

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Nursing procedures worksheet

Home country: Italy

Host country: France

Please record any differences you observed and write how those things are done in your country.

- Manutention
- Injections (subcutaneous, intramusculair)

SC: This technique is not shown.

IM: This technique is not shown.

- Infusions: prepare medication and administer in existing canula
- Blood taking

- Making beds (with and without a patient)

- Opening of the pillow is down in France and in Italy too
- Top sheet remains over patient during the making of the bed.
- Undersheet is made as a triangle in the corner in France and in Italy too
-
- Personal hygiene - giving a child a new diaper

Disinfection of the workplace before the start is the same.

Washing of the intimate zone is made with wet disinfected wipes and not with tissues like in France but we always use gloves to wash a patient/child because we can come into contact with eventual biological liquids.

- Personal hygiene - giving a bed bath to elderly patient

In Italy we use sanitary disinfected wipes instead of towels and for the intimate parts we put a bowl under the back and then with a sort of kettle we make a shower of water and bergamon

- IV catheterization
- Enema
- Administration of insulin via pen

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Nursing procedures worksheet

Home country: Belgium

Host country: Italy

Please record any differences you observed and write how those things are done in your country.

- Injections (subcutaneous, intramusculair, intravenous)

These nursing procedures were not provided during the session.

- Infusions (insertion cannula included)

These nursing procedures were not provided during the session.

- Blood taking

This procedure was shown by the Italian doctor. In Belgian it is not advised to use a latex band because of a risk to latex allergy. In Italy, a butterfly needle is preferred in private clinics because the patients are paying costumers and you do not want to scare the patient. In regular clinics, a standard needle is preferred. In Belgian a standard needle is always preferred.

The insertion site is disinfected from outside to the inside in Italy. In Belgian this is done the other way around, from inside to outside in order to take away the bacterie/dirt from the insertion site.

- Making beds (with and without a patiënt)

These nursing procedures were not provided during the session.

- Personal hygiene - doing bed path (only patient confined to bed), handling of patients

These nursing procedures were not provided during the session.

- Vital signs (blood pressure, pulse, ECG, temperature)

Blood pressure was shown by Belgian students under the supervision of an Italian doctor. No important differences were found between the Italian and the Belgian procedures.

Pulse, ECG and temperature was not shown.

- Catheterization

These nursing procedures were not provided during the session.

- Enema

These nursing procedures were not provided during the session.

- Measure Glycaemie

This was shown by Czech students under the supervision of an Italian doctor. Gloves were used during the procedure. This is not done in Belgium. It is said that all fingers can be used. In Belgium we advise not to use the index finger and the thumb. It is also advised not to use the middle of the finger in Belgium. In Italy it was said this is advised because of the better circulation.

- Procedures of hand disinfection

These nursing procedures were described in theory by the Italian doctor. No important differences were found between the Italian and the Belgian procedures. In Belgium we also use the procedures provided by the WHO. Exercises were provided to further understand the procedure.

- PET therapy and clown therapy

This was demonstrated by two teams. The procedures described were similar to those from Belgium. The therapy is used in a similar setting and also the education for the dogs and the procedure for becoming a volunteer in clown therapy is similar. The only difference between Belgium and Italy is that in Belgium we have to undergo certain psychological tests before we can volunteer at clown therapy.

- First aid

Haemlich procedure is done a bit different in Italy than in Belgium. They put the leg inside the legs of the casualty. This is not a main focus point in Belgium. The position of the hands is the same but they determine the placement of the hands differently. They put the pinky on

the sternum and the thumb on the bellybutton. Then they put the hand in the middle of this. This is not focussed on in Belgium.

Also in Belgium we first pat on the back before performing haemlich. In Italy they first start with haemlich and then pat on the back.

For the reanimation of the baby, the main procedures are the same. The main differences are that the chest compressions are done with knuckles and in Belgian we use 2 fingers. In Italy they also do 30 compressions with a baby, followed by 2 breaths and switch to 15 compressions followed by 2 breaths when they are with 2 people. They follow the latest guidelines from the AHA. In Belgium we use the 15 compressions followed by 2 breaths as standard.

The reanimation of an adult is done using the same procedures.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Nursing procedures worksheet

Home country: Belgium (B)

Host country: Frankrijk (F)

Please record any differences you observed and write how those things are done in your country.

- Manutention
 - Showed how you can assist somebody in placing them in bed and during walking. No significant differences.
 - Higher placement of the person in bed. There are no big differences in the technique. We also use the legs to rest the back of the caregiver when repositioning a patient in bed.

- Injections (subcutaneous, intramusculair)

SC: This technique is not shown.

IM: This technique is not shown.

- Infusions: prepare medication and administer in existing canula

This was shown in a video. Extra medication is put into an IV drip.

- Preparation of medication for IV administration is the same. Extra care is taken to check the date of the medication.
- The needle is never recapped. In Belgium we allow this if the medication is prepared and no patient contact had occurred with the needle.

- Blood taking

This was shown in a video.

- Gloves are always used. This is not always the case in Belgium.
- They use a butterfly needle. We try to use a regular needle in Belgium. If we use a butterfly needle, we throw away the first bloody tube (waste tube). Also the butterfly needle is not fixed with the hand. In Belgium this is allowed but we advise to fix the needle.
- The IV bag is not disinfected when the infusion is put in the bag.
- We always throw the first part of the disinfection liquid in the trash. This way dirt is thrown away from the bottle. This is not done in the video.

- Making beds (with and without a patient)

- Opening of the pillow is down in France. In Belgium we put the opening away from the door so it looks clean
- Top sheet remains over patient during the making of the bed.
- Undersheet is knotted to fit the bed instead of with a corner on the side of the bed when a patient is confused.
- No extra sheet under the patient to move the patient. This is done a lot in Belgium. A paper pad for confused patients is enough.

- Personal hygiene - giving a child a new diaper

This is not an essential part of our education. Basic hygienical principles are the same for example disinfection of the workplace before the start. Washing of the intimate zone is exactly the same as in Belgium but we always use gloves to wash a patient/child because we can come into contact with faeces or urine.

- Personal hygiene - giving a bed bath to elderly patient

- Nothing of extra linen is provided to cover the patient during washing for privacy. They use the towel they use for drying for covering the patient.
- The armpits are done last in Belgium when washing the torso. This is not done in France.
- First the upper torso is washed and then the lower body. We do this differently. We wash the legs first and then we wash the intimate region.
- We undress the patient before washing the face as well. Here a clothing piece is removed, the body part washed and then the body part is covered with clothing again.
- We take out all the upper sheets before washing the patient. Here the sheets are placed at the feet of the patient.
- Lower legs are washed the same.
- Normal we use 1 towel for the upper body and 1 towel for the lower body. Here the towel for the upper body is also used for the legs. We also use 2 washcloths, 1 for the upper body and 1 for the lower body. Here they use 1 washcloth for the entire body.
- The intimate cleaning of the genitalia is the same. The only difference is that we put soap on both sides of the washing cloth and use the other side after washing the

groin folds. We also change the water after washing the genitalia because we wash the back first.

- IV catheterization

- Checking of the blood reflux is not done standard. It is checked if the drip is running ok. If there are any problems, the reflux is tested.
- The date of placement is not placed standard on the IV bandage.
- A different polyurethane film is used for fixing the catheter. We use a IV polyurethane film in Belgium and not a full polyurethane film as in France.

- Enema

This technique is not shown.

- Administration of insuline via pen

This technique is not shown.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Nursing procedures worksheet

Home country: Belgium (B)

Host country: Czech Republic (CZ)

Please record any differences you observed and write how those things are done in your country.

- Injections (subcutaneous, intramuscular)

SC antico:

CZ:

- always disinfection – B not always necessary

IM:

CZ:

- locate position for administration using the protrusion of hip – B make cross across buttocks

- insert needle completely – B insert $\frac{2}{3}$ of needle

- Infusions: prepare medication and administer in existing canula

CZ:

- while preparing medication touching the plunger (syringe) – B not allowed

- no reflux control when administering medication – B always required

- no indication of duration of influx nor velocity of influx on label –B required

- Blood taking

CZ:

- label on vials at the start – B label on vials in the end (in case procedures fails)
- use of gloves compulsory – B only compulsory in case of known illness like HIV-Hepatitis B

- Making beds (with and without a patient)

CZ:

- use of gloves compulsory – B only when visibly dirty, always apply hand sanitizer afterwards
- use of duvet – B covers
- underlayer in plastic fabric – B underlayer in cotton material
- knot in bottom sheet – B use of technique to make angle or use mattress cover
- duvet same measure of the matras – B cover and sheets hang slightly over matras
- when finished covered with pastic cover until occupied – B bed not covered

- Personal hygiene - doing bed bath (only patient confined to bed), handling of patients

CZ:

- double pair of gloves – B gloves only while washing genitals
- remove cushion and duvet before starting procedure – B don't remove cushion
- cleaning eyes from inside outwards – B from outside inwards (towards lacrimal duct)
- use of nightgown as cover during procedure – B use of molton to cover pt
- first washing arms, then trunk – B washing furthest arm and furthest half of trunk; washing nearest arm and second half of trunk
- always use protective cream under breasts and on genitals – B only apply in case of symptoms of irritation
- pt turned twice: once for washing back, second time for washing buttocks – B only turned once: washing front and genitals, then turned for back and buttocks, change of water before and after washing genitals
- feet and legs are not washed
- bedpan underneath pt while washing genitals, rinsed with water poured from pincher

- Catheterization

CZ:

- use of disinfection liquid for genitals – B: use of saline liquid
- disinfection of genitals with swabs using gloves – B rinsing genitals (with saline liquid) using swabs and tweezers to manipulate swabs
- insertion of catheter using tweezers – B insertion of catheter using sterile gloves

- Enema

no major differences

- Administration of insuline via pen

CZ:

- indicate dosage on pen and administer completely – B remove first two units before administration of necessary units
- disinfection of skin – B no disinfection (negative effect on working mechanism of insulin)
- re-use of needle – B never recap nor re-use needle



The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Hand disinfection

- Hand disinfection is very important
- We must respect it towards ourselves but also towards other people

Hand washing procedure

-Hand hygiene procedure recommended by the [World Health Organization](#). The total time of hand washing takes 40-60 seconds.

Start (0) - Wet your hands with water

First step (1) - Apply soap to cover the entire surface of your hands

Second step (2) - Rub palm to palm in a circular motion

Third step (3) - Rub your right palm against the back of your left hand and your fingers will rub together

The fourth step (4) - Rub your palm against your palm and your fingers will still touch

The fifth step (5) - Rub the backs of your fingers against the other palm with closed

Sixth step (6) - Rub your left thumb in a circular motion in the clenched right palm

Seventh step – Rub the clenched fingers of your right hand

Postup při mytí rukou

POSTUP PŘI MYTÍ RUKOU DOPORUČENÝ SVĚTOVOU ZDRAVOTNICKOU ORGANIZACÍ



against your left palm in a two-way circular motion

The eighth step (8) – Rinse your hands with water

Ninth step (9) – Dry your hands thoroughly with a disposable towel

Tenth step (10) – Use a towel to stop the faucet

Eleventh step (11) – Now your hands are clean

[Disinfectant preparation for rapid hand disinfection](#)



The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



BLOOD TAKING DIFFERENCES

- Italians use needles in the shape of butterfly with a tube for outpatient care, because it is less painful.
- In hospitals they use the same equipment as us.

GLYCEMIA DIFFERENCES

- Italans use different lancet needle than we do for glycemia.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Nursing procedures worksheet

Home country: the Czech Republic

Host country: France

Please record any differences you observed and write how things are done in your country.

Injections (subcutaneous, intramuscular, intravenous)

The nursing procedure of injection application cannot be evaluated. The procedure has not been demonstrated.

Infusion (insertion cannula included)

The nursing procedure of preparing the infusion solution was demonstrated in the form of a video in French. From our point of view, the procedure of preparing and applying medicine into the infusion solution was too complicated. First, they used the peel effect to open the syringe, which they left lying in its packaging. They unwrapped the needle in the same way. Then

they opened the ampoule and connected the syringe to the needle, after that they drew the medicine from the ampoule and then put it into the infusion bottle. We did not see the marking of the infusion bottle, e.g. date, medicine with weight...

Blood taking

Due to the video demonstration of the Nursing blood taking procedure in French, the procedure cannot be reliably evaluated. A so-called sampling needle with wings was used in the recording (Pic. 1). This needle is mainly used by students during practice in a medical facility. We can use a so-called sampling needle with a viewing window (Pic. 2). Blood can be seen in the window or in the tube after the needle has been inserted into the vein. For students, this needle represents greater certainty of correct insertion into the vein. The use of protective gloves is not strictly required, only recommended.



Pict. 1 Needle with wings



Pict. 2 Needle with a viewing window

Making beds (with and without a patient)

During the entire preparation of the bed, the patient was covered with a sheet (cover protection) not to catch a cold. The procedure for adjusting the bed is almost identical to ours. They turn off the sheet and place it under the mattress, they do not use protective gloves. They put the bedding and used linen on the chairs. In the Czech Republic knots are made in each corner to turn off the sheets perfectly. When bed linen is contaminated with biological material, we use disposable gloves to clean the bed. In the case of changing bed linen without contamination with biological material, we can also change it without gloves. We put the used bedclothes straight into the bedclothes bags, or we can help ourselves by putting them in a makeshift bag made of a pillowcase or mat so that they are not put away anywhere in the patient's room.

Personal hygiene – doing bed bath (only patients confined to bed), handling of patients

During the demonstration of general hygiene for the lying patient, there were many ambiguities. Apparently, it was a procedure for the hygiene of a patient in an old people home rather than in a hospital facility. They did not use protective equipment for general hygiene even though they had gloves ready on the wheelchair. They washed the face and the whole body with soap and water. We can also see the difference in the procedure of washing the upper limbs. We (in the CR) start from the toes to the shoulder, here (France) they progressed from the shoulders to the toes.

Vital signs (blood pressure, pulse, ECG, temperature)

Measurement of blood pressure by auscultation method

The blood pressure measurement procedure is almost identical to blood pressure measurement in the Czech Republic. We can see the difference only in the filling of the cuff of the tonometer. From the available literature and standards of nursing care, in our practice (the CR) the procedure of inflating the cuff of the tonometer to the height of the mercury column is 30 torr higher than the assumed upper limit of blood pressure in the patient in applied. In

France, the procedure of inflating the cuff of the tonometer to a value of 160 torr and gradually releasing the air by releasing the cuff is applied.

Catheterization

The nursing procedure for peripheral venous cannulation is identical to ours. They used a transparent cover to fix the cannula. The date of insertion of the cannula is recorded in the patient's documentation. We also record the date of insertion on the cover of the cannula. They did not have a connecting tube between the cannula and the infusion set.

Enema

The nursing procedure was not demonstrated.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Differences in healthcare – Belgium VS CR

Urinary catheterisation (non-permanent)

- Use of F1/1 instead of disinfection
- Use of sterile tweezers to hold the catheter
- They use vacuette system for the urine
- They use paper tissues instead of cellulose tissues to wipe the genitals

Wounds

- They dry up the disinfectant F1/1 (not letting it dry)

Blood drawing

- They sometimes use the sarstedt with lancet and vacuette with the „butterfly needle“
- They don't throw out the swab with disinfectant so that they can disinfect their fingers and touch the patients skin during the blood draw
- They don't use gloves

Infusions

- They have two sets – main and side (there's always some solution dripping in the main one – they never disconnect the IV set)
- They don't use disinfection much, but F1/1 instead
- They have sheets with rubber bands on the edges -> they don't make knots
- They do hygiene after breakfast
- They have patient's information on the computer

Glycemia in France.

Glycemia in France is often used by diabetics to monitor their blood sugar levels. This is necessary to avoid hyperglycemia (blood sugar levels too high in the average person) or hypoglycemia (blood sugar levels too low). This is also used by the fire brigade during every intervention to make sure that the pathology is not caused by the blood sugar level and to fill in a report. The blood sugar must not be below 0.80 otherwise it is called hypoglycaemia and if the blood sugar is above 1.20 the person will be hyperglycaemic.

In the case of diabetics there is a special drug called insulin which is used to regulate the blood sugar level.

Some diabetics wear a sensor on their arm to monitor their blood sugar levels with a special device.

The blood sugar is measured with a device called a glucometer.

Explanation:



To take a blood glucose test the first step is to turn on the meter and then insert the tab at the end of the meter. Disinfect the ring finger, take the needle and prick on the side of the finger, never at the end as this could be painful and the blood will have difficulty coming out, then move the meter to the side of the tab and stick it to the drop of blood, after this you just have to wait for the result of the meter and do things according to it.

Hand hygiene

When to wash your hands ?

It is important to wash your hands before each patient care.
Example : for a care, a drug intake, for disinfection...

How to wash your hands ?

1. Place the product in the palm of your hand.
2. Rub widely from palm to palm.
3. Rub the back of each hand one after the other.
4. Rub between the fingers.
5. Rub the back of the fingers against the palm of the other hand.
6. Not forgetting the thumbs.
7. Focus on the fingertips and nails of each hand.
8. Finish with the wrists .
9. Rub until hands are completely dry. Do not rinse or wipe off.

Hand hygiene in pictures :





ZOOTHÉRAPIE



What is zotherapy ?

Mediation that is practiced individually or in small groups of a maximum of three people with the help of a familiar animal, conscientiously selected and educated, under the responsibility of a health, social or specialized education professional and in the immediate environment of people in whom we seek to awaken reactions aimed at maintaining or improving their potential, whether recreational, cognitive, physical, psychosocial or emotional. Animal therapy is not a medicine but a mediation.

What is the purpose of pet therapy ?

By using the mediation of an animal, in order to bring them well-being, to develop lost dexterity, to improve their functioning, to favour their adaptation and to break their isolation.

Are there any training courses or diplomas in animal therapy ?

There is the Professional Training given by the French Institute of Zotherapy that I founded in 2003. This training is recognized by the professional organizations of care. There are some other trainings that appear on the Net... but can be trusted !!!! For IFZ, no diploma, but a certification which is a specialization in health, social and specialized teaching. A diploma would be a mistake. Since zotherapy is above all a mediation practiced by health and social professionals and therefore a specialization.

With whom do they intervene ?

It is used with the elderly, the physically or mentally handicapped, the mentally ill, underprivileged youth, juvenile delinquents, adult inmates in prisons as well as youth in closed institutions, lonely people, children in hospitals, children who are failing at school, people suffering from psychological disorders, etc. The animals involved in all these activities meet pre-established standards of health, behavior and education.

Where there is practice ?

he professional practice of IFZ (Institut Français de Zoothérapie) has been established in France. As proof, many hospitals, EHPAD, MAS, FAM... call upon us to develop programs and train their staff.

With which animal ?

The animal most helpful for pet therapy is the dog, especially these breeds of dogs:

- The Welsh Corgi. ...
- The Golden Retriever. ...
- The Beagle. ...
- The Labrador Retriever. ...
- The Saint Bernard. ...
- The Cavalier King Charles Spaniel. ...
- The Bichon à poil frisé ...
- The Greyhound

Clown therapy

Clown therapy is a funny, original and creative method to help us be more at ease in our body it is a technique to overcome anxiety shyness and anxiety it can also help to rediscover the creativity that we have as a child.

Rosine Rochette actress and psychotherapist launched clown therapy in French from her personal experience in clown shows. Since the beginning of the 2000s, his workshops and work groups have not stopped, tired of traditional therapies, people want to work on themselves while having fun.

In the session we talk about ourselves and we explain why we signed up for the course, several stages can be applied but never like a clown show that we see with the family, little by little we find ourselves with our imagination of child.

When an intern puts on a red nose, she can suddenly afford anything. From the first day of training, she goes on stage and this learns to face stage fright and to surf on her emotions without trying to control it. Over the course of the sessions, she accepts the minute of silence and manages to take serious things lightly.

This therapy is also used in sick children who are hospitalized or in the elderly.

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Rehabilitation of the occupied bed



	Equipment and products	Justification
For the bed : -2 flat sheets -1 undersheet if necessary -1 pillowcase -1 blanket and a bedspread	For the environment : -1 bag for dirty clothes -Single-use gloves -SHA -Wipes -Detergent/Disinfectant -A bean bag or small basin	-Organisation
Care 's steps		
Before the care	- Get information from the professional, read the transmission booklet - Inform the user that the bed is going to be made - Prepare: check your clothes and do a hand hygiene - Prepare and organise: Disinfect a chair and place it at the foot of the bed/ Perform hand hygiene/ Fetch clean linen and	-Knowing the user's degree of autonomy and medical condition on the day

	place it on the chair	-Hygiene
During the care	Undoing the bed	<ul style="list-style-type: none"> -Setting up the bed at the right height -Unfold the bedding -Fold the bedspread and my blanket into a wallet and put them on the chair -Remove the pillowcase and put it in the dirty clothes bag
	Making a modesty sheet	<ul style="list-style-type: none"> -Fold the top sheet to cover the user's body
	Changing the bottom sheet	<ul style="list-style-type: none"> -Turn the person in lateral decubitus position, bending the knee of the upper leg if possible to stabilise him/her=> grip on the shoulder and pelvis -Roll the bottom sheet against the back -Put on gloves and disinfect half the mattress -Remove gloves and perform FHA -Position the clean sheet by unfolding one half and rolling the other half towards the centre of the bed The clean sheet must not touch the dirty sheet -Turn the person over to the opposite lateral decubitus position -Roll up the dirty sheet and put it in the dirty linen bag -Put on gloves and disinfect the mattress -Remove gloves and perform FHA -Unroll and pull the clean sheet to avoid folds -Put the person back on their back and put the pillow back under their head -Tuck the sheet up and then down, making the corners square
During the care (follow-up)	Changing the top sheet	<ul style="list-style-type: none"> -Place the clean sheet on the side of the person without touching the dirty sheet -Remove the dirty sheet as you cover the person with the clean sheet -Dispose of the dirty sheet in the dirty clothes bag -Put the blanket and bedspread back on -Tuck in the foot of the bed by making square corners -Do not forget the easement fold Turn the top sheet over -Ventilate

	Disposal of dirty laundry	-Put on gloves -Take out the linen, sort it and put it in the dirty linen bin -Remove gloves and perform FHA	
	Disinfect the bed and accessories	-Disinfect the bedposts, bed frames and accessories, then the chair -Perform HAF	
After the care	Store	-Reorganise the space for the user's comfort (objects within easy reach) -Lower the bed as low as possible -Close the window -Do an HAF	-Comfort -Safety: avoiding falls
	Transmit information	Note bed-making and the person's behaviour in the liaison book	
	Evaluate your performance	<input type="checkbox"/> Ergonomy <input type="checkbox"/> Sécurité <input type="checkbox"/> Economy <input type="checkbox"/> Comfort <input type="checkbox"/> Hygiene <input type="checkbox"/> Communication	

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the
Erasmus+ Programme
of the European Union



Handling technique

A. Sitting / back resting



1. The caregiver prepares the environment.
2. Caregiver informs the person: "I will help you to ,,,,"
3. The person is sitting in the middle of the table, (backward translation if necessary)
The caregiver is facing the person.
4. He/she gives the instruction : "Put your foot behind the other"
The caregiver helps the person to cross the foot on the head side on the foot close to him/her

5. He/she gives the instruction : "Grasp the edge of the table"
The hand of the person, on the headrest side, grasps the edge of the table
6. He gives the instruction: "Take the other edge of the table". The other hand of the person is placed on the far edge of the table
7. The caregiver places himself on the side of the table in backward bent lunge, leg stretched under the legs of the person
8. Caregiver warns : "When I tell you, you will lie down"
9. The caregiver places a spoon at the person's shoulder blade with his/her hand on the headrest side
10. The caregiver places his arm under the person's calves
11. He gives the instruction : "Lie down"
The caregiver converts the bar into a bridge by making a small Cossack lunge that brings his or her gaze towards the person's face
12. The hand in scapula spoon has slipped and lands on the edge of the table.
13. The helper helps the person uncross their feet and extend their arms : "Extend arms, uncross feet."
14. The caregiver leaves the person with concern for their needs. "Are you comfortable? May I leave you?"

B. Raising lying down.



1. The caregiver prepares the environment.
2. The caregiver informs the person : "I will help you to..."
3. The caregiver places a raised spoon under the person's far knee or a bar under both knees.
4. Caregiver places a raised spoon under the person's far knee or a bar under both knees.
5. The caregiver instructs, "Bend your leg(s).
6. The caregiver assists the person if needed to bend the far leg(s) by pulling by knee spoon. The foot(s) of the leg(s) are flat on the table.
7. The caregiver instructs: "Put your hands flat on the table". Person's elbows are bent, hands flat on table.
8. The caregiver warns:
"When I ask you: you will look at your belly, then push on your heel(s) and hands to raise yourself up"
9. He instructs : "Look away" to place a spoon at the person's shoulder blade spine) and a spoon at the buttock crease.
10. The caregiver places his foot on the head side above the head of the person to anticipate the action and his other foot on the person
11. The caregiver positions himself in lateral flexion on the feet side of the person (N°3 bis).
12. He gives the instructions : "look at your belly."
He gives the instructions: "Look at your belly", "Push on your heel(s) and hands".
13. The caregiver reverses his or her leg lunge to pull on the spoons
14. The caregiver settles the person and has the arms repositioned at the side of the body :
"Extend your legs and arms."
15. The caregiver leaves the person with concern for their needs : "Are you comfortable? May I leave you?"

Nursing procedures worksheet

Home country: ITALY

Host country: CZECH Republic

Please record any differences you observed and write how things are done in your country.

Injections [subcutaneous, intramuscular, intravenous]

For a subcutaneous and an intramuscular one on the gluteus, Italian nurses imagine to divide it in four parts and they use the highest left part

Infusions [insertion cannula included]

Blood taking

Italian nurses use a tourniquet not a belt and they generally use a “butterfly” needle

Making beds [with and without a patient]

it's not an Italian nurses' task , but the OSS (sanitary operators) do this. they don't do knots

Personal hygiene – doing bed bath [only patients confined to bed], handling of patients

Vital signs [blood pressure, pulse, ECG, temperature]

Catheterization

Similar procedures

Enema

Italian nurses use glicerine for more severe situations and for less problematic patients a little bit of cream soap and hot water