



# CONNECTING MINDS

## DEMENTIA CARE NEWSLETTER

Published by Dementia Network Algoma

March 2006

### Bathing Clients with Alzheimer Disease and Related Dementia

While some clients look forward to having a bath, others offer a real challenge. They simply don't want to be bathed and will do whatever they can to prevent or delay it. Bathing a client with some level of harmony requires an understanding of their objections or obstructive behaviour. An attempt at bathing may be seen by some as a personal assault or an invasion of personal space, a feeling which may be driven by modesty. A caregiver must have a relationship that allows the undressing and bathing of a client and must understand the need to focus primarily on the client being bathed rather than the process of bathing.

The unpleasant feelings that some clients experience while being bathed may be heightened by a declining mental condition. An unfamiliar caregiver may be seen as invasive, threatening, and with certain physical impairments, someone causing pain. When a non-preferred bathing method is used, the client is likely to be further stressed. Finding solutions to bathing problems can be challenging. Some caregivers have a knack for bathing people without difficulty while others routinely experience problems. Some fundamental things can consistently lead to success and some must be tailor-made to the client. Successful caregivers have mastered the fundamentals and have a clear understanding of how to handle people under stress.

The fundamentals for success are in establishing a relationship with the client and in ensuring the bathing area is warm, private and as comfortable as possible. A personalized bathing plan should be developed to address particular preferences and concerns of the client as an individual. The caregiver must deal foremost with the person and then to the bathing process. Being able to avoid stressing a client can be challenging, but essential to the current and future bathing sessions. Patterns of behaviour are likely to be repeated with each bathing session unless a key can be found to deal with them effectively. The best time of day to bathe a particular client, a preferred bathing method, an analysis of who is the best person to bathe this person and how best to deal with certain patterns of behaviour in a particular client should all be documented and fully understood by the caregiver giving the bath.

An understanding gained by focussing first on the person, then on the task of bathing will pay dividends in future. Watch for feelings of pain or discomfort, fear and agitation and deal with them immediately. Preserve the client's dignity, privacy and comfort. Encourage participation in the bathing process to curb disruptive behaviour. Engage in conversation about their family and other interests, anything that keeps their mind occupied. Develop a relationship with them that facilitates the process. Allow the client to hold security objects if it will reduce agitation.

Be flexible, use persuasion and be prepared to shorten or put off the bath if necessary to avoid extreme stress. Using force or coercion to complete a bath will likely provide for a worsened situation next time. Let the client feel in control when there is an opportunity and give the client choices. Use rewards, comforters or distracters to make bathing more pleasant.

Goals in bathing should be for the caregiver to:

1. Ensure the client finds the bath pleasant and relaxing.
2. Have the client participate in the bathing process.
3. Reduce or eliminate problem behaviour.
4. Provide a good level of hygiene.

## TIPS

- Try to make the experience pleasant by using bubble bath or playing soft music
- Bathe when the person is in a good mood
- Consider scheduling the bath in the morning or in the evening when the person is already getting dressed or undressed
- Prepare the items for bathing ahead of time while keeping the area uncluttered
- Use a brightly coloured mat in the bottom of the bath so the person can determine the depth of the water more easily
- Make sure that the water isn't too deep
- Instead of trying to convince a person that it is time for a bath, help with the first step (e.g. Let's take off your watch now.)
- Allowing a person to keep a towel in front of the body may help to ease anxiety for those who are self-conscious about nakedness
- Make sure that the water heater is turned down to prevent scalding
- To prevent a chill or discomfort from cold, cover with a flannel or bath sheet
- Make sure the bathroom is extra warm and that the tub is well lit
- Try using a hand-held showerhead, introducing it each time by spraying water on the tub and then on the hands
- Use soaps that have a distinctive colour and can be held easily
- If hair washing is a problem, try shampoos that do not require water
- Remain with the person who is bathing to ensure that he/she is safe

## EVENTS & EDUCATION

Education Workshops for Health Care Professionals

### **7A's of Dementia**

March 1, 1:30-3:30 & March 2, 6:30-8:30

### **Responsive Behaviors and U-First**

March 8, 1:30-3:30 & March 9, 6:30-8:30

To register or for more information call Alzheimer Society at 942-2195

### **Blind River Health Fair**

Blind River Memorial Community Center

April 15, 2006, 10-4pm

*"Embracing Our Future"*

## TOWEL BATHING

A towel bath may be used for residents with dementia that may be resistant to care. The advantage of using the towel bathing approach is to ensure that a relatively constant temperature of towels touch the body and provide good coverage for privacy. A general principle of towel bathing is to begin to apply the towels at the feet and work up the body, with the hands and upper limbs bathed last so that neurological reflex responses such as gegenhalten response (refers to hypertonia, tensing or muscle resistance that is the involuntary reflex response to the passive stretch of a limb) are triggered later during the care procedure. One team member is assigned to be the "buddy" of the resident, who connects with the resident in positive terms and is the only person to do the speaking. The role is to constantly direct attention back to the "buddy" rather than on the care activities that are taking place. The other team member performs the actual towel bath.

**Step 1** *Gather bathing materials:* 2 flannel bath blankets, 3 face cloths, 1 bottle of No Rinse body shampoo, 4 towels, 1 clear plastic bag, 1 water jug, 1 rubberized draw sheet

### **Step 2** *Prepare bathing materials*

- ◆Run hot water from tap
- ◆Roll towels and place in plastic bag with face cloths
- ◆Fill jug with water (40°C), add 15 squirts or 1 capful of No-Rinse, pour over towels and wash cloths in plastic bag
- ◆Check for saturation of towels (towel should not be dripping)

### **Step 3** *Bath resident in sections*

- ◆Use 1 face cloth to wash face—discard
- ◆Place flannel sheet fan folded at feet
- ◆Move body-covering flannel up 1 towel width
- ◆Place first warm towel over feet and lower legs in midline, rolled end toward you, and unroll towel, so that both legs are covered
- ◆Massage toes, feet and legs using pads of fingers
- ◆Remove towel and cover exposed skin with flannel sheet at foot of bed
- ◆Move up to next section and continue massage bathing (resident should remain warm and covered during entire procedure)
- ◆When at level of abdomen undo incontinent brief, take 2nd washcloth and spray 3-5 squirts of No-Rinse on cloth and complete perineal area—discard cloth
- ◆After front of body is complete, roll resident onto side and place last towel on back and continue massaging action, use last washcloth for posterior perineal care

Adapted from Rader, J., Labelle, M., Hoeffler, B. & McKenzie

## RESOURCES

[www.piecescanada.com](http://www.piecescanada.com) P.I.E.C.E.S

[www.u-first.ca](http://www.u-first.ca) U-First

[www.alzheimer.ca](http://www.alzheimer.ca) Alzheimer Canada

## Evaluation and Feedback

To ensure that this newsletter is an effective source of information for you, your feedback is important to us. Please visit our website [www.dementiaalgoma.org](http://www.dementiaalgoma.org) and fill out the evaluation.