

Directional terms give the direction of the body part when a person is standing and facing forward.

Anterior (ventral)—at or toward the front of the body or body part

Distal—the part farthest from the center or from the point of attachment

Lateral—away from the midline; at the side of the body or body part

Medial—at or near the middle or midline of the body or body part

Posterior (dorsal)—at or toward the back of the body or body part

Proximal—the part nearest to the center or to the point of origin

Coma is a state of being unaware of one's surroundings and being unable to react or respond to people, places, or things.

Dementia is the loss of cognitive and social function caused by changes in the brain (see Chapter 40).

Paralysis means loss of muscle function, loss of sensation, or loss of both muscle function and sensation. Paraplegia is paralysis in the legs and lower trunk.

Quadriplegia is paralysis in the arms, legs, and trunk. Hemiplegia is paralysis on one side of the body.

Wheelchair Safety

- ***Check the wheel locks (brakes).***
- Check for flat or loose tires.
- Make sure the wheel spokes are intact.
- Make sure the casters point forward.
- ***Position the person's feet on the footplates.***
- Make sure the person's feet are on the footplates before moving the chair.
- ***Push the chair forward when transporting the person. Do not pull the chair backward unless going through a doorway.***
- ***Lock both wheels before you transfer a person to or from the wheelchair.***

Three-pronged plugs are used on all electrical items.

Falls are the most common accidents in nursing centers.

The risk of falling increases with age.

A history of falls increases the risk of falling again.

Falling is often a sign of other health problems.
Persons older than 65 years are at risk.

Falls are most likely to occur: Most falls occur in resident rooms and bathrooms.

Between 1600 (4:00 pm) and 2000 (8:00 pm)

During shift changes

Poor lighting, cluttered floors, incorrect bed height, and out-of-place furniture are causes; so are wet and slippery floors, bathtubs, and showers.

Wheelchairs can cause falls if they do not fit the person or are in poor repair.

Needing to use the bathroom, usually to urinate, is a major cause of falls.

Answer all signal lights promptly. This includes the signal lights of residents assigned to co-workers.

A bed rail (side rail) is a device that serves as a guard or barrier along the side of the bed. Bed rails are raised and lowered. They lock in place with levers, latches, or buttons. Bed rails are half, three quarters, or the full length of the bed.

If a person needs bed rails, keep them up at all times except when giving bedside nursing care. ***Bed rails present hazards. Entrapment is a risk.***

The nurse and care plan tell you when to raise bed rails.

When half-length rails are used, each side may have two rails. One is for the upper part of the bed, the other for the lower part (Fig. 12-4).

They are needed by persons who are unconscious or sedated with drugs. Some confused or disoriented people need them.

The person can fall when trying to climb over them. Or the person cannot get out of bed or use the bathroom.

Entrapment means that the person can get caught, trapped, entangled, or strangled (see Chapter 16).

If you are allowed to chart, record when you check the person and your observations (Fig. 12-5).

Bed rails must be in the person's best interests.

Some people feel safer with bed rails up. Others use them to change positions in bed. The person or legal representative must give consent for raised bed rails.

Bed rails cannot be used unless needed to treat a person's medical symptoms. The need for bed rails is carefully noted in the person's medical record and the care plan. Bed rails are allowed when the person's condition requires them.

If a person uses bed rails:

Check the person often.

Report to the nurse that you checked the person.

If you are allowed to chart, record when you checked the person and your observations.

Hand rails give support to persons who are weak or unsteady when walking (Fig. 12-6).

Grab bars (safety bars) provide support for sitting down or getting up from a toilet. They also are used for getting in and out of the shower or tub (Fig. 12-7).

You or the person can be injured if the bed, wheelchair, or stretcher moves while transferring a person. Each wheel has a lock to prevent the bed from moving (Fig. 12-8).

Make sure bed wheels are locked:

When giving bedside care

When you transfer a person to and from the bed

Wheelchair and stretcher wheels are locked during transfers.

A transfer belt (gait belt) is a device used to support a person who is unsteady or disabled. It helps prevent falls and other injuries. The belt goes around the person's waist. Grasp under the belt to support the person during the transfer or when assisting the person to walk. When used to transfer a person (see Chapter 15), it is called a **transfer belt**. When used to help a person walk, it is called a **gait belt** (Fig. 12-9).

Falling may be caused by:

Weakness, lightheadedness, or dizziness/Fainting

Slipping or sliding on spills, waxed floors, throw rugs, or improper shoes

Do not try to prevent the fall.

If a person starts to fall, ease him or her to the floor.

Do not let the person move or get up before the nurse checks for injuries.

An incident report is completed after all falls

Use at least two identifiers. An identifier cannot be the person's room or bed number. Some centers require that the person state his or her name and birth date. Others require using the person's ID number. Always follow center policy (Fig. 11-2).

Some centers have a photo ID system (Fig. 11-3). The person's photo is taken on admission and placed in the medical record.