

# Caring aids and equipment within irish healthcare



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Discuss the clients that would use each piece and how it would benefit the client and the staff. Describe each and outline how they are used correctly.

Include two examples in each of the below areas:

- Lifts and Hoists
- Mobility aids
- Incontinence aids
- Personal care aids
- Communication aids

### **Introduction**

There are a vast number of caring aids available to improve the quality of an individual's daily living. These aids include lifts, hoists and mobility aids as well as incontinence aids, personal care aids and communication aids (Assist Ireland, no date, a). This report will consider two examples from each of the aforementioned categories and detail the clients that would use such an aid, the benefit of the aid to both patient and carer and how the aid is used.

### **Lifts and Hoists**

There are two types of patient lift or hoist: these can be either a sling lift or a sit-to-stand lift (Thomas & Thomas, 2014). The sling lift is an assistive device that allows immobile patients, either at home or within the care environment, to be transferred between resting places, usually a bed and a chair (Baptiste et al, 2008). They are either mobile (floor based) or fixed (overhead) lifts that are suspended from the ceiling. The sit-to-stand lift is used to help patients who have some mobility but lack the core strength to rise to a standing position from a chair, bed or commode (Radawiec et al, 2009). A number of different slings, straps and belts are available for <https://assignbuster.com/caring-aids-and-equipment-within-irish-healthcare/>

different uses. For example, a mobile hoist can be used in conjunction with a narrow sling that is positioned under the patient's arms halfway down their back. The patient must be able to take some of their weight on their legs as the hoist lifts them from sitting to standing position (Assist Ireland, no date, b). An overhead hoist can be used with a divided leg sling. This U shaped sling is positioned with a leg band under each leg then crossed in the middle to provide the patient with some dignity; not crossed in the middle to allow for toileting or with both leg bands under each leg for improved comfort (Assist Ireland, no date, c).

There are multiple benefits of these aids to the patient. These include the prevention of pressure sores, improved quality of life due to enabling an element of mobility and the potential for the individual to remain in their own home rather than in the care environment. However, a study by Bilboe et al (2007) reported some interesting results. A total of 21 normal subjects performed three sit-to-stand transfers from a stool using no device, the Sara 3000 and the Encore hoist. The subjects were filmed with joint line markers on the greater trochanter, the lateral malleolus and the lateral femoral epicondyle. Bilboe et al (2007) found that neither device reproduced normal trunk angles or joint kinematics in the patients they were lifting when compared to the no device test. Nevertheless, it is considered that this study is somewhat limited due to only two devices being trialled and no other therapeutic benefit, such as weight relief or endurance, being measured. However, it does show that the choice of lifting device should be carefully considered for each patient.

The benefits for care workers have been extensively studied, with Chhokar et al (2005) finding that the use of an overhead suspended ceiling lift resulted in a sustained decrease in care worker days off, injury claims and direct costs associated with patient handling injuries over a three year period. These findings were supported by further studies from Engst et al (2005), Miller et al (2006) and Alamgir et al (2008).

### **Mobility Aids**

A mobility aid benefits the patient by allowing them some freedom to either get out and about or move around their home in a safe manner. There are various walking aids, such as canes, crutches and walkers for patients with balance problems or to compensate for weakness or injury, along with wheelchairs and mobility scooters for those with more severe mobility impairments. A walker is used by the patient in a standing position and provides extra stability and confidence by providing additional points of contact with the floor and by the patient's hands on the frame. It consists of four upright posts and one handgrip for each hand. The walker can reduce the loading on the lower limb by directing some of the load through the upper limbs and the frame of the walker. A wheelchair, can be either manually or battery powered, and allows the patient to travel further distances in a comfortable sitting position. Both of these aids benefit the carer by reducing the amount of intervention the patient requires; for example, with the use of a walker or cane, the patient may be able to access the toilet unaided, therefore reducing the need for carer intervention.

However, there is a considerable body of evidence that indicates that there is a high prevalence of disuse or abandonment of such aids, with between

30% and 50% of patients discontinuing use of their device soon after receiving it (Bateni & Maki, 2005). There is also evidence that the repetitive strains on the joints of the upper extremities can lead to injury and promote the discontinuation of use (Konop et al, 2011).

### **Incontinence Aids**

There are a wide range of incontinence aids available for both bowel and bladder incontinence. These include pads and pull-up pants, protective sheets and pads for chairs and beds, catheters, penile sheaths and specially adapted clothing. The most popular of these are the incontinence pads that are worn inside the patient's own underwear to mop up small to moderate urine leaks (NHS Choices, 2015). These pads are positioned within the user's underwear and have a hydrophilic layer which ensures the urine is drawn away from the body, therefore preventing the skin from developing sores associated with wetness (Sugama et al, 2012). Another incontinence aid, used by men, is the penile sheath. These devices resemble a condom with a funnel tipped end and are applied by rolling the silicone sheath down the shaft of the penis (Robinson, 2006). A leg bag connector, or a sheath urinary drainage system, is then attached to the funnel tip (Robinson, 2006).

Williams and Moran (2006) detailed the difficulties and benefits of the use of a penile sheath for male incontinence. They reported that this sizing of the sheath was difficult to establish, with even a 1mm error in measurement causing the sheath to become detached during urination or causing penile trauma. However, they do explain that with correct fitment, with the appropriate sized sheath being applied, this system provides significant freedom for the patient and improves their confidence and self-esteem.

**Personal Care Aids**

Personal care aids include long handled nail clippers, lotion applicators, shampooing aids and toileting aids. The extended reach, long handled or pistol grip toenail clipper is used by patients who are unable to bend far enough forwards to clip their toenails using standard clippers (Semple et al, 2009). These patient groups include pregnant women, overweight patients, the elderly and people with back problems. The device extends the length of reach enabling the individual to maintain independence and trim their own nails rather than relying on their carer to carry out this task for them (Semple et al, 2009).

Another personal care aid that benefits both the patient and the carer is that of the shampooing rinse basin. This basin, used for washing the hair of a bed bound, immobile patient, is positioned at the top of the bed and has a comfortable head and neck cradle to support the patient's head in an appropriate position (Sloan et al, 1995; Eigsti, 2011). The patient's hair can then be wetted, shampooed and rinsed within the basin without the need for the patient to be moved from the bed. The basin has a side drain and drain hose that can be left open for continuous irrigation or closed to hold water. This aid therefore reduces the risk of handling injury to both patient and carer and allows for a number of personal care routines including shampooing, ear irrigation or scalp treatment.

**Communication Aids**

Communication aids include aids that improve the hearing, reading and writing of the patient. One example is a magnifier, which can be handheld or attached to a spectacle, headband or neck attachment (Berry & Ignash,

2003). They can also be furniture, floor or wall mounted or can fit over screens. These aids magnify the size of the text on letters, books or other print therefore providing benefit to the patient by enabling them to read their own correspondence, therefore keeping personal information to themselves, or keep themselves entertained or informed by reading newspapers or books (Berry & Ignash, 2003). This also benefits the carer as it frees up their time to carry out other tasks.

Another communication aid is a personal sound amplifier, which amplifies TV and audio equipment. The equipment includes a microphone, which is positioned near to the TV or audio equipment, an amplifier and an earpiece for the patient (Palmer et al, 1995). These devices benefit the patient as they are able to enjoy the benefits of listening to on-screen or audio entertainment and also benefit the carer and other household individuals as the volume of the audio and TV equipment can be maintained at a normal level. The patient is able to increase the volume of the sound through their own earpiece without increasing the overall volume of the sound emitting device.

## **Conclusion**

This report provides two examples of each of a number of care aids and explains the way in which these benefit both the carer and the patient. Examples include mobile hoists to transfer the patient between sitting and standing positions, a walking frame, which gives the patient additional support and confidence when mobilising both inside and outside the home and personal care aids such as the shampooing basin and long reach nail clippers that maintain the hygiene needs of restricted mobility patients.

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