

## BATH (BED-COMPLETE)

The complete bedbath is performed for those on bedrest who need total or partial assistive care. It is done to cleanse the skin to remove soil, dead epithelial cells, microorganisms, and promote comfort, exercise, and relaxation.

### INTERVENTIONS

#### Equipment/Supplies

- 2 bath basins with water
- Washcloth, bath mitt, sponge
- Bath blanket
- Soap, liquid or bar
- Body lotion, talcum powder
- Bath oil or other moisturizer
- Deodorant
- Disposable gloves, for perineal care

#### Resident

- Explain purpose of procedure and expected results
- Place in supine position and change position to sidelying as appropriate to reach areas.

### PROCEDURE

1. Perform hand washing.
2. Become familiar with type and frequency of bathing, assistance and aids needed, special skin needs.
3. Prepare water in the 2 basins at 96-98° (warm) or 98-104° (hot) depending on the condition of the skin and place all articles within reach at the bedside. Use one basin for washing, the second basin for rinsing the body.
4. Adjust the room temperature and remove any drafts that can cause chilling.
5. Provide a bedpan or urinal if needed.
6. Remove the top linens without shaking and discard in the linen bag or fold for use as a bottom sheet replacement.
7. Cover with the bath blanket and remove garments and elastic hose if present.
8. Place as near to side of the bed as possible.
9. Place a towel over the chest and clean the eyes with the damp washcloth moving from the inner to outer canthus, form a mitt with the washcloth and wash the face with water using a finger to wash the inside and outside of ears (soap can be used), rinse and pat dry.
10. Place the towel lengthwise under each arm and wash and rinse arms from axillae to the hands, the basin of water can be placed on the towel and the hand immersed to wash and rinse; pat dry following the rinsing.
11. Apply deodorant if desired.
12. Place a towel over the chest and wash, rinse, and pat dry; cover with bath blanket.
13. Place a towel over the abdomen and wash, rinse and pat dry; cover with the bath blanket.
14. Place towels lengthwise under each leg and wash, rinse and pat dry; place the basin of water on the towel and immerse each foot and wash, rinse, and pat dry.
15. Change water to continue bath.
16. Position on side and place towel lengthwise under the back and wash, rinse, and pat dry the back and buttocks area.

17. Perform perineal care procedure.
18. Remove, cleanse, disinfect reusable supplies and store for future use, discard used linens and articles.
19. Replace gown or pajamas with clean garments and proceed with bed making procedure.

#### **PROBLEM-SOLVING ACTIONS**

1. Using long, firm but gentle strokes in washing, rinsing and drying, is more comfortable for the resident.
2. If rinsing is not thorough, dryness and pruritis will result.
3. Placing the feet and hands in the basin of water softens the nails for easier nail management if done as part of the bath.
4. Warm water temperature should be used for dryer skin, hot water should be tested with a thermometer on the skin of the inner aspect of the forearm and used with caution to prevent burns.
5. Water should be changed any time that it becomes soapy.
6. The washcloth can be folded around the hand to form a mitt which prevents the ends of the cloth from dripping water.
7. Powder should be used sparingly.
8. Allow for as much independence as possible in bathing by setting up all supplies within reach, raising the head of the bed to a tolerable level, and allowing resident to wash as much as able; offer assistance when needed.
9. Perform skin assessment for tissue changes during bath and note and record abnormalities.
10. Utilize principles of body alignment when positioning the resident during the bath and associated procedures.

#### **EVALUATION**

Skin intact, clean and free of dryness, irritation, or pruritis; comfort and feeling of well-being maintained.