

## Bathing and Skin Care



Nurse Aide Education Program  
Inservice/Continuing Education Credit Courses

## Bathing

**Bathing:** Bathing helps keep skin healthy and prevents skin problems.

- Cleanses the skin of perspiration, dirt and germs.
- Increases circulation to the skin.
- Promotes client comfort and well being.

Consideration is given to a client's preferences and condition when determining the type, time and frequency of bathing.

Clients may choose to bathe before bedtime or in the morning, according to their habits.

### Types of baths include:

**Complete Bed Bath** - given to a client who is weak or unable to leave the bed and includes washing the client's entire body.

**Partial Bath** - bathing certain parts of the body between complete baths or to provide comfort; involves washing the face, hands, underarms, and then perineal area.

**Tub Bath** - relaxing method of bathing for a client who can tolerate sitting in water.

**Shower** - taken by a client who is strong enough to move or be moved. Clients may prefer to use a shower chair in the shower.

**During bathing, observe and report any of the following:**

- Color changes of the lips, skin, nail beds and whites of the eyes.
- Rashes, dry skin, bruises, broken skin, reddened areas, abnormal skin temperature.
- Drainage, bleeding, complaints of pain or itching.
- Excessive hair loss.



**Perineal care means** cleaning the genital and anal area to prevent infection and odor and improve the client's comfort. Perineal care is a routine part of a complete bed bath. Perineal care may be necessary between baths, especially for incontinent clients, clients with diarrhea and clients with skin irritation and/or discharge.

### When performing perineal care:

Provide privacy and dignity. Drape client.  
Follow Standard Precautions. Clean from front to back.  
Clean catheter from meatus out.  
Retract and clean foreskin of uncircumcised male.  
Separate and wash labia of female.  
Provide for comfort (warm water, handle genitals carefully, rinse well).

**Back rubs** should be offered after a bath and before bedtime to keep skin healthy and prevent skin breakdown. Back rubs stimulate circulation and relieve tension. Bedridden clients need back rubs more often to stimulate circulation.

Use lotion to reduce friction. Warm lotion in hands before applying to client's skin.  
Keep your nails short to prevent injury.  
Check skin for unusual findings before beginning back rub.  
Use good body mechanics.  
Use long, smooth strokes up spine from lower back to shoulders to relax muscles.  
Use short, circular strokes down sides of back from shoulders to lower back to stimulate circulation.

### Your role:

- Provide for the client's privacy and encourage the client to do as much as possible to promote independence.
- Check water temperature. Recommended bath temperature is approximately 105 degrees Fahrenheit.
- Follow Standard Precautions when performing perineal care or when bathing a client with skin lesions or rashes.
- Always help a client in and out of a tub or shower to prevent falls.
- Dry client's skin by patting with a towel which decreases friction and prevents skin breakdown.
- Never leave a client unattended in a bathing room.
- Wash from cleanest to dirtiest.
- Observe and report unusual findings to the nurse.
- Clean incontinent clients every time urine and/or feces touch the skin.
- Offer client backrub after bathing and at bedtime to stimulate circulation and relieve stress.
- Apply lotion to dry skin if requested.
- Clean tub, shower and shower chair before and after each use.
- Always check each client's skin during bathing.



## Skin Care

### Skin Care

Skin is the body's largest organ. Skin helps control body temperature and is the first line of defense against infection because it prevents pathogens from entering the body. As people age, the skin becomes thinner, less elastic and easier to damage. The skin can tear and bruise more easily.

**The client's skin should be closely observed for any sign of:**

- Rashes
- Abrasions
- Dryness
- Changes in color
- Pressure areas
- Temperature
- Bruising
- Swelling

Pressure sores (decubitus ulcers, bedsores) are areas where the skin has been damaged due to excessive pressure or friction.

Factors contributing to skin breakdown include mobility, nutrition and hydration.

**Clients who are at risk for developing pressure sores include those who are the:**

- Elderly
- Very thin
- Obese
- Paralyzed
- Diabetic
- Unconscious
- Chair-bound or bedridden



**Pressure sores occur most frequently at:**

**Pressure points** - any area on the body that bears the body's weight when lying or sitting and where bones are close to the skin's surface (toes, heels, ankles, hips and knees; coccyx, spine and shoulder blades; elbow, ears and back of the head).

**Friction areas** – places where skin rubs on skin (beneath breasts and abdominal folds; between buttocks and legs; under arms, in groin area and around any tubing sight (nasogastric or feeding tubes, catheters).



**Your role:**

- Keep client's skin clean and dry. Check and clean incontinent client frequently.
- Reposition client at least every two hours or more often if necessary.
- Prevent shearing (sliding) of skin against linens.
- Pat client's skin dry instead of rubbing and use lotion on dry areas of skin.
- Check that clothing and shoes fit properly.
- Keep linens dry, wrinkle-free, and free of objects to avoid irritation.
- Encourage client to get adequate nourishment and fluids.
- Give backrubs to increase comfort and circulation.
- Cushion pressure areas with heel and elbow protectors, pillows or foam pads to prevent irritation.
- Use Standard Precautions if client's skin is damaged in any way.
- Observe skin carefully for any changes and report unusual findings to nurse immediately.
- Reposition a chair-bound client frequently.
- Be certain incontinence briefs are not too tight and plastic is away from the skin.
- Be aware of safety hazards to prevent clients from injuring skin.