Bathing the Adult

What is Involved in Bathing an Adult?

› Bathing (i.e., cleansing of the skin) is a basic component of personal hygiene. Depending on a patient's mental status, mobility, level of cooperation, and physical health, bathing can be provided in a tub or shower or in bed. This Nursing Practice & Skill provides step-by-step information for the clinician who plans to bathe a patient using a tub bath, shower, or traditional bed bath; for information about sitz baths (i.e., therapeutic, localized skin soaks that promote comfort and healing after rectal surgery, vaginal childbirth, or other causes of rectal/perineal injury) or disposable bed baths, see Nursing Practice & Skill ... Heat and Cold Therapy: Administering Sitz Baths or Nursing Practice & Skill ... Bed Bath, Disposable: Using

• What: In addition to promoting personal hygiene, bathing provides an opportunity for careful assessment of exposed skin. The clinician checks the skin for moisture level, turgor, color, temperature, any new or worsening irritation or breakdown, and for signs that any existing injuries or surgical incisions are healing appropriately. The skin is cleansed, dried, and moisturized. Prescribed therapeutic agents can be added to the water in the tub or basin to facilitate skin cleansing, healing, and/or moisturization. The patient's comfort level is assessed throughout the procedure, and safety precautions are taken to avoid patient injury (e.g., from falls or scalding) or discomfort (e.g., from being chilled)

• How: Standard precautions typically suffice when bathing an adult, unless the patient is on isolation precautions for known or suspected infection and/or there is increased risk for exposure to blood or other body fluids. Adaptive equipment can be necessary for patients with mobility limitations or decreased physical strength who are bathed in a tub. For example, see Nursing Practice & Skill ... Hydraulic Bathtub Chair: Bathing a Patient in

• Where: Bathing can be performed in any inpatient setting or in the home

• Who: Any caregiver who is properly trained can bathe an adult patient. Assistive staff members and family members who assist with bathing should be instructed to report any skin or safety concerns to the nurse clinician, who will evaluate the patient and notify the treating clinician as necessary. Due to the need for privacy, it is usually not appropriate for family members to be present when an adult patient is bathed

What is the Desired Outcome of Bathing of an Adult?

› The desired outcome when bathing an adult is for the patient's skin to be adequately cleansed and moisturized, for the patient to participate as much as possible, and for privacy, comfort, and safety to be maintained throughout the procedure

Why is Bathing of an Adult Important?

› Regular bathing maintains skin integrity and reduces risk for infection by removing secretions and transient microorganisms from the skin. Baths can also be relaxing to the patient and help stimulate circulation
Facts and Figures

- Daily bathing with chlorhexidine-containing bathing solutions appears to significantly reduce both the incidence of catheter-related bloodstream infections and contamination of skin by vancomycin-resistant organisms and contamination of blood cultures in the intensive care setting (Bleasdale et al., 2007; Dalgleish et al., 2015; Septimus et al., 2014)
- In contrast, Cochrane reviewers found no clear evidence that preoperative bathing or showering with skin antiseptics reduces risk of surgical site infections (Webster et al., 2015)
- Researchers in a study of 333 older adults in the United States reported that inability to rise from a seated position and low overall physical activity were associated with eventual inability to bathe independently (Gill et al., 2007)
- In a study of 15 healthy volunteers, drying intact skin by patting it with a towel offered no advantage to gentle rubbing because patting leaves the skin significantly wetter and at greater risk for irritation (Voegeli, 2008)
- Bath basins should be cleaned carefully after use or discarded because they can otherwise harbor microbes and act as a source for transmission of healthcare-associated infection. Researchers found that bacteria grew in 98% of samples (Johnson et al., 2009)
- Preliminary findings in small groups of healthy adults suggest that foot bathing can improve cardiovascular and immune function, and promote relaxation and sleep. Additional studies in larger groups of patients are necessary to confirm these findings and to evaluate their effectiveness in hospitalized patients (Liao et al., 2008; Saeki et al., 2007; Yamamoto et al., 2008)
- Little research has been performed regarding skin hygiene and bathing needs of bariatric patients, with the result that bathing care of these patients is largely based on customary practice and individual clinical opinion. More research is needed on this topic before evidence-based nursing recommendations can be provided regarding bathing care of bariatric patients (Cowdell et al., 2014)

What You Need to Know Before Bathing an Adult

- Water temperature during a bath should be 100–110 °F (37.8–43.3 °C); if a bath thermometer is unavailable, the clinician should place his/her elbow in it and verify that it is comfortably warm
  - Using water that is too hot can scald the patient's skin and can also cause vasodilation, leading to dizziness and syncope. It is normal, however, for comfortably warm baths to promote circulation. Distal to proximal strokes promote venous return
- The clinician providing a bath to an adult should have basic knowledge of
  - Skin anatomy and physiology and skin assessment (Figure 1)
The standard bath involves the use of warm water and skin cleanser (e.g., bar soap, shower gel, liquid body wash solution). The skin cleanser must be thoroughly rinsed from the skin because if it is not the skin can become dry and irritated.

Therapeutic baths involve bathing the skin using one or more prescribed preparations to remove skin secretions, old topical medications, and/or to relieve inflammation, itching, and other symptoms. Baths can also help reduce emotional tension and stress. Preparations used in therapeutic baths can include the following:

- Colloidal oatmeal (i.e., oatmeal ground into a fine powder), which coats and soothes the skin and relieves itching
- Bath oils, which act as an emollient to moisturize dry, itchy skin and eczema
- Cornstarch, which soothes itchy skin
- Sodium bicarbonate, which can soothe inflamed, dry skin
- Saline water baths, which can be used to assist with prevention or treatment of bacterial skin infection (Figure 2)
A bed bath is an alternative to bathing in a tub or showering. It can be used for patients who have mobility impairment, cannot stand in a shower, or are unable to safely bathe in a tub. Bed baths are usually not as cleansing as showers or tub baths.

- Disposable bed baths or bag baths are a modified type of bed bath performed using prepackaged disposable cloths containing a no-rinse cleaner (i.e., surfactant, humectant, and emollient).
  - Use of disposable bed baths decreases the risk for infection (e.g., as a result of improper cleaning of bath basins).
  - Patients with dementia pose a challenge during bathing because they can be combative, increasing the risk of injury to themselves and the individual providing the bath. Disposable bed baths can have a calming effect on these patients, allowing safer and more effective bathing. Disposable baths can be a comforting alternative to a traditional bath for patients who are bedridden. For more information, see the above-referenced *Nursing Practice & Skill* on use of disposable bed baths.

Equipment that promotes patient safety during a bath includes the following (Figure 3):

- “Grab bars” attached to the wall above the bathtub provide a stable source of support because patients can hold onto the bars to prevent falling while getting into the tub, pull themselves up from a seated position in the tub, and steady themselves when stepping out of the tub.

- A rubber mat or non-skid tread on the bottom of the tub prevents falls.
- A non-skid bath mat on the floor beside the bathtub prevents falls. (Do not put a towel on the floor because it could move when the patient is standing on it, causing a fall).
Walk-in bath tubs are available to make bathing easier for patients with limited mobility.

Preliminary steps that should be performed before bathing an adult include the following:

- Review the facility/unit-specific protocols for bathing and fall prevention in adult patients, if available.
- Review the treating clinician’s orders for patient bathing, if available. Note any orders indicating:
  - the type of bath to be provided (e.g., tub bath, shower, bed bath)
  - Tub baths and showers are usually not permitted for patients with dressings, casts, recent surgical incisions, or emotional/psychological instability deemed to put the patient or staff members at increased risk for harm during the procedure.
  - therapeutic bath treatment(s) that should be provided.
- Review the manufacturer's instructions for all equipment to be used and verify that the equipment is in good working order.
- Review the patient's medical history/medical record for:
  - any allergies (e.g., to latex, medications, or other substances [including certain soaps or dyes]); use alternative materials, as appropriate.
  - any physical or psychological concerns that could impact patient transfer or the safe completion of the bathing procedure; if patient assessment indicates that a tub bath or shower is potentially unsafe, bring these concerns to the treating clinician and discuss safer alternatives (e.g., bed bath, tub bath using a hydraulic bathtub chair or other assistive device).
  - details of any existing skin condition (e.g., rash, pressure injury, surgical incision), with which current skin assessment findings can be compared.
- Ready the bathing area for the patient before he/she arrives. This entails:
  - checking room temperature; it should be warm (about 75 °F [23.9 °C]).
  - closing doors/windows to prevent drafts.
  - if using a tub or shower, verifying that the tub/shower was cleaned after the last patient use and, if necessary, using a facility-approved disinfecting agent to clean environmental surfaces before setting down any supplies.
  - if providing a tub bath, filling the tub approximately halfway with water that is comfortably warm. The temperature of the water should not be higher than 110 °F (43.3 °C) during the bath.
- Request assistance from another staff member, as needed (e.g., to safely transfer the patient to the bathing area or to reposition the patient in bed for a bed bath).

Gather supplies and arrange them within easy reach of the area where the bath will be given; supplies typically include the following:

- Nonsterile gloves; additional personal protective equipment (PPE; e.g., gown, face mask, eye protection) can be necessary if exposure to body fluids is anticipated and/or if the patient is on isolation precautions (e.g., contact or droplet precautions); for details, see topics in the Nursing Practice & Skill series on isolation precautions.
- Facility-approved pain assessment tool.
- Facility-approved disinfecting agent for environmental surfaces (i.e., bath basin, tub).
- Washcloth (1 or 2), preferably disposable.
- Bath towels.
- Bath blanket.
- Skin cleanser.
- Moisturizing lotion.
- Prescribed therapeutic agent, if applicable.
- Clothing (e.g., hospital gown, street clothes).
- Perineal pad or other undergarment, as appropriate.
- Underarm deodorant, if desired by the patient.
- Facility-approved protective (e.g., plastic) covering, if needed for surgical incisions, casts, or any other device/area that must be kept dry.
- For a tub bath or shower,
  - bath thermometer.
  - shower chair if a shower will be given.
  - nonskid chair placed next to the tub if assisting the patient with a tub bath.
  - nonskid mats (1 for inside shower/bath, 1 to step on outside shower/bath).
  - signage for tub room door to indicate bathing is in process (e.g., "PRIVATE" or "OCCUPIED").
- For a bed bath,
  - bath basin(s); consider using more than one basin to allow feet to soak, or disposable bed bath.
How to Bathe an Adult

› Perform hand hygiene and don PPE
› Identify the patient according to facility protocol
› Establish privacy by closing the door to the patient’s room and/or drawing the curtain surrounding the patient’s bed
› Introduce yourself to the patient and family member(s), if present; explain your clinical role in promoting personal hygiene; assess the coping ability of the patient and family and for knowledge deficits and anxiety regarding bathing with assistance
   • Determine if the patient/family requires special considerations regarding communication (e.g., due to illiteracy, language barriers, or deafness); make arrangements to meet these needs if they are present
   –Follow facility protocols for using professional certified medical interpreters, either in person or via phone, when language barriers exist
• Assess the patient's preferences regarding bathing (e.g., whether he/she prefers certain soaps or lotions) and incorporate these preferences into the procedure, if possible
• Explain details of the bathing procedure that will be performed (e.g., tub bath, bed bath), including its purpose; answer any questions and provide emotional support as needed
   –Encourage patient participation during the bath, as this gives the patient a sense of control over personal hygiene, allows for mild exercise, and promotes independence
• As appropriate, ask family members and other visitors to leave the room as the patient is bathed to promote privacy
› Assess the patient's general health status, including his/her pain level using a facility-approved pain assessment tool
› Assess the patient's need to use the toilet/commode/bed pan; allow for elimination prior to bathing, as needed
› Observe standard precautions during the procedure

To provide a tub bath or shower, perform the following:
• Provide the appropriate level of assistance to move the patient to the bathing area
› Establish privacy by closing the door to the bathing room and placing signage on the door indicating that the room is in use
• Place a nonskid mat inside the shower, if applicable, and another nonskid mat just outside the tub/shower for the patient to step on when getting out
• If providing a tub bath, place a nonskid chair next to the tub to assist the patient in getting in and out; if providing a shower, place a shower chair inside the shower and verify that the wheels are in locked position
• Place washcloth, skin cleanser, and other necessary bathing supplies in a reachable location inside the tub/shower
• Provide the appropriate level of assistance for the patient to undress
• Place protective (e.g., plastic) covering over areas that need to be kept dry (e.g., surgical incisions/dressings, casts) and instruct the patient to keep the affected area out of the bath water
• Verify appropriate water temperature just before the patient enters the tub/shower
   –If providing a tub bath, use a bath thermometer to verify that the water is not too hot and has not cooled to an uncomfortable degree (water temperature should be 100–110 °F [37.8–43.3 °C])
   - Adjust the temperature of the water before the patient gets in; do not turn on the hot water while the patient is in the tub
   –If providing a shower, adjust the water temperature and flow to a degree that is comfortable for the patient
• Assist with getting into the bathtub/shower
   –Instruct the patient to hold on to the grab bar for safety while entering the tub/shower
• Assist the patient to a sitting position in a shower chair, if appropriate
• Assess the patient's skin before, during, or after the bath/shower, while respecting the patient's privacy. Observe for any abnormalities, such as
   –scaling or dry patches
   –rashes
   –discoloration (e.g., redness, bruising)
   –skin breakdown/pressure injuries
• If therapeutic bath treatment (e.g., bath oil) is being used, add it to the tub water only after the patient has gotten in and sat down; adding oils and other substances before the patient enters can cause him/her to slip and fall
• Provide assistance as requested during the tub bath or shower, while encouraging the highest level of independence possible. If assisting the patient, begin with the face and perform the following:
   –Using a wet washcloth (without soap), wash the patient’s eyes from the inner canthus to the outer canthus, using a separate section of the washcloth for each eye
- Note: Ocular infection can spread if the section of washcloth that was used in an infected eye is reused in the other eye.
- Next ask the patient if he or she would like to use skin cleanser or just water on the face and neck before washing the patient’s face, ears, and neck; use a soapy washcloth to wash the remainder of the body, taking care to avoid touching the washcloth to the face after washing the anal/genital area.

- If you must leave the bathing room during the bath or shower, first verify that it is safe to do so. Place the call button within reach and keep the door unlocked for safety.
- Note: The patient must be alert, oriented, cooperative, able to sit or stand safely without physical support and able to utilize the call button to be considered safe alone in a bath/shower. Never leave a confused or disoriented patient alone while bathing.
- Check on the patient at least every 5 minutes if you leave the bathing area.

- Completely rinse soap from all areas of the skin including skin folds.
- When bathing is finished, drain the water from the tub or turn off the shower.
- Assist the patient in getting out of the tub/shower and stepping onto the nonskid mat.
- Instruct the patient to use the grab bar for stability.
- Cover the patient with a bath blanket to prevent chilling.
- Provide the appropriate level of assistance for the patient to dry off, apply moisturizing lotion, and get dressed.
- Assist in personal care such as oral, hair, foot, and nail care.
- Make sure the floor on the way to the bed and/or chair is dry to prevent falls.
- Help the patient back to bed or into a chair, as appropriate.
- Discard or appropriately store used supplies and perform hand hygiene.

To provide a bed bath, perform the following:

- Perform hand hygiene and apply nonsterile gloves.
- Add warm water to a bath basin such that it is approximately two-thirds full. Use a bath thermometer to check the temperature (should be ~ 115 °F [46 °C]). The water should feel comfortably warm to your elbow.
- Change bath water as necessary during bathing to make sure the water is clean and warm. Make sure the side rails are up anytime you step away from the bedside.
- Set the basin on the bedside table with other supplies within reach.
- Verify that privacy is provided (i.e., door to the room is closed and/or curtain surrounding the bed is drawn).
- Raise the bed to a comfortable working height to avoid self-injury.
- Lower the side rail closest to you and assist the patient into a comfortable position (preferably supine) toward that side of the bed.
- Cover the patient’s body from the neck down with a bath towel for warmth and privacy, and provide the appropriate level of assistance for the patient to undress.
- Place protective (e.g., plastic) covering over areas that need to be kept dry (e.g., surgical incisions/dressings, casts).
- Use care to appropriately position any invasive lines such that they are free of kinking, coiling, or external compression.
- Throughout the bath, perform skin assessments for each area of exposed skin. Observe for any abnormalities, such as:
  - scaling or dry patches
  - rashes
  - discoloration (e.g., redness, bruising)
  - skin breakdown/pressure injuries.
- Using a wet washcloth (without soap), wash the patient’s eyes from the inner canthus to the outer canthus, using a separate section of the washcloth for each eye.
- Note: Ocular infection can spread if the section of washcloth that was used in an infected eye is reused in the other eye.
- If the patient is alert and responsive, ask the patient if he or she would like to use skin cleanser or just water on the face and neck.
- Place a small amount of skin cleanser on a wet washcloth or simply use a wet washcloth if requested by the patient.
  - Use gentle but firm strokes to wash the patient’s face, ears, and neck.
  - Rinse the patient’s face, ears, and neck with a wet washcloth.
  - Pat dry; carefully dry the skin in any folds or creases.
- Uncover the patient’s arm and wash with a soapy washcloth from the wrist to the axilla (i.e., distal to proximal) using long, firm strokes.
  - Support the arm as needed during washing.
- Rinse and pat dry with a towel
- Wash the axilla, rinse, and pat dry
- Apply deodorant, if desired
- Repeat for the other arm and axilla
- Allow the patient's hands to soak in the bath basin for a few minutes, then use a washcloth to cleanse all surfaces, including between the fingers; rinse and pat dry
  - While hands are soaking, observe skin and nail bed color to assess peripheral circulation; a pale/blue hue indicates poor circulation
- Uncover the patient's chest by folding the bath blanket down just below the rib cage
- Wash the chest with a soapy washcloth using long, firm strokes
  - For female patients, lift the breasts as necessary to wash the skin underneath
  - Rinse and pat dry
- Fold the bath blanket down further to expose the lower abdomen; use a separate towel to cover the chest to avoid chilling the patient
  - Use long, firm strokes to wash the abdomen
  - Rinse and pat dry
- Cover the abdomen with the bath blanket
- Uncover the patient's leg farthest from you by folding the bath blanket up
- Flex the knee, as tolerated
- Place a towel or absorbent pad on the bed and, if possible, place a basin with warm water on the towel/pad to allow the patient's foot to soak
  - Wash the leg with soapy water from the ankle to the knee and the knee to the thigh
  - Avoid massaging the leg as this can dislodge thrombi, if present
  - Rinse and pat dry
- Wash the foot, including between the toes; rinse and pat dry
- Repeat with the other leg and foot
- Return bath blanket such that it covers the upper and lower body
- Verify that the water in the basin has not cooled too much
  - If the water is too cool, replace it with fresh, warm water. Lower the bed and raise side rails for safety when stepping away from the bed
  - After getting fresh water, remove gloves, perform hand hygiene, and apply a new pair of nonsterile gloves
- Lower the side rail closest to you and assist the patient to a prone or side-lying position facing in the direction away from you
- Maintain warmth and privacy using the bath blanket
- Wash the patient's back with a soapy washcloth using long, firm strokes
  - Rinse and pat dry
  - Check the skin for irritation, breakdown, and other abnormalities
  - If feasible and desired by the patient, provide a back rub using lotion
- Wash the anal area with a clean soapy washcloth
  - Use care to wipe from the front to the back to avoid contaminating the perineum
  - Rinse and pat dry
- Remove and discard gloves after cleansing the anal area; perform hand hygiene
- Refill the bath basin with warm water, taking measures to maintain patient safety, as described above
- Apply a new pair of nonsterile gloves
- Lower the side rail and assist the patient into supine position
- Fold the bath blanket up to expose the perineum; if possible, cover the legs with a towel
- Wash the perineum using a soapy washcloth
  - Use short, gentle strokes to cleanse from front to back, and avoid the anal area
  - Use a different section of the washcloth for each stroke
  - Rinse well, especially in between skin folds, and pat thoroughly dry
- Apply or assist with the application of skin moisturizing lotion, as appropriate
- Provide the appropriate level of assistance for the patient to get dressed or gowned, and assist with other aspects of personal care such as oral, hair, foot, and nail care, as needed
• Assess the patient's comfort level and tolerance of the bathing procedure
• Assist the patient to a comfortable position in bed or chair, as appropriate
• Verify the function and position of any therapeutic device(s) in place

› Make sure bed linens are clean and dry. If necessary, change linens; see Nursing Practice & Skill ... Bedmaking, Occupied or Nursing Practice & Skill ... Bedmaking, Unoccupied

› Clean/disinfect and store the bath basin according to facility protocol
› Discard used procedure materials and perform hand hygiene

› Update the patient's plan of care, as necessary, make the appropriate notation in the treatment administration record, and/or document the following information in the patient’s medical record:
  • Date and time the bath was provided
  • Description of the bathing procedure, including the type of bath provided and any therapeutic agents used
  • Patient assessment findings, such as
    – pain/comfort level before and after bath
    – condition of skin (e.g., any signs of skin irritation or breakdown)
    – patient’s response to the bath (e.g., tolerance)
  • Any unexpected patient events or outcomes. interventions performed, and whether or not the treating clinician was notified
  • Patient/family education, including topics presented, response to education provided/discussed, plan for follow-up education, and details regarding any barriers to communication and/or techniques that promoted successful communication

Other Tests, Treatments, or Procedures That May Be Necessary Before or After Bathing an Adult

› Consult with the treating clinician, as appropriate, for any skin abnormalities that were observed during the bath

Skin treatments will be applied, if ordered

What to Expect After Bathing an Adult

› The patient’s skin will be clean and moisturized
› The patient will return to previous level of activity
› Any skin problems that were identified during the bath will be addressed by the treating clinician and other members of the multidisciplinary healthcare team, as appropriate

Red Flags

› Patients with limited range of motion or diminished dexterity are at increased risk for falls while bathing. If a fall occurs, assess the patient for injuries. Perform a neurologic assessment if head trauma has occurred or is suspected. Immediately notify the treating clinician about the fall and whether injuries are noted or suspected, and follow facility protocols for completing an incident report

› A debilitated patient who is left unattended could become submerged in the bathwater and drown or experience near-drowning injury. If submersion occurs, assess the patient’s respiratory and cardiovascular status, prepare to perform cardiopulmonary resuscitation, call for assistance, and immediately notify the treating clinician. Follow facility protocols for completing an incident report

What Do I Need to Tell the Patient/Patient’s Family?

› Explain the steps of bathing briefly before initiating bathing and while you are performing the bath. If appropriate, assist the patient/family in performing the bath to confirm their understanding of the procedure and necessary safety measures

› Provide written information that the patient/family can refer to if needed when they perform the bath at home

› Provide information about how the patient/family can contact a health professional if questions or problems arise

References


