Nursing Procedure: Back Care

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Abstract: Back care is a routine nursing procedure; need to perform during maintaining patient hygiene, more specifically it is a part of bed bath. The scientific rational behind the different massaging techniques (effleurage, petrissage, friction, vibration, tapotement) is secretion of endorphin through cutaneous stimulation which increases the sense of well-being. This present review aimed to prescribe the format of the procedure with the information of when and how to perform different massaging techniques with proper rational.

Keywords: Back care, effleurage, petrissage, friction, tapotement

1. Introduction

Back care consists of cleaning and massaging back (from shoulder to lower level of the buttocks) by using scientific form of required strokes for maximizing cutaneous stimulation, comfort and emotional relaxation as well. [1], [2]Need special consideration for the pressure point of the back.

General principles

- Back care can be inculcated with bed bath for the maintenance of personal hygiene.
- Maintain proper privacy of the patient.
- Special care should be taken of pressure points along with two hourly positions changing.
- If the skin is moist or in summer season use powder and in case of dry skin or in winter season oil can be used to reduce friction.
- The upward strokes pressure should be more than downward strokes.
- Choose the most appropriate massage strokes according to the patient condition.
- Do not do massage if skin turns red. [3]

Purposes:

- To do the inspection of the skin condition as a part of physical examination.
- To maintain the cleanliness and dryness of the skin and reduce the chance of infection.
- To promote blood circulation and decrease the chance of pressure ulcer. [1], [4]
- To reduce muscle tension and enhance physical comfort. [2]
- To get relieve from body ache, physical fatigue, stress and general anxiety. [1]
- To increase the secretion of endorphin by cutaneous stimulation and enhancing mental relaxation, sense of well-being.
- To stimulate proper sleep cycle. [2]

Indication

- Unconscious patient.
- Prolong bed ridden patient.
- Patient with restricted movement.
- Patient with B.M.I >30 kg/m2
- Patient suffering from chronic back pain.

Contraindication

- Any redness or pressure sore in the back. [1]
- Surgeries in back, spine. [3]
- Burn injury in the back. [3]
- Trauma or fracture in rib cage. [3]
- Spinal injury. [3]
- Restricted movement after surgery.
- Patient suffering from clotting disorders.

Required position [5]:

- Side lateral position.
- Prone position.
- Sitting position

Table 1:	Articles	with	rational	(Fig 1)	
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Sl No.	Articles	Rational	
1.	Screen & top sheet	To maintain privacy	
2.	Two big steel trays [1]	To keep all the articles	
3.	Two big Jugs	To hold warm and cold water	
4.	A big Basin	To hold water according to the	
	-	season and patient preference.	
5.	Macintosh with draw	To protect the bed from soiling.	
	sheet [1]		
6.	Soap with soap case [1]	To clean and remove dirt from	
		the back. Acts as surfactants,	
		emulsifiers and foaming agents.	
7.	Sponge cloth [1]	To clean the back.	
8.	A big towel	To wipe the back.	
9.	According to the season	To prevent skin friction	
	or patient preference [1]:		
	i) Oil/Lotion		
	ii) Talcum Powder		
10.	Bucket [1]	To collect waste water.	

Table 2: Steps with rationale

Sl No	Steps	Rational
1.	Do proper assessment of the general condition. [1]	To know about indication, special restriction and mentioned contraindication.
2.	Explain the purpose and procedure before the patient. [1]	To reduce patient's anxiety & enhance co-operation and promote nurse-patient relationship.

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	SJIF (2019): 7.585			
3.	Put the screen around the bed. Close windows & doors as well. [1]	To maintain privacy.		
4.	Switch on the light and switch off the fan or increase the temperature of the AC/ switch off AC. [1]	To maintain well lighted and comfortable environment.		
5.	Ask the patient to void or offer urinal	To make the patient comfortable.		
<i>5</i> .	Adjust the bed in required height, lowered the side rail of	To make the patient comfortable and avoid back strain of the		
0.	caregiver's side and provide side lateral/prone/sitting position according to the patient's condition. Ask the	care-giver.		
_	patient to come near to you at the edge of the bed. [1]			
7.	Assemble all articles at the bed side. [1]	To facilitate time management and increase the skilled performance.		
8.	Spread the mackintosh and draw sheet [1]	To protect the bed from soiling		
9.	Expose from shoulder to sacral area, other area should be covered with top sheet. [1]	To get accesses of required area with minimal exposure and privacy.		
10.	Perform hand wash [1]	To decrease the chance of infection		
11.	Cleaning:			
11.	 -Observe the skin condition of the back[1] -Pour the hot and cold water in the big basin and prepare the mixed water according to the season/ patient preference -Take the soap and do lather formation and spread all over the back from shoulder to sacral region. - Perform effleurage/stroking with soap [5], [6], 	 To find out any abnormal findings like: redness. To provide comfort and avoid chilling. To clean the dirt. To get adjusted with caregiver's touch and works as warm up. To induce venous and lymphatic flow and stimulate sensory 		
	[7]:Following the direction of venous stream long, firm, slow, rhythmic and sweeping movement should be done with palm. Small surface area like neck can be reached by finger.Form a mitten of the sponge cloth and deep in water and squeeze it and clean the back.	nerve endings. To promote relaxation. - To avoid spillage of excess water and clean the back.		
12.	 Massaging: Provide massage with oil/lotion/powder according to the season or patient preference. Take oil/powder in your palm and spread all over the back and follow Swedish massage technique. Do Effleurage/stroking[5], [6], [7] (Fig2): Following the direction of venous stream long, firm, slow, rhythmic and sweeping movement should be done with palm. Small surface area like neck can be reached by finger. Do Petrissage [5] (Kneading)(Fig 3):This is considered as deeper massage technique than effleurage. Here with the help of thumb, fingers or palm large grasping of the skin, subcutaneous tissue and muscles from is done. It should be following rhyme and equality in application of pressure. In between two kneading the caregiver can roll the muscle. Do friction [4], [8], [9], [10] (Fig 4): Deep massage by using palm, finger or thumbs in circular motion in defined small part of the back. Controlled pressure use to be applied. Do vibration [4], [8], [9], [10] (Fig 5): Fine vibrating movements should be given by fingertips, produced by contraction and relaxation of the muscles of forearm. Do Tapotements [4], [8], [9], [10] (percussion): This is used at the end of the other kind of strokes of massage. Light, stimulating and repetitive massages are produced via wrist, fists, fingers, sides of the hands. Different types of tapotement techniques are: A) Perform Hacking [4], [8], [9], (Fig 7):Stretched the elbow and make a cup shape with hand, create vacuums and try to produce cupping sound striking against the surface of the back. May produce redness. C) Perform beating [8], [9] (Fig 9):Gently striking the area with lightly clenched fists according to the gravity. Can produce immediate redness. Otherwise can-do pinching and slapping also. 	 To avoid friction and be weather friendly. To lubricate the defined area. To get adjusted with caregiver's touch and works as warm up. To induce venous and lymphatic flow and stimulate sensory nerve endings. To promote relaxation. To promote blood circulation, [11] remove toxin, reduce lactic acid formation vis-a vis fatigue, promote tissue nourishment & muscle relaxation. [12] Rolling helps in breaking down fat tissue, promotes elasticity of dermis and skin revitalization. To prevent joint stiffness, straighten scar tissue. To facilitate nerve path, decrease muscle tension and increase muscle relaxation. [12] To promote circulation and muscle relaxation with warm sensation. [12] To revitalize and provide strength to muscles & nerves. [13] To break down fatty tissue. To preserve the elasticity of the skin To break down fatty tissue and preserve the elasticity of the skin. 		

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13.	Remove extra oil or powder [1]	To avoid irritation and staining of the cloth
14.	Ask or help the patient to wear cloth	To keep warm sensation and maintain privacy.
15.	Provide comfortable position	To make the patient relax.
17.	Terminate all the articles [1]	To discard the waste and keep the articles ready for next time.
18.	Do hand washing [1]	To prevent chance of infection.

Post procedural care:

- Put on the clothes again.
- Provide comfortable position after giving back care.
- Do evaluation of the patient's satisfaction after providing back care.
- Terminate all articles.
- Do hand washing

Table 3: Termination of article with bio	medical waste management
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Sl No.	Name of the Articles	Termination of article	Biomedical waste management
1.	Screen & top sheet	Screen: Return it in allotted area.	Not applicable
		Top Sheet: keep it in the laundry bag for washing & ironing.	
2.	Two big steel trays	-Clean it under running water with dishwasher.	Not applicable
		- Dry it under sunlight.	
		-Keep it in the allotted place.	
3.	Two big steel Jug	-Clean it under running water with dishwasher.	Not applicable
		-Dry it under sunlight.	
		-Keep it in the allotted place.	
4.	A big steel Basin	-Clean it under running water with dishwasher.	Not applicable
		-Dry it under sunlight.	
		-Keep it in the allotted place.	
5.	Macintosh with draw sheet	Macintosh:	Not applicable
		- Clean it under running water with soap.	
		- Hang it for the purpose of drying in shaded area.	
		-Roll it and keep it in the allotted place.	
		Draw sheet: Keep it in the laundry bag for washing & ironing.	
6.	Soap with soap case	- Keep it in the allotted place.	Not applicable
		-If taken from patient return it.	
7.	Sponge cloth	-Clean it under running water with detergent.	Not applicable
		-Dry it under sunlight.	
		-Keep it in the allotted place.	
8.	A big towel	- keep it in the laundry bag for washing & ironing.	Not applicable
		- If taken from patient return it.	
9.	According to the season or	- Keep it in the allotted place.	Not applicable
	patient preference:	-If taken from patient return it.	
	iii) Oil/Lotion		
	iv) Talcum Powder		
10.	Bucket	-Through the used water in the basin of the washroom.	Not applicable
		- Clean it under running water with detergent.	
		-Dry it under sunlight.	
		-Keep it in the allotted place.	

2. Special Precautions

- Use gloves if the patient is suffering from any communicable diseases or according to the hospital protocol.
- Never use too much oil or powder, it may create irritation.
- Provide massage using proper technique otherwise sometimes it may createsubcutaneous tissue degeneration specifically in elderly. [2]
- Direct pressure against pressure points in back should be avoided. [2]
- Rub your hands before touching to avoid unnecessary chilling.
- Lotion or oil also can be preheated to avoid unnecessary chilling.
- Ideal duration of back care should be 5-20 minutes not more than thatand minimum 3-5 min for each step. [2], [14]

3. Conclusion

After the procedure need documentation [1]:

- Document if any abnormalities (i.e. redness) found during inspection.
- Document the date & time of position changing and care given.
- Put signature against documentation of back care given.
- Document if pain or discomfort is present or not.

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Figure 1: Tray set up



Figure 2: Effleurage



Figure 3: Petrissage



Figure 4: Friction



Figure 5: Vibration

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Figure 6: Tapotement (Hacking)



Figure 7: Tapotement (Cupping)

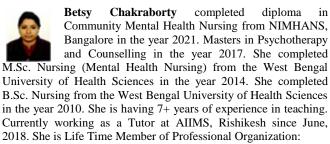


Figure 8: Tapotement (Pounding)



Figure 9: Tapotement (Beating)

Author Profile



• Life time member of TNAI, SOMI, ISPN.

Others Activity

- Published review and original article in peer reviewed indexed journal.
- Organized and attended national and international workshop.
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