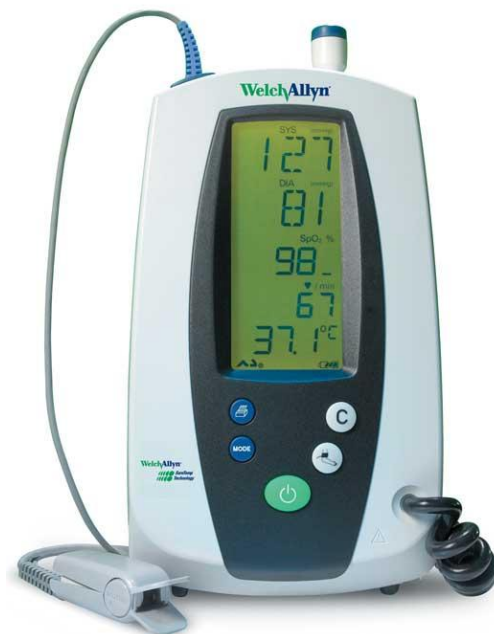




# Vital Signs & Symptoms



## Module 6, Section 3

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## Assessing Health Needs

People with developmental disabilities have the same health issues that everybody else does. They have colds, the flu, stomach aches, etc. Your role regarding assessing health needs involves listening, questioning, observing and documenting. DSPs are the first-line of preventing illness, identifying illness by observing symptoms and working with your agency's team to manage symptoms and address illnesses.

**Listening:** Listen to what people say, such as:

- My stomach hurts
- I have a headache
- I don't feel well
- My tooth hurts

**Questioning:** You might ask questions, such as:

- Are you sick?
- Does it hurt somewhere? Show me.
- Can you tell me about it?

**Observing:** You might notice the following:

- Groaning
- Holding stomach/head, etc.
- Throwing up
- Discolored skin
- Change in behavior



## Signs and Symptoms

Though signs and symptoms describe the same conditions, they are very different in many ways. **Signs** are what a doctor sees. **Symptoms** are what the patient experiences. Listening to the people you help support and helping them express their feelings can be very helpful for medical personnel who are trying to diagnose and treat medical conditions. Doctors rely on symptoms to help diagnose medical conditions.

Although the patient notices symptoms, it is other people (DSPs, nurses, physicians) that notice the signs. **Signs** are considered to be objective because they can be felt, heard or seen. Bleeding, bruising, swelling and fever are examples of **signs**.

**Symptoms** are subjective in the sense that they are not outwardly visible to others. It is only the patient who perceives and experiences the symptoms. For example, a high temperature, a rapid pulse, low blood pressure, and bruising can all be called **signs**. Chills, shivering, fever, nausea, shaking and vertigo are **symptoms**.

### **You Should Document these Signs and Symptoms if observed:**

#### **Wound**

pain  
swelling  
redness  
tenderness  
pus and/or red streaks

#### **Ears**

pain  
pulling at ear  
redness  
fever  
diminished hearing  
drainage

#### **Teeth**

pain  
refusal to eat  
facial or gum swelling  
gum bleeding  
fever

#### **Digestive System**

abdominal pain  
vomiting  
loose stools  
constipation  
fever

#### **Toxic Shock Syndrome**

vomiting  
fever  
pain in one or both sides of mid back  
vomiting  
chills  
diarrhea  
nausea  
rash, especially during menstruation

#### **Throat**

pain with swallowing  
refusal to eat  
redness  
whitish patches at back of throat  
hoarse voice  
fever or skin rash

#### **Eyes**

redness  
swelling of the eyelid(s)  
eyes burning or painful  
discharge  
could be allergy if discharge is clear  
infection likely if discharge is yellowish or greenish

#### **Respiratory System**

cough  
phlegm (mucous)  
shortness of breath  
wheezing  
fever

#### **Urinary Tract**

difficult urination, loose stools  
pain or burning  
change to urine color (clear to cloudy, light to dark yellow)

#### **Vaginal Infection**

unusual discharge  
itching, burning  
unusual odor

### **Reporting Guidelines for Signs & Symptoms**

When documenting information about signs and symptoms, be sure to include any of the following:

- State what the individual claims is wrong
- Describe how the individual appears physically
- State when the symptoms first began or were noticed
- Describe any changes in the individual's eating habits
- Describe any changes in the individual's behavior
- Describe any vomiting, diarrhea or urinary problems
- Report any recent history of similar symptoms.
- Provide list of current medications
- Provide list of known allergies
- Describe any visible bleeding or swelling, how much and how fast
- Describe any lack of movement or inability to move body parts
- If injured, describe how it happened
- Describe size of wound or injury
- Report pulse, temperature and blood pressure
- State only the facts, not opinion



## Subjective vs. Objective Documentation

One of your responsibilities will be to report your observations in progress notes. Any medically-related issue which comes up on your shift must be communicated to the nurse and/or other staff. Remember to be objective when reporting and report only the facts.

When you are documenting signs or symptoms, be sure to write only objective facts, such as size, shape, level of pain, etc., not your opinion or a conclusion that you have made based on the symptoms.

**Objective Documentation** is writing what you can see, hear, touch or smell.

**Subjective Documentation** is given by the individual, family members, or others. They include experiences, such as feelings they have or what the individual describes to you, such as pain.

## Subjective and Objective Documentation Quiz

**DIRECTIONS:** Read each documentation example. Determine which is subjective and which is objective and tell why you think that.

### Example #1:

John must have fallen out of bed because he said his arm hurt. It's probably not broken.

### Example #2:

John had three bruises on his right arm. They measured 4" x 3" each. The bruises were reddish in color and swollen in appearance.

## Documentation Tips and Rules

**Remember, records are considered legal documents. Therefore:**

Sign your name the same way each time, using your legal name.

- Include your title and the date with your signature
- Never use “white out”
- Draw a single line through all unused space.
- Use blue or black ink (per agency requirements)
- Write legibly
- Report objectively (keep feelings out)
- Put information in chronological order
- Protect confidentiality
- Use proper names.
- Draw a single line through errors; initial; then write corrections (if applicable)
- Follow your agency’s guidelines when referring to other staff or individuals in documentation





## Documentation Exercise

**Instructions:** Read the following scenario. Then write a sample progress note based on what you might see.

Mary is a 32 year old woman with mild mental retardation who lives in a group home. She approached you, the authorized DSP, and stated that she had a sore throat and wanted some Tylenol. As you get the medication, you notice she also has a runny nose and is coughing. You give her two Tylenol tablets, as the doctor had previously recommended for pain, according to the PRN Protocol.

Write your progress note here:

## **Behavior as an Indicator of Illness**

A person’s behavior sometimes may indicate that they are not feeling well. List some behaviors that could indicate that a person is not feeling well. (See the next page for behaviors to look for.)

### **General Activity Level**

- 
- 
- 
- 
- 
- 
- 

### **Specific Behaviors**

- 
- 
- 
- 
- 
- 
- 

### **Body Positioning**

- 
- 
- 
- 
-

## **Types of Behaviors that Can Indicate Illness**

### **General Activity Level:**

- Quiet
- Restless
- Drowsy
- Alert
- Nervous
- Calm
- Overactive

### **Specific Behaviors**

- Refusing to eat
- Crying
- Holding stomach
- Rubbing elbow
- Jerking movements
- Limping
- Hitting face or head

### **Body Positioning**

- Outstretched
- Twisted
- Bent over
- Cramped
- Fetal position (legs and arms drawn in toward the body)

## Common Health Problems for Individuals with Developmental Disabilities

There are **four major health issues** that are more common in people with developmental disabilities than in the general population. These 4 major health issues can lead to severe morbidity and even death. They are frequently referred to as the “fatal four” risks:

- ❖ Aspiration
- ❖ Dehydration
- ❖ Constipation
- ❖ Epileptic seizures

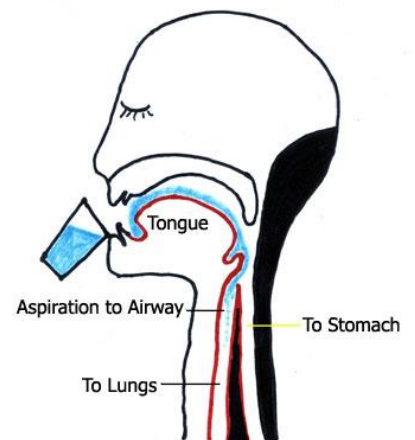
Aspiration, dehydration and constipation may be dangerous conditions that often go unrecognized. Many of the symptoms are subtle and persons with developmental disabilities may not be able to express their discomfort or give indications that they are not feeling well.

### Dysphagia/Aspiration

Dysphagia is the medical term which means difficulty swallowing. Aspiration is when bits of food, fluid, saliva or other materials are inhaled into the lungs. Aspiration often happens as a consequence of dysphagia. These two important medical problems are often not recognized promptly in people with developmental disabilities. The following information is meant to increase the awareness of these issues and help to recognize the signs and symptoms of these serious medical conditions.

#### Factors that place individuals at risk for aspiration:

- ❖ Being fed by others
- ❖ Inadequately trained caregivers assisting with eating/drinking
- ❖ Weak or absent coughing/gagging reflexes, commonly seen in persons who have cerebral palsy or muscular dystrophy



- ❖ Poor chewing or swallowing skills
- ❖ Gastroesophageal reflux disease (GERD, GER) which can cause aspiration of stomach contents
- ❖ Food stuffing, rapid eating/drinking and pooling of food in the mouth
- ❖ Inappropriate fluid consistency and/or food textures
- ❖ Medication side effects that cause drowsiness and/or relax muscles causing delayed swallowing and suppression of gag and cough reflexes
- ❖ Impaired mobility that may leave individuals unable to sit upright while eating
- ❖ Epileptic seizures that may occur during oral intake or failure to position a person on their side after a seizure, allowing oral secretions to enter the airway

### **Mealtime behaviors that may indicate aspiration**

- ❖ Eating slowly
- ❖ Fear or reluctance to eat
- ❖ Coughing or choking during meals
- ❖ Refusing foods and/or fluids
- ❖ Food and fluid falling out the person's mouth
- ❖ Eating in odd or unusual positions, such as throwing head back when swallowing or swallowing large amounts of food rapidly
- ❖ Refusing to eat except from a "favorite caregiver"

### **Signs and symptoms that may indicate aspiration**

- ❖ Gagging/choking during meals
- ❖ Persistent coughing during or after meals
- ❖ Irregular breathing, turning blue, moist respirations, wheezing or rapid respirations
- ❖ Food or fluid falling out of the person's mouth or drooling
- ❖ Intermittent fevers
- ❖ Chronic dehydration
- ❖ Unexplained weight loss
- ❖ Vomiting, regurgitation, rumination and/or odor of vomit or formula after meal

**Interventions for aspiration**

- ❖ Chin-down position
- ❖ Nectar-thickened liquids
- ❖ Honey-thickened liquids
- ❖ Dental soft diet
- ❖ Pureed diet

Individuals who exhibit these behaviors or who are at risk for dysphagia and aspiration should be seen by a medical provider for further assessment and treatment as indicated. The assessment generally consists of a swallowing evaluation done by a speech language pathologist.

## Constipation

Constipation is when an individual has difficulty passing stool; the stools are hard, dry and often look like marbles. The frequency of bowel movements varies greatly from person to person. Bowel movements are considered normal as long as the feces is soft; normal sized and is passed easily out of the bowel.

### Factors that place individuals at risk for constipation:

- ❖ Neuromuscular degenerative disorders that impair the central nervous system's response for the need to eliminate
- ❖ Spinal cord injuries or birth defects that affect neural responses needed for elimination such as spina bifida
- ❖ Individuals with muscle weakness who lack the strength and tone needed for adequate bowel function
- ❖ Diets that do not contain enough fiber and fluids
- ❖ Poor swallowing skills with aspiration risk making it difficult to eat and drink adequate amounts of fiber and fluid
- ❖ Inadequate or inconvenient access to the bathroom
- ❖ Immobility and poor body alignment that does not allow for optimum positioning for bowel elimination
- ❖ Poor bathroom habits and routines or lack of privacy and time for using the bathroom
- ❖ Medications that slow down gastric motility or draw too much fluid from the GI tract.
- ❖ Hemorrhoids or other conditions that make bowel elimination painful
- ❖ History of frequent bowel stimulant use leading to decreased bowel reactivity
- ❖ Repression of the urge to defecate due to psychiatric issues

### Signs and symptoms of constipation

- ❖ Spending a lot of time on the toilet
- ❖ Straining and grunting while passing stool
- ❖ Refusing to eat or drink
- ❖ Hard, small, dry feces
- ❖ Hard, protruding abdomen (usually this is an emergency)



- ❖ Vomiting digested food that smells like feces (This is an emergency)
- ❖ Bloating and complaints of stomach discomfort

### **Interventions for Constipation issues**

- ❖ Dietitian consultation regarding the type of food, texture, fiber content and fluid requirements to enhance elimination
- ❖ Implement an individual constipation protocol and train caregivers how to identify constipation symptoms, what to do if they occur and who to notify

### **Observations that should prompt concern**

- ❖ No bowel movement for more than three days
- ❖ Last two bowel movements were hard and/or small
- ❖ In the last three days, only small bowel movements recorded

## **Dehydration**

Dehydration occurs when an individual does not drink enough fluids. Fluids are needed for temperature control, chemical balance and for cells to make energy and get rid of waste products. Dehydration occurs when the body loses more fluid than is replaced.



### **Factors that place individuals at risk for dehydration**

- ❖ Unable to access fluids without assistance
- ❖ Needing assistance with drinking
- ❖ Dysphagia with coughing and choking during meals
- ❖ Food, fluid and saliva falling out of a person's mouth
- ❖ Frequently refusing food and fluids
- ❖ Suppression of thirst mechanism that results in the inability to recognize thirst
- ❖ Unable to effectively communicate thirst to caregivers
- ❖ Medical conditions where fluid loss can potentially cause dehydration, such as kidney disease or diabetes
- ❖ Conditions where the individual loses body fluids, such as drooling, diarrhea, sweating and vomiting
- ❖ Taking medications that affect body fluid balance, such as diuretics



**Signs and symptoms that an individual may be dehydrated**

- ❖ Dry skin and poor skin elasticity
- ❖ Extreme thirst
- ❖ Dry, sticky mucous
- ❖ Lethargy and decreased alertness
- ❖ Fever
- ❖ Increased heart rate and decreased blood pressure
- ❖ Decreased urination, dark colored urine and concentrated urine smell.

**Interventions for Dehydration**

- ❖ Offer fluid intake if the individual is alert and able to drink safely
- ❖ If unable to take fluid safely, call health care professional for administration of intravenous fluids

**Seizure Disorder (Epilepsy)**

Epilepsy is a disorder of the brain that is characterized by recurring seizures. Individuals with developmental disabilities are more likely to have epilepsy because of an underlying brain dysfunction. Head injuries, brain tumors, and brain congenital abnormalities are some causes of epilepsy. The clinical expression of an epileptic seizure varies according to where it starts in the brain.

**Factors that place individuals at risk for epilepsy**

- ❖ Prenatal and postnatal brain injury, such as trauma, anoxia, infection
- ❖ Congenital brain malformations
- ❖ Brain tumors, clots, hemorrhage, and aneurysms
- ❖ Traumatic brain injuries

## Immediate interventions when an individual has a seizure

- ❖ Stay with the person and guide gently away from or prevent access to dangerous areas
- ❖ Do not place anything in the person's mouth
- ❖ Move objects away from the person to prevent injury
- ❖ Only move the person if in an unsafe area such as a roadway or stairwell
- ❖ If in water, keep the person's head above the water
- ❖ Don't restrain the person's movements
- ❖ Pad under the person's head, arms and legs
- ❖ Keep track of how long the seizure lasts



### After the seizure

- ❖ Loosen clothing
- ❖ Check for injuries and treat appropriately
- ❖ Document the seizure on a seizure calendar or record
- ❖ Allow the person sufficient time to recover before returning to activities

### General interventions

- ❖ Keep an accurate description of seizures and track all seizures in a consistent manner
- ❖ Monitor for medication side effects
- ❖ Keep the environment safe. Precautions must be considered when bathing/swimming if there has been a seizure in the past 12 months or antiepileptic medications have been changed within the last 6 months
- ❖ Individualized seizure protocol with caregiver trainings

## A couple more things about Epileptic Seizures

It is possible for some seizures to be overlooked as behaviors and/or cognitive symptoms.

### Behaviors:

- Yelling or screaming
- Aimless wandering
- Argumentativeness

- Appearing drunk
- Repeating the same word or phrase over and over
- Non-directed violence or lashing out

**Cognitive:**

- Confusion
- Lapses of memory
- Cloudiness of thinking
- Hallucinations

**Seizures MAY be the cause of some of these conditions**

### Treating Epilepsy

- Doctors rely on accurate reporting of events to help in arriving at a correct diagnosis.
- It may only be possible to sort out seizures from behaviors through the use of an EEG, a test which measures brain waves.
- CT or MRI scans may reveal growths, scars or other physical conditions that may be causing a seizure.
- Epilepsy is treated mostly with medication
  - There are many different medications. One may work for some people but not for other people.
  - Anti-epilepsy drugs are only effective when the correct amount is maintained in the blood stream, so taking the correct dosage at the correct time is important.
- Be sure to report any possible side effects from medications
  - Side effects can include: Double/blurred vision, clumsiness, drowsiness, nausea, dizziness, irritability, tremor, confusion, insomnia.
  - More serious side effects include: Skin rash, hives, bruising, hypersensitivity, drunken behavior, increased seizures.

Common anti-convulsant medications include Dilantin, Phenobarbital, Mysoline, Tegretol, Klonopin, Depakene.

### Reporting Seizures

**Remember to document:**

- Time of the seizure
- Any drug or alcohol use
- Parts of the body affected
- Types of movement

- Antecedent conditions
- Impairment in consciousness
- Changes in skin color
- Any resulting injuries
- Condition after the seizure
- Any difficulty with recall
- Who the seizure was reported to

[www.oregon.gov/DHS/spd/provtools/.../ddmanual/companion.pdf](http://www.oregon.gov/DHS/spd/provtools/.../ddmanual/companion.pdf)

**The following is an example of a Seizure Report Form. Please be sure to become familiar with your agency seizure reporting form.**

## SEIZURE REPORT FORM

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Seizure Date: \_\_\_\_\_ Seizure Time: \_\_\_\_\_

**I. Pre-seizure State**

- A. Duration: Seconds \_\_\_\_\_ Minutes \_\_\_\_\_  Not Known
- B. Activity engaged in: \_\_\_\_\_
- C. Environment:  Noisy  Crowded  Hot  Cold  Bright lights  Other: \_\_\_\_\_
- D. Behavior:  Hyperactive  Confused  Calm  Lethargic  Other: \_\_\_\_\_

**II. Seizure**

- A. Duration: Seconds \_\_\_\_\_ Minutes \_\_\_\_\_  In Progress  Not Known
- B. Warning:  Yes  No  Not known First Movement: \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
- C. Stayed awake:  Yes  No  Not known
- D. Responsive to environment:  Yes  No  Not known

E. Body Movement	Yes	No	NK		Yes	No	NK
Head rolled forward				Right arm jerked			
Head rolled backward				Left arm relaxed			
Head rolled left				Left arm stiff			
Head rolled right				Left arm twitched			
Facial twitching				Left arm jerked			
Pupils dilated				Trunk relaxed			
Pupils constricted				Trunk stiff			
Eyes rolled left				Trunk jerked			
Eyes rolled right				Right leg relaxed			
Eyes rolled upward				Right leg stiff			

Eyes blinking				Right leg twitched			
Lips smacking				Right leg jerked			
Chews tongue				Left leg relaxed			
Jaw clenched				Left leg stiff			
Right arm relaxed				Left leg twitched			
Right arm stiff				Left leg jerked			
Right arm twitched							
<b>F. Body Functions</b>	<b>Yes</b>	<b>No</b>	<b>NK</b>		<b>Yes</b>	<b>No</b>	<b>NK</b>
Verbal sounds				Skin clammy			
Clothes picking				Skin color flushed			
Loss of bladder control				Skin color pale			
Loss of bowel control				Skin color normal			
<b>G. Other</b>	<b>Yes</b>	<b>No</b>	<b>NK</b>		<b>Yes</b>	<b>No</b>	<b>NK</b>

**III. Post Seizure State**  
 A. Duration: Seconds \_\_\_\_\_ Minutes \_\_\_\_\_  Not Known  
 B. Consciousness:  Alert  Confused  Sleepy  Other \_\_\_\_\_  
 C. Problems/Complaints:  Headache  Weakness  Injury  Not Known  Other \_\_\_\_\_  
 D. Affect:  Angry  Fearful  Usual self  Other \_\_\_\_\_  
 E. Able to continue usual activity:  Yes  No  
 F. Injury:  Yes  No  Not Known  
 If yes, describe \_\_\_\_\_

**IV. Narrative** (A summary of observations prior to, during and after a seizure)  
 If the observer was not the recorder, then document the observers name and relationship to individual.  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Signature & Title of Recorder

**Medical Evaluation/Follow-up (if indicated)**

\_\_\_\_\_  
 Signature & Title

## Other Common Health Issues

### Incontinence and Urinary Tract Infections (UTI)

Some people that you help support, like millions of others, may experience the frustration and embarrassment of urinary tract infections, otherwise known as UTIs. When this happens, clothing gets wet, odors develop, and the person gets uncomfortable. Being incontinent is beyond the person's control and dealing with it as a professional requires understanding, kindness and patience.

#### Urinary Incontinence

This is the inability of the person to contain urine in the bladder. The extent can range from an occasional leakage of urine, to a complete inability to hold any urine.



#### Common Causes of Incontinence

There are a number of reasons someone you support may be incontinent. Incontinence can develop suddenly, be only temporary or be ongoing. Some causes of sudden or temporary incontinence include:

- Urinary tract infection or inflammation
- Prostate infection or inflammation
- Stool impaction from severe constipation which causes pressure on the bladder
- Side effects of medications

Causes that may be more long term include:

- Spinal injuries
- Alzheimer's disease
- Enlarged prostate
- Neurological conditions (multiple sclerosis)
- Weakness of the sphincter (the round muscle of the bladder responsible for opening and closing it)
- Bladder cancer
- Cognitive disability

**Fecal Incontinence** is loss of control of the bowels. This may lead to stool leakage from the rectum. Muscle damage is a common cause of fecal incontinence. Damage to the nerves that are responsible for rectal sensation is also a common cause.

Diseases such as diabetes, spinal cord tumors and multiple sclerosis can cause nerve injury which can cause fecal incontinence.

#### Interventions for Fecal Incontinence

- ❖ Adequate fluid intake daily
- ❖ Regular exercise
- ❖ Positive mental outlook

## Pressure sores

### What is a pressure sore?

A pressure sore is an injury to the skin and the tissue underneath it caused by pressure to the area when you stay in one position too long without shifting your weight. This can happen if a person uses a wheelchair, or if they are confined to bed. However, even people who are able to walk still can get pressure sores when they become ill or injured and must stay in bed. When a person's position doesn't change often enough, the constant pressure against the skin reduces the blood supply to the area and the tissue in that area dies. Sometimes as little as two hours of this constant pressure can trigger skin damage. Even the weight of sheets and blankets can cause pressure sores on toes. Pressure sores can also be called **bed sores** or **decubitus ulcers**.



### Is a pressure sore serious?

Pressure sores can be extremely serious, depending on how much tissue has been damaged. Although the pressure sore can start as simply an area of reddened skin, it can quickly turn into an open sore that can eventually go deep into the muscle and bone. If not treated properly, they can become infected and lead to an infection that may be fatal.

### Where can pressure sores occur?

Pressure sores can happen anywhere on your body. They are most common over a bony or firm area. Bony areas include:

- Elbows
- Ankles
- Hips
- Heels
- Shoulders and shoulder blades
- Back
- Back of the head

### What causes pressure sores?

One or more of the following commonly causes pressure sores:

- **Pressure:** Pressure on the skin can hurt the skin and the layers of tissue underneath the area. When the tissue does not get enough blood, tissue can become damaged and even die. Damage to the tissue and skin from pressure can begin after one or two hours of staying in one position.

- **Shearing, rubbing, or friction:** Shearing happens when the skin is dragged across a surface. For example, being moved up in bed may cause skin shearing if the skin is pulled across the bed surface. A person may have friction on their skin, which is when the top layer of skin is removed. This may cause the skin to turn red, or feel like it is burning
- **Moisture:** Moisture makes the skin spongy, increasing the risk of pressure sores. Moisture can be due to incontinence, not drying properly after bathing or sweating. Be sure that the person is never left in a wet bed or wet clothes.

### Preventing Pressure Sores

It is important to remember: Pressure **sores are much easier to prevent than to heal**. Take care to protect skin from friction, shearing and other stress. Do **not** massage (rub) the skin over bony areas.

Here are some ways to help prevent pressure sores.

- Check skin several times a day for redness over bony areas
- Keep skin dry
- Keep skin clean
- Change positions frequently (at least every hour)
- Protect the skin over bony areas
- Use special equipment and pads
- If in bed, keep bottom sheet free of wrinkles
- If in a chair or wheelchair, have person sit up straight (shift weight from one side to the other every 15 minutes)
- Make sure feet are supported
- Ask the nurse about exercises that can be done in the chair (exercising helps blood flow to the skin)

### Allergies and allergic reactions

The symptoms of **allergy** include sneezing and wheezing to itching and tearing. This occurs when your body reacts to what is normally a harmless substance. The results can range from mild congestion to death. Allergens (pollen, dust, mites, mold spores, animal dander, etc.) enter through the nose causing discharge of histamine. The histamine causes sneezing, nasal congestion and nasal discharge.

Medications include antihistamines, nasal steroid sprays, and decongestants. Other treatments include salt water nasal sprays, allergy





shots, and air filters. Some allergic reactions include **contact dermatitis** (red, itchy, blistering skin) and **hives** (itchy, red welts and swelling).

Allergic reactions may occur due to **medications**. This occurs if a person's immune system reacts to the presence of a foreign substance. The body attempts to get rid of the substance. Symptoms may be serious. They could include anaphylactic shock (which can lead to death), anxiety, hives, palpitations, shortness of breath, skin rash, swelling or wheezing.

### **Eczema**

Eczema can be caused by an allergic reaction. It produces an inflammation which causes the skin to become itchy and scaly, with dry, red patches of skin. This often occurs behind the knees, in the folds of the elbows and wrists, and on the neck, ankles and feet. The itching worsens with heat, stress or abrasions to the areas from scratching.

Medications to treat eczema include topical ointments, oral steroids, antibiotics, and antihistamines.

### **Asthma**

Asthma occurs when the airways narrow as a result of irritation and inflammation. It causes repeated bouts of wheezing, shortness of breath, chest tightness, and coughing, especially at night or early morning.

Treatments of asthma include avoiding known irritants or triggers (cigarette smoke, dust and strong chemical odors) and taking medications to reduce airway inflammation.

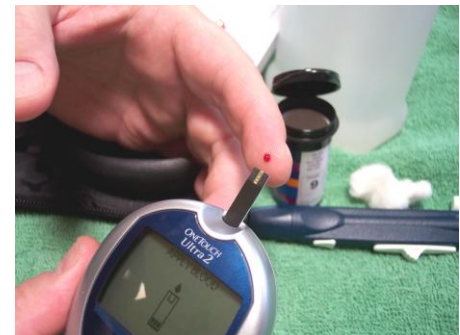
## Diabetes

Also called: "Sugar", Adult onset diabetes, Non-insulin dependent diabetes

Diabetes is a disease in which your blood glucose, or sugar, levels are too high. Glucose comes from the foods you eat. Insulin is a hormone that helps glucose in the blood to be absorbed by your cells. Glucose enables cells to provide energy. With Type 1 diabetes, your body does not make insulin. With Type 2 diabetes, the more common type, your body does not make insulin or use it well. Without enough insulin, the glucose stays in your blood.

Over time, having too much glucose in your blood can cause serious problems. It can damage your eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb. Pregnant women can also get diabetes. This is called gestational diabetes.

Symptoms of Type 2 diabetes may include fatigue, thirst, weight loss, blurred vision and frequent urination. Some people have no symptoms. A blood test can show if a person has diabetes. Exercise, weight control and sticking to a nutritional meal plan can help control diabetes. People need to monitor their glucose level and take medicine if prescribed by a physician.



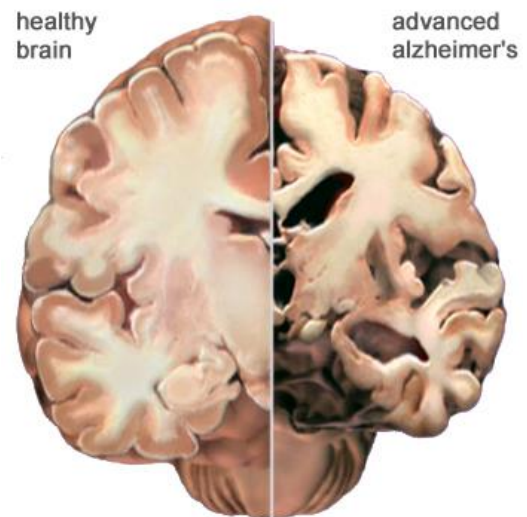
## Alzheimer's Disease and Dementia in People with Developmental Disabilities

Alzheimer's disease is age related, that is, it affects primarily older adults. Except for people with Down syndrome, adults with developmental disabilities are at the same risk for Alzheimer's disease as other adults in the general population.

Studies have shown that the rate of occurrence of Alzheimer's disease among people with developmental disabilities is about the same as the general population (about 6% of persons age 60 or older). However, the rate among people with Down syndrome is much higher. For people with Down syndrome over age 40, about 25% will be diagnosed with Alzheimer's disease. This rate jumps to 65% for those with Down syndrome age 60 and older.

Adults in general are at greater risk of having the disease if they:

- Are over 60 years old
- Have Down syndrome
- Have had some form of severe or multiple head injury
- Have a family history of Alzheimer's disease



The early symptoms of Alzheimer's disease in the general population often include:

- **Language problems.** The person cannot find the right word or name for a familiar person, place or object. This is not the same as taking longer to recall a word. It is far more than the "occasional" slip of a name that everyone experiences.
- **Loss of recent memory.** The person may forget that he or she just had breakfast or has left something cooking on the stove, or may check and recheck that the bed has been made. However, recall of events from the distant past is often unaffected.
- **Loss of a sense of time and place.** The person may become more and more confused about what day it is, or forget the route to well-known places.
- **Decline in activities of daily living.** The person may exhibit an unexplained loss of activities of daily living (ADL) skills. What once was an easy task for the person may now be difficult.

- **Personality changes.** These may be so slight that, at first, they are difficult to notice. Some people become more quiet and withdrawn. In other cases, they may become more and more restless. Some persons may start to get angry over little things or have sudden changes of mood for no apparent reason.

As the disease progresses, memory losses become even more pronounced. There may be specific problems with language abilities. Persons affected may have difficulty naming objects or with maintaining a logical conversation. They may have difficulty understanding directions or instructions and become disoriented as to time of day, where they are and with whom they are with. They may also begin to experience loss of self-care skills, including eating and using the toilet. Severe changes in personality may become obvious and social behavior may be marked by suspiciousness and delusions.

## Supporting People with Alzheimer's disease

Here are some tips for supporting people with Alzheimer's disease:

### Communication

Trying to communicate with a person who has Alzheimer's disease can be a challenge. Both understanding and being understood may be difficult.

- Choose simple words and short sentences and use a gentle, calm tone of voice.
- Avoid talking to the person with Alzheimer's like a baby or talking about the person as if he or she weren't there.
- Minimize distractions and noise—such as the television or radio—to help the person focus on what you are saying.
- Make eye contact and call the person by name, making sure you have his or her attention before speaking.
- Allow enough time for a response. Be careful not to interrupt.

### Bathing

While some people with Alzheimer's disease don't mind bathing, for others it is a frightening, confusing experience. Advance planning can help make bath time better for both of you.

- Plan the bath or shower for the time of day when the person is most calm and agreeable. Be consistent. Try to develop a routine.

- Respect the fact that bathing is scary and uncomfortable for some people with Alzheimer's. Be gentle and respectful. Be patient and calm.
- Tell the person what you are going to do, step by step, and allow him or her to do as much as possible.
- Prepare in advance. Make sure you have everything you need ready and in the bathroom before beginning. Draw the bath ahead of time

## **Dressing**

For someone with Alzheimer's, getting dressed presents a series of challenges: choosing what to wear, getting some clothes off and other clothes on, and struggling with buttons and zippers. Minimizing the challenges may make a difference.

- Try to have the person get dressed at the same time each day so he or she will come to expect it as part of the daily routine.
- Encourage the person to dress himself/herself to whatever degree possible. Plan to allow extra time so there is no pressure or rush.
- Allow the person to choose from a limited selection of outfits. If he or she has a favorite outfit, consider buying several identical sets.
- Arrange the clothes in the order they are to be put on to help the person move through the process.
- Hand the person one item at a time or give clear, step-by-step instructions if the person needs prompting.
- Choose clothing that is comfortable, easy to get on and off, and easy to care for. Elastic waists and Velcro® enclosures minimize struggles with buttons and zippers.

## **Eating**

Eating can be a challenge. Some people with Alzheimer's disease want to eat all the time, while others have to be encouraged to maintain a good diet.

- View mealtimes as opportunities for social interaction and success for the person with Alzheimer's. Try to be patient and avoid rushing, and be sensitive to confusion and anxiety.
- Aim for a quiet, calm, reassuring mealtime atmosphere by limiting noise and other distractions.
- Maintain familiar mealtime routines, but adapt to the person's changing needs.

- Give the person food choices, but limit the number of choices. Try to offer appealing foods that have familiar flavors, varied textures, and different colors.

### **Exercise**

Incorporating exercise into the daily routine has benefits for both the person with Alzheimer's disease and the caregiver. Not only can it improve health, but it also can provide a meaningful activity for both of you to share.

- Think about what kind of physical activities you both enjoy, perhaps walking, swimming, tennis, dancing, or gardening. Determine the time of day and place where this type of activity would work best.
- Be realistic in your expectations. Build slowly, perhaps just starting with a short walk around the yard, for example, before progressing to a walk around the block.
- Be aware of any discomfort or signs of overexertion. Talk to the person's doctor if this happens.
- Allow as much independence as possible, even if it means a less-than-perfect garden or a scoreless tennis match.

## Medications

Medications are used to enhance the quality of life for people. The benefits are many. Medicines can treat and cure many health problems, but they must be taken properly to ensure that they are safe and effective. Many medicines have powerful ingredients that interact with the human body in various ways. However, whenever medications are used, the potential for unwanted effects and reactions is always present. As a direct support staff person, you will need to watch for these effects and reactions so that good decisions regarding medication use can be made.



### Medication Effects

The effects of medications can fall into two general categories: **therapeutic** (which are the desired effects) and **side effects**. The therapeutic effect is what the drug is intended to do for the person. The side effect is a part of the action of the drug that is not part of the goal of the medication.

#### Therapeutic Effects

In order to understand how medications work therapeutically, we need to understand how they affect the workings of the human body. Medications can generally be placed in four categories. These are:

**Depressing.** When a drug has this effect, it slows down cellular processes. An example of this is the use of antihistamines which slow down the body's production of histamine which is produced in reaction to irritations.

**Stimulating.** Stimulants are drugs that arouse activity in the brain and central nervous system, speeding up communication between the two. Stimulants usually increase alertness and physical activity. Your everyday coffee is a stimulant from which many people have formed an addiction.

**Destroying cells.** Medications in this category destroy certain harmful cells. Antibiotics are an example of this type of drug. Antibiotics kill microorganisms that cause disease.

**Replacing substances.** These medications are designed to replace a substance that the body is not producing naturally. An example of this type of medication is insulin which is taken by people who have diabetes.

## Medication Side Effects and Interactions

As a DSP, it is important that you are aware of potential side effects of medications and watch the person you support to see if any side effects occur. If you observe a side effect, you must be sure to follow your agency's procedures for documenting and reporting the information. Your documentation is very important because it will help the doctor decide what to do about the medication causing the side effects. However, if a severe reaction occurs and the person appears to be in a life-threatening situation, medical attention is needed immediately. Seek medical advice before administering another dose of a medication when you have observed a side effect. You can get information about the side effects from the prescribing doctor or pharmacist. When a medication is filled, a list of potential side effects usually accompanies the medication.

The causes of side effects may be influenced by things that are under our control:

- Sometimes when a drug is used in combination with another drug or with certain kinds of foods, the interaction can result in side effects that neither drug would cause if used alone.
- Certain foods can decrease the beneficial effects of some medications.
- Alcohol and caffeine often interact undesirably with medications
- Remember that alcohol is an ingredient in many cough syrups, mouthwashes, shaving lotions, deodorants etc.
- There is a greater risk of undesirable side effects when a number of drugs are used at the same time.

### Tardive Dyskinesia (TD)

TD is a movement disorder that is a side effect of medications, usually psychotropic drugs (antipsychotic or neuroleptic). When these medications are prescribed for a long period of time or are discontinued, TD symptoms may appear. TD is characterized by repetitive, involuntary, purposeless movements such as grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of arms, legs and trunk may be noticed. Other TD symptoms include the involuntary movement of fingers as though playing an invisible guitar or piano, and making repetitive sounds such as humming or grunting. The muscles of respiration and speech can be impaired by TD too. In the worst cases, a person with TD will thrash about continually.

Antipsychotic medications that may cause TD include Thorazine, Prolixin, Haldol, Loxitane, Serentil, Moban, Trilafon, Orap, Compazine, Serapsil, Mellaril, Navane, and Stelazine. Antidepressant medications associated with TD are Asendin and Triavil. Medications for gastrointestinal problems related to TD are Reglan and Compazine. Penergán (for coughs). A combination medication associated with TD is Etrafon.



## Factors that Affect Drug Action

Following are some factors that may affect how well a drug works in a specific person.

**Weight** – The size of the person. A larger dose may be needed for a larger person. A smaller person may require a smaller dose.

**Age** – Age may change how a medication works. For example, the body processes of elderly persons may be slower which may take a drug longer to work.

**Diet** – Some drugs are affected by the amount or kind of food eaten. Some medications need to be taken on an empty stomach. For other medications, certain foods need to be avoided. It is important to know this information when assisting someone with their medications.

**Gender** – Females generally require smaller doses than males.

**Race** – Race can affect drug action since body chemistry and stature among different races can vary.

**Tolerance** – The therapeutic effects of some medications are lessened in some individuals after prolonged use. Therefore, a person who has used a drug for a long time may need larger doses than when the medication was first prescribed in order to get the same therapeutic effects.

[www.tpub.com/content/armymedical/md0913/md09130057.htm](http://www.tpub.com/content/armymedical/md0913/md09130057.htm)

## Why would anyone not want to take medications?

A person may resist taking medications for any number of reasons such as:

- Expectation that the medication should work faster; therefore, they must not be working
- Side effects are intolerable
- Feel that the medication is too expensive
- The medication is inconvenient to take
  - Time of dosage
  - Size of the pill
- Want to exert their right of control over their life
  - Uses the taking of medication as a bargaining chip to get other privileges

Things to remember when helping people accept the fact that medication can help them.

- A change in medication may be confusing to a person whether it is a change in brand or change in type of medication. Remind the person of the reasons for the change and reassure them.
- When unpleasant side effects occur report these and confirm with the doctor that the benefits of taking the medication outweigh the negative side effects.
- If a person resists taking a medication, review the protocol for such an occurrence and follow it. The protocol should be documented.

## Examples of Medications and Their Uses

### Anticonvulsants

**Purpose:** Controls seizures

Phenobarbital	Lamictal
Dilantin	Tegretol
Depakene	Depakote
Klonopin	Mysoline
Neurontin	Keppra
Topamax	

### Non-Steroidal Anti-Inflammatory

**Purpose:** Reduces pain, fever, inflammation.

Bayer Aspirin  
Ibuprofen (Motrin, Advil)  
Naproxen (Anaprox, Aleve, Naprosyn)  
Ketoprofen (Orudis)  
Nabumetone (Relafen)

### Anti-Anxiety Drugs

**Purpose:** Alleviates anxiety often displayed as agitation.

BuSpar	Librium
Ativan	Xanax
Valium	

### Asthma

**Purpose:** Opens passages to the lungs.

Theo-Dur	Primatene Mist
Slo-Bid	
Proventil	

### Antidepressants

**Purpose:** Reduces symptoms of depression.

Elavil	Prozac
Trofanil	Paxil
Wellbutrin	Desyrel
Zoloft	Remeron
Lexapro	Effexor

### Diuretics

**Purpose:** Helps eliminate water, sodium and chloride from the body.

Lasix	Bumex
Dyazide	Zaroxolyn
Maxzide	Dyrenium
Hydrodiuril	

### Antipsychotics

**Purpose:** Reduces symptoms of various psychoses (i.e., schizophrenia, manic depression, etc.)

Thorazine	Risperdal
Prolixin	Haldol
Mellaril	Navane
Seroquel	Clozaril
Abilify	Geodon
Invega	

### Antihistamines

**Purpose:** Alleviates allergies, cold and hay fever symptoms.

Dimetane	Allegra
Benadryl	Claritin
Tavist	Zyrtec

## Anti-Seizure

Use the following 2 pages (Example of a Written Insert, etc.) to answer these questions.



What is the medication supposed to do?

In what forms does this drug come?

If I take this medicine once a day and I miss a dose but don't remember until the next day, should I take two doses?

Should I take this medication with food?

Is there anything I should avoid eating or drinking while taking this drug? If so, what?

1. What are the common side effects?
2. Why shouldn't I store this drug in the bathroom?
3. If I take these drugs, I should inform my doctor. What are they?
4. Where would be a good place to store this medication?
5. What can I do to decrease gum enlargement?

***Example of a Written Insert Accompanying a Drug Dispensed by the Pharmacist***

**Medication: Dylantin (Phenytoin - Oral)**

**USES:** This medication is used to treat seizures and epilepsy.

**HOW TO TAKE THIS MEDICATION:** Take with food or milk if stomach upset occurs. Capsules should be swallowed whole unless otherwise directed. The tablets must be chewed thoroughly before swallowing. The suspension must be shaken well before measuring each dose. This medication must be taken as prescribed. Do not stop taking this drug suddenly without consulting your doctor, as seizures may occur. It is important to take all doses on time to keep the level of medication in your blood constant. Do this by taking doses at the same time(s) each day. Do not skip doses. While taking this medication, lab tests may be done, especially in the first few months, to check if the drug is working properly.

**SIDE EFFECTS:** May cause drowsiness, dizziness, or blurred vision. Use caution performing tasks that require alertness. Other side effects include stomach upset, headache, muscle twitching, or sleep disturbances. These should subside as your body adjusts to the medication. Notify your doctor if seizures occur or if you develop severe nausea and vomiting, joint pain, swollen or tender gums, sore throat, uncoordinated movements, unusual bleeding or bruising, uncontrolled side-to-side eye movements or skin rash while taking this medication. May cause enlargement of the gums. This can be minimized by maintaining good oral hygiene with regular brushing, flossing and massaging of the gums.

**PRECAUTIONS:** This drug should be used during pregnancy only if clearly needed. Discuss the risks and benefits with your doctor. Small amounts of phenytoin appear in breast milk. Consult with your doctor before breast-feeding. Use of alcohol and other sedative type medications can lead to extreme drowsiness. Try to limit their usage. This medication may decrease the effectiveness of oral contraceptives. Consult your pharmacist or doctor about other methods of birth control. Be sure your doctor knows your complete medical history.

**DRUG INTERACTIONS:** Inform your doctor about all the medicine you use (both prescription and non prescription) especially if you take a blood thinner (Coumadin), Cimetidine (Tagamet) for stomach problems, Disulfiram (Antabuse) for alcoholism, oral antifungal medications, or Xanthine drugs (i.e., theophylline) to treat asthma as the dosage may need to be adjusted. Limit caffeine usage.































**NOTE:** It is recommended persons wear or carry medication identification indicating which drugs they are taking. Do not change from one product brand to another

without consulting your doctor or pharmacist. Products made by different companies may not be equally effective.

**MISSED DOSE:** If you miss a dose and take one dose daily, take as soon as you remember unless you do not remember until the next day. In that case, skip the missed dose and resume your usual dosing schedule the following day. If you take several doses daily and should miss a dose, take as soon as remembered unless it is within 4 hours of the next dose. In that case, skip the missed dose and resume your usual schedule. Check with your doctor if you miss doses for more than 2 days in a row. Do not double the dose to catch up.

**STORAGE:** Store at room temperature away from moisture and sunlight. Do not store in the bathroom.

### OJT Activity #17: Measuring a Radial Pulse































Steps	Partner Check	Instructor Check
Assemble materials (clock/watch with second hand or digital second counter).		
Wash hands.		
Identify person.		
Greet person.		
Provide for person's privacy.		
Explain to the person how you will be taking the vital signs.		
Obtain permission to take the person's pulse.		
Grasp the right/left wrist between your thumb and four fingers.		
Place your 2nd & 3rd fingers on the wrist, palm side of hand up, closest to the thumb.		
Count pulse for 15 seconds and multiply by four.		
Assess the strength and rhythm of the pulse. (see NOTE below).		
Write down the results.		
Attend to person's comfort and safety.		
Thank individual for cooperating.		
Wash hands.		

Follow this example when documenting the pulse rate in the progress notes: Radial pulse-76, strong & regular.

**Note:** The average pulse rate for an adult is 72-80 beats per minute. The rhythm is routinely described as follows:

- Strong - normal rhythm
- Bounding - unusually strong rhythm
- Thready - pulse beats are weak
- Irregular - pulse beats do not have a regular rhythm.
- Regular - regular rhythm

## OJT Activity #17: Measuring a Carotid Pulse

Steps	Partner Check	Instructor Check
Assemble materials (clock/watch with second hand or digital second counter).		
Wash hands.		
Identify person.		
Greet person.		
Provide for person's privacy.		
Explain to the person how you will be taking the vital signs.		
Obtain permission to take the person's pulse.		
Run your four fingers down the Adam's apple on the front side of the neck.		
Slide your first three fingers into the crevice next to the Adam's apple.		
Count pulse for 15 seconds and multiply by four.		
Assess the strength and rhythm of the pulse. (see NOTE below).		
Write down the results.		
Attend to person's comfort and safety.		
Thank individual for cooperating.		
Wash hands.		

Follow this example when documenting the pulse rate in the progress notes: Radial pulse-76, strong & regular.

**Note:** The normal pulse rate for an adult is 72-80 beats per minute. The rhythm is routinely described as follows:

Strong - normal rhythm

Bounding - unusually strong rhythm































Thready - pulse beats are weak

Irregular - pulse beats do not have a regular rhythm.

Regular - regular rhythm



## OJT Activity #17: Measuring a Brachial Pulse

Steps	Partner Check	Instructor Check
Assemble materials (clock/watch with second hand or digital second counter).		
Wash hands.		
Identify person.		
Greet person.		
Provide for person's privacy.		
Explain to the person how you will be taking the vital signs.		
Obtain permission to take the person's pulse.		
Place your first three fingers on the inner surface of the upper arm.		
Count pulse for 15 seconds and multiply by four.		
Assess the strength and rhythm of the pulse. (see NOTE below).		
Write down the rate and rhythm.		
Attend to person's comfort and safety.		
Thank individual for cooperating.		
Wash hands.		
Report anything abnormal to supervisor or nurse.		

Follow this example when documenting the pulse rate in the progress notes: Radial pulse-76, strong & regular.

**Note:** The normal pulse rate for an adult is 72-80 beats per minute. The rhythm is routinely described as follows:

Strong - normal rhythm





























Bounding - unusually strong rhythm

Thready - pulse beats are weak

Irregular - pulse beats do not have a regular rhythm.

Regular - regular rhythm

## OJT Activity #18: Measuring the Respiratory Rate


































Steps	Partner Check	Instructor Check
Assemble materials (clock/watch with second hand or digital second counter).		
Wash hands.		
Identify person.		
Greet person.		
Provide for person's privacy.		
Explain to the person how you will be taking the vital signs.		
Obtain permission to take the person's pulse.		
Appear to be taking the person's pulse, begin counting respirations.		
Count the rise and fall of the chest as one respiration. Count rate for 30 seconds and multiply by 2. (see NOTE below)		
Write down the rate and rhythm.		
Attend to person's comfort and safety.		
Thank individual for cooperating.		
Wash hands.		
Report anything abnormal to supervisor or nurse.		































Follow this example when documenting the respiration rate in the progress notes: Respiration - 16.

**Note:** The average normal respiratory rate for an adult is 16-20 respirations per minute.

## OJT Activity #19: Taking a Manual Blood Pressure

**Equipment needed:** Blood pressure cuff that is the right size for the individual, stethoscope, alcohol wipes, and watch/clock with second hand.

Steps	Partner Check	Instructor Check
Locate blood pressure cuff, stethoscope and alcohol wipes.		
Wash hands.		
Identify and greet person.		
Explain to the person how you will be taking the vital signs.		
Obtain permission to take the person's pulse.		
Provide for the person's privacy.		
Open the alcohol wipes and wipe off the ear pieces of the stethoscope.		
Discard used wipes.		
Ask individual to sit or lie down. Uncover either upper arm of individual. (Do not use an arm that has an injury or paralysis, etc.) Do not constrict blood flow to arm.		
Place stethoscope ear pieces in your ears.		
Support the person's forearm on a firm surface near heart level. Position the palm up.		
Verify that the cuff is deflated and reading at zero.		
Wrap cuff around person's arm so lower edge of cuff is at least one inch above bend of inside elbow. Place rubber cushion of cuff so the center is over artery in center of inner arm.		
Place flat side of stethoscope diaphragm over individual's brachial pulse.		
Tighten the valve (screw attached to the bulb at the end of the tube) on the blood pressure cuff inflation mechanism until it is closed.		
Grasp the bulb in the palm of your hand.		
Position yourself so that your eyes are level with the mercury or the dial.		

Steps	Partner Check	Instructor Check
Using a pumping action, inflate the blood pressure cuff (while feeling the pulse) up to 30-40 mm past where you feel the pulse disappear using bulb.		
Observe pressure dial.		
Do not touch cuff or tubes. Hold firmly so there is not space between stethoscope and skin, but with as little pressure as possible.		
Release the valve by loosening the screw slowly while carefully observing the dial attached to the bulb.		
Note the dial reading when you first hear a regular thumping sound through the ear pieces of the stethoscope. This is the systolic reading.		
Continue to let air out slowly. The sounds will become dull and disappear.		
Note the number when you hear the last sound. This is the diastolic reading. (see NOTE below)		
Deflate cuff completely.		
Repeat after 1-2 minutes.		
Completely deflate cuff. Remove ear pieces of stethoscope from ears.		
Remove cuff from individual's arm.		
Attend to person's comfort & safety.		
Thank the person for cooperating.		
Open the alcohol wipes and wipe off ear pieces of stethoscope.		
Wash hands.		































Follow this example when documenting the blood pressure reading in the progress notes: B/P-120/80.











**Note:** Normal systolic (top number) is 110-120. Normal diastolic (bottom number) is 60-80.

Please determine if a specific arm should not be used for blood pressure (broken arm, mastectomy, etc)

## OJT Activity #20: Taking an Oral Temperature

**Equipment needed:** Disposable plastic probe cover  
Electronic thermometer\*  
Probe attachment  
Pen and paper

Steps	Partner Check	Instructor Check
Assemble materials (electronic thermometer, disposable plastic probe cover, probe attachment, pen and paper).		
Wash hands.		
Identify and greet the person.		
Provide for person's privacy		
Explain to the person how you will be taking their temperature.		
Obtain permission to take the person's temperature with the electronic thermometer.		
Ask if the person has eaten, drank, or smoked in the last ten minutes. If so, wait ten minutes before taking the temperature.		
Plug the probe into the base of the thermometer.		
Check the connection of the probe to the base of the thermometer.		
Explain to the person you are about to insert the thermometer into their mouth, under the tongue, and then do so. Instruct the individual to close their mouth.		
Wait for buzzer to sound.		
Remove probe.		
Read the thermometer. (see NOTE below)		
Write down the temperature.		
Discard used probe cover.		



































Return probe to proper storage place.		
Attend to person's comfort and safety.		
Thank the person for cooperating.		
Wash hands.		
Report abnormal temperatures to the supervisor/nurse.		















Follow this example when documenting the electronic temperature in the progress notes: Oral Temp- 98.6<sup>0</sup>

**Note:** Normal oral temperature is 98.6<sup>0</sup> (37<sup>0</sup> C), but may vary by individual.

## OJT Activity #22: Taking an Axillary (Armpit) Temperature

**Equipment needed:** Electronic thermometer  
 Probe cover  
 Probe attachment  
 Pen and paper

Steps	Partner Check	Instructor Check
Locate the electronic thermometer and plastic probe cover sheaths.		
Wash hands.		
Identify and greet the person.		
Provide for person's privacy		
Explain to the person how you will be taking their temperature.		
Obtain permission to take the person's temperature with the electronic thermometer.		
Plug the oral probe into the base of the thermometer.		
Cover the probe with the plastic probe cover sheath.		
Assist the person in loosening their clothing around the armpit.		
Using a paper towel, pat dry the axilla where the thermometer will be placed.		
Place the end of the probe in the center of the person's armpit.		
Once the thermometer has been put into place, have the person hold their arm tightly against the chest.		
Leave the thermometer in place until the thermometer buzzer sounds or temperature registers.		
Remove the thermometer from the person's armpit.		
Read the thermometer.		
Discard the plastic sheath.		
Write down temperature. (see NOTE below)		

Assist the person with clothing adjustment.		
Attend to the person's comfort & safety.		
Thank the person for cooperating.		
Return the probe to its stored position.		
Wash hands.		
Store thermometer.		
Report any abnormal temperature to the supervisor/nurse.		

Follow this example when documenting the electronic temperature in the progress notes: Axillary Temp- 98.6°

**Note:** Normal axillary (armpit) temperature is 97.6° (36° C), but may vary by individual.



## OJT Activity #61: Measuring Weight

**Attention: Recording of weight may be requested by physician or dietitian.**

Always explain what you will be doing with individual, ask permission and discuss steps as you are doing them.

Ensure privacy and confidentiality for this procedure.

Discuss what you are going to do with consumer. Use the least prompting necessary.

Record results in agency-preferred location.

Weigh at the same time of the day to ensure accurate comparison.

**Equipment needed:** Scale

Steps	Partner Check	Instructor Check
Determine which person you will be weighing.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure privacy.	<input type="checkbox"/>	<input type="checkbox"/>
When charting measurements assure that weights are taken at the same time each day.	<input type="checkbox"/>	<input type="checkbox"/>
Have the person take off heavy shoes or outer clothing.	<input type="checkbox"/>	<input type="checkbox"/>
Train or assist person to place scale on flat surface, if not already there.	<input type="checkbox"/>	<input type="checkbox"/>
Train or assist individual to step on scale. Verify that he/she is not holding onto anything.	<input type="checkbox"/>	<input type="checkbox"/>
Train or assist individual to read number on scale.	<input type="checkbox"/>	<input type="checkbox"/>
Train or assist individual to step off scale.	<input type="checkbox"/>	<input type="checkbox"/>
Train or assist individual to return scale to the proper storage location.	<input type="checkbox"/>	<input type="checkbox"/>
Record the results and give them to your OJT trainer.	<input type="checkbox"/>	<input type="checkbox"/>