

Module 4

POSITIONING A CLIENT

- Rules to Follow when Assisting a Client
- Body Support and Alignment
- General Positioning Rules
- Identifying Pressure Points

POSITIONING A CLIENT

Please note: At all times follow the principles of **Back Injury Prevention** as set out in Module 2. If you have any questions, of a specific nature, contact Compassion HomeCare immediately to discuss it with the Registered Nurse.

Rules to Follow when Assisting a Client

- ⇒ Expect the client to do as much as possible
- ⇒ Help only when needed
- ⇒ Work at the clients level and speed
- ⇒ Direct activity instead of asking for it...
(For example say, "It is time to stand, Mrs. Smith" instead of "Do you want to stand up Mr. Smith?")
- ⇒ Plan ahead, gather all equipment and put in place before you begin the activity
- ⇒ Know your own capabilities - remember to stretch out all your muscles prior to lifting or transferring your client
- ⇒ Give the client short, simple directions
- ⇒ Praise the client for following directions. If he does not do it correctly, stop the activity and redirect him until the correct activity is done. That way the client will get use to doing the activity the correct way only.
- ⇒ Your body language will be received more strongly than the meaning of the words you use. Make sure your nonverbal messages fit the words you use.
- ⇒ Touch is the most important sense. You will be giving contact care to your client. If you are comfortable with this, they will be too.
- ⇒ Always use smooth, steady motions with clients. Avoid sudden jerking movements.

Body Support and Alignment

Many of your tasks will require lifting and moving clients. Some clients will be able to help you, some will not. A bedridden client **MUST** have his position changed at least once every two hours. Proper support and alignment of the client's body are important.

The client's body should be straight and properly supported; otherwise, his safety and comfort might be affected. The correct positioning of the client's body is referred to as body alignment, or bed positioning.

Proper body alignment can be seen as proper standing posture. When people lie in bed, it is often necessary to use pillows and rolled up towels to keep this alignment.

Some conditions and injuries, as well as special client care treatments make it difficult and even dangerous for a client to be in a certain position. You will be told as to any special positions that your client requires or should avoid.

A client who is unable to move, needs to have his position changed every 2 hours:

- It minimizes the possibility of muscle tightness
 - It reduces the chance of skin breakdown
 - It maintains proper body alignment
 - It makes the client comfortable.
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If a client is not properly positioned during the first part of his illness, it can create problems that must be taken care of before rehabilitation can begin. For example, if a client who is not properly positioned in bed develops a Decubitus ulcer, **or pressure sore**, it will have to heal before he can start exercises.

General Positioning Rules

For good positioning – a client must be up at the head of the bed....

If your client can **stand**, even briefly, have him sit over the edge of the bed. Help him stand and move his buttocks up toward the head of the bed. Repeat the process until he is in good position to lie back down with his head at the top of the bed.

For those **clients you cannot move themselves**, a pull sheet can help you move the client in bed more easily. A regular extra sheet folded over and placed under the client, can be used as a pull sheet. The cotton draw sheet can also be used as a pull sheet.

Commonly Used Positions:

- Back
- Stomach
- Either side

It will depend on the client's diagnosis, condition and comfort which one you can choose to use.

GENERAL POSITIONING RULES

- A rolled-up washcloth makes an excellent support for the hand.
- If an arm or leg is swollen, try to keep the limb higher than the heart. Gravity will help the extra fluid drain from the limb.
- Any open skin will heal more quickly if pressure is reduced and air is allowed to circulate around it.
- Position and support only non-functional parts of the body. The rest should be left free to move. This will help the blood to circulate.
- Proper positioning can help a client maintain or recover his best possible state of health.

Identifying Pressure Points

Pressure Sores

A pressure sore is caused by unrelieved pressure to a body part. It is commonly referred to as a bedsore or medically, as a decubitus ulcer. The first sign of a pressure area is redness that does not go away within 10 minutes of pressure being relieved, e.g. heel lifted off bed. This means damage has been done to the skin. If the pressure is not relieved continued damage will occur and the skin will break down into deeper layers of skin and muscle. Pressure sores can occur very quickly, sometimes within 2 hours.

In healthy bodies, movement, nutrition and circulation keep skin in good condition. When any of these become compromised, the skin is at risk for break down.

The first and most important defence is **prevention**. Once a pressure sore develops, it often requires a lengthy, costly and painful treatment. It is important that you as a Home Support Worker are aware of what to look for and do for your client in the prevention of pressure sores. You are the “front line” of defence. In normal functioning, we subconsciously change positions and movement to increase blood supply. Everyone will at different times experience a foot “go to sleep” or bottom go numb from not changing position or sitting on a hard surface for long periods of time. This is the body’s way to let you know that it is not receiving adequate circulation and to accommodate this we change position to relieve pressure and move to increase blood supply.

When a body cannot change position there is pressure from the surface (e.g. bed, chair) and the weight of the body. As well, when the body is very thin, there is less padding to cushion this pressure. People with poor nutrition are at risk due to poor nourishment, low hydration, and slower healing of the skin. When a client has decreased sensation, or feeling, he or she does not always know when to change position and relieve the pressure. As well, people who have poor

circulation have decreased blood supply (blood bringing nourishment to areas of the body) and will have decreased sensation in the arms and legs and will have difficulty in healing.

Shirring action should also be considered. Shirring action is caused when one surface (e.g. a body) causes friction as it moves across another surface (e.g. a bed). For example, when a client is pulled up in bed there is a shirring action or friction for the body, in particular the tailbone against the sheets. If this occurs frequently, that area would become weakened and prone to breakdown.

There are certain areas of the body that are more prone to skin break down. These areas are commonly called pressure points. Generally, these areas have less tissue between the skin and the bone. The diagram below indicates pressure points, depending on body position. When observing your client in bed, sitting or toileting, assess ways to relieve pressure, if your client is unable to do so.

These pictures show how to position a client properly, protecting pressure points with pillows, rolled cloths and/or towels.

At the first sign of a pressure sore - reddened skin over a bony area - Home Support Workers are required to contact the Compassion HomeCare Office Manager or designate to seek further direction.

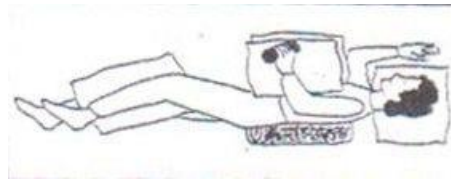
Back

1. Heels
2. Coccyx (Tailbone)
3. Shoulders
4. Back of Head
5. Elbow



Side

1. Ankle
2. Knee
3. Hip
4. Elbow
5. Shoulder
6. Ear
7. Hand



What to do:

1. When assisting a client with personal care, do a head-to-toe check. Examine areas on bony prominences, or pressure points, e.g. heels, ankles, elbows for any signs of redness or decreased circulation.
2. Give your client a gentle massage to improve circulation. Never massage directly on the reddened area. Contact your supervisor for further instruction.
3. Turn and position client every 2 hours, if they are not able to do so themselves. Provide padding to areas of risk, e.g. heels or between legs. Always protect pressure points. Pillows, pads and sheepskin may be used. Ensure proper support and alignment of the client's body.
4. Maintain proper nutrition and fluids. If your client is not eating or drinking notify the responsible party.
5. Use devices to assist in lifting and moving clients at all times.
6. If you do notice any signs of pressure, e.g. redness that does not go away, notify your supervisor immediately. **DO NOT** rub the reddened area. You should gently massage the area around the redness to stimulate circulation.
7. Home Support Workers are **not to perform footcare**, beyond bathing and applying lotion, for **any client**. This is particularly important for clients who are at risk for pressure sores, including those with circulatory or heart problems, diabetes, and decreased mobility. Such clients are at high risk of serious complications from broken skin, including amputation.
8. Remember your priority is prevention and early treatment.

Moving a person to one side of the bed on his back: (Figure 1, below)

1. Place your feet 8"-12" apart, knees bent, back in neutral position.
2. Slide your arms under the person's back to the far shoulder blade (bend knees and hips to lower yourself to the person's level).
3. Slide the person's shoulders toward you by rocking your weight to your back foot.
4. Use the same procedures at the person's buttocks and calves.
5. Always keep your knees bent and your lower back in a neutral position.

To position a client on his/her side: (Figure 2, below)

- Move the person to one side of the bed (see previous step).
- Bend the client's knees and hold at his or her hips and shoulders (the far side).
- Roll client toward you to make sure he or she doesn't fall off the bed

