

First Aid (reading material)

There are many emergencies that can occur with home health care patients. Some of these include falls, cuts/lacerations, choking, chest pain, allergic reactions just to name a few. Knowing what to do when these emergencies occur can help save a life. This information is intended to give you a summary of emergency situations and how to respond in order to help someone. This is not an all inclusive list, but should help you respond better and with more confidence to an emergency.

Allergic reactions occur when a person has an unexpected reaction to medications, environment, or foods. Sometimes the reaction can be minor such as rash, nausea, vomiting. More severe reactions to these items include hives, rash, swelling, difficulty breathing, and complaints of feeling like throat is swelling. When these symptoms occur fast action is necessary. If the patient has an epi-pen in the home then have they use it. However, even if the patient uses their epi-pen it is imperative for the patient to go to the emergency room. The patient needs to go to the emergency department either way. This can save their life.

Other times of concerns and incidents when first aid is needed to help patients improve their outcomes include. Burns, head injuries, wounds with bleeding, chest pain, strokes, choking, and broken bones. Some helpful tips to assist patients with these incidents are listed below. But, please keep in mind that this is not an inclusive list and if at anytime you are not sure what to do call for help. If the injury is not life threatening you can call the agency nurse. These could include wound with controlled bleeding, fall without injury or complaints of pain, rash caused by an allergic reaction, etc. Life threatening injuries can include allergic reactions with swelling and difficulty breathing, chest pain, signs of stroke, diabetic problems such as blood sugar that is too low. These incidents require immediate help and you should call 911.

Burns:

For All Burns

1. Stop Burning Immediately

- Put out fire or stop the person's contact with hot liquid, steam, or other material.
- Help the person "stop, drop, and roll" to smother flames.
- Remove smoldering material from the person.
- Remove hot or burned clothing. If clothing sticks to skin, cut or tear around it.

2. Remove Constrictive Clothing Immediately

- Take off jewelry, belts, and tight clothing. Burns can swell quickly.

Then take the following steps:

For First-Degree Burns (Affecting Top Layer of Skin)

1. Cool Burn

- Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.
- Use compresses if running water isn't available.

2. Protect Burn

- Cover with sterile, non-adhesive bandage or clean cloth.
- Do not apply butter or ointments, which can cause infection.

3. Treat Pain

- Give over-the-counter pain reliever such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or naproxen (Aleve).

4. When to See a Doctor

Seek medical help if:

- You see signs of infection, like increased pain, redness, swelling, fever, or oozing.
- The person needs tetanus or booster shot, depending on date of last injection. Tetanus booster should be given every 10 years.
- Redness and pain last more than a few hours.
- Pain worsens.

5. Follow Up

- The doctor will examine the burn and may prescribe antibiotics and pain medication.

For Second-Degree Burns (Affecting Top 2 Layers of Skin)

1. Cool Burn

- Immerse in cool water for 10 or 15 minutes.
- Use compresses if running water isn't available.
- Don't apply ice. It can lower body temperature and cause further damage.
- Don't break blisters or apply butter or ointments, which can cause infection.

2. Protect Burn

- Cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.

3. Prevent Shock

Unless the person has a head, neck, or leg injury, or it would cause discomfort:

- Lay the person flat.
- Elevate feet about 12 inches.

- Elevate burn area above heart level, if possible.
- Cover the person with coat or blanket.

4. See a Doctor

- The doctor can test burn severity, prescribe antibiotics and pain medications, and administer a tetanus shot, if needed.

Thermal Burns Treatment

- Call 911 if:
- For All Burns
- For First-Degree Burns (Affecting Top Layer of Skin)
- For Second-Degree Burns (Affecting Top 2 Layers of Skin)
- For Third-Degree Burns

For Third-Degree Burns

1. Call 911

2. Protect Burn Area

- Cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that that won't leave lint in wound.
- Separate burned toes and fingers with dry, sterile dressings.
- Do not soak burn in water or apply ointments or butter, which can cause infection.

3. Prevent Shock

Unless the person has a head, neck, or leg injury or it would cause discomfort:

- Lay the person flat.
- Elevate feet about 12 inches.
- Elevate burn area above heart level, if possible.
- Cover the person with coat or blanket.
- For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.
- Have a person with a facial burn sit up.
- Check pulse and breathing to monitor for shock until emergency help arrives.

4. See a Doctor

- Doctors will give oxygen and fluid, if needed, and treat the burn.

Lacerations

Cuts or Lacerations Treatment

- Call 911 if:
 1. Stop the Bleeding
 2. Clean and Protect
 3. Call a Health Care Provider
 4. Follow Up

Call 911 if:

- **A cut is bleeding severely**
- **Blood is spurting out**
- **Bleeding can't be stopped after 10 minutes of firm and steady pressure**

- A cut is bleeding severely
- Blood is spurting out
- Bleeding can't be stopped after 10 minutes of firm and steady pressure

In general, a cut that needs stitches should be repaired within 6 hours of the injury. The exception is cuts to the face and scalp, which generally can be repaired up to 24 hours after the injury.

Take the following steps for minor cuts.

1. Stop the Bleeding

- Apply direct pressure on the area.

2. Clean and Protect

- Clean the area with warm water and gentle soap.
- Apply an antibiotic ointment to reduce chance of infection.
- Put a sterile bandage on the area. In some people, antibiotic ointments may cause a rash. If this happens, stop using the ointment.

3. Call a Health Care Provider

Call a health care provider if:

- The cut is deep or over a joint
- You cannot get the cut or laceration clean
- The injury is a deep puncture wound or the person has not had a recent (within the last 5 to 10 years) tetanus shot or booster

- The cut is from a human or animal bite

4. Follow Up

- For a minor cut or laceration, remove bandage after a couple of days to promote healing.
- See a health care provider if the cut doesn't heal or shows signs of infection, including redness, swelling, pus, or excessive pain.

Falls:

If you see someone fall, resist the urge to get the person up immediately. First check for condition: is the person conscious or unconscious? Does the person appear to be injured? Reassure the person.

If the individual cannot get up, call for help and administer first aid if you are able to do so. Help the person find a comfortable position and keep him or her warm using an item of clothing or blanket.

If the individual appears able to get up, proceed with care and follow the steps below.

1. Bring a chair close by; help the person turn onto the side and bend the upper leg; help the person into a semi-seated position.
2. Placing yourself behind the person and getting a firm grip on the hips, help the person to a kneeling position with both hands on the chair.
3. Holding on to the chair, the person should then place the stronger leg in front. You may help by guiding his or her leg.
4. With a firm grip on the hips, help the person to stand, then turn and sit on the chair

Broken Bones:

Fractures or Dislocations Treatment

- Call 911 if:
 1. Stop Bleeding, if Necessary
 2. Splint the Area, if Possible
 3. Reduce Swelling and Prevent Injury
 4. Manage Pain and Inflammation
 5. Get Medical Help As Soon as Possible
 6. Follow Up

Call 911 if:

- **The person is seriously injured.**
- **You suspect injury to the person's head, neck, or back.**
- **Bone is sticking out of the skin.**
- **Bleeding doesn't stop after several minutes of firm pressure.**
- **Blood spurts from the wound.**

- The person is seriously injured.
- You suspect injury to the person's head, neck, or back.
- Bone is sticking out of the skin.
- Bleeding doesn't stop after several minutes of firm pressure.
- Blood spurts from the wound.

1. Stop Bleeding, if Necessary

- Apply firm pressure to wound with clean cloth until bleeding stops.
- If bone is pushing through skin, do not touch it or try to put it back in place.

2. Splint the Area, if Possible

- Cut away clothing if it cannot be removed without moving the injured body part.
- Gently tape the dislocated area or fracture to a rolled-up newspaper, ruler, or a rolled-up piece of clothing with first aid tape. As much as possible, avoid moving the injured limb, and never force it or try to twist it back into place.

3. Reduce Swelling and Prevent Injury

- Apply an ice pack wrapped in cloth or a cold compress.
- Elevate the injured area if possible.

4. Manage Pain and Inflammation

- For pain, give ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or naproxen (Aleve, Naprosyn). Do not give aspirin to anyone under age 18.

5. Get Medical Help As Soon as Possible

6. Follow Up

- The doctor will X-ray the dislocation or fracture and may realign and set it.
- The doctor may apply a splint or cast, or surgery may be required.

Please keep in mind that these are just a few scenarios for immediate care. If at any time you feel your patient is in danger or has had an injury please call the office immediately for assistance.

Universal/Standard Precautions

Standard precautions are used to reduce the risk of transmission of blood borne and other pathogens. They are the basic level of infection control measures used in the care of all patients.

One major component of standard precautions is hand hygiene. Good hand hygiene is one of the most effective methods for prevention of pathogens. In conjunction with good hand hygiene the use of personal protective equipment helps reduce the risk of transmission of infectious diseases. Personal protective equipment includes gloves, goggles, mask, gown and shoe covers. Knowing when and how to use these procedures to reduce your risk as well as your patients is imperative to the success of standard precautions. Community Choice Home Care goal is to promote a safe work environment that protects both the patient and the health care providers. By following standards of practice to reduce risk of transmission of pathogens health care workers can decrease the risk of transmitted these illnesses to their patient or contracting illnesses.

When to use gloves? Gloves should be used any time you are at risk to come in contact with blood or body fluids. Remember gloves do not take the place of good hand hygiene. Washing hands is the number one way to prevent spread of illness. Complete hand washing as follows, use warm water and soap, wash hands for 20-30 seconds, rinse hands, dry thoroughly and turn off faucet with one time use paper towels. This procedure should be completed before and after any direct contact with the patient, during patient care if gloves become contaminated, after touching blood or body fluids, before patient care procedures or any time your hands become contaminated. Other personal protective equipment should be used according to procedure and risk of exposure. Gloves are required for all direct contact to blood or body fluids. However, the use of gowns, goggles, and mask should only be used when risk of splash or spray is evident.

Another risk is needle sticks. Please remember to be cautious when handling trash or waste from a patient's home that uses diabetic supplies or requires injections for health care. Encourage patients to use hard plastic or metal containers at home to dispose of used needles. If an exposed needle is found in the trash can you may ask your client to remove the needle from the trash if they are able and dispose of in a proper container. Please remember all body fluids have the potential to transmit pathogens and it is the health care workers responsibility to protect them self. If equipment is needed such as gloves, hand gel, etc. please notify agency immediately.

INFECTION CONTROL PLAN**Policy No. 6-027.1****PURPOSE**

To delineate an infection control plan to meet the following goals:

1. Establish the mechanism by which the organization will address surveillance, prevention, identification, control and reporting of infections, utilizing current scientific methods and epidemiologic principles
2. Guide organization personnel in the care and services they provide in relation to infection control practices
3. Educate organization personnel, patients and family/caregivers, and others in the prevention and control of infections
4. Provide for surveillance systems to track the occurrence and transmission of infections
5. Comply with all applicable local, state, federal regulations, and accepted standards of practice including, but not limited to:
 - A. State and federal OSHA mandates
 - B. CDC recommendations and guidelines
 - C. State Practice Acts
 - D. Agency for Healthcare Research and Quality (AHRQ)
 - E. Association for Professionals in Infection Control and Epidemiology (APIC)

POLICY

Community Choice Home Care, Inc. is committed to reducing the risk of acquisition and transmission of health care associated infections (HAIs). Recognized prevention and control mechanisms will be implemented for planning, surveillance, identification, prevention/controls, and reporting procedures. To determine the effectiveness of the infection control plan, Community Choice Home Care, Inc. will measure, assess, improve, and redesign (as appropriate) the surveillance, identification, prevention, and control function annually through its performance improvement program. [Refer to Occupational Safety and Health Administration (OSHA) website for most recent standards on occupational exposure (www.osha.gov).]

Definitions

The following definitions describe terms used by Community Choice Home Care, Inc. throughout this section.

1. Aseptic: Near-sterile technique referring to methods used to prevent the spread of microorganisms.
- Policy No. 6-027.2**
2. Blood: Human blood, human blood components, and products made from human blood.
 3. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
 4. Body Fluids: Emesis, sputum, feces, urine, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, and human breast milk; along with other fluids such as nasal secretions, saliva, sweat, and tears.
 5. Clinical Laboratory: Workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
 6. Contaminated: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
 7. Contaminated Materials: Reusable materials that have been exposed to or contaminated by blood or body fluids. These materials may be transported to destinations outside the patient's home (i.e., blood specimens to laboratories).
 8. Contaminated Laundry: Laundry that has been soiled with blood or other potentially infectious materials, or may contain sharps.
 9. Contaminated Sharps: Any object capable of cutting or penetrating the skin that has been in contact with blood or body fluids, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
 10. Contaminated Wastes: Disposable materials that have been exposed to or contaminated by blood or body fluids.
 11. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
 12. Engineering Controls: Controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, needleless IV systems).
 13. Exposure Incident: A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material(s) that results from the performance of an organization personnel's duties.
 14. Hand Antisepsis: Refers to either antiseptic hand wash or antiseptic hand rub.
 15. Hand Hygiene: A general term that applies to either hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

16. Hand Washing: Washing hands with plain (i.e., non-antimicrobial) soap and water.

17. Infectious Wastes are defined as:
- A. Sharps: Any waste capable of producing injury including, but not limited to, contaminated needles, syringes, scalpels, and disposable instruments.
 - B. Blood, Blood Products, and Body Fluids: All waste blood, blood products, and body fluids greater than 20ml. (2/3 oz.) in volume that exist in a free liquid state and cannot be carefully poured down a drain.
 - C. Microbiological Waste: Cultures and stocks of infectious agents and associated biologicals including culture dishes and devices used to transfer, inoculate, and mix cultures.
 - D. Contaminated Lab Waste: All lab specimens consisting of blood or body fluids that cannot be disposed of by careful pouring down a drain.
18. Licensed Healthcare Professional: A person whose legally permitted scope of practice allows him/her to independently perform the activities required by the hepatitis B vaccination and post-exposure evaluation and follow-up.
19. HBV: Hepatitis B virus.
20. HIV: Human immunodeficiency virus.
21. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material(s) that may result from the performance of an organization personnel's duties.
22. Other Potentially Infectious Materials: Any body fluid that potentially contains blood, e.g., feces, nasal secretions, sputum, sweat, tears, urine, emesis, human breast milk, saliva, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- A. Any unfixed tissue or organ, other than intact skin, from a human, living or dead
 - B. HIV-containing cell or tissue cultures, organ cultures; and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV
23. Penetrating Injury: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

24. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by personnel for protection against a hazard. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or reach organization personnel's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. General work clothes, (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
25. PPD: Purified protein derivative for intradermal tuberculin skin tests (Mantoux).
26. Problem-oriented or outbreak response surveillance: Surveillance that is conducted to measure the occurrence of specific infections in multiple patients at the same time.
27. Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
28. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.
29. Sterilize: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
30. Standard Precautions: An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
31. Targeted or Priority-directed Surveillance: Surveillance activities that focus on specific patient populations or specific procedures.
32. TST: Tuberculin skin test
33. Waterless Antiseptic Agent: An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.
34. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two (2)-handed technique).
35. Nosocomial Infections: This type of infection is known as a hospital-acquired infection. These infections are a result of treatment in a hospital. Infections are considered nosocomial if they first appear 48 hours or more after hospital admission or within 30 days after discharge.

PROCEDURE

1. Community Choice Home Care, Inc. will educate all personnel on infection control policies, procedures, and their responsibilities for implementation as contained throughout this section. New personnel will receive a copy of the standard precautions (see "Standard Precautions" Policy No. 6-004) in their orientation packets.
2. Personnel will be provided training on the basics of transmission of pathogens to patients and personnel, bloodborne diseases, the use of standard precautions, infectious waste management, and other infection control procedures when their work activities, as indicated below, may result in an exposure to blood, other potentially infectious materials, or under circumstances in which differentiation between body fluid types is difficult or impossible.
3. Infection control inservices will be scheduled no less than annually.
 - A. Attendance will be mandatory and will be documented.
 - B. Records of inservice attendance will be maintained in the personnel file.
4. The organization will utilize its safety and performance improvement process to identify risks for the acquisition and transmission of infectious agents on an ongoing basis.
5. The infection control plan will be monitored and evaluated in the annual program evaluation and in conjunction with the review of the organization's safety and performance improvement activities.
 - A. Success or failure of interventions for preventing and controlling infection will be addressed.
 - B. Evolution of relevant infection control and prevention guidelines based on evidence and/or expert consensus will be considered.
6. The Performance Improvement Coordinator will be responsible for managing and coordinating infection control activities and reporting of infection control activities to the Performance Improvement Committee and other appropriate authorities. Infection control activities and outcomes will be part of the organization's QAPI program. The Performance Improvement Coordinator will maintain qualifications for infection control responsibility through ongoing education and training.

PERSONAL CARE – COMFORT: SKIN CARE

KEY POINTS

1. The skin plays an important role in protecting the body from bacteria and other infectious organisms.
2. The purpose of skin care is to help keep the skin as healthy as possible.
3. It is important for nurses/home health aides to offer and assist in the skin care of patients who are ill or unable to perform personal hygiene.
4. As people age, changes occur to their skin that make the skin prone to injuries and problems:
 - a. Skin tissue thins, especially over arms and lower legs, so skin tears occur easily.
 - b. Tissue beneath the skin decreases, so the skin over bones is more easily damaged by pressure.
 - c. Oil and sweat glands decrease, causing the skin to become dry; the dryness makes the skin more likely to crack and break.
 - d. Blood vessels to the skin are less able to deliver oxygen and nutrients to the skin.
5. When providing skin care, your goals are:
 - a. Keep skin clean. Urine and stool are especially irritating to the skin.
 - b. Keep skin dry. Skin that is not dry is prone to yeast and fungal infections.
 - c. Don't let skin "dry out." Bathing too often and using harsh soaps dry the skin out. Moisturizing lotions help keep the skin "soft" and healthy.
 - d. Protect the skin from pressure. When something presses on the skin too long, it damages the skin.
 - e. Protect the skin from injuries. Rubbing, scratching and pulling on skin injures it.
 - f. Help blood to circulate to skin. Light skin massages bring blood to the skin tissue.
7. Bathing:
 - a. While helping the patient bathe, observe the skin carefully. Look on all areas of skin for:
 - 1) Open, cracked skin or scabs.
 - 2) Discoloration, with redness, bruising or other changes in skin color.
 - 3) Dryness, scales, flaking.
 - 4) Rashes, blisters, pustules.
 - 5) Lumps, bumps or swelling.
 - b. During the bath, carefully check any area where:
 - 1) Two skin surfaces rub together, such as under breasts, between buttocks and in abdominal folds of skin on the abdomen. Note any rashes. After washing, dry these areas particularly well. Apply lotion sparingly and dry extra lotion with a towel completely before letting folds come together again.
 - 2) Skin over bones, which frequently has pressure on it, such as coccyx, sitting bones, hip bones, back bones and heels of feet. Note any redness, bumpiness or if the skin feels "boggy."
 - 3) Check the patient's feet for any redness, blisters or sores.
 - c. Do not bathe the patient too often or too long because it causes the skin to "dry out."
 - 1) Avoid very hot water.
 - 2) Avoid soaking.
 - 3) Avoid harsh soaps. Some areas, like arms and legs, may not need any soap.
 - 4) Avoid bathing whole body every day. Many elderly people only need "spot washing" of the face, hands, armpits, perineum.
 - d. Apply lotion immediately after washing and drying a body area to help keep moisture inside the skin.

EQUIPMENT

Gloves
 Skin lotion
 Positioning devices (draw sheets, lifting devices, etc.)

PROCEDURE

1. Perform hand hygiene. Identify the patient according to agency policy. Explain the procedure. Adhere to standard precautions. Assemble equipment.
2. Check the *aide care plan* for special instructions for skin care.
3. Ask the supervising clinician about the type of soap, lotions and powders that can be used on the patient's skin.
4. Use standard precautions, always cleansing hands and donning gloves if contact with bodily fluids is possible.
5. Explain all care to patient before performing it.
6. Protect the patient's modesty by exposing the patient as little as possible during the care.
8. Toileting:
 - a. Clean the skin immediately if urine or stool soil skin.
 - b. Do not leave a patient on a bedpan, as they are particularly hard on the buttocks' skin.
 - c. Put a little powder on the rim of the bedpan so it slides easily when it is removed.
 - d. Lift the patient's skin away from the bedpan before pulling it out.
9. Transferring:
 - a. Avoid pulling the patient's skin when lifting.
 - b. Avoid bumps and scratches when moving from bed to chair, etc.
10. Positioning and providing comfort:
 - a. Do not drag the patient's skin across the sheets, which cause as much skin damage as pressure. Use draw sheets.
 - b. Reposition the patient at least every two hours, or as indicated on the *aide care plan*. See *procedure Personal Care: Comfort Positioning 21.05*.

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PERSONAL CARE – COMFORT: SKIN CARE

- c. Ensure the bed is clean, bed sheets are free from wrinkles, and that patient is not laying/ sitting on tubes, lines or devices that could injure the patient's skin.
 - d. Give the patient a back massage. See procedure *Personal Care: Comfort Back Rub 21.04*.
 - 1) Use light pressure, which promotes circulation.
 - 2) Do not apply heavy pressure or rub the skin, which can damage thin skin tissue.
 - 3) Do not massage skin that has turned red from pressure. But do massage the skin around the reddened area, which will bring circulation to the reddened area.
11. Patients receiving radiation therapy can only use skin products on entrance and exit sites approved by the radiation provider.

PATIENT/CAREGIVER EDUCATION

- 1. Report any changes in patient's condition to supervising clinician.

DOCUMENT according to agency policy

- 1. Document in the patient's record:
 - a. Skin care given and time given.
 - b. Patient's response to care.
 - c. Description of any skin problems noted while providing skin care:
 - 1) Location.
 - 2) Color.
 - 3) Size.
- 2. Adjust plan of care as appropriate and communicate changes per agency policy.

SUPPORTING EVIDENCE

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