The Facts . . .

- Over 80 percent of nursing home residents with dementia display interfering-with-care behavioral symptoms.
- Problems during bathing are common, and disruptive, agitated, and resistive behaviors affect 41 percent to 73 percent of residents.
- Behavioral and environmental interventions promote comfort and reduce the risk of agitation.

Bathing is a Challenge for Staff

Time constraints, strict routines, and poor understanding of bathing or of behaviors create challenges for the staff.

- Time constraints make bathing a task to be done and finished, as opposed to a potentially therapeutic experience for the resident.
- Certified nurse aides, who provide most personal cares, may not understand or have training in the therapeutic values of bathing.
- Bathing is viewed as a depersonalized task that must be done as part of the institutional routine, whether the resident likes it or not.
- The caregiver neglects a person-centered approach: bathing is ‘done to’ the resident.
- Caregivers may not understand that behaviors such as withdrawal, resistance, or combustiveness are a protective response to what the resident perceives as a threat.

Physically and verbally aggressive behaviors have negative effects on staff.

- Job-related distress, lowered moral
- Frustration with caregiving
- Job dissatisfaction, burn-out and turnover
- Staff avoidance of residents

Bathing is a Challenge for the Resident with Dementia

The resident with dementia is often confronted with unpleasant stimuli during bathing.

- Removal of clothing and nudity cause fear and embarrassment.
- Bathing rooms are often impersonal and uncomfortable (e.g., cold, noisy, institutional).
- Bathing routines, such as showering or use of lifts, are unfamiliar and frightening.
- Multiple caregivers helping may over stimulate the resident.
- Pain during movement and other discomforts (e.g., water in eyes) contribute to problems.

Stress during bathing may result in a variety of behavioral symptoms.

- Verbal complaining or explicit refusal
- Perseveration or verbal agitation
- Withdrawal or attempts to leave the tub or bathing room
- Increased confusion and fear
- Catastrophic behaviors, including agitation and combativeness

Assess the Resident Before Bathing

Know the bathing history.

- How does this person usually bathe (e.g., shower, tub, sponge bath)?
- When does the person usually bathe (e.g., morning before dressing, evening before bedtime, Saturday night before Sunday church)?
- How often does the person bathe (e.g., daily, weekly)?
• Are there other personal preferences or habits that make bathing more enjoyable (e.g., soaps, scents, cleansing routines)?

• When is the person alert and least stressed, and likely to be most cooperative?

• What factors seem to provoke fear (e.g., water in face, stepping into tub)?

**Consider current abilities and needs.**

• What tasks can the person do?

• How much and what type of assistance is needed?

• What type of equipment is most appropriate?

**Consider adjustments to routines or approaches.**

• Wash hair on another day (e.g., at beauty or barber shop).

• Use non-rinse soap or shampoo.

• Pat dry instead of rubbing.

• Schedule pain medication prior to bathing.

**Make the bathing environment friendly.**

• Check for comfortable room and water temperature.

• Reduce or eliminate noise (e.g., running water, loud talking, echo from tiles).

• Provide decorations or home-like touches (attractive shower curtain, drapes, beach towels on wall to buffer noise).

• Adapt facilities to meet residents’ needs (e.g., replace tub with lift tub that has easy access panel door; use shower chair with padded seat and foot rests).

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**Educate Staff to Enhance Comfort and Cooperation**

**Shift the focus from the task to the person.**

• Emphasize flexibility vs. following a set routine.

• Train staff to appreciate therapeutic values of bathing.

• Promote ‘team’ approaches that reduce fear of reprimand for not completing tasks.

• Individualize care: View the resident as a ‘whole person’.

• Empathize with the person’s experience of bathing.

**Individualize Bathing Approaches for Residents with Dementia**

Following are two examples of how to promote person-centered bathing care.

1. The Three F’s of bathing

   ⇒ **What Function** does bathing serve (e.g., reduce body odors, remove urine from skin)?

   ⇒ **What Form** of bathing best meets current needs (e.g., towel bath vs. shower or tub)?

   ⇒ **How Frequently** does this person need to be bathed to meet individual needs?

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2. The **PRIDE** approach to individualized care

⇒ **Privacy**

⇒ **Reassurance**

⇒ **Information**

⇒ **Distraction**

⇒ **Evaluation**

**Maintain Privacy** and dignity at all times.

- Undress the person in the bathing room.
- Close the door and pull privacy curtains.
- Keep body parts covered unless being washed (e.g., bathing blankets, towels to cover).

**Provide Reassurance** to promote comfort and feeling safe (e.g., I'll help keep you steady).

- Talk to resident, checking for comfort and unmet needs (e.g., How does that feel?).
- Ask how the person is feeling and doing.
- Offer encouragement and support (e.g., “You are doing great!” “You smell so good.”).
- Encourage the resident involvement and provide only needed assistance (e.g., Gently guide their hands with yours).

**Offer Information** about what is being done and why.

- Assume the person has the ability to understand.
- Offer a reason for bathing (e.g., “Let’s get you cleaned up for your company.”).
- Explain step-by-step what you are doing.
- Break bath chores into steps and use simple verbal cues to promote function.
- Gently guide those who are unable to respond to verbal cues (e.g., touch then put pressure behind knees while asking person to sit).
- Promote control by letting the resident perform self-cares.
- Offer choices (e.g., “Do you want to unbutton your shirt or should I?”).

**Distractions** often reduce anxiety and promote cooperation.

- Soft, familiar recorded music may reduce agitation.
- Try singing a favorite song with the resident.
- Reminisce about the resident’s family, history, or favorite activities.
- Use aromatherapy, such as bath oils, offering choices of scents (e.g., rose or lavender).
- Keep the resident’s hand busy holding a washcloth, sponge, or other soft item.

**Evaluate** progress toward outcome goals of comfort, safety, cleanliness.

- Adjust times and routines to accommodate the person.
- Use team approaches, with nurse aides, to problem-solve difficult bathing situations.
- Implement ‘buddy system’ and other alternative methods of dignity.
- Record specific recommendations and instructions in care plans to promote continuity and quality care.
- Slow down and reevaluate if resistance or signs of discomfort appear.
- **Remember:** No one suffers if the bath isn’t given today; try another time if resistance occurs.

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INFO-CONNECT brochures provide practical information for practitioners on key topics. The following brochures are available. You may access them at: http://www.healthcare.uiowa.edu/igec.

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<td>Reviews the characteristic problems of advanced dementia care as well as the hospice barriers and goals for advanced dementia.</td>
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<td>Pain Assessment in Nursing Home Residents with Dementia</td>
<td>Describes the pain assessment and consequences of untreated pain, and provides assessment tools for use with cognitively impaired elders.</td>
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<td>Reviews the principles of pain management and provides information on non-opioid and opioid medications, and adjuvant medications.</td>
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