



A CLIENT CARE MODULE: UNDERSTANDING NEGLECT



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A Client Care Module:
**UNDERSTANDING
NEGLECT**

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

During this course, caregivers will review different types of neglect including passive and active neglect, and domestic neglect and institutional neglect. The module includes information about pressure ulcers, contractures, dehydration, abandonment, unsafe/unsanitary conditions, wandering and tips for how aides can prevent client neglect.

Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used: Lecture

Group Discussion Other (please specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Describe neglect and your role in recognizing, reporting and preventing it.



Distinguish between passive and active neglect.



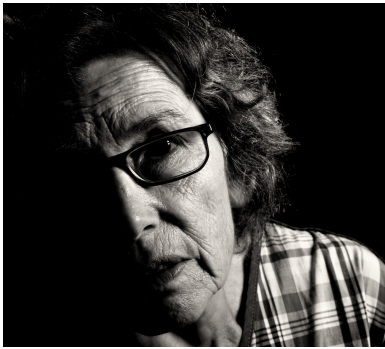
Name at least three signs of neglect.



Explain how health care workers can help prevent neglect.



Describe the process at your workplace for reporting neglect.



COURSE OUTLINE

What Is Neglect?	2
Pressure Ulcers	3
Contractures	4
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A Client Care Module: Understanding Neglect

AN EXTREME CASE OF NEGLECT

Rosa had multiple health problems, including diabetes, kidney disease, heart disease and dementia. Despite the difficulty of her needs, her two daughters convinced her and the rest of the family that they could take care of her—and avoid placing her in a nursing home.

Because there was a lack of family and community involvement, Rosa’s care went unmonitored for months.

When someone finally tipped off police to suspicious activity in the home, Rosa was found strapped to a urine soaked bed in the middle of the rundown living room. Her toes had been completely eaten off by rats and wild cats.

Police report there was an overpowering smell of urine and holes in the floor where rats and other wild animals entered.



When police questioned one daughter about Rosa’s toes, she said her mother most likely didn't feel the bites because she had hardly any feeling in her lower extremities. She admitted that rats and other wild animals often made their way into her trailer home.

Further investigation found that the daughters were using Rosa’s Medicaid and Social Security benefits for their own personal use. They were not taking Rosa to scheduled doctor appointments or giving her prescribed medication.

When Rosa was transported to the hospital, nurses estimated that Rosa had not been bathed in months. Her hair was matted and she had multiple bed sores on her back, buttocks and legs.

Rosa died from complications of pneumonia a few days after being removed from the home and her daughters now face charges of criminal neglect.

Keep reading to learn about this and other types of neglect that can happen in both private homes and facilities. You'll learn how to recognize, report and even prevent someone from being harmed or killed by neglect.

WHAT EXACTLY IS NEGLECT?

Neglect is when someone fails to do things that are necessary to meet the needs of a child or an elderly person. There are two types of neglect:

- **Passive neglect** is when people don't *mean* to do harm. Usually, this is because of ignorance—they just don't know any better.
- **Active neglect** is when people know better and still fail to do what is needed for the care of the child or elderly person.

Examples of neglect include:

- Pressure ulcers, especially those that are advanced and unrecognized by caregivers.
- Contracted muscles from physical immobility and a failure of caregivers to perform range of motion exercises.
- Dehydration and malnutrition.
- Abandonment. Leaving a helpless child or elderly person alone for any length of time.
- Unsafe or unsanitary living conditions.
- Wandering. Allowing, or failing to prevent an Alzheimer's patient from wandering away unsupervised.
- Untreated health problems, ignoring a special diet or medication orders, or not calling a physician when necessary.

Just like abuse, neglect happens most often to those who are unable to take care of themselves—children and the elderly. It can be domestic (happening in the home) or institutional (happening in a long term care facility or day care).

- **DOMESTIC NEGLECT IN THE NEWS:** Two Richmond parents were charged with neglect that resulted in the death of their 4-month old son. He died as a result of dehydration due to starvation. The neglect charge is a Class A felony that could bring a prison sentence of 20 to 50 years. If they are charged with murder, they will get 45 to 65 years.
- **INSTITUTIONAL NEGLECT IN THE NEWS:** A 93 year old woman was transferred from her nursing home to a hospital where she later died of complications from bedsores. Upon arrival at the hospital, nurses discovered untreated, large, black bed sore holes that went from the woman's waist, all the way down her legs. The home is currently being investigated for neglect. One nurse has been fired and six others were placed on temporary leave following the incident.



THINK ABOUT IT!

Think about Rosa from the beginning of this inservice.

While the name has been changed, the story is based on a true case that is still ongoing in Las Cruces, New Mexico.

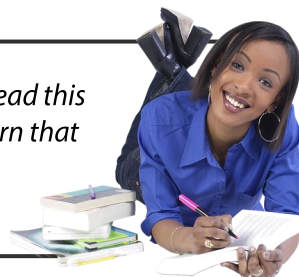
- What type of neglect do you think this was: passive or active?
- Do you think Rosa's daughters should be charged with murder?
- What punishment do you think is appropriate in this case?
- How might this situation have been prevented?

Think about what YOU can do to help prevent neglect like this in your community.

Visit: www.carrie.org for ideas on how you can get involved.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!





DID YOU KNOW?

You can prevent pressure ulcers from developing and prevent those that have developed from worsening.

Here's a great first step:

Observe your client's skin (in its entirety) every day. This can be done during bath time, or when changing clothing.

If you notice any signs of a pressure ulcer, be sure to report to your supervisor right away—in addition to making a detailed note in the chart.

In your documentation, be sure to include a detailed description of the area, its location, the name and title of the person to whom you reported, any instructions you were given and any action you took.

See page 9 for more strategies that can help prevent pressure ulcers.

A CLOSER LOOK AT PRESSURE ULCERS

Pressure ulcers, also known as bedsores, pressure sores, and decubitus ulcers are any injury to the skin caused by unrelieved pressure.

While some pressure ulcers may be unavoidable, those that go *unrecognized* and *untreated* can be considered **neglect**.

Clients most at risk for pressure ulcers are:

- Elderly.
- Poorly nourished.
- Very heavy . . . or very thin.
- Immobile or bedbound.
- Anyone left to lie on wrinkled linens for hours at a time.
- Incontinent of bowel and/or bladder.
- Diabetic.
- Mentally impaired.
- Paralyzed (spinal cord injury).

Know the stages! Be prepared to report any of these signs:

Early signs of a pressure sore may be **pale** skin or **slightly reddened** skin over a bony area. There may be **pain, burning, or tingling**.

NOTE: In the dark skin client, skin may appear **greyish** or **bluish** and may be **warmer** or **cooler** compared to the skin that surrounds it.

- **Stage 1:** The affected area is red and tender to the touch, but the skin is not broken.
- **Stage 2:** The skin over a bony area has shallow open wound. It may appear shiny (wet) or dry. Or, it may be a fluid filled blister.
- **Stage 3:** The area looks like a crater. The sore opens deeper into the skin.
- **Stage 4:** The wound extends into the muscle and perhaps even the bone. There is usually dead (black) tissue and drainage visible.

Complications resulting from pressure ulcers include extreme pain and suffering, delayed recovery from other conditions, infection, and death.

IN THE NEWS: An 82 year old music teacher in England battled breast cancer for nearly fifty years. However, the cancer did not kill her. She died from complications of a pressure ulcer. After being admitted to the hospital for feeling short of breath, the woman was assessed as being at "high risk" for developing a pressure ulcer. Unfortunately, the "high risk" label didn't trigger any preventative action from the staff. After a few days, she had developed pressure ulcers on her ankles and the base of her spine. When she was left in a soiled brief for a period of time, the sore on her spine became infected and she died of septicemia.

For more information about pressure ulcers, ask your supervisor for our inservice module on "Preventing Pressure Ulcers."

A CLOSER LOOK AT CONTRACTURES

A contracture is a tightening of muscle, tendons, ligaments, or skin that prevents normal movement.

Contractures occur when there is a lack of joint mobility. The muscle shortens and becomes stuck in a permanently flexed position.

It is important to note that once a contracture occurs, it can be difficult and extremely painful to reverse. In some cases, contractures cannot be reversed. The result is a permanent deformity.

Unless there is an underlying medical reason, such as cerebral palsy, Parkinson's disease or muscular dystrophy, contractures can occur only if the client is rarely or never moved.

The most common sites of contractures in the elderly are:

- Hands and fingers.
- Elbow.
- Hip.
- Shoulder.
- Ankle.
- Spine.
- Knee.
- Wrist.

Know the signs! Watch for and report if any of your clients:

- Are hard to dress because their shoulders and arms are held tightly to their body.
- Have fingernails that are hard to trim because their hand is held in a tight fist.
- Have a terrible odor to the hand.
- Are hard to transfer because they cannot put their feet flat on the floor or they are unable to straighten their knees.
- Seems to "fight" or "resist" when you try to pull their arms down.
- Arms are held up close to their chest in a stiff "protective position."
- Are difficult to position in a chair because of their "posture."
- Are unable to eat and swallow because of their "posture."

You can prevent contractures in your clients by following the care plan. It may include specific range of motion exercises, gentle stretching and massaging, splinting or a combination of all of these.

IT'S A FEDERAL LAW: The federal law that governs long term care in the U.S. states that a resident who enters into long term care without limited range of motion should not experience a reduction in range of motion unless an illness, injury or disease makes it unavoidable. Further, the law requires that clients with limited range of motion receive treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

Even with the law, it is estimated that nearly 30 percent of all nursing home residents across the United States have **preventable** contractures.



THE NEXT STEP!

FACING THE PROBLEM

Let's face it, working with needy, sick and frail clients is difficult. Then, you factor in a staffing shortage, money problems, and even communication problems, and you get the perfect environment for neglect.

Can you think of a time when you had to neglect a client's needs—even for a short time?

- Maybe you were in the middle of bathing one client when another needed to use the bathroom. The one that had to go to the bathroom couldn't wait and tried to go by herself, resulting in a fall.
- Or maybe you just didn't have time to help a client eat her lunch and she missed a meal.

How did you feel when you had no control and were forced to neglect a client's needs?

What can you do differently in the future to prevent this type of neglect?



CONNECT IT NOW!

Scenario: You are assigned to care for an 86 year old man who recently had a stroke. He cannot ambulate alone but can feed himself and drink fluids if they are within reach.

At the beginning of your shift you look over his I&O history and notice his fluid intake is less than 200 ml over the past 24 hours.

He seems more confused than usual. His blood pressure is low and his heart rate is elevated.

What do you do? Here are a few suggestions:

- Confirm with the outgoing shift that all intake was recorded accurately.
- Check to see if his urine output is also decreased.
- Report your findings.

What else would you do in this situation?

Come up with a plan of your own to handle this type of situation.

A CLOSER LOOK AT DEHYDRATION

Dehydration (not enough water in the body) happens when fluid is lost and not replaced.

Anyone can become dehydrated but the very young, the very old and those with chronic illnesses such as diabetes or kidney failure are most at risk.

- **Dehydration in the Elderly:** As people age, the sense of thirst can become dull. This means older clients may not feel thirsty and may not take a drink when needed. You may have to remind older clients to take sips throughout the day.
- **Dehydration in infants:** Infants and children are more likely to become dehydrated than adults because they weigh less and their bodies use and eliminate water more quickly.

Know the sign! Be on the lookout for:

- Decreased urine output.
- Dark urine.
- Lack of tears when crying.
- The inside of the mouth is dry and sticky.
- Difficulty swallowing.
- Sunken eyes.
- Dry skin (doesn't bounce back when pinched).
- Headache, dizziness or confusion.
- Delirium.
- Muscle weakness.
- Low blood pressure, rapid heart rate, fever.

Dehydration can lead to serious complications. Clients who are dehydrated are at risk for developing pressure ulcers, urinary tract infections, organ failure, shock, or coma—and they can even die as a result.

IN THE NEWS: An Ohio man recently died of thirst in a nursing home. The 61-year-old Navy veteran suffered a stroke in 1984 that left him forgetful. He could be told to take a drink of water, then ten minutes later would completely forget the conversation.

In the time since his stroke, the man was lovingly cared for at home by his wife. She would remind him frequently throughout the day to take a drink.

The wife would occasionally take her husband to a nursing home so that she could “take a break.” On her last “break” she returned 15 days later to find her husband in a terrible state. He died of dehydration two days later.

Testimony in a lawsuit filed by the family revealed that while it was in the chart that someone had to **make sure he drank enough water by watching him do it**, a glass of water was left by his TV stand and he was never reminded to drink it.

The family was awarded \$6.5 million for their loss.

ABANDONMENT IS NEGLECT

Two important types of abandonment include:

- **Abandonment of family.** It is considered neglect to intentionally leave a helpless family member alone, particularly if that person cannot meet his or her own basic needs. The person may be a child, an elder, or someone who is mentally or physically disabled.
- **Abandonment of a patient.** In healthcare, abandonment occurs when a health care worker has already begun caring for a patient, and then suddenly leaves while the patient is still in need—without making sure someone else was available to take over. Abandonment of patient is a crime in many countries.

Examples of abandonment include:

- A responsible person who deserts a child or a helpless elderly person, such as a son who drops his elderly father off at a shopping mall and never comes back.
- A nursing assistant who accepts an assignment to care for one or more clients, then leaves the building an hour later without properly reporting off or notifying the supervisor that he or she is leaving.
- A home health worker who does not report for an assignment where he or she is the sole care giver.
- A healthcare worker who falls asleep at any time during the shift and is unavailable for patient care.
- An emergency medical technician who leaves the scene of an accident before the injured are cared for or transferred to a hospital.

IN THE NEWS: A hospital nurse in Tennessee was charged with abandonment when she became ill and went home before her shift was over. It was a night shift and she had five patients. All the patients were basically stable, except one, and the nurse was trying to get a doctor to come to the unit for an exam and consult.

The nurse became ill around 4:30 a.m and vomited in the bathroom. Then she went to the nurses' station and told the four other nurses on duty that she was leaving. The charge nurse told her to inform the supervisor she was leaving before the end of her shift. The nurse did not inform the supervisor because she did not want to be sent to the emergency room (per hospital policy).

The hospital fired the nurse and reported her to the state board. The board ruled that the nurse did in fact abandon her patients. She was fined \$1000.



TALK ABOUT IT!

Investigations during the aftermath of Hurricane Katrina have found that as many as 70% of frail elderly, nursing home residents and hospitalized people were *abandoned* by their caretakers during the storm.

This has lead many healthcare facilities and healthcare employers to revise their disaster preparedness plans.

- Do you know your employer's plan if disaster threatens or strikes?
- What is your obligation to your clients?
- Will you be charged with abandonment if you leave—even if its to protect your own safety?

If you don't know the answers to these questions, talk to your supervisor today.

To learn more about being prepared for a disaster, ask your supervisor for our inservice on "Disaster Preparedness."



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are assigned to care for Steve, an 86 year old unmarried man. On your first visit, you find his home cluttered and filthy with stacks of old newspapers, and piles of radios, TVs, VCRs and vacuums that he claims he can “fix” and use.
- The sink is piled high with dirty dishes and the smell of urine and sweat are overwhelming.
- **WHAT YOU KNOW:** You know that Steve cannot get healthy in this environment—and could even get sicker. Yet, he refuses to leave.
- **GET CREATIVE:** What will you do? Think of three creative solutions to this problem.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

UNSAFE/UNSANITARY CONDITIONS

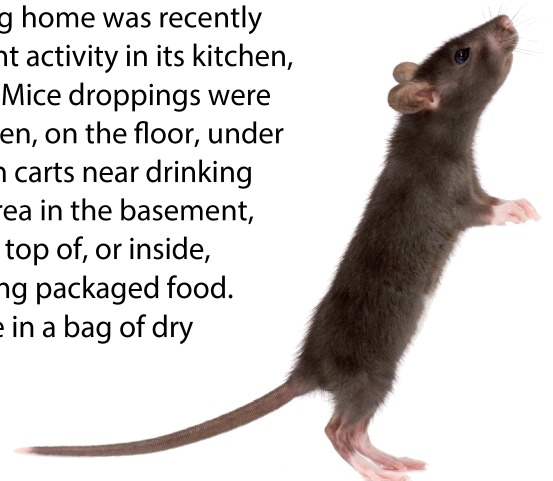
Unsafe and unsanitary conditions in homes and facilities put clients at an increased risk for pressure ulcers, infections, injuries and other health problems. If a client is harmed in anyway as a result of unsafe or unsanitary conditions, it is considered neglect.

Unsafe or unsanitary conditions may include:

- Unsafe living structure, holes in the floor, walls or roof.
- Visible dirt, dust, grime, or food buildup on floors and/or tables.
- Mold.
- Rodents.
- Fleas, lice, roaches, and other insect infestations.
- Strong odors of urine, feces, or body odor.
- Pet waste (urine, feces, vomit) that goes unattended.
- Limited or no access to clean linens or clothing.
- Limited or no access to clean drinking water or electricity.
- Lack of proper safety features like ramps and stair rails.

Remember the old expression, “Dirt Don’t Hurt”? Well, it’s not completely true. When children or frail elderly are exposed to dangerous or dirty living conditions, the consequences can be deadly. Infections are quick to spread when conditions are filthy and the very young and the very old are not always strong enough to fight off these infections. Sadly, our loved ones may not survive living in these unsanitary conditions.

- **IN HOMES:** A recent study of safety hazards in home care found that as many as 33 percent of healthcare workers reported being exposed to unsafe or unsanitary clutter, temperature extremes, cockroaches, mice, peeling paint, strong odors from cigarette smoke and irritating chemicals in their clients’ homes.
- **IN FACILITIES:** An Indiana nursing home was recently cited for having widespread rodent activity in its kitchen, basement and residential rooms. Mice droppings were found in various areas in the kitchen, on the floor, under a sink, on a ledge, and on two dish carts near drinking glasses. In the dry food storage area in the basement, officials found mice droppings on top of, or inside, various cardboard boxes containing packaged food. Officials also found a chewed hole in a bag of dry milk. Five residents said they had seen a mouse in their bedroom, some of them multiple times.



A CLOSER LOOK AT WANDERING

Wandering is when a person strays into unsafe places and can be harmed. The most dangerous form of wandering is **elopement** in which the confused person leaves an area and does not return.

There are two types of wandering:

- **Goal-Directed Wandering.** In goal-directed wandering, the person appears to be *searching* for someone or something. The person may also be looking for something to do and may make gestures as if performing a familiar task.
- **Non-Goal Directed Wandering.** In non-goal directed wandering, the person may wander aimlessly, and has a very short attention span.

Risk factors for wandering and elopement include:

- Alzheimer's Disease.
- Dementia.
- Confusion.
- Memory problems.
- Disorientation.
- Expressive language deficits (The inability to express one's own feelings and needs).
- Having been outgoing and sociable as a younger adult.



THINK ABOUT IT!

How do you keep your wanderers occupied with safe activities?

Try creating "Busy Boxes" for them to work on!

Here's how you do it:

- Get some plastic or cardboard boxes, about the size of a shoe box.
- Fill one with items that can be sorted like buttons, poker chips, balls, bottle caps, spoons, rocks, etc. Have your client sort the items into small cups.
- Fill another box with pieces of string and Cheerios or Fruit Loops cereal. Let your client string up a chain to put outside for the birds.
- A third box may be filled with bits of PVC pipe with straight parts, joints, and threaded pieces. This one works well with men.

Let your imagination guide you! Other "busy box" ideas include Legos, play dough, and puzzles!

Know the signs! Your confused client may soon wander off if he or she is:

- Anxious.
- Worried.
- Frustrated.
- Pacing.
- Bored.
- Depressed.
- Experiencing unmet needs, such as hunger, thirst, constipation, inactivity, need to use the toilet, fatigue, pain or environmental discomfort, such as uncomfortable seating, mattresses, and lighting.

IN THE NEWS: A nursing home in St. Louis is being charged with neglect after a 77-year-old man wandered away. The man died of hypothermia when temperatures dipped below freezing a few hours after he left.

Apparently the man, who suffered from dementia, kidney failure and heart disease, had wandered off from the facility two times in the weeks and months before his final disappearance. Despite his previous "escapes," the report shows that the care plan did not address his exit-seeking behaviors, and goals and interventions to address these behaviors did not exist.

See sidebar for some excellent strategies that can help you decrease the risk of wandering and elopement in your clients!



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Neglect is when someone fails to do things that are necessary to meet the needs of a child or an elderly person.
2. Neglect is considered “passive” when the caretaker does not know any better and it is considered “active” when the caretaker knows better but still fails to do what is needed.
3. Pressure sores, contractures, abandonment and wandering can all be caused by neglect.
4. Neglect can lead to injury, illness and even death.
5. Neglect is considered a crime in most countries.

YOU CAN PREVENT NEGLECT

By recognizing the signs and knowing what to do, you can prevent your clients from being neglected and you can prevent yourself from being charged with neglect.

PREVENT PRESSURE ULCERS

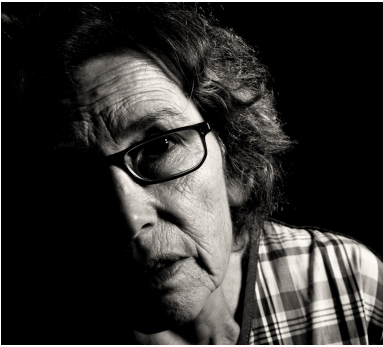
- Provide excellent skin care, keeping skin clean, dry and moisturized. Use powder on areas where skin rubs together.
- Follow the client’s care plan for re-positioning. If no plan is stated, re-position every two hours.
- Check incontinent clients frequently. Change immediately after soiling to keep stool and urine off the skin.
- Keep linens clean, dry and free of wrinkles.
- Massage the back during position changes but NEVER rub or massage reddened areas.
- Keep clients hydrated. Report right away if your client has any signs or symptoms of dehydration.
- Use pillows to pad boney areas such as knees, elbows, hips and shoulders.
- Keep heels off the bed by placing a pillow under calf between the knee and ankle.

PREVENT DEHYDRATION

- Watch for and report signs of dehydration, including decreased urine output, weight loss, sunken eyes, dry mouth and changes in vital signs.
- Be sure clients have access to clean drinking water. It should be within reach for those who can drink it themselves. You can offer sips throughout the day and during meals for those who need more help.
- Remind confused or forgetful clients to take sips throughout the day.
- Track and document intake & output per your workplace policy. This is especially important for clients with medical issues like kidney disease, heart disease, fever, trouble swallowing and dementia or Alzheimer's Disease.

PREVENT ABANDONMENT

- Never leave a client unattended for any reason.
- If you have to leave, report off properly and make sure a replacement caregiver is in place before you go.
- In home health, be sure family caregivers have the support they need so that clients will not be left unattended.



A Client Care Module:
Understanding Neglect

Are you "In the Know" about neglect?

Circle the best choice then check your answers with your supervisor!

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

1 Hour CE Credit

File completed test in employee's personnel file.

- You know your client has a soiled diaper, and you know you need to change it—but your shift is ending so you leave it. You may be accused of:**

A. Active neglect.	C. Passive neglect.
B. Physical abuse.	D. Emotional abuse.
- Your client holds his hands in a tight fist and fights you when you try to open them to clean his palms. You report that he may have:**

A. Anger issues.	C. Hand contractures.
B. A control problem.	D. Depression.
- A client who wanders may be:**

A. Anxious.	C. Frustrated.
B. In pain.	D. Any or all of the above.
- You notice a slightly reddened area on your client's heel. The skin is cool to the touch and your client tells you it's tingling. You should:**

A. Massage the area with warmed lotion.
B. Put socks and tight fitting shoes on her feet.
C. Apply and ice pack to reduce pain and swelling.
D. Report your findings and make a detailed note in the chart.
- True or False**
Neglect can be harmful, but it is not a crime.
- True or False**
Elopement is when a confused person leaves an area and does not return.
- True or False**
A key sign that a client may be dehydrated is rapid weight gain.
- True or False**
Bed sores and contracted muscles are physical evidence of neglect.
- True or False**
The best way to prevent wandering is by using restraints.
- True or False**
You do not have to have proof of neglect to make a report.
- True or False**
If your client refuses to drink, you should force him because you could be charged with neglect if he becomes dehydrated.