

Alternative Bathing Options

Remember,, there is no state or federal regulation that indicates that a resident must have a minimum number or type of bath a week. The guidelines do hold homes accountable to maintain a resident's hygiene, skin integrity, and to follow a resident's care plan. Use of various bathing alternatives can accomplish this goal. Do take time to update a resident's care plan to include use of bathing alternatives if that is how you are keeping a resident clean and maintaining skin integrity.

The instructions that follow are not comprehensive and can be adapted to fit the individual person. They are intended to be guides to performing these approaches not comprehensive instructions.

The Towel Bath

Note: This method can be done in bed or in a recliner. Protect cloth surfaces with incontinent pads or plastic sheets that are removed following the towel bath.

This method involves covering the resident with a large, warm, moist towel containing a no-rinse soap solution, then washing and massaging through the towel. Instructions for doing the towel bath are below:

Equipment:

2 or more bath blankets
1 large plastic bag containing:
1 large (5'6" x 3') light weight towel (fan folded)
1 standard bath towel
2 or more washcloths
2-3 quart plastic pitcher filled with water (approximately 105-110 Fahrenheit), to which you have added:
1-1 ½ ounces of no-rinse soap, such as Septa-Soft or similar product.

Preparing the Person: Explain the bath. Make the room quiet or play soft music. Dim the lights if this calms the person. Assure privacy. Wash hands. If necessary, work one bath blanket under the person, to protect the linen and provide warmth. Undress the person, keeping him/her covered with bed linen or the second bath blanket. You may also protect the covering linen by folding it at the end of the bed.

Preparing the Bath: Pour the soapy water into the plastic bag, and work the solution into the towels and washcloths until they are uniformly damp but not soggy. If necessary, wring out excess solution through the open end of the bag into the sink. Twist the top of the bag closed to retain heat. Take the plastic bag containing the warm towels and washcloths to the bedside.

Bathing the Person: Expose the person's feet and lower legs and immediately cover the area with the warm, moist large towel. Then gently and gradually uncover the person while simultaneously unfolding the wet towel to recover the person. Place the covers at the end of the bed. Start washing at whatever part of the body is least distressing to the person. For example, start at the feet and cleanse the body in an upward direction by massaging gently through the towel. You may wish to place a bath blanket over the towel to hold in the warmth. Wash the backs of the legs by bending the person's knee and going underneath. Bathe the face, neck, and ears with one of the washcloths. You may also hand a washcloth to the person and encourage him to wash his own face. Turn the person to one side and place the smaller, warm towel from the plastic bag on the back, washing in a similar manner, while warming the person's front with the bath blanket or warm, moist towel. No rinsing or drying is required. Use a washcloth from the plastic bag to wash the genital and rectal areas. Gloves should be worn when washing these areas.

After the Bath: If desired, have the person remain unclothed and covered with the bath blanket and bed linen, dressing at a later time. A dry cotton bath blanket (warmed if possible) placed next to the skin and tucked close provides comfort and warmth. Place used linen back into the plastic bag; tie the bag and place in a hamper.

Bed baths are given in place of a tub or shower bath for people who are unable to bathe themselves. Daily baths are usually unnecessary and not recommended for those with frail skin. If your resident is incontinent, it is necessary to cleanse the affected area at least once a day, but a daily full bath may not be needed. For many people, it can be embarrassing to give or receive a bath. Please keep in mind that your resident's dignity needs to be respected as much as possible, but good hygiene is essential. As you prepare, let your resident know what you are about to do and encourage him/her to participate as much as possible in the bathing process.

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Bed Bath/Sink Bath/Sponge Bath

Bed baths are frequently used with elders who are too frail to be bathed or showered, often at the end of their life. This is one great use for a bed bath but there are many others. Although a bed bath is a great alternative, remember it is not the only alternative method. Do not rely solely on the bed bath as your only alternative. Include it in your toolbox to accommodate a positive bathing experience for elder.

Below are instructions for a bed bath, which can also be adapted to complete at the sink (often called a sink or sponge bath).

- Wear gloves if there is any chance that you might come in contact with blood, drainage, or other body fluids.
- Keep the elder covered during the bath except for the area you are cleaning. This helps keep them from getting chilled.
- Wash cleaner areas of the body first and the dirtier areas last to help reduce the spread of germs.
- Place a towel under the part of the body being washed. A towel will absorb any excess bath water and keep bed sheets dry.
- Wash and dry well between folds of the skin.
- Keep the washcloth wet, but not so wet that it drips.
- Use a mild soap. (Dove, Ivory, baby soap, etc.)
- Remove all soap residue.
- Dry the skin after it has been rinsed.
- Replace the water if it cools during the course of the bath.
- Apply lotion to the skin after bathing to help restore moisture to the body.

Detailed Instructions:

1. Fill a basin with warm water and place on a table next to the bed.
2. Beginning with the head, wipe the individual's eyes, from the nose towards the ear, with an unlathered cloth.
3. Lather the cloth and continue washing the face and neck.
4. Rinse the washcloth and remove soapy residue from the skin; dry well.
5. Bathe each arm separately.
6. Rinse off soapy residue and dry.
7. For a thorough hand washing, place the hand in the basin of water while washing it.
8. Wash the chest, abdomen, each leg, and then feet, following the steps described for the upper body. Remember to wash off the soapy residue and dry each area well.
9. Clean the genital area by folding the washcloth into a mitt and gently wiping area with a small amount of soapy water. Rinse away soapy residue and dry area.
10. Help the elder onto his or her side.
11. Wash and dry their back.

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Basinless Bath

Another alternative is the basinless bath, which eliminates the need to reuse dirty water.

Basinless baths consist of a series of 10 washcloths, with one cloth for each major part of the body. The preferred basinless product is wipes that already contain the moisturizer and requires no rinsing or drying. In studies, this method was shown to be more effective and cost less than use of a traditional basin bath (Kron-Chualupa, Benda, & Williams). This type of bath saves time for the CNA and helps prevent the resident from becoming cold and tired.

CNAs should use one washcloth for each area of the body, in the following order:

1. Face, neck, and ears
2. Left arm
3. Right arm
4. Front of trunk
5. Left leg
6. Right leg
7. Left foot
8. Right foot
9. Back
10. Peri-anal area

When complete, get the resident comfortable again and discard the wash clothes used.

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Some Additional Approaches for Resistant Residents

When working with residents who consistently refuse personal care, we often have to have more methods available to adapt and apply to different situations. Below are some suggestions that can enhance the methods listed above. Using similar techniques and products above consider some additional ways to help a person feel more comfortable and reduce resistance.

The Toilet or Commode Bath: This method was useful for an easily agitated nursing home resident. Mrs. Harrington greatly disliked being moved or touched and fought through our attempts to carefully shower her or bathe her in bed. She was often incontinent of stool during her AM shower or bath. So the caregiver, Marie, first placed her on the toilet, allowed her private time to have a bowel movement and washed and dressed her upper torso while she sat on the toilet in her bathroom. Then the Marie washed her legs, and lastly had her stand with assistance and washed her peri area and bottom just prior to transferring her to her wheelchair, ready for the day. Her thin hair was washed also at the bathroom sink using wet washcloths to wet and rinse her hair.

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The Singing Bath: For another most complex person, we did the singing, sitting, in- room bath. Miss Florence was infamous for refusing her shower and for fighting when she was forced to shower. Estelle, the nursing assistant who worked with her, discovered that she liked to sing and her favorite tunes were “Jesus Loves Me” and “Happy Birthday”. If Estelle waited until she felt Miss Florence was in a good mood, sang with her, did part of bath while she was lying in bed and part as she began to get up out of bed (following Miss Florence’s lead), she was able to wash her entire body. Her hair was done using an in-bed basin on another day. Interestingly, the family reported that Miss Florence had been refusing to get in the shower or tub for ten years prior to coming into the care facility.

The Seven Day Bath: A family reported good luck in keeping their father, Mr. Simmons, clean by dividing the body into seven parts and washing one each day. He disliked bathing or washing but could tolerate short episodes better than longer, more overwhelming ones. In a nursing home, this method relies on good communication, documentation and care planning to do well. Work as a team to support this method.

The Under-the-Clothes Bath: Grace disliked the shower or tub, but did well when encouraged verbally and physically to wash herself in her room. However, one day her caregiver, Margaret, arrived to find that Grace had been up all night, which was unusual because she preferred to stay in bed most of the morning. She had rough, agitated night and had a body odor associated with perspiration and urination. A urinary tract infection was suspected and later confirmed and treated. It was the usual day for Grace to get her in-bed bath. Margaret considered just postponing it, but thought she would try to freshen her up and help her feel better. She washed what she could while Grace was sitting in the wheelchair, gently talking to her about her favorite subjects. She continued this approach and reached into her dress to wash her underarms and breast areas and then the genital area. When Grace started to become angry or upset, she stopped. It wasn’t a complete bath, but the priority areas were cleaned and Margaret avoided a big battle at a time when Grace would be easily distressed.

Spouse/Intimate Partner Supported Bath: Mr. Trask was recently admitted to a care facility. Any attempts by staff to get him to shower or bathe met with fierce resistance. Instead of forcing him to bathe, the facility called his wife to find out how she had bathed him at home. She said that she had showered with him and that it had been enjoyable for them both. The wife was invited to come in and shower with her husband at the facility, with the staff assuring privacy and a pleasant environment. She was glad to be involved in his care and to be able to continue this part of their relationship

Resources

<http://www.alz.org/care/alzheimers-dementia-bathing.asp>

<http://bathingwithoutabattle.unc.edu/bathing-techniques#singing>

<http://www.hcpro.com/LTC-40523-1983/How-to-provide-the-basinless-bath.html>