



# Chapter 14

## ASSISTING WITH COMFORT


# THE PERSON'S UNIT

- Patient and resident rooms are designed to provide comfort, safety, and privacy.
- The person's unit is the personal space, furniture, and equipment provided for the person by the agency.



Fig. 14-1. Furniture and equipment in a resident's unit.

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- Temperature and ventilation
    - Most healthy people are comfortable when the temperature is 68° F (Fahrenheit) to 74° F.
    - The Omnibus Budget Reconciliation Act of 1987 (OBRA) requires that nursing centers maintain a temperature range of 71° F to 81° F.
    - To protect older and ill persons from cool areas and drafts:
      - Keep room temperatures warm.
      - Make sure they wear the correct clothing.
      - Offer lap robes to those in chairs and wheelchairs.
      - Provide enough blankets for warmth.
      - Cover them with bath blankets when giving care.
      - Move them from drafty areas.



- Odors

- To reduce odors:

- Empty, clean, and disinfect bedpans, urinals, commodes, and kidney basins promptly.
    - Make sure toilets are flushed.
    - Check incontinent persons often.
    - Clean persons who are wet or soiled from urine, feces, vomitus, or wound drainage.
    - Change wet or soiled linens and clothing promptly.
    - Keep laundry containers closed.
    - Follow agency policy for wet or soiled linens and clothing.
    - Dispose of incontinence and ostomy products promptly.
    - Provide good hygiene to prevent body and breath odors.
    - Use room deodorizers as needed and allowed by agency policy.



– If you smoke:

- Follow the agency's policy.
- Practice hand washing after handling smoking materials and before giving care.
- Give careful attention to your uniforms, hair, and breath.



- Noise

- Common health care sounds may disturb patients and residents.
- To decrease noise:
  - Control your voice.
  - Handle equipment carefully.
  - Keep equipment in good working order.
  - Answer phones, signal lights, and intercoms promptly.



- Lighting

- Good lighting is needed for safety and comfort.
- Adjust lighting and window coverings to meet the person's changing needs.
- Keep light controls within the person's reach.
  - This protects the right to personal choice.




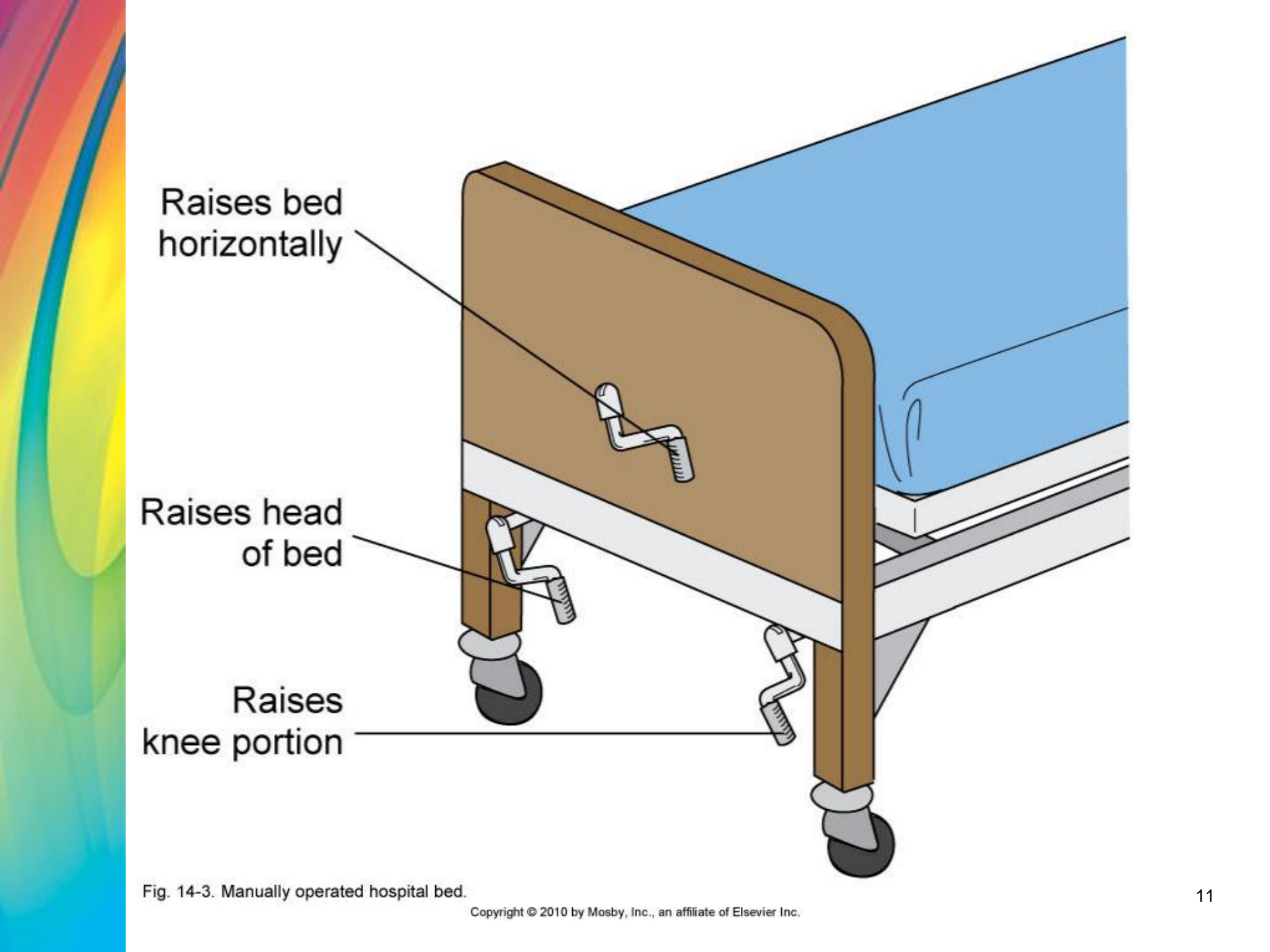
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- Room furniture and equipment
    - The bed
      - Beds have electrical or manual controls.
      - Beds are raised horizontally to reduce bending and reaching when giving care.
      - The lowest horizontal position lets the person get out of bed with ease.
      - The head of the bed is flat or raised varying degrees.
    - Electric beds may have:
      - Controls on a side panel, bed rail, or the footboard
      - Hand-held devices
    - Manual beds have cranks at the foot of the bed.
      - The cranks are pulled up for use.
      - They are kept down at all other times.



Fig. 14-2. Bed controls in the bed rail.

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Raises bed horizontally

Raises head of bed

Raises knee portion

Fig. 14-3. Manually operated hospital bed.

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- The six basic bed positions are:
    - The flat position
    - Fowler’s position
    - High-Fowler’s position
    - Semi-Fowler’s position
    - Trendelenburg’s position
    - Reverse Trendelenburg’s position

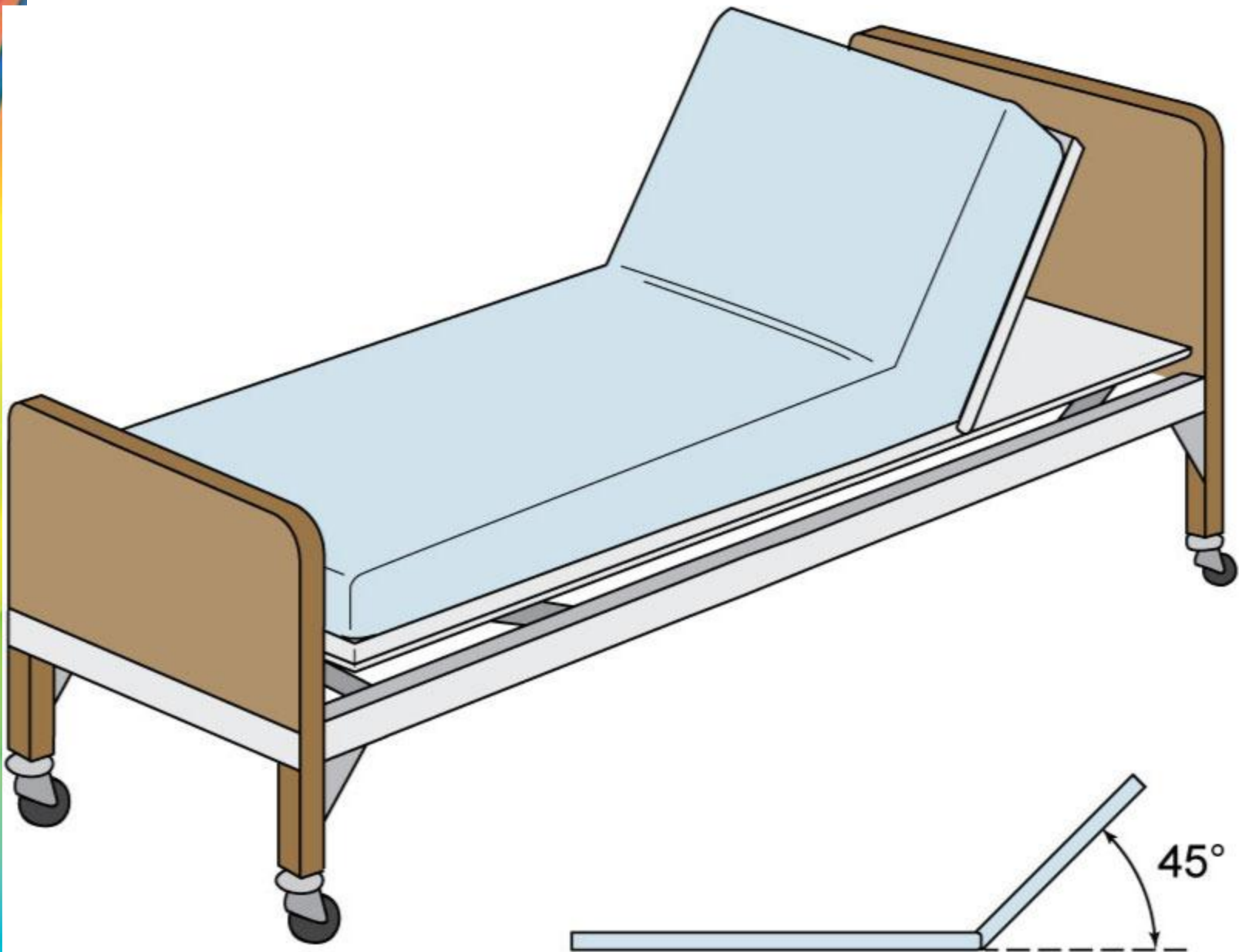


Fig. 14-4. Fowler's position.

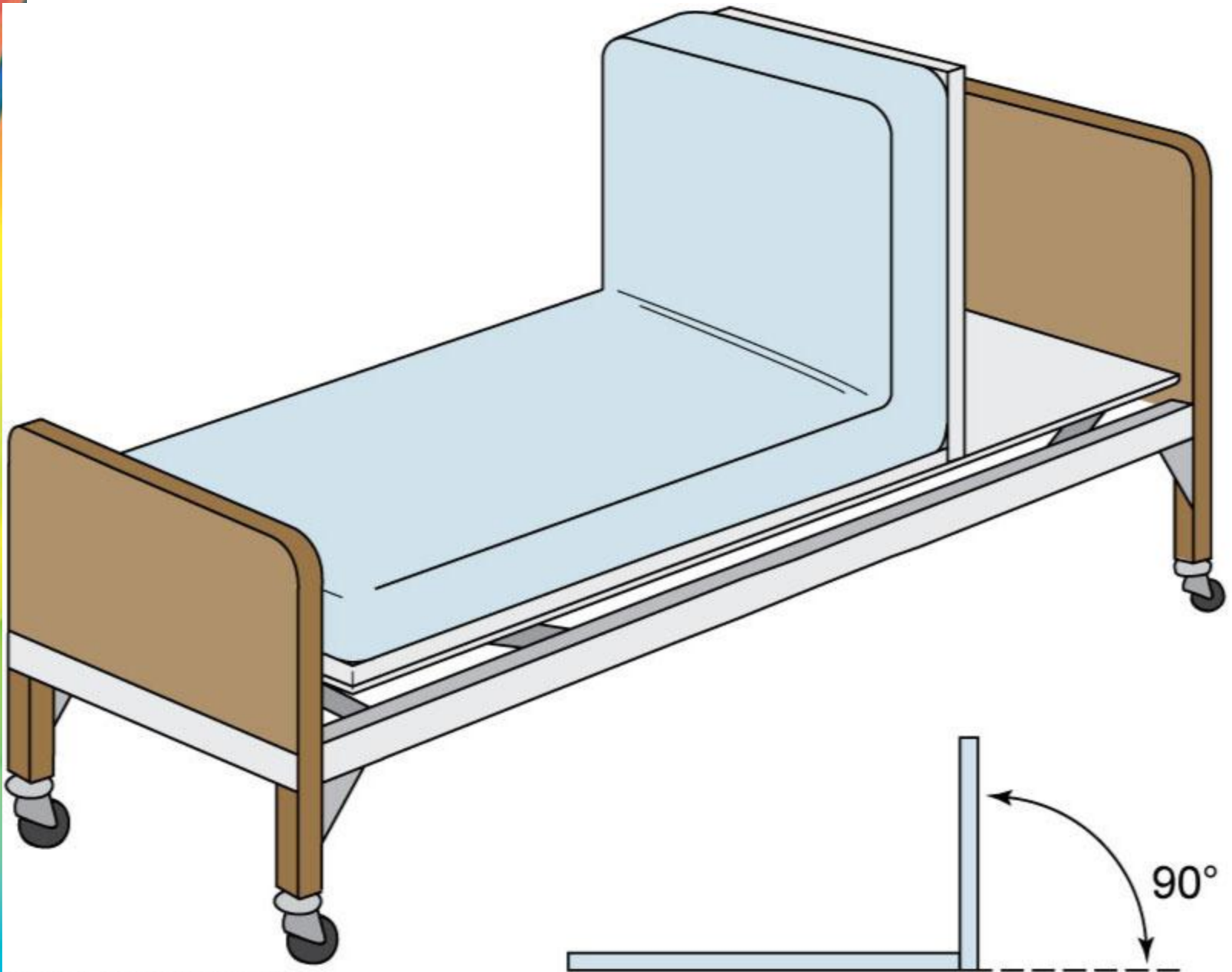


Fig. 14-5. High-Fowler's position.

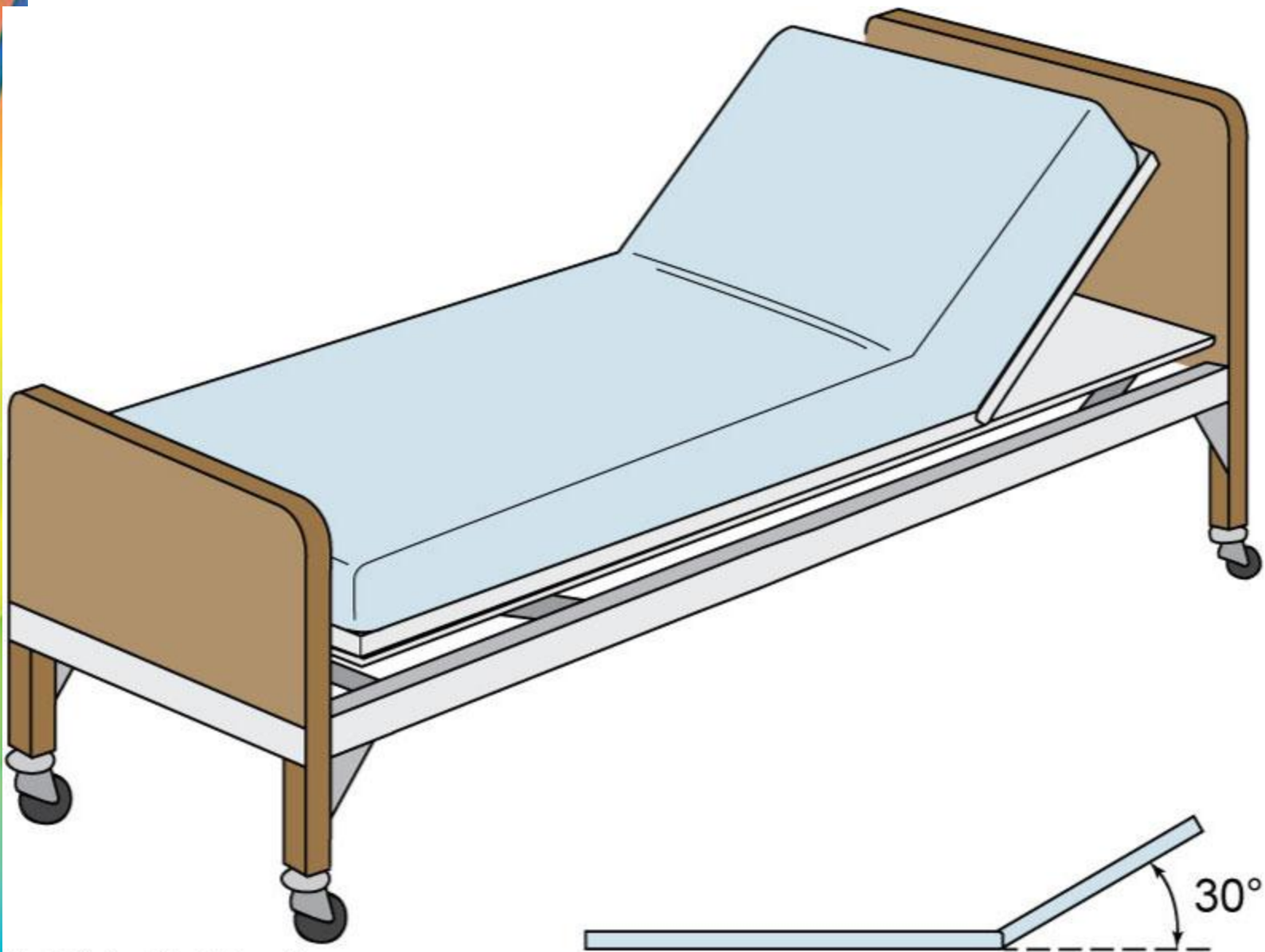


Fig. 14-6. Semi-Fowler's position.

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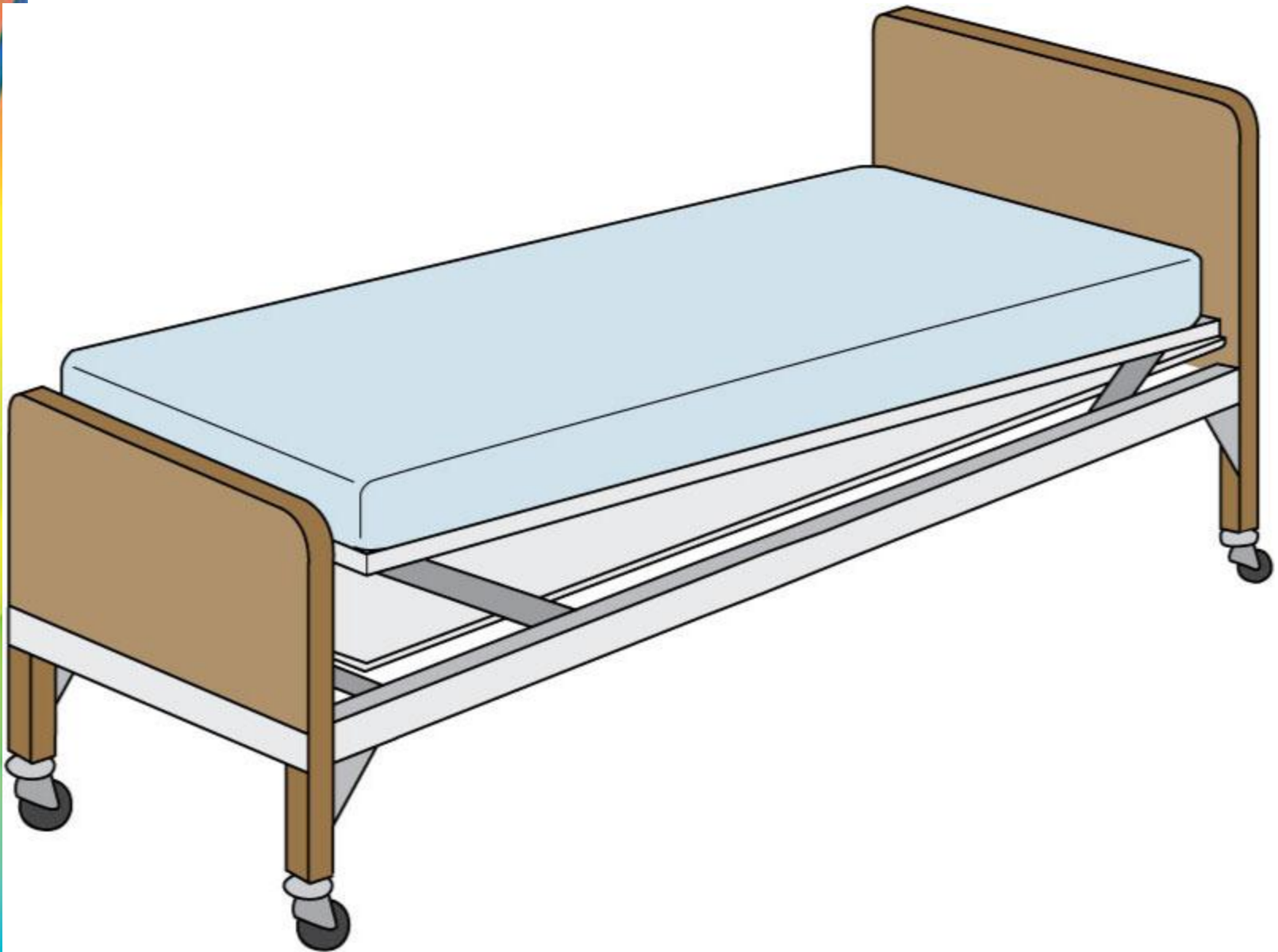


Fig. 14-7. Trendelenburg's position.

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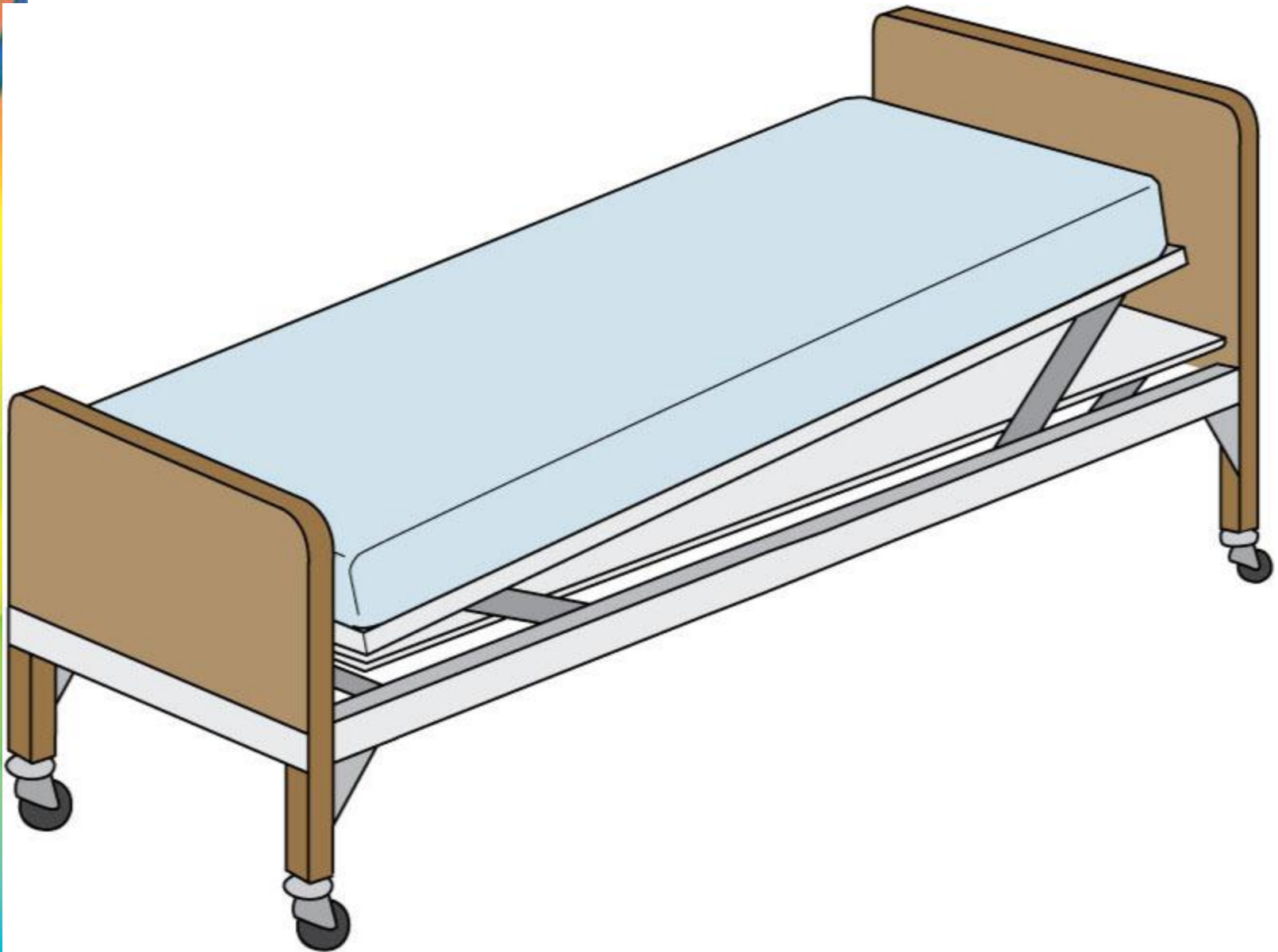



Fig. 14-8. Reverse Trendelenburg's position.

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- Bed safety involves the hospital bed system.
    - Hospital bed systems have seven entrapment zones.
    - Entrapment means that the person can get caught, trapped, or entangled in spaces created by bed rails, the mattress, the bed frame, the headboard, or footboard.
    - Persons at greatest risk for entrapment include persons who:
      - Are older
      - Are frail
      - Are confused or disoriented
      - Are restless
      - Have uncontrolled body movements
      - Have poor muscle control
      - Are small in size
      - Are restrained
    - Always check the person for entrapment.

**Zone 1:** Within the rail

**Zone 2:** Between the top of the compressed mattress and the bottom of the rail, between the supports

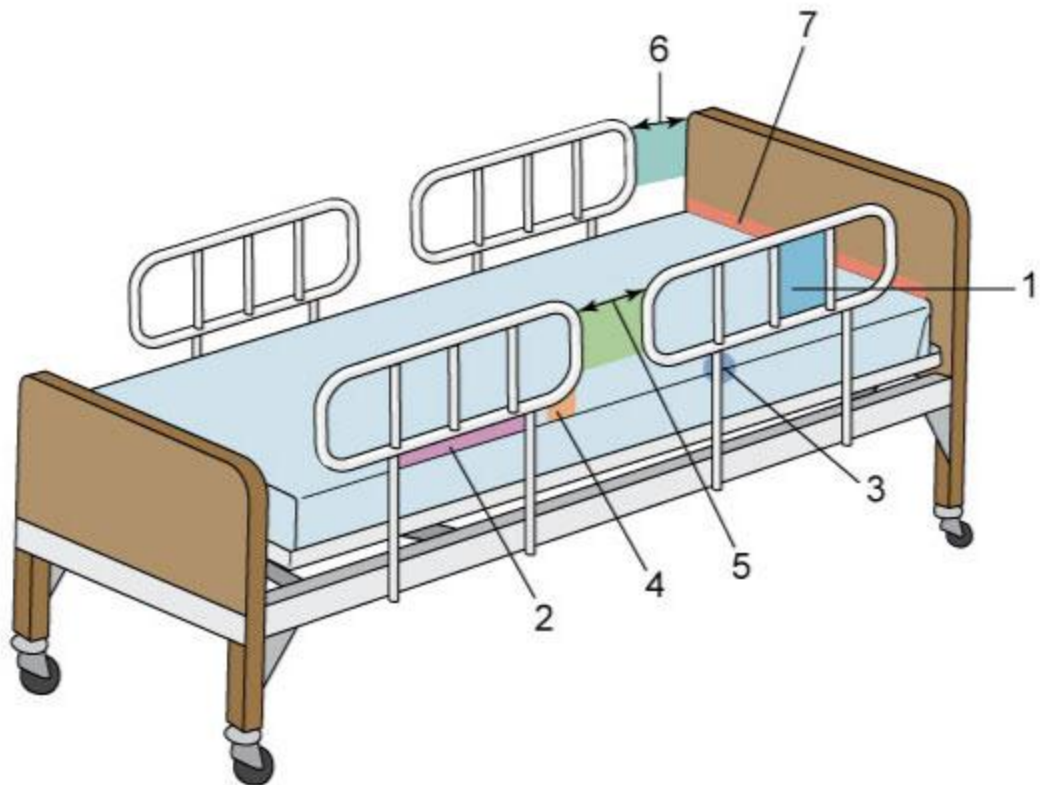
**Zone 3:** Between the rail and the mattress

**Zone 4:** Between the top of the compressed mattress and the bottom of the rail, at the end of the rail

**Zone 5:** Between the split bed rails

**Zone 6:** Between the end of the rail and the side edge of the headboard or footboard

**Zone 7:** Between the head or footboard and the mattress end



*(Redrawn from Guidance for industry and FDA staff: hospital bed system dimensional and assessment guidance to reduce entrapment, updated August 19, 2009, Food and Drug Administration.)*

Fig. 14-9. Hospital bed system entrapment zones.



**G**

*(Redrawn from Guidance for industry and FDA staff: hospital bed system dimensional and assessment guidance to reduce entrapment, updated August 19, 2009, Food and Drug Administration.)*

Fig. 14-10. Hospital bed system entrapment zones. **G, Zone 7:** Between the headboard or footboard and the end of the mattress.



– The overbed table

- The overbed table is placed over the bed by sliding the base under the bed.
- Only clean and sterile items are placed on the table.
- Clean the table after using it for a work surface.

– The bedside stand

- The bedside stand has a top drawer and a lower cabinet with shelves or drawers.
- Place only clean and sterile items on top of the bedside stand.
- If you use the bedside stand for a work surface, clean it when you are done.



## – Chairs

- The person's unit always has at least one chair.
- The chair must:
  - Be comfortable and sturdy
  - Not move or tip during transfers
  - Allow the person to get in and out of it with ease

## – Privacy curtains

- Each person has the right to full visual privacy (to be completely free from public view while in bed).
- Always pull the privacy curtain completely around the bed before giving care.
- Remember, privacy curtains do not block sounds or conversations.



## – The call system

- The call system lets the person signal for help.
- Always keep the signal light within the person's reach.
- An intercom system lets a nursing team member talk with the person from the nurses' station.
  - When using an intercom, remember confidentiality.
- Persons with limited hand mobility may need a signal light that is turned on by tapping it with a hand or fist.



Fig. 14-13. A, Light above the room door.

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- Some people cannot use signal lights.
    - Check the care plan for special communication measures.
    - Check these persons often.
    - Make sure their needs are met.
  - You must:
    - Keep the signal light within the person's reach.
    - Place the signal light on the person's strong side.
    - Remind the person to signal when help is needed.
    - Answer signal lights promptly.
    - Answer bathroom and shower or tub room signal lights at once.




Fig. 14-14. Signal light for a person with limited hand mobility.

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## – The bathroom

- A toilet, sink, call system, and mirror are standard equipment in bathrooms.
- For safety, grab bars are by the toilet.
- Some bathrooms have raised toilet seats.
  - They make wheelchair transfers easier.
  - They are helpful for persons with joint problems.
- The bathroom signal light flashes above the room door and at the nurses' station.
  - The sound at the nurses' station is different from the sound made by signal lights in rooms.

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- Closet and drawer space are provided.
    - OBRA requires closet space for each nursing center resident.
    - The space must have shelves and a clothes rack.
    - The person must have free access to the closet and its contents.
    - Items in closets and drawers are the person's private property.
  - Many agencies furnish rooms with other equipment.
  - Residents may bring some furniture and other items from home.

# BEDMAKING

- Clean, dry, and wrinkle-free linens:
  - Promote comfort
  - Prevent skin breakdown and pressure ulcers
- To keep beds neat and clean:
  - Straighten linens whenever loose or wrinkled and at bedtime.
  - Check for and remove food and crumbs after meals.
  - Check linens for dentures, eyeglasses, hearing aids, sharp objects, and other items.
  - Change linens whenever they become wet, soiled, or damp.
  - Follow Standard Precautions and the Bloodborne Pathogen Standard.


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- Types of beds
    - A closed bed is not in use.
      - The bed is ready for a new patient or resident.
      - In nursing centers, closed beds are made for residents who are up during the day.
    - An open bed is in use.
      - Top linens are fan-folded back so the person can get into bed.
    - An occupied bed is made with the person in it.
    - A surgical bed is made:
      - To transfer a person from a stretcher
      - For persons who arrive by ambulance



Fig. 14-18. Surgical bed.

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- Linens
    - Collect linens in the order you will use them.
    - Place the clean linen on a clean surface.
    - Remove dirty linen one piece at a time.
      - Roll each piece away from you.
      - Discard each piece into the laundry bag.
    - Wet, damp, or soiled linens are changed right away.
      - Wear gloves and follow Standard Precautions and the Bloodborne Pathogen Standard.






Fig. 14-20. Roll dirty linen away from you.


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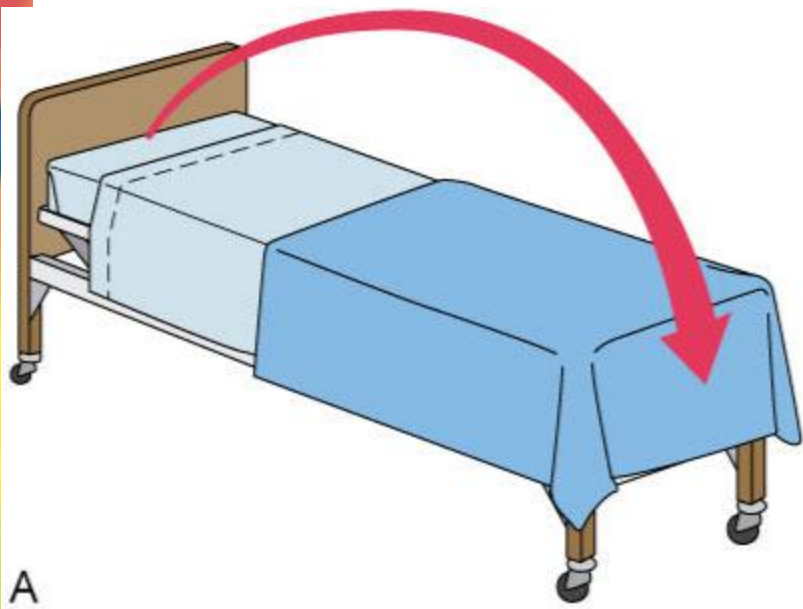


## – Drawsheets

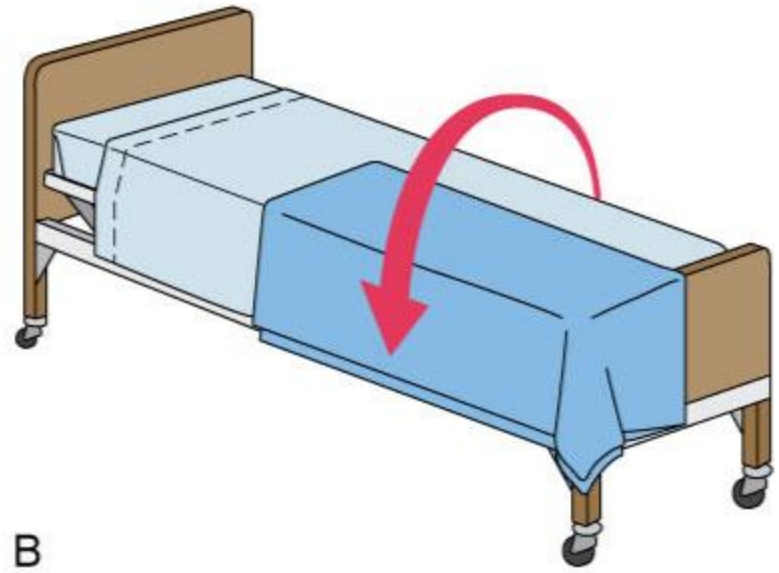
- A drawsheet is a small sheet placed over the middle of the bottom sheet.
- A cotton drawsheet helps keep the mattress and bottom linens clean.
- A waterproof drawsheet is placed between the bottom sheet and the cotton drawsheet.
- Many agencies use incontinence products, waterproof pads, or disposable bed protectors.
- Cotton drawsheets are often used without waterproof drawsheets.
- When cotton drawsheets are used as assist devices, do not tuck them in at the sides.

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- Making beds
    - The closed bed is made:
      - After a person is discharged
      - For a new patient or resident
      - In nursing centers, for residents who are up for most or all of the day
    - The open bed is made for:
      - Newly admitted persons arriving by wheelchair
      - Persons who are getting ready for bed
      - Persons who are out of bed for a short time

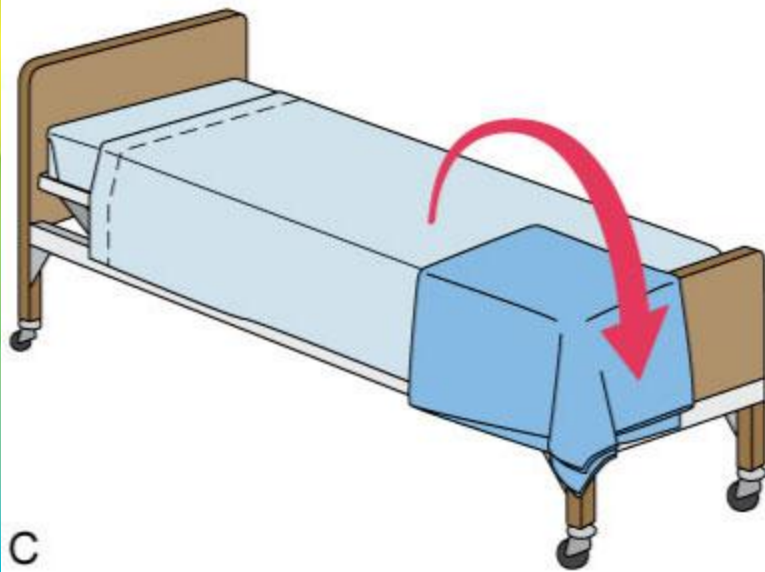
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- You make an occupied bed when the person stays in bed.
    - Keep the person in good alignment.
    - Follow restrictions or limits in the person's movement or position.
    - Explain each procedure step to the person before it is done.
  - The surgical bed (recovery bed or post-operative bed) is made for persons:
    - Returning to their rooms from surgery
    - Arriving at the agency by ambulance
    - Taken by stretcher to treatment or therapy areas
    - Using portable tubs



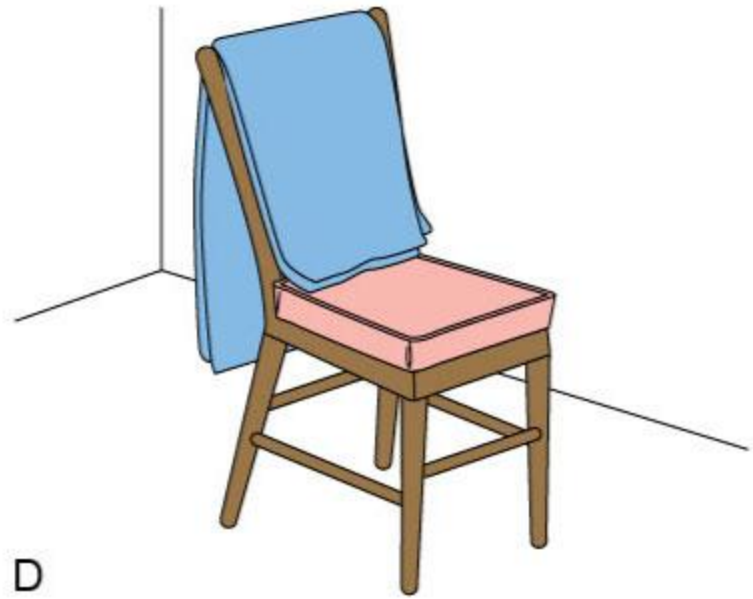
A



B



C




D

Fig. 14-29. Folding linen for re-use. **A**, Fold the top edge of the bedspread down to the bottom edge. **B**, Fold the bedspread from the far side of the bed to the near side. **C**, Fold the top edge of the bedspread down to the bottom edge again. **D**, Place the folded bedspread over the back of the chair.

# ASSISTING WITH PAIN RELIEF


- Pain means to ache, hurt, or be sore.
- Pain is subjective.
  - You must rely on what the person says.
- The nurse uses the nursing process to promote comfort and relieve pain.
- Report the person's complaints and your observations to the nurse.


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- Factors affecting pain
    - Past experience
    - Anxiety
    - Rest and sleep
    - Personal and family duties
    - The value or meaning of pain
    - Support from others
    - Culture
    - Illness
    - Age

# PROMOTING SLEEP

- Sleep is a basic need.
  - The mind and body rest.
  - The body saves energy.
  - Body functions slow.
  - Vital signs are lower than when awake.
  - Tissue healing and repair occur.
  - Sleep lowers stress, tension, and anxiety.
  - It refreshes and renews the person.
  - The person regains energy and mental alertness.



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- The nurse uses the nursing process to promote sleep.
    - Report your observations about how the person slept.
  - Factors affecting sleep
    - Illness increases the need for sleep.
    - Nutrition (Food can promote or prevent sleep.)
    - Exercise causes the release of substances into the bloodstream that stimulate the body.
    - Environment
    - Drugs and other substances
    - Emotional problems

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- Sleep disorders involve repeated sleep problems.
    - The amount and quality of sleep are affected.
    - Insomnia is a chronic condition in which the person cannot sleep or stay asleep all night.
    - Sleep deprivation means that the amount and quality of sleep are decreased.
      - Sleep is interrupted.
    - Sleep-walking is when the person leaves the bed and walks about.