

Good example of essay on elder care: taking care of the disabled elderly (having ...

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A Report

Introduction

Care homes for the elderly people, who cannot take care of their own, have always had a significant role in provisions of health care in any society. This is the reason why the most suitable use and funding of health care in care homes has been a crucial subject of key health policy initiatives in the developed as well as developing societies over many years. Rejuvenation Personal Care Home is a facility that provides care to the older people who are unable to take care of themselves. There are several projects going on under this agency which deal with several aspects of elderly care at home. The present report mainly focuses on one project that deals with the aspects of skin care required for the elderly patients with dementia and what roles and responsibilities one has to take and how this project is going to make an impact on the organization.

Rejuvenation Personal Care Home

Rejuvenation Personal Care Home is an agency which is engaged in providing proper care to the elderly people who cannot take care of themselves without any help. Generally, the elderly people who are taken care by the skilled nursing professionals are either disabled, vulnerable, ignored or isolated from their family members, terminally ill patients or the ones who are suffering from chronic ailments and no longer need hospitalizations. The skilled professionals help these elderly by providing assistance to them with all daily living chores such as walking, eating,

bathing, toileting, dressing and even assist for bowel or urinary incontinency care. The agency carries out number of projects throughout the region so as to significantly contribute towards the continuum of long term health care facilities.

Project Details

This section of the report briefly describes the name of the project, aims and objectives of the project, its description and roles and responsibilities of members involved in this project.

The name of the project is Elder Care and its tag line is “ Taking Care of the Disabled Elderly” at Rejuvenation Personal Care Home. As the name suggests, the project involves taking care of elderly people who are suffering from dementia.

Objectives of the Project

There are few objectives which need to be fulfilled at the end of the project.

These objectives are:

Identification and description of daily living activities and instrumental activities of the disabled elderly people

Realization of the importance of observing client rights, cultural preferences and dignity

Description of techniques for the prevention of pressure ulcers and skin damage

Identification of common causes of skin breakdown among disabled patients

Identification and explanation of basic rules of personal care

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Demonstration of selected personal care knowledge, skills and expertise

Description of promotion of respect and independent functioning while providing personal care to the elderly patient

Enhance patient outcomes in terms of reduction incidences of pressure ulcers

These activities and patient outcomes get monitored from time to time so as to ensure that the project is meeting its objectives in a timely manner.

My Role in Project

My role in this project is of a direct care worker who is responsible for assisting the elderly patients with dementia in their activities and instrumental activities of daily life and taking care of the skin and avoiding pressure ulcers. A direct care worker is not responsible for giving any injections or medications or provide any prescription without any formal consent of the physicians or the registered nurse practitioner (van der Steen et al., 2013).

Description of the Project

The main area covered by this project is skin care and pressure ulcers. In case of disabled elderly patients who are most of the time confined to their beds, it is possible that they develop skin problems such as pressure ulcers or bed sores because they are either sitting or lying for greater duration of time (van der Steen et al., 2013). A bed sore or pressure ulcer is an area of skin that gets damaged due to continuous pressure on that part of the skin. As the blood supply to that part of the skin is reduced, the cells in that area

are not able to get adequate nutrients and oxygen supply. This gives rise to ulcers (van der Steen et al., 2013). Older people with dementia have problems with mobility as they cannot change their position without any help. This includes their difficulties in walking, repositioning themselves and transferring them between chair and bed. Movement of such elderly people is also restricted by other people for their fear of falls. Frailty is the loss of muscle mass and protective fats when there is thinning of skin and this is one common reason of pressure ulcers among elderly with dementia (van der Steen et al., 2013). Elderly people who are neglected feel depressed and they start ignoring their medication, food and water which reduces the healing capacity of skin causing the condition of pressure ulcer more evident (van der Steen et al., 2013).

This project aims at dealing with such elderly people with dementia for taking care of their skin and to reduce the problem of pressure ulcers among such patients. There are six basic principles of conduct which give the direction to the project team members for their activities towards health care. The six basic principles of conduct under this project are:

Following the service plans: All the team members have to prepare a care plan or the support plan in participation with the physicians, nurses as well as family members if any. This support plan is based upon the functional ability and needs of the elderly patient. The support plan is divided into activities and instrumental activities of daily living (Zarit and Reamy, 2013).

Activities of Daily Living: An elderly patient's basic self-care tasks include dressing, walking, eating and toileting, grooming and taking care of hygiene

needs (Zarit and Reamy, 2013). The instrumental activities of daily needs includes cooking food, shopping, keeping house clean, riding a bus and taking care of personal finances (Zarit and Reamy, 2013). The direct care worker takes care of both these activities and help the elderly in carrying out these activities. DCW actually fills the gap between those activities that the elderly can do independently and those where they require help and assistance from others.

Skin Care: A DCW must take care of bruises, cuts and pressure ulcers and immediately inform the supervisor. DCW must prevent the elderly from acquiring pressure ulcers by assisting them avoid prolonged exposure, avoid skin scrapes and rubbing of skin surfaces and protecting the skin from moisture (Zarit and Reamy, 2013).

Maintaining client's rights and dignity: It is the responsibility of the direct care worker to assist the elderly in regaining his normal function or to compensate the elderly for lost function and it must be done in absolute professional manner. For example, a DCW must not expose an elderly more than required during bathing. Thus, every elderly patient in this project is offered choices and is encouraged to choose between the alternatives.

Taking Care of Religious and Cultural Issues: A DCW must be aware of cultural differences the patients might possess to show empathy, warmth and genuineness which enables strengthening of the bond between DCW and the elderly patient.

Observing and Reporting: It is important to maintain proper documentation and every detail must be reported (Zarit and Reamy, 2013). For example,

regular reporting of skin conditions and the changes that are observed after few months of care is necessary to evaluate the care activities that are carried out by DCW. Any immediate positive or negative change observed must be reported to the supervisor or general physician immediately.

The project duration is six months and after every six months, there is a monitoring activity that takes into consideration observing the overall health of the elderly patient and keeping count of decreasing or increasing pressure ulcers. This is a continuous project where an elderly with dementia is always under supervision.

Difficulties faced

Elderly patients are adamant, resistant and have complex needs that are many times difficult to understand. Elderly patients with dementia suffer from mental loss and loss of independence which makes them feel vulnerable and frightened. They also think that any sign of accepting the health care from others will reveal their weakness hence they are stubborn and it is difficult to win their trust and make a positive bond with these patients (van der Steen et al., 2013).

Another difficulty faced is the difference in opinions between physicians, nurse practitioners and direct care workers which give rise to conflicting situation and this generally jeopardize the objectives of such a project (Zarit and Reamy, 2013).

Outcome of the Project

There is a comprehensive health monitoring activity in every six months which evaluates the work done by each direct care worker and also bring into light the changing conditions of the elderly patients in terms of their overall appearance, health and hygiene, weight, vital stats and pressure ulcers (any decrease in number is taken as a success) (van der Steen et al., 2013). Last cycle, a significant decrease in number of pressure ulcers has motivated the workers to work harder to remove any ulcer present and also prevent any situation that may harm skin and other parts of the patient's body by taking care of every health need required to keep an elderly healthy.

Conclusion

The project is monitored and the efforts are regular evaluated by external agencies too so as to void any biasness and effectively enable the organization reach towards the goals stated for the project. More and more such projects must be encouraged for the elderly population to keep them healthy and functional.

References

van der Steen, J. T., Radbruch, L., Hertogh, C. M., de Boer, M. E., Hughes, J. C., Larkin, P., & European Association for Palliative Care (EAPC). (2013). White paper defining optimal

Zarit, S. H., & Reamy, A. M. (2013). Developmentally appropriate long-term care for people with Alzheimer's disease and related disorders. In Caregiving

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for Alzheimer's Disease and Related Disorders (pp. 51-69). Springer New York.