

CNA Training Advisor

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ACTIVITIES OF DAILY LIVING

While there is some variation, there are six activities commonly considered to be the activities of daily living (ADLs). They are feeding, bathing, dressing, toileting, transferring, and mobility.

This issue of **CNA Training Advisor** will review what ADLs are, why residents may have difficulty with them, and what you can do to help. It will review the dangers of being unable to perform ADLs, as well as specific contexts, both permanent and temporary, that can cause the loss of certain ADL functions. The issue then reviews what your part is in helping to achieve ADLs.

The CNA is crucial to successful ADLs. It may be tempting to do everything for your resident, for the sake of time and efficiency, but if possible, you should encourage independent follow-through of ADLs. If you think your resident is having trouble with his or her ADLs, talk with your supervisor. It's possible something as simple as an assistive device and education could help your resident be more independent. Be sure to offer praise for tasks the resident can do, but ensure safety by helping with ADLs for which the care team has determined is unsafe for the resident.

Have a good day of training, and stay tuned for next month's issue on observing and reporting.

Talking points

After completing this lesson, you can:

- Discuss additional ideas that could help colleagues with ADL success
- Discuss residents who are having trouble with their ADLs
- Ask colleagues to give examples of a situation in which a resident struggled with an ADL, and what they did to help
- Apply the information from this lesson to brainstorm how to ensure residents are living at their maximum capacity and capability
- Work with managers to put a plan in place to ensure ADLs are discussed among the care team

Quiz answer key

- | | |
|------|-------|
| 1. d | 6. a |
| 2. b | 7. a |
| 3. c | 8. b |
| 4. d | 9. a |
| 5. b | 10. d |

Program Prep

Program time

Approximately 30 minutes

Learning objectives

Participants in this activity will be able to:

- Name three core activities that are part of ADLs
- List two reasons patients need assistance with ADLs
- Name three techniques for assisting patients to improve their ability to perform ADLs

Preparation

- Review the material on pp. 1–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

SEE ALSO

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Activities of daily living (often called ADLs) are basic self-care activities that are considered essential for day-to-day living. There are six activities that make up the ADLs: feeding, bathing, dressing, toileting, transferring in and out of bed, and mobility. Most of the residents you care for require some assistance with one or more of their ADLs. Some of them need less assistance, and some are totally dependent. Some of your residents will never be able to be any more independent than they are, but most of your residents can improve in their abilities to perform ADLs.

People who have lost the ability to perform ADLs are at a much greater risk of hospitalization and death than other people the same age who are independent. The percentage of people needing help with ADLs is very high among elderly long-term care residents. The most frequently reported ADL limitation is bathing.

There are many reasons that people receiving homecare need assistance with their ADLs. Generally speaking, residents need help performing ADLs for one of three reasons: (1) paralysis or loss of physical function, (2) weakness or decreased endurance due to disease process or surgery, and (3) confusion or cognitive disorders. Some of the more common reasons you will see in long-term care residents include:

- **Recent surgery.** Many times residents have reduced endurance following surgery and are not able to perform ADLs. Many of these residents will improve as you are caring for them and will become more independent in several weeks.
- **Fractures, casts.** The presence of a cast on one's arm or leg can make it very difficult for a person to bathe himself or herself or perform other ADLs without assistance. Many of these residents will also improve and, when the casts are removed, they will once again be independent.
- **Strokes.** Many residents have some degree of extremity paralysis or weakness following a stroke. If the stroke is recent, the resident may be able to make a lot of progress in his or her ability to perform ADLs. However, if the stroke occurred a long time ago and the resident has had extensive therapy and has been using assistive equipment, then he or she may not have any further improvement and will never be independent.
- **Heart disease or chronic lung disease.** These residents may have such difficulty breathing that they need assistance in ADLs. For most of these residents, performing ADLs takes a much longer time than normal because they must rest often during activity. With better control of their symptoms, they may improve in their

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abilities to perform ADLs, but may continue to require some assistance.

- **Severe arthritis.** The joint stiffness and deformities of severe arthritis make it harder for these residents to perform ADLs. They may also have a great deal of pain. However, many of them may be able to show improvement if they have devices to assist them and learn different methods of bathing and dressing.
- **Neurological disease.** Depending on the severity and involvement of the disease, residents with neurological diseases may require assistance with ADLs. In some cases (like multiple sclerosis), the disease has periods of remission and the resident's symptoms improve, causing him or her to require less assistance. In other cases (like Alzheimer's disease), the disease progressively worsens, and the resident will not improve in his or her abilities to perform ADLs.
- **Cancer or other debilitating diseases such as AIDS.** Whether or not these residents will improve depends upon the extent of their diseases and/or responses to treatments. Some residents will be able to improve, while others will continually decline.

How do you help residents improve in ADLs?

There are many things that CNAs can do to help residents improve their performance of ADLs. The key to success lies in good communication with the nurse or therapist who is seeing the resident. In addition to carefully reviewing the assignment sheet, you should talk with the nurse or therapist about how much the resident can be expected to improve, and how you can best help. It is important for you to know whether the resident has already reached his or her maximum level of functioning, or whether the resident may be able to do more.

It takes a team effort with the resident and family, the nurse or therapist, and you to help the resident improve in performing ADLs. Some areas in which you may help include:

- **Dressing**
 - Help the resident establish a routine for dressing that follows a logical sequence. Help her select and arrange her clothes in the order they will be put on.
 - Encourage the resident to sit while doing most of the dressing.
 - Encourage the resident to choose clothing that is comfortable and easy to put on and remove. Elastic waistbands and Velcro closures are much easier to use than zippers and buttons. Pull-over shirts or sweaters need to have large neck holes to make them easier to get on and off. Elastic shoelaces make it easier to put on shoes.
 - If the resident has weakness or paralysis of an arm or leg, remind him to dress the “weak” arm or leg first.
 - Learn how to use any dressing aids the resident has. A resident may use buttonhooks, reaching sticks, long-handled shoe spoons, or other devices. If you think your resident would benefit from having assistive devices, discuss this with the nurse.
 - Always encourage the resident to do as much for herself as possible. This may take more time, but it's important in helping the resident improve her ability to care for herself.
- **Bathing**
 - Help the resident establish a good time for bathing. This should be a time when he is not rushed or tired from other activities.
 - Help the resident organize everything needed for the bath. The type of bath she will take will be on the assignment sheet.
 - Never assist the resident into the shower or tub if it cannot be done safely. The nurse or therapist should have assessed the safety of the tub, but if the resident needs a bath seat, non-skid mats, or grab bars in order to be safe, do not put him in the tub without them. Notify the supervisor that you do not feel it is safe to bathe him in the tub and follow the supervisor's directions. (Don't forget to document this on the visit report.)

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- Learn how to use any bathing aids the resident may have. She may also have grooming aids to help her.
- Allow the resident to bathe himself as much as possible.
- Eating
 - Help the resident establish a quiet, calm time for eating.
 - Encourage the family to prepare finger foods that may be easier to manage.
 - Help the resident and family organize the table so that things are within easy reach.
 - Learn to use any assistive devices the resident may have. There are numerous aids, including utensils with wide handles, swivels or straps, non-skid mats to keep plates from sliding, plates with plate guards so food can be pushed onto the spoon, and special glasses and cups. If you think the resident could benefit from such devices, talk with the nurse.
 - Never rush the resident to eat. Encourage the family to allow plenty of time for meals.
- Toileting
 - If necessary, help the resident establish a bathroom routine. Some residents do not have the normal advance warning of the need to urinate. These residents may do well to use the toilet routinely every three hours to prevent incontinence.
 - Many residents do better with a raised toilet that makes coming to a standing position much easier.
 - Notify the supervisor if there are structural barriers that keep the resident from getting to the toilet.
 - Learn how to use assistive toileting devices. These may include a long curved reaching device that allows the resident to wipe herself after using the toilet.
- Transferring in and out of bed
 - Consult with the nurse or therapist to find out exactly how the resident should be assisted with transfers, and to what extent he is expected to improve. A joint visit with the therapist or nurse can be very helpful in establishing a consistent approach.
- Assist the resident as directed on the assignment sheet, allowing the resident to participate as much as possible.
- Assist the resident with any assigned exercises. These will help condition and strengthen the muscles and help the resident become more independent.
- Mobility
 - Follow the assignment sheet in assisting the resident with ambulation or in use of the wheelchair.
 - Encourage the resident to participate as much as possible.
 - Give lots of praise and encouragement.
 - Help the resident schedule activities so that there is time for rest in between.

Key points in helping residents improve in ADL functionality

- Do not be tempted to do everything for the resident. Encourage the resident to do as much for himself as possible. While it may seem easier and may take less time to perform the ADLs in the resident's place, doing this will not promote his independence.
- Be an advocate for your resident. Don't be reluctant to talk with the supervisor or nurse if you think the resident needs devices to help him.
- Give lots of praise and encouragement. Point out to the resident how much progress she is making. Focus on what she can do, not what she cannot do.
- Be resident and allow the resident time to participate. Many times a given task will take much longer when the resident does it for himself. Keep in mind that the resident needs to learn to do these things so he can manage when he is no longer receiving homecare.
- Help the resident be realistic. If the nurse or therapist tells you that the resident will never be able to do a certain task, help the resident adjust. Keep in mind that some residents will never be independent in ADLs no matter what assistive devices are available.
- Carefully document the resident's progress. Stay in close contact with the nurse, therapist, and other team members about the improvements that may have taken place. 📄

CNA Professor

ACTIVITIES OF DAILY LIVING QUIZ

Mark the correct response.

Name: _____

Date: _____

1. Which of the following is not considered an activity of daily living (ADL)?
 - a. Bathing
 - b. Toileting
 - c. Transferring
 - d. Cooking
2. All patients can improve in doing ADLs if they really want to.
 - a. True
 - b. False
3. Which of the following is true about ADLs?
 - a. If you are unable to do any of them, you are considered in need of skilled nursing
 - b. They include such household chores as washing dishes and doing laundry
 - c. They are the basic activities of caring for oneself that are essential for day-to-day living
 - d. All of the above
4. To help a patient improve in performing ADLs, which of the following are important steps for the CNA to take?
 - a. Learn how to use the assistive devices the patient may need
 - b. Encourage the patient to do as much for himself or herself as possible
 - c. Provide enough time for the patient to do things
 - d. All of the above
5. Which ADL limitation is reported most often?
 - a. Requiring assistance with eating
 - b. Requiring assistance with bathing
 - c. Requiring assistance with toileting
 - d. Requiring assistance with dressing
6. Which of the following is NOT a common reason that people need help with ADLs?
 - a. Having a baby
 - b. Having paralysis
 - c. Having a fracture
 - d. Having chronic lung disease
7. A key to success in improving ADL function is good communication between the CNA and other professionals who are seeing the patient.
 - a. True
 - b. False
8. There are _____ activities commonly called the ADLs.
 - a. four
 - b. six
 - c. three
 - d. seven
9. Which of the following is considered to be one of the ADLs?
 - a. Transferring
 - b. Using the telephone
 - c. Doing laundry
 - d. Washing dishes
10. Which of the following diseases/conditions may cause a patient to need assistance with ADLs?
 - a. Stroke
 - b. Severe arthritis
 - c. Major surgery
 - d. All of the above