

The National Examination for Certified Care Workers for Non-Japanese People Questions and Answers

English
Version

The Japan Association of Certified Care Workers

The National Examination for Certified
Care Workers for Non-Japanese People

Questions
and Answers

English Version

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Introduction

This book is prepared in the questions and answers style as a study text (workbook) for examination for certified care workers examination in Japan for non-Japanese people. Although the questions that had been on the national examinations were revised and prepared in the form of questions and answers, based on the new trend, it was arranged for comprehensive learning of exam coverage. The total number of questions is 713. Furthermore, pages for points to study are separately added and illustration and charts are also shown to provide you with a better understanding visually.

Because people have to take the examination for certified care workers in Japanese, to get used to the examination questions, the questions for each subject are not translated and only the explanation of terminology are multilingualized.

Also, in the Japanese version, explanation of terminology, etc. are supervised by Japanese language specialists for non-Japanese who learns nursing care in Japan with a better understanding.

We hope that this document is used not only for the non-Japanese people who study nursing care in Japan to prepare for the examination for certified care workers but also for the people who implement nursing care in nursing care sites in Japan or his/her own country to deeply understand expertise in nursing care.

This document is prepared using the Ministry of Health, Labour and Welfare subsidized project, "Nursing Care Japanese Language Study Support Project."

The Japan Association of Certified Care Workers
Nursing Care Study Text for Non-Japanese Review Committee

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How to Use This Book

“The National Examination for Certified Care Workers for Non-Japanese People, Questions and Answers” is a study material for non-Japanese people who want to pass the examination for certified care workers in Japan.

- Question (Q) and answers (A) correspond and the page number is used for easy learning (e.g.: Q001→A001). [Points of study](G) is added as G001.
- In this book, questions and answers are arranged by subjects referencing past examinations for the certified care workers.
- The answers to the questions are written with ○ (correct) or × (incorrect). Also, explanations such as the reason for the correct sentences, wrong sentences, or supplemental information are added.
- [Points of study] may be added at the last part of the subject. In [Points of study], illustrations and charts are shown to provide you with a better visual understanding of the contents that should be remembered.



1

人間の尊厳と自立



問題



1-001

作成した延命治療に対する意思決定の計画書は、利用者の意向で変更することができる。

1-002

延命治療に対する意思決定の計画書作成における本人の意思確認のための話し合いは、一度だけ実施する。

1-003

延命治療に対する意思決定の計画書は、在宅ではなく病院での治療を想定して作成する。

1-004

介護福祉職は、利用者が自ら利用するサービスを自己決定できるように、必要な情報を提供する必要がある。

1-005

今後も自宅での生活を継続したいが、そのことに不安があると話す利用者に、「施設に入居することを考えたらどうですか」と応答した。

1-006

ある 歩くことが不安と訴える消極的な利用者に対し、歩くように説得する。

1-007

エンパワメント (empowerment) とは、利用者のもっている力に注目し、その力を引き出していく考え方である。

1-008

アドボカシー (advocacy) とは、利用者の意思を代弁することを表す用語である。

1-009

1960 年代後半からアメリカで展開した自立生活運動では、障害者の選択による自己決定の尊重を主張している。

1-010

障害者の自立生活は、施設や病院において実現される。

1-011

自立支援では、利用者自らが自分の意思で行動するという意欲をもつことが大切である。

1-012

利用者が意欲をもたない場合も、介護福祉職は自立支援のためにサービスの利用を強く勧める。

1-013

自立支援とは、「すべて自分でできるようにするための支援」をいう。

1-014

ノーマライゼーション (normalization) の理念は、すべての人間が尊重され、ありのままの状態ですべての人間が普通に生活していくことを目指すものである。

1-015

認知症高齢者には、安全のため部屋から出られないように外から施錠する。

2

人間関係と コミュニケーション



もん だい
問題



2-
001

他者とのコミュニケーション場面での自己覚知は、自己の感情の動きとその背景を洞察することである。

2-
002

自己覚知とは、自己の価値観を他者に合わせることである。

2-
003

利用者との信頼関係を構築するためには、介護福祉職が話し手に徹するのがよい。

2-
004

浮かない顔をしている利用者に「自分の気持ちを我慢しなくてもいいですよ」と話しかけた。これはバイステック (Biestek, F.) の7原則のうち、自己決定の原則を指す。

2-
005

自己開示は、相手に自分のことを良く思ってもらうために行う。

2-006

自己開示を行うことで、ジョハリの窓（Johari Window）の開放された部分（open area）が広がる。

2-007

バイステック（Biestek, F.）の7原則の1つである非審判的態度とは、介護福祉職の価値観で判断せずに利用者とかわることである。

2-008

バイステック（Biestek, F.）の7原則の1つである個別化とは、利用者を個人としてとらえることである。

2-009

利用者との関係を構築するため、利用者の生活史を尊重してコミュニケーションをとるとよい。

2-010

盲ろう者（目と耳の両方が不自由な人）のコミュニケーション方法として触手話がある。

2-011

利用者の感情に共鳴して、同情的にかかわることを、共感的態度という。

2-012

聴覚障害のある利用者との間で筆談を行うときは、キーワードを活用して内容を伝達するとよい。

2-013

筋萎縮性側索硬化症（amyotrophic lateral sclerosis : ALS）で人工呼吸器装着により発声が困難な人に用いるコミュニケーション方法の1つとして、透明文字盤がある。

2-014

筆談は、中途失聴者が用いることが多い。

2-015

筆談は、多人数での双方向コミュニケーションに有効である。

3

社会の理解



問題



3-001

自分が生まれ育った家族を、じぶん うそだ かぞく ていい かぞく定位家族という。

3-002

親族とは、3 しんぞく しんとうない けつぞく はいぐうしゃ しんとうない いんぞく親等内の血族、配偶者、6 親等内の姻族をいう。

3-003

家族の機能のうち衣食住などの生活水準を維持しようとする機能は、かぞく きのう いしょくじゅう せいかつすいじゅん い じ きのう生命維持機能である。

3-004

子育てにより子どもを社会化する機能は、こそだ こ しゃかい か きのう けいせい かパーソナリティの形成化機能である。

3-005

家族の機能のうち介護が必要な構成員を家族で支える機能は、かぞく きのう かいご ひつよう こうせいいん かぞく ささ きのうケア機能である。

3-006

地域共生社会は、すべての住民が支え合い、自分らしく活躍できる地域コミュニティの創出を目指している。

3-007

地域共生社会は、高齢者分野の相談支援体制の強化に特化している。

3-008

特定非営利活動法人（NPO 法人）は、収益を上げることが禁じられている。

3-009

認定特定非営利活動法人は、税制上の優遇措置を受けることができる。

3-010

地域の機能を高めるために、ソーシャルキャピタルは必要である。

3-011

エンパワメントの対象には、地域が含まれている。

3-012

「働き方改革」の目的は、働く人々のニーズに応じた、多様な働き方を選択できる社会の実現を図ることにある。

3-013

ワーク・ライフ・バランスを実現するために、余暇時間の有効な活用が期待されている。

3-014

現在の日本の雇用保険の加入率は、正規雇用と非正規雇用で差がみられる。

3-015

日本の 65 歳以上の者の就業率は、2011 年（平成 23 年）以降減少している。

3-016

現在の日本の雇用状況は、非正規雇用の割合が全雇用者数の 3 分の 1 を上回っている。

3-017

現在の日本では、農村部の人口減少（過疎化）が緩和されている。

3-030

通勤途上の事故は、労働者災害補償保険制度の給付対象外である。

3-031

従業員がいない自営業者は、労働者災害補償保険制度の保険給付の対象ではない。

3-032

日本国憲法第 25 条で定められている権利は、生存権である。

3-033

社会福祉法第 1 条は、「福祉サービス利用者の利益の保護及び地域福祉の推進を図る」ことを規定している。

3-034

2015 年度（平成 27 年度）以降の後期高齢者医療制度の財源で、最も割合が大きいものは、後期高齢者の保険料である。

3-035

2015 年度（平成 27 年度）以降の社会保障給付費の財源では、社会保険料の占める割合が最も大きい。

3-036

2015 年度（平成 27 年度）以降の生活保護費の財源内訳は、社会保険料と税である。

3-037

「人口推計」によれば、2011 年（平成 23 年）以降、総人口は減少し続けている。

3-038

介護保険法第 1 条は高齢社会対策の基本理念や基本となる事項を規定している。

3-039

介護保険法に契約制度が導入されたことにより、民間営利企業がサービス事業者として参入できるようになった。

3-040

2018 年度（平成 30 年度）に創設された共生型サービスの対象となるサービスに、通所介護（デイサービス）は含まれる。

3-041

2018 年度（平成 30 年度）に創設された共生型サービスの対象となるサービスに、通所リハビリテーションは含まれる。

3-042

2018 年（平成 30 年）の介護保険制度改正に伴い、介護医療院が創設された。

3-043

2018 年（平成 30 年）の介護保険制度改正に伴い、定期巡回・随時対応型訪問介護看護が創設された。

3-044

2015 年（平成 27 年）の介護保険制度改正に伴い、在宅医療・介護連携推進事業の地域支援事業への位置づけが示された。

3-045

2018 年（平成 30 年）の介護保険制度改正に伴い、地域包括支援センターに認知症連携担当者が配置された。

3-046

介護保険制度の第一号被保険者は、65 歳以上の者である。

3-047

介護保険制度の第一号被保険者の保険料は、都道府県が徴収する。

3-048

地域支援事業は、「介護予防・日常生活支援総合事業」「包括的支援事業」「任意事業」の 3 事業に分けられるが、家族介護支援事業は、介護予防・日常生活支援総合事業に含まれる。

3-049

予防給付は、介護予防・日常生活支援総合事業に含まれる。

3-050

地域支援事業のうち権利擁護事業は、介護予防・日常生活支援総合事業に含まれる。

3-051

第一号訪問事業（訪問型サービス）は、介護予防・日常生活支援総合事業に含まれる。

3-052

2018 年（平成 30 年）の介護保険制度改正に伴い、介護保険制度の利用者の補足給付の支給要件に資産要件が加わった。

3-053

介護保険制度における居宅介護サービス計画費の自己負担はない。

3-054

2018 年（平成 30 年）の介護保険制度改正に伴い、一定以上の所得のある利用者に対して 3 割負担が導入された。

3-055

介護保険のサービス事業所の対応に不満がある場合、介護保険審査会に申し出る。

3-056

介護保険制度における地域ケア会議は、個別ケースの課題分析等を行うことによる地域課題の把握を目的としている。

3-057

障害福祉計画に関して厚生労働大臣は、基本的な指針を定めなければならない。

3-058

障害福祉計画に関して市町村による策定は、努力義務である。

3-059

障害福祉計画と障害児福祉計画は、計画期間が同じである。

3-060

障害者基本計画において文化芸術活動・スポーツの振興についての目標設定をしなければならない。

3-061

「障害者差別解消法（障害を理由とする差別の解消の推進に関する法律）」には「不当な差別的取り扱いの禁止」と「合理的配慮の提供」が規定されている。

3-062

障害福祉サービス（居宅介護）を利用するには、居住する市町村の相談窓口に支給申請をする。

3-063

2012 年（平成 24 年）の「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」の改正により、放課後や休日に児童・生徒の活動を支援する放課後等デイサービスが創設された。

3-064

2016 年（平成 28 年）の「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」の改正により、一人暮らしを希望する障害者に対して、地域生活を支援する自立生活援助が創設された。

3-065

2016 年（平成 28 年）の「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」の改正により、就労定着支援が創設された。

3-066

重度訪問介護は、障害支援区分 4 以上の利用者でなければ利用できない。

3-067

行動援護は、知的障害者のための外出支援サービスである。

3-068

2012 年（平成 24 年）の「児童福祉法」の改正により、医療的ケアを必要とする障害児への支援として、医療型障害児入所施設が創設された。

3-069

障害者を支援する専門職として精神保健福祉士は、心理検査を実施して精神面の判定を行う。

3-070

障害者を支援する専門職として作業療法士は、手芸や工作の作業、家事の訓練を行う。

3-071

障害者を支援する専門職として言語聴覚士は、聴覚検査や言語訓練、嚥下訓練を行う。

3-072

「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」における補装具には、車いすが含まれる。

3-073

「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」における補装具には、手すりが含まれる。

3-074

「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」により、地方公共団体が設置する協議会の機能として障害福祉計画の策定が規定されている。

3-075

「障害者総合支援法（障害者の日常生活及び社会生活を総合的に支援するための法律）」により、市町村の役割として自立支援給付と地域生活支援事業の実施が規定されている。

3-076

「2018 年（平成 30 年）の全国統計」によれば、成年後見制度の補助、保佐、後見のうち、最も多い申立ては後見である。

3-077

「2018 年（平成 30 年）の全国統計」によれば、親族以外の後見人が約 8 割を占めている。

3-078

2015 年（平成 27 年）の「個人情報保護法（個人情報の保護に関する法律）」の改正では、不当な差別や偏見が生じないように要配慮個人情報の規定され、ここには心身の障害が含まれている。

3-079

任意後見制度では、候補者のなかから家庭裁判所が成年後見人を選任する。

3-080

虐待を受けたと思われる障害者を発見した場合は、速やかに市町村または都道府県に通報しなければならない。

3-081

社会福祉法人は収益事業を実施することができる。

3-082

「消費者契約法」では契約した事業者が不当な勧誘をした場合、消費者は一度結んだ契約でも 5 年以内なら取り消すことができる。

3-083

社会福祉法人は、評議員会の設置が任意である。

3-084

特定健康診査には、生活習慣病の検査が含まれる。

3-085

特定健康診査には、がん検診が含まれる。

3-086

特定健康診査の対象は 75 歳以上の者である。

3-087

サービス付き高齢者向け住宅では、各居住部分に台所、水洗便所、収納設備、洗面設備及び浴室の設置が義務づけられている。

3-088

サービス付き高齢者向け住宅では、食事の提供が義務づけられている。

3-089

サービス付き高齢者向け住宅では、入居者は必要に応じて、介護保険サービスの利用ができる。

3-090

せいかつこんきゅうしゃ じ りつ し えんほう せいかつこんきゅうしゃ たい じ りつ し えんさく きょう か
生活困窮者自立支援法は、生活困窮者に対する自立支援策を強化して、その自立促進を図ることを目的としている。

3-091

せいかつ ほ ご ほう ほ そくせい げん り し さん のうりよくとう かつよう
生活保護法における補正性の原理とは、資産・能力等を活用したうえで保護を行うことをいう。

3-092

せいかつ ほ ご せ たい たん い じっ し
生活保護は、世帯を単位として実施される。

3-093

ねんきん か どうしゅうにゅう こうれいしゃ せいかつ ほ ご たいしょう
年金や稼働収入のある高齢者は、すべて生活保護の対象にならない。

3-094

せいかつ ほ ご せい ど じゅうたく ふ じょ きんせんきゅう ふ や ちん じゅうたく しゅう
生活保護制度における住宅扶助は、金銭給付として家賃や住宅の修理・維持に必要な費用も対象としている。

4

介護の基本



問題



4-001

経済連携協定（Economic Partnership Agreement）に基づく介護福祉士候補者等の受け入れは、2008 年度（平成 20 年度）から始まった。

4-002

経済連携協定（Economic Partnership Agreement）に基づく介護福祉士候補者等の受け入れ施設の要件は、常勤介護職員の 4 割以上が介護福祉士であることである。

4-003

経済連携協定（Economic Partnership Agreement）に基づく介護福祉士候補者は、介護福祉士として介護業務に従事する限り、日本に在留できる。

4-004

社会福祉士及び介護福祉士法第 44 条の 2 では、「誠実義務」が規定されている。

4-005

社会福祉士及び介護福祉士法第 45 条では、「信用失墜行為の禁止」が規定されている。

4-006

しゃかいふくし し およ かいごふくし し ほうだい じょう し じつこうじょう せきむ
社会福祉士及び介護福祉士法第 47 条の 2 では、「資質向上の責務」
が規定されている。

4-007

かいご じゅうじ もの かいごふくし し な の
介護に従事している者は、介護福祉士を名乗ることができる。

4-008

かいごふくし し ぎょう かいごしゃ たい かいご かん し どう ふく
介護福祉士の業として、介護者に対する介護に関する指導が含まれ
る。

4-009

きん こ いじょう けい しょ しっこう お しっこう う
禁錮以上の刑に処せられ、その執行を終わり、または執行を受ける
ことがなくなった日から起算して 2 年を経過しない者は介護福祉
士となることができない。

4-010

かいごふくし し どうろく と け とり け ひ き さん
介護福祉士の登録を取り消され、その取消しの日から起算して
2 年を経過しない者は介護福祉士となることができない。

4-011

かいごふくし し ひ みつ ほ じ ぎ む いはん ば あい ばつそく ねん い
介護福祉士は秘密保持義務に違反をした場合、罰則により 1 年以
下の懲役または 30 万円以下の罰金に処せられる。

4-012

かいごふくし し し けん ごうかく ひ かいごふくし し な の
介護福祉士試験に合格した日から、介護福祉士を名乗ることができ
る。

4-013

りようしゃ せいかつ しつ たか かいごふくし し ゃく あ かた
利用者の生活の質（QOL）を高めるための介護福祉職の在り方と
して、どの利用者に対しても同じ方法で介護をする。

4-014

かいごふくし し ゃく し せつ にゅうしょ りようしゃ じ こ けつてい うなが
介護福祉職は、施設に入所する利用者の自己決定を促すはたらきか
けが重要である。

4-015

かいごふくし し ゃく おこな じ りつ む し えん た しゃ し えん う
介護福祉職が行う自立に向けた支援とは、他者の支援を受けずに、
利用者自らの力で生活できる状態にすることである。

4-016

かいごふくし し ゃく おこな じ りつ む し えん りようしゃ かいご う
介護福祉職が行う自立に向けた支援では、利用者が介護を受けてい
ることを理由に社会参加の機会が失われることがないよう支援する
ことである。

4-017

ICF（International Classification of Functioning, Disability
and Health: 国際生活機能分類）の構成要素として、利用者の
疾病は「健康状態」にあたる。

4-018

ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）の構成要素として、利用者がレクリエーションで歌の伴奏をすることは、「参加」にあたる。

4-019

ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）の構成要素として、利用者の過去の職業は「個人因子」にあたる。

4-020

ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）の構成要素の組み合わせとして、「車いすを使用して、美術館に行く」ことは、環境因子と心身機能の関連を表している。

4-021

ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）の構成要素の組み合わせとして、「ストレスが溜まると、活力が低下する」ことは、環境因子と心身機能の関連を表している。

4-022

ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）の構成要素の組み合わせとして、「床面の性状が柔らかいと、バランスを崩す」ことは、環境因子と心身機能の関連を表している。

4-023

「平成 30 年版高齢社会白書」（内閣府）で示された、65 歳以上の者の家庭内事故の発生割合が最も高い場所（屋内）は居室である。

4-024

認知症対応型共同生活介護（認知症高齢者グループホーム）では、利用者それぞれの要求には応えられないので、同じ日課で過ごしてもらう。

4-025

認知症対応型共同生活介護（認知症高齢者グループホーム）では、利用者の情報収集を行う際に、現在よりも過去の身体的・精神的状態の把握が優先される。

4-026

認知症対応型共同生活介護（認知症高齢者グループホーム）では、入居後も、利用者のなじみのある人や店との関係を継続していくために必要な支援を行うことが適切である。

4-027

訪問介護事業所のサービス提供責任者は、具体的な援助目標および援助内容を記載した訪問介護計画を作成する。

4-028

訪問介護事業所のサービス提供責任者は、判断能力が十分でない人に対して、日常的な金銭管理を行う。

4-029

訪問介護事業所のサービス提供責任者は、居宅サービス事業者を招集して、介護保険に規定されるサービス担当者会議を主催する。

4-030

定期巡回・随時対応型訪問介護看護サービスのオペレーターは、介護福祉士が担うことができる。

4-031

定期巡回・随時対応型訪問介護看護サービスは、利用者の状態の变化に応じて、随時訪問サービスを利用することができる。

4-032

定期巡回・随時対応型訪問介護看護は、要支援者、要介護者のどちらも利用できる。

4-033

小規模多機能型居宅介護は、長期間の宿泊を目的としている。

4-034

小規模多機能型居宅介護は、都道府県域でのサービス提供を行う。

4-035

看護小規模多機能型居宅介護は、看護と介護を一体的に提供する。

4-036

短期入所生活介護の利用者は、介護老人福祉施設への入所の申し込みをした者に限られる。

4-037

介護予防・日常生活支援総合事業の介護予防・生活支援サービス事業の訪問型サービスは、要支援者および基本チェックリスト該当者に対し、掃除、洗濯等の日常生活上の支援を提供するサービスである。

4-038

通所介護事業者には、非常災害対策計画の作成が定められている。

4-039

訪問介護事業者は、正当な理由なくサービスの提供を拒んではならない。

4-040

介護老人福祉施設は、入所者の外出の機会を確保するよう努めなければならない。

4-041

介護実践における多職種連携では、医師が中心となる。

4-042

介護実践における多職種連携では、民生委員やボランティアも、多職種連携チームの一員である。

4-043

介護実践における医療と介護の連携とは、利用者の体調不良時に医療機関を受診させることをいう。

4-044

介護実践における多職種連携では、利用者のケアの方向性に関する情報を共有して、課題の解決に取り組む。

4-045

介護福祉職の職務上の倫理として、介護の技術が伴わなくても、利用者の要望を最優先に実施することは適切である。

4-046

介護福祉職の職務上の倫理として、利用者が求めた医行為を実施することができる。

4-047

介護福祉職の職務上の倫理として、利用者のプライバシーに関する情報を取り扱う際は、利用者本人や家族に説明して同意を得る必要がある。

4-048

暴力をふるう利用者には自室から出られないようにする必要がある。

4-049

おむつ交換をスムーズに行うために、利用者の居室（個室）のドアを開けておく。

4-050

ベッドから転落した利用者が「大丈夫」と言ったが、医療関係者に連絡し連携を行った。

4-051

利用者から、入院しているほかの利用者の病状を聞かれたので話した。

4-052

利用者が車いすから立ち上がると危険なため、介護福祉職の判断で、腰ベルトをつけた。

4-053

意識消失とけいれん発作を起こした利用者の個人情報に救急隊員に提供する場合、利用者本人や家族への説明と同意がなくとも提供することができる。

4-054

指定介護事業者が、サービス担当者会議に利用者の個人情報を提供する場合はあらかじめ利用者本人や家族の同意が必要である。

4-055

施設の広報等に利用者の顔写真を使用する場合は、利用者本人や家族への説明と同意が必要である。

4-056

入所施設を転居する場合、転居先の施設の求めに応じて、利用者の個人情報を提供する場合でも、現在入所している施設は、利用者本人や家族への説明と同意が必要である。

4-057

介護老人福祉施設における防災対策では、消防法において、年1回以上の消火・避難訓練が義務づけられている。

4-058

災害対策基本法に基づき、避難行動要支援者名簿の作成は市町村長に義務づけられている。

4-059

高齢者介護施設で、MRSA（メチシリン耐性黄色ブドウ球菌）の保菌者が確認されたときは、入所者全員の保菌の有無を調べる。

4-060

高齢者介護施設で、MRSA（メチシリン耐性黄色ブドウ球菌）の保菌者が確認されたときは、保菌者はレクリエーションへの参加を制限する。

4-061

介護老人福祉施設は、感染対策のための委員会を開催することが義務づけられている。

4-062

高齢者介護施設の感染対策として、洗面所のタオルは共用にする。

4-063

高齢者介護施設の入所者の健康状態の異常を発見したら、すぐに医師や看護師に報告する。

4-064

おむつ交換は、使い捨て手袋を着用して行うことが基本である。

4-065

燃え尽き症候群（バーンアウト（burnout））の特徴として、無気力感、疲労感や無感動がみられる。

4-066

「育児・介護休業法（育児休業、介護休業等育児又は家族介護を行う労働者の福祉に関する法律）」に基づく育児休業期間は、子が満3歳になるまでである。

4-067

「育児・介護休業法（育児休業、介護休業等育児又は家族介護を行う労働者の福祉に関する法律）」に基づき要介護状態にある家族の通院の付添いをするときは、介護休暇を取得できる。

4-068

「育児・介護休業法（育児休業、介護休業等育児又は家族介護を行う労働者の福祉に関する法律）」に基づく介護休業とは、2週間以上要介護状態が続いている家族を介護するためのものである。

4-069

「ストレスチェック制度」を用いたストレスチェックは、労働者数50人以上の事業者に義務づけられている。

4-070

「ストレスチェック制度」を用いたストレスチェックは、労働者のメンタルヘルス不調の未然防止が主な目的である。

4-071

「ストレスチェック制度」を用いたストレスチェックは、各事業所で1年に1度実施することが規定されている。

5

コミュニケーション技術



もん だい
問題



5-
001

ちよくめん か ぎ ほう り ようしゃ かんじょう こうどう む じゅんてん してき
直面化の技法とは、利用者の感情と行動の矛盾点を指摘することである。

5-
002

い か ぎ ほう あいて はな ないよう せい り つた
言い換えの技法とは、相手が話した内容を、整理して伝えることである。

5-
003

めいかく か ぎ ほう あいて はな
明確化の技法とは、相手がまだ話していないこと、はっきりしていないことや感情を明らかにしていく技法である。

5-
004

と しつもん こた しつもん
閉ざされた質問とは、「はい」や「いいえ」だけで答えられる質問である。

5-
005

い よく てい か ひと き ほん かんが かた か
意欲が低下した人とのコミュニケーションの基本は、考え方を考えるように促すことである。

5-006

意欲が低下した人とのコミュニケーションの基本は、意欲低下の背景を考えることである。

5-007

意欲が低下した人とのコミュニケーションの基本において、自己決定してもらうことは避ける。

5-008

視覚障害のある人とのコミュニケーションで、方向を示すときは「あちら」「そちら」と表現する。

5-009

傾聴とは、ただ話を聞くことである。

5-010

介護福祉職が行う傾聴において、利用者が話す内容を介護福祉職の価値観で判断する。

5-011

共感的な態度とは、相手がもっている感情を察することという。

5-012

受容とは、否定的感情を抑圧することという。

5-013

開かれた質問をする目的には、初対面の利用者と会話を始めるときに緊張をほぐすきっかけをつくることがある。

5-014

開かれた質問をするときは、話す気分になれず、口数が少ない利用者とも会話を続けることが大切である。

5-015

開かれた質問は、漠然としていて伝わらない利用者の考えを明確にすることができる。

5-016

閉ざされた質問は、重度の認知症（dementia）でコミュニケーション能力が低下している利用者には負担をかける。

5-017

閉ざされた質問はあまり話をしなくてよいので、できるだけ活用する。

5-018

こうおんしょうがい^{ひと はなし} 構音障害のある人と話を^{はつおん}するときには、はっきりと発音する^{うなが}ように促す。

5-019

かんかくせいしつごしょう^{ひと ぶんぽう あやま い み} 感覚性失語症のある人は、文法の誤りや意味のない言葉、自分で新^{こと ば}しい言葉^{おお}をつくる^{おお}ことが多い。

5-020

うんどうせいしつごしょう^{ひと はなし} 運動性失語症のある人と話を^{え しゃしん かつよう}するときには、絵や写真を活用したり、^{と しつもん}閉ざされた質^{しつもん}問で質問する。

5-021

ちょうかくしょうがい^{ひと はなし} 聴覚障害のある人と話を^{てん じ もち}するときには、点字を用いる。

5-022

ろうじんせいなんちよう^{ひと} 老人性難聴のある人とのコミュニケーションでは、補聴器^{ほ ちょう き}が有効^{ゆうこう}である。

5-023

し かくしょうがい^{ひと} 視覚障害のある人とのコミュニケーションでは、聴覚^{ちようかく}、触覚^{しよくかく}、嗅覚^{きゅうかく}を活用^{かつよう}する。

5-024

し かくしょうがい^{ひと はなし} 視覚障害のある人と話を^{こえ きょうじゃく}するときには、声の強弱などの準言語^{じゅんげん}の活用^{かつよう}は控える。

5-025

かいごふくしゃ^{かいご ふうく ししよく おこな} 介護福祉職が行う傾聴^{けいちよう}においては、会話^{かい わ}の話題^{わ だい}を介護福祉職^{かいご ふうく ししよく}の関心^{かんしん}で展開^{てんかい}する。

5-026

かいごふくしゃ^{かいご ふうく ししよく おこな} 介護福祉職が行う傾聴^{けいちよう}は、利用者^{り ようしゃ}が体験^{たいけん}した客観的事実^{きやくかんてき じ じつ}の把握^{は あく}を^{もくてき}目的とする。

5-027

かいごふくしゃ^{かいご ふうく ししよく おこな} 介護福祉職が行う傾聴^{けいちよう}においては、利用者^{り ようしゃ}が沈黙^{ちんもく}する時間^{じ かん}も大切^{たいせつ}にする。

5-028

よく じようたい^{り ようしゃ} 抑うつ状態 (depressive state) の利用者^{かいご ふうく ししよく}への介護福祉職^{たいおう}の対応^{とき}として、時には沈黙^{ちんもく}している時間^{じ かん}を共有^{きようゆう}する。

5-029

よく じようたい^{り ようしゃ} 抑うつ状態 (depressive state) の利用者^{かいご ふうく ししよく}への介護福祉職^{たいおう}の対応^{かい わ}として、会話^{うなが}を促す。

5-030

よく じょうたい
抑うつ状態 (depressive state) の利用者への介護福祉職の対応
として、気晴らしに散歩に誘う。

5-031

よく じょうたい
抑うつ状態 (depressive state) の利用者への介護福祉職の対応
として、見守っていることを伝える。

5-032

じょうじつたい
叙述体とは、情報を項目別に整理するときに用いる文体である。

5-033

ようやくたい
要約体とは、問題のポイントを明確にするときに用いる文体である。

5-034

せつめいたい
説明体は、介護福祉職の解釈を記録するときに用いる文体である。

5-035

ちくごたい
逐語体は、利用者と介護福祉職の話の内容をそのまま記録するときに用いる文体である。

5-036

かい ご ふく し しょく おこな ほうこく りゅう い てん お
介護福祉職が行う報告の留意点は、起こった出来事の事実の結論か
ら報告する。

5-037

かい ご ふく し しょく おこな ほうこく りゅう い てん よ てい し かん ぎょう む
介護福祉職が行う報告の留意点は、予定より時間がかかる業務で
あっても、完了後に報告する。

5-038

かい ご ふく し しょく おこな ほうこく りゅう い てん お
介護福祉職が行う報告の留意点は、起こった事実を抽象的な言葉で
報告する。

5-039

かい ご ふく し しょく おこな ほうこく りゅう い てん し じ う ぎょう む ほうこく し
介護福祉職が行う報告の留意点は、指示を受けた業務の報告は、指
示者に行う。

5-040

かい ご ふく し しょく おこな ほうこく りゅう い てん じ ぶん すいそく じ じつ
介護福祉職が行う報告の留意点は、自分の推測を、事実であるとみ
なして伝えることである。

5-041

かい ご ぎょう む じ こ ほうこく かん こうとう ほうこく けつろん の
介護業務の事故報告に関する口頭での報告は、結論を述べてから
事故に至った経過を説明する。

5-042

介護業務の事故報告書は、管理者以外にも閲覧できるようにしておく。

5-043

介護業務の事故報告は、軽微な事故の場合は、後日報告する。

5-044

介護業務の事故報告は、介護福祉職としての判断を除外して報告する。

5-045

介護業務の事故報告書に記録する内容は、口頭での報告も必要である。

5-046

会議の目的は情報を共有することである。

5-047

会議に参加するときは事前に資料に目を通しておくことが望ましい。

5-048

ケアカンファレンスは専門職の意見を中心に、利用者によりよいケアを提供するために行われる。

5-049

スーパービジョンとはスーパーバイザーが、スーパーバイザーの専門職としての能力を高めるためにはたらきかけることである。

5-050

ブレインストーミング（brainstorming）の原則の1つは、他人の意見を批判することである。

6

生活支援技術



問題



6-001

自立支援の対象者は、意思表示できる利用者に限られる。

6-002

介護福祉職は、その人らしい生活よりも、心身の安静を重視した生活支援を実践する。

6-003

生活支援は、その人の成長、発達年齢に焦点をあてて実践を行う。

6-004

介護福祉職は、利用者の「健康状態」や「心身機能・身体構造」などにも着目し、利用者の生活ニーズを導き出す。

6-005

要介護状態になったとしても、利用者自身の強さや今まで生活してきた経験を発揮することができるよう支援する。

6-006

ながねん す な ばしょ す つづ こうれいしゃ じゅうよう い
長年住み慣れた場所に住民続けることは、高齢者にとって重要な意
味をもっている。

6-007

にほん でんとうき す とくちょう か
日本の伝統的な住まいの特徴は、ベッドやいす、テーブルなどの家
具を床に置いて生活する様式である。

6-008

しんたい きのう てい か ひと ば あい ふ とん しゅうしん きほん
身体機能が低下した人の場合は、布団での就寝を基本とする。

6-009

き きょ よう い ようしきへん き ひざ ふ たん かる ざ めん ひく
起居が容易な洋式便器は、膝への負担を軽くするよう座面を低くす
る。

6-010

わ ようせつわう よくそう よくそうない あんてい し せい かた つ
和洋折衷タイプの浴槽は、浴槽内で安定した姿勢で肩まで浸かるこ
とができる。

6-011

おくない でんとう ふせ あんぜんたいさく るい せいかつどうせん
屋内での転倒を防ぐための安全対策としては、コード類は生活動線
上に這わせて置く。

6-012

ふ とん し がい か ふん じょきょ ほうほう
布団についた、ダニの死骸や花粉などのアレルゲン除去する方法
は、布団を強く叩く。

6-013

いっ こ だ じゅうたく く り ようしゃ じ しんたいさく かん ほうもんかい ご いん
一戸建て住宅に暮らす利用者の地震対策に関する訪問介護員（ホー
ムヘルパー）の助言として、家具にはキャスターをつけるよう助言
する。

6-014

いっ こ だ じゅうたく く り ようしゃ じ しんたいさく かん ほうもんかい ご いん
一戸建て住宅に暮らす利用者の地震対策に関する訪問介護員（ホー
ムヘルパー）の助言として、外への避難経路は、玄関の1方向と
するよう助言する。

6-015

かい ご ぼ けん じゅうたくかいしゅう り よう かいしゅう かい ご ふく し
介護保険の住宅改修を利用してトイレを改修するときに、介護福祉職
が助言する内容として、開き戸は自動ドアに変更できることを助言
する。

6-016

かい ご ぼ けん じゅうたくかいしゅう り よう かいしゅう かい ご ふく し
介護保険の住宅改修を利用してトイレを改修するときに、介護福祉
職が助言する内容として、滑りにくい床材に変更できることを助言
する。

6-017

かい ご ぼ けん じゅうたくかいしゅう り よう かいしゅう かい ご ふく し
介護保険の住宅改修を利用してトイレを改修するときに、介護福祉
職が助言する内容として、現在使用している洋式便器に、洗浄機能
を付加できることを助言する。

6-018

ユニバーサルデザイン (universal design) の7原則^{げんそく}の1つに、
「高齢者^{こうれいしゃ}が優先^{ゆうせん}的に利用^{りよう}できる」がある。

6-019

ユニバーサルデザイン (universal design) の7原則^{げんそく}の1つに、
「情報伝達^{じょうほうでんたつ}の手段^{しゅだん}は一つにまとめる」がある。

6-020

ユニバーサルデザイン (universal design) の7原則^{げんそく}の1つに、
「誰でも使える十分な大きさと広さ^{ひろさ}」がある。

6-021

歩行可能^{ほこうかのう}な脊髄小脳変性症^{せきずいしょうのうへんせいしょう} (spinocerebellar degeneration) の
高齢者^{こうれいしゃ}の転倒^{てんとう}予防^{よぼう}に留意^{りゅうい}した環境整備^{かんきょうせいび}では、弾力性^{だんりよくせい}が高い床材^{たかゆかざい}を使用^し
する。

6-022

入所施設^{にゅうしょしせつ}における居室^{きょしつ}の環境整備^{かんきょうせいび}で留意^{りゅうい}すべき点^{てん}は、利用者^{りようしゃ}が使い
慣れた家具^{なかく}が置く^おように配慮^{はいりよ}することである。

6-023

障害者支援施設^{しょうがいしゃしえんしせつ}は、入浴^{にゅうよく}、排泄^{はいせつ}、食事等^{しょくじとう}の介護等^{かいごとう}を提供^{ていきょう}する。

6-024

施設入所^{しせつにゅうしょ}に伴う^{ともな}、利用者^{りようしゃ}の心身^{しんしん}の負担軽減^{ふたんけいげん}のための方策^{ほうさく}として、施設^し
の生活時間^{せいかつじかん}に合わせてもらう。

6-025

理学療法士^{りがくりょうほうし}は、身体^{しんたい}に障害^{しょうがい}がある利用者^{りようしゃ}の基本動作能力^{きほんどうさのうりよく}などの評価^{ひょうか}
を行う専門職^{おこなせんもんしやく}である。

6-026

更衣^{こうい}の介護^{かいご}では、手指^{しゆし}の細かな動作^{こまどう}が難しい利用者^{むずか}には、マグネツ
ト式のボタン^{しきすず}を勧める。

6-027

高齢者^{こうれいしゃ}の整容支援^{せいようしえんちゅういてん}の注意点^{めふと}として、目やにを拭き取る^{めがしら}ときは、目頭^{めがしら}
から目尻^{めじり}に向かって拭く^む。

6-028

高齢者^{こうれいしゃ}の整容支援^{せいようしえんちゅういてん}の注意点^{つめき}として、爪^{すこ}を切る^きときは、少しずつ切る。

6-029

実行機能障害^{じっこうきのうしょうがい}のある利用者^{りようしゃ}への更衣^{こうい}の介護^{かいご}では、必要な衣類^{ひつよういるい}をまと
めて渡す^{わた}。

6-030

実行機能障害のある利用者への更衣の介護では、隣で、洋服を着る動作を示す。

6-031

ベッドから車いすへの移乗介護で、介護福祉職が最初に行うことは、移乗の目的を説明して同意を得ることである。

6-032

両下肢の筋力低下がある利用者が、上肢を活用してベッドから車いすへ一部介助で移乗するためには、スライディングボードが有効である。

6-033

入所施設の利用者が車いすを使用して外出するときに、介護福祉職が計画することとして、外出先の経路情報を集める。

6-034

生活行為には移動を伴うことから、生活動線が必要以上に長くないよう生活空間をゾーニングする。

6-035

ボディメカニクスでは、介護者の足を前後・左右に開き支持基底面積を広くし、立位姿勢の安定性を高める。

6-036

麻痺がある場合の利用者の移動介護では、介護福祉職は健側に注意をはらう。

6-037

移動介護に必要な物品は、事前に準備し点検しておく。

6-038

右片麻痺の利用者が、手すりを利用して階段を昇るときに、介護福祉職は利用者の左後方に立つ。

6-039

右片麻痺の利用者が、手すりを利用して階段を降りるときに、介護福祉職は利用者の右前方に立つ。

6-040

ベッドで利用者の上半身を起こす動作では、介護福祉職は手首の力で持ち上げる。

6-041

関節リウマチ（rheumatoid arthritis）の利用者が、歩行時に使用する杖としては、ロフストランドクラッチ（Lofstrand crutch）（前腕固定型杖）が適している。

6-042

かた ま ひ り ようしゃ た あ かい ご かい ご ふく し しょく り ようしゃ けん
片麻痺の利用者の立ち上がりの介護では、介護福祉職は利用者の健
そく た
側に立つ。

6-043

おく がい くろ ま かい じょ ほう ほう だん さ さ う し む
屋外での車いすの介助方法として、段差を下がる時は、後ろ向き
こう りん お
で後輪から下りる。

6-044

おく がい くろ ま かい じょ ほう ほう きゅう くだ ざか ま え む す す
屋外での車いすの介助方法として、急な下り坂では前向きで進む。

6-045

こ きゅう くろ らく し せい うった り ようしゃ
呼吸が苦しいため「楽な姿勢にしてほしい」と訴えている利用者に
たい かい ご ふく し しょく ぎょう が い やす
対して、介護福祉職は、仰臥位にして休んでもらった。

6-046

し かく しょう が い しゃ ほ こう かい じょ かい ご しゃ り よう しゃ な な はん ぽ ま え た
視覚障害者への歩行介助では、介護者は利用者の斜め半歩前に立ち
ゆう どう
誘導する。

6-047

ぎょう が い り よう しゃ ひだり そく が い ば あい たい い へん かん かい じょ せつ めい
仰臥位の利用者を左側臥位にする場合の体位変換は、介助の説明を
かた ひざ どう じ た お
したあと、肩と膝は同時に倒す。

6-048

びょう し せい はん しゃ しょう が い ひと
パーキンソン病（Parkinson disease）の姿勢反射障害のある人へ
ほ こう かい じょ ま かど い お ま し
の歩行介助では、曲がり角では勢いをつけて曲がってもらよう支
えん
援する。

6-049

せき ずい そん しょう り よう しゃ い どう かい ご たい おん けつ あつ へん どう りゅう い
脊髄損傷の利用者の移動介護では、体温や血圧の変動に留意する。

6-050

きょう しん しょう じ びょう り よう しゃ が い し ゅ つ し えん ほつ さ そ な く す り けい こう
狭心症の持病がある利用者の外出支援では、発作に備えた薬を携行
する。

6-051

じゅう しょう しん しん しょう が い じ い じょう かい ご ぜん かい じょ ば あい おお かい ご しゃ し ゅ どう
重症心身障害児への移乗介護は、全介助の場合が多く、介護者主導
し えん
で支援する。

6-052

し せつ かい ご ふく し しょく た し ゅく し ゅ れん けい ね り よう
施設における介護福祉職と他職種との連携として、寝たきりの利用
しゃ せん こ つ ぶ ほつ せ き み かん ご しょく そう だん
者の仙骨部に発赤を見つけたときは、看護職に相談する。

6-053

しょう が い しゃ と う しん たい き の う ほ かん だ い たい ちょう き わ た けい ぞく し ょう ほ
障害者等の身体機能を補完、代替し長期に渡り継続して使用する補
そう ぐ し きゅう かい ご ほ けん ほう い ち
装具の支給は、介護保険法に位置づけられている。

6-054

BMI（たいかく し すう ひょうじゆん ち体格指数）の標準値は 22 とされている。

6-055

行事食として、ぎよう じ しょく節分ではおせち料理を準備する。

6-056

ざ い しょく じ り ようしゃ し せい あご あ座位で食事をする利用者の姿勢として、顎は上げてもらうようにする。

6-057

ご えん ふせ しょくぜん えん げ たいそう おこな ゆうこう誤嚥を防ぐために、食前に嚥下体操を行うことは有効である。

6-058

しょく じ かい ご かい ご しゃ おこな食事介護は、介護者のペースで行う。

6-059

しょく じ お こうくうない しょくもつざん さ かくにん食事が終わったら、口腔内の食物残渣を確認する。

6-060

そう ぎ し と じょうがく か がく そうちゃく総義歯の取りはずしは、上顎からはずし、下顎から装着する。

6-061

こつ そ しょうしやう よ ほう骨粗鬆症（osteoporosis）の予防には、ビタミン D（vitamin D）せつしゆ すすの摂取を勧める。

6-062

べん び よ ほう すいぶんせつしゆ ひか すす便秘の予防には、水分摂取を控えるよう勧める。

6-063

ぎゃくりゅうせいしょくどうえん よ ほう しょく ご よこ逆流性食道炎（reflux esophagitis）の予防として、食後すぐに横になるよう勧める。

6-064

ひだりはんそくくうかん む し り ようしゃ しょく じ り ようしゃ ひだりがわ はいぜん左半側空間無視のある利用者の食事では、利用者の左側に配膳する。

6-065

はんそくくうかん む し り ようしゃ しょく じ したが はいぜん半側空間無視のある利用者の食事では、クロックポジションに従って配膳する。

6-066

はんそくくうかんむし りようしゃ しょくじ かいご かいごふくししょく てきぎしょつ
半側空間無視のある利用者の食事介護として、介護福祉職は適宜食
器の位置を変える。

6-067

みかく ていか りようしゃ たい えんぶん ふ あじつ こ
味覚の低下がある利用者に対しては、塩分を増やして味付けを濃く
する。

6-068

ちょう ぜんどううんどう ていか たい しょくもつせんい おお しょくひん と い
腸の蠕動運動の低下に対しては、食物繊維の多い食品を取り入れる。

6-069

かた ま ひ りようしゃ ざい しょくじ かいご りゅういてん くち かんそく
片麻痺の利用者の座位での食事介護の留意点としては、口の患側に
食物を入れる。

6-070

かた ま ひ りようしゃ しょくじ きざ しょく
片麻痺の利用者の食事は、刻み食にする。

6-071

じんこうとうせき りようしゃ なまやさい すす
人工透析をしている利用者には生野菜を勧める。

6-072

ぎし とりあつか じょうがくよう そうぎし ぎし こうほう さ
義歯の取扱いについて、上顎用の総義歯は、義歯の後方を下げるよ
うにせず。

6-073

ぎし とりあつか ほかんようき ぎし はんぶん ていど みず
義歯の取扱いについて、保管容器に、義歯の半分がつかかる程度の水
を入れて保管する。

6-074

ドライマウス (dry mouth) よぼう やわ しょくもつ すす
ドライマウス (dry mouth) の予防として、柔らかい食物を勧める。

6-075

こつ そしょうしやう よぼう ひつよう おお ふく
骨粗鬆症 (osteoporosis) の予防に必要なビタミンKを多く含む
食品は、牛乳である。

6-076

しんぞうき のうしやうがい こうぎやう こやく ないふく り
心臓機能障害があり、抗凝固薬 (ワルファリン) を内服している利
用者は、納豆を摂らないようにする。

6-077

ひ ふ かんそう つよ こうれいしゃ にゅうかいご せい せつけん
皮膚の乾燥が強くなった高齢者の入浴介護では、アルカリ性の石鹸
で身体を洗う。

6-078

ベッド上で行う清拭の介護として、背部は患側を下にして拭く。

6-079

清拭の介護として、両下肢は末梢から中枢に向かって拭く。

6-080

清拭の介護として、皮膚についた水分は最後にまとめて拭く。

6-081

ベッド上で足浴を実施するときの留意点として、ズボンを脱がせて、下肢を露出する。

6-082

ベッド上で足浴を実施するときの留意点として、洗う側の足関節を保持しながら洗う。

6-083

入浴介護に関する注意点として、湯温は、介護福祉職が直接肌で触れて確認する。

6-084

入浴介護に関する注意点として、浴槽への出入りにシャワーチェアを用いるときは、浴槽と同じ高さに調整する。

6-085

入浴介護に関する注意点として、片麻痺の利用者の場合は、健側から浴槽に入る。

6-086

血液透析を受けている人は、透析直後の入浴は避ける。

6-087

胃ろうを造設している人は、入浴を控える。

6-088

心臓機能障害がある人は、半身浴にする。

6-089

回腸ストーマを造設している人は、食後 1 時間以内に入浴する。

6-090

はいせつ もと はいせつかい ご ふく ぶ か
排泄メカニズムに基づく排泄介護において、腹部マッサージは、下
こうけつちよう おうこうけつちよう しょうこうけつちよう じゅん おこな ゆうこう
行結腸、横行結腸、上行結腸の順に行うことが有効である。

6-091

はいせつ もと はいせつかい ご べん ざ すわ そくてい ゆか
排泄メカニズムに基づく排泄介護において、便座に座って足底を床
につけた ぜんけい し せい ふく あつ たか ゆうこう
前傾姿勢は、腹圧を高めるために有効である。

6-092

さ こ べん き はいせつかい ご ほうほう し よう まえ べん き あた た
差し込み便器による排泄介護の方法として、使用前の便器を温めて
おく。

6-093

じょせい いん ぶ せい しき にょうどうこう こうもん む ふ と
女性の陰部清拭については、尿道口から肛門に向かって拭き取る。

6-094

さいきん にょうしつ きん ひん かい そうちゃく せい かつ
最近、尿失禁が頻回にみられるので、すぐおむつを装着し生活して
もらった。

6-095

だんせい じょう にょう き し よう ば あい ぎょう が い はい によ
男性がベッド上で尿器を使用する場合は、仰臥位のほうが排尿しや
すい。

6-096

よご うちがわ かた
おむつは汚れを内側にして片づける。

6-097

ちようかん しゅ つけ せい だい ちよう えん げ り つづ り よう しゃ こう かん りゅう い てん
腸管出血性大腸炎で下痢が続いている利用者のおむつ交換の留意点
は、よご した おむつ を ビニール 袋 に入れて、袋の口を固く縛る。
ふくろ い ふくろ くち かた しぼ

6-098

ぼうこう りゅう ち し よう り よう しゃ かい ご ふく し しょく たい おう
膀胱留置カテーテルを使用している利用者への介護福祉職の対応と
して、カテーテルが折れていないことを確認する。
お かく にん

6-099

ぼうこう りゅう ち し よう り よう しゃ かい ご ふく し しょく たい おう
膀胱留置カテーテルを使用している利用者への介護福祉職の対応と
して、さい によ ぼう こう お な たか お
採尿バッグは膀胱と同じ高さに置く。

6-100

ぼうこう りゅう ち し よう り よう しゃ かい ご ふく し しょく たい おう
膀胱留置カテーテルを使用している利用者への介護福祉職の対応と
して、にょう も お ば っ き よ
尿漏れが起きていたらカテーテルを抜去する。

6-101

しょう か かん ぞう せつ り よう しゃ せい かつ し えん たい そう
消化管ストーマを造設している利用者の生活支援では、ラジオ体操
はひか じょ げん
は控えるよう助言する。

6-102

腎機能障害のある利用者の場合、1日の尿量や透析による除水量に
おう すいぶんりよう き はいよりりよう はあく
応じ、水分量が決められていることから、排尿量を把握しておく。

6-103

Aさんは、料理が得意で、普段はエプロンを身に着けて揚げ物料理
をガスコンロでつくっている。このとき、ぼうか いしき ちようり しえん
では、袖口を絞った衣服を着てもらようよう支援する。

6-104

Aさんは、料理が得意で、普段はエプロンを身に着けて揚げ物料理
をガスコンロでつくっている。このとき、ぼうか いしき ちようり しえん
では、火災報知器は床に近い部分に設置する。

6-105

利用者の自宅の清掃を行うときの注意点として、畳は畳の目に沿っ
て拭く。

6-106

利用者の自宅の清掃を行うときの注意点として、掃除は高い所から
はじめる。

6-107

布団についた、ダニの死骸や花粉などのアレルゲン除去する方法
として、そうじきす と。

6-108

布団についた、ダニの死骸や花粉などのアレルゲン除去する方法
として、表面を絞ったタオルで拭く。

6-109

眠れないと訴える高齢者に介護福祉職が行う助言として、夕食後2
じ かん い ない しゅうしん すす
時間以内に就寝するように勧める。

6-110

安眠を促す生活習慣として、就寝前に、軽いストレッチを行う。

6-111

安眠を促す生活習慣として、就寝前に、カフェインを含む飲料を飲
むとよい。

6-112

施設における安眠を促すための環境として、介護福祉職同士の会話
が響かないようにする。

6-113

概日リズム（サーカディアンリズム（circadian rhythm））を回復
させるための介護福祉職の対応として、起床後はカーテンを開けて、
にっこう あ すす
日光を浴びるように勧める。

6-114

杖歩行している高齢者の寝室の環境整備では、足元灯を用意する。

6-115

パーキンソン病（Parkinson disease）（ホーエン・ヤール重症度分類ステージ 3）の高齢者の寝室環境では、ベッドは介護者に合わせた高さに設定する。

6-116

睡眠薬を服用している高齢者への介護福祉職の対応として、服用後 30 分以内に床につくように促した。

6-117

睡眠薬を服用している高齢者への介護福祉職の対応として、日中、ふらつきがみられたので医師に伝えた。

6-118

睡眠薬を服用している高齢者への介護福祉職の対応として、通常の量では眠れないと言われたので、追加して飲むように伝えた。

6-119

昼夜逆転している利用者への介護福祉職の対応として、夕方に、散歩をするように促す。

6-120

昼夜逆転している利用者への介護福祉職の対応として、寝る直前に熱い風呂に入るように促す。

6-121

入所施設で最期まで過ごすことを希望する利用者への対応として、終末期の介護方針を伝え、意思確認を行う。

6-122

入所施設で最期まで過ごすことを希望する利用者への対応では、本人の意思よりも家族の意向を優先する。

6-123

入所施設で最期まで過ごすことを希望する利用者への対応として、意思確認の合意内容は、文書で共有する。

6-124

終末期にある利用者を施設で看取る家族への支援として、家族が利用者のためにできることを提案する。

6-125

終末期にある利用者を施設で看取る家族への支援として、感情を表出しないように助言する。

6-
126

こうれいしゃ し せつ かい ご ふく し しょく おこな し ほう ご かい ご か ぞく
高齢者施設において介護福祉職が行う死亡後の介護として、家族に、
し ほう ご かい ご いっしょ おこな かくにん
死亡後の介護を一緒に行うかどうかを確認する。

6-
127

し せつ かい ご ふく し しょく おこな し ご しょ ち き もの ば あい
施設において、介護福祉職の行う死後の処置として、着物の場合は
おびひも たてむす
帯紐を縦結びにする。

6-
128

し せつ し ご しょ ち し ご じ かんけい か おこな
施設において、死後の処置は、死後 3 時間経過してから行う。

7

介護過程



問題



7-001

介護過程の目的は、利用者の望んでいる、よりよい生活を実現することである。

7-002

介護計画の作成にあたっては、抽出されたニーズを踏まえて目標を設定する。

7-003

介護計画は、介護福祉職の価値観に沿って実施する。

7-004

介護過程の目的は、画一的に介護を実践することである。

7-005

介護過程では、介護福祉職が理想とする生活の実現を目指す。

7-006

生活課題の優先順位を決定する際、利用者が要望する頻度の多いものから決定する。

7-007

アセスメント（assessment）では、介護福祉の知識を活用して情報を解釈する。

7-008

介護過程におけるアセスメント（assessment）は、1つの場面に焦点をあてた観察を目的としている。

7-009

介護福祉職は、収集した情報を取捨選択して記録する。

7-010

利用者の情報を収集するにあたり、利用者と介護福祉職との信頼関係が築かれていることが重要である。

7-011

利用者の思いや考えは、主観的情報として扱う。

7-012

介護福祉職は、先入観をもって利用者の情報を収集する。

7-013

介護福祉職が収集する情報には、主観的情報と客観的情報がある。

7-014

介護福祉職は、利用者のできないことを中心に情報収集を行う。

7-015

アセスメント（assessment）とは、利用者の情報を収集することを含む。

7-016

年齢、性別、価値観などは、ICF（International Classification of Functioning, Disability and Health：国際生活機能分類）モデルの構成要素の個人因子に含まれる。

7-017

介護福祉職の五感による観察は、情報収集の手段として適切である。

7-018

介護過程の目標は、利用者と話し合いながら設定する。

7-019

介護過程の目標を設定する際、主語は利用者と表現する。

7-020

介護過程の目標設定では、利用者にもわかりやすい言葉を使用する。

7-021

介護過程における長期目標の期間の目安は、6 か月から 1 年程度である。

7-022

介護過程の生活課題を明確にする段階では、個人因子による課題よりも環境因子による課題を優先する。

7-023

介護過程における生活課題は、生活上の困難を発生させている原因のことである。

7-024

介護計画を立案するにあたっては、安全性よりも効果を優先する。

7-025

SOAP 方式で記録する場合の P に該当するのは、介護福祉職が行う今後の介護計画である。

7-026

介護計画を立案する際、事前に利用者に及ぼす影響を予測する。

7-027

介護計画は、チームで介護方法の統一を図るために、具体的に記述する。

7-028

介護計画の立案では、長期目標と短期目標を連動させる。

7-029

介護計画を実施するときは、利用者の反応や変化を観察する。

7-030

介護記録では、事実をありのままに記録する。

7-031

介護計画を実施する際、利用者の状態に変化があっても、計画どおりに実施する。

7-032

介護記録には、多職種とのかかわりについても記録する。

7-033

介護計画の評価の基準は、目標設定の段階で決めておく。

7-034

介護計画の評価は利用者本人に伝える。

7-035

介護計画の目標が達成された場合、利用者に対する介護過程は終了する。

7-036

チームアプローチの実践において、地域住民やボランティアはチームの一員である。

7-037

介護支援専門員（ケアマネジャー）は、サービス担当者会議を開催する。

7-038

他職種と連携する際は、互いの職域を理解し、尊重し合いながら対等な関係を保つ。

7-039

ケアカンファレンスの場合は、職員のスーパービジョンの機会になり得る。

7-040

ケアチームの中心は、介護福祉職である。

7-041

社会福祉士及び介護福祉士法では、他職種との連携が義務づけられている。

7-
042

チームアプローチの際には、グループダイナミクスを意図的に活用
することが必要である。

8

は っ た つ ろ う か り か い 発達と老化の理解



もん だい
問 題



8-
001

せい ご げつ ごろ なん ご はっ
生後 2 か月頃になると喃語を発するようになる。

8-
002

さい げつ こ お げん しょう しゃ かいてき さん しょう
1 歳 3 か月の子に起こる現象に社会的参照がある。

8-
003

せい ご げつ ごろ ゆび つか つ き
生後 3 か月頃、指を使って積み木がつかめるようになる。

8-
004

せい ご げつ ごろ だ
生後 6 か月頃、つかまり立ちができるようになる。

8-
005

さい ごろ に ご ぶん は な
2 歳頃、二語文を話すようになる。

8-006

さいごろ あいちゃく 3 歳頃、愛着（アタッチメント（attachment））が形成され始める。

8-007

こうれいしゃぎゃくたいぼう し ほう こうれいしゃぎゃくたい ぼう し こうれいしゃ よう ご しゃ たい 「高齢者虐待防止法（高齢者虐待の防止、高齢者の養護者に対する し えんどう かん ほうりつ 支援等に関する法律）」では、高齢者を 65 歳以上としている。

8-008

こうれいしゃ い りょう かく ほ かん ほうりつ こう き こうれいしゃ さい い じょう 高齢者の医療の確保に関する法律では、後期高齢者を 80 歳以上と

している。

8-009

どう ろう こうつうほう めんきよしょう こうしん とくれい こうれいうんてんしゃ さい い 道路交通法では、免許証の更新の特例がある高齢運転者を 60 歳以

上としている。

8-010

ろう か がくせつ せつ か れい ぞう き き かん い しゅく 老化学説のフリーラジカル説では、加齢による臓器や器官の萎縮や しゅくしょう たい おぎな さいせい き の う てい か ろう か しょう 縮小に対して、それを補う再生機能が低下することで老化が生じると考える。

8-011

ちりょう が まん う たす ねが 「つらい治療を我慢して受けるので助けてほしいと願う」ことはキューブラー・ロス（Kübler-Ross, E.）が提唱した死の受容過程における「取り引き」にあてはまる。

8-012

か れい とこな えん げ き の う てい か げんいん ぜつこつ い ち じょうしょう 加齢に伴う嚥下機能の低下の原因には、舌骨の位置の上昇がある。

8-013

りゅうどうせい ち の う か れい おとろ 流動性知能は、加齢とともに衰えやすい。

8-014

さわ ば しょ さ ぎょうこうりつ じゃくねんしゃ こうれいしゃ たか 騒がしい場所での作業効率は、若年者より高齢者が高い。

8-015

き おく か れい えいきょう う エピソード記憶は、加齢による影響を受けない。

8-016

か れい しゅうへん し や ひろ 加齢により周辺視野は広がる。

8-017

か れい ひく おと き 加齢により低い音から聞こえにくくなる。

8-018

か れい み かく かんじゆせい てい か
加齢により味覚の感受性は低下する。

8-019

か れい きゅうかく びんかん
加齢により嗅覚は敏感になる。

8-020

にん ち しょう にょう も ふくあつせいにょうしっきん
認知症で尿を漏らすことを、腹圧性尿失禁という。

8-021

が まん にょう も せつぱくせいにょうしっきん
トイレまで我慢できずに尿を漏らすことを、切迫性尿失禁という。

8-022

ぜんりつせん ひ だいしょう にょう も き のうせいにょうしっきん
前立腺肥大症で尿を漏らすことを、機能性尿失禁という。

8-023

こうれいしゃ ふくすう まんせいしつかん
高齢者が複数の慢性疾患をもつことは、まれである。

8-024

こうれいしゃ ふくよう やくざい しゅるい じゃくねんしゃ すく
高齢者が服用する薬剤の種類は、若年者より少ない。

8-025

こうれいしゃ ないふくやく しゅるい ふ くすり ふく さ よう あらわ
高齢者は内服薬の種類が増えると、薬の副作用は現れやすい。

8-026

こうれいしゃ こうけつあつしょう ち りょうもくびょう じゃくねんしゃ おな
高齢者の高血圧症（hypertension）の治療目標は、若年者と同じにする。

8-027

こうれいしゃ ば あい やくざい こう か つよ で
高齢者の場合は、薬剤の効果が強く出ることがある。

8-028

ろう か とまな こつみつ ど しょうしょう
老化に伴い骨密度は上昇する。

8-029

ろう か とまな だ えき ぶんびつりょう ぞう か
老化に伴い唾液の分泌量は増加する。

8-030

ろう か ともな はいかつりょう ぞう か
老化に伴い肺活量は増加する。

8-031

ろう か ともな ひんけつ
老化に伴い貧血になりやすい。

8-032

ろう か ともな ひ ふ ひょうめん しつじゅん か
老化に伴い皮膚の表面が湿潤化する。

8-033

しょく じ えん げ しょうがい
食事のときにむせることは、嚥下障害の1つである。

8-034

しん ふ ぜん しんこう あらわ いき き あんせい
心不全 (heart failure) が進行したときに現れる息切れは、安静に
することで速やかに治まる。

8-035

こうれいしゃ しん ふ ぜん
高齢者の心不全 (heart failure) ではチアノーゼ (cyanosis) が
生じやすい。

8-036

しん ふ ぜん こきゅうく ざ い ぎょうが い はい が
心不全 (heart failure) による呼吸苦は、座位より仰臥位 (背臥
位) のほうが軽減する。

8-037

こうれいしゃ しん ふ ぜん か し げんきよく ふ しゅ しょう
高齢者の心不全 (heart failure) では下肢に限局した浮腫が生じる。

8-038

じよくそう げんいん ちよう じ かん あっぱく
褥瘡の原因には長時間による圧迫がある。

8-039

ぎょうが い じよくそう こうはつ ぶ い ちようこつ ぶ
仰臥位による褥瘡の好発部位には腸骨部がある。

8-040

こうれいしゃ りようしつ しつ せつしゅ すいしょう
高齢者には良質なたんぱく質の摂取を推奨する。

8-041

にち かい はいべん じょうたい べん び
1日に1回、排便がない状態を便秘という。

8-042

びょう き げんいん べん び
病気が原因で便秘になることがある。

8-043

ふっ きん きんりょくてい か べん び
腹筋の筋力低下で便秘になることがある。

8-044

やくざい げんいん べん び
薬剤が原因で便秘になることはない。

8-045

こうれいしゃ ば あい べん び げ ざい ゆうせん しょうほう
高齢者の場合、便秘には下剤を優先して処方する。

8-046

へんけいせいしつかんせつしょう
変形性膝関節症 (knee osteoarthritis) 場合は歩行を控える。

8-047

へんけいせいしつかんせつしょう
変形性膝関節症 (knee osteoarthritis) 場合は正座で座る。

8-048

へんけいせいしつかんせつしょう ば あい ひざ ひ
変形性膝関節症 (knee osteoarthritis) の場合は膝を冷やす。

8-049

へんけいせいしつかんせつしょう ば あい つえ し よう すいしょう
変形性膝関節症 (knee osteoarthritis) の場合は杖の使用を推奨する。

8-050

パーキンソン病 (Parkinson disease) の利用者の姿勢は後屈しやすい。

8-051

パーキンソン病 (Parkinson disease) の利用者の歩行は大腿になる。

8-052

パーキンソン病 (Parkinson disease) の場合、血圧は上昇する。

8-053

パーキンソン病 (Parkinson disease) の利用者は無表情になることがある。

8-
054

こうれいしゃ はいえん
高齢者の肺炎ではインフルエンザ（influenza）に合併することはまれである。

8-
055

こうれいしゃ はいえん しょ き こうねつ
高齢者の肺炎では初期から高熱がでる。

8-
056

こうじょうせん き のうてい か しょう
甲状腺機能低下症（hypothyroidism）の症状として、浮腫がある。

8-
057

ほ けん し くすり しょうせん こう ふ
保健師は薬の処方箋を交付できる。

8-
058

ほうもんかい ご いん きょたく けいかく りつあん
訪問介護員（ホームヘルパー）は居宅サービス計画を立案する。

9

認知症の理解



問題



9-001

キットウッド (Kitwood, T.) が提唱したパーソン・センタード・ケアは、認知症という症状を中心とするのではなく、「人」を中心として認知症の人を理解するべきであるという考え方である。

9-002

「平成 29 年版高齢社会白書」(内閣府)によると、2025 年(令和 7 年)には、認知症の人の数は、約 400 万人前後になると推計されている。

9-003

地域密着型サービスは、認知症の人や中重度の要介護高齢者ができる限り住み慣れた地域での生活が継続できるように、市町村が事業者の指定や指導・監督を行う。

9-004

「新オレンジプラン」では、認知症の人の意思が尊重され、できる限り住み慣れた地域で自分らしい暮らしを継続できるように 7 つの柱が示された。

9-005

認知症 (dementia) によって判断能力が不十分になった人を保護する制度として成年後見制度がある。

9-006

日常生活自立支援事業とは、認知症の人の自立した生活を支援する
制度である。

9-007

認知症地域支援推進員は、都道府県ごとに、地域包括支援センター
や認知症疾患医療センター等に配置される。

9-008

認知症（dementia）の中核症状とは、多少の差はあるものの、認
知症になると誰にでも認められる中心となる症状である。

9-009

認知症（dementia）による物忘れは、忘れてしまったということ
を自覚していることが多い。

9-010

加齢に伴う物忘れは、体験の一部を忘れるという傾向がみられる。

9-011

運動機能は損なわれていないのに、目的に沿った適切な行動がとれ
なくなることを失認という。

9-012

実行機能障害とは、計画を立て実行することができなくなることを
いう。

9-013

見当識障害は、認知症の中核症状の1つである。

9-014

構音器官や聴覚に障害がないのに、言語機能としての話す・聞く・
書く・読む機能が選択的に失われる状態を失認という。

9-015

REM睡眠行動障害とは、夜中に夢を見て反応して大声を出したり、
立ち上がったりの行動のことをいう。

9-016

記憶障害が進行すると、自分自身の失敗も認識しなくなる。

9-017

せん妄（delirium）とは、意識の混濁した状態であり、発症が急激
であることが特徴である。

9-018

うつ状態とは、気分が落ち込み、自分は生きている価値がないという悲哀を感じている状態である。

9-019

アルツハイマー型認知症（dementia of the Alzheimer's type）の発症時期は明確ではなく、ゆっくり進行する。

9-020

アルツハイマー型認知症（dementia of the Alzheimer's type）では、比較的、記憶力は良好な状態が保たれている。

9-021

血管性認知症（vascular dementia）とは、脳の血液の流れが障害されて起きる脳血管障害を基盤とした認知症である。

9-022

血管性認知症（vascular dementia）は、運動障害を伴うことは少ない。

9-023

レビー小体型認知症（dementia with Lewy bodies）は、幻視体験や転倒を繰り返しやすくなる。

9-024

レビー小体型認知症（dementia with Lewy bodies）では、症状の日内変動は少ない。

9-025

前頭側頭型認知症（frontotemporal dementia）では、人格変化が特徴的な症状である。

9-026

前頭側頭型認知症（frontotemporal dementia）の特徴の1つとして、常同行動がある。

9-027

クロイツフェルト・ヤコブ病（Creutzfeldt-Jakob disease）は、急速に進行する認知症の原因疾患である。

9-028

慢性硬膜下血腫（chronic subdural hematoma）は、治療により血腫を取り除くと認知症の症状がなくなる。

9-029

正常圧水頭症（normal pressure hydrocephalus）では、歩行障害が認められる。

9-030

こうじょうせん き のうてい か しょう
甲状腺機能低下症 (hypothyroidism) の症状では、物忘れがみ
られる。

9-031

じゃくねんせいになん ち しょう
若年性認知症とは、40 歳未満で発症した認知症のことをいい、原
因疾患を問わない。

9-032

ろうねん き になん ち しょう くら
老年期認知症に比べ、若年性認知症は進行が速い。

9-033

HDS-R や MMSE は、認知症のスクリーニングテストとして使用さ
れている。

9-034

けい ど になん ち しょう
軽度の認知症においては、IADL (手段的日常生活動作) のアセス
メントが有効である。

9-035

になん ち しょう
認知症 (dementia) の薬物療法は、病気の進行を完全に止めるこ
とができる。

9-036

えんさんえん
ドネペジル塩酸塩は、アルツハイマー型認知症やレビー小体型認知
症の症状進行を抑制する。

9-037

になん ち しょう よ ぼう かんが かた けんこうてき ひと ふく
認知症予防の考え方には、健康的な人も含めたポピュレーションア
プローチと、疾患を発症しやすいリスクの高い人を対象としたハイ
リスクアプローチがある。

9-038

になん ち しょう
認知症 (dementia) の前段階である軽度認知障害 (MCI) 群を対
象に、認知症予防を目的とした回想法などの脳活性リハビリテー
ションが行われている。

9-039

かんじょうしっきん かんじょう うしな じょうたい
感情失禁とは、感情を失ってしまった状態のことをいう。

9-040

げんかく げんじつ み き しょうじょう
幻覚とは、現実にはないものを見たり聞いたりする症状である。

9-041

もうそう ろん り て き あやま ちよっかんてき かくしん おも こ じょう
妄想とは、論理的に誤っていることを直感的に確信して思い込む状
態をいう。

9-042

夕暮れ症候群とは、夕方頃になると落ち着かなくなる症状を現す。

9-043

常同行動は、同じ動作を繰り返すことをいい、血管性認知症（vascular dementia）に特徴的な症状である。

9-044

異食とは、食物でない物を口に入れたり、食べたりすることをいう。

9-045

不潔行為とは、汚れた衣類やおむつを隠す行為などをいう。

9-046

収集癖とは、ある物を繰り返し買ったり拾ったりする行為をいう。

9-047

認知症（dementia）の行動・心理症状（BPSD）には、親しい人がわからなくなる症状がある。

9-048

認知症（dementia）の行動・心理症状（BPSD）は、認知症の進行により生じるものである。

9-049

認知症（dementia）の行動・心理症状（BPSD）を抑制・禁止することは、不安感を助長させるため避けたほうがよい。

9-050

不安は、認知症（dementia）の行動・心理症状（BPSD）の1つであり、同時に多くのBPSDに共通する背景要因となる。

9-051

認知症（dementia）の人の自尊心を大切にして、その人の主観的な世界観をそのままに受け入れようとする受容的態度は、認知症の人に安心感を与える。

9-052

叱責、否定などの対応は、認知症（dementia）の人が混乱しているときには有効である。

9-053

失敗したことやできなくなったことを責めると混乱がひどくなることが多い。

9-054

認知機能の低下により、どのような場所においても周囲からの影響を受けないため、環境への配慮は必要ない。

9-055

リロケーションダメージとは、環境が変化することから生じる混乱のことである。

9-056

介護者や周囲の人との信頼できる関係の形成は、認知症（dementia）の行動・心理症状（BPSD）を軽減させる効果がある。

9-057

地域ケア会議は、地域包括ケアシステムの実現のために設けられたもので、都道府県に置かれる。

9-058

地域包括支援センターには、社会福祉士、保健師、主任介護支援専門員という3つの専門職が配置される。

9-059

認知症カフェは、インフォーマルサービスである。

9-060

介護教室は、身体介護技術を学ぶ場であるため、認知症の人の家族にも有効である。

9-061

認知症サポーターとは、認知症（dementia）に対する正しい知識をもって、地域や職域で認知症の人や家族を手助けする専門職である。

9-062

認知症初期集中支援チームとは、初期の支援を包括的・集中的に行い、自立生活のサポートを行うチームのことである。

9-063

認知症（dementia）の人の家族は、認知症の人の生活上の混乱に巻き込まれ、介護うつに陥ることがある。

9-064

レスパイトケアは、認知症（dementia）の人の家族にとって有効である。

9-065

レスパイトケアには、介護保険サービスを利用する以外にも、家族会等に参加し、同じ境遇の人と語り合い、励まし合うことも含まれる。

10

しょうがい 障害の理解



もん だい 問題



10-001

ICIDH (International Classification of Impairments, Disabilities and Handicaps : 国際障害分類) では、能力障害により経済的不利益が起きるととらえている。

10-002

ICF (International Classification of Functioning, Disability and Health : 国際生活機能分類) の社会モデルは、障害を個人の問題ととらえている。

10-003

「障害者差別解消法 (障害を理由とする差別の解消の推進に関する法律)」は、共生社会の実現を目指している。

10-004

障害者差別解消支援地域協議会は、国、地方公共団体が組織される。

10-005

障害者は、合理的配慮の提供に努めなければならない。

10-006

合理的配慮は、すべての障害者に同じ配慮をすることである。

10-007

バンク・ミケルセン (Bank-Mikkelsen, N.) は、ノーマライゼーション (normalization) の理念を 8 つの原理にまとめた。

10-008

ノーマライゼーション (normalization) の理念に沿うと、障害福祉計画の成果目標は、地域生活から福祉施設入所の設定が望ましい。

10-009

ソーシャルインクルージョン (social inclusion) とは、共に生き支え合うことである。

10-010

介護福祉職の役割は、利用者自身で生活課題を解決するよう支援することである。

10-011

介護福祉職は、利用者のできないことに着目して支援する。

10-012

アドボカシーは、社会的立場の弱い人の権利を守ることである。

10-013

世界保健機関 (WHO) によるリハビリテーションの定義で、「利き手交換」は医学的リハビリテーションに該当する。

10-014

世界保健機関 (WHO) によるリハビリテーションの定義で、「職業上の援助」は社会的リハビリテーションに該当する。

10-015

脊髄小脳変性症 (spinocerebellar degeneration) の主な症状は、運動失調である。

10-016

脊髄小脳変性症 (spinocerebellar degeneration) の初期には、車いすの使用が適している。

10-017

脳性麻痺 (cerebral palsy) は、妊娠中から生後 4 週までに脳が損傷を受けた障害である。

10-018

のうせい ま ひ
脳性麻痺（cerebral palsy）は、けいちよくがた ふ ずい い うんどうがた
がた ぶんるい
（アテトーゼ型）などの分類がある。

10-019

ようずいそんしょう しょうがい し し ま ひ
腰髄損傷の障害に、四肢麻痺がある。

10-020

けいずいそんしょう き おん あ
頸髄損傷は、気温が上がると、うつ熱になる。

10-021

のうけっかんしょうがい う のう しょうがい げん ご しょうがい
脳血管障害は、右脳が障害されると言語障害がみられる。

10-022

ひだりくうかん む し ば あい り ようしゃ みぎがわ こえ
左空間無視がある場合、利用者の右側から声をかける。

10-023

りょくないしょう おも しょうじょう や もう
緑内障の主な症状に、夜盲がある。

10-024

とうにようびょうせいもうまくしょう がんあつ しょうじょう
糖尿病性網膜症（diabetic retinopathy）では、眼圧が上昇して
し しんけい あつぱく
視神経が圧迫される。

10-025

もうまくしき そ へんせいしょう おも しょうじょう し や きょうさく
網膜色素変性症（retinitis pigmentosa）の主な症状に、視野狭窄
がある。

10-026

はくじょう し かくしょうがいしゃ ささ つか
白杖は、視覚障害者がからだを支えるために使う。

10-027

し かくしょうがいしゃ がいしゅつ し えん どうこうえん ご
視覚障害者の外出支援に同行援護がある。

10-028

でんおんせいなんちよう ない じ ちようしんけい し しょう お
伝音性難聴は、内耳から聴神経の支障で起こる。

10-029

てん じ ちようかくしょうがいしゃ つか
点字は、聴覚障害者のコミュニケーションに使われる。

10-030

ウェルニッケ失語は、話の内容を理解できるが発語が困難である。

10-031

会話補助装置に、トーキングエイドがある。

10-032

狭心症は、強い胸痛が30分以上続く。

10-033

ペースメーカーを装着している利用者は、電磁波の影響を避ける。

10-034

慢性閉塞性肺疾患（COPD）の主な原因は、喫煙である。

10-035

パルスオキシメーターは、上腕部で計測する。

10-036

慢性腎不全が悪化すると、尿毒症を引き起こす。

10-037

慢性腎不全は、塩分を制限する。

10-038

血液透析は、シャントを造設する。

10-039

大腸がんは、上行結腸に多く発生する。

10-040

S状結腸ストーマから排泄される便の性状は、主に水様便である。

10-041

クローン病（Crohn disease）の主な症状に、腹痛や下痢がある。

10-042

中心静脈栄養法の補液は、前腕部の静脈から行われる。

10-043

ヒト免疫不全ウイルス（HIV）による免疫機能障害は、日和見感染を引き起こす。

10-044

肝硬変の主な症状に、黄疸、腹水がある。

10-045

肝臓の機能障害では、飲酒を制限する。

10-046

アルコール依存症（alcohol dependence）は、心因性精神障害に分類される。

10-047

統合失調症（schizophrenia）の主な症状に、妄想がある。

10-048

高次脳機能障害（higher brain dysfunction）で感情のコントロール低下は、記憶障害に含まれる。

10-049

重症心身障害の原因に、分娩時の異常がある。

10-050

知的障害は、てんかん（epilepsy）の合併率が高い。

10-051

知的障害者の療育手帳は、医師が交付する。

10-052

自閉症（autism）の特性は、読む、書く、計算することが苦手である。

10-053

注意欠陥多動性障害（ADHD）のある人には、一度に多くの指示を与える。

10-054

筋萎縮性側索硬化症 (amyotrophic lateral sclerosis : ALS) は、免疫疾患である。

10-055

筋萎縮性側索硬化症 (amyotrophic lateral sclerosis : ALS) は、視力や聴力が保たれる。

10-056

パーキンソン病 (Parkinson disease) の主な症状は、対麻痺である。

10-057

パーキンソン病 (Parkinson disease) の症状の進行度は、ホーエン・ヤールの重症度分類を用いる。

10-058

悪性関節リウマチ (malignant rheumatoid arthritis) は、言語機能障害がみられる。

10-059

悪性関節リウマチ (malignant rheumatoid arthritis) の人が使用するドアの取っ手は、丸いものが適している。

10-060

筋ジストロフィー (muscular dystrophy) は、デュシェンヌ型が多い。

10-061

筋ジストロフィー (muscular dystrophy) の主な症状は、手指関節のこわばりである。

10-062

筋ジストロフィー (muscular dystrophy) の利用者は、重度訪問介護を利用して電動車いすで外出することができる。

10-063

上田敏による障害受容のステージ理論の5つの心理過程のうち、最初の段階はショック期である。

10-064

上田敏による障害受容のステージ理論の5つの心理過程のうち、否定期は現実をとらえる支援を行う。

10-065

適応機制の「退行」は、認めたくない欲求をこころの中に抑え込もうとする状態をいう。

10-066

み しゅうがく こ はったつ おく ば あい じ どうはったつ し えん
未就学の子どもの発達に遅れがある場合、児童発達支援センターに
そうだん
相談する。

10-067

しよく ば てきおうえんじよしゃ しょうがいしゃ とくせい おう しゅうろう
職場適応援助者（ジョブコーチ）は、障害者の特性に応じた就労の
し えん
支援をする。

10-068

みんせい いん せい ど か ち いき しゃかい し げん
民生委員は、制度化された地域の社会資源の 1 つである。

10-069

そうだん し えんせんもんいん どう り ようけいかく さくせい
相談支援専門員は、サービス等利用計画を作成する。

11

こころとからだの しくみ



もん だい
問題



11-
001

マズロー (Maslow, A.) の欲求階層説の承認欲求とは、自分自身の向上を示すことである。

11-
002

マズロー (Maslow, A.) の欲求階層説の生理的欲求とは、自分の遺伝子の継続を示すことである。

11-
003

マズロー (Maslow, A.) の欲求階層説で、生命を脅かされないことは最上層の欲求である。

11-
004

マズロー (Maslow, A.) の欲求階層説で、他者からの賞賛を受けたいというのは承認欲求である。

11-
005

ライチャード (Reichard, S.) による老年期の性格類型において、自分の過去に対して自責の念を抱くことは、円熟型に分類される。

11-006

ライチャード (Reichard, S.) による^{ろうねん き}老年期の^{せいかく}性格類型において、^{わか}若いときの^{せつぎよくてき}積極的な活動^{かつどう}を維持^いすることは、^い依存型^{いぞんがた}に分類^{ぶんるい}される。

11-007

ライチャード (Reichard, S.) による^{ろうねん き}老年期の^{せいかく}性格類型において、^{とし}年をとることをありのままに受け入れていくことは、^う円熟型^{えんじゆくがた}に分類^{ぶんるい}される。

11-008

^{たん き き おく}短期記憶とは、^{すうじつかん ほ}数日間保持^しされる^{き おく}記憶である。

11-009

^{き おく}記憶には、^{き めい}記録・^ほ保持・^{そう き}想起の3つの過程^{かてい}がある。

11-010

^{い み き おく}意味記憶には、^{ひ づけ}日付や物の名称^{めいしやう}などがある。

11-011

^{かんさつがくしやう}観察学習とは、^{し ぶん}自分の行動^{こうどう}を反省^{はんせい}する学習^{がくしやう}である。

11-012

^{てきおう き}適応機制^{せい}の分類^{ぶんるい}において、^{よくあつ}抑圧とは^{たいげん}体験を^む無意識^いのうちに忘れよう^{わす}とすることをいう。

11-013

^{てきおう き}適応機制^{せい}の分類^{ぶんるい}において、^{ごう り か}合理化とは^{し ぶん}自分の感情^{かんじやう}と^{せいはんたい}正反対^{こうどう}の行動^{ほんとう}で^{し ぶん}本当の自分^{かく}を隠そうとすることである。

11-014

^{まつしやうどうみやく}末梢動脈には、^{けつえき}血液の逆流^{ぎやくりやう}を予防^よするための弁^{べん}がある。

11-015

^{どうみやく}動脈は、^{たいひやう}体表から^{はくどう}拍動^ふに触れることができる。

11-016

^{だいのう}大脳の^{きのうきよくざい}機能局在^ぶの部位として、^{とうちやうやう}頭頂葉は^{い し}意思決定^{けつてい}を^{すいこう}遂行^{やくわり}する役割がある。

11-017

^{だいのう}大脳の^{きのうきよくざい}機能局在^ぶの部位として、^{そくとうやう}側頭葉は^{ちやうかく}聴覚^きや^{かん}記憶に関する^{やくわり}役割がある。

11-018

だいのう き のうきよくざい ぶ い こうとうよう し かくじょうほう にんしき やくわり
大脳^{だいのう}の機能局在^{きのうきよくざい}の部位^{ぶ い}として、後頭葉^{こうとうよう}は視覚情報^{しかくじょうほう}の認識^{にんしき}の役割^{やくわり}がある。

11-019

だいのうへんえんけい き おく かん き のう
大脳辺縁系^{だいのうへんえんけい}には、記憶^{き おく}に関する機能^{かん}がある。

11-020

かんぞう かんぞう グリコーゲン (glycogen) ちよぞう
肝臓^{かんぞう}は、グリコーゲン (glycogen) の貯蔵^{ちよぞう}をする。

11-021

ぼうこう にょう のうしゅく
膀胱^{ぼうこう}は、尿^{にょう}を濃縮^{のうしゅく}するはたらきをもつ。

11-022

しょうのう こ きゅうちゅうすう
小脳^{しょうのう}には、呼吸中枢^{こ きゅうちゅうすう}がある。

11-023

すいぞう ぶんびつ おこな
膵臓^{すいぞう}は、インスリン (insulin) 分泌^{ぶんびつ}を行う。

11-024

しんぞう こうかん おこな
心臓^{しんぞう}は、ガス交換^{こうかん}を行う。

11-025

だ えき おお こうしゅう げんいん
唾液^{だ えき}が多いと、口臭^{おお こうしゅう}の原因^{げんいん}となる。

11-026

こうしゅう た しゃ こうりゅう さ げんいん
口臭^{こうしゅう}は、他者^{た しゃ}との交流^{こうりゅう}を避ける原因^{さ げんいん}となることもある。

11-027

ふくこうかんしんけい だ えきぶんびつ よくせい
副交感神経^{ふくこうかんしんけい}は、唾液分泌^{だ えきぶんびつ}を抑制^{よくせい}する。

11-028

じ か せん どうかん こうくうてい かいこう
耳下腺^{じ か せん}の導管^{どうかん}は、口腔底^{こうくうてい}に開口^{かいこう}する。

11-029

だ えき こうきん さ よう
唾液^{だ えき}には、抗菌作用^{こうきん さ よう}がある。

11-030

ぜつ か せん しょう だ えきせん
舌下腺は、小唾液腺である。

11-031

じょうづめ ば あい てつけつぼうせいひんけつ
さじ状爪がみられた場合、鉄欠乏性貧血 (iron deficiency anemia)
が疑われる。

11-032

じょうゆび ば あい えいようしょうがい うたが
ばち状指がみられた場合、栄養障害が疑われる。

11-033

ま つめ しんしっかん
巻き爪は、心疾患でみられる。

11-034

りょう し い にちじょうせいかつどう き
良肢位とは、ADL (Activities of Daily Living : 日常生活動作) に
もっと し しょう すく し せい
最も支障が少ない姿勢である。

11-035

さき した む し せい りょう し い
つま先が下を向いた姿勢は良肢位である。

11-036

ほね きょう か にっこう さ
骨を強化するためには、日光を避ける。

11-037

ほね きょう か ビタミン E (vitamin E) せっしゅ
骨を強化するためには、ビタミン E (vitamin E) の摂取をする。

11-038

ほね きょう か てき ど うんどう
骨を強化するためには、適度な運動をする。

11-039

こうれいしゃ こっせつ てんどう しょう もっと おお
高齢者の骨折 (fracture) で、転倒によって生じることが最も多い
のは大腿骨頸部骨折 (femoral neck fracture) である。

11-040

だいたいこつけい ぶ こっせつ ちよく ご む しょうじょう
大腿骨頸部を骨折 (fracture) した直後は無症状である。

11-041

たんぱく しつ しんたい こうせい しゅようせいぶん
たんぱく質は、身体を構成する主要成分である。

11-042

とうしつ し ようせい きゅうしゅう たす
糖質は、脂溶性ビタミンの吸収を助ける。

11-043

し しつ げんりょう
脂質は、ホルモンの原料となる。

11-044

すいようせい
ビタミンCは、水溶性ビタミンである。

11-045

む きしつ たいない
無機質（ミネラル（mineral））は、体内でつくることができる。

11-046

せつしよく えん げ せんこう き だ えきぶんびつ ぞう か
摂食・嚥下のプロセスにおいて、先行期は唾液分泌が増加する。

11-047

せつしよく えん げ じゅん び き えん げ せい む こ きゅう
摂食・嚥下のプロセスにおいて、準備期は嚥下性無呼吸がみられる。

11-048

せつしよく えん げ こうくう き こうとう へい さ
摂食・嚥下のプロセスにおいて、口腔期は喉頭が閉鎖する。

11-049

せつしよく えん げ いんどう き しょっかい けいせい
摂食・嚥下のプロセスにおいて、咽頭期は食塊を形成する。

11-050

せつしよく えん げ しょくどう き ずい い て き うんどう
摂食・嚥下のプロセスにおいて、食道期は随意的な運動である。

11-051

じょうけつちょう だいちょう いち ぶ
S状結腸は、大腸の一部である。

11-052

くうちょう しょうちょう いち ぶ
空腸は、小腸の一部である。

11-053

だっすい ともしょう しょうじょう かつどうせい てい か
脱水に伴う症状には、活動性の低下がみられる。

11-054

脱^{だつ}水^{すい}に伴^{ともな}う症^{しょう}状^{じょう}には、皮^ひ膚^ふの湿^{しつ}潤^{じゅん}がみられる。

11-055

胃^いろ^ろうに使用^ししているカテ^てーテル^てルは、交^{こう}換^{かん}不^ふ要^{よう}である。

11-056

糖^{とう}尿^{りょう}病^{びょう}でインスリン療^{りょう}法^{ほう}を受^うけている場^ば合^{あい}には、低^{てい}血^{けつ}糖^{とう}症^{しょう}状^{じょう}に注^{ちゅう}意^いする。

11-057

38～41℃の湯^ゆ温^{おん}での入^{にゅう}浴^{よく}は、消^{しょう}化^か機^き能^{のう}を亢^{こう}進^{しん}させる。

11-058

感^{かん}染^{せん}を起^おこしていない皮^ひ膚^ふの創^{そう}傷^{しょう}治^ち癒^{いう}を促^{うなが}す方^{ほう}法^{ほう}には、乾^{かん}燥^{そう}がある。

11-059

皮^ひ膚^ふの表^{ひょう}面^{めん}は、弱^{じやく}酸^{さん}性^{せい}に保^{たも}たれている。

11-060

家^か庭^{てい}内^{ない}での不^ふ慮^{りょ}の事^じ故^このうち、入^{にゅう}浴^{よく}での事^じ故^こは少^{すく}ない。

11-061

帯^{たい}状^{じょう}疱^{ほう}疹^{しん}（herpes zoster）は、強^{つよ}いかゆ^いみがある疾^{しつ}患^{かん}である。

11-062

疥^{かい}癬^{せん}（scabies）は、ほかの^{ひと}人^{かん}に感^ひ染^ふしない皮^{しつ}膚^{かん}疾^ふ患^{しつ}である。

11-063

浴^{よく}槽^{そう}からの立^たち上^あがりは、ゆっく^{おこな}り行^いう。

11-064

心^{しん}臓^{ぞう}に疾^{しつ}患^{かん}のある^{ひと}人^はには、半^{はん}身^{しん}浴^{よく}を勧^{すす}める。

11-065

食^{しょく}後^ご、すぐ^{にゅう}に入^い浴^{よく}を勧^{すす}める。

11-066

にゅうよく ご すいぶんせつしゅ ひか
入浴後、水分摂取は控える。

11-067

ひ ふ かんそう ともな ば あい り ようしゃ つめ みしか き
皮膚の乾燥に伴うかゆみがある場合は、利用者の爪は短く切る。

11-068

せいじょう にょう はいにょうちよく ご しゅう
正常な尿は、排尿直後はアンモニア臭がする。

11-069

ぎょう が い はいべん し せい
仰臥位は、排便しやすい姿勢である。

11-070

こうかんしんけい ちよくちよう ぜんどううんどう そくしん
交感神経は、直腸の蠕動運動を促進させる。

11-071

しょく じ べん い
食事をとると、便意はおさまる。

11-072

いき は ふくあつ てい か はいべん うなが
息を吐きながら腹圧を低下させると、排便は促される。

11-073

はいべん じ がいこうもんかつやくきん い しきてき し かん
排便時には、外肛門括約筋を意識的に弛緩させる。

11-074

し かんせいべん び げんいん しょくもつせん い せつしゅ ぶ そく
弛緩性便秘の原因には、食物繊維の摂取不足がある。

11-075

ちよくちようせいべん び げんいん はいべん が まん しゅうかん かんけい
直腸性便秘の原因には、排便を我慢する習慣が関係する。

11-076

ね げり
寝たきりになると、下痢になりやすい。

11-077

ま やくせいちんつうざい し ようちゅう べん び
麻薬性鎮痛剤の使用中は、便秘になりやすい。

11-078

き のうせいようしっきん にん ち しょう り ようしゃ けんとうしきしょうがい しょう
機能性尿失禁は、認知症のある利用者が見当識障害などにより生じる。

11-079

ふくあつせいようしっきん しょう しっきん
腹圧性尿失禁は、くしゃみなどで生じる失禁である。

11-080

ほうこうえん はいよう じ つう お
膀胱炎（cystitis）では、排尿時痛が起こりやすい。

11-081

か れい とこな すいみん じ かん なが
加齢に伴い、睡眠時間は長くなる。

11-082

うんどう たいない ど けい にち じ かん しゅう き しゅうせい もっと きょうりよく いん し
運動は、体内時計を1日24時間の周期に修正する最も強力な因子となる。

11-083

しょうこうぐん か し
レストレスレッグス症候群（restless legs syndrome）は、下肢
を安静にすることで症状が軽快する。

11-084

ふ みんしょう すいみん じ かん じゅうぶん
不眠症（insomnia）のうち、睡眠の時間は十分にとれているが、ぐっ
ねむ かん じょうたい じゅうみんしょうがい
すり眠れた感じがしない状態を熟眠障害という。

11-085

りんじゅう き しんたい よう す ふ しゅ しゅつげん すく
臨終期の身体の様子として、浮腫の出現は少ない。

11-086

し ほうちよくぜん しんたい へん か か がく こ きゅう しゅつげん
死亡直前にみられる身体の変化として、下顎呼吸の出現がある。

11-087

キューブラー・ロス（Kübler-Ross, E.）が提唱した心理過程の5
だんかい だい だんかい いか
つの段階として、第1段階は怒りである。

12

医療的ケア



問題



12-001

2011 年（平成 23 年）に社会福祉士及び介護福祉士法が改正され、介護福祉士は、病院で喀痰吸引を実施できるようになった。

12-002

介護福祉士が医師の指示の下で行う喀痰吸引のうち、鼻腔内吸引のチューブ挿入範囲は咽頭手前までである。

12-003

事故寸前の危険な状況が発生したが、処置や治療は行わなかった程度の出来事も記録に残す。

12-004

スタンダードプリコーション（標準予防策）において、唾液は感染する危険性のあるものとして取り扱う。

12-005

経鼻経管栄養に使用した物品は、消毒用エタノールに浸けて消毒することが望ましい。

12-006

パルスオキシメータは、じょうみゃくけつ さん そ ほう わ ど そくてい 静脈血で酸素飽和度を測定することができる。

12-007

喀痰吸引を必要とする利用者に対する生活支援として、室内の湿度を 30%以下に保つ。い か たも

12-008

鼻腔内の吸引物に血液が少量混じっていたので、吸引圧を弱くして再度吸引をした。さい ど きゅういん

12-009

喀痰吸引が必要な利用者に対して、入浴ケアの前後に吸引を行う。にゅうよく ぜん ご きゅういん おこな

12-010

喀痰吸引の排液が、吸引びんの 70 ～ 80%になる前に廃棄する。ま え はい き

12-011

口腔内・鼻腔内の喀痰吸引で使用した吸引チューブ内側の洗浄には、水道水を使用する。すいどうすい し よう

12-012

1 回の吸引で痰が取り切れなかったため、呼吸が落ち着いたことを確認して、再度吸引を行った。かくにん さい ど きゅういん おこな

12-013

経管栄養の実施時に、冷蔵庫に保管していた栄養剤を指示どおりの温度にせずそのまま注入すると、低血糖を引き起こす。ちゅうにゅう ていけつとう ひ お

12-014

経管栄養の対象である利用者は、口腔ケアは必要ない。けいかんえいよう たいしよう り ようしゃ こうくう ひつよう

12-015

経管栄養中にしゃっくりがあった場合は、ただちに注入を中止する。ば あい ちゅうにゅう ちゅう し

12-016

イルリガートル（注入ボトル）を用いた経鼻経管栄養は、半固形化栄養剤を用いる。ちゅうにゅう もち けい び けいかんえいよう はん こ けい か えいようざい もち

12-017

経鼻経管栄養のイルリガートル（注入ボトル）は、利用者の胃から栄養剤の液面までが約 50cm の高さになるようにする。けい び けいかんえいよう ちゅうにゅう り ようしゃ い えいようざい えきめん やく たか

12-018

けい び けいかんえいよう おこな けい び けいかんえいよう おこな
経鼻経管栄養を行っている利用者の栄養チューブが 10cm 抜けて
いたので、介護福祉職が抜けた部分を元に戻した。

12-019

き かん ない きゅういん きゅういんあつ じょうたい きゅういん
気管カニューレ内の吸引は、吸引圧をかけない状態で吸引チューブ
を挿入する。

1

Human Dignity and Independence

Answer/Explanation of terminology

A

1-001



The plan document for decision making for life-prolonging treatment should be prepared based on the user's self-selection and self-determination so that the user can have the life he/she wanted. Therefore, it can be changed respecting the user's intention.

1-002



The user's will may change depending on the condition of his/her mind and body or changes in circumstances surrounding him/her. Therefore, repeated discussion for confirmation should be made as needed.

1-003



The plan document for decision making for life-prolonging treatment is prepared on the assumption of both the treatment at home and in the hospital. Not only the assumption of the individual transformation due to the treatment but also the perspective of improving the environment by focusing the surrounding environment of the user is required.

1-004



For a better selection of care services for the user, a care worker has to provide necessary information to the user.

1-005



The user wants to continue living at his/her home. For him/her, it is not appropriate to recommend moving into the facility. The attitude to respect the user's will to continue living at his/her home and to listen to the anxiety of the user is required.

**1 -
006**

In terms of user's independence, persuasion is not appropriate. It is important for the care worker to understand the anxiety of the user and support the user to realize his/her strength and help him/her take action.



**1 -
007**

Empowerment is to support the user who is in the situation of violation of the rights or of suppressed situation to gain the strength to overcome the situation by himself/herself.



**1 -
008**

Advocacy is used in the meaning of speaking for another or defending a user's rights, and advocacy means to speak for the user who has difficulty expressing his/her own will.



**1 -
009**

In the independent living movement (IL movement), independent life is defined as "managing own life based on his/her convincing choice to minimize the dependence on other people in decision-making or daily life."



**1 -
010**

The independent life of the persons with disabilities will not be implemented only in the facility or in the hospital. Based on his/her convincing choice, it should be implemented in the community as much as possible.



**1 -
011**

In self-independence support, it is important for the person himself/herself to take any action with his/her will. For this, a will "to take an action actively and voluntarily" is necessary.



**1 -
012**

If the user does not have a will, it might result in forced independence. Care workers need to understand the user's unmotivated background and elevate his/her will for independent life.



**1 -
013**

Self-independence support does not mean that the user has to do everything by himself/herself without any help from others but the others support the user to achieve his/her own life while he/she is trying to do what he/she can do as much as possible by himself/herself.



**1 -
014**

To implement the idea of normalization, it is necessary to support the user to be able to live a normal life in his/her beloved region and beloved house.



**1 -
015**

To lock the door restricts the action with his/her will and is an action that ignores dignity.



2

Human Relationships and Communication

A

Answer/Explanation of terminology

A

2-001

For example, when communicating with others, when one starts to feel anger, self-awareness including realizing and analyzing what is the background objectively is important.



2-002

Self-awareness is an objective self-analysis of his/her action, the concept of values, prejudice, preconception, and character.



2-003

To build a trust relationship (rapport), it is important to be a listener of the user and nod your head in response with empathy in the initial stage.



2-004

It refers to the content of "purposeful expression of feeling" not the "principle of self-determination" among the seven principles of Biestek. It is important to contact the user intentionally for the user's free expression of the feeling (▶ refer to G001).



2-005

"Self-disclosure" is to tell the information of himself/herself to the other person based on his/her will.



2-006

The Johari window is the attitude for better self-understanding and facilitation of communication. When communicating with the user, both the care worker and the user make self-disclosure and widen the “opened part” to build the trust relationship (▶ refer to G001).



2-007

A “Nonjudgmental attitude” is to contact the user without blaming or branding him/her unilaterally with one’s concept of values (▶ refer to G001).



2-008

Individualization is to recognize each user as a unique individual, to search for the best appropriate helping manner for each user, and not to apply a uniform helping manner (▶ refer to G001).



2-009

For building a relationship with the user, it is good to respect the user’s life history, what has been important for the user, who has been important people for the user through his/her life.



2-010

Other than “tactile singing,” there is another method of communication, “finger braille.” A person with deafblindness obtains information with their sense of touch.



2-011

“Empathetic attitudes” is to contact the user with an understanding of the user’s feeling as if the worker is in the user’s position.



2-012

In a conversation by means of writing, it is better to send a message of the content using figures, drawings, and keywords rather than writing long sentences.



2-013

The communication method for quadriplegia with difficult vocalization includes communication devices for people with disabilities other than a transparent communication board. If the user can move slightly, a voice output communication aid is also available.



2-014

Because conversation by means of writing does not need any new special skill which should be learned, it is effective in communication with those who recently lost their hearing ability.



2-015

Conversation by means of writing is effective for 1 to 1 bidirectional communication. To transmit a message to many people with hearing loss such as in a lecture meeting, “precis writing” (projecting a transcript of sounds on a screen using a computer, etc.) is effective.





Points of study

■ Seven principles of Biestek

Individualization	To achieve an appropriate helping manner with the recognition of each user as a unique individual.
Purposeful expression of feeling	To contact the user for expressing his/her feelings freely.
Controlled emotional involvement	The supporter controls his/her own feeling and gives the user a purposeful response.
Acceptance	To accept the user's attitudes and behavior as he/she really is.
Nonjudgmental attitude	Not to blame or brand the user unilaterally.
Self-determination	The user makes his/her decision such as the direction of problem-solving based on his/her own judgment.
Confidentiality	Not to leak any secret obtained from the user.

■ Johari window

	Known to self	Not known to self
Known to others	(1) Open	(2) Blind
Not known to others	(3) Hidden	(4) Unknown

3

Understanding of Society



Answer/Explanation of terminology



3-001



The family in which one was born as a child and brought up is called the family of orientation or birth family. The family that is newly formed by selecting a spouse with the user's own will is called the founding family or family of procreation.

3-002



Kin means a blood relative within 6 degrees of relationship, spouse, and relatives by marriage within 3 degrees of relationship. Relatives by marriage include blood relative of one's spouse or the spouse of one's blood relative.

3-003



The life support function is the function that seeks content of appetite and aphrodisia, and safety related to individual existence.

3-004





Personality function is classified as forming function or stabilization function. Stabilization function is a relaxation function that can be shared only with family members.


3-005





Care function includes the function that family members support the member who needs nursing care and the function to support care worker and family living together in psychological and social aspects.


3-006  In “regional inclusive society,” issues on the aging of population and low birth rate, and social security system which has been divided vertically are reviewed, and it is aiming at forming the regional community in which all residents of the region have roles, support each other, and play a role in his/her character.


3-007  The consultation support system of “regional inclusive society” is not specialized in the elders’ field. Construction of a comprehensive consultation support system which goes beyond the support depending on the eligible person’s field is required.


3-008  The specified non-profit corporation is defined in Act on Promotion of Specified Non-profit Activities, and although it is a group mainly aiming at specified unprofitable activity, producing revenue is not prohibited.


3-009  Approved Corporations Engaging in Specified Non-profit Activities is a corporation approved by the competent authority (prefectural governments/designated cities) that meets a certain standard among specified non-profit corporations. For approved corporations engaging in specified non-profit activities, both the one who donates and the one who receives a donation can capture a tax benefit.


3-010  Social capital is an individual connection in the society and the local community, social network, citizen participation, and the rules of reciprocity and reliability resulted from them. Also, it is described that the promotion of social capital affects health-promoting and the decrease in mortality.


3-011  Empowerment is originally a concept aiming at deriving and raising the individual power of the eligible person. In recent years, responding to the rapid function decrease in the family, organization, and region, group and community people are included as an object person.


3-012  Act on the Arrangement of Related Acts to Promote Work Style Reform was established with the aim of implementation of society in which various working styles are available, correction of working long hours, securing equal treatment regardless of the form of employment.

3-013  Work-life balance means the harmony of work and life. Not only work but also effective use of leisure time along with maintaining a healthy mind and body of workers and the lifestyle change have also come to be valued.

3-014  In Japan, the participation rate of employment insurance and other system which can be applied for employees is far higher in regular employment than in irregular employment.

3-015  According to the Labour Force Survey (Statistics Bureau, Ministry of Internal Affairs and Communications) of 2019, the employment rate for people 65 years of age or older has been increasing since 2011.

3-016  According to the Labour Force Survey (Statistics Bureau, Ministry of Internal Affairs and Communications) of 2019, the ratio of irregular employment is 38.2% which is higher than one-third of the total number of employees. Also, part-time workers predominate 70% of irregular employment workers.

3-017  When we look at the change in the ratio of the population of depopulated areas to the total population, it has been decreased from 21.8% in 1960 when the underpopulation problem became exposed, to 8.6% in 2015 and it has not eased (“Present condition of depopulation counter-measure,” 2018 Ministry of Internal Affairs and Communications).

3-018



Because city functions such as living, industry, commerce, operation, and public services moved to the suburbs along with the development of motorization, the hollowing-out phenomenon ("donut" phenomenon) occurred ["Recent situation around national land" National Spatial Planning and Regional Policy Bureau, Ministry of Land, Infrastructure and Transport (June 2018)].

3-019



Self-help in the community-based integrated care system is to do things by himself/herself without using public assistance and to live independently by buying his/her own health care (self care) and services. To use public assistance is public help (▶ refer to G002).

3-020



Mutual legal assistance in the community-based integrated care system is included in the social security system along with public help. The social security system consists of social welfare aid system (public help) and social insurance system (mutual legal assistance). The social insurance system, a mutual legal assistance takes the form of mutual aid, using premiums as a main financial resource (▶ refer to G002).

3-021



Public help provides necessary life security at public expenditure to financial difficulties in living, etc. which cannot be dealt with self help, cooperation, and mutual legal assistance. Cooperation is informal mutual aid such as mutual aid among neighborhoods and volunteers. Mutual legal assistance is systematized mutual aid such as social insurance.

3-022



Cooperation means supporting each other among neighborhoods and includes voluntary activities in which cost allocation is not supported by the system.

3-023



The object person of the social security includes people who have problems in daily life such as poverty, disease, unemployment, child-rearing, and nursing care other than the people who have problems in nursing care.

3-024



Social security functions as a safety net. Nowadays, a three-layer safety net based on mutual legal assistance is set out and placed as follows: Employment (labor) insurance and social insurance in the first layer, a support system for the need in the second layer, and public assistance (livelihood protection) system in the third layer.

3-025



Even a contract worker can take child-care leave if he/she has been employed by an employer for one or more years, and his/her employment contract is not expired until the day on which the child who was raised has become 1 year and 6 months old. Childcare leave benefits are provided based on the employment insurance law.

3-026



Since January 2017, people can take family care leave up to three times per target family in total 93 days dividedly. Target family members are the spouse, father, mother, child, father and mother of the spouse, grandfather, grandmother, brother and sister, grandchild, and non-resident family members are also included.

3-027



Child-care leave was enacted as the Act on Childcare Leave, etc. in 1991. In 1995, family care leave was added and the Child Care and Family Care Leave Law (Act on the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave) was enforced.

3-028





The eligible people for the insurance benefit of workers' accident compensation insurance is all people who receive wages regardless of title or form of employment.


3-029





A business operator takes full responsibility for compensation for any industrial disaster, and the employer bears the full amount.


3-030  Because workers' accident compensation insurance is paid to labor when the labor experiences disease, injury, disorder, or death due to a disaster or accident in the course of one's work or when job-related commuting, any accident during commuting is also applicable. Mental disability due to the physiological burden caused by the duty is also the target of the insurance benefit.


3-031  Because workers' accident compensation insurance is for the security system for labor, it cannot be the target of the insurance benefit. Therefore, a special enrollment system is set, and the targets for it are small and medium sized employers, etc., single parents, and other self-employed people, etc.


3-032  The right to exist is enacted in the first paragraph of Article 25 of the Constitution "All people shall have the right to maintain the minimum standards of wholesome and cultured living." and in the second paragraph, "In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health."


3-033  The Social Welfare Act was a renamed and revised law from a former social business act in 2000 as part of basic structural reform of social welfare which was aiming at the transition from corrective action to contract management. The basic matter which is common in welfare services in the laws related to social welfare is provided.


3-034  The ratio of financial resources of premium for late-stage elderly is as follows: about 50% is a public expense (country: prefectural governments: municipalities = 4:1:1), about 40% is premiums of people other than late-stage elderly, and about 10% is late-stage elderly, which is the smallest.


3-035  Social security benefits are the total amount of money and services related to social security system paid to Japanese citizens in a year. The financial resources of social security benefits of 2017 are covered by social insurance premiums (50.0%), tax (public expense) (35.3%), and other revenue (14.7%).


3-036  Financial resources of public assistance are all tax. Three-fourths are borne by the national government, and one-fourth is borne by the local government (prefectural governments, cities, or towns and villages where welfare offices are set) which is a responsible organization.


3-037  The total population (estimates) of 2020 is 125,880,000 which is 290,000 (0.23%) less than the previous year and it has been decreased consecutively 9 years from 2011.


3-038  In the Long-Term Care Insurance Act, Article 1, "Insurance benefits shall be granted so that the people who need nursing care, etc. can maintain dignity and can have independent daily life depending on his/her ability" is regulated.


3-039  Care services changed from corrective action to contract management and the principle of competition among care services business company including user-centric service providers and the private company was introduced.


3-040  Inclusive type service is a service which provides common services for both long-term care insurance services and welfare service for persons with disabilities by the same service providers. The targets include three types, care service provided by home visits, care service provided to visiting care recipients in care facilities, and short stays.


3-041  Ambulatory rehabilitation services are long-term care insurance services that are not included in the welfare service for persons with disabilities and do not fall into the category of inclusive type service.


3-042  Recuperation care type-medical facilities is newly established long-term care facilities substituting for medical care facilities. These facilities are designated as a facility providing management related to recuperation, nursing, care, and functional training under medical supervision, other necessary medical care, and help in daily life, to the persons who need nursing care and who require daily medical management.


3-043  Nursing care assistance on a periodic basis or whenever requested is community-building services that had been established in the revision in 2012. It is a service that provides necessary services 24 hours a day, 365 days a year flexibly depending on the condition of the mind and body.


3-044  Home health care and nursing care collaboration promotion project is placed in the community support projects along with the revision in 2015. This project is aiming at building a system which provides home health care and care services integrally.


3-045  The liaison person of dementia was set at the community general support center in the revision of Long-Term Care Insurance Act in 2009. It is aiming at the collaboration with dementia disease medical center.


3-046  The eligibility requirement for Primary Insured Person is a person that is domiciled in the municipal governments and is 65 years of age or more. When the person who is qualified as in a condition of need for long-term care or a needed support condition, can receive insurance benefits of long-term care insurance. The eligibility requirements for Secondary Insured Person is a person insured by health insurance and is 40 years of age or more but less than 65 years of age.


3-047  A municipal governments as an insurer collects the insurance premiums of a Primary Insured Person of the long-term care insurance system. Health insurers collect the insurance premiums for a Secondary Insured Person together with the health insurance premiums.


3-048  The family caregiver support project is included in the optional projects. An optional project is a project which is uniquely implemented by the municipal governments consistent with regional conditions. The family caregiver support project includes family care class and watching project of the elderly persons with dementia, etc.

3-049  Prevention benefit is included in the insurance benefits of the long-term care insurance system as with long-term care benefit. The preventive care and daily life support comprehensive project is classified as combination services of preventive care and life support project (primary project) and general preventive care project in the revision of Long-Term Care Insurance Act in 2014.

3-050  The advocacy project is included in the comprehensive support project. Comprehensive support project is classified as operation project of community general support center and project for enriching social security.

3-051  The primary home-visit project (home-visit services) is included in the combination services of preventive care and life support project (primary project) among the preventive care and daily life support comprehensive project. Other than this, the primary daytime project (ambulatory services), the primary life support project, and the primary preventive care support project are included.

3-052  Since August 2015, assets requirements were added to the requirements for payment of supplementary benefits. The supplementary benefit is a system of benefit in which the difference between the actual benefit ceiling for residence expenses and meal costs of the user of the facility for long-term care covered by public aid, etc. which had been set depending on income stage and average expenses, is paid from long-term care insurance.

3-053  The total amount of the allowance for an in-home long-term care service plan is paid in long-term care benefit to the service providers since the foundation of long-term care insurance.

3-054 ○ The copayment is 30% of the amount if the user has income comparable to the current workforce (3,400,000 yen or more per year) since August 2018. If the income is 2,800,000 yen or more and less than 3,400,000 yen, copayment is 20%.

3-055 ✕ If the user is not satisfied with the response of the service provider, he/she first consults the person in charge of the complaint at the first provider. If the problem is not solved even the user consults the person in charge, then they should consult the counter in charge in the municipal governments or the care services grievance committee in the federation of national health insurance associations. The certification committee for long-term care insurance is an organization that responds to the allegation related to the certification of needed long-term care and insurance benefits, etc.

3-056 ○ The purpose of community care conference are the following through investigation of support details in each case: (1) Support of care management assisting self-independence support of elderly based on the spirit of the law by long-term care support specialists of the region; (2) building the community general support network for the understanding of the actual condition of elderly and problem solving; (3) understanding of the regional problem by task analysis, etc. of the individual case.

3-057 ○ In Article 87, paragraph (1) "Basic Guidelines" of Services and Supports for Persons with Disabilities Act (the Act on the Comprehensive Support for the Daily and Social Life of Persons with Disabilities), "the Minister of Health, Labour and Welfare shall establish basic guidelines to consolidate welfare service for persons with disabilities and consultation support, (...), and ensure smooth operation of services and supports for persons with disabilities payment and community life support services (hereinafter referred to as "basic guidelines")" is stipulated.

3-058 ✕ Formulation of the plan for the welfare of persons with disabilities by the municipal governments and prefectural governments is mandatory. Basic guidelines are specified in Article 88 and Article 89 of Services and Supports for Persons with Disabilities Act (the Act on the Comprehensive Support for the Daily and Social Life of Persons with Disabilities) for municipal governments and for prefectural governments, respectively.

3-059 ○ Municipal/prefectural plan for the welfare of persons with disabilities stipulates that it can be prepared as a unit with municipal/prefectural plan for welfare of disabled children in Article 88, paragraph 6, Article 89, paragraph 4 of Services and Supports for Persons with Disabilities Act (the Act on the Comprehensive Support for the Daily and Social Life of Persons with Disabilities)

3-060 ○ The goal related to the promotion of cultural and artistic activities and sports is formulated in the basic program for persons with disabilities based on the Basic Act for the Disabled Persons.

3-061 ○ In the Act for Eliminating Discrimination Against People with Disabilities, a duty of administrative organs and service providers is stipulated in the basic guidelines for promoting the elimination of discrimination aiming at the implementation of an inclusive society.

3-062 ○ The flow of applying for payment to the municipal governments is as follows: (1) Authorization of classification of degree of disability; (2) Preparation of service utilization programs plan and provision to the municipal governments by consultation manager in the designated specified consultation support office; (3) Grant decision; (4) Meeting of the persons in charge of services; (5) Preparation of service utilization programs; (6) Initiation of the use of services.

3-063 ✕ Day service after school was established in the revision of the Child Welfare Act in April 2012. It is a service to provide the training for improving viability and the support for the interchange of society to disabled children who go to schools except for kindergarten or university, after school or on a holiday.

3-064 ○ Support for independent daily living is placed as payment for training, etc. It provides consultation and advice for smooth community life in regular home visits and as-needed visitation service to a disabled person who wishes to live alone. The period of use is one year in principle.

3-065 ○ Support for employment retention is placed as payment for training, etc. The liaison and coordination are performed between the service provider and the family for disabled who had transformed to regular employment by employment transfer support so that he/she can address the issues in an aspect of life associated with working. The period of use is three years in principle.

3-066 ○ Classification of degree of disability is from 1 to 6. Also, only the user whose level is 5 or 6 can use recuperation nursing care, and the user whose level is 6 can use comprehensive support for persons with severe disabilities.

3-067 ○ Activity support is a service related to support for avoiding danger or aid related to moving to the person with intellectual disabilities or mental disability with the level of 3 or higher in the classification of degree of disability who have severe difficulties in their actions.

3-068 ○ Medical type living in care facilities for children with disabilities is established in the revision of the Child Welfare Act in 2012. It is a facility for children with an intellectual disabilities or physical disabilities for providing the protection, instruction of daily life, knowledge and technique, and treatment.

3-069 ✕ A mental health social worker is a specialist that gives training and support related to the daily life of a person with a mental disability, to support participation in society, and coordinate the people around. The professional who performs a psychological test or makes a judgment on a mental level is a clinical psychologist, etc.

3-070 ○ An occupational therapist is a specialist who trains activities involving handcraft, workmanship, or housework. On the other hand, a physical therapist is a specialist who gives functional training for independent daily life using exercise therapy and physical therapy with heat and electricity.

3-071 ○ A speech-language-hearing therapist is a rehabilitation specialist who performs examination, training, and guidance for disabilities such as speech function, auditory function, and deglutition function.

3-072 ○ In Article 5, paragraph 25 of the Services and Support for Persons with Disabilities Act, orthosis is stipulated as “artificial limbs, braces, wheel-chairs, and others that are specified by the Minister of Health, Labour and Welfare.”

3-073 ✕ The handrail is included in the payments of house reform in the assistance tools for home activities in daily life in the daily living technical aid, not in the Services and Support for Persons with Disabilities Act. Slope, simple bathtub, bed sore prevention mat, etc. are also included in the same project.

3-074 ✕ Plan for the welfare of persons with disabilities is formulated by municipal governments and prefectural governments. The function of the committee is stipulated as “to share the information about the problems related to supporting system for disabled in the region, to promote prompt closer collaboration with related organizations, etc., and discuss system maintenance responding to regional conditions.”

3-075 ○ Its responsibility is to provide necessary “payment for services and supports for persons with disabilities” and “community life support service” with the inventiveness of municipal governments comprehensively and systematically in the collaboration with related parties of employment and education upon understanding actual life so that disabled children and people can live an independent daily life and social life.

3-076 ○ According to “National survey of 2018,” the number of guardians of adult guardianship accounts for 76.6% and adult guardianship is the type with the largest number of allegations.

3-077 ○ The ratio of a guardian other than a relative is 80%. The breakdown of that is judicial scrivener (37.7%), lawyer (29.2%), and certified social worker (17.3%). The ratio of a relative guardian is about 20% and child accounts for the maximum ratio, 52.0%.

3-078 ○ Mind and body functions disorders such as disability, intellectual disability, and mental disability (including developmental disorder) other than the race, belief, social status, medical history, and history of the crime of the person are included in the special care-required personal information in the revision of the “Act on the Protection of Personal Information” in 2015.

3-079 ✕ Voluntary guardianship is the system in which a voluntary guardian, details of support, and compensation are decided in advance before the subject person’s judgment ability goes down. In principle, a contract is made by notarized document at a notary public office. The court of domestic relations appoints a supervisor of a voluntarily appointed guardian to supervise a voluntarily appointed guardian.

3-080 ○ Act on the Prevention of Abuse is stipulated in four targets, a person with disabilities, the elderly, a child, and spouses. There is a difference in reporting such as obligation, obligation to make an effort of reporting, and reporting obligation.

3-081 ○ Although social welfare corporations can implement profit-making businesses, the profit obtained from the applicable business should correspond to the management of social welfare services or public benefit services performed by the applicable corporation.

3-082 ○ The “Consumer Contract Act” (stipulated in 2000) is the law that stipulates rescinding of contracts that are made under the condition of consumer’s false recognition, confusion, etc. due to unjustifiable solicit. The limitation of the right to rescind is one year from the time that ratification became possible, and five years since the conclusion of a contract.

3-083 ✕ In Article 36 of the Social Welfare Act (establishment of organizations), it is stipulated that social welfare corporation must have councilors, the board of councilors, directors, the board of directors, and auditors. A board of councilors is a consultative body that is comprised of councilors and is an organization of making board of councilors’ resolution on important matters of the operating corporation.

3-084 ○ Because a specific medical checkup is a checkup focusing on metabolic syndrome from the point of view of prevention of lifestyle disease, the examination for lifestyle disease is also included. As a result of specific medical checkups, specific health guidance shall be performed targeted at “any person whose preventive effect can be expected even though he/she is at high risk of lifestyle disease.”

3-085 ✕ Because a specific medical checkup is a checkup focusing on metabolic syndrome from the point of view of prevention of lifestyle disease (myocardial infarction, stroke, diabetes mellitus), a cancer screening test is not included in the basic examination.

3-086 ✕ The eligibility requirement for a specific medical checkup is a person insured by health insurance who is 40 years of age or more but less than 75 years of age.

3-087 ✕ In “the enforcement regulations of the Ministry of Land, Infrastructure and Transport and Ministry of Health, Labour and Welfare-related Act on Securement of Stable Supply of Elderly Persons’ Housing,” the kitchen, flush toilet, storage facility, washbasin facility, and bathroom have to be installed in each housing (25m² in principle). However, it is added that the kitchen, storage facility, and bathroom can be shared (Article 8, Article 9).

3-088 ✕ The service which is obligated to the housing for the elderly with home-care services are situation grasp service and life support service, and meal service is not mandatory (Article 11 of Law of living of elderly (Act on Securement of Stable Supply of Elderly Persons’ Housing)).

3-089 ○ Because the services of the housing for the elderly with home-care services are situation grasp service and life support service, the people living in the facility are authorized to use long-term care insurance services such as care service provided to visiting care recipients in care facilities or care service provided by home visits as needed.

3-090 In Article 1 of the Law on Self-Reliance Support For Poor and Needy People, it is stipulated that “this law is aiming at the acceleration of independence of poor and needy people by taking the step related to independence support for the poor and needy people.”

3-091 In Article 4 of Public Assistance Act “Supplementary Nature of Public Assistance,” it is stipulated as a requirement to utilize the applicant’s assets, abilities, etc. for maintaining of a minimum standard of living and public assistance shall be provided supplementary.”

3-092 In Article 10 of the Public Assistance Act , the Principle of Public Assistance on a Household Basis is stipulated as “The need of public assistance shall be determined on a household basis”

3-093 It is said that even though the person has income from his/her work, if the income and assets do not meet the minimum standard of living cost, according to the principle of safety net, he/she can receive public assistance.

3-094 Public assistance consists of eight types of assistance as follows: Livelihood assistance, education assistance, housing assistance, medical assistance, long-term care assistance, maternity assistance, occupational assistance, and funeral assistance. The methods of performance are performance in money and performance in kind. Housing assistance shall be provided by way of performance in money. The rent, the costs necessary for repair and maintenance of housing are also included.



Points of study

■ Kinds of public assistance

Kinds	Method of performance (principle)	Main details
Livelihood assistance	Performance in money	Basic living costs for daily living such as expenses for food and drink, clothing expenses, heat, light and water expenses.
Education assistance	Performance in money	Costs necessary for compulsory education such as school lunch expenses, commuting expenses, expenses for teaching materials.
Housing assistance	Performance in money	Rent for a rented house, rented room, housing maintenance expenses, etc.
Medical assistance	Performance in kind	Medical examination, medicine expenses, expenses of materials for treatment that are the minimum necessary for living.
Long-term care assistance	Performance in kind	Home care, preventive care, welfare equipment, house reform, etc. to the minimum extent necessary for living.
Maternity assistance	Performance in money	The cost within a certain amount necessary for midwifery and delivery.
Occupational assistance	Performance in money	Occupational expenses and skill acquirement expenses, etc. necessary to exploit operational ability.
Funeral assistance	Performance in money	Expenses for postmortem examination, transportation, and cremation for a dead person.

■ What is the community-based integrated care system?

The community comprehensive care system is a system that is established with the goal of independent daily life in the familiar area by providing services including medical care, nursing care, preventive care, housing, and livelihood support seamlessly.

As a concept of community-based integrated care system, the mindset of self help, cooperation, mutual legal assistance, and public help are cited.

4

Basics of Nursing Care



Answer/Explanation of terminology



4-001

The reception of the candidates of certified care workers, etc. based on the economic partnership agreement (EPA) was started with Indonesia in fiscal 2008, the Philippines in fiscal 2009, and Vietnam in fiscal 2014.



4-002

The requirements of the reception facility based on the economic partnership agreement (EPA) is defined that 40% or more of full-time care workers should be a certified care worker.



4-003

A person can stay in Japan for up to 4 years as a candidate of a certified care worker based on the economic partnership agreement (EPA) , and if he/she passes the test for certified care worker, he/she can stay in Japan as long as he/she is engaged in the nursing care operation as a certified care worker.



4-004

A certified care worker must be in good faith engaged in the services so as to allow the persons under their charge to maintain personal dignity and live an independent life in light of their standing at all times.



4-005

A certified care worker must not commit any acts that may damage its credibility as a certified care worker.



4-006 A certified care worker must endeavor to steadily improve their knowledge and skills concerning nursing care, etc.



4-007 In the Certified Social Worker and Certified Care Worker Act, a person has to pass the certified care worker examination and must have the person's name, birth date, and other matters provided in the certified care worker registration roster. Also, there is a regulation that "a person who is not a certified care worker must not use the appellation of a certified care worker." (title licensing)



4-008 In the Certified Social Worker and Certified Care Worker Act, it is stipulated that "(...)certified care worker means a person providing instructions on caregiving to the person and the person's caregiver." (➡ refer to G003).



4-009 It is stipulated in the "Disqualification" of the Certified Social Worker and Certified Care Worker Act.



4-010 It is stipulated in the "Disqualification" of the Certified Social Worker and Certified Care Worker Act.



4-011 In the Certified Social Worker and Certified Care Worker Act, it is stipulated that "a certified care worker must not leak any personal secrets that may become known to them in their course of services without legitimate grounds. The same principle applies after they cease engaging in their services." If a person violates this paragraph, punishment is stipulated.



4-012 A person who passes the certified care worker examination becomes a person who is qualified to be a certified care worker. To become a certified care worker, a person who is qualified to be a certified care worker must have the person's name, birth date, and other matters provided in the Ordinance of the Ministry of Health, Labour and Welfare registered in the Certified Care Worker Registration Roster.



4-013 Each user has a different situation and wishes. So, it is necessary to consider the quality of life (QOL) and perform nursing care for each user depending on the user's needs.



4-014 Even though the ability to fulfill the responsibility and judgment ability of the user himself/herself is considered to be low, the support to protect the user's dignity, and support leads to self-determination with the understanding of the response, daily condition, will and wish of the user is necessary.



4-015 In the support of the care workers which aims for independence, the support to respect the intention of the user himself/herself and promotion of self-determination are performed. Independence is to have self-determination right to exercise judgment or make a decision about his/her life, and self-management ability to take responsibility for his/her judgment and decision.



4-016 In the support of a care worker which aims for independence, a care worker supports the user so that the life the user wants and opportunity of involvement with others and social participation are not prevented.



4-017 Disease, illness and injury correspond to "health conditions" which is a component of International Classification of Functioning, Disability and Health (ICF).



4-018 Participation in recreation is a social role and it corresponds to "participation" which is a component of ICF.



4-019 The past occupation is life history and to be involved in individual life corresponds to "personal factors" which is a component of ICF.



4-020 Among the components of ICF, "with using a wheelchair" corresponds to the physical environment in the "environmental factors," and "to go to the museum" corresponds to "activity" or "participation."



4-021 Among the component of ICF, "stress is building up" corresponds to "health conditions," "vitality goes down" corresponds to "mind and body functions."



4-022 Among the components of ICF, "the nature of floor is soft" corresponds to "environmental factors," "to lose balance" corresponds to "mind and body functions."



4-023 The places with a high rate of accidents inside the housing are "living room," "stairs," "kitchen/dining," "entrance," and "washing room" in descending order.



4-024 Communal daily long-term care for a dementia patient enable the user to live independent daily life corresponding to their ability, under the exchange between the homely environment and community residents in the residence where the person lives communally. The care supports the user to follow one's routine depending on each condition.



4-025 In gathering information about the user, it is necessary to comprehensively understand the life history from past to present, physical and mental conditions, and his/her wishes.



4-026 In the communal daily long-term care for a dementia patient, it is preferable to support the user for continuous relationships with familiar people or shop by providing the opportunity to participate in the activities in the area.



4-027 A person responsible for service provision prepares a plan of care service provided by home visits according to the in-home service plan. A person responsible for service provision clarifies the direction and goal of the specific support, and describes names of the home-visit care workers in charge, etc. specific details of services provided, necessary time, and schedule, etc.



4-028 A person responsible for service provision prepares a plan for care service provided by home visits. Adult guardianship and the support program for self-reliance in daily life, etc. assume a role in the daily financial management of a person whose judgment ability is insufficient (a person whose judgment ability is insufficient in elderly with dementia, people with intellectual disability, people with mental disability).



4-029 The work of a person responsible for service provision includes adjustment of use of care service provided by home visits, understanding of the user's condition, and instruction of skill, etc. to a home-visit care worker (home helper, etc.) It is the role of the care manager to call in-home service business operators and to host a meeting of a person in charge of services.



4-030 ○ The operator of nursing care assistance services on a periodic basis or whenever requested has to be a specialist such as a nurse or certified care worker, etc. The operator receives a report from the user or family, makes a judgment of the necessity of consulting support or visit, and responds to services whenever requested.

4-031 ○ Nursing care assistance services on a periodic basis or whenever requested was created as a structure to support 24 hours in-home living of those who need extensive care. In addition to periodic visits, services corresponding to the report from the user are provided.

4-032 ✕ Nursing care assistance on a periodic basis or whenever requested was created as a structure to support 24 hours in-home living of those who need extensive care. The person requiring support is not determined as a target of services.

4-033 ✕ Multifunctional long-term care in a small group home is to provide combines services to provide as-needed “visitation” or “overnight stays” centering on “commuting.” It aims at the support of continued in-home living even for those requiring moderate to heavy amounts of care depending on the condition and wishes of those who need extensive care.

4-034 ✕ Multifunctional long-term care in a small group home is a community-based service designated by municipal governments, and only the residents of the municipal governments can receive the services in principle.

4-035 ○ Small-scale, multifunctional at-home nursing care provides nursing and nursing care integrally. It supports the smooth transition to in-home living right after discharge, deathwatch period of the terminal stage of cancer, etc., continued in-home living in the unstable stage of a disease condition, respite care for a family, and the people who have needs of the burden reduction due by consultation.

4-036 ✕ The use of short-term admission for daily life long-term care is a service that can be used by those who need extensive care as a home-based service regardless of application for facilities for the elderly covered by public aid requiring long-term care. However, it cannot be used concurrently with the user of facility service and a part of community-based service.

4-037 ○ The eligible person for combination services of preventive care and life support project among the preventive care and daily life support comprehensive project is a person who is authorized as a person requiring support and an applicable person for a basic checklist (eligible person for operation services).

4-038 ○ (Designation) Major disaster countermeasures are designated in the standard of operation, etc. of a service provider of care services provided to visiting care recipients in care facilities. Preparation of a disaster preparedness plan, report to the related organizations, adjustment of a collaboration system, implementation, etc. of evacuation, and rescue training are required.

4-039 ○ (Designation) Prohibition of refusal of the provision is designated in the standard of operations, etc. of service providers of care service provided by home visits. As a right reason for refusing service provision, the outside region of visit in the normal business operation and excess of the capacity of acceptance users.

4-040 ○ Even though it is a stay service, the service providers have to try to actively ensure the opportunity for going out of the facility residents.

4-041 ✕ In the interprofessional collaboration in the nursing care practice, it is preferable that the people in multiple different positions support the user on level ground.

4-042 In the interprofessional collaboration team, not only specialists but also welfare volunteers, volunteers, family, and area residents become a member of an interprofessional collaboration team and support the user.

○

4-043 In the collaboration of medical care and nursing care in the nursing practices, the collaboration of general support related to the user's living is performed not only at the time of the poor physical condition of the user but also on a routine basis.

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4-044 In the interprofessional collaboration of nursing practices, the information related to the direction of care is shared with the user and family carer, and life task solving and improvement in the quality of life (QOL) are tackled.

○

4-045 A care worker has to perform safe, appropriate, and solid care. Even if there is a request from the user, taking action not associated with nursing care skill does not follow the ethics of a professional.

×

4-046 In principle, care workers cannot be engaged in medical practices. Care workers, etc. can perform a part of medical practices (sputum suction and tube feeding) defined as medical care under certain conditions based on the doctor's instruction.

×

4-047 From the perspective of the code of ethics, "protection of privacy" of the Japan Association of Certified Care Workers, and "Duty of Confidentiality" of the Certified Social Worker and Certified Care Worker Act, it is necessary to explain to the user himself/herself and family and receive consent from them.

○

4-048 To keep the user in his/her room so that the user cannot go out from the room corresponds to physical abuse. It is inappropriate because it is an action that violates dignity.

×

4-049 In excretion assistance, taking proper care of the user's privacy and sense of shame is especially important, and it is inappropriate to assist the user with the door opened.

×

4-050 Even if the user says, "I am okay," because there is a possibility of bone fracture, etc., a care worker should not make his/her own judgment and it is necessary to collaborate with medical experts such as nurses or attending physicians.

○

4-051 It is stipulated in the "Duty of Confidentiality" of the Certified Social Worker and Certified Care Worker Act that "a certified care worker must not leak any personal secrets that may become known to them in their course of services without legitimate grounds."

×

4-052 To limit the action of the user by putting a waist-belt in the user's wheelchair corresponds to physical restraint which is inappropriate. In the case of emergency or under unavoidable circumstances, it is necessary to give sufficient explanation of details, purpose, timing, and duration of physical restraint to the user and the family for better understanding and it is mandatory to prepare a record.

×

4-053 A personal information handling business operator shall not provide personal data to a third party without obtaining a principal's consent in advance. However, a care worker can provide personal information if there is a need to protect a human life, body, or fortune, and when it is difficult to obtain a principal's consent.

○

4-054 A personal information handling business operator shall not provide personal data to a third party without obtaining a principal's consent in advance. In the cases in which the user's personal information is used in the meeting of the people in charge of services, it is necessary to state the utilization purpose explicitly to the said principal and family, and obtain a principal's consent in advance.

4-055 Personal information contains a document, drawing, or electromagnetic record. Because a face photo is personal data with which a specific individual can be identified, it is necessary to state the utilization purpose explicitly to the said principal and family and obtain a principal's consent in advance.

4-056 When a user's personal information is requested from the future facility, it is necessary to state the utilization purpose explicitly to the said principal and family, and obtain a principal's consent in advance.

4-057 In the Fire Service Act, two or more drills per year for fire extinguishing and evacuation are mandatory.

4-058 The municipal mayor is obliged to prepare people requiring assistance in an evacuation registry, and to provide registry information to the people involved in the evacuation support, etc.

4-059 It is not necessary to examine whether all facility residents are carriers or not. Carrying bacteria alone hardly affects health conditions.

4-060 Activity limitation is not applied to the user's participation in recreation as a carrier, and health observation is performed.

4-061 It is mandatory to set an infection control committee, to hold a committee meeting about once every three months, and to publicize the results to care workers and other employees.

4-062 Sharing towels may be a source of infection and it is inappropriate.

4-063 When an abnormality in the health conditions of facility residents is found, it should be reported to medical experts such as doctors and nurses.

4-064 Bodily waste contains bacteria and the care worker wears disposable gloves for each user for measures for infectious diseases. Also, the care worker washes hands before and after the assistance.

4-065 Sense of helplessness, fatigue, and apathy are symptoms of burnout syndrome.

4-
066



The period of childcare leave lasts to the date on which the dependent child reaches one year of age (the day before the birth date) in principle. If taking leave is found to be particularly necessary for continuing employment, childcare leave can be extended until the date the child becomes one year and six months of age (re-extension up to two years of age).

4-
067



People can take time off for caregivers at a maximum of 5 days per year for providing nursing care to a subject family member in a care-requiring condition and other cares, and he/she cares for 2 or more subjects, he/she can take time off for caregivers at a maximum of 10 days. The law was revised on January 1, 2021, and time off for caregivers can now be taken on an hourly basis.

4-
068



A person who provides nursing care to a target family member in a care-requiring condition for two weeks or more, he/she can take care leave up to three times per single target family in total 93 days dividedly.

4-
069



A business operator with 50 or more employees has been required to perform stress checks and other business operators have an obligation to make effort to conduct stress checks.

4-
070



Stress checks are conducted to prevent mental health problems before they happen as “primary prevention.” “Secondary prevention” is early detection of mental health problems and appropriate response. The purpose of “tertiary prevention” is to support any worker who has mental health problems to return to work.

4-
071



For a business office obliged to conduct stress checks, it is stipulated that the office should conduct stress checks to all the employees once a year. The worker who has a contraction period less than one year and part-time workers who works less than three-fourths of prescribed working hours of normal workers are excluded.



Points of study

■ Definition of certified care worker

It is stipulated in the Certified Social Worker and Certified Care Worker Act that the term “certified care worker” as used in this Act means a person with expert skills and knowledge who has received the registration provided in paragraph (1), Article 42, and uses the appellation “certified care worker” to engage in the business of providing care for a person with physical disabilities or mental disorder and intellectual disabilities that make it difficult to lead a normal life (including mucus aspiration, and other conduct that is necessary for the everyday life of the person, exercised under the direction of a medical doctor (limited to the services provided for in Ordinance of the Ministry of Health, Labour and Welfare; hereafter referred to as “sputum suction, etc.”), and providing instructions on caregiving (hereafter referred to as “caregiving, etc.”) to the person and the person’s caregiver.

5

Communication Skills



Answer/Explanation of terminology



5-001

The confrontation technique is a technique to let the partner notice the person's problem by pointing out the difference of the contents of talk, contradiction, and inconsistency between words and behaviors (▶ refer to G004).



5-002

Paraphrasing technique is a technique to translate the words which the partner said into other words. Summarizing technique is a technique to arrange and tell the details of what the partner said (▶ refer to G004).



5-003

Clarification technique is a technique to lead the partner to arrange his/her thoughts and feeling by returning what the partner thinks or feels in that person's words. (▶ refer to G004).



5-004


A closed question is used for people who have difficulty talking such as motor language disorder. By asking questions that can be answered in "yes" or "no," smooth communication can be achieved.





5-005


Because the cause of decrease in the user's will is unknown, it is important to focus on the cause of decrease in will while not correcting the way of thinking.





5-006  There are several backgrounds and causes for decrease in will, so it is important to think about the situation the user is in. For example, the user may be depressed due to the loss of his/her relatives or person close to him/her, aging, or disease.


5-007  Even the user has decreased will, it is important to respect his/her choice and decision. Self-determination of the user can be the cue for increasing his/her will.


5-008  A person with a visual impairment may not be able to understand the direction if he/she is told "there" or "here," so it is important to talk specifically using words such as "right," "left," or "front."


5-009  Listen attentively is not only listening but also to show sufficient interest to the partner and try to listen for understanding the feeling and way of thinking behind words. It is important for a care worker to be in a listening attitude with the user.


5-010  It is important for a care worker to have an attitude not to judge the details of what the user says with one's concept of value, but to accept the details of the story as they are and try to understand things from the other party's standpoint.


5-011  Attitude with empathy implies actively sharing the other party's feeling and thoughts. To penetrate the feeling of the other party is a posture of listening attentively. It is important for a care worker to penetrate and listen to feelings that the user cannot express in words.


5-012  Acceptance is to accept as it is without suppression even though it is a negative feeling. Because the user cannot open up his/her mind if a negative feeling is suppressed, it is important for a care worker to show the attitude of accepting the feeling as it is.

5-013  In a conversation with new people, because a person and the other party do not know each other, if he/she jumps into the meat of the story suddenly, the other person becomes defensive, nervous, and the conversation cannot be continued smoothly. When the conversation is started with the things found in daily life, it can be continued in a relaxed atmosphere.

5-014  To start with the open question with a person who is not in the mood for talking, gives him/her great burden. So, it is important to be involved following the situation of the person.

5-015  By using an open question, it makes it easier for a person who cannot express his/her thoughts clearly to summarize and clarify what he/she wanted to talk about.

5-016  A closed question refers to a question that can be answered in "yes" or "no." Using closed questions is preferable for the user with decreased communication ability due to dementia. The open question makes the user confused and anxious like not understanding the meaning or not able to answer.

5-017  When a care worker asks a question, it is important to give consideration to the person's situation and feelings and to use closed questions and open questions separately.

5-018 It is hard for the person who has dysarthria and is not able to pronounce clearly to be urged to speak clearly. In the communication with the user, the attitude trying to listen to what the user talks about, and this attitude leads to the will of the user.

✗

5-019 It is hard for a person with sensory aphasia to understand written and spoken language. So, a person with sensory aphasia tends to speak in sentences with incorrect grammar and meaningless words, and make new words.

○

5-020 It is hard for the person with motor aphasia to speak but the ability to understand the words is maintained. Therefore, using a closed question which can be answered in “yes” or “no” and visual information is effective.

○

5-021 Because a person with a hearing disorder can see, braille is not necessary. The effective means are sign language, conversation by means of writing, and speech lip reading, etc.

✗

5-022 A hearing aid is for better hearing of a person with hearing loss. However, the user can also hear sounds other than voices, so it is better to use the device which suits him/her.

○

5-023 A person with visual impairment assesses the situation using the information through their ears, skin, and nose, etc. If someone speaks loudly near the person with visual impairment, it shuts the information coming in, so people have to be careful when speaking.

○

5-024 Sublanguage includes strength, intonation, the tone such as the length of the words at the time of speaking. Because sublanguage contains several messages that are sent from things that aren't words, it is important in communication with the person with visual impairment, to use sublanguage intentionally.

✗

5-025 The main topic of the conversation shall be a topic which the user wants to talk or hear about. By doing so, a care worker can come close to the user's feeling of anxiety, joy, and the details of the problem.

✗

5-026 The purpose of listening attentively by a care worker is to listen and understand the feelings and thoughts of the user. The user's talk includes several elements and although objective facts are also included in it, it is important to value the feeling of the user and to try to understand them.

✗

5-027 When a user falls silent during a conversation, it is the situation where the user ponders freely or summarizes several ideas. It is important to provide an opportunity for free speech and expression of the user by sharing the time with the user following the user's pace.

○

5-028 A user in a depression state may be silent but this silence also has meaning. It is important to reduce psychological burden by offering him/her silent support while trying to search for the reason for the silence without rushing.

○

5-029 The user in a depression state is in a situation where he/she is not motivated in anything and feels lazy. To encourage the person to enter the conversation itself is a burden, so it is important to watch him/her quietly.

✗

5-030

For a user in the depression state, it is important not to recommend anything actively, secure the time for resting the mind and body, and keep watching over them.



5-031

To tell a user who is in the depression state that a care worker is watching over him/her is an important response as a care worker because it gives the user a secure, calm feeling.



5-032

The depiction is a style that is used to record the event that happened as it is. Summarizing style is a style to record information by summarizing by item (➡ refer to G004).



5-033

Summarizing style is used to avoid long sentences in the record which are difficult to understand. It is used in the record of the case whose course has been lasting for long time (➡ refer to G004).



5-034

Description style is used in the description of the analysis or interpretation of the meaning of several events that had happened (➡ refer to G004).



5-035

Verbatim is a record of interchange between the user and a care worker without editing. Nodding and laughs are also recorded (➡ refer to G004).



5-036

In principle, the record of a care worker is started with the conclusion of facts of the event that happened.



5-037

A care worker has to report each time as needed because the situation of the user and priority of what should be done can be changed even if the work takes time more than expected.



5-038

A care worker uses specific words for details of the report so that the person who receives the report does not misunderstand or understand the details from his/her own perspective.



5-039

A care worker has to always report about the report of work which was instructed and confirm with the person who made instruction because it is a report between a person who gives instruction and a care worker who receives instruction.



5-040

Because speculation is different from the facts, it is important to separately report speculation and fact clearly.



5-041

In an oral report, the conclusion is reported first, followed by the course in order. Because some accident reports have to be quickly responded to, when the course is reported, it takes longer, and it may make it difficult to respond.



5-042

For accident reports, not only keeping the report but also sharing it with the whole team to prevent the same accident from occurring is also important. From this report, the team can learn why the accident occurred and whether the response to the accident was appropriate or not.



5-043

Even it is a slight accident in the accident report, it may lead to a big accident. Rapid report of the accident is important.



5-044

The action taken at the time of an accident is associated with the judgment of a care worker, so it is also reported.



5-045

An oral report together with the recorded accident report is useful for further understanding of the situation because it can explain the atmosphere at that time.



5-046

The conference is the place of solving problems in addition to sharing information.



5-047

A care worker read the materials in advance for a successful meeting and for participating with his/her own opinions.



5-048

Care conferences shall be performed for better care provision based on the intention or wishes of the user and the family.



5-049

A supervisor encourages the supervisee for improvement of knowledge, skills, and specialty.



5-050

In a brainstorm, the participants do not criticize the opinions of others. By not criticizing others, many opinions can be shared.





Points of study

■ Counseling technique

Technique	Details
Confrontation	It is a technique to point out the difference of the contents of a talk, contradiction, and inconsistency between words and behaviors.
Summary	A technique to summarize what a person had heard and tell the partner.
Repeating	A technique to repeat what the partner said.
Paraphrasing	It is a technique to translate a word which the partner said into another word.
Reflexion	To receive the partner's words and nonverbal expressions such as signs and pass them on to the partner.
Focusing	It is a technique to focus on the detail which the partner wants to talk about and direct the flow of the chat.
Questioning	It is a technique to deepen the partner's conversation and expose it.
Clarification	It is a technique to clarify what the partner had not talked about and had not been clear about and their feelings.

■ Record style

Record style	Details
Depiction	A style which is used to record the event that happened as it is.
Summary	A style to record information by summarizing by item.
Description style	A style that is used in the analysis or description of interpretation of the meaning of events.
Verbatim	A style that is used to record the interchange with the partner.

6

Skills for Providing Daily Assistance



Answer/Explanation of terminology



6-001



The eligible person for self-independence is not limited to the user who can express his/her intention. Regarding the life needs of the user who cannot express his/her will, it is an important role for a care worker to bring out ability and speak for the user (advocacy).

6-002



It is necessary for a care worker to support the user by respecting his/her life habit and concept of values, and support him/her so that the person can live with dignity.

6-003



It is necessary to practice life support by focusing on the user's development and development age upon an understanding of the way of thinking, the concept of values, obsessiveness, and life history related to the construction of self-dignity.

6-004



A care worker draws life needs out from the user with the emphasis on the effect of the environmental factors and personal factors that are contextual factors, in addition to each life function of activities and participation other than health conditions and body functions and structures.

6-005



Although people have strength subconsciously, he/she may not exhibit the strength due to several factors. A care worker is required to support the user so that the user can exhibit strength.

6-006 For the elderly, to live in a familiar place for a long time results in taking over the bond and community-based bond which has been built by our ancestors and enriching the life by applying it.



6-007 Seating style on the floor has been the traditional Japanese lifestyle, but in recent years, a crossed style introduced from western countries exists.



6-008 Sleeping in a bed is the basic style because the stand-up motion from the floor and loading and unloading of a futon becomes difficult. It is important to keep the space for bed-making or for a caregiver, or rotation space for a wheelchair.



6-009 The height of a western-style bedpan should be set slightly higher because people have to bear a burden on the knees when they stand and sit if the seat is set low. Also, to prevent heat shock in winter, it is necessary to set a heating unit.



6-010 It is also important to install a transferring table, handrail, and slip-proof mat for stable entering or leaving of the bathtub.



6-011 If the wires are placed on a life action line of the user, his/her legs may be trapped which may lead to falling. Even though the wires are covered, a person may stumble, so it is necessary to take safety measures such as securing the wires in the corner of the room as much as possible.



6-012 When a care worker bangs a futon strongly, carcasses of ticks or pollen may be spread and dust can come out due to the damage of the cloth of futon, so it is necessary to vacuum off.



6-013 A care worker gives advice not to put the caster wheel on the furniture but to put a slip-proof mat or falling off prevention bar to secure the furniture. Put the stopper to the furniture with a caster wheel to prevent any falling accidents caused by an earthquake.



6-014 The evacuation route to the outside has to be secured in two directions at least. The evacuation route may be blocked by fallen objects, collapse, or the slant of the building due to the effect of an earthquake. To confirm the action to take such as evacuation route and safe place, etc. in advance.



6-015 Long-term care insurance does not cover an expense for installing automatic door but it does cover changing the door to a sliding door. The details include repair work of the wall or pillar associated with the setting of doorknobs and door rollers, removal or changing of doors.



6-016 The materials of floor or aisle for the prevention of slipping and smooth moving can be changed. The details also include the change of floor materials of the room and bathroom, maintenance, repair, and strengthen of the foundation associated with the change of floor materials, and ground maintenance.



6-017 The washing function cannot be added to the bedpan which is currently used. The details include the change from the Japanese style bedpan to a western-style bedpan and change of floor materials associated therewith. Work for a seated style toilet seat which does not require construction work and converting to flush toilet are also excluded.



6-018



It is said that not that the priority is given to the elderly but that everyone can use it equally. Universal design is in place so that everyone can use it and that it is easily available, and it is defined that the design should allow anyone to use the same method in an equitable manner.

6-019



It is not a summarizing the information transmission means to one but to understand necessary information immediately. Different methods such as pictures, letters, and characters, and sense of touch are used for sufficient information regardless of the user's feeling ability such as a sense of vision, and sense of hearing.

6-020



To make a space which the people with any physical constitution and mobilization capacity can access and operate. Ensure that important things are easier to be seen, reachable, and in addition, keep sufficient space for assisting tools and caregivers.

6-021



Spinocerebellar degeneration is a nervous disease with the main symptom of ataxia. Gait disorder due to ataxia of lower limb, dysarthria, ataxia of upper limb, and Parkinson's symptoms develop. The floor materials with high elasticity can be a cause of unsteadiness or stumbles so they are inappropriate.

6-022



It is important to avoid the risk of bad influences (relocation damage) due to moving and to be able to feel secure as in his/her own house regardless of where the person lives.

6-023



Support facilities for persons with disabilities is a long-term care benefit of the Services and Supports for Persons with Disabilities Act (the Act on Comprehensive Support for the Daily and Social Life of Persons with Disabilities) and the eligible persons are the person with disabilities who are the level of 4 or higher in the classification of degree of disability (the level of 3 or higher for the person of 50 years old or more).

6-024



The main person of life is the user and it is necessary to understand their wishes, tastes, concept of values, etc., and to support self-determination.

6-025



Physical therapist analyzes and evaluates the activities of daily living in the facility or in-home living. To support the user in cooperation with a care worker for the life looking into the future.

6-026



If the user has a difficulty in minor finger movement, it is difficult to fasten a small button. So, the magnet type is easy to use.

6-027



For infection prevention, wipe from the inner corner of one's eye to the outer corner of the eye. Also, it will not harm the skin if gauze soaked in hot water is used.

6-028



Because the nails of the elderly are fragile, cut the nails little by little and do not cut widely.

6-029



In executive function disorder, it is hard for the person to do things after thinking about procedures. Therefore, a care worker supports the person with executive function disorder by handing clothes one by one following the order of wearing.

6-030 The person with executive function disorders may have difficulty in understanding only with an oral explanation. So, it is easy to understand if the language is shown with the action such as a gesture.



6-031 Decision-making for transferring and moving is unique for each person. Even if the user has difficulty in moving by himself/herself and in expressing his/her intention, it is important to explain the purpose, to take action, and to obtain consent from the user by being aware of his/her will.



6-032 If muscle weakness of each lower limb is observed, by using the muscles of upper limbs and a sliding board, it becomes possible to safely transfer someone from the bed to a wheelchair with partial assistance. For a safer movement, it is effective to set a handrail on the bedside.



6-033 Before organizing the plan of an outing, understand what kind of outing needs the users have. It shall be decided with the user after collecting information such as the purpose of the outing, wishes, condition of mind and body, the environment in which a wheelchair can be used.



6-034 Zoning is to bring something related to a life action closer or place something somewhere.



6-035 In body mechanics, by taking up a large base of support, the body and a shift in the center of gravity become stabilized. Furthermore, an increase in contact area and friction affects the stabilization of the body.



6-036 Motor paralysis and sensory paralysis develop on the affected side of paralysis of the user and the user cannot properly move with his/her strength or has difficulty in feeling pain or numbness. A care worker pays attention to positions, the movement to be made, and elapsed time upon understanding the condition of the affected side.



6-037 With the preparations, the environment and space will be prepared and safe assistance can be available. It is also necessary for avoiding accidents to inspect and arrange the goods in advance.



6-038 A care worker stands back right of the user. Because the user has no strength on the affected side, he/she is highly likely to fall off toward the back of the affected side. So, a care worker is positioned at the affected side (back right), supports the right arm, and supports the body with the other hand on the user's lower back.



6-039 A care worker is positioned in front of the user's affected side. Support the right arm, and support the body with the other hand on the user's lower back. The balance of the user can be stabilized by supporting the affected side.





6-040 Both caregiver and the user bear burden when a caregiver supports the user only with the wrist. A care worker takes a large base of support and lowers the position of the center of gravity. A care worker has their center of gravity closer to the user and lifts the upper body using a larger muscle group.





6-041 Lofstrand crutch supports the weight on two points (handgrips and forearm), and it is used by the user who has difficulty in supporting the body only by gripping because he/she has trouble with their hands, fingers, or wrists.





6-042  A care worker stands on the affected side of the user and prevents the user from falling to the left side. The unaffected side is used for the transition from standing up to the next action. A care worker lets the user face towards the side to which the user is moving which leads to a decrease in anxiety.


6-043  If the user gets down facing front, the user leans forward and is unstable. Because it gives fear to the user, go down backward. A care worker also bends their knees and lowers their lower back, and puts the driving wheels gently down without releasing from the level difference.


6-044  On a steep downward slope, the user has to move facing backward. If a care worker moves facing the front, the user falls forward and becomes unstable. Because it goes with high speed on the steep slope, try not to let the user feel fear.


6-045  If the user has difficulty breathing, the orthopneic position is more appropriate than the supine position.


6-046  For safe guiding, stand half a step diagonally in front of the user. The walking speed should be adapted to suit the pace of the person with visual impairment and always guide him/her conscious of the width for two people.


6-047  A care worker pushes down the user's knee and shoulders in order and because that makes the upper limb rotate spontaneously, assistance with a little strength on the lateral position becomes possible. By supporting the lower back, it reduces the twist of the lower back caused in the lateral position.


6-048  Because walking is unstable due to postural reflex disorder caused by Parkinson's disease, if the user turns a corner quickly, he/she loses balance and the falling risk is increased.

6-049  The user with spinal cord injury tends to experience orthostatic hypotension and pressure ulcer if he/she is in the same posture for a long time. Because thermoregulation is also damaged, reposition, depressurization, and adjustment with clothes shall be performed.

6-050  The user who had been diagnosed with angina pectoris received a prescription of a sublingual tablet or spray of nitrate for use at the time of the attack. A caregiver has to confirm if he/she carries nitrate for a rapid response in the case of the attack during any outing.

6-051  Although the user receives total assistance, if he/she is supported, he/she can be in a standing position or keep a standing position for a little while. Support should not be led by a caregiver and it shall be performed with the confirmation of the will about using welfare equipment according to the user.

6-052  The sacral region is the area of predilection for pressure ulcer and when it is found, report it to the medical specialist. Also, verify the cause of pressure ulcer and correspond to it in collaboration with the other occupation.

6-053  It is placed in the Services and Supports for Persons with Disabilities Act (the Act on Comprehensive Support for the Daily and Social Life of Persons with Disabilities). Orthosis for the person with physical disability includes artificial limb, orthosis, maintenance device of chair sitting position, walker, walking auxiliary stick (except cane), and augmentative and alternative communication.

6-054 BMI is measured from height and body weight. The closer to the standard value, the lower the risk of experiencing diseases.



6-055 New year dishes are festive foods eaten during the new year. On Setsubun (Bean Throwing Night) day, Ehomaki (literally, sushi roll of the blessing direction) is a typical food.



6-056 Let the user's pull his/her chin in a little in the posture. When the neck is bent backward, the esophagus and trachea become a straight line and the food can easily go into the lung which causes "aspiration pneumonia" (➡ refer to G005).



6-057 By stimulating the movement of the tongue and salivary gland, deglutition reflection can be caused easily. For the condition in which the food is easy to be swallowed, because it is important to chew thoroughly and to form the bolus of food easy to be swallowed, swallowing movement before eating is effective.



6-058 A care worker listens to the user's wishes, and lets the user eat meals at his/her pace. If someone talks to the user without taking notice of whether the user has finished chewing or not, the user cannot concentrate on chewing and swallowing and that can lead to aspiration.



6-059 When the user brushes his/her teeth or gargles with the foods that remained in the oral cavity, there may be a risk of aspiration. The user with hemiplegia needs to check in the oral cavity on the affected side in a careful way.



6-060 Complete dentures are formed to cover all the upper and lower jaw areas and are used to stick to the mucous membrane of the gum. Put on the denture from the upper jaw which has a large area and remove from the lower jaw which has a small area to avoid excessive stress.



6-061 Be mindful to actively take nutrients that are helpful for bone formation such as vitamin D, calcium, and vitamin K to prevent decreasing bone density.



6-062 Rehydration is important for the prevention of constipation. In the case where the user cannot get sufficient water, feces become hard and are difficult to move inside the intestine. Other than this, prevention of constipation includes an intake of dietary fiber (the function to make the feces soft or make peristalsis active.)



6-063 When the user lies down right after a meal, back flow of gastric acid easily occurs and reflux esophagitis can develop easily. The upper body has to stay straight up about 30 minutes or more after the meal so that the food does not flow back.



6-064 The user with left hemispatial neglect cannot pay attention to the left side very well. Because in many cases, the user tends to overlook the things on the left side, the serving shall be shifted to the right side.



6-065 Clock positions are used to explain the position using the position of the dial of a clock for understanding the position of the user and the things because a person with visual impairment sometimes has difficulty understanding the position in relation to the dishes on the table when eating.



6-066

When a person experiences hemispatial neglect, he/she experiences agnosia on (ignores) half of the space which the person sees. So, the user may leave things half eaten or spill things because he/she does not accurately know where the dishes should be placed. A care worker assists the user by addressing or changing the position of the dishes so that the user can eat easily.



6-067

It is not appropriate to make a strong taste by only adding salt. There are various factors for a decreased sense of taste and it is necessary to assess the reason why it is caused.



6-068

Dietary fiber includes insoluble dietary fiber and water-soluble dietary fiber. Dietary fiber has adhesiveness and works on peristalsis by moving slowly, absorbing water, and expanding inside the abdomen.



6-069

For a person with hemiplegia, put foods into the unaffected side. It is easy to chew on the unaffected side than the affected side. After confirming a swallow for each bite with the user's pace of chewing, the next food shall be put into the mouth.



6-070

Minced food is a regular meal that is cut fine. Because it is cut fine, it becomes small pieces in the oral cavity and remains in the oral cavity and pharynx, which can easily be the cause of aspiration.



6-071

The user on artificial dialysis needs to restrict the amount of potassium and water for reducing the burden of kidney function. Raw vegetables contain a large amount of potassium. The amount eaten has to be reduced or the cooking method has to be changed.



6-072

When a worker removes the complete dentures for the upper jaw, it is easy to pull down the back of the denture.



6-073

Because dentures become easy to be damaged when they are dried, store the dentures in a container filled with water so that they can be soaked.



6-074

Dry mouth is the condition in which the inside of the oral cavity is dried. Elderly people have little saliva which makes the oral cavity dry easily. Soft food requires a smaller number of chews and does not promote the secretion of saliva.



6-075

Because milk contains a large amount of calcium and it has a high absorption rate, it is an effective food for the prevention of osteoporosis, but it doesn't offer quite the same amount of vitamin K. A large amount of vitamin K is contained in green and yellow vegetables and fermented food such as natto (fermented soybeans) and cheese.



6-076

If a person takes an oral anticoagulation drug (warfarin), try not to eat natto because natto weakens the effect of the anticoagulation drug.



6-077

Because alkaline soap has strong stimuli to the skin, wash with a weak acid soap.



6-078

Because the body cannot be supported on the affected side, it is highly possible to cause an injury. For that reason, the unaffected side should be the bottom.



6-079

For the lower limbs, support the leg joint from the bottom and wipe from the peripheral to the center to promote blood circulation.



6-080

Wipe with a dry towel right after every bed bath and ensure no water remains so that the body does not become cold.



6-081

Roll up the hem to around the knee so that the pants do not get wet and suppress the exposure of the skin to the minimum.



6-082

To reduce the burden of the user, wash the legs while supporting the leg joints.



6-083

To prevent the burn of the user, a care worker should always check the temperature of the water and also ask the user to check it.



6-084

By matching the height of the bathtub and shower chair, it becomes easy for the user to transfer.



6-085

To enter the bathtub from the unaffected side, the posture becomes stable. Also, it is possible to confirm the temperature of the water.



6-086

Because the blood vessels expand due to hemodialysis and it may decrease blood pressure, avoid taking a bath right after hemodialysis.



6-087

A person with gastric fistula can take a bath. It is important to wash around the gastric fistula with soap and dry it well to keep clean.



6-088

To reduce the burden on the heart, adjust the level of water to be under the heart.



6-089

Because the movement of the intestine becomes active and it causes bowel movement, avoid taking a bath about one hour before or after meals.



6-090 By massaging the abdomen from ascending colon, transverse colon, and descending colon in order, peristalsis of the intestine is activated, and the breaking of gas and defecation are accelerated.



6-091 It is easy to strain when the user's soles are on the floor. A sitting posture leaning forward results in easy defecation due to the blunt anorectal angle.



6-092 At the time of the use of inserting-type bedpan, warm the bedpan so that the user does not feel the cold on their buttocks.



6-093 If it is wiped in the opposite direction, escherichia coli around the anus attaches to the opening of the urethra and that can be a cause of urinary tract infection.



6-094 Even though incontinence is observed frequently, it is not appropriate to put a diaper on immediately. Excretion is associated with the sense of shame, and it requires sensitivity to dignity. It shall be decided in consideration of independence level of excretion action, level of disorder related to excretion, lifestyle habit, and condition of the facility.



6-095 For males, put the penis into the portable urine bottle and ask the user to hold it. It is easy to urinate in a lateral position than a supine position due to abdominal muscle pressure and the form of the urethra.



6-096 The user's skin and nightclothes may get dirty due to bodily waste. Roll up the diaper inside so that bodily waste does not fly off. Try to prevent contamination by understanding the structure and type of diaper.



6-097 Due to a high risk of infection, tie the opening of the plastic bag tightly so that it will not be the source of infection.



6-098 Because the broken catheter may cause leakage of urine and back flow, it is important to confirm it. Contact the medical specialist if there is any abnormality.



6-099 A urine bag always has to be placed in a position lower than the bladder and urinary tract infection due to back flow should be prevented. It should be noted especially when a care worker assists transferring.



6-100 Because decannulation is a medical practice, a care worker cannot perform decannulation. When a care worker finds leakage of urine, contact the medical specialist.



6-101 Moderate exercise helps the management of the physical condition and for a change of pace. A care worker advises the user not to stop radio calisthenics but to confirm the points to be considered such as avoiding exercise which has contacts with a partner and disposing the bodily waste before exercise.



6-102

The kidney has a role to excrete wastes accumulated in the body and extra water. There are several points to remember in daily life, so it is very important to understand the volume of urination. A care worker understands the details of treatment and tries to understand the symptom and support the user in collaboration with medical professionals.



6-103

When the user uses gas cooktops, the risk of fire can be avoided by wearing clothes with narrowed cuffs. Other than this, it is important to try to organize and clean the things around gas cooktops.



6-104

A fire alarm shall be set on the ceiling or wall so that it can sense smoke or heat rapidly. To set the fire alarm close to the floor is not effective because the smoke caused by the fire becomes lighter than air due to the heat and starts to rise.



6-105

It is easier to take the dust from the gap by wiping the tatami along with the grain.



6-106

Cleaning starts from a higher place and after that clean the dust falling on the floor.



6-107

By using a vacuum cleaner, the carcasses of ticks and pollen can be vacuumed off.



6-108

A tick has a susceptibility to dryness, so it cannot be removed with a wet towel.



6-109

The food eaten is absorbed and digested after a meal and it affects sleep. For that reason, it is better to finish dinner at least 3 hours before sleep by which digestion is settled.



6-110

A mild stretching exercise activates parasympathetic nerves and eases tension, which can be preparation for sleeping.



6-111

Caffeine-containing drinks prevent sleep so it is better to drink caffeine free drinks.



6-112

During the night, care workers need to be mindful of their footsteps, conversations and the sound of doors opening and closing.




6-113


Getting morning sunlight after waking up resets the circadian rhythm which leads to sleep at night.




6-114 For the countermeasures for daily life security, preparing a safe foot light is effective. A person using a cane has some angst in walking, so arrange the environment where the user can walk easily by preventing falling due to stumbling or changing floor materials.




6-115 In Hoehn & Yahr stage 3, the initial symptom of the postural reflex disorder can be observed. Although physical function decreases from mild to moderate, because the user does not need assistance in activities of daily living, the bed is set according to the elderly, not the caregiver.




6-116 The medicine becomes effective about 30 minutes after dosing. For that reason, the user goes to bed within 30 minutes after the dosing and is ready for sleep.




6-117 The symptoms that are considered to be side effects of sleeping pills shall be reported to the doctor immediately. This leads to the appropriate internal use.




6-118 To tell the words of the elderly who are taking sleeping pills to the doctor and ask the doctor to investigate the details of internal use. A care worker should not make an arbitrary judgment.




6-119 Mild exercise such as taking a walk results in moderate fatigue which promotes falling asleep.




6-120 Taking a hot bath makes sympathetic nerves active and causes awakening properties, so it is better to soak in a tepid bath.




6-121 A care worker tells the user about the nursing care policy of the facility to see if he/she can be treated along with his/her desire and confirms the final intention. The will may change so it is necessary to confirm it repeatedly.




6-122 The user's will shall be the priority.




6-123 Spoken communication is not sufficient for sharing information, and the information shall always be shared in a written document.



6-124 Grief care for the family initiates from the terminal stage. Because proposal to the family concerning what they can do may lead to the reduction of grief after deathwatch, a care worker assists the user with the family while listening to their wishes.



6-125 The family of the user at the terminal stage has anticipatory grief. A care worker is required to advise and to be involved so that the family can express their feelings such as anxiety or sadness without just keeping it inside.



6-126

The family's wishes have to be confirmed so that they can observe the user's departure in the way the family wanted. It can be grief care for the family to do assistance together.



6-127

For the treatment after death, a string for an obi should be tied in a granny knot for a kimono.



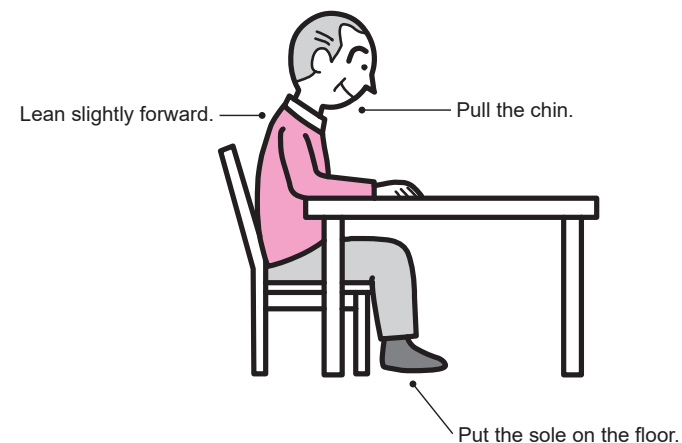
6-128

The treatment after death shall be performed before postmortem rigidity. Postmortem rigidity starts about 2 hours after death, so the treatment has to be done before that.



Points of study

■ Posture at mealtimes



■ Two-point gait and three-point gait

Two-point gait	Three-point gait
<p>(1) Cane and the affected side → (2) Unaffected side</p>	<p>(1) Cane → (2) Affected side → (3) Unaffected side</p>

7

Care Process



Answer/Explanation of terminology



7-001

The care process shall be progressed in the objective and scientific thinking process which uses professional knowledge and technique to achieve “better living” and “better life” that the user wants (▶ refer to G006).



7-002

In the preparation of a care plan, the goal shall be set based on the user's needs or task on living that are revealed by tasks analysis (assessment). Because the goal is to express “better living” at which the user aims, the user's will has to be reflected on the goal and the goal has to be worked on together with the user (▶ refer to G006).



7-003

A care plan should be implemented along with the concept of values of the user and it is important to keep the dignity of the user. A care worker must try to observe the response of the user and the family concerning implementation objectively and understand the concept of values through communication.



7-004

The purpose of the care process is to expand user's self-actualization. Uniform means “all should be the same,” and it is not appropriate to practice nursing care for all the users in the same manner.



7-005

The care process is to expand the care to achieve the life the user wants and it does not mean aiming at the realization of the ideal life of a care worker.



7-006 On setting priority, prioritize the task on living with high urgency for the user. It is important to accept and respect the user's request and thoughts, but it is not necessarily the task of living.



7-007 In the assessment, a care worker is needed to reveal the user's task on living by using special knowledge as a care worker, interpreting the meaning of the information, arranging the information, and connecting the information (▶ refer to G006).



7-008 The purpose of the assessment is to capture a general picture of the user's life using intentional observation and communication technology.



7-009 A care worker learns what is needed and leaves out what is not needed for user's support and records them. Selection of information is performed not only in the stage of collecting information but also in the process of interpretation, connection, and integration of information.



7-010 The information of the user includes the thoughts of the user and the things related to his/her life. To know the background of the user through communication, the establishment of trust with the user is important.



7-011 Subjective information includes the user's perspective, feelings, way of thinking, and expectation. Also, subjective information is the information that can be pulled out and obtained through care worker's communication with users.



7-012 Due to preconception, a care worker collects information from the incorrect perceived notion or misjudges necessary information. To be freed from preconception, a care worker himself/herself has to notice his/her own concept of values, feeling, and pattern of behavior, etc.



7-013 Information to be collected is classified into "subjective information" and "objective Information." A care worker always confirms the subjective information so that he/she will not impose nursing care. Also, it is important to record subjective and objective information separately.



7-014 On collecting information, a care worker captures life in general, not only the things that the user cannot do (negative aspect), but also the things that the user can do or the feeling of the user "trying to do something" (positive aspect).



7-015 Assessment is to perform "collecting information," "interpretation, connection, and integration of information," and "clarification of task" about the user. In this stage, professional knowledge, experience, and judgment as a care worker are most needed.



7-016 The component factor, "personal factors" of ICF includes a history of living and lifestyle other than age, sex, and concept of values (▶ refer to G006).



7-017 The five senses are the sense of vision, sense of hearing, sense of touch, sense of taste, and sense of smell. To polish observation skills, it is important to record the change of the user and actively communicate with users regularly.



7-018

Because the goal of the care process is to express "better living" at which the user aims, the user's will has to be reflected to the goal so that the user himself/herself can satisfy with it.



7-019

The expression of the goal of the care process needs to be arranged so that the subject has to be the user so that the user himself/herself can actively work on it.



7-020

The care process is the process to respect self-determination of the user and a care worker works with the user who is the main person of life for the life he/she is aiming at and his/her self-actualization. It is important that the content of the expression is easy to understand for the user and the family.



7-021

The long-term goal of the care process is to express what kind of life the user is aiming at eventually.



7-022

The priority agenda shall not be decided according to the factor. The priority agenda is decided after investigating the importance and exigency.



7-023

The task on living in the care process is what should be solved for the achievement of the life the user wants.



7-024

Safety is given more priority than the effectiveness of the care plan. "Safety of life" is given the most priority on deciding the order of priority, followed by "stability of life" and "fullness of life."



7-025

A future care plan performed by a care worker corresponds to P. The SOAP method is a method of course record. S stands for subjective data, O stands for objective data, A stands for assessment, and P stands for a plan.



7-026

In the planning stage of the care plan, the effect on the user has to be predicted while anticipating all situations.



7-027

The care plan shall be described in concrete expressions so that all the team members can gain common understanding. Integrated care can be provided when each person who is engaged in nursing care acknowledges the details of the care plan and works on the implementation of nursing care.



7-028

In the planning of the care plan, it is necessary to link long-term goals and short-term goals so that short-term goals can be linked to the achievement of long-term goals.



7-029

The physical condition and thoughts of the user shall be changed. A care worker needs to observe the user's expression and gestures precisely.



7-030 It is important to write the facts in the nursing care record in such a way that it shall be a correct and objective record.



7-031 When a care worker implements the care plan, the plan shall be changed depending on the condition of the user and changes in the situation (➡ refer to G006).



7-032 A possibility of a new tasks on the effect and implementation of support arises by recording the relationship with multiple occupations and response of the user at that time on the nursing care record.



7-033 Use specific and quantified expression as much as possible for evaluation standards to allow objective evaluation.



7-034 The evaluation includes a judgment of opinion and feelings of the user and the family. Also, by telling the details of the evaluation to the user and the family, it shall be confirmed if the provided service is effective or not (➡ refer to G006).



7-035 When the goal of the care plan is achieved, it is necessary to identify if the same care plan should be continued or terminated in the future. If both short and long goals are achieved, and the needs are dissolved, the support shall be terminated and a new care plan shall be planned.



7-036 When not only specialists but also other people make a support system as a team, a larger effect can be expected for the achievement of the user's "better life."



7-037 Holding a meeting of the person in charge of services is a task of the care manager. The details of the plan shall be discussed with the user and family in the meeting of the person in charge of services.



7-038 To actualize the life that the user wants, it is important for the specialist to understand each occupation and role, to respect each other, and to cooperate with other people in other occupations.



7-039 A care conference is a place where professionals concerned get together, discuss, decide, and evaluate the details of nursing care. It can be effectively used as the opportunity for the supervision of mutual learning.



7-040 The center of the care team is the user himself/herself. The care team can effectively implement a team approach by sharing information sufficiently among professionals around the user and demonstrating each specialty.



7-041 In Article 47 of the Certified Social Worker and Certified Care Worker Act, a collaboration of a certified social worker and a person in charge of the services is stipulated.



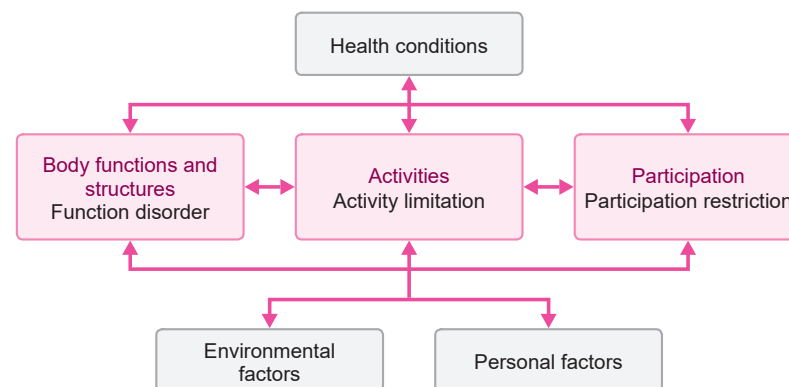
7-042

In a group with multiple people, due to mutual relationship development, the environment in which self-awareness and communication ability can be learned can be arranged (group dynamics).

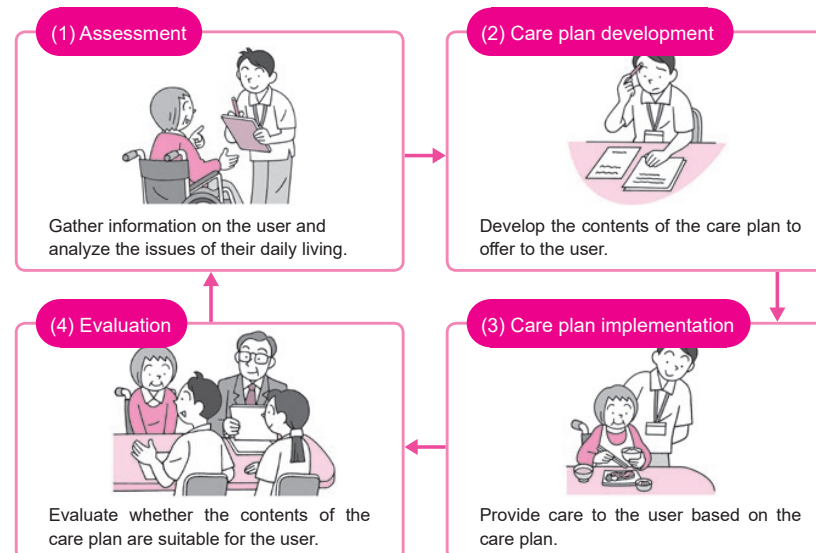


Points of study

■ Structure of International Classification of Functioning, Disability and Health (ICF)



■ Care process



8

Understanding of Development and Aging



Answer/Explanation of terminology



8-001

Babbling is the onset of clear sound such as “baa baa” and “daa daa,” which starts around 6 months old. Around 2 months old, a baby starts to speak unclear single sounds, cooing, such as “aaa” or “kuu.”



8-002

Social referencing is to decide which action to take by himself/herself after watching expressions or responses of reliable adults. This phenomenon can be seen after around the one year mark.



8-003

A baby can grab blocks with their fingers from around 10 to 12 months old. At around 6 months old, he/she can exercise holding something with their entire hand.



8-004

At around 9 months old, a baby can stand holding on to things. At around 6 months old, a baby sits with support, and some babies can sit by themselves.



8-005

It is in the form of a performer+ action or target+action, etc. such as “a dog came” or “daddy sits.” Particles are omitted. Some children start to talk at around 1 year and 6 months old.



8-006



Attachment is to form a relationship of emotional bonds among specific adults. Attachment behavior can be observed right after birth, and behaviors such as following the action of humans around him/her and crying for attracting attention can be observed until around 3 months old.

8-007



In the law of the prevention of elder abuse, it provides steps for alleviating the burden borne by the elderly persons suffering elder abuse and caregivers, that aims at elder abuse prevention and the protection of the rights and interests of elderly persons. The term "elderly person" as used in this Act means a person who is 65 years of age or older.

8-008



The early-stage elderly is anyone who is 65 years of age or older and younger than 75 years of age, and the late-stage elderly is a person who is 75 years of age or older. In the Act on Assurance of Medical Care for Elderly People, for the society in which all people can receive equal, fair and trustworthy medical care between generations, even among elderly people, the burden corresponding to ability is set.

8-009



A special case for renewal of a driver's license is to give a course to the person at the age of 70 or older for the understanding of the possibility of the effect of a decrease in physical function associated with aging on driving a car, etc. when renewal their driver's license.

8-010



According to the free radical theory, damage to the cells due to reactive oxygen (free radical) is the cause of aging. Exhaustion theory is that aging develops due to a decrease in reproduction function which supplements atrophy or atrophy of organs due to aging.

8-011



According to Kübler-Ross, there are some stages for acceptance of death, that proceed in the order of denial, anger, bargaining, depression, and acceptance (➡ refer to G014).

8-012



Along with aging, a decrease in the muscle group that pulls up the hyoid bone to the upper front occurs. Also, by the loosening of the ligament, the position of the hyoid bone tends to be lower compared to that at a young age.

8-013



There are fluid intelligence and crystallized intelligence in ability (intelligence). Fluidity is also called operability which tends to decline along with aging. Crystalline is also called verbal which is said to be hardly declined along with aging.

8-014



Sense of hearing of the sensory organ tends to decline due to aging. Because it is hard to hear while working in a noisy place, the work efficiency tends to decrease.

8-015



Episodic memory is the memory that can be remembered as an experience such as "I ate something for dinner last night." Regenerating power of episodic memory tends to be affected by aging.

8-016



The peripheral field is narrowed due to a decrease in sensitivity caused by a decrease in nerve cell count of the retina and a decrease in function of the visual pathway.

8-017



The biggest change due to aging emerges in the inner ear, which causes not only difficulty in hearing but also being not able to hear clearly due to distorted sound. Especially in loud sound areas, a significant decrease in hearing ability develops.

8-018 The number of taste buds which sense taste decreases along with aging, and the sensitivity of the sense of taste decreases associating with the change in sense of taste.



8-019 There are olfactory cells in the olfactory epithelium which is the back of the nose, and it accepts smells. Along with aging, due to a decrease in the function and the number of cells, a person tends not to notice a foul smell such as putractive smell or smell of gas and becomes insensible to smell.



8-020 Incontinence due to diseases such as dementia is called functional incontinence.



8-021 It is incontinence caused by the insufficient function of restraint of urination due to excessive activity of the bladder muscle and weakened contractive force of the bladder.



8-022 In prostatic hypertrophy, urine is leaked little by little unintentionally. Incontinence under such a condition is called overflow incontinence.



8-023 In the case of elderly people, once a disease develops, it usually takes a long time to be healed completely. It is difficult, and can take a long time to recover from as well, and in many cases, several diseases are associated. Experiencing a disease for a long time is called chronic disease.



8-024 Elderly people tend to experience several diseases and may be prescribed oral medication for each disease, and they tend to receive many more types of medicine than young people.



8-025 The medicine is decomposed in the liver, but in elderly people, this ability tends to decline, and also, the ability to excrete from the kidney to outside of the body decreases, the medicine tends to accumulate in the body. As a result, the medicine has too much of an effect and side effects tend to develop.



8-026 Hypertension tends to be caused by lifestyle habits, and the response as a result of aging is required. To set the same treatment goal for young people and elderly people unconditionally is associated with the risk.



8-027 In the case of the elderly, because of the decrease in metabolic function due to a decrease in liver function, detoxification of medicine becomes slow, so the medicine accumulates in the body, the effect of the medicine easily develops, and a person may feel a strong effect.



8-028 Although the main component of the bone is calcium, in the elderly, intake of calcium and protein decreases, also, a decrease in the amount of exercise causes a decrease in bone density (bone quantity), which causes weakened bones (▶ refer to G007).



8-029 Salivary glands include three glands, the parotid gland, glandula sublingual, and submandibular gland. Although saliva is excreted from these glands, each function decreases along with aging, and it is said that the secretion amount decreases.



8-030

Lung capacity is the amount the person can exhale after inhaling the maximum amount. Due to aging, the number of cilia in the lung tissues decreases, and the elasticity of the lung also decreases, this results in a significant decrease in lung capacity.



8-031

Although blood is produced in the bone marrow, red bone marrow which has hematogenous functions decreases along with aging. A decrease in red blood cells is observed, hemoglobin level decreases, and the person tends to experience anemia.



8-032

The skin has a moisturizing function and barrier functions. The skin becomes thin and loses elasticity along with aging. Because a number of sweat glands also tend to decrease and skin tends to dry too.



8-033

Deglutition is to swallow food or water. In general, food smoothly passes from the pharynx to the esophagus, but in many elderly people, food passes from the larynx to the trachea by mistake. Choking is to have a coughing fit in this situation.



8-034

In cardiac failure, when it is progressed, even if the person is at rest, he/she experiences difficulty breathing.



8-035

The symptoms of cardiac failure include difficulty breathing, edema, and significant cyanosis on the face and lips are also observed.



8-036

When a person has a cardiac failure with difficulty breathing, because lung congestion increases in a supine position, difficulty in breathing worsens. The orthopnea position is a comfortable posture.



8-037

When cardiac failure progresses in the elderly, systemic edema is observed.



8-038

The cause of pressure ulcer includes stagnation of blood flow due to long-time pressure, a gap of subcutaneous tissue between bone, undernutrition due to failure of meal intake, infiltration of the skin due to the use of diapers, etc.



8-039

In a supine position, the area, where the weight is put on, is a sacral region, head, scapular region, and heel region from the largest to the smallest. Ilium tends to develop pressure ulcer when the person is in a lateral position (▶ refer to G007).



8-040

High-quality protein is the protein with the high amino acid score, that is food like soybean, egg, milk, beef, pork, chicken, and fish, etc.



8-041

It takes 1 to 3 days for food to be digested, absorbed, and become feces. Constipation is the condition in which no defecation occurs for 3 days or more which makes him/her feel inconvenient in life.



8-042 All diseases including digestive or circulatory organs may induce constipation.



8-043 Sitting posture at the time of defecation and muscle movement are needed for the emission of feces. Muscle weakness of abdominal muscles may cause constipation.



8-044 Side effects such as constipation due to taking medicine are often observed.



8-045 Try not to prescribe laxatives too soon, and try to alleviate constipation by eating meals with lots of fiber, doing exercise, and getting sufficient water intake.



8-046 Although excessive exercise such as walking for a long time or going up and down stairs gives a burden on the knee area, the user should not refrain from walking for gaining muscle strength in the lower limbs.



8-047 Try to avoid the burden on the knee joint as much as possible. The maximum flexion of the joint for sitting with one's legs bent beneath the body causes stronger pain.



8-048 In general, a cold compress is used in the case of fever and pain due to infection, but in gonarthrosis, the course of symptom is chronic and a hot compress is used.



8-049 To reduce the burden on the knee, welfare equipment such as a cane or walker shall be actively used.



8-050 In Parkinson's disease, a disorder of movement is caused by a decrease in dopamine. Reflex disorder to balance the human body is caused and the posture leans forward.



8-051 In Parkinson's disease, the movement of arms and legs become awkward due to inhibition of extrapyramidal tract related to exercise and strong stiffness of body muscle. The walking stride becomes short and the person tends to fall (frozen gait, sliding feet, brachybasia).



8-052 Orthostatic hypotension is one of the symptoms of Parkinson's disease. Orthostatic hypotension is to experience stagger and dizziness when standing up.



8-053 Blankness observed in a person with Parkinson's disease is the condition in which decreased change in expression is caused by muscular rigidity.



8-054

Due to pneumonia, respiratory function and immunity decrease, and a person tends to be infected with the other virus or bacteria. Pneumonia tends to induce many complications and it can be easily considered that influenza is associated.



8-055

In the elderly, the symptom of the disease is atypical and a person does not have a high fever even he/she experiences pneumonia. The onset of symptoms tends to be delayed, and a high fever does not necessarily develop in the initial stage.



8-056

The symptom of hypothyroidism includes edema, hoarseness, and macroglossia.



8-057

In the Medical Practitioners' Act and Dental Practitioners Act, medical practitioner or dental practitioners can provide a prescription of medicines. If public health nurses provide a prescription, it shall be a violation of the law.



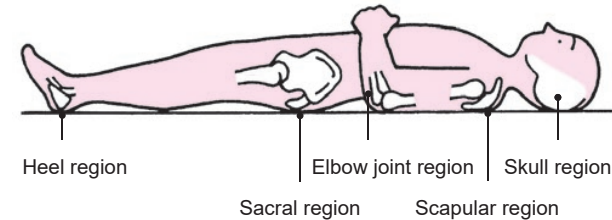
8-058

Although an in-home service plan can be prepared by the user or family, in many cases, a community general support center or in-home long-term care support providers are requested and the care manager shall prepare the plan. A home-visit care worker provides care services in response to the in-home service plan.

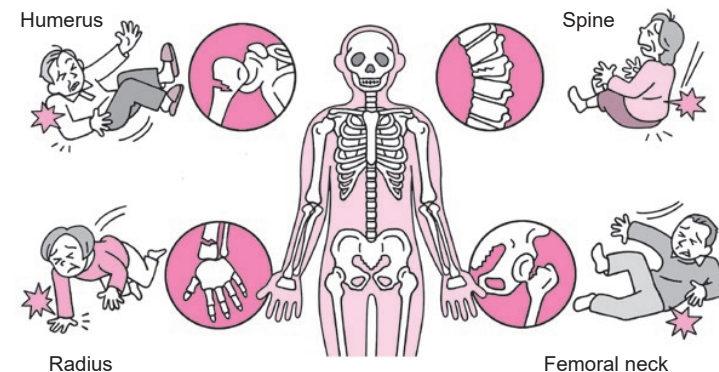


Points of study

■ Regions that are highly vulnerable to pressure ulcers



■ Regions of bone fracture often found in elderly people



9

Understanding of Dementia

A

Answer/Explanation of terminology

A

9-001

It is the idea that not looking at the symptom of dementia, but to focus on the tendency of the characters of the user and life history, etc., and place "one's original personality" to the center and try to understand the situation this person sees.



9-002

According to the "Annual Report on the Aging Society 2017," in 2012, the number of people with dementia was about 4.62 million but in 2025, it will be estimated to be around 7 million people.



9-003

The user of a community-based service is targeted to the residents of the municipal governments in principle.



9-004

"New Orange Plan," consists of seven pillars: (1) Raise awareness and promote understanding of dementia; (2) Provide healthcare and long-term care services, etc. in a timely and appropriate manner; (3) Reinforcement of policy for early-onset dementia; (4) Support dementia caregivers; (5) Build a community that is friendly to elderly people, including those with dementia; (6) Promote research and development related to dementia; (7) Prioritize the perspectives of people with dementia and their families.



9-005

There are two types of adult guardianship: voluntary guardianship and legal guardianship.



9-006 Daily life self-independence support operation is mainly implemented by prefectural governments social welfare council or designated city social welfare council and municipal governments social welfare council is in charge of counter services.

○

9-007 Dementia regional promoters are set in regional community general support center, municipal governments, and dementia disease medical center, etc. in each municipal government.

×

9-008 Core symptoms of dementia include, memory impairment, cognitive impairment, decrease in calculation and judgment, aphasia, agnosia, apraxia, and executive function disorders (▶ refer to G008).

○

9-009 The characteristics of forgetfulness due to dementia compared to that due to aging is to forget every experience and does not notice forgetfulness in many cases, forgetfulness progresses, and the person has problems in daily life.

×

9-010 The characteristics of forgetfulness due to aging are forgetting a part of something and not noticing the forgetfulness. In general, forgetfulness does not progress and does not cause any problem in daily life.

○

9-011 Agnosia is that even though the sensory function is not damaged, the person cannot recognize what he/she sees or hears appropriately. Apraxia is that even though the motor function is not damaged, appropriate action which is associated with the purpose cannot be taken.

×

9-012 In executive function disorders, a person cannot carry out things according to the plan and has problems in activities of daily living (ADL).

○

9-013 Cognitive impairment refers to a condition in which a person loses the ability to understand necessary information for daily life such as time, place, and people, etc.

○

9-014 Aphasia is the condition in which even though there is no articulatory organ disorder or hearing disorder, the speech function of speaking, listening, writing, and reading are selectively lost. Motor aphasia is the condition in which speaking function is lost, and sensory aphasia is the condition in which listening function is lost.

×

9-015 REM sleep behavior disorder is one of the symptoms that can be observed in a person with dementia with Lewy bodies.

○

9-016 In many cases, even though the memory impairment progresses, the ability to feel how the people around him/her see him/her is maintained. Also, the basic mechanism of the heart as a human being is not changed.

×

9-017 Delirium is the condition in which obnubilation is observed and it may be associated with hallucination. It develops rapidly and the symptom fluctuates within a day. Delirium that often develops during the night is called night-time delirium.

○

9-018 Depression state frequently fluctuates within a day. In general, the condition is bad in the morning and in many cases, the person becomes active in the afternoon.



9-019 The onset timing of dementia of the Alzheimer's type is not clear and forgetfulness starts unnoticed and it progresses slowly (➡ refer to G008).



9-020 In dementia of the Alzheimer's type, evident lesions are observed in the hippocampus inside the temporal lobe which is related to memory and limbic cortex, and memory impairment develops from an early stage (➡ refer to G008).



9-021 Cerebrovascular accident includes cerebral hemorrhage, subarachnoid hemorrhage, and cerebral infarction, etc., and many disorders are caused depending on the damaged area. Cerebrovascular accident is caused by lifestyle disease.



9-022 Vascular dementia is often associated with a disorder of movement depending on the damaged area of the brain. It may be associated with the symptoms such as emotional incontinence, delusion, delirium, depression, etc., and nerve symptoms such as language disorder, perceptual disorder, and hemiplegia other than memory impairment or cognitive impairment (➡ refer to G008).



9-023 Parkinson's symptoms are observed in people with dementia with Lewy bodies, and lack of movement of the whole body is observed. The symptoms include frozen gait, brachybasia, forward-bent posture, and not able to stop suddenly, etc. and falling is repeated. Also, visual hallucination experiences are likely to be associated (➡ refer to G008).



9-024 Dementia with Lewy Bodies has characteristics such as fainting, circadian change in the symptoms, and transient disturbance of consciousness, etc. (➡ refer to G008).



9-025 One of the symptoms of alteration in personality is repeating odd behavior such as seeming like a whole different person. The behavior shows a tendency to repeat the same pattern.



9-026 One of the characteristics of frontotemporal dementia is that stereotyped behavior can be observed in the middle period. Stereotyped behavior is the symptom in which a person is not satisfied unless they are making the same action every day (➡ refer to G008).



9-027 Many people in their 50s to 60s develop Creutzfeldt-Jakob disease and it results in death 6 months to 12 months from the onset of symptoms.



9-028 In chronic subdural hematoma, hematoma gradually becomes larger 1 to 3 months after a bruise occurs, and headaches and forgetfulness become worsen. Hematoma can be removed by brain surgery and this is a typical curable dementia.



9-029 The main symptoms of normal-pressure hydrocephalus include cognitive disorder, gait disorder, and incontinence. This is dementia that can be cured through treatment.



9-030 The symptoms of dementia will disappear due to the improvement of thyroid function. This is a dementia which can be cured through treatment.



9-031 Early-onset dementia is dementia that develops at an age less than 65 years regardless of causative disease. Furthermore, it is classified as the juvenile period (18 years old to 39 years old) and presenile period (40 years old to 64 years old.)



9-032 Compared to senile dementia, prevalence is significantly low and progress is fast in early-onset dementia. The onset is observed more in males than females.



9-033 HDS-R and MMSE are used as a screening test to extract suspected people for dementia from a group, and diagnosis cannot be made only by HDS- or MMSE.



9-034 Because instrumental activities of daily living (IADL) which is a life management ability decreases in the early stage of dementia, life situations such as the ability of financial management, shopping, going out alone, thinking up a menu, cooking, and organizing the house, shall be assessed.



9-035 Drug therapy for dementia cannot stop the progress of the disease completely and it only can suppress the progress of the disease.



9-036 The side effect of donepezil hydrochloride includes gastrointestinal problems such as loss of appetite, indigestion, and diarrhea.



9-037 Population approach which is performed as prevention of dementia includes public awareness activity of the idea of the prevention of dementia through lecture session, etc. High-risk approach includes health direction such as actual improvement of meals, etc.



9-038 Mild cognitive impairment is the condition in which a person complains of forgetfulness as a pre-stage of dementia of the Alzheimer's type, etc., and a decrease in memory is observed, but normal activities of daily living (ADL) is observed and the person has general cognitive function. It is effective to undergo rehabilitation for activate the brain in this stage.



9-039 Emotional incontinence is the condition in which a person cannot suppress emotion. This can be frequently observed in vascular dementia.



9-040 Hallucination includes visual hallucination with which a person can see non-existing things or auditory hallucination with which a person can hear things which cannot be heard. Visual hallucination is one of the characteristics of dementia with Lewy bodies.



9-041 Delusion includes delusion of theft with which a person says, "Money was stolen" and persecution complex with which a person says, "Poison is inside this food."



9-042 The complaint of “I will go home” in the evening may be called a return desire. This kind of act may also be observed at home.



9-043 Stereotyped behavior is to repeat the same motion and it is often observed in frontotemporal dementia.



9-044 In moderate or severe dementia of the Alzheimer’s type or dementia with Lewy bodies, a person may eat something which should not be eaten due to false recognition.



9-045 If a person uses diapers, he/she may remove them because feces are piled up inside and he/she feels uncomfortable. This action is caused by the concept of nursing care provided.



9-046 When a person feels strong solitude or isolation, he/she tries to change the situation and he/she may collect things and put them around him/her so that he/she feels safe.



9-047 Behavioral and psychological symptoms of dementia develop as a symptom of perception, thought, mood or behavior in response to the effect of the environment and relation with people around him/her in addition to core symptoms resulted from the decrease in cognitive function along with the progress of dementia (➡ refer to G008).



9-048 Behavioral and psychological symptoms of dementia are the symptoms caused by many factors and the symptoms do not necessarily develop in all people with dementia. Also, the symptom increases or decreases depending on the concept of support provided to the person.



9-049 Many people with dementia may feel that “I was denied” when the behavioral and psychological symptoms of dementia are restrained or prohibited, and the negative feeling tends to be emphasized rather than alleviated. Therefore, it is more effective to adopt a substitute way for restraint or prohibition in many cases.



9-050 Anxiety can be expressed in several forms depending on the person. Many people with dementia are not able to self-analyze about what is the cause of anxiety.



9-051 To value the dignity of a person with dementia, avoid negative words and try not to accuse them of failure. To accept the subjective world, try to understand the person’s life history and not to deny him even if the actual world is different.



9-052 The response such as a rebuke or denial is not only useless for the improvement of behavioral and psychological symptoms of dementia (BPSD) of the person with dementia, but also tends to induce confusion, excitement, and trigger aggressive behavior.



9-053 What is important for the support of people with dementia is to understand “what the person still can do” and “what he/she cannot do anymore” and unceremoniously make up for “what he/she already cannot do” and to be involved in a preventative manner so that the person will not cause failures.



9-054



A person with dementia is easily affected by their surroundings. When the person is exposed to many stimulations including noisy sounds, he/she gets tired and becomes confused in many cases. It is important to take control of the amount and quality of the stimulation and organize a comfortable environment.

9-055



A person with dementia who has cognitive impairment tends to lose the connection of places. So, it becomes difficult to remember the new places and to feel that is a place where he/she can be himself/herself. The care to fill the gap in environmental change is necessary.

9-056



For a person with dementia who has memory impairment or cognitive impairment, anxiety tends to be reduced by feeling the existence of a reliable person when he/she falls into the feeling of anxiety in an unfamiliar place alone. What is needed for a care worker is that the person with dementia feels the care worker is a reliable person.

9-057



Community care conferences are set in municipal governments or community general support centers.

9-058



In the community general support center, three specialists are set and the following are implemented as comprehensive support projects: (1) First preventive long-term care projects; (2) Comprehensive consultation support operation; (3) Advocacy operation; (4) Comprehensive and continuous care management support operations.

9-059



Dementia cafe is a place for a person with dementia and their family for sharing mutual information of residents of the region and specialists and understanding each other. There are no special standards of conduct and there are many types of dementia cafes for several objectives in the country.

9-060



In nursing care class, people can not only learn technique related to physical nursing care but also can learn knowledge of dementia and how to get involved, and it can be an opportunity for anyone to easily obtain information, so it is also useful for the family of a person with dementia.

9-061



Dementia supporters are volunteers who have correct knowledge about dementia and who support the person with dementia and the family in the community and in the occupational field. The supporter is necessary to take a dementia supporter training course which is held in the local governments, such as prefectural governments and municipal governments, and in the groups such as nationwide occupational organizations and corporation, etc.

9-062



Initial-phase intensive support team (IPIST) for dementia is composed of multi-disciplinary experts, not only medical experts but also welfare jobs such as a certified care worker, a certified social worker, a mental health social worker, etc. and implement support.

9-063



It is not rare that the family of the person with dementia experiences caregiver depression. From this situation, it may lead to abuse including neglect (abandonment of nursing care).

9-064



The family who provides nursing care to the person with dementia may keep living without rest for 24 hours. Even though it is a temporal relaxation, it alleviates the burden of nursing care and stress.

9-065







To talk with people with same circumstances may be helpful as peer counseling. When people with the same problem get together, talk about it, encourage each other, share their experiences of overcoming, they may feel better.

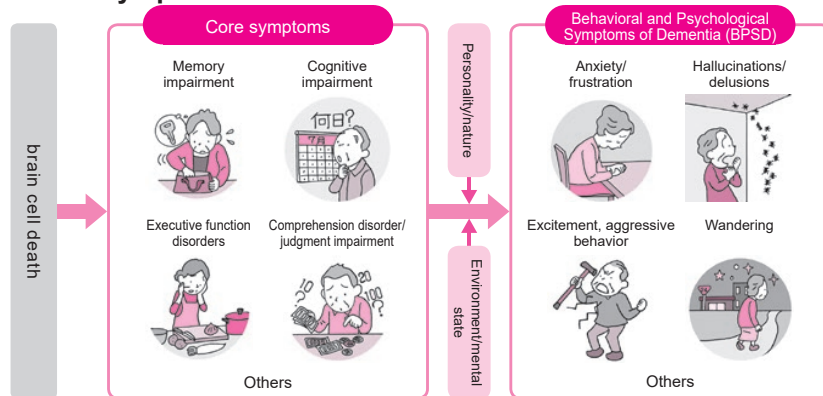


Points of study

■ Main causative diseases, and symptoms of dementia

Classification	Main symptoms, etc.
(1) Dementia of the Alzheimer's type 	<ul style="list-style-type: none"> Onset is slow and progresses gradually. Starts with memory impairment. Often in a good mood. Medication to slow the progress of the disease is available.
(2) Vascular dementia 	<ul style="list-style-type: none"> Progresses in stages. Hemiplegia, language disorder, etc. There are things the patient can do and cannot do.
(3) Dementia with Lewy bodies 	<ul style="list-style-type: none"> See things that do not exist (visual hallucination). Brachybasia, etc. (Parkinson's disease-like symptom) Screams while sleeping and dreaming (sleep behavior disorder), etc.
(4) Frontotemporal dementia 	<ul style="list-style-type: none"> Lack of judgment and loss of restraint Change in personality Patterned activities Excitement/aggressiveness

■ Core symptoms and BPSD



The BPSD are sometimes referred to as peripheral symptoms.

10

Understanding of Disorder/ Disability/Impairment

A

Answer/Explanation of terminology

A

10-001

According to the International Classification of Impairments, Disabilities and Handicaps (ICIDH), the disorder becomes a function disorder or morphological disorder because of a disease and abnormal condition, that causes disability and leads to a handicap.

×

10-002

According to the social model of ICF, the disorder is created by the environment.

×

10-003

According to the Act for Eliminating Discrimination against Persons with Disabilities, "to promote the elimination of discrimination on the basis of disability, thereby ensuring that no citizens are discriminated according to whether or not they have a disability, and contributing to the realization of a society of coexistence with mutual respect for one another's personality and individuality."

○

10-004

For the persons with disabilities in the difficult situation in their social life, collaboration among related organizations, etc. in the area occur to conduct measures effectively and smoothly.

○

10-005

The providers of reasonable accommodation are national and local public entities, etc. (legal obligation) and private business operator (obligation to make effort).

×

10-006

In the implementation of reasonable accommodation, appropriate care shall be required in response to the situation and the characteristics of each disorder.



10-007

Bank-Mikkelsen proposed normalization and encouraged improvement on the welfare of the person with intellectual disability. Nirje, B summarized into 8 theories.



10-008

To set the place in the area for the living of the persons with disabilities as that of the persons without disabilities is preferable.



10-009

Social inclusion is the idea that society embraces all the people including the socially vulnerable such as the persons with disabilities, elderly people, children, and immigrants.



10-010

A care worker brings out the ability of the user and supports him/her to solve problems by himself/herself (empowerment).



10-011

A care worker focuses on what the user can do. A care worker supports the user to develop this as a strength.



10-012

Advocacy is to protect and support the user in his/her place on behalf of him/her. When the ability of judgment decreases due to intellectual disability and mental disability, the person may not be able to tell his/her will or rights.



10-013

In medical rehabilitation, treatment of disease and training for the recovery of the function shall be performed. If a person cannot use their dominant hand due to paralysis, etc., he/she is trained to change which hand is dominant.



10-014

"Occupational support" corresponds to economic rehabilitation. Employment placement, career coaching, and job training shall be performed.



10-015

Cerebellum has a function to coordinate balances and motion. Due to the breaking of nerve cells, ataxia (unsteadiness, etc.) is observed.



10-016

An early symptom of spinocerebellar degeneration includes unsteadiness on walking which is a risk of falling. However, if the user can walk, the use of a cane shall be considered to prevent disuse syndrome.



10-017

In cerebral palsy, a brain disorder occurs in the neonate period from during pregnancy to 4 weeks after birth, and disorder of movement such as paralysis, involuntary movements, and muscle tone is observed.



10-018 Cerebral palsy is classified as spastic, athetoid-type, rigidity type, ataxia type, and mixed type.



10-019 There are several types of paralysis depending on the damaged area or condition of the spine. Paraplegia is caused in lumbar cord injuries and thoracic cord injuries. Quadriplegia is caused by damage to the cervical spinal cord.



10-020 In cervical cord injury, the function of sweating does not work, so the heat accumulated in the body (heat accumulation). Adjust the air conditioner's temperature and wipe the body with a cold towel to decrease the body temperature.



10-021 There is a language area of the left brain in the cerebrum related to language for speaking, listening, reading, and writing. Language disorder is observed in the disorder of the left brain.



10-022 Left space neglect is often observed in hemispatial neglect caused by damage in the hemisphere of the cerebrum. In left space neglect, because a person does not pay attention to space or things on their left side, he/she tries to look to the right side even though he/she is called from the left side (➡ refer to G009).



10-023 When glaucoma progresses, narrowing of the visual field, headache, and nausea are observed. Night blindness is the condition that the person has poor eyesight. The main disease is retinal pigmentary degeneration (➡ refer to G009).



10-024 Diabetic retinopathy is one of the three major complications (diabetic retinopathy, diabetic nephropathy, diabetic neuropathy) of diabetes, and blood circulation of the retina is disordered. The main symptoms include blurred vision and decreased eye sight which may result in blindness. The disease with which intraocular pressure increases and optic nerves are compressed is glaucoma.



10-025 Retinal pigmentary degeneration is a hereditary disease that causes abnormality in the retina which senses light. The main symptoms include gradual narrowing of the visual field and a decrease in eyesight.



10-026 A white cane is used as a symbol for the person with visual impairment to obtain the information around him/her and to show that he/she has a visual impairment.



10-027 Accompanying support is a service that a caregiver, etc. accompanying with a person who has difficulty in going out due to visual impairment and providing necessary visual information, moving support, nursing care at excretion and mealtimes, etc.



10-028 Conduction hearing loss is caused by trouble between the outer ear and middle ear. Sensorineural hearing loss is caused by trouble between inner ear and the auditory nerve.



10-029 Braille displays letters and characters in six convex and it is used in the communication of persons with visual impairment.



10-030

In Wernicke's aphasia, a person can speak but cannot understand what somebody said. The condition in which a person can understand what somebody said but has difficulty speaking is cortical motor aphasia.



10-031

A talking aid is a voice output communication aid which is used in the communication of the persons with a language disorder. It can tell one's will in sentences or by sound by pressing the letter key on the communication board of the 50-character kana syllabary.



10-032

Chest pain due to angina pectoris lasts only a few minutes and it alleviates by the use of nitroglycerin preparation. If the strong chest pain lasts more than 30 minutes, it is myocardial infarction.



10-033

A pacemaker is made of metal which carries electricity and when it receives electromagnetic waves, electricity flows through it which causes a malfunction.



10-034

Chronic obstructive pulmonary disease includes emphysema and chronic bronchitis. The main cause of these diseases is smoking which causes inflammation of the lung leading to blocking of the respiratory tract and difficulty breathing.



10-035

A pulse oximeter is placed on a finger and it measures percutaneous oxygen saturation (SpO_2) in the blood.



10-036

When the kidney function decreases, waste cannot be excreted outside the body. Therefore, uremia such as cardiac failure and hypertension is observed.



10-037

When the kidney function decreases, the salt shall not be excreted outside the body. Intake of too much salt causes hypertension or edema, so it is necessary to restrict salt intake.



10-038

In hemodialysis, a shunt is created to connect the artery and vein. To insert a needle into a shunt to draw the blood outside of the body and return the clean blood filtrated by a machine back inside the body.



10-039

Large intestine cancer develops in the sigmoid colon and rectum in many cases.



10-040

The rectum has a function to absorb water, and the properties of feces excreted from sigmoid colon stoma are mainly soft to formed.



10-041

Chron's disease is an inflammatory bowel disease with erosion and ulcer due to the inflammation of the small intestine and the large intestine. The main symptoms are stomachache and diarrhea, other than this, fever, melena, and decreased weight can also be observed.



10-042

In the central vein nutritive method, because high caloric infusion fluid is injected, the fluid shall be inserted from the thick blood vessels (central vein) near the heart. To inject from the blood vessels in the forearm is not appropriate because it causes phlebitis.



10-043

Opportunistic infections are infections in which weakly pathogenic bacteria that do not develop in a healthy condition develop under the weakened immune system. Because HIV causes a weakened immunity, it is likely to induce opportunistic infections.



10-044

When the liver function decreases due to cirrhosis, bilirubin cannot be detoxed and jaundice develops, and due to the decrease of protein (albumin), ascites or edema develops.



10-045

In liver function disorders, when a person drinks alcohol, he/she cannot resolve or absorb alcohol in the liver, fat is accumulated, in addition, liver function is worsened. So, the restriction of alcohol intake is necessary.



10-046

Mental disability consists of psychogenetic mental disability due to psychological cause, exogenetic mental disability due to the cause from outside, and endogenous mental disability which includes hereditary factors. Alcoholism is included in the exogenetic mental disability.



10-047

The symptoms of schizophrenia are classified into positive symptoms and negative symptoms. Delusion is included in the positive symptom and it is a state that a person believes something that is not real.



10-048

A decrease in emotional control is included in social behavior disorders and it is a state that a person bursts his/her emotions very suddenly. Memory impairment is a state that a person cannot remember new things and repeats the same thing many times.



10-049

The cause of severe motor and intellectual disabilities can be classified into before birth, at birth, neonate period, peripartum, and after peripartum. The cause of disabilities at the time of birth and neonate period include abnormal delivery, premature birth, and infant with very low birth weight.



10-050

In epilepsy, electric activities of cerebral nerve cells become active, and convulsion and disturbance of consciousness occur. Intellectual disability is often associated with epilepsy, and when the disorder becomes severe, the rate of complication becomes high.



10-051

If a person applies for a rehabilitation certificate, an assessor of psychology or a pediatrician makes an assessment and prefectural governments, or ordinance-designated cities, etc. issues the certificate.



10-052

The characteristics of autism are a social disorder such as delayed language development or preferences. Being bad at reading, writing, and calculating is the characteristic of a learning disorder (LD).



10-053

The characteristics of attention deficit hyperactivity disorder (ADHD) include restlessness and lack of concentration. Short and clear single instruction should be given.



10-054

Amyotrophic lateral sclerosis is a disease of the nervous system and motor nerves that transmit motion from cerebral nerves to the muscle shall degenerate.



10-055

In amyotrophic lateral sclerosis, when muscle weakness progresses, dysphagia and difficulty breathing are observed. Eyesight and hearing ability are maintained and only a small number of disorders of sensation is observed.



10-056

Parkinson's disease is a disease that cannot transmit motion to the muscle due to a decrease in dopamine. The main symptoms are tremor, muscular rigidity, akinesia, and impairment of postural reflex. Paraplegia is paralysis of the right and left lower limb and it is mainly caused by a spinal cord injury.



10-057

In Hoehn & Yahr staging scale, the progression of the symptom of Parkinson's disease is classified into stage I to V and it is a standard which judges daily life problems.



10-058

In malignant rheumatoid arthritis, language function disorder cannot be observed. The main symptoms of rheumatoid arthritis are inflammation of blood vessels and disease of an internal organ other than pain, swelling, deformation in joints.



10-059

The persons with malignant rheumatoid arthritis experience difficulty grabbing, pinching, and turning due to pain, swelling, and deformation of the joints of hands. The lever-type handle is suitable for the door.



10-060

In muscular dystrophy, destruction and degeneration of muscle are caused by heredity. Disease types are classified by age of onset, symptoms, and heredity type. Duchenne type is the most popular type.



10-061

Muscular dystrophy is the disease with which muscle is gradually broken and the main symptom is a disturbance of motor function due to muscle weakness. Stiffness of hands and fingers is an early symptom of rheumatoid arthritis.



10-062

Care service provided by home visits for the user with a severe disability includes providing support for moving at the time of going out. It is important to support the user going out for life to be oneself.



10-063

Satoshi Ueda describes 5 stages of acceptance of the disability model: (1) Shock stage; (2) denial stage; (3) confusion stage; (4) striving stage to solve the problem; (5) acceptance stage.



10-064

In the denial stage, due to the psychology of not wanting to accept the disorder, the adjustment mechanism of denial works. In this stage, involvement in which self-defense of the user can be accepted is necessary.



10-065

"Regression" is a state that a person goes back to an immature stage of development and tries to protect himself/herself. To suppress the needs that a person cannot mentally accept is "suppression."



10-066

A child development center (welfare type) is a daycare facility that provides training, etc. to preschoolers with physical, mental, and intellectual disabilities.



10-067

A job coach supports the persons with disabilities to get a suitable job and to work safely.



10-068

In the Commissioned Welfare Volunteers Act, the welfare commissioner concurrently serves as a children's social worker delegated by the Minister of Health, Labour and Welfare. A welfare commissioner understands the life state of regional residents, listens to their problems, and supports them.



10-069

A consultation support specialist arranges the persons with disabilities to be able to use services as needed and prepares a utilization plan.



Points of study

■ Symptoms of visual impairment



Central scotoma/visual field defect



Narrowing of visual field



Hemispatial neglect

■ Method of communication with a person with a hearing disorder

Conversation by means of writing



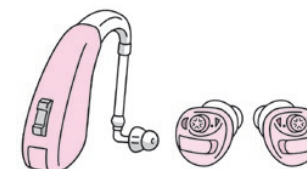
Sign language



Speech (lip) reading



Hearing aid



11

Mechanism of Mind and Body



Answer/Explanation of terminology



11-001

Esteem needs are needs for receiving applause from others and being approved by his/her boss at their company, etc. To show the improvement of oneself is self-actualization needs. The self-actualization need is the highest need in the Maslow's hierarchy of needs. (➡ refer to G010)



11-002

The physiological need is instinctive needs (aphrodisia) for the preservation of the species (➡ refer to G010).



11-003

Not to be threaten the life of oneself is a basic need. It is a physiological need or safety need in the Maslow's hierarchy of needs. The highest need is the self-actualization need (➡ refer to G010).



11-004

Esteem needs are needs for receiving applause from the other and being approved by his/her boss at their company, etc. (➡ refer to G010)



11-005

To feel remorse for one's past is classified as the self-dispraise type. The matured type is to accept aging as it is, etc. (➡ refer to G010)



11-006

To keep constructive activities of his/her youth is classified as the defense type. In the dependence type, taking a passive role or passive attitude in anything can be observed (➡ refer to G010).



11-007

In the matured type, the person has less conflicts in aging or mind and accepts daily life as it is (➡ refer to G010).



11-008

Short-term memory is memory that can be forgotten soon if nothing is done. Repeated information can be retained as long-term memory.



11-009

Memory has three processes: memorization is to remember things, retention is to hold something in mind and not forget the details that he/she already remembered, and recall is to remember things that were held in the mind (➡ refer to G010).



11-010

Semantic memory is memory related to general information of dates, the name of things, language and concepts.



11-011

Observation learning is a study caused by observing other persons' activities.



11-012

Suppression is to suppress needs or feelings that cannot be admitted so that they will not appear on the surface of consciousness and to try to forget them unconsciously.



11-013

Rationalization is to justify matters to suit oneself and excuse his/her behavior. Hiding real feelings such as a feeling that he/she does not want anybody to know by exhibiting the opposite behavior is classified as reaction formation.



11-014

The valve to prevent back flow is in the peripheral vein. The peripheral vein of the upper and lower limbs has the role of returning venous blood to the heart against the pull of gravity. The valve has a role to prevent the back flow of blood.



11-015

The artery has the role of sending blood to the body by the beating of the heart. We cannot feel the beat of the vein which sends blood from the body to the heart.



11-016

The parietal lobe has the role of receiving the feeling of pain of the skin. The frontal lobe has the role of performing decision-making.



11-017

The temporal lobe has a function related to understanding language and affects more than just auditory sense and memory.



11-018

The occipital lobe acknowledges visual information.



11-019

Limbic cortex is a collective term of limbic cortex located inner surface of the cerebrum and regions such as the amygdala and the hippocampus. Hippocampus is related to memory and the amygdala is related to affect.



11-020

In the liver, glucose taken by food intake is converted to glycogen and stored. When glucose in the blood runs short, glycogen is converted to glucose and sent to the blood to supply energy. The function of the liver includes metabolism and storage of nutrients, bile production, detoxification, and adjustment of blood amount.



11-021

The bladder has a function to accumulate urine. To concentrate urine is a role of the kidney. The concentrated urine in the left and right kidneys flows into the left and right ureter and is collected in the bladder. Urine flows from the bladder to the urethra and is then excreted from the body through the urethra.



11-022

The respiratory center is in the brain stem. The brain stem is a collective term of the mesencephalon, pons, and medulla oblongata. The cerebellum is located lower part of the cerebrum hemisphere and the dorsal part of the brain stem. Its role is related to the cooperativeness of voluntary movement due to his/her own consciousness.



11-023

Pancreas secretes pancreatic juice associated with digestion from the exocrine pancreas. The hormone of insulin (hypoglycemic effect) from β (B) cells and glucagon (hyperglycemic effect) from α (A) cells from the islet of Langerhans which is the endocrine pancreas is secreted.



11-024

The heart is an organ that has a pumping function to send blood to the whole body. Gas exchange is performed in the lung. Venous blood returned from the whole body flows from right atrium to right ventricle and transferred to the lung through the pulmonary artery and gas exchange is performed. After the gas exchange, the blood turns into arterial blood and it flows from the left atrium to the left ventricle through the pulmonary vein and circulates over the whole body (➡ refer to G012).



11-025

The saliva is not a cause of bad breath. Because saliva has self-cleaning action and antimicrobial activity, it prevents bad breath. About 99% of the component of saliva is water. When water intake is low, saliva secretion is reduced and it can be a cause of bad breath.



11-026

Bad breath may make other people feel uncomfortable. That is why a person has a psychological tendency to decline to talk and as a result, it may be a cause of avoiding exchanges with others. Bad breath is caused by physiological matter, food, and diseases, etc.



11-027

Parasympathetic nerves have a function to accelerate saliva secretion. To suppress the secretion of saliva is a role of the sympathetic nerves. When sympathetic nerves hold the high ground, a small amount of thick saliva secretes, and when parasympathetic nerves hold the high ground, a large amount of thin saliva secretes.



11-028

A duct of the parotid gland which is one of the large salivary glands opens at the maxillary second molar in the oral cavity. Sublingual gland and submandibular gland open at the floor of the mouth.



11-029

Antibacterial action is a function of preventing bacteria from entering the body. Other than this, saliva has functions of self-cleaning action to flush food residue, buffer action to alleviate the shock of foods inside the oral cavity, and digestive action related to digestion.



11-030



The sublingual gland is a large salivary gland. The salivary gland is classified into the small salivary gland and the large salivary gland. Other than the sublingual gland, the submandibular gland and parotid gland are large salivary glands. A small salivary gland is narrow ducts distributed to the mucosal tissue of the lips or mouth, cheek, and tongue.

11-031



Spoon nail is a state that nail plate rolls back like a spoon which is caused by weakened nail plate due to insufficient nutrition spread on the nail.

11-032



Clubbing of the digit is mainly observed in heart disease. It is a state that the tip of a finger becomes like a drumstick. The state that can be observed in malnutrition is that the whole nail looks white.

11-033



Ingrown nail is a state that the edge of the nail plate side enters the finger. The causes are aging, putting on one's shoes that are not fit to the foot for a long time, and incorrect cutting of nails, etc.

11-034



The functional position is a preventative posture so that the person shall not have joint contracture in the case where he/she cannot move his/her body by himself/herself. It is a posture with the angle of joints that gives the minimum trouble to ADL even in the case of not being able to move joints.

11-035



The posture with the toe pointing down is not a functional position. The posture in which the toe pointing down is called equinus foot.

11-036



It is necessary to sunbathe to strengthen the bones. For enhancing the strength of bones, calcium, a mineral is necessary and vitamin D is needed for calcium to be absorbed from the intestine. Vitamin D is activated by intake of food and exposure to ultraviolet rays of the sun.

11-037



What is needed for enhancing the strength of bones is the intake of vitamin D. Vitamin E is a fat-soluble vitamin which produces a biological membrane and helps antioxidation of fat.

11-038



To do exercise adds the appropriate strength to the bones and activates the cells. Moderate exercise means taking a walk as a living activity or going shopping.

11-039



The frequent site of bone fracture other than femoral neck fracture is bone fractures of the distal end of the radius (wrist), the proximal end of the humerus (arm close to shoulder), and the spine (backbone) (▶ refer to G007).

11-040



The pain occurs right after the fracture in the area of the hip joint where the femoral neck is located. In addition, in femoral neck fracture, standing and walking become difficult.

11-041



Protein is one of five components of nutrients. Protein composes skin, nails, hair, blood, muscle, hormone, and enzyme (▶ refer to G014).

11-042

Sugar has the function to be the source of energy of the body. Sugar is one of five components of nutrients and it is also called carbohydrate. Fat helps the absorption of fat-soluble vitamin (➡ refer to G014).



11-043

Fat is one of the five components of nutrients and it can be a material producing hormone, blood and cell surface membrane. Fat has a function to help absorption of vitamin A, D, E, K that are fat-soluble vitamins (➡ refer to G014).



11-044

Vitamins are one of the five components of nutrients and has a function in the development of the body and metabolism. Vitamins are classified into fat-soluble vitamins A, D, E, K, and water-soluble vitamins B and C. Because vitamins cannot be produced inside the body, it is necessary to get them from food (➡ refer to G014).



11-045

Minerals, which are one of the five components of nutrients, cannot be produced inside the body. Minerals have to be ingested from food, etc. The main minerals are sodium (Na) and calcium (Ca) (➡ refer to G014).



11-046

The anticipatory stage (recognition stage) is the first stage of the five processes of eating and deglutition. The anticipatory stage (recognition stage) is the period in which a person recognizes the shape and color of the food and saliva secretion increases as a conditional response (➡ refer to G014).



11-047

In the pharyngeal stage, deglutition apnea is observed. The pharyngeal stage is the fourth stage of five processes of eating and deglutition. In the pharyngeal stage, because the nasal cavity and trachea are blocked, apnea is observed (➡ refer to G014).



11-048

The oral stage is the third stage of the five processes of eating and deglutition and it is the period that bolus of food is transferred from the oral cavity to the pharynx. Larynx is blocked in the pharyngeal stage which is the fourth stage of the process of eating and deglutition (➡ refer to G014).



11-049

The pharyngeal stage is the period that bolus of food passes the pharynx. In the pharyngeal stage, epiglottis blocks the opening of the larynx. A bolus of food is formed in the preparation stage (chewing stage). The preparatory stage (chewing stage) is the second stage of five processes of eating and deglutition (➡ refer to G014).



11-050

The esophageal stage is the involuntary movement without a conscious mind. The esophageal stage is the period when the bolus of food which had been sent to the esophagus was transferred to the stomach. When the bolus of food enters to the esophagus, it is transferred to the stomach by peristalsis or gravity. (➡ refer to G014)



11-051

The large intestine is a digestive organ that comes next to the small intestine and it is divided into the appendix, ascending colon, transverse colon, descending colon, sigmoid colon, and rectum. In the large intestine, water absorption progresses and the stool becomes solid.



11-052

The small intestine consists of the duodenum, jejunum, and ileum. The small intestine has a function to absorb nutrients and water.



11-053

The symptoms of dehydration develop when the water equivalent to about 2% of the bodyweight was lost. Systemic malaise is observed due to dehydration and as a result, activity decreases.



11-054



The symptom associated with dehydration is dryness of the skin. The symptoms include the decreased amount of urine and decreased appetite, in addition to the dryness of the skin. There is a characteristic that the symptoms tend not to develop in elderly people.

11-055



The catheter needs to be changed periodically. There are two types of catheters; balloon-type which should be changed in about one month and bumper type which should be changed in about six months. Changing a catheter is the role of a doctor.

11-056



The hypoglycemia symptoms are sweating, palpitations, disturbance of consciousness, seizure, and tremor of hands and legs, etc. There are type 1 and type 2 diabetes mellitus. Type 1 diabetes develops during childhood and youth period and insulin treatment is necessary. Type 2 diabetes mellitus develops during and after the middle age period and insulin treatment is performed depending on the symptom.

11-057



The appropriate temperature for taking a bath is considered to be between 38 to 41 degrees centigrade. These temperatures stimulate parasympathetic nerves, and increased digestive function, decreased heart rate and blood pressure, and relaxation of muscle tones can be observed. Taking a bath with a water temperature of 42 degrees centigrade or more stimulates sympathetic nerves and increased blood pressure and heart rate are observed.

11-058



Moistening is a method to accelerate the treatment of the wound skin without infection. Dryness leads to the loss of water of the skin and inhibits the development of the cells and as a result, it is not suitable for the treatment of the wound.

11-059



The surface of the skin is kept mild acidic and because of this, external stimulation and procreation of bacteria are suppressed. Frequent cleaning with hot water decreases sebum, destroys the mechanism of mild acidity, and decreases sterilizing effect.

11-060



Accidents while taking a bath are the most common freak accident that occurs at home. While taking a bath, a person gets undressed and nothing protects his/her body; also due to the change in blood circulation, etc., the person has a condition of the body which easily experiences an accident and will be in the environment of a possible accident.

11-061



Herpes zoster is a disease with pain that is more severe than itchiness. Herpes zoster develops due to varicella and herpes zoster virus. The rash is a small blister but it develops in a narrow strip along a specific nerve tract.

11-062



Scabies is a skin infection disease in which itch mites enter the skin. The characteristic symptom is a strong itching sensation. Common sites are the armpit, interdigit, and genital area. Rash can be observed as the papule or nodule.

11-063



When standing up in a bathtub, the blood flows to the lower limbs, and the amount of blood that goes back to the heart decreases resulting in blood pressure decreases. Because of this, the amount of blood to the brain decreases which tends to cause orthostatic hypotension. To prevent orthostatic hypotension, slowly stand up.

11-064



Half body bathing can reduce the burden of the heart caused by taking a bath. Taking a bath has a hydrostatic pressure effect to accelerate blood circulation by receiving water pressure. In the hydrostatic pressure effect, the blood tends to flow back to the heart and it accelerates cardiopulmonary function.

11-065



It is preferable to take a bath one hour or more after a meal. Because the food is digested after a meal, sufficient blood flow to digestive organ is needed. Taking a bath right after the meal makes the blood flow to the digestive organ insufficient and it may cause problems in the digestive function.

11-066

After taking a bath, sufficient intake of water is necessary. Because a person sweats after taking a bath, sufficient rehydration before taking a bath is necessary. Insufficient rehydration may cause dehydration.



11-067

Dryness of the skin causes a decrease in skin function which leads to the development of itchiness, so it is effective to cut nails short and protect the skin. The skin of elderly people tends to dry due to the decrease of sebum.



11-068

Normal urination is free from smell right after urination. When urine is exposed to air, resolution of urine due to bacteria occurs and it makes an ammonia odor. The property of urine is yellowish or pale brownish clear liquid and aseptic.



11-069

The posture for easy defecation is to sit performing a heel raise and leaning slightly forward. This posture makes a blunt anorectal angle which is the angle between the rectum and anus which makes it easy to defecate. The supine position makes the anorectal angle acute and it is difficult to defecate.



11-070

Parasympathetic nerves accelerate the peristalsis of the rectum. Sympathetic and parasympathetic nerves that are autonomic nerves have an antagonistic role. Parasympathetic nerves accelerate the function of the gastrointestinal tract and sympathetic nerves restrain the function of the gastrointestinal tract.



11-071

When a person eats, they have the urge to defecate. When food goes into the stomach, the colon receives the stimulation, which causes peristalsis and leads to defecation. Even though a person does not feel the urge to defecate, it is helpful to go to the bathroom and sit on the bedpan after meals for relief of constipation.



11-072

For acceleration of defecation, hold one's breath and increase abdominal muscle pressure. Increasing abdominal muscle pressure by holding the breath also increases blood pressure, so for the user with high blood pressure needs another method to support defecation.



11-073

There are internal anal sphincter and external anal sphincter around the anus. Among these, the external anal sphincter is the muscle that can control defecation if the person is conscious. Consciously relaxing the muscle when sitting on the bedpan as preparation for defecation makes defecation smooth.



11-074

Atonic constipation is caused by decreased peristalsis of the large intestine, which makes absorption of water of the stool and makes hard stools. One of the causes is the lack of intake of dietary fiber. Dietary fiber stimulates the intestinal tract, so it is effective for the relief of constipation.



11-075

Rectum constipation is that feces are in the rectum but due to weak defecation reflex, the person does not feel the urge to defecate. In general, to prevent constipation, exercise, intake of water, and intake of dietary fiber are necessary.



11-076

When a person is bedridden he/she tends to have constipation. When a person is bedridden, constipation can be easily caused by a lack of exercise resulting from a decrease in body activities, a decrease in movement of the intestine or abdominal muscle, and a decrease in the amount of food and water intake.



11-077

A person using narcotic analgesic tends to have severe constipation because the peristalsis of the intestine is suppressed.



11-078 Functional incontinence is incontinence caused by a decrease in cognitive function, the fact that a person cannot find a bathroom due to cognitive impairment or a person cannot recognize a bathroom due to agnosia (➡ refer to G014).

○

11-079 Stress urinary incontinence is a kind of incontinence caused by atrophy of pelvic floor muscles which seizes the urethra and supports internal organs, and by abdominal muscle pressure such as sneezing. It is common incontinence in females (➡ refer to G014).

○

11-080 The other symptoms of cystitis may be a sensation of residual urine, frequent urination, and slight fever. Cystitis is one of the urinary tract infections and is caused by bacteria entering the bladder. Because women have a shorter urethra than men, bacteria tend to enter the bladder.

○

11-081 Along with aging, sleep duration becomes shorter. Sleep consists of the repetition of REM sleep (shallow sleep in which the body takes rest) and non-REM sleep (deep sleep in which the brain rests). Due to lack of sleep, etc., sleeping hours tend to be shorter.

✗

11-082 Exercise affects the quality of sleeping but it does not affect the structure of the biological clock. The most powerful factor in the adjustment of biological clock is sunlight. Sunbathing decreases secretion of the amount of melatonin which is the hormone inducing sleep and melatonin is secreted 15 to 16 hours later, so sleep is accelerated.

✗

11-083 Restless legs syndrome alleviates the symptom by moving the lower limb. Restless legs syndrome is also called "crawly legs syndrome" in which involuntary movement during sleep develops mainly in the lower limbs. The uncomfortable feeling may be a cause of insomnia.

✗

11-084 In elderly people, sleeping disorders are frequently observed. The main insomnia is "disturbance of sleep induction" which has trouble falling asleep and falling asleep takes time. "Nocturnal awakening" is to wake up many times during the night. "Early-morning awakening" is to wake up early in the morning and not be able to go back to sleep thereafter.

○

11-085 Development of edema is observed in the dying stage. Edema is the condition where water is pooled in the subcutaneous tissue and it develops in the dying stage because systemic circulatory function decreases. Other symptoms include coldness of hands and feet, cyanosis in nails and lips, decrease in the volume of urine.

✗

11-086 Mandibular breathing is the breathing that can be seen at the time of difficulty breathing and the lower jaw moves to downwards in every inhalation. When the mouth is opened and this breathing is observed, it is said that it is near the end. Other breathing symptoms include the purring sound of the throat (wheezing).

○

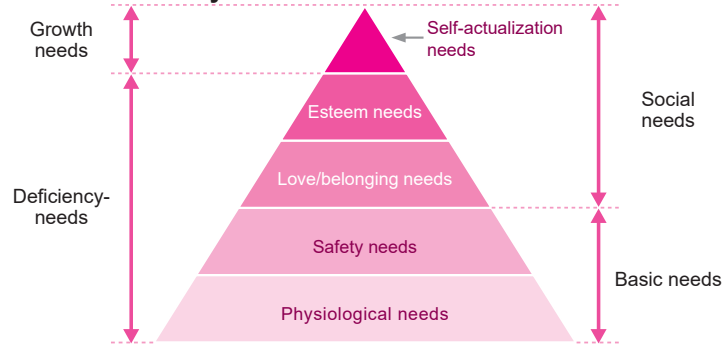
11-087 According to the five stages of the psychological process of Kübler-Ross, the first stage is denial. It is a stage that a person cannot accept death. Anger shows the feeling of why it happens only to me (➡ refer to G014).

✗



Points of study

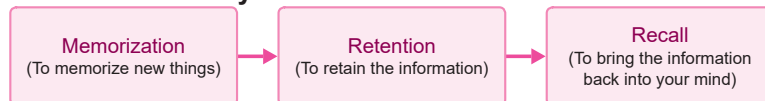
■ Maslow's hierarchy of needs



■ Reichard's types of personality in the old age period

Matured type (integrated type)	To accept oneself and one's life as it is.
Comfort chair type (dependence type)	Although a person accepts the current status, he/she is depending on others and passive.
Defense type (armored type)	Suppressing the anxiety of aging by staying active and protecting oneself.
Extrapunitive type (indignation type)	A person cannot accept his/her past or aging.
Intropunitive type (self-reproach type)	To consider life as a failure and think that it is caused by himself/herself.

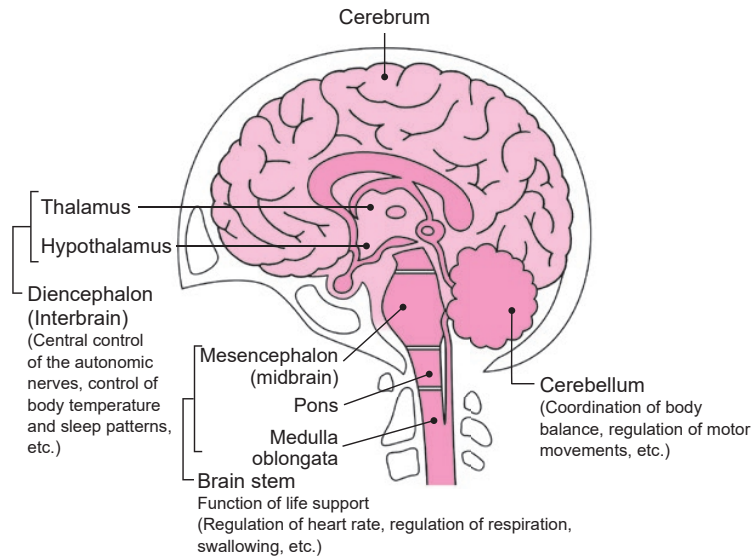
■ Process of Memory



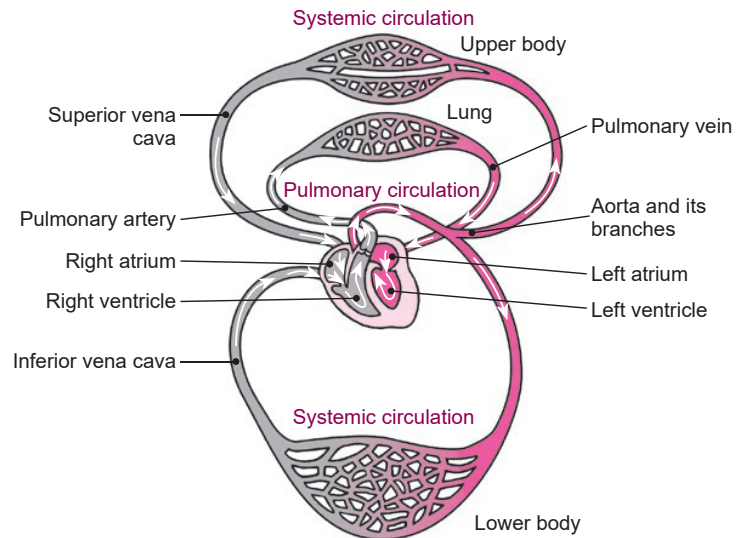
■ Adjustment mechanism

Escape	To search for self-stabilization by escaping from anxiety and tension.
Regression	To protect oneself by going back to the immature stage of development.
Suppression	To suppress desire and feeling which they do not want to admit so that they will not appear on the surface of the consciousness.
Compensation	When the person cannot obtain the original purpose, he/she endures by shifting the needs to one that can be easily obtained.
Amends	To try to amend one side of feeling of inferiority by dominating in other aspects.
Rationalization	To justify a person's behavior or failure by giving a reason which is convenient.
Sublimation	To try to replace aggressive desire, etc. with valuable action such as sports and art.
Identification	To take another's feelings or thoughts to the inside of oneself and to feel content with them as if they belong to him/her.
Projection	To think that a feeling that is hard to personally accept is someone else's feeling.
Replace	To express the needs or feelings (love, hate, etc.) that address to a certain target to another target.
Reaction formation	To take opposite action of the desire or feeling that they do not want anyone to know, and they try to hide their true self.

■ Structure of the brain

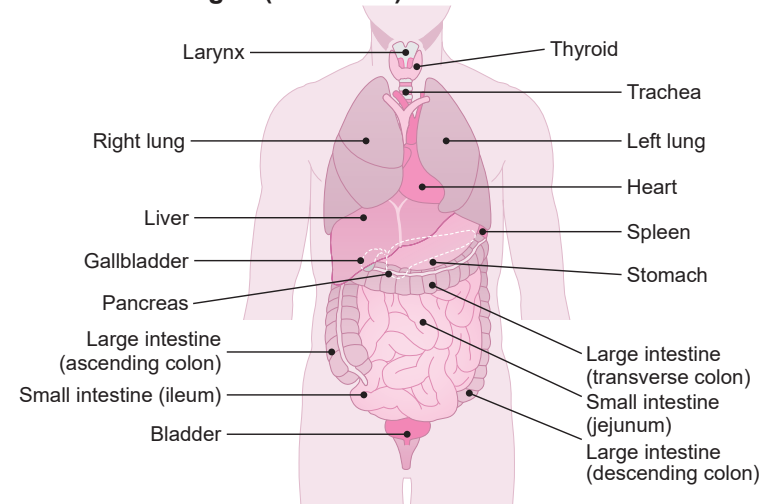


■ Pulmonary circulation, systemic circulation

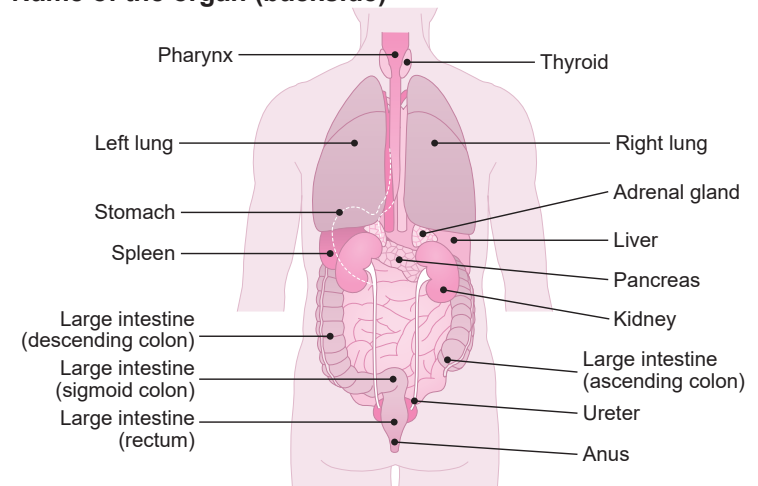


G 012

■ Name of the organ (front side)



■ Name of the organ (backside)



G 013

■ Five major nutrients

Sugar (carbohydrate)
Fat
Protein
Mineral
Vitamin <ul style="list-style-type: none"> • Fat-soluble vitamin A, D, E, K • Water-soluble vitamin B, C

■ Five classifications of eating and swallowing

Anticipatory stage (cognitive stage)
Preparatory stage (chewing stage)
Oral stage
Pharyngeal stage
Esophageal stage

■ Kinds of urinary incontinence

Functional incontinence	The individual cannot complete all the movements related to urination in time or the individual cannot make it to the toilet in time because he/she does not know the location of the bathroom due to dementia, etc.
Urge incontinence	The individual has a feeling of urge to urinate but cannot hold it and suffers urinary leakage before getting to the toilet.
Stress urinary incontinence	Urinary leakage due to coughing, sneezing, etc. causing abdominal muscle pressure.
Overflow incontinence	Minor urinary leakage occurs because the urinary tract gets closed due to prostatic hypertrophy, etc.
Reflex incontinence	Leakage of urine occurs due to no urge to urinate caused by spinal cord injuries, etc.

■ Five stages of coping with dying by Kübler-Ross

The first stage	Denial	It is a stage to refuse and deny the fact of death destiny, "I shall not die."
The second stage	Anger	It is a stage that a strong anger feeling emerges against death.
The third stage	Bargaining	It is a stage to express his/her feeling of hope to a god that they might be able to escape from the reality of death.
The fourth stage	Depression	It is a stage where the person gets depressed and feels incapable. "Nothing can help me."
The fifth stage	Acceptance	A person accepts death and feels calm.

12

Medical Care

Answer/Explanation of terminology

A

12-001

A certified care worker, etc. who has completed the on-the-job training of medical care can perform sputum suction, etc. at the facility and business office that are authorized and registered by governors.

×

12-002

The pharynx is the area of predilection for vomiting. Therefore, if a tube is inserted into the back of the pharynx, the stimulus induces cough and vomiting that may lead to the risk of a severe accident.

○

12-003

To record the development process of the situation of risk immediately before accident leads to the initiatives to prevent an accident with similar risk beforehand. The accident report is recorded in the incident or accident report.

○

12-004

The basic idea of standard precaution is that all blood, body fluids, secretion (phlegm, saliva, vomiting), bodily waste (feces, urine), wounded skin, and mucous membrane, etc. must be treated as something that has a risk of infection.

○

12-005

The goods used for nasogastric feeding should be soaked in antiseptic solution (sodium hypochlorite) for about 1 hour after cleaning (with detergent for dishes), washed well in the tap water, and dried. Ethanol for disinfection shall be used at the time of bed bath and disinfection of equipment and it is not used for immersion disinfection.

×

12-006



The pulse oximeter is a device to measure pulse rate and percutaneous oxygen saturation (SpO₂: amount contained in the arterial blood) from the skin surface. The reference value of percutaneous oxygen saturation is 95% to 100%.

12-007



Generally, the humidity inside a comfortable room is around 50%. If the humidity is low, because a person inhales dry air, the consistency of phlegm increases which makes phlegm difficult to be excreted.

12-008



If the blood is mixed in the aspirate, stop aspiration immediately and observe the inside of the oral cavity and nasal cavity. A care worker confirms the condition of breathing and face color, etc., and checks with the medical professional that if it is a designated suction force or not.

12-009



At the time of taking a bath, phlegm becomes soft due to the effect of high humidity and it can be smoothly excreted. Also, because phlegm may increase, it is necessary to remove phlegm before and after bathing care.

12-010



Liquid waste should be discarded before the amount reaches 70% to 80% of the suction bottle to prevent a decrease in suction force and back flow of liquid waste. Even if the amount of liquid waste is little, discard it one to two times a day periodically, and rinse the bottle with detergent and running water.

12-011



Tap water is used for cleaning the suction tube for oral and intranasal sputum suction. For a suction tube for the tracheal cannula, clean it with suctioning sterile purified water, not with tap water.

12-012



The suction time has to be within 10 to 15 seconds per 1 suction. If the suction time lasts long, it easily causes difficulty breathing, tachycardia, and increased blood pressure. So, if the phlegm is not removed sufficiently in one suction, repeat the suction after the breathing returns back to normal.

12-013



If the temperature of the nutrient is low, peristalsis of the intestine rises and it tends to cause abdominal symptoms such as diarrhea and stomachache. Hypoglycemia is the condition in which glucose level in the blood is decreased.

12-014



In tube feeding, because the person does not chew, secretion of saliva decreases, self-cleansing action in the oral cavity decreases, and the risk of infection is increased. It is necessary to maintain and improve infection prevention, eating, and deglutition function by implementing oral care.

12-015



Hiccups are caused by a convulsion of the diaphragm, but because it is necessary to judge whether it is due to injection of tube feeding nutrient or not, discontinue the injection immediately.

12-016



Because the half solid type (jelly type) nutrient is clogged inside the tube due to viscosity it is not used in nasoenteric feeding. It is often applied in the case of the gastric fistula or intestinal fistula.

12-017



Nasoenteric feeding is injected using a difference of elevation between the irrigator and stomach of the user. If the irrigator is set 50 cm higher than the stomach, the dripping speed is accelerated and if it is set lower, the dripping speed is decreased. Back flow or aspiration may occur according to the dripping speed.

12-018

Only doctors and nurses can insert a nutrition tube which has been removed.



12-019

When a suction tube is inserted or removed, the suction force has to be applied. There is no risk of damaging the mucous membrane inside the tracheal cannula, and it is for the prevention of sputum falling into the trachea.



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「外国人のための介護福祉士国家試験一問一答」
(令和2年度 介護の日本語学習支援等事業)
令和2(2020)年12月発行
公益社団法人 日本介護福祉士会

日本の介護を学び、現場で働く外国人のためのWebサイト

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にほんごをまなぼう

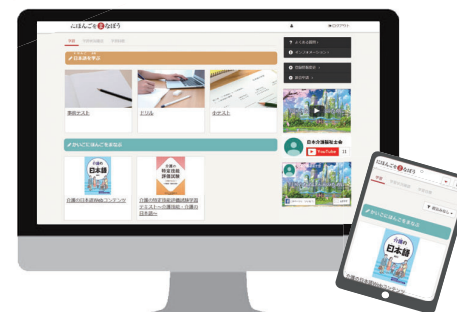
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厚生労働省 介護の日本語学習支援事業

A website for the non-Japanese learning nursing care
and working at care sites in Japan

“Nihongo o Manabou (Let's Learn Japanese)”



Included Contents

- **Study of the Japanese language**
—Aim to reach the level of passing
the Japanese-Language Proficiency Test N3!
Drills, Small tests, Practice tests,
Learning situation management and Learning
goals management
- **Nursing care study texts**
—Multidevice and multilingual—
“Nursing Care Skills Evaluation Test Study Text”
“Kaigo no Nihongo (Nursing Care Japanese
Language)” and more...
- **Information is provided on social media
platforms**
—Provide opportunities for users to communicate

YouTube Facebook

Others are in preparation.

“Nihongo o Manabou (Let's Learn Japanese)”

supports the improvement of Japanese language proficiency and acquisition of skills necessary at care sites as a comprehensive platform for non-Japanese people learning nursing care and working at care sites in Japan. When studying the Japanese language, it is essential, first and foremost, that the learner studies autonomously to achieve good results: “Nihongo o Manabou (Let's Learn Japanese)” provides the appropriate environment for the study. It aims to help learners acquire a certain level of Japanese-language proficiency (the level required to pass the Japanese-Language Proficiency Test N3) and the basic nursing care skills. Moreover, it helps learners be prepared, among other things, for the Nursing Care Skills Evaluation Test and provides opportunities for users to communicate (interpersonal connection).

< Five features >

Free of charge



The website is
available free of
charge to anyone who
is interested in the
study of Japanese
language and nursing
care in Japan.

Passing the test



The website supports
the study to pass the
Japanese-Language
Proficiency Test N3
and the Nursing Care
Skills Evaluation Test,
etc.

Autonomous study



The website has
adopted an
autonomous study
support system that
enables learners to
manage their learning
situation on their own.

Nursing care
in Japan



The website provides
content for the study of
nursing care skills
required at care sites in
Japan.

Community



Taking advantage of
social media
platforms, useful
information and
opportunities for users'
communication and
information sharing
are provided.

SHOT!!



URL: <https://aft.kaigo-nihongo.jp/rpv/>

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The Japan Association of Certified Care Workers
Ministry of Health, Labour and Welfare: Nursing Care Japanese Language Study Support Project