



# Residential Care & Assisted Living Newsletter August 2016

1- Thinking Present

## Thinking Present

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**This past 4th of July found my wife and I driving across town. Along the way, we saw an elderly couple walking hand-in-hand. They were smiling, happy and seemed quite content...which, predictably set my wife off (think Elizabeth and Mr. Darcy), on a discussion about our lives fifty years down the road.**

**Since we work in the Residential Assisted Living field, I associated the happy older couple with work, reflecting about how lucky we are to be able to help those who fight each day to keep their freedoms. Whether through failing health, diminished physical or mental capacity, a loss of competence or continence, or the death of the loved one they have depended upon all their life, the elderly face frustrations that only time can teach us about. Understanding how they react to these things can go a long way to helping them cope and live...not just survive. The older couple holding hands had every reason in the world to be happy. After all, they are still independent enough to enjoy certain freedoms. It's so easy to take freedom for granted, but I'll bet they don't. It's good to remember the abilities we have, afford us the freedoms others have lost. It helps us to appreciate life more, and enables us to better care for them.**





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## FAQ



### *Can a man who is totally independent with peritoneal dialysis live in assisted living?*

*Answer: Yes. The nurse needs to monitor every 90 days the resident's continued ability to manage this, as well as the resident's response to the dialysis.*

**IDAPA 16.03.22.305.01 states, the licensed professional nurse must conduct a nursing assessment of each resident's response to medications and prescribed therapies. The facility also needs to ensure proper infection control measures are put in place to coincide with peritoneal dialysis guidelines.**





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## *Pressure Ulcers*

*Compliments of the NPUAP (National Pressure Ulcer Advisory Panel)*

### How can I tell if it's a Pressure Ulcer?

- **First signs.** One of the first signs of a possible skin sore is a reddened, discolored or darkened area (an African American's skin may look purple, bluish or shiny). It may feel hard and warm to the touch.
- **A pressure sore has begun if** you remove pressure from the reddened area for 10 to 30 minutes and the skin color does not return to normal after that time. **Stay off the area** and follow instructions under Stage 1 (next page).. Find and correct the cause immediately.
- **Test your skin with the blanching test:** Press on the red, pink or darkened area with your finger. The area should go white; remove the pressure and the area should return to red, pink or darkened color within a few seconds, indicating good blood flow. If the area stays white, then blood flow has been impaired and damage has begun.
- **Dark skin** may not have visible blanching even when healthy, so it is important to look for other signs of damage like color changes or hardness compared to surrounding areas.
- **Warning:** What you see at the skin's surface is often the smallest part of the sore, and this can fool you into thinking you only have a little problem. But skin damage from pressure doesn't start at the skin surface. Pressure usually results from the blood vessels being squeezed between the skin surface and bone, so the muscles and the tissues under the skin near the bone suffer the greatest damage. Every pressure sore seen on the skin, no matter how small, should be regarded as serious because of the probable damage below the skin surface.



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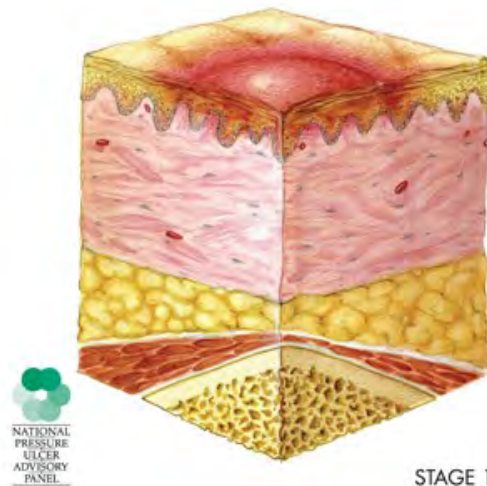
## *Pressure Ulcers*

### *Stage 1*

#### **Signs:**

Skin is not broken but is red or discolored or may show changes in hardness or temperature compared to surrounding areas. When you press on it, it stays red and does not lighten or turn white (blanch). The redness or change in color does not fade within 30 minutes after pressure is removed.

#### **Stage 1 Photo:**



#### **What to do:**

- Stay off area and remove all pressure.
- Keep the area clean and dry.
- Eat adequate calories high in protein, vitamins (especially A and C) and minerals (especially iron and zinc).
- Drink more water.
- Find and remove the cause.
- Inspect the area at least twice a day.
- Call your health care provider if it has not gone away in 2-3 days.

#### **Healing time:**

A pressure sore at this stage can be reversed in about three days if all pressure is taken off the site.



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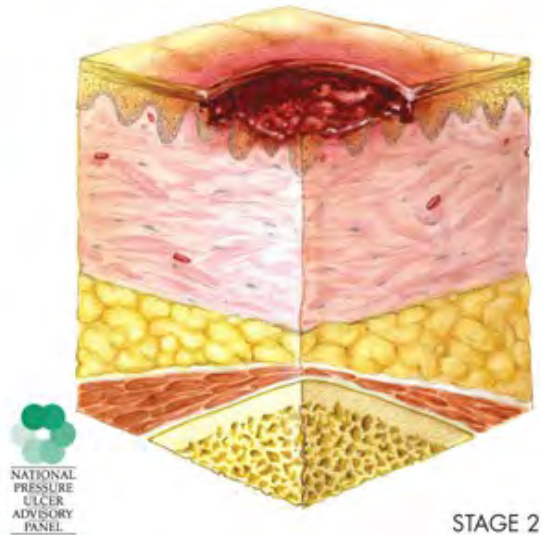
## *Pressure Ulcers*

### *Stage 2*

#### **Signs:**

The topmost layer of skin (epidermis) is broken, creating a shallow open sore. The second layer of skin (dermis) may also be broken. Drainage (pus) or fluid leakage may or may not be present.

#### **Stage 2 Photo:**



#### **What to do:**

- Get the pressure off.
- Follow steps in Stage 1.
- See your health care provider right away.

**Healing time:** Three days to three weeks.



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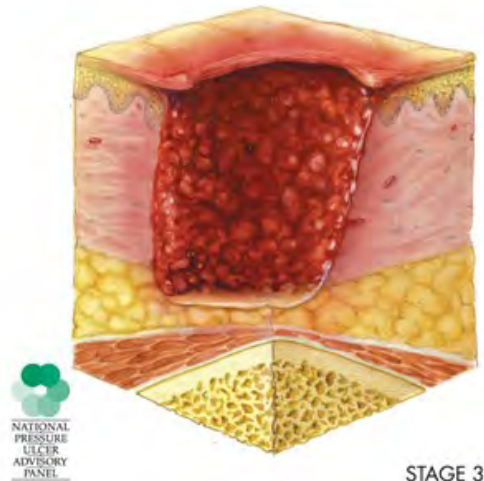
## *Pressure Ulcers*

### *Stage 3*

#### **Signs:**

The wound extends through the dermis (second layer of skin) into the fatty subcutaneous (below the skin) tissue. Bone, tendon and muscle are not visible. **Look for signs of infection** (redness around the edge of the sore, pus, odor, fever, or greenish drainage from the sore) and possible necrosis (black, dead tissue).

#### **Stage 3 Photo:**



#### **What to do:**

- If you have not already done so, **get the pressure off and see your health care provider right away.**
- Wounds in this stage frequently need special wound care.
- You may also qualify for a special bed or pressure-relieving mattress that can be ordered by your health care provider.

#### **Healing time:**

More than one to four months



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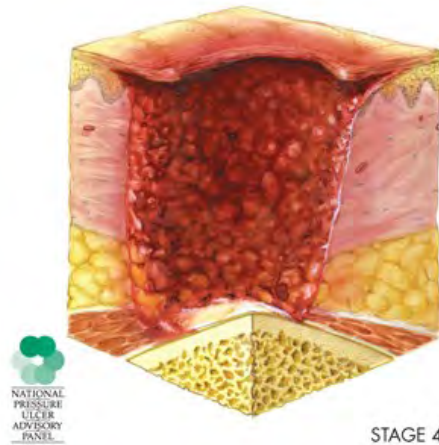
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## *Pressure Ulcers* *Stage 4*

### Signs:

The wound extends into the muscle and can extend as far down as the bone. Usually lots of dead tissue and drainage are present. **There is a high possibility of infection.**

### Stage 4 Photo:



### What to do:

- **Always consult your health care provider right away.**
- Surgery is frequently required for this type of wound.

### Healing time:

Anywhere from three months to two years.



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## *Pressure Ulcers*

### *Suspected Deep Tissue Injury or Unstageable*

#### SUSPECTED DEEP TISSUE INJURY

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be surrounded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to nearby tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Progression may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar (scab). Progression may be rapid exposing additional layers of tissue even with optimal treatment.

#### UNSTAGEABLE

Full thickness tissue loss in which the base of the sore is covered by slough (dead tissue separated from living tissue) of yellow, tan, gray, green or brown color, and/or eschar (scab) of tan, brown or black color in the wound bed. Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema (abnormal redness or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

#### **Possible complications of pressure sores:**

- **Can be life threatening.**
- Infection can spread to the blood, heart and bone.
- Amputations.
- Prolonged bed rest that can keep you out of work, school and social activities for months.
- Autonomic dysreflexia.
- Because you are less active when healing a pressure sore, you are at higher risk for respiratory problems or urinary tract infections (UTIs). Treatment can be very costly in lost wages or additional medical expenses.





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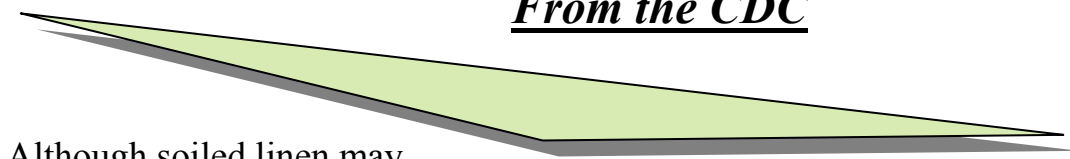
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## *Infection Control and Laundry*

*From the CDC*



Although soiled linen may harbor large numbers of pathogenic microorganisms, the risk of actual disease transmission from soiled linen is negligible. Rather than rigid rules and regulations, common-sense hygienic practices for processing and storage of linen are recommended.

Soiled linen should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. All soiled linen should be bagged or placed in containers at the location where it was used and should not be sorted or rinsed in the location of use. Linen heavily contaminated with blood or other body fluids should be bagged and transported in a manner that will prevent leakage. Soiled linen is generally sorted in the laundry before washing. Gloves and other appropriate protective apparel should be worn by laundry personnel while sorting soiled linen.

Commercial laundry facilities often use water temperatures of at least 160°F and 50-150 ppm of chlorine bleach to remove significant quantities of microorganisms from grossly contaminated linen. Studies have shown that a satisfactory reduction of microbial contamination can be achieved at water temperatures lower than 160°F if laundry chemicals suitable for low-temperature washing are used at proper concentrations. In the home, normal washing and drying cycles including "hot" or "cold" cycles are adequate to ensure patient safety. Instructions of the manufacturers of the machine and the detergent or wash additive should be followed closely.

Commercial dry cleaning of fabrics soiled with blood also render these items free of the risk of pathogen transmission.





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## Award Winners

### Congratulations To These Award Winning Facilities

**Gold Awards** - when a facility achieves a deficiency-free licensure survey.

**Silver Awards** - when a facility receives no core deficiencies and three or fewer non-core deficiencies on a licensure survey.



<b>Lily &amp; Syringa</b> (Mary White)	
<b>Sunset Homes</b> (Duane Holderman)	
<b>Teton Valley Residential</b> (Clint Calderwood)	
<b>Homestead Carriage Cove</b> (Garen Shakespear)	
<b>Country Comfort</b> (George Ciccone)	
<b>Clement Home</b> (Adi Mihalache)	
<b>Spaulding House</b> (Adriana Datcu)	



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## *Closing Thoughts*

“Although the days are busy and the workload is always growing, there are still those special moments when someone says or does something and you know you’ve made a difference in someone’s life. That’s why I became a nurse.”

— Diane McKenty