

Rehab for CNAs

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Purpose and Objectives

After successful completion of this course, you will be able to:

1. Define rehabilitation.
2. Identify patients who need rehabilitation.
3. List rehabilitation activities that CNAs perform.
4. Identify rehabilitation goals for specific kinds of patients.

Introduction

Rehabilitation, or rehab, is not a phase of treatment limited to a time or place. It starts at the beginning of any health crisis.

Rehabilitation workers must ask themselves how to get their patients back to normal as quickly as possible. In this course you will learn how to apply this same kind of thinking to all your patients.

Types of Rehabilitation Programs

Nurses are core members of any rehabilitation team. They coordinate plans made by the multidisciplinary team into and work closely with the family, teaching them how to continue rehabilitation activities at home.

Rehabilitation programs help people to recover from injuries, illnesses, and chronic diseases. Some types of rehabilitation are:

- **Physical therapy**
Building strength and endurance; relieves pain, and restores functional use of limbs.
- **Speech therapy**
Restores speech, corrects speech disorders and identifies swallowing disorders which may impact the patient's ability to eat.
- **Occupational therapy**
Helps people become more independent in activities of daily living.
- **Vocational rehabilitation**
Finds new ways for people to earn an income.
- **Cognitive behavior therapy**
Helps people learn new coping strategies.

Rehabilitation Nursing

Rehabilitation nursing is a specialty but all nurses should incorporate rehabilitation principles into their care.

Specialists practice in rehabilitation hospitals, acute care hospitals, nursing homes, and other long-term care facilities.

Certified nursing assistants (CNAs) contribute to rehabilitation nursing care under the supervision of a registered nurse (Association of Rehabilitation Nurses, 2012).

In some states, the job responsibilities for CNAs are regulated by the state; nurses who assign tasks to CNAs must base the delegation on The Five Rights of Delegation:

- The right task
- The right circumstances
- The right person
- The right directions and communication

- The right supervision and evaluation (Association of Rehabilitation Nurses, 2012).

Test Your Knowledge:

True or False: Rehabilitation nurses work with many other people besides their patients.

True

Correct!

Rationale: Working to rehabilitate patients is a rewarding experience.

What is rehabilitation nursing?

Nursing staff specialized in rehabilitation nursing are frequently assigned individual patients to work with over an extended time period. This allows them to build on trusted relationships, give consistent care, and be available to teach the family how to continue the care after discharge.

You may want to work in a specialized rehabilitation setting if you have these aptitudes and skills:

- Patience
- Creativity
- Problem-solving ability
- Excellent observational skills
- Ability to brainstorm with others
- Good communication skills
- Ability to motivate others
- Good judgment about how much people are capable of at any given time

Who needs rehabilitation?

According to Disabled World (2012), 54.4 million or 19% of all Americans are disabled.

However, this does not mean that all these people are candidates for rehabilitation. Before beginning a rehabilitation program, three things need to be determined to see if rehabilitation is appropriate:

- Motivation of the patient and support of the family
- Medical stability of the patient to endure the rigorous demands of rehabilitation
- Availability of rehabilitation programs and how they can be paid for

Rehabilitation may start in the hospital within days after an injury, such as a burn, or months to years later, in the case of a traumatic brain injury, and may continue in a rehabilitation facility or at home after discharge.

Sometimes it is provided in stages or at intervals. For example, when a paraplegic needs to make a lifestyle change such as going back to school or work.

Conditions that May Require Rehabilitation

Some Conditions that may involve rehabilitation include the following:

- Burns
- Strokes
- Amputations
- Heart attacks
- Brain injuries
- Spinal cord injuries
- Joint replacements
- End stage renal disease
- Hearing and vision impairments
- Chronic obstructive lung disease
- Guillain-Barre syndrome
- Chronic fatigue immune dysfunction syndrome
- Muscular dystrophy, Parkinson's disease, multiple sclerosis and Alzheimer's disease

Test Your Knowledge:

True or False: Anyone who is disabled needs to be in a rehabilitation program.

False: all these people are candidates for rehabilitation. Before beginning a rehabilitation program, three things need to be determined to see if rehabilitation is appropriate:

- Motivation of the patient and support of the family
- Medical stability of the patient to endure the rigorous demands of rehabilitation
- Availability of rehabilitation programs and how they can be paid for

Types of Tasks for CNAs

There are two types of tasks that a CNA may be required to perform: Basic tasks and tasks that need additional training.

Each state has a set of educational requirements and a CNA scope of practice that must be adhered to to protect the CNA, nurse, and most importantly, the patient. Be sure to read and follow the scope of practice for your state. Additionally, each facility will have a policy and procedure that indicates what the CNA can perform in that institution.

The basic skills consist of those tasks that support a patient's activities of daily living, hygiene, and nutrition.

The secondary skills consist of those tasks that require additional training and demonstration of competence prior to being performed (Association of Rehabilitation Nurses, 2012).

Basic Skill Set:

- Obtaining and documenting vital signs, and notifying the professional nurse when these values are outside of normal parameters.
- Bathing and grooming.
- Feeding and assisting with nutritional intake.
- Mobility assistance including ambulation, transfers, positioning, range of motion, and positioning precautions.
- Monitoring and documenting input and output.
- Applying external catheters and maintaining and cleaning urinary drainage bags.
- Following established infection control and safety measures.
- Notifying professions of any changes in clinical or functional status, and observing patient behaviors and reporting observations to the registered nurse.
- Assisting in socialization activities and reporting the level of patient participation to the registered nurse.

Secondary Skill Set: (Not all of these tasks may be appropriate for the CNA, refer to the scope of practice and facility policy and procedures).

- Inserting and removing indwelling and intermittent catheters
- Performing tube feedings
- Performing digital stimulation and bowel programs
- Performing simple dressing changes
- Performing point of care testing
- Obtaining pulse oximetry, electrocardiograms, and bladder scans and other clinical measurements body text

Basic Tasks for CNAs

The basic skills that CNAs working in rehabilitation will be required to perform, are tasks that support a patient's activities of daily living.

Here are the main basic task areas of rehabilitation nursing care that CNAs are involved in:

- **Bathing and hygiene**
You will use specific safety measures and special equipment to teach patients how to stay clean despite their handicaps.
- **Bowel and bladder training**
Lack of mobility and/or paralysis can create bowel and bladder problems that have to be corrected, as self-management of bodily functions is a criterion for discharge. You may carry out toileting regimens, give enemas and suppositories, and learn how to use digital stimulation to start a bowel movement. Many patients also have catheters, either external or internal. You will keep record of intake and output and may be involved in catheter care.
- **Nutrition**
You may learn how to avoid aspiration in patients with swallowing problems. You may also assist patients using adaptive utensils to foster independence with eating. This may be challenging at times, as patients may seem unmotivated to learn to care for themselves.

Working in rehabilitation, you will learn how to address the loss of physical ability, frustration with the pace of progress, change in body image and anxiety over how disability affects finances and relationships.

- **Prevention of contractures**

Spasticity, paralysis and immobility all contribute to contorted or frozen postures called contractions. Vigilance with frequent repositioning and range of motion exercises will help prevent this complication.

- **Mobility**

You assist patients by walking them in the hall, getting them into a wheelchair, or helping them to adjust to wearing a prosthesis; an artificial limb. You may learn how to use a hydraulic lift to move a paralyzed patient. You will assist others when transferring themselves safely between a bed, a wheelchair and a toilet.

- **Communication**

You may work with patients who have difficulty speaking or understanding words. You may be working with patients who have chronic pain and/or emotional problems such as anger, anxiety and depression. Almost all rehabilitation patients struggle to cope with their situation; understanding and compassionate care will help ensure rehabilitation patients have the best possible outcomes.

Test your Knowledge:

True or False: Most of your work as a CNA in rehabilitation nursing has to do with activities of the patient's daily living.

True

Rationale: The basic skills that CNAs working in rehabilitation will be required to perform, are tasks that support a patient's activities of daily living: bathing, toileting, eating, ambulating,.

Rehabilitation Devices

Rehabilitation Devices for increasing independence may include:

- Braces
- Grab bars
- Shower chairs
- Raised toilet seats

- Walkers and canes
- Thick eating utensils
- Gripper tools with long handles
- Bowls and plates that cannot tip over
- Voice-activated phones and computers

- Large print clocks, books and telephones
- Wheelchairs with motors and hand controls
- Sliding boards for transferring from bed to wheelchair
- Steering wheels adapted with hand controls for the brake and accelerator

Test Your Knowledge:

True or False: Prevention and healing of pressure sores are both part of rehabilitation nursing.
True

Rationale: Disability often leads to pressure sores and complicates progress in rehabilitation

Case Studies

Specific rehabilitation needs and expectations of progress are unique for each person. However, rehabilitation goals can be set for groups of patients with similar medical issues. Here are some rehabilitation patients you might take care of:

- Mr. A is a burn patient who needs dressing changes on his chest and arms every four hours. Your task is to provide range of motion exercises so that he does not develop contractures. Between the pain of the dressing changes and the forced exercise, he has lost his appetite. However, in order to heal, he needs good nutrition. You ask him what his pain level is shortly before each meal and consult with the RN about how to help him with his nutrition.
- Mrs. B is a diabetic with a leg amputation. You encourage her to reposition herself frequently in bed to maintain flexibility and full range of motion in the leg joints. You supervise her transfers between bed, wheelchair, and toilet.

Case Studies

Miss C is a recently brain-injured patient who is in the hospital for observation. Rehabilitation goals are not appropriate until the chance of brain swelling or bleeding is reduced. You do gentle range of motion exercises to prevent contractures. You also minimize environmental stimulation and use safety measures to keep the patient safe from falling. A few months later you work with her to build

skills for completing activities of daily living. You recognize that she has cognitive impairment (difficulty thinking). You speak to her slowly, in simple words that you repeat several times. You use touch to communicate and try to keep environmental stimulation to a minimum so she can focus better.

- Mr. D is living with chronic obstructive pulmonary disease. He is in a rehabilitation program to build up his endurance and teach him some special coping techniques. You reinforce the pursed-lip breathing and controlled coughing he is taught. You praise him for his efforts. You encourage him to be as physically active as possible and help him to set some goals that he hopes to achieve after discharge.
- Mrs. E is a stroke patient who is transferred to your long-term care facility. You have several objectives in caring for her:

- Frequently reposition her to prevent contractures and pressure sores.
- Do range of motion exercises and assist her to use her stroke-impaired limbs.
- Help her to become more aware of her stroke-impaired limbs in moving, maintaining balance and protecting herself from injury.
- Take a compassionate attitude toward her emotional instability, depression and thinking impairments.
- Prevent aspiration when she swallows.
- Use special communication tools to make up for language problems.
- Make sure that you have her attention when talking to her.
- Carry out nursing care plan steps for correcting bowel and bladder incontinence.

Specific cases

- Mrs. F is a hospitalized patient with a hip fracture. Following her surgery she is already up in a chair the next day. You assist her to transfer from a wheelchair to a raised toilet seat in the bathroom. She has a supportive husband. You reinforce the teaching that the RN gave the husband and remind him how he can assist his wife in moving around.
- Mr. G is a patient with Parkinson's disease who frequently awakens during the night by vivid dreams. When you assist him to the toilet you make sure he sits a moment before standing. You know he may faint if he stands up too quickly. You compensate for his balance problems by helping him move from sitting to standing. You answer his call light promptly so that he does not try to get out of bed himself.
- Miss H is an Alzheimer's disease patient living in a nursing home. You promote the goal of keeping her as independent as possible by adjusting her environment. You make sure her living space has good lighting and is as safe as possible to prevent falls and wandering. Occasionally, Miss J's behavior is disruptive to others. You use a variety of ways to handle these times, such as distraction, rhythmic exercises, and calming music. You make use of clocks, calendars, and pictures to re-orient her.

Conclusion

Now you have an idea of what rehabilitation nursing is about.

Much of the care you regularly do is an application of rehabilitation nursing. In a specialized rehabilitation unit or facility you have an even greater opportunity to promote and encourage patients to live independently.

Your reward for working with rehabilitation patients is knowing that their quality of life is improved.

References

At the time this course was constructed all URL's in the reference list were current and [accessible. Rn.com](#). is committed to providing healthcare professionals with the most up to date information available.

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