

Appendix B: Handouts

Decision Quiz

Choices I have made today include the following:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Who Is Vulnerable to Abuse or Neglect?

Some people are more vulnerable to adult abuse or neglect than others. They include the following:

- Elderly people
- People who have physical illness or are disabled
- People who are developmentally disabled
- People who have a mental health disorder or condition
- People who have communication problems, such as hearing, speech, and vision impairments

All of these people have a few things in common that make them so vulnerable. They are often unable to stand up for themselves or to report abuse or neglect to others. They may not even understand that they have rights. Often these people can be much more demanding to care for, which increases the stress that caregivers have to deal with.

Caregivers may not have been properly trained to care for these particular people, and they may not understand why these people behave the way they do. Caregivers may also be overworked, tired, stressed, and unappreciated, on top of caring for someone who requires so much time and energy.

These are the people who most need your help and protection from harm. They may not be able to speak for themselves, but the signs of abuse and neglect may speak volumes for them. Know how to recognize these signs.



Abbreviations

ā	before	AROM	active range of motion
AAROM	active assisted range of motion	ASAP	as soon as possible
abd	abdomen	assist	assistance
ABR	absolute bed rest	as tol	as tolerated
ac, a.c.	before meals	A, T, D	admission, transfer, and discharge
AD	Alzheimer's disease	ax	axillary
ADC	AIDS dementia complex	BID, b.i.d.	two times a day
ad lib	as desired	BKA	below-knee amputation
ADLs	activities of daily living	bld	blood
adm.	admission	BLS	basic life support
AED	automated external defibrillator	BM	bowel movement
AHA	American Heart Association	BP, B/P	blood pressure
AIDS	acquired immunodeficiency syndrome	BPH	benign prostatic hypertrophy
AIIR	airborne infection isolation room	BPM	beats per minute
AKA	above-knee amputation, also known as	BR	bedrest
am, AM	morning	BRP	bathroom privileges
AMA	against medical advice, American Medical Association	BSC	bedside commode
amb	ambulate, ambulatory	BSE	breast self-examination
AMD	age-related macular degeneration	C	centigrade, Celsius
amt.	amount	ć	with
ANS	autonomic nervous system	Ca/CA	calcium, cancer, carcinoma
ant.	anterior	CAD	coronary artery disease
a.p./AP	apical pulse	cal	calorie
approx.	approximately	cath.	catheter
		CBC	complete blood count
		CBI	continuous bladder irrigation

Abbreviations (cont'd)

CBR	complete bed rest	CRF	chronic renal failure
CCMS	clean-catch midstream	C.S.	Central Supply
CDC	Centers for Disease Control and Prevention	CSF	cerebrospinal fluid
CDE	certified diabetes educator	CVA	cerebrovascular accident, stroke
C. diff	<i>Clostridioides difficile</i>	CVP	central venous pressure
CEP	competency evaluation (testing) programs	CVS	cardiovascular system
CEU	continuing education unit	CXR	chest x-ray
CHD	coronary heart disease	DAT	diet as tolerated
CHF	congestive heart failure	DJD	degenerative joint disease
chol	cholesterol	DKA	diabetic ketoacidosis
ck	check	DM	diabetes mellitus
cl liq	clear liquid	DNR	do not resuscitate
cm	centimeter	DO	doctor of osteopathy
CMS	Centers for Medicare & Medicaid Services	DOA	dead on arrival
CNA	certified nursing assistant	DOB	date of birth
CNP	certified nurse practitioner	DON	director of nursing
CNS	central nervous system	Dr.	doctor
c/o	complains of, in care of	DRG	diagnostic related group
CO ₂	carbon dioxide	drsg	dressing
COLD	chronic obstructive lung disease	DVT	deep vein thrombosis
COPD	chronic obstructive pulmonary disease	Dx/dx	diagnosis
CP	cerebral palsy	ECG, EKG	electrocardiogram
CPM	continuous passive motion	ED	emergency department
CPR	cardiopulmonary resuscitation	EENT	eye, ear, nose, and throat
		e.g.	for example
		EMS	emergency medical services

Abbreviations (cont'd)

ER	emergency room	GI	gastrointestinal
ESRD	end-stage renal disease	GP	general practitioner
et al.	and other things	GSW	gunshot wound
ETOH	alcohol	GTT	glucose tolerance test
exam	examination	GU	genitourinary
F	Fahrenheit, female	GYN/gyn	gynecology
FBS	fasting blood sugar	h, hr, hr.	hour
FDA	Food and Drug Administration	H ₂ O	water
Fe	iron	H ₂ O ₂	hydrogen peroxide
FF	force fluids	H/A	headache
FH	family history	HAART	highly active antiretroviral therapy
fld	fluid	H&P	history and physical
FS	fingerstick	HAV	hepatitis A virus
FSBS	fingerstick blood sugar	HBV	hepatitis B virus
ft	foot	HCV	hepatitis C virus
F/U, f/u	follow-up	HDV	hepatitis D virus
FUO	fever of unknown origin	HEV	hepatitis E virus
FWB	full weight-bearing	Hg	mercury
fx	fracture	HHA	home health aide
FYI	for your information	Hi-cal	high calorie
g	gram	HIPAA	Health Insurance Portability and Accountability Act
GAD	generalized anxiety disorder	HIV	human immunodeficiency virus
gal	gallon	HMO	health maintenance organization
GB	gallbladder	HOB	head of bed
GERD	gastroesophageal reflux disease	HOH	hard of hearing
geri chair	geriatric chair		

Abbreviations (cont'd)

HPV	human papillomavirus	l, L	liter
ht	height	L, lt	left
HTN	hypertension	lab	laboratory
H.U.C.	Health Unit Coordinator	lb	pound
Hx	history	LBP	low back pain
hyper	above normal, too fast, rapid	LE	lower extremity
hypo	low, less than normal	lg	large
I&D	incision and drainage	liq	liquid
I&O	intake and output	LLE	left lower extremity
IBD	inflammatory bowel disease	LLQ	left lower quadrant
IBS	irritable bowel syndrome	LOC	level of consciousness, level of care
ICU	intensive care unit	Low-cal	low-calorie
ID	identification	Low-fat/ Low-cal	low-fat, low-calorie
i.e.	that is		
IICU	intermediate intensive care unit	Low-Na	low-sodium
IM	intramuscular	LPN	Licensed Practical Nurse
in	inch	LTC	long-term care
inc	incontinent	LTCF	long-term care facility
inf	inferior	LUQ	left upper quadrant
IQ	intelligence quotient	LVN	Licensed Vocational Nurse
irr., irrig	irrigation	M.D.	doctor of medicine
isol	isolation	MD	muscular dystrophy
I.V., IV	intravenous	MDROs	multidrug-resistant organisms
K	potassium	MDR-TB	multidrug-resistant tuberculosis
kg	kilogram	MDS	minimum data set
KS	Kaposi's sarcoma	meds	medications

Abbreviations (cont'd)

mg	milligram	neg	negative
MI	myocardial infarction	NF	nursing facility
min	minute	NG, ng	nasogastric
mL	milliliter	NIBP	noninvasive blood pressure monitoring
mm	millimeter	NKA	no known allergies
mm Hg	millimeters of mercury	NKDA	no known drug allergies
MO	microorganism	no	number
mod	moderate	noc	night
MRI	magnetic resonance imaging	NPO	nothing by mouth
MRSA	methicillin-resistant <i>staphylococcus aureus</i>	NVD	nausea, vomiting, and diarrhea
MS	multiple sclerosis	NWB	non-weight-bearing
MSDs	musculoskeletal disorders	O ₂	oxygen
MSDS	material safety data sheet	O&P	ova and parasites
MSW	medical social worker	OB	obstetrics
MUFA	monounsaturated fatty acid	ob/gyn	obstetrics and gynecology
MVA	motor vehicle accident	OBRA	Omnibus Budget Reconciliation Act
Na	sodium	occ	occasionally
N/A	not applicable	OCD	obsessive-compulsive disorder
NA	nursing assistant	O.D.	right eye
NaCl	sodium chloride (table salt)	OG	orogastric
NAS	no added salt	OOB	out of bed
NATCEP	Nurse Aide Training and Competency Evaluation Program	OPD	outpatient department
N/C	no complaints, no call	O.R.	operating room
NCS	no concentrated sweets	ord.	orderly, ordered
		ORIF	open reduction, internal fixation

Abbreviations (cont'd)

ortho	orthopedics	PNS	peripheral nervous system
OSHA	Occupational Safety and Health Administration	PO	by mouth (per os)
OT	occupational therapist, occupational therapy	pos.	positive
OTC	over-the-counter (medication)	post op	after surgery
O.U.	both eyes	PPD	purified protein derivative (test for tuberculosis)
oz.	ounce	PPE	personal protective equipment
¶	after	pre op	before surgery
P.A.	physician assistant	prep	preparation
PAD	peripheral artery disease	p.r.n., prn	when necessary
pc, p.c.	after meals	prog.	progress
PCA	patient-controlled analgesia	PROM	passive range of motion
PDR	Physician's Desk Reference	Pt/pt	patient
PE	pulmonary embolism	pt.	pint
Peds/peds	pediatrics	PT	physical therapist, physical therapy
PEG	percutaneous endoscopic gastrostomy	PTH	parathyroid hormone
peri care	perineal care	PTSD	posttraumatic stress disorder
PET	positron emission tomography	PUFA	polyunsaturated fatty acid
pH	parts hydrogen	PVD	peripheral vascular disease
PH	past history	PWB	partial weight-bearing
PHI	protected health information	q	every
phy. ex.	physical exam	q2h, q3h, q4h	every two hours, every three hours, every four hours
PID	pelvic inflammatory disease	QA	quality assurance
PM/pm	afternoon	qam	every morning
PMH	past medical history	Q&A	questions and answers

Abbreviations (cont'd)

qh, qhr	every hour	S&A	sugar and acetone
qt.	quart	S&S, S/S	signs and symptoms
quad	quadrant, quadriplegic	SCA	sudden cardiac arrest
R	respirations, rectal	SCD	sequential compression device
R, rt.	right	SIDS	sudden infant death syndrome
RA	rheumatoid arthritis	sl	sublingually
RBC	red blood cell	SLE	systemic lupus erythematosus
RDT	registered dietitian	SLP	speech-language pathologist
reg.	regular	sm.	small
rehab	rehabilitation	SNAFU	situation normal, all fouled up (slang)
REM	rapid eye movement	SNF	skilled nursing facility
req.	requisition	SNS	somatic nervous system
res.	resident	SOB	shortness of breath
resp.	respiration	SP	Standard Precautions
RF	restrict fluids	S.P.D.	Supply, Processing, and Distribution
RLE	right lower extremity	spec.	specimen
RLQ	right lower quadrant	SSE	soapsuds enema
RN	registered nurse	SST	standard, speech therapy
RNA	restorative nursing assistant	staph	<i>staphylococcus</i>
R/O	rule out	STAT/stat	immediately
ROM	range of motion	STD	sexually transmitted disease
RR	respiratory rate	std. prec.	Standard Precautions
RT	respiratory therapy/therapist	STI	sexually transmitted infection
RUE	right upper extremity	strep	<i>streptococcus</i>
RUQ	right upper quadrant	supp.	suppository
Rx	prescription, treatment		
–	without		

Abbreviations (cont'd)

surg.	surgery	VAP	ventilator-acquired pneumonia
T., temp	temperature	VD	venereal disease
TB	tuberculosis	VRE	vancomycin-resistant <i>Enterococcus</i>
tbsp.	tablespoon	VS, vs	vital signs
T, C, DB	turn, cough, and deep breathe	W/A, WA	while awake
THR	total hip replacement	WBC	white blood cell/count
TIA	transient ischemic attack	w/c, W/C	wheelchair
t.i.d., tid	three times a day	WNL	within normal limits
TKR	total knee replacement	wt.	weight
TLC	tender loving care	yr.	year
TPN	total parenteral nutrition		
T.P.R.	temperature, pulse, and respiration		
trach.	tracheostomy		
tsp.	teaspoon		
TWE	tap water enema		
Tx, tx	traction, treatment		
U/A, u/a	urinalysis		
UE	upper extremity		
UGI	upper gastrointestinal		
UNK, unk	unknown		
URI	upper respiratory infection		
US	ultrasound		
USDA	United States Department of Agriculture		
UTI	urinary tract infection		
vag.	vaginal		

Abbreviations Flash Cards

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

abd	ABR
ADLs	AKA
amb	as tol
BID, b.i.d.	BKA
BM	BP, B/P
BPM	BR
BRP	BSC
Ā	cath.

Abbreviations Flash Cards (cont'd)

absolute bedrest	abdomen
above-knee amputation, also known as	activities of daily living
as tolerated	ambulate, ambulatory
below-knee amputation	two times a day
blood pressure	bowel movement
bedrest	beats per minute
bedside commode	bathroom privileges
catheter	with

Abbreviations Flash Cards (cont'd)

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

CBR	CCMS
CHF	c/o
COPD	CPR
CVA	DAT
DM	DNR
DOB	Dx/dx
EMS	FBS
FF	FWB

Abbreviations Flash Cards (cont'd)

clean-catch midstream	complete bedrest
complains of, in care of	congestive heart failure
cardiopulmonary resuscitation	chronic obstructive pulmonary disease
diet as tolerated	cerebrovascular accident, stroke
do not resuscitate	diabetes mellitus
diagnosis	date of birth
fasting blood sugar	emergency medical services
full weight-bearing	force fluids

Abbreviations Flash Cards (cont'd)

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

GERD	h, hr, hr.
H ₂ O	HBV
HCV	HIPAA
HIV	HOB
HS/hs	HTN
hyper	hypo
I&O	inc
isol	I.V., IV

Abbreviations Flash Cards (cont'd)

hour	gastroesophageal reflux disease
hepatitis B virus	water
Health Insurance Portability and Accountability Act	hepatitis C virus
head of bed	human immunodeficiency virus
hypertension	hours of sleep
low, less than normal	above normal, too fast, rapid
incontinent	intake and output
intravenous	isolation

Abbreviations Flash Cards (cont'd)

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

kg	LOC
Low-cal	Low-Na
MDROs	MDR-TB
mg	MI
mL	mm Hg
MO	MRSA
MS	NAS
NKA	NKDA

Abbreviations Flash Cards (cont'd)

level of consciousness, level of care	kilogram
low-sodium	low-calorie
multidrug-resistant tuberculosis	multidrug-resistant organisms
myocardial infarction	milligram
millimeters of mercury	milliliter
methicillin-resistant <i>Staphylococcus aureus</i>	microorganism
no added salt	multiple sclerosis
no known drug allergies	no known allergies

Abbreviations Flash Cards (cont'd)

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

NPO	NVD
NWB	O ₂
O&P	OOB
̄p	pc, p.c.
PCA	PEG
peri care	per os
PO	PPE
p.r.n., prn	PVD

Abbreviations Flash Cards (cont'd)

nausea, vomiting, and diarrhea	nothing by mouth
oxygen	non-weight-bearing
out of bed	ova and parasites
after meals	after
percutaneous endoscopic gastrostomy	patient-controlled anesthesia
by mouth	perineal care
personal protective equipment	by mouth (per os)
peripheral vascular disease	when necessary

Abbreviations Flash Cards (cont'd)

Cut along the dotted lines to make flash cards so that you can study important abbreviations. The answers are on the back of each card.

PWB	q̄
reg.	RF
R/O	ROM
—S	S&S, S/S
SOB	STAT/stat
T., temp	TB
THR	TIA
T.P.R.	URI

Abbreviations Flash Cards (cont'd)

every	partial weight-bearing
restrict fluids	regular
range of motion	rule out
signs and symptoms	without
immediately	shortness of breath
tuberculosis	temperature
transient ischemic attack	total hip replacement
upper respiratory infection	temperature, pulse, and respiration

Prefixes, Roots, and Suffixes

Prefixes

a, an: without, not, lack of
analgesic = without pain

ante: before, in front of
antepartum = before delivery

bi: two, twice, double
bifocal = two lenses

brady: slow
bradycardia = slow pulse, heartbeat

contra: against
contraceptive = prevents pregnancy

dis: apart, free from
disinfected = free from microorganisms

dys: bad, painful
dysuria = painful urination

endo: inner
endoscope = instrument for examining the inside of an organ

epi: on, upon, over
epidermis = outer layer of skin

erythro: red
erythrocyte = red blood cell

ex: out, away from
exhale = to breathe out

hemi: half
hemisphere = one of two parts of the brain

hyper: too much, high
hypertension = high blood pressure

hypo: below, under
hypotension = low blood pressure

inter: between, within
interdisciplinary = between disciplines

leuk: white

leukocyte = white blood cell

mal: bad, illness, disorder
malformed = badly made

micro: small
microscopic = too small for the eye to see

olig: small, scant
oliguria = small amount of urine

patho: disease, suffering
pathology = study of disease

per: by, through
perforate = to make a hole through

peri: around
pericardium = sac around the heart

poly: many, much
polyuria = much urine

post: after, behind
postmortem = period after death

pre: before, in front of
prenatal = period before birth

sub: under, beneath
subcutaneous = beneath the skin

supra: above, over
suprapelvic = located above the pelvis

tachy: swift, fast, rapid
tachycardia = rapid heartbeat

Prefixes, Roots, and Suffixes (cont'd)

Roots

abdomin(o): abdomen

abdominal = pertaining to the abdomen

aden(o): gland

adenitis = inflammation of a gland

angi(o): vessel

angioplasty = surgical repair of a vessel using a balloon

arterio: artery

arteriosclerosis = hardening of artery walls

arthr(o): joint

arthrotomy = cut into a joint

brachi(o): arm

brachial = pertaining to the arm

bronchi, bronch(o): bronchus

bronchopneumonia = inflammation of lungs

card, cardi(o): heart

cardiology = study of the heart

cephal(o): head

cephalalgia = headache

cerebr(o): cerebrum

cerebrospinal = pertaining to the brain and spinal cord

chole, chol(o): bile

cholecystitis = inflammation of the gallbladder

colo: colon

colonoscopy = examination of the large intestine or colon with a scope

cost(o): rib

costochondral = pertaining to a rib

crani(o): skull

craniotomy = cutting into the skull

cyan(o): blue

cyanosis = blue, gray, or purple tinge to the skin due to lack of oxygen in the blood

cyst(o): bladder, cyst

cystitis = inflammation of the bladder

derm, derma: skin

dermatitis = inflammation of the skin

duoden(o): duodenum

duodenal = pertaining to the duodenum, the first part of the small intestine

encephal(o): brain

encephalitis = inflammation of the brain

gaster(o), gastro: stomach

gastritis = inflammation of the stomach

geron: aged

gerontology = study of the aged

gluco: sweet

glucometer = device used to measure blood glucose

glyco, glyc: sweet

glycosuria = glucose (sugar) in the urine

gyneco, gyno: woman

gynecology = study of diseases of the female reproductive organs

hema, hemato, hemo: blood

hematuria = blood in the urine

hepato: liver

hepatomegaly = enlargement of the liver

hyster(o): uterus

hysterectomy = surgical removal of the uterus

ile(o), ili(o): ileum

ileorrhaphy = surgical repair of the ileum

laryng(o): larynx

laryngectomy = excision of the larynx

lymph(o): lymph

lymphocyte = type of white blood cell

mamm(o): breast

mammogram = X-ray of the breast

Prefixes, Roots, and Suffixes (cont'd)

Roots (cont'd)

mast(o): breast

mastectomy = excision of the breast

melan(o): black

melanoma = black mole or tumor, may be cancerous

mening(o): meninges; membranes covering the spinal cord and brain

meningitis = inflammation of the membranes of the spinal cord or brain

necro: death

necrotic = dead tissue

nephro: kidney

nephrectomy = removal of a kidney

neur(o): nerve

neuritis = inflammation of a nerve

onc(o): tumor

oncology = study of tumors

ophthalm(o): eye

ophthalmologist = eye doctor

oste(o): bone

osteoarthritis = disease of the joints

ot(o): ear

otology = science of the ear

pharyng(o): pharynx

pharyngitis = inflammation of the throat, sore throat

phleb(o): vein

phlebitis = inflammation of a vein

pneo/pnea: breathing

tachypnea = rapid breathing

pneum: air, gas, respiration

pneumonia = inflammation of the lung

pod(o): foot

podiatrist = foot doctor

proct(o): anus, rectum

proctology = study of the rectum

pulm(o): lung

pulmonary = relating to the lungs

splen(o): spleen

splenomegaly = enlarged spleen

stomat(o): mouth

stomatitis = inflammation of mouth

therm(o): hot, heat

thermoplegia = heatstroke

thorac(o): chest

thoracotomy = incision into chest wall

thromb(o): blood clot

thrombus = blood clot blocking a vessel

toxic(o), tox(o): poison

toxicology = study of poisons

trache(o): trachea, windpipe

tracheostomy = incision to make an artificial airway

urethr(o): urethra

urethritis = inflammation of urethra

Prefixes, Roots, and Suffixes (cont'd)

Suffixes

-cyte: cell

leukocyte = white blood cell

-ectomy: excision, removal of
splenectomy = removal of spleen

-emesis: vomiting

hyperemesis = excessive vomiting

-emia: blood condition

anemia = lack of red blood cells

-ism: a condition

hyperthyroidism = condition caused by an excessive production of thyroid hormones

-itis: inflammation

stomatitis = inflammation of the mouth

-logy: study of

hematology = study of the blood

-megaly: enlargement

splenomegaly = enlarged spleen

-oma: tumor

melanoma = mole or tumor, may be cancerous

-osis: condition

halitosis = bad breath

-ostomy: surgical creation of an opening

ileostomy = creation of an opening into the ileum

-otomy: cut into

laparotomy = cutting into the abdomen

-pathy: disease

myopathy = disease of the muscle

-penia: lack

leukopenia = a lack of white blood cells

-phagia: to eat

dysphagia = difficulty swallowing

-phasia: speaking

aphasia = absence of speaking

-phobia: exaggerated fear

acrophobia = fear of high places

-plasty: surgical repair

angioplasty = surgical repair of a vessel using a balloon

-plegia: paralysis

paraplegia = paralysis of lower portion of the body

-rrhage: excessive flow

hemorrhage = excessive flow of blood

-scopy: examination using a scope

colonoscopy = examination of the large intestine or colon with a scope

-stomy: surgical creation of an opening

colostomy = opening into the colon

-tomy: incision, cutting into

thoracotomy = incision into chest wall

-uria: condition of the urine

dysuria = painful urination

CPR Review

This handout is not meant to replace a CPR course. The following is a brief review for people who have had CPR training. It is a procedure to use on adults, not children. This may not be the procedure that your agency uses. Follow your agency's policies and procedures.

1. After making sure that the scene is safe, check whether the person is responsive. Tap the person on the shoulder and shout, "Are you all right?"
2. If there is no response, call 911 immediately or send someone to call 911. Stay calm.
3. After calling 911, get an automated external defibrillator (AED) (if available and if trained in its use). Return to the person to provide CPR. More information on the AED is in step 10.
4. Look, listen, and feel for signs of life for no longer than 10 seconds:
 - Look for the chest to rise and fall.
 - Listen for sounds of breathing. Put your ear near the person's nose and mouth.
 - Feel for the person's breath on your cheek.
5. The person should be on his back on a hard surface (if he has no spinal injuries) before CPR is started.
6. Give 30 chest compressions. To give chest compressions, do the following:
 - Place the heel of one hand on the sternum (in the center of the person's chest between the nipples). Place the heel of the other hand on top of the positioned hand. Interlace your fingers.
 - Position your body directly over your hands. Lock your elbows and shoulders. Look down at your hands.
 - Use the heels of your hands to give 30 chest compressions. Push in 2 inches with each compression. Push hard and fast. Allow the chest to recoil completely after each compression. Do not take your hands off the chest between compressions.
7. Open the airway. Tilt the head back slightly. Lift the chin with one hand while pushing down on the forehead with the other hand (head tilt-chin lift method). This method is used if a neck injury is not suspected.
8. Give two rescue breaths. To give rescue breaths, do the following:
 - Pinch the nose to keep air from escaping. Cover the person's mouth completely with your mouth. You can use a barrier device, such as a special face mask, if available.
 - Blow into the person's mouth slowly, watching for the chest to rise. Blow one breath for about one second, take a "regular" (not a deep) breath, and give a second rescue breath for about one second. Turn your head to the side to listen for air. If the chest does not rise when you give a rescue breath, reopen the airway using the head tilt-chin lift method. Try to give rescue breaths again.

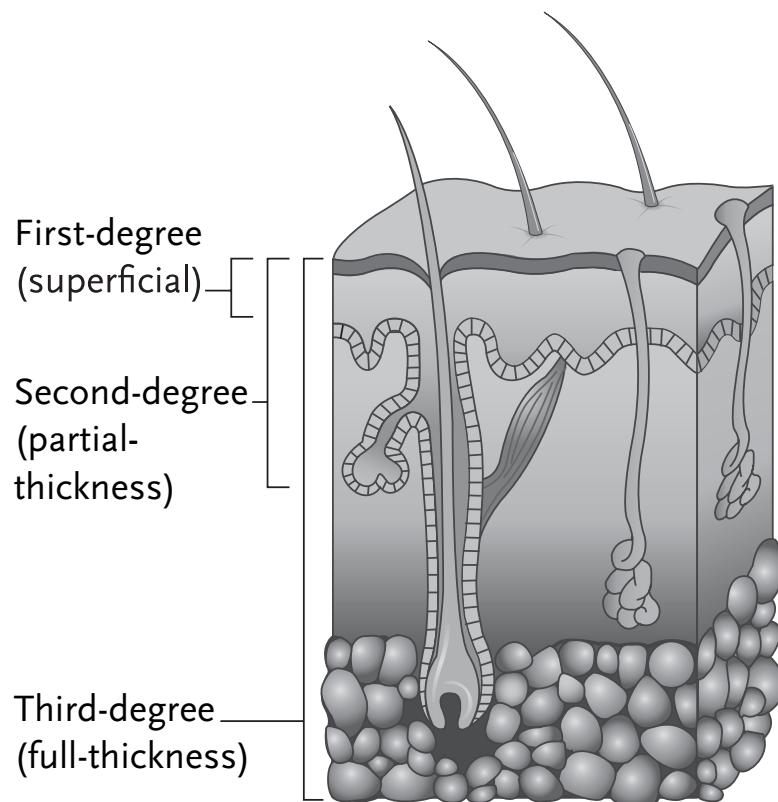
CPR Review (cont'd)

9. Continue giving CPR in cycles of 30 compressions to two breaths, with five cycles taking about two minutes. Do not stop CPR to recheck anything. Continue until the scene becomes unsafe, the person recovers, paramedics arrive with an AED and take over, help arrives to assist you, or you become too tired to continue. If you do see signs of life, stop compressions. Maintain an open airway. Turn the person onto his left side, in the recovery position.
10. The automated external defibrillator (AED) may be used together with CPR. The AED is a computerized device that checks a person's heart rhythm. It is able to recognize a rhythm that requires a shock. The AED uses voice prompts, lights, and text messages to relay instructions to the rescuer.

When medical help arrives, follow their directions. Assist them as necessary.

Burns

Care of a burn depends on its depth, size, and location. There are three types of burns: first-degree (superficial), second-degree (partial-thickness), and third-degree (full-thickness). First-degree burns involve just the outer layer of skin. The skin becomes red, painful, and swollen, but no blisters appear. Second-degree burns extend from the outer layer of skin to the next deeper layer of skin. The skin is red, painful, and swollen, and blisters appear. Third-degree burns involve all three layers of the skin and may extend to the bone. The skin is shiny and appears hard. It may be white in color.



Always notify the nurse when a resident is burned. Burns may require emergency help in any of the following situations:

- An elderly, ill, or weak person has been burned, unless burn is very minor.
- The burn occurs on the head, neck, hands, feet, face, or genitals, or burns cover more than one body part.
- The person who has been burned is having trouble breathing.
- The burn was caused by chemicals, electricity, or explosion.

Chemical burns require special care. Call for help immediately. The chemical must be washed away thoroughly. A shower or a hose may be needed when the burns cover a large area.

Nosebleeds

A nosebleed can occur suddenly when the air is dry, when injury has occurred, or when a person has taken certain medications. The medical term for a nosebleed is **epistaxis**.

Responding to a nosebleed

1. Notify the nurse immediately.
2. Elevate the head of the bed, or tell the person to remain in a sitting position, leaning forward slightly. Offer tissues or a clean cloth to catch the blood. Do not touch blood or bloody clothes, tissues, or cloths without gloves.
3. Put on gloves. Apply firm pressure on both sides of the nose, on the soft part, up near the bridge. Squeeze the sides with your thumb and forefinger. Have the resident do this until you are able to put on gloves.



4. Apply pressure until the bleeding stops.
5. Use a cool cloth or ice wrapped in a cloth on the bridge of the nose to slow the flow of blood. Never apply ice directly to skin.
6. Remove and discard gloves. Wash your hands.
7. Report and document the incident properly.

Infection Prevention Definitions

Microorganism: Microorganisms are single-celled organisms that only can be viewed with the aid of a microscope. Microorganisms can be divided into five basic categories: bacteria, viruses, fungi, protozoa, and helminthes. Most microorganisms are harmless—some are even beneficial. Others are capable of causing infection or disease. Microorganisms are often classified as either pathogenic or nonpathogenic.

Nonpathogenic microorganism: A nonpathogenic microorganism is a type of microorganism that does not (is unable to) cause infection or disease.

Pathogenic microorganism: A pathogenic microorganism is a type of microorganism that is capable of causing infection or disease; it is also called a pathogen.

Bacteria: Bacteria are single-celled microorganisms that lack nuclei and organized cell structures. Bacteria can exist independently (on their own) or as parasites, dependent upon a host for life. Bacteria can be found in three basic shapes—round, rod, or spiral. While some bacteria are capable of causing disease, most are noninfectious and many have critical roles in decay, fermentation, and nutrient recycling.

Bacteria help people digest food. Some bacteria destroy disease-causing cells, and some produce important vitamins in the gastrointestinal tract. Bacteria also play a role in food processing, such as in the production of yogurt and cheeses.

Pathogenic bacteria can cause cell damage or death by producing substances known as toxins. Other cell damage can occur when the host's immune system produces substances to eliminate bacteria, and these substances damage the infected cells and adjacent cells.

Virus: Viruses are small packages of DNA or RNA encased in protein shells that invade a cell (host cell) and incorporate themselves into the host cell's DNA. When the infected host cell begins to produce (replicate) new viral particles, the infected cell dies.

Fungi: Fungi are multicelled or single-celled organisms. They can be pathogenic, causing infections in healthy persons, or opportunistic, causing infections in people with weakened immune systems. Fungi can be nonpathogenic as well, and some types of fungi are even beneficial, such as those used to make antibiotics. A few types of fungi are considered delicacies, such as truffles and edible mushrooms.

Yeast and molds are examples of fungi. Fungi are the most common causes of disease in crops and plants. Fungi receive their nourishment by secreting enzymes that break down surrounding cells. When this happens on living tissue, it is irritating and uncomfortable.

Parasite: A parasite is an organism that lives on or in an organism of a different species.

Infection: An infection occurs when microorganisms enter and multiply within the tissue of a host, causing damage to that tissue. Symptoms may be apparent, or the host may display no symptoms.

Disease: A disease occurs when tissue that has been damaged due to the entry and multiplication of microorganisms results in clinical signs and symptoms of a recognizable process.

Host: A host is an organism or cell on or in which a microorganism lives or feeds.

Myths about Older Adults and Sexuality

Myth #1: Older men are not capable of having sex.

There are some physical changes that may alter the way a couple engages in sex. Men may need more direct contact, may take longer, and may need longer between sexual contact to perform again. However, many men continue to have satisfying sexual relationships well into old age.

Myth #2: After menopause women are not interested in sex.

Many women relax and enjoy sex more in later years. With no risk of pregnancy, many women feel much freer. There may be some physical changes, such as less lubrication, but there are remedies available. Communication with their physicians is important. The reason many older women stop having sex is because they lose their partners when their partners die.

Myth #3: Any expression of sexuality by older people is either disgusting or cute.

This attitude deprives older people of their right to dignity and respect. Older adults have the same needs and rights to express their sexuality as adults in other age groups and they may do so in the same ways. In all age groups there is a wide variety of behavior. This is also true of older people.

It is true, however, that our society discourages this expression by the messages sent through jokes, advertisements, and the media. Older people see and hear these messages and may believe that there is something wrong with them if they feel or act on their desires.



Religions and Dietary Practices

Understanding a little bit about common religious groups may be useful. Common religions, listed alphabetically, follow:

Buddhism: Buddhism started in Asia but has many followers in other parts of the world. Buddhism is based on the teachings of Siddhartha Gautama, called Buddha. Buddhists believe that life is filled with suffering that is caused by desire and that suffering ends when desire ends. Buddhism emphasizes meditation. Proper conduct and wisdom release a person from desire, suffering, and a repeating sequence of births and deaths (reincarnation). Nirvana is the highest spiritual plane a person can reach. It is the state of peace and freedom from worry and pain. There are many Buddhist texts. The Tipitaka or Pali Canon is the standard scripture collection. The Dalai Lama is considered to be the highest spiritual leader.

Christianity: Christians believe Jesus Christ was the son of God and that he died so their sins would be forgiven. Christians may be Catholic or Protestant. There are many subgroups or denominations, such as Baptist, Episcopalian, Evangelical, Lutheran, Methodist, Mormon, Presbyterian, and Roman Catholic. Christians may be baptized and may receive communion as a symbol of Christ's sacrifice. They may attend church on Saturdays or Sundays. Some Christians may try to share their beliefs and convert others to their faith. The Christian Bible is the sacred text and is divided into the Old Testament and the New Testament. Religious leaders may be called priests, ministers, pastors, preachers, or reverends.

Hinduism: Hinduism is the dominant faith of India, but it is practiced in other places as well. According to Hindu beliefs, there are four purposes of life: acting morally and ethically (Dharma), pursuing prosperity (Artha), enjoying life (Kama), and accomplishing enlightenment (Moksha). People move through birth, life, death, and rebirth. How a person moves toward enlightenment is determined by karma. Karma is the result of actions in past lives, and actions in this life can determine one's destiny in future lives. Hindus advocate respect for all life, and some Hindus are vegetarians. Hindus who do eat meat almost always refrain from eating beef. Hindus follow the teachings of ancient scriptures like the Vedas and Upanishads, as well as other major scriptures. Holy men are called Sadhus.

Islam: Muslims, or followers of Mohammed, believe that Allah (the Arabic term for God) wants people to follow the teachings of the prophet Mohammed. Many Muslims pray five times a day facing Mecca, the holy city for their religion. Muslims also fast during the month called Ramadan. Muslims worship at mosques and do not drink alcohol or eat pork. There are other dietary restrictions, too. The Qur'an (Koran) is the sacred text of Islam. Islamic religious leaders may be called ayatollah, caliph, imam, mufti, or mullah, among other titles.

Judaism: Judaism is divided into Reform, Conservative, and Orthodox movements. Jewish people believe that God gave them laws through Moses in the form of the Torah (the sacred text), and that these laws should order their lives. Jewish services are held in synagogues or temples on Friday evenings and sometimes on Saturdays. Some Jewish men wear a yarmulke, or small skullcap, as a sign of their faith. Some Jewish people observe dietary restrictions. They may not do certain things, such as work or drive, on the Sabbath day (called Shabbat), which lasts from Friday sundown to Saturday sundown. Religious leaders are called rabbis.

Religions and Dietary Practices (cont'd)

Spirituality concerns a person's beliefs about the spirit or the soul. It may center on how a person relates to his community, to nature, or to the divine. It may involve reflection and contemplation and a search for inner peace. It may relate to a person's beliefs about the meaning of life. Spiritual practices can include meditation or prayer, but spirituality does not have to encompass religious beliefs. Many people consider themselves to be spiritual but not religious.

Many Native Americans (American Indians) follow many different spiritual traditions and practices. An emphasis is placed on the personal and the communal, rather than the institutional, and there is a deep connection with nature. There are many varied practices and rituals.

Some people may not believe in God or a higher power and identify themselves as *agnostic*. Agnostics believe that they do not know or cannot know if God exists. They do not deny that God might exist, but they feel there is no true knowledge of God's existence. Atheists are people who believe that there is no God. This is different from what agnostics believe. Atheists actively deny the existence of any deity (higher power). For many atheists, this belief is as strongly held as any religious belief.

Respect for residents' beliefs regarding religion and spirituality is an essential way in which NAs provide person-centered care. NAs should not discuss their own beliefs with residents.

Some specific cultural and religious practices affect a nursing assistant's work. Many religious beliefs include dietary restrictions. These are rules about what and when followers can eat and drink. Some examples are listed below:

- Many Buddhists are vegetarians, though some include fish in their diet.
- Some Christians, particularly Roman Catholics, do not eat meat on Fridays during Lent.
- Many Jewish people eat kosher foods, do not eat pork, and do not eat lobster, shrimp, and clams (shellfish). Kosher food is food prepared in accordance with Jewish dietary laws. Kosher and non-kosher foods cannot come into contact with the same plates. Jewish people who observe dietary laws may not eat meat products at the same meal with dairy products.
- Mormons may not drink alcohol, coffee, or tea. They may not use tobacco in any form.
- Muslims do not eat pork and may avoid eating certain birds. They may not drink alcohol. Muslims may have regular periods of fasting. Fasting means not eating food or eating very little food.
- Some people are vegetarians and do not eat any meat for religious, moral, or health reasons.
- Some people are vegans and do not eat any animals or animal products, such as eggs or dairy products. Vegans may also not use or wear any animal products, including leather.

The Dying Person's Bill of Rights

I have the right to:

- be treated as a living human being until I die.
- maintain a sense of hopefulness, however changing its focus may be.
- be cared for by those who can maintain a sense of hopefulness, however changing this might be.
- express my feelings and emotions about my approaching death in my own way.
- participate in decisions concerning my care.
- expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.
- not die alone.
- be free from pain.
- have my questions answered honestly.
- not be deceived.
- have help from and for my family in accepting my death.
- die in peace and dignity.
- retain my individuality and not be judged for my decisions, which may be contrary to beliefs of others.
- discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.
- expect that the sanctity of the human body will be respected after death.
- be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

(This was created at the workshop *The Terminally Ill Patient and the Helping Person*, sponsored by Southwestern Michigan In-service Education Council, and it appeared in the *American Journal of Nursing*, Vol. 75, January 1975, p. 99.)

Sexually Transmitted Infections

Sexually transmitted infections (STIs), or sexually transmitted diseases (STDs), are caused by sexual contact with an infected person. Sexually transmitted infections do not always have apparent signs and symptoms. These infections are mostly transmitted through sexual contact, which includes sexual intercourse (vaginal and anal), contact of the mouth with the genitals or anus, and contact of the hands with the genital area. Some STIs can also be transmitted during pregnancy or childbirth. The human immunodeficiency virus (HIV) and some kinds of hepatitis can be transmitted via needles, as well as through sexual contact. Sexually transmitted infections cause a variety of signs and symptoms and health problems, which are detailed below. The transmission of some STIs can be reduced or stopped by using latex or polyurethane condoms.

Chlamydia infection is caused by organisms introduced into the mucous membranes of the reproductive tract. Chlamydia can cause serious infection, including pelvic inflammatory disease (PID) in women. PID can lead to sterility. Signs and symptoms of chlamydia infection include yellow or white discharge from the penis or vagina, burning during urination, swelling of the testes, painful intercourse, and abdominal and low back pain. Chlamydia is treated with antibiotics.

Syphilis is caused by bacteria. It can be treated effectively in the early stages, but if left untreated, it can cause brain damage, mental health disorders, and even death. Babies born to mothers infected with syphilis may be born blind or with other serious birth defects. Syphilis is easier to detect in men than in women. This is due to open sores called chancres that develop on the penis soon after infection. In women, these sores may form inside the vagina. The chancres are painless and can go unnoticed. If untreated, the infection progresses to rashes, headache, fever, weight loss, and muscle aches. Then, over time, if the infection is still not treated with penicillin or other antibiotics, it spreads to the heart, brain, and other vital organs. Untreated syphilis will eventually be fatal. The sooner the disease is treated, the better the person's chances of preventing long-term damage and avoiding infection of others.

Gonorrhea is caused by bacteria. Like syphilis, it is easier to detect in men than in women because many women with gonorrhea show no early symptoms. Men infected with gonorrhea will typically have a white, yellow, or green discharge from the penis. Painful or swollen testes and burning during urination are other common symptoms in men. Symptoms in women include cloudy vaginal discharge, along with vaginal bleeding between periods. Rectal itching, soreness, bleeding, or painful elimination of stool can occur in both men and women. If untreated, gonorrhea can cause blindness, joint infection, sterility, and pelvic inflammatory disease. Gonorrhea is treated with antibiotics.

Genital herpes, unlike the STIs discussed previously, is caused by a virus—herpes simplex type 1 (HSV-1) or type 2 (HSV-2). HSV-2 is generally the cause of genital herpes. Genital herpes cannot be treated with antibiotics, nor can it be cured. Once infected with genital herpes, a person may suffer repeated outbreaks of the disease for the rest of his or her life. A herpes outbreak includes burning, painful, red sores on the genitals that may take weeks to heal. The sores are infectious, but a person with genital herpes can spread the infection even when sores are not present.

Some people infected with genital herpes never experience repeated outbreaks. The later episodes may not be as painful as the initial outbreak. Treatment with antiviral medication can help people stay symptom-free for longer periods of time. The medication can also help lessen the duration and intensity of the episodes. Babies born to women infected with genital herpes can be infected during birth. Pregnant women experiencing an outbreak are usually delivered by Cesarean section, or C-section.

Sexually Transmitted Infections (cont'd)

Genital HPV infection is a sexually transmitted infection caused by human papillomavirus (HPV). HPV is a different virus than HIV and HSV (herpes). Genital HPV infection is spread primarily through genital contact and can infect the genital area of both men and women. This includes the penis, vulva, lining of the vagina, cervix, rectum, or anus. Many people have no signs or symptoms of HPV. Some HPV infections cause women to have an abnormal pap test. Genital warts may appear. They may also lead to the development of cervical cancer. Treatment to remove warts is done in a doctor's office or through the use of medication. There is no cure for HPV. However, an HPV vaccine, licensed by the Food and Drug Administration (FDA), is available and is recommended for young women through age 26 and young men through age 21. It may help prevent genital warts and anal, vaginal, and vulvar cancers in women, and genital warts and anal cancer in men.

Myths about HIV and AIDS



Myth: If a person is HIV positive, that means he has AIDS.



Fact: Being HIV positive means that a person's body was exposed to the virus. Since the person was exposed, there is a good chance that he is infected with the virus. But it does not mean that the person has AIDS. AIDS develops over time.



Myth: HIV is the same as AIDS.



Fact: HIV is the virus that can cause AIDS. AIDS is a group of symptoms that develops during the last stage of HIV infection.



Myth: HIV can be spread by shaking hands, hugging, or kissing an infected person.



Fact: HIV is not spread through casual contact. There is a slight possibility that a person could become HIV infected through kissing if both the infected and uninfected person had open, bleeding sores in their mouths, and the infected person's blood got into the uninfected person's bloodstream. If this is a concern, partners can check for such sores before kissing.



Myth: HIV can be spread by touching phones that an infected person has used.



Fact: The HIV virus cannot live outside of the body. It is not possible to become infected through saliva.



Myth: HIV can be spread by touching doorknobs, tables, chairs, or push buttons.



Fact: The HIV virus cannot live outside of the body.

Myths about HIV and AIDS (cont'd)



Myth: HIV can be spread by eating food that was prepared by an infected person.



Fact: Once again, HIV dies very quickly outside the body. Even if the food prep person cut his finger and then arranged food on a plate, nobody could become infected from eating this food. Once any body fluid is dry, the virus is dead. Just about the only way infection could be spread in this way is if the food preparer cuts a finger and is bleeding into the food while an uninfected person with open sores in his mouth is eating it. This scenario is rather unlikely.



Myth: HIV can be transmitted from toilets.



Fact: Toilets have been blamed for just about everything, from getting people pregnant to giving people sexually transmitted infections. The only way a person might possibly become HIV infected from a toilet seat is by having unprotected sex while sitting on it.



Myth: HIV can be transmitted by mosquitoes.



Fact: Although it sounds possible, mosquitoes, fleas, ticks, and lice do not spread HIV. For this to happen, the HIV would have to survive in the insect saliva and salivary glands. HIV is a human virus and cannot survive outside of the human body. As a result, HIV does not survive in mosquitoes, fleas, ticks, or lice.



Myth: HIV can be spread by breathing the same air as an infected person.



Fact: HIV does not spread through the air. Being in the same room with someone who is infected with the virus does not pose any risk of transmission.

More information about HIV and AIDS is available at these websites: aids.gov, aidsinfo.nih.gov, and cdc.gov/hiv.

Interventions for ADLs

Bathing

- Schedule bathing when the resident is least agitated.
- Give the resident supplies before bathing to serve as a visual aid.
- Take a walk with the resident down the hall and stop at tub or shower room.
- Make sure bathroom is well lit and at a comfortable temperature.
- Provide privacy.
- Be calm and quiet. Keep the process simple.
- Be sensitive when discussing bathing with the resident.
- Give the resident a washcloth to hold during bath.
- Ensure safety by using nonslip mats, tub seats, and hand-holds.
- Be flexible about when to bathe. Understand if the resident does not want to bathe.
- Be relaxed. Offer encouragement and praise.
- Let the resident do as much as possible during bath.
- Check the skin for signs of irritation.

Grooming and Dressing

- Help with grooming.
- Avoid delays or interruptions.
- Show the resident clothing to put on.
- Provide privacy.
- Encourage the resident to pick out clothes to wear. Lay out clothes in the order to be put on.
- Break tasks down into simple steps. Do not rush the resident.
- Use a friendly, calm voice when speaking. Praise and encourage.

Elimination

- Encourage fluids, even if the resident has problems with urinary incontinence.
- Mark bathroom with sign or picture.
- Make sure there is enough light, both in the bathroom and on the way there.
- Note when the resident is incontinent. Check him every 30 minutes. Take the resident to the bathroom before bathroom time.
- Observe toilet patterns for two to three nights if the resident is incontinent during night.
- Take the resident to bathroom after drinking fluids. Make sure the resident urinates before getting off toilet.
- Take the resident to bathroom before and after meals and before bed.
- Put lids on trash cans, wastebaskets, or other containers if the resident urinates or defecates in them.
- Be professional when cleaning episodes of incontinence.

Interventions for ADLs (cont'd)

Nutrition

- Have meals at consistent times each day. Serve familiar foods. Food should look and smell appetizing.
- Make sure there is adequate lighting.
- Keep noise and distractions to a minimum.
- Keep the task of eating simple. Finger foods are easier to eat.
- Do not serve steaming or very hot foods or drinks.
- Use plain plates without a pattern or color. Use a simple place setting. Remove other items from the table.
- Put only one item of food on plate at a time.
- Give simple, clear instructions on how to eat or use utensils.
- Place a spoon to the lips.
- Ask the resident to open his mouth.
- Guide the resident through meal with simple instructions. Offer regular drinks to avoid dehydration.
- Use assistive equipment as needed.
- Feed the resident slowly, giving small pieces of food.
- Make mealtimes simple and relaxed. Give the resident time to swallow each bite.
- Seat the resident with others to encourage socializing.
- Observe for eating and swallowing problems. Observe and report changes or problems.

Physical Health

- Prevent infections. Follow Standard Precautions.
- Observe and report potential problems.
- Help residents wash their hands frequently.
- Give careful skin care to prevent pressure injuries.
- Watch for signs of pain. Report possible signs of pain to the nurse.
- Maintain a daily exercise routine.

Mental and Emotional Health

- Maintain self-esteem. Encourage independence.
- Share in enjoyable activities.
- Reward positive and independent behavior with smiles and warm touches.

Difficult Behaviors and Management

Agitation

Remove triggers, keep a routine, reduce noise, focus on a familiar activity, remain calm, and soothe.

Sundowning

Maintain a daily exercise routine, encourage the resident to dress in regular clothes, avoid stressful situations, limit activities and appointments, play soft music, set a bedtime routine, plan a calming activity, limit caffeine, provide snacks, give a back massage, and distract.

Catastrophic reactions

Avoid triggers such as fatigue, changes, overstimulation, difficult choices/tasks, pain, hunger, or need to use the toilet. Remove triggers and distract.

Violent behavior

Call for help, block blows, never hit back, step out of reach, do not leave the resident alone, remove triggers, and use the same calming techniques as for agitation or sundowning.

Pacing and wandering

Causes: restlessness, hunger, disorientation, incontinence or need to use the toilet, constipation, pain, forgetting how or where to sit down, too much napping, need for exercise

Remove causes, give snacks, encourage exercise, maintain an elimination schedule, let pace in a safe place, redirect attention, and mark rooms with signs or pictures, such as stop signs.

Hallucinations or delusions

Ignore if harmless; reassure, do not argue, and be calm.

Depression

Causes: loss of independence, inability to cope, feelings of failure and fear, facing an incurable illness, or a chemical imbalance

Report signs, observe for triggers that cause changes in mood, encourage independence, listen to residents if they want to talk about moods and feelings, and encourage social interaction.

Perseveration

Respond with patience, do not stop behavior, and answer questions each time, using the same words.

Disruptiveness

Gain the resident's attention, be calm, direct to a private area, ask about behavior, notice and praise improvements, tell the resident about any changes, encourage the resident to join in activities, help the resident find ways to cope, and focus on activities the resident may still be able to do.

Inappropriate social behavior

Do not take it personally, stay calm, reassure, find out the cause, direct to a private area, respond positively to appropriate behavior, and report abuse to the nurse.

Difficult Behaviors and Management (cont'd)

Inappropriate sexual behavior

Stay calm and be reassuring, try to determine the cause of the problem (is the behavior intentional?), direct to a private area, and consider other ways to provide physical stimulation.

Hoarding and rummaging

Label belongings, place a label or symbol on the door, do not tell others that the person is stealing, prepare the family, ask the family to report unfamiliar items, and provide a rummage drawer.

Emphasize that a person with AD cannot and does not steal. Rummaging and hoarding are not considered stealing.

Sleep disturbances

Make sure the resident gets moderate exercise/activity throughout the day. Allow the resident to spend time in natural sunlight if possible. Reduce light and noise during nighttime hours. Discourage sleeping during the day.

Giving a Cleansing Enema

Giving a cleansing enema

Equipment: bath blanket, IV pole, enema solution, tubing and clamp, disposable bed protector, bedpan, bedpan cover, lubricating jelly, bath thermometer, tape measure, toilet paper, disposable wipes, towel, robe, nonskid footwear, supplies for perineal care, paper towel, 2 pairs of gloves

1. Identify yourself by name. Identify the resident by name.

Resident has right to know identity of his or her caregiver. Addressing resident by name shows respect and establishes correct identification.

2. Wash your hands.

Provides for infection prevention.

3. Explain procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

Promotes understanding and independence.

4. Provide for resident's privacy with curtain, screen, or door.

Maintains resident's right to privacy and dignity.

5. Adjust bed to a safe level, usually waist high. Lock bed wheels.

Prevents injury to you and to resident.

6. Put on gloves.

Protects you from body fluids.

7. Place the bed protector under the resident. Ask the resident to remove his undergarments or help him do so.

8. Help the resident into a left-sided Sims' position. Place the bedpan close to the resident's body. Cover with a bath blanket.

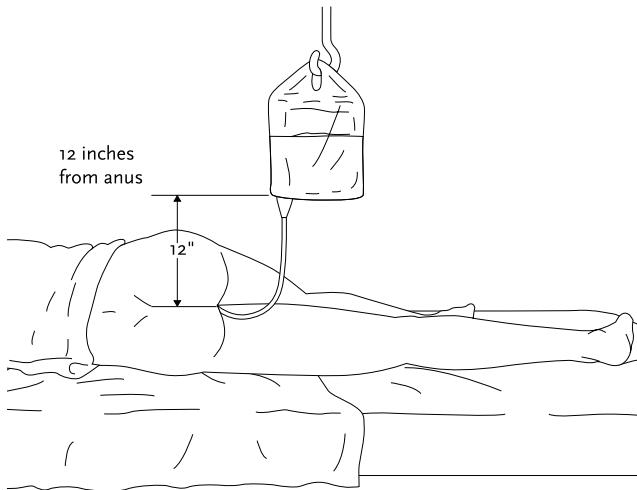
9. Place the IV pole beside the bed.

10. Clamp the enema tube. Prepare the enema

solution. Fill bag with 500–1000 mL of warm water (105°F) and mix the solution. Check water temperature with bath thermometer.

11. Unclamp the tube. Let a small amount of solution run through the tubing to release the air. Re-clamp the tube.

12. Hang the bag on the IV pole. Using the tape measure, make sure the bottom of the enema bag is not more than 12 inches above the resident's anus.



13. Uncover the resident enough to expose the anus only.

14. Lubricate tip of tubing with lubricating jelly.

15. Ask the resident to breathe deeply to relieve cramps during procedure.

16. Place one hand on the upper buttock. Lift to expose the anus. Ask the resident to take a deep breath and exhale. Using the other hand, gently insert the tip of the tubing 2 to 4 inches into the rectum. Stop immediately if you feel resistance or if the resident complains of pain. If this happens, clamp the tubing. Tell the nurse.

Giving a Cleansing Enema (cont'd)

17. Unclamp the tubing. Allow the solution to flow slowly into the rectum. Ask the resident to take slow, deep breaths. If the resident complains of cramping, clamp the tubing and stop for a couple of minutes. Encourage him to take as much of the solution as possible.
18. Clamp the tubing before the bag is empty, when the solution is almost gone. Gently remove the tip from the rectum. Place the tip into the enema bag. Do not contaminate yourself, the resident, or the bed linens.
19. Ask the resident to hold the solution inside for as long as possible.
20. Help the resident to use the bedpan, commode, or get to the bathroom. Raise the head of the bed if the resident is using the bedpan. If the resident uses a commode or toilet, put on the robe and nonskid footwear. Lower the bed to its lowest position before the resident gets up.
21. Remove and discard gloves. Wash your hands.
22. Place toilet paper and wipes within the resident's reach. Ask the resident to clean his hands with a wipe when finished if he is able. If the resident is using the toilet, ask him not to flush it when finished.
23. Place the call light within the resident's reach. Ask the resident to signal when done. Leave the room and close the door.
24. When called by the resident, return and wash your hands. Put on clean gloves.
25. Lower the head of the bed if raised. Make sure the resident is still covered.
26. Remove the bedpan carefully and cover it with a bedpan cover or towel.
27. Give perineal care if help is needed. Wipe from front to back. Dry the perineal area with a towel. Help the resident put on his undergarments. Cover the resident and remove the bath blanket.
28. Remove and discard the bed protector. Place the towel and bath blanket in a hamper or bag, and discard disposable supplies.
29. Take bedpan to the bathroom. Call the nurse to observe the enema results. Empty the contents of the bedpan carefully into the toilet.
30. Turn the faucet on with a paper towel. Rinse the bedpan with cold water and empty it into the toilet. Flush the toilet. Place the bedpan in the proper area for cleaning or clean it according to facility policy.
31. Remove and discard gloves.
32. Wash your hands.
Provides for infection prevention.
33. Make resident comfortable.
34. Return bed to lowest position. Remove privacy measures.
Lowering bed provides for safety.
35. Place call light within resident's reach.
Allows resident to communicate with staff as necessary.
36. Report any changes in resident to the nurse.
Provides nurse with information to assess resident.
37. Document procedure using facility guidelines.
If you do not document the care you gave, legally it did not happen.

Giving a Rectal Suppository

Giving a rectal suppository

Equipment: gloves, suppository, lubricant, bath blanket, toilet paper or disposable wipes

1. Identify yourself by name. Identify the resident by name.
Resident has right to know identity of his or her caregiver. Addressing resident by name shows respect and establishes correct identification.
2. Wash your hands.
Provides for infection prevention.
3. Explain procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
Promotes understanding and independence.
4. Provide for resident's privacy with curtain, screen, or door.
Maintains resident's right to privacy and dignity.
5. Adjust bed to a safe level, usually waist high. Lock bed wheels.
Prevents injury to you and to resident.
6. Help resident into left-sided Sims' position. Cover with a bath blanket.
7. Uncover resident enough to expose buttocks only.
8. Unwrap the suppository.
9. Put on gloves.
Protects you from body fluids.
10. Lubricate suppository as needed.
11. Spread buttocks to expose anal area.
12. Insert the suppository, using your index finger.
Place the suppository past the rectal sphincter, against the wall of the colon.

13. Ask the resident to take deep breaths, as it will help him relax and retain the suppository.
 14. Withdraw the finger and briefly hold toilet paper or a wipe against the anus.
 15. Remove and discard gloves.
 16. Wash your hands.
Provides for infection prevention.
 17. Remove bath blanket and cover the resident. Ask the resident to retain the suppository as long as possible. Make resident comfortable.
 18. Provide a bedpan or assistance to the bathroom when needed.
 19. Return bed to lowest position. Remove privacy measures.
Lowering bed provides for safety.
 20. Place call light within resident's reach.
Allows resident to communicate with staff as necessary.
 21. Report any changes in resident to the nurse.
Provides nurse with information to assess resident.
 22. Document procedure using facility guidelines.
If you do not document the care you gave, legally it did not happen.
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Transferring a Resident to a Bed from a Wheelchair

Transferring a resident to a bed from a wheelchair

1. Identify yourself by name. Identify the resident by name.
Resident has right to know identity of his or her caregiver. Addressing resident by name shows respect and establishes correct identification.
2. Wash your hands.
Provides for infection prevention.
3. Explain procedure to resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
Promotes understanding and independence.
4. Provide for resident's privacy with curtain, screen, or door. Check the area to be certain it is uncluttered and safe.
Maintains resident's right to privacy and dignity. Keeping area free from clutter promotes safety.
5. Place wheelchair at the head of the bed, facing foot of the bed, or at the foot of the bed, facing the head of the bed. The arm of the wheelchair should be almost touching the bed. It should be placed on the resident's stronger, or unaffected, side.
Unaffected side supports weight.
6. Remove both wheelchair footrests close to the bed.
7. Lock wheelchair wheels.
Wheel locks prevent chair from moving.
8. Adjust the bed level. The height of the bed should be equal to or slightly lower than the chair. Lock bed wheels.
Prevents injury to you and to resident.
9. Place the transfer belt around the resident's waist over his clothing (not on bare skin).

Tighten the buckle until it is snug. Leave enough room to insert flat fingers/hand comfortably under the belt. Check to make sure that skin or skin folds (for example, breasts) are not caught under the belt. Grasp the belt securely on both sides, with hands in an upward position.

10. Provide instructions to allow the resident to help with the transfer.
11. With your legs, brace (support) the resident's lower legs to prevent slipping. This can be done by placing one or both of your knees against the resident's knees. Or you can stand toe to toe with the resident. Bend your knees. Keep your back straight.
12. Count to three to alert the resident. On three, with hands still grasping the transfer belt on both sides and moving upward, slowly help the resident to stand.
13. Tell the resident to take small steps in the direction of the bed while turning her back toward it. If more help is needed, help the resident pivot to stand in front of the bed with the back of her legs against the bed. When she feels the bed, help her sit down on the side of the bed.
14. Make the resident comfortable. Remove the transfer belt.
15. Return bed to lowest position. Remove privacy measures.
Lowering bed provides for safety.
16. Place call light within resident's reach.
Allows resident to communicate with staff as necessary.

Transferring a Resident to a Bed from a Wheelchair (cont'd)

17. Wash your hands.

Provides for infection prevention.

18. Report any changes in resident to the nurse.

Provides nurse with information to assess resident.

19. Document procedure using facility guidelines.

If you do not document the care you gave, legally it did not happen.

Quiz: You Are Moving!

Your house has been sold and you need to move in with your sister and her family for about six months or more. You need to work out some problems; perhaps you will even be staying with them permanently. You do not know for sure. You will share a room with your niece. Your space is 6 feet wide by 12 feet long.

There is a single bed, a chest of drawers, and a soft chair that you can use. There is also a screen available for your privacy. Decide what you will take with you. You can store anything you do not take, but you will not have access to any stored items until you move again.

Think of space. All six items must fit into your small room, or in your half of the closet, which is a five foot by three foot space. Name six things you will take with you. (Seven outfits of clothing count as one item.)

1. _____

2. _____

3. _____

4. _____

5. _____

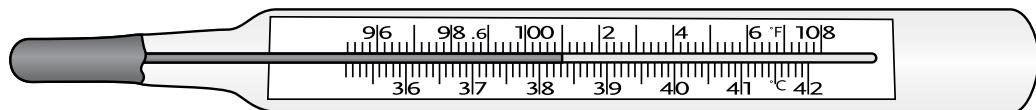
6. _____

During the first week your niece, who is 5 years old, is looking at one of your treasured things and accidentally drops and breaks it. How do you feel?

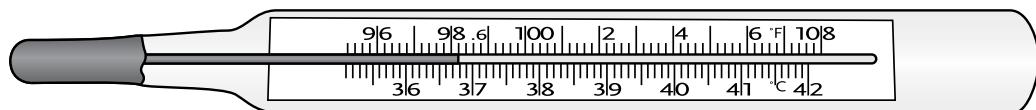
It is now the second week. You have still not received any of your mail, which you had notified the post office to forward. You mention this to your sister and she says offhandedly, "Oh, I did see some here yesterday. I don't know where it is." Then she walks out of the room. What is your response?

Thermometer Worksheet

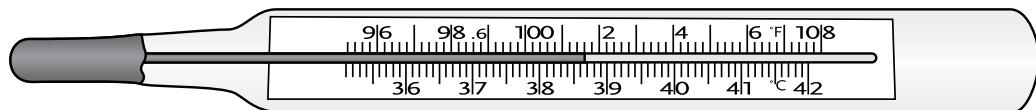
Write the temperature reading to the nearest tenth degree underneath each of the examples below.



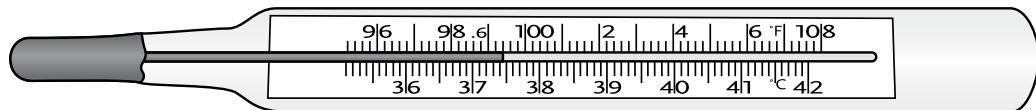
1. Reading: _____



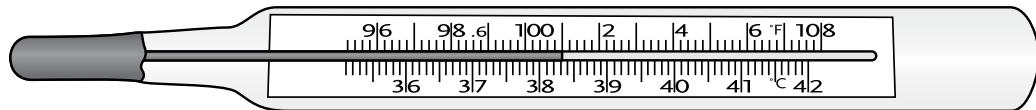
2. Reading: _____



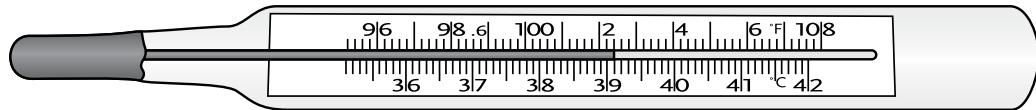
3. Reading: _____



4. Reading: _____

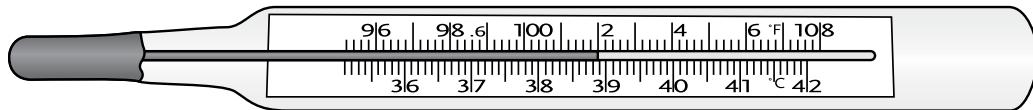


5. Reading: _____

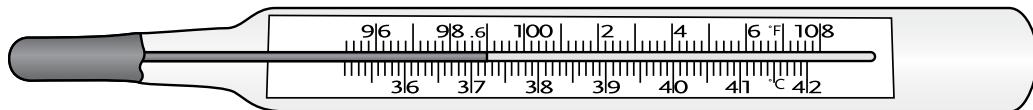


6. Reading: _____

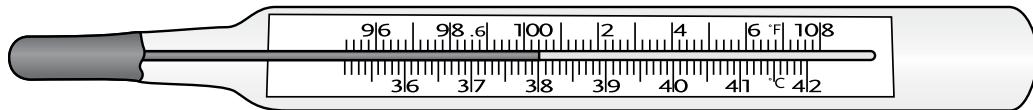
Thermometer Worksheet (cont'd)



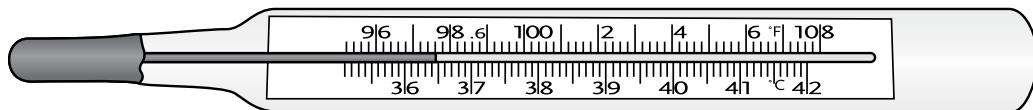
7. Reading: _____



8. Reading: _____



9. Reading: _____



10. Reading: _____

Restraint Alternatives

- Make sure call lights are within reach. Respond to call lights promptly.
- Improve safety measures to prevent accidents and falls. Improve lighting.
- Ambulate the resident when he is restless. The doctor or nurse may add exercise into the care plan.
- Provide activities for those who wander at night.
- Encourage activities and independence. Escort the resident to social activities. Increase visits and social interaction.
- Give frequent help with elimination needs. Help with cleaning immediately after an episode of incontinence.
- Offer food or drink. Offer reading materials.
- Distract or redirect interest. Give the resident a repetitive task.
- Decrease the noise level. Listen to soothing music. Offer massage or use relaxation techniques.
- Reduce pain levels through medication. The resident should be monitored closely. Complaints of pain should be reported immediately.
- Provide familiar caregivers. Increase the number of caregivers by using family and volunteers.
- Use a team approach to meeting needs. Offer training to teach gentle approaches to difficult people.

Intake and Output Worksheet

1 oz. = 30 mL

Total number of ounces x 30 = total number of mL

1. Your resident/client drinks two 8-oz. glasses of water.
The resident/client's intake = _____ mL or _____ oz.
2. Your resident/client drinks 4 oz. of milk and eats 4 oz. of ice cream for lunch.
What is the total intake in mL? _____ mL
3. The resident/client is limited to 720 mL of liquids in 8 hours. How many glasses of water may he/she have? (Remember: 1 glass = 240 mL)
Total number of glasses is _____.
4. For the evening meal, the resident/client is served a 6-oz. bowl of soup, a 4-oz. cup of coffee, an 8-oz. glass of cranberry juice, and a 3-oz. serving of sherbet.
Total mL of intake is _____.
5. Urine output measures 20 oz.
How many mL does that total? _____ mL
6. The resident/client drinks 4 oz. of orange juice, 6 oz. of coffee, and 2 oz. of milk.
What is the total intake in mL? _____ mL
7. When converting measurements to the metric system, you will need to know that 1 oz. is equal to _____ mL.
8. The oral intake for lunch is 6 oz. of juice, 4 oz. of ice cream, and 7 oz. of coffee.
What is the total number of mL for lunch? _____ mL
9. Your resident/client has 4 oz. of juice for breakfast, 8 oz. of milk, and 6 oz. of tea; he drinks half ($\frac{1}{2}$) the juice, half ($\frac{1}{2}$) the tea, and all the milk.
What is the total number of mL for breakfast? _____ mL
10. Mrs. Brown receives a mid-morning snack. She receives supplemental liquid nourishment. The Ensure container is 8 oz. She drinks 4 oz.
What is her total number of mL for her morning snack? _____ mL
11. Mr. Jones drinks 8 oz. of ginger ale, 4 oz. of gelatin, and 4 oz. of tea with his evening meal.
What is the total number of mL? _____ mL
12. You calculate the resident/client's total intake and output at the end of your eight-hour shift. The resident/client's urinary output measures 10 oz. and oral intake measures 10 oz.
Is the resident/client in fluid balance? _____

Basic Math

Basic Math Skills

Nursing assistants need math skills when doing certain tasks, such as calculating intake and output. A basic math review is listed below:

Addition

$$\begin{array}{r}
 2,905 \\
 + 174 \\
 \hline
 3,079
 \end{array}
 \quad
 \begin{array}{r}
 53,138 \\
 + 3,008 \\
 \hline
 56,146
 \end{array}$$

Subtraction

$$\begin{array}{r}
 32,542 \\
 - 8,710 \\
 \hline
 23,832
 \end{array}
 \quad
 \begin{array}{r}
 549,233 \\
 - 26,903 \\
 \hline
 522,330
 \end{array}$$

Multiplication

$$\begin{array}{r}
 4,962 \\
 \times 13 \\
 \hline
 64,506 \\
 + 49,620 \\
 \hline
 114,126
 \end{array}
 \quad
 \begin{array}{r}
 79 \\
 \times 41 \\
 \hline
 3,239 \\
 + 3,160 \\
 \hline
 6,399
 \end{array}$$

Division

$$\begin{array}{r}
 34 \\
 22 \overline{)748} \\
 - 660 \\
 \hline
 88 \\
 - 88 \\
 \hline
 0
 \end{array}
 \quad
 \begin{array}{r}
 39 \\
 14 \overline{)546} \\
 - 420 \\
 \hline
 126 \\
 - 126 \\
 \hline
 0
 \end{array}$$

Decimals, Fractions, and Percentages

Decimals, fractions, and percentages are different ways of showing the same value. For example, one-half can be written in the following ways:

As a decimal: 0.5

As a fraction: $\frac{1}{2}$

As a percentage: 50%

Here are common values shown in decimal, fraction, and percentage forms:

Decimal	Fraction	Percentage
0.01	$\frac{1}{100}$	1%
0.1	$\frac{1}{10}$	10%
0.2	$\frac{1}{5}$	20%
0.25	$\frac{1}{4}$	25%
0.333	$\frac{1}{3}$	33.3%
0.5	$\frac{1}{2}$	50%
0.75	$\frac{3}{4}$	75%
1	$\frac{1}{1}$	100%

Follow these rules for converting decimals, fractions, and percentages:

To convert **from a decimal to a percentage**, you will multiply by 100 and add a percent sign (%).

$$0.25 \times 100 = 25\%$$

To convert **from a percentage to a decimal**, you will divide by 100 and delete the percent sign (%).

$$80\% \div 100 = 0.8$$

Basic Math (cont'd)

To convert a **fraction to a decimal**, you will divide the top number by the bottom number.

$$\frac{2}{3} = 2 \div 3 = 0.67$$

To convert a **decimal to a fraction**, write the decimal over the number 1.

$$\begin{array}{r} \text{Step 1} \quad \frac{0.5}{1} \\ \hline \end{array}$$

Then multiply top and bottom by 10 for every number after the decimal point (10 for 1 number, 100 for 2 numbers, and so on).

$$\begin{array}{r} \text{Step 2} \quad \frac{0.5}{1} \times \frac{10}{10} = \frac{5}{10} \\ \hline \end{array}$$

The resulting fraction is 5/10 (or 1/2 if you simplify the fraction).

To convert a **fraction to a percentage**, you will divide the top number by the bottom number. Then you multiply the result by 100 and add a percent sign (%).

$$\begin{array}{r} \text{Step 1} \quad \frac{3}{5} = 3 \div 5 = 0.6 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Step 2} \quad 0.6 \times 100 = 60\% \\ \hline \end{array}$$

To convert a **percentage to a fraction**, first convert to a decimal by dividing by 100. Then use the steps for converting a decimal to a fraction.

$$\begin{array}{r} \text{Step 1} \quad 15\% \div 100 = 0.15 \\ \hline \end{array}$$

$$\begin{array}{r} \text{Step 2} \quad \frac{0.15}{1} \\ \hline \end{array}$$

$$\begin{array}{r} \text{Step 3} \quad \frac{0.15}{1} \times \frac{100}{100} = \frac{15}{100} \\ \hline \end{array}$$

The resulting fraction is 15/100 (or 3/20 if you simplify the fraction).

Other Useful Information

Multiplication Table

1	2	3	4	5	6	7	8	9	10	11	12
2	4	6	8	10	12	14	16	18	20	22	24
3	6	9	12	15	18	21	24	27	30	33	36
4	8	12	16	20	24	28	32	36	40	44	48
5	10	15	20	25	30	35	40	45	50	55	60
6	12	18	24	30	36	42	48	54	60	66	72
7	14	21	28	35	42	49	56	63	70	77	84
8	16	24	32	40	48	56	64	72	80	88	96
9	18	27	36	45	54	63	72	81	90	99	108
10	20	30	40	50	60	70	80	90	100	110	120
11	22	33	44	55	66	77	88	99	110	121	132
12	24	36	48	60	72	84	96	108	120	132	144

Conversions: Volume

1 ounce (oz) = 30 milliliters (mL)

1/4 cup = 2 oz = 60 mL

1/2 cup = 4 oz = 120 mL

1 cup = 8 oz = 240 mL

1 liter (L) = 1000 mL

2 pints = 1 quart (qt) = 960 mL

2 quarts = 1/2 gallon (gal) = 2 liters (L)

4 quarts = 1 gallon (gal)

Basic Math (cont'd)

Conversions: Weight

1 kilogram (kg) = 2.2 pounds (lbs)

1 gram (g) = 1000 milligrams (mg)

1 pound (lb) = 16 ounces (oz)

Conversions: Length

1 inch (in) = 2.54 centimeters (cm)

(or round off to 2.5)

12 inches = 1 foot (ft)

3 feet = 1 yard (yd)

10 millimeters (mm) = 1 centimeter (cm)

100 centimeters (cm) = 1 meter (m)

Collecting a 24-Hour Urine Specimen

Collecting a 24-hour urine specimen

Equipment: 24-hour specimen container with lid, completed label (labeled with resident's name, date of birth, room number, date, and time), bedpan or urinal (for residents confined to bed), hat for toilet (if resident can use portable commode or toilet), gloves, toilet paper, disposable wipes, supplies for perineal care, sign to alert other team members that a 24-hour urine specimen is being collected, form for recording output, laboratory slip

1. Identify yourself by name. Identify the resident by name.
Resident has right to know identity of his or her caregiver. Addressing resident by name shows respect and establishes correct identification.
2. Wash your hands.
Provides for infection prevention.
3. Explain procedure to resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
Promotes understanding and independence.
4. Provide for resident's privacy with curtain, screen, or door.
Maintains resident's right to privacy and dignity.
5. Place a sign on the resident's bed to let all care team members know that a 24-hour specimen is being collected. The sign might read "Save all urine for 24-hour specimen."
6. When starting the collection, have the resident completely empty the bladder. Discard the urine. Note the exact time of this voiding.
The collection will run until the same time the next day.
7. Label the container with the resident's name, date of birth, room number, and dates and times the collection period began and ended.

8. Wash hands and put on gloves each time the resident voids.
 9. Pour urine from bedpan, urinal, or hat into the container. The container may be stored at room temperature, in the refrigerator, or on ice. Follow the nurse's instructions.
 10. After each voiding, help as necessary with perineal care. Ask the resident to clean his hands with a wipe after each voiding.
 11. After each voiding, place equipment in proper area for cleaning or clean it according to facility policy.
 12. Remove and discard gloves.
 13. Wash your hands.
Provides for infection prevention.
 14. After the last void of the 24-hour period, remove the sign. Take the specimen and lab slip to the proper area. Document procedure using facility guidelines. Make sure to include the time of the last void before the 24-hour collection period began and the last void of the 24-hour collection period.
If you do not document the care you gave, legally it did not happen.
-

Collecting a Sputum Specimen

Collecting a sputum specimen

Equipment: specimen container and lid, completed label (labeled with resident's name, date of birth, room number, date, and time), specimen bag, tissues, gloves, N95 or other ordered mask, laboratory slip

1. Identify yourself by name. Identify the resident by name.

Resident has right to know identity of his or her caregiver. Addressing resident by name shows respect and establishes correct identification.

2. Wash your hands.

Provides for infection prevention.

3. Explain procedure to resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.

Promotes understanding and independence.

4. Provide for resident's privacy with curtain, screen, or door.

Maintains resident's right to privacy and dignity.

5. Put on mask and gloves. Coughing is one way that TB bacilli can enter the air. Stand behind the resident if the resident can hold the specimen container by himself.

Provides for infection prevention.

6. Ask the resident to cough deeply, so that sputum comes up from the lungs. To prevent the spread of infectious material, give the resident tissues to cover his mouth while coughing. Ask the resident to spit the sputum into the specimen container.

7. When you have obtained a good sample (about two tablespoons of sputum), cover the container tightly. Wipe any sputum off the outside of the container with tissues. Discard the tissues. Apply label, place the container in a clean specimen bag, and seal the bag.

8. Remove and discard gloves and mask.
 9. Wash your hands.
Provides for infection prevention.
 10. Place call light within resident's reach.
Allows resident to communicate with staff as necessary.
 11. Report any changes in resident to the nurse.
Provides nurse with information to assess resident.
 12. Take specimen and lab slip to proper area.
*Document procedure using facility guidelines.
If you do not document the care you gave, legally it did not happen.*
-

Warm and Cold Applications

Nursing assistants may be allowed to prepare and apply warm and cold applications. NAs should only perform procedures that are assigned to them. They should never perform a procedure they are not trained or allowed to do.

Applying heat or cold to injured areas can have several positive effects. Heat relieves pain and muscular tension. It reduces swelling, elevates the temperature in the tissues, and increases blood flow. Increased blood flow brings more oxygen and nutrients to the tissues for healing. Cold applications can help stop bleeding. They help prevent swelling, reduce pain, and bring down high fevers. Applying ice bags or cold compresses immediately after an injury can stop bleeding and prevent swelling.

Moist applications include the following:

- Compresses (warm or cold)
- Soaks (warm or cold)
- Tub baths (warm)
- Sponge baths (warm or cold)
- Sitz baths (warm)
- Ice packs (cold)

Dry applications include the following:

- Aquamatic K-Pad (warm or cold)
- Electric heating pads (warm)
- Disposable warm packs (warm)
- Ice bags (cold)
- Disposable cold packs (cold)

Application	Temperature	Timing	Special Considerations
Warm compresses	No higher than 105°F	Remove after 20 minutes.	Cover with plastic wrap.
Warm soaks	No higher than 105°F	Check temperature every five minutes.	Observe for redness. Soak 15–20 minutes.
Aquamatic K-Pad	Pre-set	Remove after 20 minutes.	Tubing should not hang below bed. Check water level and refill when necessary.
Sitz bath	No higher than 105°F	20 minutes only	Fill 2/3 full. Provide privacy.
Ice packs		Check after 10 minutes. Remove after 20 minutes.	Fill bag 2/3 full of ice. Cover bag; watch for blisters and white or pale skin.
Cold compresses	Cold water with ice	Check after five minutes. Remove after 20 minutes.	Check for blisters, redness, and white or gray skin.

Vitamins and Minerals

VITAMIN	SOURCE	FUNCTION
Vitamin A	dark green and yellow vegetables, such as broccoli and turnips	assists with skin and eye development; keeps the skin healthy; helps the eyes adjust to dim light; helps the linings of the respiratory and digestive tracts resist infection
Vitamin C	fruits such as oranges, strawberries, grapefruit, and cantaloupe; vegetables such as broccoli, cabbage, brussels sprouts, and green peppers	assists with healing wounds and building bones and teeth; holds cells together; strengthens the walls of blood vessels; and helps the body absorb iron
Vitamin B2 or riboflavin	milk, milk products, lean meat, green leafy vegetables, eggs, breads, and cereals	helps cells use oxygen, which allows them to release energy from food; important for protein and carbohydrate metabolism; needed for growth, healthy eyes, skin, and mucous membranes
Vitamin B3 or niacin	lean meat, poultry, fish, peanuts and peanut butter, whole grain breads and cereals, peas, beans, and eggs	important for protein, carbohydrate, and fat metabolism; important for appetite; important for the functioning of the skin, tongue, nervous system, and digestive system; helps cells use oxygen for energy
Vitamin D	milk, butter, liver, and fish liver oils; also obtained by exposing the body to direct sunlight, which interacts with the cholesterol in the skin	responsible for the body's absorption of the minerals calcium and phosphorus and contributes to the formation of healthy bones; especially important to growing children and women who are pregnant or breastfeeding
Vitamin E	cereals, nuts, vegetable oils, wheat germ, vegetables, fish, and fruits	antioxidant that protects the body from damage from free radicals; helps boost the immune system; assists in formation of red blood cells
Thiamin	lean pork, dried beans, peas, whole grain and enriched breads and cereals, and certain types of nuts	helps the body obtain energy from foods

MINERAL	SOURCE	FUNCTION
Iron	egg yolks, green leafy vegetables, breads, cereals, and organ meats	necessary for red blood cells to carry oxygen; helps in the formation of enzymes
Sodium	almost all foods and table salt	important for maintaining fluid balance (helps the body retain water)
Calcium	milk and milk products, such as cheese, ice cream, and yogurt; green leafy vegetables, such as collards, kale, mustard, dandelion, and turnip greens; and canned fish with soft bones, such as salmon	important for the formation of teeth and bones, the clotting of blood, muscle contraction, and heart and nerve function
Potassium	fruits and vegetables, cereals, coffee, and meats	essential for nerve and heart function and muscle contraction
Phosphorus	milk, milk products, meat, fish, poultry, nuts, and eggs	needed for the formation of bones and teeth and for nerve and heart function; important for the body's utilization of proteins, fats, and carbohydrates

Job Application

Employment Application

Personal Information

Name:		Date:
Home Address:		
City, State, Zip:		
Email Address:		
Home Phone:	Business Phone:	
US Citizen?	If not, give visa number and expiration date:	

Position Applying For

Title:	Salary Desired:
Referred By:	Date Available:

Education

High School (Name, City, State):	
Graduation Date:	
Technical or Undergraduate School:	
Dates Attended:	Degree Major:

References
