In-Home Aides

PARTNERS IN QUALITY CARE



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Objectives

- Recognize changes to watch for in each condition
- Know what you can do within your role as an aide
- Know when to tell your supervisor and when to call 911

References

U.S. Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/cdi/

Office of Disease Prevention and Health Promotion (ODPHP)
https://odphp.health.gov/healthypeople

National Council on Aging (NCOA)
https://www.ncoa.org/page/healthyaging-programs/

CMS.gov: Medicare Chronic Conditions
https://data.cms.gov/medicare-chronic-conditions

Understanding Chronic Conditions

Chronic conditions are generally defined as long-term health issues that typically last one year or longer and may require ongoing medical attention, treatment, or management. These chronic conditions can gradually affect an individual's independence, daily routines, and overall well-being. As they progress, they may also make activities of daily living (ADLs) more challenging, increasing the need for ongoing care, monitoring, and support.

Many of your clients live with long-term health conditions, and often more than one. According to the CDC, "Chronic diseases are the leading causes of illness, disability, and death in America." Among adults ages 65 and older, more than 90% have at least one chronic condition. As an in-home aide, you are not responsible for diagnosing or treating these conditions. However, because you spend significant time with your clients, you are often in the best position to recognize changes in their health, behavior, and/or daily routines. Your awareness and timely communication of these changes can make a meaningful difference in their care and well-being.

Managing chronic conditions such as heart failure, COPD, diabetes, dementia, and arthritis involves more than periodic medical visits. It requires consistent, individualized support that helps clients manage their conditions and maintain their quality of life at home. In-home aides play an important role in providing that day-to-day support.

Each condition that follows is presented in the same format: a brief description, observable changes, the impact on daily activities, supportive actions within your role, when to notify your supervisor, and when to call 911. This guide is intended to help you recognize which changes are significant, understand your responsibilities as an in-home aide, and know whom to contact.

Your Most Important Job

Observe, Report, Document

Remember that each client is a unique individual, not simply a diagnosis. Knowing a client's usual routines and abilities is the most reliable way to recognize when something has changed.

- **Observe:** Learn what is normal for each client. This is their baseline. Notice how they look, move, breathe, eat, think, and feel, and what is different today.
- **Report:** Tell your supervisor or nurse about changes. Do not wait for the next visit, and do not try to guess the cause. Say what you saw, when it started, and how it compares to normal.
- **Document:** Write down what you saw and what you did, the way your agency requires. Use facts, not opinions. Write "ankles puffy, socks leave deep marks," not "has edema."

Remember: You do not have to know why something changed. You only have to notice it and tell someone.



Heart Failure

What it is: Heart failure does not mean the heart has stopped. It means the heart is not pumping as strongly as it should. Fluid can build up in the lungs, belly, and legs.

What you may notice:

- Swelling in the feet, ankles, legs, or belly
- Shoes or socks feel tight
- More shortness of breath than usual, or shortness of breath when lying flat
- Needing extra pillows, or sleeping in a chair
- A new or worse cough, especially at night
- More tired than normal, or less appetite
- Weight going up quickly (if weights are part of the care plan)

How it affects the day: Bathing, dressing, and walking can wear a client out. Many clients follow a low-salt diet and a fluid limit.

What you can do:

- Let the client set the pace. Plan rest breaks between tasks.
- Follow the diet and fluid instructions in the care plan. Prepare meals the way the plan says.
- If weights are assigned: use the same scale, at the same time of day, and record the exact number.
- Help with positioning or raising the legs only as the care plan directs.

Tell your supervisor the same day: Any of the changes above that are new or worse; weight change beyond the limit in the care plan; dizziness; or difficulty following the diet or fluid instructions.

Call 911 and follow your agency's emergency procedure: Sudden severe shortness of breath, chest pain or pressure, fainting, or new confusion with trouble breathing.

COPD

What it is: Chronic Obstructive Pulmonary Disease (COPD) is a long-term lung disease that makes it hard to move air in and out. Emphysema and chronic bronchitis are common forms. It does not go away, but steady daily r

What you may notice:

- Increased shortness of breath with tasks that were once easy
- More coughing, or mucus that is thicker, more plentiful, or a different color
- Wheezing (a whistling or musical sound that happens when air moves through narrowed or partly blocked airways)
- Lips or fingertips that look blue or gray
- Sitting upright and leaning forward to breathe

How it affects the day: Even brushing teeth or getting dressed can leave a client out of breath. Eating can be tiring, so small meals may work better.

What you can do:

- Slow down. Build in rest breaks, and offer a seat for bathing and grooming.
- Keep needed items within easy reach.
- Avoid smoke, strong perfumes, cleaning sprays, and dust.
- Remind clients to use prescribed equipment as directed in the care plan.
- Oxygen safety: no smoking, candles, or open flames near oxygen. Keep tubing out of walkways.

Tell your supervisor the same day: Increased shortness of breath, a change in cough or mucus, fever or chills, new swelling, new sleepiness or confusion, equipment not used as ordered, or low supplies.

Call 911 and follow your agency's emergency procedure: Severe trouble breathing, not able to speak in full sentences, blue or gray lips or face, or very hard to wake.

DIABETES

What it is: Diabetes means the body has trouble using sugar (glucose) for energy. Blood sugar can run too high or too low. Over time, high blood sugar can harm the nerves, eyes, kidneys, and feet.

What you may notice:

- Blood sugar too high (hyperglycemia): very thirsty, urinating often, tired, blurry vision, sores that heal slowly
- Blood sugar too low (hypoglycemia): shaky, sweaty, hungry, pale, headache, irritable or confused, sudden mood change
- Cuts, blisters, redness, or color change on the feet or skin

How it affects the day: Meal timing matters. A late or skipped meal can cause low blood sugar. Feet may be numb, so a client may not feel an injury.

What you can do:

- Serve meals and snacks on time and follow the diet in the care plan.
- Offer water during the visit.
- Look at the feet and skin at bath time, including between the toes and on the heels. Dry well between the toes.

- Do not cut toenails or treat sores unless your care plan and agency policy specifically allow it.
- Know your agency's low blood sugar policy before you need it. Ask your supervisor what you may do and who to call.

Tell your supervisor the same day: Signs of high or low blood sugar; any sore or color change on the feet or skin; poor appetite or skipped meals; or vomiting or diarrhea.

Call 911 and follow your agency's emergency procedure: The client cannot be woken or does not respond, has a seizure, cannot swallow safely, or has confusion that is not getting better. Never give food or drink to someone who is unconscious or cannot swallow.

Myth Buster: "Low blood sugar isn't as serious as high blood sugar." Low blood sugar can come on within minutes and can lead to confusion, fainting, or a seizure. A client who is suddenly shaky, sweaty, or not acting like themselves needs attention right away. Follow your agency's low blood sugar policy and notify your supervisor.



What it is: Dementia is a group of conditions that affect memory, thinking, and behavior enough to get in the way of daily life. Alzheimer's disease is the most common type. Dementia gets worse over time, and every person is different.

What you may notice:

- Forgetting recent events, or asking the same question again and again
- Confusion about the day, the place, or who people are
- Trouble finding words or following steps in a familiar task
- Mood changes: worried, suspicious, withdrawn, or angry
- Sleep changes, or more confusion in the late afternoon or evening
- Saying no to bathing or other care
- Trying to leave the home

How it affects the day: A client may forget to eat, drink, or use the toilet. They may not recognize the bathroom or feel afraid during bathing. Each step of a task may need a cue.

What you can do:

- Keep routines the same every day.
- Approach from the front. Smile, say your name, and tell the client what you are about to do.
- Use short, simple sentences. Give one step at a time. Offer two choices instead of open questions.
- Do not argue, correct, or quiz. Stay calm, and gently redirect.
- Protect privacy and dignity. Keep the client covered during personal care.
- Look for the need behind the behavior: pain, hunger, thirst, toilet, tiredness, too hot or cold, too much noise.
- Keep walkways clear and follow the care plan for home safety and door safety.

Tell your supervisor the same day: A sudden increase in confusion; new behaviors (aggression, seeing or hearing things that are not there, new suspicion, undressing in public, or sexually inappropriate behavior); refusal of food, fluids, or care; attempts to leave the home; falls or injuries; or signs of pain.

Call 911 and follow your agency's emergency procedure: A client who is missing or has left the home (do not wait), a serious injury, any sign of stroke, or any danger to self or others.

Myth Buster: "It's just the dementia." Sudden confusion is not always the dementia. Infections, dehydration, pain, constipation, and medication problems can cause it quickly. Report it immediately.



What it is: Arthritis means pain, stiffness, and swelling in the joints. The two most common types are osteoarthritis, which comes from wear on the joints over time, and rheumatoid arthritis, which happens when the body's immune system attacks the joints. Arthritis does not go away, but good daily routines can help clients stay active and comfortable.

What you may notice:

- Joint pain or stiffness, often worse in the morning or after sitting
- Joints that look swollen or red, or that feel warm
- Slow, careful movement, limping, or guarding a sore joint
- Trouble gripping: opening jars, using buttons or zippers, holding utensils
- Good days and bad days: pain can flare up and then settle down
- Tiredness, or feeling down because of pain

How it affects the day: Getting out of bed, a chair, or the tub, or getting up from the toilet, can be hard. Hands may struggle with buttoning, brushing teeth, or cooking. Pain and stiffness raise the risk of falls. Some clients become less active to avoid pain.

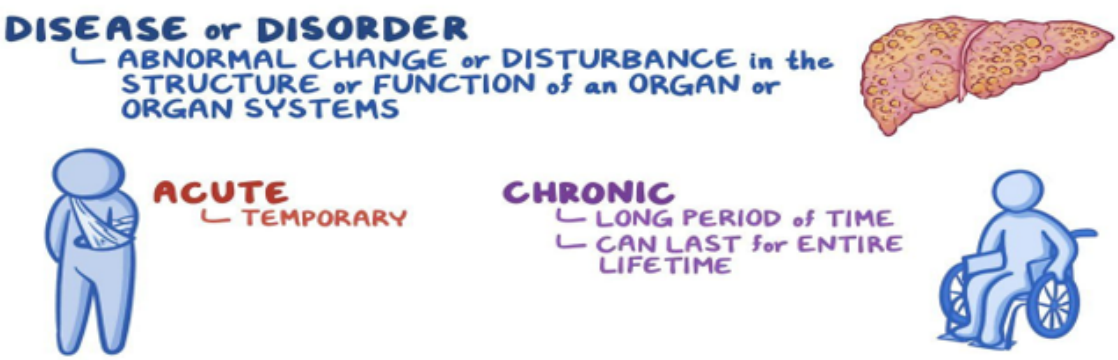
What you can do:

- Ask how the client feels today, and allow extra time for every task.
- Follow the care plan for transfers and walking. Use the walker, cane, shower chair, or other equipment the plan names.
- Support the body when you assist. Never pull on a client's arms or on a sore joint.
- Encourage gentle movement and the activities the care plan allows. Do not force a joint to move.
- Offer adaptive tools that are in the home, such as built-up handles or button hooks.
- Use heat or cold packs only if the care plan includes them, and check the skin afterward.
- Do not give or suggest medicine, creams, or supplements. If a client asks for pain relief, tell your supervisor.

Tell your supervisor the same day: New or worse joint pain, swelling, warmth, or redness; moving less or avoiding usual tasks; trouble with transfers or walking; a fall or near-fall; skipped meals or personal care because of pain; low mood; or broken or loose equipment.

Call 911 and follow your agency's emergency procedure: A fall with a possible broken bone or head injury, a joint that suddenly looks deformed or out of place, or sudden severe joint pain with swelling and fever. Do not try to lift a client who has fallen.

Myth Buster: "Rest is best for sore joints." Too much rest can make joints stiffer and muscles weaker. Gentle movement that the care team has approved usually helps. Follow the care plan.



QUICK REFERENCE

Condition	Tell your supervisor (same day)	Call 911 and follow your agency's procedure
Heart Failure	New swelling, dizziness, more breathless, extra pillows, weight change beyond care plan limit	Sudden trouble breathing, chest pain, fainting
COPD	More breathless, cough or mucus change, fever or chills, new sleepiness or confusion	Severe trouble breathing, blue or gray lips, hard to wake
Diabetes	Signs of high or low blood sugar, foot or skin sore, skipped meals	Cannot be woken, seizure, cannot swallow safely
Dementia	Sudden increase in confusion, new behaviors, refusing care, falls	Missing client, serious injury, stroke signs, danger to self or others
Arthritis	New or worse joint pain or swelling, moving less, falls, skipped care	Fall with possible broken bone or head injury, joint out of shape, sudden severe pain with fever

More than 90% of older adults live with at least one chronic health condition, and nearly 68% manage two or more (CDC, 2026). Keeping multiple conditions under control can be challenging.

Across all five conditions, watch for:

- **Falls:** Weakness, dizziness, low oxygen, and confusion all raise the risk.
- **Not eating or drinking enough:** This can make every condition worse. Follow any diet or fluid limits in the care plan.
- **Signs of infection:** Fever, new cough, burning when urinating, and sudden confusion should always be reported.
- **Low mood and loneliness:** Both are common and worth reporting to your supervisor.
- **Tiredness:** Unusual or worsening tiredness should be reported. Let clients pace themselves, and do not rush.



- You are the eyes and ears of the care team. Know each client's baseline, and report what is different.
- Report what you see, not what you think it is. You do not diagnose. Describe what you observe.
- Pace, patience, and routine help every one of these conditions.
- Sudden change is always worth a call, especially new confusion, new breathlessness, or new weakness.
- When in doubt, report.

Remember: Always follow the client's care plan. What in-home aides may do varies by training, certification, and agency policy. If you are not sure, ask your supervisor.