

Nursing

Care Skills

Evaluation Test

Study Text

— Nursing Care Skills/
Nursing Care
Japanese Language —

English Version

The Japan Association of Certified Care Workers

October 2019

はじめに

本書は、厚生労働省の補助事業（介護の日本語学習支援等事業）を活用して、介護分野の特定技能1号の評価試験に対応する初めての学習用テキストとして策定したものです。

2019年4月に施行された在留資格「特定技能」の制度は、深刻化する人手不足に対応するため、生産性向上や国内人材の確保のための取組を行ってもなお人材を確保することが困難な状況にある産業上の分野において、一定の専門性・技能を有する外国人材を受け入れる制度です。

介護分野において特定技能の在留資格で入国するためには、国際交流基金が実施する日本語基礎テスト等の日本語試験のほか、厚生労働省が実施する介護技能評価試験と介護日本語評価試験を受験し、合格することが基本となります。

今後、試験の実施国は拡大されていく予定ですので、介護分野で特定技能により入国される方は、さらに増えていくことが見込まれます。そこで本書は、介護技能評価試験と介護日本語評価試験に対応できるようにしつつ、介護現場で働く上で、最初に習得しておいていただきたい内容を中心に作成いたしました。

本書は、介護技能評価試験と介護日本語評価試験の受験対策として活用されることに加え、特定技能の在留資格で入国して介護現場で働かれる皆様が、引き続き本書を手元に置き、ご活用いただけるような構成にしています。

本書が、「日本の介護」を知る契機となり、その魅力を存分に感じていただくものになること、さらに、介護分野の特定技能により入国して介護現場でご活躍いただく際の一助となることを切に願っております。

公益社団法人 日本介護福祉士会
特定技能評価試験対応テキスト検討会

How to Use This Book

“Nursing Care Skills Evaluation Test Study Text — Nursing Care Skills/Nursing Care Japanese Language —” is a text to study in order to prepare for the Nursing Care Skills Evaluation Test and Nursing Care Japanese Language Evaluation Test.

- This book consists of “Nursing Care Skills” and “Nursing Care Japanese Language” to suit the standards of the evaluation test of specified skills in the area of nursing care.
- As the Nursing Care Japanese Language Evaluation Test will be given in Japanese, only the Japanese language is used in the “Nursing Care Japanese Language” section.

The “Nursing Care Skills” section is divided into 4 parts in line with the test questions.

PART 1 Basics of Nursing Care

PART 2 Mechanism of Mind and Body

PART 3 Communication Skills

PART 4 Skills for Providing Daily Assistance

- ◉ This book contains several illustrations to make it easier for you to imagine the scene, even if you have never worked at a care site.
- ◉ The points that are especially important are marked with an icon.
- ◉ Explanations are provided for difficult terms.



Use your whole body for easier shifting.

Explanation of terminology

Base of support

Base of support refers to the area created by connecting every point of contact of a person with the floor surface for the purpose of supporting his/her body. If a person is standing with his/her

The “Nursing Care Japanese Language” provides you with a better understanding of Japanese language naturally as you answer the questions.

The Nursing Care Japanese Language Evaluation Test is designed to confirm whether you have enough knowledge of Japanese used at a care site. In order to acquire the knowledge of Japanese necessary for working at a care site, it is more effective to study the nursing care Japanese language while also studying the content for the Japan Foundation Test for Basic Japanese or Japanese-Language Proficiency Test.

- This section consists of “Words” (vocabulary), “Addressing and Conversing” (questions), and “Sentences” (questions) frequently used at a care site.

- For the “Addressing and Conversing” and “Sentences,” questions have been developed using the expressions frequently used at a care site.

CONTENTS

はじめに 1

How to Use This Book 2

Nursing Care Skills

PART 1

Basics of Nursing Care

- CHAPTER 1 Human dignity and independence
in nursing care 10
- CHAPTER 2 Role and professional ethics of
care workers 16
- CHAPTER 3 Ensuring safety and risk management
in nursing care 24

PART 2

Mechanism of Mind and Body

- CHAPTER 1 Understanding of the mechanism of
mind and body 42
- CHAPTER 2 Understanding of people in need of
nursing care 68
- Basic understanding of aging
 - Basic understanding of disorder/disability/impairment
 - Basic understanding of dementia

PART 3

Communication Skills

- CHAPTER 1 Basics of communication 98
- CHAPTER 2 Communication with users 102
- CHAPTER 3 Communication with team members 114

PART 4

Skills for Providing Daily Assistance

- CHAPTER 1 Nursing care related to assistance
in walking/lifting/transferring 120
- CHAPTER 2 Nursing care at mealtimes 144
- CHAPTER 3 Nursing care related to elimination needs 152
- CHAPTER 4 Nursing care related to grooming 170
- CHAPTER 5 Nursing care related to bathing/
keeping clean 186
- CHAPTER 6 Nursing care related to housework 198

Nursing Care Japanese Language

Learn the words and phrases!

Human body	204
Position	206
Diseases/Symptoms	207

Nursing care related to assistance in walking/ lifting/transferring

Words	208
Questions (Addressing and Conversing)	209

Nursing care at mealtimes

Words	212
Questions (Addressing and Conversing)	214

Nursing care related to elimination needs

Words	217
Questions (Addressing and Conversing)	218

Nursing care related to grooming

Words	221
Questions (Addressing and Conversing)	222

Nursing care related to bathing/keeping clean

Words 226

Questions (Addressing and Conversing) 227

Nursing care related to housework

Words 233

Questions (Addressing and Conversing) 234

Sentences

Words 240

Questions (Sentences) 242

Answers

Answers to the questions: "Addressing and Conversing"

"Sentences" 267

Answer sheet 268

Presentation of the website "**Nihongo o Manabou (Let's Learn Japanese)**" for the study of Japanese language 269

Basics of Nursing Care

CHAPTER 1 Human dignity and independence in nursing care

CHAPTER 2 Role and professional ethics of care workers

CHAPTER 3 Ensuring safety and risk management in nursing care

1

Human dignity and independence in nursing care

1 Nursing care to support human dignity

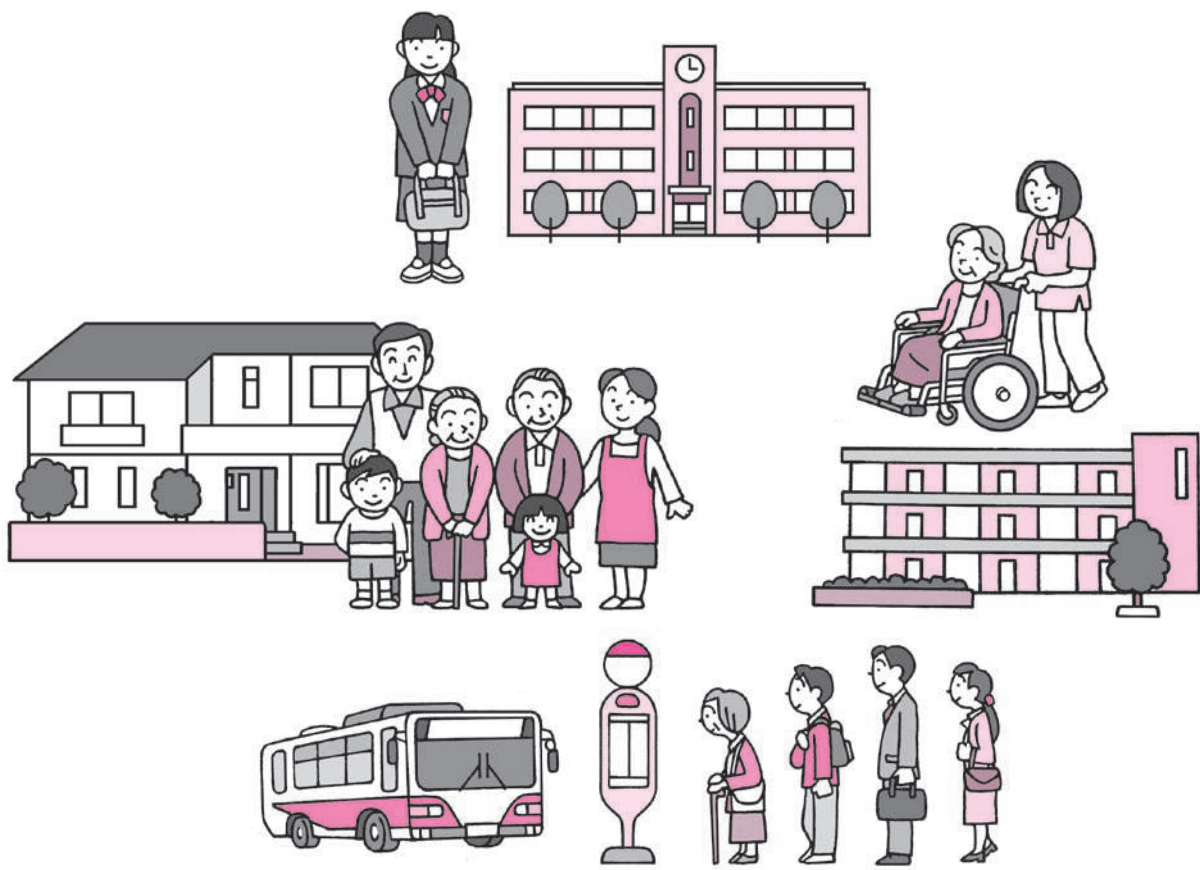
1) Human dignity and respect for human rights

- Nursing care profession is a specialist profession that provides support to the people who have difficulties in daily living due to age and/or disability to enable them to continue their usual lifestyle.
- Human dignity is the basic concept in the provision of the support.
- Human dignity means that each person is respected as an individual.
- A person is respected and his/her human rights are protected even when he/she is in need of nursing care.

2) User-centric daily lifestyle

- Daily lifestyles differ from person to person, depending on their way of thinking and habits. Even if a person is in need of nursing care, it is the user himself/herself who takes the lead in daily living.
- Considering how the user wants to live, respecting his/her way of living and thinking, and providing support to help him/her live his/her usual life are the basics of nursing care.

● Various lifestyles



3) QOL (Quality of life)

- The QOL refers to the quality of a person's daily living and that of his/her life. The QOL is a concept that includes mental wealth such as happiness and satisfaction of life and purpose of life.



4) Normalization

- Normalization is a concept that refers to people with disability, just like people without disability, living normally without being subjected to prejudice and with their human rights respected.
- It also refers to their continuing a normal lifestyle, maintaining their usual way without patience in the local society/community.

2 Self-independence support

1) Providing support to promote self-independence

- Self-independence support refers to the provision of support to a user to enable him/her to live his/her usual life after selecting and deciding on the life he/she wants to live. Not only support related to moving, dressing, and other physical movements, but also support appropriate to his/her capabilities are provided.
- Respecting the user's concept of values and what he/she is particular about, support is provided to increase the number of things he/she can do at his/her own will and with his/her own ability to give him/her a sense of accomplishment.



2) Self-choice and self-determination

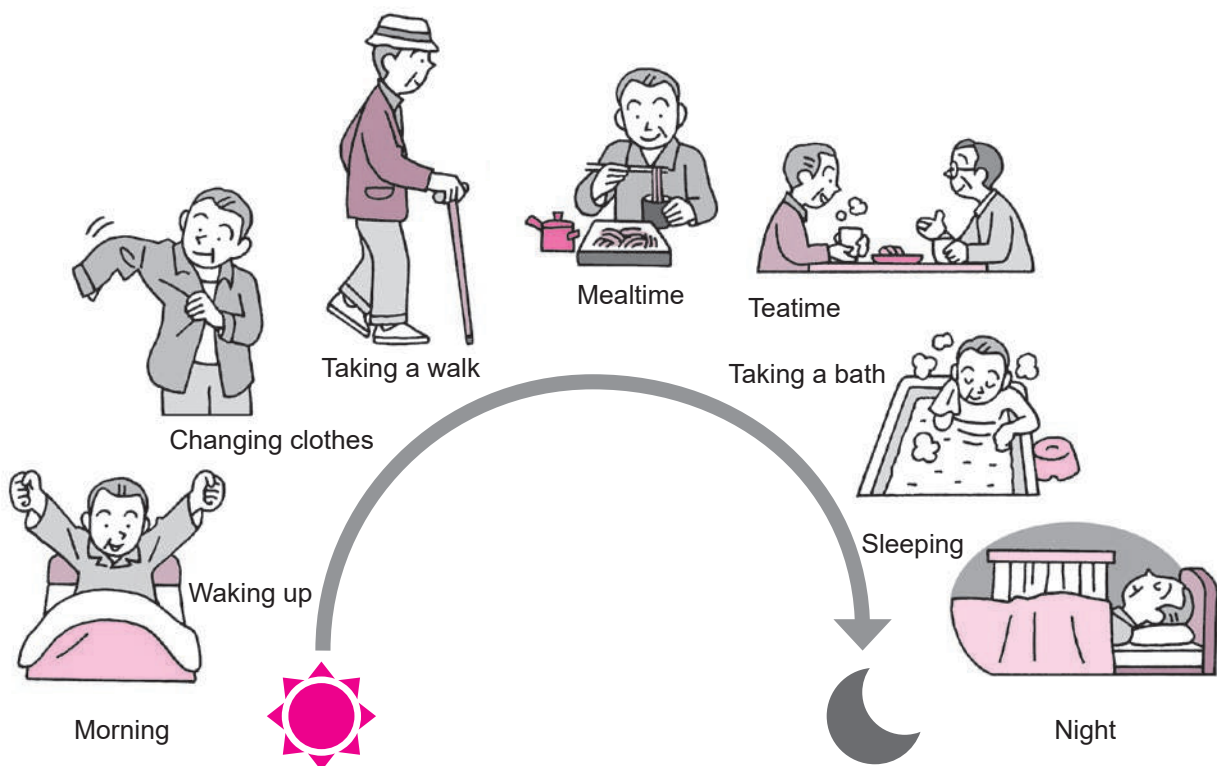
- It is the user himself/herself who takes the lead in daily living. He/She will decide how he/she wants to do something according to his/her values and the way he/she has lived so far.
- There are two kinds of independence: physical and mental. Even when he/she is in need of nursing care, he/she will independently choose and decide the style and method of daily living so that he/she can live his/her usual life.



3 Understanding of daily living

1) What are the activities of daily living?

- Activities of daily living differ depending on countries, cultures, and customs. There is a variety of lifestyles, depending on the will and values of people and what they are particular about.
- People wake up in the morning, change clothes, wash their face, have meals, go to the bathroom, take a bath, engage in recreational activities, and go to bed in the rhythm of life.



- The person's state of health, house, ability to do housework, family, community, and society are all related to his/her life.

2) Everyday life support provided by care workers

- With the full understanding of the user's way of living, a care worker supports the user in living his/her usual life.
- A person tends to become passive in the way he/she thinks and acts when he/she is in need of nursing care. A care worker works to encourage the will of the user.

2 | Role and professional ethics of care workers

1 Professional ethics of care workers

1) Consideration for privacy

- The user's skin is exposed during bathing and toilet use. It is important for a care worker to give consideration for the privacy of the user so that he/she will not feel embarrassed.

2) Maintaining of confidentiality

- It is necessary for a care worker to obtain information on the user in order to provide appropriate care. He/She must not, however, disclose the personal information (age, address, clinical history, etc.) of the user to any third party without the user's permission.
- A care worker must not spread the information on the user on the Internet, SNS, etc. without his/her consent.



3) Prohibition of physical restraint

- Physical restraint means the restriction of a user's physical movement.

⊙ Adverse effects of physical restraint

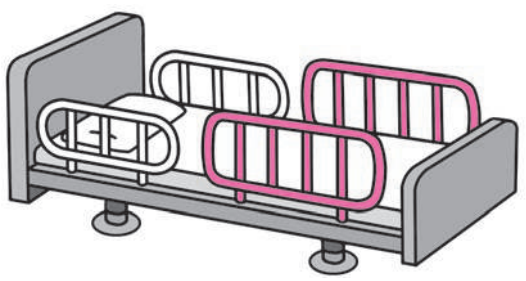
Physical restraint has adverse effects such as the reduction of physical abilities and worsening of dementia symptoms of the user.

● Examples of the treatments that amount to physical restraint

(1) Restrict movements by tying the body, hands, and feet.



(2) Put safety rails around the bed so that the user cannot get off the bed by him/herself.



(3) Lock the door of the room to keep the user inside.



(4) Have the user wear a restraint belt to keep him/her from standing.



(5) Administer an excess amount of psychotropic medication.



4) Abuse

- Abuse means the violation of the human rights of the user.

● Five types of abuse

(1) Physical abuse

To use violence on the user's body.



(2) Psychological abuse

To speak and behave in a manner that will cause the user psychological trauma.



(3) Abandonment of nursing care, etc. (Neglect)

To leave the person in need of nursing care unattended.



(4) Economic abuse

To obtain economic benefits wrongfully from the user.



(5) Sexual abuse

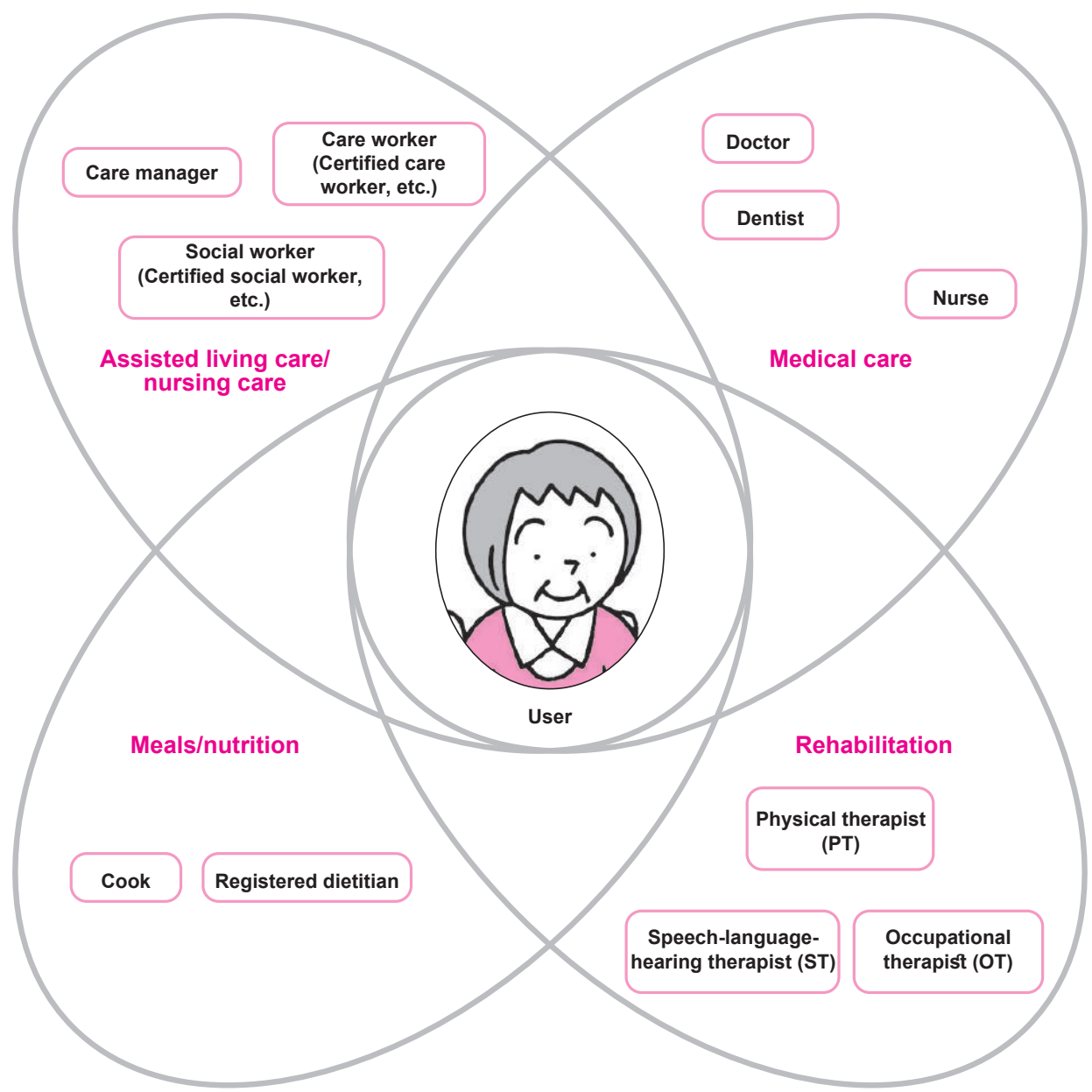
To commit indecent acts to the user.



2 Interprofessional collaboration

1) Team approach

- Various professionals other than care workers work as a team for a user, using their respective expertise.



2) Role and functions of other occupations

(Professionals that perform medical activities)

Medical activities are conducted based on medical knowledge and skills. Basically, care workers cannot be engaged in medical activities. Doctors and nurses are professionals that perform medical activities.

● Doctor



A doctor diagnoses and treats diseases.

● Nurse



A nurse, following the instructions given by the doctor, provides recuperative care and assists the doctor in providing medical care.

(Rehabilitation professionals)

Rehabilitation professionals, who provide functional recovery training, etc., include physical therapists, occupational therapists, and speech-language-hearing therapists.

● Physical therapist (PT)



A physical therapist gives training of physical abilities such as walking.

● Occupational therapist (OT)



An occupational therapist gives training of activities necessary in daily living.

● Speech-language-hearing therapist (ST)



A speech-language-hearing therapist gives training to users who have difficulties in speaking and swallowing (deglutition).

(Professionals on diet)

There are users for whom special care needs to be taken about forms of meals, calories, etc. due to diseases. A registered dietitian is a professional on food and eating.

● Registered dietitian



A registered dietitian develops nutritionally balanced menus.

(Professionals who give consultations and make adjustments regarding welfare services)

Care managers and social workers are professionals who develop support plans, give consultations, and make adjustments regarding services when users use welfare and other services.

● Care manager

● Social worker (certified social worker, etc.)



A care manager/social worker gives consultations to users, contacts the user's family, and makes adjustments.

3 Care services

1) Overview of care services

There are various kinds of care services.

(1) Care service provided by home visits

- Care workers, etc. visit the home of the user to provide care service.
- Home visit care (home help service) and other services are available.

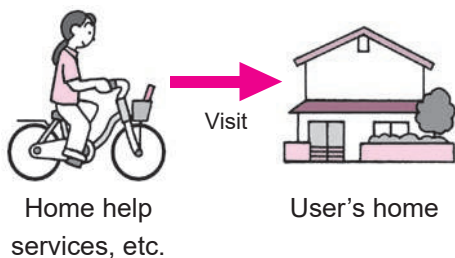
(2) Care service provided to visiting care recipients in care facilities

- Service is provided to the user in care facilities during daytime hours.
- Day care (day service) and other services are available.

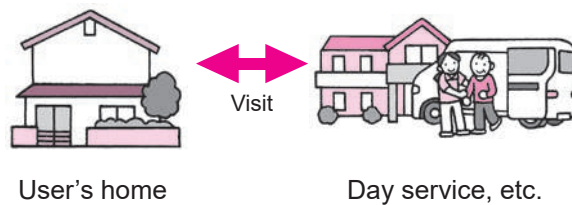
(3) Care service provided to users living in care facilities

- Service is provided to users in care facilities
- Service in facilities for the elderly covered by public aid requiring long-term care (intensive care homes for the elderly), etc. is available.

(1) Care service provided by home visits



(2) Care service provided to visiting care recipients in care facilities



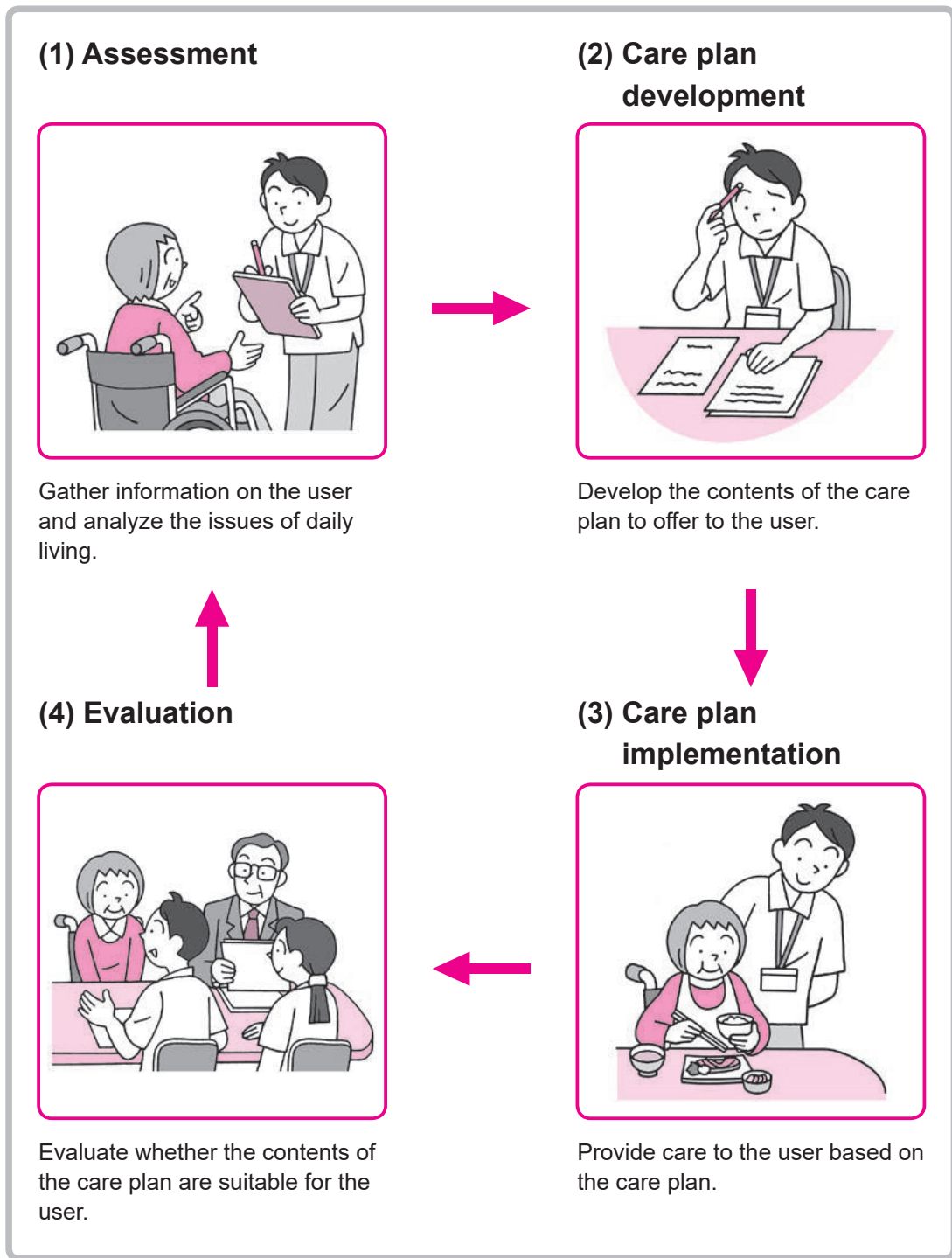
(3) Care service provided to users living in care facilities



2) Care Process

- Care workers provide care in accordance with the care plan, aiming to support the self-independence of the user.
- In the care process, a care plan is developed for each user.

● Basic flow of the care process



3

Ensuring safety and risk management in nursing care

1 Ensuring safety in nursing care

1) Importance of observation

⊙ What does observation mean?

Observation refers to carefully look at and find out the state of the user.

Seems different than usual.....
How come?



⊙ Significance of observation

What a care worker observes will be used to improve the life of the user.

The things that have been observed are recorded and shared by all the staff.

⊙ Method of observation

- (1) There is information obtained by getting involved with the user.
- (2) There is information obtained by measuring, etc.

I think your body is hot. Let me take your temperature.

His body is hot...



2) Health management of care workers

⊙ Importance of health management of care workers themselves

It is necessary for a care worker to maintain his/her own health. It is not possible to provide better nursing care if the care worker him/herself is not healthy.

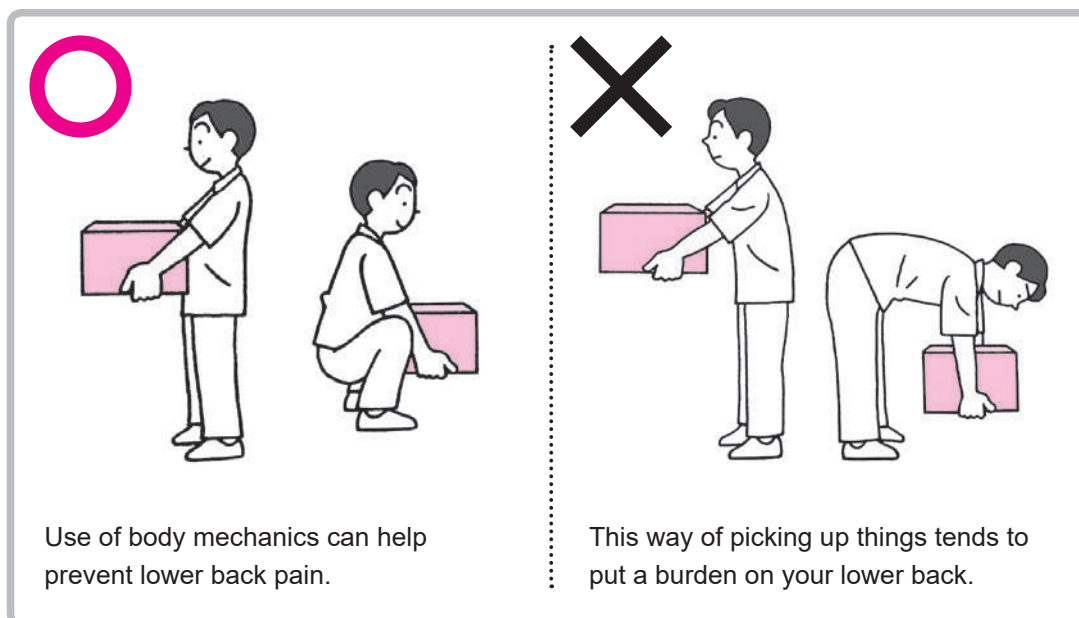


⊙ For the maintenance of good health

(Prevention of lower back pain)

It is easy for a care worker to suffer from lower back pain. So, please be careful. Lower back pain can be prevented with correct knowledge and implementation of such knowledge.

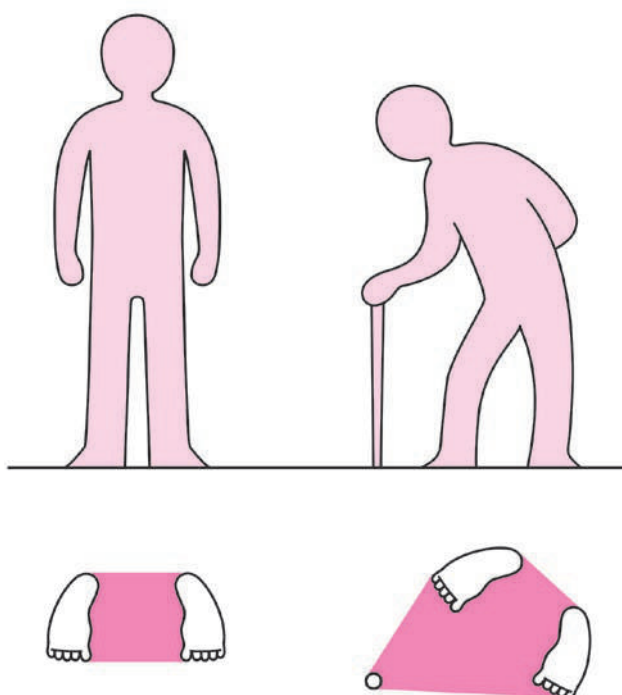
● Posture and lower back pain



3) Use of the principles of body mechanics

- At the time of providing assistance in walking/lifting/transferring, it is necessary to ensure the safety of the user and reduce the burden on the care worker.
- Body mechanics refers to the way our body moves based on the relationship between bones and muscles. With the use of the principles of body mechanics, you can provide nursing care safely with a small amount of force.

(1) Maintain a wide base of support and lower the center of gravity.



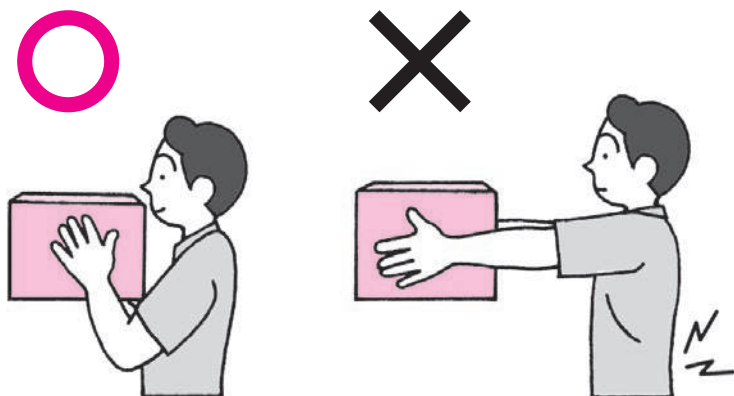
Use of a cane can widen the base of support and increase stability.

Explanation of terminology

Base of support

Base of support refers to the area created by connecting every point of contact of a person with the floor surface for the purpose of supporting his/her body. If a person is standing with his/her feet apart, the base of support is the area surrounding the outsides of his/her soles.

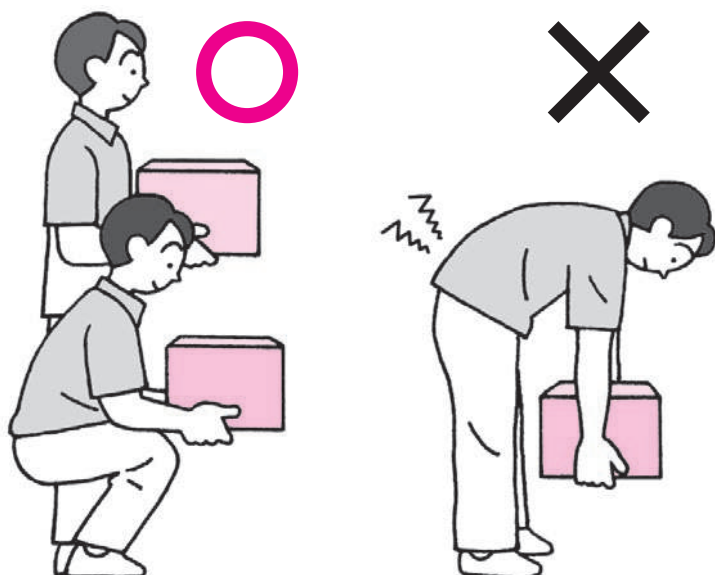
(2) Bring the center of gravity of the care worker and that of the care recipient close together.



You can provide care with a smaller amount of force if you are closer to the care recipient.



(3) Use bigger muscles such as thighs.



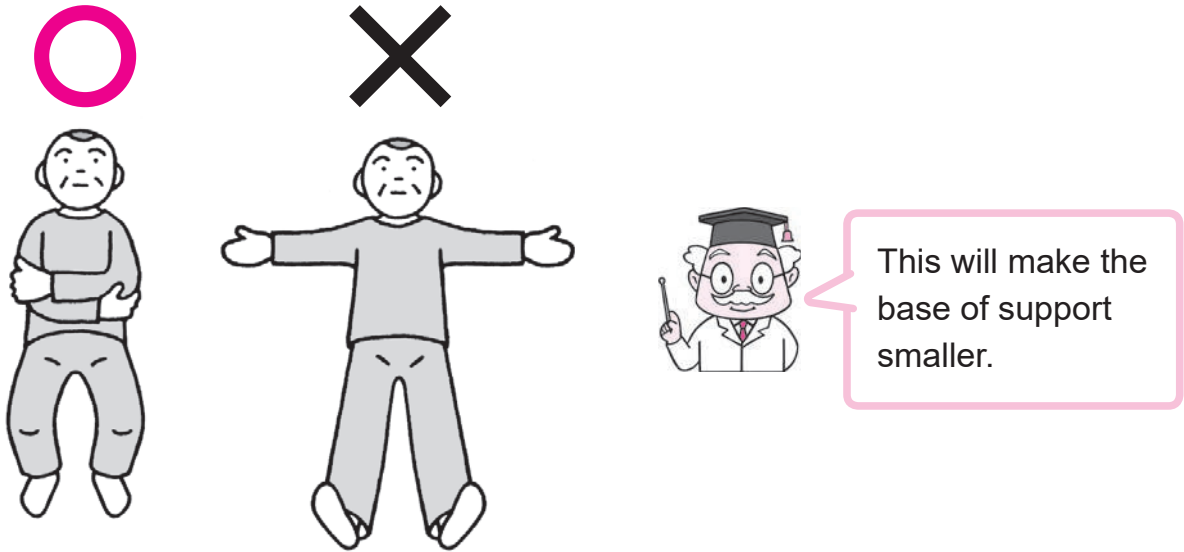
You can provide nursing care easily by using your bigger muscles.



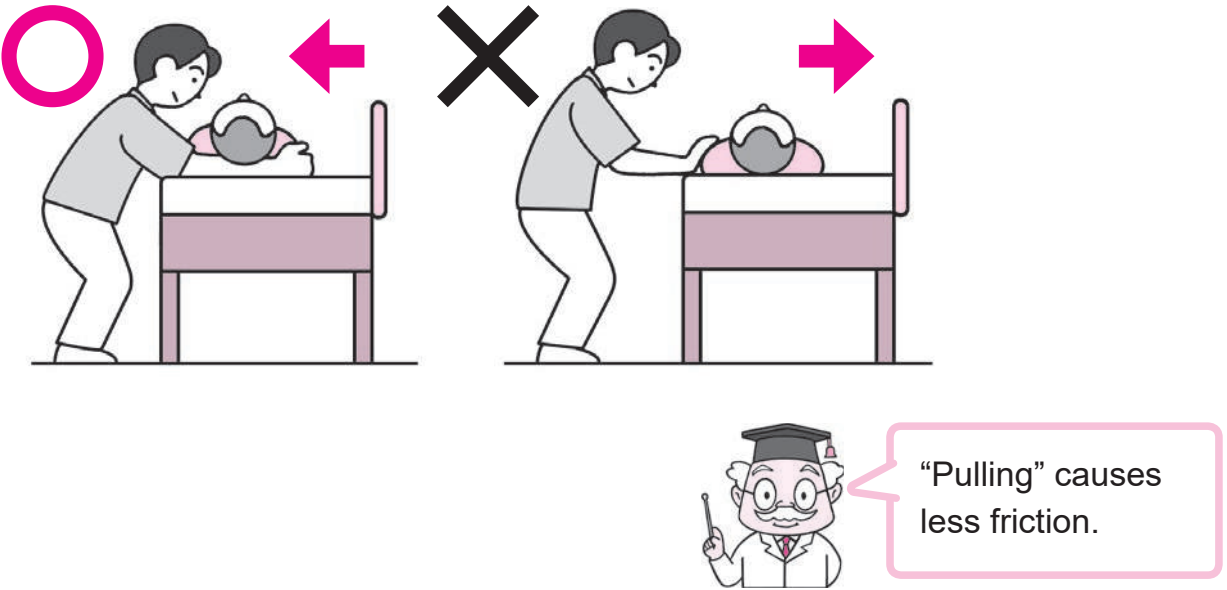
Bigger muscles of the lower thighs and buttocks are used.

The person is lifting the box with his knee joints kept straight, using only his lower back muscles.

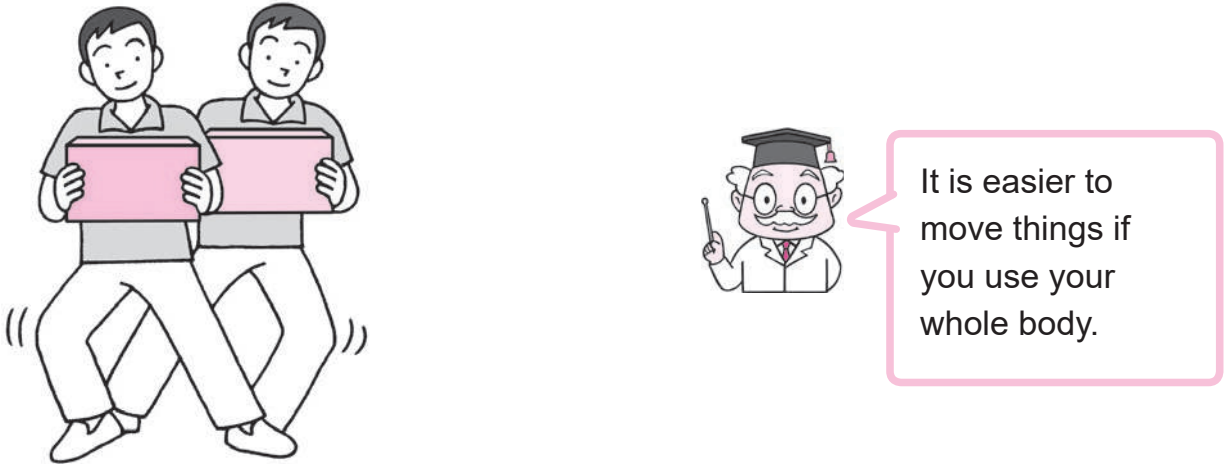
(4) Tuck the user's arms and legs closer to the center of his/her body as shown in the illustration.



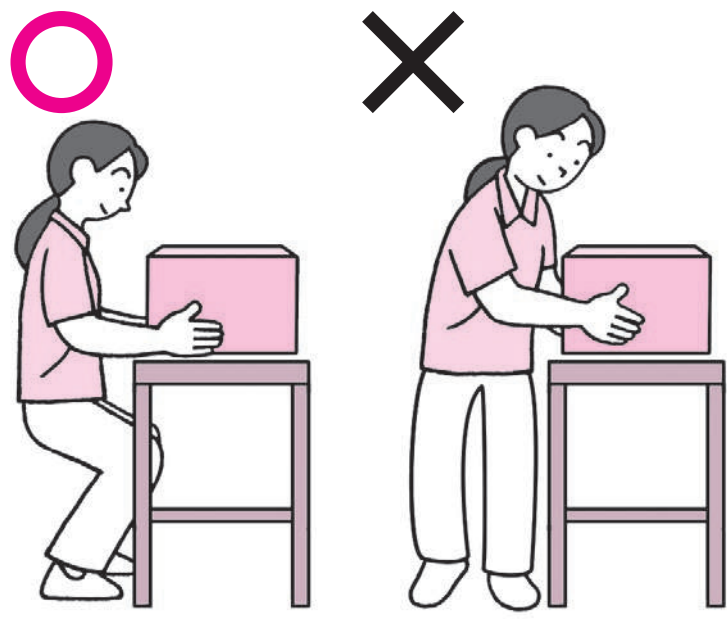
(5) "Pull" the user toward you rather than "push" him/her.



(6) Move your center of gravity as horizontally as possible.



(7) Do not twist your body. Set your toes to the direction toward which you are pushing the item.



A bigger burden will be on your lower back if you twist your body.



(8) Use the principle of leverage.

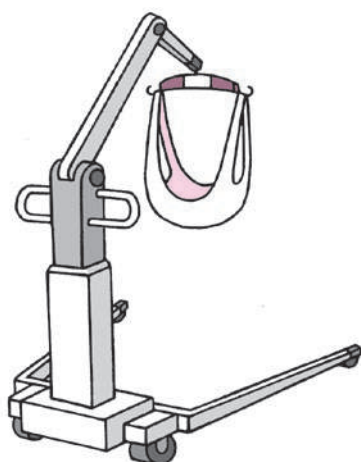


Create a fulcrum and you can turn a small amount of force into a big one.



⦿ Points to prevent lower back pain

- Use the abilities of the user: Confirm the state of the user and use his/her abilities.
- Use assistive devices: Use a lift, sliding board, etc.
- Use body mechanics.
- Review your lifestyle: It is important to engage in a moderate amount of exercise and have proper nutrition and rest.



Lift



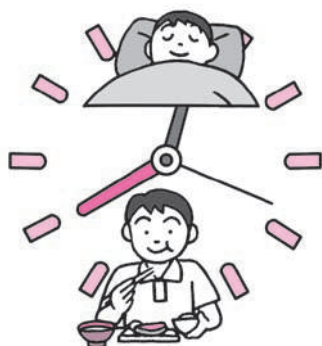
Sliding board

⦿ Mental health management

It is necessary to maintain the mental health of care workers for them to keep engaging in care work. You may have worries and anxieties, but do not take it all on yourself.

It is necessary for the health of mind and body to live a regular life.

● How to maintain mental health



Ensure time for meals and sleep.



Find a way to get rid of stress that is suitable to you.



Have a conversation/consultation with your seniors and colleagues.

4) Infectious diseases and control measures

◎ Basic knowledge of infectious diseases

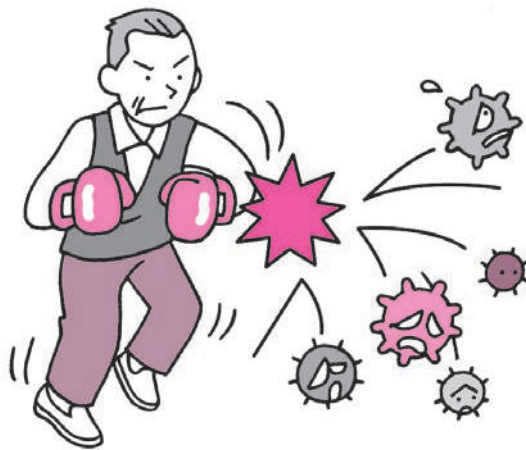
An infectious disease is an illness in which a pathogen, etc. enters the body and causes various symptoms.

Users have low resistance to disease. Moreover, when people are living in a group, they have a higher chance of getting infected.

Therefore, it is necessary for each care worker to have knowledge of infectious diseases.



A person with low resistance to disease is more vulnerable to infectious diseases.



A healthy person is less vulnerable to infectious diseases.

◎ Kinds of pathogens

Pathogens include viruses, bacteria, fungi, parasites, and others.

◎ Perspective of observation

It is important to observe users as a control measure for infectious diseases. As per the perspective of observation, if you find symptoms such as fever, vomiting, diarrhea, stomachache, rash, or pale complexion, it is important to report it to medical staff.

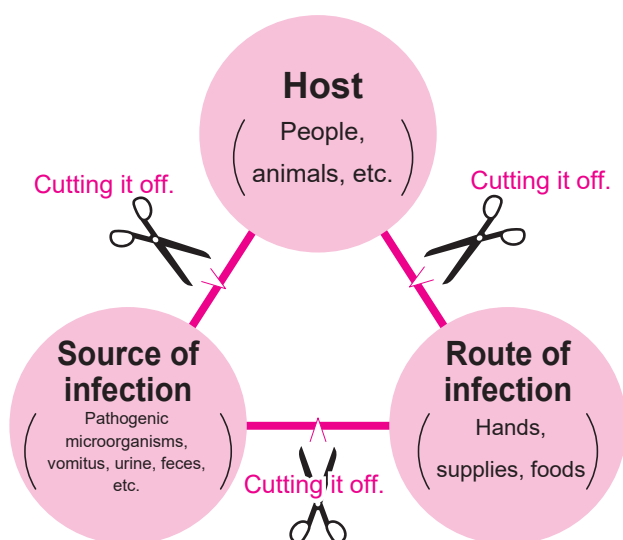
☉ Three factors of infectious diseases/principle of control measures

The three factors of infectious diseases are the source of infection, route of infection, and host. An infectious disease spreads when the three factors are connected.

The principle of infection control is to cut the chain off.

The chain can be cut off by: (1) Removing the source of infection; (2) Blocking the route of infection; and (3) Improving the host's (person's) resistance to disease.

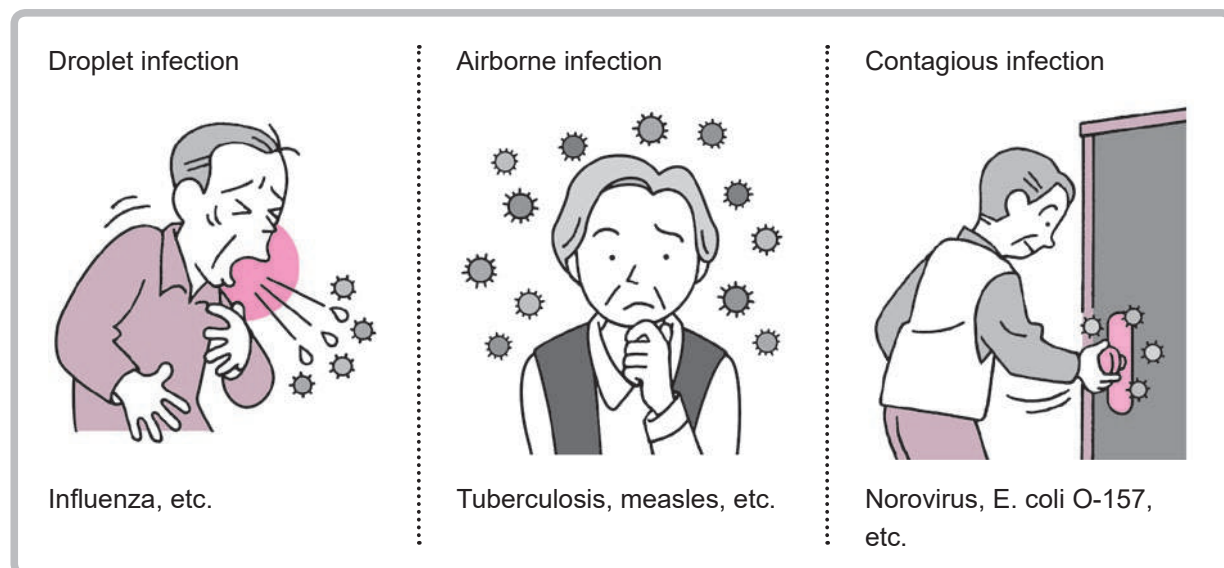
● Three factors of infectious diseases/principles for cutting them off






There are three basic rules for controlling infection.

- (1) Do not bring infection in.
- (2) Do not take infection out.
- (3) Do not spread infection.

● Kinds of routes of infection



● **Kinds of sources of infection**

 <p>Blood</p>	 <p>Body fluids (saliva, nasal mucus, etc.)</p>	 <p>vomit, urine, feces, etc.</p>
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◎ **Standard precautions**

The basic idea is that “the blood, body fluids, secretion, vomitus, urine, feces, wounds, skin, mucous membranes, etc. of every patient must be treated as something that has a risk of infection.”

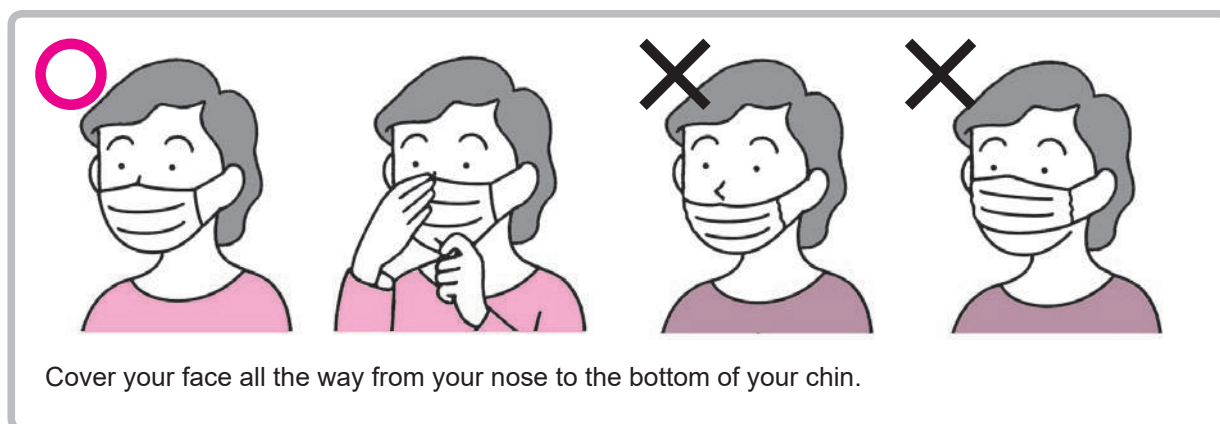
Never touch blood, body fluids, vomitus, urine, feces, etc. with bare hands. Be sure to wear gloves when providing nursing care.

● **Example of supplies used**

<p>Gloves</p> 	<p>Vinyl apron</p> 	<p>Mask</p> 
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You need to wash your hands even if you are wearing a pair of gloves.

● Correct way of wearing a mask



⦿ How to change disposable gloves

- Throw them away with the dirty side inside.
- Throw them away in the designated place.
- Change them after each action.

⦿ How to wash hands and points to remember

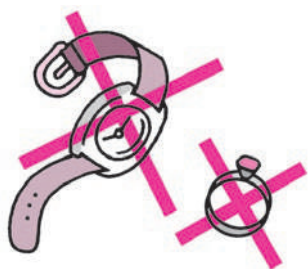
You should wash your hands either with running water and liquid soap or with an alcohol-based antiseptic hand rub.

● Parts that are easy to get dirty



The parts easy to get dirty are fingertips, area between fingers, back of the hands, base of the thumbs, and wrists.

● Washing hands with running water and liquid soap



(1) Remove rings and watches.



(2) Wet your fingers with running water.



(3) Pour an appropriate amount of liquid soap on your palm.



(4) Rub your palms against each other to create a thick lather and wash thoroughly.



(5) Rub and wash the back of your hand with the palm of your other hand (Both hands).



(6) Interlace your fingers to rub and wash the area in between the fingers of both hands.



(7) Wrap the thumb of one hand with the other hand and rub and wash it (Both hands).



(8) Rub and wash the fingertips of one hand against the palm of the other hand (Both hands).



(9) Carefully rub and wash all the way to both wrists.



(10) Rinse well with running water.



(11) Wipe off moisture with paper towel to dry your hands thoroughly.

● Alcohol-based antiseptic hand rub



(1) If your hands are visibly soiled, first wash them with liquid soap, following the recommended procedure described on the previous page.



(2) Bend your fingers slightly and take an appropriate amount of sprayed antiseptic hand rub on your hands.



(3) Rub the palm of one hand against that of the other hand.



(4) Rub the fingertips and the back of the fingers of one hand with the other hand (Both hands).



(5) Rub the back of one hand with the palm of the other hand (Both hands).



(6) Interlace your fingers to rub the area in between the fingers of both hands.



(7) Wrap the thumb of one hand with the other hand and twist and rub it (Both hands).



(8) Carefully rub all the way to both wrists.



(9) Rub until dry.

5) Accident prevention and safety measures

Users are vulnerable to accidents due to old age or disability.

[Prevention of falling and falling off]

Walking/lifting/transferring activities are frequent in the life space of the user, which makes accidents easy to happen.

- Carefully observe the state of the user.
- Confirm whether the user's clothes and footwear are appropriate.



There are times when the user cannot do what he/she usually can.



Slippers can easily come off and they can easily make the wearer slip. If the legs of pants are too long, they tend to make the wearer trip on the bottom edge.

- Inspect the assistive devices before use.



Out-of-order equipment can cause accidents.

● Confirm the environment.



It is easy to slip on a wet floor.



It is easy to fall if you trip on a cord.

◎ Risk management

Risk management refers to predicting possible risks, getting involved as an organization, and working to prevent accidents. The way of thinking about predicting risks and preventing whatever is preventable is important.

Keeping records properly helps identify risks. It is essential to keep records to prevent accidents.

● Specific examples of risk management



(1) While transferring from the bed to a wheelchair, the user nearly fell.



(2) Think why it happened.
⇒ The brake was not activated.
⇒ Record the incident.



(3) Preventive measures
⇒ Make sure to confirm that the brake is activated the next time onwards.
⇒ Share the information with everyone.

◎ Disaster preparedness measures

A disaster refers to the damage caused by earthquakes, typhoons, fire, etc. Facilities and communities regularly have a cooperation system for disasters and emergencies. It is important to be prepared for disasters to avoid panicking even in the case of a sudden disaster.

● Prepare necessary supplies.



● Implement emergency drills.



Mechanism of Mind and Body

CHAPTER 1 Understanding of the mechanism of mind and body

CHAPTER 2 Understanding of people in need of nursing care

- Basic understanding of aging
- Basic understanding of disorder/disability/impairment
- Basic understanding of dementia

1

Understanding of the mechanism of mind and body

1 Understanding of the mechanism of mind

1) Understanding of the mind

Each person has his/her own feelings and ideas. The feelings, ideas, and methods of expression differ from person to person.

The difference is related to the character of the person, the life he/she has lived, and the education he/she has received. The feelings and ideas change due to aging and are expressed as emotions and will.

It is necessary for a care worker to understand the feelings of others.

● Emotions



Being happy



Being mad



Being sorry



Having fun



Changes in the state of mind are visible in facial expressions and attitudes.

(Will)

Will refers to a state of mind to positively do something. Care workers support users to live willingly.

● Will



(Stress)

Stress refers to a state of strain in the mind and body. The causes of stress include noise, temperature and other physical factors, fatigue, shortage of sleep, hunger and other bodily factors, anxiety, fear, excitement, and human relations and other psychological/social factors.

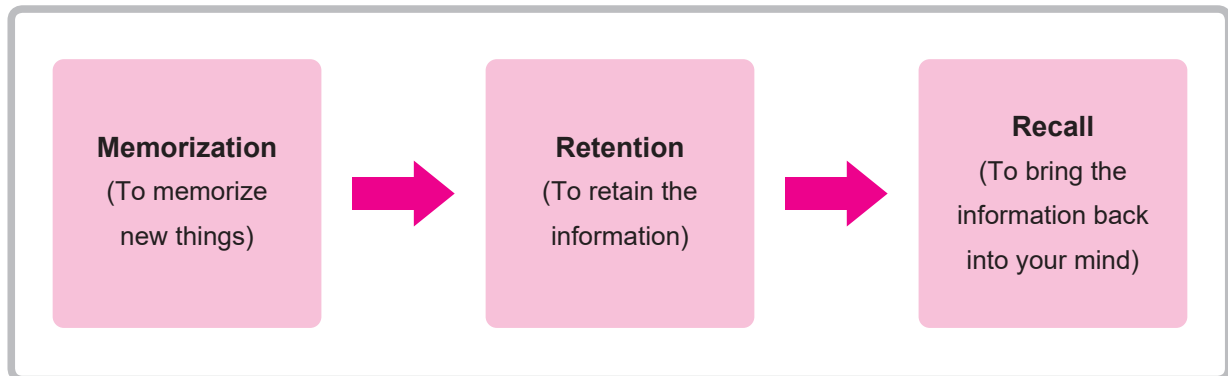
● Causes of stress



(Memory)

Memory means the ability to remember things without forgetting.

● Process of memory



● Kinds of memory

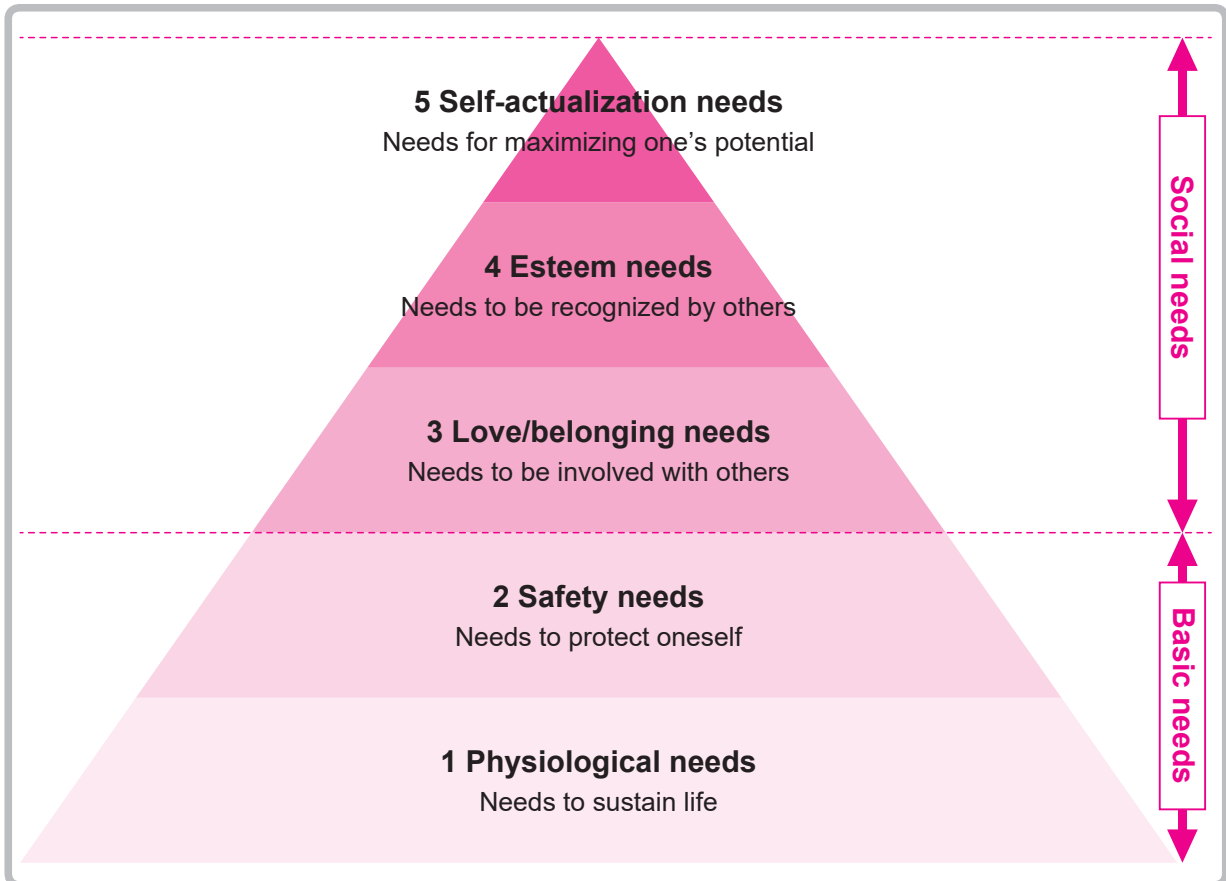
Short-term memory Temporary memory		
Long-term memory Memory retained for a long time	Episodic memory	Memory of experiences and specific events
	Semantic memory	Memory of knowledge
	Priming memory	Memory that is unconsciously remembered
	Procedural memory	Memory that one's body remembers

(Needs)

Needs refer to a state of mind in which a person wants to get something.

A. H. Maslow, a psychologist, advocated a five-level hierarchy of human needs (Maslow's Hierarchy of Needs).

● Maslow's Hierarchy of Needs



2 Understanding of the mechanism of body

1) Mechanism of sustaining life/homeostasis (body temperature, breathing, pulse, blood pressure, etc.)

⊙ Homeostasis

Homeostasis is a biological system in the body that tries to maintain a constant state even if there is a change in the environment.

One example is the function that works to bring the body temperature back to normal by sweating to release body heat, when it rises because of the hot air temperature.

● Functions of homeostasis



(Vital signs)

Vital signs refer to the body temperature, breathing, pulse, blood pressure, etc. that indicate the symptoms of being alive. They are the indices that reflect the status of health and any unusual change.

(1) Body temperature

- Body temperature has a daily rhythm. It is higher during daytime hours and lower during the night when you are asleep.
- As there is a big difference among individuals, normal temperature differs from person to person.

● **Parts of the body from which to measure body temperature and points to remember**

Armpit



Place the tip of the thermometer in your armpit.



Keep your arm pressed firmly against your body, while taking the temperature.

If a person suffers from paralysis, take the body temperature of the unparalyzed side.



Others

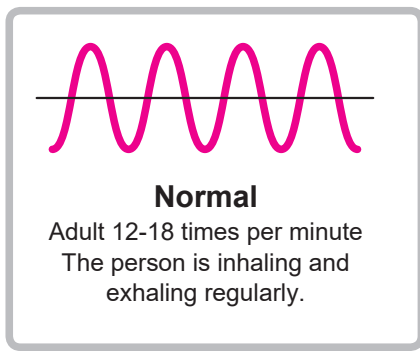


There are thermometers to measure the body temperature at the forehead or in the ear.

(2) Breathing

- Breathing is to take oxygen into the body and get rid of carbon dioxide.
- Breathing is done regularly and unconsciously.
- Respiratory rate changes due to various factors such as the age, activity status, mental status, physical condition, and whether the person has a disease or not.
- Check whether the person is having difficulty breathing and/or having phlegm and if he/she is hearing odd sounds or not.
- If a person has extreme difficulty breathing, his/her lips and nails turn to bluish purple. This state is called cyanosis.

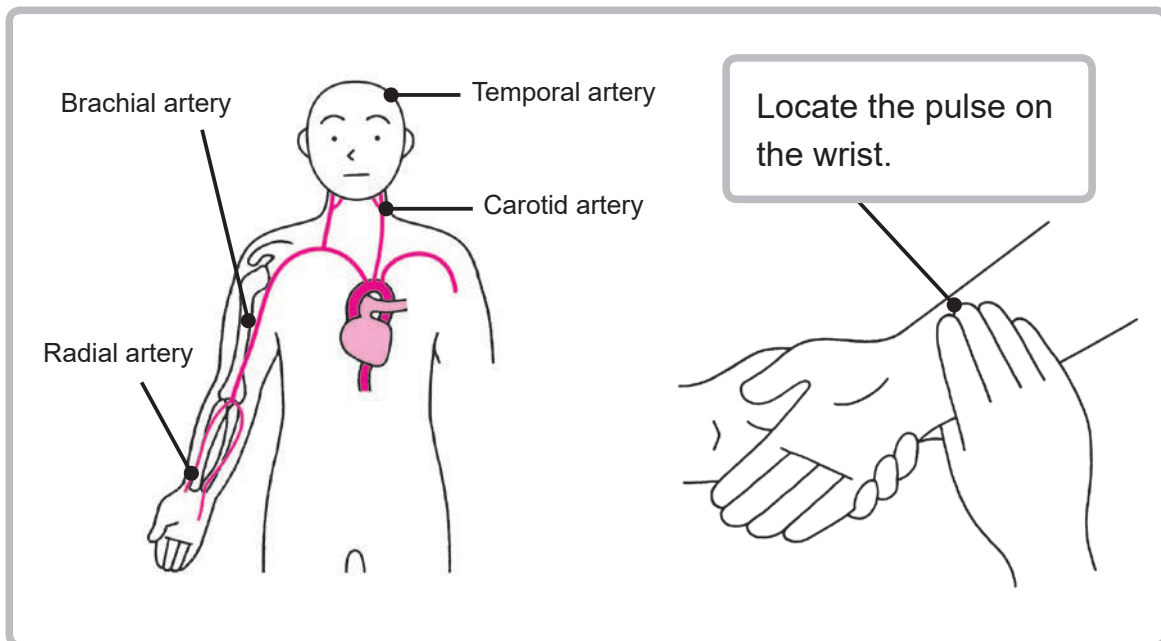
● Respiration rhythm waveform



(3) Pulse

- Pulse is the movement of blood through arteries caused by heartbeats.
- Generally, the lower the age is, the higher the pulse rate is. Pulse rate goes down when you get older.
- Pulse rate changes due to various factors such as the age, activity status, mental status, physical condition, and whether the person has a disease or not.
- Observe the number and rhythm of pulse and whether it is strong or weak.

● Places to measure pulse rate

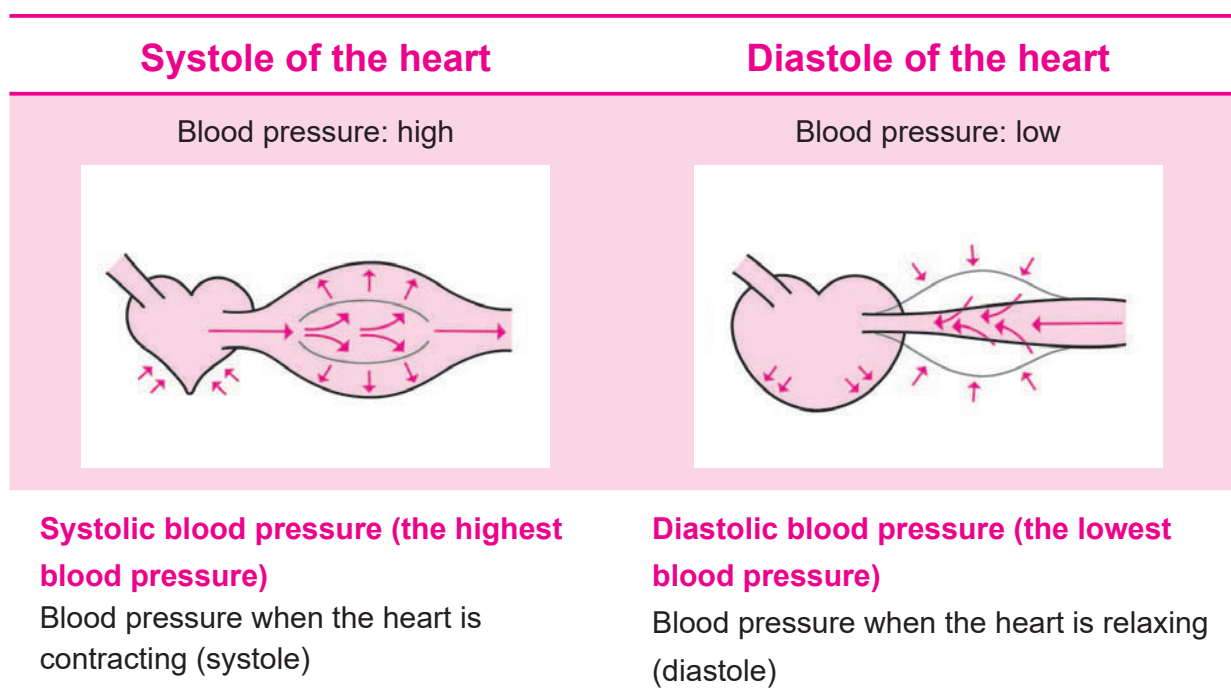


You can locate the pulse not only on the temporal region, neck, and elbow but also on the inside of the wrist, groin area, and instep.

(4) Blood pressure

- Blood pressure is the force of the blood sent from the heart pushing against the walls of blood vessels (arteries).
- Blood pressure changes throughout the day.
- Blood pressure changes due to various factors such as posture, activity status, mental status, and whether the person has a disease or not.
- Continuous hypertension increases the possibility of developing into a cerebrovascular disease and/or a heart disease.

● Relationship of the state of heart and blood pressure



● The blood pressure goes up when a person:



gets excited



is short of sleep



is straining in the toilet



gets nervous



experiences a sudden change of temperature

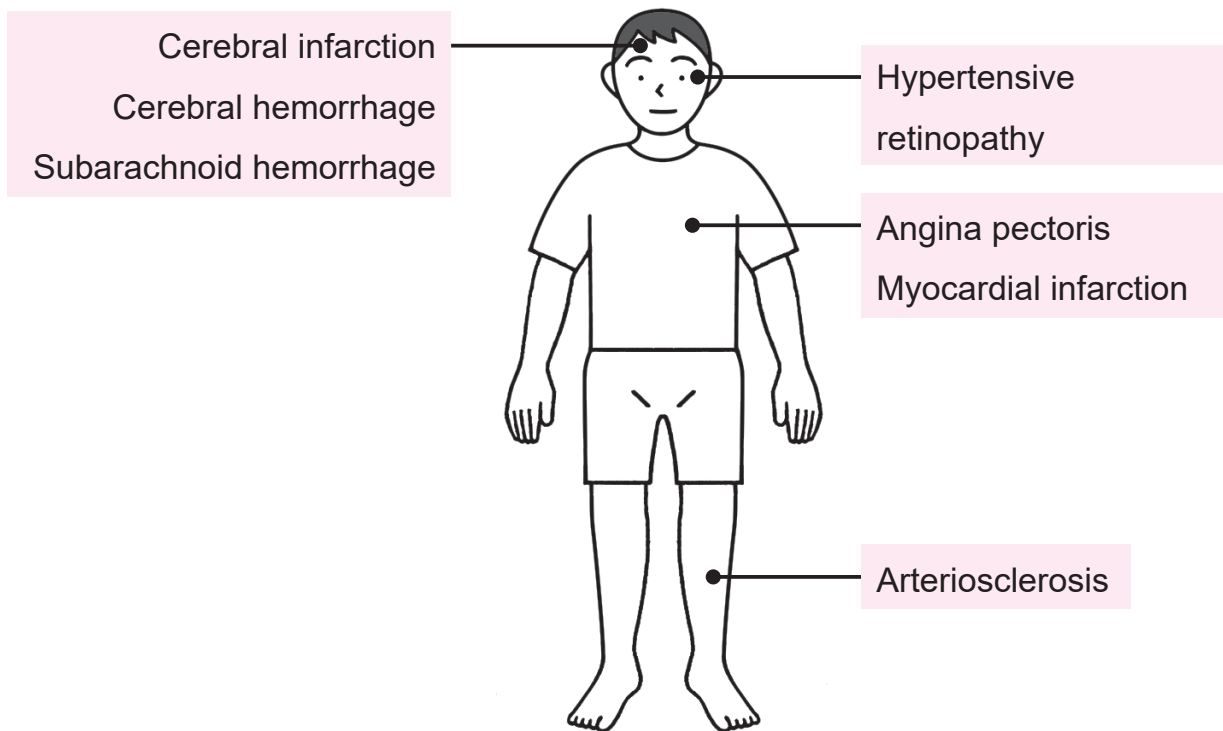


engages in sudden exercise



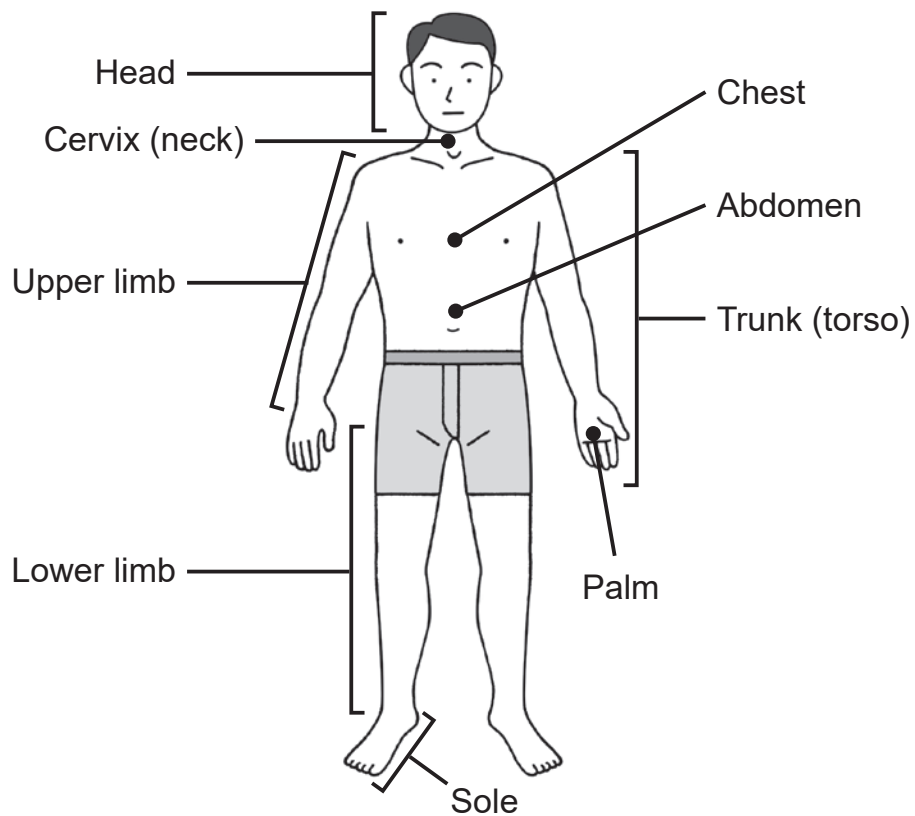
is suppressing an urge to defecate (or urinate)

● Diseases caused by hypertension



2) Basic structure of the human body

- A human body can be divided into the head, cervix (neck), trunk (torso), upper limb (arms) and lower limb (legs).



[Nervous system]

The nervous system can be largely divided into the central nervous system and the peripheral nervous system.

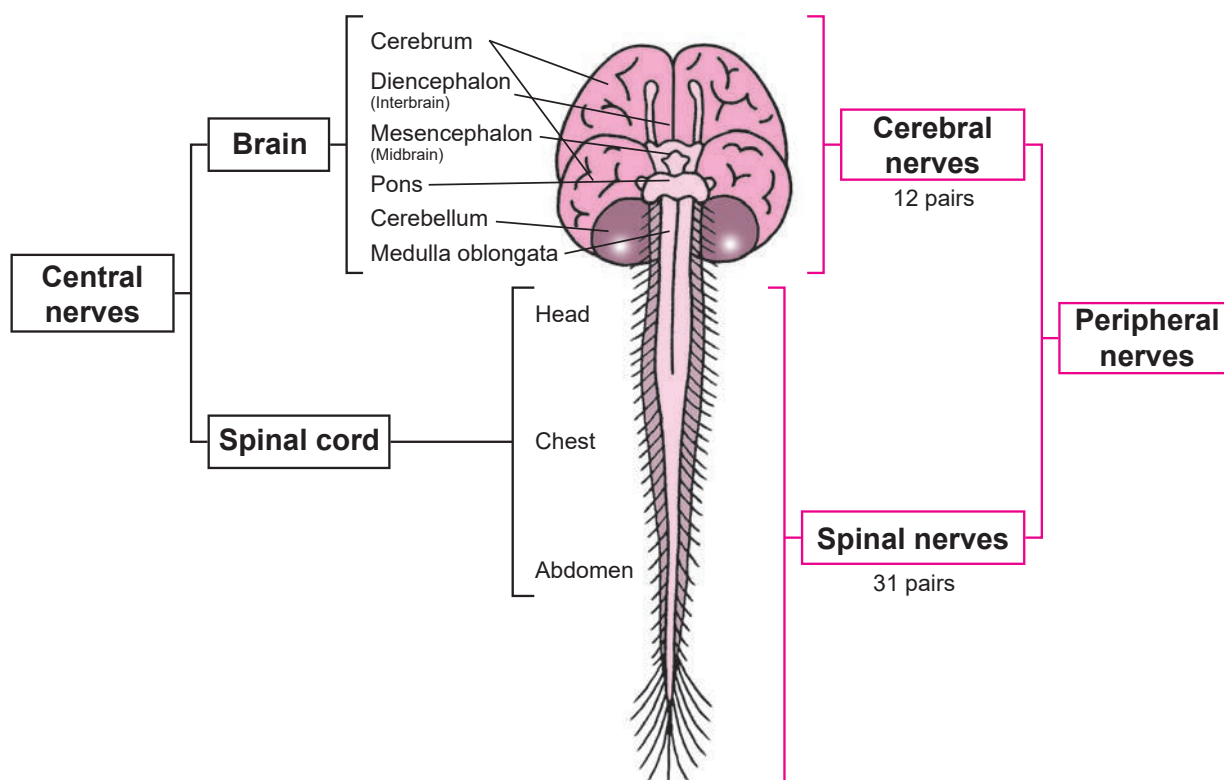
⊙ Central nerves (brain/spinal cord)

- The brain gathers information from the rest of the body, analyzes and makes judgments, and gives orders to the rest of the body.
- The spinal cord is connected to the brain and makes its own judgment on the information and gives orders based on the function of relaying information from the brain to the rest of the body and vice versa.

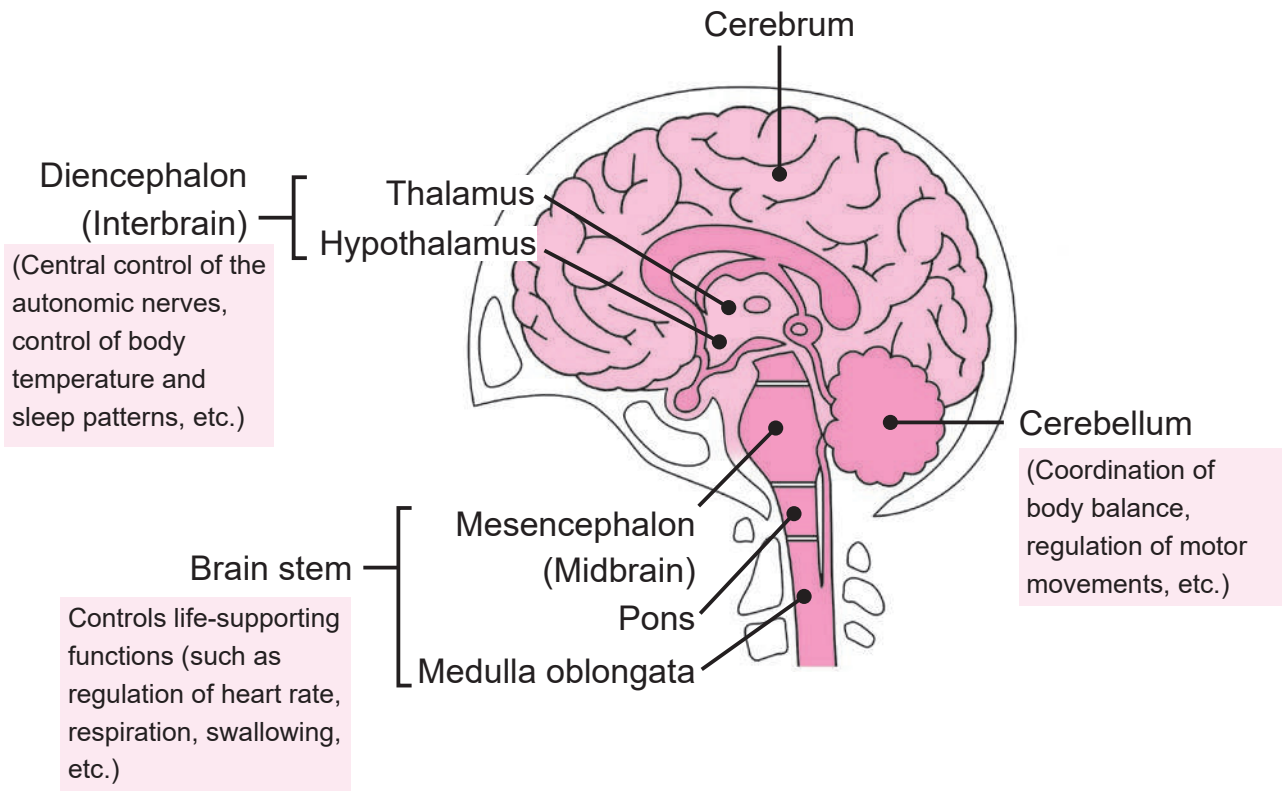
⊙ Peripheral nerves (cerebral nerves/spinal nerves)

- Peripheral nerves relay information between the central nervous system and the organs of the body.

● Distribution of Nerves




● Regions of the brain and their functions



⊙ Autonomic nerves

- The autonomic nerves act unconsciously and regulate the functions of internal organs. They consist of sympathetic and parasympathetic nerves.
- The sympathetic nerves act when the person is tense such as when the person is active or feeling anxiety, anger, stress, etc.
- The parasympathetic nerves act when the person is relaxing such as while sleeping and resting.

● Activities of the autonomic nerves (sympathetic and parasympathetic nerves)

Sympathetic nerves (Acting)		Parasympathetic nerves (Resting)
Pulse rate increases		Pulse rate decreases
Constrict	Heart	Dilate
Goes up	Peripheral blood vessels	Goes down
Dilate	Blood pressure	Constrict
Decreases movement	Pupils	Promotes movement
Bronchi dilate	Intestinal tract	Bronchi constrict
Increases	Respiratory tract	Decreases
	Sweating	



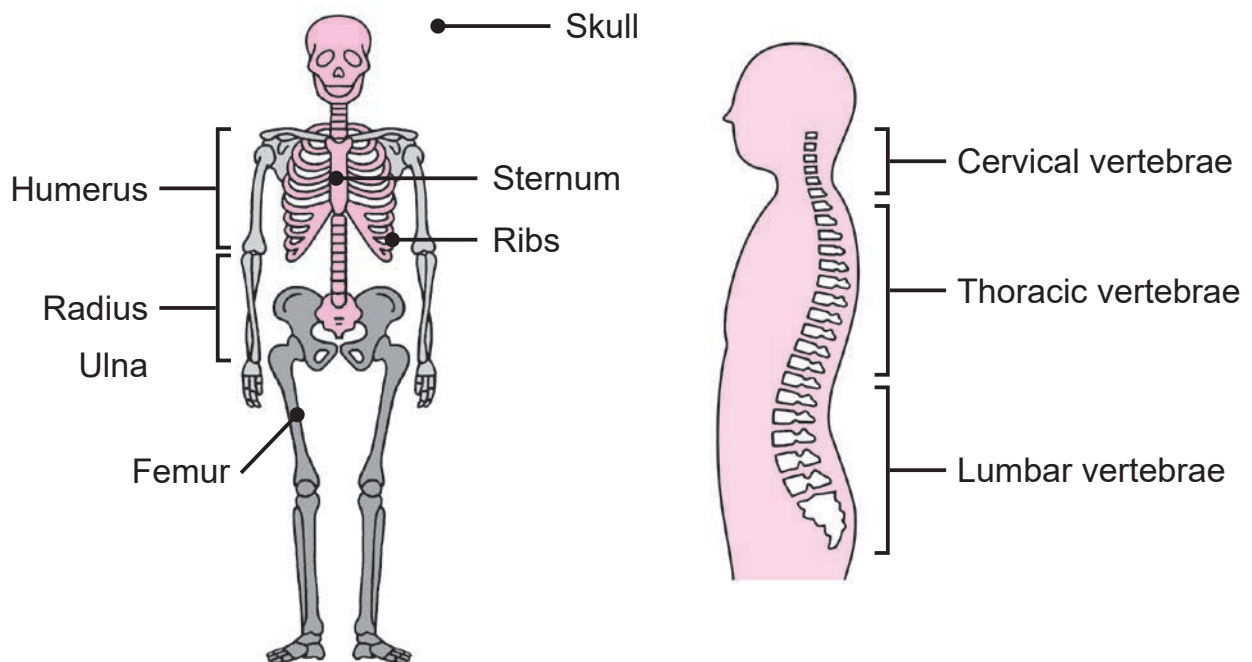
The autonomic nerves control the functions of internal organs, etc.

When the autonomic nerves are not working properly, your heart and other parts of your body are affected in various ways.

[Skeletal system]

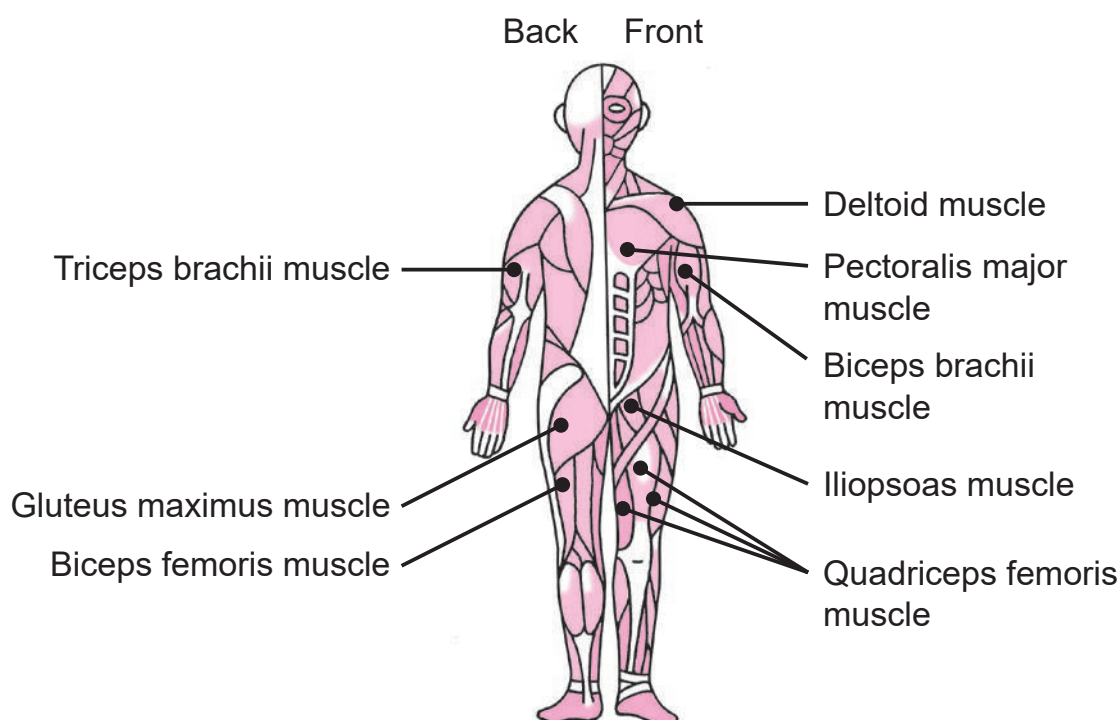
- The skeletal system of the human body consists of a combination of big and small bones.
- The major functions of the bones include: (1) To support the body; (2) To play the part of the locomotor system; (3) To protect the internal organs; (4) To store calcium; and (5) Hematopoietic function.
- Physiologically, the human spine is curved in an S shape.

● Skeletal chart of a human



[Muscular system]

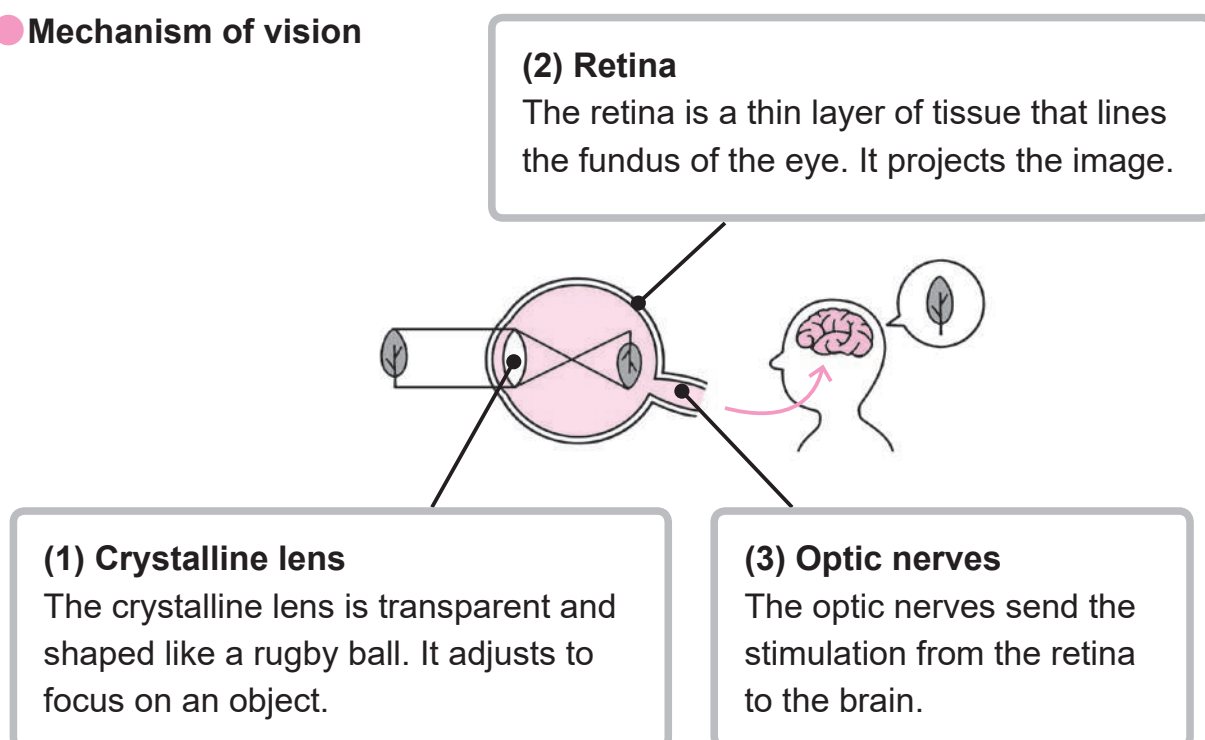
- The muscular system is related to the maintenance of posture, locomotion, and the formation of internal organs.



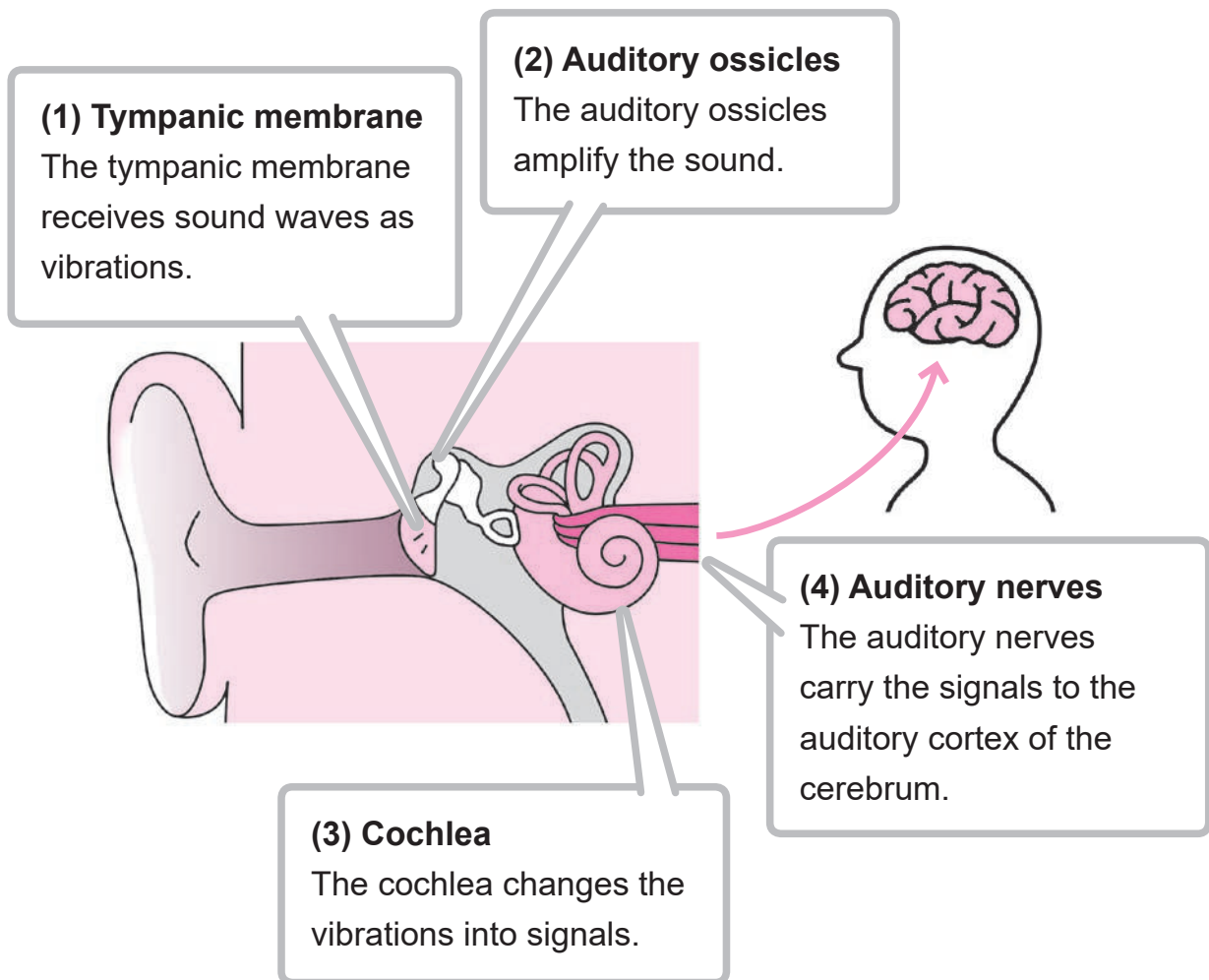
[Sensory organ system]

- When we see (sense of vision); hear (sense of hearing); smell (sense of smell); taste (sense of taste); and touch (sense of touch) things, our sensory organs receive various stimuli and send the information to the brain through sensory nerves.

● Mechanism of vision



● **Mechanism of hearing**

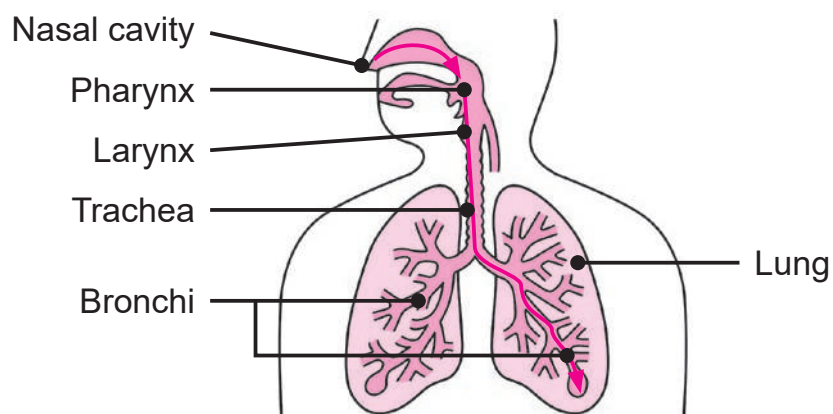


[Respiratory system]

The inhaled air passes through the respiratory tract. The oxygen is received in the lungs, and the carbon dioxide is discharged through the tract.

The respiratory tract is the path the air takes from the nose to the lungs.

● Respiratory organs



⦿ Coughs and phlegm

- When bacteria, house dust, and other foreign matters enter the respiratory tract, the human body tries to get rid of them through coughs and phlegm.



Prolonged coughing and change in the color of the phlegm are signs of a problem.

[Cardiovascular system]

- The cardiovascular system carries oxygen, nutrients, waste products, etc., which is circulated throughout the body through blood and lymph vessels.

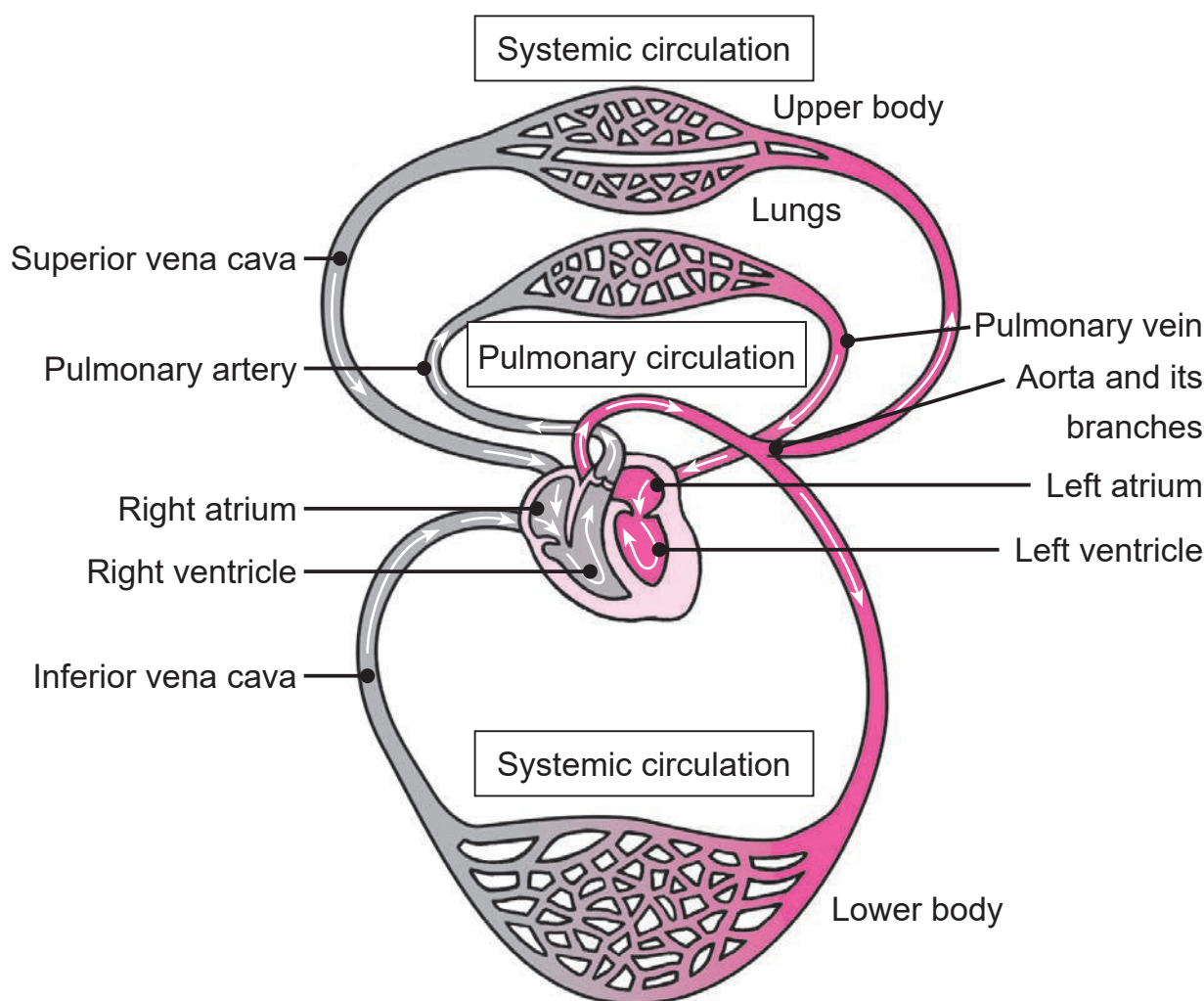
⦿ Heart

- The human heart is divided into four chambers.
- It keeps contracting and relaxing and pushes the blood continuously like a pump.

⦿ Blood vessels and blood

- The arteries are blood vessels that carry blood that contains a lot of oxygen from the heart to the rest of the body.
- The veins collect blood that contains a lot of carbon dioxide and waste products from all corners of the body and carry it back to the heart and lungs.
- Capillaries are the branches of blood vessel between arteries and veins.

● Pulmonary circulation and systemic circulation



In the pulmonary circulation system, deoxygenated blood changes to oxygenated blood.

⊙ Systemic circulation and pulmonary circulation

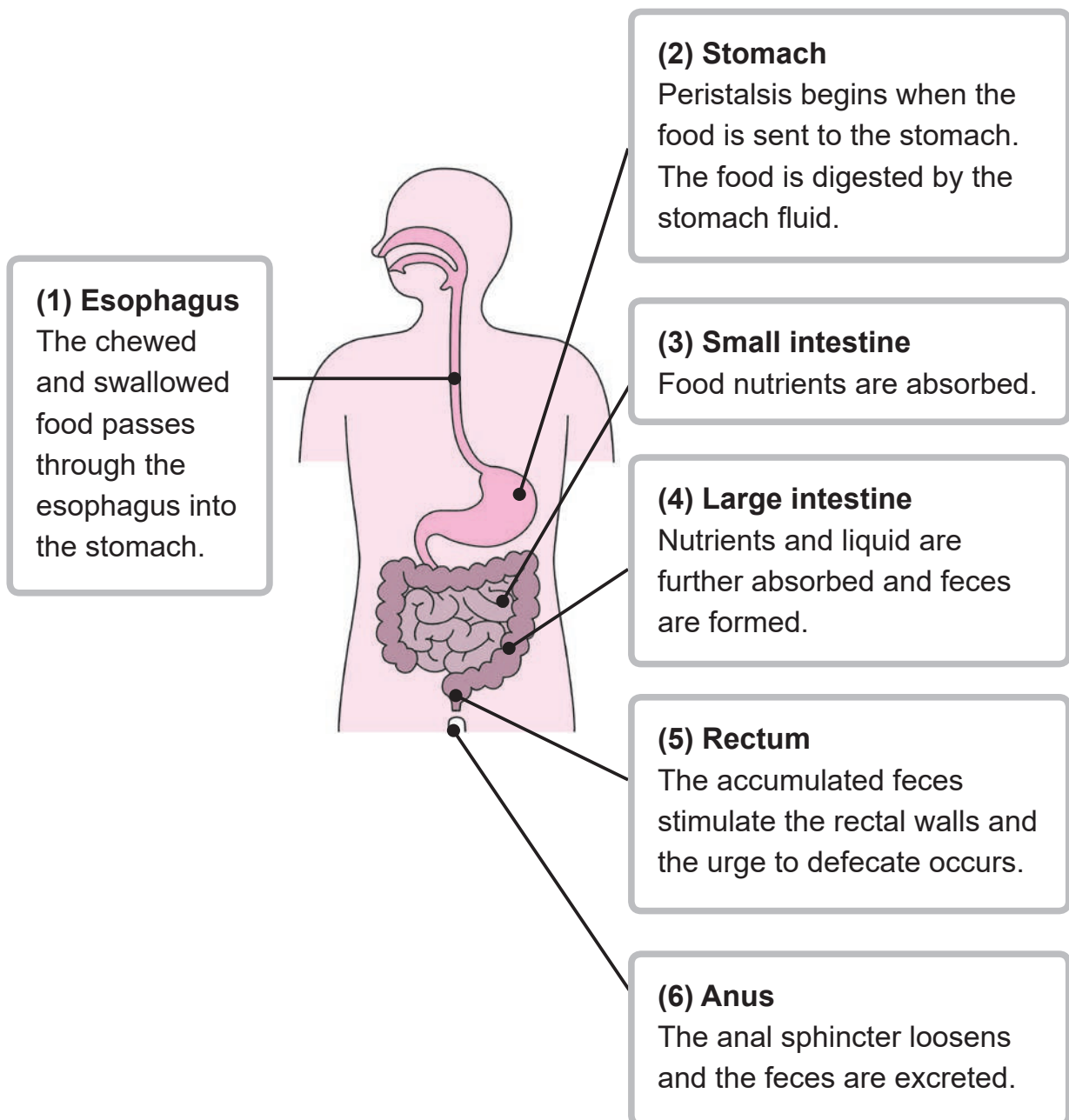
Arterial blood flows in the arteries and venous blood flows in the veins and circulate through the body, which is called systemic circulation.

The circulation of blood from the heart to the lungs and back to the heart is called pulmonary circulation. Venous blood from the right ventricle of the heart flows through the pulmonary arteries to the lungs during the gas exchange, when it becomes arterial blood and returns to the left atrium through the pulmonary veins.

[Digestive system]

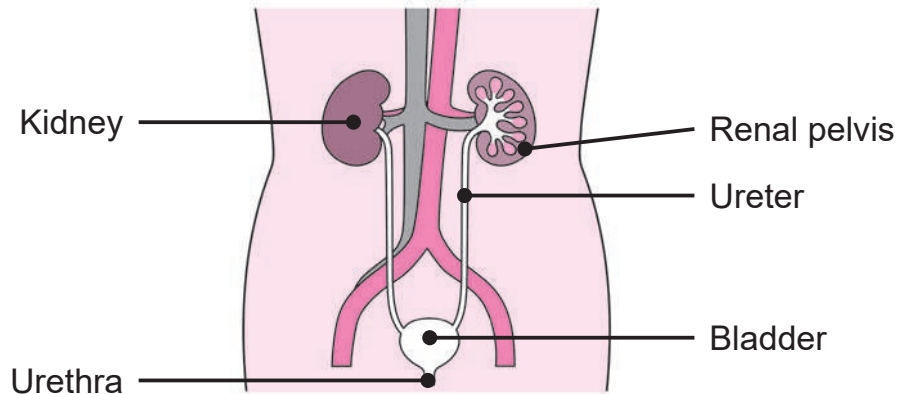
- The human digestive system consists of the gastrointestinal tract from the oral cavity to the anus (esophagus, stomach, small intestine, large intestine) and the organs that secrete digestive enzymes.
- The system digests and absorbs food, takes in necessary nutrients, and excretes the waste products of digestion as feces.

● Flow of food and functions of organs



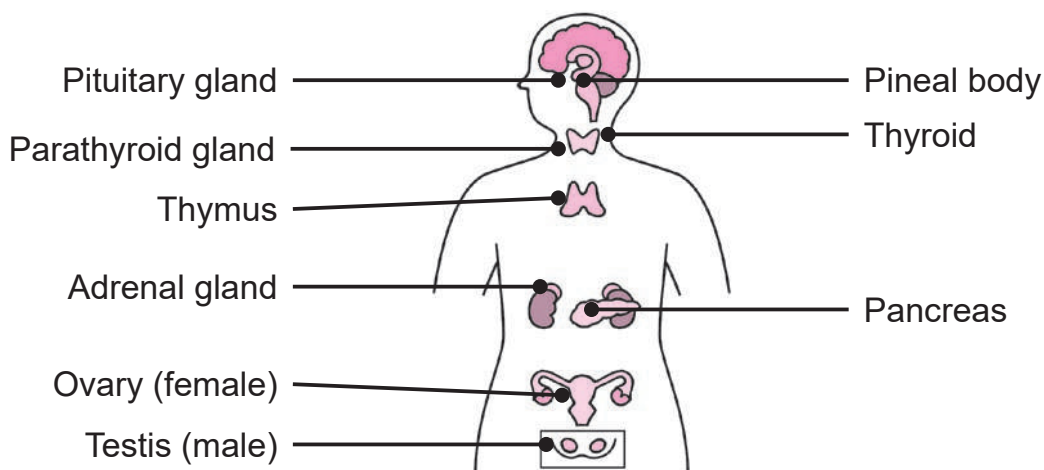
[Urinary system]

- The urinary system is responsible for removing waste from the body.
- Urine is formed in the kidneys and carried to the bladder through the ureters. It is temporarily stored in the bladder and then excreted out of the body through the urethra.



[Endocrine system]

- The endocrine system is a system of glands that secrete hormones that regulate various functions of the body.



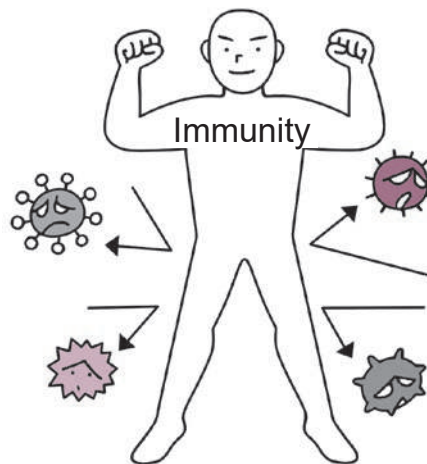
[Immune system]

- Immunity refers to the reaction to resist and protect the body against invading germs, viruses, and other pathogens that exist in the external environment.
- Lifestyle and state of mind will either enhance or lower immunity.

● Lifestyle and state of mind to enhance immunity

Activities that enhance immunity:

- Moderate exercise
- Laughing a lot
- Keeping the body warm
- Well-balanced diet



Factors that lower immunity:

- Aging
- Shortage of sleep
- Fatigue
- Strenuous exercise
- Psychological stress

3) Mechanism of the human body related to rest and sleep

1. Need for rest and sleep

- To rest means to stop being active and to relax mind and body.
- Taking appropriate rest will help you recover from fatigue and serve as a source of a happy life.
- Sleep lets the brain take a break regularly. It is essential for the health of your mind and body.

● Positive effects of good quality sleep



2. Mechanism of sleep

- Everybody has an internal body clock that operates on a cycle of 24 hours, keeping a rhythm.
- The internal body clock is reset by the morning's sunlight and starts keeping a regular rhythm.

3. Cycle of sleep

- A night's sleep consists of the repetition of non-REM sleep (deep sleep) and REM sleep (shallow).
- During non-REM sleep, the brain is in a state of resting. During REM sleep, the brain is close to the state of being awake. It is said that you have dreams during REM sleep.

● Non-REM sleep



- The brain is sleeping.
- You do not have dreams.

● REM sleep



- The brain is not sleeping.
- You have dreams.

4. Characteristics of sleep in elderly people

- Sleeping hours become shorter.
- The length of non-REM sleep (deep sleep) becomes shorter, which makes them wake up frequently due to the urge to urinate, small noises, etc.

2

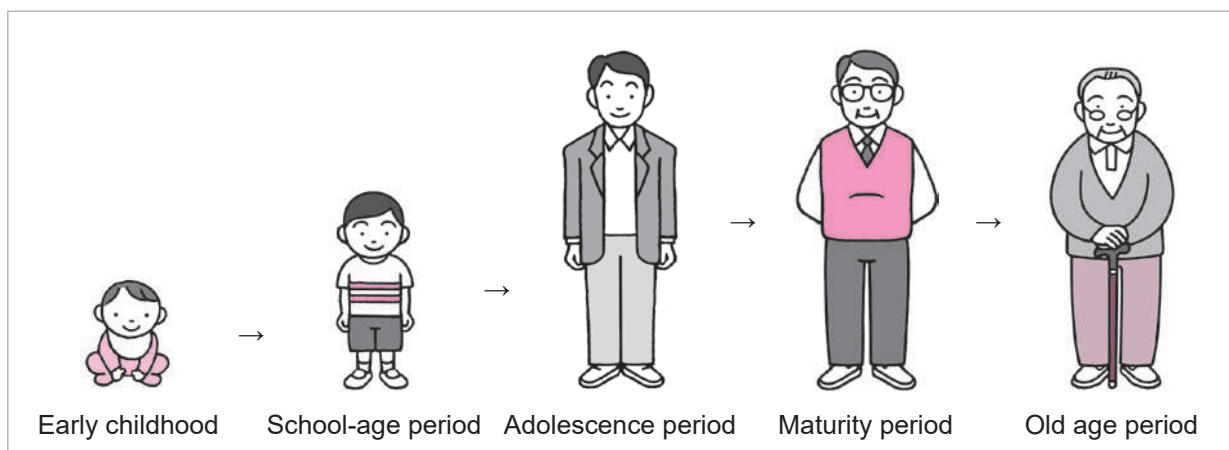
Understanding of people in need of nursing care

1 Basic understanding of aging

1) Understanding of the physical and mental changes associated with aging

1. What is aging?

Physical and mental functions decline as we age. This is called aging. Aging occurs to everybody.



(Characteristics of aging)

- Individual differences exist.
- Elderly people are more vulnerable to diseases.
- The influence of lifestyle can be seen.

2. Mental changes due to aging

Mental changes are affected by the history, time, background, and living environment of elderly people, which causes individual differences. Therefore, it is necessary to understand that each person is different when you provide nursing care.

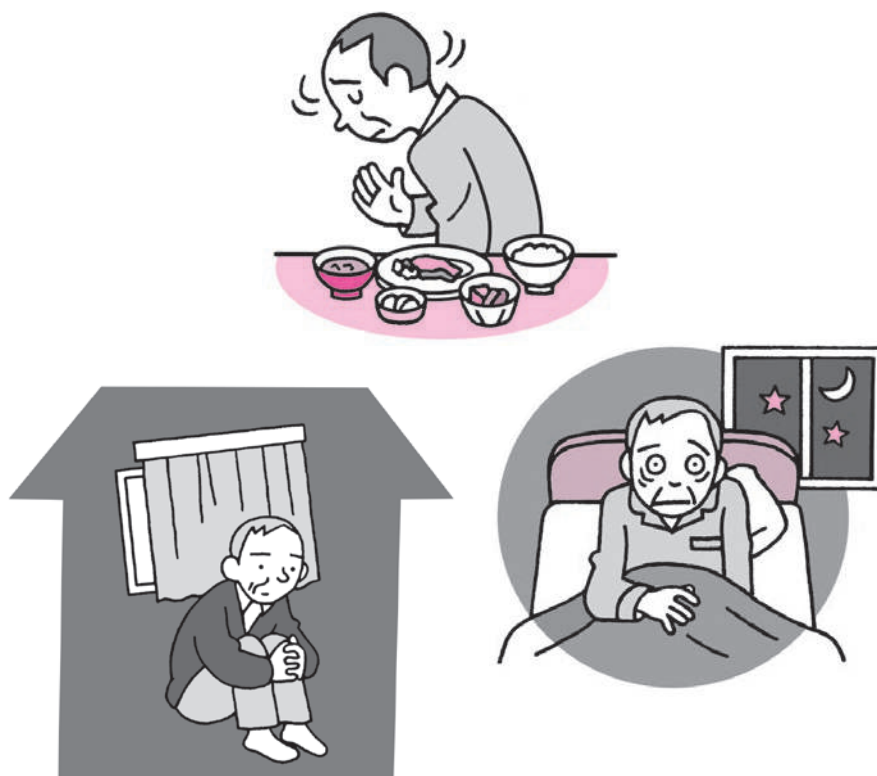
(Mental changes)

- **Anxiety and frustration**

Anxiety and frustration are caused by, among others, the fact that they are no longer able to do what they could do before.

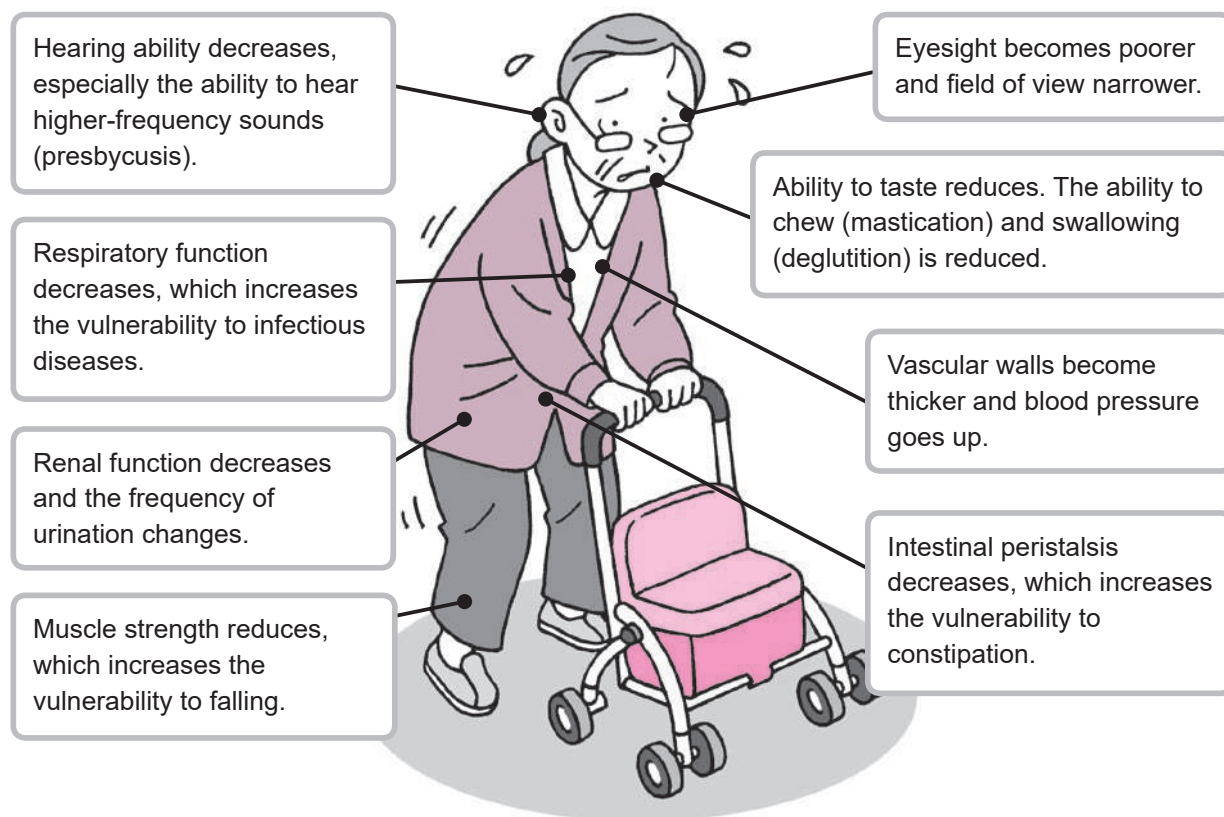
- **Sense of loss and sense of helplessness**

These are caused by, among others, the separation by death of husband, wife, relative, or friend and the change in role. The mental change makes elderly people more vulnerable to depression.



3. Physical changes due to aging

Changes occur in the appearance and internal parts of the body due to aging.



An elderly person suffers from a number of diseases that are chronic and tend to take longer to heal with a high possibility of complications.

2) Symptoms frequently found in elderly people and characteristics of the diseases

Symptoms frequently found in elderly people include dehydration, fever, constipation, edema (swelling), insomnia, disuse syndrome, and pressure ulcers (bedsores).

⊙ Characteristics of the diseases of elderly people

- Each person suffers from a number of diseases.
- Individual differences are extensive with regard to symptoms, etc.
- Aged people are vulnerable to diseases that tend to become chronic.
- Symptoms are not very visible (atypicality of symptoms).

3) Symptoms frequently found in the elderly people

Dehydration

Dehydration refers to a state where there is a lower than normal amount of fluid in the body.

A constant amount of fluid is maintained in the body, but dehydration occurs when the balance between intake and excretion is lost.

Causes: Diarrhea, vomiting, fever, perspiration, decrease in fluid intake, etc.

Symptoms: Dry lips, oral cavity, and skin; decreased urinary frequency and urine volume; lower blood pressure; higher pulse rate; higher body temperature; etc.

Points of nursing care

- Hydrate the user.
- Control the room temperature.
- Have the user take fluids before and after a bath and while exercising.
- Serious dehydration may lead to death. Have the user visit a medical facility.



⦿ Fluid balance

Maintenance of the balance between fluid intake and excretion by orally taking food and drinks will lead to the maintenance of a healthy life.

Fever

When you have a fever, your body temperature is higher than normal.

The hypothalamus of the cerebrum controls the body temperature.

Causes: Infectious diseases, inflammation, dehydration, etc.

Symptoms: High fever, flushed face, lack of energy, lack of appetite, etc.

Points of nursing care

- Hydrate the user.
- Take the body temperature.
- Sometimes the symptoms of fever are not apparent in elderly people.
- Observe if there are any other symptoms.



Constipation

Constipation is a state in which the feces remain in the large intestine for a long time.

Usually, the food taken will be excreted as feces in about 24 to 72 hours.

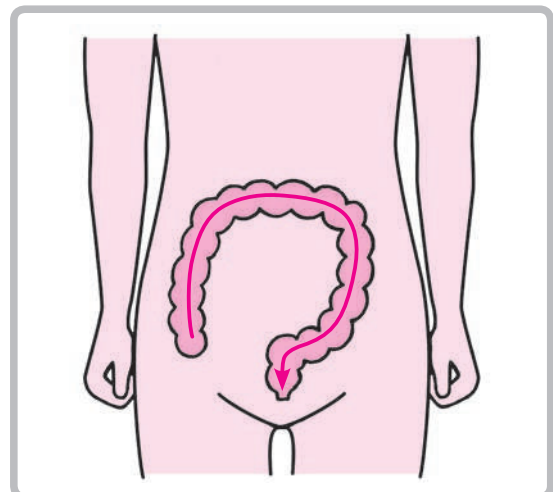
Causes: Reduced functions of the intestines, loss of muscle strength, suppression of the urge to defecate, etc.

Symptoms: Lack of appetite, stomachache, nausea, etc.

Points of nursing care

- Have the user take dietary fibers and engage in moderate exercise
- Have the user make it a habit to sit on the toilet seat after each meal.
- Massage the abdomen with the strokes that follow the path of the large intestine.

- **Massage with the strokes that follow the path of the large intestine**



Edema (swelling)

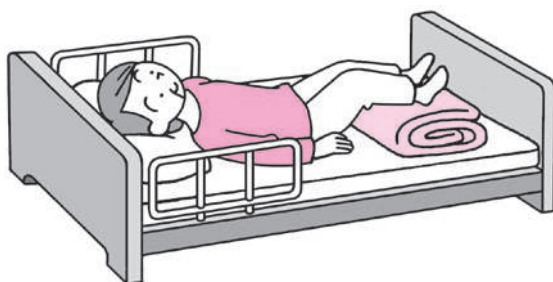
Edema refers to a build-up of excess fluid in the body due to the reduced functions of internal organs and loss of muscle strength.

Causes: Reduced strength of lower limb muscles, reduced functions of the heart and kidney, undernutrition in elderly people, prolonged maintenance of a sitting position, etc.

Symptoms: Weight gain, etc.

Points of nursing care

- Observe the region and degree of edema.
- A person with paralysis tends to have edema on the affected side.
- Have the user engage in moderate exercise and provide leg elevation.
- If the user has a disease causing the edema, have him/her receive medical treatment.



Pruritus (itching)

Pruritus is a state of having itchy skin.

Causes: Dry skin due to aging, changes in temperature and humidity, types of clothes, etc.

Symptoms: Flare, rash, frustration, etc.

Points of nursing care

- Moisturize the skin of the user.
- Be careful not to damage the skin and see that he/she does not develop insomnia. As there is a possibility of infection, cooperate with medical staff.

Insomnia

Insomnia is a state in which the person experiences lack of satisfaction of having slept well, difficulties in falling asleep, and mid-sleep awakening, which causes sleep insufficiency.

Causes: Changes in sleep contents, etc.

Symptoms: Frustration, fatigue, malaise, etc.

Points of nursing care

- Control the circadian rhythm.
- Have the user get sunlight when he/she wakes up.
- Have him/her engage in moderate exercise.
- Have him/her avoid taking a long nap during daytime hours.
- Keep the room environment well organized.
- If the user is having difficulties in daily living, cooperate with the medical staff.



Hypertension

Hypertension is when blood pressure is too high.

Causes: Heart disease, kidney disease, changes in blood vessels associated with aging, diet, exercise, and other lifestyle factors.

Symptoms: Headache, palpitation, etc.

Points of nursing care

- Help improve the lifestyle: Encourage the user to be careful not to overeat, not to take too much salt, and to engage in moderate exercise.
- The methods of treatment include diet therapy, exercise therapy, and drug therapy.
- Prolonged hypertension will cause arteriosclerosis, which in turn will cause cerebrovascular and heart diseases.

4) Diseases frequently found in elderly people

Diseases frequently found in elderly people include cerebrovascular disease, heart disease, pneumonia, aspiration pneumonia, diabetes mellitus, osteoporosis, and dementia.

There are people for whom doctors' instructions are required to provide them with nursing care.

Cerebrovascular disease

Cerebrovascular disease refers to disorders of the brain blood vessels. It is caused by clogged or broken blood vessels, and may result in various disabilities, depending on the region of the brain affected.

Causes: The causes are largely classified into two groups:

- 1 Clogged blood vessels in the brain (Cerebral infarction).
- 2 Broken blood vessels in the brain (Cerebral hemorrhage, etc.).

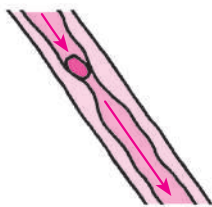
Symptoms: Headache, dizziness, nausea/vomiting, disturbance of consciousness, respiration disorder, disturbance of perception, etc.

Points of nursing care

- Provide nursing care based on the symptoms of the user.
- As it is related to lifestyle, pay attention to the amount and contents of food and exercise.

Cerebral infarction

(Clogged blood vessels)



Cerebral hemorrhage

(Broken blood vessels)



Heart disease

Heart disease is caused by clogged blood vessels and others.

Causes: Hypertension, diabetes mellitus, changes in coronary arteries, etc.

- Blood vessels of the heart get narrower (Angina pectoris).
- Blood vessels of the heart get clogged (Myocardial infarction).
- Functions of the heart get reduced (Heart failure).

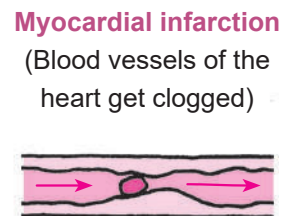
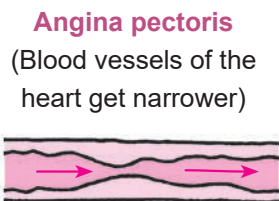
Symptoms: In the case of angina pectoris, a momentary lack of oxygen will cause chest pain, etc.

In the case of myocardial infarction, the necrosis of heart muscles will cause severe chest pain, etc.

In the case of heart failure, symptoms include a feeling of smothering, palpitation, shortness of breath, malaise, edema, weight gain, decreased urine volume, etc.

Points of nursing care

- It is necessary to refrain from taking salt and fluids in case of edema and/or weight gain.
- If the user is having difficulties in breathing, have him/her stay in bed and assume a position that will help reduce the burden on the heart.



- Position that will help reduce the burden on the heart



Pneumonia

Pneumonia is caused by pathogens entering the lungs.

Causes: Infection by pathogens such as germs and viruses

Symptoms: General symptoms such as fever, malaise, lack of appetite

Symptoms of respiratory organs such as coughs and phlegm

Points of nursing care

- Be creative and help the user stay hydrated and cook meals that are easy to eat.
- It is necessary to be careful, as symptoms sometimes do not show in the case of elderly people.

Aspiration pneumonia

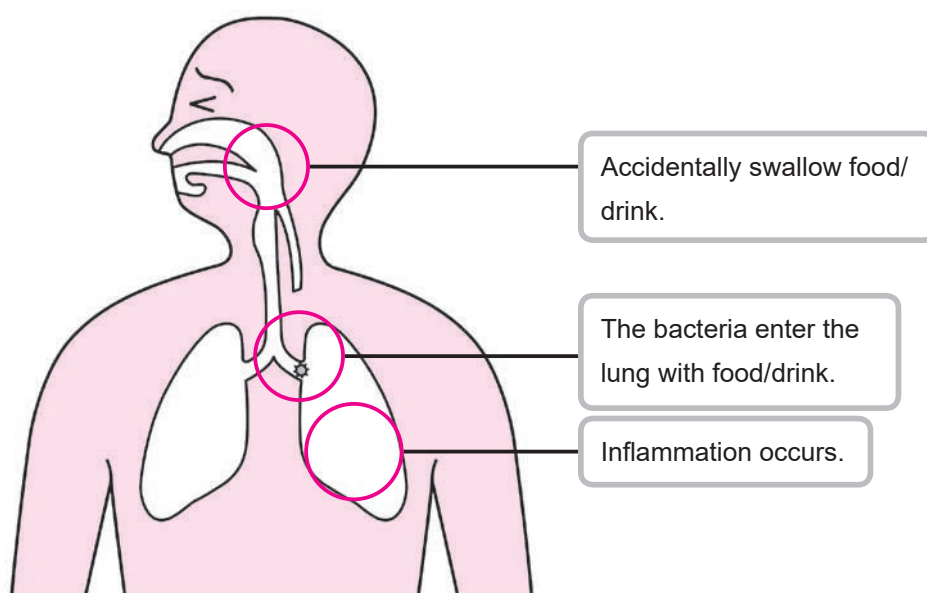
Aspiration pneumonia is caused by bacteria mistakenly entering the trachea and/or bronchial tube with food and saliva.

Causes: Food and liquid getting into the trachea and not into the esophagus

Symptoms: Fever, coughs, phlegm, lack of appetite, etc.

Points of nursing care

- Pay attention to the posture the user assumes at the time of eating. Do not have him/her lie down right after meals. Instead, have him/her maintain a sitting position.
- Take care of the oral cavity of the user.
- If symptoms are visible, cooperate with the medical staff.



Diabetes mellitus

Diabetes mellitus is a disease of metabolic disorder, causing a high blood sugar level.

Causes: There are two types of diabetes mellitus.

- In Type 1 diabetes mellitus, insulin secretion is lacking. The patients are often young.
- In Type 2 diabetes mellitus, insulin secretion is reduced. The patients are often aged. It is regarded as a lifestyle disease caused by overeating, lack of exercise, stress, etc.

Symptoms: Dry mouth, excessive drinking/urination, weight loss, malaise, etc.

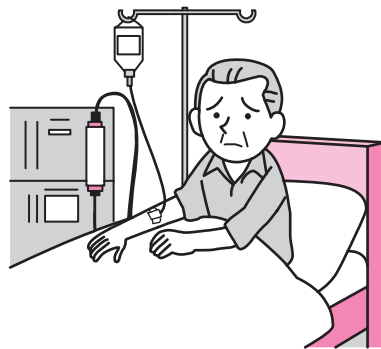
Points of nursing care

- The methods of treatment include diet therapy, exercise therapy, and drug therapy.
- Keep the calorie intake low in the diet therapy.
- Be creative so as to not lower meal satisfaction.
- Continuous hyperglycemia will make any wound slow to heal.
- Complications include retinopathy, kidney disorder, and neurotic disorder. It is necessary to prevent complications in cooperation with medical staff.

● Complications of diabetes mellitus



Neurotic disorder



Kidney disorder



Retinopathy

Osteoporosis

Osteoporosis is a disease in which the risk of a broken bone increases due to low bone mass, etc.

Causes: Being bedridden for a long time, calcium deficiency, etc.

Women become more vulnerable when the female hormone level goes down.

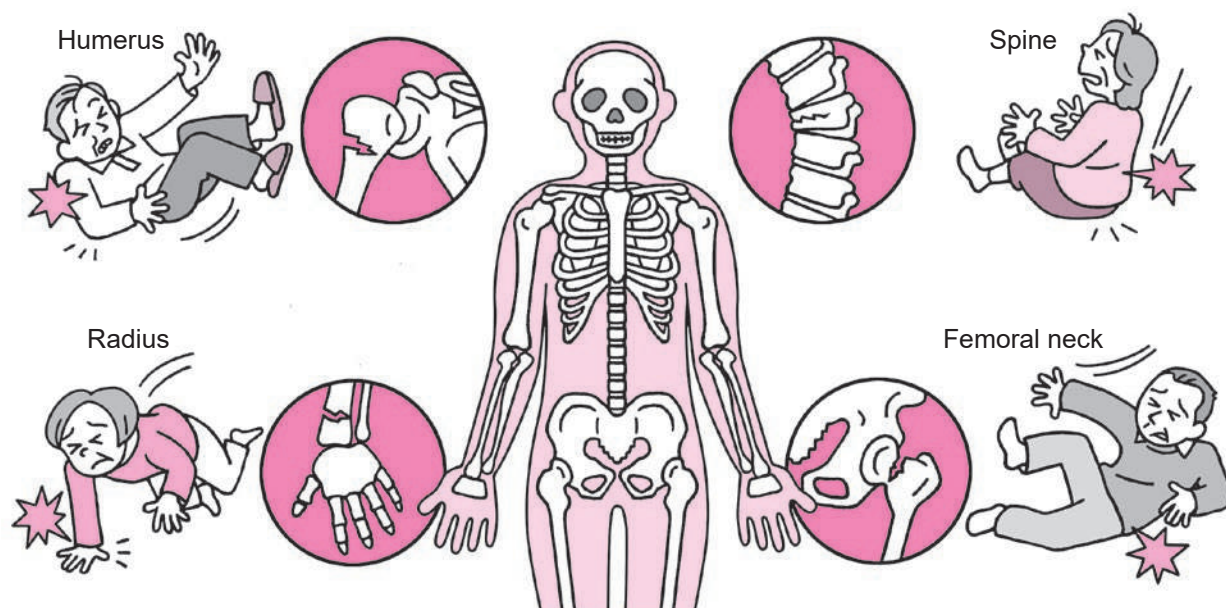
Symptoms: Have a stooped back, grow shorter, have a lower back pain, etc.

The affected person is vulnerable to bone fracture, when he/she falls, because the bones have become fragile.

Points of nursing care

- Have the user eat calcium-rich foods.
- Have him/her engage in exercise and bask in the sun.
- Have him/her improve the living environment to prevent falling.

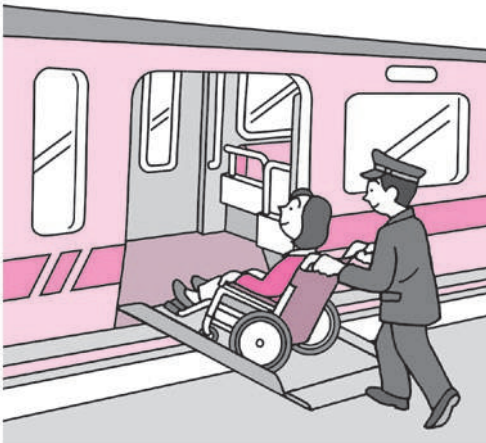
● Regions of bone fracture often found in elderly people



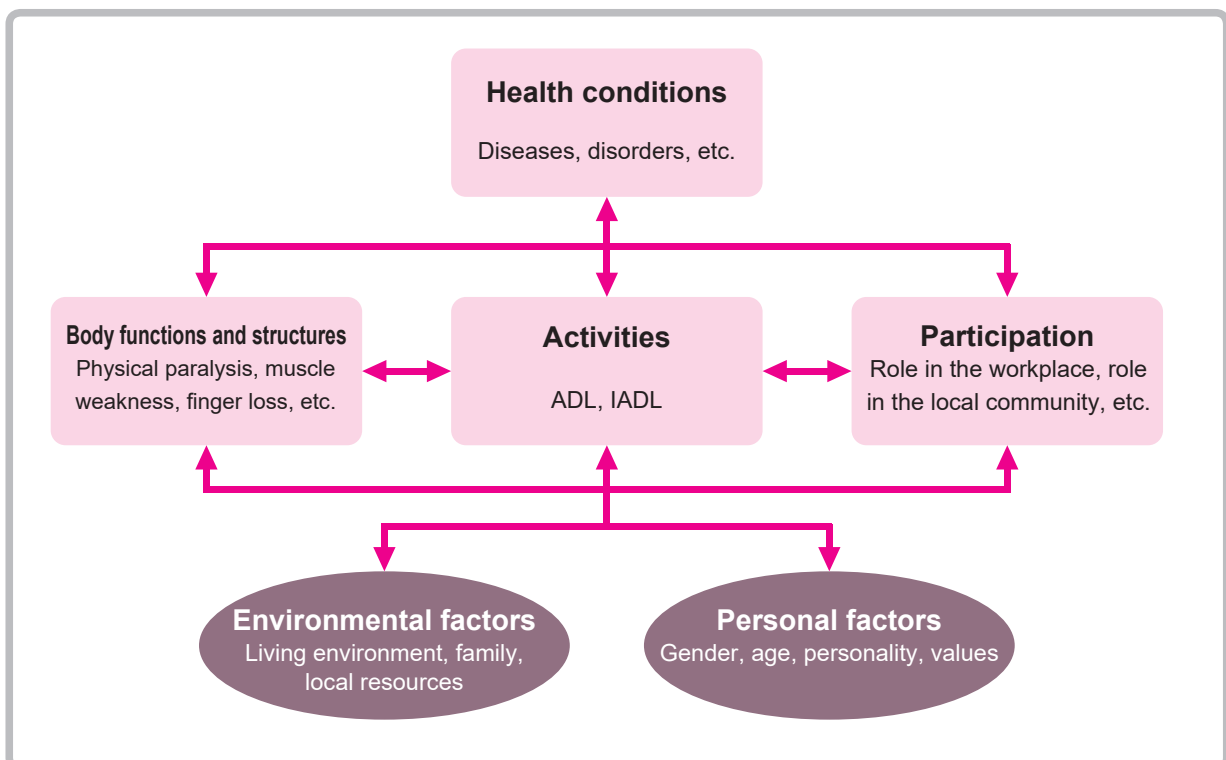
2 Basic understanding of disorder/disability/impairment

1) What is a disorder/disability/impairment?

The United National Convention on the Rights of Persons with Disabilities (UNCRPD) states: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The International Classification of Functioning, Disability and Health (ICF) regards disability as people's health characteristics instead of focusing on negative factors.



● ICF: International Classification of Functioning, Disability and Health



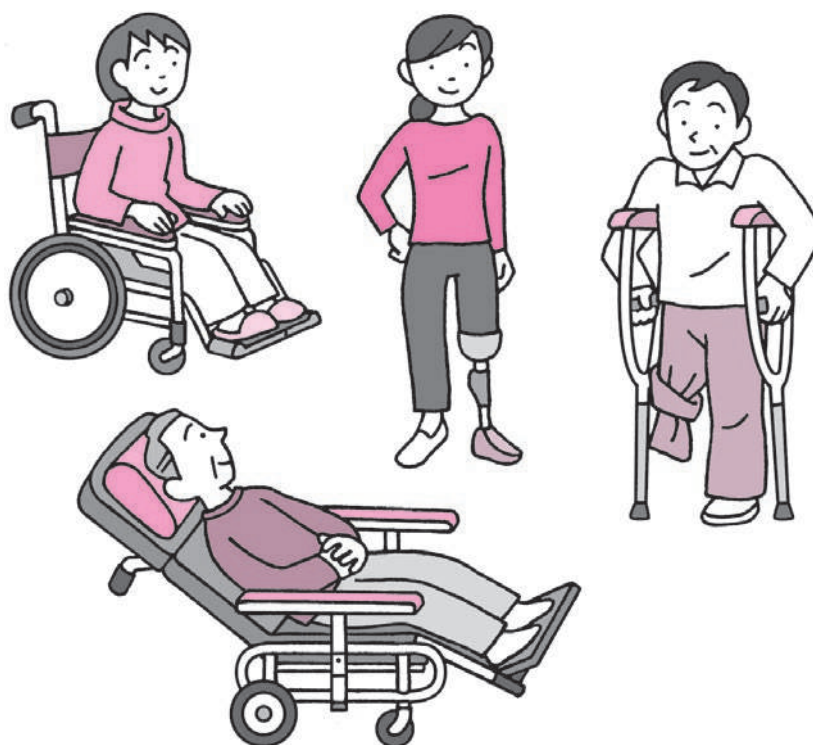
2) Types of disabilities, causes, and characteristics

[Physical disability]

Physical disability is a state in which a person has damaged limbs/trunk due to a disease/accident and is having difficulties in daily living and social life.

It is caused by, among others, damage to hands, feet, brain or spinal nerves due to diseases/accidents and deformation/contracture of joints/spine due to diseases and their aftereffects.

The degree of difficulty of daily activities differs from person to person, depending on the region and degree of the disability. Sometimes, intellectual disability occurs concurrently with motor dysfunction. Use a cane, wheelchair, artificial leg, and other assistive devices suitable for the user.



Explanation of terminology

ICF (International Classification of Functioning, Disability and Health)

ICF is a classification of human functioning and disability for the understanding of the overall condition of the person. Human functioning indicates the ability, function, and environment needed in daily living such as body functions and structures, activities, and participation.

[Visual impairment]

Visual impairment is a state in which a person is having difficulties in daily and social life due to disability related to how he/she sees things such as eyesight and field of view.

The causes include congenital factors (those who are born with the disorder), diseases, accidents, and aging. The number of cases of visual impairment caused by diabetes mellitus has been increasing.

The degree of visual impairment differs from person to person, including those who are totally blind, those who are able to sense light, and those who are suffering from a narrow visual field.

● Symptoms of visual impairment



Scotoma centrale/
visual field defect



Narrowing of visual field



Hemispatial neglect

[Hearing disorder]

Hearing disorder is a state in which a person is unable to hear or has difficulties hearing because the route of transmission from the ears to the auditory center is damaged. Hearing disorder is classified based on the level of hearing, region of impairment, and time of onset.

Hypacusia is the partial inability to hear. The means of communication includes the use of a hearing aid, conversation by means of writing, use of sign language, and conversation by speech (lip) reading.



[Language disorder]

- Language disorder is a state in which a person has difficulty communication using speech due to the damage to the language center of the cerebrum and/or speech organs.
- It is a state in which the person finds it difficult to “hear,” “speak,” “read,” and/or “write” due to the acquired damage to the language center of the cerebrum.
- The means of communication, including conversation by means of writing and use of picture cards, differ depending on the state of disorder.

● User with aphasia



The person wants to say something, but cannot complete saying the word.

[Malfunction of the heart]

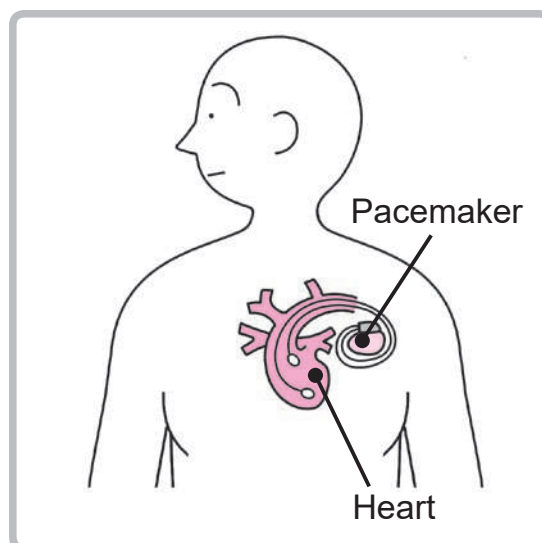
The heart is unable to pump blood to the entire body.

Some of the users may have a pacemaker implanted in their chest due to the problem with pulse.

Points of nursing care

- Ensure that the user avoids exercising when there is a possibility of a heavy blow to the chest where the pacemaker is implanted.

● Artificial pacemaker

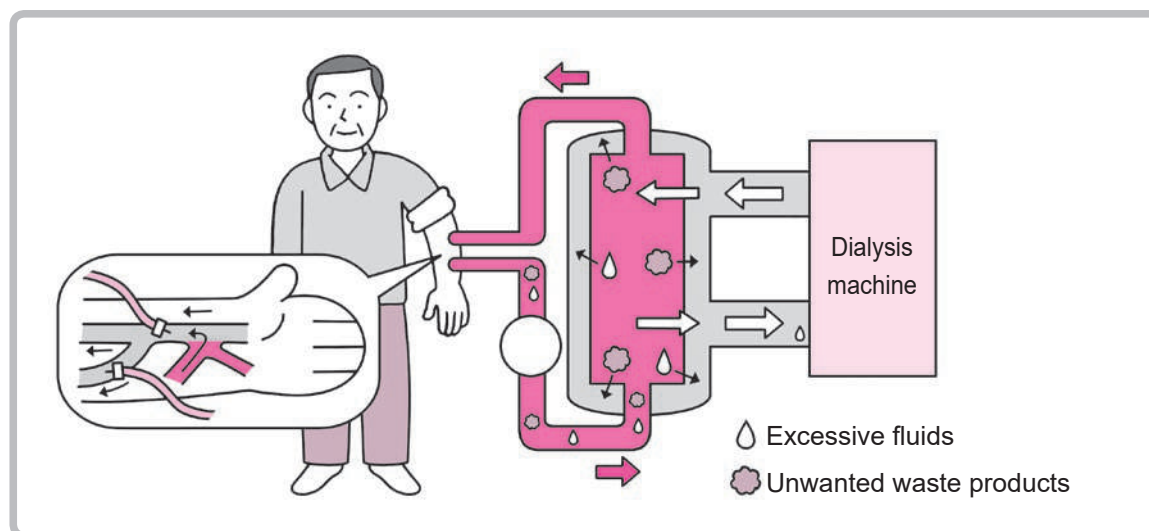


[Malfunction of the kidney]

The kidney is unable to filter and clean blood.

The user undergoes artificial dialysis to clean blood when his/her kidney malfunctions.

● Mechanism of artificial dialysis



Points of nursing care

- The user should avoid taking a bath on the day he/she undergoes dialysis.
- The user should not carry anything heavy using the arm where the dialysis shunt is placed.
- The user should take only limited amount of salt and liquids.

[Malfunction of the respiratory organs]

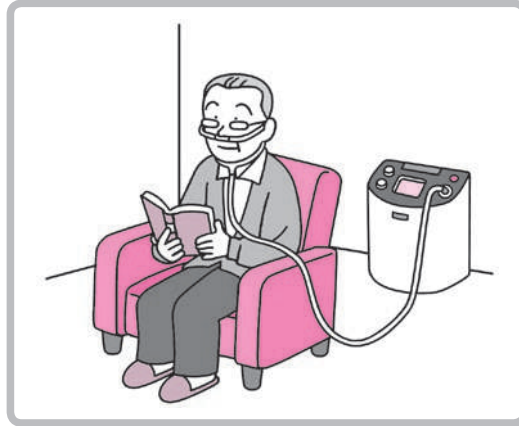
It is a state of having difficulties in breathing.

The user who is unable to breathe sufficiently is treated with oxygen therapy.

● Portable oxygen inhaler



● Oxygen concentrator



Points of nursing care

- Avoid open flames when using an oxygen concentrator.
- It is important to prevent infectious diseases.
- Have spare batteries, etc. ready as a precaution against power failure.

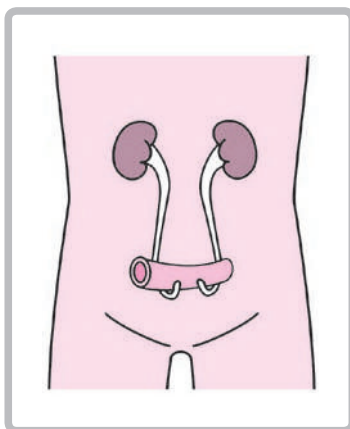
[Malfunction of bladder/rectum]

It is a state of inability to excrete urine/feces due to bladder/rectum diseases.

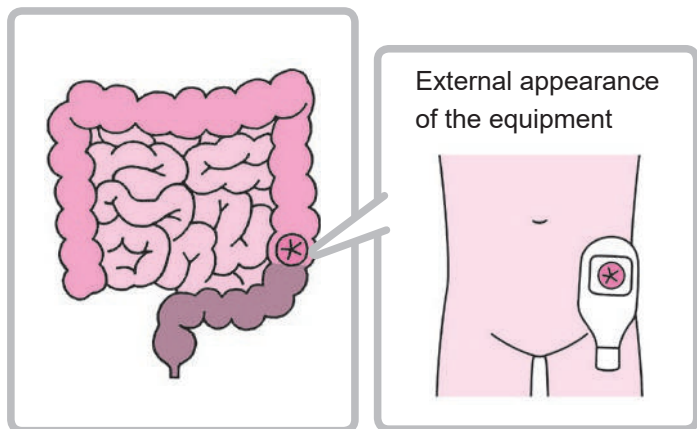
An opening (stoma) is surgically made on the abdomen to divert the flow of waste out of the body.

Artificial urinary bladders and artificial anuses are available. The placement differs depending on the disease.

● Artificial urinary bladder



● Artificial anus



Points of nursing care

- A care worker disposes of the waste in the pouch (bag) over the opening (stoma).
- If there is a rash around the stoma, report it to the medical staff.

[Intellectual disability]

A person with an intellectual disability is slow in intellectual development in general. If he/she is having difficulties in daily living, he/she needs some special assistance.

Points of nursing care

- Life-stage specific response should be provided.
- Identify the state of the user and provide care suited to him/her.

[Mental disability]

Mental disability is a state in which a person is suffering from mental function disorder due to mental diseases and has difficulties in performing daily activities and participating in the society. If the condition becomes serious, he/she may significantly lose his/her judgment ability and control of behavior. Mental disabilities include schizophrenia and mood disorders.

Some of the symptoms of a person with a mental disability are auditory hallucinations, delusions, and depression.

● Symptoms of mental disability

● Delusion



Auditory hallucinations and delusions occur.

● Depressive state



A state of getting dispirited, speaking little, and being highly depressed.

● Manic state



A state of being abnormally exhilarated and open-minded.

3 Basic understanding of dementia

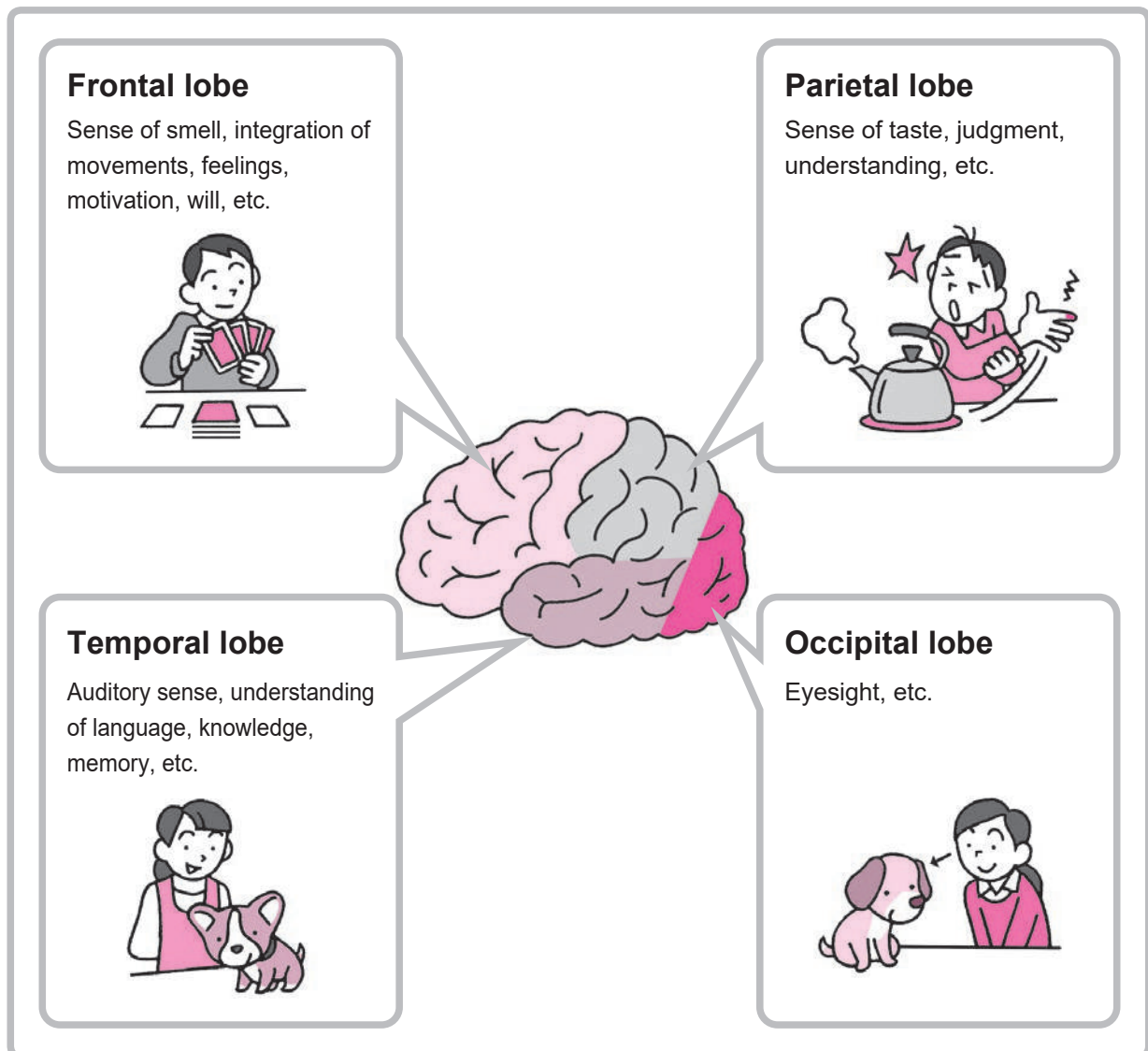
1) Understanding of dementia

The brain controls the activities of humans. Dementia refers to a disease in which the cognitive function of the brain declines due to some causes, resulting in difficulties in daily and social life.

Functions of the brain

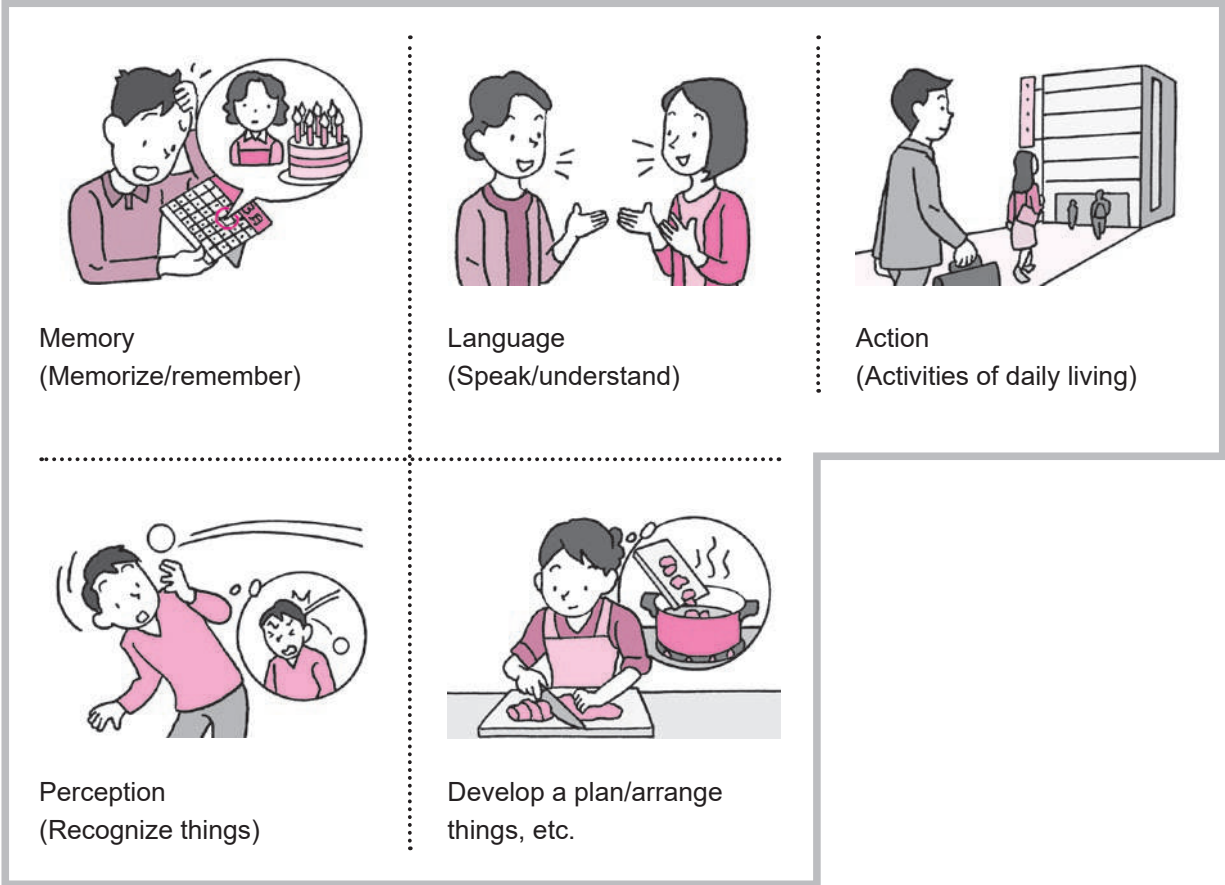
It is necessary to learn the functions of the brain for the understanding of dementia. The decline in the functions of the brain will cause trouble in life.

● The four major lobes of the cerebrum and their functions



Definition of dementia

● What is cognitive function?



Difference between forgetfulness and dementia

Forgetfulness is among the main symptoms of dementia. Forgetfulness comes with age, but it is different from the forgetfulness of people with dementia.

● Different types of forgetfulness

Forgetfulness associated with aging	Forgetfulness associated with dementia
Forgetting part of the experience.	Forgetting the whole experience.
Forgetfulness does not progress.	Forgetfulness progresses.
Aware of forgetfulness.	Not aware of forgetfulness.
Forgetfulness causes no difficulties in life.	Forgetfulness causes difficulties in life.

2) Points of care of people with dementia

When taking care of a person with dementia:

(1) Think from the standpoint of the user

It is necessary to provide nursing care that is centered on the user.

(2) Understand the life of the user

It is necessary to provide support for a stable life.





(3) Provide support after identifying what the user can do

Provide support and bring out the ability and motivation of the user.

3) Main causative diseases, symptoms, etc. of dementia

The causative diseases of dementia include: (1) Dementia of the Alzheimer's type, (2) Vascular dementia, (3) Dementia with Lewy bodies and (4) Frontotemporal dementia.

● Main causative diseases, symptoms, etc. of dementia

Classification	Condition of the brain	Main symptoms, etc.
(1) Dementia of the Alzheimer's type 	The brain shrinks. Senile plaques appear.	<ul style="list-style-type: none"> • Onset is slow and progresses gradually. • Starts with memory impairment. • Often in a good mood. • Medication to slow the progress of the disease is available.
(2) Vascular dementia 	Blood vessels get clogged due to cerebrovascular disease and part of the brain cells die.	<ul style="list-style-type: none"> • Progresses in stages. • Hemiplegia, language disorder, etc. • There are things the patient can do and cannot do.
(3) Dementia with Lewy bodies 	Lewy bodies appear and the occipital lobe shrinks.	<ul style="list-style-type: none"> • See things that do not exist (hallucination). • Brachybasia, etc. (Parkinson's disease-like symptom) • Screams while sleeping and dreaming (sleep behavior disorder), etc.
(4) Frontotemporal dementia 	The frontal and temporal lobes shrink.	<ul style="list-style-type: none"> • Lack of judgment and loss of inhibition • Change in personality • Patterned activities • Excitement/ aggressiveness

4) Symptoms of dementia

Symptoms of dementia can be classified as follows:

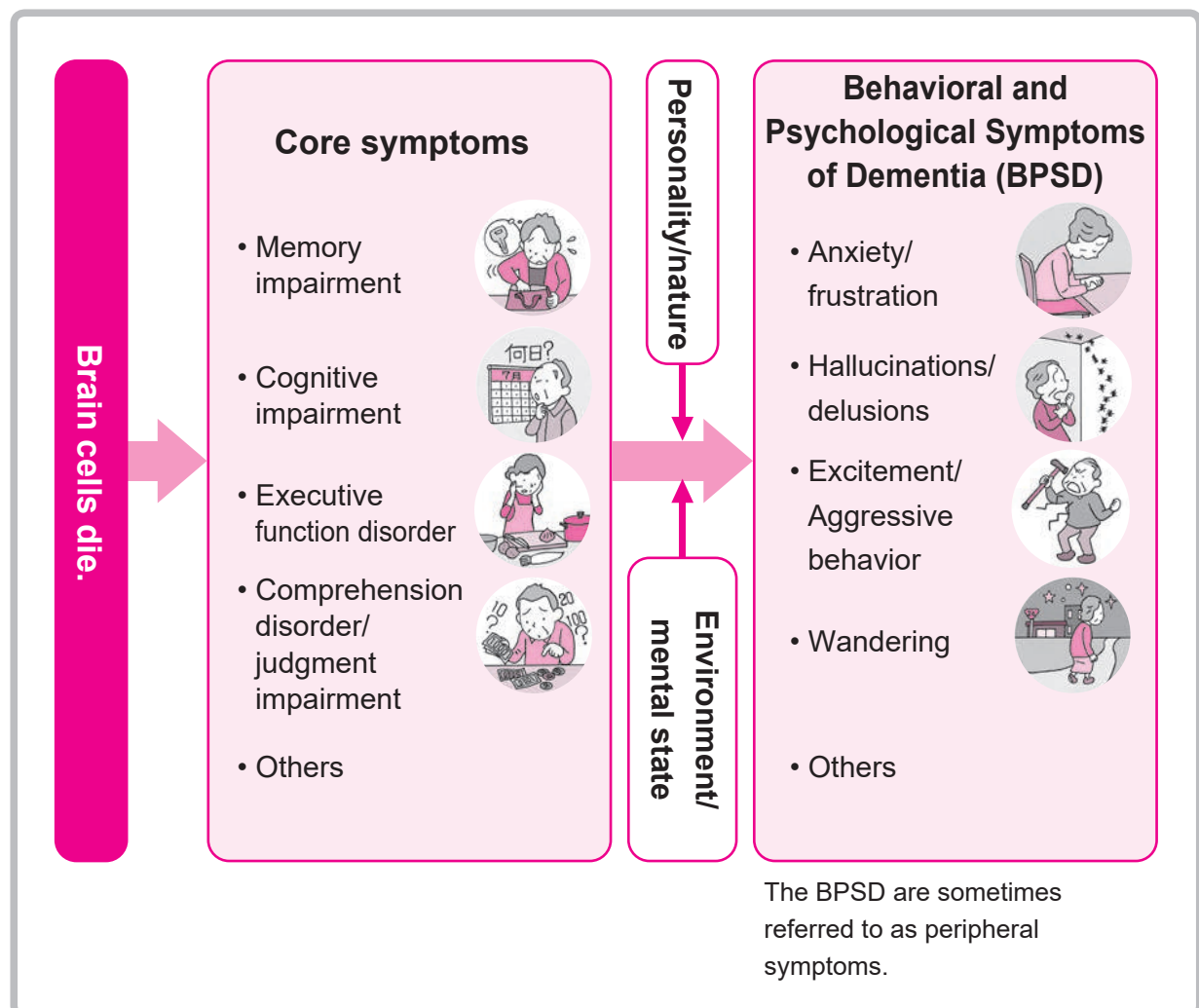
Core symptoms: Caused by brain damage.

Memory impairment, cognitive impairment, executive function disorder, comprehension disorder/judgment impairment, etc.

Behavioral and Psychological Symptoms of Dementia (BPSD): These symptoms are caused by the environment, personality, and nature of the user; human relations; etc.

Anxiety/frustration, hallucinations/delusions, excitement/aggressive behavior, wandering, etc.

● Core symptoms and BPSD



[Core symptoms]

(1) Memory impairment

Memory impairment refers to a disorder that makes it impossible to remember new facts and information. This is one of the core symptoms of dementia.

(2) Cognitive impairment

Cognitive impairment refers to a disorder that makes it impossible to recognize time, place, and people.

- The person wakes up in the middle of night and tries to go out.
- The person cannot recognize family members and sees them as strangers.

(3) Executive function disorder

A person with an executive function disorder cannot remember procedures and becomes unable to carry out various activities.

- Becomes unable to execute the procedures of cooking.

(4) Comprehension disorder/judgment impairment

- Becomes unable to make judgments due to decreased comprehension/judgment ability.
- Counting money becomes a difficult task.

[Behavioral and Psychological Symptoms of Dementia (BPSD)]

☉ Behavioral Symptoms

(1) Excitement/aggressive behavior

Excitement and aggressive behavior are caused by the person's anxious feelings, as he/she does not understand what other people do to him/her. It is considered that his/her aggressive behavior is caused by his/her inability to let others know of his/her pain, urge to defecate, urge to urinate, etc.

(2) Wandering

Wandering is the behavior of roaming around for some purposes and/or because of some reason that makes the person unable to stay still.

◎ Psychological Symptoms

A person with dementia has anxiety and confusion.

(1) Hallucination

Hallucination refers to a state in which a person feels something that does not actually exist.



(2) Delusion

Delusion refers to a state in which a person believes something that is not real.



◎ Points to remember regarding nursing care of a person with dementia

- Do not deny his/her words and behavior. Just accept them.
- Listen to him/her carefully to give him/her a feeling of security.
- Talk to him/her with simple easy-to-understand words according to his/her ability to understand.
- Organize his/her rhythm of daily life from morning to bedtime.
- Think and act together to get rid of his/her anxiety.
- Do not easily change the room and environment surroundings often.



Communication skills

CHAPTER 1 Basics of communication

CHAPTER 2 Communication with users

CHAPTER 3 Communication with team members

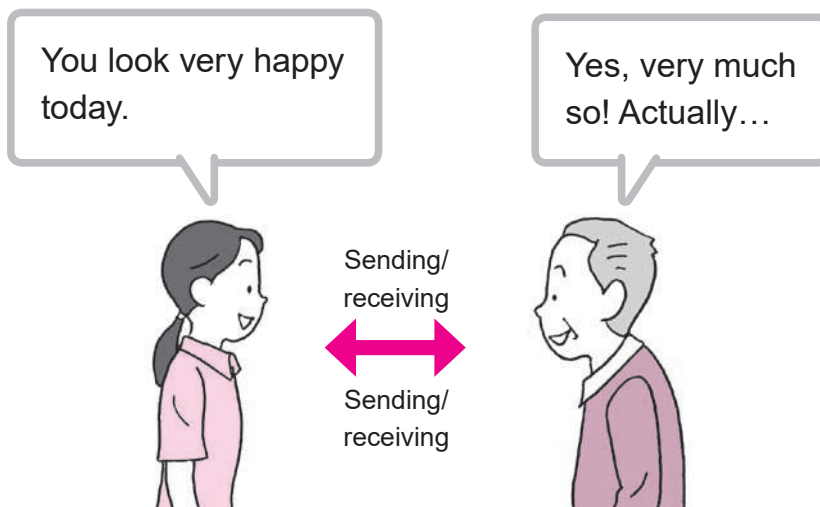
1

Basics of communication

1 Significance of communication

Communication is to communicate and share ideas, feelings, etc. between each other.

It is necessary to learn communication skills as a method to establish a good relationship of trust with the other party.

● How communication goes

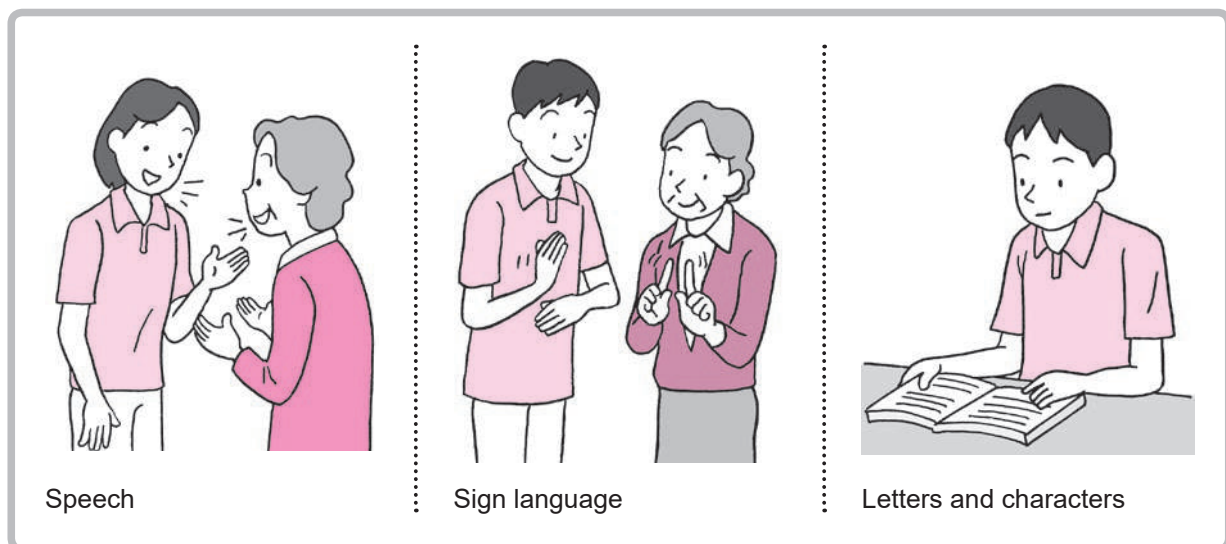
2 Methods of communication

The methods of communication consist of verbal communication, in which language is positively used, and non-verbal communication, in which gestures and facial expressions other than language are also used.

1) Verbal communication

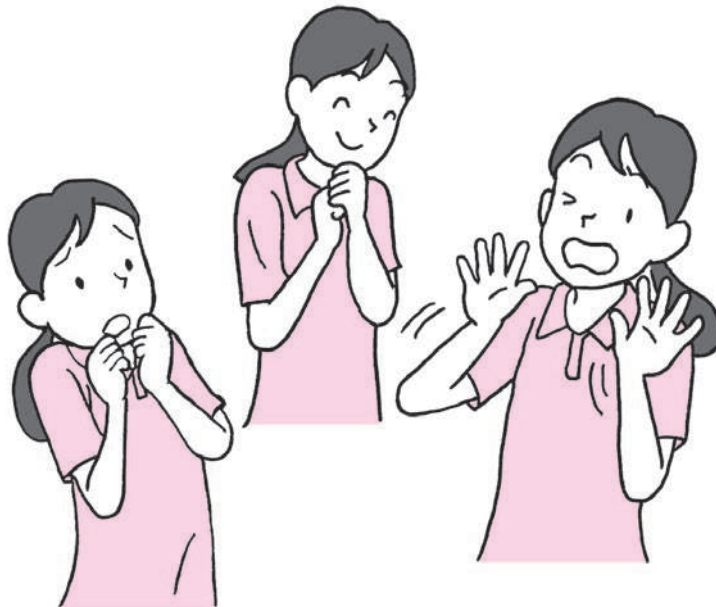
Verbal communication is made through conversation via speech and sign language and through letters and characters.

● Examples of verbal communication



2) Non-verbal communication


Non-verbal communication is made through hands and body gestures and facial expressions.



3 Communication skills

Be aware of the following to establish a relationship.


● Listen attentively.



An illustration showing a woman on the left speaking to a man on the right. The man is leaning forward with his hands clasped, indicating he is listening attentively. There are sound waves around the man's head, suggesting he is focused on the speaker.

- Attentive listening implies listening to the speaker carefully, correctly, and eagerly, showing it in your attitude.


● Be empathetic.



An illustration showing a woman on the left holding the hand of a man on the right who looks sad. A thought bubble above the man shows a portrait of a man and a house, suggesting he is thinking about a loss or a place. The woman's expression is one of concern and empathy.

- Empathy implies sharing others' opinions and feelings.
- It is important to try and understand things from the other party's standpoint.

● Acceptance



An illustration showing a man on the left holding the hand of an older man on the right who looks sad. The man on the left has a calm and accepting expression, while the older man looks downcast.

- Acceptance implies accepting the other party's opinions and feelings without denying or admitting them.

2

Communication with users

1 Technique of listening (Technique of positive listening)

Care workers communicate with users, their family members and other specialists to support the better life of the users.

1) Respect of users' values

Each user has his/her own values based on the time and environment he/she has lived in. Care workers provide nursing care, respecting the feelings, thoughts, ideas, and **values** of the users.

2) Points to remember regarding verbal communication**[Wording]**

Care workers keep in mind to use polite wording.



[Technique of asking questions]

Care workers should not keep asking questions to the users to get all the necessary information. Instead, they should try to establish mutual communication with the users.

There are: (1) closed questions and (2) open questions.

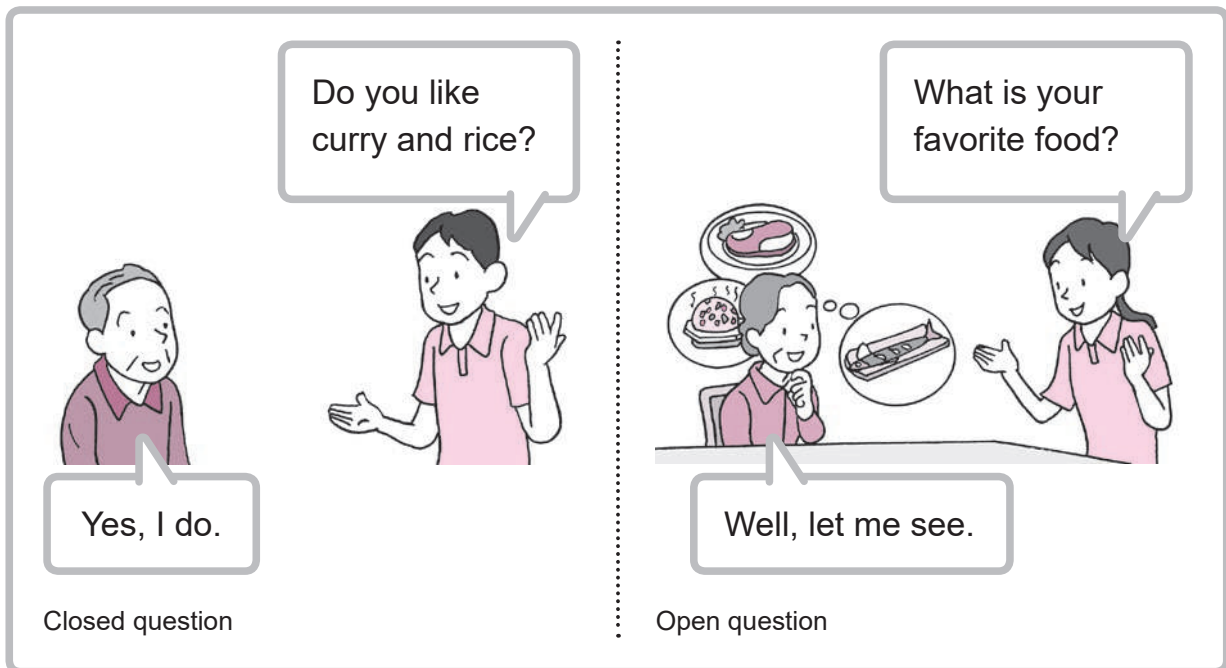
(1) Closed question

A closed question refers to a question that elicits a one-word response from the other party such as “yes” or “no” or “A” or “B.” Communication becomes one-sided if you keep asking closed questions.

(2) Open question

An open question refers to a question that lets the other party answer freely such as “What do you think?” and “How do you want to do it?” Please note, however, that the other party may think that he/she is blamed if you keep asking “why” to determine the reasons.

● Examples of questions



[Repeating]

The care worker can give the user a message that “I am listening” by repeating what the user said.

● Example of repeating



3) Points to remember regarding non-verbal communication

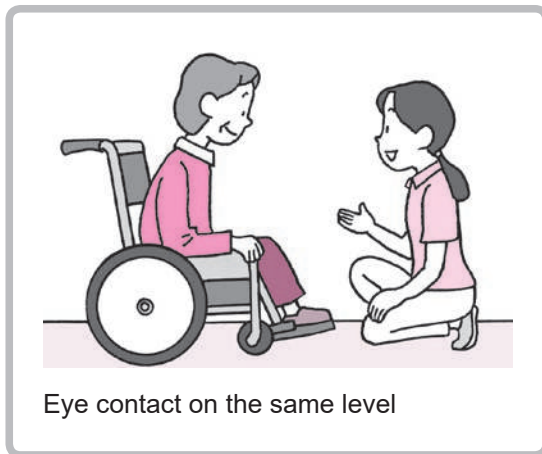
[Gestures and facial expressions]

The care worker observes the gestures and facial expressions of the user and communicates with him/her based on observation.

[Eye contact]

The care worker establishes eye contact on the same level with the user. This is because it is difficult for the user to know that the care worker is listening, if there is no eye contact.

● How to establish eye contact on the same level



The user will find it intimidating if the care worker looks down on the user.

[Tone]

Talk to the user in a slow, soft tone of voice, pausing appropriately in between.

[Nodding and agreeing]

Moving the head up and down to nod and agree with the user, saying, “I quite agree,” will show the attitude of listening carefully to what the user says.

[Posture, hands and body gestures]

The care worker communicates face-to-face with the user.

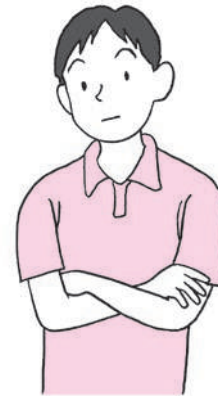
- If you cross your arms or legs or lean back in a chair while you listen to someone, it will give a bad impression to the person.
- What hands and body gestures mean significantly differ, depending on countries and cultures.



● Points to remember regarding posture



Speak face-to-face



Cross arms



Cross legs



Lean back in a chair

[Distance/touching]

In some countries, speaking with each other maintaining a short distance in between and touching each other will help develop a sense of affinity.

In Japan, however, it is said that many people feel more comfortable when a certain distance is maintained even between close friends.

The contents of the message sent by touching someone will be interpreted by the recipient in a variety of ways based on the timing, intensity, and frequency.

● Example of touching



Hold the hand softly and talk.

2 Explanation and consent (Informed consent)

The care worker provides support for the user's decision-making so that he/she can live his/her usual life. When providing such support, the care worker should keep the following points in mind:

- (1) Present options.
- (2) Carefully explain the advantages and disadvantages of each option.
- (3) Have the user select/decide at his/her own will.

In order for the decision of the user to be realized, the care worker should respect the option and provide support.

3 Communication suitable for the state of the user

There are times when it is difficult for the user to communicate with others due to diseases and disabilities. It is important for the care worker to choose appropriate communication methods based on the user's diseases and disabilities.

1) Importance of communication suitable for the characteristics of various disabilities

Communication is sometimes hindered by diseases and disabilities. The care worker works to identify the hindrance to establish communication suitable for the user.

In recent years, the use of ICT (information communications technology) as a method of communication has become increasingly popular.

2) Communication with a person with a visual impairment

1. Characteristics of communication with a person with a visual impairment

Visual impairment is a disease in which the person is unable to see things or has difficulty seeing things. As the person cannot get enough information from visual perception, there are times when he/she does not know the distance between him/herself and various things and the place he/she is in.

2. Points to remember when communicating with a person with a visual impairment

☉ Use the information that can be obtained other than from visual perception

Explain specifically and in detail the location and characteristics of things, etc. Moreover, it is important to be aware of the tone of your voice and the way you talk.

You can also provide information by letting the person directly touch things.

☉ Call the person by name and then talk to him/her

If the care worker touches the user without a word, he/she will be surprised. Be sure to first talk to him/her. When you talk to the user, call the person by name first of all.

It is also important that the care worker announces him/herself.

● Call the person by name and then talk to him/her



When you talk to a person with a visual impairment, make it clear to whom you are talking.



☉ Specifically, explain the location and direction

When you explain the location, be specific. For example, tell the person: “to your right” and “to the direction my voice is coming from.” When the person is having a meal and you need to tell him/her where a specific dish is located, you can explain its direction by mentioning the direction to which the hour hand of a clock is pointing at a certain time of the day. This method is called “clock position.”

3. Examples of the methods and tools of support to use in communicating with a person with a visual impairment

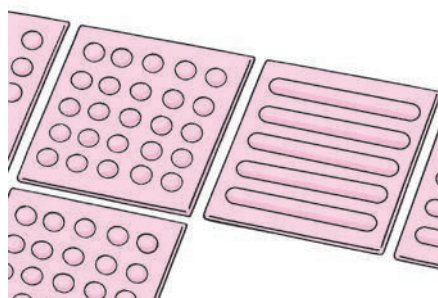
Use of a tool of support to suit the condition of the user with a visual impairment will make it easier to communicate with him/her.

(Braille)

Braille and braille blocks are available as tools for communicating information with people who are blind.



Braille



Braille blocks

3) Communication with a person with a hearing disorder

1. Characteristics of communication with a person with a hearing disorder

As such a person cannot hear sounds well, he/she tends to have a sense of loss and isolation, which makes it necessary to provide psychological support as well.

2. Points to remember when communicating with a person with a hearing disorder

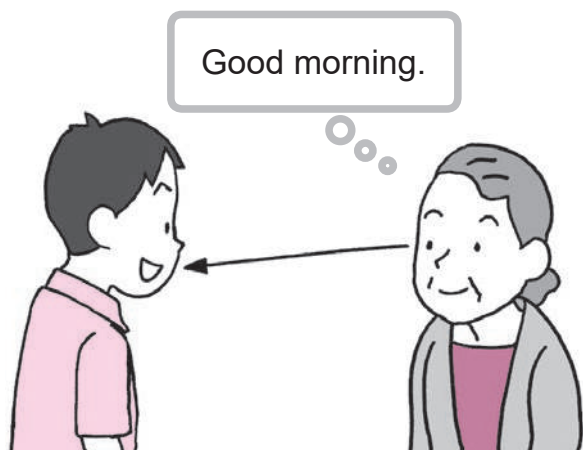
- Face and talk to him/her so that each other's facial expressions and mouth movements are visible.
- If one of his/her ears is less impaired, talk from that side of the ear.
- Talk slowly and clearly.
- Do not talk unnecessarily loudly.
- Converse with him/her in as quiet a place as possible.

3. Examples of the methods and tools of support to use in communicating with a person with a hearing disorder

(Speech (lip) reading)

Speech (lip) reading refers to seeing and interpreting lip movements for communication.

● Conversation through lip reading

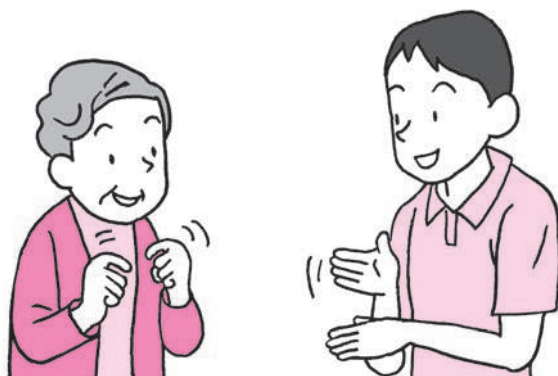


(Conversation by means of writing) ● Conversation by means of writing

Communicate with a person, using paper, write-and-erase board, etc. ICT and others are also used for such communication.

**(Sign language)**

Sign language refers to the expression of meaning using a combination of finger and hand gestures and face and neck movements.

● Conversation using sign language**(Hearing aid)**

A hearing aid is a tool that collects sounds with a microphone and amplifies and delivers them to the ears.

● Conversation using a hearing aid

4) Communication with a person with aphasia

1. Characteristics of communication with a person with aphasia

Aphasia is a state in which a person's function "to listen to and understand others," "to read and understand documents," "to speak," and "to write characters and letters" declines due to the damage to the part of the cerebrum that controls speech.

2. Points to remember when communicating with a person with aphasia

- Talk to the person slowly and clearly, using short, easy-to-understand words.
- Use communication methods other than speech, including pictures, photos, and hand and body gestures.
- Do not point out minor speech errors.

Ask closed questions so that he/she can answer easily with "yes" or "no."

3. Examples of the methods and tools of support to use in communicating with a person with aphasia

- Use of hands and body gestures instead of speech
- Use of pictures and illustrations



5) Communication with a person with dementia

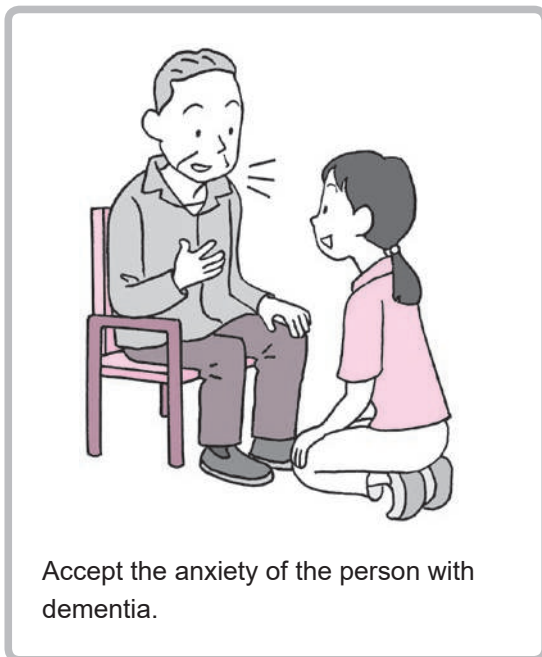
1. Characteristics of communication with a person with dementia

Due to the decline in the cognitive function of the brain, there are occasions when the same conversation is repeated a number of times and/or the conversation between the care worker and the user just does not make sense.

2. Points to remember when communicating with a person with dementia

- Talk slowly.
- Communicate with easy-to-understand words and short sentences.
- Even if what he/she talks is factually incorrect, do not deny it. Just accept it and sympathize with him/her.

● Examples of communication with a person with dementia



Accept the anxiety of the person with dementia.

3

Communication with team members

1 Basic understanding of the sharing of information by keeping records**1) Purpose of sharing information**

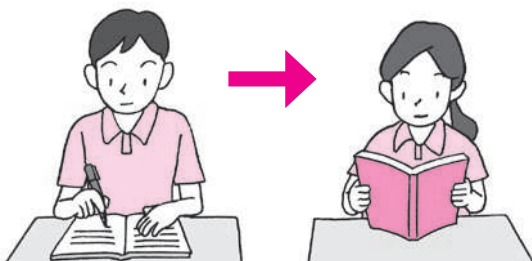
Nursing care is provided not by care workers only, but in cooperation with medical and other staff in a team. The team members share the contents of nursing care and medical information in order to provide the user with better nursing care service.

◎ Methods of sharing information**Information sharing by keeping records**

Care plans, case records, handover notebooks, etc.

Information sharing by holding a meeting (conversation)

There are meetings, including a handover meeting where information on the users is handed over to the next shift and a meeting where the staff discuss the themes regarding nursing care.

● Sharing of information by keeping records**● Sharing information with the next shift**

2) Significance of keeping records in nursing care

In order to provide good quality nursing care, it is necessary for the care worker to grasp the information on the user. The care worker records the condition of the user, approaches made to the user, and his/her responses to them.

Keeping records is significant from two perspectives: Provision of better care services and implementation of team care.

3) Basics of keeping records of nursing care

(1) Keep records while your memory is fresh and clear.

(2) Record the date and time accurately.

Record the date to make it possible to know when the recorded incident happened.

(3) Record facts.

Facts can be classified into “subjective” and “objective” facts.

Facts	Details
Subjective facts	<ul style="list-style-type: none"> • What the user saw, what he/she experienced, what he/she complained about, etc. • Remarks of the user, etc.
Objective facts	<ul style="list-style-type: none"> • What the care worker, etc. observed. • Blood pressure value, body temperature value, examination data, etc.

● Example of a record

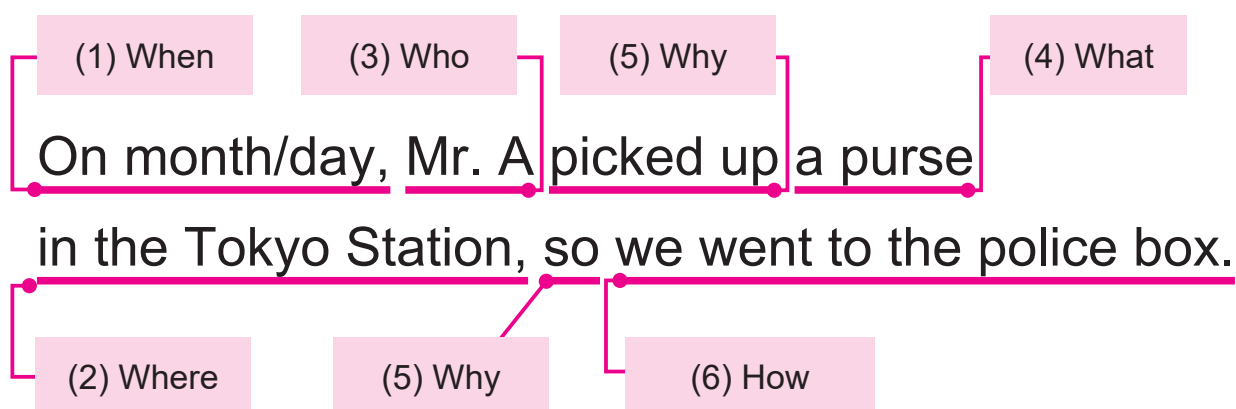
Date	Details
July 20, 2019	<p>Found redness of 1-cm in diameter on the sacrum area of Mr. XX, when I provided toilet assistance at 8 am. I asked him and he said he was “not feeling any pain.” I reported the fact to the nurse and it was identified as an early stage of a pressure ulcer.</p>

(4) Record information in a manner that enables readers to understand the contents just by reading it once.

Clearly record six items as follows:

(1) When	⇒	いつ
(2) Where	⇒	どこで
(3) Who	⇒	だれが
(4) What	⇒	何を
(5) Why	⇒	なぜ
(6) How	⇒	どのように

● Example of an easy-to-understand sentence



4) Protection of personal information and maintaining of confidentiality

Care workers must pay careful attention to information management. Protection of personal information and maintaining of confidentiality, in particular, are strictly required as part of the professional ethics of specialists.

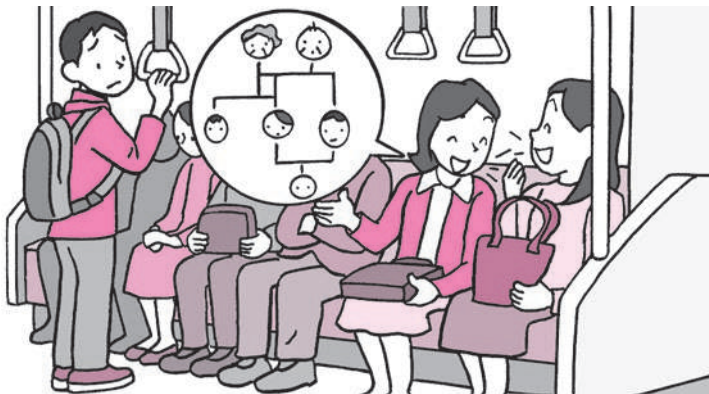
For the sharing of personal information, it is necessary to obtain consent from the user him/herself regarding the handling of personal information, etc.

(Types of personal information)

Name, address, phone number, photo the concerned individual is in, etc.

You need to pay attention to the following to protect personal information:

- Do not talk about users and your workplace outside your workplace.
- Do not post comments on the Internet and SNS about the users and your workplace.



2 Reporting/communicating/consulting

1) Reporting/communicating

Care workers provide nursing care in a team. Therefore, they report to and communicate with other team members what they have noticed in the interactions with users and the progress of their own tasks and others for the sharing of information.

The timing of reporting and communicating differs depending on the contents. If the contents require immediate response such as an accident, report it right away without delay.

● Person providing information

- Report it concisely
- Report the facts and the opinions separately
- Report information by taking the place and timing into consideration



● Person receiving information

- Take notes
- Listen and distinguish facts from opinions
- Repeat what the other party has said

2) Consulting

When you have trouble or there is something you do not understand, seek advice from colleagues, specialists, etc. Do not make a judgment by yourself when you have worries. Consult others to get advice.

Skills for Providing Daily Assistance

CHAPTER 1 Nursing care related to assistance in walking/lifting/transferring

CHAPTER 2 Nursing care at mealtimes

CHAPTER 3 Nursing care related to elimination needs

CHAPTER 4 Nursing care related to grooming

CHAPTER 5 Nursing care related to bathing/keeping clean

CHAPTER 6 Nursing care related to housework

1

Nursing care related to assistance in walking/lifting/transferring

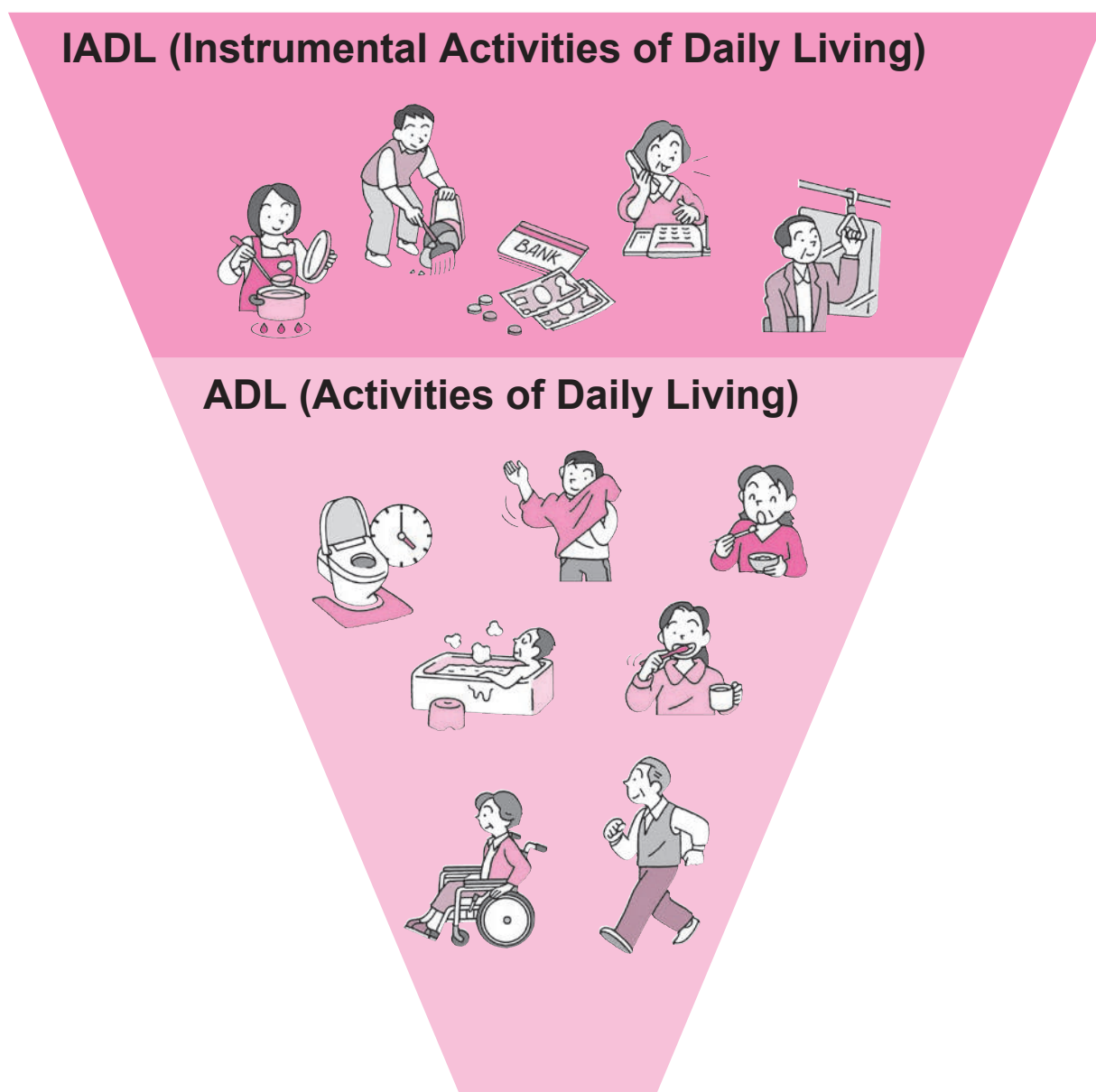
1 Significance of walking/lifting/transferring

1) Significance of walking/lifting/transferring in nursing care

The field of activities of a person broadens by moving around. A life with a wide field of activities helps maintain and improve the physical conditions and psychological functions of the individual. In the scenes of daily living, people move to the place where they do the activity, such as to take a meal in the dining room, go to the toilet to empty their bowels, and take a bath in the bathroom. Thus, moving from one place to another is related to every activity of daily living.



● Relationship of ADL and IADL



Explanation of terminology

ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living)

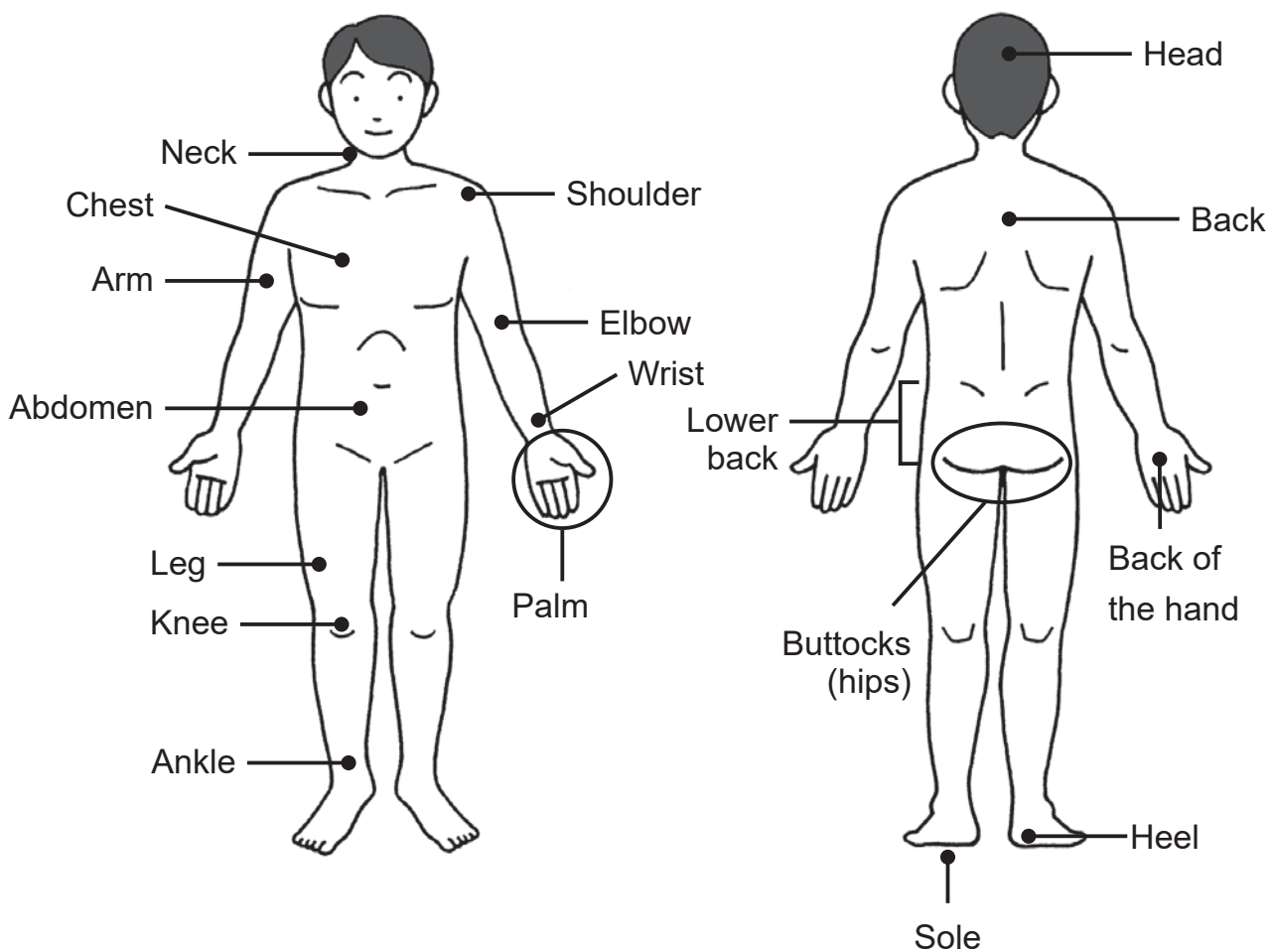
ADL is a series of physical activities a person performs to live independently. ADL includes walking, eating, dressing, toileting, and bathing. IADL is a person's ability necessary to maintain living at home and in the community. IADL includes managing finances, shopping, doing laundry, using transportation services, and using communication equipment.

2 Mechanism of mind and body related to walking/lifting/transferring

1) Regions of the body related to walking/lifting/transferring

Various muscles and joints are involved in walking/lifting/transferring.

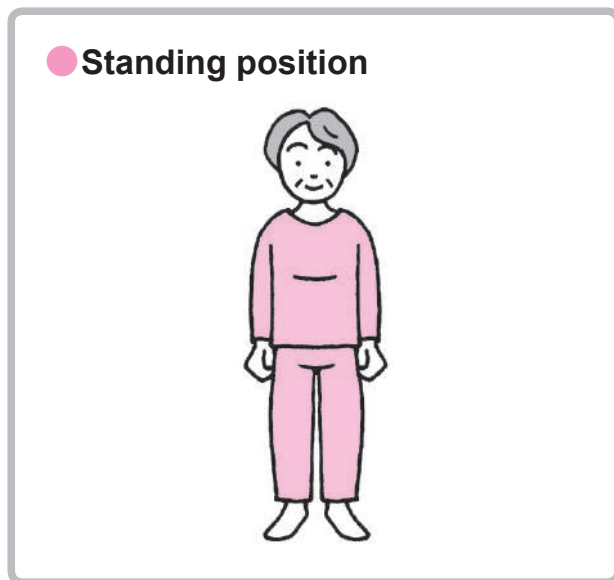
● Main regions of the body related to walking/lifting/transferring



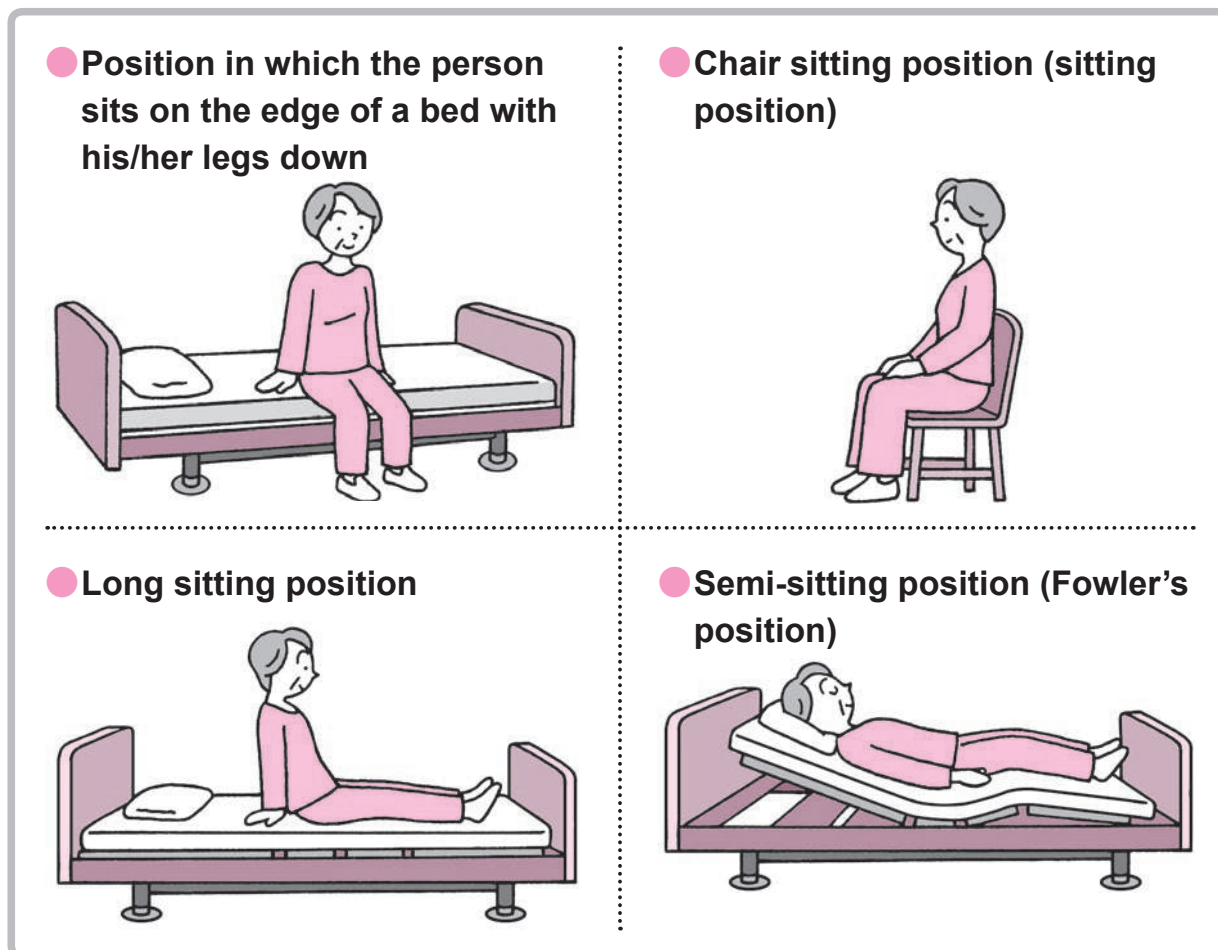
2) Positions

The positions can be divided into upright position (standing position), seated position (sitting position), and lying position (decubitus position).

(1) Standing position



(2) Sitting positions



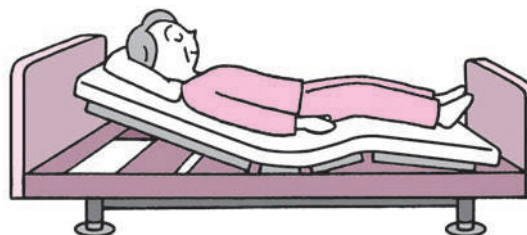
● **Chair sitting position (sitting position)**



● **Long sitting position**

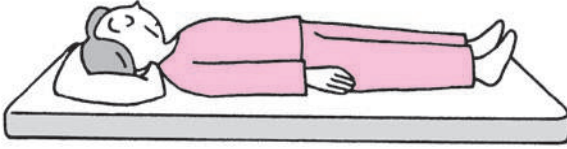


● **Semi-sitting position (Fowler's position)**



(3) Decubitus positions

● **Supine position/Dorsal position**



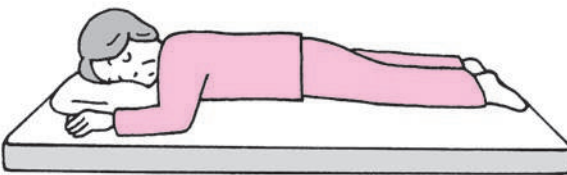
.....

● **Lateral position**



.....

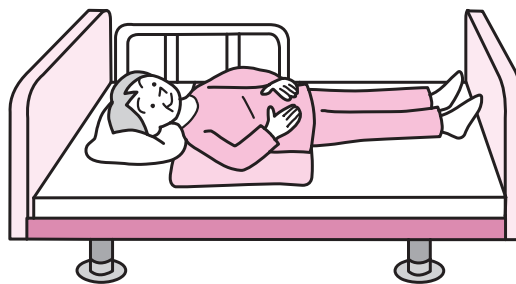
● **Prone position**



3) Comfortable position

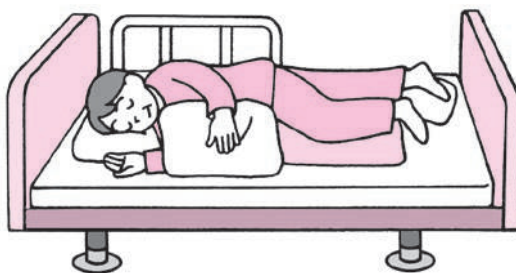
● Comfortable supine position

This is the most stable posture.



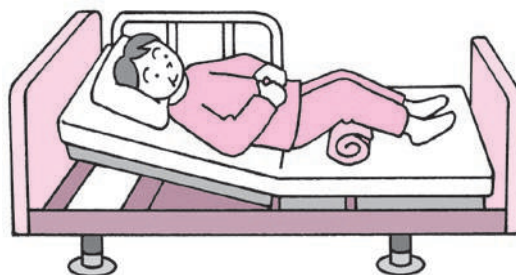
● Comfortable (right) lateral position

Place a pillow in front of the chest. Place another pillow between the lower limbs under the right foot.



● Comfortable semi-sitting position (Fowler's position)

Operate the gatch bed to raise both lower limbs. If it is not an adjustable bed, place a pillow under both knees.



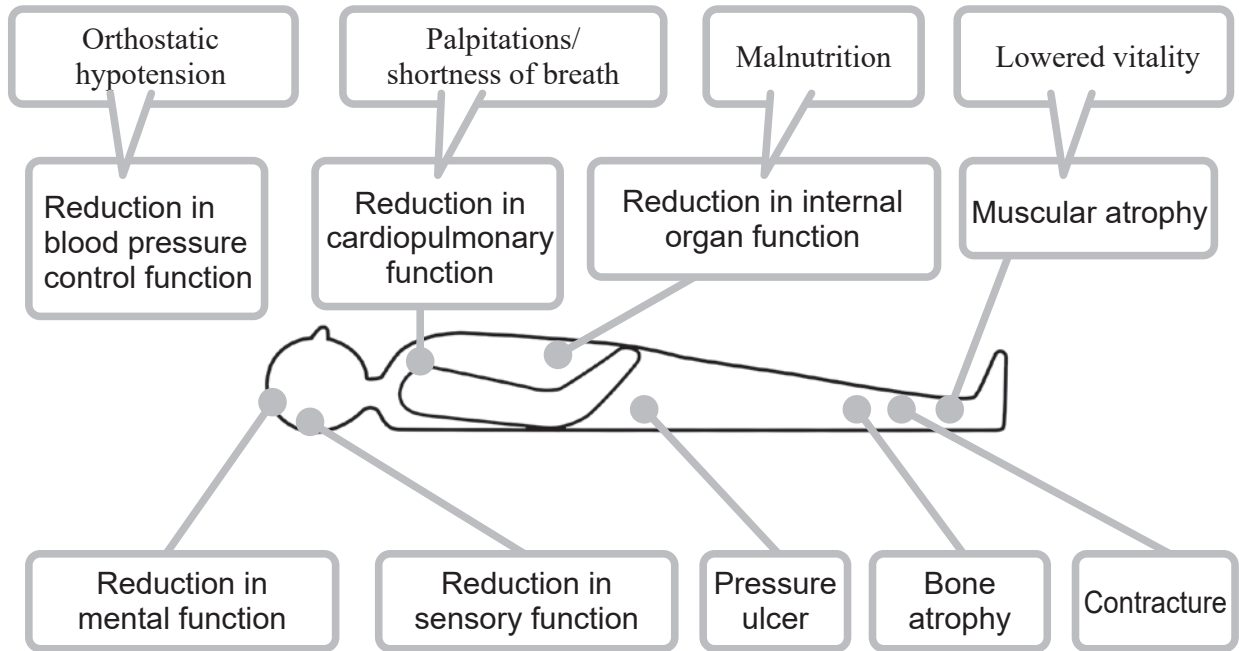
Explanation of terminology

Senuki

Take the user's back off the bed once after raising his/her upper body. This procedure is called senuki, which will help prevent the occurrence of pressure ulcers.

4) Disuse syndrome

Disuse syndrome refers to the various physiological and psychological states caused by staying in bed for a long time and long-term inactivity.



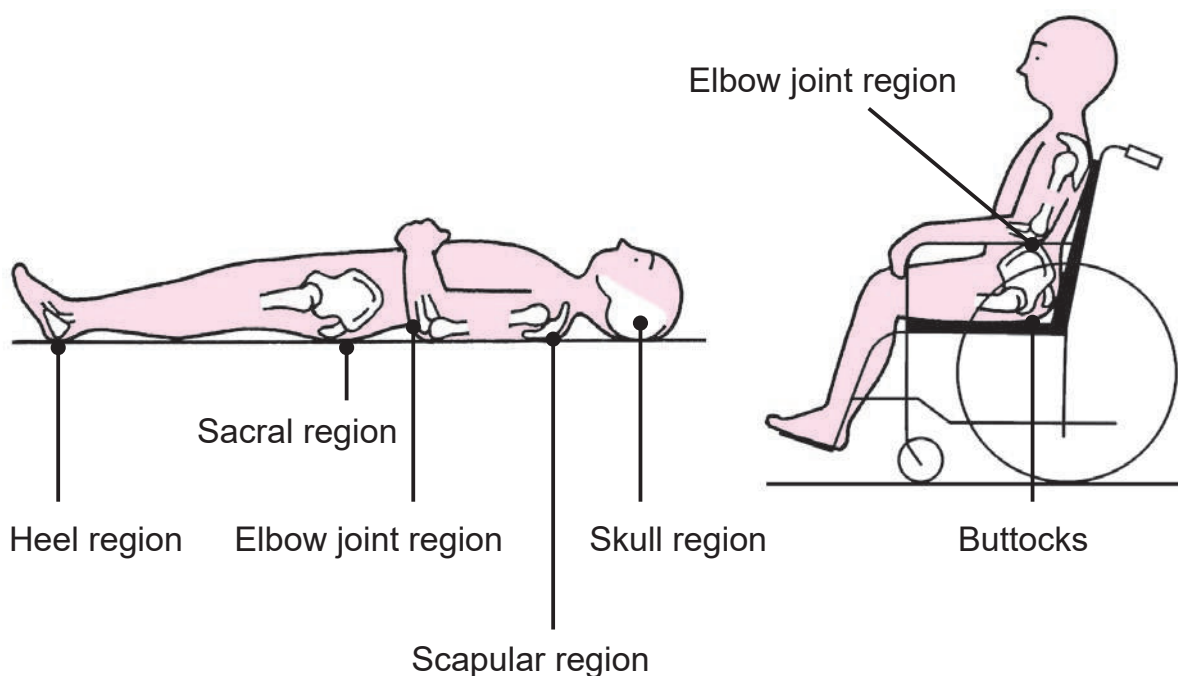
5) Pressure ulcer

A pressure ulcer is the necrosis of skin caused by being bedridden for a long time, which leads to circulation disorders in the areas where bones are protruded. The frictions due to the wringles of sheets and at the time of the change of postures can be the cause.

☉ Methods of prevention of pressure ulcers

- (1) Have the user get out of bed if possible.
- (2) Regularly reposition the user.
- (3) Have the user take enough nourishment.

● Body regions that are highly vulnerable to pressure ulcers



6) Assistive devices related to walking/lifting/transferring

Assistive devices other than a wheelchair includes canes, walkers, and lifts.



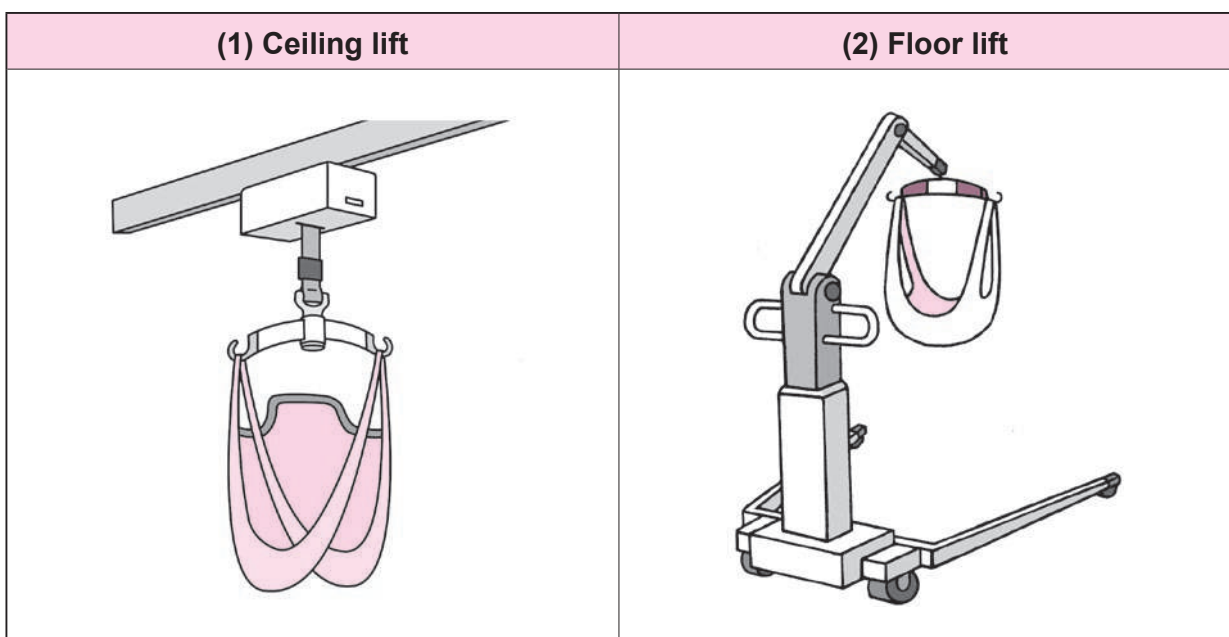
T-cane: A T-cane is lightweight and very user-friendly.

Quad cane: As the supporting area is wider than that of a T-cane, it is used when the body weight cannot be supported sufficiently on the affected side.



Walker: A walker is more stable, as the supporting area is bigger than that of a cane.

A lift is effective for reducing the burden of nursing care for caregivers.



3 Practical side of nursing care regarding transferring/moving

1) Basics of physical nursing care

This is common to all nursing care activities.

- (1) Confirm the physical condition of the user.



Be sure to confirm the physical state of the user before providing nursing care. In case of poor physical condition, do not force the action. Report it to medical staff.

- (2) Explain to the user the purpose and contents of what you are going to do and obtain consent from him/her.



When you provide nursing care, you must respect the self-determination of the user. Moreover, the user will feel secure by learning the contents of the nursing care in advance and be convinced to receive support.

- (3) Adjust the height of the bed to make it easy to provide care.



Adjust the height of the bed to reduce the burden on the lower back of the care worker.



Explanation of terminology

Self-independence support

Provide support only when the user is incapable. To do so, it is necessary to carefully observe the condition of the user.

This text explains the activities of care workers, but actually, they are to have the user perform the activities he/she is capable of doing.

2) Nursing care related to turning over on the bed

The explanation here uses a user with left hemiplegia as an example.

- (1) Confirm the user's physical condition.
- (2) Explain to the user the contents of your actions and obtain his/her consent.
- (3) Adjust the bed to the height that makes it easy to provide nursing care.
- (4) Raise the knees of the user.
- (5) Have him/her assume a lateral position with the affected side up.



Tuck the user's arms and legs closer to the center of his/her body to make the base of support smaller.



- (6) Move the lower back of the user toward the other side of the bed.



This will make the lateral position more stable.



- (7) Move the legs of the user to a more comfortable position.



A wider base of support helps stabilize the posture.

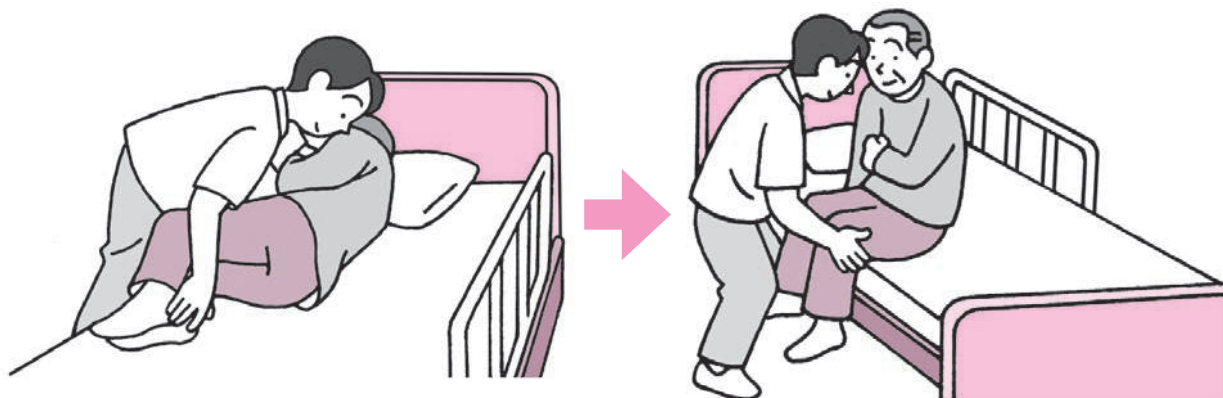


3) Nursing care related to getting up (from the right lateral position to a sitting position on the edge of a bed with his/her legs down)

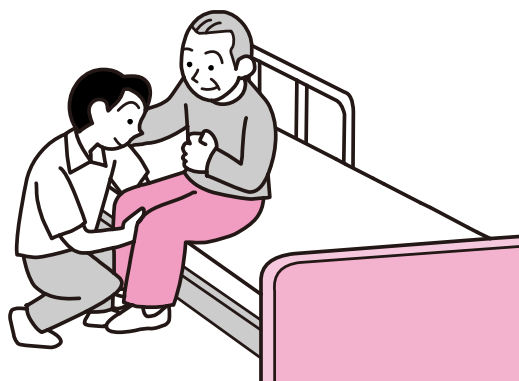
- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Adjust the height of the bed so that the soles of the user are on the floor of the room, when he/she sits on the edge of a bed with his/her legs down.)
- (4) Assist the user to a lateral position with the affected side up.
- (5) Move the legs of the user to the edge of the bed.



- (6) Get the legs of the user off the bed and on to the floor and ask him/her to push with his/her right elbow. Assist him/her to raise the upper body.



- (7) Confirm how the user is feeling and how his/her physical condition is.
- (8) Confirm that both of his/her soles are on the floor.



This will stabilize the sitting posture.

4) Nursing care related to standing up (from a sitting position on the edge of a bed with his/her legs down to the standing position)

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Ask him/her to keep sitting but closer to the edge of the bed.

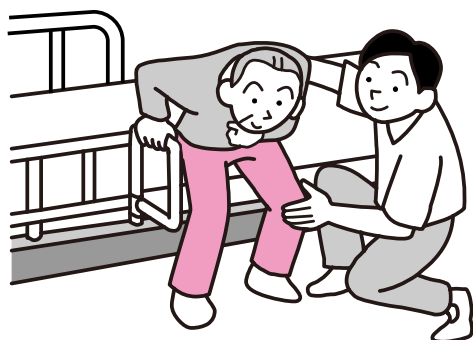


- (4) The care worker, positioning him/herself by the affected side of the user, moves the foot of the unaffected side nearer toward the bed.



This is to put the weight on the user's leg of the unaffected side when he/she stands up.

- (5) The care worker provides support so that the knee of the affected side will not buckle. Have the user stand up with his/her upper body sufficiently bent.



This is to prevent the user from falling on the affected side.

- (6) Confirm how the user is feeling and how his/her physical condition is.

Explanation of terminology

Knee buckling

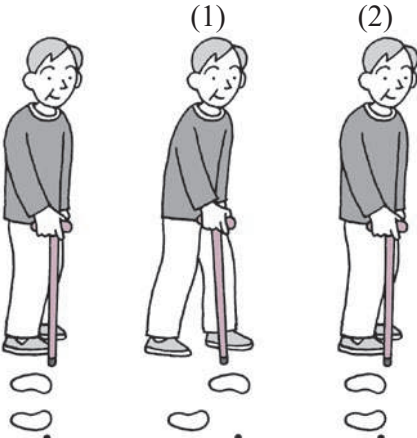
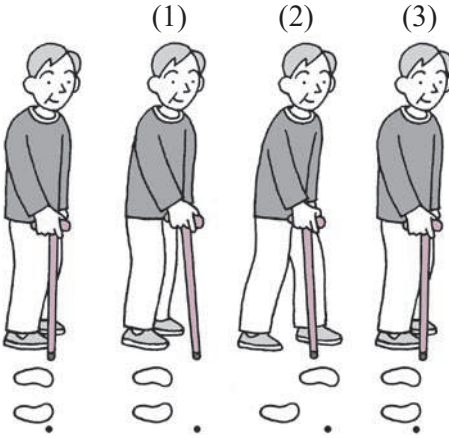
Knee buckling refers to a sudden giving way of the knee while assuming a standing position or walking, which can cause falls.

5) Nursing care related to walking for a user with hemiplegia

(Walking with a cane)

There are two manners of walking with a cane: two-point gait and three-point gait.

● Comparison of the two-point gait and three-point gait

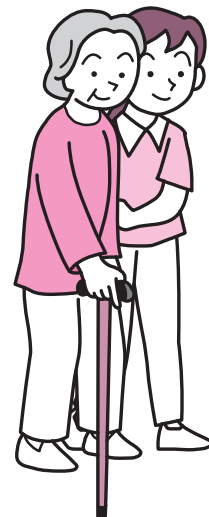
Walking	Two-point gait	Three-point gait
Order of putting one foot forward	(1) Cane and the affected side → (2) Unaffected side 	(1) Cane → (2) Affected side → (3) Unaffected side 
Stability	Low	High



The reason why the person first steps forward with the foot of the affected side is that it is necessary to support the body with the unaffected side, which provides better support.

Nursing care related to walking with a cane

The care worker stands by the affected side of the user toward his/her back and supports the upper body and/or lower back of the user, as needed.



(Going up the stairs)

In order to ensure safety, the care worker stands one step below (behind) the user. The user goes up the steps in the following order: (1) Cane → (2) Foot of the unaffected side → (3) Foot of the affected side.



If the stairs have a handrail, it would help stabilize the user if he/she holds it.

(Going down the stairs)

In order to ensure safety, the care worker stands one step below (in front of) the user. The user goes down the steps in the following order: (1) Cane → (2) Foot of the affected side → (3) Foot of the unaffected side.



If the stairs have a handrail, it would help stabilize the user if he/she holds it.

6) Nursing care related to walking for a user with a visual impairment

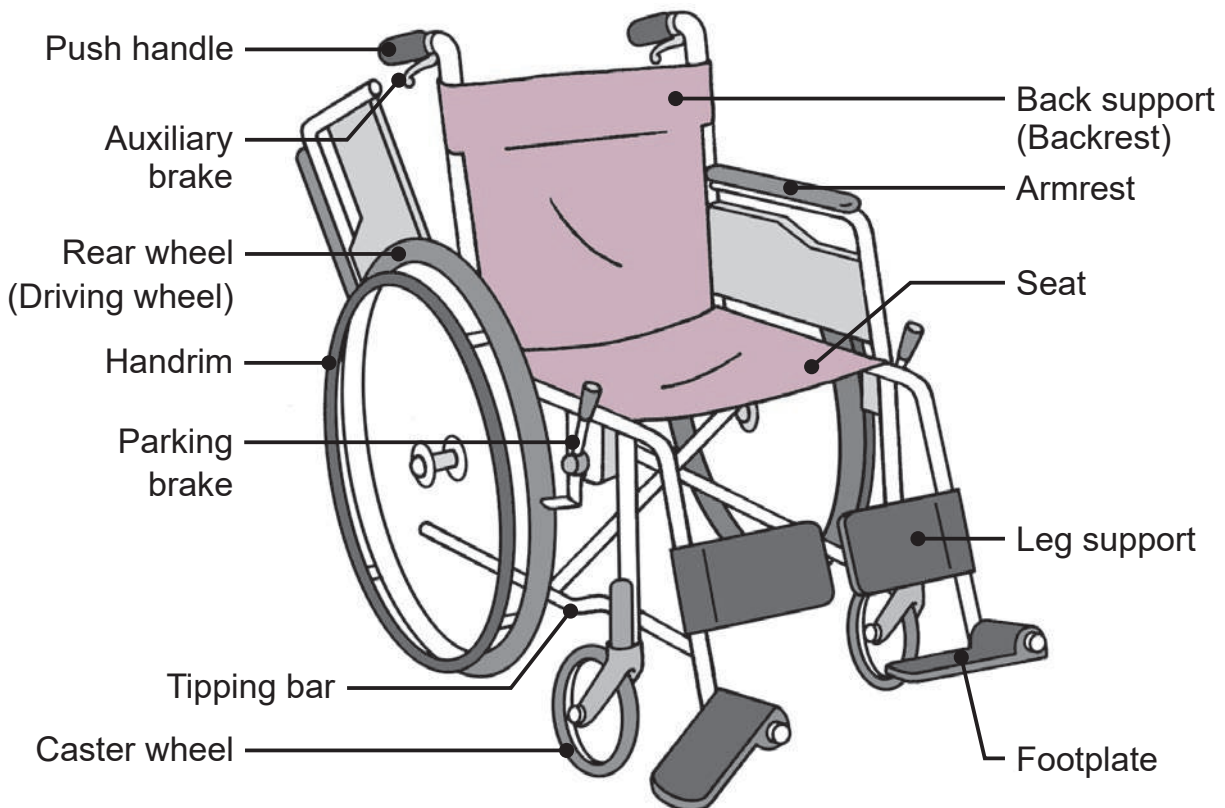
The walking speed should be adapted to suit the pace of the user. When the situation changes due to steps, level differences, corners, etc., explain it in advance by talking to him/her.

● Basic posture to adopt while guiding the user



7) Nursing care using a wheelchair

● Structure and part names of a wheelchair



(Points to remember regarding wheelchair)

- Before using the wheelchair, check the tire air pressure and the condition of the brake. If the tire air pressure is low, there is a risk that the brake will not work properly.
- Be sure to activate the brake when the wheelchair is stopped. Be sure to always activate the brake, even if no one is sitting in it, because it can pose a danger if it starts moving.

8) Transfer from the bed to the wheelchair

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Adjust the height of the bed so that the soles of the user are on the floor of the room, when he/she sits on the edge of a bed with his/her legs down.
- (4) Place the wheelchair beside the unaffected side of the user and activate the brake.
- (5) Have the user hold the armrest on the far side with his/her hand of the unaffected side. The care worker should ensure that the user's knee of the affected side will not buckle.



Support the user's knee of the affected side.



It is a fundamental rule in moving a person with paralysis, to first move the unaffected side.

- (6) Have the user stand up slowly with his/her head down and turn him/herself toward the wheelchair.



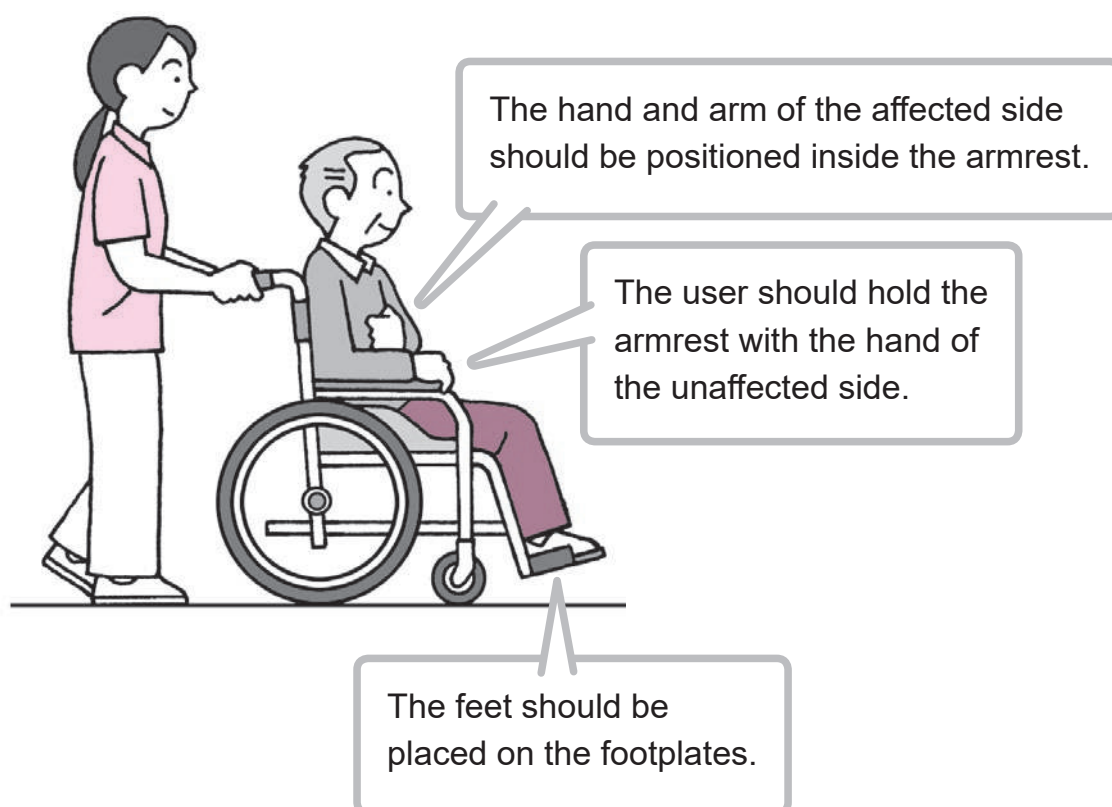
- (7) Have the user sit back in the wheelchair. Have him/her place his/her feet on the footplates.



- (8) Confirm how the user is feeling and how his/her physical condition is.

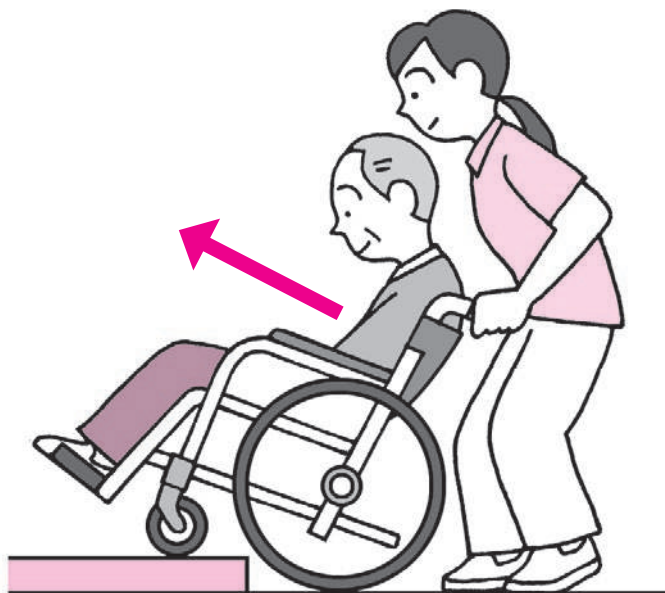
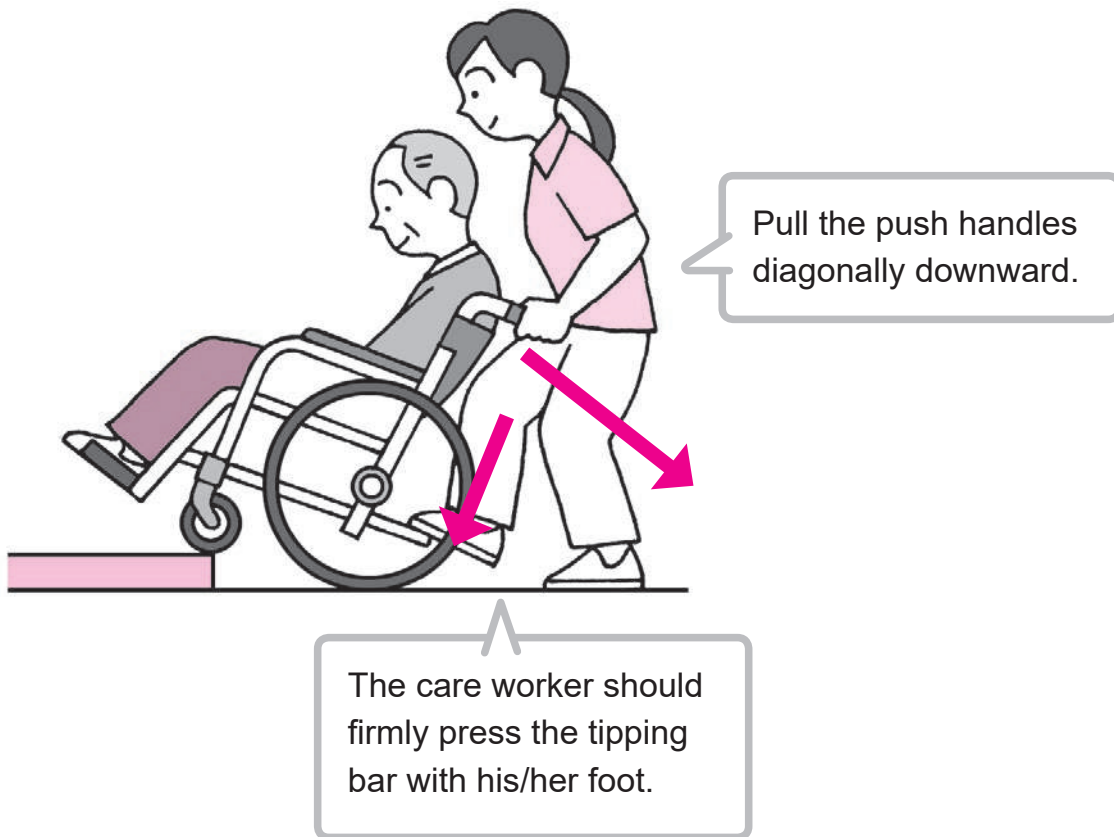
9) Nursing care related to moving on a wheelchair

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Place the users' feet on the footplates.
- (4) Be careful to ensure that the hands of the user will not be caught in the driving wheels.
- (5) Deactivate the brake, tell the user that the wheelchair will be moving, and then start pushing the wheelchair.



(Going up a step)

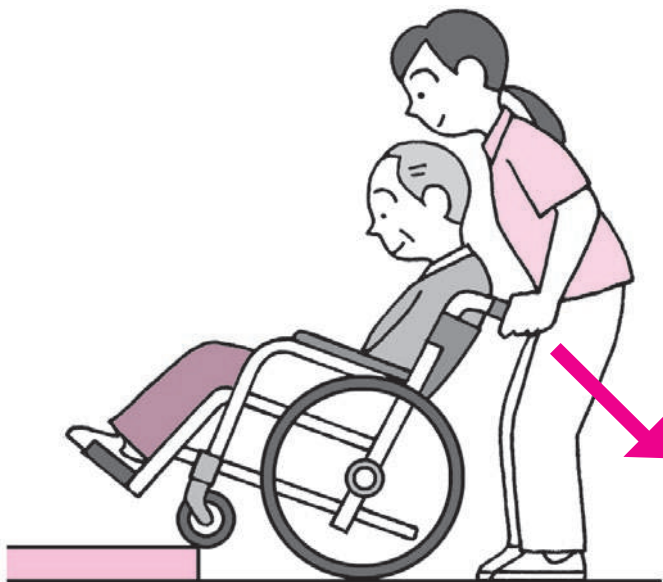
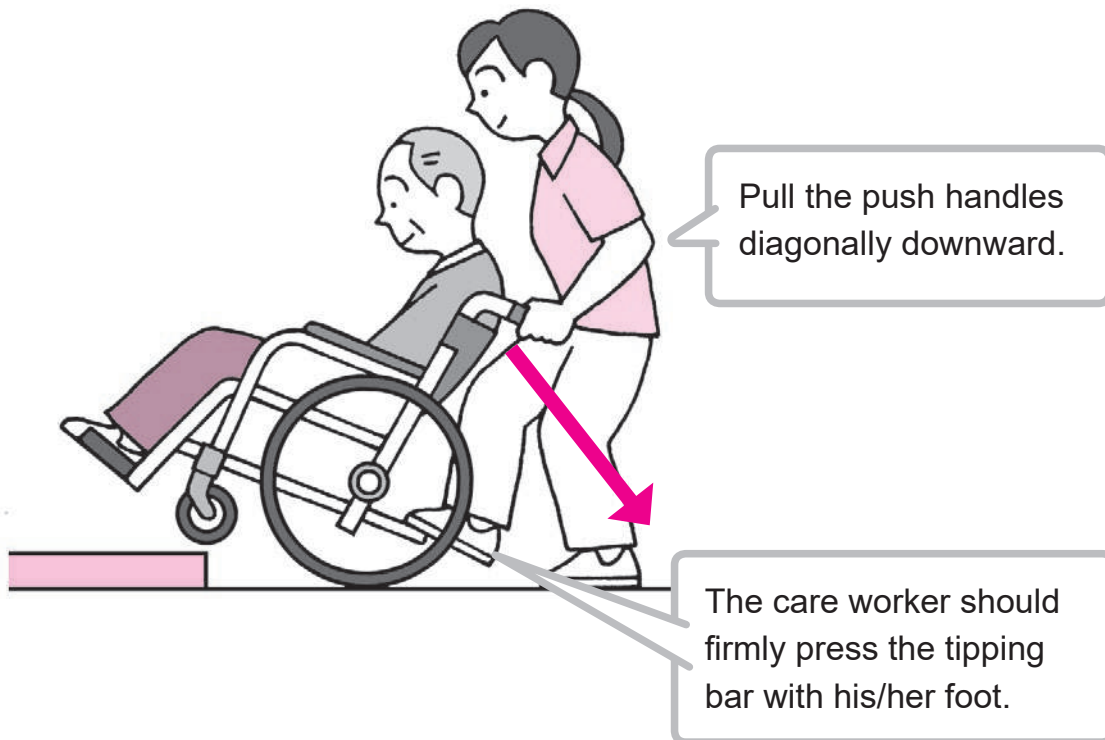
Stop right before the step and tell the user that he/she will be going up a step.



Place the caster wheels on the step slowly and then the driving wheels.

(Going down a step)

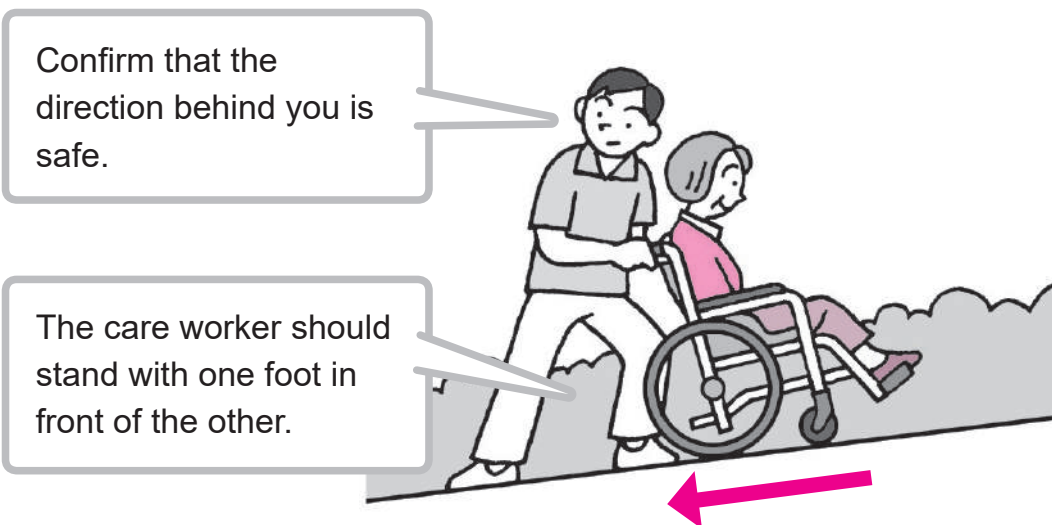
Stop right before the step and tell the user that he/she will be going down a step. Have the wheelchair face backwards and put the driving wheels gently down.



Pull the driving wheels sufficiently and slowly put the caster wheels down.

(Going down a slope)

When going down a steep slope, tell the user that you will pull the wheelchair backwards.



Proceed with the wheelchair facing backwards.



Going down a slope with the wheelchair facing backwards is to prevent the user from sliding out of the wheelchair.

2

Nursing care at mealtimes

1 Significance of meals

A meal is an occasion when we eat food using our mouth. We nourish our bodies to remain active and maintain our lives.

Eating food orally and tasting it in the mouth will stimulate the cerebrum and help establish the rhythm of life.



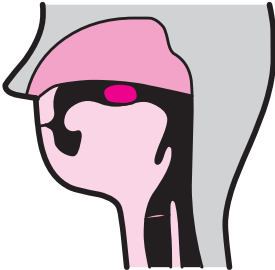
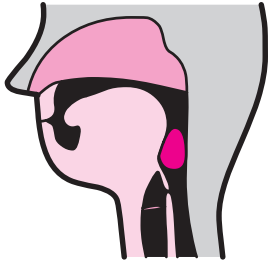
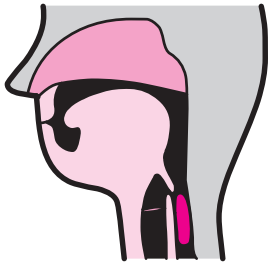
Eating is one of the joys of life. It is an opportunity for communication to build human relations.

2 Mechanism of mind and body related to meals

When your brain senses that you are hungry, you feel like you want to eat something.

- You go and sit at the dining table, adjust your posture, and examine the food with your eyes. Using a pair of chopsticks or a spoon, you put the food in your mouth. You chew and swallow the food.
- When you have a meal, you confirm the food with your sense of vision and smell and perceive the taste and chewy texture with the sense of taste and touch.
- Many bodily functions are related to meals.

◎ Flow of eating and swallowing

Anticipatory stage		<ul style="list-style-type: none"> • The color, shape, and smell of the food is recognized. • The saliva is secreted.
Preparatory stage		<ul style="list-style-type: none"> • The food put in the mouth is chewed and mixed with saliva to form a ball of food (bolus).
Oral stage		<ul style="list-style-type: none"> • The bolus is transmitted from the oral cavity to the larynx. • The tongue is mainly used for the transmission.
Pharyngeal stage		<ul style="list-style-type: none"> • The swallowing reflex occurs and the bolus passes through the pharynx. • The epiglottis closes to prevent the bolus from entering the trachea.
Esophageal stage		<ul style="list-style-type: none"> • The bolus moves into the stomach through the esophagus.



If there is a disorder somewhere in this flow, food intake becomes difficult. This is commonly known as eating and swallowing disorders.

3 Actuality of mealtime assistance

⊙ Points to remember regarding mealtime assistance

- Confirm the user's food likes and dislikes.
- Be careful. There may be things the user must not eat during the treatment of his/her disease or due to allergy.
- Cook food soft enough or cut it small enough to make it easy to eat and to suit the chewing and swallowing ability of the user.
- Take care to serve warm food warm and cold food cold.

(Forms of foods to suit the user's chewing and swallowing ability)

Minced food: Food that is cut fine to make it easy to eat

Pureed food: Food made into a paste

Soft-cooked food: Food that is cooked soft but maintains its original shape

Thickened food: Food thickened for people with reduced swallowing function to prevent them from choking on liquids

1) Posture at mealtimes

⊙ Correct posture at mealtimes

Sit back in a chair with the soles on the floor. Lean slightly forward and draw in the chin.

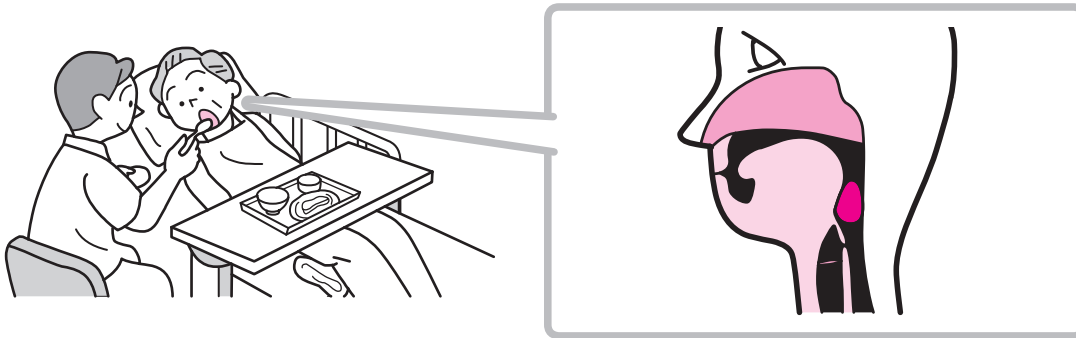


If the chin is lifted upward,
there is a risk of aspiration.

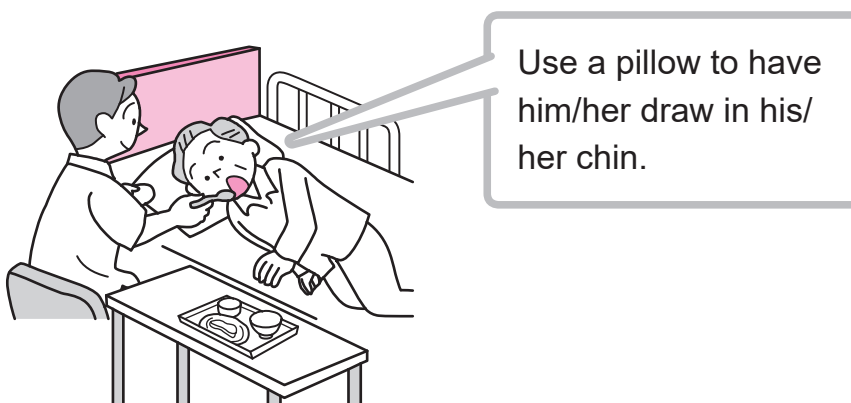


● Posture when having meals in bed

When it is difficult for the user to have meals in a sitting position, he/she may have meals in bed.

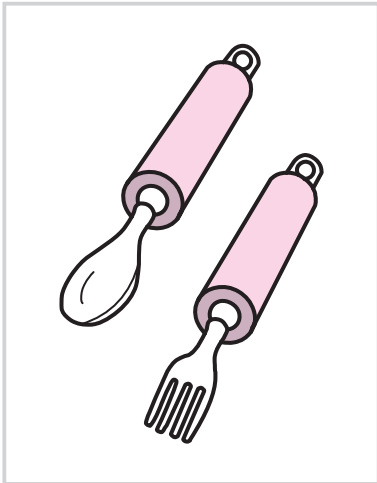


- Operate the gatch bed to allow the user to be raised to a half-sitting position.
- After the user is raised, perform senuki, taking the user's back off the bed once.
- If it is difficult for the user to assume a half-sitting position, have him/her assume the lateral position.

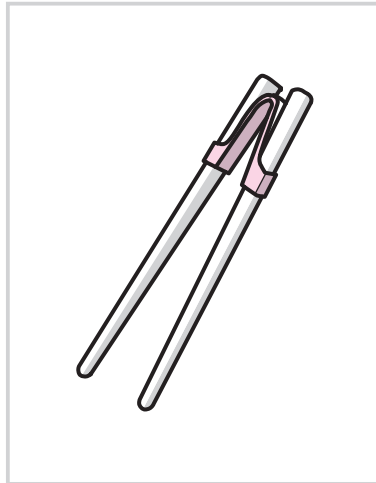


If the user has hemiplegia, position him/her with the unaffected side down.

● Mealtime tools



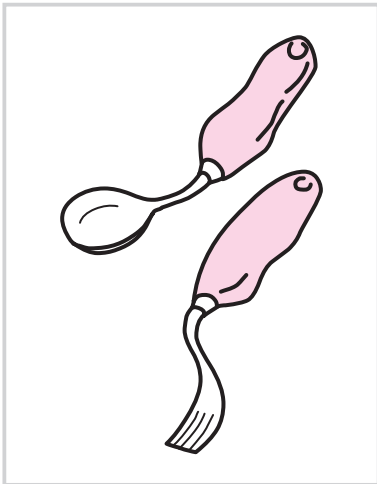
Easy-to-hold fork and spoon



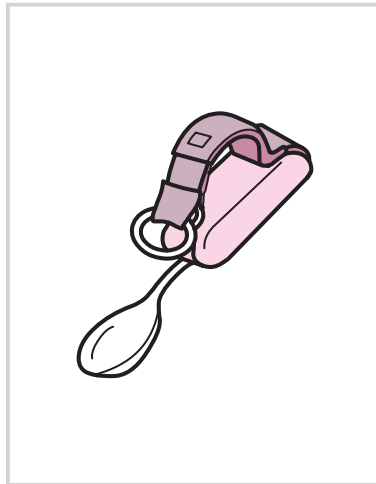
Chopsticks with spring



Easy-to-hold tableware



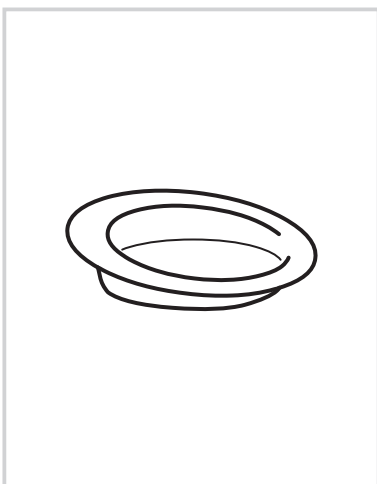
Bendable fork and spoon



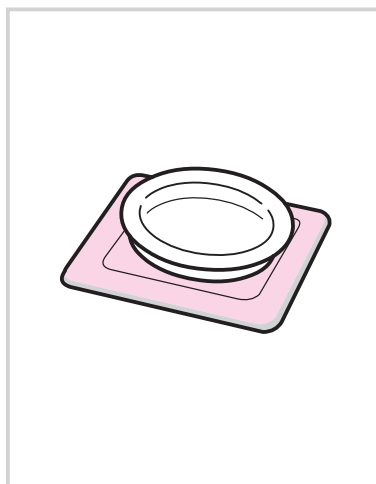
Strap-on spoon holder



Cup with handle



Easy-to-scoop food dish



Non-slip place mat

2) Actuality of mealtime assistance

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Clean the user's hands.



- (4) Bring the user to the table and have him/her sit on the chair.



The care worker confirms in advance if there are things the user must not eat during the treatment of his/her disease or due to allergy.

- (5) Place the meal right in front of the user to make it visible to him/her.
- (6) The care worker should sit by the side of the user's dominant arm or diagonally in front of the unaffected side.

● Position of the care worker



- (7) Explain the menu.
- (8) Have the user first drink liquids such as tea or soup.



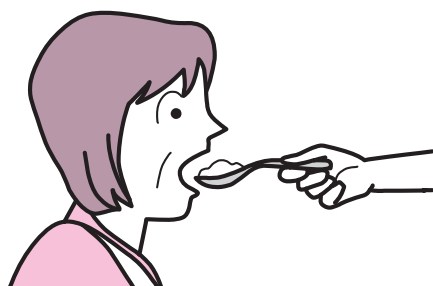
Moisten the inside of the mouth.

(9) Assist the user to have the meal in accordance with the user's pace.

- The care worker should assist the user, sitting and establishing eye contact on the same level.
- Adjust the pace of placing a mouthful of food into the user's mouth by asking or observing him/her.
- If the user has paralysis, place the food into the corner of his/her mouth from the unaffected side.
- Do not talk to the user while he/she is chewing to prevent aspiration.
- Confirm that he/she is chewing with his/her chin drawn in.
- When you assist using a spoon, pull the spoon out from the mouth horizontally.



If you are standing while assisting the user with meals, the chin of the user is lifted up, which will increase the risk of aspiration.



This is because if you pull the spoon upward, the user's neck also goes upward.

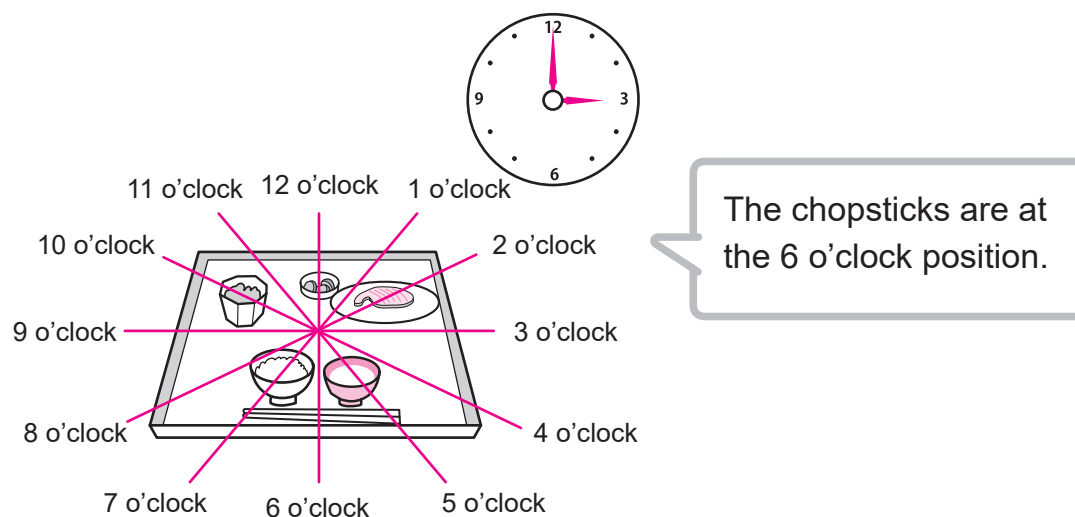
- (10) Ask the user to confirm that he/she is done with the meal.
- (11) Confirm that no food is remaining in the mouth.
- (12) Ensure that the user takes care of the oral cavity (gargling throat/brushing teeth/cleaning the dentures).
- (13) Have the user maintain a sitting position for about 30 minutes after meals to prevent aspiration pneumonia.

3) Points to remember regarding mealtime assistance

- Observe if the user has any problem regarding the pace of eating, posture, eating actions, and how he/she chews and swallows.
- Bring the food to the user's mouth as the user desires.
- For users with visual impairment, use the clock position method (A method to describe the position of an object based on the direction in which the hour hand of a clock is pointing at certain time of the day).

Moreover, explain whether the food is hot or cold and how it is seasoned.

● Examples of clock positions



3

Nursing care related to elimination needs

1 Significance of excretion

Excretion serves to remove waste products from the body. The waste products include urine, feces, sweat, carbon dioxide, etc.

Excretion is an essential mechanism of the human body to stay healthy. Moreover, the excreted urine and feces show the state of health of the individual. It is important to provide nursing care based on the reason why nursing care related to elimination needs is necessary.



Excretion is an activity that makes people embarrassed. It is important to support the user by understanding how he/she feels when you provide care related to elimination needs.



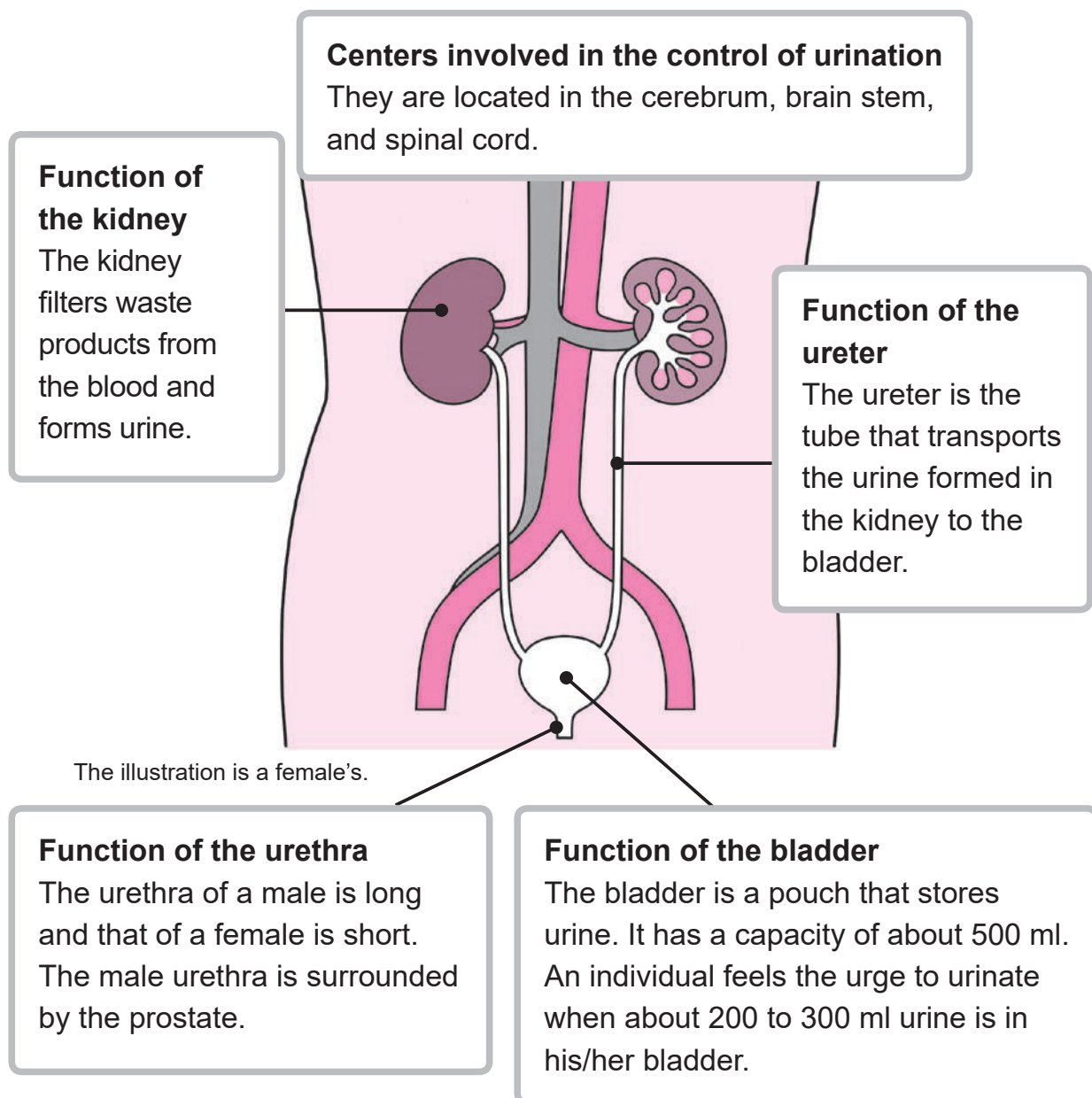
2 Mechanism of excretion

1) Mechanism of urination

The urine is formed in the kidney, then stored in the urinary bladder, and finally excreted through the urethra, which is called urination.

When a volume of 200 to 300 ml urine is in the urinary bladder, the individual feels the need to go to the toilet, which is called the urination urge.

● Regions of the body related to the formation of urine

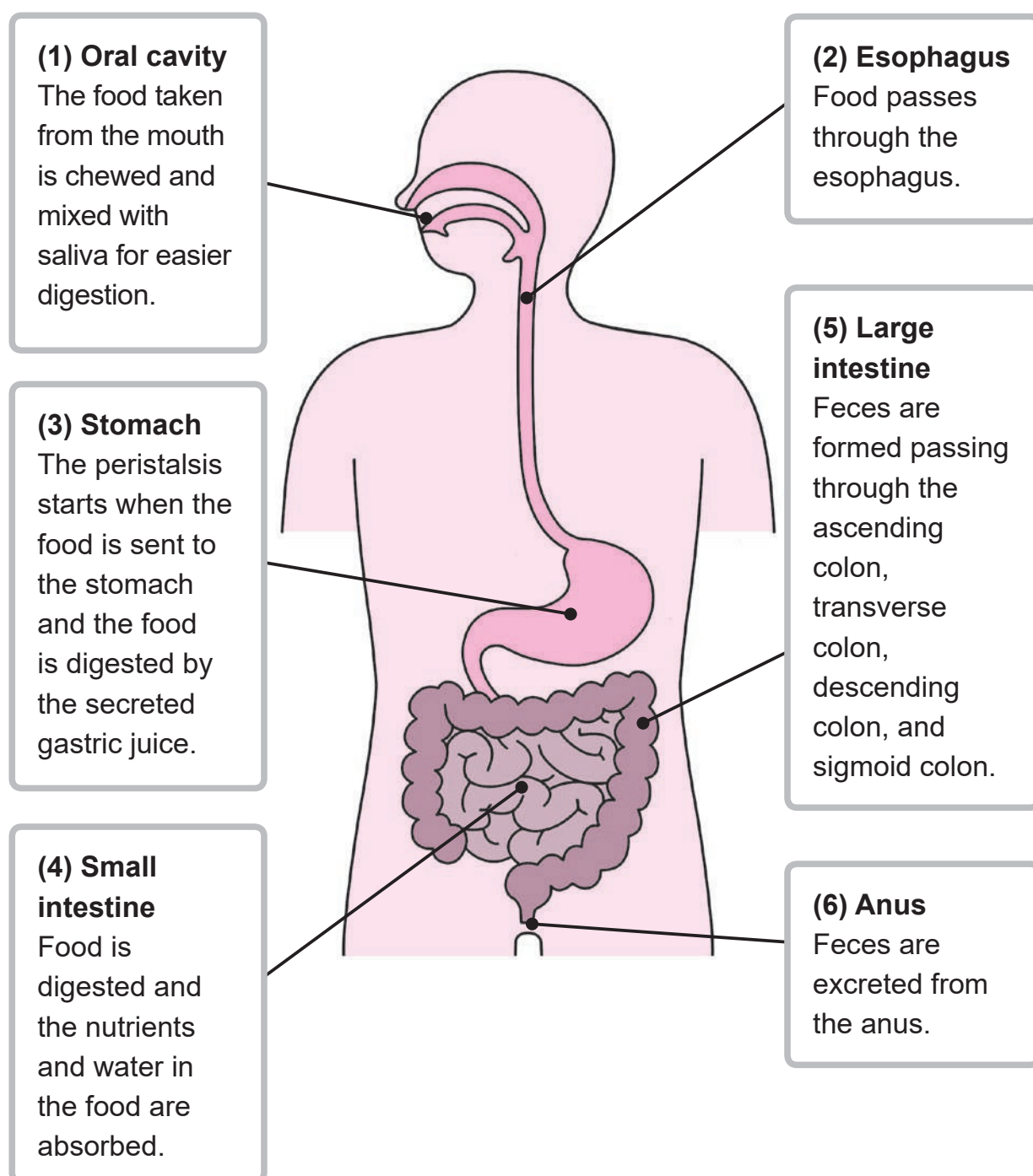


2) Mechanism of defecation

The food and liquid consumed orally are transferred from the mouth to the stomach where digestion begins. The food and liquid then move to the small intestine where the nutrients and water are absorbed. The waste products, etc. remaining after absorption become feces and are expelled from the body. This is called defecation. When the feces accumulate in the intestine of an individual, he/she feels the need to go to the toilet, which is called the defecation urge.

The urge disappears as time passes.

● Regions of the body related to the formation of feces



● Posture during defecation

Assume a forward-bent posture with the heels up. The posture makes it easy for the feces to pass through, because the path from the rectum to the anus, the exit for the feces, is set straight.



3 Appearance and amount of urine and feces

1) State of urination

The volume and frequency of urination are affected by the environment and diseases.

● Normal and abnormal urination

	Normal urination	Abnormal urination
Urination	Volume	1000-1500 ml per day 2000-3000 ml per day or more (polyuria) 300-500 ml per day or less (oliguria)
	Frequency	4-6 times per day 10 times or more (pollakiuria)
	Smell	No smell Strong ammonia smell
	Color	Light yellow to transparent Muddy, dark brown, red, etc.

2) State of defecation

Defecation is affected by the consumed food, diseases, etc. Therefore, the shape, color and frequency change, depending on the situation.

When you provide nursing care, you need to know the state of the normal defecation of the user.

● Normal and abnormal defecation


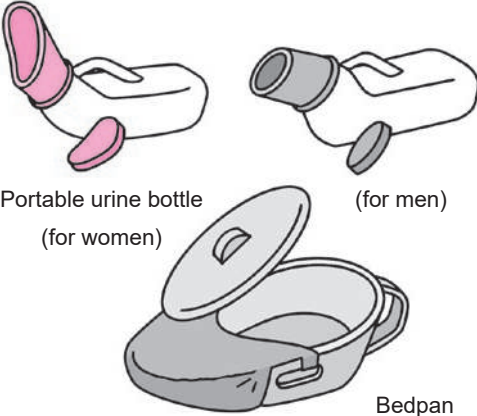
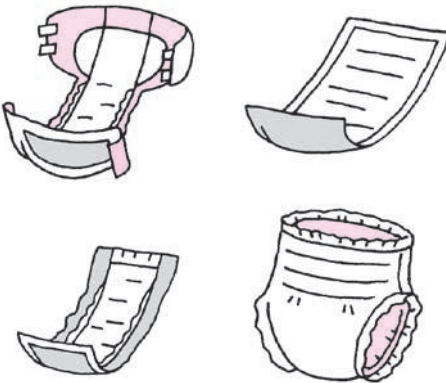
Defecation		Normal defecation	Abnormal defecation
	Frequency	1-2 times per day	Infrequent (constipation)
	Color	(Dark) brown	Red, black, white, etc.



4 Tools used in providing nursing care related to elimination needs

There are various tools for elimination needs. Use the tool that best suits the condition of the user.

● Various tools for elimination needs

Tool	Shape	User of the tool
<p>Portable toilet</p>		<p>A portable toilet is used by those who feel the urge to urinate/defecate but are unable to go to the bathroom and for nighttime toilet use.</p>
<p>Portable urine bottle/bedpan</p>	 <p>Portable urine bottle (for women)</p> <p>(for men)</p> <p>Bedpan</p>	<p>These tools are used by those who feel the urge but are bedridden, are in poor physical condition, and/or have difficulties in maintaining a sitting position.</p>
<p>Diaper/incontinence pad</p>		<p>For those who are not aware of urination/defecation (urinary incontinence/fecal incontinence) and those who have difficulties in using a portable toilet, etc.</p>

5 Effect of reduced functions and disorders of excretion (Urinary incontinence/constipation/diarrhea)

1) Urinary incontinence

Urinary incontinence refers to the involuntary leakage of urine.

● Kinds of urinary incontinence

	Condition
Stress urinary incontinence	Urinary leakage due to coughing, sneezing, etc. causing abdominal pressure.
Urge incontinence	The individual gets a feeling of wanting to pass urine but cannot hold it and suffers urinary leakage before getting to the toilet.
Overflow incontinence	Minor urinary leakage occurs because the urinary tract gets closed due to prostatic hyperplasia, etc.
Reflex incontinence	Leakage of urine occurs due to spinal cord injuries, etc.
Functional incontinence	Leakage occurs because the individual cannot complete all the movements related to urination in time. Leakage occurs as the individual cannot make it to the toilet in time because he/she does not know the location of the bathroom due to dementia, etc.

2) Constipation

Constipation refers to a state in which the frequency of bowel movement and/or volume of feces are continuously lower than usual.

● Kinds of constipation

	Condition
Functional constipation	Constipation caused by bodily functions.
Organic constipation	Constipation that occurs when the path of feces is blocked due to a tumor and/or inflammation.

Points of nursing care

- Make it a habit of the user to go to the bathroom regularly.
 - Have the user regularly drink an adequate amount of water.
 - Include a good amount of dietary fiber in the user's diet.
 - Include exercise in the user's daily life.
- Report to the medical staff if the user's constipation does not improve.

3) Diarrhea

Diarrhea refers to loose or watery feces.

Points of nursing care

- Prevent dehydration, as the water gets lost from the body.
- If an oral intake of water is possible, have the user drink warm water and/or normal-temperature sports drinks.
- As the watery feces can irritate the skin around the anus, wipe or wash off any mess to keep the area clean.

Acute diarrhea may be caused by an infectious disease. Report it to the medical staff.



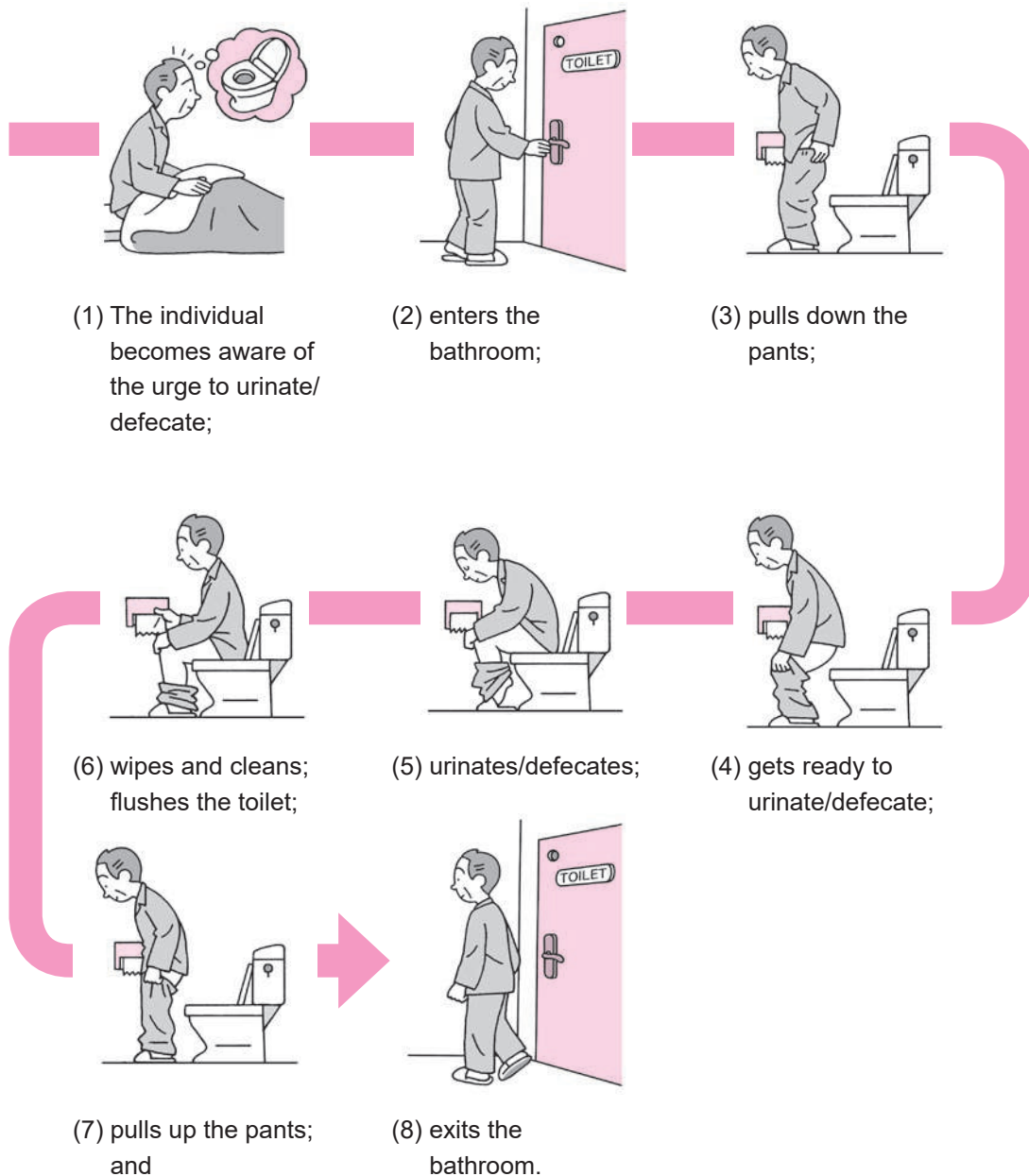
Excretion is affected by psychological stress. Carefully assess the condition of the user and listen to the user's complaints. Attentively observe the state of the excreted urine and feces.

If you suspect a physical problem, immediately report it to the medical staff. This will help protect the user's health.

6 Process of the activities involved in excretion

Many activities are involved in the usual excretion. Excretion is related to complex functions of nerves and movements in the body.

● Process of the activities involved in excretion



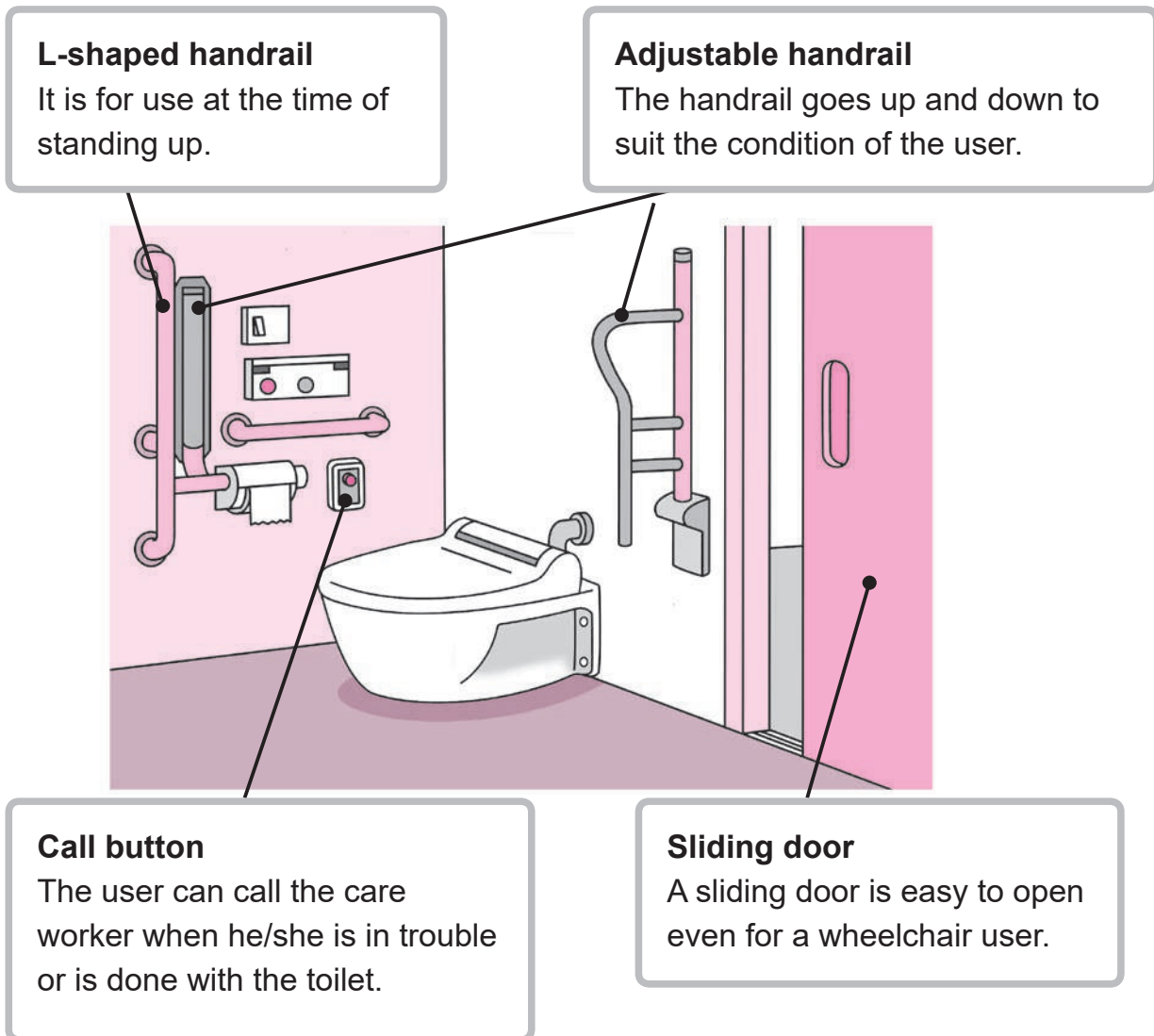
The user who needs toilet assistance suffers from heavy psychological burdens. It is necessary to provide nursing care, making sure that his/her dignity is maintained.

7 Actuality of nursing care related to elimination needs

⦿ Points to remember regarding nursing care related to elimination needs

- Stick to the user's excretion routine.
- Be considerate of the embarrassment the user feels.
- Pay attention to the odor.
- Choose the appropriate method of and tools for excretion.
- The care worker should use disposable gloves and aprons for the prevention of infectious diseases.

● Example of the environment for excretion



1) Actuality of nursing care related to elimination needs: Nursing care in the toilet

The explanation here uses a user with left hemiplegia as an example.

(1) Guide the user to the toilet.



(2) Have the user hold the rail with the hand of the unaffected side.



The care worker stands by the affected side of the user to maintain stability.

(3) The care worker stands by the affected side of the user and pulls down the user's pants and underwear.



(4) The user, holding the handrail, sits on the toilet seat.



Confirm that the user is maintaining a stable sitting position.



(5) The care worker goes out of the bathroom stall and closes the door.

(6) When the user signals that he/she is done, the care worker goes into the bathroom stall.

(7) The care worker pulls up the user's pants and underwear as far as they go.



If the pants and underwear are pulled up halfway, while the user is in a sitting position, it will reduce the burden during the standing position.

(8) The user, holding the handrail, stands up.



Confirm that the foot of the unaffected side is drawn back when the user stands up.



(9) If the user's standing position is stable, have him/her pull up the pants and underwear by him/herself.



(10) Confirm that the pants and underwear are fully pulled up.

2) Nursing care using an inserting-type bedpan/bedpan

- (1) Get the necessary tools and supplies ready.
- (2) Draw the curtains for privacy.
- (3) Adjust the height of the bed to suit the care worker. Place a waterproof sheet on the bed.
- (4) Raise the user's knees, lift his/her lower back, and pull the pants and underwear down.
- (5) Lift the lower back of the user and place the bedpan so that the anal area is over the center of the pan. Confirm that the bedpan is stably set.



Put a towel over the user's abdomen for privacy.





If the head end of the gatch bed is raised, it will make it easier to increase abdominal pressure.

- (6) Lift the lower back of the user, clean him/her, and remove the bedpan.



- (7) Observe the skin.
- (8) Place the user in the lateral position and remove the waterproof sheet.
- (9) Pull the underwear and pants up and tidy the clothes.
- (10) Adjust the height of the bed back to its initial height.
- (11) Confirm the user's physical condition.
- (12) Clear away, clean and store the tools, etc. and dispose of the waste.

● **Toileting using a urine bottle**

Male	Female
Place the user in a lateral position, place a pillow, etc. at the back, and put the urine bottle in place.	Guide the urine into the urine bottle with a tissue paper, etc. so that the urine will not splash.
	

3) Nursing care related to diaper change

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Get the necessary supplies ready.
- (4) Adjust the height of the bed to suit the care worker.
- (5) Place the user in the lateral position and spread the waterproof sheet on the bed.



- (6) Turn him/her back to the supine position, lift the lower back, and pull down the pants.



- (7) Peel the tapes of the diaper off.
- (8) Clean the genital area with warm water using a bottle shower.

If the user is a female, wash and wipe from the urethra to the anus, that is, front to back (to prevent infection). Clean the areas thoroughly, even where the skin is folded.



The water temperature should be about the same as the body temperature. (The genital area is temperature-sensitive.)

(9) Wipe away moisture with a dry towel.



(10) Roll up the soiled diaper. Turn the user to the lateral position.

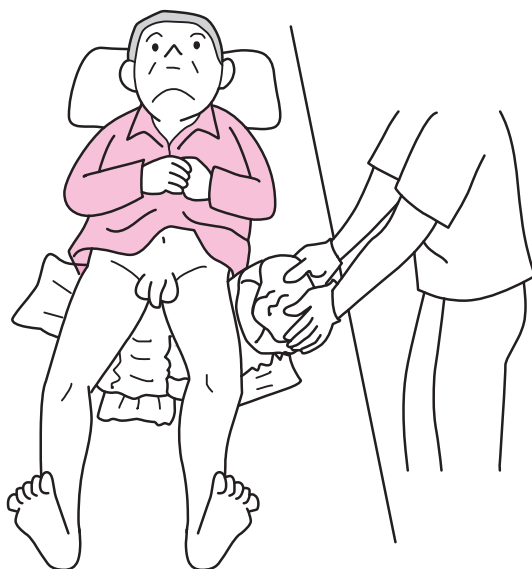


Fold the soiled surface of the diaper inward.

(11) Put a new diaper under the soiled diaper.

Turn the user back to the supine position and pull out the soiled diaper from the opposite side.

Remove the gloves after disposing the soiled diaper.



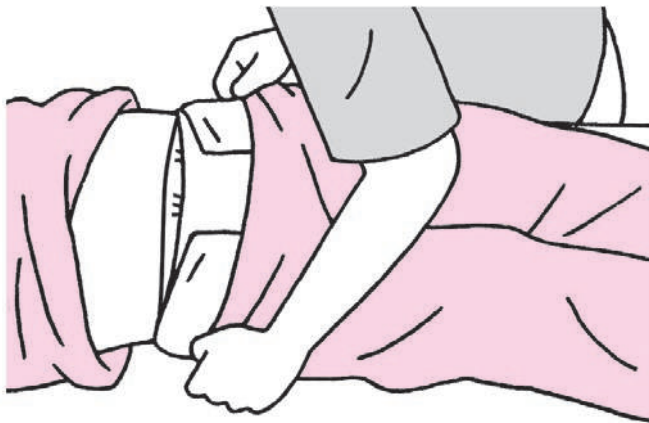
- (12) Stick the tapes with enough room to allow a few fingers to be placed in the abdominal and femoral regions.



Strong pressure can cause itching.



- (13) Lift the lower back and pull the pants up. Tidy the clothes and bed sheet.



Wrinkled clothes and sheets can cause discomfort and/or pressure ulcers.



- (14) Ventilate the room.
(15) Confirm the physical condition.
(16) Clear away the tools and supplies, etc. and properly dispose of the soiled diaper.

4

Nursing care related to grooming

1 Significance of grooming

Grooming refers to the activities we perform to make ourselves neat and clean such as washing our face, brushing our hair, and changing clothes. Grooming is not just to be physically clean. It involves expressing our individuality and is connected to psychological independence. Grooming is important for the maintenance of relationship with others in the society.



2 Mechanism of mind and body related to grooming

Grooming is a method of expressing your individuality. It is important to provide nursing care, respecting the lifestyle and values of the user. Assisting the user in his/her grooming activities will improve the user's will to live.

(Positive effects of grooming)

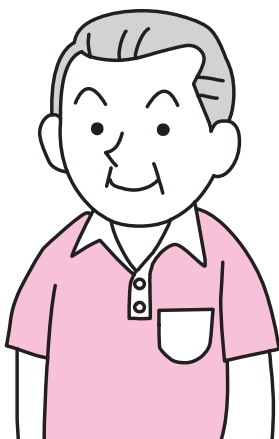
- (1) Helps adjust body temperature and protects the skin.
- (2) Helps maintain and improve mind and body functions.
- (3) Promotes a safe and comfortable life.
- (4) Helps bring variations in daily life.
- (5) Helps express your individuality.

◎ Points to remember regarding nursing care related to grooming

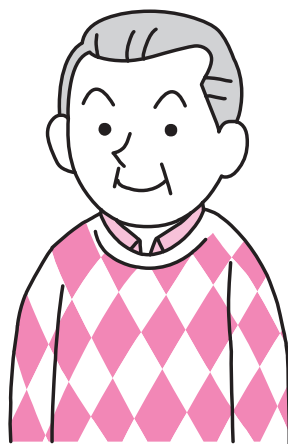
- Respect the user's individuality such as lifestyle and preference.
- Provide support suitable for the season, the activity of the day, etc.
- Provide support suitable for the state of mind and body of the user.

● Clothes suitable for the season

Summer



Winter



3 Actuality of nursing care related to changing clothes

⊙ Points to remember regarding nursing care related to changing clothes

- Avoid exposing the skin and be considerate of the embarrassment the user feels.
- If the user has paralysis, undress him/her from the unaffected side and dress him/her from the affected side.

1) Nursing care related to putting on/taking off the outerwear for the user assuming a sitting position

The explanation here uses a user with paralysis as an example.

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Set the surrounding environment. Adjust the room temperature.
- (4) Keep ready the clothes to wear after the change of clothes.

Have the user choose the clothes that suit his/her preference.



People have preferences about clothes. Clothes express the individuality of the wearer. For a user with a visual impairment, have him/her touch the material and explain the design.



(5) Take off the outerwear.

- Confirm that the sitting posture of the user is stable. The care worker should stand by his/her affected side.



This is because the affected side is weak and the user has a tendency to fall toward the affected side.

- Undress, starting from the unaffected side.



The burden on the affected side is reduced by undressing from the unaffected side, which has a wider range of motion.

- The care worker provides assistance where the user has difficulty in moving his/her arm and/or reaching with his/her hand.

(6) Put on the outerwear.

- First, place the user's arm of the affected side into the sleeve.



(7) Confirm whether the user finds the outerwear comfortable.

- Confirm that there are not many wrinkles on the inside of the clothes.



Wrinkles and sags
will make clothes
uncomfortable to wear.



(8) Confirm that there is no change in the user's physical condition and that he/she is not feeling any pain.

2) Nursing care related to putting on/taking off the pants for the user assuming a sitting position

The explanation here uses a user with paralysis as an example. The procedure from (1) to (4) is the same as that for nursing care related to putting on/taking off the outerwear for the user assuming a sitting position.

(5) Take off the pants.

Tell the user to hold on to something stable and, if possible, assume a standing position. Take off the pants, starting from the unaffected side. (*Dakken chakkan*)



Raising a leg makes it easier to lose balance.



If the user is unstable in a standing position, keep him/her in a sitting position and take the pants off as far as possible by tilting the upper body area of the unaffected side up.



Assistance to suit the user's physical ability will prevent the user from falling.



(6) Put on the pants.

- The user maintains a sitting position and first puts his/her leg of the affected side into the pants and then does the same with his/her leg of the unaffected side. He/She pulls the pants up as far as possible, and then, stands up and pulls the pants up to the waist level.



(7) Confirm whether the user finds the pants comfortable.

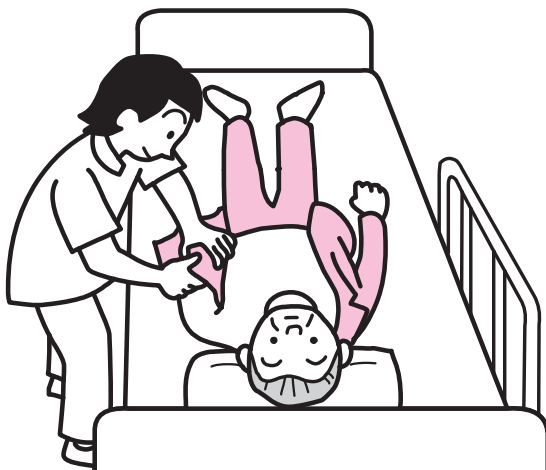
(8) Confirm that there is no change in the user's physical condition and that he/she is not feeling any pain.

⦿ Nursing care related to changing clothes for the user assuming a supine position (on the bed)

The procedure from (1) to (4) is the same as that for nursing care related to putting on/taking off the outerwear for the user assuming a sitting position.

(5) Take off the outerwear.

- The care worker stands by the unaffected side of the user.
- Unfasten the buttons and take off the outerwear, starting from the unaffected side. Roll the taken-off part of the clothes and put it under the user's body.



Taking off the clothes starting from the unaffected side helps reduce excessive movements using the affected side.



- Place the user in a lateral position with the unaffected side down. Pull out the part of the clothes under the user's body.



Be careful not to put the paralyzed side down if the user has paralysis.

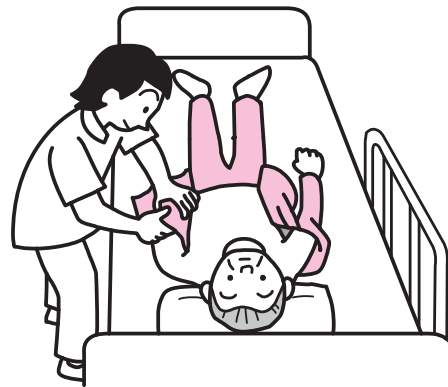


- Lastly, take off the sleeve of the affected side.

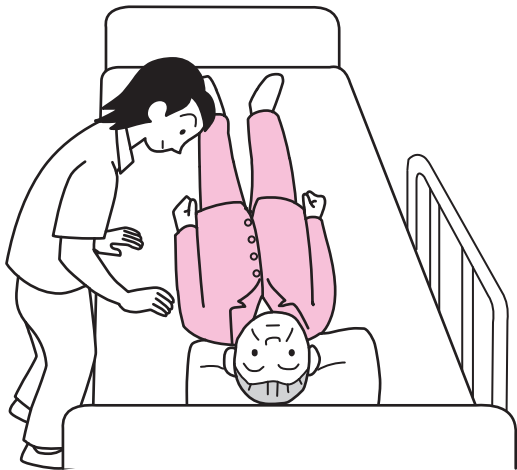


(6) Put on the outerwear.

- Put on the sleeve of the affected side first.
- Put the other part of the clothes under the body of the user.
- Turn the user to the supine position and pull out the part of the clothes from under the body.
- Confirm that the back and sides of the clothes are properly lined along the body.

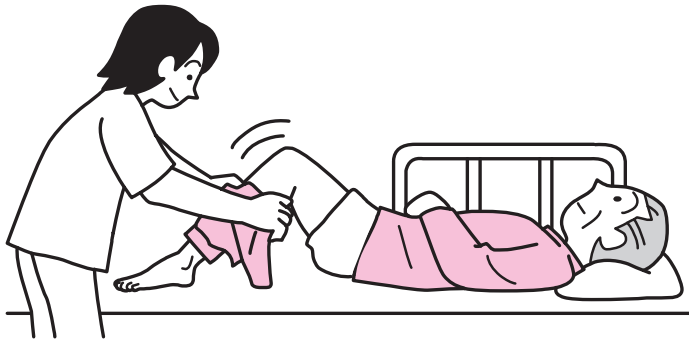


- Put the arm of the unaffected side into the sleeve, fasten the buttons, and finally straighten the clothes.



(7) Take off the pants.

- Take off the pants from the unaffected side first.
- If the user is capable of raising the lower back, ask him/her to do so.



(8) Put on the pants.

- Put on the pants of the affected side first.
- If the user is capable of raising the lower back, ask him/her to do so.

(9) Confirm whether the user finds the pants comfortable.

(10) Confirm that there is no change in the user's physical condition and that he/she is not feeling any pain.

4 Nursing care related to face washing, hairdressing, shaving, nail clipping, and putting on make-up

◎ Points to remember regarding nursing care related to face washing

Washing your face when you wake up in the morning will make you get rid of the dirt on the skin and feel refreshed.

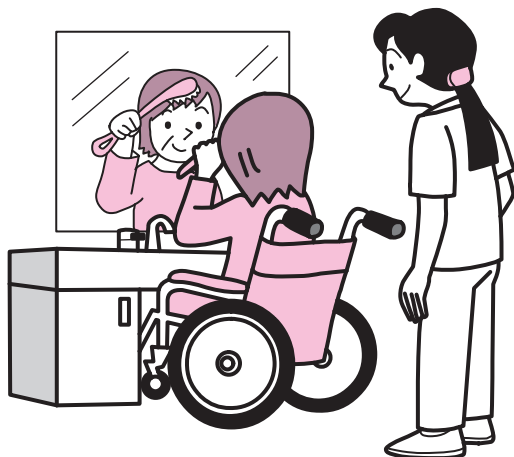
- Have the user moisturize the skin after washing the face to prevent dry skin.
- With a warm towel, wipe the face of the user who cannot wash his/her face by him/herself.



◎ Points to remember regarding nursing care related to hairdressing

Hairstyle preference differs from person to person.

- Confirm the condition of the hair and scalp.
- Brushing the scalp increases blood flow.
- Use the tools to suit the condition of the user.



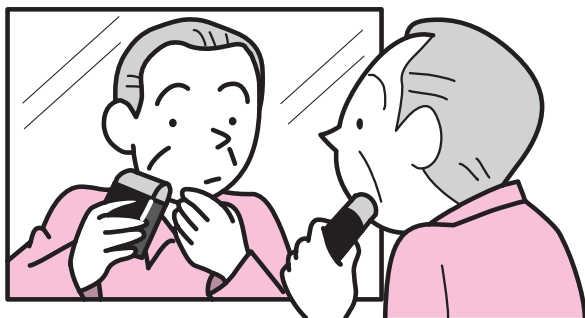
The brush can be used by a person without raising his/her hand.



⊙ Points to remember regarding nursing care related to shaving

Preference on how to groom a beard differs from person to person.

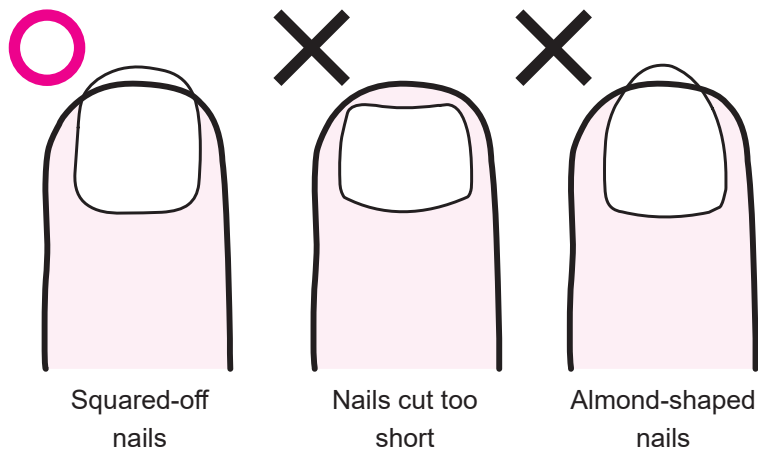
- When you use an electric razor, hold it at right angles to the skin.
- Shave, lightly stretching the wrinkles.
- Check if there is any stubble left unshaved.
- Protect the skin with shaving lotion, etc.



⊙ Points to remember regarding nursing care related to nail clipping

If you do not take care of your nails, dirt accumulates between the nail and the skin and makes the area filthy. Moreover, long nails can harm the skin. Nails are affected by health condition.

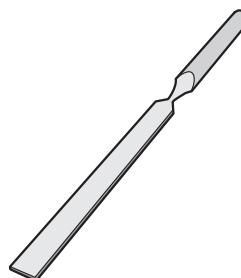
- Clip the nails while they are soft after the user takes a bath.
- Confirm the condition of the nails and surrounding skin.



● Nail clipper



● Nail file



⦿ Points to remember regarding nursing care related to putting on make-up

Putting on make-up is an expression of individuality.

- Adopt the preference and desires of the user.
- Remove the user's make-up and treat any skin condition before going to bed.

5 Oral care

1) Significance of oral care

- Helps keep the oral cavity clean and prevent decayed teeth, periodontal diseases, and halitosis (bad breath).
- Helps reduce the number of germs in the oral cavity and prevent aspiration pneumonia.
- Helps promote saliva secretion and prevent dryness of the oral cavity.
- Helps maintain the sense of taste and increases appetite.

⦿ Points to remember regarding nursing care related to brushing teeth

- First, have the user gargle.
- Brush each tooth with a short quick motion, leaving no tooth unbrushed.
- Observe the state of the oral cavity.
- Pay attention to the oral cavity area of the affected side of the user with paralysis, as food pieces tend to be left on that side.

If you find bleeding and/or swollen gum, report it to the medical staff.

● Nursing care related to brushing teeth (from the front)

Prevent aspiration by providing nursing care establishing eye contact on the same level as that of the user.



● Nursing care related to brushing teeth (from the back)

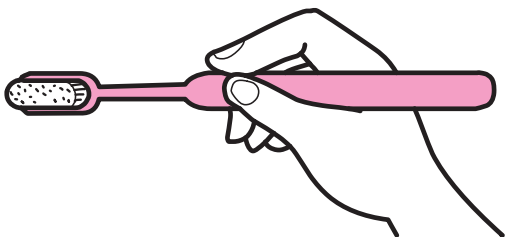
Do not lift the chin of the user, as it can pose a risk of aspiration.



Placing your arm this way will help keep the head of the user in this position and maintain a stable posture.

● How to hold a toothbrush

Hold the toothbrush like you hold a pencil.

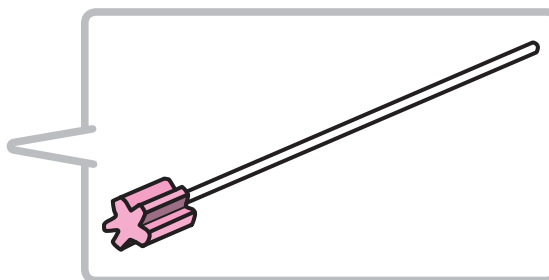


This will prevent damaging teeth and/or gum, as it prevents unreasonable force from being applied.



● Using a sponge brush

If it is not possible to use a toothbrush for cleaning teeth, use a sponge brush, etc.



Prevent aspiration by providing care and establishing eye contact on the same level as that of the user.

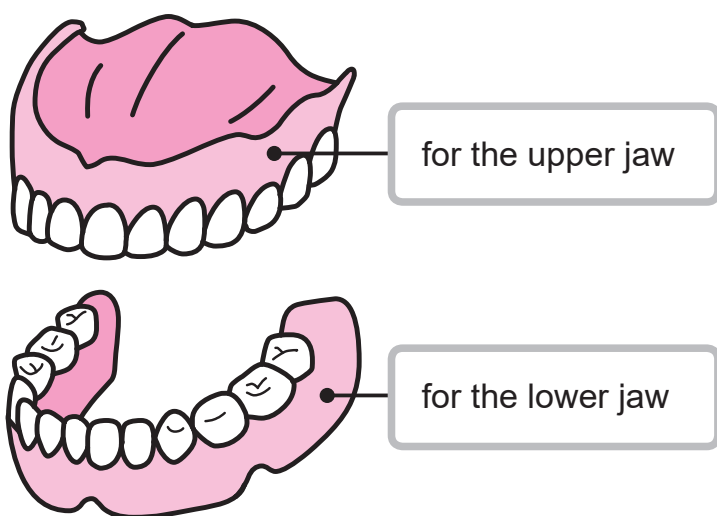


⦿ Keeping the dentures clean and its storage

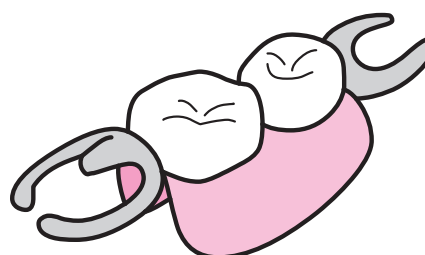
Dentures are replacements for lost teeth. There are full and partial dentures.

- They need to be removed and cleaned after each meal, as they tend to cause the propagation of bacteria.
- Use a brush and clean with running water.
- Dentures need to be kept moist to prevent cracks, etc. Store the dentures in water or denture solution in a container.
- After removing the dentures, brush the remaining teeth.

● Full dentures



● Partial dentures



5

Nursing care related to bathing/keeping clean

1 Significance of bathing/keeping clean

We have a bath to remove dirt and keep ourselves clean. Bathing makes us feel relaxed, refreshed, and satisfied. Moreover, it is effective for regulating the rhythm of life.

2 Mechanism of mind and body related to bathing/keeping clean

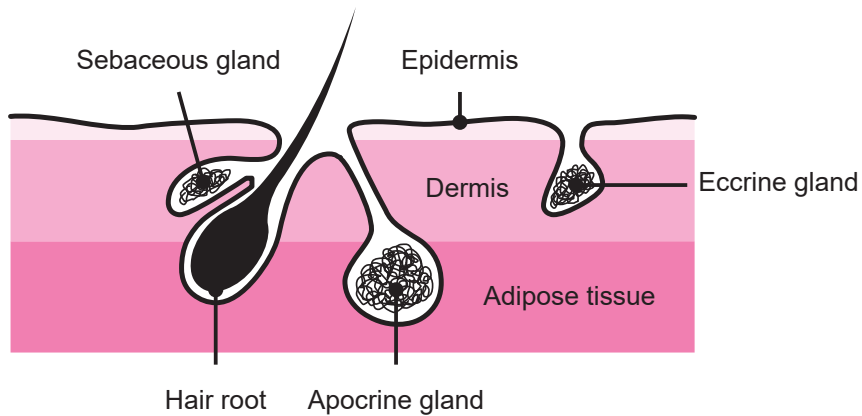
⊙ Positive effects of bathing/keeping clean

- The blood vessels expand and blood circulation improves.
- Metabolism is activated.
- Reduces joint and muscle pains and improves joint movements.
- Improves gastrointestinal functions and promotes appetite.
- Cleanses the skin and prevents infection.
- Reduces stress and makes us refreshed and satisfied.

1) Functions of skin

- Absorbs the impact from outside to protect internal organs.
- Prevents stimulation from hazardous substances.
- Moisturizes the skin with sweat and sebum.
- Regulates the body temperature by sweating/retaining body heat.

● Structure of skin and sweat glands



⊙ Kinds of sweat glands

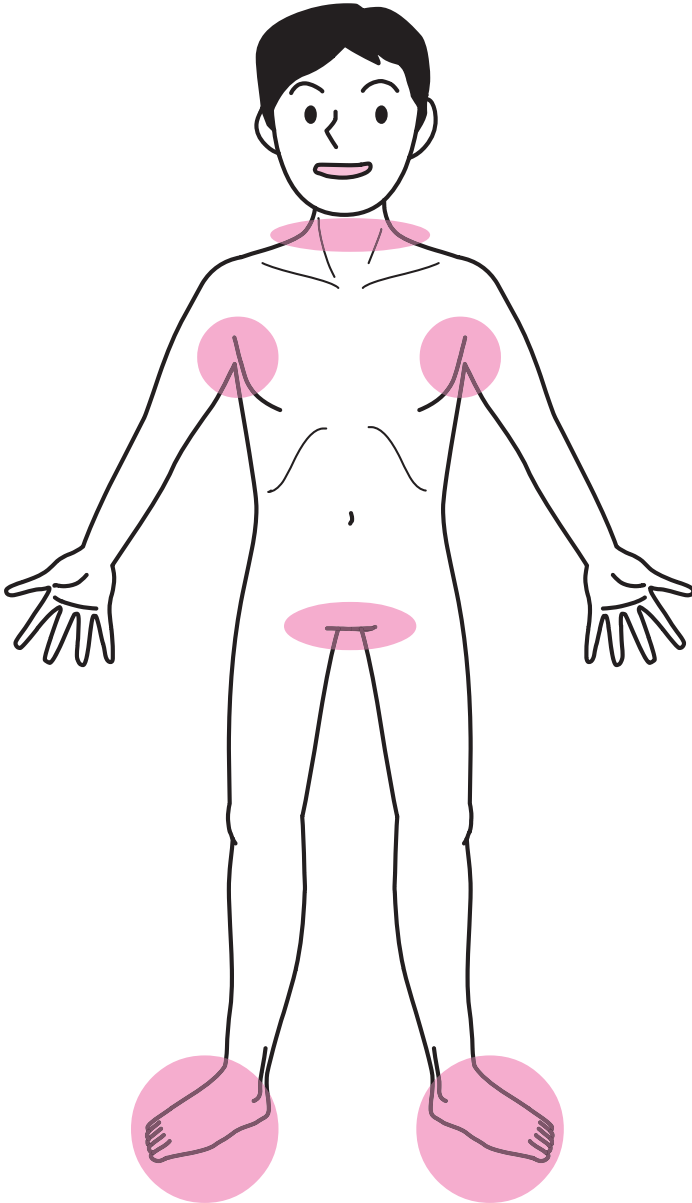
Eccrine glands: Distributed all over the body; they do not smell.

Apocrine glands: Distributed in the armpits, etc.; they smell.

⦿ **Areas of the skin that are easy to get dirty**

The skin gets dirty due to the secretion of sweat and sebum.

● **Areas that are easy to get dirty**



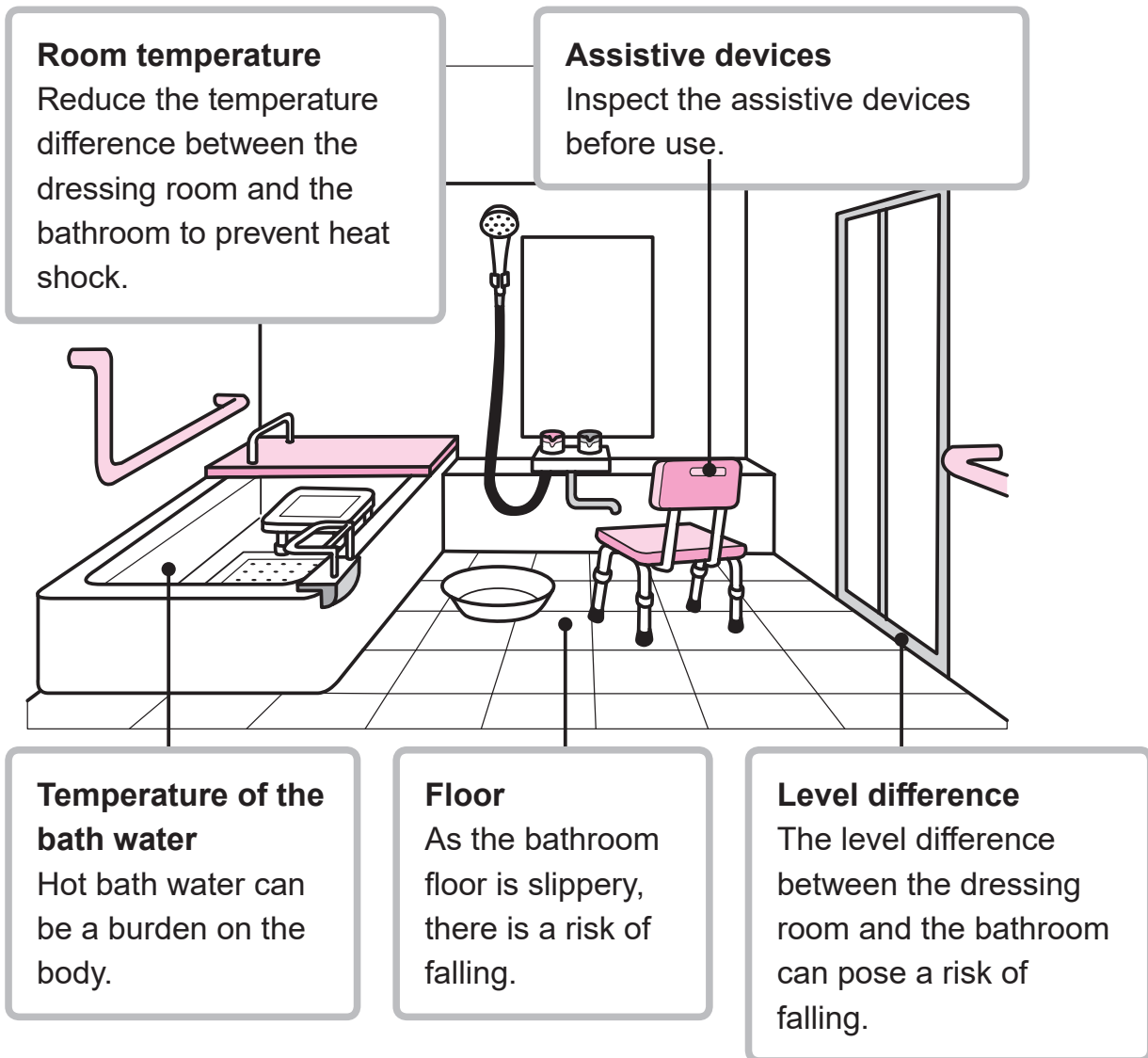
Areas that are easy to get dirty are areas where the skin is folded.

3 Actuality of bathing/keeping clean

◎ Points to remember regarding bathing/keeping clean

- Be considerate of the feeling of embarrassment of the user.
- Manage the physical condition of the user. Observe the state of the user's skin. If you find any problem, report it to the medical staff.
- Improve the living environment to prevent falling, heat shock, etc.

● Improvement of the bathing environment



Explanation of terminology

Heat shock

A sometimes life-threatening reaction to the sudden change of temperature. Heat shock is a word created in Japan by combining two English words.

1) Nursing care related to bathing

(Before bathing)

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Improve the surrounding environment.
 - Adjust the room temperature.
- (4) Prepare the clothes to wear after the user has a bath.
 - Have the user choose the clothes to suit the user's preference.
- (5) Have the user to sit on the toilet before taking a bath.
 - This is because he/she may feel the urge to urinate while having a bath.



Users should avoid taking a bath about one hour before or after meals, because it reduces digestive and absorptive functions. Have the user take liquids before a bath to prevent dehydration.

(Taking the clothes off)

In order to ensure safety, the user takes off the clothes, sitting on a chair.

- If the user has paralysis, have him/her take off the clothes starting from the unaffected side and put on the clothes starting from the affected side.



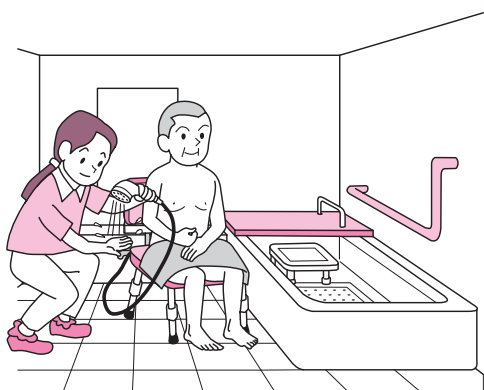
(During bathing)

(1) When the user moves from one place to another, move along with him/her to prevent falling.

- If the user has paralysis, the care worker should stand by the affected side.

(2) Give a shower.

- First, check the water temperature by pouring some water on your hand.
- Second, have the user check the water temperature.



For the protection of privacy, place a towel over the genital area.



- When showering, start pouring the water on the user's fingertips first and gradually move to the center of the body.
 - If the user has paralysis, pour the water starting from the unaffected side.
- (3) Wash the body.
- Make a good lather with liquid soap and wash the skin without scrubbing it hard.
 - Confirm that the areas that are easy to get dirty have been cleaned.

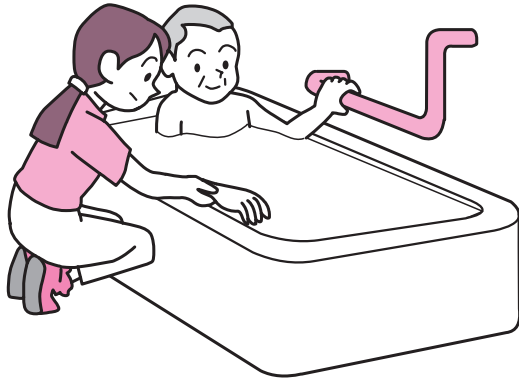


As for the upper and lower limbs, wash starting from the fingertips and toes to the heart. This is to promote blood circulation.

(4) The user gets in the bathtub.



If the user has paralysis, have him/her get in, starting from the unaffected side.



- Confirm that the posture is stable.
 - Support the user, as the affected side tends to move up toward the surface of the water.
 - Check the user's facial expressions to confirm his/her physical condition.
- (5) The user gets out of the bathtub.
- Be careful as there is a possibility of orthostatic hypotension when standing up suddenly in the tub.
- (6) Pour some water on his/her body.

(Washing the hair)

- Wet the hair with water from the shower.
- Use shampoo after making a good lather.
- Wash the head with the balls of your fingers. Scratching with the fingernails will damage the skin.



(After bathing)

- (1) Wipe the body.
 - Wipe with a dry towel to prevent the lowering of the body temperature.
 - Wipe the body by pressing lightly with a towel, as rubbing will damage the skin.
 - Do not forget to wipe the areas where the skin is folded.
 - Prevent drying of the skin with a moisturizing cream, etc.
- (2) The user puts the clothes on.
- (3) Use a dryer to dry his/her hair.



Direct the warm air from the dryer on to your hand to prevent the user from getting a burn.

- (4) Have the user take liquids and rest.

● Partial bath (Hand bath/foot bath)



Hand bath

Place warm water in a washbowl, etc. to wash the user's hands. Lastly, pour clean warm water over the hands to complete washing.



Foot bath

Place warm water in a bucket, etc. to wash the user's feet. Lastly, pour clean warm water over the feet to complete washing.



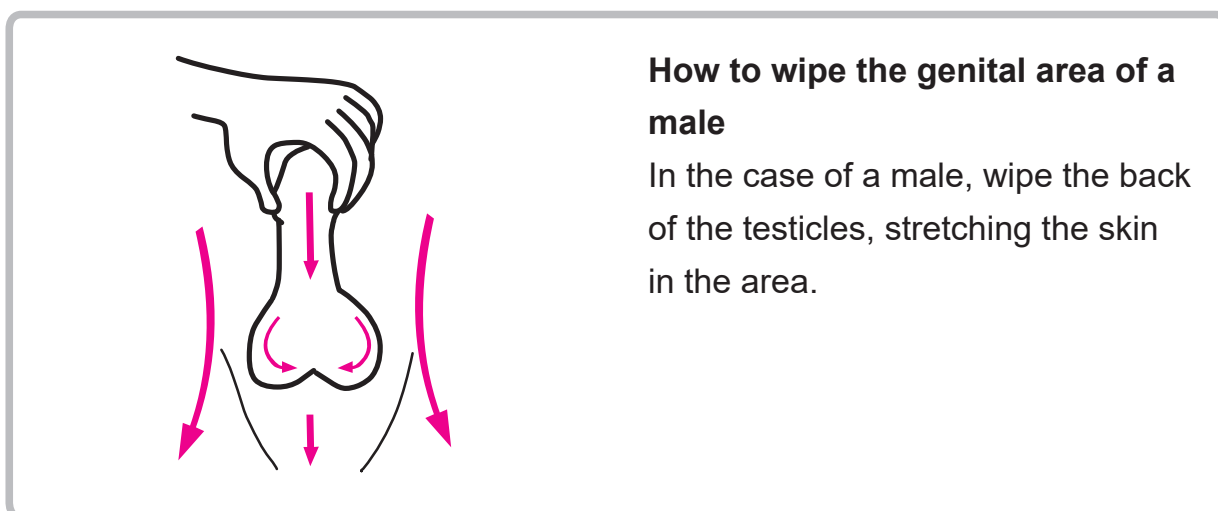
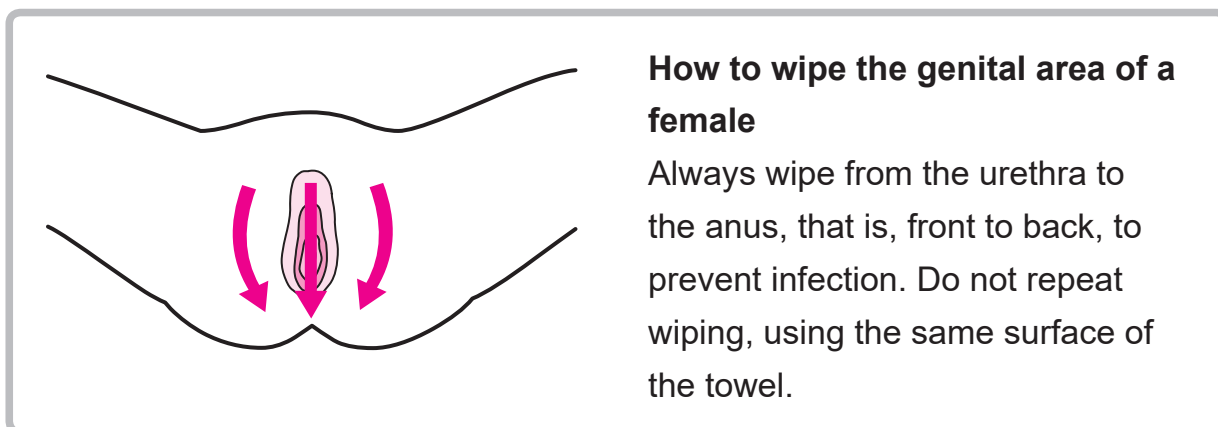
After a hand/foot wash, fingernails/toenails become softer, making it easier to clip them.

⦿ **Cleaning the genital area**

It is easy for the genital area to get dirty due to sweat and bodily waste. If the area is kept uncleaned, there will be odor and bacterial infection.

⦿ **Procedures and points to remember**

- Protect the user's privacy.
- The temperature of the warm water to be used to clean the area should be mostly the same as the body temperature. The genital area is sensitive to temperature.
- Use disposable gloves to prevent infection.
- After the wash, wipe the area by pressing lightly with a dry towel. Observe the skin and if you find redness, report it to the medical staff.



⊙ Bed bath

Bed bath is a method of using warm water, liquid soap, and towel to clean those who cannot have a bath in the bathtub or shower for some reason. Bed baths help keep the body clean, promotes blood circulation, and stimulates the muscles.

(Kinds of bed baths)

Complete bed bath: To wipe the whole body on the bed.

Partial bed bath: To wipe part of the body on the bed. Partial bed bath is given when it is difficult to give a complete bed bath.

(Procedure of bed bath)

A complete bed bath is given in the following order: (1) face; (2) arms; (3) chest (abdomen); (4) back; (5) legs; and (6) genital area.

(Necessary supplies)

Bath towel, towel, liquid soap, clothes to wear after the bath, etc.

- Prepare warm water at a temperature higher than the temperature of the usual bathtub water.
- As the water temperature reduces quickly, prepare hot water as well.

● Washing the face



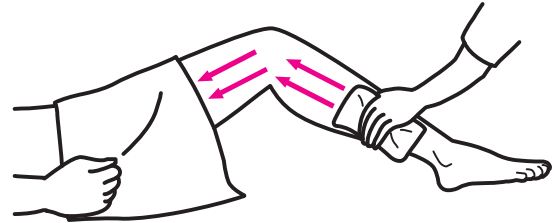
- Start wiping around the eyes.
- Carefully wipe behind the ears and neck.

- Wipe the arms and legs, starting from the fingertips and toes to the heart.

Place the bath towel over the body to prevent unnecessary exposure.

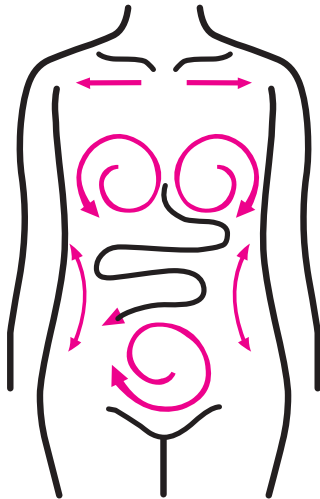


Wiping from the peripheral area to the central area promotes blood circulation.



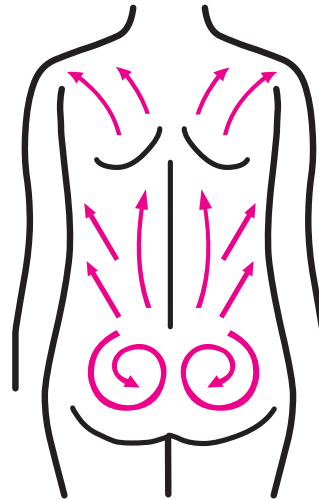
Wipe using big strokes such as from one joint to another as a rough standard.

● How to wipe the chest and abdomen areas

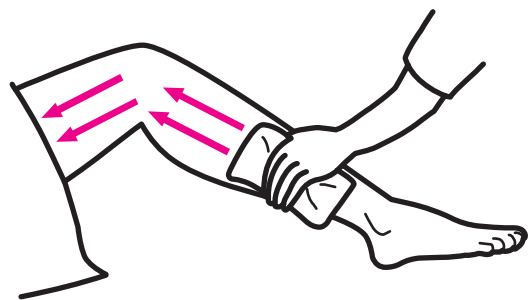


- Wipe the female's breasts in a circular motion.
- Wipe the back along the muscles with big strokes.

● How to wipe the back



- If liquid soap is used, wipe it off thoroughly. If the soap is left unwiped, it will cause itching.
- Take away the moisture with a dry towel right after wiping. If the moisture stays on the skin, body heat will be lost.



Wipe from the peripheral area to the central area of the body, applying constant pressure.

6

Nursing care related to
housework**1** Significance of housework

Housework among the IADL (Instrumental Activities of Daily Living) includes cooking, cleaning, laundry, organizing clothes, shopping, etc. Housework is the foundation of daily living. IADL are necessary to maintain everyday life.

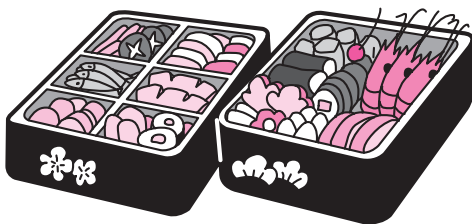
Housework is highly subjective and each person has his/her own lifestyle and preference.

● Examples of IADL

2 Actuality of nursing care related to housework

1) Cooking

- People need to eat in order to maintain life and live a healthy life.
- Cooking makes food easy to eat and makes it possible to intake nutrients efficiently.
- Cooking is conducted in the following order: Decide the menu; prepare the ingredients; cook; place the cooked food on the plate; set the table; and wash dishes and put them away.
- It is necessary to cook to suit the physical condition of the user. Choose the food materials and method of cooking, taking diseases and allergies into consideration.



The “*osechi ryori*” are special dishes to celebrate the beginning of a new year in Japan.

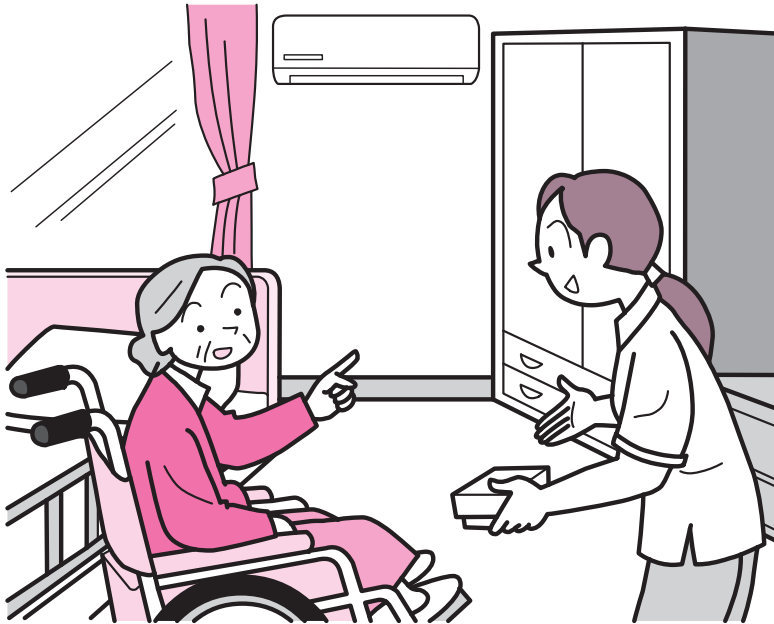
◎ Serving meals

Dietary habits and commonly eaten foods differ from country to country and region to region. Familiar seasoning and preferences differ from person to person.

Moreover, in Japan, there are meals and food materials suitable for each season and traditional events.

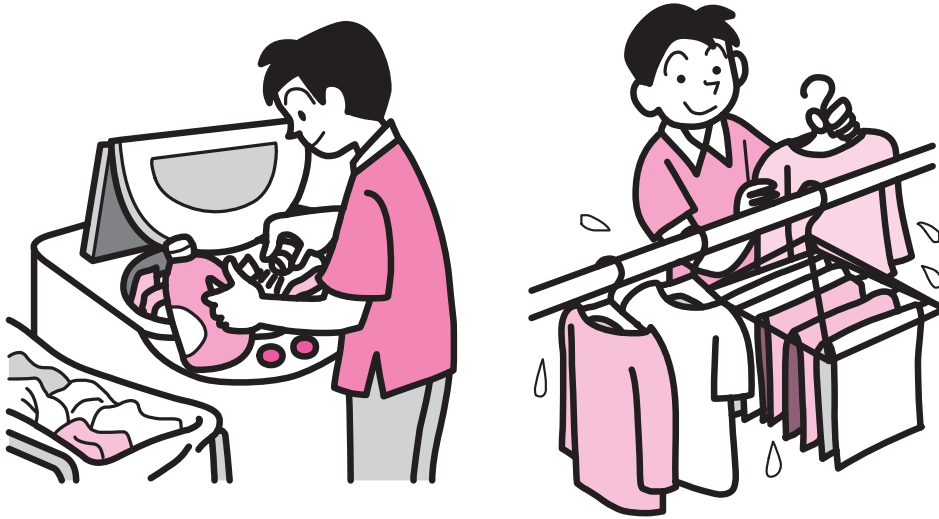
2) Cleaning

- Cleaning is to create a clean and safe living environment by sweeping and wiping off dust, dirt, and waste.
- There are a lot of living supplies of the user in his/her place of living. There are things that seem unnecessary at a glance, but are important to the user. Be sure to confirm with the user and gain his/her consent before putting things away or discarding them.



3) Laundry

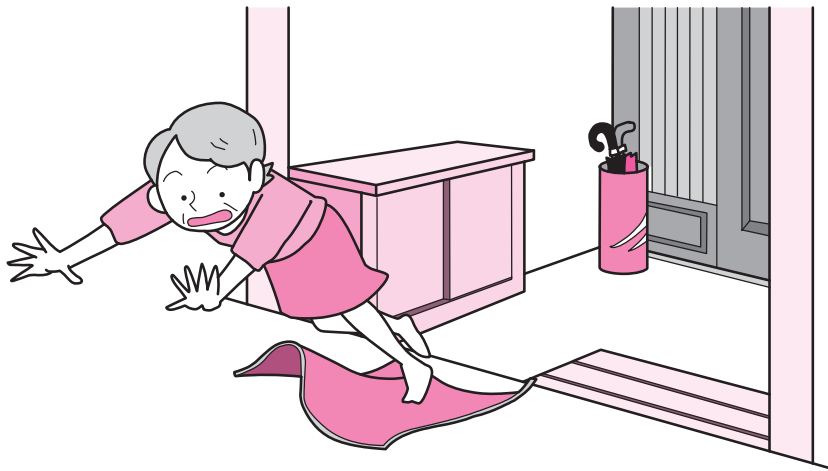
- Laundry is an activity by which to keep clothes and bedclothes clean, which will lead to the maintenance of health.
- Launder in a manner appropriate for the materials.
- Launder the clothes stained with feces, blood, and vomit of the user with infectious diseases separately from other laundry.



3 Organizing the living environment

It is necessary to organize the living environment in order to live a comfortable life. Organize the living environment not only to keep it clean and prevent accidents but also to protect privacy and enable safe, secure, and comfortable living.

- It is necessary to organize the living environment to suit the physical and psychological conditions of the user. Anti-slip materials should be used for corridors and stairs and handrails should be installed. The environment should be taken into consideration in order to make the bathroom and toilet user-friendly.
- Moreover, it is necessary to pay attention to the room temperature, humidity, and ventilation.
- Use the assistive devices suitable for the physical condition of the user to revitalize his/her life.



Nursing Care

Japanese Language

Learn the words and phrases!

Nursing care related to assistance in walking/lifting/transferring

Nursing care at mealtimes

Nursing care related to elimination needs

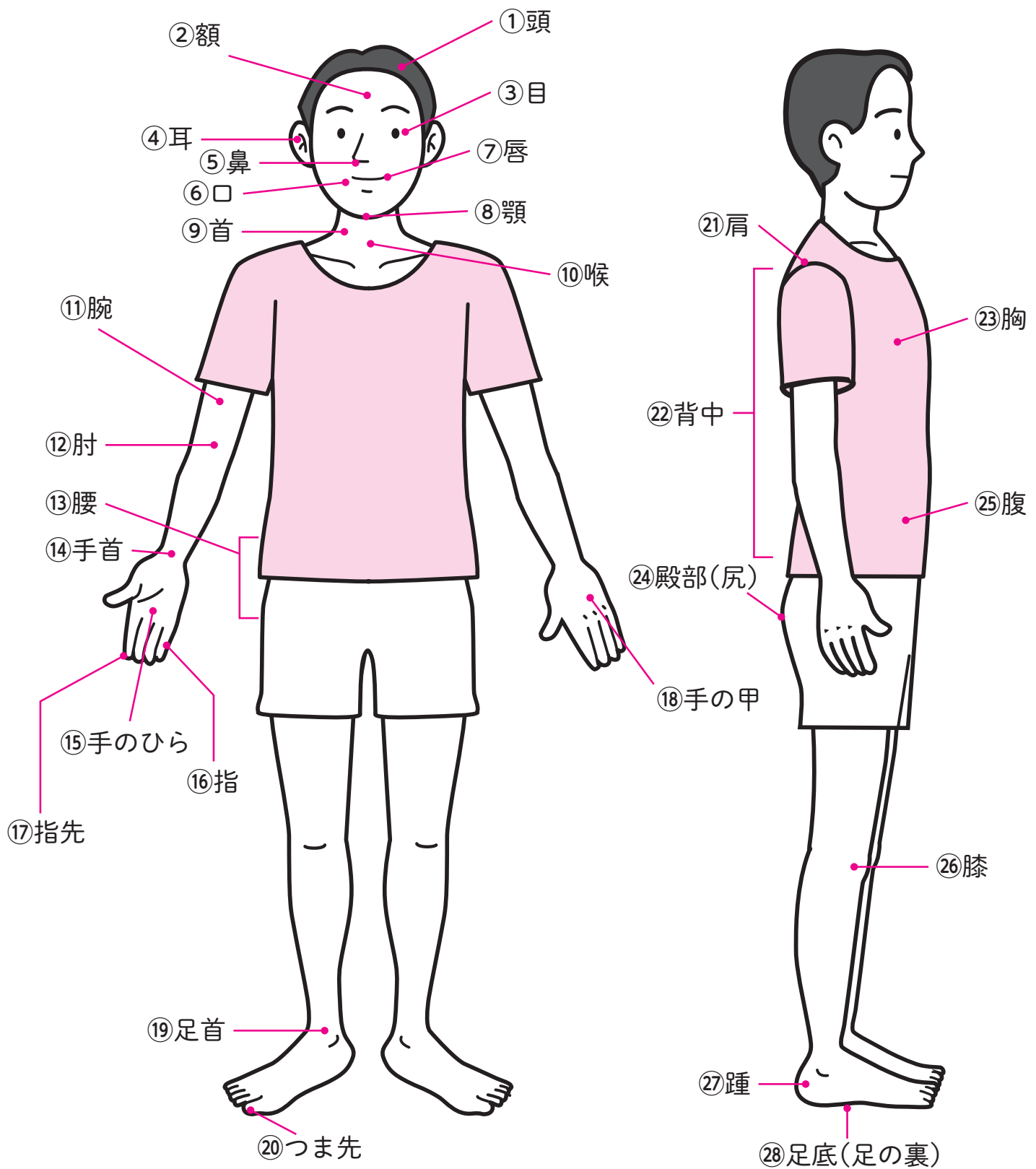
Nursing care related to grooming

Nursing care related to bathing/keeping clean

Nursing care related to housework

Sentences

Answers

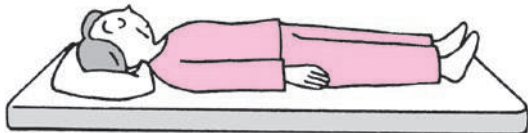


● からだのことば

ばんごう 番号	ことば	よ 読み方	English
①	頭	あたま	head
②	額	ひたい	forehead

ほんごう 番号	ことば	よ <small>かた</small> 読み方	English
③	目	め	eye
④	耳	みみ	ear
⑤	鼻	はな	nose
⑥	口	くち	mouth
⑦	唇	くちびる	lip
⑧	顎	あご	chin
⑨	首	くび	neck
⑩	喉	のど	throat
⑪	腕	うで	arm
⑫	肘	ひじ	elbow
⑬	腰	こし	lower back
⑭	手首	てくび	wrist
⑮	手のひら	てのひら	palm
⑯	指	ゆび	finger
⑰	指先	ゆびさき	fingertip/toe tip
⑱	手の甲	てのこう	back of the hand
⑲	足首	あしくび	ankle
⑳	つま先	つまさき	toe
㉑	肩	かた	shoulder
㉒	背中	せなか	back
㉓	胸	むね	chest
㉔	殿部 (尻)	でんぶ (しり)	buttocks (hips)
㉕	腹	はら	abdomen; belly
㉖	膝	ひざ	knee
㉗	踵	かかと	heel
㉘	足底 (足の裏)	そくてい (あしのうら)	sole (bottom part of the foot)
㉙	顔色	かおいろ	complexion
㉚	患側	かんそく	affected side
㉛	健側	けんそく	unaffected side
㉜	健康	けんこう	health
㉝	体調	たいちょう	physical condition
㉞	バイタルサイン	ばいたるさいん	vital sign

①仰臥位



④端座位



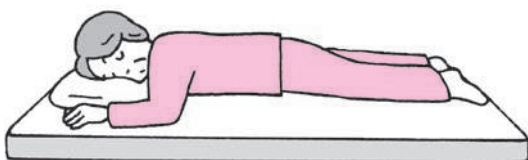
②側臥位



⑤立位



③腹臥位



⑥椅座位（座位）



● ^{たいい}体位

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	仰臥位	ぎょうがい	supine position; dorsal position
②	側臥位	そくがい	lateral position
③	腹臥位	ふくがい	prone position
④	端座位	たんざい	position in which the person sits on the edge of a bed with his/her legs down
⑤	立位	りつい	standing position
⑥	椅座位（座位）	いざい（ざい）	chair sitting position (sitting position)
⑦	体位	たいい	position
⑧	体位変換	たいいへんかん	reposition
⑨	姿勢	しせい	posture

⑩嘔吐



⑪発汗



● びょうき
病気

ばんごう 番号	ことば	よかた 読み方	English
①	インフルエンザ	いんふるえんざ	influenza
②	疥癬	かいせん	scabies
③	風邪	かぜ	cold
④	高血圧症	こうけつあつしょう	hypertension
⑤	食中毒	しょくちゅうどく	food poisoning
⑥	認知症	にんちしょう	dementia
⑦	ノロウイルス	のろういるす	norovirus
⑧	白内障	はくないしょう	cataract

● しょうじょう
症状

ばんごう 番号	ことば	よかた 読み方	English
⑨	痛い	いたい	have a -ache; ache; hurt
⑩	嘔吐	おうと	vomiting
⑪	片麻痺	かたまひ	hemiplegia
⑫	かゆい	かゆい	itchy
⑬	苦しい	くるしい	painful; in pain
⑭	下痢	げり	diarrhea
⑮	拘縮	こうしゆく	contracture
⑯	骨折	こっせつ	bone fracture; fracture
⑰	症状	しょうじょう	symptom
⑱	褥瘡	じょくそう	pressure ulcer; bedsores
⑲	咳	せき	cough
⑳	吐き気	はきけ	nausea
㉑	発汗	はっかん	perspiration; sweating
㉒	発疹	ほっしん	rash
㉓	発熱	はつねつ	fever
㉔	便秘	べんぴ	constipation
㉕	めまい	めまい	dizziness

Nursing care related to assistance in walking/lifting/transferring

Words

ばんごう 番号	ことば	よ 読み方 かた	English
①	移乗	いじょう	transferring
②	移動	いどう	moving; walking/lifting/ transferring
③	起き上がる	おきあがる	sit up in the bed
④	ブレーキをかける	ぶれーきをかける	activate the brake
⑤	臥床	がしょう	bedridden
⑥	車いす	くるまいす	wheelchair
⑦	声かけ	こえかけ	addressing
⑧	支える	ささえる	support
⑨	杖	つえ	cane
⑩	つかまる	つかまる	hold
⑪	手すり	てすり	handrail
⑫	ブレーキ	ぶれーき	brake
⑬	歩行器	ほこうき	walker
⑭	誘導	ゆうどう	guiding
⑮	離床	りしょう	leaving one's bed

● もんだい
問題のことば

⑯	介護職	かいごしょく	care worker
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Questions (Addressing and Conversing)



かいごしょく さとう たいちよう
介護職 : 佐藤さん、体調はどうですか。

さとう わる
佐藤さん : 悪くないです。

かいごしょく ある れんしゅう
介護職 : これから歩く練習をしましょうか。

さとう
佐藤さん : そうですね。

かいごしょく つえ ほこうき も
介護職 : 杖と歩行器と、どちらを持ってきましょうか。

さとう つえ ほう
佐藤さん : 杖の方がいいです。

かいごしょく いま つえ も て
介護職 : わかりました。今、杖を持ってきますから、手すりにつかまってお待ちくださいね。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① 佐藤さんは、体調がとてもよいので、歩く練習をします。
- ② 佐藤さんは、歩行器で歩く練習をします。
- ③ 佐藤さんは、杖で歩く練習をします。
- ④ 佐藤さんは、手すりにつかまって歩く練習をします。



すずき
鈴木さん：トイレに行きたいんだけど。

かいごしやく
介護職：わかりました。いっしょに行きましょう。ベッドから起き上がれますか。

すずき
鈴木さん：ゆっくりやってみるよ。

かいごしやく
介護職：あ、できましたね。くつをはきましょう。お手伝いしましょうか。

すずき
鈴木さん：お願い。

かいごしやく
介護職：私につかまってください。車いすに乗りましょう。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- ① すずき
鈴木さんは、自分でトイレに行きました。
- ② すずき
鈴木さんは、自分で車いすに乗りました。
- ③ すずき
鈴木さんは、自分で起き上がりました。
- ④ すずき
鈴木さんは、自分でくつをはきました。



かいごしょく すずき みぎあし
介護職：鈴木さん、右足はどうですか。

すずき
鈴木さん：もう、あまり痛くないよ。

かいごしょく すこ ある れんしゅう つえ
介護職：そうですか。じゃ、少し歩く練習をしましょう。杖をどうぞ。

すずき
鈴木さん：ありがとう。

かいごしょく わたし こえ ある
介護職：私が声かけしますから、ゆっくり歩きましょう。

つえ まえ だ つぎ みぎあし ひだりあし
はじめに、杖を前に出して、次に右足、そして左足ですよ。

すずき ひだり つえ みぎ
鈴木さん：左、杖、右だね。

かいごしょく
介護職：いいえ、_____。

もんだい
[問題] _____ の中に入ることばを選んでください。

- ① つえ みぎあし ひだりあし
杖、右足、左足ですよ
- ② みぎあし つえ ひだりあし
右足、杖、左足ですよ
- ③ ひだりあし みぎあし つえ
左足、右足、杖ですよ
- ④ つえ ひだりあし みぎあし
杖、左足、右足ですよ

Nursing care at mealtimes

Words

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	エプロン	えぷろん	apron
②	嚥下	えんげ	deglutition; swallowing
③	誤嚥	ごえん	aspiration; accidental swallowing
④	食品	しょくひん	food
⑤	水分補給	すいぶんほきゅう	rehydration
⑥	咳込む	せきこむ	have a coughing fit
⑦	とろみ	とろみ	thickness (of food)
⑧	飲み込み	のみこみ	swallowing
⑨	むせる	むせる	choke
⑩	量	りょう	Volume; amount

●^{もんだい}問題のことば

⑪	リーダー	リーだー	leader
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Words (Menu)

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	あげもの	あげもの	deep-fried food
②	いためもの	いためもの	stir-fried food
③	お茶	おちゃ	tea
④	カレーライス	かれーらいす	curry and rice
⑤	ご飯	ごはん	cooked rice
⑥	献立	こんだて	menu
⑦	献立表	こんだてひょう	menu (list of dishes)
⑧	主食	しゅしょく	staple food
⑨	汁物	しるもの	soup
⑩	漬物	つけもの	pickles
⑪	豆腐	とうふ	tofu
⑫	丼	どんぶり	porcelain bowl
⑬	煮付け	につけ	boiled and seasoned food
⑭	煮物	にもの	stewed dish
⑮	副食	ふくしょく	side dish
⑯	麦茶	むぎちゃ	mugicha (barley tea)
⑰	メニュー	めにゅー	menu
⑱	焼き魚	やきざかな	grilled fish
⑲	ヨーグルト	よーぐると	yogurt

Questions (Addressing and Conversing)



かいごしやく
介護職 : あまり食^たべていませんね。

さとう
佐藤さん : 右手が少し痛^{みぎて すこ}くて、はしがうま^もく持^もてません。

かいごしやく
介護職 : 右手が痛^{みぎて}い^{いた}んです^{てつだ}ね。お手^{てつだ}伝^{てつだ}い^{てつだ}し^{てつだ}ま^{てつだ}し^{てつだ}ょう^{てつだ}か。

さとう
佐藤さん : 大^{だい}丈^{じょう}夫^ぶです。スプーン^たで食^たべ^もま^もす。持^もっ^きて^き来^きて^きく^きだ^きさ^きい。

かいごしやく
介護職 : わか^もり^きま^きし^きた^き。スプーン^もを^き持^もっ^きて^き来^きま^きす^きね。



もんだい
[問題] 会^{かい}話^わの^{ない}内^{よう}容^{ただ}で、正^{ただ}しい^{えら}もの^{えら}を^{えら}選^{えら}ん^{えら}で^{えら}く^{えら}だ^{えら}さ^{えら}い。

- ① 佐藤さんは、ご飯^{はん}を^{ぜん}全^ぶ部^た食^たべ^たま^たし^たた。
- ② 佐藤さんは、左^{ひだり}手^てで^もは^もし^もを^も持^もち^もま^もす。
- ③ 佐藤さんは、介^{かい}護^ご職^{しやく}に^{てつだ}手^{てつだ}伝^{てつだ}っ^{てつだ}て^{てつだ}ら^{てつだ}っ^{てつだ}て、ご飯^{はん}を^た食^たべ^たま^たす。
- ④ 佐藤さんは、自^じ分^{ぶん}で、ご飯^{はん}を^た食^たべ^たま^たす。



かいごしょく すずき しよくじかいご お
介護職：鈴木さんの食事介護が終わりました。

リーダー：お疲れ様です。鈴木さんは、食事を全部食べましたか。

かいごしょく ぜんぶた
介護職：はい、全部食べました。

すずき さいきん ちゃ の
鈴木さんは、最近、お茶やみそ汁を飲むと、むせることがあります。

リーダー：そうですか。誤嚥に気をつけてください。

た りょう かなら きろく
食べた量は、必ず記録してくださいね。

かいごしょく きろく
介護職：はい、記録します。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 すずき しよくじ のこ
鈴木さんは、食事を残しました。
- 2 すずき する の
鈴木さんは、みそ汁を飲むとき、いつもむせています。
- 3 すずき た りょう きろく
鈴木さんは、食べた量を記録します。
- 4 すずき ちゃ の
鈴木さんは、お茶を飲むと、ときどきむせます。



かいごしょく さとう しよくじ お すこ の もの
介護職 : 佐藤さん、食事は終わりましたね。もう少し飲み物はいかがですか。

さとう
佐藤さん : はい、いただきます。

かいごしょく つめ むぎちゃ も
介護職 : 冷たい麦茶をお持ちしましょうか。

さとう あたた こうちゃ の
佐藤さん : いいえ、温かい紅茶が飲みたいです。

かいごしょく
介護職 : わかりました。じゃ、_____。

さとう
佐藤さん : ありがとう。



もんだい
[問題] _____ の中に入ることばを選んでください。

- ① つめ むぎちゃ も き
冷たい麦茶を持って来ますね
- ② あたた むぎちゃ も き
温かい麦茶を持って来ますね
- ③ あたた こうちゃ も き
温かい紅茶を持って来ますね
- ④ つめ こうちゃ も き
冷たい紅茶を持って来ますね

Nursing care related to elimination needs

Words

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	足元	あしもと	one's feet
②	陰部	いんぶ	genital area
③	浣腸	かんちょう	enema
④	着替える	きがえる	change clothes
⑤	下げる	さげる	pull down; lower
⑥	失禁	しっきん	incontinence
⑦	羞恥心	しゅうちしん	embarrassment; sense of shame
⑧	使い捨て手袋	つかいすててぶくろ	disposable gloves
⑨	尿	にょう	urine
⑩	尿意	にょうい	urge to urinate
⑪	排泄	はいせつ	excretion
⑫	便	べん	feces
⑬	便意	べんい	urge to defecate
⑭	便座	べんざ	toilet seat
⑮	ポータブルトイレ	ぽーたぶるといれ	portable toilet

● もんだい 問題のことば

⑯	看護職	かんごしよく	nurse
⑰	職員	しよくいん	staff; staff member
⑱	パジャマ	ぱじゃま	pyjamas
⑲	呼び出しボタン	よびだしぼたん	call button

Questions (Addressing and Conversing)



かいごしょく さとう きが まえ しり
介護職 : 佐藤さん、パジャマに着替える前にお尻をきれいにしましょうか。

さとう
佐藤さん : そうですね。

かいごしょく さ
介護職 : じゃ、ズボンを下げますね。

さとう ねが
佐藤さん : はい、お願いします。

かいごしょく しり あか いた
介護職 : お尻がちょっと赤くなっていますね。痛くないですか。

さとう すこ いた
佐藤さん : はい。少し痛いです。

かいごしょく かんごしょく れんらく
介護職 : そうですか。看護職に連絡しておきますね。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 さとう きが
佐藤さんは、パジャマに着替えました。
- 2 さとう しり いた
佐藤さんは、お尻が痛いです。
- 3 さとう じぶん さ
佐藤さんは、自分でズボンを下げました。
- 4 さとう じぶん しり ふ
佐藤さんは、自分でお尻を拭きました。



かいごしょく すずき さんぽ
介護職 : 鈴木さん、おかえりなさい。散歩はどうでしたか。

すずき
鈴木さん : うん。外は涼しくて気持ちがよかったよ。

かいごしょく
介護職 : それはよかったですね。これから昼ご飯ですからトイレに行きません
か。

すずき
鈴木さん : 今はまだ行きたくないよ。

かいごしょく
介護職 : そうですか。でも、食事の前に行けば安心ですよ。

すずき
鈴木さん : そうか。じゃ、行っておこう。

かいごしょく
介護職 : はい。わかりました。

もんだい すずき あと なに
[問題] 鈴木さんは、この後すぐに何をしますか。

- ① て あら
手を洗います。
- ② はん た
ご飯を食べます。
- ③ い
トイレに行きます。
- ④ さんぽ い
散歩に行きます。



かいごしょく　ひとり　べんざ　すわ
介護職　：一人で便座に座れますか。

さとう　だいじょうぶ
佐藤さん　：はい、大丈夫です。

このボタンは何ですか。

かいごしょく　よ　だ　しよくいん　よ　つか
介護職　：呼び出しボタンです。職員を呼ぶとき、使います。

わたし　そと
私は外にいます。

はいせつ　お
排泄が終わったら_____。

もんだい　なか　はい　えら
[問題] _____ の中に入ることを選んでください。

- ① ボタンを押して、ドアを開けてください
- ② ボタンを押して、ドアを閉めてください
- ③ ボタンを押して、水を出してください
- ④ ボタンを押して、知らせてください

Nursing care related to grooming

Words

ばんごう 番号	ことば	よ 読み方	English
①	衣類	いるい	clothes
②	入れ歯	いれば	dentures; false teeth
③	うがい	うがい	gargle
④	上着	うわぎ	outerwear
⑤	着替え	きがえ	changing clothes
⑥	義歯	ぎし	dentures; false teeth
⑦	起床	きしょう	getting out of bed
⑧	くし	くし	comb
⑨	更衣	こうい	changing clothes
⑩	口腔ケア	こうくうけあ	oral care
⑪	下着	したぎ	underwear
⑫	スカート	すかーと	skirt
⑬	歯医者	はいしゃ	dentist
⑭	歯ブラシ	はぶらし	toothbrush
⑮	歯磨き	はみがき	brushing one's teeth
⑯	パンツ	ぱんつ	underwear; underpants; panties
⑰	ひげ剃り	ひげそり	shaving
⑱	みじたく	みじたく	grooming
⑲	洋服	ようふく	clothes

● もんだい 問題のことば

⑳	診察	しんさつ	medical examination
㉑	左側	ひだりがわ	left side
㉒	右側	みぎがわ	right side
㉓	診る	みる	examine
㉔	夜中	よなか	midnight

Questions (Addressing and Conversing)



すずき
鈴木さん：きょうは寒いね。セーターを着よう。

かいごしょく
介護職：わかりました。どのセーターを着ますか。

すずき
鈴木さん：その黒いセーターがいいね。

かいごしょく
介護職：きのう、奥さんが持って来たセーターですね。

すずき
鈴木さん：うん、誕生日に娘がくれたんだよ。

かいごしょく
介護職：そうですか。いいですね。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- 1 すずき
鈴木さんは、奥さんにセーターをもらいました。
- 2 すずき
鈴木さんは、きょう黒いセーターを着ます。
- 3 かいごしょく
介護職は、鈴木さんがきょう着るセーターを選びました。
- 4 きのお、娘さんがセーターを持って来ました。



さとう はみが
佐藤さん：歯を磨いたけれど、きちんとできたか見てください。

かいごしょく くち あ ひだりがわ たもの のこ
介護職：はい、わかりました。口を開けてください。左側に食べ物が残って
いますよ。

さとう と
佐藤さん：すみませんが、取ってください。

かいごしょく と
介護職：はい、じゃ、取りますね。

きれいになりましたよ。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 さとう はみが
佐藤さんは、歯磨きをしませんでした。
- 2 さとう はみが
佐藤さんは、きちんと歯磨きができました。
- 3 さとう じぶん くち なか のこ たもの と
佐藤さんが、自分で口の中に残った食べ物を取りました。
- 4 かいごしょく さとう くち なか のこ たもの と
介護職が、佐藤さんの口の中に残った食べ物を取りました。



さとう
佐藤さん：きょうは、^{はみが}歯磨きを止めておきます。^は歯が痛いです。

かいごしょく
介護職：^は歯が痛いですか。^{いつから}いつからですか。

さとう
佐藤さん：夜中から痛くて、よく眠れませんでした。

かいごしょく
介護職：^{それは}それはいけませんね。^は歯医者に診察してもらいますか。

さとう
佐藤さん：はい。

かいごしょく
介護職：^{じゃ}じゃ、^{よやく}予約しますね。^{かん}看護職に連絡します。

さとう
佐藤さん：^{ねが}お願いします。

もんだい
[問題] 佐藤さんは、^{はみが}どうして歯磨きをしませんか。

- ① ^は歯医者に診てもらうから。
- ② ^は歯医者を^{よやく}予約するから。
- ③ ^は歯が痛いから。
- ④ よく眠れ^{ねむ}なかったから。

IV

かいごしょく さとう はみが お
介護職 : 佐藤さん、歯磨きは終わりましたか。

さとう みが み
佐藤さん : 磨いたけれど、きれいになったかどうか見てほしいです。

かいごしょく
介護職 : はい、わかりました。

くち ひだりがわ た もの のこ
口をあけてください。左側に食べ物が残っていますよ。

さとう と
佐藤さん : すみません。取ってください。

かいごしょく
介護職 : _____。

もんだい
[問題] _____ の中に入ることばを選んでください。

- ① はい、わかりました
- ② うがいをしましょう
- ③ は と か
歯ブラシを取り替えましょうか
- ④ みぎがわ
右側はきれいですよ

Nursing care related to bathing/keeping clean

Words

ばんごう 番号	ことば	よ 読み方 かた	English
①	温度	おんど	temperature
②	(汗を) かく	(あせを) かく	sweat
③	シャンプー	しゃんぷー	shampoo
④	消毒	しょうどく	disinfection
⑤	消毒液	しょうどくえき	antiseptic solution
⑥	清潔保持	せいけつほじ	keeping clean
⑦	清拭	せいしき	bed bath
⑧	洗髪	せんぱつ	shampooing; washing hair
⑨	洗面	せんめん	washing one's face
⑩	洗面器	せんめんき	washbowl
⑪	脱衣室	だついしつ	dressing room
⑫	入浴	にゅうよく	taking a bath
⑬	拭く	ふく	wipe
⑭	浴室	よくしつ	bathroom
⑮	浴槽	よくそう	bathtub
⑯	リンス	りんす	conditioner

● もんだい 問題のことば

⑰	確認	かくにん	confirmation
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Questions (Addressing and Conversing)



かいごしょく さとう ふろ はい
介護職 : 佐藤さん、お風呂に入りますか。

さとう
佐藤さん : きょうは、お風呂に入りたくないです。

かいごしょく きぶん わる
介護職 : どうしましたか。ご気分が悪いですか。

さとう きぶん わる こし いた ふく ぬ たいへん
佐藤さん : 気分は悪くないけど、ちょっと腰が痛いです。服を脱ぐのが大変です。

かいごしょく きが てつだ ふろ はい きも
介護職 : 着替えをお手伝いしますから、お風呂に入りませんか。気持ちがいいですよ。

さとう
佐藤さん : そうですね。じゃ、入ります。

かいごしょく こし いた びょういん よやく
介護職 : あしたも腰が痛かったら、病院を予約しましょうか。

さとう
佐藤さん : そうですね。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① 佐藤さんは、きょうは気分が悪いです。
- ② 佐藤さんは、これから病院へ行きます。
- ③ 佐藤さんは、これからお風呂に入ります。
- ④ 佐藤さんは、自分で服を脱ぎます。



かい ごしよく すずき たいちよう
介護職 : 鈴木さん、体調はいかがですか。

すずき
鈴木さん : まだ、背中がかゆいよ。

かい ごしよく
介護職 : ちょっと見てもいいですか。きのうより赤いですね。

あとで、看護職に見てもらいましょう。

きょうも、からだを拭きましょうか。

すずき
鈴木さん : 嫌だよ。お風呂に入りたいよ。

かい ごしよく
介護職 : そうですか。看護職に聞いてみますね。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 すずき せなか いた
鈴木さんは、背中が痛いです。
- 2 すずき せなか あか
鈴木さんの背中では、きのうより、きょうのほうが、赤いです。
- 3 すずき ふろ はい ふ
鈴木さんは、お風呂に入れないので、からだを拭きます。
- 4 すずき ふろ はい
鈴木さんは、きょう、お風呂に入ります。



かいごしょく さとう にゅうよく ひ
介護職 : 佐藤さん、きょうは入浴の日です。

たいちょう
体調はいかがですか。

さとう すこ せき で だいじょうぶ
佐藤さん : きのは、少し咳が出ました。でも、きょうは大丈夫です。

せんしゅう かみ あら あたま
先週から、髪を洗っていないので、頭がかゆいです。

かいごしょく かみ あら
介護職 : わかりました。きょうは、髪をしっかり洗いましょう。

い
じゃ、行きましょう。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう たいちょう わる
佐藤さんは、きょう、体調が悪いです。
- ② さとう せき で
佐藤さんは、きょう、咳が出ています。
- ③ さとう かみ あら
佐藤さんは、きょう、髪を洗いました。
- ④ さとう かみ あら
佐藤さんは、きょう、髪を洗います。

IV

かいごしょく ゆ おんど
介護職 : お湯の温度はいかがですか。

すずき あつ ゆ
鈴木さん : ちょっとぬるいよ。もっと熱いお湯のほうがいいよ。

かいごしょく
介護職 : _____。

すずき おんど
鈴木さん : ちょうどいい温度になったよ。ありがとう。



もんだい なか はい えら
[問題] _____ の中に入ることを選んでください。

- ① ちょうどいい温度おんどでよかったです
- ② 少し熱あついですか。ちょっとぬるくしますね
- ③ もう少しお風呂ふろに入りたいですか
- ④ 少し熱あつくしますね



かいごしょく すずき たいちよう
介護職 : 鈴木さん、体調はいかがですか。

すずき だいじようぶ あせ
鈴木さん : 大丈夫だよ。でも、ちょっと汗をかいた。

かいごしょく
介護職 : そうですか。からだを拭きましょうか。

すずき ねが
鈴木さん : お願いしますよ。

かいごしょく へや おんど
介護職 : わかりました。部屋の温度はどうですか。

すずき さむ
鈴木さん : ちょっと寒いよ。

かいごしょく
介護職 : そうですか。_____。

もんだい
[問題] _____ の中に入ることを選んでください。

- ① クーラーをつけますね
- ② まど あ
窓を開けますね
- ③ エアコンの温度を少し上げますね
おんど すこ あ
- ④ カーテンをあ
カーテンを開けますね

VI

リーダー：きょうは鈴木さんの入浴の日です。鈴木さんの入浴介護をお願いします。

介護職：はい。でも、鈴木さんは、きのう、少し咳が出ると言いました。大丈夫ですか。

リーダー：看護職に確認してもらいましたから大丈夫です。でも、鈴木さんに体調を聞いてください。

介護職：はい、_____。

[問題] _____ の中に入ることばを選んでください。

- ① 看護職に確認します
- ② リーダーに確認します
- ③ 鈴木さんに確認します
- ④ 介護職に確認します

Nursing care related to housework

Words

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	おしぼり	おしぼり	wet towel
②	カーテン	かーてん	curtain
③	家事	かじ	housework
④	片付ける	かたづける	put away; clear away
⑤	乾かす	かわかす	dry
⑥	乾く	かわく	dry
⑦	換気	かんき	ventilation
⑧	ごみ箱	ごみばこ	wastebasket
⑨	清掃	せいそう	cleaning
⑩	洗濯	せんたく	laundry
⑪	洗濯物	せんたくもの	laundry
⑫	掃除	そうじ	cleaning
⑬	たたむ	たたむ	fold
⑭	調理	ちょうり	cooking
⑮	布団	ふとん	futon; bedding
⑯	干す	ほす	dry
⑰	枕	まくら	pillow

Questions (Addressing and Conversing)



さとう
佐藤さん：きょうは、いい天気でしたね。

かいごしょく
介護職：はい、洗濯物をたくさん干しました。

おしぼりも、タオルも、たくさんあります。

さとう
佐藤さん、いっしょにおしぼりをたたみませんか。

さとう
佐藤さん：ええ、おしぼりは、小さくたためばいいですか。

かいごしょく
介護職：はい、そうです。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう
佐藤さんは、洗濯物を干します。
- ② さとう
佐藤さんは、おしぼりとタオルを干します。
- ③ さとう
佐藤さんは、おしぼりとタオルをたたみます。
- ④ さとう
佐藤さんは、おしぼりをたたみます。



かいごしょく さとう た
介護職 : 佐藤さん、あまり食べていませんね。

さとう
佐藤さん : おいしくないんです。

かいごしょく
介護職 : そうですか。

さとう りょうり じょうず
佐藤さんは、料理が上手でしたね。

ひる はん つく
あしたの昼ご飯を、いっしょに作りましょうか。

さとう わたし やさい にももの じょうず や さかな つく
佐藤さん : うれしい。私は野菜の煮物がとても上手です。焼き魚も作りましょう。

かいごしょく わたし たの
介護職 : そうですね。私も楽しみです。

もんだい かいわ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① あしたの昼ご飯は、佐藤さんが一人で作ります。
- ② あしたの昼ご飯は、介護職が作ります。
- ③ あしたの昼ご飯は、野菜の煮物を作ります。
- ④ あしたの昼ご飯は、魚の煮付けを作ります。



かいごしょく さとう
介護職 : 佐藤さん、おはようございます。

さとう
佐藤さん : おはようございます。

かいごしょく きぶん
介護職 : ご気分はいかがですか。

さとう わる
佐藤さん : 悪くないですよ。

かいごしょく てんき
介護職 : よかったです。いいお天気ですね。

まど あ かんき
窓を開けて、換気をしましょうか。

さとう いま さむ
佐藤さん : そうですねえ。でも、今ちょっと寒いです。

かいごしょく
介護職 : _____。

もんだい
[問題] _____ の中に入ることばを選んでください。

- ① じゃ、いままど あ 窓を開けますね
- ② じゃ、いまかんき 今換気しますね
- ③ じゃ、さとう しょくどう い 佐藤さんが食堂に行っているときに、まど し 窓を閉めますね
- ④ じゃ、さとう しょくどう い 佐藤さんが食堂に行っているときに、かんき 換気をしますね

IV

すずき せんたくもの
鈴木さん：きょうは洗濯物がたくさんあるね。

かいごしやく せんたく ひ
介護職：はい。きょうは、パジャマを洗濯する日なんです。

すずき たいへん わたし せんたくもの じょうず
鈴木さん：大変だね。私は洗濯物をたたむのが上手だよ。

かいごしやく
介護職：そうですか。_____。



もんだい
[問題] _____ の中に入ることばを選んでください。
なか はい えら

- ① じゃ、お手伝いしましょうか
てつだ
- ② じゃ、あした、パジャマを洗濯しましょう
せんたく
- ③ じゃ、洗濯物のたたみ方を教えてもらえませんか
せんたくもの かた おし
- ④ じゃ、洗濯のやり方を教えてもらえませんか
せんたく かた おし

V

さとう
佐藤さん：テーブルを拭きましたよ。

かいごしやく
介護職：お手伝いありがとうございます。

さとう
佐藤さん：どういたしまして。きれいになると、気持ちがいいですから。

かいごしやく
介護職：そうですね。_____。



もんだい
[問題] _____のなかへいことばをえらんでください。

- ① テーブルを拭いてください
- ② テーブルが汚れていますよ
- ③ テーブルをきれいにしましょう
- ④ テーブルがきれいになりましたね

Sentences

Words

ばんごう 番号	ことば	よ ^{かた} 読み方	English
①	アルコール	あるこーる	alcohol
②	確認	かくにん	confirmation
③	観察	かんさつ	observation
④	行事	ぎょうじ	event
⑤	記録	きろく	record
⑥	禁煙	きんえん	no smoking; giving up smoking
⑦	禁止	きんし	prohibition; ban
⑧	計画	けいかく	plan
⑨	掲示	けいじ	notice
⑩	ケース	けーす	case
⑪	県	けん	prefecture
⑫	玄関	げんかん	door; entrance
⑬	参加者	さんかしゃ	participant
⑭	参加	さんか	participation
⑮	事故	じこ	accident
⑯	施設	しせつ	facility
⑰	就寝	しゅうしん	going to bed
⑱	出勤	しゅっきん	going to work
⑲	巡視	じゅんし	round of inspection; patrol
⑳	使用	しょう	use
㉑	状況	じょうきょう	situation; condition
㉒	ショートステイ	しょーとすてい	short stay
㉓	自立	じりつ	independence; autonomy; self-reliance

ばんごう 番号	ことば	よ ^{かた} 読み方	English
②4	スケジュール	すけじゅーる	schedule
②5	送迎車	そうげいしゃ	courtesy car
②6	退勤	たいきん	leaving work
②7	タイヤ	たいや	tire
②8	建物	たてもの	building
②9	担当者	たんとうしゃ	person in charge
③0	調理員	ちょうりいん	cook; cooking staff
③1	転倒	てんとう	falling
③2	ナースコール	なーすこーる	nurse call
③3	日勤	にっきん	day shift
③4	濡れる	ぬれる	get wet
③5	吐く	はく	vomit
③6	外す	はずす	take off; unfasten
③7	非常ベル	ひじょうべる	emergency alarm
③8	119番	ひやくじゅうきゅうばん	119 (emergency telephone number)
③9	服薬	ふくやく	taking medicine
④0	報告	ほうこく	reporting
④1	ホール	ほーる	hall
④2	まつり	まつり	festival
④3	ミーティング	みーていんぐ	meeting
④4	見守り	みまもり	watching
④5	面会	めんかい	visitation
④6	申し送り	もうしおくり	handover
④7	夜勤	やきん	night shift
④8	流行	りゅうこう	fashion
④9	利用者	りようしゃ	user

さとう
佐藤さんは、トイレへ行って排泄していますが、夜はポータブルトイレを使っています。排泄は介護が必要です。失禁はありません。

もんだい さとう はいせつ ただ えら
[問題] 佐藤さんの排泄について、正しいものを選んでください。

- ① 自立しています。
- ② いつもトイレへ行って排泄しています。
- ③ 失禁があります。
- ④ 夜は、ポータブルトイレで排泄しています。

鈴木さんは、胸が痛くて、入院していましたが、退院しました。静かにしているときは、問題がありません。お風呂に入っているとき、胸が苦しいことがあります。入浴は、介護と見守りが必要です。

【問題】 文の内容で正しいものを選んでください。

- ① 鈴木さんは、今入院しています。
- ② 鈴木さんは、いつも胸が痛いです。
- ③ 鈴木さんは、お風呂に一人で入ることができます。
- ④ 鈴木さんは、手伝ってもらって、入浴しています。

り よう しゃ じょう きよう
利用者の状況 III

な まえ 名 前	さとう 佐藤さん
み る 見 る	みぎめ み ひだりめ み 右目はよく見えますが、左目は見えにくいです。
き 聞 く	ひだりみみ すこ き おお こえ はな き 左耳が少し聞こえにくいですが、大きい声で話せば、聞くことができます。
はな 話 す	もんだい 問題がありません。

もんだい つぎ なか ただ えら
[問題] 次の中から、正しいものを選んでください。

- ① さとう ひだりみみ みぎみみ き
佐藤さんは、左耳も右耳もよく聞こえます。
- ② さとう ひだりみみ き
佐藤さんは、左耳が聞こえにくいです。
- ③ さとう おお こえ はな
佐藤さんは、大きい声で話します。
- ④ さとう みぎめ ひだりめ み
佐藤さんは、右目も左目も見えにくいです。

利用者の状況 IV

なまえ 名前	すずき 鈴木さん
いどう 移動	くるま いどう 車いすで移動しています。
はいせつ 排泄	すこ かいご ひつよう 少し介護が必要です。
しょくじ 食事	じりつ 自立しています。
にゅうよく 入浴	すこ かいご ひつよう 少し介護が必要です。

【問題】 次の中から、正しいものを選んでください。

- ① すずき じぶん ある いどう
鈴木さんは、自分で歩いて移動することができます。
- ② すずき じぶん はん た
鈴木さんは、自分でご飯を食べることができます。
- ③ すずき じぶん い
鈴木さんは、自分でトイレへ行くことができます。
- ④ すずき じぶん ふろ はい
鈴木さんは、自分でお風呂に入ることができます。

り よう しゃ じょう きょう
利用者の状況 V

<p>な まえ 名 前</p>	<p>さとう 佐藤さん</p>
<p>か ぞく 家 族</p>	<p>むすめ ひとり むすこ ひとり 娘さんが一人と息子さんが一人います。</p> <p>むすめ いえ しせつ ちか 娘さんの家は施設の近くに 있습니다。</p> <p>むすめ はたら 娘さんは、働いています。</p> <p>どようび にちようび めんかい く 土曜日と日曜日だけ、面会に来ることができます。</p> <p>むすこ ほか けん す 息子さんは、他の県に住んでいます。</p> <p>しごと いそが めんかい く 仕事が忙しいので、あまり面会に来ることができません。</p>

もんだい つぎ なか ただ えら
[問題] 次の中から、正しいものを選んでください。

- ① さとう むすめ いえ しせつ とお
 佐藤さんの娘さんの家は、施設から遠いです。
- ② さとう むすめ げつようび めんかい き
 佐藤さんの娘さんは、月曜日に面会に来ます。
- ③ さとう むすこ はたら
 佐藤さんの息子さんは、働いています。
- ④ さとう むすこ めんかい き
 佐藤さんの息子さんは、よく面会に来ます。

すずきさま
 鈴木様

18:00 あさ きぶん わる い
 朝、気分が悪いと言っていました。

ゆうしょく ぜんぶ た ちゃ の
 夕食は全部食べました。お茶を200cc飲みま
 した。

は け おうと
 吐き気や嘔吐はありません。

02:45 ナースコールがあったので、鈴木さんの部屋へ

い すずき きも わる
 行きました。鈴木さんは「気持ちが悪い」と

い すこ おうと
 言って、少し嘔吐しました。

03:10 おうと と きぶん い
 嘔吐は止まって、「気分はよくなった」と言いま

した。

バイタルサインは、いつもと同じでした。

ほうこく
 リーダーに報告しました。

もんたい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① すずき きぶん わる ゆうしょく のこ
 鈴木さんは、気分が悪くて、夕食を残しました。
- ② すずき ちょうしょく ちゃ の
 鈴木さんは、朝食のとき、お茶を200cc飲みました。
- ③ すずき よなか ねつ
 鈴木さんは、夜中に熱がありました。
- ④ すずき よなか は
 鈴木さんは、夜中に吐きました。

- かいご まえ かなら こえ たと
介護する前には、必ず声かけをしましょう。例え
- くるま お まえ りようしゃ お つた
ば、車いすを押す前に利用者さんに押すことを伝
- りようしゃ あんぜん あんしん かんが
えましょう。利用者さんの安全、安心をいつも考
- かいご
えて介護しましょう。

もんだい くるま お まえ なに い いちばん
【問題】 車いすを押す前に何と言いますか。一番よいものはどれですか。

- ① くるま お 「車いすを押しますよ」
- ② くるま 「車いすのブレーキをかけますよ」
- ③ あぶ 「危ないですよ」
- ④ かいご 「介護しますよ」

- くるま 車いすを つか 使う まえ 前には かくにん ブレーキとタイヤを かくにん 確認しま
- りようしゃ す。利用者が くるま 車いすに の 乗るときは、 かくにん ブレーキをか
- あぶ けなければなりません。 あぶ 危ないからです。 くるま 車いす
- と が と 止まっているときは、 かくにん いつもブレーキを かけま かけま
- くるま しょう。 お 車いすを お 押す りようしゃ 前に お 利用者に つた 押すことを つた 伝
- りようしゃ えましょう。 あんぜん 利用者の あんしん 安全、 かんが 安心を かんが いつも かんが 考えて
- かいご 介護 かいご しましょう。
-
-
-
-
-
-

もんだい [問題] ぶん 文の内容と ないう 同じもの おな はどれですか。

- ① りようしゃ 利用者が くるま 車いすに の 乗るときは、 かくにん ブレーキを かけま かけます。
- ② くるま 車いすを と 止めるときだけ、 かくにん ブレーキを かけま かけます。
- ③ くるま 車いすを つか 使った あと 後に、 かくにん ブレーキとタイヤを かくにん 確認 かくにん します。
- ④ りようしゃ 利用者の あんぜん 安全 かんが だけを かんが 考えて かいご 介護 かいご します。

か じ お ば あい
＜火事が起きた場合＞

① おお こえ まわ ひと し
大きい声で、周りの人に知らせます。



② ひ じょう お
非常ベルのボタンを押します。



③ 119 ばん でん わ
119番に電話します。



④ り よう しゃ あん ぜん ば しょ ゆう どう
利用者を安全な場所に誘導します。

もん だい つぎ なか ただ えら
【問題】 次の中から、正しいものを選んでください。

① か じ お ばん でん わ
火事が起きたら、まず119番に電話します。

② か じ お り よう しゃ へ や し い
火事が起きたら、まず利用者の部屋に知らせに行きます。

③ か じ お ひ じょう お
火事が起きたら、まず非常ベルを押します。

④ か じ お まわ ひと し
火事が起きたら、まず周りの人に知らせます。

- はいせつ かいご りようしゃ かく
排泄の介護では、まず、利用者ができることを確
認します。できることは利用者^ににやってもらいま
す。次に、トイレへ^{つぎ}いっしょ^いに行きます。利用者^{りようしゃ}
が安全^{あんぜん}に便座^{べんざ}に座^{すわ}ったことを確認^{かくにん}します。それか
ら「介護職^{かいごしょく}を呼ぶ^よときは、ボタン^おを押して^おくださ
い」と説明^{せつめい}します。説明^{せつめい}が終^おわったら、トイレの
外^{そと}に出^でます。
-
-
-
-
-
-
-
-

もんだい
【問題】 ぶん おな じゅんぱん はいせつかいご えら
文と同じ順番の排泄介護を選んでください。

- ① りようしゃ かくにん い あんぜん かく
利用者ができることを確認する→トイレへいっしょに行く→安全を確
認する→ボタン^にについて説明^{せつめい}する→トイレの外^{そと}に出る
- ② りようしゃ かくにん い あんぜん かく
利用者ができることを確認する→トイレへいっしょに行く→安全を確
認する→トイレの外^{そと}に出る→ボタン^にについて説明^{せつめい}する
- ③ い せつめい そと で
トイレへいっしょに行く→ボタン^にについて説明^{せつめい}する→トイレの外^{そと}に出
る→安全^{あんぜん}を確認^{かくにん}する→利用者^{りようしゃ}ができることを確認^{かくにん}する
- ④ い りようしゃ かくにん
トイレへいっしょに行く→利用者^{りようしゃ}ができることを確認^{かくにん}する→ボタン^に
について説明^{せつめい}する→安全^{かくにん}を確認^{そと}する→トイレの外^{そと}に出る

にゆうよく まえ かなら りようしゃ たいちょう かくにん
入浴の前に、必ず利用者の体調を確認します。

い しょくじ
そして、トイレに行ってもらいましょう。食事の

あと にゆうよく だついしつ よく
後、すぐに入浴しないようにします。脱衣室や浴

しつ おんど ちゆうい にゆうよく あと すいぶんほ
室の温度にも注意しましょう。入浴の後で水分補

きゆう わす
給を忘れないでください。

もんだい ぶん ないよう おな
[問題] 文の内容と同じものはどれですか。

にゆうよく まえ りようしゃ き
① 入浴の前に利用者に「おなかがすいていますか」と聞きます。

にゆうよく あと りようしゃ い
② 入浴の後で、利用者にトイレに行ってもらいます。

だついしつ よくしつ おんど き
③ 脱衣室と浴室の温度に気をつけなければなりません。

にゆうよく あと りようしゃ た もの た
④ 入浴の後で、利用者にすぐ食べ物を食べてもらいます。

た しよく じ かい ご すわ かい ご
 立って食事介護を**してはいけません**。座って介護

り よう しゃ せつめい
 しましょう。利用者**にメニューの説明を**してから、

た しよく ご こうくう しよく
 食べてもらいます。食後**に口腔ケアを**します。食

ご ぶん すわ
 後は**30分くらい座**っててもらいましょう。

もん だい ぶん ない よう おな
[問題] 文の内容と同じものはどれですか。

① た しよく じ かい ご
 立って食事介護を**します**。

② しよく ご せつめい
 食後にメニューの**説明を**します。

③ しよく ご ね
 食後に**すぐ寝**てもらいます。

④ しよく ご は
 食後に**うがい、歯みがき**などを**して**もらいます。

めんかい
面会のみなさまへ

みなさまの健康と安全のために、施設はどこ
も禁煙です。

携帯電話は建物の中では使用禁止です。

携帯電話を使用する時は、建物の外でお願い
します。

もんだい つぎ なか ただ えら
[問題] 次の中から正しいものを選んでください。

- 1 施設では建物の中で、タバコを吸うことができます。
- 2 施設では庭で、タバコを吸うことができます。
- 3 施設では建物の中で、携帯電話を使うことができます。
- 4 施設では庭で、携帯電話を使うことができます。

かぞく
ご家族のみなさまへ

がつ 6月になりました。これから食中毒しよくちゆうどくがおお
 になります。

がつ がつ がつ 6月1日から8月31日まで、施設しせつに食品しよくひん
 を持って来こないようにしてください。

げんかん しょうどくえき お 玄関げんかんに、消毒液しょうどくえきが置いてあります。施設しせつに入
 るとき、手てを消毒しょうどくしてください。

もんだい 問題 [問題] 次の中から正しいものを選んでください。

- 1 がつ 6月になると、食中毒しよくちゆうどくになります。
- 2 がつ がつ がつ 6月、7月、8月は、食品しよくひんを持って来こることができます。
- 3 がつ 9月から、食品しよくひんを持って来こることができます。
- 4 げんかん しょうどく 玄関げんかんで消毒しょうどくすれば、食品しよくひんを持って来こることができます。

て あら かた
手の洗い方

① はじめに、^{みず}水で^て手を^{あら}洗います。



② ^{えき}せっけん液をつけて、^て手のひら、^{て こう}手の甲をよく^{あら}洗います。



③ ^{ゆびさき}指先を^{あら}しっかり洗って、きれいにします。



④ ^{てくび}手首や^{ゆび}指と^{ゆび}指の間を^{あら}洗います。



⑤ ^{みず}水でよく^{あら}洗います。



⑥ ^て手を^{かわ}乾かします。



もんだい
[問題] ^て手の洗い方について、^{ただ}正しいものを^{えら}選んでください。

- ① はじめに^{えき}せっけん液で^{あら}洗います。
- ② ^{えき}せっけん液をつけたら^{かわ}乾かします。
- ③ ^{ゆびさき}指先をよく^{あら}洗ってきれいにします。
- ④ ^{てくび}手首を^{あら}洗ったら、^て手を^{かわ}乾かします。

めんかい ねが
面会についてのお願い

がつ
 11月になりました。

これからさむ ねが りゅうこう
 寒くなって、インフルエンザが流行します。

おお
 ノロウイルスも多くなります。

ねつ は け しょうじょう ひと めんかい
 熱、せき、吐き気などの症状がある人は、面会ができません。

げんかん い ぐち しょうどくえき お
 玄関の入り口に、アルコール消毒液が置いてあります
 のでご使用ください。

もんだい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① りゅうこう めんかい
 インフルエンザが流行しているので、面会ができません。
- ② おお めんかい
 ノロウイルスが多いので、面会ができません。
- ③ ねつ は け しょうじょう めんかい
 熱、せき、吐き気の症状があるときは、面会ができません。
- ④ げんかん しょうどくえき めんかい
 玄関にアルコール消毒液がないときは、面会ができません。

がつ こん だてひょう
5月献立表

		がつ つい たち 5月1日	がつ ふつ か 5月2日	がつ みつ か 5月3日
ちようしよく 朝食	しゅしよく 主食	パン	はん ご飯	パン
	ふくしよく 副食	りょうり たまご料理 スープ	や さかな 焼き魚 しる みそ汁	やさい 野菜のいためもの ぎゅうにゅう 牛乳
ちゅうしよく 昼食	しゅしよく 主食	にく 肉うどん	カレーライス	どんぶり たまご 丼
	ふくしよく 副食	とうふ 豆腐	やさい 野菜サラダ	つけもの 漬物
	デザート	ヨーグルト	りんご	バナナ
ゆうしよく 夕食	しゅしよく 主食	はん ご飯	はん ご飯	はん ご飯
	ふくしよく 副食	さかな 魚のあげもの しる みそ汁	にく 肉のいためもの スープ	さかな に つ 魚の煮付け しる みそ汁

もんだい うえ こんだてひょう み ただ えら
【問題】 上の献立表を見て、正しいものを選んでください。

- ① ちようしよく しゅしよく はん
朝食の主食は、いつもご飯です。
- ② ふくしよく くだもの
副食は、果物やヨーグルトです。
- ③ ふくしよく まいにち
副食は、毎日サラダがあります。
- ④ ふくしよく まいにち しる
副食は、毎日みそ汁があります。

たんじょう び かい けい かく
誕生日会の計画

にち じ 日 時	ねん がつ とお か かよう び 2019年 12月 10日 (火曜日) 13:00 ~ 15:30
ば しょ 場 所	かい 3階 ホール
さん かしや 参加者	りようしゃ にん 利用者：20人 しょくいん かいごしょく にん かんごしょくひとり 職員：介護職 10人 看護職 1人
じゅん び 準備 たんとうしゃ (担当者)	たんじょう び がつ りようしゃ か かんごしょく ・誕生日が12月の利用者にプレゼントを買っておきます (看護職)。 おかし の もの か かいごしょく ・おかしと飲み物を買っておきます (介護職)。 うた れんしゅう りようしゃ しょくいん ・歌の練習をします (利用者・職員)。 なら はな お しょくいん ・ホールにテーブルといすを並べます。花を置きます (職員)。

もんだい たんじょう び かい ただ えら
[問題] 誕生日会について、正しいものを選んでください。

- ① たんじょう び かい ひる ほん た
誕生日会で、昼ご飯を食べます。
- ② りようしゃ
利用者は、みんなプレゼントをもらいます。
- ③ りようしゃ なら
利用者が、テーブルといすを並べます。
- ④ りようしゃ しょくいん うた れんしゅう
利用者と職員は、歌の練習をします。

なつ けいかく
夏まっりの計画

にち じ 日 時	ねん がつ なのか どようび 2018年7月7日(土曜日) 13:00～15:40
ば しょ 場 所	かい 2階ホール
さん かしや 参加者	りようしゃ にん 利用者：20人 かぞく にん ご家族：15人 しょくいん かいごしょく にん かんごしょく ひとり ちようりいん ひとり 職員：介護職 5人 看護職 1人 調理員 1人
たんとうしゃ 担当者	かいごしょく かんごしょく じゅんび 介護職、看護職：ホールの準備をします。 ちようりいん の もの じゅんび 調理員：飲み物の準備をします。 かいごしょく かぞく あんない 介護職：家族をホールに案内します。 かいごしょく りようしゃ ゆうどう 介護職：利用者をホールに誘導します。

もんたい つぎ なか ただ えら
[問題] 次の中から、正しいものを選んでください。

- ① なつ ごぜん おこな
夏まっりは、午前に行きます。
- ② なつ りようしゃ さんか
夏まっりは、利用者だけ参加します。
- ③ かいごしょく かぞく あんない
介護職が家族をホールに案内します。
- ④ かんごしょく りようしゃ ゆうどう
看護職が利用者をホールに誘導します。

しごと 仕事のスケジュール I

にっきん

日勤 (9:00-18:00)

9:00 (午前9時)	しゅっきん あさ 出勤 朝のミーティング
10:00	すいぶん ほきゅう かいご 水分補給の介護
11:00	ちゅうしょくじゅんび 昼食準備
11:30	しょくじかいご ふくやくかいご 食事介護・服薬介護
13:00 (午後1時)	きゅう ぶん 休けい (60分)
14:00	にゅうよくかいご 入浴介護
16:00	すいぶん ほきゅう かいご 水分補給の介護
17:00	ゆうがた 夕方のミーティング
17:30	きろく 記録
18:00	たいきん 退勤

もんだい ぶん ないよう ただ えら
[問題] 文の内容について正しいものを選んでください。

- 1 しょくじかいご じ ぶん
食事介護は 11時00分からです。
- 2 きゅう じ ぶん じ ぶん
休けいは 12時30分から14時00分までです。
- 3 きろく か たいきん
記録を書いてから、退勤します。
- 4 すいぶん ほきゅう かいご かい
水分補給の介護は1回します。

しごと 仕事のスケジュール II

や きん
夜勤 (17:00 – 10:00)

17:00 (午後 5 時) 出勤

18:00 食事介護・服薬介護

もう おく にっ きん や きん
申し送り (日勤→夜勤)

20:00 就寝介護 (洗面・口腔ケア・着替え)

23:00 巡視 (2 時間に 1 回)

6:00 (午前 6 時) 起床介護 (洗面・口腔ケア・着替え)

8:00 食事介護・服薬介護

9:00 朝のミーティング

9:30 記録

10:00 退勤

もんたい ぶん ないよう ただ ほんごう ひと えら
【問題】 文の内容で正しい番号を一つ選んでください。

- 1 出勤して、まず就寝介護をします。
- 2 巡視は 1 回だけします。
- 3 起床介護で、利用者の洗面や歯みがきを手伝います。
- 4 朝の食事介護の前に、ミーティングがあります。

利用者	鈴木さん
日時	2019年7月5日（金曜日） 19:10
場所	洗面所
内容	鈴木さんが自分で入れ歯を洗ってケースにしまおうとしましたが、入れ歯が床に落ちて割れてしまいました。
原因	指の力が弱くなりました。手が濡れていたので落としてしまいました。
これから どうするか	入れ歯は鈴木さんに外してもらいます。 鈴木さんの入れ歯は介護職が洗ってケースにしまします。 次の日の起床介護の時、鈴木さんに渡します。

[問題] 文の内容で正しい番号を一つ選んでください。

- ① 鈴木さんは、介護職に入れ歯を洗ってもらいました。
- ② 鈴木さんは、入れ歯をケースにしまいました。
- ③ 鈴木さんは、入れ歯を落として割ってしまいました。
- ④ 鈴木さんは、あした、自分で入れ歯を洗います。

あした、14日(木曜日)のショートステイの予定です。

2階は、入る利用者が2人、帰る利用者が1人です。

4階は、入る利用者が2人、帰る利用者が2人です。

帰る利用者は、15時に送迎車で帰ります。

4階の帰る利用者は鈴木さんと佐藤さんです。

佐藤さんは、14時にご家族が迎えに来ます。

よろしくお願ひします。

問題 文の内容で正しい番号を一つ選んでください。

- あした、入る利用者は3人です。
- 鈴木さんは、午後3時の送迎車で帰ります。
- 鈴木さんは、ご家族が迎えに来ます。
- 佐藤さんは、午後3時に帰ります。

すずき びょういん い
鈴木さんは、あした病院へ行きます。

じゅう じはん しせつ くるま びょういん い
10時半に、施設の車で病院に行きますから、

じゅう ぶんまえ すずき げんかん き
10分前に鈴木さんといっしょに玄関に来てください。

かん ごしょく びょういん い
看護職がいっしょに病院へ行きます。

もんだい ぶん ないよう ただ ほんごう ひと えら
[問題] 文の内容で正しい番号を一つ選んでください。

- すずき びょういん い
① 鈴木さんは、あしたタクシーで、病院へ行きます。
- すずき じ じゅう ぶんまえ びょういん い
② 鈴木さんは、あした10時10分前に、病院へ行きます。
- すずき かん ごしょく びょういん い
③ 鈴木さんは、あした看護職と病院へ行きます。
- すずき じ ぶん げんかん い
④ 鈴木さんは、あした10時30分に、玄関へ行きます。

Answers

[Addressing and Conversing]

P.209	移動の介護Ⅰ	③
P.210	移動の介護Ⅱ	③
P.211	移動の介護Ⅲ	①
P.214	食事の介護Ⅰ	④
P.215	食事の介護Ⅱ	④
P.216	食事の介護Ⅲ	③
P.218	排泄の介護Ⅰ	②
P.219	排泄の介護Ⅱ	③
P.220	排泄の介護Ⅲ	④
P.222	みじたくの介護Ⅰ	②
P.223	みじたくの介護Ⅱ	④
P.224	みじたくの介護Ⅲ	③
P.225	みじたくの介護Ⅳ	①
P.227	入浴・清潔保持の介護Ⅰ	③
P.228	入浴・清潔保持の介護Ⅱ	②
P.229	入浴・清潔保持の介護Ⅲ	④
P.230	入浴・清潔保持の介護Ⅳ	④
P.231	入浴・清潔保持の介護Ⅴ	③
P.232	入浴・清潔保持の介護Ⅵ	③
P.234	家事の介護Ⅰ	④
P.235	家事の介護Ⅱ	③
P.236	家事の介護Ⅲ	④
P.237	家事の介護Ⅳ	③
P.238	家事の介護Ⅴ	④

[Sentences]

P.242	利用者の状況Ⅰ	④
P.243	利用者の状況Ⅱ	④
P.244	利用者の状況Ⅲ	②
P.245	利用者の状況Ⅳ	②
P.246	利用者の状況Ⅴ	③
P.247	利用者の記録	④
P.248	仕事のやり方Ⅰ	①
P.249	仕事のやり方Ⅱ	①
P.250	仕事のやり方Ⅲ	④
P.251	仕事のやり方Ⅳ	①
P.252	仕事のやり方Ⅴ	③
P.253	仕事のやり方Ⅵ	④
P.254	掲示Ⅰ	④
P.255	掲示Ⅱ	③
P.256	掲示Ⅲ	③
P.257	掲示Ⅳ	③
P.258	献立	④
P.259	行事の計画Ⅰ	④
P.260	行事の計画Ⅱ	③
P.261	仕事のスケジュールⅠ	③
P.262	仕事のスケジュールⅡ	③
P.263	事故の報告	③
P.264	申し送りⅠ	②
P.265	申し送りⅡ	③

〔会話・声かけ〕

P.209	移動の介護Ⅰ	
P.210	移動の介護Ⅱ	
P.211	移動の介護Ⅲ	
P.214	食事の介護Ⅰ	
P.215	食事の介護Ⅱ	
P.216	食事の介護Ⅲ	
P.218	排泄の介護Ⅰ	
P.219	排泄の介護Ⅱ	
P.220	排泄の介護Ⅲ	
P.222	みじたくの介護Ⅰ	
P.223	みじたくの介護Ⅱ	
P.224	みじたくの介護Ⅲ	
P.225	みじたくの介護Ⅳ	
P.227	入浴・清潔保持の介護Ⅰ	
P.228	入浴・清潔保持の介護Ⅱ	
P.229	入浴・清潔保持の介護Ⅲ	
P.230	入浴・清潔保持の介護Ⅳ	
P.231	入浴・清潔保持の介護Ⅴ	
P.232	入浴・清潔保持の介護Ⅵ	
P.234	家事の介護Ⅰ	
P.235	家事の介護Ⅱ	
P.236	家事の介護Ⅲ	
P.237	家事の介護Ⅳ	
P.238	家事の介護Ⅴ	

〔文章〕

P.242	利用者の状況Ⅰ	
P.243	利用者の状況Ⅱ	
P.244	利用者の状況Ⅲ	
P.245	利用者の状況Ⅳ	
P.246	利用者の状況Ⅴ	
P.247	利用者の記録	
P.248	仕事のやり方Ⅰ	
P.249	仕事のやり方Ⅱ	
P.250	仕事のやり方Ⅲ	
P.251	仕事のやり方Ⅳ	
P.252	仕事のやり方Ⅴ	
P.253	仕事のやり方Ⅵ	
P.254	掲示Ⅰ	
P.255	掲示Ⅱ	
P.256	掲示Ⅲ	
P.257	掲示Ⅳ	
P.258	献立	
P.259	行事の計画Ⅰ	
P.260	行事の計画Ⅱ	
P.261	仕事のスケジュールⅠ	
P.262	仕事のスケジュールⅡ	
P.263	事故の報告	
P.264	申し送りⅠ	
P.265	申し送りⅡ	

A website for the non-Japanese learning nursing care
and working at care sites in Japan

“Nihongo o **M**anabou (Let’s Learn Japanese)”



Included Contents

- **Study of the Japanese language**
—Aim to reach the level of passing the Japanese-Language Proficiency Test N3!
Drills, Small tests, Practice tests, Learning situation management and Learning goals management
- **Nursing care study texts**
—Multidevice and multilingual—
“Nursing Care Skills Evaluation Test Study Text”
“Kaigo no Nihongo (Nursing Care Japanese Language)” and more...
- **Information is provided on social media platforms**
—Provide opportunities for users to communicate



Others are in preparation.

“Nihongo o **M**anabou (Let’s Learn Japanese)”

supports the improvement of Japanese language proficiency and acquisition of skills necessary at care sites as a comprehensive platform for non-Japanese people learning nursing care and working at care sites in Japan. When studying the Japanese language, it is essential, first and foremost, that the learner studies autonomously to achieve good results: “Nihongo o Manabou (Let’s Learn Japanese)” provides the appropriate environment for the study. It aims to help learners acquire a certain level of Japanese-language proficiency (the level required to pass the Japanese-Language Proficiency Test N3) and the basic nursing care skills. Moreover, it helps learners be prepared, among other things, for the Nursing Care Skills Evaluation Test and provides opportunities for users to communicate (interpersonal connection).

< **F**ive features >

Free of charge



The website is available free of charge to anyone who is interested in the study of Japanese language and nursing care in Japan.

Passing the test



The website supports the study to pass the Japanese-Language Proficiency Test N3 and the Nursing Care Skills Evaluation Test, etc.

Autonomous study



The website has adopted an autonomous study support system that enables learners to manage their learning situation on their own.

Nursing care in Japan



The website provides content for the study of nursing care skills required at care sites in Japan.

Community



Taking advantage of social media platforms, useful information and opportunities for users’ communication and information sharing are provided.

SHOT!!



URL: <https://aft.kaigo-nihongo.jp/rpv/>

にほんごをまなぼう

CLICK!!



The Japan Association of Certified Care Workers

Ministry of Health, Labour and Welfare: Nursing Care Japanese Language Study Support Project

“Nursing Care Skills Evaluation Test Study Text
— Nursing Care Skills/Nursing Care Japanese Language —”
(FY2019 Nursing Care Japanese Language Study Support Project)

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