

Veterans Direction

APRIL 2011

VOLUME TWO NUMBER 7

ELDER STAY@HOME DVD Available to train your caregivers

The Area Agency on Aging has available a three DVD set that will help you in Training your family, friends, and hired employees in meeting your personal care needs. The DVD set is Called **Elder Stay @ Home**.

Developed by the University of Arkansas for Medical Studies and the Schmieding Center for Senior Health and Education, the Elder Stay at Home expertly demonstrates basic, Intermediate, and Advanced Home Caregiver skills using the most up-to-date techniques.

DVD-I Basic Family Care-giver Skills demonstrates 24 essential skills including body mechanics, infection control, lifting & moving in bed, personal care, helpful products and much more.

DVD II Intermediate Family Caregiver skills demonstrates 19 additional skills including emergency situations, vital signs, fluid balances, feeding, exercises, and more.

DVD III Advanced Family Caregiver Skills demonstrates 14 critical skills to provide intensive infection control and prevention, bowle and blqdder, transferring and personal care.

AAACT / Veteran Directed Home and Community Based Services Program

Contact your Consultant to get an **Elder Stay @ Home** DVD to borrow.

AACT Special Events

Better Choices - Better Health Classes

***April 5 Belton 1:30—4
pm
Crestview Nursing Cen-
ter

***April 21 Temple 9-11;30
Memorial Baptist
Church

**Better Choices—Better
Health Classes will help
you to live better life-
styles. To Register call
AAACT
(254) 770-2355**

LATEST NEWS FROM PALCO

Jon Sweeney of our Financial management Service, PALCO announced that the 2nd quarter budget Reports of expenditures from January 1 through March 31, 2011 will be sent out mid to late April. This report will allow you as an employer to see how much you have spent in this period.

If you are on Budget, your consultant will mail your report to you.. If there is a need to revise your budget the VDHCBs Consultant will visit you in your home to make budget revisions. He will be discussing with you maintaining a ledger of your account that will help you to manage your program efficiently and with more self-direction.

If you have need to discuss your spending or payroll, Call PALCO, we enjoy visiting with you about your program finances.

PALCO INFORMATION:

Phone: (501) 753-4933

**Toll Free Number:
1-877-710-0457**

Fax: (501)753-4535

**Address:
PALCO Inc
ATTN: VD-HCBS
PO Box 13280
Maumelle, AR 72113**

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Spring



From the Consultant's Desk

Well spring is here and with it the chilly blast of the winds of March have gone and now we are entering the Rainy days of April. The Bluebonnets have certainly made their mark in the central Texas Countryside despite the gloomy prophecies that they would not even make a showing this year,



This is spring and with spring comes the first breath of the budgeting cycle for FY 2012 at our local VA medical center. If you are interested in sending in a personal testimonial to the value of the Veteran's Directed Home and Community Based Services Program and how it has helped you or your loved veteran now is the time to do so.



In your testimonials don't forget to discuss (1) how it was for you before the Veterans Directed program came into your life.(2) How has it improved the veteran's quality of life, and (3) what would happen if the program were no longer available due to cuts in funding.



The following people have voiced interest in reading your Testimonials:

Daniel Schoeps,
Department of Veteran Affairs
Long term Care
Washington D.C.

Fax: 202-273-9131 or

Email: daniel.schoeps@va.gov

Stacy Brignac , LCSW

Central Texas Veterans Health Care
System -Community Living Programs
1901 Veterans Memorial Drive
Attn:674/122
Temple Texas 76504

Your testimonial will be shared with the people who determine how the Central Texas VAMC is funded for the next year.

As seen on the front page of the newsletter, we do now have access to the Elder Stay@ Home program with 3 training DVDs. These DVDs are meant to train your family members who care for your veteran-without pay, your friends who may help you out occasionally, and of course for you to use when you train your paid workers. We have these on loan from the Area Agency on Aging for short-tem use. The DVD set comes with the three DVDs and a companion booklet.

If you are interested in the Elder Stay@Home DVD Set or have questions about your VDHCBS program or Budget please contact your Consultant :

Thomas Wilson, LMSW

254-770-2359 Or 1-800-447-7169 ext 2359 (message service available)

Fax (254) 770-2349

Spring



Training Your Worker: Symptoms of bed sores By Mayo Clinic staff

Caregivers in bathing a veteran may find early pressure sores the article has important signs for you to look for as you bath your veteran.

Bedsore fall into one of four stages based on their severity. The National Pressure Ulcer Advisory Panel, a professional organization that promotes the prevention and treatment of pressure ulcers, has defined each stage as follows.

Stage I

The beginning stage of a pressure sore has the following characteristics:

- The skin is intact.
- The skin appears red on people with lighter skin color, and the skin doesn't briefly lighten (blanch) when touched.
- On people with darker skin, there may be no change in the color of the skin, and the skin doesn't blanch when touched. Or the skin may appear ashen, bluish or purple.
- The site may be painful, firm, soft, warmer or cooler compared with the

surrounding skin.

Stage II

The stage II ulcer is an open wound:

- The outer layer of skin (epidermis) and part of the underlying layer of skin (dermis) is damaged or lost.
- The pressure ulcer may appear as a shallow, pinkish-red, basin-like wound.
- It may also appear as an intact or ruptured fluid-filled blister.

Stage III

At this stage, the ulcer is a deep wound:

- The loss of skin usually exposes some amount of fat.
- The ulcer has a crater-like appearance.
- The bottom of the wound may have some yellowish dead tissue (slough).
- The damage may extend beyond the primary wound below layers of healthy skin.

Stage IV

A stage IV ulcer exhibits large-scale

loss of tissue:

- The wound may expose muscle, bone and tendons.
- The bottom of the wound likely contains slough or dark, crusty dead tissue (eschar).
- The damage often extends beyond the primary wound below layers of healthy skin.

Common sites of pressure sores
For people who use a wheelchair, pressure sores often occur on skin over the following sites:

- Tailbone or buttocks
- Shoulder blades and spine
- Backs of arms and legs where they rest against the chair

For people who are confined to a bed, common sites include the following:

- Back or sides of the head
- Rim of the ears
- Shoulders or shoulder blades
- Hip, lower back or tailbone
- Heels, ankles and skin behind the knees

When to see a doctor

Inspection of the skin should be a part of routine home care for anyone who is confined for a long time to a wheelchair or bed or for anyone who has limited ability to reposition himself or herself.

Contact your doctor right away if you notice any signs or symptoms of a pressure ulcer. Get immediate medical care if a person under your care shows signs of infection, such as fever, drainage or foul odor from a sore, or increased heat and redness in the surrounding skin.

April & May 2011 Payroll Dates

April 2011

4/2/2011 to 4/15/2011

Timesheet due 4/20/2011

Payroll processed 4/22/2011

4/16/2011 to 4/29/2011

Timesheet due 5/4/2011

Payroll processed 5/6/2011

May 2011

4/30/2011 to 5/13/2011

Timesheet due 5/18/2011

Payroll processed 5/20/2011

5/14/2011 to 5/27/2011

Timesheet due 6/01/2011

Payroll processed 6/03/2011

Training Your Caregiver: How to give a bed bath

What is a bed bath?

What is it? Giving a bed bath means washing someone who is in bed. A bed bath cleans the skin and helps keep the skin free of infection. It helps to relax the person being bathed and help him feel better. Let the person wash himself as much as possible. You may only need to get the bath supplies ready and wash the person's back. Or you may need to do most or all of the bath.

To give a bath to someone in bed: Gather the following items and put them within easy reach on a table by the bed.

- Disposable gloves.
- Water basin (bowl) to hold the water for the bed bath.
- Soft, lightweight cotton or flannel blanket.
- Bath towel and washcloth.
- Soap, powder, lotion, deodorant, comb, hairbrush, and mouth care supplies, such as toothbrush and toothpaste.
- Clothing, such as underwear and clean bedclothes or robe.

Before giving a bed bath:

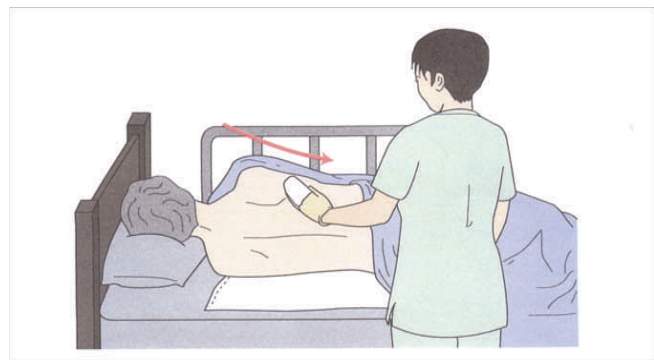
1. Close the windows or turn up the heat to keep the room warm while giving the bath.
1. Fill the basin with warm water. The temperature of the water should not be higher than 115 degrees F using a bath thermometer. If you do not have a bath thermometer it should be comfortably warm to your elbow. The water will cool to a lower temperature by the time it touches the person's body.
2. Put the soft blanket over the top sheet that is covering the person. Pull back the top sheet to keep it from getting wet. Help remove the person's clothes. The blanket will keep the person warm and give him privacy. During the bath, keep the person covered with the blanket as much as possible.

Giving the bed bath:

1. Wear disposable gloves if the person has draining wounds.
2. Wet the washcloth without soap. Gently wipe one eyelid by wiping from the inner corner of the eye to the outer corner. Dry the eyelid with a towel. Rinse the washcloth in the water. Wash and dry the other eyelid.
3. Using a mild soap, wash the face, neck, and ears. Rinse off the soap and dry the washed areas. Put the towel under an arm. Wash the person's hand, arm,

and underarm. Rinse off the soap and dry the arm well, especially under the arm. Wash, rinse, and dry the other hand and arm.

4. Fold down the blanket to wash the chest and stomach (belly). Wash, rinse, and dry these areas. Cover the chest and stomach with the blanket.
5. Remove the blanket from one of the legs and put a towel under the leg. Wash, rinse, and dry the foot and leg. Do the same to the other leg.
6. While lying in bed, the person may enjoy soaking his feet in a basin. Put a towel under the basin to keep the bed from getting wet. Help the person put one foot into the basin. You may need to support the leg while washing the foot. Take the foot out of the water and dry it. Put the other foot into the basin. Wash, rinse, and dry the foot.
7. Empty the dirty water into the sink. Fill the basin with clean warm water. Put the lotion bottle into the basin. This will warm the lotion before you use it. Ask or help the person to roll on his side so you can wash the back. The person should not be too close to the edge of the bed to avoid a fall.
8. Put the towel on the bed along the person's back. Fold down the blanket. Wash the person's neck, back, buttocks (rear end), and thighs (upper legs). Rinse the washcloth in the basin and remove the soap from the washed areas. Dry the back, buttocks, and thighs. Ask the person if he would like to have a back rub with the warmed lotion.



The perineum (pair-uh-nee-um) is the last area to be washed. Wear disposable gloves when washing this area. This area is also called the pubic area or genital area. It is the area between the thighs and includes the genitals and anus. The anus is the opening where BM leaves the body. This part of the body should be washed every day. Washing the perineum keeps the body from smelling and becoming infected.

Training your Caregiver (Continued)

Washing a woman's perineum:

Empty the dirty water into the sink. Fill the basin with clean warm water. Fold the towel in half. Ask or help the woman to lift her buttocks. Put the towel under the buttocks. Ask the woman to bend her knees and spread her legs. With a soapy washcloth in one hand, separate the labia ("lips" of the vagina) with the other hand. Wash the labia from front to back. Do not touch the anus with the washcloth. Germs from the anus could get into the vagina and cause an infection.

Rinse the washcloth and remove the soap from the perineum. It is important to remove all the soap because it can irritate the skin. Dry the area with a dry towel. Do not put powder on the perineum because the powder may harden.

Wash the anus next. Ask the woman to turn onto her side so that she is facing away from you. Ask her to raise up her top leg. This will let you see and clean the skin around the anus. Slide the towel under the woman's buttocks. Use toilet paper or a paper towel to remove BM that may be on the skin. You may need to wet the toilet paper or paper towel if the BM has dried. Throw the toilet paper or paper towel away in a trash bag. Wash, rinse, and dry the anal area.

Washing a man's perineum:

Empty the dirty water into the sink. Fill the basin with clean warm water. Ask or help the man to lie on his back. Fold the towel in half and put it under the man's buttocks. Ask the man to bend his knees slightly and spread his legs. Hold the penis with one hand. With the other hand, wash the tip of the penis with a soapy washcloth. Rinse the washcloth and remove the soap from the penis.

If the man has a foreskin, gently push it back. The foreskin is the skin that covers the rounded end of the penis. Wash the end of the penis. Rinse the washcloth and remove the soap from the end of the penis.

Using a soapy washcloth, wash the rest of the penis and the scrotum. The scrotum is the bag of skin that hangs under the penis. Rinse and dry well.

The anus should be washed next. Ask the man to turn onto his side with the top leg raised. This will let you see and clean the anal area easier. Fold the towel in half and put it under the man's buttocks. Use toilet paper or a paper towel to remove BM that may be on the skin. You may need to wet the toilet paper or paper towel if the BM has dried. Throw the toilet paper or paper towel away in a trash bag. Wash, rinse, and dry the anal area.

After the bath:

Rub lotion onto the person's arms, legs, feet, or other dry skin areas. Help to dress the person. Offer to help him with mouth, hair, foot, or nail care.

Throw away the dirty water and clean the washbasin. Put away items used to give the bath.

Call the family member or family caregiver supervisor if:

1. You have questions about how to give a bed bath.
1. The person has shaking chills or his temperature is over 101½ F



2. The person has skin that is red or sore. These may be areas where the skin is broken down or getting infected.

⇒ Stage 1 Bedsore

Stage Two bed sore

⇒ .



If you have questions or concerns about the person's injury/illness or medicine.

Seek emergency care immediately if:

1. The person has trouble breathing all of a sudden.
2. The person has signs of a heart attack:
3. Chest pain or pressure that spreads to the veterans arms, jaw, or back.
4. Nausea (sick to your stomach).
5. Trouble breathing.
6. Sweating.

These are emergencies! Call 911 or 0 (operator) for an ambulance to get your veteran to the nearest hospital or clinic.

This article is adapted from material located at:
www.thestudentnurse.com/fundamental-nursing-skills_how-to-give-a-bed-bath.html

AREA AGENCY ON AGING
OF CENTRAL TEXAS

VETERANS DIRECTED
HOME & COMMUNITY
BASED SERVICES

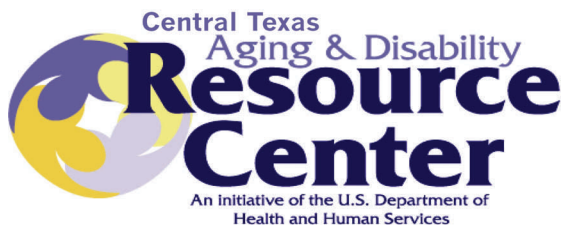
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The Area Agency on Aging of Central Texas (AAACT), under the federal Older Americans Act, is administratively responsible for the development of a comprehensive and coordinated system of services for the population over age 60.

The Veterans Directed Home and Community Based Services Program is administered by the AAACT under a joint pilot program funded by the Department of Veterans Affairs and the Administration on Aging. The Veterans Directed Home and Community Based Services Program is open to Veterans of all ages who meet criteria for the program.

WE ARE ON THE WEB
WWW.CENTEXAAA.COM



Up-Coming Holidays For the AAACT

April 22 Good Friday
May 31 Memorial Day



Don't Forget that April 15 is the last day to file your 2010 Income Taxes