

BagBath®: the value of simplistic care in the community

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Bathing patients is a competence that is honed by training, practice and experience. The nurse's ability to examine, empower, comfort and communicate when patients are at their most vulnerable, to allay their fears and promote recovery, is a 'basic' nursing skill. But there is nothing 'basic' about this core element of nursing, which can make patients' experience pleasant or trying.

A bowl of water, flannel and a towel

Nurses in the community are acutely aware that they are guests in clients' homes, whose varying standards of individual hygiene must be respected. The cleanliness of a client's bowl or their bathroom tap and sink must be taken on face value. This can pose problems in relation to bathing patients and the prevention of (cross) infection. Even if full measures are taken to ensure the cleanliness of the bowl and a fresh bar of soap is used with disposable wash cloths instead of flannels to minimize cross contamination, the very act of hand washing and drawing water from a possibly unclean sink into an unsterilized bowl may be a cause for concern. Griffith et al (2003) examined environmental surface cleanliness of objects such as bowls and the potential for contamination during hand washing from residual organic soil, bacterial and staphylococcal load. They identified that tap handles were likely to be more contaminated than paper towel dispenser exits with the latter being the final surface touched during the hand washing process. Even so, 20% of these were found to be above microbiological benchmark values. Effective hand washing, including drying to decrease skin-surface microbial counts, is recognized as a critical factor in infection control policies (Drankiewicz and Dundes, 2003). Yet within a client's home, nurses are more likely to be offered the client's own towel, which even if freshly laundered will have been left by the toilet, sink or on the edge of the bath.

Soaps

Soap are the alkaline derivatives of fatty acids or triglycerides (fats or oils) and have long been essential

for health-care professionals in preventing the spread of disease. Partly due to their alkaline nature, however, soaps are limited by their irritancy to the skin and their tendency to form insoluble and inactive salts when combined with water (Kirsner et al, 1998). In recent years, a variety of soap alternatives or synthetic detergents have in part replaced soaps. Based on the hydrophilic qualities and surfactants they possess, each class has characteristics that relate to its main uses, irritancy, and toxicity (Kirsner et al, 1998). Understanding the characteristics of soaps and detergents is important when dealing with at-risk patients such as older people who in most areas form the greater part of clients in the community.

Cutaneous cleansers are an important adjunct to the daily regimen of people with compromised skin, or those who use topical therapies (Kuehl et al, 2003). Cleansers emulsify dirt, oil and microorganisms on the skin surface so that they can be easily removed during cleansing. However, there is a complex interaction between the cleanser, the moisture-skin barrier, and skin pH level. Cleansing with water, soap or a liquid cleanser will affect the moisture-skin barrier by reducing natural skin oils. Soap brings about the greatest changes to the barrier and increases skin pH (Kuehl et al, 2003). Some cleansers are gentle, causing less disruption of the barrier, with minimal change to skin pH. A cleanser that is a combination of surfactant classes, moisturizers and has

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ABSTRACT

Community nurses need to manage and embrace both the clinical and public health needs of their clients, which requires both ingenuity and improvisation. Although the community care environment is very different to hospital care, like all professionals, community nurses must live with the inevitability of change. The modern nurse must offer high-quality patient care and should be constantly striving for cost-effective methods of providing that care. In this product focus, the cost-effectiveness and infection control potential of the prevalent practice of 'bed bathing' is compared with the new concept of BagBath (Westholme Ltd). BagBath is a quick-drying one-step bed bath product offered as an alternative to the bowl of water, soap, flannel and towel.

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an acidic pH will minimize disruption to the skin barrier (Kuehl et al, 2003)

BagBath

BagBath (Figure 1) is a cleansing system that was invented by nurses. By eliminating the need for basins, soap, water, and towel as well as reducing the time required for bathing patients, BagBath is both convenient and cost effective. Each packet of BagBath contains eight disposable rayon/polyester cloths, pre-moistened with an evaporating, no-rinse cleanser and emollients. This means that a patient can be cleansed and provided with skin care at the same time and the potential for cross infection is eliminated.

Clients, nurses and new innovations

Good hygiene is indispensable for our comfort, health, and wellbeing (Tabbner, 1981). In addition, patients' knowledge about the importance of hygiene influences their motivation and individual practice (Chilman and Thomas, 1981). Anxiety caused by misunderstandings or lack of knowledge can discourage a patient from accepting hygiene care. It is important to remember that patients turn to nurses more than any other health professional group to humanize 'the system' for them (Pearson, 1988). Nurses have a responsibility to help people 'get better' through various treatments, but they can also help people 'feel better' through sincere caring and comforting and use of nursing expertise and education (Kitson, 1988). If patients are to benefit from new innovations such as BagBath, recommendations must come from nurses and health-care professionals who recognize and accept its advantages over traditional measures and will educate their clients accordingly.

Sociocultural variables, routines and BagBath

Sociocultural variables – including cultural beliefs, age, personal values and familial practices – influence hygiene care and as a result clients from diverse



Figure 1. BagBath.

backgrounds follow different self-care practices (Holland and Hogg, 2001). Every individual uses a routine of washing and keeping clean that keeps him/her comfortable (Giger and Davidhizar, 1999).

People may become very distressed if they cannot keep as clean as they are used to, especially if they are bed-bound and cannot wash themselves. They may feel dirty or polluted (Henley and Schott, 1999). Being dependant on others for washing, bathing and using the lavatory is humiliating for some people and therefore, it is important to protect patients' self-esteem and dignity as far as possible by trying to cater for their individual habits and preferences (Holland and Hogg, 2001). Most religions and cultures contain ideas about purity and pollution. Running water is generally believed to be the most effective cleansing agent (Cole, 1994), so some patients may find the idea of being washed from a bowl of water into which washcloths are repeatedly dipped extremely distasteful.

Within the context of culture and in situations when washing with running water is not possible, BagBath has the advantage of purity, as each of the pre-moistened and sealed tissues will be used for one area of the body and then discarded. A further additional advantage is that BagBath cleansing will remove all impurities that water and soap is believed to remove (Kuehl et al, 2003). The BagBath process provides a speedy but consistent alternative without the time-consuming rituals associated with bed baths (soaping, rinsing, drying and moisturizing). BagBath can provide a clean, efficient, easy alternative with minimal potential for cultural conflict.

Independence, comfort and BagBath

Certain illness or surgical procedures, and devices such as casts and traction, may exhaust, incapacitate, or reduce the dexterity of clients, who may need to have assistance with hygiene care. To foster a feeling of wellbeing and because of the intimate contact nurses have with the client during hygiene care, it is essential to preserve as much of the client's independence and privacy as possible (Wright, 1994). The ease of use of BagBath and the absence of bowls, towels, soaps and creams may assist with promotion of independence and empower clients through increasing self-care ability.

Aging population and skin tears

As the population ages, the occurrence of skin tears becomes a common concern for care providers. Skin tears in older people are a common alteration of skin integrity. They are generally small and occur more frequently on the upper extremities, with most

occurring during patient care in the patient's bedroom (McGough-Csarny and Kopac, 1998). Skin tears are painful and increase the cost of caring for residents in long-term care facilities. Birch and Coggins (2003) reviewed the effect of a change from soap and water to a no-rinse bed bathing formula on the occurrence of skin tears in a long-term care facility in the USA. They found that the number of skin tears decreased from 13 in the first month to one in the fourth month, affecting the caregivers' time and cost. The observed reduction in the occurrence of skin tears was estimated to result in an annual reduction in costs of \$2446 (c.£1450).

Care of the skin

The skin is a dynamic organ that protects, secretes, excretes and regulates temperature. Intact skin serves a vital role in maintaining homeostasis of the body and is regarded as the body's first line of defence against invading microorganisms that might otherwise invade the body's internal environment. The skin is a common site of infection from viruses, bacteria, fungi or larger parasites. Perspiration and skin oil can also harbour microorganism growth (Potter and Perry, 1995), which can jeopardize or threaten the skin's barrier function. It is necessary therefore to remove excess body secretions, but not at the cost of drying the skin. The utmost care must be taken of the skin if it is to function efficiently through critically reviewing the type of soap and techniques used for bathing (Bryant and Rolstad, 2001).

It is especially important that the proper working of the skin structures is maintained during illness. The sweat glands are controlled by the nervous system and are stimulated to secrete either by emotion or by the body's need to lose heat. Given the emotional stress associated with illness and injury and associated inactivity of bed-bound routines, it is essential that sweat with its waste matter is not allowed to accumulate (Lumley et al, 1995). The BagBath is a simple method of achieving this.

Tissue ischemia and vascular insufficiency

Additionally, certain conditions place clients at risk for impaired skin integrity (Thibodeau and Patton, 2002). These include reduced sensation, where skin needs increased protection to minimize the risk of injury. BagBath will be suitable in such cases as the washcloth and towel drying are not necessary.

Vascular insufficiency and impaired blood supply to tissues can cause tissue ischemia, skin breakdown and high risk for infection (Thibodeau and Patton, 2002). BagBath can offer an alternative to using

rough washcloths and towel drying the skin. The emollient impregnated in each disposable tissue provides additional moisturizing protection.

Age, nutritional and hydration imbalances and impaired tissue synthesis also result in thinner and less elastic skin and loss of subcutaneous tissue resulting in impaired or delayed healing (Potter and Perry, 1995). In such instances it is important that soap residue is not left on the skin and adequate emollient is applied to form a protective barrier and help maintain fluid within the skin (Baranoski, 2001). The no-soap, no-rinse process of BagBath with its added emollient will be suitable for clients in this category.

Dry skin and hygiene needs

Thinner, less elastic skin is fragile and subject to bruising and breaking (Thibodeau and Patton, 2002). Daily bathing, inadequate fluid and nutrition and the use of some soap products may additionally cause the skin to become too dry (Mason, 1997). Soap residue left on skin can also cause irritation and breakdown (Potter and Perry 1995). Dry skin is characteristically flaky and has a rough texture on exposed areas such as hands, arms, legs or face. Dry skin is prone to cracking, which can in turn lead to an infection. Interventions include bathing less frequently and rinsing the body of all soap. The condition of the seriously ill older adult or inactive client must be considered so that bathing is adequate and not too exhausting. Priorities must be based on patients' activity tolerance and hygiene preferences (Potter and Perry, 1995).

To 'soap' or 'not to soap'?

Walsh and Ford (1989) suggested that some nurses are almost afraid of using soap to wash patients. They claimed that it is not uncommon to see the cloth lightly soaped and then rinsed in water, so that the little bit of soap is washed away, then the cloth is squeezed almost dry before the nurse attempts to wash the patient. A study by Sheppard and Brenner (2000) concluded that BagBath offers an evidence-based alternative to meet the skin care needs of the older population. The versatility of BagBath is most noteworthy when considering the advantages it can offer in terms of ease of use, which empowers the patient to take a more active role in their hygiene care, and in its no-soap, no-rinse, no-drying process which can care for patients' skin as well as reduce the labour and time involved.

Incontinence and skin preservation

Incontinence is another situation where skin integrity

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Box 1. Steps for complete or partial BagBath

1. Explain procedure and ask client how much of the bed bath he/she wishes to complete
2. Prepare necessary equipment/supplies: pack of BagBath; bath blanket; clean gown; linen hamper/laundry bag; disposable gloves
3. Throughout the following steps cover areas not being washed by one or two bath blankets to ensure patient privacy and dignity, while maintaining warmth and preventing unnecessary exposure
4. Using premoistened cloth wash face. Dispose of cloth
5. Using new cloth from pack clean right side of chest and abdomen, arm and axilla and dispose of cloth
6. Repeat for the other side. Dispose of cloth
7. Wash patient's leg and foot. Dispose of cloth
8. Move to other side of bed and repeat for other leg and foot. Dispose of cloth
9. Assist client to assume prone or side lying position. Cleanse back from neck to buttocks. Dispose of cloth
10. Assist client to assume supine or side lying position. Exposing genitalia, cleanse using fresh cloth and dispose
11. Assist client in dressing, as necessary

may be at risk with cleansing regimens of soap and water without a moisture barrier. It is estimated that 30% of nursing home residents may be faecally incontinent, with those figures rising to 60% for patients in long-stay hospitals (Cooper and Gray, 2001). Maintaining skin integrity for these patients can be complex. With little clinical information to support carers, choosing a skin care regimen that maintains skin integrity for this high-risk group can be difficult. Byers et al (1995) reviewed the effects of cleansing regimens on the perineal skin of ten older female residents of an extended care facility. Results indicated that soap and water was the least efficacious regimen unless used with a moisture barrier. The no-rinse cleanser was better than soap and water in terms of skin effects and cost savings. The findings suggest that a no-rinse cleanser in conjunction with a moisture barrier is more skin-preserving and cost-effective in incontinence care than soap and water.

Planning for skin care

Planning for skin care can be based on one or more of the following goals and outcomes:

- Maintaining skin integrity and control of body odours
- Ensuring client is relaxed and comfortable
- Helping the patient participate in hygiene care.

Walsh and Ford (1992) criticized the 'ritual of bed baths drummed into student nurses'. They suggested that a good starting point would be to consider whether the patient needs or wants a bed bath. They also suggested that the amount of soap and water used varies according to the carer's fear of using too

much soap and/or water, resulting in the patient becoming a 'a passive recipient' in their wash. (The absence of bowls of water, soap, and different washcloths as well as the ease of use of BagBath may enable more clients to participate actively in their hygiene care).

Bed bath process versus BagBath

The step-by-step process of a full bed bath involves some 21 steps, and requires two bath towels, two washcloths, washbasin, soap and soap dish, bath blanket, clean gown, hygienic aids such as skin lotion, deodorant or powder, linen hamper/laundry bag, disposable gloves and bed linen (Potter and Perry, 1995). *Box 1* lists the steps involved in the BagBath process. The difference required in materials and time is obvious and this suggests that the BagBath is simpler, quicker, has reduced potential for cross infection and is a less expensive method of washing a patient.

Cost effectiveness and efficacy of BagBath

Dempster (1999) studied the advantages of the BagBath in resident hygiene care and reported that an efficient, cost-effective, and patient-friendly hygiene nursing care was achieved when a health care facility changed from the traditional bed bath to the bag bath method. Carruth et al (1995) compared the cost of a traditional bed bath to a BagBath. The study measured labour, laundry and supply costs. Results showed some predicted and unexpected advantages. The cost effectiveness and efficacy of BagBath is represented in *Table 1*.

Cultural norms vs clinical requirements

Walsh and Ford (1989) demonstrated how much routine nursing practice was conducted not on the basis of sound research but because it had always been done that way. They challenge us all to shake off the comfortable complacency of routine and ritual and to take a fresh look at nursing practice. They challenge nurses to shake off the comfortable complacency of routine and ritual and to take a fresh look at nursing practice''(Walsh and Ford (1995). For all this, the way that nurses bathe patients has remained essentially unchanged for the past 150 years and daily bathing is based more on cultural norms than on clinical requirements (Skewes, 1997)

Wright et al (1996) conducted a product trial and showed that BagBath was effective, popular and less time consuming than bed baths. Additionally they calculated that there were labour cost savings and indirect savings from prevention of skin impairments.

Table 1. Cost-effectiveness and efficacy of BagBath compared to bed bathing

BagBath	Traditional bed bath
<i>Decreased cost</i>	<i>Increased cost</i>
Eliminates the need for bathing equipment and materials including soap, water, lotion, powder, towels	Cleaning of bowls, towels Replacement soap, lotions, powder
Eliminates associated cleaning costs of bowls, etc	Time needed to prepare, wash, rinse, dry and tidy up is long
Reduced bathing time reduces labour costs	Additional time may be required as a result of spillage on floor, or need to change sheets due to spillage Potential for infection as a result of cross contamination and cross infection Potential for ulcers which can result in increased cost of treatment for the ulcers both in hospital and in the community or home Extended stay in hospital associated with development of ulcers

Conclusion

It may be time to review the process of bed bathing and its associated rituals and consider other, less ritualistic, modern innovations. Whether it is time to plan a change depends on the healthcare professionals who make use of BagBath and decide on its merit and educate their patients about the myths of bed baths using soap and water. The cost effectiveness and reduced labour involved per patient together with added skin care and reduced incidences of skin tears and ulcers from dry skin being torn will also encourage the institutions to consider changing to a one stop, no soap, no rinse, no drying BagBath process. ■

KEY POINTS

- Nurses in the community are guests in client's homes and must respect the individual's variable standards of hygiene.
- Paper towel dispenser exits is the final surface touched during the hand washing process and these were found to be 20% above microbiological benchmark values.
- Within a client's home, nurses are more likely to be offered the client's own towel, which even if freshly laundered will have been left by the toilet sink or on the edge of the bath.
- BagBath is a system that has been invented by nurses and is pre-packaged and disposable and held in a lightweight bag.
- BagBath is both convenient and cost effective and is a system that eliminates the need for basins, soap, water, and towel as well as reducing the time required for bathing patients.

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