Volunteer Training
Manual
Volunteer Training Manual

Acknowledgments

Development of these dissemination materials was supported in part by The Commonwealth Fund (a New York City-based private independent foundation), The Fan Fox and Leslie R. Samuels Foundation, Inc., and The Retirement Research Foundation. The views presented are those of the authors and not necessarily those of the funders, their directors, or staff.

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The Hospital Elder Life Program

**VOLUNTEER INFORMATION**

If you are unable to attend an assigned shift due to illness or a family emergency, please alert the Elder Life Specialist as soon as possible to allow for adequate substitute coverage.

To contact the Elder Life Specialist:

Office number:

Each Volunteer shift:

- Check in with Volunteer Services Office
- Pick up volunteer jacket
- Wear Volunteer Identification at all times
- Report to HELP office
- Pick-up Volunteer Assignment folder from door pocket at HELP office. Volunteers will pick up a folder with their name on it. In the folder will be their patient assignments and the necessary forms for the day.
- Inform Elder Life Specialist or patient’s nurse that you are on the unit
- At the end of your shift, return all materials and complete all paperwork
- Return completed paperwork to door pocket at HELP office
- Sign-out in Volunteer Services office

Volunteer Feedback:

Volunteers are encouraged to give feedback about the patients or program at any time. Depending on the situation, you may choose to communicate by:

General Contact Information:

Hospital Elder Life Program Staff:
These are optional protocols for the HELP program. These measures are suggested for optimal care, in accordance with NICE guidelines for delirium prevention. However, many hospitals already have existing guidelines in these areas, and the responsibilities may fall to other staff. Implementation of these protocols should be individualized at each HELP site.

**GENERAL HELP PROGRAM**

**HAND HYGIENE PROTOCOL**

**Note:** This protocol applies to all HELP staff, volunteers, family members, and patients

**Eligibility:** All patients in HELP and all HELP staff /volunteers will participate in the hand hygiene protocol.

**Evaluation:**

1. **Indications for hand washing for HELP staff and volunteers:**
   - Before and after every patient contact
   - After blowing nose, coughing or sneezing
   - Before and after eating a meal or handling another's food
   - After using the toilet or assisting another with using the toilet
   - Before and after any medical procedure
   - After body fluid exposure (e.g., urine)
   - Before and after contact with any objects in patient’s environment

2. **Indications for hand washing for patients:** Patients should be encouraged to wash their hands:
   - After using the toilet, bedpan, or commode
   - After coughing, sneezing, or touching nose or mouth
   - When returning to room after test or procedure
   - Before eating, drinking, taking medicine, or putting anything in the mouth
   - When visibly dirty
   - Before touching any breaks in the skin (e.g., wounds, dressing, tubes)
   - Before any medical procedures (e.g., dialysis, IV drug administration, injections)
   - Before interacting with visitors and after they leave

   **Special instructions for Patients:**
   - When there is concern about whether hands are clean - Patients should be encouraged to ask healthcare providers, family members, and visitors to wash their hands upon entering the patient’s room.
   - If visited or cared for by anyone who is coughing or sneezing, please ask him or her to wear a surgical mask or leave the room, (e.g., send a healthy colleague to provide care)

**Interventions:**

1. **Proper Hand Washing Technique:** All staff should use facility approved soap and warm water and engage in vigorous rubbing of lathered hands for a period of 20 seconds. (Singing the 'Happy Birthday' song from beginning to end twice can be used as a timer). Dry hands thoroughly with a disposable towel and use another clean, dry towel to stop the flow of water after hand washing. Facility approved waterless hand sanitizer may be used in place of washing with soap and water as long as hands are not visibly soiled or dirty. When caring for a patient with *C. difficile* or other drug-resistant pathogen, staff is required to use soap and water rather than hand sanitizer. Facility approved hand lotion may be used after hand washing to maintain skin integrity and prevent chafing.

2. **Additional Infection Control Measures for Health Care Workers:**
   - Do not report to work if you are ill or have fever
• Get the flu shot every year.
• Wipe the surface of your stethoscope with an alcohol wipe after each patient examination.
• Wash lab coats and uniforms after each wearing or wear facility-provided scrubs if available. The wearing of neck ties and loose clothing is discouraged in the clinical setting.
• Always practice aseptic technique and do not use anything that has been dropped on the floor or in a contaminated area.
• Safely dispose all used and contaminated needles and equipment in appropriately marked containers when caring for patients.
• Avoid artificial nails or nail extenders if you are involved in direct patient care. Natural nails should not be longer than ¼ inch. Nail polish may be worn as long as it is intact and not chipped.
• Avoid wearing rings, bracelets and upper body jewelry in the clinical setting.
• Utilize personal protective equipment for patients in isolation, per hospital policy.

Nursing Staff Education:

The Elder Life Nurse Specialist or Elder Life Specialist provides regular in-services on the following, and introduces the Hand Hygiene Protocol.

• Education of patients, family members, caregivers, health care workers and HELP staff on proper hand hygiene techniques and the indications for hand washing.
• Education of health care workers and HELP staff on other infection control measures.
• Consider competency-based evaluations as applicable for site.

Adherence:

• Elder Life Nurse Specialist or Elder Life Specialist monitors and records adherence to intervention. Infection control departments or other hospital departments may be responsible for monitoring and recording adherence.
• Elder Life Specialist implements the speak up program encouraging patients to ask all hospital staff members if they washed their hands.
• Visual and auditory reminders about hand-washing, such as posters, brightly colored signs, eye catching screen-savers, labels on equipment and supplies on the floor.

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**Hospital Elder Life Program**

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THE HOSPITAL ELDER LIFE PROGRAM STRUCTURE

PROGRAM DIRECTOR
Elder Life Nurse Specialist or Geriatrician

ELDER LIFE PROGRAM WORKING GROUP
Program Director, Elder Life Nurse Specialist, Elder Life Specialist(s), Volunteer Coordinator, Geriatrician

*Volunteer Staff Used

*DAILY VISITOR PROGRAM
Supervisor: Elder Life Specialists

*THERAPEUTIC ACTIVITIES PROGRAM
Supervisor: Elder Life Specialists

*EARLY MOBILIZATION PROGRAM
Supervisor: Elder Life Specialists

*FEEDING ASSISTANCE PROGRAM
Supervisor Elder Life Specialists
HOSPITAL ELDER LIFE PROGRAM VOLUNTEER TRAINING

I. OVERVIEW

The Hospital Elder Life Program (HELP) is an innovative model program designed to improve the hospital experience of older patients.

Hospitalization can be a pivotal point in the life of an older person. All too often, hospitalized older patients experience decline in their physical and mental abilities which make it difficult for them to fully recover from their illness, and previous ability to function.

For some patients, this means going to a nursing home after leaving the hospital instead of returning to home.

The Hospital Elder Life Program was developed to prevent these problems.

II. GOALS

The major goals of the Hospital Elder Life Program are:
- To help patients maintain cognitive and physical functioning throughout hospitalization
- To allow patients to be discharged from the hospital as independent as possible
- To assist with the transition from the hospital to the community
- To prevent unplanned readmission

III. ROLE OF THE VOLUNTEER

Volunteers play a crucial, central role in this program by carrying out program interventions directly at the bedside. The volunteers are not the “frosting on the cake”, but rather they are the cake. This program gives volunteers a level of patient contact and responsibility that is unique amongst hospital programs. The training provided through our program will provide all the necessary skills to serve as a volunteer for the program.

Volunteers help to create a friendly hospital environment by providing sympathetic support, encouragement and companionship to older patients and their families.

In addition, volunteers provide specific assistance in four volunteer intervention programs:
A. **Daily Visitor Program** – A program that provides communication and socialization to prevent mental confusion during hospitalization

B. **Feeding Assistance Program** – A program of mealtime assistance and companionship

C. **Early Mobilization Program** - A program providing daily assistance with walking and exercises

D. **Therapeutic Activities Program** – A program providing special activities to keep patients mentally stimulated during their stay

**IV. TRAINING PROCESS**

All volunteers are recruited, screened and trained by the Hospital Volunteer Department. Thereafter, volunteers who are accepted into the HELP program receive additional preparation. The HELP program volunteer training process has three components:

A. **Classroom Training** – All volunteers are required to attend the Volunteer Training Classes. The Volunteer Training Manuals are distributed, which provide comprehensive information about each volunteer program and interventions.

The manuals also include Case Studies for small group discussion, and Competency Based Checklists.

The Volunteer Training Manuals are intended to be used as an ongoing reference tool throughout the volunteer experience.

During classroom training, each volunteer program is reviewed in detail. Training videos are also viewed, and they are designed to complement the detailed information in the manual.

Each program is thoroughly reviewed in text, after which small group demonstrations take place. Ample time is provided to allow each volunteer the opportunity to practice the activities involved in the program.

Finally, cases for small group discussion are provided.

At the end of each training module, each volunteer is required to demonstrate proficiency in the activities for each program.
B. **Training with an Experienced Volunteer**

Following the classroom training, each volunteer is paired with an experienced volunteer or HELP staff for continued training and demonstration on the hospital unit.

The novice volunteer first observes the veteran volunteer carry out all the interventions with patients. Then, the roles are reversed, and the novice volunteer carries out the interventions with oversight by the veteran volunteer.

C. **Competency Checklists**

Each volunteer is required to demonstrate proficiency carrying out the interventions for each program. Competency-based checklists are completed and validated by training staff who observe the volunteers prior to working independently with patients.

V. **EXPECTATIONS OF THE VOLUNTEER**

In order for the program to successfully meet its goals, volunteers must meet and maintain the highest performance standards:

A. **Reliability** – Patients rely on consistent volunteer interventions throughout their entire hospitalization. Volunteers must make every effort to report for each appointed shift. If unable to attend an assigned shift due to illness or a family emergency, please alert the Elder Life Specialist as far in advance as possible to allow for adequate substitute coverage.

B. **Observing Limitations** – Volunteers need to understand the limitations of this role. Volunteers never give medical information or advice; nor interfere with a patient’s medical treatment. If a patient has a medical question or concern, volunteers are to refer them to the HELP staff or appropriate hospital staff.

If ever uncertain about any limitations of a patient, for example, mobility or fluid restrictions, always ask the HELP staff or nurse before proceeding.

Never comment on or discuss religious or political views.

C. **Good Judgment** – Because volunteers work independently with patients, it is essential to be able to problem-solve and use good
judgment. If uncertain about a course of action, consult the HELP staff before proceeding.

D. Confidentiality – Volunteers must maintain confidentiality regarding patients’ medical information and personal life. They are never to discuss patients with anyone except the HELP staff or appropriate hospital staff.

E. Respect – Volunteers need to be polite and receptive when working with patients and their families. Volunteers should treat each patient with dignity, keeping in mind that the hospital can be a belittling place. Ask permission and explain what you are doing to help the patient feel informed and in control.

Remember to always address patients in the appropriate manner (Mr. Jones, not “dear” or “honey” or using first names) unless requested by the patient.

F. Enthusiasm and Active Listening – Showing enthusiasm will encourage the patient to actively participate in the volunteer interventions. Remember that good communication is the key to successfully interacting with the patients.

Volunteers also need to be “good listeners” and respond to the patients’ needs and cues. Remember that the patient is in charge.

G. Attention to Personal Appearance – Volunteers are required to present a clean, professional appearance. This includes minimal jewelry and make-up, no perfume, hair tied back and pulled away from the face, and neat but comfortable shoes (no sandals) and clothing. The hospital identification must be visible at all times.

H. No Tobacco, Alcohol or Drugs – The use of alcohol, tobacco or illegal drugs are prohibited for all hospital staff and volunteers while on duty.

I. Caring – Above all, volunteers need to display a genuine enjoyment of and appreciation for older people.

VI. THE IMPORTANCE OF DOCUMENTATION

A. What is documentation? It is the recording of all the interventions (strategies, activities, interactions) done with each and every HELP patient each shift of each day. Documentation is a fancy, technical word for "keeping track" of each patient.
B. Why do volunteers have to document? Volunteers carry out the special plans which the Elder Life Specialist and Elder Life Nurse Specialist have designed for each patient. In order to adjust each patient’s plan, the staff must know how the patient responded to the interventions (walking, eating, therapeutic activities, etc.). The only way to monitor the patient’s progress is through review of the volunteer’s “documentation.”

The Hospital Elder Life Program is a very special program of care for a very special group of people. This program is designed to make a difference in the quality of care for our elderly population. The only way to demonstrate the quality of care is by writing down what we do so that others can see what others can see what was done and differences we make.

**KEY POINT: IF IT IS NOT WRITTEN DOWN, IT DID NOT HAPPEN.**

In other words, if a volunteer is given an assignment, and the assignment sheet for the patient is turned in blank or incomplete - it has to be assumed the assignment was not completed.

C. What do volunteers document?

Each shift you will be given an assignment with specific patients and specific tasks to complete. For each patient you are asked to work with, there is a form to be filled out which provides the patient’s name, room number, and assigned activities.

Each form has areas to be completed (filled-in) by the volunteer relating or describing how the assignment was completed.

Please leave no spaces blank.

If... you have more to write, use the "white spaces" available on each sheet or the back of the sheet

If... you aren't sure what to write, try to answer the questions to the best of your ability, and leave an explanation in the "white space" of the paper or on the comment section.

If... you aren't sure where to write what information, look over the sheets to see where it would best fit or write it in the comment section.
Examples:  - “Walk to the bathroom” would best go on the Mobility section, not Feeding or Therapeutic Activities.

- “Gave glass of orange juice” would best go on the Feeding section.

- “Left New York Times crossword puzzle” would best go on the Therapeutic Activities section.

If... the patient refuses or you are unable to complete an activity for any reason, please document your attempts and reason for refusal or incomplete activity. We understand this will happen, but it's important for us to document the attempt.

If... you're not sure how to write something up, you can always ask the Elder Life Specialist - but please, write it somewhere.

D. Documentation Guide Lines

- Spelling does not count.
- Grammar does not count.
- You will not be graded on structure, but content, accuracy and completion is important.
- Time (length of interaction is important).
- Filling in all areas that pertain is important.
- If you are not sure, ask someone - please don't ignore a problem hoping it will go away. Ask.
- If you are unable to complete an assigned task, please write down why (ex: patient off floor for test, etc.).
- Print if you can (it tends to be more legible).
- Everyone can make a mistake, we just ask you to learn from them.

E. What happens to all this "Documentation"?

Everything that is done with each patient each shift of every day is logged into your site’s tracking system. Each sheet is reviewed each day by the HELP staff to evaluate progress and determine any special needs or changes in the treatment plan. The sheets are then filed for future references to determine reasons for the success or failure of the program for the individual patient, and as a whole.
F. Why can't the "Staff" do the "Documentation"?

The staff does document the interventions that they individually do with the patient. The volunteers are asked to document only what they personally see and do with the patient. This provides first hand, and more accurate information with which to work for better patient care. Only you can describe what you did or observed with a patient while working with them. The forms were designed to guide you in recording your interactions with the patient, not to intimidate or frustrated you. Try to look at the forms as a guideline or worksheet to organize your interactions with the HELP patients.

**THANK YOU! YOUR EFFORTS ARE GREATLY APPRECIATED.**
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I. **GOALS OF THE DAILY VISITOR PROGRAM**

Older adults who show no signs of confusion at home may become disoriented and forgetful in the hospital. In fact, this is quite common. Those who already suffer from Alzheimer’s disease or dementia (chronic confused state) can become even more confused. Illness, an unfamiliar environment, new medications – all can take a toll on the body and the mind.

**The primary goal of the Daily Visitor Program is to prevent confusion from developing.**

No matter how hard hospitals try to look friendly with freshly painted walls, cheerful waiting areas, plants and colorful prints, they are still scary places. No one wants to be admitted to the hospital. Hospitalization includes images of doctors, revealing hospital gowns, unfamiliar language, medical terms, and fear of the unknown. Who can blame patients for being anxious? Older patients may be even more apprehensive because they may view going to the hospital as the precursor to going to a nursing home, or even death.

**Additional goals of the Daily Visitor Program are to help maintain patients’ sense of control and to allow them to voice their concerns.**

II. **ORIENTING COMMUNICATION**

Volunteers can help prevent confusion from occurring by using a technique called Orienting Communication.

Orientation is a clinical term. It refers to a person’s knowledge about where they are (name of hospital, city, and state), what the date is, who their family members are, etc.

A. **Elements of Orienting Communication**

1. **Background:** Orienting communication is a technique designed to provide the patient with information that they need to stay mentally aware of reality. The information is provided in a planned, organized and consistent fashion. Successful orienting communication incorporates specific, useful information into your conversation with the patient, for example, the day of the week.
2. Examples of Orienting Communication:

"My Mr. Jones, it’s a beautiful September morning. Have your grandchildren started back to school yet?"

"Christmas is coming soon. Do you have any family traditions that you do every year?"

"It is getting dark earlier these days. Why, it’s only 4 o’clock in the afternoon."

3. Successful orienting communication also combines the following elements to help the older person accurately perceive the information that they are receiving from people and their environment:
   a. Direct eye contact
   b. Frequent use of touch
   c. Correcting vision and hearing problems
   d. Hearing and reflecting the patient's concerns
   e. Answering questions or referring questions to appropriate staff members
   f. Reinforcing patient's sense of control

B. Approaching the Patient: Setting up the Communication Atmosphere

1. Make sure your hospital identification badge is visible.

2. Wash hands before entering room.

3. Upon entering room, call patient by name, introduce yourself while making direct eye contact and physical contact, explain your role. Example: "Good morning Mr. Smith. My name is _____________ and I am a visitor with the Hospital Elder Life Program (either shake hands or touch patient on the upper arm or shoulder). This is a program designed to assist older patients during hospitalization."

4. Be sure the patient can see and hear you.
   a. Glasses: Make sure glasses are worn, and are clean.
   b. Hearing devices: Make sure hearing aids or amplified hearing devices are worn; adjust if needed.

5. Create a quiet, private environment by pulling the curtain in the room and closing the door. This will create a sense of privacy and reduce noise. Do not leave the curtain drawn and the door closed when you leave, as this will isolate the patient.
6. Pull up a chair and sit down at eye level with patient within 1-1/2 feet. Be sure to capture their attention and keep eye contact.


8. Be sure communication is concrete and specific. Instead of asking a "yes vs. no" question, offer choices. Example—Rather than "Would you like something to drink"; use: "Would you like apple juice or water?"

III. **ORIENTATION PROTOCOL**:

A major role of the volunteer is to keep patients informed about what will be happening to them that day, and to assist them with practical matters. This will keep them oriented (mentally aware) during their hospital stay.

If you notice new confusion or disorientation during your interactions with a patient, please bring this to the attention of the Elder Life Specialist or the nurse immediately.

A. **Addressing the Patient's Concerns**

An important role of the volunteer is to provide emotional support and serve as a patient advocate.

1. Ask the patient if they have any questions or concerns.

   - Record their answer(s) under Orientation, “Comment Section”, on the Volunteer Assignment Sheet.
   - Encourage patients to ask questions and discuss their concerns.

2. **Encourage patient to discuss their worries, fears, and concerns.** Be sure to:

   a. **Acknowledge their feelings:** Example: "I can understand that you feel frightened. Most patients here feel scared at times." Provide reassurance, e.g., "The hospital staff is here to help you".

   b. **Answer questions or find ways to get questions answered.** (e.g., refer to appropriate staff member). "I can’t explain how that test is done, but I know that your nurse would be happy to explain it".
• Although the volunteer should never provide medical advice or interpretations, the volunteer can serve as a valuable resource to direct the patient on how to get their question(s) answered; or to relay question(s) to the appropriate person.

3. **Verify each patient has writing materials (paper and pencil/pen) at bedside to record their questions (provide them if they are not available).**

B. **Patient Orientation Board**

A vital role of the volunteer is updating the Orientation Board on a regular basis. Put the following information on the patient's dry-erase board. As you list each item, explain it to the patient and at the end of your visit, review all the information listed on the board:

- day of the week, month, date, and year.
  Example: Tuesday, May 23, 2000

- name of nurse and aide this shift

- name of doctor

- name of volunteer this shift

- Meal times, for example: 8:30 a.m., 1:30 p.m., 6:30 p.m.

- Next volunteer and time they are expected

- Tests or procedures scheduled, and approximate time if known (check with nurse)

- Other activities as noted on the Volunteer Assignment Sheet. This may include:
  • 3 walks today
  • 3 exercise periods today
  • Discharge planner
  • Occupational Therapy
  • Physical Therapy
  • Speech Therapy
  • Social Work
  • Special Activity (list) ___________________________
C. **Orienting Environment**

Volunteers can create a comfortable, familiar environment by:

1. Posting cards and drawings, with patients’ input.
2. Arranging flowers, plants and gifts.
3. Refer to personal items as a tool for discussion and orientation.
4. Generating a list of items from home that the patient would like and helping to obtain them, such as: glasses, hearing aids, dentures, family photos, religious objects.

D. **Assistance with Practical Matters**

Volunteers can be extremely helpful to older patients by assisting them with practical matters that are important to them on a day-to-day basis. During volunteer training, it is essential that you become adept in assisting patients with the following:

1. **Menu**: Volunteers assist patients with filling out their menus on a daily basis. This includes reviewing the patient’s preferences and indicating/recording the items requested on the menu. Since many older patients have difficulty reading the small print on the menus, you may need to read the entire menu to the patient.

2. **TV**: Volunteers assist patients with turning TV off/on, and adjusting volume and channels.

3. **Newspapers**: Volunteers assist patients in obtaining newspapers, as patient’s desire.

4. **Telephones**: Volunteers assist patients in making local and long-distance calls. Volunteers also assist families who want to telephone the patient in the hospital by ensuring that family members know how to reach the patient during daytime and nighttime hours.

IV. **Closing The Session**:

After a Daily Visit/Orienting Communication Session, be sure to close the session with the patient by:

A. Summarize the visit:
-- Review the major questions or concerns to make sure you understand them.
-- Review what you will do to address the concerns (if applicable)
-- Tell the patient when to expect another daily visitor and say "Good- bye".

B. Open curtains, doors.

C. Make sure the call-bell is within the patient's reach before you leave the room.

D. Wash your hands.

V. PROCEDURES FOR SPECIAL SITUATIONS

A. The Hearing Impaired Patient

1. Check if the patient wears hearing aids. If so, make sure these are being used, and are clean and operating. (The Elder Life Specialist can assist you with this).
2. If the patient does not have hearing aids, use an amplified hearing device whenever possible.
3. Turn off the TV, radio. Close door to minimize external sounds.
4. Face the patient; make sure they can see your lips. Make sure you have their attention.
5. Ask the patient if they hear better in one ear than the other. Direct your conversation to their “better” ear.
6. Speak slowly, clearly and firmly in a mid-range pitch (higher frequencies are more difficult to hear). Avoid exaggerating your facial expressions and shouting, which distorts language sounds.
7. Check comprehension; ask the patient to repeat the main points in their own words.
8. Reinforce your speech with gestures, simple diagrams, and written materials. Use an index card to write messages. Use nonverbal cues, such as pointing to things, touch, etc.
9. Whenever possible, choose activities that minimize the need for verbal instructions to the patient.

B. The Vision Impaired Patient

1. Check if the patient wears glasses or corrective lenses. If so, make sure they are clean, in place and properly fitted.
2. Verify adequate lighting. Make sure there is sufficient light on your face.
3. Use large-type printed materials and instructions.
4. If the patient cannot read, read instructions to them. In addition, consider using verbal or audio recorded instructions or other visually adapted materials (e.g., large pictures or diagrams, adapted telephones, etc.).
5. Check comprehension; ask the patient to repeat the main points in their own words.
6. Whenever possible, choose activities that minimize the need for written instructions to the patient.

C. The Cognitively Impaired (Confused) Patient

1. Introduce yourself, and orient the patient by reviewing the information on the Patient Orientation Board. Reorient the patient as needed during the session.
2. Speak slowly and clearly.
3. Use simple, direct wording. Present one idea (question, instruction, or statement) at a time.
4. Use close-ended (yes/no or simple choice) questions as much as possible.
5. If the patient cannot understand you, rephrase the question.
6. Redirect the patient to stay on task and maintain attention.
7. Use physical, verbal and tactile cues to help as much as possible (e.g., point, touch, etc.).
8. If the patient can read, provide simple written instructions.
9. Support and reassure the patient frequently.
10. Do not “correct” the patient in a belittling way. Use tactful means, such as: “I think today is Monday, let’s check the Orientation Board to be sure”.
11. Rely on long-ago memories more than recent events.
12. Remain calm, pleasant and relaxed. When people have difficulty interpreting words, they may be more sensitive and respond to the mood that others communicate.

D. The Uncooperative Patient

1. Often patients will report that they are too tired or sick to participate in activities, yet if they do participate, they greatly enjoy and benefit from the activities. It is the volunteer’s role to reinforce to the patients the importance of these activities for their recovery process in the hospital.
2. Use firm, persuasive, and enthusiastic communication.
3. Stress the medical benefits of participation for the recovery process, i.e., the activities have been shown to speed recovery.
4. Stress the other benefits of participation, e.g., take their mind off their illness; pass the time; and have some fun.
5. Enlist the support of the HELP staff, nurses, and other hospital staff to get the patient started.
6. If the initial try is unsuccessful, schedule a later time to come back to work with the patient.
7. At least three tries should be made before refusal of an intervention. All refusals and their reasons should be documented and reported to the Elder Life Specialist.
8. Again, try to remain calm, pleasant and relaxed.
9. If a patient becomes very uncooperative or agitated, calmly leave the room and notify the HELP staff or nurse.

VI. **HOSPITAL UNIT AND PATIENT ROOM ORIENTATION**

Volunteers should know how to locate the following:

A. General
   - HELP office and supplies including volunteer assignment pickup-dropoff, pencils, pads, clipboards, dry erase markers, Therapeutic Activities Supplies, Sleep Program supplies

B. Hospital Unit
   - Volunteers should be introduced to the unit secretary and other unit staff with whom they may need to interact
   - HELP Volunteer Training Manual (unit copy for reference)
   - Nurses’ conference room
   - Nurse-Patient Assignment Information
   - Universal Precautions station
   - Storage room with wheelchairs, IV poles, and other equipment
   - Patient Lounge
   - Area for volunteers to complete paperwork, take break
   - Any “Off Limits” areas for volunteers
   - Restrooms

C. Utility Room
   - Toiletries: Tissues, soap, toothpaste, toothbrush, mouth wash, lotion, denture cups, razors, combs
   - Linens: Blankets, gowns, towels, washcloths
   - Misc.: Bath basin, water pitcher

D. Kitchenette
   - Microwave
   - Refrigerator
   - Food: Jello, pudding, juice, crackers,
   - Condiments
   - Drinks: ice, coffee, tea
   - Cups/straws and utensils
E. Patient Room

- Call bell
- Lights
- Bed Controls: Bed positions (head and feet)
- Tray table
- Telephone: Ringer and handset volume adjustments on adapted phones
- Clock: If missing, report to Elder Life Specialist
- Water jug/cups: How to tell if patient is NPO (Nothing By Mouth)
- TV (off/on, volume)
## VII. PATIENT ORIENTATION BOARD

Please follow this format so that all patient boards are filled out in a consistent manner.

<table>
<thead>
<tr>
<th>HOSPITAL ELDER LIFE PROGRAM</th>
<th>SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today is Monday</td>
<td>Elder Life Activities:</td>
</tr>
<tr>
<td>August 14, ____</td>
<td>(list - i.e., ROM 3 times daily)</td>
</tr>
<tr>
<td>Your Doctor:</td>
<td>Other Activities:</td>
</tr>
<tr>
<td></td>
<td>(list - i.e., PT, OT, etc.)</td>
</tr>
<tr>
<td>Nurse this shift:</td>
<td>Meals:</td>
</tr>
<tr>
<td>Aide this shift:</td>
<td>Breakfast 8:30</td>
</tr>
<tr>
<td>Volunteer this shift:</td>
<td>Lunch 1:30</td>
</tr>
<tr>
<td>Next Volunteer:</td>
<td>Dinner 6:30</td>
</tr>
</tbody>
</table>

Please don't deviate from this format. If you have any questions, see the Elder Life Specialist.
1. You have been working with Mrs. S., who has just been taken off to x-ray for a test. Her roommate says to you, “She seems so sad; I really wish I could help her! What’s wrong with her?” What is your response?

2. Mr. F tells you that the nurse’s aide does not like him and ignores all his requests. He is obviously upset, but he tries to get you to promise “not to tell”. What is the approach to take with this kind of information?

3. Mrs. B is scheduled to have a test called an EEG. She tells you she does not want to have it because she “does not want anyone fooling around with her brain”. How do you respond?

4. You have just finished a Daily Visit to a patient. Her roommate calls out to you: “Could you please help me with my menu, and get me a cup of coffee?” Later on, the nurse asks you to assist with another patient who is not in the Hospital Elder Life Program. Then, a family member corners you in the hallway to ask how they can get their mother into the Hospital Elder Life Program because these patients get some extra care. What is your approach:
   a. To the roommate?
   b. To the nurse?
   c. To the family member?

5. You have been talking to Mr. B for 30 minutes. He seems to be getting anxious, tugging at the bed sheets. Then, he looks over to the corner of the room and says, “That dog over there has been staring at me all morning”. You look in the corner of the room, and his roommate’s tan coat is draped on a suitcase. What do you do?
COMPETENCY BASED CHECKLIST
APPROACHING THE PATIENT

☐ Identification badge is visible
☐ Wash hands before or upon entering room
☐ Knock; Call patient by formal name; Introduce self
☐ Check to make sure glasses are worn and clean
☐ Check that hearing aide or amplified hearing device is worn and working
☐ Pull curtain/close door
☐ Pull up chair, sit at eye level
☐ Speak in firm, medium-loud, low-pitched voice
☐ Use clear, concrete communication

Name ________________________________________________________________

Validated by __________________________________________________________

Date ________________________________________________________________
COMPETENCY BASED CHECKLIST
EFFECTIVE PATIENT COMMUNICATION

☐ Ask the patient if they have any questions or concerns
☐ Record answers
☐ Encourage patient to discuss their worries/fears
☐ Is able to acknowledge patient’s feelings
☐ Help clarify misperceptions
☐ Reassure patient that hospital staff are here to help
☐ Direct patient regarding getting their questions answered
☐ Know appropriate person to relay patient’s questions to
☐ Assist patient with practical matters (if desired):
  ☐ Filling out menus
  ☐ Obtaining newspaper
  ☐ Making local and long distance phone calls
☐ Make sure patient has paper and pencil within reach

Closing the Session:
☐ Summarize the visit
☐ Open curtains/door, make sure call bell is within reach
☐ Wash hands

Name ____________________________________________________________

Validated by ____________________________________________________

Date ___________________________________________________________
The Hospital Elder Life Program

COMPETENCY BASED CHECKLIST
ORIENTATION BOARD

☐ At beginning of shift, check with nurse for any new information regarding tests or procedures

☐ Print information legibly on dry-erase board

Lists the following:

☐ Day of week, month, date and year.
☐ Name of nurse and aide this shift
☐ Name of volunteer this shift
☐ Name of doctor
☐ Mealtimes
☐ Next volunteer: Name and time they are expected
☐ Tests scheduled
☐ Additional activities scheduled for that day

When completed:

☐ Review schedule in detail with patient
☐ Answer any questions patient has about schedule

Name ________________________________________________________________

Validated by __________________________________________________________

Date ________________________________________________________________
**COMPETENCY BASED CHECKLIST**
**ORIENTING ENVIRONMENT**

- Call-bell placed within reach
- Lights: Can operate all lights
- Bed controls: Can move head of bed up/down, foot of bed up/down
- Tray table: Can adjust height
- Telephone: Within reach, can adjust ringer and volume on adapted phones
- Water jug/cups: Within reach, filled after checking to see if patient is NPO. Cups and straws provided.
- Television: Can turn off/on, adjust volume
- Post patient’s cards and drawings
- Arrange flowers, plants and gifts
- Assist patient and family to generate list of personal items to be brought in from home

Name ________________________________________________________

Validated by __________________________________________________

Date __________________________________________________________
<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. PRINCIPLES OF THERAPEUTIC ACTIVITIES</td>
<td>27-28</td>
</tr>
<tr>
<td>II. ONE-TO-ONE VISIT GUIDELINES</td>
<td>28-29</td>
</tr>
<tr>
<td>III. CURRENT EVENTS GUIDELINES</td>
<td>29-30</td>
</tr>
<tr>
<td>IV. REMINISCENCE GUIDELINES</td>
<td>31-32</td>
</tr>
<tr>
<td>V. TRIVIA GUIDELINES</td>
<td>32-33</td>
</tr>
<tr>
<td>VI. RELAXATION GUIDELINES</td>
<td>33-36</td>
</tr>
<tr>
<td>VII. SLEEP ENHANCEMENT GUIDELINES</td>
<td>36-37</td>
</tr>
<tr>
<td>VIII. CASE STUDY</td>
<td>38</td>
</tr>
<tr>
<td>IX. COMPENTENCY BASED CHECKLIST</td>
<td>39-44</td>
</tr>
</tbody>
</table>
I. **PRINCIPLES OF THERAPEUTIC ACTIVITIES**

A. **Background and Goals:**

The elderly patient, when hospitalized, is suddenly immersed in the “work” of treatment and recovery. Recreational or leisure activity provides a balance to refresh the spirit and regain the energy spent during hours at work.

Volunteers can help to restore this sense of balance and “normalcy” that more nearly matches the healthy life experience. Therapeutic activity programs are designed for patients to experience pleasant, positive activities which boost self-esteem, encourage socialization, and provide mental stimulation, all of which prevent mental deterioration and lead to a faster recovery.

The Therapeutic Activities Program also offers relaxation and sleep techniques to help relieve anxiety and pain, and promote sleep.

**Volunteer’s Role**
- Review assignment and obtain any materials needed
- Familiarize yourself with the activity assigned
- Engage each patient in his or her assigned therapeutic activity for at least 10 minutes each shift.
- Record observations on Volunteer Assignment Sheet

**Your Interactions with Patients**
- Present activity enthusiastically
- Encourage participation; be positive
- Offer them every opportunity to show you how to perform the activity

<table>
<thead>
<tr>
<th>If patient is resistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient refuses assigned activity</td>
</tr>
<tr>
<td>Lack of participation</td>
</tr>
<tr>
<td>Anxiety regarding completing activity in allotted time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Try this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer an alternative</td>
</tr>
<tr>
<td>Offer benefits:</td>
</tr>
<tr>
<td>Take mind off illness</td>
</tr>
<tr>
<td>Pass the time</td>
</tr>
<tr>
<td>Have some fun</td>
</tr>
<tr>
<td>Suggest leaving activity with patient</td>
</tr>
<tr>
<td>(make a note on assignment sheet so activity can be collected upon discharge.)</td>
</tr>
</tbody>
</table>
Your Resources

Activity Closet: Contains a variety of age appropriate leisure activities.

Activity Guidelines: Located in this manual, these can be copied and taken to patients’ rooms. You will soon find you don’t need them at all, but may want to refer to them occasionally to be sure you are practicing these interactions consistently. **Suggested phrases you may wish to use verbatim appear in bold face type.**

II. **ONE-TO-ONE (1:1) VISIT GUIDELINES**

A. **Background:** Visits on a one-to-one basis are the cornerstone of the Therapeutic Activities Program. During these visits, the patient has individual attention, and a relationship is established. The volunteer learns about the patient and provides the patient with enjoyable activities, mental stimulation and orienting communication that are the key elements of the Therapeutic Activities Program. The following general principles help to guide the one-to-one activities for the Therapeutic Activities Program.

B. **Preparation:**
   - Review assignment
   - Obtain needed materials.
   - Wash your hands; knock
   - Address patient by formal name – use Mr. or Mrs.
   - Introduce yourself, your role

C. **Initial Contact:**
   - Smile; be pleasant, calm, reassuring, unhurried
   - Look patient directly in the eye
   - Voice: slow, clear, firm; adjust loudness to patient needs
   - Movement: smooth, relaxed, calm approach
   - Touch if appropriate: touch can be quite comforting to the older patient. Touch lightly on the shoulder, hold their hand, or put your hand on their arm.
   - Use glasses/hearing devices as appropriate
   - Ask if you may be seated

D. **Establishing Communication:**

1. Use of open and close-ended questions to promote conversation: In general, start conversations with close-ended questions, then advance to open-ended questions as you both become more comfortable and rapport is established.
The Hospital Elder Life Program

2. Active listening:
   a) Listen, listen, listen; and observe the patient. Use body language to cue for response, e.g., your expectant, direct gaze, and lifted eyebrows cues patient that a response is expected. Reinforce any positive response with an understanding nod or smile.
   b) Observe response: As rapport is established, the patient will usually assume a welcoming, relaxed, open posture; with more consistent eye contact and smoother facial tone.
   c) Let the patient do the talking: you are the facilitator; do not monopolize the conversation.

III. CURRENT EVENTS GUIDELINES

A. Purpose:

To keep people oriented in a non-threatening way to time, date, place, people, and events. Normal cues found in the environment are often lacking in the hospital. The Current Events activities can help provide orientation and keep the patient mentally involved in the world outside the hospital. The general principle is for you to initiate conversation about news events to engage and stimulate the patient, while providing orientation to time, place, person, and events.

B. Materials: Newspaper or News magazine

C. Procedure:

1. Obtain a newspaper. (The Elder Life Specialist will provide instruction on obtaining a newspaper).
2. Review the main articles on the front page of each section (about 5 minutes).
3. Bring the newspaper to your visit with the patient.
5. Complete Volunteer Assignment Form.
6. Replace any equipment where found or record on assignment form if left with patient.
D. Step-By Step Visit Guide

1. Wash hands.
2. Knock. Address patient by name.
3. Introduce yourself, your role.
   - I brought some news of the day.
   - Have you seen the paper yet today?
4. Smile and with a pleasant calm expression look patient directly in the eyes.

7. Conversation starters:
   - Close-ended question requires yes/no answer: May I sit down?
   - Open-ended question invites fact or opinion: Let’s look at the paper together. Which section do you usually read first?
   - No response? Try another section (weather or sports page); assume concurrence, begin your commentary: read a little, comment a little; use mild tone, fluctuating voice level. Invite response: Well, how about that hurricane!
   - Encourage patient’s opinion while avoiding taking a position on potentially volatile topics. i.e., politics, religion.
   - Facilitate, don’t dominate.
   - Listen actively.
   - Observe patient’s comfort level: posture, facial tension, eye contact. Adjust approach accordingly.
   - Gently persist with good humor.

8. Review important points (date, location, major events).
9. Identify their next scheduled activity.
10. Review time of next volunteer visit.
11. Thank you for the time to visit.
12. Leave; wash hands.

E. Helpful Hints:

1. Review 1:1 Visit Guide for a refresher on conversational tips and confidence builder prior to visit.
2. Vary the current event material:
   - Special holiday events
   - Television news programs
IV. REMINISCENCE GUIDELINES

A. Purpose: Reminiscing is a great way to get to know people, understand their experiences, encourage them to take inventory of their life, values, abilities, and to identify shared ideas. To reminisce is “to talk about the good old days”, or “how things used to be”. This activity is a useful way to help patients open up and feel more comfortable in stressful situations. Importantly, the reminiscence activities should be used to link the past with the present, and to provide orientation and cognitive stimulation for patients in the hospital.

B. Materials: “Life Stories - Memories” card set
Alternate materials include:
- Table Talk – “Conversation Cards” set
- Reminisce magazine articles and activities

C. Procedure:
1. Select materials to be used for activity (e.g., Select “How Things Have Changed” card set according to patient’s interests).
2. Follow Step-By-Step Visit Guide below (D).
3. Complete Volunteer Assignment Form.
4. Replace any equipment used where found or record on assignment form if left with patient.

D. Step-by-Step Visit Guidelines
1. Wash hands.
2. Knock. Address patient by name.
3. Introduce yourself, your role
   - I’ve brought some memory joggers. I found some pictures I thought you might like to take a look at. I wonder if ...
   - These (pictures) look interesting; maybe you can tell me something about them.
4. Smile. Look directly in patient’s eyes with a pleasant, calm expression.
7. Conversation starters:
   - Close-ended question requires yes/no answer: May I sit down?
   - Assume compliance: Do you need glasses to see these pictures?
   - Open-ended question invites fact or opinion: Let’s look at these pictures together. How long has it been since you saw/heard about this/these?
• No response? Try sorting the cards slowly, holding each so you both can see the picture (card, page, etc) with mildly exaggerated gestures of interest, e.g., close inspection, muted vocalizations of interest, an occasional direct question: **Any idea what this is?**
• Always try to link the past recollection to the present, and to provide orientation.
  • Invite commentary, opinion.
  • Facilitate, don’t dominate.
  • Listen actively.
  • Reinforce positive responses.
  • Observe level of comfort, fatigue. Adjust approach accordingly.
  • Gently persist with good humor.

8. Review important points (major recollections, with orientation).
9. Identify next scheduled activity.
10. Review time of next volunteer visit.
11. **Thank you for the time to visit.**
12. Leave; wash hands.

**E. Helpful Hints**
1. Review 1:1 Visit Guide for a refresher on conversational tips and confidence building prior to visit.
2. Vary the reminiscence materials between visits.

**V. TRIVIA GUIDELINES**

A. **Purpose:** To provide cognitive stimulation and to enhance self-esteem by providing a way for patients to show what they know in an enjoyable, structured format.

B. **Materials** (Select based on patient’s interests):
  • Elder Games, INC picture sets
  • Newspaper Headlines

C. **Procedure**
  1. Obtain materials.
  2. Orient yourself to materials; have questions ready to stimulate conversation.
  3. Follow Step-By-Step Visit Guideline (D).
  4. Complete Volunteer Assignment Form.
  5. Replace any equipment where found or record on assignment form if left with patient.
D. Step-By-Step Visit Guideline

1. Wash hands.
2. Knock. Address patient by name.
3. Introduce yourself, your role.
   - Have you ever played Trivial Pursuit?
   - I wonder how many of these (Hollywood personalities) we can identify.
4. Smile. Eyes: positive contact.
5. Voice: slow, clear, film; loudness as appropriate for response.
7. Conversation starters:
   - Close ended questions: May I sit down?
   - Assume agreement: Do you need glasses to see these?
   - Open-ended questions invite fact or opinion: Who was your favorite movie star when you were a teenager?
   - No response? Provide answers and probe for interest areas. Sort slowly through the cards, holding them so you both can see the picture (card, page, etc) with mildly exaggerated gestures of interest, e.g., close inspection, muted vocalizations of interest, an occasional direct question: How many movies did she make during her career?
   - Invite expanded responses: who, what, when, where, why.
   - Encourage evidence of interest.
   - Gently persist with good humor.
9. Identify next scheduled activity.
10. Review time of next volunteer visit.
11. Thank you for the time to visit.
12. Leave; wash hands.

E. Helpful Hints

- Review 1:1 Visit Guide for a refresher on conversational tips and confidence builder prior to visit.
- Bring an alternative set of subject materials to offer the patient a choice of activities.

VI. RELAXATION GUIDELINES

A. Purpose: To decrease anxiety and stress by encouraging self-managed control and relaxation. Using relaxation exercises can effectively reduce the need for sedative medications, which can have serious side effects in older patients, including confusion and over-sedation.
NOTE: Relaxation is an “exercise” and proper technique should be used for effectiveness.

B. **Materials:** (Optional): Relaxation music, portable music player

C. **Procedure:**
   1. Obtain any materials needed from Activity Closet.
   2. Follow Step-By-Step Guideline below (D).
   3. Complete Volunteer Assignment Form.
   4. Replace any equipment where found or record on assignment sheet if left with patient.

D. **Step-By Step Visit Guidelines**
   1. Wash hands.
   2. Knock. Address patient by name.
   3. Introduce yourself, your role.
   4. Opening statement suggestions:
      • **I’m here to work with you on relaxation.** –OR–
      • **I have a relaxation technique here which you can learn to use on your own.**
   5. Smile.
   6. Eyes: positive contact.
   7. Voice: slow, quiet; NOT a monotone.
   9. Assure comfort:
      • Sitting or lying down in a comfortable place
      • Quiet the room: no TV/radio; close door to discourage interruptions
      • Lights off
      • Comfortable room temperature
   10. Turn on relaxation music. Use portable music player.
   11. Choice of special place for visualization:
      • Help patient identify the most relaxing setting ever experienced; ask for a brief description to use later.
   12. Establish breathing pattern:
      • **Breathe in through your nose slowly**
      • **Hold...two...three...**
      • **Breathe out through your mouth completely**
      Repeat multiple times until breathing stabilized at a slow, rhythmic rate
13. Begin relaxation...
   • Visualize the stress floating away as you concentrate on each body section. Starting at your toes: contract and release. Repeat 3 to 5 times.
   • Feel the stress leave your toes.
   • Next travel to your ankles: flex and release. Repeat 3 to 5 times.
   • Feel the stress leave your ankles.
   • Follow up to your knees ... feel the stress leave your knees ... stress is draining from your body ... knees ... ankles ... toes.
   • Travel up to your buttocks ... contract ... release. Repeat 3 to 5 times.
   • Next is your spine ... arch ... then straighten and stretch. Repeat 3 to 5 times. Feel the stress leaving your back.
   • Move on to your shoulders ... shrug ... release. Repeat 3 to 5 times.
   • Slide over to your neck ... drop your chin to your chest ... lift it to the ceiling. Repeat 3 times. Now side to side turning your chin first to one shoulder, then the other. Repeat 3 times.
   • Concentrate on breathing again, taking cleansing breaths with your eyes closed.

14. Visualization:
   • All the stress has now left your body. You are feeling calmed and relaxed.
   • Now visualize or picture yourself in the special place you enjoy, the one we talked about earlier. Talk the patient through an experience of this place ... use specific, refreshing, descriptive terms ... in a slow, quiet tone
   • 3 to 5 minutes of quiet while patient relaxes in the special place
   • Now come back from this special place feeling relaxed and refreshed.

15. Slowly go back through the body, waking up each part:
   • Wiggle your toes to wake them up
   • Turn your ankles to wake them up
   • Shake your legs to wake them up
   • Wiggle your buttocks to wake them up
   • Stretch your back to wake it up
   • Shrug your shoulders to wake them up
   • Move your head from side to side to wake it up
   • Take one more cleansing breath
17. Close:
   • Wasn’t that refreshing?
   • How do you feel now?
   • Did that help?
18. Remind that these exercises can be done whenever feeling anxious, stressed or in pain.

20. Thank you.
22. Wash hands.

F. Helpful Hints

• Try this relaxation exercise on yourself to practice and note the effects of participation.

VII. SLEEP ENHANCEMENT GUIDELINES

A. Purpose: To offer a method to promote sleep in the hospitalized elderly without using sleeping medications. Sleeping medications frequently result in complications during hospitalization, such as daytime drowsiness and confusion. This protocol provides an effective sleep enhancement strategy without these side effects.

B. Materials:
   • Hospital lotion
   • Patient’s choice of herbal tea or warm milk (Do not use Ginkgo tea which can interfere with Warfarin**).
   • Relaxation music or recordings
   • Portable music player

C. Procedure:
   1. Obtain materials.
   2. Follow Step-By-Step Guideline below (D).
   3. Record outcomes on Volunteer Assignment Form.
   4. Replace any equipment where found or record on assignment form if left with patient.

D. Step-By-Step Visit Guideline

1. Approaching the patient:
   • Wash hands.
   • Knock. Address patient by name.
   • Introduce yourself, and your role:
I’m here to help you get ready for a good night of restful sleep.

- Smile.
- Eyes: positive contact.
- Voice: lower tone, slow, clear, firm.
- Movement: gentle, restrained, with a reassured manner.

2. Environmental modifications for sleep enhancement:
   - Noise reduction: Ask permission, then turn off television; pull curtain or close door; enlist roommate’s support.
   - Offer opportunity to go to bathroom.
   - Comfort: Positioning adjustment.
   - Lighting: Turn off or dim all lights.
   - Adjust thermostat to suit patient.

3. Offer herbal tea or milk and serve.

4. Offer music/relaxation recording choices or identify chosen relaxation recording to be played (classical music, nature sounds); begin music.

5. Offer back rub:
   - Warm lotion in your hands
   - Slow, rhythmic stroking on both sides of the spine, with patient lying on side
   - Start at crown of head, to neck and move downward to base of spine on either side of spinal column. Do not massage directly over the spine itself.
   - Include shoulder area
   - Total backrub time aprox 5 minutes

6. If patient complains of pain/discomfort report this to the patient’s nurse.

7. A quiet Good night.

8. Leave; wash hands.

E: Helpful Hints
- Review 1:1 Visit Guide for a refresher on body language, listening and observational cues.
- Start music while tea/milk is warming.

** To avoid any potential toxicities or drug interactions, we recommend only the following herbal teas: mint or fruit-spice teas (e.g., orange spice, cinnamon apple) with no added herbs or sugar.
1. You are assigned to work with Mr. M in individual bedside activities. You ask him “Are there any particular activities or hobbies that you enjoy? Mr. M responds, “No, all I want to do is sleep”. What should you say or do?

2. You are ending your Reminiscence activity with Mr. B. He tells you he has been very depressed since the death of his wife. He thinks he may be drinking too much, but he does not want anyone to know that. How do you handle this information?

3. You come to transport Mrs. W to a Therapeutic Activities Group. She says she does not want to “play any bingo-type games with those old folks”. What do you do?

Mrs. N is an immigrant from Laos. She is quite frail and barely speaks English. The family has many members who are always at the hospital and seem to always be in the room when you are trying to do your assignments with the patient. What can you do in this situation?
COMPETENCY BASED CHECKLIST
ONE-TO-ONE VISIT GUIDELINES

☐ Review assignment and obtain needed materials
☐ Wash hands
☐ Knock; Call patient by formal name; Introduce self
☐ Explain what you are going to do
☐ Establish eye contact
☐ Speak slowly, clearly and firmly
☐ Maintain calm, pleasant, relaxed approach
☐ Help patient use glasses/hearing devices as appropriate
☐ Use open/close ended questions appropriately
☐ Use active listening skills
☐ Encourage active participation by the patient in a positive manner
☐ Summarize and bring closure to the visit

Name ____________________________________________________________

Validated By _____________________________________________________

Date ___________________________________________________________
COMPETENCY BASED CHECKLIST
CURRENT EVENTS GUIDELINE

☐ Obtain and review materials

☐ Wash hands

☐ Open conversation using headlines and open/close ended questions

☐ Use communication techniques, listening and observational cues, and body language described in one-to-one guidelines

☐ Review current events material using active listening skills

☐ Close interaction with summary of activity, review of daily schedule and closing remark (good-bye, etc.)

Name ________________________________

Validated By ________________________________

Date ________________________________
COMPETENCY BASED CHECKLIST
TRIVIA GUIDELINES

☐ Select and review materials based on patient’s interests. Refer to Volunteer Assignment Form for suggestions

☐ Wash hands

☐ Open conversation using trivia materials and open/close ended questions

☐ Use communication techniques, listening and observational cues, and body language described in one-to-one guidelines

☐ Encourage expanded responses

☐ Close interaction with summary of activity, review of daily schedule and closing remark (good-bye, etc.)

Name ________________________________

Validated By ________________________________

Date ________________________________
COMPETENCY BASED CHECKLIST
REMINISCENCE GUIDELINES

☐ Obtain and review materials

☐ Wash hands

☐ Open conversation using cards and open/close ended questions

☐ Use communication techniques, listening and observational cues, and body language described in one-to-one guidelines

☐ Link reminisce material with current events and happenings

☐ Close interaction with summary of activity, review of daily schedule and closing remark (good-bye, etc.)

Name ________________________________________________________________

Validated By __________________________________________________________

Date _________________________________________________________________
COMPETENCY BASED CHECKLIST
RELAXATION GUIDELINES

☐ Obtain materials

☐ Wash hands

☐ Open conversation and explain relaxation exercises

☐ Establish comfortable environment with patient’s permission (lights off, TV/radio off, door closed, etc.)

☐ Turn on relaxation music

☐ Refer to written Relaxation Guidelines:

☐ Establish patient’s special place

☐ Modulate tone of voice (slow, soothing, etc.)

☐ Begin breathing exercises

☐ Review parts of body relaxation points (toes, ankles, etc.)

☐ Begin visualization process (visiting special place)

☐ Allow time to “float” in special place (minimum 3 minutes)

☐ Gently bring patient back from special place, waking each relaxation point of body in gradual fashion

☐ Wrap up exercise (benefits, how to use this exercise, etc.)

☐ Close interaction

Name ____________________________________________________________

Validated By ______________________________________________________

Date ____________________________________________________________
COMPETENCY BASED CHECKLIST  
SLEEP ENHANCEMENT GUIDELINES

☐ Obtain materials
☐ Wash hands
☐ Open conversation and explain sleep enhancement guidelines
☐ Establish comfortable environment with patient’s permission (lights off, TV/radio off, door closed, etc.)
☐ Offer bathroom
☐ Offer and serve herbal tea or milk
☐ Offer and turn on relaxation music
☐ Offer backrub (time approx 5 minutes)
☐ Close interaction ("good night", etc.)

Name ________________________________
Validated By ________________________________
Date ________________________________
The Hospital Elder Life Program
EARLY MOBILIZATION PROGRAM

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I. **GOALS OF THE EARLY MOBILIZATION PROGRAM**

For some people, being sick means going to bed until they feel better. Unfortunately, many older patients in the hospital feel the same way.

Bedrest interferes with the function of major body organs, including the heart and lungs. Bedrest also leads to generalized deconditioning including loss of muscle strength, balance, and endurance. These changes occur rapidly, beginning within days of the onset of inactivity. Medical complications of bedrest, even if it is only for a few days, include pneumonia, blood clots, weakness and balance problems, and skin problems. Keeping older people upright, moving and walking regularly can prevent serious complications.

The goal of the Early Mobilization Program is to keep older patients physically moving while they are in the hospital. For patients who are able to walk, the Hospital Elder Life Program provides walking assistance three times a day. Those patients who are unable to walk (for medical reasons) receive coaching to complete simple exercise movements called active range of motion exercises three times daily.

II. **PRINCIPLES OF BODY MECHANICS--USING YOUR BODY SAFELY**

In order to assist others in walking and doing exercises, volunteers need to learn how to use their own bodies safely to prevent injury to themselves and the patients.

When walking with patients or encouraging them to exercise, volunteers may provide assistance with balance. For example, a volunteer may put his or her arm behind a patient’s back while walking in the hall. However, volunteers do not lift or physically move patients. If a patient requires physical assistance to move from one place to another, or to walk in the hallway, then a staff member must provide this assistance.

A. **Body Mechanics**

   Definition - using the right muscles and positioning to do the job. You use your body most effectively when you use your muscles properly.

B. **Posture**

   1. Good body mechanics start with proper posture. With proper posture there is a balance between the muscle groups, and body parts are in good alignment (position), i.e., ears over shoulders over hips over knees over heels. This allows the body to function at its best in all activities.
2. Good standing posture:
   a. Feet flat on the floor, separated about 12 inches
   b. Arms at the sides
   c. Back straight
   d. Abdominal muscles tightened

C. Basic Rules to Remember to Help Your Muscles Work for You

1. Take time to assume the proper posture before assisting others. Avoid rushing.
2. Keep your back straight.
3. Move your feet apart to provide a wide base of support.
4. Bend from the hips and knees to get close to the patient/object. Do not bend from the waist. The back is held straight to protect small muscles along the spine.
5. Hold heavy objects close to your body.
6. Use the weight of your body to help to push or to pull the object. Pushing or pulling an object is easier and safer than lifting.
7. Use the strongest muscles to do the job.
8. Avoid twisting your trunk or at the knees as you work and bend for long periods of time. Pivot the whole torso as a unit.
9. Always ask for help if you feel someone or something is too heavy to move by yourself. Do not start a movement you will not be able to stop.

III. HELPING THE PATIENT TO WALK

A. Significance: Walking at least 2-3 times per day is essential for physical and mental well-being. When a patient is confined to bed, complications of loss of muscle mass and flexibility can quickly develop. Walking helps to prevent these complications, maintain balance, and allows patients to remain active and functional.

B. Procedure: Volunteers receive instructions from the Elder Life Specialist or the nurse regarding which patients should be walked. If you have any questions, please check first.

   1. Wash hands.

   2. Identify the patient and explain what you are going to do.

   3. Secure equipment (cane, walker, IV pole, oxygen equipment) if needed. Secure robe (or extra hospital gown worn over the back) and non-skid slippers or shoes.
4. Clear space/path of any obstacles (e.g., furniture, trashcans, etc.).

5. Lower bed to lowest horizontal position, raise head of bed, lower side rail(s). Ensure IV lines or other tubing are not kinked or pulled.

6. Wear gloves if handling foley catheter or other tubing.

7. Assist patient to sitting position:
   a. Ask patient to roll onto side, slide legs to edge of bed, and then lower legs over edge of bed.
   b. Ask patient to push up to the sitting position by pushing the elbow of one arm and palm of the other into the bed.
   c. Allow patient to sit at edge of bed for a few minutes to prevent dizziness. Encourage them to pump ankles up and down to stimulate circulation.

8. Help patient put on robe and slippers/shoes. Patients must be wearing non-skid footwear when out of bed. Ensure IV lines or other tubing are not kinked or pulled.

9. Assist patient to standing position:
   a. Ask patient to slide or scoot to edge of bed.
   b. Have patient position feet flat on floor directly under knees.
   c. Have cane/walker readily available.
   d. Verbal comments for standing: Coach patient to use their arm and leg strength to assume standing position saying---
      1) Lean forward
      2) Push hands down onto the bed
      3) Push feet onto the floor and lift chest
      4) Stand at edge of bed
      5) Grasp walker or cane for balance
   e. Allow patient to stand for a few minutes to gain balance. Encourage patient to stand erect with head up, shoulders back and back straight.

10. Assist the patient to walk:
   a. If needed, support with your arm behind patient's waist.
   b. Follow, walking behind and to one side.
   c. Encourage patient to walk normally; do not rush. Stay with patient at all times.
   d. Walk as far as directed in patient’s instructions. Begin return trip before patient is fatigued; they need energy for the return trip. Stop if patient fatigues at any time.
e. Return patient to bed or chair immediately for dizziness or weakness.

11. Return patient to bed:

a. Have patient stand at side of bed (near top of bed so their head can easily reach the pillow) and remove robe.
b. Ask the patient to back up to the bed until they feel the backs of their legs reach the side of the bed.
c. Ask patient to reach back one hand at a time to edge of the bed.
d. Bend waist, hips and knees and lower slowly to a sitting position.
e. Have patient scoot buttocks back so patient is firmly seated away from the edge of the mattress.
f. Once safely seated, remove slippers and have patient swing legs back up onto bed.

12. Assist patient in centering himself or herself in bed. Lower head of bed. Ask patient to bend both knees, and push with feet and elbows to lift buttocks to position comfortably in bed.

13. Make sure patient is comfortable, replace covers.

14. Put side rails up and **call bell within reach.**

15. Replace clothing, furniture, walking aids.

16. Wash hands.

17. Record completion of task.

**IV. CARE OF THE FALLING PATIENT**

A. **Background:** Occasionally, patients begin to fall when standing or walking. They may become weak, lightheaded, or dizzy. Falling may also be due to slipping because of spills, waxed floors, etc. When a patient is falling, there is a natural tendency to want to stop the fall. However, trying to prevent the fall could cause greater harm. Twisting and straining to stop the fall could result in injuries to you and the patient.

If you feel a patient begin to fall, the best thing to do is to help the patient to the floor. By easing the patient to the floor, you can control the direction of the fall. You will also be able to protect the patient's head.
B. Procedure:

1. Keep your back straight and feet apart as you assist the falling patient.

2. Hold the patient under the arms or around the waist and get close to the patient as quickly as possible.

3. Ease patient to the floor, protecting the head. Bend at your hips and knees as you lower the patient. Keep your lower back straight.

4. Stay with patient. Call for a nurse to check the patient. Do not move the patient until checked by the nurse.

V. ACTIVE RANGE OF MOTION EXERCISES

A. Background:

Range of Motion: Moving each joint in all the directions it would normally be moving if the person were physically active.

When a patient is confined to bed, active range of motion exercises are particularly important to prevent complications of loss of muscle tone and flexibility of muscles and joints. These exercises are simply moving muscles and joints; they are not intended to be strenuous in any way.

Patients should be instructed and coached to do these exercises 3 times a day. The entire program of exercises will take about 30 minutes to teach the patient, then 15-20 minutes for subsequent sessions.

Volunteers instruct the patient by demonstrating the exercise on themselves. Do not move a patient’s limbs unless the patient is visually impaired and cannot see your demonstration. In that case, only move the patient after first asking permission.

B. General Notes:

1. Maintaining a Normal Breathing Pattern: The patient should not be holding their breath during the exercise routine. Ask the
patient to count out loud with each repetition. By doing this, they keep on breathing properly.

2. **Repetitions:** Each exercise should be repeated 5-10 times. Stop for complaints of fatigue, breathlessness or pain. If the patient develops chest pain or shortness of breath, notify the nurse immediately.

3. **Circulation Benefits:** For patients who get dizzy moving from lying or sitting to standing, have the patient perform the ankle bend exercises before getting up.

C. **Procedures:** Volunteers receive instructions from the Elder Life Specialist or the nurse on which patients should receive active range of motion exercises. If you have any questions, please check first. Most volunteers carry cue cards until they memorize all the exercises.

1. To begin the exercises, have the patient sit up straight in a chair or lie as flat as is comfortable in bed. If you need help with positioning the patient, ask the nurse or Elder Life Specialist.

2. Ensure privacy by pulling the curtain or shutting the door. Make sure the patient is covered enough to preserve modesty but that clothing is loose enough to permit easy motions. You can also drape sheets or blankets to cover the patient during exercises.

3. Refer to the attached exercise sheets for each joint. Each exercise sheet has written instructions on how you would instruct the patient, as well as a picture illustrating the proper movement.

Our range of motion exercise program includes the following 10 exercises for all patients (unless otherwise instructed by the nurse or the Elder Life Specialist):

1. Arm Lift
2. Arm Over and Out
3. Arm Slide
4. Shoulder Roll
5. Elbow Bends
6. Palm Up and Down
7. Wrist Bends
8. Heel Slides
9. Hip Slides
10. Ankle Bends
Upper Extremity:  
Shoulder Exercise

*Arm Lift*

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Place an arm at side with palm down.
3. Keep elbow straight and slowly lift arm as far overhead as is comfortable.
4. Slowly lower arm back to side.
5. Complete __________ cycles.* Repeat with other arm.

*Number of cycles will be found in patient's file.
Upper Extremity
Shoulder Exercise

Arm Over and Out

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Hold arm straight out from side at shoulder level.
3. Bend at the elbow and move hand across body to touch opposite shoulder.
4. Straighten elbow and move hand back out to starting position.
5. Complete __________ cycles.* Repeat with other arm.

*Number of cycles will be found in patient’s file.
Upper Extremity:
Shoulder Exercise
Arm Slide

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Relax arm at side, turn palm up, keep elbow straight.
3. Move arm away from body and overhead as high as is comfortable.
4. Complete ________ cycles*. Repeat with other arm.

*Number of cycles will be found in patient's file.
Upper Extremity:  
Shoulder Exercise  
*Shoulder Roll*

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Arm at side, raise elbow to shoulder level.
3. Roll at the shoulder to raise hands so fingers point overhead, then slowly roll shoulder so hand lowers and fingers point toward toes.
4. Complete ___________ cycles.* Repeat with other elbow.

*Number of cycles will be found in patient's file.
Upper Extremity:
Elbow & Wrist Strengthening
*Elbow Bends*

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. With arms at side, bend at elbow so hand touches shoulder and then fully straighten the elbow.
3. Complete __________ cycles*. Repeat with other elbow.

*Number of cycles will be found in patient's file.
Upper Extremity:
Elbow and Wrist Strengthening

*Palm Up and Down*

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Tuck bent elbow close to the waist.
3. Roll the wrist to move the palm of hand up and down.
4. Complete __________ cycles.* Repeat with other wrist.

*Number of cycles will be found in patient's file.
Upper Extremity:
Elbow and Wrist Strengthening

Wrist Bends

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Holding the rest of the arm still, bend wrist back and forth as far as is comfortable.
3. Complete __________ cycles.* Repeat with other wrist.

*Number of cycles will be found in patient's file.
Lower Extremity: General Strengthening

Heel Slides

1. Lie on back as flat as is comfortable with toes pointing toward ceiling.
2. Bend one knee and hip, sliding foot up the bed and as close to buttocks as is comfortable.
3. Straighten knee and hip, moving foot back down the bed. Repeat but lift the heel off the bed to minimize friction.
4. Complete __________ cycles.* Repeat with other leg.

*Number of cycles will be found in patient's file.
Lower Extremity: General Strengthening

*Hip Slides*

1. Lie on back as flat as is comfortable on with toes pointing toward ceiling.
2. Keeping knee straight, move one heel as far out to the side as is comfortable. Carry the weight of the leg in the thigh, keeping heel off the bed to minimize friction.
3. Return leg back to the starting position.
4. Complete __________ cycles.* Repeat with other leg.

*Number of cycles will be found in patient's file.
Lower Extremity: 
General Strengthening

Ankle Bends

1. Sit up straight in a firm chair or, if necessary, lie on back as flat as is comfortable.
2. Bend the ankle as far as is comfortable to point toes up.
3. Slowly straighten ankle and then bend as far as is comfortable to point toes down.
4. Complete _________ cycles.* Repeat with other ankle.

*Number of cycles will be found in patient's file.
VI. **Wheelchair Mobility**

A. **Background**: Whenever possible, the HELP program provides the therapy of walking for older people. However, for medical reasons you may need to transport patients to or from program activities by wheelchair. The following wheelchair procedures will assist you with this.

B. **Note**: Volunteers receive instructions from the Elder Life Specialist and the nurse on which patients will need wheelchair transportation. For some patients, two people will be required for the wheelchair transfer and you will be asked to assist the Elder Life Specialist or the nurse. Communication with the nursing staff is a must. If you have any questions, please check first.

C. **Bed to Wheelchair Transfer**:

1. Wash hands.

2. Identify patient and explain what you are going to do.

3. Secure robe and non-skid slippers or supportive shoes.

4. Clear space/path of any obstacles (e.g., furniture, trashcans, etc.).

5. The wheelchair should be positioned as close to a 90-degree angle as possible to the bed.

6. The brakes on the wheelchair must be locked.

7. Lift the leg-rests and the footrests out of the way.

8. Ask the patient to slide or scoot to the edge of the bed.

9. Have the patient position feet flat on floor, directly under knees.

10. Verbal comments to coach the patient to make the transfer:
    a. Lean forward.
    b. Push hands down onto the bed.
    c. Push feet onto the floor and lift chest.
    d. Stand, and gain balance. Pivot around to the wheelchair until you feel the backs of your legs touch the edge of the wheelchair seat.
    e. Bend waist, hips, and knees and lower as you feel the armrests with your hands. Use your arm and leg strength to slowly lower buttocks onto chair in a controlled movement.
12. Guarding - you should guard in front of patient, keeping your back straight and a broad base of support.

13. Carefully fold footrests in and position each foot.

D. **Pushing a Patient in a Wheelchair:**

1. If a patient has intravenous lines (IV's), hang the IV's onto the IV pole on the back of the wheelchair. IV's need to be hung high, above the infusion site (site it enters the body).

2. If a patient has a urine catheter bag, fasten the catheter bag low around the bottom of a side rail. Urine catheter bags need to be fastened low.

3. Keep all tubes free of kinking or twisting. Keep tubes free of stress and away from the wheels at all times.

4. Release the brakes on the wheelchair.

5. Push the wheelchair forward with entire weight of your body.

6. When you reach the final destination, apply both brakes on the wheelchair.

7. If patient is sitting up in wheelchair, be sure positioning encourages upright posture and that legs are not hanging unsupported. Feet should be on footrests or on the floor.

8. If transporting the patient on an elevator, volunteers should back the patient onto the elevator so that the patient faces the door of the elevator.

E. **Wheelchair to Bed Transfer:**

1. The patient should wear non-skid footwear.

1. The wheelchair should be positioned as close to a 90-degree angle to the bed as possible.

2. The brakes on the wheelchair must be locked.

3. Lift the leg-rests and the footrests out of the way or, if necessary, remove.

4. Ask the patient to slide or scoot to the edge of the wheelchair.
6. Have the patient position feet flat on the floor under knees.

7. Verbal comments to coach the patient to make the transfer:
   a. Lean forward.
   b. Use hands to push down onto the armrests of the wheelchair.
   c. Push feet onto the floor and lift chest.
   d. Stand and gain balance. Pivot around to the bed until you feel the backs of your legs reach the edge of the bed.
   e. Bend waist, hips, and knees as your hands reach for the bed. Lower slowly to a sitting position in a controlled movement using the strength of your arms and legs.

8. Guarding - you should guard in front of the patient, keeping your back straight and a broad base of support.
HOSPITAL ELDER LIFE PROGRAM VOLUNTEER TRAINING
CASES FOR SMALL GROUP DISCUSSION
EARLY MOBILIZATION PROGRAM

1. You have come in to walk Mr. F. He says, “I am so thirsty, absolutely parched. Could you please get me a drink of water?” What do you do?

2. As you are walking with Mr. F, he begins to complain of slight dizziness. What do you do?

3. You are assigned to walk with Mrs. S. She tells you she does not feel well enough to walk today, and needs to stay in bed. What is your course of action?

Mr. T has been sitting in the chair for a very long time. He begs you to help him get back into bed, for which he requires much assistance. How should you respond?
COMPETENCY BASED CHECKLIST
HELPING THE PATIENT TO WALK

☐ Wash hands
☐ Knock; Call patient by formal name; Introduce self
☐ Explain what you are going to do
☐ Get walking aid (cane, walker) if needed
☐ Get robe (or extra hospital gown), non-skid footwear
☐ Clear obstacles

Assisting Patient in Getting Out of Bed:

☐ Lower bed to lowest horizontal position, raise head of bed, lower side rails
☐ Assist patient to sitting position:
  ☐ Have patient roll onto one side, slide legs to edge of bed, lower legs over edge of bed
  ☐ Ask patient to push up to a sitting position by pushing the elbow of one arm and palm of the other onto the bed
  ☐ Have patient sit at edge of bed for a few minutes to prevent dizziness
  ☐ Have patient pump ankles to stimulate circulation
  ☐ Help patient put on robe and slippers
☐ Assist patient to standing position:
  ☐ Have patient slide to edge of bed
  ☐ Position feet flat on floor directly under knees
  ☐ Have cane/walker available
  ☐ Give verbal coaching: Lean forward, push hands down onto bed, push feet onto floor, stand at edge of bed, and grasp cane/walker for balance
☐ Have patient stand for a few minutes to prevent dizziness
The Hospital Elder Life Program

Assist Patient to Walk:

☐ Support patient with arm behind waist (if needed)
☐ Follow, walking behind and to one side
☐ Encourage patient to walk normally, heel-toe; not shuffling or toe walking
☐ Stay with patient at all times
☐ Walk as far as directed, stop if patient fatigues
☐ Return patient to bed/chair if dizzy or weak

Returning Patient to Bed:

☐ Have patient stand near top of bed, remove robe
☐ Have patient back up to bed until backs of legs reach bed
☐ Have patient reach back one hand at a time to edge of bed
☐ Have patient bend waist, hips and knees and lower slowly to sitting position
☐ Have patient scoot buttocks back toward center of bed
☐ Remove slippers, have patient swing legs onto bed
☐ Assist patient in centering in bed
  ☐ Lower head of bed
  ☐ Have patient bend both knees, push with feet and elbows to lift buttocks and position themselves in bed
☐ Make sure patient is comfortable, replace covers
☐ Put side rails up, call bell within reach
☐ Replace clothing, furniture, walking aids
☐ Wash hands

Name

Validated by

Date
COMPETENCY BASED CHECKLIST
THE FALLING PATIENT

☐ Keep back straight and feet apart

☐ Hold patient under arms or around waist and get close to patient as quickly as possible

☐ Ease patient to floor, protecting the head

☐ Bend at hips and knees as you lower the patient. Keep your back straight.

☐ Call for nurse

☐ Stay with patient until nurse arrives. Do not move the patient.

Name

Validated By

Date
COMPETENCY BASED CHECKLIST
RANGE OF MOTION EXERCISES

☐ Arm Lift
☐ Arm Over and Out
☐ Arm Slide
☐ Shoulder Roll
☐ Elbow Bends
☐ Palm Up and Down
☐ Wrist Bends
☐ Heel Slides
☐ Hip Slides
☐ Ankle Bends

Name ______________________________________________________

Validated By _______________________________________________

Date ______________________________________________________
COMPETENCY BASED CHECKLIST
WHEELCHAIR MOBILITY

Bed to Wheelchair Transfer:

☐ Wash hands
☐ Secure robe and non-skid footwear
☐ Clear obstacles
☐ Put wheelchair at 90° angle to bed
☐ Place patient’s strongest side closest to chair
☐ Lock brakes on wheelchair
☐ Lift leg-rests and footrests out of way
☐ Ask patient to slide to edge of bed
☐ Have patient position feet flat on floor, directly under knees
☐ Verbal coaching to patient:
  ☐ Lean forward
  ☐ Push hands down onto bed
  ☐ Push feet onto floor
  ☐ Stand and gain balance. Pivot around to wheelchair until backs of legs touch wheelchair seat.
  ☐ Bend waist, hips and knees as you feel armrests with hands. Lower slowly to a sitting position.
☐ Guard in front of patient keeping back straight and a broad base of support
☐ Place footrests and patients feet in proper position

Pushing a Patient in a Wheelchair:

☐ Hang IV’s on wheelchair pole above the infusion site
☐ Fasten catheter bag low around the bottom of the side rail
☐ Keep all tubes free of kinking, twisting and stress at all times
☐ Release wheelchair brakes
☐ Push wheelchair forward with entire weight of body
☐ Upon reaching final destination, apply both brakes to wheelchair
☐ Ensure patient is in upright position with feet stable
Wheelchair to Bed Transfer:

- Ensure patient has non-skid footwear
- Put wheelchair at 90° angle to bed
- Put patient’s strongest side closest to bed
- Lock brakes on wheelchair
- Lift leg rests and foot rests out of the way
- Ask patient to slide to edge of wheelchair
- Have patient position feet flat on floor under knees
- Verbal coaching to patient:
  - Lean forward
  - Push hands down on arm rests of wheelchair
  - Push feet onto floor
  - Stand and gain balance. Pivot around to bed until backs of legs touch the edge of bed.
  - Bend waist, hips and knees as hands reach for the bed. Lower slowly to a sitting position.
- Guard in front of patient keeping back straight and a broad base of support

Name __________________________

Validated by __________________________

Date __________________________
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I. PRINCIPLES AND GOALS OF THE FEEDING ASSISTANCE PROGRAM

Maintaining good nutrition is essential to fight infection and heal tissues. For older patients, adequate nutrition and hydration can also help prevent confusion. However, it can be difficult to maintain an older patient’s nutritional status for many reasons:

- Patients’ appetites and interest in food and fluids often diminish while they are in the hospital, resulting in reduced intake.
- Some older patients are unable to feed themselves or drink independently.
- Sometimes tests and procedures are scheduled that necessitate the patient be NPO, meaning nothing to eat or drink.

The goal of the Feeding Assistance Program is to maintain the older person’s nutritional status throughout hospitalization. Volunteers play a vital role – by encouraging adequate intake and providing companionship, social contact and stimulation during meals.

Volunteer feeding assistance programs are effective in improving nutritional status and preventing artificial methods of feeding. “In putting our hands in service, in love, around a spoon, we are doing more than providing physical sustenance, we are providing emotional nourishment as well; a prescription as powerful as any therapy known to medical science” (Serving Spoons Program, Greater Southeast Community Hospital).

In the Hospital Elder Life Program, volunteers provide particular types of feeding assistance based on patients’ nutritional needs and abilities to feed themselves.

II. ASSISTING WITH THE MENU

Each day, volunteers assist patients to make their food selections by helping them fill out their menus. This is important because filling out the menu can be a frustrating task for an older patient who is not feeling well. Small print on the menu and numerous, unfamiliar meal choices are common in the hospital. Older patients often make random selections or no selections at all because they are unable to read and understand the menu.

When filling out the menu, remember:

- The entire menu may need to be read to patients with limited eyesight.
• If patients have dietary requests that are not listed on the menu, notify the patient’s nurse or Elder Life Specialist. Often, individual dietary modifications can be made to meet patients’ preferences.

III. CREATING THE MEALTIME ENVIRONMENT

A. Before beginning any feeding assistance, it is very important that the volunteer check with the nurse to verify that the patient is to receive a meal tray and that there are no recent dietary changes. At times, last minute dietary changes (e.g., NPO) are ordered because of a newly scheduled test or procedure. If the patient is on a fluid restriction, check with the nurse for the amount of fluid permitted at the meal.

B. Wash your hands. It is very important for volunteers to become accustomed to frequent hand washing, which is reassuring to patients and protects everyone’s health.

C. Explain to the patient what you are going to do. This informs the patient and maintains the conversation.

D. When the tray is delivered, check that the items on the tray match the items on the menu.

E. Special Considerations:

• If the patient wears glasses, be sure they are worn during the meal. Seeing the food does help patients eat better!
• Some patients have severe visual impairment, or may be blind. For these patients, volunteers should describe the food that is being served and tell the patient where the items are located on the tray. Placing the food in a “clock set-up” arrangement is helpful. The Elder Life Specialist will instruct you if a patient requires this intervention.
• If the patient uses dentures to eat, encourage their use. If the patient has forgotten the dentures at home and is having difficulty eating, notify the Elder Life Specialist or nurse so that softer foods can be obtained.
• For patients wearing oxygen: If oxygen prongs are in the nose, you can proceed with feeding assistance as usual. If there is a facemask, however, you will need to check with the nurse before proceeding. The nurse may change the mask to the nasal prongs for mealtime.
F. Volunteers should assist patients to sit as upright as possible, whether in a chair or in the bed. This improves ability to swallow and minimizes the risk of choking. Volunteers should ask the nurse or aide for assistance with positioning if needed.

G. Adjust the tray table to a comfortable height in front of the patient. Place the tray on the table.

H. Make sure the call bell is within reach.

I. Give patient their napkin, and ask if the patient would like help placing napkin across chest.

J. Remove unnecessary or unappetizing items to create a friendly, clean, relaxed and organized environment.

K. Let the patient set the pace. Do not rush them.

IV. PROVIDING FEEDING ASSISTANCE

The majority of patients (>90%) are able to feed themselves, however, there are many reasons why a hospitalized patient may need help. Weakness, injury, confusion, or restrictions on activities or positions may prevent patients from feeding themselves.

Most patients will greatly benefit from some assistance from the volunteers. There are four types of assistance with eating:

A. Companionship and Encouragement
   • Position your chair so that you are at eye level facing the patient.
   • Engage the patient in pleasant conversation.
   • Stay with patient for the meal, encouraging food and fluid intake.
   • Keep the patient focused on the task of eating by verbal reminders and use of touch. Remove environmental distractions as much as possible (e.g., non-food items on tray).
   • Be sure to provide the patient with sufficient time to chew and swallow. Do not ask questions that require a response or cause laughter while swallowing, due to risk of choking.

B. Set-up Meal Tray
   1. Prepare the tray for the patient by:
      • Remove food covers, unwrap utensils, open cartons, and put straws in drinks. Be careful not to touch any surfaces that will go into the patient’s mouth.
• If needed (patient requests or has difficulty), butter bread, cut food into small pieces.
• Make sure napkin and utensils are within reach.

2. If patient is visually impaired, describe food that is being served and tell them where items are located on the tray.

3. Before leaving, ask the patient if any further assistance is needed.

4. Wash hands.

C. Partial Feeding Assistance
• Required by patients who are weak, unsteady, or encumbered by medical equipment (IVs in the hand, etc.).
• Assist patient with eating by setting up the tray, and helping the patient use utensils and cups.
• Stay with patient for the meal, offering and providing assistance as needed. Keep patient focused on the task of eating.
• Encourage patients to feed themselves as much as possible, to foster independence and to promote dignity and sense of control.

D. Full Feeding Assistance
• Drape napkin across patient’s chest.
• Serve all foods on a spoon for patient’s safety.
• Offer ½ spoonful at a time, slowly, allowing patient to complete chewing and swallowing.
• Offer liquids frequently to assist with swallowing.
• Observe patient for unintentional accumulation of food in their mouths/cheeks (“pouching”). If this occurs, gently remind patient to swallow.
• Allow frequent rest periods.
• Offer encouragement to maintain adequate intake.
• At end of meal, wipe patient’s mouth.

E. At the end of the meal:
• Assist patients with wiping hands and mouths.
• Assist patients to return to bed, if desired.
• Make sure call bell is within reach.
• Wash your hands.
V. **ENCOURAGING FLUIDS**

Dehydration is a common problem among the hospitalized elderly. Volunteers may be asked to encourage extra fluid intake for some older patients. Approximately 2 cups per shift is a standard amount, but different amounts may be specified. In these cases, it is important that you record all the fluids the patient drinks on the appropriate form. Please note that commercial products of fluid (soda cans, milk cartons, juice cartons) often indicate the exact amount of fluid in the container, e.g., 4 oz.

It is not necessary for patients to consume an entire 8oz glass of liquid all at once. A few swallows taken frequently will help.

VI. **SAFETY PRECAUTIONS**

A. Choking

1. **Choking Precautions:**
   - Positioning: As close to upright (90 degrees) as possible.
   - Avoiding distraction or prompting patient to talk or laugh while chewing and swallowing.
   - Offer liquids frequently to assist with swallowing.

2. **Choking Symptoms** (during eating and drinking):
   - Difficulty swallowing
   - Frequent cough
   - Shortness of breath
   - Difficulty talking

3. **If Choking Occurs**:
   - Call nurse immediately. State that the patient is choking. Do not attempt to handle the situation yourself.
   - Remove the tray.
   - Stay with the patient until help arrives.

B. “Pouching” or holding food in the mouth/cheeks:

Sometimes, as a result of sensory impairments or confusion, patients may forget or be unaware that food is still in their mouth, which can lead to choking. If this occurs:

1. Instruct the patient to swallow, e.g., “Mrs. Smith, you have food in your mouth. Could you please swallow?”
C. Notify the nurse immediately for:
   1. Spilling hot liquids
   2. Difficulty or pain with swallowing

VII. RECORDING FOOD INTAKE

Sometimes, volunteers are asked to record a patient’s food and fluid intake. This means that the amounts of food and fluid the patient consumes during your shift should be recorded. This includes contents of the meal tray, snacks and all liquids consumed.

Do your best to quantify the amount and type of food and fluid. For example:

   Applesauce → ½ serving
   Mashed potatoes → 3 bites
   Butter → 1 pat
   Sugar → 2 packages
   Orange juice → 4 oz

VIII. TERMS AND SPECIAL DIETS

A. Terms

1. NPO: Nothing by mouth. The patient cannot have any food or fluids, including water. Some patients are allowed ice chips. Volunteers need to check with the nurse before giving anything by mouth.

2. Supplements: Nutritional substances providing increased protein and calories. They are commonly given to the patient as a milkshake.

3. Fluid Restriction: Some patients are allowed a limited amount of fluids per day. For example, a 1000cc fluid restriction permits a fluid intake of only slightly more than four 8oz cups of liquid per day. Please note the day is a 24-hr period, so the fluids need to be spaced out over the course of the day and night. The Elder Life Specialist will alert the volunteer if a patient is on a Fluid Restriction and will advise the volunteer how much fluid the patient may have each shift.

B. Special Diets
For medical reasons, hospitalized patients receive very specific liquid and food diets. These diets may be temporary or permanent. Sometimes patients have been on special diets at home, such as low sugar or low fat, and they continue this diet in the hospital. For others, the doctor has ordered a diet that is completely new and unfamiliar to the patient.

Often, patients in the hospital have questions about what kinds of food and liquids they are allowed. As a volunteer, you are not expected to know specific diet terms, or to be giving patients advice or information about their dietary regimen.

If a patient has a question or concern about the food they are receiving, or is not eating well due to dietary preferences, volunteers should notify the nurse or Elder Life Specialist. Volunteers should know that the dietary preferences of patients are always a consideration and alternatives can be given within the dietary plan.

• For example, "No Mrs. Jones, I don’t know why you didn’t get the sandwich you ordered, but I can ask the nurse. I’m sure she will be able to answer your questions".
HOSPITAL ELDER LIFE PROGRAM VOLUNTEER TRAINING
CASES FOR SMALL GROUP DISCUSSION FEEDING PROGRAM

1. You have been assigned to help Mrs. B with lunch. The assignment says she requires only set-up and companionship. She says to you: “I am so tired today. Can you please feed me?” What do you do?

2. Mr. J has not been eating very well. You learn that he is used to very spicy and hot food. How do you handle this information?

3. You are feeding Mrs. T, who is nearing the end of her meal. You have been carrying on a pleasant conversation. Suddenly, Mrs. T begins to laugh and then choke. How do you respond?

You have been assigned to Mrs. V, who needs set-up and partial assistance with her lunch. When you walk into the room, Mrs. V is removing her oxygen mask and then takes a drink of juice. She tells you, “I took off the oxygen mask this morning while I drank my coffee. I don’t think I need to wear it all the time. I feel much better today!” How do you respond?
COMPETENCY BASED CHECKLIST
HELPING THE PATIENT TO EAT

ASSISTING WITH THE MENU:

☐ Ensure patient understands menu selections
☐ Read menu selections to patients with limited eyesight or confusion
☐ Report dietary preferences not on menu to nurse or Elder Life Specialist

CREATING THE MEALTIME ENVIRONMENT:

☐ Check with nurse to verify patient’s diet/restrictions
☐ Wash hands
☐ Explain to patient what you are going to do
☐ Check that items on tray match menu listing
☐ Patients with glasses – locate and give to patient
☐ Patients with severe vision impairment – describe food and place on tray in “clock set-up” arrangement
☐ Patients with dentures – locate and give to patient if they use them for eating
☐ Patients on oxygen mask – check with nurse if mask can be substituted with nasal prongs
☐ Assist patient to sit as upright as possible, either in chair or bed
☐ Adjust tray table to proper height
☐ Place tray on table
☐ Make sure call bell is within reach
☐ Provide napkin
☐ Provide friendly, relaxed, unhurried environment

PROVIDE REQUIRED FEEDING ASSISTANCE

Companionship/Encouragement:
☐ Position chair at eye level
☐ Engage patient in pleasant conversation
☐ Provide enough time for patient to chew/swallow
☐ Don’t ask questions or cause laughter during swallowing to reduce risk of choking
**Setting up the Tray:**
- Remove covers/unwrap utensils/open cartons/put straws in drinks – Be careful not to touch surfaces that will go into patients’ mouths
- Make sure napkin/utensils are within reach
- If needed, butter bread/cut food into pieces
- If needed, tell patient where items are located on tray

**Partial/Full Feeding Assistance:**
- Arrange tray appropriately
- Drape napkin across chest
- Serve all food on spoon for safety
- Offer ½ spoonful at a time
- Allow time for complete chewing/swallowing
- Offer liquids frequently for aid in swallowing
- Encourage patient to feed self
- Remind patient accumulating food in mouth to swallow

**AT END OF MEAL**
- Assist patient with wiping hands/mouth
- Assist patient back to bed, if indicated
- Place call bell within reach
- Wash hands

Name ______________________________

Validated By ______________________________

Date ______________________________
HOSPITAL ELDER LIFE PROGRAM

ADDITIONAL MATERIALS
• Summarized protocol information that can be cut and made into pocket cards for volunteers
THE DAILY VISITOR PROGRAM

ORIENTING COMMUNICATION – A technique that incorporates specific, useful information into daily conversation with the patient, for example, day of the week

IMPORTANT POINTS:
• Introduce self
• Wash hands at beginning and end of visit
• Maintain direct eye contact
• Check to make sure glasses/hearing devices are worn
• Turn off TV and radio
• Be friendly, calm, pleasant and self-assured

PATIENT ORIENTATION BOARD
• Update information and review schedule with patient

ASSIST WITH PRACTICAL MATTERS:
• Menu/TV/newspaper/telephone
• Ask patient if they have any questions or concerns
• Direct or assist patient with getting their questions answered
• Make sure patient has paper and pen within reach
• Make sure call bell is within reach at end of visit

RELAXATION GUIDELINES (Part I)

Purpose - To decrease anxiety and stress
Materials (Optional) - Relaxation music, portable music player

Step-By Step Visit Guidelines
1. Introduce yourself, your role
2. Opening statement suggestions:
   • I’m here to work with you on relaxation. –OR-
   • I have a relaxation technique here which you can learn to use on your own.
3. Voice: slow, quiet; NOT a monotone
4. Movement: smooth, measured approach
5. Assure comfort:
   • Sitting or lying down in a comfortable place
   • Quiet the room: no TV/radio; close door to discourage interruptions
   • Lights off
   • Comfortable room temperature
6. Turn on relaxation music.
7. Choice of special place for visualization:
   • Help patient identify the most relaxing setting ever experienced; ask for a brief description to use later.
RELAXATION GUIDELINES (Part III)

11. Visualization:
   - All the stress has now left your body. You are feeling calmed and relaxed.
   - Now visualize or picture yourself in the special place you enjoy, the one we talked about earlier. Talk the patient through an experience of this place... use specific, refreshing, descriptive terms...in a slow, quiet tone.
   - 3 to 5 minutes of quiet while patient relaxes in the special place
   - Now come back from this special place feeling relaxed and refreshed.

12. Slowly go back through the body, waking up each part:
   - Wiggle your toes to wake them up
   - Turn your ankles to wake them up
   - Continue to wake up all parts of body → Shake legs, wiggle buttocks, stretch back, shrug shoulders, move head side to side.
   - Take one more cleansing breath


14. Close:
   - Wasn’t that refreshing?
   - How do you feel now?
   - Did that help?

15. Remind that these exercises can be done whenever feeling anxious, stressed or in pain.

SLEEP ENHANCEMENT (Part II)

6. Offer herbal tea or milk; serve

7. Offer music/relaxation recording choices or identify chosen relaxation recording to be played (classical music, nature sounds); begin music

8. Offer back rub:
   - Warm lotion in your hands
   - Slow, rhythmic stroking on both sides of the spine, with patient lying on side
   - Start at crown of head, to neck and move downward to base of spine on either side of spinal column. Do not massage directly over the spine itself.
   - Include shoulder area
   - Total backrub time aprox 5 minutes

9. If patient complains of pain/discomfort report this to the patient’s nurse.

10. A quiet Good night
WHEELCHAIR MOBILITY

Bed to Wheelchair Transfer:
1. Put wheelchair at 90° angle to bed
2. Lock brakes on wheelchair
3. Lift leg-rests and footrests out of way
4. When patient moves to transfer, keep all tubes free of kinking, twisting and stress at all times
5. Place footrests and patient’s feet in proper position

Pushing a Patient in a Wheelchair:
1. Hang IV’s on wheelchair pole above the infusion site
2. Fasten catheter bag low around the bottom of the side rail
3. Keep all tubes free of kinking, twisting and stress at all times
4. Upon reaching final destination, lock both brakes
5. Ensure patient is in upright position with feet stable

Wheelchair to Bed Transfer:
1. Put wheelchair at 90° angle to bed
2. Lock brakes on wheelchair
3. Lift leg-rests and footrests out of the way
4. Keep all tubes free of kinking, twisting and stress at all times

FEEDING AND FLUID ASSISTANCE PROGRAM (Part I)

ASSISTING WITH THE MENU:
- Ensure patient understands menu selections
- Read menu selections to patients with limited eyesight or confusion
- Report dietary preferences not on menu to nurse or Elder Life Specialist

CREATING THE MEALTIME ENVIRONMENT:
- Check with nurse to verify patient’s diet/restrictions
- Wash hands
- Check that items on tray match menu listing
- Patients with glasses – locate and give to patient
- Patients with severe vision impairment – describe food and place on tray in “clock set-up” arrangement
- Patients with dentures – locate and give to patient if they use them for eating
- Patients on oxygen mask – check with nurse if mask can be substituted with nasal prongs
- Assist patient to sit as upright as possible, either in chair or bed
FEEDING AND FLUID ASSISTANCE PROGRAM (Part III)

Setting up the Tray:
• Remove covers/unwrap utensils/open cartons/put straws in drinks – Be careful not to touch surfaces that will go into patients’ mouths
• Make sure napkin/utensils are within reach
• If needed, butter bread/cut food into pieces
• If needed, tell patient where items are located on tray

Partial/Full Feeding Assistance:
• Arrange tray appropriately
• Drape napkin across chest
• Serve all food on spoon for safety
• Offer ½ spoonful at a time
• Allow time for complete chewing/swallowing
• Offer liquids frequently for aid in swallowing
• Encourage patient to feed self, if possible
• If patient accumulating food in mouth, remind to swallow

AT END OF MEAL
• Assist patient with wiping hands/mouth
• Assist patient back to bed, if indicated
• Place call bell within reach
• Wash hands
PATIENT ORIENTATION BOARD

Please follow this format so that all patient boards are filled out in a consistent manner.

HOSPITAL ELDER LIFE PROGRAM

<table>
<thead>
<tr>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today is Monday</td>
</tr>
<tr>
<td>August 14, 2000</td>
</tr>
</tbody>
</table>

Elder Life Activities:
(list - i.e., ROM 3 times daily)

Your Doctor:

Other Activities:
(list - i.e., PT, OT, etc.)

Nurse this shift:

Aide this shift:

Volunteer this shift:

Volunteer this shift:

Meals:  Breakfast (time)
| Lunch (time) |
| Dinner (time) |

Please don’t deviate from this format. If you have any questions, see the Elder Life Specialist.

RELAXATION GUIDELINES (Part II)

8. Establish breathing pattern:
   - Breathe in through your nose slowly
   - Hold...two...three...
   - Breathe out through your mouth completely
Repeat multiple times until breathing stabilized at a slow, rhythmic rate

9. Begin relaxation...
   - Visualize the stress floating away as you concentrate on each body section
   - Starting at your toes: contract and release. Repeat 3 to 5 times.
   - Feel the stress leave your toes.
   - Next travel to your ankles: flex and release. Repeat 3 to 5 times.
   - Feel the stress leave your ankles.
   - Continue by reviewing parts of body relaxation points repeating each movement 3 to 5 times:
     - Knees – contract and release
     - Buttocks – contract and release
     - Spine – arch and straighten
     - Shoulders – shrug and release
     - Neck drop to chin and lift to ceiling; turn side to side
   - Concentrate on breathing again, taking cleansing breaths with your eyes closed
SLEEP ENHANCEMENT (Part I)

**Purpose** - To offer a method to improve sleep without using sleeping medications

**Materials**
- Hospital lotion
- Patient’s choice of herbal tea or warm milk
- Relaxation music or recordings
- Portable music player

**Step-By-Step Visit Guideline**

1. Introduce yourself, your role
2. Opening statement suggestion:
   - I’m here to help you get ready for a good night of restful sleep.
3. Voice: lower tone, slow, clear, firm
5. Environmental modifications for sleep enhancement:
   - Noise reduction: Ask permission, then turn off television; pull curtain or close door; enlist roommate’s support.
   - Offer opportunity to go to bathroom
   - Comfort: Positioning adjustment
   - Lighting: Turn off or dim all lights
   - Adjust thermostat to suit patient

EARLY MOBILIZATION PROGRAM

HELPING THE PATIENT TO WALK

1. Explain what you are going to do and give step-by-step instructions
2. Get robe (or extra hospital gown), non-skid footwear and walking aid (cane, walker) if needed
3. Clear obstacles
4. Assist patient to get out of bed
5. Have patient sit at edge of bed for a few minutes to prevent dizziness
6. Help patient put on robe and slippers
7. Have patient stand for a few minutes to prevent dizziness
8. Begin walking and support patient with arm behind waist (if needed)
9. Stay with patient at all times
10. Walk as far as directed, stop if patient fatigues
11. Return patient to bed/chair if dizzy or weak

When Returning Patient to Bed:

1. Assist patient in centering in bed
2. Put head of bed up to comfortable position, replace covers
3. Put side rails up, call bell within reach
THE FALLING PATIENT

Important Points:

Trying to stop a fall can result in more harm to you and the patient.

Instead, if you feel a patient begin to fall, the volunteer should help the patient to the floor, controlling the direction of the fall.

Procedure:

1. Keep back straight and feet apart
2. Hold patient under arms or around waist and get close to patient as quickly as possible
3. Ease patient to floor, protecting the head
4. Bend at hips as you lower the patient. Keep your back straight
5. Call for nurse

Stay with patient until nurse arrives. Do not move the patient.

FEEDING AND FLUID ASSISTANCE PROGRAM (Part II)

CHOKING PRECAUTIONS
- Positioning: As close to upright (90 degrees) as possible
- Avoiding distraction, talking or laughing, while patient is chewing and swallowing
- Offer liquids frequently to assist with swallowing

CHOKING SYMPTOMS
- Difficulty swallowing
- Frequent cough
- Shortness of breath
- Difficulty talking

IF CHOKING OCCURS
- Call nurse immediately. State that the patient is choking. Do not attempt to handle the situation yourself.
- Remove the tray
- Stay with the patient until help arrives.

PROVIDE REQUIRED FEEDING ASSISTANCE

Encouragement:
- Position chair at eye level
- Engage patient in pleasant conversation
- Don't ask questions or cause laughter during swallowing to reduce risk of choking
Arm Lift  Arm Over and Out  Arm Slide

Shoulder Roll  Elbow Bends

Palm Up and Down  Wrist Bends  Heel Slides

Hip Slides  Ankle Bends