

<b>ALASKA PIONEER HOME</b>	<b>P&amp;P No: 04.05</b>	
<b>Title: Activities of Daily Living</b>	<b>Approval: D. COTE</b>	
<b>Key Words: Services, Flow sheet, Documenting</b>		
<b>Team: Nursing</b>	<b>Effective Date: 8/1/12</b>	<b>Page: 1 of 6</b>

## **PURPOSE**

To list the care and services provided to residents at the Alaska Pioneer Homes (AKPH) who require assistance with activities of daily living.

## **POLICY**

Services are provided for AKPH residents and defined by the assisted living plan, based upon an assessment of each resident's needs.

The AKPH documents the care and services provided to ensure safety and comfort of the residents.

## **DEFINITIONS**

## **PROCEDURE**

### **I. Services Provided for Pioneer Home Residents**

- A. Assistance with activities of daily living and personal care.
- B. Dietary services
  - 1. Meals are served.
  - 2. Dining is assisted.
  - 3. Dietary consultation is given by a licensed dietitian.
  - 4. Modified meals are provided, as ordered by the physician.
  - 5. Food consistency (regular, soft, chopped, pureed, finger food) is determined by the licensed nurse as resident needs change.
- C. Housekeeping and laundry services
- D. Health services
  - 1. Medication administration.
  - 2. Nurse assessment and intervention for health problems.
  - 3. Immunizations.
  - 4. Tuberculosis screening.

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- E. Physical therapy services
  - 1. Consultation by a physical therapist.
  - 2. Assistance to perform exercises to maintain mobility (*not* rehabilitation).
- F. Social services
- G. Pharmacy services
  - 1. Provision of medications ordered by the physician.
  - 2. Consultation by a pharmacist.
  - 3. The AKPH pharmacy is a formulary-based system.
    - a. Formularies specify which medications are approved to be prescribed based on efficacy, safety, and cost-effectiveness of drugs.
- H. Socialization and activity services
- I. Transportation services
  - 1. Some transportation is provided at each Home.
  - 2. It is limited and based upon each Home's staff and resources.
- J. Payment assistance services
  - 1. Provided by the AKPH Central Office for those residents unable to pay the Home rate and fees.

**II. Services *NOT* Provided for Pioneer Home Residents**

- A. Pioneer Homes are assisted living facilities operating in accordance with the Alaska statutes and regulations pertaining to assisted living homes.
  - 1. Pioneer Homes are not acute care facilities or skilled nursing facilities.
  - 2. If a resident requires services not normally provided by a Pioneer Home, the resident is referred to another appropriate health care facility until the resident is able to return to the Home.
- B. Services not provided:
  - 1. Acute medical care services normally provided in a hospital or skilled nursing facility.
  - 2. Emergency medical care and treatment.
    - a. In the Homes, emergency assistance is limited to the provision of basic first aid, CPR, and the summoning of Emergency Medical Services responders for acute care and transport.
  - 3. Care of persons with unstable medical conditions.

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4. Dialysis.
5. IV therapy.
6. Extensive skin and wound care.
7. Rehabilitation therapies.
8. Ventilator care.

- C. Services from outside agencies in the Home:
  1. Outside agencies may supplement services to Home residents.
  2. The purpose of the services is to allow the resident to remain in the Home in a familiar environment.
  3. Arrangements with outside agencies require the consent of the Home administrator and the resident, family, or legal representative.

### **III. ADL (Activities of Daily Living) Flow Sheet**

- A. In AKPH, the amount of help that a resident needs with ADL determines the resident's level of care.
  1. The cost of care for the resident is based on the level of care that is needed.
- B. The ADL flow sheets contain information about the care and services provided to the residents by the certified nursing aides (CNAs).
- C. The monthly ADL flow sheet is divided into various activities:
  1. Nutrition, eating, feeding
  2. Bathing, hygiene, grooming
  3. Toileting, incontinence care
  4. Skin care
  5. Dressing
  6. Mental status, orientation, memory, behaviors
  7. Mobility, transfers, safety
  8. Monitoring vital signs, weight, treatments, wound care
  9. Monitoring falls, seizures, chest pain
- D. Each of the activities is further divided into:
  1. 31 days for the month,
  2. 3 nursing shifts- night, day, and evening-for each day,
  3. Spaces to initial for each daily shift, and
  4. Spaces to note additional information pertinent to the activity.
- E. Resident demographic information at the bottom of the flow sheet:
  1. Name

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2. Gender
3. Neighborhood and room number
4. Diagnosis
5. Allergies
6. Date of admission
7. Date of birth
8. Primary physician and phone number
9. AKPH central pharmacy phone number
10. Current month and year

- F. Documented resident activities that are usually not on the ADL sheet:
1. Medication management, including behavior logs
  2. Laundry and housekeeping
  3. Socialization and activities
  4. Transportation to medical appointments
  5. Communication with other caregivers

**IV. Documenting Activities of Daily Living on the ADL Flow Sheet****A. Meal intake**

1. Record meal and snacks as served and eaten.
  - a. Record portion of meal that is eaten, i.e. 0,  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , all.
  - b. Record snacks eaten at HS (hour of sleep) and other times with a check ( $\surd$ ).
2. Type of diet and alerts about food and eating may be included.

**B. Bathing, personal hygiene**

1. Bathing per daily care plan includes:
  - a. Tub bath or shower provided to clean body and wash hair/head.
  - b. Skin integrity check.
  - c. Moisturizer if needed.
  - d. Nail care; notify nurse for nail care if resident is diabetic.
2. AM care per daily care plan includes:
  - a. Skin cleaning.
  - b. Moisturizer if needed.
  - c. Skin integrity check as care giver assists with personal hygiene.
  - d. Change to day-specific incontinence product.
  - e. Dressing into day clothes.
  - f. Oral care.
  - g. Hair grooming.
  - h. Shaving.

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3. PM care per daily care plan includes:
  - a. Skin cleaning.
  - b. Moisturizer if needed
  - c. Skin integrity check as care giver assists with personal hygiene.
  - d. Change to night-specific incontinence product.
  - e. Dressing into night clothes.
  - f. Oral care.
  
- C. Toileting and/or incontinence care
  1. Specified on the daily care plan.
  2. Care can include skin cleaning and moisturizer needed for skin integrity.
  3. A check (√) and initials are recorded to indicate care has been given.
  4. Bowel monitoring
    - a. Chart bowel movement as follows:
      - 1) Size-L=large, M=medium, S=small.
      - 2) Consistency-L=loose, H=hard, W=watery, F=formed, S=soft, A=adequate when an alert resident verbalizes.
      - 3) Interventions-D=disimpacted by nurse, Lx=laxative, E=enema by nurse, PJ=prune juice, DS=suppository.
  
- D. Skin care
  1. Can include cleansing, moisturizing, monitoring edema, redness, rashes, skin breakdown, and pressure relief.
  
- E. Mobility, transfers, ambulation, safety
  1. When several options are listed on the ADL for mobility, transfers, ambulation, and safety devices, circle the current option used. This provides information to the caregiver and alerts to change.
  2. Mobility- record method used to assist resident to transport from one area or room to another.
    - a. I=independent ambulation
    - b. A=assist with ambulation
    - c. C= cane
    - d. W=walker
    - e. S=scooter
    - f. W/C=wheelchair
    - g. G=Geri chair
    - h. B=bed care only
  3. Transfer-record method used to assist resident in moving from one surface to another, i.e. chair to bed, wheelchair to tub.
    - a. A=assist

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- b. E=Encore lift
  - c. M=Maxi lift
  - d. B=bed care only
4. Safety devices; employee initials indicate that the devices specified were used on the shift.
- a. Wander Guards testing for viability each month; device number, testing date, and employee initials are listed on the flow sheet.
  - b. Grey belts.
  - c. Seat belts on wheelchairs.
  - d. Gait belts.
  - e. TABs bed monitors.
  - f. Sensor pads.
  - g. Side rails.
  - h. Devices are listed on the resident daily care plan.
- F. Monitor and record monthly resident measures
- 1. Vital signs include:
    - a. Temperature (°F or °C), O=oral, A=axillary, R=rectal.
    - b. Pulse (BPM=beats per minute).
    - c. Respirations (RPM=respirations per minute).
    - d. Blood pressure (systolic pressure/diastolic pressure).
    - e. Oxygen saturation or *sat* is the amount of oxygen carried in the blood.
  - 2. Weight in pounds, S=standing, L=lift, W=wheelchair.

**HISTORY OF REVISIONS**

New: 1/1/12

Revised: 3/13/12; 7/20/12

Reviewed: 3/13/12

**ATTACHMENTS**

N-03 Documentation guidelines

N-06 Skin integrity assessment

N-09 Resident equipment and assistive aids

**REFERENCES**

HCBS SOP