

64-RBP-EJC
Star Inst Gen

Faribault Stat School & Hospital

David J. Vail, M.D., Medical Director

1-22-64

Dr. E. J. Engberg, Superintendent

Rising and bed-time procedures

We are enclosing information on our rising and bed-time procedures as requested in your memo of December 27, 1963.

INFIRMARY BUILDINGS

I. Morning

A. Rising

Patients are awakened at 6:00 a.m. Lights are turned on and the night aide and charge on the morning shift make rounds. The aid and patient helpers assist in helping patients dress and wash. The bed patients are checked for incontinence.

Toileting is done as each patient is taken out of bed to be bathed and teeth are brushed. The aide puts the toothpaste on the brush and patient helper assists with the brushing of teeth. An aid bathes and a patient helper dresses the patients. A patient helper supervises the children in the dayroom until time for breakfast.

The bed patients and the ones unable to go to the dining room are bathed after breakfast. The same procedure is carried out with a patient helper changing and making the bed while the patient is bathed.

As patients go into the dining area their hands are dipped in an H.T.H. solution and wiped just before eating. They are toilet ed and their hands and face washed when they return from the dining room.

Soap in infirmary buildings is not issued to individual patients. Toothpaste is from the same tube using a tongue blade to separate the amount from the tube. Toilet paper is available and used by the aide or patient helper. In the adult, male, infirmary buildings the aides shave the patients with safety razors once a week. Privacy is very difficult to maintain.

II. Evening

A. Bedtime

Very small children are readied for bed immediately following supper, which is about 5:45 p.m.

Patients are toilet ed, face and hands washed, teeth brushed, undressed and night clothes put on. They are put in bed at 6:30 to 7:00 p.m.

The older ones or patients able to enjoy T.V. are readied for bed, watch T.V. or play under the supervision of a patient helper until 8:00 or 8:30 p.m. when they are put into bed.

Patients in the adult infirmaries are readied for bed at 7:30 to 8:30 p.m. and the same procedure is followed as for other infirmary buildings.

SCHOOL CHILDREN AND MILD OR MODERATE RETARDED, AMBULANT ADULTS

I. Morning

A. Rising

Patients working in patient care areas are awakened at 5:30 p.m. to be able to start work at 6:00 a.m. Others are awakened at 6:00 a.m. The aides turn on the lights and say, "Good morning, time to get up." In these areas there is very little privacy in toileting and washing. Most of the patients in these areas have soap and toothpaste in their possession. If not, it is issued by the aide. Toilet paper is available by each toilet and paper towels are in dispensers by the lavatories.

There is very little time to wait for breakfast. The first patients to finish dressing and washing help straighten furniture in the day-room, make beds, and do other household work. This work is finished after their return from breakfast.

Patients in these areas have "lock-boxes" with their own key in which to keep their personal items. These boxes are inspected monthly by the aides with the patient being present to assure satisfactory sanitary conditions are observed. Patients in these areas have easy access to the clothing room. The female patients are being trained to care for their own clothing, do some ironing, mending, and washing of their own undies. The male population is not too adept in this area, but we are attempting to train them in pressing, sewing on buttons, mending a rip, etc.

The aides in these buildings are assigned a certain number of patients and are responsible for their training and supervision. They encourage the patients to use proper dress, have a neat appearance, and train them in proper manners for different occasions. If patients are unable to read well, they are trained in observing restroom signs, so if they have off-campus privileges or are placed in a community setting they will be able to get to the places they have to go without having to ask and embarrass themselves.

II. Evening

A. Bedtime

In this area patients are allowed to go to bed whenever they wish, usually by 10 p.m. However, if a special program is on television which some wish to view, they are allowed to remain up until the program is over. The patients who work in areas where they must be on duty earlier than the rest usually go to bed about 8 p.m.

AMBULANT, SEVERELY RETARDED, HYPERACTIVE PATIENTSI. MorningA. Rising

Patients are awakened when the night aide and the morning charge make their rounds, usually about 5:30 a.m. The patient workers assist in getting them out of bed; they are taken to the dayroom and toileted and hands and face washed, then dressed. The aide passes medications while the patient helpers dress the patients. Half of the group go to breakfast while the other half are being dressed. Patient helpers supervise the group left on the ward while the aide is in the dining room.

Bathing is done after breakfast and teeth are then brushed. The ward is cleaned, patients who are incontinent are washed and their clothing changed frequently. At noon they are toileted and hands and face washed before going to the dining room for lunch. Hands and faces are washed after returning from each meal. Patient helpers are assigned to feeding patients as there are too many to be fed by the aides.

II. EveningA. Bedtime

The evening routine is essentially the same as the morning routine reversed. Patients are washed, teeth brushed, undressed and nightwear put on. They are then taken to the dormitory to be settled for the night. This usually occurs between 7:00 and 8:00 p.m. This procedure applies to all ages of the severely retarded, hyperactive, untidy patients.

SELF-CARE AREAS

Patients in these areas are responsible for arising and getting to work on time, the cleanliness of the building, care of their clothing, etc. The aides are used in other areas when needed and make rounds to observe and inspect. The patients take turns being responsible for notifying the supervisor for help if they want anything they are unable to handle themselves. The aides are present in the evening to assist patients in reviewing things they should know if they are away from the hospital. Hypothetical situations are outlined and a discussion held to arrive at solutions for the hypothetical problem. The patients in these areas plan parties or activities for themselves, other patients, and have entertained the A.R.C., the Volunteer Council, and the Mrs. J.C.'s, planning, buying food, doing the work themselves unless assistance is requested from the aides.