

BATHING

CHANGES WITH DEMENTIA	APPROACHES	APPROACHES
<p>Loss of ability to judge height or depth of tub, or amount of water in tub.</p> <p>Fear of bubbles or air jets.</p> <p>Inability to recognize bathroom, tub, shampoo, soap.</p> <p>Inability to remember how to turn taps on or use soap.</p> <p>Attitude change from the past and no longer recognizes that bathing is important.</p> <p>Inability to remember when last bath was taken.</p> <p>Inability to understand verbal or non-verbal directions and therefore may become resistive.</p> <p>Inability to perform some or all of motor tasks involved in each step, e.g. opening toothpaste tube, putting paste on brush, putting brush to mouth, etc.</p> <p>Embarrassment regarding nakedness.</p> <p>Inability to get to bathroom or enter tub or shower stall.</p> <p>Unable to interpret reflection in mirror and mistakenly believing another person is present.</p> <p>Inability to appreciate the need for assistance or recognize person attempting to assist.</p>	<p>Client Centered Strategies: Record bath day on calendar as a reminder.</p> <p>Separate the bath from the shampoo. For some, a weekly shampoo at the hair salon works better.</p> <p>Remove or cover mirror surfaces if reflection is upsetting to the person.</p> <p>Have person trial using an electric shaver rather than manually shaving.</p> <p>Trial a child’s toothbrush and children’s toothpaste which could be swallowed.</p> <p>Post step by step instructions on the bathroom mirror for person to follow.</p> <p>Give person something to hold onto for distraction if necessary, e.g., facecloth, soap, hand towel or laminated photographs.</p> <p>For fear of the tub or shower, substitute a stand-up bath at the sink or bed bath.</p> <p>Make sure it’s the right type (bath/shower), the right time (morning vs. evening), and the right caregiver (young vs. older, etc.)</p> <p>Caregiver Centered Strategies: Lay out all supplies ahead of time.</p> <p>Provide appropriate level of cueing: verbal prompts, non-verbal prompts, demonstration or physical guidance.</p>	<p>Environmental Centered Strategies: Turn down temperature of water heater to 120°F to avoid burns.</p> <p>Try using a coloured bathmat to contrast against white bathtub to give a person a sense of depth.</p> <p>Set up a positive and stress-free environment,</p> <ul style="list-style-type: none"> - play music - use favourite aftershave or powder - provide colourful soft terry robes and towels - warm water, warm room, warm towels. <p>Keep soap, washcloths, shampoo, clothes, etc. within easy reach. Simplify the environment and label drawers.</p> <p>Consider safety adaptations to bathroom including rubber-backed bathmat, tub guard, shower bench, wall bars, hand-held shower.</p> <p>Provide a chair to sit on in the bathroom to make drying and dressing easier.</p> <p>Remove all hazardous or dangerous materials, e.g., razor, medication, cleaners, plants. Remove sink stoppers to avoid a flood if water left on.</p> <p>Utilize beauty or barber shop for hair care – most people enjoy being pampered. There are professionals who will do hair in a person's</p>

<p>Fixed, false belief that caregiver is trying to harm them when assisting with undressing.</p> <p>Depression (self-neglect, not sleeping, loss of appetite, loss of interest, low mood) causing resistance to care.</p>	<p>Simplify verbal instructions to one-step commands: i.e., turn on tap, grab soap, wash hands, etc.</p> <p>Offer choices, e.g., whether person would like to bathe before or after breakfast.</p> <p>Communicate: "It's time for your bath – the water is drawn. I will help you" or "I'd like to help you freshen up before your family comes".</p> <p>Maintain a routine the person was used to before becoming ill; consider lifelong habits – time, preference for bath or shower, frequency of bathing.</p> <p>Remove clothing from sight once taken off. Show robe and slippers to indicate undressing to begin.</p> <p>Provide privacy by pinning towel around shoulders with clothes peg or allow the person to bathe wearing a T-shirt.</p> <p>Assist in/out of tub one step at a time.</p> <p>A facecloth soaked in mouthwash may be the only accepted oral care at a specific time, or a sponge swab.</p> <p>Try offering a reward, such as favourite food/treat, a drive in the car following bath.</p> <p>Have physician write an "order" on prescription pad and show weekly/daily to client.</p>	<p>own home.</p> <p>If person is very resistive to bathing in home setting, bath programs are available at some adult day programs or other places in the community.</p> <p>Only provide as much assistance as is necessary in order not to create excess disability.</p>
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BATHROOM ASSISTANCE/CONTINENCE

CHANGES WITH DEMENTIA	APPROACHES	APPROACHES
<p>Inability to locate bathroom or not remembering purpose for going to bathroom.</p> <p>Inability to communicate the need "to go". Inability to recognize bowel movements for what they are – may pick them up with hands.</p> <p>Confusion about space resulting in entering wrong room or voiding on other places such as wastepaper basket or corner of a room.</p> <p>Misperception of toilet, leading to urine on floor.</p> <p>Perceptual deficit resulting in inability to see the seat as something to sit down on, especially if it is the same colour as the floor.</p> <p>Inability to verbalize pain related to constipation</p> <p>Changes to mobility resulting in not being able to reach the bathroom or remove clothes in time or being fearful of falling.</p> <p>Frequent bathroom visits because of fear of soiling self.</p> <p>Night time incontinence.</p> <p>Slowed thought processes and reaction time, e.g., the need for the bladder to be emptied is</p>	<p>Client Centered Strategies:</p> <p>Offer fluids and encourage person to drink during the day. Stop fluid intake a few hours before bedtime.</p> <p>Prevent constipation</p> <p>If unable to sit still long enough to urinate or defecate, give person something to hold onto or to manipulate to distract, e.g., book, magazine, object.</p> <p>Use incontinence products and refer to them as padded panties, briefs. Assist with use. (Different brands and different styles for different kinds of incontinence.)</p> <p>Have the person wear easy to remove washable shoes/clothing such as elastic waist pants.</p> <p>Caregiver-Centered Strategies:</p> <p>Observe for non-verbal signs that might indicate the person needs to use the bathroom; examples include tugging at belt, pulling on pants, restlessness, calling out.</p> <p>Consult with a physician regarding concerns around urinary tract infections, diarrhea, or</p>	<p>Environmental Centered Strategies:</p> <p>Help the person to locate bathroom by labels, signs, picture of a toilet on door of bathroom.</p> <p>Ensure bathroom door stays open and install a night light or a motion sensor light for night time trips.</p> <p>Colour the water or change the colour of the seat so the person can distinguish where to sit down and where to target the urine.</p> <p>Consider adapting the bathroom for safety: examples include installing raised toilet seat, grab bars, commode at night, urinal at bedside, rubber mat at bedside.</p> <p>Make sure bathroom door can be opened from outside.</p> <p>Remove rugs or carpeting on frequently wetted spots.</p> <p>Remove wastebasket, flowerpots, and vases if confused for toilet.</p> <p>If incontinence at night a problem – a plastic mattress cover and an incontinence pad will protect mattress and sheet.</p> <p>A green garbage bag with towel on top or</p>

<p>recognized too late.</p> <p>Rigidity, especially in late stages, hindering sitting/standing from toilet.</p> <p>Embarrassment over accompaniment to bathroom by a stranger.</p> <p>Lack of initiation so that body messages "to go" are ignored.</p> <p>Seeing or hearing things that are not there may be frightening individuals so they will not go into bathroom.</p> <p>Being unable to recognize self in the mirror and being frightened by a "stranger" in the bathroom.</p> <p>Reluctance to enter the bathroom and/or remove pants sometimes relates to repressed memories of childhood trauma or traumatic events in adulthood.</p>	<p>constipation.</p> <p>Protect privacy as much as possible.</p> <p>Run water in sink or flush toilet to stimulate urination.</p> <p>Follow a consistent bathroom routine. Determine when the person usually goes and take them just ahead of that time. Attempt a routine of toileting every two to three hours.</p> <p>Use simple one step commands – unzip zipper, slide your pants down to your knees, sit down, etc. Demonstrate actions if needed.</p> <p>Wash person well after an incontinence episode.</p>	<p>flannel backed plastic tablecloth protects car seat or chairs.</p> <p>*Only provide as much assistance as is necessary in order to avoid excess disability.</p>
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