

Step	Reason and patient-centred care considerations
3. Apply a pea-sized blob of toothpaste to the toothbrush. Ask the patient to open their mouth and, holding the brush at 45 degrees, use small circular motions to brush the teeth.	Effectively cleans teeth.
4. Brush the upper teeth first, brushing all surfaces, paying extra attention to the area where the teeth and gums meet.	Particles gather between the teeth and gums.
5. When you have brushed all areas, offer the patient diluted mouthwash or water to rinse.	Removes toothpaste and particles.
6. Assist the patient to look at their teeth in the mirror to ensure they approve of the result.	Enables the patient to present themselves in the manner they desire.
7. Perform steps 8-10 of the common steps.	To ensure that: <ul style="list-style-type: none"> • the patient is safe, comfortable and receiving the appropriate care; • the results have been documented in the patient's records; • the equipment is clean and in working order.

Evidence base: Baillie (2009); DH (2010); Dougherty and Lister (2011); Glasper et al. (2010); NICE (2012a); NMC (2007, 2015); Sargeant and Chamley (2013)

Assisting a patient with a wash (out of bed)

What is normal

Most patients have their own hygiene practices, which may be very different from yours, so remember to ensure you are working in partnership with your patient.

Remember to constantly observe and assess the patient's skin.

Before you start:

Remember to perform the common steps (pp. 144–146).

Essential equipment

Single-use bowl, warm water, towels, soap, incontinence pads, disposable washcloths, skin moisturizer, talc and deodorant (if the patient wishes), clean clothes, nightwear or gown for the patient.

Care setting considerations:

It is possible to assist a patient with a wash in all settings as long as the necessary equipment is available. If it is appropriate take the patient to the bathroom. If the patient is unable to leave their bed-space, clear sufficient space on their table and assist them to sit in a chair.

What to watch out for/action to take:

If whilst washing a patient any areas of skin have been observed which are abnormal this must be reported to a relevant individual and recorded in the patient's notes.

Steps	Reason and patient-centred care considerations
1. Perform steps 1-7 of the common steps (pp. 144-146).	To prepare the patient and yourself to undertake the skill.
2. Offer assistance as required to undress the patient. Only uncover the area you are washing; use towels to cover the rest of the patient. Assist the patient to find a comfortable position.	Maintains patient dignity and keeps them warm. If you are at the patient's bed-space ensure you draw the curtains fully. Encourage the patient to undertake as much of the process as possible to promote independence Sitting upright makes the process of washing easier.
3. Fill a bowl with fresh warm water, check the temperature carefully and if possible check that the patient is happy with the temperature. Change this water at any time if it becomes too cool or dirty. Always change the water after washing the perineal area and buttocks.	Patient safety. Reduces risk of contamination.
4. Disposable washcloths are much better than a flannel for washing patients as you can dispense of them when they have been used.	Bacteria rapidly multiply in wet, warm environments such as a flannel.

Steps	Reason and patient-centred care considerations
<p>Always use a new washcloth for the patient's face, torso, back and perineal area. To keep the water as clean as possible do not put a soapy washcloth back into the water; dispose of it and use a new one.</p>	<p>Reduces risk of contamination.</p>
<p>5. Ensure the bowl and the patient are at a height which is comfortable for you to work, changing this throughout the procedure as necessary.</p>	<p>Cares for your back.</p>
<p>6. Start by washing the patient's face. If possible check with the patient whether they prefer to use soap for areas of their body such as face. If you use soap rinse it off well. Avoid getting soap in eyes.</p>	<p>Reduces risk of contamination. Prevents soap left on the skin from making it dry and itchy.</p>
<p>7. Use a clean washcloth for each part of the body.</p>	<p>Avoids transferring contaminants.</p>
<p>8. Wash each area of the patient's body by wetting the washcloth and then wringing it out to prevent dripping water all over the patient. Always pat the skin thoroughly dry with a towel. If possible ask the patient whether they feel dry.</p>	<p>If patients' are not through dried they will become cold.</p>
<p>9. Once you have washed the patient's face move to the arm furthest away from you. Wash the hand, then arm then armpit using soap. Take special care to avoid any dressings or canulae. Rinse the soap off well and dry with the towel. Repeat the process for the other arm.</p>	<p>Prevents dripping on areas previously washed. Reduces risk of infection.</p>
<p>10. Next wash the torso and back using soap. For female patients or men with gynecomastia gently lift the breasts and wash underneath. Repeat this procedure with any other skin folds that may be present. Once again be very careful not to get any dressings, drains or other lines wet. Rinse the soap off and dry the area thoroughly.</p>	<p>Skin under the breasts or skin folds needs to be cleaned and dried to avoid fungal infections.</p>

Steps	Reason and patient-centred care considerations
11. If the patient wishes apply deodorant, moisturizer or talc. When finished cover the torso and back with a dry towel.	Continues the patient's normal routine. Maintains patient dignity and keeps them warm.
12. Expose the patient's feet and legs, but ensure you keep the genitals covered. Start with the leg furthest away and wash the foot and leg with soap. Ensure you clean very gently between the toes. Rinse well. Dry thoroughly and repeat with the other foot and leg.	Maintains patient dignity and keeps them warm.
13. Change the water and put on gloves if you were not already wearing them.	Potential of contact with body fluids/excreta.
14. Ask the patient if you can wash their genitals and sacral area and obtain their consent. Some patients may wish to wash this area themselves, so offer them this opportunity.	Promotes independence and maintains dignity.
15. The genital/perineal area is very delicate and needs special care. Wash very gently with warm water alone, rinse well and pat dry. Work from the cleanest to the dirtiest area, so from the front to back (urethral to anal area). To wash an uncircumcised adult male patient you will need to gently retract the foreskin to wash the urethral meatus. Remember to gently return the foreskin after washing to prevent swelling and discomfort. If the patient is unable to do this you will need to obtain their consent and explain exactly what you are doing whilst you do it.	Reduces potential of contamination. This would not be done with a child.
16. If the patient has a catheter; carry out the appropriate catheter care in line with local policy.	Reduces risk of infection.
17. When clean and dry recover the patient and dispose of the water and the single use bowl. Remove your gloves and wash your hands. Reapply gloves if necessary and refill a new single use bowl with warm water.	Maintains patient dignity and keeps them warm. Reduces risk of infection.

Steps	Reason and patient-centred care considerations
18. Assist the patient to re-dress as appropriate and move into a comfortable position.	Promotes patient comfort and dignity.
19. Dispose of bowl or clean with detergent and water if reusable. Store inverted to avoid dregs of water collecting in it. Dispose of/clean any other equipment as per local policy and return any of the patient's equipment to their locker. Clean the bed-side table and put any belongs you moved back in their original position. If appropriate ensure the patient can reach the nurse call bell.	Reduces risk of infection. Maintains patient safety.
20. Perform steps 8-10 of the common steps (pp. 144-146).	To ensure that the: <ul style="list-style-type: none"> • patient is safe, comfortable and receiving the appropriate care; • results have been documented in the patient's records; • equipment is clean and in working order.

Evidence base: Baillie (2009); DH (2010); Dougherty and Lister (2011); Gasper et al. (2010); NICE (2012a); NMC (2007, 2015); Sargeant and Chamley (2013)

Trimming nails

What is normal

Most patients have their own hygiene practices, which may be very different from yours, so remember to ensure you are working in partnership with your patient.

Remember to constantly observe and assess the condition of the patient's nails and surrounding skin.

Before you start

Remember to perform the common steps (pp. 144–146).

Essential equipment

Scissors, nail clippers, nail file, soap/hand cleanser, bowl, warm water, towel, hand-lotion if the patient wishes.