

Procedure for washing patients' hair in bed

Authors Sandra Lawton is nurse consultant dermatology, Rotherham Foundation Trust; Eileen Shepherd is clinical editor, *Nursing Times*.

Abstract Hair care is an essential part of personal hygiene and has an important role in maintaining self-esteem and quality of life. Supporting patients to maintain hair care when they cannot do this themselves is a fundamental aspect of nursing care. This article outlines the procedure for washing patients' hair when they are confined to bed.

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Supporting patients to maintain their hygiene needs while in hospital is a fundamental aspect of nursing care yet there is very little evidence to support practice (Coyer et al, 2011). Personal hygiene includes care of the hair, skin, nails, mouth, eyes, ears, perineal areas (Dougherty and Lister, 2015) and facial shaving (Ette and Gretton, 2019).

Helping patients to wash and dress is frequently delegated to junior staff, but time spent attending to a patient's hygiene needs is a valuable opportunity for nurses to carry out a holistic assessment (Dougherty and Lister, 2015; Burns and Day, 2012).

Hair care

The condition of a patients' hair and how it is styled is an important part of their identity, so hair care should be carried out – as far as possible – according to their wishes. Washing and styling patients' hair can also be a valuable social activity and help boost their self-esteem and sense of wellbeing.

Caring for patients' hair provides an opportunity to observe the scalp for signs of pressure damage, dandruff or dry skin and underlying skin conditions. It is also important to observe for head lice (Fig 1), which must be treated immediately to avoid others being affected (Dougherty and Lister, 2015).

If patients are in hospital for a long time, it may not be possible to maintain their hairstyle so a referral to a hairdresser or barber may be required. Alternatively, some may wish to ask their regular hairdresser or barber to visit.

Using appropriate equipment

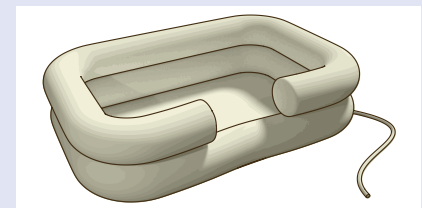
Patients who are confined to bed will be unable to wash their own hair – this can have a negative effect on their wellbeing. However, it is possible to maintain clean hair using dry and no-rinse shampoos or no-rinse shampoo caps (Dougherty and Lister, 2015) (Fig 2a). Devices such as inflatable basins (Fig 2b) and shampoo trays (Fig 2c) are also available, which:

- Allow the hair to be washed with water and shampoo while the patient remains in bed;

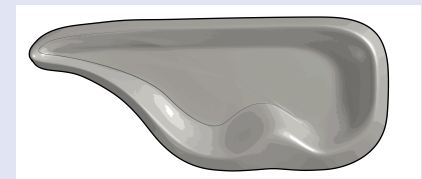
Fig 2. Equipment



2a. No-rinse shampoo cap, which does not require water



2b. Inflatable shampoo basin



2c. Shampoo tray with a spout to allow water to drain away from the head

- Drain soapy water away from the head, helping to keep the patient dry.

Preferences for hair care products is individual, so patients should be invited to provide their own if they wish. Those with underlying skin problems may have therapeutic shampoos, which may need to be prescribed, or allergies to some of the ingredients found in washing and cosmetic products. Information about allergies should be recorded in the nursing records.

Before attempting to wash a patient's hair with water and shampoo, it is important to check there are no contraindications or precautions, such as spinal or neck injuries (Dougherty and Lister, 2015). You should also assess how quickly the patient becomes tired – for example, it may be appropriate to plan hair washing at a different time to bed bathing.

Disposable equipment should be used – including bowls and jugs – to reduce the risk of infection (Marchaim et al, 2012). Non-disposable items, such as shampoo

Fig 1. Checking the patient's head



Check the head for head lice and ensure this is treated immediately

Clinical Practice

Practical procedures

Box 1. General principles of hair washing

- Keep the patient warm at all times
- Position a linen skip near the patient and ensure you dispose of used linen immediately to minimise the dispersal of microorganisms and dead skin cells into the environment (Dougherty and Lister, 2015)
- Check the scalp and surrounding skin for pressure damage and underlying skin conditions
- Avoid contaminating dressings and drains with water
- Gently pat the hair and surrounding skin dry to reduce the risk of friction damage and discomfort for the patient
- Use the correct manual handling procedures and equipment to avoid injury to yourself and the patient
- If the patient is unconscious remember to talk them through what you are doing – and avoid talking to colleagues over the patient

trays, should be washed and dried according to local policy.

Hair products such as hairbrushes or curlers should be the patient's own or supplied as single-patient use, while patients' own electrical items, such as hairdryers/straighteners, should undergo a safety test (PAT test) before use – check local policies.

Glove use

The World Health Organization (2009) has stated that non-sterile gloves are not routinely required for washing and dressing patients. Nurses need to assess individual patients for risk of exposure to blood and body fluids (Royal College of Nursing, 2018) and be aware of local policies for glove use.

When gloves are required, they must be single-use and disposed of in line with local policy (Loveday et al, 2014).

Undertaking hair washing in bed

General principles for hair washing are outlined in Box 1.

Equipment

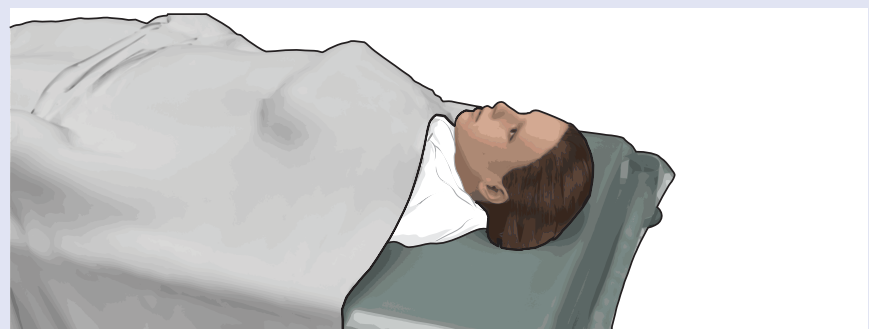
The following equipment will be required:

- Apron;
- Towels;
- Laundry skip;
- Disposable wash cloths;
- Plastic sheet;
- Preferred shampoo and conditioner;

Fig 3. The procedure



3a. Remove the head of the bed so you can access the patient's hair easily



3b. Place a plastic sheet under the patient's head and shoulders and wrap a towel around their shoulders

- Comb or brush;
- Clean clothes and bed linen;
- Shampoo tray;
- Disposable jug and basin.

The procedure

1. Review the patient's care plan for hygiene needs and check there are no contraindications to positioning the patient flat in bed.

2. Ensure someone will be available to help position the patient during the procedure if required.

3. Decontaminate your hands in line with the WHO's 5 moments for hand hygiene (Bit.ly/WHOCleanYourHands).

4. Discuss the procedure with the patient, ask about their usual hair routine and gain their informed consent for the procedure.

5. Check whether the patient has any pain. Administer analgesia if necessary and ensure it has taken effect before starting the procedure, to help relieve any pain associated with moving the patient.

6. Ensure the patient's privacy and check that the environment is warm and free of draughts.

7. Check whether the patient needs to empty their bowel/bladder before the procedure.

8. Assemble your equipment and ensure everything is to hand to minimise the amount of time the patient is lying flat.

9. Ensure the bed is at the correct working height.

10. Decontaminate your hands and put on an apron to reduce the risk of infection.

11. Remove the patient's clothes from their upper body and cover them with a sheet to maintain dignity.

12. Remove the pillows from behind the patient's head so they are lying flat. This allows water to drain away from the eyes and ears during the procedure (Dougherty and Lister, 2015). Ask the patient to let you know if they feel uncomfortable in this position at any time.

13. Remove the head of the bed so you can access the patient's hair easily (Fig 3a).

14. Place a plastic sheet under the patient's head and shoulders, and wrap a towel around their shoulders (Fig 3b).

Clinical Practice

Practical procedures

Fig 3. The procedure (continued)



3c. Place the patient's head on the shampoo tray ensuring you follow manufacturer's instructions carefully



3d. Wet the patient's hair starting at the front hairline and allowing the water to drain down and away from the face avoiding the eyes and ears

Fig 4. After hair washing



Replace the head of the bed, then reposition the patient so they are comfortable

- 15.** Position the patient's head on the shampoo tray, ensuring you follow manufacturer's instructions carefully (Fig 3c). A towel can be placed under the neck for support (Dougherty and Lister, 2015).
- 16.** Following manufacturer's instructions, ensure the receptacle that will collect the water from the shampoo tray is positioned under the drainage spout.
- 17.** Fill a disposable wash bowl with warm water and allow the patient to check the temperature.
- 18.** If required, cover the patient's eyes with a disposable washcloth to protect them from water and shampoo.
- 19.** Using a disposable jug, take water from the disposable bowl and wet the patient's hair. Start at the front hairline and allow the water to drain down and away from the face, avoiding the eyes and ears (Fig 3d).
- 20.** Apply the shampoo and massage it into the hair.
- 21.** Using the jug, rinse the patient's hair with water.
- 22.** Apply conditioner, if required by the patient, and rinse the hair again.
- 23.** Check, regularly, the patient is comfortable and can maintain their position.
- 24.** Pat the hair with a towel to remove the excess water – avoid pulling on the hair as this can be uncomfortable.
- 25.** Remove the shampoo tray and wrap a towel around the patient's head to dry the hair and ensure they do not feel cold.
- 26.** Dry the surrounding skin, paying particular attention to skin folds in the neck.
- 27.** Change any wet bed linen. Dispose of soiled bedlinen directly into the linen skip.
- 28.** Replace the bedhead and reposition the patient so they are comfortable (Fig 4).
- 29.** Help the patient get dressed.
- 30.** Style the patient's hair according to their preferences. If possible, try to make this a social situation – offer them a drink and a mirror so they can advise you about the style and participate in their care.
- 31.** Finish making the bed and ensure the patient is warm and comfortable with a call bell, a drink (if allowed) and their belongings within reach.
- 32.** Dispose of equipment according to local policy. Decontaminate the shampoo tray and drainage receptacle according to local policy.
- 33.** Remove and dispose of your apron and decontaminate your hands.
- 34.** Record care that has been given, record and report any abnormal findings and update the patient's care plan if required. **NT**

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