

NC Department of Health and Human Services  
**NC Nurse Aide I Curriculum**

**Module T**  
**Dementia and Alzheimer's Disease**  
July 2019

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**Objectives**

- Define the terms dementia, Alzheimer's disease, and delirium.
- Describe the nurse aide's role in the care of the resident with Alzheimer's.

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**Dementia**

- Usually progressive condition marked by development of multiple cognitive deficits such as memory impairment, aphasia; and inability to plan and initiate complex behavior

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### Types of Dementia

- Alzheimer's disease
- Vascular dementia
- Dementia with Lewy bodies
- Mixed dementia

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### Alzheimer's Disease

- Progressive disease
- Gradual ↓ in memory, thinking and physical ability over several years
- Average life span is 8 years, but survival may be from 3 to 20 years
- Progressive into 7 stages



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### Stage 1 – No Impairment

- Alzheimer's disease is not evident
- No memory problems

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**Stage 2 – Very Mild Decline**

- Minor memory problems
- Lose things around the house
- Unlikely to be noticed by family members

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**Stage 3 – Mild Decline**

- Family members and friends may begin to notice cognitive problems
- Difficulty finding the right word during conversations
- Difficulty organizing and planning
- Difficulty remembering names of new individuals

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**Stage 4 – Moderate Decline**

- Difficulty with simple math
- Poor short-term memory (may not recall what they ate for lunch)
- Inability to manage finances

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**Stage 5 – Moderately Severe Decline**

- Maintain functionality
- Usually able to bathe and toilet independently
- Still know their family members
- Difficulty dressing appropriately
- Inability to recall simple details, such as their own address or telephone number
- Significant confusion

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**Stage 6 – Severe Decline (1)**

- Need constant supervision, usually require professional care
- Confusion or unawareness of environment and surroundings
- Inability to remember most details of personal history
- Loss of bladder and bowel control

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**Stage 6 – Severe Decline (2)**

- Major personality changes
- Possible behavior problems
- Need assistance with bathing and toileting
- Wandering

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**Stage 7 – Very Severe Decline**

- Final stage and nearing death
- Lose ability to communicate or respond to their environment
- May be able to utter words and phrases
- No awareness regarding their condition
- Need assistance with all activities of daily living
- May lose their ability to swallow

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**Delirium**

- State of severe sudden confusion, reversible
- Triggered by acute illness or change in physical condition
- Symptoms of delirium?
- Notify nurse and stay with resident
- Communicating with a resident who is showing signs of delirium

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**Dementia or Delirium?**

<p><b>Dementia?</b></p> 	<p><b>Delirium?</b></p> 
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### Dementia and Alzheimer's Disease – Key Terms

- Cognition
- Confusion
- Irreversible
- Onset
- Progressive

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### Respect, Dignity, and Quality of Life (1)

- Dignity
- Independence
- Quality of life
- Respect

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### \*Respect, Dignity, Quality of Life (2)



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**\*Respect, Dignity, Quality of Life (3)**

- Every human being is unique and valuable, therefore, each person deserves understanding and respect
- Dementia does not eliminate this basic human need
- Person-centered care maintains and supports the person regardless of level of dementia

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**Respect, Dignity, Quality of Life (4)**

- Residents' abilities, interests, and preferences should be considered when planning activities and care
- As the disease progresses, adjustments will be required in order to maintain dignity
- Important for staff to know who the resident was before the dementia started

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**Respect, Dignity, Quality of Life (5)**

- An individual's personality is created by his/her background, including
- Ethnic group membership (race, nationality, religion)
- Cultural or social practices
- Environmental influences, such as where and how they were raised as children
- Career choices
- Family life
- Hobbies

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**Respect, Dignity, Quality of Life (6)**

- Encourage residents to participate in activities and daily care, but avoid situations where resident is bound to fail
- Humiliation is disrespectful, degrading, and can increase likelihood of disruptive behaviors
- To promote independence, do things with resident rather than for them

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**Respect, Dignity, Quality of Life (7)**

- Allow time for residents to express feelings and take time to understand what they are feeling
- Provide emotional support
- Long-term care facilities must provide care for residents in a manner and an environment that promotes maintenance or enhancement of each resident's dignity, respect, and quality of life

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**Alzheimer's Disease – Communication**

- Residents often experience problems in making wishes known and in understanding spoken words
- Communication becomes more difficult as time goes by
- Changes commonly seen in the resident with Alzheimer's disease?

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### Communicating – Nurse Aide’s Role (1)

**Communication Components**

- Patience with resident
- Show interest in the subject
- Offer comfort and reassurance
- Listen for a response
- Limit distractions

**Communication Components**

- Avoid criticizing or correcting
- Avoid arguments with resident
- Offer a guess as to what resident wants
- Focus on the feelings, not on the truth

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### Communicating – Nurse Aide’s Role (2)

**Communication Techniques**

- Obtain resident’s attention before speaking and maintain attention while speaking
- Address resident by name, approach slowly from front or side and get on same level or height as resident
- Set a good tone by using calm, gentle, low-pitched tone of voice

**Communication Techniques**

- If conversation is interrupted or nurse aide or resident leaves room, start over from beginning
- Slow down, do not act rushed or impatient
- If information needs to be repeated, do so using same words and phrases as before

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### Communicating – Nurse Aide’s Role (3)

**Communication Techniques**

- Speak clearly and distinctly using short, familiar words and short sentences, and avoiding long explanations
- Emphasize key words, break tasks and instructions into clear and simple steps

**Communication Techniques**

- Use nonverbal cues, such as touching, pointing or starting the task for resident
- If the resident’s speech is not understandable, encourage to point out what is wanted or needed

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**\*Communicating – Nurse Aide’s Role (4)**

<p><u>Communication Strategies</u></p> <ul style="list-style-type: none"> <li>• Listen carefully and encourage them; do not talk down to them, nor talk to others about them as if they were not present</li> <li>• Minimize distractions and noise</li> <li>• Allow enough time for resident to process and respond</li> </ul>	<p><u>Communication Strategies</u></p> <ul style="list-style-type: none"> <li>• Monitor body language to ensure a non-threatening posture and maintain eye contact</li> <li>• Nonverbal communication is very important to dementia residents</li> <li>• Choose simple words and short sentences, and use a calm voice</li> </ul>
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**\*Communicating – Nurse Aide’s Role (5)**

<p><u>Communication Strategies</u></p> <ul style="list-style-type: none"> <li>• Call the person by name and make sure you have their attention before speaking</li> <li>• Keep choices to a minimum in order to reduce resident's frustration and confusion</li> <li>• Include residents in conversations with others</li> </ul>	<p><u>Communication Strategies</u></p> <ul style="list-style-type: none"> <li>• Change the way responses are made to avoid confusion, frustration, embarrassment, and behavioral outbursts</li> <li>• Use of communication devices (such as a picture board, books, or pictures) to decrease resident's frustration</li> </ul>
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**Communicating – Nurse Aide’s Role (6)**

<p><u>Communication Tips</u></p> <ul style="list-style-type: none"> <li>• Be calm and supportive</li> <li>• Focus on feelings, not facts</li> <li>• Pay attention to tone of voice</li> <li>• Identify yourself and address the resident</li> <li>• Speak slowly and clearly</li> <li>• Use short, simple and familiar words, and short sentences</li> </ul>	<p><u>Communication Tips</u></p> <ul style="list-style-type: none"> <li>• Ask one question at a time</li> <li>• Allow enough time for a response</li> <li>• Avoid the use of pronouns (e.g., he, she, they), negative statements and quizzing</li> <li>• Use nonverbal communication, such as pointing</li> </ul>
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**Dementia and Alzheimer's Disease – Behavior Issues (1)**

- Behavior
- Catastrophic reaction
- Delusion
- Depression
- Paranoia
- Sundowning
- Trigger
- Wandering

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**\*Dementia and Alzheimer's Disease – Behavior Issues (2)**

- Behavior – an observable, recordable and measurable physical activity
- Normal brain – has the ability to control responses
- Alzheimer's disease and dementia – have lost much of the ability to control responses

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**\*Dementia and Alzheimer's Disease – Behavior Issues (3)**

- Behavior is a response to a need
- Before choosing a specific intervention, trigger must be identified
- Triggers may be environmental, physical, or emotional

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**\*Dementia and Alzheimer's Disease – Behavior Issues (4)**

- Effective behavior management
- Changing the environment
- Intervention must meet needs while maintaining respect, dignity and independence
- Successful behavior interventions
- Behavior control also assists in reducing use of restraints, decreases abuse and neglect, and increases family satisfaction

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**Dementia and Alzheimer's Disease – Common Behaviors (5)**

- Sundowning
- Depression
- Disorientation to person, place, and/or time
- Inappropriate sexual behavior
- Emotional outbursts
- Combativeness (hostility or tendency to fight)
- Inappropriate toileting (use of inappropriate areas for toileting, such as a plant)

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**Dementia and Alzheimer's Disease – Common Behaviors (6)**

- Wandering is a known and persistent problem behavior that has a high risk factor for resident safety
- Safety risk factors may include
  - Falls
  - Elopement
  - Risk of physical attack by other residents who may feel threatened or irritated by the activity

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### Dementia and Alzheimer's Disease – Common Behaviors (7)

- Sundowning is behavioral symptom of dementia that refers to increased agitation, confusion, and hyperactivity that begins in late afternoon and builds throughout the evening
- Encourage rest times
- Plan bulk of activities for the morning hours
- Perform quieter, less energetic activities during the afternoon

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### Dementia and Alzheimer's Disease – Common Behaviors (8)

- Inappropriate sexual activity is another behavior issue. Offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures are the characteristics of this behavior
- Treat the resident with dignity and respect
- Remove resident from public situation
- Redirect attention to an appropriate activity
- Assist the resident to bathroom

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### Dementia and Alzheimer's Disease – Common Behaviors (9)

- Agitation occurs for a variety of reasons
- Nurse aides must ensure safety and dignity of agitated resident while protecting safety and dignity of other residents
- Do not crowd the resident; ask permission to approach or touch them
- Maintain a normal, calm voice



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**Dementia and Alzheimer's Disease –  
Common Behaviors (10)**

- Disruptive verbal outbursts are one of the most persistent behaviors in a long-term care facility. These outbursts may include:
- Screaming
- Swearing
- Crying
- Shouting
- Loud requests for attention

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**Dementia and Alzheimer's Disease –  
Common Behaviors (11)**

- Emotional, environmental, or physical triggers may result in a catastrophic reaction
- Catastrophic reactions are out-of-proportion responses to activities or situations
- Warning signs of a possible reaction
- Sudden mood changes
- Sudden, uncontrolled crying

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**Dementia and Alzheimer's Disease –  
Common Behaviors (12)**

- Speak softly and gently in calm voice
- Protect resident, self, and others as necessary
- Remove the person from a stressful situation
- Avoid arguing with the resident
- Avoid the use of restraints
- Redirect the resident's attention

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**Dementia and Alzheimer's Disease –  
Common Behaviors (13)**

- Arguing with resident or other staff members
- Speaking loudly to resident or other staff members
- Treating resident like a child
- Asking complicated questions
- Using force or commanding resident to do something

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**Dementia and Alzheimer's Disease –  
Common Behaviors (14)**

- Maintaining calm and non-controlling attitude
- Speaking softly and calmly
- Using simple, one step commands, and positive phrases
- Avoiding crowding resident with more people than needed for the task
- Providing a distraction, such as an activity or music

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**Activities (1)**

- Goal in the care of residents with Alzheimer's disease is to give support needed so that they can participate in the world around them to the best of their ability
- Nurse aide must focus on the fact that the resident is involved and satisfied, not on the task or activity

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**Activities (2)**

- **Doing activities – keep the person busy**
- **Meaningful activities – have value to the resident with dementia**
- **Activity-based care is focused on assisting resident to find meaning in his or her day, rather than doing activities just to keep the person busy**

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**Activities: Principles of Activity Based Care (3)**

- **Focuses on giving caregivers the tools to create chances for residents with dementia to be successful in activities and their relations with other people**
- **Uses any daily activity that can be broken down into individual, sequential steps**
- **Works within remaining abilities or strengths of the resident with Alzheimer's disease, helping to shift emphasis away from resident's disabilities and impairments**

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**Activities: Principles of Activity Based Care (4)**

- **Timing of activities is important and individualized**
- **Attention and focus activities, physical activities and sensory activities provided during each resident's prime time and on a set, routine basis may increase participation and satisfaction with that activity**

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### Nurse Aide Stress and Burnout

- Providing care on daily basis for resident with Alzheimer's or dementia extremely stressful
- This population of residents may be more prone than others to becoming victims of abuse or neglect
- Regardless of the cause, nurse aides must take necessary steps to ensure that they do not react



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