

State-approved Curriculum Nurse Aide I Training Program

MODULE T Dementia and Alzheimer's Disease

Student Manual 2024 Version 2.0



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Health Service Regulation



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HUMAN SERVICES**



North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

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Module T – Dementia and Alzheimer's Disease

Definition List

Activity-based Care – care focused on assisting resident to find meaning in their day, rather than doing activities just to keep the person busy

Alzheimer's Disease (AD) – is a progressive disease characterized by a gradual decline in memory, thinking and physical ability, over several years

Behavior – how a person acts

Catastrophic Reactions – out-of-proportion, extreme responses to activities or situations

Cognition – ability to think quickly and logically

Confusion – inability to think clearly, causing disorientation and trouble focusing

Delirium – a state of severe confusion that occurs suddenly and is usually reversible

Delusion – a false belief that appears to be real with evidence to the contrary

Dementia – usually progressive condition marked by development of multiple cognitive deficits, such as memory impairment, aphasia, and inability to plan and initiate complex behavior

Depression – a loss of interest in usual activities

Dignity – respect and honor

Doing Activities – activities that keep the person busy

Independence – ability to make decisions that are consistent, reasonable, and organized; having the ability to perform activities of daily living without assistance

Irreversible – disease or condition that cannot be cured

Meaningful Activities – have value to the resident with dementia

Onset – the time when signs and symptoms of a disease begins

Paranoia – an extreme or unusual fear

Progressive – the way a disease advances

Quality of Life – overall enjoyment of life

Respect – treated with honor, show of appreciation and consideration

Sundowning – increased agitation, confusion and hyperactivity that begins in the late afternoon and builds throughout the evening

Trigger – an event that causes other events

Wandering – moving about the facility with no purpose and is usually unaware of safety

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(S-1) Title Slide (S-2) Objectives <ol style="list-style-type: none"> 1. Define dementia, Alzheimer’s disease, and delirium 2. Identify common types of dementia 3. Describe the 3 stages of Alzheimer’s disease 4. Describe the nurse aide’s role in the care of residents diagnosed with dementia 	
Content	Notes
(S-3) Dementia A progressive condition, more commonly marked by the development of multiple cognitive deficits: <ul style="list-style-type: none"> • Memory impairment • Aphasia • Inability to plan and initiate complex behavior 	
(S-4) Common Types of Dementia <ul style="list-style-type: none"> • Alzheimer’s disease The most common cause of dementia. Thought to be caused by clumps of proteins (referred to as tangles) in the brain • Vascular dementia Occurs when blood circulation to the brain decreases as a result of a stroke or another problem, damaging blood vessels in the brain • Dementia with Lewy body Deposits of protein that develop throughout the brain. These protein deposits damage and kill nerves in the brain over time • Mixed dementia Condition in which brain changes of more than one cause of dementia occur simultaneously 	
(S-5) Alzheimer’s Disease <ul style="list-style-type: none"> • Progressive disease identified by Dr. Alois Alzheimer who established a close clinical relationship with his patients and used scientific tools to determine how symptoms relate to physical brain changes • Rate of progression varies – gradual decline in memory, thinking and physical ability over several years • Degree of impairment at diagnosis can affect life expectancy • On average after diagnosed an individual lives three to eleven years • Life span may be up to 20 years 	
(S-6) Early-Stage Alzheimer’s (Mild) Signs and Symptoms	

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<ul style="list-style-type: none"> • Difficulty with remembering names and using words • Having difficulty performing tasks at home or work • Not recalling read material • Losing or misplacing items • Difficulty with organizing or planning 	
(S-7) Middle-Stage Alzheimer’s (Moderate) Signs and Symptoms (1) <ul style="list-style-type: none"> • Forgetting current or past events • Displaying behaviors of withdrawal and changes in mood • Unable to recall address or telephone number • Not oriented to person, place, or time 	
(S-8) Middle-Stage Alzheimer’s (Moderate) Signs and Symptoms (2) <ul style="list-style-type: none"> • Requires assistance with choosing appropriate clothing for the occasion or weather • Occasional incontinence • Sleep pattern disturbances • Wandering • Changes in behavior and personality 	
(S-9) Late-Stage Alzheimer’s (Severe) Signs and Symptoms <ul style="list-style-type: none"> • 24-hour care required for personal needs • Difficulty with sitting, walking, and swallowing • Communication challenges • At risk for infections, especially pneumonia 	
(S-10) Delirium <ul style="list-style-type: none"> • State of severe and sudden confusion • Triggered by acute illness or change in physical condition • Can be life threatening if not recognized and treated • Reversible 	
(S-11) Dementia or Delirium? <ul style="list-style-type: none"> • Alzheimer’s and Dementia Resource Center states, “A difference between delirium and dementia and Alzheimer’s disease is that it is a temporary event that can result in confusion, disorientation, changing levels of consciousness, hallucinations, delusions, anxiety, jerky movements, disturbed sleep cycles, memory impairment, periodic agitated behavior, mood changes, altered speech, and changes in blood pressure and pulse.” • Immediately report any sudden change in behavior or a sudden increase in behaviors associated with dementia to the nurse. 	

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<p>(S-12) Respect and Dementia</p> <ul style="list-style-type: none"> • Dementia does not eliminate the basic need to be respected by others • Every human being is unique and valuable; therefore, each resident deserves understanding and respect • Person centered care maintains and supports the person regardless of level of dementia 	
<p>(S-13) Dignity and Dementia</p> <ul style="list-style-type: none"> • Dementia does not eliminate the basic need to be treated with dignity • As the disease progresses, adjustments will be required to maintain dignity • Important for staff to know who the resident was before the diagnosis of dementia 	
<p>(S-14) Communication with Dementia</p> <p>Dementia gradually diminishes a person's ability to communicate and becomes more difficult during the progression of the disease</p> <ul style="list-style-type: none"> • Requires patience, understanding, and good listening skills • May exhibit difficulty making wishes known and understanding spoken words 	
<p>(S-15) Communicating with Residents</p> <ul style="list-style-type: none"> • A nurse aide's method of communicating with the resident with dementia is as critical as the actual communication and the care they provide <ul style="list-style-type: none"> – Positive tone – Medium volume – Simple sentences – Rapport-building conversations – Open body language – Avoidance of distractions – Creative problem solving • A combination of the above techniques will be most effective in managing escalating behavior • Changes commonly seen in the resident with dementia <ul style="list-style-type: none"> – Inability to recognize a word, phrase – Inability to name objects – Using a general term instead of specific word – Getting stuck on ideas or words and repeating them over and over – Easily losing a train of thought – Using inappropriate, silly, rude, insulting, or disrespectful language during conversation 	

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<ul style="list-style-type: none"> – Increasingly poor written word comprehension – Gradual loss of writing ability – Combining languages or return to native language – Decreasing level of speech and use of select words, which may also cause the use of nonsense syllables – Reliance on gestures rather than speech 	
<p>(S-16) Dementia - Behavior Issues</p> <ul style="list-style-type: none"> • The normal brain controls responses • All behavior is a response to a need • Resident’s behavior should be recorded based on observations • Residents with dementia typically have lost much of their ability to control responses • Common behaviors include: <ul style="list-style-type: none"> – Sundowning is a symptom of dementia displayed by increased agitation, confusion, and hyperactivity beginning in late afternoon and builds throughout the evening – Emotional outbursts can be disruptive. Examples include screaming, swearing, crying, shouting, loud requests for attention – Wandering is a known and persistent behavior with a high-risk factor for resident safety. Safety risk factors may include falls, elopement, and risk of physical attack by other residents who may feel threatened or irritation by the activity – Inappropriate sexual behavior is displayed by offensive or inappropriate language, public exposure, offensive and/or misunderstood gestures – Catastrophic reactions are “out of proportion” responses to activities or situations. Triggers may be physical, emotional, or environmental. Warning signs of a possible reaction include agitation, sudden mood changes, sudden, uncontrolled crying – Anxiety and agitation are common behaviors displayed by restlessness or frustration – Depression is very common during the early and middle stages – Hallucinations may occur when an individual sees, hears, smells, tastes or feels something that is not there. Some hallucinations may be frightening, while other may involve ordinary visions of people, situations, or objects from the past. 	
(S-17) Dementia – Role of the Nurse Aide	

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<p>The goal in caring for residents with Alzheimer’s disease is to give the support needed to be able to participate in the world around them to the best of their ability</p> <ul style="list-style-type: none"> • Always treat the resident with dignity and respect • Speak softly and calmly • Use simple, one step instructions, and positive phrases • Ask permission to approach or touch them • Do not argue or treat resident like a child • Avoid asking the resident complicated questions • Avoid using force or commanding the resident to do something • Focus on assisting residents to find meaning in their day • Select meaningful activities that have value rather than participating in activities just to keep busy; consider the resident’s historical abilities, interests, and preferences • Ensure the safety and dignity of agitated resident while protecting safety and dignity of other residents • Use any daily activity that can be broken down into individual, sequential steps • Share tools to create chances for involvement in activities and positive relations with others • Encourage rest times • Plan bulk of activities for the morning hours • Perform quieter, less energetic activities during the afternoon • If displaying disruptive behavior, redirect the resident’s attention to an appropriate activity such as music or exercise therapy • Before choosing a specific intervention, be aware of triggers that cause disruptive behavior; triggers may be environmental, physical, or emotional • Effective behavior management may include changing the environment • Avoid crowding resident with more people than needed for the task 	
<p>(S-18) Nurse Aide Stress and Burnout</p> <ul style="list-style-type: none"> • Providing care on daily basis for residents with dementia can be stressful • Residents with dementia may be more prone than others to becoming victims of abuse or neglect • Nurse aides must take the necessary steps to ensure they do not react in an unprofessional manner 	

Module T - Activity #T18 STOP Technique

Reduce Emotional Overreactions with The STOP Technique

The STOP Technique is a mindfulness-based practice designed to help you defuse intense emotions in the moment.

Creating space in the day to pause, slow down a racing mind and return to the present has been shown to be incredibly helpful for mental wellbeing.

Taking a brief pause—even for less than one minute—can help you cool down your emotional brain and shift into a better frame of mind.

Over time and with practice, this way of responding can become a new habit. The next time you notice yourself overreacting to the small stuff, try working through this 4-step framework:

Stop

Interrupt your thoughts with the command ‘stop!’ and pause whatever you’re doing.



Take a Breath

Notice your breathing for a second. Breathe in gently and slowly through your nose, expanding your belly as you do, and exhale slowly through pursed lips.



Observe

Become the observer of your thoughts, emotions and physical sensations. What thoughts do you notice? What emotions are surfacing? How does your body feel? Tune in and stay with whatever arises for a few moments.



Proceed

Mindfully consider how you’d like to respond. What’s one small thing you can focus on right now? What would be a helpful response to this situation? Narrow down your focus and take it one small step at a time.



You can use the flashcards on the following page to help remind you of your new desired response to daily stressors. Why not try putting one on your mirror or in your diary? You cannot rely on your memory for adopting these changes in your thinking and behavior – reviewing this worksheet and flashcards regularly helps you reinforce your learning and create long-lasting change.

THE STOP TECHNIQUE

STOP: Interrupt your thoughts with the command 'stop!' and pause what you're doing.

TAKE A BREATH: Breathe in gently and slowly through your nose, expanding the belly as you do, and exhale slowly through pursed lips.

OBSERVE: Become the observer of your thoughts, emotions and physical sensations.

PROCEED: Mindfully consider how you'd like to respond. What's one small, helpful thing you can focus on right now?

THE STOP TECHNIQUE

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