

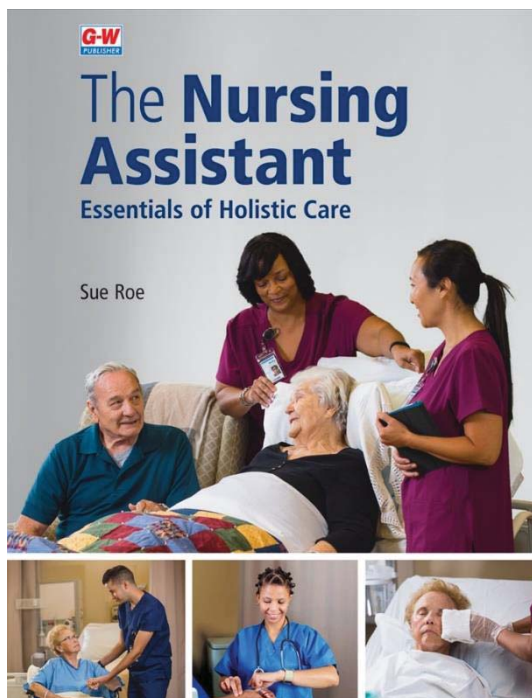


# Goodheart-Willcox

Experts in Career and Technical Education

*Correlation of*  
***The Nursing Assistant: Essentials of Holistic Care,***  
***Sue Roe***  
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to  
**Iowa State Standards**

**The Nursing Assistant: Essentials of Holistic Care** provides the knowledge and skills needed to become a certified nursing assistant. With the text's sharp focus on holistic care, students will learn how to perform the procedures required of nursing assistants while integrating and considering patients' and residents' bodies, minds, and spirits. The rich, visual, **step-by-step procedures** in this book illustrate techniques necessary to work in a variety of healthcare settings, including long-term and acute care. **Professional videos** help students visualize the steps they must master for the certification competency examination. **Practice test questions** are accompanied by numerous reinforcement, **critical thinking**, and application activities and provide an opportunity for students to prepare for the certification competency examination.



Standards		G-W Content
Unit 1		
1.0	Describe the responsibilities and role of the nurse aide.	3–4, 7–10
1.1	Discuss purpose of the nurse aide course.	4
1.2	List the course requirements that will be utilized in the teaching and learning competencies.	3–4, 7–10
1.3	Classify various health care facilities.	25–29
1.3.1	Describe the role of government agencies in resident care.	43–44, 46–50
1.4	Describe the characteristics of individuals who live in nursing care facilities.	2, 7

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<b>Standards</b>		<b>G-W Content</b>
1.4.1	List the developmental tasks of the elderly.	107
1.4.2	List five activities that promote quality of life.	7, 405, 520, 522–524, 547–576, 618–622, 627–630, 636–665
1.4.3	Discuss Resident Centered Care.	81–82
1.4.4	Describe the effects of aging on the body system.	188–189
1.4.5	Discuss the emotional adjustments a resident may experience.	107, 270–273
1.4.6	Compare the needs of the aging with the younger person.	102–107, 188–189
1.4.7	List resident characteristics that must be considered when providing or assisting with personal care.	270–273, 284–287, 422, 618
1.5	Describe the role of the health care/interdisciplinary team.	66–68
1.5.1	List responsibilities of various persons on interdisciplinary team.	66–68
1.5.2	Examine the role and competencies of the nurse aide in the nursing care facility.	3–4, 7–10
1.5.3	List some activities a nurse aide is <i>not</i> prepared to do.	45–46, 311
1.5.4	List desirable characteristics of the nurse aide.	12–16
1.6	Describe the nurse aide’s legal and ethical responsibilities.	43–50
1.6.1	Discuss purpose of criminal background checks prior to employment.	802, 811
1.6.2	Describe nurse aide’s role in promoting/protecting resident’s rights.	47–49
1.7	Communication and Interpersonal skills.	255–262, 266–267
1.7.1	List types of communication.	257
1.7.2	Diagram the components of successful communication.	256–257
1.7.3	Discuss factors that can affect an individual’s communication.	258–261
1.7.4	Discuss strategies for communication that will build professional relationships with persons served.	262, 266
1.7.5	Describe communication approaches when persons served have hearing, sight or speech disabilities.	259–260, 673–680
1.7.6	Explain how assistive technology is used to ensure the safety of people with hearing, sight, and other impairments to communication.	673–675, 677–678

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<b>Standards</b>		<b>G-W Content</b>
1.7.7	Discuss the direct care professional's role related to using and maintaining assistive technology used by the resident.	675, 678
1.7.8	Discuss approaches to difficult communication situations.	258–261
1.7.9	Discuss when a supervisor or designee should be notified.	9, 86, 204, 258
1.7.10	Discuss approaches that help create a healthy working relationship between all team members.	66–68
<b>Unit 2</b>		
2.0	The Direct Care Professional (DCP) will use safe practices to prevent the spread of infection.	338–357
2.0.1	Review the terms related to infection control.	325–330, 338–339
2.0.2	Explain the importance of infection control.	338–339
2.0.3	Discuss the six links in the chain of infection.	331
2.0.4	Explain how pathogens can spread from one host to another.	332
2.0.5	Identify groups of people who are most vulnerable to risk of infection.	323
2.0.6	Describe observation and reporting requirements.	258, 356–357
2.1	Discuss the role of the DCP in preventing the spread of infections.	338–357
2.1.1	Describe the role of federal and state regulations in the prevention of disease transmission.	339
2.1.2	Discuss the importance of using standard precautions to prevent transmission of pathogens.	339–352
2.1.3	Discuss how bloodborne, contact and airborne pathogens are transmitted.	332, 353–354
2.1.4	Discuss the use of transmission-based precautions to prevent transmission of pathogens.	352–355
2.1.5	Discuss approaches to avoid cross-contamination of bacteria from dirty items to clean items while providing support to the resident.	338

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<b>Standards</b>		<b>G-W Content</b>
2.1.6	Describe the importance of prevention of infection by use of hand hygiene.	339–340
2.1.7	Compare and contrast hand wash and hand rub.	339–343
2.1.8	Identify the times when hand hygiene should be completed.	340
2.1.9	Demonstrate proper hand hygiene.	340–343
2.1.10	Discuss the use of disposable gloves in the prevention of spreading infection.	344–345
2.1.11	Demonstrate the ability to put on and remove gloves.	345–346
2.1.12	Discuss the responsibilities of the DCP to meet infection control guidelines.	338–357
2.1.13	Demonstrate how to safely implement infection control standards while providing person-centered support.	356
2.2	Examine the resident’s environment.	372–374, 517–542
2.2.1	List major items that are usually in a resident’s room.	518
2.3	Identify three basic methods for bed making.	526–534
2.3.1	Demonstrate the ability to make a closed and/or open bed.	531–533
2.3.2	Demonstrate the ability to make an occupied bed.	529–531
2.4	Discuss the importance of maintaining and promoting resident’s safety.	372–374
2.5	The DCP will discuss special considerations with falls.	376–380
2.5.1	Discuss special considerations with falls.	376–380
2.5.2	Identify risk factors associated with falls.	376–377
2.5.3	Discuss safety measures to prevent falls.	377–379
2.5.4	Discuss safety measures to assist resident during a fall and after the individual has fallen.	379–380
2.5.5	Discuss how safety precautions can prevent burns.	391–392, 760–762
2.5.6	Discuss the possible causes related to choking.	763–764
2.5.7	Demonstrate proper administration of emergency intervention for choking resident (Heimlich Maneuver) in bed, in chair or standing.	764–765
2.5.8	Follow facility procedure when accidents/injuries occur.	308, 379–380

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<b>Standards</b>		<b>G-W Content</b>
2.6	Describe activities for fire safety and prevention.	389–392
2.6.1	Find and read the facility’s fire safety plan.	389–390
2.6.2	Identify your role as an aide in handling a fire emergency.	389–390
2.6.3	List the rules to follow to prevent electrical fires.	392–393
2.6.4	Discuss the rules for smoking that you as an aide must follow and maintain.	392, 394
2.6.5	List the safety precautions for oxygen therapy.	393–396
2.7	Describe restraint-free environment.	382–385
2.7.1	Identify and discuss the methods for protecting/maintaining a resident’s personal safety regarding restraints.	385–387
2.7.2	Discuss how to safely apply three types of restraints.	385–386
2.8	Describe methods to safely transport resident.	93–95
2.8.1	Demonstrate safety with wheel chairs.	373, 379, 417
2.8.2	Discuss the safe use of a mechanical lift.	419–420
2.9	Briefly identify and discuss the normal basic body structures of the muscular skeletal system.	155–160
2.9.1	Identify the bony landmarks in the body.	157–158
2.10	Discuss Safe Patient Handling as it applies to the DCP.	400–448
2.10.1	Discuss components of safe individual served handling.	400–448
2.10.2	List risk factors that put DCP at risk for musculoskeletal injury.	374, 400–403
2.11	Discuss the proper use of the transfer/gait belt to transfer/ambulate resident.	417–420
2.11.1	Demonstrate the ability to transfer a resident from bed to chair.	418–420, 425–428
2.12	Discuss the necessity of helping resident maintain normal body alignment.	404–405, 409–411
2.12.1	Discuss the causes of postural changes in the elderly that affects positioning.	188, 405
2.12.2	Describe how the care plan should be utilized in determining the positioning of the resident.	406, 409–415
2.12.3	Demonstrate correct positioning of a resident in the supine and side lying position.	406–407

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Standards		G-W Content
2.13	Discuss disabilities that can occur as a result of immobility.	202–204, 405, 422
2.13.1	Discuss the role of the nurse aide in prevention of contractures or foot drop.	405
2.13.2	Assist the resident to safely ambulate.	425–428
2.13.3	Describe the appropriate use of assistive devices for ambulation.	428–438
2.14	Discuss factors related to range of motion.	441–448
2.14.1	Define range of motion.	441
2.14.2	Define the types of ROM.	441
2.14.3	Discuss guidelines for ROM.	441–448
2.14.4	Discuss the effects of limited ROM on function.	440–441
2.14.5	Discuss factors that affect or influence muscle control.	208–210, 441
2.14.6	Demonstrate active and passive ROM.	441–448
<b>Unit 3</b>		
3.0	The Direct Care Professional (DCP) will use person-centered approaches when supporting physical hygiene needs.	81–82, 548
3.0.1	Identify personal care needs for the resident.	546–572
3.0.2	Discuss factors that affect a resident personal hygiene practices.	548, 553
3.0.3	Discuss the importance of performing oral hygiene.	559–561
3.0.4	Identify conditions that may require more frequent oral care.	559
3.0.5	Identify observations to report and document.	561
3.0.6	Discuss special considerations for completing oral hygiene.	559–561
3.0.7	Demonstrate oral hygiene techniques.	559–561
3.0.8	Identify the benefits of support/care of bathing persons served.	547
3.0.9	Discuss guidelines to follow when bathing an individual.	547–552
3.0.10	Discuss different methods of bathing an individual.	547–552
3.0.11	Discuss special considerations for complete bed bath.	549–552
3.0.12	Demonstrate procedure for complete bath.	549–552
3.0.13	Discuss special considerations for partial bath.	549–552

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<b>Standards</b>		<b>G-W Content</b>
3.0.14	Demonstrate procedure for partial bath.	549–552
3.0.15	Discuss special considerations for tub bath/whirlpool/shower.	547–549
3.0.16	Demonstrate procedure for tub bath/whirlpool/shower.	547–549
3.0.17	Discuss special considerations for thermal bag.	548
3.0.18	Discuss special considerations associated with bathing an individual with dementia or other cognitive impairment.	548, 691–693
3.0.19	Discuss special considerations for perineal/incontinent care.	569–572
3.0.20	Demonstrate procedure for perineal/incontinent care.	569–572
3.0.21	Identify observations to report and document after bathing.	551, 568, 572
3.0.22	Discuss special considerations for back rub.	540–542
3.0.23	Demonstrate procedure for back rub.	540–542
3.0.24	Discuss special considerations of hair care/grooming for the individual.	553–557
3.0.25	Demonstrate procedure for hair care/grooming.	553–557
3.0.26	Discuss special considerations of hair care/shampooing.	553–557
3.0.27	Demonstrate procedure for hair care/shampooing.	553–557
3.0.28	Discuss special considerations of shaving.	557–558
3.0.29	Demonstrate procedure for shaving.	557–558
3.0.30	Discuss special consideration for nail care.	564–566
3.0.31	Demonstrate procedure for nail care.	564–566
3.0.32	Discuss special considerations of dressing an individual.	572–574
3.0.33	Demonstrate procedure for dressing.	572–574
3.1	Discuss methods of assisting residents with elimination needs.	635–643
3.1.1	Demonstrate the ability to assist a resident with a urinal, bedpan, commode.	636–643
3.2	Discuss pressure sores.	202–204, 402, 580
3.2.1	Identify pressure points.	205
3.2.2	Identify residents at risk for pressure sores (pressure ulcers).	202, 382, 405, 580, 787
3.2.3	Identify the conditions that can lead to formation of pressure ulcers/or worsening of a pressure sore.	202–204, 382, 405, 787



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<b>Standards</b>		<b>G-W Content</b>
3.2.4	Describe the signs and symptoms of pressure sores (pressure ulcer).	202–204, 580
3.2.5	Discuss the stages of pressure sores (pressure ulcers).	203–204, 580
3.2.6	Discuss the nurse aid’s role in prevention of pressure sores (ulcers).	204, 294, 405
3.2.7	Discuss the special equipment you may use in the prevention/treatment of pressure sores (ulcers).	405
<b>Unit 4</b>		
4.0	The Direct Care Professional (DCP) will explain their role in assisting food and fluid needs of the person–served.	618–622
4.0.1	Identify six basic nutrients and the role they play in meeting the body’s needs.	597–601
4.0.2	Identify a well–balanced meal.	601–604
4.0.3	Discuss individual food preferences.	595–596
4.0.4	Define special diet modifications or considerations for the resident.	612–615
4.0.5	Identify barriers to adequate nutrition intake.	606, 618
4.0.6	Identify interventions to address adequate nutrition intake.	611–617
4.0.7	Demonstrate how to prepare a resident for a meal and assist with nutritional intake.	618–622
4.0.8	Demonstrate how to prepare a resident for a meal and assist with nutritional intake.	618–622
4.1	Discuss special considerations for providing nutritional support.	611–622
4.1.1	Identify special considerations for providing nutritional support.	611–622
4.1.2	Describe proper food preparation to prevent the risk of foodborne illness.	604
4.1.3	Identify ways to assist in maintaining fluid balance.	628–630
4.1.4	Define the importance of maintaining fluid balance.	627–628
4.1.5	Demonstrate measuring and recording intake and output for the resident.	630–634
4.1.6	Identify observations and signs and symptoms to report related to fluid imbalance.	627–628
4.1.7	Identify special considerations for supplements or alternative methods to support nutrition.	618–622



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Standards		G-W Content
4.1.8	Identify end-of-life considerations related to food and fluid consumption.	787, 791
4.1.9	Describe the nurse aide's role in enteral tube feedings.	615–617
<b>Unit 5</b>		
5.0	The Direct Care Professional (DCP) will accurately gather, report, and document vital sign information.	454–478
5.0.1	Discuss components of vital signs.	454–478
5.0.2	Identify importance of obtaining vital signs.	454–455
5.0.3	Discuss general guidelines for obtaining temperature.	455–466
5.0.4	Demonstrate obtaining temperature.	458–466
5.0.5	Identify observations to report to supervisor.	458
5.0.6	Discuss general guidelines for obtaining pulse.	466–471
5.0.7	Demonstrate obtaining radial pulse.	468–469
5.0.8	Identify observations to report to supervisor.	468
5.0.9	Discuss special considerations for obtaining respirations.	471–473
5.0.10	Demonstrate obtaining respirations.	472–473
5.0.11	Identify observations to report to supervisor.	471
5.0.12	Discuss general guidelines for obtaining blood pressure.	473–478
5.0.13	Demonstrate obtaining blood pressure.	476–478
5.0.14	Identify observations to report to supervisor.	475
5.0.15	Discuss changes at the end of life.	786–787, 790–792
5.0.16	Discuss general guidelines for obtaining height & weight.	480–485
5.0.17	Demonstrate obtaining height & weight.	482–485
5.0.18	Identify observations to report to supervisor.	485
5.0.19	Discuss approaches of monitoring level of pain.	249–250
5.0.20	Identify pain relief measures without utilizing medication.	250
5.0.21	Identify observations to report to supervisor.	250
5.1	Identify devices used in the urinary draining system.	743

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<b>Standards</b>		<b>G-W Content</b>
5.1.1	Discuss the nurse aide's role in a closed drainage system and its purpose.	743–744
5.1.2	Demonstrate the ability to give catheter care.	643–647
5.1.3	Demonstrate the ability to empty a drainage bag, measure the urine and reclose the system.	647–649
5.1.4	Describe nurse aide's role in care of leg drainage bag.	649–650
5.1.5	Identify the important observations that you will make regarding any resident that has a urinary catheter.	643–644
5.2	Discuss the major causes of bowel and bladder problems in residents in long term care facilities.	650
5.2.1	Recognize the factors that are associated with incontinence that make management more difficult.	650
5.2.2	Describe a bowel and bladder rehabilitation program.	665–667
5.2.3	List the observations/interventions that a nurse aide can make that will assist in the development of a bowel and bladder training program.	665–667
5.3	Discuss nurse aide's role in application of heat and cold.	581–590
5.4	Describe benefits of TED hose (anti-embolism stockings).	744
5.5	Demonstrate application of anti-embolism stockings TED hose.	744–746
<b>Unit 6</b>		
6.0	Examine care needs of residents with specialized problems.	202, 204, 206–245
6.1	Describe how the nurse aide can use the interdisciplinary/inter-professional care plan in providing resident care.	85–86
6.2	Discuss the normal structure and function of the circulatory system.	170–172
6.2.1	List various cardiovascular disorders.	220–226
6.2.2	Discuss the care needs of the resident who has a cardiovascular condition.	222–226
6.3	Discuss the respiratory system.	172–174
6.3.1	List various respiratory disorders.	226–229
6.3.2	Describe the care needs of the resident with respiratory problems.	227, 229

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<b>Standards</b>		<b>G-W Content</b>
6.4	Discuss the normal anatomy of the gastrointestinal tract.	176–180
6.4.1	Discuss other reasons associated with chronic gastrointestinal irregularities.	232–235, 655–657
6.4.2	Discuss the symptoms and complications associated with constipation.	656–657
6.4.3	Describe the symptoms and complications associated with fecal impaction.	653, 656
6.4.4	Discuss the nurse aide’s role in fecal impaction/enema administration.	659–662
6.4.5	Discuss and identify the nurse aide’s role in prevention and treatment of gastrointestinal irregularity.	232–235, 652–662
6.4.6	List alternative methods of bowel elimination.	662–665
6.4.7	Discuss the altered anatomy of a colostomy/ileostomy.	662–663
6.4.8	Discuss the difference between a colostomy and an ileostomy.	662–663
6.4.9	Identify various ostomy appliances and methods used to apply them.	662–663
6.4.10	Discuss the major ostomy considerations that the nurse aide should be aware of when giving care to a resident with an ostomy.	662–665
6.5	Describe the care needs of residents with nutritional problems.	216–219, 606, 618
6.5.1	Describe diabetes.	216–219
6.5.2	List the signs/symptoms of hyperglycemia/diabetic coma.	218
6.5.3	List the symptoms of an insulin reaction/hypoglycemia.	218
6.5.4	Discuss the special care needs of a resident with diabetes.	217–219
6.6	Discuss the normal anatomy and physiology of the urinary system.	180–182
6.6.1	Identify methods for assisting the resident who has fluids restricted.	628–630
6.6.2	List methods for caring for a resident who is NPO.	615–617, 628–630
6.7	Identify the special needs of residents with musculoskeletal conditions.	204–210
6.8	Describe care for residents with neurological diseases.	210–213

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	<b>Standards</b>	<b>G-W Content</b>
6.9	Discuss differences between delirium (acute confusion) and dementia (chronic confusion).	688–693
6.9.1	Describe the care needs for residents who have delirium.	688
6.9.2	Discuss the stages and behaviors often seen in residents with dementia.	689–691
6.9.3	Identify appropriate interventions when caring for dementia resident.	691–693
6.10	Intellectual Disability (ID)	680, 682–684
6.11	Describe nurse aide’s role in caring for mentally ill.	696–700, 702
6.12	Describe problems and approaches that can be used with residents with behavioral symptoms.	691–693, 702
6.13	Discuss your feelings and society’s feeling concerning the concept of death and dying.	778–780
6.13.1	Discuss the various reactions/behaviors persons may have when facing death.	780–783
6.13.2	Describe the hospice concept and its basic purposes.	784–785
6.13.3	Discuss the special needs of a dying resident.	785–788
6.13.4	List the signs of approaching death.	790–792
6.13.5	Recognize the reactions/feelings of the immediate family/friends and other residents.	780–783, 788, 793
6.13.6	Discuss postmortem care.	794–797