ER BASICS · ONE-PAGER

Hygiene, Sensory Deficits and Comfort Measures

Hearing aids, Deaf clients and interpreters, vision loss and eye devices, ear and oral care, bathing and diabetic feet, heat and cold, and communicating after a stroke for the NCLEX

31 sources + more detail
erbasics.com/sheets/hygiene-sensory-comfort.html
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1 Hard of hearing and hearing aids

- Get attention first (light touch), cut background noise, face the client in good light 2–3 ft away; low, clear voice, short sentences, never shout
- Do not cover the mouth or turn away; rephrase rather than repeat; confirm understanding; record the preferred method in the care plan
- Aid "not working": check that it is on, the battery, and the earmold for wax, before anything else
- Whistling (feedback): poor fit or wax; reseat it and report a persistent problem
- Worn by day; off and in a labeled case at night; kept dry and away from heat and hairspray; never washed in water

EXAM TIP An older adult without their own hearing aids and glasses is at higher risk of delirium. Get the devices in, working and documented on admission.

2 Deaf clients and interpreters

- ASL is its own language: arrange a qualified sign language interpreter (on site or video) for history, consent, teaching and bad news
- Not family, and never the client's child; the client is not asked to bring an interpreter
- Face and speak to the client, not the interpreter, in good light; confirm with teach-back through the interpreter
- Lip reading and written notes only supplement; offer captioning, relay calls and other aids

EXAM TIP Same rule as spoken-language interpreting (Therapeutic Communication page): a trained interpreter, not relatives, whenever the information matters.

3 Vision loss and eye devices

SITUATION	ACTION
Blind or low vision	Say who you are on entering and leaving; orient to the room and call light; keep furniture and belongings where the client learned them; good light, less glare
Meals	Describe the tray by clock positions; items kept in the same place; the client feeds themselves
Walking	Offer your arm; the client holds just above your elbow and walks half a step behind; name doors, stairs and chairs
Soft contact lenses	Wash hands; fresh solution every time, never topped off or tap water; out for sleep; remove and report pain or redness
Unconscious with lenses	Remove them (gloved) and store in labeled containers; left in, they injure the cornea
Sedated or unconscious eyes	Lubricant as ordered and gentle lid closure; never leave the cornea exposed
Artificial eye	Clean hands; warm water and mild soap, no alcohol; store in water if removed; report redness, pain, heavy discharge

4 Ears: cerumen and irrigation

- Wax buildup causes temporary hearing loss; nothing goes in the canal, cotton swabs included
- Irrigation: body-temperature solution; pull the outer ear up and back (adult); gentle stream along the canal wall, never at the eardrum
- Cold or hot solution causes vertigo and nausea
- Do not irrigate with a possible eardrum hole, drainage, tubes or recent ear surgery; stop and report pain or dizziness

5 Oral care

CLIENT	CARE
Dentures	Gloves; sink lined with a washcloth; brush all surfaces in cool water (hot warps them); swab gums and tongue; at night in a labeled cup of cool water; never wrapped in a napkin
Unconscious	Side-lying, head turned, suction ready; small amounts of fluid; no fingers between the teeth
NG tube or NPO	More oral care, not less: brush teeth and tongue, moisten lips, check the nares at the tube; no lemon-glycerin
Chemo or head-neck radiation mucositis	Soft brush; salt and baking soda rinses every 2 h; no alcohol mouthwash, spicy, acidic or hot food; dentures out until sores heal; report burning pain, taste change or bleeding

6 Bathing, skin and feet

- Bath head to toe, perineum last; change gloves after perineal care; check folds and between the toes
- Perineal care: front to back, a clean part of the cloth for each stroke, rinse, pat dry
- Older, dry, itchy skin: fewer full baths, warm (not hot) water 5–10 min, mild unscented cleanser, pat dry, cream or ointment while damp, humidifier

DIABETIC FOOT: DO	DIABETIC FOOT: NEVER
Inspect daily, soles with a mirror	Soak the feet or use hot water
Wash in warm water tested by thermometer or elbow; dry between the toes	Lotion between the toes
Cut nails straight across; podiatrist for thick or curved nails	Cut corns or calluses or use corn removers
Shoes and socks always, shoes checked inside	Bare feet, heating pads or hot water bottles

SAFETY Neuropathy hides burns and wounds. Report any cut, blister or red, warm area that is not healing. Trimming a diabetic client's nails is never assigned to UAP.

7 Heat and cold

FEATURE	HEAT	COLD
Effect	Vasodilation; eases stiffness and spasm	Vasoconstriction; less swelling, bleeding and pain
When	Subacute and chronic pain, infection to localize	Acute injury, first 24–72 h
Time	5–20 min by tolerance; heat lamp about 20 min	10–20 min; at least 1 h before the next
Avoid	Impaired sensation, poor circulation, new injury swelling, active bleeding, implanted metal (lamp)	Poorly perfused areas, cold intolerance, impaired sensation

SAFETY Barrier between pack and skin; never ice on bare skin. Check the skin often and stop for redness, pallor, numbness or pain. Warm, never hot; no lotion under a lamp; the client never adjusts the setting or lies on a heating pad.

8 After a stroke: talking, neglect and dressing

PROBLEM	WHAT HELPS
Expressive (Broca) aphasia: understands, cannot get words out	Yes-or-no questions, time to answer, picture or word board, gestures; do not finish sentences
Receptive (Wernicke) aphasia: fluent but poor understanding	Short simple sentences, one step at a time, show and gesture
Dysarthria: slurred speech, intact language	Quiet room, face the client, let them finish, say back what you heard; writing or alphabet board
Left neglect (right brain)	Early: safety, call light on the seen side. Later: approach and place items on the left, cue scanning left
Dressing with hemiparesis	Seated; weak side in first, out last; loose front-opening clothes
Eating with hemiparesis	Adaptive utensils, plate guard, extra time; the client feeds themselves

EXAM TIP None of these clients needs a louder voice. Speak in an adult tone, never pretend to understand, and involve speech therapy.

9 Sensory overload and deprivation

FEATURE	OVERLOAD	DEPRIVATION
Signs	Irritability, restlessness, covering eyes or ears, confusion	Hallucinations, confusion that mimics delirium
Action	Cluster care, cut alarms and noise, close the door, protect sleep	Glasses and hearing aids in, clock and calendar, chosen TV or music, visits

EXAM TIP PN scope: the LPN/VN collects data, gives this care, reinforces teaching and reports changes. Bathing, oral care, dressing and feeding suit UAP for stable clients.

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