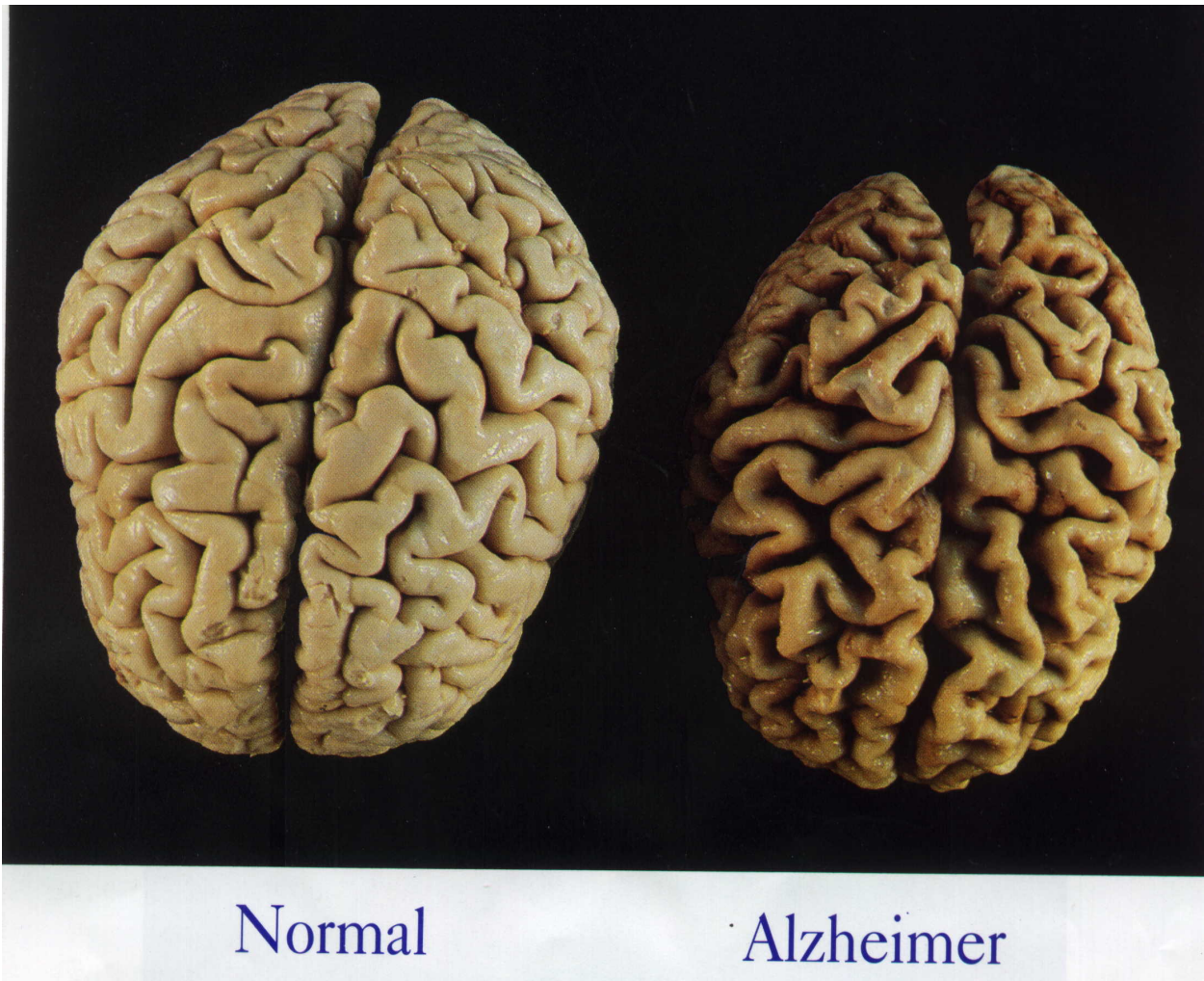


Module 17 – Alzheimer’s Disease and Other Types of Dementia

Handout #1 – Brain Images



Module 17 – Alzheimer’s Disease and Other Types of Dementia

Activity 1 – 24 Hour Care Discussion

Have a class discussion that will produce dialogue about the need to consider special problems of the person and the family when the sleep/wake cycle is altered. The patient may need round-the-clock care when he/she is on more of a night/day schedule.

Imagine a person in the home who has extended periods of sleep and may sleep through the day and night.

What would concern you?

Examples of talking points include:

- The fact that people can go longer without food than without water.
- When the patient is awake, we want to help him/her drink as much fluid as possible because the patient may not have adequate intake for prolonged periods while they sleep.
- Meals may be smaller and offered more frequently during the day and night (many small meals) to ensure the patient is eating frequently while awake.
- A patient would need to be cleaned and repositioned frequently if they stay in bed for many hours because of the possibility of skin breakdown.

What would concern you about the caregiver’s rest?

Examples include:

- Caregivers need rest. There should be a plan for family caregivers to rest when the patient is resting.
- When the patient is awake around the clock, the family caregiver needs a team to cover nighttime hours while the family sleeps.
- Caregivers cannot force the patient to sleep because the brain is not able to transition between the cycles of sleep.
- If the patient is resting in the chair, the caregiver should allow the patient to stay there because that restful state may be the closest to sleep they achieve.
- If the patient is sleeping on the couch or chair, the caregiver should make him/her comfortable in that position because if awakened, the patient may not be able to return to sleep. Caregivers will view rest and resting places differently.

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Activity #2 – Physical Approach Skills

Select two students to demonstrate the wrong approach. One student sits in a chair and is the patient; the student standing is the home care aide.

1. Ask the home care aide to approach the patient in the chair and adjust the collar on his/her shirt.
2. Ask the home care aide to fix the patient’s hair.
3. Ask the home care aide to touch the patient’s face.

The faculty should facilitate a discussion between these two people after the personal space of the participants has been invaded.

How did it feel for the caregiver to be in your personal space?

What is that like for you both?

It is often uncomfortable for both participants. Now imagine you did not know that person. Would you be likely to let that person do things you did not understand?

Now let’s practice a more positive approach. With the same scenario (patient sitting, caregiver standing):

1. Ask the home care aide to approach the chair, greet the patient in the chair, and say something positive/social, “Hey, Betty. I am Heather. It’s good to see you.”
2. Be sure the home care aide gets low and out of the personal space of the patient in the chair.
3. Ask the home care aide to announce that he/she is going to fix the patient’s collar, and to ask for permission before the home care aide touches the patient.

When students are finished, have a class discussion, sharing some of the students’ ideas/thoughts. Ask the patient how he/she felt during the second scenario, and how that interaction was different from the first.

The faculty should facilitate this discussion and relate the approach to everyday activities they do with patients in the home (e.g., giving food or drink, helping with bath or dressing, helping to stand from a chair).