



RAMAIAH
Medical College

Activities of Daily living and assistance

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This chapter deals with the various activities a senior should be able to perform. This checklist is a starting point to determine the kind of assistance they require. Early intervention can help find solutions that extend their independence, improve their safety, and prevent further decline.

Activities of Daily Living (ADL) include the following:

- Bathing- The ability to clean oneself and perform grooming activities like shaving and brushing teeth.
- Dressing- The ability to get dressed by oneself without struggling with buttons and zippers.
- Eating- The ability to feed oneself.
- Transfer to the bed or chair

Washing/bathing

While this is a basic and simple task, it can be quite tiresome and even dangerous for the elderly. Generally, seniors get cold more easily and can experience a loss in balance or range of motion as they age. Seeking assistance with washing can prevent falls and other related injuries. If durable medical equipment and home modifications for aging in place still do not solve the problem, then hands-on care from a family member or bath visits from a home health aide can help alleviate the issue.

Personal hygiene

- Regular baths with change of clothing needs to be carried out. Tight fitting clothing should be avoided.
- Regular dental /oral care after feeds with chlorhexidine mouth wash is a good practice. Dentures to be removed during sleep and kept in antiseptic/saline solution.
- Hair care to be ensured regularly to rule out head lice, along with regular combing and hair wash
- Care of nails and feet: Nails to be cut at regular intervals. If left unattended it can lead to in growth of tissues and collection of dirt underneath.

Dressing

Some elderly adults may lose the ability to dress themselves due to several health conditions like arthritis, stroke, broken bones, or even cognitive impairments like dementia, and may need an extra hand when getting dressed. Their loss of flexibility or dexterity leads to additional help being needed to put on and fasten other clothing items they own. Simply switching from conventional clothing to adaptive clothing might allow for more independent dressing.

Solutions could include bottoms with elastic waistbands, shoes with Velcro fasteners instead of laces or buckles, or shirts with magnetic front closures instead of pullovers and button-downs.

Eating

Over time, elderly adults with cognitive or physical decline may lose their ability to feed themselves completely. This could be due to a decline in motor or swallowing functions. Furthermore, they can also experience dietary and nutritional challenges such as simply forgetting to eat meals and loss in appetite.

Below are a few good eating/feeding practices for the elderly:

- Food to be given on time along with medications. Patient choice and preference of diet, whether semi-solids or soft diet, needs to be kept in mind.
- For bed-ridden patients feeds to be given every 2 to 3 hours. Before every feed, the caretaker needs to aspirate to find out if any content from previous feeds is present or not. If yes, they need to delay the next feed.
- Ryle's tube or peg tube to be flushed with water post feeding
- Ensure adequate nutritional diet is given.
- Feeds to be given in upright position and same position to be maintained for another half an hour post feeds to prevent aspiration.

Transferring:

Transferring focuses on all aspects of being able to move a patient from a bed to an upright chair or a wheelchair and vice versa. A few important steps to be followed are:

- Get the person closer to the edge of the bed. Assist to roll them onto their side. You can help by placing one hand on the shoulder farthest from the edge and one hand on their hip.
- Help to place their hand on the bed and to push themselves up while you move their legs slowly over the edge of the bed.
- While they put their legs down you can also lift them by their shoulder to a sitting position.
- Place their feet firmly on the ground in front of the bed and ask them to slide their bottom to the edge of the bed.
- If you are transferring to a wheeled chair, have it close by and in-parallel to the bed with the wheels locked.
- Ask to put their arms over your shoulders as you grasp them by the hips or transfer belt.
- Place one foot slightly forward, bend at your knees, and count down to three for them to stand.
- With a rocking motion build up momentum until the patient is in a standing position.
- Once standing, pause for a moment to catch your breath.
- Then, together, shuffle and turn until the wheelchair is touching the back of his knees.
- Slowly bend at your knees and lower him into the chair.

Toilet protocol:

Taking the patient to the washroom also involves a few steps, which, if followed can help in avoiding falls/injuries:

- Clear the path to the bathroom by removing any rugs or floor mats
- The path should be well lit, both, in the day and at night
- If the bathroom door has a raised threshold, sidestep to prevent tripping
- Add grab bars for extra support when sitting and standing
- A raised toilet seat with arms is preferable
- Consider moist toilet tissue wipes for ease, cleanliness, and comfort
- For those who require supervision, allow them to walk on their own pace but stay close and be ready in case they wobble or trip.
- Once inside, tell them to slowly turn until the toilet is directly behind them
- For those requiring assistance, ask them to lower themselves slowly onto the toilet seat while placing their hands on your forearms. Steady them with your hands on their trunk. Bend your knees as they lower themselves
- Before standing up, ask them to scoot forward a little and place their hands on your forearms before slowly raising themselves up. Keep your hands on their trunk and bend your knees.
- Don't let them hold on to their walker as they sit or stand because it could tip over and result in a fall.

Technologies That Help with Specific ADLs

For people who have difficulty completing their activities of daily living, there are technologies that can help. These technologies allow persons to complete their ADLs with more ease, as well as decrease the amount of time it takes to complete them. This assistance can allow them to maintain their independence. While adaptive equipment can be very simple, it is often the difference between living independently and requiring regular assistance.

Examples of assistive technology include:

- Shower chairs
- Handheld shower heads
- Grab bars in the bathroom
- Toilet seat risers
- Washcloth mitts
- Bed rails
- Prescription drug organizers
- Kitchen utensils with large handles
- Two handed cups
- Stocking aids
- Tennis shoes with Velcro rather than shoelaces
- Walkers
- Wheelchairs

References:

1. <https://homecareassistance.com/blog/tips-for-proper-transferring-technique>
2. <https://www.payingforseniorcare.com/activities-of-daily-living>
3. <https://scholar.dominican.edu/cgi/viewcontent.cgi?article=1304&context=all-faculty>

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