Bathing without a battle: New ways to assist people with bathing and keeping clean

Presented by
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### Bathing Preferences and Practices

In order to better care for [Name], we would like to learn about his/her bathing history and preferences. We would appreciate you providing as much information as possible.

Your name: ____________________________

Relationship to resident: ____________________________

The following questions are about [Name]'s bathing habits. Please describe his/her habits both before the disease and after by checking one box in the before illness column and one in the after illness column.

1. How many times each week did he/she bathe?
   - Before: [ ] less than once/week
   - Before: [ ] 1-2 times/wk
   - Before: [ ] 3-4 times/wk
   - Before: [ ] more than 4 times/wk
   - After: [ ] less than once/week
   - After: [ ] 1-2 times/wk
   - After: [ ] 3-4 times/wk
   - After: [ ] more than 4 times/wk

2. What time of day did he/she bathe? (Check all that apply)
   - Before: [ ] before 7 am
   - Before: [ ] morning
   - Before: [ ] afternoon
   - Before: [ ] evening
   - Before: [ ] just before bed
   - After: [ ] morning
   - After: [ ] afternoon
   - After: [ ] evening
   - After: [ ] just before bed

3. How long was his/her bath?
   - Before: [ ] less than 10 minutes
   - Before: [ ] 15 – 30 minutes
   - Before: [ ] 30 – 60 minutes
   - Before: [ ] more than 1 hour
   - After: [ ] less than 10 minutes
   - After: [ ] 15 – 30 minutes
   - After: [ ] 30 – 60 minutes
   - After: [ ] more than 1 hour

4. Where did he/she bathe?
   - Before: [ ] bath tub
   - Before: [ ] shower
   - Before: [ ] sponge bath
   - After: [ ] bath tub
   - After: [ ] shower
   - After: [ ] sponge bath

5. Which bathing items were used? (check all that apply)
   - [ ] wash cloth
   - [ ] sponge
   - [ ] brush
   - [ ] special soap (what kind?): [ ]
   - [ ] other (describe): [ ]

6. Describe the way he/she rinsed the soap:
   - [ ] with water from the shower nozzle
   - [ ] with remaining bath water in tub
   - [ ] using a bath-side commode/basin
   - [ ] other (describe): [ ]

7. Did he/she use talcum powder after bathing?
   - [ ] No
   - [ ] Yes (what kind): [ ]

8. Did he/she use moisturizing lotion?
   - [ ] No
   - [ ] Yes (what kind): [ ]

9. Describe his/her feeling about bathing in general?
   - Before: [ ] strongly dislikes
   - Before: [ ] mildly dislikes
   - Before: [ ] neutral
   - Before: [ ] likes
   - Before: [ ] strongly likes
   - After: [ ] strongly dislikes
   - After: [ ] mildly dislikes
   - After: [ ] neutral
   - After: [ ] likes
   - After: [ ] strongly likes

10. How was taking a bath started? (after illness began)
    - [ ] he/she started it by herself
    - [ ] you suggested it once
    - [ ] you suggested it several times
    - [ ] only by physically bringing him/her to the bathing area
The following questions are about [name]’s ability to bathe himself/herself immediately before admission. Please describe the help you or another caregiver provided, if any.

1. Describe his/her ability to get undressed for the bath:
   - [ ] He/she needs no help
   - [ ] Undressed self with encouragement
   - [ ] You helped with less than half of the undressing
   - [ ] You did it all

2. Did you prepare the bath for him/her (turn on water to fill a basin)?
   - [ ] No
   - [ ] Yes

3. Describe his/her ability to get in the bath or shower:
   - [ ] He/she needs no help
   - [ ] He/she got in with encouragement
   - [ ] You helped with less than half
   - [ ] You helped with more than half
   - [ ] You put him/her in

4. Describe his/her ability to wash herself:
   - [ ] He/she needs no help
   - [ ] Undressed self with encouragement
   - [ ] You helped with less than half
   - [ ] You helped with more than half
   - [ ] You did it all

5. Describe how he/she dried herself:
   - [ ] He/she needs no help
   - [ ] He/she dried self with encouragement
   - [ ] You helped with less than half
   - [ ] You helped with more than half
   - [ ] You did it all

6. Describe his/her ability to get dressed after the bath:
   - [ ] He/she needs no help
   - [ ] He/she dressed self with encouragement
   - [ ] You helped with less than half
   - [ ] You helped with more than half
   - [ ] You did it all

Your answers to the following will help us find ways to make bathing a safer, easier, and more enjoyable activity for all residents and staff. Please give as much information as you can.

1. Please tell us about any problems you faced while bathing (while undressing, getting in and out of the tub, washing, drying, or dressing).

2. Can you give us any “special tips” which you found helpful in bathing? Please describe all the things you did or said that helped make the bathing process easier and more pleasurable either for you or him/her.

Thank you very much for taking time to answer these questions.

“Developed by S. Dwyer, AL Barrick and PD Sloan (University of North Carolina at Chapel Hill) as part of the research grant, Reducing Disruptive Behaviors in Dementia During Bathing (R01 AG11506), funded by the National Institute on Aging. This form may be reproduced for clinical, research or teaching purposes.”
It takes lots of water to get people clean.
In health care and home settings, people have kept clean without the benefit of showers, tubs or running water. Careful washing, with attention to details, is more important than how much water you use.

If caregivers are delaying, deferring, shortening or adapting the bath or shower, they are trying to get out of work.
This is how caregivers create an individualized plan that meets the person’s special needs. They are still responsible for maintaining the person’s hygiene but need freedom to adjust the method.

Families will insist on a shower or tub bath.
Families, like the rest of us, need to be educated. If they are presented with the problem (the person dislikes or fights the bath or shower) and alternative suggestions, usually they understand and are agreeable with a trial of other methods.

There will be more infections and skin problems.
Many people have not gotten into a shower or tub for years, yet they are clean and have no increased infections or skin problems.

People always feel better after they have a bath or shower.
If it is forced, people feel attacked, demoralized, fearful and it is an exhausting process.

You have to just go ahead because for most people who resist, there won’t be a “good” time.
For most people with dementia, it is possible to develop a plan that keeps them clean and avoids the battle by adapting the approach, method, day and time of day.

They just forget about the battle so it doesn’t matter.
Many people who are forced to bathe stay upset for hours.

Regulators, advocates and families will see it as possible neglect.
When you are rethinking what is currently accepted practice, be proactive and educate all players. Let people know what you are doing and why. Frame it as a better way of meeting someone’s needs.

The individualized approach will take more time and we don’t have it.
For most people, if you are organized, have your supplies handy and are familiar with the techniques, it can be done in the same amount of time. If overall, you end up bathing some people less frequently, then there may a decrease in time spent bathing.

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The Towel Bath: A Gentle Bed Bath Method

**Equipment:**

- 2 or more bath blankets
- 1 large plastic bag containing:
  - 1 large (5’6” x 3’) light weight towel (fan folded)
  - 1 standard bath towel
  - 2 or more washcloths
- 2-3 quart plastic pitcher filled with water (approximately 105-110 Fahrenheit), to which you have added:
  - 1-1 ½ ounces of no-rinse soap (such as Septa-Soft, manufactured by Calgon-Vestal)
    - (use manufacturer’s instructions for dilution)

**Preparing the person**

Explain the bath. Make the room quiet or play soft music. Dim the lights if this calms the person. Assure privacy. Wash hands. If necessary, work one bath blanket under the resident, to protect the linen and provide warmth. Undress the resident, keeping him/her covered with bed linen or the second bath blanket. You may also protect the covering linen by folding it at the end of the bed.

**Preparing the bath**

Pour the soapy water into the plastic bag, and work the solution into the towels and washcloths until they are uniformly damp but not soggy. If necessary, wring out excess solution through the open end of the bag into the sink. Twist the top of the bag closed to retain heat. Take the plastic bag containing the warm towels and washcloths to the bedside.

**Bathing the Resident**

Expose the person’s feet and lower legs and immediately cover the area with the warm, moist large towel. Then gently and gradually uncover the resident while simultaneously unfolding the wet towel to recover the resident. Place the covers at the end of the bed. Start washing at whatever part of the body is least distressing to the resident. For example, start at the feet and cleanse the body in an upward direction by massaging gently through the towel. You may wish to place a bath blanket over the towel to hold in the warmth. Wash the backs of the legs by bending the person’s knee and going underneath. Bathe the face, neck, and ears with one of the washcloths. You may also hand a washcloth to the resident and encourage him to wash his own face. Turn the resident to one side and place the smaller warm towel from the plastic bag on the back, washing in a similar manner, while warming the resident’s front with the bath blanket or warm most towel. No rinsing or drying is required. Use a washcloth from the plastic bag to wash the genital and rectal areas. Gloves should be worn when washing these areas. Remove the damp towel before you wash back or when done with towel bath, depending on person’s wishes and tolerance.

**After the bath**

If desired, have the person remain unclothed and covered with the bath blanket and bed linen, dressing at a later time. A dry cotton bath blanket (warmed if possible) placed next to the skin and tucked close provides comfort and warmth. Place used linen back into the plastic bag; tie the bag and place in a hamper.

**Adapted from:** “Towel-Bath – Totman Technique”. St. Louis: Calgon-Vestal Laboratories, 1975
Individualizing the towel bath:

<table>
<thead>
<tr>
<th>Intervention or variation on standard towel bath</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Cover</strong> the moist towel with one or two dry bath blankets</td>
<td>This helps to keep the moist towel warm. For persons who are particularly sensitive to cold, two dry bath blankets increase comfort</td>
</tr>
<tr>
<td>• <strong>Remove</strong> the moist towel before turning the person over to do his back</td>
<td>Some people are more sensitive to cold than others and the moist towel feels cold to them after about 5 minutes</td>
</tr>
<tr>
<td>• Do not use a large moist towel. Cover the person with a large <strong>dry</strong> towel and wash under the towel with the wash cloths moist with the no rinse soap mixture</td>
<td>Some people don't like the moist towel. It feels heavy or &quot;too wet&quot; to them.</td>
</tr>
<tr>
<td>• <strong>Stand</strong> to wash back, peri area and rectum</td>
<td>Some persons feel pain when being rolled over. Having the person stand saves a painful extra movement if the person will be getting up to get dressed. The key here is to keep the person covered. This can be done with a dry bath blanket or towel.</td>
</tr>
<tr>
<td>• <strong>Double bag</strong> the towels with the no rinse soap mixture</td>
<td>If the plastic is thin, using two bags with help hold the heat in.</td>
</tr>
<tr>
<td>• <strong>Use wipes</strong> with warm water to wash rectum if it is very soiled</td>
<td>Wipes tend to be softer and easier to use than a wash cloth. The key is to have them warm.</td>
</tr>
<tr>
<td>• Adjust the <strong>light</strong> to fit the person’s preferences (e.g. dim or bright)</td>
<td>Some person’s are more relaxed if the lights are low as there is less stimuli. Also, soft lighting and quiet tone of voice can have a calming effect on the person</td>
</tr>
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</table>
Creative Bathing Techniques

Here are some examples of some unique bathing solutions that caregivers have shared:

The recliner bath – several home health aides have reported giving very successful baths when the person is resting in the recliner chair in the living room. They used a basin of water preferably with a no-rinse soap and padded each body part being washed with a towel and incontinence pad if available. This worked particularly well for persons extremely fatigued by chronic or terminal illnesses. If the visits are being covered under Medicare, it is important for the aide to “count” this as a bath for reimbursement purposes. Remember, the goal of a bath or shower is to get someone clean and help them feel refreshed. This can be done and needs to be done in many ways.

The toilet or commode bath - this method was the useful for an easily agitated nursing home resident. Mrs. Harrington greatly disliked being moved or touched and fought through our attempts to carefully shower her or bathe her in bed. She was often incontinent of stool during her AM shower or bath. So the caregiver, Marie, first placed her on the toilet, allowed her private time to have a bowel movement and washed and dressed her upper torso while she sat on the toilet in her bathroom. Then the Marie washed her legs and lastly had her stand with assistance and washed her peri area and bottom just prior to transferring her to her wheelchair ready for the day. Her thin hair we washed also at the bathroom sink using wet washcloths to wet and rinse her hair.

The singing bath - For another most complex person, we did the singing, sitting, in-room bath. Miss Florence was infamous for refusing her shower and for fighting when she was forced to shower. Estelle, the nursing assistant who worked with her discovered that she liked to sing and her favorite tunes were “Jesus Loves Me” and “Happy Birthday”. If Estelle waited until she felt Miss Florence was in a good mood, sang with her, did part of bath while she was lying in bed and part as she began to get up out of bed (following Miss Florence’s lead) she was able to wash her entire body. Her hair was done using an in-bed basin on another day. Interestingly the family reported that Miss Florence had been refusing to get in the shower or tub for ten years prior to coming into the care facility.

The seven day bath – A family reported good luck in keeping their father, Mr. Simmons clean by dividing the body into seven parts and washing one each day. He disliked bathing or washing but could tolerate short episodes better than longer, more overwhelming ones.

The under-the-clothes bath – Grace disliked the shower or tub, but did well when encouraged verbally and physically to wash herself in her room. However, one day her caregiver, Margaret, arrived to find that Grace had been up all night, which was unusual because she preferred to stay in bed most of the morning. She had rough, agitated night and had a body odor associated with perspiration and urination. A urinary tract infection was suspected and later confirmed and treated. It was the usual day for Grace to get her in-bed bath. Margaret considered just postponing it, but thought she would try to freshen her up and help her feel better. She washed what she could while Grace was sitting in the wheelchair, gently talking to her about her favorite subjects. She continued this approach and reached
into her dress to wash her underarms and breast areas and then the genital area. When Grace started to become angry or upset, she stopped. It wasn’t a complete bath, but the priority areas were cleaned and Margaret avoided a big battle at a time when Grace would be easily distressed.

The shared shower – Mr. Trask was recently admitted to a care facility. Any attempts by staff to get him to shower or bathe met with fierce resistance. Instead of forcing him to bathe, the facility called his wife to find out how she had bathed him at home. She said that she had showered with him and that it had been enjoyable for them both. The wife was invited to come in and shower with her husband at the facility, with the staff assuring privacy and a pleasant environment. She was glad to be involved in his care and to be able to continue this part of their relationship.

As described here, there are endless variations on how to keep someone clean in ways that are often pleasant and avoid the bathing battle. However, many of the methods described are done outside of a shower or tub, without running water. This means that the hair must also be washed in creative ways.
Creative Hair washing Techniques

The goal of hair washing is to clean the person’s hair in pleasant or at least tolerable ways. Many persons with dementia resist and fear getting their hair washed. The reasons for this are varied. The most common way for caregivers to be trained to shower people is to start at the top with the hair and work down, working from the “cleanest to the dirtiest” parts. This in many cases, causes fearful, angry and agitated behaviors. It is overwhelming to have soapy water running into your eyes and blinding you while you are cold, naked and vulnerable. You have to wonder at the wisdom of teaching people to start the shower with the most distressing activity.

In the study we found that waiting until the end of the shower to wash the hair made a lot of sense. If the person was well covered with dry towels or a bath blanket it often went well. By using very little water or by wetting the hair with wash cloths instead of the spray and carefully deflecting the water away from the eyes with either the hand or a washcloth, the person was kept warm and comfortable during the hair washing. Using as little shampoo as possible was also helpful so less rinsing was required. In addition, we often poured water from a pitcher to wet the head, instead of the spray for those who found the spray frightening. Sometimes we simply wet and rinsed the hair using wet wash clothes. It was surprising to us how little water was required to adequately cleanse the hair. These techniques worked well for washing the hair outside of the shower room also. For example you could use the basin and wash cloth method with the person fully clothed, after the creative bathing methods described above.

Other techniques we found helpful for hair washing include using:

- the beauty parlor sink
- an in-bed inflatable basin
- dry or rinseless shampoo or shampoo cap
- using an incontinence pad or plastic bag and towel under the head to absorb water during shampooing

Going to the beauty parlor has been a common pleasant experience for many women. Continuing this activity as long as possible is certainly desirable for reasons of familiarity, enhancing the person’s physical appearance and the socialization it provides along with getting the hair clean. For many people with dementia, a traditional beauty parlor setting may become too overwhelming. Some beauticians do very well at adapting their approaches to meet the needs of dementia clients. Others find they can no longer continue to care for their hair and it becomes your role to provide this care. In care facilities, if the beautician has turned over the task to you, might want to consider using your skills in dementia care along with the familiar, easy to use sink. This allows you to separate the hair washing from the shower or bath, which is often very useful.
ORGANIZATIONAL ISSUES IMPACTING
PRACTICE RELATED TO BATHING

Joanne Rader, MN, RN, FAAN
Ann Louise Barrick, PhD

TEAM APPROACH
   Keep decision-making close to the person
   Decision-making role of direct caregiver
   Supportive role of supervisor

CONTINUITY IN BATHING CARE
   Consistent assignments vs. rotation
   Bathe aide

COMMITMENT TO INDIVIDUALIZED BATHING
   Creative methods for bathing
   Flexibility

DEBUNKING THE MYTHS OF BATHING
   Need lots of water
   Trying to get out of work
   Families will insist
   More skin problems
   There won't be a good time
   They forget about the battle so it doesn't matter
   Regulators, advocates will see it as neglect
   It will take more time

HOW TO MOVE FORWARD
   Start by learning new methods
   Start on one unit
      Easiest first
      Trial and error
   Address bigger system issues
   Be proactive with possible critics
   Use new “experts” to train others
# PURCHASING INFORMATION/ RESOURCE LIST
## FOR BATHING SUPPLIES AND EDUCATIONAL PRODUCTS
Revised 5-27-05

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ORDERING INFORMATION</th>
<th>ITEM#</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cotton Bath Sheets for bed bath</td>
<td>Alpine Manufacturing Co. 519 Sixth St. South Kirkland, WA 98033 Phone: (800) 825-5901</td>
<td>TT 802</td>
<td>10.75 ea.</td>
</tr>
<tr>
<td>Septi-Soft no-rinse body wash and shampoo (be sure to get one with oil base)</td>
<td>ConvaTec Long Term Care facilities call: 1-800-422-8811 to find local representative</td>
<td>325309 (8oz. bottles) 325309 (1 gal bottle)</td>
<td>Approx : $1.75 ea. for case of 48 $20.00 ea.</td>
</tr>
<tr>
<td>EZ-Shampoo Inflatable basin for hair washing</td>
<td>Briggs Corporation</td>
<td>99-1005</td>
<td>26.20 ea.</td>
</tr>
<tr>
<td>Comfort Bath and Shampoo in a Cap</td>
<td>Sage Products PO Box 9693 Crystal Lake, IL 60039-9693 Phone: (800) 323-2220</td>
<td>Comfort bath #7900 Shampoo cap # 7909</td>
<td>3-5.00/unit depending</td>
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<tr>
<td>Bathing Without a Battle video and interactive CD-ROM</td>
<td>Can be purchased with credit card at this website: Bathingwithoutabattle.unc.edu</td>
<td></td>
<td>$30.00 plus shipping</td>
</tr>
<tr>
<td>Pioneer Network video created by CMS on creating culture change</td>
<td>Pioneer Network PO Box 18648 Rochester, NY 14618 (585)271-7570 fax (585)244-9114 <a href="http://www.PioneerNetwork.net">www.PioneerNetwork.net</a></td>
<td>A 2 1/2 hr video on creating change: includes a piece on bathing</td>
<td>$99.00</td>
</tr>
<tr>
<td>Bathingwithoutabattle.unc.edu</td>
<td>Website with valuable information about bathing and bathing products</td>
<td></td>
<td>N/A</td>
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</tbody>
</table>
BIBLIOGRAPHY


