

Nursing Care Skills Evaluation Test

Study Text 2nd Revised Edition

— Nursing Care Skills/
Nursing Care
Japanese Language —

English Version

The Japan Association of Certified Care Workers

March 2025

はじめに

本書は、厚生労働省の補助事業（介護の日本語学習支援等事業）を活用して、介護分野の特定技能1号の評価試験に対応する初めての学習用テキストとして策定したものです。

2019年4月に施行された在留資格「特定技能」の制度は、深刻化する人手不足に対応するため、生産性向上や国内人材の確保のための取組を行ってもなお人材を確保することが困難な状況にある産業上の分野において、一定の専門性・技能を有する外国人材を受け入れる制度です。

介護分野において特定技能の在留資格で入国するためには、国際交流基金が実施する日本語基礎テスト等の日本語試験のほか、厚生労働省が実施する介護技能評価試験と介護日本語評価試験を受験し、合格することが基本となります。

今後、試験の実施国は拡大されていく予定ですので、介護分野で特定技能により入国される方は、さらに増えていくことが見込まれます。そこで本書は、介護技能評価試験と介護日本語評価試験に対応できるようにしつつ、介護現場で働く上で、最初に習得しておいていただきたい内容を中心に作成いたしました。

本書は、介護技能評価試験と介護日本語評価試験の受験対策として活用されることに加え、特定技能の在留資格で入国して介護現場で働かれる皆様が、引き続き本書を手元に置き、ご活用いただけるような構成にしています。

本書が、「日本の介護」を知る契機となり、その魅力を存分に感じていただくものになること、さらに、介護分野の特定技能により入国して介護現場でご活躍いただく際の一助となることを切に願っております。

公益社団法人 日本介護福祉士会
特定技能評価試験対応テキスト検討会

How to Use This Book

“Nursing Care Skills Evaluation Test Study Text — Nursing Care Skills/Nursing Care Japanese Language —” is a text to study in order to prepare for the Nursing Care Skills Evaluation Test and Nursing Care Japanese Language Evaluation Test.

- This book consists of “Nursing Care Skills” and “Nursing Care Japanese Language” to suit the standards of the evaluation test of specified skills in the area of nursing care.
- As the Nursing Care Japanese Language Evaluation Test will be given in Japanese, only the Japanese language is used in the “Nursing Care Japanese Language” section.

The “**Nursing Care Skills**” section is divided into 4 parts in line with the test questions.

PART 1 Basics of Nursing Care

PART 2 Mechanism of Mind and Body

PART 3 Communication Skills

PART 4 Skills for Providing Daily Assistance

- ◉ This book contains several illustrations to make it easier for you to imagine the scene, even if you have never worked at a care site.

- ◉ The points that are especially important are marked with an icon.

- ◉ Explanations are provided for difficult terms.



Use your whole body
for easier shifting.

Explanation of terminology

Base of support

Base of support refers to the area created by connecting every point of contact of a person with the floor surface for the purpose of supporting his/her body.

The **“Nursing Care Japanese Language”** provides you with a better understanding of Japanese language naturally as you answer the questions.

The Nursing Care Japanese Language Evaluation Test is designed to confirm whether you have enough knowledge of Japanese used at a care site. In order to acquire the knowledge of Japanese necessary for working at a care site, it is more effective to study the nursing care Japanese language while also studying the content for the Japan Foundation Test for Basic Japanese or Japanese-Language Proficiency Test.

- This section consists of “Words” (vocabulary), “Addressing and Conversing” (questions), and “Sentences” (questions) frequently used at a care site.
- For the “Addressing and Conversing” and “Sentences,” questions have been developed using the expressions frequently used at a care site.

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Presentation of the website “**Nihongo o Manabou**” for the study of Japanese language

Basics of Nursing Care

CHAPTER 1 Human dignity and independence in nursing care

CHAPTER 2 Role and professional ethics of care workers

CHAPTER 3 Ensuring safety and risk management in nursing care

1 Human dignity and independence in nursing care

1 Nursing care to support human dignity

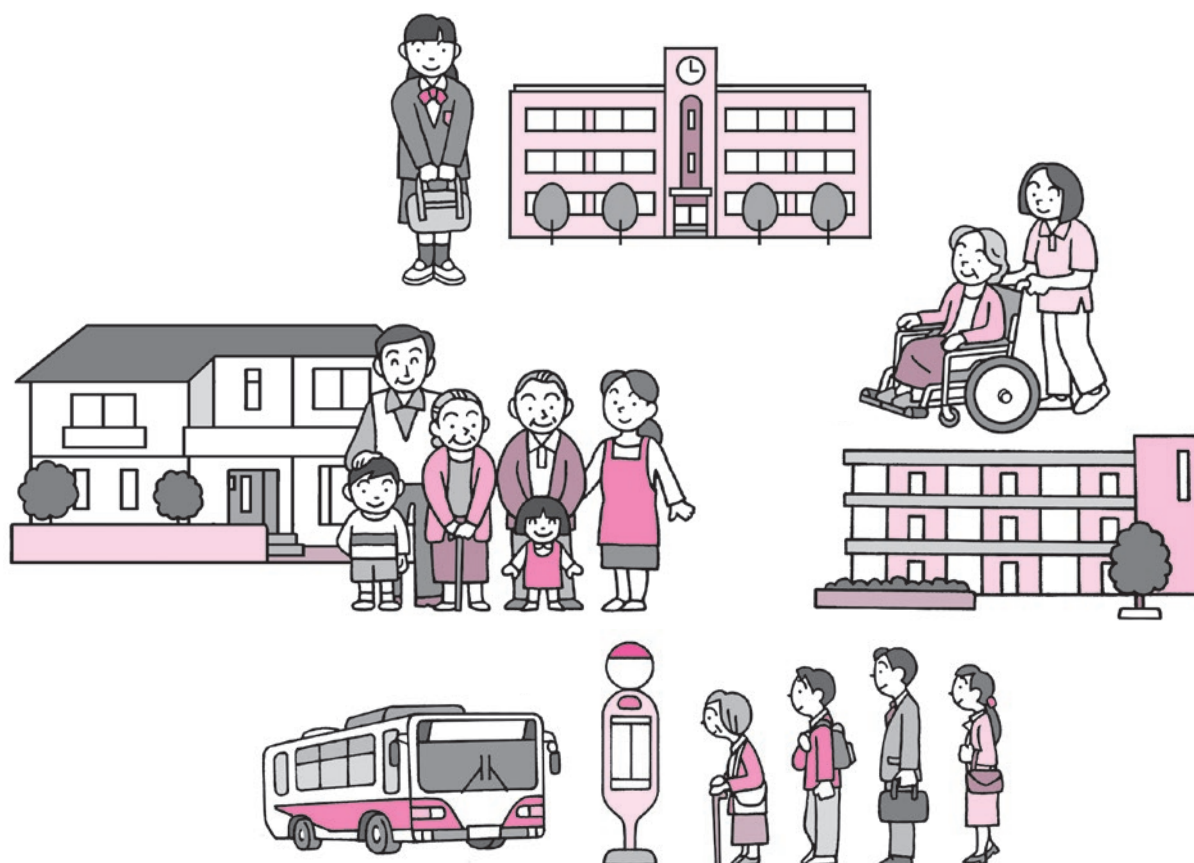
1) Human dignity and respect for human rights

- Nursing care profession is a specialist profession that provides support to the people who have difficulties in daily living due to age and/or disability to enable them to continue their usual lifestyle.
- Human dignity is the basic concept in the provision of the support.
- Human dignity means that each person is respected as an individual.
- A person is respected and his/her human rights are protected even when he/she is in need of nursing care.

2) User-centric daily lifestyle

- Daily lifestyles differ from person to person, depending on their way of thinking and habits. Even if a person is in need of nursing care, it is the user himself/herself who takes the lead in daily living.
- Nursing care must not be provided based on the values of the caregiver.
- Considering how the user wants to live, respecting his/her way of living and thinking, and providing support to help him/her live his/her usual life are the basics of nursing care.

● Various lifestyles



3) QOL (Quality of life)

- The QOL refers to the quality of a person's daily living and that of his/her life. The QOL is a concept that includes mental wealth such as happiness and satisfaction of life and purpose of life.



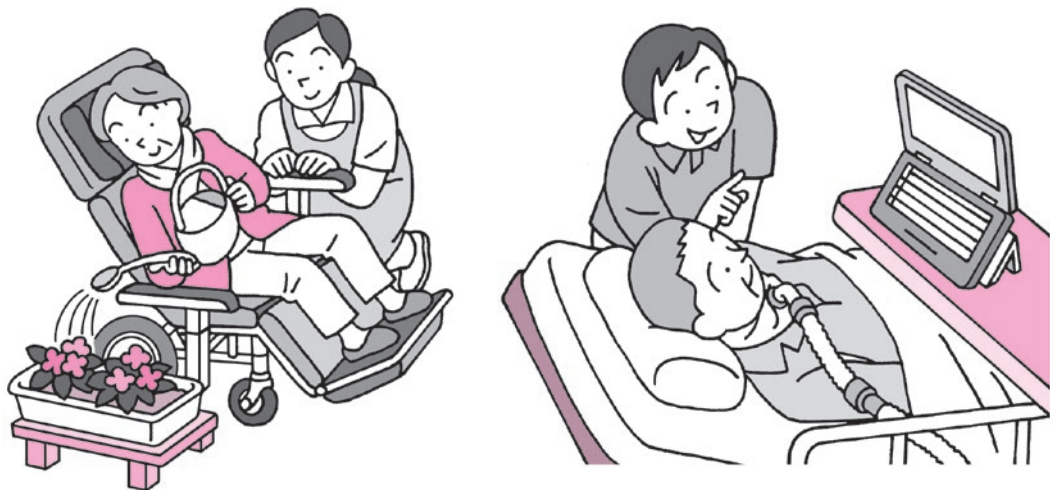
4) Normalization

- Normalization is a concept that refers to people with disability, just like people without disability, living normally without being subjected to prejudice and with their human rights respected.
- It also refers to the principle that people with and without disabilities should be mutually supportive within society and the local community, enabling people to continue to live their lives as they choose.

2 Self-independence support

1) The meaning of self-independence in nursing care

- Self-independence means that the user himself/herself makes his/her own choices and decisions about how he/she wants to live.
- There are two types of self-independence: physical and mental. He/she makes decisions about what he/she wants to do in accordance to his/her previous way of life and values.



2) Supporting self-independence

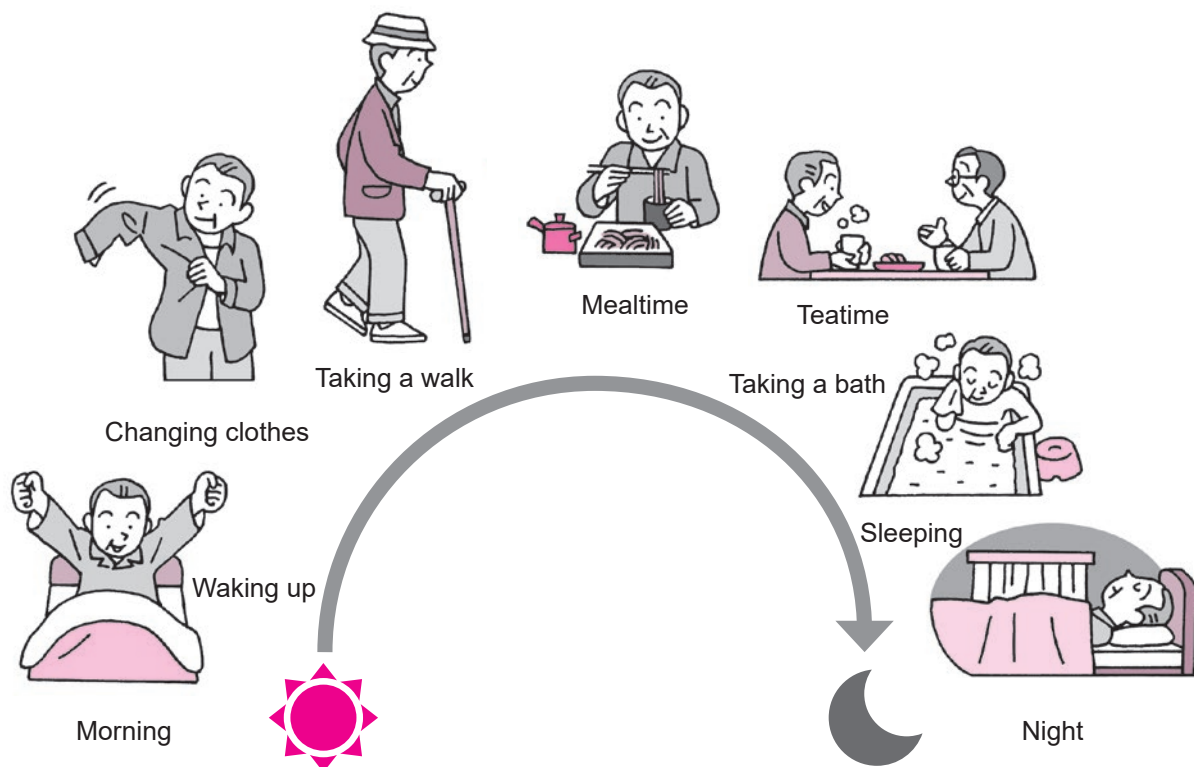
- Support should be provided not only for physical activities such as physical movement and changing clothes, but also suited to the abilities of the user.
- Respect must be given to the values and preferences of the users. Support should be provided to increase the things that users can do with his/her own will and strength.



3 Understanding of daily living

1) What are the activities of daily living?

- Activities of daily living differ depending on countries, cultures, and customs. There is a variety of lifestyles, depending on the will and values of people and what they are particular about.
- Daily life involves waking up, getting dressed, washing one's face, eating, going to the bathroom, bathing, engaging in leisure activities, sleeping, etc. Each person's daily rhythm differs.



- Other factors that affect daily life include the person's state of health, ability to do housework, housing, family, local community, and society.

The nursing care profession is a specialized profession that provides support for daily life.

2) Everyday life support provided by care workers

- With the full understanding of the user's way of living, a care worker supports the user in living his/her usual life.
- A person tends to become passive in the way he/she thinks and acts when he/she is in need of nursing care. A care worker works to encourage the will of the user.
- Care workers must always consider the safety of the users.



2

Role and professional ethics of care workers

1 The role of care workers

- Care workers should provide support for the daily lives of users so that his/her dependency level of care does not worsen.
- Care workers should observe users carefully so that they can notice any changes in a user's condition.
- Care workers should work together with other professionals to provide support that enables users to live the lives he/she desires.

2 Professional ethics of care workers

1) Consideration for privacy

- The user's skin is exposed during bathing and toilet use. It is important for a care worker to give consideration for the privacy of the user so that he/she will not feel embarrassed.

2) Maintaining of confidentiality

- It is necessary for a care worker to obtain information on the user in order to provide appropriate care. He/She must not, however, disclose the personal information (age, address, clinical history, etc.) of the user to any third party without the user's permission.
- A care worker must not post or disseminate user information on the Internet, social media, etc., without the user's consent.

3) Prohibition of physical restraint

- Physical restraint is an act that deprives the user of their physical freedom.

⊙ Adverse effects of physical restraint

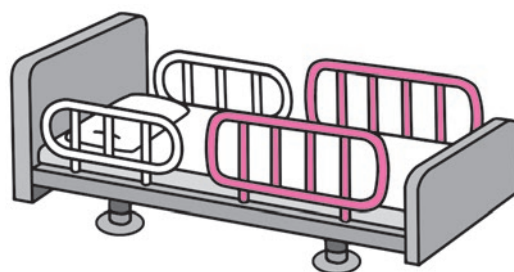
Physical restraint adversely affects users, such as causing a deterioration in physical ability or worsening dementia-related symptoms.

● Examples of the treatments that amount to physical restraint

- (1) Restrict movements by tying the body, hands, and feet.



- (2) Put safety rails around the bed so that the user cannot get off the bed by him/herself.



- (3) Lock the door of the room to keep the user inside.



- (4) Have the user wear a restraint belt to keep him/her from standing.



- (5) Administer an excess amount of psychotropic medication.



4) Abuse

- Abuse means the violation of the human rights of the user.

● Five types of abuse

(1) Physical abuse

To use violence on the user's body.



(2) Psychological abuse

To engage with users in ways that hurt, or cause fear, through words or behavior.



(3) Abandonment of nursing care, etc. (Neglect)

To neglect a person in need of nursing care, such as by not feeding them or not providing nursing care.



(4) Economic abuse

To obtain economic benefits wrongfully from the user.



(5) Sexual abuse

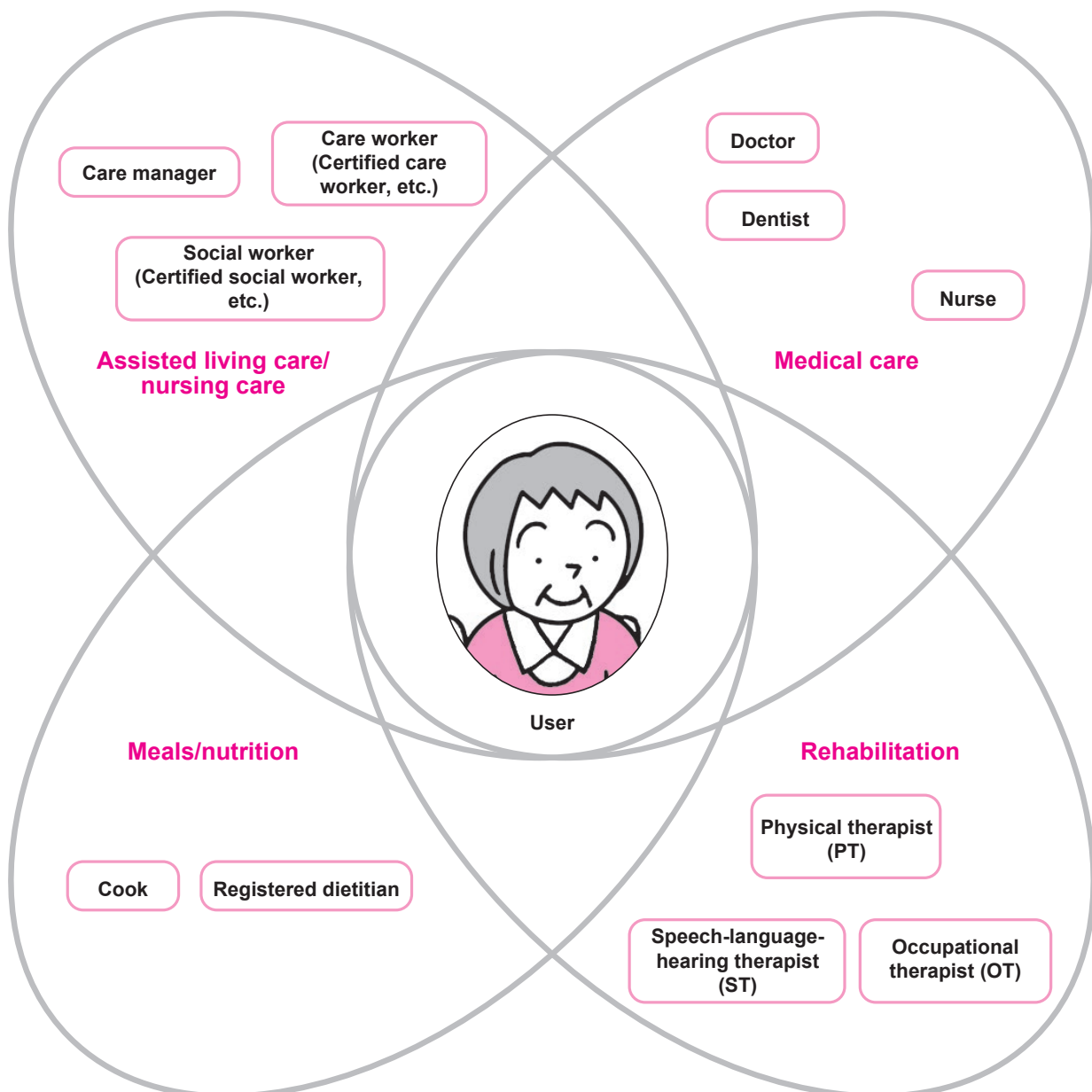
To commit indecent acts to the user.



2 Interprofessional collaboration

1) Team approach

- Various professionals other than care workers work as a team for a user, using their respective expertise.



2) Role and functions of other occupations

(Professionals that perform medical activities)

Doctors and nurses are professionals who are licensed to perform medical procedures. Medical procedures are actions that are based on medical knowledge and skills. As a general rule, care workers are not allowed to perform medical procedures.

● Doctor



A doctor diagnoses and treats diseases.

● Nurse



A nurse, following the instructions given by the doctor, provides recuperative care and assists the doctor in providing medical care.

(Rehabilitation professionals)

- Physical therapists, occupational therapists, speech-language-hearing therapists, etc., are professionals who provide functional recovery training.

● Physical therapist (PT)



A physical therapist gives training of physical abilities such as walking.

● Occupational therapist (OT)



An occupational therapist gives training of activities necessary in daily living.

● Speech-language-hearing therapist (ST)



A speech-language-hearing therapist gives training to users who have difficulties in speaking and swallowing (deglutition).

(Professionals on diet)

Registered dietitians are professionals in the field of nutrition and dietary care. They develop meal plans that take into account the dietary needs of individual users, such as meal format and calorie content.

● Registered dietitian



A registered dietitian develops nutritionally balanced menus.

(Professionals who give consultations and make adjustments regarding welfare services)

Care managers and social workers are professionals who provide consultation and coordination for welfare services. They develop support plans for users when they use welfare services, etc.

- Care manager
- Social worker (certified social worker, etc.)



A care manager/social worker gives consultations to users, contacts the user's family, and makes adjustments.

3 Care services

1) Overview of care services

There are various kinds of care services.

(1) Care service provided by home visits

- Care workers, etc. visit the home of the user to provide care service.
- Home visit care (home help service) and other services are available.

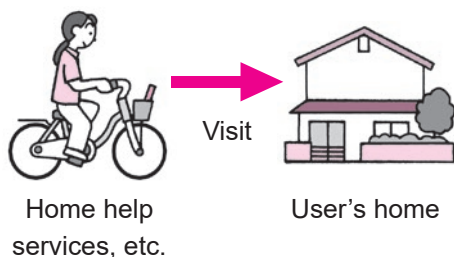
(2) Care service provided to visiting care recipients in care facilities

- Service is provided to the user in care facilities during daytime hours.
- Day care (day service) and other services are available.

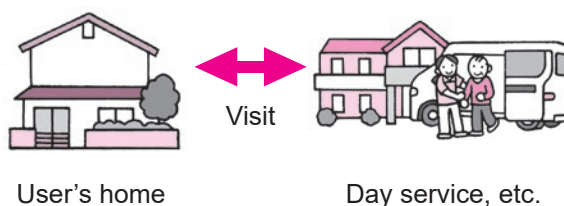
(3) Care service provided to users living in care facilities

- Service is provided to users in care facilities
- Service in facilities for the elderly covered by public aid requiring long-term care (intensive care homes for the elderly), etc. is available.

(1) Care service provided by home visits



(2) Care service provided to visiting care recipients in care facilities



(3) Care service provided to users living in care facilities

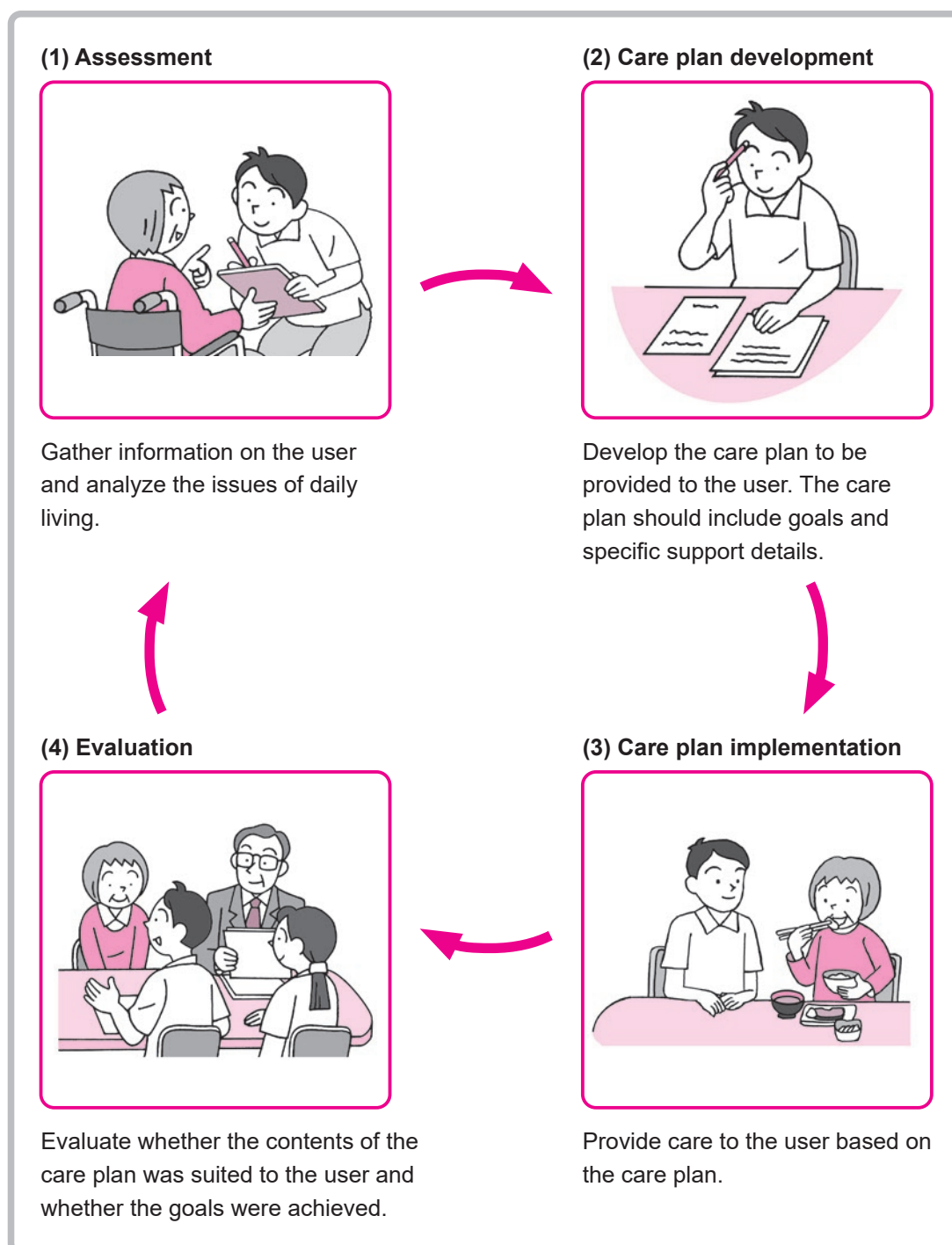


Intensive care homes for the elderly, etc.

2) Care Process

- Care process refers to the thought process when providing nursing care.
- The aim of carrying out the care process is to help each user achieve the lifestyle he/she desires.
- As part of the care process, a personalized care plan will be developed for each user, and nursing care will be provided in accordance with that plan.

● Basic flow of the care process



3 Ensuring safety and risk management in nursing care

1 Ensuring safety in nursing care

1) Importance of observation

1. Observation refers to the act of carefully examining the user in order to understand his/her condition.
2. Observations made by care workers are a valuable resource for improving the user's quality of life.
3. Observations should be recorded and shared with all staff members.

Seems different than usual.....
How come?



◎ What observations can reveal

- (1) There is information that can be learned by interacting with users.
- (2) There is information that can be learned through measurements such as body temperature and blood pressure.

I think your body is hot. Let me take your temperature.

His body is hot...



What is most important in observation is to interact with the user. It is important to observe the user's speech and body language.

2) Accident prevention and safety measures

Users are prone to accidents due to old age or disability.

[Prevention of falling and falling off]

Walking/lifting/transferring activities are frequent in the life space of the user, which makes accidents easy to happen.

- **Carefully observe the state of the user.**



There are times when the user cannot do something that he/she has always been able to do.

- **Confirm whether the user's clothes and footwear are appropriate.**



Slippers can easily come off and they can easily make the wearer slip. If the legs of pants are too long, they tend to make the wearer trip on the bottom edge.

- **Inspect the assistive devices before use.**



Out-of-order equipment can cause accidents.

● Confirm the environment.



It is easy to slip when the floor is wet.



It is easy to trip over cords and fall over.

◎ Risk management

Risk management refers to the process of predicting potential dangers and preventing accidents.

In order to predict danger and prevent accidents, it is important to keep accurate records.

● Specific examples of risk management



(1) When transferring the user from the bed to the wheelchair, the user almost fell over.



(2) Think about why it almost happened.
⇒ The brake was not activated.
⇒ Record the incident.



(3) Preventive measures
⇒ Make sure to confirm that the brake is activated the next time onwards.
⇒ Share the information with everyone.

3) Infectious diseases and control measures

◎ Basic knowledge of infectious diseases

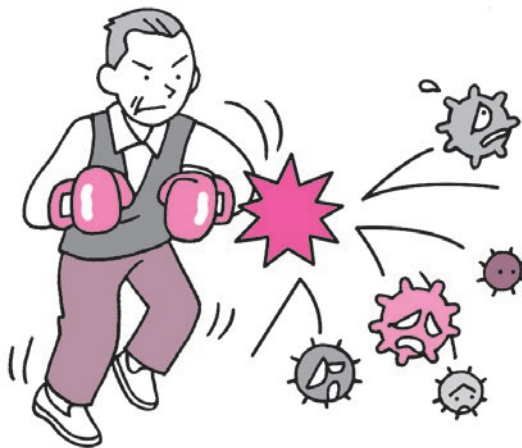
An infectious disease is an illness in which a pathogen, etc. enters the body and causes various symptoms.

Users who live in groups are more susceptible to infectious diseases.

Therefore, it is necessary for each care worker to have knowledge of infectious diseases.



A person with low resistance to disease is more vulnerable to infectious diseases.



A healthy person is less vulnerable to infectious diseases.

◎ Kinds of pathogens

Pathogens include viruses, bacteria, fungi, parasites, and others.

◎ Perspective of observation

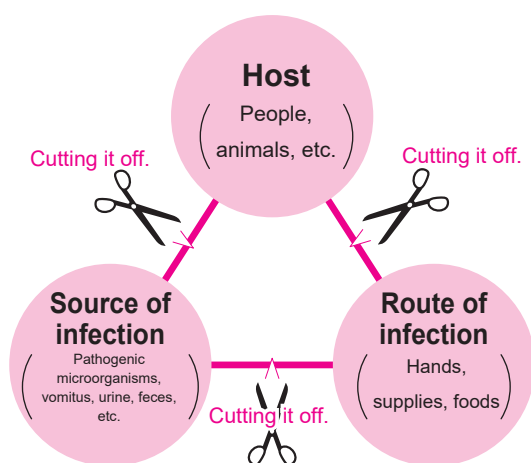
It is important to observe users as a control measure for infectious diseases. If symptoms such as fever, vomiting, diarrhea, abdominal pain, rashes or a pale complexion are observed, it is important to report this to the medical staff.

☉ Three factors of infectious diseases/principle of control measures

The three factors of infectious diseases are the source of infection, route of infection, and host. An infectious disease spreads when the three factors are connected.

The three main elements of infectious disease control are: (1) eliminating the source of infection, (2) interrupting the chain of transmission, and (3) identifying the host (infected person, animal, etc.). The basic principle of infectious disease control is to break the chain.

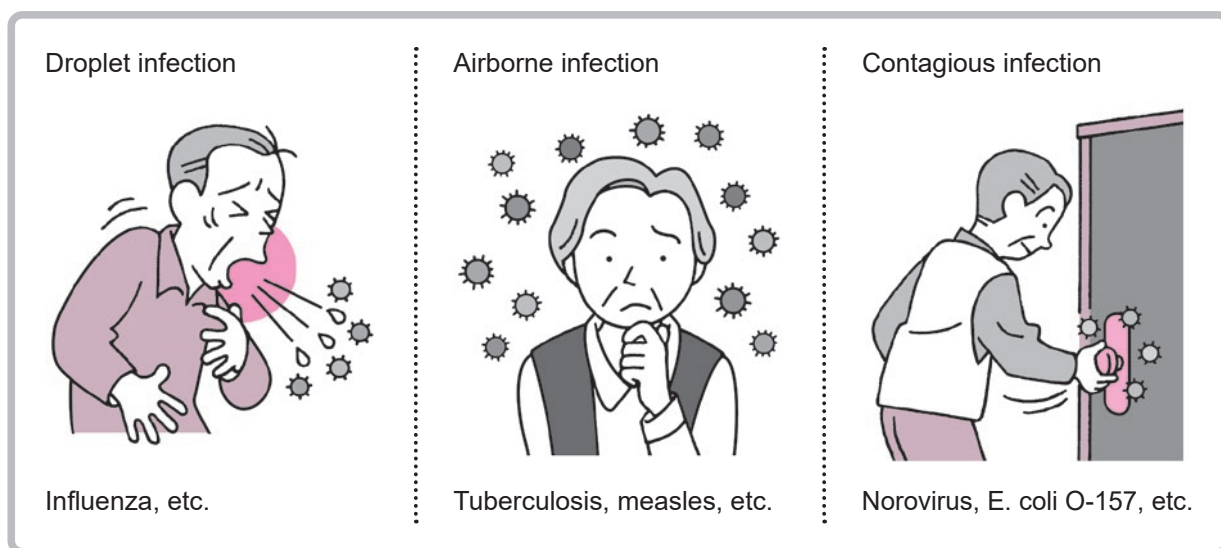
● Three factors of infectious diseases/principles for cutting them off



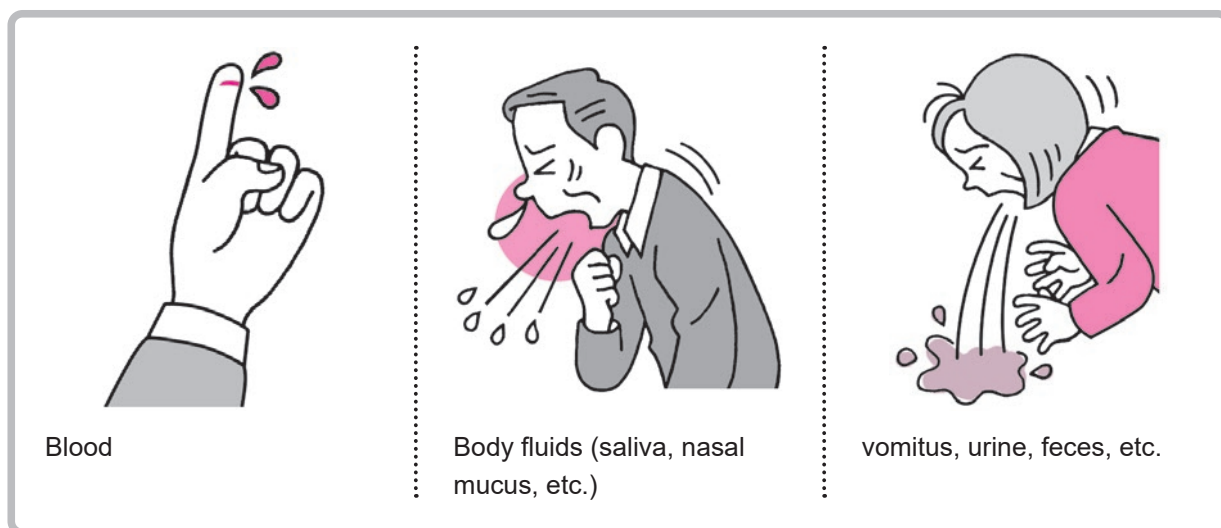
The following are the three basic rules for infectious disease control:

- (1) Do not bring infection in.
- (2) Do not take infection out.
- (3) Do not spread infection.

● Kinds of routes of infection



● Kinds of sources of infection

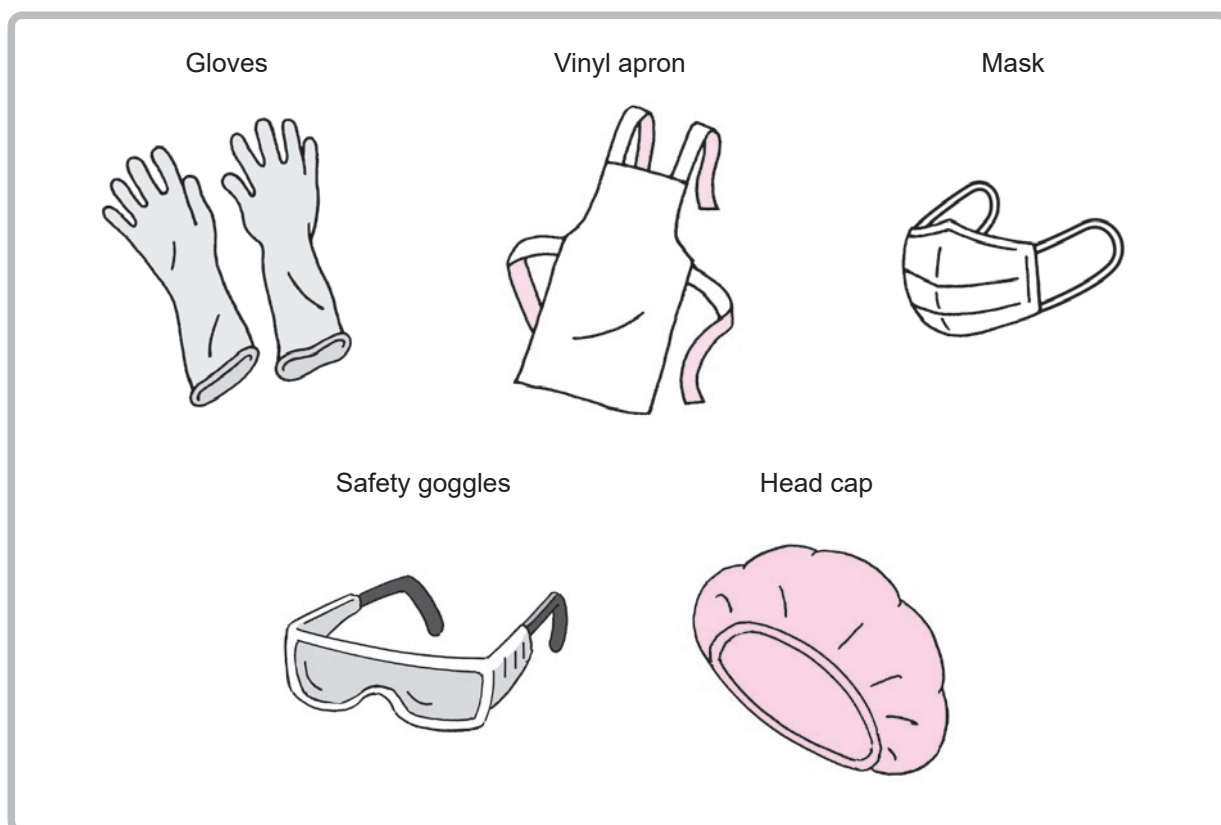


◎ Standard precautions

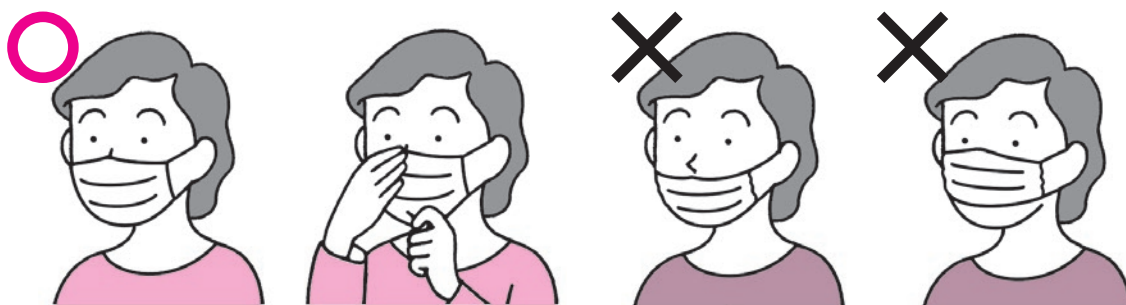
Treat all patients' blood, body fluids, secretions, excretions, wounds, skin, and mucous membranes as potentially infectious.

Never touch blood, body fluids, excretions, etc., with bare hands. Always use gloves when providing nursing care. Wash your hands after providing nursing care.

● Example of supplies used



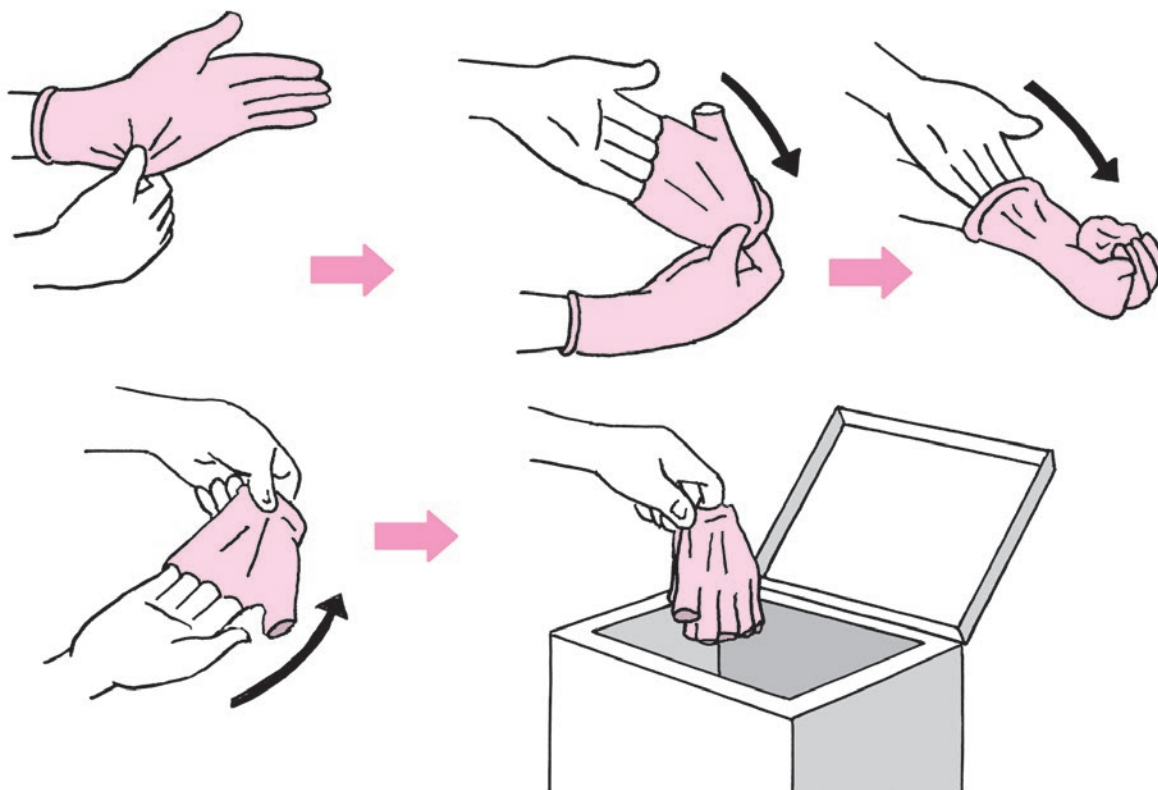
● Correct way of wearing a mask



Cover your face all the way from your nose to the bottom of your chin.

⦿ How to change disposable gloves

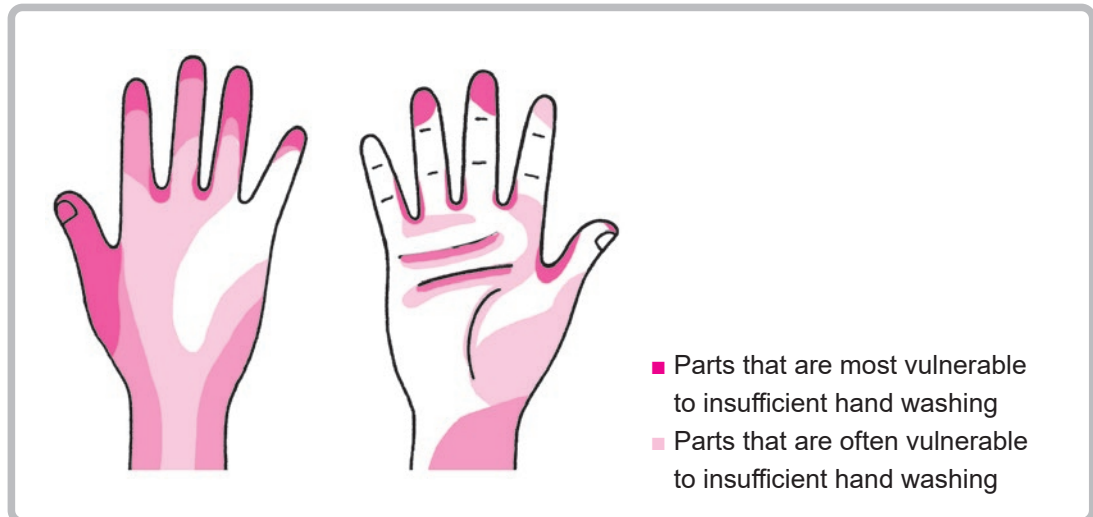
- Throw them away with the dirty side inside.
- Throw them away in the designated place.
- Replace after each single use (care).



☉ How to wash hands and points to remember

You should wash your hands either with running water and liquid soap or with an alcohol-based antiseptic hand rub.

● Parts that are easy to get dirty



The parts easy to get dirty are fingertips, area between fingers, back of the hands, base of the thumbs, and wrists.

● Washing hands with running water and liquid soap



(1) Wet your hands under running water.



(2) Dispense an appropriate amount of liquid soap into the palm of your hand.



(3) Rub your palms together to create a thick lather, and wash thoroughly.



(4) Wash the back of your hand thoroughly with the palm of your other hand (both hands).



(5) Fold your fingers together and wash the space between your fingers thoroughly.



(6) Wrap your thumb in your other hand and wash it thoroughly (both hands).



(7) Wash your fingertips thoroughly with the palm of your other hand (both hands).



(8) Wash both wrists carefully and thoroughly.



(9) Rinse well under running water.



(10) Wipe off any remaining moisture with a paper towel and allow to dry completely.



When wearing rings or watches, they easily get dirty, so wash them well.



● Alcohol-based antiseptic hand rub



(1) If your hands are visibly soiled, first wash them with liquid soap, following the recommended procedure described on the previous page.



(2) Bend your fingers slightly and take an appropriate amount of sprayed antiseptic hand rub on your hands.



(3) Rub the palm of one hand against that of the other hand.



(4) Rub the tips of your fingers, including your nails, and the backs of your fingers with the palm of your other hand (both hands).



(5) Rub the back of one hand with the palm of the other hand (both hands).



(6) Interlace your fingers to rub the area in between the fingers of both hands.



(7) Wrap the thumb of one hand with the other hand and twist and rub it (both hands).



(8) Carefully rub all the way to both wrists.



(9) Rub until dry.

4) Health management of care workers

◎ Importance of health management of care workers themselves

It is necessary for a care worker to maintain his/her own health. It is not possible to provide better nursing care if the care worker him/herself is not healthy.

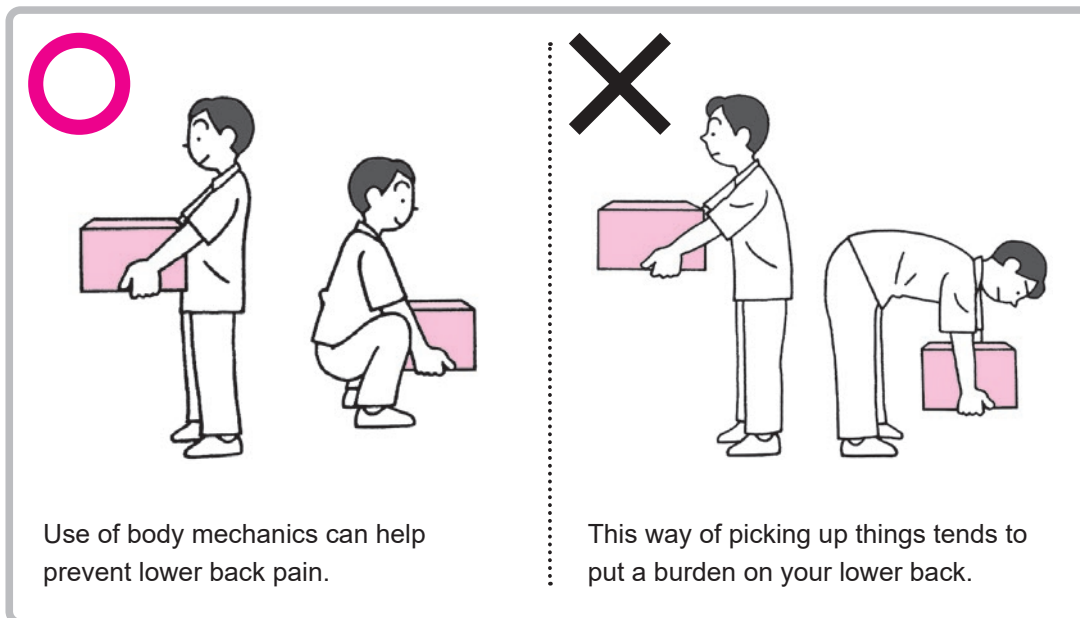


◎ For the maintenance of good health

(Prevention of lower back pain)

It is easy for a care worker to suffer from lower back pain. So, please be careful. Lower back pain can be prevented with correct knowledge and implementation of such knowledge.

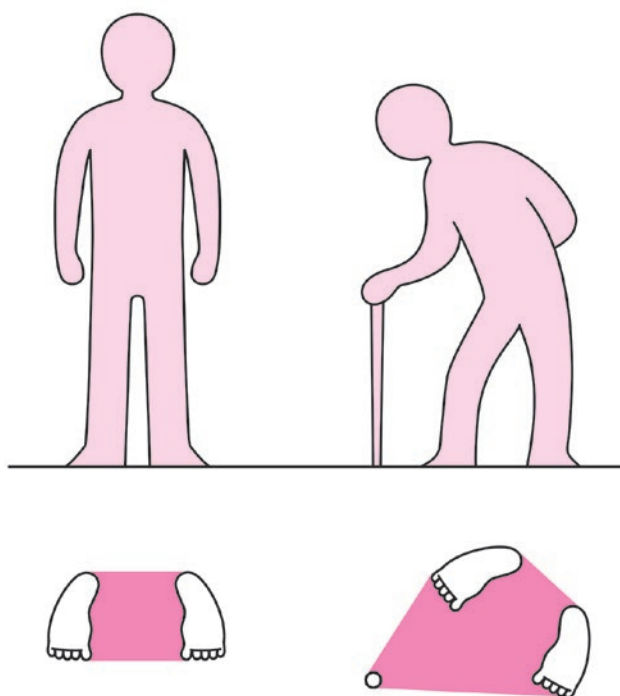
● Posture and lower back pain



☉ Utilizing the principles of body mechanics

- At the time of providing assistance in walking/lifting/transferring, it is necessary to ensure the safety of the user and reduce the burden on the care worker.
- Body mechanics refers to the way our body moves based on the relationship between bones and muscles. With the use of the principles of body mechanics, you can provide nursing care safely with a small amount of force.

(1) Maintain a wide base of support and lower the center of gravity.



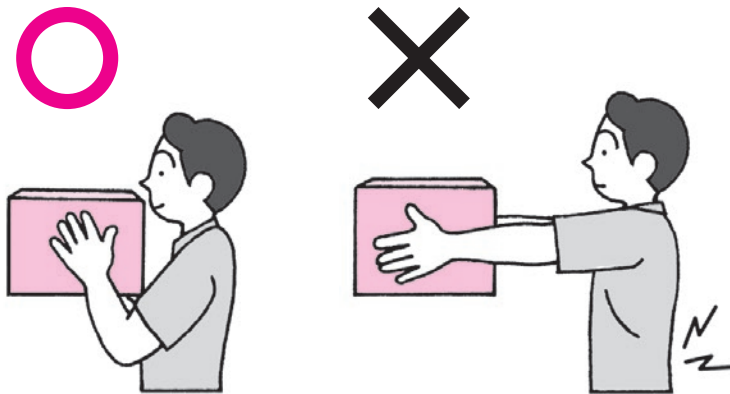
Use of a cane can widen the base of support and increase stability.

Explanation of terminology

Base of support

Base of support refers to the area created by connecting every point of contact of a person with the floor surface for the purpose of supporting his/her body. If a person is standing with his/her feet apart, the base of support is the area surrounding the outsides of his/her soles.

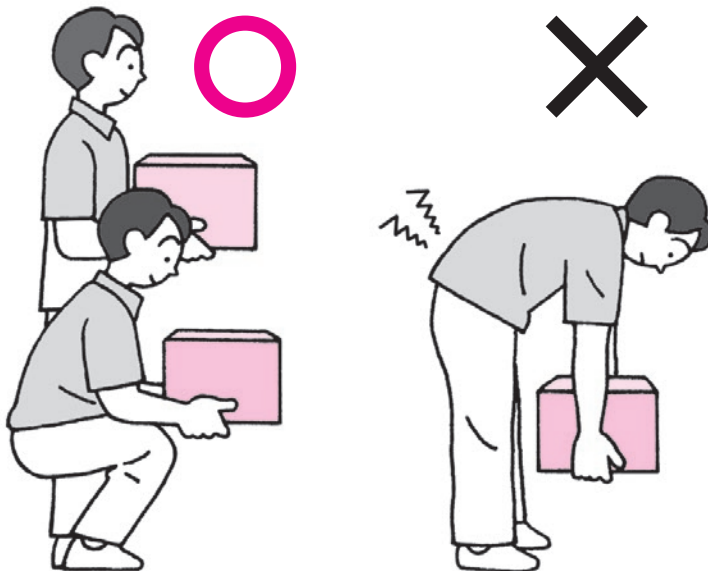
- (2) Bring the center of gravity of the care worker and that of the care recipient close together.



You can provide care with a smaller amount of force if you are closer to the care recipient.



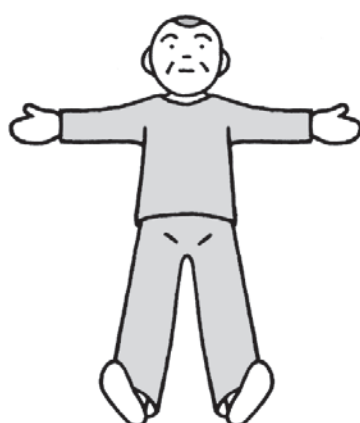
- (3) Use bigger muscles such as thighs.



Large muscle groups such as the thighs and buttocks are being used.

The person is lifting the box with his knee joints kept straight, using only his lower back muscles.

- (4) Tuck the user's arms and legs closer to the center of his/her body as shown in the illustration.



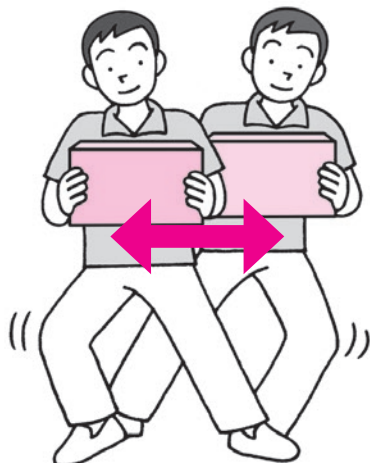
This will make the base of support smaller.

- (5) "Pull" the user toward you rather than "push" him/her.



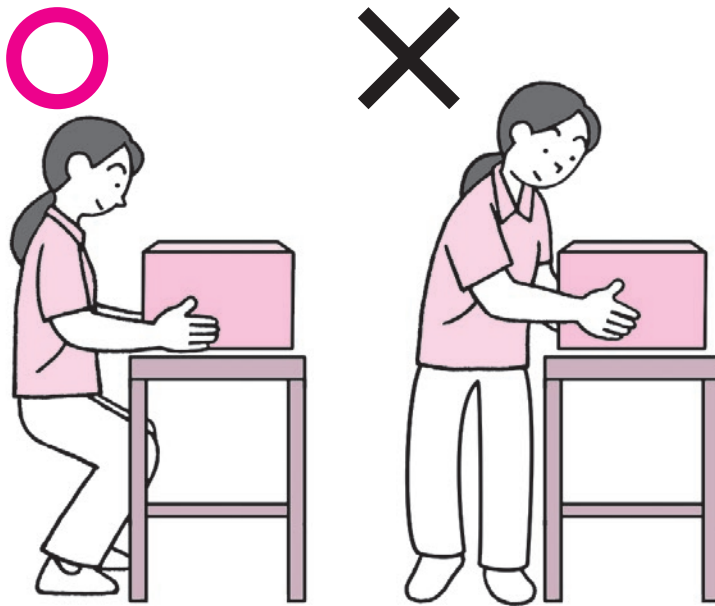
"Pulling" causes less friction.

- (6) Move your center of gravity as horizontally as possible.



It is easier to move things if you use your whole body.

- (7) Do not twist your body. Set your toes to the direction toward which you are pushing the item.



A bigger burden will be on your lower back if you twist your body.



- (8) Use the principle of leverage.

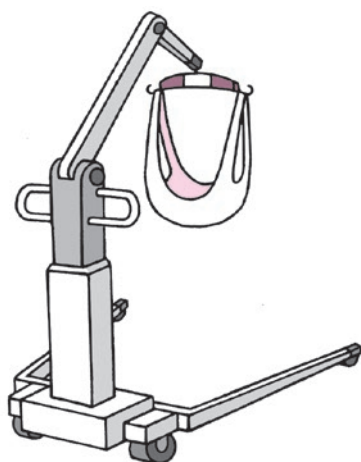


Create a fulcrum and you can turn a small amount of force into a big one.



◎ Points to prevent lower back pain

- Use the abilities of the user: Confirm the state of the user and use his/her abilities.
- Use assistive devices: Use a lift, sliding board, etc.
- Use body mechanics.
- Review your lifestyle: It is important to engage in a moderate amount of exercise and have proper nutrition and rest.



Lift



Sliding board

◎ Mental health management

It is necessary to maintain the mental health of care workers for them to keep engaging in care work. You may have worries and anxieties, but do not take it all on yourself.

It is necessary for the health of mind and body to live a regular life.

● How to maintain mental health



Ensure time for meals and sleep.



Find a way to get rid of stress that is suitable to you.



Have a conversation/consultation with your seniors and colleagues.

⦿ Disaster preparedness measures

A disaster refers to an event that causes damage, such as an earthquake, typhoon, or fire, etc.

Facilities and local communities maintain a cooperative disaster response system at all times.

It is important to be prepared for disasters to avoid panic when such an event occurs.

- **Prepare necessary supplies.**



- **Implement emergency drills.**



Mechanism of Mind and Body

CHAPTER 1 Understanding of the mechanism of mind and body

CHAPTER 2 Understanding of people in need of nursing care

- Basic understanding of aging
- Basic understanding of disorder/disability/impairment
- Basic understanding of dementia

1

Understanding of the mechanism of mind and body

1 Understanding of the mechanism of mind

1) Understanding of the mind

Each person has his/her own feelings and ideas. The feelings, ideas, and methods of expression differ from person to person.

A person's character is influenced by his/her lifestyle and education. The feelings and ideas change due to aging and are expressed as emotions and will.

It is necessary for a care worker to understand the feelings of users.

● Emotions



Being happy



Being mad



Being sorry



Having fun



Changes in the state of mind are visible in facial expressions and attitudes.

(Will)

Will refers to a state of mind in which a person voluntarily wants to do something. Care workers support users to live willingly.

● Will



(Stress)

Stress refers to a state of strain in the mind and body. The causes of stress include noise, temperature and other physical factors, fatigue, shortage of sleep, hunger and other bodily factors, anxiety, fear, excitement, and human relations and other psychological/social factors.

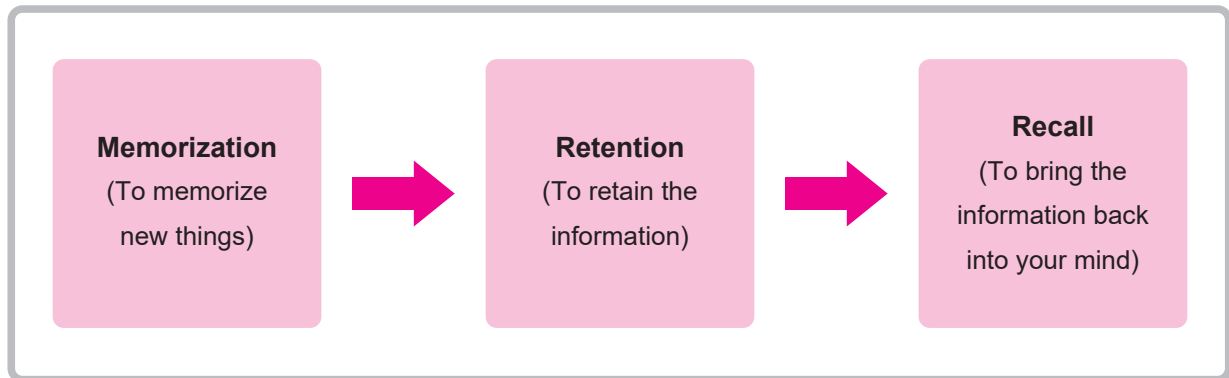
● Causes of stress



(Memory)

Memory means the ability to remember things without forgetting.

● Process of memory



● Kinds of memory

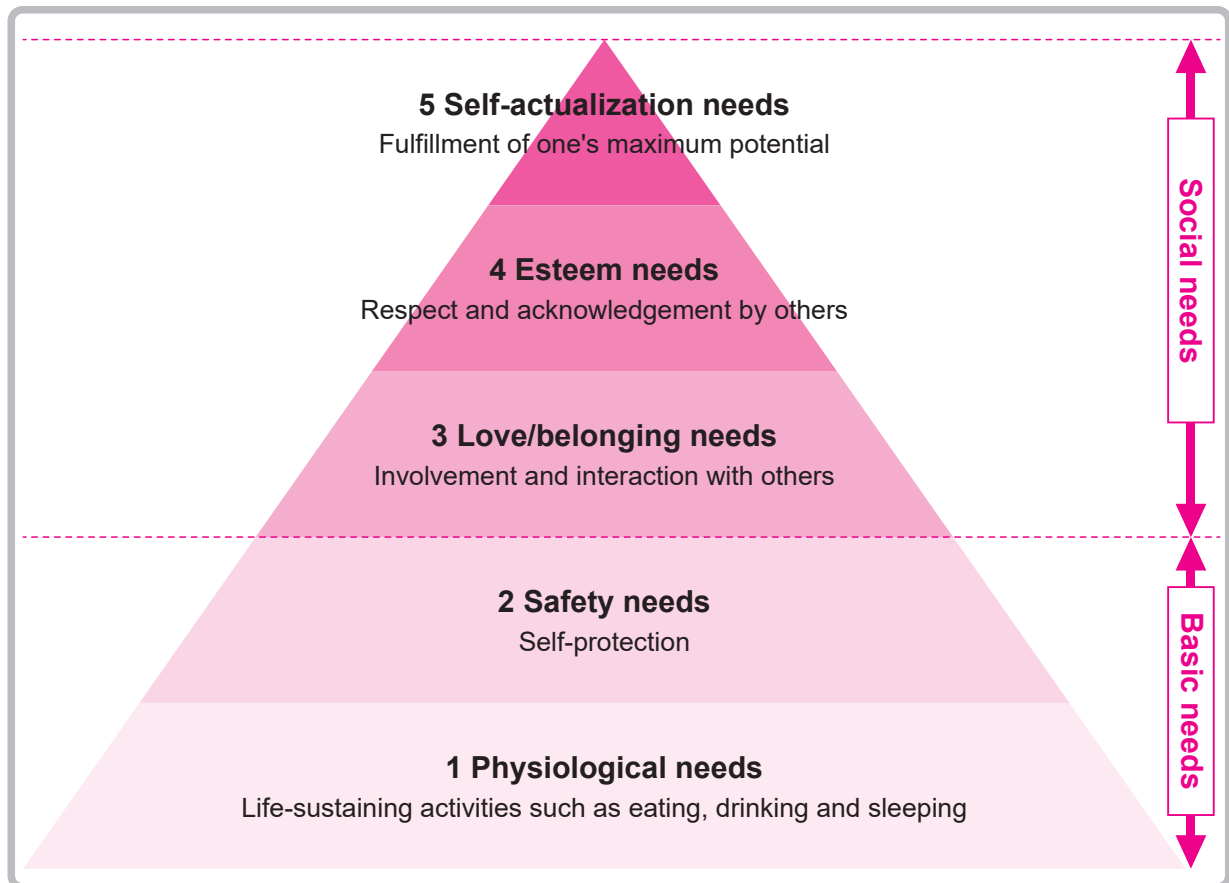
Short-term memory Temporary memory		
Long-term memory Memory retained for a long time	Episodic memory	Memory of experiences and specific events
	Semantic memory	Memory of knowledge
	Priming memory	Memory that is unconsciously remembered
	Procedural memory	Memory that one's body remembers

(Needs)

Needs refer to a state of mind in which a person wants to get something.

A. H. Maslow, a psychologist, theorized that human needs consist of five levels (Maslow's Hierarchy of Needs).

● Maslow's Hierarchy of Needs



2 Understanding of the mechanism of body

1) Mechanism of sustaining life/homeostasis (body temperature, breathing, pulse, blood pressure, etc.)

⊙ Homeostasis

Homeostasis is a biological system in the body that tries to maintain a constant state even if there is a change in the environment.

One example is the function that works to bring the body temperature back to normal by sweating to release body heat, when it rises because of the hot air temperature.

● Functions of homeostasis



⊙ Vital signs

Vital signs refer to physical characteristics that indicate that a person is alive, such as body temperature, breathing, pulse rate, and blood pressure. They are used as a guide to indicate a person's health and any changes in their physical condition.

(1) Body temperature

- Body temperature has a daily rhythm. It is higher during daytime hours and lower during the night when you are asleep.
- As there is a big difference among individuals, normal temperature differs from person to person.

● Parts of the body from which to measure body temperature and points to remember

Armpit



Place the tip of the thermometer in your armpit.

Keep your arm pressed firmly against your body, while taking the temperature.

If a person suffers from paralysis, take the body temperature of the unparalyzed side.



Others



There are thermometers to measure the body temperature at the forehead or in the ear.

(2) Breathing

- Breathing is to take oxygen into the body and get rid of carbon dioxide.
- Breathing is done regularly and unconsciously.
- Respiratory rate changes due to various factors such as the age, activity status, mental status, physical condition, and whether the person has a disease or not.
- If a person has extreme difficulty breathing, his/her lips and nails turn to bluish purple. This state is called cyanosis.

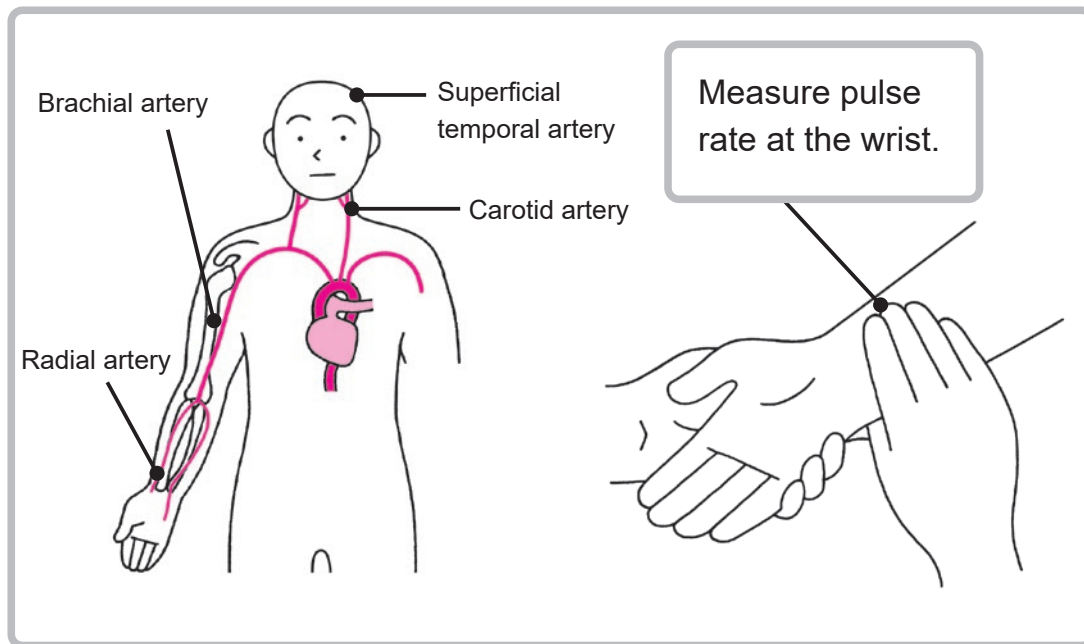


Check that he/she is not having trouble breathing, that there is no phlegm stuck in the throat, and that there is no abnormal sound.

(3) Pulse

- Pulse is the movement of blood through arteries caused by heartbeats.
- Generally, the lower the age is, the higher the pulse rate is. Pulse rate goes down when you get older.
- Pulse rate changes due to various factors such as the age, activity status, mental status, physical condition, and whether the person has a disease or not.
- Check the number, rhythm, and strength of the pulse.

● Places to measure pulse rate

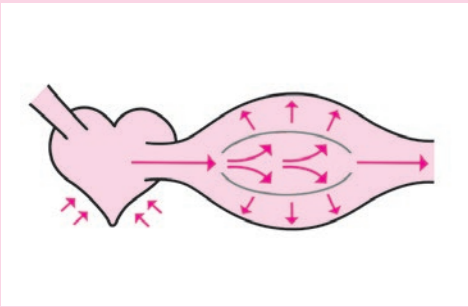
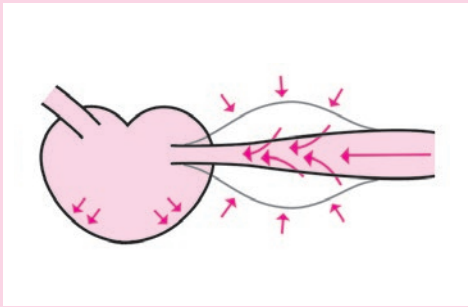


You can locate the pulse not only on the temporal region, neck, and elbow but also on the inside of the wrist, groin area, and instep.

(4) Blood pressure

- Blood pressure is the force of the blood sent from the heart pushing against the walls of blood vessels (arteries).
- Blood pressure changes throughout the day.
- Blood pressure changes due to various factors such as posture, activity status, mental status, and whether the person has a disease or not.
- Continuous hypertension increases the risk of cerebrovascular disease and heart disease.

● Relationship of the state of heart and blood pressure

Systole of the heart	Diastole of the heart
Blood pressure: high	Blood pressure: low
	
Systolic blood pressure (the highest blood pressure) Blood pressure when the heart is contracting (systole)	Diastolic blood pressure (the lowest blood pressure) Blood pressure when the heart is relaxing (diastole)

● The blood pressure goes up when a person



gets excited



is short of sleep



is straining in the toilet



gets nervous



experiences a sudden
change of temperature

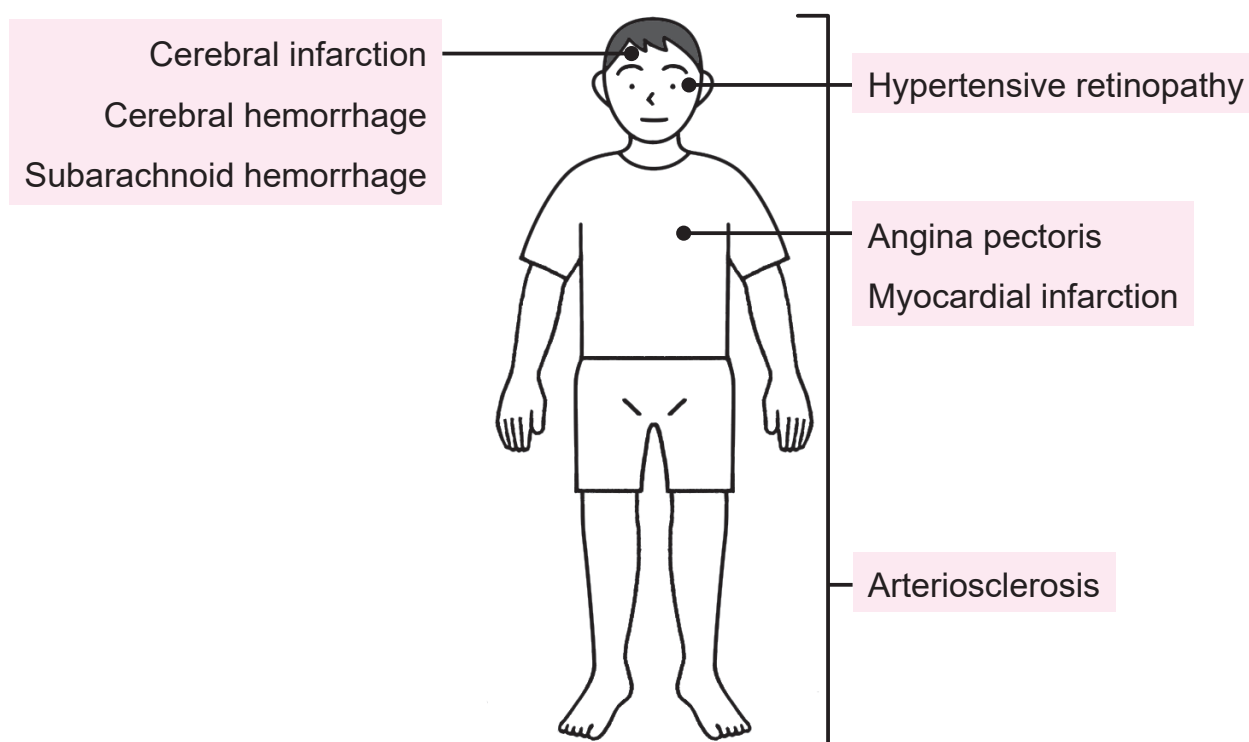


engages in sudden
exercise



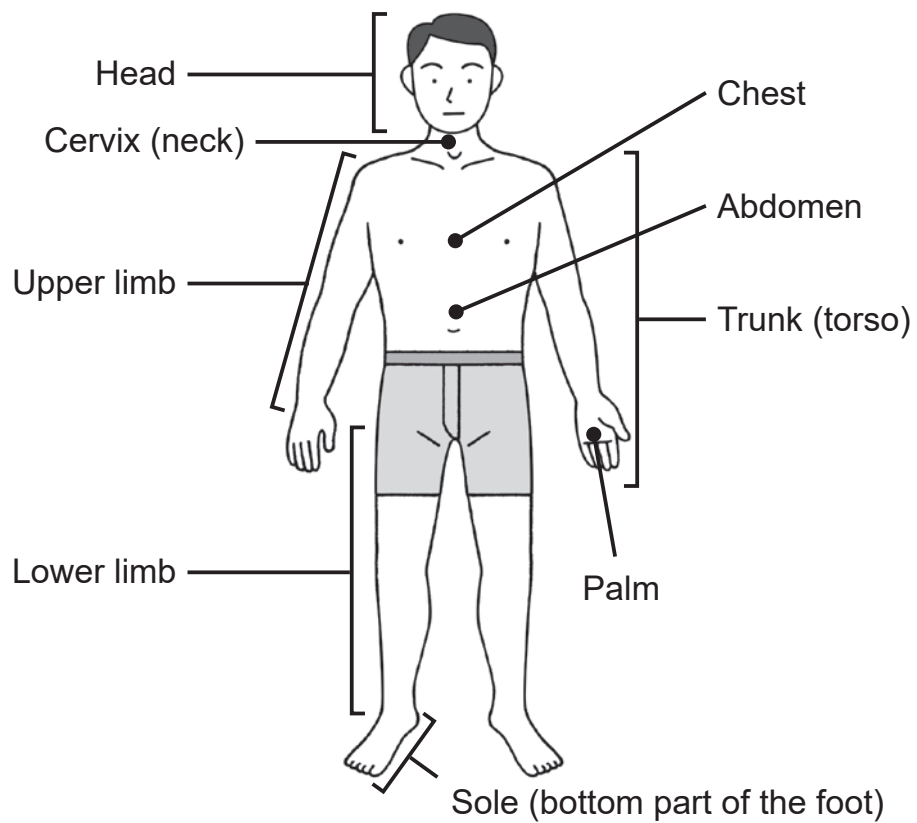
is suppressing an urge to
defecate (or urinate)

● Diseases caused by hypertension



2) Basic structure of the human body

- A human body can be divided into the head, cervix (neck), trunk (torso), upper limb (arms) and lower limb (legs).



[Nervous system]

The nervous system can be largely divided into the central nervous system and the peripheral nervous system.

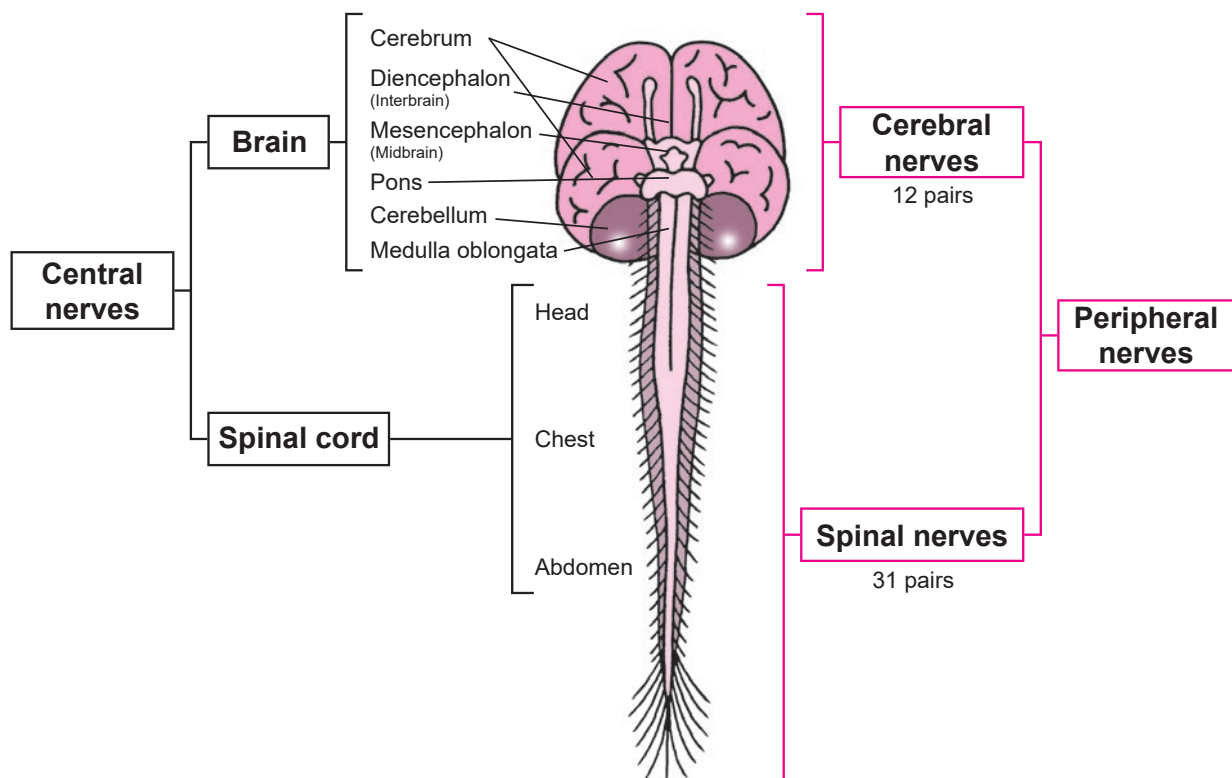
⊙ Central nerves (brain/spinal cord)

- The brain collects information from the whole body, analyzes and judges it, and then transmits instructions to the whole body for survival.
- The spinal cord transmits information from the whole body to the brain and from the brain to the whole body.

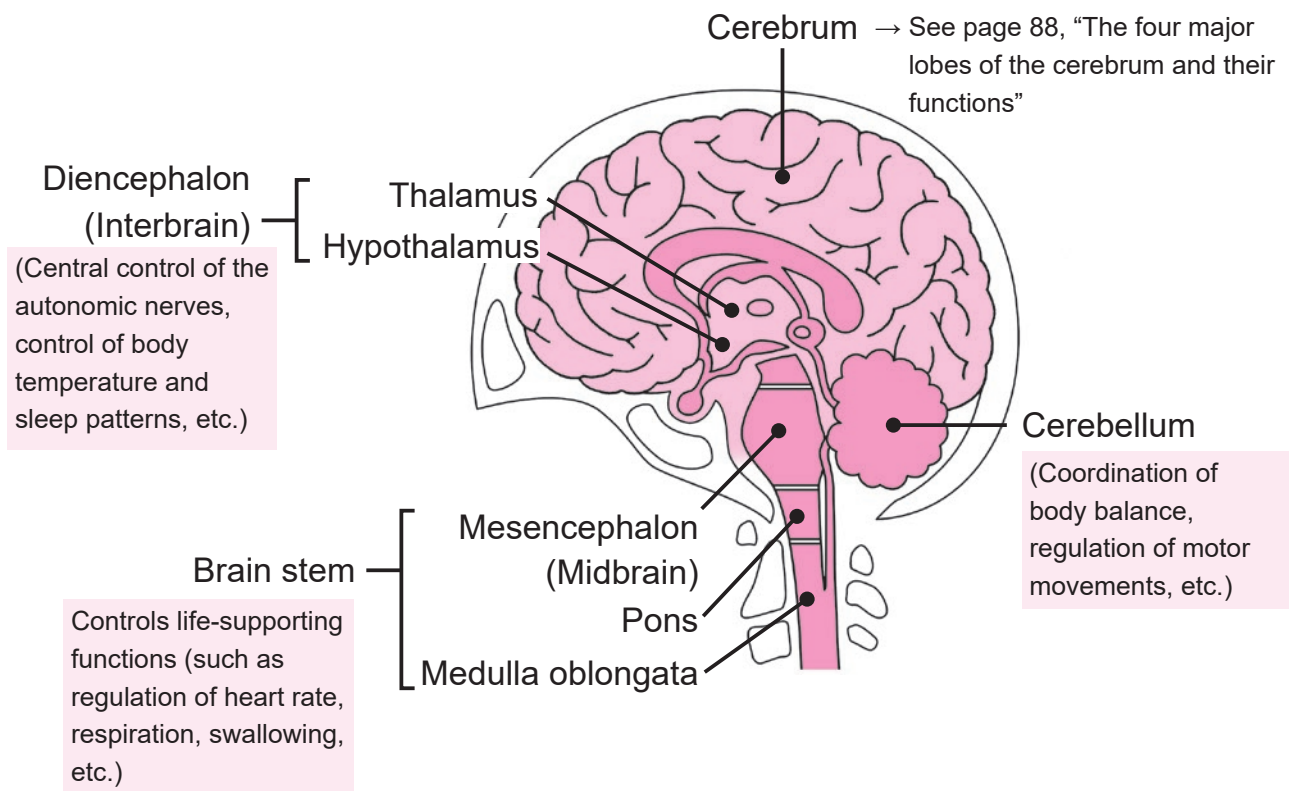
⊙ Peripheral nerves (cerebral nerves/spinal nerves)

- Peripheral nerves relay information between the central nervous system and the organs of the body.

● Distribution of Nerves





● Regions of the brain and their functions



⊙ Autonomic nerves

- The autonomic nerves act unconsciously and regulate the functions of internal organs. They consist of sympathetic and parasympathetic nerves.
- The sympathetic nerves act when the person is tense such as when the person is active or feeling anxiety, anger, stress, etc.
- The parasympathetic nerves act when the person is relaxing such as while sleeping and resting.

● Activities of the autonomic nerves (sympathetic and parasympathetic nerves)

Sympathetic nerves (Acting) 		Parasympathetic nerves (Resting) 
Pulse rate increases	Heart	Pulse rate decreases
Constrict	Peripheral blood vessels	Dilate
Goes up	Blood pressure	Goes down
Dilate	Pupils	Constrict
Decreases movement	Intestinal tract	Promotes movement
Bronchi dilate	Respiratory tract	Bronchi constrict
Increases	Sweating	Decreases



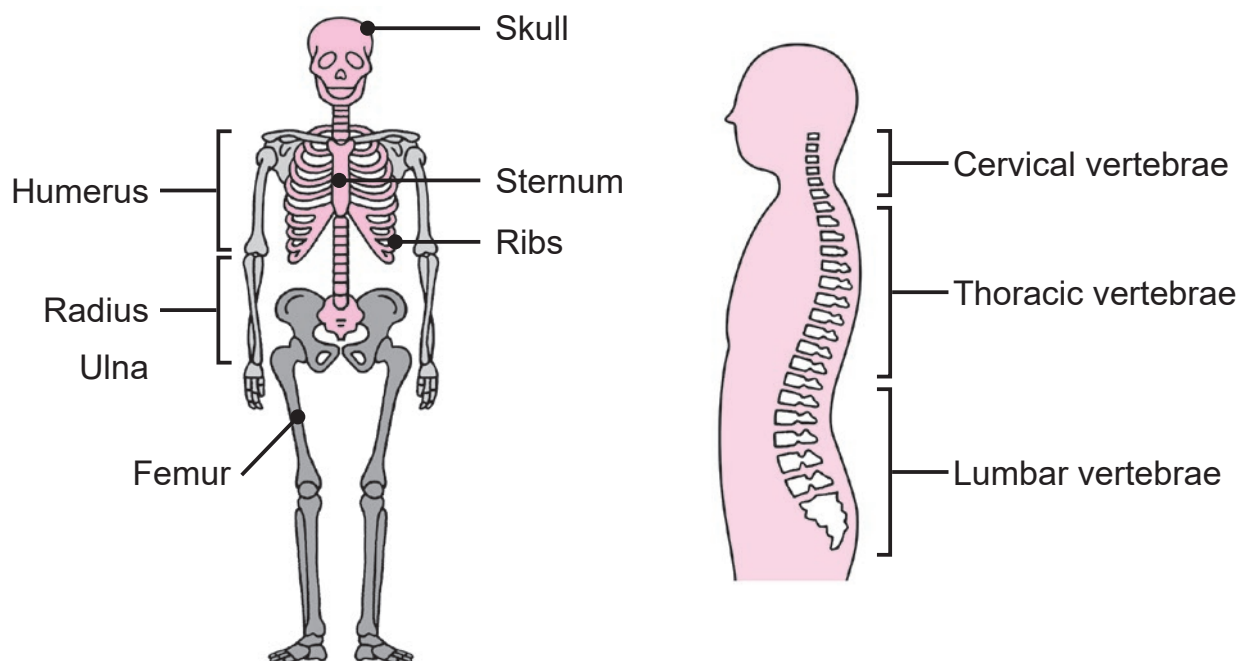
The autonomic nerves control the functions of internal organs, etc.

When the autonomic nerves are not working properly, your heart and other parts of your body are affected in various ways.

[Skeletal system]

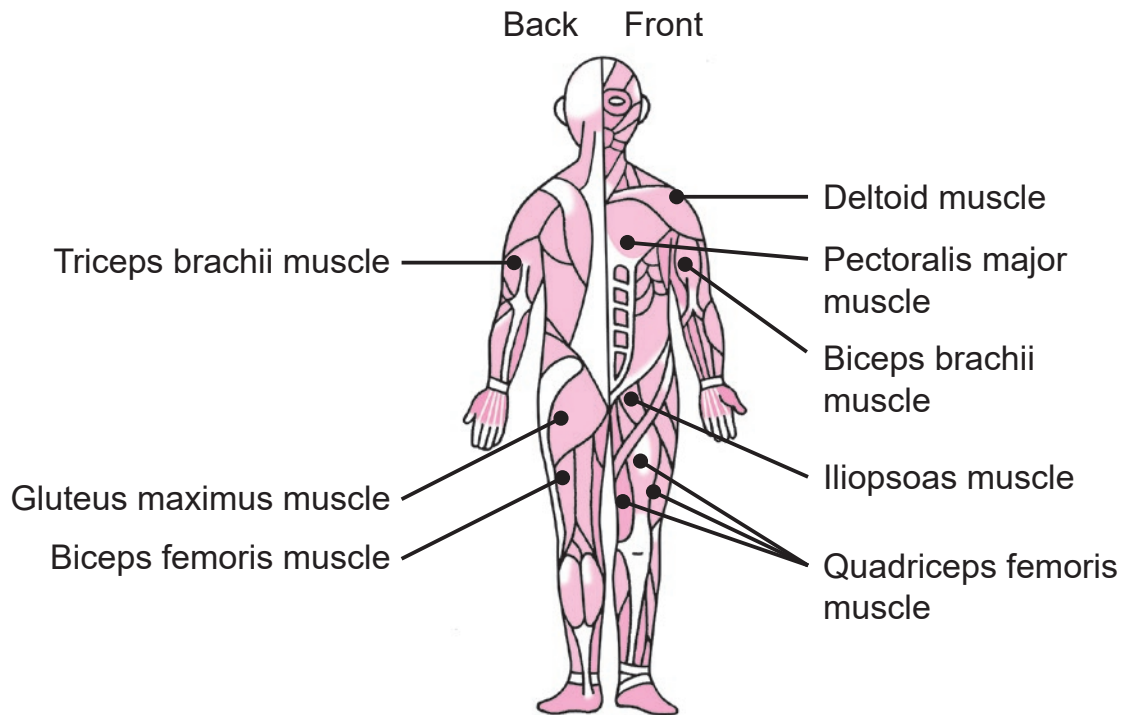
- The skeletal system of the human body consists of a combination of big and small bones.
- Physiologically, the human spine is curved in an S shape.
- The main functions of bones
 - (1) to support the body
 - (2) to act as a motor organ
 - (3) to protect internal organs
 - (4) to store calcium
 - (5) to act as a blood-forming organ

● Skeletal chart of a human



[Muscular system]

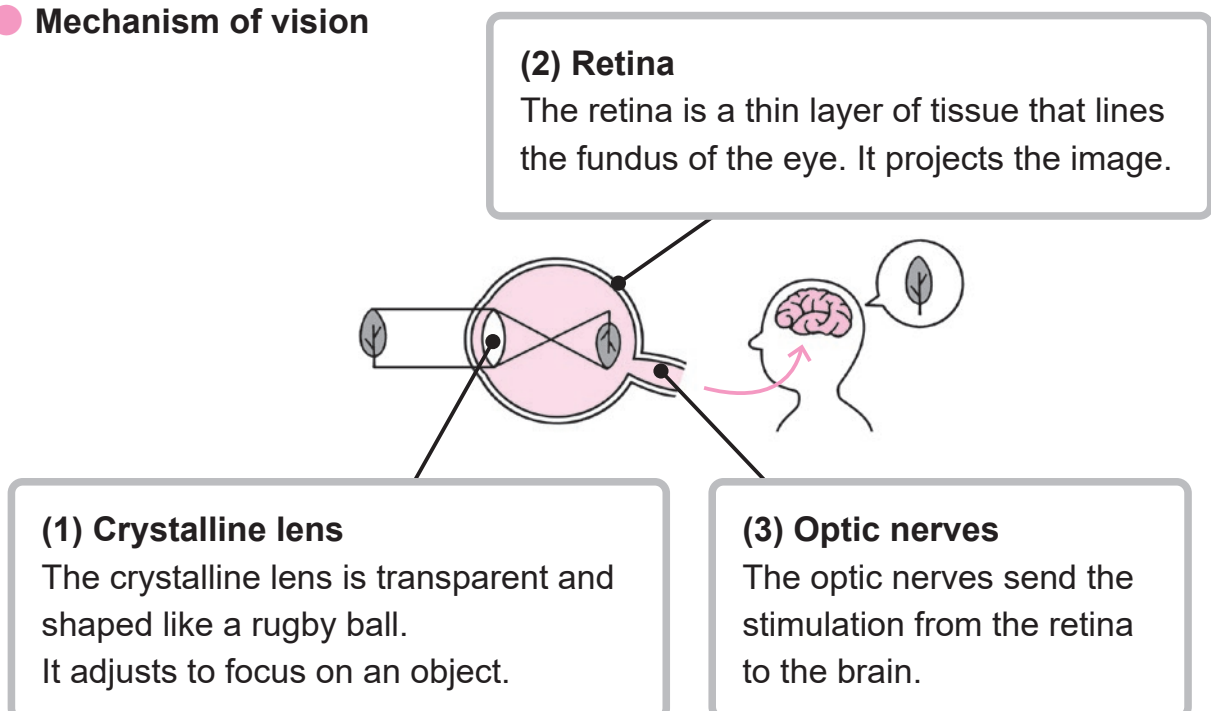
- The muscular system is related to the maintenance of posture, locomotion, and the formation of internal organs.



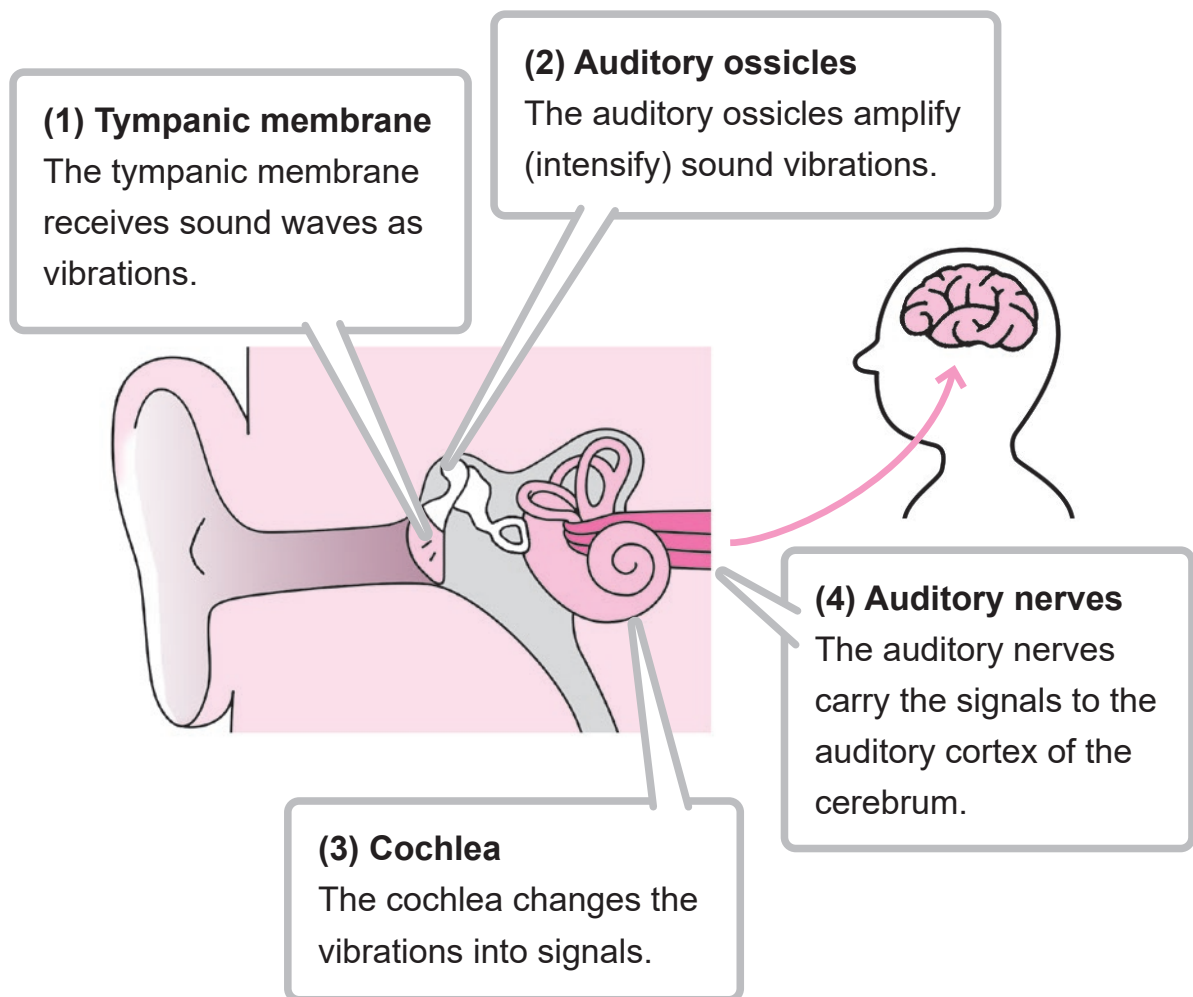
[Sensory organ system]

- When we see (sense of vision); hear (sense of hearing); smell (sense of smell); taste (sense of taste); and touch (sense of touch) things, our sensory organs receive various stimuli and send the information to the brain through sensory nerves.

● Mechanism of vision



● Mechanism of hearing

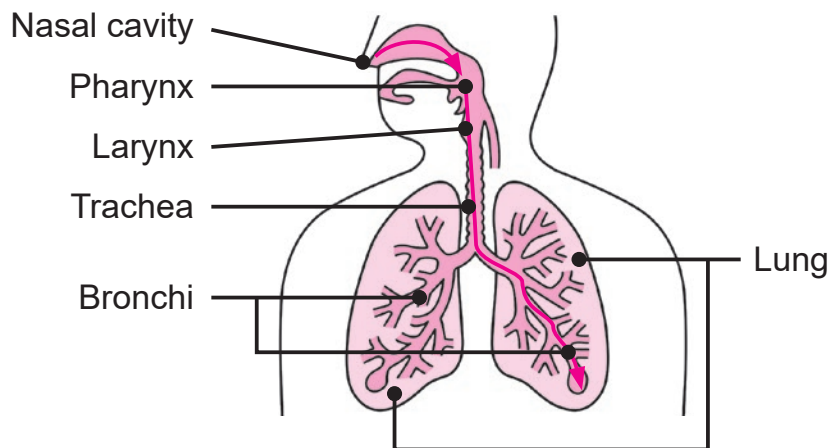


[Respiratory system]

The inhaled air passes through the respiratory tract. The oxygen is received in the lungs, and the carbon dioxide is discharged through the tract.

The respiratory tract is the path the air takes from the nose to the lungs.

● Respiratory organs



☉ Coughs and phlegm

- When bacteria, house dust, and other foreign matters enter the respiratory tract, the human body tries to get rid of them through coughs and phlegm.



Prolonged coughing and change in the color of the phlegm are signs of a problem.

[Cardiovascular system]

- The cardiovascular system carries oxygen, nutrients, waste products, etc., which is circulated throughout the body through blood and lymph vessels.

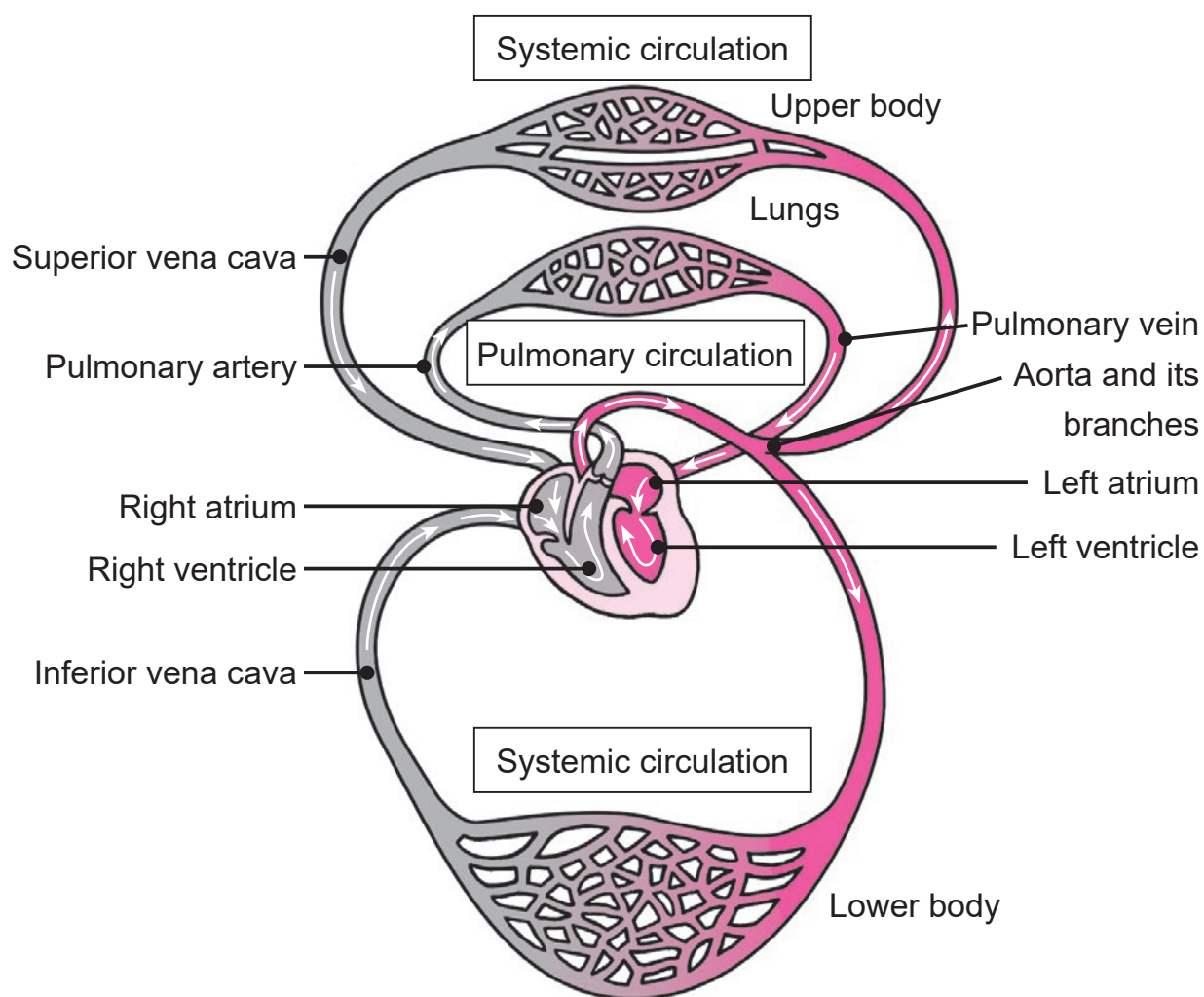
☉ Heart

- The human heart is divided into four chambers.
- It keeps contracting and relaxing and pushes the blood continuously like a pump.

☉ Blood vessels and blood

- The arteries are blood vessels that carry blood that contains a lot of oxygen from the heart to the rest of the body.
- The veins collect blood that contains a lot of carbon dioxide and waste products from the whole body and carry it back to the heart and lungs.
- Capillaries are the thin blood vessels that transfer from arteries to veins.

● Pulmonary circulation and systemic circulation



⊙ Systemic circulation and pulmonary circulation

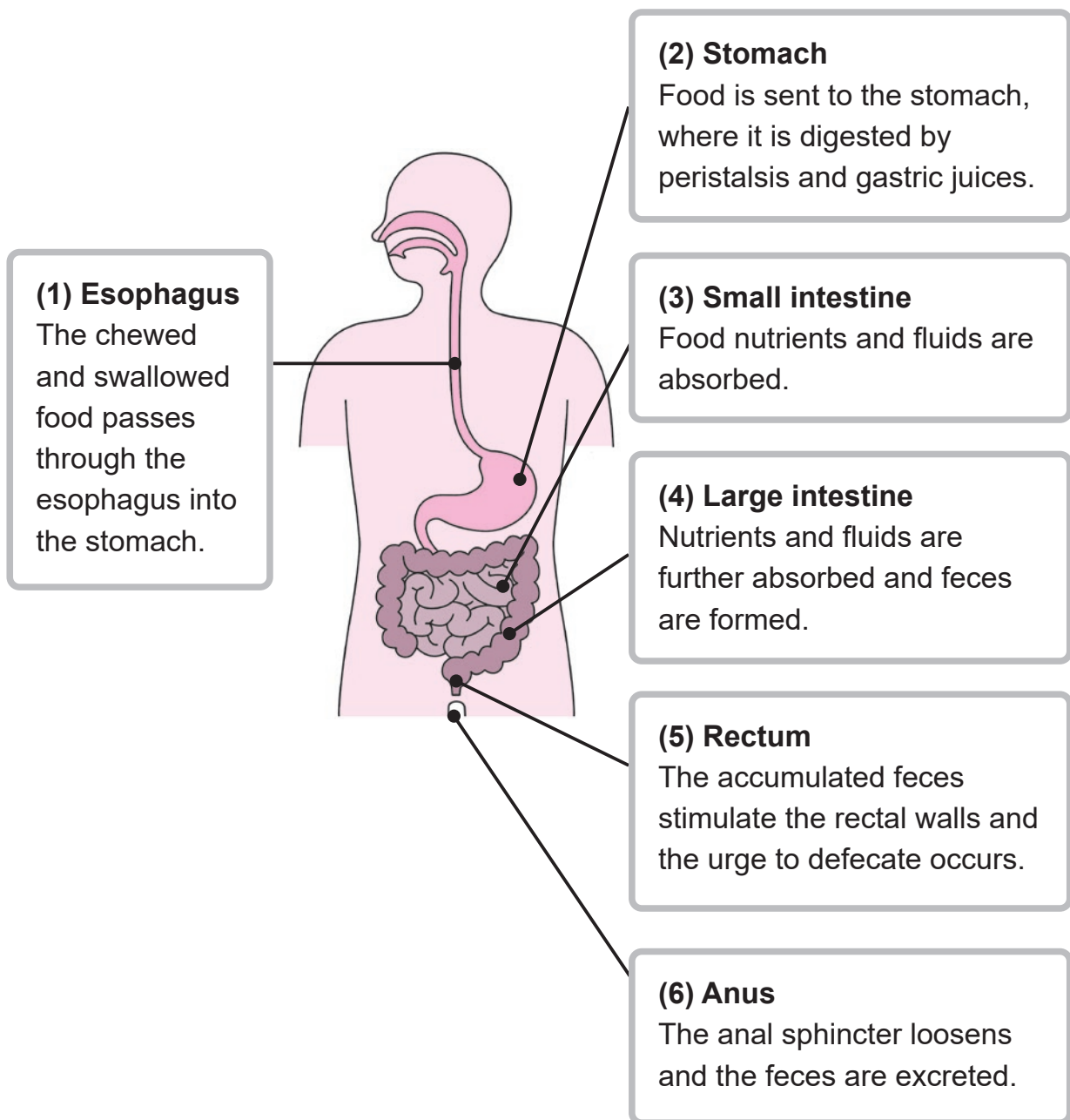
Arterial blood flows in the arteries and venous blood flows in the veins and circulate through the body, which is called systemic circulation.

The circulation of blood from the heart to the lungs and back to the heart is called pulmonary circulation. Venous blood from the right ventricle of the heart travels through the pulmonary arteries to the lungs, where it exchanges gases to take in oxygen and release carbon dioxide, becoming arterial blood, and then returns to the left atrium via the pulmonary veins.

[Digestive system]

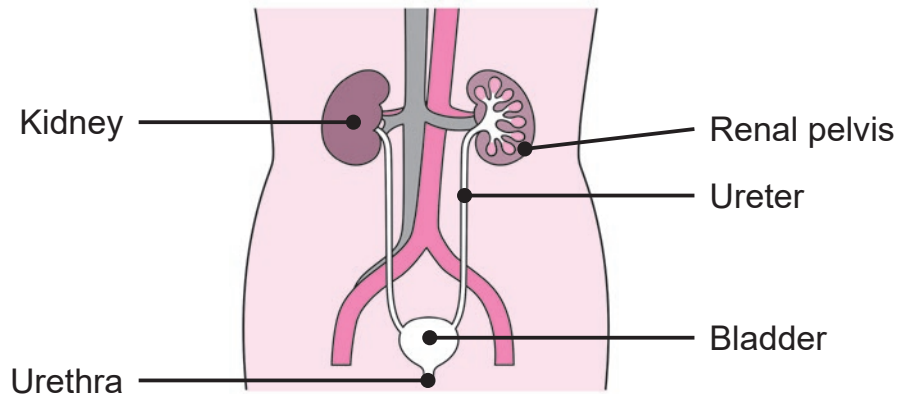
- The human digestive system consists of the gastrointestinal tract from the oral cavity to the anus (esophagus, stomach, small intestine, large intestine) and the organs that secrete digestive enzymes.
- The system digests and absorbs food, takes in necessary nutrients, and excretes the waste products of digestion as feces.

● Flow of food and functions of organs



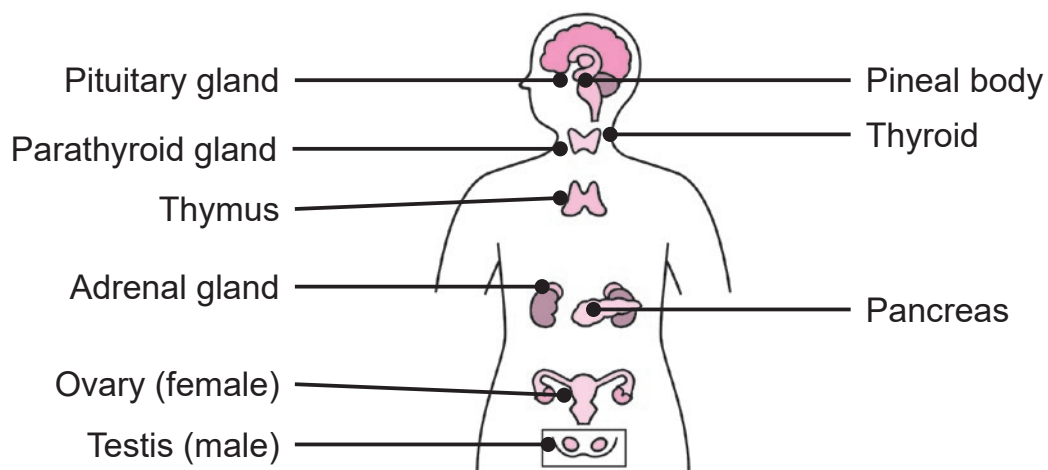
[Urinary system]

- The urinary system is responsible for removing waste from the body.
- Urine is formed in the kidneys and carried to the bladder through the ureters. It is temporarily stored in the bladder and then excreted out of the body through the urethra.



[Endocrine system]

- The endocrine system is a system of glands that secrete hormones that regulate various functions of the body.



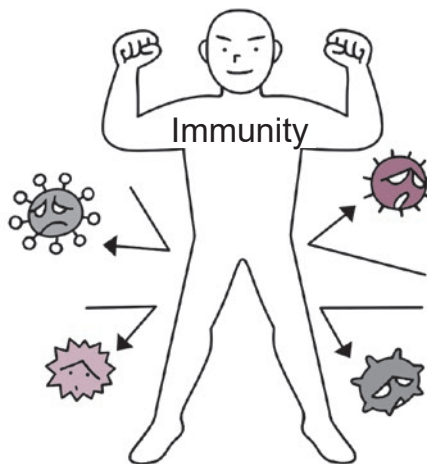
[Immune system]

- Immunity refers to the reaction to resist and protect the body against invading germs, viruses, and other pathogens that exist in the external environment.
- Lifestyle and state of mind will either enhance or lower immunity.

● Lifestyle and state of mind to enhance immunity

Activities that enhance immunity

- Moderate exercise
- Laughing a lot
- Keeping the body warm
- Well-balanced diet



Factors that lower immunity

- Aging
- Shortage of sleep
- Fatigue
- Strenuous exercise
- Psychological stress

3) Mechanism of the human body related to rest and sleep

1. Need for rest and sleep

- To rest means to stop activity and allow the body and mind to relax.
- Adequate rest is the basis for recovery from fatigue and a lively life.
- Sleep allows the brain to rest regularly. It is necessary for physical and mental health.

● Positive effects of good quality sleep



2. Mechanism of sleep

- Humans have an internal body clock that cycles through a daily cycle.
- The internal body clock is reset by the morning's sunlight and starts keeping a regular rhythm.

3. Cycle of sleep

- During sleep, the body repeats cycles of non-REM sleep (deep sleep) and REM sleep (shallow sleep).
- During non-REM sleep, the brain is in a state of resting. During REM sleep, the brain is close to the state of being awake. It is said that you have dreams during REM sleep.

● Non-REM sleep (deep sleep)



- The brain is sleeping.
- You do not have dreams.

● REM sleep (shallow sleep)



- The brain is not sleeping.
- You have dreams.

4. Characteristics of sleep in elderly people

- Sleeping hours become shorter.
- The length of non-REM sleep (deep sleep) becomes shorter, which makes them wake up frequently due to the urge to urinate, small noises, etc.

2

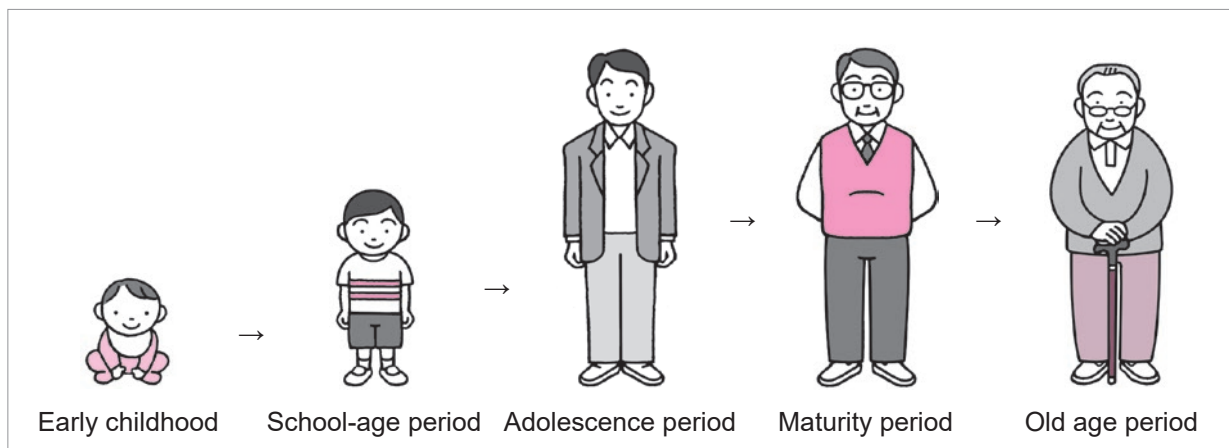
Understanding of people in need of nursing care

1 Basic understanding of aging

1) Understanding of the physical and mental changes associated with aging

1. What is aging?

Physical and mental functions decline as we age. This is called aging. Aging occurs to everybody.



(Characteristics of aging)

- Individual differences exist.
- Elderly people are more vulnerable to diseases.
- The influence of lifestyle can be seen.

2. Mental changes due to aging

Mental changes are affected by the history, time, background, and living environment of elderly people, which causes individual differences. Therefore, it is necessary to understand that each person is different when you provide nursing care.

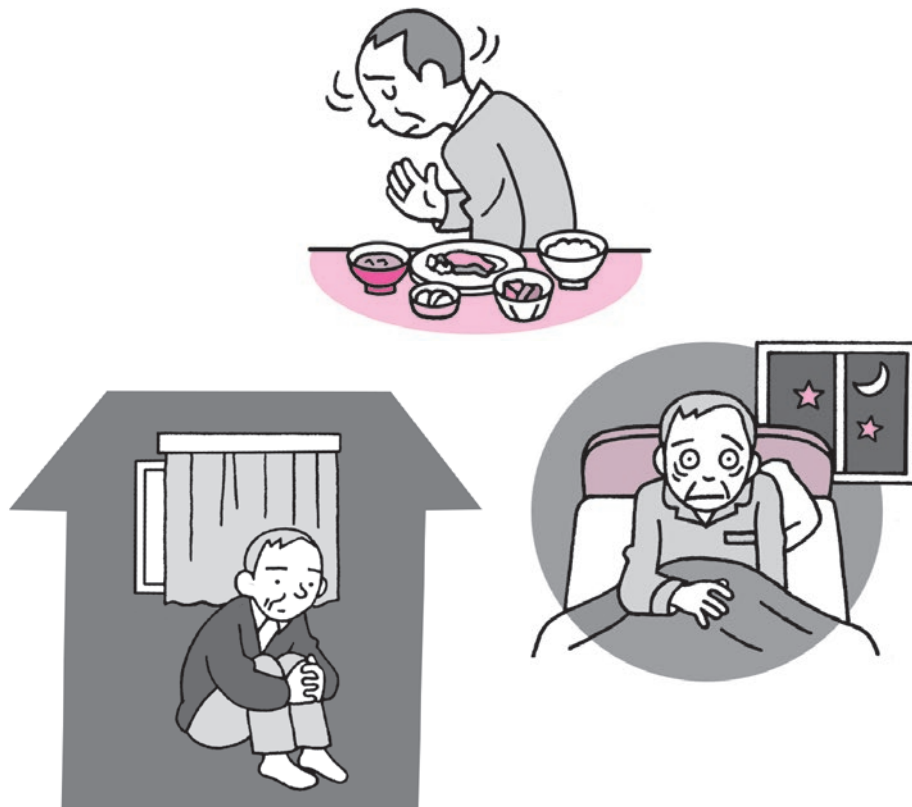
(Mental changes)

- **Anxiety and frustration**

Anxiety and frustration are caused by, among others, the fact that they are no longer able to do what they could do before.

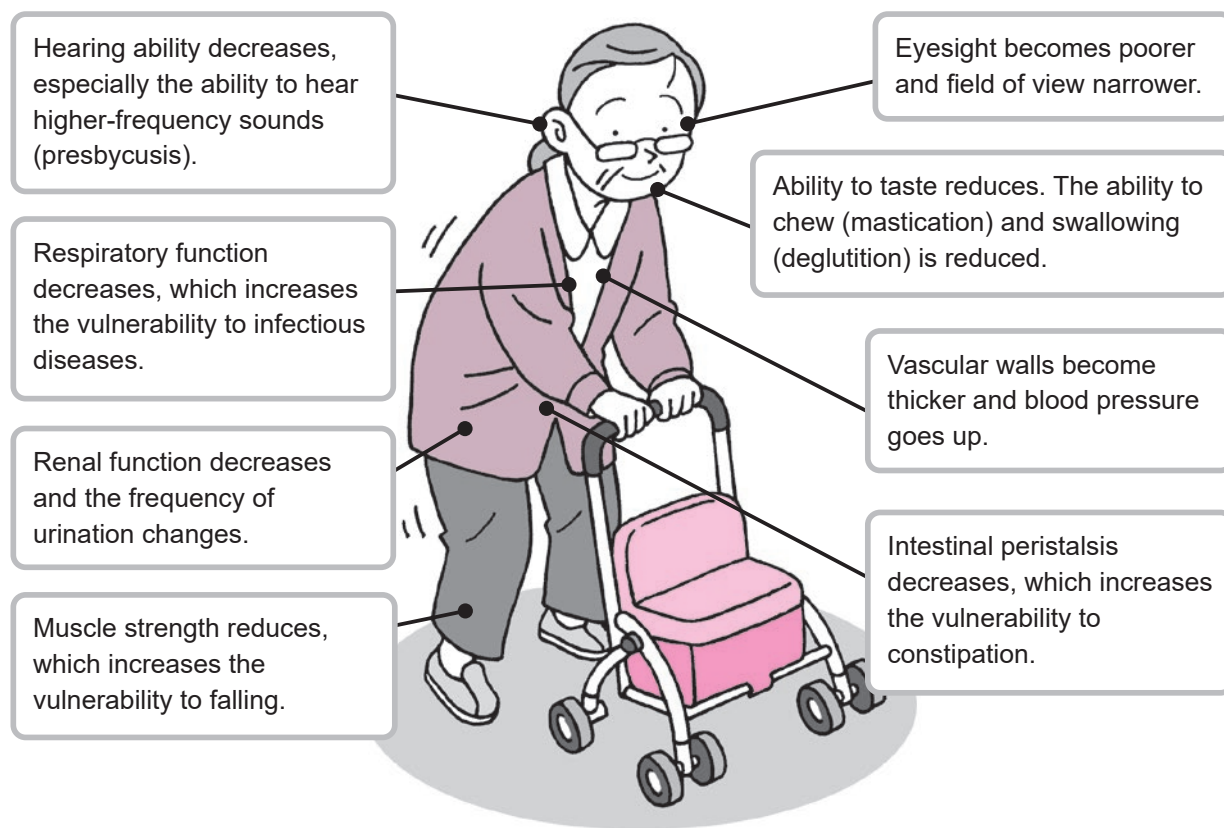
- **Sense of loss and sense of helplessness**

These are caused by, among others, the separation by death of husband, wife, relative, or friend and the change in role. The mental change makes elderly people more vulnerable to depression.



3. Physical changes due to aging

Changes occur in the appearance and internal parts of the body due to aging.



An elderly person tends to suffer from multiple illnesses, which are likely to be chronic and prone to complications.

2) Symptoms frequently found in elderly people and characteristics of the diseases

Symptoms frequently found in elderly people include dehydration, fever, constipation, edema (swelling), insomnia, disuse syndrome, and pressure ulcers (bedsores).

→For information on disuse syndrome and pressure ulcers (bedsores), see pages 126 to 127 of the chapter on “Skills for Providing Daily Assistance: 1. Nursing care related to assistance in walking/lifting/transferring”

⊙ Characteristics of the diseases of elderly people

- Each person suffers from a number of diseases.
- Individual differences are extensive with regard to symptoms, etc.
- Aged people are vulnerable to diseases that tend to become chronic.
- Symptoms are not very visible (atypicality of symptoms).

3) Symptoms frequently found in the elderly people

Dehydration

Dehydration refers to a state where there is a lower than normal amount of fluid in the body.

Causes: Diarrhea, vomiting, fever, perspiration, decrease in fluid intake, etc.

Symptoms: Dry lips, oral cavity, and skin; decreased urinary frequency and urine volume; lower blood pressure; higher pulse rate; higher body temperature; etc.

Points of nursing care

- Hydrate the user.
- Make sure that the user is well hydrated, especially before and after bathing, and during exercise.
- Control the room temperature.
- Severe dehydration can be fatal, so please make sure that the user visits a medical facility.



◎ Fluid balance

Maintaining a balance between the fluids taken in orally through food and drinks and the fluids lost through sweat and urine contributes to maintaining a healthy life.

Fever

Fever is a condition in which the body temperature is higher than normal. Body temperature is regulated by the hypothalamus in the cerebrum.

Causes: Infectious diseases, inflammation, dehydration, etc.

Symptoms: High fever, flushed face, lack of energy, lack of appetite, etc.

Points of nursing care

- Take the body temperature.
- Hydrate the user
- The symptoms of fever may be difficult to recognize in elderly people, so it is important to monitor them closely.



Constipation

Constipation is a state in which the feces remain in the large intestine for a long time. Usually, the food taken will be excreted as feces in about 24 to 72 hours.

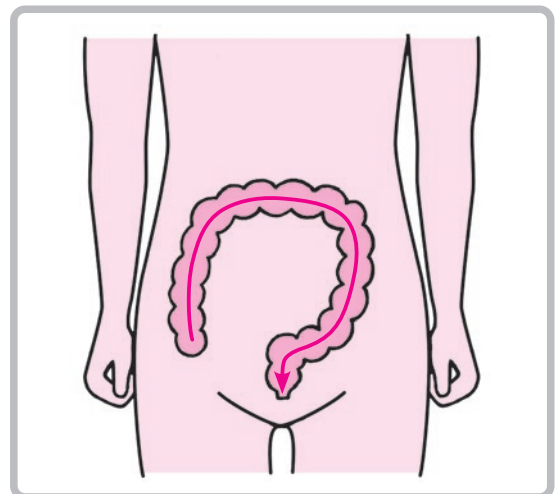
Causes: Reduced functions of the intestines, loss of muscle strength, suppression of the urge to defecate, etc.

Symptoms: Lack of appetite, stomachache, nausea, etc.

Points of nursing care

- Have the user take dietary fibers and engage in moderate exercise
- Support users to develop the habit of sitting on the toilet seat after each meal.
- Massage the user's abdomen with the strokes that follow the path of the large intestine.

- **Massage with the strokes that follow the path of the large intestine**



Edema (swelling)

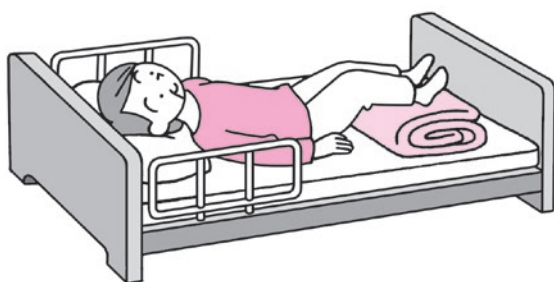
Edema refers to a build-up of excess fluid in the body due to the reduced functions of internal organs and loss of muscle strength. A person with paralysis tends to have edema on the affected side.

Causes: Reduced strength of lower limb muscles, reduced functions of the heart and kidney, undernutrition in elderly people, prolonged maintenance of a sitting position, etc.

Symptoms: Weight gain, etc.

Points of nursing care

- Observe the region and degree of edema.
- Have the user engage in moderate exercise.
- Elevate the user's lower limbs.



Pruritus (itching)

Pruritus is a state of having itchy skin.

Causes: Dry skin due to aging, changes in temperature and humidity, types of clothes, etc.

Symptoms: Flare, rash, frustration, etc.

Points of nursing care

- Observe the extent and severity of the itching.
- Moisturize the skin of the user.
- As there is a risk of infection, work in collaboration with the medical staff.

Insomnia

Insomnia is a state in which the person experiences lack of satisfaction of having slept well, difficulties in falling asleep, and mid-sleep awakening, which causes sleep insufficiency.

Causes: Changes in lifestyle habits and mental state during the day, etc.

Symptoms: Frustration, fatigue, malaise, etc.

Points of nursing care

- Regulate the user's circadian rhythm.
- Have the user get sunlight when he/she wakes up.
- Have the user engage in moderate exercise.
- Have the user avoid taking a long nap during daytime hours.
- Keep the room environment well organized.
- If the user is having difficulties in daily living, cooperate with the medical staff.



Hypertension

Hypertension is when blood pressure is too high. Prolonged hypertension will cause arteriosclerosis, which in turn will cause cerebrovascular and heart diseases.

Causes: Heart disease, kidney disease, changes in blood vessels associated with aging, diet, exercise, and other lifestyle factors.

Symptoms: Headache, palpitation, etc.

Points of nursing care

- Be mindful of the user's diet, such as preventing him/her from overeating and reducing salt intake.
- Have the user engage in moderate exercise.

4) Diseases frequently found in elderly people

Diseases frequently found in elderly people include cerebrovascular disease, heart disease, pneumonia, aspiration pneumonia, diabetes mellitus, osteoporosis, and dementia.

There are people for whom doctors' instructions are required to provide them with nursing care.

Cerebrovascular disease

Cerebrovascular disease refers to disorders of the brain blood vessels. It is caused by clogged or broken blood vessels, and may result in residual disability, depending on the region of the brain affected.

Causes: Cerebral infarction (stroke) occurs when a blood vessel in the brain becomes blocked.

Cerebral hemorrhage occurs when a blood vessel in the brain bursts.

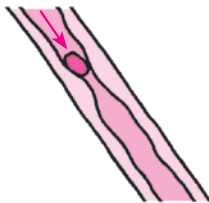
Symptoms: Headache, dizziness, nausea/vomiting, disturbance of consciousness, respiration disorder, disturbance of perception, etc.

Points of nursing care

- Be mindful of the amount and content of the user's diet.
- Have the user engage in moderate exercise.

Cerebral infarction

(Clogged blood vessels)



Cerebral hemorrhage

(Broken blood vessels)



Heart disease

Heart disease is caused by clogged blood vessels and others.

Causes: Hypertension, diabetes mellitus, changes in coronary arteries, etc.

- Angina pectoris occurs when the blood vessels of the heart narrow.
- Myocardial infarction occurs when the blood vessels of the heart become blocked.
- Heart failure occurs when the heart's function declines.

Necrosis refers to the state in which part of a cell or tissue has died.

Symptoms: In the case of angina pectoris, a momentary lack of oxygen will cause chest pain, etc.

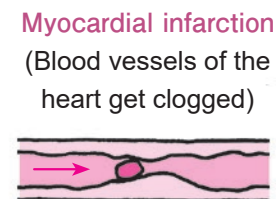
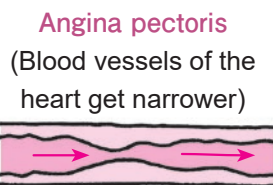
In the case of myocardial infarction, the necrosis of heart muscles will cause severe chest pain, etc.

In the case of heart failure, symptoms include a feeling of smothering, palpitation, shortness of breath, malaise, edema, weight gain, decreased urine volume, etc.



Points of nursing care

- It is necessary to reduce sodium and fluids intake if the user develops edema or gains weight.
- If the user is having difficulty breathing, have him/her rest and assume a position that reduces the burden on the heart.



- **Position that will help reduce the burden on the heart**



Pneumonia

Pneumonia is caused by pathogens entering the lungs.

Causes: Infection by pathogens such as germs and viruses

Symptoms: General symptoms such as fever, malaise, lack of appetite

Symptoms of respiratory organs such as coughs and phlegm

Points of nursing care

- Be creative and help the user stay hydrated and cook meals that are easy to eat.
- It is necessary to be careful, as symptoms sometimes do not show in the case of elderly people.

Aspiration pneumonia

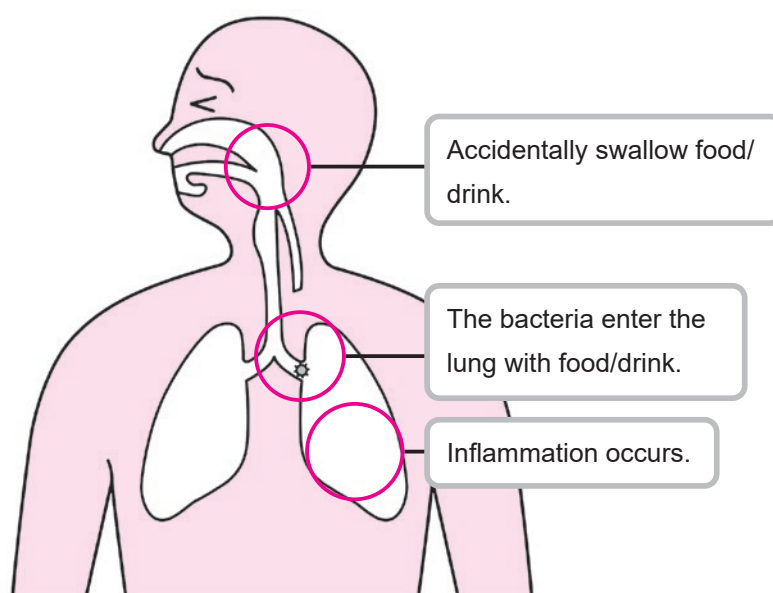
Aspiration pneumonia is caused by bacteria mistakenly entering the trachea and/or bronchial tube with food and saliva.

Causes: Food or fluid enters the trachea instead of the esophagus.

Symptoms: Fever, coughs, phlegm, lack of appetite, etc.

Points of nursing care

- Pay attention to the posture of the user when eating. Ask him/her to maintain a sitting position after meals, and to avoid lying down immediately after eating.
- Take care of the oral cavity of the user.
- If symptoms are visible, cooperate with the medical staff.



Aspiration:
Accidentally
inhaling food
or fluids into
the lungs.



Diabetes mellitus

Diabetes mellitus is a disease of metabolic disorder, causing a high blood sugar level.

Causes: There are two types of diabetes mellitus.

- In Type 1 diabetes mellitus, insulin secretion is lacking. The patients are often young.
- In Type 2 diabetes mellitus, insulin secretion is reduced. The patients are often aged. It is regarded as a lifestyle disease caused by overeating, lack of exercise, stress, etc.

Symptoms: Dry mouth, excessive drinking/urination, weight loss, malaise, etc.

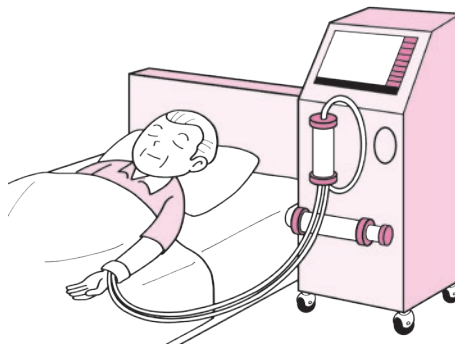
Points of nursing care

- The methods of treatment include diet therapy, exercise therapy, and drug therapy.
- Keep the calorie intake low in the diet therapy.
- Be creative so as to not lower meal satisfaction.
- Prolonged hyperglycemia slows down the healing process of injuries, so it is important to be careful.
- Complications include retinopathy, kidney disorder, and neurotic disorder. It is necessary to prevent complications in cooperation with medical staff.

● Complications of diabetes mellitus



Neurotic disorder



Kidney disorder



Retinopathy

Osteoporosis

Osteoporosis is a disease in which the bones become brittle due to a decrease in bone mass, etc.

Causes: Being bedridden for a long time, calcium deficiency, etc.

Women become more vulnerable when the female hormone level goes down.

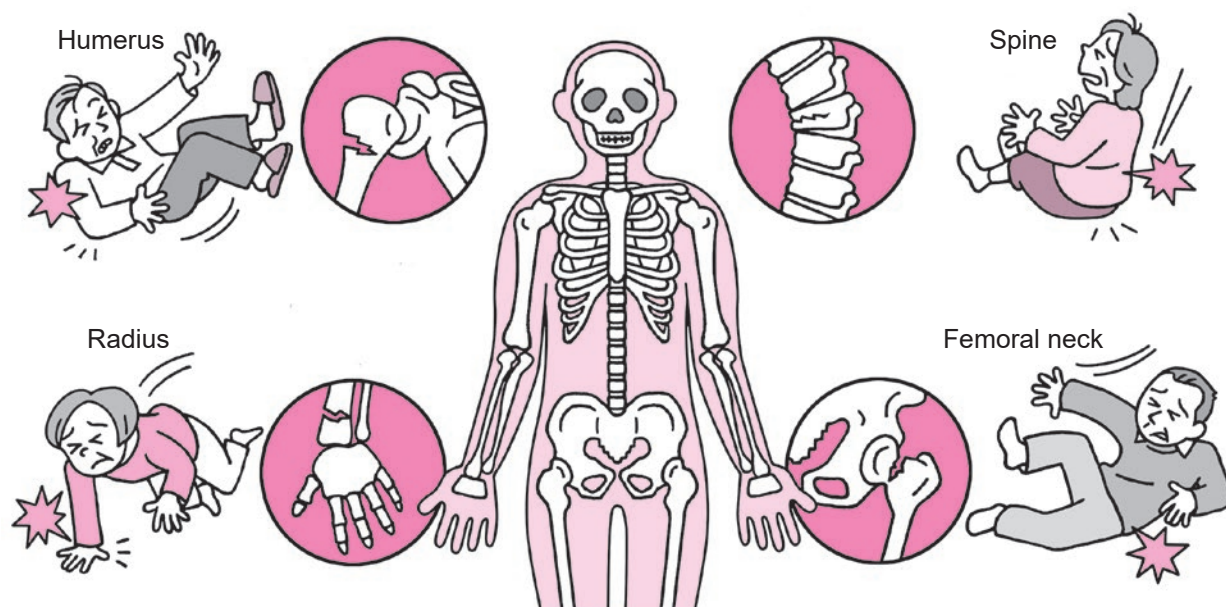
Symptoms: Have a stooped back, grow shorter, have a lower back pain, etc.

The affected person is susceptible to fractures when falling because the bones have become weak.

Points of nursing care

- Have the user consume foods containing calcium.
- Encourage the user to engage in exercise and spend time in the sun, etc.
- Improve the living environment of the user to prevent falls.

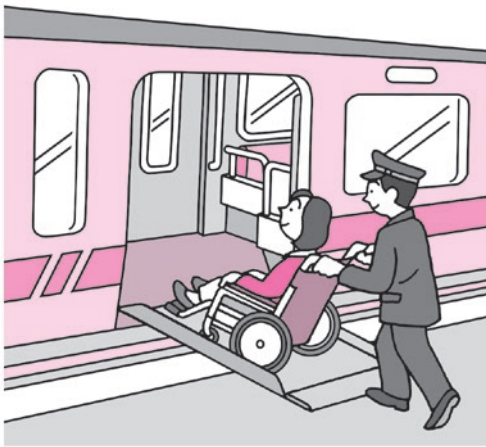
● Regions of bone fracture often found in elderly people



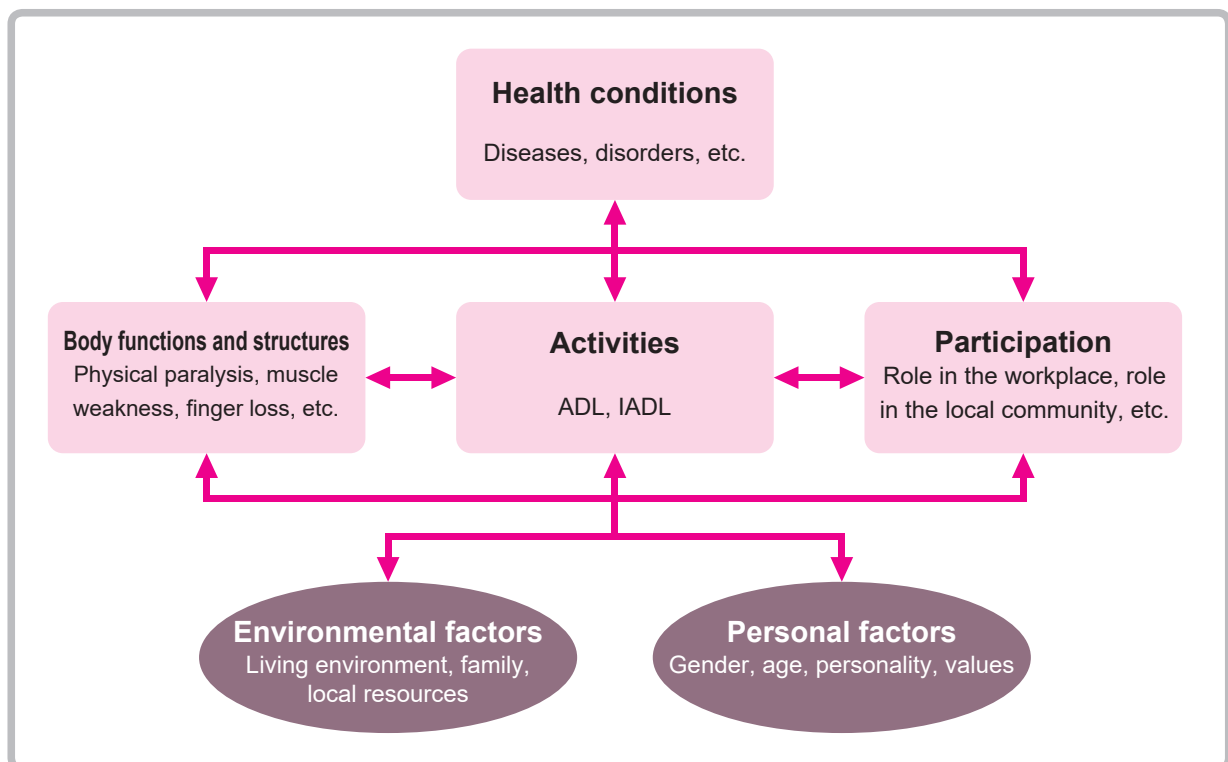
2 Basic understanding of disorder/disability/impairment

1) What is a disorder/disability/impairment?

The Convention on the Rights of Persons with Disabilities defines disability as “(the result of) interaction of various barriers.” The International Classification of Functioning, Disability and Health (ICF) does not view disability in a negative light, but rather in a positive light.



● ICF: International Classification of Functioning, Disability and Health



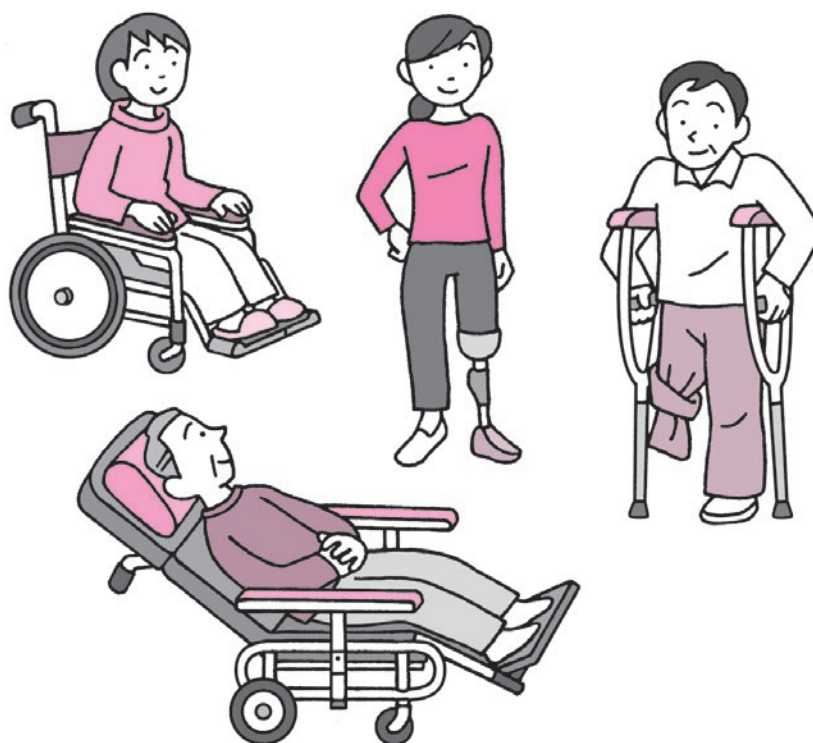
2) Types of disabilities, causes, and characteristics

[Physical disability]

Physical disability is a state in which a person has damaged limbs/trunk due to a disease/accident and is having difficulties in daily living and social life.

It is caused by, among others, damage to hands, feet, brain or spinal nerves due to diseases/accidents and deformation/contracture of joints/spine due to diseases and their aftereffects.

The degree of difficulty of daily activities differs from person to person, depending on the region and degree of the disability. Sometimes, intellectual disability occurs concurrently with motor dysfunction. Use a cane, wheelchair, artificial leg, and other assistive devices suitable for the user.



Explanation of terminology

ICF (International Classification of Functioning, Disability and Health)

ICF is a classification of human functioning and disability for the understanding of the overall condition of the person. Human functioning indicates the ability, function, and environment needed in daily living such as body functions and structures, activities, and participation.

[Visual impairment]

Visual impairment is a state in which a person is having difficulties in daily and social life due to disability related to how he/she sees things such as eyesight and field of view.

The causes include congenital factors (those who are born with the disorder), diseases, accidents, and aging. The number of cases of visual impairment caused by diabetes mellitus has been increasing.

The degree of visual impairment differs from person to person, including those who are totally blind, those who are able to sense light, and those who are suffering from a narrow visual field.

● Symptoms of visual impairment



Scotoma centrale/
visual field defect

A condition in which the center of the field of vision is blacked out and cannot be seen.



Narrowing of visual field

A condition in which the range of vision has narrowed.



Hemispatial neglect

A condition in which half of the visible spatial area cannot be recognized.

[Hearing disorder]

Hearing disorder is a state in which a person's part of the body that transmits sound from the ear to the auditory center is damaged, making it difficult or impossible to hear. It is classified according to the degree of hearing loss, the part of the body affected, and the time of onset.

Hypacusia is the partial inability to hear. The means of communication includes the use of a hearing aid, conversation by means of writing, use of sign language, and conversation by speech (lip) reading.



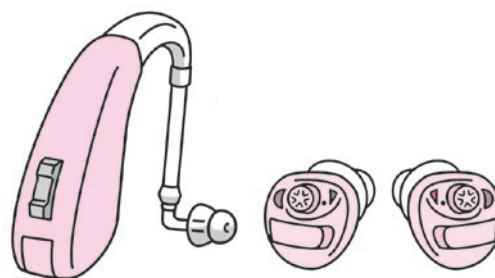
Conversation by means of writing



Sign language



Speech (lip) reading



Hearing aid

→See pages 110 to 111 for communication methods, communication skills, and examples of the methods and tools of support to use in communicating with a person with a hearing disorder.

[Language disorder]

- Language disorder is a condition in which a person's speech communication is impaired due to damage to the language center of the cerebrum or to the organs involved in speech production.
- Aphasia is a state in which a person's language center of the cerebrum is damaged due to an acquired injury, and the ability to "hear," "speak," "read," and/or "write" is impaired.
- Methods of communication include writing and the use of picture cards, but these vary depending on the state of disorder.

● User with aphasia



The person wants to say something, but cannot complete saying the word.

[Malfunction of the heart]

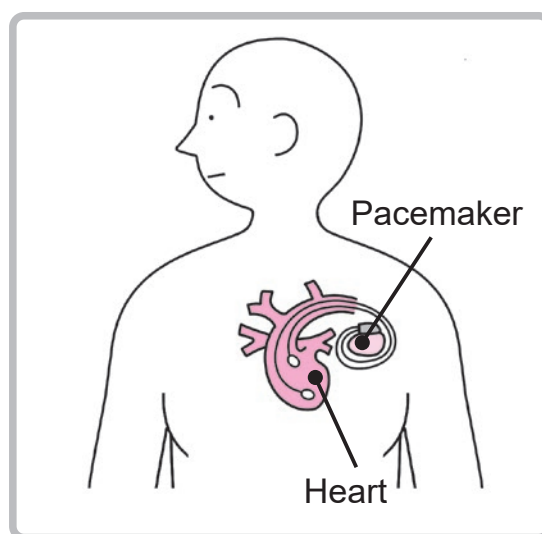
The heart is unable to pump blood to the entire body.

Some of the users may have a pacemaker implanted in their chest due to the problem with pulse.

Points of nursing care

- Have the user avoid any exercises that may apply strong pressure to the implanted chest area.

● Artificial pacemaker

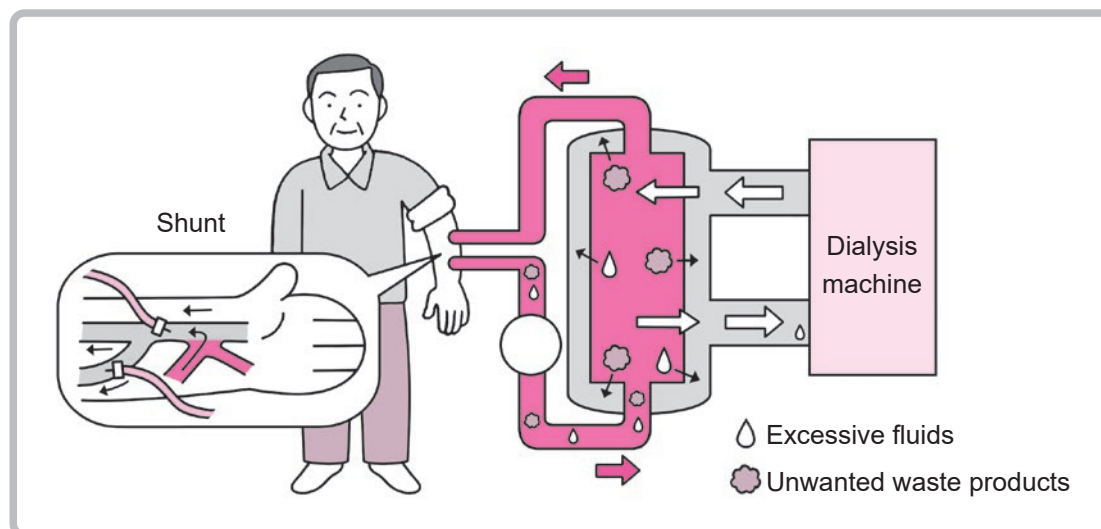


[Malfunction of the kidney]

The kidney is unable to filter and clean blood.

The user undergoes artificial dialysis to clean blood when his/her kidney malfunctions.

● Mechanism of artificial dialysis



Points of nursing care

- Have the user avoid taking a bath on the day he/she undergoes dialysis.
- Be careful that the user does not carry anything heavy using the arm where the dialysis shunt is placed.
- Limit the salt and liquid intake of the user.

[Malfunction of the respiratory organs]

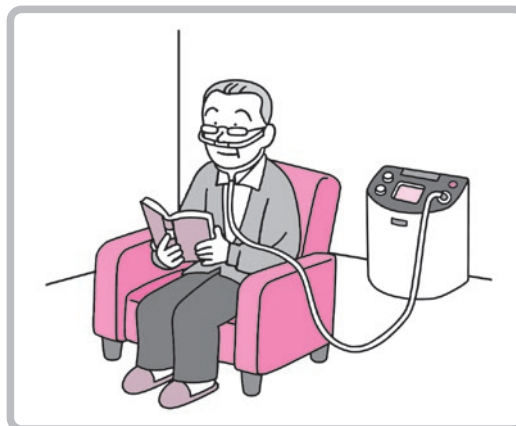
It is a state of having difficulties in breathing.

The user who is unable to breathe sufficiently is treated with oxygen therapy.

● Portable oxygen inhaler



● Oxygen concentrator



Points of nursing care

- Avoid open flames when the user is using an oxygen concentrator.
- It is important to prevent users from catching infectious diseases.
- Have spare batteries, etc. ready as a precaution against power failure.

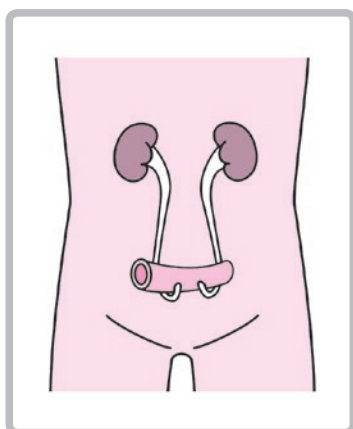
[Malfunction of bladder/rectum]

It is a state of inability to excrete urine/feces due to bladder/rectum diseases.

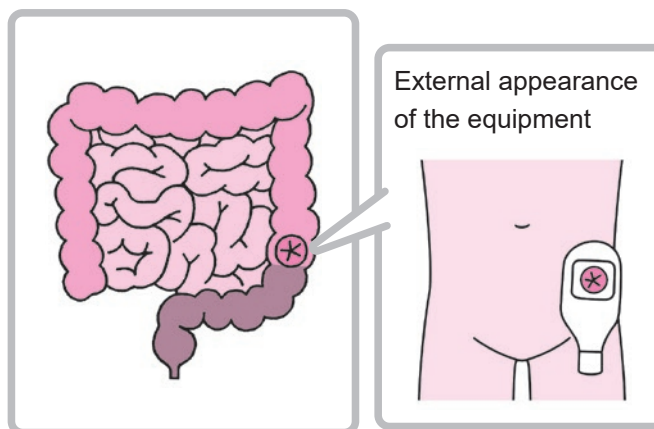
An opening (stoma) is surgically made on the abdomen to divert the flow of waste out of the body.

Artificial urinary bladders and artificial anuses are available. The placement differs depending on the disease.

● Artificial urinary bladder



● Artificial anus



Points of nursing care

- A care worker disposes of the waste in the pouch (bag) over the opening (stoma).
- If there is redness or irritation around the user's stoma, report it to the medical staff.

[Intellectual disability]

A person with an intellectual disability is slow in intellectual development in general. If he/she is having difficulties in daily living, support tailored to him/her is necessary.

Points of nursing care

- Support according to the user's life-stage should be provided.
- Identify the state of the user and provide care suited to him/her.

[Mental disability]

Mental disability is a state in which a person is suffering from mental function disorder due to mental diseases and has difficulties in performing daily activities and participating in the society. If the condition deteriorates, he/she may significantly lose his/her judgment ability and control of behavior. Mental disabilities include schizophrenia and mood disorders.

Some of the symptoms of a person with a mental disability are auditory hallucinations, delusions, and depression.

● Symptoms of mental disability

● Delusion



Auditory hallucinations and delusions occur.

● Depressive state



A state of getting dispirited, speaking little, and being highly depressed.

● Manic state



A state of abnormally high exhilaration and increased energy levels.

3 Basic understanding of dementia

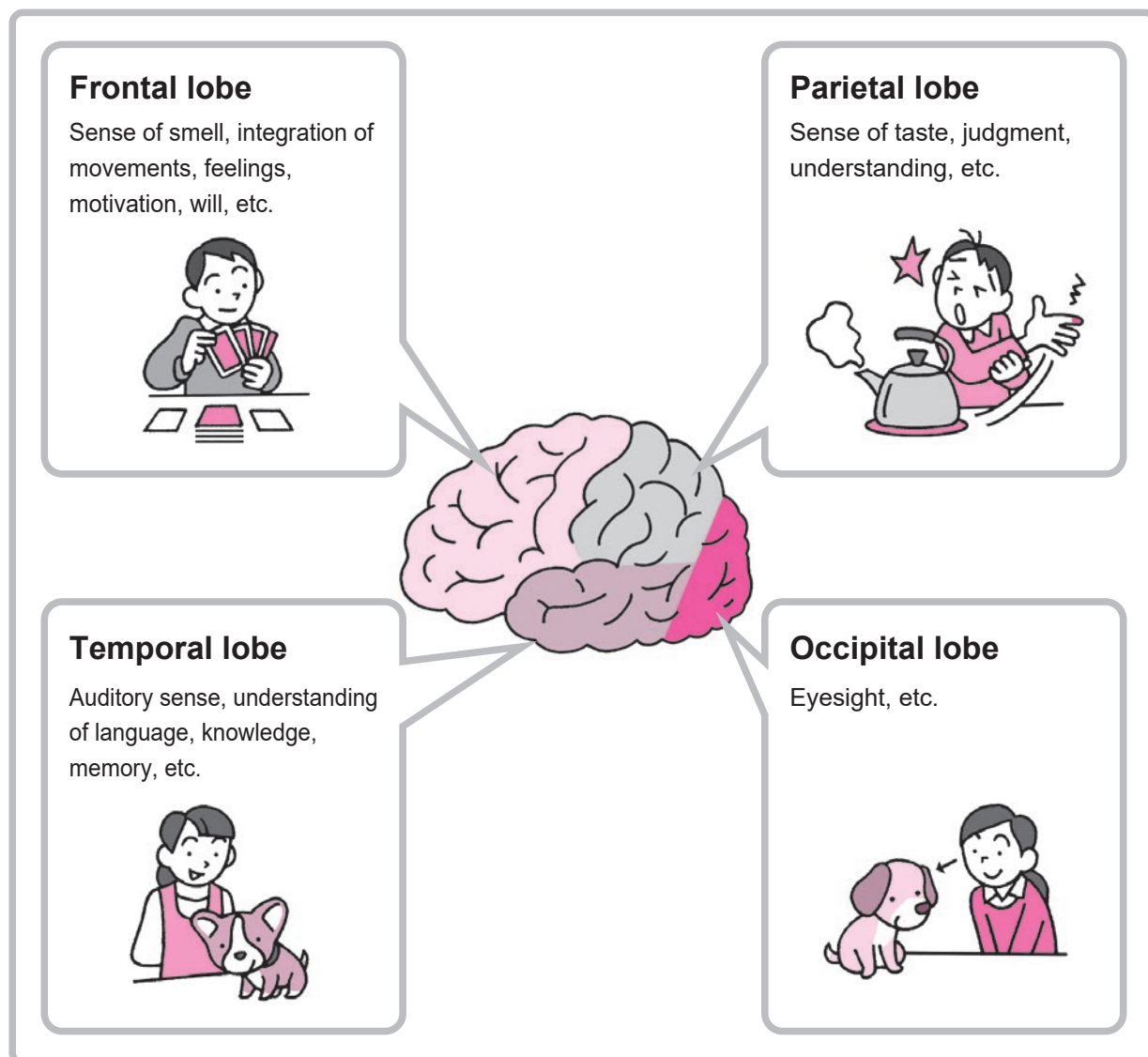
1) The meaning of dementia

The brain controls the activities of humans. Dementia refers to a disease in which the cognitive function of the brain declines due to some causes, resulting in difficulties in daily and social life.

Functions of the brain

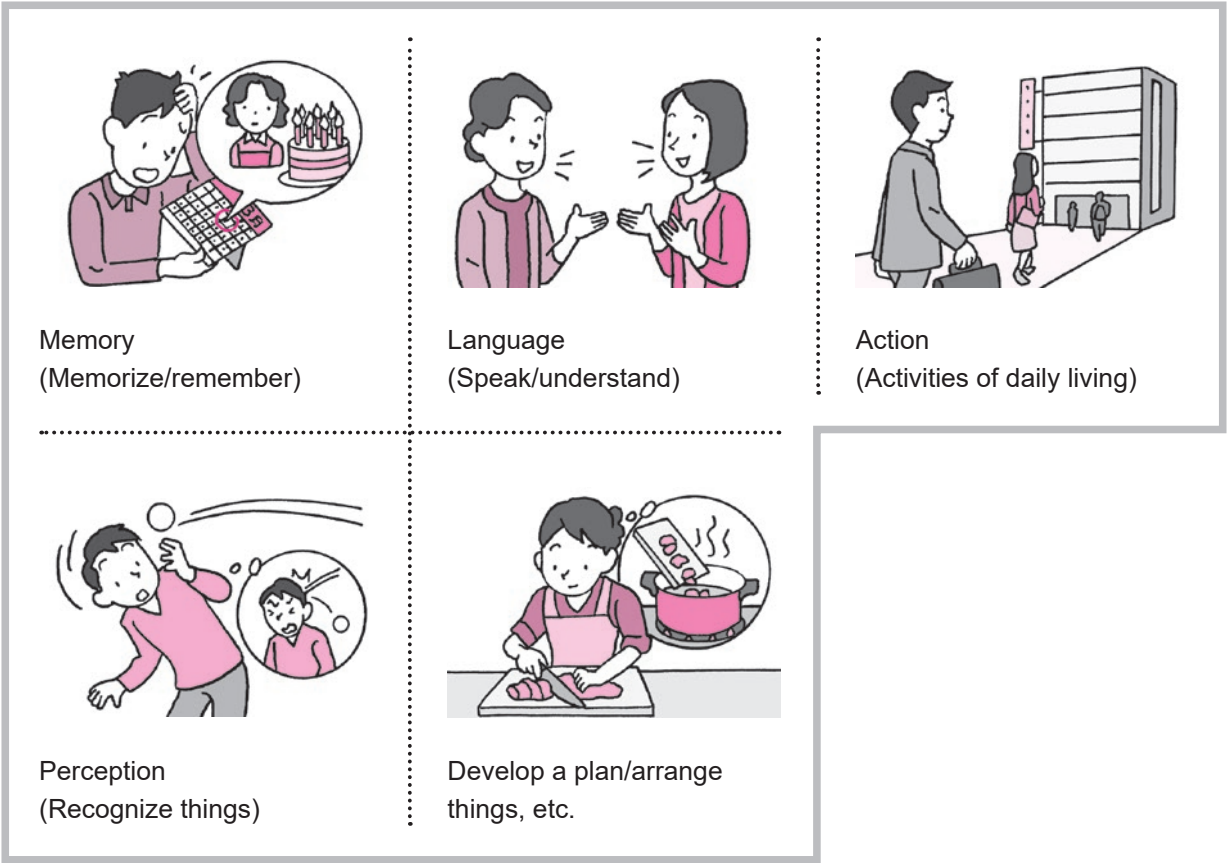
It is necessary to learn the functions of the brain for the understanding of dementia. The decline in the functions of the brain will cause trouble in life.

● The four major lobes of the cerebrum and their functions



Definition of dementia

What is cognitive function?



Difference between forgetfulness and dementia

Forgetfulness is among the main symptoms of dementia. Forgetfulness comes with age, but it is different from the forgetfulness of people with dementia.

● Different types of forgetfulness

Forgetfulness associated with aging	Forgetfulness associated with dementia
Forgetting part of the experience.	Forgetting the whole experience.
Forgetfulness does not progress.	Forgetfulness progresses.
Aware of forgetfulness.	Not aware of forgetfulness.
Forgetfulness causes no difficulties in life.	Forgetfulness causes difficulties in life.

2) Points of care of people with dementia

(1) Think from the standpoint of the user

It is necessary to provide nursing care that is centered on the user.

(2) Understand the life of the user

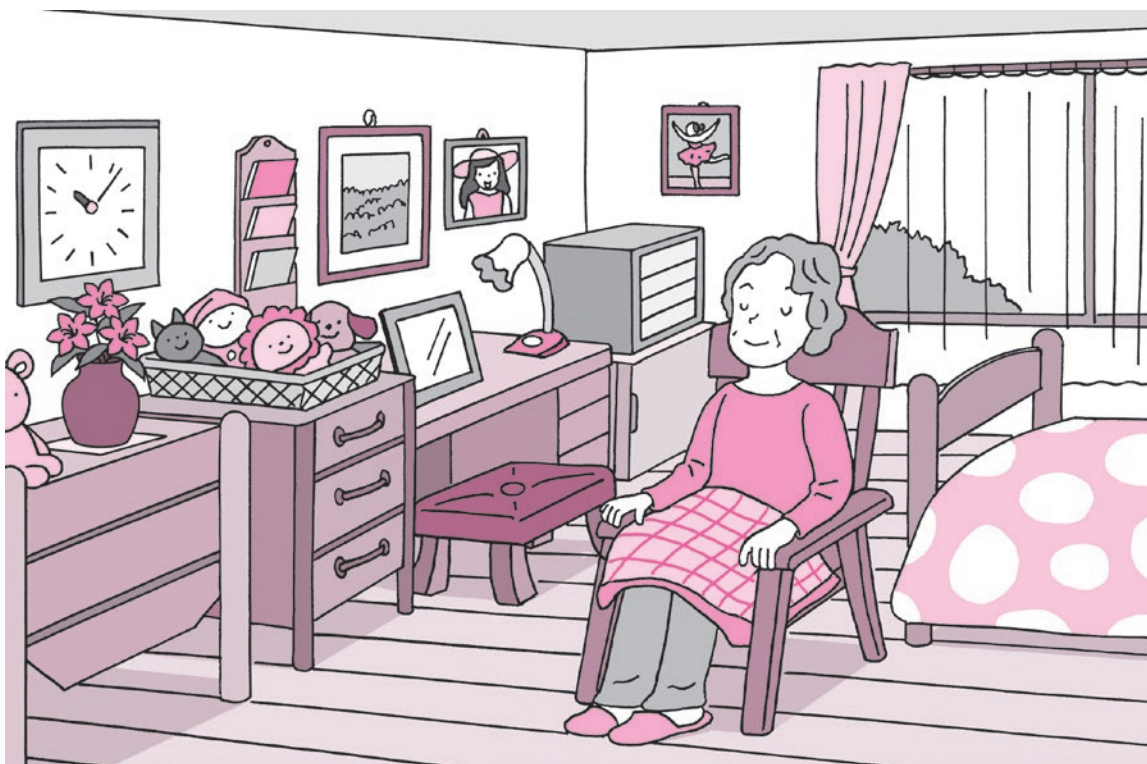
It is necessary to provide support for a stable life.

(3) Provide support after identifying what the user can do

Provide support and bring out the ability and motivation of the user.

◎ Points to remember regarding nursing care of a person with dementia





- Do not deny the user's words and behavior. Just accept them.
- Listen to the user carefully to give him/her a feeling of security.
- Talk to the user with simple easy-to-understand words according to his/her ability to understand.
- Regulate the user's daily rhythm from the time they wake up in the morning until they go to sleep.
- Think and act together to expel the user's anxiety.
- Do not change the room or surrounding environment based on your perspective as a care worker.



3) Main causative diseases, symptoms, etc. of dementia

The causative diseases of dementia include: (1) Dementia of the Alzheimer's type, (2) Vascular dementia, (3) Dementia with Lewy bodies and (4) Frontotemporal dementia.

● Main causative diseases, symptoms, etc. of dementia

Classification	Condition of the brain	Main symptoms, etc.
(1) Dementia of the Alzheimer's type 	The brain shrinks.	<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 	Blood vessels get clogged due to cerebrovascular disease and part of the brain cells die.	<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 	Mainly the occipital lobe atrophies, and Lewy bodies appear.	<ul style="list-style-type: none">• See things that do not exist (hallucination)• Brachybasia, etc. (Parkinson's disease-like symptom)• Abnormal behaviors such as shouting out loud when dreaming (sleep behavior disorder)
(4) Frontotemporal dementia 	The frontal and temporal lobes shrink.	<ul style="list-style-type: none">• Lack of judgment and loss of inhibition• Change in personality• Repeats the same actions• Excitement/ aggressiveness

4) Symptoms of dementia

Symptoms of dementia can be classified as follows:

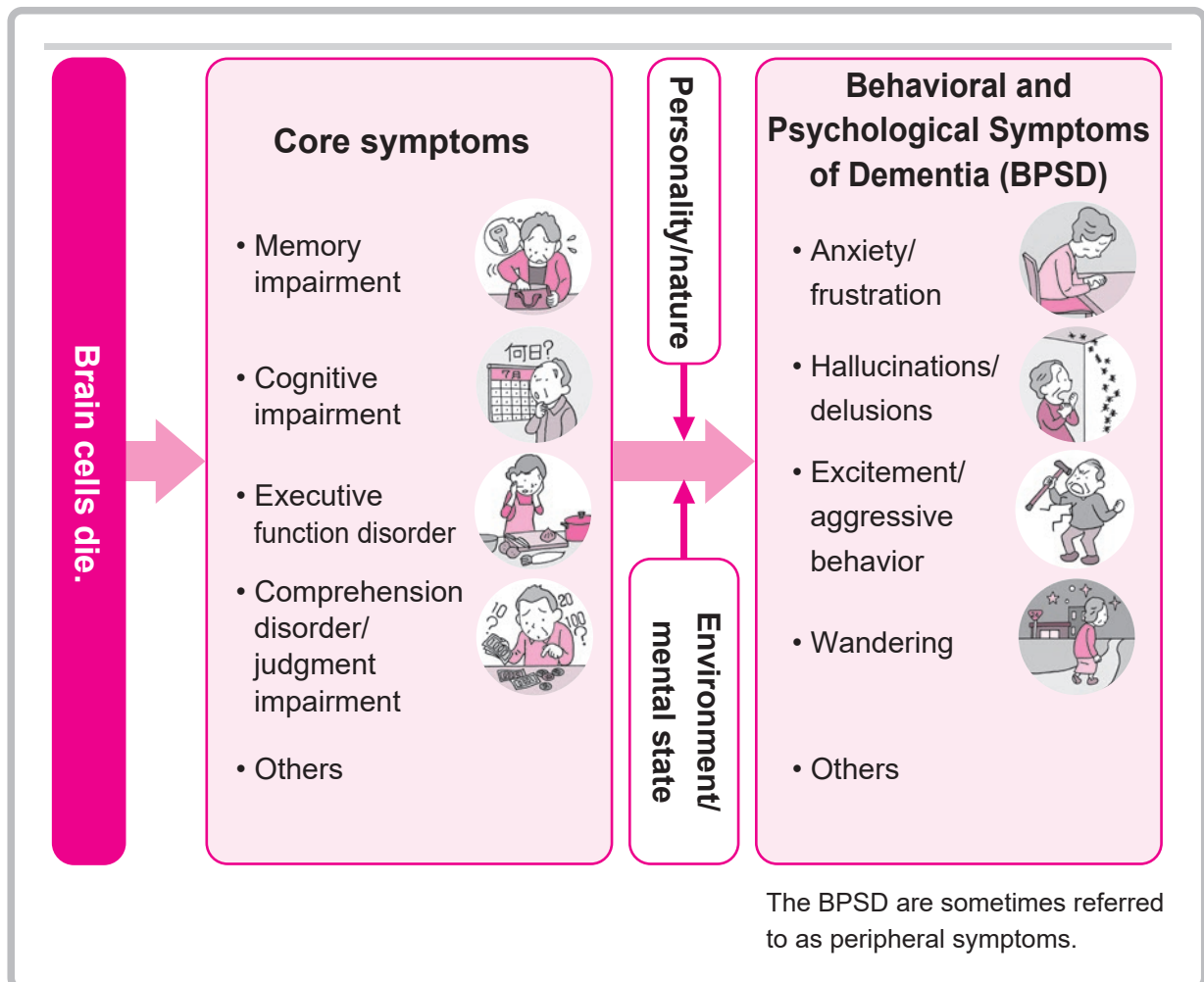
Core symptoms: Caused by brain damage.

Memory impairment, cognitive impairment, executive function disorder, comprehension disorder/judgment impairment, etc.

Behavioral and Psychological Symptoms of Dementia (BPSD): These symptoms are caused by the environment, personality, and nature of the user; human relations; etc.

Anxiety/frustration, hallucinations/delusions, excitement/aggressive behavior, wandering, etc.

● Core symptoms and BPSD



[Core symptoms]

(1) Memory impairment

Memory impairment refers to a disorder that makes it impossible to remember new facts and information. This is one of the core symptoms of dementia.

(2) Cognitive impairment

Cognitive impairment refers to a disorder that makes it impossible to recognize time, place, and people.

- The person wakes up in the middle of night and tries to go out.
- The person cannot recognize family members and sees them as strangers.

(3) Executive function disorder

A person with an executive function disorder cannot remember procedures and becomes unable to carry out various activities.

- Becomes unable to execute the procedures of cooking.

(4) Comprehension disorder/judgment impairment

Becomes unable to make judgments due to decreased comprehension/judgment ability.

- Counting money becomes a difficult task.

[Behavioral and Psychological Symptoms of Dementia (BPSD)]

☉ Behavioral Symptoms

(1) Excitement/aggressive behavior

Excitement and aggressive behavior are caused by the person's anxious feelings, as "he/she" does not understand what other people do to him/her. It is considered that his/her aggressive behavior is caused by his/her inability to let others know of his/her pain, urge to defecate, urge to urinate, etc.

(2) Wandering

Wandering is the behavior of roaming around for some purposes and/or because of some reason that makes the person unable to stay still.

◎ Psychological Symptoms

A person with dementia has anxiety and confusion.

(1) Hallucination

Hallucination refers to a state in which a person feels something that is not real to be real.



(2) Delusion

Delusion refers to a state in which a person believes something that is not real to be real.



Communication skills

CHAPTER 1 Basics of communication

CHAPTER 2 Communication with users

CHAPTER 3 Communication with team members

1

Basics of communication

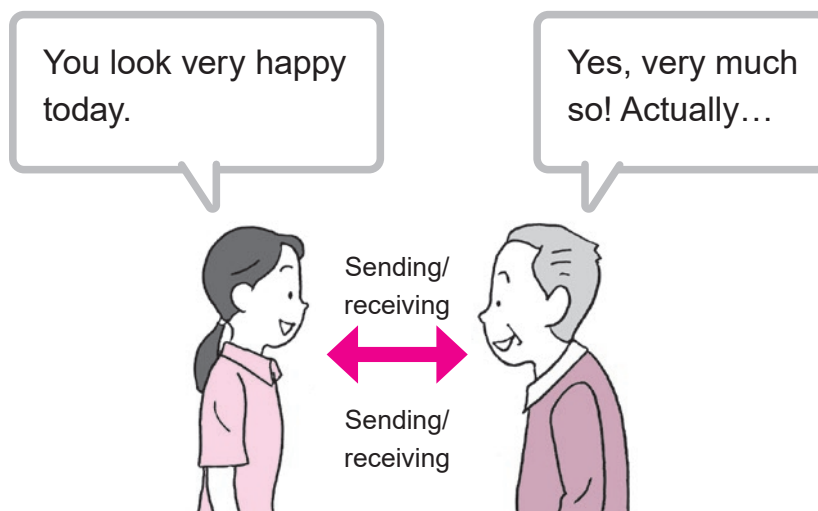
1

Significance of communication

Communication is to communicate and share ideas, feelings, etc. between each other.

It is necessary to learn communication skills as a method to establish a good relationship of trust with the other party.

● How communication goes



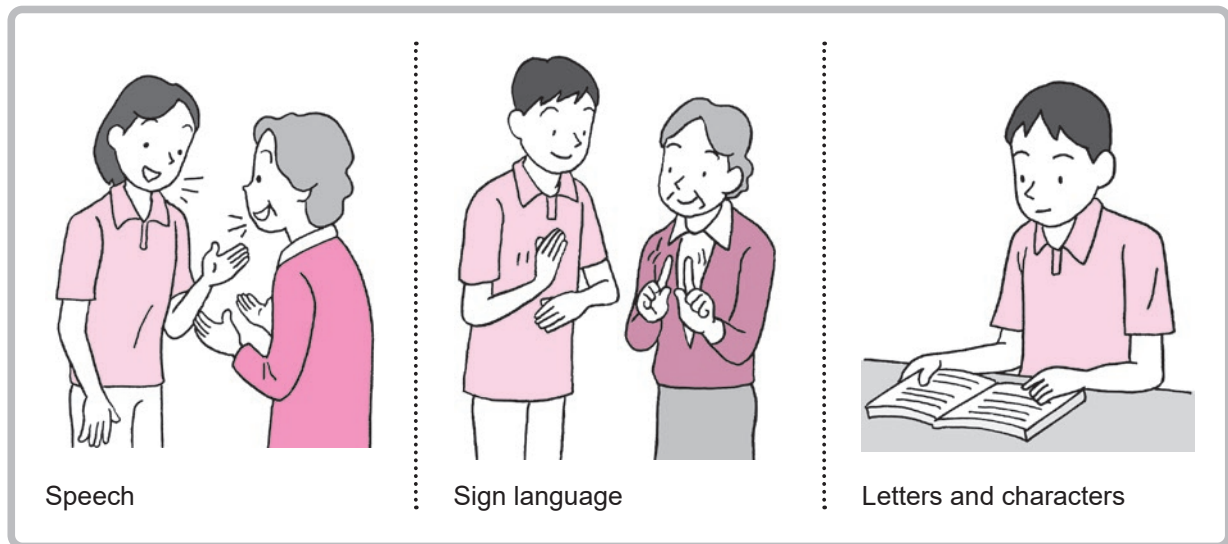
2 Methods of communication

The methods of communication consist of verbal communication, in which language is positively used, and non-verbal communication, in which gestures and facial expressions other than language are also used.

1) Verbal communication

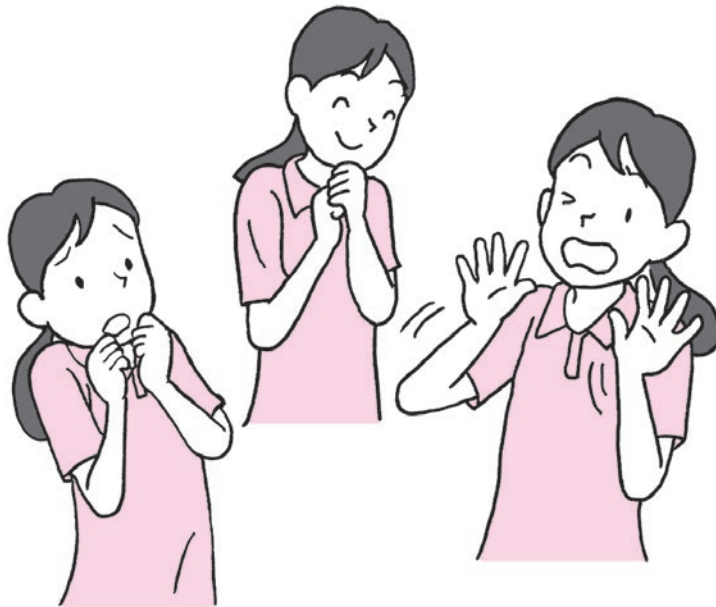
Verbal communication is made through conversation via speech and sign language and through letters and characters.

● Examples of verbal communication



2) Non-verbal communication

Non-verbal communication refers to communication methods other than language. Non-verbal communication methods include gestures such as hand gestures, body language, and facial expressions.



3 Communication skills

In order to build a relationship with users, care workers should bear the following points in mind when communicating with them.

● Listen attentively.



- Attentive listening implies listening to the speaker carefully, correctly, and eagerly, showing it in your attitude.

● Be empathetic.



- Empathy implies sharing others' opinions and feelings.
- It is important to try and understand things from the other party's standpoint.

● Acceptance



- Acceptance means accepting the other person's feelings and opinions as they are.

2

Communication with users

**1 Technique of listening
(Technique of positive listening)**

Care workers communicate with users, their family members and other specialists to support the better life of the users.

1) Respect of users' values

Each user has his/her own values based on the time and environment he/she has lived in. Care workers provide nursing care, respecting the feelings, thoughts, ideas, and values of the users.

2) Points to remember regarding verbal communication**[Wording]**

Care workers should be careful to use polite language.



[Technique of asking questions]

Care workers should not simply ask users what they want to know, but should also try to communicate with them in a two-way manner.

There are: (1) closed questions and (2) open questions.

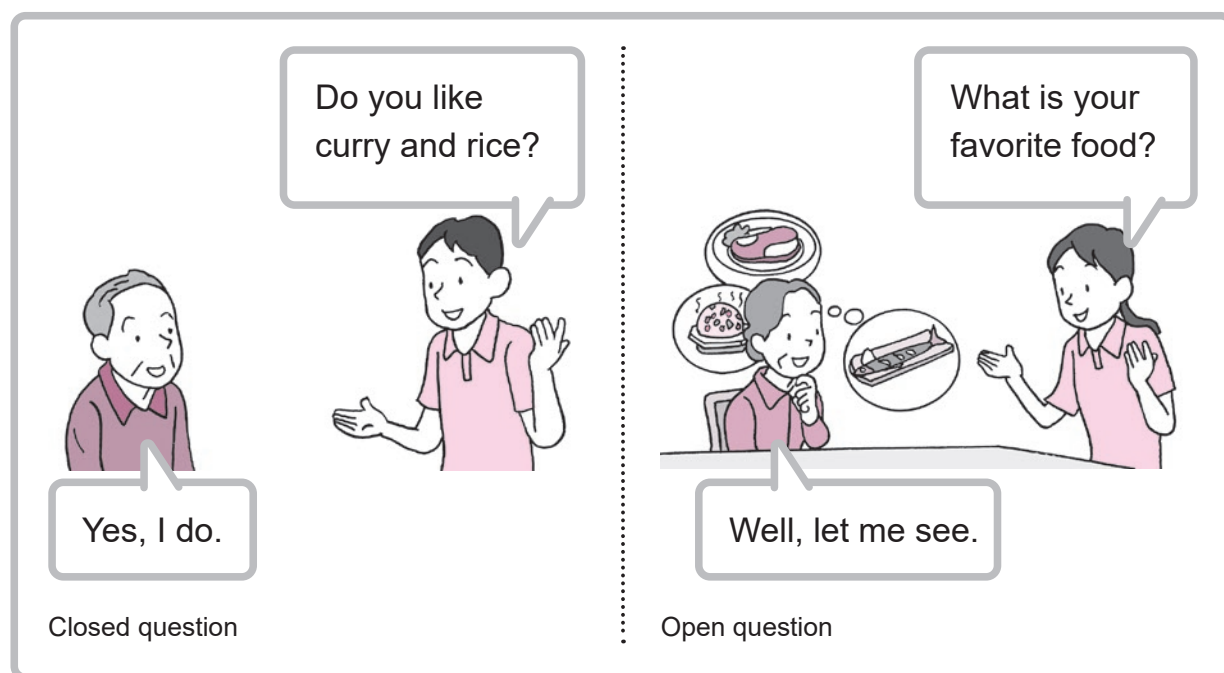
(1) Closed question

A closed question refers to a question that elicits a one-word response from the other party such as “yes” or “no,” or “A” or “B.” Communication becomes one-sided if you keep asking closed questions.

(2) Open question

An open question refers to a question that lets the other party answer freely such as “What do you think?” and “How do you want to do it?” Please note, however, that the other party may think that he/she is blamed if you keep asking “why” to determine the reasons.

● Examples of questions



[Repeating]

The care worker can give the user a message that “I am listening” by repeating what the user says.

● Example of repeating



3) Points to remember regarding non-verbal communication

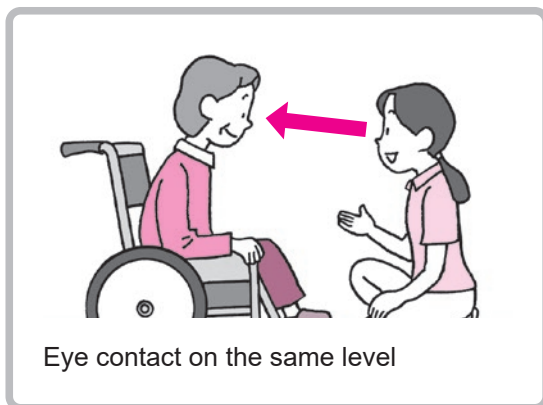
[Gestures and facial expressions]

The care worker observes the gestures and facial expressions of the user and communicates with him/her based on observation.

[Eye contact]

The care worker establishes eye contact on the same level with the user. This is because it is difficult for the user to know that the care worker is listening, if there is no eye contact.

● How to establish eye contact on the same level



The user will find it intimidating if the care worker looks down on the user.

[Tone]

Talk to the user in a slow, soft tone of voice, pausing between words.

[Nodding and agreeing]

Moving the head up and down to nod and agree with the user, saying, “I quite agree,” will show the attitude of listening carefully to what the user says.

[Posture, hands and body gestures]

The care worker communicates face-to-face with the user.

- If you cross your arms or legs or lean back in a chair while you listen to someone, it will give a bad impression to the person.
- The interpretation of hand and body gestures differs depending on the country and culture.



● Points to remember regarding posture



Speak face-to-face



Cross arms



Cross legs



Lean back in a chair

[Distance/touching]

In some countries, close-range dialogue and physical contact create a sense of affinity.

In Japan, however, it is said that many people feel more comfortable when a certain distance is maintained even between close relationships.

The way in which physical contact with another person is perceived by the recipient will depend on factors such as the timing, intensity, and frequency of the contact.

● Example of touching



Gently place your hand on the other person's hand as you communicate.

2 Explanation and consent (Informed consent)

The care worker provides support for the user's decision-making so that he/she can live his/her usual life. When providing decision-making support to users, care workers should be aware of the following points:

- (1) Present options.
- (2) Carefully explain the pros and cons of each option.
- (3) Have the user select/decide at his/her own will.

In order for the decision of the user to be realized, the care worker should respect his/her choice.

3 Communication suitable for the state of the user

There are times when it is difficult for the user to communicate with others due to diseases and disabilities. It is necessary for the care worker to choose appropriate communication methods based on the user's diseases and disabilities.

1) Importance of communication suitable for the characteristics of various disabilities

The care worker will assess the user's communication needs and communicate with him/her in a way that is appropriate for that person.

Recently, ICT (Information and Communication Technology) is often used as a means of communication.

2) Communication with a person with a visual impairment

1. Characteristics of communication with a person with a visual impairment

Visual impairment is a disease in which the person is unable to see things or has difficulty seeing things. As the person cannot get enough information from visual perception, there are times when he/she does not know the distance between him/herself and various things and the place he/she is in.

2. Points to remember when communicating with a person with a visual impairment

☉ Use the information that can be obtained other than from visual perception

Explain specifically and in detail the location and characteristics of things, etc. Moreover, it is important to be conscious of the volume and tone of your voice.

You can also provide information by letting the person touch a person or an object.

☉ Call the person by name and then talk to him/her

If the care worker touches the user without a word, he/she will be surprised. Be sure to first talk to him/her. When you talk to the user, call the person by name first of all.

It is also important that the care worker announces him/herself.

● Call the person by name and then talk to him/her



When you talk to a person with a visual impairment, make it clear to whom you are talking.



☉ Specifically, explain the location and direction

When you explain the location, be specific. For example, tell the person: “to your right” and “to the direction my voice is coming from.” When the person is having a meal and you need to tell him/her where a specific dish is located, you can explain its direction by mentioning the direction to which the hour hand of a clock is pointing at a certain time of the day. This method is called “clock position.”

3. Examples of the methods and tools of support to use in communicating with a person with a visual impairment

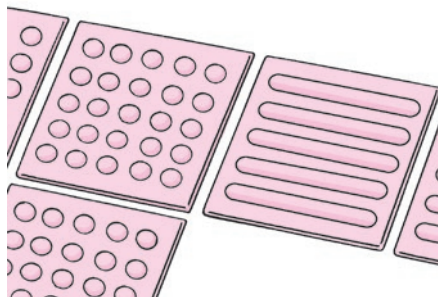
Use of a tool of support to suit the condition of the user with a visual impairment will make it easier to communicate with him/her.

(Braille)

Braille and braille blocks are available as tools for communicating information with people who are blind.



Braille



Braille blocks

3) Communication with a person with a hearing disorder

1. Characteristics of communication with a person with a hearing disorder

As such a person cannot hear sounds well, he/she tends to have a sense of loss and isolation, which makes it necessary to provide psychological support as well.

2. Points to remember when communicating with a person with a hearing disorder

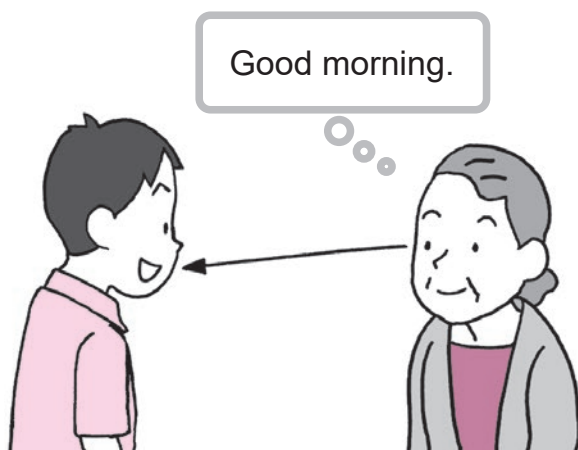
- Face and talk to him/her so that each other's facial expressions and mouth movements are visible.
- If he/she has an ear that can hear better, talk to him/her from that ear.
- Talk slowly and clearly.
- Do not speak louder than necessary.
- Converse with him/her in as quiet a place as possible.

3. Examples of the methods and tools of support to use in communicating with a person with a hearing disorder

(Speech (lip) reading)

Speech (lip) reading refers to seeing and interpreting lip movements for communication.

● Conversation through lip reading



(Conversation by means of writing)

Communicate with a person, using paper, writing board, etc. ICT is also used.

● Conversation by means of writing**(Sign language)**

Sign language refers to the expression of meaning using a combination of finger and hand gestures and face and neck movements.

● Conversation using sign language**(Hearing aid)**

A hearing aid is an assistive device that collects sounds with a microphone, amplifies them, and delivers them to the ears.

● Conversation using a hearing aid

4) Communication with a person with aphasia

1. Characteristics of communication with a person with aphasia

Aphasia occurs when the areas of the cerebrum involved in language are damaged. It is characterized by a decline in functions such as “listening and understanding,” “reading and understanding what is written,” “speaking,” and “writing.”

2. Points to remember when communicating with a person with aphasia

- Talk to the person slowly and clearly, using short, easy-to-understand words.
- Use communication methods other than speech, including pictures, photos, and hand and body gestures.
- Do not point out minor speech errors.
- Ask closed questions that can be answered with a “yes” or “no.”

3. Examples of the methods and tools of support to use in communicating with a person with aphasia

- Use of hands and body gestures instead of speech
- Use of pictures and illustrations



5) Communication with a person with dementia

1. Characteristics of communication with a person with dementia

Due to the decline in the cognitive function of the brain, there are cases where conversations are repeated many times, or where there is a mismatch in communication between the care worker and the user.

2. Points to remember when communicating with a person with dementia

- Talk slowly.
- Communicate with easy-to-understand words and short sentences.
- Even if what the user says is factually incorrect, do not deny it. Just accept it and empathize with him/her.

● Examples of communication with a person with dementia



3

Communication with team members

1 Basic understanding of the sharing of information by keeping records

1) Purpose of sharing information

Nursing care is provided not by care workers only, but in cooperation with medical and other staff in a team. The team members share the contents of nursing care and medical information in order to provide the user with better nursing care service.

◎ Methods of sharing information

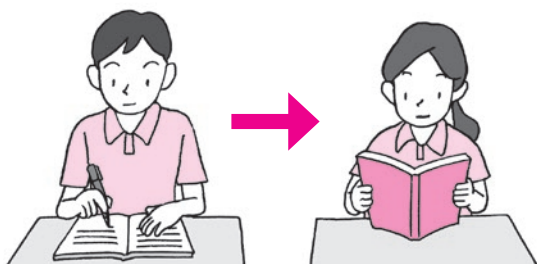
Information sharing by keeping records

Care plans, case records, handover notebooks, etc.

Information sharing by holding a meeting (conversation)

There are meetings, including a handover meeting where information on the users is handed over to the next shift and a meeting where the staff discuss the themes regarding nursing care.

● Sharing of information by keeping records



● Sharing information with the next shift



2) Significance of keeping records in nursing care

In order to provide good quality nursing care, it is necessary for the care worker to grasp the information on the user. The care worker records the condition of the user, approaches made to the user, and his/her responses to them.

Keeping records is significant from two perspectives: Provision of better care services and implementation of team care.

3) Basics of keeping records of nursing care

- (1) Record memories on the same day.
- (2) Record the date and time accurately.

Record the date to make it possible to know when the recorded incident happened.

- (3) Record facts.

Facts can be classified into “subjective” and “objective” facts.

Facts	Details
Subjective facts	<ul style="list-style-type: none"> What the user saw, what he/she experienced, what he/she complained about, etc.
Objective facts	<ul style="list-style-type: none"> What the care worker, etc. observed. Blood pressure value, body temperature value, examination data, etc.

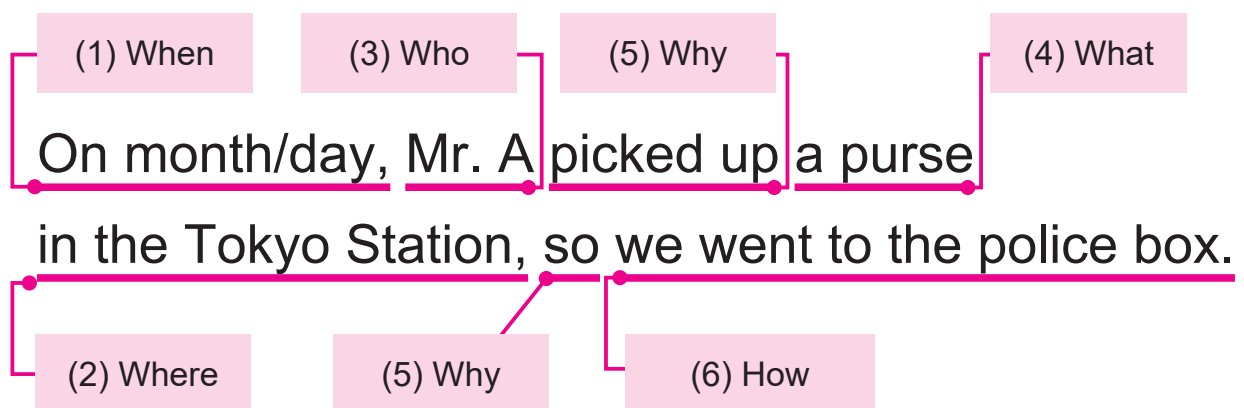
● Example of a record

Date	Details
July 20, 2019	<p>Found redness of 1-cm in diameter on the sacrum area of Mr. XX, when I provided toilet assistance at 8 am. I asked him and he said he was “not feeling any pain.” I reported the fact to the nurse and it was identified as an early stage of a pressure ulcer.</p>

(4) Clearly record six items as follows:

- | | | |
|-----------|---|-------|
| (1) When | ⇒ | いつ |
| (2) Where | ⇒ | どこで |
| (3) Who | ⇒ | だれが |
| (4) What | ⇒ | 何を |
| (5) Why | ⇒ | なぜ |
| (6) How | ⇒ | どのように |

● Example of an easy-to-understand sentence



4) Protection of personal information and maintaining of confidentiality

Care workers must pay careful attention to information management. Protection of personal information and maintaining of confidentiality, in particular, are strictly required as part of the professional ethics of specialists.

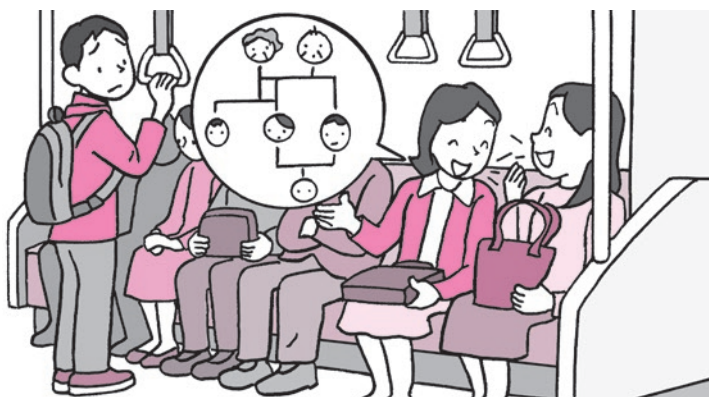
For the sharing of personal information, it is necessary to obtain consent from the user him/herself regarding the handling of personal information, etc.

(Types of personal information)

Name, address, phone number, photo the concerned individual is in, etc.

You need to pay attention to the following to protect personal information:

- Do not talk about users and your workplace outside your workplace.
- Do not post comments on the Internet and social media about the users and your workplace.



2 Reporting/communicating/consulting

1) Reporting/communicating

Care workers provide nursing care as a team. Therefore, they report and communicate within the team about things noticed when interacting with users and the status of their own work, and share this information.

The timing of reporting and communicating differs depending on the contents. If the contents require immediate response such as an accident, report it right away without delay.

● Person providing information

- Communicate simply and briefly.
- Communicate facts and your own judgments separately.
- Consider the time and place when reporting.



● Person receiving information

- Take notes.
- Listen to the facts and the staff's judgments separately.
- Repeat back the content.

2) Consulting

When you have trouble or there is something you do not understand, seek advice from colleagues, specialists, etc. Do not make a judgment by yourself when you have worries. Consult others to get advice.

Skills for Providing Daily Assistance

CHAPTER 1 Nursing care related to assistance in walking/lifting/transferring

CHAPTER 2 Nursing care at mealtimes

CHAPTER 3 Nursing care related to elimination needs

CHAPTER 4 Nursing care related to grooming

CHAPTER 5 Nursing care related to bathing/keeping clean

CHAPTER 6 Nursing care related to housework

1

Nursing care related to assistance in walking/lifting/transferring

1 Significance of walking/lifting/transferring

1) Significance of walking/lifting/transferring in nursing care

The field of activities of a person broadens by moving around. A life with a wide field of activities helps maintain and improve the physical conditions and psychological functions of the individual. In the scenes of daily living, people move to the place where they do the activity, such as to take a meal in the dining room, go to the toilet to empty their bowels, and take a bath in the bathroom. Thus, moving from one place to another is related to every activity of daily living.

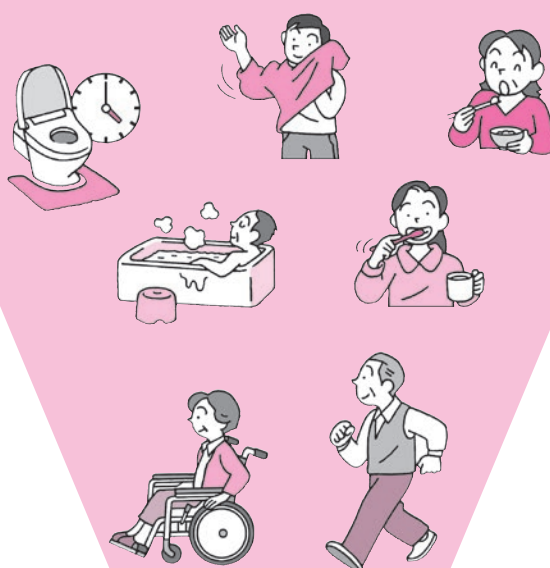


● Relationship of ADL and IADL

IADL (Instrumental Activities of Daily Living)



ADL (Activities of Daily Living)



Explanation of terminology

ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living)

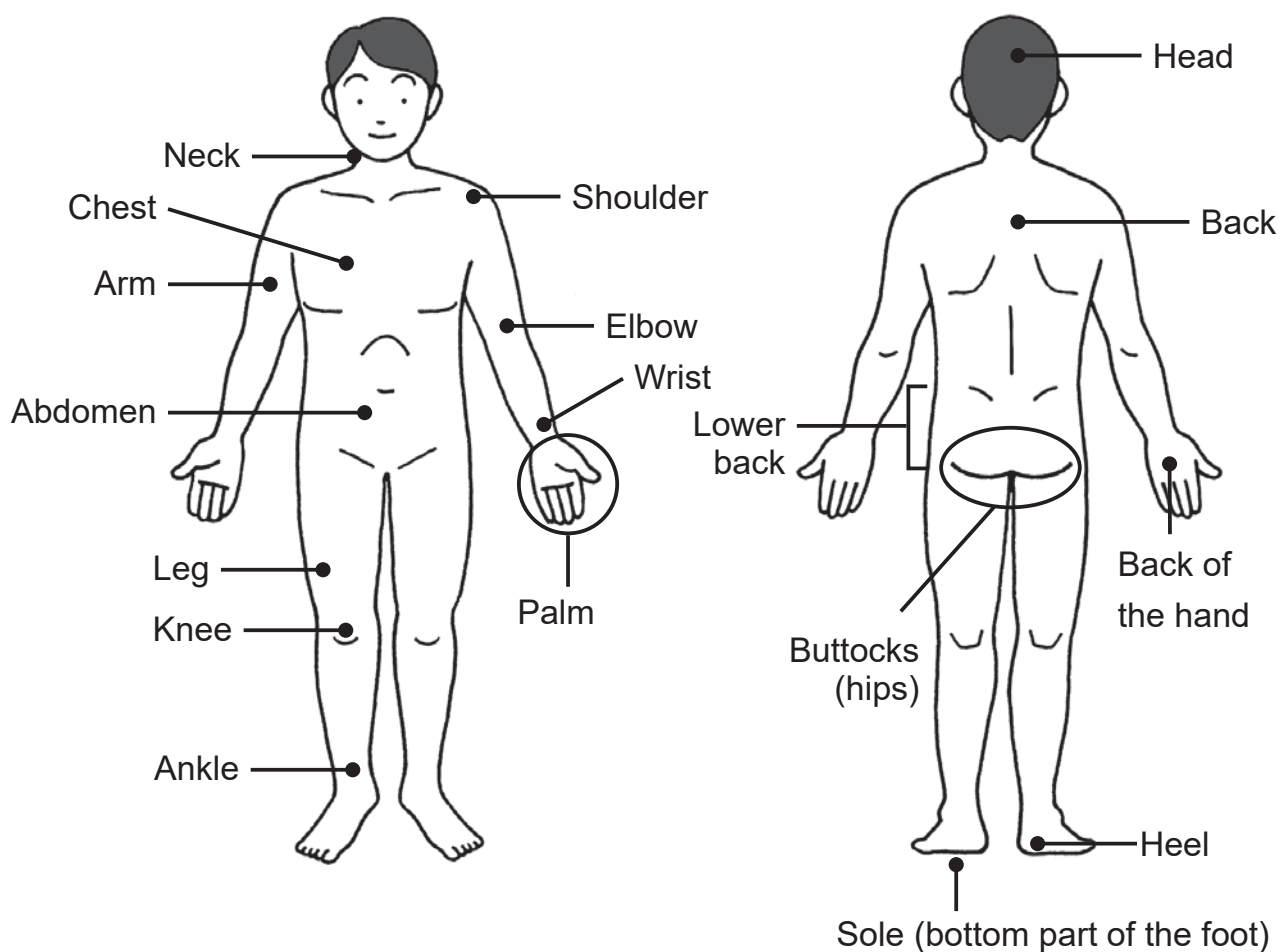
ADL is a series of physical activities a person performs to live independently. ADL includes walking, eating, dressing, toileting, and bathing. IADL is a person's ability necessary to maintain living at home and in the community. IADL includes managing finances, shopping, doing laundry, using transportation services, and using communication equipment.

2 Mechanism of mind and body related to walking/lifting/transferring

1) Regions of the body related to walking/lifting/transferring

Various muscles and joints are involved in walking/lifting/transferring.

● Main regions of the body related to walking/lifting/transferring

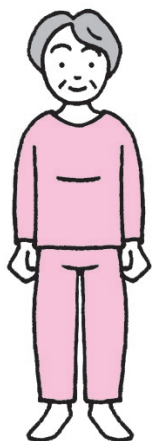


2) Positions

The positions can be divided into upright position (standing position), seated position (sitting position), and decubitus position (lying position).

(1) Standing position

● Standing position



(2) Sitting positions

● Position in which the person sits on the edge of a bed with his/her legs down



● Chair sitting position



● Long sitting position



● Semi-sitting position (Fowler's position, semi-Fowler's position)



(3) Decubitus positions

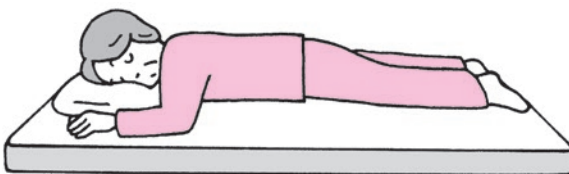
- **Supine position/Dorsal position**
(lying on one's back)



-
- **Lateral position** (lying on one's side)



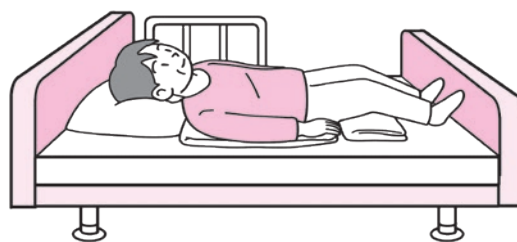
-
- **Prone position** (lying on one's stomach)



3) Comfortable position

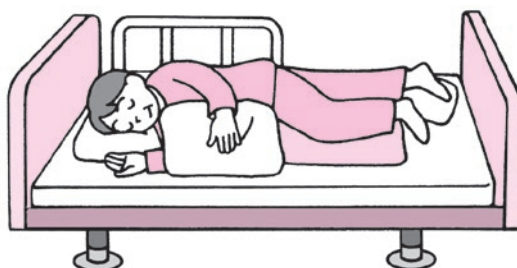
● Comfortable supine position

This is the most stable posture.



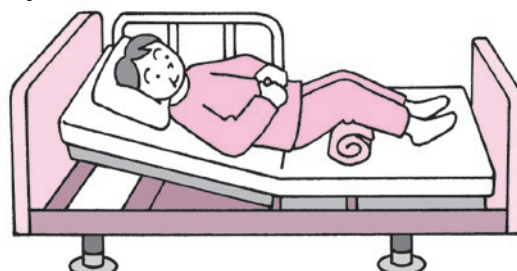
● Comfortable (right) lateral position

Place a pillow in front of the chest. Place another pillow between the lower limbs under the right foot.



● Comfortable semi-sitting position (Fowler's position, semi-Fowler's position)

Operate the gatch bed to raise both lower limbs. If it is not an adjustable bed, place a pillow under both knees.



Explanation of terminology

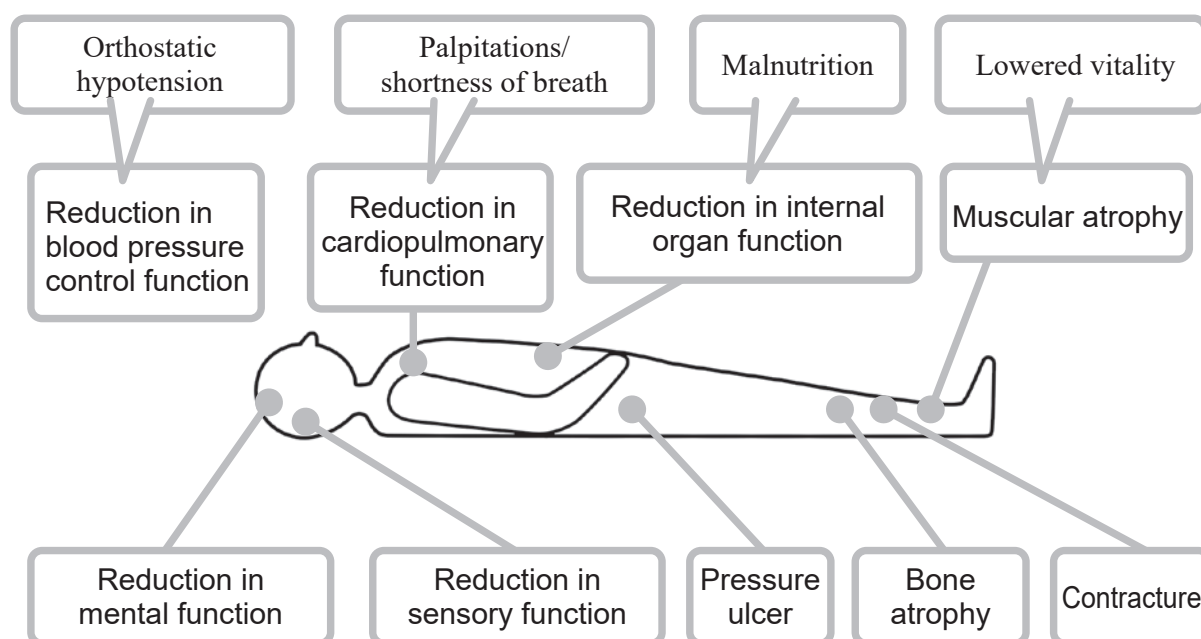
Senuki

Take the user's back off the bed once after raising his/her upper body. This procedure is called senuki, which will help prevent the occurrence of pressure ulcers.



4) Disuse syndrome

Disuse syndrome refers to the various physiological and psychological states caused by staying in bed for a long time and long-term inactivity.



5) Pressure ulcer

Pressure ulcers (bed sores) are a condition that occurs when there is a circulatory disturbance in areas where the bones are protruding due to long periods of time spent bedridden. Friction from the wrinkles in bed sheets and when changing body position can also cause pressure ulcers.

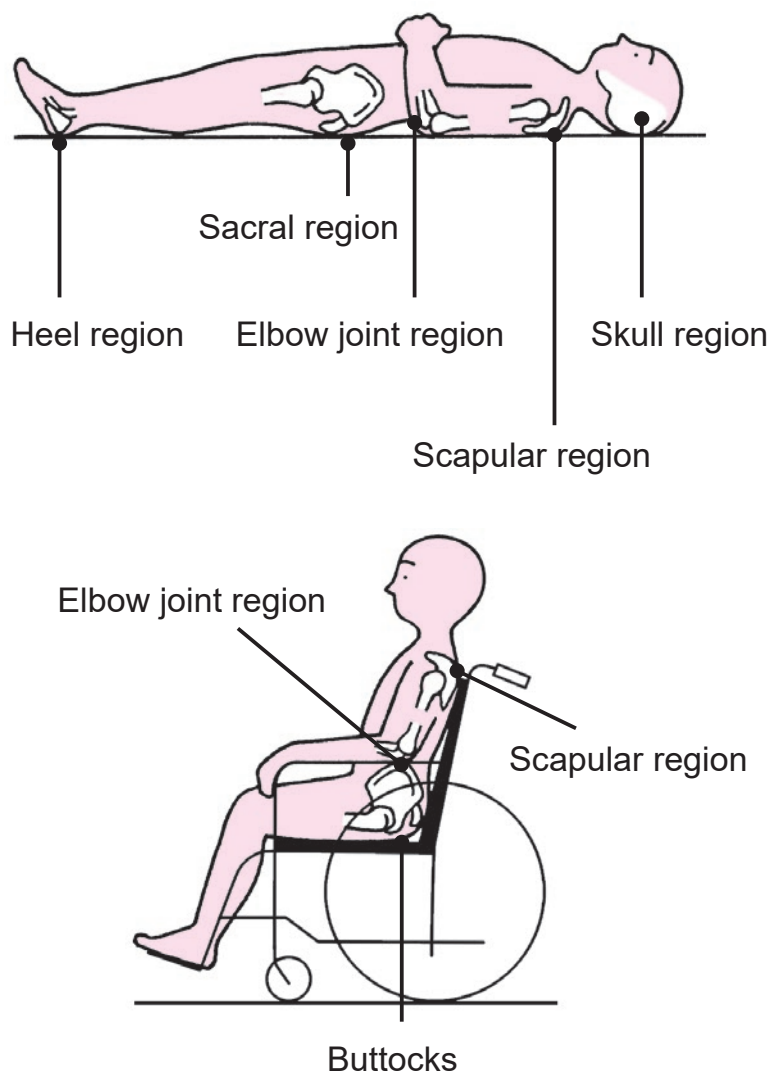
☉ Methods of prevention of pressure ulcers

- (1) Have the user get out of bed if possible.
- (2) Regularly reposition the user.
- (3) Have the user take enough nourishment.

Carefully observe the user's skin condition when changing clothes or taking a bath. When redness or other skin problems are observed, report them to the medical staff.



● Body regions that are highly vulnerable to pressure ulcers



6) Assistive devices related to walking/lifting/transferring

Assistive devices other than a wheelchair includes canes, walkers, and lifts.



T-cane: A T-cane is lightweight and easy to use.
Quad cane: As the supporting area is wider than that of a T-cane, it is used when the feet are not stable or lower limb muscle strength is reduced.



Walker: A walker is more stable, as the supporting area is bigger than that of a cane.

A lift is effective for reducing the burden of nursing care for caregivers.

(1) Ceiling lift	(2) Floor lift
A diagram showing a ceiling-mounted lift system. A horizontal bar is attached to the ceiling, with a vertical arm extending down to a patient in a pink sling.	A diagram showing a floor-mounted lift system. A base with wheels has a vertical arm that can extend and retract, holding a patient in a pink sling.

3 Practical side of nursing care regarding transferring/moving

1) Basics of physical nursing care

This applies to all acts of nursing care.

- (1) Confirm the physical condition of the user.



Be sure to confirm the physical state of the user before providing nursing care. In case of poor physical condition, do not force the action. Report it to medical staff.

- (2) Explain to the user the purpose and contents of what you are going to do and obtain consent from him/her.



When you provide nursing care, you must respect the self-determination of the user. Moreover, the user will feel secure by learning the contents of the nursing care in advance and be convinced to receive support.

- (3) Adjust the height of the bed to make it easy to provide care.



Adjust the height of the bed to reduce the burden on the lower back of the care worker.



Explanation of terminology

Self-independence support

Provide support only when the user is incapable. To do so, it is necessary to carefully observe the condition of the user.

This text explains the activities of care workers, but actually, they are to have the user perform the activities he/she is capable of doing.

2) Nursing care related to turning over on the bed

The explanation here uses a user with left hemiplegia as an example.

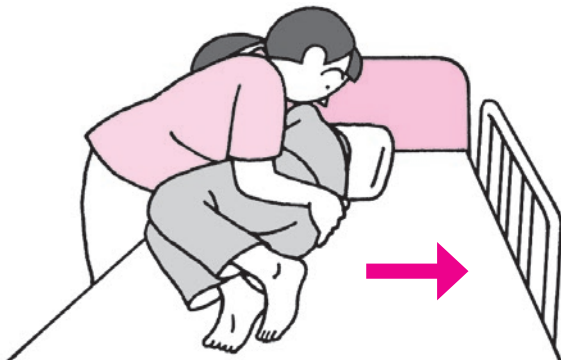
- (1) Confirm the user's physical condition.
- (2) Explain to the user the contents of your actions and obtain his/her consent.
- (3) Adjust the bed to the height that makes it easy to provide nursing care.
- (4) Raise the knees of the user.
- (5) Have the user assume a lateral position with the affected side up.



Tuck the user's arms and legs closer to the center of his/her body to make the base of support smaller.



- (6) Move the lower back of the user toward the other side of the bed.



This will make the lateral position more stable.



- (7) Move the legs of the user to a more comfortable position.



A wider base of support helps stabilize the posture.

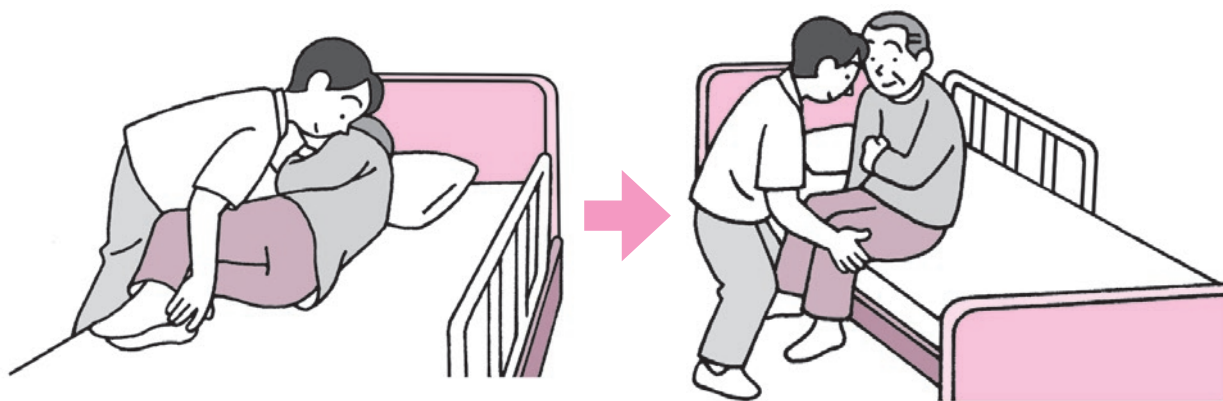


3) Nursing care related to getting up (from the right lateral position to a sitting position on the edge of a bed with his/her legs down)

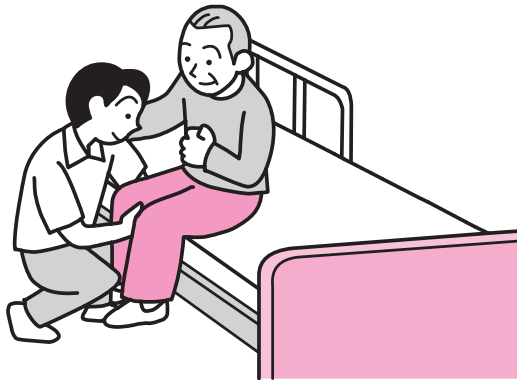
- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) When the user is in an end-sitting position, adjust the height of the bed so that the soles of both feet are on the floor.
- (4) Have the user assume a lateral position with the affected side up.
- (5) Move the legs of the user to the edge of the bed.



- (6) Get the legs of the user off the bed and on to the floor and ask the user to push with his/her right elbow. Assist him/her to raise the upper body.



- (7) Confirm with the user how he/she is feeling and how his/her physical condition is.
- (8) Confirm that both of the user's soles are on the floor.



This will stabilize the sitting posture.

4) Nursing care related to standing up (from a sitting position on the edge of a bed with his/her legs down to the standing position)

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Ask the user to keep sitting but closer to the edge of the bed.



- (4) Shift the user's unaffected leg closer to the bed. At this time, the care worker should be positioned on the affected side of the user.



This is to put the weight on the user's leg of the unaffected side when he/she stands up.

- (5) To prevent the user's affected knee from buckling, the care worker supports it with his/her hands. Have the user stand up while bending their upper body forward sufficiently.



This is to prevent the user from falling on the affected side.

- (6) Confirm with the user how he/she is feeling and how his/her physical condition is.

Explanation of terminology

Knee buckling

Knee buckling refers to the sudden and large forward bending of the knee when standing or walking, due to a lack of strength in the knee. It can also be a cause of a fall.



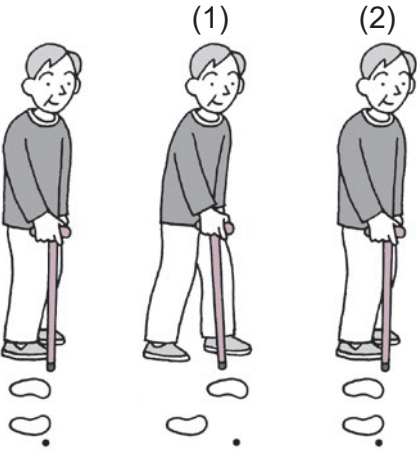
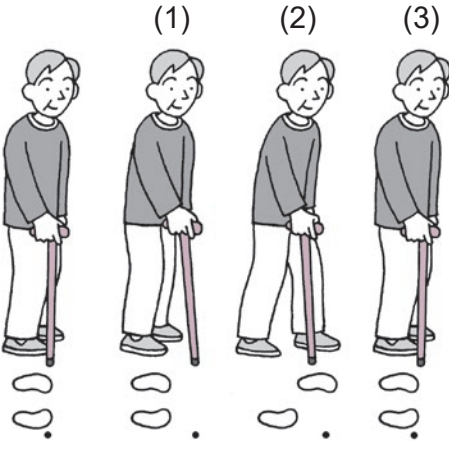
If there is a significant movement of the user's head or body, check their physical condition for dizziness, etc.

5) Nursing care related to walking for a user with hemiplegia

(Walking with a cane)

There are two manners of walking with a cane: two-point gait and three-point gait.

● Comparison of the two-point gait and three-point gait

Walking	Two-point gait	Three-point gait
Order of putting one foot forward	(1) Cane and the affected side → (2) Unaffected side	(1) Cane → (2) Affected side → (3) Unaffected side
		
Stability	Low	High



The reason why the user is taking steps starting from the affected leg is because there is a need to support the body with the stable unaffected leg.

Nursing care related to walking with a cane

The care worker positions himself/herself behind the user’s affected side. He/she supports the upper body and back as necessary.



(Going up the stairs)

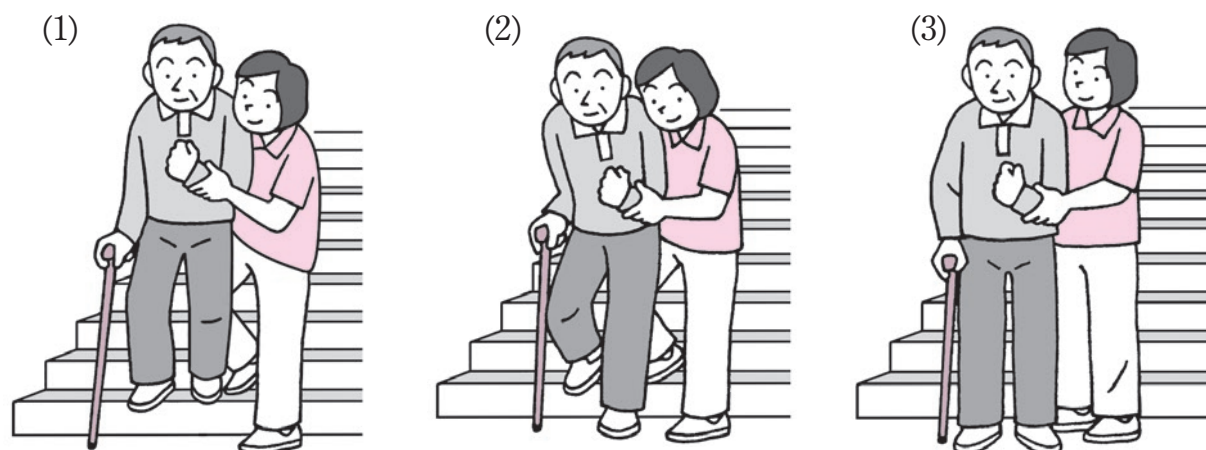
In order to ensure safety, the care worker stands one step below (behind) the user. The user goes up the steps in the following order: (1) Cane → (2) Foot of the unaffected side → (3) Foot of the affected side.



If the stairs have a handrail, it would help stabilize the user if he/she holds it.

(Going down the stairs)

In order to ensure safety, the care worker stands one step below (in front of) the user. The user goes down the steps in the following order: (1) Cane → (2) Foot of the affected side → (3) Foot of the unaffected side.



If the stairs have a handrail, it would help stabilize the user if he/she holds it.

6) Nursing care related to walking for a user with a visual impairment

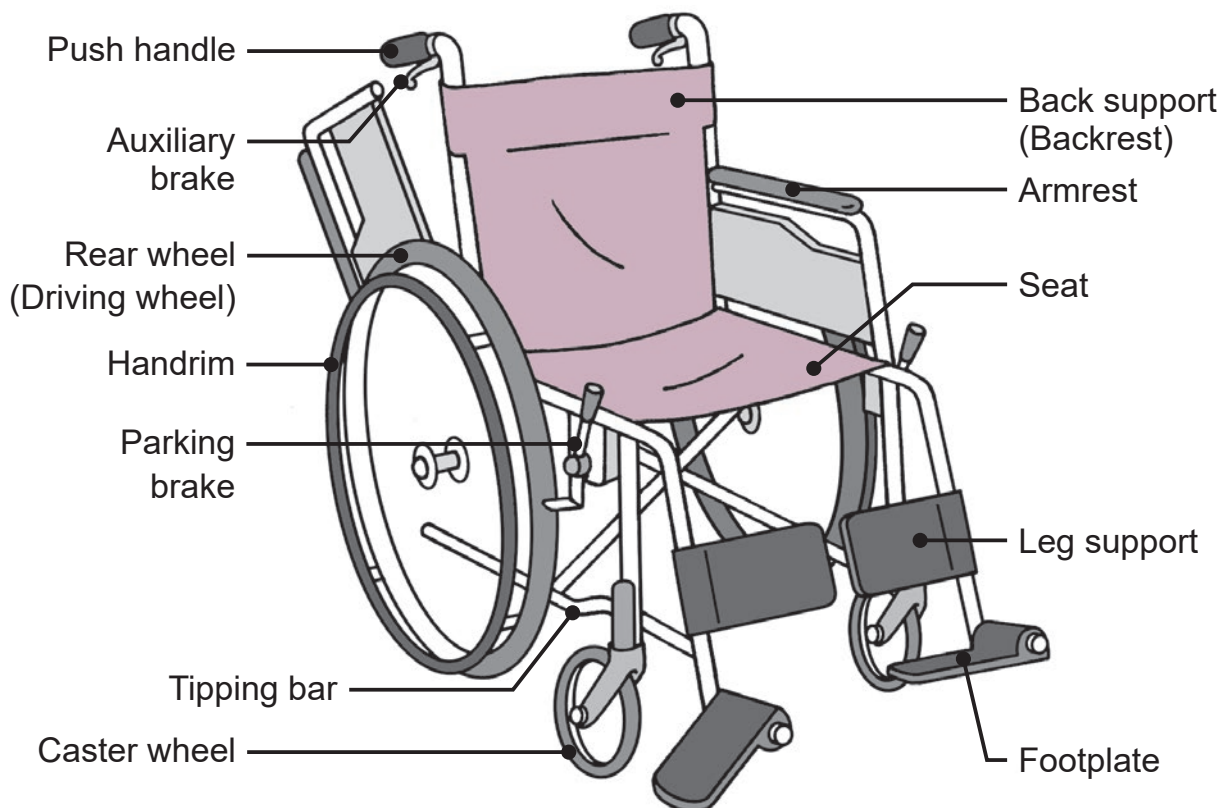
The walking speed should be adapted to suit the pace of the user. When the situation changes due to steps, level differences, corners, etc., explain it in advance by talking to him/her.

- **Basic posture to adopt while guiding the user**



7) Nursing care using a wheelchair

- **Structure and part names of a wheelchair**



(Points to remember regarding wheelchair)

- Before using the wheelchair, check the tire air pressure and the condition of the brake. If the tire air pressure is low, there is a risk that the brake will not work properly.
- Always apply the parking brake when the wheelchair is stationary. Even when there is no one in the wheelchair, it is dangerous if it moves, so always apply the parking brake when the wheelchair is stationary.

8) Transfer from the bed to the wheelchair

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) When the user is in an end-sitting position, adjust the height of the bed so that the soles of both feet are on the floor.
- (4) Place the wheelchair beside the unaffected side of the user and activate the brake.
- (5) Have the user hold the armrest on the far side with his/her hand of the unaffected side.
The care worker should ensure that the user's knee of the affected side will not buckle.



It is a fundamental rule in moving a person with paralysis, to first move the unaffected side.

- (6) Have the user stand up slowly with a forward-bent posture and have him/her turn him/herself toward the wheelchair.



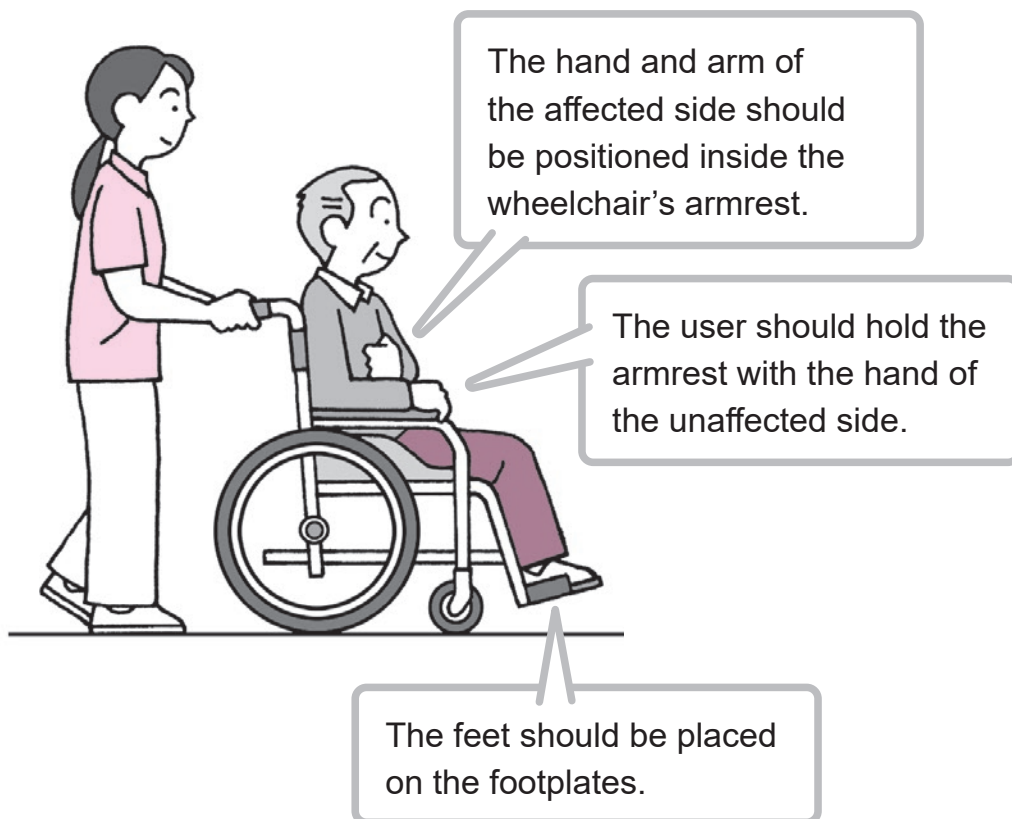
- (7) Have the user sit back in the wheelchair. Have him/her place his/her feet on the footplates.



- (8) Confirm with the user how he/she is feeling and how his/her physical condition is.

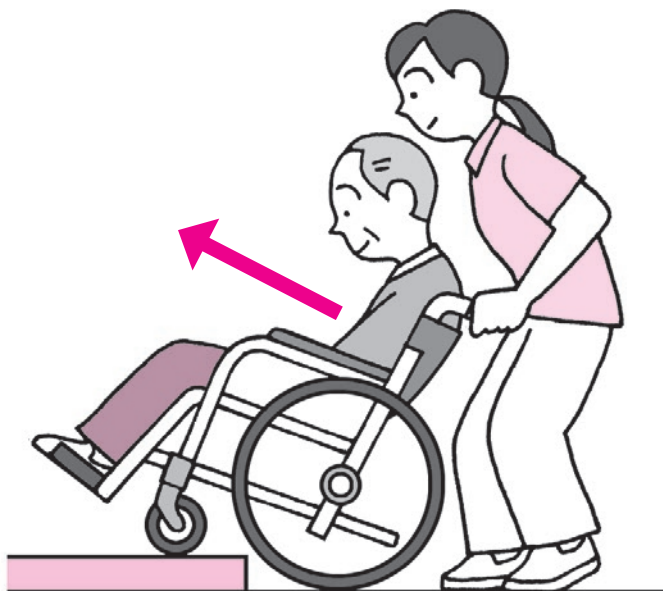
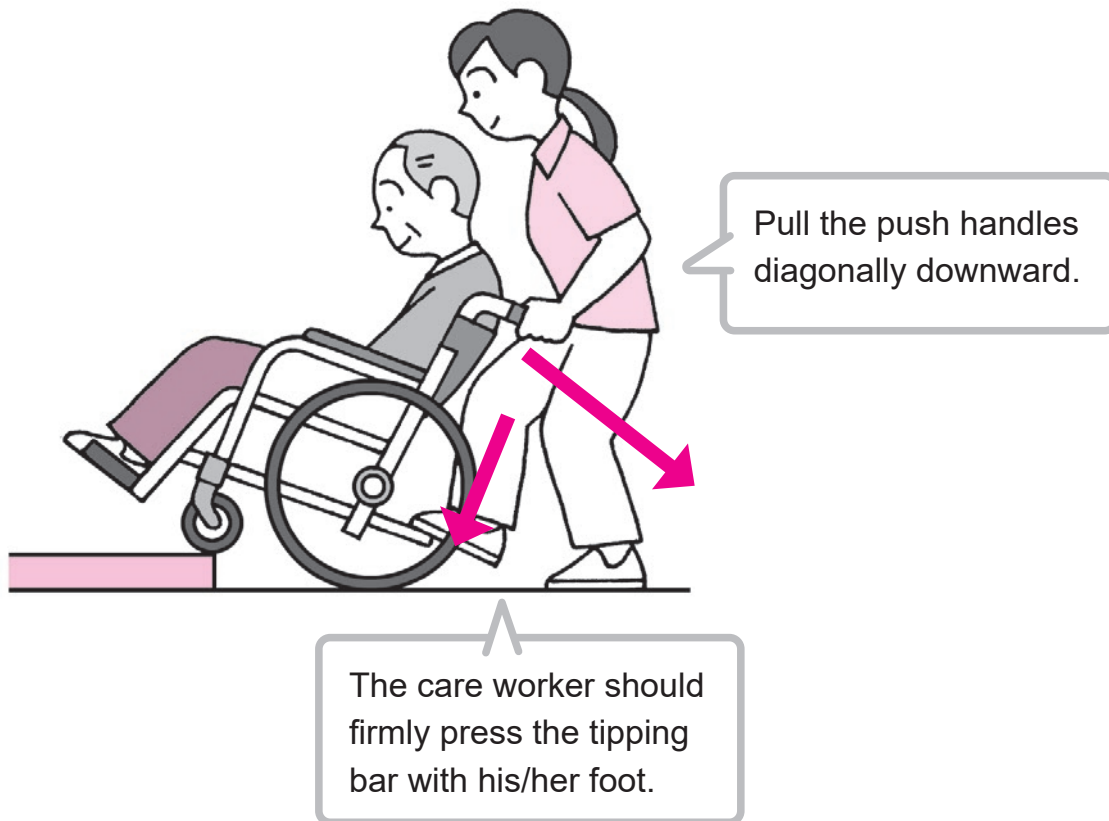
9) Nursing care related to moving on a wheelchair

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Place the user's feet on the footplates.
- (4) Be careful to ensure that the hands of the user will not be caught in the driving wheels.
- (5) Deactivate the brake, tell the user that the wheelchair will be moving, and then start pushing the wheelchair.



(Going up a step)

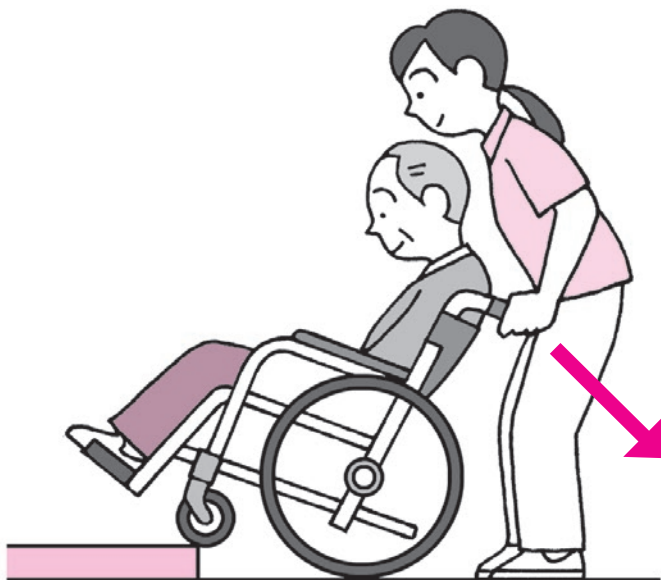
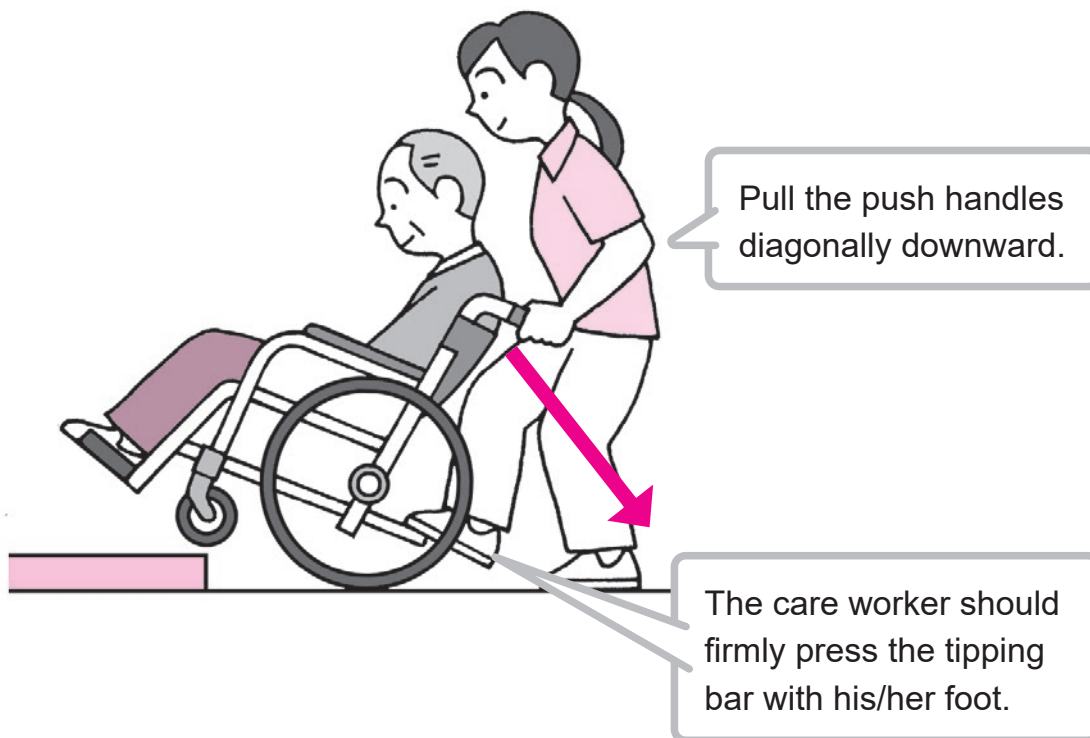
Stop right before the step and tell the user that he/she will be going up a step.



Place the caster wheels on the step slowly and then the driving wheels.

(Going down a step)

Stop right before the step and tell the user that he/she will be going down a step. Have the wheelchair face backwards and put the driving wheels gently down.



Pull the driving wheels sufficiently and slowly put the caster wheels down.

(Going down a slope)

When going down a steep slope, tell the user that you will pull the wheelchair backwards.

Confirm that the direction behind you is safe.

The care worker should stand with one foot in front of the other.



Proceed with the wheelchair facing backwards.



Going down a slope with the wheelchair facing backwards is to prevent the user from sliding out of the wheelchair.

2

Nursing care at mealtimes

1 Significance of meals

A meal is for taking in nutrients into the body and sustaining bodily functions and life.

Eating food orally and tasting it in the mouth will stimulate the cerebrum and help establish the rhythm of life.



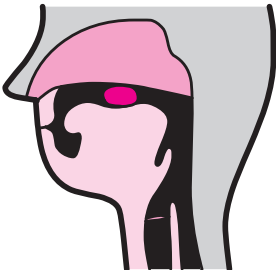
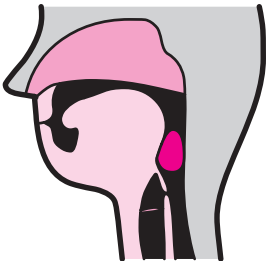
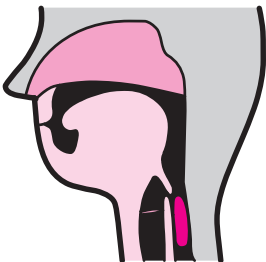
Eating is one of the joys of life. It is an opportunity for communication to build human relations.

2 Mechanism of mind and body related to meals

When your brain senses that you are hungry, you feel like you want to eat something.

- You go and sit at the dining table, adjust your posture, and examine the food with your eyes. Using a pair of chopsticks or a spoon, you put the food in your mouth. You chew and swallow the food.
- When you have a meal, you confirm the food with your sense of vision and smell and perceive the taste and chewy texture with the sense of taste and touch.
- Many bodily functions are related to meals.

◎ Flow of eating and swallowing

Anticipatory stage		<ul style="list-style-type: none"> • The color, shape, and smell of the food is recognized. • The saliva is secreted.
Preparatory stage		<ul style="list-style-type: none"> • The food put in the mouth is chewed and mixed with saliva to form a ball of food (bolus).
Oral stage		<ul style="list-style-type: none"> • The tongue mainly pushes bolus from the oral cavity to the pharynx.
Pharyngeal stage		<ul style="list-style-type: none"> • The swallowing reflex occurs and the bolus passes through the pharynx. • The epiglottis closes to prevent the bolus from entering the trachea.
Esophageal stage		<ul style="list-style-type: none"> • The bolus is sent from the esophagus to the stomach.



If there is a disorder somewhere in this flow, food intake becomes difficult. This is commonly known as eating and swallowing disorders.

3 Actuality of mealtime assistance

⦿ Points to remember regarding mealtime assistance

- Confirm the user's food preferences.
- Be careful to check whether there are any foods that the user should not eat due to medical conditions and treatment or allergies.
- Cook food soft enough or cut it small enough to make it easy to eat and to suit the chewing and swallowing ability of the user.
- Take care to serve warm food warm and cold food cold.

(Forms of foods to suit the user's chewing and swallowing ability)

Minced food: Food that is cut fine to make it easy to eat

Pureed food: Food made into a paste

Soft-cooked food: Food that is cooked soft but maintains its original shape

Thickened food: Food thickened for people with reduced swallowing function to prevent them from choking on liquids

1) Posture at mealtimes

⦿ Correct posture at mealtimes

Sit back in a chair with the soles on the floor. Lean slightly forward and draw in the chin.

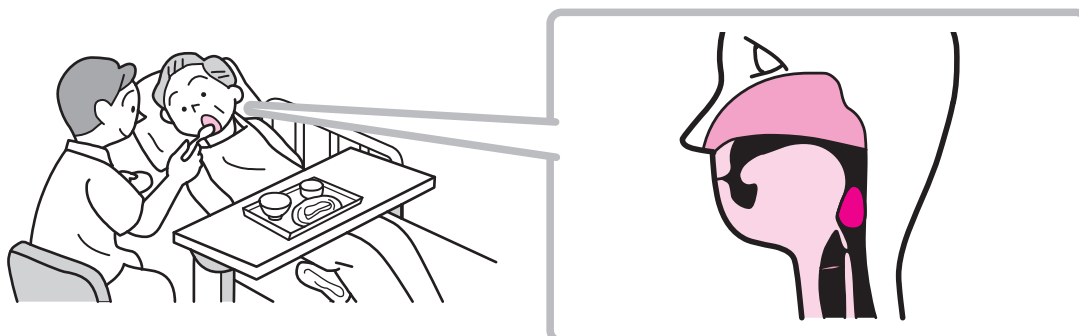


If the chin is lifted upward, it is dangerous as there is a risk of aspiration.

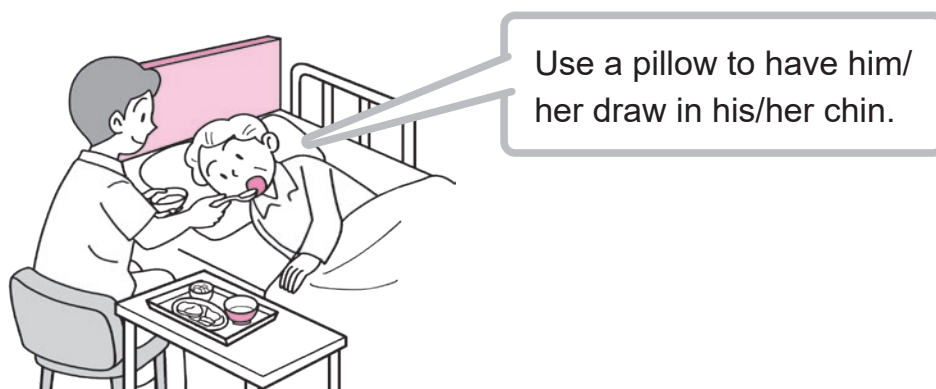


● Posture when having meals in bed

When it is difficult for the user to have meals in a sitting position, he/she may have meals in bed.

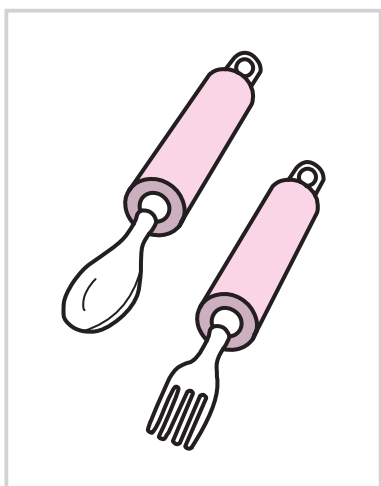


- Operate the gatch bed to allow the user to be raised to a half-sitting position.
- After raising the user, perform senuki, taking the user's back off the bed once and returning it.
- If it is difficult for the user to assume a half-sitting position, have him/her assume the lateral position.

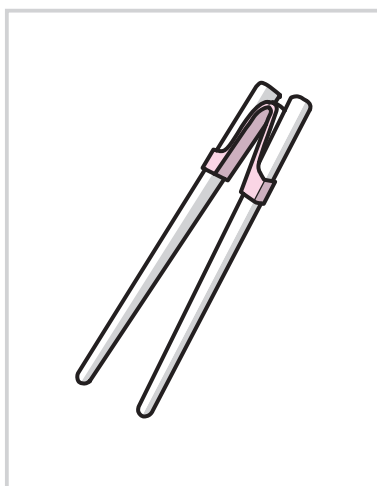


If the user has hemiplegia, position him/her with the unaffected side down.

● Mealtime tools



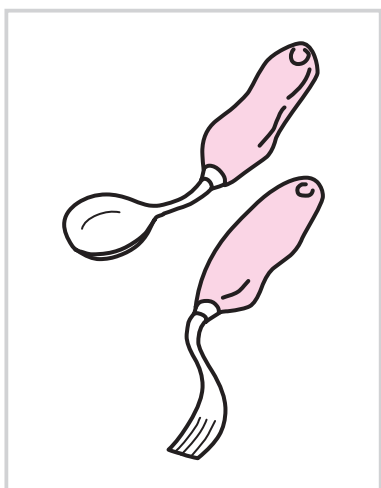
Easy-to-hold fork and spoon



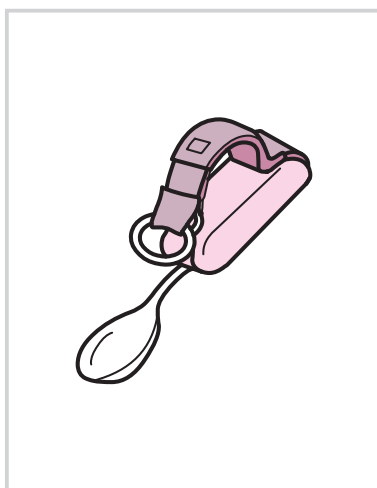
Chopsticks with spring



Easy-to-hold tableware



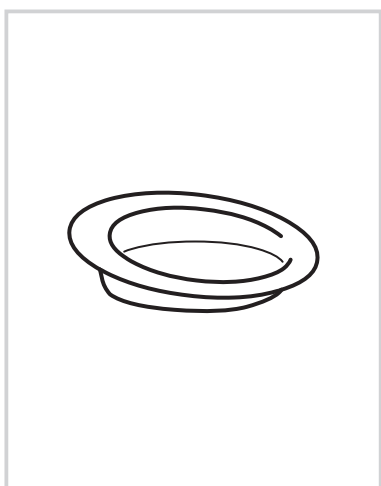
Bendable fork and spoon



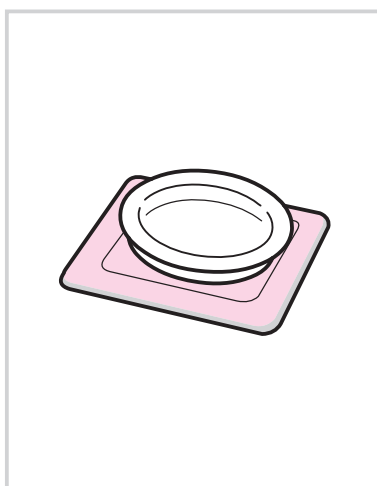
Strap-on spoon holder



Cup with handle



Easy-to-scoop food dish



Non-slip place mat

2) Actuality of mealtime assistance

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Have the user clean his/her hands.



- (4) Bring the user to the table and have him/her sit on the chair.



The care worker confirms in advance if there are things the user must not eat during the treatment of his/her disease or due to allergy.

- (5) Place the meal right in front of the user to make it visible to him/her.
- (6) The care worker should sit by the side of the user's dominant arm or diagonally in front of the unaffected side.

● Position of the care worker (in the case of a user who requires assistance)



(7) Explain the menu.

(8) Have the user first drink liquids such as tea or soup.



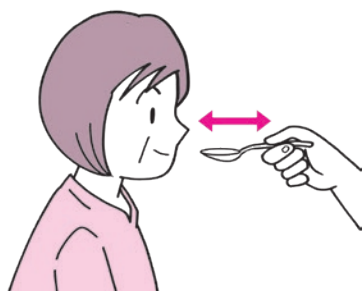
Moisten the inside of the mouth.

(9) Assist the user to have the meal in accordance with the user's pace.

- The care worker should assist the user, sitting and establishing eye contact on the same level.
- Adjust the pace of placing a mouthful of food into the user's mouth by asking or observing him/her.
- If the user has paralysis, place the food into the corner of his/her mouth from the unaffected side.
- Do not talk to the user while he/she is chewing to prevent aspiration.
- Confirm that he/she is chewing with his/her chin drawn in.
- When assisting with eating using a spoon, pull the spoon out from the mouth horizontally.



If you are standing while assisting the user with meals, the chin of the user is lifted up, which will increase the risk of aspiration.



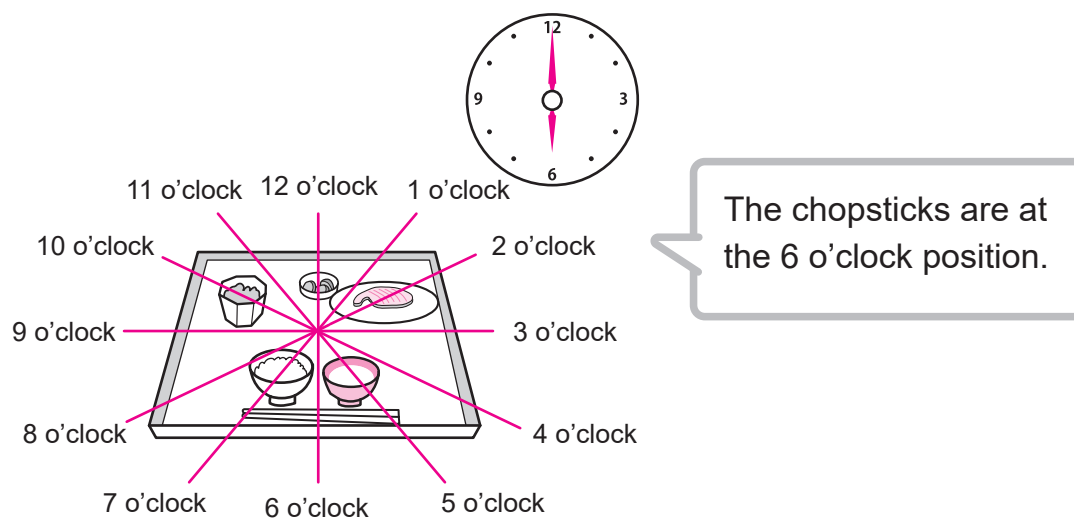
This is because if you pull the spoon upward, the user's neck also goes upward.

- (10) Ask the user to confirm that he/she is done with the meal.
- (11) Confirm that no food is remaining in the mouth.
- (12) Ensure that the user takes care of the oral cavity (gargling throat/brushing teeth/cleaning the dentures).
- (13) Have the user maintain a sitting position for about 30 minutes after meals to prevent aspiration pneumonia.

3) Points to remember regarding mealtime assistance

- Observe if the user has any problem regarding the pace of eating, posture, eating actions, and how he/she chews and swallows.
- Bring the food to the user's mouth as the user desires.
- For users with visual impairment, use the clock position method (a method of communicating the position of objects that corresponds to the numbers on a clock). Moreover, explain whether the food is hot or cold and how it is seasoned.

● Examples of clock positions



3

Nursing care related to elimination needs

1 Significance of excretion

Excretion serves to remove waste products from the body. The waste products include urine, feces, sweat, carbon dioxide, etc.

Excretion is an essential mechanism of the human body to stay healthy. Moreover, the excreted urine and feces show the state of health of the individual. It is important to provide nursing care for excretion according to the reason that it is required.



Excretion is an activity that makes people embarrassed. It is important to support the user by understanding how he/she feels when you provide care related to elimination needs.



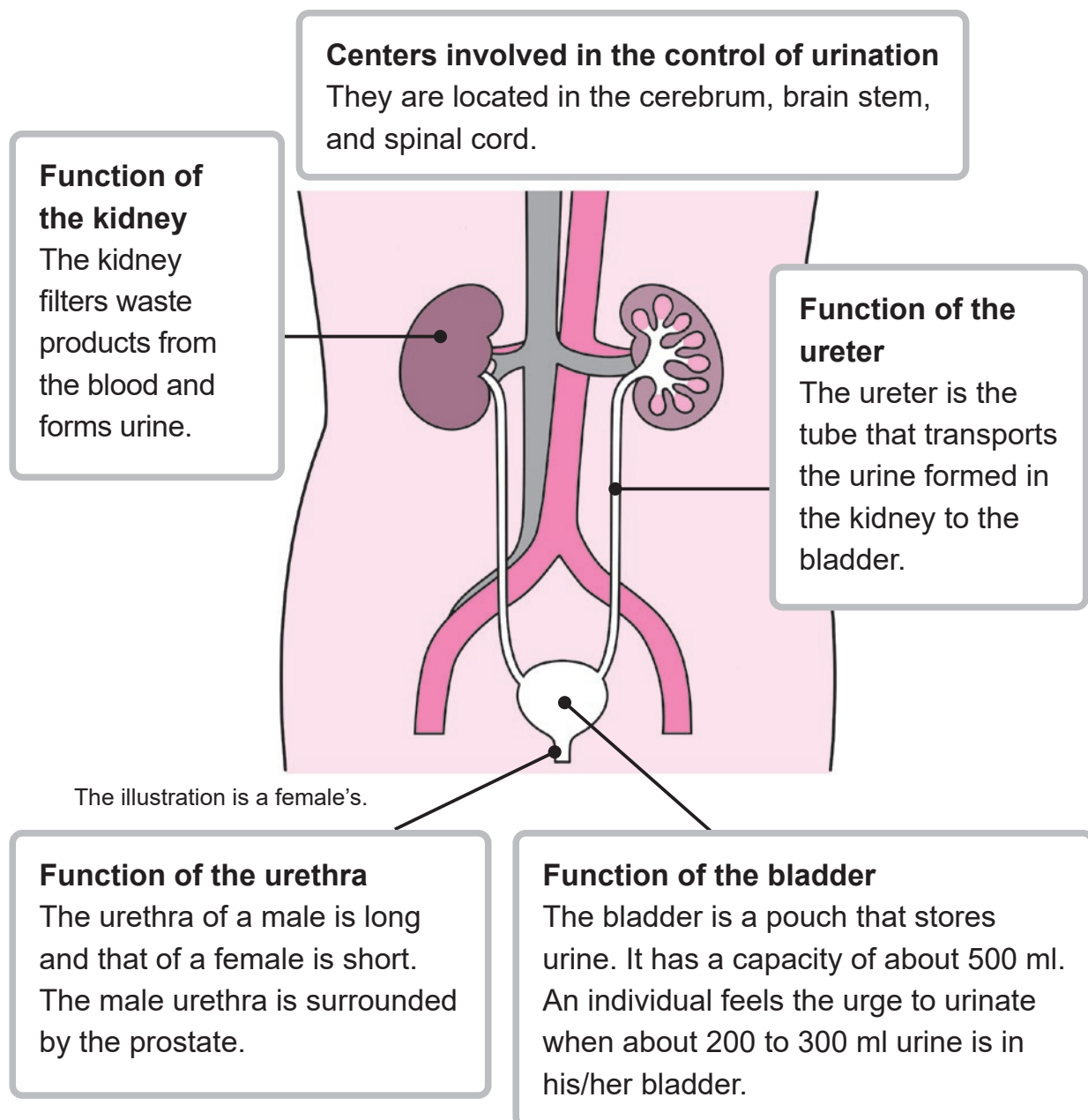
2 Mechanism of excretion

1) Mechanism of urination

The urine is formed in the kidney, then stored in the urinary bladder, and finally excreted through the urethra, which is called urination.

When a volume of 200 to 300 ml urine is in the urinary bladder, the individual feels the need to go to the toilet, which is called the urination urge.

● Regions of the body related to the formation of urine

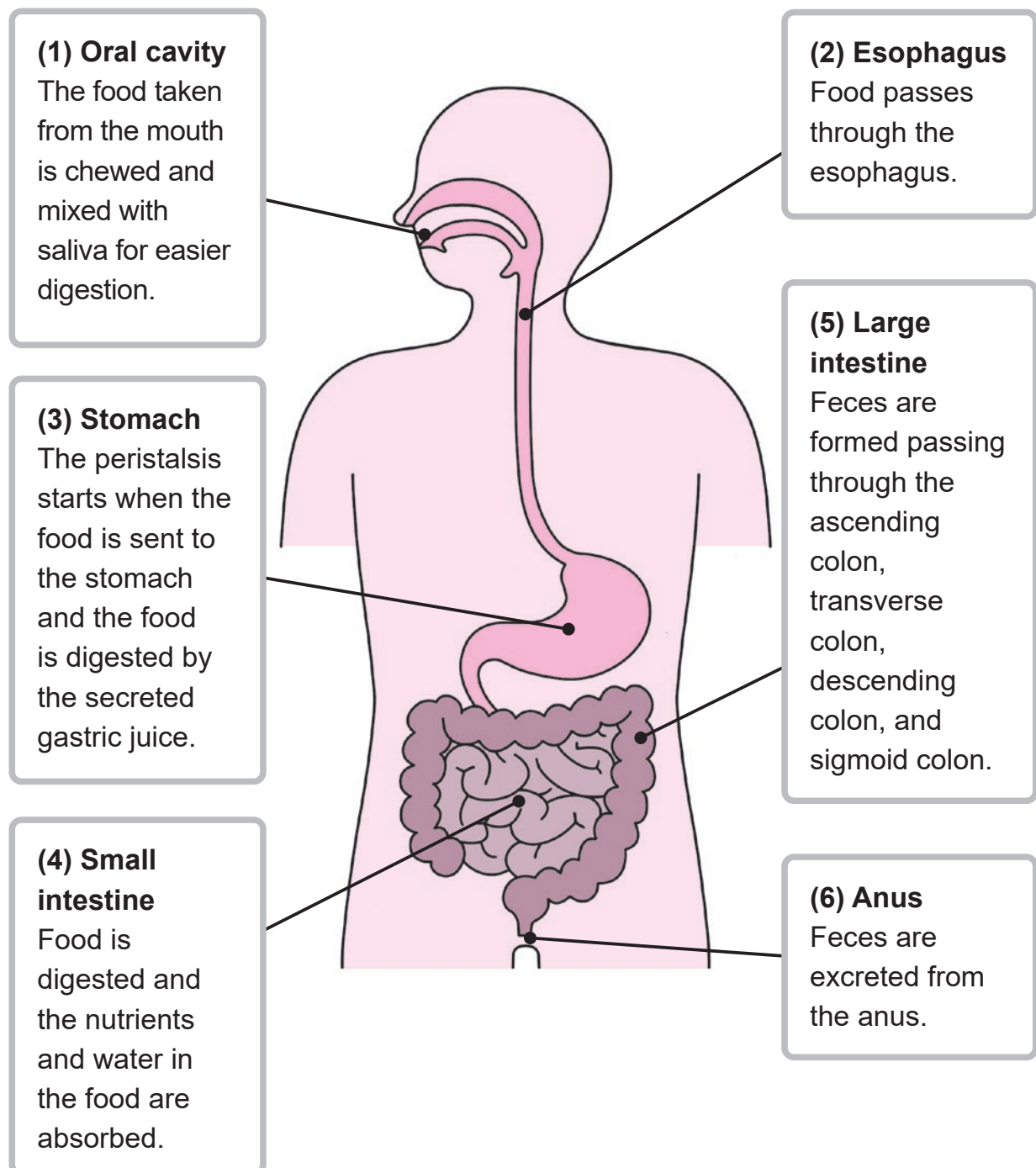


2) Mechanism of defecation

The food and liquid consumed orally are transferred from the mouth to the stomach where digestion begins. The food and liquid then move to the small intestine where the nutrients and water are absorbed. The waste products, etc. remaining after absorption become feces and are expelled from the body. This is called defecation. When the feces accumulate in the intestine of an individual, he/she feels the need to go to the toilet, which is called the defecation urge.

The urge disappears as time passes.

● Regions of the body related to the formation of feces



● Posture during defecation

By leaning forward and raising the heels, the path from the rectum to the anus, where the feces exits, becomes straight, making it easier for the feces to be excreted.



3 Appearance and amount of urine and feces

1) State of urination

The volume and frequency of urination are affected by the environment and diseases.

● Normal and abnormal urination

Urination		Normal urination	Abnormal urination
	Volume	1000-1500 ml per day	2000-3000 ml per day or more (polyuria) 300-500 ml per day or less (oliguria)
	Frequency	4-6 times per day	8 times or more during the day, 2 times or more at night (pollakiuria)
	Smell	No smell	Strong ammonia smell
	Color	Light yellow to transparent	Muddy, dark brown, red, etc.

2) State of defecation

Defecation is affected by the food consumed and diseases, etc., so its shape, color, and frequency will vary depending on the situation.

When you provide nursing care, you need to know the state of the normal defecation of the user.

● Normal and abnormal defecation


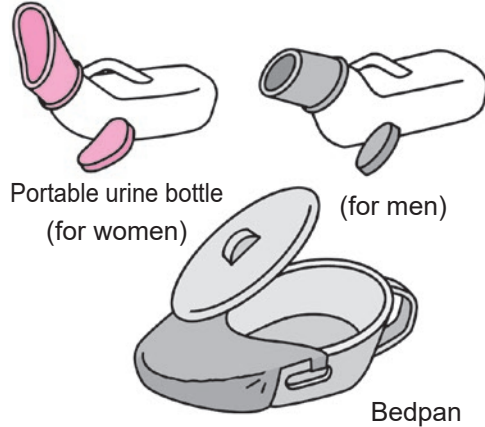
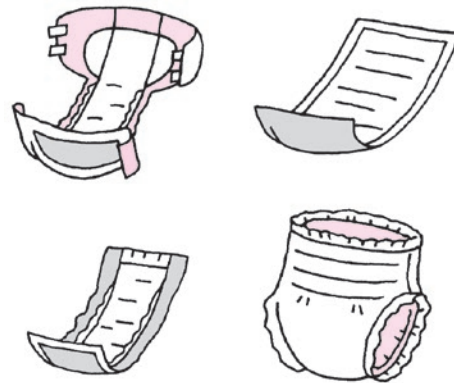
Defecation		Normal defecation	Abnormal defecation
	Frequency	1-2 times per day	Infrequent (constipation)
	Color	(Dark) brown	Red, black, white, etc.



4 Tools used in providing nursing care related to elimination needs

There are various tools for elimination needs. Use the tool that best suits the condition of the user.

Various tools for elimination needs

Tool	Shape	User of the tool
Portable toilet		A portable toilet is used by those who feel the urge to urinate/defecate but are unable to go to the bathroom and for nighttime toilet use.
Portable urine bottle/bedpan	 Portable urine bottle (for women) (for men) Bedpan	These tools are used by those who feel the urge but are bedridden, are in poor physical condition, and/or have difficulties in maintaining a sitting position.
Diaper/incontinence pad		For those who are not aware of urination/defecation (urinary incontinence/fecal incontinence) and those who have difficulties in using a portable toilet, etc.

5 Effect of reduced functions and disorders of excretion (Urinary incontinence/constipation/diarrhea)

1) Urinary incontinence

Urinary incontinence refers to the involuntary leakage of urine.

● Kinds of urinary incontinence

	Condition
Stress urinary incontinence	Urinary leakage due to coughing, sneezing, etc. causing abdominal pressure.
Urge incontinence	The individual gets a feeling of wanting to pass urine but cannot hold it and suffers urinary leakage before getting to the toilet.
Overflow incontinence	Gradual urinary leakage occurs because the urinary tract is blocked due to prostatic hyperplasia, etc.
Reflex incontinence	Leakage of urine occurs due to spinal cord injuries, etc.
Functional incontinence	Leakage occurs because the individual cannot complete all the movements related to urination in time. Leakage occurs as 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.

2) Constipation

Constipation refers to a state in which the frequency of bowel movement and/or volume of feces are continuously lower than usual.

● Kinds of constipation

	Condition
Functional constipation	Constipation caused by bodily functions.
Organic constipation	Constipation that occurs when the path of feces is blocked due to a tumor and/or inflammation.

Points of nursing care

- Make it a habit of the user to go to the bathroom regularly.
- Ensure that the user's fluid intake is maintained.
- Include a good amount of dietary fiber in the user's diet.
- Include exercise in the user's daily life.
- Report to the medical staff if the user's constipation does not improve.

3) Diarrhea

Diarrhea refers to loose or watery feces.

Points of nursing care

- As fluids are lost, ensure that the user does not become dehydrated.
- If oral intake of fluids is possible, have the user drink warm water or a sports drink at room temperature.
- As the watery feces can irritate the skin, keep the area around the user's anus clean by wiping or washing.

Acute diarrhea may be caused by an infectious disease. Report it to the medical staff.



Excretion is affected by psychological stress. Carefully assess the condition of the user and listen to the user's complaints. Attentively observe the state of the excreted urine and feces.

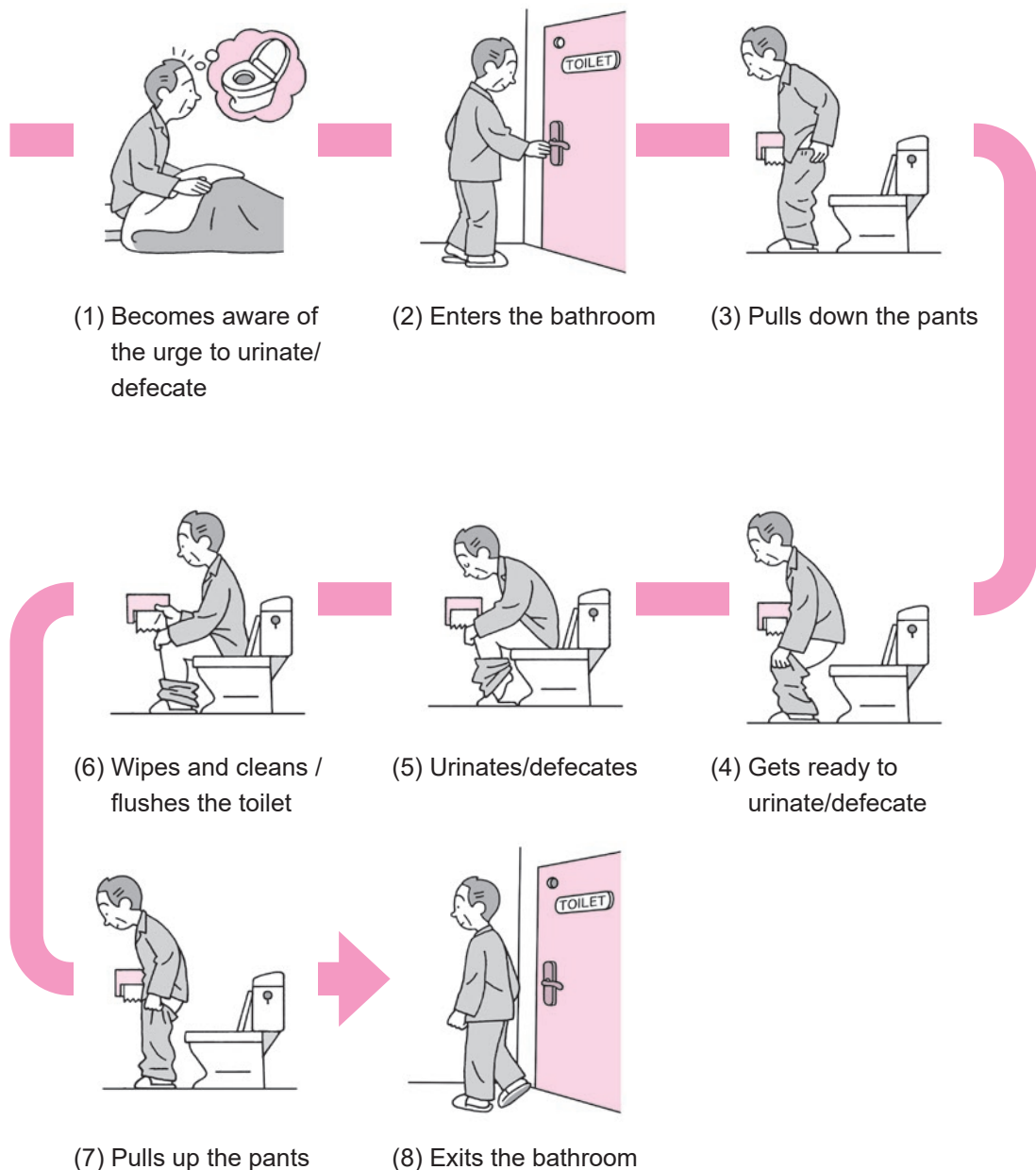
If you suspect any abnormalities in the user's physical condition, report this to the medical staff immediately. This is to protect the user's health.

6

Process of the activities involved in excretion

Many activities are involved in the usual excretion. Excretion is related to complex functions of nerves and movements in the body.

● Process of the activities involved in excretion



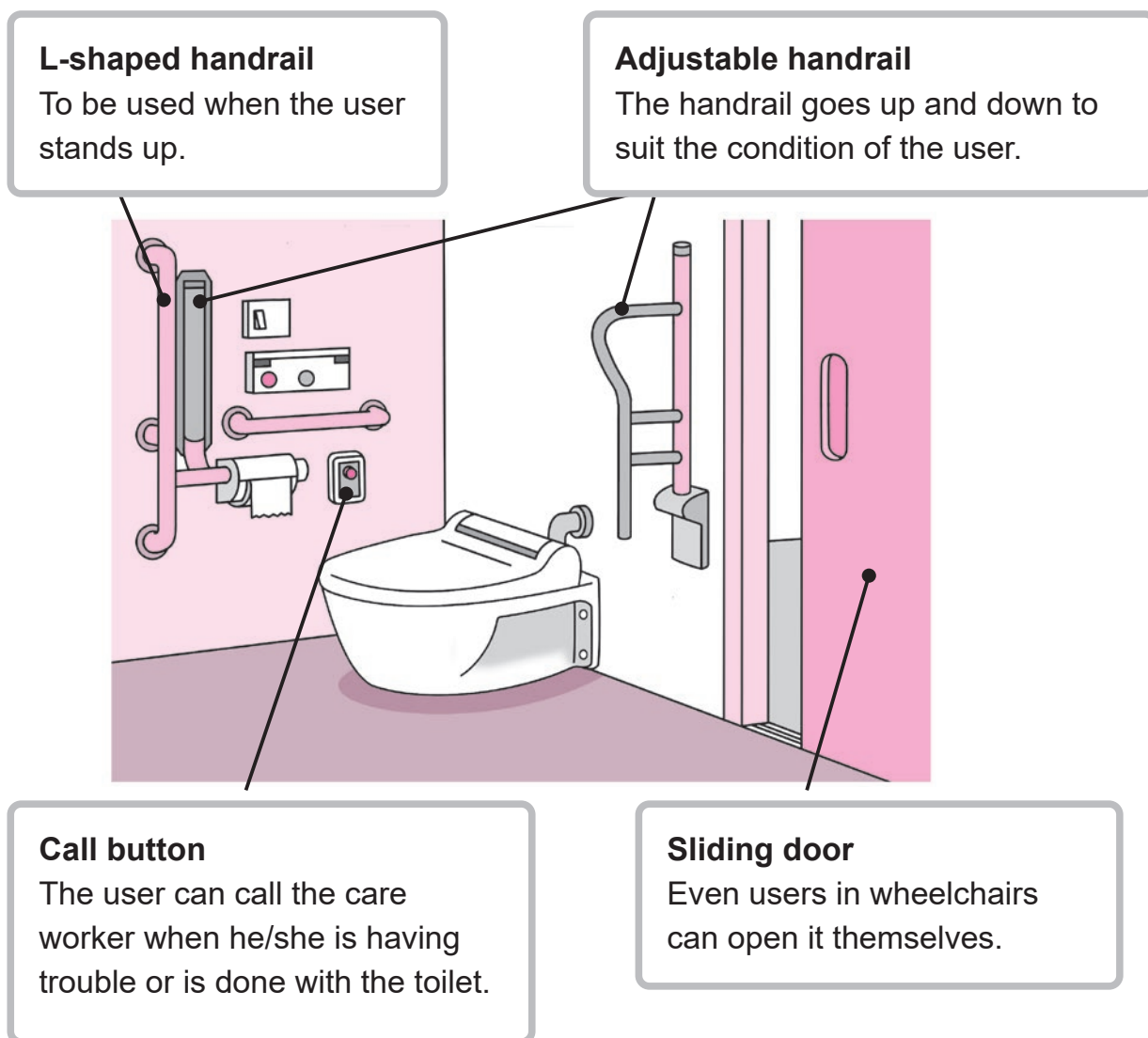
The user who needs toilet assistance suffers from heavy psychological burdens. It is necessary to provide nursing care, making sure that his/her dignity is maintained.

7 Actuality of nursing care related to elimination needs

◎ Key points for nursing care related to elimination needs

- Stick to the user's excretion routine.
- Be considerate of the embarrassment the user feels.
- Pay attention to the odor.
- Choose the appropriate method of and tools for excretion.
- The care worker should use disposable gloves and aprons for the prevention of infectious diseases.

● Example of the environment for excretion



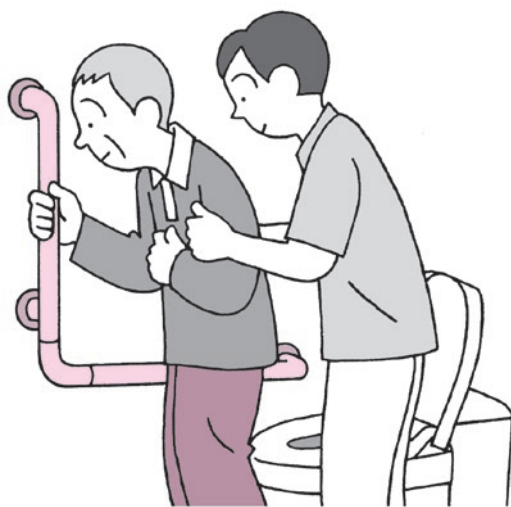
1) Nursing care in the toilet

The explanation here uses a user with left hemiplegia as an example.

- (1) Guide the user to the toilet.



- (2) Have the user hold the rail with the hand of the unaffected side.



The care worker stands by the affected side of the user to maintain stability.

- (3) The care worker stands by the affected side of the user and pulls down the user's pants and underwear.



- (4) Have the user sit on the toilet seat while holding onto the handrail.



Confirm that the user is maintaining a stable sitting position.



- (5) The care worker goes out of the bathroom stall and closes the door.
- (6) When the user signals that he/she is done, the care worker goes into the bathroom stall.
- (7) The care worker pulls up the user's pants and underwear as far as they go.



If the pants and underwear are pulled up halfway while the user is seated, it will reduce the load when standing.

(8) Have the user stand up while holding onto the handrail.



Confirm that the foot of the unaffected side is drawn back when the user stands up.



(9) If the user's standing position is stable, have him/her pull up the pants and underwear by him/herself.



(10) Confirm that the pants and underwear are fully pulled up.

2) Nursing care using an inserting-type bedpan/bedpan

- (1) Get the necessary tools and supplies ready.
- (2) Close the curtains to protect privacy.
- (3) Adjust the height of the bed to suit the care worker.
- (4) Place a waterproof sheet on the bed.
- (5) Raise the user's knees, have him/her lift his/her lower back, and pull the pants and underwear down.
- (6) Have the user lift his/her lower back and place the bedpan so that the anal area is over the center of the pan and check the condition.



Put a towel over the user's abdomen for privacy.





If the head end of the gatch bed is raised, it will make it easier to increase abdominal pressure.

- (7) Have the user lift his/her lower back, clean him/her, and remove the bedpan.



- (8) Observe the user’s skin.
- (9) Have the user assume the lateral position and remove the waterproof sheet.
- (10) Pull the user’s underwear and pants up and tidy the clothes.
- (11) Adjust the height of the bed back to its initial height.
- (12) Check the user’s physical condition.
- (13) Clear away all used items.

● **Toileting using a urine bottle**

Male	Female
Place the user in a lateral position, place a pillow, etc. at the back, and put the urine bottle in place.	To prevent urine from splashing, use a tissue, etc., to direct the urine into the urine bottle.
	

3) Nursing care related to diaper change

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Get the necessary supplies ready.
- (4) Adjust the bed to a height that is suitable for the care worker.
- (5) Have the user assume the lateral position and spread the waterproof sheet on the bed.



- (6) Have the user assume the supine position and lift up his/her hips, and pull down the pants.



- (7) Peel the tapes of the diaper off.
- (8) Clean the user's genital area with warm water using a bottle shower.
If the user is a female, wash and wipe from the urethra to the anus (to prevent infection).
Clean the areas thoroughly, even where the skin is folded.



The water temperature should be about the same as the body temperature (The genital area is temperature-sensitive).

(9) Wipe away moisture with a dry towel.



(10) Have the user assume the lateral position and roll up the soiled diaper.

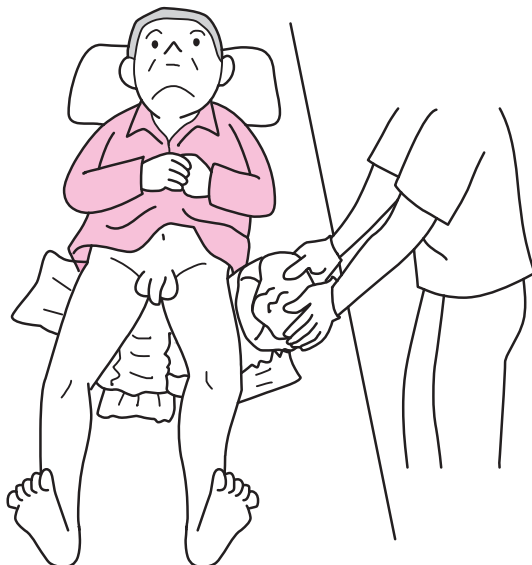


Roll the diaper up with the soiled side facing inwards.

(11) Put a new diaper under the rolled-up diaper.

Have the user assume the supine position and pull out the soiled diaper from the opposite side.

Remove the gloves after disposing the soiled diaper.



• Descriptions are simplified for use as a study text.

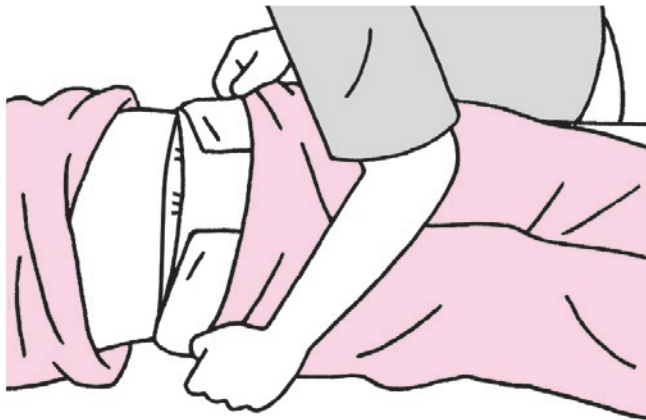
- (12) Stick the tapes with enough room to allow a few fingers to be placed in the abdominal and femoral regions.



Strong pressure can cause itching.



- (13) Have the user lift his/her lower back and pull the pants up.
Tidy the clothes and bed sheet.



Wrinkled clothes and sheets can cause discomfort and/or pressure ulcers.



- (14) Ventilate the room.
(15) Confirm the physical condition.
(16) Clear away all used items.

4

Nursing care related to grooming

1 Significance of grooming

Grooming refers to the activities we perform to make ourselves neat and clean such as washing our face, brushing our hair, and changing clothes. Grooming is not just to be physically clean. It involves expressing our individuality and is connected to psychological independence. Grooming is important for the maintenance of relationship with others in the society.



2 Mechanism of mind and body related to grooming

Grooming is a method of expressing your individuality. It is important to provide nursing care, respecting the lifestyle and values of the user. Assisting the user in his/her grooming activities will improve the user's will to live.

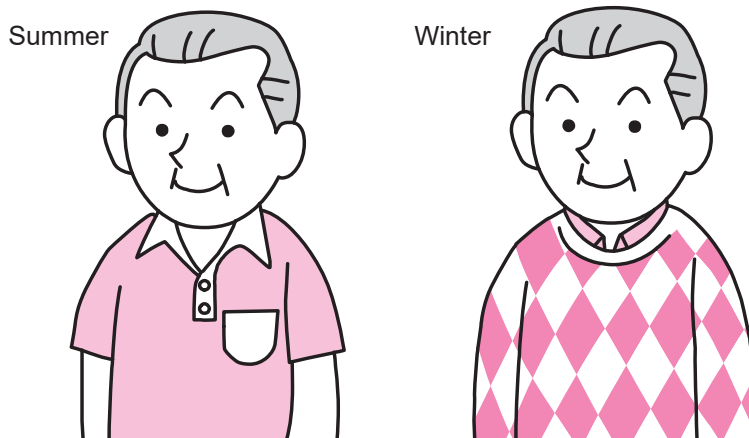
(Positive effects of grooming)

- (1) Helps adjust body temperature and protects the skin.
- (2) Helps maintain and improve physical and mental functions.
- (3) Promotes a safe and comfortable life.
- (4) Helps to improve daily rhythm.
- (5) Helps to express individuality.

◎ Points to remember regarding nursing care related to grooming

- Respect the user's individuality such as lifestyle and preference.
- Provide support suitable for the season, the activity of the day, etc.
- Provide support suitable for the state of mind and body of the user.

● Clothes suitable for the season



3 Actuality of nursing care related to changing clothes

⊙ Key points for nursing care related to changing clothes

- Avoid exposing the skin and be considerate of the embarrassment the user feels.
- If the user has paralysis, have him/her undress from the unaffected side and dress from the affected side (dakken chakkan = undress unaffected side, dress affected side).

1) Nursing care for dressing and undressing in a sitting position

⊙ Outerwear

The explanation here uses a user with paralysis as an example.

- (1) Confirm with the user his/her physical condition.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Set the surrounding environment.
Adjust the room temperature.
- (4) Keep ready the clothes to wear after the change of clothes.
Have the user choose the clothes that suit his/her preference.



People have different tastes in clothes, and clothes are a way of expressing individuality. For users with visual impairments, have him/her touch the clothes and explain the style.



(5) Have the user take off his/her outerwear.

- Check that the user's sitting posture is stable, and the care worker should position himself/herself on the affected side of the user.



This is because the affected side is weak and the user has a tendency to fall toward the affected side.

- Have the user undress, starting from the unaffected side (dakken chakkan = undress unaffected side, dress affected side).



The burden on the affected side is reduced by undressing from the unaffected side, which has a wider range of motion.

- The care worker provides assistance where the user has difficulty in moving his/her arm and/or reaching with his/her hand.

(6) Have the user put on his/her outerwear.

- First, place the user's arm of the affected side into the sleeve.



(7) Confirm whether the user finds the outerwear comfortable.

- Confirm that the underwear is not crumpled.



Wrinkles and sags
will make clothes
uncomfortable to wear.



(8) Confirm with the user that there is no change in his/her physical condition and that he/she is not feeling any pain.

◎ Pants

The explanation here uses a user with paralysis as an example.

The procedure from (1) to (4) is the same as that for nursing care related to putting on/ taking off the outerwear for the user assuming a sitting position.

(5) Have the user take off his/her pants.

Have the user to hold on to something stable and, if possible, assume a standing position.

Have the user take off his/her pants, starting from the unaffected side (dakken chakkan = undress unaffected side, dress affected side).



Raising a leg makes it easier to lose balance.



If the user is unstable in a standing position, have him/her tilt his/her upper body upwards on the unaffected side while sitting down and lower his/her pants as far as possible.

Assistance to suit the user's physical ability will prevent the user from falling.



(6) Have the user put on his/her pants.

- Have the user put his/her legs through the pants, starting with the affected side and then the unaffected side, while sitting down. Have the user pull up the pants as far as he/she can. Have the user stand up and pull up the pants.



(7) Confirm whether the user finds the pants comfortable.

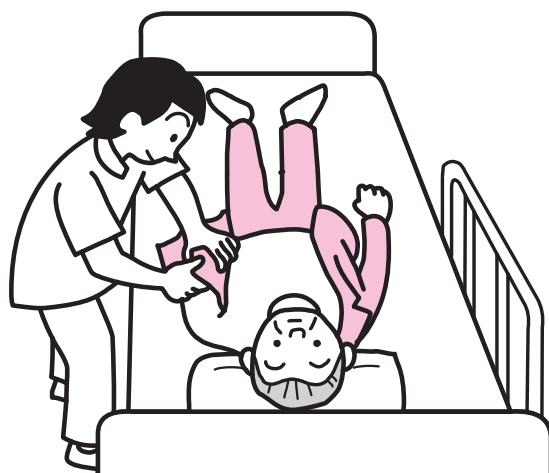
(8) Confirm with the user that there is no change in his/her physical condition and that he/she is not feeling any pain.

2) Nursing care for dressing and undressing in the supine position

The procedure from (1) to (4) is the same as that for nursing care related to dressing and undressing outerwear in a sitting position.

(5) Have the user take off his/her outerwear.

- The care worker positions himself/herself on the unaffected side of the user.
- Unfasten the buttons and have the user take off his/her outerwear, starting from the unaffected side. Roll up the taken-off part of the clothes and put it under the user's body.



Taking off the clothes starting from the unaffected side helps reduce excessive movements using the affected side.



- Place the user in a lateral position with the unaffected side down. Pull out the clothes from under the user's body.



Be careful not to put the paralyzed side down if the user has paralysis.

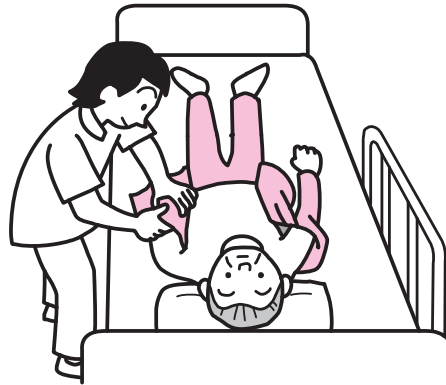
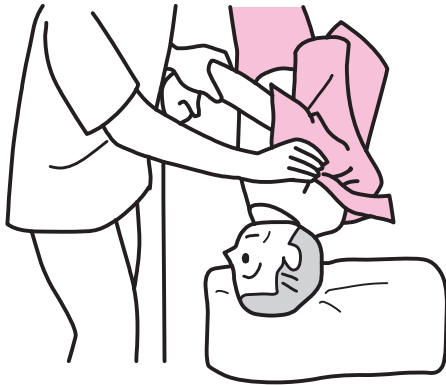


- Lastly, have the user take off the sleeve of the affected side.

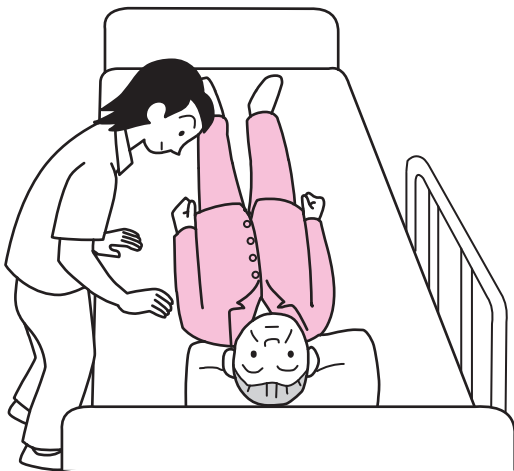


(6) Have the user put on his/her outerwear.

- Put on the sleeve of the affected side first.
- Put the other part of the clothes under the body of the user.
- Have the user assume the supine position and pull out the clothes from under the user's body.
- Confirm that the back and sides of the clothes are properly lined along the body.

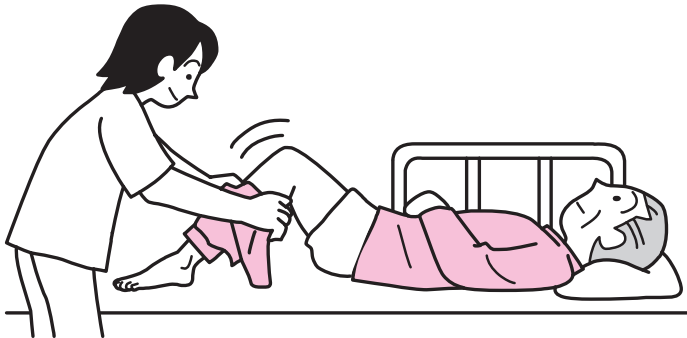


- Put the user's arm of the unaffected side into the sleeve.



(7) Take off the pants.

- Have the user take off the pants from the unaffected side first.
- If the user is capable of raising the lower back, have him/her raise the lower back.



(8) Put on the pants.

- Have the user put on the pants from the affected side first.
- If the user is capable of raising the lower back, ask him/her to do so.

(9) Confirm whether the user finds the pants comfortable.

(10) Confirm with the user that there is no change in his/her physical condition and that he/she is not feeling any pain.

4 Nursing care related to face washing, hairdressing, shaving, nail clipping, and putting on make-up

◎ Key points for nursing care related to face washing

Washing your face when you wake up in the morning will make you get rid of the dirt on the skin and feel refreshed.

- Have the user moisturize the skin after washing the face to prevent dry skin.
- With a warm towel, wipe the face of the user who cannot wash his/her face by him/herself.

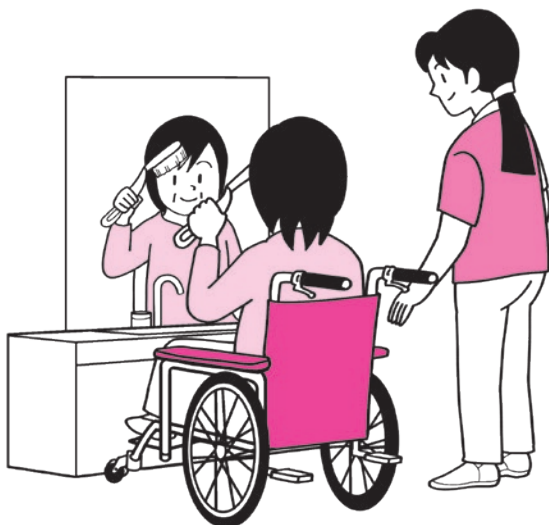


Brushing the scalp removes dirt and improves blood flow.

◎ Key points for nursing care related to hairdressing

Hairstyle preference differs from person to person.

- Confirm the condition of the user's hair and scalp.
- Use the tools to suit the condition of the user.



A hair brush that can be used by a person without raising his/her hand.



◎ Key points for nursing care related to shaving

Preference on how to groom a beard differs from person to person.

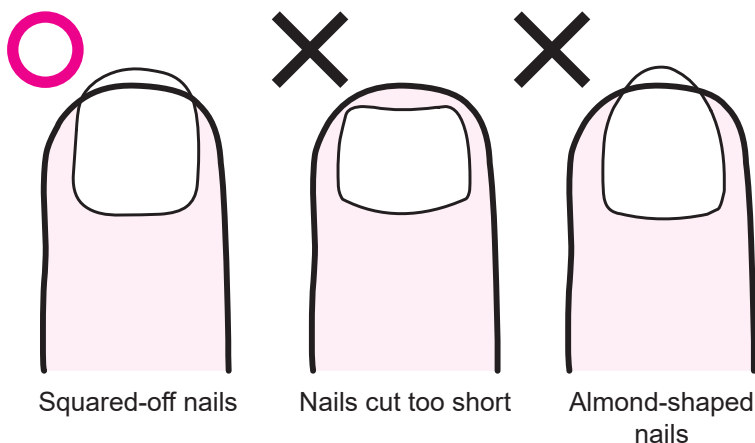
- When you use an electric razor, hold it at right angles to the skin.
- Shave, lightly stretching the wrinkles.
- Check if there is any stubble left unshaved.
- Protect the skin with shaving lotion, etc.



◎ Key points for nursing care related to nail clipping

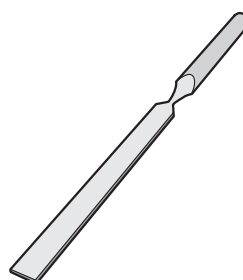
If you do not take care of your nails, dirt accumulates between the nail and the skin and makes the area filthy. Moreover, long nails can harm the skin. Nails are affected by health condition.

- Clip the nails while they are soft after the user takes a bath.
- Confirm the condition of the nails and surrounding skin.
- If any abnormalities with the nails is observed, report it to the medical staff.



● Nail clipper

● Nail file



⦿ Key points for nursing care related to putting on make-up

Putting on make-up is an expression of individuality.

- Adopt the preference and desires of the user.
- Before going to bed, have the user remove any make-up and condition the skin. If the user is unable to do this, the care worker should do it for him/her.

5 Oral care

1) Significance of oral care

- Helps keep the oral cavity clean and prevent decayed teeth, periodontal diseases, and halitosis (bad breath).
- Helps reduce the number of bacteria in the oral cavity and prevent aspiration pneumonia.
- Helps promote saliva secretion and prevent dryness of the oral cavity.
- Helps maintain the sense of taste and increases appetite.

⦿ Key points for nursing care related to brushing teeth

- First, have the user gargle.
- Brush each tooth with a short quick motion, leaving no tooth unbrushed.
- Observe the state of the oral cavity.
- Pay attention to the oral cavity area of the affected side of the user with paralysis, as food pieces tend to be left on that side.

If you find bleeding and/or swollen gum, report it to the medical staff.

● Nursing care related to brushing teeth (from the front)

Prevent aspiration by providing nursing care establishing eye contact on the same level as that of the user.



● Nursing care related to brushing teeth (from the back)

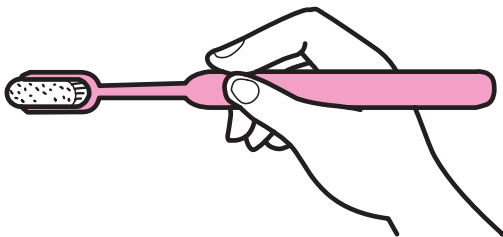
Do not lift the chin of the user, as it can pose a risk of aspiration.



Placing your arm this way will help keep the head of the user in this position and maintain a stable posture.

● How to hold a toothbrush

Hold the toothbrush like you hold a pencil.

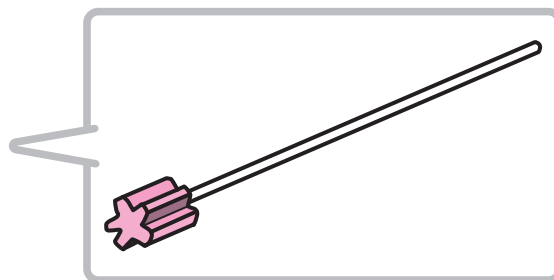
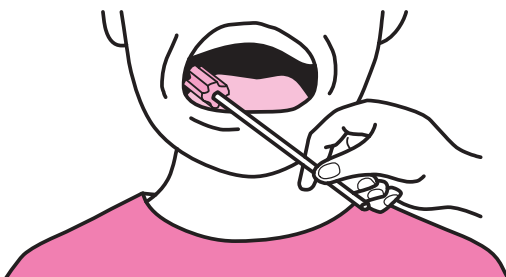


This prevents damage to the gums and teeth as it prevents excessive force from being applied.



● Using a sponge brush

If it is not possible to use a toothbrush for cleaning teeth, use a sponge brush, etc.

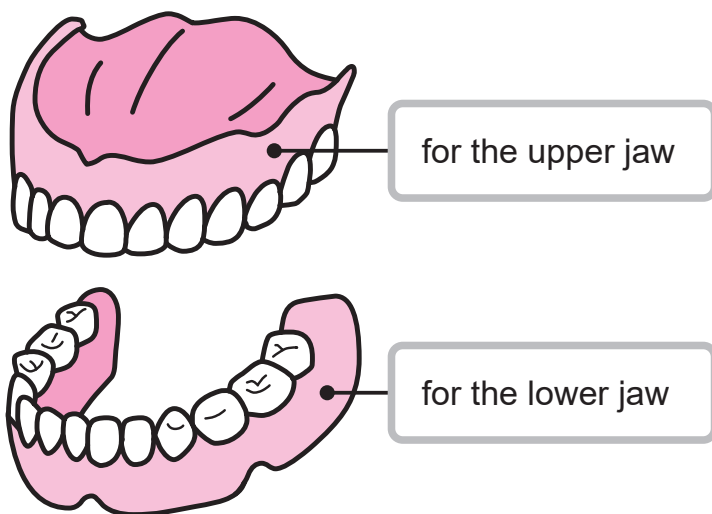


⦿ Keeping the dentures clean and its storage

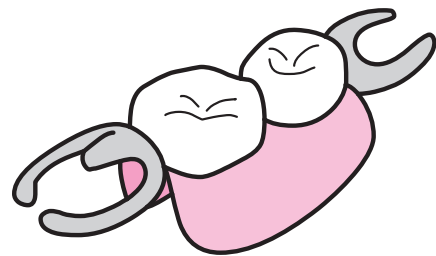
Dentures are replacements for lost teeth. There are full and partial dentures.

- They need to be removed and cleaned after each meal, as they tend to cause the propagation of bacteria.
- Use a brush and clean with running water.
- Dentures may crack if they dry out. Store dentures in a container with water or denture cleaner.
- After removing the dentures, brush the remaining teeth.

● Full dentures



● Partial dentures



5

Nursing care related to bathing/keeping clean

1

Significance of bathing/keeping clean

We have a bath to remove dirt and keep ourselves clean. Bathing makes us feel relaxed, refreshed, and satisfied. Moreover, it is effective for regulating the rhythm of life.

2

Mechanism of mind and body related to bathing/keeping clean

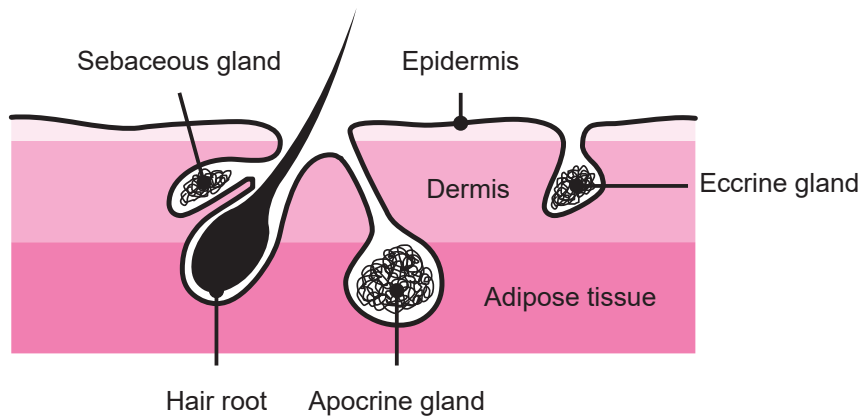
⊙ Positive effects of bathing/keeping clean

- The blood vessels expand and blood circulation improves.
- Metabolism is activated.
- Reduces joint and muscle pains and improves joint movements.
- Improves gastrointestinal functions and promotes appetite.
- Cleanses the skin and prevents infection.
- Reduces stress and makes us refreshed and satisfied.

1) Functions of skin

- Absorbs the impact from outside to protect internal organs.
- Prevents stimulation from hazardous substances.
- Moisturizes the skin with sweat and sebum.
- Regulates the body temperature by retaining heat and perspiration.

● Structure of skin and sweat glands



⊙ Kinds of sweat glands

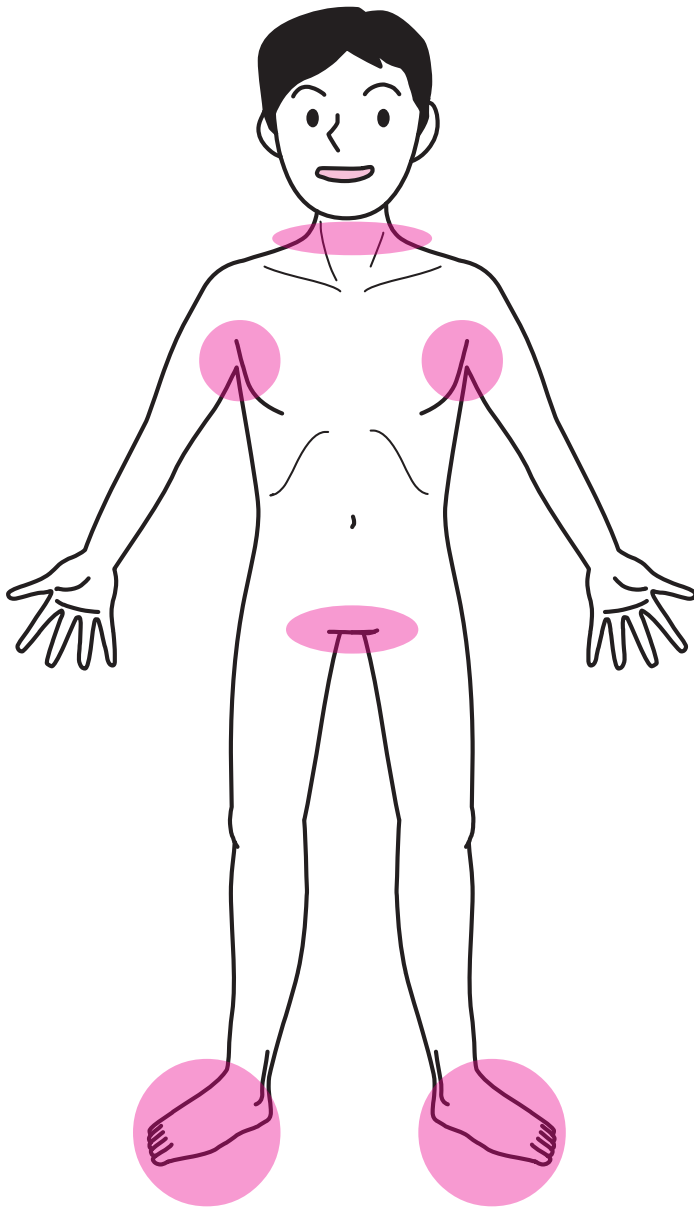
Eccrine glands: Distributed all over the body; they do not smell.

Apocrine glands: Distributed in the armpits, etc.; they smell.

⦿ Areas of the skin that are easy to get dirty

The skin gets dirty due to the secretion of sweat and sebum.

● Areas that are easy to get dirty



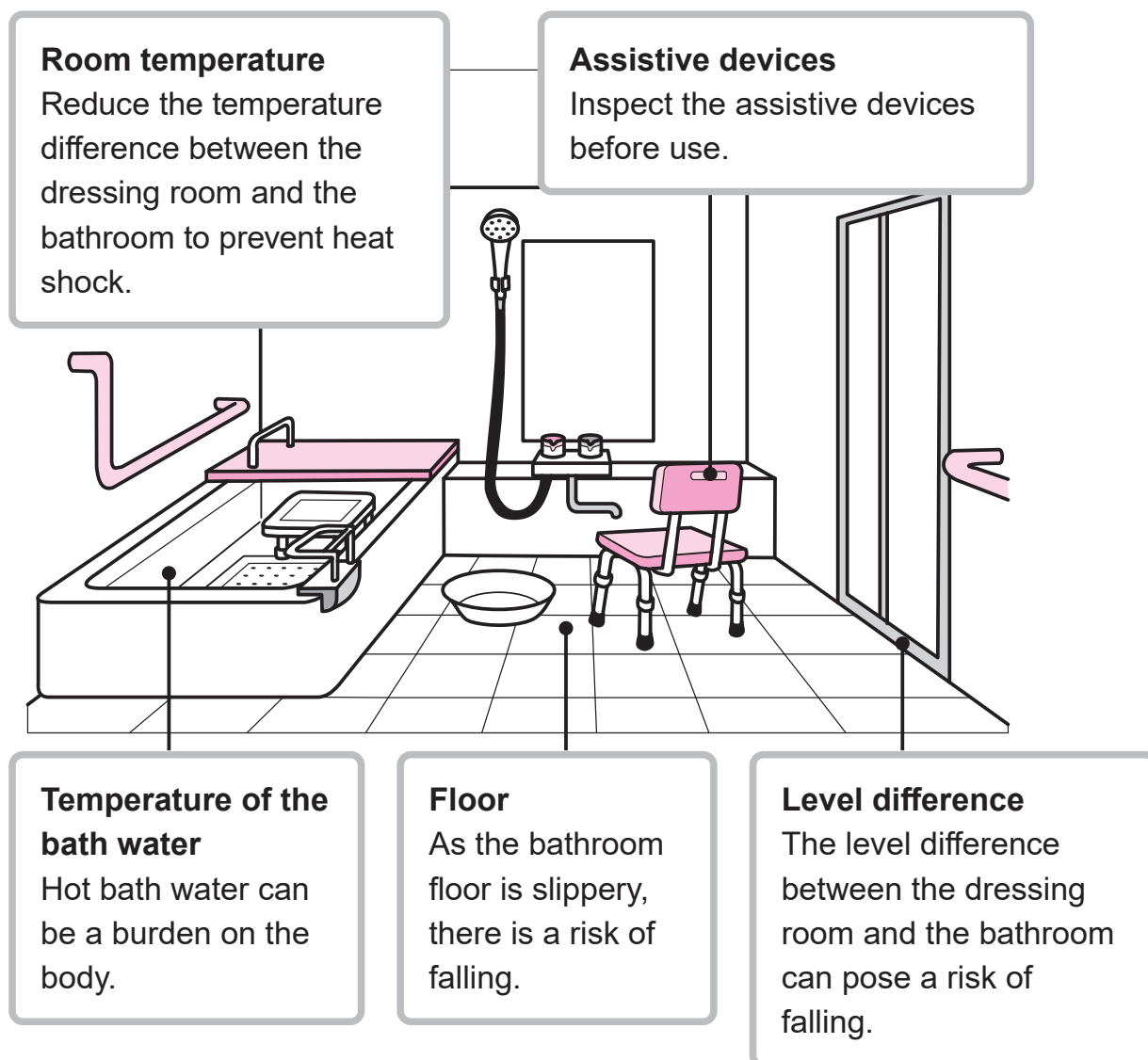
Areas that are easy to get dirty are areas where the skin overlaps.

3 Actuality of bathing/keeping clean

◎ Points to remember regarding bathing/keeping clean

- Be considerate of the feeling of embarrassment of the user.
- Manage the physical condition of the user. Observe the state of the user's skin. If you find any problem, report it to the medical staff.
- Improve the bathing environment to prevent falling, heat shock, etc.

● Improvement of the bathing environment



Explanation of terminology

Heat shock

A sometimes life-threatening reaction to the sudden change of temperature. Heat shock is a word created in Japan by combining two English words.

1) Nursing care related to bathing

(Before bathing)

- (1) Confirm the physical condition of the user.
- (2) Explain to the user the purpose and contents of your actions and obtain consent from him/her.
- (3) Improve the surrounding environment.
 - Adjust the room temperature.
- (4) Prepare the clothes to wear after the user has a bath.
 - Have the user choose the clothes to suit the user's preference.
- (5) Have the user to sit on the toilet before taking a bath.
 - This is because he/she may feel the urge to urinate while having a bath.



Bathing on an empty stomach or immediately after meals should be avoided as it reduces digestion and absorption. To prevent dehydration, make sure that the user is well hydrated before bathing.

(Taking the clothes off)

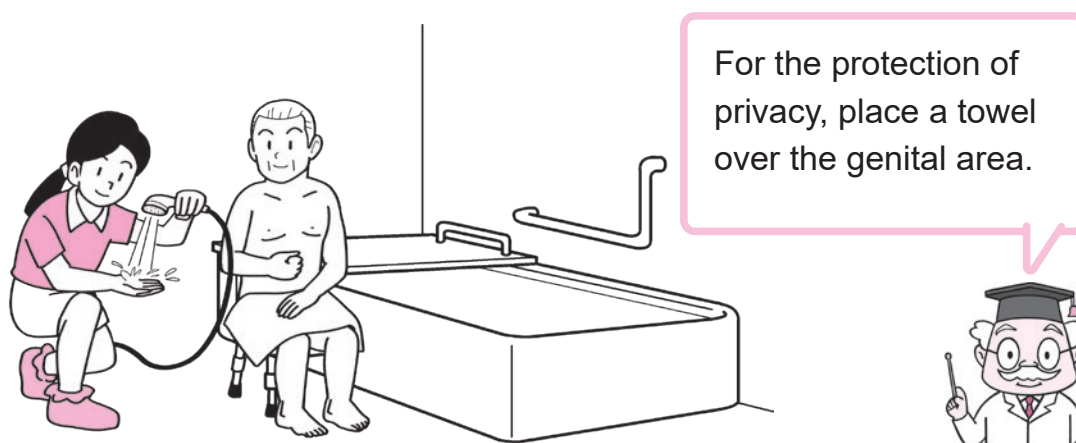
In order to ensure safety, the user takes off the clothes, sitting on a chair.

- If the user has paralysis, have him/her undress from the unaffected side and dress from the affected side.

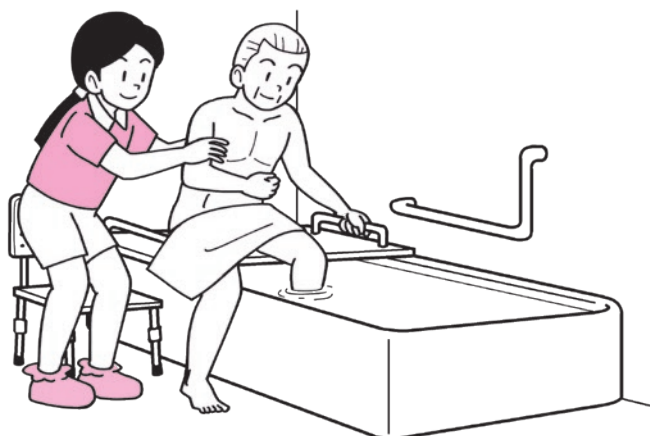


(During bathing)

- (1) When the user moves from one place to another, move along with him/her to prevent falling.
 - If the user has paralysis, the care worker should position himself/herself on the affected side.
- (2) Give a shower.
 - First, check the water temperature by pouring some water on your hand.
 - Second, have the user check the water temperature.



- When showering, start pouring the water on the user's fingertips first and gradually move to the center of the body.
 - If the user has paralysis, pour the water starting from the unaffected side.
- (3) Wash the user's body.
 - Make a good lather with liquid soap and wash the skin without scrubbing it hard.
 - Confirm that the areas that are easy to get dirty have been cleaned.
 - (4) The user gets in the bathtub.



If the user has paralysis, have him/her get in, starting from the unaffected side.



- Confirm that the user's posture is stable.
- Support the user, as the affected side of the body tends to move up toward the surface of the water.
- Check the user's facial expressions to confirm his/her physical condition.

(5) Have the user get out of the bathtub.

- Be careful as there is a possibility of orthostatic hypotension when standing up suddenly in the tub.
- (6) Have the user pour some bath water on his/her body.

(Washing the hair)

- Wet the user's hair with water from the shower.
- Use shampoo after making a good lather.
- Wash the head with the balls of your fingers. Scratching with the fingernails will damage the skin.



(After bathing)

- (1) Wipe the user's body.
 - Wipe with a dry towel to prevent the lowering of the body temperature.
 - Wipe the body by pressing lightly with a towel, as rubbing will damage the skin.
 - Do not forget to wipe the areas where the skin is folded.
 - Prevent drying of the skin with a moisturizing cream, etc.
- (2) Have the user put on his/her clothes on.
- (3) Use a hair dryer to dry the user's hair.



Direct the warm air from the dryer on to your hand to prevent the user from getting a burn.

- (4) Encourage the user to take in fluids and get some rest.

● Partial bath (Hand bath/foot bath)



Hand bath

Place warm water in a washbowl, etc. to wash the user's hands. Lastly, pour clean warm water over the hands to complete washing.



Foot bath

Place warm water in a bucket, etc. to wash the user's feet. Lastly, pour clean warm water over the feet to complete washing.



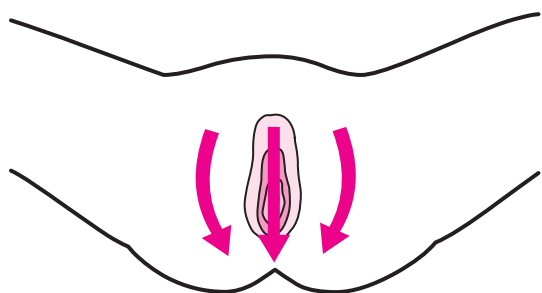
After a hand/foot wash, fingernails/toenails become softer, making it easier to clip them.

⦿ Cleaning the genital area

It is easy for the genital area to get dirty due to sweat and bodily waste. If the area is kept uncleaned, there will be odor and bacterial infection.

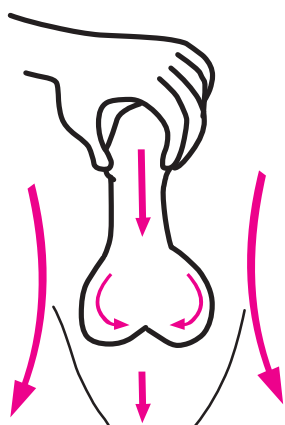
⦿ Procedures and points to remember

- Protect the user's privacy.
 - The temperature of the warm water to be used to clean the area should be mostly the same as the body temperature. The genital area is sensitive to temperature.
 - Use disposable gloves to prevent infection.
 - After the wash, wipe the area by pressing lightly with a dry towel.
- Observe the skin and if you find redness, report it to the medical staff.



How to wipe the genital area of a female

Always wipe from the urethra to the anus to prevent infection. Do not repeat wiping, using the same surface of the towel.



How to wipe the genital area of a male

In the case of a male, wipe the back of the testicles, stretching the skin in the area.

⊙ Bed bath

Bed bath is a method of cleaning the body using warm water, soap, and towel when users cannot take a regular bath or shower for some reason. Bed bath helps keep the body clean, promotes blood circulation, and stimulates the muscles.

(Kinds of bed baths)

Complete bed bath: To wipe the whole body on the bed.

Partial bed bath: To wipe part of the body on the bed. Partial bed bath is given when it is difficult to give a complete bed bath.

(Procedure of bed bath)

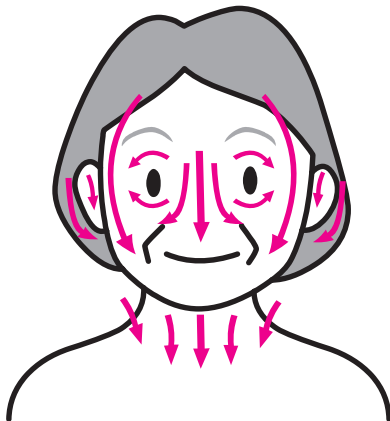
A complete bed bath is given in the following order: (1) face; (2) arms; (3) chest (abdomen); (4) back; (5) legs; and (6) genital area.

(Necessary supplies)

Bath towel, towel, liquid soap, clothes to wear after the bath, etc.

- Prepare warm water at a temperature higher than the temperature of the usual bathtub water.
- As the water temperature reduces quickly, prepare hot water as well.

● Washing the face

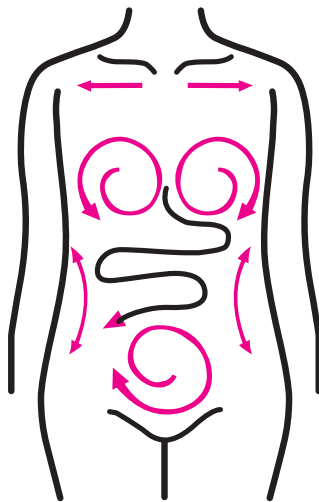


- Start wiping around the eyes.
- Carefully wipe behind the ears and neck.

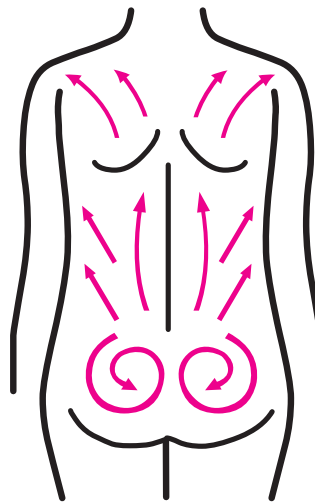


Cover private areas that are not being wiped with a bath towel so that the skin is not exposed.

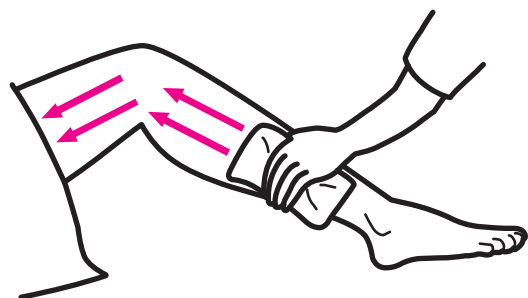
● How to wipe the chest and abdomen areas



● How to wipe the back



- Wipe the female's breasts in a circular motion.
- Wipe the back along the muscles with big strokes.
- If liquid soap is used, wipe it off thoroughly. If the soap is left unwiped, it will cause itching.
- After wiping with a wet towel, dry off immediately with a dry towel. If the moisture stays on the skin, body heat will be lost.



Wipe with a large motion, using one joint as a guide. Apply consistent pressure while wiping.

6

Nursing care related to housework

1 Significance of housework

Housework among the IADL (Instrumental Activities of Daily Living) includes cooking, cleaning, laundry, organizing clothes, shopping, etc. Housework is the foundation of daily living. IADL are necessary to maintain everyday life.

Housework is highly subjective and each person has his/her own lifestyle and preference.

● Examples of IADL



2 Actuality of nursing care related to housework

1) Cooking

People need to eat in order to maintain life and live a healthy life.

- Cooking makes food easy to eat and makes it possible to intake nutrients efficiently.
- Cooking is conducted in the following order: Decide the menu; prepare the ingredients; cook; place the cooked food on the plate; set the table; and wash dishes and put them away.
- It is necessary to cook to suit the physical condition of the user. Choose the food materials and method of cooking, taking diseases and allergies into consideration.



The “osechi ryori” are special dishes to celebrate the beginning of a new year in Japan.

◎ Serving meals

Dietary habits and commonly eaten foods differ from country to country and region to region. Each person also has his/her own individual preferences and tastes.

Moreover, in Japan, there are meals and food materials suitable for each season and traditional events.

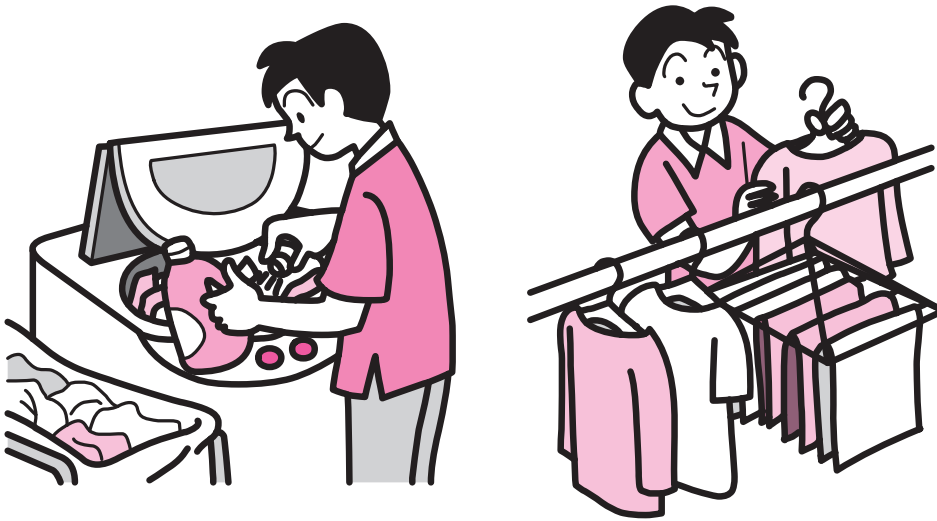
2) Cleaning

- Cleaning is to create a clean and safe living environment by sweeping and wiping off dust, dirt, and waste.
- There are a lot of living supplies of the user in his/her place of living. There are things that seem unnecessary at a glance, but are important to the user. Be sure to confirm with the user and gain his/her consent before putting things away or discarding them.



3) Laundry

- Laundry is an activity by which to keep clothes and bedclothes clean, which will lead to the maintenance of health.
- Launder in a manner appropriate for the materials.
- Launder the clothes stained with feces, blood, and vomit of the user with infectious diseases separately from other laundry.



3 Organizing the living environment

It is necessary to organize the living environment in order to live a comfortable life. Organize the living environment not only to keep it clean and prevent accidents but also to protect privacy and enable safe and comfortable living.

- It is necessary to organize the living environment to suit the physical and psychological conditions of the user. Anti-slip materials should be used for corridors and stairs and handrails should be installed. The environment should be taken into consideration in order to make the bathroom and toilet user-friendly.
- Moreover, it is necessary to pay attention to the room temperature, humidity, and ventilation.
- Using assistive devices that are suited to the user's physical condition will help to revitalize his/her life.



Nursing Care Japanese Language

Learn the words and phrases!

Nursing care related to assistance in walking/lifting/transferring

Nursing care at mealtimes

Nursing care related to elimination needs

Nursing care related to grooming

Nursing care related to bathing/keeping clean

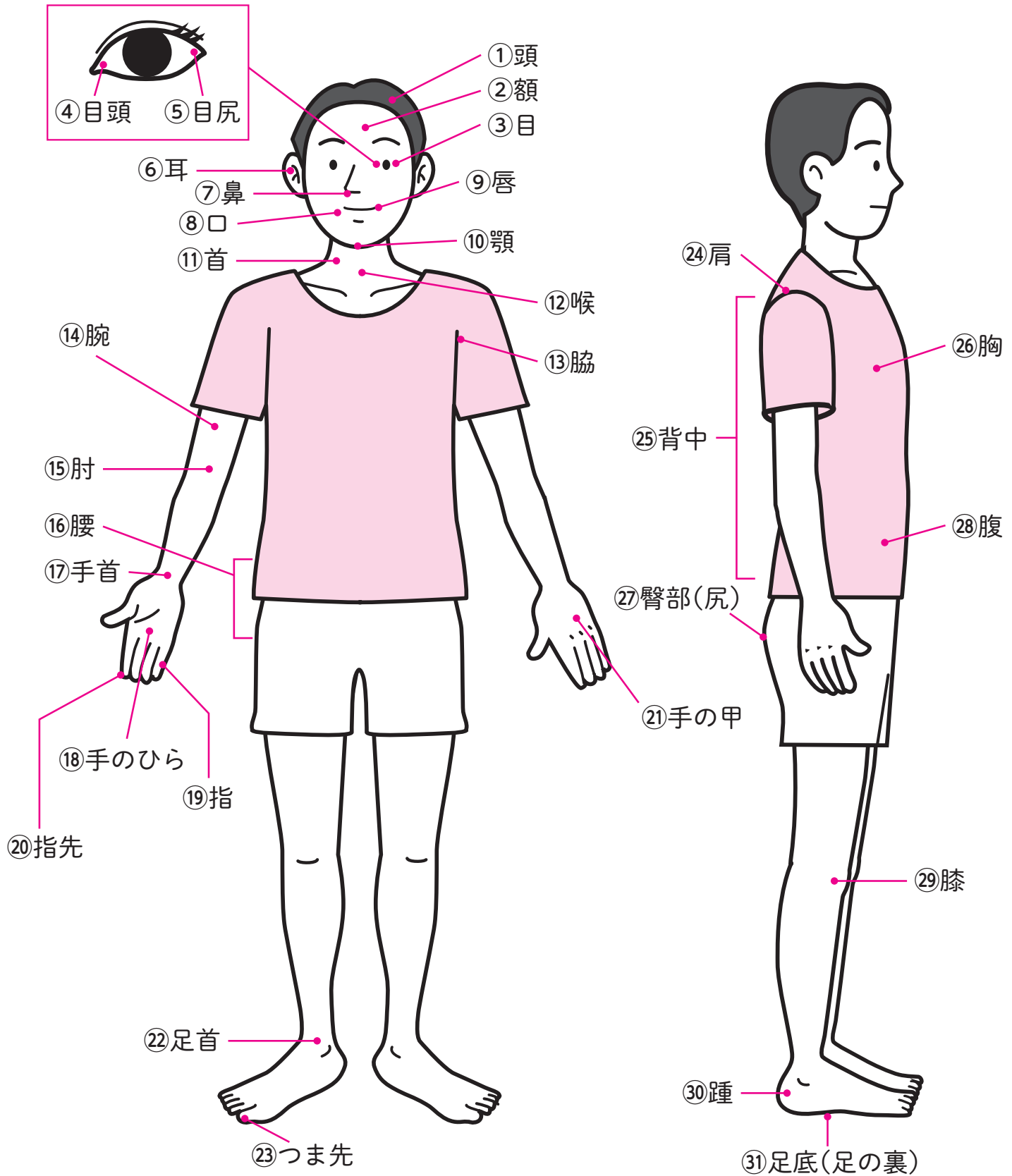
Nursing care related to housework

Sentences

Answers

Learn the words and phrases!

Body Parts Positions
Diseases/Symptoms

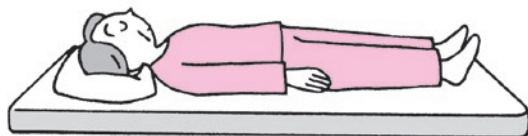


からだのことば

ばんごう 番号	ことば	よ かた 読み方	かっこく ぼ ことく ご やく はい ※各国母国語訳が入ります。
①	頭	あたま	head
②	額	ひたい	forehead

ばんごう 番号	ことば	よ かた 読み方	かっこく ぼ こく ご やく はい ※各国母国語訳が入ります。
③	目	め	eye
④	目頭	めがしら	inner corner of the eye
⑤	目尻	めじり	outer corner of the eye
⑥	耳	みみ	ear
⑦	鼻	はな	nose
⑧	口	くち	mouth
⑨	唇	くちびる	lip
⑩	顎	あご	chin
⑪	首	くび	neck
⑫	喉	のど	throat
⑬	脇	わき	armpit
⑭	腕	うで	arm
⑮	肘	ひじ	elbow
⑯	腰	こし	lower back
⑰	手首	てくび	wrist
⑱	手のひら	てのひら	palm
⑲	指	ゆび	finger
⑳	指先	ゆびさき	fingertip/toe tip
㉑	手の甲	てのこう	back of the hand
㉒	足首	あしくび	ankle
㉓	つま先	つまさき	toe
㉔	肩	かた	shoulder
㉕	背中	せなか	back
㉖	胸	むね	chest
㉗	臀部／尻	でんぶ／しり	buttocks/hips
㉘	腹	はら	abdomen; belly
㉙	膝	ひざ	knee
㉚	踵	かかと	heel
㉛	足底／足の裏	そくてい／あしのうら	sole/bottom part of the foot
㉜	顔色	かおいろ	complexion
㉝	患側	かんそく	affected side
㉞	健側	けんそく	unaffected side
㉟	健康	けんこう	health
㊱	体調	たいちょう	physical condition
㊲	バイタルサイン	——	vital sign

①仰臥位／あおむけ



④端座位



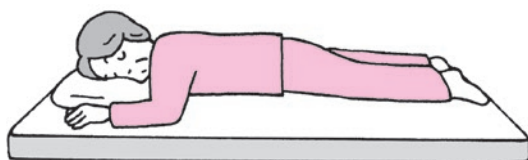
②側臥位／よこむき



⑤椅座位



③腹臥位／うつぶせ



⑥立位



● 体位

ばんごう 番号	ことば	よ かた 読み方	かっこく ぼこく ごやく はい ※各国母国語訳が入ります。
①	仰臥位／あおむけ	ぎょうがい／——	supine position; dorsal position/lying on one's back
②	側臥位／よこむき	そくがい／——	lateral position/lying on one's side
③	腹臥位／うつぶせ	ふくがい／——	prone position/lying on one's stomach
④	端座位	たんざい	position in which the person sits on the edge of a bed with his/her legs down
⑤	椅座位	いざい	chair sitting position
⑥	立位	りつい	standing position
⑦	体位	たいい	position
⑧	体位変換	たいいへんかん	reposition
⑨	姿勢	しせい	posture

⑪嘔吐



⑳発汗



● 病気

ばんごう 番号	ことば	よ かた 読み方	かっくく ぼくく ごやく はい ※各国母国語訳が入ります。
①	疥癬	かいせん	scabies
②	風邪	かぜ	cold
③	高血圧症	こうけつあつしょう	hypertension
④	食中毒	しょくちゅうどく	food poisoning
⑤	認知症	にんちしょう	dementia
⑥	熱中症	ねっちゅうしょう	heat stroke
⑦	肺炎	はいえん	pneumonia
⑧	白内障	はくないしょう	cataract

● 症状

ばんごう 番号	ことば	よ かた 読み方	かっくく ぼくく ごやく はい ※各国母国語訳が入ります。
⑨	アレルギー	——	allergy
⑩	痛い	いたい	have a -ache; ache; hurt
⑪	嘔吐	おうと	vomiting
⑫	片麻痺	かたまひ	hemiplegia
⑬	かゆい	——	itchy
⑭	傷	きず	injury
⑮	苦しい	くるしい	painful; in pain
⑯	下痢	げり	diarrhea
⑰	拘縮	こうしゆく	contracture
⑱	骨折	こっせつ	bone fracture; fracture
⑲	しびれる	——	feel numb
⑳	出血	しゅっけつ	bleeding
㉑	症状	しょうじょう	symptom
㉒	褥瘡	じょくそう	pressure ulcer; bedsores
㉓	咳	せき	cough
㉔	脱水	だっすい	dehydration
㉕	吐き気	はきけ	nausea
㉖	発熱	はつねつ	fever
㉗	発汗	はっかん	perspiration; sweating
㉘	はれる	——	be swollen
㉙	便秘	べんぴ	constipation
㉚	発作	ほっさ	seizure
㉛	むくむ	——	swell; be swollen
㉜	めまい	——	dizziness

Nursing care related to assistance in walking/lifting/transferring

Words

ばんごう 番号	ことば	よ かた 読み方	※各国母国語訳が入ります。
①	移乗	いじょう	transferring
②	移動	いどう	moving; walking/lifting/transferring
③	移動用リフト	いどうようリフト	lift
④	起き上がる	おきあがる	sit up in the bed
⑤	(ブレーキを) かける	——	activate the brake
⑥	臥床	がしょう	bedridden
⑦	車いす	くるまいす	wheelchair
⑧	声かけ	こえかけ	addressing
⑨	支える	ささえる	support
⑩	シルバーカー／ 高齢者用手押し車	——／ こうれいしゃようておしぐるま	rollator
⑪	すべる	——	slip
⑫	スライディングシート	——	slide sheet
⑬	杖	つえ	cane
⑭	(杖を) つく	(つえを) つく	use a cane
⑮	つかまる	——	hold
⑯	手すり	てすり	handrail
⑰	握る	にぎる	grasp
⑱	寝返り	ねがえり	rolling over
⑲	白杖	はくじょう	white cane
⑳	ブレーキ	——	brake
㉑	歩行器	ほこうき	walker
㉒	前屈み	まえかがみ	bending forward
㉓	誘導	ゆうどう	guiding
㉔	床	ゆか	floor
㉕	離床	りしょう	leaving one's bed

● もんだい 問題のことば

㉖	介護職	かいごしょく	care worker
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③移動用リフト



⑩シルバーカー
(高齢者用手押し車)



⑫スライディングシート



⑲白杖



Questions (Addressing and Conversing)



かい ごしよく さとう たいちよう
介護職 : 佐藤さん、体調はどうですか。

さとう わる
佐藤さん : 悪くありません。

かい ごしよく ある れんしゅう
介護職 : これから歩く練習をしましょうか。

さとう
佐藤さん : そうですね。

かい ごしよく つえ つか
介護職 : 杖を使いますか。

さとう て ある ある
佐藤さん : いいえ。きょうは手すりにつかまって歩いてみます。

かい ごしよく いま つえ も き すわ ま
介護職 : わかりました。今、杖を持って来ますから、いすに座ってお待ちください。
さいね。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう たいちよう ある れんしゅう
佐藤さんは、体調がとてもよいので、歩く練習をします。
- ② さとう つえ ある れんしゅう
佐藤さんは、杖で歩く練習をします。
- ③ さとう て ある れんしゅう
佐藤さんは、手すりにつかまって歩く練習をします。
- ④ さとう て ま
佐藤さんは、手すりにつかまって待ちます。



すずき
鈴木さん：トイレに行きたいんだけど。

かいごしょく
介護職：わかりました。いっしょに行きましょう。ベッドから起き上がれますか。

すずき
鈴木さん：ゆっくりやってみるよ。

かいごしょく
介護職：あ、できましたね。くつをは履きましょう。お手伝いしましょうか。

すずき
鈴木さん：お願い。

かいごしょく
介護職：きちんと履けましたね。

すずき
鈴木さん：はい。

かいごしょく
介護職：じゃ、くるまの私につかまってください。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- ① すずき 鈴木さんは、ひとりおあ一人で起き上がりました。
- ② すずき 鈴木さんは、ひとりくつは一人で靴を履きました。
- ③ すずき 鈴木さんは、ひとりくるまの一人で車いすに乘りました。
- ④ すずき 鈴木さんは、ひとりい一人でトイレに行きました。



さとう
佐藤さん：きょうはお天気がいいから、散歩に行きたいわ。

かい ごしよく こうえん はな ひる はん た い
介護職：公園の花がきれいですから、昼ご飯を食べたら、いっしょに行きましょ
う。

さとう
佐藤さん：いいですね。

かい ごしよく つか
介護職：シルバーカーを使いますか。

さとう つか すわ
佐藤さん：はい。疲れたら、座れますから。

かい ごしよく げんかん だ
介護職：じゃ、玄関に出しておきます。

さとう ねが
佐藤さん：お願いします。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう ひる はん あと さん ぽ い
佐藤さんは、昼ご飯の後に散歩に行きます。
- ② さとう ひとり こうえん い
佐藤さんは、一人で公園へ行きます。
- ③ さとう すわ こうえん い
佐藤さんは、シルバーカーに座って公園へ行きます。
- ④ さとう げんかん だ
佐藤さんは、シルバーカーを玄関に出しておきます。

IV

かい ごしょく すず き みぎあし
介護職 : 鈴木さん、右足はどうですか。

すず き いた
鈴木さん : もう、あまり痛くないよ。

かい ごしょく すこ ある れんしゅう つえ
介護職 : そうですか。じゃ、少し歩く練習をしましょう。杖をどうぞ。

すず き
鈴木さん : ありがとう。

かい ごしょく わたし こえ ある
介護職 : 私が声かけをしますから、ゆっくり歩きましょう。

つえ まえ だ つぎ みぎあし ひだりあし
はじめに、杖を前に出して、次に右足、そして左足ですよ。

すず き ひだり つえ みぎ
鈴木さん : 左、杖、右だね。

かい ごしょく
介護職 : いいえ、_____。

もん だい なか はい えら
[問題] _____ の中に入ることばを選んでください。

つえ みぎあし ひだりあし
① 杖、右足、左足ですよ。

みぎあし つえ ひだりあし
② 右足、杖、左足ですよ。

ひだりあし みぎあし つえ
③ 左足、右足、杖ですよ。

つえ ひだりあし みぎあし
④ 杖、左足、右足ですよ。

Nursing care at mealtimes

Words

ばんごう 番号	ことば	よ 読み方 かた	※各国母国語訳が入ります。 かっこく ぼこく ごやく はい
①	温める	あたためる	warm up
②	エプロン	——	apron
③	嚥下	えんげ	deglutition; swallowing
④	きざむ	——	chop
⑤	誤嚥	ごえん	aspiration; accidental swallowing
⑥	こぼす	——	spill
⑦	(食器を) 下げる	(しよつきを) さげる	take (the plates) away
⑧	冷ます	さます	cool down
⑨	食品	しょくひん	food
⑩	食欲	しょくよく	appetite
⑪	水分補給	すいぶんほきゅう	rehydration
⑫	咳込む	せきこむ	have a coughing fit
⑬	とろみ (粉)	—— (こ)	thickness (powder)
⑭	(とろみを) つける	——	add thickness
⑮	飲み込む	のみこむ	swallow
⑯	一口大	ひとくちだい	bite-size
⑰	むせる	——	choke
⑱	量	りょう	volume; amount

● もんだい 問題のことば

⑲	リーダー	——	leader
⑳	記録	きろく	record

Words (Menu)

ばんごう 番号	ことば	よ かた 読み方	かっこく ぽ こく ご やく はい ※各国母国語訳が入ります。
①	あげもの	——	deep-fried food
②	いためもの	——	stir-fried food
③	おやつ	——	snacks
④	粥／お粥	かゆ／おかゆ	rice porridge
⑤	カレーライス	——	curry and rice
⑥	献立	こんだて	menu
⑦	献立表	こんだてひょう	menu (list of dishes)
⑧	主食	しゅしょく	staple food
⑨	汁物	しるもの	soup
⑩	ゼリー	——	gelatin dessert
⑪	たまご焼き	たまごやき	rolled omelet
⑫	漬物	つけもの	pickles
⑬	天ぷら	てんぷら	tempura
⑭	豆腐	とうふ	tofu
⑮	丼	どんぶり	rice bowl
⑯	煮付け	につけ	boiled and seasoned food
⑰	煮物	にもの	stewed dish
⑱	ハンバーグ	——	hamburger steak
⑲	副食	ふくしょく	side dish
⑳	プリン	——	custard pudding
㉑	麦茶	むぎちゃ	mugicha (barley tea)
㉒	メニュー	——	menu
㉓	焼き魚	やきざかな	grilled fish
㉔	ヨーグルト	——	yogurt

Questions (Addressing and Conversing)



かい ごしょく
介護職 : あまり食^たべていませんね。

さとう
佐藤さん : 右手が少し痛^{みぎ}くて、はしがうま^{すこ}く持^{いた}てません。

かい ごしょく
介護職 : 右手が痛^{みぎ}いんですね。お手伝^{てつだ}いしましょうか。

さとう
佐藤さん : 大^{だい}丈^{じょう}夫^ぶです。スプーンで食^たべますから、持^もっ^て来^きてください。

かい ごしょく
介護職 : わかりました。スプーンを持^もっ^て来^きますね。



もんだい
[問題] 会^{かい}話^わの^{ない}内^{よう}容^{ただ}で、正^{ただ}しい^{えら}もの^{えら}を選^{えら}んでく^{えら}ださい。

- ① 佐藤さんは、ご飯^{はん}を全^{ぜん}部^ぶ食^たべました。
- ② 佐藤さんは、左^{ひだり}手^てではし^もを持^もちます。
- ③ 佐藤さんは、介^{かい}護^ご職^{しよく}に手^て伝^{つだ}ってもら^もっ^て、ご飯^{はん}を食^たべます。
- ④ 佐藤さんは、自^じ分^{ぶん}で^{はん}ご飯^たを食^たべます。



かい ごしょく すずき しよくじ かい ご お
介護職：鈴木さんの食事の介護が終わりました。

リーダー：つか さま すずき しよくじ ぜんぶ た
お疲れ様です。鈴木さんは、食事を全部食べましたか。

かい ごしょく ぜんぶ た
介護職：はい、全部食べました。

すずき さいきん ちや しる の
鈴木さんは、最近、お茶やみそ汁を飲むと、むせることがあります。

リーダー：そうですか。ごえん き
誤嚥に気をつけてください。とろみをつけたほうがいい
ですね。

た りょう かなら きろく
食べた量は、必ず記録してくださいね。

かい ごしょく きろく
介護職：はい、記録します。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 すずき しよくじ のこ
鈴木さんは、食事を残しました。
- 2 すずき ちや の
鈴木さんは、お茶を飲むと、ときどきむせます。
- 3 すずき しる の
鈴木さんは、みそ汁にとろみをつけて、飲んでいます。
- 4 すずき た りょう きろく
鈴木さんは、食べた量を記録します。



かい ごしょく さとう ひる はん えら
介護職 : 佐藤さん、あしたの昼ご飯は、メニューが選べますよ。

さとう
佐藤さん : そうですか。うれしいです。毎日選べたらもううれしいですね。

かい ごしょく げつ かい もう わけ
介護職 : 1か月に1回だけで、申し訳ありません。

おかずは、天ぷらかハンバーグです。どちらがいいですか。

さとう わたし てん た
佐藤さん : 私は天ぷらが食べたいです。

かい ごしょく えら
介護職 : わかりました。デザートに、プリンかゼリーが選べます。

さとう す
佐藤さん : プリンはあまり好きじゃありません。

かい ごしょく
介護職 : そうですか。じゃ、ゼリーですね。

さとう ねが たの
佐藤さん : ええ。よろしく願いします。楽しみにしています。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう まいにち えら
佐藤さんは、毎日メニューを選ぶことができます。
- ② さとう た
佐藤さんは、あしたハンバーグを食べます。
- ③ さとう す
佐藤さんは、プリンが好きです。
- ④ さとう た
佐藤さんは、あしたゼリーを食べます。

IV

かい ごしよく さとう しよくじ お すこ の もの
介護職：佐藤さん、食事は終わりましたね。もう少し飲み物はいかがですか。

さとう
佐藤さん：はい、いただきます。

かい ごしよく つめ むぎちや も
介護職：冷たい麦茶をお持ちしましょうか。

さとう あたた こうちや の
佐藤さん：いいえ、温かい紅茶が飲みたいです。

かい ごしよく
介護職：わかりました。じゃ、_____。

さとう
佐藤さん：ありがとう。



もんだい
[問題] _____ なか はい えら
の中に入ることばを選んでください。

- 1 つめ むぎちや も き
冷たい麦茶を持って来ますね。
- 2 あたた むぎちや も き
温かい麦茶を持って来ますね。
- 3 あたた こうちや も き
温かい紅茶を持って来ますね。
- 4 つめ こうちや も き
冷たい紅茶を持って来ますね。

Nursing care related to elimination needs

Words

ばんごう 番号	ことば	よ 読み方 かた	※各国母国語訳が入ります。 かっこく ぼ ことば ごとく かい
①	(ズボンを) 上げる	(ズボンを) あげる	pull up (one's pants)
②	足元	あしもと	one's feet
③	陰部	いんぶ	genital area
④	おむつ	——	diaper
⑤	浣腸	かんちょう	enema
⑥	着替える	きがえる	change clothes
⑦	(ズボンを) 下げる	(ズボンを) さげる	pull down; lower (one's pants)
⑧	失禁	しっきん	incontinence
⑨	羞恥心	しゅうちしん	embarrassment; sense of shame
⑩	使い捨て手袋	つかいすててぶくろ	disposable gloves
⑪	尿	にょう	urine
⑫	尿器	にょうき	urine bottle
⑬	尿意	にょうい	urge to urinate
⑭	排泄	はいせつ	excretion
⑮	便	べん	feces
⑯	便意	べんい	urge to defecate
⑰	便座	べんざ	toilet seat
⑱	ポータブルトイレ	——	portable toilet

● もんだい 問題のことば

⑲	看護師	かんごし	nurse
⑳	職員	しょくいん	staff; staff member
㉑	パジャマ	——	pyjamas
㉒	呼び出しボタン	よびだしボタン	call button

Questions (Addressing and Conversing)



かい ごしよく さとう き が まえ しり
介護職 : 佐藤さん、パジャマに着替える前に、お尻をきれいにしましょうか。

さとう ねが
佐藤さん : はい、お願いします。

かい ごしよく さ
介護職 : じゃ、ズボンを下げますね。

さとう
佐藤さん : はい。

かい ごしよく しり あか いた
介護職 : お尻がちょっと赤くなっていますね。痛いですか。

さとう すこ いた
佐藤さん : はい。少し痛いです。

かい ごしよく かい ご し れんらく
介護職 : そうですか。看護師に連絡しておきますね。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう き が
佐藤さんは、パジャマに着替えました。
- ② さとう じぶん さ
佐藤さんは、自分でズボンを下げました。
- ③ さとう しり いた
佐藤さんは、お尻が痛いです。
- ④ さとう かん ご し れんらく
佐藤さんは、看護師に連絡します。



かい ごしょく すず き さん ぼ
介護職 : 鈴木さん、おかえりなさい。散歩はどうでしたか。

すず き そと すず き も
鈴木さん : うん。外は涼しくて気持ちがよかったよ。

かい ごしょく ひる はん い
介護職 : それはよかったですね。これから昼ご飯ですからトイレに行きませんか。

すず き いま い さき しょくどう い
鈴木さん : 今はまだ行きたくないから、先に食堂へ行くよ。

かい ごしょく しょく じ まえ い あんしん
介護職 : そうですか。でも、食事の前にトイレに行ったほうが安心ですよ。

すず き い
鈴木さん : そうか。じゃ、行っておこう。

かい ごしょく
介護職 : はい。わかりました。

もん だい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① すず き さん ぼ い
鈴木さんは、まず散歩に行きます。
- ② すず き はん た い
鈴木さんは、まずご飯を食べに行きます。
- ③ すず き しょく どう い
鈴木さんは、まず食堂へ行きます。
- ④ すず き い
鈴木さんは、まずトイレに行きます。



かい ごしよく すず き こし ちょう し い
介護職：鈴木さん、腰の調子はいかがですか、トイレに行けますか。

すず き こし いた お あ ある
鈴木さん：まだ腰が痛くて、起き上がれないよ。トイレまで歩けないよ。

かい ごしよく によう き つか
介護職：そうですか。じゃ、尿器を使いますか。

すず き
鈴木さん：そうだね。

かい ごしよく いま も き
介護職：わかりました。今、持って来ます。

もん だい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① すず き お あ
鈴木さんは、起き上がることができます。
- ② すず き ある い
鈴木さんは、歩いてトイレに行きます。
- ③ すず き はいせつ
鈴木さんは、トイレで排泄をします。
- ④ すず き によう き はいせつ
鈴木さんは、尿器で排泄をします。

IV

かい ごしよく じ ぶん べん ぎ すわ
介護職：自分で便座に座れますか。

さ とう だいじょう ぶ
佐藤さん：はい、大丈夫です。

 なん
このボタンは何ですか。

かい ごしよく よ だ しょくいん よ つか
介護職：呼び出しボタンです。職員を呼ぶとき、使います。

わたし そと はいせつ お
私は外にいますから、排泄が終わったら_____。

もん だい なか はい えら
[問題] _____ の中に入ることを選んでください。

- ① ボタンを押して、ドアを開けてください。
- ② ボタンを押して、ドアを閉めてください。
- ③ ボタンを押して、水を出してください。
- ④ ボタンを押して、知らせてください。

Nursing care related to grooming

Words

ばんごう 番号	ことば	よ 読み方 かた	※各国母国語訳が入ります。 かっこく ぼ ことく ご やく はい
①	衣類	いるい	clothes
②	入れ歯	いれば	dentures; false teeth
③	うがい	——	gargle
④	上着	うわぎ	outerwear
⑤	着替え	きがえ	changing clothes
⑥	義歯	ぎし	dentures; false teeth
⑦	起床	きしょう	getting out of bed
⑧	くし	——	comb
⑨	更衣	こうい	changing clothes
⑩	口腔ケア	こうくうケア	oral care
⑪	下着	したぎ	underwear
⑫	スカート	——	skirt
⑬	爪きり	つめきり	nail clippers
⑭	(髪を) とかす	(かみを) とかす	comb (one's hair)
⑮	ドライヤー	——	hair dryer
⑯	ねまき	——	sleepwear
⑰	歯医者	はいしゃ	dentist
⑱	歯ブラシ	はブラシ	toothbrush
⑲	歯磨き	はみがき	brushing one's teeth
⑳	パンツ	——	underwear; underpants; panties
㉑	ひげ剃り	ひげそり	shaving
㉒	みじたく	——	grooming
㉓	(口を) ゆすぐ	(くちを) ゆすぐ	rinse (one's mouth)

● もんだい 問題のことば

㉔	診察	しんさつ	medical examination
㉕	左側	ひだりがわ	left side
㉖	右側	みぎがわ	right side
㉗	診る	みる	examine
㉘	夜中	よなか	midnight

Questions (Addressing and Conversing)



すず き
鈴木さん：きょうは寒いから、セーターを着るよ。

かい ごしょく
介護職：わかりました。どのセーターを着ますか。

すず き
鈴木さん：その黒いセーターがいいね。

かい ごしょく
介護職：きのう奥さんが持ってきて来たセーターですね。

すず き
鈴木さん：うん、誕生日に娘がくれたんだよ。

かい ごしょく
介護職：そうですか。いいですね。

もんたい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- 1 すず き
鈴木さんは、きょう黒いセーターを着ます。
- 2 かい ごしょく すず き
介護職は、鈴木さんがきょう着るセーターを選びました。
- 3 すず き おく
鈴木さんは、奥さんにセーターをもらいました。
- 4 むすめ
娘さんは、きのうセーターを持ってきました。



さとう
佐藤さん：きょうは歯磨きをしたくないです。

かい ごしよく
介護職：どうしましたか。

さとう
佐藤さん：歯が痛いんです。

かい ごしよく
介護職：いつからですか。

さとう
佐藤さん：夜中から痛くて、よく眠れませんでした。

かい ごしよく
介護職：それはいけませんね。歯医者に診察してもらいますか。

さとう
佐藤さん：はい。

かい ごしよく
介護職：じゃ、予約しますね。看護師に連絡します。

さとう
佐藤さん：お願いします。

かい ごしよく
介護職：きょうは、口をゆすぎましょう。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- ① 佐藤さんは、朝から歯が痛いんです。
- ② 佐藤さんは、よく眠れました。
- ③ 佐藤さんは、歯医者に診てもらいます。
- ④ 佐藤さんは、自分で歯医者を予約します。



かい ごしょく さとう
介護職 : 佐藤さん、おはようございます。

さとう
佐藤さん : おはようございます。

かい ごしょく き が
介護職 : ねまきを着替えましょうか。

さとう
佐藤さん : はい。

かい ごしょく さむ うわぎ いちまい き
介護職 : きょうは寒いですよ。上着をもう一枚着ますか。

さとう ひ だ きいろ と
佐藤さん : そうですね。引き出しに黄色いセーターがありますから、取ってくだ
さい。

かい ごしょく いろ
介護職 : はい、どうぞ。きれいな色ですね。

さとう きいろ わたし いちばん す いろ
佐藤さん : ええ。黄色は私が一番好きな色です。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう き が
佐藤さんは、ねまきに着替えます。
- ② さとう さむ き
佐藤さんは、寒いのでコートを着ます。
- ③ さとう ひ だ だ
佐藤さんは、引き出しからセーターを出しました。
- ④ さとう いろ きいろ いちばん す
佐藤さんは、色で黄色が一番好きです。

IV

さとう 佐藤さん：髪^{かみ}を拭^ふいてもらって、気持^{きも}ちがよかったです。

かい ごしよく 介護職：髪^{かみ}が少しぬれてますから、ドライヤーで乾^{かわ}かしましょうか。

さとう 佐藤さん：はい、願^{ねが}いします。

かい ごしよく 介護職：終^おわりました。くしでとかしましょうか。

さとう 佐藤さん：自^じ分でやるので、くしを取^とってください。

かい ごしよく 介護職：わかりました。

もんだい [問題] 会^{かい}話^わの^{ないよう}内^{ただ}容^{えら}で、正^{ただ}しいものを選^{えら}んでください。

- ① さとう 佐藤さんは、自^じ分で髪^{かみ}を拭^ふきます。
- ② さとう 佐藤さんは、自^じ分で髪^{かみ}を乾^{かわ}かします。
- ③ さとう 佐藤さんは、自^じ分でくしを取^とります。
- ④ さとう 佐藤さんは、自^じ分で髪^{かみ}をとかします。



かい ごしょく さとう はみが お
介護職 : 佐藤さん、歯磨きは終わりましたか。

さとう みが み
佐藤さん : 磨いたけれど、きれいになったかどうか見てほしいです。

かい ごしょく
介護職 : はい、わかりました。

くち あ ひだりがわ た もの のこ じぶん と
口を開けてください。左側に食べ物が残っていますよ。自分で取れますか。

さとう
佐藤さん : やってみます。

むずか
難しいです。

かい ごしょく
介護職 : _____。

もんだい
[問題] _____ の中に入ることを選んでください。

- ① じゃ、^{はみが}歯磨きをしましょう。
- ② じゃ、^{じぶん と}自分で取ってください。
- ③ じゃ、^{わたし と}私 が取りますね。
- ④ じゃ、うがいをしましょう。

Nursing care related to bathing/keeping clean

Words

ばんごう 番号	ことば	よ 読み方 かた	※各国母国語訳が入ります。 か っ こ く ぼ こ く ご や く はい
①	温度	おんど	temperature
②	(お湯を) かける	(おゆを) かける	pour (hot water)
③	(汗を) かく	(あせを) かく	sweat
④	シャンプー	——	shampoo
⑤	消毒	しょうどく	disinfection
⑥	消毒液	しょうどくえき	antiseptic solution
⑦	清潔保持	せいけつほじ	keeping clean
⑧	清拭	せいしき	bed bath
⑨	洗髪	せんぱつ	shampooing; washing hair
⑩	洗面	せんめん	washing one's face
⑪	洗面器	せんめんき	washbowl
⑫	脱衣室	だついしつ	dressing room
⑬	入浴	にゅうよく	taking a bath
⑭	ぬるい	——	lukewarm
⑮	拭く	ふく	wipe
⑯	浴室	よくしつ	bathroom
⑰	浴槽	よくそう	bathtub
⑱	リンス	——	conditioner

● もんだい 問題のことば

⑲	確認	かくにん	confirmation
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Questions (Addressing and Conversing)



かい ごしよく すず き たいちょう
介護職 : 鈴木さん、体調はいかがですか。

すず き せ なか
鈴木さん : まだ、背中がかゆいよ。

かい ごしよく み あか
介護職 : ちょっと見てもいいですか。きのうより赤いですね。

かん ご し み
あとで、看護師に見てもらいましょう。

ふ
きょうも、からだを拭きましようか。

すず き いや ふ ろ はい
鈴木さん : 嫌だよ。お風呂に入りたいよ。

かい ごしよく かん ご し き
介護職 : そうですか。看護師に聞いてみますね。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① すず き せ なか いた
鈴木さんは、背中が痛いです。
- ② すず き せ なか あか
鈴木さんの背中では、きのうより、きょうのほうが、赤いです。
- ③ すず き ふ ろ はい
鈴木さんは、お風呂に入れないので、からだを拭きます。
- ④ すず き ふ ろ はい
鈴木さんは、きょう、お風呂に入ります。



かい ご しょく さ とう かん ご し にゅうよく い
介護職 : 佐藤さん、看護師が入浴をしてもいいと言いましたから、きょうは
お風呂に入れますよ。

たいちょう
体調はいかがですか。

さ とう
佐藤さん : きのは少し咳が出ました。でも、きょうは大丈夫です。

せんしゅう かみ あら あたま
先週から、髪を洗っていないので、頭がかゆいです。

かい ご しょく
介護職 : わかりました。きょうは髪をしっかりと洗いましょう。

い
じゃ、行きましょう。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① さ とう たいちょう わる
佐藤さんは、きょう体調が悪いです。
- ② さ とう せき で
佐藤さんは、きょう咳が出ています。
- ③ さ とう かみ あら
佐藤さんは、きのう髪を洗いました。
- ④ さ とう かみ あら
佐藤さんは、きょう髪を洗います。



かい ごしよく ゆ おん ど すこ
介護職 : お湯の温度はいかがですか。少しぬるいですか。

さ と う き も
佐藤さん : いいえ。ちょうどいいです。とても気持ちがいいです。

かい ごしよく さ と う ふ ろ で
介護職 : 佐藤さん、そろそろお風呂から出ましょうか。

さ と う
佐藤さん : ええ。そうですね。

かい ごしよく ゆか すべ ある
介護職 : 床が滑りやすいですから、ゆっくり歩いてくださいね。

さ と う き
佐藤さん : わかりました。気をつけます。

もん だい かい わ ない よう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① ゆ おん ど
お湯の温度はぬるいです。
- ② さ と う き も わる
佐藤さんは、気持ちが悪いです。
- ③ ゆか すべ
床は滑りにくいです。
- ④ さ と う すべ き
佐藤さんは、滑らないように気をつけます。

IV

リーダー：^{いま}今から洗面の^{せんめん}介護^{かいご}をします。

^{かいご}介護^{しょく}職：^わわかりました。

リーダー：^{かお}顔を^ふ拭くときは、^{あたた}温かい^{つか}タオルを使います。

^{かいご}介護^{しょく}職：^{はい}はい。^め目の^{まわ}周りはどうやって^ふ拭きますか。

リーダー：^め目^{がしら}頭から^め目尻^むに向かって^ふ拭きます。

^{かいご}介護^{しょく}職：^{さいしょ}最初に^め目尻^ふを^ふ拭くんですね。

リーダー：^{いいえ}いいえ、^{ちが}ちがいます。^{さき}先に^め目^{がしら}頭^ふを^ふ拭きます。

^{かいご}介護^{しょく}職：^{すみません}すみません。わかりました。

[問題] ^{もんだい}会話の内容で、^{かいわ}正しいものを^{ないよう}選んでください。^{ただ}ただ ^{えら}えら

- ① ^{つめ}冷たい^ふタオルで拭きます。
- ② ^め目の^{した}下を^ふ拭きます。
- ③ ^め目尻^めから^{がしら}目頭^ふまで拭きます。
- ④ ^め目頭^めから^{がしら}目尻^ふまで拭きます。



かい ごしょく
介護職 : お湯の温度はいかがですか。

すず き
鈴木さん : ちょっとぬるいよ。もっと熱いお湯のほうがいいよ。

かい ごしょく
介護職 : わかりました。_____。

すず き
鈴木さん : ありがとう。ちょうどいい温度になったよ。



もんだい
[問題] _____のなかに入ることばを選んでください。

- ① ちょうどいい温度でよかったです。
- ② 少し熱いですか。ちょっとぬるくしますね。
- ③ もう少しお風呂に入りたいですか。
- ④ 少し熱くしますね。

VI

かい ごしよく すず き たいちょう
介護職 : 鈴木さん、体調はいかがですか。

すず き だいじょうぶ あせ
鈴木さん : 大丈夫だよ。でも、ちょっと汗をかいた。

かい ごしよく ふ
介護職 : そうですか。からだを拭きましょうか。

すず き ねが
鈴木さん : お願いします。

かい ごしよく へ や おん ど
介護職 : わかりました。部屋の温度はどうですか。

すず き さむ
鈴木さん : ちょっと寒いよ。

かい ごしよく
介護職 : そうですか。_____。

もん だい
[問題] _____ の中に入る ことば を 選 ん で く だ さ い。

- ① エアコンをつけますね。
- ② まど あ 窓を開けますね。
- ③ おん ど すこ さ エアコンの温度を少し下げますね。
- ④ カーテンをあ 開けますね。

VII

リーダー：きょうは鈴木さんの入浴の日です。鈴木さんの入浴介護をお願いします。
ます。

介護職：はい。でも、鈴木さんは、きのう少し咳が出ると言いました。
大丈夫ですか。

リーダー：看護師に確認してもらいましたから大丈夫です。でも、鈴木さんに
体調を聞いてください。

介護職：はい、_____。

[問題] _____の中に入ることを選んでください。

- ① 看護師に確認します。
- ② リーダーに確認します。
- ③ 鈴木さんに確認します。
- ④ 介護職に確認します。

Nursing care related to housework

Words

ばんごう 番号	ことば	よ 読み方 かた	※各国母国語訳が入ります。 かっこく ぼ こく ご やく はい
①	おしぼり	——	wet towel
②	カーテン	——	curtain
③	家事	かじ	housework
④	片付ける	かたづける	put away; clear away
⑤	乾かす	かわかす	dry
⑥	乾く	かわく	dry
⑦	換気	かんき	ventilation
⑧	シーツ	——	sheet
⑨	洗濯物	せんたくもの	laundry
⑩	掃除機	そうじき	vacuum cleaner
⑪	たたむ	——	fold
⑫	調理	ちょうり	cooking
⑬	掃く	はく	sweep
⑭	布団	ふとん	futon; bedding
⑮	ほうき	——	broom
⑯	干す	ほす	dry
⑰	枕	まくら	pillow
⑱	毛布	もうふ	blanket
⑲	モップ	——	mop

Questions (Addressing and Conversing)



さとう
佐藤さん：きょうは、いい天気でしたね。

かい ごしょく
介護職：はい、洗濯物をたくさん干しました。でも、もう乾きましたよ。

おしぼりも、タオルも、たくさんあります。

さとう
佐藤さん、いっしょにおしぼりをたたみませんか。

さとう
佐藤さん：ええ、おしぼりは、小さくたためばいいですか。

かい ごしょく
介護職：はい、そうです。

もんだい
[問題] 会話の内容で、正しいものを選んでください。

- ① さとう
佐藤さんは、洗濯物を干します。
- ② さとう
佐藤さんは、おしぼりとタオルを干します。
- ③ さとう
佐藤さんは、おしぼりとタオルをたたみます。
- ④ さとう
佐藤さんは、おしぼりをたたみます。



かい ごしょく さとう た
介護職：佐藤さん、あまり食べていませんね。

さとう
佐藤さん：おいしくないんです。

かい ごしょく
介護職：そうですか。

さとう りょうり じょうず
佐藤さんは、料理が上手でしたね。

ひる はん つく
あしたの昼ご飯をいっしょに作りましょうか。

さとう やさい にもの や ざかな つく
佐藤さん：うれしいわ。おかずは、野菜の煮物と焼き魚を作りましょう。

かい ごしょく わたし たの
介護職：いいですね。私も楽しみにしています。

もんだい かい わ ないよう ただ えら
[問題] 会話の内容で、正しいものを選んでください。

- ① あしたの昼ご飯は、佐藤さんが一人で作ります。
ひる はん さとう ひとり つく
- ② あしたの昼ご飯は、介護職が一人で作ります。
ひる はん かい ごしょく ひとり つく
- ③ あしたの昼ご飯は、野菜の煮物を作ります。
ひる はん やさい にもの つく
- ④ あしたの昼ご飯は、魚の煮付けを作ります。
ひる はん さかな に つ つく



かい ごしょく さとう
介護職 : 佐藤さん、おはようございます。

さとう
佐藤さん : おはようございます。

かい ごしょく きぶん
介護職 : ご気分はいかがですか。

さとう わる
佐藤さん : 悪くないですよ。

かい ごしょく てん き
介護職 : よかったです。いいお天気ですね。

まど あ かん き
窓を開けて、換気をしましょうか。

さとう いま さむ
佐藤さん : そうですねえ。でも、今ちょっと寒いです。

かい ごしょく
介護職 : _____。

もんだい
[問題] _____ の中に入ることを選んでください。

- ① じゃ、いままど あ 窓を開けますね。
- ② じゃ、いまかん き 換気をしますね。
- ③ じゃ、さとう しょくどう い まど し 佐藤さんが食堂に行っているときに、窓を閉めますね。
- ④ じゃ、さとう しょくどう い かん き 佐藤さんが食堂に行っているときに、換気をしますね。

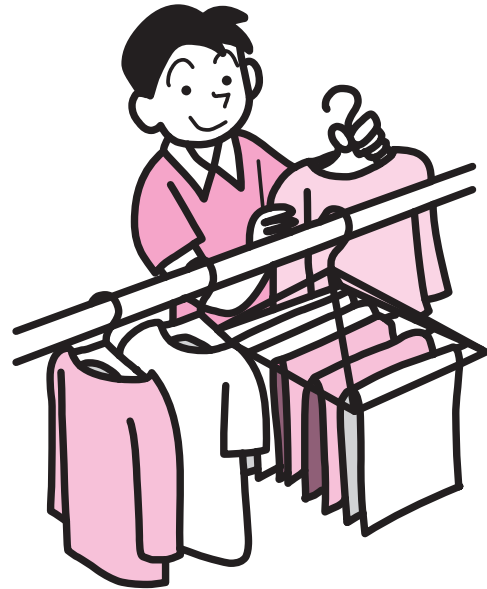
IV

すずき
鈴木さん：きょうは洗濯物がたくさんあるね。

かい ごしよく
介護職：はい。きょうはパジャマを洗濯する日なんです。

すずき
鈴木さん：大変だね。私は洗濯物をたたむのが上手だよ。

かい ごしよく
介護職：そうですか。_____。



もんだい
[問題] _____のなかへいことばをえらんでください。

- ① じゃ、お手伝いしましょうか。
- ② じゃ、あしたパジャマを洗濯しましょう。
- ③ じゃ、洗濯物のたたみ方を教えてもらえませんか。
- ④ じゃ、洗濯のやり方を教えてもらえませんか。



さとう
佐藤さん：テーブルを拭きましたよ。

かい ごしよく
介護職：ありがとうございます。

さとう
佐藤さん：どういたしまして。きれいになると、気持ちがいいですから。

かい ごしよく
介護職：そうですね。_____。



もんだい
[問題] _____のなかへはいることばを選んでください。

- ① テーブルを拭いてください。
- ② テーブルが汚れていますよ。
- ③ テーブルをきれいにしましょう。
- ④ テーブルがきれいになりましたね。

Sentences

Words

ばんごう 番号	ことば	よ かた 読み方	※ ^か こ ^く ぼ ^こ く ^こ や ^く はい 各国母国語訳が入ります。
①	観察	かんさつ	observation
②	行事	ぎょうじ	event
③	禁止	きんし	prohibition; ban
④	計画	けいかく	plan
⑤	掲示	けいじ	notice
⑥	ケース	——	case
⑦	玄関	げんかん	door; entrance
⑧	参加者	さんかしゃ	participant
⑨	事故	じこ	accident
⑩	施設	しせつ	facility
⑪	就寝	しゅうしん	going to bed
⑫	出勤	しゅっきん	going to work
⑬	巡視	じゅんし	round of inspection; patrol
⑭	使用	しょう	use
⑮	状況	じょうきょう	situation; condition
⑯	ショートステイ	——	short stay
⑰	自立	じりつ	independence; autonomy; self-reliance
⑱	送迎車	そうげいしゃ	courtesy car
⑲	退勤	たいきん	leaving work
㉔	タイヤ	——	tire
㉕	建物	たてもの	building

ばんごう 番号	ことば	よ かた 読み方	かっこく ぼ こく ご やく はい ※各国母国語訳が入ります。
②②	担当者	たんとうしゃ	person in charge
②③	調理員	ちょうりいん	cook; cooking staff
②④	転倒	てんとう	falling
②⑤	ナースコール	——	nurse call
②⑥	日勤	につきん	day shift
②⑦	濡れる	ぬれる	get wet
②⑧	吐く	はく	vomit
②⑨	外す	はずす	take off; unfasten
③⑩	非常口	ひじょうぐち	emergency exit
③⑪	非常ベル	ひじょうベル	emergency alarm
③⑫	119 番	ひゃくじゅうきゅうばん	119 (emergency telephone number)
③⑬	服薬	ふくやく	taking medicine
③⑭	変更	へんこう	change
③⑮	報告	ほうこく	reporting
③⑯	ホール	——	hall
③⑰	まつり	——	festival
③⑱	ミーティング	——	meeting
③⑲	見守り	みまもり	watching
④⑩	面会	めんかい	visitation
④⑪	申し送り	もうしおくり	hand over
④⑫	夜勤	やきん	night shift
④⑬	流行	りゅうこう	fashion
④⑭	利用者	りようしゃ	user

佐藤さんは、トイレに行って排泄をしています。夜はポータブルトイレを使っています。排泄は介護が必要です。失禁はありません。

【問題】 文の内容で、正しいものを選んでください。

- ① 佐藤さんは、排泄が自立しています。
- ② 佐藤さんは、いつもトイレに行って排泄をしています。
- ③ 佐藤さんは、夜はポータブルトイレで排泄をしています。
- ④ 佐藤さんは、失禁があります。

利用者の状況 II

鈴木さんは、胸が痛くて入院していましたが、退院しました。静かにしているときは、問題がありません。お風呂に入っているとき、胸が苦しいことがあります。入浴は、介護と見守りが必要です。

【問題】 文の内容で、正しいものを選んでください。

- 鈴木さんは、今入院しています。
- 鈴木さんは、いつも胸が痛いです。
- 鈴木さんは、お風呂に一人で入ることができます。
- 鈴木さんは、手伝ってもらって、入浴をしています。

利用者の状況 III

名前	佐藤さん
見る	右目はよく見えますが、左目は見えにくいです。
聞く	左耳が少し聞こえにくいですが、大きい声で話せば、聞くことができます。
話す	問題はありません。

【問題】 文の内容で、正しいものを選んでください。

- 佐藤さんは、右目も左目も見えにくいです。
- 佐藤さんは、右耳も左耳もよく聞こえます。
- 佐藤さんは、左耳が聞こえにくいです。
- 佐藤さんは、大きい声で話します。

利用者の状況Ⅳ

なまえ 名前	すずき 鈴木さん
いどう 移動	くるま いどう 車いすで移動しています。
はいせつ 排泄	すこ かいご ひつよう 少し介護が必要です。
しょくじ 食事	じりつ 自立しています。
にゅうよく 入浴	すこ かいご ひつよう 少し介護が必要です。

【問題】 もんだい ぶん の内容で、正しいものを選んでください。

- ① すずき 鈴木さんは、じぶん ある いどう 自分で歩いて移動することができます。
- ② すずき 鈴木さんは、じぶん はいせつ 自分で排泄をすることができます。
- ③ すずき 鈴木さんは、じぶん はん た 自分でご飯を食べることができます。
- ④ すずき 鈴木さんは、じぶん ふろ はい 自分でお風呂に入ることができます。

利用者の状況 V

なまえ 名前	さとう 佐藤さん
かぞく 家族	<p>むすめ ひとり むすこ ひとり 娘さんが一人と息子さんが一人います。</p> <p>むすめ いえ し せつ ちか 娘さんの家は施設の近くに 있습니다。</p> <p>むすめ はたら 娘さんは、働いています。</p> <p>どようび にちようび めんかい く 土曜日と日曜日だけ、面会に来ることができます。</p> <p>むすこ ほか けん す 息子さんは、他の県に住んでいます。</p> <p>しごと いそが めんかい く 仕事が忙しいので、あまり面会に来ることができません。</p>

もんだい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- さとう むすめ いえ し せつ とお
① 佐藤さんの娘さんの家は、施設から遠いです。
- さとう むすめ げつようび めんかい き
② 佐藤さんの娘さんは、月曜日に面会に来ます。
- さとう むすこ はたら
③ 佐藤さんの息子さんは、働いています。
- さとう むすこ めんかい き
④ 佐藤さんの息子さんは、よく面会に来ます。

☐ かい ご まえ かなら こえ たと
介護をする前に、必ず声かけをしましょう。例

☐ くるま お まえ り ようしや お つた
え、ば、車いすを押す前に利用者に押すことを伝

☐ り ようしや あんぜん あんしん かんが
えましょう。利用者の安全、安心をいつも考え

☐ かい ご
て介護をしましょう。

☐

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もん だい **[問題]** くるま お まえ なん い ただ えら
車いすを押す前に何と言いますか。正しいものを選んでください。

① くるま お「車いすを押しますよ」

② くるま「車いすのブレーキをかけますよ」

③ あぶ「危ないですよ」

④ かい ご「介護をしますよ」

- ☐ くるま つか まえ
車 いすを使う前に、ブレーキとタイヤをかくにん確認し
- ☐ り ようしゃ くるま の
ます。利用者が車 いすに乗るときは、ブレーキ
- ☐ あぶ
をかけなければなりません。危ないからです。
- ☐ くるま と
車 いすが止まっているときは、いつもブレーキ
- ☐ くるま お まえ り ようしゃ
をかけましょう。車 いすを押す前に、利用者に
- ☐ お つた り ようしゃ あんぜん あんしん
押すことを伝えましょう。利用者の安全、安心を
- ☐ かんが かい ご
いつも 考 えて介護をしましょう。
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

もん だい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① り ようしゃ くるま の
利用者が車 いすに乗るときは、ブレーキをかけます。
- ② くるま つか
車 いすを使うときは、いつもブレーキをかけます。
- ③ くるま つか あと かくにん
車 いすを使った後に、ブレーキとタイヤを確認します。
- ④ かい ご しゃ あんぜん あんしん かんが かい ご
介護者の安全、安心をいつも 考 えて介護をします。

か じ お ば あい
＜火事が起きた場合＞

① おお こえ まわ ひと し
大きい声で、周りの人に知らせます。



② ひ じょう お
非常ベルのボタンを押します。



③ ばん でん わ
119 番に電話します。



④ り よう しゃ あん ぜん ば しょ ゆう どう
利用者を安全な場所に誘導します。

もん だい ぶん ないよう ただ えら
【問題】 文の内容で、正しいものを選んでください。

① か じ お まわ ひと し
火事が起きたら、まず周りの人に知らせます。

② か じ お ひ じょう お
火事が起きたら、まず非常ベルを押します。

③ か じ お ばん でん わ
火事が起きたら、まず 119 番に電話します。

④ か じ お り よう しゃ へ や し い
火事が起きたら、まず利用者の部屋へ知らせに行きます。

- ☐ はいせつ かい ご 排泄の介護では、まず、利用者 り ようしや ができることを確 かく
- ☐ 認 にん します。できることは利用者 り ようしや にやってもらいま
- ☐ す。次に、いっしょにトイレ い に行きます。利用者 り ようしや
- ☐ が安全 あんぜん に便座 べん ざ に座 すわ ったことを確認 かくにん します。それか
- ☐ ら「介護 かい ご 職 しよく を呼ぶときは、ボタン よ を押 お してくだ
- ☐ さい」と説明 せつめい します。説明 せつめい が終わ お ったら、トイレ
- ☐ の外 そと に出 で ます。
- ☐
- ☐
- ☐
- ☐

もん だい **[問題]** ぶん おな 文と同じ順番 じゆんばん の排泄 はいせつ の介護 かい ご を選 えら んでください。

- ① 利用者 り ようしや ができることを確認 かくにん する→いっしょにトイレ い に行く→安全 あんぜん を確 かく
- 認 にん する→ボタン せつめい について説明 そと する→トイレ で の外 そと に出 で る
- ② 利用者 り ようしや ができることを確認 かくにん する→いっしょにトイレ い に行く→安全 あんぜん を確 かく
- 認 にん する→トイレ そと の外 で に出 で る→ボタン せつめい について説明 そと する
- ③ いっしょにトイレ い に行く→ボタン せつめい について説明 そと する→トイレ そと の外 で に出 で
- る→安全 あんぜん を確認 かくにん する→利用者 り ようしや ができることを確認 かくにん する
- ④ いっしょにトイレ い に行く→利用者 り ようしや ができることを確認 かくにん する→ボタン かくにん に
- ついて説明 せつめい する→安全 かくにん を確認 そと する→トイレ で の外 そと に出 で る

☐ にゆうよく まえ かなら りようしゃ たいちよう かくにん
入浴の前に、必ず利用者の体調を確認します。

☐ そして、トイレに行ってもらいましょう。食事

☐ あと にゆうよく だつ い しつ
の後、すぐに入浴しないようにします。脱衣室

☐ よくしつ おん ど ちゅう い にゆうよく あと
や浴室の温度にも注意しましょう。入浴の後で、

☐ すいぶん ほ きゅう わす
水分補給を忘れないでください。

☐

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☐

もん だい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

① にゆうよく まえ りようしゃ き
入浴の前に、利用者に「おなかがすいていますか」と聞きます。

② にゆうよく あと りようしゃ い
入浴の後で、利用者にトイレに行ってもらいます。

③ だつ い しつ よくしつ おん ど き
脱衣室と浴室の温度に気をつけなければなりません。

④ にゆうよく あと りようしゃ た もの た
入浴の後で、利用者にすぐ食べ物を食べてもらいます。

- ☐ た しよく じ かい ご すわ
立って食事の介護を**してはいけません**。座って
- ☐ かい ご り ようしや せつめい
介護を**しましょう**。利用者にメニューの説明をし
- ☐ た しよく ご こうくう
てから、**食べてもらいます**。食後に口腔ケアを
- ☐ しよく ご ぶん すわ やす
します。食後は30分くらい座って**休んでもらい**
- ☐ ましょう。
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

もん だい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① た しよく じ かい ご
立って食事の介護を**します**。
- ② しよく ご せつめい
食後にメニューの説明を**します**。
- ③ しよく ご は みが
食後にうがい、歯磨きなどを**してもらいます**。
- ④ しよく ご ね
食後に寝て**もらいます**。

めんかい
面会のみなさまへ

みなさまの健康と安全のために、施設はどこ
も禁煙です。

携帯電話は建物の中では使用禁止です。

携帯電話を使用するときは、建物の外で願
いします。

もん だい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① 施設では、建物の中でたばこを吸うことができます。
- ② 施設では、庭でたばこを吸うことができます。
- ③ 施設では、建物の中で携帯電話を使うことができます。
- ④ 施設では、庭で携帯電話を使うことができます。

かぞく
ご家族のみなさまへ

がつ 6月になりました。これから しょくちゅうどく おお 食中毒が多く
なります。

がつ ついたち がつ にち し せつ しょくひん
6月1日から8月31日まで、施設に食品
も こ
を持って来ないようにしてください。

げんかん しょうどく えき お し せつ
玄関に、消毒液が置いてあります。施設に
はい て しょうどく
入るとき、手の消毒をしてください。

もん だい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- 1 がつ 6月になると、しょくちゅうどく へ 食中毒が減ります。
- 2 がつ 6月、7月、8月は、しょくひん も く 食品を持って来ることができます。
- 3 げんかん しょうどく しょうひん も はい 玄関で消毒すれば、食品を持って入ることができます。
- 4 て しょうどく し せつ はい 手の消毒をしてから、施設に入ります。

て あら かた
手の洗い方

① はじめに、^{みず}水で^て手を^{あら}洗います。



② ^{えき}せっけん液をつけて、^て手のひら、^{て こう}手の甲をよく^{あら}洗います。



③ ^{ゆびさき}指先を^{あら}しっかり洗って、きれいにします。



④ ^{て くび}手首や^{ゆび}指と^{ゆび}指の^{あいだ}間を^{あら}洗います。



⑤ ^{みず}水でよく^{あら}洗います。



⑥ ^て手を^{かわ}乾かします。



〔問題〕 ^{もん だい} ^{て あら かた} 手の洗い方について、^{ただ}正しいものを^{えら}選んでください。

① はじめに、^{えき}せっけん液で^{あら}洗います。

② ^{えき}せっけん液をつけたら、^て手を^{かわ}乾かします。

③ ^{ゆびさき}指先をよく^{あら}洗って、きれいにします。

④ ^{えき}せっけん液で^{て くび}手首を^{あら}洗ったら、^{かわ}乾かします。

がつ こん だて ひょう
5月の献立表

		がつ つい たち 5月1日	がつ ふつ か 5月2日	がつ みつ か 5月3日
ちようしよく 朝食	しゅしよく 主食	パン	はん ご飯	パン
	ふくしよく 副食	たまご焼き スープ	や ざかな 焼き魚 みそ汁	や さい 野菜のいためもの ぎゅうにゅう 牛乳
ちゅうしよく 昼食	しゅしよく 主食	にく 肉うどん	カレーライス	たまご どんぶり 丼
	ふくしよく 副食	とう ぶ 豆腐	や さい 野菜サラダ	つけもの 漬物
	デザート	ヨーグルト	プリン	バナナ
ゆうしよく 夕食	しゅしよく 主食	はん ご飯	はん ご飯	はん ご飯
	ふくしよく 副食	てん 天ぷら みそ汁	ハンバーグ スープ	ざかな に つ 魚の煮付け みそ汁

もん だい うえ こんだてひょう み ただ えら
[問題] 上の献立表を見て、正しいものを選んでください。

- 1 副食は、いつもご飯です。
- 2 副食は、果物やヨーグルトです。
- 3 副食は、毎日サラダがあります。
- 4 副食は、毎日みそ汁があります。

たんじょう び かい けい かく
誕生日会の計画

にち じ 日 時	がついつ か か よう び 12月5日（火曜日）13:00～15:30
ば しょ 場 所	がい 3階 ホール
さん か しゃ 参加者	り よう しゃ にん 利用者：20人 しょくいん かい ご しょく にん かん ご し ひ と り 職員：介護職 10人 看護師 1人
じゅん び 準備 (担当者)	たんじょう び がつ り よう しゃ か かん ご し ・誕生日が12月の利用者にプレゼントを買っておきます（看護師）。 の もの か かい ご しょく ・おかしと飲み物を買っておきます（介護職）。 うた れんしゅう り よう しゃ しょくいん ・歌の練習をします（利用者・職員）。 なら はな お しょくいん ・ホールにテーブルといすを並べます。花を置きます（職員）。

もんだい たんじょう び かい ただ えら
[問題] 誕生日会について、正しいものを選んでください。

- たんじょう び かい ひる はん た
① 誕生日会で、昼ご飯を食べます。
- り よう しゃ
② 利用者は、みんなプレゼントをもらいます。
- り よう しゃ しょくいん うた れんしゅう
③ 利用者と職員は、歌の練習をします。
- り よう しゃ なら
④ 利用者は、テーブルといすを並べます。

なつ けいかく
夏まっりの計画

にち じ 日 時	がつ よう か どよう び 7月8日（土曜日）13:00～15:40
ば しょ 場 所	かい 2階ホール
さん か しゃ 参加者	り よう しゃ にん 利用者：20人 か ぞく にん ご家族：15人 しょういん かい ごとく にん かん ごと し ひ と り ちょう り いん ひ と り 職 員：介護職 5人 看護師 1人 調理員 1人
たんとう しゃ 担当者	かい ごとく かん ごと し じゅん び 介護職、看護師：ホールの準備をします。 ちょう り いん の もの じゅん び 調理員：飲み物の準備をします。 かい ごとく かん ごと し あんない 介護職：家族をホールに案内します。 かい ごとく り よう しゃ ゆうどう 介護職：利用者をホールに誘導します。

もんだい なつ ただ えら
[問題] 夏まつりについて、正しいものを選んでください。

- なつ ご ぜん おこな
① 夏まつりは、午前に行います。
- なつ かい
② 夏まつりは、1階のホールでします。
- かい ごとく かん ごと し あんない
③ 介護職が家族をホールに案内します。
- かん ごと し り よう しゃ ゆうどう
④ 看護師が利用者をホールに誘導します。

仕事の予定！

にっきん

日勤 (9:00-18:00)

9:00 (午前9時) ^{しゅっきん あさ} 出勤 朝のミーティング

10:00 ^{すいぶん ほ きゅう かい ご} 水分補給の介護

11:00 ^{ちゅうしょく じゅん び} 昼食の準備

11:30 ^{しょくじ かい ご ふくやく かい ご} 食事の介護・服薬の介護

13:00 (午後1時) ^{きゅうけい ぶん} 休憩 (60分)

14:00 ^{にゅうよく かい ご} 入浴の介護

16:00 ^{すいぶん ほ きゅう かい ご} 水分補給の介護

17:00 ^{ゆうがた} 夕方のミーティング

17:30 ^{きろく} 記録

18:00 ^{たいきん} 退勤

[問題] ^{もんだい} 仕事の予定について、正しいものを選んでください。

- ^{すいぶん ほ きゅう かい ご かい} 水分補給の介護は、1回します。
- ^{しょくじ かい ご じ} 食事の介護は、11時からです。
- ^{きゅうけい じ ぶん じ} 休憩は、12時30分から14時までです。
- ^{きろく か たいきん} 記録を書いた後から、退勤します。

や きん
夜勤 (17:00 – 10:00)

ご ご じ しゅっきん
17:00 (午後 5 時) 出勤

18:00 しよく じ かい ご ふくやく かい ご
食事の介護・服薬の介護

もう おく にっきん や きん
申し送り (日勤→夜勤)

20:00 しゅうしん かい ご せんめん こうくう き が
就寝の介護 (洗面・口腔ケア・着替え)

23:00 じゅん し じ かん かい
巡視 (2 時間に 1 回)

6:00 (午前 6 時) ご ぜん じ きしょう かい ご せんめん こうくう き が
起床の介護 (洗面・口腔ケア・着替え)

8:00 しよく じ かい ご ふくやく かい ご
食事の介護・服薬の介護

9:00 あさ
朝のミーティング

9:30 きろく
記録

10:00 たいきん
退勤

もんだい し ごと よ てい ただ えら
[問題] 仕事の予定について、正しいものを選んでください。

- ① しゅっきん しゅうしん かい ご
出勤して、まず就寝の介護をします。
- ② じゅん し じ かん かい
巡視は、1 時間に 1 回します。
- ③ きしょう かい ご りょうしゃ せんめん はみが てつだ
起床の介護で、利用者の洗面や歯磨きを手伝います。
- ④ ちょうしよく かい ご まえ
朝食の介護の前に、ミーティングがあります。

事故の報告

利用者	鈴木さん
日時	7月5日（水曜日） 19:10
場所	洗面所
内容	鈴木さんが自分で入れ歯を洗ってケースにしまおうとしましたが、入れ歯が床に落ちて割れてしまいました。
原因	指の力が弱くなりました。手が濡れていたので落としてしまいました。
これから どうするか	入れ歯は、鈴木さんに外してもらいます。 鈴木さんの入れ歯は、介護職が洗ってケースにしまいます。 起床の介護のとき、鈴木さんに渡します。

【問題】 文の内容で、正しいものを選んでください。

- ① 鈴木さんは、介護職に入れ歯を洗ってもらいました。
- ② 鈴木さんは、入れ歯をケースにしまいました。
- ③ 鈴木さんは、入れ歯を落として割ってしまいました。
- ④ 鈴木さんは、あした自分で入れ歯を洗います。

あした、^{じゅうよっ か もくよう び}14日（木曜日）のショートステイの^{よてい}予定
です。

^{かい はい りようしゃ ふた り かい りようしゃ ひとり}2階は、入る利用者が2人、帰る利用者が1人です。

^{かい はい りようしゃ ふた り かい りようしゃ ふた り}4階は、入る利用者が2人、帰る利用者が2人です。

^{かい りようしゃ じ そうげいしゃ かい}帰る利用者は、15時に送迎車で帰ります。

^{かい かい りようしゃ すず き さとう}4階の帰る利用者は、鈴木さんと佐藤さんです。

^{さとう じ かぞく むか き}佐藤さんは、14時にご家族が迎えに来ます。

^{ねが}よろしくお願いします。

^{もん だい}【問題】 ^{ぶん}文の内容で、^{ただ}正しいものを^{えら}選んでください。

- ① ^{はい りようしゃ さんにん}あした入る利用者は、3人です。
- ② ^{すず き ご ご じ そうげいしゃ かい}鈴木さんは、午後3時に送迎車で帰ります。
- ③ ^{すず き かぞく むか き}鈴木さんは、ご家族が迎えに来ます。
- ④ ^{さとう ご ご じ かい}佐藤さんは、午後3時に帰ります。

鈴木さんは、あした病院へ行きます。

10時半に、施設の車で病院へ行きますから、

10分前に鈴木さんといっしょに玄関へ来てください。

看護師がいっしょに病院へ行きます。

問題 文の内容で、正しいものを選んでください。

- ① 鈴木さんは、あした10時10分前に、病院へ行きます。
- ② 鈴木さんは、あしたタクシーで病院へ行きます。
- ③ 鈴木さんは、あした10時30分に玄関へ行きます。
- ④ 鈴木さんは、あした看護師と病院へ行きます。

すずきさま
鈴木様

18:00 あさ きぶん わる い
朝、気分が悪かったです。

ゆうしょく ぜんぶ た ちゃ ミリリットル の
夕食は全部食べました。お茶を200ml 飲
みました。

は け おうと
吐き気や嘔吐はありません。

02:45 ナースコールがあったので、すずき へや
鈴木さんの部屋へ
い すすき き も わる
行きました。鈴木さんは「気持ちが悪い」と
い すこ おうと
言っ、少し嘔吐をしました。

03:10 おうと と きぶん い
嘔吐は止まって、「気分はよくなった」と言いま
した。

かくにん かんごし ほうこく
バイタルサインを確認して、看護師に報告しま
した。

もんだい
バイタルサインは問題がありませんでした。

もんだい ぶん ないよう ただ えら
[問題] 文の内容で、正しいものを選んでください。

- ① すずき きぶん わる ゆうしょく のこ
鈴木さんは、気分が悪くて、夕食を残しました。
- ② すずき ちょうしょく ちゃ ミリリットル の
鈴木さんは、朝食のとき、お茶を200ml 飲みました。
- ③ すずき よなか は
鈴木さんは、夜中に吐きました。
- ④ すずき よなか ねつ
鈴木さんは、夜中に熱がありました。

Answers

[Addressing and Conversing]

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P.210	移動の介護Ⅱ	1
P.211	移動の介護Ⅲ	1
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P.215	食事の介護Ⅰ	4
P.216	食事の介護Ⅱ	2
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P.218	食事の介護Ⅳ	3
P.220	排泄の介護Ⅰ	3
P.221	排泄の介護Ⅱ	4
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P.226	みじたくの介護Ⅱ	3
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P.228	みじたくの介護Ⅳ	4
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P.231	入浴・清潔保持の介護Ⅰ	2
P.232	入浴・清潔保持の介護Ⅱ	4
P.233	入浴・清潔保持の介護Ⅲ	4
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P.239	家事の介護Ⅰ	4
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[Sentences]

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P.249	利用者の状況Ⅲ	3
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P.251	利用者の状況Ⅴ	3
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P.253	仕事のやり方Ⅱ	1
P.254	仕事のやり方Ⅲ	1
P.255	仕事のやり方Ⅳ	1
P.256	仕事のやり方Ⅴ	3
P.257	仕事のやり方Ⅵ	3
P.258	掲示Ⅰ	4
P.259	掲示Ⅱ	4
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P.262	行事の計画Ⅰ	3
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[Addressing and Conversing]

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- ✓ I want to learn Japanese
- ✓ I want to learn about Japanese nursing care
- ✓ I want to pass the Japanese Language Proficiency Test (JLPT)
- ✓ I want to pass the National Examination for Certified Care Workers



A free website where you can learn Japanese and about Japanese nursing care

POINT 1 Accessible on multiple devices



Easy access via the internet

POINT 2 Supports multilingual digital learning content



12 different languages

Learn about Japanese nursing care targeted for specific purposes

POINT 3 Translations and Japanese voice function



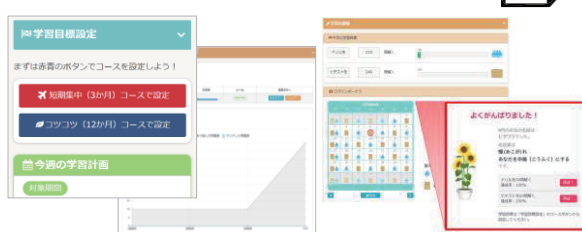
Check the pronunciation of technical terms using the Japanese voice function

POINT 4 Study materials for various exams (workbooks and practice tests)



Japanese Language Proficiency Test (N3/N2), Nursing Care Skills Evaluation Test, Nursing Care Japanese Language Evaluation Test, National Examination for Certified Care Workers

POINT 5 Self-study support



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**“Nursing Care Skills Evaluation Test Study Text
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