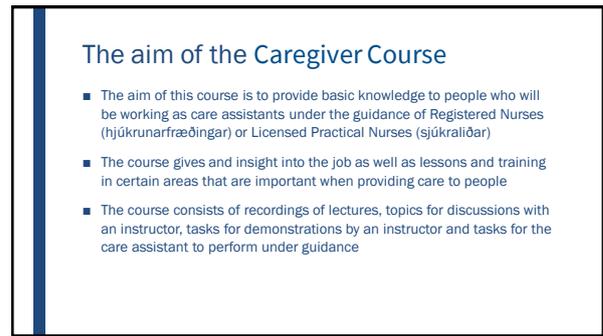
Comments

Tasks and assignments	Mark as completed	Instructor's signature
How to record information?		
How to respond to an emergency?		
What are the fire safety regulations?		
Report and shift changes		
Daily organization and routines of the department		
Regulations regarding work clothes		
Linen room and storage		
Utility rooms, machines, clean and dirty areas		
Kitchen and meal service		
How to notify the ward if you are ill		
Access and ID cards		
Other:		

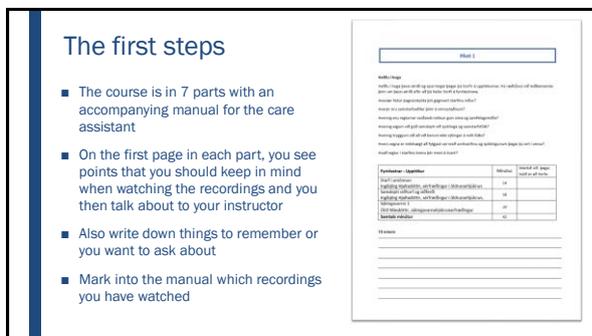
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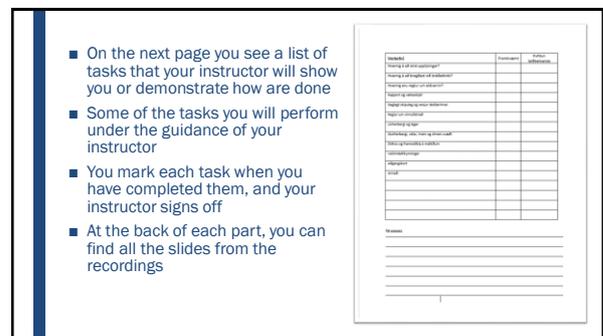
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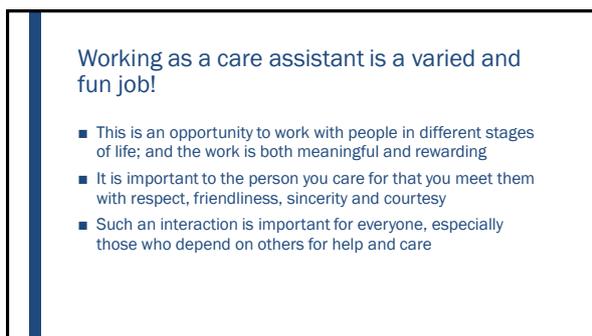
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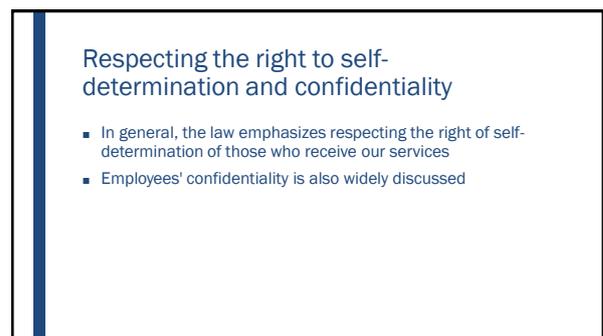
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4



5



6

Confidentiality never expires!

- The obligation of confidentiality covers everything that the employee learns in the course of his work about the health and personal well-being of the individual or the patient
- The duty of confidentiality remains even if the user dies and also after the employee leaves his/her job

7

Laws about the services we provide and how we provide them

- Law on the affairs of older people
- Law on health professionals
- Patients' rights act
- Section on confidentiality in the Administrative Law



8

Confidentiality

- Those of us who work in healthcare and social services, e.g. in hospitals, nursing homes and in home care we have a duty of confidentiality
- Confidentiality means that we are not allowed to provide others with some of the information we receive about our residents, service users, patients and their relatives in our work. Only health care professionals who need such information may have access to it in order to provide quality services

9

Confidentiality (continued...)

- This means that we are not allowed to provide patient information to friends, family or anyone else
- We are also prohibited from providing other residents/users/patients with information about other residents/users/patients, even if requested
- It is not permitted to publish pictures of our patients or their relatives on social media or in messages

10

Partners

- Employees should consider the patient and their relatives as important partners, and take into account their needs and attitudes during care
- It is important to have a good overview of the needs and wishes of each individual. And thus plan our services around their individual needs/circumstances
- It is of the utmost importance that patients can maintain their dignity and autonomy
- Courtesy, consideration and warmhearted care should always be shown to patients

11

Comments and complaints

- It is important to always be positive and listen to the comments and complaints of patients and relatives
- Guide them in making a comment or complaint and ensure that comments and complaints are processed
- It is our goal to provide good care and treatment, so we want to listen to what can be done better and learn from it

12

When coming to work

- Various unwritten rules apply in healthcare institutions
- An employee comes to work neat in appearance and wearing his name card provided by the hospital or workplace
- Hands and wrists are without jewelry
- When we are at work, we are observing the environment and making sure that everything is in order, this is called safeguarding
- When we are at work we chat with the patients, it is motivating for them and helps us to monitor that the patients are doing well

13

Rules on appearance because of infection control

- Clean clothes are put on at the beginning of each shift
- Hair and beard are kept in such a way that they are neat and not in the way of work
- Employees wear their own neat and clean shoes and socks
- Removes all jewelry on hands or arms, e.g. watches and rings
- Artificial nails or nail polish are not allowed, they are breeding grounds for bacteria and viruses

14

Phones and computers

- Phones are set to silent and/or stored in the cubbies provided on the unit in the staff break room or in the locker's downstairs
- Private phones are not answered on the floor except during breaks in the cafeteria/staff break room
- Phones should not be used to surf the web unless you are looking for educational material or it is related to work

15

Information about your shifts

- Shifts are usually as follows: Morning shift, evening shift and night shift
- You will start each shift with a meeting called "report". This means that the previous shift will give you the most important information about your patients. This will ensure you start your shift with the most up to date information so you can provide good care to each patient
- For all other information not given during report, you'll have to read the notes written from the previous shift

16

Information about your shifts (continued...)

- Usually, two or more employees work together with a certain group of patients
- Each group or team has a Registered Nurse (hjúkrunarfræðingur) and Licensed Practical Nurse (sjúkraliði) and a care assistant
- At the beginning of the shift, the nurse leading the group will review the division of labor within the group and inform you of what needs special attention during the shift
- The team discusses who should help whom and in what order, and who is responsible for which work

17

At the end of the shift

- At the end of the shift, you need to be sure to have informed the Registered Nurse (hjúkrunarfræðingur) and Licensed Practical Nurse (sjúkraliði) of what you have done or seen during the shift
- That you have finished recording what is your responsibility to record
- It is of the utmost importance to report immediately anything unusual in the patient's behavior or appearance

18

Important to ask or get assistance!

- No question is stupid and you are always allowed to ask!
- Remember, one of the most important things you can do is ask questions about things you're not sure about. Ask for assistance when you're unsure
- One of our most important tasks is to ensure the safety of our patients!

Good luck in your new job!

19

COMMUNICATION, ATTITUDES AND ETHICS

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

What is communication?

- Communication is the way we talk or move our body when we are exchanging information
- How we communicate with each other matters
- Communication can be:
 - Unilateral
 - Two-sided
 - Communicating with words
 - Communication without words

2

Different types of communication

- One-way: communication that only goes one way. Ex: Talking AT someone and not WITH someone
- Two-way communication is interactive communication between two parties, where both parties can ask questions and clarify any misunderstandings
- Verbal communication is communication that takes place either verbally or in writing
- Communication without words is communication that is expressed through facial expressions, tone of voice, gestures, positioning in space and clothing, etc.
 - This is also called body language

3

Good communication

- As an employee, you need to ensure proper communication between you and our patients, their families, and your colleagues
- This requires you to actively listen and make an effort to understand the info being conveyed
- About 80% of all the messages we send when communicating with others are contained in our body language
- It breeds mistrust if there is a mismatch between words and actions

4

Here are some good tips

- Surroundings should be calm and maintain eye contact when speaking to the person
- Show that you have enough time and sit down if the other person is sitting or lying down
- What message are you sending with your body language?
- Avoid interrupting while the other person is talking

5

Here are some good tips

- Nod or say "yes" to show that you are interested in what is being said and that you are listening
- Repeat in your own words how you have understood what has been said and seek clarification where needed
- Ask questions if you don't understand something

6

Empathy

- It is important that patients feel empathy from staff
- Showing empathy is trying to put yourself in the shoes of others. To try and understand, based on knowledge and experience, how others feel
- Empathy is also actively listening to others and asking questions to be better able to understand what is being said, at the same time trying to understand the persons situation

7

Reassuring touch

- A reassuring touch is part of body language
- We still need to be sure that the person we touch wants to be touched
- We can e.g. express what words cannot by holding someone's hand or putting a hand on the shoulder of someone who is sad
- Touch can also be used to get the attention of someone you want to talk to, e.g. by placing your hand lightly on the person's arm

8

Attitude

- Your attitudes and held beliefs affect your behavior and the way you behave around others
- Your beliefs are closely related to your personal values, and are formed during your childhood and through the experiences you acquire throughout your life
- Some of our attitudes are conscious, while others are subconscious

9

Prejudice

- Prejudice is a negative attitude toward a person or an issue based on ignorance or lack of knowledge of that person or issue
- If you find that you have a negative attitude towards a colleague or patient, it can be good to ask yourself if you know enough about the person and if you have made enough efforts to understand him or her better
- Ageism: means prejudice against the elderly

10

Showing professionalism

You are required to demonstrate professionalism in your work, which means that you:

- Are you clear about your responsibilities and what your field of work is
- Follow rules, work procedures and work practices at the workplace
- Practice honesty, punctuality and conscientiousness
- Work responsibly, taking into account the skills you have, and ask for guidance or training on tasks you feel you do not understand
- Make an effort to communicate well with patients, their families and colleagues
- Differentiate between your role as an individual and your role as an employee

11

Professionalism and private life

- What is the difference between your private life and your life as an employee?
- Your personal life is your life outside of work
- As a healthcare worker, you need to demonstrate professionalism. Your role is to serve the patient and focus on his or her needs
- Your responsibility is greater than the patient when it comes to ensuring good and reliable communication

12

Ethics

- Ethics is a very important aspect of health and social care
- We are often in situations that test our ethics, moral strength and skills
- To make the work easier for employees, many professions have established codes of conduct that are guidelines

13

Ethics

- Ethical values are extremely important, and many companies adopt such values
- Values that are important in health care are: caring, safety, respect, independence, justice, professional knowledge, and quality
- We who work at Landspítali follow the values that have been set there

14

Landspítali's values

- Caring
 - We care about our patients, their families, our colleagues and our community
 - We respect everyone's needs, inform, be careful of our words and show empathy
- Safety
 - We focus on the safety of patients and employees
 - We work in a multidisciplinary teams, work according to standardized work processes and communication is clear
- Professionalism
 - We are guided by professionalism and research-based knowledge
 - Our goal is to provide each patient with the best possible service
- Development
 - We focus on continuous improvement, use evidence-based knowledge and appropriate technology

15

Infection Control – Lecture 1

Bobbi Mae B. Baroy, Registered Nurse



Department for Infection Control

1

Why we need infection control

- To prevent patients from being infected by microorganisms
- To prevent workers from being infected by microorganisms present in their workplace



2

Why we need infection control

- In medical institutions, many patients are being cared for in a designated area.
- Many are multimorbid and immunocompromised
- Each patient is cared for by a number of healthcare professionals.
 - Creates opportunities for the spread of microorganisms



3

Why we need infection control

- Hospitals generate large amounts of waste/debris contaminated with blood and other body fluids, which increases the risk of transmission of infection.
- Needles, lancets, and other sharps are contaminated with blood and other body fluids.



4

Why we need infection control

- Many of the things we do in treating our patients increase the risk of infection.
- Catheters and tubings inserted into the body
 - These components facilitate the access of bacteria inside the body



5

Why we need infection control

- Intact skin serves as the first line of defense against entry of microorganisms. However, during surgery, the skin is cut and opened.
 - Risk for surgical wound infections



6

Healthcare-associated Infections (HAIs)

- Healthcare-associated infections are infections acquired by patients during their stay in a hospital or another healthcare setting.
- More than one-tenth of patients in a hospital develops HAI.



7

Types of Healthcare-associated Infections (HAIs)

- Catheter-associated Urinary Tract Infection (CAUTI)
- Ventilator-associated Pneumonia (VAP)
- Surgical Site Infection (SSI)
- Central Line-Associated Bloodstream Infection (CLABSI)
- Emergence and spread of drug-resistant bacteria (DRB)
 - These DRBs become part of a person's normal flora.
- Antibiotic-associated diarrhea (ex: *C. difficile* infection)
- Communicable diseases

8

Infection control begins with cleanliness and orderliness

- Personal hygiene
- Environment - „Everything in its place“



Clean and organize!

9

Change into clean new work clothes DAILY



10

Change into clean new work clothes AS SOON AS IT BECOMES DIRTY/CONTAMINATED



Clean work clothes are stored in a designated room

11

Work clothes



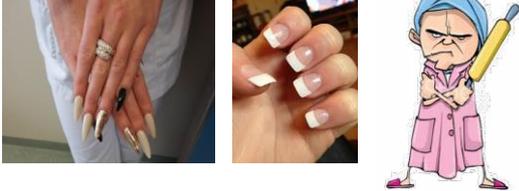
- Many studies have shown that healthcare workers' clothes are contaminated with disease-causing microorganisms.
- In a study by Wiener-Well et al. (2011) disease-causing bacteria were found from the clothes of 63% of workers *
 - More cultures with resistant bacteria were obtained from the clothes of those who changed every other day (29%) than those who changed daily (8%).

*Wiener-Well, Y., Galutz, M., Rudensky, B., Schlesinger, Y., Attali, D., & Yimmon, A. A. (2011). Nursing and physician attire as possible source of nosocomial infection. *American Journal of Infection Control*, 39(7), 555-559.

12

Hand jewelries

- „**Bare below the Elbows**“
- **Nails should be short and trimmed.**
- **NO** artificial fingernail, all types of nail polish/strengthener (even colorless), ring, wristwatch, bracelet, wrist band



13

CleanHandsSaveLives



14

Result of research on ring use by healthcare professionals

- *“In conclusion, rings worn by nurses working in ICUs cause higher colonization of potential pathogenic bacteria on hands regardless of ring type and despite alcohol-based hand disinfection”*

Yidirim I., Ceyhan M., Cengiz A.B., Bagdar A., Barin C., Kutluk T., & Gur D. A prospective comparative study of the relationship between different types of ring and microbial hand colonization among pediatric intensive care unit nurses. *International Journal of Nursing Studies*, 45 (2008) 1572-1576

15

Outbreak of extended-spectrum beta-lactamase-producing *Klebsiella pneumoniae* in neonatal intensive care unit linked to artificial nails

- 13 children in the NICU were diagnosed with ESBL-producing *Klebsiella*.
- Case-control study
 - Two risk factors were identified
 - ✓Duration of admission
 - ✓“Exposure” from a healthcare professional who had artificial nails
- The same strain was found on samples taken from under the employee’s nails and from the sick children!

Gupta, A., Della-Latta, P., Todd, B., Gabriel, P.S., Haas, J., Wu, F., Rubenstein, D., & Saiman, L. (2004). Outbreak of extended-spectrum beta-lactamase-producing *Klebsiella pneumoniae* in neonatal intensive care unit linked to artificial nails. *Infection Control and Hospital Epidemiology*, 25(3):210-215. doi:10.1086/502380

16

Hair neatly tied



17

Bare below the elbows and hair neatly tied



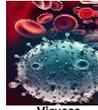
18

How does infection happen among workers and patients?

- Microorganisms are very „resourceful“ in finding ways to infect and survive
- Antimicrobial resistance



Bacteria



Viruses

- and other microorganisms



19

The rise in antimicrobial resistance over the last decades is increasing the demand for infection control



Susceptible bacteria grow on an agar bowl



Resistant bacteria grow on an agar bowl

1965



2017



20

Thank you for listening.
Please check the next topic.

21

PART 2

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

What is a hospital-acquired infection, and what percentage of patients acquire such an infection?

How often should you change work clothes?

How do bacterial and viral diseases spread between people?

When should gloves be used?

How is dirty linen handled?

How do you monitor for changes in patients' conditions?

Which fingers are used to measure pulse?

In what situations should you inform professionals when you are taking a pulse?

Lectures - Recordings	Minutes	Mark when you have finished watching
Infection Control – Lecture 2	21	
Infection Control – Lecture 3	11	
Infection Control – Lecture 4	24	
Observations and Vital Signs	12	
Total minutes	68	

Comments

Lectures - Recordings	Mark as completed	Instructor's signature
Show your instructor how you wash your hands.		
Familiarize yourself with how dirty equipment and sharp objects are handled in the department.		
Learn how dirty linen and trash are managed in the department.		
Watch how equipment is cleaned and placed in machines in the utility room, and then do it yourself.		
Watch how pulse is measured, and then do it yourself.		
Watch how respiration is counted, and then do it yourself.		
Watch how temperature is taken, and then do it yourself.		
Watch how blood pressure is measured, and then do it yourself.		
Observe how information is recorded, and then enter information about pulse, respiration, temperature, and blood pressure in the appropriate place yourself.		

Comments

Infection Control - Lecture 2

Bobbi Mae B. Baroy, Registered Nurse



Department for Infection Control

1

How does infection happen among workers and patients?

- Mode of transmission
 - Contact
 - Droplet
 - Airborne
 - Bloodborne
 - With food, water or liquid

2

Mode of transmission

- The most common mode of transmission is Contact.
 - Direct - with hands
 - Indirect - from the environment, device, equipment



3

Droplet

- Droplet: Large droplets from the airways produced by coughing and sneezing
 - ex: Influenza and common colds
- Falls to the ground approximately a meter away from the person coughing



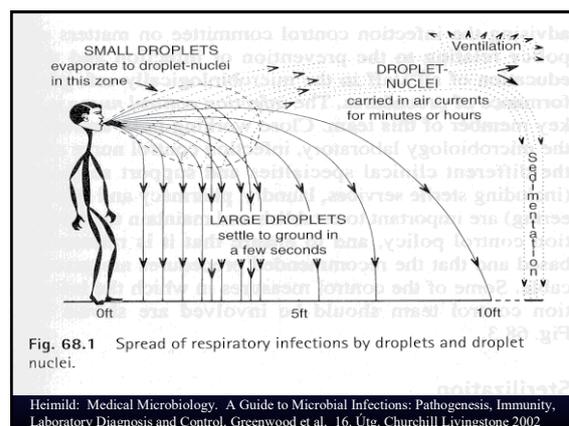
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Airborne

- Airborne: Small droplets/particles produced by coughing, sneezing
 - The particles may remain in the air for a long time.
 - Tuberculosis etc.



5



6

Bloodborne infection

- HIV, Hepatitis B and C
 - Infection due to puncture from needles and blades used in/by infected individuals
 - If body fluid - especially blood - from an infected person reaches the mucous membranes (e.g., eyes) or into skin lesions or tears
 - Sexual intercourse
 - From mother to child
 - birth, breastfeeding



7

Mode of transmission

- With utensils, food, water or any liquid



8

Breaking the chain of infection

- To protect against infection, we need to know the mode of transmission and disrupt it .



9

Standard precaution

- The practices that must ALWAYS be followed to reduce the risk of infection transmission from known and unknown sources.
- How we should care for ALL our patients to prevent infection
 - We do not always know who is infected; thus, we need to consider that EVERYONE could be infected or colonized with resistant bacteria.

10

Standard precautions

- Hand hygiene
- Glove use
- Respiratory and eye protection
- Use of gowns and aprons
- Cleaning/sterilization of contaminated instruments and devices
- Environmental cleaning
- Proper handling of dirty linen and garbage
- Sharps safety
- Instruments for resuscitation

11

Breaking contact transmission

- Contact transmission is the easiest mode to break
- How?
 - Hand hygiene
 - Careful cleaning
 - Proper cleaning/disinfection of devices and equipment, esp. the multi-use ones



12



13

Two ways to perform hand hygiene

- **Handwash** with **water and soap** when the **hands are visibly soiled, contaminated with body fluids, and after caring for a diarrhea patient.** 
- **Handrub** with **alcohol-based sanitizer** is otherwise generally a better option in healthcare. 

14

How to do handrub and handwash



Handrub



Handwash

15



16

Moment 1 – Before touching a patient

17

Moment 2 – Before clean/aseptic procedure

18

Moment 3 – After body fluid exposure risk



19

Moment 4 – After touching a patient



20

Moment 5 – After touching patient surroundings



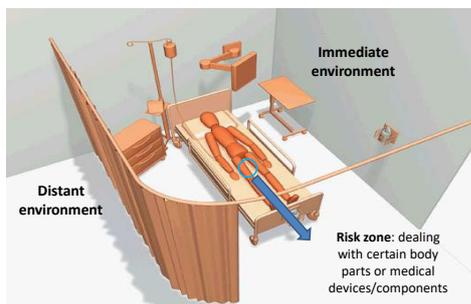
21

To facilitate hand hygiene, alcohol-based handrub must be accessible at the point of care



22

The patient environment



23

Thank you for listening.
Please check the next topic.

24

Infection Control - Lecture 3

Bobbi Mae B. Baroy, Registered Nurse



Department for Infection Control



1

Gloves



To protect against contact and bloodborne infections



2

When to wear gloves!

- When there is risk of body fluid exposure
- When caring for patients in isolation
- When handling cytotoxic medicines
- When handling hazardous chemicals like disinfectant
- Generally, gloves are not required when touching a patient's intact skin



3

Gloves

- Dirty gloves spread dirt in an environment.
- Therefore, the use of gloves is not beneficial unless used correctly.
- **Hand hygiene is required after glove use.**
- **Gloves provide protection in 70% of cases.**
- **Remove gloves after each intended work!!!!**



4

Breaking contact infection

- Conscientious cleaning of the environment
 - It is important to remove unnecessary things inside the room so that it would be possible to clean it well.
- Clean/disinfect items and equipment after each patient use.



5

Example of contact infection that is important to break



Always perform hand hygiene!



6

Breaking droplet and airborne infection

- Proper wearing of the correct type of face mask
 - **Droplet** – surgical face mask



- **Airborne** – particulate face mask



7

Combined mode of transmission

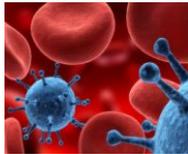
- Some organisms infect through more than one mode of transmission, e.g., influenza infecting through both droplet and contact.
 - Droplet when patient coughs
 - Secretion from the airways that goes to the patient environment



8

Prevention of bloodborne infection

- **Always treat everyone as if they could possibly be infected with bloodborne viruses!**



9

Bloodborne infection - HIV, Hep B and C Puncture and body fluid accident

- Treat all body fluids as contaminated!
 - Assume that all patients can have a bloodborne infection and be very mindful when handling body fluids.
- Minimize handling of sharps. Avoid passing those by hand.
- Do not recap used needles! Do not bend or fold needles before prior to throwing them into a puncture-resistant container.
- Put used sharps in a suitable puncture-proof container IMMEDIATELY after use. Do not fill the container above the marking.
- Safety devices and needleless systems should be used as much as possible.
- **Hepatitis B vaccination**

10

Bloodborne infection

- Handle needles and sharps with caution
 - Put used needles and blades in a suitable puncture-proof container immediately.
 - Empty the sharps container before it becomes full!
 - Safety needles, needleless systems, and other safety devices
- Put all blood-contaminated garbage in a suitable bag



11

Cleaning blood



12

Infection Control - Lecture 4

Bobbi Mae B. Baroy, Registered Nurse



Department for Infection Control



1

Standard precaution

Personal protective equipment: Gowns & aprons

Studies show that work clothes are contaminated in everyday activities in hospitals

- Skin bacteria
- Pathogenic microorganisms
- Resistant bacteria



The highest level of contamination is in the waist area, pockets, and sleeve linings — the parts that make the greatest contact to patients and their environment.

Therefore, we need to use gowns and/or aprons.



2

Standard precaution

Personal protective equipment: Gowns & aprons

- To protect work clothes against contamination



3

Standard precaution

Personal protective equipment: Gowns & aprons

- Use when:
 - ✓ giving care – ALWAYS!
 - ✓ patient is in isolation
 - ✓ doing certain tasks e.g., wound dressing



- DO NOT USE in the staff area
- Wear gowns when there is no risk for liquid splashes. Buttoned at the rear
- Wear aprons when there is risk for liquid splashes, e.g., bathing, washing
- Put in laundry/garbage after use!



4

Standard precaution

Personal protective equipment: Gowns & aprons

- Change into a new gown and apron after caring for EACH patient.
 - Do not go in between patients wearing the same gown and apron.
- Non-contaminated aprons may be recycled as plastic. Soiled aprons are thrown in general garbage, or in contaminated, if necessary.
- Manufacture of reusable aprons is being considered
- Multi-use gowns should be placed in the laundry after each use.



5

Standard precaution

Face and eye protection



- To be used when there is risk for blood or body fluids splashes in the face or eyes
 - To protect the mucous membranes of the mouth, nose, and eyes
- Face masks used in droplet isolation (e.g., Influenza)
- When patients with norovirus are vomiting and/or with diarrhea, etc.



6

Isolation of patients with confirmed or suspected infection

- Isolated according to the mode of transmission
 - Contact precaution
 - ✓Single room
 - ✓Gown (and apron)
 - ✓Gloves
 - Droplet
 - ✓Single room
 - ✓Surgical face mask
 - ✓Gown (and apron), gloves
 - Airborne
 - ✓Isolation room with negative pressure
 - ✓Particulate face mask

7

Transmission-based precaution = isolation



The room of the patient in isolation is marked with a poster like this. Always identify and mark the correct PPE to be worn.

8

Patient isolation

- Isolation room preparation
 - Keep only those that will be used for the patient. Remove all unnecessary and excess items (toilet paper, suction tubings, etc.).
 - Remove curtains and dividers!!!
 - Do not use chairs with cloth covering.
 - The isolation room shall be equipped with:
 - ✓sphygmomanometer
 - ✓sharps container and items needed to perform blood tests
 - ✓others that will be used in administering patient care

9

Contact isolation

- Ex: resistant bacteria, diarrhea, (respiratory viruses)
- Single room with toilet and preferably shower
- Always put on a yellow long-sleeved robe
- Always put on gloves
- Hand hygiene before entering and after leaving the room
 - ✓If the patient is in isolation due to diarrhea, the hands need to be washed with soap and water.
 - ✓In most other cases, alcohol-based hand sanitizer is enough to kill the microorganisms.

10

<p>Contact isolation Prepare well for isolation Remove unnecessary things from the room</p> <p>Single room with toilet and preferably shower, anteroom desirable but not necessary</p> <p>Gowns, gloves (other PPE as per standard precaution)</p> <p>Linen in water-soluble bag (Elika)</p> <p>Garbage in yellow bag marked „Sóttmengað-brennist“</p> <p>Reusable items used and/or placed in the isolation room should not be used and/or taken outside prior to the end of the isolation period. All items, devices, equipment should be disinfected prior to taking it outside of the isolation room for another use.</p> <p>Terminal cleaning at the end of isolation period</p> <p>Environmental swabbing after terminal cleaning for MRSA/VRE/Carba. The room must be kept closed until the results are confirmed to be negative.</p>	  
---	---

11

Droplet isolation

- Note that most microorganisms that infect through droplet also infect through contact transmission.
- Single room with toilet and preferably shower
- Personal protective equipment
 - Gowns, gloves, surgical face mask

12

Covid PPE – putting on

AD KLÆDAST HLÍFÐARBÚNAÐI
Spáklínur með grun um eða grúndan COVID-19 sjúkling

- Gowns – disposable or multi-use yellow long-sleeved gown
- Particulate face mask
- Protective goggles/face shield
- Gloves

13

Covid PPE – taking off

COVID-19 / ERANGRUN
FARID ÚR HLÍFÐARBÚNAÐI

- Gloves
- Protective goggles/face shield
- Gown
- Particulate face mask

If there is no anteroom, gloves and gown are removed inside the isolation room, while the protective goggles/face shield are removed once one is outside the isolation room.

14

After isolation

- Patient discharged
- OR
- Isolation is lifted as the patient is no longer contagious
 - Patient takes a shower
 - Linen, duvet, and pillow for washing - Elika bag/water-soluble bag
 - Throw all single-use items – Yellow bag
 - The room, and everything that is not thrown away, are disinfected.

15

Handling of linen after patient isolation – Water-soluble bag

All linens from patient in isolation are placed into a water-soluble bag inside the isolation room and then in a white regular linen bag when they are taken outside the isolation room. The white regular linen bag should be clean and not contaminated.

Remember to CLOSE THE BAGS TIGHTLY and only fill them up to 2/3 full.

16

Garbage

17

Handling of garbage while a patient is in isolation

- All garbage inside the isolation room must be stored into a clear plastic bag while inside the isolation room.
- When the garbage is taken out of the isolation room, it is placed into a yellow plastic bag labeled „Sóttmengið brennist“.
- The yellow plastic bag should not be kept inside the isolation room.
- The outside of the yellow plastic bag should be kept clean and not contaminated.

18

Handling of garbage while a patient is in isolation

- Never overfill the bags. Fill only up to 2/3.
- Securely closed with the attached strings.
- Handle the bags with caution.
 - ✓ Do not „throw” the bags to the point that they would break, spilling the contents inside.
 - ✓ Grab the bags above the bands - reduces the risk of puncture accident.



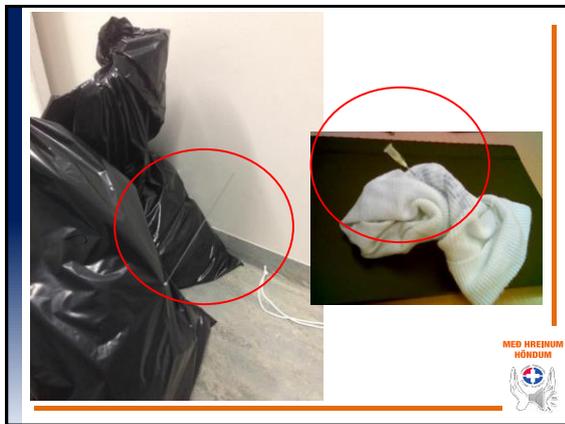
19

Handling of garbage

- Sorting of garbage:
 - **General waste in black bag**
 - **Paper and cardboard in blue bag**
 - **Plastic containers and packaging in green bag**
 - **Bottles and cans in red bag**
 - **Contaminated in yellow bag:**
 - Wastes from patients with infectious disease
 - Disposable instruments contaminated with infectious agents from an infected patient
 - Blood-contaminated waste
 - Dressing from infected wounds
 - Pointed objects/sharps in special puncture-proof containers



20



21



Health status



- Do not go to work if you have been diagnosed with communicable disease, or if you have severe sore throat, flu-like symptoms, infected wounds, diarrhea, and vomiting.
- Always update your vaccination status. Get vaccinated according to your schedule.
 - ✓ Hepatitis B
 - ✓ Influenza (yearly)
 - ✓ Covid-19
- Tuberculosis test at the start of employment



22

Thank you very much and good luck!



23

OBSERVATIONS AND VITAL SIGNS

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist
Guðrún Dóra Guðmannsdóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

Vigilance and observations

- What is the best way to be vigilant?
- Being alert requires the use of all the senses
- Be observant and keep an eye on the user's facial expressions, body language, skin tone, and how he/she performs certain activities

2

Use all of your senses

- You use your hearing to listen for what the patient says, for the tone and volume of his/her voice. Are they coughing or have abnormalities in breathing?
- You use your sense of smell to detect odors in the environment, anything abnormal? Or are there any odors from the client's urine, feces, or wounds
- You use the sense of touch to feel whether the user's skin is hot or cold, dry or clammy

3

Make it a habit to keep track of any changes

- Chat with your patient:
 - Ask how he or she is feeling today
 - Whether everything is fine or whether there is any pain or discomfort.
- This requires you to know the patient and know what is considered normal or baseline for him or her
- Let your Registered Nurse (hjúkrunarfræðingur) know if there are any changes to the patient

4

Documentation

- All changes in the patient's condition must be recorded in the medical record
- This is to ensure patient safety and continuity of service
- Record what you have been instructed to record and inform the Registered Nurse and/or Licensed Practical Nurse (sjúkraliði) of any changes

5

Always speak respectfully of patients; whether during oral or written reporting

- What does it mean to talk about users with respect?
 - Consider your choice of words when reporting – are you describing the situation objectively or are you interpreting the situation and drawing your own conclusions?
- Examples of disrespect:
 - Some speak e.g. about "screaming" instead of calling or shouting. Staff sometimes can learn improper words and do not know at all that talking about the screaming is disrespectful

6

Taking the Pulse

- Find the artery
- Press 2 fingers towards bone
- Do not use your thumb to feel for a pulse
- Count for 30 seconds and multiply by 2. However if it is an irregular pulse you have to count for the whole minute
- Notify if:
 - pulse is less than 50 or more than 100 per minute
 - If pulse is irregular



7

Counting Breathing

- Do not let the patient know that you are counting the breaths as they are likely to change their breathing
- It is a good idea to take the patient's wrist as if you were taking a pulse
- Then monitor the breathing by watching how the chest rises with each breath
- Count for 30 seconds and multiply by 2. Unless irregular then count for the whole minute
- Notify if:
 - breathing is more than 20 per minute
 - If breathing is irregular or if the patient has difficulty breathing

8

Temperature check

- Temperature is measured in the ear with a device
- You need instructions on how to use the device
- In general, a fever is considered to be 37.5°C or more
- However, the elderly have a lower body temperature than others, which means that a body temperature that corresponds to a normal temperature in younger people is actually an increase in temperature in older people
- The normal body temperature of individuals must be measured, and an increase in temperature of 1.1-1.3°C is considered a fever
- 37.2°C and higher can therefore be considered a fever in older people



9

Blood pressure

- Artery found inside in the elbow bend
- Place the "cuff" or tube over the upper arm just above the elbow joint and the conduit over the artery. You will see an arrow in the cuff, use that to guide you
- To take orthostatic measurements do the following (orthostatics means the difference in blood pressure when the patient changes positions)
 - Measured blood pressure lying down after having rested for at least for 5-10 min in bed
 - Then have the patient rise to a standing position slowly
 - Retake blood pressure immediately after standing up (within 30 seconds of standing).
 - Patient remains standing as the blood pressure is retaken within 2 minutes
 - You will see a difference between the BP laying down and the BP while standing. This difference between the two is what we call an orthostatic measurement



10

You are responsible for:

- Familiarize yourself with how information is documented in your ward or workplace
- Learn to give verbal report and document accordingly
- Take part in rapport meetings and listen attentively and note down if needed
- Obtain the necessary information about the patients you are supposed to help
- Let your supervisor know if you don't understand something or need help finding the necessary information. That is how we keep our patients safe!

11

PART 3

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

Why is it important for all staff, to actively participate in the rehabilitation of patients?

Who are in the rehabilitation team for patients in your department?

What do you need to know and do before assisting a patient with movement?

What does good transfer technique do for the patient?

How should the environment be prepared before you start providing care to a patient?

What needs to be considered regarding a patient's experience when bathing them in a bathtub or shower?

What specifically needs to be careful about when performing perineal care for women?

What consequences can incorrectly performed perineal care have for women?

Lectures - Recordings	Minutes	Mark when you have finished watching
Rehabilitation and Activities	10	
Body Mechanics When Moving and Transferring Patients	10	
Now watch these videos below on how to use assistive devices and how to perform transfer techniques correctly or in this link: Færslutækni við umönnun on Vimeo		
01 Færslutækni við umönnun -grunnhreyfingar / Basic movements on Vimeo 1,15	1	
04 - Færslutækni við umönnun -aðstoð við að standa upp / Assistance with standing up on Vimeo 1,57	2	
05 - Færslutækni við umönnun -aðstoð við að snúa í rúmi / Assistance with turning in bed on Vimeo 1,50	2	
06 - Aðstoð við að setjast á rúmstokk með þumalgrípi / Assistance with sitting up in bed with a thumb grip on Vimeo 1,20	1	
07 - Aðstoð við að setjast á rúmstokk frá hliðarlegu / Assistance with sitting up in bed from a side lying position on Vimeo 1,24	1	

Lectures - Recordings	Minutes	Mark when you have finished watching
09 - Færslutækni við umönnun -aðstoð við að færa ofar í stól / Assistance with moving further into a chair on Vimeo 1,50	2	
10 - Færslutækni við umönnun -aðstoð úr rúmi í stól - færslu-bretti notað on Vimeo 0,44	1	
12 - Færslutækni við umönnun - aðstoð úr rúmi í stól / Assis-tance in transferring from bed to chair on Vimeo 1,22	1	
13 - Færslutækni við umönnun -að færa ofar í rúm / Assistance with moving up in bed on Vimeo 2,40	3	
18 - Færslutækni - Notkun á Söru Steady/Transfer techniques - Sara Stedy transfer aid on Vimeo 2,27	3	
20 - Færslutækni - Notkun á seglyftaraTransfer techniques - Lifting sling on Vimeo 2,40	3	
Assisting Patients with Personal Hygiene	22	
Now watch this video that shows pericare for women and men: Pericare (New) – YouTube	17	
Total minutes	79	

Comments

Tasks and assignments	Mark as completed	Instructor's signature
Watch how your instructor encourages the patient to move.		
Talk to the patient yourself and encourage them to move under your instructor's supervision.		
Watch how your instructor assists the patient out of bed.		
Assist the patient out of bed yourself under your instructor's supervision.		
Receive training from your instructor and watch how they use a lifting device that is available in the department to transfer a patient.		
Use the lifting device to transfer a patient under your instructor's supervision.		
Watch how your instructor prepares for caregiving.		
Take care of the preparations needed before starting caregiving yourself.		
Watch your instructor assist a patient with washing and dressing at the sink.		
Assist a patient with washing and dressing at the sink yourself under your instructor's supervision.		
Watch your instructor provide care in bed.		
Provide care in bed yourself under your instructor's supervision.		
Watch your instructor wash a woman's lower body.		
Wash a woman's lower body yourself under your instructor's supervision.		
Watch your instructor wash a man's lower body.		
Wash a man's lower body yourself under your instructor's supervision.		
Watch your instructor bathe a patient.		
Bathe a patient yourself under your instructor's supervision.		
Watch your instructor shave a man.		
Shave a man yourself under your instructor's supervision.		
Watch your instructor check the condition of hearing aids and insert them into the patient's ears.		
Check the condition of hearing aids and insert them into the patient's ears yourself.		

REHABILITATION AND ACTIVITIES

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



1

Movement and activity are basic needs like food and drink

- Being active is important for our quality of life, identity, cognitive ability and physical ability
- Inactivity and lack of activity can lead to people losing skills and needing help with common daily tasks

2

Exercise

- Maintaining walking skills is a key part of being able to cope in everyday life
- Regular exercise reduces the need for services such as home care
- Those who are very old and have begun to lose skills can improve mobility and increase strength through training and rehabilitation

3

The goal of rehabilitation is to:

- Improve health and skills
- Enable people to live longer at home
- Support for self-sufficiency

4

Role of employees in each department

- We are all part of the rehabilitation team!
- The team includes Registered Nurses (hjúkrunarfræðingar), Licensed Practical Nurses (sjúkraliðar), care assistant, doctors, physiotherapists, occupational therapists and social workers



5

Physiotherapy

- Training with a physiotherapist is usually at the most for 30 minutes two times per day each week
- Physiotherapy alone has limited results if the patient moves little in the ward and everything is done for him!
- Let's significantly extend active training during the week by involving employees, the patient, and his family

6

Rehabilitation by nursing

- Intensive nursing rehabilitation in addition to other training is extremely important and results in greater results for the patient!
- It includes:
 - *Education*
 - *Setting goals with the patient*
 - *Exercise and training on the ward*
 - *Nutrition*
 - *Motivation and encouragement*
 - *Praise for the success that has been achieved*

7

What can we do?

- Do not do things for the patient that he/she can do for herself. Instead, encourage patient to do as much as able
- Share with the patient your joy at the success he achieves
- Give them encouragement
- Wait for the painkillers to work before starting exercises and thus prevent pain and aches
- Allow the patient to be independent in activities of daily living

8

Activity in daily life

- We all have a need to be active and have something to do
- Being active leads to well-being and has a positive effect on both mental and physical health
- Activity can consist of taking part in everyday life, e.g. getting up, getting dressed, interacting with other people, watching TV and listening to music
- It is important to know what leisure activities the patient enjoys and to help him pursue them

9

It is important that we know the patient's strengths

- Support aims to maintain the patient's capacity and functioning as much as possible
- Support and encourage patients to participate in their own treatment and coping with changing situations
- With cooperation we achieve the best results!



10

BODY MECHANICS WHEN MOVING AND TRANSFERRING PATIENTS

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



1

It is important to learn to use your body well at work

- Working with sick and older individuals demands a lot from you as an employee
- The working day can be physically demanding.
- The most common causes of absence from work among those working in the care of older people are musculoskeletal pain
- In general, physical exertion is not dangerous for the body, but incorrect stress, unsuitable working postures and monotonous work can lead to pain in the musculoskeletal system

2

Proper body mechanics and techniques

- It is very important to learn how to use your body correctly at work
- There is no turning back if one behaves wrongly and hurts themselves
- Think of your back!
- You also need to learn how appropriately use our assistive devices
- Don't hesitate to ask for help



3

Before you start assisting the patient be sure to know:

- What the patient can do on their own by getting this info from your colleagues
- You need to tell them what you are about to do
- Explain clearly and calmly how you plan to assist them and what you want him/her to do in order to make the move/transfer as smooth as possible

4

Learn proper technique and positioning!

- Proper techniques encourage the individual to use their own strength through natural movement patterns
- Increases the individual's capabilities, it facilitates the move and strengthens his confidence and identity.
- It strengthens the muscles and is part of the rehabilitation



5

Basic rules for positioning

- Plan the transfer or repositioning well
- Consider the individual's abilities
- With good explanations, the individual can participate in the movement right from the beginning
- Give yourself plenty of time and don't start the transfer until the person in question is ready

6

Basic rules for positioning

- Make an effort to make the person feel safe, many people feel insecure and afraid when they need assistance with a transfer.
- Avoid pulling on the arms of the person you are helping
- Get help whenever you think you need it
- Check if you can use an assistive device to help with the transfer

7

Take care of your own body

- Be sure to stand with good balance, feet slightly apart and bend at the knees and hips
- Use the large muscles in the legs and around the hips during the transfer
- Stay as close to an upright position as possible, keeping your spine straight but bending your hips and knees and avoiding twisting your body

8

Take care of your own body (continued...)

- Avoid stressing your back for a long time by bending forward
- Avoid lifting with your hands - Try to push, pull and support instead
- When lifting is unavoidable, lift as close to your body as possible
- Reduce friction by using slip pads or other slippery material under the patient when you reposition him/her or pull/push

9

Guidance from physiotherapists

- Physiotherapists at Landspítali have made recordings in which they guide how to use assistive devices and how to perform transfer techniques correctly
- Check out all these videos!
- [Færslutækni við umönnun on Vimeo](#)



10

ASSISTING PATIENTS WITH PERSONAL HYGIENE

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

Fundamentals of assisting people with personal hygiene

- Support their self respect
- Pay full attention of the patient's wishes and needs
- Avoid undressing the patient more than necessary, use a towel to cover the nudity of the patient
- Cover windows, close bathroom doors, and use a curtain or partition if cleaning is done in a room with more than one patient

2

Fundamentals of personal hygiene

- For most people, it is important to be clean and tidy it strengthens their self-image
- Be respectful
- Offer help and get permission to assist them
- Explain in advance
- Give time –be patient
- All assistance is given with rehabilitation in mind!

3

Morning care and hygiene

- Plan ahead
- Do I need an assistant? What are the patient's skills? View the day plan which we print every morning for you!
- Bring everything to the room with you before starting
- Match the ambient temperature
- Say hello and introduce yourself
- Note Whether the patient is in pain, needs the toilet or is thirsty before starting
- Ensure privacy as much as possible

4

Morning care and hygiene

- If not bedridden: Often start with peri-care and dressing the lower part. Then go to the sink and help for the rest of facial and upper hygiene
- If bedridden: Start with face, hands, teeth, and end with peri-care Afterward straighten the bed and make sure the person is in a comfortable position
- Shaving: Learn from those who know it best!
- Ask the patient how he usually shaves:
 - Does he use a razor or an electric machine
 - Does he shave with or against the direction of the hair
- Always provide peri-care if the person is incontinent

5

Glasses, hearing aids and cosmetics

- If the patient wears glasses, they should be cleaned and polished.
- If the patient uses hearing aids, make sure that the devices are turned on and that they are working
- Hearing aids can be of various types. Familiarize yourself with the cleaning and maintenance requirements
- Help the patient use the cosmetic products he/she wants, e.g. cream, lipstick, aftershave

6

Finishing with morning care and hygiene

- Position the patient in a bed or chair
 - Learn about the assistive devices in your department
- Make a bed so that it is easy for the patient to put a blanket over him/her self later
- Make sure that the patient is generally neat
- Observe the smell and environment in the room as a whole
- Empty trash cans that contain contaminated material, e.g. diapers.
- Completion according to the department's hygiene rules

7

7

Bathing

- Ask for permission from the person, e.g. "Can I help you take a bath now?"
- A warm environment – put the towel on the radiator
- Provide a pleasant experience
- Dry skin folds, groin, and navel well
- Trim nails as needed
- Be aware of the danger of the person slipping and falling

8

8

Perineal Care

- Generally: Start by washing where it is cleanest and finish where it is dirtiest
- First, observe how your instructor performs perineal care
- Then get him to follow you the first time you do this

9

9

- Peri-care for women:
 - First, wash carefully around the urethral opening, to avoid bacteria getting into it from the surrounding skin. Next, wash from the front to the back to avoid bacteria from the anus reaching the vagina or urethral opening. Dry thoroughly and apply a water-repellent ointment, if necessary.
- Peri-care for men:
 - Gently pull back the foreskin and start washing at the urethral opening and then down the penis. Dry carefully and pull the foreskin back over. Carefully lift the scrotum and wash towards the back. Apply a water-repellent ointment, if necessary.

10

Evening care and hygiene

- Support the patient in keeping his bedtime routine
- Does the patient need to:
 - Go to the bathroom?
 - Is the patient hungry?
 - Is the patient in pain??
- Do you need to wash their face and hands? Do you need to wash their bottom and change the incontinence pad?
- Brush their teeth and maybe rub their feet

11

11

Evening care and hygiene

- Is the environment safe if the patient needs to go to the toilet during the night?
- Make sure the call bell and light is near by and tidie the room

12

12

Before leaving the patient...

- Does the patient have the bell nearby and does he know how to use it? Are aids etc. in the right place?
- Bed should be in the lowest position when you leave the room! ALWAYS!!!
- Are the heating, lighting and ventilation OK?
- Does the patient have to wear rubber grip socks?
- Look around and put ourselves in the patient's shoes! Is there something missing?

13

13

Making an empty bed

- Remember to gather everything needed before starting
- Have the bed at work height
- Best to work with a coworker and work well together
- How is the dirty linen handled in the department? Do not put it on the floor!
- Leave the bed in the lowest position and set the BRAKES. ALWAYS!

14



Educational materials from Morningside Ministries

- Next, watch this video that shows pericare for women and men.
- [Pericare \(New\) – YouTube](#)
- The video is in English from Morningside Ministries, a nursing home established and running since 1961 in Texas, USA.
- mmLearn.org was founded by the "Elizabeth McGown Training Institute" to provide training materials on the internet for care workers at Morningside Ministries.

15

PART 4

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

What impact does it have on the patient if oral and dental care is neglected?

What do you need to be careful about when providing oral care to a patient who is not fully mentally alert?

Dentures cost about 400,000 ISK; what do you need to be careful of so you don't easily break them?

What impact does it have on a patient's recovery if they are not nourished?

How do appetite and thirst perception change with age?

What is aging change?

How does the skin change with age?

How does reaction time change with age?

Lectures - Recordings	Minutes	Mark when you have finished watching
Oral and Dental Hygiene	19	
Now watch these videos on denture care for full and partial dentures from the Directorate of Health:		
Tannhirða - partar – YouTube	2	
Tannhirða - heilgómar – YouTube	3	
Also watch these videos on oral care for unconscious patients from Wings Healthcare Training in Oklahoma, USA: Unconscious Oral Care	3	
Meals and Nutrition	16	
Normal Aging and Age-related Changes	11	
Total minutes	54	

ORAL AND DENTAL HYGIENE

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



1

Oral and dental hygiene are part of the patient's care

- Poor hygiene in the oral cavity has a wide impact on people's health and well-being
 - *there are many nerve endings and blood vessels in the oral cavity which might become more sensitive and painful if there's poor oral hygiene*
 - *It also causes feeding difficulties*
 - *And decreases our success in the recovery process, wound healing, and rehabilitation as a whole*

2

Bacteria in the oral cavity

- 500 different bacteria live in the oral cavity
- 400 different bacteria live under the gum line
- Diseases of the oral cavity
 - are the most common diseases in humans
- Diseases of the gums
 - are associated with pneumonia, heart disease and increased mortality

3

Nutrition and the oral cavity

- Poor nutritional status and decreased appetite can be caused by poor dental health
- To check if the root of the problem is dental health, you need to take a good look at the oral cavity. There are several things that can be considered
 - sores from ill-fitting dentures
 - Yeast infection
 - sores on the corners of the mouth.
 - Tooth decay
 - Gingivitis
 - Dry mouth

4

If oral hygiene is not performed...

- The patient can suffer permanent damage to the oral cavity and teeth if oral hygiene is not performed for 4-10 days
- After 7-21 days, visible gingivitis appears

5

Oral yeast infection



6

Ulcers in the corner of the mouth



7

Dry mouth - possible causes

- Dry mouth causes discomfort and increases tooth decay
- It's important to maintain moisture by using cool water, giving the patient sugar-free hard candy to suck on or artificial saliva
- The causes of dry mouth can be:
 - Various medicines
 - Advanced age
 - Various diseases

8

Always brush.. even if only one tooth remains



9

Oral hygiene general issues

- Always use gloves for oral hygiene
 - to protect you and the patient from possible infection
- The patient should be in a lateral position or sitting upright
 - make sure that the substance or water does not run into the pharynx or lungs of the patient
- Take care to:
 - that utensils do not injure the patient's oral cavity
 - Beware of where you put your fingers especially in patient's who are not fully aware

10

Partial vs Complete Dentures, retainers and other dental prosthesis

- It is recommended to place artificial gums in chlorhexidine, mixed with water (0.2% mixture), overnight once or twice a month to prevent fungal infection in the mouth
- Dentures must be stored in water, otherwise they can become deformed
- For all other dental prosthesis ask the patient or their families or your nurse about proper handling



11

Oral hygiene – removable dentures

- All loose dentures must be removed from the oral cavity and cleaned thoroughly at least once a day, preferably twice a day
- Full dentures – meaning there are no teeth left
- Partial dentures – a person with some of their own teeth left
- Dental implants – screws are put into the jawbone for a permanent bond and a dental implant, denture or bridge can be snapped onto the screw securely

12

Removable partial dentures



13

Dental implants



14

Handling of dentures

- Nowadays dentures are made of different materials that need to be cleaned as often as your own teeth, and more often if denture adhesive is used
 - *Microorganisms live and multiply on the surface of the dentures and even at a faster rate when dental glue is used*
- Once the dentures have been removed, the patient must be assisted to rinse the mouth and brush the tongue and gums with gauze or a soft toothbrush
 - *Also don't forget to clean the roof of the mouth, especially if plaque or denture adhesive is visible*

15

Oral hygiene - Dentures

- The interior of the dentures needs to be brushed very well
- Best to use a toothbrush specially designed for them
- Brushing is much more important than cleaning agents, just soaking the dental prosthesis with cleaning tablets is not enough
- It is important to handle dentures appropriately so as not to break them



16

Oral hygiene - Dentures

- Have water or a towel in the sink. This will help in case the dentures fall out of your grip. Try not to drop them
- Use liquid soap, hand soap or dish soap
- Do not use toothpaste as it scratches and destroys loose teeth and dentures made of plastic material

17

Oral hygiene - Fixed dentures

- Fixed bridges on the patient's own teeth, crowns and bridges in between teeth are permanently fastened and can only be removed by a dentist
- It can be difficult to clean well, you usually need a special interdental brush to clean under the bridges
- These teeth need to be brushed well with a toothbrush and fluoride toothpaste, preferably twice a day

18

MEALS AND NUTRITION

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist
 Jakobína Rut Danielsdóttir, Licensed Practical Nurse
 Sigurlaug Björk J. Fjeldsted, Licensed Practical Nurse



LANDSPÍTALI

1

As you get older

- The appetite decreases and the person feels less thirsty
- The sense of taste also changes, and this can cause less interest in food
- With age, the need for energy decreases due to slower burning, but the need for certain nutrients can either increase or decrease

2

The importance of nutrition

- Good nutrition for older people is necessary:
 - *To achieve success in rehabilitation and recovery from illness*
 - *For wounds to heal*
 - *To maintain muscle strength and physical functioning*
 - *Maintaining good mental health and well-being*

3

Malnutrition

- It is important that older people eat well and that signs of malnutrition or the risk of malnutrition are addressed
- Frail and sick older people are at increased risk of malnutrition
- Therefore, signs of malnutrition or the risk of malnutrition must be monitored
- Poor dental health and difficulty swallowing can cause difficulty eating

4

Meals

- Food rich in protein and calories is especially needed for those who are sick and weak
- It is recommended that frail and sick older people receive 4-6 nutritious meals a day, two of which are hot meals
- It is necessary to monitor how well the person eats and drinks
- In some cases, it needs to be recorded and written on a special form

5

Fluid requirements – how much to drink

- Aim to drink at least:
 - *Women 1.6 L/day*
 - *Men 2.0 L/day*
- When calculating how much is drunk, all drinks and soups are included:
 - *Coffee, tea, water, juice, soda, milk, yogurt, nutritional drinks and soups*

6

Nutritional drinks

- Nutritional drinks are often used if malnutrition is being treated or to prevent people from losing weight
- Nutritional drinks are then used between meals as a supplement and not as a substitute for a meal
- Various nutritional drinks are available in regular stores, but specialised drinks are sold in pharmacies



19

Feeding bedridden patients

- When feeding patients in bed, the patient must be sitted comfortably in bed
- Put the bed in a comfortable sitting position
- Make sure there is not a lot on the spoon or fork
- Remember to give the patient plenty of time to chew and swallow

20

Try this on yourself

- Get someone to feed you half lying down and find out how uncomfortable it can be!
- Feel how discomfotable it is to be fed too fast!
- Being caring and patient is always important when we are helping people with meals

21

NORMAL AGING AND AGE-RELATED CHANGES

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

Getting older

- It is normal that the functions of the body change with increasing age
- Lifestyle and hereditary factors affect how we age
- Stress, diet, illness, injury, pollution and social conditions can also affect how people age

2

What are age-related changes?

- They are the normal changes that occur in the body with increasing age
- They are most noticeable in those who are 85 years old and older
- The first age-related changes begin before the age of 30
- They can change the way the body reacts to illness and vary greatly from person to person
- Age-related changes have the effect that the body has a harder time responding to stress and takes longer to recover from stress

3

Age-related changes or a disease?

- Age-related changes are not a disease!
 - An example of an age-related change is e.g. slower response
- The risk of acquiring various diseases can increase with aging, but the disease itself is still not an age-related change!
 - Examples of diseases are e.g. Alzheimer's and heart failure

4

Importance to nursing

- When we provide care or other treatment to an older person, it is important to take into account age-related changes in the person
- Age-related changes can:
 - Affect the health and functioning of individuals
 - Change how diseases present themselves
 - Changes the way the body responds to treatment
 - Affects the effectiveness of treatment

5

Age-related changes in the skin

- The skin thins and becomes dry
- The elasticity of the skin decreases and it atrophies
- Skin becomes more sensitive to cold
- The skin therefore becomes more vulnerable to injury

6

Age-related changes in muscles and musculoskeletal system

- Ligaments, tendons and joints become stiffer
- Muscle mass decreases and causes a decrease in strength
- Joints in the spine atrophy and cause a shortening of the trunk

7

Age-related changes in the cardiovascular system

- The heart takes longer to increase or decrease its heart rate and therefore has a harder time returning to a resting state after stress.
- Increased risk of low blood pressure causing dizziness

8

Age-related changes in the respiratory system

- The chest wall becomes stiffer and the strength of the breathing muscles decreases, so exhalation and inhalation will not be as effective
- Respiratory rate changes to 12-24 (for middle-aged people, the norm is 12-20)
- Air exchange is not as effective (oxygen and carbon dioxide)

9

Age-related changes in the respiratory system

- Cough reflex decreases
- The ability to clear mucus and foreign objects from the airways is reduced
- There will be an increased risk of infections

10

Age-related changes in the kidneys and urinary tract

- Blood flow through the kidneys is reduced and the ability of the kidneys to excrete drugs is reduced
- Decreased bladder elasticity and poorer bladder emptying
- Prostate enlargement in men

11

Age-related changes in the mouth and digestive tract

- The number of taste buds decreases and therefore the sense of taste decreases
- Saliva production decreases and therefore there is a greater risk of dry mouth
- Decreased feelings of thirst
- Slower movements in the digestive tract and reduced absorption of various nutrients
- Constipation becomes more common

12

Age-related changes in the nervous system

- Impaired regulation of body temperature and body temperature drops
- Slower movements and slower reaction time as nerve impulses are slower
- Increased risk of sleep disturbances and delirium

13

13

Age-related changes in the eyes and ears

- The function of the eye changes and farsightedness increases and there is a reduction in color perception
- The ear canal narrows and the ear marrow becomes drier and thicker
- Hearing loss occurs especially with high-frequency sounds

14

14

PART 5

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

What external conditions can lead to urinary incontinence?

Why is it important that incontinence pads are the correct size and properly positioned?

What consequences can falls have for an individual?

What can be done to reduce the likelihood of falls?

What consequences can pain have for an individual?

What symptoms can indicate pain in people who have difficulty expressing themselves?

Lectures - Recordings	Minutes	Mark when you have finished watching
Urinary Incontinence, Urinary Infection and Constipation	17	
Now watch this video on the proper use of Tena incontinence pads: TENA Incontinence Product Training for Carers and Healthcare Practitioners - YouTube	32	
Falls and Fall Prevention	8	
Pain and Pain Assessment	12	
Total minutes	69	

Comments

URINARY INCONTINENCE, URINARY INFECTION AND CONSTIPATION

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



1

Urinary incontinence

- Urinary incontinence, or involuntary urination, is a common problem, especially in older women
- Involuntary urination can also be a sign of an acute illness such as a urinary tract infection
- Keep in mind that many people are ashamed of incontinence and therefore need understanding and a warm approach
- For many people, incontinence can lead to inactivity and social isolation

2

Causes and types of urinary incontinence

- Stress incontinence
 - *the pelvic floor may be too weak for example due to trauma after childbirth*
- Urge incontinence
 - *Relates to nerve and brain control of urine output*
 - *Good to go to the toilet regularly*
- Overflow incontinence
 - *Due to urethral obstruction or stricture*

3

Urinary incontinence due to external conditions

- Too few toilets
- Difficult clothing, difficult to unbutton
- Can't find the way to the toilet
- No privacy on the toilet or not getting enough time
- Bacteria in urine: urinary tract infection
- Constipation
- Confused state

4

It is important to identify the cause of urinary incontinence

- In case of a new health problem, the cause may be a urinary infection
- For women with urinary incontinence, it is not enough to do a rapid urinalysis
 - It is necessary to take a sample and send for cultures to detect whether or not there is an infection and which kind
 - In some places, there is a rule of thumb that if there are white blood cells or nitrites are present the we automatically send for cultures

5

The best treatment for urinary incontinence

- Regular toilet trips during the day (consider a schedule for those with dementia or confused) and always before bedtime
- Consider accessibility and external conditions. Maintain and decluttered environment
- If necessary, the person needs to use an incontinence pad
- Maintain a positive and encouraging attitude

6

An incontinence pad must be chosen according to the individual's needs

- Always choose the smallest incontinence pad that can be fitted in the underwear for better comfort
- It is both more convenient for the patient and cheaper
- Which size is best used needs to be re-evaluated regularly
- incontinence bed pads are only used as needed
 - Do not pile many of them under the patient
 - They can become wrinkled and an increased risk of pressure ulcers
 - Also increases costs



7

Advice and rules

- NEVER put one incontinence piece inside another (ex: a pad inside a diaper), it works against the normal function of the piece
- Check if the piece is correctly fitted, e.g. lies firmly in the groin
- Use washing cream when cleaning
- Apply a moisture barrier cream if the person has reddened skin

8

Urinary tract infection

- A urinary tract infection occurs when bacteria enter the urethra.
- In people with little physical activity, it is usually fecal bacteria (E-coli) and they can easily pass from the rectum to the urethral opening
- Other causes of urinary tract infection can be:
 - Not drinking enough fluids as there will be less production of urine and therefore less flow
 - Incontinence, i.e. when the user does not have full control over urination and defecation
 - Not changing often enough when there is urine or stool in the incontinence pad
 - Inadequate hand washing by caregivers

9

Preventive measures

- Good caregiver hand washing
- Good user hygiene habits and correct bottom washing
- Good toilet habits and regular change of panty liners and incontinence pads when needed
- Adequate fluid intake, approximately 1.5 liters per day

10

Observe and record

- Frequency of urination and volume of urine when appropriate
- Note the smell and appearance of urine
 - A bad smell can indicate an infection
- Whether the patient feels burning during urination, stomach pain or pressure in the abdomen

11

Constipation

- Constipation is a common problem among older people
- Symptoms may include longer than usual between bowel movements and stools may be hard and lumpy
- The person may experience bloating, stomach pain, and even loss of appetite
- Causes of constipation can be:
 - Low physical activity and exercise
 - Decreased sensation of bowel movements
 - Too little fiber in the diet and not enough fluid
 - Side effects of some medications, especially strong pain relievers

12

Preventive measures

- Adequate activity and exercise
- High fiber foods
- Adequate fluid intake, or approximately 1.5 liters per day
- Good practice regarding toilet trips is that the person does not have to wait to get to the toilet, gets plenty of time and privacy is provided while maintaining safety
- Observe and record:
 - Bowel movements, frequency, quantity and texture
 - Whether the user has bloating, stomach pain, loss of appetite.

13

Treatment for constipation

- Notify professionals if stools are hard or cause discomfort
- Main laxatives are:
 - *Softeners such as Sorbitol mixture and Magnesium tablets*
 - *Stimulants such as Senokot and Laxoberal drops*
- It is often a good time to release bowels after breakfast
- Ensure the toilet is at the right height - legs are well supported on the floor
- Use laxatives with caution according to professional advice

14

Learn about the use of incontinence pads

- Learn how to choose the right type of incontinence pad
- Now watch this video on the proper use of Tena incontinence pads:

[TENA Incontinence Product Training for Carers and Healthcare Practitioners - YouTube](#)

15

FALLS AND FALL PREVENTION

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 Jakóbína Rut Danielsdóttir, Licensed Practical Nurse
 Sigurlaug Björk J. Fjeldsted, Licensed Practical Nurse



1

What is a fall?

- A fall is defined as an event where a person unintentionally falls to the floor, ground or other low surface
- Falls are common in older people
 - 35% of people over 65yrs of age fall at least once a year
 - Up to 50% of all people 80 yrs and older fall at least once a year
- Falls reduce the quality of life and are also very costly for the health system

2

Falls can have serious consequences

- Falls can cause:
 - Bone fractures
 - Injuries
 - Pain
 - Impaired skills
- Falls can cause hip fractures. A study at Landspítali showed that one year after a hip fracture in older people, 21% of women had died and 36% of the men

3

Vicious Cycle!

- A fall can lead to a loss of confidence in one's own strength and a fear of falling again!
- The person ends up in a vicious cycle where he starts to move less
- This leads to a decrease in muscle strength, which then increases the risk of falling!

4

Factors that increase the risk of falls

- Age-related changes lead to less muscle strength and slower reflexes
- Balance disorders
- Gait disorder
- Low blood pressure and drop in blood pressure when standing up (a.k.a.: orthostatic hypotension).
- Malnutrition
- Urinary incontinence

5

Factors that increase the risk of falls

- Impaired vision
- Poor lighting
- Various medicines, e.g. heart drugs, psychotropic drugs, sleeping pills
- Does not use walking aids or does not use them correctly
- Hazards in the environment, mats or equipment
- Medical history of previous falls

6

PAIN AND PAIN ASSESSMENT

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 Guðrún Dóra Guðmannsdóttir, Clinical Nurse Specialist
 Sigurlaug Björk J. Fjeldsted, Licensed Practical Nurse



LANDSPÍTALI

1

We need to be observant!

- Monitor whether the patient has pain or discomfort
- Is the pain new or worse than usual?
- Pain is often overlooked by staff
- Pain is often undertreated even if it is known
- Pain causes immobility, anxiety, insomnia and risk of falling

2

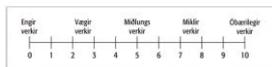
The elderly have the right to:

- Getting the best pain management available at any given time
- Not having to suffer without the staff knowing about their condition
- With good pain management, most people's pain can be relieved considerably and sometimes they can be completely cured
- Pain is not an inevitable byproduct of old age

3

Pain Assessment

- Always ask the patient directly – even if they have dementia
- Try to use a variety of words other than "pain" e.g. discomfort, tightness, heaviness, etc.
- Believe patients!
- Often it is best to use a pain scale



4

What kind of pain is the most common?

Often it is chronic pain, such as:

- Osteoarthritis e.g. in the hips and knees
- Arthritis
- Headache
- Back pain
- Old injuries

5

Pain Assessment

- Ask about the pain in general
- Get the patient to describe the pain
- Try and use a pain scale
- 0 is no pain and 10 is the worst pain they've ever felt
- Always tell the nurse if your patient is in pain
- Pain that is:
 - ≥ 4 affects function and well-being => need to act
 - ≥ 6 significantly reduces quality of life => do something IMMEDIATELY



6

People with dementia

- Also, ask those with dementia if they are in pain and observe their behavior
- There is a pain scale for people with dementia, the PAINAD scale
- Behaviors that indicate pain and distress are as follow:
 - Calls, moans and sighs
 - The face shows sadness, fear or is frowning
 - Tension, restlessness or stiffness in the body
 - Clenched fists and knees drawn up
 - Pulls or pushes or strikes
 - Cannot be soothed or comforted

7

General info about painkillers

- All staff must participate in evaluating the effectiveness of pain medication and report to the nurses
- The effect of medication should be noticeable after:
 - *Tables after approx. 60-90 min*
 - *Injection after approx. 30 min*
- If pain relief is not achieved after that time, it is necessary to review treatment
- If people have constant pain, it is best to give medicine regularly
- In case of sudden pain, it is best to give medicine as needed (PN)

8

Main drugs for pain

- Paracetamol (Panodil) is widely used. Also in combination with other pain meds.
- Parkodein may cause confusion in older people and cause constipation
- Anti-inflammatory drugs are often used for a short time at a time, e.g. Ibufen but can cause stomach problems in older people
- Strong painkillers (morphine-related drugs) are used in severe pain and cause constipation
- Pain patches can be a good way to treat severe chronic pain

9

Pain Patches

- Needs to be changed regularly, often about every week
- Is a strong pain reliever
- Most often placed on the upper arm, chest or upper back
- The effectiveness of the medicine increases with heat, do not put a heat over the patch
- Do not touch the material inside the patch
- Fold the patch into itself when removed before throwing it away
- It is important to remove the old patch before a patch is applied and apply the new patch in a different area of the body

10

Alternative treatments to pain:

- Training and exercise if possible
- If patient is bedridden, try to adjust them often in bed and use many pillows to maximize comfort
- Reduce environmental stimuli
- Use/offer heat packs or cold packs as needed
- Ask the patient themselves and family; what do they usually do for pain?
- Being present and caring always helps

11

PART 6

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

- Why do pressure sores form?
- Which patients are at the highest risk of developing pressure sores?
- Where on the body are pressure sores commonly formed?
- What are the five important factors in preventing the formation of pressure sores?

Lectures - Recordings	Minutes	Mark when you have finished watching
Pressure ulcer prevention: Etiology and risk factors	8	
Pressure ulcer prevention: Locations of pressure ulcers	11	
Pressure ulcer prevention: HAMUR	16	
Total minutes	35	

Comments



Pressure ulcer prevention

Pressure ulcers
Etiology and risk factors



1



Öryggi sjúklinga

„The very first requirement in a hospital is that it should do the sick no harm“

Florence Nightingale (Notes on hospitals, 1863)



2



What is pressure ulcer?

A pressure ulcer is defined as localized damage to the skin and/or underlying tissue, as a result of pressure or pressure in combination with shear. Pressure injuries usually occur over a bony prominence but may also be related to a medical device or other object







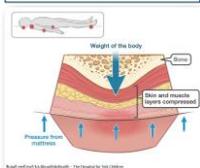

3



Formation of pressure ulcer

Pressure

Pressure from gravity
(Bones and mattress are putting pressure on the soft tissue which is inbetween)



Pressure from outside (example from a tube)





4



Formation of pressure ulcer

Shear

- Shear is a force which forms when the skin stretches in other direction than the body
- Can happen when patient sits in a bed or chair and descends due to gravity, but the skin stays in the same place on the underlayer
- Can happen when exposed skin are is massaged





5



People with good mobility and full sensation are changing position regularly

- Both when lying and sitting
- These are involuntary reactions to discomfort/pressure that are consequences of lying and sitting and happens usually unconsciously

When a person has impaired mobility or sensation the risk of getting pressure ulcers rises






6

Main risk factors

- Impaired mobility!!
- Sensory impairment (e.g. diabetes, spinal cord injury)
- Old age
- Acute illness (suddenly lying for long time)
- Dehydration
- History of previous pressure ulcers
- Vascular diseases
- Serious chronic illness
- Aches and pain
- Involuntary movements
- Loss of consciousness (anesthesia, drug consumption etc.)
- Recumbent postures and crises
- Lying postures and contractures
- Overweight
- ...

Are the patients I'm caring have any of these risk factors?







7

Patient groups at risk

- The elderly
- Spinal cord injuries
- Injured
- Hip fracture
- Acutely ill and seriously ill
- Intensive care patients
- Patients with diabetes
- Patients with reduced arterial blood flow
- Patients with pressure ulcer
- Premature babies
- And more...







8



Pressure ulcer prevention

Locations of pressure ulcers



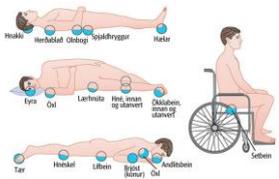
1



Pressure ulcer – common locations

Locations of pressure ulcers in point prevalence in Landspítali 8.th november 2023:

- **Sacrum** around 36% of pressure ulcers
- **Heel** around 21% of pressure ulcers



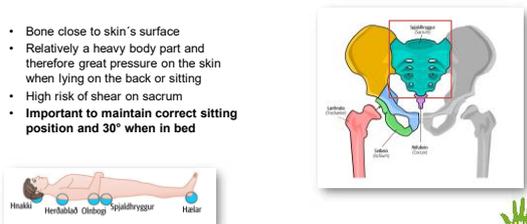


2



Common locations – Sacrum

- Bone close to skin's surface
- Relatively a heavy body part and therefore great pressure on the skin when lying on the back or sitting
- High risk of shear on sacrum
- **Important to maintain correct sitting position and 30° when in bed**



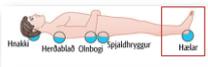


3



Common locations - Heel

- Low amount of fat tissue around the heel bone
- Pressure distributes to small area
- Likely that pressure ulcers are severe when they appear
- High risk of friction – risk of blisters

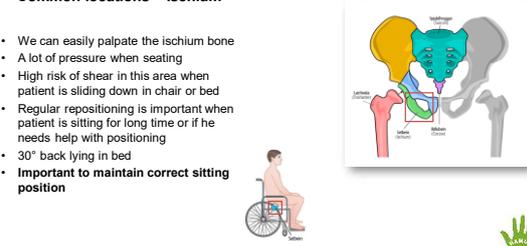


4



Common locations – Ischium

- We can easily palpate the ischium bone
- A lot of pressure when seating
- High risk of shear in this area when patient is sliding down in chair or bed
- Regular repositioning is important when patient is sitting for long time or if he needs help with positioning
- 30° back lying in bed
- **Important to maintain correct sitting position**



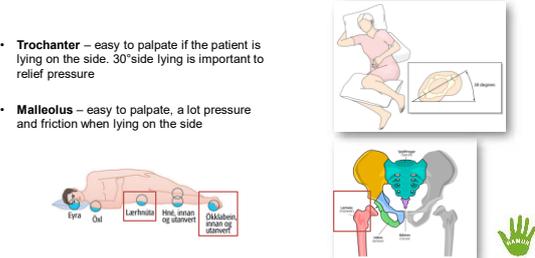


5



Common locations – Trochanter and Malleolus

- **Trochanter** – easy to palpate if the patient is lying on the side. 30° side lying is important to relief pressure
- **Malleolus** – easy to palpate, a lot pressure and friction when lying on the side





6

Other common locations – Occiput, Shoulder blade /Spine, Elbow and Ear

- **Occiput** – Pressure when lying on the back
- **Shoulder blade / Spine** – Pressure when lying on the back or sitting in a chair
- **Elbow** – Pressure when sitting, friction
- **Ear** – Pressure when lying on back or side

Hálskur Herðablað Órnagangur Hætur
 Eftur Óx Lærmúli Hæð, pínnar og stálmott Óskálfur, Órnagangur, stálmott

7

Medical devices, components, etc.

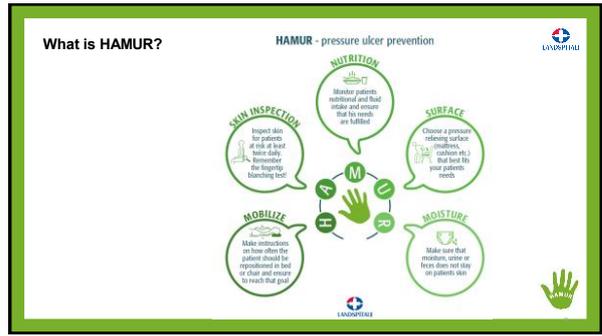
- External pressure on the skin can be caused by items in the environment such as;
 - Components like IV set or urinary catheter
 - Medical devices like manchette or splint
 - Personal items like glasses or phone
 - Linen like clothes or sheets
 - Diapers, bandages, casts, fork etc.

Hætur
 Óskálfur, Órnagangur, stálmott

8



1



2

Daily worksheet

- Checklist
- Overview of current situation
- Assists when registering our work
- Increases visibility and facilitates the provision of information /education to patients and relatives
- Helps us to work according to established procedures
- Helps us to prevent pressure ulcers!

3

Hreyfa - Mobilization

- How often should the patient reposition / be repositioned?
 - ✓ We set and follow instructions
- S = sitting, H = lying on right side, V = lying on left side, B = back, G = walking
- Klukkan = Time, Stelling = Posture
- Important to move patients on air mattresses
- 30° both on the side and back lying
- Encourage patients to use rails and helping aids
- Encourage patients using wheelchair to move regularly
- Encourage patients to change position regularly and ask for help

H	HREYFA / STUÐA	KLUKKUSTUNDA FRESTI (Sísitur, H=Hægr, V=Vinstri, B=Þak, G=Gamma)
Klukkan	6 ⁰⁰ 8 ³⁰ 9 ³⁰ 11 ³⁰	
Stelling	H B S V B	

4

Athuga ástand húðar - Skin inspection

- Use every opportunity to inspect the skin, especially high risk areas (bony prominences and under medical equipments)
- Inspect skin at least twice a day
- Write skin area's that are at risk and not pre-registered in an empty box
- Spjaldhyggur = sacrum, Rasskinnar = butt, Hælar = heels
- H = Healthy skin, R = Redness, S = Wound
- Útsettir staðir = high risk areas

A	ATHUGA ÁSTAND HÚÐAR (VORÐIÐ DÖG) (H=Heill húð, R=Röð, S=Sári)
Spjaldhyggur	Morgunvætt H Kvöldvætt H
Rasskinnar	R H
Hælar	H S
Þáð urði þvöngu	S
Ólnbogar	R (Þögn) R (Þögn)

5

Matur - nutrition and hydration

- Register food intake by crossing below the plate that symbolizes the amount the patient ate.
- Heill = whole, Hálfur = half, Fjórðungur = quarter, Ekkert = nothing.
- Morgunverður = breakfast, Hádegisverður = lunch, Síðdegisþræsing = afternoon snack, Kvöldverður = dinner, Kvöldþræsing = evening snack, Annað = something else
- Put an x in „sjákingi boðið að drekka“ when you offer the patient to drink
- Næringsdrykkur = nutrition supplement drink
- Put an x in „öskvaskrá“ if it is required to register fluid intake on special fluid record scheme called öskvaskrá
- Screen for malnutrition – the outcome gives clues as to whether a nutritionist's consult is needed
- Weigh the patient regularly

M	MATUR / VÖKVI / NÆRING	Heill	Hálfur	Fjórðungur	Ekkert
Boðaði	Morgunverður	☐	☐	☐	☐
Háttfal af matarskammi (s)	Hádegisverður	☐	☐	☐	☐
	Síðdegisþræsing	☐	☐	☐	☐
	Kvöldverður	☐	☐	☐	☐
	Kvöldþræsing	☐	☐	☐	☐
	Annað	☐	☐	☐	☐
Sjákingi boðið að drekka		☐	☐	☐	☐
Næringsdrykkur		☐	☐	☐	☐
Vöskvaskrá		☐	☐	☐	☐

6

Undirlag - Surface

U

- Mark the surface /protection needed for the patient
- Svampdýna = Foam mattress, Loftdýna = Air mattress, Hælahilfar = Heel protectors, Sessa í stól = Cushion in chair, Ölnbogahlifar = Elbow protectors
- Air mattress is used if the patient is in high risk of getting pressure ulcers or has an existing pressure ulcer
- Cushions in chair can be foam, air, gel etc.
- Be critical and monitor sheets, protection/absorbtion sheets, diapers etc. according to folds
- Consider using turning sheets

U UNDIRLAG

Svampdýna Loftdýna Hælahilfar Sessa í stól Ölnbogahlifar

7

CRITERIA FOR SELECTING A MATTRESS

	FOAM MATTRESS	AIR MATTRESS WITHOUT MOTOR	AIR MATTRESS WITH MOTOR
Prevention of pressure ulcer	Recommended	Contraindicated	Contraindicated
Prevention of slow healing pressure ulcer	Recommended	Recommended	Recommended
Prevention of high risk for pressure ulcer		Recommended	Recommended
Prevention for pressure ulcer stage 1 or 2		Recommended	Recommended
Prevention for pressure ulcer stage 3 or 4 (also unhealed Stage 3 or 4 and non-healing)		Recommended	Recommended
Prevention for existing pressure ulcer	Recommended	Recommended	Contraindicated
Prevention of weight up to 100 kg	Recommended	Recommended	Recommended
Prevention of weight up to 225 kg		Recommended	Recommended
Prevention of height in under 120 cm	Recommended	Recommended	

Remember that: the patient must be turned and repositioned regularly to prevent the development of pressure ulcers.

Remember that: Air mattresses should be used for patients with existing pressure ulcers.

8

Raki / þvag- og hægðaleki – Moisture / incontinence

R

- Write **H** if the skin is clean and free from moisture
- Write **R** if the skin is moist
- Important to keep the skin dry on the surface, clean and hydrated
- Use moisturizers if the skin is too dry
- Protect the skin from moisture (urine, feces, sweat, wound exudate), use barrier cremes if needed
- Be critical and limit the use of protection/absorbtion sheets, diapers etc. according to moisture exposure

R RAKI / ÚTSKILNADUR (H=Hrein og þurr húð, R=Rök húð)

Klukkan	6 ⁰⁰	8 ⁰⁰	11 ⁰⁰	14 ⁰⁰			
Ástand húðar	R	H	H	R			

9

PART 7

Keep in mind

Keep in mind these points and questions as you watch the recordings. You'll then discuss these topics with your instructor after viewing the lectures.

What symptoms can appear in patients with diabetes?

What is important to consider regarding the diet of elderly patients with type 2 diabetes?

What is a stroke?

What can be the consequences of a stroke?

How can discomfort manifest in the behaviour of people with dementia?

What is important to note when communicating with people with dementia?

What is the difference between dementia and delirium?

What are the symptoms of those with heart failure?

What are the symptoms of those with severe lung disease?

Lectures - Recordings	Minutes	Mark when you have finished watching
Diabetes	10	
Stroke	10	
Dementia	11	
Now watch this video: What is delirium: https://vimeo.com/166857802	5	
Heart and Lung Diseases	16	
Death and Bereavement	11	
Total minutes	63	

Tasks and assignments	Mark as completed	Instructor's signature
Receive guidance from your instructor on what devices and tools are used in the department to alleviate symptoms for people with severe lung diseases.		
Get guidance from your instructor on how to respond if a patient or someone else goes into cardiac arrest in the department.		
Receive guidance from your instructor on where the crash cart is located and what it contains. Examine its contents.		
Discuss with your instructor any experiences you have had with the death of a friend or relative.		
Observe and assist in preparing a body of a deceased person, when a death occurs in the department.		

Comments



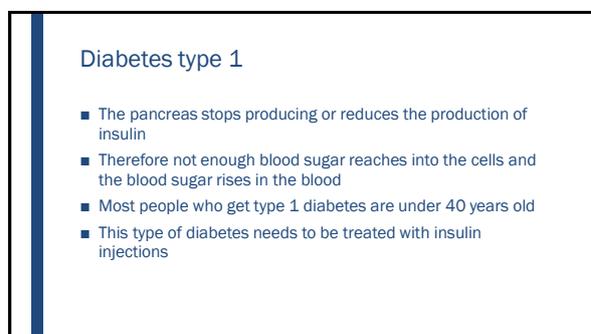
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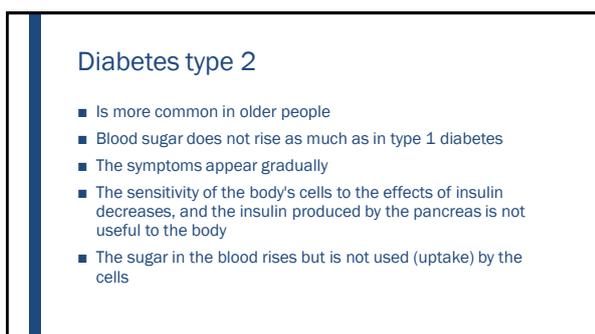
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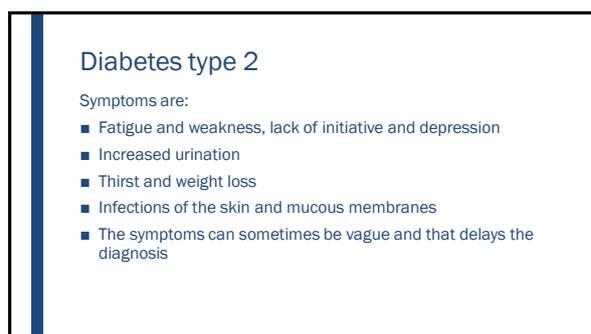
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4



5



6

Consequences of diabetes if blood sugar control is poor for a long time

- Impaired vision
- Kidney problems
- Cardiovascular diseases
- Stroke
- Ulcers on feet and legs
- Gingivitis

7

Treatment

- Eat a balanced diet as recommended
- Do physical activity such as walking or exercising
- Use medication that lowers blood sugar
- Sometimes the disease progresses so that insulin must be administered
- NOTE It is often okay for the old people who are weak or sick to have a slice of cake because for older people blood sugar should be higher than that of younger people with the disease

8

Low blood sugar

- Frail and frail older people have an increased risk of low blood sugar
- The symptoms are as follows:
 - *Confusion and restlessness*
 - *Headache*
 - *Feeling of hunger*
 - *Cold sweat and pallor*
 - *Impaired consciousness*

9

STROKE

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

Stroke

- A stroke is when the function of the brain is reduced due to a disruption in blood flow to the brain
- The main causes of a stroke are:
 - *Blood clot in the brain*
 - *Cerebral hemorrhage*

2

Blood clot in the brain

- Necrosis (tissue death) occurs in brain tissue when a blood vessel supplying a certain area of the brain is blocked by a blood clot
- Often the blood vessels have begun to narrow due to atherosclerosis

3

Cerebral hemorrhage

- A cerebral hemorrhage occurs when a blood vessel in the brain ruptures
- It bleeds into the surrounding brain tissue and causes damage
- The damage prevents oxygen uptake in the surrounding area, there is necrosis and brain cells are destroyed

4

Stroke signs and symptoms

- The symptoms usually appear immediately
- Most people show one or more of these symptoms:
 - *Paralysis on one side of the body: arm, leg or face*
 - *Difficulty speaking, finding the right words or slurred speech*

5

Permanent consequences of a stroke

- The consequences of a stroke depend on where the damage occurs in the brain and how big it is
- Rehabilitation and training after a stroke is very important

6

Common consequences include:

- Decreased strength or paralysis on one side of the body
- Numbness, reduced or no sensation in the body where the injury is
- Pain
- Body imbalance
- Impaired fine motor skills, e.g. difficulty buttoning a shirt
- Swallowing problems

7

Common consequences include:

- Impaired control of urination and defecation
- Speech disorders
- Vision changes, reduced visual field
- Emotional changes, such as mood swings, sadness and being tearful
- Memory loss and impaired mental function
- There is a risk of joint stiffness, contractions or loss of range of motion

8

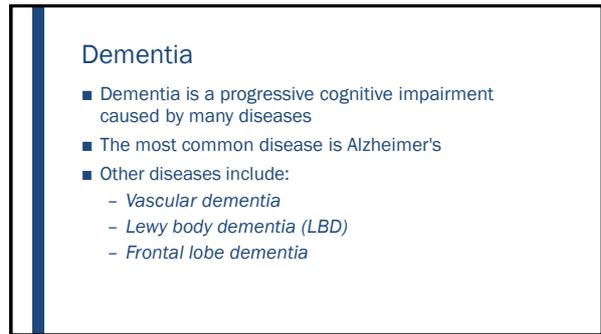
Assisting a patient who has had a stroke:

- Give to the person plenty of time when assisting
- Allow the person an opportunity to be active and do as much as possible on his own
- Avoid pulling or pushing the shoulder on the weak side, it is usually sensitive
- If the person has difficulty speaking, keep the environment calm and give plenty of time
- If swallowing problems are present, the patient must be monitored at all times while eating

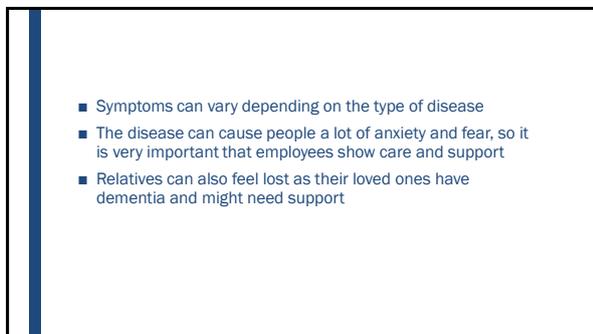
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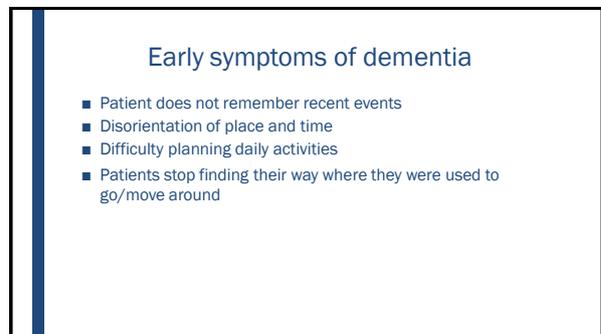
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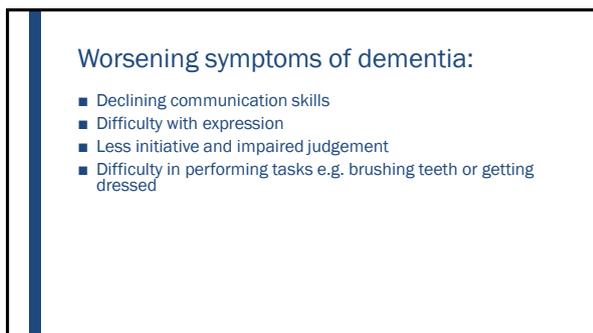
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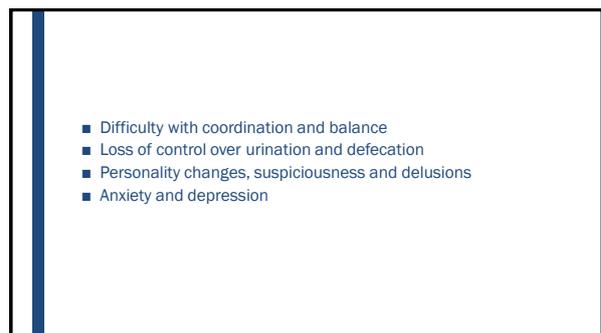
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5



6

Behavioral disorders and psychological symptoms

- Up to 90% of individuals show behavioral disturbances or psychological symptoms at some point in the course of the disease
- It is believed that the patient is expressing distress or a need that can be met
- These symptoms cause great distress to the individual and relatives
- The symptoms can include calling, agitation and rejection of care

7

To reduce the likelihood of behavioral problems:

- Employees should know the individual's history and strive to provide person-centered care
- The patients should receive:
 - Assistance and care provided with respect, knowledge and tailored to his special needs and wishes
 - Have access to suitable activities and entertainment



Animal-assisted therapy being provided at Lakeview Ranch Minnesota, 2013

Also:
-Art therapy
-Music therapy

8

Communication with a person with dementia

- It is important to be positive and support what people can do
- Get to know the person and know what their interests were
- Divide tasks into smaller defined steps and give simple instructions on what to do next
- Keep the environment calm but still interesting
- The most important thing is to keep their skills and dignity as long as possible

9

Divide tasks into smaller defined steps

By giving simple instructions on what to do next, the patient can do more of the work himself, e.g. to dress

- Instructions for step one of the project
- Speak slowly
- Allow plenty of time to answer questions
- Reduce distractions
- Only deal with one step at a time
- Give hints about what to do such as with gestures

10

HEART AND LUNG DISEASES

Ingibjörg Hjaltadóttir, Clinical Nurse Specialist



LANDSPÍTALI

1

Cardiovascular system

- Heart, blood and vessels
- The main tasks are to:
 - Transport oxygen, water and nutrients throughout the body
 - Dispose of waste materials

2

Some possible symptoms of those with diseases of the heart and blood vessels

- Labored breathing or shortness of breath
- Dizziness
- Fast heartbeat or palpitations
- Chest pain
- Swollen legs due to edema

3

Chest pain

- People feel chest pain when the heart muscle does not get enough oxygen
- It may be because the coronary arteries have become too narrow due to atherosclerosis
- Chest pain often lasts less than 15 minutes
- The pain comes as a result of stress, which can be physical or mental

4

Pain from the heart

- Pain and tightness in the chest that come on suddenly and often radiate to the neck and left arm
- Difficulty breathing
- Chest pain can cause a lot of anxiety
- Women, older people and people with diabetes can experience different symptoms, some get e.g. no pain at all but feeling nauseous and unwell, sweating and experiencing illness and fatigue

5

How to respond and treatment

- Always let a professional know if someone you are taking care of is experiencing chest pain
- Rest and the use of nitroglycerin tablets can relieve symptoms
- Nitroglycerin tablets dilate the blood vessels and thus increase the blood flow to the heart
- The symptoms of a heart attack are often the same as those of a chest pain, but last longer
- Then neither nitroglycerin nor rest is enough to fix the pain

6

Heart failure

- Heart failure is when the heart cannot pump enough blood to supply the body with oxygen
- A heart attack is the most common cause of heart failure
- During a heart attack, cells in the heart die and are replaced by scar tissue. The scar tissue cannot contract and pump the blood like the heart muscle cells
- The function of the heart decreases more and more as more cells become scar tissue, e.g. after repeated heart attacks

7

The most common symptoms of heart failure are:

- Chest heaviness, at first during exertion but later also at rest
- It is often easier for the patient to breathe if he is sitting
- Fatigue and weakness
- Paleness and graying of the skin
- Edema of the legs

8

Treatment

- The individual needs to be active to maintain skills
- However, rest is important to ease the heart
- Edema and reduced circulation in the legs increase the risk of ulcers
 - Many people wear elastic stockings (compression socks) to reduce edema
 - Emollient and moisturizing foot creams can reduce the appearance of sores

9

Respiratory system

- Trachea and lungs
- Lungs supply the body with oxygen and rid it of carbon dioxide
- This exchange of oxygen and carbon dioxide takes place in the lungs

10

Chronic obstructive pulmonary disease (COPD)

- COPD is a lung disease that causes difficulty in breathing
- Most often, the patients have both emphysema and chronic bronchitis
- Both causes disruption of the air flow in the lungs

11

COPD

- **Emphysema** causes the alveoli to become damaged, dilated and lose elasticity. This makes it difficult for the lungs to absorb oxygen and excrete carbon dioxide from the body
- **Chronic bronchitis** leads to inflammation so that the bronchi become narrower, mucus production increases and there is an increased risk of infections. There will be less room for air in the lungs and it will be more difficult to breathe

12



1

When death approaches

- When working in care, you are likely to help professionals care for people who are dying
- Caring for people who are seriously ill or dying can take a toll on the healthcare staff/providers
- Discuss your questions and concerns with the professionals you work with

2

Dying

- Death marks the end of the active functioning of an organism
- Icelandic law defines death as follows:
 - *A person is considered dead when all their brain functions have stopped and there is no way for the brain to function again*
 - *A person's death can be confirmed if the heartbeat and breathing have stopped for so long that all brain activity has stopped* (Law no. 15/6, March 1991)

3

Palliative care

- A distinction must be made between palliative care and end-of-life care
- Palliative care begins with the diagnosis of serious life-threatening and/or chronic diseases
- Palliative care is provided alongside curative or life-sustaining treatment
- The goal of palliative care is to reduce discomfort and promote the best possible quality of life for patients, regardless of the diagnosis or stage of the disease

4

End-of-life care

- End-of-life care begins when it is clear that death will occur within a few days or weeks
- During end-of-life care, a treatment plan for dying patients is followed
- The goal of the treatment is that the patient can die without suffering and with dignity
- During that period, the focus is primarily on alleviating suffering due to difficult symptoms, especially pain

5

The last hours and days

- At this time, it is often characteristic that the individual:
 - *Will eat very little or stop eating/drinking altogether*
 - *Has difficulty swallowing*
- Death is not a result of the person stopping eating. Rather is a normal part of the process and a normal reaction of the body
- Patient sleeps more and lacks energy

6

Symptoms that may indicate that death is approaching

- Bluishness on the lips, legs and hands
- Cooling limbs
- Numbness in the legs
- Urine output decreases and is dark or stops completely
- Has an irregular pulse
- Increased edema of the extremities or the whole body

7

Symptoms that may indicate that dying is near

- The patient is delirious or has impaired consciousness (drifting in and out of it).
 - *It is important to remember that hearing is the last sense to fade*
- Has altered breathing
 - *There are pauses in breathing, followed by deep breaths*
 - *May have loud and rattling breathing because mucus can accumulate in the throat*
- If the person is visibly having difficulty breathing and is suffering, it is important that the employee calls for professional assistance

8

Good end of life

- Individuals should not have to die alone
- In some cases a staff member needs to be constantly with the patient in order to ensure the necessary care
- Relatives often want to take turns sitting with the person
- The goal is to ensure a good end of life characterized by respect for the individual
- It is also necessary to pay close attention to and support the relatives

9

Monitor the patient's well-being and notify your immediate superior

- If the patient is in pain
- Becomes agitated or shows signs of distress
- The breathing changes
- If the hands and feet start to get cold
- If there are changes in skin color
- Be sensitive to the reactions and needs of the relatives

The goal is for the patient to feel as comfortable as possible!

10

Keep in mind

- The environment should be calm and peaceful
- Avoid all unnecessary activities
- Holding hands can provide more security than many words
- Relatives are of great importance to the patient
 - *Sometimes it can be comforting to the family to be included in the patient's care as able, such as moistening a dry mouth with a sponge stick.*
- We attempt to give people care and space to grieve as they need to



11

When death has come

- If a patient seems to have died, you must call your immediate superior which in this case might be the nurse working with that patient. That person is responsible for the next steps
- A doctor must always confirm death
- Next is the preparing of the corpse, you may be asked to assist either a registered nurse (hjúkrunarfræðingur) or licensed practical nurse (sjúkralíði) with this
- The person's religion can affect how this is done
- It is important to show respect to the deceased

12

- Each ward has special rules regarding the manner in which a corpse is prepared. But in all cases, the deceased is cleaned and groomed
- Often, so-called MORS trays are prepared, which contain everything that needs to be used for preparing a corpse
- MORS is Latin for death



MORS-trolley



13

When we witness death

- Normally most people think seldom of death
- When we work as care assistants, we may witness death and it is normal to be affected by this and can even cause distress
- It is therefore important that you know you can approach colleagues and superiors, so that you can discuss your feelings and experiences and receive the assistance you might need



14