

Learning to **CARE**



Personal Hygiene

- Oral Care
- Hair and Nail Care

This series of six flip charts has been developed by Karuna Evam Shanti Vahini Foundation under a funding grant received from the Mariwala Health Foundation.

Technical Support: Palliative Care team at Chinchpada Christian Hospital.

Text: Deepa Hari

Photography: Yateen Sawant

Design and Layout: Santosh Gawade

Illustrations: Shreya Sawant

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Personal Hygiene

ORAL CARE



- Help the patient brush their teeth with a soft toothbrush and toothpaste. Make sure you keep water ready for rinsing the mouth after brushing.





- If the patient is bedridden, you will have to keep the following things ready before you begin: A jug or bowl of water, a basin, toothbrush and toothpaste, towel, and lip balm. Make sure the brush has soft bristles.
- You will have to be extra gentle with patients who have ulcers or sores in the mouth. For such patients, remove the bristles of a toothbrush, cover it with gauze, and use it to clean the gums, tongue, and inside the mouth.





- Help the patient sit up, then brush, and rinse mouth. Use the empty bowl for the patient to spit out the water after rinsing.





- Make sure all the water is removed from the mouth. Wipe mouth with a towel and apply balm on the lips.
- This should be done twice a day.





- If the patient wears dentures, soak the dentures in a cup of water overnight and put them back on every morning.



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Personal Hygiene

HAIR AND NAIL CARE



- Comb the hair with a clean comb and also massage the scalp regularly. Check for lice and get rid of them as soon as possible.
- Wash hair regularly – at least twice a week.





- If the patient is bed-ridden, then remember to put a towel and a plastic sheet over the mattress and pillow before washing their hair. Place a plastic sheet below the patient's neck or head; place the other end of the sheet in a bucket next to the bed to receive the water, before washing hair. Put some cottonwool in the patient's ear.
- Wash with soap or shampoo, rinse thoroughly, and dry the hair with a clean towel.





- If the patient has long hair, divide the hair into two and plait it on either side of the head. This helps the patient remain comfortable while lying down.





- Keep the patient's nails short and clean by cutting them regularly.
- Pour some warm water into a basin and place their left hand in it for a few minutes. Then remove the basin and dry the hand with a towel. Gently cut each nail using a nail cutter. File the nails, so that there are no rough edges. Wipe the area gently with a soft cloth. Collect the discarded nails in a tray.
- Cut the nails of the right hand in the same way.





- Follow the same procedure for cutting the toenails. First soak the feet in a basin of warm water, then dry them, then cut each nail and wipe it with a cotton ball or soft cloth. Do not file the edges of the toenails.





Learning to **CARE**



Personal Hygiene

- Bath
- Bladder and Bowel Care

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Personal Hygiene

BATH



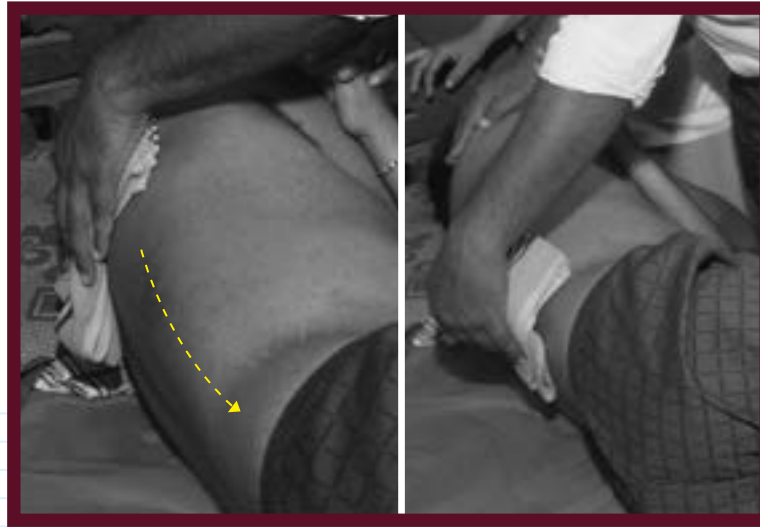
- A daily bath is important not only to keep clean but also to relieve fatigue, help circulation, prevent bedsores, induce sleep, and give the patient a sense of well-being.
- Like anyone else, a patient – including one who is bedridden – needs privacy while having a bath. So put a screen or similar covering to protect the patient's privacy.
- Keep all the articles required – water, soap, plastic sheet, towels – ready, before you begin. The water should be warm enough for the patient to be comfortable.





- Move the patient to the edge of the bed, to make it easier for the caregiver.





- Expose and clean only one small area at a time. Start by bathing the shoulders, neck, chest, and arms, then move downwards to the private parts and the legs.





- While washing the face, make sure you clean the eyes, ears, and nose.





- Wash the hands and feet by immersing them in a basin of water whenever possible.





- Pay special attention to the joints and folds as well as the private parts while bathing and drying the body. Check between the toes for any ulcers or wounds, particularly if the patient is diabetic, and dry the feet well after a bath.





- Support the joints while lifting the arms and legs for cleaning and drying.





- Examine the body, especially the back, closely while bathing, to see if there are any signs of bedsores.





- Make sure the soap is fully removed before drying with a soft towel.





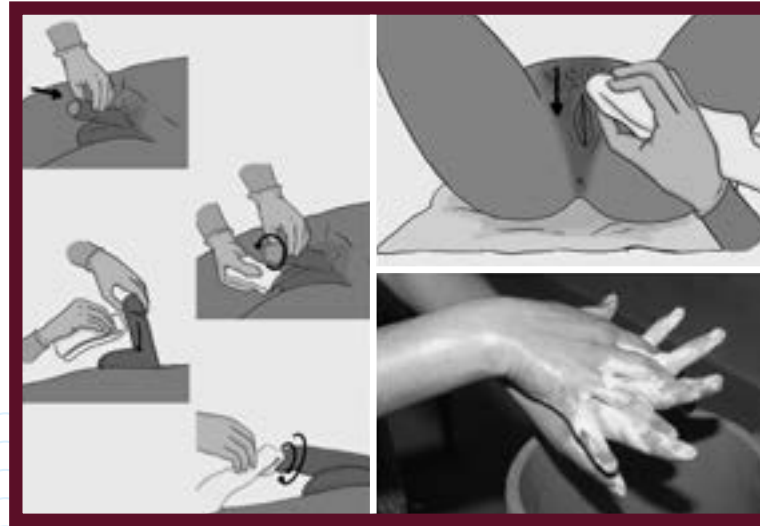
- If possible, apply some cream or oil to prevent dryness.



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Personal Hygiene

BLADDER AND BOWEL CARE



- Keeping the private parts clean is a critical part of maintaining personal hygiene.
- These parts must be cleaned thoroughly every time the patient passes urine or stools.
- Clean at least three to four times a day with soap and water. While cleaning, move from the cleanest part (from where urination occurs) to the less clean part (the anus).
- After cleaning, wash hands with soap and water, and dry the private parts gently with a soft cloth.





- Make sure a clean bedpan or commode is always available for bedridden patients. After cleaning the patient, ensure that the bedpan or commode is also washed and cleaned thoroughly.
- Give enough time for the patient to empty the bladder each time, before cleaning.





- If there is no one to clean the patient immediately after they pass urine or stools, use a diaper (an old piece of cloth folded over to make it a little thick will do), so that the patient's clothes and bed are not soiled. And try and clean them as soon as possible.
- Using a plastic or rubber sheet is also helpful in keeping the patient's mattress clean.





- Ensure that the patient has enough fluids and a diet rich in fibre, to avoid constipation. Exercise and moving around as much as possible, as well as deep breathing and abdominal massage – all are also helpful in this regard.
- Maintain a record of urine and bowel habits; this will help in bladder and bowel management.





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Back Care

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- Bedridden patients are at risk of developing bedsores or pressure sores. Treating these sores is difficult, so it is best to try and prevent them.
- Changing positions frequently helps to prevent bedsores.





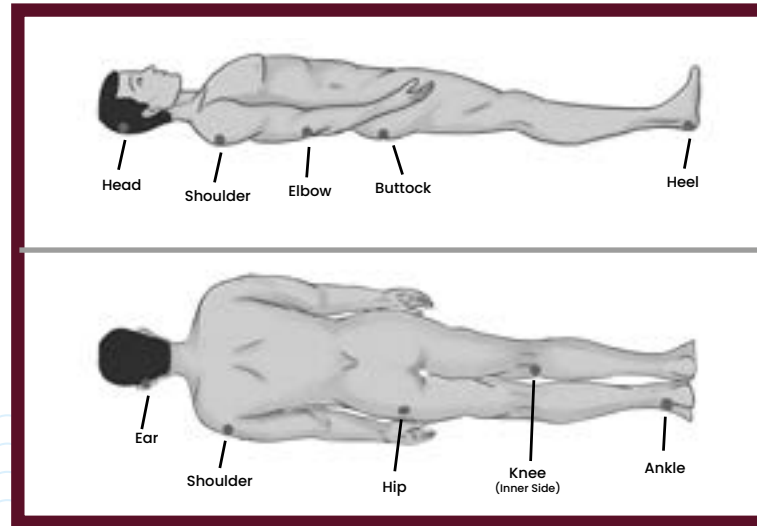
- If the patient has been lying on their back, turn them to one side after two hours. Put pillows or folded sheets below the bony points of the knees, elbows, and ankles.



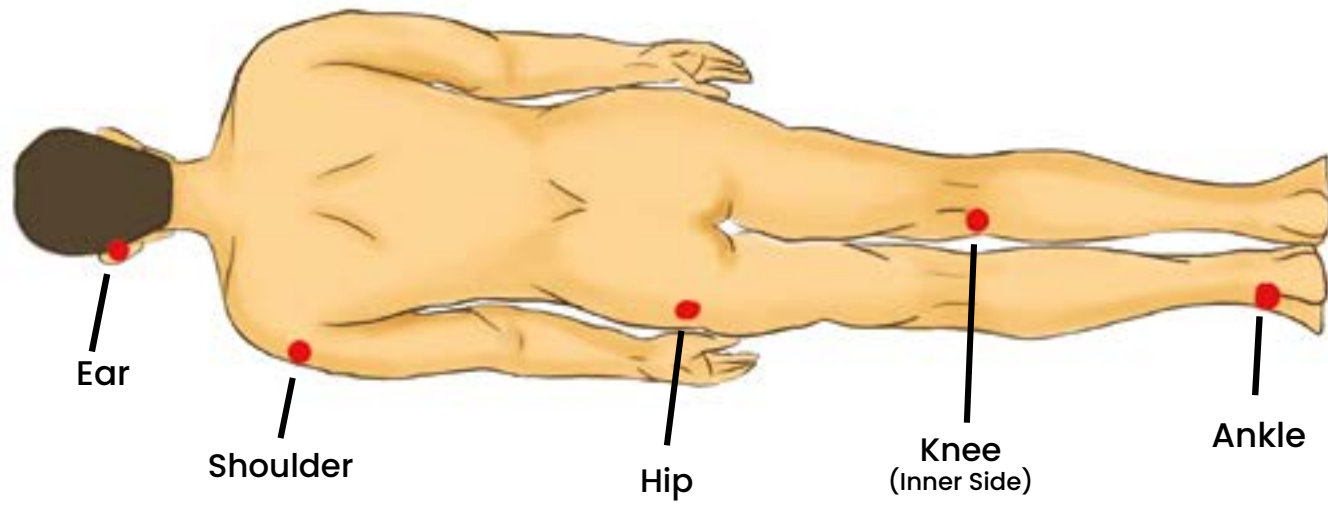
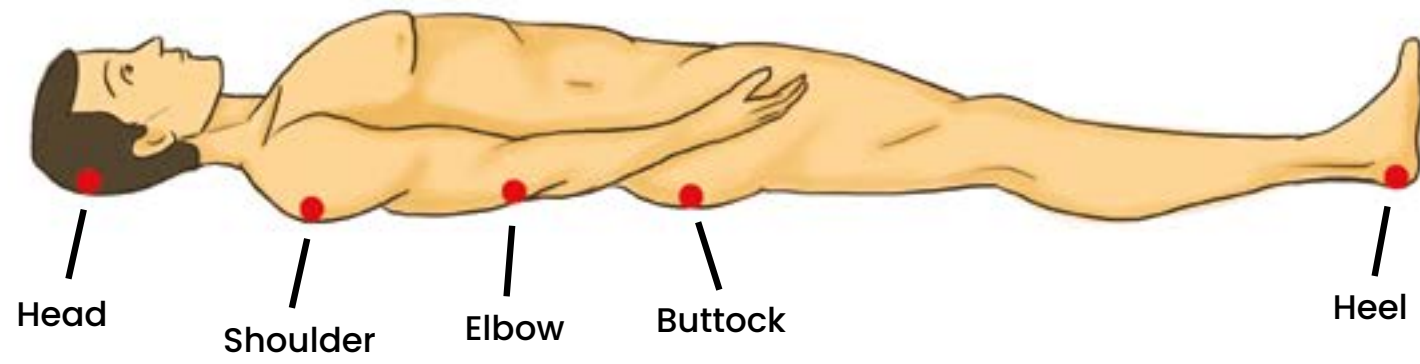


- After two hours, change the patient's position once again, so they can lie on their back.
- After another two hours, help the patient lie on their other side.
- Repeat this cycle, so that the patient's position changes every two hours.





- While changing position, inspect the back closely for any sign of bedsores.
- Examine in particular the pressure points – the back of the head, shoulder, elbow, buttock, and heel, if the patient lies frequently on the back. If the patient lies frequently on their side, examine the ear, shoulder, inner side of the knee, hip, and ankle closely.





- Check for any change in colour – this is a sign of a sore developing. If you see this, avoid using moisture or any pressure on this.





- If there are no sores, massage the back with both hands in a circular motion, using a mild cream or oil. Massage upwards from buttocks to shoulders. This helps improve circulation and prevents skin dryness.





- Never drag or pull a patient on the bed. If you need to lift them, do so by lifting the sheet on all sides.



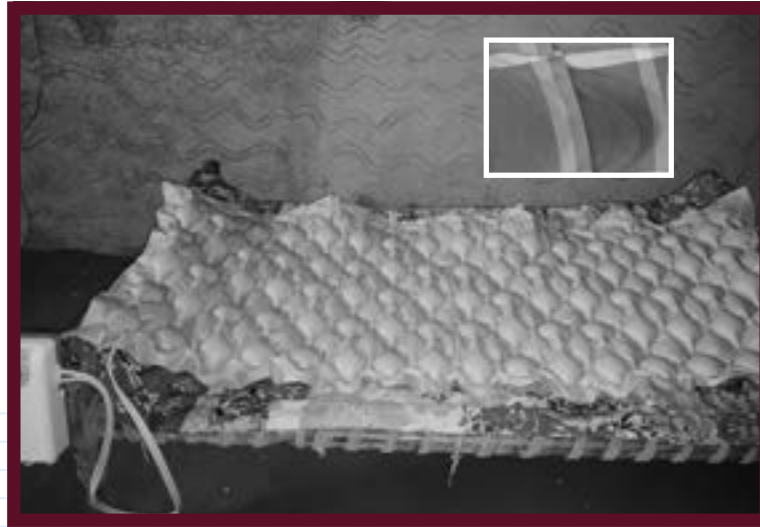


- If a patient is wheelchair bound, make sure they use a pillow for sitting. Also see that they move up, that is, lift their buttocks off the chair, every twenty minutes.
- Inspect the buttocks, shoulders, heels, and balls of the feet for sores.



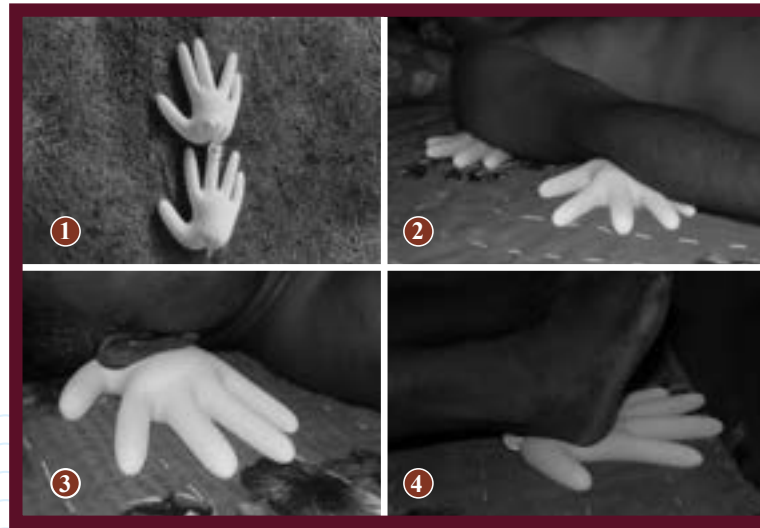
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- Using an air bed or water bed also helps to prevent bedsores.
- If you are using one, make sure you cover the bed with a clean cotton sheet. The sheet must be smoothed over the bed, so that there are no creases or wrinkles. Ensure that it is changed immediately if wet.





- Another idea to prevent bedsores on the elbows, ears, and ankles is to place an air cushion or a disposable rubber glove half-filled with water under these pressure points.





Learning to **CARE**



Cleanliness
Diet
Exercise

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CLEANLINESS



- Ensuring cleanliness of the patient's bed and room is as important as the patient's personal hygiene.





- Make sure the bed sheet is changed once a day. Also see that the sheet is always dry; change it as soon as possible if it gets wet.
- To change the sheet, gently turn the patient on their side, roll up the sheet and move it towards the patient. Place a fresh sheet, smooth it over the mattress, and tuck it in firmly. Then move the patient gently, so that they are lying on their back once again. Move to the other side of the bed, and turn the patient to the other side, supporting them all the while. Pull out the used sheet from under the patient and put it aside. Pull the clean sheet towards you, smooth it over the mattress, and tuck in the sides. Once again help the patient to lie on their back.





- Sweep the patient's room regularly and ensure that it is kept dry. As far as possible, see that there is sufficient light and fresh air in the room.



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DIET



- The patient must have a proper diet to prevent complications and further illnesses.
- Having a protein-rich diet – eggs, dal, groundnuts, nachni (ragi) – and drinking enough water are important not only to maintain overall health but also to prevent sores. However, it is necessary to check with the doctor or nurse regarding any dietary restrictions, since some patients may have special needs.





- Make sure the food is easily digestible, and that it is served properly, in a clean environment. Keep a jug of water and a basin ready before serving a meal.
- Prop up the patient with pillows, if possible, before and after every meal.
- Be gentle during feeding; don't scold the patient. Assist them if needed, making sure that each mouthful is chewed and swallowed properly. Remember that their appetite may be decreasing; don't force them to eat if they find it unpleasant or painful.
- Talk to the patient during meals, so that they feel good and relaxed.





- Before and after a meal, give the patient water to wash hands and mouth.



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EXERCISE



- Exercise is an equally important part of everyday care.
- Different joints and muscles need to be exercised regularly in order to prevent stiffening.
- Check with the doctor about the kind of exercise that needs to be done, and how often each action has to be repeated.





- Unless advised to the contrary by the doctor, help the patient move/walk as much as possible.





Learning to **CARE**



Managing Symptoms

- Vomiting and Nausea
- Wounds
- Breathlessness

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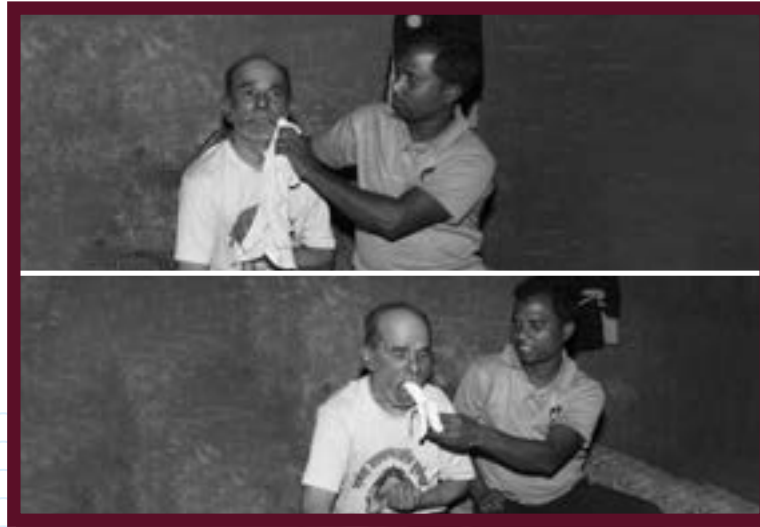
Managing Symptoms

VOMITING AND NAUSEA



- Vomiting and nausea are among the more common symptoms experienced by chronically ill patients.
- Vomiting refers to the forceful throwing out of the contents of the stomach through the mouth.
- Nausea means the feeling that the patient has of a need to vomit; it is a very unpleasant feeling and makes the patient feel more miserable than vomiting.





- Reassure the patient and help them calm down when they feel nauseous. Keep them away from strong-smelling foods.
- Give small, frequent meals to the patient; patients suffering from nausea are often able to tolerate cold foods, so give them cold rather than hot foods. But do not feed them when they are nauseous or immediately after an episode of vomiting; wait for a while before giving them any food.





- Sometimes the smell of an infected wound is the cause of nausea. So it is important to clean wounds and control bad smells.
- Check with the doctor whether the nausea and vomiting are due to the effect of the medicines being given, and if so, whether they can be changed.



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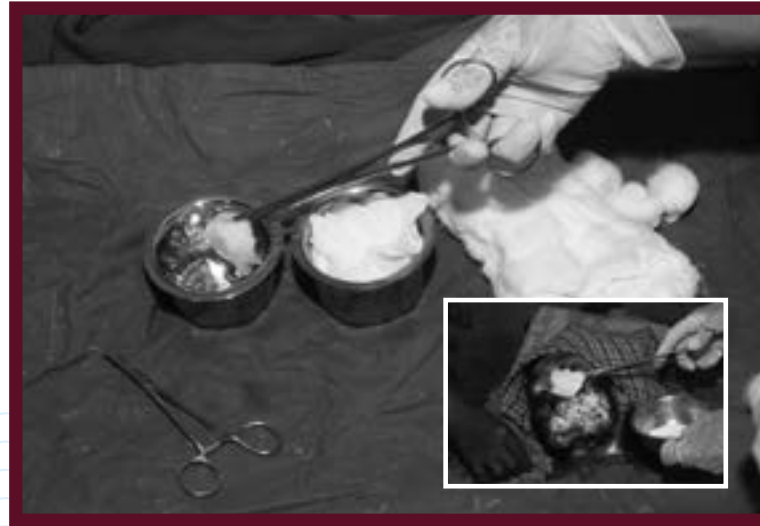
Managing Symptoms

WOUNDS



- Wounds may be of different kinds. Wounds due to an injury or bedsores are relatively simple; but other wounds may be the result of cancer. Either way, it is important to clean the wound regularly. This will help prevent bleeding, maggots, and foul smells.





- While dressing a wound, remember to wash your hands and wear gloves. Keep all the required articles ready – cloth, sterilized gauze, sticking bandage – before you begin.
- If the wound is simple, clean it with normal saline and apply Betadine ointment. Then bandage it properly.
- For a malignant wound, clean it with saline. If there is an unpleasant smell from the wound, you could sprinkle some Metrodizanole powder over it – ask your doctor for the tablet, and crush it to a powder before use.
- Change the dressing as advised by the ASHA/ nurse/ doctor.





- Always make sure the wound is covered with a clean cloth, to prevent flies.
- It is very important to change the cloth frequently. After use, wash the cloth and dry it in the sun before reusing.



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Managing Symptoms

BREATHLESSNESS



- Breathlessness can be very frightening – for the patient and for the family. But it is not unusual among patients needing palliative care. In some cases, medicines can help, as also oxygen support. So it is necessary to inform the ASHA/ nurse/ doctor and get help.
- Meanwhile, there are many ways to help the patient.





- Make sure there is good ventilation in the room – keep doors and windows open and place the patient near an open window.
- Keeping a fan nearby, so that the patient gets air, is also helpful. You could also use a small, hand-held fan to blow air gently onto the patient's face, to reduce breathlessness.





- Prop up the patient with pillows or cushions. You could also wipe the face gently with a wet towel and rub their back.
- Make sure that the person's clothes are loose and comfortable.





- Help the patient to relax, to think of pleasant things, to take deep breaths. In fact, breathing techniques can be very helpful – leaning forward and pursing the lips and breathing deeply is one such technique.
- Try not to panic, and talk to the patient in a calm, soothing voice.





Learning to **CARE**



Managing Symptoms

- Constipation and Diarrhoea
- Pain

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Managing Symptoms

CONSTIPATION AND DIARRHOEA



- Many patients suffer from constipation; that is, they find it difficult or painful to pass stools, or the stools may be hard or not passed regularly.
- Regular meals, drinking plenty of water and other fluids, and exercise can help prevent constipation. But in some cases, this may not be possible.





- If constipation persists, and is severe, consult the doctor. You can also learn how to give an enema or a suppository when needed.





- Ideally, the patient must always have access to a toilet as well as enough privacy, so that they can pass stools whenever needed. If the patient is bedridden or if there is no toilet nearby, keep a bedpan or a portable commode near the bed and help the patient use it. Remember to clean the patient and the toilet bowl after use.





- Although diarrhoea is less common than constipation, it is necessary to understand what causes it and how to deal with it.
- A patient who passes more than three loose stools in a 24-hour period is said to have diarrhoea.
- Among the common causes are improper use of laxatives, reaction to certain medications, and a change in diet. In most cases, diarrhoea does not persist and stops on its own. If it doesn't, it is necessary to consult the doctor.





- Meanwhile, home remedies can help. Give the patient plenty of fluids, including water, dal water, rice water, buttermilk, coconut water, lemon juice, and ORS. You can use the ORS sachet and follow the instructions given, or make it at home using a glass of water with a pinch of salt and a spoonful of sugar.
- Make sure you always use water that is boiled and cooled to room temperature.



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Managing Symptoms

PAIN



- One of the important objectives of palliative care is to help patients manage pain and thus reduce suffering. Pain varies from person to person; and it is not just physical but may also be emotional, psychological, spiritual.
- Depending on the illness, a person's pain may be acute or chronic. Acute pain is caused due to injury or surgery or similar reasons; it reduces over time, as healing takes place, and can be treated with medicines and injections.
- Any pain that persists for three months or more is chronic pain. Chronic pain gets worse as the disease advances. But the patient may not show any obvious symptoms like complaining of pain or crying out loud. Instead the patient may become quiet and withdrawn, may not have much appetite, may not sleep properly, may stop communicating with anyone.
- In order to make the patient feel better, specific pain relief medicines are required, and these have to be prescribed by a doctor.





- Make sure that the patient takes the prescribed medications correctly and on time.
- The medicines must be taken for as long as the doctor advises; do not change the schedule or stop medications halfway.





- It is important to monitor the patient regularly and to review the medicines with the doctor.
- Some medicines may have side effects. So observe the patient, note the ill effects, and inform the nurse or doctor.
- Ask the doctor whether anything else would also be helpful – for example, massage or physiotherapy or hot/cold packs. Use these techniques only as advised by the doctor.





- It is equally important to help the patient deal with the non-physical aspects of pain. So talk to the patient, try to cheer them up and divert their minds – perhaps by listening to music, placing the patient's chair or bed near a window, or inviting a relative or neighbour to drop in for a chat. The patient needs to be reassured that they are not a 'burden', that the family understands their pain, and that they can deal with it together.



