Personal Care

Alzheimer Society

Day to Day Series

What is Alzheimer's disease and dementia?

Alzheimer's disease is the most common of a large group of disorders known as "dementias". It is a disease of the brain, characterized by deterioration of thinking ability and of memory, caused by the progressive degeneration of brain cells. The disease also affects mood and emotions, behaviour and one's ability to perform activities of daily living. There is no cure for Alzheimer's disease at present nor can its progression be reversed. However, current treatment options and lifestyle choices can often significantly slow the progression of the disease. Other dementias include vascular dementia, frontotemporal dementia, Creutzfeldt-Jakob disease and Lewy body dementia.

Alzheimer's disease typically follows certain stages which will bring about changes in the person's and family's lives. Because the disease affects each individual differently, the symptoms, the order in which they appear and the duration of each stage vary from person to person. In most cases, the disease progresses slowly, and the symptoms of each stage may overlap, often making the move from one stage to another quite subtle. The duration of the disease is usually seven to ten years but may be much longer in some people.

How does dementia affect personal care and hygiene?

Although each individual is unique, dementia has a profound effect on:

- Cognitive abilities: memory, orientation, language, judgement, concentration and ability to sequence tasks.
- Functional abilities: carrying out daily activities.
- Personality, mood and behaviour.

Some individuals do not remember to take care of their personal hygiene, to bathe or even why bathing is necessary, while others may resist showering or exhibit behaviours that may be distressing for caregivers.

Assisting with personal care and bathing is often the most difficult activity for caregivers of people with dementia, and as the disease progresses this can become increasingly challenging.

Every person is unique and dementia affects people differently.

What is a person-centred approach to personal care, hygiene and bathing?

A person-centred philosophy views people with dementia first and foremost as individuals, with unique attributes, personal values and history.

A successful person-centred approach to personal care is based on:

- Learning about dementia, its progression, and how it affects individuals.
- Believing that communication is possible throughout the stages of the disease.
- Maintaining the person's privacy and dignity.
- Giving the person choices and putting their preferences first wherever possible.
- Promoting the person's independence and self-sufficiency.
- Being as attentive and flexible as possible.
- Making sure that the environment meets the needs of the person with dementia.
- Maintaining safety.

The quality of life for people with dementia is largely dependent on their connection with others. Maintaining a relationship can be a complex and challenging process, especially when verbal communication is lost.

It remains critical to be person-centred:

Consider the whole person and value the human interaction, rather than just a series of tasks to be completed.

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1. WHAT SHOULD I EXPECT?

The following changes are common among people with dementia:

Dementia affects a person's cognitive abilities. You can expect there will be a decline in the ability to understand, think, remember and communicate. The ability to make decisions will be reduced. Simple tasks that have been performed for years will become more difficult or be forgotten. For example, some individuals with dementia will forget what good hygiene means, such as brushing their teeth, taking a bath, toileting, or changing their clothes.

Dementia affects a person's functional abilities. The person will have difficulty carrying out daily activities and performing familiar tasks. Because simple tasks often require sequencing, memory, coordination and problem solving skills, a person with dementia might not know where to start and how to proceed, for example, all the steps required for brushing teeth or dressing. Dementia can affect a person's physical coordination and mobility, leading to a gradual physical decline. This will affect the person's ability to independently perform day-to-day tasks such as taking a shower or getting dressed.

Dementia affects personality, mood and behaviour. Some people with dementia have abrupt changes in their moods and emotions. These changes can be unpredictable. The person may lose interest in hygiene or may feel frightened by the shower, which may cause agitation and distress.

People with dementia who need assistance with personal care and their caregivers often find bathing to be particularly physically and emotionally challenging. Several factors can make the bathing experience more difficult for everyone involved. The bathing experience can lead to protective and responsive behaviours, such as agitation, aggression, screaming, etc.

Personal care changes that may occur during each stage of Alzheimer's disease:

At the early stage:

The early stage of Alzheimer's disease (also referred to as "mild Alzheimer's disease") marks a beginning that will bring changes for the person with the disease and their family members. Most people will likely retain many of their abilities and require minimal assistance for their personal care.

At the early stage, the person may:

- Forget about personal care tasks by bathing less or wearing the same clothes repeatedly.
- Lose interest in bathing.
- Forget which tap is for hot water and which one is for cold water (consider labelling taps).
- Forget they had their hair combed and ask for it to be combed again.
- Ask repeatedly why they have to get dressed.

Try to keep personal care on a set schedule but be aware that there will come a time when the same schedule may not work.

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At the middle stage:

Typically, for the person in the middle stage (also referred to as "moderate Alzheimer's disease") there is an increasing loss in their abilities although many people will still have some awareness of their condition.

At the middle stage, the person may:

- Have trouble remembering they need to take care of themselves, bathe or shower.
- Forget how to use personal care and grooming objects like a toothbrush or hairbrush.
- Not know how to bathe and where to start, such as testing how hot the water is before getting in or getting undressed before getting into the tub.
- Need help or reminders to wash or to sequence the activity.
- Feel loss of control and frustration because of their declining self-care abilities.
- Have difficulty understanding the caregiver's help, for example being helped to undress or dress.
- Perceive their caregiver's help as an invasion of personal space because of privacy issues, for example having the caregiver present in the toilet area.
- Feel embarrassed or humiliated especially when incontinence occurs.
- Feel fear of water or of drowning as people with dementia have trouble with depth perception.
- Become disoriented in space and time or have perceptual problems, for example thinking that the bathmat is a hole into which they will fall.
- May hide dentures, brushes, combs, etc.

At the late stage:

In the late stage of the disease (also referred to as "severe" or "advanced Alzheimer's disease"), individuals experience increased mental and physical deterioration and may need help with all aspects of care, such as personal care, bathing and using the toilet, as well as with other day-to-day activities.

2. WHAT SHOULD I TRY?

This section suggests strategies and tips that people with dementia, families, and caregivers can use to respond to personal care challenges or the person's changing personal care abilities.

A. STRATEGIES FOR THE PERSON WITH DEMENTIA:

At the early stage of the disease, you will likely retain many of your abilities and require minimal assistance. You may have insight into your changing abilities and therefore can inform others of your experience of living with the disease and help to plan and direct your care. You should use communication to your advantage. This is a good time to start talking about your personal care preferences, habits, and wishes and make them known. You are still the same person you have always been, with strengths and abilities, so it

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is important to focus on what you can do when it comes to your personal care, hygiene and bathing and to accept help for the difficult activities. During the very early stages of the disease, you may be able to maintain a fairly independent life. As the disease progresses, you will need more help with personal care, grooming, bathing and using the toilet, as well as with other day-to-day activities.

Learning about the disease

Learn as much as you can about dementia, its effects on your cognitive and functional abilities, personality, mood and behaviours. Learn about the many things that you can do to enhance health and quality of life when living with Alzheimer's disease or other dementia. Lifestyle choices such as healthy eating, stress management, and physical and mental activity, can improve quality of life, may help to slow the progression of the disease and improve your capacity to manage the changes that you are experiencing.

Being open

You may feel that you want to keep your diagnosis confidential. This is a personal decision and one that should be made with the potential positive and negative consequences in mind. It may be useful to discuss this issue with someone who knows your diagnosis and can give helpful input. If you decide to be open about having Alzheimer's disease, it can help you begin to make plans for the future and open doors for others to support you. Family, friends, and the staff at your local Alzheimer Society can always assist you.

You may have insight into your changing abilities and therefore, can inform others of your experience of living with the disease. Discuss with them how to plan and direct your future care now and in the future. You may also be feeling overwhelmed and apprehensive about the future. It is normal for both you and your family to have many mixed emotions including feelings of grief and sadness. Be open about your feelings and experiences if you feel comfortable.

Accepting help

Cleanliness and hygiene are very sensitive subjects, so your family members and friends may be reluctant to discuss their concerns with you. So if a family member or close friend brings up this subject with you, try to appreciate that they are concerned about your dignity and well-being. Do not hesitate to ask them to assist you if you feel you need a hand.

Learn to accept help when you need it the most. You might have difficulty carrying out the steps required to complete a daily task. For example, you may not know how to start to take a shower or a bath but will be able to bathe independently once someone helps get you started. You may have difficulty recalling if your clothes are clean or if you have already worn them several times. Simple strategies for keeping soiled and clean clothes separate can help you to continue to dress independently.

Telling your story

The more your caregivers, friends and families know about your preferences, the better your experience of care will be. Share as much as you can with them; tell them about your interests, accomplishments, work history, personal experiences, preferred tastes and past routines. Sharing your history and your preferences with all of them, will help them support you better. Sharing your preferences in terms of hygiene and personal care is important. Preferences regarding the timing for bathing (morning, afternoon, evening and how many times a week) and also the method (shower, bath, in-bed bathing) need to be shared with your

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family and friends. Also let your friends and family know if you are modest and prefer to keep your underwear on. You can never communicate too much about your preferences; this will help prevent difficult experiences in the future.

Maintaining independence

You are still the same person with the feelings, hopes and strengths that you have always had. It is important to focus on what you can do and to develop strategies for successfully managing the personal care and bathing activities that you now find more challenging.

If you can shower by yourself but cannot adjust the temperature, ask for help. If you need help getting in and out of the bathtub, let your caregiver know. By accepting specific help with specific tasks, you will be able to be more independent overall.

Staying safe

Home safety modifications in the bathroom can reduce risk of injury during bathing, which is especially important because most falls in the home happen in the bathroom because of wet, slippery surfaces and a person's low vision problems. Adaptations to the home range from putting up handrails and grab rails, to adding ramps or wide doors for wheelchairs, or installing specially designed shower and toilet facilities. Consult an occupational therapist for advice on routines, activities, and adapting the home to make it as safe and accommodating as possible (see Additional Resources section on the back cover).

B. STRATEGIES FOR CAREGIVERS:

Despite your best efforts, providing care will become more difficult as the disease progresses, and the person you are caring for becomes more dependent on you. This is a time when many family members need increased support for themselves. Learn about the services that will be available in your community as the disease progresses as well as tips and strategies to help you respond to the challenges of personal care and day-to-day activities.

Learning about the disease

As a caregiver, try to learn as much as you can about the disease to provide the best possible care and support. Learning about the disease, its progression and how it affects a person will help you be prepared and have realistic expectations of the person's abilities to manage aspects of their personal care and hygiene themselves.

Knowing the person

It is important to get to know the person with dementia and their tastes and understand the uniqueness of what the following means to them: comfortable personal hygiene, oral health, toileting, bathing, dressing, regular foot care, etc. Tap into the person's rituals and lifelong habits. Taking into account their personal care tastes, preferences and history, will also help prevent difficult situations. What is their favourite scent, lotion or perfume? Adopting - as much as possible - their past personal care routine can provide some comfort. For example, you need to know if the person fears water, if they are particularly modest, or if they experience foot pain if they don't have a toe-spacer in place.

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The person never feels sufficiently clean after a bowel movement unless able to use a moistened washcloth.
OR
The person always applies talcum powder after a shower or a bath.
OR
The person likes to use mouthwash after brushing teeth.

Being mindful of the person's cognitive impairment

The person with dementia may not recognize you or the object in your hand; they may not understand the reason for shaving or bathing. As a caregiver, you need to explain what you are doing before you start to do it. Avoid taking the person to the bathroom without letting them know what you are planning to do.

Try to engage, empower, encourage the person so they are not passive during their personal care, and become frustrated at the loss of their abilities. Be mindful of their cognitive impairment and show them how they can be actively involved in their hygiene. Remember to be very patient and avoid being pushy with the person with dementia.

Respecting privacy and dignity

Lack of privacy and loss of dignity can contribute to making the bathing experience difficult for both yourself and the person with dementia. If you know that the person is modest, undress the person in the bathroom, making sure that the shower curtain or the door is closed. You can also try covering body parts or even leave their underwear on to respect their modesty and dignity. Remember to have towels and a robe ready when the person gets out of the shower.

Being flexible

Adjust scheduled activities to times best suited to the person you care for. If the person does not feel like brushing their teeth or taking a shower or bathing, re-approach them about doing this at a different time. Think of adjusting time and routine to suit the person's needs, moods and preferences. Can the personal care activity be rescheduled - does it have to happen now? Or can we skip it today? If the person does not want to bathe or shower, try a sponge bath or a towel bath (please refer to page 14 for a detailed method of providing a towel bath in bed). Bathing may not be necessary every day. A sponge bath can be effective between showers or baths. Suggest a special spa day and set up the bathroom for it. If you cannot get the person to brush their teeth or shower, it is not the end of the world!

Keeping things simple

Keep things simple: clothes that are easy to put on, simple hairstyles etc. Avoid having too many objects in the bathroom. Mirrors can sometimes confuse people with dementia. Keeping things simple and neat will help. Remember that clutter can contribute to confusion. For example keeping a woman's hair short or permed can help.

Reassuring, encouraging and being positive

Explain to the person that you are going to help them bathe. It sometimes helps to give them a reason for bathing (for example "your daughter is coming" or "we are going out"). Be positive and calm and encourage

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the person's involvement when possible. Offer encouragement ("You're doing great!" or "You smell so good!"). Humour and laughter can help in certain situations. It is also a great stress reliever and will help put the person at ease. Instead of being serious about everything, joke about things and laugh together.

"When I washed my mom's hair I always acted like I was her personal hairdresser and I would say 'Welcome to my hair salon' and when I was done I would thank her for the visit… Mom loved it!"

Promoting independence and self-sufficiency

Autonomy is worth more than perfect appearance!

Adapt activities to accommodate lost abilities and make the most of remaining ones. Focus on what the person can do instead of what they cannot do. Involve the person in their personal care as much as possible. Communicate what needs to be done step by step, allowing the person to be as independent as possible. Use short sentences and one direction at a time. Always show and tell the person what you mean. Whenever possible, give visual cues as well as verbal instructions. Remember that there will be days when no matter how often you explain or show the person how to do something, they just will not understand. These are the times when you need to offer help and be extremely patient in assisting the person. Caregivers should try to keep the person's glasses in the same spot. At night, they should take them from the person and put them aside and in the morning give them to the person to put on. Glasses can be misplaced easily. The same applies for dentures and hearing aids.

For example, when saying, "It is now time to brush your teeth," hand the toothbrush to the person. Demonstrate. It can sometimes prompt the individual to begin the task themselves. For example, the person may begin to comb their own hair by watching you comb yours.

Setting the stage

Make sure the person needing glasses or hearing aids has them in place with charged batteries. Ensure adequate lighting so the person can clearly see personal care objects, toothbrush, etc. Poor lighting can also create shadows and inspire fear. Use contrasting colours to help the person pick out objects better. A white towel hung on a white wall may seem invisible. On the other hand, a dark bathmat in a white bathtub may look like a hole. Run the bath ahead of time, test the water and consider playing soothing music to create a calm environment. Make sure the room and the water temperature suit the person. To reduce stress, ensure you have all items required to complete the person's bathing on hand before you assist the person into the bathing area.

"I found that using bubble bath was a huge help in getting my mom into the bathtub. I also warmed her towel and clothes so that when she got out of the tub she would be dried with a nice warm towel and could get into nice warm clothes. I also had the heat turned up very high so that the bathroom stayed warm. Then I dried her hair before she left the bathroom, this way she wouldn't catch a chill"

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Dealing with incontinence

This may happen all or most of the time, or may just be a case of occasional leakage. Urinary incontinence is far more common than faecal incontinence. When someone has problems with incontinence, the first thing to check is whether they are able to get to the toilet without any problems. They may want to use the toilet but be unable to use it, or even to find it.

Putting signs or pictures on the bathroom door will help the person see where they are going and help them remember why they are going there. Incontinence can lead to skin irritation and a general feeling of discomfort. After someone has had an accident it is important to act quickly, to make sure they feel comfortable again and to ensure good hygiene. It is a huge help to keep a portable toilet in the bedroom with the person so at night they do not have to travel too far. This will reduce bed-wetting incidents. Raised toilet seats and grab bars can also help.

Think safety!

Identify and adapt any potential hazards in the home, for example rugs that could be tripped on. Ensure that safety features such as a handheld showerhead, shower bench, grab bars, and non-skid bath mats are installed properly. People are often afraid of falling; help them feel secure in the shower or tub. Avoid bath oil that makes the tub or shower slippery. Pre-set the water temperature or place temperature controls to prevent burning and avoid having electric appliances such as hair dryers, heaters or fans lying about. All toxic materials such as bathroom cleaners, shampoos and medications need to be stored in a locked cupboard. Do not assume the person will understand labels (e.g. "Poisonous – Do not drink") or symbols (skull and crossbones indicating poison). Scissors, clippers, razors also need to be stored away.

Never leave the person alone in the bathroom and always supervise bathing or showering. If there is an obvious danger of your family member unknowingly locking themselves in, remove the key or tape the latch open so it cannot lock. Raised toilet seats can also help the person stand up from the toilet independently. Contact an occupational therapist and consider home safety improvements in the bathroom to prevent falls and accidents and enhance safety.

Be gentle and respectful.
Be patient and calm.
Be aware that taking care of a person's hygiene can make the person feel vulnerable, scared and confused.

Decreasing the risk of infection and monitoring for pain

Pay careful attention to oral hygiene. Tooth decay and pain can affect all aspects of the person's health and wellbeing. Treat cuts and abrasions immediately. People with late stage Alzheimer's disease may have difficulty communicating pain and family members and caregivers must learn other ways of recognizing pain and illness.

In the home, preset the temperature of the water so burns are avoided.
Make sure that there are no electric appliances near the water.

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WHAT ELSE?

Oral care

Proper oral care is important to prevent tooth decay and gum disease. Poor dental health will also affect an individual's ability and willingness to eat. It is wise to have a complete dental examination early in the disease. Ask the dentist to schedule appointments at times when there will be no delay at the office.

At home, the following tips might be helpful:

- Remind the person to brush twice a day with a soft-bristled toothbrush and fluoridated toothpaste. Give step-by-step instructions, or try "hands-on" guidance or gestures.
- Try fluoride swabs if the toothbrush is refused.
- Remove partial dentures before cleaning natural teeth.
- Be prepared for the person to hide their dentures; try to keep them in a certain place at all times.
- Remove dentures at bedtime and clean with a firm brush. Place them in water overnight.
- Make sure dentures are well identified to prevent misplacement. To prevent damage when cleaning, make sure the sink is filled or the drain is closed and the toilet lid is shut.
- If the person develops "dry mouth", try sugarless candies or gum to increase the flow of saliva.

Hair care

Clean, well-groomed hair will make a person with Alzheimer's disease look and feel better. It will likely help their caregiver feel better too.

- Choose a hairstyle that is easy to care for.
- Encourage the person to comb their own hair. If necessary, give step-by-step instructions or a cue, for example, place comb in person's hand or start combing your own hair.
- Use non-stinging baby shampoo.
- Try a dry shampoo if washing hair is difficult.
- Try a scalp massage when washing -- it may be soothing.
- A salon or barbershop can be a familiar and relaxed setting. Make the stylist aware that the person has Alzheimer's disease. If the person feels insecure, you may want to stay with them or try to find a stylist to come into the home to cut or style hair.

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Skin care

As a person ages, skin becomes more delicate and needs a little extra care beyond a wash. Creams or lotions can help the skin and may be necessary in the prevention of skin breakdown for those who are inactive. The application itself can also have a pleasantly soothing effect.

- Use a damp cloth or a wipe for cleaning hands and face. This may be easier than a basin-soap routine.
- Use a favourite scent for soap or lotion.
- Massage or stroke when applying cream or lotion.
- If applying lotion is soothing, try it at a time of day when the person is more likely to be restless.
- You can also get a basin of warm water and a washcloth and sit with the person to wash their face and hands. Have a towel ready to dry them as well.

Foot care

As people age, foot care is often neglected because people can no longer reach their feet comfortably, and they often can't see to provide proper nail care. This task can be more of a challenge if the person has Alzheimer's disease.

The following suggestions may assist you:

- Check the person's feet on a regular basis. Look for discoloration that might be a sign of circulatory problems. Check for calluses, bunions or nail problems that might cause foot pain. Report any findings to the doctor.
- Check nail length. Be careful with nail clippers and scissors. If you are uncomfortable trimming nails, arrange to have this done at a foot clinic or have a professional come to the house.
- After bathing, make sure skin between the toes is clean and dry.
- While checking the person's feet, take the opportunity to provide comfort by giving a foot massage with scented lotions.
- Make sure care providers know that toe spacers can prevent foot pain.
- And a little nail polish always brings about a smile!

Dressing

- Whenever possible, allow the person to choose the clothing to be worn that day. Limit the number of choices to make the decision easier.
- Lay out clothing in the order that it should be put on.

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- Remove extra clothing from the closet. Seeing a lot of clothing can be confusing.
- If the person insists on wearing the same clothes every day, try to launder these clothes often or get duplicates of favourite outfits.
- Choose clothing that is easy to wear and care for. Zippers and Velcro are easier to fasten than buttons. Skirts and pants with elastic bands are easier to put on.
- Label (or use pictures from magazines) to describe the contents of dresser drawers. For some people it may be helpful to group items of the same colour or ones that are worn together.
- Hang ties, belts or other accessories on a hanger with the matching shirt, dress or pants.
- Have a basket to put soiled laundry to avoid confusion with clean clothes.

Special tips

For women

- The application of make-up may be a regular and important part of the grooming routine. Once again, try to simplify and allow the person to do as much as possible for themselves. For some women, beauty treatments give particular pleasure.
- A manicure can help overall grooming and also be a source of pleasant touching and stimulation, and can often be given by a friend or a family member.
- Give up on stockings and pantyhose! Use long warm socks to provide warmth and modesty if pants are not welcomed.
- Keep sweaters, cardigans or shawls handy as they bring comfort and security.
- Try to trim facial hair gently.

For men

- Use an electric razor.
- Consider the time of day. It may be best to shave at a regular time, or at a time when the person seems most willing. These times may vary from day to day.
- Try going to a barber for a shave, or find one who will come into the home.
- Let the beard grow, if shaving becomes difficult.

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PERSONAL CARE TIPS & STRATEGIES

- ☑ Communication is key!
- ☑ Be patient.
- ☑ Find humour and laugh together.
- ☑ Respect the individual's privacy and modesty.
- ☑ Check the temperature of the room and water: Is the room too cold? Is the water too hot or too cold?
- ☑ Know the preferences of the person and modify the bathing experience to best meet their needs. Bath or shower? Morning or evening?
- ☑ Allow the person to do as much of their personal care activities as possible.
- ☑ Be flexible, attentive and creative and always keep options open.
- ☑ Allow enough time for bathing so the person or caregiver does not feel rushed. This should reduce anxiety for both of you.
- ☑ Set up a relaxing, private and calming environment. Use soothing music and limit distractions.
- ☑ Lock up all toxic materials and medications.
- ☑ Keep the person safe and secure using equipment such as grab bars, shower chairs, benches, non skid mats and ensure safe transfers into and out of the tub or shower.
- ☑ Consider a safety assessment by a professional occupational therapist.
- ☑ Ensure good lighting so the person can clearly see.
- ☑ Make sure the person wears glasses and hearing aids and check batteries regularly.
- ☑ Use contrasting colours to help the person pick out objects easily. Avoid the use of patterns, solid colours are advised.
- ☑ Lay a towel or a strip of coloured tape on the tub to distinguish the edge.
- ☑ Use coloured water (with liquid bath soap) or a coloured rubber bath mat to make it easier to judge the depth of water. Avoid a dark coloured mat as it could give the impression of a hole.
- ☑ Keep the bathroom neat and avoid excess objects, especially breakable or electric appliances.
- ☑ Remove or cover mirrors so as to avoid the illusion of additional persons in the room or if these create anxiety.
- ☑ Remove locks, keep the key handy or tape the latch open so the person cannot unknowingly lock themselves in.
- ☑ Be aware of your tone and body language and use positive, encouraging and friendly facial expressions.

If the person doesn't want to bathe or brush their teeth everyday, it is not the end of the world!

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THE TOWEL BATH[1] - A gentle in-bed method

Equipment

One or more bath blankets (a thin, lightweight cloth used to cover a patient during a bath. It absorbs moisture while keeping the patient warm)

1 large plastic bag containing:

- 1 large lightweight towel (fan folded)
- 1 standard bath towel
- 2 or more washcloths
- 2-to-3-quart plastic pitcher filled with water (approximately 105°F/40°C to 110°F/43°C), to which you add: 1 to 1½ ounces of no-rinse soap (use manufacturer's instructions for dilution)

Preparing the person

Explain the bath to the person. Make the room quiet or play soft music and dim the lights if this calms the person, while ensuring privacy. Wash your hands. If necessary, place one bath blanket under the person to protect the linen and provide warmth. Undress the person, keeping them covered with the 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 person

Expose the person's feet and lower legs and immediately cover the area with the large warm, moist towel. Then gently and gradually uncover the person while simultaneously unfolding the wet towel to cover the person. Place the covers at the end of the bed. Start washing at whatever part of the body is least distressing to the person. 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 person and encourage them to wash their own face. Turn them to one side and place the smaller warm towel from the plastic bag on the back, washing in a similar manner, while warming their front with the bath blanket or warm moist 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 the back or when done with towel bath, depending on the 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 is comforting. Place used linen back into the plastic bag; tie the bag, and place it in a hamper.

[1] Adapted from Towel-bath - Totman technique, St. Louis: Calgon–Vestal Laboratories, 1975. Copyright ER Squibb and Sons, LLC.

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WHERE CAN I GET FURTHER INFORMATION?

Please refer to the following resources or contact your local Alzheimer Society: www.alzheimer.ca

Alzheimer's disease brochures:

First steps for people with dementia
First steps for families
Ways to help
What to expect
Reducing caregiver stress
Dispelling the myths
Treatment options

Progression series:

Overview
Early stage
Middle stage
Late stage
End of life

Day-to-day series:

Communication
Mealtime
Locating devices
Caregiving options: considering long term care
Adjusting to long term care

Research series:

Creutzfeldt-Jakob disease
Lewy body dementia
Frontotemporal dementia
Vascular dementia
Down syndrome and Alzheimer's disease
Understanding Genetics and Alzheimer's Disease
Risk factors

Tough issues:

Communicating the diagnosis
Living alone
Decision-making: Respecting Individual Choice
Quality of life
Participation in research
Restraints
Intimacy and Sexuality

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ADDITIONAL RESOURCES

Bathing Without a Battle: Personal care of individuals with dementia.
Anne Louise Barrick, Joanne Rader, Beverly Hoeffer and Philip D. Sloane.
Springer Series on Geriatric Nursing, 2002.
www.bathingwithoutabattle.unc.edu/

Canadian Association of Occupational Therapists
Are you looking for an occupational therapist?
Check the OT Finder Tool at: www.caot.ca/default.asp?pageid=3622
Phone: 613 523-CAOT (2268) Toll-free: 800 434-2268

Dementia skill starter: Helping with baths and showers. Second edition, 2011.
Dementia Services Developmental Centre, University of Stirling.
www.dementia.stir.ac.uk

Alzheimer *Society*

Alzheimer Society of Canada
20 Eglinton Avenue West, 16th Floor, Toronto, Ontario, M4R 1K8
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