Clinical Task Instruction

SKILL SHARED TASK

S-AD06: Assess showering and provide basic/bridging intervention

Scope and objectives of clinical task

This CTI will enable the health professional to:

- assess the client's ability to safely and effectively shower, this includes mobilising to the bathroom, undressing, showering in a seated position, dressing and transferring in and out of the shower area

VERSION CONTROL

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This Clinical Task Instruction (CTI) has been developed by the Allied Health Professions' Office of Queensland (AHPOQ) using information from locally developed clinical procedures, practicing clinicians, and published evidence where available and applicable.

This CTI should be used under a skill sharing framework implemented at the work unit level. The framework is available at: https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp

Skill sharing can only be implemented in a health service that possesses robust clinical governance processes including an approved and documented scope of skill sharing within the service model, work-based training and competency assessment, ongoing supervision and collaborative practice between skill share-trained practitioners and health professional/s with expertise in the task. A health professional must complete work-based training including a supervised practice period and demonstrate competence prior to providing the task as part of his/her scope of practice. When trained, the skill share-trained health professional is independently responsible for implementing the CTI including determining when to deliver the task, safely and effectively performing task activities, interpreting outcomes and integrating information into the care plan. Competency in this skill shared task does not alter health professionals' responsibility to work within their scope of practice at all times, and to collaborate with or refer to other health professionals if the client's needs extend beyond that scope. Consequently, in a service model skill sharing can augment but not completely replace delivery of the task by profession/s with task expertise

Please check https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp for the latest version of this CTI.

- develop and implement an appropriate plan to address identified showering problems including providing standard education and training on one-handed techniques, environmental set-up, and the use of equipment including long handled sponge/washer, soap alternatives, shower caddy, dispensers and a hand held shower (off the shelf).

Note 1: this CTI includes using a shower or a sponge bath and both washing and drying.

Requisite training, knowledge, skills and experience

Training

- Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements complete patient manual handling techniques, including the use of walk belts and sit to stand transfers.
- Competence in the following CTIs or demonstrated professional equivalence:
  - CTI S-AD02: Assess grooming and provide basic/bridging intervention
  - CTI S-AD03: Assess dressing and provide basic/bridging intervention
  - CTI S-AD07: Prescribe, train and review use of shower seating equipment. S-AD07 provides competence in examining shower seating equipment and should be completed concurrently with S-AD06 if the skill share-trained health professional will implement S-AD06 with clients that use prescribed shower seating. The health professional can implement S-AD06 with the shower seating equipment they have demonstrated competence in S-AD07.
  - CTI S-MT01: Functional walking assessment
  - CTI S-MT07: Standing transfer assessment

  and if the use of mobility aids is within the scope of the local implementation:
  - CTI S-MT02: Prescribe, train and review of walking aids.
- If the local service implementation includes performing the task in the community setting additional training may also be required e.g. driver safety, workplace procedures for home visiting, occupational violence prevention and management. Additional training should be listed in the Performance Criteria Checklist or included in orientation checklists and/or workplace instructions.
- This CTI is written for client's performing the task in a seated position. If the local implementation of the CTI will include client's standing during the assessment the skill share-trained health professional should have completed training in, or have demonstrated competence in, facilitating and assessing safe standing balance e.g. CTI S-MT05: Standing balance assessment. A standing balance assessment should be conducted prior to commencing the task. The standing balance assessment should include standing with eyes closed, head back, arms to head/feet and reaching as components of the task. This variant should be noted in the Performance Criteria Checklist.

Clinical knowledge

To deliver this clinical task a health professional is **required** to possess the following theoretical knowledge:

- conditions that make showering difficult including signs and symptoms that impact on showering. This should include conditions identified in the "Indications and limitations" section of this CTI.

- elements of safe, hygienic, effective showering e.g. planning and sequencing, dynamic balance, upper limb/trunk range of motion and sensation
- potential causes of showering problems and common adaptations including environmental set-up, one-handed techniques and the range and use of equipment i.e. long handled sponge/washer, soap alternatives, shower caddy, dispensers and a hand held shower (off the shelf).

The knowledge requirements will be met by the following activities:

- review of the Learning Resource
- receive instruction from the lead health professional in the training phase.

Skills or experience

The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:

- **required** by a health professional in order to deliver this task:
  - competence in the use of required monitoring equipment relevant to the local care setting e.g. blood pressure, oxygen saturation, heart rate.
- **relevant but not mandatory** for a health professional to possess in order to deliver this task:
  - competence in prescribing, training and reviewing use of bathroom grab rails and/or toileting equipment
  - competence in the use of mobile oxygen where this is relevant to the healthcare setting
  - experience providing functional rehabilitation programs.

Indications and limitations for use of skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which he/she delivers this clinical task. The following recommended indications and limitations are provided as a guide to the use of the CTI but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

Indications

- The client has been identified as having problems showering. This may be via referral, subjective history or direct observation e.g. a reported fall in the shower, problems accessing the shower environment or change in physical function likely to impact showering.
- The client is medically stable and there is no medical prohibition to participating in a showering assessment e.g. the medical record indicates that client can access the shower, vital signs are within expected limits or the client is living in the community and is not acutely unwell.

Limitations

- Limitations listed in CTI S-AD02, CTI S-AD03, CTI S-AD07, CTI S-MT01 and CTI S-MT07 apply. If walking aids are used, the limitations from CTI S-MT02 apply. If performing the task in standing, limitations from CTI S-MT05 apply.
- If the skill share-trained health professional is **not** required to complete the CTIs, i.e. where walking assessment, standing transfer assessment, standing balance, dressing assessment, grooming

assessment and walking aid and/or showering equipment prescription, training and review are within their existing expertise and scope of practice then:

  - as part of the training process, review the limitations listed in the CTIs above
  - consider existing skills, knowledge and experience in the tasks
  - in collaboration with the lead health professional, determine and document bespoke limitations to this task relevant to the individual's scope of practice.

  For example, teams may determine that physiotherapists with task expertise in mobility and transfer assessments may include client groups in the scope of this CTI that would be otherwise excluded e.g. clients with an amputation or that are non-weight bearing.

- Additional limitations include:
  - The client is known to require full assistance for showering and there has been no change in physical or cognitive function to indicate a need for re-assessment.
  - The client is unable to sit upright without support and/or demonstrates poor sitting balance. This may include actual or near loss of balance when reaching behind, leaning to the side or reaching towards the ground or behind. This may be due to reduced muscle strength, poor trunk/head control, structural deformity, contractures, spasticity, involuntary movements, vestibular problems, uncontrolled hypotension or visuospatial perceptual problems.
  - The client requires more than one light assist to transfer, has a lower limb amputation, weight bearing restriction or uses a hoist or a method of transfer for which the skill share-trained health professional has not been trained and assessed as competent.
  - The client uses a mobility aid for which the skill share-trained health professional has not been trained and assessed as competent e.g. walking aid, wheelchair, scooter.
  - The client has a new visual or perceptual deficit, including no vision or hemianopia i.e. the client is unable to see their hand in front of their face or has a visual neglect for which they do not demonstrate compensatory strategies.
  - The client has a significant cognitive deficit e.g. an inability to follow instructions for safety, is disorientated in the bathroom environment or is known to demonstrate impulsive, unpredictable or aggressive behaviour.
  - The client has a medical condition that benefits from water immersion such as eczema, arthritis, or burns, or the client prefers to use a bath and is unwilling to consider showering as a hygiene option.
  - The client reports significant concerns and/or anxiety with being assessed during showering or does not consent to be being observed during showering. This may be due to a fear of water, modesty concerns and/or gender of the health professional performing the task. Discuss the concerns with the client and provide further information on the purpose of the task. Determine if the client consents to proceed or develop a management plan for ongoing hygiene including assessment by a health professional of a different gender.
  - The client has recently commenced continuous oxygen therapy and the skill share-trained health professional has not been trained and assessed as competent in the use of mobile oxygen equipment. For skill share-trained professionals with competence, determine the specific care requirements of the oxygen equipment during showering by referring to the manufacturers' guidelines. Liaise with medical and/or nursing staff regarding required monitoring of signs and symptoms during showering and integrate this into the assessment. Include regular rest breaks if required. Develop a management plan including education on caring for oxygen equipment whilst showering and pacing of the task.

Safety & quality

Client

The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task.

- As showering requires good dynamic balance, close supervision of the client is required at all times.
- As showering requires water temperature adjustment, close monitoring is required to manage the risk of scalding/shivering. An increased risk is present if the client has transient, limited or reduced sensation and/or proprioception e.g. spinal cord compression/injury, peripheral neuropathy, neurological disease or confusion. For clients with these conditions the task may also include adherence to foot/skin care regimes (see the Learning Resource) and monitoring of safe limb placement and slip and trip hazards.
- Skin and seating surfaces should be dry prior to transfers to reduce friction and the risk of pressure injury. If the client is at risk of pressure injury or skin shearing include frequent visual inspection during the task. Increased risk occurs if the client has frail skin or is malnourished, incontinent or has limited mobility. If injury occurs, cease the task and inform the treating team of any new wounds. If the client has an existing pressure area/skin tear ensure the wound is covered with a dressing prior to commencing the task. If the injury is to be in contact with the seating surface, liaise with the medical team regarding any limitations to sitting duration and monitor the client's pain. Cease the task if limits are exceeded.
- The client has a plaster cast, stoma, wound, prosthesis, indwelling catheter (IDC), oxygen equipment, personal alarm or other personal equipment requirement. Liaise with the nursing staff, stoma therapist, general practitioner, equipment provider/prescriber or equipment manufacturer for the protocol regarding management during showering e.g. wound dressing, removal of stoma/prosthesis, covering of plaster or monitoring water on oxygen tubing.
- If the client insists on standing during the assessment and this is not within the scope of the skill share-trained health professional, instruct the client to resume sitting and provide manual guidance if required for safety. If the client is unwilling to sit, cease the task by turning off the shower and maintaining supervision. If available, seek assistance to complete showering for hygiene e.g. nursing staff. If assistance is not available, instruct the client to resume sitting for drying and dressing.
- Shoes should be worn prior to the client standing-up to mobilise into/out of the bathroom. Shoes should be enclosed, well-fitting and with good traction. If in the client's home, conduct the assessment with the client's usual footwear e.g. slippers, socks, bare feet. This should be noted in the chart entry with any recommendations for safety e.g. replacement of slippers, provision of grip socks.

Equipment, aids and appliances

- The client should be assessed using their usual showering aids and/or appliances. If their usual aid/appliance is not available a similar trial/loan should be provided. Aids include shower seating equipment, long handled sponge/wiper, soap mit, dispensers, caddy and hand held shower.
- Perform an equipment safety for shower seating equipment. Check that the safe working load is suitable for the client, the height is adjusted to meet any restrictions/functional requirements, the dimensions accommodate the client's body shape without risk of skin shearing and the equipment is fitted appropriately to the environment. The safe working load for shower seating equipment is generally 110-125kg. Clients above this weight range should be considered for bariatric equipment.

- Ensure all equipment is clean and in good working order as per local infection control protocols. Refer to the manufacturer's guidelines for specific fitting and maintenance requirements e.g. check rubber grips have not perished, rubber stoppers are in place and have tread.
- Shoe covers and a plastic apron should be worn by the health professional to protect clothing from getting wet during the task and reduce the risk of contamination between environments. As the client may require assistance to complete the task, it is advisable to either wear disposable gloves or have them readily available.

Environment

- As this task assesses the client's ability to shower, privacy should be maintained to ensure modesty e.g. door closed, curtain pulled.
- Ensure the room temperature is appropriate and comfortable for the client e.g. room ventilation fan on to reduce humidity, bathroom heater on for warmth.
- If the task is being undertaken in the client's home, a visual safety inspection of the shower environment should be conducted prior to the assessment including checking there are no leaks, cracks or loosening of fixtures or floor surface. If a fault is present, the client and/or carer should be informed regarding the required maintenance and any local service protocols implemented e.g. falls prevention or public housing notifications.
- Timing and coordination of the shower assessment may be dictated by other users and/or infection control processes and procedures e.g. infectious or cytotoxic clients requiring special bathroom cleaning after the assessment. Time and co-ordinate with housekeeping, nursing staff or carer if required.

Performance of Clinical Task

1. Preparation

- Use information collected from the medical chart to determine the client's showering ability including the use of any modified techniques and/or aids, required assistance (as per the *Guide to conducting a showering history* in the Learning Resource) and that the client has no medical prohibitions to undertaking the task.
- Ensure the client has any required aids/equipment available in the bathroom including shower seat/stool, transfer tub/bench, hand held shower, long handled sponge/wiper shower caddy or dispensers. If the client does not have suitable seating equipment provide a trial/loan item for the assessment, adjusted for correct fit, and orientate the client to safe use of the equipment.

2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth **plus one** of the following: hospital UR number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care 2nd edition (2017).
- As the task involves observation of showering, client consent should include information on the need to be observed and details on how privacy and dignity will be maintained.

3. Positioning

The client's position during the task should be:

- Initially standing to mobilise into the bathroom and then sitting down and standing up as part of the assessment process.

The health professional's position during the task should be:

- standing in a position that allows close supervision of the task for safety and observation.

4. Task procedure

- The task comprises the following steps:
    1. Explain the task to the client.
    2. Check the client has understood the task and provide an opportunity to ask questions.
    3. Obtain or confirm information from the client (or carer) with regard to:
        a) current physical capability/issues relevant to showering including equipment requirements, personal preferences and problems or concerns, and
        b) the ability to sit and stand including balance history i.e. falls history, ability to stand/mobilise, assistance required, mobility aid used, medical/surgical restrictions, continence. See the *Guide to conducting a showering history* in the Learning Resource and the "Indications and limitations" sections above

        On the basis of the information provided, determine if the task will progress to include the observation of showering performance.
    4. Observe the client in sitting. Assess the client's static and dynamic balance. If the client has poor sitting balance cease the task e.g. cannot sit without back or arm support, has excessive postural sway, leaning, listing, or is unable to reach outside their base of support and return to sitting. Document all observations and refer to a health professional with expertise in showering for further assessment.
    5. Observe the client's performance of standing up from sitting. If required, provide assistance as per the local health service patient manual handling protocol. If the client requires more than one light assist, cease the task and ask the client to sit back down. Document the outcome and refer to a health professional with expertise in showering for further assessment.
    6. Ask the client to mobilise to the bathroom, undress and take a shower.
        a) Observe the client's performance mobilising to the shower using their usual mobility aid/s (if relevant). If required, provide assistance as per the local health service patient manual handling protocol. Observe the client's ability to locate the bathroom, open and close the bathroom door and negotiate the thresholds into the shower/bath area.
        b) Assess the client undressing. Note any problems including the use of grab rails, hand support on walls, sink or towel rails, difficulty removing clothing and footwear, unsteadiness, or excessive time required to complete the activity. Provide assistance if required.
        c) Observe the client mobilising to and sitting on the shower seat. See "Limitations" above.
    7. Ask the client to turn the water on, observe any problems e.g. turning on or reaching tapware. Determine if the water temperature is adjusted correctly, see the "Safety and quality" section. Note any assistance required.

8. Assess the client's ability to apply the water, then soap, using the washer (if required). This includes observing the client's ability to access, wash and rinse their body parts i.e. face, chest, arms, legs, back, body, genitals and bottom. See *Table 1: Clinical reasoning guide to observing showering performance* in the Learning Resource. Note any verbal prompting, physical assistance and/or compensatory strategies required to complete the task.
9. Assess the client turning the water off, noting any leakage and if verbal prompting, physical assistance and/or compensatory strategies are required to complete the task.
10. Ask the client to dry and dress themselves and leave the bathroom.
    a) Assess the client identifying and accessing a towel and drying the face, chest, arms, legs, back, body, genitals and bottom. Note any missed areas. Note any verbal prompting, physical assistance and/or compensatory strategies required to complete the task.
    b) Assess the client dressing. Note any problems including the use of grab rails, hand support on walls, sink, or towel rails, difficulty putting on clothing and footwear, unsteadiness, or excessive time required to complete the activity. Provide assistance if required.
    c) Observe the client standing up and mobilising from the bathroom.
11. Determine if the client would benefit from a basic/bridging intervention/s to improve showering performance. Refer to *Table 1: Clinical reasoning guide to observing showering performance* in the Learning Resource.
12. Select appropriate basic/bridging intervention/s considering the client's goals, impact on independence, safety and timeliness of task performance.
13. Discuss and develop a plan with the client (and or/carer if relevant) for intervention/s i.e. environmental set-up, one-handed techniques and/or showering equipment. If recommending equipment include information on the features, maintenance requirements, risks, cost and proposed benefits for independence.
14. Implement the plan by providing education, including demonstration (if required), for each intervention. Observe the client using the prescribed technique/equipment. Provide cueing and manual guidance if required for safety and training effectiveness. Make any adjustments to the plan to improve performance.
15. Determine if the client requires further review and/or rehabilitation.

5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during the task include:
  - the client does not complete the task in a usual order e.g. turns water on before undressing, dries self with a towel prior to washing, uses soap prior to getting wet or does not rinse off soap before turning water off. If sequencing problems are noted, provide the client with an opportunity to self-correct. If the client does not self-correct, prompt the client to the correct order and/or provide assistance.
  - the client does not wash their entire body or the client's performance poses a hygiene risk e.g. uses face washer on perineum and then washes face, toileting in the shower or does not meet wound, stoma, IDC or skin care requirements. This may be due to cognitive, visual, physical or proprioceptive issues. If problems are noted, provide the client with an opportunity to self-correct. If the client does not self-correct, prompt the client to the hygiene requirements and/or provide assistance.
  - the client does not manage water successfully e.g. blocks the drainage point with a face washer or foot, water sprays outside the shower cubicle/curtain, does not check the floor is dry prior to

mobilising. Provide the client with an opportunity to self-correct. If the client does not self-correct, prompt the client to correct and/or provide assistance.

  - repetitious washing in one area. Observe the skin for irritation. Prompt the client to change the washing area using verbal or manual guidance if required.
  - reduced inhibition and/or inappropriate verbal comments or actions during the task. Inform the client of the purpose of the task. If the behaviour continues, request assistance from another staff member and cease the task. Inform nursing staff/carer of the behaviour to assist in developing a suitable management strategy e.g. two carers to be present during showering, gender specific assistance or support for sexual expression.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the “Safety and quality” section above.

6. Progression

- The client may require further assessment of showering if goals or factors impacting showering change e.g. change in medical or surgical restrictions, a new fall, hospital admission, change of residence, change in assistance available, acute injury to the limbs, or an illness or surgery.

7. Document

- Document the outcomes of the task as part of the skill share-trained health professional’s entry in the relevant clinical record, consistent with documentation standards and local procedures, commenting on the client’s ability to complete the task and the specifics of the task performance:
  - environment the task was undertaken e.g. hospital ward bathroom or client’s home
  - ability to initiate and complete the task in a timely manner
  - ability to plan the task including correct use of any required equipment e.g. mobility aid, clothing, towel, toiletries, shower seating equipment, dispensers, shower caddy, long handled washer, hand held shower or grab rails
  - if using a mobility aid, the ability to safely use the brakes and manoeuvre within the environment
  - specifics of task performance including initiation, planning, sequencing, ability to recognise items and problem solve
  - safety during the task and the client’s awareness of potential dangers including management of water, use of equipment, adherence to restrictions, negotiation of trip and slip hazards
  - ability to complete the task effectively
  - level of assistance required, the use of redirection/verbal cueing or manual guidance. If the assessment identified that no assistance was required record ‘independent’.
  - a recommendation for ongoing showering performance including a plan to achieve this e.g. environmental set-up, provision of equipment, carer to provide assistance/supervision, commencement of a rehabilitation program
  - if the client is not independent and safe, a further assessment and management plan may be required including providing standard education, assessment by a health professional with greater expertise in standing transfers, mobility or home modifications and equipment prescription
  - any basic/bridging interventions that were provided as part of the session including the outcome for each intervention i.e. change in performance and recommendation for ongoing use.

- The skill shared task should be identified in the documentation as “delivered by skill shared-trained (*insert profession*) implementing CTI S-AD06: Assess showering and provide basic/bridging intervention” or similar wording.

References and supporting documents

Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition). https://www.health.qld.gov.au/__data/assets/pdf_file/0019/143074/ic-guide.pdf

Example recording form

Queensland Government. Townsville Hospital and Health Service (2014). Showering observation record occupational therapy v1-04/14. Available at: http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/docs/cf-showering-observation-record.pdf

- Queensland Government (2017). Transition Care Program (TCP) Personal hygiene/shower instructions. MR 11eja v3.00-05/2017. Available at: https://qheps.health.qld.gov.au/__data/assets/pdf_file/0027/417258/mr11eja.pdf

Assessment: Performance Criteria Checklist

S-AD06: Assess showering and provide basic/bridging intervention

Name: **Position:** **Work Unit:**

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of Lead HP	Date and initials of Lead HP	Date and initials of Lead HP
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for the task and makes appropriate decisions to implement the task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for the task including ensuring showering equipment is available, in good working order and adjusted to the correct size and fit for the client's needs.			
Describes the task and seeks informed consent.			
Prepares the environment and positions self and client appropriately to ensure safety and effectiveness of the task, including reflecting on risks and improvements in the clinical reasoning record where relevant.			
Delivers the task effectively and safely as per the CTI procedure, in accordance with the Learning Resource. a) Clearly explains the task, checking the client's understanding. b) Gains a showering history from the medical record and subjectively from the client/carer. c) Confirms the client's capacity to participate in a showering assessment including dynamic balance. d) Observes the client's performance mobilising to the bathroom including ability to locate, negotiate doors and thresholds. e) Assesses the client undressing. f) Observes the client transferring into the shower area and onto the shower seat. Note: if in scope for the local service implementation, the client will be assessed in standing and not sitting, details of this are required in the comments section below. g) Assesses the client turning on the water and adjusting the temperature. h) Assesses the client's ability to apply water, then soap,			

wash and rinse themselves. i) Assesses the client turning off the water, dressing and leaving the bathroom. j) Describes showering performance including compensatory strategies and limitations. k) Determines if the client would benefit from a basic/bridging intervention/s. l) Selects an appropriate intervention/s. m) Develops a plan with the client for the planned intervention/s. n) Implements the agreed planned intervention/s, including observation of the client using the technique/equipment. o) Makes any adjustments to the plan. p) Determines if the client will require review and/or rehabilitation. q) During the task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides the client an opportunity for self-correction, prior to verbal physical prompting, feedback and/or task adaptation to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in the clinical notes including a reference to the task being delivered by skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from the task into an intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record.			
Demonstrates appropriate clinical reasoning throughout the task, in accordance with the Learning Resource.			

Notes on the scope of the competency of the health professional

The health professional has been trained and assessed as competent to deliver the task for showering in:

□ Sitting

□ Standing

Notes of the service model on which the health professional will be performing this task:

For example: in the community setting with cancer care clients; in the medical assessment planning unit to facilitate geriatric discharge.

Comments should also include any restrictions (type of walking aids, weight bearing status, etc.)

Comments:

Record of assessment of competence		
Assessor name:	Assessor position:	Competence achieved: / /
Scheduled review		
Review date / /		

S-AD06: Assess showering and provide basic/bridging intervention

Clinical Reasoning Record

The clinical reasoning record can be used:

- as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting
- after training is completed for the purposes of periodic audit of competence
- after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.

The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: _____

1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

2. Client

Presenting condition and history relevant to task

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

General care plan

- insert concise point/s on the client's general and profession-specific / allied health care plan e.g. acute inpatient, discharge planned in 2/7

Functional considerations

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

Environmental considerations

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

Social considerations

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

Other considerations

- insert concise point/s of relevance to the task not previously covered. If none, omit.

3. Task indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement / not implement the task including risk management strategies.

4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

Skill share-trained health professional	**Lead health professional (trainer)**
Name:	Name:
Position:	Position:

Date this case was discussed in supervision: / /

Outcome of supervision discussion e.g. further training, progress to final competency assessment

Assess showering and provide basic/bridging intervention: Learning Resource

Showering is used to prevent disease and for personal hygiene. It washes away dead skin cells, bacteria, dirt/soil, stimulates circulation and reduces body odour. How often a person showers is dependent upon a number of factors including hygiene requirements, cultural custom and personal preference. Hygiene may be affected by the environment, activity levels and general health. For example, more frequent showering may be required in humid or dirty environments, by those who exercise, or those who have health conditions that require good skin care e.g. eczema, peripheral neuropathy or heat rash. Less frequent showering may occur when water restrictions/access is limited, by those who spend most of their time indoors and/or inactive, those who have minimal body odour or those whose skin/hair becomes dry with frequent washing.

Showering generally includes washing the body and a regime for hair care involving washing, combing, drying and styling. This CTI does not discuss combing, drying and styling. For grooming see CTI S-AD02: Assess grooming and provide basic/bridging intervention. For dressing and undressing see CTI S-AD03: Assess dressing and provide basic/bridging intervention.

A showering assessment identifies problems and guides decision making including equipment needs, assistance requirements and rehabilitation goals for showering.

Required reading

Showering

- Alzheimer's and Dementia Caregiver Centre (2018). Bathing. Available at: https://alz.org/care/alzheimers-dementia-bathing.asp
- Gitlin LN, Swenson Miller K, Boyce A (1999). Bathroom modifications for frail elderly renters: outcomes of a community-based program. Technology and Disability 10(3): 141-149. Available through CKN
- Glenn EK, Gilbert-Hunt S (2012). New graduate occupational therapists experience of showering assessments: A phenomological study. Australian Occupational Therapy Journal. June. Available through CKN.
- UKHCA Guidance (2012). Controlling scalding risks from bathing and showering. United Kingdom Homecare Association Ltd. Wallington. Available at: https://www.ukhca.co.uk/pdfs/BathingShowering.pdf

One-handed techniques

- Edmans J (Ed). (2010). Occupational therapy and stroke (2nd Ed). Appendix: One-handed techniques. Blackwell Publishing Ltd. ISBN:978-1-405-19266-8. Available at: http://onlinelibrary.wiley.com/doi/10.1002/9781444323801.app1/pdf

Showering equipment

- DLF Shaw Trust: Choosing equipment for bathing (2018). Available at: http://www.dlf.org.uk/factsheets/bathing
- Independent Living Centres Australia: Bathing equipment (2011). Available at: http://ilcaustralia.org.au/Using_Assistive_Technology/in_the_home/bathroom
- Government of South Australia (2013). Disability information: Bathroom safety. Available at: http://www.sa.gov.au/__data/assets/pdf_file/0011/12260/bathroom-safety.pdf

Foot care

Clients with reduced sensation in the lower limb should also be undertaking a regular foot care check as part of showering.

- Diabetes Australia (2015). Foot care. Available at: https://www.diabetesaustralia.com.au/foot-care

Optional reading

- Disabled Living Foundation: Choosing a bath and bath accessories (2006). DLF Fact sheet. London. Available at:

  http://www.child-disability.co.uk/pdf/Choosing_a_bath_and_bath_accessories_sponsored.pdf
- Miller RI (1994). Managing disruptive responses to bathing by elderly residents: strategies for the cognitively impaired. Journal of Gerontological Nursing 11/1/1994: 35-39. Available through CKN.
- Penn ND, Belfield PW, Muscie-Taylor BH, Mulley GP (1989). Old and unwashed: bathing problems in the over 70s. BMJ 298:1158-1159. Available at: http://europepmc.org/scanned?pageindex=2&articles=PMC1836376

Example showering observation record template

Queensland Government, Townsville Hospital and Health Service (2014). Showering observation record Occupational Therapy v1-04/14. Available at:

http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/docs/cf-showering-observation-record.pdf

- Queensland Government, Townsville Hospital and Health Service (2014). Showering retraining program and performance record Occupational Therapy v2-04/14. Available at: http://qheps.health.qld.gov.au/tville/cdsu/clinical-forms/docs/cf-showering-retraining.pdf

Guide to conducting a showering history

As part of conducting a showering history the following information is required from the medical chart and/or client:

- Does the client have a history of reduced sensation e.g. peripheral neuropathy, spinal cord injury, spinal stenosis, stroke or diabetes? See the “Safety and quality” and “Limitations” section.
- Does the client have any wounds including a stoma, pressure injury, skin fragility or allergies? Is there a suitable management plan in place for showering? See the “Safety and quality” section.
- Does the client have any equipment requirements including IDC, prosthesis, oxygen or personal alarms? Is there a suitable management plan in place for showering? See the “Safety and quality” section.
- Does the client have any medical or surgical restrictions including hip precautions. Ensure restrictions are able to be adhered to during the showering assessment e.g. chair height matched to client and showering equipment stored at a height that supports adherence to restrictions. If unclear, liaise with the treating healthcare team or a health professional with expertise in showering assessment.

Showering history

- How does the client wash at home? Shower, bath, sponge bath i.e. washing from a bowl/basin of water in the bathroom or laundry.

  - If a sponge bath, is this the client's preferred method? If yes, continue with the task. If no, determine the reason for sponge bathing e.g. concern of falling in the bathroom, can sit down in the laundry, carer provides assistance.
- Does the client require any support/s to wash? If the client requires support, what type of support e.g. equipment, verbal prompting or physical assistance. Check the "Indications and limitations" section.

Environmental

- Where does the client wash e.g. ensuite, main bathroom or laundry?

  Describe the washing environment e.g. separate shower/bath, combined toilet, general circulation space as it relates to client/mobility aid/carer.
  - If the client uses a shower, is there a hob? How high is the hob? The client will need to be able to step high enough to clear the hob to access the shower.
  - If the client uses a bath, are there any unusual features? Over-bath shower seating equipment options will be limited if the bath has access steps, limited hob/rim width, shower screen is installed on the bath rim or the bath is made of plastic or a corner shape.
- How does the client access the wash area? This question identifies if the client is orientated and provides information on their mobility status. If the client requires a mobility aid or assistance check the "Indications and limitations" section.
- Does the client require any equipment during the task e.g. grab rails, shower seating equipment, hand held shower, soap (cake/pump), long handled washer, wash cloth or shower caddy?

Mobility

- How does the client mobilise to the bathroom e.g. walks unaided, walking aid, wheelchair or mobile shower commode? Check the "Indication and limitations" section. Refer to mobility history from S-MT01: Functional walking assessment.
- What position does the client shower in, standing or sitting? If in standing, is the client planning on showering in sitting? Check the "Indications and limitations" section.
- Has the client had any falls in the past 12 months? If yes:
  - How many?
  - Where e.g. in the bathroom, on the stairs?
  - Which direction did they fall?
  - Were there any injuries sustained e.g. bruising, fractures, lacerations, loss of consciousness?
  - What was the cause e.g. urgency/continence issues, syncope, dizziness, wet floor, night time? Discuss the management plan the client is using to reduce the risk of another fall including continence/medical review, fluid intake management, use of a night light, use of incontinence products or repair of shower water leak.
- When the client is moving around, does the client report or appear unsteady or at risk of losing their balance e.g. standing up from sitting, walking, turning?
- Has the client had any recent change to their medications?
- If falls risks are identified the client requires a falls assessment by an appropriately trained health professional e.g. CTI S-MT08: Assessment of falls risk and risk reduction strategies for older persons in community settings using the FROP-Com.

Hygiene

- How does the client usually wash themselves? This question assists the health professional to identify personal preferences including the use of a wash cloth, loofah or sponge, and favoured soap products, creams and lotions.
- Can the client wash their entire body? This includes feet, hair/head and perineal area. If the client reports difficulties, discuss the reason for limitation e.g. pain, functional reach or balance. Check the “Indications and limitations” section.
- What position is the client in when they are washing, standing or sitting? Do they require the use of any hand supports e.g. rail, hand basin or wall. Check the “Indications and limitations” section.
- How often does the client wash themselves? Is maintenance of hygiene being impacted with this frequency e.g. body odour, obvious soiling, skin infections? What dictates the client’s washing frequency e.g. personal preference, incontinence or skin care? Is the client happy with this washing frequency? If the client washes frequently due to incontinence or a skin condition, determine if they require a review of the management plan with a health professional with expertise in continence management.

Drying

- How does the client dry themselves e.g. towel, towelling dressing gown, long handled wiper or hair dryer? Confirm that the client dries their face/head, feet and perineum.
- What position is the client in when they are drying e.g. standing, sitting or leaning to one side? Do they require the use of hand support e.g. rail, hand basin or wall? Check the “Indications and limitations” section.
- How does the client dry themselves? Does the sequence reflect good hygiene practices i.e. face first and perineum last? Are there any areas that they are unable to access or wipe completely dry? Does this pose a health risk?

Dressing

- Does the client report any issues adjusting clothing when undressing or dressing for showering e.g. cannot undo fasteners or remove easily? Assess for dressing e.g. CTI S-AD03: Assess dressing and provide basic/bridging intervention.

Client/carer goals

- What does the client have to be able to achieve with showering in order to prepare for their planned discharge destination, planned residence or to remain at home? Does the client need to be able to shower independently, with supervision or with assistance?
- Does the client have any additional requirements including management of wounds, stoma, IDC or skin care as part of showering? Discuss requirements with healthcare team if required e.g. wound dressing, stoma care or skin care requirements.
- If the client has a carer, what support are they able to provide with showering, mobility, dressing and associated activities such as wound or stoma care?
- Does the client or carer have any concerns for supporting showering including presence of equipment in a shared bathroom or client/carer dignity? What are the limits to the carer’s capacity or ability to assist e.g. can provide support for sponge bath but not showering or carer’s own health concerns limit assistance?

Selecting a basic/bridging intervention

The hierarchy of intervention generally is:

- environmental set-up
- education on dressing techniques including adaptive clothing
- equipment
- assistance e.g. verbal or physical cueing.

The first three interventions aim to maintain a client's independence. This should be balanced with the client's safety, goals and ability to perform the task in a timely manner.

When selecting a basic/bridging intervention the following considerations are relevant

- the improvement on client independence (short term and long term),
- client/carer goals,
- the impacts on client fatigue, pain or duration of the task.

Factors that impact on client preference may include:

- for environmental set-up, acceptability by other user or carers
- for education on dressing techniques, the client/carer's ability to train to use the technique
- for equipment, the required skills, cost and ease of use
- for assistance, the carer availability, willingness and capacity to support the client.

Observation of showering

Table 1 Clinical reasoning guide to observing showering performance

Component	Observation	Common problems	Adaptive strategy/remedy
Mobilise to/in the bathroom	CTI S-MT01: Functional walking assessment. Where walking aids are in scope for the local implementation CTI S-MT02: Prescribe, train and review of walking aids. Observe the client locating the bathroom, opening/closing the door and negotiating the doorway threshold and shower hob.	Inadequate circulation space in the assessment environment e.g. client bumps into walls/sink, unable to turn around in the room, unable to open/close the door, difficulty negotiating the shower hob.	Remove clutter from walkways and circulation spaces. Review of walking aid by a health professional with expertise in the task e.g. CTI S-MT02: Prescribe, train and review of walking aids.
		Client does not use the prescribed equipment appropriately e.g. grab rails, shower seating, and/or mobility aid. Client reaches for hand support due to poor balance e.g. holding onto the sink or towel rail when stepping over shower hob	Review of grab rail use or indications for a grab rail by a health professional with expertise in grab rails e.g. CTI S-AD01: Prescribe, train and review use of bathroom grab rails. Review of walking aid by a health professional with expertise in walking aids e.g. CTI S-MT02: Prescribe, train and review of walking aids. Mobility retraining program e.g. CTI S-MT12: Prescribe and administer bridging intervention: functional retraining for walking.
		Client is observed to be breathless, experience excessive pain and/or fatigue whilst mobilising to access the bathroom.	Review timing of showering to match medication regime. CTI S-AD07: Prescribe, train and review in shower seating equipment.
Undress/Dress	CTI S-AD03: Dressing assessment and provide basic/bridging intervention.	Difficulty manipulating zippers, buttons, ties, buckles, shoes/slippers. Difficulty adjusting clothing e.g. dressing gown, day wear, shoes and socks. Poor positioning/neglect of limb/s during clothing adjustment due to problems with proprioception, muscle control, neglect, etc.	CTI S-AD03: Dressing assessment and provide basic/bridging intervention. Dressing retraining program.

Component	Observation	Common problems	Adaptive strategy/remedy
Management of pads/liners/pull ups for incontinence. (if relevant)	Unwrap/unfold product. Place the product according to manufacturer's guidelines i.e. place/adhere to underwear, don/doff of the pull up.	Difficulty removing packaging, unfolding or positioning of the product for effective use. Product is overly soiled resulting in increased weight and leakage affecting health, mobility, manipulation of product, social interactions. Difficulty disposing of soiled incontinence products.	Liaise with the product prescriber for alternative products available and product schedule changing regimen. Place bin in a convenient, accessible location. Incontinence product disposal units example available at: https://australianageingagenda.com.au/2013/09/04/recycling-absorbent-hygiene-products-one-step-closer/
Transfer	CTI S-MT07: Standing transfer assessment.	Pulling on the sink, towel rail, shower screen or taps during sit to stand or not using available equipment appropriately e.g. over reaching for grab rails or pulling on seating equipment.	CTI S-AD07: Prescribe, train and review in shower seating equipment. Review of grab rail use or indications for a grab rail by a health professional with expertise in grab rails e.g. CTI S-AD01: Prescribe, train and review use of bathroom grab rails.
Balance during showering	Able to reach equipment without loss of balance including soap, taps, towel. Able to wash and dry all parts of the body without loss of balance. Where showering assessment in standing is in scope for the local implementation CTI S-MT05: Standing balance assessment or equivalence.	Client reaches for hand support or demonstrates avoidance, stopping or missing of body parts during the task or the client has excessive postural sway during the task or difficulty returning to normal alignment.	CTI S-AD05: Prescribe, train and review in shower seating equipment. Review of grab rail use or indications for a grab rail by a health professional with expertise in grab rails e.g. CTI S-AD01: Prescribe, train and review use of bathroom grab rails. Rehabilitation program for balance, including dual tasking. Change the environmental set up to reduce the reach distance for soap, taps, and/or towel. Provide long handled equipment to reduce reach distance e.g. long handled sponge, loofa or toe wiper.

Component	Observation	Common problems	Adaptive strategy/remedy
Hygiene	Washes body with water and soap (soap substitute) in a sequence that promotes minimal cross contamination/infection e.g. face, chest, arms, legs, back, genitals, bottom. This is inclusive of adaptive techniques that the client/patient may employ e.g. using long handled washer, liquid soap, seating equipment.	Areas/parts of the body are not washed appropriately. This may be due to: • decreased bilateral/ unilateral upper limb function due to proprioception, strength, flexibility or neuromuscular control etc. limiting reach/range of motion to areas of the body/equipment or ability to use equipment e.g. hand rail, washer, soap, etc. • poor positioning/neglect of limb/s during washing due to problems with proprioception, muscle control, neglect, reduced ROM etc.	CTI S-AD05: Prescribe, train and review in shower seating equipment. CTI S-AD01: Prescribe, train and review use of bathroom grab rails. Shower retraining education on one-handed techniques or equipment including: • placing items between thighs to steady/ remove lids/caps. • use of long handled equipment e.g. a sponge or loofa to wash back/feet/ perineum, toe wiper to wipe toes. • use of static products e.g. a static foot/nail brush fitted to rub feet/nails across. • use of alternative products e.g. soap mit, pump soap, soap on a rope. • use of a hand held shower (off the shelf) to improve reach and/or access to areas e.g. washing back/feet/ perineum
		• environmental factors including the position of equipment e.g. seat/water/soap/other wash items, large/confined space impacting on reach distance.	Set up the environment to improve reach e.g. use of a shower caddy Provide visual cues to promote self-correction e.g. environmental set-up, placement of equipment, and written signs/notes.
		• sensory factors, water and/or washing may produce altered sensory response resulting in avoidance/inability to/ repeated washing of an area.	Education on monitoring washing including skin inspection and /or visual cues to assist e.g. signage.
		• visual problems e.g. inability to see products for selection, inappropriately placed items.	Set up the environment to aid vision e.g. use of contrasting colours for products, placement within the visual field

Component	Observation	Common problems	Adaptive strategy/remedy
		• cognitive problems including sequencing, appropriate selection and use of products.	Set up the environment to improve for cognition by reducing the number of items available. Provide visual cues to promote self-correction e.g. environmental set-up, placement of equipment, and written signs/notes. Carer education regarding verbal cueing and/or physical assistance.
		• difficulty washing the perineum or feet due to poor reach and/or loss of balance	Use of long handled equipment e.g. a sponge or loofa to wash back/feet/ perineum Use of a hand held shower (off the shelf) to improve reach and/or access to areas e.g. washing back/feet/ perineum
		• anxiety/refusal to wash hair e.g. upset, cultural/spiritual, recent perm, sensitive eyes, vestibular symptoms.	Education re: hair hygiene including use of dry shampoo, hairdresser attendance, baby/low irritant products, education regarding rail use and carer support to manage vestibular symptoms.
Drying	Dries body in a sequence that promotes minimal cross contamination/infection e.g. face, chest, arms, legs, back, genitals, bottom. This is inclusive of adaptive techniques that the client/patient may employ e.g. using long handled toe wiper, bath mat, seating equipment.	Areas/parts of the body are not dried appropriately. This may be due to: • decreased bilateral/unilateral upper limb function due to proprioception, strength, flexibility, neuromuscular control, etc. limiting reach/range of motion to areas of the body/equipment or ability to use equipment e.g. hand rail, towel • environmental factors including the position of equipment e.g. dry towel large/confined space impacting on reach distance. • sensory factors- drying may produce altered sensory response resulting in avoidance, an inability to dry or excessive drying of an area. • poor positioning/neglect of limb/s during drying due to problems with proprioception, muscle control, neglect, reduced ROM etc.	CTI S-AD05: Prescribe, train and review in shower seating equipment. CTI S-AD01: Prescribe, train and review use of bathroom grab rails. Long handled drying equipment, use of a dressing gown or larger/smaller or multiple towels, use of a hair wrap or hair dryer.

Component	Observation	Common problems	Adaptive strategy/remedy
		• difficulty drying the perineum and/or feet due to poor reach and/or loss of balance.	
Water management	Water is a suitable temperature for showering. Water is maintained in the shower/bath area i.e. minimal splash on surrounding surfaces.	Water present on floor and client does not have a suitable management plan.	Shower retraining program to reduce spray/splash on surrounding surface. Use of a hand held shower (off the shelf) to direct spray/splash into the shower area. Use of an absorbent floor mat, available at most bath towel suppliers. Additional shower screening to reduce splash e.g. weighted shower curtain. For example see: http://homeability.com/shower-curtain-guide/