

Module 15 – Common Diseases Seen in Home Care

Introduction

Home care aides will provide care for patients with chronic diseases and/or conditions as well as those with acute onsets or exacerbations of disease processes and/or conditions. This module will introduce the home care aide to the most common diagnoses seen in home care organizations and will discuss the role of the home care aide in caring for patients with these chronic diseases and/or conditions.

Objectives

At the end of the module, the nurse aide will:

1. Identify sources of payment for home care
2. Recognize the cost savings of home care versus institutional care
3. Identify the most common diagnoses related to home care
4. Describe the diseases and/or conditions most seen in home care
5. Explain the home care aide's role in caring for patients with certain diseases or conditions

Instructional Resource Materials

- Power Point for Module 15 – The Home Care Aide's Role in Providing Care for the Most Common Diseases Seen in Home Care
- Handouts and Activity
- Visit [NAHC Home Care Hospice Facts](#)

Module 15 – Common Diseases Seen in Home Care

Slides	Instructor's Script	Notes
Slide 1 Title Slide	Script <ul style="list-style-type: none"> • Module 15 – The Home Care Aide's Role in Providing Care for the Most Common Diseases Seen in Home Care 	
Slide 2	Script <ul style="list-style-type: none"> • Objectives - At the end of the module, the nurse aide will: <ol style="list-style-type: none"> 1. Identify sources of payment for home care 2. Recognize the cost savings of home care versus institutional care 3. Identify the most common diagnoses related to home care 4. Describe the diseases and/or conditions most seen in home care 5. Explain the home care aide's role in caring for patients with certain diseases or conditions 	
Slide 3	Script <ul style="list-style-type: none"> • <u>Disclaimer</u>: This module gathers data from all home care organizations, which include home health care agencies, home care aide organizations and hospices. 	
Slide 4	Script <ul style="list-style-type: none"> • According to an analysis by the Centers for Medicare & Medicaid Services (CMS), expenditures for home care were \$113.5 billion in 2019. • While the Centers for Medicare & Medicaid Services can keep track of agencies and costs for those who utilize those payment methods, many agencies do not bill Medicare or Medicaid; therefore, keeping track of non-certified agencies proves difficult. This means that little data exists for comparison of certified agencies and non-certified agencies. A point to remember, certified agencies bill Medicare and non-certified agencies do not. • Medicare continues to be the largest payer of home health care services. Of the \$113.5 billion in expenditures, Medicare is expected to pay close to 41% of those costs. • However, Medicaid covers much of those costs as well, as it includes in-home services that Medicare does not cover (e.g., personal care services). It is estimated that Medicaid covers 24%. • The remaining payor sources include state/local governments, private insurance, and out-of-pocket. 	
Slide 5	Script	

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	<ul style="list-style-type: none"> • Focus in recent years has shifted to keep patients out of institutions. This shift brings patients back to their communities and/or their homes for continued rehabilitative care. In 2020, home health care was the second most used acute care setting with the first most used acute care setting being skilled nursing facilities. • There are significant cost savings to home health care. • Handout #1 – Cost of Inpatient Care vs Home Care 	
<p>Slide 6</p>	<p>Script</p> <ul style="list-style-type: none"> • Hypertension – affects tens of millions of people and contributes to death from heart and kidney disease. Treatment for hypertension does not cure it but controls it. Blood pressure consistently over 140/90 is considered hypertension. • It is called the silent killer because it gives no warning in the initial stages. As the disease progresses, it may cause: <ul style="list-style-type: none"> ○ Headaches ○ Vision changes ○ Problems with urinary output ○ Permanent damage to vital organs ○ Some people do not seek medical help until they have a stroke. • There is a higher risk of hypertension if: <ul style="list-style-type: none"> ○ History of hypertension, heart disease, or kidney disease in the family ○ Smoke cigarettes ○ Overweight ○ High salt intake ○ African American ○ High saturated fat diet • Some causes are still unknown, but may include: <ul style="list-style-type: none"> ○ Diet ○ Heredity ○ Birth control pills ○ Kidney infections ○ Chemicals 	
<p>Slide 7</p>	<p>Script</p> <ul style="list-style-type: none"> • The Home Care Aide’s Role - Hypertension – follow the plan of care for the patient, help the patient comply with their medication, diet, and exercise, and report back to your supervisor if the patient is not compliant. • Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. 	

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	<ul style="list-style-type: none"> • Help the patient incorporate his/her treatment into his/her daily routine – the treatment must become a regular part of the patient’s day. • Listen to your patient. Get answers from your supervisor if you are unable to answer any questions your patient may have. • Watch for side effects of medications and report those immediately. These depend on the patient and the medication and could include the following signs and symptoms: <ul style="list-style-type: none"> ○ Stuffy nose ○ Muscle cramps ○ Weakness ○ Nightmares ○ Impotence ○ Dizziness 	
<p>Slide 8</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>Heart Attack/Myocardial Infarction (MI)</u> – There are many medical reasons but all result in a decrease in blood supply to the heart. If heart tissue dies as a result, it is a myocardial infarction. • Recovery of the heart depends on: <ul style="list-style-type: none"> ○ The location of the MI ○ Person’s age ○ Person’s gender ○ Atherosclerosis ○ The patient’s health history • Atherosclerosis - hardening of the arteries which leads to a decrease in the blood supply to body tissues due to a thickening of vessel walls. Could result in a buildup of fatty plaque and lead to complete obstruction. • Atherosclerosis in the first stages can be reversed but once a vessel is completely blocked, it usually stays that way. 	
<p>Slide 9</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>The Home Care Aide’s Role – Heart Attack/Myocardial Infarction</u> – the home care aide’s role will involve helping a patient recover from a heart attack. • Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. • The patient’s plan of care will depend on: <ul style="list-style-type: none"> ○ The type of heart attack the patient had ○ Recovery up to that point ○ Home situation ○ Prognosis 	

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	<ul style="list-style-type: none"> • The plan of care should also include instructions about: <ul style="list-style-type: none"> ○ Activity restrictions ○ Diet restrictions ○ Medication ○ Emotional support ○ Many people become a cardiac cripple because they are afraid of another heart attack if they exert themselves. They will need encouragement to do some of their care and follow an exercise program. • The patient may also show a total disinterest in his/her condition. The patient does not take prescribed medications or follow any medical plans. This is considered denial of the patient’s condition and should be reported to your supervisor. 	
<p>Slide 10</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>Angina</u> – Brief, temporary pain or heaviness in the chest brought on by stress, excitement, physical activity, or a heavy meal. The discomfort results from a lack of oxygen to the heart. Changes in a patient’s angina signals a change in his/her cardiac status and should be reported to your supervisor immediately. • Causes of angina: <ul style="list-style-type: none"> ○ Narrowing of the coronary arteries which bring oxygen to the heart ○ Not a heart attack but can lead to one if not treated • Risk factors include: <ul style="list-style-type: none"> ○ High blood pressure ○ High cholesterol ○ Smoking ○ Overweight ○ High stress levels • Treatment includes: <ul style="list-style-type: none"> ○ Medication – used to increase flow of blood to the heart – individualized for patient’s condition ○ Control of risk factors – alteration of lifestyles ○ Surgery – angioplasty is performed to increase the size of the arteries 	
<p>Slide 11</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>The Home Care Aide’s Role – Angina</u> – The home care aide can help the patient and the family follow the plan of care. As always, it will be individualized to the patient. • Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. 	

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	<ul style="list-style-type: none"> • Point out successes, not failures. The patient will need support and encouragement. Encourage the patient to return to more healthy activity. • Be alert to stressful situations and report any to your supervisor. • Report all complaints of chest pain to your supervisor. Your patient may take a medication called nitroglycerin that is placed under the tongue. If you see your patient taking this medication, ask them about their chest pain and call your supervisor. 	
<p>Slide 12</p>	<p>Script</p> <ul style="list-style-type: none"> • Diabetes – results when the pancreas does not produce enough insulin to break down carbohydrates in the blood. This results in a decrease of starches and carbohydrates being used for energy and absorbed by the cells. The sugar remains in the bloodstream and is excreted in the urine. • Signs and symptoms: <ul style="list-style-type: none"> ○ Fatigue ○ Weight loss ○ Inflammation of the vagina ○ Sores heal poorly and slowly ○ High blood sugar ○ Sugar in the urine ○ Frequent and copious amounts of urine ○ Excessive thirst ○ Poor vision • Types of diabetes <ul style="list-style-type: none"> ○ Insulin dependent – IDDM/Type 1 – often called juvenile diabetes because it occurs in the young – usually before age 36. ○ Non-insulin dependent – NIDDM/Type 2 – called maturity onset diabetes because it occurs after the age of 36. More than 80% of all people with diabetes have this type. ○ Gestational/type 3 – occurs while a woman is pregnant. Blood sugar usually returns to normal after she delivers. ○ Type 4 – caused by several reasons. May be caused by steroid or hormone treatment. Once a drug is discontinued the blood sugar returns to normal. • Signs and symptoms – usually come on slowly. Testing should be performed periodically for early diagnosis and treatment: <ul style="list-style-type: none"> ○ Blood sample – blood is taken from the arm and checked for presence of glucose. The normal range is 80-120 mg. ○ Urinalysis – urine is checked for presence of glucose. 	

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	<ul style="list-style-type: none"> ○ Glucose tolerance test – tests performed on the urine and blood after a prescribed amount of glucose is ingested by the patient. ○ Blood sugar check with glucometer ● Long-term disorders of diabetes: <ul style="list-style-type: none"> ○ Blindness from cataracts, glaucoma, and hemorrhage ○ Gangrene from poor circulation, skin breakdown, and invasion of tissue by bacteria; may lead to amputation ○ Kidney disease from too much sugar in the urine ○ Vascular disease and nerve degeneration caused by high sugar levels, poor fat metabolism, poor tissue repair, and poor circulation 	
<p>Slide 13</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>The Home Care Aide’s Role – Diabetes</u> – Help the patient adjust to life with this disease and follow the routine of medication and diet. ● Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. ● Notify the nurse or dietician (if available) if the patient is having difficulties following his/her treatment plan. ● Assist with medication reminders, but never give an injection or oral medications. Insulin should be stored in a cool location away from heat and light. ● Notify your supervisor if your patient does not take medications as ordered or if he/she appears to be having a reaction. ● Observe the patient during a blood sugar check to make sure the patient understands how to do it; report any abnormal results to your supervisor. ● Patients with diabetes have a harder time healing due to poor circulation. Routinely observe skin for early signs of skin breakdown and report this immediately. ● If a patient with diabetes has vision problems, assist with activities of daily living. ● Observe nails and toes for infection or pressure areas. Do not cut toenails or fingernails. Be sure to give proper foot care: <ul style="list-style-type: none"> ○ Bathe feet daily in warm water ○ Pat the feet dry, especially between toes, with a soft towel ○ Massage the feet to increase circulation ○ Encourage the patient to wear clean white cotton socks and change daily ○ Do not apply iodine or carbolic acid (phenol) to cuts on the feet 	

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	<ul style="list-style-type: none"> ○ Avoid walking barefoot ○ Wear comfortable, well-fitting shoes ● Encourage patient to wear an ID tag or bracelet which includes their name, address, phone number, medical condition, and any known drug allergies ● Discuss needle disposal with your patient. They will need to comply with the county’s landfill regulations for sharps disposal. Seek guidance from your supervisor on this matter. ● Handout #2 - Hyperglycemia vs. Hypoglycemia. Give students the handout and discuss the information. 	
<p>Slide 14</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>Cerebrovascular Accident (CVA)</u> – a CVA, or stroke, occurs when the blood supply to part of the brain is stopped due to a blocked blood vessel or a leak or rupture in a blood vessel. The result of a CVA depends on which blood vessels are blocked, leaking, or ruptured and which brain center is destroyed. The results of a CVA may be paralysis or loss of speech or vision because nerve impulses do not reach the brain due to damaged brain tissue. Collateral circulation sometimes will take over the circulation for the damaged blood vessel and supply blood to the injured brain tissue. ● Causes: <ul style="list-style-type: none"> ○ Embolus – a blood clot which forms in the body, travels to the brain and lodges in a small vessel ○ Thrombus – a blood clot forms in the brain and blocks the blood vessel ○ Plaque – accumulates in the blood vessel and eventually closes it ○ Hemorrhage (aneurysm) – a blood vessel bursts, most common in people with high blood pressure 	
<p>Slide 15</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>The Home Care Aide’s Role – Cerebrovascular Accident (CVA)</u> – As a home care aide, be alert to changes in the patient’s condition. ● Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. ● It is impossible to predict when or if function will return to a body part. Do not compare one patient to another. ● Provide personal care – follow the instructions of the physical, occupational, and/or speech therapists. This care is planned with these principles: <ul style="list-style-type: none"> ○ Prevention of complications due to decreased mobility ○ Need for proper nutrition 	

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	<ul style="list-style-type: none"> ○ Safety ○ Emotional aspects of the chronic condition for the patient and his/her family ● The home care aide helps the patient plan a daily routine with all the different therapies. Arrange the activities so that the patient does not tire. ● Give positive encouragement regarding his/her progress. Use simple instructions the patient and family can understand. ● Show patience and understanding. ● Do the exercises you have been instructed to do by the therapists. ● If paralysis has occurred, protect the paralyzed part of the body such as the arm or the leg. ● Assist the patient with taking his/her medications – help the patient and family work out a system so that it is clear to everyone if the patient has taken his/her medication or not. ● If visitors tire the patient, tactfully suggest they leave so that the patient can rest. ● Listen to your patient and his/her family. 	
<p>Slide 16</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>Traumatic Brain Injury (TBI)</u> – a brain injury from sudden trauma. This could be a result of a blow to the head, or if something punctures the skull and hurts the brain. ● TBI can be mild to severe in nature and symptoms. Mild symptoms can include headache, confusion, blurred vision, memory issues, and trouble concentrating. Usually, a person with mild to moderate TBI would not receive home care assistance. ● When TBI is moderate to severe, symptoms can include convulsions, seizures, weakness in the arms and legs, lack of coordination, confusion, or an exacerbation of any of the mild symptoms. At its worst, TBI can cause a coma or a vegetative state. 	
<p>Slide 17</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>The Home Care Aide’s Role – Traumatic Brain Injury (TBI)</u> – This will vary due to how limited the patient is as a result of their injury. This could mean short or long-term care with a wide variety of needs. ● Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. ● Give personal care – follow the instructions of the physical, occupational, and/or speech therapists. 	

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	<ul style="list-style-type: none"> • The home care aide helps the patient plan a daily routine with all the different therapies. • Give positive encouragement regarding his/her progress. Use simple instructions the patient and family can understand. • Show patience and understanding. • Assist the patient with taking his/her medications – help the patient and family work out a system so that it is clear to everyone if the patient has taken his/her medication or not. • If visitors tire the patient, tactfully suggest they leave so that the patient can rest. • Listen to your patient and his/her family. 	
<p>Slide 18</p>	<p>Script</p> <ul style="list-style-type: none"> • Arthritis – inflammation and destruction of joints. Most often affects the shoulders, ankles, elbows, wrists, fingers, and toes. Arthritis can be due to an allergy, an injury, or an infection. Some arthritis has unknown causes. • There are over 100 types of arthritis. The most common types are: <ul style="list-style-type: none"> ○ Osteoarthritis – the most common type among the elderly. After continual use, the joints and their linings become thin. The bony surfaces become thick and develop spurs. The bones rub against each other, causing pain and inflammation. ○ Rheumatoid – a crippling, chronic disease. All connective tissue in the body is affected. Usually starts in young adulthood or childhood. Three times more common in women than in men. ○ Ankylosing Spondylitis – more common in men than in women. It may start in childhood but most frequently before the age of 35. This disease attacks the spine and/or shoulders and hips. These patients usually remain stiff but can function and lead normal lives. ○ Gout – more common among men. Uric acid crystals build up in the blood and lodge in the joints. This causes inflammation and extreme pain. Any joint can be affected but the big toe is often the site. 	
<p>Slide 19</p>	<p>Script</p> <ul style="list-style-type: none"> • The Home Care Aide’s Role – Arthritis – Remember that arthritis is a chronic condition. Help the patient establish a routine for daily care that is safe, efficient, and decreases muscle stress and fatigue. • Your role provides a respite or rest for the primary caregiver; encourage the primary caregiver to take care of personal needs or leave the home while you are there. 	

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	<ul style="list-style-type: none"> • Assist with range of motion exercises based on care plan. • Encourage regular exercise and activity; report any changes in the patient’s response to the exercise and/or activity routine. • Adapt activities of daily living to encourage the patient’s independence; many assistive devices are available to assist the patient to bathe, dress, and eat with minimal or no assistance from others. • Promote person-centered care by treating each patient as an individual; arthritis is common among older adults; however, never assume that each patient has the same symptoms and needs the same care. • Encourage rest periods as outlined in the care plan. • If the patient is trying an unconventional treatment for arthritis, report this to your supervisor. • Listen to your patient. Discuss these conversations with your supervisor so that he/she may help the patient obtain professional counseling if needed. 	
Slide 20	<p>Script</p> <ul style="list-style-type: none"> • <u>Chronic Obstructive Pulmonary Disease (COPD)</u> – refers to all diseases that cause irreversible damage to the lungs over a period of time. COPD is one of the leading causes of death in the United States. • Asthma and emphysema are two common types of COPD. These patients have difficulty performing any activities which require exertion. They must sometimes learn to live with equipment to help them breathe. 	
Slide 21	<p>Script</p> <ul style="list-style-type: none"> • <u>The Home Care Aide’s Role – Chronic Obstructive Pulmonary Disease (COPD)</u> – Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. • Encourage the patient to take or use his/her medications properly. • Report any behavior changes immediately to your supervisor. • Encourage the patient to eat small, nutritious meals. Check to see if fluids are restricted. • Help the patient occupy his/her time. • Encourage the patient to keep bed in Fowler’s position. • Warn the family regarding smoking and the use of oxygen (if oxygen is being used). Notify your supervisor of any problems. • Keep the home as dust free as possible. 	
Slide 22	Script	

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	<ul style="list-style-type: none"> • <u>Neurological Disorders</u> – patients with these disorders usually remain in the home for years. There are three main diseases which require assistance with care, attention to safety, and support for the patient and family: <ul style="list-style-type: none"> ○ Parkinson’s Disease – a progressive disease which affects the part of the brain which controls movement. The hands or legs usually have tremors. This patient may be difficult to transfer as they near the end stage of the disease process. Seek guidance or assistance from your supervisor if you have trouble with transfers. ○ Multiple Sclerosis – a progressive disease which affects the transmission of impulses throughout the central nervous system. First signs are usually fatigue, emotional changes, and difficulty with speech. Usually affects young adults. ○ Amyotrophic Lateral Sclerosis – a progressive disease resulting in the degeneration of the neurons. This disease affects nerve cells in the brain and spinal cord. Patients may become totally paralyzed in the late stages of this disease but often remain alert and oriented. Most patients die within three years of a diagnosis. 	
<p>Slide 23</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>The Home Care Aide’s Role – Neurological Disorders</u> – Be sure medications are being taken as prescribed. Report any reactions to the medication or if the patient has changes from taking the medications. • Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. • Regular exercise should be encouraged. Report any fatigue or pain. Do not change prescribed plan of exercise without notifying your supervisor. • Be sure meals are high in nutrients and fiber. Monitor swallowing for difficulties. Food should be small enough to chew easily. • Encourage the patient to be as independent as possible and encourage participation in support groups. 	
<p>Slide 24</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>Paraplegia and Quadriplegia</u> – Paraplegia and quadriplegia are the result of a spinal cord injury or illness. <ul style="list-style-type: none"> ○ The paraplegic patient has limited to no function of the lower half of the body. Legs do not function; however, the patient has full use of his/her arms. 	

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	<ul style="list-style-type: none"> ○ The quadriplegic patient has limited to no function of all four limbs and torso. Depending on where the spinal injury occurred, the patient may require permanent assistance with breathing (ventilator). 	
<p>Slide 25</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>The Home Care Aide’s Role – Paraplegia and Quadriplegia</u> – Your role will vary depending on the type of patient you have, however, both types of patients may require lots of assistance with: <ul style="list-style-type: none"> ○ Bathing ○ Toileting ○ Dressing ○ Transferring and positioning ○ Light housekeeping ○ Laundry ○ Changing linens ○ Help with errands ○ Grocery shopping ● Be patient with self-care. Encourage the patient to be as independent as possible with activities of daily living. ● Offer emotional support in addition to physical assistance. A patient may express frustration or anger toward you as they attempt to come to terms with the reality of their life. Do not take the frustration or anger personally. Remember, the emotions expressed are about the patient, not about you. ● Be aware of safety hazards. Be careful that patients do not fall or burn themselves. Patients who are paralyzed are no longer able to feel a burn. ● Give careful skin care. Asses skin routinely for signs of pressure ulcers. Assist patient to change positions at least every 2 hours. ● Assist with bowel and bladder training as directed. ● Perform ranges of motion exercises as ordered to prevent contractures, strengthen muscles, and increase circulation. ● Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. 	
<p>Slide 26</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>Cancer</u> – Cancer can occur in almost any part of the body. The most common sites for cancer growth are the lungs, colon, rectum, prostate, breast, and uterus. Certain factors can contribute to cancer: <ul style="list-style-type: none"> ○ Family history ○ Smoking ○ Alcohol consumption 	

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	<ul style="list-style-type: none"> ○ Hormones ○ Poor diet ○ Exposure to radiation or chemicals ○ Exposure to too much sun ● Cancer can be in the form of a tumor or can spread to other parts of the body: <ul style="list-style-type: none"> ○ Benign tumors – do not usually cause death. These tumors grow slowly and in a certain area. Benign tumors are not considered cancerous. ○ Malignant tumors – these tumors can grow quickly and aggressively. These are considered cancerous and will cause death if left untreated. ○ Metastasis – when cancer spreads to other parts of the body from where it originally developed. ● Treatment options for those with cancer, depending on the type of cancer, include: <ul style="list-style-type: none"> ○ Surgery – to remove the malignant area. ○ Radiotherapy/Radiation – cancer cells (and other normal cells around the cancerous cells) are exposed to radiation to try to destroy the cells. ○ Chemotherapy – like radiation in that the goal is to destroy cancer cells; however, this is accomplished with the use of drugs. 	
<p>Slide 27</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>The Home Care Aide’s Role – Cancer</u> – The home care aide’s role will vary depending on the type of treatment your patient may or may not be receiving for his/her cancer. ● Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. ● If your patient is uncomfortable because of side effects from treatment, the patient will need adequate rest, fluids, and nutrition. ● Encourage your patient to eat small, frequent, well-balanced meals during this time. ● Pain control may also be part of your patient’s plan of care. Be sure to follow the guidelines set forth by the physician and/or nurse. ● Watch for skin breakdown and changes in bowel movements. 	
<p>Slide 28</p>	<p>Script</p> <ul style="list-style-type: none"> ● <u>Chronic Renal Failure</u> – Renal failure is when the kidneys no longer function as usual or they are impaired. Waste products are not removed from the patient’s blood and fluids build up in the body. A patient with chronic renal failure will be significantly ill. 	

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	<ul style="list-style-type: none"> • Some signs of chronic renal failure are: <ul style="list-style-type: none"> ○ Leg cramps ○ Bruises ○ Muscle twitches ○ Loss of appetite, nausea, and/or vomiting ○ Skin issues (dry, itchy, thin, or brittle) ○ Yellowing skin ○ Hypertension ○ Congestive heart failure • Treatment for chronic renal failure includes: <ul style="list-style-type: none"> ○ Restricting fluids ○ Changing one’s diet ○ Medications ○ Dialysis – the process of removing waste products from the blood ○ Kidney transplant 	
<p>Slide 29</p>	<p>Script</p> <ul style="list-style-type: none"> • <u>The Home Care Aide’s Role – Chronic Renal Failure</u> – it will be important for the home care aide to pay close attention to the patient’s diet, especially fluid intake. Check the plan of care for specific requirements. • Your role provides a respite or rest for the primary caregiver. Encourage the primary caregiver to take care of personal needs or leave the home while you are there. • The home care aide will perform tasks to prevent many other side effects from occurring. For example, measures should be taken to prevent skin problems; therefore, the patient will need bath oils and lotions and/or creams after each bath. • The patient’s safety is also important, as those with chronic renal failure can have abnormal bleeding patterns. Preventing any injury is necessary. • It would also be good practice to weigh the patient each day, to ensure fluid retention is not occurring. Weigh the patient using the same scale each day and at the same time each day. • As always, report any changes in the patient’s status or routine to your supervisor. 	
<p>Slide 30</p>	<p>Script</p> <ul style="list-style-type: none"> • Activity #1 – Jeopardy Game – Break students up into groups. Have students complete the game by picking categories and point values. Instructor to ask questions and review answers (provided). 	
<p>Slide 31</p>	<p>Script</p> <ul style="list-style-type: none"> • These are just some of the more common diseases or conditions a home care aide will encounter while 	

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	<p>working in home care. The home care aide may come across other diseases or conditions; however, it is beneficial to familiarize yourself with those you will encounter the most.</p>	
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